

Case from practice
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Clinical example

Patient L., 53, Diagnosis: CVD. Ischemic hemodynamic infarction in the vertebrobasilar basin, grade 2 dysarthria, grade 3 vestibulo-atactic syndrome, grade 1 left-sided hemiparesis, early recovery period. Hypertension III, risk 4.

Complaints: weakness in the left arm and leg, dizziness, difficulty speaking, pain in the cervical spine, interscapular region, pain radiating to the left arm, numbness in the hands at night.

Medical history: I first noticed an increase in blood pressure 6 months ago. 06/30/06, HELL 220/120 mm Hg. Art., dizziness, speech disorder, weakness in the arm and leg suddenly appeared. Delivered by an ambulance team to the neurological department.

Objective data: General condition is satisfactory, in consciousness. Active position. Gait is hemiparetic. Pupils D = S, full range of motion of the eyeballs, horizontal nystagmus, medium spreading. The tongue deviates to the left, the nasolabial fold is lowered on the left. Hypotension in the left extremities of 1 degree, power paresis 1 point in the left arm and leg. Tendon reflexes are revived S> D. Hemigipesthesia on the left. Pathological signs: Babinsky's symptom, Rossolimo lower and upper left. Coordination tests were carried out with dysmetry on the left to a greater extent.

Vertebral neurological status: Limited range of motion in the cervical spine, lateroflexia, extension, flexion. Limited range of motion in the left shoulder joint. Scoliosis of 1 degree in the cervical spine, 2 degrees in the lower thoracic, upper lumbar spine, increased thoracic kyphosis. Painfully tense trapezius muscle on the left, deltoid, sternocleidomastoid on the left, scalene muscles, muscle lifting the scapula on the left. The supraspinatus muscle is relaxed and hypotrophic on both sides.

Soreness of points of the vertebral artery on both sides, Erb points, Naderb points, "tendon points" in the shoulder joint on the left, trigger points in the superior and inferior oblique muscle, scalene muscle, trapezius muscle, levator scapula muscle, large rhomboid muscle, in the upper parts of the pectoralis major muscle. When tapping, the syndrome of "vibration recoil" in the points of the vertebral artery.

Manual testing revealed dysfunction of the sagittal suture, dysfunction of the coronary suture, dysfunction of the temporoparietal sutures, compression of the temporal bones on the left, lateral tension of sphenobasilar synchondrosis on the left, limitation of the flexion and extension phases, compression of the condyles. Rotational dysfunction at level C I-II right, non-neutral inflectional dysfunction at level C 0-I.

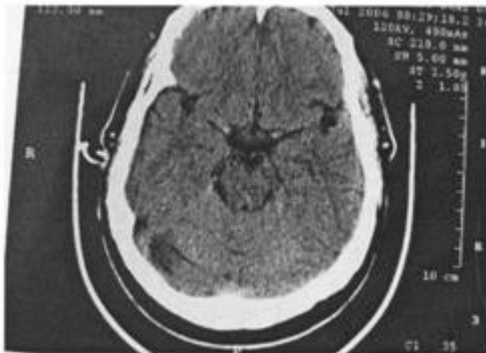
Survey data: Blood test from 05.07.06 HB - 140 g / l, Er - 4.8×10^{12} , leukocyte. - 5.4×10^9 , ESR - 36 mm / hour, neutrophils of the rods. 5%, neutrophils segment. - 50%, lymphocytes - 31%, monocytes - 9%, eosinophils - 5%, hematocrit - 46.

Biochemical studies: blood sugar - 5.5 mmol / l, total protein -

66.4, urea - 3.2; creatinine - 0.087; PTI - 88, cholesterol - 5.0; atherogenic coefficient - 4.9, a-cholesterol - 0.9, AST - 1.08; ALT - 1.57; fibrinogen - 6.0 RW - negative.

ECG: conclusion sinus rhythm, 85 beats. in min. Left ventricular hypertrophy. Heart functions are not impaired.

Echo-EG: there is no M-Echo offset. Signs of the GGS. The fundus of the eye: the optic nerve disc is monotonous, the boundaries are clear, the arteries are narrow, the veins are wide, convoluted, the vascular tree is poor, in the macula and on the periphery of the b / o. Hypertensive angiopathy against the background of CHF of the optic nerves in both eyes.



Rice. one. Computed tomography from 11.07.2006

In fig. 1 shows a CT scan of the brain from 11.07.2006, carried out to a patient 12 days after acute cerebrovascular accident. CT of the brain from 11.07.2006: The cortex and white matter of the brain are developed correctly. In the convexital part of the occipital lobe on the right, there is a zone of hypodense density (25-29NE) with indistinct contours, not more than 22x15x10 mm (depth-width-height). Single scattered

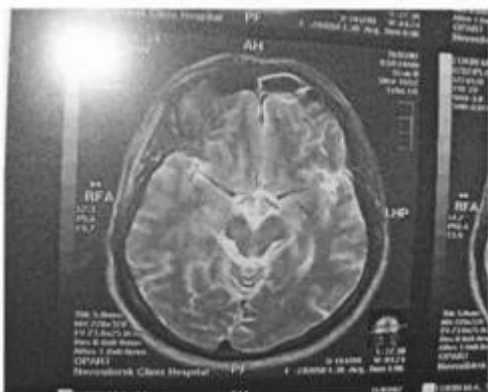
discirculatory foci. The median structures are not displaced. The ventricles of the brain are not dilated, the anterior horns of the lateral ventricles are rounded. The lateral ventricles are symmetrical. There were no signs of impaired CSF flow and increased intracranial pressure. The subarachnoid space of the cerebral hemispheres is moderately expanded. Convexital grooves of the cerebrum and cerebellum were normal. Turkish saddle and pituitary gland are not changed. Parasellar structures - no peculiarities. No additional formations were found in the area of the cerebellopontine angles. Conclusion: postischemic changes in the occipital lobe on the right. Encephalopathy. Minimal mixed hydrocephalus of a substitutional nature.

Beginning of examination and therapy 2 months after the onset of cerebral infarction. According to the vegetative resonance test, the following was revealed: Geopathogenic load 4 steps. Yin character force fields, Yang character force fields. Endocrine system voltage 5 tbsp. Exhausted. endocrine system. 4 tbsp. Has dried up. adaptation reserves 3 tbsp. Cz. high. Art. stress immun. sis. Pts. h. Art. exhausted. immune system. Blocked adapt. res. 3 tbsp. 5 step. download lymphatic. systems. Cicatricial interference fields. Cystic processes. Definition of physical fatigue. Indication of cardiac arrhythmias. Cholesterol level. Hypertension.

Treatment was carried out: drug therapy (pentoxifylline 5.0 ml intravenous drip No. 5, Actovegin 10% - 250 ml. Intravenous drip No. 3, piracetam 20% - 10 ml

i / v No. 10, vitamin B6 2.0 ml i / m No. 10, vitamin E 1.0 ml i / m No. 10, pharmacopuncture B12 500y No. 10), group exercise therapy, manual massage of the collar zone and paretic limbs 10 days , cranial manual therapy with muscle relaxation techniques in the amount of 5 sessions, involving the elimination of functional blocks C0-I, WITHI-II, restoration of the craniosacral rhythm. Reception within 4 months: DRE 3 Other blood, spleen and RES Comp., DRE 4 Dr. print - ZhP-pancreas. yellow Comp., DRE 12 Drainage of the nervous system Comp., DRE 13 Drainage of the thyroid gland. Comp., DRE 15 Drainage in the GKN Comp., DIS 8 Dez. with mycotic. amazed. Comp., DIS 12 Detoxification. radiation Comp. RIGE 1 Cell-tissue regenerator. Comp., CAT 1 Acid. and salts of the Krebs cycle Comp., CAT 2 Quinones and Cat. cell d s Comp., CAT 3 Biocat.farm.cellular. breath. Comp., Stimulation of cellular respiration. Comp., Dysbiosis Comp., Lymph Comp., Fat-fat metabolism Comp., Water-salt metabolism Comp., Blood circulation Comp., A-Plex 1 Cellular balance Comp., CAT 1 Acid. and salts of the Krebs cycle Comp., CAT 2 Quinones and Cat. cell breath. Comp., CAT 3 Biokat. farms. cellular breath. Comp., RIGE 1 Cell-tissue regenerator. Comp. Exogenous and endogenous BRT was performed for 4 months, 2 times a week.

In the neurological status in dynamics, after 4 months: the general condition is satisfactory, in consciousness. Active position. Gait is normal. Pupils D = S, full range of motion of the eyeballs, no nystagmus. Tongue in the midline, decreased the degree of omission of the nasolabial fold on the left. The tone in the left extremities is normal, there is no power paresis. Tendon reflexes are revived S> D. There are no sensory disturbances. Pathological signs: Babinsky's symptom is outlined. Conducts coordination tests with confidence.



Rice. 2.MRI of the brain of patient L. dated March 16, 2007

In fig. 2 shows an MRI image taken 256 days after brain. Investigation of acute cerebral impairment blood circulation. MRI of the brain from March 16, 2007: On MRI tomograms of the brain on T1- and T2-weighted images in the axial, coronary and sagittal planes in the cerebral peduncles, single point areas of damage to the white matter are determined, most likely, discirculatory, etiology. No other pathological changes were found in the white matter. The lateral and third ventricles are evenly and moderately dilated, not deformed. The transparent baffle is not offset. The liquor on the water supply is saved. The shape and size of the III and IV ventricles are normal. Convexital subarachnoid spaces are not changed. Basal

liquor tanks of normal size, not deformed. The pituitary gland is of normal shape and size. There is no dislocation of brain structures. The blood flow through the vertebral arteries is clearly traced. The main and cerebral arteries without visible pathological changes. The blood flow through them is not disturbed. Conclusion: Moderately pronounced signs of an open internal hydrocephalus, the initial signs of manifestation of chronic insufficiency of cerebral circulation in the vertebro-basilar basin.

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