

Comparative Analysis of Therapy Methods for Headache in patients with ischemic disorders of cerebral circulation

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Introduction

At present, the problem of prevention and treatment of headache in ischemic cerebrovascular accident (IICI) in the recovery period remains urgent [1, 5, 7, 8, 9, 10].

Materials and research methods

Twenty-two patients were examined by random sampling. Before treatment, two groups were identified: the main group consisted of 12 patients and the control group of 10 patients. The study was carried out in the conditions of the rehabilitation treatment department of the Moscow Clinical Hospital No. 1g. Novokuznetsk.

Criteria for inclusion in the study of all patients: discirculatory encephalopathy (according to the classification of N.N. Yakhno, which corresponds to chronic cerebral ischemia according to ICD 10). Exclusion criteria: hemorrhagic stroke; subarachnoid hemorrhage; inflammatory and autoimmune vascular diseases. Exclusion criteria: Refusal to be surveyed.

The average age is 41.83 ± 2.45 years. The following instrumental and clinical research methods were used, carried out for all patients according to a single scheme: clinical neurological examination, vertebral neurological examination, neuropsychological examination, computed tomography, Doppler ultrasonography, diagnostics by the method vegetative resonance test (ART) [2, 3, 4], statistical research methods. To confirm the diagnoses, data from laboratory and paraclinical research methods (EEG, USDG, REG, CT, MRI, X-ray examination) were taken into account. Headache was quantified using a visual analogue scale (VAS). An abbreviated form of the McGill Pain Questionnaire was used to identify the qualitative aspects of headache. We used 19 word descriptors of three classes (sensory, affective and mixed), one each

from each subclass.

Research results

Head pain was described by qualitative and quantitative and spatio-temporal characteristics. In all 22 patients, one of the most typical complaints was headache. By localization, the headache was diffuse, local turning into diffuse, in the occipital region, in the occipital-temporo-frontal region.

The duration of the headache was constant, paroxysmal, combined (2–4 times a week disturbed by attacks, in the interictal period - constant headache). The duration of the headache was assessed as perennial. In terms of intensity, the pain was characterized as severe, increasing every year. At the height of the headache, nausea, dizziness, and visual disturbances appeared.

Headache appeared both in puberty and at the age of 30–45.

Headache was provoked by fluctuations in arterial changes in the weather, stress, physical activity, reading, memorization. pressure, process

The verbal characteristics of the headache and the frequency of use of individual descriptors were as follows: pressing - 53.60 ± 1.56 , twitching - 2.25 ± 0.31 , burning - 18.92 ± 0.92 , sore - 27.93 ± 1.12 , aching - 31.98 ± 1.2 , splitting - 25.67 ± 1.08 , exhausting - 25.22 ± 1.07 , nauseous - 20.72 ± 0.97 . The quantitative assessment of headache was carried out using the VAS, which was 9.10 ± 0.64 in all patients.

Doppler ultrasonography of extracranial vessels revealed a change in blood flow in $87 \pm 4.66\%$ of the examined patients by the type of decrease and increase in the linear blood flow velocity, in one third of patients changes were revealed: thickening of the intima of the left common carotid artery, intima thickened to 1.0 mm, the contour is uneven; thickening of the intima of the common carotid artery on both sides. The following anomalies in the development of extracranial vessels were noted: stenosis of the left vertebral artery at the entrance to the V2 segment; stenosis or hypoplasia of the right vertebral artery; hypoplasia of the right vertebral artery; the right vertebral artery is smaller in diameter than the left; hypoplasia of the left vertebral artery; the vertebral artery on the left is somewhat narrowed in comparison with the right, the blood flow in the left vertebral artery is not detected, the mouth of the vertebral artery is not visualized;

The therapy of the main group was carried out according to the method of A.A. Hovsepyan by building pathogenetic chains. The main pathomorphological substrates: pia mater, dura mater, vertebral artery, aorta, vertebral motor segment, hypothalamus, reticular formation, corpus callosum, stem structures, long extensor muscles of the neck, trapezius muscle, levator scapula muscle.

Patients in the control group received drug therapy: Pentoxifylline 5.0 #% 5, IV drip, Actovegin 10% - 250.0 # 3, IV. drip, Piracetam 20% - 10.0 v.v. No. 10, Diclofenac 3.0. v.m. No. 5, pharmacopuncture Platyfilin 0.5 ml. Lidocaine 0.5 ml No. 10, patients took analgesics (Kofitsil, Pentalgin, Tramadol 1 to 2 times a day).

Patients of the main and control groups received group physiotherapy exercises, manual massage of the collar zone.

In the main group, according to VAS, there was a decrease in the intensity of headache by 7.08 ± 3.36 , in the control group by 2.2 ± 1.4 . The frequency of seizures in the main group decreased to 1–2 times a month, during the interictal period, the headache did not bother, in the control group it remained the same. The intake of analgesics in the main group was only at the time of the attack, in the control group it remained constant.

conclusions

Thus, it was found that in patients with ILI in the recovery period, the use of ART according to the method of A.A. Hovsepyan by building pathogenetic chains, allows you to isolate and influence the main

pathomorphological substrates of headache in patients with IUD.

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