

Clinical Observation on the Effects of dysphagia after Stroke with acupuncture Combined with Rehabilitation Technique

Pangjing[1] xiakunpeng[2]

The second affiliated hospital of Heilongjiang university of Chinese medicine, Heilongjiang
150001, china

[**Abstract**]objective: Observation on the Effects of dysphagia after Stroke with acupuncture Combined with Rehabilitation Technique method:the treatment group use acupuncture Combined with Rehabilitation Technique,the control group only use swallowing ability train.result:conclusion: acupuncture Combined with Rehabilitation Technique has a definite curative effect on dysphagia after Stroke

Key word: acupuncture Combined with Rehabilitation Technique stroke dysphagia Clinical Observation

Dysphagia is a common complication of stroke, Prevalence as high as 30% -45%[1], it Often occurs dehydration, aspiration pneumonia and even asphyxia, malnutrition, decreased body resistance seriously affect the patient's nutritional intake, rehabilitation and quality of life. The traditional dysphagia rehabilitation is swallowing training, but the majority of patients of effect is not obvious[2], The efficacy of acupuncture combined with rehabilitation therapy is gradually revealed. Our hospital acupuncture ward use acupuncture combined with rehabilitation therapy cure 30 cases dysphagia acute after stroke, as report:

1 Clinical Materials

1.1 General Data

All patients were from Heilongjiang University of Chinese Medicine, Second Affiliated Hospital of acupuncture ward from June 2009 to June 2010, A total of 60 outpatient and inpatient cases were randomly divided into treatment group and control group. In the treatment group of 30 cases, 16 were male and 14 female, ranging in age from 41-84 years (mean 40.25 ± 14.9 years); Of the 30 cases in the control group, 10 were male and 20 female, ranging in age from 43-84 years (mean 40.17 ± 15.38 years). Compare with gender, age and type of diseases between two groups, The difference was not statistically significant, This study is comparable

1.2 Criteria for Diagnosis

Use second edition of <<neurology>>, People Health Press, 1990

1 all Selected patients after brain CT or MRI

2 Mild cases of dysphagia, drinking or eating sometimes or frequently occurred irritating cough, in some serious cases can not swallowing completely

3 neurological examination: true bulbar paralysis shows paralysis of soft palate pharyngeal reflex disappeared or reduced mandibular reflex negative; Pseudobulbar Palsy show pharyngeal reflex exist mandibular reflex hyperreflexia.

1.3 inclusion criteria

- 1) comply with the above diagnostic criteria
- 2) 2 .disease course is 1-14 days
- 3) all patients must have clear consciousness dysphagia, haven't severe demential disorder aphasia and Unable to collaborators
- 4) Patients agreed and signed in the Watchlist

1.4 Exclusion criteria

- 1) Combined with cognitive dysfunction or aphasia can not Coordinate Assessment and treatment after stroke

- 2) combined with tumor after stroke
- 3) settlement the mental frame and pacemaker
- 4) life signinstability
- 5) combined with myocardial infarctionhepatic renal dysfunctionsevere infectionseriousdiabetes and so on

2 treatment method

2.1 treatment group

2.1.1 electroacupuncture therapy

Use fengchi gongxue yiming tunyan 1(between hyoid bone and prominentia laryngea)tunyan 2(mentolabial sulcus, depression in the leading edge third cervical vertebral body)lianquan .after getting Qi, use electronaesthesia apparatus, choose dilatational wave, needle retaining 30mins, cured everyday, 20days be a course.

2.1.2 swallowing function training

Stimulating patients perform swallow action and perform swallowing function training,it include Mouth and cheektongue active and passive movement,use ice stimulated oral and so on,twice everyday,once 20mins,20days a course.

2.2the control group

Only use swallowing function training.

3 Results and discussion

3.1evaluate criteria

Cured: Symptom remission, swallowing ability more than 9 points

Marked improvement:symptom lighten 50%-90%,the time of eating speed less than 10s, swallowing ability 6-8 points

Improve: symptom lighten 20%-50%,the time of eating speed less than 60s, swallowing ability 3-5points

Effective: symptom lighten 20%, swallowing ability 1-2points

Invalid:unchanged or aggravated

3.2 The statistical methods

All date were dealt with spss 13.0 statistical software.measurement data were shown by $\chi\pm s$,the measurement data were by t-test.

3.3 Conclusions

Table1 comparison of changesof score of swallowing ability before and after treatment

group	n	Before treatment	After treatment
treatment	30	30.08±11.24	93.05±19.45
control	30	34.62±10.95	62.21±10.97

Table2 comparison of therapeutic effect

group	n	cured	Marked improvement	improvr	effective	invalid	Total effectivr rate%
treatment	30	2	7	9	7	5	83.33
control	30	0	6	5	11	9	70.00

Discussion

The method of acupunture nuchal Acupoints can Excite muscle of Throat,prevent Disuse atrophy, throught Stimulate the damaged parts of the brain, make its activity increased. Repeated stimulation of the central excitement of the human brain, can help restore and rebuild a normal reflex arc, to the throat movement to promote the new central pathway formation. Central nervous system having a strong plasticity, continue to stimulate the central synapses can enhance or reconstruction, to achieve the re-composition of the nervous system. Repeated acupunture can stimulate dormant synapses compensatory use[3]. Acupunture can significantly improve post-

stroke patients with dysphagia blood circulation, blood rheology, Rheoencephalogram and skull base arterial blood flow, thereby increasing cerebral blood flow, improve the lesions of brain tissue oxygen supply, promoting lesion establishment of collateral circulation, and promote functional recovery of the central nervous system, to restore cerebral cortex regulation on the cortex, brainstem beam reconstruction swallowing function, thereby contributing to the recovery of the disease. acupuncture Combined with Rehabilitation Technique treatment of post-stroke swallowing disorder clinical efficacy, and safety of patients with side effects, easy to accept, a new method of treatment is to alleviate the suffering of patients.

References

- [1] Kidd D, Lawson, Nesbitt R, et, The natural history and clinical consequences of aspiration in acute stroke[J]. QJM, 1995, 88(6):409-413
- [2] Jia HL, Zhang YC. Treatment of 40 cases of Post-apoplectic Dysphagia by Acupuncture plus Rehabilitation Exercise[J]. Acupunct TuinaSci, 2006, 4(6):336-338
- [3] Xue WX, Wu QY, Tang WD. Therapeutic observation on Acupoint Injection for Post-stroke Deglutition Disorder[J]. Acupunct TuinaSci, 2012, 10(3):162-164

Primary discussion for Yi Jin Jing to enhance the spinal stability

Song chun hua¹ Zhong huan²

(1The second affiliated hospital of Chinese medicine of Hei long jiang university haerbin, China
2Chinese medicine of Hei long jiang university, haerbin, China)

Abstracts: Spinal correlation disease seriously affects the patients, The important cause is the imbalance of spinal stability; At present, the clinical treatment of spinal correlation disease most focus on adjusting the disorder spine joint, but how to maintain the spinal stability little researched; Yi jin jing can make human body's bones and different size of joints present the all-round and multi-angle activities as much as possible, Improve spinal ligament between joints and the surrounding muscle's strength, improve the metabolic state, accordingly to enhance spinal stability, prevent Spinal correlation development of disease, reach the purpose of preventing disease; To stabilize the treatment effect and prevent the recurrent provides new ideas after adjusted the disorder spine joint.

Keyword: Yi jin jing; Spinal stability; Spinal correlation disease; theory probing

Spinal correlation disease^[1] was developed nearly 50 years of an interdisciplinary of Chinese and western medicine, Spinal correlation disease refers to the cervical, thoracic and lumbar spinal bones, joints, intervertebral disc and vertebral weeks soft tissue damage and degenerative changes, Under the certain condition cause spinal joint disorders. Intervertebral disc herniation. Ligament calcification and bone hyperplasia. Directly or indirectly produce a stimulus or oppression to the nerve root. Vertebral artery. Vertebral vein. The spinal cord or the sympathetic nervous. Then leading to clinical syndrome. Now clinically for the treatment of spinal correlation disease is mainly manual reset, research direction is focused on how to approach remove abnormal anatomy, the recent curative effect is satisfactory, after reset symptoms would reduce or disappear immediately, but after a period of time the small joints of the spine disorders often repeated, its root cause lies in the spine instability and inappropriate treatment care method^[2]. So how to strengthen the stability of the spine, prevent spinal correlation disease prevention and health care is necessary. Health QiGong Yi Jin Jing is the ancient Chinese tradition, through previous research has found that it has a good effect to Jin's function. And the reasearch of how to apply traditional method strengthen the spinal stability was very few. This article based on the Yi Jin Jing effects on "Jin" function, analyzed it enhanced spinal stability's mechanism.