INTERNATIONAL JOURNAL OF
INTEGRATIVE AND
MODERN MEDICINE

Role and Importance of Ischemic Stroke in Cerebrovascular Diseases

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Abstract: Ignareflexotherapy is recognized as an alternative treatment for stroke from the World Health Organization tlmon. combination use of needle reflex therapy with rehabilitation methods increases the effectiveness of rehabilitation.

Cerebral vascular diseases, being the most common pathology among diseases of the central nevr system, are considered one of the first problems of Medicine. The attention to this pathology is expressed in the fact that in this disease the symptoms of lethality and incompetence of cocktails are very high and its prevalence is widespread. For this reason, the quality of life of patients with tserebrovascular disease has become a problem not of angioneurology, but of society as a whole. Cerebral vascular diseases are increasing in all countries of the world, in addition to developed countries.

According to the results of epidemiological studies, mortality from tserebrovascular disease is tied for third place after cardiovascular disease and oncological diseases. The highest lethality complication was observed in the state of Japan, with a total mortality of tserebrovascular disease of 25%, and a 50% incidence of cardiovascular disease. In England, 60,000 patients die every year from tserebrovascular disease, and in the USA-170,000.

Among the above cases, it is especially high in the incidence of brain stroke. 15 million worldwide annually.stroke is observed in more than one person. The prevalence of stroke prevalence is 164 to 261 people per 100,000 population. In Uzbekistan, more than 48,000 people are affected per year, 40,000 per month, and more than 133 per day. In the city of Tashkent alone, 25-30 strokes are registered per day. This result is 1-1.25 people per hour. In patients with cerebral stroke, the lethality rate is 44.6%, disability is 42.2%, and the improvement in working capacity is 10.2% [1.3.5.7.9.11]. In the acute course of the disease, 42% of patients die, and another 13% per year. So after a year only 45% of patients remain. Of these 45% patients, 50% Remain group I and 30% remain Group II.

The mortality rate from hemorrhagic strokes is 80%, and from ischemic strokes - 29-30%. According to the American Heart Association, the annual damage from a brain stroke increases by $1 billion. This disease is observed, and only 20% of the surviving patients return to their work.

Therefore, the prevention of cerebral stroke is a problem not only for medical personnel, but also for society as a whole. Cerebral stroke often causes an acute condition in patients requiring immediate medical attention. The first ambulance provided in this case will be of great importance for saving the patient's life. Therefore, it is necessary that all medical personnel can provide such assistance, regardless of which health organization they represent. To do this, doctors need to be well aware of the blood supply to brain tissue, risk factors that can lead to damage to it, as well as the causes of blood supply disorders and the first signs.

The ischemic stroke transistor will differ from ischemic atacas and consist of a qualitatively new look. In this case, the integration of hemodynamic and metabolic disorders occurs, which occur at certain levels of circulatory failure, which prepares the brain substance for necrosis. Pathobiochemical cascade reactions that occur in all segments of brain tissue (particularly affected Sox) cause changes in the neural pathway, astrocytosis, and increased glial involvement, impaired trophic function of the brain (dysfunction). The genesis of cascade reactions is the emergence of a brain infarction, which can go through two mechanisms as the neurotic death of the cell and atoptosis - the genetically programmed death of the cell. The severity of ischemic stroke is initially determined by the high rate of decreased

blood flow to brain tissue, the duration of the pre-perfusion period, and the severity of ischemia. In sections of the brain with reduced blood flow (at most 10 ml/100 g/min), the first clinical signs remain an irreversible process within 6-8 minutes, from the time of arrival on the surface. Within a few hours, a central lacunar infarction occurs (with a decrease in blood flow to the brain by 20-40 ml/ 100g/thousand), but becomes covered with ischemic living tissue. It is referred to the ischemic penumbra Sox, which still retain a general energetic metabolism and do not undergo structural disruption. The presence of Penumbra is unique in each patient, marking the limit of the temporary period, this period is called the "therapeutic window", and within this period it will be possible to carry out treatment procedures very effectively. The development of most cerebral infarction ends at 3-6 hours after the occurrence of primary symptoms of stroke. The formation of the furnace is about 48-56 hours, but even more stretched, (taking into account the swelling of the preserved brain). It is of particular importance that later in the acute period of ischemic stroke there is an autoimmune process, in which an increase in both serum and spinal fluid indicator to anti-DNA and OBM is detected [2.4.6.8.10.12.14.16.17].

A thrombus or embolus that appears in the endothelium of the vein alone cannot completely stop blood flow in the cerebral vessels. As a result of interacting the walls of the vessel with a thrombus or embolus, blood leads to spasm of the vessel and completely seals the cavity of the vessel. Organic angiospasms such as these occur cause ischemia as well as softening of the cranial substance due to the fact that they do not pass at Fast Times.

After the observation of vascular spasm, cases of paralytic expansion occur in the vascular wall. As a result of the expansion of the collateral blood vessels, blood comes to the vessel in which blood has been transplanted, and the blood that has broken it goes from the walls of the vessel to the brain substance, where erythrocytes relax. Depending on the amount of diapedesis, white or red ischemia occurs in the brain tissue. For this reason, ischemic strokes are sometimes combined with hemorrhagic. A significant role in the pathogenesis of ischemic strokes is played by impaired heart function, narrowing of the stenosis of the trunk blood vessels, sclerosis of the cranial vessels and a lack of vascular brain, which occurs as a result of falling blood pressure [13.15.17].

Conclusion. Changes in the vascular walls of the brain, drop in blood pressure and increased blood clotting capacity are important factors in the pathogenesis of cerebral vascular thrombosis. Cerebral blood vessel embolism occurs in many cases in connection with ischemic heart disease and hovering arrhythmias. Therefore, rheumatic endocarditis, mitral stenosis, which occurs with a thrombus in the anterior wall of the heart, is considered very dangerous. In the ventricles of the heart, emboles can be present in the congenital defect, myocardial infarction. Jarroxic treatments carried out in different organs, rib integrity disorders atheromas in the aorta and cervical trunk blood vessels can also cause tserebrovascular vessel embolism.

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