

Clinical Research

Effect of governor vessel-regulating needling combined with rehabilitation training on the activities of daily living of patients with cerebral infarction*

调督针法结合康复训练对脑梗死患者日常生活能力的影响*

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ARTICLE INFO

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*Supported by Administration of Traditional Chinese Medicine of Hebei Province:2016141

Accepted on September 12,2016

ABSTRACT

Objective To observe the difference in efficacy between governor vessel-regulating needling and conventional acupuncture, and to summarize the clinical efficacy and application rules of governor vessel-regulating needling. **Methods** Ninety patients with cerebral infarction were randomly divided into 2 groups with 45 cases in each group. Governor vessel-regulating needling combined with rehabilitation training were applied in governor vessel-regulating needling group (observation group), and conventional acupuncture combined with rehabilitation training were applied in conventional acupuncture group (control group). Modified Barthel index (MBI), Fugl-Meyer assessment (FMA) and neurological deficit scale (NDS) were adopted to assess the treatment efficacy in the two groups before treatment, after treatment for 2 weeks, and after treatment for 4 weeks, respectively. **Results** After treatment for 2 weeks, MBI and FMA increased significantly in both groups when compared with the results before treatment (all $P<0.01$), NDS reduced significantly in both groups when compared with the results before treatment (both $P<0.01$), and there was no significant difference in MBI, FMA and NDS between two groups (all $P>0.05$); after treatment for 4 weeks, MBI and FMA in observation group were significantly higher than those in control group (both $P<0.05$), and NDS was significantly lower than that in control group ($P<0.05$). **Conclusion** Compared with conventional acupuncture, governor vessel-regulating needling can significantly improve the activities of daily living of patients with cerebral infarction.

KEY WORDS: cerebral infarction; governor vessel-regulating needling; acupuncture therapy; activities of daily living

Professor GAO Yu-chun (1930-), as the major inheritor of GAO's acupuncture-moxibustion academic school in Hebei province, has formed the academic idea of "GAO's acupuncture-moxibustion academic school in Hebei province", and characteristic needling method, etc. during long-term clinical practice, and is good at treating common diseases and frequently-

occurring diseases in such fields as internal medicine, surgery, gynecology, and pediatrics, etc., and the efficacy is especially significant in treatment of stroke, facial paralysis, headache, insomnia, and vertigo, etc. In this study, the effect on the activities of daily living after stroke was observed, and the clinical efficacy and application rules of governor vessel-regulating

needling was summarized, in order to optimize the acupoints of “governor vessel-regulating needling”, standardize the acupuncture manipulation to form standard and characteristic acupuncture method, so as to direct clinical practice.

CLINICAL DATA

General data

Ninety patients with cerebral infarction, who visited the department of neurology and rehabilitation department of Cangzhou Central Hospital and Hebei Province Cangzhou Hospital of Integrated Traditional and Western Medicine from January, 2014 to April, 2016, were selected, and divided into 2 groups according to the random number table method: 45 cases in observation group (governor vessel-regulating needling combined with rehabilitation training), and 45 cases in control group (conventional acupuncture combined with rehabilitation training). There was not statistically significant in the aspects of gender, age, course of disease and side of lesion of all the patients in the 2 groups (all $P > 0.05$), and the results were comparable, as shown in Table 1.

Diagnostic criteria

Cerebral infarction was diagnosed by reference to the diagnostic criteria approved in the 4th National Cerebrovascular Disease Conference held by Chinese Medical Association in 1995^[1]: (1) the onset was often in a rest state; (2) there was not obvious headache and vomiting during most onset; (3) the onset was slow, progressive gradually or periodically, and was mostly concerned with cerebral atherosclerosis, arteritis, and blood diseases; (4) the consciousness was generally clear or with mild disorder within 1–2 days after onset; (5) there were internal carotid artery system and/or vertebrobasilar system symptoms and signs; (6) CT or MRI examination should be conducted; (7) there should be no blood in lumbar puncture cerebrospinal fluid.

Inclusion criteria

The patients who conformed to the following conditions were included in the study: with stable vital signs for more than 48 h; with onset within 30 days; with the score of Glasgow Coma Scale (GCS) > 8 , and can completed the treatment and evaluation;

with dyskinesia after onset; younger than 75 years old; with signing the Informed Consent Form by family members or patients.

Exclusion criteria

The patients who conformed to one of the following conditions were excluded: the evaluation of clinical neurological function impairment (NFI) was severe (31–45 points); with obvious cognitive disorder, sensory aphasia, and psychiatric symptoms, etc.; cannot completed the treatment; with obvious history of hypophrenia and dementia before onset; with history of craniocerebral trauma, and other intracranial diseases; with severe infection, ulceration and trauma on the scalp; with combined primary diseases of angiopathy, liver, kidney, and hematopoietic system or systemic failure; with malignant tumor, hemophilia, and connective tissue diseases, as well as with bleeding tendency.

METHODS

Basic treatment

Basic treatment: all cases were treated with conventional drug therapy and rehabilitation training.

Rehabilitation training: rehabilitation technology (Bobath) was adopted in this study. Rehabilitation training can be performed according to different stages of disease: during the period of flaccid paralysis, the trainings of postural change, limbs in good position, and range of motion were conducted; in the stage of spasm, muscle strength exercise, control ability and coordination training of motion, gait training and balance training were adopted; in addition, the training of activities of daily living was conducted. The rehabilitation training was conducted for 45 min each time. The treatment was conducted once a day, and for 6 times per week.

Governor vessel-regulating needling group (observation group)

Acupoint selection: ① Bǎihuì (百会 GV 20), Shéntíng (神庭 GV 24), Fēngfǔ (风府 GV 16); Shénmén (神门 HT 7), Tàichōng (太冲 LR 3), Tàixī (太溪 KI 3), Xīnshū (心俞 BL 15), Gānshū (肝俞 BL 18), and Shènshū (肾俞 BL 23); ② Jiānyú (肩髃 LI 15), Qūchí (曲池 LI 11), Wàiguān (外关 TE 5),

Table 1 Comparison of general information of cerebral infarction patients in the two groups

Groups	Patients	Gender (case)		Age (years old)			Course of disease (day)			Side of lesion (case)	
		Male	Female	Youngest	Oldest	Average ($\bar{x} \pm s$)	Shortest	Longest	Average ($\bar{x} \pm s$)	Left	Right
Observation	45	24	21	42	70	58.5 ± 5.16	3	29	8.76 ± 3.68	20	25
Control	45	27	18	41	73	59.3 ± 5.39	4	28	9.12 ± 3.27	23	22

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