

The Reform Measures and Effect Analysis of Acupuncture and Moxibustion in the Treatment of Stroke

Yu Cong^a, Dongsheng Wang^b, Zhongping Zhang^c, Xiuyu Pang^d, Xu Han^e

Heilongjiang Hospital of Traditional Chinese Medicine, Acupuncture and Moxibustion Department, Harbin, China

^acongyu2008@126.com, ^bzyzjykgp@163.com, ^czhangzhongping@yeah.net, ^dhljrtvu0818@163.com, ^ehanxu20220729@163.com

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Abstract: Stroke, also known as cerebral apoplexy, is a cerebral blood circulation disorder with an acute onset. The disease has a high morbidity rate, and most of the patients are middle-aged and elderly people. Studies have shown that cerebral apoplexy also has a high morbidity and mortality rate, and it is easy to cause complications such as hemiplegia, extraoral strabismus, and language problems. Death of a patient in a critical situation, posing a major threat to health. The purpose of this paper is to explore the reform measures and effect analysis of acupuncture and moxibustion treatment of stroke. In this study, 45 patients with resting paralysis and 45 patients with spastic paralysis who met the inclusion criteria were randomly divided into acupuncture rehabilitation group, acupuncture group and rehabilitation group, a total of 30 patients (15 patients with mild paralysis and 15 patients with spasticity). All patients in the study received usual care. The acupuncture group received acupuncture once a day, the rehabilitation group received acupuncture once a day, and the acupuncture group received acupuncture once a day for rehabilitation. Treatment plan: 6 days a week, once a day, 1 day off before further treatment, 4 weeks as a course of treatment. Daily activity (MBI) and hand motor activity (FMA score) were recorded before and after treatment (24 sessions). Experiments have shown that the recovery treatment method combined with acupuncture and rehabilitation treatment is about 12% higher than the ordinary recovery effect, which can improve the recovery degree of stroke patients.

1. Introduction

The pathogenesis of stroke is complex, and the theoretical systems of traditional Chinese and Western medicine are very different. There is no cure for stroke in today's medical treatment. Therefore, in recent years, the core of research has focused on improving the quality of life of patients, rather than seeking a complete cure. Since limb hemiplegia is the most common disability in stroke, the effective treatment of post-stroke hemiplegia has become the focus of current research on stroke. Stroke hemiplegia is usually divided into flaccid paralysis and spastic paralysis, and the treatment of the two has increasingly become the key to stroke treatment[1-2].

In the research on the reform measures and effect analysis of acupuncture treatment for stroke, many scholars have studied it and achieved good results, for example: Mns Ros 6n, through arterial marker detection and efficacy evaluation, Xingnao Kaiqiao aims at hypoxia and hypoxia. The development of stroke in patients with hemorrhagic encephalopathy has a significant effect on the development of stroke, and the average effective rate is better than that in the treatment of mild hypertension syndrome. Cerebrovascular function[3]. Zhao JS conducted a retrospective group study on stroke patients treated with acupuncture and western medicine within 10 years, acupuncture plus wormwood for 1 to 5 years, and those with lower 5 to 10 years. More than the medical team, acupuncture treatment was significantly reduced. The higher the efficiency and recovery, the lower the balance. Retrospective studies such as endothelial growth factor grouped patients with acute myocardial infarction within 10 years into acupuncture and western medicine groups, and the progression of patients who received acupuncture treatment in 1-5 years and 5-10 years decreased gradually. More than the medical team, acupuncture treatment was significantly reduced. The higher the efficiency and recovery, the lower the balance of recovery[4].

In this study, 45 patients with resting paralysis and 45 patients with spastic paralysis who met the inclusion criteria were randomly divided into acupuncture rehabilitation group, acupuncture group and rehabilitation group, a total of 30 patients (15 patients with mild paralysis and 15 patients with spasticity). All patients in the study received usual care. The acupuncture group received acupuncture once a day, the rehabilitation group received acupuncture once a day, and the acupuncture group received acupuncture once a day for rehabilitation. Treatment plan: 6 days a week, once a day, 1 day off before further treatment, 4 weeks as a course of treatment. Daily activity (MBI) and hand motor activity (FMA score) were recorded before and after treatment (24 sessions).

2. Research on the Reform Measures and Effect Analysis of Acupuncture and Moxibustion in the Treatment of Stroke

2.1 Thoughts and Methods of Acupuncture and Moxibustion Prevention and Treatment of Stroke

The medical community is looking for ways to organize and effectively treat stroke. method, most clinical machines can focus on TCM or relatively isolated TCM. The benefit of the cure is Western medicine, so the model of preventing and treating infection has not yet met the actual requirements of the hospital. Acupuncture treatment based on historical experience In-depth medical procedures, reliable and obvious hospital results, fully based on the understanding of the benefits of acupuncture, a set of acupuncture is the main treatment method for the prevention and treatment of epilepsy. Treatment should be divided into time and stages to effectively understand the early and acute stages of the brain. The cut-off times for prevention and treatment are different at different stages, such as recovery time and recovery time.

Treatment and Communication of Modern Risk Factors in the Brain and Population in the Field of Traditional Chinese Medicine Two Physique Research Scales: Comprehensive Treatment, Acupuncture and Medicine Combination, Acupuncture and Modern Rehabilitation Medicine Complement each other Acupuncture and moxibustion programs for the prevention and treatment of stroke.

Encephalopathy is based on blood coagulation and blood stability in the brain. Acupuncture and moxibustion can go directly to the hospital, clear the meridians of the whole body, and improve the weakness caused by muscle weakness.

Acupuncture and moxibustion are both treatments and similarities applicable to meridian areas,

but the therapeutic effects of the two are also different. With more and more papers on the mechanism of moxibustion in preventing and treating stroke in modern research, people have a deeper understanding of the application of moxibustion in brain care, which will provide more support and effective reference for its clinical role[5-6].

2.2 The Understanding and Treatment of Stroke in Modern Clinical Medicine

Stroke, also known as stroke, is called cerebrovascular disease in modern medicine. Cerebrovascular disease is further divided into ischemic cerebrovascular disease (ICVD) and cerebrovascular hemorrhagic disease (HCD). ICVD refers to the interruption of blood supply to the brain, resulting in ischemia and hypoxia in the corresponding brain, resulting in necrosis or softening of the brain tissue in this area. Causes brain tissue damage, either transient or persistent, or localized or diffuse, and triggers a series of neurological deficit syndromes. Including transient ischemic attack, cerebral infarction, also known as ischemic stroke. HCD is when blood spills out of the cerebral veins, also known as hemorrhagic stroke, including cerebral hemorrhage (CH) and subarachnoid hemorrhage[7-8].

Modern medicine divides stroke hemiplegia into two categories: flaccid paralysis and spastic paralysis. Stroke flaccid paralysis is more common in the acute stage, often with the progress of the disease, and then gradually spasm, after progressing to a certain peak, the degree of spasticity gradually eases, and then the so-called separation movement and voluntary movement appear. This is considered to be the classic process of the famous rehabilitation scientist Brunnstrom's theory of stroke movement disorder rehabilitation. However, clinically, not all patients with flaccid paralysis are converted to spastic paralysis in the short term. In addition, patients with spastic paralysis often have long-lasting spasticity, slow recovery process, great resistance when moving on the hemiplegic side, increased limb muscle tension, abnormal tendon reflexes, and pathological reflexes that cannot be elicited by normal people. Spastic paralysis is detected by electromyography, etc., and denervation potentials are generally not seen. It is easy to enter a contracture state for a long time.

The treatment of ischemic cerebrovascular disease by modern medicine mainly focuses on active treatment of risk factors, anti-platelet aggregation, improvement of cerebral microcirculation, and expansion of cerebral blood vessels; the treatment of hemorrhagic cerebrovascular disease mainly focuses on preventing the expansion of hematoma, reducing the Intracranial pressure, control cerebral edema, prevent complications, and promote neurological recovery. However, these treatments have little effect on functional rehabilitation of hemiplegic limbs[9-10].

2.3 Algorithm Selection

This paper analyzes the reform measures and effects of acupuncture and moxibustion treatment of stroke, consults relevant professional experts on related issues, and makes statistics on expert opinions.

Reflecting the convergence of expert opinions, the calculation formula of the coordination coefficient:

$$\omega = \frac{12 \sum_{j=1}^n d_j^2}{N^2(k^3 - k) - N \sum_{i=1}^N T_i} \quad (1)$$

Among them, N is the total number of experts, k is the number of factors to be evaluated, T_i represents the same rank index, and d_j is the difference between the rank of the j index and its average score. The value of ω is between 0 and 1. The larger the value of ω, the better the degree of coordination of the opinions of experts, that is, the opinions of experts are more consistent.

However, fluctuations in the range of 0.5 in actual research can indicate that the error is well controlled and the degree of coordination of expert opinions is high. The χ^2 test was carried out on the value of ω . When $P < 0.05$, it can be considered that the reliability of the expert opinion is high.

The content validity ratio is an index reflecting the validity of the content of the questionnaire, and its calculation formula is:

$$CVI = \frac{n - N/2}{N/2} \quad (2)$$

In the formula: N is the total number of experts, and n is the number of experts who believe that the items can better reflect the measurement content. The value range of the content validity ratio is between -1 and 1. A positive value indicates that more than half of the reviewers believe that the content is reasonable. The larger the value, the better the content validity [11-12].

3. Exploring the Reform Measures and Effect Analysis of Acupuncture and Moxibustion in the Treatment of Stroke

3.1 Statistical Methods

SPSS 17.0 software was used for data management and statistical analysis. Use the χ^2 test or the actual collection test to compare balance data between groups. Quantitative data are shown as SD Interpretation A variance test was used when quantitative data were divided regularly among the three groups and the variance was normal. Variant module issue. However, Mann-Whitney location test and KW status test were used for status data between the three groups, and $P < 0.05$ was considered statistically significant.

3.2 Experimental Design

In this paper, the method of control experiment is mainly used, and two groups of control experiments are carried out. The MBI score and the FMA score are used to comprehensively evaluate the recovery methods of three different stroke patients to judge the quality of the recovery methods.

4. Analysis of Acupuncture and Moxibustion in the Treatment of Stroke

4.1 Comparison of Overall MBI Score before and After Treatment

In this paper, 90 stroke patients were treated with three different recovery treatment methods, 30 people for each treatment method, respectively, the acupuncture treatment group, the rehabilitation treatment group and the acupuncture rehabilitation combined treatment group. The average MBI scores of patients before treatment and after one course of treatment (24 times) were recorded, and the data are shown in Table 1.

Table 1: Comparison of MBI scores before recovery and after a course of treatment for 3 different recovery treatments

	before therapy	24 treatments
Acupuncture group	41.00 ± 1.164	62.67 ± 9.649
rehabilitation group	42.17 ± 14.070	64.33 ± 11.903
Acupuncture group	41.33 ± 12.593	74.00 ± 12.761

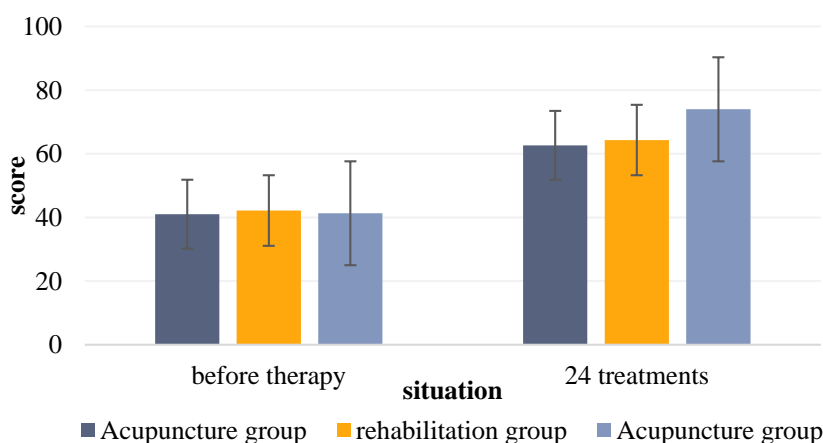


Figure 1: Comparison of MBI scores before recovery and after a course of treatment for 3 different recovery treatments

It can be clearly seen from Figure 1 that the three acupuncture and moxibustion recovery methods have obvious recovery effects on stroke patients. The mbi scores of all three recovery methods were significantly higher than those before recovery. In contrast, the acupuncture rehabilitation combined treatment group has the best effect and is recommended.

4.2 Comparison of FMA Scores in the Three Groups before and after Treatment

In order to verify the accuracy of the above experiments, this paper conducts the FMA score comparison experiment again. The same stroke patients as described in the above experiments are tested, and their FMA scores before and after one course of treatment are recorded for comparison. The experimental data are shown in Table 2 Show.

Table 2: Comparison of FMA scores before recovery and after a course of treatment for 3 different recovery treatments

	before therapy	24 treatments
Acupuncture group	34.30	58.77
rehabilitation group	36.93	60.87
Acupuncture group	35.67	70.10

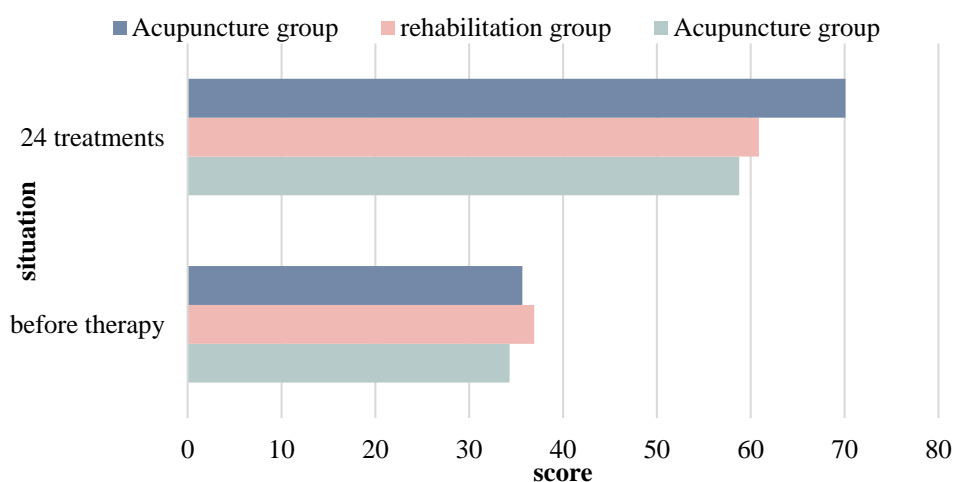


Figure 2: Comparison of FMA scores before recovery and after a course of treatment for 3 different recovery treatments

It can be clearly seen from Figure 2 that this experiment is consistent with the results of the above experiment, which verifies the accuracy of the previous results. After one course of treatment, the recovery of the acupuncture-rehabilitation combined treatment group is the best, compared with the single treatment, an increase of about 12%. The recovery effect is more obvious.

5. Conclusions

Stroke is a disease caused by a combination of factors, including complex pathogenesis and multiple treatment modalities. It is necessary to deeply study the clinical experience of the previous doctor, classify it, inherit and progress, and develop and grow, so acupuncture and big acupuncture have been effectively applied in your treatment. Acupuncture therapy combines the therapeutic effects of scalp acupuncture, body acupuncture and electro-acupuncture into one, consistent and self-healing. The treatment is simple, the operation is convenient, convenient and quick, the treatment effect is remarkable, and the treatment process is short, which is worthy of further clinical promotion. In the present work, it has been concluded that acupuncture combined with rehabilitation in patients with low cerebral palsy and spastic paralysis is superior to acupuncture or regenerative therapy only in improving daily activities and improving back function. Acupuncture combined with regenerative therapy can improve daily activities and motor function in patients with spastic flaccid paralysis. This paper adopts acupuncture combined with rehabilitation program, drawing on the strengths of other families, to treat stroke and hemiplegia. Acupuncture and rehabilitation can complement each other's strengths and give full play to their respective advantages. Acupuncture helps patients passively stimulate nerve function compensation and recovery, while rehabilitation is good at making patients actively exercise., restore nerve function and improve the quality of life.

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