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22 CASES OF ANAL RECTAL NEUROSIS TREATED WITH SCALP FOOT MOTOR SENSORY AREA

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Anorectal neurosis refers to a group of clinical syndromes that occur due to the neurological dysfunction of the growth and rectal neurosis. It is mainly realized that the function of anorectal function is abnormal without organic change. Studies have shown that the anorectal examination (including anal canal pressure, rectal reflection of tolerance capacity and compliance, rectal, vaginal incubation period of motor end plate and rectum viscous liquid emptying), anorectal ultrasound characteristic and muscle biopsy does not suggest any found [1]. So treatment is essentially experimental [2]. Since 2013, Professor Sun Yuan-zheng has been using acupuncture and Shuigou area to treat anal rectal neurosis, and the results are as follows.

1. Clinical data

1.1 General information

The 22 patients were from the Ward 2 of the second affiliated hospital of Heilongjiang TCM university from March 2013 to June 2016, including 8 male patients and 14 female patients. Aging 19-65, The duration is from 3 days and up to 9 months. All cases were diagnosed as anorectal sensory abnormalities, mainly manifested as pain in the anus, severe pain in the anus, pain in the anus, and the symptoms of multiple paroxysmal attacks. The patient is depressed or irritable and has a severe impact on personal work, life and study.

1.2 Diagnostic criteria

Patients take subjective rectal diseases as the main complaints, but clinical instruments and laboratory tests show no physical changes. Its main complaint symptom is more obvious with the mood change, the intention is concentrated in the lesion the symptom aggravates, the reverse is alleviated; When given a hint, the symptoms can be temporarily relieved or disappeared. The duration of the disease is longer, most of which is more than 3 months [4].

2. Treatment

Acupoint: Shuigou and double foot motor sensory area, combining with dialectic.

Operation method: patient took sitting position, meridian skin after routine disinfection, Shuigou and JiaoShi head acupuncture needle foot motor sensory area. After the needle, the two sides of the area of the dilatoropod were repeated by the cranial restie, which was a quick twirling of 200 revolutions per min. Electric needle on double lateral-foot transport zone 30min. In the direction of acupuncture, the patient was instructed to do anal contractile action, and the needle was 30min, and the needle was once every 10 min. Daily treatment 1 time, the weekly acupuncture 6 days rest 1 day, total acupuncture 3 weeks.

3. Therapeutic effect

3.1 Criterion of efficacy

The curative effect of the treatment was assessed according to the diagnostic basis of clinical disease and the improvement standard. Cure: after 1-3 weeks, the symptoms completely disappeared, followed up for half a year without relapse. Improvement: after 1 to 3 weeks of treatment, the symptoms were significantly reduced, followed by 6 months of follow-up. Invalid: one course of treatment has no significant change. Total efficiency = cure rate + rate of change.

3.2 Treatment results

The results of 22 patients were shown in table 1

Table 1. Results of 22 cases

	cure	Turn for the better	invalid	Total efficiency (%)
Immediate	12	9	1	95.5
At the end of the session	10	8	4	81.8
follow-up	9	7	6	72.7

5. Discussion

Anal rectum neurosis is anal rectum symptom complained of nervous system disease, the disease is a kind of produced by the plant nerve disorder, rectal dysfunction and have the characteristics of chronic and refractory disease, clinical incidence of women than men [6]. In Chinese medicine, anorectal neurosis is a "depression" and "pain syndrome" category. In Chinese medicine, it is believed that the disease is caused by the disorder of love, the lack of qi or the lack of blood, and the cause of the cold, fatigue and diet. After acupuncture, the acupuncture method was applied to stimulate the stimulation through the cranial bone and the central lobe of the central lobe. 2nd treatment of patients with anal slightly burning, the anus for du meridian courses had been, on the basis of meridians, attending and principles, by selecting the da-zhui point, clear heat and tired day far take dynamic method, take the Shuigou, cooperate with local movement, share, the acupuncture point total of t2dm with pain, pain stops god.

Keywords: Anorectal neurosis; Acupuncture; Shuigou point; Foot motor sensory area

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UDC 616-008 DOI 10.22448/AMJ.2017.4.66-67

POSSIBILITIES OF CHEMICAL MODIFICATION OF GELATINUM BY USING DIHYDROQUERCETIN AND ARABINOGALACTAN

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Abstract The use of biological polymers for the treatment of burn injuries to the skin is widely studied in preclinical and clinical trials. We conducted studies of the effect of gelatin modification with dihydroquercetin and arabinogalactan on its physical and biological properties, important for ensuring optimal conditions for bio printing and growth of cell cultures. The results obtained indicate the potential of a mixture of dihydroquercetin and arabinogalactan (Ag) as gelatin-modifying agents.

Key words: gelatin, dihydroquercetin, arabinogalactan, solubility, treatment of burns, thermal stability.

Thermal skin damage occupies one of the first places in the structure of traumatic diseases (1). In this case, burns lead to prolonged hospitalization of the patient, the use of surgical methods of treatment and the appearance of cosmetic defects that can cause stigmatization of the patient in society. The most important classification of burns, widely used in clinical practice, based on the depth of skin lesions. The first and second degree of burn damage (damage to the layers of the epidermis, including basal cells), does not require the use of surgical methods of treatment, in connection with the possible skin to self-regeneration. Third and fourth degree burns (lesion of the dermis) are indications for the use of surgical methods of treatment using allo-, auto- or xenotransplant skin. Various biological polymers are widely used in the form of films, for the temporary closure of a wound defect (2). One of these polymers is gelatin, which can retain its form and be a carrier of funds. However, in connection with the effect on the biopolymer of an elevated body temperature in the area of a burn defect, as well as various biological active substances (enzymes of neutrophils, macrophages, cytokines, etc.), gelatin is very rapidly depolymerized to a liquid state. In connection with this, increasing the time to depolymerize gelatin and other biological polymers is