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Brain Hemorrhage Causes, Symptoms and Treatment Methods

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Abstract

Symptoms that can occur in the human body at different levels of stroke, their degree of danger, stages of clinical treatment.

Keywords: Stroke, types, micro stroke, treatment methods, large hemisphere, rehabilitation therapy.

Introduction: Bleeding in the brain is called hemorrhagic stroke in medical language. In recent times, this disease has been increasing and has not decreased. Unfortunately, the disease is so dangerous that it can lead to death if the treatment is not carried out correctly and on time.

Main part: Causes of bleeding in the brain, that is, hemorrhagic stroke: increased arterial blood pressure, diabetes (diabetes enters a dangerous stage as a result of an increase in the amount of glucose in the blood), expansion of the artery.

It can be congenital or acquired for some reason during life.

Serious injury of cerebral vessels due to some sharp object, hemorrhagic diathesis (damage, violation of vessel walls),use of various anticoagulants, drugs without doctor's supervision, advice, inflammation of brain tissue due to infection (encephalitis, etc.).

Cerebral hemorrhage usually affects the larger hemisphere. At the same time, it has a negative effect on the respiratory tract and heart. But since the symptoms of the disease are known very quickly, doctors do not have any difficulty in making a diagnosis. Cerebral hemorrhage can be treated surgically. But this does not always give the expected result.

Clinical signs of the disease:

When blood is poured into the brain, a person may feel very bad, with nausea, headache, and confusion. If the blood occupies the main tissues in the brain, it is possible that the patient will fall into a coma.

Treatments:

Treatment of cerebral hemorrhage should not be postponed. Otherwise, the process will lead to the death of the patient.

First of all, specialists should start the work by treating the damaged parts of the body. It is important to take the patient to the hospital as soon as possible.

Blood pressure should always be under control, not exceed or fall below the norm. In this case, diuretic drugs are consumed in the specified order and quantity. With the help of pharmacological preparations, the walls of cerebral blood vessels are strengthened.

Neurosurgical treatment:

If hematomas appear in the brain area, if the aneurysm ruptures, neurosurgical treatment is used. But this method should be used operatively within two days after the appearance of the disease. Because the use of the neurosurgery method in the next few days puts the patient's life in serious danger.

Rehabilitation therapy:

After a stroke, rehabilitation therapy is prescribed depending on how the brain is damaged. This includes exercise, massage, electrostimulation, magnetotherapy and other types of treatment. They are also carried out under the supervision of a specialist. If the patient is unable to speak, it is necessary to use the help of a speech therapist.

Microstroke:

The main symptoms of the disease are headache and dizziness. It is difficult for a person to coordinate actions, orientation is lost. In some cases, severe nausea and vomiting are observed. Among the general symptoms of a microstroke and the consequences after bleeding, it is also worth noting the inability of a person to smile, the inability to move his limbs (completely or partially), and the feeling of "goose spitting". In the future, these symptoms will increase significantly, may be accompanied by blurred vision, erratic behavior, partial loss of memory and common sense.

Is there a micro stroke - how to determine? It is not always easy to detect the symptoms of pathology, especially if a person is still young and leads a relatively healthy lifestyle. The most reliable way to diagnose a microstroke is to consult a doctor. After that, a mandatory blood test, magnetic resonance imaging and dopplerography are performed. These studies make it possible to accurately determine what changes have occurred in the body, the size of the damaged parts of the brain, and the state of the cardiovascular system. Recovery and rehabilitation after a microstroke The period of drug treatment consists of taking special drugs to normalize blood circulation, strengthen the walls of blood vessels, reduce the accumulation of red blood cells and the ability to form clots. In addition, drugs are prescribed to support brain activity and restore neural connections. Such tools improve memory, help concentration and contribute to the normalization of human intellectual abilities. In the future, the consequences of the disease will be eliminated through various physiotherapeutic procedures: acupressure; exposure to a local heat source; reflexology; therapeutic exercises with subsequent increase in loads.

It is natural that the first symptoms of a microstroke appear on the same causal background as the symptoms of a large stroke. Thus, patients, as a rule, before the development of symptoms, are more common in people with long-term current diabetes mellitus, arterial hypertension and a long-term smoking habit. The first signs and symptoms of "micro-stroke" in men and women consist of various injuries, but with such a "micro-stroke", as a rule, the following symptoms, which indicate a possible severe lesion and an unfavorable course of the disease, will never appear: impaired consciousness; appearance of urinary incontinence; the appearance of anisocoria - pupils of different sizes; the appearance of visual paresis - limitations in the joint movement of the eyeballs; deep paresis or plegia in the limbs; The appearance of a clear sign of Babinski; In addition, if the stroke has developed against the background of atrial fibrillation or cardiovascular failure, this can serve as an unfavorable background for the development of the disease and indicate the possibility of a recurrence of the episode.

Treatment of microsult in women and men is based on correction and rational antihypertensive therapy. In addition, the patient is prescribed a diet with the restriction of fatty, spicy, salty foods. Aspirin and other antiplatelet agents are being treated. Infusion treatment is carried out using nootropics ("Piracetam"), means to improve cerebral blood circulation ("Cavinton"), as well as neuroprotective drugs ("", "Semax", "Cytoflavin"). Their downside is, for example, the lack of a solid evidence base and a proven effect, such as Cerebrolysin and Cortexin - but patients who use the VAS (or visual analog scale) experience a subjective improvement in well-

being. Because in lacunar strokes, very small calibers of arteries are affected, thrombolysis is practically not performed in this type of microscope. Recovery and Prognosis In summary, recovery is faster and more effective in lacunar stroke than in other types of stroke due to the small size of the focus. To make sure that the patient has a lacunar microstroke, the following conditions must be met: The patient has arterial hypertension and the attack that caused the neurological deficit occurred at night; The appearance of new symptoms is possible within hours or days, perhaps with a gradual increase or wave; Such patients do not have a headache or have a slight headache during the development of a stroke; CT and MRI often show very small lesions or none at all. If all these are present, recovery after microscopy usually goes well, and within 6 months, patients have significant positive signs. But during the same period, the patient may have several repeated episodes of lacunar stroke, which can lead to a significant deterioration of the disease and the development of permanent deficiency. In addition, if all possible risk factors are not changed in time and accompanying diseases, especially diabetes, are not treated, everything can end with a major stroke. Therefore, microstroke should be considered as a "wake-up call" that can turn into serious health problems at any time.

Conclusion: Microstroke is an acute violation of cerebral blood circulation in small vessels. Tissue necrosis occurs as a result of thrombus blocking the vessel lumen or acute angiospasm. Compared with a normal stroke, necrotic changes are minimal, and patients can fully recover and lead a normal life.

References:

1. ME. Birinchi jild. Toshkent, 2000-yil
2. X. Q. Shodmonov, X. Sh. Eshmurodov O. T. Tursunova. ASAB VA RUHIY KASALLIKLAR. «Bilim» nashriyoti, 2004.
3. Имамова, Ю. А., & Усманова, М. Б. (2022). РОДИОЛЫ РОЗОВАЯ ДЛЯ ПОВЫШЕНИЯ РАБОТОСПОСОБНОСТИ ОРГАНИЗМА. *Oriental renaissance: Innovative, educational, natural and social sciences*, *2*(Special Issue 4-2), 901-904.
4. Imomova, Y., Usmonova, M. B., Yo'Ldoshev, S., & Ahmadov, J. (2021). DORI VOSITALARINING ZAMONAVIY TAHLIL USULLARI. *Oriental renaissance: Innovative, educational, natural and social sciences*, *1*(8), 587-596.
5. Imamova, Y. A. (2023). BOLALARNI DORIVOR O'SIMLIKLAR BILAN DAVOLASH. *Journal of new century innovations*, *26*(4), 98-101.
6. Imamova, Y. A., & Meliqulov, O. J. (2022). Dori vositasiga shakl berish va dori vositadagi ta'sir etuvchi moddalarning ajralib chiqishi haqida tushuncha. *Science and Education*, *3*(11), 126-134.
7. Имамова, Ю. А., Усманова, М. Б., & РОДИОЛЫ, Р. ORIENSS. 2022. № Special Issue 4-2. *URL: https://cyberleninka. ru/article/n/rodioly-rozovaya-dlya-povysheniyarabotosposobnosti-organizma*.
8. Имамова, Ю. А. (2023). НЕПРОИЗВОЛЬНОЕ НОЧНОЕ МОЧЕИСПУСКАНИЕ (ЛЕЧЕНИЕ ТРАВАМИ). *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *15*(5), 26-29.
9. Xaydarov, M. (2022). Involuntary Nighttime Urination.(Herbal Treatment). *Texas Journal of Medical Science*, *13*, 112-114.
10. Imamova, Y. A., & Olimjonov, Q. O. (2023). BRONXIAL ASTMA. Journal of new century innovations, 25(1), 54-56.
11. Усманова, М. Б., & Имамова, Ю. А. (2022). ЛУК РЕПЧАТЫЙ–ПРИМЕНЕНИЕ В МЕДИЦИНЕ. *Oriental renaissance: Innovative, educational, natural and social sciences*, *2*(Special Issue 4-2), 914-917.

12. Mirzoyeva, F. A., Imamova, Y. A., & Meliqulov, O. J. (2022). Medicinal plants and their properties. *Web of Scientist: International Scientific Research Journal*, *3*(4), 1140-1144.
13. Шкурова, Д., Усманова, М., & Имамова, Ю. (2021). Private technology of powders Preparation of powders with abrasives, dyes and hard powders, extracts and essential oils. *Экономика и социум,(11), 90*.
14. Шкурова, Д., Усманова, М., & Имамова, Ю. (2021). Порошоларинг хусусий тухнологияси тузгувчи, буёвчи ва кийин майдаланувчи модддалар, экстрактлар ва эфир мойлари билан порошоклар таййорлаш. *Экономика и социум*, *11*, 90.
15. Қўйлиева МУ, Э. М., Усмонова, М., & Имамова, Ю. (2021). General information on the age of Chilonjtyda, its composition, application in folk medicine, its features and their different types, conditions for cultivation
16. Эрназарова, М. Ш., & Бахромова, Б. З. (2022). Исследования свойств лекарственных растений содержащих алкалоид. *Science and Education*, *3*(11), 106-116.
17. Нажмитдинов, Х. Б., Олимов, С. М., & Бахромова, Б. З. (2022). ПОЛЕЗНЫЕ СВОЙСТВА ФРУКТА–ПЕРСИК. *Oriental renaissance: Innovative, educational, natural and social sciences*, *2*(9), 327-332.
18. Baxromova, B. Z., & Ernazarova, M. S. (2022). Dorivor lavanda o'simligi haqida umumiy ma'lumot va uning tibbiyotda qo'llanilishi. *Science and Education*, *3*(11), 88-95.
19. Shernazarovna, E. M., & Zokirovna, B. B. (2023). KAMQONLIK SABABLARI VA UNI TABIIY YO'L BILAN DAVOLASH CHORALARI. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *15*(1), 160-165.
20. Shernazarovna, E. M., Zokirovna, B. B., & Shuxrat o'g'li, D. B. (2023). RAYHON O'SIMLIGIGA UMUMIY TAVSIF. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *15*(1), 166-168.
21. Shernazarovna, E. M., & Zokirovna, B. B. (2023). YALPIZ (MENTHA) O'SIMLIGINING DORIVOR XUSUSIYATLARI. *ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ*, *15*(1), 169-172.
22. Olimov, S. M., & Baxromova, B. Z. (2022). ZANJABIL HAQIDA UMUMIY MA'LUMOT. TIBBIYOTDA QO'LLANILISHI. *Journal of new century innovations*, *14*(1), 156-160.
23. Shernazarovna, E. M., & Zokirovna, B. B. (2023). QANDLI DIABET KASALLIGI VA UNING ASORATLARI. *Journal of new century innovations*, *26*(4), 116-121.
24. Бахрамова, Б. З., Эрназарова, М. Ш., & Муминбоев, Д. Ж. (2023). ОТНОШЕНИЕ ЧЕЛОВЕКА К ПРИРОДЕ И ОТНОШЕНИЕ ПРИРОДЫ К ЧЕЛОВЕКУ. *ББК 30.16 Б 63*, 89.
25. Bakhromova, B., & Mo'minboyev, D. (2023). THE LIFE OF ABU ALI IBN SINA AND HIS CONTRIBUTION TO THE FIELD OF PHARMACY. *Бюллетень педагогов нового Узбекистана*, *1*(9), 39-42.
26. Baxramova, B., & Mo'minboyev, D. (2023). SHIFOBAXSH ZANJABILNING TIBBIYOTDA QO'LLANILISHI. *Центральноазиатский журнал образования и инноваций*, *2*(9), 86-89.
27. Baxramova, B., Xolbo'tayeva, K., & Mo'minboyev, D. (2023). BIOLOGIK FAOL MODDALARNING INSON SALOMATLIGIGA TA'SIRI. *Инновационные исследования в науке*, *2*(9), 5-8.