



## Evaluation Of the Effect of Girudotherapy on Pain Intensity in Chronic Tension Headaches According to The Mcgigl Survey

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### ABSTRACT

The article provides a comparative study of the treatment of pain in the prevention of chronic tension headaches on the basis of the McGigg survey and the combination of conventional therapy and hirudotherapy.

### Keywords:

Chronic stress headache, McGigg survey, sensory, affective, evolutionary scale.

### Relevance of the topic:

According to the World Health Organization, three-quarters of the population aged 18 to 65 have had a headache at least once in the past year, and chronic stress headaches occur in 2-3% of the population. Episodic forms of stress headaches are not a major medical or social problem, while chronic stress headaches are associated with a variety of comorbid disorders (depression, sleep disorders, somatoform disorders) that significantly impair the patient's daily life and quality of life, brings the pain to the level of a complex socio-medical problem.

There is a growing body of research around the world on measures to prevent clinical neurological and neuropsychological changes in chronic stress headaches, early diagnosis, and fundamental foundations for effective treatment. Multidisciplinary studies in different countries have shown that changes in the upper nervous system and autonomic system in chronic stress headaches vary in dynamics and are characterized by a specific symptom complex. With this in mind, comparative diagnosis of clinical-neurological, neuropsychological disorders,

neurophysiological and neuro-neurological changes in patients with chronic stress headache, early diagnosis of patients and measures for their early rehabilitation, prophylaxis of etiopathogenetic-based treatment; improving the development of methods for evaluating the effectiveness of treatment is of particular importance.

Targeted and practical measures are being taken in our country to reform the health care system and bring it up to world standards, and measures are being taken to develop effective methods of disease prevention, early diagnosis and comprehensive treatment in patients with chronic headaches.

### The degree to which the problem has been studied.

Headaches are the most common complaint of patients seeking medical attention and are therefore of interest to many researchers. It has been mentioned in many foreign and Russian medical publications (Naprienko M.V., 2019; V.V. Osipova, Tabeeva G.R., 2017; Sergeev A.V., 2018; Sadokha K.A., 2014; Belimova L.N., Balyazin V.A., 2016;

Maksimova M.Y., Khokhlova T.Y., Piradov M.A., 2016;). Headaches are accompanied by various comorbid disorders (depression, sleep disorders, somatoform disorders), which significantly impair the patient's daily life and quality of life, the difficulty of choosing an effective treatment leads to chronic stress headaches to the level of a complex socio-medical problem (Sergeev A.V., 2018).

Treatment of primary headaches has two goals: to prevent seizures and to reduce the number, duration, and severity of headaches. Excessive use of drugs can cause headaches caused by drugs (Maksimova M.Y., Khokhlova T.Y., Piradov M.A., 2016). Among our scientists who have studied the pathogenetic mechanisms of headaches in Uzbekistan, we can cite Sanoeva M.J., 2020, Alidjanova D.A., Majidova Y.N., 2017.

The use of non-drug methods and medical malpractice, as well as the combined use of drugs, leads to a reduction in the therapeutic dose of the drug, as well as a reduction in side effects. Safonov M.I. used reflexology in the treatment of the disease.

Belimova L.I. developed the method of pharmacoacupuncture. Pospelova M.L. and Naprienko M.V., who used medicinal herbs in the treatment of primary headaches, found a decrease in pericranial muscle tension, but the duration of remission of chronic headaches was not studied. It has not been studied which biologically active sites will have the same effect when applied to the skin. The use of medical leprosy in Uzbekistan in transient ischemic stroke was studied by N.O. Ergasheva.

Although many studies have been conducted in this area, there is a lack of data on the role of the autonomic nervous system in chronic stress headaches, which suggests the need for more detailed clinical and laboratory studies on this issue. This article describes the effectiveness of girudotherapy in the treatment of chronic headaches using effective and leading methods of early diagnosis in medicine.

### Results and analysis.

#### The main clinical features of groups of patients with CTH

Indicator	I group	II group
Number of patients	57	60
The ratio of men to women	15/42	15/45
Duration of the disease	4.4±2.6	4.1±2.7
Episodes of H in a month	20.6±3.1	19.4±2.8
The amount of analgesics taken	11.3±2.4	11.42±2.8
Duration of headache episodes	5.8±1.3	5.6±1.3

The results of the Mac Gijl pain assessment survey before treatment

	Sensor scale						Affective scale						Evolutionary scale					
	Pulsating		Suppressant		Clamping		Annoying		Grueling		Panic call		Weak		Average		Strong	
	abs	%	abs	%	Abs	%	abs	%	abs	%	abs	%	abs	%	abs	%	abs	%
Patients with CTH (n = 117)	1	0,85	47	40,2	45	38,5	13	11,1	9	7,7	22	18,8	25	21,4	79	67,5	13	11,1
Traditional treatment	-	-	24	20,5	21	17,9	6	5,1	4	3,4	10	8,5	12	10,25	35	30	10	8,5
Traditional + girdotherapy	1	0,85	23	19,6	24	20,5	7	5,9	5	4,2	12	10,2	13	11,1	44	37,6	3	2,6

On the sensor scale, pulsating pain was 1 (0.8%), pressing pain was 47 (40.2%), and squeezing pain was 45 (38.5%).

On the affective scale, distressing pain was 13 (11.1%), nausea pain was 9 (7.7%), and panic pain was 22 (18.8%).

On an evolutionary scale, mild pain was observed in 25 (21.4%) patients, moderate pain in 79 (67.5%) patients, and severe pain in 13 (11.1%) patients.

Those who received traditional treatment were divided into the following groups: depressive pain 24 (20.5%), constricting pain 21 (17.9%), affective pains on the affective scale 6 (5.1%), satiating pain 4 (3, 4%), panic attacks 10 (8.5%), patients with mild pain on an evolutionary scale 12 (10.25%), patients with moderate pain 35 (30%), patients with severe pain 10 (8.5%).

Among patients treated with girdotherapy in combination with conventional therapy, 1 patient (0.85%) felt a pulsating pain on a sensory scale, 23 (19.6%) a squeezing pain, and 24 (20.5%) a squeezing pain. On the affective scale, disturbing pain was 7 (5.9%), satiating pain was 5 (4.2%), and panic pain was 12 (10.2%). On an evolutionary scale, 13

patients with mild pain (11.1%), 44 patients with moderate pain (37.6%), and 3 patients with severe pain (2.6%).

**Methods of treatment.**

Patients were divided into 2 groups: 1 group of patients was treated with traditional methods. The European standard for the treatment of headaches has been adopted as a method of treatment, the standards adopted by Russian cephalogologists in 2021.

Group 1 patients received traditional treatment. As a traditional treatment, we gave amitriptyline 25 mg in the evening at the beginning, 12.5 mg in the morning and 25 mg in the evening, gradually increasing the dose over 3 days, increasing the dose every 3 to 4 days and giving 12.5 mg in the afternoon and 37.5 mg in the evening. Amitriptyline is the drug of choice for the prevention of chronic tension headaches and is the only group A antidepressant that has been shown to be effective and has analgesic effects with increasing doses. This is due to its effect on the trigeminal nerve. We know that the 3-horned nerve is one of the pathogenetic mechanisms of CTH.

Patients with pericranial muscle tension were given tolperisone (midocalm) 150 mg 3 times per tablet. The initial dose was 150 mg, and within 4 to 5 days the dose was increased to 450 mg. This drug has been used because of its multi-component effects on headache components and its ability to be used in combination with other drugs.

Ibuprofen 400 mg, a nonsteroidal anti-inflammatory drug, was used for pain attacks.

Methodological approach to the use of hirudotherapy. The temperature of the room where hirudotherapy is applied should be + 22 to + 25C. The place where the leprosy was placed was wiped with a piece of bandage soaked in warm water. We used girudotherapy aspiration, ie Hirudo medicinalis was applied until it was completely filled with blood (20 to 40 minutes). After treatment, an aseptic bandage was applied to the wound. The day after the treatment, the length was changed and the wound was treated with an alcoholic solution of 5% iodine. The leech was used only

once and was destroyed after use. We performed hirudotherapy in 3 stages.

**Phase 1.**

For pain in the neck area, we used the points of the bladder and small intestinal meridian: V60-kun -lun, IG-3hou- si, VB-20-fan-chi. Meridians of the stomach and colon in forehead pain: Ye8 tou vay, VG23 shan-sin, PC3 in-tan. Gallbladder point VB8 shuay-gu was used for pain in the temporal region, and VG20 bay xuey was used for pain in the upper area. A total of 6-8 medical zulu were used.

The second stage (day 4). We placed 6 medical zulu at the following points: T (XIII) 14 (da-chjuy), RS (VM) 9 (tay-yan), TR (X) 18 (tsi-may), V (VII) 10 (tyan-chju) ), VB (XI) 21 (tszyan-tszin), V (VII) 41 (fu-fen).

The third stage (day 6). We placed 6 leeches at the following points: V (VII) 10, VB (XI) 21, VB (XI) 20, T (XIII) 14 (da-chjuy), RS (VM) 9 (tai-yan), TR (X) 18 (tsi-may).

**The results of a McGiggle pain assessment questionnaire after treatment**

	Sensor scale						Affective scale						Evolutionary scale					
	Pulsating		Suppressant		Clamping		Annoying		Grueling		Panic call		Weak		Average		Strong	
	Abs	%	Abs	%	Abs	%	abs	%	abs	%	abs	%	abs	%	Abs	%	Abs	%
Patients with CTH (n = 117)	-	-	7	5,98	4	3,41	3	2,56	4	3,41	5	4,27	5	4,27	7	5,98	-	-
Traditional treatment	-	-	4	3,41	2	1,7	3	2,56	3	2,56	3	2,56	3	2,56	3	2,56	-	-
Traditional + girudotherapy	-	-	3	2,56	2	1,7	-	-	1	0,85	2	1,7	2	1,7	4	3,41	-	-

A post-treatment comparison showed that in both groups of patients, headaches decreased on sensory, affective, and evolutionary scales. Severe headaches disappeared in both CTH patients after both treatments. In particular, we can see that the affective scale has decreased. The throbbing pain disappeared.

In patients receiving conventional treatment, there was a decrease in oppressive pain by 10.9%, squeezing pain by 16.2%, annoying pain by 2.54%, satiating pain by 0.84%, and panic pain by 5.94%. On an evolutionary scale, we can see that the intensity of headaches decreased by 7.69%, moderate pain by 27.44%, and severe pain by 8.5%. Severe pain did not occur in group 1 patients after conventional treatment.

In addition to conventional treatment, patients who underwent hirudotherapy were reported to have no pulmonary pain when analyzed on a sensory scale. Depressive pains decreased by 17.04%, squeezing pains by 18.8%, annoying pains by 5.9%, non-squeezing pains by 3.35%, and panic pains by 8.5%. On an evolutionary scale, mild pain was reduced by 9.4%, moderate pain by 34.19%, and severe pain by 2.6%, which did not occur after treatment.

### Conclusion:

On sensory, affective, and evolutionary scales, pain was reduced in both groups, and among these indicators, patients in group 2, i.e. patients receiving hirudotherapy in addition to conventional therapy, had higher rates.

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