

# Effect of Huatan Quyu Decoction on Patients with Cerebral Infarction

Yanyong Miao<sup>1,a</sup>, Xiaolei Han<sup>2,b</sup>, Liuyang Meng<sup>3,c</sup>

<sup>1,2,3</sup>Henan Province Hospital of Traditional Chinese Medicine Zhengzhou, Henan 450000

**Abstract:** The objective is to explore the clinical methods and effects of applying Huatan Quyu Decoction in the treatment of patients with cerebral infarction. The research work was carried out in our hospital, and the research was carried out from November 2019 to November 2020. Patients with cerebral infarction were selected as the research object, and the number of patients was 80. They were randomly divided into two groups and one group was given conventional rehabilitation therapy as the control group, the other group was given Huatan Quyu Decoction as the experimental group, and the effects of different treatments on patients were compared and analyzed. Before treatment intervention, there was no significant difference in the scores of neurological impairment, limb motor ability and ability of daily living between the two groups of patients,  $P > 0.05$ . After treatment intervention, the CSS score of the experimental group decreased and the BI score increased, which has significant differences compared with the control group, and the experimental group has higher scores for sensory and motor function. In addition, the effective rate of treatment in the experimental group was 95.00%, which was significantly higher than the 77.50% in the control group. The difference between the two groups was significant and meaningful. The treatment effect was better in the experimental group. The application of Huatan Quyu Decoction in the process of treating patients with cerebral infarction can effectively promote the recovery of patients and improve the quality of life of patients. The clinical application is significant.

## 1 Introduction

As far as cerebral infarction patients are concerned, it is more common in the clinic, and the incidence of patients is higher, which mostly occurs in elderly patients. After the onset of the patient's disease, it has a relatively large impact on the patient's health and quality of life, and the disability rate and fatality rate are relatively high. It is necessary to give the patient timely and effective treatment. From the perspective of previous clinical work, the treatment of patients is mostly to promote the recanalization of the patients' blood vessels, and to infuse the brain tissue for hypoxia, so as to reduce the patient's nerve damage and improve the patient's prognosis<sup>[1]</sup>. According to the results of relevant research data, the application of Huatan Quyu Decoction during the treatment of patients can reduce the degree of nerve damage and promote the recovery of patients. On this basis, this study applied Huatan Quyu Decoction to compare and analyze its clinical therapeutic effects.

## 2 Objective

Its objective is to carry out experimental work in the form of comparative analysis to explore the therapeutic effect

of Huatan Quyu Decoction in the treatment of patients with cerebral infarction, so as to provide reference for the development of clinical treatment.

## 3 Method

### 3.1 Patient information

The patients in our hospital were selected as the main subjects of the study. The selection time of patients was controlled from November 2019 to November 2020. The selection of personnel was all patients with cerebral infarction, and the number of selected patients was 80. The study was carried out in the form of comparative experiments, and 80 patients were divided into a control group of 40 cases and an experimental group of 40 cases. In the experimental group, there were 21 male patients and 19 female patients. The maximum and minimum ages of the patients were 81 and 52 years, respectively. The average age of the patients was  $(63.23 \pm 3.29)$  years. In the control group, the number of males and females were 23 and 17, respectively. The maximum age of the patients was 83 years old, the minimum age was 54 years old, and the average age of the patients was  $(64.39 \pm 3.99)$  years old. Comparing the general information of the two groups of patients, the data difference of patients is small, which is in line with the comparison standard between the groups.

<sup>a</sup>miaoyanyong@163.com, <sup>b</sup>695808229@qq.com, <sup>c</sup>508745444@qq.com

**Inclusion criteria:** The patient meets the diagnostic criteria of cerebral infarction; the patient is treated within 48 hours after the onset of the disease; the patient is aware of the process and methods of this study and is willing to participate in it; this study was approved by the hospital ethics committee.

**Exclusion criteria:** The patient has a history of mental illness; the patient has cerebral hemorrhage; the patient has gastrointestinal hemorrhage; the patient has coagulation dysfunction, and the patient has poor compliance.

### 3.2 Research methods

The patients in the control group were treated with conventional rehabilitation methods to control their blood pressure and lipid status, and also give them nerve-nutrition drugs to promote their limb exercises and strengthen their recovery.

Patients in the experimental group were treated with Huatan Quyu Decoction on the basis of patients in the control group. In the actual implementation process, its prescriptions mainly include: Pueraria lobata 15g, Shengbaizhu 10g, Liquor rhubarb 5g, raw leech 3g, Tianma 10g, Chi Peony 15g, Pinellia ternata 10g. Take the medicine by decoction in water, remove 100ml of juice, and take it twice a day, each time taking 50ml.

### 3.3 Observation indicators

To evaluate the degree of neurological deficit of the patient, using CSS score, the score of the patient is high, and the degree of the defect is large. The patient's ability of daily living is evaluated and analyzed by BI. The full score is 100, which means that the patient's ability of daily living is strong [2].

Comparing the limb sensory and motor functions of

the two groups of patients before and after treatment, FMA-Meyer was used to evaluate the scores and the evaluation of the limbs of the patients showed a positive correlation.

To evaluate the treatment effect, the main indicators include marked effective, effective and ineffective. Marked effective means the degree of disability of the patient is low, and the recovery of basic living ability ; Effective means the clinical symptoms of the patient are improved, and they can achieve basic self-care; the patient's limb function recovery is poor, and there are still major problems after treatment, which is invalid. Excluding inefficiency is the total effective rate of this study.

### 3.4 Statistical methods

Statistics on the data and application of software SPSS20.0, the analysis of measurement data ( $\bar{x} \pm s$ ) is verified by t value, while the calculation and comparison of count data (n, %) is verified by X<sup>2</sup> value. When expressed as P<0.05, it means that the comparison of this study is statistically significant [2].

## 4 Results

### 4.1 Nerve impairment and ability of daily living

Before treatment intervention, the difference in CSS score and BI index of the two groups of patients was small, there is no significant difference, P>0.05. After treatment intervention, the data has changed. Compared with the control group, the CSS score of the experimental group was lower, the BI index is higher, the data difference between groups becomes larger, P<0.50, there is statistical significance.

**Table1.** Comparison of neurological deficits and daily living ability scores of patients before and after treatment ( $\bar{x} \pm s$ )

Group	CSS Score		BI Index	
	Before treatment	After treatment	Before treatment	After treatment
Experimental group (n=40)	5.38±2.19	2.34±0.22	34.38±6.33	65.39±12.39
Control group (n=40)	5.88±2.19	3.98±1.20	33.98±5.30	58.00±9.25
t	0.335	4.385	8.305	12.003
P	>0.05	<0.05	>0.05	<0.05

### 4.2 Comparison of patients' limb function scores

The motor function of the limbs of the patients was compared. Before the treatment, there was no significant difference in the motor function and sensory function of the two groups of patients, P>0.05. After the treatment, the

sensory function and motor function scores of the experimental group were compared with those of the control group. The experimental group has a higher score, and the difference between two groups has increased, which is expressed as P<0.05, which is statistically significant.

**Table2.** Comparison of limb function scores before and after treatment in the two groups ( $\bar{X} \pm s$ )

Group	Sense function		Motor function	
	Before treatment	After treatment	Before treatment	After treatment
Experimental group (n=40)	6.39±2.10	12.35±4.39	48.03±9.34	72.12±16.03
Control group (n=40)	6.99±3.10	10.04±3.88	50.30±10.00	61.05±11.00
t	0.933	7.884	0.283	10.395
P	>0.05	<0.05	>0.05	<0.05

### 4.3 Comparison of treatment efficacy

There are 38 people in the experimental group who are effective in treatment, and the effective rate is 95.00%, and

there are 31 people in the control group who are effective in treatment with the effective rate of 77.50%. There is a big difference in data between the two groups, which is statistically significant.

**Table3.** Comparison of curative effect between two groups of patients [n(%)]

Group	Marked effective	Effective	Ineffective	Effective rate
Experimental group (n=40)	26 (65.00)	12 (30.00)	2 (5.00)	38 (95.00)
Control group (n=40)	15 (37.50)	16 (40.00)	9 (22.50)	31 (77.50)
X <sup>2</sup>				13.200
P				<0.05

## 5 Conclusion

The clinical incidence of cerebral infarction is relatively high. The main factor leading to the patient's disease is the patient's blood circulation disorder, which in turn leads to the patient's brain tissue hypoxia and ischemia. The patient is prone to complications such as tissue necrosis and softening. Once the patient becomes ill, the disease progresses rapidly. Therefore, after the onset of the patient, there is a large effect for the patient's life, health and quality of life, and the clinical disability rate and mortality rate of patients are high, which poses a serious threat to the patient's life and health[3]. It is necessary to give patients clinical treatment as soon as possible to promote recanalization of patients' blood vessels and avoid brain tissue damage[4]. From the perspective of the development of western medicine, the treatment of patients with cerebral infarction is mainly to give the patients blood perfusion during the best recovery period of the patients.

Under normal circumstances, the treatment methods such as thrombolysis and anticoagulation are given to the patients to try to improve the coagulation function to avoid thrombosis in patients[5]. From the perspective of traditional Chinese medicine, it believes that cerebral infarction is a stroke problem in the field of traditional Chinese medicine, and the pathogenesis is more complicated. The main factors leading to the disease are the disorder of Qi and blood, endogenous phlegm and blood stasis, and hyperactivity of liver yang. In the process of treating patients, it is necessary to promote blood circulation to remove blood stasis, dry dampness and expectorant[6]. On this basis, this study applied the Huatan Quyu Decoction, the elixir of which is the emperor's medicine, which has the effects of promoting blood circulation, removing blood stasis and clearing the pulse, and the red peony root and angelica in the prescription has the effects of promoting blood circulation and removing blood stasis, nourishing blood and camping[7]. Leech has the effects of promoting blood circulation, removing blood

stasis, and relieving dysmenorrhea. Pueraria lobata can clear away heat and strengthen the spleen, relieve muscles and reduce fever, and Gastrodia has the effect of calming down. When the drugs are used in combination, its clinical effect is significant, which can improve the clinical symptoms of patients and achieve blood circulation and promote the recovery of patients[8]. After the use of Huatan Quyu Decoction in this study, the results showed that the treatment of patients in the experimental group was more effective, and the patients' neurological deficit scores were lower, while the scores of activities of daily living and limb movement were better, both of which were comparable to those of the control group. It shows that the clinical effect of Huatan Quyu Decoction is significant, and it has positive significance in promoting the recovery of patients with cerebral infarction.

In summary, the application of Huatan Quyu Decoction in the treatment of patients with cerebral infarction has significant effects. It can improve the patients' ability of daily living, and improve the patients' neurological deficit scores, and promote the enhancement of patients' limb function. It is clinically significant, and it can be promoted and used.

## Acknowledgement

Here, I would like to thank those who have helped me write this paper. Please forgive me for I can't list them all here. What you did is of great help for me to move towards a better direction. It is the main reason why I continue to work hard. At the same time, I would like to thank CNKI, Wanfang and other websites for providing writing materials, and I would like to express my sincere gratitude to the relevant authors.

## Reference

1. Gao Yanhui. Effect of Huatan Quyu Decoction combined with rehabilitation therapy on the recovery of nerve function in elderly patients with cerebral infarction[J]. Chinese Medical Guide, 2016,14(11):195-196.
2. Wang Yurong, Yu Xiaoxia. The therapeutic effect of Huatan Quyu Decoction on patients with cerebral infarction and the influence of hemorheology and hemodynamics[J]. Global Chinese Medicine, 2016, 9(07): 856-858.
3. Zhao Xuechao, Liu Zhenghui. The effectiveness of Huatan Quyu Decoction combined with clopidogrel on rehabilitation therapy of cerebral infarction and the effect of patients' NIHSS score[J]. Guizhou Medicine, 2019,43(12):1947-1948.
4. Zhou Wei, Hu Xiaohua. The effect of rehabilitation therapy combined with Huatan Quyu Decoction on the fibrinolytic system, nerve function and hemorheology in patients with cerebral infarction[J]. New Chinese Medicine, 2020, 52(06): 41-43 .
5. Ye Minyi, Liao Mingbin, Pang Zengyuan, Pan Yandong. The therapeutic effect of Xingnao Kaiqiao acupuncture combined with self-made Huatan Quyu

6. Ren Jianfu. Effect of Huatan Quyu Decoction on Neurological Function of Patients with Cerebral Infarction[J]. Chinese Community Physician, 2015, 31(26): 76-77.
7. An Juxiang, Zhou Xiangyu. The clinical effect of Huatan Quyu Decoction in the treatment of cerebral infarction[J]. China Rural Health, 2019, 11(05): 77+79.
8. [8] Tang Zhengyang. Effect of Huatan Quyu Decoction combined with rehabilitation therapy on the recovery of nerve function in elderly patients with cerebral infarction[J]. Foot and Health Care, 2017, 26(12): 165-166.