



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1464611>Available online at: <http://www.iajps.com>

Research Article

**A RETROSPECTIVE STUDY TO ANALYZE NEURO
BREAKDOWN CAUSED BY OXYGEN & BLOOD
CIRCULATION BLOCKAGE IN THE PATIENTS OF BRAIN
ATTACK**¹Dr. Shafaq Javed, ²Dr. Amna Afzal, ³Dr. Muhammed Hanif¹Jinnah Hospital Lahore²THQ Hospital Chak Jhumra³BHU Thatha Khairo Matmal, Pindi Bhattian, Hafizabad**Abstract:**

Objective: The research is providing information about the risky and dangerous situations that occur on the brain attack patient due to the necrotic tissue causing the blockage of arteries that supply blood and oxygen to the brain.

Methodology: It has a descriptive method of study. This research was made in Services Hospital, Lahore (August 2016 to July 2017). A total of 100 brain attack patients were examined and by computed tomography scan it was proved that all the patients of brain attack contain necrotic tissue. The patients selected as the participants of the research were all ageing above 20 years. Followings are the main reasons for the formation of necrotic tissue in the brain is cigarette smoking, inheritance, narrowing of arteries in the body, high blood pressure and different cardiac disorders.

Results: All the information was collected from the patients of research. At least more than two fatal and dangerous factor was founded in those patients who had blocked blood arteries in the cerebral. Fifty-five percent patients were involved in this due to the high blood pressure which is also a most dangerous factor. Thirty percent patients were found involved in smoking. Different dangerous and frequent dangerous causes were found in different percentages for the cerebral infarction. Fifty-one percent of men were involved in it with an average age of fifty years and forty-nine percent of women about an average age of fifty-three years.

Conclusion: Necrotic tissue in the brain causes the blockage in the blood. Eighty percent of patient who is suffering from this disease lead to the brain attack which is a frequent mental malfunction. It is mainly caused by an illness in the human body which causes the problems to the patient and their family members. It can cause cerebral loss which can be controlled. We should provide social awareness to control this disorder and its dangerous factors.

Keywords: Tissue, Necrotic, Disorder, Danger Factors, Brain Attack and Cerebral.

Corresponding author:**Dr. Shafaq Javed,**

Jinnah Hospital,

Lahore

QR code



Please cite this article in press Shafaq Javed et al., A Retrospective Study to Analyze Neuro Breakdown Caused By Oxygen & Blood Circulation Blockage in the Patients of Brain Attack., Indo Am. J. P. Sci, 2018; 05(10).

INTRODUCTION:

The brain disease at which oxygen and blood do not reach the brain due to any barrier present in arteries which then lead to more than one day. It is a dangerous type of brain disease. Due to loss of cerebral working ability lead for more than eighty percent of brain damage. Brain damaging is the world second fatal problem and due to this reason n every year more than one lakh and fifty thousand people losing their lives. In every year the same amount of people suffering from this disease but still alive and fifty thousand people lose their ability of thinking by facing this disease. Some of the main reasons which cannot be changed as civilization or society, the background of the family, gender and race.

The risk factors for the infringement of cerebral are hypertension, cardiac disorders, cigarette smoking, contraction of arteries and being always de-stressed. The main reason for this research was to get information about the loss of cerebral and to estimate the miserable and dangerous situation by providing a proper treatment and providing the public awareness through proper knowledge and qualification.

PATIENTS AND METHODS:

The retrospective research study was made in Services Hospital, Lahore (August 2016 to July 2017). In a hundred percent people only ninety-three percent infected person is chosen for the emergency department of the hospital and remaining seven percent convey to another department. All patient after facing their first brain attack admitted in the hospital within a day when the sign is appearing in their body. All patient who is admitted its maximum age is more than 20 in both males or in females also. For the configuration of cerebral disturbing computer tomography scan is used. After tomography scan people which are suffering from brain strike, some another disorder is present in their brain instead of cerebral disorder. All the patients admit in the hospital is under extraordinary caring and not send from one place to another place. Complicated working for knowledge of cerebral disease which is a fatal disorder of brain strike due to blockage occur in necrotic tissue and oxygen or blood do not reach the brain. All information about the patient is collected by biochemical testing such as hypertension, mental disorders. Instrument used for it electrocardiograph,

X rays of the chest, serum, tomographic scan all these medical instrument are used for the patients.

Stroke having a more than one beginning sites. Formation of stroke in the brain is a very dangerous because the supply of blood having oxygen to the brain and their cell become an end by the presence of barrier in arteries. For cerebral disorder computer tomographic scan is used the first time. In brain necrotic tissue is a site where the barrier form in the arteries or blood and oxygen do not reach the brain. We should try to reduce the risk factor of this disorder to get rid -off. High blood pressure is control by taking medicine and some other thinks. When hypertension patient limit across the range of one hundred and sixty millimeter of the high range of blood pressure meter and above the ninety millimeter of the lower range. Hypertension is the main reason of this disorder. In diabetic patient, FBS is also check. Dyslipidemia is also check for control the range of cholesterol and fatty acids in the body. In severe chest pain in the past or at the current moment IHD is checked. Cigarette smoking and in close relative fats all these thinks have fatal aspects.

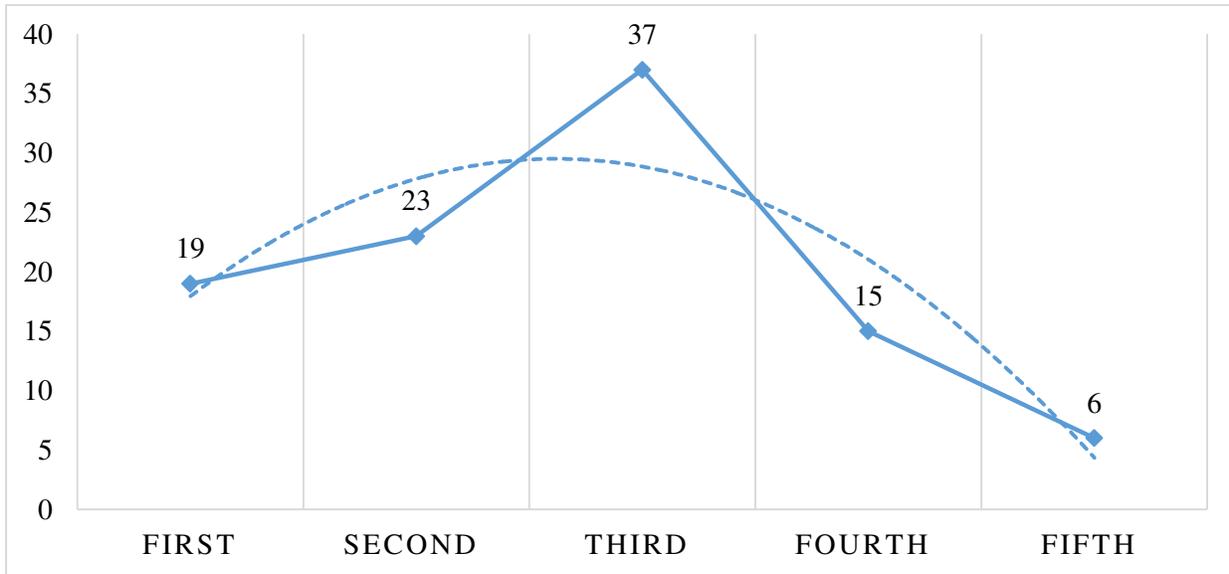
RESULTS:

In the above information which we have to collect by examining hundred patient of brain attack result is that. Females in the age of twenty -four to seventy-eight years and males in the age of twenty-one to seventy-eight year ago. The maximum age of females is the fifty-three and maximum age of male is fifty years. The patients which having a stroke in the brain its maximum age is more than sixty years in both male or females. In tabular data, the danger aspects are present of patients. In which hypertension is main. Blood pressure was present in more than fifty-five percent of patients. An about twenty percent patient is that which use a cigarette in high concentration. And remaining twenty percent patient is suffering from a high sugar level.

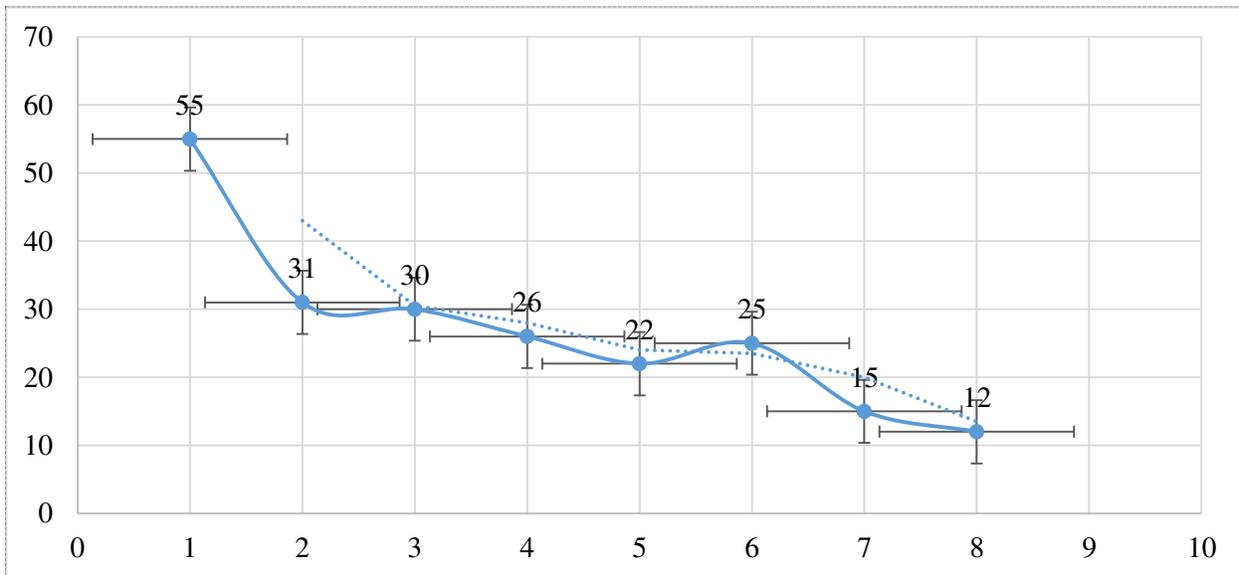
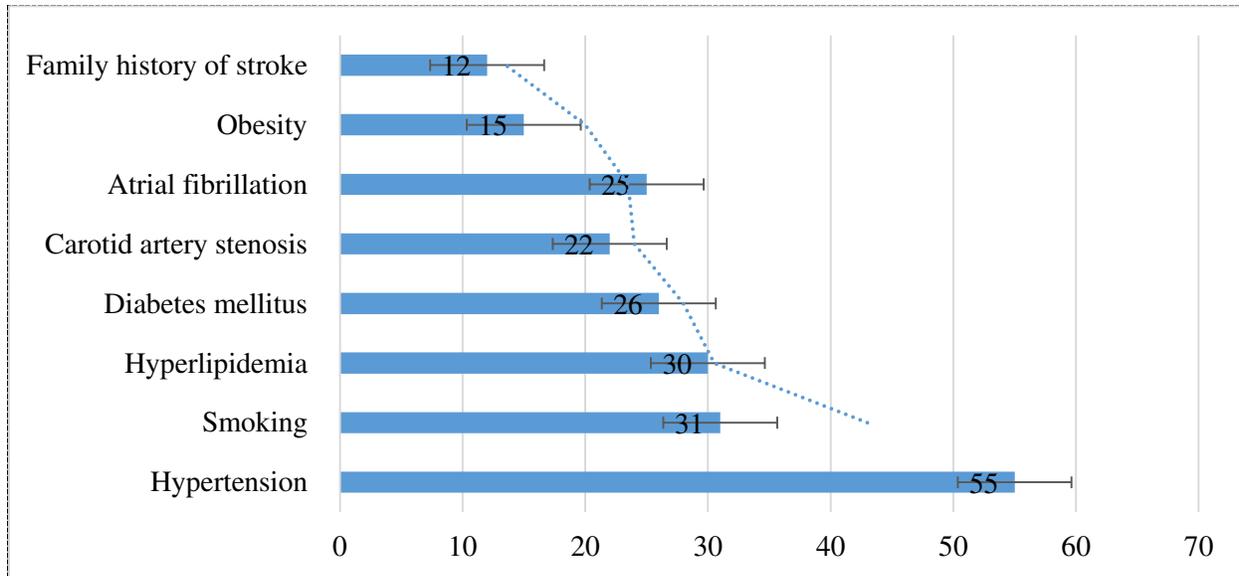
All the types of dangers are shown in the tabular data. Most of the patient related to the lower class. In a hundred percent patient, only ten percent patient is that which spend more than ten days in hospital ninety percent well be discharge and spend healthy life with all their life activities in normal ways.

Table – I: Frequency of risk factors of cerebral infarction in stroke patients

Risk Factor	Number
First	19
Second	23
Third	37
Fourth	15
Fifth	6

**Table – II:** Frequency of risk factor of cerebral infarction in the patients of stroke

Risk Factors	Number
Hypertension	55
Smoking	31
Hyperlipidemia	30
Diabetes mellitus	26
Carotid artery stenosis	22
Atrial fibrillation	25
Obesity	15
Family history of stroke	12



DISCUSSION:

The main point of this research is that with the rising of age the chance of this fatal disorder of brain will also rise in both females or in males in maximum age of fifty-one point five years [4]. In the last seventy years is enough for it as our reported by Sacco RL [5]. AK -She reported the maximum age for this disorder is fifty-three years which is nearest to our research [6]. The lack of knowledge about this disease in our country increases their aspects due to less information about this disorder careless and ignorance of them prevent. The most suitable age of this disorder is the seventh decagon of human life for both males or in females. Al rajah report is also same as of our report about age in both genders [7]. The

main focusing point in this research is blood pressure. Fifty-five percent patient of brain attack is suffering from blood pressure also which increase the chances of brain attack as reported by Ali L and Al rajah [7, 8].

If we control our blood pressure by tablets or some other aspects, we can prevent our self from this brain disease. We can control the risk of brain-damaging thirty-eight percent with the help of controlling hypertension [13]. And high sugar level is also affected on this after blood pressure [14]. High sugar level also caused a problem after results its conform when twenty-five percent people suffering from this brain disease. And this level is more when conform

by Qureshi. For high sugar level method is applying to confirm this percent [16]. cigarettes are also a factor which increases the risk of this disease it depends on the quantity of smoke by taken per day [17]. There is lots of factor in life which lead to this disease. IHD and AI rajah conform that the same concentration is present (thirty-three) percent. The patient having a narrow space and barrier of mitral veins. In research, we also knew about carotid artery which also from barriers of red blood cell or oxygen to the cell in twenty-three percent patient. Chang YJ also finds out the same amount which is [18]. The more activities perform with their own at life activities increase the risk more of cerebral disease [19]. And the people who do not perform their proper life activities becomes lazy and chances of this brain disease are also increased. In this brain disorder family background is also included eleven percent patient having a family background of this problem and its more than other which we study in this research [20, 21].

CONCLUSION:

Cerebral disturbing causing a reason of brain attack in more than eight percent. It is a very ordinary mental disorder. If we have a proper information about the disease, we can prevent our self from it danger aspects. The most common reason for this disease is hypertension and other thinks.

REFERENCES:

1. Ali L, Jamil H, Shah MA. Risk factors in Stroke. *J Cull Phys Surg Pak* 1997;7(1):7-10.
2. Nasir M. Clinical Presentation of cerebral infarction and its association with major risk factors. Dissertation College of physicians and surgeons Pakistan (CPSP). *Med/959/2000*.
3. Burgin WS, Stab L, Chan W, Wein TH, Fehlberg RA, Grotto JC, et al. Acute stroke care in nonurban emergency departments. *Neurology* 2001;11,57(11):2006-12.
4. Feig in VL, Weibers DO, Nikitina YP, O'Fallon WMI, Whisnant JP. Risk factors for ischemic strokes in a Russian Community: A population-based case control study. *Stroke*1998; 29:34-9.
5. Kinsella B, Schneider A, Kleindorfer D, Khoury J, Miller R, Elwell K, et al. Stroke in biracial population: the excess burden of stroke among blacks. *Stroke* 2004; 35:426-31.
6. Horsehide S, Kari K, Mitsuhashi T, Sato Y, Umea Y, Katsu Ki T, et al. Different patterns of silent cerebral infarct in patients with coronary artery disease or hypertension. *Am J Hyper tens* 2001;14(6 Pt 1):509-15.
7. Chang YJ, Ryun SJ, Lin SK. Carotid artery stenosis is ischemic stroke patients with non-

- valvular atrial fibrillation. *Cerebrovasc Dis*2002;13(1):16-20.
8. Hu FB, Stamper MJ, Cowlitz GA, Ascherio A, Rexrode KM, Willett WC, et al. Physical activity and risk of stroke in women. *JAMA*2000; 283:2961-7.
9. Wolfe CDA, Rudd AG, Howard R. Incidence and case fatality rates of stroke subtypes in a multiethnic population: the south London stroke register. *J Neurology Psychic* 2002; 72:211-6
10. Davin PR, Denis M. Neurological emergencies: Acute Stroke. *J Neuron Neurosurgeon Psychiatry* 2000; 68:277-88.
11. Sacco RL, Gann R, Boden-Ambala B, Lin IF, Kirtman DE, Hauser WA, et al. Leisure time physical activity and ischemic stroke risk: The North Manhattan stroke study. *Stroke* 1998; 29:380-7. *Stroke* 1997;8(1):26-30.
12. Sand erg O, Franklin KA, Bucht G, Gustafson Y, Sleep apnea, delirium, depressed mood, cognition and ADL ability after stroke. *J Am Geriatric Sic* 2001;49(4):391-7.
13. Sheikh AA. Cerebrovascular accidents in hypertensive subjects. Dissertation College of physicians and surgeons Pakistan (CPSP)*Med/970-2000*.
14. Mar ban M. Risk factors for stroke patients in Civil Hospital Quetta. Dissertation College of physicians and surgeons Pakistan (CPSP)*Med/690/1998*.
15. Akhter W. Stroke: The common modifiable risk factors and inpatient outcome. Dissertation College of Physicians and Surgeons Pakistan(CPSP). *Med/3510-A / 2001*.
16. Al-Rajah S, Adnan A, Gulnara N, Emmanuel I. Stroke in a Saudi Arabian National Guard Community: Analysis of 500 consecutive cases from a population-based hospital. *Stroke* 1993; 24:16 35-9.
17. Banerjee TK, Mukherjee CS, Sarkhel A. Stroke in urban population of Calcutta-an epidemiological study. *Neuro epidemiology*2001;20(3):201-7.
18. Qureshi LI, Safdar K, Patel M, Janssen RS, Frankel MR. Stroke in young black patients. Risk factors, subtypes and prognosis. *Stroke*.1995, 26:1995-8.
19. Rodriguez BL, D'Agostino R, Abbott RD, Kagan A, Burchfield CM, Yano K, et al. Risk of hospitalized stroke in men enrolled in the Honolulu heart program and Framingham
20. Arnos WS, Ahn C, Gut stein H. Incidence of new at hero-thrombotic brain infarction in older persons with prior myocardial infarction and serum low density lipoprotein cholesterol> or = 125mg/dl treated with statins versus no lipid-

- lowering drug. J Geroritol a Biol Sci Med Sci 2002;57(5):333-5. Pak J Med Sci 2008Vol. 24 No. 1 www.pjms.com.pk 113
21. Abu-Rahman, AF, Wuluj T Jr, Crotty, B. Carotid plaque ultrasonic heterogeneity and severity of stenosis stroke. 2002; 33:1772-5.