Brain Stroke Treatment, Emergency Importance

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Abstract

Brain stroke is one of deadest diseases admitted in emergency treatments. Therapeutics for brain stroke can be performed by both drugs and surgery. However, there is a great difference in clinical condition. Co-morbidity also makes disease treatment complicated. In order to get acquaintance of this condition, this overview outlines current and future drug and surgery therapeutics for this disease, especially in emergent states.

Keywords: Brain Stroke; Emergency Diseases; Emergency Treatment; Co-Morbidity

Introduction

Brain stroke is one of deadest diseases admitted in emergency treatments. Therapeutics for brain stroke can be performed by both drugs and surgery. However, there is a great difference in clinical condition. In order to get acquaintance of this condition, this overview outlines current and future drug and surgery therapeutics for this disease, especially in emergent states.

Methods of diagnosis and treatments

Three important factors are associated with diagnostics for brain stroke [1-4].

1. Quick diagnosis is the keys; Deaths of patients may happen if a small length of treatment delay;
2. Extreme headache, asymptomatic, unconsciousness or coma (ischemic or breeding);
3. Morphological scanning and tomography is the major pathways for diagnosis and further treatments;
4. Notice if co-morbidity is associated and targeted.

Proper therapeutics is needed to treat patients quickly, with least amounts of cost and physical damage;

Different diagnosis

Nowadays, computerized tomography (CT) is more quickly to locate blood coagulants in cerebral tissues. However, nuclear magnet resonance image (NMRI) may have deeper information of other tissues.

Angiography for vessel operation.

Other disease or syndrome diagnosis, such as blood pressure, blood sugar levels and others must be noticed [5-12].

**Different therapeutics**

Since brain stroke treatment sometimes has many sequels in the clinic, new medical knowledge, cutting-edge surgery and effective drugs must be established and developed for preventing therapeutic damage, post-surgery problems and physiological disability. Simple surgery or drugs may be a future trend.

**Major therapeutics**

- Brain surgery to remove blood coagulant clot or blood supply.
- Anti-coagulant agents will be injected to coagulant location or human bodies.
- Other categories of drugs may be effective to manage co-morbidity.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Incidence or therapeutics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive</td>
<td>Metabolism, sports, depressed symptoms</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>Transmitter, inflammatory, hypertension</td>
</tr>
<tr>
<td>Blood coagulation</td>
<td>Bleed, vessel damage, coagulate factors</td>
</tr>
<tr>
<td>Nursery</td>
<td>Careful watch by nursery workers</td>
</tr>
<tr>
<td>Age</td>
<td>Vulnerable of blood vessels and physiological function</td>
</tr>
</tbody>
</table>

*Table: Factors affect the incidence and therapeutic outcomes of human brain stroke.*

**Discussion**

Diagnosis and treatment for acute brain stroke need high quality of medical practice [1-4]. Medical efforts requires for the disease managements. Individual patient will be diagnosed and treated in least damaged ways.

**Future Direction**

1. Disease prevention and treatments (antihypertensive drugs and other preventive treatments).
2. Quick disease localization and therapeutic options-drug or surgery).
3. Good therapeutic selection and management strategy must be available.
4. Good drug assessment, validating and developments (preventive and emergence utility) can reduce the rate of surgery and increase patient survivals.

**Conclusion**

Acute brain stroke is fatal and sudden for disease progresses. Excellent therapeutic drugs (fibrinolytic agents-high effective, quick response and low toxicity) and brain surgery (small-scale and promptness) should be given for therapeutic managements and disease reversals.

**Bibliography**

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