

# Multiple sclerosis: A Brief Note

Zhang Tong \*

Department and Neurorehabilitation Center, Beijing BoAi Hospital of China Rehabilitation Research Center, China

**Correspondence to:** Zhang Tong, Department and Neurorehabilitation Center, Beijing BoAi Hospital of China Rehabilitation Research Center, China, Tel: 8143389651; E-mail: echo6161@sina.com

## Multiple sclerosis

Multiple sclerosis is a disabling disease in central nervous system (brain and spinal cord). MS develops in young adults with a complex of predisposing genetic trait & probably requires inciting environment such as a viral infection to trigger the disease.

Multiple Sclerosis is an autoimmune disorder. Now, it is clear that Multiple Sclerosis is not a disease of the immune system, but that factors contributed by the central nervous system are equally important and can be considered in the future.

In Multiple Sclerosis condition, immune system attacks the protective myelin sheath which covers nerve fibres that causes communication problems between brain and body. The disease may cause permanent damage in nervous system or deterioration of the nerves occurs. Multiple Sclerosis results in motor, cognitive, and neuropsychiatric symptoms, all of which can occur independently of one another. The most common cognitive symptoms include deficits in complex attention, efficiency of information processing, executive functioning, processing speed, & long-term memory.

Genetic susceptibility to the multiple sclerosis is associated with number of immunologically relevant genes, particularly in Caucasians.

There are four types of multiple sclerosis. They are: Clinically isolated syndrome (CIS), Relapsing-remitting MS (RRMS), Secondary-progressive MS (SPMS), Primary-progressive MS (PPMS), Pediatric MS.

The cause of multiple sclerosis is not known yet. Combination of genetics and environmental factors may be responsible.

Symptoms include in multiple sclerosis are Tingling, Slurred speech, Fatigue, Dizziness, Problems with sexual, bladder and bowel function, difficulty in walking, cognitive disabilities, numbness, vision problems are seen.

Inflammation composed of mononuclear cells, breakdown of blood brain barrier, focal plaques of demyelination & axonal damage characterize the acute MS lesions and effectively targeted by anti-inflammatory therapies.

History of Multiple Sclerosis revealed many resemblances between patients suffering from primary progressive disease (PPMS) and patients who reached a secondary progressive disease course (SPMS) after an initial relapsing remitting one.

Factors of developing MS are age, sex, family history, infections, race, climate, alcohol and smoking.

Patients can develop complications with MS are spasms or muscle stiffness, Paralysis, bowel issues, sexual dysfunction, problems with bladder, mentally challenged, mood swings, depression, epilepsy.

There is no specific test to diagnose Multiple Sclerosis. Doctor may recommend Blood tests, Spinal tap (lumbar puncture), MRI, Evoked potential tests.

Diagnosing is more difficult in patients with unusual symptoms or progressive disease. Several schemes for diagnosing multiple sclerosis (MS) have been advanced. Diagnosis of Multiple Sclerosis requires the dissemination of disease in time and space. MRI, CSF, & electrophysiological studies considered in early and definitive multiple sclerosis diagnosis.

There is no cure for multiple sclerosis. Treatments can help in speed recovery from attacks, modify the course of disease and manage symptoms. Doctor may recommend pain killers like aspirin or ibuprofen, stool softeners, physical therapy, muscle relaxants, yoga, meditation, acupuncture, healthy diet.

The FDA approved a ground-breaking drug in 2017 to treat Multiple Sclerosis. Researchers have shown that ocrelizumab significantly reduces Multiple Sclerosis.

Currently, hypovitaminosis D as an environmental risk factor for Multiple Sclerosis has been thoroughly summarized by Pierrot-Deseilligny.

**How to cite this article:** Tong Z. "Multiple sclerosis: A Brief Note". Int J Neurorehabilitation Eng 7 (2020) doi: 10.37421/ijn.2020.7.369

**Received:** July 23, 2020; **Accepted:** July 27, 2020; **Published:** July 31, 2020

**Citation:** Tong Z (2020) Multiple sclerosis: A Brief Note. Int J Neurorehabilitation Eng. 7:368. doi: 10.37421/ijn.2020.7.369

**Copyright:** © 2020 Tong Z. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.