

# Stroke Treatment and Rehabilitation: A Clinical Practise Guideline from Integrative Medicine

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## Abstract

The second biggest cause of mortality globally is stroke. The percentage of deaths in Hong Kong attributable to cerebrovascular illness was about 6.8% of all fatalities. Although patients frequently use integrative medicine techniques, there are currently no guidelines to support the associated professional practise for the care and rehabilitation of stroke. As a result, we created this framework for the creation of a clinical practise guideline (CPG) for stroke using integrative medicine.

**Keywords:** Clinical practice guideline • Stroke • Integrative medicine • Stroke rehabilitation

## Introduction

Stroke, comprising ischemic and hemorrhagic stroke, is the second most common cause of death, accounting for over 11% of all fatalities globally. The percentage of deaths in Hong Kong attributable to cerebrovascular illness was about 6.8% of all fatalities. Stroke primarily affects neurological function, but it also results in a significant loss of years of healthy life due to major post-stroke complications such as paralysis, aphasia, dysphagia, epilepsy, cognitive problems and depression. Due to these serious complications, clinicians require thorough recommendations from a variety of disciplines (including traditional and conventional medical practitioners, speech-language pathologists, psychologists, occupational therapists and physiotherapists) in order to give the best guidance in their daily clinical practise. In several Asian countries, standard stroke treatment typically combines conventional medicine with supplementary therapies like Chinese medicine [1].

## Discussion

Western medicine (WM) and Chinese medicine are the two main pillars of integrated medicine in this model (CM). In various phases of stroke, CM has been used often together with WM therapies, making it one of the most extensively adopted techniques for stroke among Chinese communities. Through thousands of years, CM established its own conceptual system for illness prevention, diagnosis, treatment and prognosis, which is quite distinct from WM. Due to the strong acceptance and popularity of CM in Hong Kong, practitioners of both WM and CM are frequently sought out by patients who need assistance. Due to Hong Kong's particular rules, these integrative techniques are implemented without practise guidelines and efficient communication between WM and CM, which has led to safety issues.

A multidisciplinary guideline committee made up of statisticians, speech therapists, psychotherapists, occupational therapists, physiotherapists, neurological specialists and CM experts will be established [2]. The steering

committee, the systematic review group, the suggestion formulation panel and a group of methodological specialists will be the four primary groupings. The recommendation development panel will be in charge of drafting the recommendations list and implementing a consensus method for expert opinion; the systematic review group will be in charge of conducting a systematic search for relevant evidence, evaluating the quality of relevant studies and synthesising data. The steering committee will be in charge of clarifying the guideline's scope, purpose, target population and users. The appendix will provide a list of all the specific information on each member of the guidelines development committee [3].

The developing recommendation panel will be in charge of writing the initial version of recommendations based on the GRADE findings, the cost-efficiency of the technology, actual medical resources and the effectiveness of the treatments. A two-round Delphi survey will be used to reach a consensus using the expert consensus approach. The specifics of CM advice, including condition categories (syndrome distinction), CM herbal formula dose, acupuncture mode (such as manual, warm, or electroacupuncture) and acupoints, will be discussed.

More than 6000 registered CM practitioners work in Hong Kong. However, there are no integrated or CM guidelines accessible to direct CM clinical practise. The majority of CM professionals base their choices on their personal medical expertise and experiences. Furthermore, the first Chinese Medicine Hospital in Hong Kong, which will offer both inpatient and outpatient treatments, is anticipated to be finished within the next three years. In order to coordinate the medical functions of the WM and CM clinics and hospitals in Hong Kong and to offer patients the best options, it is imperative to perform an integrative medicine stroke guideline that involves both WM and CM therapies [4].

In a rat chronic middle cerebral artery occlusion (MCAO) paradigm, a study by Xia Zhen-Yan shown that *Shengui Sansheng Pulvis*, a Chinese herbal combination of *Panax ginseng* C.A.Mey, root and rhizome, *Angelica sinensis* (Oliv.) Diels, root and rhizome and *Cinnamomum cassia* (L.) J.Pre Keeping the blood-brain barrier intact after a stroke could be possible with it. Another traditional Chinese medicine formulation, Dan Zhi tablet, which contained the herbs *Astragalus membranaceus* (Fisch.) Bge. var. *mongholicus* (Bge.) Hsiao (AM), *Salvia miltiorrhiza* Bge. (SM), *Ligusticum chuanxiong* Hort. (LC), *Hirudo nipponica* Whitman (HN) and *Pheretima aspergillum*.

For the finest recommendations to be made, a high-quality guideline must not only gather systematic information but also be practical and useful for doctors. The establishment of a guideline should encourage the correct use of additional CM therapies in light of the significant CM resources in Hong Kong. Integrative medicine guidelines would offer more thorough recommendations than those that exclusively use WM data, particularly where there is a dearth of effective WM therapy [5]. Future efforts should also be made to review and monitor how recommendations are being used, as well as to look into

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any potential influences on their use. We intend to create a clinical route for stroke and a treatment algorithm as the next stage in this study to help relevant practitioners follow our recommendations.

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## Conclusion

The stroke not only poses a major risk to one's health but also burdens both the person and society with a great deal of sickness. Therefore, it is crucial to enhance patient prognosis and offer professionals the best suggestions possible. This study emphasises the function of complementary medicine (CM) in the process of stroke care and illustrates how to perform the clinical practise guidelines for stroke management that synthesise integrative medicine data. Additionally, this approach could serve as a methodological guide for developing integrated medicine recommendations for treating additional disorders.

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## Conflict of Interest

No conflict of interest.

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