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ACUPUNCTURE TREATMENT IN MOTOR NEURON DISEASE (MND) AT SUO XI HOSPITAL IN BANGLADESH: A CASE REPORT

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ABSTRACT

CASE REPORT

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Motor neuron diseases (MNDs) are a group of rare neurodegenerative disorders that selectively affects motor neurons frequently termed amyotrophic lateral sclerosis (ALS). To put it another way, respiratory failure is the most prevalent cause of death from increasing muscle weakness and bulbar dysfunction. Until all of the clinical signs and symptoms are present, it may be difficult to confirm the diagnosis.^[1] All varieties of the condition have a large differential diagnosis to consider, including curable illnesses, so a professional neurology opinion should always be acquired. Even if only a tiny number of persons with familial ALS can be proved to have a definite genetic inheritance, research into the molecular basis of genetic subtypes is generating critical insights that could one day lead to medicines for sporadic occurrences of the condition.^[2] When there is no cure or disease-modifying medication, care is supportive and comprises a multidisciplinary team. Complex hereditary and environmental variables may play a role in the development of motor neuron disease, and future therapy may include a mix of molecular medicines or stem cell transplants to restore cell integrity. Patients with MND or ALS suffer from a progressive degenerative condition that has no identifiable etiology. It is important to think about the distinct forms of motor neuron disorders in terms of the relative involvement of upper and lower motor neurons when evaluating the differential diagnosis.

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INTRODUCTION

Neurologists in the eighteenth century recognized that muscular weakness might be caused by either primary or secondary muscle difficulties because nerves and motor neurons atrophy or peripheral nerves are destroyed. Motor neuron degeneration may impact either the upper or lower motor neurons, it was revealed. The term amyotrophic lateral sclerosis (ALS) was created by Charcot and Joffroy to characterize a combination of upper

and lower motor neuron dysfunction. Motor neuron disease (MND) is a more common umbrella word in the United Kingdom than "ALS" or "Lou Gehrig's disease" in the United States. ALS and "Lou Gehrig's disease" are both umbrella terms used in the United States. MND often strikes persons in their forties and fifties, with an average onset age of 58. Motor neuron disease (MND) is the third most prevalent neurodegenerative disease in the United States after Alzheimer's disease and

Parkinson's disease. As a result of its terrible trajectory, this condition has gained considerable attention in the context of ethical debates about end-of-life choices and physician-assisted suicide. [3-7] Numerous illnesses, both specific and generalized, resulting from a variety of neurodegenerative processes, have been linked to dysfunctions of

the motor neurons. Toxic attacks and viral infections may lead to motor neuron degeneration. The illness advances at an unknown pace, and there is no known reason for it. The relative involvement of upper and lower motor neurons should be taken into consideration while assessing the different symptoms of a motor neuron disease.

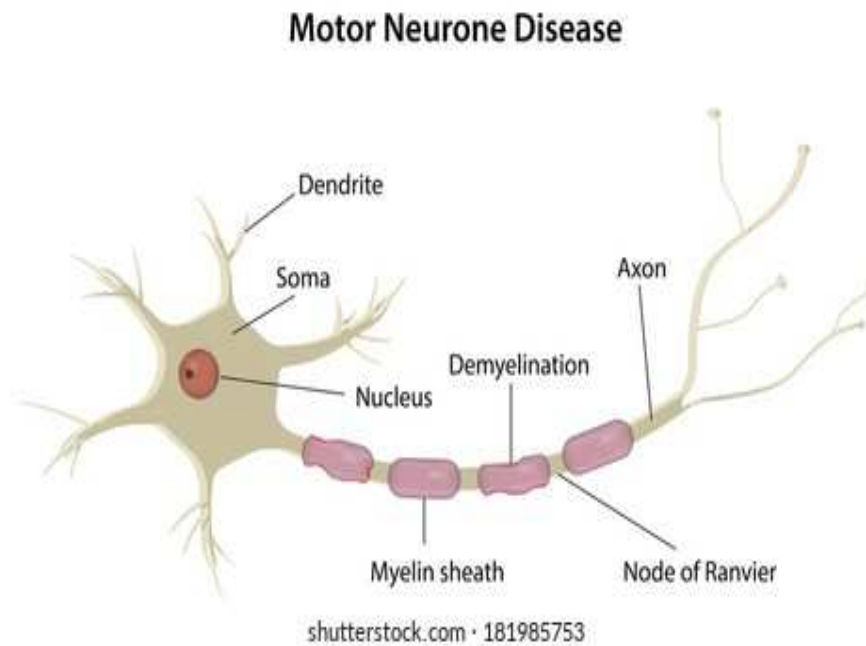


Figure I: Motor Neuron Disease

CASE REPORT

Patients suffering from Motor Neuron Condition (MND) have no known cause for the disease, which progresses at an unpredictable rate in their bodies. If you are evaluating the varied symptoms of a motor neuron disorder, you should take into account the relative involvement of upper and lower motor neurons. In our clinic, a 36-year-old male patient presented with complaints of right-sided weakness, which he had been experiencing for 5 years, as well as slurring of speech, which he had been experiencing for 1 year. After doing a thorough investigation into his family history, we discovered nothing remarkable about him. His comorbidities included hypertension, which he had for four

years and was treated with high dosages of medication. We made the decision to watch the NCS test on all four limbs of the patient. In addition, an electrophysiological examination indicated left median motor axonopathy with normal NCS in the other limbs and a normal NCS in the other limbs. The patient was diagnosed with Motor Neuron Disease, which is a neurological disorder. Consequently, we intended to treat the patient with acupuncture at the scalp, acupuncture at the mouth, and acupuncture in both the right hand and the right lower leg. In addition, the patient was treated with the Chinese technique and a deep muscle stimulator. Physiotherapy was administered to the patient after the completion of all of the previous treatments.



Figure 1, II, III & IV: Giving Scalp Acupuncture

The results of the physiotherapy, the acupuncture deep muscle stimulator, and the Chinese treatment were all outstanding. After the fifth session of acupuncture, noticeable improvements began to be seen. After the fifth session of acupuncture, the pain was observed to be less intense, and the slurring of speech was observed to be less severe.

DISCUSSION:

ALS develops for unknown reasons in the majority of patients, according to current research. MND seems to affect everyone with the exception of geographically isolated areas such as Guam and Guadeloupe, according to published research, with just a little amount of heterogeneity in the distribution of cases. [8] This does not imply either an environmental or a genetic explanation. Increasingly accurate diagnosis, an older population, or an increase in the disease's frequency is all possible explanations for the apparent increase in incidence that has occurred over the last several decades. Nutritional variables in the tropics have been linked to a range of MNDs (including konzo in Africa and lathyrism in India), according to research (konzo in Africa and lathyrism in India). [9] Poisons in the environment like as pesticides and heavy metals, for example, have been implicated in a variety of theories; nonetheless, epidemiological evidence for their involvement in typical sporadic MND remains

limited. [10] However, although MND after electrocution may be a true biological condition, this does not seem to provide any light on the etiology of the vast majority of reported cases. Autoimmune factors have also been the subject of much research. When tested in culture, immunomodulation using steroids, intravenous immunoglobulin, or plasma exchange has not been shown to be a feasible therapy option for motor neuron disease. [11,12] A 36-year-old male patient came to our clinic with a history of right-sided weakness and slurred speech, which he had been suffering for the last year. We decided to keep an eye on the patient's NCS test while it was being performed on all four of his limbs. On top of that, an electrophysiological study revealed a left median motor neuropathy with normal NCS in all of the rest of the body. As a result, we planned to use acupuncture on the patient's head, mouth, and right hand as well as the right lower leg. Besides that, the patient was treated using a deep muscle stimulator and the Chinese method. After all prior treatments had been completed, the patient was given physiotherapy. Acupuncture deep muscle stimulation, physiotherapy, and Chinese medicine all yielded impressive benefits. There were notable improvements in symptoms after the fifth session of acupuncture. After the fifth acupuncture

treatment, the pain was less strong and the slurring of speech was less severe.

CONCLUSION

Motor neuron disease symptoms may begin at birth or develop over time. Motor neuron disorders often progress over time; although some, such as ALS, decrease a person's life span, others do not; there are presently no authorized therapies for the majority of these conditions. Symptomatic care is the primary mode of therapy for the majority of these conditions. Scalp, Muscle (Both right hand and leg) acupuncture was employed by the authors to concentrate on an ancient procedure that was a remarkable success at irradiating muscular pain and restoring speaking strength.

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