



# Wiadomości Lekarskie

Official journal of the Polish Medical Association



Memory of  
dr Władysław  
Biegański

VOLUME LXXV, ISSUE 1 PART 2, JANUARY 2022

Since 1928

---



ALUNA Publishing House

Wiadomości Lekarskie is abstracted and indexed in: PUBMED/MEDLINE, SCOPUS, EMBASE, INDEX COPERNICUS, POLISH MINISTRY OF EDUCATION AND SCIENCE, POLISH MEDICAL BIBLIOGRAPHY

Copyright: © ALUNA Publishing House.

Articles published on-line and available in open access are published under Creative Commons Attribution-Non Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) allowing to download articles and share them with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially.

## **Wiadomości Lekarskie monthly journal**

**You can order the subscription for the journal from Wydawnictwo Aluna by:**

prenumerata@wydawnictwo-aluna.pl  
Wydawnictwo Aluna  
Z.M. Przesmyckiego 29  
05-510 Konstancin-Jeziorna  
Poland

Place a written order first.

If you need, ask for an invoice.

Payment should be done to the following account of the Publisher:

**account number for Polish customers (PLN):**

82 1940 1076 3010 7407 0000 0000

Credit Agricole Bank Polska S. A., SWIFT: AGRIPLP

**account number for foreign customers (EURO):**

57 2490 0005 0000 4600 7604 3035

Alior Bank S. A.: SWIFT: ALBPPLPW

Subscription of twelve consecutive issues (1-12):

Customers in Poland: 480 PLN/year

Customers from other countries: 360 EURO/year



# Wiadomości Lekarskie

**Editor in-Chief:**

Prof. Władysław Pierzchała

**Deputy Editor in-Chief:**

Prof. Aleksander Sieroń

**Statistical Editor:**

Dr Lesia Rudenko

**Managing Editor:**

Agnieszka Rosa – amarosa@wp.pl

**International Editorial Office:**

Nina Radchenko (editor)

– n.radchenko@wydawnictwo-aluna.pl

**Polish Medical Association (Polskie Towarzystwo Lekarskie):**

Prof. Waldemar Kostewicz – President PTL

Prof. Jerzy Woy-Wojciechowski – Honorary President PTL

---

**International Editorial Board – in-Chief:**

Marek Rudnicki

Chicago, USA

**International Editorial Board – Members:**

Kris Bankiewicz	San Francisco, USA	George Krol	New York, USA
Christopher Bara	Hannover, Germany	Krzysztof Łabuzek	Katowice, Poland
Krzysztof Bielecki	Warsaw, Poland	Henryk Majchrzak	Katowice, Poland
Zana Bumbuliene	Vilnius, Lithuania	Ewa Małecka-Tendera	Katowice, Poland
Ryszarda Chazan	Warsaw, Poland	Stella Nowicki	Memphis, USA
Stanislav Czudek	Ostrava, Czech Republic	Alfred Patyk	Gottingen, Germany
Jacek Dubiel	Cracow, Poland	Palmira Petrova	Yakutsk, Russia
Zbigniew Gasior	Katowice, Poland	Krystyna Pierzchała	Katowice, Poland
Andrzej Gładysz	Wroclaw, Poland	Tadeusz Płusa	Warsaw, Poland
Nataliya Gutorova	Kharkiv, Ukraine	Waldemar Priebe	Houston, USA
Marek Hartleb	Katowice, Poland	Maria Siemionow	Chicago, USA
Roman Jaeschke	Hamilton, Canada	Vladyslav Smiiianov	Sumy, Ukraine
Andrzej Jakubowiak	Chicago, USA	Tomasz Szczepański	Katowice, Poland
Oleksandr Katrushov	Poltava, Ukraine	Andrzej Witek	Katowice, Poland
Peter Konturek	Saalfeld, Germany	Zbigniew Wszolek	Jacksonville, USA
Jerzy Korewicki	Warsaw, Poland	Vyacheslav Zhdan	Poltava, Ukraine
Jan Kotarski	Lublin, Poland	Jan Zejda	Katowice, Poland

---

**Distribution and Subscriptions:**

Bartosz Guterman prenumerata@wydawnictwo-aluna.pl

**Graphic design / production:**

Grzegorz Sztank

www.red-studio.eu

**Publisher:**

ALUNA Publishing House

ul. Przesmyckiego 29,

05-510 Konstancin – Jeziorna

www.wydawnictwo-aluna.pl

www.wiadomoscilekarskie.pl

www.wiadlek.pl

## FOR AUTHORS

1. The monthly "Wiadomości Lekarskie" Journal is the official journal of the Polish Medical Association. Original studies, review papers as well as case reports are published.
2. In 2022, the cost of publishing the manuscript is PLN 1,500 plus 23% VAT. From 2022, the publication costs for foreign authors amount to EUR 450, of which EUR 50 is payable with the submission of the article (includes the costs of review, anti-plagiarism system, English language level assessment, checking the compliance of the manuscript with the regulations of the publishing house, etc.), and the remaining EUR 400 - after accepting the article for publication. Thanks to obtaining funding for authors from Ukraine, the cost of publication for Ukrainian authors is EUR 350. EUR 50 is payable together with the submission of the article, and EUR 300 - after accepting the article for publication. The publisher issues invoices. If the first author of the manuscript is a member of the Editorial Board, we do not charge a fee for printing the manuscript. Membership of the Polish Medical Association with documented paid membership fees for the last 3 years is also exempt from publication fee.
3. Only papers in English are accepted for publication. The editors can help in finding the right person for translation or proofreading.
4. Papers should be sent to the editor via the editorial panel (Editorial System), available on the journal's website at <https://www.wiadlek.pl>. In order to submit an article, free registration in the system is necessary. After registration, the author should follow the instructions on the computer screen.
5. All editorial work is under control and using the editorial panel. This applies in particular to sending manuscripts, correspondence between the editor and author and the review process. In special cases, the editor may agree to contact outside the panel, especially in case of technical problems.
6. Acceptable formats for individual elements of the article are as follows:
  - A) Content of the article – doc, docx, rtf, odt.
  - B) Tables – doc, docx, rtf, odt
  - C) Figures – JPG, GIF, TIF, PNG with a resolution of at least 300 dpi
  - D) Captions for figures and tables.These elements are sent to the editor separately using the editorial panel. References and article metadata such as titles, keywords, abstracts etc. are supplemented by the author manually in the editorial panel in appropriate places.
7. The volume of original papers – including figures and references – must not exceed 21,600 characters (12 pages of typescript), and review papers – up to 28,800 characters (16 pages).
8. The original manuscript should have the following structure: Introduction, Aims, Material and methods, Results, Discussion and Conclusions which cannot be a summary of the manuscript.
9. When using abbreviations, it is necessary to provide the full wording at the first time they are used.
10. In experimental manuscripts in which studies on humans or animals have been carried out, as well as in clinical studies, information about obtaining the consent of the Ethics Committee should be included.
11. The Editorial Board follow the principles contained in the Helsinki Declaration as well as in the Interdisciplinary Principles and Guidelines for the Use of Animals in Research, Testing and Education, published by the New York Academy of Sciences Ad Hoc Committee on Animal Research. All papers relating to animals or humans must comply with ethical principles set out by the Ethics Committee.
12. The abstract should contain 150-250 words. Abstracts of original, both clinical and experimental, papers should have the following structure: Aims, Material and methods, Results, Conclusions. Do not use abbreviations in the title or the abstract. The abstract is pasted or rewritten by the authors into the appropriate field in the application form in the editorial panel.
13. Keywords (3-5) should be given according to MeSH (Medical Subject Headings Index Medicus catalogs – <http://www.nlm.nih.gov/mesh/MBrowser.html>). Keywords cannot be a repetition of the title of the manuscript.
14. Illustrative material may be black and white or color photographs, clearly contrasting or drawings carefully made on a white background. With the exception of selected issues, the Journal is printed in shades of gray (black and white illustrations).
15. The content of the figures, if present (e.g. on the charts), should also be in English
16. Links to all tables and figures (round brackets) as well as references (square brackets) the author must place in the text of the article.
17. Only references to which the author refers in the text should be included in the list of references ordered by citation. There should be no more than 30 items in original papers and no more than 40 items in review papers. Each item should contain: last names of all authors, first letters of first names, the title of the manuscript, the abbreviation of the journal title (according to Index Medicus), year, number, start and end page. For book items, please provide: author's (authors') last name, first letter of the first name, chapter title, book title, publisher, place and year of publication. It is allowed to cite websites with the URL and date of use of the article, and if possible the last names of the authors. Each literature item should have a reference in the text of the manuscript placed in square brackets, e.g. [1], [3-6]. Items should be organized as presented in Annex 1 to these Regulations.
18. When submitting the article to the editor, the authors enclose a statement that the work was not published or submitted for publication in another journal and that they take full responsibility for its content, and the information that may indicate a conflict of interest, such as:
  1. financial dependencies (employment, paid expertise, consulting, ownership of shares, fees),
  2. personal dependencies,
  3. academic and other competition that may affect the substantive side of the work,
  4. sponsorship of all or part of the research at the stage of design, collection, analysis and interpretation of data, or report writing.
19. The authors in the editorial panel define their contribution to the formation of scientific work according to the following key:
  - A – Work concept and design
  - B – Data collection and analysis
  - C – Responsibility for statistical analysis
  - D – Writing the article
  - E – Critical review
  - F – Final approval of the article.
20. In the editorial panel along with the affiliation, the author also gives her or his ORCID number.
21. The Journal is reviewed in double, blind review mode. The submitted papers are evaluated by two independent reviewers and then qualified for publishing by the Editor-in-Chief. Reviews are anonymous. The authors receive critical reviews with a request to correct the manuscript or with a decision not to qualify it for publishing. The procedure for reviewing articles is in line with the recommendations of the Ministry of Science and Higher Education contained in the paper "Good practices in review procedures in science" (Warsaw 2011). Detailed rules for dealing with improper publishing practices are in line with COPE guidelines. The publishing review rules are in the Review Rules section.
22. Each manuscript is subject to verification in the anti-plagiarism system.
23. Manuscripts are sent for the author's approval. The author's corrections should be sent within the time limit indicated in the system. No response within the given deadline is tantamount to the author's acceptance of the submitted material. In special cases, it is possible to set dates individually.
24. Acceptance of the manuscript for publishing means the transfer of copyright to the Aluna Publishing House (Aluna Anna Łuczynska, NIP 5251624918).
25. Articles published on-line and available in open access are published under Creative Commons Attribution-Non Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) allowing to download articles and share them with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially.
26. The authors receive a free PDF of the issue in which their manuscript is enclosed, and on request – a printed copy. The printed copy is sent to the address indicated by the authors as the correspondence address.
27. Manuscripts not concordant with the above instructions will be returned to be corrected.
28. The editors do not return papers which have not been commissioned.
29. The editors take no responsibility for the contents of the advertisements.

Aidyn G. Salmanov, Alla D. Vitiuk, Orusia A. Kovalyshyn, Volodymyr A. Terekhov, Petro M. Patey, Tetiana V. Kutytska, Natalia S. Voloshynovych SURGICAL SITE INFECTION AFTER LAPAROSCOPIC HYSTERECTOMY FOR BENIGN GYNECOLOGICAL DISEASE IN UKRAINE251	
Oleksandr Oliynyk, Anna Slifirczyk, Janina Oliynyk CHANGES IN THE STATE OF VEGETATIVE NERVOUS SYSTEM OF ALBINO RATS AT THE BACKGROUND OF CHRONIC ROUNDUP POISONING	259
Mohammad Azhar Aljabali, Larisa Kuts SERUM LEVELS OF IL-2 AND IL-17A ARE RELATED TO CLINICAL TYPE AND SEVERITY OF ALOPECIA AREATA	263
Sahar Ahmed Mahdi, Tara Farooq Kareem, Dhuha Farooq Abdullah PRETERM DETECTION OF CONGENITAL ANOMALIES BY ULTRASOUND AND CORRELATION WITH POSSIBLE ASSOCIATED RISK FACTORS	268
Vira O. Khavtur, Larysa Ya. Fedoniuk, Larysa A. Sarafyniuk, Olga P. Khapitska, Olena V. Kovalchuk SIMULATION OF APPROPRIATE RHEOVASOGRAPHIC INDICATORS OF THE FEMUR IN VOLLEYBALL PLAYERS OF ECTOMORPHIC SOMATOTYPE DEPENDING ON ANTHROPOMETRIC FEATURES	275
Stanislav I. Tabachnikov, Rostyslav I. Bilobryvka, Olena P. Venger, Lyudmyla V. Rakhman, Serhii V. Rokutov, Olha V. Tkachenko, Vadym V. Chuhunov FEATURES OF COPING STRATEGIES IN THE POPULATION DURING QUARANTINE IN CONDITIONS OF EPIDEMIC DANGER	281
Valentyn I. Maslovskiy, Iryna A. Mezhiievskya THE LEVEL OF GROWTH STIMULATING FACTOR EXPRESSED BY GENE 2 AND TROPONIN I IN THE BLOOD PLASMA OF NSTEMI PATIENTS DEPENDING ON DIFFERENT CLINICAL CHARACTERISTICS	289
Nataliya A. Maruta, Sergey A. Yaroslavcev, Galyna Yu. Kalenskaya, Yevgen V. Oprya, Oleg A. Korop, Mykhailo M. Denysenko, Vyacheslav I. Zavorotniy PHENOMENOLOGICAL ANALYSIS OF SUICIDAL BEHAVIOR IN PATIENTS WITH COGNITIVE IMPAIRMENT IN RECURRENT DEPRESSIVE DISORDER	293
Korshnyak V.O., Pulyk O.R., Stoyanov O.M. REHABILITATION OF PATIENTS WITH LONG-TERM AFTEREFFECTS OF MILD COMBAT TRAUMATIC BRAIN INJURY	300
Islam Muntadher Fawzi, Sahar Ahmed Mahdi, Safa Muntadher Fawzi, Israa f Jaafar ASSESSMENT OF INTERNS' TRAINING IN THE TEACHING HOSPITALS OF BAGHDAD MEDICAL CITY COMPLEX	304
<b>REVIEW ARTICLES</b>	
Anatolii M. Hrynzovskyi, Serhii V. Bielai, Aleksandr M. Kernickyi, Vladimir I. Pasichnik, Vladimir S. Vasishev, Aleksandr V. Minko MEDICAL, SOCIAL AND PSYCHOLOGICAL ASPECTS OF ASSISTING THE FAMILIES OF THE MILITARY PERSONNEL OF UKRAINE WHO PERFORMED COMBAT TASKS IN EXTREME CONDITIONS	310
Svitlana I. Boitsaniuk, Mariana O. Levkiv, Larysa Ya. Fedoniuk, Natalia B. Kuzniak, Andrii V. Bambuliak ACUTE HERPETIC STOMATITIS: CLINICAL MANIFESTATIONS, DIAGNOSTICS AND TREATMENT STRATEGIES	318
<b>CASE STUDIES</b>	
Nataliia Sydorova, Lyudmyla Sydorova, Svetlana Bychkova CLINICAL CASE OF GAISBÖCK SYNDROME CAUSED BY HOOKAH AND TOBACCO SMOKING: "ZEBRA" OR "HORSE"?	324

## ORIGINAL ARTICLE

## REHABILITATION OF PATIENTS WITH LONG-TERM AFTEREFFECTS OF MILD COMBAT TRAUMATIC BRAIN INJURY

DOI: 10.36740/WLek202201226

**Korshnyak V.O.<sup>1</sup>, Pulyk O.R.<sup>2</sup>, Stoyanov O.M.<sup>3</sup>**<sup>1</sup>SI "INSTITUTE OF NEUROLOGY, PSYCHIATRY AND NARCOLOGY OF THE NATIONAL ACADEMY OF MEDICAL SCIENCES OF UKRAINE", KHARKIV, UKRAINE<sup>2</sup>UZHGOROD NATIONAL UNIVERSITY, DEPARTMENT OF NEUROREHABILITATION, UZHGOROD, UKRAINE<sup>3</sup>ODESA NATIONAL MEDICAL UNIVERSITY OF THE MINISTRY OF HEALTH OF UKRAINE, ODESA, UKRAINE

### ABSTRACT

**The aim:** To analyze the effect of Korean red ginseng on status of the vegetative nervous system and well-being of patients with asthenic syndrome associated with mild combat traumatic brain injury.

**Materials and methods:** We have examined 42 patients. Duration of their injury was from 4 to 6 years. We have investigated the indices of the vegetative tonus, vegetative reactivity and vegetative provisioning, its neurally mediated component – adrenaline and noradrenaline and melatonin hormone in daily urine. Some neuropsychological data were investigated with the help of HAM method (Health, Activity and Mood scale).

**Results:** After the treatment with Korean red ginseng all indices of the vegetative nervous system improved significantly. Accordingly, the rates of adrenaline and noradrenaline and the hormone melatonin, which were reduced before treatment in most of the examined, increased. The HAM values also improved after the treatment.

**Conclusions:** The use of Korean red ginseng restores efficiency, sleep, activity, and improves the mood of patients with aftereffects of mild traumatic brain injury and does not cause any adverse reaction.

**KEY WORDS:** aftereffects of mild combat traumatic brain injury, Korean red ginseng, asthenic disorders, autonomic nervous system, catecholamines

Wiad Lek. 2022;75(1 p.2):300-303

### INTRODUCTION

The beginning of the XXI<sup>st</sup> century in Ukraine was marked by active military operations. Among the victims are a large number of individuals with mild combat traumatic brain injury. The special nature of mild combat traumatic brain injury aftereffects is associated with the peculiarity of damaging mechanisms due to the nature of blast wave impact on the injured person. Brain damage caused by mine-explosive trauma is primarily associated with the direct action of the blast wave, a sharp fluctuation in atmospheric pressure, the influence of a sound wave, and acceleration effect while the victim is thrown back. At the same time, the strong and simultaneous irritation of extero- and interoreceptors on a significant area of the body surface as a result of the blast wave causes the formation of numerous stable foci of arousal in the central nervous system (CNS). Acoustic trauma (the result of exposure to a sound wave) in milliseconds makes a strong effect on the brain substance, the cortical organ, causing further dystrophic and atrophic changes in them [1].

One of the main complaints of patients in the long-term period of mild combat traumatic brain injury (TBI) is a complaint of rapid fatigue, a sharp decrease in performance, poor sleep, drowsiness during the day and muscle weakness, which does not go away after rest and is a component of the clinical picture of asthenic syndrome.

Asthenic condition of patients in the long-term period of mild combat TBI is a pathological process that develops gradually. Rest does not restore the patient's activity. This distinguishes asthenia from ordinary fatigue, which disappears after rest. The fundamental difference between asthenic syndrome and fatigue is that the latter occurs due to a decrease in energy reserves, while asthenia is the result of dysregulation, primarily at the level of brain centers.

Etiologically, asthenia can be divided into two groups: organic and functional. The causes of organic asthenia are post-traumatic, infectious, and gastroenterological diseases. Functional asthenia is characterized primarily by its reversibility since it occurs in the structure of time-limited pathological conditions. These include acute asthenia, which occurs in the postpartum period, as well as after infectious diseases and traumatic brain injury.

The main signs of asthenia as a result of traumatic damage to the central nervous system are considered to be a combination of asthenia with relative insufficiency of adrenal function, changes in muscle tone. This leads to the changes in the vegetative nervous system (VNS), that are more often paroxysmal in nature, are the cause of prolonged exacerbations, often progressive, undulating course, accompanied by senestopathy, with no effect from psychotherapy.

The pathogenetic basis of asthenia in the traumatic pro-

cess is a violation of the processes of energy formation in brain cells, which are caused by structural changes, changes in CSF circulation and hemodynamics, and neuroendocrine changes. Changes in neurodynamics are secondary – they are mediated by insufficient energy supply of organic processes or their consequences. This can explain the persistence and monotony of asthenia symptoms, sometimes the presence of psychoorganic disorders, as well as sluggish, unstable compensation for impaired functions [2].

In the genesis of asthenic state, various pathophysiological mechanisms are predicted, which include: a) violation of neurodynamics of cortical processes – weakening of internal inhibition, depletion of arousal, damage to the midbrain and weakness of the activating effect of ascending reticular formation; b) violation of the activity of limbic mechanisms of emotions, motivations and activated non-specific systems of the intermediate and midbrain, which leads to asthenization of the cerebral cortex and disorders of cortical-subcortical ratios.

The criteria for choosing a drug for treatment of asthenic syndrome are: the presence of a specific antihypoxic and antioxidant effect of the drug; possibility of correction of neurotransmitter imbalance; the presence of a specific anti-asthenic effect; high grade of safety; impact on the cognitive and psychoemotional sphere and the presence of minimal potential for interaction between different drugs [2].

Red Korean ginseng root extract has a number of healing properties that, when taken, allow the human body to adapt to climatic changes and other adverse environmental factors. It contains a large number of different types of saponins (saponins are called ginsenosides, which play a key role in the therapeutic effect on the human body), which have a calming effect on the human psyche, relieve stress, have an anti-inflammatory effect and slow down the aging process. None of the ginseng (Chinese, Russian, American), but only Red Korean ginseng contains 32 types of saponins. And what is most important and valuable is that the saponins of Red Korean ginseng are antioxidants.

The main components of Korean ginseng are carbohydrates – starch, polysaccharides, cellulose (up to 70%). Along with this, it contains various unique compounds that are found only in ginseng – these are ginsenosides, polyacetylates, Vit. Groups B and C, trace elements (potassium, phosphorus, zinc, iron and magnesium), amino acids, flavanoids, etc. Different types of ginseng (Korean, American, Chinese, Russian) differ from each other both quantitatively and in the composition of ginsenosides; the quantitative and qualitative composition of these compounds largely determines the level of pharmacological activity of plants and their therapeutic effect. 29 types of ginsenosides (R<sub>0</sub>, R<sub>1</sub>, R<sub>2</sub>, R<sub>3</sub>, R<sub>4</sub>, R<sub>5</sub>, R<sub>6</sub>, R<sub>7</sub>, R<sub>8</sub>, R<sub>9</sub>, R<sub>10</sub>, R<sub>11</sub>, R<sub>12</sub>, R<sub>13</sub>, R<sub>14</sub>, R<sub>15</sub>, R<sub>16</sub>, R<sub>17</sub>, R<sub>18</sub>, R<sub>19</sub>, R<sub>20</sub>, R<sub>21</sub>, R<sub>22</sub>, R<sub>23</sub>, R<sub>24</sub>, R<sub>25</sub>, R<sub>26</sub>, R<sub>27</sub>, R<sub>28</sub>, R<sub>29</sub>) were found in Korean ginseng (*R. ginseng*). In American ginseng (*P. ginseng*) - a total of 13 types (R<sub>g</sub>, R<sub>b</sub>, etc.)

Ginseng is also called the «root of life» and this is not for nothing: its two main components, saponins R<sub>g1</sub> and R<sub>b</sub>, are responsible for vital signs.

R<sub>g1</sub> is a concentrated vigor. It is thanks to this that ginseng fights fatigue so well and increases performance

– both physical and mental. And R<sub>b</sub> has the opposite effect. It allows the body to relax, relieves stress, mental and physical exertion.

In addition, ginseng root contains organic acids such as citric acid, malonic acid, succinic acid, ketoglutaric acid, pyruvic acid, isopropyl formic acid, n-butyric acid, delphinic acid, propyl-acetic acid, n-caproic acid etc.

Ginseng contains up to 70% of various carbohydrates: rhamnose, fructose, glucose, sucrose, maltose, etc.). Ginseng polysaccharides are water-soluble compounds that contain less than 5% protein, as well as various sugar residues associated with uronic acid. These polysaccharides are acidic and have immunomodulatory and anti-proliferative properties. Recent studies have found an acid polysaccharide that exhibits immunostimulatory properties - called ginsan.

Ginseng also contains nitrogenous compounds (15%) - proteins, amino acids, alkaloids, etc. It is rich in the following amino acids: serine, alanine, cysteine, valine, methionine, leucine, tyrosine, arginine, proline, aspartic acid.

Thus, Korean red ginseng is a unique natural remedy that is successfully used in the treatment of many diseases and, most importantly, it has no side effects.

## THE AIM

To analyze the effect of red Korean ginseng on the state of the autonomic nervous system and the well-being of patients with asthenic syndrome due to mild combat traumatic brain injury.

## MATERIALS AND METHODS

We have examined 42 male patients, aged 28 to 43 years, with long-term effects of a mild combat traumatic brain injury. The duration of the disease ranged from 4 to 6 years. Combat trauma was confirmed by the source documents. A detailed clinical and neurological examination revealed neurological symptoms characteristic of combat TBI in the vast majority of patients – convergence insufficiency, small-swinging horizontal nystagmus, pain at the exit points of the occipital nerve, sensitivity disorders, anisoreflexia, decreased muscle strength in the extremities, impaired coordination and sleep, severe general weakness, drowsiness during the day and VNS deviations – cutis marmorata on the hands, acrocyanosis, distal hyperhidrosis, palpitations, fluctuations in blood pressure. The presence of general weakness dramatically reduced the quality of life of patients in the whole group.

The duration of asthenic manifestations in the examined patients ranged from 5 to 9 months and was caused at the first stages by stressful situations, both in everyday life and at work. Most of the patients were already taking psychotropic drugs, such as tranquilizers, sedatives, antidepressants, and sleeping pills before coming to the Institute's clinic. This class of drugs is known to have a calming effect that reduces mental tension and causes mental relaxation, relieves anxiety, fear, infectious insensitivity, as well as the



**Table I.** Dynamics of vegetative indexes in patients with aftereffects of mild combat TBI before and after treatment

Vegetative indices	Patients with aftereffects of mild combat TBI			
	before treatment		after treatment	
	Amount	%	Amount	%
Kerdo vegetative index				
Eytonia	4	9,5	22*	52,3
Sympathicotonia	6	14,3	9	21,4
Parasympathicotonia	32	76,2	11*	26,2
Vegetative provisioning				
Normal	5	11,9	21*	50,0
Insufficient	30	71,4	14*	33,3
Excessive	7	16,7	7	16,7
Vegetative reactivity				
Normal	4	9,5	23*	54,8
Insufficient	27	64,3	10*	23,8
Excessive	6	14,3	4	9,5
Distorted	5	11,9	5	11,9

Note: \* $p < 0,05$

**Table II.** Value of catecholamines in patients with aftereffects of mild combat TBI

Examination period	Adrenaline nmol/day	Noradrenaline nmol/day
Before treatment	18,6 ± 2,1	95,7 ± 7,2
After treatment	31,0 ± 2,4*	141,4 ± 10,2*

Note: \* -  $p < 0,05$ .

ability to normalize the impaired vegetative functions. At the same time, the entire spectrum of action of the listed drugs in most cases does not allow using them as a therapy for individuals who require saving active attention and speed of reactions. In addition, the high cost of the drugs, their prolonged use, a large range of adverse reactions, and in some cases signs of dependence, lead to unnecessary results in the process of rehabilitation.

Taking into account all of the above, we have proposed Red Korean ginseng extract for the rehabilitation of patients, which was kindly provided by KGC – Korea Ginseng Corporation.

The concentrated extract of red Korean ginseng root is a thick mass of dark brown color in a glass jar, which should be dissolved in warm or cool water. Red Korean ginseng extract was prescribed in one measuring spoon per 80 ml of warm water 2-3 times a day for 1 month.

To objectify the well being of patients during treatment the studies were conducted according to the generally accepted scheme [3]: we studied changes in the state of autonomic nervous system (vegetative tonus, autonomic reactivity, and vegetative provisioning) before and after treatment, we also studied the neurotransmitter link of the sympathoadrenal system (epinephrine, norepinephrine,

and the hormone melatonin) in daily urine [4], and a psychological study using the HAM scale (health, activity, mood) was conducted [5]. For mathematical processing we used the program «STATISTICA» [6].

## RESULTS

Assessment of the VNS status was carried out both before and after rehabilitation measures using red Korean ginseng. As can be seen from the presented data (Table I) in the majority of patients before treatment, vegetative tonus was reduced, in 32 patients (76.2%) parasympathicotonia prevailed according to the Kerdo regulation index. The vegetative provisioning (VP) in the majority of patients - 30 individuals and autonomic reactivity (AR) in 27 individuals were insufficient. After treatment, the vegetative provisioning was normalized in 21 (50%) patients ( $p < 0.05$ ), and vegetative reactivity in 23 (54.8%) patients ( $p < 0.05$ ).

At the same time, adrenaline and noradrenaline production improved. In this group of patients before the start of treatment, there was a sharp decrease in the amount of catecholamines (CA) in the bloodstream (Table II). After treatment, the excretion of adrenaline almost doubled from  $18.6 \pm 2.1$  nmol/day to  $31.0 \pm 2.4$  n/mol/day (normal range  $33.3 \pm 2.7$  nmol/day); noradrenaline - from  $95.7 \pm 7.2$  nmol/day to  $141.4 \pm 10.2$  nmol/day (normal range  $157.5 \pm 10.7$  nmol/day), i.e. there is a tendency to normalization.

After the treatment the number of patients with normal melatonin levels increased: if before treatment the indicator below the norm ( $n = 62-84$  nmol / l) was observed in 31 patients (73.8%), and within the norm - in 7 individuals (16.6%), then a month later the number of patients with normal melatonin levels increased to 29 patients (69%;  $p < 0.05$ ).

Data of psychological examination of patients by the method of diagnostics of operational evaluation of health, activity and mood (HAM) after treatment with red Korean ginseng had shown that the vast majority of patients showed regression of symptoms and marked subjective improvement in well-being. During the treatment, the average score of well-being self-esteem increased from  $2.5 \pm 0.7$  points to  $5.1 \pm 0.4$  points, activity - from  $2.4 \pm 0.5$  points to  $5.5 \pm 0.3$  points, mood - from  $3.3 \pm 0.3$  points to  $5.7 \pm 0.4$  points.

## DISCUSSION

Study of the effect of red Korean ginseng in patients with asthenic syndrome on the background of long-term aftereffects of mild combat traumatic brain injury showed its positive effect on the studied indicators of VNS and its neurally mediated component (adrenaline, noradrenaline) and the hormone melatonin.

Melatonin positively influences the carbohydrate and fat metabolism, reduces the amount of cholesterol in the blood. Another mechanism of the regulatory effect of melatonin lies in the close link between the hypothalamic-hypophyseal-adrenocortical system, which plays a leading role in the endocrine response to stress. In a stressful



situation the epiphysis increases the secretion of melatonin, which restricts the secretion of corticosteroids [7,8].

Based on the results of a large number of experimental studies it was possible to explain the role of epiphysis as one of the brain apparatuses, which contributes to the protection of the body against external adversities, including stress. There are two groups of arguments in favor of this. Firstly, judging from morphological and biochemical data, the body changes its structural and functional characteristics in response to various stress influences. On the other hand, administration of epiphysal peptides and melatonin clearly interferes with the manifestations of stress reaction, including concomitant changes in the emotional sphere [9,10].

The analysis of the obtained data showed that melatonin excretory indices slightly increased in 33.0% of the patients and decreased in 77.0% of the patients. On the one hand, this is a manifestation of compensatory reaction (their increase), but on the other hand, it is a depletion of reserve capacities of epiphysis, which can lead to the disorders of cyclic neurally mediated processes of the body.

Normalization of melatonin excretion in turn enhances inhibitory processes in emotional structures of the brain by mobilizing specific melatonin receptors on their neurons, regulates the hypothalamic-pituitary-adrenal system, which plays a leading role in response to prolonged stress reaction [11,12].

## CONCLUSIONS

1. In patients with mild traumatic brain injury who underwent rehabilitation treatment with red Korean ginseng, there was a probable improvement of autonomic nervous system functioning after the treatment.
2. After treatment with red Korean ginseng, most patients showed normalization of catecholamine excretion and normal melatonin levels.
3. In the vast majority of patients who used red Korean ginseng there was a regression of asthenic symptoms and marked subjective improvement in well-being.
4. No adverse reactions were found in patients undergoing rehabilitation treatment with red Korean ginseng.

## REFERENCES

1. Korshnyak V.O. Gostra boyova kontuziyna cherepno-mozkova travma: patogenez, dagnostika, likuvannya. in Korshnyak V.O. Kharkiv. IE Liburkina L.M. Publ., 2018. 156p. (In Ukrainian).
2. Korshniak V.O. Naslidky lehkoj cherepno-mozkovoï travmy (patohenez, klinika, reabilitatsiia). in Kharkiv. IE Liburkina L.M. Publ., 2017. 225p. (In Ukrainian).
3. Veina A.M. Vehetatyvnye rasstroistva: klynyka, lechenye, dyahnostyka. in A.M. Veina. M.: MYA, 2000. 752p. (In Russian).

4. Nazarenko G.I., Kishkun A.A. Klinicheskaya otsenka rezultatov laboratornykh issledovaniy. Moscow. Meditsina Publ., 2000. 544p. (In Russian).
5. Luriya A.R. Osnovy neyropsihologii. Moscow. «Akademiya» Publ., 2002. 145p. (In Russian).
6. Rebrova O.Yu. Statisticheskiy analiz meditsinskih dannykh. Primeneniye paketa prikladnykh programm «STATISTICA». Moscow. Media Sfera Publ., 2002. 312p. (In Russian).
7. Korshnyak V.O. Rol melatoninu v neyroendokrinnyy regulyatsiyi nervovoyi sistemi u hvorih iz naslidkami zakritih cherepno-mozkovih travm. Mizhnarodnyy nevrologichniy zhurnal. 2016; 4 (82):108 – 113. (In Ukrainian).
8. Bondarenko L.O. Znachennya vzaemodiyi faktoriv vnutrishnogo ta zovnishnogo seredovischa v regulyatsiyi funktsionalnoy aktivnosti pinealnoy zalozy. Avtoferat disertatsiyi doktora biologichnih nauk. Kiyiv. 2003. 36p. (In Ukrainian).
9. Kovalzon V.M. Osnovy somnologii. Moscow. «BINOM» Publ., Laboratoriya znaniy, 2012. 239p. (In Russian).
10. Arushanyan E.B. Epifizarnyy gormon melatonin i narusheniye poznavatelnoy deyatel'nosti golovnoy mozga. Russkiy meditsinskiy zhurnal. 2006;9:673 – 678. (In Russian).
11. Anisimov V.N. Melatonin – rol v organizme, primeneniye v klinike. Sankt-Peterburg. Sistema Publ. 2007. 40p. (In Russian).
12. Arushanyan E.B. Hronobiologicheskaya priroda narusheniya poznavatelnoy deyatel'nosti mozga. Zhurnal nevrologii i psikiatrii. 2005;105:73 – 78. (In Russian).

## ORCID and contributionship:

Korshnyak V.O.: <sup>A,F</sup>

Pulyk O.R.: <sup>E,F</sup>

Stoyanov O.M.: <sup>B,C,E</sup>

## Conflict of interest:

*The Authors declare no conflict of interest.*

## CORRESPONDING AUTHOR

**Pulyk O.R.**

Department of Neurorehabilitation,  
Uzhhorod National University, Uzhhorod, Ukraine

e-mail: apulyk@gmail.com

**Received:** 11.07.2021

**Accepted:** 30.11.2021

A - Work concept and design, B – Data collection and analysis, C – Responsibility for statistical analysis, D – Writing the article, E – Critical review, F – Final approval of the article



Article published on-line and available in open access are published under Creative Common Attribution-Non Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0)