CONCLUSION
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The following conclusions were drawn from the undertaken study.

1. Head injuries are the commonest cause of death in accidents in Bundelkhand region too like in other areas where vehicles are on increase.

2. The highest incidence of cranio-cerebral injuries is observed between 20-40 years of age group (46%).

3. The lowest incidence of cranio-cerebral injuries is recorded in elderly people 60-80 years of age (4.4%).

4. Incidence of cranio-cerebral injuries is greater in males than females (M : F ratio being 3.17 : 1). Among males the maximum incidence is found in 20-30 years age group while in females the maximum incidence is found in first decade of life.

5. More cases come from rural areas as compared to urban areas (Rural : urban ratio being 1.19 : 1).

6. Major cause of head injuries in 0-15 years age group is fall from height (19.2%) commonest cause of head injuries appears to be roadside accidents (60%). Again the roadside accidents and medicolegal head injuries are commonest in 16-30 years age group.
7. Majority of head injury cases were of closed head injury. Open head injury cases constituted about (12.8%) while closed head injury are in 87.2% in present study.

8. In approximately one third patients (32.4%) head injury occurs in association of other major injuries i.e. fractures of face, skull, thoracic, pelvic or long bones. Thus majority of cases are isolated head injuries, having aside trivial injuries to other parts of body.

9. More than half (53.6%) patients sustain mild head injury, about one fourth (26.4%) sustain a moderate head injury and one fifth (20%) sustain a severe head injury.

10. Mild and moderate head injuries are associated with very low while severe head injuries are associated with very high (92%) mortality. Practically no patient survives having a Glasgow coma scoring of 8 or less after 24 hours of injury.

11. Headache is the commonest post head injury sequele (94%) incidence and duration of post head injury headache decreases (66%) after administration of Encephaöl (A brand of pyritinol) in appropriate doses and is inversely proportional to degree of
head injury thus maximum in mild head injury and little in severe.

12. Next commonest sequela of craniocerebral injuries is vertigo (66%). Pyritinol decreases post head injury vertigo (44%) with maximum effect over mild, a little over severe and intermediate over moderate head injuries.

13. Slightly less common sequela is persisting mental irritability after recovery from unconsciousness (44%). Pyritinol shows a little decrease in incidence of this sequela (34%).

14. Impairment of concentration and memory deficits is least common sequela (35%) which is markedly decreased after administration of Pyritinol (18%) for long durations, with little effect over severe head injury cases.

15. Pyritinol exhibits improvement in period of recovery to consciousness in mild and moderate head injuries but no effect over severe head injury.

16. No untoward side effects are observed with treatment with pyritinol.