The present study "EFFECT OF PYRITINOL OVER SEQUELAE OF CRANIOCEREBRAL INJURIES : A CONTROLLED COMPARATIVE STUDY" conducted at Maharani Laxmi Bai Medical College and Hospital, Jhansi, was undertaken to:

a. Study the role of Encephabol (PYRITINOL) in the management of craniocerebral injuries by evaluating the development and duration of various neurological sequele of craniocerebral trauma using pyritinol and compare them with control group of similar patients.

b. To categorise the patients in mild, moderate and severe degrees according to Glasgow coma scale and compare the duration and development of sequele between them.

c. Study the incidence of other injuries in patients with craniocerebral injuries.

d. Study and evaluate various other related incidences.

e. Study the role of Pyritinol over the period of recovery from unconsciousness to consciousness after head injury.

The following conclusions were drawn from the undertaken study.
Head injuries are the commonest cause of death in accidents in Bundelkhand region too like in other areas where vehicles are on increase.

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

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

Incidence of craniocerebral 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.

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

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.

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.
viii. 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.

ix. 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.

x. 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.

xi. Headache is the commonest post head injury sequela (94%) incidence and duration of post head injury headache decreased (66%) after administration of Encephabol (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.
xii. Next commonest sequel 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.

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

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

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

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