

USING SU JOK ACUPUNCTURE IN TREATMENT OF CLIMACTERIC SYNDROME

Dr. A.B. Kenzhegarin, gynaecologist, Almaty (Kazakhstan)

Nowadays, with the increase of the woman's lifespan, growth of her social activity, one can observe the more frequently developing climacteric syndrome

that appears during the most active social and occupational period of a woman's life. According to various sources, at present its share is from 26 to 48%.

This tendency dictates the need for studying physiological and pathophysiological processes related to the climacteric period aimed at preventing the pathological course of climacteric and selecting a rational complex of therapies for the patients.

The purpose of the present work is to investigate peculiar features of the climacteric period depending on associated diseases, and also to choose a rational complex of curative measures for those patients who have contraindications for a substitution therapy with sexual hormones.

In accordance with these purposes, 60 women in their climacteric period were investigated. Their detailed medical history was collected, clinical investigations done and laboratory analyses taken.

In all women, the clinical picture of the climacteric syndrome was manifested in predominance of nervous-mental and vegetovascular impairments: irritability, chills, tachycardia, tearfulness, feeling of anxiety, prolonged and frequent "hot flashes", hyperhidrosis, disturbance of sleep and memory.

In 20% of the patients the climacteric syndrom appeared on the background of the hypertensive disease, degree I and II, that had developed 3 to 5 years prior to climacteric. In this group such symptoms were predominant as headache, dizziness, sleep disturbance, irritability, hot flashes up to 10-20 times per day.

Every fourth patient with chronic diseases of the liver and gastrointestinal tract (hepatocholecystitis, cholelithiasis, gastritis) the climacteric syndrome took severe and moderate forms.

The medical history of 96% of women revealed various associated diseases. Only 4% of women with the pathological climacteric were somatically healthy (Fig. 1).

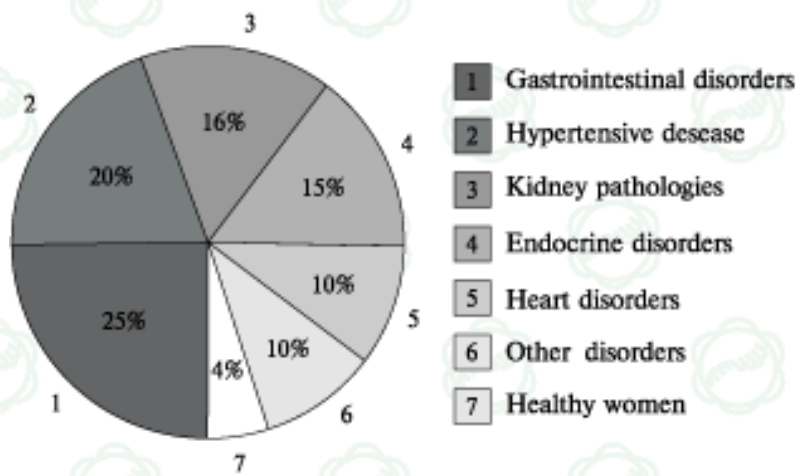


Fig. 1. Percentage of extragenital pathologies complicating the course of climacteric syndrome

Analysing the dependence of the severity of climacteric syndrome and concomitant disorders, it was established that the most severe, complicated, atypical forms of the climacteric syndrome were more often observed in women with chronic extragenital pathologies.

The patients were divided into two groups: the first group (26 patients) received a substitution hormone therapy; the second group (34 patients) were treated by Su Jok method.

For Group I, the patients had been carefully selected and all women with contraindications to hormone preparations were excluded. The hormone therapy lasted from one day to four months. If a woman felt worse and refused to take medication any longer, her treatment was cancelled and another preparation of the same group was not administered.

It is noteworthy that a pathogenetically justified hormone therapy with sexual hormone preparations is one of the basic methods of treating women in their climacteric period, since it allows, to a certain degree, to restore her age hormone homeostasis and thus normalise, according to her age, the function of both reproductive system and other organs and systems, the activity of which is connected with sexual hormones. But since preparations of substitution therapy cannot be used widely (side effects, woman's fear of hormone therapy, expensiveness, etc.), we analysed the effectiveness of alternative methods of treatment, in particular, of the method of Su Jok therapy.

An important aspect of Su Jok therapy is that it allows to take into account individual characteristics of the patient manifested in her energy constitution. This brings about an effective action on the very origin of disease. Besides, there are practically no contraindications for utilization of Su Jok therapy.

It should be noted also, that all women received this treatment for the first time. In order to determine a constitution we used diagnostic findings on tendon-muscular meridians, pulse diagnosis, and also data from past medical histories. In the first stage, this group of patients received symptomatic therapy, i.e. treatment aimed at removing the dominating symptoms of the disease. We used: treatment by correspondence points with needles, moxas, massage (Fig. 2), energy flow therapy with magnets (Fig. 3), Six Ki treatment on byol-meridians and byol-chakras (Fig. 4). A course of treatment consisted of three to ten sessions.



Fig. 2. Treatment of climacteric syndrome with needles through the points corresponding to the uterus, ovaries, heart, brain

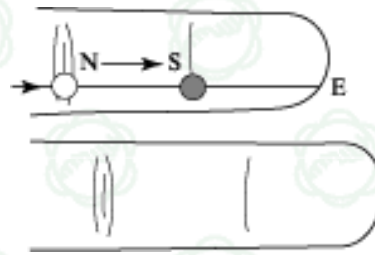


Fig. 3. Treatment for climacteric syndrome with magnets at the emotional level

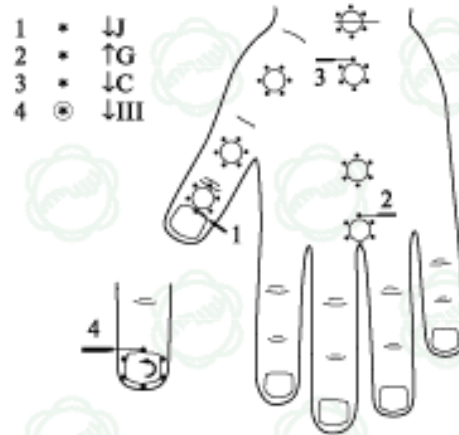
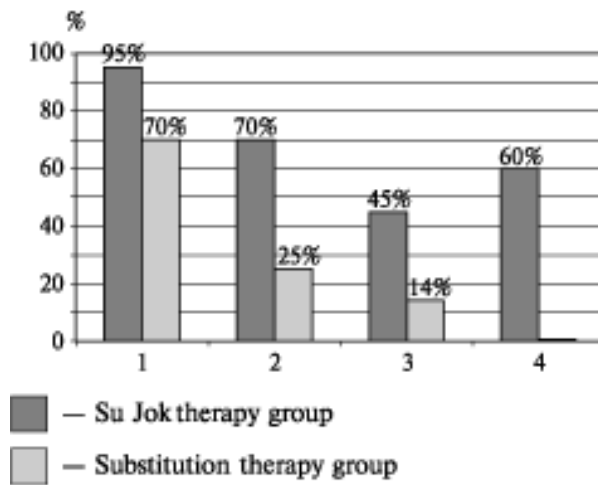


Fig. 4. Six Ki treatment for pathological climacteric - sedation of AH-Hotness on byol-chakras

Then a patient's Six Energies constitution was defined again, using the pulse and tendon-muscular diagnosis methods. After that, given the diagnosis, the individual energy constitution was corrected. We utilized Six Ki treatment on byol-chakras and byol-meridians, the open-point treatment.

The total duration of Su Jok therapy, therefore, was twenty procedures on the average, and intervals between the 1st and 2nd courses of treatment were from seven to fourteen days. The patients' subjective state and findings of check tests served as criteria of cure.

The effectiveness of treatment of the climacteric syndrome by Su Jok therapy amounted to 95% (Fig. 5).



1. Total effectiveness
2. Effectiveness in atypical complicated forms of climacteric syndrome
3. Effectiveness in nervous and mental disturbances during climacteric
4. Effectiveness in extragenital pathologies

Fig. 5. Comparative results of climacteric syndrome treatments in Groups I and II

Based on this research work the following conclusions can be made.

In treatment of the climacteric syndrome the Su Jok therapeutic method has the following advantages as compared with the substitution hormone therapy:

- no practical contraindications;
- an effect is obtained beginning from the first day of treatment;
- is effective for treatment of complicated, atypical forms of the climacteric syndrome;
- most effective for correction of nervous and psychic disturbances characteristic for the climacteric syndrome;
- accessible for all social layers;
- allows simultaneous treatment of both climacteric syndrome and concomitant extragenital pathologies;
- provides for an individual approach to every patient;
- causes no dependence;
- stable long-lasting effect and shorter duration of the course of treatment.