



## **USE OF SU JOK THERAPY METHOD FOR TREATING PATIENTS WITH ISCHAEMIC HEART DISEASE.**

*A.M.Torbina, Su Jok Academy, clinic No. 1, Moscow*

The past years have witnessed the intensive accumulation of scientific facts and observations concerning various aspects of the ischaemic heart disease problem (IHD) which has become the most topical problem of contemporary medicine and healthcare.

Cardiovascular diseases continue to remain the leading cause of mortality among the population. Of all death causes, cardiovascular diseases amount to 52.5% in men, 62.8% in women. In the structure of mortality related to cardiovascular diseases, about 90% is caused by IHD and brain insults.

For one year in Su Jok Academy clinic No. 1, 25 patients with IHD were treated, aged from 40 to 79, among them 15 suffered from hypertensive disease, stage II-III, and only in 10 patients arterial blood pressure was stable within the norm.

Practically all patients had a number of associated diseases, such as gastric and duodenal ulcer, multiple osteochondrosis of the spine, obesity, prostatic adenoma, etc. In three patients such cardiac rhythm disturbances as extrasystole and cardiac fibrillation were noted. In the medical histories of 16 patients there were 1, 2 and 3 infarctions of various localisation, and 3 patients had impaired cerebral circulation.

All the patients were repeatedly treated at hospital, 7 patients had been diagnosed with IHD basing on selective coronary cardiography, and 18 patients - basing on clinical data including ECG at rest and on exertion - veloergometry. Veloergometry was performed in 6 patients in whom ischaemic changes of ST interval were from 25 to 120 Watt. In all the patients the ECG revealed depression of ST interval below the isoline, in 12 patients scarring changes were revealed shown by the Q wave in various leads depending on the location of myocardial infarction.

All the patients complained of constricting pains behind the breastbone with periodic radiation to the left arm, left shoulder; seven patients reported of attacks of breathlessness accompanied by pain. Besides, almost all the patients complained of general weakness, 13 patients of frequent headaches and a number of symptoms of associated diseases. Prior to Su Jok therapy all the patients received coronarolytic, hypotensive and other preparations. Ten patients took nitroglycerin up to 6-8 times daily, 15 patients 2-3 times daily.

Since in Su Jok acupuncture the patient's state is diagnosed by the correlation of Six Energies (wind, heat, hotness, humidity, dryness, and coldness) in the system of chakras and meridians, the energy constitutions of all the patients were determined basing on their complaints and clinical findings.

Of 25 patients, 5 had the yin-wind constitution, in 10 yin-coldness constitution was diagnosed, in 7 yin-dryness constitution, in 2 patients - yin-humidity, in 1 - unified hotness. Therefore, in 17 persons the heart

meridian was in deficiency, in 8 patients - in excess. Given the constitutions, 22 patients had excessive energy of yin-coldness.

Practically in all patients (22) there was deficiency of heat energy and excess of dryness and coldness energies in the structure of the heart meridian. In one patient, the branch hotness energy dominated in the heart meridian.

Treatment began by moxibustion of the basic points including obligatory warming, till a sensation of deep heat, of the thoracic points and of the heart correspondence points in the correspondence systems. At each session patients were treated through the open point and the heart correspondence point. Seventeen patients received treatment at the emotional and mental levels and by the heart meridian structure - sedation of fear, sadness and wisdom of the heart, and tonification of heart joy. Eight patients underwent only Six Energies therapy - sedation of dryness, coldness energies, tonification of heat and humidity energies in the heart structure and by the constitution. One patient with excessive branch hotness in the heart meridian received sedation of hotness of the heart meridian and of the conception meridian. Treatment at the emotional and mental levels took 7 sessions, and on the Six Energies level - 10-11 sessions (Table 1).

<b>Kind of treatment</b>	<b>Number of patients</b>	<b>Number of sessions</b>
6 Ki therapy	8	11
Emotional and mental therapy	17	7

*Table 1. IHD therapy by various methods of Su Jok acupuncture*

As a rule, on the background of therapy the patients felt better as soon as moxibustion was performed, and when working by the heart structure a faster effect was obtained. Considering the patients' complaints of the feeling of fear prior to angina attacks, they received sedation of heart fear or kidney fear.

In all 25 patients a positive effect was obtained. Beginning with 3rd to 4th session they took nitroglycerin much more rarely, and by the end of treatment 15 patients decreased intake of coronarolytics, while 10 persons cancelled them. In 14 persons angina attacks practically stopped, in other patients they became more rare and shorter. In 8 patients the dynamic ECG investigation showed ST segment return to the isoline. Three patients underwent veloergometric testing which demonstrated increase of tolerance to exertion from 50W to 100W. In 12 patients unstable angina pectoris has transformed into stable.

## **CONCLUSIONS**

1. Effective treatment of IHD by the Su Jok therapeutic method is possible in grave conditions of myocardial infarction.
2. Since the majority of such patients have excessive coldness in both the heart meridian and the constitution, treatment should be aimed at sedation of this energy.
3. Emotional and mental therapy through the heart meridian and kidney meridian produces a faster and more stable effect.
4. When using Su Jok therapy, unstable angina pectoris threatening with myocardial infarction, can be transformed into stable angina pectoris, and intake of coronarolytic preparations can be considerably reduced or cancelled.