



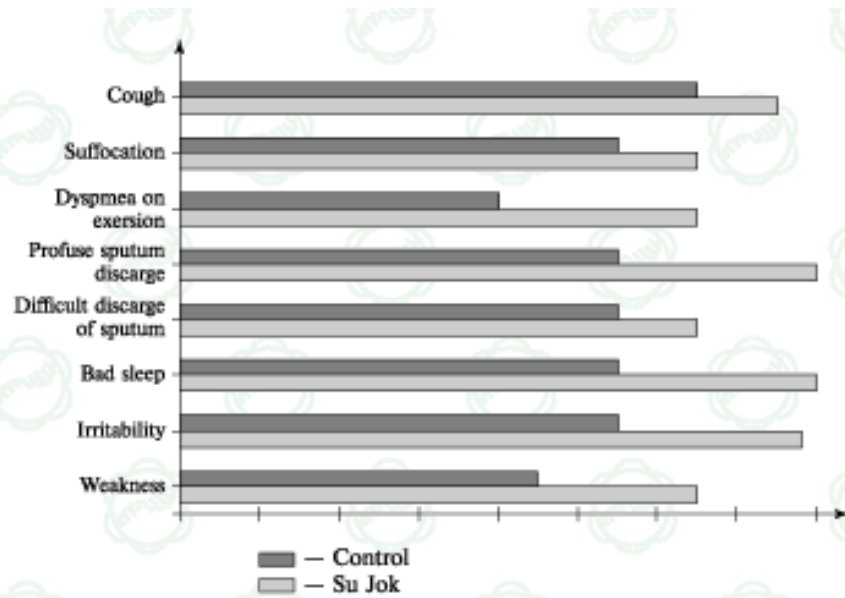
---

## **EFFECTIVENESS OF SU JOK THERAPY IN OBSTRUCTIVE FORMS OF NONSPECIFIC DISEASES OF THE LUNGS**

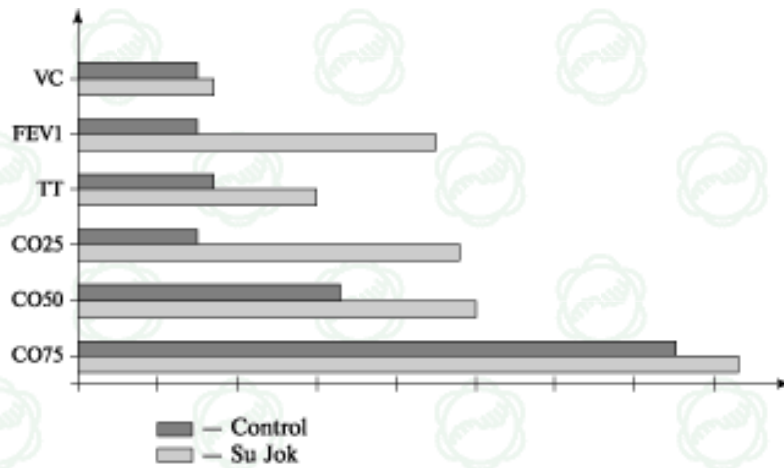
*S.U.Ismailov, B.R.Akhmedov, Research Institute of  
phthysiology and pulmonology, G.K.Sharafutdinova, Tashkent*

In 22 patients with chronic obstructive bronchitis, asthmatic bronchitis and bronchial asthma the dynamics of complaints, auscultation findings and pulmonary ventilation capacity (PVC) before and during Su Jok therapeutic procedures. PVC was studied at a device "Bronchoscreen" produced by the Erich Eger firm (Germany). Parameters such as vital lung capacity (VC), OFV1, cardiac output (CO25, CO50, CO75) and bronchial resistance were studied. Those persons were selected for investigation that had a positive functional test for broncholytics. Su Jok therapy was administered daily. According to recommendations of Professor Park Jae Woo (South Korea), the founder of this new method of treatment, depending on the patient's state the correspondence points were acted on by magnets, seeds, micromoxas, microneedles. The method of treatment by byol-meridians and Six Energies (6 Ki) was used. Therapy began on the background of conventional medication. As a rule, after the 3rd or 4th session the complex of bronchial obstructive symptoms was much weaker and broncholytic, anti-inflammatory and antihistamine drugs were cancelled. The therapeutic effect of Su Jok therapy was manifested by a faster, than in the control group, disappearance of complaints of shortness of breath, asthmatic attacks, cough, allergic manifestations, weakness, vegetative disorders, decreased complex of auscultative symptoms, better rate and volume indices of pulmonary ventilation capacity, less bronchial resistance.

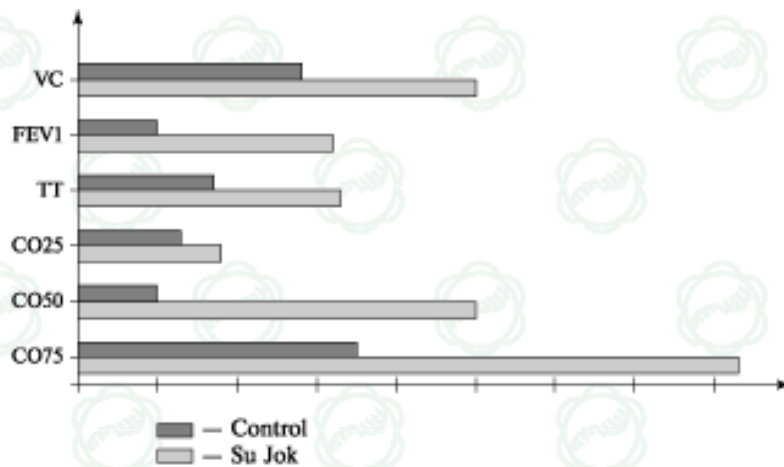
The obtained results show the necessity of wider training physicians in this effective, safe and cost-efficient medication-free method of treatment (Figs. 1 to 3).



*Fig. 1. Percentage of decreased complaints*



*Fig. 2. Percentage of growth of pulmonary ventilation capacity parameters in asthmatic bronchitis*



*Fig. 3. Percentage of growth of pulmonary ventilation capacity parameters in chronic obstructive bronchitis*