

## SU JOK ACUPUNCTURE IN TREATMENT OF PATHOLOGICAL CLIMACTERIC

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The high level of urbanization and intensity of production processes has impact on all spheres of human life. Women work in industry, and during their climacterial period they often continue to do routine work. It is noteworthy that even the physiological manifestations of climacteric have certain effects on female psychological wellbeing.

The notion of illness, irrespective of the etiological factor, is related to a condition of disadaptation in the system of vegetative functioning of an organism and manifestation of vegeto-visceral disfunctions at various organic and systemic levels. The state of adjustment and vegetative functioning of an organism is considered fundamental in both physiology and pathology (5).

As age-related changes arrive in women compensatory reactions weaken and reproductive functions die away. The ovaries gradually seeze to produce sex hormones.

Owing to deficit of estrogens vaginal and bladder mucosa loose elasticity, become thinner, drier, easy-to-hurt and more vulnerable to inflammatory processes. This often causes pains during intimacy, involuntary passing waters when laughing or coughing, and also itching and burning sensations, which make a woman's life quality considerably worse. In many women during climacteric hormone restructuring leads to upsetting of an organism's adjustment processes which is clinically manifest in such symptoms as hot flushes, excessive sweating, insomnia, tachycardia, headaches, dizziness, etc. The woman becomes irritable, ill-tempered, nervous, lachrymose, sexual desire diminishes. These depressive conditions realize their influence on the organism through the vegetative nervous system (VNS), the basic status of which determines the organism's response level.

The problem of treatment of climacteric syndrome (CS) in women during pre-menopause is very topical because of high frequency of this pathology. Therefore, choosing optimal therapeutic methods that prevent the development of pathological climacteric in women has important clinical implications.

Though with the somatic condition getting better following basic therapy some of these disorders become less intensive, the majority of symptoms related to asthenia and vegeto-vascular impairment persist for quite a long time, and the problem of nervous and mental disturbance cannot be solved by medication alone and requires to look for new, mainly non-medication methods of treatment.

It is noteworthy that acupuncture is nowadays a universally recognized, scientifically-grounded method aimed at regulation of stress and adaptation responses in the diversity of their physiological and clinical

manifestations (2).

In other words, the system of active points, along with the nervous and hormone systems, is a regulatory system without using which neither prevention of disease nor its full-value treatment are possible (4).

The present study was aimed at investigating of effectiveness of acupuncture in treatment of pathological climacteric.

## **RESEARCH MATERIALS AND METHODS**

For treatment of pathological climacteric (PC) a Su Jok acupuncture technique (SJA) was chosen that had been worked out by Professor Park Jae Woo and which is a modern trend in acupuncture that included philosophical principles of Oriental medicine and logical symptom-syndrome schemes of Western medicine. SJA is one of the most perspective, safe, cost-efficient and effective acupuncture methods.

We examined and treated 130 women with PC, their age varying from 38 to 50 years. Research findings were compared with data obtained in treatment of a control group that consisted of 24 women with PC who underwent traditional symptomatic treatment as basic therapy. In order to evaluate vegeto-emotional disturbances the presence and intensity of the vegetative dystonia syndrome (VDS) were scored according to the scheme introduced by the Russian research centre of vegetative pathology and psychometric studies using the multiple-factor scale of reactive and personal anxiety by C.D.Spilberg and Yu.L.Khanin. The basic group included persons who undertook SJA every day during a 10-day period. Each session lasted for 30 minutes. Treatment was carried out in accordance with canonic SJA. The areas corresponding to ovaries, uterus, brain and spinal cord were stimulated, syndromal treatment was administered, too.

## **RESEARCH RESULTS**

The results of our research work showed that vegeto-vascular dystonia (VVD) was characteristic of all examined patients, the syndrome being rather highly pronounced. By the unified scheme applied, the low threshold value for diagnosing VVD was 25 scores. The average score was  $42.91 \pm 0.93$  for the basic group and  $41.33 \pm 2.14$  for the control group (Table 1). Analysis of semiological structure prior to treatment showed that perypheral vegeto-vascular disorders such as excessive sweating, hot flushes, numbness of limbs, dyspnoea and signs of meteolability (sensitivity to changes of weather, temperature fluctuations of the air, magnet storms, changes of humidity) was observed in all patients. The syndrome of lability of the cardiovascular system in the form of cardialgias, flushes, palpitations, tachycardia, changes of heart rate, fluctuations of blood pressure, were observed in 31.4% of patients, proneness to dizziness, headaches, rapid fatigue and nausea in 35.1% of patients. The psycho-emotional syndrome manifest as anxiety, irritability, tearfulness, feelings of anger and fear, and also depressive conditions were found in 38.5% of patients. Sleep disturbance was observed in 69% of patients. Urogenital disorders such as incontinence of urine, cystalgias, vaginal pruritus, dispareunias were found in 44.3% of patients. In addition, 53.8% of patients suffered from obesity and 48.4% from osteoporosis. The degree of VDS pronouncedness depended on PC intensity. Thus, in severe pathology cardiopathic phenomena and vegetative nervous disorders were pronounced from irritability and tearfulness to marked neuroses and psychoemotional crises, that is, the more severe PC, the more pronounced VDS. In the majority of cases VDS had vegetative shifts in the parasympathetic direction.

Analysis of semiological structures of VDS after treatment demonstrated that perypheral vegetovascular disorders and psychoemotional lability persisted in the control group to a greater degree while in the basic group according to symptoms: irritability persisted in 4% of patients, feeling of sadness and anxiety in 15%. Excellent and good results were obtained with such symptoms as tearfulness, anger, fear, cardialgia, numbness of limbs, flushes, depression - in 70 to 83% of patients.

With such symptoms as tachycardia, changes of heart rate, dyspnoea, dizziness, fluctuations of blood pressure, excellent and good results were obtained in 46 to 60% of patients. Feeling of fatigue and headaches were gone in 30 to 33%. It should be pointed out that unintentional urinating, cystalgia, dispareunia, vaginal pruritus and burning persisted in 84% cases after treatment. Obesity and osteoporosis after treatment remained in 86 to 89%, respectively.

Investigation of the clinical structure of VDS following treatment showed its considerable decrease in the main group - several times less as compared with the control group. The average score in the main group was lower than the threshold value (25 scores) in almost all patients - from  $42.91 \pm 0.93$  to  $16.07 \pm 1.61$  ( $p < 0.05$ ), that is, 2.6-fold (Table 1). In the control group this index has decreased, but unreliably - from  $41.33 \pm 2.14$  to  $35.21 \pm 2.93$  ( $p > 0.05$ ).

No.	Examined groups	Scores		P
		Prior to treatment	After treatment	
1	Basic (N=130)	$42,91 \pm 0,93$	$16,07 \pm 1,61$	$< 0,05$
2	Control (N=24)	$41,33 \pm 2,14$	$35,21 \pm 2,93$	$> 0,05$

*p* - reliability of difference between prior- and after-treatment results

**Table 1.** Dynamics of pronouncedness of VDS during treatment

Therefore, this proves that application of SJA results in correction of dysfunctions of the vegetative nervous system that participated in pathogenesis of PC.

With impairment of functions of any organ of system their operation and frequency characteristics get disturbed too, so, by the biological feedback law, stimulation of certain points adjusts the affected organ to the primary level. SJA is not aimed at removing organic changes but at compensating for biological defects of the endocrine, immune and nervous systems, and also of adrenergic imbalance. Decreasing the noradrenaline tonus up to premenopausal level, increasing the level of dopamine and activity of endogenous opioid peptides, SJA has a positive effect on all manifestations of climacteric syndrome. In its turn, correction of vasomotor complaints, that is, excessive excitability, irritability, feelings of anger and fear, insomnia, headaches, dispareunia contributes to higher spirits and improvement of a woman's life quality which produces a kind of "domino-effect".

## CONCLUSIONS

1. Introduction of Su Jok acupuncture in therapy of pathological climacteric patients results in normalization of psychoemotional sphere and vegetative tonus.
2. Su Jok acupuncture enhances self-regulation of the organism of pathological climacteric patients and decreases stress impact, which leads to longer remission and weaker clinical manifestations of the climacteric syndrome.

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