

## **COMPARATIVE EVALUATION OF CLINICAL EFFECTIVENESS OF TREATING PATIENTS WITH MARKED PAIN VERTEBTOGENIC SYNDROME BY DRUG THERAPY AND SU JOK THERAPY**

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The idea of using acupuncture to correct various pathologies and pain syndromes is not new to neurology. The works of Gavaa Luvsan (1972, 1973, 1991), G.N.Kassil (1975), L.V.Kravchenko (1979), V.N.Tsybuliak (1985), W.Lang (1976), Lu K'nan Ju (1969), Scrizawa (1982) and other authors demonstrated high clinical effectiveness and safety of such treatment for a patient. However, Su Jok therapy developed by Professor Park Jae Woo (1986, 1993) as an absolutely modern interpretation of acupuncture using independent correspondence systems of the body on the hands and feet, allowed to bring about new possibilities for more effective treatment of patients with marked pain syndromes and various nervous pathologies, which is especially topical for inhabitants of the Semipalatinsk testing ground.

The goal of the present work was clinical investigation of the effectiveness of Su Jok therapy in treatment of vertebtogetic pain syndromes as compared with hospital medication and physiotherapeutic methods with regard to possible shortening of treatment periods, lessening doses of analgesic and non-steroid anti-inflammatory drugs or complete rejection of drug therapy.

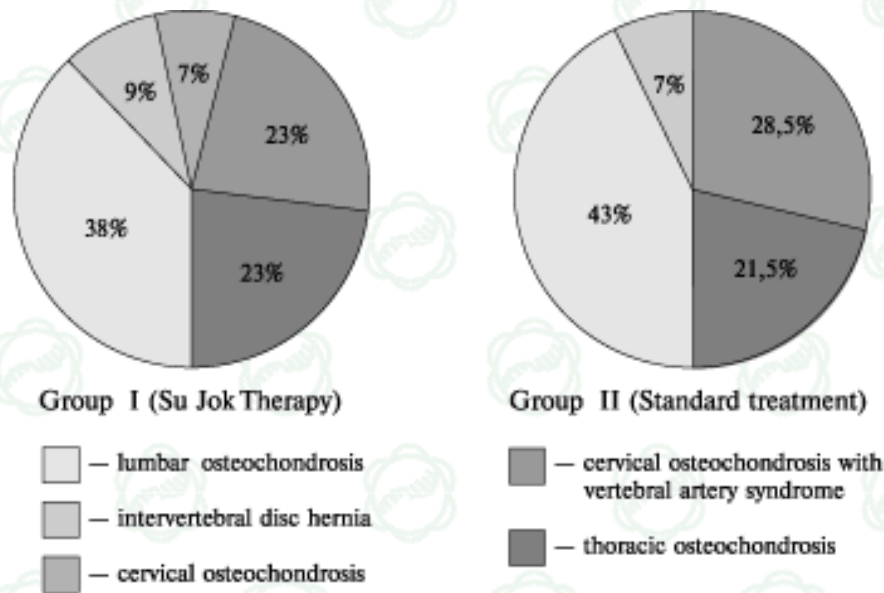
Treatment was carried out on the basis of the neurological department of the Central city hospital (CCH). We examined and treated 48 patients with vertebrogenic afflictions and marked pain syndromes (30 females and 18 males) at the age of 35 to 64 years (average age 45 years). Among them, Su Jok therapy treatment was administered to 34 patients (Group I), while 14 received standard treatment that included non-narcotic analgesics, non-steroid anti-inflammatory therapy, light dehydration, vessel therapy and physiotherapeutic treatment (Group II).

An X-ray study revealed signs of vertebral pathology in all the patients (osteochondrosis, spondylosis deformans, spondylolisthesis, in four patients lumbar hernias, in two cases spinae bifidae), and also Lasegue's sign, Dejerine's, Wassermann's clinical syndromes with sharply limited mobility in the affected spinal segments.

In Group I in 16 patients the pain syndrome was observed on the background of lumbar osteochondrosis (in three persons it was combined with intervertebral disc hernias from L4 to L5, L5 to S1); in ten on the background of cervical osteochondrosis (eight cases also had the vertebral artery syndrome), in eight patients the pain syndrome was caused by thoracic osteochondrosis. In six patients there was marked impairment of the

functions of pelvic organs.

In Group II in seven patients the pain syndrome was on the background of lumbar osteochondrosis (in one case combined with L5 to S1 disc protrusion); in four - on the background of cervical osteochondrosis with the vertebral artery syndrome; in three - on the background of thoracic osteochondrosis. Impairment of the pelvic organs functions was reported in two patients (Fig. 1).

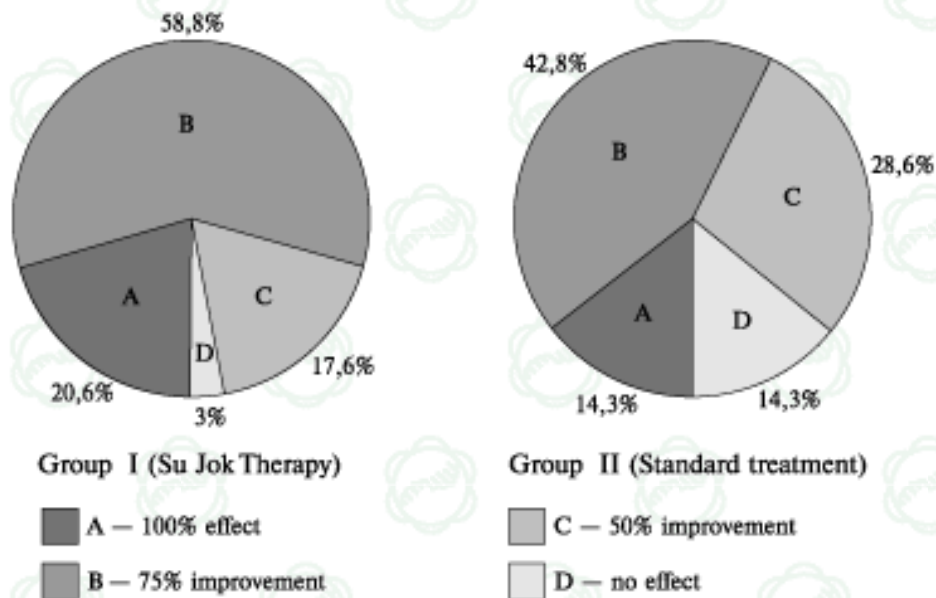


*Fig. 1. Composition of treated patients with vertebrogenic syndromes*

Effectiveness of treatment was evaluated according to "A"- "B"- "C"- "D" system, where:

- "A" is complete elimination of the pain syndrome with restoration of mobility of the affected spinal segments.
- "B" means considerable improvement of the condition, with disappearance of 75% of pains, complete or almost complete (by 2/3) restoration of mobility of the affected spinal segments;
- "C" means 50% effectiveness of treatment;
- "D" is absence of any effect after treatment.

In Group I (34 patients) the "A" effect was reported in 7 patients; "B" effect in 20, "C" in 6, and "D" in 1 patient. Two patients with intervertebral disc hernias of the lumbar spine were included into the "C" subgroup, and one such patient into the "D" subgroup. Treatment was carried out in the body's correspondence systems on hands and feet on an every-day basis from 3 to 10 days depending on the clinical effect.



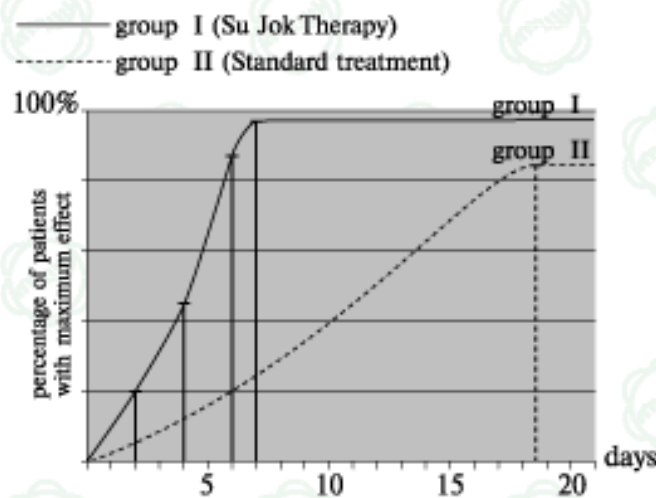
**Fig. 2.** Treatment effectiveness percentages in Group I (Su Jok therapy) and II (standard therapy) of patients

80% of patients (27 persons), beginning from the first session of Su Jok acupuncture, reported varied positive effects.

The other 7 patients (among them those with hernias of intervertebral discs, spinae bifidae and marked pain syndromes) reported a positive effect only starting from the fourth to sixth session. In four cases, dysfunctions of the pelvic organs decreased considerably up to full normalisation of their function in one female.

The highest effect was observed: on the second day - in 27% of patients, on the fourth day - in 25%, on the sixth - in 42%, on the seventh - in 10%, in 3% of patients no effect was found (Fig. 3). Having achieved its maximum value, the effect was stable, its dynamic did not get lower.

In Group II (14 persons) the "A" effect was noted in two patients. "B" in six, the "C" effect in four, "D" in two. The average bed/day for Group II patients was 18.5 days (Fig. 2).

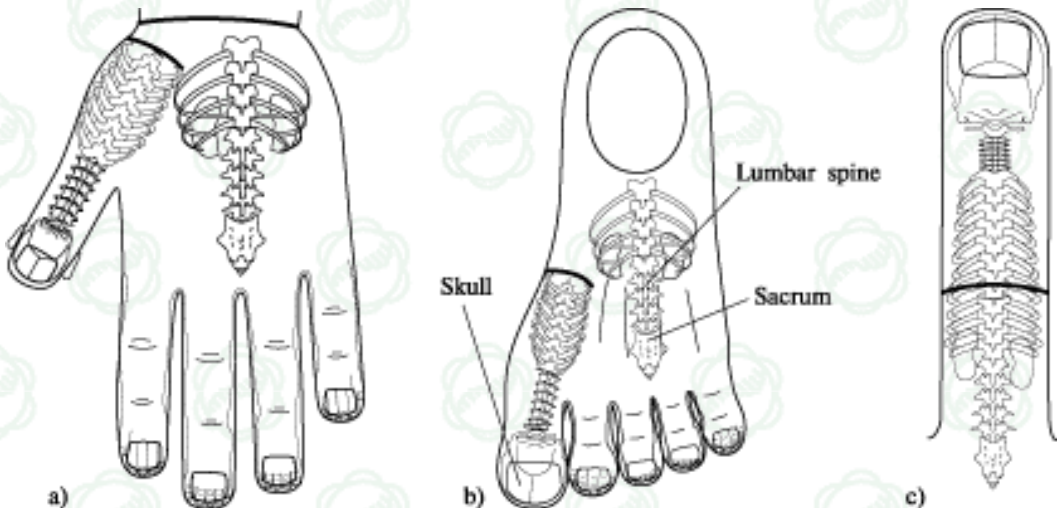


**Fig. 3.** Comparative dynamics of maximum effect of Su Jok therapy and standard treatment

In Group I treatment included:

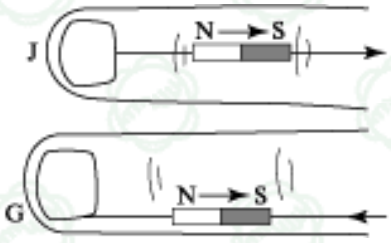
1. Stimulation of the spinal cord correspondence areas in the correspondence systems on the hands, feet and

fingers/toes (Fig. 4).



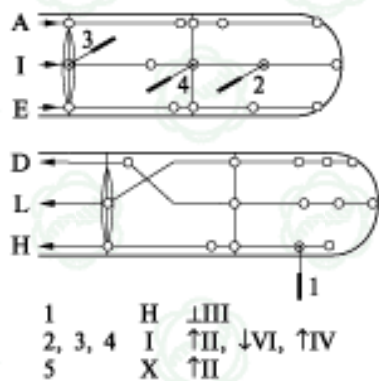
**Fig. 4.** The spinal column correspondence areas in the standard body correspondence systems on the hand (a), foot (b) and in the "insect" system (c)

2. Energy flow therapy (EFT) on the meridians involved in the pathology. Most often one could observe the kidney meridian deficiency, the bladder meridian excess, the spinal cord meridian deficiency (Fig. 5).

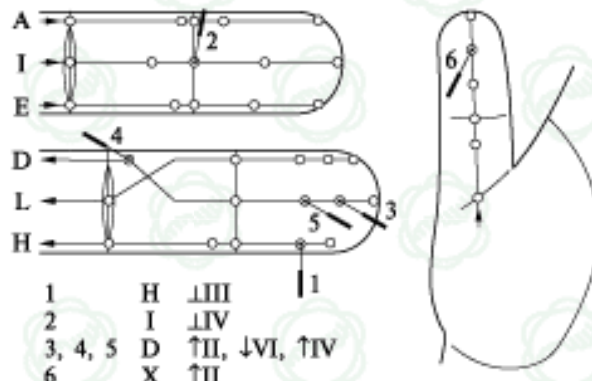


**Fig. 5.** Tonification of the spinal cord byol-meridian and sedation of the bladder byol-meridian

3. Treatment by Six Energies. The spinal cord, being the central part of the bone system, is controlled by the branch Hotness energy of the basic Coldness energy. Tonification of subbranch Heat in branch Hotness of the basic UM-Coldness energy has a positive effect on the spinal column in general (Fig. 6). For local problems of a particular part of the spinal column a sub-subbranch treatment was chosen. For example, in cases of osteochondrosis of the lumbar spine sub-subbranch Heat was tonified in subbranch Humidity of branch Hotness of the basic UM-Coldness energy (Fig. 7).

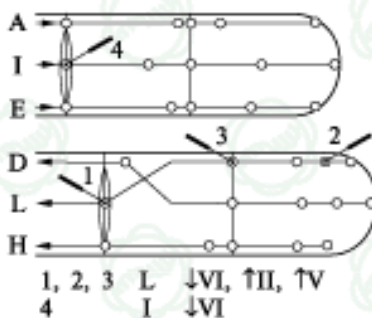


**Fig. 6.** Tonification of subbranch Heat in branch Hotness of the basic UM-Coldness energy



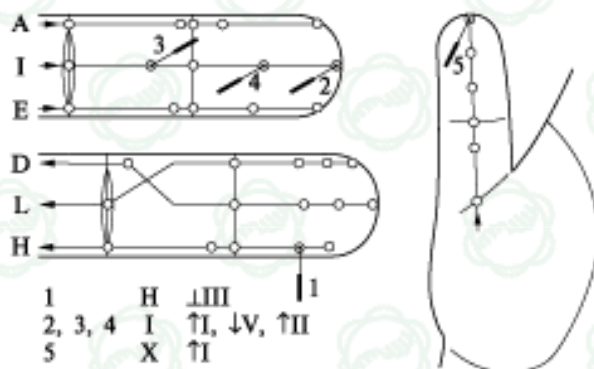
**Fig. 7.** Tonification sub-subbranch Heat in subbranch Humidity of branch Hotness of the basic UM-Coldness energy

Additional treatment was aimed at elimination of spastic processes in muscles: sedation of the branch Coldness energy in the basic UM-Wind energy (Fig. 8).



**Fig. 8.** Sedation of branch Coldness energy in the basic UM-Wind energy

For dehydration, vertebrae repair and strengthening tendons in the spinal region the subbranch Wind energy was tonified in the branch Hotness energy of the basic UM-Coldness energy (Fig. 9).

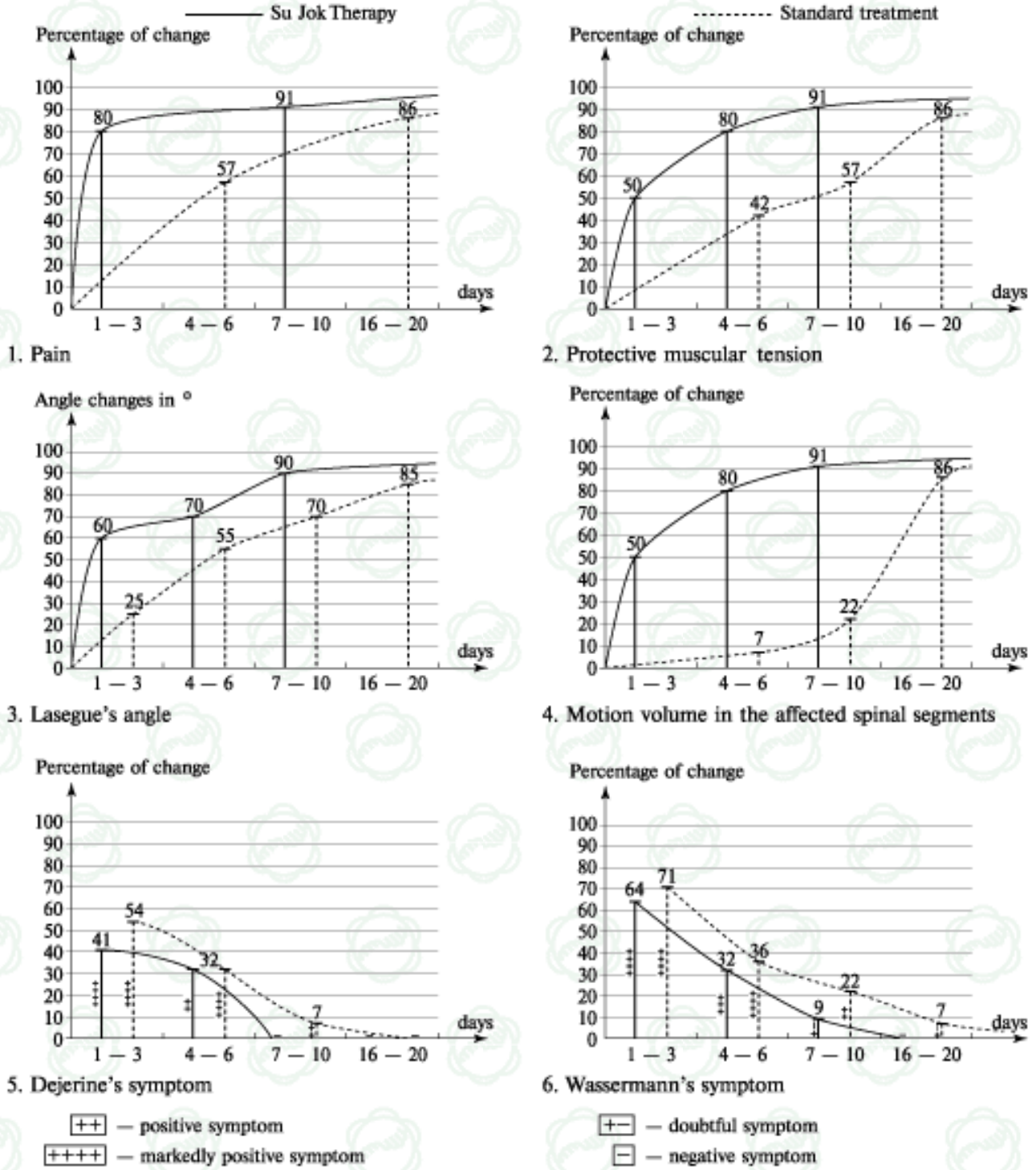


**Fig. 9.** Tonification of sub-branch Wind energy in branch Hotness energy of the basic UM-Coldness energy

No side effects were revealed during Su Jok therapy.

In Group II 57% of patients (8 persons) received non-narcotic analgesics and non-steroid anti-inflammatory therapy up to three times a day only during the first seven days. The others - not less than during twelve days in combination with vessel therapy and physiotherapeutic treatment. Up to 80% of patients reported side-effects

of drug therapy manifested as heaviness and pains in epigastrium and right hypochondrium, nausea, gastrointestinal disorders, allergic responses, etc. Comparative assessment of the dynamics of the patients' clinical state in Groups I and II can be seen in Fig. 10.



**Fig. 10.** Dynamics of clinical state of patients who received Su Jok therapy (Group I) and drug-physiotherapeutic treatment (Group II)

As shown in the diagram, the patients who received a Su Jok treatment had noticeably more rapid positive shifts in their clinical picture, first of all, manifested in decreased pain syndrome up to its complete disappearance by the tenth day. While with the traditional drug-physiotherapeutic regimen the similar effect could be achieved only by the sixteenth to twentieth day.

Therefore, a comparative assessment of the clinical effectiveness of the two treatment methods shows that application of Su Jok therapy allows to make two- to three-fold shorter the terms of treating diseases with marked vertebrogenic pain syndromes, and also to administer considerably less - or eliminate completely - non-narcotic analgesics and non-steroid anti-inflammatory drugs that have many side-effects, which is very important for the inhabitants of this region of Kazakhstan.

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