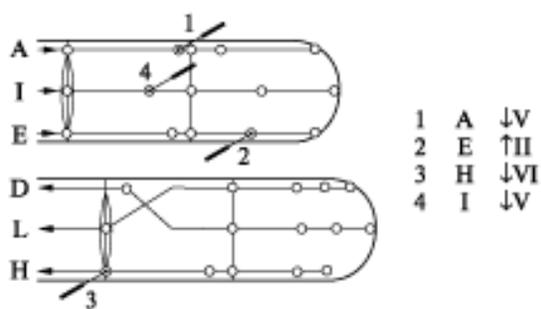


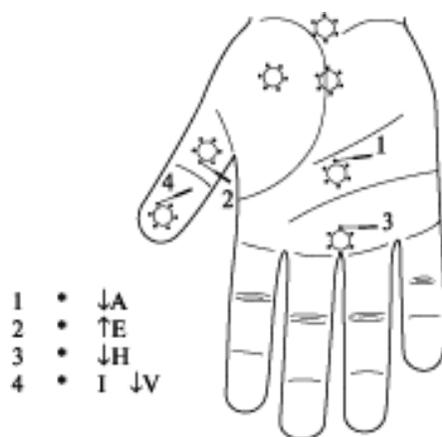
## COMPLEX TREATMENT OF CHRONIC OBSTRUCTIVE BRONCHITIS USING SU JOK THERAPY

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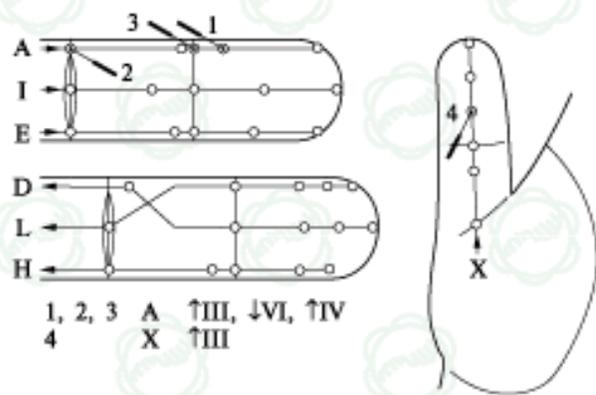
There is numerous evidence of application of Su Jok therapy in the treatment of internal diseases, but only a few specialists investigate the application of this therapy in obstructive lung diseases. The present paper summarises the results of treatment of 42 patients with chronic obstructive bronchitis (COB), aged from 19 to 60 years, who underwent treatment in the pulmonological department of the RIPP clinic. Among them 20 patients with COB constituted a control group, they received conventional therapy (broncholidators, mucolytics, anti-inflammatory and desensitizing preparations). Twenty two COB patients constituting the basic group, along with conventional therapy, were administered Su Jok acupuncture by the points corresponding to the lungs and tracheobronchial tree, and also by Six Ki points: sedation of the UM-Dryness energy on chakras and meridians (Figs. 1, 2), tonification of branch Hotness of the basic UM-Dryness energy to fight with bronchial obstruction (Fig. 3), sedation of subbranch Coldness and Wind of branch Wind (bronchials muscles) of the basic UM-Dryness energy to fight with hyperactivity and disposition to bronchial muscle spasms (Fig. 4).



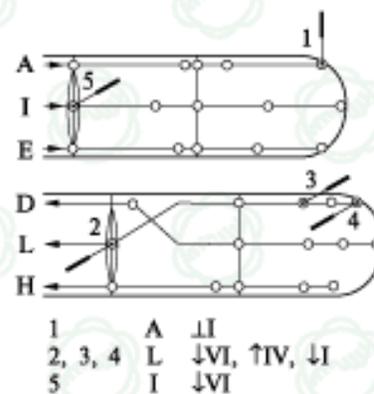
**Fig. 1.** Sedation of UM-Dryness energy on byol-meridians



**Fig. 2.** Sedation of UM-Dryness energy on byol-chakras



**Fig. 3.** Tonification of branch Hotness of the basic UM-Dryness energy



**Fig. 4.** Sedation of subbranch Coldness of branch Wind of the basic UM-Dryness energy

The majority of the patients were men - 22 (52.7%), patients aged 40 to 59 (32%), with duration of illness from 4 to 15 years.

The compared groups of patients were representative, heterogeneous with regard to sex, age and duration of illness. The clinical course of COB was determined by the dynamic of rating scores of the symptoms of disease. A 3-level system of evaluating clinical manifestation of disease was used, where 0 designates absence of symptoms, and 3 marked clinical manifestation of disease.

Effectiveness of treatment was evaluated by the sum total of scores received by the end of treatment: excellent - 0-5 scores; good - 5-10; satisfactory - 10-15; no effect - 15 and more scores (I.I.Sivkov, M.M.Mirrahimov, 1993).

Besides, a complex investigation was carried out, including X-ray, laboratory methods, bronchoscopy, assessment of ventilation capacity of the lungs (VCL). A technique of complex integral biochemical assessment of inflammatory activity was applied, elaborated by N.V.Syromiatnikova and T.L.Kochegura (1980), which counts the sum of ratings of the altered indices of the S-reactive protein, sialic acid, and haptoglobin divided by the number of indices. The norm - absence of inflammation - corresponded to the level 0-0.33; moderately active inflammatory process - from 0.33 to 1.5; more pronounced - over 1.5; considerable - over 2.3.

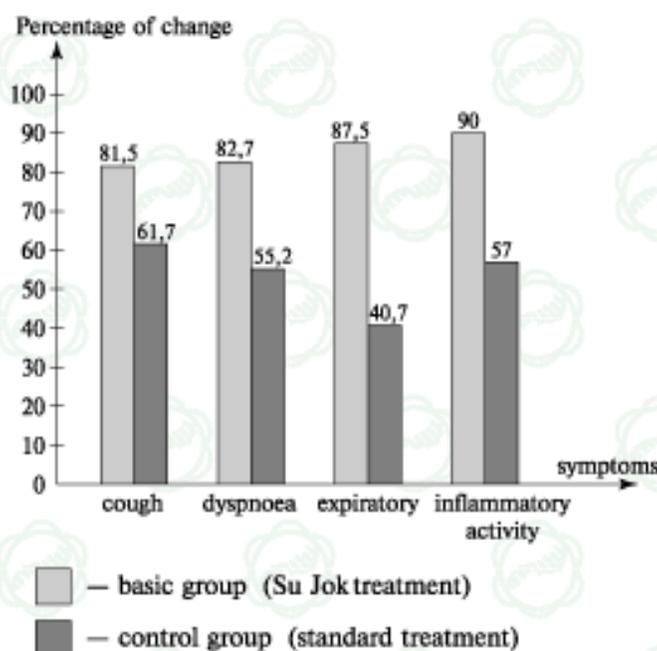
In order to investigate functional activity of surfactant the maximum (STmax) and minimum (STmin) surface tension of BALL on Vilhelmi scale by Vilhelmi and Pattle method (1975) with further counting of surfactant stability index (SI) by Clementes formula was employed.

Analysis of clinical symptoms in 20 patients with COB of the control group in the dynamic of conventional therapy for chronic bronchitis showed considerable decrease of clinical symptoms by the end of the fourth week of treatment. Thus intensity of coughing decreased by 61.7%, dyspnoea by 55.2%, expiratory dyspnoea by 46.7%. In these patients, only by the end of the fourth week of treatment one could see considerable decrease of the activity of inflammatory process by the integral rating (by 57%). Daily pykflowmetric findings indicated considerable positive changes of the lungs function by the end of the fourth week of treatment too. Functional activity of surfactant showed practically no tendency to normalization, and stability index (SI) remained low within 0.12+0.05 to 0.06+0.02.

Effectiveness of the 4-week conventional therapy in patients with COB corresponded to the sum of scores up to 10.3, i.e. satisfactory results. Comparing the patients' subjective data with laboratory findings, it was revealed that clinical data of remission go ahead of laboratory and functional findings.

Therefore, it has been shown that a therapy by conventional complex of medicinal means results in stabilization of clinical symptoms only by the end of hospital treatment.

Analysis of clinical course of COB in 22 patients of the basic group who along with conventional complex therapy received Su Jok therapy by correspondence points and by Six Ki, showed considerably lower intensity as soon as by the end of the 1st week of treatment. Further, during the 2nd and 3rd weeks steady stabilisation of symptoms could be observed. Effectiveness of a 3-week therapy was assessed as "good" - 6 scores. By the end of the 4th week of complex treatment of the patients in the basic group one could observe lower intensity of coughing - by 81.5%, dyspnoea by 82.7%, by expiratory dyspnoea by 87.5%, nocturnal wakeups decreased fivefold. Manifestations of non-specific intoxication (weakness and sweating) decreased by 62%. Findings of laboratory tests of the basic group COB patients revealed lower activity of inflammatory process, assessed by integral indices, by 90% (Fig. 5)



**Fig. 5.** Decrease of clinical symptoms in the basic and control groups of COB patients

Effectiveness of treatment of the basic group patients, including Su Jok acupuncture, by the end of the 4th week was assessed as "excellent", with the composite score 4.3.

Investigation of the functional activity of the surfactant in the basic group of patients revealed a considerable increase of the stability index already by the 3rd week of staying in hospital (SI - 0.48+0.05 - 0.59+0.04). Therefore, the findings of the conducted comparative study in two groups of patients with COB showed a considerable increase of the effectiveness of treatment when Su Jok therapy was included into the complex of curative measures (Tabl. 1).

Objective and subjective data indices	Control group	Basic group
Dynamic of stability index (by Functional activity of surfactant)	0.12 - 0.06	0.48 - 0.59
Pykflowmetry (considerable changes exceeding 15% of primary data)	4th week	2nd week
Effectiveness of treatment Total scores	"satisfactory" (10 - 15) 10.3	"excellent" (0 - 5) 4.3

**Table 1.** *Comparative characteristic of subjective and objective data of patients with COB in the control and basic groups*

It should be noted that the chosen Su Jok therapy technique is easy to administer, cost-efficient, it can be recommended to be used on a wide scale basis for treatment of obstructive diseases of the lungs.

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