

Evaluation of the Results of Reflexotherapy in Patients with Dorsopathies

*Sharipova Sitorabonu Hakim kizi*¹, *Arslonova Nozigul Anvarovna*², *Narzullaeva Oygul Muradilloevna*³

Relevance: Dorsopathy is a group of diseases of the musculoskeletal system and connective tissue associated with degenerative diseases of the spine [3,4,5,7]. The risk groups for the development of dorsopathies include people with a sedentary lifestyle, people working in difficult conditions, athletes, military personnel, people with obesity. The clinical classification of dorsopathies involves their division according to the level of damage (cervical, thoracic, lumbosacral) [1,2,6]. Within the framework of the scientific specialty "Restorative Medicine", in addition to the task of preventive health preservation, the problem of optimizing the treatment of patients with chronic diseases stands out [8,9,10]. In accordance with this, we are consistently developing the theme of using predominantly modern technologies of reflexology.

Key words: dorsopathy, vertebrogenic process.

Purpose of the study. To evaluate the results of the use of reflexology in patients with dorsopathy.

Materials and research methods. The study involved 50 patients (24 men, 26 women), aged 28 to 55 years, hospitalized in a neurological hospital due to a protracted and therapeutically stable course of the vertebrogenic process being on rehabilitation in the regional hospital of Bukhara with a diagnosis of dorsopathy. When examining this contingent in dynamics, a neurological, psychological, and electrophysiological analysis was performed, including registration of somatosensory evoked potentials, thermo- and rheovasography.

In the clinical phase, 3 groups of patients were identified through randomization, the base for which was standard medical and orthopedic therapy. In addition, in the first two main groups, acupuncture was performed: in the 1st - general, stimulating points on the entire surface of the body, in the 2nd - zonal, with a selective choice of points of the hands and feet. In the 3rd, control group, treatment was limited to the noted standard allowance. Statistical analysis was carried out according to the Pearson method. Using the Statistics 6 package. Reliability was considered significant if it exceeded $p \leq 0.05$.

Research results. The clinical diagnosis of dorsopathy at the lumbosacral level was verified by X-ray - characteristic degenerative-dystrophic changes in the tissues of the spine, and also, in a number of cases, by tomography - visualization of protrusions of the intervertebral discs at the lower lumbar level. In the course of clarifying the characteristics of the vertebrogenic process, reflex manifestations were detected in 64, radicular manifestations - in 56 observations. In the majority (74%) of these patients, according to characteristic signs, the prevalence of vaso-reflex reactions was established. At the same time, the average intensity of pain, one of the leading complaints, was 6.7 ± 0.4 points according to the VAS scale.

In the course of a psychological examination, stable changes were revealed in 72% of patients, mainly in the form of an asthenoneurotic complex, acquiring a hypochondriacal coloring in some cases. This type of response was confirmed by the results of MIL, the average profile of which differed by the leading ($p < 0.05$) peak on scales I and less pronounced on scales VI-VIII, reflecting the focus on somatic complaints. These characteristics were combined with a drop in SAN values (below 40 units, $p < 0.05$ in relation to control).

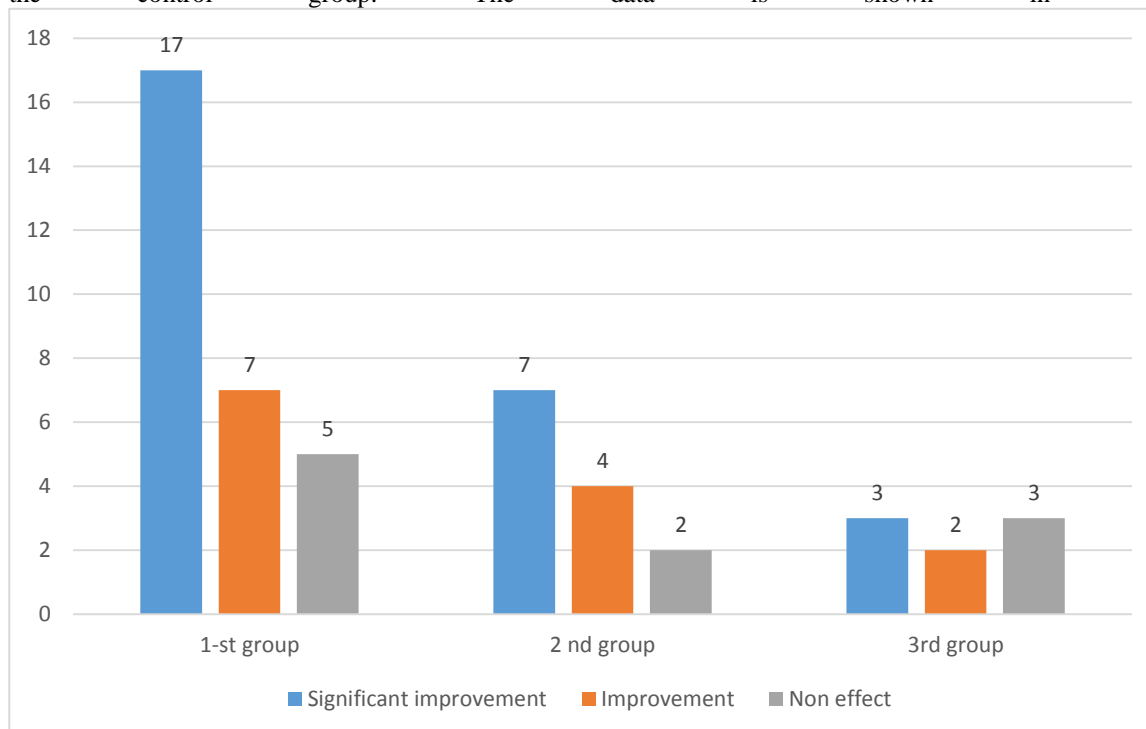
As a result of electrophysiological analysis, the information content of somatosensory evoked potentials in the case of radiculopathies was established. Marked elongation ($p < 0.05$) of latent periods of responses on the side of pain, while they were preserved on the "healthy" limb, led to asymmetry of indicators of 2.1-2.3 ms. This picture testifies in favor of a slowdown in conduction along the distal segment (P19 peak), as well as a delay in the spinal (N21) and cerebral responses (P40). Temperature correlates were manifested by zones of hyperthermia in the projection of the lumbosacral spine ($\Delta t 1.35 \pm 0.16^\circ\text{C}$) and, on the contrary, hypothermia in the periphery, mainly from the side of pain. The observed drop in temperature in the distal direction ($\Delta t 1.3 \pm 0.05^\circ\text{C}$) in the case of neurovascular reactions indirectly confirmed their spastic character. These data were consistent with the rheographically established restriction of pulse blood supply to the legs and feet, also mainly on the side of pain. In these cases, there was a distinct decrease in the blood filling of the distal zones (with a drop in RI to $0.04 \pm 0.005 \Omega$, significant in relation to the control) against the background of signs of a spastic state of the arteries of the medium and small register.

¹ Turon Zarmed University

² Turon Zarmed University

³ Turon Zarmed University

The presented data, reflecting the interweaving of the actual neurological, reflex-vascular and psychopathological manifestations, provided a transition to solving the main problem of a therapeutic nature. Upon completion of treatment in the main groups, i.e. with the use of acupuncture, generally comparable positive results were found. In particular, the total "significant improvement" and "improvement" in these groups amounted to 77.5 and 75%, respectively, against 62.5% of the control group. The data is shown in Figure 1.



The deterioration noted in one case in the 1st and 3rd groups is most likely due to the course of the disease. The therapeutic advantage of the approaches used in the main groups was manifested in a more pronounced (compared with the basic complex) relief of symptoms. However, there were differences within the main groups themselves: micropuncture ensured the achievement of a distinct analgesic effect on average at the 3rd procedure, while corporal technique - at the 5th one. At the same time, taking into account the conduct of acupuncture every other day, real changes in the groups were noted on the 6th and 10th day of treatment, respectively. The established analgesic advantage of micropuncture in the initial phase of treatment is explained by the peculiarities of its implementation, by irritating acids and feet - by concentrating reflexogenic zones.

However, by the end of the cycle, the residual level of pain (within 10-15%), as well as the severity of other manifestations, in patients of the main groups leveled off. At the same time, reflex states turned out to be more "compliant" to therapeutic effects: the average time to achieve a stable integrative effect in the main groups was 5.8 procedures in patients with reflex and 7.9 procedures in patients with radicular syndromes, exceeding ($p < 0.05$) the indicators of the control group. groups.

Conclusion. Thus, at the end of the treatment, the advantage of both variants of acupuncture over the standard effect was established, which is associated with the characteristic analgesic, trophostimulating and vascular effects of reflexology. At the same time, the high frequency of significant positive shifts in the case of the corporal approach is explained by its systemic influence.

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