

CLINICAL STUDY OF THE EFFECTIVENESS OF SU JOK ACUPUNCTURE IN EARLY REHABILITATION OF ISCHEMIC STROKE.

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Introduction. The search for new opportunities for complex treatment of patients with acute cerebrovascular accident (ACA) remains an urgent problem of vascular neurology, due to the increase in morbidity, high mortality and long-term disability of the most able-bodied part of the population. One of the promising directions in rehabilitation is a combination of drug and non-drug therapy, among which various modifications are deservedly popular reflexotherapy, the most effective in the acute and early recovery periods of stroke. In recent years, many studies have been conducted on the effectiveness of reflexotherapy, including in combination with irritation of areas corresponding to the human body. Especially studied in this regard

craniopuncture and auriculotherapy. One of the directions of Onnuri medicine developed by South Korean Professor Park Jae-woo is su jok therapy, which has about 35 years in its history of development (since 1987), but in this short period has already proved its effectiveness and has been well studied in a variety of pathological conditions.

However, there is practically no data in the literature on the effectiveness of this method of reflexotherapy in cerebral strokes. Psychoemotional disorders (post-stroke depression, anxiety) significantly worsen the effectiveness of rehabilitation measures, being the cause of aggravation of disability [2, 3, 4, 5].

The purpose of our study was to study the effectiveness of su jok therapy in early stroke rehabilitation, its effect on the rate of regression of neurological deficit, psychoemotional state, as well as on the daily activity of patients.

Methods and materials. 59 people were examined in the acute and early recovery periods of ischemic stroke. The first group consisted of 35 patients in the acute period of ischemic stroke who underwent treatment at the cardiology department of the ASMI clinic, the second group consisted of 24 patients in the early recovery period who received an early rehabilitation course at the Medical Rehabilitation Center of the ASMI clinic. Each group was divided into two subgroups: the main one (patients,

patients who received su jok therapy) and control (patients who received complex therapy without reflexotherapy). The patients of the two control groups (15 and 10 patients each) corresponded to the subjects by gender, age and severity of neurological deficit.

Among the 20 patients who received su jok therapy in the acute period of cerebral stroke (group 1), there was a slight predominance of women (55%), the age of patients ranged from 55 to 79 years (average age 68.1 ± 2.3 years). Ischemic stroke in the pool of the left or right middle cerebral artery was registered in 40% of patients in the pool vertebrobasilar arteries (VBA) – in 60% of patients. Su jok therapy in the early recovery period was performed in 14 patients (group 2), among whom there

was a slight predominance of men (57%), the age of patients ranged from 50 to 66 years (average age 55 ± 1.1 years).

Ischemic stroke in the carotid basin was registered in 57% of patients, in the VBA basin – in 43% of patients. The diagnosis of stroke in all patients was confirmed by CT examination.

The severity of neurological symptoms in the acute period was assessed on the Lindmark and NIHSS scales, household activity on the Bartel scale, and psychoemotional state – on the Back questionnaires (depression scale) and Spielberger (anxiety level). In the early recovery period, only the scale was used to assess neurological deficits Lindmark, which was explained by the peculiarities of the studied contingent of patients (patients referred to the CMR were capable of both self-care and independent movement up stairs, i.e., to assess the dynamics, it was necessary to apply a scale that allows for a more nuanced assessment of neurological deficit).

Reflexotherapy began in the first 3-5 days from the moment of admission to the hospital in the acute period and from the first day in the early recovery period. The preparation of a prescription for su jok therapy was carried out for each patient individually, taking into account the data of neurological status, localization of stroke, examination data and concomitant diseases. Since the diagnosis in su jok acupuncture is based on the assessment of the patient's condition from the point of view of the theory of 6 Ki, the energy constitution was determined in all patients. For example, in most of the examined patients, stroke was regarded as an excess of industry Dryness and Cold and a lack of Heat in A Heat (the brain), therefore, Dryness was inhibited and Heat was toned on the brain channel (pericardium – in classical acupuncture). In all patients, points and zones corresponding to the brain, heart, and kidneys were stimulated with needles on the hands or feet.

Results. On the 15th day from the start of therapy in the acute period of stroke in the main group, the increase in the total score on the Lindmark scale was 35 points ($p < 0.05$), the decrease in the severity of neurological deficit on the NIHSS scale was 4.3 points ($p < 0.001$), the Bartel index increased by

26.5 points ($p < 0.05$) compared to the 1st day. In the control group, lower indicators were obtained: 18 points (Lindmark), 2.5 points (NIHSS) and 17.5 points (Barthel ADL index), respectively. In the early recovery period, on the 10th day from the start of therapy, the increase in the total score on the Lindmark scale was 7 points in the main and 4 points in the control groups ($p > 0.05$), which is explained by the initially less pronounced neurological

deficit in this contingent of patients.

The majority of patients receiving su jok therapy noted a significant improvement in well-being and mood, which is confirmed by these changes in the severity of depression and the level of reactive anxiety. Depression of varying severity (from mild to severe) was detected with approximately the same frequency in both groups (70 %

and 68%, respectively) and was in the first group – on average 17.3 ± 1.9 points (main subgroup) and 17.5 ± 2.9 (control subgroup) and slightly lower (13.2 ± 2.1 and 15.7 ± 3.6 points) – in the second. The level of reactive anxiety before the use of su jok acupuncture in the first group was 36.9 ± 2.69 (main subgroup) and 35.0 ± 2.08 points (control

subgroup), and 31.9 ± 3.15 and 33.2 ± 2.17 points, respectively, in the second.

The severity of depression on the Beck scale in the acute period of stroke in the main group decreased by an average of 5.8 points ($p < 0.05$), and the level of reactive anxiety decreased by 10.6 points ($p < 0.05$), while in the control group similar indicators were 3.9 and 2.1 points. In the early recovery period, the severity of depression on the Beck scale during treatment in the main group

decreased by 4.8 points ($p < 0.05$), and the level of reactive anxiety decreased by 9.5 points ($p < 0.05$), which also exceeded the indicators obtained in the control group (1.8 and 2.4 points, respectively).

Conclusion. Thus, the su jok acupuncture technique has shown high clinical efficacy in the acute and early recovery periods of ischemic stroke, as well as a beneficial effect on the psycho-emotional state of patients, which can significantly increase the effectiveness of rehabilitation measures.

Literature:

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