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Authors: Рудник Е.М.
(Rudnik E.)
Municipal Health Care Institution, City Hospital № 6,
Kursk

Article name: К вопросу о лечении хронических неспецифических заболеваний легких

Key words: SCENAR, pulmonology, asthma

Summary: The article presents results of complex treatment of COPD and asthma patients with evident manifestations of bronchial obstruction. The author shows effectiveness of SCENAR-therapy in treating such diseases.

On Treating Chronic Non-specific Lung Diseases

A chronic non-specific pulmonary disease is a collective term for such diseases as asthma, chronic bronchitis and pulmonary emphysema. Today chronic obstructive pulmonary disease is the problem of current importance in medicine and doctors mark an increase of such pathological cases. COPD and bronchial asthma cause early disability and significant economic losses. Patients with the disease from this group are current problem of pulmonology. [1,2].

The most common complaints and reasons for addressing clinical or emergency doctor are breathlessness, coughing and autonomic disorder syndrome.

Abundance of nerve fibers in lung tissue and bronchial tree somehow determines pathogenesis of clinical manifestations in chronic non-specific lung disease. [3]. We know that reflexotherapy is effective treating diseases with vegetative disorder syndrome. [4,5,6]. Moreover, literature says about effective use of reflexotherapy and SCENAR-therapy in respiratory system diseases. [7,8].

All these were the reasons to include SCENAR-therapy into the treatment complex of patients with chronic obstructive lung disease and bronchial asthma.

Research Aim

Optimize the treatment quality by improving external respiration, arresting broncho-obstructive syndrome and vegetative disorders.

Materials and Methods

In Kursk City Hospital № 6 we observed 18 patients of working age from 22 to 56 years diagnosed with COPD (11) and bronchial asthma (7), that undergone SCENAR electro pulse therapy as a part of the treatment complex. Along with complaints of productive or non-productive cough, mixed or expiratory breathlessness, attacks of rough breathing and asphyxia, patients had complaints related to the concomitant pathology: increasing blood pressure (hypertension), aching pain at the bottom of the stomach (endometriosis-1), pain in mammary gland (mastopathy-3), headache, disorder in the range of movements of the affected limbs (effects of ONMK-1), pain in different parts of the back bone (osteochondrosis – 9 patients).

The clinical course in most of the patients was moderate, 4 patients with bronchial asthma had severe cases and 2 patients with COPD had very severe cases. The control group consisted of 25 patients (10 with asthma and 15 with COPD) who received only medications.

The state dynamics was evaluated by clinical manifestations of the disease and results of electropuncture diagnostics done according to Y. Nakatani's method (device used - RISTA – EPDm, OKB RITM, Taganrog). RISTA-diagnostics was done at the beginning, in the middle and at the end of the treatment course.

SCENAR-therapy was done according to the SCENAR-technology in individually dosed and continuous mode considering small asymmetry. Treatment zones were selected considering individual clinical characteristics of the patient, the presence of complaints here and now and according to the results of electropuncture diagnostics.

We stimulated: general treatment zones (three pathways, 6 points on the face (trifacial nerve outputs), cervical zone, abdomen - 5 minutes), zone of here and now complaint projection (lung and bronchial tree projection – 7 minutes, breast bone zone – 3 minutes, appropriate parts of the backbone, bottom of the stomach, mammary gland, heart area - 5 minutes). Meridian projections with various degree of electrical conductivity were included into the treatment zone. Patients were examined according to Nakatani method and considering these results stimulation meridians were selected. We considered the following factors: meridian location in ristagramme in relation to the corridor of electrical conductivity ordinary values and individual clinical characteristics of the patient. Stimulation vector was selected considering high or low electrical conductivity of the diagnosed biologically active points. SCENAR-therapy course was finished when patients had no complaints at all and results of electropuncture diagnostics were good (values of electrical conductivity normalized). Sessions were made daily with a pause for a weekend, each session lasted 20 minutes and the course duration was chosen individually (from 10 to 24 procedures).

Results and Discussion

After the first session all the patients marked easier breathing. Improvement of auscultatory picture (arresting broncho obstruction or decreasing the number of dry rale auscultatory) was observed after 2-4 procedures. One COPD patient had deterioration in the main disease that was connected with his individual psychology and no desire to receive any treatment. One patient with bronchial asthma had deterioration of the state caused by ARVI. Some patients with bronchial asthma had complications caused by SCENAR-therapy (exacerbation of chronic genyantritis – 1, frequent urination – 2). After the treatment course we observed improvement of the general state in all patients (no complaints including those connected with concomitant pathology, normalization of sleep, appetite and mood). 9 patients with COPD had no pathological dynamics at spirogrammah; 3 patients had improved external respiration values. 1 patient with bronchial asthma had worse external respiration values while his clinical state evidently improved. Fluid therapy course in patients that undergone SCENAR-therapy was at average 3-4 procedures. Also this group of asthma patients have reduces the amount of hormone taken orally.

In control group arresting of broncho obstruction, improvement of auscultatory picture and sputum discharge were observed a bit later (5-7 day of treatment). The course of broncholytic and hormonal injections comprised up to 5 injections. No observed arresting of complaints connected with concomitant pathology in control group.

Conclusion

SCENAR-therapy is effective in treating chronic non-specific lung diseases. Quite often clinical results after SCENAR-therapy differ from the results of instrumental examination (spirometry).

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