

Electropuncture diagnostics in the treatment of patients with involutinal CCRD Malinovskaya T.A., Neroev V.V., Ivanov A.N.

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Involuntary central chorioretinal dystrophy (CCRD) is the leading cause of blindness and low vision in the second half of life in the population of developed countries. According to domestic and foreign authors, CHRD occurs in 25–45% of people over 50 years of age, but it can manifest itself already at a young age and in some cases is hereditary in nature.

Recently, more and more studies are being carried out aimed at identifying certain links between the functional state of the internal organs and the changes occurring in the retina of the eye. This brings researchers closer to understanding the etiopathogenesis of macular degenerative lesions. For this purpose, we used electropunctural diagnostics (EPD) according to R. Voll's method, which made it possible to identify violations and optimize the process of choosing tactics and methods of treatment in this particular patient.

The somatic burden of elderly patients determines the interest in non-drug methods of treatment. These methods include magnetotherapy (MT) and reflexology (IRT), which reduce the pharmacological load on the patient and improve the functional state of internal organs and systems.

Target. To study the functional state of the internal organs and systems of patients with involutinal CCRD by the method of electropunctural diagnostics according to the method of R. Voll and to reveal the effect of magnetotherapy on them, acupuncture and traditional drug treatment.

A study of electropunctural parameters by the method of R. Voll was carried out in 120 patients with various stages of involutinal CPR before and after treatment with magnetotherapy, acupuncture (IRT) and traditional drug therapy: magnetotherapy was performed in 20 patients, IRT - 40 patients, magnetotherapy in combination with IRT - 40 patients, drug treatment - 20 patients.

The measurements were carried out according to the generally accepted method at 20 meridians. The maximum changes were found on the following meridians:

I Nervous degeneration (especially at the points of nervous degeneration of the spinal cord, cerebral vessels and autonomic nervous system) (ND) - 113 people (94.2%),

II Gallbladder (VB) - 110 people (91.7%),

III Pancreas (RP) - 90 people (75%), IV Liver (F) - 78
people (65%),

V Allergies (All) - 67 people (55.8%), VI
Heart (C) - 63 (52.5%),

VII Small intestine (Ig) - 58 (48.3%), VIII
Bladder (V) - 47 (39.2%), IX Large intestine
(Gi) - 40 (33.3%), X Kidney (R) - 35 (29.2%),

XI Triple heater (endocrine system) (TR) - 31 (25.8%), XII Lungs (P) - 28
(23.3%).

Attention is drawn to the fact that more than 69% of the surveyed had a combined lesion of three or more meridians. In this case, the following combinations were most often encountered:

1. ND + F + VB + RP - in 31 patients (25.8%);
2. ND + VB + RP + TR - in 22 patients (18.3%);
3. ND + All + C + Ig - in 17 patients (14.2%);
4. VB + RP + C - in 13 patients (10.8%).

When analyzing the data obtained, it was revealed that the processes of inflammation and hyperfunction prevailed over hypofunction and atrophic changes on almost all meridians, except for allergy meridians, which characterizes the state of the immune system and the vascular wall, and a triple heater, which reflects the activity of the endocrine glands. Decompensation on these meridians is typical for more than 50% of patients with CPR.

If we compare the EPD data and the number of clinical diagnoses already made, then a large number of persons with latent somatic pathology are revealed.

For the treatment of patients with central chorioretinal dystrophy, we used the method of magnetotherapy using a low-intensity, about 10 mT, alternating magnetic field induced by a device for magnetotherapy "Pole-3". The duration of exposure was 10 minutes. The course of treatment consisted of 10 daily procedures.

Acupuncture was carried out by applying a tonic method to local and segmental acupuncture points, as well as to points of general action, which were selected on the meridians with the greatest deviations according to the data of electropunctural diagnostics. To avoid depletion of adaptation reserves, the course did not exceed 7 sessions.

Drug treatment has traditionally been defined as a stage dystrophic process and the severity of manifestations in the eye day. It included in myself vasodilators, metabolic drugs, angioprotectors and vitamin therapy. In the presence of exudation and hemorrhages, anticoagulants, dehydration and resorption agents were added.

Analysis of the dynamics of electro-acupuncture indicators under the influence of the treatment showed that after a course of acupuncture the number of patients with indicators within the normal range increased by 59.8% and decreased by 52% - with indicators having a "drop in the arrow", which indicates a decrease in the degree of decompensation in the work of functional systems.

After acupuncture and magnetotherapy, the number of patients with indicators within the normal range increased by 71.5% and decreased by 64.4% - with indicators having a "drop in the arrow".

After a course of magnetotherapy, positive changes were noted only on the meridian of nervous degeneration (points of the vessels of the brain and autonomic nervous system), the meridian of allergy (point of allergy of the scalp and head organs) and the triple heater (point of the pituitary gland and pineal gland), which is due to the reflex effect of the magnetic field on these structures, leading to improved blood circulation, stabilization vascular membranes, activation of trophic processes and normalization of regulatory functions. Magnetotherapy did not have a pronounced effect on other systems of the body.

Drug treatment increased the load on the meridian of the gallbladder, pancreas, liver and kidneys, which led to a decrease in the group of patients with normal electropuncture parameters (by 18.5%) and increased a group of patients with indicators exceeding the norm (by 20.6%).

So Thus, EPD allows selection of patients and to optimize the selection of the formulation for acupuncture, to choose the optimal step of therapy for each specific patient and is a method of monitoring the effectiveness of the treatment.

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