

Electroacupuncture diagnostics in the treatment of patients with partial optic atrophy

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Optic nerve atrophy (ADN) is the outcome of various diseases and damage to the organ of vision and occupies one of the leading places in the list of diseases leading to blindness and low vision.

Currently, more and more studies are being carried out aimed at identifying certain connections between the functional state of internal organs and changes occurring in the retina of the eye and the optic nerve. This makes it possible to take into account the newly identified pathogenetic mechanisms in the treatment of degenerative lesions of the most important structures of the eye. For this purpose, we used electroacupuncture diagnostics (EPD) according to the method of R. Voll, which made it possible to identify violations at the level of organs and functional systems, and to optimize the process of choosing tactics and methods of treatment in this particular patient.

Despite the wide variety of proposed methods of treating this pathology, their effectiveness is insufficient. Recently, there has been a significant increase in interest in traditional methods of treatment, which allow using minimal means, without using expensive medicines and equipment, to achieve a significant effect without any side effects. These methods include acupuncture (AP), as well as manual therapy in combination with segmental and acupressure (MT) - treatment methods that reduce the pharmacological load on the patient and improve the functional state of internal organs and systems.

Purpose of work: the study of the functional state of internal organs and body systems in patients with partial atrophy of the optic nerve by the method of electroacupuncture diagnostics according to the method of R. Voll and to reveal the influence on them of acupuncture, manual therapy in combination with segmental and acupressure massage, and conventional drug treatment.

The study of electroacupuncture parameters by the method of R. Voll was carried out in 120 patients with various etiological forms and stages of partial atrophy of the optic nerve (cASN) before and after treatment with the studied methods. In particular, AP treatment was carried out in 40 patients, MT - 20, AP in combination with MT - 40, drug treatment (ML) - 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 - 110 people (91.6%).
- II. Gallbladder VB - 100 people (83.3%).
- III. Pancreas RP - 80 people (66.6%).
- IV. Liver F - 72 people (60%).
- V. Hearts C - 63 (52.5%).
- Vi. All allergies - 57 people (47.5%).
- Vii. Small intestine Ig - 52 (43.3%).
- VIII. Bladder V - 47 (39.2%).

IX. Kidney R - 45 (37.5%).

X. Large intestine Gi - 30 (25%).

XI. Triple heater (endocrine system) TR - 26 (21.6%).

XII. Lungs P - 18 (15%).

Attention is drawn to the fact that more than 70% of the examined had a combined lesion on three or more meridians. In this case, the following combinations were most often encountered:

1. ND + F + VB + RP - in 28 patients (23.3%).

2. ND + VB + RP + TR - in 22 patients (18.3%).

3. ND + All + C + Ig - in 15 patients (12.5%).

4. VB + RP + C - in 10 patients (8.3%).

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 30% of patients with cASN.

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 pASN, we used manual therapy and massage according to our developed technique, including preparatory, mainly segmental massage, post-isometric muscle relaxation, mobilization and manipulation techniques in all parts of the spine with an emphasis on the cervical and cervicothoracic regions, as well as stimulating acupressure and elements of physiotherapy exercises. The duration of the procedure is 20-25 minutes. The course of treatment consisted of 10 daily procedures.

AP was performed using paraorbital and other recommended acupuncture points (AT) of the head, corporal AT of general action and auricular AT. When compiling an acupuncture prescription, the data of the previously performed EPD, as well as the data of the repeated EPD, were taken into account. This made it possible to correct the AP formulation in the course of treatment. AP was carried out using the harmonizing method using 11-13 AT per session. The procedure takes 20 minutes. In order to avoid depletion of the adaptation reserves, the course did not exceed 8 sessions carried out daily.

Drug treatment included vasodilators, metabolic drugs, angioprotectors, and vitamin therapy.

Analysis of the dynamics of electroacupuncture indicators under the influence of the treatment showed that after the course of AP, it increased by 60% the number of patients with indicators within the normal range and by 48% decreased with indicators having a falling arrow, which indicates a decrease in the degree of decompensation in the work of functional systems.

After AP and MT, the number of patients with indicators within the normal range increased by 73.5% and decreased by 54.6% - with indicators having a falling arrow.

After the MT course, the most pronounced positive changes were noted on the meridian of nervous degeneration and the meridian of the heart, changes in the positive direction were also noted on other meridians, which

indicates the systemic effect of MT and massage on the entire body.

ML 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 20%) and increased the group of patients with parameters exceeding the norm (by 25%).

Thus, EPD makes it possible to select patients and optimize the selection of formulations for acupuncture, to choose the optimal therapy step for each individual patient, and is a method of monitoring the effectiveness of the treatment.

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