

Non-drug treatment of patients with bronchial asthma
methods of oriental medicine
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Bronchial asthma (BA) is a serious disease, which is based on chronic inflammation of the airways, accompanied by changes in the sensitivity and reactivity of the bronchi and manifested by an attack of asthma, status asthma, or the presence of symptoms of respiratory discomfort (paroxysmal cough, distant wheezing and shortness of breath) [4].

The incidence of respiratory allergens has increased 3 times over the past 20 years, 3% of humanity by now suffer from bronchial asthma (K.P. Gamayunov, A.T. Kachan, St. Petersburg, SPbMAPO, 1999).

The high growth of morbidity is due to urbanization, imbalance of environmental factors, total immunization of the population. The currently used methods of drug provision are basically symptomatic [4]. Uncontrolled reception -2-mimetics and glucocorticoids leads to serious abnormalities. These factors indicate the need to search for new highly effective complex methods of allergy treatment. This circumstance determines the interest in corporal and auricular acupuncture, devoid of the drawbacks of drug therapy [3, 5, 7]. However, to date, the clinical efficacy of acupuncture in patients with bronchial asthma has not been sufficiently studied, including the effect of acupuncture on the phases of the allergic process. There are no pathogenetically substantiated approaches to individualization in the use of acupuncture in various clinical and pathogenetic variants, there is no differentiated approach to the treatment of patients in remission and exacerbation of the disease. Based on clinical experience, the feasibility of using oriental concepts of acupuncture [1,

The developed complex method of non-drug treatment allows achieving a high clinical effect after 3 courses of treatment, which take 30 days in total.

MATERIALS OF CLINICAL OBSERVATIONS

In the period from 1994 to 2002, on the basis of the Center for Traditional Medicine of the Ministry of Health of the Republic of Sakha (Yakutia), we carried out observations of patients with bronchial asthma using non-drug methods of treatment according to the "Eastern Medicine" system. During this period, 36 patients were treated with various clinical and pathogenetic variants of bronchial asthma,

Of the 36 persons, 22 patients were diagnosed with cold asthma, 2 - hot asthma, 12 - mixed type with symptoms of "cold - heat". In the same group,

"Complete asthma" - in 22 patients, and "empty asthma" - in 2 patients, "mixed form of emptiness - fullness" - in 12 patients.

In this group, in 19 patients, the atopic variant of bronchial asthma prevailed. Including atopic variant of bronchial asthma - 5 people, atopic and infectious-dependent variant of bronchial asthma - 10 people, atopic and neuropsychic variant of bronchial asthma - 4 people.

Atopic	5 people
Atopic infectious-allergic	10 people
Atopic neuropsychic	4 people
Hormone dependent	6 patients
Infection-dependent and neuropsychic	5 patients
Autoimmune	2 patients
Neuropsychic	4 patients

The age of patients is from 8 to 63 years old, of which up to 17 years old - 2, up to 30 years old - 8, from 30 to 39 - 7, from 40 to 49 - 8, from 50 to 63 - 12 people.

A mild course of bronchial asthma occurred in 8; course of moderate severity in 23; severe bronchial asthma in 5 people.

The duration of the disease was from 1 to 20 years, among them in 6 people the duration of the disease was from 1 to 5 years; in 7 patients - from 6 to 3 years; in 6 patients - from 10 to 14 years; 17 people suffered from bronchial asthma for 15 to 20 years.

In 25 patients, exacerbations occurred in the autumn-winter period, in 2 people in the spring-summer period, in 9 - throughout the year.

2.2 people had a hereditary predisposition to allergic diseases.

TREATMENT TECHNIQUE

In accordance with the requirements of Chinese medicine, patients who have frequent attacks in the winter should be treated in the summer. And, conversely, in patients with frequent exacerbations in the summer, the course of treatment should be carried out in the winter [6, 8, 9]. Thus, 25 persons were treated according to the season (if worsening in summer - treatment in winter, if worsening in winter - treatment in summer).

The "summer" group of patients was treated during August, September, October, that is, when the exacerbation subsided and some remission. However, from the standpoint of Chinese medicine, it is desirable to carry out treatment from July to September, since in October, some patients begin to experience an exacerbation in the conditions of the North. The "winter" group was subject to treatment in January, February, March.

Treatment of bronchial asthma by reflexology can be conditionally divided into two stages:

1. Relief of an asthma attack.
2. Course treatment.

The course treatment should be carried out daily, combining various

methods of influence on points.

In the course of treatment of asthma caused by an allergic component, the main points are P7, Gi4, E36, V40, V11, V13, AP78.

In case of violations of liver function, points FZ, F8, V18, V13 are connected, and in case of damage to the digestive system, points MC6, RP6, FZ, V10, V20.

Atopic bronchial asthma, pollen sensitization, remission phase. E36, T4, V11, Gi11, VB34, VB20, T12, V12, MC6, RP6, VC22, F2, RP9, MC7, VB40, VB37, TR5. The procedures are carried out every other day. Exposure of the needles for 25-30 minutes.

The number of needles during the procedure is from 3 to 8. The second stage should be started 7-13 days before the expected exacerbation, the onset of which the patient usually knows well. At this stage, auricular reflexology is used. The most frequently used points: 55, 71, 78, 82, 12, 13, 22, 51. The frequency of procedures is 1 time in 3-4 days. Exposure of needles from 25 to 30 min. A feature of the third stage is the daily conduct of corporal acupuncture procedures (only 10-13 sessions).

CONCLUSION

The efficacy of a complex method of non-drug treatment in patients with bronchial asthma was investigated, including the use of eight techniques that have been used in Chinese medicine for many years.

1. Treatment using a comprehensive methodology of Chinese medicine is effective: 78.1% of patients had a high positive effect, 21.9% had a moderate effect. The number of patients taking medications in the form of inhalation is reduced by an average of 66%, tablet preparations - by 59%, the intake of tablet hormonal preparations decreases by 70%, the frequency of inhalation of hormonal preparations decreases by 80%.

2. The effectiveness of treatment according to the complex method is higher in patients with "cold" and "mixed" than in patients with "hot" asthma. This is due to the fact that the principle of treatment is based on the addition of "heat" and "energy" in the body, as well as on the removal of "cold".

Diagnoses in Chinese and European medicine do not have a complete correspondence with each other - asthma from the standpoint of Chinese medicine is "hot" and "cold". When compared with European diagnoses, these 2 types do not completely fall into any of the distinguished clinical and pathogenetic variants of the disease [1, 2, 8, 9]. So, in 68% of patients with hormone-dependent bronchial asthma there is a variant of "hot" asthma, and in atonic - in 96% of cases, there is a "cold" asthma [8]. The complex technique of non-drug treatment leads to an improvement in the condition of patients in the phase of exacerbation of bronchial asthma and may not be used in remission to prevent exacerbation of bronchial asthma.

Treatment is more effective with multiple courses, affects the body gradually and for a long time, its effect is manifested and consolidated after the third course of treatment.

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