

Traditional medicine in improving the quality of men's health (review literature)

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SUMMARY

A significant decrease in the level of sexual activity, detected in more than a third of practically healthy men, indicates the need to restore this function. Based on this, this review reveals the factors predisposing to a deterioration in the sexual health of men, and also identifies the prospects for the use of such corrective technologies as reflexology and homeopathy.

Key words: men's sexual health, traditional medicine, reflexology, homeopathy.

RESUME

Significant depression of level of the sex activity, taped more than at third of practically healthy men, testifies to necessity of restoration of the given function. Proceeding from it, in the present review the factors contributing to deterioration of sexual health of men are opened, and also prospects of application of such corrective technologies, as reflexotherapy and homoeopathy are defined.

1.1. The state of male sexual health in the country

An analysis of the level of male sexual health in the Russian Federation leads to a disappointing conclusion - in the group of young and middle-aged men, a sharp drop in sexual activity is recorded (S. T. Agarkov, 2004; G. D. Bilich, 2008). At the same time, a progressive tendency towards a deterioration in the reproductive health of children and adolescents was noted. In particular, when examining more than a thousand schoolchildren aged 7 to 16 years, in almost all cases, at least one andrological disease was revealed, and in 4.5% - two or more (V.M. Ushanova et al., 2004). Experts explain the current situation by the growth of developmental anomalies, the influence of unfavorable environmental factors, inadequate use of drugs and a number of other factors. These facts determined the statement of the President of Russia D.A. Medvedev from 15.10.08:

The importance of the problem prompts the adoption at the annual sexological forums of resolutions on the need to create a federal program "Protection of men's health". Within the framework of this project, it is planned to deploy measures to improve the environmental performance of the environment, develop accounting and medical examination schemes, as well as overcome traditional risk factors and,

the main thing is the low level of sexual culture. However, even today (the resolution of the next forum held in 2008) confirms that Russian men have "an alarmingly high level of psychosomatic diseases and depressive disorders." Hence, the opinion of Sh.N. Galimova (2008) that if a harmonious system of legislative acts has been created in relation to women in Russia, then a deep rule-making abyss has formed in relation to men. The author argues that an analysis of the current legislation forces one to come to a conclusion about its declarative nature and pronounced gender inequality.

In numerical terms, more than one third of somatically healthy men show a distinct decrease in the level of sexual activity (S.V. Bogolyubov, P.M. Rubin, 2008). Moreover, if in the 60s of the last century the share of men under 40 years old, characterized by a decrease in sexual function, was 8%, in the 90s - 23%, then at the present stage it reaches 30% (GD Bilich, 2008). Moreover, for representatives of certain physically difficult specialties, this indicator exceeds 35% (A.M. Egorova, 2008).

It should also be borne in mind that the figures presented, based on the answers of the respondents, may be significantly underestimated, not corresponding to reality. In addition, when calculating these indicators, one should take into account the conventionality of such a concept as a sexological "norm".

1.2. The concept of "norm" in sexology

Sexy health is defined as "a complex of intellectual somatic, emotional, and social aspects of a person, positively sexual existence enriching the personality, raising human communication skills and his ability to love "(WHO expert group, 1977). Structurally, this phenomenon has three main components:

- the ability to enjoy and control sexual and reproductive behavior with the norms of social and personal ethics;
- freedom from fear, guilt and other psychological factors, suppressing sexual responses;
- lack of organic disorders, diseases and disorders that interfere with the implementation of sexual and reproductive functions.

The question of sexual norm is directly related to the presented positions. In this regard, it should be emphasized that if in medicine the spread of "normal" values generally complicates the derivation of average numbers, then in the case of assessing sexual function this task is undoubtedly more complicated. This thesis is supported by the exceptionally wide individual fluctuations in male sexual activity. For example, certain individuals are capable of daily and repeated intercourse, while others, in principle, healthy men, are not able to carry out more than one intercourse per week. In this regard, it is advisable to focus on the proposed concept of "sexual average health" - a derivative of the averaged characteristics of a specifically selected and studied population of men (A.Ya. Perekhov, 2003).

Nevertheless, in sexology, the standards obtained by

during a survey of a group of men back in the 70s of the last century. It was found that a teenager's sexual desire awakens on average at the age of 12-13, and the overwhelming majority of men acquire their first sexual experience at the age of 19. (Without a doubt, these figures require revision today). At the same time, the average number of sexual acts that a young healthy man can carry out during the day varies within 4-6. The next block is the transition, already in conditions of life with a constant partner, from daily acts to 2-3 sexual intercourse per week, which in the special literature is referred to as entering the "conditionally physiological rhythm" (UVR) band. It is estimated that the average male undergoes this transition between the ages of 27 and 40. However, even these data must be verified with the realities of our time,

In addition, a man's sexual activity is determined by the reserves with which he is endowed by nature, i.e. the level (strength) of the sexual constitution. This term means a combination of congenital (genetic) and acquired (functional) characteristics that radically affect the nature of a man's sexual activity (GS Vasilchenko, 1990). According to this system, the first group of signs reflects individual innate qualities. The most important phenomena here include the age of awakening of sexual desire and first ejaculation, the value of the trochanteric index (the ratio of height to leg length) and the type of pubic hair growth. Indicators of actual sexual activity are the maximum number of sexual acts performed per day (excess), as well as the period of entry into the UVR band.

In particular, a strong sexual constitution of a man ensures that up to 9 or more acts per day are carried out, as well as late entry into the band of a conditionally physiological rhythm. In persons with a weak sexual constitution, of course, the opposite picture is observed - no more than one excess and early formation of UVR. Between these two polar categories lies the majority of men who are endowed with a certain resistance to sexual dysfunctions, but are not completely protected from them. In this case, it is necessary to highlight the factors predisposing to the formation of sexual dysfunctions.

1.3. Factors of predisposition to sexual dysfunction

A certain part of sexual dysfunctions in middle-aged and older men is based on pathophysiological changes in the body. So, by the age of 40, the arteries of the penis lose the ability to maximize their lumen. Later, an involutionary decrease in the function of the gonads was also traced, which allows us to speak of anatomical and functional insufficiency of the genital area (GS Vasilchenko, 1990).

On the other hand, it is necessary to highlight a number of phenomena characteristic of men of any age, including the young. It has been shown that up to 62% of people of reproductive age are distinguished by two or more risk factors affecting the sexual and reproductive spheres. Here, the unfavorable environmental conditions and production features are especially highlighted. Also pointed to

the role of social instability, bad habits, marital maladjustment (T.V. Butnikova, I.D. Kibrik, 2008, A.M. Egorova, 2008). However, the problem of the unfavorable influence of the environment lies outside the actual tasks of sexology, being a social phenomenon. In addition, medical prevention in Russia is focused primarily on the middle class (S.L. Guseva et al., 2008), excluding the promotion of a healthy lifestyle among a broad low-income stratum of the population.

Revealing the medical aspects of risk factors, one should point out the importance of imbalance in the activity of the "pituitary-gonadal" system and neuropsychiatric disorders in the form of characterological characteristics and neuroses. In the latter case, in parallel with the actual neurotic changes, autonomic disorders, changes in the structure of sleep and - sexual dysfunctions develop. They are so characteristic that as far back as 1912, P. Dubois wrote: "... if patients with neurasthenia were more frank, then each of them would have violations in the genital area." In the genesis of sexual dysfunctions, the role of dorsopathies should also be highlighted, especially at the lumbosacral level. Here, in addition to asthenoneurotization, an important role is played by reflex vasospastic reactions - in response to pathological vertebrogenic influences, affecting the mechanism of erection. Besides, within the framework of the problem under discussion, the question of the combination of dorsopathy with chronic prostatitis is sharpened, the clinical triad of which obligatory includes sexual disorders. It has been shown that the interlacing and mutual influence of these two diseases significantly increases the likelihood of involvement in the pathological process and the genital area (VA Aleksandrov, 1997).

The negative influence of excess body weight on the level of autonomic regulation and, indirectly, on the state of male sexual function is also emphasized (A.B. Shangin, 2004). In particular, about a third of adolescents with androgen deficiency are obese (GD Bilich, 2008). The influence of bad habits on the level of men's sexual activity should be emphasized, and the views on this problem are not unambiguous. In particular, it is argued that moderate doses of alcohol are a prophylactic agent that prevents the formation of neuroses, depression, atherosclerosis, type 2 diabetes (O.B. Laurent et al., 2004), as well as the realization of sexual disorders. On the other hand, alcohol, as alcoholization and personality changes, already provokes sexual dysfunctions (G.S. Vasilchenko, 1990).

Accordingly, the frequency of detection of these factors risk, combined with a decrease in male sexual activity, dictates the need for appropriate correction in this population.

1.4. Advanced technologies of traditional (complementary) medicine In the available literature, information on the restoration of the sexual health of men at risk is presented in isolated works, in particular, in the study of A.A. Nikitin (2009), performed in our division. And this despite the fact that at the present stage of development of society, the requirements for

the quality of sexual life: in particular, "with the advent of Viagra, a real revolution came in the minds of the population" (ST Agarkov, 2004). The author states that today up to 90% of this remedy is taken unwisely, with serious negative consequences. In this regard, the use of aphrodisiacs is more justified - adaptogens of various origins, biologically active additives, etc. (SI Kudryavsky et al., 2008). A variety of psychotherapy techniques are also noteworthy.

For us, taking into account the specifics of the work, the methods of traditional medicine, which have absorbed the centuries-old experience of healing a particular people, are of particular interest. According to the WHO, this system is formed by acupuncture (reflexology), phytotherapy and manual therapy. In addition, homeopathy adjoins this block, and the use of extremely low intensity stimuli in both cases testifies in favor of the proximity of homeopathy and reflexotherapy (LV Belovolova, MV Glushkov, 2003). Modern research has confirmed the high efficiency of homeopathic treatment in practical sexopathology. In particular, over the past decade, clinical trials of complex homeopathic preparations were carried out, and one of them ("Adam", Russia) was distinguished by a combination of softness and effectiveness of action (L.G. Agasarov, A.N. Razumov, 2006). However, this drug, like other homeopathic remedies, has not been used until recently to restore sexual function in men. It should also be noted that the question of the adequacy of the choice of a particular drug for a given purpose remains open, requiring the use of sensitive methods of drug selection. Such methods may well include the vegetative resonance test (ART), which ensures the optimal selection and control of the action of the agent used.

In addition, based on the characteristics of the functioning of the genital area, it seems advisable to supplement homeopathy with certain physical techniques. Among the latest techniques, various options for reflexology stand out, providing psychotropic, vascular, stimulating and other therapeutic effects. At the same time, all known manuals rightfully indicate the therapeutic superiority of invasive reflexology techniques. However, for prophylactic purposes, non-invasive and easily reproducible methods are preferred, in particular, acupressure or dynamic electroneurostimulation - DENS.

The first of them - acupressure - is considered as a physiological and corrective method close to human nature. The technique is available and can be performed in a domestic environment, and it is not excluded - and a sexual partner, which gives the procedure an additional sensory impulse (E.B. Popova, A.G. Tsavkelov, 1998; M. Larry, 2002). Another method - DENS - provides both the achievement of general relaxation and the effect on the neurovascular formations of the small pelvis. For example, the achievement of stable positive results in the case of performing DENS in chronic prostatitis has been confirmed (V.A. Drobyshev, M.V. Umnikova, 2008).

In addition to these techniques, within the framework of the topic under discussion,

can be the use of spectral phototherapy, which is an original way of irritating reflexogenic zones with sources of a line spectrum of light radiation. It has been shown that this fundamentally new method modulates the course of both reflex and metabolic processes in various pathologies, including urogenital (EM Rukin et al., 2008).

The expediency of the practical application of a complex of medicinal (homeopathic) and reflex approaches is obvious, but until recently this issue remained outside the field of vision of specialists. And only in A.A. Nikitin (2009) used a combination of the homeopathic medicine "Adam" and acupressure, aimed at correcting the sexual function of men. The results obtained in the course of this study testified to the systemic effect of the proposed approach on the sexual sphere of men at risk. Such a conclusion was based on data on the pronounced and stable effect of the developed complex on various links of the copulatory cycle, surpassing in this respect the characteristics of the compared groups.

This work prompted us to expand the study, an overview of which is presented to the reader.

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