
EFFICIENCY OF TREATMENT OF NEUROVASCULAR SYNDROMES IN CERVICAL OSTEOCHONDRODIS BY THE METHODS OF SU JOK THERAPY

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The present study is based on the clinical observation of 52 cases with the vertebral artery syndrome of posterior cervical sympathetic syndrome. The condition arises from the abnormal bone and cartilaginous structures pressing against the vertebral artery and its sympathetic plexus. The sympathetic plexus being irritated results in arterial spasm comprising the branches of the said artery. The syndrome manifests clinically in a throbbing and burning pain, irradiating from the nape of the neck to the temporal, parietal or superciliary area. The pain is most often unilateral, constant, intensifying by neck movement, particularly in the morning after the sleep on an inconvenient pillow, during walking or jolting.

Some patients report paroxysmal pain, at times accompanied with nausea and vomiting, and occasionally with heart palpitation and algor. The paroxysms were likely often induced by physical strain, chilling or overheating, stresses and nervous excitement. An often symptom was asymmetry of blood pressure, increasing with the onset of pain.

Rheoencephalographic study was made in most cases of the vertebral artery syndrome before and following the treatment course. The Rheoencephalogram (REG) before treatment displayed a decreased sphygmic blood supply in the vertebrobasilar basin, a hypertonus of arteries of all ranges, and an impaired venous outflow.

Seven patients went through a ultrasound Dopplerography (USDG) of extracranial arteries which showed an asymmetry of the linear blood flow rate (LBFR) in the supratrochlear brain and spinal arteries (fig. 1).

The aforecited REG pattern, with an account for the patients' complaints, was interpreted as an excessiveness of branch energies of Dryness and Cold in AH-Heat and also as excess of branch Humidity and Dryness together with insufficiency of branch Wind in UM-Heat.

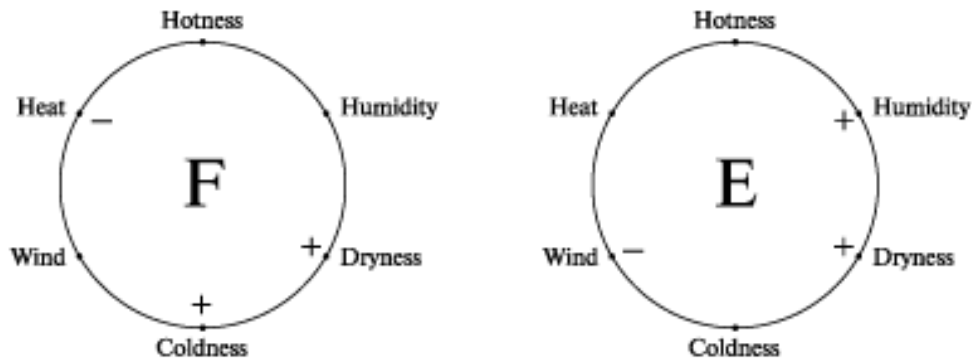


Fig. 1. Branch energies disbalance characteristic of the patients with the spinal artery syndrom

Therapy was conducted on the meridians of AH-Heat (fig. 2) and UM-Heat (fig. 3). Besides that, points corresponding to cervical spine were treated in the standard system, and minisystems of correspondence. The applied techniques were massage of the painful points, moxibustion and seed therapy. The patients' constitutions were also taken into account when possible.

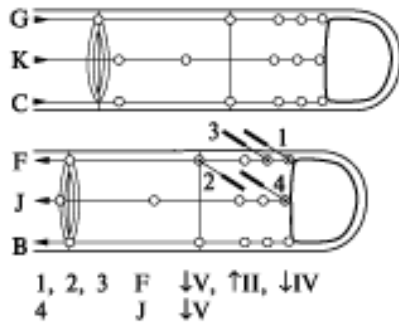


Fig. 2. Sedation of the branch A-Heat Dryness

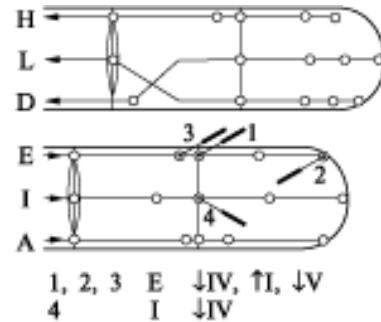


Fig. 3. Sedation of the branch UM-Heat Humidity

The REG study after a treatment course tended to indicate an improved sphygmic blood supply, a lowered or totally subsided arterial hypertonus, a normalized venous outflow. The USDG test following the course of Su Jok therapy showed a normalization of LBFR in all studied cases. All of the patients began to feel better after the first or second session. All clinical manifestations of the vertebral artery syndrome totally subsided by the end of therapy course, which fact was confirmed by the objective data of REG and USDG.