



EFFICACY OF DRUG-FREE THERAPY OF HYPERTENSION DISEASES IN THE EARLY STAGE OF THE DISEASE

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ABSTRACT

Hypertension is a disease whose leading symptom is an increase in blood pressure. This disease is widespread and occurs equally often in both men and women, more often after 40 years. Blood pressure is measured in millimeters of mercury (mmHg) and has two numbers. The first means systolic pressure, the second - diastolic. According to the definition of the World Health Organization, a person has high blood pressure or hypertension when the first pressure exceeds 140 mmHg and / or the second exceeds 90 mmHg. It should be borne in mind that the criteria for increased blood pressure are largely conditional, since between the level of blood pressure and the risk of cardiovascular diseases (CVD) there is a direct relationship, starting with a value of 115/75 mmHg.

Despite the successes achieved in the diagnosis and treatment of GB, its complications remain one of the main causes of high mortality of the population both in Uzbekistan and in all countries of the world. The widespread introduction of new antihypertensive drugs into healthcare practice in the last decade has largely helped to solve the problem of reducing high blood pressure in patients with AH. However, the number of cardiac and cerebral complications in AH during treatment, unfortunately, decreased slightly (only by 11-19%). At the same time, it has been established that the earlier AH is detected and its treatment with non-drug methods begins, the correction of the patient's lifestyle by the doctor with the elimination of the main risk factors for the development of the disease, the more often it becomes possible to direct the course of the disease to a milder form and avoid complications at a more mature age.

In this regard, especially in the early stages of the development of the disease, more and more attention is paid to non-drug methods of treating AH, among which one of the important places is occupied by acupuncture hirudotherapy in combination with traditional corporeal reflexotherapy (CRT) and a relatively new method of acupuncture prolonged auricular microneedle therapy.

Keywords: hypertension, acupuncture, hirudotherapy, body reflexotherapy, long-term microtherapy of the auricle.



Introduction

Hypertension is one of main risk factors for the development of cardiovascular diseases and mortality. In this regard, proper management, monitoring and treatment of patients primarily in the primary care is of great importance. Systematic monitoring of morbidity, in particular awareness of the presence of blood pressure among the population, timely and constant, rather than episodic use of antihypertensive drugs, is the key to effective treatment, and hence to improving the quality of life of patients. In connection with the above, we conducted a study among primary care patients with hypertension. The transition from prehypertension to overt hypertension reflects, at least in part, changes such as hypertrophy of the muscular layer of the arteriole wall and endothelial dysfunction. Against the background of such structural and functional changes in persons with prehypertension, an increase in vasoconstriction and a decrease in vasodilation were described. It should be noted that according to literature data, an increase in blood pressure is most often observed in women during puberty, pregnancy, during childbirth and in the postpartum period, which is associated with hormonal restructuring and is especially dangerous for both women and fetal development. The big problem is that many women do not even suspect that they have arterial hypertension, and therefore do not receive timely treatment, and many are not treated because of ignorance about the need for treatment and the consequences that await them.

The purpose of the study: to evaluate the effectiveness of combining acupuncture hirudotherapy with complex reflexotherapy in the treatment of patients with AH in I and II stages of the disease.

MATERIALS AND METHODS

We conducted a comprehensive study of 74 patients with HP in stages I and II of the disease (according to the classification of VNOK, 2010) aged 18 to 53 years (52 women and 22 men). Two observation groups of patients with HP in the I and II stages of the disease were formed, in each of which patients with HP with I and II degrees of arterial hypertension (AH) were isolated. All patients received acupuncture hirudotherapy (AHT) in combination with traditional corporate reflexology. Auricular prolonged microneedle therapy according to V. Goydenko's method was selectively connected to stabilize the achieved results of treatment and prevent possible recurrence of the disease. The comparison group included 60 patients with HP in stages I and II of the disease (30 men and 30 women) receiving traditional medical treatment in the hospital of the multidisciplinary clinic of SamSMU, there were 30 patients with HP in stage I of the disease, from among among patients with HP with I degree of hypertension – 17 people and with II degree of hypertension – 13 people. There were 30 patients with HP in the II stage of the disease, including 11 patients with HP with I degree of AH and patients with HP with II degree AG – 19 people. All patients with HP were randomized by gender, age, duration of the disease, the level of blood pressure indicators and in a number of patients with concomitant drug therapy. The prescription of HP since the diagnosis of the disease, as well as according to the anamnesis, ranged from two to 10 years and averaged 6 ± 1.2 years.



Clinical symptoms in patients with GB

Clinical symptoms	Patients Stage I GB		Patients Stage II GB		The number of patients with GB	
	n = 48	% of the number of patients	n = 26	% of the number of patients	n = 74	% of the total number of patients
1. Headache	31	64.6	21	31	64.6	21
2. Vertigo	13	27.1	22	13	27.1	22
3. Heart pain	19	39,6	18	19	39,6	18
4. Heartbeat	17	35,4	16	17	35,4	16
5. Shortness of breath	18	37,5	14	18	37,5	14
6. Dry mouth	6	12,5	8	30,8	18,9	18,9
7. Polydipsia	5	10,4	11	42,3	16	21,6
8. Edema	12	25	16	61,5	18	24,3
9. Feeling anxious and anxious	29	60,4	18	69,2	47	63,5
10. Emotional lability	38	79,2	21	80,8	59	79,7
11. Increased fatigue	32	66,7	19	73,1	51	68,9
12. Decreased performance	29	60,4	18	69,2	47	63,5
13. Sleep disorders	27	56,3	19	73,1	16	21,6
14. Metotropicity	23	47,9	11	42,3	34	45,9
15. Deterioration of memory and attention	19	39,6	17	65,4	36	48,7

The first observation group included 48 patients with GB in the first stage of the disease at the age of 24 ± 2.7 years, of which patients with GB with I degree AH – 19 people and patients with GB with II degree of AH – 29 people. Indicators Blood pressure in patients with GB of this group fluctuated on average within the following limits: systolic blood pressure (SAD) – 144.5 ± 4.3 mmHg and diastolic blood pressure (DAD) – 89.5 ± 1.6 mmHg. The main clinical manifestations of the disease in this group of patients there were: headache, sleep disturbance, fatigue, periodic pain in the heart, palpitations, decreased intellectual performance and general vitality. The second observation group included 26 patients with GB in Stage II of the disease at the age of 47 ± 5.2 years and the experience of the disease up to 10 years, of which patients with GB with I degree of AH – 11 people and patients with GB with II degree of AH – 15 people. Before treatment, blood pressure in patients of this group was persistently elevated and corresponded to: SAD 159.5 ± 5.2 mmHg and DAD 94.5 ± 3.1 mmHg. 65.4% of patients with GB in this group had signs of moderate concomitant diseases, among which there were mainly diseases of the cardiovascular system (57.7%), digestive organs (34.6%), musculoskeletal system (30.8%), respiratory system (19.2%), etc. Patients of this group were concerned about: frequent headaches, mainly in the occipital region, tinnitus, intermittent pain in the heart,



palpitations, poor sleep, shortness of breath during exercise, decreased performance, fatigue, emotional disorders, etc.

RESULTS

The treatment of patients was carried out by the method of complex reflexotherapy (corporeal and auricular) once a day, an average of 10-15 sessions of acupuncture (AP). The recipe for acupuncture treatment was selected individually, taking into account the degree of deviation of the parameters of the classical meridians in the system Riodorak and the width of the physiological corridor. The principle of local-segmental coupling with the use of biologically active points of the affected meridians, taking into account their condition (redundancy or insufficiency) and the complex of clinical features of the manifestation of the disease, was used to formulate the acupuncture effect. In addition to the corporeal acupuncture points-the "rulers" of the main meridians, the treatment formulation included the BAT of "non-competitive" meridians and points of general action in order to prolong the effect of the acupuncture session synergistic meridians. The first 1-5 days of CRT treatment were performed daily until a significant decrease in blood pressure and partial weakening or elimination of the main symptoms of the disease were achieved. The next 5-7 sessions of treatment were followed by complex reflexotherapy every other day. Medical leeches were connected for 5-7 days of treatment after stabilization of the clinical picture of the disease by complex acupuncture. Acupuncture hirudotherapy was performed in reflex zones traditionally used by hirudotherapists for the treatment of hypertension: parotid region (VB12, VB20, TR17, 19, 21), in the cervical-collar zone (VB21, TR14,15, T14, V 11, IG 15, etc.), in the lumbosacral region (V21-34, V51-54, VB25, 34, 39, 44). The course of treatment consisted of 3-5 sessions of hirudotherapy with 5-8 medical leeches twice a week with good tolerance of GT patients and 1 time a week with an increased vegetative reaction of the body to the GT session. It is believed that the therapeutic effect of GT in patients with GB is due to the action of the secretion of salivary glands of a medical leech, containing a complex complex of biologically active substances (BAS): girudin, hyaluronidase, distabilase complex, histamine-like substance, pseudogirudin, eglins, bdelins, etc.. These BAS actively affect the rheological properties of blood not only in the area of local exposure to medical leeches, but also in the entire circulatory system providing: antiplatelet, hypotensive, thrombolytic, antihypoxic, analgesic, decongestant, immunostimulating and other effects – so important in the treatment of patients with GB. The result of treatment of patients with GB using such a complex integrally selected technique turned out to be quite effective. In all patients with GB in the first stage of the disease, a significant decrease in blood pressure was noted after 2-3 sessions of treatment. Stabilization of blood pressure indicators occurred after 5-6 sessions of treatment. It should be emphasized that the absolute majority of patients with GB (72.4%) had stabilization of indicators by the end of treatment Blood pressure at the target level against the background of the withdrawal of pharmacological drugs, if they were used before treatment for 6-9 months. In patients with GB in the II stage of the disease, stabilization of blood pressure indicators was achieved only in 17.6% of cases, combining a course of the same integral reflexotherapy against the background of a reduction in the dose of previously taken



antihypertensive drugs. Blood pressure indicators and dynamics of clinical symptoms were monitored in several stages: 1 month after discharge from the hospital, 3 months later, 6 months later and 1 year after the course of complex reflexotherapy. In the group of patients with GB in stage I of the disease, systolic blood pressure decreased on average from 144.5 ± 4.3 to 122 ± 3.6 mm Hg, which was 15.6%, and diastolic blood pressure – from 89.5 ± 1.6 to 76.4 ± 4.5 mm Hg, which was 9.5 %.

It should be particularly noted that all patients in the course of treatment noted an improvement in general well-being, a decrease in anxiety, an improvement in sleep, physical performance, improvement of cognitive-mnemonic functions, etc. In patients with GB in stage I of the disease ($p < 0.05$, according to the McNemar chi-squared efficacy assessment), treatment was effective for the following clinical symptoms: dizziness, heart pain, palpitations, shortness of breath, dry mouth, polydipsia, edema, metotropicity, deterioration of memory and attention. In patients with GB in the II stage of the disease, the clinical manifestations of the disease decreased according to the following symptoms of the disease: headache, dizziness, dry mouth and polydipsia.

Dynamics of indicators of clinical symptoms in patients with GB

Clinical symptoms	Patients Stage I GB		Patients Stage II GB		The number of patients with GB	
	Issue. display. (n*/% **)	After treatment (n*/% **)	Issue. display. (n*/% **)	After treatment (n*/% **)	Issue. display. (n*/% **)	After treatment (n*/% **)
1. Headache	31/64,6	12/25	21/80,8	16/61,5	52/70,3	28/37,8
2. Vertigo	13/27,1	5/10,4	22/84,6	15/57,7	35/47,3	20/27
3. Heart pain	19/39,6	8/16,7	18/69,2	12/46,2	37/50	20/27
4. Heartbeat	17/35,4	7/14,6	16/61,5	11/42,3	33/44,6	18/24,3
5. Shortness of breath	18/37,5	7/14,6	14/53,9	7/26,9	32/43,2	14/18,9
6. Dry mouth	6/12,5	2/4,2	8/30,8	5/19,2	14/18,9	7/9,5
7. Polydipsia	5/10,4	2/4,2	11/42,3	8/30,8	16/21,6	10/13,5
8. Edema	12/25	4/8,3	16/61,5	9/34,6	28/37,8	13/17,6
9. Feeling anxious and anxious	29/60,4	11/22,9	18/69,2	12/46,2	47/63,5	23/31,1
10. Emotional lability	38/79,2	15/31,3	21/80,8	14/53,8	59/79,7	29/39,2
11. Increased fatigue	32/66,7	13/27,1	19/73,1	13/50	51/68,9	26/35,1
12. Decreased performance	29/60,4	12/25	18/69,2	9/34,6	47/63,5	21/28,4
13. Sleep disorders	27/56,3	10/20,8	19/73,1	7/26,9	46/62,2	17/23
14. Metotropicity	23/47,9	9/18,8	11/42,3	9/34,6	34/45,9	18/24,3
15. Deterioration of memory and attention	19/39,6	7/14,6	17/65,4	13/50	36/48,7	20/27



CONCLUSION

The study showed that all the methods used by us in the treatment of GB (corporeal reflexology, acupuncture hirudotherapy, auricular prolonged microneedle therapy) were effective, but not equivalent in the final result in the treatment of patients with GB in stages I and II of the disease.

Treatment of patients with GB by methods of only corporeal reflexotherapy in general allows to reduce blood pressure in patients with GB to the target level for a short period (1.5–2 months), but for this it is necessary to conduct 2-3 courses of treatment with an interval between them of 12-20 days. Usually, corporeal reflexotherapy by the 7th session of the first course of treatment allows you to stop up to 67% of the main clinical manifestations of GB. Auricular prolonged microneedle therapy, being a kind of reflexotherapy, allows to stop not only the majority of secondary symptoms of the disease at the stage of completion of the course of treatment, but also keeps blood pressure indicators at the target level after the patient is discharged from the hospital, which is, to a certain extent, prevention of recurrence of an increase in blood pressure above the target level. The conducted study of patients with GB in the early stage of the disease showed that the combination of acupuncture hirudotherapy with complex traditional corporeal reflexotherapy and auricular prolonged microneedle therapy in 81.7% allows in the shortest possible time to obtain a tangible clinical effect in the form of a decrease in indicators Blood pressure to the target level and remove most of the clinical symptoms of the disease. At the same time, we managed to detach the majority of patients with GB in the first stage of the disease from the need for daily intake of pharmacological antihypertensive drugs.

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