

***Тема:*** Клиническая  
эффективность комплексного  
лечения больных с дорсалгией

Выполнила: Даргужиева Жанна  
Проверила: Кошмаганбетова Г.К.

# АКТУАЛЬНОСТЬ.

- ▶ По данным большинства исследователей, колоссальной медико-социальной проблемой становятся патологии позвоночника и, в частности, - болевые синдромы при пояснично-крестцовом остеохондрозе. В Казахстане остеохондроз поясничного отдела среди взрослого населения исчисляется 48-52% от общего числа лиц, страдающих этой патологией. Велик удельный вес этой патологии в структуре утраты нетрудоспособности и инвалидности. Так, среди всех больных неврологического профиля до 40% приходится на лиц с болевым синдромом именно в поясничном отделе. Частота остеохондроза позвоночника в структуре инвалидизации равна 20,4%. Если принять во внимание, что инвалидность при дегенеративных заболеваниях позвоночника составляет 0,4% на каждые 10000 жителей, то становится понятной значимость медицинской и социально-экономической стороны проблемы

# ЦЕЛЬ ИССЛЕДОВАНИЯ.

- ▶ *Цель настоящего исследования* определить наиболее рациональный комплекс лечения болевых синдромов при пояснично-крестцовом остеохондрозе.

# Метод проведения фасеточной блокады



# ГИПОТЕЗА

- ▶ «Нулевая»-не имеет эффекта применение фасеточных блокад в комплексном лечении .
- ▶ «Альтернативная»-эффективность комплексного лечения выше с применением фасеточных блокад.

# ЗАДАЧИ

- ▶ Произвести литературный обзор
- ▶ Определить группы пациентов генеральной совокупности для формирования выборки.
- ▶ Методом случайной выборки распределить пациентов на две группы:
  - ▶ 1. получающие базисную терапию и фасеточные блокады
  - ▶ 2. получающие только базисную терапию
- ▶ Проанализировать результаты анализов
  - 1. Шкала пятибалльной оценки вертеброневрологической симптоматики
  - 2. Визуальная аналоговая шкала боли (ВАШ)
  - 3. Освестровский Опросник Нарушения Жизнедеятельности при Боли в нижней части Спины
  - 4. Анкета оценки качества жизни ( SF - 36)
- ▶ и сделать заключение.

# Визуальная аналоговая шкала боли (ВАШ)



# ДИЗАЙН ИССЛЕДОВАНИЯ

- ▶ Открытое рандомизированное контролируемое исследование



# ВЫБОРКА

- ▶ Исследование проводилось на базе поликлиники №1 г. Актобе. В исследование были взяты 30 пациентов в возрасте 28-52 лет. с диагнозом: Поражения межпозвонковых дисков поясничного и других отделов с радикулопатией (МКБ-10, код М51.1). По данным КТ и МРТ исследований у больных с клиническими проявлениями ДПКР преобладали случаи с дегенеративными изменениями межпозвонковых дисков L5-S1.
- ▶ Выборка-простая случайная.

# КРИТЕРИИ ВКЛЮЧЕНИЯ

- ▶ 1. Возраст от 28 - 52 года
- ▶ 2. Подтвержден диагноз- Поражения межпозвонковых дисков поясничного и других отделов с радикулопатией (МКБ-10, код М51.1). По данным КТ и МРТ исследований .
- 3. болевой синдром, ограничение движений в поясничном отделе позвоночника, положительные симптомы натяжения, статодинамические нарушения, сглаженность физиологического лордоза, болезненность при пальпации остистых отростков
- 4. Оценка по шкалам

ВАШ (8-9 баллов)

Освестровский Опросник Нарушения Жизнедеятельности при Боли в нижней части Спины (1-2 баллов)

Анкета оценки качества жизни ( SF - 36) (25-30 баллов)

# КРИТЕРИИ ИСКЛЮЧЕНИЯ

- ▶ Лихорадочные состояния
- ▶ Хронические заболевания почек и желчного пузыря в стадии обострения
- ▶ Хронический калькулёзный холецистит
- ▶ Мочекаменная болезнь
- ▶ Психические заболевания
- ▶ Беременность
- ▶ Сахарный диабет - инсулинзависимый и инсулинпотребный в стадии декомпенсации
- ▶ Дерматиты в стадии обострения
- ▶ Онкологические заболевания

# ИССЛЕДОВАТЕЛЬСКИЙ ВОПРОС

- ▶ **Вопрос:** Применение комплексного лечения (фасеточных блокад и базисная терапия) устранит ли болевой симптом у пациентов с установленным диагнозом по сравнению с применением только базисной терапии?
- ▶ **P-** пациенты с диагнозом
- ▶ **I-** применение фасеточных блокад и базисная терапия
- ▶ **C-** применение только базисной терапии
- ▶ **O-**
- ▶ Благоприятный- полное отсутствие болей  
Неблагоприятный- сохранение состояния на исходном уровне.

# ЭТИЧЕСКИЕ АСПЕКТЫ

- ▶ Одобрено КЭ
- ▶ Информированное согласие от родителей/опекунов с полным раскрытием всей необходимой информацией на понятном языке (на 2-х языках), крупный шрифт в 2-х экземплярах
- ▶ Имеют право отказаться на любой стадии исследования
- ▶ Действие в интересах пациента
- ▶ Обе группы получают лечение

# Pharmacopuncture in Dorsopathy Treatment

Lev Georgievich Agasarov Correspondence information about the author Lev Georgievich Agasarov\_ [Email the author Lev Georgievich Agasarov](#)

Russian Association of Reflexologists, Moscow Medical Academy of Sechenov I.M., Moscow, Russia

DOI: [https://doi.org/10.1016/S2005-2901\(09\)60030-3](https://doi.org/10.1016/S2005-2901(09)60030-3)

## ▶ 1.. Introduction

- ▶ Pharmacopuncture, namely, the injection of medicines in the area of the acupuncture spots, is legally considered to be an accepted medical practice in Russia [1, 2]. We have made some contribution to the formation of the therapeutic method in Russia. The first monograph of our country to be published [3], introduced to a program for doctor education (144 hours), and a number of the scientific-practical conferences, at both the federal and regional level, have been held covering this subject.
- ▶ However, the general mechanisms of pharma-copuncture are not fully understood. For example, the role of prolonged stimulation of the acupuncture points at the expense of the change of their volume characteristics has not been determined. Additionally, a therapeutic significance of formed product depots may occur, but the main mechanism of function is thought to be an interaction between the action of the acupuncture point and the injected medicine.
- ▶ Meanwhile, western literature appears to emphasize homeopathic medicines as “classical” medicine when infused into acupuncture points [1, 2], with pharmaceutical medications acquiring a good reputation. In our early studies a high effectiveness of pharmacopuncture using homeopathic medicines was also confirmed [4, 5].
- ▶ Similarly, Mhitaryan has demonstrated the effectiveness of injecting homeopathic medicines into acupuncture points[5]. One hundred and ten patients with reflectory and radicular demonstrations of dorsopathy at the lumbar level were observed. Patients were divided into two general groups, both taking homeopathy medicines. The first group received a specific homeopathic medicine administered intramuscularly, and the second group received their medication at the acupuncture points i.e., pharmacopuncture.
- ▶ Comparison of clinical effectiveness confirmed greater effectiveness of pharmacopuncture. In particular, as a result of this type of the treatment, regression of the sensation of pain was more distinct ( $p < 0.05$ ) than in the comparing group. In addition, in the presence of radicular syndromes, positive changes in motional and sensible spheres were significant only in the case of pharmacopuncture, demonstrated by the growth of muscular force, by the decline of skewness of deep reflexes and also by double contraction of the hypoesthetic, or numb, areas. At the same time a correlation was observed between the dynamics of clinical effectiveness and the indices of somatosensory generated potentials, with a number of the positive reactions of the latter being higher again in the case of the pharma-copuncture [5]. Similar positive results we observed in cases of dorsopathy with a leading vasovegetative component [4]. Furthermore, in this situation pharmacopuncture with a homeopathic medicine ensured a distinct vascular influence, in contrast to intramuscular injections with the same medicine.

In contrast to this data, a single work [6] has indicated an availability of pharmacopuncture for “classical” medicines, for example, the usage of the chondro-protector *Alflutop* in the case of above mentioned dorsopathy. The present work was performed to develop these data and aimed to study the mechanisms and the clinical effectiveness achieved using “classical” medicine

## ▶ 2.. Methods and Materials

- ▶ We observed 90 patients (36 women and 54 men aged 26-50 years) with prolonged acute dorsopathy at the lumbosacral level. Complexities of the examination of these patients included neurological, roent-genological, psychological and electrophysiological methods of analysis.
- ▶ During neurological examination, reflectory and the compressive (radiculopathy) syndromes were ascertained in approximately equal quantity; 47 and 43, respectively. Furthermore, two thirds of patients in a clinic had a dominant vasospastic component to their syndromes. A clinical diagnosis was affirmed by roentgenography and tomography: in particular the protrusions, from 3-9 mm, of intervertebral disks were typical for patients with radiculopathy.
- ▶ The patient population was divided into three randomized groups, 30 people in each. As a previous drug-physical therapy was regarded to be not effective, an aspect of a therapy was moved to reflectory technologies—massage and manual intakes.
- ▶ Achondro-protector, *Alflutop*, was used as a basic medicine in treatment of all patients. In the first group this medicine was injected intramuscularly. In the second group a medicine was injected intramuscularly in combination with classical acupuncture. In the third group, a pharmacopuncture was made using the medicine *Alflutop*. Thus the application of traditional medicine methods united the second and the third groups. We used 1 mL of a medicine independent of the method of injection; a course of therapy included 10 injections every other day.
- ▶ At the same time we observed and recorded the following items, which reflected an effectiveness of a therapy: “considerable improvement”—combination of positive dynamics of both subjective and objective characteristics; “improvement”—positive improvements only from the direction of subjective indices; “absence of an effect” and “deterioration”.
- ▶ Comparison of the quantitative data was performed with the Student's *t* test. At the end of a therapy in the second and third groups we noted positive, comparable results which surpassed the indicators of the first group

## ► Results and Discussion

- During a pathopsychological observation where multilateral examination of a person (MEP) occurred, it was revealed that 81% of patients had changes in the mental sphere, mainly in a form of asthenic neurotization. An averaged profile of MEP data of patients revealed a peak on the I scale (within the limits 75-80 T-points) and a growth in the right half of the profile
- As a result of thermography, taking into account a dominance of vascular disorders, a temperature reduction in the area of lower extremities (especially from the direction of “lesions”) was found, which increased in the distal direction—till  $\Delta t 1.4 \pm 0.04^\circ \text{C}$ . At the same time, thermographic changes were coordinated with the results of classic vascular research and dopplerography.
- According to rheography, 62% of patients had a decline in blood supply to the shins and feet ( $p < 0.05$  in relation to control), which, especially when combined with a spastic condition of the arteries, was expressed as pain. During an ultrasonic dopplerography a significant decline ( $p < 0.05$ ) in the linear speed of blood flow (LSB) was marked in the back of the shinbones and arteries of the back of the feet, which confirm the evidence of spastic reactions in arteries of average and small gauge.
- Such interweaving of vertebral, psychopathological and vascular components helps identify therapeutic characteristics of dorsopathy. In turn, the data presented allowed us to proceed with a decision concerning the optimization of patients' treatment.
- Effectiveness of therapy in patients' groups revealed “considerable improvement” in 50% of patients in the first group. Positive improvements revealed themselves in 70% of observations in the other two groups using traditional therapy ([Table 1](#)). In this context it is necessary to point out that it is difficult to associate “deteriorations”, observed in these groups in one case, with the exact held therapy.
- Thus during the present research, the effectiveness of pharmacopuncture with a “classical” medicine was confirmed. The reduction of neurovascular reactions, observed in such circumstances and not an action of the medicine itself, may be explained by the additional reflectory influence. In turn, the data obtained favor further studies into pharmacopuncture mechanisms.



# ИССЛЕДОВАТЕЛЬСКИЙ ВОПРОС ПО СТАТЬЕ

- ▶ Вопрос: Приведет ли применение фармакопунктуры к снижению боли у пациентов с диагнозом дорсопатия.
  - ▶ P-пациенты с дорсопатией
  - ▶ I-применение фармакопунктуры
  - ▶ C-базисная терапия
  - ▶ O- благоприятный отсутствие болей.
- 
- ▶ Альтернативная гипотеза

# ДИЗАЙН ИССЛЕДОВАНИЯ ПО СТАТЬЕ

- ▶ Открытое рандомизированное контролируемое исследование

# СПОСОБ ФОРМИРОВАНИЯ ВЫБОРКИ ПО СТАТЬЕ

- ▶ В данном клиническом исследовании принимали участие 90 пациентов (36 женщин и 54 мужчин в возрасте 26-50 лет)
- ▶ Пациенты разделены на три рандомизированные группы, по 30 человек в каждой.
- ▶ Сравнение количественных данных проводилось с помощью  $t$ - критерия Стьюдента

# КРИТЕРИИ ВКЛЮЧЕНИЯ ПО СТАТЬЕ

- ▶ 1. Возраст 26-50 лет
- ▶ 2. Диагностика дорсопатии (неврологические, рентгенологические)

# КРИТЕРИИ ИСКЛЮЧЕНИЯ ПО СТАТЬЕ

- ▶ Лихорадочные состояния
- ▶ Хронические заболевания почек и желчного пузыря в стадии обострения
- ▶ Хронический калькулёзный холецистит
- ▶ Мочекаменная болезнь
- ▶ Психические заболевания
- ▶ Беременность
- ▶ Сахарный диабет - инсулинзависимый и инсулинпотребный в стадии декомпенсации
- ▶ Дерматиты в стадии обострения
- ▶ Онкологические заболевания

# ЛИТЕРАТУРА

- ▶ Agasarov, LG. **Pharmacopuncture**. *Moscow*. 2002; : 208 [View in Article](#)
- ▶ | [Google Scholar](#)
- ▶ Boldin, AA. **Pharmacopuncture in reconstructive correction of functional condition in case of vertebrogenic neuro-vascular syndromes**. Author's abstract of dissertation of candidate of medical sciences. *Moscow*. 2004; : 22 [View in Article](#)
- ▶ | [Google Scholar](#)
- ▶ Kersshot, Y. **Biopuncture**. *Moscow*. 2001; : 255 [View in Article](#)
- ▶ | [Google Scholar](#)
- ▶ Makarova, DL, Kozlov, AA, and Mihailova, LI. **Pharmacopuncture with Alflutop in complex medical treatment of vertebro-neurologic syndromes//Reflexotherapy and manipulative therapy in XXI century**. *Moscow*. 2006; : 230-231 [View in Article](#)
- ▶ | [Google Scholar](#)
- ▶ Mhitaryan, GA. **Pharmacopuncture in reconstructive correction of men's sexual disorders**. Author's abstract of dissertation of candidate of medical sciences. *Moscow*. 2005; : 22 [View in Article](#)
- ▶ | [Google Scholar](#)

Спасибо за внимание!