

USE OF REFLEXOTHERAPY IN THE REHABILITATION OF CHILDREN'S BRONCHIAL ASTHMA DISEASE

¹Okhunova Markhabo Turdaliyevna, ²Mnajov Kuat Kuanishbaevich

¹Assistant of the Department of Rehabilitation, Folk Medicine and Physical Education, Tashkent Medical Academy

²Assistant of the Department of Rehabilitation, Folk Medicine and Physical Education, Tashkent Medical Academy

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Abstract. *The incidence of bronchial asthma is increasing worldwide. According to the data collected in Uzbekistan, diseases of the respiratory organs are currently in one of the most important places in the country. The incidence has increased 2.5 times over the past five years. According to statistics, 10% of people suffer from this disease. Bronchial asthma occurs at any age and any gender. But mostly boys are hit more often than girls. (Sergeeva G.R., Emelyanov A.V., Leshenkova E.V., Znakhurenko A.A., 2020). Consider adding reflexology, a non-traditional method of treatment for bronchial asthma in children.*

Keywords: *children, bronchial asthma, reflexotherapy, medical rehabilitation.*

Bronchial asthma is a disease characterized by chronic inflammation of the airways, manifested by bronchial hyperreactivity and its obstruction, as well as acute cough in the form of shortness of breath and discomfort, difficult to separate sputum, shortness of breath and wheezing. Bronchial asthma is based on the inflammatory process and is formed on the basis of allergic components.

Treatment of bronchial asthma with folk medicine methods is one of the useful and effective methods that has kept its place and value for centuries.

The purpose of the research: to develop a complex rehabilitation program with the use of reflexotherapy treatment in children's bronchial asthma and to evaluate its effectiveness.

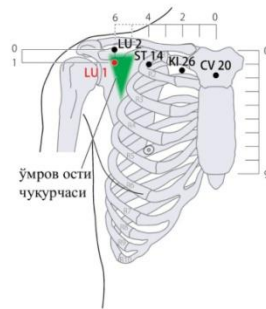
Research materials and methods: Children with bronchial asthma are divided into 2 groups according to age, gender and clinical features of the disease. 20 children diagnosed with bronchial asthma were examined at the multidisciplinary clinic of the Tashkent Medical Academy in order to study the effectiveness of the reflexotherapy method in children's bronchial asthma. 10 of them in the main group (4 boys and 6 girls) received medication and reflexology treatment from biologically active points P 1, P 5, P 7, GI 4, J 17, J 22, E 36, F 2, RP 6 projection. It was performed with the braking method for 20 minutes, the course of treatment consisted of 5-6 procedures. 10 (7 boys and 3 girls) patients in the comparison group were treated only with medical treatment. The age of the patients was from 6 to 8 years, children in both groups received standard medical treatment methods (corticosteroid drugs, bronchospasmolytics and mucolytic drugs).

The lung meridian is part of the *IN* meridian system. A double meridian has left and right meridians located on two hands, that is, in contact with each other. The meridian's most active time is from 03:00 to 05:00, and during this period the meridians are more "active" and have an uplifting effect. Its minimum activity time is from 15:00 to 17:00, and it is easy to stop the meridian at this time. The biorhythms of individual organs listed by ancient doctors are also confirmed by modern clinical observations. It is also well known to clinicians that bronchial asthma attacks often

occur early in the morning, from 3:00 a.m. to 5:00 a.m., which, according to traditional interpretations, is the peak of energy activity in the lung meridian.

Topography of biologically active points in bronchial asthma.

1) P1– (LU) Zhong-fu (middle house), 3 cm below P2 from the corner of the I intercostal spine (in the lower pit of the outer edge of the spine, 6 from the midline of the sternum sun out TA: upper part of the pectoralis major muscle, branches of the mammary artery, intercostal nerve and anterior mammary nerve. Needling depth is 10 mm.



LU1

2) P5-(LU) Chi-size (elbow pool) — in elbow flexion, biceps brachii muscle, wrist edge tendons. TA: recurrent carpal artery, carpal nerve, and lateral carpal nerve. Needle penetration depth is 10 mm.



LU5

3) P7 – (LU) Le-xue (turning defect) — on the carpal edge of the carpal bone, 1.5 days above the palmar fold of the carpal bone, on the carpal bone. TA: branches of carpal artery, carpal lateral cutaneous nerve and carpal nerve. Needle penetration depth is 6 mm.

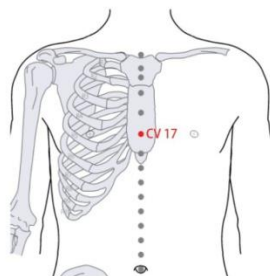


4) GI4 -(LI) "He-gu" (union of bones) - between the bones of the palm of the hand I and II, near the edge of the wrist of the bone of the palm of the hand II. TA: dorsal artery of the finger, superficial branches of the carpal nerve. The depth of needle puncture is 10-15 mm.



LI4

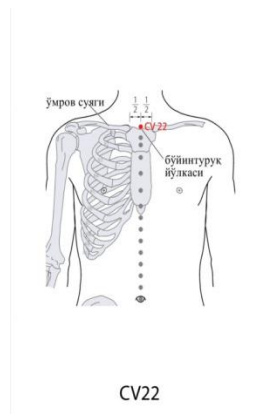
5) J17-(CV) Tian-zhun, in the middle of the sternum, along the cross section of the V rib joint. J17. Tan-chun (chest) – V rib (along the teat) along the joint section. TA: as before. Needle penetration depth is 6 mm.



CV17

6) J22 (CV)–Tian-tu (heaven path) – sternum in the center of the cervical spine, between the sternum-spinal cord and mastoid muscles. T.A.: lower thyroid artery, cutaneous branches of

neck nerves. Inside is the larynx, behind the sternum - the humerus and the arch of the aorta. The depth of needle puncture is not more than 10 mm. It is necessary to direct the needle back and down on the breast.



7) F2(LR) – Xin-xiang (place of direction) – between the heads of the I and II bones of the foot. Needle penetration depth is 10 mm.



8) E36 – (ST) Szu-san-li (three-foot distance) – 30 mm beyond the crest of the greater tibia; 3 s below the lower edge of the knee eye. T.A.: the point marking the tibialis anterior muscle and the fingers, the branching point of the anterior tibial artery, the deep small tibial nerve, the anterior cutaneous branch of the femoral nerve, and the lateral cutaneous nerve of the tibia. The depth of needle puncture is 15-25 mm, in children under 3 years the injection depth is 3-6 mm.



9) RP6 –(SP)San-yin-xiao, 3s above the center of the medial ankle, posterior to the greater calcaneus. P6 San-yin-xiao (meeting of the three points of the yin) - 3 s above the medial heel of the heel, posterior to the greater boulder bone. T.A.: large posterior artery of the calf, medial skin branches of the calf, large boulder nerve. Injection depth 12-20mm.



Results. When evaluating the effectiveness of treatment in groups, it was clinically observed that bronchial asthma attacks were eliminated, disease complications were prevented, the period of remission lasted longer, and their active lifestyle and work ability improved. During the analysis of the elimination of clinical symptoms, it was found that in the main group, the use of reflexotherapy together with drug treatment leads to faster elimination of bronchial asthma attacks, prevention of disease complications, longer remission period, improvement of their active lifestyle and work ability.

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