

## AN'ANAVIY KOREYS TIBBIYOTINING SURUNKALI BEL OG'RIG'I BO'LGAN BEMORLARNING HAYOT SIFATIGA TA'SIRI

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*Mualliflar haqida ma'lumot:*

**Annotatsiya:** *Tadqiqotning maqsadi: Tibbiy va sotsiologik tadqiqotlar ma'lumotlari asosida an'anaviy koreys tibbiyot usullaridan foydalanishning bemorlarning hayot sifati darajasiga ta'sirini asoslashdan iborat. Materiallar va usullari: Tadqiqotda umurtqa pog'onasi bel-dumg'aza dorsopatiyasi tashxisi qo'yilgan 152 bemor ishtirok etdi, ishtirokchilar orasida 54 (35,5%) erkak va 98 (64,5%) ayol bor edi, bemorlarning 21 - 71 yoshgacha, bemorlarning o'rtacha yoshi  $52 \pm 8,4$  ni tashkil etadi. Tadqiqotga tayyorgarlik jarayonida bemorlar og'riqni davolash usuliga qarab 4 guruhga bo'lindi. I guruh medikamentoz dori terapiyasini (MT) olgan 36 (23,7%) bemorlardan, II guruh - 32 (21,1%) surunkali og'riqni davolashning An'anaviy Koreys terapiyasi (AKT) bilan birgalikda olgan bemorlardan, III guruh-45 (29,6%) Transkraniyal Magnit Stimulyatsiya (TMS) bilan davolangan va IV guruhda AKUni TMS bilan birgalikda olgan 39 (25,7%) bemordan iborat. Terapiyadan oldin va keyin hayot sifati (HS) parametrlarini tahlil qilish vositasi sifatida bemorlardan "Osvestri" so'rovnomasini to'ldirish so'ralgan. Natijalar: Terapiya boshlanishidan oldin HS parametrlarini qiyosiy tahlil qilish natijasida bemorlar guruhlari orasida javob indeksining (ODI) yuqori ko'rsatkichlari aniqlandi. Shunday qilib, so'rovnomaning 10 shkalasi orasida ODI indeksi bel dumg'aza dorsopatiyasi bilan og'riqan bemorlarning barcha to'rt guruhi orasida 50% dan ortiqni tashkil etadi. Davolash protokoli tugagandan so'ng, AKTni TMS bilan birgalikda olgan bemorlarning IV guruhidagi ODI indeksi 0% ni tashkil yetdi, bu II guruhga nisbatan statistik jihatdan ancha yaxshi natijaga ega - ODI = 14%, II guruh ODI = 6% va III guruh, bu yerda ODI indeksi 10% edi. Xulosa: Bel dumg'aza dorsopatiya bilan bog'liq surunkali og'riqi bor bemorlarda HS ko'rsatkichlari ancha past. Bu xususiyat klinik tadqiqotlarda surunkali bel og'rig'ini davolashning yanada samarali usullarini o'rganishni talab etadi. Ma'lumki, ST bel dumg'aza soxasidagi o'ziga xos bo'lmagan og'rig'i bilan bog'liq o'tkir og'riq sindromini bartaraf etish uchun eng yaxshi tanlovdir. Biroq, surunkali og'riqni davolash uchun ST dan foydalanish uzoq muddatli ta'sirni kafolatlamaydi. Shu munosabat bilan, davolashning kombinatsiyalangan usullari, shu jumladan An'anaviy Koreys terapiyasi, bel dumg'aza dorsopatiya bilan bog'liq surunkali og'riq sindromi holatida juda samarali vositadir. Bundan tashqari, bu ish, bemorlarning bu guruhga uzoq vaqt ta'sir usuli sifatida an'anaviy Koreya tibbiyot ommalashtirish tomon tendensiyasi ta'kidlaydi takomillashtirish yo'nalishi bo'yicha HS parametrlari o'zgarishlar, namoyish etdi.*

**Kalit so'zlar:** *surunkali bel og'rig'i, bel dumg'aza dorsopatiya, hayot sifati, Osvestri so'rovnomasi, an'anaviy koreys tibbiyoti, transkraniyal magnit stimulyatsiya.*

## IMPACT OF MODERN TYPES OF TREATMENT DORSALGIA LUMBOSACRAL SPINE ON THE EMOTIONAL BACKGROUND OF PATIENTS

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**Abstract:** *The aim of the study based on the data of a medical and sociological study, to substantiate the impact of the use traditional Korean medicine on the level parameters of the quality of life of patients. Materials and methods. The study involved 152 patients diagnosed with dorsopathy of the lumbosacral spine, among the participants there 54 (35.5%) men and 98 (64.5%) women, the age of the patients ranged from 21 to 71 years, the average age of the patients was  $52 \pm 8.4$  years. During preparation for the study, patients were randomized into 4 groups depending on the pain management technique used. Group I consisted of 36 (23.7%) patients who received standard complex drug therapy (MT), group II - 32 (21.1%) patients who received MT in combination with traditional Korean methods of treatment (TKT) of chronic pain, group III - 45 (29.6%) patients who received the standard type of drug therapy in combination with transcranial magnetic stimulation (TMS), and in group IV, which consisted of 39 (25.7%) patients who received TMT in combination with TMS. Before and after the completion of therapy, patients asked to complete the Oswestry Disability Index (ODI) questionnaire as tools for analyzing quality of life (QoL) parameters. Results. As a result of a comparative analysis of QoL parameters before the start of therapy, high response index ODI values were revealed among groups of patients. Thus, among the 10 scales of the questionnaire, the ODI index was more than 50% among all four groups of patients with lumbosacral dorsopathy. After completion of the treatment protocol, the ODI index in group IV of patients treated with TCT in combination with TMS was 0%, which was a statistically significantly better result compared to group I - ODI = 14%, group II - ODI = 6% and group III, where the ODI index was 10%, respectively. Conclusion. Patients with chronic pain associated with lumbosacral dorsopathy have rather low QoL. This feature encourages the study of more effective treatments for chronic back pain in clinical trials. It is widely known that MT is the best choice for the relief of acute pain associated with non-specific pain in the lumbosacral region. However, the use of MT for the treatment of chronic pain does not guarantee a long-term effect, let alone an improvement in QoL parameters. In this regard, combined methods of treatment, including traditional East Asian therapy, are quite an effective tool in the case of chronic pain syndrome associated with lumbosacral dorsopathy. Moreover, this study demonstrated positive changes in QoL parameters, which highlights the*

*trend towards the popularization of traditional Korean medicine as a method of prolonged exposure to this group of patients.*

**KEY WORDS:** *chronic low back pain, lumbosacral dorsopathy, quality of life, Oswestry questionnaire, traditional Korean medicine, transcranial magnetic stimulation.*

### KIRISH.

Bizning mintaqada surunkali og'rig'i bor bemorlar aholi orasida eng keng tarqalgan hodisalardan biridir [1]. Zamonaviy klinik nuqtai nazardan, taxminan mintaqaning 577 million odamda surunkali og'rig'i bor, bu odatda umurtqa pog'onasi tuzilishidagi distrofik o'zgarishlar, shu jumladan dorsopatiya [2] natijasidir. Ushbu kuzatuv mintaqaning bel dumg'aza sohasi surunkali og'rig'i nafaqat nogironlikning asosiy sabablari, balki HS parametrlari va sayyoramiz aholisining ish qobiliyatining sezilarli pasayishiga olib keladi [3].

Shuni ta'kidlash kerakki, bel dumg'aza dorsopatiyasi bilan og'rig'an bemorlar kasallik davomida HS darajasining pasayishini muqarrar ravishda qayd etadilar [4, 5, 6]. Bel dumg'aza dorsopatiyasida og'riq intensivligi darajasining oshishi, bu bemorning nogironligiga, davo muolajalari ijobiy ta'sir prognozining yomonlashishi, shuningdek, past HS va sezilarli jismoniy cheklovlar bilan bevosita bog'liq [7, 8]. Hatto hayot uchun xavfli kasalliklarga chalingan bemorlarga nisbatan ham, bel dumg'aza dorsopatiyasi bilan bog'liq kuchli og'riq sindromi bo'lgan bemorlarda HS parametrlarining juda past ko'rsatkichlari mavjud [9]. Shu munosabat bilan HS parametrlarini takomillashtirish tadqiqot jamoatchiligining asosiy yo'nalishlaridan biridir. So'nggi yillarda pkd bilan og'rig'an bemorlarga tibbiy standart terapiya (ST) va jismoniy ta'sirning kombinatsiyalangan usullaridan foydalanish tobora ommalashib bormoqda. Tadqiqotlarning aksariyati manual terapiya, fizioterapiya va massajning zamonaviy G'arbiy usullar ta'sirini o'rganishga qaratilgan [10, 11, 12, 13]. Biroq, Sharqiy Osiyo an'anaviy tibbiyotining ko'p asrlik rivojlanish tarixi bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqli bemorlarning HS darajasi haqidagi savolni hal qilishda dolzarbligi va potensial samaradorligini ta'kidlaydi [14]. Bunday yo'nalishlardan biri qo'lda va akupunktur terapiyasiga asoslangan bel dumg'aza sohasi surunkali og'rig'ining an'anaviy koreys terapiyasi (AKT) bo'lib, periferik asab tizimiga maqsadli stimulyatsiya ta'siridan foydalanishga imkon beradi. O'z navbatida, bu taktil propriozeptiv sezgirlikni rag'batlantirish orqali og'riq sindromini kamaytirishga imkon beradi, shu bilan birga vosita sezgir yo'l tizimi orqali pulsning o'tkazuvchanligini yaxshilaydi [15].

Shu munosabat bilan, bemorlarning HS darajasiga ta'sir qilishning turli xil G'arbiy va Sharqiy Osiyo usullaridan foydalangan holda kombinatsiyalangan davolashning ta'siri katta ilmiy va klinik qiziqish uyg'otadi. Bundan tashqari, surunkali bel og'rig'i bo'lgan odamlarning hayot sifatini yaxshilaydigan kombinatsiyalangan davolash modellarini ishlab chiqish va sinovdan o'tkazish uchun ularning hayot sifatiga ta'sir qiluvchi asosiy omillarni tushunish kerak. Shunday qilib, ushbu tadqiqot bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqni davolashning kombinatsiyalangan usullaridan foydalanishga javoban HS parametrlarini baholashga qaratilgan.

Tadqiqotning maqsadi- klinik tadqiqot doirasida bel dumg'aza umurtqa pog'onasi dorsopatiyasini davolashning zamonaviy kombinatsiyalangan turlari fonida bemorlarning hissiy holati darajasini baholash edi.

Materiallar va usullari. O'zbekiston Respublikasi, Toshkent shahri, "Medical Impuls" xususiy klinikasi sharoitida 2020 yil dekabridan 2022 yil sentabrigacha bel dumg'aza dorsopatiya bilan bog'liq surunkali og'riqli bemorlar 152 ta orasida qiyosiy tahlili o'tkazildi. Tadqiqot ishtirokchilari orasida 54 (35,5%) erkak va 98 (64,5%) ayol bor edi, 21 yoshdan 71 yoshgacha, bemorlarning o'rtacha yoshi  $52 \pm 8,4$  ni tashkil etdi. Dorsopatiya turlari orasida bemorlarda 35 (23,0%) hollarda lumbago sindromi, vertebrogen lumbalgiya - 28 (18,4%), diskogen lumboishalgiya - 24 (15,8%), surunkali diskogen radikulyar sindrom - 20 (13,2%), o'tkir takroriy diskogen radikulyar sindrom - 23 (15,1%) va diskogen radikuloishemiya - 22 (14,5%). Barcha bemorlar surunkali og'riqni davolash turiga qarab guruhlariga bo'lingan. I-guruhda 36 (23,7%) bemorlardan medikamentoz terapiyadan NYAQD, miorelaksantlar, antidepressantlar, V gurux vitaminlar, antiepileptik dorilar, periferik vazodilatator, antixolinesteraza dorilar kiritilgan (preparatning shakli va dozasi belgilash O'zbekiston Respublikasi Sog'liqni saqlash vazirligining 7-sonli 273-sonli buyrug'i bilan "30.11.2021-ilova" asosida qat'iy amalga oshirildi). II guruh-32 (21,1%) bemor koreys mutaxassislarining so'nggi tavsiyalariga muvofiq amalga oshirilgan AKT bilan birgalikda davo muolajalar olishgan[16]. Gruppa III - 45 (29,6%) bemolar transkraniyalnaya magnitnaya stimulyatsiya (TMS) (TMS 1,5 Tesla yelektromagnit to'liq intensivligi va 3,0 sm bir yo'nalish chuqurligi bilan bir Neurosoft MS/D qurilmada amalga oshirildi) [17]. IV guruh-39 (25,7%) bemorlar AKT va TMS bilan birgalikda davolananglar.

Terapiyadan oldin va keyin hayot sifati parametrlarini (HS) tahlil qilish uchun vositalar sifatida bemorlarga bel dumg'aza sohasining surunkali va takroriy og'rig'i uchun ishlatiladigan "Osvestri" so'rovnomasini to'ldirish so'raldi, unga 10 ta so'rov bosqichi kiradi: 1-og'riq intensivligi; 2 - o'z - o'zinixizmat darajasi, 3-og'irlikni ko'tarish imkoniyati; 4-yurish imkoniyati va masofasi; 5-bemorni o'tirgan holatini baxolash; 6-bemorni tik turgan holatda baxolash; 7-uyqu holatini o'z-o'zini baholash; 8-jinsiy hayot darajasi; 9-daraja ijtimoiy faoliyat; 10-bemorni harakatlantirish qobiliyati. Shuni ta'kidlash kerakki, Osvestry so'rovnomasining har bir shkalasi 6 ta javob punktiga yega, bu yerda har bir javob punktiga ball shaklida indeks beriladi. "Osvestry" so'rovnomasining to'ldirilgan natijalari ODI (%) formulasi bo'yicha hisoblanadi- unda barcha 10 savolga javob berishda olingan ballar yig'indisi 2 ga ko'paytiriladi (minimal qiymat 0 - bu qulay shart sifatida talqin qilinadi va maksimal 100% - bu HSning o'ta noqulay holatini ko'rsatadi).

Tadqiqot natijalari. Davolash dasturi boshlanishidan oldin HS parametrlarini baholashda barcha tadqiqot guruhlarida ODI indeksining past qiymatlari qayd yetilgan. I guruh bemorlari orasida o'rtacha ODI qiymati 64,0%, II guruh - 66,0%, III guruh - 64,0% va IV guruh uchun - 66,0% ni tashkil etdi. Tadqiqotda ishtirok etgan bemorlar guruhlarida o'rtasida davolanish boshlanishidan oldin ODI indeksida statistik jihatdan sezilarli farq yo'q edi (1-jadvalga qarang).

Tadqiqotda ishtirok etayotgan bemorlar guruhlarida o'rtasida davolanish boshlanishidan oldin ODI indeks darajasini baholash

Pokazateli	Kategori	Gruppi			P
		Me	Q <sub>2</sub> – Q <sub>3</sub>	n	
Savol 1 (balli)	MT	3	2 – 3	36	0,846
	AKT	3	2 – 3	32	
	TMS	3	2 – 3	45	
	AKT+TMS	3	2 – 3	39	
Savol 2 (balli)	MT	3	2 – 3	36	0,994
	AKT	3	2 – 3	32	
	TMS	3	2 – 3	45	
	AKT+TMS	3	2 – 3	39	
Savol 3 (balli)	MT	3	3 – 3	36	0,646
	AKT	4	2 – 4	32	
	TMS	3	3 – 3	45	
	AKT+TMS	3	2 – 3	39	
Savol 4 (balli)	MT	3	2 – 3	36	0,403
	AKT	4	3 – 4	32	
	TMS	3	3 – 3	45	
	AKT+TMS	4	3 – 4	39	
Savol 5 (balli)	MT	3	2 – 3	36	0,058
	AKT	3	2 – 3	32	
	TMS	3	2 – 2	45	
	AKT+TMS	3	2 – 2	39	
Savol 6 (balli)	MT	4	3 – 4	36	0,118
	AKT	4	3 – 4	32	
	TMS	4	3 – 4	45	
	AKT+TMS	4	3 – 4	39	
Savol 7 (balli)	MT	3	2 – 3	36	0,320
	AKT	3	2 – 3	32	
	TMS	3	2 – 2	45	
	AKT+TMS	3	2 – 2	39	
Savol 8 (balli)	MT	4	2 – 3	36	0,638
	AKT	4	2 – 3	32	
	TMS	4	2 – 3	45	
	AKT+TMS	4	2 – 3	39	
Savol 9 (balli)	MT	3	2 – 3	36	0,300
	AKT	3	2 – 3	32	
	TMS	3	2 – 3	45	
	AKT+TMS	3	2 – 3	39	
Savol 10 (balli)	MT	3	3 – 3	36	0,697
	AKT	2	2 – 3	32	
	TMS	3	3 – 3	45	

	AKT+TMS	3	3 – 3	39	
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\* - ko'rsatkichlardagi farqlar statistik jihatdan ahamiyatli ( $r < 0.05$ ), ishlatiladigan usul Kraskes-Uollis statistik mezonidir

Og'riq sindromining intensivligi, o'z-o'zini parvarish qilish darajasi, bemorning ko'tarilishi, yurish masofasi, o'tirgan holatda bo'lish qobiliyati, tik turgan holatda bo'lish qobiliyatini, bemorning uyqu davomiyligini baholashda, jinsiy hayotni, ijtimoiy faoliyatni, harakatlanish imkoniyati davolash format guruhi qarab davolash boshlanishidan oldin, u statistik muhim farqlar (o'z navbatida  $r = 0.846$ ,  $r = 0.994$ ,  $r = 0.646$ ,  $r = 0.403$ ,  $r = 0.058$ ,  $r = 0.118$ ,  $r = 0.320$ ,  $r = 0.638$ ,  $r = 0.300$ ,  $r = 0.697$ ) tashkil etadi. Biroq, davolash dasturi tugagandan so'ng HS bo'yicha olingan ma'lumotlarni tahlil qilganda, bemorlar guruhlarida orasida ODI indeksining sezilarli pasayishi qayd etildi. Og'riq sindromining intensivligi haqidagi savolga olingan javoblarni baholashda guruhlar o'rtasida statistik jihatdan sezilarli farq qayd etilmagan ( $r=0.100$ ). Eng past natija IV guruhda qayd etildi va 0 ball, II va III guruhlarda

- 1 ball va I guruhda eng yuqori qiymat 2 ball edi, surunkali og'riq sindromini davolashdan oldin olingan qiymatlar bilan solishtirganda statistik jihatdan muhim farq qiladi ( $p=0,031$ ). Davolash tugaganidan keyin o'z-o'zini parvarish qilish darajasi haqidagi savolga javoblarni ko'rib chiqayotganda, guruhlar o'rtasida ko'rsatkichlarda statistik jihatdan sezilarli farqi yo'q edi ( $p=0,139$ ), II, III va IV guruhlarda eng past qiymat qayd etildi - 0 ball, eng yuqori qiymat I guruhda qayd etildi 1 ball statistik jihatdan sezilarli darajada farq qildi ( $r<0,001$ ), Bu tadqiqotda ishtirok etgan bemorlar guruhlaridagi ko'rsatkichlar davolash boshlanishidan oldin. Bemorning yurish imkoniyati va masofani bosib o'tish haqidagi savolga javoblar natijalarini tahlil qilish davolash tugagandan so'ng, bemorlar guruhlarida statistik jihatdan muhim natijalar ( $r=0,811$ ) olinmadi. I, II, III va IV guruhlardagi savolga javoblarning o'rtacha qiymati 0 ballni tashkil etdi, bu statistik jihatdan sezilarli darajada ( $p=0,010$ ) davolash dasturi boshlanishidan oldin olingan natijalardan ancha farq qiladi. Davolash tugaganidan keyin bemorning o'tirgan holatda ekanligi haqidagi savolga javob berganda, IV guruh - 0,029 ball va I, II va III guruh - 1 (1-2) ball o'rtasida statistik jihatdan muhim farq ( $p=2$ ) qayd etildi. Biroq, bemorning tadqiqot ishtirokchilarining barcha guruhlarida tik turgan holatda yekanligi haqidagi savolga javob berganda, statistik jihatdan sezilarli farq ( $p=0,115$ ) olinmadi. I, II, III va IV guruhlarda javoblar uchun o'rtacha qiymat 0 ballni tashkil etdi, bu davolanish boshlanishidan oldingi ko'rsatkichlarga nisbatan pastroq ko'rsatkichlarga ega ( $p=0,006$ ). Davolash tugagandan so'ng bemorlarning uyqu holatini o'z-o'zini baholash haqidagi savolga javoblarni tahlil qilish guruhlar o'rtasida statistik jihatdan muhim farqlarni ( $r=0,638$ ) aniqlanmadi. Shunday qilib, I, II, III va IV guruhlardagi bemorlar orasida o'rtacha ball 0 ni tashkil etdi, bu statistik jihatdan sezilarli darajada ( $r=0,047$ ) davolash kursi boshlanishidan oldin olingan natijalardan past. Davolash dasturi tugagandan so'ng bel dumg'aza dorsapatiyasi bilan bog'liq surunkali og'riqlar bilan og'riq bemorlarning jinsiy hayot darajasi haqidagi savolga javoblarni baholashda statistik jihatdan sezilarli farqlar qayd etildi ( $p=0,029$ ). Shunday qilib, IV va II guruhlarda 0 ballni tashkil etdi, I va III guruhlarda taqqoslaganda, bu yerda o'rtacha qiymat 1 (1-3) ballni tashkil etdi, bu ham bemorlarning bir xil natijalariga nisbatan sezilarli o'zgarishlar davolanishdan oldin javoblariga nisbatan olganda ( $p<0,001$ ). Davolash tugaganidan keyin bemorlarning ijtimoiy faolligi haqidagi savolga javoblar natijalarini baholashda, guruhlar o'rtasidagi statistik jihatdan muhim farqlarni qayd etishning iloji bo'lmadi ( $r=0,247$ ), ammo IV guruhda eng past natija bo'lgan bemorlar - 0 ball qayd etildi. Davolash dasturidan oldin va keyin javoblar natijalari o'rtasida sezilarli farq qayd etildi ( $r=0,008$ ). Bemorning faol harakatlanishi mumkinligi haqidagi yakuniy savolga bemorlarning javoblarini qiyosiy tahlil qilish oxirida barcha guruhlar orasidagi o'rtacha qiymatni aks ettiruvchi ekvivalent javoblar olindi, bu 0 ballni tashkil etdi. Bu statistik jihatdan sezilarli darajada davolash dasturi boshlanishidan oldin bemorlarning javoblaridan past bo'lgan ( $r=0,013$ ). (1 diagrammani qarang)

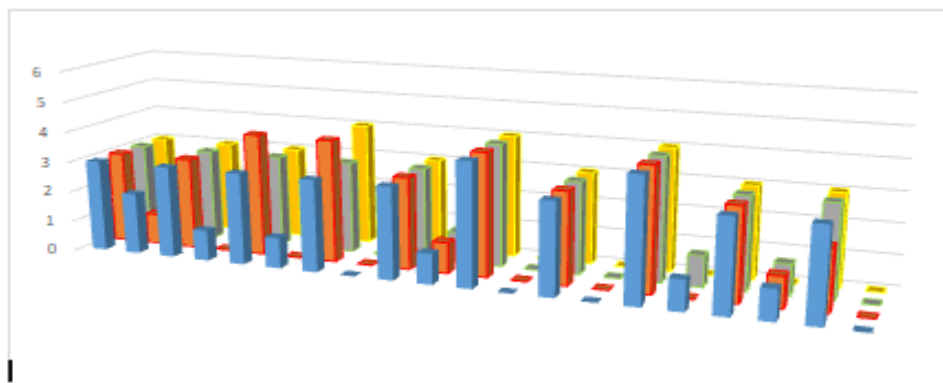


Diagramma 1 - bel dumg'aza qismining surunkali og'riq sindromini davolash dasturlaridan oldin va keyin hayotiy faoliyatning buzilish darajasini tahlil qilish.

Tadqiqotda ishtirok etgan bemorlar guruhleri o'rtasida Ovestri so'rovnomasi yordamida olingan ma'lumotlarga ko'ra, davolash dasturi tugagandan so'ng ODI indeksining o'rtacha qiymati I guruh bemorlari uchun 14,0%, III guruh uchun 10,0%, II guruh bemorlari uchun 6,0% va IV guruh uchun 0% ni tashkil etdi. Olingan natijalarni muhokama qilish. Bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqlar bilan og'riq bemorlarni HS baholashning olingan natijalarini qiyosiy tahlil qilish, guruhdan qat'i nazar, barcha tadqiqot ishtirokchilari orasida ODI indeksi darajasining sezilarli darajada pasayishini aniqlandi. Ushbu kuzatuv davolashning faqat dorivor usullariga qaraganda an'anaviy koreys terapiyasi va transkraniyalniy magnit stimulyatsiya kombinatsiyasidan foydalanish samaradorligini yaxshiligini ta'kidlaydi. Shu bilan birga, AKT birgalikda olgan bemorlarning TMS bilan birgalikda davolash dasturi tugagandan so'ng, ODI indeksining eng sezilarli pasayishi qayd etildi.

Og'riq sindromi darajasi. Bel dumg'aza dorsopatiyasi bilan surunkali og'rig'i bo'lgan bemorlarda og'riqni o'z-o'zini idrok etish darajasi bo'yicha konservativ dori terapiyasining samaradorligi nuqtai nazaridan hech qanday shubha yo'q. Ushbu xulosa uzoq vaqt davomida isbotlangan va MT usulining har xil turdagi og'riq sindromlarini davolashga ta'siri dunyoning aksariyat mamlakatlarida qo'llaniladi. Biroq, davolash dasturidan keyin so'rov davomida olingan ma'lumotlar shuni ko'rsatdiki, AKT texnikasidan foydalanish surunkali og'riqli bemorlarda og'riq sindromini o'z-o'zini idrok etishga yaxshi ta'sir ko'rsatdi. Ushbu tendensiya yangi emas gaplari J.J.Gagnier va boshqa avtorlar bilan (2006) AKTning bel dumg'aza dorsopatiyani davolashga ta'siri aniq va bu surunkali og'riqni davolashning muqobil(alyernativ) usuli bo'lishi mumkin [18]. Bundan tashqari, N. Ko va boshq. (2020) ko'p markazli o'rganishlar «KLOS»shuni aniqladi, G'arb va AKT kombinatsiyasi protokoli bel dumg'aza dorsopatiya bilan bog'liq surunkali og'riq davolashda katta axamiyatga ega bo'lishi mumkinligini takidlab [19]. Ushbu xulosalar AKT usuli bilan akupunkturining ta'sir qilish mexanizmi bilan bog'liq. Asosiy nuqta-propriozeptiv sezgirlikni faollashtirish va periferik asab tizimining motor sezgir o'tkazuvchanligini yaxshilashdir. J. K. Jeong va boshq. ((2018) AKTsi bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqga chalingan bemorlar klinik samaradorligini ega ekanligini unutmay, shuningdek dori davolash samaradorligi yillar davomida kamayib boradi [20]. E.H.Hyun va boshqa avtorlar bilan (2018) ko'p markazli

randomizatsiyalangan sinovda MT va AKT tadqiqotining iqtisodiy va klinik samaradorligi tasdiqlandi, bu bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqli bemorlarda og'riq intensivligini sezilarli darajada kamaytiradi, faqat MT dan foydalanish bilan taqqoslaganda[21]. Shunday qilib, ushbu tadqiqotda AKT olgan va MT va AKT usullarini birlashtirgan bemorlar orasida og'riq sindromi darajasi to'g'risida olingan ma'lumotlar an'anaviy koreys tibbiyotining bel dumg'aza dorsopatiyasi bilan og'riq bemorlarda surunkali og'riqni davolashga ta'sir samaradorligini tasdiqlaydi.

O'z-o'ziga xizmat ko'rsatish darajasi. Bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riq bemorlarning o'z-o'zini parvarish qilish darajasiga ta'siri haqida ushbu tadqiqotda birinchi marta AKT va MT usullarining HS ushbu parametriga ta'siri haqida savol tug'iladi. Bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqli bemorlarda o'z-o'ziga xizmat ko'rsatish darajasi bo'yicha Ovestri so'rovnomasini tahlil qilish paytida olingan ma'lumotlar bilan bog'liq holda, AKT bilan birgalikda MT olgan bemorlarda o'z-o'ziga xizmat ko'rsatish parametrining sezilarli yaxshilanishi aniqlandi. TMS va faqat MT texnikasi ishlatilgan bemorlardan farqli o'laroq. Olingan ma'lumotlarga ko'ra, AKT olgan bemorlarda o'z-o'zini parvarish qilish darajasi yuqori bo'lishi mumkin deb taxmin qilish mumkin, chunki u ko'pincha akupunktur va fizioterapiya komponentlarini o'z ichiga oladi, shu jumladan massaj va to'g'ri ovqatlanish ham kiradi, ularning holati uy va ish paytida og'riqni kamayishiga olib kelishi, bu bemorlarga yordam berishi mumkin.

Og'irliklarni ko'tarish darajasi, bemorni o'tirgan va tik turgan holatda baxolash. Bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqli bemorlarning funksional qobiliyatini yaxshilash ko'p yillar davomida tadqiqot mavzusi bo'lib kelgan. Biroq, ushbu tadqiqotda AKT bilan birgalikda TMS bilan birgalikda olgan bemorlar eng yaxshi natijani ko'rsatdilar. Bu J. H. Park va boshqalarni o'rganish bilan tasdiqlangan(2017), AKT ning bel dumg'azaning surunkali og'rig'i bo'lgan bemorlarning jismoniy faoliyati parametrlariga ta'sirini tekshiradi. Natijada, mualliflar funksional qobiliyatning yaxshilanishini, shu jumladan bemorning og'riq sindromini boshdan kechirmasdan og'ir narsalarni ko'tarish qobiliyatini namoyish etdilar [22]. Boshqa ko'p markazli istiqbolli tadqiqotda J.D.Markman va boshq. (2014) gabapentinning past dozalarini asosiy davolash usuli sifatida qo'llashda surunkali bel og'rig'i bo'lgan bemorlarda funksional imkoniyatlarning yuqori ko'rsatkichlarini aniqladi [24]. Meta-tahlil J.H.Lee tomonidan va boshq. (2016) surunkali bel og'rig'i bilan og'riq bemorlarning jismoniy faoliyatiga kombinatsiyalangan davolash usullari yordamida AKT ta'sirining samaradorligi haqidagi gipotezani tasdiqladi, ammo mualliflar ushbu masalani yanada yaxshiroq ishlab chiqish zarurligini ta'kidladilar [25]. Klinik amaliyotda MT ning fizioterapiya va jismoniy mashqlar usullari bilan kombinatsiyalangan foydalanish jismoniy parametrlar darajasini tiklashning eng samarali usullaridan biri hisoblanishini, surunkali bel og'rig'i bo'lgan bemorlarning og'irlikni ko'tarish frazasini takidlagan - M. L. Ferreira va boshq. (2013), [26].

Ushbu va boshqa tadqiqotlarda olingan natijalar shuni ko'rsatadiki, MT ham, AKT ham bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqli bemorlarning jismoniy va funksional imkoniyatlariga ijobiy ta'sir ko'rsatishi mumkin.



Jinsiy faoliyatni cheklash. Olingan ma'lumotlar natijasida AKT + TMS olgan guruhdagi bemorlarda eng to'laqonli hayot, shu jumladan to'liq jinsiy faoliyat kuzatilganligi aniqlandi, bu bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqni davolashning kombinatsiyalangan usullarining samaradorligini tasdiqlaydi. Bugungi kunga kelib, surunkali bel og'rig'ining psixosotsiyal faoliyatga ta'sirini baholashni ko'rsatadigan turli xil tadqiqotlar mavjud [27, 28, 29, 30]. Biroq, jinsiy faoliyat muammosi hal qilinmagan muammo bo'lib qolmoqda, bu bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqli bemorlarda to'liq jismoniy va jinsiy faoliyatni tiklash shakllarini qo'shimcha tadqiq qilish va sinovdan o'tkazishni talab qiladi.

Ijtimoiy faollik darajasi. Bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqli bemorlarning ijtimoiy faoliyatiga eng aniq ta'sir AKT ni TMS bilan birgalikda qo'llash edi. Yuqorida aytib o'tilganidek, AKT og'riqni yaxshi nazorat qilish va uzoq muddatli ta'sirga erishishga imkon beradi, bu esa bemorlarga ijtimoiy hayotda va ijtimoiy tadbirlarda osongina ishtirok etish imkonini beradi. Bundan tashqari, ushbu tezis ba'zi xalqaro tadqiqotlarda yaxshi aks ettirilgan [31, 32].

Xulosa. Bel dumg'aza dorsopatiyasi bilan bog'liq surunkali og'riqli bemorlarda HS ko'rsatkichlari ancha past. Bu xususiyat klinik tadbirlarda surunkali bel og'rig'ini davolashning yanada samarali usullarini o'rganishni rag'batlantiradi. Ma'lumki, MT bel dumg'aza soxasining o'ziga xos bo'lmagan og'rig'i bilan bog'liq o'tkir og'riq sindromini bartaraf etish uchun eng yaxshi tanlovdir. Biroq, surunkali og'riqni davolash uchun MT dan foydalanish HS parametrlarining yaxshilanmaslik, uzoq muddatli ta'sirni kafolatlamaydi. Shu munosabat bilan davolashning kombinatsiyalangan usullari, shu jumladan an'anaviy koreys terapiyasi va TMS bel dumg'aza bilan bog'liq surunkali og'riq sindromi holatida juda samarali vositadir. Bundan tashqari, bu ish, bemorlarning bu guruhga ishonchli uzoq vaqt ta'sir usuli sifatida AKT o'rganish, foydalanish va ommalashtirish tendensiyasi ta'kidlaydi. AKT va TMS qabul qilgan bemorlarning HS parametrlari yaxshi tomonga o'zgarishlar ko'rish mumkin.

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