

**MINISTRY OF HIGHER AND SECONDARY SPECIAL EDUCATION  
OF THE REPUBLIC OF UZBEKISTAN  
BUKHARA STATE MEDICAL INSTITUTE  
Department of Traditional Medicine and Occupational Diseases**



**From the subject "Folk medicine" educational-methodical complex**

**Field of study: 500,000 - Health and Social Welfare**

**Field of study: 510000 – Health**

**Field of study: 5510100 - Medical work**

**5111000 - Vocational education**

**Bukhara - 2020**

It is based on the curriculum approved by the Ministry of Higher and Secondary Special Education of the Republic of Uzbekistan in 2016.

Compilers: Kayumov H.N - head of the department, associate professor  
Tuksanova Z.I. - Teacher of the department

Reviewer: K.J. Boltaev. Dots. of the Department of Hospital and Faculty Therapy and Laboratory, Ph.D., Associate Professor  
A.B. Rajabov Head of the Department of Anatomy

It was discussed at the 2020 meeting of the Educational and Methodological Council of the Bukhara State Medical Institute named after Abu Ali ibn Sino.

### Rezume

The educational and methodical complex of folk medicine is based on the curriculum approved by the Ministry of Higher and Special Education and is designed for students of the 5th year of medical and medical pedagogy. This set of teaching aids is enriched with lecture and practical materials, pictures for science. Situational questions, control and test questions related to the topics were included in order to assess students' knowledge.

## TABLE OF CONTENTS

1. TEACHING MATERIALS .....	p
2. THEORETICAL TRAINING MATERIALS .....	p
3. PRACTICAL TRAINING MATERIALS .....	p
4. INDEPENDENT EDUCATION TOPICS .....	p
5. GLOSSARY .....	p
6. APPENDICES .....	p
6.1.FAN PROGRAM .....	p
6.2. WORKING CURRICULUM .....	p
6.3.DISTRIBUTION MATERIALL .....	p
6.4.TESTS .....	p
6.5.EVALUATION .....	p

Lecture number 1

Technology for teaching lecture classes

1-topic	History of development of traditional medicine. The basic concepts of the mechanism of the effects of acupuncture.
---------	--

### 1.1. Learning Technology Model

Lesson duration -80 minutes	Number of students: 16-18
Class Form	Introduction - Information Lecture
Lecture plan	<ol style="list-style-type: none"><li>1. A brief history of the development of traditional medicine.</li><li>2. The basic concepts of the mechanism of action of acupuncture.</li></ol>
The purpose of classes: To acquaint students with the historical stages of development of traditional medicine (acupuncture), the basic concepts of the mechanism of the effects of acupuncture.	

<p>The tasks of the teacher:</p> <ul style="list-style-type: none"> <li>- Give a concept of the task and purpose of the subject, familiarize with the subject</li> <li>- To acquaint the historical stages of the development of acupuncture</li> <li>- Modern views on the mechanism of acupuncture</li> </ul> <p>Distinctive features of eastern and western medicine</p>		<p>Learning outcomes:</p> <ul style="list-style-type: none"> <li>- Give a comment about the goals and objectives of the subject and today's lecture;</li> <li>- Comment on the historical development of acupuncture in stages;</li> <li>- List the concepts in traditional medicine and explain their meaning;</li> <li>- Describe the hallmarks of eastern and western medicine.</li> </ul>
teaching methods	Demonstration lecture and interview	
Forms of Learning	Collective	
Learning Tools	Textbook, textbook, lecture text, projector, computer	
Learning Conditions	Favored Audience	
Monitoring and Evaluation	Oral: Survey	

1.2. The technological map of the lecture on the topic: “History of the development of traditional medicine. The basic concepts of the mechanism of the effects of acupuncture ”

Work stages and hours		
	Stages of the teacher	Students
Preparatory stage	1. Preparation for today's topic	

	<p>2. Prepare slides for today's lecture</p> <p>3. Make a list of references appropriate for today's topic.</p>	
<p>1. Introduction (10 minutes)</p>	<p>Gives a concept about the task and purpose of the subject, familiarize with the subject</p> <p>Asks questions to deepen student knowledge</p>	<p>Are listening</p> <p>Answer questions</p>
<p>2 - the main stage (60 minutes)</p>	<p>2.1. Showcase today's slides with Power Point</p> <p>2.2. Uses visual posters.</p> <p>2.3. Shows a video on today's topic.</p> <p>2.4. In order to deepen the knowledge of students, he asks questions.</p>	<p>Listen and cheat</p> <p>Answer questions</p>
<p>3- final stage (10 minutes)</p>	<p>3.1. Answers questions, draws final conclusions</p> <p>3.2. Gives homework.</p>	<p>Ask questions</p>

## **Lecture number 1**

### **Topic: The history of the development of traditional medicine.**

#### *Plan:*

1. History of development of acupuncture.
2. Basic concepts of the mechanism of the effect of acupuncture.

Acupuncture is a method that has arisen, preserved many centuries ago, and is used very closely and initially in our time.

Moreover, now in the world to it interest has considerably increased, it receives an increasing recognition of doctors of the most different specialties. Such attention to this method of treatment is due to the fact that, firstly: a) the possibility to significantly reduce the pharmacotherapy or completely dispense with it, in the treatment of a number of diseases, and secondly, the absence of undesirable side effects.

The increased interest in reflexology is explained not only by its increasingly active use in neurology, therapy and other areas of clinical medicine. At present, the structure is successfully used as an additional diagnostic method, as well as for analgesia during surgical interventions, analgesia of childbirth and other therapeutic measures accompanied by painful reactions.

News of the plague of mysticism arose because of ignorance of the material basis of the method or consciously cultivated, by some acupuncturists causes justified skepticism.

However, the achievements of a number of biological disciplines of neurophysiology, biochemistry, biophysics and others allow us today to develop the question of the mechanism of action of acupuncture with truly scientific, materialistic positions. It is possible that careful research in this area will open new important and interesting phenomena related to physiology, pathophysiology and human morphology.

In our country in recent years, a number of organizational activities aimed at further development of acupuncture have been carried out. The departments

of "Eastern Medicine" have been established in all medical institutes and centers have been organized.

In foreign countries, the problem of acupuncture is given great attention: international societies of acupuncturists have been established, special journals have been published, and many monographs and manuals have been published.

Until now, there is no unequivocal opinion on the method of acupuncture. About him a lot of talking and writing. However, in individual countries, supporters of different schools and philosophical views have differently assessed the essence and significance of this method.

Acupuncture ( zhen ) and moxibustion ( jeju ) originated more than 5000 years ago. Acupuncture first originated in the countries of the East - China, Korea, Japan, Tibet, India, Vietnam, Laos, Nepal. Historic and archaeological finds of stone (from silicon, jasper, quartz) " bian-shi ", as well as bone bamboo needles, which were used for acupuncture, speak of the antiquity of this method of treatment . Later, metal needles of copper, bronze, iron, silver, and gold were replaced to treat various acute and chronic diseases, pustules, bloodletting and other surgical manipulations.

Ancient physicians noticed that the application of painful stimuli to certain areas of the body had a curative effect in a variety of diseases (giving the Emperor F to C). So, through trial and error from generation to generation, we transmitted the experience accumulated over thousands of years, multiplying and developing it.

Father teaching acupuncture is considered a legendary Huangdi, who was famous Conon Chinese traditional medicine, "Huang Di Nei - u zine" (a book about domestic) belonging to the III century BC But acupuncture began to be dealt with much earlier than this famous work was written.

In the book " Sh and - Ji » Si Ma-ts'yan V - VI century. BC. is mentioned about the famous doctor Bian - Qia, who perfectly mastered the methods of

acupuncture. Bian tsyayu in his book Nan-Jing (the difficult) described the injection needle point for various diseases.

Later in China, a number of other works on acupuncture appeared. Especially large development and spread of acupuncture is received in the period of VI - VIII in AD when numerous guidelines on acupuncture were published. In the XI century, the first "Atlas of points" (Van-Wei , 1026) appears on the base of which two bronze figures are cast, with natural points of growth in the form of holes drilled (1027).

Soon the doctrine of acupuncture, spread to other countries of the East: Japan, Korea, India, Mongolia.

The progress of acupuncture therapy lasted several centuries. With the efforts of scientists of several generations, figures and maps were created, which were already marked with 14 lines and 670 points, i.e. in fact, the topography of the points, which is mainly used by most specialists these days.

During the development of acupuncture, both the procedure of the procedure itself and the technical means of its implementation changed.

In 1955, the Central Research Institute of Chinese Medicine was organized in Beijing. In Europe, the first information about the therapeutic use of acupuncture began to appear in the XIII century. During this period, acupuncture was widely used in Holland, Italy and other countries. But the most common was in France. In the 20th century, an acupuncture center was established in Paris. In the former Soviet Union acupuncture became widespread in the second half of the twentieth century in 1957, a clinical and physiological study of the method of zhen-tszyu therapy in Moscow was started . During this period, attempts were made to form a definition of the concept of the mechanism of acupuncture, to deeply study the essence of the acupuncture effect, and to investigate the phenomena of acupuncture with the help of those methods that are created in related branches of knowledge.

In the ancient era, people could not overcome primitivism about the causes of disease. During this period, views on the disease were widespread, both as

a result of the penetration of the "evil spirit" into the body. These views led to the fact that the patients were treated with prayers, spells and conspiracies, i. E. "Cast out of the body of the evil spirit"

Ancient Oriental medicine relied on an inductive-synthetic way of thinking with the greatest observation, studied, first of all, the functions of the organism - in general and to a lesser extent carriers of these functions - separate organs.

### **Theory of Yin - Yang.**

In traditional Eastern medicine, the following principles dominate:



- 1) a person is studied as a whole.
- 2) a person corresponds to heaven and earth: this is identified with the concept of yin-yang .
- 3) human life is regulated by the concept of 5 elements.

According to the first principle of thinking, the human sense and body are interdependent and inextricably linked. Each organ and function

The principle of the second person corresponds to the sky and the earth is based on the provisions of the Eastern Philosophy I medicine in which a person is viewed not in isolation from nature, but as an integral part of it as a whole with the natural. This principle states that the human condition is affected by the climate season, the sun's radiation, the impact of the moon and the earth, that in man the structure and movement of the universe is reflected, i.e. the human condition changes under the influence of various cosmic

phenomena. And the structure and movement of the universe is reflected in the human body completely, especially in its vital functions. According to the canons of ancient philosophy and medicine, a man, like all objects on the surface of the earth, is subject to the action of the "great law of double all common alternation and complement" - Yin and Yang.

The theory of Ying-Yang asserts that everywhere and in everything there are two opposite principles indicated by the terms yin-yang. They are the main criteria for explaining the objects and phenomena existing in nature, for all objects and phenomena existing in nature have their own antidotes. So it is affirmed that the sky belongs to yang , and the earth to yin , the sun to yang , and the moon to yin , day to yang , night to yin , up to yang , down to yin , the outer side to yang , inner to yin , left to yin yang , right to yin , etc.

The Jan group includes concepts, movements, strong, pronounced, active, upper, male, fast, increased function, etc. To the group of yin - quiet, weak, hidden, passive, lower, female, slow, decreased function, etc.

Ancient thinkers believed that all objects and both their opposite tendencies are not only opposite, but also mutually - conditioned, interrelated. And this interconnection of objects and phenomena has a steady tendency to merge into a single whole.

Yin and Yang have their own development processes, i.e. each develops "within itself," and that, especially important, they have important transitions. So, the prosperity of yang - gives rise to yin, and with, thus, there is a mutually conditioning relationship.

### **The theory of Yin Yang in traditional physiology and anatomy**

	Jan	Yin
In anatomy	Skin, back of the outer surface of the limbs	Internal organs, thoracic and abdominal wall, internal surfaces of

		extremities.
In physiology	6 fu organs (gallbladder, stomach, small and large intestine, bladder, three parts of the trunk) they perform the function of digestion and secretion	5 zhzhan organs (liver, heart, spleen, lungs, kidneys), they retaining all the valuable substances existing in the body

Theory of Yin-Yang in pathology: Yang syndromes: high fever, hyperemia of the face and tongue, restless state with euphoria, loud voice, thirst, a lot of dark color, constipation, superficial pulse, frequent, etc. Yin syndromes: chills, pale face and tongue, calm state, voice deaf, urine low concentration, stool liquid, pulse deep, rare, contact with patients is difficult, etc.

*The theory of yin-yang in diagnosis:*

There are four diagnostic methods:

- A) Inspection (condition, outline, constitution, skin color, etc.)
- B) Auscultation (listening to the voice, breathing, coughing)
- B) Survey (on systems)
- C) Palpation (trunk, limbs, pulse)

Interrelations between organs and points of pulse

Pulse point	Left wrist	Right wrist
Cun	Heart, small intestine	Lung, large intestine
Guan	Liver, gallbladder	Spleen, stomach
Chi	Kidney, bladder	Pericardium, three parts

		of the trunk
--	--	--------------

According to the theory of yin-yang, the cause of the disease is the imbalance between yin-yang in the body, so the goal of treatment, regardless of the variety of its methods, is the adjustment of the relationship between them.

*The concept of U-Shin*

In the ancient Eastern philosophy, according to the concept of Wu Xing , all the phenomena of the world fit into the concept of the five primary elements (wood, fire, earth, metal, water) - the fundamental principles of the entire material world (Figure 3).

Fig. 3. The ratio of the principal organs and their meridians to the five primary elements and their mutual influences. Arrows inside a large circle mean limiting (destructive) connections; stimulating (creating) with the link are indicated by arrows along the circumference of a large circle.

The concept of the five primary elements explains the relationship between physiology and the pathology of the human body, between the organism and the external environment. In the theory of U-Shin are determined by the following relationship between the five elements: normal and mutually reinforcing communication, pathological - excessive and reverse the inhibitory effect. The sequence of mutual stimulation of the five primary elements is as follows: a tree generates fire, fire - earth, metal - water, water generates a tree. Each primary element is simultaneously stimulating and stimulating.

In the natural relationship between objects and phenomena, there must necessarily be both stimulating and limiting connections. Without incentives, there would be no development, and development and growth without restriction could turn out to be harmful. For example, a tree stimulates fire and at the same time depresses the earth, and the earth, in turn, stimulates

metal and depresses water. Thus, stimulation is limited to inhibition, and inhibition is compensated by stimulation, ie, thanks to these influences, the necessary (physiological) balance is maintained, which ensures the normal development of objects and phenomena (harmony).

In the case of redundancy or insufficiency of one of the five primary elements, abnormal, pathological interactions, defined as excessive and inverse oppressive actions, arise between them. Excessive depressing effect is manifested in excessive pathological oppression of the one of the two interacting sides, which is already weakened. Excess and reverse oppression, resulting from pathology - the redundancy or insufficiency of one of the five primary elements - often manifest simultaneously. For example, if the primary element - a tree is redundant, then it excessively depresses the ground element and has an opposite oppressive effect on the primary element of the metal. If the primary element of the tree is insufficient, then, on the contrary, it experiences at the same time and the opposite oppression on the part of the primary element of the earth, and excessive oppression on the part of the primary element of metal.

Based on the concept of u-shin in traditional medicine, the relationship between physiology and pathology of the human body and between the body and the environment is explained, as well as the causes and mechanisms of the development of the disease state.

#### CONCEPT -A Ching About

The concept of meridians jing - L is a proper part of traditional Oriental medicine. It is closely connected with the NPA theories of yin-yang, U-Shin and Ch Jean Fu. According to this traditional medicine s, The meridian is the channel or ways in which energy is circulating. It identifies 12 paired main meridians, 2 unpaired, 15 secondary and 8 extra ordinate meridians. For this ancient Eastern Medicine 12 main meridians consist of two unequal parts - in the aruy and internal moves, which are inextricably linked and form a single whole. These meridians have their own AP points in

the number from 9 to 67 each meridian has standard points that have specific impact on one's own or another meridian :

- 1) a tonic point. It is always located on the main measures and Dian e and stimulates this point.
- 2) a sedative point. It is also located on its meridian and opens depressing actions on all meridians.
- 3) the point of an accomplice. This point is also on the main and can replace the tonic or sedative point, depending on the method of irritant effect.
- 4) stabilizing point then the point is also located on the main meridian and provides balance in the meridians of diagonal braces.
- 5) Sympathetic point. These points in The collective 12 is located outside its meridian on the first branch of the outer course of the bladder meridian. Depending on the method of increasing impact on the sympathetic point, the effect of tonic or sedative points is intensified or weakened.
- 6) the point is the herald or the point of alarm. Some of the points are located on its meridian, and some are outside its meridian. The pain that arises at any of these points is, as it were, a signal for the anxiety of the affected organ. In addition to these points, two more types of points are distinguished by these points, with which each meridian begins and ends.

#### TEACHING ABOUT ENERGY (CHI)

Ancient physicians believed that for the normal functioning of organs, the presence of specific energy is necessary. They believed that the body has energy of two kinds - internal and and that each type of energy circulates in its own ways. Internal energy is formed from the interaction of two components: cosmic and terrestrial food. To the element, the earth belongs to the spleen, and the element to the metal is light. According to the views of ancient doctors, the spleen controls the processes of food processing, which is the substance fined from the earth. The lungs absorb the air of cosmic food. In the interaction of these two components gives the internal energy. Internal energy in a state sustainable Equilibrium circulates through

its own channels on the surface and depth. The circulating energy comes in contact with the organs, and on the other by means of points of influence with the external environment. The energy cycle starts the meridian of the lung and, according to the scheme, passes through all the meridians, at certain hours has its maximum and intense in a certain meridian . In 24 hours the energy spends one circuit. In this kind of energy arises in adrenal gland and this energy circulates through 8 miraculous meridians .

#### The rule "mother-son"

Based on the concept of Wu-shin, the rule of acupuncture treatment "mother-son" is constructed, which allows to strengthen or weaken the "flow of energy" in the meridian, where this energy is disturbed. The primary element "mother" is able to transmit the feeding energy, and the primary element "son" is the recipient taking this energy. If there is a pathology of one of the primary elements (meridians), but the impact directly on the disturbed meridian is undesirable, then the rule "mother-son" is used. According to this rule, three primary elements (meridian) are considered: 1) with broken energy, 2) preceded by it, 3) following for broken

If excess energy is detected in the disturbed meridian (for example, in the liver, a tree), one can act on the toning point of the meridian "son" (heart, fire) or on the sedentary point of the meridian "mother" (kidneys, water). In case of insufficient energy in the disturbed meridian (tree), the effect is on the toning point of the meridian "mother" (water), or on the sedative point of the meridian "son" (fire).

#### RULE NIGHT AND FULL

According to the daily circuit yang energy and Ins organs are in contrast conjugate relationship. Toning Ins body especially Ins period soothing effect on an opposite Yang responsible body and vice versa. Rule noon midnight is used mainly as a preventive measure.

#### **Literature:**

1. Гаваа Лувсан. Традиционные и современные аспекты восточной рефлексотерапии - Москва. "Наука", 1990, 574 с.
2. Овечкин А.М. Основы чжень-цзю терапии - Саранск "Голос", 1991, 416
3. Ли Б.Н. Народная медицина. Учебник. 2010 г.
4. Табеева Д.М. Руководство по иглорефлексотерапии – Москва: «Медицина», 1980 г.
5. Цой Р.Д. Справочник по рефлексотерапии – Ташкент, 1994 г.
6. Хоанг Бао Тяу Иглоукалывание – Москва: «Медицина», 1989 г.

2-topic	<b>Refleksoterapiya, topography of points, their system of typing</b>
---------	---

### 1.1. Learning Technology Model

Lesson duration -80 minutes	Number of students: 16-18
Class Form	Introduction - Information Lecture
Lecture plan	<ol style="list-style-type: none"> <li>1. Modern ideas about the mechanism of impact acupuncture</li> <li>2. Systematization of points</li> </ol>
The purpose of classes:	
<ol style="list-style-type: none"> <li>1. To acquaint students with the modern ideas about the mechanism of impact acupuncture</li> </ol>	

The tasks of the teacher: - Give a concept of the task and purpose of the subject, familiarize with the subject - To acquaint the historical stages of the development of acupuncture - Modern views on the mechanism of acupuncture Distinctive features of eastern and western medicine		Learning outcomes: - Give a comment about the goals and objectives of the subject and today's lecture; - Comment on the historical development of acupuncture in stages; - List the concepts in traditional medicine and explain their meaning; - Describe the hallmarks of eastern and western medicine.
teaching methods	Demonstration lecture and interview	
Forms of Learning	Collective	
Learning Tools	Textbook, textbook, lecture text, projector, computer	
Learning Conditions	Favored Audience	
Monitoring and Evaluation	Oral: Survey	

1.2. The technological map of the lecture on the topic:  
“Refleksoterapiya, topography of points, their system of typing ”

Work stages and hours		
	Stages of the teacher	Students
Preparatory stage		

	<p>1. Preparation for today's topic</p> <p>2. Prepare slides for today's lecture</p> <p>3. Make a list of references appropriate for today's topic.</p>	
<p>1. Introduction (10 minutes)</p>	<p>Gives a concept about the task and purpose of the subject, familiarize with the subject</p> <p>Asks questions to deepen student knowledge</p>	<p>Are listening</p> <p>Answer questions</p>
<p>2 - the main stage (60 minutes)</p>	<p>2.1. Showcase today's slides with Power Point</p> <p>2.2. Uses visual posters.</p> <p>2.3. Shows a video on today's topic.</p> <p>2.4. In order to deepen the knowledge of students, he asks questions.</p>	<p>Listen and cheat</p> <p>Answer questions</p>
<p>3- final stage (10 minutes)</p>	<p>3.1. Answers questions, draws final conclusions</p> <p>3.2. Gives homework.</p>	<p>Ask questions</p>

## Lecture No. 2

**Subject: Refleksoterapiya, topography of points, their  
system of typing**

Plan:

2. Modern ideas about the mechanism of impact acupuncture
3. Systematization of points

In the countries of the commonwealth, a great contribution to the study of the mechanisms of acupuncture was made by V.G. Vogralik, I.I. Rusetsky, E.D. Tykochinskaya, D.M. Tabeeva, R.A. Durinyan, V.S. Goydenko, E.L. Macherit, Gava'a Luvsan and others.

I.I. Rusetsky in co-authorship. (1962) believe that the analysis of the mechanism of action of acupuncture should be divided into local, segmental and general cerebral reactions, which, of course, are interrelated. The deeper the needle penetrated the tissues, the less differentiated receptors are included in the general complex of stimulation. A specific feature of acupuncture, which distinguishes it from all other methods of reflex and, in particular, physical therapy, which have a curative effect on the body through the skin or mucous membranes, is, first, that when acupuncture the stimulation falls on an extremely small zone - this is a dot irritation.

Secondly (which is especially important for the understanding of acupuncture actions), irritation exposed not only and not so much sensory endings inherent in the skin (exteroceptors) and takes place mainly direct mechanical irritation Proprio on -, baro -, chemo - and angioretseptorov laid in the subcutaneous tissue, muscles, ligaments, perineural and perivascular plexuses that occur along the way of the needle. When a needle is inserted into the tissue from the side of the body, local, segmental and general reactions occur.

The irritation of various nerve elements of deep penetrative receptivity and explains, apparently, the variety of sensations (numbness, aches, pressure, raspiranje, "passage of electric current", heat), which occur when the needle is injected into active points by a certain depth by the inhibitory method, and especially with the appearance of the so-called recoil symptom. These sensations find their objective reflection in vascular reactions, different in nature from reactions caused by pricking the skin with the appearance of pain or when the needle passes through the skin, when the irritation of the sensitive nerve endings is mainly.

The local reaction, resulting in the flow of impulses, is transmitted along the afferent pathways (somatic and vegetative fibers that go in the composition of nerve trunks and perivascular plexuses) centripetally, into segments corresponding to the site of stimulation of the spinal cord, causing a segmental reaction, and in the overlying parts of the central nervous system (cerebral trunk, reticular formation, subcortical area and cerebral cortex), causing the development of a general reaction. The general reaction is characterized by the involvement of higher sections of the central nervous system - the hypothalamus, the limbic-reticular system, and the cerebral cortex. GN Kassil (1975) points out that the content of hormones, mediators and metabolites increases in blood, and the content of others increases. The ratio of catecholamines, acetylcholine, histamine, serotonin, corticosteroids, kinins changes.

All this leads to a reorganization of the activity and reactivity of the vegetative-humoral complex, which leads to the restoration of disturbed physiological functions and the normalization of homeostasis. This gives reason to believe that the basis of acupuncture is a complex neurohumoral mechanism in which an important role belongs to the place and method of exposure and the functional background to which irritation falls, which determines the nature and direction of the response.

The question of which irritation has the greatest therapeutic value in internal diseases - irritation of surface or deep receptors - can not be considered definitively resolved. Superficial cutaneous receptors are finely differentiated devices and, apparently, do not play a big role for Chinese acupuncture. The rule of acupuncture is the least painful prick. Consequently, in this case, the irritation of the skin receptors has, mainly, an initial "trigger" value, probably of the type of cortical fixation. Deep receptors are sources of other types of stimuli - diffuse, inert in nature - and have a more effective effect on the condition of internal organs.

In the opinion of other authors, humoral factors, the release of biologically active substances (mediators, hormones) are of great importance in the mechanism of acupuncture, thereby blocking the pain sensations.

Studies conducted by ED Tykochinskaya (1959, 1966) and VG Vogralik (1961) confirmed that acupuncture exerts a stimulating effect on leukocytes, leads to an increase in phagocytic activity, an increase in the number of antibodies and an increase in the body's defenses.

There are several more hypotheses about the mechanism of acupuncture, but not yet created a single, recognized by all the concept, which would explain at the current level all the intimate aspects of the effect of acupuncture and other techniques of ancient Eastern reflexology.

Thus, chzhen-chiu therapy is a reflexotherapy from the deep sections of the body's covers. Great merit of Chinese traditional medicine is the development of her method of deep reflexology. An important factor for chen-chiu therapy is the receipt of a certain type of sensation at the time of treatment, when the needle is in the "Chinese point" (numbness, heaviness, aches, etc.).

### **Eastern and Western medicine**

Western medicine considers external factors as the cause of diseases, for example, viruses and microorganisms, and eastern medicine considers the nature of diseases through internal factors, for example, weakening of the

protective function of the body. Therefore, in Western medicine, the main method of treatment is the destruction, prevention of external factors, whereas in eastern medicine, treatment involves the development and strengthening of an internal defensive reaction against diseases (Table 1). Unlike the western, Eastern medicine uses medicines prepared from natural products.

Table 1.

**Distinctive features of eastern and western medicine.**

Eastern medicine	Western medicine
Philosophical approach	Scientific approach
Comprehensiveness	Discreteness
The concept of a single whole	Isolation
The Inside Approach	Surgical approach
The basis is the model	The basis of the disease
Theoretical approach	Experimental approach
Individual medicine	Social Medicine
Constitutional protection	Bacteriology
Fluid pathology	Bacterial pathology
The stress is on subjective symptoms	Stress is done on objective symptoms
Natural medicines	Chemical medicinal substances

Western and Eastern medicine complement each other. Eastern medicine is very effective in the following cases:

- in the diagnosis and treatment of diseases correlated with the function of the body;
- with early diagnosis and prevention of chronic degenerative diseases;
- in the diagnosis and treatment of epidemics.

The merits of Western medicine include:

- diagnosis and treatment of injuries;
- Diagnosis of diseases and prevention in the field of hygiene (bacteriology and virology);

- treatment of structural organ damage.

Strengths of each medicine do not hint at the superiority of one over another, but demonstrate their complementarity . Consequently, at the present stage of the development of medicine, success in the treatment of diseases can be achieved by combining the latest Western methods of treatment with the most effective methods of oriental medicine.

### **TOPOGRAPHY OF REFLEXOLOGY POINTS AND ORDERING THEM ACCORDING TO THE MERIDIAN PRINCIPLE**

Currently, more than 1,500 exposure points are known, of which 670 are located on the meridians, 543 points outside the meridians, 458 "new" points and about 200 -auricular points .

Given the short duration of the cycle, we considered it expedient to focus only on the localization of 14 permanent classical meridians (Table 2) and spend as much time as possible on the skills of using reflexotherapy for the most common diseases in accordance with their membership in the modern sections of clinical medicine. We give only those meridian points, as well as those extra-meridian points that are mentioned in the recommended recipes.

table 2

Names of meridians and their abbreviated designations.

<b>Numbering of channels according to the international system</b>	<b>Russian</b>	<b>Chinese</b>	<b>French</b>	<b>German</b>	<b>English</b>
I	Meridian of the	Show-tai-	Poumons (P)	Lunge (Lu)	Lungs (L)

	lungs	yin- fei- ching			
II	Meridian of the large intestine	Show- tai- yang- da- chan- ching	Grosintestin( GI)	Dickdarm(Dd, Di)	Large intestine- (Li)
III	Meridian of the stomach	Zu- yang- min- wei- ching	Estomac (E)	Magen (M)	Stomach (S)
IV	Meridian of the spleen – pancreas	Zu-tai- yin-pi- ching	Rate- Pancreas (RP)	Milz-pankreas (MP)	Spleen (Sp)
V	Meridian of the heart	Shaw- shao- yin- xin- jiang	Coeur (C)	Herz (H)	Heart (H)
VI	Meridian of the small intestine	Show- tai- yang- xiao- chang- ching	Intestin Grele (IG)	Diinndarm(Du)	Small Intestine (Si)

VII	Meridian of the bladder	Zu-tai- ying- pan- guan- ching	Vessie (V)	Blase (B)	Bladder (B)
VIII	Meridian of the kidneys	Zu- shao- yin- shen- ching	Reins (R)	Nieren (N)	Kidney (K)
IX	Meridian pericardiu m	Shou- jue- ying- bao- lo- ching	Maitre duCouer (M C)	Kreislaufsexus( KS)	Girculationsex ( Cx )
X	The meridian of the "three cavities" of the trunk	Shaw- shao- yang- san- chiao- tszii	Trois Rechau -ffeurs (TR)	Drei-Hei? Er(3JE)	Three Heartes» (T)
XI	The meridian of the gallbladd er	Zu- shao- yang- dan- tszii	Vesicule Bi- liaire (VB)	Gallenblase (G)	Gall Bladder (G)
XII	Liver	Tszu-	Foie (F)	Leber (Le)	Liver ( Liv )

	meridian	chjue- yin- gan- ching			
XIII	Rear median	Du- May	Tone - Mo(TM, T)	Gouvemeur (TM, VG)	Governing Vessel (GV)
XIV	Anterior middle meridian	Ren- May	Jenn- Mo (JM, J)	Conception (JM, VG)	Conception Vessel (CV)

### **Large intestine meridian (II GI)**

The large intestine meridian is paired. It belongs to the system of arm ‘yan’ meridians, and includes 20 BAPs. From the traditional viewpoint, the impact on meridian points is made in case of large intestine and stomach diseases; mucosa and skin diseases; lung diseases. Impact on the meridian’s points is even effective to relieve pain syndromes of the trunk, particularly oral cavity (tongue, teeth, tonsils) and face area (nose, ears, eyes).

In surgical practice GI<sub>4</sub> – he-gu – is used often as a common point for acupunctural anesthesia.

The meridian’s activity is optimal from 5 to 7 a.m., and minimum – from 5 to 7 p.m. “Excess” syndrome: pain in upper extremities, back and abdomen, cervico-occipital muscle tension, abdominal distension and constipation; vertigo, rigour, etc. “Insufficiency” syndrome is opposite to aforementioned one, i.e. manifestations are diarrhea, arm weakness, bronchial asthma, etc. Draw the large intestine meridian and its key points.

### **Stomach meridian (III E)**

It relates to the system of skin ‘yan’ meridians, is paired and includes 45 BAPs. From the traditional viewpoint, this meridian has an effect on internals in general, and stomach in particular, at the same time controlling stomach secretion.

In therapy, the use of stomach points mainly depends on their location. Points located on the head normalize blood circulation and oral cavity mucosa. Points of the meridian can be used also to treat facial neuralgias and muscle spasms. Points of the meridian located in the cervical area have an effect on larynx and upper air passages, whereas those on the chest have a predominant effect on lung and bronchi functions.

Gastritis and enteritis are better treated by means of chest and abdomen point stimulation. The use of leg points is effective in case of blood circulation disturbance not only in lower extremities, but other areas as well (neck and head). The lower points of stomach meridian can be used to treat headache, eye diseases, etc.

Thus the stomach meridian point stimulation has an impact on diseases of head, nose, face, and teeth, and is effective against some disorders of nervous system, digestive canal diseases, and fever. In surgery, point tszu-san-li (E<sub>36</sub>) is used as one of the key points for acupunctural anesthesia.

The highest activity of the meridian is between 7 and 9 a.m., the lowest – 7 – 9 p.m. The stomach meridian has ‘excess’ syndromes as follows: pain in the front part of thoracic cage, stomach and legs; abdominal distension with belching, constipation and feeling of hunger; dry mouth, excitation, etc. “Insufficiency” syndromes are opposite to aforementioned and include: digestive disorder (rumbling and feeling of stomach fullness, diarrhea, emesis), numbness and feeling of coldness in thighs and shins, abdomen muscle pains, depressions, etc.

Draw the stomach meridian and its key points.

### **The spleen – pancreas meridian (IV RP)**

It relates to the system of yin leg meridians. It is paired and includes 21 BAPs. As per the concept of oriental medicine levels the spleen meridian (as well as the organ itself) is a functional system relating to intestinal food movement and digestion, and nutrients absorption. Beside, spleen regulates water exchange in the body, and its dysfunction can lead to development of

lung edemas. For example, if lung edema is being developed after surgery on abdominal cavity organs the spleen meridian and the paired stomach meridian should be effected.

The meridian is most active between 9 and 11 a.m., and least active between 9 and 11 p.m. Traditionally, weak memory, day sleepiness, meteorism, numbness, leg weakness and passion for sweet courses are considered as signs of spleen ‘insufficiency’. To define visually whether or not the meridian functions well attention is to be paid to the state of tunica mucosa of mouth, especially lips. “Mouth is a mirror of spleen, while lips reflect its well-being”. If spleen functions well the lips are pink and wet, in case of ‘insufficient energy’ the lips are pale and dry.

Draw the spleen – pancreas meridian and its key points.

### **The heart meridian (VC)**

It relates to the system of yin meridians. It is paired and includes 9 BAPs. As per the concept of oriental medicine the heart meridian is a functional system that predominantly impacts on functional states of heart and blood circulation. Moreover, the ancient concepts state that heart controls consciousness, mental work, sensations, and emotions.

The meridian is most active between 11 a.m. and 1 p.m., and least active between 11 p.m. and 1 a.m. ‘Heaviness’ in breast, sometimes temperature rise and dry mouth correspond to “excess’ syndrome. People to have signs of ‘excessive energy’ in the heart meridian are lean, physically strong and with ‘healthy’ skin color, but easily excitable and prone to catarrh of the upper respiratory tract, etc. People to have signs of ‘insufficient energy’ are irresolute, prone to fears and worries, have poor health, thin, prone to nervous disorders, badly sociable, their skin and visible mucous membranes are pale-cyanotic.

In acupuncture one should remember that impacts on the heart meridian points would have a favorable effect in case of functional disorders of cardiovascular system, neurosis, syncope, and vertigo.

Draw the heart meridian line and its key points.

### **The small intestine meridian (VI, JG)**

It relates to the system of arm yin meridians. It is paired and includes 19 BAPs. It is considered that the left branch of the meridian has an effect on small intestine, and the right one has an additional effect on duodenum, too.

As per the concept of oriental medicine small intestine and heart have influence on one another. Heart diseases also involve small intestine and vice versa. The heart and small intestine interrelation is an example of internal-external interrelations. It is very often that tinnitus resulting from internal ear dysfunction can be treated successfully by impacting on the small intestine meridian points.

The meridian is most active between 1 p.m. and 3 p.m., and least active between 1 a.m. and 3 a.m. The signs of 'excessiveness' include pains and convulsions in the cervico-occipital area and along the rear side of shoulder and forearm; pain in lower abdomen and sometimes constipation. The signs of 'insufficiency' are nausea, emesis and diarrhea, ringing in the ear, hearing impairment, extremity weakness, edematous neck and lower jaw.

Draw the small intestine meridian line and its key points.

### **The urinary bladder meridian (VII, V)**

It relates to the system of leg yin meridians. It is paired and includes 67 BAPs. According to the concept of folk doctors the urinary bladder meridian regulates kidney activity and controls urination. It shows the highest activity between 3 and 5 p.m., and lowest activity between 3 and 5 a.m. The signs of 'meridian function insufficiency' are frequent urination with small amount of urine, chronic pain in vertebral column, weakness, and fear; while manifestations of "excessiveness" syndrome normally include predominantly acute pain in vertebral column, loin and legs, lacrimation and pain in frontooccipital area. In acupuncture, points of the urinary bladder meridian

are used effectively in disease and spasmodic states (headache, lumbago, gastrocnemius muscle convulsions).

Draw the urinary bladder meridian and its key points.

### **The kidney meridian (VIII, R)**

It relates to the system of leg yang meridians. It is paired and includes 27 BAPs. It shows the highest activity between 5 and 7 p.m., and lowest activity between 5 and 7 a.m.

If kidneys function insufficiently the man becomes inert, weak-willed, impatient, fearful, melancholic, and irresolute. In such cases the legs are cold, neck strained, and all these are accompanied with ear noise. It is significant that “ears are a mirror of kidneys”, that is state of auricle reflects a state of the kidney meridian. Soft, flabby and cyanotic auricle evidences “insufficient energy” in the meridian, whereas flexible and elastic auricle is an evidence of “excessive energy”. Additionally “excessiveness syndrome” includes signs such as spurts, increased performance /efficiency, resoluteness, internal excitation feeling. Sometimes there is a pain in sacral bone area, loin, etc. The Chinese medicine considers kidneys as “roots of life”.

Draw the kidney meridian and its key points.

### **The pericardium meridian (IX, MC)**

It relates to the system of arm yin meridians. It is paired and includes 9 BAPs.

According to the traditional doctrine this meridian is not representative of any particular organ, but represents purely functional cycle and, in terms of its action on some organs such as heart, is similar to the heart meridian. However, the pericardium meridian has a wider range of influence on blood circulation, and in connection with this, points of the meridian are widely used in acupuncture in cases of stagnation, insufficient blood circulation, blood circulation disorder in thoracic and abdominal cavities and in urogenital system. That is why the pericardium meridian is often called a meridian of “cardiovascular-sexual sphere”.

It shows the highest activity between 7 and 9 p.m., and lowest activity between 7 and 9 a.m.

Draw the pericardium meridian and its key points.

### **The meridian of three cavities of trunk (X, TR)**

It relates to the system of arm yan meridians. It is paired and includes 23 BAPs. This meridian does not relate to any organ and is entire functional system (three cavities or three functional units). The upper cavity includes trunk (thoracic cage to diaphragm) and corresponds functionally to respiratory and blood circulation systems. The medium cavity (from diaphragm to navel) refers to primarily stomach and spleen. The lower cavity is located below navel, and includes kidneys, urinary bladder, genital organs, etc., i.e. the entire urogenital system. The meridian shows the highest activity between 9 and 11 p.m., and lowest activity between 9 and 11 a.m.

Draw the meridian and its key points.

### **The gallbladder meridian (XI, VB)**

It relates to the system of leg yan meridians. It is paired and includes 44 BAPs. In acupuncture, the VB meridian is effective to relieve various type of pain. The meridian shows the highest activity between 11 p.m. and 1 a.m., a time period that accounts for the highest number of acute cholecystitis attacks. Hyperfunction of the meridian is accompanied with a feeling of stomach fullness, bitter mouth, heavy head and pains in lateral sections of thoracic cage and abdomen. It is not rare that hyperfunction of gallbladder causes a number of mental disorders resulting in depressions and sleeplessness, rapid fatigability, impaired vision, and hot temper.

Draw the VB meridian and its key points

### **The liver meridian (XII, F)**

It relates to the system of leg yin meridians. It is paired and includes 14 BAPs.

According to a main ancient concept about liver, this organ is a blood pool, i.e. performs blood storage and quantity regulation. Impairment of the

capacity results in various type of bleeding. It is well-know that liver may contain about 50-60% circulating blood. “Liver affection” may cause muscle disorders/diseases such as muscle spasms, convulsions of extremities, opisthotonos, etc.

The acupuncturing of liver points is used for diseases as follows:

- large liver mass, hepatitis;
- various type of headache and migraines;
- pain syndromes in thoracic cage area, intercostal neuralgia, pains in loin and lower extremities;
- dysfunction of urinary excretion and genital system;
- various types of dermatoses.

Draw meridian F and its key points.

### **The posterior median meridian (XIII, T)**

The posterior median meridian does not relate to ordinary meridians, but, just like the anterior median meridian, is a ‘miraculous vessel’. It is usually interpreted that the posterior median meridian relates to the yan system, while the anterior median meridian – to the yin system.

The meridian includes 28 BAPs, and is functionally important as a meridian, points of which have segmental community with various organs, and thus through them it is possible to purposefully impact on that or another organ. Impact on points of the lower section of meridian has the strongest effect on autonomic nervous system, and of head – on brain. These median lines are particular important for application in children. According to the traditional concepts, the meridian contributes to the balance between functions, effecting mostly yan meridians, primarily physical power. No time interval of the highest activity of the meridian is know, nor are techniques of pulse diagnostics of its state.

Draw meridian T and its key points.

### **The anterior median meridian (XIV, J)**

This meridian is one of a ‘miraculous vessels’, and therefore does not include all control points that are available with other meridians. It has only lo-point, which is also the entry point – huei-yin (J1), and the exit-point – chen-tszyan (J24).

The anterior median meridian corresponds to neither an organ, nor a function, but entire aggregate of functions, predominantly by effecting on the yin meridians. Conditionally, it can be subdivided into three parts:

- lower – from pubis to navel, which corresponds predominantly to urogenital functions;
- middle – from navel to the base of breast bone, which corresponds to digestive functions;
- upper – from the base of breast bone to underlip, which corresponds to respiratory functions.

The meridian includes 24 BAPs.

Draw meridian J and its key points.

### **Literature:**

1. Гаваа Лувсан. Традиционные и современные аспекты восточной рефлексотерапии - Москва. “Наука”, 1990, 574 с.
2. Овечкин А.М. Основы чжень-цзю терапии - Саранск “Голос”, 1991, 416
3. Ли Б.Н. Народная медицина. Учебник. 2010 г.
4. Табеева Д.М. Руководство по иглорефлексотерапии – Москва: «Медицина», 1980 г.
5. Цой Р.Д. Справочник по рефлексотерапии – Ташкент, 1994 г.
6. Хоанг Бао Тяу Иглоукалывание – Москва: «Медицина», 1989 г.

### **Lecture number 3**

#### **Technology for teaching lecture classes**

<b>3-topic</b>	Therapeutic methods for acupuncture
----------------	-------------------------------------

--	--

### 3.1.Learning Technology Model

Lesson duration -80 minutes	Number of students: 16-18	
Class Form	Introduction - Information Lecture	
Lecture plan	<ol style="list-style-type: none"> <li>1. Indications and contraindications for acupuncture</li> <li>2. Etiopathogenes, clinic and treatment of diseases in Eastern medicine.</li> </ol>	
<p>The purpose of classes:</p> <p>Students should know the indications and contraindications of acupuncture, etiopathogenes, clinic and treatment of diseases in Eastern medicine.</p>		
<p>The tasks of the teacher:</p> <ul style="list-style-type: none"> <li>- list the absolute and relative indications and contraindications;</li> <li>- explain and determine the localization of points in diseases;</li> <li>- explain the methods of exposure for diseases</li> </ul>		<p>Learning outcomes:</p> <ul style="list-style-type: none"> <li>- Give a comment about the goals and objectives of the subject and today's lecture;</li> <li>- give an idea of the methods of exposure in diseases and in acupuncture points;</li> <li>- explain the location of the main BAP in diseases.</li> </ul>
teaching methods	Demonstration lecture and interview	

FormsofLearning	Collective
LearningTools	Textbook, textbook, lecture text, projector, computer
LearningConditions	FavoredAudience
MonitoringandEvaluation	Oral: Survey

**3.2. The technological map of the lecture on the topic:  
“Therapeutic methods in acupuncture”**

Workstagesandhours		
	Stagesoftheteacher	Students
Preparatorystage	1. Preparation for today's topic 2. Prepare slides for today's lecture 3. Make a list of references appropriate for today's topic.	
1. Introduction (10 minutes)	Gives a concept about the task and purpose of the subject, familiarize with the subject Asks questions to deepen student knowledge	Arelistening Answerquestions
2 - themainstage (60 minutes)	2.1. Showcase today's slides with Power Point 2.2. Uses visual posters. 2.3. Shows a video on today's topic.	Listenandcheat Answerquestions

	2.4. In order to deepen the knowledge of students, he asks questions.	
3- finalstage (10 minutes)	3.1. Answers questions, draws final conclusions 3.2. Gives homework.	Askquestions

### Lecture No. 3

#### Subject: Therapeutic methods for acupuncture.

#### Plan:

1. Bronchitis basics, acupuncture
2. Bronchial asthma basics, acupuncture

#### BRONCHITIS

##### BASIC PROVISIONS

Bronchitis is a common respiratory disease with an infectious inflammation of the bronchial mucosa. There are two forms of bronchitis - acute and chronic. The main symptom is a cough with sputum discharge. Eastern medicine classifies bronchitis as a syndrome of "cough with phlegm" and "mucus" syndrome.

##### ETIOLOGY AND PATHOGENESIS

Cough can be caused as an external pathogenic energy and internal disorders in the body. External pathogenic factors include "six harmful weather energies" (most often "wind", "cold"), which when "empty those "vital energies invade the surface layers of the organ low and in the lungs. Internal cause of bronchitis can be a violation of the normal state of energy of dense organs (because "all five dense organs can cause diseases"), mainly the lungs, spleen, kidneys. When the energy of the lungs loses its ability to descend, the "empty" spleen causes "sputum-moisture" syndrome, and the kidneys can not accumulate energy.

##### SYMPTOMATICS

There are two forms of bronchitis.

1. Disturbance due to external diseases creative factors: a dry and hoarse cough or cough with a moccasin a company, elevated body temperature, chills; headache, nasal congestion, heaviness in the body, thin white (or yellow) plaque in the tongue, pulse superficial (fu) or fast(sak).

2. Violation due to internal causes: do not stop Shivering day or night cough, by morning general weakness, decreased appetite, frequent expectoration, sputum viscous, sticky or transparent, shortness of breath, dyspnea, feeling - schie fullness in the chest, the stool is decorated, the liquid or the liquid all the time; tongue pale, with a dense ooze with a thick coating; pulse deep (cham), thin (te), very small (wi); hot palms and soles, dryness in the throat and absence of sputum (or traces of blood in the sputum); weight loss, dry skin, improvement of well-being during the day compared to night; hyperemia of the tongue with dry bloom; thin (te), fast (sak) pulse - all this indicates a syndrome of "emptiness of yin".

### 3. THERAPY

#### A. Acupuncture

Principle treatment . With the violation as a result will repay external factors, respiratory relief pulmonary function, measures for treating the disease in its " - nostal "stage. With the syndrome of "wind-cold" - " scattering "the pathogenic energy of" cold ", the cessation of cough. With the syndrome "wind - heat" - the elimination of "heat", stop coughing.

If there is a violation due to internal causes - in case of "empty" lung energy, you should make energy toning , light respiratory function; in the case of the "void" of the spleen and lungs, a breathing aid is needed lung function, sputum reduction, activation of the function spleen activity, the decrease in it is "wet ". If the kidneys lose the ability to accumulate energy, they need to "warm up" the kidneys so that they accumulate energy better ; at "emptiness" - strengthening of yin-energy , "food" lay down sputum reduction.

**I m p a c t p o i n t .** P r i t a c k l e      b y external      pathogenic      factors: fe-zu (13 V), Fu-Chung (IP), dan-chung ( 17 VC), Liet-khyuet (7P), give tyui (14 VG).

In case of violation due to internal reasons: Tiong-mon (13 F), Cao Hoang-zu (43 V), the fat-it-Do (36 E), m Shade-mon (4 VG), where it is zyao ( 6 RP ).

**T h e r a p e u t i c   e f f e c t   o f   p o i n t s .** In response to the points of fe-zu (13 V ) and chung-fu (1 P) contributes to the normalization of lung energy; the dan-chung point ( 17 VC ) is used for tony energy of the whole organism and simultaneously for formation of patency of meridians in the chest area; dot lyet-khyuet (7 R) serves to eliminate the pathogenic energy in the superficial tissues of the body. The dai-tui point ( 14 VG ) is used to stimulate the yang-meridians and to fight disease-causing energy. The point of kao-hoang-zu (43 V ) allows to tonicize energy and blood, and also tiong-mon and tuk-tm-li to activate the functional activity of the spleen and stomach.

#### Auriculotherapy

Effects on the points of the bronchi, trachea, lung, kidney, spleen, daily or every other day for one session. For a session, puncture in 1-2 points with the needle left for a period of 30 minutes to 1 hour.

## **BRONCHIAL ASTHMA**

### **BASIC PROVISIONS**

Bronchial asthma is an allergic disease with periods of remission and exacerbation. Her symptoms include difficulty breathing with a characteristic whistle. General weakness, attacks. Forcing the patient to rise from the bed and take a sitting posture. In eastern medicine, the disease is called "asthma attacks."

### **ETIOLOGY AND PATHOGENESIS**

"Attacks of suffocation" are largely associated with such dense internal organs as the lungs, spleen, kidneys, since the lungs are "responsible" for energy; "Emptiness" of the spleen ki generates the syndrome "sputum-moisture", and the kidneys

accumulate energy. "Void" of dense internal organs in combination with the invasion of the pathogenic energy of the "wind" into the organism, with malnutrition, mental imbalance causes stagnation of sputum and energy, which in turn leads to difficulty breathing, loss of lung energy ability to ascend and descend (along the meridians), resulting in attacks of suffocation .

## SYMPTOMATICS

When the attack comes, the patient does not find a place, sneezing, nasal congestion, itching in the eyes, nose, chest tightness, followed by an asthma attack, difficulty breathing with a characteristic whistle, the patient breathes his mouth. With a severe form of the disease, the patient's face turns pale or turns blue, becomes swollen. During the remission period, these symptoms disappear.

Bronchial asthma is usually divided into two forms.

1. Asthma, related to the syndrome of "cold": no thirst, chills, diarrhea, cold extremities, tongue pale, covered with a thin white coating; pulse intense ( hueen ), thin ( te ) or compressed ( khon ), sliding ( hoat ).

2. Asthma, related to the syndrome of "heat": the patient avoids the heat, prefers coolness, is often irritated, covered with abundance Then he suffers from thirst (he prefers cold water); urine scanty, red shade, constipation; pink or yellow slimy coating on the tongue; pulse sliding( hot ), fast (sake).

## THERAPY

### A. Acupuncture

**P r i n c i p l e t r e a t m e n t .** With asthma related to the syndrome of "cold": "warming" of the lungs, the elimination of the syndrome of "cold", sputum and an attack of asthma.

With asthma related to the syndrome of "heat": "cooling" of the lungs, "dissipation" of "heat", promoting the process of sputum smear, stopping an asthma attack.

Patients with advanced age with the syndrome "fire - empty it is necessary to "warm" the area of the kidneys. With the "emptiness" of the spleen, expressed by the syndrome of "sputum-moisture" go activation spleen, eliminating

"humidity" toni- zirovanie energy "warming" zone in the middle part of the meridian three parts of the body.

**P o i n t s e f f e c t s :** during the attack, they act on the point that regulates breathing ( auricular AP 31), thien-dot points (22 VC ), chung-fu ( I P ), khuk-chi (eleven GI ), fong-long (40 E), tuk-tam-li (36 E).

During remission, an additional effect on the points of the fe-zu (13 V ), you-zu (20 V ), thang-zu (23 V ).

**M e t h o d i m p a c t .** With asthma related to the syndrome of "cold" - moxibustion alone or in combination with puncture. With asthma related to the syndrome of "heat" - only puncture in combination with the corresponding regimen pi tanya, rest, training.

Banks with a bore diameter of 50 mm after removing the needle are placed on the points of the chung-fu ( I P ), dan-chung (17 VC ), Fe-zu (13 V ) and allowed to stand for 5 minutes.

You can put the banks and when the attack. If as a result of exposure to these points the attack does not stop schaetsya, necessary to use additional points ty zu (20 V), Cao Hoang (43 V) in the back. Banks should be used only for asthma related to the syndrome of "cold".**T h e r a p e u t i c E f f e c t p o i n t s .** Auricular the AP 31 point regulating breathing is used specifically for the treatment of asthma. The point of chung-fu (1 P) serves to restore patency and regulation of energy in the lungs. Thien-dot point (22 VC) allows eliminating phlegm and rising energy vit permeability in the lung. The three listed points \* are always used to treat bronchial asthma. Influence on the point of huk-chi (eleven GI ), eliminate pathogenic energy, and the fong-long (40 E) and tuk-tam-li (36 E) points help to eliminate phlegm and lower the energy that rushes upwards giu. During the remission, the feminine point (13 V ) is combined with the thien-dot (22 VC ) and chung-fu ( I P ) points to restore the patency of lung energy. Use also the point of tu-zu (20 V ) in combination with the points tuk-tam-li (36 E) and fongchlong (40 E) to stimulate the

functional activity of the spleen, reduce sputum and eliminate "moisture". The point of thang-zu (23 V) in combination with chung-fu (1 P) serves to eliminate the phenomenon, when "the body fluids returning to the body produce sputum," and also for "warming up helping the kidneys accumulate energy.

#### B. Exposure to the flowering method

Treatment on the zonal principle:

- obligatory impact zone;

Primary area of exposure: Thi - Thviu site in the region of the back

additional area of influence: chest area, before the neck area, the front side of the forearm.

With an abundance of sputum - additional treatment of the front side of the shin; at a disorder of ability of kidneys accumulation energy - additional treatment of the lower abdomen and the inner side of the shin. If there is a large amount of data indicating that bronchial asthma from worm to the syndrome of "cold", then after treatment with a needle hammer should additionally be moxibustion Check Fe-Zu (13 V) and Chung Fu (IP).

Method processing. The zone of compulsory treatment is processed with medium intensity, the main one and the complement depending on the nature of the course of the disease. There are 20 strokes per line. With continuing pristan - groin - one session daily, after relief - every other day.

#### B. Auriculotherapy

During an attack, it should be applied with considerable intensity to the most sensitive areas of the ear covines, combining it with a puncture of 1-2 from the following points: asthma (bronchodilator point), lung, sympathetic nervous system, endocrine glands, subcortex (XVI zone), spleen, pancreas, kidney. Punctures with leftovers needle for a period of 30 minutes to 1 hour.

## **HYPERTENSION**

### **GENERAL PROVISIONS**

Hypertension refers to disorders with an unclear etiology (primarily) and at the same time is a symptom of many diseases (secondary). The main indicator of the disorder is blood pressure. By the nature of the disease Precise medicine classifies hypertension as a "headache, with accompanied by dizziness", a syndrome of "wind" of the liver, violation of the yang-liver.

#### ETIOLOGY AND PATHOGENESIS

Most often, hypertension occurs as a result of a violation of the yin-equilibrium of the liver and kidneys. With the syndrome of "emptiness" yin-peeche nor there is a predominance of yang-liver, and as this prevalence increases, the yin-negative; "Void" yin-Liver also called "emptiness" yin kidney, which can not but affect the kidney-yang, worsening their balance yin-Jahn. The cause of increased blood pressure may serve as a violation of mental balance, syndromes "sputum-moisture", "sputum-fire," "internal wind," and stagnation of blood, which further complicates the disease.

#### SYMPTOMATICS

There are three forms of the disease course.

1. Prosperity of " yang-liver ": headaches, irritant the patient does not "find a place"; hyper face, eye, dry mouth, constipation, yellow coating on the tongue; pulse intense (hueen ) or intense ( hueen ) and fast (sak).
2. "Emptiness" of yin , prosperity of yang : dizziness, tinnitus, unconscious anxiety, insomnia, small numbness of limbs and trunk, pink coating on the tongue; pulse pulse ( hue ), thin ( te ) and fast (sake).
3. "Emptiness" I yin , and yang : dizziness, tinnitus, pain in the lower limbs, aches in the knees, insomnia or a nightmare in a dream, pallor of the face, numbness of the extremities, pollakiuria, polinicuria , pathological pollutions, impotence, pale plaque on the tongue; pulse deep ( cham ), thin ( te ).

#### THERAPY

##### A. Acupuncture

**P r i n c i p l e t r e a t m e n t .** With the prosperity of the " yang-liver " - "holes - malignant liver, quenching yang "; at the "emptiness of yin and prosperity - SRI yang "-" yin food,fire yang "; with "emptiness and yin , and yang " - " yin food , yang help ."

**P o i n t s e f f e c t s :** dou-zuy (8 E), suat-kok (8 VB ), fong-chi (20 VB ), bat-ho (20 VG ), an-dong ( out -of- measure ), thai-zyong ( RSM ). Possible additional impact on the points: Han-zyan (2 F ), kang-zu (18 V ), thai-khe (3 R ), kuan-nguyen (4 VC ), thang-zu (23 V ), tuk-tam-li (36 E), fong-long (40 E), khi-hai (6 VC ), than-mon (7 C), there-am-ziao (6 RP ). In one session, affect 4-5 points.

**T h e r a p e u t i c E f f e c t p o i n t s .** Fong-chi Points (20 VB ), a suat-kok (8 VB ), a dow-jowl (8 E) and a bat-ho (20 VG ) use for "dissipation of heat," a subcutaneous injection with small bloodletting at extra-meridian points of an-dong and thai-zyong produce for the purpose of eliminating the pathogenic yang-energy ; The "scattering" injection to the Han-zyan point (2 F ) normalizes the de liver activity. Tonic injection to the point of kan-zu (18 V ) [in combination with dots Thanh zu (23 V) and Quan Nguyen (4 VC)] «relaxes" the liver and "diffusing" injection in the same point [in conjunction with the point Han-zyan (2 F )] allows to normalize the activity of the liver. The point tuk- ta -li-li (36 E) serves to strengthen the function of the stomach, toning the middle part of the meridia on three parts of the trunk and strengthening of the yang energy [in combination with the points thang-zu (23 V ) and khi-hai (6 VC )] or it allows to strengthen the function of the stomach and eliminate "moisture" [in with fong-long point (40 E) ] . Effects on the fong-long point (40 E) contribute to a decrease in sputum, the elimination of turbidity liquid in the body. The khi-hai point (6 VC ) serves to strengthen the vital energy, and the points of than-mon (7 C) and there-am-ziao (6 RP ) -to restore peace of mind.

**Auriculotherapy**

Effects on the points: lowering blood pressure, adrenal gland, subcortex ( XVI zone), thang-mon (AR 55), liver, kidney.

Simultaneous puncture of several points, the effect of media her intensity, extraction of the needle immediately after the end of the puncture. With the onset of improvement, sessions are conducted every other day.

## **STENOCARDIA**

Angina is manifested in the form of paroxysmal pain in the of the heart in connection with sudden deterioration of the trophism of the heart - muscle. It is observed most often in the elderly, the elderly, mainly in men, among intellectuals. Attacks of pain usually occur with tension, strength - emotional excitement or hypothermia of the body. Attacks of pain in the heart, lasting up to  $\frac{1}{2}$  hours, suggest a myocardial infarction and require appropriate timely measures. Eastern medicine treats angina to "heart pains."

### **ETIOLOGY AND PATHOGENESIS**

The weakened function of the yang-spleen gives rise to a "muddy wet" tu, and a decrease in the activity of the egg-heart leads to stagnation of the blood. Both complicate the activity of the cardiovascular system, worsen the circulation of yang energy in the chest, causing pain in this area, and if in the presence of these disorders in the internal organs, the pathogenic energy "holo yes "(concentrating in the thoracic region), the patient has acute pains in the heart.

### **SYMPTOMATICS**

Sudden sharp, paroxysmal pain behind the chest of a pressing character with a return to the armpit, back, neck, left shoulder, along the inner side of the left hand and hand or on the inside of both hands. The attack of acute pain causes the patient fear, he grasps his chest, remains motionless. The attack

usually lasts from a few seconds to several minutes, after which the pain subsides and quickly passes. There are three forms of angina pectoris.

1. Syndrome of "emptiness of yang , the predominance of cold": periodically

the emerging feeling of tightness, raspiraniya in the chest, b- c , calmness , weakened breathing, chilliness, cold extremities Nost, decreased appetite, diarrhea, pale white mucous the tongue of a tongue; pulse deep, slow ( cham-chi ) or gauging the taking ( ket-da ).

2. Syndrome of "congestion caused by turbid phlegm"; feeling of bursting and stiffness in the chest, pain giving off in the back, weakened, shortness of breath, dizziness, wet cough with phlegm, thick mucous plaque on the tongue; pulse sliding ( hot ).

3. Syndrome of "energy and blood stasis": acute, paroxysmal nye pain stabbing nature in the chest and heart, gave guides in the shoulder, back; weakened breathing, gray coating on the tongue

ke, on the tip and on the edges of the tongue are observed stagnation areas blood; pulse deep ( cham ), uneven (sap) or "freeze conductive "(kw-dai).

## THERAPY

### A. Acupuncture

P r i n c i p l e t r e a t m e n t . With the syndrome of "emptiness yang ", predominantly cold "- toning of yang energy to strengthen the heart, toning of the yang-kidney , which is in the state of" og nya ». With the syndrome of "stagnation generated by turbid wet that "- the restoration of the patency of energy to reduce sputum. With the "stagnation of energy and blood" - activation of the energy current , stimulation of blood, restoration of the permeability of the measure dianov and vessels.

**P o i n t s e f f e c t s :** thang-dao (11 VG ) ^ thang-dong (44 V ), dan-chung (11 VC ), khiti-mon (4 MS), nbi-kuan (6 MS). Possible additional impact on the points of the less-mon (4 VG ), you-hoa ( extra-meridian ), tuk-tam-li (36 E) and fong-long (40 E).

**M e t h o d i m p a c t .** During the onset of an attack , intensive use should be made of the first 9 of these points until the patient has a specific sensation ("needle effect") to reduce the attack of pain. The patient should feel relief in the of the breast. Puncture is performed with the needle left for 30 minutes with rotation every 10 minutes. Between attacks, injections should be of medium intensity of regulatory action.

**T h e r a p e u t i c E f f e c t p o i n t s .** The impact on the points in the region of the back adjacent to the point of tam-zu (15 V ), thang-dao (11 VG ) and thang-dong (44V ), "opens the body openings ", restores mental balance, strengthens the heart ce, restores the patency of the meridians. The dan-chung point (11 VC ) serves to activate the current of energy in order to relieve the feeling of heaviness in the chest area.

Points Khitai-mon (MS 4) and hydrochloric Quan (6 MA) are used to restore patency meridians; influence on them can eliminate stagnant phenomena in the heart. The point of less-mon (4 VG ) contributes to the strengthening of yang energy , stimulus the whole organism; you-hoa ( unmeasured , identical to 17 V and 19 V ) regulates energy, nourishes blood; tuk-ta-li-li (36 E) serves to tonify energy in the middle part of the meridian of three parts of the trunk, and it is especially effective in the sop - with a dan-chung point (11 VC); finally, the dot -long point (40 E) is used to lower the upward energy, reduce sputum.

#### Auriculotherapy

Effects on the points: heart, than-mon (AR 55), sympathetic nervous system, subcortex ( XVI zone), inactivity of the middle intensity. Daily for one session during an attack. The effect of significant intensity on the auricular points gives a high analgesic effect.

**Note.** During the course of the illness, attacks of pain in the heart can gradually blunt (become less acute) or, conversely, become more severe. Very often angina pectoris are obliteration of the arteries of the heart and beyond - stagnant death.

From what has been said it is clear that a patient with angina pectoris needs Dimo to be protected, do not overexert, avoid hypothermia (from cold water, wind), avoid emotional transport walking, respiratory gymnastics.

## **NEURALGIA OF THE SEDIMATIVE**

### **NERVE GENERAL PROVISIONS**

Neuralgia of the sciatic nerve is a syndrome in which pain along the sciatic nerve is felt. This pain is caused by the defeat of either the nerve or the nerve roots. In eastern medicine, the sciatic nerve inflammation is referred to as the "internal" syndrome (to violations of internal organs). This disease corresponds to neuralgia of the sciatic nerve.

### **ETIOLOGY AND PATHOGENESIS**

The appearance of neuralgia of the sciatic nerve is usually associated with the penetration of pathogens "wind-cold", "wind-heat" or "dampness-heat" in the January meridian bladder or in the January meridian of the gallbladder in the ment when the pores of the skin are open. The disease can also arise as a result of the accumulation of blood in the indicated meridians. As a result, the circulation of energy and blood in the meridians of the urinary and gallbladder is hindered or even disturbed, which triggers the rule: "where the there is pain "; if this pathological condition is prolonged, it affects the liver and kidneys.

### **SYMPTOMATICS**

1. Continuous pain or pain in the form of attacks along the course of the meridians. When bending in the waist, coughing, sneezing, sell l - , zhitelnoy walking pain increases and radiates downwardly from the back to the extremities. The nature of the pain is dull (with the syndrome "cold -

dampness"), stitching or cutting (with blood clots). The painpoints are dai-chyong-zu (25 V ), hohan-khieu (30 VB ), tahia-fu (36 V ), ui-chung (40 V ), tkhya-son (57 V ), conlon (60 V ), ziong-lang-tuen (34 VB ). To reduce the sensation of pain, the patient tries to keep the position most comfortable for him.

The sensations on the outside of the shin and the back of the foot may either be hypersensitive or a feeling of numbness is observed. Movement of the patient is difficult neno, the muscles along the affected nerve pathways are strained. Hence the occurrence of pain during movements involving tensed muscles, which leads to the limitation of mobility and passive movements ( Lacega's symptom is positive).

2. Possible amyotrophy of the buttocks and lower extremities, decrease or disappearance of the Achilles reflex at the normal knee. (In connection with the "void" of the liver and kidneys, they are not in the state provide the necessary supply of tendons).

In the lower extremities, there may be sensations of cold or heat.

## THERAPY

### A. Acupuncture

**P r i n c i p l e t r e a t m e n t :** restraint dianas of the urinary and gallbladder.

The impact points are: Hoan-khieu (30 VB ), phong-thi (31 VB ), zuong-lang-tuen (34 VB ), thai-suh (3 F ), dai-chyong-zu (25 V ), tōđa-fu (36 V ), wu-chung (40 V ), tōđa-son (57V ), conlon (60 V ).

**M e t h o d i m p a c t .** In each session, the effect of for 3-5 points. It is necessary to achieve at each point "Needle effect", which must irradiate downward. Thus, when an effect is applied to the point of Hoan-khieu (30 VB ), a specific sensation ("needle effect") should descend from this point to the point of vu-chung (40 V ), while puncture of this point, the sensation spreads even lower, to the point of txaasleep (57 V ), etc.

If pain intensifies in winter or at night, it is necessary to give preference to cauterization, reducing the dose of exposure to needles.

If the pain is localized at any one point - usually it is hohan-khieu (30 VB ), it is recommended to combine the prick with the can above the needle or apply a puncture with heating the needle.

**T h e r a p e u t i c E f f e c t p o i n t s :** the impact on these points allows you to normalize the patency of energy in the meridians, reduce pain in the foot Yang meridians.

B. Exposure to the flowering method

### **NEURALGIA TRIPLE NERVA**

This disease manifests itself in the form of attacks of sharp pain in the region innervated by the trigeminal nerve, and refers in eastern medicine to "inflammation of the joints from the harmful wind."

### **ETIOLOGY AND PATHOGENESIS**

The main cause of trigeminal neuralgia is the penetration of pathogenic factors "wind-cold" into the three Yang meridians or the accumulation of blood in the face area, which exerts pressure on the Yan meridians in this area and at leads to a delay there of energy n of blood. Other reasons There is also the "fullness-heat" syndrome of the liver and stomach, "pustota "of yin-energy and the predominance of" fire ", the aspiration of" empty fire "upwards, to the head and face.

### **SYMPTOMATICS**

Attacks of burning pain, as a result of which the muscles of the face with - Crumble, as from pricks with a needle, redness of the skin of the face, tear - flow, drooling. The duration of seizures is 1-2 minutes. During the day there are several seizures. Attacks occur especially from touching some painful points on the face: zyong-baht (14 VB ), you-bat (2 E), nong-hyong (20 GI ), dia-thyong (4 E), txya-tuyong (24 VC ).

### **THERAPY**

A. Acupuncture

**P r i n c i p l e t r e a t m e n t .** Mainly restoration of and activation of the meridians.

**P o i n t s e f f e c t s ,** pain points (usually from those listed above), e-fong (17 TR ) or fong-chi (20 VB ), hop-kok (4 GI ).

**M e t h o d i m p a c t .** Puncture in the most painful from painful points followed by intensive rotation of the needle. If the pain does not decrease, the puncture is made to the second pain point, etc. Acupuncture sessions are conducted every other day. If there is no therapeutic effect, the needle can be replaced by subcutaneous injection of 0.1 ml of distillate water in one sore spot. The injection mode is the same as the acupuncture regimen, every other day.

**T h e r a p e u t i c E f f e c t p o i n t s .** Influence on painful points restores the passableness of energy in the meridium anahs, affected by disease-causing energy, and then the law, found by the ancient Eastern medicine, comes into play "patency excludes pain".

The points are e-fong (17 TR ), fong-chi (20 VB ), hop-kok (4 GI ) They are used as a remedy against violations in their "external" stage, a means of eliminating the pathogenic factors of "wind" and "ho Loda. "

**B. Exposure to the flowering method**

**Auriculotherapy**

Particular attention is given to the pain spots in the points: forehead, upper - jaw, lower jaw, sympathetic nervous system, than-mon (AR 55).

## **TOPIC 1: Acupuncture needles, their preparation for procedure, acupuncture methodology and techniques**

- 1. Topic duration: six hours (160 min.)**
- 2. The objectives of the lesson are to train the students in:**
  - Needle sterilization;
  - Puncture techniques;

- Methods of impact on biologically active points (BAPs);
- Understanding of classical meridians with the topography of acupuncture points;
- Drawing lung meridians (I.P.) and a calendar of medicinal plants collection.

## **Tasks:**

Students should know:

- Types of acupuncture needles, their sizes, diameters, length of sharpening section, needle composition;
- Needle sterilization methods (autoclaving, dry heat, etc.);
- Methods of needle introduction;
- Characteristics of variants I and II of stimulating and inhibitory methods.

Students should be able to:

- Implement practical skills – identify BAPs (GJ<sub>4</sub>, E<sub>36</sub>, P<sub>7</sub>, J<sub>22</sub>, etc.);
- Prick the acupuncture point;
- Demonstrate methods and techniques of needle introduction and/or prepare tinctures and decoctions of medicinal plants or mixtures.

## **3. Motivation**

The folk medicine has ancient traditions that were formed in China, Korea, Tibet, Mongolia, and Japan on a basis of therapeutic practices, the techniques and specific features of which were being formed over millenniums.

Their key features are as follows:

- Mobilization of body's own resources;
- Minimum use of drugs, since drug intolerance tends to become a major issue in current medicine;
- The time has come for acupuncture and/or phytotherapy, as non-drug treatment methods, to have to be adopted by doctors of various specializations.

#### **4. Interdiscipline and intradiscipline relations**

Widening students' knowledge in traditional and non-traditional treatment methods is built up on a basic knowledge that the fifth year students of medical and medico-pedagogical faculties are expected to possess in anatomy, histology, physiology, as well as clinical disciplines of medical type (internal diseases, neuralgia, etc.).

#### **5. Content of the lesson**

##### **5.1. Theoretical part**

- Acupuncture needles, their preparation for procedure, acupuncture methodology and techniques, and/or calendar of medicinal plant collection.
- A table containing characteristics of classic meridians.
- Draw the lung meridian and the standard number of proportional tsuns on anatomical areas of body.
- Methods of impact on biologically active points (BAPs)

##### **Acupuncture needles and their preparation for procedure.**

Needles being commonly applied for acupuncture now are round-shaped ones with their size ranging from 1.5 to 15 cm and a sharpening section length of 1.5 – 2.0 mm and a thickness of 0.35 – 0.45 mm.

Acupuncture needle sterilization is performed in a regular way, i.e. boiling (45 min. in distilled water), autoclaving (30 min. under pressure of 1.5 bars) or dry heating (20 min. at a temperature of 160 C). Unused sterile needles are kept in 75% ethyl alcohol.

The needles are made of the following alloys:

- Golden needles: pure gold – 75%, silver – 13%, tough-pitch copper – 12%;
- Silver needles: pure silver – 80%, tough-pitch copper – 17%, purified copper – 3%;
- Regular thin needles: of stainless steel threads or purified copper I.28 – I.32.

### **Needle introduction technique:**

A methodologically correct way is to hold a needle by the grip with three fingers: finger I – from one side of the grip and fingers II and III – from the other. Nowadays most common is rotational introduction. The needle is placed perpendicular or angularly to the skin surface in the center of require acupuncture point and is rotationally introduced by moving it backwards and forwards and simultaneously pressing on it.

### **Methods of needle introduction:**

- with skin fixation;
- without skin fixation;
- via tube.

### **Methods of impact on biologically active points (BAPs)**

**There are two key methods as follows:**

- stimulating (tonic);
- inhibitory (sedative).

Both methods are subdivided into strong (I) and weak (II) variants.

## **5.2. Analytical part**

### **Situation tasks:**

1. A patient is administered the chjen-tszu therapy. What does this method mean?  
Answer: ‘chjen’ – puncture, ‘tszu’ – cauterization. This method consists in puncturing or cauterizing specific points of body.
2. In acupuncture we irritate surface or deep receptors. Characterize these receptors.  
Answer: Surface cutaneous receptors are differential apparatus only, the irritation of which acts primarily as a ‘trigger’, similar to skin fixation. However, deep receptors are of diffusive, inert nature, and have more effective impact on viscera.
3. In acupuncture we often use the ‘mother-son’ rule. What does it mean?

Answer: The 'mother-son' rule considers three of 'primary elements' (or corresponding meridians): in relation to a primary element with defective energy the element preceding it in the cycle of stimulating relations is identified as 'mother', while the succedent is identified as 'son'.

4. The following points are used often in therapy: meridian, off-meridian, 'new', and auricular. Specify the number of paired and unpaired meridians.

Answer: There are a total of 14 classic meridians: 12 paired and 2 unpaired.

5. To find reflex therapy we divide body sections into proportional segments (tsuns). How many tsuns are from glabella to upper edge of theinion; from the base of xiphoid process to the navel?

6. Golden and silver needles are used in acupuncture. What alloys the needles are made of?

Answer: Golden needles: pure gold – 75%, silver – 13%, tough-pitch copper – 12%;

Silver needles: pure silver – 80%, tough-pitch copper – 17%, purified copper – 3%;

### **5.3 Practical part**

1. Executing a task of preparing needle for procedure (needle sterilization, storage);
2. Needle introduction techniques, methods of introduction (with and without skin fixation, via tube), needle position as relative to skin surface (vertical puncture, punctures at different angles);
3. Draw tables: names of classical meridians and standard number of body sections division into proportional segments (tsun);
4. Draw the lung meridian (P).

### **6. Test questions**

1. What does chjen-tszu therapy method mean?
2. List traditional medicine concepts and their meaning?
3. What is U-sin concept?
4. Mechanisms of the acupuncture action.
5. What types of interrelations are between five primary elements?
6. What are specific features of 'mother-son' therapy?

7. What is a standard number of divisions into proportional segments (tsun)?
8. Sterilization methods of acupuncture needles?
9. Types of acupuncture needles, composition of golden and silver needle?
10. Puncture technique and needle introduction methods?
11. List meridian names and contracted notations.

**TOPIC 2. Topography of acupunctural points used for treatment of morbus hypertonicus and stenocardia.**

1. **Topic study duration:** 4 hrs (160 min.)

**2. Objectives:**

- Create a general idea of how to acupuncture in case of cardiovascular diseases;
- Introduce an efficiency of acupuncture at I-II stages of the disease;
- In a case of complicated morbus hypertonicus (hypertensive crisis), prove the expediency of undertaking an integrated acupuncture and drug treatment;
- Train to relieve episodes of pain in case of stenocardia.

**Tasks:**

**Students should know:**

- Topography of points to be used in case of essential hypertension and stenocardia;
- Integrated treatment management;
- Methodology of using points in case of stroke (in acute stage);
- Mixtures of medicinal plants to be used in case of essential hypertension and stenocardia;
- Meridians: V; R; MC.

**Students should be able to:**

Implement practical skills that is to acupuncture points as follows: T<sub>20</sub>; VB<sub>20</sub>; MC<sub>6</sub>; F<sub>2</sub>, etc., which are used in case of essential hypertension and stenocardia; integrated treatment in case of hypertensive crisis; liquidate episode of stenocardia pain.

**3. Motivation**

In most of essential hypertension cases it is expedient to administer integrated treatment that includes drugs. It is most effective to use acupuncture at I-II stages of the disease, where II variant of inhibitory method without intensive (strong) stimulation is used. In case of stenocardia acupuncture is used to liquidate episodes of pain.

#### **4. Interdiscipline and intradiscipline relations**

Teaching the topic is based on students' knowledge of anatomy, histology, physiology, and clinical disciplines (such as therapy, neurology, surgery, etc.), as well as on their subsequent study of traditional treatment methods.

#### **5. Content of the lesson**

##### **Theoretical part**

Familiarize students with acupuncture application efficiency at I-II stages of essential hypertension. Expedience of integrated treatment with drug therapy. Liquidation of episodes of pain during stenocardia and their prophylaxis.

##### **Essential hypertension (EH)**

In most case of EH it is useful to apply an integrated treatment that includes drug therapy.

It is most effective to use reflex therapy at I-II stages of disease, where II variant of inhibitory method without intensive stimulation is used.

Most often the formulation includes points of head (T<sub>20</sub>), occipital-cervical-collar area: VB<sub>20</sub>, GI<sub>15</sub>; upper (GI<sub>4</sub>, GI<sub>11</sub>, MC<sub>6</sub>) and lower (E<sub>36</sub>, VB<sub>30</sub>, F<sub>2</sub>, F<sub>3</sub>, RP<sub>6</sub>) extremities.

It is not recommendable to involve more than 6 point in one session. A course of medical treatment consists of 10-12 sessions, with a total of 3-4 courses with 10 to 25-30 day breaks between them.

In case of complicated essential hypertension (e.g. hypertensive crisis) it would be recommendable to inject 2 ml of 2 percent no-spa solution (under skin), 4 ml of 2 percent dibazol solution and 1 ml of 1 percent lasix solution

(intramuscularly) and other in combination with acupuncture of points E<sub>36</sub>; GI<sub>11</sub>; V<sub>62</sub> – shen-mai – under lateral malleolus, in fossa at the boundary of plantar and rear surfaces.

In strokes (acute periods) there applies stimulating methods of using ‘acute care’ points: T<sub>26</sub>; J<sub>24</sub> and points that facilitate stopping hemorrhages (GI<sub>4</sub>; P<sub>9</sub>).

### **Acupuncture points topography in case of EH**

- 1) T<sub>20</sub> – Bai-Huei – 4.5 tsuns backward of T<sub>24</sub> shen-tin; T<sub>24</sub> – shen-tin – 3 tsuns above glabella and 0.5 tsun above the hair growth boundary;
- 2) VB<sub>20</sub> – Fen-chi – aside from T<sub>16</sub> fen-fu at the lower edge of occipital bone; T<sub>16</sub> – fen-fu – between occipital bone and I cervical vertebra, 3 cm above the hair growth boundary;
- 3) GI<sub>15</sub> – Tszyan-yui – is located above shoulder joint between acromion process of scapula and greater tubercle of humeri;
- 4) GI<sub>4</sub> – He-gu – between I and II metacarpals closer to radial edge of II metacarpal;
- 5) GI<sub>11</sub> – Tsyui-chi – at exterior edge of bend of elbow in the middle of the distance between ulnar fold and lateral condyle;
- 6) MC<sub>6</sub> – Nei-guan – 2 tsuns above radiocarpal fold between tendons of long palmar muscle and radial flexor muscle of wrist;
- 7) E<sub>36</sub> – Tszu-san-li – 3 cm ectad crest of tibia between the muscles; 3 tsuns below lower edge of patella;
- 8) RP<sub>6</sub> – San-yin-tszyao – 3 tsuns above the upper edge of medial malleolus, backward of tibia;
- 9) F<sub>2</sub> – Sin-tszyan – between the heads of I and II metatarsal bones;
- 10) F<sub>3</sub> – Tai-gun – in the narrowest place between I and II metatarsal bones;
- 11) VB<sub>30</sub> – Huan-tyao – on the buttock backward of coxofemoral joint. If a straight line would be drawn to connect tuber of ischial bone and crest apex of iliac bone, and a perpendicular to this line is drawn from greater tubercle of femoral bone, point Huan-tyao would be located at a place of their crossing.
- 12) T<sub>26</sub> – Jen-chjun – under tip of nose, at upper third of vertical sulcus of upper lip;
- 13) J<sub>24</sub> – Chen-tszyan – in the middle of mentolabial sulcus;
- 14) P<sub>9</sub> – Tai-yuan – at radial edge of tendon of radial flexor of manus on proximal fold of radiocarpal articulation.

**In such case acupuncture method can play an auxiliary role, along with intensive care**

## **Stenocardia (S)**

Acupuncture is used to liquidate episodes of pain and their prophylaxis. The course of treatment involves points as follows: MC<sub>6</sub>, MC<sub>7</sub>, J<sub>15</sub>, VB<sub>20</sub>, E<sub>36</sub>, GI<sub>4</sub>, GI<sub>11</sub> and other. They improve blood circulation in myocardium. According to Chju-lyan, good results in case of stenocardia attack can be achieved by acupuncturing of points on the left side – GI<sub>4</sub> or VB<sub>21</sub> or GI<sub>11</sub> (I variant of inhibitory method). If stenocardia is developing against a background of essential hypertension then point E<sub>36</sub> is to be added with warming of left GI<sub>11</sub>. Points shen-men are on auricle.

### **Reflex therapy points at stenocardia**

- 1) MC<sub>6</sub> – Nei-guan – 2 tsuns above radiocarpal fold between tendons of long palmar muscle and radial flexor muscle of wrist;
- 2) MC<sub>7</sub> – Da-lin – in the middle of radiocarpal articulation between tendons of long palmar muscle and radial flexor muscle of wrist;
- 3) J<sub>15</sub> – Tszu-vei – 0.5 cm below the extremity of xiphoid process;
- 4) VB<sub>20</sub> – Fen-chi – 1 tsun above hair growth boundary, under occipital bone, in fossa at exterior edge of trapezoidal muscle in recess;
- 5) VB<sub>21</sub> – Tszyan-tszin (the well of shoulder) – in the center of supraspinous fossa, in the middle between points T<sub>14</sub> (Da-chjui) and GI<sub>15</sub> (Tszyan-yui) above humeral articulation, between acromion process of scapula and larger tubercle of humerus (in recess formed during arm rise).
- 6) E<sub>36</sub> – Tszu-san-li – 3 cm ectad crest of tibia between muscles; 3 tsuns below lower edge of patella.

### **Analytical part**

#### **Situation tasks:**

1. At which stages of essential hypertension it is most useful to apply acupuncture?

Answer: At I-II stages of the disease.

2. What points of head and occipital-cervical-collar area are included more often in formulation in case of essential hypertension?

Answer: T<sub>20</sub>; VB<sub>20</sub>; GJ<sub>15</sub>.

3. What approach should the doctor undertake in case of essential hypertension?  
Answer: An integrated treatment is recommendable: introduction of 2 ml of 2% no-spa solution (under skin), 4 ml of 2% dibazol solution and 2 ml of 1% lasix solution (intramuscularly) and other in combination with acupuncture of E<sub>36</sub>; GJ<sub>11</sub>; V<sub>62</sub>.
4. What points of upper extremities are most often used for treating essential hypertension?  
Answer: Points GI<sub>4</sub>; GJ<sub>11</sub>; MC<sub>6</sub>.
5. What points of lower extremities are most often used for treating essential hypertension?  
Answer: Points E<sub>36</sub>; VB<sub>30</sub>; F<sub>2</sub>; F<sub>3</sub>; RP<sub>6</sub>.
6. What impact method is used in case of stroke during its acute period?  
Answer: Stimulating methods are used during an acute period of stroke.
7. What points are expedient to use in acute period of stroke?  
Answer: 'Acute care' points (T<sub>26</sub>; J<sub>24</sub>) and points facilitating haemorrhage termination (GI<sub>4</sub>; P<sub>9</sub>).
8. What role does acupuncture plays in acute period of stroke?  
Answer: In such case acupuncture can play an auxiliary role, along with intensive care.

### **Practical part**

Implementation of the task of acupuncturing in cases of cardiovascular diseases; management of integrated treatment in complicated cases of essential hypertension; use of 'acute care' points during an acute period of stroke; rapid relief of stenocardia pain; draw meridians as follows: V; R; MC.

### **6. Test questions**

1. At which stages of essential hypertension it is most useful to apply acupuncture?
2. What points of head and occipital-cervical-collar area are included more often in formulation in case of essential hypertension?
3. Specify points of upper and lower extremities that are used for treating essential hypertension?
4. What drugs are recommended to introduce in case of essential hypertension?

5. What impact method is used in case of stroke during its acute period?
6. What acupuncture is used for during stenocardia?
7. Specify topography of points T<sub>20</sub>; VB<sub>20</sub>; GJ<sub>15</sub>.
8. Show locations of points GI<sub>4</sub>; GJ<sub>11</sub>; MC<sub>6</sub>.
9. Which meridians do points GI<sub>4</sub>; E36; P9; T20 belong to? Specify their topography.
10. What treatment is expedient to administer in case of hypertensive crisis?
11. Which meridians (yan/yin) do meridians V, R, MC relate to?

### **TOPIC 3: Topography of acupunctural points that are used against asthma and bronchitis.**

1. **Duration:** 4 hrs. (160 min.)
2. **Objectives:**
  - To form an idea of how to acupuncture in case of respiratory organ diseases;
  - Teach students to stop an attack of bronchial asthma;
  - Teach acupuncturing in case of asthma and emphysema combination;
  - Create practical skills of using acupuncture in cases of acute and chronic bronchitis.

#### **Tasks**

##### **Students should know:**

- Topography of points to stop an attack of bronchial asthma;
- Peculiarities of impact methods on BAPs during an attack;
- Acupunctural points used in case of an asthma attack relapse danger;
- Impact methods and key points used in cases of acute and chronic bronchitis.

##### **Students should be able to:**

Implement practical skills of stopping an attack of bronchial asthma; specific features of I-II variant of inhibitory method with intensive stimulation; techniques of GI<sub>4</sub> and J<sub>22</sub> points puncturing with needles remaining in the points to and over 24 hours; find key points used against acute bronchitis.

### **3. Motivation**

From the modern viewpoint, bronchial asthma is an allergic disease. Paroxysmal suffocation with relapses occurring several times a day can not often be stopped using classical medicine (European Medicine – inhalators, intravenous introductions, hormones, etc.), while acupuncture makes considerable contribution to rapid relief of the symptoms and patient recovery. Knowing the Oriental Medicine is a pressing need in training general practitioners.

### **4. Interdiscipline and intradiscipline relations**

Teaching the topic is based on students' knowledge of anatomy, histology, physiology, and clinical disciplines (such as therapy, neurology, surgery, etc.), as well as on their subsequent study of traditional treatment methods.

### **5. Content of the lesson**

#### **Theoretical part**

The role of reflex therapy in the integrated treatment of respiratory organ diseases. Methodical recommendations that we have prepared summarize experience of ancient acupuncturists, data from literature, and our own experience. To facilitate preparing prescriptions a list of points that are expedient to use against this disease, their topography and indications are given.

#### **Bronchial asthma**

From the modern viewpoint, bronchial asthma is an allergic disease. Paroxysmal suffocation is caused by narrowing lumens of small bronchi as a result of mucosal edema, mucus accumulation, or bronchial muscle spasms.

1) Rapid relief of symptoms: T<sub>14</sub> (da-chjui); GI<sub>4</sub> (he-gu) I-II variant of inhibitory method with extensive stimulation (needle rotation at a speed of 20 to 200 half-turns per minute). Needle rotation (GI<sub>4</sub>) at a speed of 20 half-turns per minute results in 81.1% of patients with positive treatment results.

2) If the attack is not reversed, then P<sub>7</sub> (lye-tsyue), and if necessary TR<sub>5</sub> (vai-guan); RP<sub>6</sub> (san-yin-tszyao) are added. Extensive stimulation is conducted.

3) If there is a danger of relapse the 15 mm needles can be left (fixed with adhesive plaster) in points GI<sub>4</sub> and J<sub>22</sub> (tyan-tu) up to 24 and more hrs.

4) In a number of cases the following point formulation is recommended to rapidly relieve symptoms of bronchial asthma: P<sub>1</sub> (chjen-fu) – inhibit; V<sub>13</sub> (fei-shu) – stimulate; P<sub>5</sub> (chi-tsze) and P<sub>7</sub> (le-tsyue) – inhibit.

5) In case of asthma and emphysema – II variant of inhibitory method: V<sub>14</sub>, V<sub>13</sub>, P<sub>7</sub>, J<sub>17</sub>, J<sub>22</sub>.

### **Topography of points at bronchial asthma:**

1) T<sub>14</sub> – Da-chjui – between spinous processs of VII cervical vertebra and I thoracic vertebra;

2) GI<sub>4</sub> – He-gu – between I and II metacarpals closer to the middle of II metacarpal, in fossa;

3) P<sub>1</sub> – Chjun-fu – collarbone angle in I intercostal space 3 cm below P<sub>2</sub> (in fossa under exterior edge of collarbone, 6 tsuns ectad medium line of sternum);

4) P<sub>4</sub> – Chi-tsze – in the middle of the bend of elbow fold, above styloid process of ulna;

5) P<sub>7</sub> – Lye-tsyue – 1.5 tsun above radiocarpal fold, above the styloid process of ulna;

6) TR<sub>5</sub> – Vai-guan – rear side of arm, 2 tsuns from osseous bend (of radiocarpal fold);

7) RP<sub>6</sub> – San-yin-tszyao – 3 tsuns above the center of medial malleolus, backward of tibia;

8) J<sub>22</sub> – Tyan-tu – inn the center of fonticulus;

9) J<sub>17</sub> – Tyan-chjun – in the center of sternum at a level of glenoid notch of V rib;

10) V<sub>11</sub> – Da-chju – I lateral line of back, between 1-2 spinous processes of thoracic vertebra;

11) V<sub>13</sub> – Fei-shu, I lateral line of back, between 3-4 thoracic vertebra, 1.5 tsuns from midline;

12) V<sub>14</sub> – Tszyue-yin-shu – I lateral line of back, between 4-5 thoracic vertebra, 1.5 tsuns from midline;

13) E<sub>36</sub> – Tszu-san-li – 3cm ectad tibia crest between the muscles; 3 tsuns below lower edge of patella;

14) F<sub>2</sub> – Sin-tszyan – between the heads of I and II metatarsal bones;

15) VB<sub>20</sub> – Fen-chi – aside from point T<sub>16</sub> fen-fu, at lower edge of occipital bone (T<sub>16</sub> – rear midline of the head, between occipital bone and I cervical vertebra, 3 cm above rear boundary of hair growth);

16) T<sub>20</sub> – Bai-Huey (hundred meetings) – in the middle of T<sub>24</sub> (Shen-tin – 3 tsuns above glabella; 0.5 tsuns above the hair growth boundary) and T<sub>17</sub> (Nao-hu – the door to cerebrum – upper edge of inion).

## **Acute and chronic bronchitis**

Adding reflex therapy to treatment of bronchitis accelerates considerably patient recovery, and 4-5 sessions of acupuncture that can be conducted 1-2 times a day are usually enough or acupuncture should continue until full recovery of the patient.

II variant of inhibitory method is used most often. The principle selection of points is similar to that for coughing. The key points are P<sub>7</sub>, P<sub>5</sub>; GI<sub>4</sub>, GI<sub>11</sub>; V<sub>11</sub>, E<sub>36</sub>. With temperature rise, point F<sub>2</sub> is acupunctured. In case that acute bronchitis is accompanied with headache, points VB<sub>20</sub>; V<sub>11</sub>; T<sub>14</sub>; T<sub>20</sub> and other should be acupunctured additionally.

A similar principle applies to the treatment of pneumonia.

Predominantly the same points are used for treatment of chronic bronchitis; however the number of points acupunctured per session should be limited to 3 – 4 general health-improving points. A course of medical treatment consists of 10-15 sessions, with a total of 3-4 courses with 2-3 week breaks between them.

Supporting courses of therapy (5-6 sessions) are desirable in spring and autumn.

A similar principle is used for treatment of lung emphysema.

## **The spleen – pancreas meridian (IV RP)**

It relates to the system of yin leg meridians. It is paired and includes 21 BAPs. As per the concept of oriental medicine levels the spleen meridian (as well as the organ itself) is a functional system relating to intestinal food movement and digestion, and nutrients absorption. Beside, spleen regulates water exchange in the body, and its dysfunction can lead to development of lung edemas. For example, if lung edema is being developed after surgery on abdominal cavity organs the spleen meridian and the paired stomach meridian should be effected.

The meridian is most active between 9 and 11 a.m., and least active between 9 and 11 p.m. Traditionally, weak memory, day sleepiness, meteorism, numbness, leg weakness and passion for sweet courses are

considered as signs of spleen ‘insufficiency’. To define visually whether or not the meridian functions well attention is to be paid to the state of tunica mucosa of mouth, especially lips. “Mouth is a mirror of spleen, while lips reflect its well-being”. If spleen functions well the lips are pink and wet, in case of ‘insufficient energy’ the lips are pale and dry.

Draw the spleen – pancreas meridian and its key points.

### **The heart meridian (VC)**

It relates to the system of yin meridians. It is paired and includes 9 BAPs. As per the concept of oriental medicine the heart meridian is a functional system that predominantly impacts on functional states of heart and blood circulation. Moreover, the ancient concepts state that heart controls consciousness, mental work, sensations, and emotions.

The meridian is most active between 11 a.m. and 1 p.m., and least active between 11 p.m. and 1 a.m. ‘Heaviness’ in breast, sometimes temperature rise and dry mouth correspond to “excess’ syndrome. People to have signs of ‘excessive energy’ in the heart meridian are lean, physically strong and with ‘healthy’ skin color, but easily excitable and prone to catarrh of the upper respiratory tract, etc. People to have signs of ‘insufficient energy’ are irresolute, prone to fears and worries, have poor health, thin, prone to nervous disorders, badly sociable, their skin and visible mucous membranes are pale-cyanotic.

In acupuncture one should remember that impacts on the heart meridian points would have a favorable effect in case of functional disorders of cardiovascular system, neurosis, syncope, and vertigo.

Draw the heart meridian line and its key points.

### **The small intestine meridian (VI, JG)**

It relates to the system of arm yang meridians. It is paired and includes 19 BAPs. It is considered that the left branch of the meridian has an effect on small intestine, and the right one has an additional effect on duodenum, too.

As per the concept of oriental medicine small intestine and heart have influence on one another. Heart diseases also involve small intestine and vice

versa. The heart and small intestine interrelation is an example of internal-external interrelations. It is very often that tinnitus resulting from internal ear dysfunction can be treated successfully by impacting on the small intestine meridian points.

The meridian is most active between 1 p.m. and 3 p.m., and least active between 1 a.m. and 3 a.m. The signs of 'excessiveness' include pains and convulsions in the cervico-occipital area and along the rear side of shoulder and forearm; pain in lower abdomen and sometimes constipation. The signs of 'insufficiency' are nausea, emesis and diarrhea, ringing in the ear, hearing impairment, extremity weakness, edematous neck and lower jaw.

Draw the small intestine meridian line and its key points.

### **Analytical part**

#### **Situation tasks:**

1. A patient has an acute exacerbation of asthma. What points are recommended to effect on in order to rapidly relieve the symptoms of bronchial asthma?  
Answer: Acupuncturing points T<sub>14</sub> and GI<sub>4</sub> as per I-II variant of inhibitory method with intensive stimulation (rotating a needle into recommended points at a speed of 20 – 200 half-turns per minute).
2. Specify additional points to rapidly relieve symptoms of bronchial asthma.  
Answer: If an attack is still the case, it is recommended to add P<sub>7</sub>; TR<sub>5</sub>; RP<sub>6</sub>. A strong stimulation is carried out.
3. A patient has frequent relapses of bronchial asthma attack. What should the doctor do?  
Answer: if there is a danger of attack relapses, 15 mm needles can be introduced in GI<sub>4</sub> and J<sub>22</sub> and left there (fixed with adhesive plaster) up to 24 and more hours.
4. Specify acupuncture points to be used in a combined asthma and emphysema case.  
Answer: Points V<sub>13</sub>, V<sub>14</sub>; P<sub>7</sub>; J<sub>17</sub>; J<sub>22</sub> using II variant of inhibitory method.
5. Acupuncture points and impact methods in case of acute and chronic bronchitis.

Answer: Key points are P<sub>7</sub>; GJ<sub>4</sub>; GJ<sub>11</sub>; V<sub>11</sub>; E<sub>36</sub>, etc. using II variant of inhibitory method.

6. There is a case of acute bronchitis with headache. What should the doctor do?

Answer: Additionally use points VB<sub>20</sub>; V<sub>11</sub>; T<sub>14</sub>; T<sub>20</sub>, etc. applying II variant of inhibitory method.

### **Practical part**

Implementation of training in acupuncturing techniques in case of bronchial asthma, bronchitis; stages of rapid relief of bronchial asthma symptoms; specific features of impact during an attack; topography of points used; drawing the meridian – RP; C; JG.

### **6. Test questions**

2. What acupuncture points are used to relieve a bronchial asthma attack?
3. What are specific features of acupuncturing in case of bronchial asthma?
4. What points are to be added to relieve asthma attack?
5. What should the doctor do if there is a danger of bronchial asthma attack relapse?
6. What points are to be acupunctured in a combined asthma and emphysema case?
7. Topography of points T<sub>14</sub> and GJ<sub>4</sub>.
8. Topography of points P<sub>7</sub>; TR<sub>5</sub>; RP<sub>6</sub>.
9. Topography of points V<sub>13</sub>; V<sub>14</sub>; J<sub>17</sub>; J<sub>22</sub>.
10. What points are to be acupunctured if acute bronchitis is accompanied with headache and temperature rise?
11. What meridians (yan, yin) do meridians RP, C, and JG belong to?

### **TOPIC 4: Acupuncture points topography of gastric ulcer, duodenal ulcer and gastritis.**

1. Topic study duration: 6 hrs (240 min.)
2. Objectives:

- Create a general idea of how to acupuncture in case of digestive apparatus diseases;
- Impact method in case of ulcer;
- Teach acupuncture of BAPs at peracidity;
- Expedience of acupuncture at callous gastric ulcer, gastric bleeding.

## **Tasks**

### **Students should know:**

- Topography of points at treatment of gastric and duodenal ulcer;
- Topography of acupuncture points at gastritis;
- Draw meridians TR, VB, F.

### **Students should be able to:**

Implement practical skills – acupuncturing points that are used most often at gastric and duodenal ulcer; points that have overall anesthesia impact; rendering care at peracidity.

### **3. Motivation**

Acupuncture is widely used for ulcers and gastritis as one of the most effective treatments. Acupuncture facilitates faster healing, provides anesthetic effect and normalizes acidity level.

### **4. Interdiscipline and intradiscipline relations**

Teaching this topic is based on students' knowledge of anatomy, histology, physiology and clinical disciplines (such as therapy, neurology, surgery, etc.), as well as on their subsequent study of folk medicine.

### **5. Content of the lesson**

#### **Theoretical part**

Familiarize students with acupuncture application efficiency for gastric ulcer, duodenal ulcer and gastritis.

## **DIGESTIVE APPARATUS DISEASES**

## **Gastric and duodenal ulcer**

II variant of inhibitory method is used typically, while in case of marked pain syndromes I variant of inhibitory method is used. Points to be used most frequently are E<sub>36</sub>, E<sub>45</sub>; MC<sub>6</sub>; RP<sub>4</sub>; J<sub>12</sub> – J<sub>15</sub>; V<sub>20</sub> – V<sub>22</sub>.

During the first sessions it is desirable to use local points in abdominal area. Treatment usually begins with selection of points to relieve a main syndrome. For instance, the acupuncturing of points VB<sub>20</sub> and TR<sub>5</sub> is recommended to reduce heartburn. (Auricular points such as shen-men, sympathetic point, etc should be added if pain syndrome is quite significant). The sessions are conducted on a daily basis; and following the liquidation – every other day. A total number of sessions to be conducted is 10 – 15 per course, and 3 – 5 courses with 1 to 2-3 week breaks between them.

Supporting treatment courses would be advisable during a period of expected exacerbation of disease (spring, autumn).

P.S. Sometimes treatment includes points GI<sub>4</sub> (he-gu) and V<sub>60</sub> (kun-lun) that have anesthetic action.

Emesis remedy: E<sub>36</sub>, J<sub>12</sub>, F<sub>3</sub> (tai-chun) 0.5 tsun above F<sub>2</sub> (syin-tszyan) MC<sub>6</sub>, V<sub>20</sub>, V<sub>21</sub>, V<sub>22</sub>.

Acupuncture is not reasonable to apply for callous ulcers and stomach bleedings, where emergency surgical intervention is required.

## **Topography of points for treatment of gastric and duodenal ulcer**

- 1) E<sub>36</sub> – Tszu-san-li – 3 cm ectad crest of tibia between muscles; 3 tsuns below lower edge of patella;
- 2) E<sub>45</sub> – Li-dui- 0.3 cm from external nail of II toe of pes;
- 3) MC<sub>6</sub> – Nei-guan – 2 tsuns above radiocarpal fold between tendons of long palmar muscle and radial flexor muscle of wrist;
- 4) RP<sub>4</sub> – Gun-sun, on the internal side of pes in fossa of I metatarsal bone, I tsun backward of metatarsophalangeal articulation of I toe of pes;
- 5) J<sub>12</sub> – Chjun-van – 4 tsuns above navel;
- 6) J<sub>13</sub> – Shan-Van – 5 tsuns above navel;
- 7) J<sub>14</sub> – Tszuyi-tsyue – 1.5 tsuns below xiphoid process;
- 8) J<sub>15</sub> – Tszyu-vei – 0.5 tsuns below xiphoid process;
- 9) V<sub>20</sub> – Pi-shu – I lateral line of back, between spinous processes of XI and XII thoracic vertebrae;

- 10) V<sub>21</sub> Vei-shu – I lateral line of back, between spinous processes of XII thoracic and I lumbar vertebrae;
- 11) V<sub>22</sub> – San-tszyao-shu – I lateral line of back, between spinous processes of I and II lumbar vertebrae.

### **Acute and chronic gastritis**

Selection of points for acute and chronic gastritis is principally the same as for gastric ulcer. In case of acute gastritis, I variant of inhibitory method is used more often that includes points as follows: V<sub>17</sub> – V<sub>22</sub>; J<sub>12</sub>; E<sub>36</sub>; E<sub>25</sub>; GI<sub>10</sub>; RP<sub>4</sub>; MC<sub>6</sub>.

If peracidity is the case, normalizing effect is observed when points MC<sub>6</sub> and E<sub>36</sub> or VB<sub>20</sub> and TR<sub>5</sub> are being acupunctured.

Impact on point GI<sub>4</sub> has approximately similar effect both on stomach secretion and its motor activity. Impact on E<sub>36</sub> or V<sub>21</sub> has more effect on peristalsis, whereas MC<sub>6</sub> changes mainly stomach secretion.

### **Topography of acupuncture points for gastritis**

- 1) V<sub>17</sub> – Ghe-shu – at a level of space between spinous processes of VII and VIII thoracic vertebrae, I lateral line of back;
- 2) V<sub>18</sub> – Gan-shu – I lateral line of back, between spinous processes of IX and X thoracic vertebrae;
- 3) V<sub>19</sub> – Dan-shu – I lateral line of back, between spinous processes of X and XI thoracic vertebrae;
- 4) V<sub>20</sub> – Pi-shu – I lateral line of back, between spinous processes of XI and XII thoracic vertebrae;
- 5) V<sub>21</sub> Vei-shu – I lateral line of back, between spinous processes of XII thoracic and I lumbar vertebrae;
- 6) V<sub>22</sub> – San-tszyao-shu – I lateral line of back, between spinous processes of I and II lumbar vertebrae;
- 7) J<sub>12</sub> – Chjun-van – 4 tsuns above navel;
- 8) E<sub>36</sub> – Tszu-san-li – 3 cm ectad crest of tibia between muscles; 3 tsuns below lower edge of patella;
- 9) E<sub>25</sub> – Tyan-shu – at a level of navel, 2 tsuns ectad midline of abdomen;
- 10) GI<sub>10</sub> – Shou-san-li – 2 tsuns below point GI<sub>11</sub> (tsyui-chi);
- 11) MC<sub>6</sub> – Nei-guan – 2 tsuns above radiocarpal fold between tendons of long palmar muscle and radial flexor muscle of wrist;
- 12) RP<sub>4</sub> – Gun-sun, on the internal side of pes in fossa of I metatarsal bone, I tsun backward of metatarsophalangeal articulation of I toe of pes;

- 13) VB<sub>20</sub> – Fen-chi – aside from point T<sub>16</sub> fen-fu, at lower edge of occipital bone;
- 14) TR<sub>5</sub> – Vai-guan – rear side of arm, 2 tsuns from osseous bend (of radiocarpal fold);
- 15) V<sub>60</sub> – Kun-lun – in the middle of a distance between lateral malleolus and Achilles tendon.

### **The meridian of three cavities of trunk (X, TR)**

It relates to the system of arm yan meridians. It is paired and includes 23 BAPs. This meridian does not relate to any organ and is entire functional system (three cavities or three functional units). The upper cavity includes trunk (thoracic cage to diaphragm) and corresponds functionally to respiratory and blood circulation systems. The medium cavity (from diaphragm to navel) refers to primarily stomach and spleen. The lower cavity is located below navel, and includes kidneys, urinary bladder, genital organs, etc., i.e. the entire urogenital system. The meridian shows the highest activity between 9 and 11 p.m., and lowest activity between 9 and 11 a.m.

Draw the meridian and its key points.

### **The gallbladder meridian (XI, VB)**

It relates to the system of leg yan meridians. It is paired and includes 44 BAPs. In acupuncture, the VB meridian is effective to relieve various type of pain. The meridian shows the highest activity between 11 p.m. and 1 a.m., a time period that accounts for the highest number of acute cholecystitis attacks. Hyperfunction of the meridian is accompanied with a feeling of stomach fullness, bitter mouth, heavy head and pains in lateral sections of thoracic cage and abdomen. It is not rare that hyperfunction of gallbladder causes a number of mental disorders resulting in depressions and sleeplessness, rapid fatigability, impaired vision, and hot temper.

Draw the VB meridian and its key points

### **The liver meridian (XII, F)**

It relates to the system of leg yin meridians. It is paired and includes 14 BAPs.

According to a main ancient concept about liver, this organ is a blood pool, i.e. performs blood storage and quantity regulation. Impairment of the capacity results in various type of bleeding. It is well-know that liver may contain about 50-60% circulating blood. "Liver affection" may cause muscle disorders/diseases such as muscle spasms, convulsions of extremities, opisthotonos, etc.

The acupuncturing of liver points is used for diseases as follows:

- large liver mass, hepatitis;
- various type of headache and migraines;
- pain syndromes in thoracic cage area, intercostal neuralgia, pains in loin and lower extremities;
- dysfunction of urinary excretion and genital system;
- various types of dermatoses.

Draw meridian F and its key points.

### **Analytical part**

#### **Situation tasks:**

1. A patient has gastric ulcer. What points are recommended to reduce heartburn?

Answer: Acupuncturing of points VB<sub>20</sub> and TR<sub>5</sub> or MC<sub>6</sub> and E<sub>36</sub>.

2. A patient suffers from duodenal ulcer. What approach would a doctor choose to select an impact method?

Answer: II variant of inhibitory method is used usually; for marked pain syndromes I variant of inhibitory method is used.

3. Specify points that are used most often for ulcers.

Answer: E<sub>36</sub>; MC<sub>6</sub>; RP<sub>4</sub>; J<sub>12</sub> – J<sub>15</sub>; V<sub>20</sub> – V<sub>22</sub>.

4. A patient complains about emesis, and there is a medical history of ulcer. What should a doctor undertake?

Answer: Acupuncturing E<sub>36</sub>; J<sub>12</sub>; F<sub>3</sub>; MC<sub>6</sub>; V<sub>20</sub> – V<sub>22</sub>.

5. Why a patient with ulcer is administered acupuncturing of GI<sub>4</sub> and V<sub>60</sub>?

Answer: These points have overall analgetic action.

6. What influence on the motor activity and secretion have points GI<sub>4</sub>; E<sub>36</sub>; V<sub>21</sub> and MC<sub>6</sub>?

Answer: Acupuncturing of point GI<sub>4</sub> has an equal impact on stomach secretion and its motor activity. Points E<sub>36</sub> and V<sub>21</sub> have more impact on peristalsis, while point MC<sub>6</sub> change mostly stomach secretion.

### **Practical part**

Implement the task of acupuncturing of points to be recommended for ulcers; topography of points to be used for gastric ulcer, duodenal ulcer and gastritis. Draw meridian: TR; VB and F.

### **6. Test questions**

1. Methods of impact for ulcers?
2. When I variant of inhibitory method is desirable?
3. What points are used to reduce heartburn?
4. Specify points of overall analgetic action.
5. Topography of points J<sub>12</sub> – J<sub>15</sub>.
6. Specify antiemetic points.
7. In what cases of ulcer it is inexpedient to acupuncture?
8. What method of impact is used more often for acute gastritis?
9. What impact on motor activity and secretion have points GI<sub>4</sub>; E<sub>36</sub>; MC<sub>6</sub>?
10. Specify points to be used for peracidity.

## **TOPIC 5: Topography of acupuncture points of treatment for lumbosacral radiculitis, facial neuritis and trigeminal neuralgia.**

### **1. Topic study duration: 6 hrs (240 min.)**

### **2. Objectives:**

- Form general idea of how to acupuncture for peripheral nervous system disorders;
- Methods of impact for lumbosacral radiculitis;
- Teach peculiarities of acupuncture on healthy and affected half in a case of facial neuritis;
- Provide insight into specific character of trigeminal neuralgia.

## **Tasks**

### **Students should know:**

- topography of points acupuncture for peripheral nervous system;
- About detailed effects and complications in administering thermal procedures, remedial gymnastics, and massage during an acute period of lumbosacral radiculitis;
- About peculiarities of acupuncture on healthy and affected half in a case of facial neuritis;
- About administration expediency of electrophoresis, amplipulse, etc. during an acute period of radiculitis.

### **Students should be able to:**

Implement practical skills of identifying acupuncture points topography for radiculitis, facial neuritis, and trigeminal neuralgia with indication of impact methods.

### **3. Motivation**

Acupuncture is used for disorders of peripheral nervous system as one of effective methods for rehabilitation of motor and sensitive functions, while proper selection of acupuncture points and adequate impact methods would contribute to faster healing of the patient.

### **4. Interdiscipline and intradiscipline relations**

Teaching this topic is based on students' knowledge of anatomy, histology, physiology and clinical disciplines (such as therapy, neurology, surgery, etc.), as well as on their subsequent study of folk medicine.

### **5. Content of the lesson**

#### **Theoretical part**

Lumbosacral radiculitis, development reasons, acupuncture, topography of points.

Facial neuritis, three major aspects of impacts, topography of points. Trigeminal neuralgia, methods of treatment and impacts, and topography of points.

Posterior median and anterior median meridians. Drawing the meridians.

## **Peripheral nervous system diseases**

### **Lumbosacral radiculitis**

According to modern data, main reasons for lumbosacral radiculitis are degenerative-dystrophic changes in disks of lumbosacral area, known as osteochondrosis.

Treatment: first of all a patient should be put in rest to avoid any load on spinal column. Blockades (paravertebral novocaine blocks) are administered to relieve pain. Medications used to relieve pain are as follows: dehydration therapy (lasix, furosemide, etc.), analgetics (analgin, reopyrin, voltaren, etc.). Sedatives are administered for night.

During an acute period contraindicative are thermal procedures, remedial gymnastics, and massage that can increase pain syndrome drastically and thus facilitate edema of roots. It is expedient to administer ultraviolet irradiation, diadynamic currents, electrophoresis, etc. All these procedures are desirable to conduct after acupuncture.

The treatment should start with acupuncturing of general impact points (P<sub>7</sub>, GI<sub>4</sub>, GI<sub>11</sub>, E<sub>36</sub>, RP<sub>6</sub>, VB<sub>34</sub>). These points (1-2) should be used in each subsequent procedure.

Acupuncture for irritation (L5) would include points as follows: VB<sub>30</sub>; VB<sub>34</sub>; E<sub>36</sub>; E<sub>42</sub>; and E<sub>44</sub>.

If root S1 is affected, the meridians of urinary bladder should be used (V<sub>40</sub>, V<sub>60</sub>, and VB<sub>30</sub>). One of the most effective means for lumbodynia is to acupuncture points T<sub>4</sub> and V<sub>40</sub> with their intensive stimulation.

I or II variant of inhibitory method is used, i.e. intensive and continuous stimulation.

### **Topography of acupuncture points for radiculitis**

- 1) VB<sub>30</sub> – Huan-tyao – at an intersection of a straight line to connect the tuber of ischial bone to the crest apex of iliac bone, and a perpendicular to this line is drawn from greater tubercle of femoral bone.
- 2) VB<sub>34</sub> – Yan-li-tsyuan – in fossa at anteroinferior edge of head of fibula, 2 tsuns below the lower edge of patella;
- 3) E<sub>36</sub> – Tszu-san-li – 3cm ectad tibia crest between the muscles; 3 tsuns below lower edge of patella
- 4) E<sub>42</sub> – Chun-yan – at the highest point of arch, between the joints of II—III cuneiform bones and II – III metatarsal bones;
- 5) E<sub>44</sub> – Nei-tin – between the head of II – III metatarsal bones;
- 6) V<sub>40</sub> – Vei-chjun – in the center of popliteal space, ectad popliteal artery;
- 7) V<sub>60</sub> – Kun-lun – in the middle of a distance between lateral malleolus and Achilles tendon;
- 8) RP<sub>6</sub> – San-yin-tszyao – 3 tsuns above the center of medial malleolus, backward of tibia;
- 9) T<sub>4</sub> – Min-men – between the spinous processes of L2-L3 vertebrae.

### **Facial neuritis**

An acute period envisages three main aspects: First, to impact on the healthy half of face to relieve muscles of this part, and thus reduce overdilatation of the affected half.

Second, simultaneously with acupuncture of points on the healthy side, one or two separate points are also used (P<sub>7</sub>, GI<sub>4</sub> or GI<sub>11</sub>).

Third, acupuncture on the affected half is made following the stimulating method during 1 – 5 min.

Day 1: healthy side (HS): E<sub>6</sub>, E<sub>7</sub>; remote points (RPs): P<sub>7</sub>. For all points – 20 min.

Day 2: HS: E<sub>5</sub>, IG<sub>18</sub>; RPs: G<sub>14</sub>, GI<sub>11</sub>; affected side (AS): stimulating method acupuncture of E<sub>2</sub>, E<sub>5</sub>, E<sub>6</sub>; GI<sub>10</sub>, GI<sub>20</sub>, IG<sub>18</sub>.

Day 3: HS: E<sub>6</sub>; E<sub>7</sub>; RPs: E<sub>36</sub>; AS: horizontal introduction of needles from E<sub>4</sub> to E<sub>6</sub>.

Day 4: HS: TR<sub>17</sub> (i-fen); RPs: TR<sub>5</sub> (vai-guan); AS: VB<sub>1</sub>, VB<sub>2</sub>; TR<sub>23</sub>; T<sub>26</sub>; J<sub>24</sub>; acupuncture is followed by bundle of needles interference on the affected side.

Day 5: HS: VB<sub>1</sub>, E<sub>5</sub>; RPs: P<sub>7</sub>; AS: VB<sub>1</sub>; E<sub>5</sub>, E<sub>6</sub>; TR<sub>17</sub>.

Day 6: HS: E<sub>4</sub>, E<sub>5</sub>, E<sub>6</sub>, E<sub>7</sub>; RPs: GI<sub>11</sub>, GI<sub>4</sub>; AS: horizontal introduction of needles from E<sub>4</sub> and E<sub>7</sub>; acupuncture is followed by bundle of needles interference on the affected side.

Day 7: HS: GI<sub>20</sub>; E<sub>5</sub>; +H<sub>2</sub> (Tai-yan); RPs: GI<sub>10</sub> (shou-san-li); AS: GI<sub>20</sub> (yin-syan), T<sub>26</sub> (jen-chjun), J<sub>24</sub> (chen-tszyan), E<sub>2</sub> (sy-bai), E<sub>5</sub> (da-yin), IG<sub>18</sub> (tsyuan-lyao).

Day 8: same as Day 7.

After 7-8 sessions, if the treatment goes well, it can continue after 1-2 day break to a total of 14-15 sessions. At considerable improvement – 7 sessions + continued drug therapy (nicotinic acid, no-spa, aminophylline, etc.).

At poor rehabilitation the treatment of days 3, 4, 5, etc. can be repeated.

Curative gymnastic is added after the first 3-4 procedures. UHF irradiation and oligothermal dosing are used in addition to acupuncture during an acute stage of disease. A treatment course consists of 10-15 procedures. UHF is better to take 1.5-2 hours after acupuncture. During an acute period, the massage of collar area and HS of face is to be carried out, while light effleurage should apply to affected side.

### **Acupuncture points topography for facial neuritis**

- 1) E<sub>2</sub> – Sy-bai – vertically below E<sub>1</sub> by 1 cm. E<sub>1</sub> – under pupil in the middle of the lower edge of eye socket. A puncture depth shall not exceed 0.3 cm.
- 2) E<sub>4</sub> – Di-tsan – 1 cm ectad the angle of mouth, on a vertical line from pupil;
- 3) E<sub>5</sub> – Da-in – 1 1/3 tsuns anteriad the angle of jaw, at a level of the cheek tooth of lower jaw;
- 4) E<sub>6</sub> – Tszya-che – 1 – 1.2 cm anteriad and upwards the angle of jaw, in fossa;
- 5) E<sub>7</sub> – Sya-guan – anteriad and downwards the articular process of lower jaw, in fossa;
- 6) GI<sub>10</sub> – Shou-san-li – on the rear side of forearm from radial side, 2 tsuns below point GI<sub>11</sub> (tsyui-chi);
- 7) GI<sub>20</sub> – In-syan – at the left edge of the lateral sulcus of wing of nose, perpendicular below outer canthus;
- 8) IG<sub>18</sub> – Tszyuan-lyao – in fossa, under the lower edge of shaft of zygomatic bone, vertical below outer canthus;
- 9) VB<sub>1</sub> – Tun-tszy-lyao – 5-6 mm ectad outer canthus, in recess;

- 10) VB<sub>2</sub> – Tin-huei- anterior and downwards antilobium, in recess at the rear edge of articular process of lower jaw;
- 11) TR<sub>23</sub> – Sy-chju-kun – in recess at outer end of eyebrow;
- 12) J<sub>24</sub> – Chen-tszyan;
- 13) T<sub>26</sub> – Jen-chjun;
- 14) TR<sub>5</sub> – Vai – guan;
- 15) TR<sub>17</sub> – I-fen – in recess, backward of base of earlap, between mastoid bone and angle of jaw;
- 16) H<sub>2</sub> – Tai-yan – ectad and downwards the lateral edge of eyebrow, 1.2 backwards of orbit.

### **Trigeminal neuralgia (TN)**

Acupuncture is increasingly used for TN treatment both in combination with other types of treatment (neurotropic, anticonvulsant and vasorelaxant agents, etc.) and solely.

Since a main element of the disease pattern is a pain syndrome, I and II variant of inhibitory method of acupuncture is used.

Conditionally, three types of treatment can be segregated:

1) Using only remote points: GI4, GI10, GI11, P7, E36; TR5; V60; F2; F3.

2) Using local and remote points. Impact only on one branch per day.

Day 1: impact on innervation zone of the first branch (3-4 points): V1, V2; VB1, VB14; TR23; T24; E8, etc. + remote points. Day 2: impact on 3-4 points of the second branch: E2, E4, E7; GI20; T27; IG18, etc. Day 3: three branches: E5, E6, E7; IG17; VB2, VB20. It is expedient to draw the needle from E4 to E6 or from J24 along the jaw and to its angle. Then the initial consequence of acupuncture is repeated.

3) If above two methods turn out not to be entirely successful then a try should be given to using the stimulating method of acupuncture to 4-6 points on the healthy side, and using the inhibitory method of acupuncture to remote points and points on the affected side.

It should be taken into account that in order to relieve pain syndrome the stimulation of acupuncture points should be intensive and prolonged (30-40 min.).

### **Topography of points for TN**

- 1) V1 – Tsin-min – 0.3 cm inwards of inner canthus;
- 2) V2 – Tsuan-chju – at the beginning of eyebrow, above point V1;
- 3) VB1 – Tun-tszy – 5-6 mm ectad outer canthus, in recess;
- 4) VB14 – 1 tsun above the center of eyebrow, perpendicularly higher than pupil when the eye is in a straight looking position;
- 5) T24 – Shen-tin – on the midline of head 0.5 tsun above the front boundary of hair growth;
- 6) T27 – Dui-duan – in the center of labrum in place where skin passes into mucosa;
- 7) GI20 – Yin-syan – at the upper edge of lateral sulcus of wing of nose, perpendicularly below inner canthus;
- 8) IG17 – Tyan-Jun – below the base of earlap, in fossa between the anterior edge of sternocleidomastoid muscle and the angle of jaw;
- 9) E8 – Toy-vei – in the angle of forehead in the hairy part of head, 1.5 tsuns from the angle of forehead aside from temporal recess.

### **The posterior median meridian (XIII, T)**

The posterior median meridian does not relate to ordinary meridians, but, just like the anterior median meridian, is a ‘miraculous vessel’. It is usually interpreted that the posterior median meridian relates to the yan system, while the anterior median meridian – to the yin system.

The meridian includes 28 BAPs, and is functionally important as a meridian, points of which have segmental community with various organs, and thus through them it is possible to purposefully impact on that or another organ. Impact on points of the lower section of meridian has the strongest effect on autonomic nervous system, and of head – on brain. These median lines are particular important for application in children. According to the traditional concepts, the meridian contributes to the balance between functions, effecting mostly yan meridians, primarily physical power. No time interval of the highest activity of the meridian is know, nor are techniques of pulse diagnostics of its state.

Draw meridian T and its key points.

### **The anterior median meridian (XIV, J)**

This meridian is one of a 'miraculous vessels', and therefore does not include all control points that are available with other meridians. It has only lo-point, which is also the entry point – huei-yin (J1), and the exit-point – chen-tszyan (J24).

The anterior median meridian corresponds to neither an organ, nor a function, but entire aggregate of functions, predominantly by effecting on the yin meridians. Conditionally, it can be subdivided into three parts:

- lower – from pubis to navel, which corresponds predominantly to urogenital functions;
- middle – from navel to the base of breast bone, which corresponds to digestive functions;
- upper – from the base of breast bone to underlip, which corresponds to respiratory functions.

The meridian includes 24 BAPs.

Draw meridian J and its key points.

## **5.2. Analytical part**

### **Situation tasks:**

1. A patient has lumbosacral radiculitis. What are the reasons for its development? What approach should doctor undertake?  
Answer: The reasons development of lumbosacral radiculitis are degenerative-dystrophic changes in disks of lumbosacral area. A patient should be put in rest to avoid any load on spinal column. Blockades, dehydration therapy, analgetics, sedatives for night, and acupuncture are administered to relieve pain.
2. A patient is in an acute period of lumbosacral radiculitis. What procedures are contraindicative? What physiotherapeutic procedures are expedient to administer?  
Answer: During an acute period contraindicative are thermal procedures, remedial gymnastics, and massage. It is expedient to administer ultraviolet irradiation, diadynamic currents, electrophoresis, etc. All these procedures is desirable to conduct after acupuncture.
3. A patient has irritation of L5. What points are recommended to acupuncture?

Answer: Acupuncture of points as follows: VB<sub>30</sub>; VB<sub>34</sub>; E<sub>36</sub>; E<sub>42</sub>; E<sub>44</sub>.

4. A patient has an affected root of S1. Specify points recommendable for acupuncture.

Answer: V<sub>40</sub>, V<sub>60</sub>, and VB<sub>30</sub>.

5. A patient suffers from lumbodynia. What points are effective to acupuncture?

Answer: Points T<sub>4</sub> and V<sub>40</sub> with intensive stimulation.

6. A patient has lumbosacral radiculitis. What methods are preferable?

Answer: I or II variant of inhibitory method, i.e. intensive and prolonged stimulation.

7. A patient is in an acute period of trigeminal neuralgia. What approach should doctor undertake?

Answer: Three aspects are envisaged during an acute period: first, impact on the healthy half of face (20 min); second, 1-2 remote points are used (P, GI<sub>4</sub> or GJ<sub>11</sub>) (20 min); third, stimulating method of acupuncture on the affected part of face during 1-5 min.

8. What approach should doctor undertake when selecting an impact method for TN?

Answer: Since a major element in the disease picture is a pain syndrome, I or II variant of the inhibitory method of acupuncture is used.

### **5.3. Practical part**

Implement the task of acupuncturing for lumbosacral radiculitis, facial neuralgia, and trigeminal neuralgia taking into account the impact method peculiarities; write down the topography of points to be used; draw meridians T and J.

## **6. Test questions**

1. Why a patient suffering from lumbosacral radiculitis should be put in rest and administered blockades?
2. Which medications can be administered?
3. What is contraindicative for acute radiculitis?

4. What physiotherapeutic procedures are expedient to administer for an acute period of lumbosacral radiculitis?
5. What points are acupunctured in case of L5 irritation?
6. Acupuncture for affected root of S1?
7. What three main aspects are envisaged in an acute period of facial neuritis?
8. What are the impact methods on the healthy and affected part of face for an acute period of facial neuritis?
9. What is the main syndrome for trigeminal neuralgia, and the impact methods?
10. Specify three conditional methods of treatment for trigeminal neuralgia?

**TOPIC 6: Topography of acupuncture points for nephritis, pyelonephritis, renal colic, cystitis and cystalgia.**

1. **Topic study duration:** 6 hrs (240 min);

**2. Objectives:**

- Build up a general understanding of acupunctural treatment for urogenital system diseases;
- Demonstrate that acupuncture facilitates faster removal of spastic states, pain relief, and (in combination with antibiotics) liquidation of inflammations.

**Tasks**

**Students should know:**

- Topography of points for urogenital system diseases;
- Points that have segmental innervations with an affected organ, i.e. for kidney diseases (V<sub>22</sub>; V<sub>23</sub>; V<sub>26</sub>; VB<sub>25</sub>, etc.);
- Antispastic points for renal colic;
- Impact methods for acute cystitis.

**Students should be able to:**

Implement practical skills – acupuncture antispastic points (F<sub>2</sub>; F<sub>3</sub>); analgetic points (V<sub>60</sub>), etc., points facilitating increased diuresis (E<sub>36</sub> and RP<sub>9</sub>).

### **3. Motivation**

The application of acupuncture for urogenital system diseases (nephritis, pyelonephritis, renal colic, cystitis and cystalgia) facilitates faster removal of spastic states, liquidation of pain, etc.

### **4. Interdiscipline and intradiscipline relations**

Teaching this topic is based on students' knowledge of anatomy, histology, physiology and clinical disciplines (such as therapy, neurology, surgery, etc.), as well as on their subsequent study of folk medicine.

### **5. Content of the lesson**

#### **Theoretical part**

Acupuncture for urogenital system diseases. Acupuncture efficiency for nephritis, pyelonephritis, renal colic, cystitis and cystalgia.

#### **Urogenital system diseases (nephritis, pyelonephritis, renal colic, cystitis and cystalgia)**

Acupuncture facilitate faster removal spastic states, pain liquidation, and (in combination with antibiotics) liquidation of inflammations. Predominantly used are the points of general segmental innervations with affected organ. Therefore, the following points are used for treatment of kidney diseases: V<sub>22</sub>, V<sub>23</sub>, V<sub>26</sub>, V<sub>27</sub>; E<sub>25</sub>; E<sub>28</sub>; VB<sub>25</sub>; RP<sub>9</sub>, RP<sub>4</sub>; J<sub>4</sub>; R<sub>3</sub>, etc.

If urinary bladder is affected then above points + V<sub>31</sub> and V<sub>34</sub>, etc. are used

#### **Nephritis and pyelonephritis**

The acupuncturing (II variant of inhibitory method) of abovementioned points is used during an acute period, while for chronic processes combined methods are applied (stimulating methods to loin points, and inhibitory ones to remote points).

Chju-Lyan recommends applying I variant of inhibitory method to points VB30 and E36. Prolonged warming of these points may increase diuresis.

In case of anuria with signs of uremia, A. Lebarbier recommends a combination of E36 and RP9 that facilitates profound diuresis.

### **Renal colic**

For renal colic it is recommended to impact on antispastic points (F<sub>3</sub>; F<sub>2</sub>), including also analgetic (V<sub>60</sub>) and specific points (local points V<sub>23</sub>, V<sub>26</sub>, V<sub>28</sub>; VB<sub>25</sub>; E<sub>28</sub>; and remote points R<sub>4</sub>, R<sub>3</sub>, RP<sub>9</sub>). Of course, all these points should not be used together at the same time. For instance, they start impacting on V<sub>60</sub>, further adding VB<sub>25</sub> and V<sub>23</sub>, and then R<sub>4</sub>. Intensive stimulation is required (I variant of inhibitory method). If nephrolith moves ahead along the ureter, then points located along its course are to be added (E<sub>28</sub>; RP<sub>15</sub>, etc.). Acupuncture is combined with drugs, as needed, which have impact on nonstriated muscles, as well as with analgetics such as analgin. It is not desirable to combine with narcotic drugs (since they would block the acupuncture effect).

### **Cystitis and cystalgia**

II variant of inhibitory method that impacts on points V<sub>23</sub>, V<sub>28</sub>, V<sub>31</sub>; T<sub>4</sub>; RP<sub>6</sub>, RP<sub>15</sub>; J<sub>2</sub>-J<sub>5</sub>; R<sub>3</sub>, R<sub>4</sub> is used most often. Four to five points are selected per session.

For acute cystitis (according to Chju-Lyan) good results are achieved with I variant of inhibitory method, impacting on point E<sub>36</sub> and simultaneously warming up points J<sub>4</sub>; RP<sub>9</sub>. Point RP<sub>9</sub> should be warmed up again following the retrieval of needles. If urination function is disturbed as a result of prostatic hypertrophy, points J<sub>2</sub>-J<sub>5</sub>; V<sub>28</sub>; RP<sub>6</sub>, etc. are used. Effecting on these points may also be effective for prostatitis.

In most of the cases with urogenital apparatus diseases a course of treatment is to be conducted (10-15 sessions per course). Refresher courses of treatment are conducted based on clinical indications.

## Topography of points for urogenital system

- 1) V<sub>22</sub> – San-tszyao-shu – I lateral line of back, between spinous processes of I and II lumbar vertebrae;
- 2) V<sub>23</sub> – Shen-shu – I lateral line of back, between the spinous processes of II and III lumbar vertebrae;
- 3) V<sub>26</sub> – Guan-yuan-shu – I lateral line of back at a level of the space between the spinous processes of IV lumbar and I sacral vertebrae;
- 4) V<sub>27</sub> – Syao-chan-shu – I lateral line of back, between the spinous processes of I and II sacral vertebrae;
- 5) V<sub>28</sub> – Pan-guan-shu – I lateral line of back, between the spinous processes of II and III sacral vertebrae;
- 6) V<sub>31</sub> – Shan-lyao – corresponds to the first posterior sacral foramen. In the middle of a distance between midline of back and point V<sub>27</sub> (I lateral line of back, between the spinous processes of I and II sacral vertebrae);
- 7) V<sub>40</sub> – Vei-chjun – in the center of popliteal space, ectad popliteal artery;
- 8) V<sub>60</sub> – Kun-lun – in fossa between posterior edge of lateral malleolus and Achilles tendon at a level of malleolus center;
- 9) E<sub>28</sub> – Shui-dao – 3 tsuns below navel, 2 tsuns ectad the midline;
- 10) E<sub>36</sub> – tszu-san-li – ectad the crest of tibia at 3 cm, 3 tsuns below the lower edge of patella;
- 11) RP<sub>6</sub> – San-yin-tszyao – 3 tsuns above the center of medial malleolus;
- 12) RP<sub>9</sub> – Yin-lin-tsyuan – in recess below the medial condyle of tibia, 2 tsuns below the lower edge of patella;
- 13) RP<sub>15</sub> – Da-hen – at a level of navel, 4 tsuns towards the midline of abdomen;
- 14) R<sub>3</sub> – Tai-si – between medial malleolus and Achilles tendon, in recess above heel bone;
- 15) R<sub>4</sub> – Da-chjun – anterior of Achilles tendon attachment to heel bone, in recess, 1.5 cm below point R<sub>3</sub>;
- 16) VB<sub>25</sub> – Tsin-men – on the lateral surface of abdomen, at the free end of XII vertebra;
- 17) VB<sub>30</sub> – Huan-tyao – at an intersection of a straight line to connect the tuber of ischial bone to the crest apex of iliac bone, and a perpendicular to this line is drawn from greater tubercle of femoral bone;
- 18) T<sub>4</sub> – Min-men – between the spinous processes of L2-L3 vertebrae;
- 19) F<sub>2</sub> – Sin-tszyuan – between the heads of I and II metatarsal bones;
- 20) F<sub>3</sub> – Tai-gun – in the narrowest place between I and II metatarsal bones;
- 21) J<sub>2</sub> – Tsyui-gu – in the middle of the upper edge of pubic symphysis;
- 22) J<sub>3</sub> – Chjun-tszzi, 4 tsuns below navel;
- 23) J<sub>4</sub> – Guan-yuan – 3 tsuns below navel;
- 24) J<sub>5</sub> – Shi-men – 2 tsuns below navel;
- 25) RP<sub>4</sub> – Gun-sun, on the internal side of pes in fossa of I metatarsal bone, I tsun backward of metatarsophalangeal articulation of I toe of pes;
- 26) E<sub>25</sub> – Tyan-shu – at a level of navel, 2 tsuns ectad midline of abdomen;

- 27) V<sub>34</sub> – Sya-lyao – corresponds to the fourth posterior sacral foremen, at a level of spinous process S4.

### **Analytical part**

#### **Situation tasks**

1. A patient suffers from nephritis. What points are used?  
Answer: points that have common segmental innervations with affected organ: V<sub>22</sub>; V<sub>23</sub>; VB<sub>25</sub>; E<sub>25</sub>, etc.
2. A patient suffers from nephritis and pyelonephritis. What approach should doctor undertake when selecting impact methods?  
Answer: The acupuncture (II variant of inhibitory method) is used during an acute period, while for chronic processes combined methods are applied (stimulating methods to loin points, and inhibitory ones to remote points).
3. A patient has anuria with signs of uremia. What should doctor do?  
Answer: Impact on points E<sub>36</sub> and RP<sub>9</sub> that facilitates profound diuresis.
4. A patient has renal colic. What shall be undertaken to relieve symptoms that have come into existence?  
Answer: It is recommended to impact on antispastic points (F<sub>3</sub>; F<sub>2</sub>), including also analgetic (V<sub>60</sub>) and specific points (local points V<sub>23</sub>; E<sub>28</sub>, etc.) and remote points (R<sub>3</sub>; RP<sub>9</sub>).
5. Nephrolith moves ahead along the ureter. What impact method and acupuncture points are preferable?  
Answer: I variant of inhibitory method (intensive stimulation), acupuncture along the course of nephrolith (E<sub>28</sub>; RP<sub>15</sub>, etc.).
6. A patient has urination dysfunction as a result of prostatic hypertrophy. What points are used?  
Answer: Points J<sub>2</sub>-J<sub>5</sub>; V<sub>28</sub>; RP<sub>6</sub>, etc. are used.

### **Practical part**

Implement the tasks of acupuncture the points for nephritis, pyelonephritis, renal colic, cystitis and cystalgia; topography of acupuncture points for urogenital system diseases.

## **6. Test questions**

1. What the application of acupuncture does facilitate in case of urogenital system diseases?
2. Specify points that have common segmental innervations with affected organs?
3. Impact methods for acute and chronic nephritis and pyelonephritis?
4. Specify antispastic points recommendable for renal colic; and their topography.
5. Specify analgetic points.
6. Can acupuncture be combined with narcotic drugs?
7. Why should acupuncture be combined with antibiotics?
8. What impact method is used for renal colic?
9. What impact method is used for acute cystitis?
10. Topography of segmental points V<sub>22</sub>; V<sub>23</sub>; V<sub>26</sub>.

Application

### Glossariy

*Yin* and *yang* are semantically complex words.

**Yin** 陰 or 阴 **Noun** ① [philosophy] negative/passive/female principle in nature ② Surname **Bound morpheme** ① the moon ② shaded orientation ③ covert; concealed; hidden ④⑦ negative ⑧ north side of a hill ⑨ south bank of a river ⑩ reverse side of a stele⑪in intaglio **Stative verb** ① overcast ② sinister; treacherous

**Yang** 陽 or 阳 **Bound morpheme** ① [Chinese philosophy] positive/active/male principle in nature ②the sun ④ in relief ⑤ open; overt ⑥ belonging to this world ⑦ [linguistics] masculine ⑧ south side of a hill ⑨ north bank of a river

**Wu Xing** -(**Chinese**: 五行 ; **pinyin**: *WǔXíng*), also known as the Five Elements, Five Phases, the Five Agents, the Five Movements, Five Processes, the Five Steps/Stages and the Five Planets<sup>[1]</sup> is the short form of "Wǔzhǒngliúxíngzhìqì" (五種流行之氣) or "the five types of chi dominating at different times".<sup>[2]</sup> It is a fivefold conceptual scheme that many traditional Chinese fields used to explain a wide array of phenomena, from cosmic cycles to the interaction between [internal organs](#), and from the succession of political regimes to the [properties of medicinal drugs](#). The "Five Phases" are **Wood** (木 *mù*), **Fire** (火 *huǒ*), **Earth** (土 *tǔ*), **Metal** (金 *jīn*), and **Water** (水 *shuǐ*). This order of presentation is known as the "mutual generation" (相生 *xiāngshēng*) sequence. In the order of "mutual overcoming" (相剋/相克 *xiāngkè*), they are Wood, Earth, Water, Fire, and Metal.<sup>[3][4][5]</sup>

**Meridians**-They are energy channels 'transporting' life energy (**Chi/Qi**) throughout the body. If there are blockages, leading to lack of energy supply to certain areas of the body, or a surplus of energy in other areas...

**Biological active place** that localised points of meridian.

**Acupuncture**<sup>[note 1]</sup> is a form of [pseudoscience](#) and [alternative medicine](#)<sup>[2][3][4]</sup> involving thin needles being inserted into the body.<sup>[5]</sup> It is a key component of [traditional Chinese medicine](#) (TCM).<sup>[6]</sup> TCM theory and practice are not based upon [scientific knowledge](#),<sup>[7]</sup> and acupuncture is commonly described as without scientific

basis.<sup>[3][4]</sup> There is a diverse range of acupuncture theories, involving different philosophies.<sup>[8]</sup> Techniques vary depending on the country.<sup>[9]</sup> The method used in TCM is likely the most widespread in the US.<sup>[2]</sup> It is most often used for pain relief,<sup>[10][11]</sup> though it is also used for a wide range of other conditions.<sup>[6]</sup> It is generally only used in combination with other forms of treatment

**Auriculotherapy**, commonly known as ear acupuncture, auricular acupuncture, or auriculoacupuncture, is considered to date back to ancient China. It involves inserting needles to stimulate points on the outer ear. The modern approach was developed in France during the early 1950s. There is no scientific evidence that it can cure disease; the evidence of effectiveness is negligible

**Acupressure**, a non-invasive form of bodywork, uses physical pressure applied to acupressure points by the hand or elbow, or with various devices

Acupuncture is often accompanied by **moxibustion**, the burning of cone-shaped preparations of moxa (made from dried mugwort) on or near the skin, often but not always near or on an acupuncture point. Traditionally, acupuncture was used to treat acute conditions while moxibustion was used for chronic diseases. Moxibustion could be direct (the cone was placed directly on the skin and allowed to burn the skin, producing a blister and eventually a scar), or indirect (either a cone of moxa was placed on a slice of garlic, ginger or other vegetable, or a cylinder of moxa was held above the skin, close enough to either warm or burn it).<sup>[55]</sup>

**Cupping therapy** is an ancient Chinese form of alternative medicine in which a local suction is created on the skin; practitioners believe this mobilizes blood flow in order to promote healing.<sup>[56]</sup>

**Tuina** is a TCM method of attempting to stimulate the flow of *qi* by various bare-handed techniques that do not involve needles.<sup>[57]</sup>

**Electroacupuncture** is a form of acupuncture in which acupuncture needles are attached to a device that generates continuous electric pulses (this has been described as "essentially transdermal electrical nerve stimulation [TENS] masquerading as acupuncture").<sup>[58]</sup>

Fire needle acupuncture also known as fire needling is a technique which involves quickly inserting a flame-heated needle into areas on the body.<sup>[59]</sup>

**Sonopuncture** is a stimulation of the body similar to acupuncture using sound instead of needles.<sup>[60]</sup> This may be done using purpose-built transducers to direct a narrow ultrasound beam to a depth of 6–8 centimetres at acupuncture meridian points on the body.<sup>[61]</sup> Alternatively, tuning forks or other sound emitting devices are used

### **Bronchial asthma**

From the modern viewpoint, bronchial asthma is an allergic disease. Paroxysmal suffocation is caused by narrowing lumens of small bronchi as a result of mucosal edema, mucus accumulation, or bronchial muscle spasms

**Da-chjui-** between spinous process of VII cervical vertebra and I thoracic vertebra;

**Lye-tsyue-** 1.5 tsun above radiocarpal fold, above the styloid process of ulna.

**TR<sub>5</sub> – Vai-guan** – rear side of arm, 2 tsuns from osseous bend (of radiocarpal fold).

**San-yin-tszyao** – 3tsuns above the center of medial malleolus, backward of tibia.

### **The spleen – pancreas meridian (IV RP)**

It relates to the system of yin leg meridians. It is paired and includes 21 BAPs. As per the concept of oriental medicine levels the spleen meridian (as well as the organ itself) is a functional system relating to intestinal food movement and digestion, and nutrients absorption.

### **The heart meridian (VC)**

It relates to the system of yin meridians. It is paired and includes 9 BAPs. As per the concept of oriental medicine the heart meridian is a functional system that predominantly impacts on functional states of heart and blood circulation.

### **The small intestine meridian (VI, JG)**

It relates to the system of arm yan meridians. It is paired and includes 19 BAPs. It is considered that the left branch of the meridian has an effect on small intestine, and the right one has an additional effect on duodenum, too.

#### **Essential hypertension (EH)**

Most often the formulation includes points of head (T<sub>20</sub>), occipital-cervical-collar area: VB<sub>20</sub>, GI<sub>15</sub>; upper (GI<sub>4</sub>, GI<sub>11</sub>, MC<sub>6</sub>) and lower (E<sub>36</sub>, VB<sub>30</sub>, F<sub>2</sub>, F<sub>3</sub>, RP<sub>6</sub>) extremities.

**Bai-Huei** – 4.5 tsuns backward of T<sub>24</sub>shen-tin; T<sub>24</sub> – shen-tin – 3 tsuns above glabella and 0.5 tsun above the hair growth boundary;

**Fen-chi** – aside from T<sub>16</sub> fen-fu at the lower edge of occipital bone; T<sub>16</sub> – fen-fu – between occipital bone and I cervical vertebra, 3 cm above the hair growth boundary;

**Tszyan-yui** – is located above shoulder joint between acromion process of scapula and greater tubercle of humeri;

#### **Stenocardia (S)**

Acupuncture is used to liquidate episodes of pain and their prophylaxis.

#### **The urinary bladder meridian (VII, V)**

It relates to the system of leg yan meridians. It is paired and includes 67 BAPs. According to the concept of folk doctors the urinary bladder meridian regulates kidney activity and controls urination.

#### **The kidney meridian (VIII, R)**

It relates to the system of leg yan meridians. It is paired and includes 27 BAPs.

#### **The pericardium meridian (IX, MC)**

It relates to the system of arm yin meridians. It is paired and includes 9 BAPs.

#### **DIGESTIVE APPARATUS DISEASES**

gastric ulcer, duodenal ulcer and gastritis.

**Tszu-san-li** – 3 cm medial crest of tibia between muscles; 3tsuns below lower edge of patella.

**Li-dui**- 0.3 cm from external nail of II toe of pes.

**Nei-guan** – 2tsuns above radiocarpal fold between tendons of long palmar muscle and radial flexor muscle of wrist

**Ghe-shu** – at a level of space between spinous processes of VII and VIII thoracic vertebrae, I lateral line of back

**Dan-shu** – I lateral line of back, between spinous processes of X and XI thoracic vertebrae

#### **The meridian of three cavities of trunk (X, TR)**

It relates to the system of arm yan meridians. It is paired and includes 23 BAPs

#### **The gallbladder meridian (XI, VB)**

It relates to the system of leg yan meridians. It is paired and includes 44 BAPs. In acupuncture, the VB meridian is effective to relieve various type of pain.

#### **The liver meridian (XII, F)**

It relates to the system of leg yin meridians. It is paired and includes 14 BAPs.

The acupuncturing of **liver points is used for diseases** as follows:

large liver mass, hepatitis;

various type of headache and migraines;

pain syndromes in thoracic cage area, intercostal neuralgia, pains in loin and lower extremities;

dysfunction of urinary excretion and genital system;

various types of dermatoses.

#### **Lumbosacral radiculitis**

According to modern data, main reasons for lumbosacral radiculitis are degenerative-dystrophic changes in disks of lumbosacral area, known as osteochondrosis.

**Huan-tyao**– at an intersection of a straight line to connect the tuber of ischial bone to the crest apex of iliac bone, and a perpendicular to this line is drawn from greater tubercle of femoral bone.

**Yan-li-tsyuan** – in fossa at anteroinferior edge of head of fibula, 2tsuns below the lower edge of patella

### **Facial neuritis**

An acute period envisages three main aspects: First, to impact on the healthy half of face to relieve muscles of this part, and thus reduce overdilatation of the affected half.

Second, simultaneously with acupuncture of points on the healthy side, one or two separate points are also used

Third, acupuncture on the affected half is made following the stimulating method during 1 – 5 min.

### **Trigeminal neuralgia (TN)**

Acupuncture is increasingly used for TN treatment both in combination with other types of treatment (neurotropic, anticonvulsant and vasorelaxant agents, etc.) and solely.

### **The posterior median meridian (XIII, T)**

The posterior median meridian does not relate to ordinary meridians, but, just like the anterior median meridian, is a ‘miraculous vessel’.

### **The anterior median meridian (XIV, J)**

This meridian is one of a ‘miraculous vessels’, and therefore does not include all control points that are available with other meridians. It has only lo-point, which is also the entry point – huei-yin (J1), and the exit-point – chen-tszyan (J24).

**Nephrit** - acute interstitial renal tissue damage caused by - apparently, hypersensitivity reaction, usually develops as a result of the impact of drugs in the kidneys.

**Meridian gallbladder** - Otnositsya system yang meridians of foot, semi-detached, the continuation of the meridian of the three body cavities. Starting at the outer corner of the eye where the drops to the ear lobe, and then doing a difficult move on the side of the head.

**Meridian liver** - relates to a system of foot yin meridians, the guy continued gall bladder meridian. It begins meridian outwards from the nail bed I toe.

**VB1. Tung-tzu-liao** (bone of the eye socket) - located on the 6 mm outwards from the outer corner of the eye. In this area, there is a recess on palpation.

**VB2. Ting-hui** (collector of hearing) - down from the front of the tragus and mezhkozelkovoy clippings, the rear edge cystavnogo process of the mandible.

**VB10. PhuBai** (filling light) - over the rear edge of the mastoid on a horizontal line extending from the upper edge of the base of the ear shell to the point nao-hu.

**VB11. Tou-chiao-yin** (yin) - midway point of the wan-gu and PhuBai (the junction of the mastoid process and occipital bone).

**F2. Xin-jian** (travel section) - between I-II heads of metatarsal bones.

**F3. Tai-chun** (high flow) - at the narrowest point between the I and II of the metatarsals.

**F8. QuQuan** (curved source) - posterior to the medial nadmysheika femur, anterior to the insertion of the semimembranosus muscle, at the level of the middle of the popliteal fossa.

**H1. Yin-tang** (sealed Palace) - is located in the center of the glabella, between the eyebrows. T. A. : frontal artery and frontal nerve (the first branch of the trigeminal nerve).

**H2. Tai-Yang** (sun) - outward and downward from the lateral edge of the eyebrow, on the posterior of the eye socket 12 mm. T. A. : propulsion of the trigeminal nerve, a branch of the superficial temporal artery, the second branch of the trigeminal nerve. The depth of the injection of 6-12 mm.

**H3. Yu-yao** (the edge of the fish) - at the level of the pupil, in the middle of the eyebrows, where the palpable groove. T. A. : supraorbital artery and supraorbital nerve, extending from the first branch of the trigeminal nerve.

**H10. Jin Jing-yu-e** (jade and gold liquid) - on both sides of the frenulum of the language in the sublingual veins.

**H11. Hai-chuan** (marine source) - in the center under the tongue, in the language of the bridle.

**H30. Chi-hsuan** (ten proclamations) - at the end of ten fingers (including point-chungchung, located at the ends of the middle fingers). T. A. ∴ own palmar digital artery and own palmar digital nerves.

**Rear middle meridian** - Rear middle meridian is not classified as normal, and is the same as the front and middle, "a wonderful vessel" and therefore has all the standard items. However, according to traditional views, as "miraculous vessels" These meridians have their own point-stewards.

**T1. Chang-Qiang**(force growth) - is located midway between the coccyx and the external anal sphincter.

**T2. Yao Shu** (Shu point of the loin) - above the entrance place in the sacral canal.

**T3. Yao-yang guan** (NW - loin; Gate yang) - between the spinous processes of L4 - L5 vertebrae.

**T4. Ming-men** (the Gate of Life) - between the spinous processes of L2 - L3 vertebrae.

**Front middle meridian** - is one of the "miraculous vessels", therefore, does not include all the control points that exist on other meridians. BAD natural concentrates of natural substances extracted from the Agro-Food raw materials of animal, mineral and vegetable origin.

**Yoga** - a concept in Indian culture, in the broadest sense means the combination of various spiritual practices of mental and physical.

**Chzen - Chiu** - In oriental medicine, along with acupuncture (Zhen), to act on certain areas of the skin are widely used and moxibustion (chiu) either in conjunction with acupuncture, either sequentially. It emerged and the traditional name of this method - Zhen-jeou, ie acupuncture and moxibustion, which were considered as a single method of treatment.

**Moxakonus**- During the jeou cone installed base at a certain point, light the top of it, and when the decay reaches the base is replaced by another.

**Moxa -Polynnaya cigarette** is a cigarette paper tube, tightly packed sherstevidno chopped wormwood, 1-2 cm in diameter and 20 cm long.

**Herbal medicine** is the treatment with medicinal plants and one of the oldest medical sciences.

**Glistogonnye**- aconite antivenom, Manchurian Aralia, an ordinary watermelon, banana paradise, Tagetespatula, silver birch, valerian

**Zharoponizhayuschie**- Air marsh, white monkshood, purple, orange sweet, wild rosemary marsh, Bergeniacrassifolia, basil ordinary, barberry.

### Lesson evaluation criteria

<b>##</b>	<b>Results</b> <i>(in % and points)</i>	<b>Rating</b>	<b>Level of student knowledge</b>
1.	96 – 100	Excellent “5”	Full correct answer. Summarizes and makes decisions. Creatively thinks. Analyses independently. Applies in practice. Correctly solves situation tasks with fully justified answer. Has a good understanding.
2.	91 – 95	- “ -	Creatively thinks. Analyses independently. Applies in practice. Correctly solves situation tasks with fully justified answer. Speaks with confidence. Has a good understanding.
3.	86 – 90	- “ -	Analyses independently. Applies in practice. Correctly solves situation tasks with fully justified answer. Has a good understanding.
4.	81 – 85	Good “4”	Applies in practice. Correctly solves situation tasks, but justification of answer is less than full. Has a good understanding.
5.	76 – 80	- “ -	Acts proactively. Correctly solves situation tasks, but justification of answer is less than full. Understands the essence of question. Knows the subject. Has a good understanding.
6.	71 – 75	- “ -	Correctly solves situation tasks, but justification of answer is less than full. Explains. Has a good understanding.
7.	66 – 70	Satisfactory “3”	Understands the essence of issue. Correctly solves situation tasks, but cannot justify his/her answer. Knows and has a good understanding of some issues.
8.	61 – 65	- “ -	Makes mistaking when solving situation tasks. Knows, speaks irresolutely. Has a good understanding of some issues of the subject.
9.	55 – 60	- “ -	Knows, speaks irresolutely. Has partial understanding.
10.	54 and below	Unsatisfactory “2”	Does not know. Does not have good understanding.



ЎЗБЕКИСТОН РЕСПУБЛИКАСИ  
ОЛИЙ ВА ЎРТА МАХСУС ТАЪЛИМ ВАЗИРЛИГИ

Рўйхатга олинди

№БД-5510100-3.13

2016 йил “09 ” 01



**ХАЛҚ ТИББИЁТИ, ШИФОКОР НАЗОРАТИ, ДАВОЛОВЧИ  
ЖИСМОНИЙ ТАРБИЯ ВА ФИЗИОТЕРАПИЯ**

**ФАН ДАСТУРИ**

Билим соҳаси	100000 – Гуманитар соҳа; 500000 – Соғлиқни сақлаш ва ижтимоий таъминот.
Таълим соҳаси	110000 – Педагогика; 510000 – Соғлиқни сақлаш.
Таълим йўналиши	5510100 – Даволаш иши; 5111000 – Касб таълими (5510100 – Даволаш иши) .

Тошкент – 2016

Ўзбекистон Республикаси Олий ва ўрта махсус таълим вазирлигининг 2016 йил “22” 01 даги “ 26 ”-сонли буйруғининг 2-илоvasи билан фан дастури рўйхати тасдиқланган.

Фан дастури Олий ва ўрта махсус, касб-ҳунар таълими йўналишлари бўйича Ўқув-услубий бирлашмалар фаолиятини Мувофиқлаштирувчи Кенгашининг 2016 йил “09 ” 01 даги 1 - сонли баённомаси билан маъқулланган.

Фан дастури Тошкент тиббиёт академиясида ишлаб чиқилди.

#### **Тузувчилар:**

Усманходжаева А.А.

Халқ тиббиёти, реабилитология ва жисмоний тарбия кафедра мудири, доцент, т.ф.н.

Адилов Ш.Қ.

Халқ тиббиёти, реабилитология ва жисмоний тарбия кафедра доценти, т.ф.н.

Высогорцева О.Н.

Халқ тиббиёти, реабилитология ва жисмоний тарбия кафедра катта ўқитувчиси, т.ф.н.

#### **Такризчилар:**

ХамраевА.А.

ТТА УАШ ички касалликлари ва эндокринология кафедра мудири,

доцент, т.ф.д.

Абдуллаев Х.Х.

АЖ“Республика  
ихтисослаштирилган илмий-амалий  
терапия ва тиббий реабилитация  
тиббиёт маркази” бош илмий ходим,  
т.ф.д.

Фан дастури Тошкент тиббиёт академияси Кенгашида кўриб  
чиқилган ва тавсия қилинган (2015 йил “23 ” 12 даги 5 - сонли  
баённома).

## **КИРИШ**

Ушбу дастур кенг тарқалган касалликларнинг келиб чиқиши, кечиши, ташхис қўйиш, асоратлари ва уларни олдини олиш чоралари, тиббий ёрдам кўрсатиш бўйича шарқ тиббиёти усуллари билан даволашнинг асосий кўникмаларини ҳосил қилиш, организмнинг жисмоний ривожланганлигини аниқлаш ва баҳолаш, иш қобилиятини аниқлаш, жисмоний юкламалар таъсирида организмнинг система ва органларида бўладиган ўзгаришлар, қўлланиладиган тиббий кўриклар, врач-педагог назорати, физик омиллар, характеристикаси, таъсир механизми, қўлланилиш усуллари, кўрсатма ва қарши кўрсатмалар, даволовчи жисмоний тарбия воситалари, шакллари, ҳаракат тартиботлари ва уларнинг вазифалари, қўлланилиш самарадорлигини аниқлаш, кўрсатма ва қарши кўрсатма масалаларини қамрайди ҳамда бўлғуси умумий амалиёт врачларида клиник фикрлаш, касаллик ва унинг белгиларини асослаш учун замин яратиб беради.

### **Фанининг мақсад ва вазифалари**

Фанларни ўқитишдан мақсад – аҳолини саломатлигини яхшилаш ва мустаҳкамлаш, тиббиёт сифатини оширишда даволаш-профилактик чора тадбирларни амалга ошириш. Шифохона, шифомаскан (санаторий) ва амбулатор (поликлиника) шароитида турли касалликлар билан хасталланган беморларни даволашда, асоратларини олдини олишда ва профилактика мақсадида халқ тиббиёти, физик ва даволовчи жисмоний тарбия усулларни қўлланишига ўргатиш. Аҳолининг соғлигини мустаҳкамлаш, ижтимоий ва маиший шароитларга мослашишини (адаптациясини) яхшилаш. Шифокор назоратида -жисмоний тарбия ва спорт билан шуғулланувчиларнинг жисмоний ривожланганлигини, организмнинг функционал ҳолатини, асосий тизимларнинг ҳолатини, жисмоний юкламаларнинг организмга таъсирини, организм томонидан берилаётган жавоб реакцияларини баҳолашни ўргатиш.

Фаннинг вазифаси – уни ўрганувчиларга:

- Халқ тиббиёти усуллари (фитотерапия, халқ табобати воситаларини уй шароитида қўллаш, игнарефлексотерапия ва бошқалар) замонавий тиббиётда тўтган ўрнини, организмга таъсир этиш механизмини, турли касалликларда даволаш, асоратларининг олдини олиш ва организмнинг қаршилигини ошириш мақсадида қўлланилишини ўргатиш;
- физик муолажаларни организмга таъсир этиш механизмини, турли касалликларда даволаш, асоратларининг олдини олиш ва организмнинг қаршилигини ошириш мақсадида қўлланилишини ўргатиш;
- турли касалликларда даволаш ва реабилитация даврида тўлақонли комплекс тузиб организмни соғломлаштиришда оқилона фойдаланишни ўргатиш;
- жисмоний машқларнинг организмга таъсир этиш механизмини, турли касалликларда даволаш, асоратларининг олдини олиш ва организмнинг қаршилигини ошириш мақсадида қўлланилишини ўргатиш;
- даволаш ва реабилитация даврида даволовчи жисмоний тарбиянинг (ДЖТ) ҳаракат тартиботларини, восита ва шаклларини тўғри танлашни ва қўллашни ўргатиш;
- аҳолининг турли контингентлари орасида, уларни жисмоний тарбия ва спорт машғулотларига кўникишлари учун тиббий текширувдан ўтказиш қоидаларини ўргатиш;
- аҳолининг соғлиғини мустаҳкамлаш, ижтимоий ва маиший шароитларга мослашишини (адаптациясини) яхшилаш учун жисмоний юкламанинг организмга таъсирини баҳолаш усуллари ўргатиш.

### **Фан бўйича талабаларнинг тасаввур, билим, кўникма ва малакаларига қўйиладиган талаблар**

“Халқ тиббиёти, шифокор назорати, даволовчи жисмоний тарбия ва физиотерпия” фанини ўзлаштириш жараёнида бакалавр:

- соғлиқни сақлаш тизими ва уларда олиб борилаётган ислохотлари;
- патология, касаллик ва саломатлик;
- жисмоний маданиятни услуб ва назарияларини асосий саволлари;
- жисмоний тарбия ва спорт билан шуғулланувчилар организмида бўладиган физиологик жараёнлари;
- спорт гигиенаси;
- жисмоний юкламанинг таъсир механизми;
- даволовчи жисмоний тарбиянинг умумий асослари;

- одам организмдаги биофизик реакциялари;
- тўқималарни биопотенциаллари;
- физик омилларининг одам организмига комплекстаъсир механизми;
- тиббий тикланишнинг физиотерапевтик йўналишлари;
- курорт ва санаторияларнинг турлари;
- Ўзбекистонда жойлашган шифомасканлари **ҳақида тасаввурга эга бўлиши;**
- халқ тиббиёти асослари концепциясининг аҳамиятини;
- доривор ўсимликлар таъсир механизмларини ва тавсия этиш;
- биологик фаол нукталарга таъсир кўрсатиш усулларини;
- қайнатма, дамламаларни тайёрлаш йўлларини;
- шарқ тиббиёти усулларини қўллаб даволанадиган нафас, юрак қон-томир, хазм қилиш, асаб ва сийдик айириш, гинекологик, эндокрин, тери, аллергия касалликларни даволаш;
- уй шароитида халқ табobati воситаларини қўллаган ҳолда даволаш усулларини;
- организмнинг жисмоний иш бажариш қобилиятини аниқлаш усулларини;
- мустақил равишда соматоскопия ва антропометрияни ўтказишни, мустақил функционал синамаларни ўтказиши ва олинган натижалар асосида юрак-қон томир, нафас ва вегетатив нерв тизимларни функционал ҳолатларини баҳолашни;
- юрак-қон томир, нафас ва вегетатив нерв тизимларнинг берилаётган жисмоний юктамаларга жавоб реакцияларини аниқлаш ва баҳолашни;
- спорт иншоатларга бўлган санитар-гигиеник талабларни;
- врач-жисмоний тарбия диспасерларининг турлари ва ташқил этилишини;
- жисмоний машқларнинг таъсир механизмини ва самарадорлигини баҳолашни;
- ДЖТни қўллаш учун кўрсатма ва қарши кўрсатмаларни, восита, шакл ва ҳаракат тартиботларини ва унинг вазифаларини аниқ белгилашни;
- даволовчи жисмоний тарбиянинг даволаш усулларини;
- асосий ва ёндош касалликларни ҳисобга олган ҳолда даволовчи гимнастик машқлар комплексини тузишни;
- биринчи тиббий ёрдамни кўрсатишни;
- турли касалликларда физиотерапевтик муолажаларини тўғри тавсия этишни;
- физик муолажаларни оптимал таъсирини аниқлашни;
- беморларни шифомаскани курортларга танлаш ва даволаш масалаларини тўғри ҳал этишни, санатор-курорт карталарни тўлдиришни;

- физиодаволашда ва электрожароҳат ҳолатидаги патологик реакция пайтида биринчи ёрдам кўрсатишни;
- физиотерапевтик муолажаларни ўтказиш тартибини;
- умумий даволаш тадбирлари билан бир қаторда (дори-дармон, парҳез, жарроҳлик операциялари ва ҳ.з.) махсус физиотерапевтик усуллари белгилаш ва дозалашни аниқлашни **билиши ва улардан фойдалана олиши**;
- биологик актив нукталарга таъсир қилиш усуллари;
- дамлама ва қайнатмаларни тайёрлаш;
- жисмоний тарбия ва спорт билан шуғулланувчиларнинг жисмоний ва функционал ҳолатини баҳолаш усуллари;
- диспансиризация ўтказишда шифокор назоратининг асосий усуллари;
- нафас ва юрак-қон томир тизимларининг организмга таъсир этаётган жисмоний юклага нисбатан бўладиган жавоб реакциялари;
- жисмоний тарбия билан шуғулланувчиларни тиббий гуруҳларга саралашлар, асосий, тайёрлов ва махсус тиббий гуруҳларида шуғулланиш учун кўрсатма ва қарши кўрсатмалар;
- жисмоний тарбия ва спорт машғулотида жисмоний машқларнинг самарадорлигини баҳолаш усуллари;
- спорт иншоатларига қўйилган санитар-гигиеник талабларнинг бажарилиши;
- даволовчи жисмоний тарбиянинг умумий асослари ва жисмоний машқларнинг таъсир механизми;
- ДЖТни қўллаш учун кўрсатма ва қарши кўрсатмалар, восита, шакл ва ҳаракат тартиботи ва қўлланилиш эффективлигини баҳолаш;
- турли касалликларни даволашда физиотерапевтик муолажаларни танлашда умумий ва махсус кўрсатма ва моънеликларга риоя қилиш;
- даволаш муолажалар мажмуасини тузишда асосий ва ёндош касалликларни ҳисобга олиш;
- нормал ва патологик ҳолатларда физик омилларнинг хусусиятларини ва уларнинг организмга таъсир қилиш механизми;
- физиоаппаратларнинг ишлаш принципларини ва техника ҳавфсизлиги қоидаларига риоя қилиш;
- соғломлаштириш мақсадида физиопротектив муолажаларни қўллаш **қўникмаларига эга бўлиши керак**;
- мустақил тиббий хулоса бериш;
- зарурий ҳужжатларни тўғри расмийлаштириш;
- организмнинг жисмоний ривожланганлигини аниқлаш ва баҳолаш;
- организм тизимларининг функционал ҳолатларини аниқлаш ва баҳолаш;
- спорт иншоатлари ва инвентарларига санитар-гигиеник нормативлар;

- врач-педагогик назоратини ташкил қилиш;
- беморларни шифохона ва шифохонадан ташқарида даволашда ДЖТни режалаштириш;
- беморларни шифохона ва шифохонадан ташқарида даволашда физик муолажаларни режалаштириш *малакаларига эга бўлиши керак.*

### **Фаннинг ўқув режадаги бошқа фанлар билан ўзаро боғлиқлиги ва услубий жиҳатдан узвийлиги**

Халқ тиббиёти, шифокор назорати, даволовчи жисмоний тарбия ва физиотерапия фанлари тиббий-биологик фанлар мажмуасига тааллуқли бўлиб, у VII, VIII, IX ва X семестрларда ўқитилади.

Халқ тиббиёти, шифокор назорати, даволовчи жисмоний тарбия ва физиотерапия фанлари талабаларнинг тиббий биология ва генетика, биофизика, одам анатомияси, патологик анатомия, нормал ва патологик физиология, биокимё, фармакология, ички касалликлари пропедевтикаси, жисмоний тарбия фанларидан олган билимларига асосланади. Ушбу фан терапия, хирургия, урология, акушерлик-гинекология, неврология, педиатрия ва бошқа клиник йўналишдаги фанларни ўзлаштириш учун асосланади.

### **Фаннинг илм-фан ва ишлаб чиқаришдаги ўрни**

Халқ тиббиёти, шифокор назорати, даволовчи жисмоний тарбия ва физиотерапия фанлари умумий амалиёт шифокорида тиббий билимлар асосини шакллантиришда муҳим аҳамиятга эга. У бошқа заминий фанлар билан биргаликда организм тўғрисида яхлит маълумот бериш, шу билан бирга талабада клиник фикр юритишни ривожланишини таъминлайди.

**Фанни ўқитишда замонавий ахборот ва педагогик технологиялар**

Талабаларнинг фанини ўзлаштиришлари учун ўқитишнинг илғор ва замонавий усулларидан фойдаланиш, янги информацион-педагогик технологияларни татбиқ қилиш муҳим аҳамиятга эгадир. Фанни ўзлаштиришда дарслик, ўқув ва услубий қўлланмалар, маъруза матнлари, тарқатма материаллар, компьютер дастурлари, электрон материаллар, амалий дарсларда мос равишдаги илғор педагогик технологиялар қўлланилади. Маъруза ва амалий машғулотларда турли метод ва воситалардан, хусусан ақлий хужум, балиқ скелети, Қандай ва Венна диаграмалари, кластер, амалий иш ва дидактик ўйинлар, портфолио, кейс-стади, шунингдек, компьютер дастурларидан (Microsoft Word, Microsoft Excel, Microsoft Power Point) интернет тизимларидан фойдаланиш мумкин.

## **АСОСИЙ ҚИСМ**

### **Фаннинг назарий машғулотлари мазмуни**

Халқ тиббиёти фани асосий вазифалари

Халқ тиббиёти унинг ривожланиш тарихи бугунги кунда замонавий тиббиёт билан ҳам оҳанглиги фалсафий концепциялар аҳамиятини.

Халқ тиббиёти усуллари ва воситаларини қўллаб даволанадиган касалликлар: юрак қон-томир системаси; нафас аъзолари; овқат хазм қилиш аъзолари; асаб системаси; сийдик таносил, тери касалликлари, гинекологик ва эндокрин системаси ва ҳ.к.

Доривор ўсимликларни таъсир механизмлари касалликларга тавсия этиш, йиғиш тартиби ва қайнатма, дамламаларни тайёрлаш йўллари.

Акупрессура, акупунктура ва ёрдамида беморларга муолажа тавсия этиш рефлексотерапиянинг асосларини ва меридианлар таълимотини.

**Кириш. Шарқ тиббиётининг тарихи ва ривожланиши фалсафий  
концепциялари, Ибн Сино таълимоти, ўзига хослиги ва  
замонавий тиббиётда тўтган ўрни, кўрсатма ва қарши  
кўрсатмалар**

Дунёда шарқ тиббиётининг тарихи ва ривожланиши, хитой анъанавий тиббиётининг ўзига хослиги қадим тарихга эга бўлган фалсафий концепциялар (Ин-ян, У-син), касалликларни даволашда шарқ табобати воситаларини қўллаш уй шароитида тавсия этишнинг ўзига хослиги маълум бир касалликларда рефлексотерапия, моксиотерапия, доривор ўсимликлар қўллаш тавсия этилади. Ибн Синонинг шарқ тиббиётига қўшган хиссаси ва тиб қонунлари. Шарқ тиббиётига кўрсатма ва қарши кўрсатмалар тахлили

**Юрак қон-томир касалликларини (артериал гипертензия ва  
стенокардияда) ноанъанавий тиббиёт усуллари билан даволаш**

Юрак қон-томир касалликларини (артериал гипертензия ва стенокардияда) ноанъанавий тиббиёт усуллари билан даволашда шарқ тиббиёти нуқтаи назаридан тавсиялар, фитотерапия, диетотерапия принциплари, шарқ гимнастика усуллари ва уқалаш усулларни қўлланиши.

**Нафас олиш тизим касалликларини (Бронхиал астма ва  
бронхитлар, пневмония ва эмфизема) ноанъанавий тиббиёт  
усуллари билан даволаш**

Нафас олиш тизими (bronхиал астма ва бронхитлар, пневмония ва эмфизема) касалликларини ноанъанавий тиббиёт усуллари билан даволашда касалликнинг кечиши шарқ тиббиёти нуқтаи назаридан тавсиялар, фитотерапия, диагностика ва профилактика усулларни қўлланиши. Тўғри овқатланиш асослари, нафас гимнастика турлари, табиий омиллар, чиниқтириш ва асоратларни олдини олиш усуллари.

**Хазм тизими касалликларини (ошқозон ва ўн икки бармоқли ичак яра касалликлари, панкреатит, гастрит, холецистит ва гепатитлар) ноанъанавий тиббиёт усуллари билан даволаш**

Хазм тизими касалликларини (ошқозон ва ўн икки бармоқли ичак яра касалликлари, панкреатит, гастрит, холецистит ва гепатитлар) ноанъанавий тиббиёт усуллари билан даволашда касалликнинг кечиши даволашда шарқ тиббиёти нуқтаи назаридан тавсиялар, халқ табобат воситаларини қўллашни ўргатиш. Рационал овқатланиш, фитотерапия, игнарефлексотерапия, табиий омиллар (минерал сувлар куллаш), соғлом турмуш тарзига риоя қилиш.

**Периферик асаб касалликлари (остеохондроз, юз нерви неврити ва уч шохли нерв невралгияси) ноанъанавий тиббиёт усуллари билан даволаш**

Периферик асаб касалликларини (остеохондроз, юз нерви неврити ва уч шохли нерв невралгияси) ноанъанавий тиббиёт усуллари билан даволашда касалликнинг кечиши даволашда шарқ тиббиёти нуқтаи назаридан тавсиялар. Шарқ тиббиёти турли воситаларни илмга асосланган усуллари.

**Сийдик ажратиш тизими касалликларини (Нефрит, пиелонефрит, буйрак санчиғи, цистит ва цисталгиялар) ноанъанавий тиббиёт усуллари билан даволаш**

Сийдик ажратиш тизими касалликларини (Нефрит, пиелонефрит, буйрак санчиғи, цистит ва цисталгиялар) ноанъанавий тиббиёт усуллари билан даволашда касалликнинг кечиши даволашда шарқ тиббиёти нуқтаи назаридан тавсиялар, ўсимликлар, табиий омиллар, гимнастика, уқалаш ва бошқа ноанъанавий усуллар замонавий тиббиётда қўллаш.

**Ревматологик касалликларни (Бод касаллиги, ревматоид артритлар, Бехтерев касаллигида, реактив артритлар) ноанъанавий тиббиёт усуллари билан даволаш**

Ревматологик касалликларни (Бод касаллиги, ревматоид артритлар, Бехтерев касаллигида, реактив артритлар) ноанъанавий тиббиёт усуллари билан даволашда касалликнинг кечиши даволашда шарқ тиббиёти нуқтаи назаридан тавсиялар, керакли доривор ўсимликлардан тайёрланган қайнатмалар, тиндирмалар, нуқтали уқалаш, гирудотерапия, рефлексотерапия ва уй шароитида халқ табобат воситаларини қўллашни ўргатиш.

**Тери касаллиги ва аллергияк холатларда (псориаз,экзема, дерматитлар полиноз, эшакем, аллергияк тошмалар) ноанъанавий тиббиёт усуллари билан даволаш**

Тери касаллиги ва аллергияк холатларда (псориаз, экзема, дерматитлар полиноз, эшакем, аллергияк тошмалар) ноанъанавий тиббиёт усуллари билан даволашда касалликнинг кечиши даволашда шарқ тиббиёти нуқтаи назаридан тавсиялар, керакли доривор ўсимликлардан тайёрланган қайнатмалар, тиндирмалар, нуқтали уқалаш, рефлексотерапия, тўғри овқатланиш ва уй шароитида халқ табобат воситаларини қўллашни ўргатиш.

**Гинекологик ва эндокрин касалликларда (аднексит, эндометрит, оғриқли хайз, бепуштлик ва қандли диабет, қалқонсимон без касалликлари) ноанъанавий тиббиёт усуллари билан даволаш**

Гинекологик ва эндокрин касалликларда (аднексит, эндометрит, оғрикли хайз, бепуштлик ва қандли диабет, қалқонсимон без касалликлари) ноанъанавий тиббиёт усуллари билан даволашда касалликнинг кечиши даволашда шарқ тиббиёти нуқтаи назаридан тавсиялар. Шарқ тиббиётида репродуктив саломатлигини тиклаш, сақлаш ва мустаҳкамлаш шакллари ва воситалари.

**Шифокор назорати асосий вазифалари. Спорт ва жисмоний тарбия билан шуғулланувчи аҳолининг ҳар хил тоифаларини тиббий текшируви. Соғлом турмуш тарзини шакллантиришда жисмоний тарбия ва спортнинг аҳамияти**

Спорт ва жисмоний тарбия билан шуғулланувчиларда ўтказиладиган тиббий кўрик турлари билан таништириш. Тиббий гуруҳлар ҳақида тушунча бериш. Спорт ва жисмоний тарбия билан шуғулланувчиларнинг анамнезини йиғиш хусусиятлари. Шифокор назорати картаси билан таништириш ва расмийлаштиришни ўргатиш.

**Жисмоний ривожланиш. Жисмоний ривожланганликни антропометрия ва соматоскопия маълумотларига асосланиб аниқлаш ва баҳолаш усуллари. Тана тузилиши типлари. Спорт турига саралаш**

Жисмоний ривожланганликнинг антропометрик кўрсаткичларини олиш: спирометрия, динамометрия, тана узунлиги ва вазнини, кўкрак қафасининг айланасини ўлчаш. Соматоскопия кўрсаткичларини олиш: умуртқа поғанаси, қади-қомат, кўкрак қафаси, оёқ, товон шакллари. Калиперометрия, тана вазнининг таркибий қисмини аниқлаш (суяк, мушак ва ёғ). Жисмоний ривожланганликнинг баҳолаш усуллари, яъни стандартлар, корреляция ва индекслар ҳақида тушунча бериш. Антропометрик кўрсаткичларини индекслар усули ёрдамида Кетле, Пинье, фарқлаш, ҳаётий, Эрисман ва бошқалар, қўл ва бел мушаклари индексларини аниқлаш. Олинган натижаларга асосланган ҳолда жисмоний ривожланишни аниқлаш.

**Шифокор назоратида қўллиналадиган функционал синамалар. Юрак-қон томир тизимини функционал синамалари**

Мунтазам шуғулланиш натижасида организмда кузатиладиган функционал ва морфологик ўзгаришлар. Юрак-қон томир тизимини функционал ҳолатини баҳолашда қўлланиладиган синамалар (Летунов ва Мартине синамаларининг ўтказилиш тартиби). Синамасини ўтказиш ва олинган натижалар асосида юрак-қон томир тизимини функционал ҳолатини баҳолаш, жавоб реакция типларини аниқлаш.

## **Нафас ва вегетатив нерв тизимларни функционал синамалари**

Нафас тизимини функционал ҳолатини баҳолашда қўлланиладиган Штанге, Генч, Серкин ва Розентал синамаларининг ўтказилиш тартиби ва олинган натижаларни баҳолаш. Вегетатив нерв тизимини функционал ҳолатини баҳолашда қўлланиладиган ортостатик ва клиноортостатик синамаларининг ўтказилиш тартиби ва олинган натижаларни баҳолаш. Талабалар билан Штанге, Генче ва Серкин синамаларини ўтказиш ва олинган натижаларни баҳолаш.

### **Ташқи нафас олишнинг функционал ҳолатини аниқлаш**

Ташқи нафас олишнинг очиқ ва ёпиқ усуллари ҳақида тушунча. Текширилувчидан олинган спирограмма ёрдамида нафаснинг минутлик ҳажмини, нафас олиш сонини, нафаснинг ўртача чуқурлигини, ўпканинг тириклик сиғимини, ўпканинг максимал вентиляциясини, максимал нафас олганда нафаслар сони ва чуқурлигини, резерв нафасни, кислород ҳажмини аниқлаш. Спортчиларда ва жисмоний тарбия билан шуғунланганлардан олинган спирограммаларни баҳолаш.

### **Жисмоний иш бажариш қобилиятини аниқлаш усуллари**

Организмнинг иш бажариш қобилияти ва тикланиш жараёнлари ҳақида тушунча. Гарвард степ-тестининг ўтказилиш тартиби, олинган натижалар асосида Гарвард степ-тести индексини аниқлаш, олинган индекс орқали организмнинг тикланиш жараёнларини баҳолаш. Спортчиларда ва жисмоний тарбия билан шуғунланганлар билан Гарвард степ-тестини ўтказиш ва олинган натижаларни баҳолаш.

PWC-170 субмаксимал тести ҳақида тушунча, ўтказилиш тартиби, олинган натижалар асосида организмнинг иш бажариш қобилиятини баҳолаш. Кислороднинг максимал истеъмол қилинишини аниқловчи бевосита ва билвосита усуллари ҳақида тушунча. Спортчиларда жисмоний тарбия билан шуғунланганлар билан PWC-170 субмаксимал тестини велоэргометрда бажариш ва олинган натижаларни баҳолаш.

**Шифокор- педагогик назорати. Жисмоний юкламалар таъсирида шуғулланувчи организмда бўладиган ўзгаришлар. Спорт билан шуғулланувчиларда кўп учрайдиган патологик ҳолатлар. Спорт жароҳати профилактикаси**

Шифокор-педагогик назоратининг вазифалари, назорат усуллари, яъни ўтказилаётган машғулот зичлиги (хронометраж), физиологик эгри чизиғи ва ҳолсизланиш даражаларини аниқлаш билан таништириш. Жисмоний тарбия машғулотларида шифокор-педагогик назоратининг усуллари кўллаш ва олинган натижаларини баҳолаш.

**Жисмоний тарбия ва спорт билан шуғулланишга кўрсатма ва қарши кўрсатмалар. Врач-жисмоний тарбия диспансери.**

**Врач назорати картасини расмийлаштириш ва ҳимоя қилиш**

Жисмоний тарбия ва спорт билан шуғулланишга кўрсатма ва қарши кўрсатмалар ҳақида тушунча бериш. Тиббий гуруҳлар ва уларга саралаш принциплари. Врач-жисмоний тарбия диспансери турлари, тузилиши, фаолияти. Талабалар томонидан шифокор назорати картасини расмийлаштириш ва уни ҳимоя қилиш.

**Даволовчи жисмоний тарбиянинг умумий асослари – воситалари, шакллари. Ҳаракат тартиботлари**

Даволовчи жисмоний тарбия, даволаш усуллари ва жисмоний машқларнинг асосий таъсир қилиш механизмлари ҳақида тушунча бериш. Даволовчи жисмоний тарбиянинг воситалари, уларнинг турлари ва қўлланилиш мақсадлари. Шакллари, уларнинг гуруҳлари, турлари ва қўлланилиш мақсадлари. Беморларга даволаш жисмоний тарбия тавсия этилганда қўлланиладиган ҳаракат тартиботлари, уларнинг вазифалари ҳақида тушунча бериш.

### **Даволовчи жисмоний тарбиянинг умумий асослари**

ДЖТ воситалари ва шакллари. Ҳаракат тартиботлари. ДЖТ муолажасини белгилаш принциплари. ДЖТ бўйича ҳужжатларни расмийлаштириш. Беморларни даволашда қўлланиладиган ДЖТ усуллариининг самарадорлигини аниқлаш. Массаж турлари ҳақида тушунча бериш. Шифобахш массажда қўлланиладиган асосий усуллари, таъсир механизмларига тушунча. Шифобахш массажни талабаларда кўрсатиш.

### **Юрак қон-томир тизимини касалликларида ДЖТни қўллаш**

Ўткир миокард инфаркти, гипертоник касаллиги, юрак ишемик касаллиги, нейроциркулятор дистонияси касалликларида ДЖТнинг даволаш усуллариини танлаш ва асослаш, восита, шакл ва ҳаракат тартиботларини тўғри танлаш ва қўллаш, даволаш самарадорлигини аниқлаш.

### **Нафас тизими касаликларида ДЖТни қўллаш**

Зотилжам, плеврит, сурункали бронхит, ўпка эмфиземаси, бронхиал астма, бронхоэктатик касалликларида ДЖТни қўллаш мақсади ва вазифалари, хусусияти, даволаш усуллариини танлаш ва асослаш, даволаш гимнастика комплексини тузиш ва самарадорлигини аниқлаш. Мустақил бемор қабул қилиш.

## **Овқат-ҳазм клиш ва ҳаракат-таянч тизимлари ва модда алмашинуви касалликларида ДЖТни қўллаш**

Ошқозон-ичак яраси, гастрит, колит, энтерит, энтероколит, спланхноптоз, гепатит, холецистит, артрит, полиартрит, артроз, қандли диабет, семириш, подагра касалликларида ДЖТни қўллаш мақсади ва вазифалари, кўрсатма ва қарши кўрсатмалар. ДЖТнинг даволаш усулларини танлаш ва асослаш, даволаш гимнастика комплексини тузиш. Хужжатларни тўлдириш, поликлиникада бемор қабул қилиш.

## *Жарроҳлик касалликларда ва травматология-ортопедияда ДЖТни қўллаш*

*Томир касалликлари, кўкрак қафаси ва қорин бўшлиғида ўтказиладиган операциядан олдинги ва кейинги даврлари, кўл-оёқ суяклари ва умуртқа поганаси синишларининг имобилизация ва ундан кейинги даврлари, ясси товон, остеохондроз, сколиоз, кифоз, лордоз касалликларида ДЖТни қўллаш мақсади ва вазифалари, кўрсатма ва қарши кўрсатмалар. ДЖТнинг даволаш усулларини танлаш ва асослаш, даволаш гимнастика комплексини тузиш. Хужжатларни тўлдириш, поликлиникада бемор қабул қилиш.*

## **Акушерликда ва гинекологик касалликларида ва педиатрияда ДЖТни қўллаш**

Ҳомиладорликда, туғиш ва туғишдан кейинги даврларда жисмоний машқларни қўллаш. Гинекологик касалликларда (яллиғланиш, птоз ва аномалия) ва операцияларда ДЖТни қўллаш хусусиятлари. Даволаш гимнастика комплексини тузиш. Машғулотлар самарадорлигини аниқлаш. Аёллар маслаҳатларида беморларни қабул қилиш.

Педиатриядаги ДЖТнинг ўзига хос хусусиятлари. Болаларни чиниқтиришда даволаш гимнастикаси усулларини қўллаш. Кўрсатма ва қарши кўрсатмалар.

## **Доимий ва импульс токлари билан даволаш**

Физиотерпевтик гальванизация, электрофорез, электруйку, дидинамотерапия, амплипулстерапия, электродиагностика, электростимуляция муолажаларида қўлланиладиган физик омилларга тафсиф, таъсир механизми, физиологик таъсири, қўлланиладиган физик аппараталар, усуллари, кўрсатма ва қарши кўрсатмалар, меъёрлаш.

### **Ўзгарувчан ток ва электромагнит майдонлари билан даволаш**

Физиотерпевтик ультраюқори частотали ва ўта юқори частотали терапия, франклинизация, дарсонвализация, индуктотермия, магнитотерапия муолажаларида қўлланиладиган физик омилларга тафсиф, таъсир механизми, физиологик таъсири, қўлланиладиган физик аппараталар, усуллари, кўрсатма ва қарши кўрсатмалар, меъёрлаш.

### **Ёруғлик билан даволаш. Аэрозолтерапия. Аэроионотерапия. Гидроаэроионотерапия. Ультратовуш билан даволаш. Баротерапия**

Физиотерпевтик муолажаларда қўлланиладиган физик омилларга тафсиф, таъсир механизми, физиологик таъсири, қўлланиладиган физик аппараталар, усуллари, кўрсатма ва қарши кўрсатмалар, меъёрлаш.

### **Сув ва иссиқлик билан даволаш. Курортлар**

Физиотерпевтик муолажаларда қўлланиладиган физик омилларга тафсиф, таъсир механизми, физиологик таъсири, қўлланиладиган физик аппараталар, усуллари, кўрсатма ва қарши кўрсатмалар, дозировкаси. Курорт омиллари ва турлари. Ўзбекистон курортлари. Санатор-курортгаборувчиларни саралаш. Санатор-курорт картасини расмийлаштириш, ҳимоялаш.

## Амалий машғулотларнинг тахминий рўйхати

- Кириш. Шарқ тиббиётининг тарихи ва ривожланиши фалсафий концепциялари, Ибн Сино таълимоти, ўзига хослиги ва замонавий тиббиётда тўтган ўрни, кўрсатма ва қарши кўрсатмалар.
- Юрак қон-томир касалликларини (артериал гипертензия ва стенокардияда) ноанъанавий тиббиёт усуллари билан даволаш
- Нафас олиш тизим касалликларини (бронхиал астма ва бронхитлар, пневмония ва эмфизема) ноанъанавий тиббиёт усуллари билан даволаш.
- Хазм тизими касалликларини (ошқозон ва ўн икки бармоқли ичак яра касалликлари, панкреатит, гастрит, холецистит ва гепатитлар) ноанъанавий тиббиёт усуллари билан даволаш
- Периферик асаб касалликлари (остеохондроз, юз нерви неврити ва уч шохли нерв невралгияси) ноанъанавий тиббиёт усуллари билан даволаш
- Сийдик ажратиш тизими касалликларини (нефрит, пиелонефрит, буйрак санчиғи, цистит ва цисталгиялар) ноанъанавий тиббиёт усуллари билан даволаш
- Ревматологик касалликларни (бод касаллиги, ревматоид артритлар, Бехтерев касаллигида, реактив артритлар) ноанъанавий тиббиёт усуллари билан даволаш
- Тери касаллиги ва аллергия холатларда (псориаз, экзема, дерматитлар полиноз, эшакем, аллергия тошмалар) ноанъанавий тиббиёт усуллари билан даволаш
- Гинекологик ва эндокрин касалликларда (аднексит, эндометрит, оғриқли хайз,бепуштлиқ ва қандли диабет, қалқонсимон без касалликлари) ноанъанавий тиббиёт усуллари билан даволаш
- Спорт ва жисмоний тарбия билан шуғулланувчи аҳолининг ҳар хил тоифаларини тиббий текшириш. Шифокор назорати картаси билан таништириш.
- Жисмоний ривожланганликни антропометрия ва соматоскопия маълумотларига асосланиб аниқлаш ва баҳолаш усуллари.
- **Шифокор назоратида қўлланиладиган функционал синамалар. Юрак-қонтомир тизимиининг функционал синамалари.**
- Нафас ва вегетатив нерв тизимларининг функционал синамалари.
- Ташқи нафас олишнинг функционал холатини аниқлаш.
- Жисмоний иш бажариш қобилиятини аниқлаш. Гарвард степ-тести.

- *PWC-170 субмаксимал тести. Кислороднинг максимал истеъмол қилинишини аниқлаш.*
- *Жисмоний тарбия ва спорт билан шуғулланиш шароитларини санитар-гигиеник кузатиш.*
- *Шифокор - педагогик назорат.*
- *Жисмоний тарбия ва спорт билан шуғулланишга кўрсатма ва қарши кўрсатмалар. Врач-жисмоний тарбия диспансери.*
- *Даволаш жисмоний тарбиянинг умумий асослари – воситалари, шакллари. Ҳаракат тартиботлари.*
- *Массаж турлари.*
- Юрак қон-томир системаси касалликларида ДЖТни қўллаш (ўткир миокард инфаркти, гипертоник касаллиги, юрак ишемик касаллиги, нейроциркулятор дистонияси).
- Нафас тизимини касаликларида ДЖТни қўллаш (зотилжам, плеврит, сурункали бронхит, ўпка эмфиземаси, бронхиал астма, бронхоэктатик касаллиги).
- Ҳазм ва ҳаракат-таянч системалари ва модда алмашинуви касалликларида ДЖТни қўллаш (ошқозон-ичак яраси, гастрит, колит, энтерит, энтероколит, спланхноптоз, гепатит, холецистит, артрит, полиартрит, артроз, қандли диабет, семириш, подагра).
- Жарроҳлик касалликларда ва травматология-ортопедияда ДЖТни қўллаш (томир касалликлари, кўкрак қафаси ва қорин бўшлиғида ўтказиладиган операциядан олдинги ва кейинги даврлари, қўл-оёқ суяклари ва умуртқа поғанаси синишларининг имобилизация ва ундан кейинги даврлари, ясси товон, остеохондроз, сколиоз, кифоз, лордоз).
- Акушерликда ва гинекологик касалликларида ва педиатрияда ДЖТни қўллаш.
- Доимий ва импульсли тоқлар билан даволаш.
- Ўзгарувчан тоқ ва электромагнит майдонлари билан даволаш.
- Ёруглик билан даволаш.
- Аэрозолтерапия. Аэроионотерапия. Гидроаэроионотерапия.
- Ултратовуш билан даволаш.
- Баротерапия.
- Сув ва иссиқлик билан даволаш.
- Курортлар.

**Амалий машғулотларни ташкил этиш бўйича тавсиялар**

Амалий машғулотларини ташкил этиш юзасидан кафедра томонидан кўрсатма ва тавсиялар ишлаб чиқилади. Унда талабалар асосий маъруза мавзулари бўйича олган билим ва кўникмаларини амалий масалалар, кейслар орқали янада бойитадилар. Шунингдек, дарслик ва ўқув қўлланмалар асосида талабалар билимларини мустақамлашга эришиш, тарқатма материаллардан фойдаланиш, илмий мақолалар ва тезисларни чоп этиш орқали талабалар билимини ошириш, масалалар ечиш, мавзулар бўйича тақдимотлар ва кўргазмали қуроллар тайёрлаш, норматив-ҳуқуқий ҳужжатлардан фойдаланиш ва бошқалар тавсия этилади.

### **Лаборатория иларини ташкил этиш бўйича кўрсатмалар**

Фан бўйича лаборатория ишлари ўқув режада кўзда тутилмаган.

Бироқ шифокор назорати фани бўйича талабалар врач назорат картасини (061/У шакл), даволовчи жисмоний тарбия фани бўйича турли касалликларга гимнастик машқлар комплексини ва физиотерапия фани санатор курорт картасини расмийлаштирадилар. Талабалар бажарган ишларини ҳимоя қиладилар, тавсия ва хулосаларини асослайдилар. Кафедра ходимлар томонидан ёзилган ишлар текширилади, маслаҳат берилади ва қабул қилинади.

### **Курс ишини ташкил этиш бўйича услубий кўрсатмалар**

Фан бўйича курс ишлари ўқув режада кўзда тутилмаган.

### **Мустақил таълимнинг шакли ва мазмуни**

Талаба мустақил ишининг асосий мақсади – ўқитувчининг раҳбарлиги ва назорати остида муайян ўқув ишларини мустақил равишда бажариш учун билим ва кўникмаларни шакллантириш ва ривожлантириш.

Талаба мустақил ишини ташкил этишда қуйидаги шакллардан фойдаланилади:

- дарслик ва ўқув қўлланмалар бўйича фан боблари ва мавзуларини ўрганиш;
- тарқатма материаллар бўйича маърузалар қисмини ўзлаштириш;
- автоматлаштирилган ўргатувчи ва назорат қилувчи тизимлар билан ишлаш;
- махсус адабиётлар бўйича фанлар бўлимлари ёки мавзулари устида ишлаш;
- янги техникаларни, аппаратураларни, жараёнлар ва технологияларни ўрганиш;
- талабанинг ўқув-илмий-тадқиқот ишларини бажариш билан боғлиқ бўлган фанлар бўлимлари ва мавзуларни чуқур ўрганиш;
- фаол ва муаммоли ўқитиш услубидан фойдаланиладиган ўқув машғулотлари;
- берилган мавзулар бўйича ахборот (реферат) тайёрлаш;
- назарий билимларни амалиётда қўллаш;
- Илмий мақола, анжуманга маъруза тайёрлаш ва ҳ.к.

Таълим жараёнида инновацион технологияларни, ўқитишнинг интерфаол усулларини қўллаш талаба томондан мустақил танланади. Талабаларнинг мустақил таълимини ташкил этиш тизимли тарзда, яъни узлуксиз ва узвий равишда амалга оширилади. Талаба олган назарий билимини мустаҳкамлаш, шу билан бирга навбатдаги янги мавзунини пухта ўзлаштириши учун мустақил равишда тайёргарлик кўриши керак.

### **Тавсия этилаётган мустақил ишларнинг мавзулари:**

1. Моксатерапия
2. Гирудотерапия
3. Фитотерапия
4. Шарқ тиббиёт алломалари асарлари
5. Акупунктура
6. Акупрессура
7. Цигун терапия
8. Тиб қонунлари
9. Хитой анъанавий тиббиёти
10. Мизож таълимоти

11. Соғлом турмуш тарзи.
12. Соматотип турлари (эрта спорт саралашда тана тузилишини ахамияти)
13. Ҳаракат фаоллиги, ҳаракат фаоллигига эҳтиёж.
14. Жисмоний юкламаларга мослашиш ва функционал системаларнинг захиралари.
15. Турли спортчиларнинг юрак қон-томир системасининг хусусиятлари.
16. Спорт тиббиётида қўлланиладиган функционал текширувлар.
17. Спорт диетологияси (спорт турларида овқатланиш асослари).
18. Спорт иншоатларига гигиеник талаблар.
19. Норационал жисмоний юкламада спортчиларда ривожланадиган патологик ҳолатлар.
20. Допинг назорати.
21. Спортчиларни фармакологик таъминланиши.
22. Спорт жароҳати.
23. Спортда шошилиш ҳолат. Бирламчи ёрдам кўрсатиш.
24. Махсус тиббий гуруҳ.
25. Хаддан ташқари шуғулланиш.
26. Мактаб ўқувчилари ва ёш спортчиларнинг шифокор назорати.
27. Спортчиларнинг касалланишига умумий характеристика.
28. Аёл организмига жисмоний юкламанинг таъсири.
29. Спорт гигиенаси.
30. Аэроб юкламалар ва машқлар.
31. Вегетатив дистония синдромида ДЖТ воситаларини қўлланиши.
32. Миофасциал оғриқ синдромларини ДЖТ билан даволаш. Умуртқа поғона касалликларида ДЖТ воситаларини қўллаш.
33. Гидрокинеотерапия.
34. Вегетатив дистония синдромида ДЖТ воситалари.
35. Кўз ҳаракатларини гимнастикаси.
36. Мануал терапия.
37. Массаж (даволовчи массаж усуллари).
38. Таянч ҳаракат аппарати касалликларида массаж.
39. Юрак қон томир системаси касалликларида массаж.
40. Нафас системаси касалликларида массаж.
41. Спорт жароҳатларида массаж: суяк синишларида, бўғимлар жароҳатида, мушаклар жароҳатида.
42. Болаларни чиниқишида ДЖТ воситаларини ахамияти.
43. Жисмоний реабилитация қандли диабет асоратининг профилактикаси воситаси сифатида.
44. Операциядан кейинги даврда ДЖТ.
45. Таянч ҳаракат аппарати жароҳатлари билан касалланганлар реабилитациясида механотерапия.
46. Болалар церебрал параличида ДЖТнинг ўзига хослиги.

47. Жисмоний саломатлик соғломлаштириш тадбирларининг самарадорлик омили сифатида.
48. Эрта ёшдаги болалар рахитида, овқатланишининг бузилишида ва аномалияларда ДЖТ.
49. Кекса ва ёши катталарда соғликни сақлашда ҳаракатнинг ўрни.
50. Жисмоний юклама ва аёллар саломатлиги.
51. Тўқима ичи электрофорези.
52. КВЧ-терапия.
53. Бальнеотерапия
54. Гидротерапия.
55. Гелиотерапия.
56. Талассотерапия.
57. Спелеотерапия (галотерапия).
58. Таранг муҳитнинг механик тебранишига асосланган физик омиллар. Зарбали тўлқин терапия.
59. Физиотерапияни замонавий усуллари (кўшимча битта аппаратда, замонавий асбоб-ускуналар қўлланиладиган усуллар).
60. Марказий электроаналгезия.
61. Болаларда физиотерапевтик омилларни қўллаш.
62. Ёши катталарда физиотерапевтик омилларни қўллаш.
63. Иқлимли курортлар.
64. Бальнеологик курортлар.
65. Болаларда физиопротилактика.
66. Ёши катталарда физиопротилактика.
67. Юрак қон томир касалликлари билан касалланганларни даволаш ва реабилитациясида физиотерапиянинг эришган натижалари.
68. Нафас системаси касалликлари билан касалланганларни даволаш ва реабилитациясида физиотерапиянинг эришган натижалари.
69. Ҳазм системаси касалликлари билан касалланганларни даволаш ва реабилитациясида физиотерапиянинг эришган натижалари.
70. Сийдик чиқарув системаси касалликлари билан касалланганларни даволаш ва реабилитациясида физиотерапиянинг эришган натижалари.
71. Таянч ҳаракат аппарати касалликлари билан касалланганларни даволаш ва реабилитациясида физиотерапиянинг эришган натижалари.

### **Дастурнинг информацион-услубий таъминоти**

Мазкур фанни ўқитиш жараёнида:

- амалий машғулот ва маъруза дарсларида модуль тизимига асосланган электрон мажмуадан;
- таълимнинг замонавий илғор интерактив усулларида;
- педагогик ва ахборот-коммуникация технологияларининг презентация (тақдимот);
- мультимедиа ва электрон-дидактик технологиялардан;
- амалий машғулотларда ақлий ҳужум, “Биласизми?”, қора қути, ўргимчак ини, кластер, блиц-сўров, гуруҳ билан ишлаш, инсерт, тақдимот каби усул ва техникалардан фойдаланиш назарда тутилган.

### **Фойдаланиладиган адабиётлар рўйхати**

Асосий адабиётлар:

1. Абу Али Ибн Сино Тиб қонунлари 1- 2 -3 томлар
2. янги нашр 2013.
3. Азимжон Жураев Халқ таъобати Тошкент 2008.
4. Ли Б.Н. Халқ тиббиёти. Дарслик. Ташкент, 2009 й.
5. Ли Б.Н. Народная медицина. Ташкент, 2011 г.
  
6. Бабаджанов С.Н. Справочник физиотерапевта “Абу Али Ибн Сино”, Т, 1999, с.279 (учебник для студентов).
7. Епифанов В.А., Апанасенко Г.Л. “Лечебная физкультура и врачебный контроль” М., 1990 (учебник для студентов).
8. Юлдашев К.Ю, Куликов Ю.А. “Физиотерапия” (учебник для студентов) Т., 1994 с. 298.
9. Ходжаев Ш.Г. “Davolovchi jismoniy tarbiyadan amaliy mashg’ulotlar to’plami”, Toshkent, 2010.
10. Шамансурова Э.А., Алтибаева С.Ш., Агзамова Ш.А., Убайдуллаева С.А., М.И. Шайхова, Н.Н. Тоирова, Г.К. Кошимбетова, Д.И. Каримова, Г.Т. Махкамова “Шифобахш жисмоний тарбия” ўқув қўлланма, Тошкент, 2013.

### **Қўшимча адабиётлар:**

1. Абдулазиз Саиднуриддин “Ўзбек халқ таъобати ўғитлари” Тошкент, Фан н., 2007
2. Перевозченко И.И. Лекарственные растения в современной медицине “Природа – человек – здоровее” - Киев, 2001.

3. Герашченко Л., Никонов Г. “Лечение пиявками” Москва 2004.
4. Каййим ал-Джаузи “Медитсина пророка” Москва 2007.
5. Саъдуллох Камоллидин угли “Тибби Набавий” ТошИУ н.2009.
6. А.Соғуний “Шифоул –илал” Тошкент Мовароуннахр н. 2004.
7. Шукур Иргашев “Табиатнинг ўзи табиб” Ибн Сино нашриёти 2003.
8. Газиева З.Ю., Нурмухамедов К.А., “Спорт тиббиётдан маърузалар матни”. Услубий қўлланма. Тошкент 2012й. 144б
9. Gazieva Z.YU. “Sport tibbiyoti “ uslubiy qo’llanma. Toshkent -2012yil., 158б.
- 10.Soidov B.M., “Sport tibbiyoti”, darslik Toshkent -2013й
- 11.Usmanxodjaeva A.A., Vasilev V.V.Jismoniy rivojlanishi baholash usullari. O’quv- uslubiy qo’llanma, Toshkent 2012.
12. Usmanxodjaeva A.A., Vasilev V.V.Tizimli mashg’ulotlar tasiri natijasida inson organizmidagi funktsional o’zgarishlar holatini baholash. O’quv-uslubiy qo’llanma, Toshkent, 2012.
- 13.Usmanxodjaeva A.A., Adilov Sh.Q. Shifokor nazorati, shifobaxsh jismoniy tarbiya. O’quv qo’llanma. Toshkent, 2014.- 152b.
- 14.Овечкин А.М.Основы чжень-цзю терапии - Саранск “Голос”, 1991, 416 с.
- 15.Минеджян Г.З. Траволечение и народная медицина. Ташкент, “Фан”, 1994, 620 с.
- 16.Боголюбов В.А. “Методика и техника проведения физиотерапевтических процедур” М. 2001 с.280
- 17.Боков А., Сергеев С. “Йога для детей” М. 2004
- 18.Дубровский В.А. “Лечебная физкультура” М. 2004
- 19.Евдокимова Т.А., Милюкова И.В. Новейший справочник “Лечебная физкультура” М. 2004
- 20.Попов В.И. Чоговадзе В.Г. “ Физическая реабилитация” Ростов наДону 2001
- 21.Соловьева Т.Р. “Магнитотерапевтическая аппаратура”. М. Медицина, 1991с. 210
- 22.Улащик В.С. “Физиотерапия” М. 2003 с. 450
- 23.Умарова Х.Т. , Карачевцева Т.В. 2“Физиотерапия в педиатрии” изд-во Ибн-Сино, 1993 с. 354
- 24.Эдвард Т. Хоули, Б. Дон-Френкс “Руководство инструктораоздоровительного фитнеса”, Киев 2004.
- 25.Юлдашев К.Ю. “Немедикаментозные методы лечения профилактики и медицинской реабилитации”. Сб. науч. трудов. Т.-1994 с. 347.
- 26.Юлдашев К.Ю. “Преформированные и естественные физические факторы в профилактике и медицинской реабилитации”. Т. – 1991с.236.
- 27.Назиров Ф.Г. проф. Ахмедова Д.М. проф. Суюмов Ф.А. доц. Васильев В.Д, проф. Шайхова Г.И. “Медицинские основы

- физического воспитания и формирования здоровья и гармоничного развития детей и подростков” проф. Ташкент, 2003.
- 28.10.Аляви А.Л., Умарова Х.Т., Иргашева М.К., Валиходжаева Б.А., Шарафутдинова М.М., Умарова Б.З., Усманходжаева А.А. Физические методы лечения детей с заболеваниями опорно-двигательного аппарата. Методические рекомендации. Ташкент, 2011, 33с.
  - 29.EckelM. Phizikoterapie 165. 2000
  - 30.Consuelo T Lorenzo et al. [Physical Medicine and Rehabilitation](#) Medscape Reference 2011 – WebMD
  - 31.Mika T. Warshava. Fizikaterapia. 460.2000
  - 32.Sara J. Cuccurullo (Editor)[Physical Medicine and Rehabilitation Board Review](#) 2004 - Demos Medical Publishing, 848 pp.
  - 33.Taylor S.B., Miller N.H. “Basic physiologic principals related to Group exirsise programs” Filadelphiya 1990
  - 34.Tehaxton L. “Phithiological and psythological effects of short term exirsiseediction on habitual runners.” 1992 96.
  - 35.Wainapel, Stanley F.; Fast, Avital (Editors)[Alternative Medicine and Rehabilitation](#)A Guide for Practitioners2003 - Demos Medical Publishing.
  - 36.Hua L, Brown CA, Hains S, et al. Effects of low-intensity exercise conditioning on blood pressure, heart rate, and autonomic modulation of heart rate in men and women with hypertension. *Biol Res Nurs.* Jan 15 2009;[\[Medline\]](#)
  - 37.Manns PJ, Baldwin E. Ambulatory activity of stroke survivors. Measurement options for dose, intensity, and variability of activity. *Stroke.* Jan 15 2009;[\[Medline\]](#)
  - 38.Duncan P, Studenski S, Richards L, et al. Randomized clinical trial of therapeutic exercise in subacute stroke. *Stroke.* Sep 2003;34(9):2173-80. [\[Medline\]](#)
  39. Ada L, Dorsch S, Canning CG. Strengthening interventions increase strength and improve activity after stroke: a systematic review. *Aust J Physiother.* 2006;52(4):241-8. [\[Medline\]](#).
  40. Surakka J, Romberg A, Ruutiainen J, et al. Effects of aerobic and strength exercise on motor fatigue in men and women with multiple sclerosis: a randomized controlled trial. *Clin Rehabil.* Nov 2004;18(7):737-46. [\[Medline\]](#).
  41. Lange AK, Vanwanseele B, Foroughi N, et al. Resistive Exercise for Arthritic Cartilage Health (REACH): a randomized double-blind, sham-exercise controlled trial. *BMC Geriatr.* Jan 13 2009;9(1):1. [\[Medline\]](#).
  42. Castaneda C, Layne JE, Munoz-Orians L, et al. A randomized controlled trial of resistance exercise training to improve glycemic control in older adults with type 2 diabetes. *Diabetes Care.* Dec 2002;25(12):2335-41. [\[Medline\]](#)

43. Trans T, Aaboe J, Henriksen M, et al. Effect of whole body vibration exercise on muscle strength and proprioception in females with knee osteoarthritis. *Knee*. Jan 13 2009; [[Medline](#)].
44. Ли Б.Н, Буранова Д.Д. Халқ тиббиёти. Ўқув услубийқўлланма, Тошкент, 2009.

### Интернет сайтлар:

1. [www.ziyonet.uz](http://www.ziyonet.uz);
2. [www.bilim.uz](http://www.bilim.uz);
3. [www.gov.uz](http://www.gov.uz);
4. [www.medinfo.home.ml.org](http://www.medinfo.home.ml.org);
5. [www.pubmed.com](http://www.pubmed.com);
6. [www.guideline.gov/index.asp](http://www.guideline.gov/index.asp);
7. [www.klinrek.ru/cgi-bin/mbook](http://www.klinrek.ru/cgi-bin/mbook);
8. [www.rusmedserv.com](http://www.rusmedserv.com);
9. [www.eurasiahealth.org](http://www.eurasiahealth.org);
10. [www.medscape.com](http://www.medscape.com);
11. [www.pubmedcentral.nih.gov](http://www.pubmedcentral.nih.gov);
12. [www.alhealth.com](http://www.alhealth.com);
13. [www.docguide.com](http://www.docguide.com);
14. [www.healthweb.com](http://www.healthweb.com);
15. [www.acsm.org](http://www.acsm.org);
16. [www.apta.org](http://www.apta.org);
17. [www.sportsmed.org](http://www.sportsmed.org);
18. [www.jphysiol.org](http://www.jphysiol.org);
19. [www.physsportmed.com](http://www.physsportmed.com);
20. [www.sportsmedicine.com](http://www.sportsmedicine.com);
21. [www.medicinfom.net/zog](http://www.medicinfom.net/zog);
22. [www.herbal\\_medicine.com](http://www.herbal_medicine.com)
23. [www.acupuncturetoday.com](http://www.acupuncturetoday.com)
24. [www.medicinform.net](http://www.medicinform.net)

## **The curriculum of the subject.**

### Foreword

Acupuncture is a method that has arisen, preserved many centuries ago, and is used very closely and initially in our time.

Moreover, now in the world to its interest has considerably increased, it receives an increasing recognition of doctors of the most different specialties. Such attention to this method of treatment is due to the fact that, firstly: a) the possibility to significantly reduce the pharmacotherapy or completely dispense with it, in the treatment of a number of diseases, and secondly, the absence of undesirable side effects.

The increased interest in reflexology is explained not only by its increasingly active use in neurology, therapy and other areas of clinical medicine. At present, the structure is successfully used as an additional diagnostic method, as well as for analgesia during surgical interventions, analgesia of childbirth and other therapeutic measures accompanied by painful reactions.

News of the plague of mysticism arose because of ignorance of the material basis of the method or consciously cultivated, by some acupuncturists causes justified skepticism.

However, the achievements of a number of biological disciplines of neurophysiology, biochemistry, biophysics and others allow us today to develop the question of the mechanism of action of acupuncture with truly scientific, materialistic positions. It is possible that careful research in this area will open new important and interesting phenomena related to physiology, pathophysiology and human morphology.

In our country in recent years, a number of organizational activities aimed at further development of acupuncture have been carried out. The departments of "Eastern Medicine" have been established in all medical institutes and centers have been organized.

In foreign countries, the problem of acupuncture is given great attention: international societies of acupuncturists have been established, special journals have been published, and many monographs and manuals have been published.

### **1.1. Purpose and objective of the subject.**

Purpose of the discipline:

The goal is to expand knowledge of traditional methods of treatment.

Tasks:

The student must master and develop basic skills in providing medical care with traditional methods of treatment.

### **1.2. Requirements for knowledge, skills and skills.**

The student should know:

1. The importance of the fundamental in the people's medicine
2. Mechanisms of acupuncture treatment
3. Needles and their preparation for the procedure

4. Indications and contraindications for the use of acupuncture  
5. Methods of action on biologically active points

6. Complications with acupuncture

7. Acupuncture for diseases:

- respiratory organs
- cardiovascular system
- digestive organs
- the nervous system
- genitourinary system

### **1.3. Relationship of the subject with other disciplines**

The study of the course of traditional medicine is based on students' knowledge of anatomy, histology, physiology, and clinical disciplines of the therapeutic profile.

### **1.4. Required minimum requirements on the subject**

At the end of the course of traditional medicine, students should be able to:

- selection of patients for the appointment of acupuncture
- to process and sterilize the needle
- to conduct needle pricking in biologically active points
- correctly use methods of influence methods of exposure to BAP
- emergency care for various diseases with the use of acupuncture

## **NEW PEDAGOGICAL TECHNOLOGIES BY SUBJECT**

Method the handle on the middle of the table.

Ask questions for the whole group. Each student writes his own version of the answer and passes it to his friend, puts the pen in the center of the table. The teacher checks the students, and they rewrite the correct answers in their notebook. Practical knowledge of students is tested in this.

### **The method of brainstorming.**

A form of group discussion, sometimes used to stimulate the thought process. This method is used to ensure that team members present ideas or solve problems on their own. Ideas are expelled very quickly, there is no time to discuss ideas. While ideas are gathering, discussion is forbidden. After each participant puts forward his idea, the group decides which of them should be considered deeper.

Basic rules of the method:

- the lack of distractions and criticism

-get more offers

-combination and development of speeches

-describe briefly and clearly

This method makes it possible to freely understand, defend and substantiate your speeches.

### **Method of a beehive**

This method is focused on solving a problem with a group or dividing a group into two parts. The task can be different or one for the whole group and within 10-15 minutes the problem is solved and the most suitable answer is selected.

### **METHOD OF "AQUARIUM"**

The group voluntarily selected 3 people who sit down in the center of the audience - "fish", the rest of the students - observers. The situation is proposed to a small group, they should discuss it together within 10-15 minutes, and observers should write down the right or wrong ideas of their comrades in a circle. First, the version of "fish" is proposed, it is discussed by observers, then observers are offered their version, the author of the best one goes to a small group instead of a student who did not offer his version of the answer.

### **Round table**

According to this method questions are distributed in written form, each student writing his answer passes the next student. In this order, they write their answers, after assessment checks the answers, incorrect answers delete and calculate correct answers and evaluate the student.

### **METHOD "SNEZHKOV"**

Divide the group into 2 teams. Ask questions in turn one of the representatives of the team. For each correct answer, a snowball is awarded to teams. If the first team does not answer the question, then the second team gets the right answer. The winner is the team that received more snowballs.

### **THE GAME " SERDECHKO "**

Multicolored cards in the shape of the heart are cut beforehand in half (halves can be of completely different shapes). Half of the cards are mixed and placed in a box. The number of halves should be equal to the number of participants. Approach each participant and suggest choosing a card of any color. Then ask the participants to show the color of the card to each other: couples with monochrome and coincident halves of the hearts should sit next to each other. When the participants have moved to their pairs, ask them to join the segments and determine what the figure turned out, and then explain the purpose of this game : "To get to know each other and get to know each other better, present your partner to those present."

### **WORK IN SMALL GROUPS**

Divide the group into 3 small subgroups. Determine the execution time. Within 20 minutes, everyone must complete the assignment in their small group. The remaining members of the small group (experts) should evaluate the implementation of the required principle. Explain the essence of the task of each group. Trainers should visit all 3 groups, watching the dynamics of each group, and if necessary to help in the organization.

## "SPEAKING WALL"

Explain its purpose: to enable participants to freely express their opinions, comments, wishes and recommendations on the conduct, teaching, conditions of the course. Each participant at any time can express his thoughts on a talking wall or on sticky notes ( stickers ), pasting them on a "talking wall". Participants may not subscribe to their statements.

### 3. The volume of scientific workload.

Labor-capacity	Distribution of the volume of the training load by types of classroom activities (per hour)				Independent work
	Total	Lectures	Practical classes	Clinical studies	
55	36	6	12	18	18

### 4. Topics of lecture classes

No.	Theme name	clock
1	History of the development of Acupuncture	2
2	Topography of points in reflex therapy and their systematization. Methods of action on biologically active points	2
3	Therapeutic methods - acupuncture for bronchitis and bronchial asthma, of hypertension and angina pectoris	2
	Total	6

### 5. Topics of practical and clinical studies.

No.	Topics	Practical lessons	Clinical studies	Are common
1	Preparation of needles for treatment, methods of acupuncture and ways. Topography of "First Aid" points, emergency methods. Needles for acupuncture, preparing them for the procedure. Technique of acupuncture.	1	3	4
2	Topography of points in hypertensive disease and angina pectoris. History of Zheng-Chiu therapy.	1	3	4
3	Reflexotherapy points for bronchial asthma and bronchitis.	1	3	4
4	Topography of points with gastric and duodenal ulcers and gastritis.	3	3	6
5	Topography of points with lumbosacral radiculitis, facial neuritis and trigeminal neuralgia. Topography of the points with pyelonephritis, renal colic, cystitis and cystalgia.	3	3	6
6	Indications and contraindications to acupuncture	3	3	6
	Total	12	18	30

## 5. 1. Technical maintenance of practical exercises

No.	Theme content and applied new pedagogical technologies	Literature
1	Preparation of needles for treatment, methods of acupuncture and ways. Topography of "First Aid" points, emergency methods. Needles for acupuncture, preparing them for the procedure. Technique of acupuncture.	F-1,2. E-2,4,5,6
2	Topography of points in hypertensive disease and angina pectoris. History of Zheng-Chiu therapy.	F-1,2. E-2,4,5,6
3	Reflexotherapy points for bronchial asthma and bronchitis.	F-1,2. E-2,4,5,6
4	Topography of points with gastric and duodenal ulcers and gastritis.	F-1,2. E-2,4,5,6
5	Topography of points with lumbosacral radiculitis, facial neuritis and trigeminal neuralgia.	F-1,2. E-2,4,5,6
6	Topography of the points with pyelonephritis, renal colic, cystitis and cystalgia.	F-1,2. E-2,4,5,6

## 5.2. Clinical session

Clinical session is conducted in the department of physiotherapy in BOMPMC

Contents of the topics of clinical studies

No.	The summary of the topics of clinical studies
1	Preparation of needles for treatment, methods of acupuncture and ways, their sterilization. Technique and methods of acupuncture for biologically active points
2	Preparation of patients for the procedure for hypertension and angina pectoris. Determination of local and corporal points. Compilation of a prescription for these diseases, topography of these points, acupuncture
3	Preparation of patients for the procedure for bronchial asthma and bronchitis. Determination of local and corporal points. Compilation of a prescription for these diseases, topography of these points, acupuncture.
4	Preparation of patients for the procedure for stomach ulcers and duodenal ulcers and gastritis. Determination of local and corporal points. Compilation of a prescription for these diseases, topography of these points, acupuncture. Determination of local and corporal points. Compilation of a prescription for these diseases, topography of these points, acupuncture
5	Preparation of patients for the procedure for diseases of lumbosacral radiculitis and trigeminal neuralgia. Determination of local and corporal points. Compilation of a prescription for these diseases, topography of these points, acupuncture
6	Preparation of patients for the procedure for diseases with pyelonephritis, renal colic, cystitis and cystalgia. Determination of local and corporal points. Compilation of a prescription for these diseases, topography of these points, acupuncture

## 6 . Contents of independent work.

N	Name of them	Clock
1	Moxotherapy. Girudotherapy.	3
2	Phytotherapy.	3
3	Works of Oriental Medical Scholars.	3
4	Acupuncture. Acupressure.	3
5	Sigunterapiya. Chinese Traditional Medicine.	3
6	Medical Law. Client Doctrine.	4
	Total	19

Note: \* - Self-study topics are evaluated separately.

## 7 . Practical skills

1. Preparation of needles for the procedure
2. Technique of introduction and methods of acupuncture
3. Needle pricking technique
4. Determination of the standard chill proportional point tsunami

## Used literature

### Basic:

1. Азимжон Жураев Халқ табобати Тошкент 2008.
2. Ли. Б.Н. Халқ тиббиёти. Дарслик. Ташкент, 2008 й.
3. Ли. Б.Н. Народная медицина. Ташкент, 2011 г.

### Additional:

1. Овечкин А.М. Основы чжень-цзю терапии - Саранск "Голос", 1991, 416 с.
2. Минеджян Г.З. Траволечение и народная медицина. Ташкент, "Фан", 1994, 620 с.
3. Ли Б.Н, Буранова Д.Д. Халқ тиббиёти. Ўқув услубийқўлланма, Тошкент, 2009.
4. Табеева Д.М. Руководство по иглорефлексотерапии–Москва: «Медицина», 1980 г.
5. Цой Р.Д. Справочник по рефлексотерапии – Ташкент, 1994 г.
6. Хоанг Бао Тяу Иглоукальвание – Москва: «Медицина», 1989 г.
7. Гаваа Лувсан. Традиционные и современные аспекты восточной рефлексотерапии - Москва. "Наука", 1990, 574 с.
8. Х.Н.Қаюмов, З.И.Туксанова «Игнатерапия» ўқув қўлланма – Бухоро, 2008
9. Х.Н.Қаюмов, Сонг Ёнг Иль, З.И.Туксанова, «Игнатерапия» ўқув қўлланма. Бухоро, 2019 й

Sites: [www.bsmi.uz](http://www.bsmi.uz),

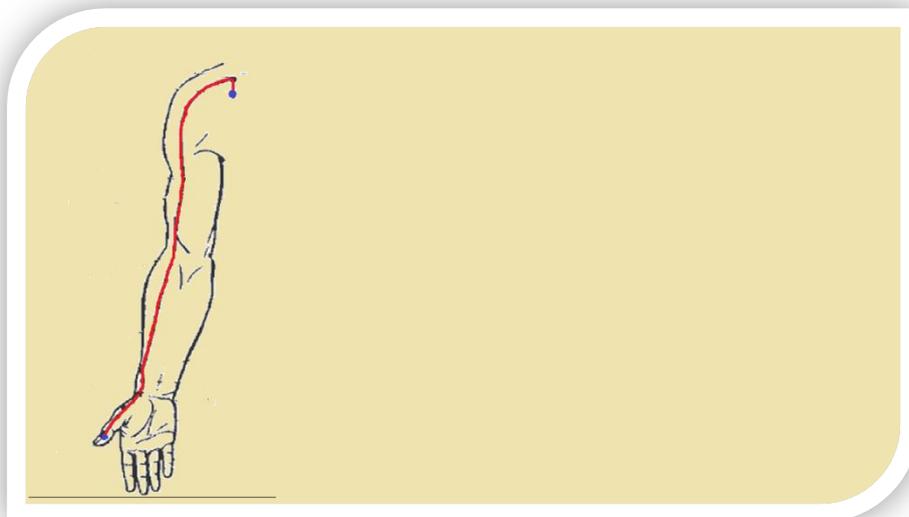
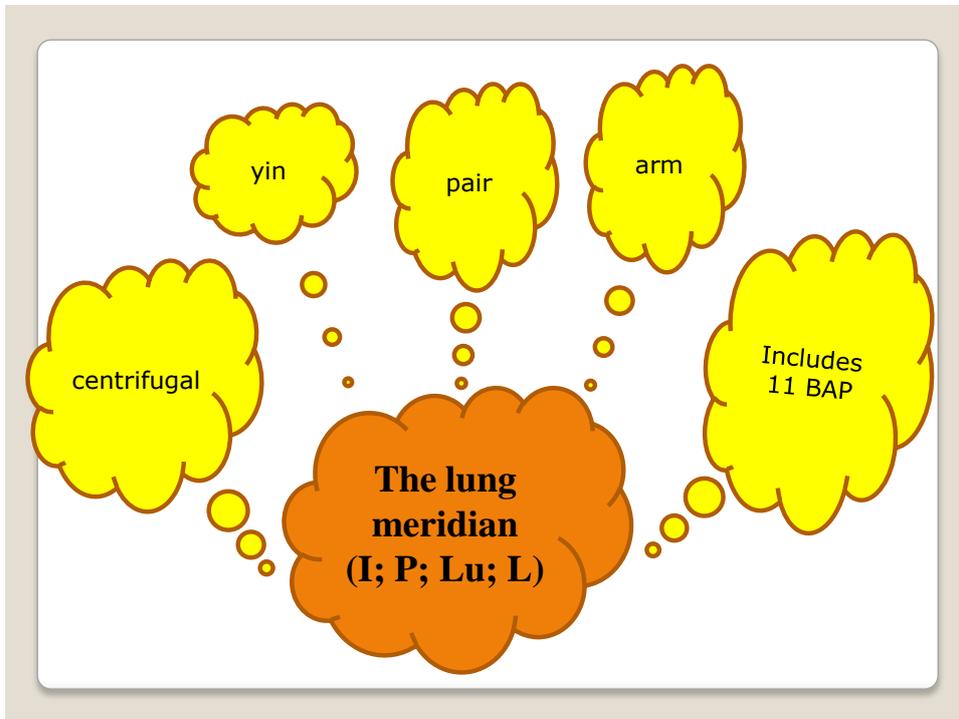
[www.oman.ru](http://www.oman.ru);

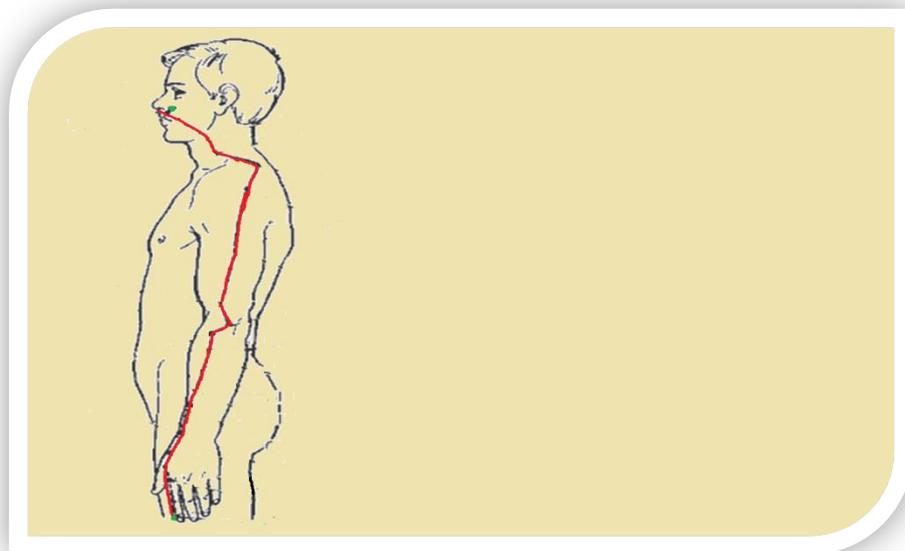
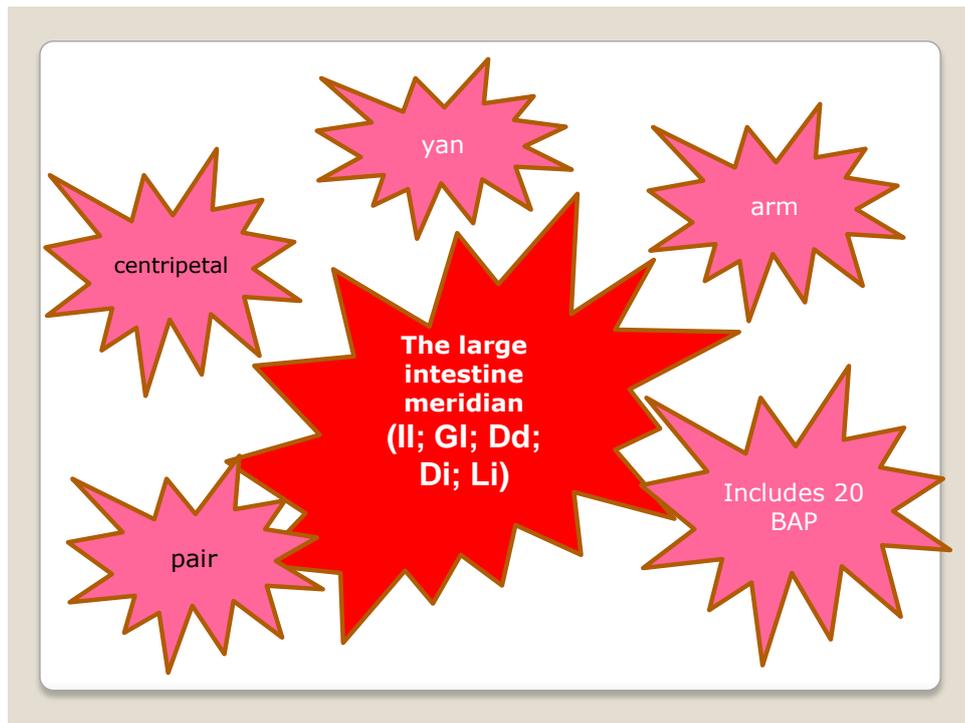
[www.medicinfom.net/zog](http://www.medicinfom.net/zog);

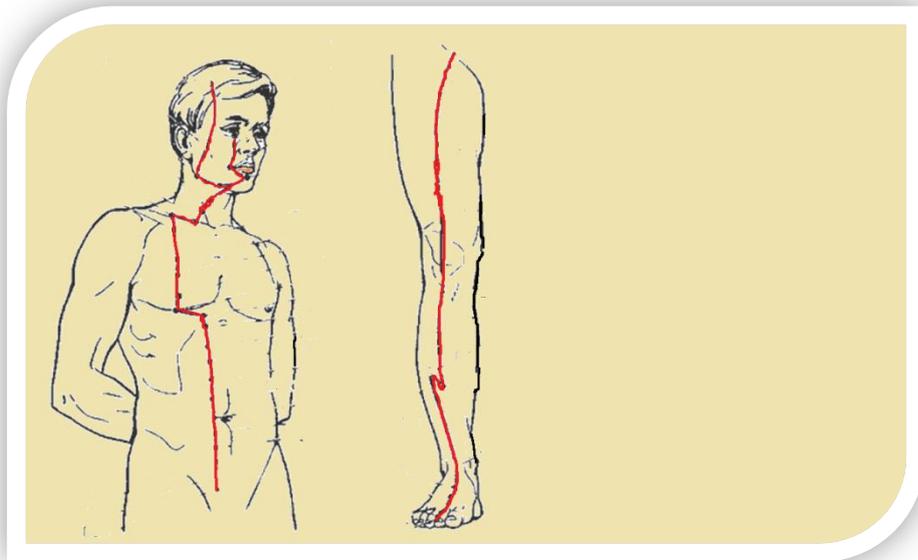
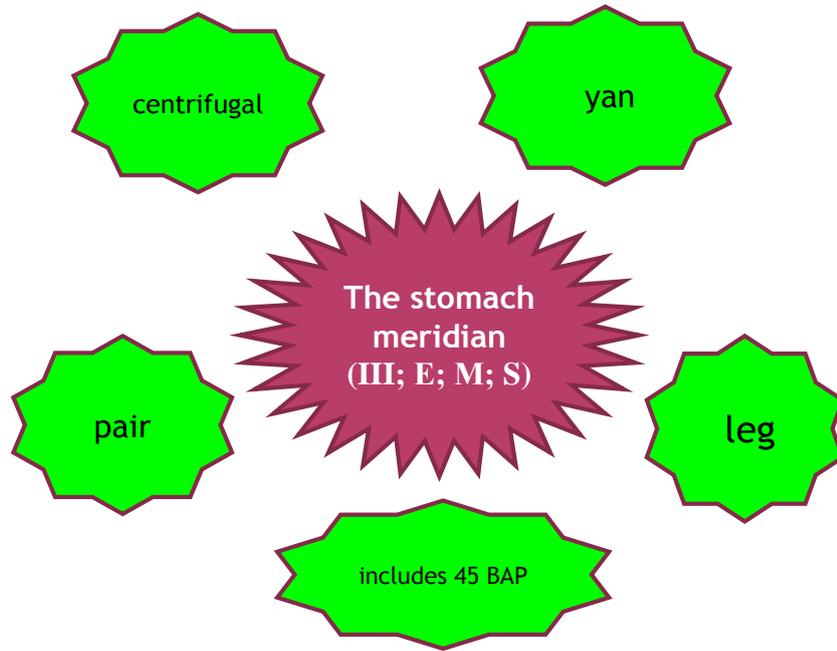
[www.nebolei.ru](http://www.nebolei.ru);

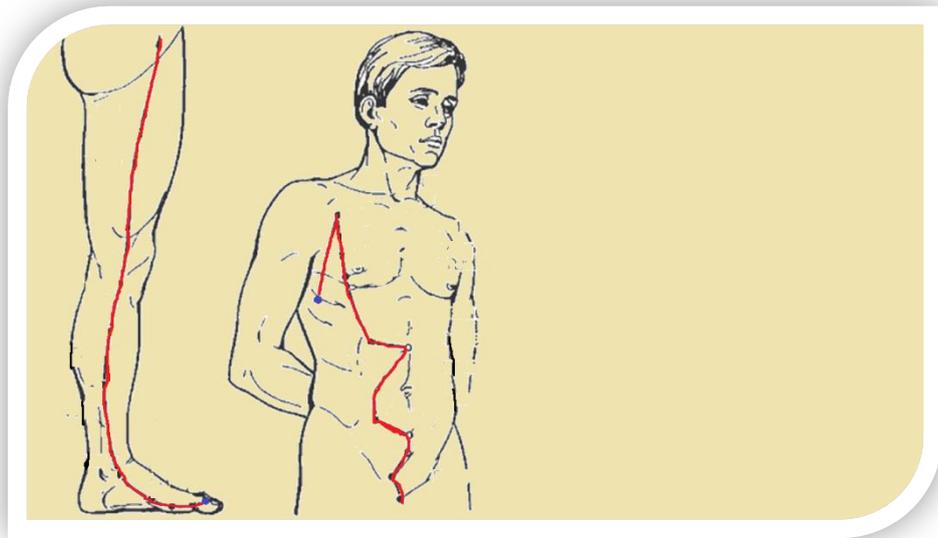
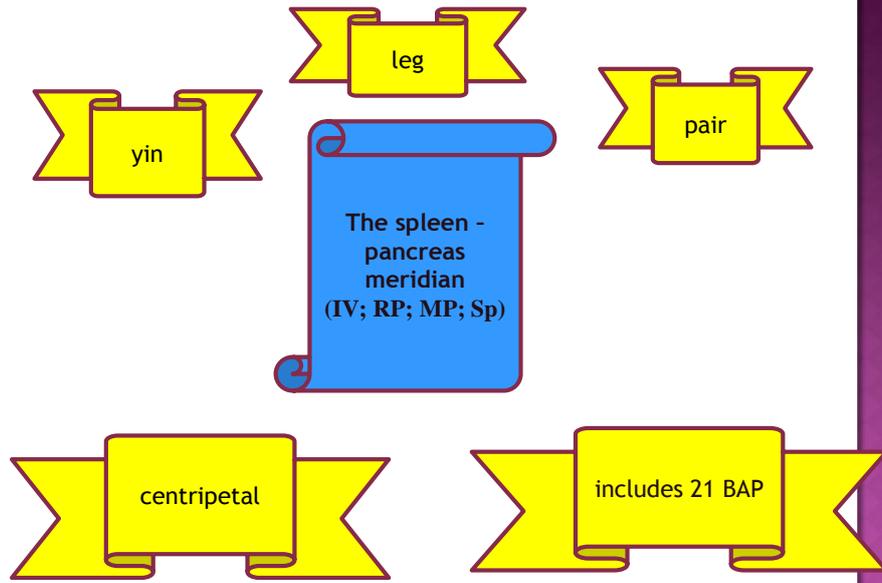
[www.n-med.ru](http://www.n-med.ru) ;

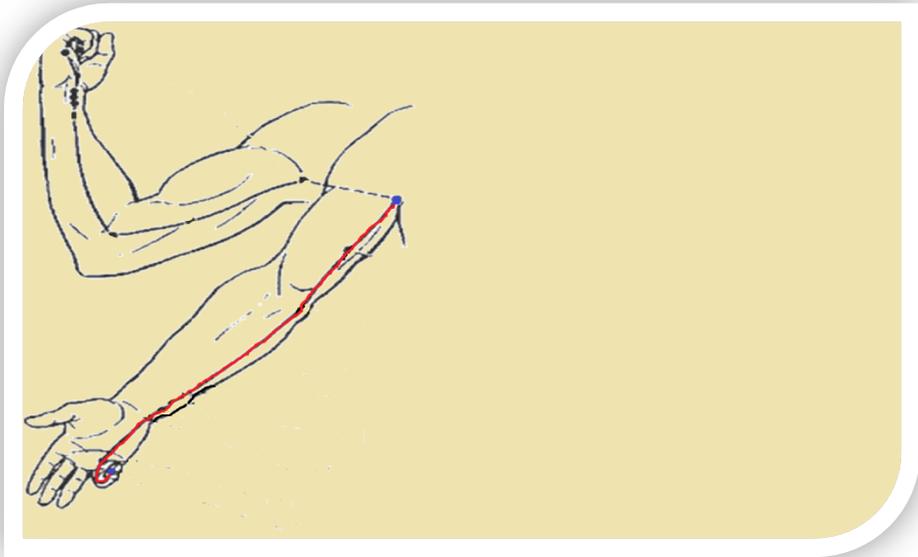
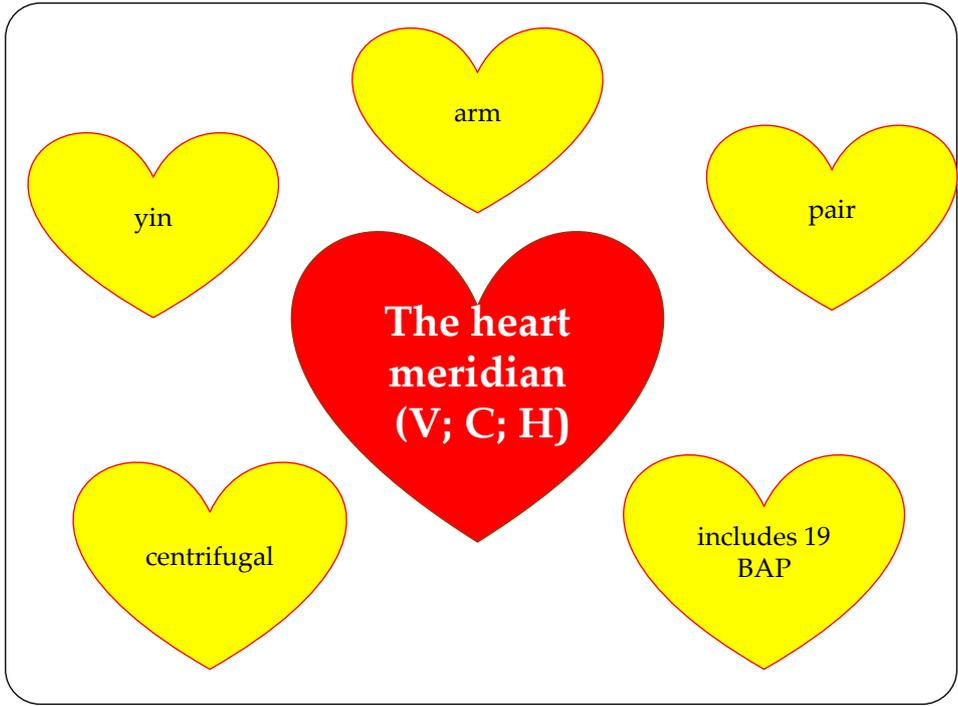
[www.kiselev.belhost.by](http://www.kiselev.belhost.by)

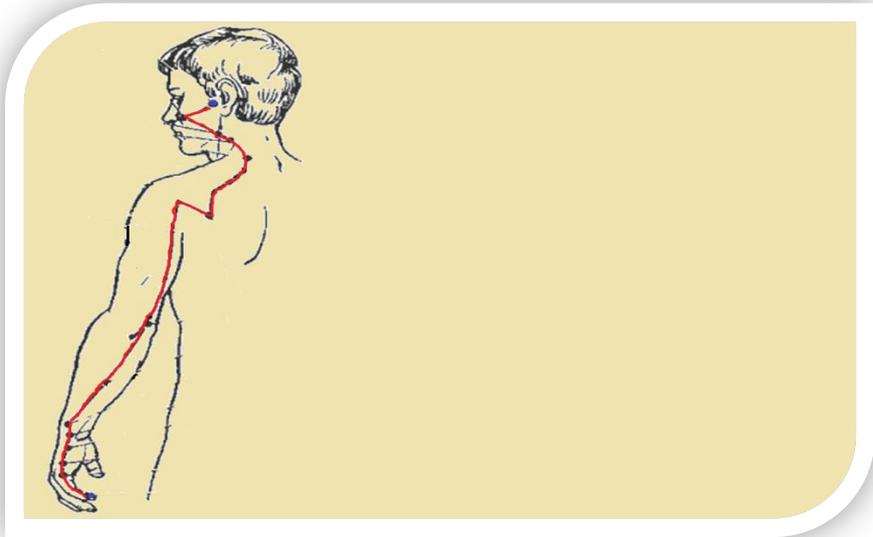
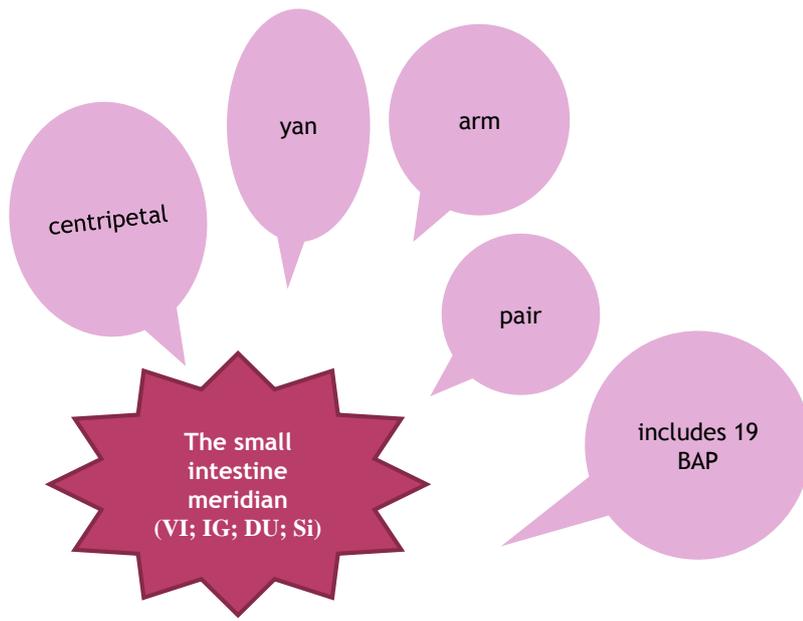


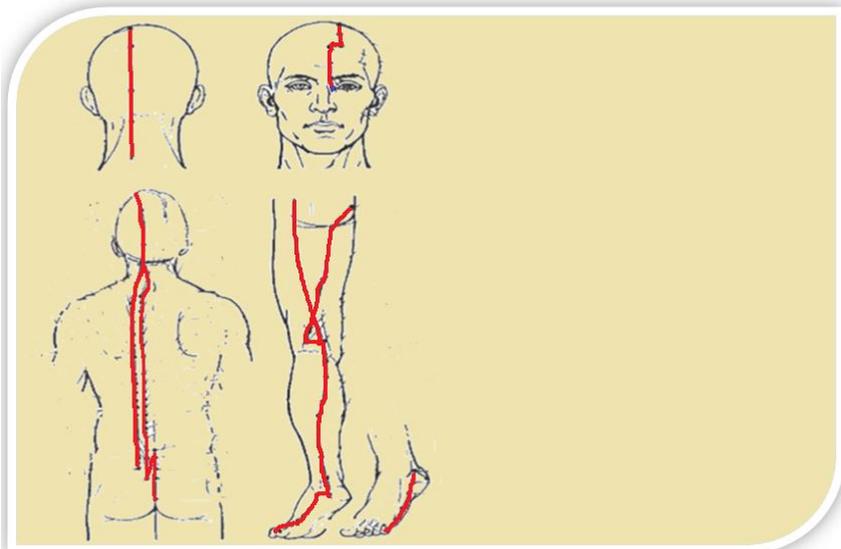
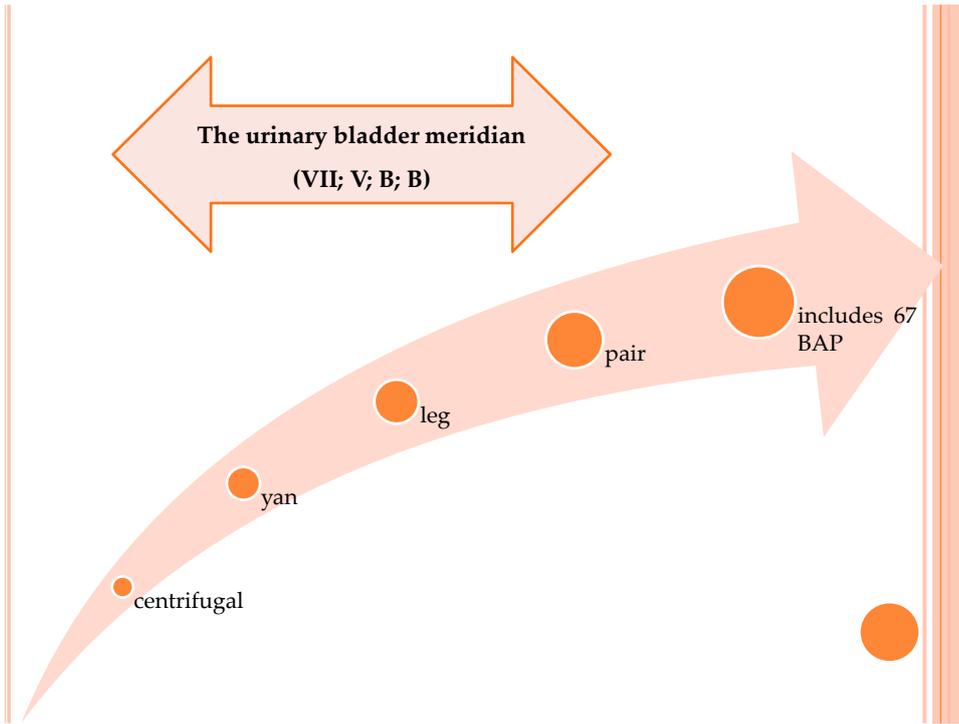


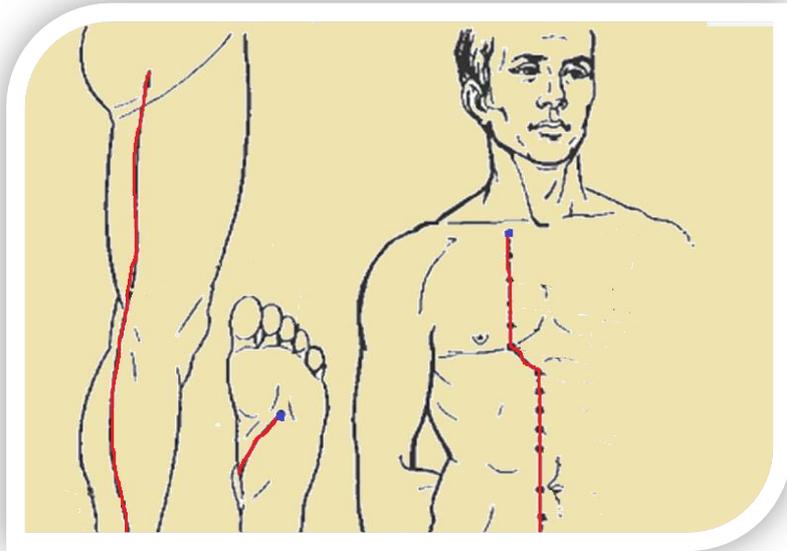
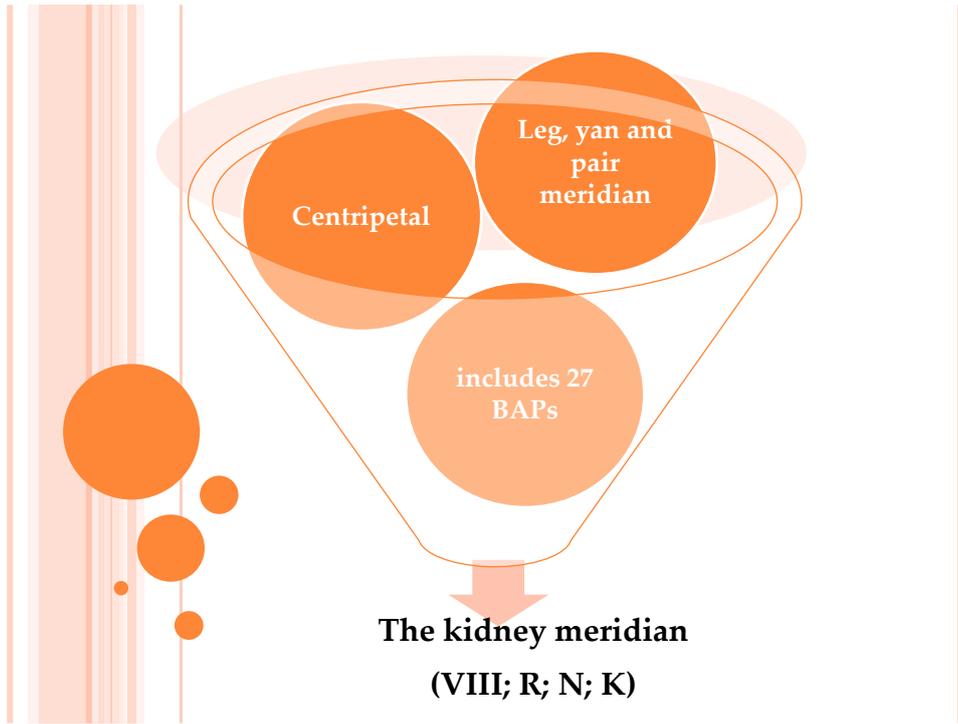


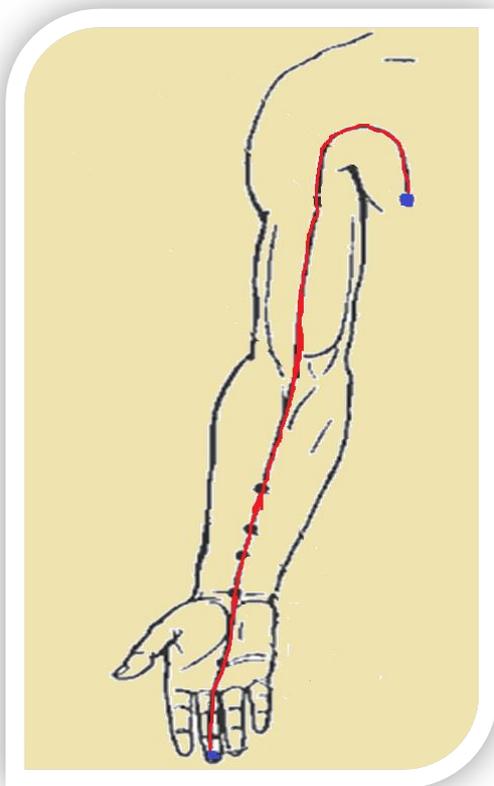
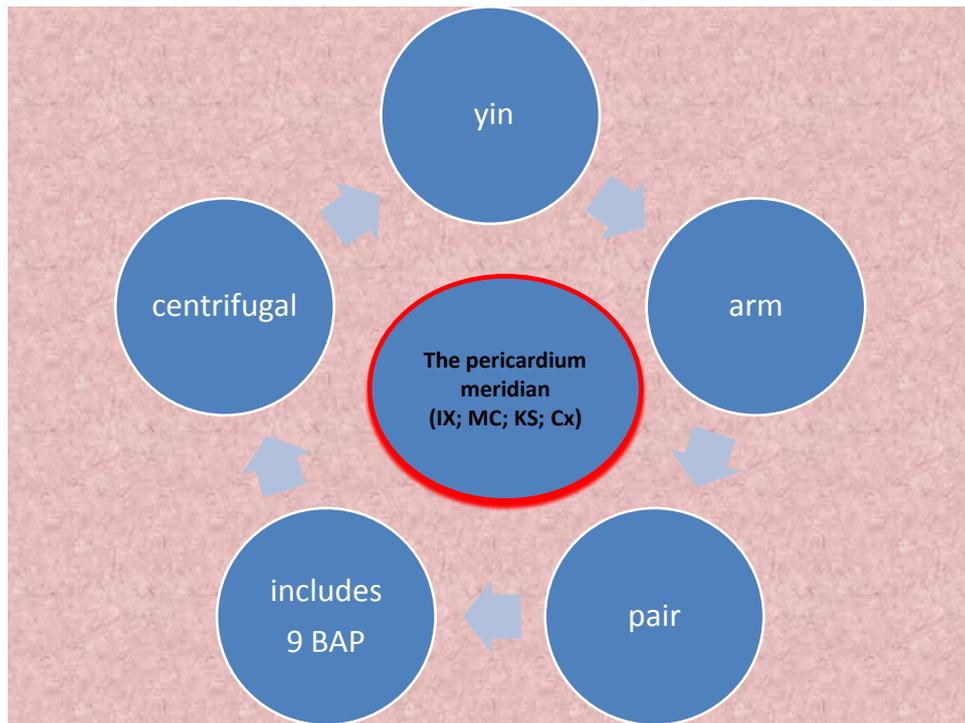


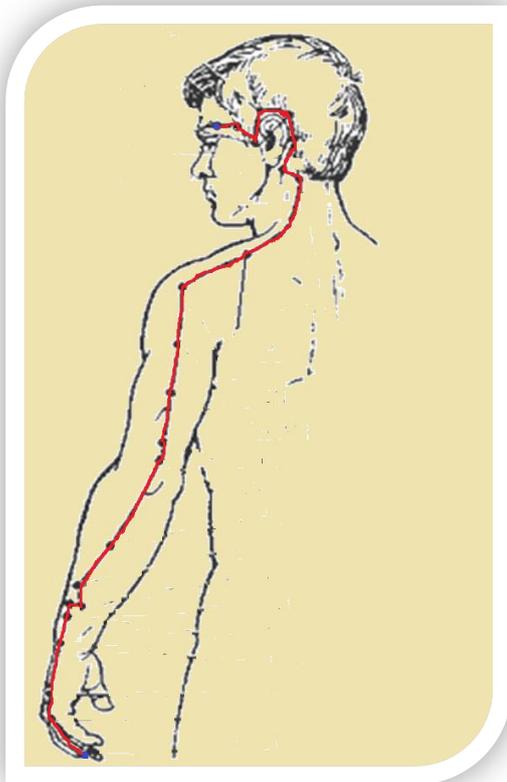
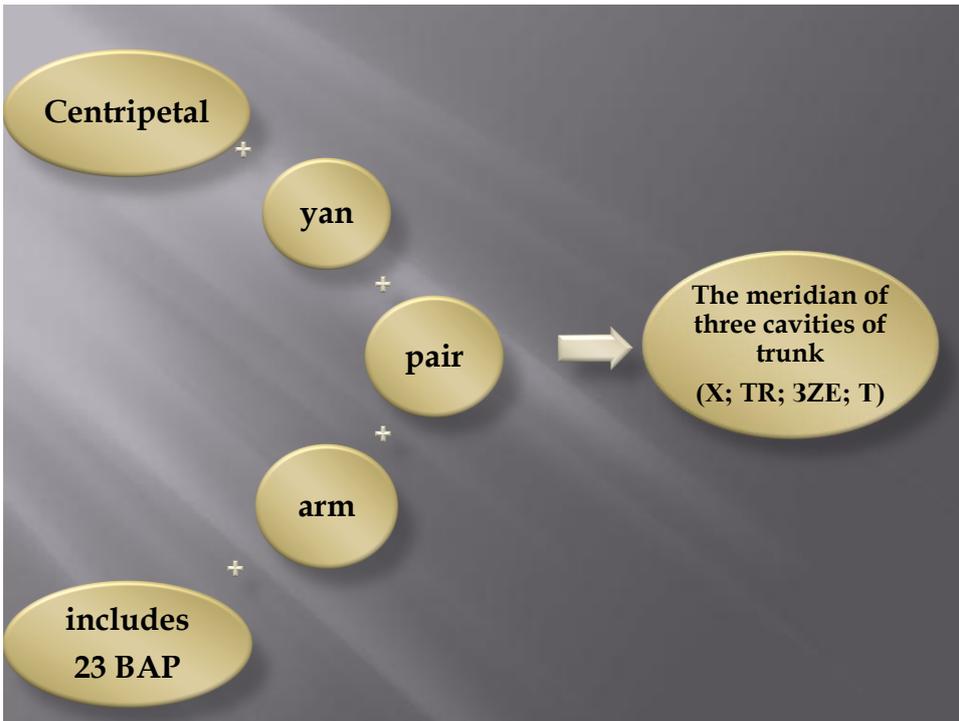




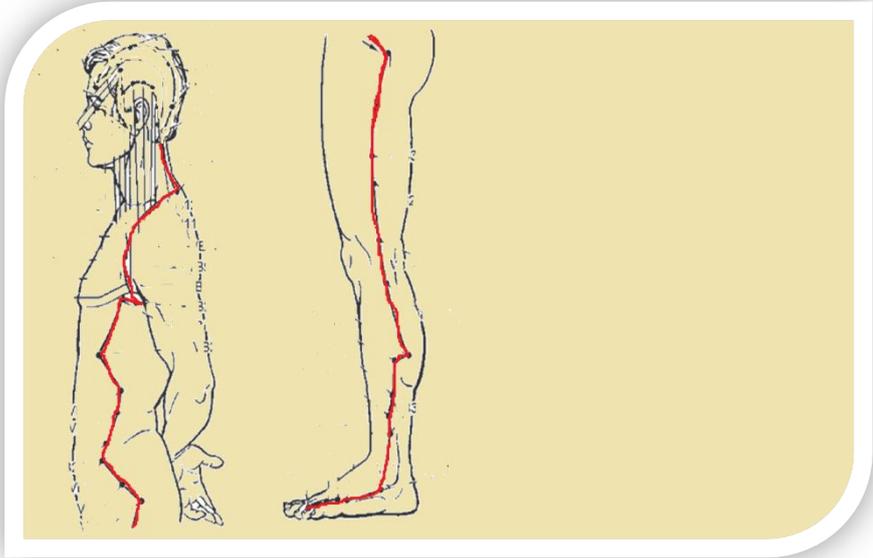
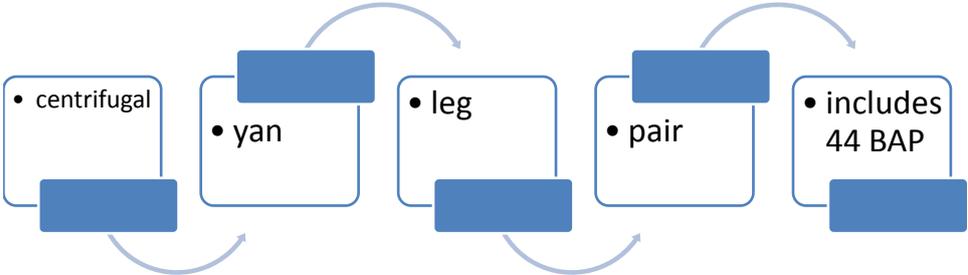








**The gallbladder meridian  
(XI; VB; G; G)**



**The liver meridian  
(XII; F; Le; Liv)**

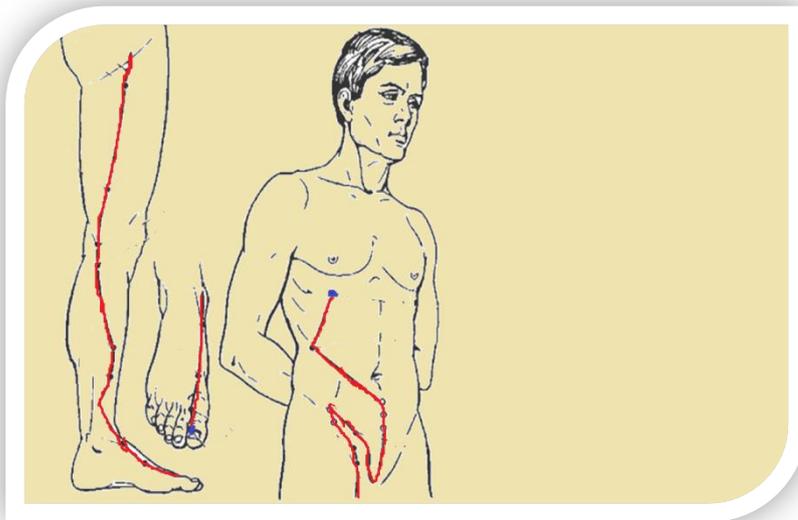
• Centripetal

• yin

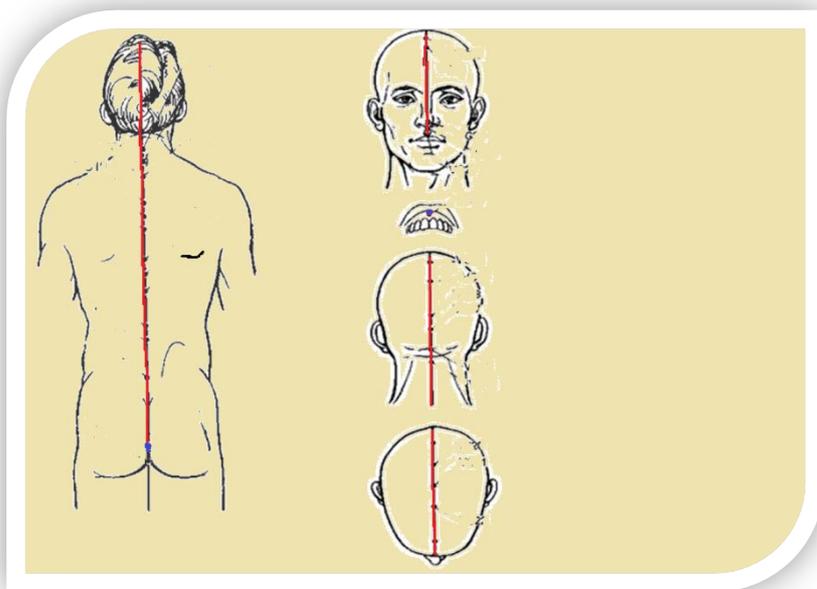
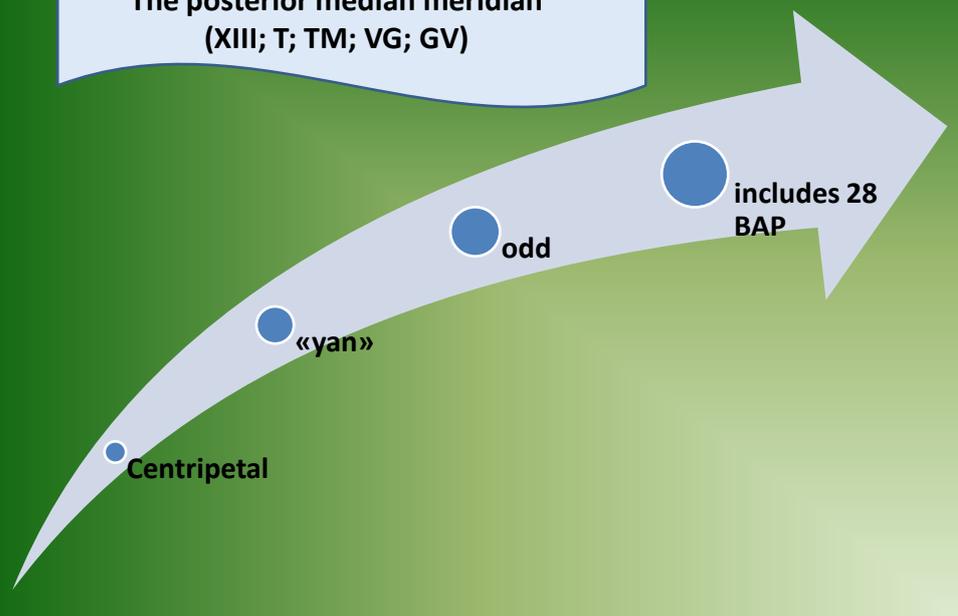
• pair

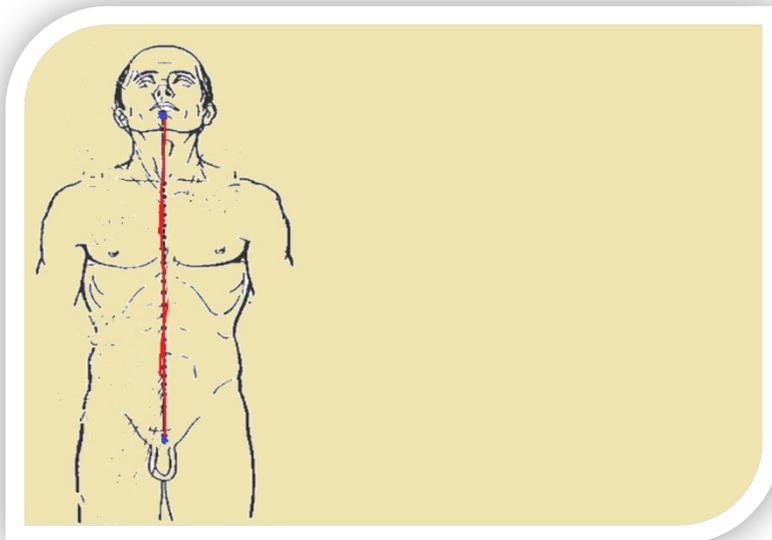
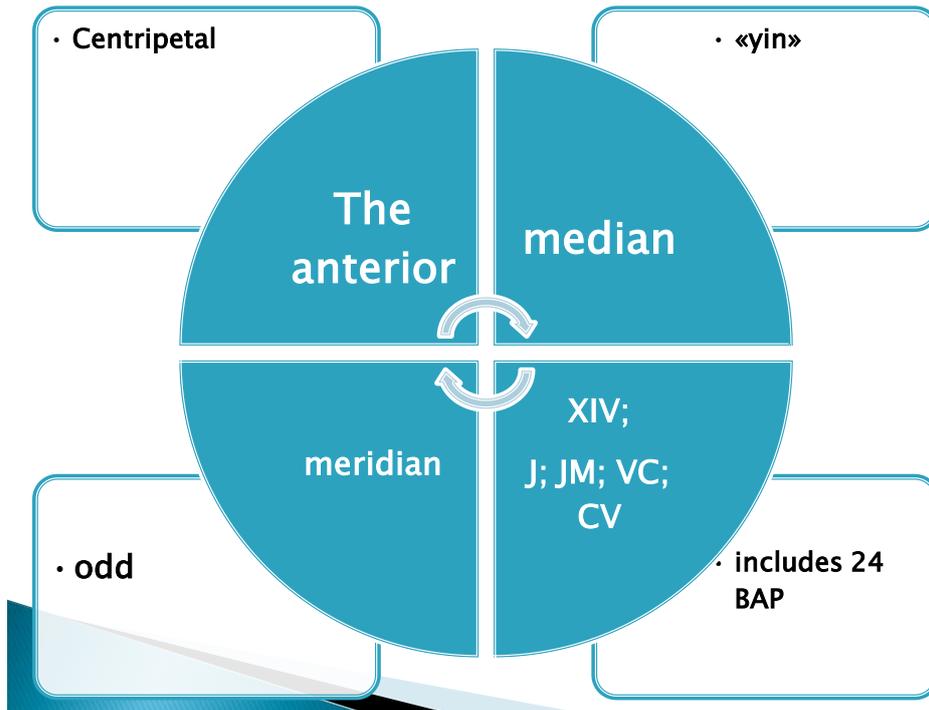
• leg

• includes 14 BAP



The posterior median meridian  
(XIII; T; TM; VG; GV)

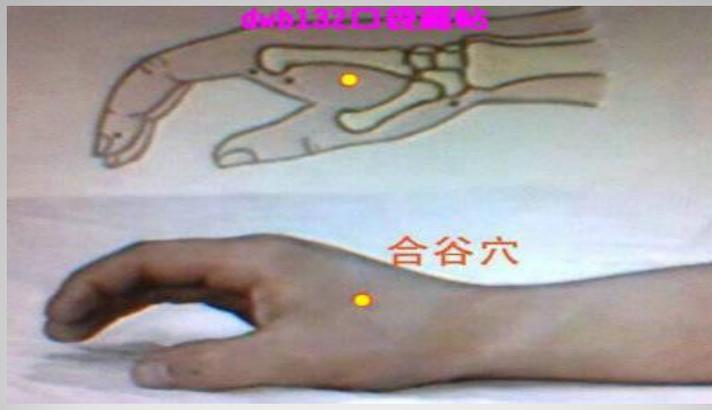


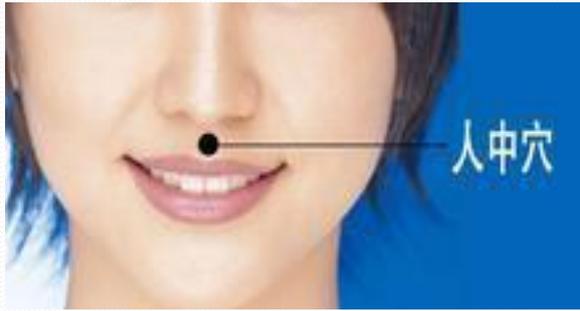


**E<sub>36</sub>** - TSZU-SAN-LI - LOCATED  
THE CREST OF TIBIA AT 3  
CM, 3 SUN BELOW THE  
LOWER EDGE OF PATELLA  
(BETWEEN ANTERIOR TIBIAL  
MUSCLE AND LONG  
EXTENSOR MUSCLE OF  
FINGERS);



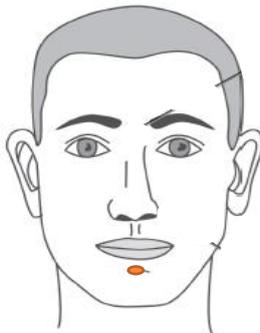
**GI<sub>4</sub>** - he-gu – between I and II metacarpals, closer to  
the middle of II metacarpal, in the fossa;





**T<sub>26</sub>** – jen-chjun – under the apex of nose, in the upper third of vertical sulcus of upper lip;

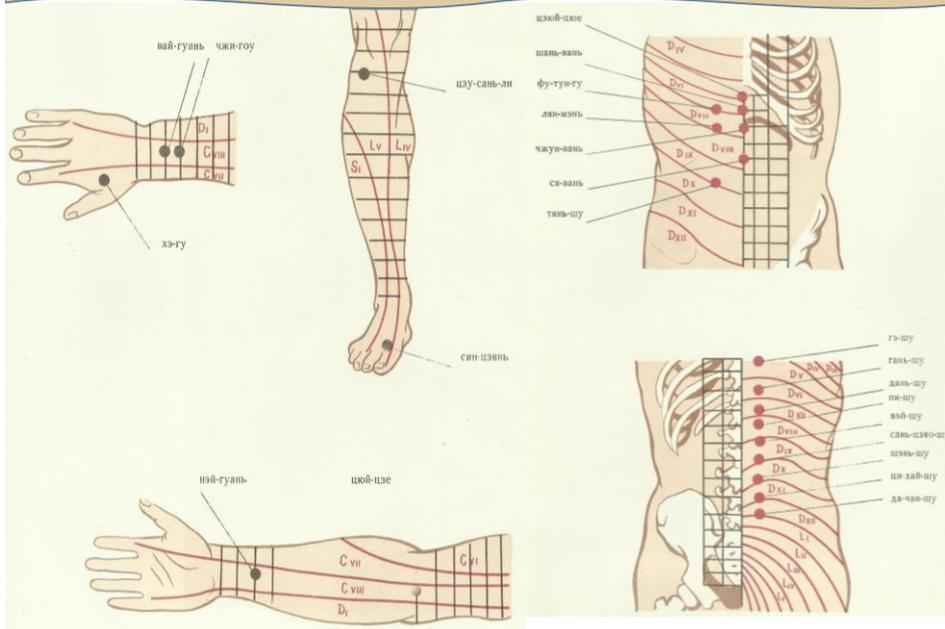
**J<sub>24</sub>** - CHEN-TSZYAN IN THE CENTER OF MENTOLABIAL SULCUS;



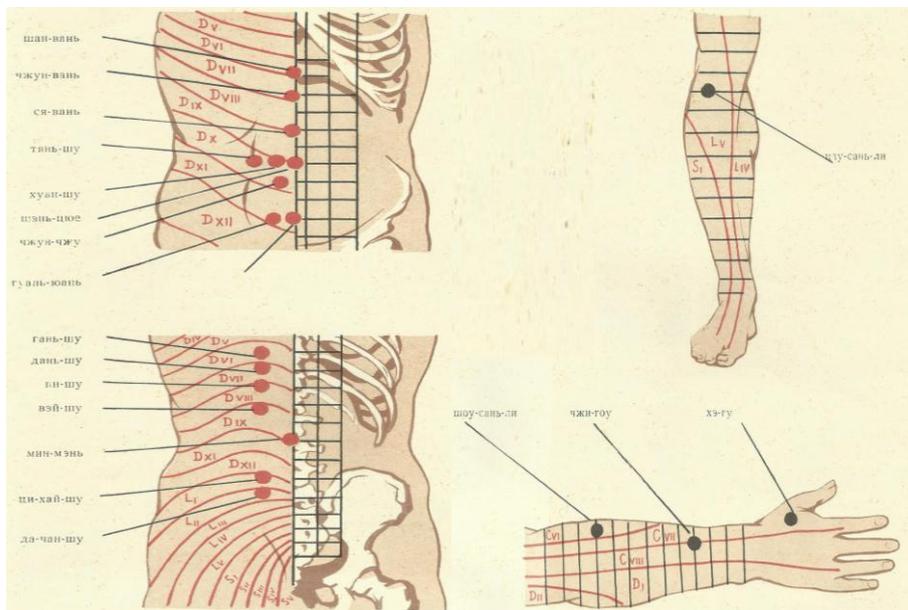




## Topography of points for treatment of gastric and duodenal ulcer:



## Topography of acupuncture points for gastritis:



# Acupuncture points topography for facial neuritis:

