

**ON THE ISSUE OF INCREASING THE EFFECTIVENESS OF TREATMENT OF
LUMBAR OSTEOCHONDROSIS BY PHYSIOTHERAPY METHODS IN MILITARY
PERSONNEL**

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Low-intensity broadband electromagnetic radiation (LIBEM) is a new physiotherapeutic method [11], the mechanism of action of which has not been studied, including in the treatment of reflex syndromes of osteochondrosis of the lumbar spine in military personnel. In this regard, it seems promising to study some mechanisms of action of low-intensity broadband electromagnetic radiation and to develop an optimal treatment complex using them. We treated 110 military personnel with reflex syndromes of spinal osteochondrosis. Of these, 64 (58%) are men, 46 (42%) are women. The control group consisted of 10 patients with lumbar osteochondrosis who received only drug therapy.

Magnetic therapy was applied to 20 patients with reflex syndromes of lumbar osteochondrosis against the background of conservative therapy. The obtained treatment results were assessed directly at the end of the course of treatment and in the long-term period. When exposed to electromagnetic radiation, no significant reduction in functional blockades in the spinal motor segments was observed. Neurodystrophic manifestations tended to level out during the course of treatment, which was manifested by activation of blood circulation. A positive result was achieved in 63% of cases (19 patients). Deterioration was noted in 1 patient, in whom a protrusion of the intervertebral disc at the level of L5-S1 was detected as a result of computed tomography. The condition of 2 patients (7%) with pronounced pseudo-spondylolisthesis remained unchanged. There was an increase in the rheographic index (RI) by 22%, the diastolic index (DCI) decreased by 29%, and the diastolic index (DSI) by 19%. For example, RI (ohm) increased to 0.82 ± 0.02 after the course of treatment and was 0.71 ± 0.01 after 1 year of observation. DCI decreased to 33.8 ± 1.7 and remained within 36.1 ± 1.7 after 1 year, and DSI were 42.8 ± 2.1 and 46.3 ± 1.6 , respectively.

According to ultrasound Dopplerography, there was a decrease in the pulsatory index by 21% (6.81 ± 0.31) and an increase in the regional systolic pressure index by



12.5% (1.12 ± 0.08). All these changes indicate a positive response of hemodynamic parameters to the treatment.

Therefore, we can talk about the effect of magnetotherapy on the state of hemodynamics and water balance of the body, which indirectly indicates the activation of not only arterial inflow, but primarily venous-lymphatic outflow.

Key words: osteochondrosis of the spine, magnetic therapy, shock wave therapy