

Evidence-based medicine

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Non numeranda, sed ponderanda argumenta.

Evidence is valued not by quantity, but by quality

Evidence-based medicine is a term coined by Canadian scientists in 1990. The concept itself quickly spread throughout the world and found many supporters, including in the Russian scientific community. The meaning of this concept is the precise and meaningful use of the best results of clinical trials for the treatment of a particular patient.

The most important criteria for evidence-based medicine:

- conscientious collection and analysis of information;

- clear interpretation of the data obtained based on scientific methods. The scientific and practical part of evidence-based medicine has two main areas:

- selection of the optimal method of treatment for a given patient;

- assessment of the activities of both an individual doctor and the entire medical institutions by patients on the issue of the adequacy of the methods of diagnosis, treatment and interpretation of the results.

You can often hear such a discussion between our colleagues: I tested and found in this patient so many fungi, bacteria, worms, loads and much more ... And the second claims that he looked at this patient almost on the same days and found nothing of the kind, except for psychovegetative burden. Or another example: one doctor claims that recording or additional recording of BR oscillations is possible in any container (cup), while another says that the instructions for using the device clearly state: recording occurs only at the output of the device. At the entrance to the bioresonance apparatus, it is technically impossible ... Most of such disagreements occur only due to a lack of reliable information.

A doctor who is responsible for his profession constantly asks himself a number of such questions:

1. Is the diagnosis correct?

2. Is there an overdiagnosis or vice versa - is everything checked?

3. Is the treatment adequately selected and carried out and is everything done for the patient's benefit?

The patient asks practically the same questions. Both have doubts: what if the diagnosis is incorrect? For example: during testing, the phenomenon of "failure" or "memorization" of information by a point occurs, or the patient is simply not prepared appropriately for the diagnosis. In such situations, something that actually does not exist can be "tested". If the data obtained are not rechecked by various methods, can we begin treatment for a disease that does not exist?

What are the consequences of this

treatment? If the treatment is correct, how long will the result last?

Evidence-based medicine is designed to increase the clinician's confidence in the chosen treatment strategy and mitigate issues of mutual distrust with patients.

The need to apply the principles of evidence-based medicine in the Voll method and ART, bioresonance therapy and homeopathy is no less relevant than in classical medicine. In some cases, the combination of a large number of drugs does not help, and even harms the optimal treatment. In addition, with the simultaneous use of different methods of treatment (for example: allopathy, homeopathy, BRT, RFT, dietary supplements ...) it is difficult to understand from what exactly the effect is obtained. Of course, as a private option, a combination of different methods of therapy is possible, but then the purity of the experiment is lost and such information is not scientific.

The modern doctor understands by treatment timely and precisely targeted assistance to accelerate the natural healing process. The abundance of therapies emerging each year and the mass of "newest" widely advertised drugs can confuse some patients and some doctors. But most experienced colleagues know that the high cost of a new remedy is not a guarantee of optimal treatment for a particular disease. The lack of reliable information and fundamental knowledge of a physician in the field of traditional medicine cannot be compensated for by an excess of "newfangled" drugs or supplements. Of course, an individual and creative approach to each patient is required, but the doctor must be sure that he is acting on the basis of scientifically verified information.

In many cases, it is incorrect to try to draw conclusions only on the basis of one diagnostic method. Any difficult situation should be confirmed by several independent diagnostic methods. For example: in case of autoimmune thyroiditis, in addition to the Voll method and ART, it is very important to carry out ultrasound and blood tests for thyroid hormones. After all, it is impossible to determine how many nodes are there, what their localization is, or how high the level of antibodies to the thyroid gland is by the methods of electropunctural diagnostics. By monitoring the effectiveness of therapy with several methods

- the size of the nodes by ultrasound, the level of T3, AT, TSH in the blood and the doctor and the patient will see dynamics diseases in complementary independent research. Most patients approve of this approach.

Every doctor in his practice wants focus on real scientific evidence supporting the accuracy and effectiveness of the methods he uses. But are these hopes always justified? The personal experience of the doctor, the opinion of experts, colleagues and various publications play an important role in the choice of therapy. However, in the modern world, duplication of "Unverified" data. According to scientists, even many scientific works contain no more than 20% of useful information, and the rest of the literature is essentially "information noise". If the doctor relies on such data, then it becomes impossible to use the method and equipment in accordance with their true purpose. The result of this work is the discrediting of the method and the disappointment of patients in the doctor.

Analyzing speeches and publications, it is advisable for a doctor to critically assess their merits. Reviews, abstracts and regular journal articles that talk about private research are only subjective information that is not always statistically reliable. It gives only a distant idea of the positive and negative aspects of applying any new approach, both in diagnosis and in therapy. This is especially true for information with explicit or hidden advertising. Such

information must be thoroughly checked before being used in the work. Conclusions about the particular results of a doctor's work should not be based solely on the information declared by him. Serious information in large medical communities is data from controlled randomized clinical trials conducted on a large number of patients.

The results obtained in parallel studies and under the same conditions are highly reliable. For example: 3 groups of children of 50 people each from 3 kindergartens located in the same area of the city, aged 5 to 6 years during the 1st week ... were examined on the same equipment by three doctors with approximately the same length of service according to this technique in order to identify the level of endocrine disorders. At the same time, the research results of each doctor were recorded by the general leader of the group and were not available to other participants in the experiment. Based on 3 independent studies, the head analyzed and made conclusions. Such data should be treated as more serious information if there are appropriate research protocols and they are available for study by all interested doctors.

Many problems of traditional medicine can be solved by adequate scientific research. Large-scale clinical trials and the development of appropriate recommendations are beyond the power of private practitioners or small medical centers. Rather, it is the lot of large scientific professional communities that will be able to conduct research from the most modern scientific positions. In this regard, we express the idea that there is a need to create a professional association. "Traditional Evidence-Based Medicine".

Such an association will help to discard everything superfluous, far-fetched, and sometimes even absurd, and leave the seeds of truth, tested and confirmed by modern science.

The basic principles of evidence-based medicine include:

1. Randomization is the process of randomly assigning patients between comparison groups, allowing to achieve equivalence in terms of sex, age, severity of the disease, etc.

2. Double-blind method is a method when neither the doctor nor the patient know which drug (or placebo) the patient is receiving. Only the head of the tests knows about it.

3. A controlled trial is a study in accordance with protocol under the control of the monitor, ethics committee and official authorities (in the narrow sense, if there is a control group).

Moreover, one of the fundamental principles of any science is the repeatability of an experiment. In medicine, this is when several doctors, having diagnosed with the same method, get the same results independently of each other. But what if each of them made a different diagnosis? For example: a patient complains of abdominal pain. He was examined by 3 doctors using the same method and received 3 different diagnoses: stomach ulcer, mediastinitis and helminthic invasion ...

Question: "Why is there no coincidence of diagnoses?"

Answer: "Some doctors are guided in their work by unreliable

information or have problems with the practical use of this method, or there was a problem with the equipment. "

Unfortunately, in order to obtain reliable information, doctors of traditional medicine have not yet been provided with scientific sources that will help to avoid many mistakes.

The advantages of evidence-based medicine are:

1. A clearer picture of the result.
2. Elimination of errors due to the subjective opinion of one author.
3. The accuracy of the effect assessment, confirmed by a large number of patients.
4. Assessment of the validity of the assumptions made and their impact on final result.
5. Transparency of information, enabling the reader himself determine the accuracy of the findings of the researchers.

Evidence-based medicine research results are more reliable and accurate.

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