

Brief statistical data on the application of the concept of multilevel systemic adaptive diagnostics and therapy
in the joint medical practice of MCIT "Artemis"
and GUZ "TsVMiR No. 1" RO for 2008

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Introduction

The method of multilevel systemic adaptive diagnostics and therapy (MSADT) is the author's school of using a combined diagnostic technique using ART [1] and therapy using BRT [2], originally developed by a team of authors consisting of A.E. Kudaev, K.N. Mkhitarian, N.K. Khodareva [3].

The technical features of the implementation of the IRADT method in its author's version can be found in [4].

After the first author's publications, a significant number of works appeared in which the therapeutic efficacy of the MRADT method, its individual techniques and its variations was shown already by examples. clinical trial [5-17].

The author's version of MCADT was used in the medical centers of MCIT "Artemida" (chief physician, Ph.D. N.K.) Published statistical reports on the results of its use [4, 18]. This work provides a statistical report on the results of a clinical study - therapy with the MCADT method - for the period from January 2007 to January 2008 and gives an assessment of its effectiveness averaged over groups of nosologies.

Study design

The study involved 1495 conditional patients at the age from 3 to 81 years. In the period from January 2008 to January 2009, these patients applied to MCIT "Artemis" or GUZ "TsVMiR No. 1" RO. Underconditional patient here we mean a conventional statistical unit: a patient with a single nosology. In other words, patients with polynosological pathology are included in the statistics as many times as they belong to the main nosological groups.

Upon request, the patients underwent an initial ART examination, they were prescribed a primary course of BRT, then within a year they underwent further ART examinations and received subsequent courses of BRT. The dynamics of the patient's condition was assessed by the entries in their medical records by January 2009.

ART examinations and BRT were performed in patients within the framework of the guidelines for the use of ART and BRT [1, 2] and in accordance with the principles and techniques of diagnosis and therapy by the MRADT method described in [3, 4].

To assess the dynamics of the patient's condition, the following were used:

- standard scale of gradations used in medical statistics: persistent improvement, relative improvement, no improvement (no improvement), deterioration [19]. Underlasting improvement either complete recovery or the onset of stable remission in the course of a chronic disease, confirmed by the data of an objective clinical examination, was understood. Underrelative improvement the improvement of the general condition, the transition of the disease to a subacute state, accompanied by the presence of the main symptoms, was understood.
- generally accepted division into nosological groups [19].

An exception was made only in one case: the division into nosological groups was supplemented by the "Fateology" group. This group included patients with a leading complaint about an unfavorable concurrence of objective life circumstances, an unfavorable life scenario.

The criterion * Fisher [20] in its modification, which allows for a statistical assessment of the upper and lower limits of the effectiveness of the method without comparison with the control group [21].

Research results

The results of the application of the MRADT method in the joint clinical practice of MCIT "Artemis" and GUZ "TsVMiR No. 1" RO for 2008 are presented in table. one.

Table 1

Nosology	Rack. improved (count sick.)	Relates. improved (count sick.)	No improvement (number sick.)	Total (number sick.)
Ill. respiratory organs	55	eight	-	63
Diseases of the cardiovascular vessel systems	57	68	-	125
Diseases of the digestive system	295	83	2	380
Diseases of the kidneys and urinary system Diseases of the	195	40	-	235
central nervous system and peripheral nervous system	fourteen	nine	4	27
Diseases of the musculoskeletal system	32	sixteen	-	48
Diseases of the skin and hair	27	22	five	54
Diseases of the genital area	320	58	2	380
Diseases of the endocrine system	twenty	34	4	58
Fateology	89	32	4	125
Total	1107	370	21	1495
Total,%	75.8	22.8	1.4	100

Statistical estimation of the upper and lower limits of the effectiveness of IRADT

In this case, it is natural to consider the success of therapy only lasting improvement the patient's condition.

Then the percentage of success averaged over nosological groups is equal, in accordance with table.

1.75.8%.

Using a modification of the method * Fisher, described in [21], we find the upper and lower estimates of the effectiveness of therapy:

- upper limit - 79.3%;
- the lower limit is 73.0%.

If, nevertheless, the relative improvement in the patient's condition is also considered a success of therapy, then the percentage of therapy success will increase to 98.6%. In this case, using a modification of the method * Fisher, we obtain the following upper and lower estimates of the effectiveness of therapy:

- upper limit - 99.4%;
- the lower limit is 97.45%.

Conclusion

The MRADT method is a highly effective method of treating patients, and this conclusion remains valid also in the case of using overestimated (excessive) criteria for the effectiveness of therapy.

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