Statistical data on the application of the concept multilevel systemic adaptive diagnostics and therapy in joint medical practice MCIT "Artemis" and GUZ "TsVM and R No. 1" RO for 2009

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Multilevel systemic adaptive diagnostics and therapy is:

1. A definite physiological concept related to systemic physiology.
2. A set of algorithms (method) for the combined use of diagnostics using ART [1] and BRT therapy [2], formed on the basis of this concept.

The first version of the IRADT presentation is given in [3]. A detailed exposition of the physiological concept of MRADT, as well as the features of the implementation of the MRADT algorithms in the author's version, are presented in [4].

Currently, there is a significant number of works using various concepts of IRADT, as well as variations of this method in therapeutic practice (Chapters 5, 6 of the work [4]).

The author's version of the IRADT was used in the medical centers of the MCIT "Artemida" (director A.E. Kudaev) and the GUZ "TsVMiR No. 1" RO (chief physician, MD S.V. Khodarev) in the period from 2005 to 2010 ... Since 2008, the obtained statistical materials have been published annually in the proceedings of the conference on bioresonance and multiresonance therapy [5, 6]. This publication is a continuation of this work. Statistical data on the results of therapy (dynamics of the patient's condition) were collected for the period from January 2009 to January 2010. The group of patients for whom the results of therapy for the reporting year were assessed included only patients who first sought help in the reporting year. For each patient, the data obtained during the first and last medical appointments in the reporting period were compared.

Study design

The study involved 1540 patients aged 1 to 78 years.

When referring to the patients, an ART examination was carried out, within the framework of the guidelines [1], and then, a course of BRT and / or therapy with information drugs (IP-therapy) was carried out in accordance with [2] as well as the principles and techniques of IRADT set forth in [3, 4].

The results of therapy were evaluated by an expert method, based on changes in the patient's subjective state and the results of his objective clinical and additional (laboratory, ECG, ultrasound, MRI, ART) examination methods during therapy, using the following gradation scale:

- under the persistent improvement of the patient's condition was understood either his complete recovery, or the onset of persistent remission in the course of a chronic disease, confirmed by the results of clinical and additional examination methods;
- the relative improvement of the patient's condition was understood as an improvement in his general condition, the transition of the disease to a subacute course, accompanied, however, by the presence of the main symptoms, subject to confirmation of these changes by the results of clinical and additional examinations;
- the lack of improvement in the patient's condition was understood as the absence of dynamics of the patient's condition, also confirmed by the invariability or minor changes in the results of clinical and additional examinations;
- the deterioration of the patient's condition was understood as the deterioration of his subjective condition, confirmed by the deterioration of the results of clinical and additional examinations. Note that a detailed presentation of both the principles of assessing the effectiveness of systemic diagnostics and therapy, as well as the problems and difficulties arising in this case, as well as the known ways to circumvent these difficulties, are detailed in [4].

In this work, in the course of the activities of both institutions, we did not have to face cases when the assessment of the patient's subjective state would contradict the results of clinical and additional examinations. Therefore, the above gradations seem to us to be correctly entered for the examined group of patients and the diagnostic and therapeutic techniques used.

The criterion * Fisher.

Research results

Results of using the MRADT method in the joint clinical practice of MCIT "Artemis" and GUZ "TsVMiR No. 1" RO for 2009 are shown in Table 1.

table

Results of patient therapy with the MRADT method in the period from January 2009 to January 2010

Nosology	Persistent improvement (amount sick)	Relative improvement. (amount sick)	Without improvement (amount sick)	Deterioration (amount sick)	Total (quantity in sick)
Organ diseases breathing	31	18	0	0	49
Diseases cardiovascular systems	74	89	7	0	170
System diseases digestion	314	94	12	0	420
Kidney disease and urinary systems	176	74	2	0	252
Diseases of the central nervous system and peripheral nervous system	five	12	one	0	18
Diseases of the musculoskeletal motor apparatus	sixteen	17	2	0	35
Skin diseases	twenty	23	6	0	49
Genital diseases spheres	285	132	eight	0	425
Diseases endocrine system	38	78	6	0	122
Total (quantity patients)	959	537	44	0	1540
Total (Percentage)	62.2	34.9	2.9	0	100

Statistical evaluation of therapy results

To statistically evaluate the effectiveness of therapy, the criterion was used * Fisher [7] in version [4, section 5.1.]. as well as in work [6], only the case of a significant improvement in the patient's condition was considered as a success of therapy. Fisher's coefficient k = k (n, n) = n / 2 ½ in this case was equal to (1540/2)½ = 27.75. The FMS inequality looked like:

$$*_{emp} = [\ (NS_M) - (62.2)\ ]\ 1540/2\ ½\ *_{cr},$$

For a significance level p ≤ 0.01, the critical value $*_{cr} = 2.31$, whence we get:

$$(62.2) - 2.31 / 27.75\ (NS_M)\ (62.2)\ 2.31 / 27.75,$$

those.

$$1.754 = 1.838 - 0.084\ (NS_M)\ 1.838 + 0.084 = 1.922.$$

Using the reverse tabulation method, we obtain from this that with a significance level of p ≤ 0.01, the average (for all nosological groups) therapy efficiency ranged from 59.1% to 67.2%.

Discussion

We compared the average efficacy of therapy using the basic version of IRADT:

- with the effectiveness of modifications of this method in the works of a number of authors used in [4];

- with the effectiveness of therapy using the basic version of IRADT, carried out in our centers in 2007-2008 and 2008-2009.

The upper limit of the effectiveness of therapy in the works of the authors who used certain techniques or modified versions of MCADT reached 100% [8], but only in the case when certain “narrow-profile” nosologies were considered. In the work [9], devoted to the effectiveness of chronosemantics as a method of therapy for polynosological diseases, an assessment of its statistical efficiency of 67.95–94.35% is given, which is close to our estimates, although it slightly exceeds them.

The statistical efficiency of the basic method of therapy according to the estimates given in [5] and [6] was in 2007-2008. 54–66.2%, and in 2008–2009. - 59.3–70.0%, which is very close to the above data for 2009–2010.

Conclusions:

1. Results of statistical processing of the results of joint work of the State Institution "TsVMiR No. 1" Rostov region and MCIT "Artemis" testify to a sufficiently high efficiency of the combined use of techniques of the basic version of MRADT for the treatment of various nosologies in a patient.

2. Statistical estimates of the boundaries of the effectiveness of therapy using the basic version of the IRADT in general, they are close to the statistical estimates of the effectiveness of individual techniques of this method, or their combinations, in the works of other authors, as well as to the results of its use of its basic version in the previous two years. According to the authors, this testifies to the stability of the results of therapy with IRADT in relation to "small" (preserving identity) variations of this method.

3. A deeper study of the dynamics of the patient's condition during treatment with BRT and ART requires the involvement of new, more accurate or, perhaps. deeper assessment methods. It is possible that such methods will be longitudinal examination of patients, in particular, the study of the dynamics of the timing of remission (correlating with the length of the time period between repeated visits of patients) over several years of therapy.

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