

Comparative effectiveness of methods of informational and orthodox medicine on the example of a case of post-traumatic therapy

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Introduction

Currently, the concepts of information medicine are criticized by a number of representatives of official science, including representatives of the natural sciences. The main objections to the use of information medicine are that in the absence of a chemical substance in a drug, it is impossible to assume the possibility of its metabolic effect on the body (the occurrence of a cascade of reactions in it caused by the inclusion of a drug in the metabolism), and therefore the action of any such drug is a placebo effect ... In this regard, it is interesting to study even individual clinical cases in which the results obtained by the methods of classical medicine are well known, and it is possible to compare them with the results obtained using the additional connection of information medicine methods. One such case

Purpose of the study

Using the example of a clinical case of polytrauma, compare the therapeutic possibilities of orthodox (hereinafter - classical) and complementary - supplemented with information technologies - medicine.

Clinical case

Patient Sh., 35 years old. Diagnosis: Automotive polytrauma with the following injuries (April, 2009): Brain contusion of moderate severity. Hemophthalmus, upper eyelid rupture on the left. Retroperitoneal rupture of the duodenum. Closed uncomplicated fracture-dislocation of the spine in the L1-L2 segment. Closed fractures of 7, 8, 10 ribs on the left, parietal pneumothorax. Ligament rupture in the Chopard joint on the right.

The rupture of the upper eyelid was sutured on the first day. The damaged eye provided only light perception.

The rupture of the duodenum was restored by suturing with access through the anterior midline laparotomy.

Spinal injuries were repaired by metal osteosynthesis in 2 stages:

1. Transpeduncular fixation of the lumbar spine using metal structures (May, 2009).

2. Due to the pronounced destruction of the L1 vertebral body, it was required additional fixation by installing the pyramesh metal structure (August,

2009).

Surgical fixation of the intermetatarsal joint of the right leg (May, 2009). After suturing the duodenum, rehabilitation measures were started, aimed at restoring intestinal motility, as there were phenomena of atony caused by trauma (both automobile and due to surgical intervention), as well as the influence of previous anesthesia. They included a specific diet, pharmacotherapy, complex homeopathic reactions. + drug 1) [1]. Disorders of the bowel function were repeated after each surgical intervention.

To restore the gastrointestinal tract, organopreparations of the stomach, bile ducts, 12-duodenum, jejunum, ileum, lower and upper mesenteric plexus, celiac trunk in varying potencies came up.

For the joints of the foot, appropriate organ preparations, preparations of cartilage and ligaments were prescribed.

To restore the function of the eye, organ products of the eye and its individual structures, as well as cranial nerves 2, 3, 4, 6, were prescribed.

Brain contusion was confirmed by MRI examination (lesion in the hippocampus 1.2 x 0.8 x 0.4) manifested itself as retrograde post-traumatic amnesia for 9 days. The interval fell out of my memory: half an hour before the injury, its very fact and 9 days after. After each awakening, the patient had to recount the entire chain of events that had occurred since the moment of trauma. For the correction of memory impairments, organopreparations of the hippocampus, dura mater and pia mater were used, as well as brain preparations from the "Medpharm" section.

To reduce the pain syndrome to the patient, neuroleptanalgesia. It was appointed connection with the general effect on the body of trauma and neuroleptic therapy, polyglandular endocrine insufficiency was formed, which was compensated for with organopreparations of the endocrine glands and oligopeptides. In addition, there was a marked decrease in the anticancer resistance of the mucous membranes and skin. Additionally, drugs were prescribed from the section "Immunology" "OTI".

A particularly pronounced reaction was given by organopreparations of a turtle and a wild boar. At all stages of treatment, drugs were required to correct the psychoemotional state from various sections of the selector, as well as to normalize metabolism against the background of trauma: arnica, trepang trauma (shock), lizard regeneration, and fibroblast death.

After a month of such treatment, the drug "Triton-Regeneration" was added to the treatment regimen, targeting KMH (that is, KMH - + Pot- (Triton Regeneration) -).

With the standard approach to the treatment of such injuries, after a one-stage closed reduction or arthrodesis of the Chopard joint, a circular plaster cast is applied up to the upper third of the lower leg with good modeling of the arches of the foot. The duration of immobilization with a plaster cast with one-stage reduction is 6–8 weeks, and with arthrodesis - 8–10 weeks. Dosed load is allowed after 10-12 days, and after 2 weeks, in the presence of full immobilization, full support on the leg is allowed.

After stopping the immobilization of the foot with a plaster cast or the Ilizarov apparatus, massage, exercise therapy, paraffin or ozokerite applications are prescribed. Be sure to prescribe the wearing of an orthopedic insole-instep support for up to 1 year. The ability to work is restored after 3-4 months.

In our case, a month after the consolidation of the foot joints, the patient began to walk in ordinary shoes without a heel, after six months she was able to drive a car, and after a year and a half she could wear high-heeled shoes.

When examined by an ophthalmologist after 4 months of treatment, vision of 1.0 in both eyes, he suggested that the diagnosis of hemophthalmos was made incorrectly, although there is a slight discoordination of the visual axes, which regressed after a year.

In a standard situation, as a result of hemophthalmos, visual acuity sharply decreases, ranging from dots or threads floating in front of the eye, and up to complete blindness. In the absence of proper treatment, the outflowing blood forms coarse cords in the vitreous, which can lead to retinal detachment and atrophic changes in the eyeball, which, of course, is accompanied by loss of vision in the affected eye.

The consequences of a brain injury include vegetative-vascular symptoms (dystonia), astheno-neurotic, liquorodynamic, psycho-organic syndromes, disturbances in the movement of the eyeballs, strabismus and double vision (diplopia). In 11–20% of cases, epileptic syndrome develops, with bruises of the brain, the piscups are focal, the focus often corresponds to the area of injury.

A control MRI examination of the brain after a year did not find a focus in the hippocampus. Taking into account the high epileptogenicity of the lesion in this area, an EEG was performed - no pathology was revealed.

At present, the patient continues to work and has given up her disability.

Conclusions:

1. Application of information medicine methods in the considered case, helped to achieve, in the considered case, the results unattainable from the point of view of classical medicine, and in less time than when using classical rehabilitation technologies.

2. The scale and nature of changes in the reparation processes upon attachment information technology allows you to completely eliminate the placebo phenomenon in this case.

3. Methods of classical medicine and information technology in this were not opposed to the case, but by necessity (and with success!) supplemented each other. This allows us to speak about the possibility of their natural combination, that is, the use of complementary diagnostic and therapeutic technologies, at least in the tasks of post-traumatic rehabilitation of the patient.

Literature

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