A modern approach to assessing the effectiveness of homeopathic medicines in the structure of treatment and rehabilitation programs for patients with borderline mental disorders: ten years of experience M.A. Elfimov

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SUMMARY

The results of studying the effectiveness of homeopathic medicines in the clinic of borderline mental disorders are presented. Schemes have been developed for their use at various stages of the treatment and rehabilitation process, depending on the severity of mental symptoms and somatic burden. Methods for their objective assessment are proposed.

Key words: borderline mental disorders, rehabilitation,homeopathic remedies, psychometric tests.

RESUME

The results of studying efficiency of homeopathic remedies in clinic of borderline mental disorders are presented. Schemes of their use at various stages of medicalrehabilitation process depending on degree of expressiveness of both mental and somatic symptoms are developed. Ways of their objective estimation are offered.

Keywords: borderline mental disorders, rehabilitation, homeopathic remedies, psychometric tests.

The ultimate goal of any treatment and rehabilitation programs for patients with borderline mental disorders (BPD) is to restore the patient's personal and social status. To achieve it, an integrated, integrative approach to a sick person is required, taking into account the clinical and biological patterns of the disease, the characteristics of the patient's personality and social factors [1–4].

In the Department of Rehabilitation Problems of the S. V.P. Serbsky on the basis of the Specialized Clinical Hospital No. 8 named after Z.P. Solovyov - "Clinics of neuroses", since 2000, programs have been developed aimed at preventing the development of protracted forms of PPR and rehabilitation of patients with this

category [5].

The work includes deep and comprehensive diagnostics both using the traditional clinical and psychopathological examination by the specialists of the Department, and a number of psychological research methods, the results of which are recorded in the patient's individual record, which reflects most of the anamnestic, clinical and personal parameters as fully as possible. For each patient, taking into account the data obtained and the patient's requests, an individual comprehensive program of treatment and subsequent rehabilitation is drawn up [5–9]. Psychopharmacotherapy and psychotherapy, being the main methods at the treatment stage, yield their leading importance at the stage of rehabilitation to a wide range of all kinds of non-drug and complementary methods [8, 9].

The Department develops complex differentiated treatment and rehabilitation programs using complementary methods. Along with the wellknown (acupuncture, kinesiotherapy, massage) and the newest (biofeedback, alpha-capsule) non-drug methods of restoring the body's own regulatory systems, a special place in the work is given to the study of the effectiveness of homeopathic medicines. The theoretical prerequisite for the research topic was the long-term empirical experience of their use, the growing interest in studying their potential in many developed countries, as well as the growing number of clinical studies in this direction.

As an example of research design, we present the results of a clinical study of the efficacy, safety and tolerability of complex homeopathic medicines Notta, Remens (manufacturer - Richard Bittner GMBH, Austria), Traumeel S and Vertigohel (manufacturer - Heel, Germany) in patients with PMD at the stage of restorative treatment [10-15].

Patient groups and drug prescription

Nott's drug was prescribed to patients of the study group (40 persons of both sexes, aged 20 to 65 years) at a dosage of 10 drops 3 times a day 30 minutes before meals. The patients suffered from neurotic, neurosis-like, somatoform, psychosomatic and stress disorders, which were accompanied by anxiety, internal tension, anxiety, asthenia, low mood, sleep disturbance. Traumeel S and Vertigohel were prescribed to patients with residual mental disorders due to traumatic brain injury (TBI). The total number of this observation group was 40 people aged 20 to 60 years old, who had closed head injury, mild and moderate, from 1 to 18 years old. The clinical picture of borderline mental disorders was presented by organic cerebrasthenia (17 people), neurosis-like (8 people), affective (4 people), mild cognitive (4 people) disorders, post-concussion syndrome (3 people) and personality disorder of traumatic etiology (4 people). Patients with the consequences of TBI were divided into 3 groups: 1st group - 15 people. - received monotherapy with Traumeel S (intramuscular injections of 2.2 ml 2 times a week against the background of three daily intake of the drug in tablets or drops); 2nd group - 15 people - 2 ml 2 times a week against the background of three daily intake of the drug in tablets or drops); 2nd group - 15 people - 2 ml 2 times a week against the background of three daily intake of the drug in tablets or drops); 2nd group - 15 people -

received Traumeel S (according to the scheme described above) in combination with Vertigohele (three drops daily); 3rd group - 10 people - received only Vertigohel drops.

Evaluation methods and monitoring of the course of treatment

Follow-up of patients taking Nott's and Remens's drugs lasted 55–65 days, while treatment with Traumeel C and Vertigohel's drugs lasted 5 weeks. During the indicated period of time, the patients were examined 4 times - before the start of therapy, on the 7th, 20th days and at the end of the course of treatment - with a full set of methods, which included:

I. Evaluation on a five-point scale of subjective complaints, survey data and clinical observation: 0 - no sign (symptom), 1 - slightly expressed, 2 - moderate, 3 - strong, 4 - very strong. Each patient was assessed for the presence and severity of 30 clinical signs, grouped into 5 blocks:

1. Painful sensations (headaches, pain in the region of the heart), paresthesia, sensations of "lump in the throat".

2. Autonomic disorders (hot flashes, hyperhidrosis, palpitations, interruptions in the area of the heart, shortness of breath, dizziness).

3. Sleep disorders (dysomnia).

4. Psychopathological disorders (decreased ability to work, decreased concentration of attention, internal tension, tearfulness, irritability, emotional lability, anxiety, depression).

5. Psychogenic disorders of physiological functions.

II. Clinical and psychopathological examination with mental assessment status at the time of the initial examination and in dynamics using rating scales: a) hospital anxiety and depression scale (HADS); b) assessment of headaches and dizziness according to the Visual Analogue Scale (VAS); c) clinical self-report scale (SCL-90); d) self-assessment of health, activity, mood according to the SAN questionnaire; c) an abbreviated multidisciplinary personality questionnaire (SMOL).

III. Assessment of the parameters of the quality of life and subjective adaptation by 18 indicators related to various spheres of life, self-awareness, patient satisfaction, expressed in points.

IV. Study of the internal picture of the disease according to a specially developed technique of unfinished sentences. It reflects the internal picture of the disease, the sensitive, emotional, intellectual and motivational levels.

V. Constant monitoring of the somatic state.

Results and its discussion

According to our data, the greatest efficacy of Nott's drug (over 70% reduction of symptoms) was observed in relation to sleep disorders (difficulty falling asleep, early awakenings, frequent awakenings, feeling of shallow sleep, weakness during the day), decreased performance and heartbeat. This is followed by: irritability, headaches, decreased concentration, internal tension, anxiety, depression and emotional lability (degree

reduction - 58–68%). The rest of the symptoms were reduced by at least 45%. No statistically significant differences were found between the subgroup of patients taking only Knott's drug and the subgroup of patients receiving concomitant therapy [10]. When using the drug Remens, 87% of patients showed a reduction in psychovegetative disorders [11].

The effectiveness of Traumeel C and Vertigohel in the treatment of residual borderline mental disorders of traumatic genesis reaches 75%. The spectrum of psychotropic activity of Traumeel C includes an activating, vegetotropic and mild tranquilizing effect. The greatest efficacy of the drug is noted in relation to asthenia, headaches, hyperesthesia and irritability, which make up the clinic of traumatic cerebrasthenia [13].

Efficiency indicators with the combined use of Traumeel C and Vertigoheel are higher than with Traumeel C monotherapy, due to increased antiasthenic, vegetotropic action and elimination of vestibular disorders. These therapeutic effects reach a maximum during the first three weeks and then persist throughout the entire course of therapy. The study did not reveal any side effects, aggravation of existing or the appearance of new symptoms, addiction, dependence, signs of "behavioral toxicity" of drugs, which indicates their safety and good tolerance.

Given example demonstrates important dignity antihomotoxic and homeopathic preparations of complex composition - the possibility of prescribing in accordance with the principles of ICD-10. Their use is most effective in elderly patients and in persons with significant somatic burden.

Efficiency of use broad spectrum homeopathic drugs at various stages of restorative treatment have been studied for 10 years [16]. More than 500 patients were treated using homeopathic monopreparations (unicist, constitutional approach), drugs of complex composition (syndromic approach), as well as antihomotoxic drugs (nosological principle). Homeopathic monopreparations (unicist approach) are most effective in the presence of mild and moderate psychopathological symptoms. Predictors of their effectiveness are a comprehensive study of the personality (individual-typological approach), as well as understanding the essence of the homeopathic constitutional approach with an assessment of the basic principles of the method - identifying modalities and the value of "unusual" symptoms; the presence of suppression and miasmatic burden, etc.

A simpler principle of prescribing monopreparations is to prescribe them in accordance with the main clinical syndrome, and the effectiveness is assessed in accordance with the existing treatment standards [17–19]. The most general principle of including homeopathic monopreparations in treatment and rehabilitation programs is their use in the widest range of dilutions at the stage of outpatient rehabilitation [20–27].

The main instrument appraisals correctness carried out homeopathic treatment using monopreparations is an assessment of the dynamics of the process according to the Hahnemann-Hering law [25]. Psychometric tests and rating scales in our studies are a special tool for assessing the emotional state of a patient, the final assessment of which is obtained as a result of summing up a variety of information - some are special, others are adapted to special defects and characteristics that arise in specific diseases. To solve specific problems, we use various tests and rating scales - which is most fully reflected in the attached list of references.

Conclusions:

1. Inclusion of homeopathic medicines in treatment and rehabilitation PMD patient programs improve their effectiveness.

2. Monopreparations (unicist, constitutional approach) are the most effective when administered to patients with mild to moderate symptoms. A predictor of their effective use is a comprehensive study of the patient's personality and inclusion in treatment and rehabilitation programs at the stage of actual rehabilitation.

3. The main tools in assessing the effectiveness of homeopathic drugs in the structure of treatment and rehabilitation programs for patients with PMD are psychometric tests and rating scales.

4. The effectiveness of homeopathic monopreparations should be made with mandatory assessment of the dynamics of symptoms according to the Hahnemann-Hering law.

5. The use of modern ICD-10 in the appointment of antihomotoxic and homeopathic preparations of complex composition for patients with PMD allows the unification of their use.

6. In accordance with the ICD10 classification, the most curable at the appointment of homeopathic medicines in the PPR clinic are:

1. F06. Neurosis-like disorders

2. F40-48. Neurotic, stress-related and somatoform

disorders.

Among which:

- F41.0. Panic disorder (episodic paroxysmal

anxiety),

- F41.2. Mixed anxiety and depressive disorders,

- F45. Somatoform disorders. Among which:

- F45.0. Neurocirculatory asthenia,

- F45.3. Somatoform dysfunction of the autonomic nervous system,

- F45.4. Persistent somatoform pain disorder,

- F48.0. Asthenic conditions

3. G40-G47. Episodic and paroxysmal headaches,

- G44.2. Tension type headache

- G44.4. Drug-induced headache

- G44.8. Another specified headache syndrome,

4. G47. Sleep disorders.

Tour letter

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