

## Success depends on medical concepts, not political views

Igor Klepikov

Russian State Institute of medical sciences, Russia

### Abstract:

The appearance of the current COVID-19 pandemic has not only significantly changed the usual rhythm and conditions of our life, but also came as a direct surprise to many, causing a sense of anxiety and insecurity. As the new situation developed and its consequences accumulated, long-standing problems that had previously gone unnoticed or unimportant for many were increasingly identified. And if a year ago the discussion of these issues was not perceived properly in the medical community, today the situation itself dictates the need for such an analysis. Moreover, the pandemic has come as a complete surprise to the vast majority of specialists, depriving them of their usual treatment regimens, and the current offers and efforts of medical care are symptomatic and do not affect the overall results.

At this time, when the coronavirus pandemic is an indisputable fact, it is difficult to refute the claims that this catastrophe has been steadily approaching us for many years. The main problem of coronavirus infection is the development of a viral form of pneumonia with all possible consequences. Viruses have long appeared in the description of pathogens of acute pneumonia (AP), but in previous years their independent role in the development of this disease was more declarative, and viral infections were considered as harbingers of bacterial inflammation.

Over the past couple of decades, the number of cases of viral pneumonia has increased, and repeated epidemics of viral infections have clearly demonstrated the consequences of their outbreaks. Suffice it to recall the SARS (2002-2004) and MERS (2012-2013) epidemics, which are now referred to by the additional terms CoV and CoV-1 in contrast to the current CoV-2 pandemic, which indicates an etiological connection between these events. What conclusions did modern medicine draw from the first two relatively local catastrophes? What practical steps have been taken in the future in the event of a repeat of such natural disasters? The answers to these questions lie in the nature of medical care for coronavirus pneumonia, when it became absolutely clear that there is no comprehensive specific treatment for such patients, since previously the basis of treatment was antibiotics, which are not suitable in this situation.

Treatment of patients with AP only on the basis of antibiotics remained the leading strategy all these years, and under this psychological burden, bacterial forms of the disease that are not contagious and not prone to epidemics were classified as infectious. This concept remained a priority until the beginning of Cov-2, when many leading specialists continued to consider antibiotics as a "cornerstone" in the treatment of patients with AP. Has anyone questioned the therapeutic effectiveness of antibiotics for AP, which act only on the microbial factor and do not have a direct effect on the inflammatory process or someone

wondered why one antibiotic can act as the main treatment not only for AP, but also for a number of diverse and heterogeneous inflammatory diseases.

The belief in the indispensability of antibiotics in the treatment of inflammatory diseases, absorbed over many years and memorized by heart, made us forget about the importance and role of the fundamental foundations of medical science. The unique features of the development and course of AP, in contrast to acute inflammations of other localization, remain without attention, proper assessment and professional understanding. Treatment of aggressive forms of AP on the same principles as, for example, diarrhea or peritonitis, can not give other results than the existing sad statistics. Hope for intensive care in specialized institutions fades in the process of its provision, as the death rate from AP in emergency departments reaches 40-50% .

As the current reality shows, the narrow approach and treatment regimens for AP continue to determine strategy and tactics during the current pandemic. Declaring the priority of suppressing the pathogen and the need to create antiviral drugs in the future, modern practical medicine continues to automatically apply antibiotics in more than 70-80% of patients with coronavirus, without having direct indications for this and knowing in advance about the futility of such treatment. While remaining true to previous ideas about the leading role of the AP pathogen and its virulence, experts do not have an answer or a scientific explanation for why in a monoetiological pandemic, most infected people remain asymptomatic, and among patients there is a huge range of clinic options .

In the end, the set of tools and methods for helping patients with coronavirus looks very primitive and cannot guarantee targeted assistance in the case of "COVID-19 pneumonia" . If today approaches such as careful monitoring of patients in order to select the appropriate time for intubation, the supply of oxygen in the prone positioning to increase oxygenation and reduce the risk of subsequent intubation as well as recommendations for increasing the production of ventilators are seriously discussed as key measures to help patients with coronavirus pneumonia, what success can be expected from such a "strategy" in treatment? In fact, in this case, we are no longer talking about chasing the virus, but about eliminating the influence of the focus of inflammation on the vital functions of the body.

The question of what to do, which is now facing everyone involved in the health care system, has only one answer. If the problem-solving strategy fails, it means that the ideology does not correspond to the essence and nature of the observed events

and requires immediate and thorough analysis based on facts, objective evidence and fundamental scientific materials, rather than on assumptions and guesses.

If we see that a patient with a coronavirus infection has shortness of breath, then its cause is no longer the virus, but the consequences of its impact in the form of inflammatory transformation of the lung tissue. Suppressing the pathogen during this period will not bring instant results. It is necessary to influence the focus of inflammation and the mechanisms of its influence on the body's functions. Oxygen supply is a purely symptomatic, not pathogenetic care measure that does not affect the dynamics of the inflammatory process. If the patient has reached the stage of artificial ventilation, many of them have already crossed the line of returning to the starting position. Pathogenetic approaches to the treatment of patients with aggressive forms of AP today can radically change the results. This statement is not another Declaration of intent, as it is based on the extensive work already done with successful clinical testing. At that time, an unshakeable belief in antibiotics did not allow many to pay attention to the immediacy and simplicity of such treatment. However, a combination of circumstances forced even then to look for a way out of a difficult situation.