

Competition or Commonwealth of Experiment and Clinic

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The data obtained in the conditions of experimental studies, which were confirmed by clinical studies, are presented. Thanks to the data obtained under experimental conditions, instrumental research methods in the clinic were analyzed, which coincided with the data obtained from experimental animals. A positive correlation was revealed, which supplemented the clinical and experimental methods of research.

A clinical scientific study is conducted with the participation of people (patients), in order to evaluate the effectiveness of drug therapy, it is impossible to interfere with the conditions surrounding the patient, to model both the initial and subsequent stages of the disease. Under the conditions of experimental observations, it is possible to diversify the conditions for reproducing the phenomenon under study, revealing the cause-and-effect relationships of the damage process, revealing the pathogenetic mechanisms (PM) of the disease. We believe that clinical and experimental studies consist of the following stages: 1. clinic: observation - hypothesis - experience - observation - conclusions - theory, 2. experiment: hypothesis - experience - conclusions - theory - clinic - observation, in both cases the research program closed. Advantages of the method of experimental observations: animals have a certificate that they have not been sick in the past and are healthy in the present, there is no intake of physiologically active substances (PAS) or drugs; there is an opportunity to repeat the studied phenomena, to change the conditions for the implementation of the experiment, which gives the most reliable results, explains the causes of a particular phenomenon. In the laboratory, under experimental conditions on small animals - white rats, "acetate" pancreatitis, colon ulcers, and toxic hepatitis were simulated. The study of the morphological substrate showed that in the submucosal layer of the mucous membrane (SO) of the small intestine (TC) and stomach (G), edema and microcirculation disorders are visible (Figure 1).

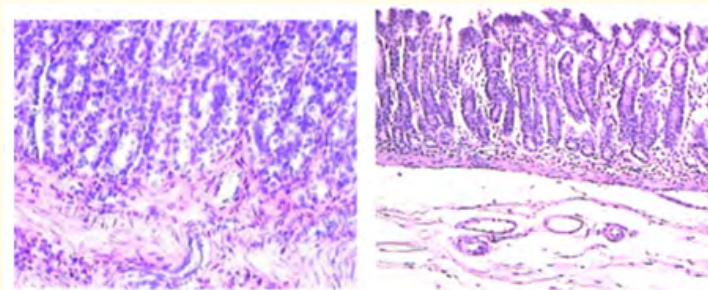


Figure 1: Stomach, in the mucous membrane, edema and dilated, full-blooded vessels. A. the body of the stomach. Staining he x 460. B. Stomach pyloric section, he x 180 in the submucosal layer and mucous membrane, edema and dilated, full-blooded vessels. edema, dilated, full-blooded vessels. there is a mild infiltration of lymphoid cells and eosinophils.

Clinicians in instrumental studies in patients with pancreatitis of alcoholic etiology are faced with the fact that there are damage to the duodenal mucosa (Figure 2). Edema of the gastric mucosa and TC were detected by computed tomography of the abdominal organs (Figure 3). Thus, experimental studies are confirmed by clinical “findings” in patients.

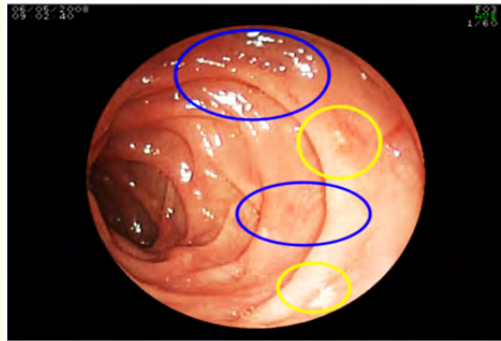


Figure 2: Macroscopically, SM of the upper third of the duodenum in chronic pancreatitis. Visible hemorrhage and erosion in the mucosa.

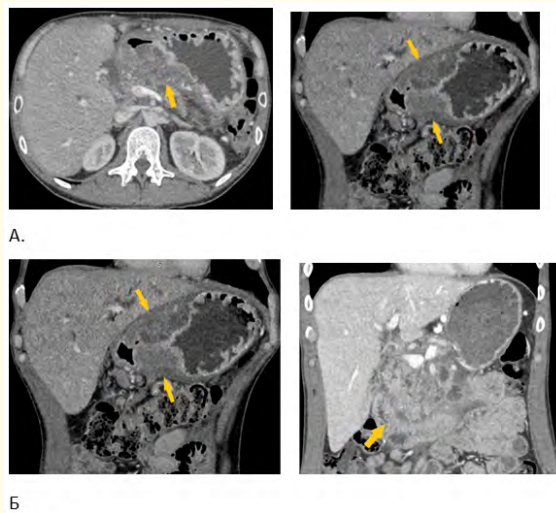


Figure 3: Computed tomography of the abdominal organs in patients with chronic pancreatitis and hepatitis due to MM edema. A. thickening of the stomach wall; B. Thickening of the wall of the duodenum.

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