

The aim and tasks of Internal Diseases
Propedeutics. Introduction into the
clinics of internal diseases. Questioning.
The scheme of clinical examination
of a patient. The anamnesis.



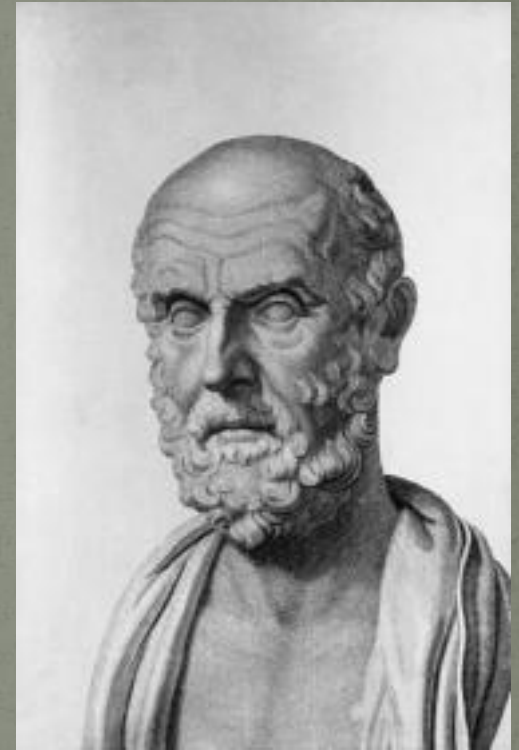
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Internal diseases

- one of the biggest branches of theoretical and practical medicine which studies the diseases of internal organs in their different clinical forms, reasons of occurrence, pathogenesis, preventive maintenance and therapy.



- a word of the Greek origin and means the introduction or preliminary training
- *the aim of department of internal medicine - the introduction into the main course of therapy, studying of the students to elements of a therapeutic science*



Practical medicine

- Practical medicine has a number of attractive features that make it one of the most exciting things in the world. First, the practical medicine deals with man, which is alluring itself because of the humanity and boundless individuality of people.
- Secondly, medicine is a scientific discipline that greatly stepped forward over the past decade and allows us to give hope to many patients, which were considered hopeless even a generation ago. And finally, thirdly, it is often a delicate art of new discoveries.

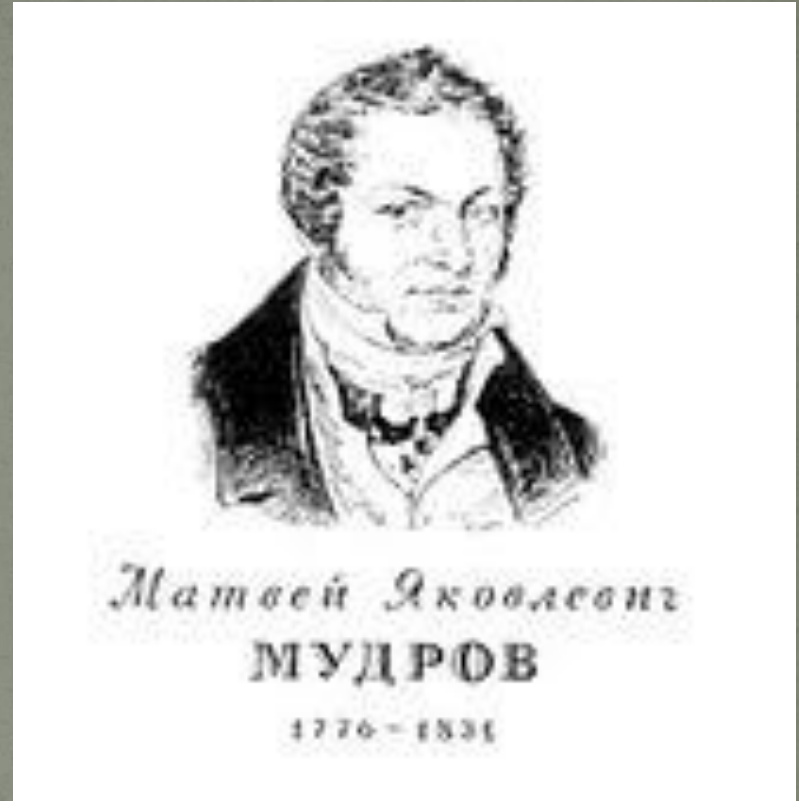
- Consequently, the practical physician with a broad outlook should rather possess by three qualities: the love of humanity, scientific mindset, interest in the disclosure of unsolved mysteries.



- Clinical medicine, in addition to modern natural science base and shiny façade, has an ancient, often invisible, but mighty life-giving root is long, rich varied practice, the experience of generations of physicians, among which there were truly talented observers and brilliant thinkers.



- The most prominent representative of medicine in the early nineteenth century was Professor of Moscow University **Matvey Yakovlevich Mudrov (1776-1831)**.
- His achievements: development and implementation in practice of the method of a systematic and comprehensive investigation of the patient, methodical case history.



Sergei Petrovich Botkin

- Sergei Petrovich Botkin (1832-1889) — Professor of medical-surgical Academy: the Creator of the neurogenic theory of the internal organs diseases pathogenesis, the founder of physiological direction of domestic medicine.
- He introduced a number of new research techniques (palpation of abdominal organs, etc.) and new symptoms detected by percussion and auscultation. He talked about individualization of each case, making the diagnosis of disease in the diagnosis of the patient.



Sergei Petrovich Botkin

Gregory Antonovich Zakhar'in

- Gregory Antonovich Zakhar'in (1829-1897) — Professor of Moscow University: introduced an original method of questioning, anamnestic method researching the patient.



Alexey Alexandrovich Ostroumov



- Alexey Alexandrovich Ostroumov (1844-1908) — Professor of Moscow University: developed the foundations of modern functional diagnostics by the method of dosed physical load. He proved the necessity необходимость for a comprehensive, detailed and individual clinical diagnosis.

Tasks of Internal Diseases Propaedeutics :

- to teach students of doctor's technics or methods of examination
- studying of symptoms and syndromes which can find using different methods of examination - semiotics
- construction the diagnostic conclusions on the ground of data of examinations - methodic of diagnosis
- studying of the separate questions of internal diseases - nozologic forms in their classical, typical variant
- the main principles of internal diseases' treatment

General plan of patient's examination

- questioning (inquiry) of a patient (interrogatio) - the most important method of examination of the sick person, which characteristic only for practical medicine. This method uses language as a way of people, an exchange of opinions and mutual understanding. Word is the powerful medical factor also.



Inquiry patient

- general information about a patient (passport data)
- patient's problems which he is suffered for - patient's complaints (*molestia aegroti*)
- the main data about the disease, its onset duration - history of present illness (*anamnesis morbi*)
- the main data about patient's life in a short form - patient's life history (*anamnesis vitae*)

General plan of the questioning (subjective examination)



Scheme of patient's inquiry

Passport date

- Last name, first name, middle name
- Age
- Marital Status
- Sex
- Nationality
- Education
- Home
- Place of work
- Job Title (position)
- Address immediate family
- Date of admission to hospital



Complaints of the patient

- After receiving the passport data of the patient we ask the General question: “what is troubling you?” or “what are you complaining about?” and give the opportunity to speak freely about what brought him to the doctor. At the same time you can interrupt the patient only with questions for clarification or expansion of the data. The ability of the patient to speak freely is very important: it is the expression of the doctor’s attention to the patient, and it is the beginning of trust between patient to the physician, and the appearance of a normal relationship between them.

Complaints of the patient by their nature can be divided into three groups:

- 1. The group absolutely certain and clear complaints (cough, shortness of breath, vomiting, pain, swelling, fever) is observed when expressed changes in the internal organs and systems. These are the main complaints in diseases of internal organs and systems.
- 2. Group uncertain unclear complaints are (“indisposed”, “hurts”, “feel the heart”) they occur in chronic diseases or various kinds of functional disorders.
- 3. A numerous group of complaints which are diverse, extremely detailed and at the same time very uncertain (neurotic disorder).

According to contents complaints are divided into such groups:

- 1 Complaints of morphological changes (change of shape, position, and type of individual parts of the body — swelling, tumor).
- 2. Complaints of functional impairment (disorder of specific functions of the body — shortness of breath, diarrhea).
- 3. Complaints of abnormal sensations (mental experiences) — pain, malaise.

- Patient's complaints
 - the group of distinct complaints - in marked changes in internal organs (cough, dyspnoea, vomiting, pain, edema, elevation of body temperature)
 - the group of undistinct complaints - in chronic diseases or functional disorders (pain of uncertain location and character, a patient «feels heart» etc)
 - the group of multiply, detailed and uncertain complaints (neurotic complaints)
 - **according to content complaints are divided on:**
 - complaints on morphological changes (change of shape, position, appearance of separate parts of a body)
 - complaints on functional disorders (disorders of function - dyspnoea, diarrhoea)
 - complaints on pathological feelings (psychical experiences) - pain, bad feeling)

Complaints

- When a patient is already sufficiently expressed, the doctor takes matters into his own hands and puts the monologue of the patient in the dialogue of the doctor with the patient in a friendly and candid conversation in which the doctor tries to characterize each individual complaint. Doctor always must to figure out what exactly the patient has in his mind about one or another complaint to have complete confidence that both the patient and the doctor talking about the same thing.

The history of the disease (anamnesis morbi).

- 3. The history of the disease (anamnesis morbi). In clarifying the history of the disease we need to find out how the patient perceives their illness, how evaluates it and his experience. The doctor explains following:

The doctor explains following:

- 3.1 onset of the disease — when, where and how it started, suddenly or gradually, what were its first manifestations.
- 3.2 the Further course of the disease — a progressive or with periods of worsening (exacerbations) and improvement (remission).
- 3.3 Performed to this date diagnostic measures.
- 3.4 What treatment was carried out, its effectiveness.
- 3.5 the Cause of the disease according to the patient; wherein где the patient rarely calls the true cause of the disease, but indicates significant circumstances preceded disease.

Life history

- Place of birth, living conditions in childhood, children's diseases
- professional way
- living and financial conditions
- marital status at present time
- diseases of the past
- harmful habits
- heredity concerning to father's and mother's lines
- allergological anamnesis
- expert anamnesis



4. The life history (anamnesis vitae).

- 4.1 Place of birth, living conditions of childhood, the disease of childhood.
- 4.2 Employment history: when he started to work, the nature and conditions of work, occupational hazards. Subsequent changes of the work. Conditions of work at the present time. Detailing the profession. Characteristics of the work space (temperature, dust, drafts, dampness, lighting conditions, exposure to harmful substances), the duration of the working day and absence from work. Using weekends and periodic holidays. Are there conflicts at work.

- 4.3 Material and living conditions: living space, the number of residents there. the Nature of nutrition — fed at home or in the dining room, the nature of food eaten, the regularity and frequency of techniques, sample menu.
- 4.4 Marital status at the moment, do you have children, how many, their health (if died, cause of death). Women — the beginning of menstruation, when were the last, how many pregnancies, abortions, miscarriages (reasons) how many babies that were stillborn, the weight of children at birth.
- 4.5 Transferred diseases (specify what and at what age), operations, contusions, wounds, injuries. For chronic diseases — the beginning, the periods of exacerbation, recent exacerbation, treatment.

- 4.6 bad habits — alcohol (specifically: how often used, how much), Smoking — what age that smoke, how many per day, uses drugs, strong tea, coffee, overuse of salt, spices.
- 4.7 Heredity of the father and mother. The age of the parents, their health, if dead, at what age and cause of death. Health of close relatives (brothers, sisters, children). Venereal disease, tuberculosis, opisthorchiasis, viral hepatitis, metabolic diseases, mental illness in the family of the patient.
- 4.8 Allergological anamnesis (with specific allergenes).
- 4.9 Expert history (duration of temporary disability before admission to the clinic and throughout the year).

Objective examination (status praesent objectivus)

studying of the separate organs and systems- respiratory system, cardio-vascular system, digestive system, urinary system, endocrine system, nervous system and sense organs

- general examination (inspectio)
- palpation (palpatio)
- percussion (percussio)
- auscultation (auscultatio)

Paraclinic (additional) methods of patient's examination:

- laboratory
 - obligatory: complete blood analysis, urine analysis, analysis of feces for worm ova, wassermann test
 - special:biochemical blood analysis,tests for estimation of immune system, sputum examination
- instrumental: ECG, spirometry, ultrasound diagnostic, computer tomography etc.

Semiotics

- the science about the signs of disease, which explains the facts are received with the help of different methods of patient's examinations



Symptomatology

- the science that is engaged in studying of disease's symptoms
- *Symptom* is the separate sign of disease
- *Syndrom* is the group of symptoms, which help pathogenetic connection
- *Anatomic syndrome* is the group of symptoms, which correspond to structural changes of the organs
- *Functional syndrome* is the group of functional symptoms

General semiotics

- includes
 - main signs - age, sex, the type of constitution
 - the patient's general conditions, posture, face expression, gait, bearing, pain, temperature, dyspnea etc.



Diagnosis

- is the doctor's conclusion about the disease and patient's condition expressed in modern medical science's terms.



Types of diagnosis

- According to the character and content: etiological, pathogeneticnosological, pathologic (post-mortem), anatomical, pathophysiological.
- According to the method of construction and substantiation
 - direct - recognition from a symptom to a disease
 - differential - when several probable diseases are compared (diagnosis by exclusion)
 - diagnosis «by observation» - in the case when a diagnosis is possible to make only after prolonged supervision of a patient
 - diagnosis by treatment response - may be made when positive response or specific treatment is present.

- According to time when a disease was identified
 - early diagnosis - a disease was identified at its beginning
 - late diagnosis - a disease was identified late
 - postmortem diagnosis - is put at pathanatomical section
- by degree of reliability
 - provisional diagnosis - is used during examination of a patient as a working hypothesis
 - preliminary diagnosis - is formed after the first examination of a patient which includes inquiry and physical examination of separate organs and systems
 - final clinical diagnosis - is formed after complete examination of a patient
 - doubtful or indeterminate diagnosis - in heavy cases when it is difficult to confirm the diagnosis

Diagnostical mistakes

- Caused by a disease - a disease is unknown or rare, symptoms are absent, clinical pattern resembles other diseases
- caused by a patient - when it is not possible to take anamnesis, anamnesis is wrong or distorted because of simulation, when it is not possible to perform objective examination, presence of concomitant diseases
- caused by a doctor - insufficient knowledges, inattentiveness, excessive confidence, overestimation of ata of examination
- caused by circumstances - noise, insufiient lighting, the room is not addopted for examination of patients



Medical deontology

- A science about interrelations of a doctor and persons which participate in general clinical process
 - a doctor - a patient
 - a doctor - patient's relatives
 - a doctor - medial and junior medical personell
 - a doctor - a doctor
 - a doctor - a law (public prosecutor's office)
 - a doctor - insurance medical company (medical experts)



A large, powerful blue wave crashing with white foam. The water is a deep, vibrant blue, and the foam is bright white. The wave is moving from left to right, creating a sense of motion and energy. The background is a lighter blue, suggesting a clear sky or a bright day.

THANK YOU !