

In this article I would like to describe very interesting clinical case that show on the one hand disadvantages of modern diagnosis system and on the other hand - surprising effectiveness of RANC approach. The disadvantages of diagnosis system is that doctors pay too much attention on the patient age which is not the main factor in health problems. Undoubtedly, such logic, based on the fact that with years we are not becoming healthier, is understandable. However, it not always happens. We know that even a young person can become ill, but at the same time an old person may not complain about health. Age-related stages of the change in various regulatory systems activity are normal. Disorder in these systems work is a disease. The thing is that age-related changes are just being multiplied. These two parallel and unequal processes accumulate during a whole life and give a misleading picture of person consenescence. If we do not take into consideration those rare cases when infirmity follow the person age, then we can wait with fatal anxiety "inevitably" coming troubles. Then we can explain all the disorders by the age and repeat this popular doctors questing: "What do you want in your age?".

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On the contrary, if we follow theory of nervism logic and logic of sustained changes in background activity, coming after distress(stress of extraordinary intensity), we will understand that abnormal changes in an organism are not connected with the age.

Constantly repeated in different ways idea was the reason why we designed this website and it is stated in the following: poststress disorders in any regulatory systems and the brain, as a center of these systems location, can be eliminated by stimulating reticular formations through accessory nerves in brain. I named this treatment approach RANC - The Restoration of the Activity of nerve centers. I understand it is rather audacious to state that thee solution to all problems was right under our nose. In this article I will try not to talk about details, which can be read on other pages, but to show a vivid example of my idea that I stated before.

I met my patient Ludmila Saulovna Surkova at the first time on January13, 2009. Her young daughter came to me and asked to visit her mother at home. According to daughter, her mother suddenly became ill when she found out that her older daughter died due to stroke. Ludmila Saulovna lived in Moscow at this time, she was 89. Right after the tragic news general weakness and dizziness occurred. Apart from these, memory and orientation disorder occurred and also hallucinations. It happened on September 22, 2008.

A week later, September 29, 2008, ambulance brought her to Moscow hospital №6. She was there from September 29 to November 02, 2008. Her diagnosis was: Chronic ischemia at decompensation stage. Vertebrobasilar syndrome. Intellectual disability. Arterial hypertension. Atherosclerosis of brain, heart, aorta vessels. Pneumosclerosis. Emphysema. Chronic gastroduodenitis, remission. Chronic cholecystitis, remission. Chronic pyelonephritis, exacerbation from 10.07.2007. Chronic cystitis, exacerbation.

## Chronic brain ischemia.

Written by врач невролог А.А.Пономаренко

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At the moment of medical examination - complaints about nausea, memory decline, dizziness.

Her state when she was brought to the hospital was assessed as "state of moderate severity". Neurological status, apart from "a patient was disoriented in her own personality and time" and "deep reflex D>S" which said little about the patient, had no deviation.

10.23.2008. Appointment with psychiatrist seeing inadequate behavior. Diagnosis: Organic disorder with cognitive dysfunctions. Can be treated in a clinical department. Advised to take Truksal up to 50mg a day, Phenazepam 1 pill(1mg) at night.

Following disorders while being in a hospital were only noticed: uroschesis (but happened only once), urologist described it as pelvic organs reflex dysfunction. Other examination results were ordinary apart from "phlebostasis in pulmonary circulation" according to X-ray. After the treatment which consisted of medicines to lower blood pressure, antispasmodics, tranquilizers, antidepressants, antibiotics, vitamins and nootropics (enhancing brain nutrition) patient state became better.

Epicrisis said: with the treatment help the patient state became better, stabilized, remains tolerable. Hemodynamic parameters are stable. The patient can sit and walk with help. Adequate, behavior is well-ordered.

The description how she felt in a hospital is shown in the video at the end of the article. I saw her January 13, 2009 when her daughter had brought her to Krasnodar two months passed after the hospital and according to daughter, her mother state had not changed.

What did I see? Firstly, I noticed right away signs of Parkinsonism like "beggar pose", freezing, lack of emotions on the face, shuffling gait and a change to smaller, cramped handwriting which are usual for Parkinsonism. The thing is Ludmila Saulovna being a teacher in the past wrote a lot and did not change her habit even after the hospital.

I don't why Parkinsonism was not included in her diagnosis. Most likely because blood vessels parkinsonism is common for old people and when it is insignificant, doctors don't mention it. Apart from parkinsonism, there were slowed movements and weakness. She was open for a contact, never complained. To go to a bathroom she asked her daughter for help and holding her hand she moved. But usually she was spending time in bed or, as usual, she was sitting at the table and writing. That is actually it.

I should also add that she is a miniature woman. It is usually thought that if a person considerably than he must be almost like a vegetable or at least spend all the time in bed. What could I prescribe her apart from nootropics? In comparison with treatment in Moscow it would not give anything and will be only formality that can hide my helplessness. ....

However, I remembered many cases when I helped elderly men and women after strokes. Blood vessels parkinsonism is rather common in such situations. And I decided to use brain stimulation approach.

## **Chronic brain ischemia.**

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I talked to both mother and daughter and explained them the key point of the procedure and received their agreement. I remember I gave about 20 injections in trapezius muscle which she endured very well. I checked blood pressure to be sure that everything is fine and left the patient was to have a rest.

The second time when I visited her was on 02.05.2009, her daughter invited me. She met me at the hospital and said that on the next morning after the injections mother started walking steadily and slowness disappeared. These news made me glad and I visited them that very day.

When I stepped in I saw a completely different person. In front of me was standing a happy, cheerful person without any sign of Parkinson's syndrome and intellectual disability. I was surprised when I saw her and asked a permission to shot a video on my mobile. At that time I did not think about a website and wanted this video only for me. Unfortunately, the video is gone now. I vividly remember that I gave her 36 injections between shoulders. After that we met only once on 09.01.2010 at school when I was tacking my children to school and she was taking her great-grand children apparently.

**neurologist A.A.Ponomarenko**