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Clinical Case Report

Clinical Case of Conservative Leech Treatment of Neurinoma of the Brain

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The aim of the work is to describe the clinical case of a conservative leech therapy of a neurinoma (schwannoma) of the VIII pair of cranial nerves of the bridge-cerebellar angle.

Materials and Methods

The author's systemic method of leech therapy (SMLT) is a combination of a hirudopuncture and a homeopathic approach: the principle of small doses and long-term treatment. To prove the effectiveness of the SMLT in the treatment of neurinoma, modern diagnostic tools have been used: MRI, CT, a superposition scanning method of brain (SSM), developed by Ph.D. Kamynin Y.F.

From 1 to 27 leeches per session were used depending on the stage of treatment (adaptation) of the patient. The main points of leech staging are the perianal zone and areas of parasthesia characteristic of the neuroma of the VIII pair of cranial nerves of the bridge-cerebellar angle.

Results

The presented results of treatment of brain neurinoma for more than 20 years convincingly indicate the possibility of conservative treatment of brain neurinoma (schwannomas).

Table 1 presents the results of periodic monitoring of tumor size in the area of the right mosto-cerebellar angle using the modern diagnostic methods mentioned above.

MRI scan performed in 2018 showed the size of tumor at the level of 2014.

Considering that the patient's initial complaints characteristic of neurinomas of similar localization in the opening of treatment almost disappeared (lack of pain sensitivity of the right half of the head, ("wooden head" on the right according to the patient), tinnitus, feeling of "sand" in the right eye, marked reduction hearing), it can be argued that the achieved clinical effect suggests a pronounced effectiveness of conservative treatment. According to all the information available in the literature on the treatment of neurinomas (schwannomas) of the brain, we are talking only about surgical treatment.

The technique of treatment with the help of the "Gamma Knife" developed in recent years is much more effective than surgical treatment with craniotomy. However, it also has a number of significant drawbacks in the form of complications.

Using the method of developed by MD. Kamynin Y.F., we found a previously unknown phenomenon in hirudology - the phenomenon of local hyperthermia in the body of the tumor. Figure 1) shows the dynamics of temperature rise in the body of the tumor - the neurinoma of the 8-th pair of cranial nerves. It is shown that the temperature in the body of the neurinoma increases from 37.8 degrees Celsius, after 15 minutes it reaches 38.6 degrees Celsius, and after 45 minutes it reaches 41.8 degrees Celsius, i.e. almost the temperature of the denaturation of human proteins.

The phenomenon we discovered for the first time in the world allows us to understand the dynamics of a decrease in tumor volume and to understand the cause of the pronounced positive clinical effect of leech treatment (SMLT).

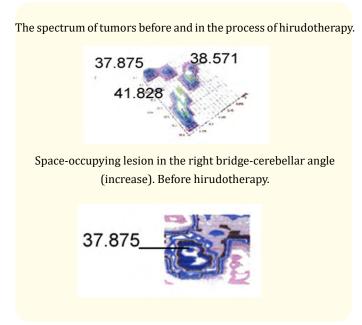
Control of dynamics of treatment of a patient with neurinoma viii pairs of the cranial nerves of the right mosto-cerebellar angle

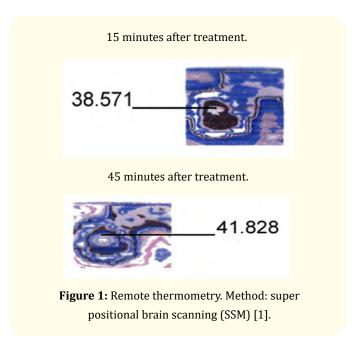
Patient: L.B.B., born in 1932.

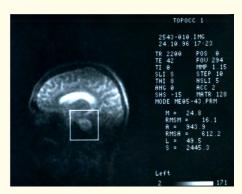
Date of research and type of research (CT, MRI, SSM)	Dimensions of volume tumor (in mm)	Notes
24.10.1996, MRI.	25x21x22	MRI signs of the mass of the right bridge-cerebellar angle.
23.03.1997, MRI.	27,5x23x26	MRI signs of auditory nerve neurinoma on the right.
10.09.1997, CT *.	24x21x22	CT scan signs of neurinoma VIII pair of cranial nerves on the right.
18.03.1998 – Beginning treatment of the patient with medical leeches (applied systemic treatment method (SMLT) by professors Krashenyuk A.I. and Krashenyuk S.V.)		
26.10.1998 CT*.	31x23	Compared with CT from 10.09.1997 - negative-body dynamics (increase in size). However, the patient recovered pain sensitivity of the right half of the face.
01.09.2000, MRI.	30x28	Neurinoma of the right bridge-cerebellum angle. Compared with the data of 1999 without significant dynamics (data of 1999. lost).
17.07.2002, MRI.	25x21	Compared with previous studies, the growth of neurinoma is not observed. Professor Kholin A.V.
25.04.2004, SSM	22x20x21	Stationary volume encapsulated formation in the projection of the right bridge-cerebellum angle
23.11.2005, MRI	26x22	MRI of the neurogenic tumor in the right bridge-cerebellar angle. Slight increase in size.
05.11.2008, MRI	22x20x15	MRI signs of a mass in the right lobe of the cerebellum. Encephalopathy of mixed origin. Compared with MRI of 11.23.2005, - without significant dynamics ???
15.07.2011, MRI	23x16x19	MR signs of mass formation of the right bridge-cerebellar angle. Compared with MRI from 05.11.2008, there is a slight decrease in the size of the formation!
21.10.2012 MRI *.	23x16x19	MR - a picture of the pathological volumetric formation of the right bridge-cerebellar angle (VIII pair of the of cranial nerves on the right), as compared with the MRI of July 15, 2011, without significant changes
11.07.2014, MRI *.	23x16x19	Compared with the MRI data of the brain from July 15, 2011: dimensions, contours, signal characteristics of the volume formation of the right bridge-cerebellar angle without significant dynamics.

Table 1

Note CT scan: Computed tomography; CT *: Computed tomography with a contrast agent; MRI: Magnetic resonance imaging; MRI *: Magnetic resonance imaging with a contrast agent; SSM is a method of superpositional brain scanning (electrodynamic brain scanning).







MRI from 24.10. 96. (The tumor sizes: 25x21x22 mm).



MRI from 17.07. 2002. (The tumor sizes: 25x21 mm).

Neurinoma VIII pairs of the cranial nerves of the patient

B.L.B, born in 1932.

MRI from 10.24.96 (The tumor sizes: $25\mathrm{x}21\mathrm{x}22$ mm) and 07.17. 2002

(The tumor sizes: 25x21 mm).

We have been observing this patient for more than 20 years, she is alive and often takes part in our training cycles for doctors. You can look at the interview with her on our official YouTube channel.

Bibliography

 Dulnev GN and Krashenyuk AI. "From Synergetic to information medicine". St. Petersburg, Institute of biosensor psychology (2010): 165.

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