

What are the Possibilities of Antibiotics in Acute Pneumonia



Igor Klepikov*

Lead Pediatric Surgeon, Dana Children's Hospital, Israel

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***Corresponding author:** Igor Klepikov, Lead Pediatric Surgeon, Dana Children's Hospital, 2116, NE, 27 st., Renton, WA, 98056, USA,
Email: igor.klepikov@yahoo.com

Introduction

Modern ideas about the nature of acute pneumonia (AP) are the main obstacle to its successful treatment. On the one hand, AP is not considered a contagious infectious disease, does not require isolation of patients and the observance of special precautions, and the known and widespread today pathogens of AP belong to representatives of symbiotic microflora of healthy people.

On the other hand, all hopes for the successful treatment of the disease are pinned only on antimicrobial effects. "Antibiotics alone" is the initial treatment of all patients with AP. The emergence of more and more antibiotic resistant strains of microorganisms is a natural consequence of long-term and intensive use of such treatment. Adaptability of microorganisms as representatives of the biological world is their essential feature.

The ongoing process of confrontation between the natural presence of microbes in many areas of our body and the means of its suppression is endless and dynamic. At the same time, the development and production of new more effective antibacterial drugs is a constantly catching up party in this confrontation. The dream of a universal antimicrobial agent and the eradication of antibiotic-resistant strains is nothing more than a utopia.

If the rate of development of the inflammatory process in the lungs does not exceed the compensatory ability of the body, then the suppression of pathogens with antibiotics is sufficient for recovery. With the more intensive development of the process, the patient's body does not have time to adapt to pathogenetic shifts, and the process continues to develop even in spite of effective antibiotic therapy. The result of the latter is a "sterile" pleural empyema, which has been increasingly observed in recent years.

The presence of a serious problem becomes apparent in cases where the initial treatment does not reach the goal and

progressive deterioration of the condition of patients requires hospitalization. Modern medicine, even in a perfect supply cannot guarantee a quick and successful recovery from AP. The results of AP treatment in developed countries are not much better than those in developing regions.

One-sided and narrowly focused interpretation of the nature of the disease does not even imply the need for other types of first aid. The way out of this deadlock is possible only after the revision of the whole doctrine of the disease and justification of pathogenetic approaches to treatment. The pilot stage of such a project was implemented in 1976-1985 in Novokuznetsk state Institute for advanced training of doctors (USSR, Russia). The basis of the new doctrine of AP were already known and scientifically based medical axioms. Following private studies were additionally performed:

- a. Experimental model of AP (4 series of experiments, 44 animals) obtaining a model of pleural complications (certificate for invention No 1631574, A1,1 November 1990,USSR).
- b. X-ray examination 56 lung anatomical preparations with different forms of the AP,taken from the dead patients.
- c. Record comparative rheopulmonography before and after performing medical procedures(36 patients).
- d. Analysis of the observation and treatment of 994 children with AP and its various destructive and pleural complications.

The revised treatment guidelines were applied in 101 patients in the initial period of aggressive forms of AP. The received results allow to speak about possibility of the guaranteed prevention of suppurative and destructive complications of the disease. The results of this work were first published in Russian [1]. A list of publications on the subject in English is provided below [2].

References

1. Klepikov I (1989) Acute pneumonia and its purulent and destructive complications in children in the midst of a major industrial centre of Western Siberia. Dissertation for the degree of doctor of medical science. Leningrad, pp. 989.

2. Igor Klepikov (2017) Acute pneumonia:a new look at the old problem. Lambert Academic Publishing, ISBN(978-3-330-35250-6).



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