

## How to “Think Neurologically”



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### Opinion

The medical knowledge of the neurological sciences has been stabilized since the days of the great names of the neurological like Charcot, Cajal and Golgi. Even with a myriad of outcomes and being one of the most interesting and rewarding medical specialties, in the physician and patient relationship aspects, medical students, and even veteran physicians, avoid and fear the neurology cases and approaching their patients with neurological complaints.

The applications of functional neurons imaging such as MRI and PET scans, biochemistry, histology and cell biology have provided teachers and medical professionals with a better teaching and learning skills of how neurological syndromes work and how to plan the treatment of their patients. On the other hand, the mass production of knowledge and detailing of neurological pathologies has increased the cliff between Neurology and Internal Medicine in general. Nevertheless, radiology, pathology and other areas of knowledge have influenced our conduct as assistant physicians, which has relegated to avoidance of neurological semiology and the knowledge of the basic location of the neurological lesions, as well as the discriminating and selective reasoning that must necessarily precede those exam indications.

It is imperative that our conceptions of teaching and approach to neurology be re-evaluated, proceeding to a readjustment between the cold, objective and not necessarily accurate results of the technological diagnosis, but to unite the set of signs and

symptoms that the physical, dynamic and reasoned examination done by the doctor provides to these complimentary methods of diagnosis.

Another aspect that we must reinforce for physicians with possible contact with neurological conditions is the constant updating and study of the main anatomical and physiological bases of the nervous system, not in the specialist level, but in basic terms. This update avoids the physician to fall into the various traps that the exams can provide to an unsure or confused doctor. Only in this way will we be able to construct a future in the area of neurological sciences in a practical and integral way with other medical specialties and not to deepen their differences, especially prejudicing patients.

Therefore, I finish this opinion with a quote from the insuperable book of neurology written by Edwin R. Bickerstaff: “It must be remembered that the solution of a neurological case takes time. One should not rush it and one who examines should never be influenced by exhortations of optimistic colleagues who ask to have a passing glance or a quick examination of the nervous system, which does not take five minutes. The examination is time-consuming and must be time-consuming”, as well as the construction of medical reasoning in any specialty, but especially in neurology where the location of possible injuries and their implications for patient outcome is critical.



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