

Empirical knowledge versus science: obstacles to a good prognosis*Conocimiento empírico versus ciencia: obstáculos para un buen pronóstico**Conhecimento empírico versus ciência: obstáculos a um bom prognóstico***Alice Alves Rocha Lacerda¹**

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Abstract

Medicine, in its beginnings, was based on knowledge based on historical reports and personal experiences, which still persists today. The modern concept that opposes empiricism is Evidence-Based Medicine, which serves as a basis for clinical decisions. The aim was to discuss the relationship between science, empiricism and good care prognosis from an experience lived in a hospital environment. This is an experience report of a descriptive and critical-reflexive nature, carried out in a medium-sized hospital in the Zona da Mata region, in Minas Gerais. Data were collected through anamnesis and analysis of the medical records of a 53-year-old male patient with Fournier Syndrome. The situation of vulnerability in which the majority of the population living in rural areas is found is an aggravating factor for the emergence and poor prognosis of the pathology, highlighting the difficult access to information, precarious housing conditions and scarcity of treatment and qualified resources. . Therefore, it is worth emphasizing the importance of new research in the area, to develop specific and methodological knowledge in order to build an adequate and effective strategy for patients with the disease.

Descriptors: Fournier's Gangrene; Empiricism; Science; Prognosis; Hospital Assistance.**Resumén**

La medicina, en sus inicios, se basó en un conocimiento basado en relatos históricos y experiencias personales, que aún hoy persiste. El concepto moderno que se opone al empirismo es la Medicina Basada en la Evidencia, que sirve de base para las decisiones clínicas. El objetivo fue discutir la relación entre ciencia, empirismo y buen pronóstico asistencial a partir de una experiencia vivida en ambiente hospitalario. Se trata de un relato de experiencia de carácter descriptivo y crítico-reflexivo, realizado en un hospital de mediano porte en la región de la Zona da Mata, en Minas Gerais. Los datos fueron recolectados a través de la anamnesis y análisis de las historias clínicas de un paciente masculino de 53 años con Síndrome de Fournier. La situación de vulnerabilidad en la que se encuentra la mayoría de la población residente en zonas rurales es un agravante para la aparición y mal pronóstico de la patología, destacando el difícil acceso a la información, las precarias condiciones de vivienda y la escasez de tratamiento y recursos calificados. Por lo tanto, vale la pena enfatizar la importancia de nuevas investigaciones en el área, para desarrollar conocimiento específico y metodológico con el fin de construir una estrategia adecuada y eficaz para los pacientes con la enfermedad.

Descriptores: Gangrena de Fournier; Empirismo; Ciencia; Pronóstico; Asistencia Hospitalaria.**Resumo**

A medicina, em seus primórdios baseava-se no conhecimento pautado em relatos históricos e experiências pessoais, a qual persiste ainda hoje. Já o conceito moderno que se opõe ao empirismo é o da Medicina Baseada em Evidências que serve como base para decisões clínicas. Objetivou-se discutir a relação entre ciência, empirismo e bom prognóstico assistencial a partir de uma experiência vivenciada em ambiente hospitalar. Trata-se de um relato de experiência de caráter descritivo e crítico-reflexivo, realizado em um hospital de médio porte na região da Zona da Mata, em Minas Gerais. Os dados foram coletados por meio da anamnese e análise de prontuário de um paciente do sexo masculino, de 53 anos, acometido pela Síndrome de Fournier. A situação de vulnerabilidade na qual se encontra a maioria da população que reside na zona rural é um fator agravante para o surgimento e mau prognóstico da patologia, destacando-se o difícil acesso às informações, condições precárias de moradia e escassez de tratamento e recursos qualificados. Logo, vale ressaltar a importância de novas pesquisas na área, para desenvolver conhecimentos específicos e metodológicos a fim de construir uma estratégia adequada e efetiva aos pacientes portadores da doença.

Descriptores: Gangrena de Fournier; Empirismo; Ciência; Prognóstico; Assistência Hospitalar.

Introduction

Medicine, in its beginnings, was based on philosophical thinking and its search for an understanding of nature and the body; this created a form of medical knowledge based on historical reports and personal experiences that did not apply to seeking a cause and effect relationship and, therefore, a general order. This form of empirical and archaic medicine still exists today, not in the environments inhabited by modern medical thought, but in the concepts of folk medicine. The dissemination of information from empirical practices affects the doctor-patient relationship and presents serious risks, related to the potential delay in treatment or masking the symptoms of serious diseases¹⁻³.

The current concept that opposes empiricism is Evidence-Based Medicine, a systemic approach to the analysis of published research as a basis for clinical decision-making, a method that came to assist medical practice in better decision-making, aiming at efficacy, effectiveness, efficiency and safety^{4,5}.

It is noteworthy that science creates evidence, however to apply it is necessary that the individualities of the patient are respected, in this way for each patient profile a different evidence can be applied and be effective in its objective. In view of this, Fournier Syndrome can be classified as a polymicrobial, severe and rapidly evolving infectious pathology that affects soft tissues in the genital and adjacent regions, causing destruction of epithelial tissue and final thrombosis of cutaneous vessels, leading to local and becoming latently deadly^{6,7}.

The main risk factors for the development of this syndrome are comorbidities such as diabetes mellitus, alcoholism, obesity and other factors that lead to immunosuppression. The typical clinical picture of the affected patient is fever within 2 to 7 days, skin necrosis and crepitus, in some circumstances, pain and chills^{8,9}.

The diagnosis of Fournier syndrome is mainly based on the clinical characteristics obtained through anamnesis and physical examination, however complementary imaging tests can be useful to evaluate the lesions, as well as assist in the planning of patient care and investigations of underlying causes⁹.

Mortality caused by this disease is considerably high, even when adequate treatment is performed. Among the factors that contribute to this result are sepsis, diabetic ketoacidosis, multiple organ failure, delay in diagnosis and treatment, immunosuppression and others⁸.

In view of the above, it is extremely important that the patient is assisted early by a multidisciplinary team in a hospital unit, thus reducing complications and reducing the risk of death. For this reason, the present study aims to discuss the relationship between science, empirical knowledge and good care prognosis from an experience lived in a hospital environment⁹.

Methodology

This is an experience report of a descriptive and critical-reflexive nature of care provided in an ICU of a medium-sized hospital in the Zona da Mata Mineira region,

in the State of Minas Gerais. This experience is part of the Semiology class of the Medical Graduation of a Higher Education Institution in the State of Minas Gerais, which took place on March 30, 2022. The study was based on an interview with the patient during his stay in the hospital and review of medical records. The data were analyzed by thematic analysis, which allows the grouping and identification of similarities and divergences between the observed facts and the existing scientific productions¹⁰.

Experience Report

The discipline of Medical Semiology, with practice in a hospital environment, provides the conviviality and experience of dealing with different patients, as well as different types of illnesses, in such a way that, sometimes, cases of low incidence are found in medical practice. Therefore, the following case is clinical evidence, which will address Fournier's Gangrene in a patient from Zona da Mata Mineira.

Patient G.X., male, 53 years old, black, immunosuppressed, diabetic, liver disease and cirrhotic due to chronic alcoholism. According to his family history, he has a diabetic father, whose lower limbs were injured, which led to an amputation of both limbs, 2 months after the amputation, he died.

The referred patient reports having noticed the presence of a nodule in the genital region, which initially resembled an insect bite. When talking to neighbors about what was happening, they indicated the use of teas and the patient followed this indication for 5 days. However, noticing that the nodule did not regress and that it was progressing rapidly, with loss of sensitivity in the region, he sought care at the Family Health Strategy (ESF) of his municipality.

During the consultation, the presence of an infectious process was observed, and intravenous antibiotic therapy was prescribed, and the patient was instructed to observe the progression of the lesion, if there was no improvement in the condition, hospitalization would be necessary for clinical support and resolution of the case according to the protocol and condition of the patient. illness. After two days, the condition rapidly worsened, reaching deeper perineal regions. Thus, the patient sought the FHS again and was referred to the UPA. Upon arriving at the UPA and being treated, he was promptly transferred to the hospital.

Thus, he was hospitalized on March 8, 2022, with a swollen scrotum and perianal region, with necrotic areas, which reached the subcutaneous tissue, the muscle layer and an extensive abscess with a foul odor. Then, the team proceeded to perform surgical debridement of the infected region. In addition to the collection of laboratory tests, wound culture and blood culture, in which streptococcal infection was found. Therefore, treatment with broad-spectrum antibiotics, wound care and all the necessary intensive support was soon started. However, even with antibiotic therapy for more than 20 days, improvement of the clinical picture and appearance of the injured area, the patient presented a new infectious focus in the scrotum



region, requiring containment of progression with a new surgical approach.

During the period of hospitalization, due to the delicate condition of the patient, he remained under clinical care in the Intensive Care Unit (ICU), in isolation, due to the great risk of acquiring a hospital infection, which would worsen his condition, and may even progress to sepsis and death. With an improvement in his clinical condition, G.X began to be monitored by a urologist, being discharged from the hospital and will undergo an evaluation to analyze the need for a graft.

Discussion

The pathology behind Fournier's gangrene

The description made by Jean Alfred Fournier, a specialist venereologist, in 1883, of a disease that affected the genitals of a young man due to gangrene resulting from ligation of the genitals to prevent nocturnal enuresis or to act as a contraceptive, was the first report of the gangrene named after this researcher, Fournier's gangrene¹¹.

Fournier's gangrene is a necrotic infection of progressive or slight evolution that affects the genital region and adjacent areas, this infection is due to some factors such as lack of intimate hygiene, thrombosis, skin wrinkling, and its clinical manifestations are characterized by pain, strong odor, tissue necrosis, fever, tiredness. Its incidence is preferably male, elderly, precursors of some disease such as diabetes, cirrhosis and obesity^{12,13}.

Important data regarding the epidemiology of this disease are emphasized, which affects about 1.6 per 100,000 men, with advanced age and multiple comorbidities as a risk factor and with a significant mortality rate, which can reach approximately 40% of those infected. In addition, the sequelae resulting from this disease to those who survive are considerable, which may include sexual and urological deficiencies, with debridement that need to be reversed through reconstruction performed from grafts¹⁴.

The etiology says that there are several microorganisms that can trigger the infection capable of leading to Fournier's gangrene, these being gram-positive and gram-negative bacteria, of which the main ones cited are *Streptococcus aureus*, *Escherichia coli* and *Pseudomonas aeruginosa* that can be introduced through dermal, urinary or intestinal sources, either through infectious processes, surgery, or even trauma that can lead to the development of the disease by bacteria¹⁵.

In addition, it is also verified that the vulnerability of the conditions of a large part of the population that resides in rural areas and, therefore, has difficult access to information, treatments and qualified resources can present itself as an aggravating factor for the development of this pathology. Since low socioeconomic conditions, precarious housing, poor accessibility to public health, corroborate the occurrence of this disease^{12,13}.

The report presented is similar to the findings in the literature, since the patient fits the epidemiological profile most associated with the manifestation of the disease, as well as having the main risk factors, together with the signs and symptoms, described by several authors to characterize

Empirical knowledge versus science: obstacles to a good prognosis the disease. . Such observations reinforce the importance of knowing epidemiological data as well as the classic signs of certain diseases in order to apply the most appropriate protocol for the treatment of a pathology.

Science versus empiricism, health care mainly for rural residents

The word empiricism (from the Latin "empiria") means experience. It was first conceptually defined by the English thinker John Locke in 1690, at which time there was a clear separation between experience and result. He reports that "only experience fills the spirit with ideas", that is, based on knowledge acquired only through daily experience, so the more extensive and profound the experiences, the greater the knowledge. On the other hand, we have science defined by Aristotle as a "demonstrative knowledge", a knowledge that can be demonstrated through tests and trials, derived from the Latin, *scientia* means knowledge. However, it is not just any knowledge; it seeks to understand facts and truths in order to explain how it works. To arrive at this logic, scientists carry out various measurements, verifications, analyses, tests, tests and comparisons. In addition, based on science, we were able to advance in several areas and different aspects. Finding cures for various diseases and helping in the treatment of illnesses. Therefore, it is evident that health care would be a combination of both, since it is intended to analyze the individual as a whole and not just his pathology, disease or illness. Based on this assumption, it is extremely important to analyze the living conditions that the population faces, especially those who live in rural areas, in order to obtain a more effective result and higher quality in treatment¹⁵.

Health care in rural areas is clearly disproportionate when compared to urban areas. The scarcity of health professionals, the lack of resources such as medicines and exams corroborate that rural residents have less access to health, and this problem is not current, since it comes from long dates and even with the development of Health Care Programs in the country, this has not been completely remedied. Therefore, those who work in PHC need to seek diversified strategies that benefit rural communities even in the face of the aforementioned difficulties, knowing that there is also something rewarding to work in these communities, such as the bonds that are strengthened between the people involved and the countless lessons learned. Therefore, it is observed that in these locations, health treatments are very prevalent in an empirical form, but that they can be balanced with information and knowledge acquired from health professionals¹⁶.

Although science is based on accuracy and empiricism on experience, science depends on experience, especially with regard to observation, experiments that lead to proof, to a result, defending in the Hume project, which is to make a science of human nature¹⁷, that answers the various questions that lead to the acquisition of knowledge. The study indicates that, in the case in question, empiricism was insufficient for the cure, it contributed to the solution, since its negative experience with the use of teas (empiricism) led to the scientific experience that proved its



ineffectiveness, seeking results through of scientific knowledge. The study shows that rural empiricism, even with the advancement of alternative medicine, widely used around the world¹⁸, is not enough to meet their health demands and that science overlaps with empiricism, especially in acute cases where traditional medicine is necessary as a final and definitive solution in cases of serious diseases.

Factors that support a good prognosis

Complications related to systemic infections in Fournier Syndrome are extremely relevant, highlighting the importance of a good prognosis in order to avoid fatal outcomes. Therefore, early diagnosis and treatment are two factors that corroborate for this to happen, in order to provide a more accurate follow-up of the patient and a detailed physical examination of the lesion, using means such as imaging tests, in order to gain a better understanding of the pathology⁷.

In fact, primary care plays a fundamental role in the prognosis of the disease, and it is essential to invest in good working conditions, making it necessary to provide means, such as equipment, training and adequate environments, so that the team can provide a better service to system users. It is worth mentioning that, in addition to patient care, the family also needs support, as they often assist and perform home care and need information about the disease and how to perform this care⁹.

In 2006, the National Policy on Integrative and Complementary Practices (PNPIC) was implemented in the Unified Health System (SUS) by the Ministry of Health, through Ministerial Decrees No. 971/06 and No. 1,600/06 and updated in 2014, which regulates the insertion of Integrative and Complementary Practices in Health (PICs) in health services. Based on this, PICs are techniques that complement and integrate health actions, encouraging self-care, responsibility, a vision of the health-disease process and human ethics, in inclusion with society and the environment in which they live. The notorious view of these practices leveraged the training of professionals to perform them and make them aware of the appreciation of popular education as a way of providing comprehensive care. The traditional model of health care is focused on social roots, in this case, which may make it difficult to take a broader view to integrate complementary care into the biomedical model. However, currently PICs and folk medicine have reached space in the health area and have changed ways of learning to practice care, since these practices have unique languages and facilitate care and interpersonal relationships^{19,20}.

Furthermore, in 1992, the expression "evidence-based" was created by a group of researchers from McMaster University, in Canada, which aimed to propose an explicit inclusion of clinical research findings in the decision-making phase. In this way, the term "evidence-based medicine" applies to the use of research, with attempts to expand medical knowledge and reduce uncertainties in the clinical process during the stages of diagnosis, treatment and prognosis, all this through permanent consultations with

information produced in research and clinical epidemics. Therefore, there is already scientific evidence that people treated using evidence-based protocols have better progress than those treated only by consensus-based protocols.²¹

Thus, this new care model assesses the scientific quality of information in the health areas and represents the integration of clinical experience, patient values and available evidence in the decision-making process related to health care.

According to the Journal of Epidemiology and Infection Control, the best prognosis has been in young people and that debridement surgery is performed early and aggressively¹⁷. Based on these factors for a better prognosis, it is possible to reduce the mortality rate caused by Fournier syndrome.

In this study, analyzing Fournier's syndrome, it is not possible to discuss which way to go: empiricism or science. It was evident that empiricism, although it is one of the paths that leads to science, has no result as a way of conducting the treatment of this disease. The answer lies in the science that, through a good prognosis, found the solution for the treatment and cure of the patient.

Conclusion

Therefore, Fournier syndrome is a serious infection in the male genital region caused by Gram-positive, negative or anaerobic bacteria. In this way, lack of hygiene, diabetes mellitus, arterial hypertension, sepsis, immunodeficiency syndrome, urinary tract infection, use of licit and illicit drugs, are situations that favor the proliferation of bacteria and increase the risk of developing the disease. In view of this, it is important to recognize the diagnosis as soon as possible to reduce the worsening of the disease, having as treatment measures, broad-spectrum antibiotic therapy, early debridement, and subsequently having the conduct of a multidisciplinary measure for the effectiveness of disease control, so, in this way, it allows the surgical reconstruction of the affected areas, thus, it reduces the mortality.

Thus, it can be concluded that few cases are reports; it is worth emphasizing the importance of new research on Fournier syndrome, to develop specific and methodological knowledge to build an adequate and effective strategy for patients with the disease. Medical care is of paramount importance in the recovery and assistance of patients, with individualized care being prioritized, so that the doctor can encourage the patient and be able to solve any doubts and insecurity, being empathetic and understandable that promotes qualified and humanized assistance, because this pathology affects diverse psychosocial and emotional changes.

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