

I LIVE WITH MS

Most often, it affects young people. It comes unexpectedly and has no specific symptoms. The diagnosis can be made after detailed examination and a neurological visit. And even though until recently it was associated with a wheelchair, nowadays it is not the case anymore.

Multiple Sclerosis is not the end of the world, you can live a normal life while suffering from MS - says Dr. Justyna Hryniewicz from Dr. Hanka Hertmanowska Memorial Neurological Non-Public Health Care Center and MS Treatment Institution in Plewiska.

By: Joanna Małecka

Photos: Marek Kamiński

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Neurological Non-Public Health Care Center and MS Treatment Institution in Plewiska was founded in 2011 by Dr. Hanka Hertmanowska. And though she is not with us anymore, a sign with her name still hangs at the office door. – It feels like she is still here – say the employees. It was her who convinced patients with MS to enjoy every day life and never give up. She was an outstanding authority in the medical community and an extraordinary person for whom the patient was primarily a human being. Today her clinic is run by her son - Witosław Cieślak, who brings together fantastic doctors who continue the philosophy of Dr. Hertmanowska. One of them is Dr. Justyna Hryniewicz, a specialist in neurology who every day advises her patients how to live, surrounds them with care and manages patients with MS.

Who do you treat?

We generally treat neurological patients with various problems, but the vast majority are patients with multiple sclerosis.

What is this disease about?

It is an autoimmune disease affecting central nervous system. In the course of MS there is an abnormal immune response directed against patient's own cells, in this case the myelin

sheath nerve cells. Consequently, an inflammation occurs that damages this myelin. Damaged areas do not function properly and give specific neurological symptoms. Their spectrum is huge, depending on the location and size of the outbreaks. They can be located in various areas of the central nervous system: in the brain structures or in individual sections of the spinal cord. Often, first symptoms of MS include visual disturbances associated with retrobulbar optic neuritis. There may also be various sensory symptoms, balance disorders, dizziness, weakness in the limbs, and difficulty in walking. It happens that these symptoms are so unspecific that it takes a long time from the moment of their occurrence to the final diagnosis.

Where does it come from?

The cause is not fully understood. In the case of multiple sclerosis, there is an abnormal activity of the immune system that directs its response against its own cells, and in this particular case against nerve cells. We often encounter a genetic predisposition of the immune system to such abnormal activity. Frequently, these patients and their families have other autoimmune diseases, such as psoriasis, Hashimoto's disease, Graves' disease, type I diabetes, RA, Crohn's disease.

At what point should we go to the doctor?

It is difficult to say specifically to the patient, which symptoms can be considered trivial and meaningless, because each patient feels and experiences the symptoms differently, but generally I believe that it is better to visit the doctor three times unnecessarily than not enough. Particularly alarming symptoms are visual impairments, but also dizziness and remittent numbness in the limbs. The patients are confused by the fact that these types of symptoms persist for a certain time (depending on the patient) and disappear. Then we think that maybe something was wrong, but because it disappeared, it was not serious. And this is simple not true. This could be the onset of MS.

What is the course of this disease?

There are different forms of this disease. Definitely the most common is a relapsing-remitting form, in which after periods of deterioration (relapses) neurological improvement occurs under the influence of treatment with steroids. As a consequence of these relapses in the central nervous system, irreversible outbreaks of the disease occur. The longer the course of the disease, the less evident the relapses will be. After many years the disease changes into a progressive form. Definitely worse prognosis is in the case of the initially progressive form, i.e.

in which, from the beginning there are not relapses observed, only gradual deterioration of functional capacity.

Is it possible to somehow stop this disease?

At the moment, there is no cure for multiple sclerosis, but more and more drugs affecting the immune system appear on the market. Their task is to modify the immune system so that there is no abnormal response to body's own cells. In general, these drugs slow down the further progression of the disease, but they will not cure it. The areas of brain or spinal cord damage will never fade. And there is no way to fix them or regenerate them in some way. Thanks to the treatment, the relapses are much less frequent and their course is so mild that the patient's condition does not deteriorate so much.

Is interferon one of the drugs slowing down the course of the disease?

Yes, definitely. In patients diagnosed early, we start treatment with interferon.

Multiple sclerosis is associated with a wheelchair. Is it always the case in the final stage of this disease?

It is difficult to talk about the final stage of the disease. We fight for the progress of MS to be as slow as possible and at the lowest cost for the functioning of the neurological system. Until recently, patients suffering from MS did finally need a wheelchair. Now, with this availability of drugs and with constant progress in medicine, there are fewer and fewer disabled patients. In fact, it is a disease with a hundred faces - there are patients who are sick for many years, who are physically fit and function well in both personal and professional life, but unfortunately there are also those who despite a relatively short duration of the disease become significantly disabled.

Is rapid diagnosis and treatment important?

Yes. The rehabilitation and self-awareness of the patient is also of great importance – helps with self-care and with not giving up.

How do you tell the patient about the diagnosis?

This is a big problem, because often young patients, when they hear such a diagnosis, they deny it, think it's a mistake that does not concern them. And this is the attitude we must also understand - everyone who is not familiar with the disease, especially in the first stage of diagnosis, often needs time. The best way, after all, is to accept it and to start treatment. The disease may have different course and you have to believe that the patient will be in the „lucky” group. Dr. Hertmanowska always told her patients that they must be aware of the illness, but they should live like it was not there. That's really well said. You need to be aware of certain restrictions and just be careful about certain things. However, you can not wake up every morning thinking: I have MS.

Any special restrictions?

I believe that common-sense way of living brings the best results. It's enough to eat properly and engage in physical activity. We also advise patients to avoid high temperatures.

Have you ever had contact with a patient who, after the diagnosis, said: I am healthy, I will not get the treatment?

I have been dealing with such patients more than once. Generally, the first reaction is as if the patient was mad at the diagnosis. I understand it perfectly, because it often takes time to understand and accept it. It is often required to consult the results with several doctors. Our center most often gets patients who have already accepted the diagnosis and are consciously seeking help and treatment options.

CLINICAL TRIALS

One of the tasks carried out by our Institution is to conduct clinical trials. After the patient agrees to participate in the study, the so-called screening process begins. It may be a bit burdensome for the patient, however its purpose is to evaluate patient's current health status. During this process, a number of tests are conducted, including laboratory tests. Both Principal Investigator and the sponsor need to make sure that the patient is safe in the study, as far as possible. If the patient qualifies for the study, he or she starts receiving the study medication. The appointments are carried out according to a strictly set schedule, which we always consult with the patient. What is very important is that the tested medicine and the clinical trial activities are free of charge. In the event of an unexpected deterioration in the state of health, the patient is subjected to standard medical procedures.

At what age is MS diagnosed most often?

In young people. MS is most often diagnosed in people between 20 and 40 years of age.

What to do to not get sick?

Unfortunately, nothing can be done. It's like a runny nose that we cannot protect ourselves from.

Is the treatment expensive?

If we wanted to measure the cost of the preparation/drug itself, yes, I would even say that it is very expensive. However, in our Center we carry out clinical trials, in which patients receive the treatment – immunomodulators drugs and for these patients the treatment is free. This involves very precise supervision of the patient, resulting from neurological and general medical check-ups. Our patients are given extensive care, we do not send them back with a prescription. They can always come here, call if something happens, and we'll be happy to help.

Why did you choose this place?

I love neurology and Dr. Hertmanowska infected me with enthusiasm - her dedication to patients, to work, her faith in the possibility of helping people, a holistic view and even some kind of psychotherapy. She made the patients aware that they can live normally. I have worked in various places, including those where treatment is provided within the National Health Fund. Patients are treated like a number. I cannot work this way and I want to devote my time to the sick, after all I am a doctor.

You know, a good doctor is hard to find these days..

I always say that I am a flesh and blood doctor and I cannot imagine otherwise. I love my patients and I also have a sense of a mission. It may seem ridiculous, but as a doctor I would like to cure all my patients or help them as much as possible. I am glad that I have time for them, that we can talk in the office for half an hour (or, if necessary, longer). And if, incidentally, someone comes out of here feeling better and with the urge to fight - this is the best reward for me.

DR. HANKA HERTMANOWSKA

In 1992 she co-founded Polish Multiple Sclerosis Society (Branch in Poznań) and she was a member of Advisory Medical Committee of the General Council of PTSR (Polish Multiple Sclerosis Society) in Warsaw. Thanks to her initiative, first MS clinic was created in Poznan, which was the first one in Poland. From 1981 to 2009 she was the head of the Provincial Hospital in Poznań. In addition, she created a Rehabilitation Center for people with MS and after stroke patients in Michorzewo in 1998. In 1985, together with the team of specialists, she initiated a comprehensive, monitored care program for people with multiple sclerosis. She ran the program at the neurological department until 2006, and then she continued it in the Neurological Non-Public Health Care Complex in Plewiska established in 2011.

CONTACT

Neurological Non-Public Health Care Center Multiple Sclerosis Treatment Institution
Clinical Trial Facility, Dr. Hanka Hertmanowska Memorial Clinic Witosław Cieślak
62-064 Plewiska (near Poznan), Fabianowska 40

tel. 61 863 00 68 – patient registration between 10:00 – 16:00

cell 506 444 900 w godz. 10:00 – 16:00

neurologiczny.nzoz@gmail.com | www.hertmanowska.pl

WHAT DO WE DO?

- clinical trials in the field of neurological diseases
- comprehensive, monitored treatment of multiple sclerosis
- comprehensive, monitored treatment of Alzheimer's disease
- comprehensive neuropsychological consultations
- neurological consultations – diagnostically difficult neurological disorders and symptoms: differential diagnosis, treatment program development, monitoring the course of the disease
- borreliosis and tick-borne infections in neurological diseases - diagnosis and treatment
- psychiatric consultations: diagnostics and treatment