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Neurosurgery: A milestone in the history of the human race.

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Human Beings have always had an enemy or adversary which in many cases is unknown or unidentifiable. During the Neolithic period a rational explanation of why a healthy person deteriorated and died, was unexplainable. It was common to see them tried to find an answer to a phenomenon by attributing the cause to evil spirits. In other cases the leader of the tribe or shaman used a variety of exorcisms or magic potions to make the person feel better. An even if it was in the most rudimentary way, all of them just like all physicians, researchers and scientists share something in common: try to find a cure.

During that time, for a lot of physicians the physiology of nervous system was not quite clear and many of its functions were attributed to different organs. However some medical communities observed certain type of head injuries caused paralysis and death. They performed procedures to preserve the bodies of their loved ones and in certain instances autopsies were completed. This is an important piece of evidence that learning was in process. Several trepanation cases in Mexico, Copan Pre-Columbian Peru and Mesoamerican civilization were done for ritualistic purposes, but there is also evidence patients survived and were cured after the procedures.

Papyruses showed that 7000 years before that thanks to the actions taken by some of these ancient physicians, ended up in milestones for the 21st century. Advancements in Medical Engineering, Nanotechnology, Biomechanics, Tissue cultures, Genetic Engineering, Robotics, Stem Cells and Neuromodulation are just a few examples of the accomplishments by recent Scientific Apostles.

The implementation of Microneurosurgery, MIN, Neuroendoscopy, Neuroendoscopy vascular surgery, TAC, MRI trans-surgery, GammaKnife and Cyberknife with robotic arms and Neuronavigation showed wonderful results in our field. Immunology and Genetic Research have become essential vehicles in the early detection and origin of cancerous tumors and whether we should operate or not.

Subspecialties in the area of Neurosurgery have already been recognized in several countries. You can find pediatric neurosurgeons in several hospitals. This new discipline raises a few questions:



1.- Do we really need subspecialties in Neurosurgery?

2.- What boundaries should be drawn between each subspecialty when it comes to treating a patient?

3.- Can a specialist handle traditional neurosurgery, neuroendovascular, stereotaxic and neuroendoscopy and- radiosurgery?

If we look at the increasing number of pediatric patients with pathological conditions we can certainly see the need of pediatric neurosurgeons. In developing countries this situation could create certain kind of differences between colleagues when it comes to determining who should treat a young patient, whether a neurosurgeon or a pediatric neurosurgeon.

If we add the extreme poverty of undeveloped countries, insufficient funds to equipment hospitals properly, lack of basic medical supplies and instruments, the situation becomes worse.

Sometimes there are patients who traveled for days from remote locations to nearest hospital or diagnostic center with little or no money at all and who desperately need our help.

The Latin American Federation of Neurological Societies (FLANC), which I have had the honor of serving as Chairman, emphasizes on the importance of coming together as physicians who must be socially responsible and try to make a difference by providing the best possible care to each our patients regardless of their backgrounds or financial situation.

There are some powerful countries who used all their resources to make technological advances and develop weapons of mass destruction, but who don't share their discoveries or show support to doctors, who in reality are the ones who could turn these advances into medical miracles.

The internet is an extremely helpful tool in our field. It shows an incredible platform to disseminate information for educational purposes. You don't have limit in space or context, physicians can publish their work in the virtual Flanc-magazine, students can read case studies for school or practice, residents can see live broadcast of surgeries. There are no limits.

In the other hand Research is one of the fields where we have very minimal support in the private and public sector. Our Universities should encourage scientific research as one of the primary sources who need funding. Governments, businessman, investors, citizens, students, companies, foundations and corporate of raise funds and we colleagues should support research in order to motivate students to find answers or cures to the hundreds of diseases out there.



Recently a well-known columnist wrote how the older generation of parents used to push their kids become professors, lawyers, engineers and doctors. Now our children are facing a different reality where pure materialism is what really counts. A nice car, nice jewelry, expensive toys, maximize credit cards is the norm. The idea of been compassionate or generous is almost non-existent. Many of our political leaders abused power act dishonestly and become wealthy overnight with minimal effort. In under developed countries we should divert some of our resources to areas that really matter such as education, health and the academic training of our children either through college or technical schools.

A lot of developed countries have significant budgets allocated to research purposes. In our countries we are limited to primary research though hands on experiences, trial and error, monitor diseases and compare findings with other colleagues. Unfortunately our results and statistics are not consider a credible source.

We must change our purpose in life if we really want to feel fulfilled as professionals and human beings. We should provide the best education to our kids, support our teachers and reform our educational system. Doctors in special the young neurosurgeons are seen as natural leaders and if we can help to inspire others, this is a good start.

DR. MARCO ANTONIO MOLINA-MARTÍNEZ

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