Forum Neural Therapy
International

Fórum de Terapia Neural
Internacional

Neural Therapy and Psyche
Deep or Superficial Injections
Risks and Benefits

October 4th - 6th, 2019
Vienna, Austria

47 years Neural Therapy in Austria

In cooperation with the International Council of Medical Acupuncture and Related Techniques

Program and Abstracts

Radisson Blu Park Royal Palace Hotel, Vienna

INFO and Registration
www.forum-ntaustria.at
mail: oenr-office@acw.at

KUONI Congress
OUR NEWEST GENERATION OF INFRARED LASERS FOR PAIN MANAGEMENT AND AURICULO THERAPISTS.
Dear friends and colleagues,

It is my great honor and pleasure to welcome you at our International Forum Neural Therapy from October 4th to 6th 2019. Traditionally this is a high quality scientific symposium not only on Neural Therapy, but also addressing issues of broad interest in complementary medicine. It will certainly catch your attention. A choice of very specific topics and a wide range of workshops compose a colorful scientific program and provide hands-on experiences.

*Walter Zieglgänsberger* will give us an update on pain research, putting his focus on the autonomic nervous system, psyche and emotional issues.

*Gustav Dobos*, University of Essen, will talk about the so called “Opioid crisis”, that is the increasing abuse of opiates. The crisis started with over-prescription of opioids in the 1990s in the US. “What options are available in Neural Therapy and Acupuncture to fight mental dependency and to prevent the development of chronic pain?”

An important lecture will be held by *Ille Gebeshuber*, University of Vienna, Professor of Physics, Expert in Nanotechnology and Bionics: “Why biological regulation is so difficult to describe scientifically”.

*Michael Gurevich* from New York, *Laura Pinilla* from the University of Bogota and *David Vinyes* from Barcelona will present their neural therapeutic approach to the psyche. Together they will demonstrate their “hands-on approach” in workshops.

We hope to open a lively panel discussion concerning neural therapeutic techniques: A lecture on ”The respective benefits and disadvantages of deep and superficial injection techniques” should lead to a professional debate about efficiency and safety of Neural Therapy.

Further free lectures and interactive sessions will complete this event in our beautiful town of Vienna.

As usual, there will be a networking Get-Together on Saturday night at the renowned Hotel Sacher.

We welcome you to enjoy lovely food, networking and be part of our community in an international atmosphere.

We are happy to welcome you in Vienna.

Sincerely,

*Helmut Lierter MD*

*President NT Austria*
Committee

Congress Presidents

- Helmut Liertzer M.D. (NT Austria)
- Wolfgang Ortner M.D. (IFMANT)

Organizing & Scientific Committee NT Austria

- Helmut Liertzer
- Petja Piehler
- Regina Stemberger
- Wolfgang Ortner
- Johanna Osztovics
- Kurt Gold-Szklarski
- Thorsten Graf
- Gerda Kippes
- Gregor Fischer
- Elmar Ausserer
- Alice Brunner
- Georg Dimitriadis
- Georg Feigl
- Wilfried Ilias
- Elisabeth Pittschieler
- Mina Roschanzanir
- Andreas Sandner-Kiesling

International Scientific Committee

- Hans Barop
- Lorenz Fischer
- Dominik Irnich
- Michael Gurevich
- Hüseyin Nazlikul
- Laura Pinilla
- Felix Joyonto Saha
- David Vinyes
- Stefan Weinschenk
Friday, October 4th, 2019

Pre-congress Workshops
(For further workshops see Saturday program)

08:00 Registration

Room A (Newton, 1st floor)
09:00 Lorenz Fischer
Trigemino Autonomic Cephalgias
10:30 Coffee Break
11:00 Hans Barop
The wide Influence of affected Abdominal Organs on the Organism and NT
12:30 Lunch
13:30 Gerasimos Papathanasiou
The Body bears the Burden: Emotional Trauma, NT, and additional ways to improve healing
15:00 Coffee Break
15:30 Stefan Weinschenk
Neck Reflex Points (NRP) – Knowledge Base and Practical Application

Room B (Einstein, 1st floor)
09:00 Wolfgang Ortner
The Role of the vegetative System in pelvic Disorders
10:30 Coffee break
11:00 Elisabeth Pittschieler, Wilfried Wotke, Helmut Liertzer
Craniomandibular Dysfunction, practical Proceedings
12:30 Lunch
13:30 Petja Piehler
Psychovegetativ Symptoms. NT in internal Diseases
15:00 Coffee Break
15:30 Ralf Öttmeier
Procaine and other Infusion Concepts and Treatment with Organo-peptides for the neuraltherapeutic Practice (Sponsor: Uniqsana)

Room C (Nobel, 1st floor)
09:00 – 15:00
Informal workshop for physiotherapists in German language: Physiotherapie und Neuraltherapie
Referenten:  K. Gold, H. Liertzer, S. Linecker, J. Osztovics, M. Perner, B. Taxer

15:00 Coffee break
15:30 Siddhartha Popat
The Combination of NT with Ozone Therapy in Silent Inflammation (i.v. / i.a Applications) (Sponsor: Humares)
17:00 IFMANT General Assembly
18:00 Foyer 1st floor: Welcome Meeting
Saturday, October 5th, 2019
Neural Therapy and Psyche
Terapia Neural y la psique

Saturday – Workshops are listed at the end of the next page.

08:00 Registration

Plenary Hall (Edison 2 + 3, Ground floor)
Traducción simultánea español

09:00 Helmut Lierterz, NT Austria, Wolfgang Ortner, IFMANT
Opening Notes and Presentation of Congress Program
Apertura y presentación del programa del congreso

09:15 Walter Ziegglänsberger
Update on Pain Research, Autonomic Nervous System, Psyche and emotional Issues
Actualización sobre investigación del dolor, sistema nervioso autónomo, psique y problemas emocionales

10:00 Gustav Dobos
Acupuncture and related Techniques in the Face of the Opioid Crisis in the US
Crisis de opiáceos. ¿Qué opciones tenemos en acupuntura y en técnicas estrechamente relacionadas para combatir la dependencia mental y prevenir el desarrollo del dolor crónico?

10:45 Coffee break, Pausa café

11:15 Ille Gebeshuber
Why biological Regulation is so difficult to describe scientifically
¿Por qué la regulación biológica es tan difícil de describir científicamente?

12:15 Lunch, Almuerzo

13:30 Michael Gurevich
Challenging the Taboo: Neural Therapy is the Most Effective Tool in Psychiatry
Desafiando el tabú: la terapia neural es la herramienta más eficaz en psiquiatría

13:50 Laura Pinilla
Treatment of Mental/Emotional Conditions according to their Origin
Tratamiento de las condiciones Mental/Emocional según su origen

14:10 David Vinyes
Neural Therapy and Fasciae in psychosomatic Conditions
TN y Fascias en las afecciones psicosomáticas

15:00 Coffee break, Pausa café

15:30 Gerhard Litscher
Laser Treatment: An additional Option to Neural Therapy?
Tratamiento con láser: opción alternativa o adicional a la TN

15:50 Hüseyin Nazlikul
Vegetative Nervous System, Blockades and Manual Medicine
Sistema nervioso autónomo, bloqueos vertebrales y medicina manual
16:10 Jazmin Ariza
Secondary Mood Changes to Imbalance between the Nervous and Immune Systems and Management with NT

16:30 Maria Thompson Ansorena
Neuromodulators in the Treatment of chronic Pain: NT and Endocannabinoid System
Neuromodulacion en el Dolor Cronico: Terapia Neural y Sistema Endocannabinoides

16:40 Carme Unyó
NT in facial Nerve Paralysis. Case report
TN en la parálisis facial. A propósito de un caso

17:00 Daniela Passani Kruppa
NT for central Diabetes Insipidus. Case report
Diabetes insípida central – Caso clínico tratado exitosamente con Terapia Neural

Room A (Newton, 1st floor)

16:15 Andreas Zohmann
NT in Disorders of the Pelvic Organs – Sexual Cycle, Infertility, Urinary Incontinence in Veterinary Medicine

16:35 Demet Erdoğan, T. Acarkan, H. Nazlikul
Contribution of NT and Acupuncture in to Success Rates in Invitro Fertilization – IVF Applications and Infertility

16:55 Ralf Öttmeier
The Heart Rate Variability Analysis for Understanding the Vegetative Nervous System and its Relevance for NT

Room B (Einstein, 1st floor)

16:15 Tijen Acarkan, D. Erdoğan, H. Nazlikul
NT Approach in Postherpetic Pelvicodynia

16:35 Alice Brunner
NT in posttraumatic Stress Disorder. Case report

16:55 Franziska Pucher-Gangl
Combined Application of NT and Mesotherapy in everyday Complaints

Saturday – Workshops

Room E (Edison 1, Ground floor)
15:30 Michael Gurevich, Laura Pinilla, David Vinyes
Neural Therapy and Psyche (hands-on)

17:00 Coffee break

Room C (Nobel, 1st floor)
15:30 Karin Serrat, Regina Stemberger
The Secret behind the Surface, Liaison of Methods.
Use of NT to solve Cases. Case reports and practical Applications

20:00 Networking Dinner Hotel Sacher (Marble Hall in a festive atmosphere)
Cena conjunta de networking en el Hotel Sacher
Sunday, October 6th, 2019
Deep or Superficial Injections, Risks and Benefits

Plenary Hall (Edison 2 + 3 Ground floor)

Traducción simultánea español

09:00 Dominik Irnich
Deep or Superficial? Lessons learnt from Acupuncture
¿Profundo o superficial? Lecciones aprendidas de la Acupuntura

09:20 Hans Barop
NT and Autonomic Nerve System
TN y sistema nervioso autónomo

09:40 Laura Pinilla
From Deep to Superficial Techniques. An Application from Embryology
De técnicas profundas a superficiales

10:00 David Vinyes
Psyche and NT: do superficial injections really exist? Case Reports
TN y Psique: realmente existen las inyecciones superficiales? Reporte de Casos

10:20 Round table discussion, Mesa redonda de discusión

11:00 Coffee break, Pausa café

11:20 Helmut Nissel
Fasciae, Acupuncture and Neural Therapy
Fascia, acupuntura y terapia neural.

11:40 Helmut Liertzer
Sonographic Studies of Trigger Points – Practical Proceedings
Estudios ecográficos de puntos gatillo – procedimientos prácticos

Room A (Newton, 1st floor)

10:20
Uwe Günter
NT combined with Ozone in Cases with Pain due to Synovitis

10:40
Jason Petroutsas
Neuraltherapeutic Management of Septic Total Knee Arthroplasty

12:00 Closing Session, Ceremonia de clausura
Chairs

As you are experienced, you are aware that the most challenging part of chairing beside being well prepared is the time management, that a strict adherence to time schedule is crucial for speakers and also for the following events. We kindly ask you to be on site at least 10 minutes before the session starts. This will assure enough time to go through the schedule with your co-chair and to welcome speakers. The schedule does not include time for discussion in most of the session. However, discussions and questions are welcome and important.

Saturday, October 5th

Plenary Hall (Edison 2 + 3 Ground floor)

09:15 – 10:45    Hans Barop, Helmut Liertzer
11:15 – 12:15    Lorenz Fischer, Wolfgang Ortner
13:30 – 15:00    Laura Pinilla, Regina Stemberger
15:30 – 17:20    Hüseyin Nazlikul, Petja Piehler

Room A (Newton, 1st floor)

16:15 – 17:15    Demet Erdogan, Andreas Zohmann

Room B (Einstein, 1st floor)

16:15 – 17:15    Tijen Acarkan, Alice Brunner

Sunday, October 6th

Plenary Hall (Edison 2 + 3 Ground floor)

09:00 – 11:00    Dominik Irnich, David Vinyes
11:20 – 12:00    Helmut Liertzer, Mina Roschanzamir

Room A (Newton, 1st floor)

10:20 – 11:00    Uwe Günter, Jason Petroutsas
Trigemino autonomic cephalgias

Prof. Lorenz Fischer

The most common form of Trigemino autonomic cephalgia (TAC) is cluster headache.

At the pathophysiological level we postulate an imbalance of the autonomic nervous system (sympathetic and parasympathetic nervous system), especially of the pterygopalatine ganglion. Thereby the symptoms of TAC can be largely explained in terms of pathophysiology.

The autonomic nervous system can initiate and maintain pain and inflammation. By the selective elimination of engrams with targeted injections of local anesthetics (in the case of TAC to the "irritated" pterygopalatine ganglion), pain and inflammation can be lastingly improved by means of a "learning process". Neural therapy not only provides therapeutic results – by temporarily eliminating certain structures, it also contributes to a better understanding of neuroanatomy and neurophysiology in TAC.

Biographical note

Prof. Lorenz Fischer, MD; Bern, Switzerland
Specialist for General internal medicine (FMH), Neural therapy (SANTH), and Interventional pain therapy (SSIPM).
Former Chair holder for Neural Therapy, University of Bern.
Author of a textbook on Neural Therapy.
Contributions to various textbooks on pain management.
Vice-chairman of the International and Swiss Society for Neural Therapy.
Other publications and memberships see: https://www.en.sportsclinicnumber1.ch/neural-thearpy
Diseases of the organs of the abdomen and influence on the whole organism

Hans Barop

Diseases of the abdominal organs, in particular the gastrointestinal tract, are not only to be regarded as regional pathophysiological processes. The pronounced innervation of the organs of the abdomen by sympathetic and vagal nerves, as well as the sensitive supply by the phrenic nerve, can lead to multiple secondary diseases via the multiple afferent connections to the CNS via several spinal segments, the cranial nervous system and via the hypothalamus to the limbic system, among others. The therapy concept of neural therapy enables a versatile and causal treatment option by exploiting the characteristics and functions of the autonomic nervous system.

Hans Barop MD
22587 Hamburg, Friedrich Legahn Straße 2
h.barop@gmx.de
The Body bears the Burden: Emotional Trauma, NT, and additional ways to improve healing

Gerasimos Papathanasiou

The hallmark of Neural Therapy both as a therapeutic method as well as a philosophy is the recognition and treatment of interference fields. Although the nature of interference fields was controversially discussed in the past, it is now increasingly accepted that interference fields represent permanent neuro-endocrin-immunological stressors on the basis of chronic unresolved inflammation or parainflammation with the potential to cause vegetative instability due to the activation of the stress system and the triggering of stress responses. A variety of stressors are capable to trigger such responses, among them psychosocial stressors through activation of the cortical – limbic- hypothalamic loop. Emotional Trauma, also known as a psychic scar in NT-language, is formed in situations where the patient faces a threat to survival (or it is perceived to be so) in a state of helplessness. If it does, it may set in motion the internal trauma circuitry, which includes various structures such as the amygdala, the hippocampus, the anterior cingulate cortex, the orbitofrontal cortex, the hypothalamus and the HPA-Axis. The trauma once established is self-perpetuating on mental, emotional and somatic levels causing major impairments, healing obstacles and diseases. The whole phenomenon is being approached under the light of the polyvagal theory according to S.W.Porges. Interestingly enough, many practitioners are aware of strong emotional reactions which occur after the infiltrations of peripheral interference fields or in segmentally related with them zones. This suggests the idea that psychic content, under certain conditions can be stored in peripheral tissues and modified through an NT-intervention. Additionally other NT-practitioners observe frequently a mood improvement after completing an NT-session. This also suggests the idea that interoceptive changes as result of the treatment may alter the emotional state of the patient. It is obvious that if we are able to combine NT with methods that alleviate emotional trauma, we can achieve better and more long lasting therapeutic effects. Fortunately, a bundle of techniques known as emotional freedom techniques (EFT), provide a valuable tool in the hands of the therapist concerning this issue.

Dr. Gerasimos Papathanasiou DDS, PhD (Pathophysiology)
President Hellenic Society of Neural Therapy and Study of Homeostasis
Board International Society of Holistic Dentistry(GZM) Germany
Department of Macroscopic and Clinical Anatomy Medical University of Graz – Austria
Certified EFT Practitioner
Neck Reflex Points (NRP) – Knowledge Base and Practical Application

Stefan Weinschenk

In this workshop we will work with one of the central pillars of Neural Therapy: stoerfields (interference fields), stoerfield diagnosis, and stoerfield therapy. Most stoerfields can be found in the Head-And-Neck region. The key to diagnosing and treating these interferences lies within the examination of the Neck Reflex Points (NRP), earlier referred to as Adler-Langer points. We will learn the definition and meaning of this diagnostic process, the scientific basis to this theory, and gain practical experience in its application. This workshop includes extensive practical application of the NRP method.

The Nature of Stoerfields

The stoerfield phenomenon has been criticized in the past due to the lack of biometric and statistical evidence, which has caused the validity of Neural Therapy in general to be questioned [1].

In several studies our research group was able to show for the first time that the stoerfield phenomenon can be scientifically investigated with the help of NRP. We found that NRP are less common in healthy individuals than in chronically ill patients, and that they can be determined by different examiners with a high inter-rater agreement [2]. This is good news for those who are learning the method for the first time. We also found highly significant therapeutic effects of remote injections [3]. In the workshop, we critically discuss these results and their significance for further research and daily use in the practice.

NRP in Holistic Diagnostics and Therapy

The use of NRP expands the diagnostic repertoire of the therapist or doctor. Examining the NRP is an easy way to find clinically non-apparent stoerfields in the Head-And-Neck region. The results of the investigation provide a rational basis for further complimentary therapies. A firm understanding of the NRP makes finding indicators for stoerfield diseases in the musculoskeletal system easier, especially in situations where other methods have failed. Finally, NRP allows for immediate feedback regarding the therapeutic effects of an intervention.

Benefits for Workshop Participants

After this course, each participant will be able to apply the NRP method to search for and treat stoerfields (interference fields) within the practice.

Dr. Stefan Weinschenk, M.D., OB/GYN & Naturopathy, Karlsruhe/Heidelberg

References:
The Role of the vegetative System in pelvic Disorders

Wolfgang Ortner

Evolutionary, the pelvic organs are part of very old organ systems. This region of the body has a dense autonomic nervous network and has a particularly close connection with the personality and the emotions. This is also reflected in the role of the gut and the urinary tract. We are all familiar with the reactive urge to empty the bladder or bowels in stressful situations. Enuresis and certain forms of constipation are examples of the somatic resolution of conflicts that could not or cannot be resolved at another level.

The pelvic organs are closely linked with the uppermost instances of experience and are therefore affected to a significant extent by sociocultural influences during the imprinting phase at both verbal and non-verbal levels.

Children who are not permitted to express their spontaneous emotional responses learn to suppress feelings which induce such responses by tensing the pelvic floor muscles, among other things. This learned behavioural pattern represents a kind of survival strategy for the dependent child. The changes in respiration, haemodynamics and the muscular imbalances resulting from this conditioning are the precursors to an interference field (pretension and perfusion disorder).

This conditioning also has the effect that the individual becomes unable to perceive his/her feelings and needs adequately, which leads to destabilisation of the autonomic nervous system. Minor additional factors can then lead to a second stroke with pain and dysfunction.

Especially in children, abuse of power and aggression are not only experienced somatically in this area in particular, but also as a violation and degradation of the entire personality. Such experiences have an impact character.

This results in the danger that during the individuation phase, the inability to behave authentically will give rise to a subliminal conflict between suppressed emotional experience and the resultant exaggerated expectations, ideas or fears. The resulting blockage of the individual's ability to experience subsequently acts as an obstacle in the partnership and gives rise to a new conflict.

This subconscious conflict situation has its counterpart in vegetative pretensioning with perfusion disorders and an increase in muscle tone. Seen in a holistic light, the pelvic organs act as an expression of the overall psychovegetative situation, much like a locus majoris reactionis, whereby it is usually the musculoskeletal imbalance that causes pain.

This not only closes the base circle for the subsequent anxiety-tension-pain spiral, but also paves the way for disease and susceptibility to infection in this area due to the resulting constant immune depletion. The locus minoris resistentiae that develops as a result can then no longer withstand psychological stress at times and becomes the site at which a disease or inflammatory event arises.

Wolfgang Ortner M.D.
President IFMANT
Gynecologic specialist
2451 Hof am Leithaberge, Tannenweg 5
wolfgang.ortner@acw.at
Craniocervical (CCD) and Craniomandibular (CMD) Dysfunction, practical Proceedings

Elisabeth Pittschieler, Wilfried Wotke, Helmut Liertzer

The myofascial and neuromuscular connections between the head, neck and jaw regions are evident. In this workshop, we’d like to show you in theory and practice how to clinically evaluate signs and symptoms of CCD and CMD. After going through functional and myofascial anatomy and showing you how to palpate the most important regions in CCD and CMD treatment, we will give a brief concept how to use functional testing (parameter testing) in this area (Meerssemann test, active and passive head rotation etc.). In addition, we will give you our favorite Neural Therapy techniques and points to treat, for example injections of the M. masseter, temporalis and temporomandibular joint. Some of our patients are presented to show how the concept works clinically and in everyday practice. We’d like to share our Neural Therapy (concept) and approach of treatment with you and are happy to see you at our workshop.

Dr. Elisabeth Pittschieler
Fachzahnärztin für Kieferorthopädie
ordination@pittschieler.at

Dr. Wilfried Wotke
w.wotke@aon.at

Dr. Helmut Liertzer
Orthopedic specialist
helmut@liertzer.at
Psychovegetative Symptoms. NT in internal Diseases

Petja Piehler

The lecture aims to promote the neural therapy as a complete system for diagnosis and therapy. Reflective symptoms in case of disturbed internal organs can be investigated by palpation of the different tissue layers. Explanations of the neurophysiology of the three possible pathways of reflective signs of the internal organs and their perception by the physician. Segmental treatment of internal diseases with local anesthetics.

The lecture will also focus on the importance of the internal organ as interference field, on the therapy strategy, demonstration of technics and clinical examples. Systemic therapy with procain and the importance of the neural therapy in the global anti-inflammatory concept with treatment examples will be discussed.

The combination of the intravenous and the segmental application of local anesthetics helps to reactivate the matrix and to eliminate the neuromodulative trigger of the diseases (interference field).

The aim of the lecture is to give a tool to the participants for an immediate use in the clinical practice.

Dr. mEdison Dr. mEdison univ. Petja Piehler
Chefärztin
Innere Medizin
Ärztliche Leiterin

RoMed Klinik Wasserburg am Inn
Krankenhausstr. 2
83512 Wasserburg am Inn

Tel: +49 8071 773 07
Fax: +49 8071 774 78
www.romed-kliniken.de
Procaine and other Infusion Concepts and Treatment with Organo-peptides for the neural therapeutic Practice

Ralf Oettmeier

The neural therapy offices are more and more contemplated with complicated, complex, systemic and obviously untreatable diseases (like auto-immune, neuro-degenerative, inflammatory diagnosis). But by using the appreciated principles of neural therapeutic diagnosis and treatment, the knowledge about the nervous system and its complex interconnections it is possible also in such cases to help beneficially.

One approved instrument represents the infusion. The Procain infusion found many adherents to treat chronic pain, inflammation, rheumatism and many fields more. The background and experiences with this method were demonstrated during the workshop. But the former recommended high amount of alkaline substance (Na-bicarbonate) and the danger of inducing metabolic alkalosis as well as the often too short period of action were reasons to motivate the search for improvements. The first step in this direction was the development of ProcCluster®, an active ingredient-optimized prodrug of Procain, which has amphiphilic features to take full effects on targets and membranes. At next it was successful to convert the ProcCluster® salt into a stable form. So actually the ProcCluster® solution is available for injection and infusion by the use of self-manufacturing system in Germany (UNIQSANA).

The second part of the workshop gives an overview about other interesting substances which are available for infusion with different indication fields. This includes vitamins (vitamin C, B-complex), minerals (Magnesium), trace elements (selenium, zinc), essential amino acids, neuro-topic substances (cholinictrate, galactose) and chelators to detox (DMSO, EDTA).

Finally, many neural therapists are using remedies from anthroposophic and homotoxicologic background as additives to improve organ function and regeneration. Based on the nobel prize of Prob. G. Blobel (1999) concerning „homing effect“ we recommend the targeted use of high-quality organs-peptides complementary to the neural therapy. The palette of different peptides as well as indications is extensive and will be presented in a practical overview.

Dr. Ralf Oettmeier, MD, Head Physician of Alpstein Clinic Gais, Switzerland

www.alpstein-clinic.com

Sponsor: UNIQSANA GmbH & Co KG, see www.uniqsana.de
Friday, October 4th, Room C (Nobel, 1st floor) 15:30

The combination of neural therapy with ozone therapy in silent inflammation (i.v. / i.a applications)

Siddhartha Popat

Neural therapy has a leading position in the treatment of chronic diseases. Silent inflammation is one of the most common causes of chronic diseases, with chronic subclinical infections being one of the best uses of ozone treatment. This workshop will investigate the synergy of these two methods and shed light on their common use in practice: The detection of microorganisms by PCR, the presentation of biofilm within joints, parodontosis and jaw bones, especially by L forms of bacteria, often require more intensive treatment. Sole with the local anesthetics will maybe not be sufficient. A pragmatic approach is presented and demonstratEdison

Sponsor: HUMARES
Update on Pain Research, Autonomic Nervous System, Psyche and Emotional Issues

Prof. Walter Ziegglänsberger, Max Planck Institute of Psychiatry, Munich, Germany

Intense world-wide translational research aims to convert recent discoveries in the laboratory into better treatments for patients. New therapeutic algorithms, novel compounds and new regimes for drug treatment are emerging to help the patient to cope with a wide variety of pain states. The pain pathophysiology includes peripheral and central neuronal alterations.

Human brain imaging studies indicate that a core set of cortical and sub-cortical pathways involved in fear conditioning may be fundamental to chronic pain. Recent research has increasingly detailed the brain’s capacity for reorganization of neural network architecture to adapt to environmental needs.

All strategies for the treatment of chronic pain conditions must consider stress related comorbid conditions such as the altered hedonic state, disordered cognition and aberrant behaviours such as fear, anxiety and depression. The emotional basis of chronic pain opens up a new horizon of opportunities for developing new treatment strategies since cognitive factors such as beliefs, expectations and prior experience are key modulators of the perception of pain and can substantially modulate the efficacy and tolerability of drug treatments. Acute pain produces lasting effects in the sensory and the reward circuitry of the brain. Accumulating evidence points to brain reorganization (neuronal plasticity) with this negatively valenced affective state.

Chronic pain appears as the dark side of neuronal plasticity. The memory of pain can be more damaging than its initial experience. Chronic pain is the abnormal persistent memory of an aversive state (“Memory of Pain”). Most importantly, chronic pain is not the same as acute pain that lasts longer. Chronic pain is a disease process with different mechanisms. Anxiety and depression can be both, the cause and the result of chronic pain states.

The experience–based adaptation of expectancies (“Memory of Pain”) is best countered by overlaying it with positive new associations. They create new links in neuronal circuits and will help re-learning of context-specific safety signals. The regained ability to derive pleasure from ordinary activities is extremely important. The gradual fading of memories is an important part of memory processing. However, fear memories may be actively protected in various brain structures. Fear conditioning induces apparently memory traces, more resilient to erasure and conditioned fear responses can recover spontaneously after a re-exposure to the aversive stimulus. The brain has no simple “erase” function.

Chronic stress causes dendritic regression and loss of dendritic spines in brain neurons that is accompanied by deficits in synaptic plasticity and memory. These dendritic spines are small protrusions along the dendrites of nerve cells in the central nervous system. They are the target structure of most excitatory synapses in the brain and are functionally and structurally highly dynamic during development, but also in adulthood. Abnormal dendritic spine structure following disease or injury may represent a “molecular memory” for maintaining e.g. chronic pain states. At a conceptual level, a memory mechanism that engages dendritic spine remodelling would contribute to a broad range of intractable neurological conditions.
Acupuncture and related techniques in the face of the Opioid Crisis in the US

Prof. Gustav Dobos, University Essen Germany

The opioid crisis in the USA shows the limits of conventional medicine in a profit-oriented consumer society. The facts about this medical scandal, where the rapidly increasing consumption of opioid-containing drugs in the USA since the beginning of the 1990s can be observed, are shocking: from 1999 to today more than 350,000 deaths from prescription opioids are reported and currently two million Americans are addicted to opioids. The majority of the patients at first were suffering from chronic pain conditions like chronic back pain or headache and most likely could have been treated effectively by complementary and integrative methods. To date of the two million addicted pain patients approximately 40,000 to 50,000 die per year. The dramatic increase of opioid use occurred due to a systematic misinformation of physicians and the public by Purdue Pharma, the company selling OxyContin (Oxycodon), postulating that “the development of addiction is rare in medical patients with no history of addiction”. This targeted misinformation most probably led to the careless prescription habits of physicians in the US. In Germany, even though there is stricter control over the release of opioids by law, within 5 years (2010 to 2015) the per capita consumption of opioids increased dramatically by 50% to a nearly equal level of the American numbers and German experts predict that we might be facing a similar situation of an opioid epidemic in Germany as in the US. In the meantime, research has shown, that opioids are only in rare exceptional cases therapy options for chronic pain pain. For example, long-term effects of opioids in chronic low back pain (LBP) has never been demonstrated according to a recent Cochrane up-date and the dependence of patients on opioids for back pain is up to 24%. The opioid crisis gives sound reason to re-think therapy options and consider the use of non-pharmacologic complementary interventions for chronic pain instead, because, besides opioids, non-steroidal anti-inflammatory drugs could also have severe and sometimes fatal side effects. Acupuncture is being focused on as a therapy option for chronic lumbar spine pain, and the clinical guidelines of the American College of Physicians explicitly mention several methods of complementary medicine, including acupuncture, mindfulness-based stress reduction, tai chi, yoga and progressive muscle relaxation. The Guideline even placed acupuncture on the first line of treatment for acute, subacute and chronic low back pain. According to the experience gathered during the past 20 years in Essen by the team working at the largest Clinic for Complementary and Integrative Medicine in Germany, therapeutic local anesthesia (TLA) and Neural therapy (NT) are, amongst others, the most effective treatment methods for chronic pain conditions. Despite good evidence for TLA, because of the strong individualized concept of NT clinical studies are rare, though case reports have been published, showing the effectiveness of the method in patients, where conventional therapies beforehand had failEdison In the talk a new phenomenon observed during application of NT will be introduced: the treatment often leads to a sudden strong “Emotional Release” and thereafter physical symptom improvement. Patients treated with procaine injections reported different psychophysiological outcomes possibly contributing to the understanding of the mechanisms underlying NT. Further efficacy studies should separate specific NT from non-specific/placebo effects.
Why biological Regulation is so difficult to describe scientifically

Prof. Dipl.-Ing. Dr. techn. Ille C. Gebeshuber
Institute of Applied Physics, Vienna University of Technology
Wiedner Hauptstraße 8-10/134, 1040 Wien
Austria
gebeshuber@iap.tuwien.ac.at

As a scientist specialized in biomimetics I learn from living nature for new positive technologies. My inspirational organisms and systems of organisms can be viewed as ultimate inspiration: they function, they are based on real-world principles, and they are beautiful. If we can ever understand them, describe them scientifically, or transfer all of their amazing properties that we find interesting into our technology is another story. A similar argument holds for biological regulation. We see that it works, we sometimes watch how it fails, and we would love to be able to fully understand and describe it scientifically. And successfully apply methods based on the deep principles of biological regulation in medicine, e.g., in neural therapy and regulation medicine, for the betterment of the people. However, there are challenges to face: biological regulation is complex and shows hierarchical interconnectedness; furthermore, the processes, qualities or functions resulting from attempts to control it at times yield properties that contradict our best theories. For example, antifragility. The concept of antifragility was introduced by N.N. Taleb and is beyond resilience or robustness. The resilient resists shocks and stays the same; the antifragile gets better. The presentation will furthermore address some common mistakes in neural therapy that originate from the current lack of a closed scientific description of biological regulation, such as ballistic behavior, encapsulation (i.e., preferred application of known approaches in new, complex situations), overgeneralization, paralysis by analysis and pseudo safety (list of concepts by HJ. Schumacher).

Biographical Note:

Ille Gebeshuber is a physics professor from the Vienna University of Technology. Her approach to science is wide and holistic, and inherently trans- and interdisciplinary. 2017 she was elected Austrian of the Year in the category Research.
Challenging the Taboo: Neural Therapy is the Most Effective Tool in Psychiatry

Michael Gurevich

Since its inception, administering Neural Therapy (NT) to psychiatric patients (PP) has been contraindicated. However, for the last 15 years, this author has administered NT to hundreds of PP who had failed multiple conventional treatments with good results. Interference field (IF) created during traumatic experience has a powerful emotional component. Focusing on trauma and processing emotional impact helps to resolve IF. For example: injecting episiotomy or C-section scars facilitates the resolution of post-partum depression; segmental therapy of esophagus and stomach can resolve bulimia; Stellate Ganglia injections are proven to resolve PTSD in war veterans; pelvic injections facilitate the resolution of premenstrual syndrome. The earlier the trauma, the more severe is its psychological impact. Applying NT can alleviate the resolution of childhood anxiety, insomnia or Tourette’s syndrome. Ego dystonic hypersexuality can be resolved by prostate injections; however, in ego syntonic cases, NT may increase it. There are points that are specific to anxiety, fears and other emotions.

PP often love and request NT. Psychiatric side effects are rare. The location of mind and consciousness are unknown, but the effects of ANS on them are acknowledged, therefore NT can be therapeutic.

It is time to encourage NT practitioners to treat PP and inspire psychiatrists to learn about NT effectiveness.

Michael Gurevich M.D.

997 Glen Cove Ave, Glen Head, NY, 11545
Treatment of mental/emotional conditions according to their origin

REATMENT OF MENTAL/EMOTIONAL CONDITIONS ACCORDING TO THEIR ORIGIN

Laura Pinilla

Despite 90 years ago Neural Therapy has discovered in Germany (1), on the first half of XVIII century, there were several scientists in the field on physiology in Russia who discovered the central role which nervous system played in organism (in both physiological and pathological aspects) (2-5). That stream was named as “Nervism” and after, it was named as synthetic physiology by Pavlov. Within this physiology stream, several researches were developed in which mental and emotional states were studied (Glevob, Sechenov). Sechenov’s idea was: “all acts of conscious and unconscious life are reflexes by origin” (2, 4).

Later, at the beginning of XIX century (1901), the English neurologist Henry Head discovered that visceral diseases originated mental changes. His research was focused on acute visceral diseases in hospitalized patients (6, 7). Head, and later the Scottish semiologist James Mackenzie in 1920 (8), had the thinking that nervous system was the central axis of the physiology and pathological states in the organism (that I name as “British nervism”).

These two streams (Russian and British) are the bases for two different approaches to mental and emotional diseases in Neural Therapy. The first one, Russian stream provides the base that explains the mechanism by which associative memories are created in our nervous system. This theoretical and experimental background has supported the creation of many streams and techniques in psychology. EMDR is one of the most advanced approaches in psychology that integrates elements of other psychotherapies (cognitive-behavioral, psychodynamical, interactional therapies). Shapiro named this approach as a “synclectic method” which means the synthesis of the eclectic (9). Its approach, very close to the original concepts of Pavlovian school (in the field of the creation of inhibitory reflexes) (10), provides a good guide to treat emotional interfering fields in Neural Therapy (11, 12) or emotional pathological dominant center according to Colombian school (which is a concept originally developed by Ukhtomsky) (2, 13).

On the other hand, the second stream (British stream) provides mainly a good guide to treat mental disturbances which are generated by primary visceral diseases (6, 14).

Bibliographic References


6. Navarro, K; Pinilla L. Los aportes de Henry Head a las bases neuroanatómicas y fisiológicas de la terapia de segmento. Méd UIS.2013; 26: 33-44

Laura Pinilla M.D., University lecturer
National University of Colombia, Bogota, Cundinamarca, Colombia
lbpinillab@unal.edu.co
Neural Therapy and Fasciae in psychosomatic Conditions

David Vinyes

Anxiety and depression are the most frequent psychic disorders we attend. We present a pilot study with 20 patients with anxiety disorders, including some cases of phobias. The results obtained with the neural therapy treatment have been very satisfactory, quick and with very few sessions.

Occasional anxiety is an expected part of life, but anxiety disorders involve more than temporary worry or fear. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, school work, and relationships. The most common anxiety disorders are generalized anxiety disorder, panic disorder, and various phobia-related disorders. All these disorders are accompanied by physical symptoms (somatizations) in forms of autonomic dysfunction because the autonomic overexcitation. There exists a relationship between emotion and autonomic function due to the ANS links brain and body.

Although anxiety disorders are usually accompanied by more frequent physical symptoms (muscular tension, digestive disorders, shortness of breath...), each person has their own way of expressing their emotions, and focusing their autonomic dysfunction, also conditioned by their own life history.

Palpation is not merely about searching options of pain / no pain. It is one of the ways in which we relate to the patient whereby, as well as learning how to find their autonomic and visceral manifestations through their reflexes, we place our hand on their psychosomatic manifestations, on the fasciae where they express their emotions, not only on skin and muscle.

Terapia Neural y Fascias en Afecciones Psicosomáticas

La ansiedad y la depresión son los trastornos psíquicos más frecuentes que atendemos. Presentamos un estudio piloto con 20 pacientes con trastornos de ansiedad, incluidos algunos casos de fobias. Los resultados obtenidos con el tratamiento de terapia neural han sido muy satisfactorios, rápidos y con muy pocas sesiones.

La ansiedad ocasional es una situación propia de la vida, pero los trastornos de ansiedad implican algo más que preocupación o miedo temporal. Para una persona con un trastorno de ansiedad, ésta no desaparece y puede empeorar con el tiempo. Los síntomas pueden interferir con las actividades diarias, como el desempeño laboral, el trabajo escolar y las relaciones. Los trastornos de ansiedad más comunes son el trastorno de ansiedad generalizada, el trastorno de pánico y varios trastornos relacionados con la fobia. Todos estos trastornos van acompañados de síntomas físicos (somatizaciones) en formas de disfunción autonómica debido a la sobreexcitación autonómica. Existe una relación entre la emoción y la función autónoma debido a los enlaces entre el sistema nervioso autónomo, cerebro y cuerpo.

Aunque los trastornos de ansiedad suelen ir acompañados de síntomas físicos más frecuentes (tensión muscular, trastornos digestivos, dificultad para respirar ...), cada persona tiene su
propia forma de expresar sus emociones y enfocar su disfunción autónoma, también condicionada por su propia historia de vida.

La palpación no debe tratar simplemente de buscar las opciones de dolor / sin dolor. Es una de las formas en que nos relacionamos con el paciente mediante el cual, además de aprender a encontrar sus manifestaciones autonómicas y viscerales a través de sus reflejos, ponemos nuestra mano en sus manifestaciones psicosomáticas, en las fascias donde expresan sus emociones, no solo estamos palpando la piel y el músculo.

David Vinyes
Metge Terapeuta Neural
Laser Treatment: An additional Option to Neural Therapy?

Gerhard Litscher

Basic and clinical research on integrative laser medicine and high-tech acupuncture has been performed on a scientific level at the TCM (Traditional Chinese Medicine) Research Center Graz and the Research Unit of Biomedical Engineering in Anesthesia and Intensive Care Medicine at the Medical University of Graz in cooperation mainly with partners in Asia since 1997. More than 220 Sci/Pubmed listed articles from the research team of the author were published in this important field of research of evidence-based complementary medicine. This presentation focuses on the latest innovative aspects that underline the further enhancement and development of laser acupuncture and laser medicine as additional treatment option to neural therapy. Special emphasis is given to new methodological and technical investigations, e.g. results obtained from tele acupuncture, robot-controlled acupuncture and violet as well as yellow laser acupuncture. In addition to the presentation of the latest basic and clinical research studies of high-tech acupuncture a summary and recent results of auricular laser medicine including auricular laser acupuncture will be reported briefly. Finally new insights into laser medicine will be a further topic in this presentation.

The number of studies for example on laser acupuncture listed in the SCI/PubMed databases is steadily increasing. Altogether, in PubMed, the most important medical database, there are approximately one thousand publications on this topic as of August 1, 2019. In addition, transcranial laser stimulation has also become increasingly important, especially in recent times. This is owing to the fact that in the next few years there will be an enormous worldwide increase in so-called mental diseases such as stroke, dementia, Alzheimer’s, or Parkinson’s. Since the conventional therapy successes are rather low, one looks for new medical strategies. Such a method could be transcranial laser stimulation. Initial successes have already been scientifically proven, yet there is currently a lack of useful devices for therapeutic procedures. The first data of pilot measurement using new equipment are presented briefly as integrative part of the lecture.

The research on laser therapy is very interesting and fast-pacEdison The results are promising however further research work must certainly be invested in order to be able to use the new technical instruments as effective therapeutic methods.

Univ.-Prof. Gerhard Litscher MSc PhD MDsc

Medical University of Graz, Austria, Europe
Vegetative nervous system, blockades and manual medicine

Nazlikul Hüseyin

The ubiquitous distribution of the vegetative nervous system (VNS), the functions of which control all acts in the body, e.g. in the situation of being in homeostasis or homeodynamics, as well as in the case of diseases, makes the diagnostic and therapeutic access to the VNS possible and supports healing in combination with manual medicine and neurotherapy. The definition of a disease or rather a blockade of the spinal column or another joint is basically determined by the stimulus response of the VNS, which can disrupt the balance between the sympathetic and parasympathetic nervous systems depending on the duration and intensity of the stimulus and for this reason can lead to a disorder of an organ or a whole organ system. If a stimulus or irritation lasts long enough and overloads the corresponding regulation mechanism between the sympathetic and parasympathetic nervous systems it will lead to a manifestation of the disease or rather to blockade of the respective region of distribution depending on the predominance of one vegetative branch or the other. Because of the well developed network of the stimulation conduction system the stimulus could have happened anywhere. The response is not necessarily only at the place where the stimulus occurred and it can also be expected to have occurred somewhere else. Permanent stress (irritation of the sympathetic nervous system) causes a constant reduction of the blood circulation to various organs, back muscles, ligaments and bones. This will lead to organic diseases in the future which can persist even long after the stress situation has passEdison

Prof. Dr. Dr. H. Nazlikul
Türkische Ärztegesellschaft für Neuraltherapie und Regulationsmedizin nach Huneke e. V.
Tesvikiye Cad. No. 16/3
34365 Nisantasi – Istanbul
Turkey
hnazlikul@web.de
Secondary mood changes to imbalance between the nervous and immune systems and management with neural therapy (vagus nerve modulation).

*Ariza Tarazona Jazmín Stella*
Presentation will be in Spanish language.

Mental and mood changes associated with organic disease processes, as those reported by the neurologist Henry Head (1) since 1890, have been described but the pathophysiological pathways “that supported” it had not been elucidated. Thanks to the knowledge derived from the inflammatory reflex (RI) investigations (2), now is understood that the balance between the nervous and the immune system is the reason why patients present mood changes.

The immune system responds in an adaptive manner, where the role played by the vagus nerve (NV) is fundamental as signaler and agent for production of anti-inflammatory interleukins (IL). Recent findings demonstrate the advantages of the use of electrostimulation devices for NV, thus, if we act on the modulation of IR by NV through neural therapy, we can decrease generalized inflammatory response of a patient, reducing the proportion of proinflammatory IL that stimulate the receptors (mainly of IL 1B and IL 6) that are found in certain areas of the brain associated with processes that modulate the mood (3).

For modulate the inflammation of a specific viscera, we can work with neural therapy in the “Head áreas” or metamers, which influences and approach from the surface the viscera. If we want to stimulate NV at the abdominal level, we can do it with the application of a sympathetic abdominal or lumbar trunk; at the pelvic level, an iliohypogastric plexus; at the head level, it is stimulated with palatine tonsils or by stimulation of the sympathetic ganglionic chain.

**Biographical note**

**Dr. Ariza Tarazona Jazmín Stella**
*Carrera 88 # 18-33 interior 2 apartamento 604, Camino de Hayuelos, Bogotá, Colombia.*
Email: jazminariza2015@gmail.com

*Medical Surgeon National University of Colombia, Master Neural Therapy National University of Colombia, Teacher in Magister of Neural Therapy National University of Colombia, Researcher of group Alternative Medicine at National University of Colombia, Member of the Board ACOLTEN*
Neuromodulators in the Treatment of chronic Pain: Neural Therapy and endocannabinoid System

Maria Magdalena Thompson

Chronic pain as a nosological entity is considered the result of a sensitized state of perception of it together with an alteration of the ascending and descending regulation mechanisms of the central nervous system. The association of neural therapy with the use of cannabis and its derivatives is a new approach for these patients, in countries that are regulating their accessibility. The most benefited patients are those with oncological, neuropathic pain and associated with autoimmune diseases. Encouraging results are also included in patients with Alzheimer's and Parkinson's disease, mainly due to the central effect of cannabinoids.

Recent research at the preclinical level has confirmed the participation of these components through their interaction, directly or indirectly, with CB1 and CB2 receptors, located at the level of the central nervous system and the immune system, respectively, considered fundamental in the pathophysiology of chronic pain.

Its actions are also highlighted in the mechanisms of central and peripheral sensitization, in neurogenic inflammation and in the opioid system.

The reestablishment of the regulatory mechanisms associated with the endocannabinoid system and the neutralization of the interference fields through the use of local anesthetics open up a large field of synergistic action in this group of patients.

Both therapeutic approaches are neuromodulators and participate in the final objective that is to repair our own mechanisms of self-regulation.

Dra. Maria Magdalena Thompson  
Doctor in Medicine-Specialist in Intensive Care  
Former Assistant Professor of Physiopathology  
Neural Therapist and Teacher of Training courses in Neural Therapy and Neurofocal Dentistry  
Founding Member of the Uruguayan Society of Endocannabinology  
Adress:4 de julio 3096-Montevideo-Uruguay-South America  
Cel:+598 99581628  
email:maletthompson@gmail.com  
Doctora en Medicina-Especialista en Medicina Intensiva  
Ex Asistente de Catedra de Fisiopatología  
Terapeuta Neural y Docente de Cursos de formaciòn en Terapia Neural y Odontología Neurofocal  
Miembro Fundadora de Sociedad Uruguaya de Endocannabinologia
Neural Therapy in facial nerve paralysis. A case report.

Carme Unyó Sallent

Contributing Authors:
Unyó Sallent Carme (PhD)*, Moranta Mesquida Josep (MD)*, Gili Grahit Sara (MD)**, Solà Jürschik Romà (MD)***, Alsina Rius Gloria (MD)****, Sellés Dick Anna (Psychologist) *****, Unzurrunzaga Iturbe Rocio (MD)*.

* Department of Physical Medicine and Rehabilitation in MC-Mutual
** Department of Anesthesiology in MC-Mutual
***Neuroscience Technologies
**** Department of Plastic Surgery in MC-Mutual
***** Department of Psychology in MC-Mutual

Abstract:
Neural therapy (NT) is based on the effect of procaine in the Autonomic Nervous System function. We have not found previous studies that evaluate the effect of local anesthetics in traumatic peripheral nerve injuries.

We report a case of a 52 years old woman who was attacked by a dog. She worked as a real estate agent and her face was bitten by a dog when visiting a house. She was admitted for surgery repair in a Plastic Surgery Department where muscular and subcutaneous tissue was sutured.

One month later she was referred to our Rehabilitation Department. She was worried and downright scarred. We asked for her consent to start neural therapy to try to improve the tissue trophism of the affected area. The skin was very hardened and sticky when touched with reddened color, brighter and thicker. The physical exam revealed also a facial paralysis in the affected side and the electroneurography confirmed a moderate partial axonotmesis of zygomatic and buccal branches of the facial nerve.

Simultaneously, she started a daily rehabilitation program consisting of manual therapy for softening the tissue and specific training exercise in order to restore the maximum symmetry in the face.

NT treatment was conducted every three weeks during the first six months, and subsequently once a month. The treated area included the scars, supra and infraorbital nerves and sphenopalatine ganglion. ENG revealed a gradual improvement in CMAP amplitudes and latencies of both zygomatic and buccal branches, reaching normal values.

We enclose serial photographs taken before each treatment session. They reveal a substantial enhancement of the skin regeneration and facial nerve function.

Conclusion: we report the benefit of NT in a case of traumatic peripheral nerve injury.

Contribution of the applicant to the work presented
I was the rehabilitation doctor responsible for its follow-up and I performed the neural therapy treatment.

Bibliographical note
Central diabetes insipidus is characterized by a lack of antidiuretic hormone (ADH). This reduces the ability of the kidneys to produce concentrated urine during dehydration. Patients develop polyuria and polydipsis.

We report about a 39 year old female who, after several tooth extractions in the same session, developed a daily polyuria of 8-10 liters and a polydipsis. In addition, the patient complained of general exhaustion and difficulty concentrating. After an inpatient stay in a clinic for internal medicine with detailed diagnostics, a central diabetes insipidus was diagnosed. The micturition could be normalized by taking desmopresin.

The patient came to the practice to receive Neural Therapy. We treated her with a combination of procaine infusions and injections at the interference fields. The dosage of desmopresin could be gradually reduced and finally discontinued. One year after finishing the neural therapeutic treatment, the patient was still free of symptoms without taking Desmopresin.
Neural therapy in disorders of the pelvic organs – sexual cycle, infertility, urinary incontinence in veterinary medicine

Andreas Zohmann

Sometimes animals are suffering from diseases which do not only influence the patient’s common state of health but also the economic state of the owner. For example problems of the reproduction organs in cows like infertility may threaten some farmer’s existence. Very often the reason can be found in form of scars originating from cesarean section, which are located within the same segmental zones (dermatomes) like the ovaries. Infiltrating these scars with lidocaine or procaine 1% resulted in normalization of the sexual cycle as well as in better results of conception following artificial inseminations.

The uterovaginal plexus (Frankenhaeuser pl. in human) is another important structure to be treated by neural therapy in disorders of the reproduction apparatus. This method (the paracervical block in cows) had been described by Kothbauer (1978). The results, especially in cows, which don’t come in heat, are surprising. All responding cows came into heat exactly three weeks after neural therapy.

This method had been examined in small animals too and it might be interesting, at first it had been examined against incontinence in dogs. But this technique, which had been used at the beginning, did only block the vesical plexus (acc. to Arbeiter 1986).

We developed a technique blocking not only the vegetative fibres of the urinary bladder but also of the uterus resp. the prostatic gland (Zohmann 1994). A lot of incontinences are caused or supported by disorders of the (segmental related) inner genital organs. So the second method at the same time reaches both plexuses, the uterovaginal one and the vesical.

Not at least the paracervical resp. paraprostatic blocking is very useful for treating problems, which are caused or maintained by a disturbing field in this region. So we successfully could treat lamenesses of the hind limb which did not respond to the treatment of the locomotion apparatus but did respond to the treatment of the pelvic organs.

Andreas Zohmann DVM
azohmann@gmx.at
info@vierbeiner-rehazentrum.de
CONTRIBUTION OF NEURAL THERAPY AND ACUPUNCTURE IN TO SUCCESS RATES IN INVITRO FERTILIZATION-IVF APPLICATIONS AND INFERTILITY

Erdoğan Demet¹,²*; Acarkan Tijen¹,²; Nazlıkul Hüseyin³

¹ Yeditepe University, Health Science Institute Pathophysiology Department, Ataşehir-İstanbul-Türkiye
*E-mail: doktor@akupunktur.gen.tr
² Scientific Neural Therapy Society (BNR), Fulya, İstanbul-Türkiye
³ Scientific Neural Therapy Society (BNR) President Fulya, İstanbul-Türkiye

INTRODUCTION: Infertility is defined as not having a child within a year without any contraception despite regular intercourse.

OBJECTIVE: To assess the success of the contribution of Neural Therapy to the assisted reproduction techniques for couples who want to have a baby.

MATERIAL-METHODS: We observed 56 female patients who have applied to IVF or similar technical treatments. All of them were coming from different Gynecology Clinics and these patients admitted to our clinic as a support to their main treatment.

Patients were treated with one treatment per week in each period of 2-3 menstrual cycles, which lasts 4 to 12 weeks. During treatment neural therapy and acupuncture were applied.

RESULTS: After the treatment in total, out of 56 patients, 36 of them had babies. In 28 of them the IVF resulted with pregnancies and had children. 8 patients had spontaneous pregnancy during treatment process. 16 of them failed.

DISCUSSION: The couples, with relatively younger age and better reserves, should be granted more time for spontaneous pregnancy. Softer methods with no side effects like Neural therapy and Acupuncture should be tried.

The most important things in this treatment are neuroendocrine and neurovegetative regulation, increase of microperfusion, immunomodulation, stress anxiety and prevention of depression. The presence of a particular interference field was remarkable in most of the patients. With the elimination of disruptive areas, IVF has greatly increased success.

Neural therapy is the best way to achieve autonomic regulation, physiological and psychological balancing. More studies are needed to clarify neural therapy’s and acupuncture’s role in supporting IVF cycles.

Key words: In vitro fertilization, infertility, Neural Therapy, Autonomic nervous system.
The heart rate variability analysis for understanding the vegetative nervous system and its relevance for neural therapy

Ralf Oettmeier

The method of heart rate variability (HRV) is well accepted for imaging the sympathetic and parasympathetic system and the adaptability of vegetative nervous system (VNS) towards any kind of stress factors. By using the short as well as 24-hours measurement it is possible to find objectively distinct deviations from the expected balance and the dominance of one part depending from day-night rhythm.

The HRV is able to show the autonomic flexibility, the adaptability of the cardiovascular system and calculating the dynamics to adapt as well as the stress index. Changes of the heart rate are caused by the activity of the sympathetic “accelerator” and the parasympathetic “inner brake”. A good parasympathetic tone corresponds to a low heart rate. Fast fluctuations of heart rate reflect a well-functioning “inner brake” which is especially managed by the breathing function. Only a powerful parasympathetic nervous system can ensure a good regulation and enables our vital adaptiveness.

Sudden and unexpected emotional trauma and conflicts irritate this sensitive balance dramatically and lead often to a so-called “sympathicotonia”. In such a situation not only the heart frequency increases but also the dominance of sympathetic activity occurs during night (shown by using 24-h measurement). Beside a sensitive psychotherapy only neural therapy and additional administered systemic Procaine (infusion, capsule) is able to overcome this disturbance of VNS. In complicated cases it is necessary to make blockades at sympathetic ganglia to reach a positive breakthrough. According psycho-somatic knowledge there are existing clear relationships between the conflict content and affected organ due to this mechanism.

With the assessment of HRV results, it is possible to adapt the indication of neural therapy techniques and accompanying psycho-emotional intervention. Finally, due to repeating the HRV after a neural therapy series, we are able to estimate very clearly and objectively the vegetative influencing effect and harmonization of psycho-emotional conflicts. With some examples these recommendations are illustrative.

Dr. Ralf Oettmeier, MD, Head Physician
Alpstein Clinic, Dorfplatz 5, CH-9056 Gais, Switzerland
Mail: dr.oettmeier@alpstein-clinic.ch, www.alpstein-clinic.com
NEURAL THERAPY APPROACH IN POSTHERPETIC PELVICODYNIA

Acarkan, T\textsuperscript{1,2*} Erdoğan, D\textsuperscript{1,2} Nazlıkul, H\textsuperscript{3}

\textsuperscript{1}Yeditepe University, Health Science Ins. Pathophysiology Department, Ataşehir İstanbul Türkiye
\textsuperscript{*}e-mail: tijenacarkan@yahoo.com
\textsuperscript{2}Scientific Neural Therapy Society (BNR) Fulya, İstanbul-Türkiye
\textsuperscript{3}Scientific Neural Therapy Society (BNR) President Fulya, İstanbul-Türkiye

\textsc{Introduction:} Postherpetic neuralgia is a condition of recurring or persistent pain in an area of the body that has undergone an outbreak of herpes zoster virüs. It is thought to be caused by the damage or alteration of nerves that register pain, pressure, and other sensory nerves.

\textsc{Objective:} Evaluation of the effect of neuraltherapy in a case of type 2 herpes virus infection caused neuralgia-like pain in pelvic area in a 38 year-old female patient.

\textsc{Material and Methods:} Patient was treated in alot of clinic by non steroids and narcotic agents also with the diagnosis of post herpetic pelvic neuralgia. Her pain was 7-9/10 due to VAS scale at arrival. She appeared to be dehydrated, had sensitivity radiating from suprapubic region and was describing weightloss. Neural therapy (Quaddel T9 - S5, bilateral trunk blockage L2, uterovaginal plexus injection, sacral epidural injection, bilateral ganglion impar injection), ear acupuncture and magnetic field therapy applied in each tree days, totaly five sessions.

\textsc{Results:} After segmental, supra-segmental neural therapy, perfusion, lymphatic circulation and innervation of vegetative nervous system in pelvic region are regulatEdison After the first session patient described %50 decrease in pain (3-4 /10 VAS). The pain was completely gone after 5th session. In the two year follow-up, she never had complaints of pain or sensitivity.

\textsc{Conclusion:} Pelvic neuralgia caused by vegetative disfunction in the postinflammatory process of Herpes Simplex was regulated by neuraltherapy injections.

\textsc{Discussion:} Neural therapy is an effective and curative treatment method comparing with analgesics and antivirals at postherpetic neuralgia.

\textsc{Keyword:} Neural therapy, postherpetic neuralgia, regulation, segment, inflammation, pelvicodynia
Neural therapy in posttraumatic stress disorder. Case report

Alice Brunner

Without warning, a life-threatening situation due to a heart attack occurs. This is followed by an emergency operation, intensive care unit and rehabilitation. Patients are continuously under exceptional circumstances. Finally discharged from hospital by the doctors, only at home they become aware of remaining issues: a big scar and panic attacks.

Traumatizing illnesses or operations may lead to serious psychological consequences. How neural therapy can be a solution is exemplified by a cardiological case.

Alice Brunner MD
Straßganger Straße 205, 8052 Graz
praxis@brunner-schmerz.at

Lecture on the combined application of neural therapy and mesotherapy in everyday complaints

Franziska Pucher-Gangl

The lecture will give you an overview of the possibilities of combining neural therapy and mesotherapy in one therapy session. After a short introduction about the essence of mesotherapy, I will show you which stitch techniques are possible and which substance mixtures are possible for which symptoms.

For example, cervicobrachialgia, back pain, tennis elbow or knee joint problems.

Thus you have a further therapy possibility, if neural therapy alone should not alleviate sufficiently.

Franziska Pucher-Gangl  M.D.
Am Grünanger 57/2, 8130 Frohnleiten
fpg1@gmx.at
Deep or Superficial? Lessons learned from Acupuncture

Dominik Irnich

Neural-therapy and acupuncture are related therapies. They both use the needle to regulate the vegetative nervous system and to resolve disturbed function of various body structures. In addition, both therapies make use of the segmental organization; meaning that the location of the treatment stimulus within dermatomes, myotomes, sclerotomes etc. is selected in a way to maximize segmental inhibitory processes.

At this, it is regularly debated whether needles should be placed superficially or deeply penetrating deeper skin layers and muscle tissue. This question is even debated independently of the fact that neural-therapy also involves the injection of local anesthetics as an additional treatment element.

It can be assumed, that cutaneous superficial stimulation activates a variety of polymodal sensory afferents. The deeper stimulation, in contrast, is rather likely to activate proprioceptors as well as other tissue specific receptors. Thus, the later strongly depends on the structure and characteristics of the target tissue.

Consequently, superficial and deep stimulation can be deemed to have different treatment effects. Empirical evidence shows that for pain treatment cutaneous stimuli can be most effective, if they are placed at the most sensitive spot within the respective dermatome. This knowledge has been adopted primarily by the very point technique ® according to Gleditsch and applies to wheal treatment as well as superficial acupuncture with short needles. The tissue orientated deeper penetration e.g. the treatment of myofascial trigger points requires precise identification and reaching of the target structure. The combination of segmental points, heterosegmental distant points, paravertebral segmental stimulation and deep needling is experienced as particularly effective in acupuncture practice and might also contribute to an optimization of neural-therapy. This talk will outline possible applications of these well-established acupuncture principles for neural therapy on the example of common musculoskeletal pain syndromes.

Prof. Dr. D. Irnich

President German Medical Acupuncture Association (DÄGfA)
Head of the Multidisciplinary Pain Centre
Department of Anesthesiology
LMU University Hospital Munich
Pettenkoferstrasse 8 A
80336 München, Germany
www.schmerzambulanz-muenchen.de
Autonomic nervous system and neural therapy

Hans Barop

The modulating or causal influence of the autonomic nervous system on numerous diseases in the areas of inflammation, pain, degeneration and allergy is as logical as it is causal in neural therapy. The neuroplasticity of the autonomic nervous system seems to play a decisive role in the pathophysiology of chronic diseases. The therapeutic relevance is to be illustrated on the basis of neuroanatomical and neurophysiological basics with the help of exemplary casuistry.

Hans Barop MD
22587 Hamburg, Friedrich Legahn Straße 2
h.barop@gmx.de
FROM DEEP TO SUPERFICIAL TECHNIQUES. AN APPLICATION FROM EMBRYOLOGY

Laura Pinilla

Since its origin, practice of Neural therapy has been traditionally used deep injections to act on nervous system. Different deep injections are classically known: stellate ganglion, lumbar sympathetic chain, celiac ganglion, upper and middle cervical ganglia, among others. These techniques have been frequently used by neuraltherapists in the treatment of patients according to Huneke and Vishnevsky schools (1, 2).

However, from the last years, it seems evident that deep techniques are no longer the first option or the first technique that a neuraltherapist must apply in the medical practice of this specialty but it must be the last option before trying to make superficial injections (3).

Several explanations could be supporting this last trend in Europe and Asia: acquired and accumulated experience in the practice of Neural Therapy and knowledge application from other medical systems (as acupuncture and osteopathy). But, what could be other explanation that can be a solid scientific support for this trend? An application derived from embryology which is directly related with nervous system could be an illuminating foundation.

It is widely known that the organization of spinal cord and the peripheric nervous system keeps the original division from the segmented paraxial mesoderm by means of the somite. The derived tissue from this division are dermatomes, myotomes, sclerotomes, viscerotomes (4, 5).

Dermatomes and zones after Henry Head (6, 7, 8) and researches made by James Mackenzie (9, 10) about the influence of nervous system in the developing of diseases are the reliable proof that embryologic distribution of the organism keeps alive and always can provide lights in the semiological, diagnostic and therapeutic fields of clinical practice. In Colombia, inclusion of this knowledge derived from Head and Mackenzie researches have allowed to treat effectively patients in Neural Therapy practice in less time than before with the minimum requirement of making deep injections and, in consequence, minimizing the risk of adverse effects. In a recent study (unpublished data), we found that deep injections were used in less than 10% of the interventions with the interesting find that in more that half of the interventions, visceral treatment was used regardless the pain was of musculoskeletal origin.

This new embryological approach has allowed to treat acute pain effectively in hospitalized patients, and even, in patients from the emergence department with any report of adverse effects (11). In this lecture, author will show a hypothesis with the aim to explain why the other approaches derived from acupuncture and osteopathy have allowed to achieve similar results and why visceral treatment is so important.

References

6. Navarro, K; Pinilla L. Los aportes de Henry Head a las bases neuroanatómicas y fisiológicas de la terapia de segmento. Méd UIS.2013; 26: 33-44

Laura Pinilla MD, University lecturer
National University of Colombia, Bogota, Cundinamarca, Colombia
lbpinillab@unal.edu.co
Depth and length are two different terms that we usually use together in TN, that is, we define the depth of the injection based on the length of the needle. Both terms are measured in centimeters.

But depth can also refer to aspects that cannot be measured in centimeters. There are superficial injections that can have very very deep effects. We are going to present some cases of patients who obtained important results in their psychic conditions after injecting into somatization points, which also suggests that there were effects on their deep structures, which include their limbic system.

**David Vinyes**

Metge Terapeuta Neural

---

La profundidad y la longitud son dos términos diferentes que usualmente usamos juntos en TN, es decir, definimos la profundidad de la inyección en función de la longitud de la aguja. Ambos términos se miden en centímetros.

Pero la profundidad puede referirse también a aspectos que no pueden medirse en centímetros. Hay inyecciones superficiales que pueden tener efectos muy muy profundos. Vamos a presentar algunos casos de pacientes que obtuvieron unos resultados importantes en sus afecciones psíquicas después de inyectar en puntos de somatización, lo que nos sugiere también que hubo efectos en sus estructuras profundas, que incluyen su sistema límbico.

**David Vinyes**

Metge Terapeuta Neural
Fasciae, Acupuncture and Neural Therapy

Nissel Helmut

Acupuncture has been an empirically developed therapy method for over 3000 years. The "how" and the "why" of the effect did not play a role at first. It was not until the 1950s that the first scientific studies on the effects and morphology of acupuncture and acupuncture points (Bischko, Kellner, Pischinger etc.) were carried out. As much as we know about acupuncture points, as little is known about the acupuncture meridians.

Neural Therapy developed from anatomical and clinical findings. The first description of the sympathetic nervous system was done by Willis in 1664. The projection (referred pain) of organ diseases on the trunk after Head in 1893 and on the muscles after Mackenzie in 1917 are to be mentioned. The groundbreaking work of the Huneke brothers in 1925 represented a milestone. Neural Therapy sees the vegetative nervous system in the system of basic regulation or matrix as an ubiquitous synapse for information and pathological inflammations (Ricker 1924, Pischinger 1969).

There are numerous similarities between these two therapy methods:

- Medium of action (vegetative nervous system, basic system)
- Therapy (most acupuncture points are also used in NT)
- Location (local, segmental, regional, "holistic")
- interference field

The injection of Lidocaine / Procaine to the points and also to nerves and ganglia is reserved for NT.

Subsequently, anatomy/histology of acupuncture points as well as fascial structures in the course of acupuncture meridians will be discussed and further possible similarities will be worked out.

Prof. Helmut Nissel MD
Honorary president, Austrian Society for Acupuncture
helmut.nissel@akupunktur.at www.nissel.eu
Sonographic Studies of Trigger Points. Practical Proceedings.

Liertzer Helmut

Basis of any diagnosis and therapy in the acupuncture and neural therapy are the detailed medical history, the observation of patient reactions and the palpation of superficial and deep structures. Muscular trigger points which quite often are the cause for pain radiation to distant areas are important for the diagnosis and treatment of pain syndromes of the musculoskeletal system.

Findings and descriptions of trigger points are found in scientific papers since more than 100 years. The standard work is considered to be the "Trigger Point Manual" written by J. Travell and D. Simons (1983). R. Melzack, D. Stillwell and M. Fox already in 1977 noticed that acupuncture points are corresponding with trigger points. P. T. Dorsher (2006) was able to show that more than 90% of the typical trigger points, mentioned by Travell and Simons, are related to the anatomically appropriate acupuncture points. (Although trigger points can develop also in other parts of the musculature.) More than 70% of these points showed a correlation of meridians and the myofascial pain radiation. H. Heine (1987) was the first who recognized and described that at these points neurovascular bundles perforates the superficial fascia. H. Liertzer (2000) found by sonographic studies of typical trigger-, acupuncture points that neurovascular bundles also perforate the deep fascia exactly where the points are located. It can be indeed possible that the stenosis of the blood flow through the hypertension of "tense" muscles leads to a local hypoxia and an edema activating the trigger points. Other activating factors such as an overload, overstretching or trauma will result in a local lesion with a partial rupture of the sarcoplasmic reticular tissue, a dysfunction of the motoric end organ releasing a permanent Ca²⁺-ion current which will lead to the so called “rigor complex” the trigger point, which is accompanied by a hypoxia leading again to an edema. In long lasting chronic cases the permanent hypoxia will result in irreversible changes of the connective tissue and fascia. (U. Böghi R. Gautschi).

It is contradictory to the individual principles of neural therapy, but on the other hand quite useful to have also some ideas to start with. The so called “magnificent 4” are trigger points (and acupuncture points) used for the treatment of the lower cervical syndrome with the result of an immediate release of the muscular hypertension. These points which are situated under the medial border of the scapula (B43 – Kao-huang / B44 – Shen-táng) and in the region of the crossing M. trapezius – M. levator scapulae will be discussed as a typical local trigger point treatment which can be supported by treating the distant points.

Helmut Liertzer M.D.
helmut@liertzer.at
Medical Promotion: 1977
1981 Alfred Pischinger Scientific Award
Board certified as an orthopaedic specialist: 1983
1994 - 2007 Head of the Department for Orthopedic Pain Therapy (Herz-Jesu Hospital, Vienna)
President of the Austrian Society of Neural Therapy
Deputy director of IFMANT (International Federation of Medical Associations of Neural Therapy)
Neural-therapy combined with ozone in cases with pain due to synovitis

Uwe Günter

Procaine as a local anesthetic is working on the sodium-potassium-channels and by his cleavage products paraaminobenceoacid and diethylaminoethanol as an antihistamine, vasodilatator and anti-inflammatory drug.

Ozone is a reactive oxygen species. In the concentration under 200µg/ml ozone reduces inflammation in the cell. Ozone molecules are able to stimulate growth of cells in tissue, cells and mitochondria, of interferons, enzymes and other antimicrobial factors. The injection of ozone in joints has a big advantage in pain management and therapy.

The history of Procaine is well known. For more than 100 years is Procaine used successfully.

In 1981 Fahmy demonstrated the first intraarticular injection by medical Ozone in gonarthrosis.

Since 1990 Bocci et al. showed that medical Ozone increases the production of cytokines such as interferons and interleukins. Chang et al. presented in 2005 the interactive mechanisms between medical Ozone and rheumatoid arthritis in synovial fibroblast cells. The intra-articular injection of medical Ozone at 40 µg/mL can effectively suppress the joint swelling caused by RA in rats and reduce the pro-inflammatory cytokines such as TNF-α and IL-1β also in rats.

In the cases with therapy-resistant post-operative or non-rheumatoid synovitis the neural-therapy is able to reduce the inflammatory activity of the specific fibroblast-like synoviocytes. Especially in the acute stadium the sympathetic nerve is provoked a neurogenic inflammation by the known transmitters and is to treat by local or segmental injections including the joint combined with medical Ozone, by regional injections on nerves and ganglions and injection of local anesthetics in indifference fields or scares.

Based on different sample cases will be demonstrated with any pictures.

Dr. mEdison Uwe Günter
Vizepräsident der Deutschen Gesellschaft für Akupunktur und Neuraltherapie (DGfAN)
www.biologische-orthopädie-berlin.de
Neuraltherapeutic management of septic total knee arthroplasty

Petroutsas J.A., Liosis K., MD, Papathanasiou G., Dr. MEdison dent.

A 63-year-old lady presented with debilitating pain on her left knee. The symptoms were as hard as not to allow her everyday activities such as washing the dishes longer than 10 minutes. She suffered a serious infectious disease when she was 24. Unfortunately, she could not give us any further details, but she remembers lying in hospital for at least three months. Her left knee was also infected and pus run out of it for some time. 14 years later she underwent total knee arthroplasty (TKR), which never became totally pain free.

At the age of 50 she underwent revision, probably because of loosening of the prosthesis. Long stems were implanted with an extended use of bone cement. This technical detail is important because it does not allow the femoral stem to be taken out in the future. The short-term results of the second operation were excellent, but the knee became septic after approximately two years. This was also confirmed by bone scintigrams. Antibiotics were given i.v. and then orally for a period of many months. Three to four efforts to stop their administration failed because of clinical exacerbation of the symptoms as well as rapid deterioration of the laboratory results. It seemed as if we had to deal with a “No way out situation”.

The rest of the patient’s medical history comprises an appendectomy at a young age and a lymphoma at the age of 40. 27 of her 32 teeth have been taken out and the rest have been restored with crowns and a partial denture.

At the time of the patient’s presentation, her left knee was extremely swollen and had a range of motion of 40°. It was tender especially at the inner compartment and the insertion of the quadriceps tendon. What particularly gained our attention, even though it did not surprise us, was the skin of the area, which was full of big, thick scars. This led us to the thought to try neural therapy. We had nothing to lose and on the other hand the treatment of a big interference field could theoretically improve the function of the immune system and alleviate the septic conditions.

We performed infiltration of the scars and the patient felt a slight alleviation of the pain immediately when she got off the examination table. She came back every two to three weeks (She lives in the province and has to fly about 40’ every time and get back home at the same day) for the next 4 months. During those follow up sessions we also begun to deal with the rest of the interference fields, such as the appendectomy scar, the mouth and the tonsils. Our sessions led to an astonishing improvement, she never had to take antibiotics again and she was able to stand the whole day, she even begun to dig her garden. She then continued treatment till now, approximately four to five times every year.

Unfortunately, she never gained a better range of motion, but this is not affecting her life very much. Every now and then, a fistula beneath the knee, at the anteromedial aspect of
the proximal tibia, begins to drain sanguinopurulent liquid, but it stops usually three weeks afterwards without further clinical sequelae.

Two years after the first consultation, the laboratory results were improved: total leukocytes= 5600 (58,3 % neutrophils, 30,8% lymphocytes), Hb= 12,6%, Plt= 235.000, Sedimentation rate= 54, CRP= 0,1 (lab limit 0,5).

We think that the case is a rather unusual indication for neural therapy. We clearly did not definitely solve the problem, but we gained control of the situation and gave the patient a much better life, she is now almost pain free and very satisfied with her activities. Further thoughts and investigations are undoubtedly necessary to explain all the facts. Nevertheless according to our opinion, the case shows that limits of neural therapy can be very broad.

Petroutsas, Jason MD
1Hellenic Society for Neuraltheraphy and Study of Homeostasis
15, Mpizaniou Str., Papagou 15669
Greece
hellenicfoot@gmail.com, jpet80@otenet.gr
Clinical benefits of neural therapy in patients with idiopathic tinnitus.

Marisol Estrems Membrad, Montse Muñoz

Background
Tinnitus is a worldwide impairing disorder with serious effects on daily life and no specific treatment. The aim of this study is to describe clinical evolution of patients with idiopathic tinnitus treated with Neural Therapy (NT).

Method
Quasi-experimental retrospective clinical study of 75 patients with idiopathic tinnitus treated from March 2017 to May 2019. NT was done on a medical history basis plus taking into account but not always injecting in ear segment including acupuncture points (TB-16, TB-17, TB-18, TB-21, TB-22), temporal, occipital and cervical region as intravenous injection (iv). The perception of tinnitus’ improvement was rated on a four-point scale. Data collection was carried out using Excel and the statistical analysis was done by an independent professional using IBM SPSS program with a 95% IC.

Results
Clinically favorable improvement was detected in 72.5% patients (47.5% great, 25% mild), 27.5% showed no change. No patient symptoms worsened. Statistically significant improvement was seen in patients with segmental ear treatment (p<0.05). There were no significant differences between patients who received injection to the pterygopalatine, otic ganglion or iv injection (p>0.05). 12.5% patients reported total/important relief after iv. The evolution time was not a determining factor in the treatment outcome.

Conclusions
The favorable evolution of the patients treated in the present study suggests that NT could be a useful tool in idiopathic tinnitus. Those patients who received treatment in the ear segment and/or intravenous showed greater improvement.

Marisol Estrems Membrad M.D.; General Surgeon; Master in Neural Therapy; Assistant professor in technical practice (Master in Neural Therapy and Neurofocal Dentistry, Campus Docent Sant Joan de Déu – Barcelona University).
Surgery Department, Mollet Hospital. Ronda General Mitre 98, 3-1. 08021 Barcelona, Spain. draestrems@gmail.com
Montse Muñoz M.D.; Internal Medicine; Master in Neural Therapy and Neurofocal Dentistry Neural Therapy Research Foundation; Campus Docent Sant Joan de Déu (Barcelona University)
HANDLING OF OSTEOARTHRITIS ON THE TEMPOROMANDIBULAR JOINT THROUGH BIOREGULATORY AND BIOMECHANICAL TREATMENT

• Dr. Juan Carlos Salinas, DDS, Specialist in Temporomandibular Disorders and Orofacial Pain, Master in Dental Sciences with a mention in physiology, Neural Therapist, Acupuncturist, Integral Clinic of Orofacial Pain, School of Dentistry, University of Chile

• Dr. Paula Belén Hermosilla Traverso, DDS, Master in Neural Therapy, Integral Clinic of Orofacial Pain, School of Dentistry, University of Chile

Materials and Methods: Case Report
The case of a 59 year old feminine patient, diagnosed with depression (Clonazepam, Quetiapine) and hyperthyroidism on 2014, is being describEdison The patient made consultations because of pain on the left mandibular joint, at rest and operating. That pain deepens in February 2019, after maintaining a mouth opening through a dental treatment session. On May 2019 the patient made a consultation after an acute pain episode (9 on VAS) on the left mandibular joint. Additionally, she had limited mandibular mobility, supplemented by a pop and crackle on the left side of the mandible. A cone-beam is required, on which radiographic discoveries of degenerative type are found: subchondral cyst and osteophytes.

Conclusion
The patient showed a significant improvement on the pain, both in functionality (from 9 to 3 on VAS), and at rest (from 9 to 0 on VAS). The goal of the interocclusal device was to improve the interarticular pressure and the mandibular stability (5), creating a more stable mandibular biodynamic.
The bioregulator treatment, the acupuncture and the neural therapy were conducted in order to incite the bone repair and regeneration on the joint surfaces, which could show up on a future CBCT. The case in question represents a new therapeutic line, considering that great deals of these cases are resolved through an arthrocentesis surgery and corticosteroids infiltration. However, we suggest conducting more research and further studies in the area.
Treatment of Intestinal Dysbiosis and Periapical Lesion on Tooth 36

Lucy Shiratori Tusita, Maura Kawano Hokama

Our clinical case study describes a patient with a 2 year history of intestinal dysbiosis, with diarrhea and significant weight, memory and hair losses.
Main clinical and radiological findings: Gluten intolerance; severe periapical lesion on tooth 36 with no cavities and no comorbidity.
In terms of therapeutic local anesthesia, we injected procaine at 0,7% on the abdominal segment, tooth 36 and Masseter and Temporal muscles trigger points.
Endodontic treatment was redone using ozone. For the first 3 months the patient took probiotics. Since the gluten free diet started, the patient presented no diarrhea. After six months, the combination among all the procedures: the procaine injections, the gluten free diet and the dental treatment solved the patient problems.
A plausible explanation was a circuit maintained, sympathetically, encompassing large intestine/lung meridian and tooth 36.
We believe our treatment got its best possible results due to the fact that after 6 months the patient was symptoms free.
After 2 years, radiographic exams showed that the patient is still in good health without the need to take any kind of medication. Our treatment which we registered as 2D Approach is a successful combination between medical and dental procedures and treatment.

Lucy Naomi Shiratori Tusita, DDS
- IBTN President – Brazil, 2016-2018.
- Neural Therapy Course- IBTN, Brazil, 2014.
- Biological Sciences, Masters Degree - Universidade de São Paulo, Brazil, 2009.
- Prosthodontics Specialist - Universidade de São Paulo, Brazil, 2009.

Maura Kawano Hokama, MD
- IBTN President – Brazil, 2018-2020.
- Neural Therapy Course- IBTN, Brazil, 2016.
- Neural Therapy, Masters Degree - Universidade de Barcelona, Spain, 2018.
- General Clinic Specialist - Universidade Federal de Mato Grosso do Sul, Brazil, 1990.
- Accupuncture Specialist- SMBA , Brazil, 2003.
- Medicine - Universidade Federal de Mato Grosso do Sul, Brazil, 1988.

DDS Tusita, Lucy Shiratori, MD Hokama, Maura Kawano
IBTN- Instituto Brasileiro de Terapia Neural
Rua Mario Amaral, 172 conjunto 43 São Paulo – SP
CEP 04002-020
Brazil
Email: lushiratori@gmail.com, maurahokama@gmail.com
With special thanks to our sponsors.
Xylooneural-Ampullen/Ksylooneural-Durchstechflasche: Zusammensetzung: 1 ml Injektionslösung enthält als Wirkstoff 10 mg Lidocainhydrochlorid. Sonstige Bestandteile: Natrumchlortrid, Natrumhydroxid (zur pH-Wert Einstellung), Wasser für Injektionszwecke, bei Durchstechflaschen zusätzlich 1 mg/ml p-Hydroxyessigsäuremethylester (Konserverungsmitte).