

Neural Therapy

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Abstract:

Neural Therapy is a treatment system for chronic pain and illness. It involves the injection of local anesthetics into autonomic ganglia, peripheral nerves, scars, glands, trigger points, and other tissues. It is believed to act through normalizing the illness-related dysfunction of the nervous system. Even though certain Neural Therapy procedures are widely used in the U.S. (regional anesthesia, epidural injections, trigger-point injections), Neural Therapy as a comprehensive healing system is virtually unknown to most practitioners. In Europe's German speaking countries it has become one of the most widely used modalities in the treatment of chronic pain and intractable illness. Four theories will be discussed which can explain the dramatic effects that the neural therapy injection can have on the patient's illness or pain.

For courses by Dr. Klinghardt, see preceding page of this issue.

The Nervous System Theory

It has been shown in most cases of chronic illness that there are associated changes in the autonomic nervous system with changes in the membrane potentials of ganglia and nerve fibers, which lead to changes in conductivity (1,2,3,4,5). Under certain circumstances, the dysfunction can spread to neighboring ganglia and affect both afferent and efferent fibers. Abnormal signals from the periphery can overwhelm the control mechanisms at the spinal cord level—the “gate control mechanism”(6) and it can come to a “mass effect” in the spinal cord (7). The mass effect is a state of electrical chaos as the spinal cord level with failing control and selection mechanisms. Abnormal neuronal signals are now flooding the brain, leading to disturbances in the central nervous system and secondary changes in the immune system, hormonal system, digestive system, reproductive system etc. The central changes in turn, facilitate the continuation of the original changes in the periphery, and a vicious cycle is created (1).

Neural Therapy is the attempt to break this cycle. The first step in Neural Therapy is the attempt to find the “primary lesion”, the structure that originated the causative abnormal signal and started the cascade of abnormal events. In Neural Therapy jargon, this structure is referred to as the “interference field” or “focus” Frequently, the focus is a site of injury, perhaps a scar or a subclinical illness such as chronic sinusitis or an asymptomatic tooth abscess. Any acute illness can leave the affected structure or organ dysfunctional and as a chronic active focus - in spite of apparent recovery from the original illness [1]. An acute upper respiratory tract infection can leave the sinuses as a long-lasting focus creating chronic illness in the affected person. A sinus interference field is frequently responsible for such varied symptoms as chronic severe neck pain, migraine headaches, chronic fatigue, and premenstrual syndrome.

Once an interference field is suspected or found, it is treated with the injection of a local anesthetic into the relevant

tissue.

We know that local anesthetics restore membrane potentials in nerve cells. The effect is fairly specific to nerve tissue because of the lipophilic character of local anesthetics. Experiments by Albert Fleckenstein at Freiburg University in West Germany (the codiscoverer of the sodium-potassium pump in the cell wall and discoverer of the calcium channel), under whom I have studied, have shown that this restoration of membrane potential can outlast the relatively short action of the local anesthetic by days, weeks, months, or years. Fleckenstein explains that once a nerve membrane has lastingly lost its electrical potential of -80mV and is lastingly hypo- or hyper-polarized, the channels, ion pumps and other transport mechanisms in the cell itself cannot work properly [2,8,9]. Certain waste products of the cell's metabolism cannot be eliminated from the interior of the cell and “toxic waste” accumulates inside the cell. This toxic waste in turn becomes responsible for the perpetuation of the abnormal membrane potential.

By restoring the membrane potential for only 30 minutes or 1 hour with the precise placement of local anesthetic, the function of the cell wall is restored for this period of time. The cell uses this time to eliminate a sufficient amount of the “toxic waste” to, often lastingly, regain normal function. This phe

nomenon can explain the often curative effect of the Neural Therapy injection. Therefore, the procaine injection is not different from the injection of liquid electricity into the neighborhood of the abnormal tissue. Local anesthetics have also been shown to block the anterograde axonal transport inside the nerve axon for up to 3 days with a single injection. It is well accepted that in chronic pain the transport of excitatory neurotransmitters such as substance P is involved in sensitizing peripheral nociceptors. If this transport is stopped for a sufficient amount of time, the build up of unused substance P in the nerve cell is causing an inhibition

of further production of substance P and pain levels are permanently downregulated. The techniques used in Neural Therapy have to be divided into (a) direct techniques and (b) indirect techniques.

a) Direct techniques deal directly with the interference field, and involve:

1. Infiltration of scar tissue,
2. Injection of autonomic ganglia or epidural space
3. Surgical excision of scar tissue and extraction of devitalized or infected teeth
4. Infiltration of sinuses
5. Sometimes surgical removal of chronically infected appendix, section of bowel or deadbone

5. Removal of tattoo, implant, metal clips, metal plates or other iatrogenic problem

b) Indirect techniques are referred to as “segmental

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the same neurological segment in which the ill organ is situated or in which the patient's pain is located, a beneficial effect can be achieved. This is using the so-called cutaneo-visceral reflex and the periosteovisceral reflex [1,11]. The skin shares the same autonomic innervation as the underlying deep tissues and organs. By injecting the dense autonomic fabric in the skin a dramatic effect on the inner organs and spinal structures can be easily and safely achieved. Infiltrating the skin overlying the lung [10] leads to increased blood flow and bronchodilation within the lung. This has been demonstrated through arteriographic, thermographic [12] and other studies. Paravertebral segmental injections also belong in this category [1,10,13]. In the US the famous physiologist Irvin Korr, PhD demonstrated that by raising the skin temperature of the mid thoracic spine also the temperature of the mucous lining of the stomach would be raised—mediated by the cutaneo-visceral reflex.

The conventional nerve blocks given by anesthesiologists and pain management physicians—the injection of sensory nerve endings and sensory nerves—are indirect techniques closely related to segmental therapy and often referred to as “regional anesthesia” [13,14]. It is not clear if the actual injection of the sensory nerve is responsible for the therapeutic effect, or – much more likely - the anesthesia of the network of autonomic fibers which accompanies each sensory and motor nerve, each blood and lymphatic vessel and every anatomic structure.

The Fascial Continuity Theory

In osteopathic research and literature, it has been demonstrated that the fascia surrounding each muscle and dividing certain muscle groups in the body is all interconnected [15].

Along fascial membranes there is, for example, continuity between the plantar fascia all the way up to the meninges of

the brain. An adhesion or scar can affect the fascia by creating tension on it. Tension lines will form along the fascial system and exert disconfiguration or displacement at the periphery.

An example often used is a bedsheet that is laid out perfectly flat. If one lifts up the bedsheet with two fingers just an inch or so there will be wrinkles running all across the sheet to the periphery of the sheet, displacing the edge of the sheet slightly. It is easy to understand, therefore, how, for example, the scar from an appendectomy can tug on the fascia of the abdominal muscles, which have continuity with the muscles of

therapy” [1,10]. By injecting local anesthetic into the skin surface or periosteum of

the back and the ligaments of the sacroiliac joint. The scar can therefore lead to permanent displacement of—or tendency to displace—the sacroiliac joints.

It is not necessary that the scar has an actual demonstrable adhesion to the fascia below. The tug on the fascia can also be created by the differential electrical charge between the scar tissue and the normal electrical charge of tissues. (*Cells of scar tissue have been shown to be able to hold a charge of up to 1.5V vs. the 80mV that the normal body cells have [16]*) An example that was helpful to me is to imagine taking a sheet of paper (*scar*), holding it against a wall (*fascial membrane*) and letting it fall. It will usually glide along the wall and fall down. However, if you rub the paper (*i.e., create an electrical charge*) while you hold it against the wall, then let it go, it will adhere to the wall. It is the same electrical force that will adhere the scar to the fascia below and create the above discussed tension lines that will have an effect elsewhere in the body. By injecting

the scar with local anesthetic, you will create an electrical charge within normal range which can be long-lasting (as discussed in theory¹) and the scar will stop exerting its pulling force on the fascia.

I have observed on numerous occasions that, after injecting a local anesthetic into an appendectomy scar or hernia scar, there was an audible click in the back and the patient's long standing back problem had been resolved.

The Ground-System Theory

The ground-system theory is favored by most neural therapists today, even though it is still generally poorly understood. The ground system refers to a new view in understanding the extracellular space [17,18].

The extracellular space is an all-interconnected space in the body. It is composed at the microscopic level of the fibroblasts, the free-ending autonomic nerve endings, the free-ending arterial capillary, the beginning capillaries of the lymphatic and venous system, the cell membrane of the adjacent cell, and the actual material that fills the extracellular space, which is created by the fibroblasts: glycoproteins and proteoglycans, glucosaminoglycans (*GAGS*) and other sugars. The ground system has certain chemical and physical properties such as electric conductivity, ionic properties, and osmotic properties. This system can have many different phases with different degrees of these properties. If there is, for example, an ionic change in the system, it will change the activity of the autonomic nerve endings, the width of the arterioles, opening of the beginning lymphatics and venules, the opening or closing of cell wall receptors, the ability of neuropeptides, fatty acids and other informational substances to dock onto their specific receptors in the cell wall

or wall of the intracellular nucleus, the speed of transport across

cell membranes, the speed and effectiveness of delivery of the

hormones and peptides through the capillaries, and the nutrient exchange. The aminosugars create a molecular sieve through which all substances on the way into the cell or out of the cell

have to pass. It is this structural framework of the extracellular space that is often highly contaminated with heavy metals and other environmental toxins. Substances are trapped here through sulfhydryl-binding, electrostatic and other forces. The ground system serves as our overflow trash can with severe consequences for the exchange of nutrients and substances between the cells and both the nervous and vascular system. The targeted neural therapy injection can free

which can exist in one phase where it appears to be blue and one phase where it appears to the eye to be red, depending on its electrical state (*which in turn determines light refraction and absorption*). This plate can be 2 inches long or 1 mile long. If the experimenter now changes the electrical charge on just one of the millions of liquid crystals belonging to the same matrix—given the right circumstances—all the liquid crystal that are in the same matrix will change their electrical state instantly and simultaneously, and the entire matrix that was red before appears now blue. The proteoglycans and glyco proteins of the extracellular space have been shown to behave exactly like liquid crystal. A manipulation on a small part of the system can have a dramatic effect on the entire ground system by changing the above-mentioned properties.

If one looks at illness or chronic pain (*for example, chronic chest pain or the spasm of one of the coronary arteries*) as one possible phase of the system, and appropriate manipulation of the system is performed by the physician (*for example, extracting a wisdom tooth which is known in Neural Therapy to frequently cause heart problems [18,19]*) a “phase change” in the system can occur at the very moment of the tooth extraction and the chest pain disappears instantly and permanently.

The Lymphatic System Theory

Experiments by Fleckenstein, in the early 1970s, have shown that the injection of novocaine into a lymph node or a lymphatic channel can lead to dramatic widening of the lymph vessel and increased speed of transportation of lymph fluid along the system. He demonstrated also that the lymphatic system can be in chronic spasm in certain areas of the body blocking all transport of toxins and debris – the normal job of this system. This state can exist for long periods. After injecting a

local anesthetic into the affected lymph node or vessel, the lymphatic system often and instantly resumes normal activity.

electrostatically bound toxins and release them into the blood stream. We have shown, that the “healing crisis” following some injections, most often is the flooding of the system with formerly trapped environmental toxins and neurotoxins. We have demonstrated these in the sweat, stool, breath and blood of the client following the injection. Neural therapy may be the most under used yet important detoxification method. It is very important to pre-load the system with toxin binding nutritional substances before neural therapy treatment, such as chlorella, cholestyramine, charcoal, apple pectin or chitosan.

Changes in the system can occur suddenly and simultaneously in the entire ground system, which means in the entire body. These effects can only be explained through physics. The model that has been used is the model of a liquid crystal matrix. Liquid crystal can exist in different phases with different characteristics. Let us say we have a plate of liquid crystal,

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An injection of local anesthetic into the tonsil tissue frequently can relieve chronic migraine headaches [1,10,19,20,21].

The results are often lasting. One could imagine that a blockage in the lymphatic system had existed that was responsible for the migraine (*through accumulation of certain waste products or toxins within the brain or the membranes of the brain*). By restoring normal lymphatic drainage, the brain is “detoxified” and the headache disappears.

History of Neural Therapy

- **1893** Sigmund Freud discovers anesthetic effect of topical cocaine and recognizes its therapeutic possibilities.
- **1890** C. Schleich: first surgery performed using “infiltration” anesthesia with 0.1% cocaine solution.
- **1905** Einhorn discovers novocaine.
- **1906** G. Spiess discovers that wound-healing is greatly improved after regional infiltration with novocaine.
- Cathelin: first caudal epidural injection with cocaine solution.
- **1924** R. Leriche: first stellate ganglion block with novocaine.
- **1926** Accidental intravenous injection of novocaine by Ferdinand Huneke, MD successfully treated a patient's chronic migraine headache which had been until then intractable.
- **1940** Ferdinand Huneke injected an itchy osteomyelitis scar on the patient's lower leg with procaine, which cleared her chronic migraine headache which had been until then intractable.
- **1940** Hubert Siegen [23], animal experiments to study allergic phenomena. Two animal species were used: species A (*i.e., chicken*) and species B (*i.e., rabbit*). He took a small amount of blood from species A intravenously into species B and the animal would die from

an acute allergic reaction (“*Schwartzmann-Sanarelli phenomenon*”). If he would inject novocaine subcutaneously at the site of the first inoculation at any given time between the first intracutaneous injection and the second intravenous injection, the animal would not have any allergic reaction from the second injection whatsoever. This experiment proves that allergic reactions do not only depend on the presence of antibodies but are also largely depending on the “tissue memory.” By anesthetizing the very tissue that held the memory of the first exposure to the allergen, the antibodies which are present in the blood stream can no longer “over-react” to repeated injection of the allergen. A single injection of a local anesthetic lastingly destroyed the tissue’s memory of the allergen. This phenomenon can be explained both through the “nervous system theory” and through the “ground system theory.” Siegen’s research explains why Neural Therapy can be so successful in the treatment of chronic allergies.

The Interference Field

Any part of the body that has been traumatized or ill can become an interference field [1,5,19,4,18]. An interference field can cause disturbance anywhere in the body no matter where it is located. Every being is a potential carrier of one or

several interference fields: we believe that 30% to 45% of all illnesses—including chronic pain—are caused by interference

fields[1]. The overall success rate of treating any given illness or pain

with neural therapy by a good neural therapist lies at approximately 65% (treatment of interference fields plus the other Neural Therapy techniques) [16].

An interference field can on its own cause illness or pain. More commonly, the interference field is a link in a chain of interference fields, and for successful treatment all involved interference fields must be found and treated. For example, a woman with pelvic pain

improves for 2 days after a Frankenhauser ganglion block [1,10,24,25], then her pain returns. On the next visit, both the thyroid [1,10,24,24] and the Frankenhauser ganglion are injected. The result is now lasting.

General illness such as malnutrition [26], emotional stress, geopathic influences, eating incompatible foods, toxic exposures, an acute viral illness or a car accident can convert inactive interference fields into active interference fields. For successful treatment, both conditions need to be recognized and treated. If only one condition is treated, there will be only partial or temporary improvement.

The most frequently overlooked interference fields are (a) the teeth and (b) the intestines, (c) sinusses.

In Germany, the term “blocked regulation” is used frequently. This indicates a condition in a patient who cannot respond to Neural Therapy, acupuncture, homeopathy, and other gentle interventions. The condition is frequently caused by certain medications, such as: steroids, antibiotics, antihistamines, and psychopharmaceuticals [1]. The other common 7

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causes are 1) food allergies, 2) heavy metal toxicity, 3) exposure to solvents and other environmental toxins, 4) scars and interference fields, 5) psycho-emotional issues, 6) poor dental occlusion, and 7) biophysical and geopathic stress.

Some indicators, that an interference field is causing the present illness:

1. The illness is not responding to other therapies.
2. Another type of treatment has made the patient unexpectedly worse. For example, the patient received an injection into the knee joint for chronic knee pain. His knee became much worse. In Neural Therapy this is called reaction phenomenon and indicates that an interference field located elsewhere is causing the knee pain.
3. All symptoms are located only on one side of the body. For example, a patient has right-sided tinnitus, right-sided shoulder-arm pain and right-sided knee pain.
4. Summation of interference fields: after an appendectomy the patient develops rheumatoid arthritis. The appendectomy scar adds one more link to the chain of interference fields, which is now strong enough to cause the rheumatoid arthritis. At this point, all involved interference fields need to be found and treated.

How to Find the Relevant Interference Field

History. What was the last illness, trauma, surgery, dental work before the patient developed his present illness? *Systematic*

Search. This is easiest with a pain patient. Before and after each intervention, a careful range of motion evaluation [27] is performed (*example: a frozen shoulder is treated. Shoulder abduction before treatment is only 30 degrees, after appendectomy scar injection 70 degrees*). On each subsequent visit the same scar is injected until the client is well or there is

no further improvement.

If there is no possibility of monitoring immediate improve

ment, the following applies: during the first session all scars are treated [1,3,19,25,28,22,4]. After each scar injection the painful joint or illness state is reassessed. During the second

session, the pelvis is treated [1,10,26,25,28,19]. During the third session the chest is treated [1,10,28].

Empirical Approach. Certain empirical relationship between

the interference field and the illness are more common. Examples include [25]:

- tonsils: knee joint;
- abdominal scars: large joints and low back; gut problems, fibromyalgia;
- leg scars: sciatica;
- tonsils and teeth: migraine; brain fog; memory problems
- sinuses: neck and low back pain; chronic fatigue, fibromyalgia;
- gallbladder scar: shoulder and hip;
- pelvic scars: pms, depression, arthritis;
- scars on fingers and toes: neurological problems

It is valuable to understand the energetic relationships that are taught in different “healing systems.” A scar that crosses an acupuncture meridian is more likely to cause disturbance of the structures that are related to this meridian than elsewhere. For example, a gallbladder scar is often responsible for chronic hip pain. It is important to understand the tooth-organ relationships [18,19,29]. For example, the four front teeth in the upper and lower jaw are related to the urogenital system and are frequently

responsible for pelvic pain, chronic kidney disease, and even malignancy in the pelvic organs. Another example is the wisdom tooth, which often is responsible for chronic heart problems. Other valuable systems that I have found are the Chapman reflexes and simply the dermatomal relationships that are known in neurology.

Muscle Testing (autonomic response testing, applied kinesiology). These tests will be revealing of such relationships as well [30].

Hidden Messages from the Patient. While taking the history, the patient may—in between the very important events in his past—mention “some silly little thing” that would usually go by unnoticed. This “silly little thing” may be the very key to the patient’s getting well. While taking the interview, the physician may also notice a scar on the patient’s hand or ear and be drawn to it in some way. While talking about a certain event the client may protectively cross her legs. By listening to those inner messages and noticing subtle signals—and initiating treatment in a way that responds to these messages—the physician will notice that he will be guided to more and more successful treatment outcome.

Proximity. Scars that are anatomically close to a painful joint may be a significant focus, for example, low back pain and a scar from prior disc surgery.

The Guiding Phenomena. After the first treatment, the patient is instructed to write on a note pad for 48 h all the major and the small changes that occur in his body. The body is basically asked to respond to the first treatment in a way that will guide the practitioner to the correct next intervention. The following phenomena are common and have to be kept in mind at all times:

1. Indications that the correct interference field has been

treated:

• Huneke phenomenon [1,3,4,11,22,19]. There is com

plete relief of all symptoms for 20 h or longer. If the nerve of a tooth had been injected, the result has to last for 8 h or longer.

- “Knallkopf ” [19]. In translation this term means “Exploding head.” This occurs more commonly in women and is a feeling of exploding heat in the head, which lasts for several minutes.
- Euphoria. The patient has a “bliss attack” or just simply feels extremely good after the injection.
- Emotional release [26]. For example, after a pelvic injection a female patient has a brief memory of a sexual abuse that happened in her childhood. She feels anger, rage, and tears, which usually are successfully released within a few minutes. Sometimes a grieving process follows that can last up to several weeks. The end result most commonly is, however, that her chronic pain, pelvic pain, or other symptom has completely subsided.
- Delayed phenomenon. There is no immediate improvement of symptoms. However, within 16 or 20 h the patient becomes asymptomatic. This is frequently observed in the treatment of asthma or in illness where an actual structural healing process is needed before the patient can become free of symptoms.
- Reversed phenomenon. There is equivalent to the term “healing crisis” that has been used in homeopathy and acupuncture. The patient feels a worsening of his symptoms but starts to improve after 16 or 20 h.

2. Indication that the first treatment was given to a structure that is anatomically close to the correct interference field: there is complete improvement that lasts for less than 16 h. This phenomenon is extremely important to keep in mind.

3. The last treatment was given to a correct interference field. This was, however, only a link in a chain of several interference fields. The patient’s symptoms improve for more than 16 h, but the improvement is incomplete.

4. The illness or pain is caused by an interference field.

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However, the interference field is anatomically distant from the site that was last treated. If an intervention was technically correctly performed and the patient experiences an aggravation of his particular symptoms (*which can last for hours to several days*), and then the pain or illness returns to the original state, this is referred to as “reaction phenomenon” [19] or “reactivation phenomenon.” The illness is caused by a focus, and a careful interference-field search is in order. This can also be caused by the release of neurotoxins into the system

as a response to treatment.

5. The last treatment was given to a particular link in a chain of interference fields. The next link reveals itself. This is referred to as “retrograde phenomenon” [19] or “regression phenomenon.” For example, the patient experiences severe neck pain for 1 year. The cholecystectomy scar is injected.

The patient calls next day and reports that she has a sore throat and the neck pain is unchanged. Prior to the onset of neck pain, the patient had recurrent episodes of “strep throat.” Now the tonsils are injected. The neck pain improves to some degree but the patient develops pelvic pain. She had a pelvic infection 3 years ago. The pelvis is injected (*Frankenhauser ganglion block*) and there is some further

improvement. Her appendix scar starts to itch. The

scar is treated and there is complete resolution of her

problem. The appendectomy was done when she was child. This is a true case of mine and indicates the importance of the patient carefully monitoring changes in her

own body following each injection, writing them down, and communicating them to the physician on the next visit. It also requires careful listening on the side of the practitioner.

Contraindications to Neural Therapy

1. Cancer (*lymphatic spread could be facilitated*),
2. Genetic illness,
3. Nutritional deficiency,
4. Diabetes (*it can become unstable from neural therapy*),
5. Tuberculosis,
6. Psychiatric illness, *except depression*,
7. End state of chronic illness (*patient too weak to respond*). An exception to the above is the treatment of the dental focus; we have seen a case of chronic schizophrenia improve dramatically after removal of the wisdom teeth.

These contraindications do not always apply. Neural therapy can be used to selectively open up the blood supply and lymph drainage to critical areas. A patient on cancer chemotherapy may benefit from segmental therapy to the involved breast: as a result the chemotherapeutic agent will concentrate in the breast. The “crown-of-thorns” technique can be valuable in increasing the effect of an anti-psychotic medication in a schizophrenic client.

If a patient reports acute worsening of his condition following correctly applied neural therapy technique, or simply is feeling unwell, he should be given 10 cc 10% calcium gluconate slow intravenously which should immediately and completely reverse the patient’s condition. Sometimes patients are unable to “handle” the emotional material that can come

up for them during or after a successful Neural Therapy intervention. These patients will sometimes report worsening of their overall condition. Questioning with clarity and compassion, however, will usually reveal the cause of their worsening and they can be guided to successful psychotherapeutic intervention, which in these patients will usually lead to dramatic improvement of their overall health. Keeping the client’s attention on the event that caused the scar or problem during treatment helps the client to connect to appropriate emotions and memories that need to be re-evaluated.

The Choice of Local Anesthetics

Lidocaine has been shown to be liver toxic. One of the metabolic breakdown products is a potent anilin-like carcinogen (*Scientific American, May 1994*). Marcaine can cause a life threatening blood pressure drop if injected accidentally intravenously. Epidemiological data in Germany and many Eastern European countries revealed that regular procaine injections have a life extending effect, that is quite profound. We use preservative free buffered procaine in my practice, which has an excellent safety record. Earlier studies, which were performed shortly after introducing lidocaine, showed a 4 fold increase in allergic reactions when using procaine (*compared to Lidocaine*). However, in these studies sulfide preserved non-buffered procaine was used. In Germany, South America and Eastern Europe Procaine remains the local anesthetic of choice in the hands of most neural therapy

practitioners. This author has also developed many non-injection approaches to correcting autonomic dysfunction, which are

discussed and taught at the appropriate workshops.

New Developments

In recent years many practitioners have included other agents for injection. Most commonly, the enderlein and Heel remedies are used in the neural therapy injection. A school of “mesotherapy” has emerged in France around the physician Pistor, who uses diluted medical drugs along with procaine. Most remarkable is his use of calcitonin for the treatment of chronic pain. This author has expanded the use of segmental therapy by including injectable bee-venom, which contains a number of precious peptides and neuronal growth factor (NGF).

Conclusion

Neural Therapy is a unique approach to the treatment of chronic pain and illness resulting frequently in rapid and complete recovery (31). The mechanism of action can be explained with the current understanding in physiology, electro-physiology, physics and neurology. Neural therapy is a technique which can be easily mastered by most practitioners. With the development of many non-invasive techniques, which also

correct autonomic dysfunction, neural therapy belongs to the repertoire of every complementary and alternative health practitioner and has a place in all applications of modern medicine. ♦

31 REFERENCES for this article are available by faxed request to Explore! at 1-928-541-1906.