

Neural therapy and adjuvant injections in sports medicine using the example of epicondylopathy



Uwe Günter MD

D-10365 Berlin/Germany

Siegfriedstr. 204 c

www.biologische-orthopädie-berlin.de

- Complaints in the elbow area can occur after macro- and microtraumas as well as without adequate trauma.
- Inadequate overuse leads to local (mostly lateral or radial) pain during and after repeated and unphysiological stimuli from sports such as tennis ("tennis elbow") and everyday household chores.

Previous standards



- The current literature refers to standards such as medication, manual and electrotherapy measures, as well as assisting extracorporeal shock wave therapy and **acupuncture**.
- Studies show no significant difference between corticosteroid and local anesthetic injections.
[1,2,3]

1. **Hach** T, Renström P (2001) Tennisellenbogen - Insertionstendopathie des Ellenbogens. Dt. Zeitschr. Sportmed. 5: 154-61
2. **Tischer** T et al. (2019) Leitlinie ... Epikondylopathia radialis humeri. AWMF.online
3. **Greiner** S, Perka C, Thiele K (2012) Epikondylitis – Ätiologie, Diagnostik und therapeutische Optionen. Op-Journal 28(1): 72-80, Thieme, Stuttgart

- It can be assumed that even before an unphysiological stress (e.g. the elbow region), subliminal stimuli in the sympathetic region, depending on the interconnection **in the trunk, as well as the spinal ganglia** in these segment subunits are projected without subjectively perceptible spontaneous or resting pain.

Theory of the spontaneous pain

- Only when the capacities of the neurons in the laminae of the posterior horn of the spinal cord are exceeded does cortical perception and projection of the pain into the dermatome occur as with all overloads (e.g. in epicondylopathia radialis in C6)

- In addition to pressure pain with different triggers of **referred pain, provocation tests of the muscles are painful** (e.g. with painful radial muscles when lifting a full cup, a chair or a firm handshake).
- Only with synovial inflammatory involvement of the arthrotome [1] can a **positive capsule pattern** occur.

Segmental neural therapy



- In 1 to 3 sessions, depending on the topography of the spontaneous pain, 1-3 wheals are placed **in the segment**.
- Depending on the swelling, it should be combined **with a subcutaneous, an intramuscular or preperiosteal injection**.

Regional neural therapy



- Based on persistence or recurrence of the complaints, the ipsilateral **injection to the facet joints or articular rami according to Mink** indexed to 3 floors between C6 and Th6 several times every 7-28 days.
- Like the injection to the ipsilateral **Ggl. stellatum** showed the greatest clinical efficacy.

Perivascular neural therapy



- In addition to the segment therapy, **sympathicolysis** can help in chronic cases by interrupting the ephasps by injecting the acupuncture points *baxie*.

Neural therapy of the interference field



- The chronic tonsillopathy and thus the **submucous injection into the velum palatinum (to the upper and lower tonsil poles)** have an effect on the nuchal muscles up to the carpal tunnel, among other things [1,2].

1. **Uehleke B**, Ludtke R, Albrecht U, Stange R (2006) Associations between chronic affects of tonsils, induration of connective tissue areas of brachialgia paresthetica nocturna. Forsch. Komplementärmed. 13 (4): 220-6

2. **Weinschenk S**, Hollmann MW, Göllner R. et al. Injections of local anesthetics into the pharyngeal region reduce trapezius muscle tenderness. Forsch Komplementmed 2016; 23 (02) 111-116

Symptomatically neural therapy



- In the case of indicated jaw restoration (e.g. NICO), thoracic recurrent infections (e.g. Mycoplasma) or diseases in the end or scar stage, neural therapy can be offered **symptomatically** at 4-6 week intervals (e.g. **according to Mink Th3-6 ipsilateral**).

Adjuvant ozon and self-serum therapy



- In intra-articular therapy, a combination of neural therapy, medical ozone and conditioned self-serum is recommended.
- Before the patient's blood is drawn, it can receive orthomolecular and oxygen infusions.

Thank You for Your kind attention



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