

# A standardized strategie in a specialty Neural Therapy praxis



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# medical history

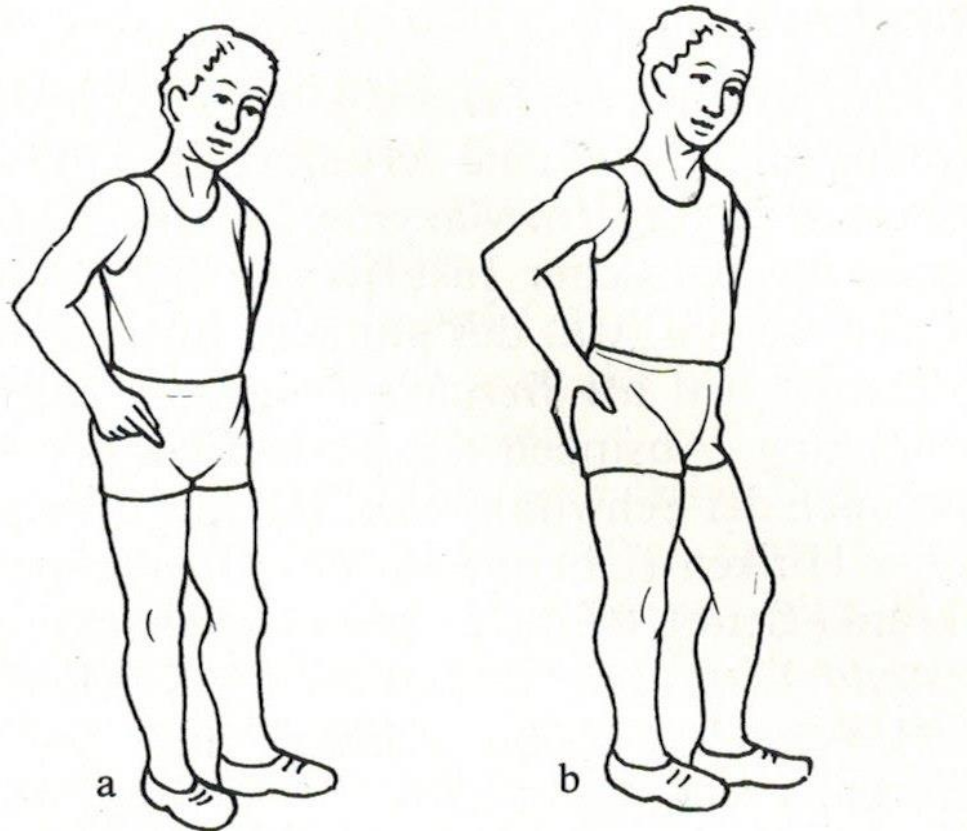
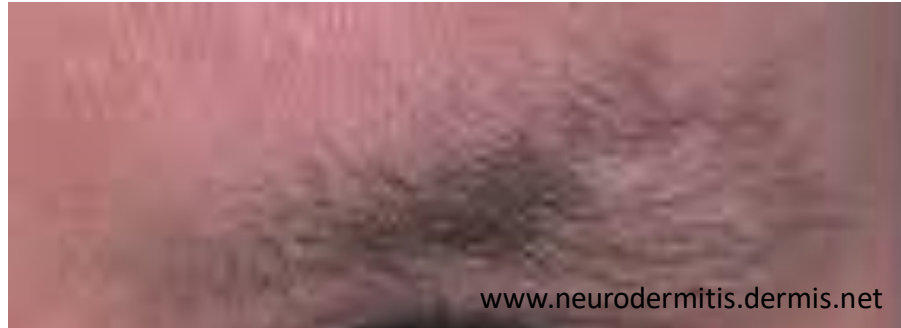


Fig. from [1]

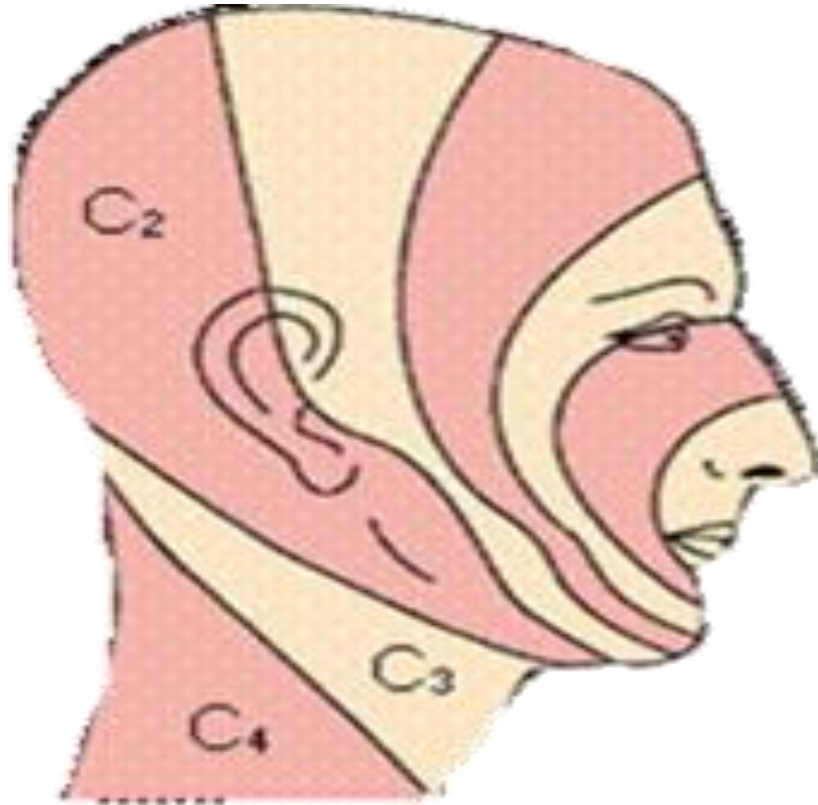
- „show me Your problem and describe Your own history in chronological order, please!“

# inspection of the trigeminal branches



- disturbances in die upper Sanjao (**thorax**)
- disturbances in die middle Sanjao (**abdomen**)
- disturbances in die lower Sanjao (**retroperitoneum**)

# projection zones according to Lähr and Sölder



- connections between
- trigeminal branches and
- interneurons
- in brainstem or myelon

# lymph-belt according to Gleditsch



- subcutaneous swelling in
- cases of malfunction in lymph flow and microvascularisation in
- „head“-organes (brain, sinus, teeth and tonsils)

# posture according to Mayr

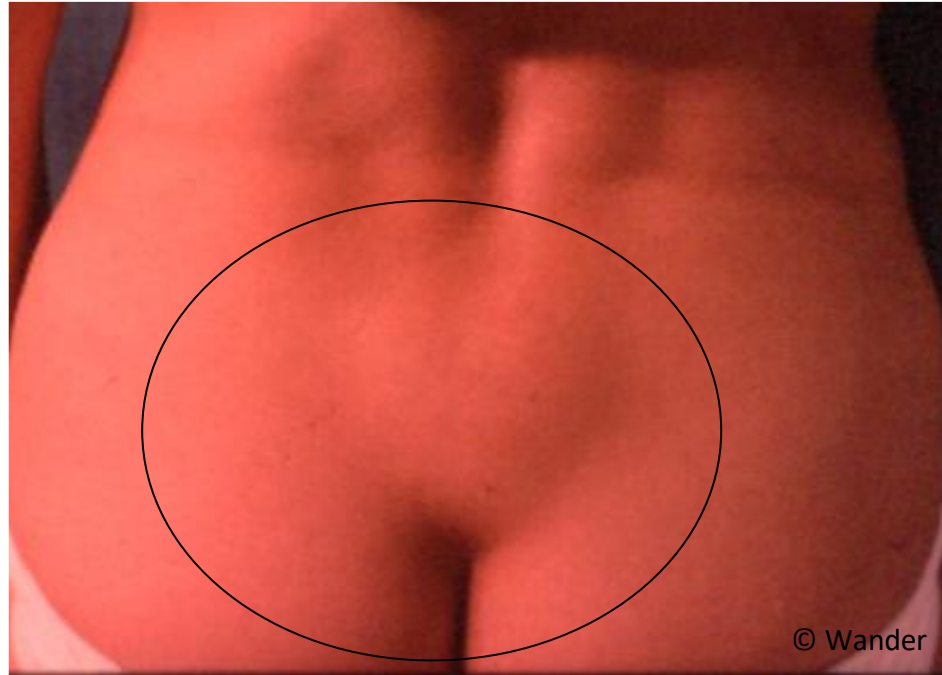


- subcutaneous swelling
- weakening of the thoracolumbar ventral
- shortening of the dorsal muscles with
- hyperlordotic malposition
- in the case of a lymphatic-inflammatory digestive disorder

[1] **Mayr** FX (1974) Fundamente zur Diagnostik der Verdauungskrankheiten. Turm

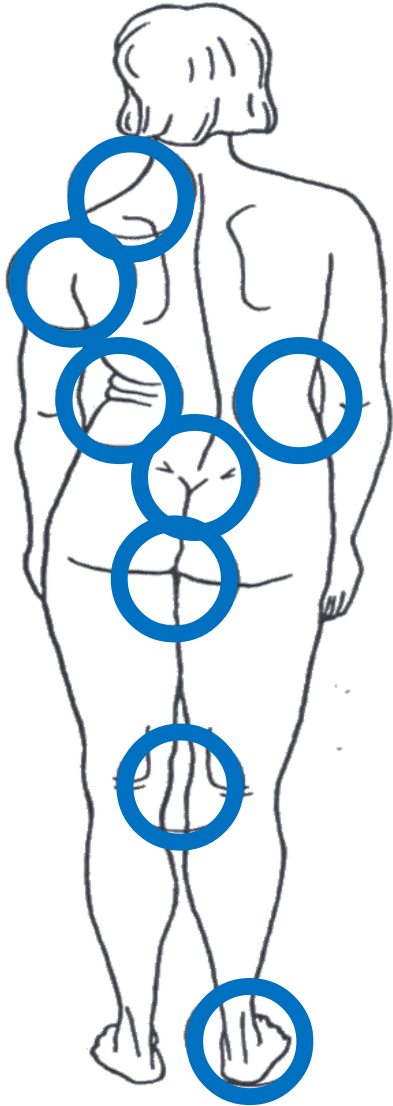
[2] **Gründling** PW (2019) Konstitution und Ernährung – die Ernährungstypen nach F.X. Mayr. ZKM 11(04): 14-8

# swelling in the „Michaelis-Rhombus“



- subcutaneous swelling in
- cases of disturbance in microvascularisation incl. lymph flow in
- pelvic-organs (f.e. ovaries, uterus, prostate and large intestine)

# global inspektion in stand



- shoulder stand
- scapula position
- back profile
- pelvic level and torsion
- gluteal fold
- knee position and popliteal fold
- foot deformity



# proposal for standardized diagnostics in neural-therapy

1. in stand (ascending disturbance)
  - a) pelvic level
  - b) spine off
  - c) advanced phenomen
2. while sitting (horizontal and descending disturbances)
  - a) spine off
  - b) advanced phenomen
3. laying (horizontal and descending disturbance)
  - a) leg lenth difference
  - b) test according to Derbolowski
  - c) joint play of sacroiliacal joint and pelvic torsion
  - d) disorders of the (vertebral) segments
  - e) Atlas position and blocking incl. Axis and cervical spine
  - f) painful swelling of the neck reflex points according to Adler and Langer

# 1.a) pelvic level



- palpation of the cristae iliacae with the radial edge of the hand and inspection of the SIPS and SIAS (possibly with a pelvic scale) [1]
- asymmetry of the pelvic points from dorsal and ventral only with anatomical difference in leg length in 40-70% [2]
- however, **more than 5mm is clinically relevant**

[1] Lewitt K (1987) Manuelle Medizin. Barth

[2] Gülbahce, E (2011) Vergleichsstudie zur Bestimmung von Beinlängendifferenzen mittels sonographischer und radiologischer Verfahren. Diss.

# 1.a) pelvic low level



- attempt at manual therapy an ascending disturbance (e.g. blockage of hip, knee and foot),
- controlling and
- **temporary** compensation with foot boards

# 1.a) ascending disturbances



- one a case of unsuccessful manual therapy of the ascending disturbance (e.g. blockage of foot)
- see point 1.c) or if necessary try an injection on the resistant block and check

# 1.b) spine off



- when the leg is raised, the palpated SIPS (here on the right) does not move caudally compared to the palpated spine S1 with a blocked sacroiliacal joint
- normal value: 0.5–2 cm [1]

# 1.b) spine off



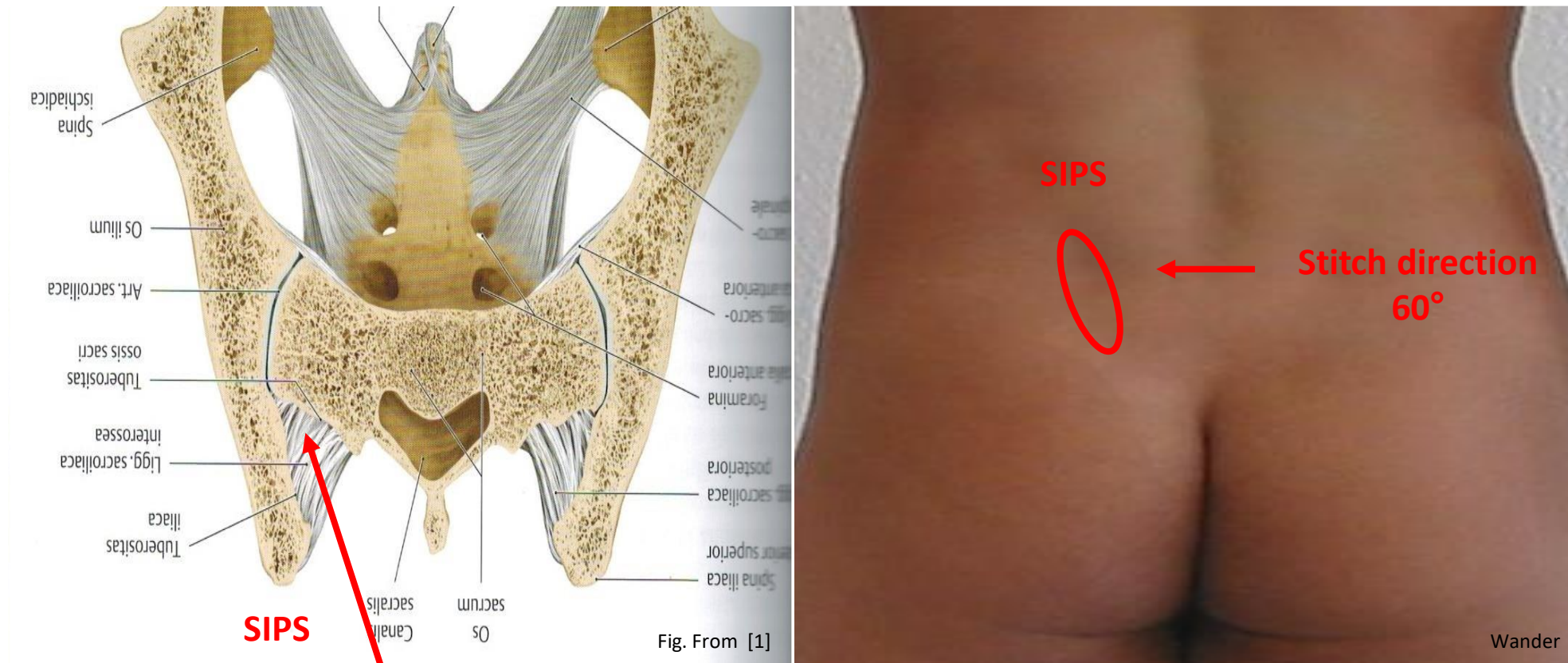
Fig. From [2]

- attempt at manual therapy of the sacroiliac joint and, **if necessary**, injection to **peri- and intraarticular structures**

[1] Frisch H (2001) Programmierte Untersuchung. Springer

[2] Becke H, Wagner R, Wander R (2000) Taschenatlas naturkundliche Untersuchungstechniken. Hippokrates

# 1.b) injection on the SI-joint or iliosacral ligament



SIPS

Stitch  
direction 60°

Fig. From [1]

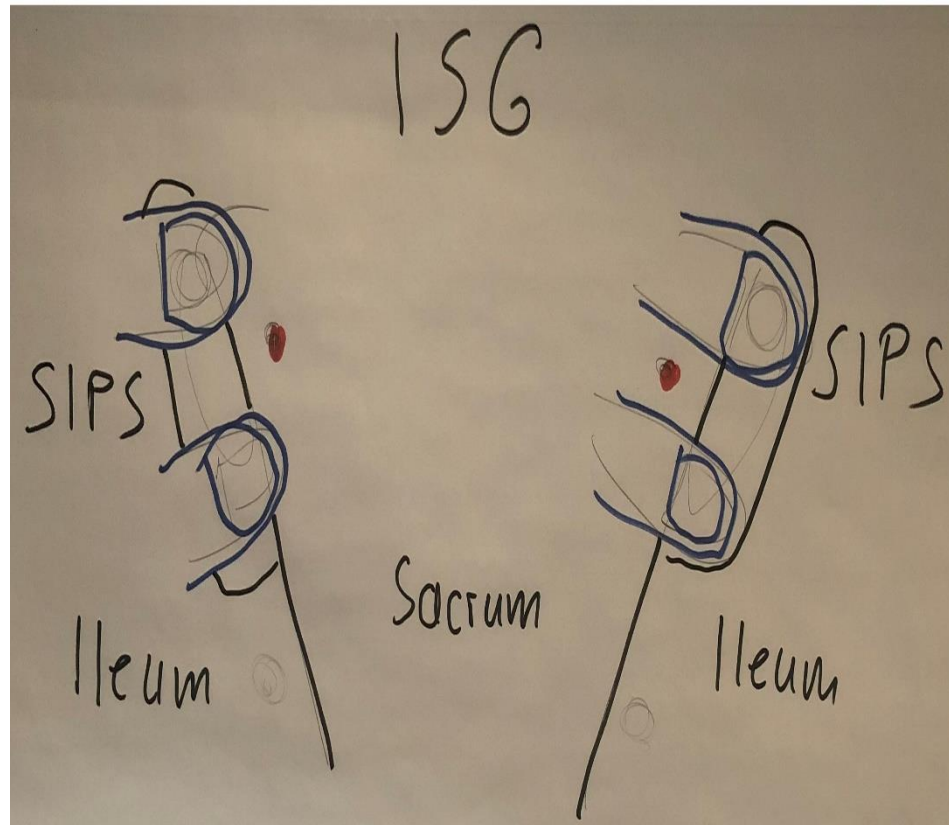
SIPS

Stitch direction  
60°

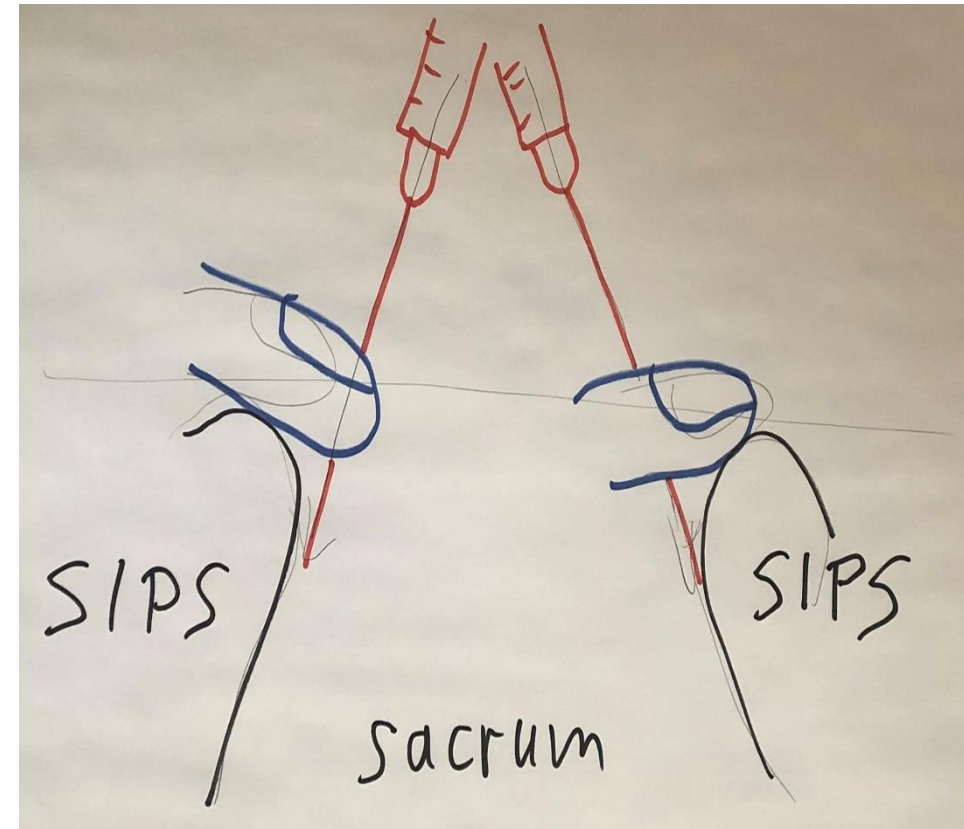
Wander

# injection on the SI-joint

view from dorsal

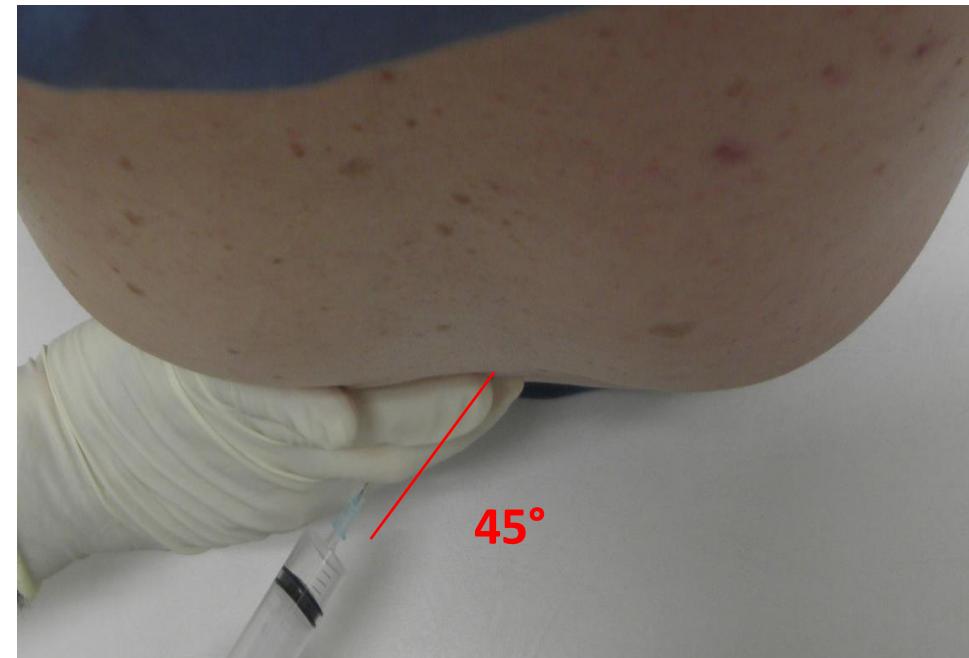
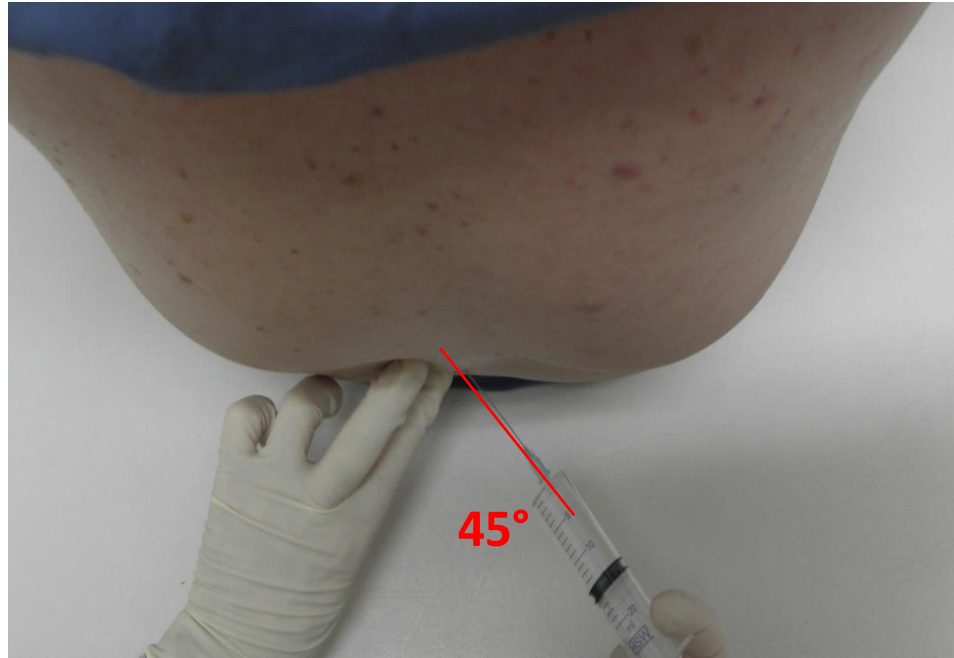


view from cranial

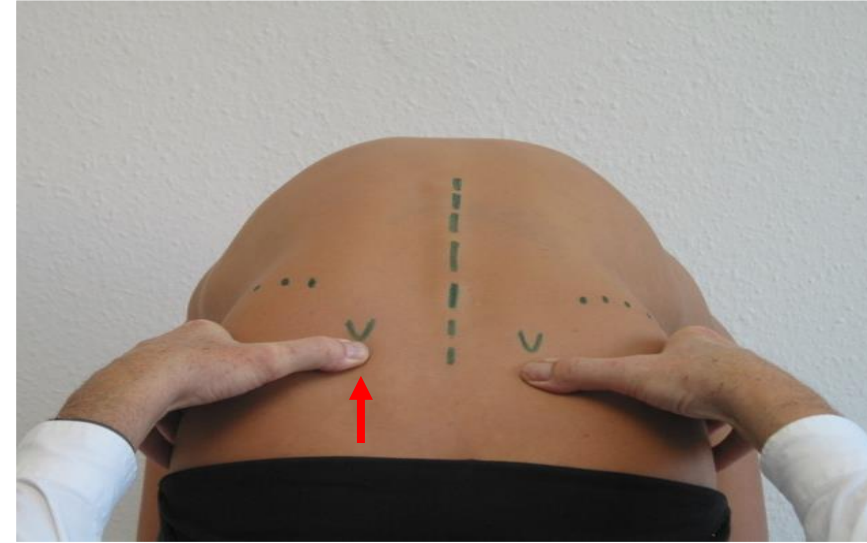




# injection on sacrotuberal ligament



# 1.c) advanced phenomenon in stand



- On the side of the "advance" thumb (here on the left in the right picture), which lies below the SIPS when leaning forward, there is a "cranial" fascio-muscular disorder in the sacroiliacal joint and/or muscle chains (or seldom a "caudal" fascio-muscular disorder ischiocrural, see 1.a)).

# 1.c) advanced phenomen in stand

1.in stand

c) pos. advanced phenomen

- control ascending disturbance (e.g. blockage of hip, knee or foot, see 1.a))
- **control while sitting**, as there is a suspicion of a descending disturbance

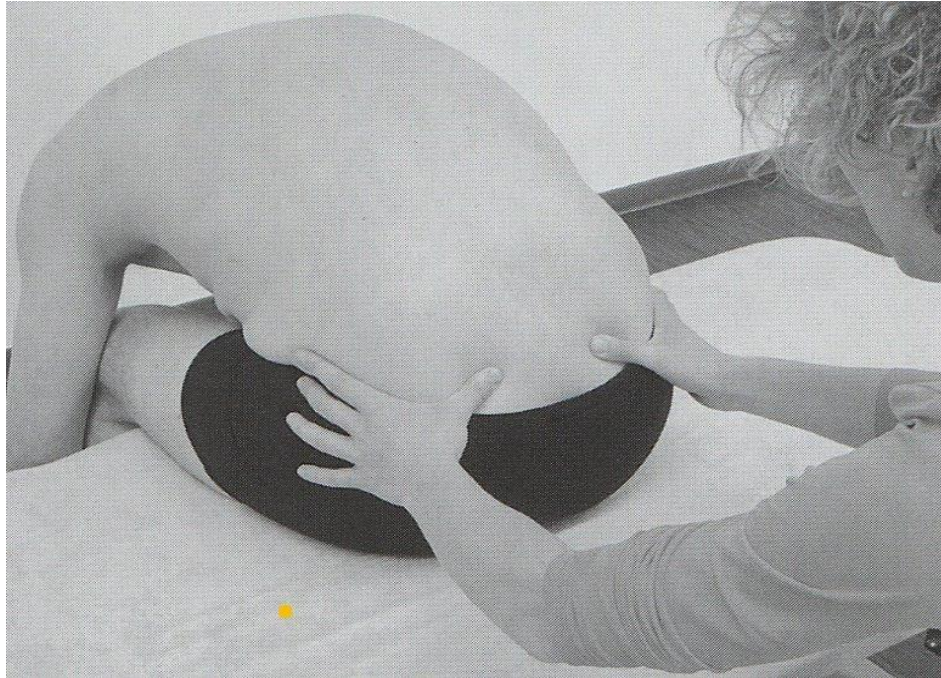
# 2.a) spine off while sitting

## 2. while sitting

### a) pos. spine off

- If not already done, than attempt manuel therapy, possibly injection of the peri- and intraarticlar structures (see point 1.b) or 3.c))

## 2.b) advanced phenomen while sitting



- on the side of the "advance" thumb, which lies below the SIPS when leaning forward,
- there is only a **descending disturbance** with "cranial" fascio-muscular disorder in the sacroiliac joint and/or muscle chains

## 2.b) advanced phenomen while sitting

b)pos. advanced phenomen

- there is a suspicion of a descending disturbance or a interference field, [check in laying](#) and [see point 3.a\)-c\)](#)

# 3.a) leg lenth difference

## 3. laying

### a) leg lenth difference

- check the position of the laying patient, the spinae iliacae anterior superior and the symphysis, attempt manual therapy of the pelvic torsion

# check the pelvic torsion



Abb.1-2 ©  
Wander

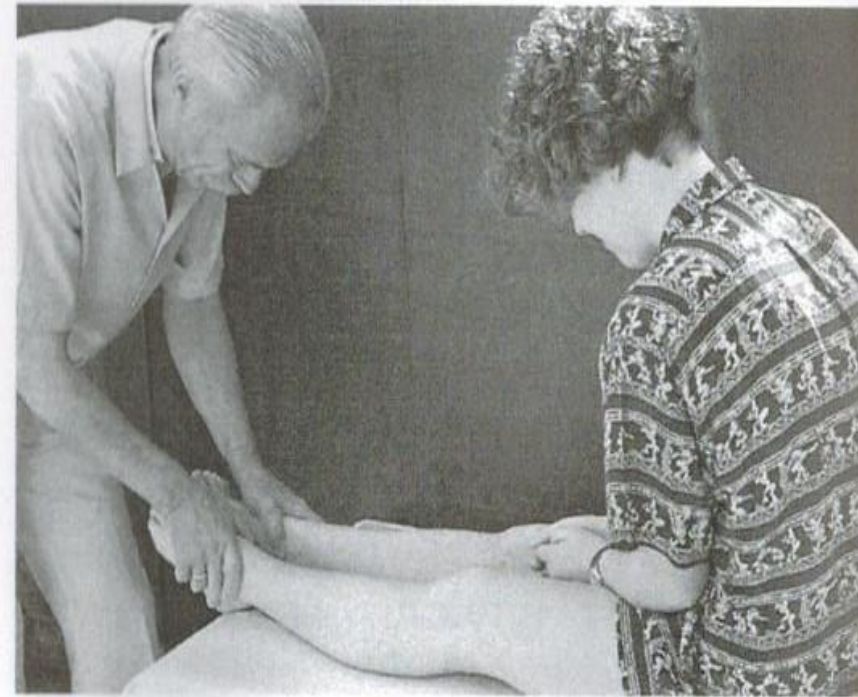
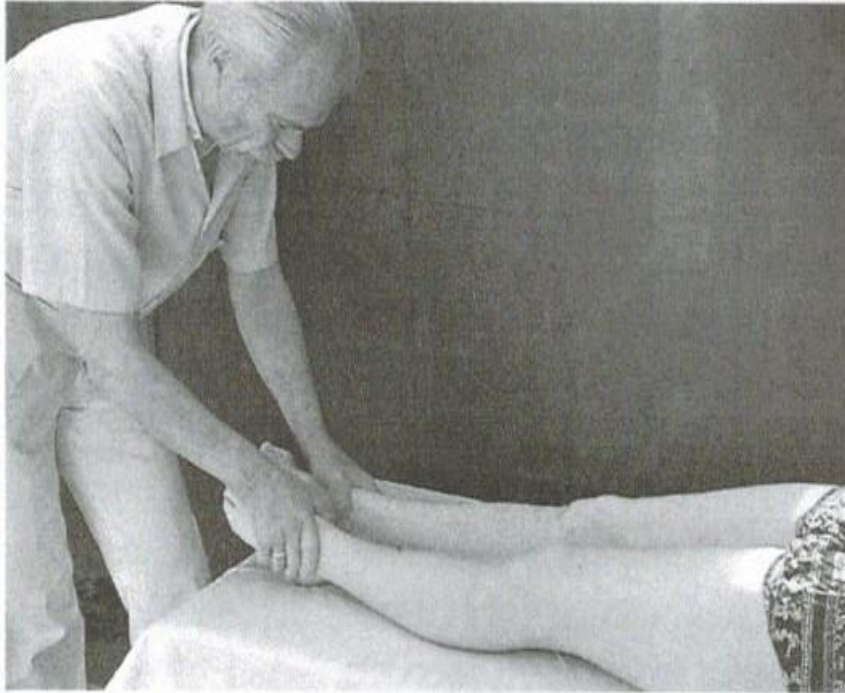


## 3.b) sign according to Derbolowsky

b) pos. sign according to Derbolowsky

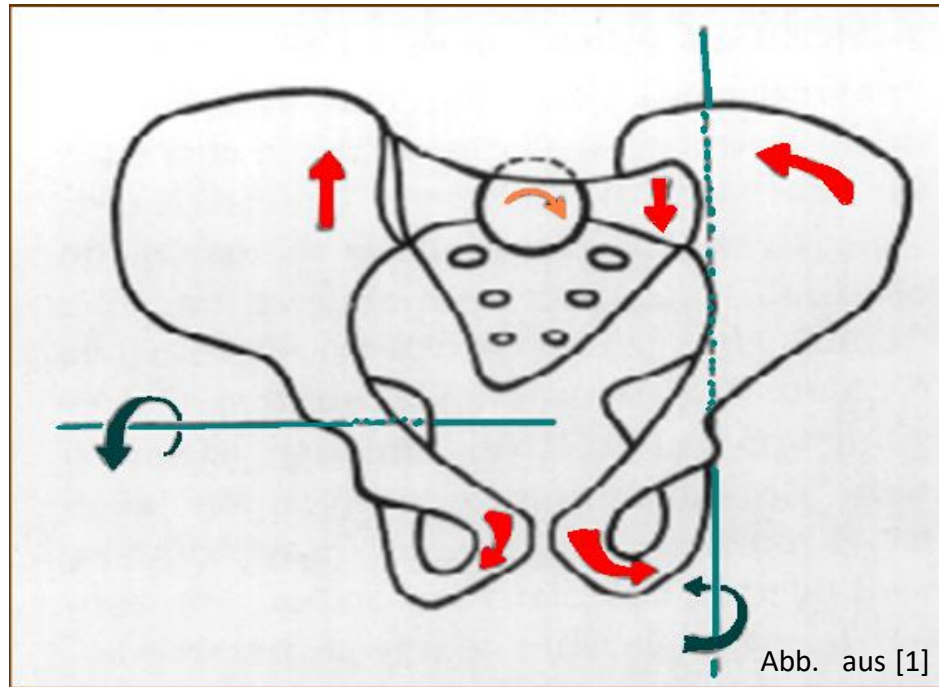
- because, despite manual therapy of the leg length difference, there is a suspicion of a **horizontal or descending disturbance** check for interference fields

# test according to Derbolowsky



- in the case of a functional variable leg length difference, the leg shortens on the side on which the ilium is displaced posteriorly relative to the sacrum, and the acetabulum is thus displaced cranially

# pelvic torsion



- is a reflex process as a result of disturbed muscle chains with mostly **descending and occasional horizontal disturbances** or interference fields

## 3.c) SI-joint and pelvic torsion

c) sacroiliacal joint and pelvic torsion

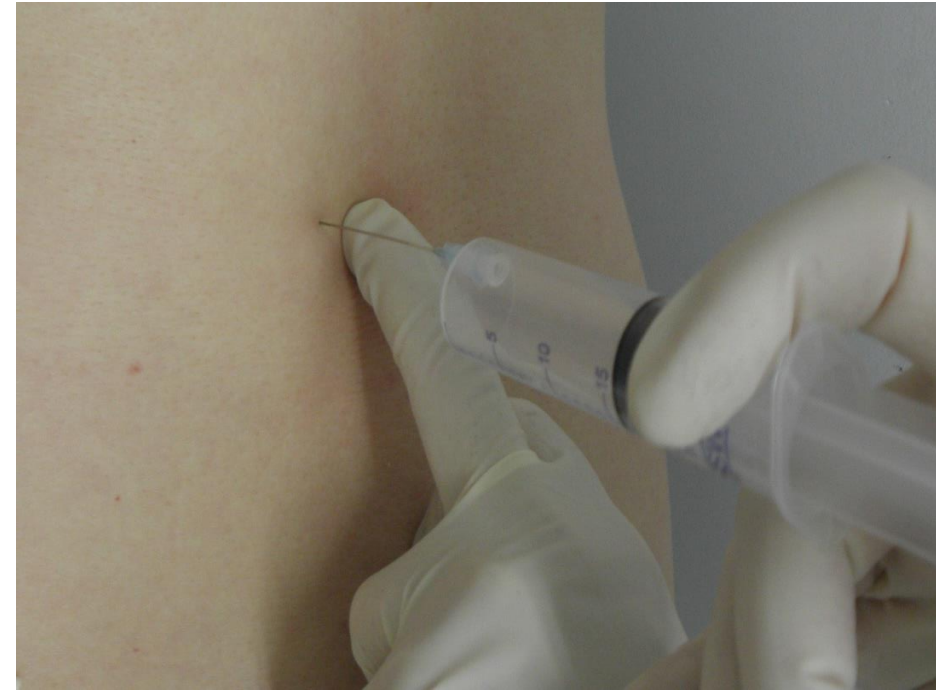
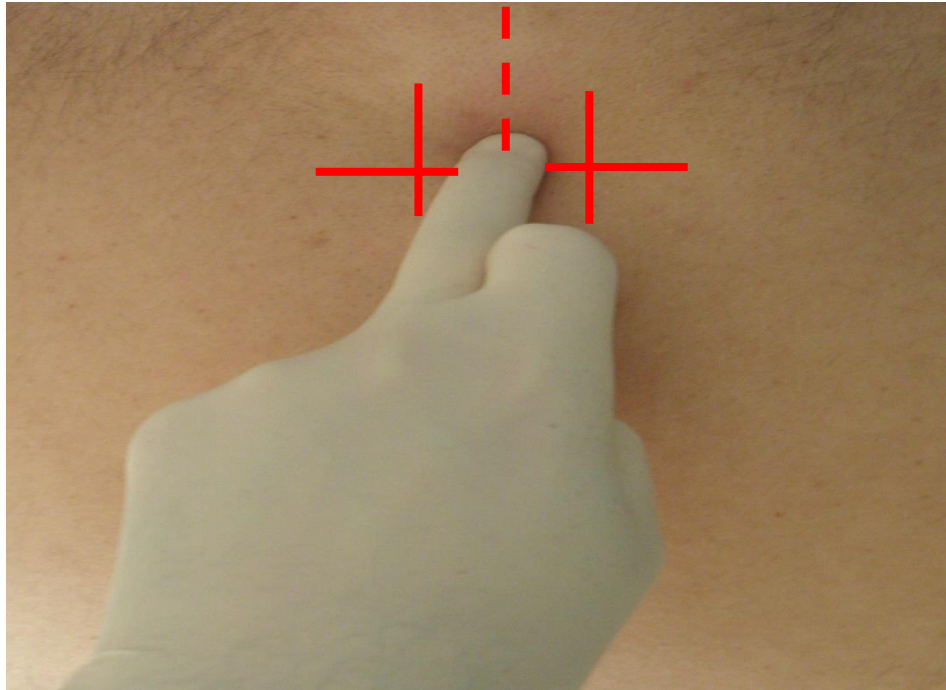
- If necessary, **therapy of a still existing interference field** under control of the spine off and advanced phenomenon while sitting or test according to Derbolowski, on point **3. d)-f)**

## 3.d) neural therapy of the segments

d) disorders of the (vertebral) segments

- initially manual therapy and control including the still pos. phenomena and tests, if necessary injections depending on the
  - painful dermatome,
  - swollen subcutome,
  - trigger and acupuncture points,
  - painful interspinal ligaments,
  - painful spine,
  - scars in the segment including navel and appendix or
  - injection on the facet according to Mink under HRV or circulatory control

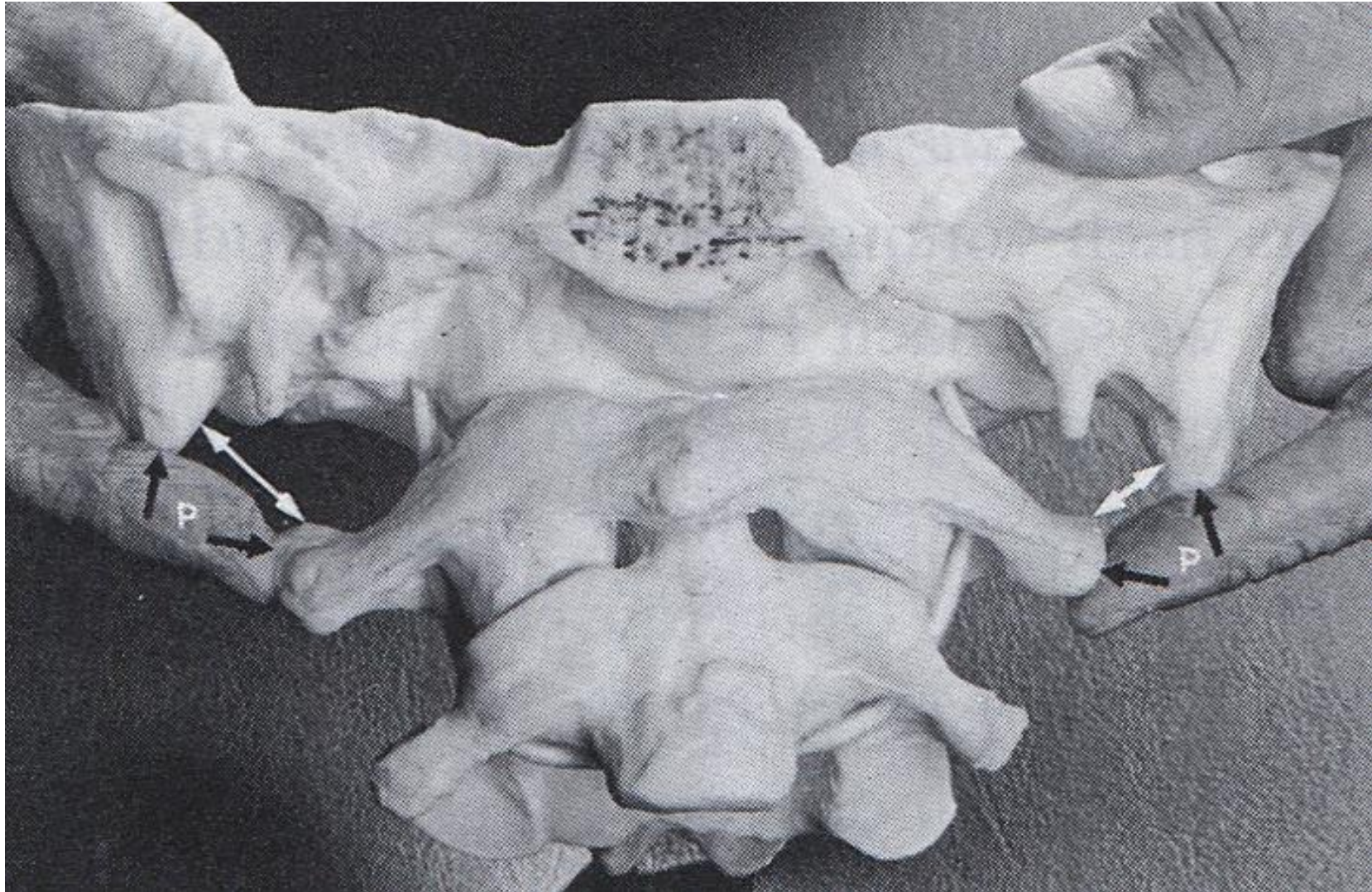
## 3.d) injection on the facet according to Mink



## 3.e) and f) descending disturbances

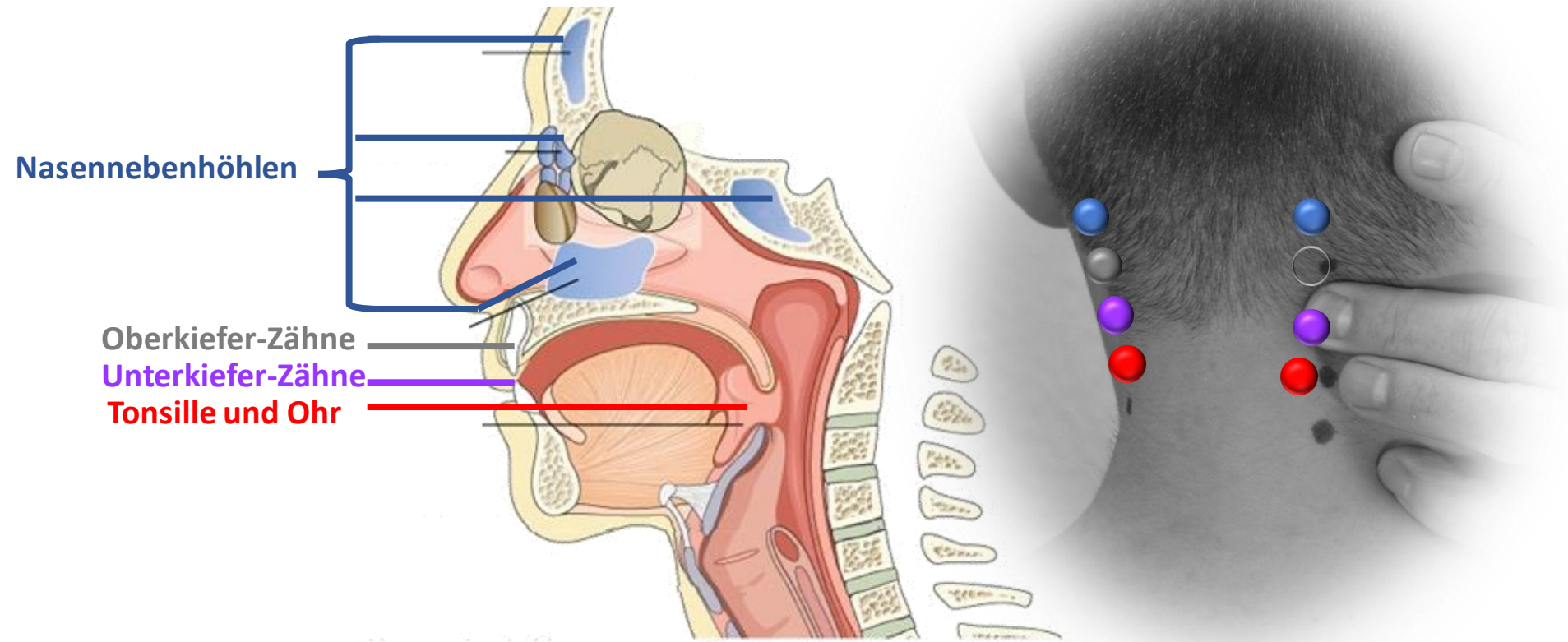
- e) Atlas position and blocking incl. Axis and cervical spine
- f) painful swelling of the neck reflex points according to Adler and Langer
  - now classic **interference field therapy** depending on the disturbed branch of the trigeminal nerve as well as other cranial nerves under control of the above-mentioned findings as well as retrograde the findings while laying, sitting and standing as well as the HRV

## 3.e) palpation of the Atlas





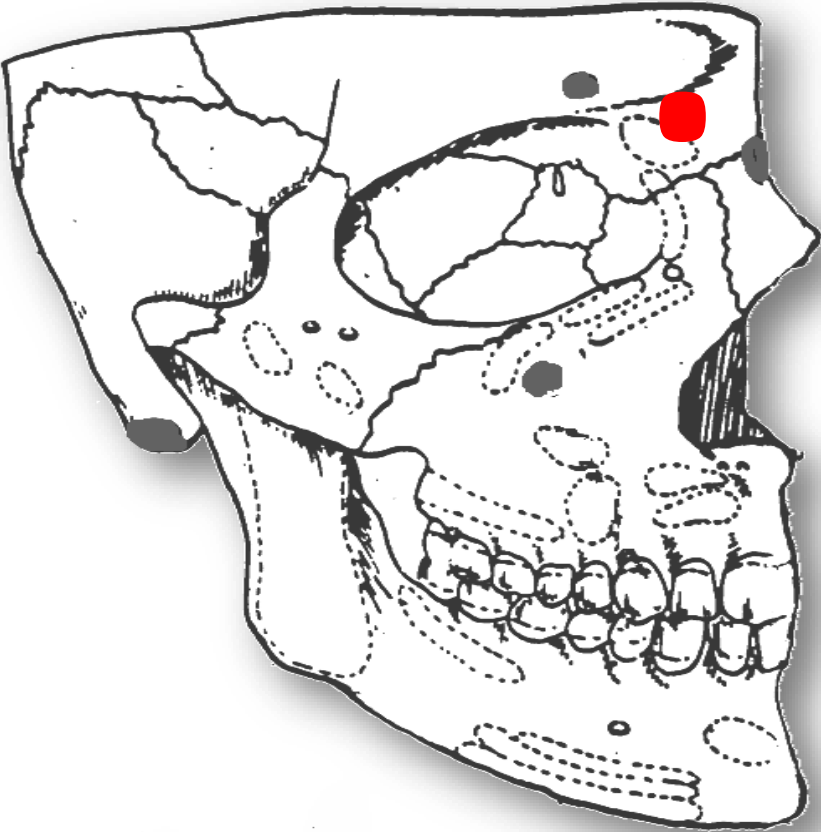
# 3.f) the neck reflex points according to Adler and Langer



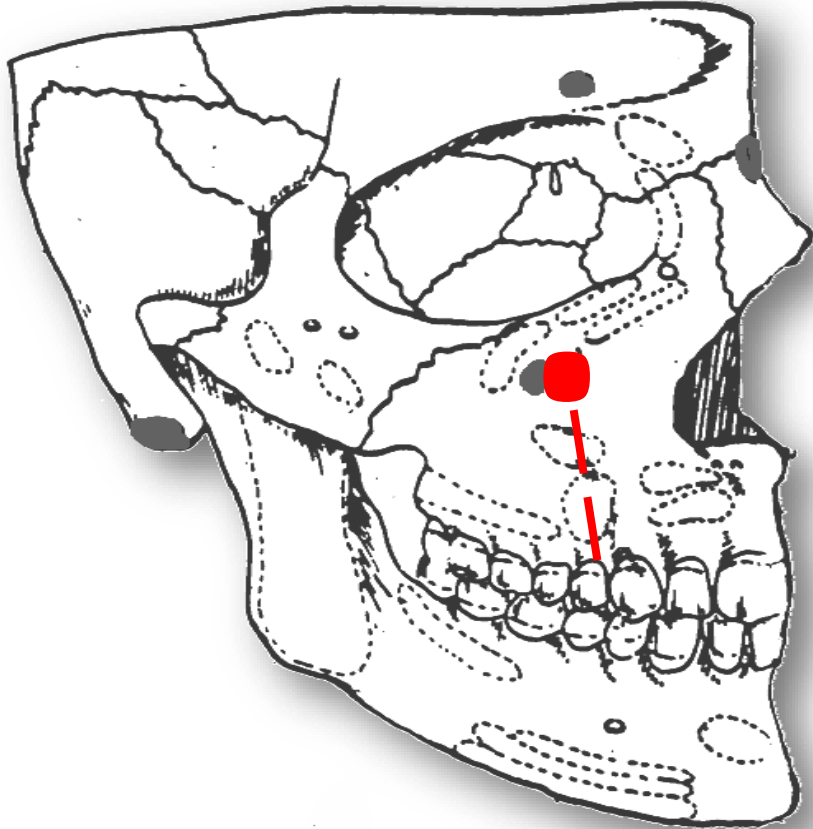
# 3.f) the neck reflex points according to Adler and Langer



# injection on sinus frontalis or nervus supraorbitalis



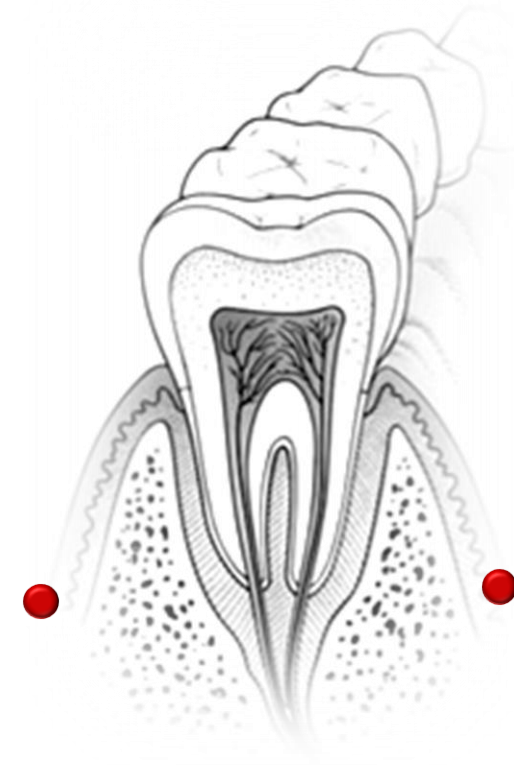
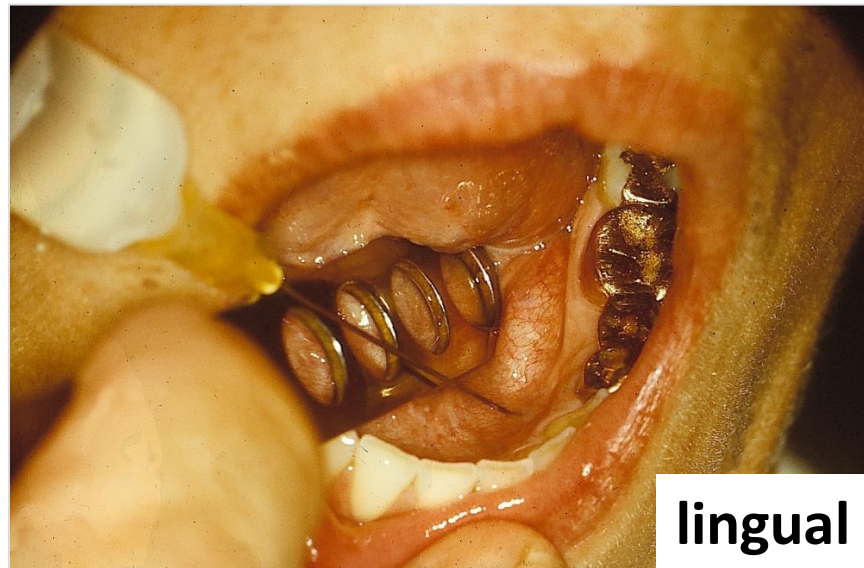
# injection on sinus maxillaris or nervus infraorbitalis



# injection on teeth in upper jaw bone



# injection on teeth in lower jaw bone



# injection on the tonsillar poles

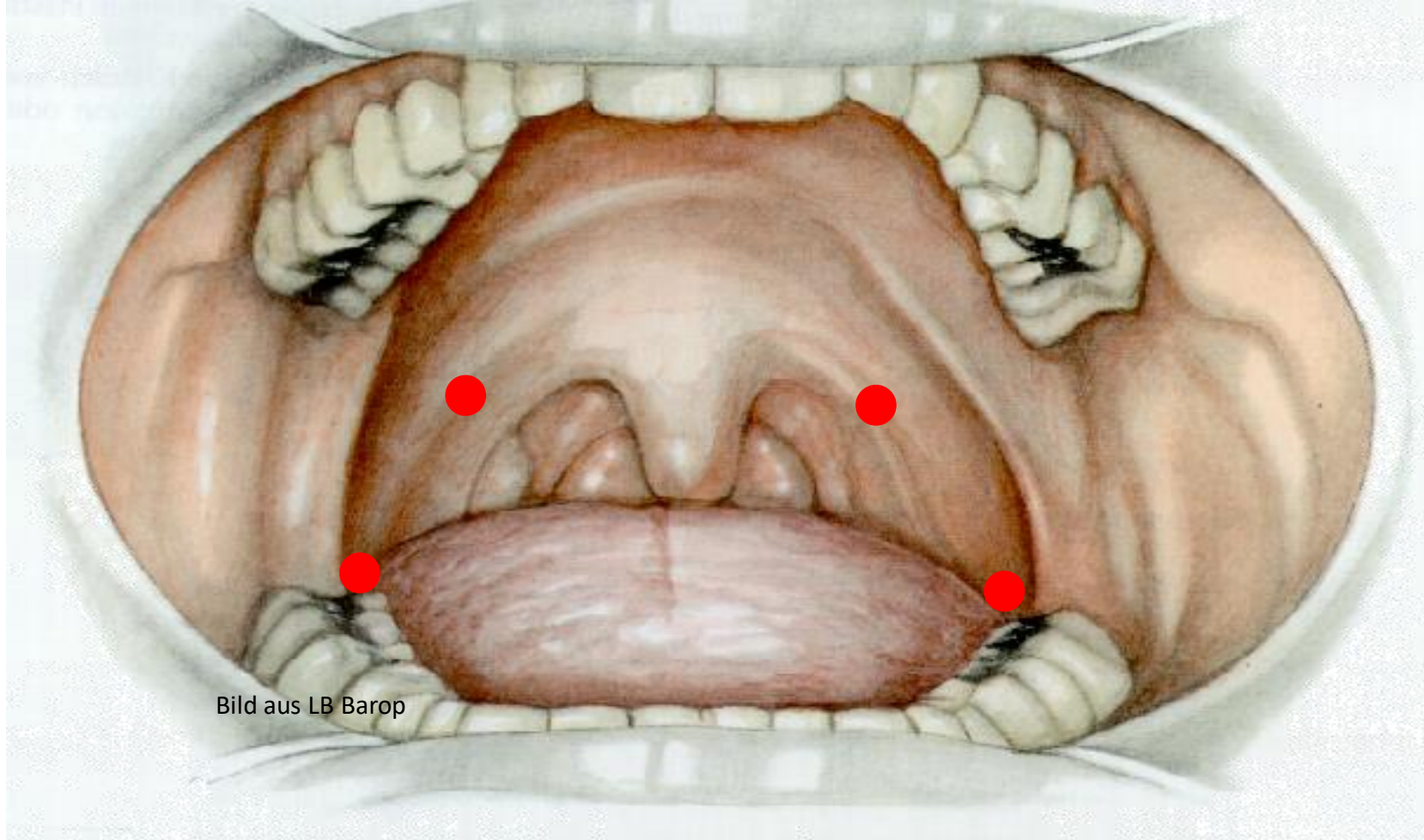


Bild aus LB Barop

**e.g. on the tonsillar pole top right**

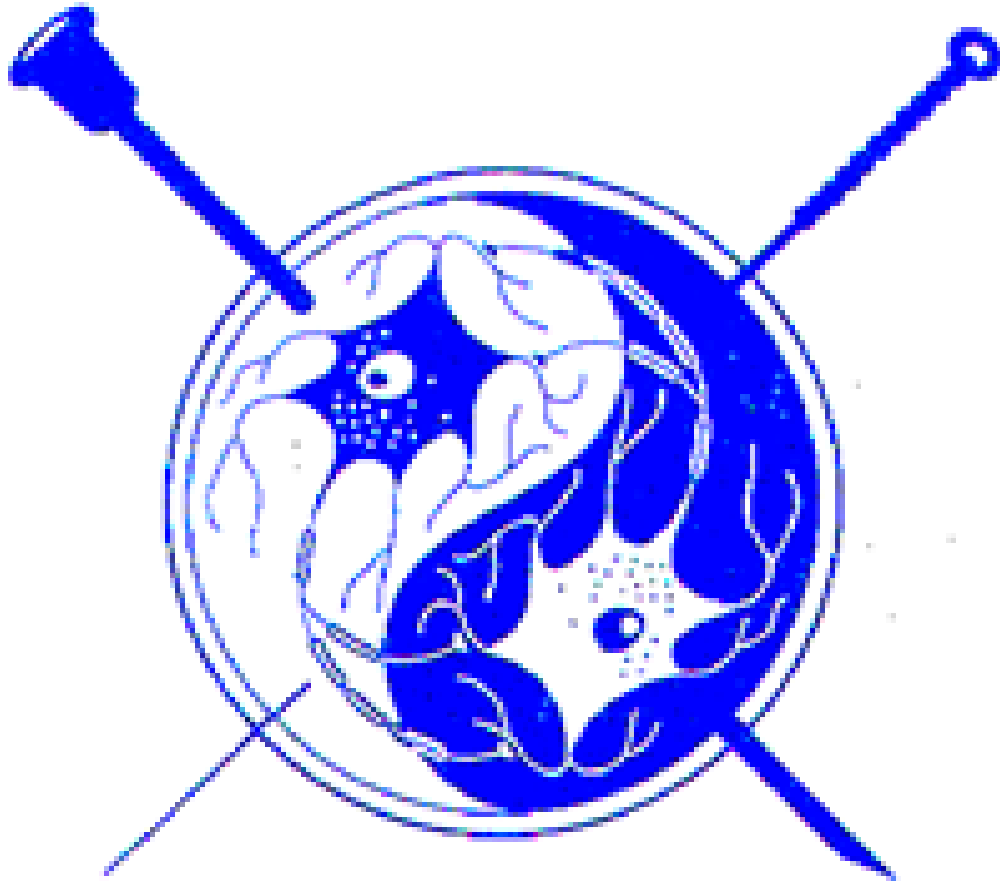




**e.g. on the tonsillar pole top right**



# Thank You for Your attention and good bye in 2025



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