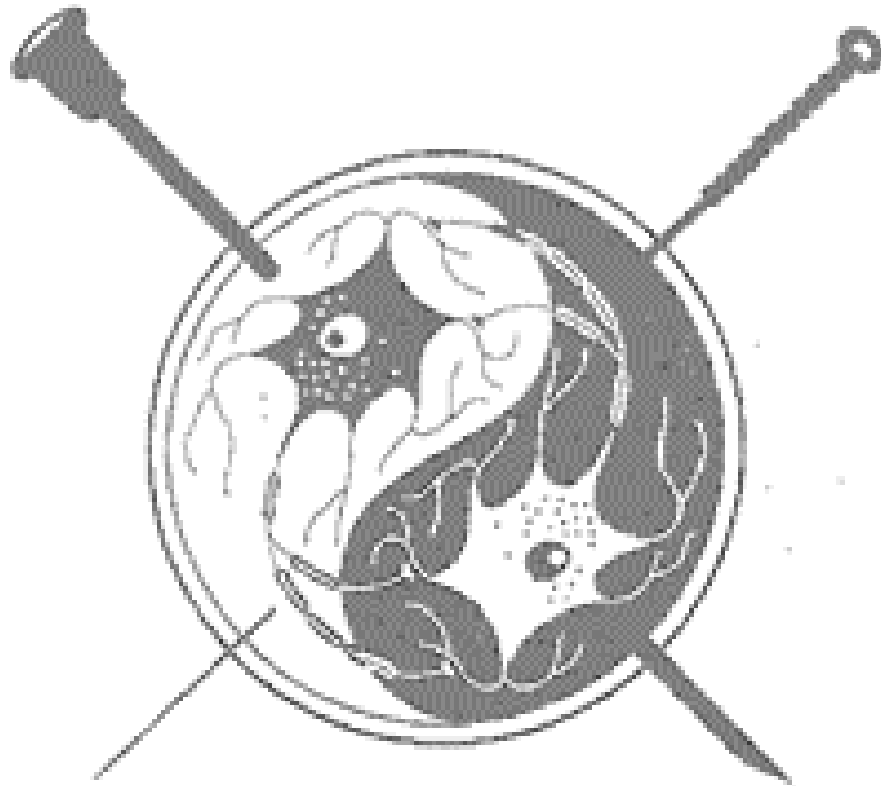


back pain – treatment with neural- and ozone-therapy



Uwe Günter, MD

President of the German
Society for Acupuncture
and Neural therapy
(DGfAN)

www.dgfan.de

introduction



- Uwe Günter, MD
- married, 2 children
- was born in Merseburg/Saxony Anhalt
- studied in Greifswald/Mecklenburg/Western Pomerania
- live in Brandenburg
- practices in Berlin as an orthopedist and neural therapist for 20 years
- lecturer in DGfAN since 2013

the goals of the DGfAN



- teaching how accurate
- needling a acupuncture-point or injecting procaine
- in the correct meridian, segment or region (e.g. dermatome, facet-joint, scar)
- in the event of an imbalance of yang/sympathicus and yin/parasympathicus
- in combination with related techniques e.g. ozone (in a triggerpoint or joint)

Neural-therapy



- is the diagnostic and therapeutic application of local anesthetics with reversible effects on neurological [1,2] and **immunological** receptors [3]
- local anesthetics are **immun-modulators to be applied locally**
- injecting drugs is a **medical art of healing**

[1] **Fleckenstein** A (1953) Über den Wirkungsmechanismus peripher schmerzerzeugender sowie lokalanästhetischer Stoffe. Acta neurovegetativa. 7: 94–105

[2] **Niesel** HC, Van Aken H (2003) Regionalanästhesie. Thieme

[3] **Weinschenk** S (2020) Handbuch der Neuraltherapie. 2. Aufl. Thieme

important studies and guidelines



- one of the most frequently used therapies in german practice [1]
- is recommended for neck-pain [2]
- classified as worth mentioning für ear-ache [2]
- is no recommended for low back pain [3] despite experience reports [4] due to the data an oral medikation

[1] Joos S, Musselmann B, Szecsenyi J (2011) Integration of complementary and alternative medicine into family practices in Germany: results of a national survey. Evid Based Complement Alternat Med. 2011:495813

[2] https://www.awmf.org/uploads/tx_szleitlinien/

[3] https://www.awmf.org/leitlinien/leitlinien-suche/II-ergebnis/liste/II-seite/40/II-dok/lang/II-klass/alle/II-gesellschaft/-b942022795/II-org/0/II-sort/rel/II-erg/10.html?tx_szleitlinien_pi2%5Bstatus%5D=1

[4] Weinschenk S. Neural therapy - A review of the therapeutic use of local anesthetics. Acupunct Relat Ther 2012;(1):5-9.

effects of local anesthetics



- local anesthetics induce intracellular anti-inflammatory effects via **G protein-coupled receptors** [1]
- local anesthetics inhibits **IL-1** secretion and stimulates **IL-1-RA** in epithelial cells [2]
- local anesthetics blocks **TNF- α** induction in endothelial cells [3]

[1] Weinschenk S (2010) Handbuch der Neuraltherapie. Elsevier

[2] Lahav M et al. (2002) Clin. Exp Immunol 127(2): 226-33

[3] Piegeler T et al. (2014) Anesthesiology. 120(6): 1414-28

facts about procaine



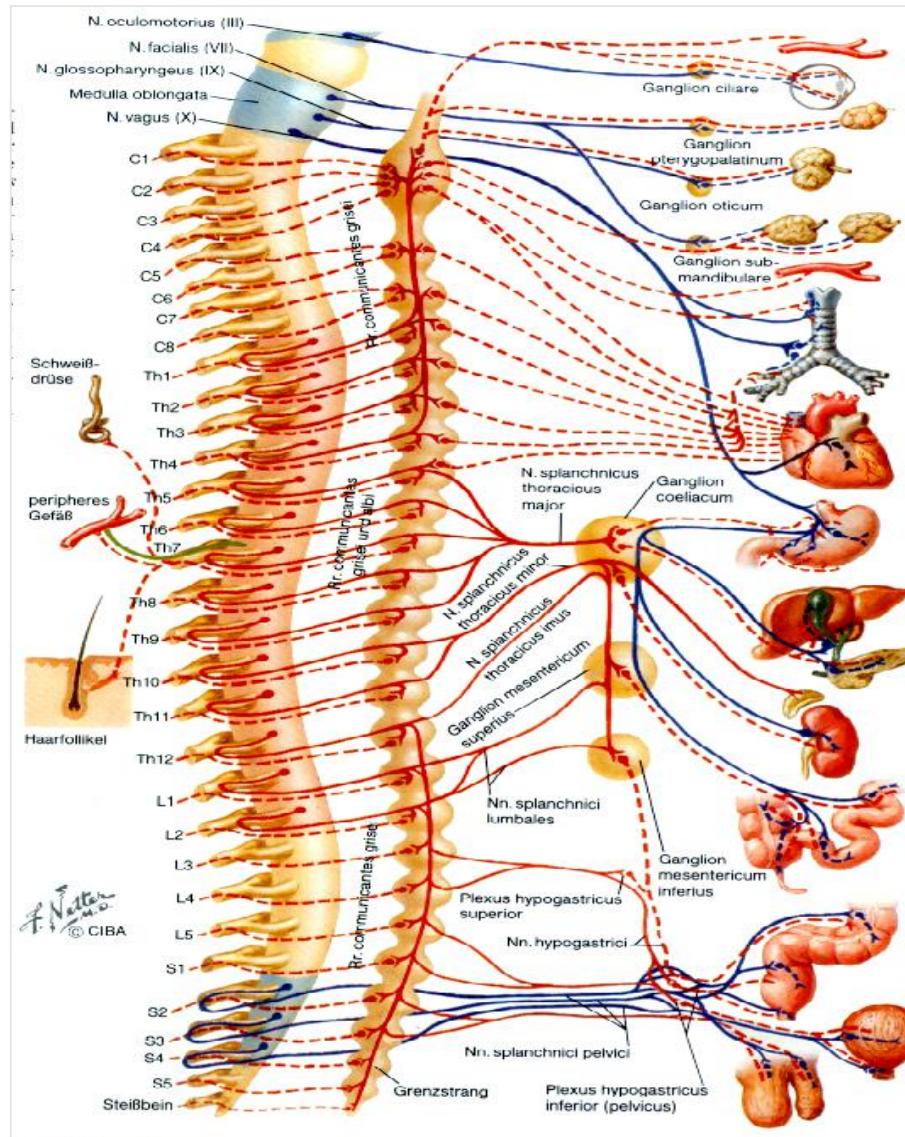
- in practice favor the use of procaine, because the effect of its specific dissociation products paraaminobenzoic acid and diethylaminoethanol.
- They
 - reduces a pathologically increased capillary permeability
 - act antihistaminic
 - induces vasodilatation

facts about inflammation



- inflammation follows stress
- non-accidental pain follows inflammation
- stress-adaptation follows pain
- all these 3 factors **activate the sympathetic nervous system**

topo-anatomy of the ANS



- near Nn. III, VII, IX und X
- parasymp. Ggl. near N. V1-3
- Ncll. intermediolat. C8-L2 with r. comm. albi
- Border strand from GCS to impar with r. comm. Grisei
- paar Ggl. supradiaphragmal (esp. stellatum) and unpaar infradiaphragmal (esp. coeliacum)
- Ncll. intermediolat. S2-4 with Nn. pelvini to Plexus (esp. uterovaginalis/prostaticus)

sympathic/vascular/fibro-myalgie



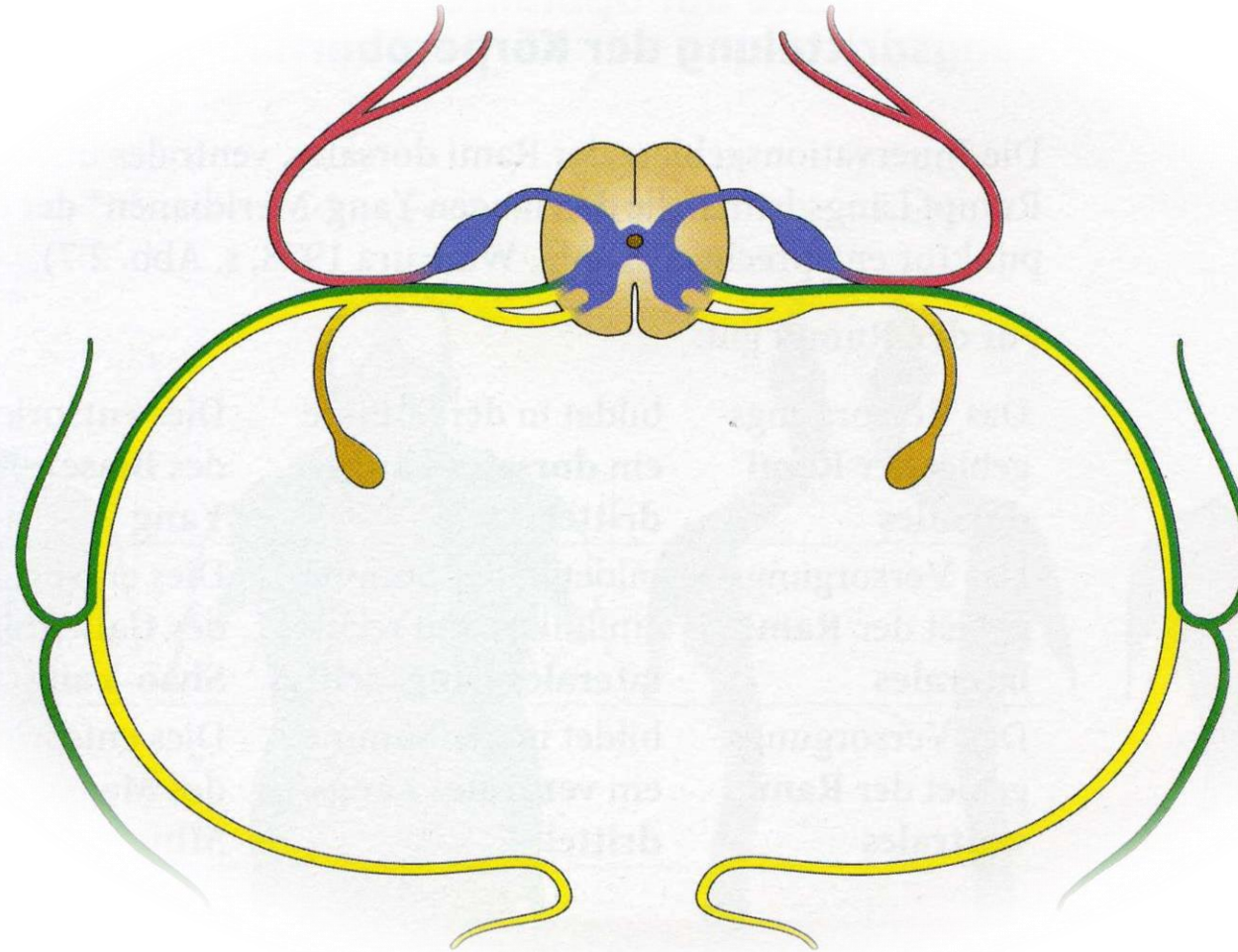
- complex-regional-pain-syndrom (CRPS)
- „soft tissue syndromes“^[1] incl. vasculitis
- chronic widespread pain or Fibromyalgie-Syndrom (FMS)^[2]
- posttraumatic syndrome or posttraumatic-stress-disease (PTSD)^[3]

[1] Müller W (1976) Der Begriff des Weichteilrheumatismus. Springer

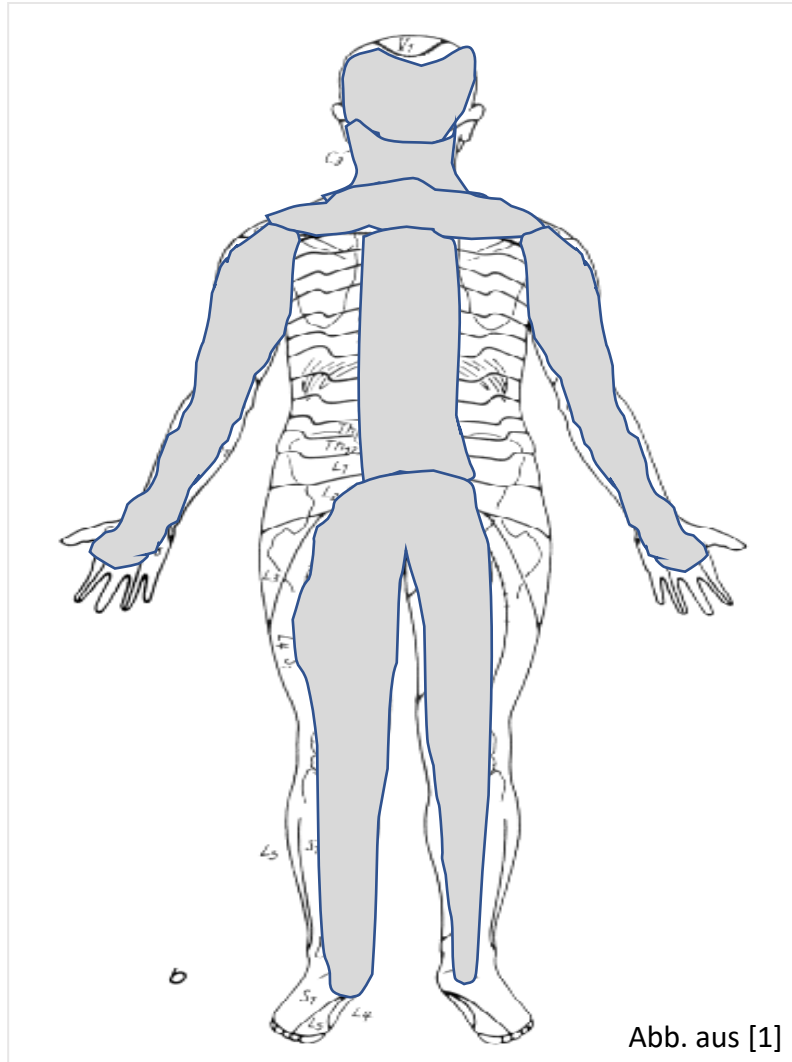
[2] Hench PK (1976) Nonarticular rheumatism. Rheumatism Reviews 22: 1081–8.

[3] Pall M (2007) Explaining “Unexplained Illnesses” Harrington Park Press; New York

segment and spinal nerv



different back pain



- C2 – occipital or Headache
- C3 – cervical pain
- C4/5 – Cervico-Omalgia
- C6-Th1 Cervico-Brachialgia
- Th2...12 – dorsal pain
- L1-S3 – lumbosacral pain and Lumbo-Ischialgia

medical history

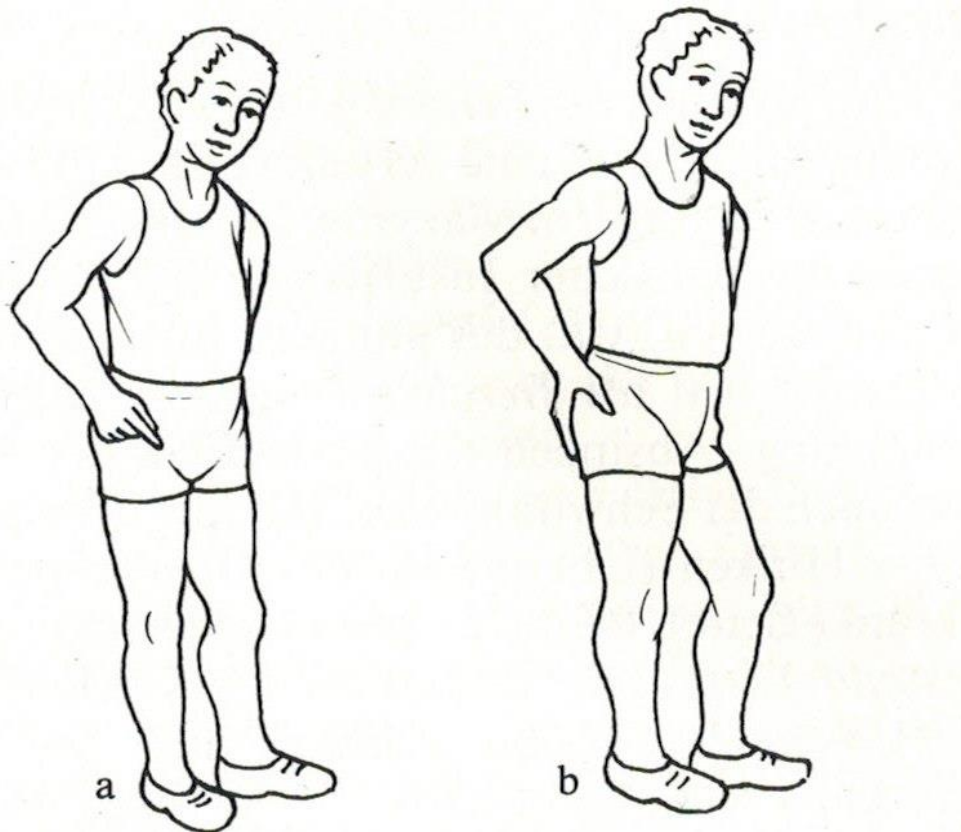
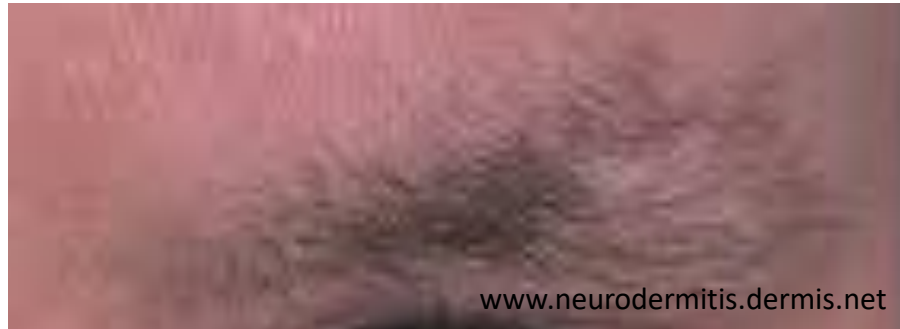


Fig. from [1]

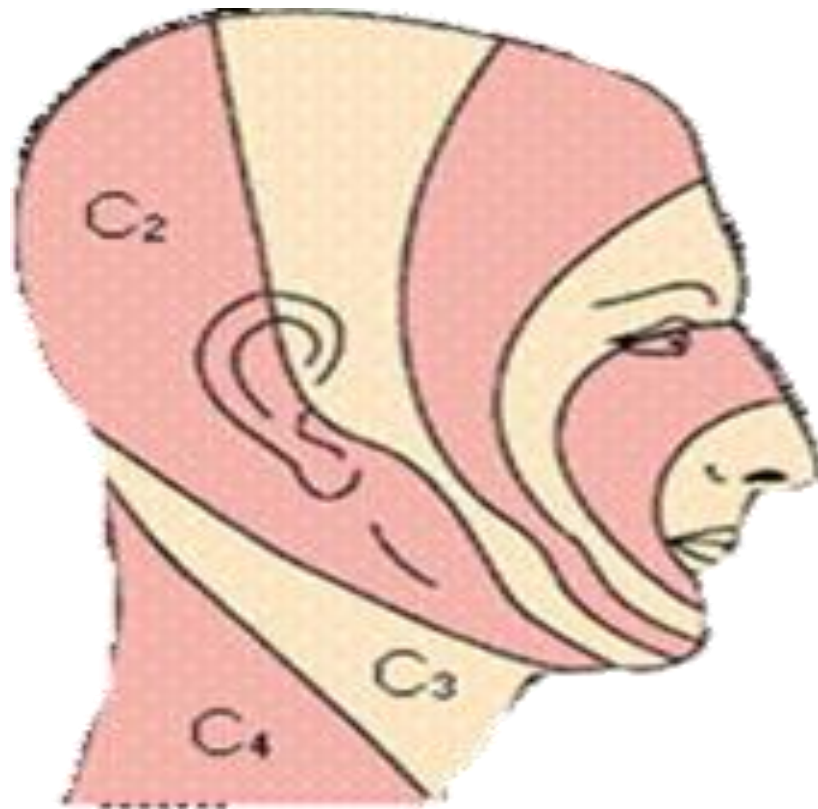
- „show me your problem and describe Your own history in chronological order, please!“

inspection of the trigeminal branches



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

projection zones according to Dr. Lähr and Dr. Sölder



- connections between trigeminal branches and interneurons in brainstem or myelon

lymph-belt according to Dr. Gleditsch



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

posture according to Dr. Mayr

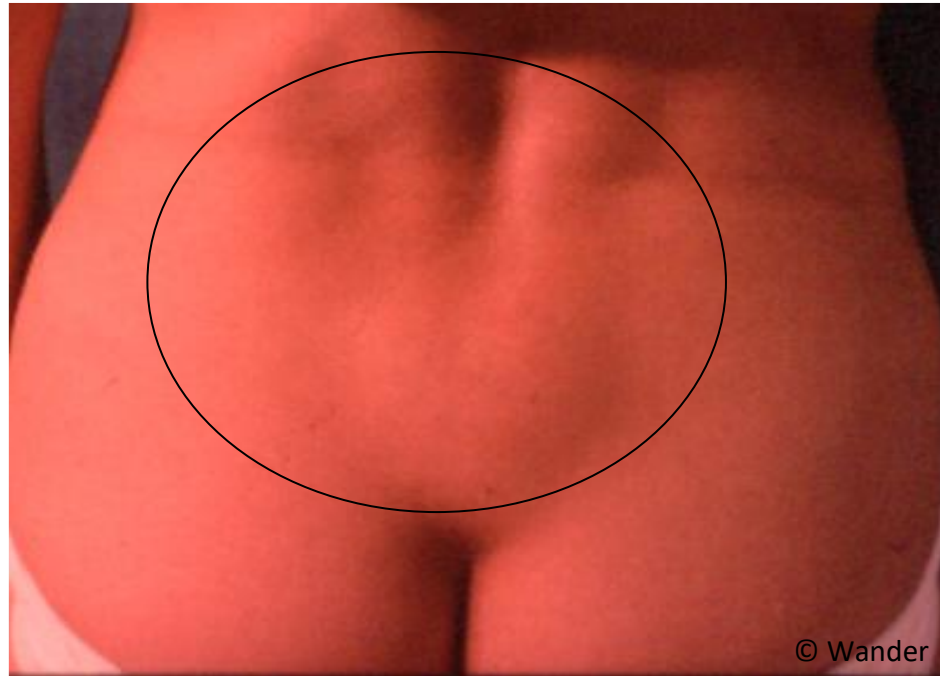


- subcutaneous swelling
- weakening of the thoracolumbar ventral muscles
- shortening of the dorsal muscles with
- hyperlordotic malposition
- in the case of a lymphatic-inflammatory digestive disorder

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

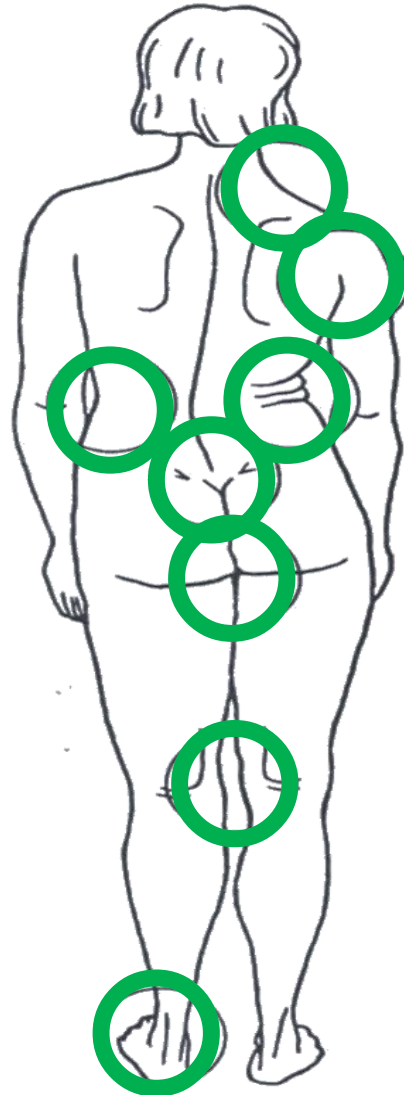
[2] **Gründling** PW (2019) Konstitution und Ernährung – die Ernährungstypen nach F.X. Mayr. ZKM 11(04): 14-8

swelling in the „Michaelis-Rhombus“



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

global inspection standing



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

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

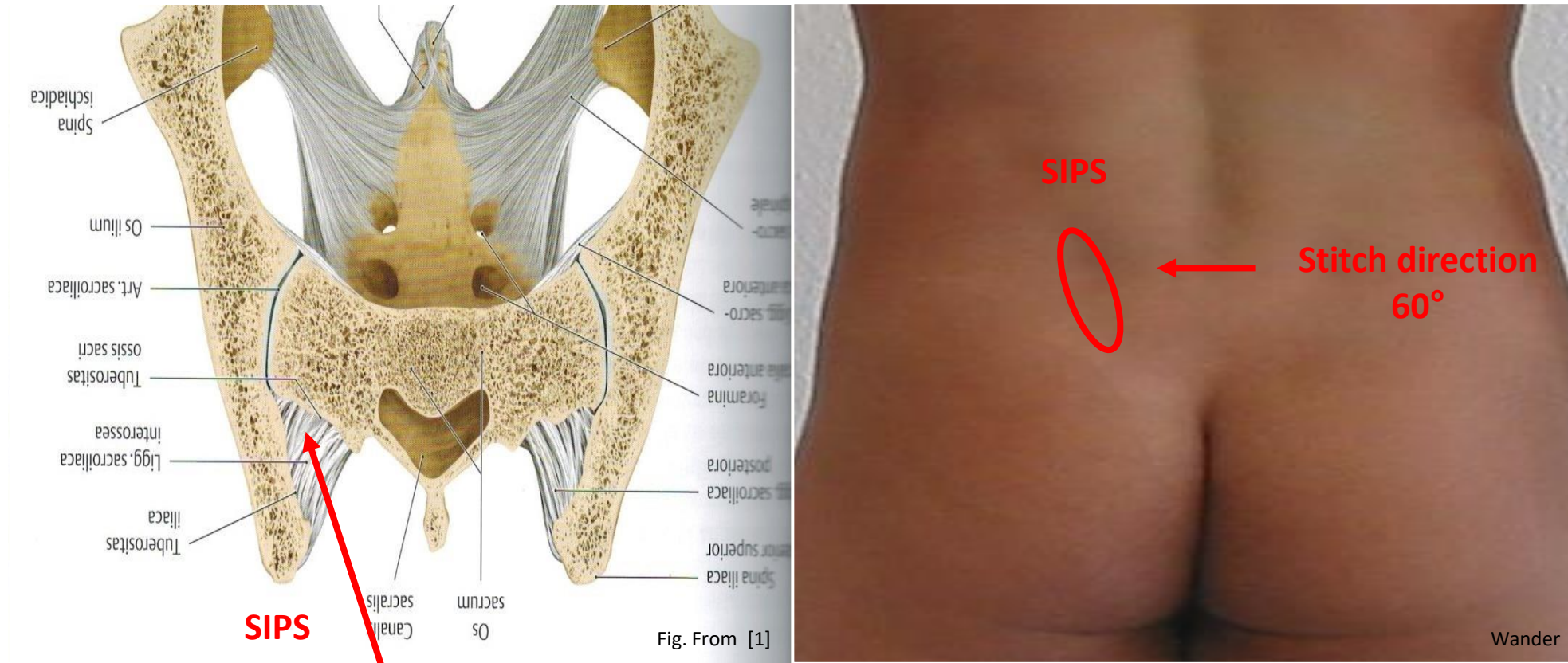
[2] Gülbahce, E (2011) Vergleichsstudie zur Bestimmung von Beinlängendifferenzen mittels sonographischer und radiologischer Verfahren. Diss.

spine off



- When the leg is raised, the palpated SIPS (here on the right) does not move inferior compared to the palpated spine S1 with a blocked sacroiliacal joint.
- normal value: 0,5–2 cm [1]

injection on the SI-joint or iliosacral ligament



SIPS

SIPS

**Stitch direction
60°**

**Stitch
direction 60°**

Fig. From [1]

Wander

check the pelvic torsion

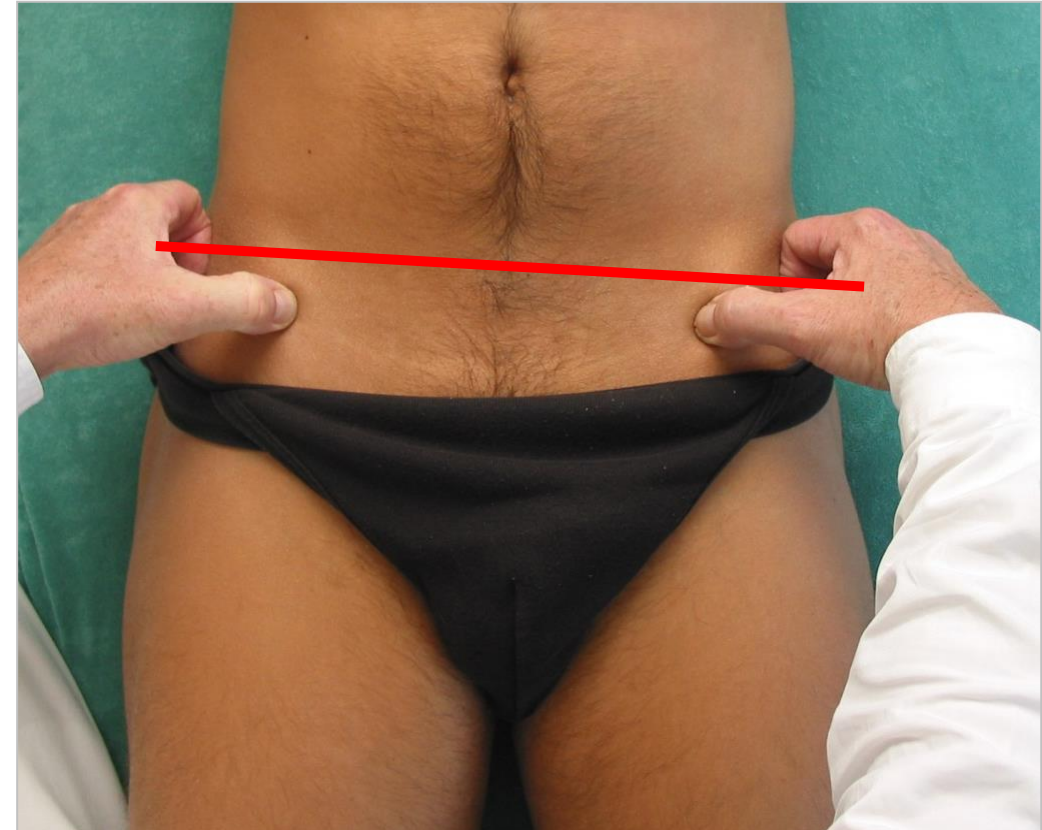
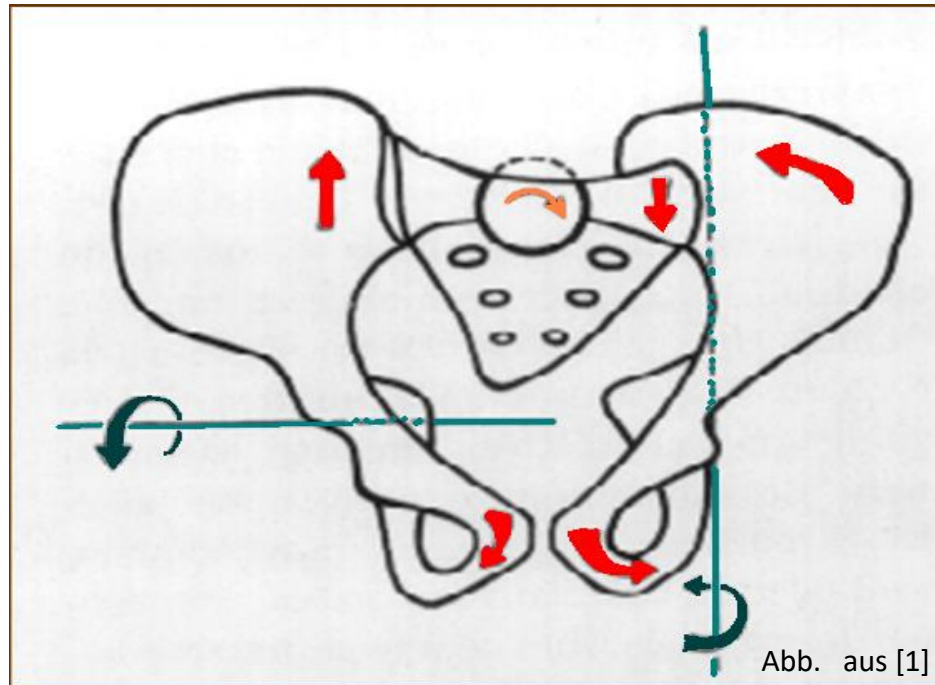


Abb.1-2 © Wander

pelvic torsion



- Is a reflex process as a result of disturbed joints and muscle chains with mostly **descending and occasional horizontal disturbances** or interference fields (Trigeminocervical, scars, pelvic organs).

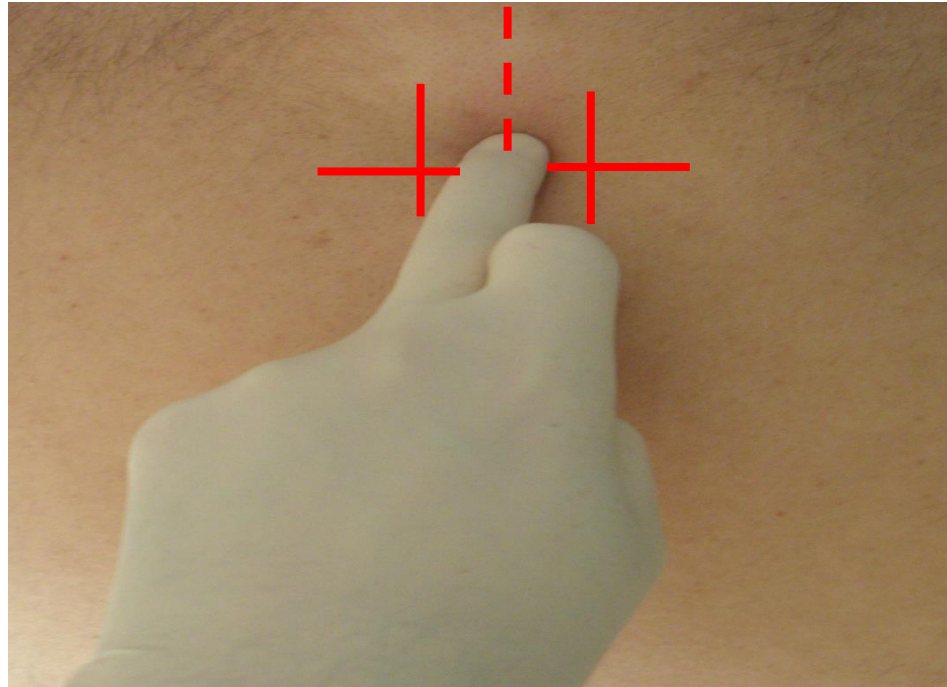
Neural- ozone therapy of the segments



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

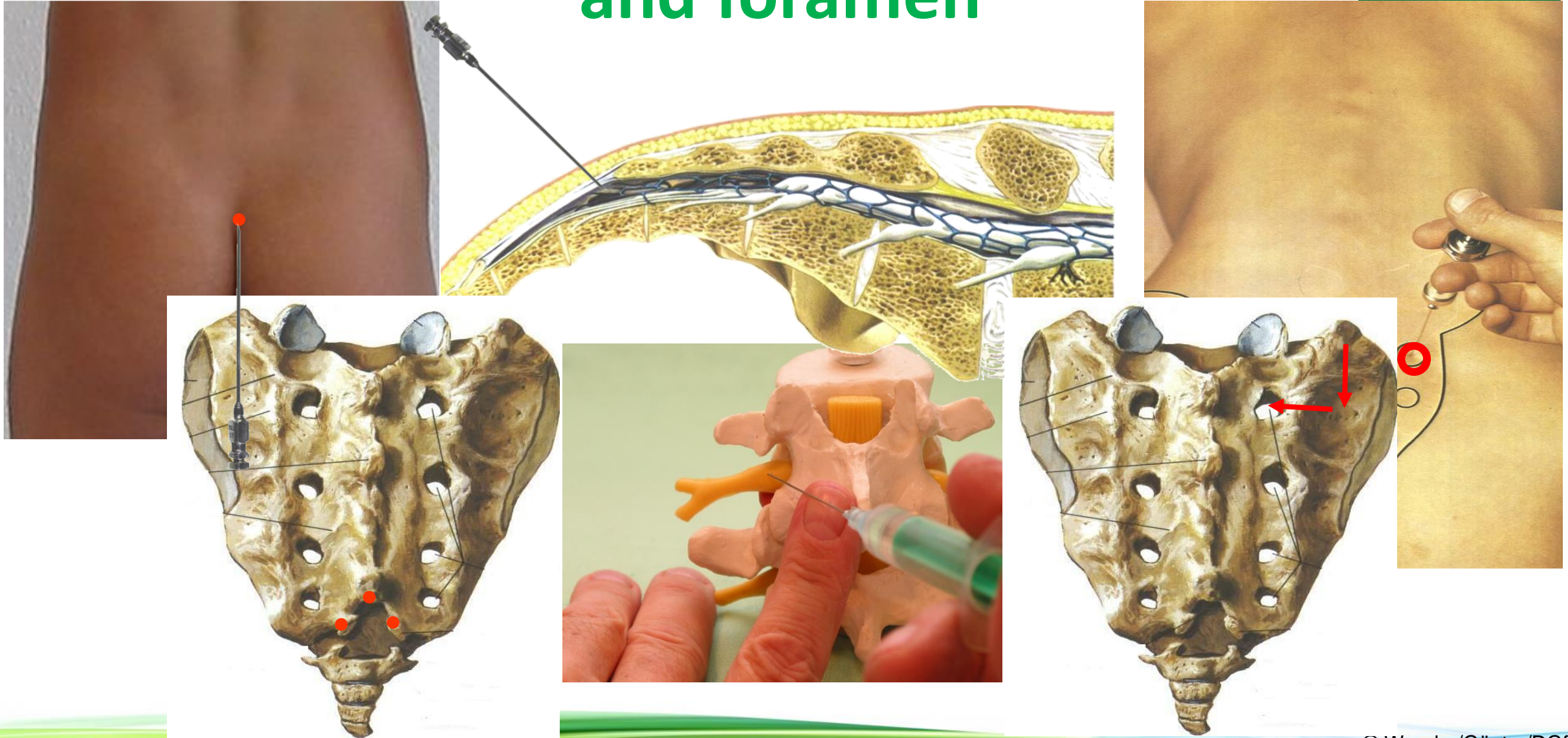
injection on the facet according to Dr. Mink



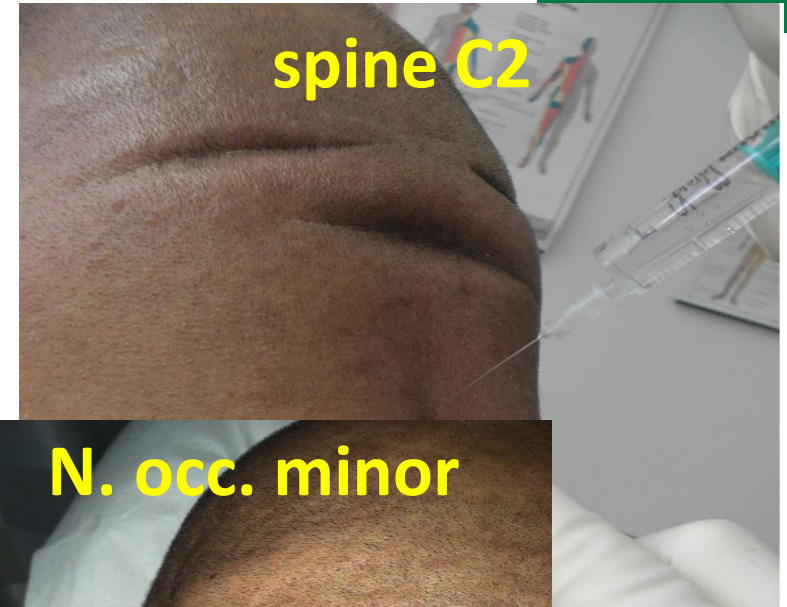
injection according to Mink cervical



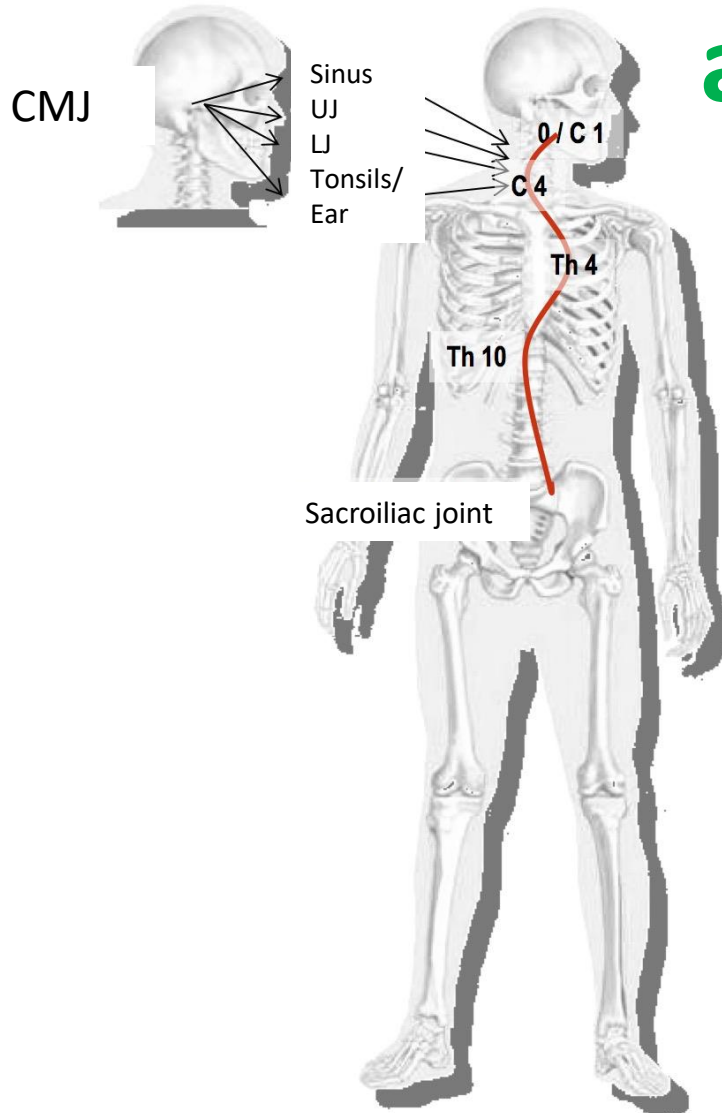
techniques on hiatus, spinal nerve and foramen



neural- and ozone-therapy on spines, nervs or in muscels

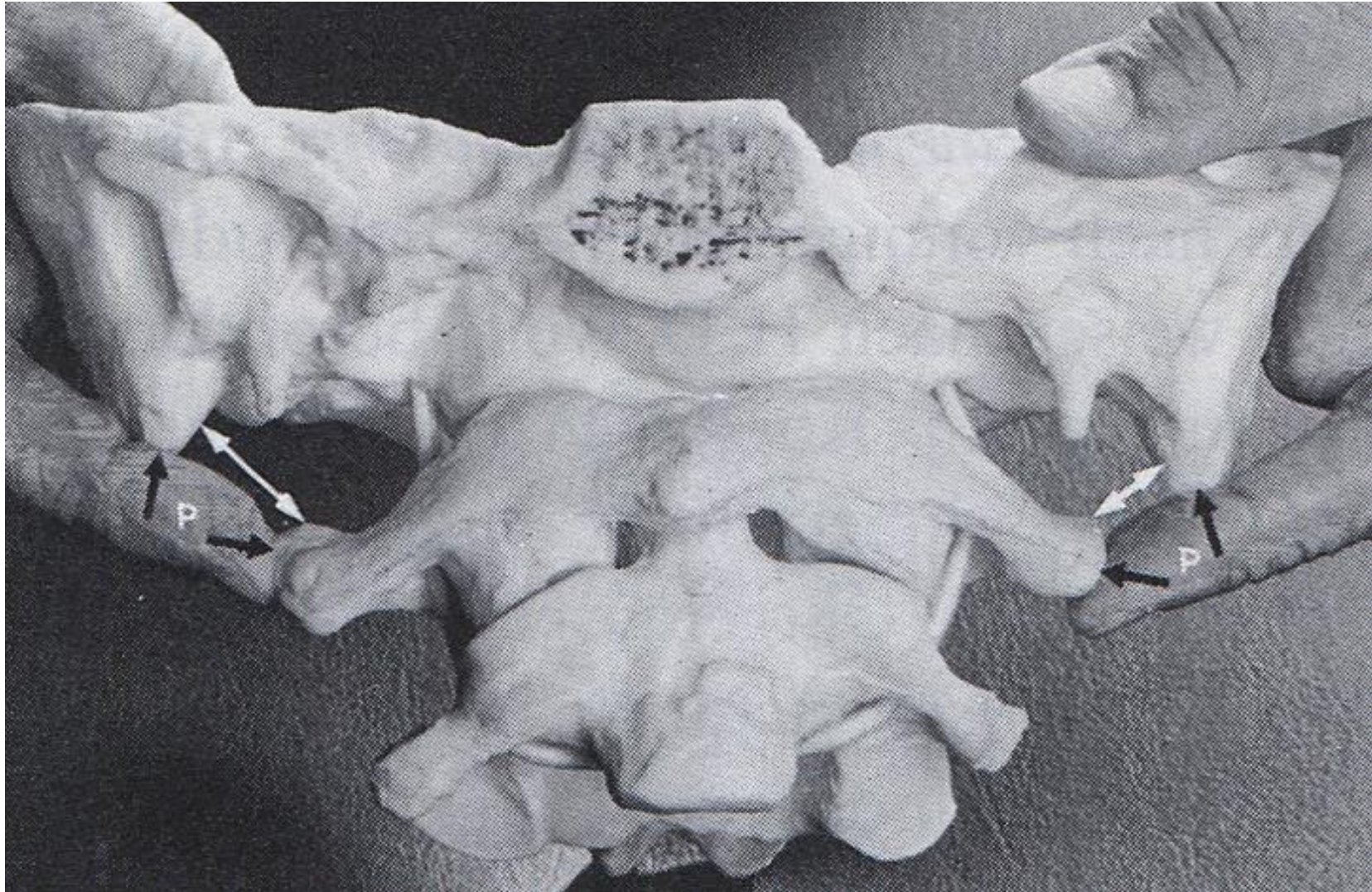


decreased disturbance according to Dr. Wander

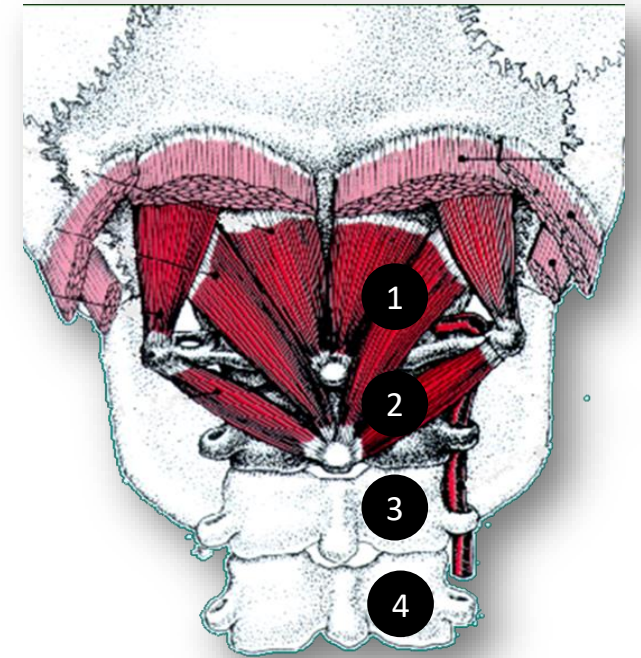
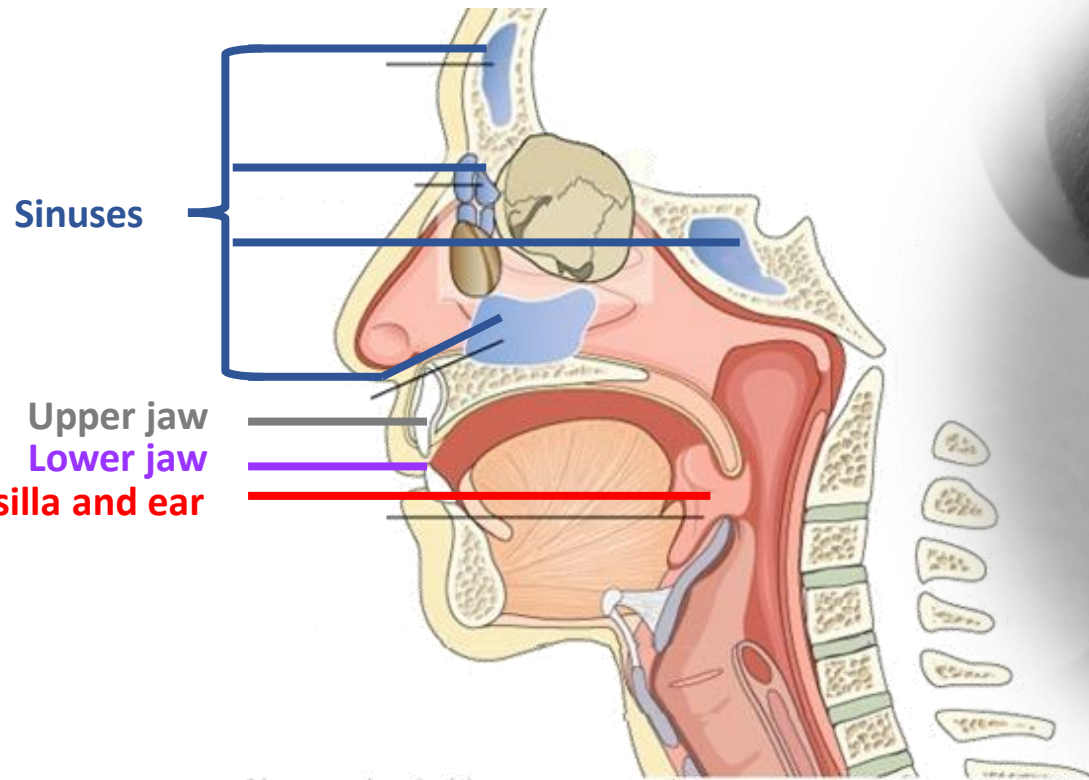


- Occlusion
- Sinus, Teeth, Parodontium and Jaw bone
- Tonsills
- Segments like C4, Th4, Th10
- intestine and digestion
- pelvic organs, pelvic torsion and SI-joint

palpation of the Atlas



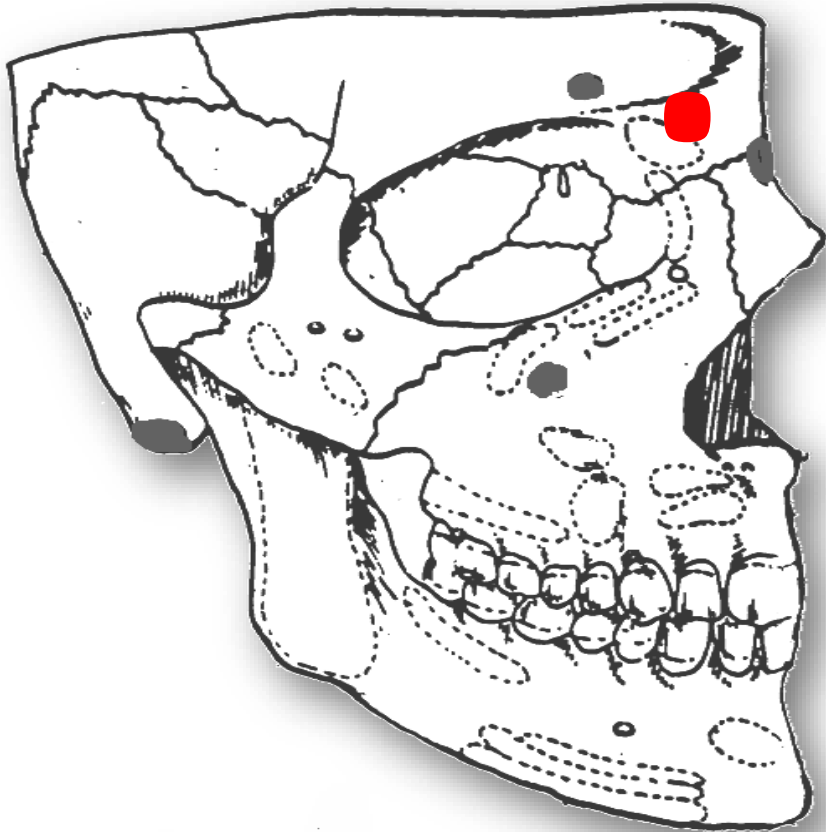
the neck reflex points according to Dr. Adler and Dr. Langer



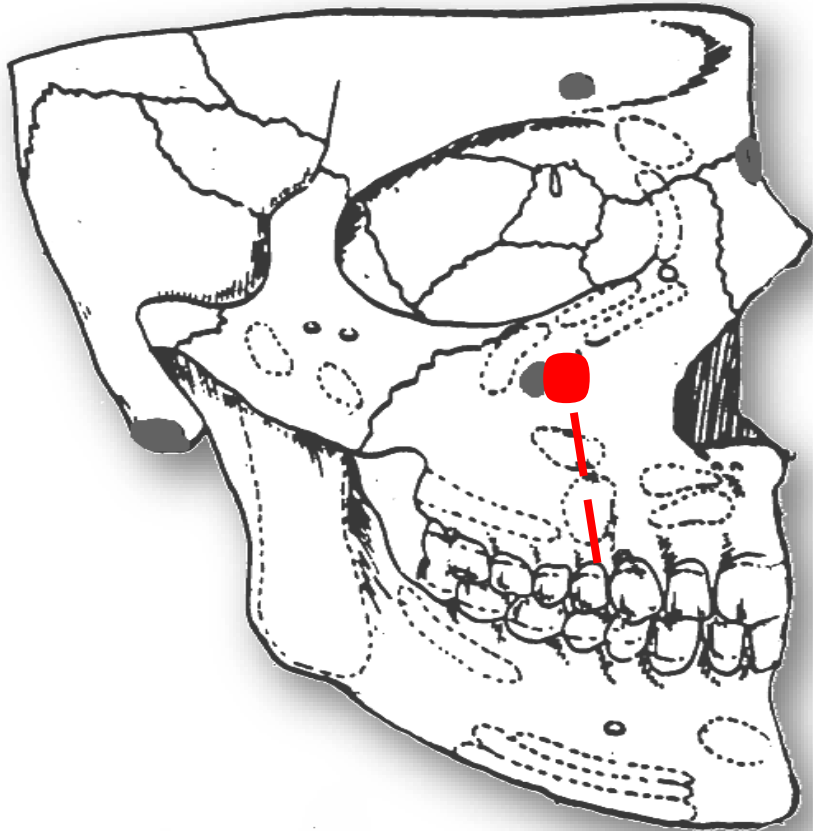
the neck reflex points according to Dr. Adler and Dr. Langer



injection on sinus frontalis or nervus supraorbitalis



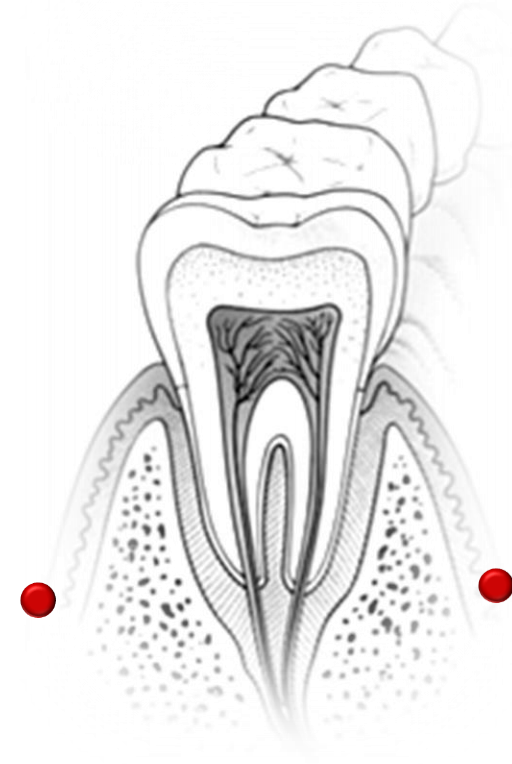
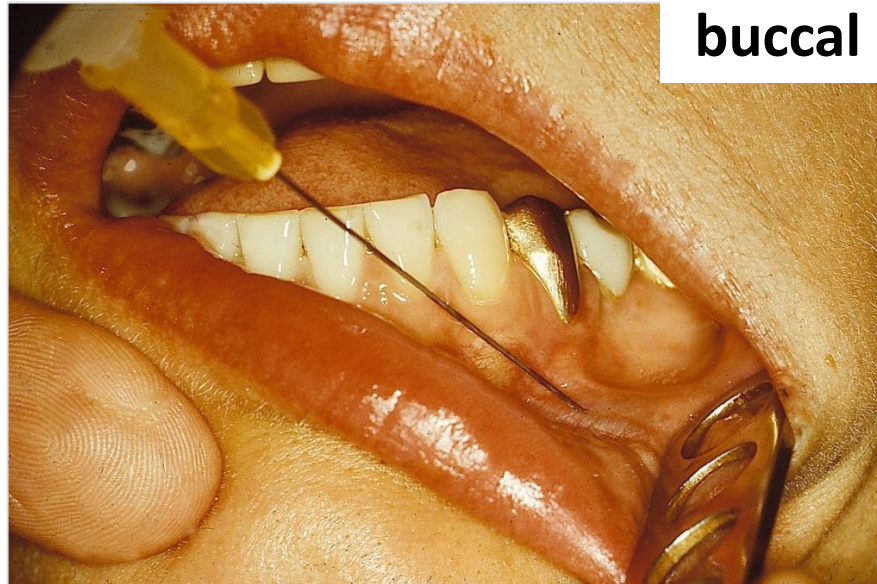
injection on sinus maxillaris or nervus infraorbitalis



injection on teeth in upper jaw bone



injection on teeth in lower jaw bone



injection on the tonsillar poles

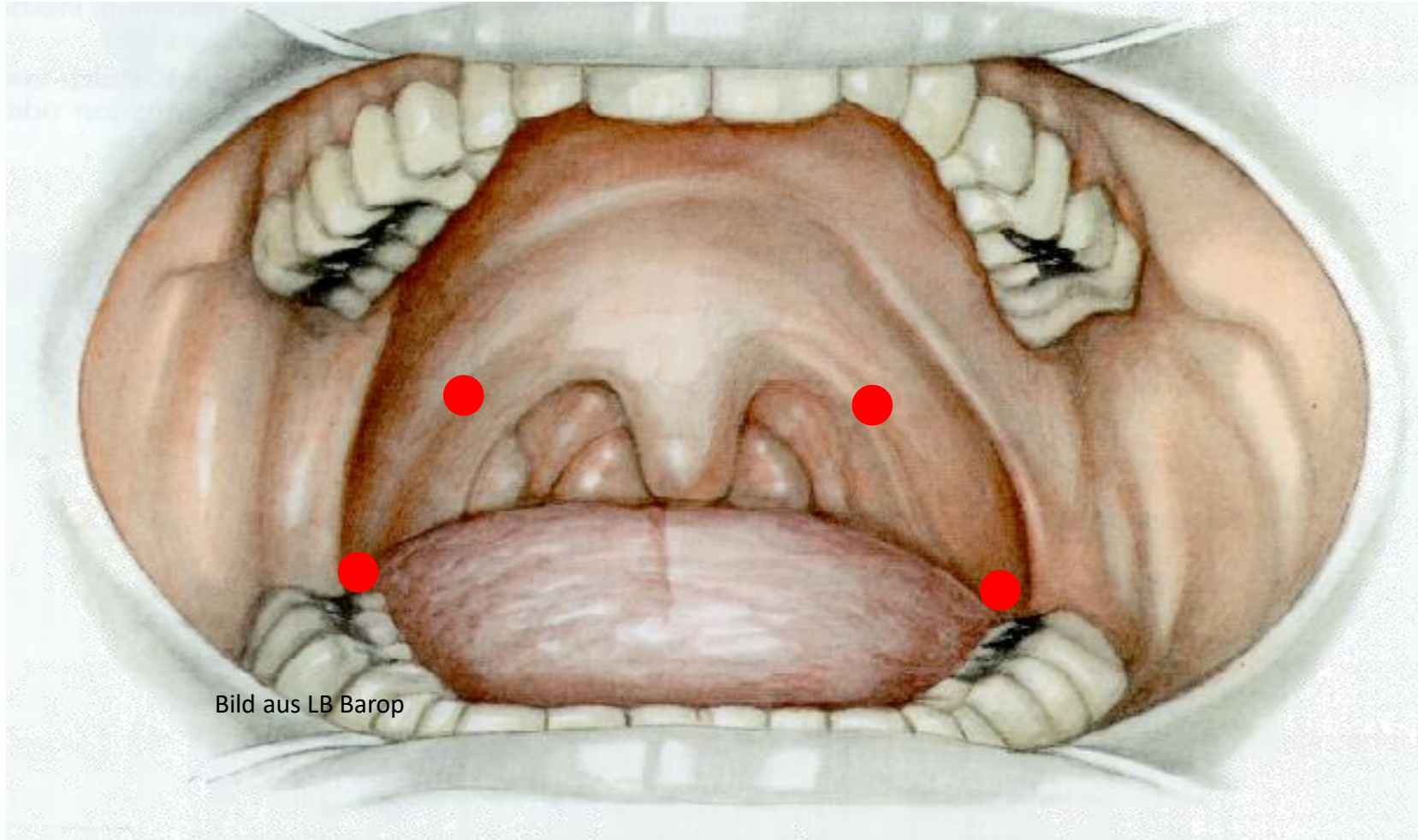


Bild aus LB Barop

e.g. on the tonsillar pole top right



Thank You for Your attention



Uwe Günter, MD

President of the German
Society for Acupuncture
and Neural-Therapy
(DGfAN)

www.dgfan.de