

THE ROLE OF HOMOTOXCOLOGY IN ENERGY MEDICINE FOR PAINFUL CONDITIONS OF THE HEAD AND NECK

Professor Paul Bradley

The management of chronic pain in the head and neck region taxes the skills of the clinician to the utmost. Melzak and Wall, proponents of the Gate Theory of Pain, have suggested that combining different methods of treatment (which each may work through a different physiological mechanism) is more effective than the use of single agents. The human body is an electromagnetic environment. Various forms of Energy Medicine allow a clinician to interface with this electromagnetic background in a meaningful way. These methods are listed as follows (it will be noted that Homoeopathic/Homotoxicological medications are included as Vibrational Molecules):

1. Low Intensity Laser Therapy (LILT).
2. Ultrasound.
3. Pulsed Wave Diathermy.
4. Interferential Therapy.
5. TENS.
6. Magneto Therapy.
7. Acupuncture.
8. Vibrational Molecular (Homoeopathic/Homotoxicological).

The lecturer has had nearly 10 years experience in the use of physical forms of Energy Medicine in the treatment of head and neck pain and has supervised three postgraduate students undertaking PhD thesis whose projects have allowed the evolution of a number of methods of evaluation of clinical response to this form of treatment. Over the last year he has added Homotoxicological Agents (Traumeel and Spigelon) to the repertoire.

The following are initial conclusions:

- a) Routine clinical use has shown that Traumeel is a useful agent in the treatment of myofascial pain of the head and neck applied to trigger points acutely by injection or chronically as ointment.
- b) Initial results suggest that Traumeel may have a role in the management of allodynia injected superiorly to the hyper-sensitive area and allowed to drain inferiorly into the zone of interest at seven to 10 day intervals. This is followed by the use of ointment applied twice daily for Maintenance.
- c) Spigelon shows early promise in the management of idiopathic neuralgias of the head and neck region, such as trigeminal neuralgia, as an adjunct to conventional medication with anti-convulsants and tricyclic antidepressants. It may be given by injection around the affected nerve branch or by tablets.

- d) There appears to be a clinically useful inter-relationship between the various forms of energy medicine for head and neck pain and likely synergy. Homotoxicological agents show promise of being a useful addition to the repertoire.
- e) Clinical research is appropriate to investigate the efficacy of the various forms of energy medicine and how they may best be combined. Available Methods of Investigation are:
 - 1. Algometry to elicit pressure pain threshold (PPT) of myo-fascial trigger points and trigger point in trigeminal neuralgia.
 - 2. Electromyography to evaluate painful muscle response and its relief eg: triple masseteric clench
 - 3. Neurometry to define the status. of component nerve fibres ie: A beta for touch, A delta for fast sharp pain and C for slow dull pain
 - 4. Laser Doppler to define a microcirculatory response relevant to wash out of nociceptively active metabolites.
 - 5. Ultrasound Doppler to image larger vessels as part of a potential sympatholytic response.

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References

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