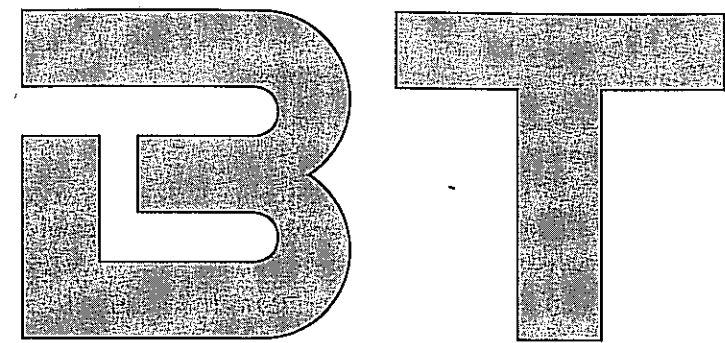


BIOLOGICAL THERAPY

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Introduction to Neural Therapy

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What does neural therapy involve?

Neural therapy involves curative procedures which act via the autonomic nervous system. Techniques of neural therapy were developed from procedures applied for local anesthetics by the two brothers and general practitioners Dr. Ferdinand Huneke and Dr. Walter Huneke, both medical doctors in Düsseldorf.

Neural (Greek): Of, relating to, or affecting a nerve or the nervous system.

Neuron: Nerve cell, nerve tracts, neuron theory

Neuron theory: The original version of the neuron theory, as published by Ramon y Cajal in 1934, stated that each nerve cell (i.e., neuron) represents an anatomical, genetic, functional, and regenerative unity.

The latest insights gained from electron-microscopic findings have confirmed the reality of synapses as physically and anatomically verified sites of junction: between two neurons (i.e., an interneuronal synapse) and between a neuron (peripheroceptor) and the locus of action (i.e., a neuro-receptor synapse). These insights, in conjunction with complementary findings, represent the confirmed scientific basis for the entire fields of neurohistology, neurophysiology, and neuropathology.

The significance of neural therapy: Neural therapy involves curative techniques administered via the autonomic

nervous system. The autonomic nervous system is a functional unit which includes the neurohumoral regulatory system in its overall mode of reflectoral operation. The autonomic nervous system encompasses the sympathetic nervous system, the parasympathetic nervous system, and the basic autonomic neural system. This basic autonomic neural system is the interstitial, soft connecting tissue which fills all organ interstices. It is composed of cells, nerves, capillaries, and extracellular fluid. This system plays the role of a communicator in the overall arrangement which enables each cell in the body to be in connection with every other cell. The autonomic nervous system is that part of the entire central nervous system which is of significance for the maintenance and reproduction of the particular organism involved. The autonomic nervous system primarily serves for control of the inner milieu. Since the control loops of the autonomic and somatic nervous systems are multiply interlinked at all synapse stages of the central nervous system, the functioning of the autonomic nervous system is not in fact strictly autonomous in nature.

The autonomic nervous system differs from the somatic nervous system in the following significant aspect:

Connections to the periphery are not uniformly present. These connections are also subject to interruption by intermediate ganglionic stations (in which the ganglia are groups of nerve cell bodies). In the autonomic nervous system, sympathetic and parasympathetic ganglia are involved.

Human life is possible only in conjunction with the bernetic control of all regulation mechanisms. The pathways the autonomic nervous system have the function of passing stimuli. Excessive stimuli disturb or block the development energy and, in turn, the distribution of this energy. All ural therapeutic methods feature the introduction of energy o the impaired tissue, or they effect removal of the blockage energy transfer. These procedures, however, also initiate actions which are capable of eliminating damage which has eady occurred. The body's defense system, with its echanisms of self-healing, is thereby stimulated to action.

All neural therapeutic techniques in the broad sense utilize is approach: acupuncture, chirotherapy, cutaneous and er types of stimulation, and cupping. And the same applies r neural therapy in the narrow sense: concerted injection erapy with local anesthetic.

HISTORICAL SUMMARY OF NEURAL THERAPY

Neural therapy by means of local anesthetic was discovered intentionally by Ferdinand and Walter Huneke. The Huneke others, both medical doctors from a family of physicians, d attempted unsuccessfully for years to treat their sister's vere migraine attacks.

Atophanyl, a new medication for rheumatism, was roduced onto the market in 1925. On the advice of a lleague, Ferdinand Huneke treated his sister by intravenous ection of the new preparation. The therapy immediately errupted the migraine attack, with all its accompanying mptoms. Only one single subsequent administration, with e same success, was required to completely free his sister of r long-term suffering.

The two brothers were naturally impressed by the success their treatment, but they could not explain the effects. They d eventually determine, however, that Atophanyl was ailable in the following two types:

For intravenous administration, without 2% addition of ocaine and

For intramuscular administration, with 2% addition of ocaine.

In his treatment of his sister, Ferdinand had confused the o solutions and had mistakenly administered the procaine ution intravenously — a form of administration which had til that time been expressly forbidden. It was believed then at procaine could damage important centers in the brain.

Motivated by the unexplained success of the therapy, the others then began to separately study the causative factors hind the accidental cure.

The two brothers independently discovered that the positive ect of the procaine was not only associated with the mode administration (i.e., intravenous injection), but that the erminating criterion for the therapeutic results was most bably the specific point of the injection. They wondered urther previously unknown reflex-type reactions could ssibly act via Head's zones.

Beginning with these findings, Ferdinand and Walter Huneke used injections administered at particular points to treat conditions of pain in the respectively segment-associated areas of the body. They named their technique "therapeutic anesthesia," until Kibler, a friend, proposed a better name: "segment therapy with local anesthesia."

In 1928, the Huneke brothers published their findings in *Medizinische Welt* under the title, "Unexpected Remote Therapeutic Effects of Local Anesthesia."

Neural therapy as developed by the Hunekes is administered in two forms:

A. Segment therapy: This technique involves administration of concerted injections of anesthetic into the segmental area associated with the illness.

B. Elimination of a focal disorder: Rendering a causal focal disorder ineffective by means of a neural therapeutic agent acts as causal therapy, with the elimination of complaints and pain in seconds (the so-called Huneke phenomenon), including pain without segmental association.

Definition of focal disorder: In this context, a focal disorder is chronically altered tissue which causes remote disorders via neural paths. A focal disorder is considered to be any pathological alteration which possesses the ability to cause remote disorders beyond its immediate locale.

Location of focal disorders: Pinpointing of the focus responsible for a disorder begins with preparation of a concerted case history, and includes systematic injections at potential foci.

How can these potential foci be identified? A carefully planned and prepared case history is of greatest importance here. A considerable number of potential foci can be established in this manner for most patients. Not all foci are active, most are in fact passive. Differentiated diagnosis in the establishment of causal relationships is most effective here.

Statistics have indicated that approximately 30% of previously therapy-resistant illnesses are caused by remote focal disorders.

SEGMENT THERAPY

Segment therapy is based on the insight that all parts of a bodily segment respond by reflection, as a unit, to particular processes. Stimulation pulses proceed from the body's periphery, via the spinal cord, to the segment-associated organ, and vice versa. Pulses also travel along the dermatovisceral reflex path, or from an organ via the spinal cord to other organs — as well as along the viscerovisceral reflex path.

IMPORTANT: In all cases it is the entire human being which becomes ill, and never only one isolated organ. Concerted neural therapy not only interrupts pathological reflex paths, but also normalizes all autonomic neural functions through repolarization of the stimulus-disordered cell-membrane potentials.

Most important therefore is the point at which the injection is performed, and only to a lesser degree the particular

medication which is administered. Segment therapy is genuine treatment in the original sense of the Latin origin "tractare," to handle — a laying on of the hand.

Head's zones: These zones were named for the work of Sir Henry Head, a London neurologist (1861 - 1940).

These are hyperesthetic-hyperalgesic zones which appear on the surface of the human trunk in conjunction with disorders of certain inner organs, and which are characterized by heightened cutaneous sensitivity. This phenomenon has been explained by the fact that these cutaneous zones are provided with their sensitive innervation (nerve supply) from the same neural segments which supply the disordered organ.

Disordered sensitivity is also often found together with alterations of muscle tone (defense musculaire — appendicitis), involving the viscerocutaneous reflex.

What is meant by "chronically altered tissue"? Non-vital teeth, teeth as points of focal infection, tonsils as foci, scars on the surface of the skin or deeper in the body, scars on bones, foreign bodies, chronically inflamed organs (e.g., appendicitis chronica), and residual conditions after inflammatory processes which have subsided: e.g., in the ears and sinus cavities, at the gall bladder, at the appendix, in the female genital tract, and in the prostate.

HUNEKE'S INSTANTANEOUS PHENOMENON

In 1941, Ferdinand Huneke discovered that there are foci which are located on neural paths and which are not subject to any segmental assignment, but which can equally well initiate and maintain certain illnesses. These foci can be rendered ineffective in the neural-therapeutic sense by the concerted administration of local anesthetics. The disorders caused by the treated foci will then immediately vanish as a result of Huneke's so-called flash phenomenon.

Huneke's flash phenomenon is actually involved if the following three conditions are all met:

- If all symptoms vanish instantaneously and completely
- If freedom from the symptoms continues for at least twenty hours
- If the above phenomena are repeated with recurring symptoms.

If all conditions are met, the injections are continued at intervals of one week — with the periods between injections gradually lengthened — until a complete cure is achieved.

Huneke's flash phenomenon is in fact involved only if all of the above three conditions are fulfilled. If symptoms recur, the injection is repeated in the identified focus. The therapeutic effect will be enhanced to the point of cure, within the context of the still existing anatomical possibilities.

If, however, significant improvement is not achieved by injections into the segment, and if the flash phenomenon is not observed in the suspected focus, then injections at this point are futile, and the search for the proper foci must be continued.

N.B.: The most important factor in neural therapy is the

point of injection, and not the particular medication injected.

THE TECHNIQUES OF NEURAL THERAPY

Instruments required:

- A. Single-use cannulae
- B. Single-use syringes (5-ml plastic syringes have proved most effective for focal disorders)
- C. A neural therapeutic agent.

Dosage and manner of application will vary considerably from case to case.

Wheal: Flat, raised, beetlike efflorescence with a red areola, as the expression of an acute edema of the skin.

Wheal test: The following is a method for determining edema tendency in a patient: if a wheal applied intracutaneously with 0.2 ml of isotonic saline solution is no longer evident after 40 to 85 minutes, the patient has a propensity to develop edemas. Disappearance of the wheals within 3 to 30 minutes indicates pronounced edema tendency.

DEFINITIONS

Neural therapy: Treatment of a disease via the autonomic nervous system.

Autonomic nervous system: A functional unity which includes the entire conditional-reflectorally functioning neuro-humoral system of regulation.

The autonomic nervous system includes:

- The sympathetic nervous system
- The parasympathetic nervous system.

Basic autonomic neural system: An interstitial (i.e., located in intermediate tissue), soft connecting tissue which fills the interstices between organs. It is composed of cells, nerves, capillaries, and the extracellular liquid space. This system performs communicative functions required to provide connection between each cell of the body and every other cell.

Segment therapy: Therapy administered in a segment via Head's zones. Deeper-lying organs are accessed via dermatovisceral reflex paths (as defined by Pischinger).

Focal therapy: If no success is achieved after repeated local or segment therapy, it may be assumed that a focal disorder is responsible for the complaint. It is then necessary to search for the responsible focus.

Local therapy: Direct administration of neural therapeutic agents which enables longterm freedom or relief from symptoms.

Procaine: p-aminobenzoyl diethylaminoethanol hydrochloride the most frequently used local anesthetic, weak in its effects, non-toxic, and not harmful to human tissues.

Local anesthetic: An agent which, when locally administered, reversibly eliminates the excitability and conductivity of nerves or their endings. The area involved then becomes insensitive to pain.

Local anesthesia: Insensitivity to pain in a locally restricted area of the body.
