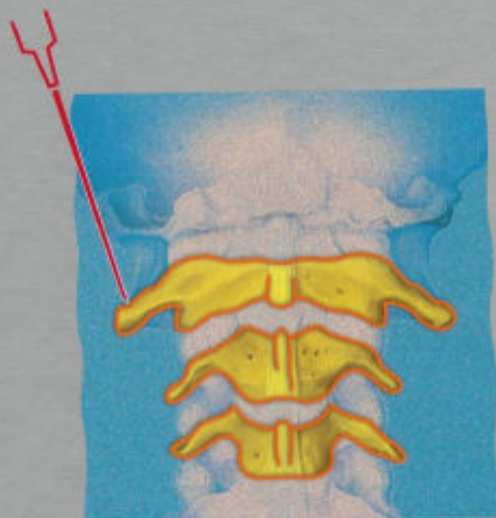


Complementary
Medicine

Manual of Neural Therapy According to Huneke

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subjected to an excessive influx of stimuli. It is our task to prevent an irreversible condition by interfering with pathogenic mechanisms that weaken the system through continuous stimuli. The intervention should take place at the primary site of stimulation (for example, the interference field) to restore homeostasis quickly and thoroughly.

b) The Economic Principle

Homeostasis can be maintained only if the organism is working economically. The task of the regulating and control systems is to adapt all the metabolic processes in accordance with economic principles to the demand at any given time, by the shortest route, in the shortest time, using a minimum of energy. The time taken by a system to change from one state of inertia to another is known in cybernetics as a "settling process." Any stimulus that produces a response in a control circuit thus also sets off a settling process. An intact control circuit reacts normally (in a "mild" manner) and functioning at optimum "control quality" with "negative feedback" is able to cope with this additional demand quickly and economically.

When there is a dysfunction in the control circuits, which may be due to any one of a number of causes, "periodic or aperiodic deviations" will occur in the control quality. These may be of several degrees of severity. In the case of labile (periodic) deviation, any stimulus will produce an excessive response. A short-period stimulus will produce a deviation from the initial energy at a steeper gradient and to a higher value. Similarly, the return to the initial value will also be excessive and require longer to settle down. In such a case any permanent stimulus will also produce an excessive response and the required value will be attained only after a longer settling time. This is known as regulatory lability in the patient.

In the case of a slow, sluggish (aperiodic) deviation any stimulus is delayed and the response to it is slow. Clinically, we then have regulatory sluggishness or paralysis. The initial value is reached slowly or not at all in the case of short-period stimuli, and an adequate value in response to permanent stimuli is not reached at all or only very late. In both these types of deviation of control systems, time and energy are wasted in responding to stimuli, and thus the principle of economy and of homeostasis is upset.

The consequence of all this is that under stress or as a result of the effect of noxious stimuli, ever more energy is required. Only a well-functioning regulating system can cover this additional demand quickly and economically. A disturbed system works more slowly and wastes more energy, and the effort required of it for work or defense is therefore produced less econom-

ically. The available spare capacity is correspondingly reduced.

c) The Control-Circuit Principle

Of the three basic principles of cybernetics, i.e., information, automation, and control, the last is of particular interest to us. In the living organism, all regulatory processes that serve the maintenance of the biological equilibrium take place automatically. This occurs via control circuits that have the purpose of providing stability for the dynamic system. We are all familiar with the reflex arc. The control circuit takes us one step further; it closes at the periphery, which forms a closed information circuit. "Feedback" is considered the ability to compare continuously the status quo with the (variable) goal. The continuation of a process depends on the evaluation of the status quo. This requires the incessant activity of control systems that compare the effective value with the required value. They adapt to the individual situation through corrections that correspond with the goal. Let us take a closer look at a control circuit in Figure 1.1.

A control circuit (1) is a self-regulating closed circuit. It owes its automatic capability to a feedback system. Its function is to keep the regulating value (2) or range (e.g., hormonal balance, body temperature) within permissible limits and following a disturbance to bring the system back to this range. It is helped in this by a regulator (3), which compares the effective measured value with the required or nominal value and thus acts as control center. A higher-order transmitter for the required control values (4) specifies the values the regulator has to maintain. These values

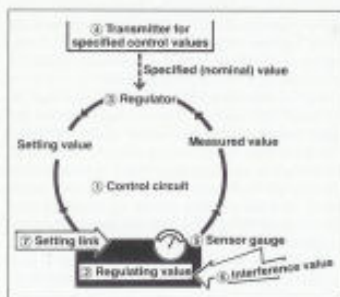


Fig. 1.1 Simple control circuit with the principal standard components.

Case History 22: F. S. Clerk, Aged 48

In a motorcycle accident, F.S., a 48-year-old clerk from Beetz, suffered a jaw fracture, several lacerations on the head, and a basal skull fracture with cerebral concussion. Due to the danger of suffocation a tracheostomy was performed. Horner syndrome on the left was indicative of damage to the cervical sympathetic trunk. Clinical diagnosis: severe cerebral concussion (craniocerebral trauma II). His health history included: bullet lodged in lung, shell splinter damage to the popliteal area. His main complaint was an imbalance disorder that had remained unchanged in spite of intensive specialized treatment for 1 year.

The last diagnosis from a specialist that was made 9 months after the accident and 3 months before I began treatment: ptosis left, pupillary light reflex weak on the left, good on the right, and idiomuscular abdominal reflex slightly weaker on the left than on the right. Finger-nose test: great deviation on the left with poor correction. Knee-heel test: exaggerated motion on the left. Romberg's test: staggering, adiadochokinesis on the left. Walking a straight line with eyes closed very shaky.

After the first intravenous procaine treatment under the scalp, infiltration of all head, neck, and chest scars as well as the left stellate ganglion, the imbalance disorder improved immediately. He was able to dance, ride his bicycle and motorcycle, which was previously out of the question. One week after my treatment, the laconic diagnosis of his specialist, who was also the head of a district hospital, read: "In-depth neurological examination shows, in addition to ptosis on the left, only an idiomuscular abdominal reflex favoring the right, otherwise no particularities." Two follow-up treatments, 1 and 3 months later, removed all other complaints entirely.

Congenital dilatation of the colon → megacolon.

Conjunctiva, conjunctivitis → eye disease.

Constipation In chronic, spastic, or hypotonic constipation, injections to the left (occasionally also to the right) abdominal → (T) celiac ganglion and into the → (T) epigastrum produce a striking, sudden improvement in over half the cases. If we want to involve the cutaneous visceral reflex pathways, we have to set → (T) quadrics in the Hoof's zones related to the intestine:

- Small intestine: T9 to T11 with focus on the umbilicus and the area to the left and right of it; also dorsal.
- Large intestine: T11 to L1, particularly a strip three fingers' breadth below the umbilicus to three fingers' breadths above the symphysis. Do not forget the dorsal Hoof's zones. If we find any

hyperalgetic points by palpation of the abdomen we administer → (T) peritoneal infiltration. The area of McBurney's point and the corresponding area on the left abdomen should also be included. If there is an appendectomy scar, this must always be treated at the same time as a → (T) scar in the segment.

If there is hypotonia in the rectum, a → (T) presacral infiltration is indicated in addition to quadrics in the dermatome T10 through L3 ventrally and dorsally. If this is ineffective, search for the interference field. In this, all scars, the pelvis, and paranasal sinuses should be borne in mind. Hypotonic constipation occurs more frequently in women than in men. Thus, women should also receive injections into the → (T) pelvic region.

In hypotonic forms, treatment of the nasal reflex zone of the middle → (T) nasal concha or merely → (T) nasal spray may yield results. There should be no premenstrual nasal treatment, to avoid provoking premature and painful menstrual bleeding! Acupuncture recommends injections of the sole of the foot at a depth of 5–10 mm, where the ball of the big toe joins that of the small toes.

The use of lozatives must be cut down and replaced by lactose, linseed oil, and by recommendations for a low-carbohydrate high-protein diet. Psychogenic cases cannot be cured by neural therapy. A depressed patient is often constipated, and the chronically constipated are often grumpy and prone to depression. See also → abdomen.

Contracture In contracture, ligaments and muscles are subjected to neuroreflexory pathological tonus changes with greatly increased tone and may lead to shrinkage of capsules and ligaments, and ultimately to ankylosis. → (T) Quadrics around the joint and → (T) intramuscular infiltrations into the affected areas of tissue block these reflexes and restore the possibility of regression, since normal tonus returns because of the break made in the pain cycle. If these and further injections into the → (T) joints, the → (T) afferent arteries and nerves, and into the lumbar → (T) sympathetic chain or the → (T) stellate ganglion produce no substantial change, we must ascertain whether an interference field is not preventing the restoration of normal conditions.

Contusions → injuries.

Convulsions in pregnancy → eclampsia, pre-eclampsia.

Coracoiditis In the case of painful inflammation of the coracoid process at the shoulder level, 1 ml. 1% or 2% procaine solution is given intravenously [→ (T)

308 8 Alphabetical List of Injection Techniques

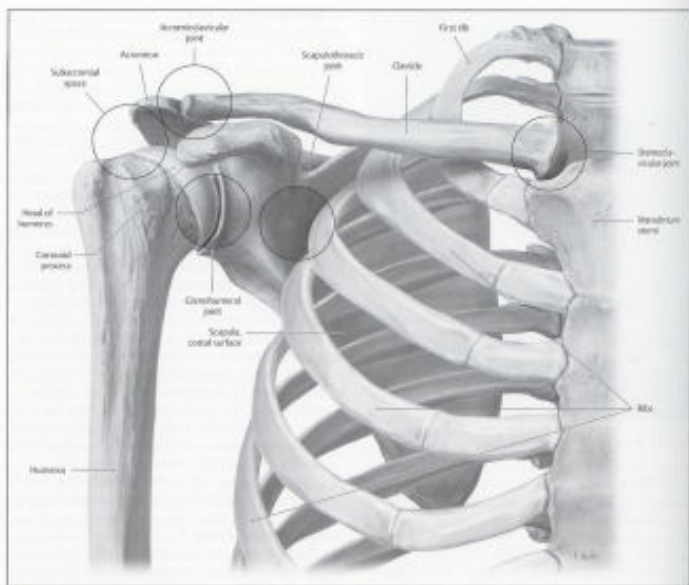


Fig. 1.13 The five joints of the shoulder: Right shoulder, anterior view.

the costovertebral joints by inserting the needle vertically, three fingers' breadth next to the spinous process, until we reach the bone. At the end of the transverse process we perforate the ligament between thoracic vertebra and ribs, which leads us into the joint. We inject 1 ml. See also → lung diseases.

6. Elbow joint*

Materials Size 12 needle.

Quantity 2 ml.

Technique The patient lays his or her forearm on the examination couch in such a way that the elbow remains freely accessible from all sides. The forearm should form an approximate right angle with the upper arm. The olecranon and lateral epicondyle are now marked with a felt pen or skin pencil. The entry site is exactly central between these two points. After disinfection of the skin, the needle is advanced about 10 mm in the direction of the antecubital fossa and the procaine is then injected after the ar-



Fig. 3.14 Injection into the elbow joint.

ticular capsule has been penetrated. Following the injection the joint should be moved, in order to distribute the solution more evenly. (See Fig. 3.14.)