



Neuraltherapy Treatment of Shoulder Periarthritis: A Case Report

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Abstract

In recent years, increasing importance worldwide has been given to treatment with natural methods, also known as complementary medicine. Currently, there are 18 sub-branches of treatment; neuraltherapy, acupuncture, phytotherapy, ozone therapy, manual therapy, hypnosis, oxygen and respiration therapy, reflexology, order therapy, kinesiology, psychotherapy, healthy balanced nutrition, physiotherapy and exercise, yoga, homeopathy, ayurveda, magnetic field treatment, enzyme therapy, autologous blood therapy, bio photon, massage and computer-assisted therapies (vega, bio resonance therapy [MORA], biofeedback). Neuraltherapy is a form of treatment made using the body's own neurovegetative system. It is based on using of local anesthesia to treat various diseases and pain in particular, through the peripheral and central vegetative nervous system. For this treatment, 0.5-1% procaine or lidocaine is used. Here, we present the case of a 69-year old male diagnosed periarthritis localized on left shoulder who was treated using neuraltherapy and aim to give information about this treatment method.

Key words: Neuraltherapy, shoulder, periarthritis, treatment

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Introduction

In recent years, increasing importance worldwide has been given to treatment with natural methods, also known as complementary medicine. In complementary medicine, the genetic, social, environmental and employment factors causing the disease and the other organ and functional changes affecting the impaired organ are evaluated together with the psychological and emotional differentiations created. Currently, there are 18 sub-branches of treatment; neuraltherapy (NT), acupuncture, phytotherapy, ozone therapy, manual therapy, hypnosis, oxygen and respiration therapy, reflexology, order therapy, kinesiology, psychotherapy, healthy balanced nutrition, physiotherapy and exercise, yoga, homeopathy, ayurveda, magnetic field treatment, enzyme therapy, autologous blood therapy, bio photon, massage and computer-assisted therapies (vega, bio resonance therapy [MORA], biofeedback) [1].

NT is a form of treatment made using the body's own neurovegetative system. It is based in the use of local anesthesia (LA) to treat various diseases and pain in particular, through the peripheral and central vegetative nervous system. For this treatment, 0.5-1% procaine or lidocaine is used. The local anesthetics are substances which reduce the superficial effects of stimulus transmission on the hydro and lipophilic radicals. When an appropriate concentration of LA makes contact with the nerve fibers, it acts as an agent to inhibit impulse transmission by blocking the Na⁺ channels in the fibers. This block is reversible, not causing any damage to the cell. The NT application protocol includes local treatment, segmental or deep injections, intra and paravascular injections, ganglion therapy and defective area therapy [2-5].

The aim of this paper was to present the case of a 69-year old male with periarthrititis localized on the left shoulder who was treated using neuraltherapy method, with literature insight.

Case

A 69-year old male presented with complaints of pain and limited movement in the left shoulder, which had been ongoing for 5 months. According to the visual analog scale (VAS) the pain was 8 cm. In the patient anamnesis there was no history of trauma or known systemic disease. It was learned that the patient had undergone dental treatment. In the physical examination, the active range of movement of the shoulder was determined as flexion 150°,

abduction 100° and limited and internal rotation was close to full but painful. With a diagnosis of shoulder periarthrititis, treatment with the NT approach was planned. A 1% lidocaine solution was prepared with saline. The patient was informed about potential complications and informed consent was obtained.

In the 1st session, an injection was made into the trigger point of the left trapezius muscle, an injection into the vaccination scar (defect area) over the deltoid, quaddle injection into the left shoulder area, segmental treatment to C4-7 and T2-8 and suprascapular nerve blockage was applied. The patient was called for follow-up after 1 week. No medical treatment was included, only active joint range of movement exercises for left shoulder.

At the 1 week follow-up examination, the pain had receded by 2 cm from the previous 8 cm according to VAS. The shoulder range of movements were full in flexion, abduction and internal rotation. At the 2nd session, injections were made to the trigger points on both sides of the supraspinatus muscle, an injection to the trigger point of the left trapezius and then stretching exercises, local quaddle injections around the left shoulder joint, segmental treatment to C4-7 and T2-8, intra-articular injection to the shoulder joint with a posterior approach and suprascapular nerve blockage was applied. In the Adler-Langer examination, injections were applied to 3 teeth of the left upper jaw where there was sensitivity.

At the 3rd session 2 weeks later, the patient reported no pain. Injections were made to the vaccination scar on the deltoid, to the trigger points of the supraspinatus muscles, quaddle injections around the left shoulder and segmental treatment was applied to C4-7 and T2-8. The patient was given home exercises. No side-effects were observed associated with the local anesthetic.

This patient was evaluated as having a dental infection in the left upper jaw and the vaccination scar on the deltoid as a defective area. As a result of the dental treatment and the interventions made, the dysregulation created by the defective area in the vegetative nervous system was corrected. With 3 sessions of treatment, the patient recovered in the short period of 2 weeks with no need for ganglion or deep segmental treatment. Especially before diseases become chronic, more pleasing results are obtained from treatment.

Shoulder periarthritis is a frequently seen disease which generally creates difficulties in daily life. Therefore, for patients presenting with shoulder periarthritis and other painful conditions, NT is a successful, reliable and practical treatment method, which is new in Turkey. It can be considered that the development and further spread of this method will reduce the costs of disease and increase patient satisfaction.

Discussion

The basis of NT was first laid in 1926 by two German doctors, the brothers Ferdinand and Walter Huneke, who observed the effect of procaine after wrongly administering it to their sister for migraine. This method was developed over time and came into widespread use, primarily in Europe, as the first choice of treatment of physicians dealing with pain. In Turkey, the Scientific Neuraltherapy and Regulations Association was established by Dr. Hüseyin Nazlıkul in 2004 and training in this subject was started [2,5].

The result of adjustments between the humoral, cellular, nervous and hormonal regulating mechanisms of the whole neuro vegetative system is related to the participation of the system reactions. This is not a defect which may be formed in just one of the systems, but the regulation of the whole system is impaired. Therefore, the disease may affect not just one organ, but the whole system [2-4].

With NT, it is aimed to restore the balance of the vegetative, or autonomic nervous system, as it is also known. In whichever segment, organ or tissue of the body has impaired regulation, there will be increased blood congestion and it is aimed to reach the accumulated products in that area. Thereby, the connective tissue will be cleaned and regulated [2-6]

NT works through two basic mechanisms. The first is the segmental mechanism. The local anesthetic injection is made in the segment where there is discomfort and this is based on the segment having a connection with the spinal cord. The second mechanism is the removal of the problem which may be the reason of the discomfort. Taking the anamnesis in NT may show differences because it is very important to establish a time relationship between the onset of the disease and events happening at the same time. These may include surgical intervention, trauma, diseases and emotional intensity etc [1,2,4].

In local treatment, intra cutaneous quaddle injections are made wherever the discomfort or pain is located. A 13-20 x 0.4 mm needle is used in local applications and 0.2 ml/quaddle anesthesia agent is applied to the determined trigger points after physical examination [2-6].

Segmental and deep injections are made in cases that are unresponsive to local treatment. The basis of segmental treatment is that in any complete segment where there is any irritation or in a section giving a reflex response, by finding a route over the medulla spinalis from the periphery to the organ, to give a reflex from the organ to the periphery. In the human body, there are a total of 30 segments comprising 8 in the cervical region, 12 in the thoracic region, 5 in the lumbar region and 5 in the sacral region [1,2,7,8].

In the regulation of the vascular walls with intravasal applications, it is aimed to remove the segmental dysfunction in the vegetative nervous system around the veins. In cases where no response is obtained, it is necessary to intervene with ganglion injections which have a superior effect on the organs. The regulation of each sympathetic ganglion is an invaluable part of medicine. Any previous or current irritation anywhere on the body may become a pathologically destructive area and may lead to organ dysfunctions by affecting the vegetative nervous system [1,2,8].

Conclusively, with generalizing of using this new method, we will be able to success the treatment of not only musculoskeletal disorders but also various kinds of diseases.

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