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**American Academy of Neural Therapy**  
*The Institute of Neurobiology, Inc*

### **NEURAL THERAPY**

Dubbed the “German form of acupuncture,” neural therapy uses strategically-placed injections of a local anesthetic to help restore normal energy flow and to let the body heal itself. Neural therapists claim that one injection, given in the right spot, can often bring back health in a matter of hours — even if the disease has held on for years!

This is true for chronic pain conditions like back pain, sciatica, migraines, and a wide range of other health complaints. According to Dietrich Klinghardt, M.D., Ph.D., a pain specialist in Santa Fe, New Mexico, the only diseases that don’t respond to neural therapy are metabolic disorders and cancer.

“In my experience, between one and six treatments, given twice weekly, are all that’s needed. Often, we can get them well with one treatment.” This is not to say that one treatment will always be successful. Sometimes it takes a bit of sleuthing and listening for the body’s response to target the source of the problem.

Consider the case of Sally P., beset by chronic fatigue for the better part of a decade. At first, Dr. Klinghardt thought a scar might be causing a glitch in her body’s electrical field (discussed later), yet he saw no results when he injected the scar with procaine, a common anesthetic known to normalize the electrical charge of cells. Next, he tried injecting Sally’s pelvis, which started Sally coughing. The cough was the clue Klinghardt needed. It indicated the presence of chest congestion, which can disrupt the flow of electrical energy in the body. Sure enough, after Klinghardt injected her chest, the chronic fatigue cleared within hours.

In retrospect, Sally remembered she had come down with the flu and developed a cough just before chronic fatigue had set in. The reappearance of her cough was her body’s way of telling her where to look to find the source of her fatigue.

#### **How Neural Therapy Works**

How can the flu bring on chronic fatigue? And how does neural therapy cure it? . . .

According to basic physiology, the cells in a healthy body have a normal electrical charge of 80 to 90 millivolts. (A millivolt is equal to one thousandth (.001) of a volt. By comparison, the typical household battery contains 1.5 volts or 1,500 millivolts.) When disease alters the electrical conductivity in the body, the area affected can accumulate as much “charge” as a household battery or lose so much charge that it falls into the cancer range (0 to 20 millivolts).

Procaine and other local anesthetics are prized for their ability to alter the electrical charge in the direction needed. If the charge is abnormally high, procaine can reduce it back down to 180 millivolts. If the charge is too low, procaine can boost it back up to 108. From there, the body can usually normalize the charge on its own.

The reason why it is so important for each cell to maintain its optimal electrical potential is that this facilitates an even and consistent flow of electrical current through the “ground system” of the body — the connected space that contains the cell membranes

and the endings for nerves, arteries, veins and lymph vessels. The gel-like substance that fills this space — a combination of glycoproteins and water — has the same conductive properties as liquid crystal. Electrical impulses travel rapidly through this liquid medium much as they do along nerve routes, and this allows for instantaneous communication among the various systems of the body — as they work together to keep the body in balance internally and in a healthy relationship to its environment.

Disease begins when certain forces cause this liquid medium to shift into a different state. As the electric properties of this liquid change, there is a corresponding change in the width of capillaries, the conductivity of nerve endings and the permeability of the cell membranes.

Applying this to Sally, her body’s attempts to fight the flu virus created chest congestion. The congestion affected the autonomic nerve endings in her lungs, which ultimately interfered with her body’s ability to conduct electrical current through her chest. At this point she had what neural therapists call an “interference field,” an obstruction in the flow of electrical impulses through the ground system. With this breakdown in communication, Sally’s body became less and less able to process the nutrients and oxygen in the cells and to carry away waste products at the proper rate. Therefore, her whole physiology became much more sluggish, and she experienced it as chronic fatigue.

The injection of procaine into her chest reversed this process by re-establishing the normal electrical potential of the cells. Now her natural energy force could circulate freely through that area and heal it.

Expressed by Dr. Klinghardt, “By altering the autonomic nerve endings, which were maintaining this shift toward disease, the whole ground system had to revert to normal.”

Injecting the interference field can also alleviate pain. Acute pain results from short circuits in the electrical firing of the nerves, and continuous short-circuiting gives rise to chronic pain.

Infections aren’t the only cause of such interference fields. They can also develop around scar tissue or as the result of fractures, root canal operations and cavities. Scars are responsible about 15% of the time, but the biggest cause by far is dental work.

“Eighty percent of the problem comes from dentistry,” says Eduardo Guerrero, M.D., P.A., a Houston neural therapist. “Anything that happens in the mouth is going to affect your health. Think of the mouth as the fuse box of your electrical system. The mouth is under the influence of the fifth cranial nerve. I consider this nerve, and the other 11 cranial nerves, to be a prolongation of the brain. Whenever a dentist puts in mercury fillings, crowns or does root canals, he’s actually causing degeneration to the nerve. I suspect this may be the cause of a lot of senile dementia.”

Dr. Guerrero recounts the story of a patient with persistent fever who came to him after consulting 11 specialists at Houston’s Methodist Hospital. “The man spent about \$30,000 on his medical bill and they couldn’t find the source of the fever. I questioned him and found that the fever began soon after he had oral reconstructive surgery. I was able to convince him to have all that beautiful, expensive work taken out. He did, and the following day, his fever disappeared.” The dental work created a blockage which ultimately weakened the man’s hypothalamus, a portion of the brain responsible for heat regulation in the body.

Dr. Guerrero goes even further and recommends that if less than two-thirds of a tooth has to be repaired (e.g. by cavities), porcelain may be used. However, if more than two-thirds of a tooth is affected, he suggests removing the tooth altogether.

#### **A Visible Starting Point**

The mouth is the first place Dr. Guerrero looks to see where

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he needs to begin therapy. Visual clues like fillings in the mouth or scars on the body give the neural therapist a starting point. As we have seen, a single injection may clear one interference field, but there may be several more elsewhere in the body. As each treatment moves the body toward wellness, symptoms that have given way to a more recent manifestation of disease resurface. Each symptom provides the neural therapist with another clue about what part of the body to inject.

According to Guerrero, “One of my patients came in after two operations failed to relieve his back pain. He was getting so bad, he couldn’t function as a foreman anymore, so he changed to a janitorial job. One day when he was sweeping, he reinjured his back and couldn’t walk. I gave him nerve blocks for the nerves in the sacral area (of his back). That helped, but then he felt pain in the lumbar area of the back. Now, the lumbar area corresponds to the urogenital system, so I asked him if he’d ever had problems there. And he said, ‘Oh, yes, when I was in the army, I got gonorrhea.’ Within a week of treating him for that complaint, his back pain disappeared. Treatment took three weeks overall.”

#### **How Neural Therapy Is Done**

Neural therapists typically use a very fine needle — similar in size to an acupuncture needle — to inject procaine or another local anesthetic into acupoints, nerve endings, ganglia, scars or the reflex organs in the skin. Immediately, the anesthetic effect sets in. Two or three minutes later, blood flow to the area increases.

#### **Do the injections hurt?**

“The injection itself doesn’t hurt,” Dr. Klinghardt says, “but during the treatment, people very often experience an emotional release. The release lasts only one or two minutes, but it can bring up unpleasant feelings that were held in the tissue. And this can make it unpleasant.”

“In my estimation one out of two patients goes through that. If you work on an area effectively, you help make a conscious connection between that area and the brain. We call these places ‘energy cysts.’ They’ve been painfully isolated from the rest of the body. By waking up nerves in the area with our injections, this part gets hooked back up. That allows the memory that is trapped in the tissue to return to consciousness.”

According to Klinghardt, there is no post-injection pain nor is the body much disturbed by the procaine itself. It breaks the procaine down into various co-vitamins of the vitamin B group, metabolizes part of it as food, and excretes some through the urine and the rest through the liver.

#### **What Neural Therapy Can Help**

The conditions that best respond to neural therapy include chronic pelvic pain in women, cancer pain, chronic back pain, pain from internal organs such as the gallbladder or stomach, migraine and cluster headaches, sciatica, colitis, kidney disease and heart disease.

“German statistics show that about one third of all illnesses and all chronic pain is caused by interference fields. Since neural therapy also has a reconstructive aspect to it, we can treat about two thirds of people with all kinds of illnesses (except metabolic diseases and cancer), Klinghardt says.

“Interestingly enough, the people who are the hardest to treat with any other modality are the easiest to treat with neural therapy. There’s a self-selection process going on here. The people who come to us have failed to respond to nerve blocks, physical therapy or surgery. This is the very group that is most likely to respond rapidly to neural therapy.”

And Dr. Guerrero reports he gets the best results when he combines neural therapy with homeopathy. “The combination of both gives me fantastic results. They work beautifully together.”

#### **How Credible Is It?**

Neural therapy was developed in Germany by two brothers who were both medical doctors, Ferdinand and Walter Huneke. The idea first took shape in 1925, when the brothers published a paper showing how even local anesthetic, which is supposed to affect only the area where it is injected, can have effects on other places in the body. Then in 1945, Ferdinand found to his amazement that when he injected a woman in her leg for leg pain, her chronic shoulder pain disappeared in seconds! This gave rise to the concept of “ster-felder” or fields of interference.

“I think the most important contribution that neural therapy has brought to medicine is this understanding of the interference fields,” says Dr. Guerrero. “As long as you have a short circuit in the body’s electrical network, you cannot recharge your body energy.”

Given its origins, it’s not surprising to learn that neural therapy is used, to some degree, by an estimated one third of all German medical practitioners. In Germany and South America neural therapy is the most commonly-used treatment for chronic pain.

Here in the United States, skilled practitioners are hard to come by. It’s even difficult to get a reliable count as to how many there are. Dr. Klinghardt says he has trained about 200 practitioners through his American Academy of Neural Therapy, but there are other practicing neural therapists who have trained outside the country. Dr. Guerrero, who himself trained abroad, estimates that the numbers are small. And even within this select group there are splinter groups. For instance, William J. Faber, D.O., founder and medical director of the Milwaukee Pain Clinic and Metabolic Research Center and a trained neural therapist, [practices] what he calls “reconstructive therapy,” a technique that involves injection of an irritant fluid into the joint to stimulate the repair of tendons and ligaments. (See “Sclerotherapy, Proliferative Therapy, Reconstructive Therapy: Treatment of First Choice for Osteoarthritis and for Other Arthritic-like Pain” on this website.)

Even though neural therapy has never been formally studied in the United States, the ground system theory that serves as its foundation has been proven. The author of this theory, an Austrian physicist named Pischinger, has been nominated for the Nobel Prize on several occasions.

According to Klinghardt, “It’s clear that his observations are finding more and more entry into the teachings in European medical schools. In Europe now, ground system theory is part of the basic science curriculum”

For more information or referrals to neural therapists trained by the American Academy of Neural Therapy, contact the organization at 1468 South St. Francis Street, Santa Fe, New Mexico, 87501; for more information on instruction call (425) 637-9339 or send email to [aant@neuraltherapy.com](mailto:aant@neuraltherapy.com)

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The Arthritis Trust of America feels that the booklet, *Intra-neural Injections for Rheumatoid Arthritis and Osteoarthritis & The Control of Pain in Arthritis of the Knee*, is also a must for all forms of arthritis and arthritis-like pain, and that the use of designated intraneural injections decreases the time to wellness, regardless of what other modalities are used on the patient.

Englishman Roger Wyburn-Mason, M.D., Ph.D., nerve specialist, was the first to describe the causation principle of joint damage from tender nerve locations, sometimes called “trigger points,” in arthritis and arthritis-like pain.

South African Dr. Paul K. Pybus, his former house physician, learned to implement in clinical practice Wyburn-Mason’s theories of intraneural injections, successfully using his discoveries for more

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than 20 years.

American Keith McElroy, M.D. independently discovered the same principles, and applied them to his patients, also for many years.

Dr. Paul K. Pybus and Gus J. Prosch, Jr., M.D. explored additional key “trigger points,” until it became clear to them that a virtual one-to-one correspondence existed between painful neuroma and acupuncture points -- as intimated in this article -- but not always so.

Dr. I.H.J. Bourne, a friend of both Dr. Roger Wyburn-Mason and Dr. Paul Pybus, also developed the use of intra-neural injections which he published as “Musculoskeletal Disorders: Local Injection Therapy.” His paper has been added to the rear of the booklet *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis & The Control of Pain in Arthritis of the Knee*, this website: <http://www.arthritis-trust.org>.

Specialists in musculoskeletal pain have long used area-wide; i.e., non-specific “trigger points,” intraneural injections and intra-articular injections, as well as nerve blocks to relieve pain. In other words, although their medical territory was not really inclusive, they unwittingly discovered some of the same patient points for pain relief. We recommend the W.B. Saunders book, *Atlas of Pain Management Injection Techniques* by Steven D. Waldman, M.D., J.D. as an excellent supplementary book. (It is very convenient for doctors who are into reimbursement via insurance, as it gives the insurance code that is acceptable for each of the injections.) The artwork is excellent, and there can be no doubt as to how to inject in the various parts of the body. The text is quite appropriate, giving not only the how, but also contra-indications, et. al.

Of most importance, however, for more than 50 years American Harry H. Philbert, M.D. independently developed the use of “Specific Injection Therapy,” covering many of the same aspects as the publications reported above. *The Anatomy of Pain: Specific Injection Therapy*, is a well-done report of Dr. Philbert’s research that can be obtained by writing or calling Harry H. Philbert, M.D., 213 Live Oak St., Metairie, LA 70008, telephone (504) 837-2727; Fax (504) 831-3380.

Dr. Philbert’s work will shock most medical practitioners, as he claims through his techniques alone to have improved the lot of many painful patients, and, in particular, has easily cured bronchial asthma, and other conditions, including some coronary problems.

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