Innovative Approach to Psychiatry: Treating Incurable Psychiatric Patients with Neural Therapy

by Michael I. Gurevich, MD

Conventional psychiatry has largely neglected the issues of finding the etiological factors of mental conditions and the means of resolving them. Since development of DSM-III,[1] psychiatry has ignored etiological factors; instead, it has focused on expanding the definition[2-4] of who is psychiatrically abnormal, thus lowering the bar for introducing psychotropic medications and keeping patients in treatment indefinitely. This has led to high disability rates among psychiatric patients, frequent relapses, and a negative view of psychiatry.[5,6] The general view is that once psychiatric conditions are diagnosed they are lifelong and the best one can hope for is a temporary palliation of symptoms. The long-term outcomes have been disappointing along with multiple side effects.

Neural therapy (NT), which is relatively unknown in English-speaking countries, is explored in this case review series. In my clinical practice, NT has been an effective tool in resolving long-standing psychiatric conditions that failed to respond to conventional psychiatric interventions.

Neural therapy is a highly effective and safe therapeutic technique poorly known in North America. In the hands of well-trained medical professionals, it is an indispensable primary or supporting component in the treatment of most known medical conditions.[7,8] One of my thankful patients proclaimed it to be "acupuncture on steroids" for its versatile effectiveness.

NT was developed in the early 20th century in Germany. It spread through German-speaking countries and Spanish-speaking countries of South America after World War II. In many countries, like Germany, Switzerland, or Columbia, it is a part of the conventional Western medical armamentarium reimbursed by healthcare insurance. In those countries, there is active academic research, publication, and teaching on NT effectiveness. Up to recently, it has failed to take hold in North America. Statistics are difficult to come by, but perhaps less than 150 medical practitioners are using it in their daily practice, even fewer are familiar with effective deep injection techniques.

Several theories explain how NT works.[9] In short, its action is based on restoring function of dysregulated autonomic nervous system (ANS) activity, which controls the function of all internal organs. Every ANS center functions independently controlling a particular part of the body or organs but has multiple connections. The ANS components are highly sensitive and interdependent. Some factors, like scars, dental abscesses, or infections, can create so-called interference fields. They can affect the functioning of the ANS, creating difficulty in diagnosis and treatment of symptoms such as headaches, hormonal disturbances, sleep disturbance, and anxiety issues. However, these conditions are often resolved by using NT therapy.

NT was originally developed by dentists and medical professionals with no training in dealing with psychiatric patients' unpredictable reactions. Therefore, many psychiatric conditions were considered to be a contraindication for NT treatment.

I learned NT from a charismatic German-American physician Dietrich Klinghardt, MD, PhD, in the early 2000s. I gradually introduced it into my practice. Fortunately, by the time I learned that NT was contraindicated for psychiatric patients, I had personal experience to the contrary.[10,11]

In this report, I will provide illustrations of how NT can be helpful in treating complicated psychiatric conditions for patients who failed conventional psychiatric interventions. NT interventions in psychiatry can serve as a main intervention and in a supportive role among several holistic treatment modalities.[10,11] The practice of NT is greatly enhanced by use of Bioresonance Energetic Testing (BET) based on a blending of modified Autonomic Response Testing[12] (ART) and Bioresonance Analysis of Health (BAH).[13,14] BET allows instant

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biofeedback to guide the practitioner in finding interference fields and effective ways of resolving them.

There are a number of recent published reports of successful treatment of refractory non-psychiatric conditions using NT.[15-26] Below are cases of treatment resistant psychiatric conditions.

Scars

Scars are the "bread and butter" of NT. They can create powerful interference fields, which may cause local or distant symptoms. Scar injections are easy to learn. They can be a very effective tool for some very intractable patients. There are a number of caveats for making the work effective: determining priority of treatment, dealing with emotions, finding hidden scars, and managing scars that do not respond to injections.

Most scars can be easily identified and are visible. The earlier in life scars occurred the more significant is their physical and emotional burden. Next in importance are scars that are associated with severe psychological traumas, and those in the middle of the body. Scars are generally infiltrated with preservative-free 1% procaine with the needle penetrating the length of the scar and all branches. Procaine is also injected deeper into tissue to address the non-visible parts of a scars.

To increase effectiveness, I usually ask the patient to recall the details of the circumstances of the trauma, in particular all the painful and traumatic memories. As the scar is being injected the patient tells the story of the scar. If emotions become overwhelming, patients are instructed to rotate their eyes following my hand which draws the number 8 several inches above their forehead. This maneuver is a form of Eye Movement Desensitization and Reprocessing (EMDR), which is a well-known post-traumatic stress disorder (PTSD) technique. A more advanced form of EMDR is Applied Psychoneurobiology (APN)[14] in which the patient wears colored glasses and is asked to hum in order to enhance emotions and help in their resolutions. If the patient begins to experience a severe dissociative state, the intervention is aborted and steps are made to return patient to present reality.

C-Sections or Episiotomy Scars

C-Sections or episiotomy scars are often a priority for women, particularly those suffering from postmenopausal anxiety, depression, or psychosis.

E. was a 28-year-old mother diagnosed with bipolar disorder, who had a six-year-old boy. She was in her eighth month of pregnancy, when after a loud argument with her mother, she was rushed to a hospital and underwent an emergency C-section by a resident on call. She developed postpartum depression treated with Paxil. Within a month, she developed mania and psychosis, which required hospitalization, and was diagnosed with bipolar disorder (antidepressant-induced manic switch is a common side effect). Post discharge she was heavily medicated, became non-compliant, and was re-hospitalized. She gained 30 lb. while on lithium, Seroquel, Depakote, and Klonopin.

After her initial C-section scar injection, she had a strong reaction being flooded with memories of her traumatic childhood: parents' fights and her feelings of never feeling accepted. After two more injections, she continued to process childhood traumas, remembered being abused during psychiatric hospitalizations, and processed her anger at her husband. During each injection, she focused on painful memories. Emotions were addressed doing APN. The preceding treatments provided relief and reduction in psychotropic medications.

Lifelong Anxiety and Insomnia

Anxiety is addressed by psychotherapy and several groups of medications. Medication can, at best, diminish symptoms but creates lifelong medication dependence with side effects.

M. was a 72-year-old businessman, who chose to retire at 50 due to life-long anxiety and insomnia. For the last 30 years, he was treated with psychotherapy, multiple antidepressants, benzodiazepines, and antipsychotic medications with limited response. When he was three years old, he developed a fever of 104 degrees. In the hospital, a spinal tap was performed; and his parents were prohibited from seeing him for three days due to risk of infection. Since then, he has always suffered from insomnia and anxiety, fearful to sleep without a light. Using ART, the interference field was identified in the sacral area and injected with 2 cc of procaine subcutaneously and into the periosteum. The patient had an immediate response, experiencing profound regression lasting for over 30 minutes. He was sobbing, speaking in a childish voice, and calling for his parents. Injections were repeated twice more at weekly intervals, rendering less intensive responses. His anxiety significantly lessened, and he was able to taper several of his psychotropic medications.

Invisible scars are usually caused by injections, or vaccinations. It is difficult to locate them based solely on history. BAH testing gives direction where to look, and ART testing points to the precise location and identifies parts of the scar that need to be injected. Scars can create an interference field that can be easily identified. As treatment progresses and symptoms resolve, the thickness of the scar becomes smaller, sometimes making the scar difficult to see.

Tourette's Syndrome Resolved by NT

Tourette's syndrome (TS) requires lifelong treatment to suppress the patient's symptoms. Antipsychotic medications are the cornerstone of treatment, creating multiple side effects. Etiological factors of the disorder are rarely entertained or addressed.

L. was a 7-year-old, bright, athletic boy, suffering from Tourette's syndrome. He overcame Lyme disease, mycoplasma pneumonia, and fungal

infections using integrative treatment methods, but developed a mild tic disorder: involuntary blinking. At age 5, he had a sports-related, right femur fracture that kept him wheelchair bound for three months. His previously mild tic progressed to severe uncontrollable jerking of the head and hand and involuntary verbal exclamations. Due to his disruptive behavior in the classroom, he was shunned by his peers and teachers, being expelled from two private schools. Periosteal injection into the site of the fracture on his femur provided a "lightening response" (term used in NT when symptoms are markedly reduced or eliminated for 24 hours or longer) with a 90% symptom reduction lasting for two weeks. The symptoms recurred when he became stressed. Further examination using modified ART revealed interference fields behind his ears. Forceps were used during his complicated delivery. Periosteal injections into the mastoid processes were done and repeated two weeks later. Remission of symptoms lasted for six months, with only 10% of original symptoms remaining. An additional interference field was identified on the left parietal bone. Periosteal parietal bone injections resulted in remission with 95% symptom reduction, mild symptoms manifesting only during periods of stress.

Periosteum scars are invisible. They are caused by fractures or other injuries with or without skin penetration. Their location can be guessed from an interview, or located through muscle testing. To achieve effectiveness, the periosteum needs to be injected.

Insomnia Resolved by Scar Injections with DMPS

Conventional treatment of insomnia rarely explores etiology and often patients wind up on multiple medications for life.

E. was a 70-year-old psychiatrist suffering from lifelong insomnia. When she was five, while preparing for a bath, boiling water was accidentally spilled, causing extensive third degree burns on her left arm. At night, she had a dream that somebody tore the bandage from her arm. Since then, she has been unable to fall asleep without sleeping pills. She had 11 amalgam fillings over the years, which were replaced with composite fillings at age 60. At the time of her initial visit, she was on Remeron, Seroquel, trazodone, and clonazepam. Injections around and into the scar were of limited success. Only after 50 mg of 2,3-dimercaptopropane-1-sulfonate (DMPS) was added to the preservative free 1% procaine did she respond to NT. The scar was injected with DMPS four times. Overcoming her fears of insomnia, she was able to titrate most of her medications, but resisted stopping a small dose of the trazodone, as she was "feeling too good and did not want to risk relapse".

Some scars do not respond to the treatment with procaine alone; usually it is due to deposits of heavy metals, like mercury, or severe emotional trauma that has not been addressed. Adding a chelating agent like DMPS to procaine helps to resolve the issue.

Bulimia

Conventional bulimia treatment relies on long-term use of psychotherapy, behavioral modification and medications. Success of treatment is limited and long-term treatment expensive.

A 46-year-old, German-descent, married female executive with a 20-year history of bulimia and multiple digestive issues was on an extremely limited diet, Tums, H2 blockers, Pepsid, Prilosec, Synthroid, and Lexapro. She self-induced vomiting every night. Also, any significant bending would cause vomiting. In her adolescence, she suffered from anorexia, bulimia, depression, insomnia, and substance abuse. She suppressed significant emotional issues, such as sexual abuse and her father's suicide. She converted to Judaism and wrote a book about her life journey trying to resolve her issues. Neural therapy was done to a scar on the right side of her face, segmental therapy of the esophagus and stomach, injections to the umbilicus (scar therapy), and thyroid gland. During the injections, she was asked to focus on her long-standing emotional issues. She had strong emotional release, which was processed using APN.[14] NT produced a "lightening reaction."

She stopped using all H2 blockers and Tums. She received two more NT treatments for constipation and lack of digestive enzymes, which were the results of long-term use of digestive acid blockers. Her self-induced vomiting ceased after the first NT session. Both self-induced and bending-induced vomiting stopped.

Menstrual Irregularities and Emotional Trauma

C. was a 23-year-old, obese female. She had long standing issues with mood irregularities, sexual identity confusion with bisexual relationships, polycystic ovary syndrome (PCOS), amenorrhea, hyper-sexuality, self-cutting, constant emotional instability, and inability to function. At 20 she was raped, which exacerbated her symptoms. Prior treatment with several mood stabilizers, antidepressants, antipsychotics, and psychotherapy had failed. Her integrative medicine treatment program included food supplements, acupuncture, guided imagery, meditation, and dietary changes. A series of NT injections to the uterovaginal plexus, thyroid gland, and adenoids was administered. Within three months, her menstrual cycle was restarted. She tapered off all psychotropic medications, completely stopped self-mutilation and developed a heterosexual monogamous relationship.

Injections into the uterovaginal plexus in conjunction with thyroid gland and adenoid NT injections help to restore hormonal dysregulations in most cases of PMS and PCOS. It has been proposed that the adenoid injections help regulate proper pituitary function.

Other NT Injections for Psychiatric Conditions

Some other injections are very helpful. Thyroid gland injections are ➤

helpful for anxiety and panic attack. Injections around the skull, "Crown of Thorns," have multiple indications including in psychosis, cloudiness of the mind, and anxiety issues. One of the most examined injections is *stellate ganglion injection* for treatment of PTSD.[27-30] It has been studied and practiced by anesthesiologists in the Veteran's Administration. It requires very special training and equipment, like sonogram or X-ray, as it is considered to be of high risk. However, as part of NT, it is administered in a very different manner, which is safe and does not require any special equipment.

Summary

As we have seen from the above examples, neural therapy is an effective therapeutic approach in intractable, treatment-resistant psychiatric conditions. It addresses and resolves etiological factors underlying psychiatric disturbance. The majority of NT injections are simple enough to be learned in two weekend courses. Some deeper injections require more training. It is an effective, safe, and inexpensive treatment method. It allows a lot of creativity and is professionally rewarding, as well as allowing practitioners to generate additional income. The majority of patients are receptive and have few complaints about treatment. By addressing etiological factors, NT allows a complete resolution of patient's symptoms.

There is a movement to create a neural therapy association for North America. The first International Symposium of NT in North America was held May 2017. Hands-on training by the best European NT practitioners is being offered now. One course is offered for those who have limited experience or beginners. The second course for those who have been practicing NT, but want to deepen their skills and learn German Biological Medicine. For details see http://www.holisticmd.org/upcoming-announcements/neural-therapy-workshops/.

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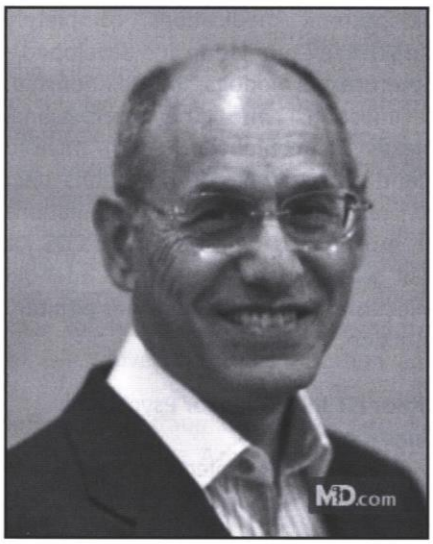

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