



RECLAIMING THE ART OF MEDICINE: PROSPECTIVE & CASE STUDIES IN THE TREATMENT OF NEUROPATHIC AND MYOFASCIAL PAIN

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Objective

The allopathic practice of “have symptom...give pill” does not work for chronic disease. While superb at treating acute disease and trauma, western medicine only manages the symptoms of chronic disease. **Using neuropathy as a model**, we have developed a safe and effective technique for treating all causes of this disease. The technique also successfully treats central and myofascial pain.

The treatment is termed the Combined Electrochemical Technique (CET). We have shown that CET for neuropathy is twice as effective as medication and has essentially no side effects, compared to 38% side effects reported with pregabalin. Patients have been able to eliminate reliance on walking aids. Epidermal nerve fiber density (ENFD) biopsies and A-delta NCS neurodiagnostic testing demonstrates objective proof reflecting the clinical success of this technique.

Materials and Methods

CET combines bupivacaine injections into the ankles with electronic cell signaling (EST) for the treatment of distal peripheral neuropathy. CET and EST are also very effective for many chronic pain states refractory to standard interventional treatment, including spine pain, myofascial pain, pain of central origin (e.g. phantom limb pain), restoration of motor nerve function, and as a powerful and more effective alternative to steroids.

Results: Phantom Limb Pain

A 73-year old bilateral amputee (2006, 2008) due to advanced peripheral vascular disease/diabetes presented with intractable phantom limb pain, only partially controlled with narcotics. Pain was constant, graded 9 out of 10 on NRS. Repeated ER visits were required for narcotic injections. Treatment (tx) with specific and varied parameter EST was initiated daily for the first week and then every other day for 20-30 minute sessions. EST treatment regimen lasted approximately 6-weeks; the patient was completely satisfied with his overall progress and substantially diminished pain. All subsequent episodes of increased pain were anatomically located in the distal aspect of his stumps, suggesting substantial centralization processing changes. No further narcotics have been needed. His last visit to the clinic was more than 24-months ago and he remains pain free.



Results: Chronic Refractory Myofascial Pain

Chronic debilitating right lower extremity (RLE) pain in a 23 year old female equine jockey student (picture below) from Wales, UK, occurred after she fractured her fibula and dislocated her pelvis during a fall from a horse. Pelvis and fibula healed but RLE pain persisted over the anterior proximal 1/3 of the fibula radiating distally to the anterior ankle and proximally to the lateral knee. She was on morphine 80 mg q day x 3 years & required crutches (middle picture). Initial diagnosis was peroneal neuropathy made in UK by RHO. She was invited to USA for treatment, but at first was not responsive to EST. A large peroneus longus trigger point (TrP) was discovered w/classic



radiating pattern. 1st tx with TrP injex w/EST eliminated pain x12 hours; serial tx over 3 weeks entirely eliminated pain & she was able to ride a horse again in Las Vegas (picture below). She returned to Wales & was weaned off all morphine



Discussion

CET has been successfully utilized to treat pain of neuropathic origin^{2,5,6} in a safe and effective manner.

Mechanisms of action to promote

healing of the nerves include increasing blood flow, reducing inflammation,⁴ blocking of nerves in a sustained depolarizing manner, enhanced diffusion of solutes, increasing intracellular cAMP utilization & activating regenerative processes.⁴ CET & EST have been used to enhance standard TrP injections in multiple unpublished cases in our clinic over the past seven years. This is the first case of which we are aware of refractory, non-neuropathic pain successfully treated with CET and EST.

Conclusions

EST/CET have been well documented to be effective when used as a non-pharmacologic option to pharmacologic approaches for treating neuropathy, myofascial pain & central pain syndromes. These case reports demonstrate that CET/EST have the potential for use as an adjunct **or alternative** in treating chronic refractory pain syndromes of all kinds. Treatments are easily administered and are virtually risk free. **We are now able to reclaim the art of medicine by healing and just not papering over symptoms with dangerous drugs.**

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