

Study of A.D. Bio-Phyto-Modulators in Pain Management - Arthrosis

Iulia – Ligiana IANCIȘ-GHEȚE

Individual Medical Cabinet Dr. Ianchiș Ghețe Iulia – Ligiana
Gherla, Stăruinței Street, block E 81, apt. 64; giulia@personal.com

Abstract. We realized a study on a number of 60 patients who have painful arthrosis at various sites to which we have established biocompatibility using DIEE and DEA on Oberon bioresonance device. I've got favorable effects in joint pain therapy and so we reduced the doses of antialgic and anti-inflammatory drugs controlling patients' pain. Physical activity, massage and relaxation techniques have an important role in joint pain management.

Keywords: pain – negative signal; painful receptors - nociceptors, arthrosis, pain management, bioresonance device, biocompatibility, DIEE – bio-phyto-modulators, complementary remedy

INTRODUCTION

The purpose of this paper is to study the effects of DIEE and DEA – bio-phyto-modulators remedies - in pain management of arthrosis. Pain is the most common symptom that brings the patient to the doctor, being presented in more than 10,000 diseases.

Pain is defined - as IASP (International Association for Study of Pain) - as "an unpleasant sensory and emotional experience caused or related to actual or potential tissue damages or described in terms that relate to such injuries."

Pain - not only tightness, torque, pressure, burning, stinging, but carries an affective charge usually negative – suffering, distress, discomfort, fear and produces a specific behavioral and autonomic response (to animal is choice of flee or fight). It also sends a negative message, is strictly subjective individual experience; it carries the information of possible injuries; is proportional to the intensity of the stimulus it produces (Domnișoru, 1994).

Classification of pain (Cosman, 2010):

1. Acute - between 6 weeks and 6 months - is associated with a feeling of anxiety; has significance of imminent danger for the subject; is classified as follows:
 - A – To surface – to skin, mucous; shortly, well located, keen sensation;
 - B – Deep - in muscles, tendons; difficult of localize; persistent, burning sensation;
2. Chronic - lasting over six months; located in the internal organs; exert pressure; causes significant discomfort, with subjective affecting, family, profession; types of chronic pain:
 - A - Recurrence, benign, by repeated high intensity, with free range, as in migraine;
 - B - Unmanageable, constant, variable intensity as back pain (upper-back pain, lower-back pain);
 - C – Progressive, in case of rheumatic arthritis, cancers.

Physiology of pain:

1. Pain receptors – nociceptors:
 - a. represented by dendrites-ending;
 - b. locate to - skin, muscle, fascia, joints, tendons, periosteum, teeth, vessels, mucous,

visceral organs;

c-are:

*) mechanoreceptors - stimulated by pressure;

***) polynodal nociceptors - stimulated by: pressure, irritation, thermal variations.

2. Pain transmission - by two types of fiber:

a. A delta - myelinated - rapid transmission of impulse 4 - 105 m/sec, for superficial pain;

b. C-myelinated - slow transmission of pain 0.5-1m/s, for deep pain.

3. Information integration to thalamus – referring to type, intensity and location of pain.

Analysis by:

a) past experience - in S1 and S2 cortex areas;

b) Emotional dimension – to limbic system and hypothalamus.

Arthrosis - a degenerative disorder characterized by cartilage's and joint capsule's wear/weathering to joints subjected of high pressure; it appears frequently among the population; is a not forgiving condition; has risk factors - age over 40 years, female, repetitive micro trauma, major trauma, obesity, occupation (inlay - gonarthrosis, ballet-dancer - ankle arthrosis), diabetes mellitus, dyslipidemia, brings much suffering, decreasing life's quality. It is identifying:

1. Joint pain - it emphasizes to prolonged standing and walking, changing air pressure and physical effort;

2. Functional impotence – limitation of active and passive movements;

3. Stiffness articulation - reduced joint mobility.

To objective exam: tenderness to joint percussion, bone crackling, growth in the volume of the joint, limitation of mobility, muscle contracture. To clinic exam: ESR increased, RGR - pinching of joint space, bone changes - osteophytes, subchondral sclerosis, deformed extremities.

MATERIALS, METHODS AND DEVICE

I studied a number of 60 patients for one year who have arthritis pains and used before the study high doses of painkiller and anti-inflammatory drugs. For all 60 patients we applied the complementary treatment method using DIEE and DEA bio-phyto-modulators. The remedies were applied after certain treatment schedules. This method of treatment is non invasive, without side effects. We recommended to patients, in the mean time, both allopathic, natural and diet treatment and physical activity (walking for 30 minutes, swimming and tennis, fast walking for obese and elderly). Evaluation was done using Oberon bioresonance device, establishing biocompatibility for DIEE and DEA and other recommended treatments, both first exam and the following checks (Dinca, 2010).

DATES, RESULTS AND INTERPRETATION

The group of 60 patients was consisted of: 45 from urban areas - 75% and 15 from rural areas - 25%. Distribution by age and sex was:

1. 31 patients (51.66%) between 35-60 years: 26 female and 5 male;

2. 29 patients (48.33%) over 60 years: 23 female and 6 male.

So, the group consisted of 49 female (81.66%) and 11 male (18.33%). Depending on treatment, patients with antialgics were 60 (100%) and with anti-inflammatory 45 (75%).

Patients were followed for one year, through consultations performed regularly at 3 months, 6 months and one year following the dose adjustment of medication according to the decrease of pain intensity or its disappearance.

Positive diagnosis was established based on history, clinical and laboratory data. At the first consultation all 100% patients were presented:

- I. Specific symptoms of arthrosis: pain, functional impotence and joint stiffness;
- II. General clinical exam: tenderness to joint percussion, bone crackling, reduced mobility;
- III. Paraclinical exams: RGR showed typical changes of arthrosis - increased ESR.

A total of 2 patients from those with spondylosis presented on personal pathological history chronic gastritis and one patient was operated for gastric ulcer. Among patients with coxarthrosis: 1 of 73 years have endoprosthesis and use a cane to walk; 2 were undergoing recommendation of arthroplasty, 2 had chronic gastritis because they used many anti-inflammatory, one had orthosis, 2 with recommendations for surgery. We evaluated patients on Oberon bioresonance device and tested biocompatibility of DIEE and DEA, allopathic and herbal medications, drafting one schedule.

The evaluation established medium biocompatibility values for DIEE and DEA (58.38%). After exam with Oberon I recommended anti-inflammatory herbal, homeopathic and complementary treatment with DIEE and DEA (Biocompatibility 58%). In the mean time, I recommended salt diet, massage, physical activity and relaxation techniques. I will present two representative cases below:

1. Elderly patient in Brasov with: lumbar spondylosis, gonarthrosis, osteoporosis, insomnia; depressive reaction. She accused the following symptoms: unbearable pain in the vertebral column, knees, which emphasize to prolonged standing and walking, changing of air pressure and physical exercise; a functional impotence – limitation of active and passive movements; a joint stiffness - reduced joint mobility; insomnia or sleep only two hours per night; anorexia, no mood for life. After medical exam were found: to objective exam - tenderness to joint percussion, bone crackling, growth in the volume of knee joint, limitation of mobility, paravertebral muscle contracture; to clinical exam – increased ESR, RGR- pinching of joint space, bone changes - osteophytes, subchondral sclerosis.

We evaluated patient on Oberon and tested biocompatibility of DIEE, DEA and herbal, homeopathic medications. I recommended homeopathic infiltration and DIEE. The patient came to control after three months when he stated:

“Now I am a different person. I sleep about five hours per night, is excellent than it was. I started to eat, I have no pain - I have not taken any analgesic. I am cooking again, crochet and listen to music. I have energy, I move easier. We could even use a vacuum cleaner in the house, which until three months ago I did not dream. If I insist to wear DIEE I noticed that I will resolve all health problems patiently.” On objective exam patient no longer present sensitivity to percussion and mobility of joints was much higher. The evaluation on Oberon proved a decrease of entropy, disorder, as follows: to knees decreased the entropy from E2 to E6, together with increased biocompatibility from 34% to 62%; to cervico-lumbar spine joint decreased the entropy from E6 to E2 - E3, with increased biocompatibility from 34% to 87%.

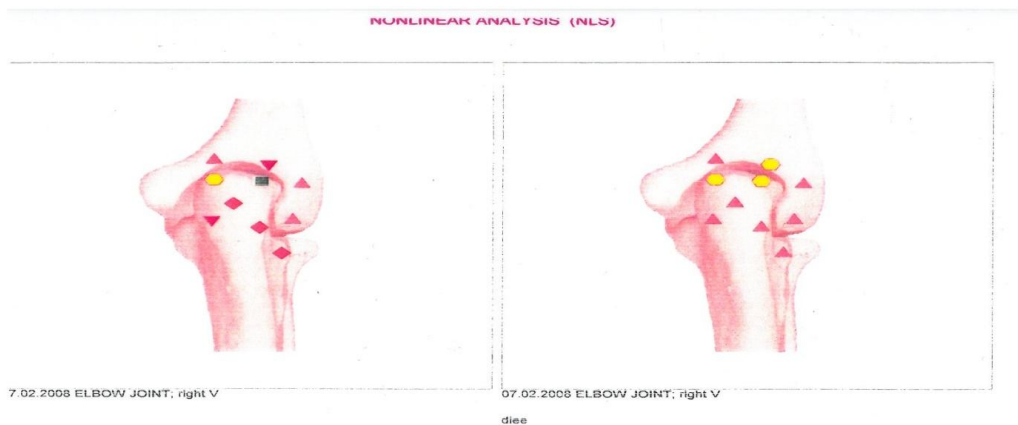


Fig. 1. Decreased of entropy to knee joint. Left – beginning of treatment; Right – after 3 months

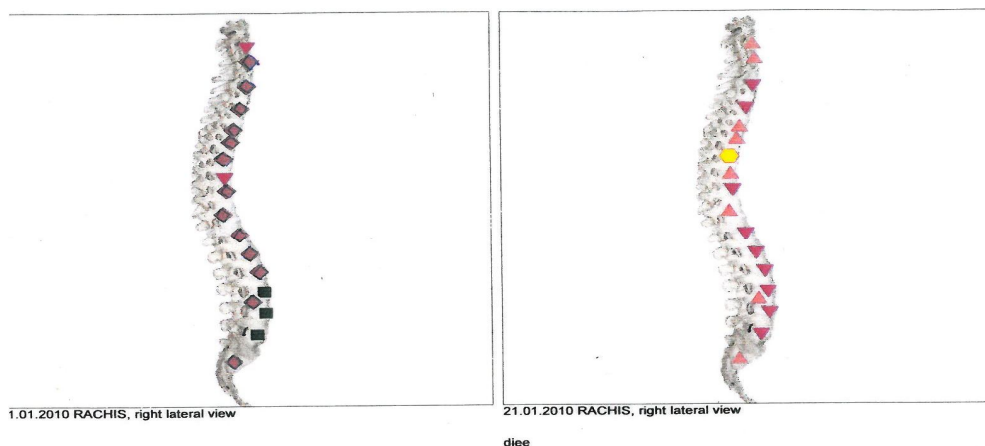


Fig. 2. Decreased of entropy to cervico-lumbar spine joint Left – beginning of treatment; Right – after 3 months

Now she is following complementary treatment with DIEE and DEA and moderate physical activity, without antialgics and anti-inflammatory consumption, avoiding side effects of allopathic medication for pain management.

2. Patients, 74 years old, with: cervical-dorsal-lumbar spondylosis, catarrhal gastritis, accused: a pain in the joints cervico-lumbar spine, which emphasized the prolonged standing and walking, changing of air pressure and physical exercises; functional impotence – limitation of active and passive movements, a joint stiffness, reduced joint mobility; gastrodynia and sour taste feeling. As a result of medical exam found: objective exam - tenderness to joint percussion, bone crackling, growth in the volume of knee joint, limitation of mobility, paravertebral muscle contracture; to clinical exam – increased ESR, RGR-pinching of joint space, bone changes - osteophytes, subchondral sclerosis.

We evaluated patient on Oberon and tested biocompatibility of DIEE and DEA, homeopathic and herbal medications. I recommended homeopathic infiltration and DIEE. I stopped allopathic inflammatory and pain relievers.

Patient came to control after a period of three months when I found no sensitivity to percussion and mobility of joints was greatly increased; no longer gave gastrodynia and catarrhal gastritis. Patient said: “the pain gave way during first three weeks and no longer hurts column at all, my movements of the joints are lighter, are more energetic, more frisky,

more cheerful and high spirits. Do not have to take the handful of pain and inflammation drugs." The evaluation on Oberon proved a decrease of entropy, of disorder.

Now she is following complementary treatment with DIEE and DEA and moderate physical activity without pain relievers and anti-inflammatory consumption, avoiding side effects of allopathic medication for pain management.

RESULTS AND DISCUSSION

From 60 patients who applied AD bio-phyto-modulators for arthrosis pain management, patients responded positively to complementary treatment with DIEE and D.E.A:

Tab. 1

The evolution of pain and pain management on patients in study group before and after using DIEE and DEA

Control period	Pain	Joint mobility	Tenderness to joint percussion	Treatment with analgesic	Entropy level	Biocompatibility
First control	High intensity	Reduce	highly	High dose	E6	34
After one month	Medium intensity	slightly increased	slightly increased	Half dose	E4	47
After three months	Weak intensity	Highly	attenuated	Quarter dose	E2	62
After six months	Paing ave in	normal	Normal	-	E2	87
After 1 year	No pain	normal	Normal	-	E2	92

From data presented above results, as average, pain intensity felt by patients drops to about half a month from beginning of treatment using DIEE and DEA, correlated with decreased to half of pain revelers dose. After 3 - 6 months the pain is bearable, and after one year patients feels better.

CONCLUSIONS

It can be concluded that complementary treatment method using DEA and DIEE can be used in arthrosis pain management with success and achievements. Noninvasive treatment using complementary remedies as DIEE and DEA bio-phyto-modulators I managed: an improvement of life quality by arthrosis pain intensity reduction and increased of mobility of the affected joint; a decrease to half dose of pain medication during first month after application of DIEE and D.E.A; eliminate almost all antialgics during first 6 month from start of treatment; eliminate all drugs and all their side effects; eliminate negative emotional charge of pain, usually negative – suffering, discomfort, fear.

Think healthy, feel healthy and become healthy!

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