

## KLINGHARDT LECTURE: NEURAL THERAPY AND THE BRAIN



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### Introduction

Neural Therapy (NT) can be successfully used in the treatment of brain disorders. It is important however to understand the place of NT in the spectrum of other available treatments. The basic assumption of NT philosophy is the 4-component theory of chronic illness (NTA coursebook): each illness has four distinct components, which need to be addressed separately in treatment.

1. † *The structural component: the most successful treatment modalities in this category are:*
2. † *Cranio-sacral therapy, originated by Andrew Taylor Still, the founder of Osteopathic medicine in the last century (and further refined by Sutherland in the early part of this century) and*
3. † *The restoration of a good functional occlusion by a knowledgeable dentist*
4. † *The biochemical component: the development of drugs for the control of epilepsy and psychiatric conditions has been steady since the turn of the century, but little progress has been made in preventing accelerated ageing of the brain. In the last few years there has been some progress in improving memory and other brain functions through the use of targeted biochemical interventions. 100 mg/day of phosphatidyl-serine has proven to improve memory in a placebo controlled double blind study. Other substances such as DMAE(dimethylaminoethanol), procaine, acetyl-carnitine, ginkgo biloba, vinpocetine and many others have a more anecdotal track record. The Body Bio blood test and fatty acid test have been extremely helpful in establishing good individual nutritional protocols and are also helpful in monitoring progress. The manipulation and normalisation of hormone levels has also shown tremendous benefits, including thyroid, DHEA, testosterone, progesterone and lately human growth hormone. Both 24-hour urine and saliva testing have been helpful in arriving at a diagnosis.*
5. † *The psychological component: childhood trauma, abuse and low socio-economic factors have all been implicated in the causation or contribution to disorders of the brain. The author has developed a simple to learn technique (applied psycho-neurobiology-APN, also nick-named "psycho-kinesiology- PK), which can be used successfully to quickly uncover and treat this component. The electromagnetic component: the basic neuro-focal theory of NT(see NT A and NT B course books) is the scientific basis for this component and is the most neglected category in conventional care of brain related disorders. Some treatment modalities in this category are:*
6. †
  - a) *CES (cranial electric stimulation),*
  - b) *neuro-sensory stimulation with the use of sound, light (delivered via instruments), touch(body work) and smell (aromatherapy)*
  - c) *Magnetic field generators (used mostly in European countries)*
  - d) *acupuncture*
  - e) *neural therapy*

### Neural Therapy

NT can be used in several different ways:

1. **Electric field effect:** *to generate strong electric fields within the brain or portions of the brain (segmental therapy). Various functional parts of the brain communicate rapidly with other parts of the brain by emitting electric fields (which travel at the speed of light). These are in the neighborhood of 20-40 millivolts. A procaine injection to the scalp generates a stable field of approximately 180 millivolts (for 30 minutes). These fields overlap with the brain's own fields and facilitate the growth of dendrites (increases number of new synapses) and can also activate dysfunctional synapses. The intravenous injection of procaine has a strong effect on the electric activity of the brain, leading to a more stable and synchronized brain wave pattern. The "adenoid injection" can strongly activate pituitary and hypothalamic function.*
2. **Anti-focal effect:** *A scar injection (or injection to a tooth, ganglion or other dysfunctional structure) can stop abnormal neurological signals (from scar, tooth or other dysfunctional group of cells). Abnormal signals stemming from a often remote untreated focal area are often the cause of ANS dysfunction in the brain, leading to areas of vasoconstriction, impaired transport in the ground system and inhibition of trans-membrane transport and impaired transit of nutrients across the ground system or matrix. This in turn creates a focus-specific vulnerable area within the brain with decreased immune function, decreased oxygen and nutrient uptake, and decreased detoxification abilities. The outcome is a region with increased toxic metal (and other toxin) deposition and uninhibited growth of fungi, bacteria and viruses.*
3. **Nutrient uptake enhancement:** *NT can be used to selectively increase blood flow and nutrient uptake in areas of the brain. The sympathetic ganglion blocks to the anterior neck (superior cervical ggl., stellate ggl.) are most commonly used, but injection to any of the other cranio-facial ganglia or the adenoids or sinus points may be the curative procedure. Segmental therapy is again very helpful, especially over the brainstem. The intravenous injection of procaine can be used to have a general vasodilating effect on the intracranial vessels.*

4. **Detoxification:** NT can be used, to mobilize compartmentalized mercury and other metals or toxins (to detoxify ANS ganglia and nerves). We could show that after injection of a mercury toxic stellate ganglion (demonstrated by the use of Autonomic Response Testing or the bi-digital O-ring test) with procaine, urine excretion of Hg increased from 0 to 28 micrograms/liter of urine in the first urine voided after the injection. This result could further be improved dramatically, by adding the appropriate complexing agent into the injection. Also simple trigger point injections and segmental therapy injections can have the same effect. Therefore, NT can be used to selectively mobilize compartmentalized toxin residues, such as lead or mercury.

5. **Axonal transport for targeted drug delivery:** NT can be used to introduce nutrients, healing agents and detoxifying agents into the periphery of a cranial nerve or autonomic nerve and have the substance be transported axonally into the brain or brainstem - thus effectively bypassing the blood-brain barrier.

**NT-Diagnosis** (after collecting findings from all objective tests):

1. In the treatment of brain disorders a history is taken, with the focus on past physical and emotional trauma, vaccinations, toxin exposure, food allergies, dental status, past and current medications, nutritional program.

Autonomic Response Testing (alternatives: EAV, BDORT) to

a) Scan the ground system for any type of dysfunction ( including scars, teeth, toxins) using the indirect resonance phenomenon (IRP)

b) Using the direct resonance phenomenon (DRP) to scan for toxic residues and amino-acid content within the various structures of the brain . The DRP can also be used to scan for blood flow to the different brain structures by using serial dilutions of thromboxane B and also to look for direct resonance between scars, teeth, jaw infections and dysfunctional areas of the brain.

c) Then the most appropriate a) NT interventions b)detox agent(s) and nutrients are established via Autonomic Response Testing.

d) In addition, Autonomic Response Testing can be used to scan for subtle dysfunction of the cranial nerves and help to direct treatment most specifically.

**Treatment:**

Psychological factors are always treated first and will usually unlock the system (so that relevant information is displayed easier during the testing procedure). Then the relevant NT interventions are performed, using the proper agents in the syringe, which have been tested before.

"Use it or lose it": The patient will usually be given a list of recommended nutrients, detoxifying agents and other types of homework. The number of brain-cells (13 billion) is determined at birth. However, it is by using the brain that each cell forms about 30 000 synapses with other brain cells. These connections make up the neural network of the brain, which evolves or devolves until death. Therefore, it is of utmost importance to exercise the brain as a component of each treatment of brain dysfunction. NT and the other treatments resulting from applying the 4-component theory of chronic illness can remove substantial roadblocks to brain recovery, the real work of exercising the brain has to be done by the patient. Social involvement, playing an instrument, using the fingers (even on a computer keyboard), jumping on a trampoline, dancing and Tai Chi, Chi Gung, walking, swimming, surfing and many others have all been shown to stimulate new dendrite growth in the brain. It is the learning of a new skill followed by regular practice, no matter what age you are, that does the trick. More sophisticated techniques include "brain gym", the Tomatis technique (after French ENT-physician Alfred Tomatis - stimulation of the ear with selected frequencies) and the neurosensory stimulation technique with the Photron (flickering lights through the eye).

**Detoxifying Agents for the Brain**

1. † Vitamin C: metals are usually locked into the brain cells, after they have been oxidized (= loose their electron(s) of the outer orbits) by the intracellular enzyme catalase. In this form they are firmly bound to proteins or peptides. Vitamin C delivers free electrons to the intracellular environment. Metal ions become reduced and return to their metallic form. For example mercury returns from its  $Hg^{+}$  or  $Hg^{++}$  back to  $Hg^0$ . In this form mercury becomes a gas at body temperature and crosses cell membranes and tissues with no problem. It can therefore leave the cell and get in contact with extracellular proteins, where it loses its electrons again. From here it is easier for the body to eliminate Hg by using the sulphhydryl-group containing aminoacids, peptides or proteins (such as glutathion or cysteine) or by using porphyrin-compounds. Hg can be exchanged in the mucous membrane of the gut into vegetable fiber residues inside the fecal matter etc. Intravenous Vit C is far superior to oral Vit.C in accomplishing this task.
2. † DL-Methionine: has been shown to increase the fecal mercury and lead excretion through sulphur binding of these metals. It appears to act intra-as well as extracellularly.
3. † Chlorella pyrenoidosa: the cell wall of this algae binds all toxic metals very strongly and is used to eliminate Hg and other metals from the blood circulating through the bowel wall.
4. † Cilantro (Chinese parsley): has been shown to displace Hg, lead and aluminum from the cell wall (metals are attached here as ligands on receptor sites, that usually are reserved for calcium, other essential minerals and hormones. Hg has a preference for the estrogen receptor. Cilantro competes with this mechanism.)
5. † Garlic and Bear-Garlic: protect the red cells and other cellular structures in the circulation from oxidative damage that metals cause on their way out. Bear garlic is often better tolerated and as effective (with less odor).
6. † DMSA (Chemet): a complexing oral agent for lead and mercury with some intracellular activity.
7. † DMPS: a complexing oral and injectable agent for lead and mercury (also arsenic, cadmium and other metals). Has only activity in the extracellular space (ground system), most effective in detoxifying the kidneys.

†

8. *There are many compounds I do not recommend: homeopathic mercury, N-acetyl cysteine, saunas, vegetarian diets, fasting and excessive sports - all of these have been shown to potentially drag mercury into the brain cells rather than away from the intracellular environment. EDTA forms potentially toxic complexes with Hg which are hard to eliminate. Zinc potentiates the lethal effects of Hg.*
9. *Metals can also be mobilized by applying electric fields to the brain (Electro-Bloc) and by the use of targeted psychotherapy (APN)*
10. *D-penicillamine: a derivative of the amino-acid valine, also acts through sulphhydryl binding. Very effective late in the detox to reduce intracellular Hg burden.*

### **Neural Therapy Treatment of Brain Disorders**

*First of all I would like to make it clear that no two cases of a particular illness are treated in the same fashion. Findings, history, physical exam and Autonomic Response Testing(or BDORT, EAV) decide which interventions are chosen. The following are suggestions for consideration. In all cases we look carefully for metal deposits and the presence of viral infections, using the resonance phenomenon. Herpes type I, II and 6, CMV and EBV are most commonly found, also toxoplasmosis and other mycoplasma infections. Treatment for the viral illnesses includes Dr.Omura's protocol with 120 mg DHA and 180 mg EPA qid, together with Cilantro (also antiviral properties) and the selective drug uptake technique by Dr.Omura.*

1. *Poor memory: mouth and jaw clean-up (MCU) - remove metals and replace with bio-compatible other materials, treat jaw infections, restore functional bite. Treat all major scars. 2 times/week: crown-of thorns (COT), repeated blocks to the superior cervical ggl.(SCG), stellate ggl.(SG) and thyroid plexus (TP). Brain detox (BD). Phosphatidylserine 100 mg/day.*
2. *Morbus Alzheimer: same as 1.. In addition, the "Kruck"program for aluminum detox should be used (125 mg Desferal 2 times/day s.c. for 3 days, than 1 day off, then 2 days on, 1 day off (= 7 days). Run for 18 months. Watch iron levels. This is done in addition to DMPS and other detox procedures. Desensitization to all amino acids, fatty acids and minerals and B-amyloid (using APN).*
3. *Multiple Sclerosis : same as 2, except Desferal, which is usually needed for only a short period of time. Calcium EAP by Dr.Nieper in Germany delays the slow decline. Careful adjustment of fatty acid intake using the Body-Bio test. Ox-bile and lipase supplementation are often needed to enhance the uptake of fatty acids in the small bowel. Myelin basic protein is used for allergy desensitization along with the items suggested in 2. During the painful stage tender-spot injections with intracutaneous bee venom have had tremendous results. During the other stages bee venom is also helpful, but needs to be given in high amounts over long periods of time. High doses of DHEA (200- 600 mg/day)have been helpful in some cases. Avoid local anaesthetics, except if they test well with Autonomic Response Testing. Usually normal saline is the preferred NT agent in this condition.*
4. *Amyotrophic Lateral Sclerosis: careful detox with frequent monitoring. Desensitize to glutamin and other amino acids, also to neurotransmitters. Avoid all excitotoxins. Regular COT and segmental therapy over the spine. SG and SCG blocks once/week.*
5. *Stroke: COT once a day in acute phase, b.i.w. or once/week later. SCG and SG blocks. Find the focus! Usually a tooth, jaw area or heart valve. Cardiac arrhythmias are a sign for metal deposits in the vagus or cardiac ganglia. The penumbra (area of ill but restorable brain tissue around the lesion) responds well to segmental therapy, i.v. procaine and DMSO. In acute phase, give daily i.v with 500 ml aqua dist., Vit.C 25 gms, DMSO 25 ml (bad smell!) over 2-3 hours. Hyperbaric oxygen. Physical therapy!!*
6. *Autism: in addition to the usual, test for the different vaccinations (Autonomic Response Testing). Measles comes up often. Also look at the fatty acids and correct (Body Bio). Also, correct possible foci (mastoids, tonsils, umbilicus, head - COT, bladder, lungs, vaccination scars). Often a systemic family issue needs to be resolved (APN).*
7. *Sleep disorders: teeth, teeth, teeth. Also look for geopathic stress and biophysical man-made stress (electromagnetic fields). Sleep points in NT: adenoids, bone just on posterior border of mastoid, COT and a point in midline 1" behind hair line. I.V. procaine. 1-8gms of L-tryptophane at night, with or without 0.5-2 mg of melatonin qhs.*
8. *Dyslexia: APN (find eye glasses for reading with APN - usually different color for each eye), eliminate foci, detox brain with NT*
9. *Hyperactivity in adults and children (ADD, ADHS): detox the brain, eliminate foci, fatty acids!! APN with colour and eye glasses*
10. *Headache: the golden triad: find the focus and treat with NT, segmental therapy of the painful area (or COT), i.v.procaine. For resistant cases: test for food allergies & treat with APN. Body Bio blood test for nutritional items. Test each item that comes up as missing or low for allergy: treat with APN, avoid completely for 24 hours, avoid mostly for 6 weeks, then start on the supplement. Segmental therapy over the posterior neck. Other suggestions: MCU, get my lecture on headache from AANT*
11. *Cranial nerve dysfunction (in all chronic cases: MCU)*

*smell: test for zinc. Treat for zinc allergy before supplementing. Bilateral shenopalatine ganglion blocks (SPG). COT. APN.*

*Eyes: SPG, ciliary ggl.blocks (CG)-with electro-bloc preferably, tonsils, SCG, SG, COT, segmental therapy around eye and over occiput. Treat once/week for months.*



*Trigeminal nerve: teeth, teeth, teeth. CG treats the ophthalmic brach, the SPG treats the maxillary branch, the otic ggl.block (OG) and submandibular ggl.block (SG) the mandibular branch. APN!*

*Facial nerve: scan for viral infection in Bell's palsy (herpes) & treat accordingly. Teeth. OG, SPG, SCG, SG, COT*

*8<sup>th</sup> cranial nerve dysfunction: vertigo, tinnitus, hearing loss: teeth. MCU.*

*Mastoid injection. Segmental therapy of the ear and temporal lobe. APN. Body Bio blood test. Folic acid and zinc (& B6 and Magnesium) come up often. OG. SPG.SCG.SG. I.V. procaine (10cc). If tinnitus turns off = diagnostic for focal illness (focus can be anywhere, most common: electrogalvanism or jaw infection).*

*Glossopharyngeal nerve: tonsils*

*Vagus: vagus injection. Segmental therapy on involved abdominal areas. Segmental over brain stem. All ganglia can be involved. Detox brainstem with NT. Look for parasites or dental focus. APN, APN, APN!! (the vagus is the nerve that connects the emotional brain - the limbic system - to the gut. Read recent research by Stephen Porges, PhD on the polyvagal theory of evolution)*

*Hypoglossus nerve: easy to detox by injecting detox agent into the tongue muscle (usually well tolerated). Dysfunction of this nerve most commonly caused by absorbed & axonally transported dental materials. COT, especially over brainstem.*

*Spinal accessory nerve: trigger point injections to sternocleidomastoid muscle and upper trapezius. Use appropriate detox agent (most often DMPS).*

*12. Epilepsy: the focal area is usually brain tissue with compartmentalized mercury, lead, cadmium or aluminum, accompanied by a secondary viral infection. Look at the wisdom teeth! General metal detox, fatty acids, ketogenic diet. Segmental therapy over focal area. Cilantro & drug uptake technique. Cranio-sacral therapy. Regular SCG and SG blocks using electro-bloc. Eliminate all possible foci! Search for scars on scalp!! Vaccinations.*

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