ACUPUNCTURE AND HOMEOSTASIS OF BODY ADAPTIVE SYSTEMS

ACUPUNCTURE BIBLIOGRAPHY

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AP and Spinal Trauma, Paralysis, Polio, Epilepsy, Spasm

POLIO, POST-POLIO SYNDROME

- H'Doubler FT Jr (1996) **The Treatment of Post-Polio Syndrome (PPS) with AP**. Adapted from WWW. Dr FT H'Doubler Jr MD, 1900 South National, Suite 2950, Springfield, Missouri 65804-2240, FAX (417) 882-3210, Voice (417) 882-3066, EMail:hdoubler@smartnet.net

Abstract.
The objective of this study was to evaluate the effectiveness of Ear-**EAP** (using a non-invasive Electro-Acuscope) to treat confirmed post-polio Syndrome (PPS) patients. Short and Long term responses in 12 study subjects were measured. Good or excellent results were obtained in all patients; 67% reported a return to their pre-existing levels of health. In our experience, Ear-**EAP** is effective as a permanent, relatively simple and inexpensive form of therapy for many cases of PPS. This seems to be the first effective therapy available for the >75000 PPS patients in the USA alone.

Poliomyelitis.
Polio is one of the oldest diseases of mankind. Polio came into prominence in the USA in the dreaded summers of the 1930s, 40s, and 50s when we had such horrible epidemics. Fortunately in 1955, the Salk Vaccine became available and this brought the dreaded disease under control in the USA.

In those days, we were not aware that many polio survivors would develop new symptoms 15-40 yr later. These symptoms were severe fatigue, pain, and muscle weakness. Many of these patients also experienced cold intolerance, insomnia, depression, anxiety, respiratory problems, short attention span, etc.

The usual scenario was that the patient would consult with his or her family doctor regarding these symptoms, had a Med evaluation and possibly a neurological examination, and finally be advised to see a psychiatrist.

The late effects of Polio began gaining wide spread recognition in the early 1980s and the term Post-Polio Syndrome (PPS), was coined at about the time of the First International Post-Polio Conference at Warm Springs, Georgia in May 1984.

The Med community is not well aware of PPS, so it is up to the patient to advise his or her doctor that they have had polio and give literature about PPS to the physician.

Unfortunately, polio has no specific diagnostic test, so it has to be diagnosed by exclusion.

Other PPS therapies
There are *circa* 650000 Polio survivors in the USA, *circa* 350000 of whom have PPS symptoms. We have had no definitive therapy to offer these patients.

We advise them in regards to weight control and good nutrition, obtaining more rest and avoiding stress, using improved equipment such as lighter canes, braces, wheelchairs, ventilators, etc, and also to exercise and become active in the PPS Support Groups. Also, they might consider receiving flu and/or pneumonia vaccinations.

Results of this new treatment
We present our experience of treating our first 50 PPS patients and the results. Marked improvement was noted in 45 patients (90%) and 36 (72%) stated that their condition had returned to the pre-PPS state. Usually 4-5 treatments on consecutive d is all that is needed. Several patients returned 6-18 mo later for one additional treatment. Each of these patients had been diagnosed elsewhere as having had Polio in the past.

In our study we did not make changes in the Med management, lifestyle, exercise programs, medications, etc. They were all advised to continue with the present program and to continue being seen by their local doctor. This gave us an opportunity to evaluate more carefully this modality as part of our armoury.

The modality used was Ear-therapy, using a protocol designed for PPS. The entire treatment lasts <1 h and the treatments are now given once/d for 4-5 d for better and quicker results.

It is very, very important that the treatment points be treated very precisely. Also, there are obstacles to treatment which prevent the most favourable response. The main hinderance is stress. Vertebral blockage, especially of the 1st rib is the 2nd most common. These and other hindrances are treated as indicated.

Conclusion
PPS patients are Polio survivors who have stabilized with their acute disease many years ago and then 15-40 yr later notice excess fatigue, pain, weakness, and maybe other symptoms such as cold intolerance, insomnia, dysphagia, respiratory problems, short memory span, etc. There are *circa* 350000 PPS patients in the US alone who would benefit from this treatment. This breakthrough, using a definitive treatment, has drastically improved the lifestyle of many PPS patients.

- H'Doubler_FT_Jr1 (1996) **A Clinical Report: The Treatment of Post-Polio Syndrome (PPS) with electrostimulation of Ear-AP points: An evaluation of 12 Patients: Part 1**. Adapted from WWW. Dr FT H'Doubler Jr MD, 1900 South National, Suite 2950, Springfield, Missouri 65804-2240, FAX (417) 882-3210, Voice (417) 882-3066, EMail:hdoubler@smartnet.net

Introduction.
Ear-**EAP** therapy does not seem to have been reported before as a modality in the management of PPS patients. This study presents our experience in treating 12 such patients and the evaluation of their response over a 2-yr period. Our results were very encouraging.

Polio is one of the oldest diseases known. In North America, acute polio is essentially nonexistent today. However in many countries polio is still present in epidemic proportions.

In 1985, Rotary International accepted the challenge to eradicate our planet of polio. Hopefully, this can be accomplished by the year 2005, the 100th anniversary of the founding of Rotary. The **WHO** and other groups have joined in a courageous battle which is being won. However, conservatively >75000 patients are afflicted with PPS in the USA alone(1).

Only in the last few years has PPS become recognized. It presents as new symptoms 20-45 yr after the acute stage of the disease in *circa* 25% of polio survivors(2). Since the last epidemic in the USA occurred in the early 1950s, we can surmise that some of those survivors will experience sequelae of this dreaded disease.

Diagnosis and Differential Diagnosis.
The symptoms mainly seen with PPS include unaccustomed fatigue, joint and/or muscle pain, muscle weakness and loss of muscle use, respiratory problems, and depression. The criteria used in this study includes the following:
1. Confirmed case history of paralytic polio.
2. Electromyographic changes consistent with prior polio.
3. A period of recovery & stability between onset of polio and onset of new problems.
4. Gradual or abrupt onset of disuse weakness in affected and/or unaffected muscles which may be accompanied by excessive fatigue, depression, muscle and/or joint pain, decreased endurance and/or function, and muscle atrophy.
5. Exclusion of other conditions that might cause the problems cited above.

The following diagnosis must include the following:
1. Amyotrophic lateral sclerosis (ALS)
2. Multiple Sclerosis (MS)
3. Poliomytositis
4. Chronic fatigue Syndrome
5. Candidiasis
6. Muscular Dystrophy
7. Spinal cord injuries
8. Spinal cord atrophy
9. Gullian-Barre' Syndrome
10. Peripheral neuropathy
11. Coxsackievirus.

Most physicians practising today have not seen acute poliomyelitis and, therefore, are not acquainted with the disease. Unfortunately, some of these patients have been sent to psychiatric wards or to pain clinics because PPS was never considered in the differential diagnosis. Others have been dismissed as having depression or neurosis. To date, no Lab tests help in the diagnosis of this disease.

Until now, there was little to offer patients with PPS. One could advise them regarding weight control and good nutrition, obtaining more rest and avoiding stress, the use of canes, braces, wheelchairs, physio-therapy, surgery, ventilators, and of becoming active in PPS support groups. Also they probably should receive flu and pneumonia vaccinations.

Materials and Methods.
The patients in this study consisted of 12 people from the PPS support group in Springfield, Missouri. Each diagnosis had been made elsewhere and was confirmed in our clinic.

In this study, we did not make changes in their Med management, lifestyle, exercise programs, etc. The were all advised to continue with their present program and to been seen by their local doctor. This gave us an opportunity to evaluate more carefully this modality as part of our armoury.

***EAP**-therapy of Ear- and odonton- points was done in all cases, using the feedback-controlled Electro-Acuscope* [Manufacturer: Bio-Medical Design Instruments, Inc. Burbank, CA]. It was used to both locate each Ear-point (search mode) and to stimulate each point (treatment mode).

We used the point protocol for PPS provided (figure 1). Each of the ear points (see figure 2) was stimulated bilaterally using the Ear-treatment probe. Both ears were treated at the same point before going on to the next point in the order specified protocol. The intensity was set at 25 µA. The frequencies used were varied from point to point and ranged from 2.5-10 Hz. The duration of **EAP** also varied from point to point, as shown in the PPS protocol.

Also, 2 Voll odonton points 3 (figure 1) were stimulated with a dental probe designed for treating this microsystem. These 2 points were stimulated at an intensity of 200 µA at 10Hz. The duration of electrostimulation also varied (Figure 1).

If the patient reported pain in the hip, shoulder, elbow, etc, earpoints for these areas were stimulated with the ear-probe also.

Each patient also received transcranial stimulation performed with electrode clips attached at the earlobes. The settings on the Electro-Acuscope were 200 µA at 8 Hz for 20 min. (The objective of this procedure is to create homeostasis in the ANS. The patient immediately becomes very relaxed and quite often falls asleep. After this treatment, the

patient will often feel increased energy and general well-being.).

Most cases had a decrease in fatigue and weakness after the first or second sessions. We added body **AP** treatment in non-responding cases, and in those in which there was an imbalance of the 3 tissue layers in the ear based on the principles of Nogier (4). Specifically, we treated **CV**05, **CV**12 and **CV**17. Silver needles were inserted into these 3 points after carefully verifying their locations with the device. The needles were left in place for 10 min.

The entire treatment, including the paralysis protocol and body **AP**, lasts <1 h and the treatments are given every 3-7 d.

All patients were followed up either in the office or by phone for a 2-yr period.

Results
Overall, 67% (8/12) of the study subjects reported 100% relief from their symptoms, 17% (2/12) had 75% improvement and 17% (2/12) reported 20-40% improvement.

Table 1: Results in 12 study subjects treated with the PPS protocol.

1	**2**	**3**	**4**	**5**
100	5	3	8	66.7
75	2	-	2	16.7
40	-	1	1	8.3
20	-	1	1	8.3
Total	7	5	12	100.0

1 % Improvement
2 No. subjects w/polio onset at age <10 yr
3 No. subjects w/polio onset at age >10 yr
4 No. subjects in total
5 % in each category

- H'Doubler_FT_Jr2 (1996) **A Clinical Report: The Treatment of Post-Polio Syndrome (PPS) electrostimulation of Ear-AP points: An evaluation of 12 Patients: Part 2**.

Polio onset at age <10 yr: In our evaluation of the therapy of the 12 patients treated, 7 were <10 yr of age at the onset of polio. 4/7 of these patients stated that after treatment in our clinic, they rapidly returned to their former state of health (pre-PPS) and had maintained this level of function for 2 yr after therapy.

Of the other 3 patients in this group, one was very pleased and returned to her previous state of health (pre-PPS) except that she still had chronic depression which pre-dated the onset of PPS symptoms. A male patient also had been diagnosed elsewhere with depression 3 yr before being seen in our clinic. When first seen, he complained of

extreme fatigue and stated that previously he had always been energetic. He reported that he was in the process of losing his job because he had become so unproductive; thus, he was stressed and would occasionally hyperventilate. Overall, after Ear-therapy, he stated that he had regained 75% of his pre-PPS function.

A third patient in this group, a markedly obese male, stated that he, too, had regained 75% of his pre-PPS function. He reported that the severe pain in the shoulders and elbows was completely gone, but he had noted the return of fatigue and muscle weakness and requires respiratory support during the night. At the present time, he is being managed elsewhere for his recently acquired diabetes.

Polio onset at age >10 Yr: Of the 5 patients who were >10 yr of age when they developed polio, 3 stated that the PPS symptoms had ceased after treatment at our clinic. However, one of these patients has to be retreated every year to maintain pre-PPS health.

Of the other 2, one was a 69-yr old male with Parkinson's disease. After 8 treatments, he stated that his weakness and fatigue was 40% decreased and that he was pain-free except after overexertion. He estimated that his foot-drop had also improved by 40%.

The fifth patient in this group was a 48-yr-old female with severe fatigue of 5-yr duration. She had previously been diagnosed with fibromyalgia. After 4 treatments she stated that the fatigue had decreased by 20% and the shoulder pain was 70% decreased.

All subjects in this group had other Med problems. The 3 patients who had 100% response required 4-8 treatments. The 2 subjects with less favourable responses were treated 8-14 times.

Discussion.
Occasionally a patient may begin to experience a return of symptoms after 6-18 mo. In the few instances we have observed, when given "booster," or repeat treatment, they were quickly returned to their pre-PPS state of health.

The treatment protocol provided by the manufacturer of the Electro-Acuscope is the result of their independent research. They stress the importance of following the point treatment order, much of which is based on the principles of Reinhold Voll(3).

A method that I highly recommend when a patient has painful areas-one that was not used in this study- is as follows: The patient identifies the area of pain. By palpation with firm pressure the most active **TPs** can be located. These points are then treated with the Electro-Acuscope until the **TP** is eliminated. This usually takes <2 min/visit.

Also, the Electro-Acuscope seems to be the only self-regulating electro-therapeutic device on the market, e.g. the tissue impedance continuously controls and adjusts the waveform. This instrument is used also for many kinds of acceleration of tissue repair and pain management (5).

It is not within the scope of this report to present a controlled study of the benefits of this modality. Our purpose is to bring it to the attention of:

1. Primary physicians who may be seeing these patients, and
2. Med centres with PPS clinics and the resources to conduct in-depth studies and to implement refinements in this technique.

Conclusion.

In patients with PPS, Ear- and odonton- point therapy using the Acuscope was non-invasive, simple and inexpensive. Treatment of relatively short-duration, improved the symptoms rapidly and apparently gave long-lasting benefit in most cases. The PPS patients who had other existing Med problems did not respond as well as those without such problems and were the only ones who did not experience excellent results. However, all the subjects reported being "very pleased" with their improvement. Non-invasive **EAP** shows promise of being a successful and definitive therapy for patients with Post-Polio Syndrome.

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