



Inojex™ TECHNICAL REPORT

Using INOJEX™ in Homeosiniatry



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In the 19th century, the German homeopathic physician Dr. Weihe discovered that approximately 195 principal points are sensitive to pain in very much the same way as certain acupoints when spontaneous finger pressure is applied. According to Dr. Weihe, each of these points corresponds to a homeopathic medicine. This resulted in a new type of combination therapy that brought together two proven methods of treatment, acupuncture and homeopathy, the objective of which was to achieve an even stronger therapeutic effectiveness. This combination therapy is called Homeosiniatry. Homeosiniatry consists of either taking the homeopathic medicine that corresponds to the specific acupoints to which the acupuncture needles are applied, or of dipping the acupuncture needles in the homeopathic medicine and introducing it to the body via the acupoints. Today, 482 homeosiniatric points have been defined, 434 of which are on the meridians of Chinese acupuncture.

Instead of using acupuncture needles, injections can be given. The needle-free, low pain, non-traumatic and infection-free injection technology of the INOJEX™ system lends itself perfectly to this type of procedure.

Casuistic 1:

Patient W. S. (F), born in 1979

The patient is employed as a clerk and is a passionate traveller. After intensive equestrian training, the patient develops an epicondylitis radialis et ulnaris in her right arm (with pronounced ulnaris). Immobilisation, physical therapy and medicinal therapy (ointment bandages, Mepivacaine injections, painkillers) do not show any therapeutic success.

On December 6, 2000, the first homeosiniatric treatment using the needle-free injection system INOJEX™ is performed. A mixture of Neuralpasc (Pascoe), Gnalphalium (Pascoe) and Procaine 1% is applied to the following acupoints:

Di10, Di11, Di12, 3E10, Di4, Di6, H3. Due to its vascularity, point Lu5 in the anticubital fossa is omitted. The injection volume is between 0.10 and 0.15 ml. The needle-free injections with the INOJEX™ system are well tolerated and virtually painless although they are performed directly on the pain points.

At the same time, the patient is prescribed 3 x 2 tablets of Sogoon (Devil's Claw) and an EpiTrain bandage. Already after the first INOJEX™ session, the patient reports that she spent one full day without any complaints. Two more sessions are held on 12/07/00 and 12/08/00. Considering the clear improvement of her condition, the patient decides to refrain from further treatment.

The complaints return after an equestrian competition. Further INOJEX™ sessions are held as described above on 12/28/00, 12/29/00, 01/02/01, 01/04/01 and 01/08/01. At injection points that are directly



above the bone and where the space that separates the bone from the skin is small, dull short pain sensations may be felt that cannot be reproduced and are of no significance.

The patient continues to wear the Epitrain bandage and still takes Sogoon (3 x 1). Since then, the patient is free of pain and can use her right hand without any restrictions.

Casuistic 2:

Patient K. R. (M), born in 1951

Over a period of months, the patient develops knee problems that cannot be localised. He describes relapsing "joint effusion" with slight swelling, which can be treated with cold packs and rest. Pain points are hard to localise.

On December 28, 2000 the patient's pain returns. The ski holidays are just around the corner. The patient is uneasy and isn't quite sure he should go on holiday. The anamnesis and diagnostics do not allow an exact diagnosis to be made. Chondropathia patellae, damage to the meniscus and ruptured ligaments are all ruled out. The suspected diagnosis is beginning arthrosis caused by poor posture.

On December 28, 2000 the first homeosiniatric treatment using the needle-free injection system INOJEX™ is performed. A mixture of Traumeel (Heel) and Formicain (DHU) is applied to the following acupoints: PaM156 (Heding top border of the patella), M35, PaM145 (= M35/2nd point), M36, G34, M33, MP10. The injection volume is 0.10 ml. The needle-free injections are well tolerated and virtually painless. As explained in Casuistic 1, at injection points that are directly above the bone and where the space that separates the bone from the skin is small, dull short pain sensations may be felt that cannot be reproduced and are of no significance. Due to their vascularity, the trigger points in the popliteal fossa are omitted. At the same time, the patient is prescribed 3 x 2 tablets of Traumeel sublingual (Heel) and a Genutrain bandage.

After the third session, the patient decides to leave for his ski holidays. The strain put on the knee during skiing was endured without pain. To this day, the patient remains free of pain by taking Traumeel (3 x 2 daily) and applying a bandage when the knee is strained.

Casuistic 3:

Patient G. G. (M), born in 1951

The electro-technician, who, due to the nature of his job, works very much "above his head", has been off ill for the last 6 months due to a job-related periarthrititis humeroscapularis. The active and passive movability of the right and the left arm is markedly limited and painful. The clinical picture is more pronounced for the right shoulder than for the left shoulder. Based on the patient's relentless resistance to therapy, it is suggested that he undergo surgery. For a number of reasons, the patient declines.

On September 5, 2000 the first homeosiniatric treatment using the needle-free injection system INOJEX™ is performed. A mixture of Traumeel (Heel), Zeel comp (Heel) and Allya (Pascoe) is applied to the following acupoints: NP 74/2, NP 69, NP 70, Di15, Di16, Dü9, Dü10, 3E14, 3E15. Further needle-

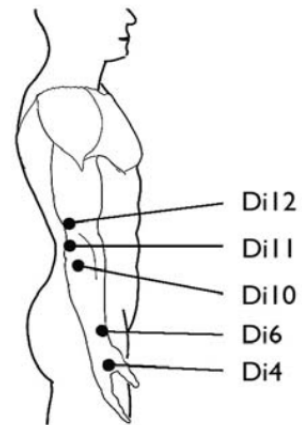
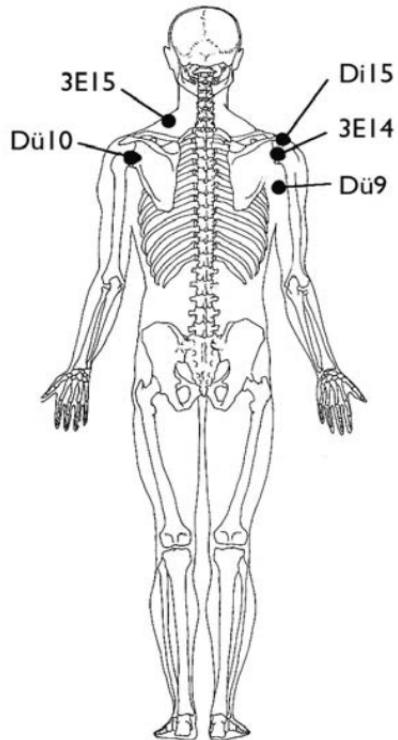
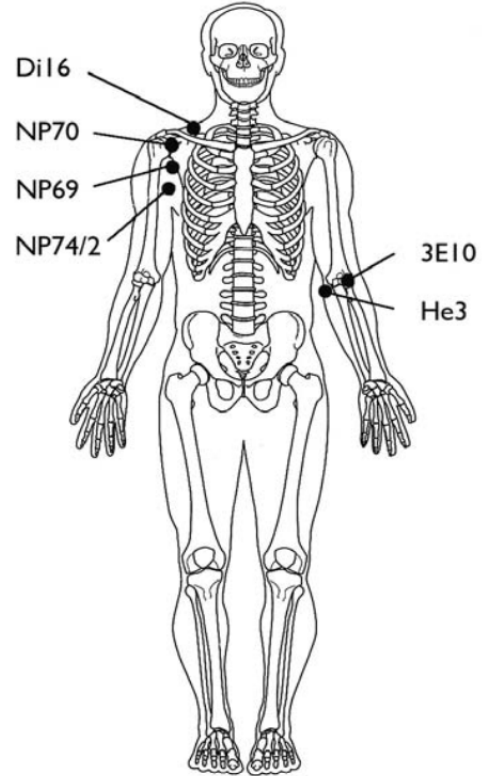
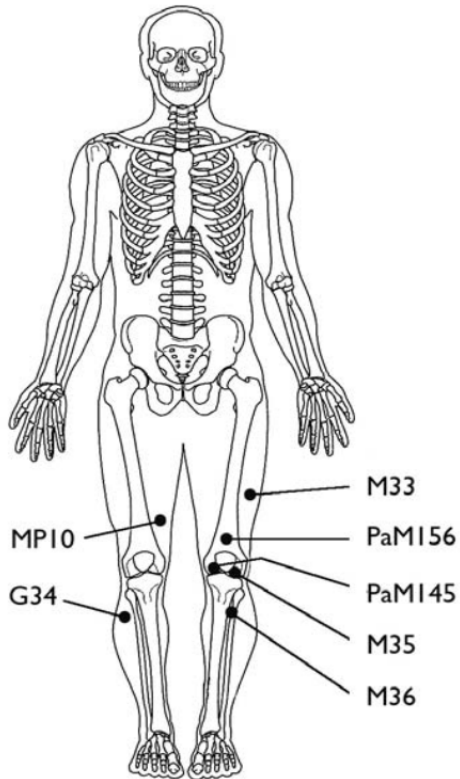


free injections using the INOJEX™ system are performed on 09/08/00, 09/13/00, 09/17/00, 09/20/00, 09/22/00, 09/24/00, 09/27/00, 10/04/00 and on 10/08/00. The injection volume is between 0.10 and 0.15 ml. The injections with INOJEX™ are well tolerated and virtually painless. At the same time, the patient is prescribed 3 x 2 Phlogenzym (Mucos) and Anabol-Loges (Loges), and is told to increase the amount he drinks to 3 litres a day. Half an hour after the homeosiniatric injections with the INOJEX™ system, the entire shoulder and upper arm undergo a cupping-glass massage. The therapy is applied to the left and right shoulder girdle.

Already after three to four sessions the patient feels a clear improvement of the movability of his shoulders. After 10 sessions, the patient is virtually relieved from his complaints and can move his shoulder freely. The patient has been able to sustain this state to this day and is able to perform his old job again.



Overview of the homeosiniatric "Inojex"ion points for the presented casuistics



Casuistic 4:

Patient A. Sch. (M), born in 1939

The patient is a pensioned carpenter and floor layer who has been diagnosed by x-ray with doublesided gonathrosis (more pronounced on the left side than on the right side). For years, his left ankle joint has been completely stiff. There are painful pressure points above the iliosacral joint and the greater trochanter (hip). He has a pronounced poor posture with hyperlordosis.

Based on the patient's relentless resistance to therapy, it is suggested that he undergo surgery. The patient is uneasy and tries to postpone the decision for as long as possible because he would like surgery to remain the very last solution.

On December 20, 2000 the first homeosiniatric treatment using the needle-free injection system INOJEX™ is performed. A mixture of Allya (Pascoe), Spondylose (Pascoe) and Gnalphalium (Pascoe) is applied to the following acupoints: G30 (greater trochanter), BI25-BI28 (selectively on the punctum maximum), NP 74/2, NP 69, NP 70 (anterior axillary fold), Di 15, Di 16, Dü9, Dü10, 3E14, 3E15. Further needle-free injections using the INOJEX™ system are performed on 12/21/00, 12/22/00, 12/27/00, 12/28/00, 12/29/00, 01/02/01, 01/04/01, 01/08/01 and on 01/10/01. The injection volume is between 0.10 and 0.15 ml. The needle-free injections are well tolerated and practically painless. Due to their vascularity, the trigger points in the popliteal fossa are omitted. At the same time, the patient is prescribed 3 x 2 tablets of Zeel comp (Heel), 1 x 1 Vitamin E 1000 and 3 x 2 Flexiloges (Devil's Claw), as well as a Genutrain bandage.

The needle-free injections with the INOJEX™ system considerably improve the condition. The patient is in less pain and doesn't have to rely as often on the "Diclo" in the medicine cabinet. The patient notices that he can increase the strain when walking, and feels a subjective improvement in movability. On 01/10/01, after the 10 planned sessions, the patient requests 5 additional INOJEX™ sessions (01/12/01, 01/15/01, 01/18/01, 01/22/01 and 01/26/01).

Following a further improvement, the INOJEX™ therapy is ended on 01/26/01. The patient tries to sustain this state by taking Zeel comp (3 x 2 a day), Flexiloges (3 x 1 a day) and Vitamin E 1000, wearing the Genutrain bandage and taking walking therapy.

Conclusion

For the first time, the INOJEX™ system makes it possible to apply medication to pain points (trigger points) virtually without pain. The presented case studies prove that the combination of INOJEX™ technology and homeosiniatry can be successfully used in a doctor's practice. For orthopaedic cases, the produced shock wave seems to reveal an additional therapeutic effect that is equivalent to ultrasound shock wave therapy.

*Study done on INJEX™ which has changed trade names to INOJEX™

