Origins of Neural Therapy

Well, neuro-therapy was started in the 1920s by the Honecky brothers in Germany. And out of frustration with an old, they had an open fracture, so there was a scar, dead scar and it was causing problems.

They kept coming, like, what can you do for any knee? What can we do, or my leg, for my ligament? And they ended up injecting, just out frustration, took protein, boom, and they shot along and numbed it up for the person.

It will last for a couple hours. Yeah. Okay. Not that they were mean, but to get them out of the office, that's what happened. Oh, funny. And then there was no one in the village or whatever that this person was quite deaf and he could hear the clock ticking.

He said, oh, what happen here? Well, you shot that in me. What we saw, and so what is going on here? What is this? Like we're a spider. Well, that's what's happening as they started exploring the effects of a scar, as far as pain, As far affecting things distally.

And so then they start doing the experiments with. Procain and other, other areas. and then what about doing ganglars? what About doing it even intrathecally?

So they're the ones that developed that. Hi, welcome back to the Healthy by Dr. Jenn podcast. Today we're going to be talking about osteopathy and prolotherapy.

So if you want to learn more about those or even if don't, you should still stay tuned because you're gonna learn a lot. Today we're talking to Dr. David Nebelin.

He is a DO, so another DO on my podcast, which is amazing. he's been a practicing osteopathic physician for 39 years. has been a medical missionary and has also done research for the CDC.

He's taught many medical students in his career in the areas of anatomy, laboratory medicine, OMM or osteopathic manipulative medicine. He also does ozone therapy and prolotherapy, which we're going to learn a lot about today.

So right now he's still practicing in Lansing, Michigan, and he is a sought after speaker in regenerative medicine.

Podcast Introduction and Guest Background

Welcome. I'm so excited to have you here. Thank you for having me. Yes. And I just love that you wanted to talk about osteopathy and what it means to be a DO.

So could you explain to the audience the difference between a traditional allopathic medicine doctor or an MD and a do? Sure. Yeah. So MD medicine is almost more sterile scientifically based, which is a good thing in some ways.

For osteopathy, it's the American philosophy of medicine. And we have a philosophy that guides us in that. The first part of the philosophy says that God gave the body the ability to heal itself.

And the second part says that we're made up a series of systems that are interrelated and interdependent. And so at the turn of this last century, you started seeing the word in our literature, holistic medicine.

So we are the ones that coined holistic medicines because we realized, guess what? You're not just a lung. Even before we had the full physiologic understanding of how everything went together, we knew that was important.

And then another part is called structure and function is reciprocal. And how I describe that to the public is that, you

know, we have God create our hand in a wonderful way, so we've wonderful abilities with it, because the way the bones were made and then the ligaments are made to stabilize it and the nervous system and tendons and skin.

So with that you have the sensitivity to maybe take the eyelash out of your child's eye. If you're trained in it you could be a martial arts person and you can break a brick with her.

If you were to hit your hand with a hatchet, maybe cut that thing, break a bone, now you've changed the structure, you're going to lose some of the function.

That's what we mean that function affects structure. Structure affects function, and that is something that I work with every day. Yeah, I love that. And A. T.

Still, Dr. A T. still, he was an MD, allopathic medicine doctor, this osteopathy, this separate but basically the same profession. And I love when you dig in more to him.

He was a Christian. That is why bringing our body back to homeostasis is so important. I always think we live in a broken world, so that's why we get disease.

But our body loves to be in homeostasis and back to normal. So how does osteopathic manipulation, manipulative medicine, how is that help the body work better and get the structure back so the function can return?

DO vs MD and Osteopathic Philosophy

Several ways, one is if there is a restriction perhaps in motion or in a joint and there's some pain with that, well that pain will inhibit a muscle, maybe up to 40%. So now you have some weakness and you're not as functional or maybe limit the range of motion.

The other thing is not just that, it's also affecting blood flow and also lymphatic flow. So, lymphatica part of our immune system could cause swelling or even edema.

Using that you'll see affecting the whole body system. Yeah, it's great because a lot of DOs, well, they don't practice OMM as much anymore, but the ones that do, It's such an extra piece of the puzzle.

So why do some DO's just patients think they're just the same as MDs? Because they do not see this anymore. They do treat the body holistically. What do you think happened with that?

I think when physicians stop having private practices or many of them sign you up with a corporation or something, you have a practice manager now telling you, You have to see this or this will produce so much.

You're down to five minute consultations, wherever, where what still goes in my office, I'm a solo practitioner, always have been. Take time, look at the patient.

I may say, take off your shoes. If I make a joke, if I want to, see your feet, and you don't have good horse, or you You know, even though we're looking at the rest of the body, I'm evaluating and you don't have that anymore with people.

And then laying the hands on the. Some places are actually afraid of that or they're intimidated by it or don' have time. The last thing I want to do is wait for someone to take their shoes off.

I am sorry that that mentality. So that's what happened. That got lost as well as people not feeling they had the little more intensity in the training or the In medical school, I had a feeling I don't have time to spend to practice my skills, to develop skills.

And unfortunately I saw that happen too. They almost look at it as a hoop to jump through, or even in residency, oh, we have an extra hour that's supposed to be for osteopathic principles, and they either skip it or it's not as

priority to them, unfunded for their loss and their patient's loss.

Yeah, you're right. And I would even practice OMT in the emergency room. It's so helpful. Someone would come up with a headache and I'm like, hey, while I am talking to you, can you lay down?

I'd get behind the bed and do sublux simple to release on them. And then now I keep my skills up with my family. So I do OMT a lot on them. And maybe someday I'll have another brick and mortar.

But right now, I need to raise these babies that I have. Yeah. She was like, hey, I need an adjustment. She'll know when she's out of whack and come to me.

So I really appreciate that. And it's definitely really important. If any DOs are listening, i would encourage them to go. find a DO that you could brush up your skills with or go to a conference and get that back in tune so it can benefit their patient.

And if they work in a hospital-based system, you can bill for these procedures. I mean, it's a procedure code for them. So if someone has a DO as their doctor through the insurance model, you can always ask because they can get reimbursed for that time a little bit.

But yeah, it's tough. So what about prolotherapy? I bet you most people don't know what that is or haven't heard of that. Sure. Yeah. So proliferative, they were proleo and Latin means to grow, tissue means, to go.

And so that's why we have used that term. Again, it just goes a lot along with the philosophy and what I was so interested in, my love for hands-on manual medicine and realizing that not everything can be fixed by.

by manipulation, some things like stabilizing ligaments have been damaged other than surgery, you need something more. And so there's a technique, the most proliferative, we're talking about certain injection solutions, which are all can be very natural, hypoallergenic.

You inject those into the body and the response says, oh my gosh, what has happened there? that shouldn't be in David. Is that a splinter? Is it a germ?

And so this wonderful immune system God gave us comes in, the white blood cells come in. So it's an amazing thing when you study. It's all been studied because you want to know how does somebody heal after surgery?

How does someone?

How OMM Improves Structure and Function

So this is well studied. But eventually the platelets come and they're not just there to stop you from bleeding when your cut your finger. There's four alpha granules in there that release growth factors.

And then this one wonderful cell called the fibroblast that helps make a scar if you cut yourself, but also can help grow bio-identifiable ligament or tendon material.

So you start responding to that. And that's, in a nutshell, what, uh, What prolotherapy is. Where did it originate from? This prolotherapy. Right. So the idea of trying to help the body grow or heal ourselves, go all the way back to the father, the Father of manipulation, The Father Of Medicine, Hippocrates, they find.

It was done rather crudely then, but if someone had a dislocated shoulder and fairly dislocate it, then you had to tote water, carry your own wood. What did you do?

You were just out of luck in life. They took a thin, small sword and heat it up and they would go under the armpit with it. It was a crude way of burning and staring in.

So then the shoulder would hold in place. And so that, yes, but then you've had possibly having some life, right? And, so, that's the beginning. Then also people are so close, they're agrarian, Right?

They are close to their animals. They realize that a young horse is going to have to start to plow. they could damage their tendons. and so they take small, again, needles or a little spike, They heat them up, and then they drive them into the animal.

I said, boy, what? They hope they have a really well-trained horse. And that would, so it's a crude way, and it like what physical therapists call dry kneeling now.

But it was a good way of re-growing, making that, in thesis, that attachment where the tendon goes on the bone, enlarging and striking it. So that's been known for centuries as well, with the invention of the hypodermic needle in the 1800s.

Then they started trying to use solutions. The first one was an iodine base for treating the TMJ. Don't know what that felt like, what it is like for that person, but we both see people who just- Yeah, who just lost their lives over TMJ.

So probably out of desperation, they've gone ahead and they had it done and then we've just continued to grow and decide and study it and studied it. It's been well studied.

And again, there's more and more research being done all the time now on this proliferance and how we regrow tissue. So could you explain exactly what you are injecting in prolotherapy?

Sure. Well, let's maybe break it down to the categories because there's been a hundred things tried and there are many things and different people have their favorites.

But the most common one would be a hypertonic solution. That means a solution with difference between ocean water and drinking water. The ocean waters hyper tonic.

So people could use a hypertonic salt solution. Normal salines are a saline solution that normally would choose would be dextrose or the sugar that we use in the hospital.

50% dexrose will necrosis and damage the tissue.

Why OMM Skills Get Lost in Practice

But if you bring it down to low enough, you can actually heal inflamed nerves. Or if he a little stronger, You can get a growth effect from us. That's very common.

The other one is calcium gluconate, which then comes in little sterile bottles from the pharmacy and 10% calcium. We can, again, dose that to get it to the right percentage.

So again, where it's down on the body and said, hold it, what's that? What's happening? That shouldn't be there, you know, and it tricks the buddy into that controlled inflammation and healing response.

Those would be the more common ones of the hypertonic area. Then there are some other ones which are chemotactic. that are used until you mix that up and it says, oh, and the body said, Oh, like a magnet, what's happening here?

And then there's other one called pumice and that's used too. It's like, a mechanical, you mixed it. And again, so now you do have something like not a sliver, but a little piece of wash volcanic ash, whatever it's in it, it is a stimulant to the bodies.

So those would be the categories of it most commonly we need dextrose or calcium gluconate. What about

procaine and lidocaine? Aren't those popular too?

Yeah. Well, those aren't proliferants, but those are, there's a mixture you have to use. So you would use like the calcium gluconate and then you could use 1% or 2%. Procaine, I like to do is preservative free, or lidocation.

I mean, procain is sometimes it's difficult to get for people, well, lidokane in the past few years at times has been difficult. Yeah, like five years ago.

Yeah, that's really tricky. But so that would, to mix up the solution normally, there's your dextrose or calcium gluconate there'd be your 1 or 2% lidocaine and then there would be normal saline.

And I always prefer preservative free. Some doctors don't see the value of that. I'm just trying to be as gentle, as natural as possible. There are preservatives free chemicals available for us.

Right. Yeah. Could you just use lidocaine or procaine by itself? Because like that conference I was talking to you about, they said that you could just do that for injecting sclerosis.

Right. So in my toolbox, I have lots of things in toolbox to help people heal or regrow tissue. There are the sclosing solutions or the proliferative solutions that we just talked about.

And then there's also a neuro therapy solution. That would be using procane or lidocation in a dilute form and inject. a scar. And why that? Because when you first do your history on a person, they have back pain and they had degenerative death, but maybe they've had a laparotomy.

They've got a huge stomach sprain. I said, that's going to affect my ability to treat the back. So just an experiential knowledge. You'll, and also that could be a pain generator.

Definitely having a tooth that was pulled incorrectly, back in that scar can be pain-generator. It can pain generators. so you go ahead and you clear the body using that neural therapy solution.

Okay, or they call it neurofascial ingestions. You peel that layer away. Now, what do we have after we do that? And then you can start. So there's an artery.

That's what I teach when I, when teach the beginner's course. How do you start? I just said, Hey, you know how to do your knee shot? Let's jump in, let's do it.

But stem cells only. Well, that's, being done out there. And that. not the best way of practicing the art of regenerative medicine. Absolutely. So first, neuro-therapy.

What Prolotherapy Is and How It Works

If it's necessary, you screen for that. Correct, yes. Well, and that goes into like the ganglion injections even too, right? Correct. Yes, yeah. Okay.

Do you do those first sometimes? Oh, definitely. Definitely. We'll get into that in a second then, because I really love the neuro therapy stuff. I'm like, this is so cool.

Prolo therapy, think of that as more joints and maybe more agitating. Think of the horse with the splinters. So that's agitated to create more healing tissue.

And when doing that, we're not creating more scar tissue, the body is healing itself and you're just bringing awareness to the spine. to bring it up because sometimes that will be said to patients and physical therapy, somebody will tell them, oh, it's going to make the shoulder too tight or it is too made.

What about scar tissue? That's been studied. It's done. MRI, they've looked at it. The configuration and alignment

of the collagen fibers are laid down by absolutely not the way, for scar tissues, are not done when you add up, do prolotherapy to a tendon or a ligament.

So that was proven over 50 years ago. But you still hear people say, that absolutely does not happen. So I'm thinking of a specific patient, she's a farmer.

She's done prolotherapy, but I am wondering if they addressed the neural therapy part before she got Provo because she said the proliferative didn't really help her.

So that's interesting, right? I wonder if something, because could that happen? Could you, if you don't address, like you said, the laparotomy scar before you treat the back, could Oh yeah, she still could have a pain generator in her body.

And so real, many years ago I had a patient doing her history and I always have, I might have apart and say, to be loved by the doctors. They fill out their paper about dental and her story about her tooth.

She was early twenties or late teens. she didn't have lot of money. Just had for a hundred bucks pulled her too. Okay. I said, that sounds suspicious.

and when did some, it's called muscle testing too and said that sound suspicious too, you need to see it. Not a dentist, not a dental surgeon. That needs to we looked at, but also she came because she had.

problems with her knees. And she did have a large old osteoarthritic knee. Uh, and I sent her there and the doctor said, Oh my gosh, we, she had it done.

They left part of the broken tooth and it's part, the amalgam was in the bottom of that. So it was part a broken up tooth. There was an empty socket, which was still a problem for him.

He cleared it out and everything and he said Dr. Nubling, thank you so much. You know, I don't have any more knee pain. I know. No, no, I didn't. I'm glad I said that was causing your pain.

And he said, your knee sounds like Rice Krispies there. It needs some proliferative shots as well. So it said it can have two things wrong. All right, people have a knee replacement.

They said doctor, my knee hurts. Oh no. Where they took, they borrowed the tendon to do my tendon repair too. When you take a cotton ball and you wipe down the knee to start.

That's not normal. Wiping a knee and maybe that's where a trocar went in with the knee. It's a little tiny and it feels like a piece of rice under the stem.

Now that a problem scar. The other three scars are not, but that one, that that is a giveaway. And then you go and you take a look. Somebody you don't even have to muscle.

You just go. That is pathologic nerve ending there. Then you're going to take your glycocaine or your procaine. Just shoot a bleb right on it. And it goes away, right?

And maybe you need a second one, you never know that, but you shoot that. Now, that was part of the pain during that knee. Probably the knee replacement was done well, But some of those old scars are causing knee pain.

And the doctor doesn't know it. Yeah, this is just so cool. You're like, why isn't this on the news? Right? So one thing I thought was really cool when I was at that conference for prolotherapy is that they were bringing up medical studies on orthopedic surgeons numbing the scar, sorry, numming where they're going to cut before and the post-op like, you know, six weeks out, three months out pain was decreased.

Now this is interesting because when people are under anesthesia for a knee, for hip, they don't always numb the

skin before.

Prolotherapy Solutions and Neurotherapy Basics

And that was what the study was about. When they would, even if they were under general anesthesia, if would numb that skin first, they will have less pain because as we were talking about, that scar could be a pain generator still.

So do you know what study I'm talking Yeah, I wasn't familiar with one of the knee but where they did it with the abdominal I don't know if it was hysterectomy, not hysterectomy I think it C-section I know where the time is C section because I normally C sections I was in were really boom boom get them done but they've done that they they worked with scars and they sometimes have actually used, done some stem cell type along there and just see how fast it yields, but also neural, we call it neural theory, injecting the, either both sides that there's much, there is great benefit to that.

Yeah. That's really cool. So yeah, doing the stem cells too, yeah. To help the uterine scarring and stuff like that, what do you do if it's like a deeper scar, like the ureters or something like, that that is causing pain from a C-section?

Can you, can you reach that or inject that? Or do just do IV, or? I don't really get down to the ability to get to that. I'm just thinking out loud. There are so many women that get C-sections, but if they numb it before, then you could decrease that risk.

So now let's talk about neural therapy. We talked a little bit, what's the definition of that and how can that be used? Okay. Well, neuro-therapy was started in the 1920s by the Honecky brothers in Germany.

And out of frustration with an old, they had an open fracture, so there was a scar, a dead scar and it was causing problems. They kept coming, like, what can you do for any knee?

What can I do with my leg? And they ended up inject, just out frustration, with the cocaine, boom, and they shot along and numbed it up for the person.

It will last for a couple hours. Okay. Not that they were mean, but to get them out of the office. But they, that's what happened. And then it was known in the village or whatever that this person was, was quite deaf and he could hear the clock ticking and they said, Oh, what happen here?

What we saw, and so what is going on here? What is this? Like we're a spider. Well, that's what's happening as they started exploring the effects of a scar, as far as pain, affecting things distally.

And so then they starting doing experiments with. Procain and other, other areas. What about doing ganglars? what about even doing it even intrathecally?

So they're the ones that developed that. I don't know, but they. So it developed in, World War II happened and also there was less trading of information with Germany, unfortunately.

So, it was a while before it came here. I think Dietrich Klinghart was the German physician that came to the United States in the late seventies. He brought that with him and started teaching the neural therapy and developed the Academy, North American Academy of Neural Therapy.

Yeah. And talking about teaching, the muscle testing that he developed. You know, I don't know the Hanukkahs were doing that, but Dietrick taught that.

That's what you witnessed, I think, at the program, you know, of Dr. Harris teaching that. Yeah. So I know. I had a tonsillectomy when I was very young.

And people, for neural therapy, that's like a scar. Sometimes that is affecting our nervous system. How does injecting, like, a ganglia or like tonsil, how does that help us heal when it comes to the autonomic nervous systems and these scars?

Scars, Pain Generators, and Diagnostic Use

I wish I had all the information. How does it actually work? I would love to give a lecture. We know it does. It does, and one of the ways we think is that it will temporarily shut down all of all fibers.

That's why you have the anesthetic effect. it stops them and then they restart again and they have a normal Firing rate, voltage, shut everything down.

Now let it restart in a healthy way. And sometimes by also injecting an air, you're breaking up any adhesions, which may affect it. So that would be, that there may be another help to it, but that's how we think it happens.

You shut it down and then it restarts. Kind of like restarting a computer. I know my computer will be acting funny and my husband's like, did you restart it?

When was the last time you started it. And I'm like oh, weeks ago. He's need to restart. It's that reboot, right? Right, that's a good analogy. Or the iPhone.

My phone was acting weird yesterday and I need reboot it so it gives that nervous system kind of a reboot. Yeah, I bet you that most of the audience has not even heard of these things.

You know, and that's what's very frustrating because it's not in the insurance model, you know. Last thing, I just want to get your thoughts on stem cells and PRP and all of that because that kind of entered newer, you know, cause you've been practicing for 40 years.

So what do you think about this, the newer therapy? Do you thing it has a place? So under the AOA, we have our own specialty college, which I'm bordered on, it's called Prolotherapy and Regenerative Medicine.

I am so glad we put that at the end of our name because all these new things come along. What about ozone, prolozone, what about stem cells, PRP? I've lived as those have become popular.

Even what, about shockwave? But I mean, 10 years now, there'd be some new thing. We thought that helps with generation tissues, so they all have their place.

The basic prolotherapy though, platelets do come in there and they are involved in it. PRP stands for platelet rich plasma. So we concentrate the plateless at least four times they would be in the blood and then we place them specifically.

We're sort of concentrating things. And that'd be great for somebody who has a poor immune system or maybe to speed up healing. They do have there place, but just think about plateles are involve with the regular one, as well as some stem cells too.

It's not as big as taking umbilical stem cells or someone's own fat stem cell or even and what stemcells do is they kiss up against your stem-cell and their endosomes and they're released they transfer over in their mitochondria and so they become almost like exosome so you can also harvest the exo zones from amniotic fluid which is another thing that's done they all have their place they cost a little more money need to prepare from properly the problem I have where there's people wanting to come and say I want to learn stem so well they haven't learned the basics yet and If you're going to get stem cells, sorry, if you have a chronic infection, like in your mouth or something, you shouldn't be doing, You got to clear off a Chronic infection.

If your on statin drugs you should not be getting off the statins drugs and then you may have the stem cell. Because statin drugs inhibit the growth of tissue and they'll inhibit your repair mechanism.

Neural Therapy History and Mechanism

So they're throwing their money away. Well, people come to me and I've had a nice look and said, some of the basic things haven't been done. We've got to do one, two, and three first and some they don't like that.

I said well, you can go somewhere else with 5,000 bucks. They'd be glad to because they are afraid you'll go to somewhere A lot of doctors put a shot into the knee and that's so often, and it's really sad if people come to you and say, your pain wasn't, that blessed your knee, you grew some cartilage, it was going to be good, but your pains right here, its outside the need and they need a sclerosing solution to it.

So I see that, again, I teach this, been doing it a long time. I've seen lots of doctor's or little clinics, quick, let's get a retired doctor and have him do knee shots for us.

Make a million bucks. And unfortunately, thats not good regenerative medicine. What you asked, the stem cell PRP, those are wonderful tools they have.

Thank goodness we have them. Yes. Why would the tooth infection, can you go through why that would make it so the STEM cells wouldn't work well? Sure.

Okay. Just one thing is, so a root canal or I think there's always an infection below it or infected tooth, whatever, that's an osteomyelitis. He was a doctor, we know that.

Oh my gosh, if someone had an open fracture, We immediately could cut it open. We remove it, cure it out of the bone, IV antibiotics. Cause you know, that'll shorten their life or that could kill them.

And we knew of chronic mouth infection, greater risk of heart attack and stroke than being obese. So, but it's robbing of all your antioxidants as well as it is a signal.

So I've had it happen. One of my office people, I shot her knee with exosomes and she said, Dr. Melvin, you know, she hadn't complained about her. She always had plantar fasciitis.

I said my plant of fascia is gone now too. Well, the stem cells did go to the knee, where do they need to repair? And they went down to her heel. And so imagine you put them down here, they're going to go and try to help out here as well in your mouth.

So that's the problem. But also it's a big negative and it is a block for healing.

Stem Cells, PRP, and Regenerative Medicine

You had great neuro-therapy, if they didn't address your mouse there too, it either is not going hold you, you're not gonna get the effect and the doctor will be frustrated if he's new and growing in his skills.

He did the right things, he missed something. And that could be the why. And I think that tooth needs to be cold or who knows, I'm not sure what it needs.

Or maybe do a neuro therapy around it and then go, oh my gosh, everything's better. That shows you got a bad tooth. You've got to go to an oral surgeon now.

So that's another way of using neuro-therapy diagnostically, at least in the mouth. Yeah. Well, thank you so much for sharing your wisdom. Like we're so grateful to have you.

I am going to do lightning round with you, a few just fun questions. Okay. What is your favorite biohack or health strategy that actually works? Well, I guess the spinopalatine ganglion shot.

Okay. And boom, it affects so many different organs. It's a great thing to have done. I probably need to come to

Michigan and have you do that on me. If you could eliminate one toxin from the world today, what would it be?

I think it would still be mercury if we can clean, get mercury out of our system.

Lightning Round and Closing Information

A lot of people have said that, yeah. Then what is one word you would like to leave with the audience this week? I guess hope. There is hope, hope for healing.

I love that. And where can everyone find you at? You still practice and you're a wealth of knowledge. So how can listeners out there find it? Yes. I'm located in Lansing, Michigan.

My clinic is called Advanced Osteopathic Health and it's 3918 West St. Joseph Highway in lansing Michigan and our contact number would be area code 517-323-1833 and I am open Monday through Friday.

Great. Thank you so much. I appreciate it.