Difficult findings:

Late complications due Herpes Zoster
Paresthesia in patients with Polyneuropathy
Scar disorder in case of secondary wound healing
Phantom pain

Favorable prognosis after treatment with subcutaneous reflex therapy (SRT) of Häfelin

Paraesthesia and dysaesthesia are common symptoms and long-term consequences of herpes zoster, polyneuropathy, scar disorder and phantom pain. For our working hypothesis, we assume that the shape of receptors responsible for thermoregulation, tactile stimuli and pressure is dysregulated. The reason for this dysregulation is a disturbed metabolism in the deep connective tissue layer of the skin between subcutis and fascia.

We remind our readers that the subcutaneous metabolism containing glycosaminoglycans and hyaluronic acid (these contain hormones, vitamins, amino acid, peptides and further components) is characterized by persistent formation and disintegration processes. The virtuality of osmosis and diffusion promotes an exchange of acids and alkalis in electrolyte metabolism, ensuring balanced pH-value which is usually between 7.08 and 7.29. This ‘renewal process’ has a short half-life of a numb. of hours to a few days. This is the main reason why therapies based on this process such as subcutaneous injections, neural therapy, acupuncture and **subcutaneous reflex therapy of Häfelin** provoke instant or spontaneous effects.

According to scientists dedicated to neural therapy of Huneke whenever discussing local metabolic changes one should not forget that the subcutaneous metabolism of the whole body is interdependent. This can be considered disease-promoting. Based on these findings, subcutaneous dysregulations and disorders of the whole body (dysbalance of the turgor, adhesions and paraesthesia) can be identified and treated adequately.

It is evident that the best results in curing paraesthesia can be expected in cases of local origin such as secondary wound healing disorders, local trophic dysfunctions in patients with polyneuropathy and circulatory disorders. However, even in cases of reflectory causes such as long-term consequences of herpes zoster, positive results can be observed within a short period of time. Less favorable results can be expected after apoplectic insult where there is a central nervous origin of paraesthesia.

The treatment of sensory disturbances by SRT consists of two steps:

1. Treatment of the subcutaneous finding of the whole body
2. **Treatment of actual paresthesiae**

Diagnosis can be reliably made by palpation. Here, a rigid edge at the intersection of healthy and disturbed tissue can be palpated. This transition line does not spread straightly but shows arches and sometimes a zigzag pattern. The patient should be closely involved in the detection of this transition line. He should have his eyes closed and give a clear ‘STOP’ when he feels the transition line is reached. Paraesthesia zones may show diameters of up to 50 cm. The defected transition line should now be marked with short stripes. Here, one should follow a particular approach:

1. The ‘therapy finger’ has to be placed directly in the deep subcutaneous connective tissue layer. To get this done perfectly, one should make sure that the finger is preceded by a visible bow-wave.
2. The dissolving of the line at its end should be done in a gentle but determined manner.
3. The velocity has to be moderate enough to prevent subjective feelings of cutting or scratching.
4. The transition line has to be followed with great precision. The zone of dysfunction should not be affected under any circumstances.
5. These steps may be intensified by performing a tapping at previously treated zones. This is a technique consisting of limited and well-dosed (one-handed) ‘Tapotements’.
6. At the end, several impulse grasps will be performed at those sites which were diagnosed as showing undertension at the beginning of the procedure.

After these steps, a radial hooking should be performed. This should be repeated several times. One may then notice that the so-called transition line, the border between healthy and disturbed tissue, is moving rapidly in a centrifugal direction. These spontaneous reactions are often quite stunning as the patients frequently refer to them as miracles. Particularly in those cases where symptoms have not or not adequately been treated over a long period of time and where the patients were told to accept their fate.

First of all it is the preliminary therapeutic goal to perforate the rigid edge surrounding the zone of paraesthesia. That is why the therapeutic stimulus should be brought very close to the transition line. There should rather be a tendency to move the therapeutic stimulus one millimeter across the the transition line. The therapeutic stimulus must not finish far before the transition under any circumstances as this would prevent a positive result.

How can one explain the mode of action of this procedure?
The manual stimulus increases the pressure and the speed of flow and successively invades the center of the former zone of paraesthesia. One assumption is that paraesthesia may occut when a segment is cut from the renewal zone of the matrix (this is the term Pischinger used for subcutaneous and intermediate metabolism). This leads to a change of the pH value (the concentration of hydrogen ions) in the direction of acidosis. Thereby, the trophism of receptors gets disturbed causing paraesthesia.

These considerations are based on empiric principles. Further investigations are required to develop exact formulas for the subcutaneous processes. The preliminary therapeutic goal is achieved when paraesthesia zones do not exist anymore. Positive long-term results can be expected in cases where etiologic processes such as scar pain, phantom pain and late complications due to herpes zoster have been successfully treated. Paraesthesia caused by distal polyneuropathy requires a more complex approach. Subcutaneous reflex therapy of Häfelin should be part of the medical portfolio of neurologists. Patients have to perform exact movement exercises (so called homework) on a regular basis. Subcutaneous reflex therapy has a unique position in the treatment of sensibility disorders as it may reduce and remove straining syndromes.

In conclusion, **Subcutaneous reflex therapy of Häfelin** provides a excellent symptom-orientated, evidence-based therapy concept for the treatment of paraesthesia and sensibility disorders.