

## Heidelberg Charter Neural Therapy 2016

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### **1.1. Neural Therapy – Definition and Forms of Application**

Neural therapy is the **diagnostic and therapeutic use of local anesthetics**. It is used as a local, segmental or regional injection, as an injection into so-called stoeferfelds (neuro-vegetative triggers) and for intravascular application (injection, infusion).

Combining applied local anesthetics with other drugs (e.g. corticoids, homeopathic drugs) remains the responsibility of the attending physician, as this goes beyond the scope of neural therapy and its teaching contents.

### **1.2. Scientific Basics**

All physicians, practicing neural therapy, have a distinct **academic foundation** of scientific and evidence-based medicine.

This is why, many neural therapists perform **basic and clinical research** themselves; they are open to findings of such studies from other areas of medicine, also working with therapy with local anesthetics.

The **aim of all scientific and professional policy efforts** of physicians, practicing neural therapy, is the long-term integration of neural therapy into the doctrine of general medicine. That is why neural therapeutic practice is **open to critical analysis** through statistical and biometric methods. Such analysis checks the evidence of effects, side effects and indications/contraindications of neural therapy. Professional societies promote scientific activities at their universities through appropriate and respective support measures.

**Characteristic indications** for neural therapy are: Chronic and acute pain, chronic inflammations, functional disorders, disorders of the autonomic nervous system, and chronic circulatory disorders.

Widely **recognized principles** of medicine are of course also the basis of neural therapy: medical history, examination as the foundation of diagnosis, diagnosis before treatment, principles of a physician-patient relationship, standardized patient communication policies (e.g., informed consent), handling of complications (e.g. provision of emergency equipment) and principles of hygiene and *good clinical practice*. Main principle: *salus aegroti suprema lex* (the well-being of the patient is the most important law).

### **1.3. Curriculum**

The scientific approach to neural therapy does not exclude it as a fine art as well. Neural therapy requires thorough education and much practical experience with patients, to be performed successfully.

As such, a **life-long vocational further education** through courses, advanced training and exchange with colleagues is required.

Physicians, practicing neural therapy, are encouraged to substantiate **qualifications with certificates**. To do this neural therapeutic professional societies and universities offer a curriculum with different training levels: basic certificates after 50-60 hours and examination (e.g. Heidelberg University, DGfAN), advanced certificates after 100 (e.g. ÖNR, Austrian specialist diploma) up to 120 hours (e.g. IGNH, SANTH) and examination, and master certificates after 180 hours and examination (e.g. DGfAN).

**Training in neural therapy** covers the fundamentals of molecular biology and pharmacology with local anesthetics, the anatomy and neurophysiology, medical history, examination and injection techniques and the method safety (contraindications, risks, side effects and handling of complications).

A minimum of 2 years advanced training is required to obtain the certificate. Certificates are granted on a temporary basis, e.g. for 2-3 years. Extending of the certificate requires proof of further education and advanced training in neural therapy.

**Professional societies** within the international umbrella organization for neural therapy (IFMANT) seek to assimilate curricula and have certificates after examination mutually recognized.

#### **1.4. Qualification of Lecturers**

There are high standards for the **qualification of lecturers** in neural therapy. Lecturers should have a sound knowledge of the method's scientific basis, extensive experience in the practice of neural therapy and expertise in frontier areas of neural therapy (anesthesia, emergency medicine, manual medicine, acupuncture and other related areas).

The appointment to lecturer is made by the professional societies.

Active lecturers are required to have at least one advanced certificate or master certificate that is currently valid, at least three years of experience with neural therapy in their own practice/ clinic and the completion of at least two years of course assistance as a tutor, prior to becoming a lecturer. Exceptions can be made in justified cases e.g. for special qualifications; this requires a separate appointment through a regulatory body.

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