

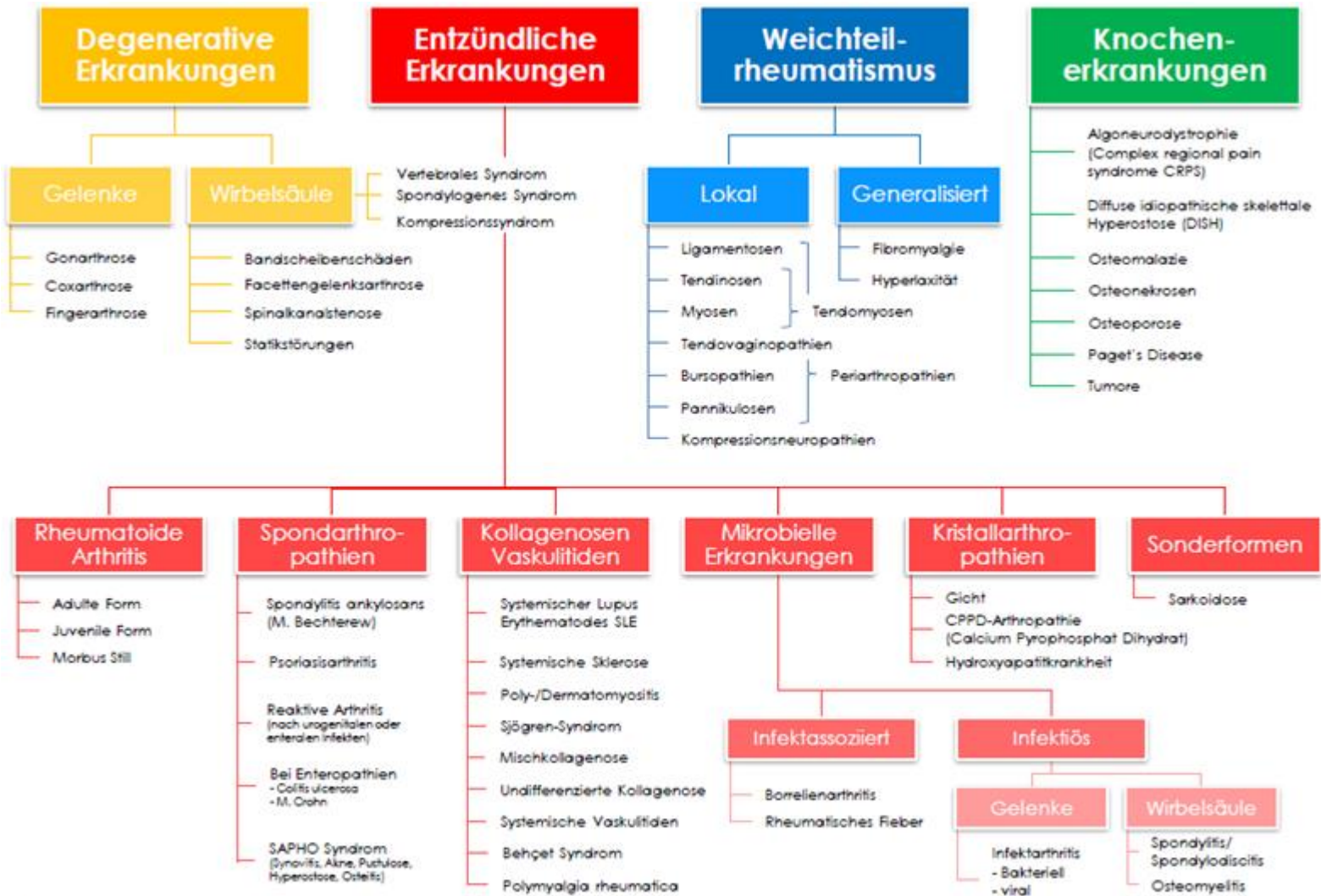


Naturheilkundliche Therapie in der Rheumatologie und Schmerztherapie

Dr. med. Stefan Drinda



Rheumatischer Formenkreis:





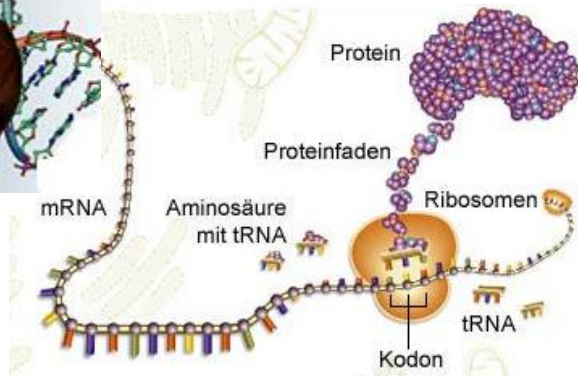
Genom

Epigenom

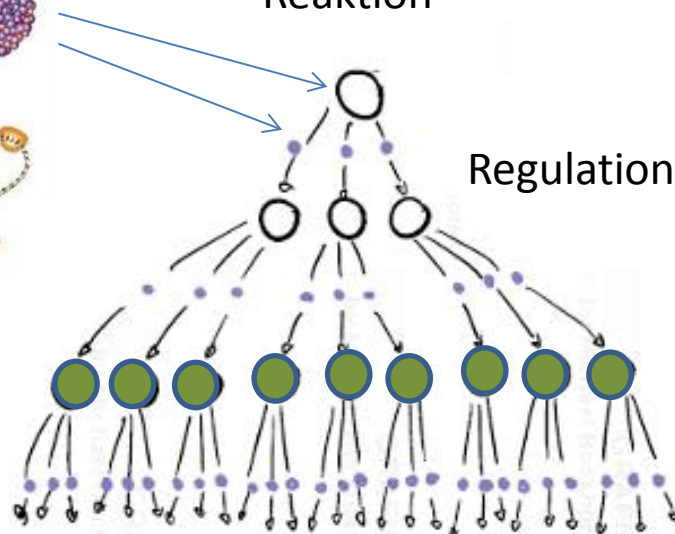


switch on/of

Synthese



Reaktion



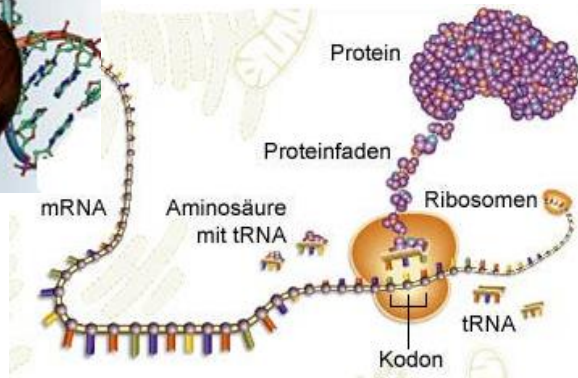


Genom

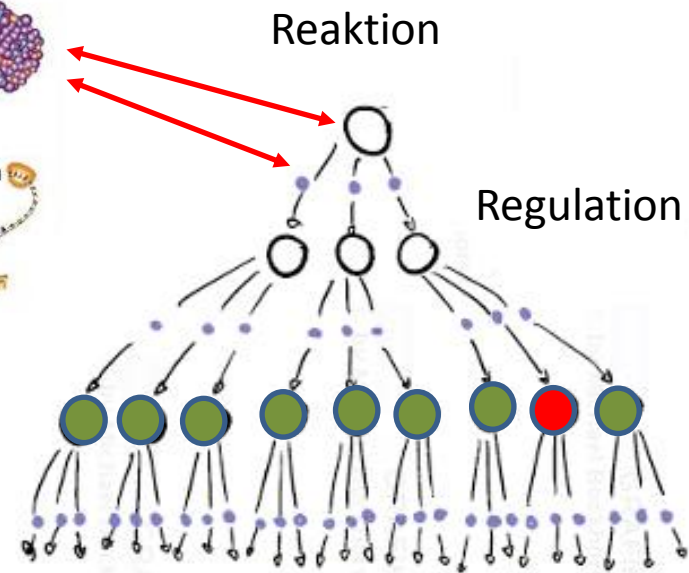
Epigenom

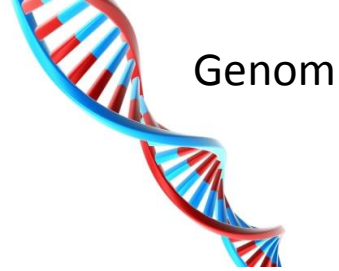


switch **on/of**



Synthese





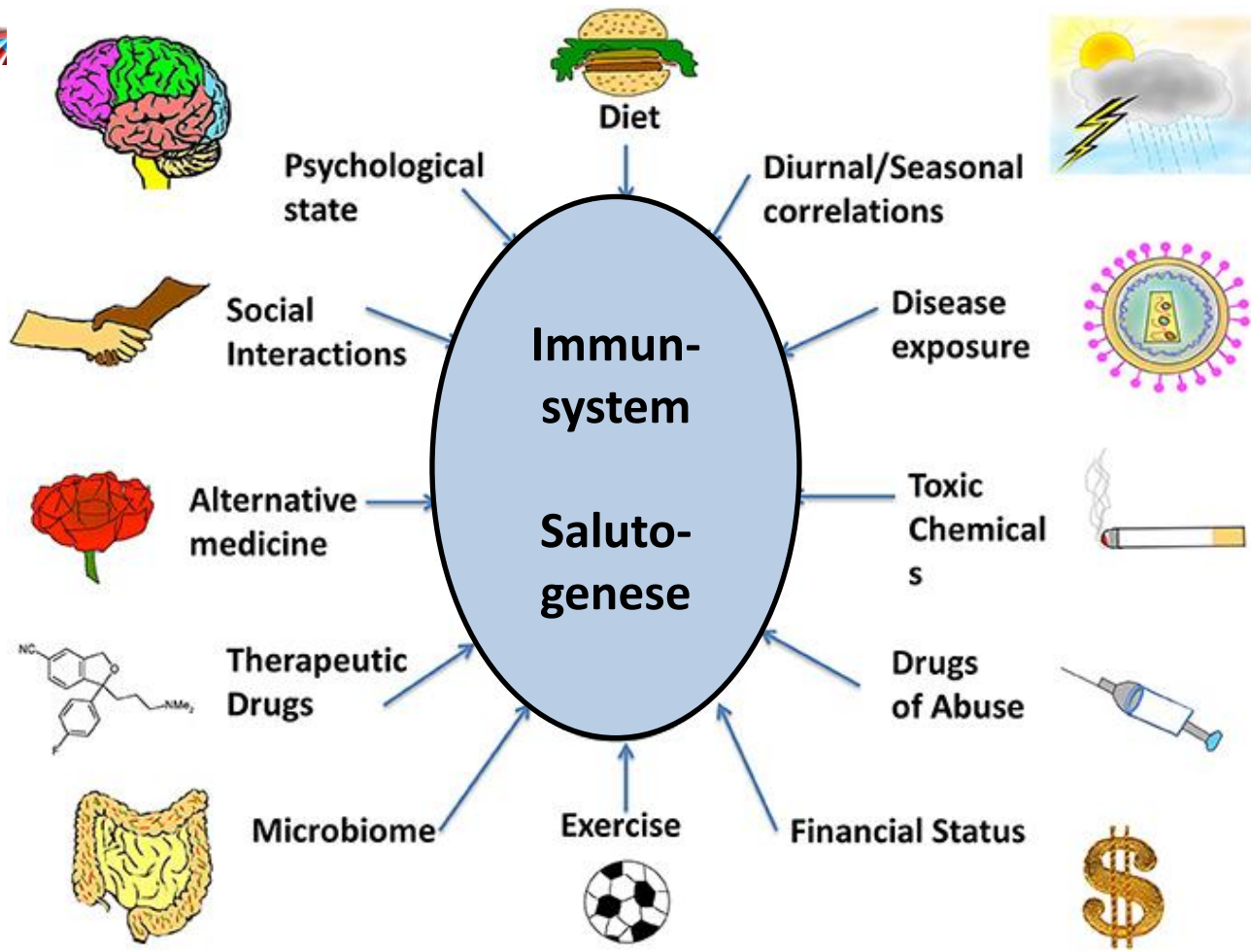
Genom

HLA: *human leukocyte antigen* = Genkomplex der den
MHC *major histocompatibility complex* codiert

Rheumatoide Arthritis:	70 % DR4/DRB1 (Gesunde 25%)
Spondylitis ankylosans:	90 % HLA B27 (Gesunde 8 %)
Psoriasisarthritis:	30 – 50 % HLA-B27
Systemischer Lupus erythematodes:	50 % DR2/DR 3
Polymyositis, Dermatomyositis:	B8/DR3
Systemische Sklerose:	DR 1, 4, 8
Sjögren Syndrom:	DR2, DR3



Genom





Genom

Epigenom

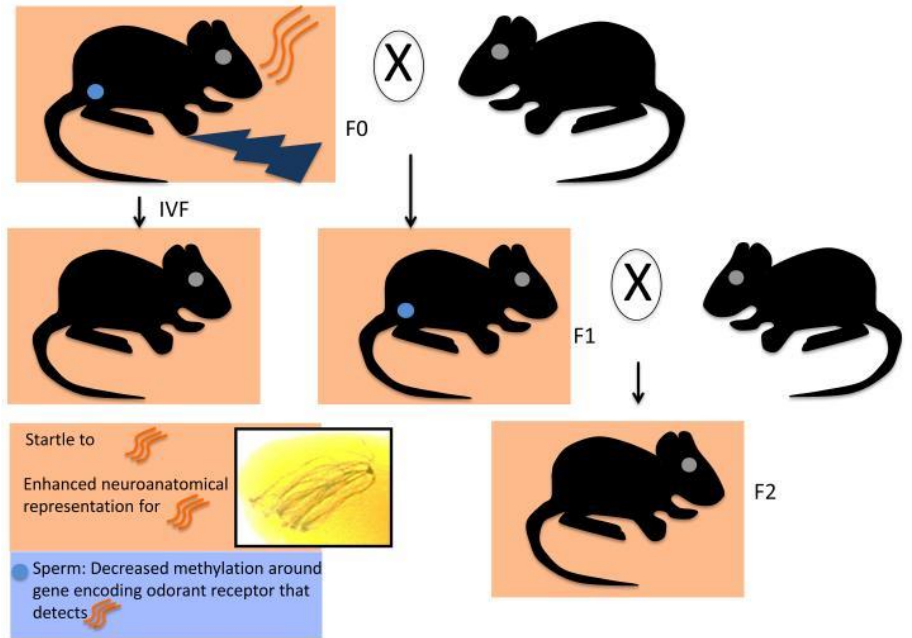


Epigenetik funktioniert:

in einer Generation

intergenerational

transgenerational

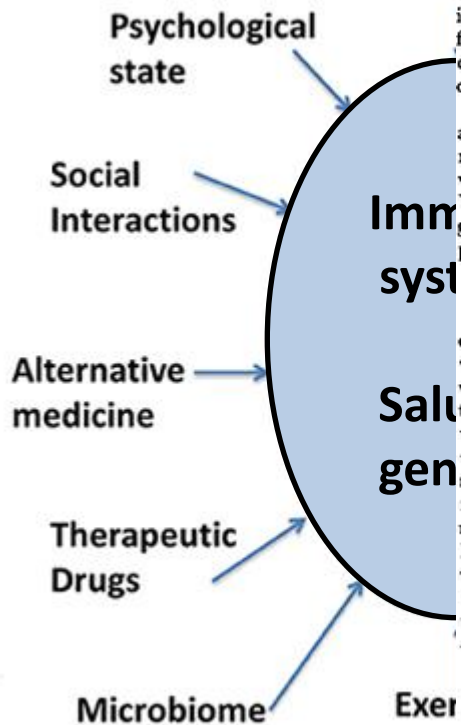






Francois-Marie Arouet
«Voltaire»
(1694-1778)

«Die Aufgabe des Arzts
zu amüsieren, bis die



1964 !

REDUCTION OF POSTOPERATIVE PAIN BY ENCOURAGEMENT AND INSTRUCTION OF PATIENTS*

A Study of Doctor-Patient Rapport

LAWRENCE D. EGBERT, M.D.,† GEORGE E. BATTIT, M.D.,‡ CLAUDE E. WELCH, M.D.,§ AND MARSHALL K. BARTLETT, M.D.¶

BOSTON

MANY reports have discussed the treatment of patients suffering after operation. Narcotics are not without danger; they also vary considerably in effectiveness. Hypnosis will reduce pain but is difficult to achieve and requires special training for the operator. Despite considerable effort the problems of treating postoperative pain remain.

Janis¹ has shown that patients who were told about their operations before the procedure remembered the operation and its sequelae more favorably than those who were not well informed. We have determined the effects of instruction, suggestion and encouragement upon the severity of postoperative pain.

METHOD

We studied 97 patients after elective intra-abdominal operations (Table 1). All patients were visited the night before operation by the anesthetist, who told them about the preparation for anesthesia, as well as the time and approximate duration of the operation, and warned them that they would wake up in the recovery room. Preanesthetic medication, consisting of pentobarbital sodium, 2 mg. per kilogram of body weight, and atropine, 0.6 mg., was administered intramuscularly approximately one hour before operation. Induction of anesthesia was accomplished with thiopental sodium; intubation of the trachea was performed on all patients. Anesthesia was maintained with ether and cyclopropane or nitrous oxide and curare.

The patients were divided into two groups by random order; 51 patients (control group) were not told about postoperative pain by the anesthetist. The "special-care" group consisted of 46 patients who were told about postoperative pain. They were informed where they would feel pain, how severe it would be and how long it would last and reassured that having pain was normal after abdominal operations. As soon as the patients appeared aware of the nature of the suffering that would begin on

the following day, they were told what would be done about the pain. They were advised that pain is caused by spasm of the muscles under the incision and that they could relieve most of the pain themselves by relaxing these muscles. They could achieve relaxation by slowly taking a deep breath and consciously allowing the abdominal wall to relax. Also, they were shown the use of a trapeze that was hanging over the middle of the bed (control patients also had the trapeze but were not instructed by the anesthetist). Special-care patients were taught how to turn onto one side by using their arms and legs while relaxing their abdominal muscles. Finally, they were told that at first they would find it difficult to relax completely. If they could not achieve a reasonable level of comfort, they should request medication. The presentation was given in a manner of enthusiasm and confidence; the patients were not informed that we were conducting a study. The surgeons, not knowing which patients were receiving special care, continued their practices as usual.

After the operations, narcotics were ordered by the surgical residents; these were later administered by the ward nurses, who were also unaware that we were studying these patients. After the patients were discharged we tabulated the total dose of morphine in milligrams for the first five twenty-four-hour periods after the operation. When meperidine had been administered, we assumed 100 mg. of meperidine to be equal to 10 mg. of morphine (Lasagna and Beecher² indicated that "meperidine, in parenteral doses of 50 to 100 mg., was at least as good as

TABLE 1. Types of Operations and Anesthetics.*

PROCEDURE	CONTROL GROUP NO. OF PATIENTS	SPECIAL-CARE GROUP NO. OF PATIENTS
Operation:		
Cholecystectomy	15	17
Histia hernia	4	1
Gastrectomy	9	8
Bowel resection	9	6
Colectomy	6	9
Hysterectomy	6	4
Ventral hernia	2	1
Totals	51	46
Anesthesia:		
Cyclopropane & ether	31	27
Nitrous oxide & curare	20	19

*Differences not statistically significant.

*From the departments of Anesthesia and Surgery, Massachusetts General Hospital.

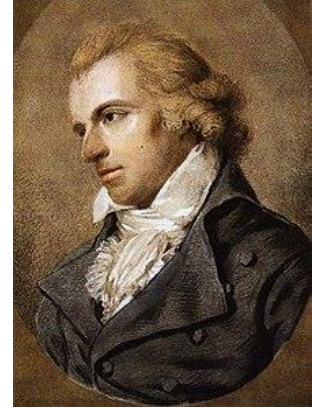
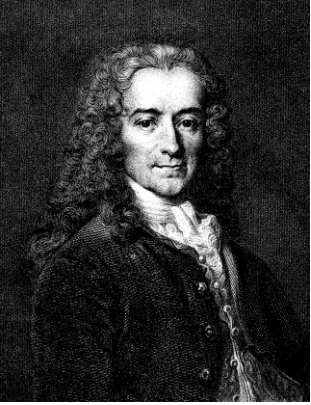
Supported in part by a grant (MH 00987-09) from the United States Public Health Service.

†Assistant anesthetist, Massachusetts General Hospital; instructor in anesthesia, Harvard Medical School.

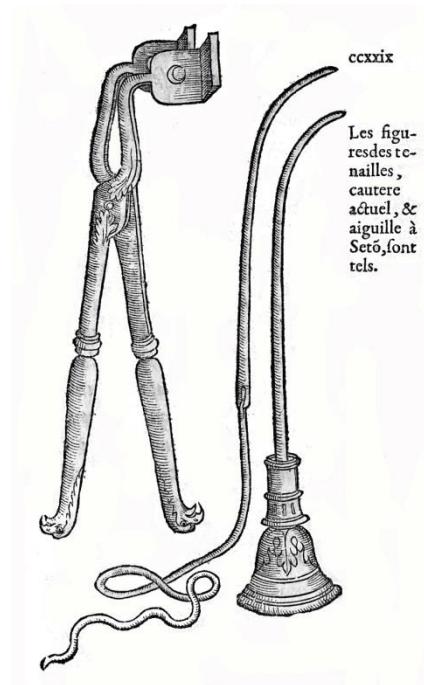
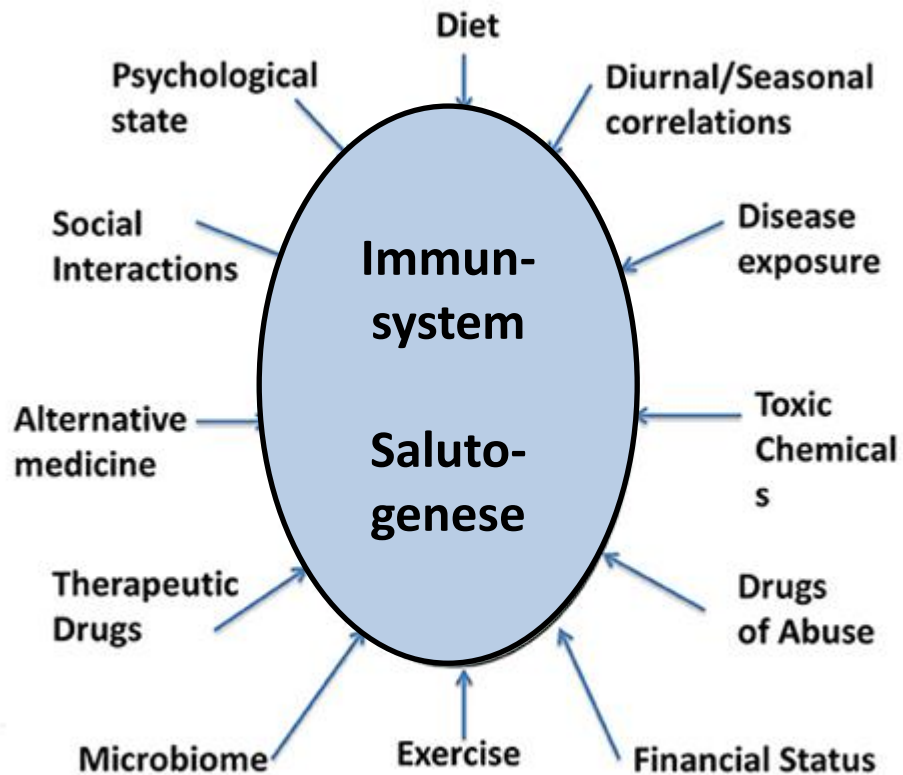
‡Assistant in anesthesia, Massachusetts General Hospital; assistant in anesthesia, Harvard Medical School.

§Visiting surgeon and chief, Tumor Clinic, Massachusetts General Hospital; associate professor of surgery, Harvard Medical School.

¶Visiting surgeon, Massachusetts General Hospital; associate clinical professor of surgery, Harvard Medical School.



Friedrich Schiller
(1759-1805)

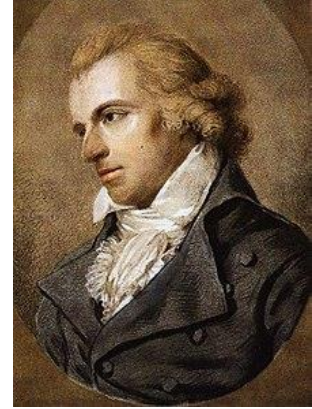


- **genetische** Disposition allein führt nicht zur Krankheit
- es existieren «**epi**»-**genetische** Faktoren in der **Pathogenese**...
- ...die auch für die **Salutogenese** genutzt werden können
- sie stellen eine Domäne der **Naturheilverfahren** dar
- prinzipiell bemüht sich der Organismus um «**Selbstreparatur**» (Voltaire)
- nicht jede (etablierte ?) Therapie ist sinnvoll (Schiller)

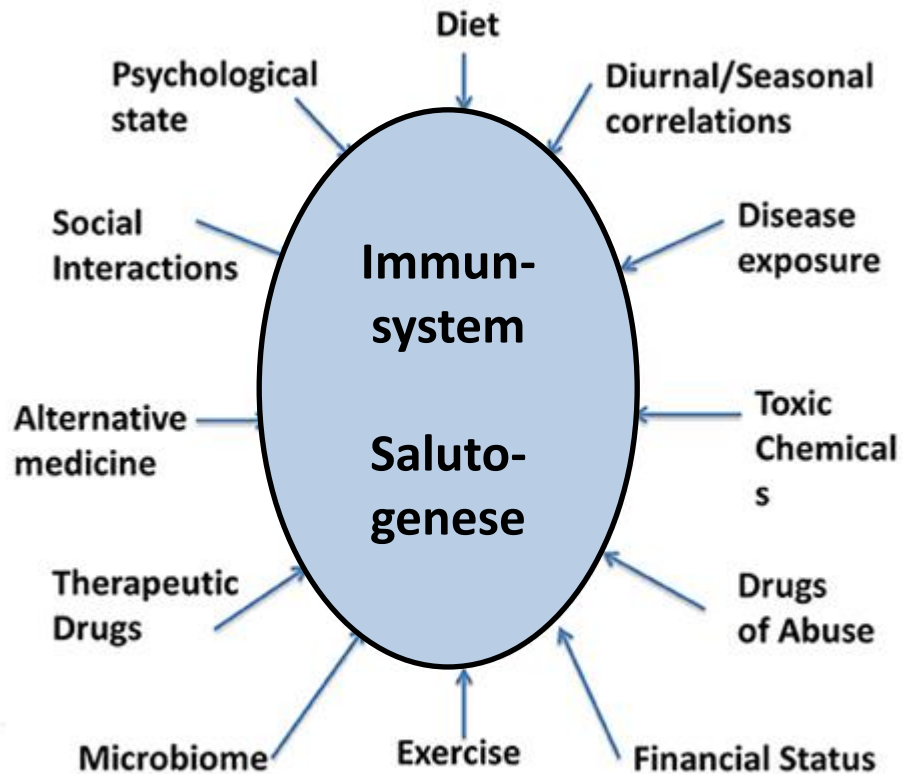




«Üben des Meidens, nimmt Quellen des Leidens»

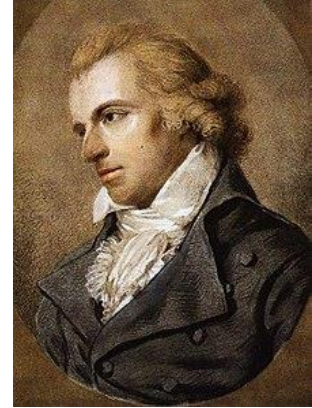


Otto Buchinger
(1878-1966)





«Üben des Meidens, nimmt Quellen des Leidens»

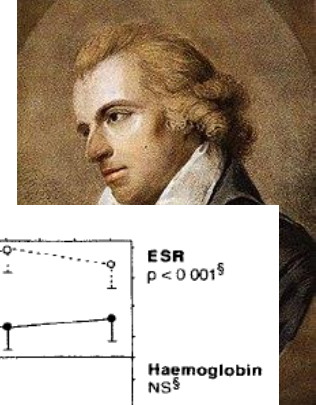


Otto Buchinger
(1878-1966)





«Üben des Meidens, nimmt Quellen des Leidens»



Otto Buchinger
(1878-1966)

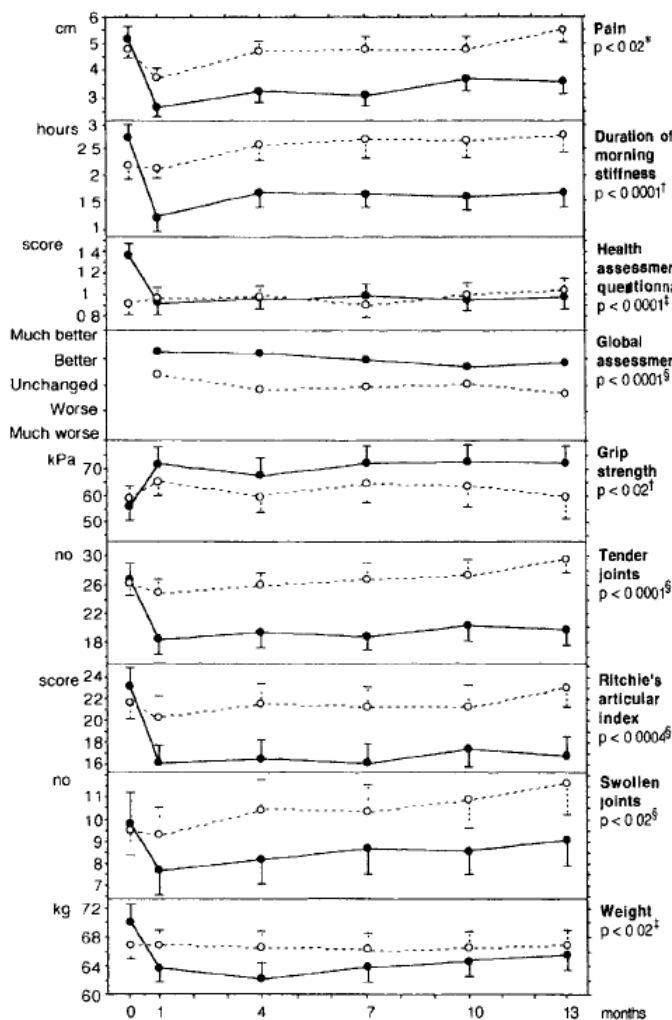


Fig 1—Clinical indices.

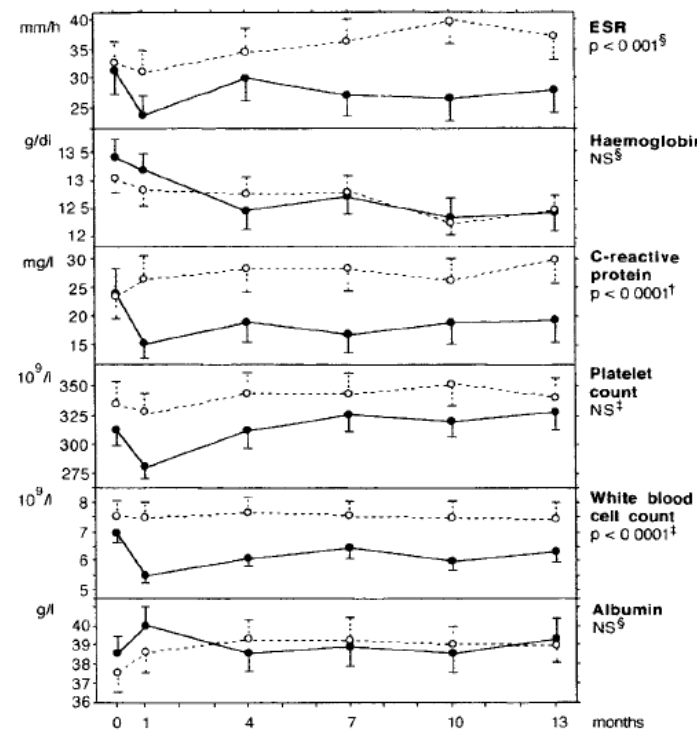


Fig 2—Laboratory values.



«Üben des Meidens, nimmt Quellen des Leidens»

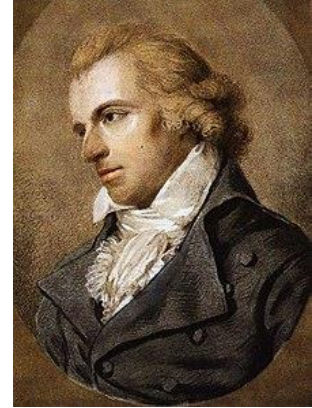


Otto Buchinger
(1878-1966)

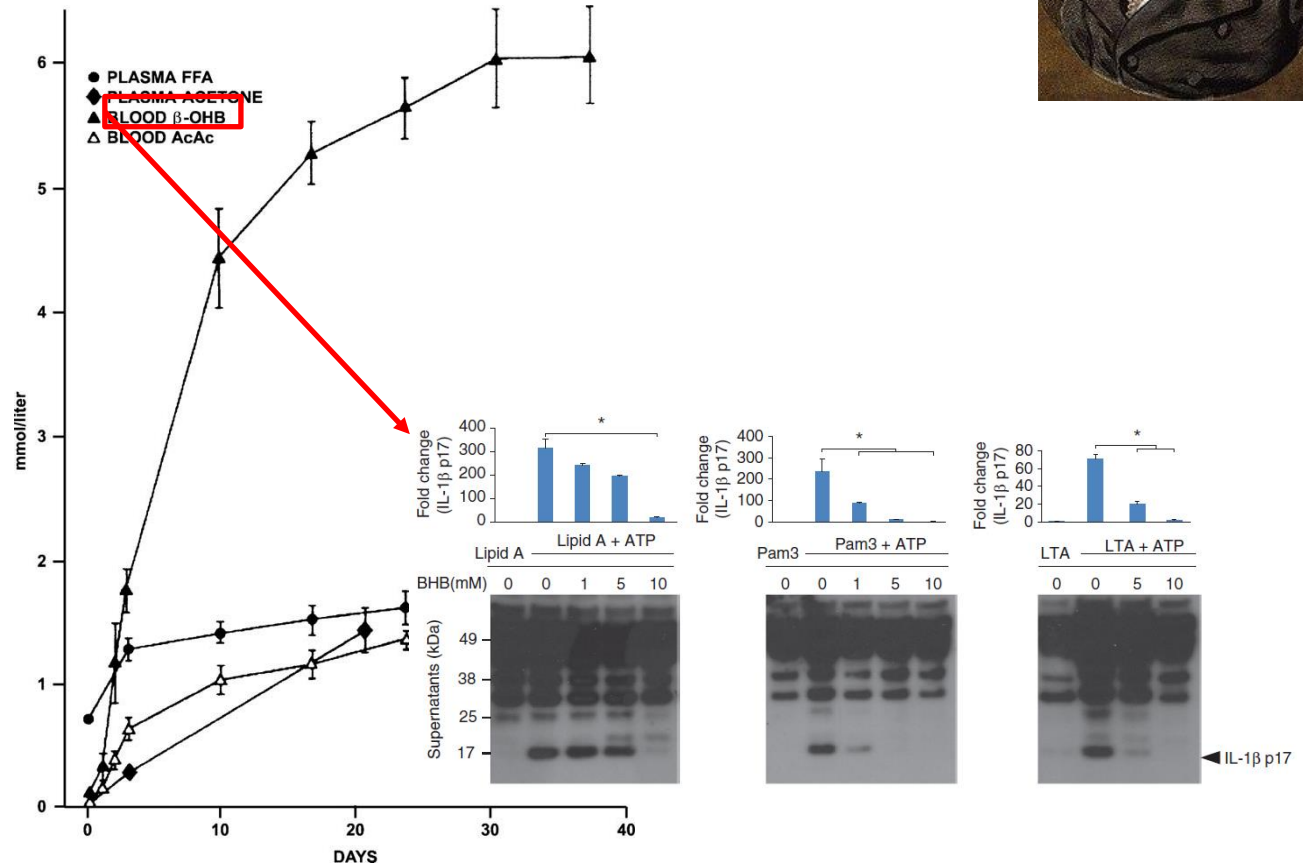




«Üben des Meidens, nimmt Quellen des Leidens»



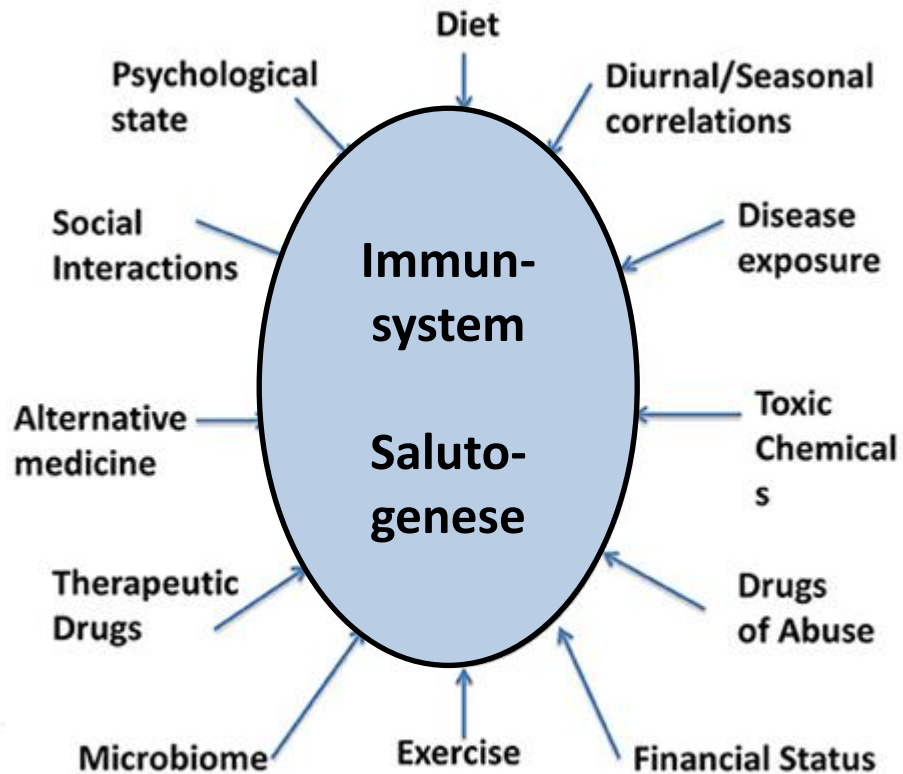
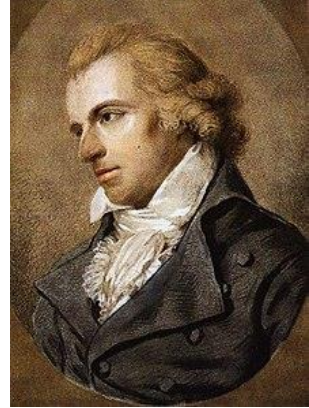
Otto Buchinger
(1878-1966)



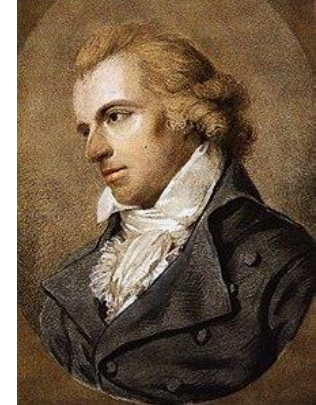
Youm et al: The ketone metabolite β-hydroxybutyrate blocks NLRP3 inflammasome-mediated inflammatory disease Nat Med. 2015 Feb 16. doi: 10.1038/nm.3804



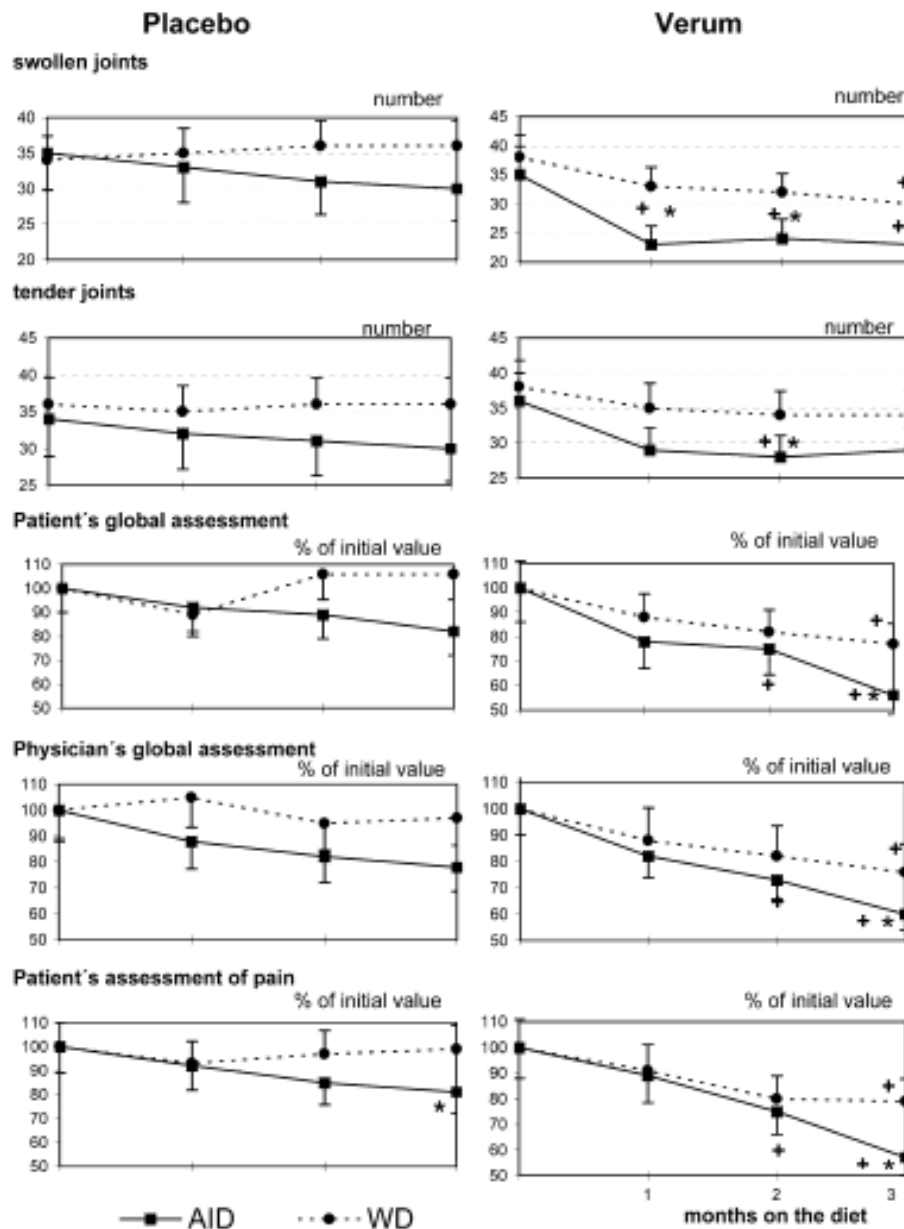
«Eat Food, not much, mostly plants»



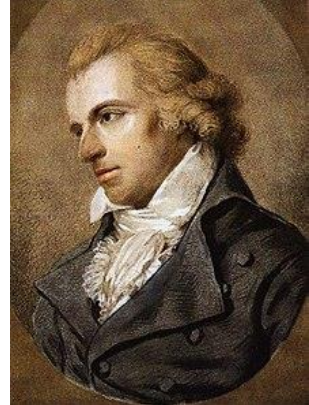
Michael Pollan
(*1955)



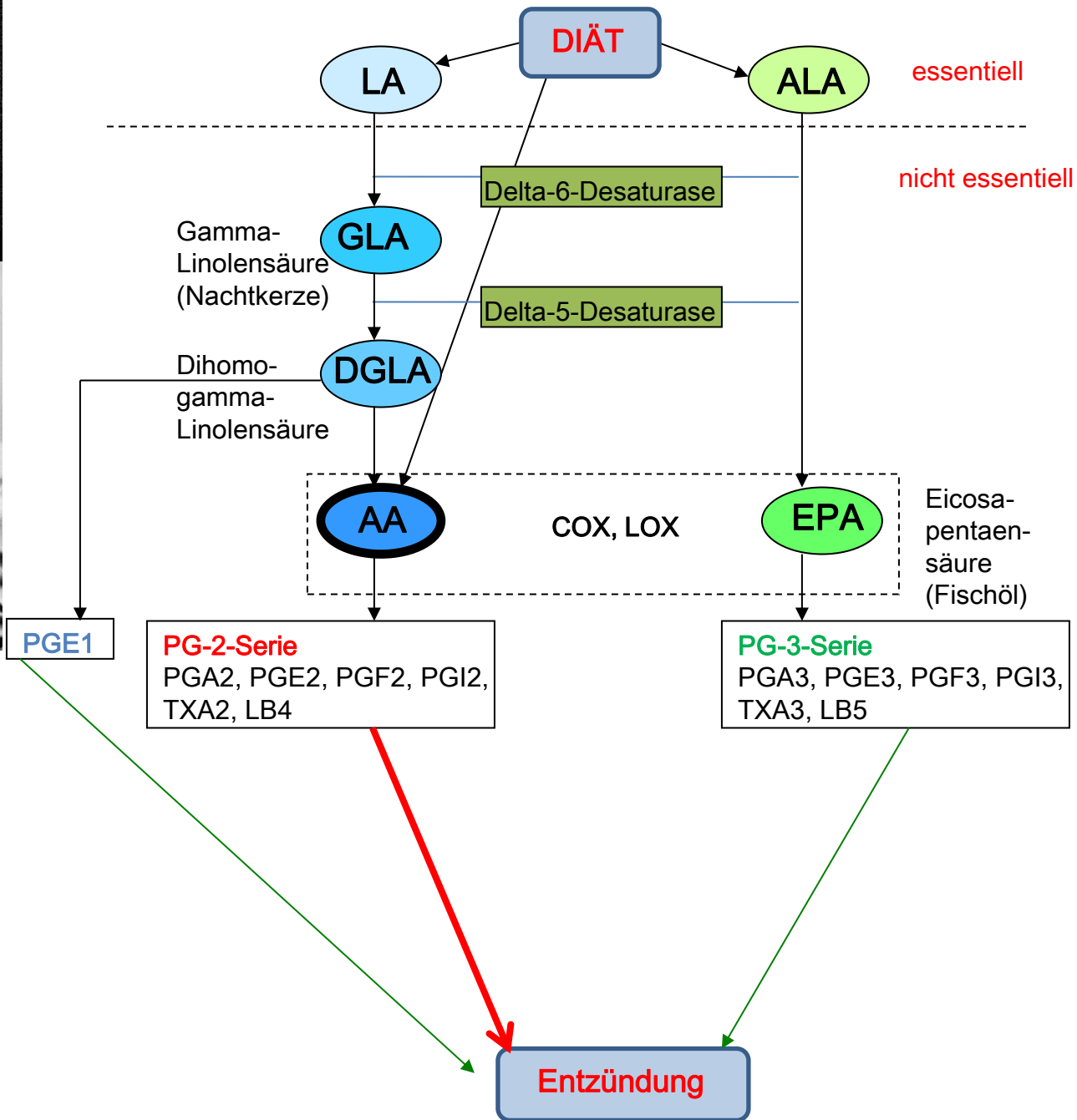
Michael Pollan
(*1955)



Adam et al.
Rheumatol Int 2003

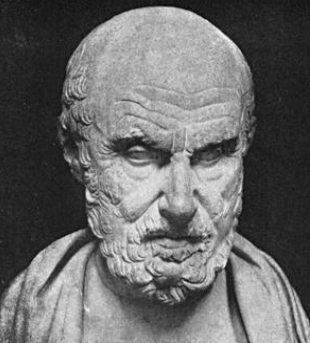


Michael Pollan
(*1955)

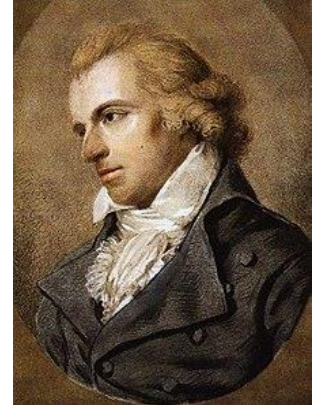
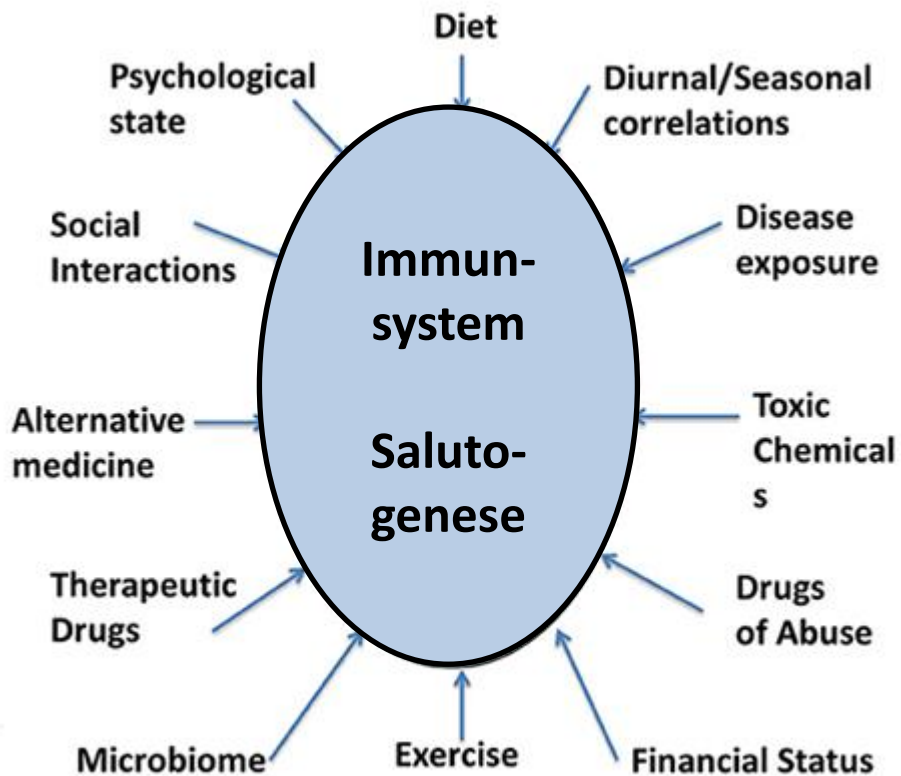


- **genetische** Disposition allein führt nicht zur Krankheit
- es existieren «**epi**»-**genetische** Faktoren in der **Pathogenese**
- die auch für die **Salutogenese** genutzt werden können
- Sie stellen eine Domäne der Naturheilverfahren dar
- prinzipiell bemüht sich der Organismus um «Selbstreparatur» (Voltaire)
- nicht jede (etablierte ?) Therapie ist sinnvoll (Schiller)
- Weglassen von **Noxen** wirkt präventiv und ggf. therapeutisch (Buchinger)
- Fasten kann –indikationsgerecht eingesetzt – therapeutisch sinnvoll sein
- **Ernährung** kann ebenso präventiv, wie therapeutisch sein (Pollan)
- Meiden von Arachidonsäure, Zugabe von Omega 3 FS wirkt antiinflammatorisch (Adam)





Hippokrates von Kos
(460-370 v. Chr.)



Effectiveness of Therapeutic Exercise in Fibromyalgia Syndrome: A Systematic Review and Meta-Analysis of Randomized Clinical Trials.

Sosa-Reina MD^{1,2}, Nunez-Nagy S³, Gallego-Izquierdo T³, Pecos-Martín D³, Monserrat J¹, Álvarez-Mon M^{1,2}.

+ Author information

Abstract

OBJECTIVE: The aim of this study was to summarize evidence on the effectiveness of therapeutic exercise in Fibromyalgia Syndrome.

DESIGN: Studies retrieved from the Cochrane Plus, PEDro, and Pubmed databases were systematically reviewed. Randomized controlled trials and meta-analyses involving adults with fibromyalgia were included. The primary outcomes considered in this systematic review were pain, global well-being, symptoms of depression, and health-related quality of life.

RESULTS: Effects were summarized using standardized mean differences with 95% confidence intervals using a random effects model. This study provides strong evidence that physical exercise reduces pain (-1.11 [95% CI] -1.52; -0.71; overall effect $p < 0.001$), global well-being (-0.67 [95% CI] -0.89, -0.45; $p < 0.001$), and symptoms of depression (-0.40 [95% CI] -0.55, -0.24; $p < 0.001$) and that it improves both components of health-related quality of life (physical: 0.77 [95% CI] 0.47; 1.08; $p < 0.001$; mental: 0.49 [95% CI] 0.27; 0.71; $p < 0.001$).

CONCLUSIONS: This study concludes that aerobic and muscle strengthening exercises are the most effective way of reducing pain and improving global well-being in people with fibromyalgia and that stretching and aerobic exercises increase health-related quality of life. In addition, combined exercise produces the biggest beneficial effect on symptoms of depression.



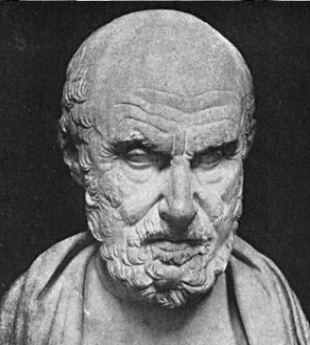
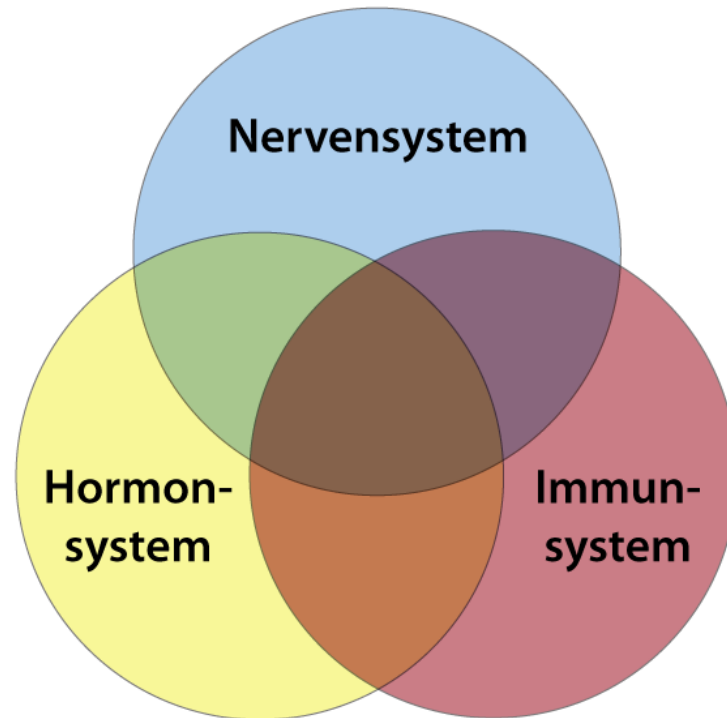
Hippokrates von Kos
(460-370 v. Chr.)



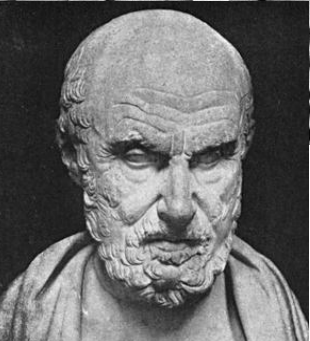
Sebastian Kneipp
(1821-1897)



"Schließlich machen die Krankheiten, die mit dem engen mechanistischen Konzept der Schulmedizin erfasst werden können, nur ungefähr fünf Prozent aus. Nur auf diese trifft das (etablierte) medizinische Modell zu, für *diese* ist es hilfreich."



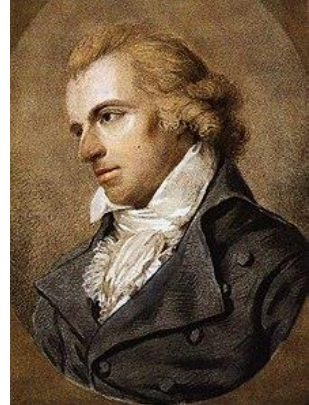
Thure von Uexküll
(1908 – 2004)

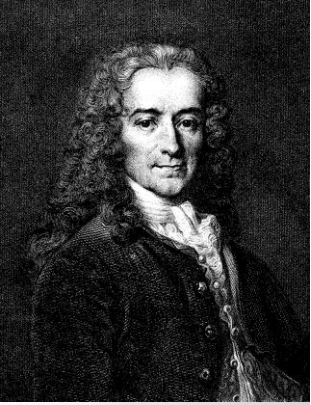


«Ruhe heilt...»

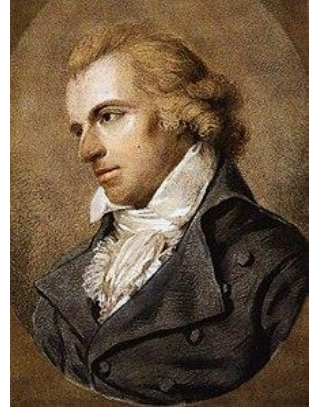
- Achtsamkeitstraining
- Introspektionsfähigkeit
- Individualisierte Medizin
- «Was tut mir gut?»
- Grenzen setzen, Toleranz?
- Kontemplation
- Spiritualität?
- Ordnungstherapie
- Psychotherapie
- Psychopädie (Derbolowsky)

**Galenos von
Pergamon
(128-216)**

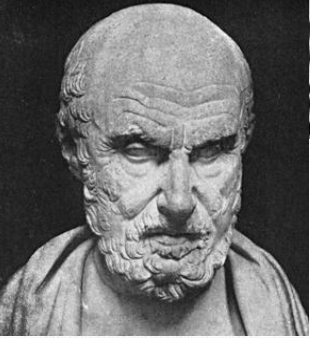




«Ruhe heilt...»



- Ich



- Du



- Wir



- **genetische** Disposition allein führt nicht zur Krankheit
- es existieren «**epi**»-**genetische** Faktoren in der **Pathogenese**
- die auch für die **Salutogenese** genutzt werden können
- Sie stellen eine Domäne der Naturheilverfahren dar
- prinzipiell bemüht sich der Organismus um «Selbstreparatur» (Voltaire)
- nicht jede (etablierte ?) Therapie ist sinnvoll (Schiller)
- Weglassen von **Noxen** wirkt präventiv und ggf. therapeutisch (Buchinger)
- Fasten kann –indikationsgerecht eingesetzt – therapeutisch sinnvoll sein
- **Ernährung** kann ebenso präventiv, wie therapeutisch sein (Pollan)
- Meiden von Arachidonsäure, Zugabe von Omega 3 FS wirkt antiinflammatorisch (Adam)
- Bewegung hat wesentlichen Einfluss auf das Immunsystem (Hippokrates)
- (moderate) Kaltreize trainieren es (Kneipp)
- Psyche – Endokriniem – Immunsystem agieren wechselseitig (Uexküll)
- Entschleunigung ist Therapeutikum (Galenos)
- wichtigster Indikator erfolgreicher Therapie: patientenrelevante Endpunkte!



Rezept:

- *Gifte meiden*
- *Entspannung, Ruhe, Problemlösung*
- *gesunde/gesundende Ernährung*
- *Körpergewicht optimieren*
- *(molekulare) Mangelzustände ausgleichen*
- *thermische Reize präventiv*
- *Bewegung/ moderater Sport*
- *(sinnvolle) Medikation*

Rezept:

- *Gifte meiden*
- *Entspannung, Ruhe, Problemlösung*
- *gesunde/gesundende Ernährung*
- *Körpergewicht optimieren*
- *(molekulare) Mangelzustände ausgleichen*
- *thermische Reize präventiv*
- *Bewegung/ moderater Sport*
- *(sinnvolle) Medikation*

Methoden in der Komplementärmedizin

Phytotherapie
Elastisches Taping
Osteopathie / Craniosacrale Osteopathie
Orthomolekulare Medizin
Feldenkrais Methode
Klassische Homöopathie
Komplexhomöopathie / Antihomotoxikologische Therapie
Neuraltherapie
Schröpfen
Anwendung von Blutegeln
Eigenblutbehandlungen
Ozontherapie
Tibetische Medizin
Traditionelle Chinesische Medizin
Magnetfeldtherapie
Mikrobiologische Therapie
Naturheilkundliche Ernährungstherapie (Modifiziertes Saftfasten)
Anthroposophische Medizin



Danke für Ihre Unterstützung im Tragen des (schweren?) Rucksackes!

