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Integrating neural therapy into family practice

Jose Montaño

Department of Family Medicine, University of del Valle, Cali, Colombia

To the Editor,

The publication from Ay et al.[1] presents the first randomized trial to assess the efficacy of Neural Therapy (NT) compared with Kinesio Taping (KT) and Trigger Points (TrPs) injection. They found that all these three treatment methods seem to be effective on acute Myofascial Pain Syndrome (MPS) patients. However, one of the limitations of the study is the short follow-up period. Regarding the treatment methods, on one hand, it is important to consider that the availability of elastic therapeutic tape for KT is an important disadvantage in Family Practice (FP) settings; on the other hand, NT and TrPs injections use similar resources (local anesthetics), but NT uses are broader than TrPs injections. Therefore, NT may be a good alternative to improve comprehensiveness in FP and Primary Care (PC). There is some evidence about its effectiveness on musculoskeletal (MSK) pain and other illnesses, however, that evidence is usually scarce and limited.[2]

NT could expand nonpharmacological options for MSK pain syndromes management as a part of more comprehensive FP. Comprehensiveness has been found to be linked to fewer emergency department visits, fewer hospitalizations, lower overall costs and better quality of care. Furthermore, infiltrate local anesthetic is one of the procedures offered by family physician,[3] therefore it makes sense to integrate NT into FP through Family Medicine residency training and postgraduate training.

NT makes use of the regulatory functions and plastic properties of the nervous system,[4] especially its autonomic part, using local anesthetic injection to influence both the organization in the nervous system and the tissue perfusion. The therapeutic effect usually outlasts the duration of action of the anesthesia. Two types of NT have been differentiated: local and segmental; and interference field. Local and segmental NT is classified as conventional medicine, but the interference field NT is not, because the impulses and their clinical consequences in interference field events were considered unexplainable in terms of anatomical neural structures. However, there is increasing knowledge to explain the interference field effect.

Effective management of acute episodes into FP is supposed to contribute to reducing chronic pain risk and medication consumption excess;[2] and to identify generic prognostic factors for MSK pain[5] like widespread pain, disability, somatisation, high pain intensity, long pain duration, depression, anxiety, previous episodes, poor coping strategies, and movement restriction.

Integrating NT into FP is not effortless, but the technique is easy enough, although barely known—partly due to the scarcity of works published in journals of scientific impact on its effectiveness. In Spain, at PC, the results of 82 patients with persistent MSK pain were studied;[2] their trained family physicians performed local and segmental NT, achieving a significant decrease in persistent pain at 2 weeks, 3 and

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Correspondence: Dr. Jose Montaño. Department of Family Medicine, University of del Valle, Cali, Colombia.
Phone: +573005592534 **e-mail:** jose.ivo.montano@correounivalle.edu.co

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6 months, with a significant reduction in medication consumption and good acceptance by patients.

An NT training program sounds worthy for Family Medicine residency. It could include theoretical introduction about NT; local and segmental NT; interference field NT; local anesthetics administration procedures; pain and trigger points; and clinical protocols for the most frequent MSK pain syndromes and other illnesses on which NT may be effective. Furthermore, clinical case reviews for every clinical protocol in FP setting. This program could be complemented with a postgraduate course for family physicians to keep their abilities and knowledge on NT up to date. The skills, materials, and resources for training are widely available, inclusive in Latin America and most of the low- and middle-income countries around the world.

Along the NT training program, it is necessary to develop research projects with multidisciplinary contributions including physical therapy, physiatry, psychology, family medicine, nursing, and other health professionals. Some topics and questions to research related to FP and NT may include personal training needs; acute and chronic pain; different local anesthetics; field interference applications; patient acceptability and satisfaction; effectiveness of pharmacological and nonpharmacological treatment; quality of life related to NT; and different diseases frequent in FP and PC other than MSK pain syndromes. The Ay[1] paper helps us to support the learning outcomes and skills training in NT with high-quality evidence for a proposal to our Family Medicine Program in Colombia.

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