My experiences with GUNA inj.

- The first „date“: 15. 9. 2010 through an INPHARM representative
- 2. 11. 2010 - the first GUNA injection application
- From 2. 11. 2010 till 31. 12. 2012 I have applied amp. GUNA inj. in 2134 patients
- From 2. 11. 2010 till 31. 12. 2011 on orthopaedic clinic:
  - total examinations: 8582
  - total patients: 2347

children - 1110, men -3387, women - 4095
My experiences with GUNA inj.

- From that time PRM - GUNA inj. became very effective treatment in my private clinic.
- Daily, approximately 35 - 38 patients are examined. (of which there are 6 - 8 children)
- Daily GUNA inj. applications: 3 - 5 patients.
Case No. 1

- 50-years old active sportsman (representative level) - bochi
- Family history – without significant findings
- Personal history - treated high blood pressure (beta-blockers)
- Actual symptoms - about 6 months of persistent pains in the area of I. MTP of both joints
- RTG of both legs with signs of advanced arthritis

Dg.: ARTHRITIS ART. I. MTP PEDIS BILAT (HALLUX RIGIDUS)

- pains worsening by longer standing, walking stairs, uneven ground, sports.
- treated with NSA, analgesics, locally applied corticosteroids injections, hyaluronic acid, chondroprotective treatment, physical treatment, without any significant effect
- 7. 9. 2011 repeated examination because of pains in I. MTP joints, with oedema and synovitis of I.MTP joints, restricted mobility (examination performed 10 days before bochi world championship in Italy).
Case No. 1

- GUNA inj. on even days, 5 x
- injections applied from 4 ports to I. MTP joints.
- Following the 3. GUNA inj. regression of pains, improved oedema and synovitis, improved mobility in I. MTP joints of both legs,
- full training, no pains even during world championship

Visual analogue scale

8  →  2
Case No. 2

- 53-years old woman, gynaecologist, enthusiastic hiker, the first examination on 18. 10. 2011 with pain in right Achilles tendon.

**MRI of right Achilles tendon 16. 10. 2011**

MRI Achilles tendon ca. 3 cm from the insertion cranially thickened, with inner convexity up to 13 mm width in AP direction, 5 cm length. The structure is relatively homogeneous, with low signal in all images, only with echoed small zone of intermedium signal on the edges of thickening, without focal changes, without pathological collection in the surrounding, with smooth outline, In the distal area of the tendon small interstitial lesion of intermedium signal, size 5 mm - as a part of tendinopathy.

**Dg.:** PERITENDITIS ACHILLEI L. DX.
MYXOID DEGENERATION EV. PARTIAL RUPTURE
DX. ACHILLES TENDON

- physical treatment, IBALGIN 400 mg – 3 x 1 drg daily, without effect
- Family / personal history - without significant findings
Case No. 2

ACHILLES TENDON

- treatment used post examination:
  VOLTAREN 75 MG/3 mg inj. daily i.m. VOLTAREN RAPID 50 mg 0-1-1
  REPARIL a 40 drg. 2-2-2, 2 MOBILAT gel locally; FLECTOR EP TISSUGEL; locally
  orthopaedic inserts with heel easer
- control examination: tendon only with minimal oedema; however still painful, patient can not stand finger-tipped.
- Initiated PRM treatment GUNA inj. in combination
  post the 2. injection: pain improved and no oedema
  post the 5. inj. patient can stand finger-tipped, no oedema, very good satisfaction with the treatment

Visual analogue scale

9 ➔ 2
Case No. 3

- 49-years old obese woman, 13 years treated in our clinic for pains in left knee. She is working as a kitchen manager, helping also as a cook.

- Family / personal history - without significant findings

- OP - injury of the left knee in 2000, orthopaedic-traumatic department of Lučenec Hospital; arthroscopy, partial meniscectomy and shawing of med. femoral and tibial condylae, because of chondropathy III. grade

- years of treatment with i.a. corticosteroids in our clinic, repeated application of hyaluronic acid supplementation

- TO – 10. 6. 2011 again in our clinic, this time also with pain in right knee (the "healthy" knee)

- Objective findings: Right knee with oedema and effusion, arthrocentesis 68 ml of exudate, flexion up to 130°, extension 0°. Palpation with significant pain in med. tibial condyle

RTG of both knees - signs of II. gr. med. arthritis of both knees
Case No. 3

Dg.: GONARTHROSIS BILAT. gr. II. DECOMP. SYNOVITIS CHRONICA GENUS BILAT. CHONDROPATHIA COND. MED. FEMORIS gr. III.

- suggested PRM-GUNA inj. in dual combination

**MD KNEE + MD TISSUE (MD MATRIX)**

- applied 10 times: first 3 weeks 2 x weekly; further 4 weeks 1 x weekly.
- treatment resulted in pain and oedema regression, mobility of both knees improved; present-day mobility of knees normal.
- One year post GUNA inj. treatment patient without pains, no pharmacological treatment.
- In comparison with the previous treatment PRM - GUNA inj. with much better benefits.

Visual analogue scale 9 → 0
Case No. 4

- 77 years old woman, first-time examined in our clinic on 8. 3. 2011 with significant pain and restricted mobility of right coxa
- **RTG** - signs of advanced coxarthrosis with severe deformation of femoral head, progressing to signs of aseptic necrosis, narrowed / minimal joint space

Obj.: right coxa – 20° flexional contracture, flexion up to 80°, rotations very reduced (¼ range, painful, abduction up to 20°.

- Personal history - 20 years of cardio-vascular treatment, pacemaker implanted from 2005 in 2008 cardiosurgery of mitral valve, treated also with M. hypertonicus, repeatedly decompensated in both circulations MRI of right coxa

**MRI findings:** Coxarthrosis gr. III right with subchondral head lesion v.s. avascular necrosis Coxarthrosis gr.III. l. sin.

- planned consultation with specialist on coxal TEP - however, surgery was contraindicated by the cardiologist.
Case No. 4

HIP JOINT

Dg.: COXARTHROSI S L. DX. gr. III.d - IV.
NECROSIS ASEP TICA CAPITIS FEMORIS L. DX.

- treatment: 3 x joint instillation of hyaluronic acid
  SINOVIAL inj.; without any significant effect
- applied treatment CELEBREX, MYOLASTAN, TRALGIT - without effect,
- RTG therapy on right coxa - without effect

- At least dual / triple combination suggested:
  (MD MUSCLE + MD MATRIX) - not accepted because of financial reasons
- following the 5. injection patient reported significant improvement,
  alleviation of pains, flexion contracture in the right coxa improved - 5°.
- Patient appreciated the treatment effect as very good.

Visual analogue scale
10 ➔ 4
Case No. 5

- 73 years old man, first-time examined on 2. 8. 2011 - significant pains, deformation, both ankles oedema, can not walk
- Obj.: ankles both sides (mainly on the left) significantly oedematic, subluxed in valgus position, mobility in ankles significantly restricted and painful, rough crepitations during movement
- RTG of both ankles - advanced arthritic changes, valgus position of the left ankle, sclerosis of tibial joint surface, narrowed / minimal joint space, calcification of ligaments, on the left even dissecting osteochondroitis of tal.

Dg.: ARTHRITIS ART. TALOCRURALIS BILAT. SYNOVITIS ART. TALOCRURALIS BILAT. OSTEOCHONDRTITIS DISSECANS TALI L. DX.
Case No. 5

- Suggested surgical intervention, ankles arthrodesis - not accepted, patient is carrying of his partner with Parkinson's disease, patient preferred PRM - GUNA inj.
- Family history – negat. Personal history - treated asthma bronchiale
- Applied treatment - NOAX UNO 0-0-1, XEFO RAPID 1-0 1, AESCIN 2-2-2, ARTRODAR 0-0-1; local INDOBENE gel
- Soft orthopaedic inserts and boots, neoprene support on ankles.
- 15. 8. 2011 - initiation of PRM GUNA inj. in dual combination,
- treatment combined with i.a. application of Diprophos inj.

MD SMALL JOINTS + MD TISSUE (MD POLY, MD MATRIX)

- 3 x hyaluronic acid (Hyalgan inj.)
- Patient received 10 application, following the 6. application significant improvement, pain and oedema alleviation, could do usual daily activities,
- Actually patient post surgery - both side ankle arthrodesis

Visual analogue scale

10 3
39 years old man - tinman - examined for the first-time in our clinic on 27. 10. 2011 with pains in right shoulder

Family / personal history - without significant findings

Objective findings: right shoulder with minimal oedema, shoulder mobility significantly reduced, abduction up to 50°, elevation up to 120°, rotations very painful and restricted to 1/3 range.

Shoulder RTG – sclerosis tuberculum maius, subacromial space narrowed to 6 - 7 mm

MRI: 1. 12. 2012: Impingement syndrome II gr. with partial lesion in tendon of m. supraspinatus, in the area of fibroosseal connection. Tendinitis of m. biceps brachii long head. AC osteoarthritis with joint soft tissue oedema and with displacement of subacrom. space. Incip. osteoproducive degenerative changes HH.

Dg.: PERIARTHRTIS HUMEROSCAPULARIS L. DX. IMPINGEMENT SYNDROME OF THE RIGHT SHOULDER RUPTURED TENDINIS M. SUPRASPINATUS L. DX. BURSITIS SUBACROMIALIS L. DX. CALCAREA
Case No. 6

- 2. 11. 2011 - shoulder treatment with PRM - GUNA inj. in dual combination initiated

**MD SHOULDER + MD MUSCLE (MD TISSUE)**

- treatment combined with periarticular corticosteroids injections (Diprophos) into shoulder, NSA, myorelaxans, analgesics (*Diclofenac duo 1-0-1, Myolastan 0-0-1, Tramal 50 mg 1-0-1*)

- following the 6. inj. improved status, alleviation of pains,
- shoulder mobility improved - abduction up to 90°, elevation up to 170 - 180°, rotations only terminally sensitive

- Patient was very satisfied with the treatment.

Visual analogue scale

9 → 2
Case No. 7

- 71 years old man, treated for C-spine pains lasting more than 16 months, with night pains, paresthesia of both upper arms, (mainly on the right side)
- **Objective findings:** stato-dynamic disorder of C-spine of medium grade with signs of CB syndrome
- **RTG of C-spine** - spondylarthrotic changes, uncovertebral arthritis, hyperlordosis,
- **MRI on 28. 12, 2010:**
  - Osteochondrosis C 5 - Th 1, cervical hyperlordosis,
  - Multisegmental stenosis NF affecting spinal roots C4 bilat.
- C6 dx. C7 sin
- **Family history - negat. / Personal history - treated for high BP, dual combination of medications**
- Treatment with NSA (even parenteral - i. m.), myorelaxans, analgesics, B-vitamins, MgSO4 i. v. only temporal improvement.
On 20.11.2011 triple combination of PRM initiated

From the 5. inj. MD MUSCLE switched to MD NEURAL.

Patients from the 3. application report significant improvement.

From the 8. application patient without paresthesia of upper arms, C-spine pains alleviated, mobility improved, patient sleeps in the night. Patient very satisfied with the treatment, has asked for GUNA leaflets.

Dg.: C – B SYNDROME BILAT.
SPONDYLARTHROSIS DEF. OF C SPINE
OSTEOCHONDROSIS DISCI I.V. C5 – Th1
BULGING DISCS C3/4 and C5/Th2
STENOSIS CANALIS SPINALIS
STENOSIS NEUROFORAMINA C4/5, C5/6 A C6/7
Case No. 8

- 54 years old woman with „S“- shaped decompensated kyphoscoliosis of Th - L spine, with severe thoracic deformation, with Cor kyphoskolioticum and significant restrictive changes in lungs, treated for years at our orthopaedic clinic.

- February 2011 - worsening, patient with severe pain in Th / L junction left, with radiation attacks to the left leg, with paresthesia in the left leg.

- **Th-L spine RTG** - decompensated kyphoskoliosis with significant rotation of vertebral bodies, diffuse discs osteochondrosis and advanced signs of deformeative spondyloarthritis.

- **MRI of LS**: In the segment, there is 2/3 osteochondrosis, mediolateral right protrusion, reaching foraminal with annular disruption and affecting segmental root L2 dx. In the segment L4/5 planar foraminal protrusion left with annular disruption and affecting segmental root L4 sin. Sinistroconvex scoliosis of lumbar spine with unidirectional vertebral body rotation. Chondrosis in the segment L 1/2, circumferential bulging disc.
Case No. 8

Dg.: S-SHAPED DECOMPENSATED SCOLIOSIS OF Th-L SPINE
OSTEOCHONDROSIS DISCI I.V. DIFFUSA WITH DISCOPATHIA
LIS L2/3 AND L4/5 L. SIN.
PROTRUSIO DISCI I.V. L2/3 AND L4/5
SPONDYLARTHROSIS DEF. OF LS SPINE
STENOSIS CANALIS SPINALIS

Treatment initiated with corticosteroids and gas injection around Th and LS spine Almiral inj., Flector EP tissugel, Dorsiflex 1.0.1, Aescin 2-2-2, Magne B6 1-0-1 without any significant effect.
3. 3. 2011 - initiation of PRM GUNA inj. in triple combination,

MD LUMBAR + MD NEURAL + MD THORACIC

Following the 6. inj. patient refers significant improvement, alleviation of pains, regression of paresthesia of left leg, spinal dynamics improved. Patient initially depressed, now with improved mood.

Visual analogue scale

8 → 4
Case No. 9

- 55 years old man first-time examined in our clinic on 19. 5. 2011 with about half-year existing pains in LS-spine, with acute radiation to left leg, with burning leg paresthesia, until this time in neurologist care. NSA, analgesics (even morphine patches), ambulatory i.v. treatment with only minimal improvement.

- **Objective findings**: Stato-dynamic disorder of LS spine with root irritation L4/5 and L5/S1 left with stato-dynamic disorder of medium/severe grade, family / personal history RA, OA – not significant

- in our clinic deep radicular corticosteroids and analgesics, *Voltaren inj. i.m. daily, Diclofenac duo 1-0-1, Myolastan 0-0-1, Milgama 1-1-1, Reparil 2-2-2*

- **LS SPINE CT from 10. 02. 2011**: Intervertebral space L3-4: incip. bulging disc up to 2 mm, without spinal stenosis, free neuroforamens. Intervertebral space L4-5: left-sided paramedial to foraminal wide hernia up to do 6 mm, circular prominence of disc material, secondary spinal stenosis, free neuroforamens. Intervertebral space L5-S1: wide protrusion up to 4 mm, limited spinal canal, limited neuroforamens. Osteochondrosis in the whole range.
Case No. 9

Dg.: LIS L4/5 and L5/Si L. DX.
HERNIATIO DISCI I.V. L5/Si L. DX. (6 mm)
PROTRUSIO DISCI I.V. L4/5 L. DX. (4 mm)
OSTECHONDROSIS DISCI I.V. L4/5 and L5/Si
SPONDYLARTHROSIS DEF. OF LS SPINE
STENOSIS CANALIS SPINALIS


MD ISCHHIAL (MD LUMBAL) + MD NEURAL

- Patient from the 4. application reports significant improvement, pains alleviated to minimum, radicular symptoms successively alleviated, alleviated paresthesis, mobility improved, initially depressed patient again with the "lust for life"
- medication: NSA, analgesics, myorelaxans successively dropped out from the treatment.
- Patient maximally satisfied with the treatment, with GUNA inj. also for his wife.

Visual analogue scale

7 2
Case No. 10

66 years old man, still manually working at home, retired, first-time examined in our clinic on 10. 11. 2012 with pains, deformation and oedema of PIP joints, mainly of thumbs, II. and III. fingers of both hands

Family / personal history - without significant findings

Objective findings: oedema of PIP joints on the I. - III. fingers of both hands, skin without inflammatory changes, mobility in PIP joints restricted, fingers can not touch palms

**RTG of both hands** - arthritic changes of small joints on both hands

**Laboratory findings** – inflammatory markers - FW, CRP, rheumatic factor, ASLO, uric acid - normal

Dg.: RHISARTHROSS MANUS BILAT.
ATHROSION ART. PIP. DIGITI II. ET III. MANUS BILAT.
Case No. 10

• suggested PRM - GUNA inj. treatment in dual combination
   (personally, I applied corticosteroids into small joints only exceptionally)

• From the 2. inj. significant improvement, pain alleviated, oedema of PIP joints receded, fingers can touch palms, patient can grip various objects, continues with manual work at home, very satisfied with the PRM treatment.

Visual analogue scale

7 ➔ 1
Until today, excellent results of the treatment! ! !

- regular controls and care for patients
- medication combination
- GUNA inj. combination
- bring decrease in NSA and analgesics use
- personal experiences - I have been treated with GUNA inj.
  - 2 x shoulder
  - 5 x C-spine
For the evaluation of GUNA inj. subjective descriptive rating, own patient self-evaluation, mobility range before / after treatment and visual analogue scale before / after treatment were used.

1. Very satisfied with the treatment: 68 % of all patients
2. Satisfied with the treatment: 17 % of all patients
3. Partially satisfied with the treatment: 14 % of all patients
4. Unsatisfied with the treatment: 1 % of all patients
The treatment was discontinued in 2 patients:
1. patient - disputable allergic reaction on face – on chamomile?
2. patient - treatment effect very good, however CMP led to treatment discontinuation

WE HAVE TO BE CAREFUL ALSO IN PATIENTS WITH VERY FAST AND GOOD RESPONSE!!!
Finally, in accordance with the experiences of other MDs using this treatment method, I can proclaim, that this method:

is effective and safe for the treatment of pains

has very good effects in patients
these "miracle injections" are sparkles of hope for our patients with pain
GUNA seminar in Milano
MILANO
“We all can be excused for not being able to actually treat the patient; however we can not be excused for not trying to alleviate his suffering and pain. “

(W. H. STRIEBEL)
Thank you for your attention!