GUNA MD in the treatment of pain of patient with coxarthrosis and MS

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Basic data

- Initials: H. Sch.
- Gender: F
- Age: 56 years
- Occupation: disability pensioner, clerk
- Smoking: no
- Weight: 56 kg
- Height: 168 cm
- Allergies: no known
Personal history

- 10/2012 - common cold, followed by vertigo attacks, worsening of position perception, dysphagia, articulation problems, almost complete remission following high-dose i.v. corticosteroids (Solu-Medrol), return to walk at 1 FB right
- During next 2 - 3 weeks in the home environment subsequently worsening pains in groin and right side when walking or standing up from sitting position
- During next 2 months change of resting arrangement in the hip, night pains, patient can not sit or lie on back
- Imaging examinations - without changes
Clinical symptoms

• Left-sided spastic hemiparesis
• Serious proprioception disorder
• Decompensated kyphoscoliosis of Th-L spine
• Insufficiency of L-S spine extensors
• Flexional - inner rotational arrangement in the right hip
• Decompensation of outer hip rotators on the right
• Insufficiency of lateral pelvic stabilisers on the right
• Paradoxical extension ThL in thoracic flexion
• Vegetative disregulation
Results of imaging methods

- Degenerative changes on ThL skeleton
- Multiply Th-vertebrae compressions
- Osteophytes in ThL
- Osteochondrosis L4-S without signs of foraminal stenosis
- Pseudolisthesis L5S I. – II. grade
- Coxartrosis left I. grade, right III. grade
- DXA as osteopenia (hip) – osteoporosis (lumbar spine)
- USG: no signs of bursitis
Medication history

- Used medication:
  
  Metylprednisolon 5 mg daily
  Omeprazol 10 mg daily
  Ibuprofen 600 mg 2 – 3x daily
  Tramadol 100 mg daily
  Zolpidem 10 mg irregularly
PRM treatment

- Used PRM medication:

**GUNA MD HIP**
1 amp. á 2 ml á 2 weeks intraarticularly through supratrochanteric way to right hip joint, total 4x

**GUNA MD TISSUE**
1 amp. á 2 ml at the 3. a 4. application intraligamentous into the area of right iliolumbar ligament (reflex changes), total 2x

**NO other therapies**
Effects of locally administered collagen

- **Micro-level**
  - inhibition of collagenases
  - inhibition of matrix metaloproteinases

- **Macro-level**
  - monocytes / macrophages
  - fibroproduction and scarring ("healing")
  - mechanical properties of soft tissues (including hydromechanics)
  - metabolism of soft tissues (including reflex changes)

- **Regulation**
  - release of regulatory blockades
  - restoration / optimisation of tissue reactivity
Application technique
Topographic notes
### Treatment results

<table>
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<tr>
<th>week</th>
<th>MD Hip</th>
<th>MD Tissue</th>
<th>extension</th>
<th>inner rotation</th>
<th>pain at rest</th>
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- in 2 days following the 1. application sudden and prominent ease of night pains
- from the first week of therapy no (!) analgesics needed
- following the 2. application change in pain character (IL ligament)
- following the 1. application of MD Tissue subcutaneous haematoma 5x5 cm, otherwise without complications
Discussion suggestions

- Chronic disease represents above all a new state of balance; effective treatment causes primarily decompensation - there is often so called "reaction"
- Symptoms often relate more with organism adaptation to stress resp. causes than with causes themselves
- Without auto-reparation support there is no chance for treatment; many symptom-targeted therapeutic procedures inhibit auto-reparation (corticosteroids)
- Treatments with acute effects can have late, distant or residual effects
- Each disease has functional-regulatory ("software") side
- No (i.e. no school medicine procedure) therapy for treatment of musculoskeletal system is based on appropriate evidence (e.g. Cochrane DB)
- In most cases external factors with cumulative influence (time and location) play the key role
Conclusion

• Demands for ideal therapy:
  – Safety
  – Efficacy
  – Availability
  – Attractiveness
  – Causality

• Benchmarking:
  – Local application of depot corticosteroids
  – Local application of local anaesthetics
  – Systemic application of NSAIDs
“NORMAL IS THE PLACE WHERE INNOVATION GOES TO DIE”

Richie Norton
References

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