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Dermovital-Therapie zur Mastodyniebehandlung

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Dermovital Therapy in Mastodynia Treatment



Summary

Twenty-nine patients suffering from chronic unilateral, non-cyclical idiopathic or fibroadenotic mastodynia were treated by a new method called Dermovital therapy. A device (streamer) generating biophotons was placed on the aching area of the breast for 20 minutes. A double blind, placebo-controlled prestudy yielded effectiveness in the verum group, exclusively. After one treatment only, 18 patients (62%) were free of pain for up to one year and an additional five patients following two to four treatments. Relief of pain was observed in four cases and no influences on pain level in two cases resulting in an overall improvement rate of 93%. Therefore, Dermovital therapy proved to be a simple and effective method without side-effects for mastodynia treatment.

Introduction

Mastodynia is one of the most common gynaecological diagnoses. It occurs diffusely or selectively on one or both sides, as persistent pain or over days to decades of chronic relapsing. Apart from cycle independent, usually unilateral occurrences, most frequently observed is a certain constancy with the menstrual cycle: usually premenstrual/luteal, rarely pre-ovulatory, but also both together. Usually, a causal connection with high estradiol or estrone levels and/or a progesterone deficiency can be diagnosed. This suggests an endocrine-based therapy with progesterone, which usually works well [1].

The situation is different with one-sided, cycle independent mastodynia. The causes in this case are "idiopathic", mastopathic or mastitic changes. Mammary cysts from a few millimetres to a few centimetres in size can cause pain especially when they grow under the influence of high estrogen levels. In general, carcinoma at an early stage do not cause mastodynia. Fibroadenomas or duct ectasia pains are rare.

While hormonal treatment of cyclical mastodynia usually works well, treatment of non-cyclic mastodynia is characterized by relapses, sometimes decades. The repertoire consists of analgesics and anti-inflammatories.

In terms of figures, mastodynia cases without morphological correlate and fibrous mastopathy predominate. Here, micro mastitis, edema formation and the harmful effects of free radicals may be assumed. The extent to which such mastodynia can be affected, not symptomatic analgesically, but by causally favourable influences, triggered this pilot study.

Materials and Methods

The study included 29 patients. The scientific background of Dermovital therapy and its anti-oxidative and anti-inflammatory effects has already been fully described elsewhere [2]. The return of singlet oxygen to the normal energy level of oxygen releases energy in the form of biophotons, triggering an improved

release of oxygen from the erythrocytes, better utilisation of oxygen in the mitochondria and effective neutralisation of free oxygen radicals in the body [3]. For this treatment the streamer was placed onto the painful area (punctum maximum) of the respective mammary for 20 minutes, the patients were dressed. Where the painful area was larger than the radiation radius of the streamer (5 cm), either the contact point or the transmission angle was changed by a couple of centimetres every few minutes. In cases of two locations of pain further apart (rare), each location was treated separately for 20 minutes.

All patients were treated who consulted our practice between 2005 and 2013, suffering from mastodynia and provided they agreed to a streamer therapy. Prior to treatment, the location of the pain was sonographed. Patients with mammary cysts, fibroadenomas or abscesses were excluded. Several weeks following treatment, the patients were interviewed about their results either by phone or during their next consultation. Repeated treatments were offered whenever a patient was not yet complete free from pain after the first session.

Pain intensity was scaled into four categories: score 0 meaning no pain, score 1 minor, score 2 medium and score 3 severe pain. Score 1 could be interpreted as tolerable or infrequent pains not necessarily requiring treatment; score 2 as carcinoma or arthritis pains; and score 3 as pains similar to stab wounds or burns. We distanced ourselves from the Visual analogue Scale (VaS) or percentages of changes in pain because, depending on the defined limits and categorisation, they could have been misinterpreted as statistically significant results which do not exist in reality.

The way was paved by a double-blind randomised trial series performed to exclude a placebo effect. Two outwardly identical devices were used for this purpose. One was fitted with the electronics for Dermovital therapy, the other not.

Patient	Streamer serial end number	Pain score before therapy	Pain score after therapy
5586	08	2	2
930	07	2	0
713	08	2	2
713	07	2	0
779	08	2	2
779	07	2	0
504	07	2	0
87	08	2	2
87	07	2	0
4937	08	2	2

Tab. 1: Results after a single, randomised and double-blind application of a normal streamer and a placebo streamer. Sign test: $p < 0,05$

ID	Pain score before therapy	Pain score after therapy	Number of treatments	Post menopausal
5281	3	0	1	
5516	2	2	5	
7725	2	0	2	•
7506	2	0	2	
4458	2	0	1	•
1465	2	0	2	
5726	1	0	1	•
713	2	0	1	
779	2	0	1	
1073	3	0	1	
4325	1	1	1	
5586	2	0	4	
6188	2	0	2	
5419	3	0	1	
5175	2	1	1	
504	2	0	1	
7480	2	1	4	
6346	2	0	1	
92	2	1	1	
54	2	1	1	•
930	2	0	1	•
87	2	0	1	•
5130	2	0	1	
265	2	0	1	•
5742	1	0	1	
6421	3	0	1	
7219	1	0	1	
4937	2	0	1	
1596	2	0	1	

Tab. 2: Pain intensity of mastodynia before and after therapy. Sign test: $p < 0,005$. ID7480: scars following breast-preserving treatment. ID5516: mammary carcinoma, prior to surgery. Premenopausal 22, postmenopausal 7 patients.

Results

Ages ranged from 19 to 77 years, with a maximum frequency in the early 40ties. As shown in table 1, a placebo effect could be ruled out after only a few treatments. For ethical reasons, the preliminary study was terminated after reaching the level of significance with these unique results.

Mastodynia could be completely eliminated for 23 patients (79%); for 18 (62%) after only one, for five after two to four treatments (table 2). Four patients (14%) experienced pain relief and only two patients (7%) did not respond to therapy. One of them suffered from an untreated ductal mammary carcinoma (ID5516), which had not been detected by mammography in due time prior to the streamer therapy. At the beginning of the streamer treatment, this location became sonographically suspect.

The second patient refractory to therapy (ID4325) suffered from a slight pain in the right mammary at 5 clock, that did not abate after a single treatment. The patient refused further treatment.

In most patients, the pain subsided after only a few days following treatment, and the absence of pain lasted for several months to even years (table 3). Only five patients required two to four treatments to achieve freedom of pain.

ID	Therapy date	Pain score before therapy	Pain score after therapy	Treatments	Remarks
5516	09.05.2012	2	2	1	A
	17.09.2012	2	2	2	
	18.09.2012	2	2	3	
	19.09.2012	2	2	4	
	24.09.2012	2	2	5	B
7725	29.11.2011	2	1	1	
	17.01.2012	1	0	2	
	13.09.2012	0	0	0	
	25.04.2013	1	0	3	
7506	11.11.2013	1	0	4	
	05.02.2014	2	1	1	
	18.02.2014	1	0	2	
1465	07.05.2014	0	0	0	
	08.05.2008	2	2	1	
	28.05.2008	2	0	2	
5726	10.12.2008	0	0	0	
	14.12.2009	1	0	1	
	06.12.2009	0	0	0	
713	27.04.2005	2	0	1	
	09.06.2005	0	0	0	
	20.07.2005	2	0	1	
779	23.01.2006	0	0	0	
	02.10.2013	0	0	0	
	22.10.2008	3	0	1	
1073	11.12.2008	0	0	0	
	09.02.2009	0	0	0	

ID	Therapy date	Pain score before therapy	Pain score after therapy	Treatments	Remarks
4325	04.04.2007	1	1	1	C
	26.11.2007	1	1	0	C
5586	19.10.2006	2	2	1	D
	09.11.2006	2	2	0	
	08.01.2007	2	1	2	
	30.08.2007	1	1	3	
	05.09.2007	1	0	0	
	19.03.2009	0	0	0	
	10.04.2013	0	0	0	
6188	17.03.2009	2	1	1	
	26.01.2010	1	1	0	
	21.06.2010	0	0	0	
	21.01.2014	0	0	0	
87	01.02.2005	2	0	1	E
	09.03.2007	0	0	0	
5130	23.03.2009	2	0	1	F
	31.07.2013	0	0	0	F

Tab. 3: Streamer application and follow-ups. Pain score before and after therapy (1x to 5x) and/or follow-up without treatment (0). Remarks: A: mammography with negative results, B: ductal carcinoma resection 22-11-2012, C: taking an ovulation inhibitor, D: taking neither ovulation inhibitor nor progesterin, E: postmenopausal, F: premenopausal.

Discussion

Only in two cases, did a pain reduction not occur: In one case only a mild pain existed that remained unchanged after a single treatment. Similar cases suggest, it is not improbable that pain relief would have been experienced after repeated treatment.

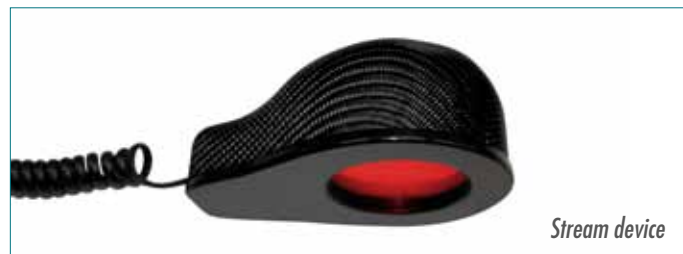
The other therapy failure (ID5516) is interesting in so far as no pain reduction could be achieved despite a relatively intensive treatment. Mammography extra muros in early May 2012 was surprisingly inconspicuous; sonography in September 2012 caused suspicion and tactile examination showed no change as compared to May. In retrospect, the lack of pain reduction after the first streamer treatment is to be evaluated as an indication of a potential malignancy.

The antioxidant potential of Dermovital therapy, its normalising effect on pain-causing accumulation of free radicals and inflammatory mediators in tissue, and the improved oxygen utilisation are explained by its analgesic effect. A well- and long-known fact from oral antioxidants [4].

Comparisons with other methods are sparse. For the treatment of non-cyclical breast pain, only one study was found [5]. 22 patients with severe mastodynia were checked before, after four acupuncture sessions within two weeks, and three months later, and their pain intensity analysed resulting in a significant decrease

on average by 35%, but no complete freedom from pain.

There are more studies for cyclic mastodynia or for premenstrual syndrome (PMS). They, however, contain less information on the quality, location and extension of pain – or, if at all, possibly for cystic mastopathy. They usually deal with endocrinological issues, such as progestin therapy of PMS, with positive results as is to be expected [1]. There is one study on pain diagnosis of cyclic and non-cyclic mastodynia; but it does not contain any therapeutic aspects [6].



In PMS-related mammary pain, a therapy with Vitex agnus castus (162 mg/day), Caulophyllum thalictroides D4, D4 Cyclamen europaeum, Iris versicolor D2, Lilium lancifolium D3, and Strychnos ignatii D6 was applied. A placebo-controlled double-blind study [7] showed a moderate pain reduction in VaS of 39 mm on a scale from 0 to 100 mm after 12 weeks. The placebo group also resulted in a moderate pain reduction of an average of 26 mm VaS. Pain relief was not achieved.

Hormone-related mastodynia in the case of Corpus luteum insufficiency, anovulation or estrogen dominance are best dealt with endocrinologically. For mastodynia caused by inflammation, so the results of this first study with biophotons suggests, Dermovital therapy is a good treatment option: Where therapy fails, carcinoma should be ruled out. Effective, simple and with no side effects: Dermovital therapy should really be included in the spectrum of therapeutic options.

The patients agreed to publication of their data in an anonymous form. The author declares that there are no conflicting interests.

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