Operation results

Quadrant pain intervention 2003 to 2005

From September 2003, all patients who have undergone an operation for quadrant pain have been systematically monitored and observed. Basic information is ascertained with the aid of a questionnaire (age, sex, dominance of the hemisphere showing a tendency to be right or left handed), anamnestic information (how many years/months before the operation, external diagnosis of fibromyalgia, diagnosis with the aid of acupuncture, previous therapy) and information on symptoms (pain, problems) in the upper or lower quadrant. This allows for a check to be made on the operation results after 3, 6 and 12 months. Furthermore, the result of the operation can also be evaluated in relation to the subgroups, for example pain and irritated colon syndrome. Analysis is already now available of information from 677 patients operated on from 2003.

6 months follow-up

Out of the 634* patients assessed, 180 of these (28.39%) were completely free of symptoms 6 months after the surgical quadrant pain intervention, 300 patients (47.32%) had improved and 154 patients (24.29%) remained unchanged in their symptoms.

* 43 moved away without notification, no statement possible

12 months follow-up

Out of the 563* patients assessed, 285 of them (50.62%) were completely free from symptoms one year after the surgical quadrant pain intervention, 231 patients (41.03%) had improved and 47 patients (8.35%) remained unchanged in their symptoms.

* 114 moved away without notification, no statement possible

3 years follow-up

Out of the 478* patients assessed, 294 of them (61.51%) were completely free from symptoms three years after the surgical quadrant pain intervention, 180 patients (37.66%) had improved and 4 patients (0.84%) remained unchanged in their symptoms.

* 199 moved away without notification, no statement possible

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## Part II – Acupuncture Points and Quadrant Pain

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Name                                Bauer  
First name                              Johann Andreas  
Title                                   Associate Professor  
                                      Dr. med. Dr. med. habil.  
Date of birth                          September 11, 1947  
Place of birth                         Pontedera (Pisa – Italy)  
Parents                                Bauer  
(Father)                                Andreas  
(Mother)                                Bauer Dr. phil. Nicla  

1953 - 1957 Primary school  
1957 - 1966 Wittelsbacher Gymnasium  
[General-education secondary school]  
1966 Best Abitur of the Year [best school-leaving certificate leading to General University Entrance]  
Grant for highly talented students  
1966 - 1972 Study of Medicine at the University of Munich  
1972 Staatsexamen [Final university examination]  
1973 Obtaining of a doctorate in the field of Internal Medicine  
Award of the Ph.D. title  
1972 - 1976 Study of Philosophy and Philosophy of Science at the University of Munich  
1974 - 1975 Military service, last as a Major in the Medical Corps  
1976 - 1982 Further surgical training at the University Clinic of Munich  
1982 Recognition as medical specialist in surgery  
1984 -1988 Hand surgery University Clinic of Munich  
1987 Awarding of the title Dr. med. habil.  
1987 Appointment as Lecturer without tenure for the field of surgery  
1995 Appointment as Associate Professor for surgery  
since 1989 setting up of an own practice  
Fields of research  
Skin sonography, Theory of inflammation, Neurilemmoma therapy by means of short circuits, Anatomy of acupuncture points and Fibromyalgia
FIBROMYALGIA

What is FMS? What is Fibromyalgia?

FMS (Fibromyalgia Syndrome) is a disease that affects the connective tissue and locomotor system with pain and fatigue disorder in muscles, ligaments and tendons (the connective tissues of the body which consist of fibers). "Fibro" describes the fibrous aspect, "my" the muscular aspect, and "algia" the condition of pain. The term can be abbreviated to fibromyalgia.

How is FMS Diagnosed?

For the most part, laboratory testing reveals nothing. It is particularly not possible to prove any changes as this can be done with classical rheumatism, the chronic polyarthritis (CP). This true and important fact leads to simplified diagnoses of "false rheumatism" in contrast to real rheumatism. While in the case of real rheumatism cortisone must be used, according to American rheumatologists, it may not be prescribed for fibromyalgia.

In 1990, American rheumatologists published the multi-center-criteria-study defining the clinical and examinational criteria. Patients must be in pain for a minimum duration of 3 months and at least 11 of the 18 specified tender points of the body must be painful on pressure. The physician will exercise pressure with his thumb or his index finger and for research purposes, equipment will be used that exercises a precisely defined degree of pressure per cm². The spots that react painful to the pressure are called "tender points" and must not be confused with the trigger points of myofascial pain which hurt by themselves and can cause pain in a different part of the body – this is called long-distance effect, referred pain, comparable to the long-distance effect of acupuncture points. It is remarkable that fibromyalgia deals not only with tender points but with trigger points as well.

Precisely the similarities that lead to the mentioned possibilities of confusion, have also been used by Prof. Dr. Bauer and Prof. Dr. Heine (1,2) as a stimulus to discover the common features. It had already been demonstrated that, according to the conclusions of the group around Melzack, the trigger points coincide to 71% with the acupuncture points (3), whereas according to Heine (4), the acupuncture points correspond in 82% of all cases to the anatomically definable nerve-vessel-bunches (NVBs). This means that it was possible to recognize and describe the acupuncture points as openings through which the mentioned NVBs have passed, which represent precisely the anatomical triad consisting of the 3 components: artery, vein, nerve. Upon closer examination of the 18 tender points, Bauer noticed that they also coincide with known acupuncture points.

For Bauer, this was the starting-point to look out for these kind of stenosis and openings of the anatomical triad that correspond to the position of acupuncture points while performing operations on the upper and lower extremities. It was possible to find some of them on the extremities and it was established, that in particular areas 6 to 8 of these holes were frequently glued up, precisely with those patients who, irrespective of surgery, complained of wandering pain.

Thus, acupressure diagnostics was born. There is no difference between the application of acupressure diagnostics and the search for painful "tender points", except for the fact that all the points of all the meridians could be affected, and in case they are, they hurt typical of the defined pressure. Each acupuncture point can become a tender point. Thus, all the points of the Large Intestine, the Lung and the Pericardium must be palpated, all the points of the Kidney, the Bladder and the Gall Bladder Meridians and other meridians are examined.

The huge number of points allows a more precise diagnosis than the examination of the 18 tender points. It was possible to demonstrate that very often fibromyalgia begins at one quadrant and that the complete picture, which is described as generalized fibromyalgia and which is meant
The Fibromyalgia Syndrome (FMS)

by some American rheumatologists when they require that the patients' pain must affect all four quadrants, is displayed only in the course of a decade. In the case of a young girl, for instance, fibromyalgia begins when she starts her apprenticeship and is mistakenly diagnosed as tendosynovitis, years later the pain includes her shoulders, the back of her neck and of her head, and at a later time the opposite side of her body or her leg as well. In addition, pain in the small of the back will make itself felt particularly during and after a pregnancy. In the end, after 5, 10 or more years “everything hurts”: according to this example, stage 1 affected one of the upper quadrants, stage 2 affected one neighboring quadrant, stage 3 affected both neighboring quadrants, and stage 4 represents the complete picture – generalized fibromyalgia.

Fibromyalgia can be proved by using acupuncture diagnostics and is no longer neither a wastebasket nor a tentative diagnosis.

Symptoms and Associated Syndromes

Pain

The pain of fibromyalgia has no boundaries. Its intensity has no boundaries and its extension is boundless. The condition of pain can be continuous, but it can also vary with regard to the affected part of the body, intensity, duration and frequency, it can occur as a "everything hurts" syndrome or else as wandering pain. Patients describe it as a deep muscular pain, burning, cramp, lancinating pain, as knife-thrust or as a sticking knife. Very often, the pain and the stiffness are worse in the morning, and the groups of muscles which are frequently used are hurting more intensively.

Pain can occur in the mandibular joint and it can increase to the most severe facial neuralgia, (pseudo trigeminal neuralgia, atypical facial neuralgia), toothaches and pain in the maxillary sinus can occur as well. The teeth are frequently extracted and the patient complains of phantom pain on the spots where the teeth were located. The tongue problems and difficulty in swallowing are known as neck-tongue-syndrome.

Other Frequent Symptoms are:

Heart sensations/cardioneurosis with usual ECG, chest pain either behind the breastbone (perhaps combined with gastric reflux) or band-like around the thorax or along the arch of the rib. The latter sensation of pain was known already in antiquity as pain below the rib cartilage, as hypochondria. As the physicians of antiquity also did not understand the causes of this type of pain (because they did not find anything pathologic), this description became a synonym for the malade imaginaire, the hypochondriac. Modern physicians are subject to the same wrong conclusion when they consider fibromyalgia to be a somatoform disorder and therefore search for its cause within the psyche. A more than 2500-year-old misconception still taught nowadays.

Women complain of mastodynia (pain in one or both breasts), lymphatic pain, pain in the groin and genital region, urologic symptoms. Pain in the groin without the presence of groin hernia, football groin, disorder of voiding the bladder, disturbed discharge of urine, irritable bladder, interstitial cystitis, vaginal spasms, anal spasms, menstruation disorders, pain in the course of menstruation, unclear lower abdominal pain of women ("uterus retroflexus", lax ligaments) which often lead to the unnecessary operations to remove the uterus.

Fatigue

This condition is described differently by the patients. Some of them feel physically washed out, while others feel mentally exhausted or a weakness of concentration. Their entire energy has melted like ice and drained away. Some describe a leaden heaviness in their limbs depriving them of all their energy.
**The Fibromyalgia Syndrome (FMS)**

**Sleep Disorder**
As a rule, patients fall asleep without difficulty. Their sleep, however, is disturbed, as if the pain would wake them up from their deep level sleep. Sleep apnea occurs frequently, as well as muscular trembling, muscle twitch (nighttime jerking of arms and legs). The restless leg syndrome is another aspect of fibromyalgia. The same applies to teeth grinding. The sleep pattern is distinctly different from the pattern found in depressive patients.

**Irritable Bowel Syndrome**
20 – 40% of the patients suffer from abdominal pain, constipation, diarrhea, meteorism and nausea, sometimes the pain seems to come from inside the body and to "hang at the front and at the back of the arch of the rib" (Hypochondria, see above) or to be radiating from the gall-bladder. The Irritable Bowel Syndrome is yet another aspect of fibromyalgia.

**Headaches**
Painful condition of the back of the head, tinnitus, eyelid oedema, migraine with pain attacks in the forearms during the aura.

**Neurological Symptoms**
Patients complain of numbness and tingling sensations in the extremities, hypersensitive skin areas, swelling of hands and legs, disturbed skillfulness and gait, while neurologists cannot find any pathological changes, sometimes they find a complex regional pain syndrome (CRPS).

**Diagnoses which are Frequently Made Mistakenly Instead of Fibromyalgia are:**
Osteoarthritis of the shoulder, cervical and lower back degenerative diseases, backache, protrusive intervertebral disks (which are not "yet" worth operating on, because it is not a "real" dislocation of an intervertebral disc, but merely protrusions), facet syndrome, hip joint and knee joint osteoarthritis, trochanterodynia, achillodynia, calcaneal spur, flat and spread foot. And even osteoporosis, pseudo Parkinson, atypical Parkinson of one extremity, and multiple sclerosis! The diagnosis most hated and feared by the patients is "somatoform disorder", translated in the patient's colloquial language and particularly the language of his milieu as "Nothing, but the psyche!" Patients are exposed to humiliation continuously, despite the fact that depression should be understood as a reactive neurosis to pain.

**Which are the Causes of Fibromyalgia?**
In general, physicians hold the following view: pathogenesis is unclear, diagnosis is difficult, treatment is symptomatic. Fibromyalgia is incurable.

For the first time, the realization that in the case of fibromyalgia, the acupuncture points are recognized as acupuncture holes which glue up breaks new ground concerning the accuracy of diagnostics as well as the causal treatment. As a result of physical and/or mental stress, the free nerve endings are enclosed by protein, which clots on the spot and seals up the openings. The clotted openings can be cleaned surgically in such a way that they possibly do not glue up again. The stress occurring within the fibrous bundles can be relieved. Relief incisions make sense, in a word, the subtleties of hand surgery and peripheral neurosurgery including microsurgical techniques are necessary. The realization that there are real "switch boxes of meridians" on the arms and the legs allows to perform an operation in the course of which the 6 – 8 acupuncture points dominating one quadrant are examined requiring one single incision. The stress theory includes without the slightest difficulty, all the common factors which can worsen an existing fibromyalgia or cause a latent FMS to break out. Weather, draught, cold, a too rigorous training, house-construction, renovation, hormonal changes, strokes of fate, and mental stress. However, illnesses,
The Fibromyalgia Syndrome (FMS)

virus and bacterial infections, injuries, real rheumatism, lupus, thyroid diseases should be considered as well. Many factors, but only one mechanism!

**Treatment of Fibromyalgia**

During the first months, the classical treatment is advisable: anti-inflammatory, decongestant, myorelaxant and antidepressant drugs are appropriate, careful remedial gymnastics, physiotherapy, cryo-applications and nutritional advice in case of Irritable Bowel Syndrome. The usual therapeutical approach, however, should not impede our awareness of the disturbed meridians. It is possible for patients to learn to massage the right spot in the right direction, according to the Chinese proverb saying that success will come gradually. In the cases in which the disease has reached an advanced stage, the surgical cleaning of the clotted acupuncture points can hardly be avoided. The success rates are high. In 90% of the operations, the patients become and stay symptom-free (1,2).

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**Notes / Dates / Appointments**
Acupuncture Points and Quadrant Pain

Johann Bauer, Hartmut Heine

1 Institute for Antihomotoxic Medicine and Basic Regulation Research, Baden-Baden
(Revised article from Biological Medicine, December 2000)

Summary

Fibromyalgia is accompanied with painful acupuncture points known as tender points. This is linked to the anatomical structure of acupuncture points. In principle they form a nerve vessel bundle penetrating sharp outlined perforations of fascias, ligaments and aponeuroses or channels in bones, i.e. bones of the face and so on. The nerve vessel bundle is wrapped in a sheet of lose and easy inflammable connective tissue. The axons of the nerve bundle are connected with cuti-myoogenous, cuti-visceral and cuti-neuronal reflexes. Disturbances of these feedback mechanisms can cause the development of tender points starting at one quadrant of the body spreading with time throughout the body. At the same time more and more tender points develop because of excess collagen formation with compression of the nerve-vessel bundle within an inflamed acupuncture point. We are able to demonstrate that surgical mobilization of nerve-vessel bundles of definite acupuncture points within a body quadrant relieves fibromyalgetic pain in 90% of the patients.

Diagnostic Procedure and Causal Connections

Introduction

Many patients with detected fibromyalgia or with fibromyalgetic pain (1,2) are able to remember the onset of the pain, and particularly that 5, 10 or even more years ago the pain began, for instance, in their right arm and their right shoulder. In the course of time the pain spread over the whole body. At the time of the examination, the patient complained of wandering pain within the whole body at various points of time.

Classical medical anamnesis of the pain can be described as follows (10): *Anamnesis of pain is supposed to establish local (e.g. whole arm, left upper jaw-bone), temporal (e.g. continuous pain, pain lancinating in a flash), qualitative (e.g. burning or electrocuting sensation), and quantitative (e.g. moderate, very strong) aspects of the conscious perception of pain. The recording of the perception of pain is done by asking the following questions:

● Where does it hurt? When does it hurt?
● How does it hurt, what is the pain connected with?
● How strong is the pain?

As soon as the establishment of the localization and the radiation of the pain is completed, we can already start with a partial structural assignment of the symptoms."

Previous studies were able to demonstrate that painful acupuncture points are of overriding importance within the complex of fibromyalgetic symptoms and that their surgical relief represents a new path in fighting the pain symptoms of fibromyalgia (1,2). The object of this effort is to draw a more detailed picture of the connections between quadrant pain and acupuncture points. The results of surgery are documented by the follow-up. Up to now, it proved possible to maintain the already published success rate of 90% (1, 2). After a certain postoperative waiting period, which correlates with the duration of the disease as a rule, patients live permanently free from pain in the body region of the operated quadrant. With 80% of these patients, the positive effect of the surgery also extends over the non-
Acupuncture Points and Quadrant Pain

operated neighboring quadrants, so that for 70% of the patients one single surgery is sufficient and only 20% require a second one. As a rule, this second surgery is performed 6 - 12 months after the first.

**Acupressure Diagnostics of the Quadrant Pain of the Upper Extremity**

The issue that trigger points are synonymous with acupuncture points is now being discussed already since the beginning of the 80s (9). Acupuncture points are based on a definite structure: a nerve-vessel bundle which is wrapped in a sheet of lose and easy inflammable connective tissue and penetrates a small perforation (perforation of fascias, channels in bones, aponeuroses and so on (13, 5, 7, 11)). It must not be ignored in this context, that the nerves of the acupuncture bundle are connected with cuti-myogenous, cuti-visceral and cuti-neuronal reflex pathways. The sympathetic joins over the nerve plexus of the vascular wall.

Every prolonged disturbance of the reflex pathways mentioned above leads, among others, to the release of the phlogogenous substance P ("neurogenous inflammation"). As a consequence, it is possible that the acupuncture perforations will inflame. The collagen occlusion will cause the inflammations to turn into the painful walling in of the corresponding nerve-vessel bundle, together with an intensification of the pain symptoms of particular points (8). This is a matter of pathological afferences which start with the sealed up acupuncture points and are represented centrally and projected into other regions by the ego. This is a kind of phantom pain.

The required puncture depth must be observed, if the actual functional perforation, for instance LI 10, should be reached. This point is on its part marked by a finer nerve-vessel bundle which perforates the surfacing corporal fascia (here fascia brachialis) and branches off from the deep nerve-vessel bundle (1).

In case of pain in the arm, shoulder or neck and head region, the Meridian of the Large Intestine is disturbed, in some cases the Lung Meridian as the neighboring meridian as well, and now and then even other neighboring meridians.

The Lung Meridian causes the tenderness on pressure of the front side of the shoulder joint. This explains why there is pain in the region of the upper extremity, which can simulate a shoulder pain to the patient and an affection in the region of the rotator cuff of the shoulder to the examiner. The Meridian of the Large Intestine crosses the Meridian of the Gall Bladder in the region of the lateral triangle of the neck and can thus transmit the disturbance to the Meridian of the Gall Bladder. It starts in the lateral corner of one's eye, runs to the ear, to the mastoid bone, and from there over the scalp to the forehead and then returns to the back of the neck. This fact explains why patients with sensations in the region of the Large Intestine complain about headaches and neck pain or that one eye, namely the one on the homolateral side of the disturbance, is getting swollen. Even atypical facial pain can be explained this way, migraine with pain attacks in the forearms during the aura also.

The end of the Large Intestine is situated in the region of the contralateral side above the canine tooth and the corresponding maxillary sinus. It thus becomes understandable why some patients which demonstrate a disturbance of the Large Intestine complain of tooth aches and/or pain in the jaw (1, 2, 9) or of sensations in the region of the masticatory joints.

**Acupuncture Points as Tender Points**

For the diagnosis of the upper quadrant pain, particularly for the clarification of the connections, it is recommended to start with the acupuncture point LI 4 (Fig. 2). This can already
Acupuncture Points and Quadrant Pain

be established in the course the first handshake. In most cases the patient will draw his hand back, if the point is painful on palpation. If the patient does not draw his hand back, respectively there is no expression of pain, it is very probable that there is no disturbance of the Large Intestine of the right side. It must then be clarified whether the patient is left-handed or not. It is recommended to ask the patient about all the regions he is in pain. If the patient is leaving out certain areas belonging to the Large Intestine and to its neighboring meridians, the patient must be asked specifically.

Due to his contact to many physicians of various fields, the patient might unintentionally conceal from the orthopedist that he suffers of pain in the jaw and from the ENT specialist or dentist that he also has pain in the shoulder, etc. As a consequence of the various conceptions relating to fibromyalgia and fibromyalgetic sensations, the clinical picture is not viewed as a whole neither by the patient nor by the physicians.

After the acupuncture point LI 4 has been examined (this applies to both upper extremities), the Large Intestine is followed in central direction. Particular attention should be given to the possible pain on pressure in the region of LI 5, Lu 7 to Lu 10. Lu 7 and Lu 8 correspond to the pain on pressure considered by hand surgery to be an indication of tendovaginitis of the first ad second extensor tenor. For this reason, acupressure diagnostics should not be applied exclusively, but in addition, and all examination points known from hand surgery must be tested for snapping fingers, capsular ligament instability, tendovaginitis, ski thumb, etc., as well.

Above that, attention must be paid to whether LI 7, 8, 9, 10, 11, 12, 13 and 14 are painful on pressure. The points Lu 6, Lu 5 and Pe 3 must subsequently be examined. It is recommended to ask the patient in the course of the acupressure of the Lung Meridian whether he suffers from pain in the shoulder joint or at the front of the shoulder. In addition, it should be clarified whether the patient ever had chest pain, thorax pain or even noticed unclear heart sensations.

The shoulder level should be palpated next. Particularly important are LI 15 and 16. As a rule, the points in the neck region are not painful to pressure. Considering all the clinical characteristics which could appear in connection and as a result of their relation with already mentioned meridians, it should be established: if there is pain in the region of the mandibular angle or of the upper jaw, toothaches or jaw sensations, if the eye or both eyes swell up, if visual disturbances appeared, if the intra-ocular pressure is increased, if there are subjective noises in the ear, possibly tinnitus or a pain in the back of the head.

The typical findings of a patient with quadrant pain are as follows: painful on pressure are the points LI 4, 7, 8, 9, 10, 11, 12, 13, Lu 6 and Lu 5, potentially painful are LI 14, 15, Lu 1, 2, Li 19, 20, Gb 1, 14, 20 and 12.

| ● migraine headache                  | ● cervical syndrome                |
| ● frozen shoulder                   | ● suspected intervertebral disk lesion |
| ● pseudo trigeminus neuralgia       | ● in the region of the HWS/BWS      |
| ● pain in the back of the head      | ● impingement of the shoulder      |
| ● shoulder-arm-syndrome             | ● relapsing tendovaginitis of      |
| ● seized up back                    | ● the forearms                     |
| ● myogeloses in the region of the shoulder-blades | ● CRPS |

Table 1: Diagnoses with quadrant pain of the upper extremity
If exact acupressure diagnostics is performed, it will demonstrate that, as a rule, the points LI 7-12 and Lu 6 are painful on pressure. If this is the case, we have a quadrant pain that can be traced back to the irritation of these important sections of the Large Intestine (1).

In case of a comprehensive anamnesis with a variety of diagnoses, the surgical exposure of the corresponding acupuncture points is finally indicated. The diagnoses listed in Table 1 relate to the quadrant pain of the upper extremity.

According to experiences gained so far, the Complex Regional Pain Syndrome (CRPS) represents a quadrant pain and is identical to stage 1 of FMS: Research on this issue is in progress.

Acupressure Diagnostics of the Quadrant Pain of the Lower Extremity

For the diagnosis of the lower quadrant pain, it is essential to follow the acupuncture points of the Kidney Meridian (Fig. 1). In this context, the examination of a compression pain of the forefoot should be performed first. Subsequently, the physician will look for a pain on pressure on the dorsal side of the spaces between the heads of the metatarsal bone (Gb 43, St 44 and Li 2) (2).

The Kidney Meridian is disturbed in case of deep pain of the back, pain in the hip region, the trochanter, the thigh, pain in the knee-joint, of the Achilles tendon, the heel and the forefoot, in some cases even the Bladder and the Gall Bladder Meridians, as there are connections these meridians. Via SP 6 there is a link-up of the Liver, Spleen and Kidney Meridians (9). The Kidney Meridian begins with Ki 1 on the plantar side of the forefoot. If this point is disturbed, it is sometimes marked by a hornification of a wart resistant to therapy. Caution is advisable here. The pain on pressure of Ki 1 in case of acupressure can be simulated by a Morton neuroma.

While Ki 2 is rarely diagnosed to be painful on pressure, the points Ki 3, 4, 5, 6, 7 and 8 and SP 6 are of crucial importance for the diagnostics. The disturbance of these points represent the existence of fibromyalgia of the right or left lower quadrant. The Liver Meridian could be irritated due to the SP 6 link-up. This will become obvious as a homolateral pain in the groin, which could simulate a groin hernia (football groin).

The irritation of the Spleen Meridian could cause meteorism. 30 to 40 % of the fibromyalgia sufferers actually complain of Irritable Bowel Syndrome.

The connections from and to the Bladder Meridian lead to its disorder, which could make itself felt as pain in the knee-joint (Bl 38, 39, 40) and at the sitting line (Bl 36). Here, patients indicate that sitting down feels like they would sit on a lump of ice of the size of a tennis ball. There is further pain in the region of the iliosacral joint or iliosacral gap (Bl 27 - 34) expres-
Acupuncture Points and Quadrant Pain

sed as deep pain of the back. Besides, many fibromyalgia patients suffer from interstitial cystitis, bladder disturbance with low urine flow.

The irritation of the Bladder Meridian can spread in retrograde direction back to its starting point at the inner corner of one's eye and cause accompanying headaches, pain in the neck, between the shoulder-blades and in the region of the musculature of the back. Very often, the Gall Bladder Meridian is disturbed at the same time. Then, a distinct compression pain of the forefoot can be diagnosed (see above). Pain on pressure in the region of Gb 35, 36 and 37 is rather rare.

In contrast, the Gb 32 and 33 points are frequently painful on pressure. In case of pain in the hip region or above the trochanter, Gb 30 is painful on pressure.

The pain conducted by the Gall Bladder Meridian could be the consequence of crossing the Meridian of the Large Intestine in the fossa supraclavicularis and intensify the pain caused by the simultaneously disturbed Large Intestine or create the pain in the neck/back of the head in case the Meridian of the Large Intestine is not disturbed. Kidney, Bladder and Gall Bladder Meridians are connected via the Meridian of the Large Intestine allowing an upper quadrant pain to also spread out to the lower quadrant of the same side.

As a result of this connection, the upper quadrant pain will turn into pain of one half of the body which will also affect the lower quadrant of the same side, and the lower quadrant pain will turn into pain of one half of the body which will also affect the upper quadrant of the same side (Table 2).

The transverse connection between the right and the left side runs across the crossing of the Meridians of the Large Intestine in the region of the infudibulum at the upper lip, as well as the Ren-Mai and Du-Mai Meridian at the front and back center line of the body (9).

The quadrant pain/pain in one half of the body diagnosed by means of acupuncture can only be considered a criteria for the operation, if the conventional examination procedure, and particularly imaging methods and laboratory examination did not produce any distinctive features. If it proves possible to treat with conventional methods, acupuncture diagnostics is used only for establishing the diagnosis.

In case of the diagnoses listed up in Table 3, the search for a cause for the pain the patient is complaining of will not prove very successful, as long as a previously unrecognized fibromyalgia is not taken into consideration as the cause behind the sensations as well.

There are only few cases which make it understandable that 30- to 40-year old patients have been inserted an artificial hip or an artificial knee-joint as a consequence of the pain they suffered for many years. The pain is wrongly considered to be exclusively degenerative and caused by arthrosis.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>one quadrant is affected</td>
</tr>
<tr>
<td>2s</td>
<td>one neighboring quadrant is affected (standard)</td>
</tr>
<tr>
<td>2h</td>
<td>one neighboring quadrant is affected (hemilateral)</td>
</tr>
<tr>
<td>2d</td>
<td>one neighboring quadrant is affected (diagonal)</td>
</tr>
<tr>
<td>3</td>
<td>both neighboring quadrants are affected</td>
</tr>
<tr>
<td>4</td>
<td>all quadrants are affected (this stage corresponds to generalized fibromyalgia where all 18 tender points of the initial ACR-classification are painful on pressure)</td>
</tr>
</tbody>
</table>

Table 2: Stage classification for Fibromyalgia by Bauer 2002
This is the reason behind the relatively low (40 – 60 %) success rate of certain operations of intervertebral discs, of articular joint replacements and arthroscopies.

**Methodology in Case of Operative Surgery**

In case of diagnostic acupressure (taking all the important aspects of the clinic and the surgery into account) and anamnesis over a long period of time, the indication is surgical mobilization of the corresponding nerve-vessel bundles of definite acupuncture points. The operative procedure has already been described in detail (1, 2). It is again explained here in brief using the upper quadrant as an example (Fig. 2):

An S-shaped cutaneous incision of 8 cm length is effected starting from the epicondylus lateralis towards distal in order to allow the exposure of the points relevant for the upper quadrant pain in such a way that the fascias respectively the aponeurosis perforations of LI 10 and LI 11 as well as Lu 5 and Lu 6 can be uncovered. The nerve-vessel bundles are followed in depth in order to lift and to indicate a restricting Frohse arcade or leaf of Henry. The muscular branches of the N. radialis, which perforate the fascia/aponeurosis on the reverse in a special acupuncture point (LI 7), are exposed subsequently. The nerve-vessel bundles are preserved carefully and the corresponding perforations are widened or incised.

The incision edges of the fascia/aponeurosis are coapted by means of absorbable suture material. Skin and subcutis are closed up through continuous intradermal suture.

Subsequent immobilization of the extremity in a cotton pad bandage for 24 hours. Active movement exercises as of 1. pop-day; in case of absorbable sutures, they will dissolve after 14 days, the knots will fall off (in case of non-absorbable suture, removal of skin suture).

---

**Table 3: Examples of diagnoses that can be simulated by Fibromyalgia**

- protrusion of the intervertebral disc of small degree
- slight protrusion of the intervertebral disc without constriction of the dural saccus
- stenosis with doubtful constriction of the nerve root of small degree
- moderately localized degenerative changes
- moderate arthrosis of the elbow joint, shoulder joint, etc.
- distinct but not very intense uncovertebral arthrosis
- moderate osteoporosis

---

This table shows examples of diagnoses that can be simulated by Fibromyalgia.
As far as the lower legs are concerned, the points for operative surgery are Ki 3, 4, 5, 6 and 7, as well as SP 6, accordingly.

Partial exercise is allowed as of the day of operation.

To exaggerate, one might say that in case of pain in the shoulder and in the neck region the forearm must be operated on, and in case of pain in the back on the internal malleolus – to the surprise of both patient and premedicating specialist.

Patients

Up to the end of the year 2000, more than 1,100 patients have had acupressure diagnostics, all in all 627 patients had operative surgery (Table 4), 401 patients had post-treatment examination (Stand December 2000, also see ten-year statistics, page 19, presented on June 17, 2001, in Velden/Wörthersee on the occasion of the 9. Anniversary of the Austrian Pain Association).

Discussion

Patient who had a surgical operation due to fibromyalgia always demonstrated that they suffered from a corresponding quadrant pain either at the time of the examination or already from the beginning of the disease (1, 2).

Fibromyalgia can onset in the region of one quadrant and be limited to one quadrant in its early stage (10). Fibromyalgia can be broken down into different stages (Table 2) with the CRPS fitting in without the slightest difficulty.

The application of acupressure diagnostics and the examination of the tender points as acupuncture points leads to the realization that there are early stages of fibromyalgia and that these stages are concrete and diagnosable as quadrant pain and/or pain of one half of the body. In case of a correspondingly distinctive diagnosis, the most painful quadrant or the first affected quadrant must be operated. Patients with four equally affected quadrants must be operated on the upper quadrants of the hands first.

Patients who had surgical operations have a good chance to eliminate their sensations. The patient is thus not forced to live with this (allegedly) incurable pain. Fibromyalgia is considered an incurable disease by conventional medicine (4). Acupressure diagnostics has created a new access to causal therapy. Fibromyalgia is thus curable.

Table 4: Fibromyalgia – causal therapy through surgical operation Success rate for the period 1990 to 2000

- 1,100 patients examined
- 627 patients operated on
- 401 patients with post-treatment examination (Oct/Nov/Dec 2000)

- Free of sensations (66%)
- Ameliorated sensations (22%)
- Unsuccessful (11%)
- No information (1%)

Fibromyalgia is thus curable.
The patients rightly ask the question:

- Who will believe me?
- Who will help me face the humiliation and ignorance?

The information in this guide does not claim to be complete and only serves the purpose to introduce this quite unknown but frequent clinical picture and to prompt the reader to deal with fibromyalgia in future.

Further information can be found under

http://www.fms-bauer.com

or through direct contact under the address mentioned below:

office@fms-bauer.ch

1. Bauer J, Heine H. Acupuncture Points and Fibromyalgia
2. Bauer J, Heine H. Possibilities of Surgical Intervention in Case of Fibromyalgetic Pain (Back and Lower Extremities)
6. Heine H. Neurogenous Inflammations as the Basis of Chronic Pain – Connections with Antihomotoxic Medicine
   Stuttgart: Hippokrates 1991; 267-9
   Dtsch Z Akupunktur 1998;31:26-30
    Stuttgart: Wissenschaftliche Verlagsgesellschaft 1993; 412-6
    Dtsch Z Akupunktur 1992;35:34-8
12. Bauer J, Heine H. Acupuncture Points and Quadrant Pain (Diagnostic Procedure and Causal Correlations)
It has been proven beyond any doubt: Fibromyalgia Syndrome (FMS) is an organic disease with somatic causes

The therapeutic problem: Solved

One incision allows for the examination of 7-8 structures corresponding to the acupuncture points, for the removal of the protein-containing coatings and the decompression of the nerve segments and nerve endings lying below.

**Upper quadrant:** S-shaped incision on the proximal back of the forearm (fig.1)

**Lower quadrant:** L-shaped incision behind the inner ankle (fig.2)

**Anaesthesia:** Regional/local anaesthesia

Purpose and meaning of this surgery and of the surgical therapy of carpal tunnel syndrome are the same. In the case of a carpal tunnel syndrome, surgery is considered the only causal therapy as well. The carpal tunnel syndrome also does not always restrict to one side of the body, it can affect both hands. In such case, a second operation must be performed on the opposite side and it would be false to assume that the first surgery was pointless now that the opposite side must be operated on.

In case of a quadrant intervention for FMS, one surgery can be sufficient. The cases requiring operations on all four quadrants are, however, rare.

**Note:**

At the present time, 80 - 90 patients are having surgery per month.

The clotting of the affected passage of the anatomical triad of artery - vein - nerve leads to an obstruction of the conduction of the small nerves that varies in intensity. This obstruction is noted as a nocireceptive stimulus and represented as pain. The deafferentation leads to the relief of the over-stretched pain threshold (which is not reduced, but rather over-stimulated). It is taking up its function again. Pain memory is running down - as it is not longer supplied any pathological afferences - like a wind-up clock.

**Conclusions:**

The cause of FMS is definitely not psychic. Psychosomatics is very much mistaken for believing so.
Addresses / Additional informations

Prof. Dr. Dr. med. Johann Bauer
Associate Professor for Surgery
at the Ludwig Maximilian University, Munich
Internet: www.fms-bauer.com

Practice (Check/Examinations + Surgery)
Falkenweg 1, CH-6340 Baar, Switzerland
+41 (0)41 763 16 60
+41 (0)41 763 16 61

Secretariat/Office (Informations + Appointments Dates)
+41 (0)41 763 16 60
+41 (0)41 544 27 22
eMail: office@fms-bauer.ch


Please have understanding for it that we forgive no dates via email. Also diagnoses or medical advices on this way are not possible. The best way you arrange a date for an examination or operation at the telephone with us, in writing letter or by fax. It is so that many people call us and ask for advice. For this reason, our telephone is also often « occupied » - we have here no Call-Center with several telephonists. If you don’t immediately pull through - simply try several times - until it works! You can also let a message with your name and phone number for recall on our phone answerer.

The operative method (Quadrantenintervention) has been developed by Professor Bauer and he is the only one - world wide - who masters it.

There is no list of the doctors to our disposition who are really familiar with Fibromyalgia because there are only few of them - and not only in Germany. It remains to be your task to find such a doctor in your proximity - a telephone call with the Country-State Medical Board of registration for further help. We asks also about understanding that we cannot give you a list of the patients who are or was in treatment by Prof. Bauer, for protection of data privacy-legal reasons.

More Information about Intention and Purpose of Quadrant-Pain-Intervention can be found here:

Additional informations as PDF-files (english) can be downloaded here:
http://www.fms-bauer.com/gb/Artikel-Download/artikel-download.htm

There is also a book in french: « La fibromyalgie - En guérir, c’est possible »
http://www.fms-bauer.com/france/livrefms/livrefms.html
Estimate Costs

Diagnosis: fibromyalgia syndrome of upper extremity
**Surgical intervention (operation) at the upper quadrant (arm): CHF 4'600**

Diagnosis: fibromyalgia syndrome of lower extremity
**Surgical intervention (operation) at the lower quadrant (leg): CHF 4'850**

The expenses of check + examination depending of duration
à CHF 460 / hour

The medical treatments with Professor Bauer are private - it means, he is not a contractdoctor and don't works with any Health Insurance or Social Medical Security Organization. You receive a bill, that you pay in the practice (VISA or cash). Whether and how much the repayment of the expenses of examen/check - and/or of the operation from your Health Insurance or Social Security Board will be, is different from insurance to insurance. The best way, you simply submit the estimate costs to your health insurance company and negotiate over the repayment. However it is your task and not that of our medical practice to hold these negotiations with your insurer. The operator's costs can vary according to difficulty of the surgical intervention and they only represent a noncomittal declaration. The exact amount of the invoice cannot be determine that after the operation.

We ask for understanding that the discharge of the examination- and/or operation-costs is only possible cash in Swiss Francs or Euro *(Prices in EUR = daily exchange rate)*. VISA card will be accepted only if there is sufficient cover on it - let therefore test the fix-limit from your bank previously.

**Head please:** From now on the four-figure secret-number PIN (Personal Identification Number) is used with the VISA credit card payment. This PIN you got of your bank together with the card. Without these PIN is a payment no more possible.
Frequently asked Questions regarding Operations

( Agency for Healthcare Research and Quality, Rockville, quoted from Jörg Blech, Heillose Medizin, Publisher: S. Fischer Verlag, Frankfurt am Main 2005, pages 232-233)
Here: Quadrant operation according to Bauer in fibromyalgia/fibromyalgia syndrome (FMS)

1) Why has this elective operation to be done?
This elective operation needn't be done unconditionally. It is up to you if you want to continue the treatment adopted so far, when you think you can endure living with your ailment this way. However, be cautious! Fibromyalgia syndrome is a chronic disease which worsens in phases over decades and finally will lead to your incapacity for work, and for earning your living, and will result in invalidism (wheelchair, confinement to bed). Owing to the sometimes less intense, but never absent pain, this disease causes damage to your personality, and secondarily leads to psychical disorders. These changes are the consequence, not the cause of the disease. The suicide ratio is about 15%, and it is likely to increase after intake of some medicaments acting upon the central nervous system - statistics are not available, similarly as they were not available for a long time about the harmfulness of smoking.

2) Are there any options instead of elective surgery?
No. The quadrant operation is the only treatment which eliminates the compression syndrome of small nerves causally. All multi-modal therapies are incomplete. Neither are they effective in an unequivocal syndrome of the carpal tunnel. In order to document the effectiveness upon compression syndromes of drugs acting on the central nervous system, they should have been tested in a multi-centre prospective, double-blind, randomized, placebo-controlled study - but they were not. The multi-modal therapies cannot find an exit from their blind-alley.

3) At what does the elective operation aim?
Its target and purpose is persistent loss of pain and of other problems caused by fibromyalgia. In addition, progression of the disease will be stopped (see paragraph 1).

4) What is the actual benefit of the operation?
If operation regarding one sole quadrant is carried out in 1000 patients 600 of them will experience loss of problems in all four quadrants, to the extent that they can discontinue intake of all medicaments, and stop any other treatments (= cure). Of course, damage already caused to joints and capsules remains as well as the sequels of injuries, or the truth that the patient gets older.

In 300 patients, only improvement can be observed after 1 year. It may be that
a. the operated on quadrant remains rid of problems, whereas the remaining three do not recover,

b. the operated on quadrant as well as the remaining 3 quadrants are rapidly freed from their problems but after some time this effect disappears,

c. after 12 months all 4 quadrants have somewhat improved but the patient does not perceive this success as relevant,

d. the operated quadrant is absolutely free of disorders, and now the patient's body (his brain) assesses this problem-free quadrant as a baseline (zero) for comparison with the remaining three. Under such conditions, the impression crops up to the patient that the other three quadrants are more painful at present than they were before,

e. in the beginning, during the first postoperative weeks to months, an initial deterioration (known also in homeopathy) takes place, and only afterwards the result quoted under a) is achieved,
f. cases representing combinations of different forms quoted under a) to e) appear.

In the case of any striking features regarding point a) to f), we therefore recommend our patients to contact the surgeon who performed the operation in order to utilize the advantage of a postoperative check (at the cost of ca. 50 - 80 EURO). Do not disregard this option during the sixth to ninth postoperative month.

5) What are the operation risks?
If 1000 patients undergo the operation there is the risk that 70 of them do not have any profit from it, and also that disease progression cannot be prevented in them.

General risks: 20 patients out of 1000 experience bleeding into the dressing within the first 24 hours, or infection development up to suppuration, or they have to regret that the resulting scar does not look like the usual discreet line. Therefore, change of the dressing on the day following the operation is mandatory. That means, the patient should stay over night in a hotel or guesthouse, and in the morning he must present himself for the check. In 9 cases out of 1000 the upper or lower limb becomes swollen, blue, and tender after the operation - there are special exercises to counteract this process, and the patient will be instructed how to practice them. One patient out of 1000 suffers a lesion of some nerve, blood vessel, or tendon which can be repaired using microsurgical methods.

6) How long does it last until the patient recovers from the operation?
Sickness leave will last 6-8 weeks after operation on the upper limb, 8-12 weeks after an operation involving the lower limb. Sports, hard housework, etc. are only possible to a limited extent during the first 3 postoperative months. Driving a car is not possible until 3 to 6 weeks after surgery depending on the operated quadrant: if the operation concerned the right side driving incapacity will last longer (because of the gear lever and brake pedal operation).
7) What happens if the operation is not done?
For an answer see paragraphs 1) and 2).

8) How often has this operation been performed so far?
Out of 10,000 examined patients suffering from the fibromyalgia syndrome, this operation has been performed 2,500 times. For statistical data regarding the results see paragraph 4). These statistics (concerning success ad quality of the final results) are based on questioning performed, collected, and statistically assessed by independent investigators 3, 6 and 12 months after the operation. By the end of 2008 also the results of the second study regarding the outcomes achieved 3 years postoperatively will be available.
Every experienced hand surgeon knows that some patients suffer from a carpal canal syndrome. Two hands – two operations.
Not necessarily!
Every experienced hand surgeon knows that the “worst” side should be operated first.
Every experienced hand surgeon knows that often operations of the other side are not necessary since in a few months’ time both the operated as well as the non-operated will recover!
The fibromyalgia syndrome reflects various entrenched compression syndromes of small nerve (endings) or nerve sections that represent the “core” of the holes and tunnel which is called acupuncture point.
As for the quadrant intervention, there are 4 body sections which represent a potential goal, 4 quadrants – 4 operations.
Not necessarily!
During each consultation Prof. Bauer raises a specific anamnesis not only to determine if the symptoms correspond to a FMS but also to find out when and where the disease started: at the top or at the bottom? Right or left?
In case of body examinations the painfulness of the tender-points are checked and cartography of the pain is provided.
By means of a specific anamnesis and cartography Prof. Bauer is able to decide whether a patient suffers from FMS, the stage of the disease, the worst quadrant and if an operation is required. By means of a signature the patient confirms that he or she accepts the results of the anamnesis and thus approves of the operation.
It should be pointed out that in a study since the 23rd of September 2004, 428 patients out of 457 got multimodal therapies that were carried out unsuccessfully. All patients were diagnosed with FMS by their own doctors. The allegations that Prof. Bauer would not operate FMS are thereby refuted.
While checking the quality of the results, a common procedure in operative departments, it was shown that in 60-65% of the cases the patients were free and stayed free of symptoms after a few quadrant operations. The remaining 20-30% where no improvement, a transitory or one that was only restricted to the first quadrant was noticed, or where an aggravation was sensed in one of the non-operative quadrants (the cause is due to the use of a quadrant that is free of symptoms as a zero-point in which the non-operative quadrants are compared with each other), those patients were made aware of these possibilities preoperatively. Also they were informed that 6 – 9 months after the operation, they would have to return for a follow-up examination.
During a follow-up examination it is determined if the subjective feeling of the patient corresponds to the cartography. As a rule it can be proved that a different non-operated quadrant is causing the pain which therefore needs to be operated.
At most the operation of all the 4 quadrants is required until the patient is free of symptoms
There are also patients who do not follow the instructions and let distrustful doctors deceive them or simply, for retirement reasons, deny the success of the operation. Those fall under the category “non responder” of different causes.
The number has decreased considerably (after the improvement of the pOP-control) and is no longer at 11% but at 3.06% in the second study (2005 – 2008).
Prof. Dr. Dr. med. Johann Bauer
Associate Professor for Surgery at the
Ludwig Maximilian University in Munich
Internet: www.fms-bauer.com

Practice (Check/Examinations + Surgery)
Falkenweg 1, CH-6340 Baar, Switzerland

Secretariate/Office (Informations + Dates/Appointments)
Phone: +41 (0)41 763 16 60, Fax: +41 (0)41544 27 22, eMail: office@fms-bauer.ch
Questions for the diagnosis of the pain

**UPPER AND LOWER EXTREMITY**

Head, back of the neck, shoulder, back

- Which kind of pain you suffer?
- Since when?
- Did you already interrogate other physicians? Which one?
- Does another physician have already diagnosed a fibromyalgia?
- What diagnoses have been established?
- What treatments have been executed?
- Have you been operated?

**UPPER QUADRANT**

Have yourselves of the right side or the left side, in the middle, alternately

- pains in the nape and the back?
- pains between the scapulas?
- tensions, myogeloses?
- pains in the back of the head?
- migraine?
- buzzes in the oreilles (tinnitus)?
- dental problems, of lower/upper jaw, in the joint of the jaw, in the sinuses?
- an inflation of the lids, a whimpering, unrests of the view?
- pains in the shoulders: on rest, in link with movements, with a stance?
- pains radiating from the shoulders?
- pains on the outside part of the arm, the elbows?
- inflammations of the sinewy girdle, pains in the wrists, oedèmes in the hand/fingers?
- forcible lack?
- hearth-pains?
- pains under the bow costal, in the sternum, in the level of the thymus?
- nocturnal sweats, the fever, the unrests of the sleep?
- respiratory difficulties, a trouble of the figlutition?
- fall you things often from the hands?
- pains at the time of precise activities (ironing, writing, peeling, etc.)?
- tingles in the hands/arms, numbness in the fingers, cold hands?
- Osteoporose, parthrose, rheumatisms?

**LOWER QUADRANT**

Have yourselves of the right side or the left side, in the middle, alternately

- pains of back, of the backbone, osteoarthritis in the joint iliosacre, an articular facet syndrome
- hip problems
- trochanterodynie
- callousness in the thigh, pains of the seat or buttocks
- pains in the knee
- pains or cramps in the calves, muscular jumps, an impression of restless legs
- difficulties in to go up or in to descend of the steps
- unrests of the vascularisation, of arterite of the lower members
- osteoporosis
- osteoarthritis
- œdèmes
- pains at Achille's tendon, the heel (spur calcanean), in the front of the foot, eminence of the thick toe
- ants, of the tingles, a callousness, callous feet, cold feet
- pains in the groin
- distending, the irritable fintestin syndrome, a cystodynie
- take yourselves the hormones (problems of rules, thyroid, diabetes)
Where do you find us?

Practice/Surgery
Prof. Dr. J. A. Bauer
Falkenweg 1
CH-6340 Baar (ZG)
Switzerland

Imprint
Prof. Dr. Dr. med. Johann A. Bauer
Associate Professor for Surgery at the
Ludwig-Maximilians-University, Munich

Design, layout & setting
Goralik ONLINE data management
eMail: mail@abc-online.ch
Internet: www.abc-online.ch

© since 2005 Prof. Johann Bauer • eMail: office@fms-bauer.ch • Internet: www.fms-bauer.com