

# Hernias of Pultaceous Intervertebral Discs and Their Non-Invasive Repair by Means of the Method of Clavitherapy

## Opinion

Attention!!! Dear Sir or Madam! I would like to inform you of unbelievable efficacy and simplicity of protuberance or herniated pultaceous intervertebral discs repair, which can be monitored by means of magnetic resonance imaging (more). It is important to know that each nerve cell in the nervous system of animal organisms (possibly including plants) has its structural and functional memory, functional in terms of **neurophysiology**, needed for immanent regulation of bio cybernetic functions, among others to maintain the shape of pultaceous intervertebral discs.

Attention! If objective diagnosis reveals protuberance or herniated pultaceous intervertebral discs even with compression on the dural sac with pain stenosis. In such case it is advisable to hold skewers between your fingers (choose the sharpest ones), and perpendicularly to the skin perform auto stimulation, triggering stimulus by means of special spatulas which are 7 centimetres wide, beginning with the adam's bone, then moving down to the sternum every 5 millimetres, and gradually further until symphysis pubis at the very bottom. The middle part of the navel should not be stimulated.

Wherever you experience stronger burning or excruciating pain which is penetrating to the inside, hold down and stimulate to suppress these symptoms. Stimulatory action should be repeated until we observe proper skin reactions, cessation of burning and pain, or even for a few days longer. During this time, do not perform any physical exercises in a standing position. Do not perform upright deep forward bends. Do not lift weights greater than 3 kg in the position of the forward tilt. If you want to pick something up, you should perform such a movement in the position of vertical squat, slightly holding on to e.g. a chair. On the other hand it is advisable to do exercises, typically daily movements or those typical of copulation (lying on the stomach on the left and right side, please perform 100 exercises of this kind 2-3 times a day, counting only moves in one direction). You might find it useful to do the fourth exercise, illustrated and described on the above mentioned website and included in the attached presentation - Zgorzelec.

The second projection zone that the second person should perform carefully is stimulation focused on the width of the head starting from the base of the skull with the tendency of every 5 millimetre downward movement to the buttocks. In areas where you feel more intense burning and penetrating pain, perform stimulation until complete blood supply is achieved and the symptoms are surcease for a few days. After the pain stops, stimulation should be still performed for a few days.

## Opinion

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Attention! After a few days of stimulation and initial surcease of pain, further stimulus should be triggered perpendicularly by means of two skewers in the areas of particularly strong projections.

Attention! The areas which reveal a nagging sensation of burning and pounding pain, experience a projection of dehydration and protuberance or hernia of a damaged pulpous disc. Coming across particularly nagging injuries of discs or pain resulting from compression on the Dural sac, stenosis, please be patient and gentle when performing stimulation. In such circumstances the treatment may even last for 14 days.

If somewhere on the surface of the skin, against the backdrop of congestion, we observe algostic, ischemic spot with hyperalgesia, the whole surface of it should be stimulated with one or two skewers until a proper reaction of skin is shown. When a dead nerveless spot stricken with algodystrophy shows, it should be stimulated until the projection of pain is achieved and until nervelessness is eliminated from it. Then after regaining the nerve feeling, we gain proper nerve potentials and the appropriate signal conduction in nerve fibres. *And in the place of the spot suffering algodystrohy, there will appear a 'bubble', resembling a mosquito bite, in which lymph and plasma fill the space of the dead spot.* The bubble will disappear naturally after a few hours. After two-week treatment i kindly advise you to do mire 3 days after the pain stops. Then show it to a neurologist, a neurosurgeon or an orthopaedist to see *their pleasant surprise.*

Attention!!! Do not carry out the treatment on an empty stomach. During the treatment do not slouch or tilt to one side. Every curvature of the spine intensifies increase of cerebrospinal fluid pressure, which increases pain intensity.

*Projection zones and the procedure of surgery of non-invasive protuberance and hernia repair constitute original discovery of Ferdynand Barbasiewicz.*

Hernias of pultaceous intervertebral discs and the examples of their non-invasive repair clinically proved with MRI.

### Case-1

A doctor aged 68, Mrs Elizabeth S. from Krakow who worked 44 years as a dentist in a position affected by an inadequate ergonomic workstation. The dentist typical sitting position is a tilt to the right with the left side-lumbar rotation. This incorrect posture at work led to pathology of the lumbar spine (the only part of the spine tested with MRI). Here is the description of MRI no. 6365 done on September 1<sup>st</sup> 2003 at the Central Railway Hospital in Warsaw - Międzylesie. The description of the test was carried out by a radiologist PhD.MD. Iwona Rejniak (who completed the course of clavitherapy).

The MRI of the spine including Th11-S4 segment showed:

- i. lateral curvature of the spine
- ii. Left-handed rotation of the vertebrae;
- iii. The rear central herniated nucleus pulposus of intervertebral disc L4- L5 causing dural sac compression and slight bilateral stenosis of intervertebral holes
- iv. Postero-lateral left-sided protuberance of the annulus fibrosus of the intervertebral disc L3 -L4 causing a slight stenosis of a particular intervertebral hole
- v. Degenerative tightening of the anterior-lateral edges of the vertebral bodies L1-L2
- vi. Correct picture of juxtaspinal tissues;

From the very beginning of work as a dentist due to incorrect posture resulting from inadequate work station, the brain regularly received signals via the afferent nerve tract with suggestions to change the position to the straight one without tilting to the right or the left rotation. Despite the pain which followed, the doctor did not change her position. The dentist workplace is really harmfully designed. Mrs Elizabeth S. came to the Centre of Clavitherapy with the diagnosis of sclerosis multiplex (SM?).

### Quotes from the report

- i. I couldn't maintain balance at the Romberg's test even for a second;
  - a. At present I can stand fully able-bodied for a long time with my feet clasped, my eyes closed and my arms stretched out in front of me.
- ii. I could not stand on my own without leaning on even for a second.
  - b. At present I can stand fully able-bodied.
- iii. Before treatments I could not stand on one leg.
  - c. Now I can do it.
- iv. When standing and walking, I kept leaning on and dragging my feet, with the regard to my right leg, on hyper-extended knees.
  - d. Now I walk slowly without leaning on, my knees are not hyper-extended and I do not drag my feet anymore.

- v. I suffered from foot drop;
  - e. At present my feet do not drop, I can lift and move them properly.
- vi. I had cold hands and feet even when it was boiling hot
  - f. Now my limbs are warm and properly supplied with blood.
- vii. Without help and leaning on I could not stand up from the chair
  - g. Now I can do it properly without help.
- viii. Working as a dentist for 44 years in the position affected by the workstation, I developed significant pathology of the spine with the regard to the lumbar-sacral segment, which was confirmed in the MRI. It caused severe pain and the above mentioned functional limitations.

Now pain has stopped and I have regained significant physical fitness in my lower limbs. Particularly, my posture has been improved. The therapy in the Centre of Clavitherapy lasted only for 7 days. The treatments were carried out by PhD Ferdinand Barbasiewicz himself. The dentist had another MRI test done after a few weeks which confirmed remission of hernia of pultaceous intervertebral discs and significant improvement of the lumbosacral spine.

Attention! Clavitherapy can be effectively used to get rid of pain, sprains, discopathies or hernias of pultaceous intervertebral discs. By means of it we can also remove inflammation and stop osteoporosis, rheumatism and tuberculosis as well as bone cancer.

### Case-2

Doctor Alina J. Czarnecka, 70 years, rehabilitation, and physiotherapy and balneoclimatology specialist came to the Centre of Clavitherapy on January 23<sup>rd</sup> 2002 demonstrating the following disorders:

- i. Bronchial asthma;
  - After two treatments symptoms of asthma resolved, I'm able to catch a deep breath again.
- ii. Acute infection of the upper airways and bronchi;
  - After three treatments, the infection resolved.
- iii. Low peripheral blood pressure 90/60, heart rate 110 per minute;
  - At present blood pressure 105/70, heart rate 87.
- iv. Discopathy of hernia and of the cervical segment of the spine. Similarly, in the lumbar segment of the spine. Kyphosis of the lumbar segment of the spine.- Confirmed with the MRI tests before undergoing the clavitherapy;
  - At present the lumbar kyphosis has resolved and I have regained lordosis. The previously described pathological changes in the cervical and lumbar segments of the spine have significantly resolved, what is more, herniated discs have been removed, which is confirmed by the picture and the description of the MRI.

I am quoting the complete description of the spine MRI test, carried out two weeks after the clavitherapy: "Signs of degenerative changes in the cervical intervertebral discs. Change in the setting of the cervical spine. Discs stricken with degeneration slightly strain the rear longitudinal ligament. However, they do not cause spinal stenosis. No signs of protuberance or hernia of intervertebral discs. The structures inside the cervical canal of the spinal canal look correct". The MRI test number 261 was carried out on February 15<sup>th</sup> 2002 in LUXMED Medical Center in Warsaw at Raclawicka 132 B street. To remove protuberance and hernia, we should perform clavitherapy treatments very carefully twice a day focusing on the kidneys and stomach meridians line. We should start from the level of the xiphoid and progress to the symphysis pubis. Wherever you come across excruciating pain on the areas of the meridians mentioned above, you should examine the whole area and adjacent zones until pain stops completely. After just a few treatments of the therapy, pain stops thoroughly and the patient regains complete physical fitness. Treatments should be continued for the next few days and at the same time the patient should be informed of what to do in case similar pain starts due to physical negligence.

- v. Vasomotor disorders;
  - Sensation of head heaviness stopped. I had cold hands and feet all the time.
  - Currently increased temperature of hands and feet as well as increased sweating is observed.
- vi. Paralytic disorders demonstrating themselves with tics, paresthesia of numbness and sensory disturbances as well as muscle pain;
  - The symptoms resolved.
- vii. Defecation – constipation;
  - Currently proper defecation is observed.
- viii. Sleep disorders – difficulties in falling asleep and in sleeping through the night;
  - Sleep has improved significantly.
- ix. Herpes;
  - Resolved.
- x. Glaucoma - increased pressure in the eyeballs ;
  - Improved vision when reading.
- xi. Depressed mood;
  - Improved.
- xii. Restricted range of motion;
  - Improved.
- xiii. Decreased appetite;
- xiv. Improved.

Doctor's signature and stamp. The report has also been signed by the doctor's husband, PhD. MD. Adam Czarnecki, a famous surgeon who was present during 9 treatments every day. The Vice President of ZG. PTL.

## Use of Clavitherapy after Brain Stroke

I am a 51-years MD old physician. On August 02, 2008 in evening hours demonstrated suddenly intensifying dizziness, vomiting with loss of consciousness. Paresis of right upper and lower limbs proceeded simultaneously. After about 40 minutes I was admitted to hospital emergency unit and after preliminary analysis transported to stroke ward (at the Department of Neurology). Medical investigation revealed retention of urine and stool; in neurological investigation cerebella asymmetry was affirmed on right side. Magnetic resonance investigation of head revealed vascular origin foci in white matter of both cerebral hemispheres along ventricles as well as in neighborhood of IV entricle raised signal in T2-dependent scanning and ischemic focus in right hemisphere of cerebellum. By first 4 days of stay in neurological ward I was conscious though over-sleepy. I received following preparations: Metocard (Metoprolol), Areplex (Clopidogrel), Polfilin (Pentoxifiline), Betaserc, Polprazol (Omeprazole), Depakine chrono. After 9 days of stay, rehabilitation was begun. On 13th day I was discharged from hospital. I was further in lying position and needed cares of other persons.

From half of September to half of December 2008 I was rehabilitated at home. In October 2008 I started walking by the help of a pair of crutches, I needed help at everyday life. Within September - December 2008r some new signs and symptoms such as: shoulder- hand syndrome, low back pain, intensifying pains of loins and chronic pains of right elbow with simultaneous weakness of right upper and lower limbs made difficult my everyday life. Beyond this I had further disorders in passing urine and bowel clearings. In December 2008 I noticed presence of white spots of different size (diameter from 1 mm to 4 mm) on skin of the whole body. Within these spots touch and pain sensibility (sensory functions) were disturbed. Skin in distal part of right upper and lower limbs was dry and rough and scaling off.

On hairy skin of head focal dandruff appeared. In second half of December 2008 control magnetic resonance of head revealed numerous petty foci of T2 -dependent raised signal in white mater both hemisphere of brain, somewhat more than shown in investigation from 05 August 2008. Situated in upper part of right hemisphere of cerebellum the focus was somewhat smaller than it was previously. In view of character of changes in brain, investigation of visual potentials was reformed getting normal results.

In spite of regular use of recommended medicines by consulted neurologist I was complaining of frequent strong dizziness and migraine type of pains. On 06.01.2009 I reported to Dr. Ferdinand Barbasiewicz in search of Clavitherapy (a modern direction of Reflexology).

During the first few minutes of very light stimulation by clavics (lat. clavus-nail) on the base of nose (so called third eye) between the brows, and back of head in midline under the basis of the skull, I felt strong burning sensation and strong difficult to bear expanding pain. After some minutes of stimulation this pain stood down and in my head I felt lightness, relaxation and feelings, that I "am without ailment", already after about 30 minutes I felt myself wrapped by pleasant widening warmth. Then, when Doctor F. Barbasiewicz stimulated "white" spot (according to his nomenclature algostic-algodystrophic spots

caused by demyelination process of nerve fibres) pain with burning sensation appeared within fraction of a second. After some stimulations on white spots pain and burning sensations were neutralized and towards my amazement after about 2 hours I regained full efficiency on right upper limb, wrist and on fingers, pains of right elbow stood down entirely and I could walk without the help of the crutches because right lower limb stood "stronger". I was very afraid of recurrence of this ailment. Within the next days the identical procedures were carried on though I was without ailment and doctor Barbasiewicz explained that stimulations are necessary for fixation and consolidation of the effect of the therapy.

Clavitherapy was then continued by doctor Barbasiewicz for next 6 days. All signs and symptoms troubling me from the onset (August 2008) of the stroke disappeared. Till date I am healthy without any complains.

### **Patient: Latorre, Orazio Frank, Parkinson's**

#### **Canada Toronto - Ontario**

Report for the above mentioned patient with a diagnosis of Parkinson's disease treated only with the dermovisceral biocybernetic Clavitherapy from July 10-July 30/2011 who arrived in a very severe state with the following dysfunctions:

- i. He could not walk on his own. After leaving the car upon arrival, he was guided and held by his two hands and the motions of his lower extremities were very slow, short and close to his body.
  - after 3 days of treatment the patient was walking and running on his own.
- ii. Disturbances with his balance caused the patient to be unable to stand on his own without holding on to a support such as a wall, chair.
  - after 3 days of treatment, he regained his balance and the ability to stand on one foot (both left and right) for a longer period of time.
- iii. Standing and walking he had a very severe kifosa on his spine and his body was leaning forward with his head dropping forward.
  - After 2 weeks of treatment his posture improved and was able to regain a straight posture.
- iv. Upper extremities, the right arm he was able to raise to top of his head and his left arm he was able to raise it to the level of his mouth and after 1-2 seconds they would fall down. The upper extremities would shake as he would bring his hands close to his face. The lower extremities would also shake in the sitting and lying down position as

well as when he would get up from his bed. He could not eat well and properly on his own (ie had difficulty with eating oatmeal with a spoon and eating salad with a fork), he could not wash himself on his own, brush his teeth, shave or dry himself with a towel. His movement were very slow, disturbed and lacked co-ordination.

- After 2 weeks of treatment, he can lift his both of arms quickly above his head and he can hold them up there for quite a long time without getting tired. He can eat very well and quickly on his own, and he can complete his daily functions in the washroom. His feet and arms have minimal shaking.
- v. He had very minimal movement with his head (left, right, up and down). Walking he could not look in the horizon. His look was focused on the ground and his eyes did not move looking only 5-7 metres ahead of him. His orientation was disturbed and his reaction time to verbal and manual signals was very slow.
    - After 10 days of treatments he obtained full horizontal orientation, he could react with his head to signals and sounds from different directions.
  - vi. Due to extensive damage to his right frontal lobe, with an active mole on his orbital bone of his face. The first days he needed to be directed several times with verbal commands and had to be touched to gain attention to stimulate his awareness. He was not able to divert his attention to two different places. He had damage to his memory and speech, and he could use single words to react and answer to questions.
    - After 12 days of treatment, the above mentioned disturbances were resolved and now he uses more words to express himself. He reacts to certain situations with a smile, and sometimes even very appropriate jokes.
  - vii. After 9 days of active exercises with a ball, which developed his reflexes, co-ordination with his movement and thoughts and orientation with the outdoors?
    - After 2 weeks he is able to play volleyball well with accuracy and energy. This indicates his physical condition and he can run for 300 meters without resting. He regained precision of movements, ability to write.
  - viii. Before the treatments he had disturbances with sleeping, nightmares and hallucinations. He also had fears. After 2 days, he was able to sleep throughout the night, the nightmares and hallucinations ceased and he is visibly calmer.