

Questions and answers

1. The trigger point and tender point are often confused.

Answer: As you can read in Pongratz, both trigger points and tender points can be found in patients suffering from fibromyalgia. They have one thing in common, that they correspond to various acupuncture puncture holes (APD), known from TCM. An afflicted APD may be subjectively painless and only hurt when touched / under pressure (= tender point). For other APD it is however possible to evoke pain « somewhere else ». There are also APD, which hurt the patient subjectively and further to this evoke pain « somewhere else » when subjected to pressure (trigger point).

2. Division into stages does not exist for fibromyalgia.

Answer: Diagnosis is improved so much with the aid of APD that quadrant pain really can be diagnosed and pain in half the body. For the first time, this has made it possible to explain the phenomenon of quadrant pain and pain restricted to one half of the body, which experts in pain treatment had never been able to explain. This corresponds to the 1st stage of fibromyalgia.

3. The position of painful tender points /trigger points moves. The pain moves. For this reason, pain cannot be bound to specific points.

Answer: We recommend you read the book by Popper / Eccles « Me and his brain ». Only if we also consider neurophysiology and neuropsychology can we understand the problem of quality pathological afference and its central representation.

4. The success of an operation is cancelled out by the APD becoming blocked.

Answer: Not only the covering cicatricial tissue is removed, other than this, the place where the anatomic triads (artery, vein, nerve = vascular-nerve fasciculus) emerge is enlarged. The content thus gains a wide new bed. Small ponds freeze over sooner than large ones in winter. Consideration is taken of this principle when expanding APD. The danger of new clogging is thus impaired.

5. « I know 4 patients for whom the operation was of no use. »

Answer: So ask the hundreds of people who have benefited from it. There is no operation, which is successful for all patients. People do not attack operations on intervertebral discs even though there is a 50% failure rate. It all depends on the quality of the result.

6. « I know several patients who underwent an arm operation, which was successful for several months after which the pain returned. »

Answer: This problem has already been identified and resolved. Further to this, since the statistics were set up for a period of ten years colon 7 is searched for and operated on.

7. Multiple cuts disfigure the patient.

Answer: The operation requires only one cut from which access to 6-8 APD is gained.

8. All for limbs must be operated on.

Answer: One operation usually suffices, in the quadrant where the illness began. Pre-cise strategy for the operation is set with the patient individually.

9. The cut itself creates a field of disturbance.

Answer: A cicatricial field of disturbance occurs only if the surgeon cuts through an APD due to ignorance. If they know where to find them fields of disturbance can be avoided. Warning: The effectiveness of an injection of local anaesthetic in cicatricial fields of disturbance show the correctness of this reasoning: Small nerves with their neuroma are put out of operation for some time.

10. We operate attenuated nerve entry syndrome.

Answer: If this were the case, this would be a poor testimonial for all those who treated patients in the past. All patients were diagnosed out-and-out by several doctors many times in many different ways in an interdisciplinary manner and subjected to medical procedures usual in the case of fibromyalgia. For most patients, it holds true that all methods of treatment were exhausted in their case. Such patients lost their ailments after the Bauer operation. Do the critics seriously wish to claim that all around the world, all neurologists, psychiatrists, psychosomatic specialists, orthopedic doctors, rheumatologists and specialists in the treatment of pain are not capable of recognising attenuated nerve entry syndrome? Experience has shown us that diagnostics with the aid of acupuncture and operative treatment of certain APD represents a real discovery. Accordingly, we call the critics and antagonists to present their annual statistics and their examination concerning the quality of results from their treatment concepts. Saying that fibromyalgia is curable is an irrelevant finding, which can confuse the patient: we can treat successfully and unsuccessfully. Patients are only concerned with whether they are offered the possibility for treatment.

11. If the method is so good why is it so difficult to promote?

Answer: The path of every innovation is blocked by the so-called protectors of that which exists at present. In part they are protecting profit from royalties and in part it is because these low-minded individuals are not able to create anything new and avenge themselves for this by impeding the existence of these new things. This mainly concerns a known phenomenon from the history of medicine. There is much literature on the subject although it is mostly in English.

12. It is incomprehensible why an operation to uncover a handful of specific points should suffice for illnesses with migratory pain.

Answer: The answer is very simple. The points, which according to experience most often impede the flow of bioelectrical energy in the nerves are cleared. In that the pathological afference impulses of the lead quadrant are released, the whole amount of pathological afference impulses is radically decreased in such a way that they are no longer perceived and I can say: I no longer feel any pain. In order for us to understand this connection, we must scientifically deal with the field of problems of creation, management, processing and representation of pain, otherwise we are in danger of stupidly speaking like medieval sailors who were afraid of falling over the edge of the world.

13. If the method is so good, why do we not see it at congresses?

Answer: Again the answer is a simple one. In countries where German is spoken, the opponents with something to fear from this discovery decided to deal only with tried and tested methods.

Bauer's method is not acknowledged. If we do not deal with this it cannot become acknowledged.

Thus, the problem is solved.

These doctors have however forgotten about the most important thing. It is the patients, who through the use of this new method manage to eliminate their pain, who will not let up and sooner or later will vote with their feet on the matter.

Bauer's method opens up the possibility for a complete cure for suffering patients. As opposed to this, all other methods are only able to provide temporary easement.

14. Why is this method not covered by insurance even though it would work out cheaper?

Answer: The cash officers and their advisors always lag behind medical progress. Let us remember at this point the problems the first doctors encountered who carried out arthroscopy of the knee. Let us remember Professor Semm who was the predecessor of mini-invasive surgery, who they even wanted to strip of his medical title and who only now after 25 years has received the award he deserved from the very beginning.
