

## Preface to the 1st English Edition

Therapy using local anesthetics occupies an ever more important place amongst alternative methods in medicine. The President of the American Society of Anesthetists, Professor J. J. Bonica, has stated that the nerve block as a diagnostic, prognostic, prophylactic, and therapeutic method has been received with ever-increasing interest in the USA and has been employed ever more frequently in recent years. He has expressed the view that the nerve block used as a specific therapy may well be the best clinical means to treat illness.

But the “nerve block used as a specific therapy” is precisely what the Huneke brothers of Germany introduced into medicine in 1928. They called it “neural therapy.” That this is not generally known in the USA is less remarkable than the fact that even in the German-speaking parts of the world few people are aware that the use of local anesthetics for therapeutic purposes, which is far more widespread in these countries, goes back to the Huneke brothers. As long ago as 1925, the great French surgeon, Leriche, whose specialty was surgery of the sympathetic chain, observed healing reactions produced by local anesthetics administered before the operation and praised procaine as the “surgeon’s bloodless knife,” the use of which sometimes made surgery necessary. But these experiences were allowed to be forgotten.

In Russia, the observations made by Spiess on the anti-inflammatory effects of local anesthetics were investigated more closely. There, pupils of Pavlov, such as Speransky, Vishnevski, Bykow, Wedenski, and others, confirmed that it is possible to influence the regulating mechanisms of the neurovegetative system by means of procaine. These discoveries prompted Speransky to construct *A Basis for the Theory of Medicine*, which he published after emigrating to the USA in 1936. For a time his work remained controversial, but today it is again receiving recognition. Before him, Ricker had attempted to provide a theoretical basis for all vital processes, including the phenomena of neural therapy, in his *Pathology as a Science; Pathological Relationships*. Later, Wiener’s teachings on biocybernetics and Pischinger’s observations on the basic neurovegetative system provided new viewpoints to explain these phenomena of healing.

The Huneke brothers discovered the therapeutic potential of procaine by empirical means and independently of their predecessors. They recognized the importance of their discovery and expanded their systematic

observations into a method that has now established itself particularly in continental Europe and in South America. Because it is so successful and has such a wide therapeutic spectrum, it has been received with special enthusiasm by the general medical practitioner, who inevitably finds him or herself standing in the firing line. Neural therapy does not regard itself as a substitute for scientific medicine as taught at medical schools, but as complementary to it. This is especially the case where mainly functional disturbances are involved, whose interacting cause–effect relationships cannot be accurately determined because they result from cybernetic regulatory dysfunctions.

Fleckenstein proved that procaine also possesses an unusual feature apart from its well-known effectiveness as a local anesthetic. The cell, which has been depolarized by endogenous and exogenous stimuli, is able, under the protection afforded by procaine, to reseal the cell membrane that has become permeable. The potassium-sodium pump is thus enabled to displace the sodium that has penetrated into the cell and to replace this again with potassium. By this means, the physiological potential of  $-60\text{ mV}$  to  $-90\text{ mV}$  needed by the cell in order to function normally is built up again. This enables us, with the use of local anesthetics such as procaine or lidocaine, to repolarize depolarized cells and thus to reactivate them in their functions, cells that would otherwise be incapable of repolarizing themselves from their own resources. From this it will be obvious that successful treatment by these injections depends on the correct positioning of the local anesthetic and on the use of a special technique in administering it.

The technique of using accurately sited injections in the area where the symptoms occur is known as “segmental therapy.” There are four methods that produce a segmental effect with the use of local anesthetics:

1. Injection directly to the site of pain. The accurately sited injection of procaine or lidocaine is effective as much in treating painful conditions in the muscles, ligaments, tendons, bones, and nerves as it is for contusion, hematomas, abrasions, painful scars, and traumatic damage of any type.
2. Acting on painful areas by means of paravertebral injections in the relevant segment.
3. Neural-therapeutic treatment by direct injection to the sympathetic chain and its ganglia, i.e., the stellate, ciliary, pterygopalatine and/or the Gasserian

ganglion etc., or of the abdominal and lumbar sympathetic chains.

4. Injections into and around arteries and veins, to pleura and peritoneum, and to the afferent nerves.

Segmental therapy has now become an integral part of the curriculum at a number of medical schools in continental Europe and elsewhere.

But in 1940, Ferdinand Huneke also found that, in addition, there may be "interference fields" active in the organism, which stand outside the segmental order and send out interference impulses via the nerves, and that these impulses can become pathogenic. In making this discovery, he revised and elaborated the old teachings on foci; these had assumed that a focus is capable of spreading bacteria and their toxins only via the bloodstream, thus causing illness. But any focus or interference field is a permanent source of irritation, because it burdens the regulating systems and continually forces the body to make up for these additional stresses. This compensation calls for a greater expenditure of energy and this, in its turn, produces disequilibrium in the body's economic system. The regulating systems are made labile and any banal irritation may act as an additional stress and can then produce faulty regulatory reactions. Once the tolerance threshold has been exceeded, functional disturbances or pathological symptoms will manifest themselves. Huneke showed us how such interference fields can be eliminated via the lightning reaction (Huneke phenomenon) by accurately sited injections of procaine or lidocaine. Normal cybernetic regulation is restored instantly and the pathological symptoms disappear, insofar as this is anatomically still possible.

Thus, neural therapy according to Huneke is, first of all, segmental therapy. When this fails to produce results, the search for and elimination of the interference field can lead us to our goal. This explains why this form of therapy is suitable for the treatment of all functional and organic disturbances resulting from neurovegetative dysregulation. In some cases, the emphasis is on pain, in others it is a matter of disturbances in internal or external secretions or of the blood supply to and nourishment of the tissues; then again the central factor may be a disturbance in the blood picture or dys-

kinesia of the smooth or striated musculature. Gross organ changes can also provoke functional disturbances as a secondary effect of an interference field, and these are therapeutically accessible to us. But this type of pathomorphology can also lead to feedback processes that then form a vicious circle and are thus capable of rendering our usual therapy ineffective. Once we have been able to find and eliminate the cause, such therapy is again capable of working. The consequence of all this is that this cybernetic regulating therapy has an extremely broad spectrum of indications, and this, at first sight, tends to strike one as rather strange.

The objective evidence for neural therapy, including the previously controversial Huneke phenomenon (lightning reaction), has meanwhile been produced, notably as a result of the work of the Austrian professors Bergsmann, Harrer, Kellner, Pischinger, and others. The present author, whom F. Huneke described as his master pupil, has assembled the theoretical principles, indications, and techniques in this book. It is in three parts:

- A. Theory and Practice of Neural Therapy According to Huneke.
- B. Encyclopedia of Neural Therapy, which provides an abstract in alphabetical order of the vast literature on the subject of the accurately sited treatment with procaine or lidocaine.
- C. The Techniques of Neural Therapy, which provides a detailed description of suggested techniques, again in alphabetical order for ease of reference.

Also provided are 141 illustrations and nine tables that are designed to help the reader commit to memory the information they contain.

The German version of this textbook has meanwhile reached its 14th edition and has helped to spread the practice of neural therapy to an ever-widening circle of physicians. May this first English edition make this widely applicable, successful, low-risk method, which impresses on account both of its economy and its freedom from side-effects, accessible to an even greater number of physicians and, through them, to their patients throughout the world.

*Peter Dosch, MD*

## Preface to the 2nd English Edition

In June of 2005, my father, Dr Peter Dosch, died at the age of 90. When he left us, we lost the last great neural therapist, master scholar of Ferdinand Huneke. Through his life and work, Peter Dosch made neural therapy accessible to teachers and students. It is my honorable task to continue his opus. The need for a second English edition of the *Manual of Neural Therapy*

*According to Huneke* proves the fact that neural therapy is now completely established internationally. Today, minds are open for a therapy that my father had to fight for, and neural therapy has found its place as a complement to classic orthodox medicine.

Mathias Dosch, MD

## Preface to the 14th German Edition

*The physician has but a single task:  
to cure; and if he succeeds,  
it matters not a whit  
by what means he has succeeded!*  
Hippocrates (fl. ca. 400 BC)

Technical development has brought not only blessings and progress to mankind. The spirits that humankind has invoked are now beginning to threaten its own existence. Centralization and increasing mechanization in medicine have led to overspecialization and to soulless robot medicine. This has reduced the doctor–patient relationship to something that concerns itself with purely somatic aspects. The demand for a more psychosomatically oriented approach to medicine concerned with the human organism as a whole has remained largely unheard and unanswered. Merely talking about such a longed-for goal does not mean that it has, in fact, been attained, the less so as long as the ultimate objective is merely to classify illness by accurate diagnosis whilst an effective therapy is lacking. No wonder, therefore, that the personalities of doctor and patient have retreated ever further into the background. That childlike trust in the doctor, which saw in him or her something of an omnipotent parent figure, has been replaced almost totally by a mere service relationship, albeit still on a “professional” basis. And illness, from being regarded as an affliction willed by God, has changed into being seen purely as a malfunction due to chemical and mechanical factors.

Today’s patient comes to us programmed differently from the way he or she was in the past. Health has become a consumer product. The patient and their health insurance pay, in exchange for which health is to be supplied in the form of repairs without any personal contribution on the patient’s part. To the patient, the physician has become a mere technician with whom he or she enters into a contract, by which the doctor is only required to locate the defect and eliminate it with the aid of physics and chemistry. After all, isn’t that what they are paid for?

The hospital has been industrialized. It no longer sees patients as individuals, but concentrates ever more on their illness as the basis for statistically significant diagnostic groups. It takes from them whatever it finds to be of use for its own purposes. Patients are depersonalized. They are made to submit to all the various procedures, generally without ever discovering

why and with what results. The findings, rather than their condition, are at the center of clinical interest. It is not the patient’s interests but those of the people of science that have to be satisfied. In this way, all too often, patients find themselves caught up in the wheels of an anonymous, pseudo-scientific machine and its attendant bureaucracy. At the same time, their treatment is almost exclusively based on symptoms, organ, and laboratory findings, but hardly ever deals with causes. However, the term “natural science” can in practice be justified only if such a science does not exclude the nature of the human being, since it is ultimately supposed to be serving humanity!

Whenever the citizen of today becomes aware of an unsatisfactory situation, he or she tends to call on the state to intervene. But, in this case, the state is equally helpless, for it is above all else the state itself that is interested in the scientist only in terms of his or her productivity. The general practitioner and family doctor, in the eyes of the state, are merely by-products of badly planned medical training, which, as it were, continues to produce these models despite the fact that there is no longer any market demand for them. That this formulation is not exaggerated is shown by the selection procedure for medical students. Admission is restricted to those who can prove by their examination results that they can learn facts, figures, and scientific principles. In this way, they are then able to provide the requisite guarantees that they will later be fully competent to recognize in a perfectly disciplined manner that which is scientifically and technologically feasible.

But this does not offer any guarantee that anyone with good university-entrance examination results will also bring with him or her the personality that is essential for being a physician, a capacity for easy human contacts, and empathy, to name but a couple. In addition, today there is little relation between medical training and medical practice. The “doctoring” aspects are relegated to second place and there is little attempt made to develop the ability of thinking and acting as a doctor. As a result, the patient often finds that he or she is in the hands of pure technicians who are more or less conversant with the diagnostic machinery under their control and who are more interested in a diagnosis capable of objective proof rather than in the person and fate of the patient him or herself.

All that I have stated here should not, however, be interpreted to suggest that there are not many good

doctors, in our sense of the word, amongst these scientists and clinicians. But these have become good doctors not as a result of their training but despite the principles that are regarded as solely valid in this kind of education. The cult of anything that can be supported by objective proof has obscured the fact that the living organism must be seen as a complete and indivisible entity and has precipitated medicine into a crisis. This has, in fact, been recognized, but no way out has yet been found because we are not prepared to abandon the schematic framework that we have come to regard as immutable.

It is not our intention in any way to deny that there has been progress in medicine or to suggest that technology in medicine is a creation of the devil. But we ought to make certain that progress does not in the end come to threaten our existence and that technology does not turn into technocracy. We want to help in trying to contain the excessively mechanistic ways of thinking and acting, in order to provide more room for a less harmful form of therapy that takes the regulating mechanisms and the body's own healing powers more into account. Exact logic, science, and the ivory-tower ideas of the specialist on the one hand; the art of healing, intuition, and thinking rather more in cybernetic terms on the other: these are the two opposing poles between which medical judgment seems to be moving today. But in the interests of the patient, whom we are called to serve, neither should exclude the other. Both are necessary, each the complement of the other, and should be used intelligently. The exact sciences have drawn frontiers in places where, for many sufferers from illness, it would have been better to build bridges. We regard it not as illegal, but rather as medically essential, to cross these frontiers wherever this may be necessary for the sake of our patients. Our duty is to help them, and to carry this out we need to expand the natural sciences, concerned as they are with mathematical logic, by another, more empirical form of science. For if we fail to do so, human medicine will become ever more inhuman and more sterile.

In this time of crisis, modern cybernetics forms a bridge between the sciences and has also begun to conquer medicine. Cybernetics, with the theory of interlinked and interacting control circuits, is able to make for a better understanding of Huneke's therapy and to help this method to its final breakthrough. For it has now become obvious that the Huneke brothers have discovered cybernetic laws of tremendous importance for the future of medicine. Neural therapists are already using these discoveries today!

The attentive reader of this book will recognize that neural therapy, acting as it does upon the cybernetic energy cycle, forms an intelligent alternative to impersonal, formalized medicine as it exists in our day. We

do not want to replace this medicine, but we can complement it and make it more effective.

Meanwhile, neural therapy according to Huneke has set out on its worldwide conquest of medicine. It began in the surgery of two general practitioners. Now, general practitioners and specialists from every medical discipline are using it to an ever-increasing extent in their day-to-day treatment of patients. Nevertheless, outside Germany, the Huneke phenomenon is still little known as a positive therapeutic objective, and even in Germany the odor of magic and quackery still tends to be attached to it in the minds of the ignorant. It is surely remarkable that medicine, which is usually generous enough in naming names, has been so reluctant to attach the name of their discoverers and defenders to these teachings and often enough turns its back upon them, despite the fact that what they discovered is surely one of the greatest and most beneficial achievements in medicine of the last 50 years. Nevertheless, segmental therapy is now widely accepted as an integral part of orthodox medicine and forms an important part of neural therapy as such.

Yet the lightning reaction according to Huneke is still regarded as controversial. This is not altogether surprising if one bears in mind that the thought processes that it demands are enough to shake the foundations of medicine as built up over the centuries. Yet the lightning reaction is a fact and can be produced by anyone. It has taught us to heal in the true sense of the word, where we had previously been at the end of all our supposed wisdom that we have carried about with us since our days at medical school. This is why the discoveries based on this reality can no longer be talked out of existence. And if they no longer fit into the old scheme of things, then it must be high time to alter the scheme of things!

Time has been working in favor of neural therapy according to Huneke. The Viennese professors and their helpers have provided proof that the observations made by the two Hunekes were not a form of self-deception practiced by a pair of monomaniacs. They discovered by empirical methods the effects produced by procaine. These can now be proved by scientific methods. The reality of the lightning reaction has been scientifically proved and ought no longer to remain the controversial privilege of a handful of fanatics and outsiders. These developments show that the Huneke method has now become a matter of interest to some who would not previously regard it as fit for discussion or who adopted a wait-and-see attitude toward it. From outright rejection, we have reached a point where genuine interest is being shown. We, who were among the early partisans of the Huneke brothers, are happy to know that many are now beginning to recognize that what we pursued was not a will-o'-the-wisp, but that what we have done is to prevent such a logical and

successful method from being forgotten and dying with its discoverers. We shall therefore persevere in our efforts to dismantle any prejudice and misconceptions that may still continue to exist.

But the term “neural therapy” is not intended to suggest that we claim exclusive rights to the nervous system. No surgical, physical, psychotherapeutic, or other form of treatment can afford to leave the nervous system out of account. This term is thus intended simply to bear witness to the fact that by contrast with humoral, organic, or cellular therapy we have adopted a different point of view and are trying to see all the vital processes, including those of illness and cure, as being primarily conditioned by the nervous system. Not in isolation, but in a cybernetic and holistic sense. The term “neural therapy” has become familiar enough over the last 50 years. Nowadays, we should in a way prefer to see it replaced by the more accurate description “regulating therapy.” But more important than the name is the fact that the successful results obtained prove us right to such an extent that we are bound to acknowledge that the road pointed out by the Huneke brothers is right.

Neural therapy is a modern, safe method with a good chance of producing an improvement or cure. If we apply the principle of using the least force commensurate with achieving the best result, it must be the method of our choice in the day-to-day work of general medical practice. But we also know the limitations of our therapy. We know that it is not a method that can be used to cure everything, nor can we ever deny any other successful method its right to exist. Particularly in medicine, the only criterion for judging any method should be whether it is successful: whatever and whoever is able to cure the sick is right!

Orthodox medicine is divided into a number of traditional specialties related to specific organs: eyes, ear-nose-throat, gynecology, orthopedics, etc. Internal medicine itself has a large number of organ-specific subdivisions: heart, lungs, stomach, kidneys, blood, etc. But the patient who walks into the general practitioner's surgery is a whole patient, consisting of an organic entity comprising body and soul, who complains of ills that can but rarely be coerced into the straitjacket of a scheme of things concerned only with separate organs. For this reason, general practitioners have not been able to let their view of this whole being become obscured, and this is why they are delighted to use neural therapy because it is a genuinely holistic therapy. It has given back to them their responsibility for almost every one of the specialist areas in medicine, it has released them from the “crisis in medicine” and from all that is therapeutic nihilism. It enables them to make use of the neurovegetative system for cures right across the whole spectrum of medicine and frees them from the depressing task of merely acting as signposts to the

nearest specialist or clinic dealing with this or that specific organ.

Despite every form of resistance to it, its successes have enabled this method discovered by the Huneke brothers to remain alive after more than 50 years. Why it did not prevail more quickly is easy to explain. Procaine has been with us since as long ago as 1905 and a large amount of literature has been published about it during this period. For the research scientist there seems to be no more grass left in this particular meadow. There are many problems of more current interest that promise them greater personal renown. The pharmaceutical industry does not exist to serve the doctors but only to pursue its own lucrative aims. The doctor merely acts as intermediary for its products on their way to the end user, and he or she is thus its guarantee of profitability. It is therefore continually developing new specialties that can be sold profitably to patients by means of brisk publicity amongst members of the medical profession. It is therefore not interested in propaganda for so cheap a preparation with so broad a spectrum of indications. Procaine and lidocaine are available everywhere, even in the primeval forests of South America. If they were to be used not only for local anesthetics but also for a wide range of therapeutic purposes, this would have a substantial impact on the sale of profitable pharmaceutical preparations. It is therefore easy to conclude from this why and by whom the fight against a wider use of the Huneke therapy is being conducted with so much determination, and it is all the more to its credit that it has succeeded to so great an extent in becoming accepted, despite its total lack of financial backing.

The clinician is fully and profitably occupied in testing the latest preparations produced by the pharmaceutical industry. He or she feels obliged at all times to adapt his or her treatment to the “latest state of scientific knowledge.” Those who occupy university chairs and those who work in the editorial departments of the specialist press are subject to the same pressures. General practitioners, however, can seek their therapy in reasonable independence from the flood of publicity and the currents of fashion. They ought also to have the courage and the liberty to free themselves from dogmas and seek new ways responsibly, sensibly, and with love for their fellow human beings, and gather fresh experience when the well-trodden paths fail to lead them to their goal. Many roads lead to Rome. Similarly, there are many ways of helping nature to help itself. More than this lies beyond the power of any doctor. This is how, for many of them, procaine therapy has become a fixed component of their diagnostic and therapeutic armory. The general practitioners do not talk a great deal about it, nor do the research scientists or the clinicians want to say more about it than they can help.

It has become a habit simply to talk about “neural therapy” when procaine or some other local anesthetic is used in treatment. The collective term “neural therapy” has been taken up uncritically by so many branches of medicine and the pharmaceutical industry that we attach great importance to the additional definition “according to Huneke,” whenever we mean the selective, carefully pinpointed, specific treatment with local anesthetics. This is why K. R. von Roques originally coined the term “neural therapy according to Huneke.” Even if far from perfect, it is now well established and there is no reason to consider changing it. We occasionally hear the objection that similar individual observations of the healing effects of local anesthetics were in fact made by others (Schleich, Spiess, Leriche) before the Huneke brothers. But the recognition of the biological laws involved and the far-reaching therapeutic importance of the action of procaine were and remain the intellectual property of the two brothers. They built their years of experience into a complete method and fought against considerable resistance for its recognition.

Following the Huneke brothers, a number of doctors have gained recognition for their work in providing a theoretical basis and a scientific foundation for the principles underlying this new form of therapy. But this does not entitle them to claim the right to propagate the method of the Huneke brothers practically unchanged under different names of their own invention, such as “therapeutic local anesthesia,” “neurotopic therapy and diagnosis,” “selective neuro-regulating sympathetic-system therapy,” “regional pain therapy,” and other such neologisms!

There cannot be many doctors who have not heard something of the successful cures achieved by neural therapy, some of which border on the miraculous, and who have not also tried it out for themselves, though generally without the expected success. Not everyone who injects procaine, Scandicaine, Xylocaine, Xyloneural, or any one of the mass of combined preparations covered by the comprehensive designation of neural-therapeutic products is, by virtue of that fact, practicing neural therapy! Neural-therapeutic preparations are, in reality, extremely demanding and can develop their remarkable effectiveness only if they are given in the right place for the specific patient who is being treated. The localization of the injection is crucial for success or failure. No two human beings are identical and there are therefore no two identical disorders. This is why the decisive point for the injection in 10 patients with the same diagnosis can be in 10 different places. Simple as it may seem at first sight, it is not as simple as saying: “From now on, simply take some procaine and cure practically anything, since in any case in some way or other everything goes via the nervous system!”

This book has been written in order to give the busy doctor of today the possibility of using this new experience and knowledge without first of all having to wade through and digest some 10 000 publications on this subject. It is intended to be no more than a guide to the theory and practice of neural therapy. It has been designed as a work of reference and is in three parts, to enable interested practitioners to orient themselves with a minimum of effort and to discover new suggestions whenever they use it in their day-to-day practice. For the sake of clarity, I have refrained from quoting too many case histories, from giving every name and from providing a complete bibliography. The three parts of the book are:

1. Theory and Practice of Neural Therapy According to Huneke.
2. Encyclopedia of Neural Therapy. The alphabetical list of indications is an extract from the enormous amount of literature on carefully localized therapy with products containing procaine or lidocaine, based mainly on segmental therapy. Practical suggestions take precedence over theoretical considerations. On the other hand, principles regarded as important are intentionally repeated, some of them more than once. This section dealing with indications makes no claim to completeness. But from what is stated in this part of the book, it will generally be possible to decide on the procedure to adopt for other disorders presenting in similar locations to those quoted. It is essential to emphasize again and again that segmental therapy has its limitations and that the lightning reaction forms the coveted summit of the diagnostic and therapeutic potential available to us. This is simply because it is the only possible way to cure a large number of hitherto therapy-resistant disorders caused by interference fields, because it is the only method that can cure them at their origin.
3. The Techniques of Neural Therapy. The suggested techniques have been grouped alphabetically and are in a section by themselves. This is done for practical reasons, in order to make it possible to locate the required information quickly. Techniques are described in considerable detail, and the sketches and illustrations are intended to make it easier to commit to memory the information provided.

My son, Mathias Dosch, has produced an illustrated *Atlas of Neural Therapy: with Local Anesthetics*, also published by Thieme. This atlas is designed as a complement to this manual.

There would have been no neural therapy according to Huneke if fate had not placed these new discoveries in the hands of two brothers with very different personalities that perfectly complemented each other. Ferdinand, the dynamic fighter, who went imperturbably

on his way despite all the forces arrayed against him, and who, time after time, drummed the new teaching with penetrating eloquence into the heads and hearts of his readers and his listeners. He was supported by Walter, the prudently deliberate, more profound; a complete scientist who remained more in the background and who provided the theoretical foundations for their observations, thus helping his brother to forge the weapons for their battles against a world full of opponents. Neither could have existed and prevailed without the other.

Ferdinand Huneke died of a pulmonary infarct on 2 June 1966, at the age of 74. His death bereft us of one of the very great physicians of our time. His life was a hard struggle, and almost the only recognition that he was to receive was the love, affection, and admiration of his disciples, whose faithfulness to him was to outlast his life. Ferdinand Huneke was a fascinating personality. As a passionate doctor he was so imbued with the tightness of his ideas that any resistance would rouse him to truly Teutonic fury. Much to the distress of those who supported him, he would often reply too directly, with too little tact, too noisily and heatedly to the numerous personal and often malicious attacks made on him. Thus, he made more enemies than was good for his cause. Many of his opponents made the mistake of identifying the inconvenient personage with his cause. But there were also a number of notable clinicians who learned to induce Huneke's lightning reaction, amongst them Ferdinand Hoff, who recognized his discovery for what it was without necessarily also adopting Huneke's philosophical views and conclusions as his own.

For patient and doctor the cure is the decisive element, whilst its interpretation must be left to the people of science. If science takes offense at the person of Huneke and at the packaging of his ideas, it ought not on that account refuse to accept the contents of the package. For we owe a genuine step forward to Huneke's gift of observation: "The ability simply of looking and thinking about what one has seen is what has characterized Hippocrates and other great physicians. In great fundamental questions it takes us further than many brilliant inventions in the form of refined technical aids or a vast lumber of knowledge" (Bier). As practicing doctors, we rarely have the skill to formulate our ideas as clearly and with the same precision as that

possessed by many a fluent clinician practiced in discussion and debate. But a certain roughness of expression ought not to be any reason for avoiding all discussion with us. After all, we all serve the same aims, and with our observations of the reactions of the living organism to our injections, we complement animal experiments and research in the dead regions of science.

Walter Huneke died on 4 March 1974 at the age of 76. The recognition that the two brothers deserved was denied them both. The story of their neural therapy is a sorry chapter in the history of medicine. They stand with others like Semmelweiss, Spiess, and Schleich, all pioneers whose recognition was long delayed. Today everyone knows that they were right and that the "experts" who set themselves up in judgment over them and condemned them were wrong. We shall therefore continue the fight to put an end to the injustice done to the Huneke brothers and obtain for them, if only posthumously, the recognition they deserve. This book will help to ensure that their discoveries will remain alive.

I therefore dedicate this textbook to my venerated friends and teachers Ferdinand and Walter Huneke. It is due to them that the whole of my medical ideas and actions have acquired a new meaning. Without the art of healing that they taught me, and which I pass on to others out of my gratitude to them, I should no longer wish to be a doctor.

Von Hering prophesied in 1925: "The intelligent use of the autonomic system will one day become the most important part of the art of healing." The Huneke brothers have shown us an excellent way of using it wisely. In the interest of our patients, this is the way we have to choose. Any neural therapist proficient in his or her art will be superior to the best clinic equipped with the costliest and most complex diagnostic apparatus, particularly in the roughly 30% of all disorders which, in our experience, are caused by an interference field! Since localization and the correct technique are the essential prerequisites for success, may this book of mine offer counsel and suggestions to the ever-widening circle of doctors who are turning to neural therapy according to Huneke, that they may so perfect themselves that, from being "also procaine injectionists" they may become successful neural therapists in the sense of the Huneke brothers.

*Peter Dosch, MD*