



Mudpack & Laser Therapy



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There is no doubt that we are electrical beings. Every activity in our body depends on electrical circuits including muscle movement, heart beats, the transmission of hormones, release of brain chemicals and our five senses. Some of these are commonly tested such as heart rate (EKG) and brain waves (EEG).

Electrical circuitry also runs throughout all skin tissue. This is known and measurable. What we also know is that *scar tissue* interferes with nerve transmission, so anyplace you have a scar, the electrical flow through that area *will* be disrupted. Since the body begins from the time before birth, as an embryo from three distinct layers, various part of the body can have cell connection with either nearby or distant body parts. For example, we know that certain points on the leg are connected to liver function.

If we find that scar tissue is having a significant negative impact on your body functioning we want to remove that interference by reconnecting the circuit that runs through the scar. In our office, we do that in one of two ways, either through laser therapy or mud packing.

The laser we use is a focused beam of light that fires at 686 nanometers. This is the wavelength proven to have a positive enlivening effect on the power plant of the cell, the mitochondria. By using the laser on the scar we can often reconnect circuits that were disrupted by the scar tissue affecting the skin and the corresponding body relationships.

The other way we can reconnect the scarred area is with mudpacks. Mudpacks consist of specific mud and liquid found in various areas of the world. They have been picked for their therapeutic value. Mudpacks are thought to be helpful in two ways. First, scar tissue is overly positive (this is not a good thing; tissue should be balanced and not either overly positive or negative). The mud applied is electronegative, just like the earth is and the combination creates a reconnected circuit. The mud also has the capability to rid the area of toxins. Because of this attribute, the mud can be used on other areas of toxicity in the body.

The following is a small sampling of many studies I have found showing the effectiveness of mud therapy.

|PubMed

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Display Settings: AbstractMinerva Med. 2000 Oct;91(10):239-45.

[Beta-endorphin and stress hormones in patients affected by osteoarthritis undergoing thermal mud therapy].

[Article in Italian]

Pizzoferrato A. Garzia I. Cenni E. Pratelli L. Tarabusi C.

Laboratorio di Patologia Clinica Istituti Ortopedici Rizzoli, Bologna.

Abstract

BACKGROUND: Thermal mud is a therapeutic agent widely used in the treatment of painful arthritic processes. The mechanism by which mud therapy works is still not well known. Its effect continues for months after completion of treatment. In order to verify whether thermal mud treatment brings about changes in the production of hormone peptides from proopiomelanocortin, the levels of plasma beta-endorphin and some hormones of the pituitary-adrenal glands (ACTH and Cortisol) were determined in patients affected by osteoarthritis undergoing thermal mud therapy.

METHODS: The levels of plasma beta-endorphin and some hormones of the pituitary-adrenal glands (ACTH and Cortisol) were assessed by radiometric methods in seventeen males affected by osteoarthritis. The patients underwent a cycle of twelve sessions of thermal mud therapy. The tests were carried out immediately before thermal treatment, immediately after the first session, twelve days after the start of treatment, and again one month after completion of the treatment.

RESULTS: beta-endorphin levels decreased significantly twelve days after the start of treatment. The level was still lower, although not significantly, even thirty days after completion of the treatment. Plasma ACTH also decreased during treatment. The decrease of this hormone was progressive and persisted after completion of treatment. Significant variations compared to baseline were found only thirty days after completion of treatment. Plasma Cortisol decreased significantly after only one session of mud therapy. This hormone did not decrease any further during treatment, however, after twelve days it was still significantly lower than baseline. After completion of treatment, Cortisol slightly increased, but thirty days later it was still lower, although not significantly, than baseline.

CONCLUSIONS: It may be suggested that thermal treatment, by reducing inflammation, reduced pain and therefore diminished the cause of stress.

PubMed 3

Display Settings: Abstract

Int J Clin Pharmacol Res. 2000;20(3-4):69-80.

Mud bath therapy influences nitric oxide, myeloperoxidase and glutathione peroxidase serum levels in arthritic patients.

Bellometti S. Poletto M. Greaotti C. Richelmi P. Berte F.

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Abstract

Nitric oxide (NO) has recently been proposed as an important mediator in inflammatory phases and in loss of cartilage. In inflammatory arthritis NO levels are correlated with disease activity and articular cartilage is able to produce large amounts of NO with the appropriate inducing factors such as cytokines and/or endotoxin. Neutrophils also play an important role in inflammatory reactions and the level of myeloperoxidase, a constituent of neutrophil granules, is related to the intensity of the inflammation. Because there is evidence that suggests that mud packs influence the main cytokines involved in cartilage damage, we tried to determine whether NO and myeloperoxidase are involved in the mechanisms of action of mud bath treatment. We enrolled 37 subjects and randomly assigned them to two groups: 19 patients underwent mud bath treatment (group A) while 18 patients underwent bath treatment alone. Blood samples were obtained before and after the treatment cycles to assay serum levels of NO, myeloperoxidase (MPO) and glutathione (GSH)-peroxidase. "The results showed a statistically significant decrease in NO and myeloperoxidase serum values in groups A and B, while GSH-peroxidase was not significantly increase in either of the groups; no correlation was found between NO, myeloperoxidase and GSH-peroxidase serum values. Mud bath treatment can exert beneficial effects on cartilage homeostasis and inflammatory reactions, influencing NO and decreasing myeloperoxidase serum values. The increase in GSH-peroxidase was not correlated with the reduction of other biochemical markers, suggesting that mud bath treatment has different mechanisms of action.

PMID: 11314241 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

PubMed 3

Display Settings: Abstract

Lik Sprava. 2000 Sep;(6):86-9.

[Peloid application to the area of the adrenal glands projection in the rehabilitation therapy of patient with viral hepatitis A and B].

[Article in Russian] Belichenko
TA. Panenko AV.

Abstract

Submitted in the paper are data secured in investigations designed to study efficacies of peloid applications to the area of projection of the adrenal glands in patients with the history of viral hepatitis A and B presenting with a high risk of chronization of the illness. The analysis of the therapy effect was performed on the basis of examination of 45 VH reconvalescents with making use of clinical, biochemical and immunological investigational techniques. The findings obtained suggest restoration during the above therapy of the functional state of the liver as well as immunomodulating effect of the method, moderation of autoimmunoaggression, and expediency of its employment in the rehabilitative period of VH in those patients presenting with signs of disfunction of the immunity system, history of allergoses and presence of concomitant pathology.

PMID: 11455930 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances**LinkOut - more resources**

PubMed 3 _____

Display Settings: Abstract

Clin Chim Acta. 2001 Dec;314(1-2):209-14.

Effects of mud-pack treatment on plasma cytokine and soluble adhesion molecule levels in healthy volunteers.

Basili S. Martini F. Ferroni P. Grassi M. Sili Scavalli A. Streva P. Cusumano G. Musca A Battista Rini G.

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Abstract

BACKGROUND: The suggested hypothesis of a direct anti-inflammatory property of mud-pack treatment has led us to speculate that its action on the cytokine network might counteract the heat-stress-related effects on platelet and endothelial cell function often reported following hot-spring baths. Therefore, the present study was designed to investigate the effects of a cycle of 12 daily mud-pack treatments on bio-humoral markers of inflammation, as well as on markers of in vivo platelet and/or endothelial cell activation, in plasma samples obtained from healthy volunteers.

METHODS: Blood samples were obtained before (T(0)), at the end of the first treatment (T(1)) and after a cycle of 12 daily mud-pack treatments (T(2)). Plasma cytokines (TNF-alpha IL-1beta, and IL-6) and adhesion molecules (sP-selectin, sE-selectin and sVCAM) levels, as well as hematocrit and complete and differential blood cell counts were determined at every time point.

RESULTS: Plasma sP-selectin levels were not modified during treatment, as were not sE-selectin or sVCAM. Similarly, IL-1beta and TNF-alpha levels were unchanged through a 12 daily mud-pack treatment Conversely, plasma IL-6 levels were significantly lowered at the end of a 20-min 47 degrees C mud-pack treatment (p<0.01).

CONCLUSIONS: The lack of effects on in vivo platelet and/or endothelial cell activation suggests that hot mud-pack treatment might be used as a relatively safe procedure in patients with atherothrombotic disorders.

PMID: 11718697 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

PubMed 3

Display Settings: Abstract Int JTissue React. 2002;24(2):57-64.

Both serum receptors of tumor necrosis factor are influenced by mud pack treatment in osteoarthrotic patients.

Bellometti S. Galziana L Richelmi P. Greautti C. Berte F.

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Abstract

Several authors have demonstrated the pivotal role of proinflammatory cytokines in inducing progressive cartilage degradation and secondary inflammation of the synovial membrane in osteoarthritis (OA). It has recently been established that tumor necrosis factor (TNF)-alpha plays a well-defined role in the pathophysiology of inflammatory joint diseases and that binding to circulating soluble TNF-alpha receptors can inactivate it. We investigated the influence of mud pack treatment, which is able to diminish TNF-alpha serum values, on specific TNF receptor (sTNF-R) levels. Thirty-six patients with OA were enrolled and randomized into two groups. Group A underwent mud pack treatment and group B underwent thermal bath treatment. A group of 20 healthy untreated subjects was used as a control. Blood samples were collected at baseline and after treatment, and assays of sTNF-R55 and STNF-R75 were performed in both groups. We found small changes in sTNF-Rs serum values but these were not statistically significant. sTNF-R55 serum values decreased by 0.4% after the therapy in group A, while in group B the decrease was -17.7%. sTNF-R75 was reduced by -21.17% in group A and by -10.6% in group B. In conclusion, through its thermic and ant/inflammatory activity mud pack treatment shows complex interaction with the most common factors of inflammatory and cartilage degradation. Our results suggest that the thermic component of this natural treatment is mainly involved in modulating inflammatory reaction and cartilage damage through binding of the circulating TNF, which controls the activation of the cells responsible for the production of proinflammatory cytokines.

PMID: 12182234 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

|PubMed 3

Display Settings: Abstract

Vopr Kurortol Fizioter Lech Fiz Kult. 1998 Mar-Apr;(2): 15-6.

[The pelotherapy of patients with periodontitis].

[Article in Russian]

Gerasimenko Mlu. Nikitin AA. Gordienko VG. Volkov EB.

Abstract

90 patients with periodontitis have received peloid therapy. Mineral mud from Lake Goreloye deposits was applied by means of a specially developed device providing good contact of the mud with the gingiva and teeth. A good clinical response was achieved.

PMID:9643137[PubMed-indexedfor MEDLINE]

Publication Types, MeSH Terms, Substances

PubMed 3

Display Settings:

Abstract Morfologiia.

2002;122(4):56-7.

[Morphological and functional changes in lymphoid organs after mud treatment].

[Article in Russian]

Savel'eva L.V.

Siberian State Medical University, Tomsk.

Abstract

Course application of curative mud results in changes structure and cellular composition of all the lymphoid organs studied: thymus, mesenterial and popliteal lymph nodes. These changes are mainly unidirectional and are characterized by increased reactions of humoral immunity.

PMID: 12596554 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

(PubMed 211

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Abstract

HM A**** LuUff,

J Altern Complement Med. 2008 Jun;14(5):559-65.

Does mud pack treatment have any chemical effect? A randomized controlled clinical study.

Odabasi E, Turan M, Erdem H, Tekbas F.

Department of Medical Ecology and Hydroclimatology, Gulhane School of Medicine, Ankara, Turkey.
ersinodabasi@hotmail.com

Abstract

OBJECTIVE: The aim of this study was to reveal the efficacy of mud pack treatment in patients with knee osteoarthritis and to find the contribution of chemical factors to the build up of these effects.

METHODS: Sixty patients were randomly assigned to directly applied mud pack (study) group or to nylon-covered mud pack (control) group. Thirty patients in the study group had mud application 15 times to both knees: heated mud, up to 43 degrees C, was applied to skin directly for 30 minutes. Thirty patients in the control group had the same treatment as the study group except heated mud was applied over an impermeable nylon pack. Primary outcome measures of the study were the Western Ontario and McMaster Universities (WOMAC) index, pain intensity on a visual analog scale (VAS), patient's assessment of disease severity index, physician's assessment of disease severity index, and analgesic consumption. The patients were evaluated before and after (end of 15th application) the intervention and followed up for 24 weeks at 4-week intervals. The results were assessed on an intent-to-treat basis.

RESULTS: As compared to the baseline, significant decreases were observed in WOMAC, pain intensity, disease severity index scores, and analgesic consumption in both groups after the intervention. Observed improvements in the study group were found to be superior to the control during the whole postintervention follow-up, except for analgesic consumption in the third week. A significant number of patients in the study group showed minimal clinically important improvement as compared to the control group.

CONCLUSION: Mud pack treatment significantly improved the pain and functional status of patients with knee osteoarthritis, whether applied directly or coated with nylon. Direct application was found to be superior, which implies chemical properties of the mud contribute to the build up of therapeutic effect.

iPubMed 31

Display Settings: Abstract

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Rheumatol Int. 2007 Oct;27(12):1157-61. Epub 2007 May 23.

Effects of mud-bath treatment on fibromyalgia patients: a randomized clinical trial.

Fioravanti A. Perpianano G. Tirri G. Cardinale G. Gianniti C. Lanza CE. Loi A. Tirri E. Sfriso P. Cozzi F.

Department of Clinical Medicine and Immunological Sciences, University of Siena, Siena, Italy.

Abstract

The efficacy of balneotherapy in fibromyalgia syndrome (FS) has been well demonstrated, while controlled studies using mud packs are lacking. We performed a randomized clinical trial to evaluate the effects and the tolerability of mud-bath treatment in FS patients, who are poor responders to pharmacological therapy. Eighty patients with primary FS, according to ACR criteria, were randomly allocated to two groups: 40 were submitted to a cycle of 12 mud packs and thermal baths, and 40 were considered as controls. At baseline, after thermal treatment and after 16 weeks, patients were evaluated by FIQ, tender points count, VAS for "minor" symptoms, AIMS1 and HAQ. Control patients were assessed at the same time periods. A significant improvement of all evaluation parameters after mud-bath therapy and after 16 weeks was observed. Mud packs were well tolerated and no drop-outs were recorded. Our results suggest the efficacy and the tolerability of mud-bath treatment in primary FS.

PMID: 17520260 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources

|PubMed 3

Display Settings: Abstract**Hajni^**

CNnTeL 2008 Sep-Oct;159(5):377-80.

[New evidences on spa therapy in fibromyalgia].

[Article in Italian]

Giannitti C, Bellisai B, Iacoponi F, Petraqlia A, Fioravanti A.

UOC di Reumatologia, Dipartimento di Medicina Clinica e Scienze Immunologiche, Universita di Siena, Siena, Italia.

Abstract

Spa therapy is one of the most commonly used non-pharmacological approaches for many rheumatic diseases. In Fibromyalgia Syndrome (FS) it may be useful for the chronic widespread musculoskeletal pain. Because of the unknown aetiology and the not clear understood pathogenesis, there is no standard therapy regimen for FS. Also the mechanisms of action of spa therapy are not completely known, but most probably the benefits could be derived from mechanical, physical and chemical factors. Muscle tone and pain intensity can be positively influenced by mud packs and thermal baths. The review of international data from 2000 to 2007 confirms that spa therapy should be a valid tool in the multidisciplinary approach of the Primary FS.

PMID: 18998040 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms**LinkOut - more resources**

|PubMed 3

Display Settings: Abstract J

Investia Med. 1998 Apr;46(4):140-5.

Serum levels of a prostaglandin and a leukotriene after thermal mud pack therapy.

Bellometti S. Galzigna L

Centro Studi Termali P. d'Abano, Italy.

Abstract

BACKGROUND: Mud pack therapy (MPT) influences the serum levels of several cytokines involved in chondrocyte metabolism and in the pathogenesis of osteoarthritis. In fact, we have observed decreases of IL-1 and TNF-alpha, involved in cartilage inflammation and destruction, and increases of IGF-1 that have a protective influence on the cartilage. It is known that in osteoarthritis MPT is also able to decrease pain, largely attributable to the inflammatory response.

METHODS: We enrolled 31 subjects undergoing MPT and collected blood samples before and after the therapy to assay serum levels of prostaglandin (PGE2) and leukotriene (LTB4) compounds with potent inflammatory and analgesic properties.

RESULTS: The study shows a decrease in PGE2 and LTB4 serum levels in all the samples after MPT with no correlation between the PGE2 and LTB4 decreases.

CONCLUSIONS: Mud pack therapy exerts a protective effect on the cartilage and is able to induce pain relief by reducing the inflammatory reaction.

PMID: 9635373 [PubMed - indexed for MEDLINE]

MeSH Terms, Substances

LinkOut - more resources

[PubMed](#) 3**Display Settings:** Abstract[Int J Clin Pharmacol Res.](#) 1999;19(1):27-33.

Function of the hypothalamic adrenal axis in patients with fibromyalgia syndrome undergoing mud-pack treatment.

[Bellometti S.](#) [Galziana L.](#)

Thermal Research Center P. d'Abano, Padua, Italy.

Abstract

Fibromyalgia (FM) is a nonarticular rheumatological syndrome associated with diverse clinical and psychological features. One of the major complaints in FM is reduced pain tolerance, especially in tender points (TP) for which patients derive significant benefit from nonsteroidal antiinflammatory drugs or corticosteroids. Patients with FM also have altered reactivity of the hypothalamic pituitary adrenal (HPA) axis where the predominant feature is reduced containment of the stress response system through diminished adrenocortical output and feedback resistance. Our results show that mud packs together with antidepressant treatment are able to influence the HPA axis, stimulating increased levels of adrenocorticotrophic hormone, Cortisol and beta-endorphin serum levels. The discharge of corticoids in the blood and the increase in beta-endorphin serum levels are followed by a reduction in pain symptoms, which is closely related to an improvement in disability, depression and quality of life. It seems that the synergic association between a pharmacological treatment (trazodone) and mud packs acts by helping the physiological responses to achieve homeostasis and to rebalance the stress response system. To clarify and optimize the effectiveness of this synergic association, studies involving a larger number of FM patients and a different pharmacological treatment are needed.

PMID: 10450540 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

PubMed 3

Display Settings: Abstract

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Joint Bone Spine. 2007 Oct;74(5):436-9. Epub 2007 May 30.

Mud-bath treatment in spondylitis associated with inflammatory bowel disease-a pilot randomised clinical trial.

Cozzi F. Podswiadek M. Cardinale G. Oliviero F. Dani L. Sfriso P. Punzi L

Division of Rheumatology, Department of Clinical and Experimental Medicine, University of Padova, Via Giustiniani 2, 35128 Padova, Italy, franco.cozzi@unipd.it

Abstract

OBJECTIVES: *The* objective of this study was to evaluate the effects and the tolerability of mud packs and thermal baths in a group of patients affected with this disease.

METHODS: Twenty-four patients with spondylitis and Crohn's disease or ulcerative colitis, treated with 5-ASA or sulfasalazine, were randomised and assessed by an investigator independent from the spa staff: 12 were submitted to a cycle of mud-bath treatment (12 mud packs and 12 thermal baths over a period of two weeks) and 12 were enrolled as controls. Patients were evaluated by BASDAI, BASFI, BAS-G and VAS for back pain before, at the end of a cycle of mud-bath treatment, and after 12 and 24 weeks. C reactive protein serum levels detected by high sensitivity nephelometric method and gut symptoms evaluated by CDAI or Powell-Tuck index were assessed at the same time periods.

RESULTS: A significant reduction of clinical evaluation indices of spondylitis was observed at the end of the cycle of mud-bath treatment. BASDAI50 improvement remained significant until the end of the follow-up (24 weeks). C reactive protein serum levels didn't show significant changes. No patient referred any gut symptom exacerbation. No significant changes in clinical evaluation indices, in IBD activity indices and in CRP serum levels were observed in the control group.

CONCLUSION: Mud-bath treatment in patients with spondylitis associated with inflammatory bowel disease is well tolerated and may improve spinal symptoms and function for several months.

PMID: 17590368 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

LinkOut - more resources

jPubMed 3

Display Settings: AbstractVopr Kurortol Fizioter Lech Fiz Kult. 1994 Jan-Feb;(1):2-6.**[Pelotherapy in ischemic heart disease].**

[Article in Russian]

Dawdova OB. Nikolaeva LF. Naaiev luK.**Abstract**

Immediate and long-term responses to pelotherapy were evaluated in 80 patients with ischemic heart disease (IHD) combined with osteochondrosis. The effect was registered in 75-82% of the IHD patents with painless disease or angina pectoris functional class II and III. The clinical improvement was confirmed by 24-hour ECG monitoring findings and bicycle ergometry results. The effect persisted for 12 months in the majority of patients with IHD functional class II and with painless IHD, but only in 15% of those with IHD functional class III. Contraindications to **peloids** are specified.

PMID: 8171844 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms**LinkOut - more resources**

|PubMed 3

Display Settings: AbstractVopr Kurortol Fizioter Lech Fiz Kult. 2012 Jan-Feb;(1):9-13.

[Mathematical prognostication of the efficacy of peloidotherapy in the patients with chronic bronchitis and obstructive pulmonary disease].

[Article in Russian]

Zaripova TN. Antipova II. Smirnova IN. Khon VB.

Abstract

This study included prognostication of the results of daily application of **peloids** for the treatment of the patients presenting with chronic bronchitis and obstructive pulmonary disease using a mathematical model. It was shown that the individualized selection of the patients for the daily application of peloid preparations taking into consideration the results of mathematical prognostication makes it possible to significantly improve the total efficacy of the treatment (up to 97.7%), accelerate the achievement of positive outcome of peloidotherapy, reduce by a factor of 4 the frequency of moderately severe balneoreactions, and increase the duration of the remission period by 3.5-4 months.

PMID: 22693736 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

LinkOut - more resources