

Stiper Puntura at Osteoarthritis Knee

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Dedicated to the alternative medicine since 1980, specialized in acupuncture with professor Nguyen Van Nghi. This professional activity took me to the investigation with the collaboration of my wife Milagros Uria to the development of the traditional method to stimulate permanently in acupuncture points “ Stiper Puntura”, improving it in the last 6 years.

Stiper-puntura is a therapeutic method based on acupuncture's qualities by means of silicon crystallized applications (Quartz) that makes possible to stimulate permanently without side effects.

The stiper at the skin contact has the property to absorb body's energy and also from the environment. It works like a sponge which absorbs the water spare until its total saturation and then begin to release it gradually, restoring the energy continuously. Unlike traditional needles , the stiper acts intelligently regulating the energy , toning up or dispersing when its necessary.

The stiper puntura constitutes a therapeutic possibility that surpasses the disadvantages of the intracutaneous needles at permanent stimulation. With the stiper we can obtain a permanently regulation WITHOUT pain, and also a reduction of the time treatment. One of the worries concerned to the therapies are about the frequency time and also to the therapies that the patient requires , because of their limited free time or limited economy.

The Stiper can be applied as an unique therapy or as a support of the traditional acupuncture or others. The stiper can be used in : reflective areas, painful points (As-Shi) chakras , traditional acupuncture , and more..we obtained specific actions in each point.

The stiper universalizes the access of its therapy with contrasted results and also allows to benefit us with the quartz properties used from ancient times applications.

Comparative therapeutic effects of acupuncture treatments with stiper puntura in 87 cases of osteoarthritis knee.

Clinical data

87 cases of osteoarthritis knee were X-ray diagnosed.

Population from 35 to 76 years , being the average about 60 years, which 24 were men and 63 women, with a pathological evolution between 3 months to 1 year.

3 groups were formed by :

1 group	27 women	8 men
2 group	26 women	9 men
3 group	28 women	7 men

A weekly session of acupuncture were done to the first group.

A weekly session of acupuncture plus stiper puntura fixed on acupuncture points were done to the second group.

And finally stiper puntura combined with electric moxa dialy at patient home on the stiper fixed.

Therapeutic method

Used points:

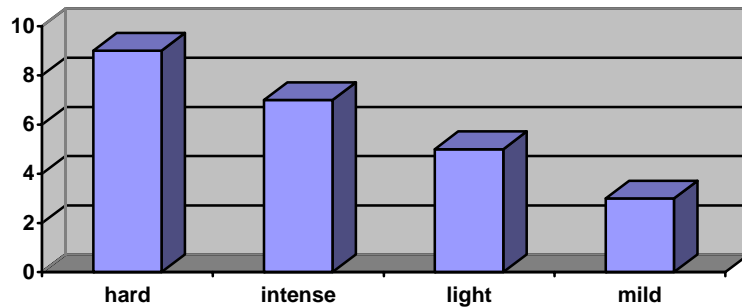
Knee eyes 35E (dubi and xiyan) , E34 (liangqiu) ,BP 10 (xuehai) , BP 9 (yinlingquan) , E36 (zusanli) , Vb 39 (xuanzhong) and V11 (dashu).

After needle insertion and notice de feeling of the DeQi arrive to the first and second group , and infra-red application is used with TDP lamp and to the third group a electric moxibustion is applied. With a little and special bulb.

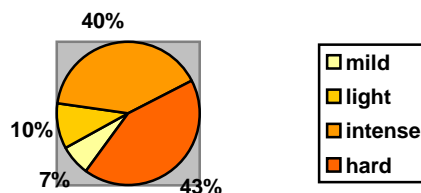
The Treatment length was aproximately about two months with 8 sessions per patient.

Perception scale of pain from 0 to 10

Higher than 8 – hard , From 6 to 8 – intense, From 4 to 6 –light, From 2 to 4 – mild



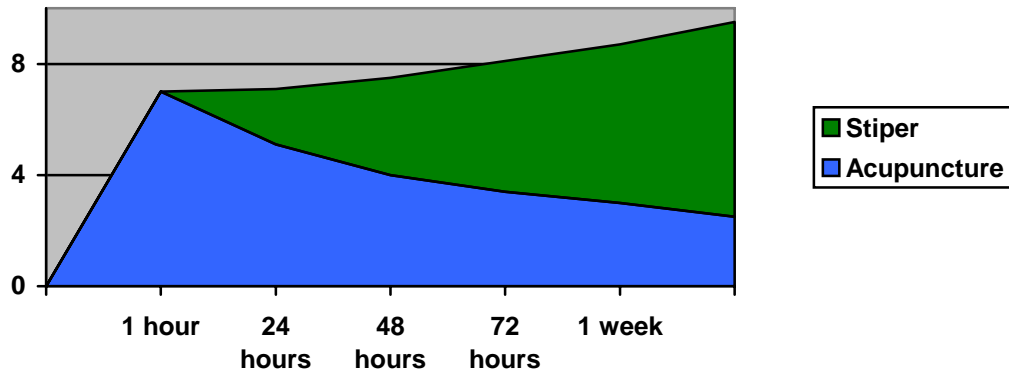
At the beginning of the treatment , 6 patients had a mild pain , 9 light pain , 35 an intense pain , and 37 a serious pain.



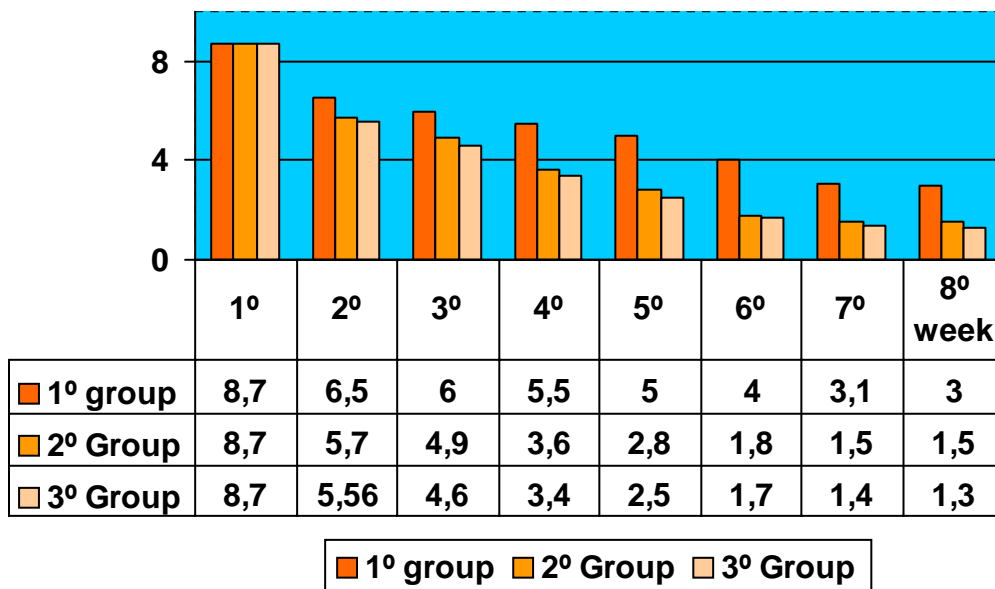
Comparative square that shows the effectiveness of an acupuncture session the first day of the treatment which obtains a 7 point result . this efectiveness go down as time went by to finish in a 3 , so it would be advisable to repeat the acupuncture session on next day (24h) to make necessaries series of treatment to keep the effectiveness of the obtained therapy.

This is not always possible for several reasons..

We can see also the illustration of the application combined with stiper puntura that helps to make a continuity of the therapy giving positive and balanced results.



Control square of average pain in groups at the beginning and after 8 weeks of the treatment.



At the end of the treatment , the results are positive concerning the improving of the relieves symptoms like the strichness or movement limitation.

	First Group	Remission	Improvement	Without outcomes
Mild	2	2	0	0
Light	3	3	0	0
Intense	12	7	4	1
Hard	12	4	3	5
Total	29	16 (55%)	7 (24 %)	6 (20%)

	Second Group	Remission	Improvement	Without outcomes
Mild	2	2	0	0
Light	3	3	0	0
Intense	12	10	2	0
Hard	12	5	4	3
Total	29	20 (68%)	6 (20 %)	3 (10 %)

	Third Group	Remission	Improvement	Without outcomes
Mild	2	2	0	0
Light	3	3	0	0
Intense	11	11	1	0
Hard	13	5	6	2
Total	29	21 (72%)	7 (24%)	2 (7 %)

Conclusion

At the first control group in which were used only the acupuncture weekly we obtained an efectiveness of 79%.

On the second and third groups using acupuncture combined with stiper puntura we obtained an efectiveness of 92%