International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 4 July-Aug 2023, pp: 976-978 www.ijprajournal.com ISSN: 2249-7781

The effect of ANF Therapy® on Subacromial bursitis of the Shoulder Joint with Supraspinatus tendinosis – A Single Case Study.

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Submitted: 15-07-2023 Accepted: 25-07-2023

ABSTRACT:
This article presents the rationale for the use of the ANF Therapy® for shoulder pain. The general principles of this technique are briefly discussed, with emphasis on treatment. A proper assessment of the shoulder joint is done as part of the case study. The case study describes the symptoms and the treatment provided.

Objective: To examine the effects of ANF Therapy® – on a subject suffering from subacromial bursitis with supraspinatus tendinosis. ANF Therapy® uses ANF Devices which are applied directly on the skin after palpation and assessment following the ANF Therapy® Method. The ANF Device is a circular wearable medical device made of PET (Polyethylene terephthalate) and carbon material infused with specific frequencies that can send, receive and reflect neurological frequencies for up to 72 hours. The main goal is to normalize weakened or damaged neurological frequencies by sending the correction signal to optimize neural oscillation and support bodily functions. The device is activated by body infrared heat and doesn´t require an additional heat source.

Design: Single case study of a male diagnosed with subacromial bursitis and supraspinatus tendinosis of the right (RT) shoulder. Pain intensity was measured with a VAS scale. The pain intensity was obtained during pre- and post-treatment sessions.

Participant:
A 41 -year- old man.

Intervention:
ANF Therapy®

Main Outcome measures:
VAS Scale

Complaints:
RT shoulder pain, unable to lift RT shoulder, difficulty sleeping on RT side.

HPI: A 41- year- old RT-handed male came to therapy for the first time with c/o RT shoulder pain. Patient was experiencing pain in the RT shoulder that began two months previous to appointment, onset was sudden, and was gradually worsening. No history of trauma.

Previous treatment and Diagnostics - Went to a physician, who evaluated the patient and prescribed medications that provided temporary relief. An MRI was then ordered as the pain did not subside.

Diagnostic Report:
The MRI was completed on 12 Jan 2023 which revealed:
Mild tendinosis of supraspinatus tendon, thin rim

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of fluid collection in the subacromial/ subdeltoid bursa/bursitis. Mild glenohumeral joint effusion extending to sub-scapularis recess.
Functional activities: patient was unable to sleep on RT side, unable to dress/undress, unable to lift weight above 2.20 lbs., and had difficulty performing ADLs.
The patient has a desk job, which has not been affected due to pain.
Prior to injury, the patient was able to perform all the above activities independently.

Pain Description: Pain is aggravated with activities, relieved by rest. Pain is described as dull aching. Pain is rated 9/10 at the time of evaluation and 10/10 at worst on VAS. He denied any radiating symptoms.

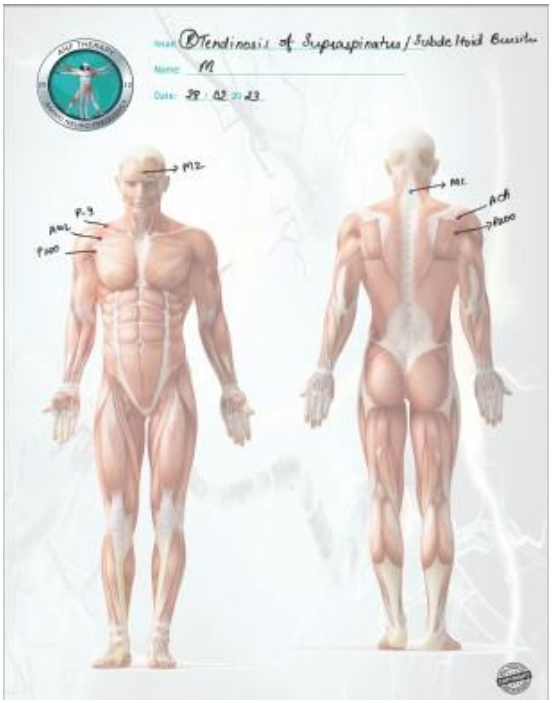
Observation/Objective Findings:
Patient was not in distress.
Posture: rounded shoulder, RT shoulder was moderately elevated compared to the left shoulder (LT). Palpation: Tenderness grade 3 over the bicipital groove, anterior joint line of RT shoulder.
Tightness: RT trapezius and RT SCM.
Spasms: RT trapezius, RT middle and posterior fibers of deltoid and origin of RT triceps.

ROM:
Active ROM of RT was not tested due to severe pain.
Passive ROM of RT shoulder - Flexion: 90/180, Abduction:90/180, IR: 20/90, ER: 10/90. All ROM were performed with pain and discomfort.
Passive and Active ROM of LT shoulder was within normal limits.

Special Test:
The following tests were positive: Hawkins Kennedy RT Neurological Examination: Within Normal Limit.

Assessment/Diagnosis: Subacromial bursitis of Rt Shoulder.
Tendinosis of Supraspinatus - Rt Shoulder

Intervention:
1st Session - ANF Devices P200, P-9, AGL, and ACA were applied on the anterior and posterior aspects of the right shoulder, ANF Device MC on the C7 vertebra, and ANF Device M2 was given to be applied at home on the forehead overnight.
2nd Session: ANF Devices AGL and ACA were applied on the upper right portion of the abdominal cavity (liver).



RESULTS:
The VAS scale decreased from 9/10 to 0/10. There was significant relief of pain post-treatment session.

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DISCUSSION:

The use of ANF Device AGL - Glutathione on the liver seems to be the main source of pain relief. Glutathione is the body's master antioxidant. It is produced in all cells, but its main production is in the liver. It is one of the most powerful biochemical antioxidants. Antioxidants play a key role in reducing neuropathic pain. There are various studies to support it. The AGL Device aims to strengthen the body's own frequency to normalize glutathione levels, strengthening the immune system. It neutralizes free radicals throughout the body.

Connection between the liver and RT shoulder - The liver is located on the RT side of the body at the level of the 7th to 10th rib. Nerve supply – vagus and phrenic nerve. When the liver is struck or restricted within its fascia, it can cause restrictions in the RT shoulder. This is because the phrenic nerve has some branches that innervate the shoulder as well. (C3-C5) RT shoulder pain was considered to be referred pain due to the same spinal nerve supply (C3-C5) shared by the somatic region and the phrenic nerve.

CONCLUSION:

ANF Therapy® session provided significant improvement post-treatment.

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