



Low Level Laser Therapy & Asthma testimonials followed by clinical research

Asthma

Kevin Fechtelkotter, Rapid City, SD

I've owned one of Dr. Lytle's low level laser units for a few years now. I wouldn't want to be without it. It has quickly helped me through some asthma episodes that I am no longer able to use inhalers for. This tool has many times got my gallbladder to release whatever was plugging it and causing me considerable pain. This low level laser unit has frequently relieved pain in many parts of my body, including pain from burns. It has helped my sinus swelling on many occasions. Thank you Dr. Lytle for your work and dedication in this area.

L.U., Oregon

My grandson has a history of asthma-type allergy attacks, which has resulted in him being taken to the emergency room several times. Recently, when he was staying overnight with me, he had an attack. I immediately used my laser on his throat and lungs. Within minutes, he had stopped coughing and gone back to sleep and slept soundly all night.

Treatment of bronchial asthma with low-level laser in attack-free period at children

[Ailioaie, C.](#); [Ailioaie, Laura](#)
AA(Univ. of Medicine and Pharmacy)
Proc. SPIE Vol. 4166, p. 303-308, Laser Florence '99: A
Window on the Laser Medicine World, Leonardo Longo;
Alfons G. Hofstetter; Mihail L. Pascu; Wilhelm R. Waidelich;
Eds. ([SPIE Homepage](#))
06/2000

[SPIE](#)

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2000SPIE.4166..303A

Abstract

Bronchial asthma is a common disease in both the pediatric and adult populations, characterized by wide variations over short periods of time in resistance to airflow in intrapulmonary airways. A primary goal in the use of low-level laser therapy (LLLT) was the safe, effective and rapid palliation of symptoms owing to tracheal or bronchial obstruction. We have investigated the effects of LLLT comparatively with other modality trials in children's asthma. In the study were included 98 patients aged 10-18 years diagnosed with moderate or severe asthma, in attack-free period. The patients were divided into 3 groups. Group 1 received only laser therapy using extra meridian acupuncture points and scanning technique. Group 2 was treated only with inhaled Serevent 2 X 25 micrometers, two times daily, 3 months. Group 3 was treated with Theophylline retard in dosage of 15-mg/kg/12 h, 3 months. At the end of treatment we remarked a noticeable improvement of the clinical, functional and immunological characteristics at 83 percent of patients in group 1, comparatively with only 70 percent (group 2) and 53 percent (group 3). The LLLT had a very good action on bronchial patency, displayed an immunocorrecting action and is recommended in attack-free periods at children.

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