



Low Level Laser Therapy & Arthritis - Heart testimonials followed by clinical research

Heart Attack

Jeanne Miller

Just over four weeks ago I had the occasion of utilizing Mode 2 of the Q1000 in an emergency situation. My husband's wonderful 92 year old Mom, Ruby, was experiencing a full-blown heart attack. She was in extremely severe pain in all of the typical places--chest, left arm, back, jaw. I'm a retired RN who was a supervisor in an intensive cardiac unit so I really had no doubts as to what was happening. Because of her decision not to go the hospital, I was faced with the dilemma of relieving her pain. She had no nitroglycerin or anything else that would stop the pain. I had my laser there so I just turned on Mode 2 for one cycle right over her heart and within a minute or two the pain was gone and so was the heart-attack. We eventually did hospitalize her for a day several days later where they did confirm that she had had a "mild" heart attack. She was discharged to hospice care and God did take her home to Heaven but this was an extremely unusual opportunity to actually find out how it would perform in the middle of a full-blown heart attack. Thanks for your laser we wouldn't be without it.

Laser biostimulation in end-stage multivessel coronary artery disease – a preliminary observational study

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authors: Paweł³ Źyciński, Maria Krzemińska-Paku³a, Cezary Peszyński-Drews, Anna Kierus, Ewa Trzos, Tomasz Rechciński, Łukasz Figiel, Ma³gorzata Kurpesa, Micha³ Plewka, Łukasz Chrzanowski, Jaros³aw Drożdż,

Background: Low-energy laser radiation through its direct influence on tissue repair processes without heating effect may have vital importance in the therapy of patients with advanced coronary artery disease (CAD).

Aim: The introductory assessment of the effects of laser biostimulation applied to patients with advanced multivessel CAD.

Methods: 39 patients with advanced CAD were assigned (mean age 64.8 ± 9.6 , male gender 64%, CCS class 2.5 ± 0.5 , EF= $46 \pm 11\%$, 69% with a history of acute myocardial infarction), to undergo two sessions of irradiation of low-energy laser light on skin in the chest area from helium-neon B1 lasers. The time of irradiation was 15 minutes while operations were performed 6 days a week for one month. Before including the patients in the experimental group a full clinical evaluation, basic biochemical tests, ECG, 24h Holter recordings, 6-minute walk test, treadmill test using Bruce protocol and full echocardiographic examination were performed. After the first and second period of laser therapy with a one-month break between them analogical parameters with the initial examination were measured.

Results: No side effects associated with the laser biostimulation or performed clinical tests were noted. Lower CCS class ($2.5 \pm 0.5 \rightarrow 2.2 \pm 0.4 \rightarrow 2.0 \pm 0.4$, $p < 0.001$), higher exercise capacity ($5.1 \pm 2.2 \rightarrow 5.8 \pm 2.2 \rightarrow 6.6 \pm 2.5$ [METS], $p = 0.023$), longer exercise time ($257 \pm 126 \rightarrow 286 \pm 127 \rightarrow 325 \pm 156$ [s], $p = 0.06$), less frequent angina symptoms during the treadmill test ($65\% \rightarrow 44\% \rightarrow 38\%$, $p = 0.02$), longer distance of 6-minute walk test ($341 \pm 93 \rightarrow 405 \pm 113 \rightarrow 450 \pm 109$ [m], $p < 0.001$), lower systolic blood pressure values (SP $130 \pm 14 \rightarrow 125 \pm 12 \rightarrow 124 \pm 14$ [mmHg], $p = 0.05$) and trend towards less frequent 1 mm ST depression lasting 1 min during Holter recordings were noted.

Conclusions: An improvement of functional capacity and less frequent angina symptoms during exercise tests without a significant change in the left ventricular function were observed. Laser biostimulation in short-term observation was a very safe method. These encouraging results should be confirmed in a larger, placebo-controlled study

Qlaser Wellness Solutions
Michael F. Lagana, President
708 Route 35 N., Neptune, NJ 07753
732 866-4226
Michael@Qlaserws.com