



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

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Today the real "miracle" is the healing light laser. I moved into a new home and within a year I had three falls breaking the three small toes on my right foot. I found after the bones were healed my foot would not hold me up I would fall to the right. The Dr. said it was neuropathy and nothing could be done for this condition. I felt my old anxieties flooding over my mind and into my stomach. I saw an article about the healing light laser treating neuropathy. I sucked my breath in and my eyes opened wide and hope began. I talked my husband into going to the seminar with me. The information I heard gave me new excitement to be alive again and although it sounded too good to be true it fit logically. If sick cells could be repaired they could have renewed life. The seminar was in January 2008 this is March 2008. The laser has proven it's miraculous healing power. I now have feeling in the three previously numb toes. I am happy to be wearing my sandal foot high heels again. To walk without worry of falling. Especially to banish the anxieties, of the complications of my "condition."

Gerald and Sue Hubbard

Thus far I have used the laser with listed results: A general feeling of calmness in knowing I can finally get relief from medical symptoms. I have enjoyed having my cataract problem greatly diminish and now I can see the tops of the snow covered mountains with perfect clarity. Prior to QLaser treatment the mountains were slightly blurry. My body pain in my head, neck, back and lower back is greatly diminished. My fibromyalgia/ peripheral neuropathy is better with a pain reduction from level 8 to about a level 3 now.

J Am Podiatr Med Assoc. 2005 Mar-Apr;95(2):143-7. **Improved sensitivity in patients with peripheral neuropathy: effects of monochromatic infrared photo energy.**

DeLellis SL, Carnegie DH, Burke TJ. Gulf Coast Foot, Ankle and Wound Center, Tarpon Springs, FL, USA.

The medical records of 1,047 patients (mean age, 73 years) with established peripheral neuropathy were examined to determine whether treatment with monochromatic infrared photo energy was associated with increased foot sensitivity to the 5.07 Semmes-Weinstein monofilament. The peripheral neuropathy in 790 of these patients (75%) was due to diabetes mellitus. Before treatment with monochromatic infrared photo energy, of the ten tested sites (five on each foot), a mean \pm SD of 7.9 \pm 2.4 sites were insensitive to the 5.07 Semmes-Weinstein monofilament, and 1,033 patients exhibited loss of protective sensation. After treatment, the mean \pm SD number of insensate sites on both feet was 2.3 \pm 2.4, an improvement of 71%. Only 453 of 1,033 patients (43.9%) continued to have loss of protective sensation after treatment. Therefore, monochromatic infrared photo energy treatment seems to be associated with significant clinical improvement in foot sensation in patients, primarily Medicare aged, with peripheral neuropathy. Because insensitivity to the 5.07 Semmes-Weinstein monofilament has been reported to be a major risk factor for diabetic foot wounds, the use of monochromatic infrared photo energy may be associated with a reduced incidence of diabetic foot wounds and amputations.

Adv Skin Wound Care. 2004 Jul-Aug;17(6):295-300.

Reversal of diabetic peripheral neuropathy and new wound incidence: the role of MIRE.

Powell MW, Carnegie DE, Burke TJ. Northwest Orthopedic Center, Springdale, AR, USA.

OBJECTIVE: To determine if improved foot sensitivity to the Semmes-Weinstein 10-g (5.07) monofilament, originally impaired because of diabetic peripheral neuropathy, might be associated with a reduced incidence of new diabetic foot wounds.

DESIGN: Retrospective cohort study using a health status questionnaire.

SUBJECTS: Sixty-eight individuals over age 64 with diabetes, diabetic peripheral neuropathy, and loss of protective sensation who had clinically demonstrable increases in foot sensation to the Semmes-Weinstein monofilament after treatment with monochromatic near infrared photo energy.

MAIN RESULTS: After reversal of diabetic peripheral neuropathy following treatment with monochromatic near infrared photo energy, only 1 of 68 patients developed a new diabetic foot wound, for an incidence of 1.5%. Comparatively, the incidence previously reported in the Medicare-aged population with diabetes was 7.3%. **CONCLUSIONS:** Improved foot sensitivity to the Semmes-Weinstein monofilament in patients previously suffering from loss of protective sensation due to diabetic neuropathy appears to be associated with a lower incidence of new diabetic foot ulcers when compared with the expected incidence in the Medicare-aged population with diabetes.

CLINICAL RELEVANCE: Therapeutic interventions that effectively improve foot sensitivity that has been previously diminished due to diabetic peripheral neuropathy may substantially reduce the incidence of new foot wounds in the Medicare-aged population with diabetes.

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