



2 patients of Dr. Steinhouser are being treated in the Calming Zone.

The Calming Zone



Judith Steinhouser, D.C.

It is Monday morning – 9 AM; and a busy Chiropractor’s office is opening for the day. Ten people come through the door, 4 have appointments – 6 have come in with injuries from their weekend activities. Everyone “needs to see the Doctor – right away!” There is a flurry of activity as you scramble to find a place and the staff to deal with this sudden influx of emotionally charged patients with severe traumatic injuries. Sound familiar?

One Southern California Chiropractor has developed a system that utilizes *Infratonic* therapy as an integral part of treating these patients. Dr. Judith Steinhouser, of Laguna Hills, CA, has a busy practice and sees a large number of patients on an emergency, walk-in basis. Located in a quiet area of her office is the “calming zone.” A pair of comfortable, high-back chairs flanks a table with two *Infratonic* units.

As highly agitated, injured patients come into the office, they are escorted to this area and have the *Infratonic* applied directly to the point of injury. Her protocol is designed to accomplish several key elements. First, they get immediate treatment to help control pain and reduce the swelling and inflammation. In addition, the calming

effect of the *Infratonic* reduces their anxiety level and prepares them both physically and emotionally for the Doctor to address their injuries.

Dr. Steinhouser reports:

*“When a patient comes into the office with such severe pain and emotional trauma that they cannot even be touched, it starts a chain reaction of elevating the emotional state of other patients and the staff, diverting our focus from the needs of our other patients. If we immediately treat them with the *Infratonic*, after a short time their panic has subsided and their pain has been reduced – and I can treat them more easily and effectively, without disrupting the schedule or calm atmosphere within the office.*”

*“**Infratonic** therapy is essential for lowering the emotional stress levels of patients while providing fast relief for their pain and suffering.”*

*As a pre-adjustment therapy, the relaxation benefit from the *Infratonic* reduces the muscle spasm enabling the chiropractic adjustment to be easily tolerated and more effective for the patient. In dealing with severe strain or sprain injuries, the *Infratonic* is invaluable in reducing the swelling and pain to allow further treatment within a short period of time. With this treatment modality, mobilization techniques can be performed sooner, decreasing the amount of scar tissue formation.*

*The *Infratonic*’s gentle, soothing*

vibration is so helpful in preparing our patients prior to myotherapy (i.e. massage), trigger point and neuromuscular re-education by decreasing overall tension and is used extensively by our massage therapists.

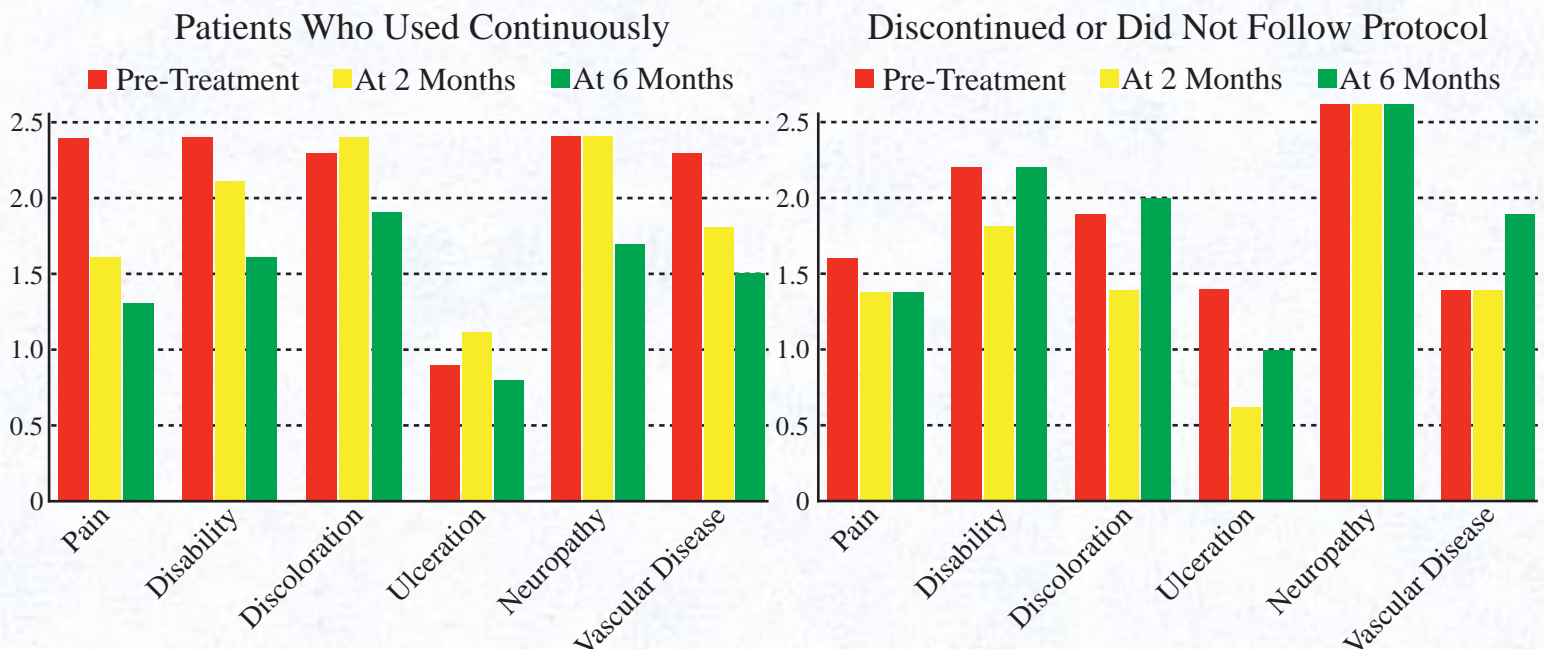
*The use of *Infratonic* therapy has such wide applications in our office, from sports injuries, acute trauma, chronic pain and stress relief. It can be used in all age groups, including children. Patients who are acute and have severe pain are sent home with the units to provide pain relief and continued therapeutic care. They appreciate the continued support by the Doctor and it can even add to the patient referral aspect for the practice. Besides pain, stress in our patients’ lives may come from many areas – commuting, school, work and relationships to name a few. Using a tool to calm them speeds the process and effectiveness of the care we give.*

*Maintaining a calm and comfortable atmosphere in the office is so important to all – the Doctor, staff and patients alike. **Infratonic** therapy is essential for lowering the emotional stress levels of highly agitated patients while providing fast relief for their pain and suffering, I can’t imagine not having it available for my patients as a primary therapy tool. Lowering the stress levels gives everyone an increased focus, allowing us to provide treatments more quickly and effectively, it allows the practice to accommodate increased patient visits without feeling added pressure.”*

Six-Month Results of the CHI Institute Neuropathy Study

In our Fall 2002 Newsletter, we reported on the two-month progress of the individuals participating in this study. At that time, 3 of the original 20 had dropped out of the study group and, at the six-month point, another 3 had dropped out. In the remaining group of 14 participants, only 9 had continued to use the *Infratonic* therapy protocol as outlined. Of the 5 participants who indicated they had departed from the protocol, one reported at six-months that he never even used the machine during the last four months, another was being treated for another disease and could not use the *Infratonic* regularly, and others just chose not to follow the protocol or to curtail the amount of use. It is interesting to observe that those with the more severe symptoms, as reflected by the Pre-Treatment measurements, were less likely to drop out of the study or to modify the treatment protocol – perhaps indicating that their quality of life had been so greatly affected already that the possibility of finding relief was a powerful motivator for them.

It would be impractical to consider the results of those who chose to alter the protocol in the same statistical grouping as those who continued to rigorously adhere to the treatment plan, so we have presented their results separately. It is not unexpected that the progress made by these two distinctly separate groups is markedly and predictably different.



While those participants that continued to use *Infratonic* therapy regularly, following the protocol, continued to improve in every category (the rise in Ulceration from the Pre-Treatment measurement to the Two-Month measurement was caused by one individual developing a secondary site); those participants who either discontinued use or altered the protocol during the study saw their condition continue to deteriorate, often beyond the Pre-Treatment measurement levels.

It is important to note that the physicians examining the participants noted a decrease in pain from the Pre-Treatment measurement to the Two-Month measurement and those who continued the protocol saw the pain drop further, while those who discontinued or curtailed their therapy did not. More importantly, for those who chose to **abandon or curtail** their treatments, there was an increase in nearly every other category – **more disability, more discoloration and more ulceration. Levels of neuropathy and vascular disease either stayed the same or increased.**

We have learned two valuable lessons at this point in the study. First, the continued use of *Infratonic* therapy provided steady progress for the participants. Diabetic neuropathy is a long term, degenerative disease whose symptoms normally continue to worsen, and to slow that downward spiral is a remarkable accomplishment; but to see an improvement, even a slow and steady one, provides tremendous hope for the many who suffer daily. The second lesson is just as significant – this is a commitment to improvement in the quality of one's life that requires a continuity of care. It is vitally important that the therapy continue regularly, as the potential for relief is dependent upon it.

INFRATONIC TREATMENTS AID NEUROPATHY PATIENT

Texas Doctor Refuses To Give Up

The debilitating pain of neuropathy can destroy one's quality of life, leaving its victims dependent upon others and feeling out of control. This article tells the story of one courageous patient and her determined doctor who would not give up their hope that something could be done.

Dr. Mary Stiles, a PHD, was originally diagnosed with parathesia in May of 1997. It began with a simple tingling in her feet but, as it progressed, there was increased pain. Her first doctor suggested Ibuprofen and Naproxen, neither of which controlled the pain. She was referred to a neurologist in 1999, whose tests led to a diagnosis of neuropathy. He prescribed Neurontin at 300 mg initially and increased it to 1800 mg within six days. The drugs so overwhelmed her (she felt drunk, spaced out and could not function) that she had to stop the drugs after determining that it had no real effect on her neuropathy. Her doctor then put her on Elavil for several weeks but it also had no effect on her condition. He wanted to put her on Dilatin, but knowing what the powerful effects of that drug would be, Dr. Stiles chose not to take the Dilatin.

Over the next four years, she saw several different doctors and medical practitioners and tried many other conventional and alternative medical therapies in an attempt to control the continuing deterioration of her condition and its debilitating effect on her life. These included internal cleansing for toxins, galvanic therapy, percussion therapy and neuromuscular reeducation therapy on her feet. She used TENS therapy, herbal remedies and more

conventional drug therapies – nothing slowed the progressive nature of the disease or controlled the constantly increasing pain levels. The pain was so severe that, during a surgical recovery period where she took Vicodin for seven months, it did not mitigate the neuropathy-induced pain in her feet at all.



Dr. Joseph Wysoki and Dr. Mary Stiles

In June of 2002, she was referred to another neurologist who, in addition to his practice, taught neurology at a local medical school. Following a complete neurological work up, including a nerve conduction test, he also diagnosed her condition as neuropathy. Additional tests were done to rule out diabetic neuropathy (the most common cause) as the root of her condition. He could offer no treatment plan for her condition and could only offer stronger and stronger drug therapy to help alleviate the pain.

In the middle of 2002, Dr. Stiles met Dr. Joseph Wysoki of the MacGregor Medical Institute in San Antonio, Texas. Dr. Wysoki's diagnosis was the same – peripheral neuropathy of an unknown etiology, but he was not willing to concede that nothing else could be done to help her.

During his research of Dr. Stiles' history to determine what could have caused her condition, he discovered that Dr. Stiles had operated a dog-grooming studio for many years and, in the course of her work, had been dipping dogs for fleas in a product called "Paramite", whose active ingredient was N-mercaptomethylphthalimide, an organophosphate, and he reasoned that it might have been the prolonged absorption of this product that had caused the neurotoxicity. His calls to the manufacturer regarding this product

and its potential effects convinced him that he had indeed found the root cause of Dr. Stiles' condition. Dr. Wysoki's research showed that there were no known treatments and essentially no published cure for this neuropathy. Her previous doctors had diagnosed the damage as irreversible and, knowing of no other conventional treatment to address her condition or her increasing pain, Dr. Wysoki began to treat Dr. Stiles with his *Infratonic* QGM using the protocol for diabetic neuropathy outlined in the Fall 2002 CHI Newsletter.

Let me allow Dr. Stiles to finish this story in her own words:

"Dr. Wysoki loaned me his Infratonic QGM unit for three months (May – July, 2002); I saw a definite improvement in my pain level. On a scale of 1-10, my pain was definitely a 10 when I first started using the unit. It was extremely painful to walk and I had resorted to using a wheelchair as much as possible, even at home. I used the machine for 20 minutes on each foot everyday. After three months, the pain was down to about an 8. I gave the unit back to Dr. Wysoki (it was his only machine) and did not use it for about 5 months. I saw no regression of the pain at all during the time I was not using the Infratonic.

Story continued on page 4

Dr. Wysoki loaned the machine to me again at Christmas, 2002. I used it for the next four months and my pain level has gone down to about a five or six. I am no longer using the wheelchair. My walking is much better and I am able to do many activities that I could not do before.

*Before I began to use the **Infratonic**, my pain was so intense that I was spending a great deal of time just resting with my feet propped up. I had to rely on my family to do those things around the house that I could no longer do, even grocery shopping and cooking had to be done by my family because the pain was so great. I had seriously considered having the nerves in my legs cut so they might be numbed and the pain would not be as severe. After using the **Infratonic** for seven months, I finally feel like I have a life again. I now have my own unit and look forward to continuing to use it. I am confident that it will help the pain subside even more.*

*Finding Dr. Wysoki and the **Infratonic** was God's answer to my prayers.... I have my life back again."*

It is easy for us to put the **Infratonic** in our medicine chest of therapies and to use it for treating the "normal" cases...swelling and inflammation, severe pain, muscle tears and strains. Use it, feel better, and put it away again. We should remember Mary Stiles for being willing to take an unconventional approach and for her determination not to let the "hopeless and incurable" label stand in the way of getting better. The next time you see an opportunity for the **Infratonic** to bring relief to you, a family member or a friend, take that chance yourself - you have nothing to lose and the world has everything to gain.

PSSSST...PASS IT ON

Where is your **Infratonic**? Is it sitting in the closet, on a shelf or in the trunk of your car?

Too often, once we have found relief from our pain or injury, we just put it away until the next time we need it.

Have you thought about who you know that might benefit from using the **Infratonic** on their injury, and might not be recovering as quickly as they could if they had an **Infratonic** available to them? Maybe it's a parent, a friend, someone you know from work or church - a teammate, golfing or workout partner.

Offer them the chance to experience the power of **Infratonic** Therapy by using your unit - you'll both feel better because of it.

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