

DPMs Are Seeing Dramatic Results with The **NEUROGENX** Solution for Diabetic Neuropathy and for Most Forms of Peripheral Neuropathy

By **Ellen R. Delisio**

Peripheral neuropathy is one of the most frustrating conditions for podiatrists and one of the most painful for patients. Confronted by patients who have had severe pain or tingling in their feet for months or years, practitioners know their treatment options are limited and often only minimally successful.

Now a number of podiatrists are seeing dramatic results with the **NEUROGENX Solution**, which is known as an Integrated Nerve Block (INB) or Combined Electrochemical Treatment or Block (CET or CEB). The approach pairs an Electronic Signal Treatment (EST) with a modified, non-steroidal injection regimen. The Neurogenx procedure has been used by physicians in a number of specialties (such as pain management specialists) and most recently has been attracting the interest of a number of podiatrists.



CET stops pain caused by most forms of Peripheral Neuropathy.

“What sets us apart is our machine,” said James Martellini, NEUROGENX Program Director. “This patented, FDA-Cleared Medical Device sweeps from higher frequencies (40,000 Hertz) to lower frequencies (400 Hertz) and has a more sophisticated “Bio-Similar” waveform with a rapid-rise and a slow-decay comparable to what the body produces in the form of action potentials along the surface of the nerve membrane. Depolarization occurs with gates open allowing for increased cell metabolism measured by increased cAMP levels. This leverages the body and its ability to be restorative when impediments are removed. A wide range of frequencies and a bio-similar wave-

form allow for more communication with all the various nerve fibers and concurrently more uptake of energy. This leads to rapid and restorative motor and sensory results. Retesting with nerve conduction studies and nerve fiber density testing, usually six months post-discharge, objectively validates these results.”

**“CET is so new for us, but
already we’re getting testimonials.”**

—Dr. Kyrrou



Proven safe and effective, CET combines local anesthetic with Electronic Signal Treatment (EST) to relieve pain and restore feeling.

The treatments begin with the injection of a low-dose local anesthetic usually around the ankle. Then the EST is applied to the affected area. “The local anesthetic really accelerates the results,” according to Martellini, “but EST does the heavy lifting.” It drives the anesthetic to the more conductive tissue; it produces and delivers electronic biologically-effective signals. EST can be used to help heal neurogenic conditions like peripheral neuropathy, along with inflammatory conditions, like plantar fasciitis, as well as vascular conditions. This information from NEUROGENX includes peer-reviewed published studies.

Treatments last between 30 to 40 minutes and usually start with two to three visits per week and a usual initial course of eight to twelve treatments. After that a patient is reevaluated for motor and sensory improvements. “Over the course of treatment, the number of injections and the frequency of visits are often reduced prior to discharge at maximum medical improvement,” Martellini said.

Initially, the company was leasing devices and licensing clinics but now is encouraging doctors to work together, own the technology with protocol and find ways to expand their

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The NEUROGENX Solution *(continued)*

enterprise if they wish,” added Martellini.

One podiatrist who has seen very positive results with his patients, Stephen Barrett, DPM, of Glendale, AZ, said he was treating a man with diabetes who had constant burning in his feet, balance problems and back pain from neuropathy. He also had undergone unsuccessful nerve entrapment surgery to try to relieve the pain. After 10 or 12 Combined Electrochemical Treatments (CETs), the man’s balance improved, he was able to walk better and his back pain eased. “Some have dramatic improvements early, others more moderate improvements,” Dr. Barrett noted.

Another of Dr. Barrett’s patients was taking 42 Percocet tablets per week to cope with neuropathy pain. Her medication has been reduced to between one and three 30 milligram-tablets of morphine every third day after 10 or 12 treatments. “She has had a significant reduction in pain,” he added.

So far Barrett is the only member of his 20-member internal medicine practice who is using CET, which he began in November 2012. “There is no question use will increase,” he added. People with neuropathy talk to other people with neuropathy and seek you out quickly.”

**“CET is...very effective...
a critical cornerstone in treatment...”**

—Dr. Barrett

After just five weeks of using CET, Christos Kyrou, DPM, a practitioner in upstate New York, already had 15 patients and was getting positive reviews from the people he treated. “I like some of the results we’ve heard from the community,” Dr. Kyrou said, adding that most of the people seeking treatment were coming in after talking with other patients. “I like the fact that we have this option, that it’s not another medication.”

After one completed treatment, a patient said he could feel his feet for the first time in eight years, according to Kyrou. After the fourth treatment, he was progressing even better. “Others said their balance was better or they could walk. One said his feet felt cold and he hadn’t been able to feel that before. I’ve been surprised at how quickly some people have responded. They go for one treatment and they feel something, it’s amazing how each person’s neu-

ropathy is affected in different ways, but all positive. It’s [CET is] so new for us, but already we’re getting testimonials.”

All four of the members of Kyrou’s group practice are trained to use CET. He said he looked into the system after he saw an ad in *Podiatry Management* and talked to some practitioners involved with pain management.

CET has given a boost to his patients and practice, according to Barrett. “I specialize in lower-extremity nerve conditions, so nerve-related complaints make up about 75 percent of my practice,” according to Barrett. He first learned about CET through an article and met Martellini at Pain Week, a pain management conference.

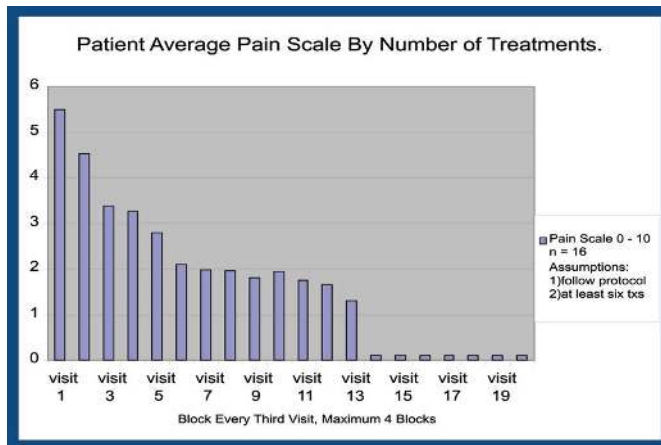
CET has provided him a more successful modality to treat a frustrating condition, added Barrett. “So far it has been very effective,” noted Barrett. “You have to look at neuropathy and treat it in different ways. This is a critical cornerstone in treatment; it also helps patients after entrapment surgery because it dials into the peripheral nerve and combined with the peripheral nerve block, it works well.” Barrett also is starting to pre-treat some nerve entrapment surgery patients, because the treatments seem to improve the surgical outcomes.

Part of the problem with treating neuropathy is that there are more than 100 kinds, which are symptoms of a disease, such as diabetes, or trauma, Barrett noted. “In my practice, I have not seen any effective treatments for neuropathy,” added Kyrou. Often patients are treated with pain medication, but many people do not like the side effects. “There also are a lot of people out there who might benefit from surgery, but cannot tolerate a procedure,” continued Barrett. “So this [CET] is another weapon we have to effectively treat it.”

NEUROGENX provides training for practitioners interested in using the system. “It is an extremely easy machine to use,” according to Barrett. “And I can’t say enough nice things about James; he is very well-versed in electro-medicine and is great about telling people how the treatment works, why it works and is always just a phone call away and willing to answer questions.”

Kyrou said he would recommend CET to other podiatrists, particularly those with a large number of neuropathy patients. And for neuropathy patients, it could be the breakthrough they have been looking for. “It helps them feel better—it’s another modality for patients who traditionally are frustrated,” added Barrett. “They have been told nothing else could be done for them.”

For references and more information call 800-335-7624 or visit www.neurogenx.com, or circle #157 on the reader service card.



Published studies and additional data demonstrate clinically consistent improvement with restorative results.