

Neuropathy Tx protocol

Opinion

The purpose of this communication is described the neuropathy treatment protocol in detail. The Sanexas device has been shown to be highly effective in the treatment of peripheral neuropathy and other forms of Mononeuropathies.

Mechanisms of action

Mechanisms of action are beyond the scope of this paper. Briefly, the advanced electronic cell treatment therapy that is provided by the Sanexas device is able to reprogram the neurons to either heal or when they regenerate, regenerating such a way as to minimize or eliminate the pathophysiology that is causing the neuropathy. These critical interventions include the serial blocking of pain fiber signals using both depolarization and hyperpolarization techniques. Increasing cyclic AMP to promote nerve cell regeneration, immune system support and other well documented physiologic changes which optimize and accelerate the body's own repair and regenerative processes. Some of the specific mechanisms include muscle relaxation, increasing circulation, neuromuscular reeducation, and maintaining more increasing range of motion.¹⁻⁵

This electronic cell signaling works by physiologic stimulation and multi facilitation which include physiological effects induced without action potentials, including by a chemical effect. Peripheral neuropathy defined: For the purposes of this paper, peripheral neuropathy is defined as distal symmetric polyneuropathy. All principles however can be applied to mono neuropathies with the same results. In most cases, the diagnosis is straight forward since patients present with distal, symmetric lower extremity symptoms of numbness and possible pain and dysesthesias. We further utilize an A-delta nerve conduction sensory (NCS) test to document the peripheral neuropathy.^{1,6-9} When a patient has neuropathy due to diabetes, chemotherapy, or idiopathic, located in the feet, the initial work up includes an initial evaluation along with objective testing with Neural scan neuro diagnostic testing, Epidermal nerve fiber density testing, and a standard neuropathy questionnaire. The patient will undergo three treatments per week with EST for a total of three treatments per week for 3-6 weeks. Vasopneumatic electrodes are utilized for the EST.¹⁰⁻¹³ These electrodes utilize suction technology to significantly increase circulation at the electrode placement site and decrease skin resistance which widens the effective electric field over the affected area. The montage (placement of electrodes) will be determined by the pain pattern, but in the lower extremities is usually on the posterolateral calves and tops and bottoms of the feet. The treatment plan for the patient may also include as series of integrated ankle blocks performed twice a week utilizing Marcaine local anesthetic along with the electronic signal treatment (EST),¹⁴⁻¹⁸ often beginning after 3-4 weeks of Sanexas only depending on the patient progress. A majority of patients will not need the blocks. This Sanexas protocol will continue for 3-6 weeks, with a complete re-evaluation at that time of neuropathic symptoms and the response to treatment. If needed, the injections are conducted with relatively small volumes of dilute solutions of the local anesthetic Marcaine

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targeted to the symptomatic peripheral nerves as determined by the patient's reporting and neurodiagnostic testing.¹⁹ The multiple injection regimen has been found to be effective in conjunction with EST in reducing or eliminating neuropathic pain without the need for systemic medications or steroids in more refractory patients.²⁰⁻²⁶ The patient will be given blocks as needed over a two-to-four-week time period, depending on the patient's progress and disease severity.²⁷ Re-evaluations will continue after every four subsequent ankle blocks and will be discontinued after the patient's progress (decrease in pain and numbness, improved gait, etc.) has plateaued. At this time repeat Neurlscan and ENFD testing can be performed to accomplish an objective measure of the patient's response.²⁸

Protocol

Protocol consists of treatment of the affected region, usually the lower extremities three times a week for 25-minute treatment periods. Protocols are divided between diabetic and nondiabetic neuropathy. After the proper protocol has been chosen, the patient is begun on the first week. The protocol spread sheets w II guide the therapist in what programs to use on each visit.^{29,30} These change weekly. As the patient moves through the various weeks, the programs are changed accordingly. The patient is re-examined by a practitioner after approximately ten treatments. The montage (electrode placement) is usually over the posterolateral calves and tops and bottoms of the feet (as indicated above). All treatment alterations are at the discretion of the practitioner.

Conclusion

The treatment is successful more than 80% of the time. Risks are virtually zero, limited to occasional burns used by poorly trained technicians.

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Conflicts of interest

The author declared that there are no conflicts of interest.

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