

## Neurogenx Gets High Marks for Treating Nerve Pain

By **Ellen R. Delisio**

Conditions such as peripheral neuropathy and other similar neurogenic conditions are the most frustrating for podiatrists and the most painful and discouraging for patients. In the past, faced with patients who have had pain, numbness, tingling in their feet for months or years, practitioners knew their treatment options were limited and often only minimally successful.

Now numerous podiatrists are seeing dramatic results with the NEUROGENX Solution, which offers a conservative standalone patented, FDA-Cleared Electronic Signal Treatment (EST) Technology. The treatment may be differentially-augmented with a specific local anesthetic. This minimally-invasive, targeted approach pairing EST and a local has been coined in the literature as an Integrated Nerve Block (INB) or Combined Electrochemical Treatment or Block (CET or CEB). The EST and CET have been used by physicians in a number of specialties (such as pain management) and now are being hailed by podiatrists as a life-changer for people who were resigned to living with pain and limited mobility.

“I’m happy for the patients; to give them hope to resume daily living is very rewarding,” said Dr. Jean Chen-Vitulli DPM, MS, of Middletown, NY, who treats patients and trains other podiatrists to use the NEUROGENX device. Patients with neuropathic pain represent approximately 75 percent of her practice and she is concentrating on building a base of home-bound patients. “I’ve seen very positive results when this is used with elderly patients,” Dr. Chen-Vitulli said. “One person went from taking three Percocet tablets a day to sometimes just one, sometimes none. I have about an 85-to-90-percent success rate.”

What sets NEUROGENX apart is the machine, according to James Martellini, NEUROGENX Program Director. “This exclusive medical device sweeps from higher frequencies (40,000 Hertz) to lower frequencies (400 Hertz). It produces 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,” he said. “Sustained depolarization occurs at the membrane maintaining voltage-dependent gateways open. What the cell needs, energy, is driven in while what impedes, fluid and H ions, are driven

out. The result is increased cellular metabolism measured by increased cAMP levels. The body is amazingly restorative if enough of what impedes is removed and enough of what it needs is added. The body is engaged and leveraged. A wide range of frequencies and a bio-similar waveform 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 starting six months post-discharge, objectively validates these results.”

Dr. Marilyn Butler-Murphy, DPM, of Manhasset, N.Y., has treated one person with the NEUROGENX system since undergoing training in March, a man who has been her patient for 20 years and dreaded walking because of pain, heaviness in his feet and an unsteady gait. After just one treatment, he was able to walk more comfortably.

“He loves the results,” said Dr. Butler-Murphy, after treating the man six times. “He’s walking better. He could not walk backwards before without losing his balance and the numbness in his toes is gone. I have been in practice for 30 years, so it’s nice when something new comes along.” Other approaches she used over the years had limited success. “I was giving patients different supplements for neuropathy; vitamins, prescriptions, ac-

tivities—and they didn’t really help enough.”

The treatment protocol usually begins with EST alone and is augmented as needed early on for a time with a specific and targeted low-dose local anesthetic. “The local anesthetic addresses the pain early and helps increase permeability at the nerve membrane which really accelerates the results,” according to Martellini, “but EST does the heavy lifting and the treatment protocol usually ends with EST alone.

In combination EST and the local anesthetic creates a symbiotic, synergistic effect. No numbness is experienced from the local anesthetic paired with EST and EST drives the local anesthetic to the more conductive tissue; it produces and delivers electronic biologically-effective signals. EST can be used to help with neuropathic pain caused from diabetes, viral infection and mechanical/chemical insults among others, along with inflammatory conditions, like plantar fasciitis, as well as vascular conditions. This information from NEUROGENX includes published studies.

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Treatments last between 30 to 40 minutes and usually start with two or three visits per week and a usual initial course of eight to 12 treatments. After that a patient is re-evaluated for motor and sensory improvements and discharged at maximum medical improvement.

The elimination of pain and restoration of mobility make a tremendous difference in a person's overall outlook and health. "For many people, the pain has been never-ending," noted Dr. Butler-Murphy. "The pain relief is a big mood booster," Dr. Chen-Vitulli had a patient say to her after several treatments, "I'm not grumpy anymore. I can sleep better now, for more than two hours at a time." "I have seen people go from using a walker to using a cane, then using a cane only as needed," she added. "I've also been able to get some people off medication."

Another podiatrist who has experienced very positive results with his patients, Dr. Stephen Barrett, DPM, of Glendale, AZ, said he was treating a woman who 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.

A man with diabetes who had constant burning in his feet, balance problems and back pain from neuropathy also turned to Dr. Barrett for help. He 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.

CET has given a boost to his patients and practice, according to Dr. Barrett. "I specialize in lower-extremity nerve conditions, so nerve-related complaints make up about 75 percent of my practice," he said. 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 Dr. Barrett. "So far it has been very effective," he noted. "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 expected to pre-treat some nerve entrapment surgery patients, because the CET seems to improve the surgical outcomes.

Dr. Seth J. Steber, DPM, of Carlisle, PA, said he has been able to help some people avoid nerve entrapment surgery by using NEUROGENX. "I have had some people with strong entrapment symptoms who showed much improvement after NEUROGENX," he said. Even if people have surgery, treatments after surgery help restore blood flow and nerve function. "About 25 percent of the patients I see now are chronic pain patients," Dr. Steber said. "The majority have been through conservative care. About 15 percent are receiving NEUROGENX. And that is with no advertisements."

Part of the problem with easing neuropathy is that there are more than 100 kinds, and it can be the symptom of a disease, such as diabetes, or trauma, or chemotherapy treatments. Often patients are prescribed 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 Dr. Barrett. "So this [CET] is another weapon we have to effectively treat it."

For practitioners interested in using the NEUROGENX system, training is available from other practitioners such as Dr. Chen-Vitulli, who assisted Dr. Butler-Murphy in treating her first patient and then spent several hours with her reviewing the system. "It is an extremely easy machine to use," according to Dr. 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."

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 Dr. Barrett. "They have been told nothing else could be done for them."

Dr. Butler-Murphy said she could not understand why podiatrists would not want to offer NEUROGENX treatments to their neuropathy patients. "It's a broad neuropathy treatment modality that works," she said. "It's a positive treatment that helps your patients. It has an 87 percent success rate, and you don't get that kind of results from other treatments. Any podiatrists truly interested in helping their patients should offer it."

For references and more information, call 800-335-7624, visit [www.neurogenx.com](http://www.neurogenx.com), or click here.

