

7th International Conference and Exhibition on

Pain Research and Management

October 11-12, 2018 | Zurich, Switzerland

Clinical applications of electronic signal treatment and the combined electrochemical treatment

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The combined electrochemical treatment (CET) uses local anesthetics combined with advanced electronic cell signaling technology (EST) to mitigate or eliminate pain, allodynia, numbness and other symptoms of neuropathic pain. Its physiological actions are better understood using the principles of physics rather than pharmacology. In 2012, Brill noted that pharmaceuticals, which met Class I evidence-based standards for treating PPN, did not help the majority of PPN patients who received them, had significant adverse side effects and that interventions aimed at nerve regeneration may need to be employed. In 2015, Finnerup performed a systematic review and meta-analysis of the data describing pharmacotherapy for neuropathic pain, concluding that inadequate response to drug treatments constitutes a substantial unmet need in patients with neuropathic pain. In 2016, Rosenquist presented a systematic review and meta-analysis of available data concerning the pharmacologic treatment for peripheral neuropathy and concluded that it was marginal, frustrating and maybe even appalling. CET has been used to treat many forms of peripheral neuropathy, using ankle nerve blocks with EST. We have treated hundreds of peripheral neuropathic patients with an 80%+ success rate. Epidermal nerve fiber density testing shows nerve regeneration is occurring. Patients with peripheral neuropathies have shown significant symptom reduction and motor function improvement (especially foot drop). Patients experience reductions of pain, paresthesias, dysesthesias, allodynia and numbness, increase in strength and balance and improved quality of life. Long-term benefits include decreased medication use, improvement of balance, sleep and function occurs in a plurality of patients. An early retrospective study showed that 51% of patients maintained their improvements. Our overall clinical experience is now closer to 70%. Long term benefits to society include a significant preservation of healthcare resources since there are virtually no side effects and no recurring drug expenses with the CET approach.

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