

CASE 14

Diabetic stroke amputee victim for 6 and a half years. November 20, 2000 surgery scheduled. Daughter secretly feared father would not do well with amputation. Surgery on remaining leg was very traumatic, stressful, with complication. Was supposed to only have toes removed and amputated 3 times ending just under the knee to leave the patient as double amputee.

With loss of volume of tissue mass and without an additional leg the body had to work to achieve a new level of balance and had to readjust. Our body is like a big balloon and with pressure changes the body needs to adjust. For 6 months before second amputation, suffered with pain, diarrhea, chronic urinary tract infections, basic degradation of vital functions, began to set in.

Began use of the QRS 1 week after 2nd amputation in the nursing home, which was the transition place after the hospital. This was to avoid the possible shock to the body after a severe procedure (surgery) and to allow the body to adjust, as advised by Dr. William Pawluk, MD.

Using the protocol obtained from Dr. Baude, MD, patient began on low levels, with great dedication to the treatment plan. This helped the patient, nursing home staff and family members to specifically guide the treatment. The protocol called for treatment 3x's a day. During the patients' stay the nursing home staff (including nurses, aids, other patients, family members and the cooks) was sick with the flu. The QRS assisted the patients' (overall health, rapid recovery, with no pain) immune system and he amazingly never got the flu. There was no urinary tract with the super-pubic tube and diabetes also stabilized while he was in the nursing home.

Before the QRS, we thought, typically, diabetes patients did not heal well. Patient healed with minor scars and returned home for Christmas 2000. By January 2001 patient was home pain free and mobile with the use of a wheel chair. With a walking stick he was able to shower and get out of bed using new lifts and ramps. In addition, he was able to come off any medications and most important, not be a burden at home.

With the loss of tissue volume associated with the second amputation, the body had to adjust to the amount of insulin needed. As the body worked toward a new homeostasis and stabilize the blood sugar, less insulin due to better absorption of insulin in the muscle and less body mass with the use of the QRS system.

The patient had a clean comparison of treatment from the first amputation to second amputation as the same amputation was done to other leg. In the first amputation (surgery) in spring 1996, he was in the nursing home (in and out of rehab and hospitals) 3-4 months (April, June, July) and the second surgery he was home in 1 month. The first surgery he had phantom pain and there was no phantom pain the second surgery.

The patient remains pain and infection free with ongoing use of the QRS system. It has enabled positive readjustment in our lives and we are grateful.