

DOCUMENTED CASE STUDIES BY DR. SHARI LIEBERMAN AND OTHERS

34. ASTHMA

DA is a 43-year old woman, who was first seen by the ONDAMED® practitioner in January, 2006. She suffered from severe asthma since puberty. DA needed to use the inhaler at least twice per day to manage her condition. She has also been on prednisone on and off over the course of 7 years when her condition became worse. The practitioner noted at the time of the visit that she didn't look well. Her complexion was sallow and pale with dark circles under her eyes. She also had the appearance of being "bloated". In addition to the asthma, DA complained of fatigue. She received one treatment per week for a total of seven treatments. During the ONDAMED® sessions she would feel on the verge of an asthma attack but it would dissipate. One week after the seventh visit, DA told the practitioner that she did not have an asthma attack the whole week. She also explained that the allergist was expecting to put her back on prednisone. However, she had a follow up visit with the allergist and he was surprised at how well she was doing and that she did not need a prescription for prednisone. DA's energy improved dramatically with each ONDAMED® treatment. DA saw the practitioner one month later in March, 2006 for an ONDAMED® treatment. DA looked terrific and in her own words, "felt like a different person." She hadn't used the inhaler for 5 weeks! Her energy was so much better that she was able to work as a nurse full time. Prior to the ONDAMED® treatment, DA had only been able to work per diem as a home aid nurse because her energy level was so poor. DA looked and felt healthy and well, something she hadn't experienced for a long time. DA did not receive an ONDAMED® treatment for another 3 months. She returned to the practitioner in June, 2007, for a "tune up" treatment. She had not used the inhaler for months. DA explained that her allergist couldn't believe how dramatically she improved or why. She had not received allergy shots for many years. DA has not had a recurrence of her asthma and occasionally sees the practitioner for a treatment.

35. AUTISM

TR is a 13-year old boy diagnosed with high level autism on February, 1994, when he was 2 yrs 10 months old. He also suffered from gastrointestinal problems including alternating diarrhea and constipation and occasional vomiting and stomach cramps. He was unable to tolerate hamburger, French fries and ice cream and was diagnosed with a gluten sensitivity by his physician. His parents found that he improved with a gluten and dairy restricted diet. However, it was becoming increasingly difficult for the boy to feel comfortable when he was with his friends since he was unable to have any of the things that they would consume. He started ONDAMED® treatment in April, 2005, and received two treatments per week for 4 months. By the end of the 4th month he was able to tolerate all foods without having any diarrhea, constipation, vomiting, stomach cramps or any other gastrointestinal symptoms. His parents continue to keep him on a restricted diet since it dramatically improved his functioning. However, he is able to cheat occasionally with the restricted foods without any serious symptoms. The parents moved

and the child has not received any further ONDAMED® treatments. They keep in touch with the ONDAMED® practitioner and TR is still able to eat the restricted foods (which he does occasionally) without any gastrointestinal upset.

36. ENDOMETRIOSIS

SS is a 42-year old woman diagnosed with severe endometriosis in 1993 when she had a golf ball size benign tumor in her left lower abdomen near the uterus. Prior to this diagnosis she had an appendectomy in 1991. By the end of 1994, the tumor had grown back again and in 1994 she had a total hysterectomy. The tumor continued to grow back and it was removed by laparoscopy in 1996, 1998 and 2000. Despite the hysterectomy and the laparoscopy, it continued to grow back. In 2004, surgeons at Columbia Presbyterian Medical Center said there was nothing more that they could do. She was experiencing severe pain since the tumor grew back to a golf ball size again. They prescribed Nubane that she could inject herself when the pain became unbearable. She needed to use it every 3 hours. She made an appointment for ONDAMED® treatment and was so weak from chronic pain that she was unable to travel for the appointment. The practitioner brought the machine to her home. She received 3 ONDAMED® treatments per week and within one week she felt stronger and had significantly less pain and was then able to travel to the practitioner's office for the treatments. She received 3 treatments per week for one month and then 2 treatments per week for the next month. Her pain was further reduced and she was able to go 50-60 hours at a time without the use of any pain medication. The golf size tumor had shrunk to the size of an olive as confirmed with a CT scan of the abdomen. Her surgeon was amazed. Unfortunately, SS moved and lost touch with the practitioner.

37. FIBROMYALGIA

MY is a 27-year old woman who was diagnosed with severe fibromyalgia when she was 18 years old. She had severe trigger point pain, muscle aches and frequent fevers for no reason. Oftentimes, she couldn't move or get out of the house. She felt absolutely terrible most of the time which resulted in depression. She became further depressed since she was always a straight A student and needed to drop out of college after 18 months because she just couldn't function. She was always considered intellectually gifted and this was a great blow. She didn't see her mother for 6 years while trying to cope with the disease. She mostly stayed at home and took odd jobs just to support herself. Her depression and severe symptoms prevented her from keeping any job for very long. She came back home in December, 2005, and got another job right away. However, once again she had to give up her job due to her symptoms. She was given medications for depression (Wellbutrin, Lamictal, Topamax and Cymbalta) to help manage her symptoms and she became anorexic from the drugs. She had always been a good eater and had a healthy diet. She was admitted to an eating disorder clinic for two days and continued treatment outpatient from Jan to Sept. MY recovered from the anorexia but her depression and fibromyalgia symptoms did not improve at all.

In February, 2007, she started ONDAMED® treatment. After the first 3-4 treatments, she emitted a very strong smell that may have been a detoxification or herxheimer reaction (no one knows for sure). The odor quickly went away and she immediately started feeling better after each treatment. She received treatment once per week. Her attitude changed, her depression improved, her fibromyalgia symptoms improved dramatically. She continues the treatment once per week and improves constantly. She is physically active and took 3 classes Spring, 07 and got straight A's with a 4.0 index. MY is able to travel and finally do the things she wants to do. She went from a completely non-functioning to a highly functioning human being. This summer she is traveling and doing all the things she wants to do. Because of her social schedule she has some weeks where she may miss an ONDAMED® treatment but she is still doing great. Once school starts she will be back to the once per week treatment. She still takes her medications and hopefully with time her doctor will wean her off them. In the words of her mother, "Everything clicked and came together once we started doing the ONDAMED® treatment. Until that time absolutely nothing worked."

38. FOOT PAIN

DP is a 49-year old woman who suffered from a painful left foot for two years. She broke her foot when she was 6 years old and over the years of wear and tear, she was diagnosed with a bone spur. She tried everything to alleviate her pain: physical therapy, reflexology, acupuncture, chiropractic and foot detoxification baths. She also used homeopathic anti-inflammatory pain medications – Arnica and Traumeel and experienced some temporary relief when she took them. However, the pain always returned. In October, 2006, she attended an ONDAMED® Advanced Training Seminar in New York City. While in NYC for the weekend her foot pain became so severe she could barely walk. When she returned to the hotel on Sunday, she immediately used the ONDAMED® that was available to those attending the seminar. After one treatment her pain completely disappeared. She could not believe it. She had a total of 3 treatments and since that time has not experienced any pain. DC tried to induce the pain in her foot with flexion and extension and was unable to do so. She remains completely pain free during walking, exercise or any other activity that prior to the ONAMED treatment would induce more pain. DP stated, "ONDAMED® is my medicine." She is actively using ONDAMED® on clients with dramatic results. These cases are in the process of being reported.

39. LYME DISEASE

AD, a 6-year old autistic child was brought to the office with evidence of a tick bite. The parent explained that the child has had a fever for several days and is much less active. AD wanted to sit on his mother's lap most of the time. AD also had a rash on the back of his neck and upper body. He received treatment with ONDAMED® during a visit in June, 2004. AD returned to the office the next day for another treatment. His parent stated

that the child's fever broke the previous night after the treatment. His rash was gone and his activity returned to normal. AD received a total of 5 treatments, one each day for the whole week (Monday-Friday). He did not receive any treatment over the weekend. He remains well with no evidence of Lyme disease. His laboratory analysis confirmed that he in fact had Lyme disease.

40. LYME DISEASE

MB is a 49 year old female diagnosed with Lyme Disease and co-infection with Babesia and Bartonella in October, 1991. Her symptoms rapidly progressed from fatigue to multiple sclerosis (MS) like symptoms such as numbness and tingling in the extremities. In January, 1992 she received intravenous (IV) Rocephin for 3 months after which time she was hospitalized for three and one half weeks for a severely low white blood cell, neutrophil and platelet count. This was a side effect due to the drug treatment.

She was given a challenge test to see if there was another antibiotic regimen she could tolerate. She was then given Primaxin via IV administration for approximately five and one half months. She developed antibiotic resistant bacteria (*C. difficile*) and was given Questran as treatment. She also developed dumping syndrome from the Primaxin. She developed nausea which was managed with Compazine administered both IV and as a suppository for one week. She was also given Minocin, Biaxin and Amoxycillin on and off until approximately June, 1994. She often had to stop treatment due to the side effects of a very low white blood count. Despite the massive antibiotic treatment, her symptoms did not improve. She would get a little better for a short time and then her symptoms would return. She also developed more symptoms during the years of antibiotic treatment including pain in both knees, left hip pain and debilitating neuropathy. Her doctor told her there was nothing else he could do for her.

She sought the advice of a well-know practitioner of Traditional Chinese Medicine (TCM). She was on a protocol of Chinese herbs and acupuncture for one year from 1997-1998. She continued to have symptoms on and off without any consistent relief. In 1999, she saw a Lyme disease specialist who added Biaxin and told her to go back on the TCM. She did the treatments concurrently for two and one half years without any results. Her symptoms still came and went. She took Medpron and Zithromax in 2003 for two months and for the first time she felt terrific. All of a sudden she developed dermatographism (a form of hives) as a side effect of treatment and had to stop treatment immediately. She became very depressed and hopeless since she appeared to exhaust all avenues of treatment.

MB is very resourceful and found information about Cat's Claw being helpful for her condition. She took it in 2004 without any result but stayed on it anyway. She bought a Rife Machine (ENEM 5) hoping it would alleviate her pain and disability. She used it for one and one half years without any relief of her symptoms. Each time she used the Rife, she experienced a Herxheimer reaction that was quite severe. She used the Rife machine from 2004-2006 without any result. She also added Artemesin to her protocol that is

supposed to have activity against her infections. However, this supplement also did not produce any lasting results but she continued to take it. MB had very severe symptoms and expressed that she “no longer felt human.” She had a poor quality of life and had developed more symptoms listed below despite further treatment.

MB found information about ONDAMED® and decided to try this as her last resort. She started treatment 4 months ago in February, 2007. After several sessions she felt well for the first time in years. The MS-like symptoms, numbness and tingling of the extremities, recurrent parasthesia, shortness of breath, chest compression sensation, dyspnea and joint pain completely disappeared. She continues her treatment at least two times each week. She became happy, healthy and felt like a human being again. In her own words, “You just can’t imagine how great I feel. I had completely given up hope. ONDAMED® gave me back my life.”

41. LYME DISEASE

MN is a 35-year old male diagnosed with Lyme disease in April, 2000. A tick probably bit him when he was living in Martha’s Vineyard from March to October, 1998. While he never developed a rash, he slowly began to develop symptoms. They included multiple sclerosis (MS) like symptoms including numbness to the extremities, fatigue, difficulty walking, neuropathy, memory loss, dyslexia (which he did not have previously), headaches, arthralgia, muscle atrophy and spinal pain. These symptoms became debilitating and he visited 10 different physicians. He had various diagnoses that included MS, Amyotrophic Lateral Sclerosis and clinical depression. He was not getting better. MN was getting worse.

In April, 2000, he visited a specialist in Lyme disease who found through laboratory analysis that he was positive for Lyme disease and Ehrlichia. Over the course of 3 years he received intravenous antibiotics that included Rocephin, Merrem, Zithromax, Plaquenil, Claforan, Amoxicillin, Doxycyclin and supportive nutritional supplements. MN also received 150 hyperbaric oxygen treatments. He experienced gradual improvement to about 60% of his functioning at best. But he still had many symptoms and whenever he went off the drugs, his symptoms became significantly worse. There was no lasting improvement. He knew that he could not stay on antibiotics forever, nor did he want to.

In May, 2003, he sought the advice of another integrative physician who gave him an ONDAMED® treatment. He received one ONDAMED® treatment each week and within 2 weeks his health improved to 90%. The improvement was so significant that MN bought his own machine July, 2003, and continued ONDAMED® treatments 2-3 times each week. He also stopped the antibiotics shortly after starting ONDAMED® treatment. MN used simple patient preset modules for one year. After one year, he decreased his treatment to 1-2 times per week. The MS symptoms including numbness and neuropathy are completely gone. He is able to walk and exercise normally. His memory has significantly improved and his headaches and dyslexia are gone. He does not have arthralgia, muscle atrophy or spinal pain. He was unable to work from 2000-

2003 and was on disability. He now works full time and travels extensively. MN became a master ONDAMED® trainer. If he overworks and pushes himself too hard or if he has days of sleep deprivation, he may feel some slight symptoms return such as mental fog and fatigue. MN will increase his usage of ONDAMED® to 2-3 times per week or until symptoms disappear – usually within one week. He continues to live a full and active life.

42. MENISCUS

ZA is a 49-year old physician specializing in adolescent medicine who heard about the ONDAMED® machine from MM (a chiropractor). ZA simply did not believe MM's results. He visited the ONDAMED® practitioners and refused to give them any information. Instead he said, "I do not believe in this energy medicine stuff. I need to see it with my own eyes. There is only one thing wrong with me – find it!" ZA was scanned with the ONDAMED® machine. It revealed problems with the right and left upper jaw and the left knee. ZA could not believe that these issues were picked up by the machine. He had a wisdom tooth removed from the left and right upper jaw (which he forgot about) two weeks prior to the scan. The "one thing" he had wrong with him was picked up by the machine – his left knee. He had a left torn medial meniscus for 10 years and was experiencing terrible pain. He had tried everything available to avoid surgery. The pain had become unmanageable. ZA reluctantly scheduled surgery. He received ONDAMED® treatment to his left knee and was scheduled for one ONDAMED® treatment each week. By the second treatment he experienced noticeably less pain. After the fourth treatment the pain was completely gone and he cancelled his surgery. ZA was convinced that the ONDAMED® therapy regenerated cartilage. He remains pain free.

43. MULTIPLE SCLEROSIS

LC is a 53-year old woman who was diagnosed with multiple sclerosis (MS) in 1997. Her brain scan revealed 16 lesions in her brain. She had a previous brain scan in 1991 when her symptoms became severe and was told it was normal. It was re-read by another specialist who performed the brain scan in 1997 and he could not believe that it was misread as normal when there was evidence of brain lesions. Her physician prescribed weekly injections of Avonex. Her symptoms included extreme dizziness affecting her balance and bouts of paresthesia and an inability to urinate (loss of bladder control). She went to the emergency room and was hospitalized many times over the years when her symptoms were severe. During one hospitalization she needed to be catheterized in order to urinate for 5 weeks in 1993. In 2000 she had a severe relapse. She experienced extreme exhaustion and was having difficulty stepping up onto a curb. It progressed to the point that she could barely walk. She was hospitalized for one month. She was paralyzed during the hospitalization for 3 weeks. LC was given Mitrozantrone (chemotherapy) during her hospitalization and slowly got better. She was told she had borderline relapsing-remitting MS and she would experience deterioration of her condition. She was sent home from the hospital after she made her home handicapped accessible since during her hospitalization she was in a wheelchair. LC was able to leave

the hospital with a walker rather than a wheelchair since she had some improvement. However, it took her a long time to recover at home. She could no longer continue working as the Executive Director for the Mental Health Association. LC experienced cognitive dysfunction after this relapse and had some difficulty swallowing. In addition to the Avonex she was given intravenous immunoglobulin therapy 2 days each month from 2001-2003. In 2003 she was prescribed 3200 mg of Neurontin each day (the maximum dose) for severe neuropathy. She was still being hospitalized each year and nothing seemed to be helping. She was progressing and getting worse. She wasn't able to work; her marriage became extremely stressful due to her illness and her level of stress made her condition even worse. She needed to walk with a cane even after she had some recovery after her hospitalizations. The MS continued to progress.

In March, 2005, LC started treatment with ONDAMED®. She had one treatment and did not feel anything immediately after. However, that evening she felt an “enormous psychological shift.” In her own words she felt like the jigsaw puzzle piece that was missing was finally put into place. She continued her treatment once per week and progressively improved. In January, 2006, she purchased her own machine and immediately started using it 3 times per week. Her energy, cognitive function and sense of well being improved significantly. She could actually run up stairs. Her neuropathy improved over time and she was able to slowly cut her dose of Neurontin to 100 mg per day. She is no longer experiencing any neuropathy and is working with her neurologist to completely go off the Neurontin. She continuously gets better rather than deteriorating over time. She sleeps better, has increased energy and her mobility is excellent. She no longer needs to walk with a cane and can exercise. LC is also being weaned of Labatolol for hypertension that she developed in 2000 and is now on a half dose. LC was prescribed Provigil for extreme fatigue that she took since 1998. When she started ONDAMED® she was slowly weaned off the medication and stopped taking it completely in 2006. She no longer experiences esophageal spasms. She was prescribed Verapamil in 2000 for the spasms and due to the use of ONDAMED®, she was weaned off this medication in 2006. LC continues to take Avonex and will be off the Neurontin shortly. Since 2000, she was prescribed Tizanadine for spasticity and will start cutting down her dose shortly. Her physicians are amazed at her progress and continuous improvement. Her MS was severe and deterioration was imminent and occurred up until the time she started ONDAMED®. She has since become an ONDAMED® practitioner and helps other seriously ill patients get well.

44. MUCOCELE

JM is a 16-year old male diagnosed with a mucocele on 7/19/06. It would grow, burst and then re-grow every 2-3 weeks. A mucocele represents a condition in which damage to one of the small salivary (spit) glands leads to the formation of a soft bump or a blister-like lesion in the mouth. This can occur on lips, under the tongue, or less commonly on the roof of the mouth. It is a common and harmless phenomenon, although it can be annoying for the patient. A history of enlargement, breaking and shrinkage is fairly common, and these lesions can be remarkably persistent. If untreated, these will often swell, break (like a water balloon), and heal over, only to swell again and repeat the

cycle. This condition rarely goes away on its' own. An oral surgeon usually has to remove the spilled saliva and affected gland in order to completely stop the process. Surgery was the only option presented to JM.

He was also told that excised tissue should then be examined under the microscope to exclude the very small chance of some form of growth or tumor. Neither JM nor his parents wanted to consider surgery as a first option. The day after the visit with the oral surgeon JM received an ONDAMED® treatment. The practitioner informed JM and his parents that she had absolutely no idea if ONDAMED® would be able to effect any change in the mucocele. He received ONDAMED® treatment on 7/20, 7/24 and 7/28. Between the first and second treatment, the mucocele decreased in size by 60%. It continued to shrink after the second treatment. By the third treatment the mucocele was almost completely gone with some very small residual left. Prior to the treatment, JM could feel the surface mucocele as well as the rest of the mucocele deeper into the tissue that was not visible. The deeper part of the mucocele had completely disappeared. The mucocele has not grown back since 7/28/07.

45. MUSCLE PAIN

MM is a 36 year old white female who was experiencing severe muscle and calf pain. Patient ran the night before receiving the ONDAMED® treatment. Patient explained that the injury was most probably due to the fact that she did not warm up enough before running and pulled muscles in both legs to the point of hardly being able to walk. After receiving one treatment the day after the injury in May, 2006, MM was able to walk 50% better by the end of ONDAMED® treatment. Within one hour she was completely pain free. The issue has not returned since that time.

46. OSTEOARTHRITIS

EP is a 74-year old white female, who received her first ONDAMED® treatment in July, 2005. Patient stated she was having a great deal of problems walking up and down steps due to osteoarthritis of the hips and knees. She used OTC pain medications when needed. EP had moved her bedroom to the downstairs of her home due to this issue. Patient was treated with preset programs 47, 98 and 101. Patient noticed great improvement in ability to walk after the first treatment. EP was able to climb steps easily after third treatment. She will receive ONDAMED® treatments as needed if pain returns. She has not required any treatment for the pain thus far for two years. She stopped the use of pain medications after receiving ONDAMED® treatment.

47. POST TRAUMATIC STRESS DISORDER (PTSD)

GW is a (54) year old fireman that was relocated to New York City immediately when 911 happened. He worked very long shifts during the first two weeks since there was so much devastation. Shortly after beginning his tour at ground zero he began to feel very angry, short tempered and intolerant. He also started taking everything personally and had tremendous difficulty sleeping. This was contrary to his normally easy going personality and his ability to fall asleep and stay asleep easily. He expressed that working at ground zero was a nightmare. GW worked at ground zero for one year until September 2002. Since his personality change was not dissipating, he sought professional help and saw a psychologist in September, 2002, who worked with people who had difficulty adjusting after 911. After a few visits, he was diagnosed with post traumatic stress disorder (PTSD). The psychologist wanted him to take a prescription medication but GW refused. One year later in September, 2003, he agreed to take the prescription drug Cymbalta. The drug made him feel great but he could not tolerate the side effects. It decreased his libido and he was unable to have an orgasm. GW did not want to be dependent on the drug and also felt that it was just masking his problem and he wanted to deal with it. The prescription was changed to Wellbutrin which helped to some degree. His short temper and difficulty sleeping was not improving and he was still experiencing nightmares. He started ONDAMED® on March 16, 2006, since he had heard about the company's depression study and that biofeedback may be able to help with his stress. The psychiatrist from Westchester Medical Center, heading up the double blind placebo controlled depression study with ONDAMED®, approved him for the study and GW began a course of treatment. He stopped his medication after the first treatment because he felt better and more relaxed. He was very surprised it had made a difference with just one treatment. He received three treatments over 2 weeks. GW improved with each treatment. By the sixth treatment he was no longer angry and suffering from the other PTSD symptoms. He was able to sleep better, but would still wake up after 3-4 hours. Upon completion of the 6 treatment sessions, GW was seen by the psychiatrist for his follow-up interview on April 7, 2006. After the interview the psychiatrist confirmed that he had received active treatment and suggested he continue with ONDAMED® due to his excellent response to treatment. He continues to see the psychologist once every two weeks.

GW's sleep disturbance did not improve. He was still waking up 3-4 hours after falling asleep. Once awake, he had difficulty falling back to sleep. Since he experienced excellent results with ONDAMED®, he decided to seek treatment to improve his sleep pattern. GW had his first appointment with the practitioner on September 7, 2007. He received 8 treatments in total from September 7, 2007, to September 24, 2007. After the third treatment the practitioner informed him that he would feel drowsy. Instead of experiencing drowsiness, he became hyper and felt a spike of energy. That night his sleep disturbance became worse. He had difficulty falling asleep, a symptom that he did not experience previously. After waking up 3-4 hours later, he was completely unable to fall back to sleep. These symptoms continued despite further ONDAMED® treatment. He decided to complete the 8 treatments in the hope that it would still improve his ability to sleep. A few days after his eighth treatment, he slept 7 hours straight without waking

up. This was the first time since he was diagnosed with PTSD in 2001. The improvement in his sleep pattern remains significantly improved. He now gets an average 6-8 hours of uninterrupted sleep each night.

48. VERTIGO

SS is a 76-year old man diagnosed with benign paroxysmal positional vertigo (BPPV) who had been experiencing symptoms for 5 years. In Benign Paroxysmal Positional Vertigo (BPPV) dizziness is thought to be due to debris that has collected within a part of the inner ear. This debris can be thought of as "ear rocks", although the formal name is "otoconia". Otoconia are small crystals of calcium carbonate derived from a structure in the ear called the "utricle". The otoconia, they are able to migrate into the canal system. The utricle may have been damaged by head injury, infection, or other disorder of the inner ear, or may have degenerated because of advanced age (which was the case for SS). Normally otoconia appear to have a slow turnover. They are probably dissolved naturally as well as actively reabsorbed.

BPPV is a common cause of dizziness. About 20% of all dizziness is due to BPPV. The older you are, the more likely it is that your dizziness is due to BPPV, as about 50% of all dizziness in older people is due to BPPV.

The symptoms of BPPV include dizziness or vertigo, lightheadedness, imbalance, and nausea. Activities that bring on symptoms will vary among persons, but symptoms are almost always precipitated by a change of position of the head with respect to gravity. Getting out of bed or rolling over in bed are common motions that precipitate the problem because people with BPPV often feel dizzy and unsteady when they tip their heads back to look up.

SS was diagnosed after extensive evaluation by numerous neurologists. Fortunately, he did not have anything serious. His MRI and CT scans were completely normal as was most of his neurological evaluation except for the BPPV. SS had BPPV 1-3 times each day and it would last from 30-60 seconds. He was referred to a physical therapist who was to train him to tolerate the positional changes that would cause the BPPV. Despite several sessions with the physical therapist, the improvement would only last 1-2 days. He started ONDAMED® treatment on 7/2/07 and received his second treatment on 8/8/07. After the first treatment he felt more energy but no improvement in the BPPV. After the second treatment he did not experience BPPV for some time. He went on a golf vacation the week after the treatment and he was still not experiencing BPPV. Since the last treatment he has experienced at most 5 bouts of BPPV. He will be receiving more sessions over the next month since he will be leaving for Florida in the winter and he wants to make sure that the BPPV does not return. While he is away he won't have access to the ONDAMED® practitioner since he'll be quite a distance away in another state. ONDAMED® caused rapid and lasting improvement in BPPV.

49. WRIST PAIN

MM is a 49-year old male chiropractor who experienced acute pain in his left wrist in 2004. MM had overworked the left wrist from doing adjustments in a very busy practice. The pain was so severe he had to stop practicing for three months in the hope that rest would help it get better. He tried various treatments including ice, heat and rest. However, the pain did not subside. MM was preparing to sell his practice since he was in pain and unable to do any adjustments. In July, 2004, he received one ONDAMED® treatment. After the treatment he experienced some pain relief. The protocol was going to be one treatment per week until the pain subsided. The next morning the pain was completely gone. He immediately went back to work and has not experienced any pain since 2004.

50. BRAIN TRAUMA

CASE STUDY OF S.R. Provided by Dr. E.J. Miami, FL

- Severe Traumatic Brain Injury
- Brain Contusion
- Evolving Bifrontal Contusions
- Subdural Hematomas - Left Frontal and Left FrontoParietal regions
- Post traumatic headaches
- Post traumatic seizure
- Post traumatic anxiety disorder
- Cognitive Deficits
- Ansomia

SR a 60-year old female, fell hitting her head against the floor on January 2007. There was positive loss of consciousness of about 30 minutes. She was transferred to Trauma Center at JMH. Her Glaswco Coma Scale upon arrival was 15. She was alert and disoriented 3x. Her admitting diagnosis was Basilar Skull Fracture, Altered State of Consciousness, Convulsions. She was discharged home the same day. SR should not have been released given her severe brain injury.

She was readmitted again on 2/19/07 with convulsions and was again discharged home the same day which was once again, inappropriate. She was evaluated by a psychiatrist. Neurological work indicated non displaced fracture on the right occipital bone, extending to the skull base, epidural hematoma, subdural hematoma extending along the left frontal, temporal, and parietal convexities, adjacent to the subarachnoid hemorrhage, multiple hemorrhagic contusions of bilateral frontal lobe and in the left anterior temporal lobe, fracture of the medial aspect of the right orbital roof and cribriform plate.

Her diagnoses were:

- Severe Traumatic Brain Injury
- Brain Contusion
- Evolving Bifrontal Contusions
- Subdural Hematomas - Left Frontal and Left FrontoParietal regions
- Post traumatic headaches

- Post traumatic seizure
- Post traumatic anxiety disorder
- Cognitive Deficits
- Ansomia

She was prescribed Topomax 50 mg twice daily. Other medications included Boniva, Lipitor 20 mg, Metomorfin 500 mg 2x daily, Aleve as needed.

SR was admitted to a Intensive Outpatient Brain Injury Program at Baptist Hospital in Miami, in April 2007. She had not received any type of rehabilitation prior to this. She presented with decreased cognitive communication skills, characterized by mildly impaired memory for details and information, moderately impaired word retrieval, moderately impaired executive functions, working memory deficits, psychomotor retardation, decreased problem solving abilities, decreased organizational skills, decreased visual perceptual functions, dizziness, inability to ambulate independently and she required verbal cues for safety.

I did a neuropsychological evaluation on 5/15/07. She demonstrated a few minutes of retrograde amnesia and 12 days of anterograde amnesia. The results of the testing indicated the main areas of deficits were in complex attention, working memory, executive functions and mental and written calculations. All of these functions are related to frontal lobe dysfunction. In addition, she had moderate impairment in her immediate and delayed memory for both visual and verbal information.

She was left with a change in personality, post traumatic anxiety and depressed mood.

I referred the patient for Neurofeedback. She started on May 22, 2007. She was getting Neurofeedback sessions 2 x per week. Initially, there was not much improvement. **Once the ONDAMED treatments started on 5/29/07, there was a significant improvement in her performance on the Neurofeedback.** She received 2 ONDAMED sessions per week, generally before the Neurofeedback session. SR has continued to receive cognitive retraining, Neurofeedback, ONDAMED and individual psychotherapy. She reached a plateau in the Neurofeedback. However she has made incredible functional progress in spite of having evidence of blood in her bifrontal lobes as per recent CT scan of the brain with continuing ONDAMED treatment. **She is driving, totally independent, seizure free and less anxious.** I am planning to discharge her from cognitive remediation in the middle of October. I will repeat the Neuropsychological Testing for comparison purposes before she goes back to work as an administrator, in December.

10/17/07 Topomax was completely discontinued 5 weeks ago.

51. IT Band Syndrome

SW is a 55-year old woman who was diagnosed with IT (iliotibial) band syndrome 7 years ago in May 2000. As an avid triathlon athlete she was unable to compete in the Spring of 2000 due to the pain she was experiencing. She was prescribed Vioxx by an orthopedic surgeon and she took it on and off for several years to manage the pain. SW would experience the return of the pain as soon as she increased her mileage in

preparation for a competition. The surgeon suggested that she undergo surgery to correct the problem. She refused to have surgery. Two years later in addition to the IT band syndrome, SW was diagnosed with plantar fasciitis in June 2002. Once again the orthopedic surgeon recommended that she take Vioxx to manage the pain. She also iced her foot, used foot wraps as well as stretching exercises. However, the pain and inflammation always returned when she stopped the medication especially when she increased her mileage for competition.

In September 2005, SW experienced mild to moderate depression for the first time in her life. She had heard about ONDAMED as a biofeedback device and decided to try the treatment to see if it would help her mood. After receiving one treatment in September she immediately felt more relaxed. By the time she left the practitioner's office and got into her car to drive home she felt in her own words as though, "a huge weight has been lifted off my shoulders." SW also felt "happier and more energy." She received a total of 6 sessions over the next 3 months due to the scheduling difficulties (holidays, travel). SW received one treatment each week for the first 3 weeks and then skipped several weeks between the next 3 sessions. After the 6th treatment SW was completely free of depression. Consequently, after the second ONDAMED treatment SW went for a long run and experienced absolutely no pain in her IT band or plantar. She had not experienced any IT band syndrome or plantar fasciitis since receiving the 6 treatments in 2005. She has trained for and competed in numerous athletic competitions. SW also noticed that her times improved in competitions such as triathalons.

SW trained extremely hard recently and competed in a half iron man triathlon on July 7, 2007. The IT band syndrome came back during the competition yet she was able to finish. The pain was not as intense as it had been before. The next day she received an ONDAMED treatment and the pain completely disappeared. She received one more treatment the following week. On August 19, 2007, SW competed in another triathlon. There was an odd depression in the road and she twisted her foot while running. The plantar fasciitis returned, although not as intense and she was able to finish. She received an ONDAMED treatment the next morning and once again the pain completely disappeared. SW was able to complete a tough 7-mile run that evening and has not experienced any return of pain. She has not taken any Vioxx or other pain/anti-inflammatory medication for pain or inflammation since receiving ONDAMED treatment.

52. Breast Cancer

VP is a 37-year old woman diagnosed with stage 2, estrogen + and progesterone + breast cancer on June 19, 2007. Shortly after the diagnosis she received a left breast mastectomy and breast reconstruction. Twenty lymph nodes were removed and 2 were positive for cancer. She was prescribed percocet to manage the pain from the surgery. VP had pain in her breast and also pain in the 19 inch incision that was in her abdomen where fat was removed for the breast reconstruction. In July 2007, VP started her chemotherapy treatment. It was recommended that she receive adriamycin plus cytoxan every other week (4 treatments) followed by taxol every other week for 4 treatments.

VP received Ondamed treatment after her first round of chemotherapy. She was completely fatigued from the chemotherapy and could barely make it to the office. VP was still experiencing a lot of pain from the breast surgery and abdominal incision and still needed to take percocet. By the time she left the practitioners office she had no more pain in her breast. Two hours later the pain in her incision completely subsided. She never thought it would help the pain and that the pain would come back. To date she still remains pain free. The Ondamed treatment also made her tolerate the chemotherapy. It helped her energy level so that she did not have to be bed ridden and could do her chores. She continues Ondamed treatment twice per week and makes sure she does it immediately after receiving chemotherapy. VP also noticed that she no longer experienced depression after the 2-3rd treatment and that she felt happier. She did not have a history of depression. She became depressed after being diagnosed with cancer. VP also reported that if she felt a sinus problem or cold coming on, by the end of the Ondamed treatment it would disappear.

Kim Fischer

53. Plantar Fasciitis

SH is a 57-year old woman diagnosed with plantar fasciitis (PF) in January 2007. She had traveled to Europe for 5 weeks between October and November 2006 and walked extensively during the trip. She is 5'2" and 175 pounds and the weight on her feet may have been the cause of the PF. She had no history of PF before this time. She experienced severe pain and went to numerous physicians including a podiatrist. She tried an anti-inflammatory drug and experienced severe constipation and insomnia. It made her feel terrible so she stopped taking it and refused to take any further medication. The drug did not help her PF. Ultrasound and ice would help the pain to some degree temporarily, but then the pain would come back. SH also saw a physical therapist which decreased the pain to some degree right after the session, but then the pain would return within a short time. Her PT was still causing great pain. SH removed nightshades from her diet (potato, tomato, eggplant, peppers) which and followed the dietary advice from the book "Stop Inflammation Now" by Richard Fleming that helped reduce the pain and inflammation to some degree. However, the pain was still there. She became depressed from the pain and the fact that nothing significantly helped her PF.

SH had her first ONDAMED treatment in February 2007. She received one treatment per week and after the first 3 treatments her attitude improved, she felt less depressed, she had more energy and her pain was noticeably less. In March she stepped up the ONDAMED treatment and received 4 treatments in 10 days. For the first of the 4 treatments she hobbled up the stairs to the practitioners office. By the 4th treatment she could walk normally for the first time since being diagnosed with PF and she had significantly less pain. The pain continued to significantly decrease and subside with each ONDAMED treatment. She had so much success with ONDAMED that she bought her own machine and diligently uses it 2 times each week. She has virtually no pain, she can walk and live normally and she is able to increase her exercise without pain. If she

feels any discomfort in her feet, she uses ONDAMED to relieve the discomfort. She no longer experiences debilitating pain from the PF and is able to lead a full and active life.

54. Plantar Fasciitis

SP is a 55-year old male diagnosed with plantar fasciitis of the left foot in January 2007. The onset was sudden and the patient was limping and unable to put his full weight on the foot. The patient is obese and weighs 350 pounds. He was given diclofenac for 3 weeks and there was no alleviation of the pain. Prior to receiving a steroid injection to the foot, the patient was given one ONDAMED treatment. Shortly after the treatment the patient was able to walk normally since the pain was completely gone. Two weeks later some of the pain returned (not as severe as before). He received two treatments in one week. After the second treatment the pain from the plantar fasciitis was completely gone. SP has remained pain free for more than 7 months. He has not received any steroid injection to the foot and is not taking any pain medications.

James Fugedy

55. Animal case study #2 Paralyzed dog

a dog went lame and became paralyzed it lost the use of her hind quarters. Had lots of bone spurs probably due to the use of prednisone for 7 years for a blood ailment. I visited 5 times. At first no pulse was taken ran anti stress and pain, then took pulse and numerous neurological programs showed up so I ran them. 2nd visit took pulse but pretty much same things came up. third visit, swollen limbs were looking much better and the dog was dragging herself along the floor to the door. With the aid of a harness to help her to her feet, she took her first baby steps into the back yard. 4th visit, just helped pick up her hind quarters and she walked the entire yard by herself. The 5th visit no assistance needed she would get up (a little weak of course) and would go to the door stay outside 1/2 hour, smelling around and upon return jumped back on the couch as usual as if nothing were ever wrong.

If you would like exact information as to what programs were run I'd be happy to send copies of my notes. My next case I will try Main Focus. In the meanwhile working on a dog with arthritis. Ill keep in touch. Till then, Believing in God's best for you. best regards

Margaret Bowlander

56. Fly Strike (Animal Case Study, Sheep)

Hello Dr. Kessler,

Please tell Karin how much I enjoyed working and getting to know her at the advanced training class. Case study I have had with animals.

1st case a sheep with fly-strike. This is a condition caused by flies depositing their eggs

under the skin of a weakened animal and the maggots eat the animal alive. The animal went down, stopped eating and drinking. The owner and breeder picked out maggots for three full hours causing much pain and leaving open sores. She was treated for pain with bandedol and a zinc paste to cover gaping wounds. The animal couldn't stand up and hung her head. Animal too sick to run a pulse so I ran pre-set program for antistress, then pain program twice. Once completed ran the joy of life. This was late morning. By 6 pm animal was standing and pushing her hay around with her nose but she was drinking. By 9pm the sheep was eating. The next morning I returned and took animal's pulse ran the anti stress program then tissue regeneration. Skin with wool was black and fell off but in 1 1/2 weeks she looked great. Healed very well. There was no need for my return.

Margaret Bowlander