Effectively treating chemotherapy induce peripheral neuropathy (CIPN)

INTRODUCTION: CIPN occurs in between 23-75% of cancer patients receiving chemotherapy for treating their disease. Ideally, regenerating nerves destroyed by neuropathy is the primary goal of all who treat CIPN. However, since target has not been achieved, symptom modification remains our only treatment option. Currently these have a less than 50% chance of helping patients reduce their pain by 50% and all cause many “adverse side effects” that limit their usefulness,

Over 70 years ago, the Nobel Laureate Edwin Schrodinger offered an alternative to the pharmacologic model by proposing that “living matter at the cellular level can be thought of in terms of quantum mechanics – pure physics and pure chemistry.” This suggests that electrical currents and electromagnetic energy fields can induce and amplify subatomic particle movement and activity to create healing within cells

A sophisticated electronic signaling technique (EST) produces profound anti-inflammatory effects. When combined with a local anesthetic the technique is called cet (Combined Electrochemical Therapy) and combats the various mechanisms involved in producing CIPN. A recent study has shown that CET more effectively treats neuropathy than does pharmacology.

AIM: To compare the efficacy and safety in using CET to treat CIPN.

METHODS AND MATERIALS: After initially evaluating 118 patients with CIPN, 95 patients (80%) received up to two CET treatments a week for many as 56 treatments. The patients were analyzed in terms of their age sex, cancer diagnosis, co-existing causes of neuropathy, and whether they had finished their chemotherapy or were still undergoing treatment. Their highest VAS pain/discomfort scores as well as their highest Neuropathy Function Index (NFI) were compared to their last VAS and NFI score.
RESULTS: Sixty eight of these patients (72%) reduced their pain/discomfort by at least 30% and fifty two patients (55%) reduced their pain by 50% or more. The average patient improved their NFI by at least 45%. None had any “adverse side effects”.

CONCLUSION: CET offers patients suffering from CIPN a safe and effective way to reduce their pain/discomfort, improve their functioning and allow some to continue to receive chemotherapy.