CASE HISTORY

PATIENT, FEMALE, 85 YEARS OLD WITH LUMBAR PAIN, SEVERE RECTAL PAIN AND ITCH

CONDITION: 4-5 years, sharp pain and itch 24/7, VAS score PAIN = 9/10

PREVIOUS TREATMENT: Spinal injections, surgery not possible due to severe disc degeneration as seen on MRI,

HISTORY: MVA 15 years ago, with neuropathy in both feet; back surgery post MVA in her 20s.

MEDICATIONS: Surdep, Lyrica, Syaleave, Tranquipan

TREATMENT REGIME:

1ST TREATMENT 14/02/2024

Acupuncture for stress and spinal pain, Rife resonator for Neural pain, non-invasive pulsed radio frequency (Stimpod) to bilateral pudendal nerve and Vagus nerve in the ear

2ND TREATMENT 19/02/2024 (1 WEEK LATER)

VAS PAIN = 0/10; ITCH = 5/10

Acupuncture for stress and spinal pain, Rife resonator for Neural pain and Itch, non-invasive pulsed radio frequency (Stimpod) to bilateral pudendal nerve and Vagus nerve in the ear. Panag High Frequency to spinal area.

3RD TREATMENT 22/02/2024 (3 DAYS)

VAS PAIN = 0/10; ITCH = 3/10 Acupuncture for stress and spinal pain, Rife resonator for Itch, non-invasive pulsed radio frequency (Stimpod) to bilateral pudendal nerve and Vagus nerve in the ear. Panag High Frequency to spinal area.

4TH TREATMENT 07/03/2024 (3 WEEKS)

VAS PAIN = 0/10, ITCH = 0/10 Acupuncture for stress and spinal pain, Rife resonator for Itch, non-invasive pulsed radio frequency (Stimpod) to bilateral pudendal nerve and Vagus nerve in the ear. Panag High Frequency to spinal area.

5TH TREATMENT 25/03/2024 (19 DAYS)

VAS PAIN = 0/10, ITCH = 0/10

Acupuncture for stress and spinal pain, Rife resonator for Itch, non-invasive pulsed radio frequency (Stimpod) to bilateral pudendal nerve and Vagus nerve in the ear. Panag High Frequency to spinal area.

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