

**Report on the application of full body magnetic field therapy
with the Quantron Resonance system (QRS) Salut 1
at the Geriatric Hospital in Graz, Graz, Albert Schweizerg. 36**

Medical Director: Dr Eric Stoiser
Practising Doctor: Dr Petra Wagner

Duration: April until September 2000
Equipment: 3 units QRS – Salut 1, Nr.: SI-1 – M300160, 162, 167

Summary:

In all the following cases the patient's condition can be described as clearly diminished. Previous therapies did not show significant improvement.

The therapies were conducted with pulsating magnetic fields of extremely low field strengths (Level 3) and have led to very positive results in all cases.

In principle the results confirmed the statements of the existing scientific studies and application reports.

It can therefore be summarised that not only the patient's condition concerning quality of life has improved, but also that the level of care needed can be reduced due to the overall improvement of the patient's wellbeing. Furthermore the therapy using these magnetic fields does not cause any known side effects.

Medical director

Practising doctor

Graz, Oktober 2000.

Case 1

72 year old female patient

Diagnosis on admission:

- Extensive sacral decubitus ulcer
- Alzheimer's
- Erysipelas on right lower thigh
- PEG tube due to massive dysphagia
- Total immobility
- Global aphasia

Main problem: massive sacral decubitus ulcer 18x10x2cm with a wound pocket to the right side 6-8cm
The decubitus ulcer had already been treated with the **Vacc-system** with no considerable results.

Despite various highly proven wound management systems in our hospital relapsing infections of the decubitus ulcer and fevers occurred, the ulcer remained with a very unpleasant smell and is highly coated.

6th April, 2000:

Start of magnetic field therapy; level 3, 2x8 minutes daily

After six weeks the patient starts to take nutrition orally and to formulate words.
The decubitus ulcer becomes visibly cleaner at the base of the wound.

21st September, 2000:

Today the decubitus ulcer is 13,5x6,5cm in size, flat and well circulated at the base. A good healing tendency can be observed from the sides of the wound. Epthelial bridges are forming towards the centre of the wound.



CASE 1 10TH JUNE, 2000



CASE 1 21ST SEPT. 2000

The patient is gaining wheelchair mobility.
The PEG tube is currently not being used. Verbal communication, using a few words is possible.

Case 2

79 year old female patient

Diagnosis on admission:

- Sacral decubitus ulcer
- Senile dementia of the Alzheimer type
- Depression
- Parkinson syndrome
- Relapsing urinal tract infections
- PEG tube with dysphagia

On admission the general condition of the patient is visibly diminished. Verbal communication is very poor. No mobility at all.

Main problem: sacral decubitus ulcer 6x4cm, very coated

5th May, 2000

Start with magnetic field therapy, level 3, twice daily for 8 minutes.

21st September, 2000

The PEG tube does not need to be used at present. The patient uses her own hands to eat independently at times, is wheelchair mobile and verbal communication is possible. (small talk)

The ulcer has hardly changed in size, but is very well circulated and shows a tendency to form epithelial bridges.



CASE 2 10TH JUNE 2000



CASE 2 21ST SEPT. 2000

Case 3

80 year old female patient

Diagnosis on admission:

- **CVI with severe confusion**
- **Relapsing urinal tract infections**
- **Relapsing fever**
- **Decubitus sacralis I**

At the beginning of June 2000 the sacral decubitus ulcer shows deep pockets, a strong coating at the base of the wound, accompanied by a foul smell.

The patient suffers from relapsing fevers, no improvement is achieved using proven wound-managing systems, and antibiotics do not reduce the infection.

7th June, 2000

Start of magnetic field therapy, level 3, twice daily for 8 minutes.

6th July, 2000

The ulcer has visibly improved and is very well circulated.

Since the start of magnetic field therapy there has been no more fevers and no further infections of the decubitus ulcer.

21st September, 2000

The ulcer is without coating. The wound pocket is clearly smaller and the left side of the wound does not show any tendency for pocket building. Granulation tissue is growing from the side of the wound towards the centre. The general condition of the patient remains diminished, but stable.



CASE 3 10TH JUNE 2000



CASE 3 21ST SEPT. 2000

Case 4

38 year old female patient

Diagnosis on admission: - **St.p. strangulation**
- **apallic syndrome**
- **symptomatic epilepsy**

Due to the relapsing respiratory infections caused by the patient's primary illness (total immobility) and the resulting bad blood circulation, the patient develops a sacral decubitus ulcer on the 10th May, 2000. Despite various therapy approaches there is no sign of improvement. Under consideration of the symptomatic epilepsy and the related relative contra indication of the magnetic field, the therapy was started with specific attention to the possible occurrence of epileptic fits.

30th May, 2000

Start with magnetic field therapy, level 3, twice daily, 8 minutes

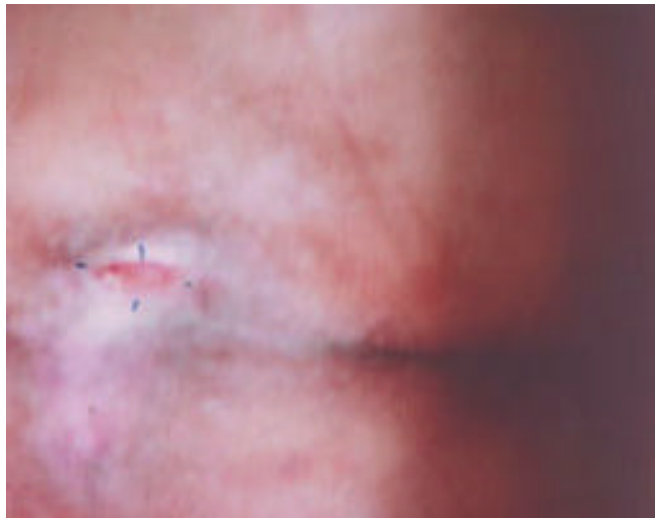
The infections become rarer and the decubitus ulcer is looking much better.

22nd September, 2000

The sacral decubitus ulcer is nearly healed (minor surface defect)



CASE 4 10TH JUNE 2000



CASE 4 22ND SEPT. 2000

Case 5

76 year old female patient

Diagnosis on admission:

- **Ulcera cruris (multiple ambilateral)**
- **Parkinson syndrome (++)**
- **Multiple infarcts**
- **Diabetes mellitus**
- **Art. Hypertonus**

There is a stagnating healing tendency of the ulcera cruris
Increasing pain requires stronger pain treatment.

27th June, 2000

Start with magnetic field therapy, level 3 for one week, then level 4, twice daily for 8 minutes

21st September, 2000

At present a very good healing tendency can be observed. The pain treatment could be stopped altogether.



CASE 5 21ST MARCH, 2000



CASE 5 24TH SEPT. 2000



CASE 5 21ST MARCH 2000



CASE 5 24TH SEPT. 2000

Case 6

82 year old female patient

Diagnosis on admission: - **IDDM**
- **Relapsing infections**
- **PNP**
- **Parkinson syndrome**

The patient has been an in-patient in GKH (geriatric hospital) since 7th October, 1999. During the entire time she continues to relapse due to her diabetic metabolism.

On 10th September 2000 a decubitus ulcer develops on her back, due to bad blood circulation the ulcer is spreading fast. It has a very unpleasant smell and is coated.

10th September, 2000

Start with magnetic field therapy, level 3, twice daily, 8 minutes

21st September, 2000

The ulcer is clearly defined, shows diminished signs of infection and the smell has disappeared.