

# Low Intensity Laser Therapy Heals Chronic Wounds



By Dr. W. Gifford-Jones M.D.

Do patients receive ineffective treatment when they could be cured by a lesser-known technique? The answer? Probably tens of thousands.

I recently spent a day at a Meditech Conference in Toronto listening to experts discuss dermatological and wound ulcers that were resistant to treatment. There I saw startling photos showing how Low Intensity Laser Therapy (LILT) can often cure these conditions. Today, there is something new under the sun.

An old joke in the medical fraternity is that dermatology is the best specialty as patients never die nor get better. But it's not so funny if you suffer from a chronic skin condition that refuses to improve.

Year after year these patients are prescribed a variety of pills, creams and other treatments with no significant effect. As a professor of dermatology at the University of Toronto admitted to me, "We often have no idea what we're doing."

Dr. Kahn, Director of Meditech Laser and Rehabilitation Centre in Toronto, presented pictures of patients suffering from psoriasis, allergic contact dermatitis, acne, ringworm, impetigo, herpes lesions and warts that faded away with LILT therapy after 5 to 10 treatments.

But more dramatic was the effect of this therapy on chronic ulcers. Patients with diabetes had developed frightful-

looking leg and foot ulcers due to atherosclerosis (hardening of arteries). These patients and those with ulcers resulting from injuries, chemical and thermal burns had been helped by LILT.

Today, with an aging population, more people are also suffering from what are known as pressure sores or bedsores. Some are young people who have been severely injured and face weeks of bed rest, or the elderly confined to bed.

Dr. Slava, Clinic Manager at Meditech, outlined the problems associated with the treatment of ulcers. Why doctors should stop packing ulcers with tight dressings and how it's more effective to elevate the leg, and leave ulcers exposed to the air, accompanied by daily irrigation with antiseptic solutions. And how laser treatment has a major effect on healing.

This is not a small problem. According to The World Health Organization two million Canadians have diabetes and this year seven percent will develop leg ulcers (150,000)! There are also 50,000 Canadians with spinal cord lesions. Half of these will develop ulcers.

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The economic cost of caring for ulcers is appalling. Dr. G. Woodbury of the University of Western Ontario reports that

the average cost of treatment in a health care facility is \$27,000. Dr. Slava, on the other hand, says it is \$1,000 at Meditech! Yet it's ironic that in spite of this financial benefit our health care system does not cover the cost of treatment at this facility!

What makes LILT so effective? Dr. Mary Dyson is Emeritus Professor of Physiology at King's College, University of London, England, and an international authority on wound healing. She reported that LILT gives a jump-start to the body's natural healing process that delivers energy to the tissues that's transformed into biochemical energy. The result is increased blood supply and accelerated healing time.

Last year I also talked with Dr. Tina Karu, Professor of Laser Biology and Medicine of the Russian Academy of Science in Moscow, an expert on basic laser research, and also a proponent of this therapy. Professor Dyson, Karu and those at Meditech are not gypsies pedaling snake-oil medicine. Besides, progressive photos of these cures can't lie.

One has to ask the obvious question. Why don't more doctors and hospitals use LILT? It's a question that Ministers of Health should be asking. But getting doctors to accept change is like trying to pull teeth out of a bull.

Last year I wrote about the benefits of LILT in treating sciatica, painful joints and other orthopedic problems. One of my patients could walk only a few blocks without severe pain in her ankle. Now after using LILT she walks in downtown Toronto without pain. As has often been said, "The proof is in the pudding".

I hope this column helps those with skin lesions who cannot find relief from dermatologists. And those with ulcers that won't heal.