

Jack Brown, M.D., D.P.M.

Family Practice/Podiatry

401 E. Broadway • Sand Springs, OK 74063

A Brief Summary of My Eight Years of Experience Using MicroVas Technology for Wound Care and Pain Management in A Rehabilitation Hospital and Also in Private Practice:

“When first asked to use MicroVas as a part of my treatment regimen at HealthSouth rehabilitation Hospital of Tulsa, Oklahoma, where I was the Wound Care Director, I was reluctant and skeptical. However, to placate the hospital administrator I agree to use it for a short trial. During the next three years, 1999-2002, I personally used the MicroVas to treat nearly seven hundred patients with various conditions as outlined below. This figure includes patients at my private practice in Sand Springs after I purchased MicroVas units for use there.”

Jack Brown, M.D., D.P.M., 2002

“It has now been eight years and my use of MicroVas continues. Nothing has changed; it is still an integral part of my practice. A PCP who had not experienced what MicroVas can do for their patient is missing a very valuable therapy.”

Jack Brown, M.D., D.P.M., 2008

Diabetics with Peripheral neuropathy and/or foot ulcers

The MicroVas technology has demonstrated remarkable efficacy in the treatment of difficult, long-term, non-healing ulcers. Stage 3 and 4 ulcers, some of which were more than two years old, were completely healed in as little as six weeks. A particularly dramatic case was patient JB, a 63 year-old diabetic with a class 3 foot ulcer 6 cm in diameter, which had been treated for two years with traditional wound care. After three weeks (fifteen treatments) there was a reduction to 3.8 cm and a significant improvement in color. After six weeks, the wound further reduced to 1.2 cm. After fifty-one treatments in ten weeks, his foot was totally healed. As a Podiatrist and M.D., I have been treating foot ulcers and neuropathy for more than thirty years and I have found nothing to compare with MicroVas.

One patient with neuropathy, who had lost all feeling in his feet, reported feeling in his plantar after three weeks of MicroVas treatments. Patients suffering from poor circulation and vascular insufficiency, with blue to purple feet and toes, have seen their color restored to a healthy pink in four to six weeks. To my knowledge, there is no other treatment modality that reduces or relieves neuropathy as MicroVas has done for my patients.

There is no doubt that this technology can save limbs. I'm confident that I have helped more than one hundred and eighty people avoid amputation of feet and legs through the use of MicroVas.

Bedfast patients with decubitis/pressure ulcers and Muscle disuse atrophy

Decubitis ulcers, commonly called bedsores, are a frequent occurrence in bedfast patients, currently afflicting approximately nine percent of all nursing home residents. I treated fifty to sixty patients at HealthSouth with ulcers in the sacral area, generally a difficult wound to heal. Progress was marked by an improvement in color (sometimes noticeable after the first treatment), granulation and reduction in area. While most of the ulcers were healed completely, total healing of some was not possible. I consider their stabilization and improvement to be a "successful outcome."

While treating patients in the sacral area, we gained a corollary benefit: reversal of incontinence. Since their incontinence is often caused or exacerbated by muscle disuse atrophy, and since MicroVas causes involuntary exercise, it only follows sound reasoning to see the benefits. Urinary and fecal incontinence, as well as constipation, are all improved by MicroVas treatments.

Musculoskeletal conditions: sprains, overuse, and degenerative joint disease

MicroVas has been dramatically effective in treating sprains and "sports injuries" in terms of pain alleviation as well as accelerating healing of inflamed muscle tissue and reduction of swelling. "Golfer's elbow," "tennis elbow" and carpal tunnel syndrome have all been treated successfully. To my knowledge, MicroVas offers the only non-surgical cure for carpal tunnel syndrome.

I have witnessed MicroVas efficacy many times in treating inflammatory processes such as patella tendonitis, chronic tendonitis of the foot and ankle, tendonitis of the wrist and elbow, and bursitis around the shoulder, knee and hip.

Post-surgery, broken bone healing

We have used MicroVas many times in post-operative situations to mitigate pain and to enhance the healing process of bone and soft tissue. Uses to promote healing have included:

- To enhance healing following abdominal surgery for a hernia repair, recurrence of incisional hernia.
- following a coronary bypass operation to reduce the sternum and chest wall pain
- post-operative to promote healing of burns and skin grafts
- to stimulate the healing of broken bones that are union and non-union (i.e., bone stimulation).

Spider bites and non-typical applications

A patient who had been bitten by a brown recluse spider developed a chronic pseudomonas wound. She had been treated by several other doctors using a variety of treatment modalities without effect, and was then referred to me. She presented a large, infected area and puffy, sloughing skin with a greenish discharge. In addition to antibiotics, we began MicroVas treatments five days a week for three weeks. The wound was reduced in size, improved in color, and the drainage stopped. She was then referred for a skin graft.

Another patient with chronic osteomyelitis to maxillary sinus had been to many doctors seeking relief, to no avail. After five MicroVas treatments, improvement was felt by the patient. One month later, an examination sent to me from the patient's ENT specialist reported:

"Endoscopy today . . . there is no exposed bone. This appears to have healed over and I can see the fresh granulation tissue, which is well healed and smooth with no infection, over the previously exposed bone that had been there for about two months prior to this treatment."

CT of sinus revealed no osteomyelitis at the two-month mark.

Other conditions which I have successfully treated include Mechanical neck pain, headache, TMJ pain, ganglions of the hand and foot, plantar fasciitis, myofascial enesthopies.

The MicroVas has also demonstrated therapeutic benefits in cases of Parkinson and dementia patients who have somewhat weak and atrophic extremities from non-use. Wheelchair-bound patients treated with MicroVas have been returned to an ambulatory condition (treatments should begin as soon as possible after the condition arises.)

General comments and observations on the use of MicroVas

There have been no adverse reactions, complications, or any safety issues during these nine years and hundreds of patients – a 100% safety record.

In cases of infection, I use high doses of antibiotics with MicroVas treatments and I believe that part of its efficacy lies in the fact that MicroVas improves arterial circulation and delivery of antibiotics to the wounded area, thus enhancing its efficacy. In fact, since

MicroVas enhances blood flow, it would seem that it is an effective adjunct in most types of healing situations.

What MicroVas has meant to my private practice

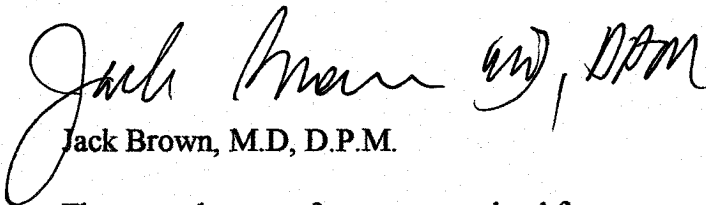
Finally, the MicroVas system has been very beneficial to our practice. Medicare reimburses per (3 unit) treatment in Oklahoma. Worker's compensation and many (but not all) PPO's reimburse at higher rates than Medicare.

Some physicians might think they will have trouble generating the patient volume to justify having this technology in their office. What I have found is that the MicroVas treatment system actually *generates more patients* through word of mouth advertising. If you are offering a unique and beneficial service, patients who are *looking for relief or healing* will find you. Many are glad to find a drug-free method of pain relief.

Perhaps not too surprisingly, insurance companies I deal with are beginning to realize that *they* are the big beneficiaries of MicroVas treatments. (For example, consider what it would have cost them for the 180 amputations I avoided through MicroVas treatments). They love MicroVas; it is an accepted modality by almost all insurance companies.

The beneficial effects of MicroVas on my practice and in the lives of many of my patients are truly remarkable, far beyond my expectations. As physicians. If we can deliver something that *heals people, improves their quality of life, and perhaps their length of life*, isn't that what we're supposed to be doing? I believe it is.

Sincerely,

A handwritten signature in cursive script that reads "Jack Brown M.D., D.P.M." The signature is written in dark ink and is positioned above the printed name.

Jack Brown, M.D., D.P.M.

These results are, of course, anecdotal from personal experience. I have no equity position in MicroVas and receive no compensation for these, my voluntary statements.