

Fistula healed non-invasively. CLINICAL REPORT  
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A 59 years old male had for three months a lumbar cramp-like pain in the left side of his abdomen. A diagnosis showed a left renal cyst. He had a pre-op inspection and then a laparoscopic extraction through the left lumbar site. During the post-op care, he started to show signs of a fistula, probably due to an accidental contact of the trocar with the colon.

To check the suspicions about the fistula, contrast dye was administered through the skin opening and the fistula was confirmed visually. There were two colons on the lower back.

The patient consulted an abdominal surgeon who suggested a small resection of the affected portion of the colon. Now distrusting invasive surgery, the patient instead approached Dr. Darío Rodríguez who offered non-invasive surgery with his CellSonic VIPP medical machine.

This technology can be likened to a lithotripter except that it is weaker, smaller, hand held and a much lower cost. For about forty years, lithotripters have broken kidney stones with much higher energy applied to the kidney and there have been no reports of side effects on millions of patients in all hospitals throughout the world. CellSonic has taken the technology to an advanced state with VIPP (very intense pressure pulses) which kill infection and cause soft tissue to regenerate without drugs.

Dr Rodríguez used an infinity head on the CellSonic. This projects the pressure pulses at the rate of four a second deep into the body aimed by the doctor according to his knowledge of the anatomy. Pulses hitting the internal wound caused healing. Where pulses hit healthy tissues, no harm is done. It is this convenience that allows such treatments to be used with far less risk than open surgery or applying drugs all of which incur side effects. As the patient in this case now understands, if his cyst had been treated by CellSonic in the first place, he would have been easily cured and spared an ordeal. The cost would also have been negligible in comparison.

The fistula was treated once a week for 8 weeks. The healing was monitored by a sonogram. With the skin now closed, using a contrast dye was not practical. Initially secretion from the fistula was about 50 cc every four to five days and as the treatment began the outflow reduced until the wound completely healed. The patient had been advised to have major surgery involving a hemicolectomy and a likely colostomy with closure of the second colon.

The means by which VIPP causes healing is understood from many years of success with external wounds and this treatment shows that the same process occurs deeper in the body. Nitric oxide will form for the generation of growth factor tissues. Stem cells migrate to the site triggered by the instructions of the immune system. Artificially developed stem cells seldom succeed. Only the immune system causes the right type of cells to reach exactly the right place in the right quantity. Infection is killed mechanically; the pulses rupture infection whatever it may be. Healthy cells are unaffected.

Dr. Darío Rodríguez Escalante and Dr. Darío Rodríguez Saldarriaga, have taken a major step forward in the non-invasive options for the benefit of the patients avoiding the use of drugs and risks that conventional surgery always brings to the patients.



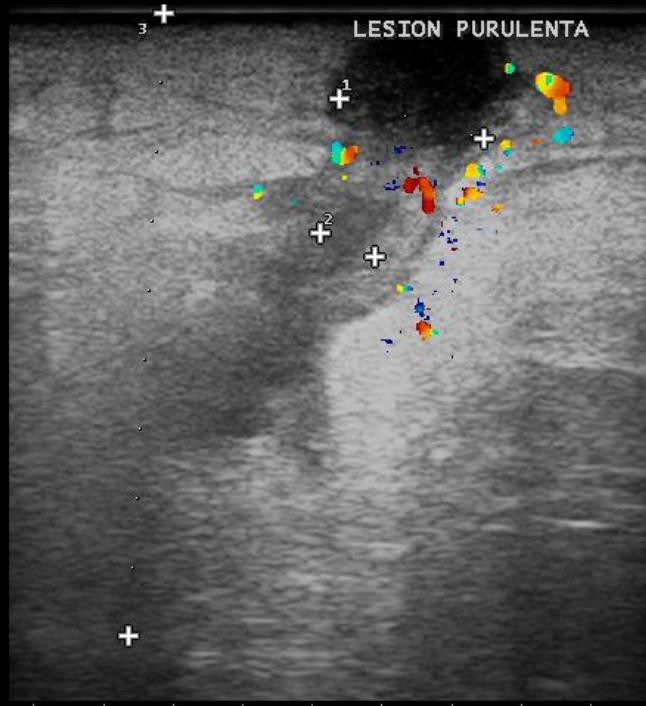
Ecografia de FISTULA

B F 7.5 MHz G 82% CFM F 6.6 MHz G 76%  
P 5 cm XV C PRF 0.5kHz  
PRC 11-5-A PRS 5 PRC 3-B-A PRS 4  
PST C#4 FP M S I

MSK LA523

D1 10.8 mm  
D2 4.3 mm  
D3 44.8 mm

+0.03  
-0.03  
m/s



ECOGRAFIA POST TRATAMIENTO

B F 7.5 MHz G 82%

P 5 cm XV C

PRC 11-5-B PRS 5

PST C#4 MV 1

MSK LA523

D1 32.7 mm





PACIENTE TRATADO CON 8 sesiones de ONDAS DE CHOQUE DE ALTA ENERGIA CON EQUIPO MEDICO  
CELLSONIC MODELO A