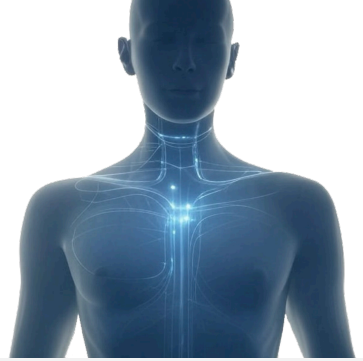


## Case Study

# AIT and Renal Disease, Type 2 Diabetes



### Condition / Diagnosis

Patient was diagnosed with end stage renal disease and type 2 diabetes. He was receiving hemodialysis three times per week as an outpatient. He was initially diagnosed with end stage renal disease in 2012. Patient has an arterial-venous fistula in his left arm through which he receives regular hemodialysis. Prior the onset of the end stage renal disease patient has a history of diabetes for over 20 years. Patient was currently on insulin injections and regularly being monitored by his nephrologist. Patient employment history is as a professional truck driver from which he had to retire due to his physical condition. There is no pertinent family history of either end stage renal disease or diabetes. Patient lives a very clean life style at this time and indicates no drug, alcohol or tobacco usage. Patient's diet consists of heavy meat and high fat content. Our research team has recommended to him to move to a predominantly vegetarian diet with limited meat intake. His diabetes is well controlled through self-monitoring of his glucose levels and injection as needed with levimir.

### About the Patient

Age: 58

Sex: M

### Past Care / Treatment / Consultations

hemodialysis, insulin injections

### Object of Therapy

To treat the patient with the auto infusion technology for the verification of the efficacy of the therapy as applied to the specific condition: End-stage renal disease, type 2 diabetes

## TREATMENT & RESULTS

### Initial Treatment & Results

Upon presentation at our facility we indicated to the patient that our hope was to show some type of improvement in his overall welfare and function in regard to the diabetes and the end stage renal disease. An initial consultation was held with his supervising nephrologist to explain the Auto Infusion Technology and the purpose and scope of our therapeutic intervention. We proceeded to commence therapeutic intervention with the support of the nephrologist overseeing his hemodialysis. Prior to commencement of therapeutic intervention with the Auto Infusion Technology we performed a basic renal function test as well as a complete metabolic profile as a baseline. With each session of Auto Infusion Therapy we performed pre-treatment and post treatment renal function test to ensure adequate monitoring of the patient's physiological status. The patient responded very well to the sessions of Auto Infusion Therapy he received. He indicated that his glucose level seem to normalize and his requirement for insulin injection diminished. He also indicated that his ability to undergo dialysis was significantly improved.

# TREATMENT & RESULTS

## Subsequent Progress

The patient's number of dialysis treatments per week has already been reduced by one third to two treatments per week. This reduction in the number of his treatment indicates the efficiency of each dialysis treatment seems to be improved. The patient desires to continue with additional sessions of the Auto Infusion Technology in hope of further reversing the end stage renal disease. It is been our observation with this case and others that all patients that are diabetic seem to benefit from the Auto Infusion Technology. Their glucose levels normalize and their requirement for insulin is significantly diminished. This apparently means that the production of insulin from the islet cells seems to increase indicating some regenerative benefit from the Auto Infusion Technology. The insulin receptor sites throughout the body appear to return to normal function. We are looking forward to additional testing and intervention with the Auto Infusion Technology with this patient and many others who are awaiting inclusion in our clinical trials.