Clinical History
J.C. Nordin, an Individual

J.C. Nordin, an individual, had a seizure while in the shower and suffered a broken hip during the Thanksgiving season, 1996. After four to five days in the hospital he was sent home for the break to heal on its own. In February, 1997 Mr. Nordin had to have the hip replaced. The surgery was performed by Dr. Clayton Perry, Barnes Hospital, St. Louis, MO (314-909-1666). From February through September, 1997 Mr. Nordin did not experience any problems. By October, 1997 the surgical site had turned shades of red and black and he returned to the surgeon. From October, 1997 through July, 1998 Mr. Nordin was using oral antibiotics with no effect and the infection kept getting worse and worse. His family physician prescribed two different antibiotics during this time. After no signs of improvements the family physician referred Mr. Nordin back to Dr. Perry.

In December, 1997, after a two-week period, the antibiotics seemed to be slowing the infection down. Shortly after that the infection ran rapid. During this period Mr. Nordin was using gauze and tape dressings. He used boxes of 50 dressings every four to five days and had to double the gauze to accommodate the drainage. After he began using ***Elasto-Gel™*** Wound Dressings, July 1998, he noticed that the ***Elasto-Gel™*** pulled out more pus and absorbed more exudate.

June through August, 1998, Dr. Fried an Infectious Disease Specialist, told Mr. Nordin that no one wants to deal with these type of problems because no one can fix them. Three other orthopedic specialists informed him that he would have to have the replacement hip removed. During this time, Mr. Nordin began conversing with Edward I. Stout, Ph.D., President/CEO of Southwest Technologies, Inc., the manufacturer of the ***Elasto-Gel™*** Wound Dressings. Dr. Stout provided insight and instructions for a treatment program using peroxide and glycerine and covering the wound site with ***Elasto-Gel™*** Wound Dressing.

July 28, 1998 Mr. Nordin injected 70 units of hydrogen peroxide and 20 units of glycerine (600-700 gram per day) into the drain tracks. He used insulin syringes he had purchased from a drugstore and wooden swabs to push the glycerine into the drain track. Mr. Nordin felt like he should use more glycerine and will begin using glycerine every other day and peroxide every four to five days.

July 30, 1998 Mr. Nordin injected 120 units (approximately 2-3 cc's) of glycerine in the drain track and laid on his side to let it drain into the wound. He is going to start doing this routine prior to going to the gym and using the stationary bike. Mr. Nordin did not keep good records on glycerine but after use of the gel the wound site began to change in appearance, color and drainage.

August 5, 1998 Mr. Nordin began injecting 5cc of glycerine with an 18 gauge needle down deep into the leg wound once that day and noticed big changes in everything. August 7, 1998, he opened the leg wound with a wooden cotton swab and injected another 5cc of glycerine and the leg looked better than it ever had. August 8th, he started injecting 5cc of glycerine into the wound twice a day. There was no more puss colored drainage, the wound changed from a purple color to pink and started to shrink in size. He also noticed that the wooden cotton swab would not go in as deep into the wound as it had previously. He continued with two injections on the 9th and one injection on the 10th and everyday noticed improvements to the wound site.

August 11, 1998 Mr. Nordin was able to push past the blockage in the leg wound with a wooden cotton swab and noticed formation of puss. He felt like he was not getting the injections in deep enough and started looking for a 4 inch 18 gauge needle. Using the wooden cotton swab to push deep into the wound, he began a treatment program of three injections of 6cc of glycerine daily in eight-hour intervals. Mr. Nordin also began bicycling at the same time he increased the injections and the wound began to close. On August 12, 1998 when Mr. Nordin got deep into the wound the muscle was very sore and was able to inject 7cc of glycerine once that day. By the next morning the drain hole was totally closed. Mr.

Nordin's energy lever had increased and his weight increased. He gained approximately 20 pounds by the end of August and his general physical well being was greatly improved.

At 3:00 p.m. on August 13, 1998, the ***Elasto-Gel ™*** Wound Dressing was removed from the wound site. The wound dressing pad contained about 5ml of a thick yellowish/slightly tinged red, stringy jelly like material. Mr. Nordin had to force the wound track open and injected additional glycerine.

August 16, 1998 Mr. Nordin visited Dr. Stout in the offices of Southwest Technologies, Inc. with his children, his bottle of glycerine, hypodermic needle, and wooden cotton swab to show Dr. Stout his procedure, the exudate, etc. Mr. Nordin described the wound's condition and stated that the second wound track was trying to close up and that he now had to force it open each time with the wooden cotton swab.

He removed the ***Elasto-Gel ™*** bandage to show some thicker exudate with a red tinge. He then proceeded to insert the wooden cotton swab into the wound track – after inserting to about 2.25" he said that this is where he had to break through because it was growing closed. He slowly pushed and rotated the swab and suddenly bright red blood began gushing from the wound. Dr. Stout informed Mr. Nordin that he did not need to do this action as there was no evidence of any pus or infection and that he should only continue to clean the track down to the point where the swab stopped from now on. Mr. Nordin then injected about 6-7 ml. Of 96% (warm) glycerine into the wound track. The wound was then covered with ***Elasto-Gel ™*** after the bleeding had slowed down almost to a stop.

Mr. Nordin called Dr. Stout on Thursday, August 20, 1998 at 7:30 p.m., and informed him that he had not put any glycerine in the wound tract the last two days but was still getting a little exudate from both tracks. Mr. Nordin will try to put a little glycerine just in the outer ends of each tract tonight and possibly tomorrow. Between August 20th and the 29th there was only approximately 1 gram of drainage daily. From August 29th forward there was approximately 1 gram of drainage every eight to nine days.

When Mr. Nordin started this treatment program he originally used four 4x4 ***Elasto-Gel ™*** Wound Dressings a day because of the large amount of exudate. By the end of August, 1998 he was only using 1/4th of one 4x4 ***Elasto-Gel ™*** Wound Dressing. Mr. Nordin was in physical therapy from January, 1998 through May, 1998 and the infection was destroying the muscle and the discomfort was too intense to continue. After several weeks of treatment, around the first of September, Mr. Nordin was able to continue physical therapy. Physical therapy activities that he was unable to perform from January through May, he was able to accomplish by the middle of September.

Dr. Stout called Mr. Nordin on October 20, 1998 to check on his progress. Mr. Nordin said it had been four weeks since the wounds had fully closed. He still has 1½ days of intravenous antibiotics to take and then he wants to go one to two weeks without antibiotics and do a blood test. Mr. Nordin thinks that his doctors are going to do x-rays next week to check for infection. He then plans to go see Dr. Perry in St. Louis the first or second week of November and check again for infection.

On December 23rd Mr. Nordin had x-rays done. The x-rays revealed that the bone was badly deteriorating which indicated that infection was still there in the bone and the screw had broken. This meant that the joint had to be removed, and left out until the infection had cleared – this would take approximately three weeks. Mr. Nordin visited with Dr. Bubb, an orthopedic doctor in Kansas City, on December 30th and has scheduled surgery for next Wednesday, January 6, 1999. Dr. Bubb felt like there was no way for the glycerine to get around the joint to kill the infection. He also felt like there was going to be live infection at the top of the joint. Dr. Bubb specified that it takes so many parts of bacteria to create drainage and he thought we had gotten down below the bacteria level but that the infection was on-going inside.

January 5, 1999 – Mr. Nordin is scheduled for surgery January 6, 1999 at Shawnee Medical Center. Dr. Bubb would like to talk to Dr. Stout and Mr. Nordin regarding the treatment program. The infection had hollowed the bone and the screws had broken off. The surgery was successful in removing the joint. Dr.

Stout is planning on visiting the hospital the evening of the 6th and will take some large dressings to use over the incision site. Dr. Bubb found debris from the infection but no evidence of infection. The wound showed no signs of infection and nothing grew when cultivated. (See attached Microbiology Results).

January 16, 1999 – Dr. Stout called Mr. Nordin to see how he was doing since his operation this last week in which they removed the hip transplant. Mr. Nordin had gone to St. Louis to visit with the Doctor who had put in the implant. The doctor had x-rays that showed the bone had deteriorated and Mr. Nordin came back to Kansas City to arrange to have the hip replaced.

The usual procedure is to remove the joint (implant) and plan to put in another temporary implant that has been saturated with antibiotics in order to clean the tissue of infection. However, in this case the tissue cultures showed no organism in the tissue but they had already implanted the temporary device. The orthopedic surgeon said that he had never removed an implant that had been infected that was free of infection, such as this one. Obviously, Dr. Stout's and Mr. Nordin's procedure had totally freed the implant and leg of the infection.

In January, 1999 Mr. Nordin plans on stopping the antibiotics and having another culture done to make sure there is not any infection remaining. Once Dr. Bubb has returned from his trip, April, 1999, and the culture is OK they will schedule the surgery to put in the permanent replacement hip.

NORDIN, JAMES C M 39 ORTH / 234-1 TMD Pt#: 633511
Atn Dr: BUBB, STEPHEN K
Adm Dt: 01/06/99 ID Isol: Mr#: 147130

- -

Spec # 0990060372 Collect Dt/Tm: 01 / 06 / 99 12 : 03 Resulted DT / TM

Gram Stain 01 / 06 / 99 12 : 03

MEMBRANE LT HIP

- - - - - - - - - - - - - - - - - - GRAM STAIN - - - - - - - - - - - - - - - - - - -

NO ORGANISMS SEEN

Pre 01 / 06 / 99 12 : 03

MEMBRANE LT HIP

- - - - - - - - - - - - - - - - -PRELIMINARY REPORT - - - - - - - - - - - - - -

NO AEROBIC GROWTH AT 3 DAYS. THIO BROTH HELD FOR OBSERVATION

PRE ANA C 01 / 06 / 99 12 : 03

MEMBRANE LT HIP

- - - - - - - - - - --PRELIMINARY ANAEROBIC REPORT - - - - - -- - - -

NO ANAEROBIC GROWTH AT 3 DAYS. THIO BROTH HELD FOR OBSERVATION

Final 01 / 06 / 99 12 : 03

MEMBRANE LT HIP

- - - - - - - - - - - - - - - - - - -FINAL REPORT - - - - - - - - - - - - - - - - - - -

NO GROWTH

FIN ANA C 01 / 06 / 99 12 : 03

MEMBRANE LT HIP

- - - - - - - - - - --PRELIMINARY ANAEROBIC REPORT - - - - - -- - - -

NO ANAEROBIC ORGANISM ISOLATED

AFB Smear 01 / 06 / 99 12 : 03

MEMBRANE LT HIP

- AFB SMEAR -

NO ACID-FAST BACILLI SEEN
CULTURE IN PROGRESS
PERFORMED AT ST. LUKES REGIONAL LABORATORIES, 4401 WORNALL ROAD, KANSAS CITY, MO 64111

Pre Fung C 01 / 06 / 99 12 : 03

MEMBRANE LT HIP

- - - - - - - - - - --PRELIMINARY FUNGUS CULTURE - - - - - -- - - -

NO FUNGAL GROWTH AFTER ONE WEEK.

================================End of Report================================