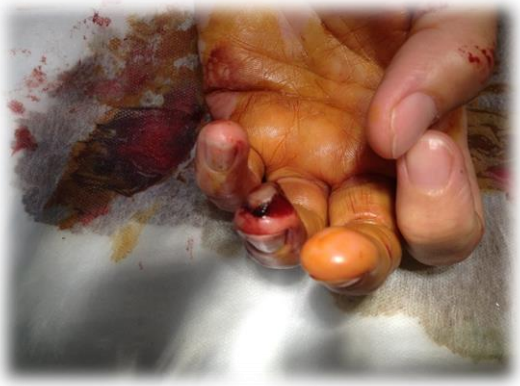
JP Special Case Study 14

Finger Accident

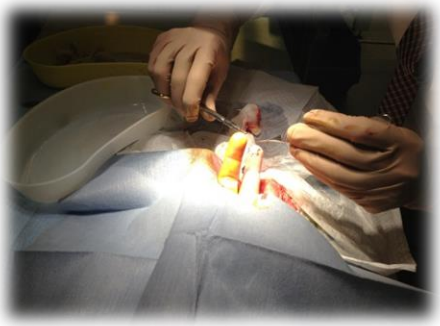


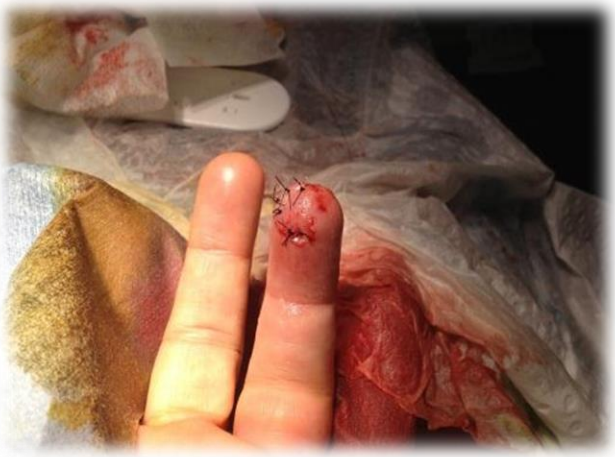
JP was out to dinner with Steve Vella; he receive call from his wife, Anne –

"Something serious has happened"

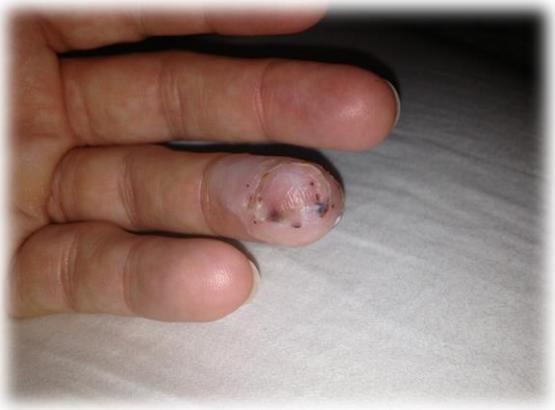
- They immediately rushed home and were there within a few minutes The time was approx.. 11:30pm.
    - Anne had used a brand new (and very sharp) knife that she was not used to in an attempt to slice a very slim piece of meat for a sandwich. It had slipped and cut through the entire tip of her finger which was hanging off by a very small connection still in place
    - We decided that Steve would take Anne to the emergency room and I would stay at the house to watch our 6 year old daughter.
- After going to a few hospitals they ended up at Royal North Shore emergency
    - Upon examination of the injury – Anne was advised that because of the significant nature of the cut and damage to the area (the flap of skin was dusky and not 'viable') that she would need to come back in the morning and be put under general anesthesia for a skin Graf operation. They explained that they would take a Graf from the back of her leg and attempt with hand surgery to use that skin to Graf into her finger.

- They wrapped the finger and had her wait for a few hours while they did the paper work for the morning operation, gave her shots and took x-rays.
- During this time Steve realized “What am I doing? – I’m a Practitioner and should be treating you!” – and so immediately started to do resonance to the affected area. This treatment continued on and off for approx. 2 hours.
    - After about the first 15 min. of this treatment – Anne got up to walk around. She noticed a very tangible sensation in her finger that felt, as she describes it like “…the tip coming back alive, opening up and ‘latching’ on to the rest of my finger… it was an absolutely amazing and unforgettable experience and sensation”.
    - Steve continued to treat the area.
- When Anne returned home (at approx.. 3:30am) JP did resonance to the affected area for another 2 hours.
- JP drove Anne to the hospital for the scheduled hand surgery the next morning (a few hours later).
- In prepping for the surgery, the hand surgeon unwrapped the dressing on the finger and took a look. He was very surprised at what he saw and went to consult with his supervisor who was also present. They took a look at the finger and went on to explain to Anne that although the notes from last night say that the tip was not viable – that now it appears that it is.
    - He explained that because of this he would like to simply attempt to sew the tip back on with stiches. This would mean no general anesthesia as this procedure is not a major surgery (like the skin Graf procedure would have been).
- He proceeded to stich the finger up – the flow to the affected area was noticeably improved:

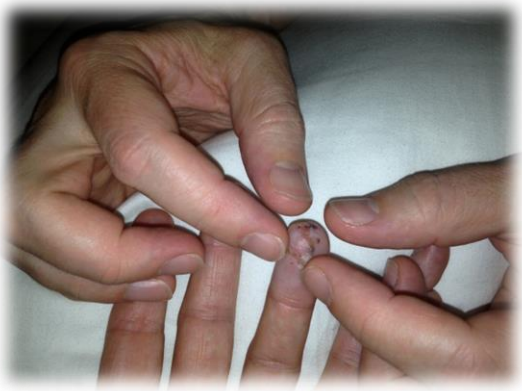




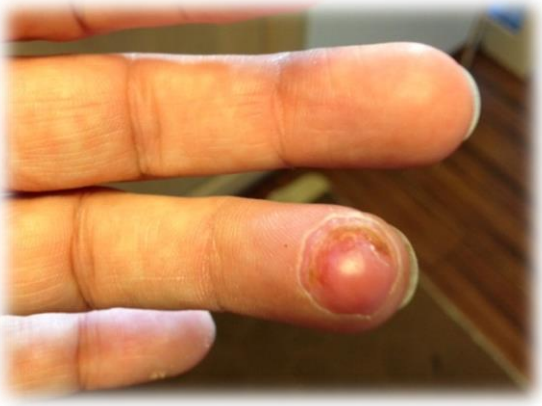
- JP continued to do resonance to the affected area during the week the stiches were in place for approx. 1 hour each day.
    - A week later they were removed:



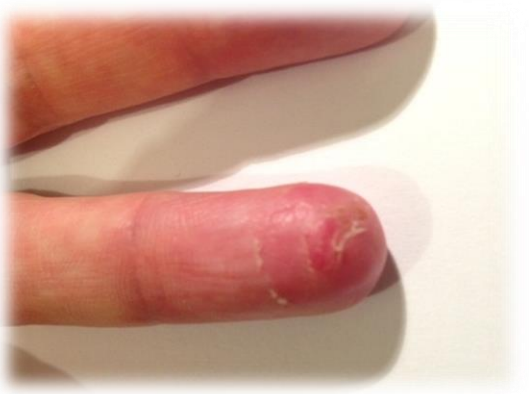
- JP continued to do resonance to the affected area after the stiches were removed for approx.. 1 hour each day:



- A few days after the removal of the stiches – Anne felt a 'pop' and the skin covering the area had fallen off and underneath and new layer had formed:



- JP continued daily resonance and the healing continued the flowing week:



- Within 3 weeks from the initial injury the finger was clearly well on its way to being completely healed: