

*Use of natural precursors of NO
(**L+COMPLEX**) for the treatment of Covid-19
complications and in acute and chronic wounds.*



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 PentaHospitals

Hospital Sokolov s.r.o. (CZ)



Surgery Department
Wound healing clinic

Therapies at the clinic

- + diabetic foot
- + leg ulcers venous etiology
- + ulcers due to ischemic lower limb disease
- + pressure ulcers of all degrees
- + postoperative complications
- + burns

Patients selected

- + different types of wounds
- + polymorbidity
- + longer treatment time in the past
- + COVID-19 complications

Guarantors of research and development

Head of surgical team: Doctor Consultant Peter Šebo

Head nurse of surgical team: Pavla Velická

Medical director of Hospital Sokolov: Doctor Consultant Andrej Farkaš

Hospital's pharmaceutical Consultant: Doctor Ľudmila Debnárová

Type of treatment

- + modern procedures for wounds healing
 - materials
 - machines (system V.A.C. – vaccuum controlled treatment)
- + communication and treatment's understanding
- + medication and food supplements
- + L+COMPLEX

Patient

- + cooperation
- + nutrition and diet
- + treatment at home
- + mental well-being

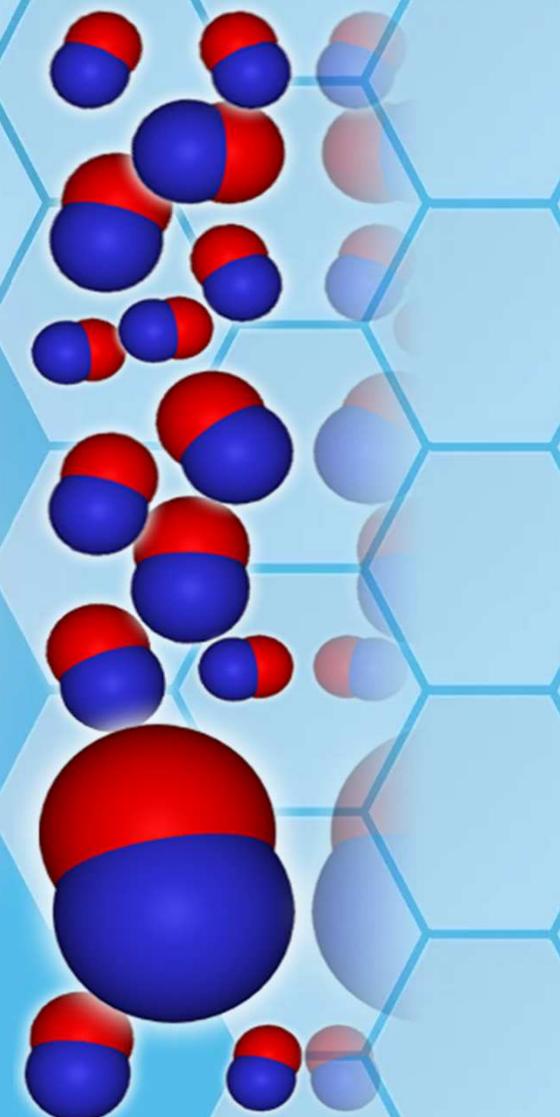
WHY L+COMPLEX?

+donor of molecules NO

- vazodilatation
- microcirculation
- catalyst (starter) for enzymes in endothelial cells
- prevents the formation of thrombi

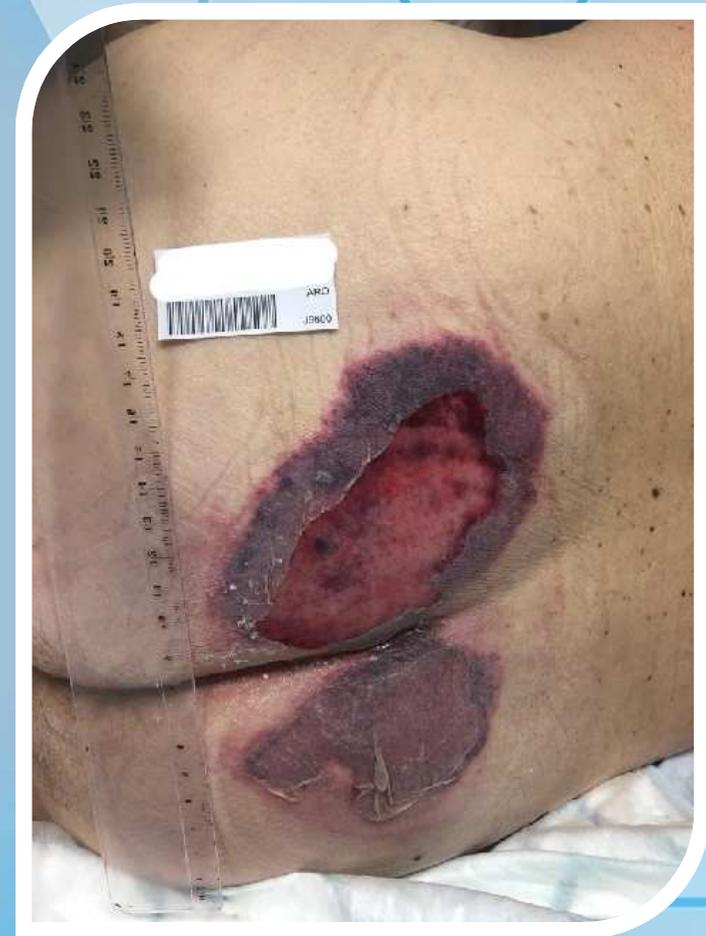
+donor of amino acids

- granulation tissue structure

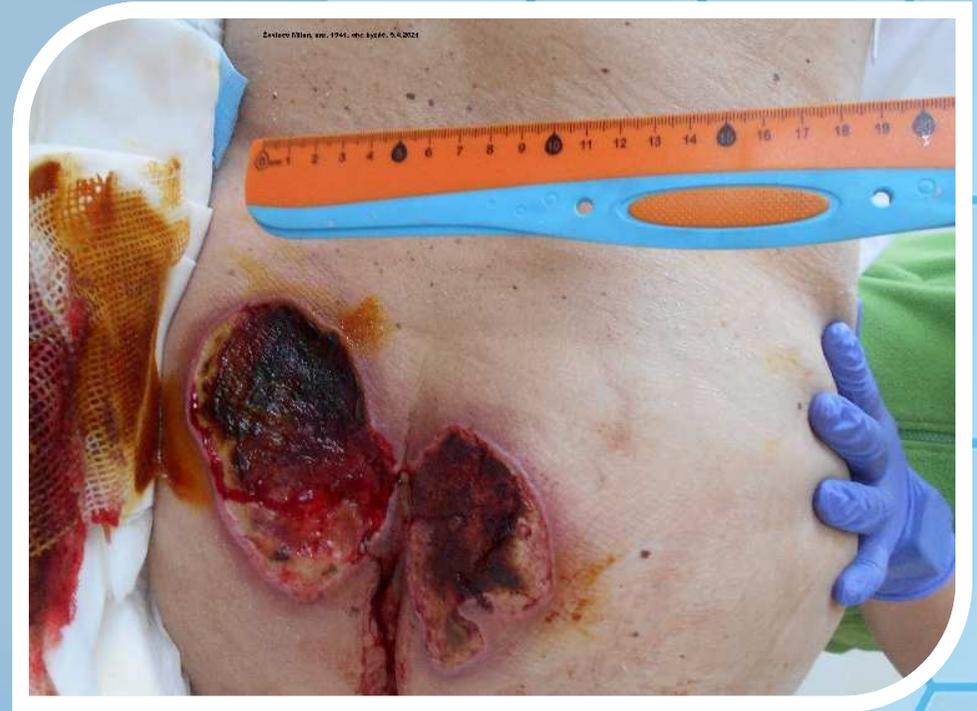


CASE STUDY 1

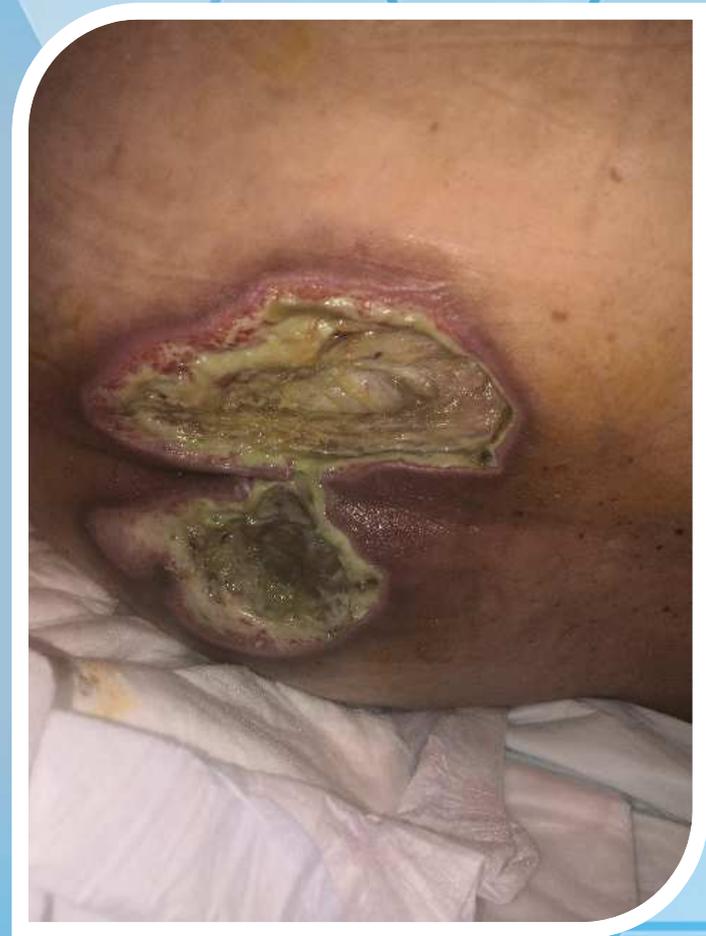
- + man, age 80
- + 4th March 2021 admission to hospital for COVID-19 in the ICU
- + 14th March worsening respiration and renal function failure
- + patient in sedation with tracheostomy
- + patient positioning, anti-decubitus mattress
- + formation of 2nd degree pressure ulcer, wound size 25x15 cm
- + Th: Inadine patch cover



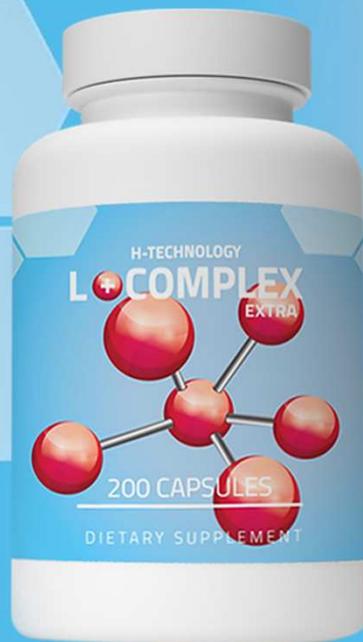
- + 25th March patient's condition improved, he was covid-negative
- + patient was gradually woken up
- + 7th April patient was transferred to the rehabilitation department
- + worsening of pressure ulcer – decubitus third degree
 - necrosis at the base of the wound
 - necrosis peels off the edges
- + the patient's condition worsens – increase of CRP



- + 20th April patient moved to surgical department
- + abscess with purulent and smelly content
- + necrectomy, debridement
- + Th: Aqvitox rinse (HClO-hypochlorous acid), to the wound Braunovidon ointment
- + 24th April change of the treatment
 - Th: Flamigel, Aquacel Ag patch
- + bandaging every 2 days



+ 30th April first use of
L+COMPLEX 2x3g (2x6cps)



- + the wound's size decreased rapidly (14.5.) – after 2 weeks using **L+ COMPLEX**
- + patient's results had dramatically improved
- + breaking point
 - the wound had partially healed
 - BUT
 - patient was confused, mental health declined
 - stopped eating
 - He lost the will to live.
- + 20th May patient was discharged to home care



- + June 2021 (2 months **L+COMPLEX**)
- + V.A.C. systém – change of bandages every 6 days
- + gradual improvement
- + the patient begun to eat
- + mental state improved
- + painkiller's dose was reduced



- + July 2021 (3 months **L+COMPLEX**)
- + pressure ulcer gradually healed
- + wound size 13 x 10 cm
- + Th: Aqvitox gel + Aqvitox flowfiber

- + patient immobile
- + new decubits on the trochanters (hips) 1x1cm, necrotic
- + new decubits on the heels, 2x2cm, 3x3cm, necrotic
- + rehabilitation twice weekly



+ October 2021



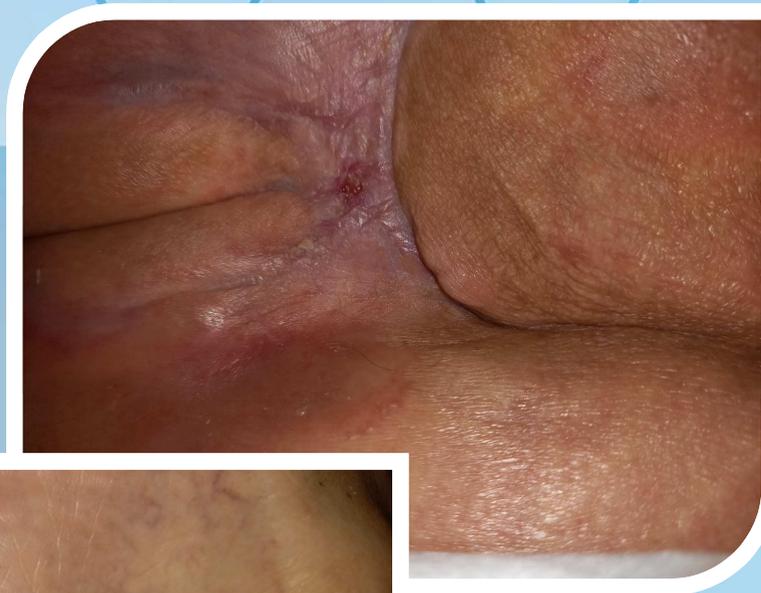
+ November 2021



+ December 2021



+ January 2022
(after 9 months)



CASE STUDY 2

- + man, age 58
- + Achilles tendon injury
- + in the anamnesis DM on PAD
- + calf abscess
- + 10th May incision + excision of the Achilles tendon
- + wound size 28 x 6 cm
- + Th: V.A.C. systém + **L+COMPLEX** 2 x 3 g



+ 3th Jun 2021



+ 2th September 2021 (photo)

+ Completely healed at the end of september after 4 months using **L+COMPLEX** therapy.



CASE STUDY 3

- + man, age 65
 - + posttraumatic chronic defekt from an accident in the 1970s
 - + calf bone (fibula) removed, the leg was deformed
 - + wound opened 9 years ago
 - + 5 years treated at Wound healig clinic
 - + hypertension, DM on PAD
 - + several times in the past inflammation (flegmona), necrectomy, hyperbaric chambre
 - + The patient cooperated really well.
 - + selected for the case study in April 2021
- L+COMPLEX** 2 x 3 g



+ May 2021



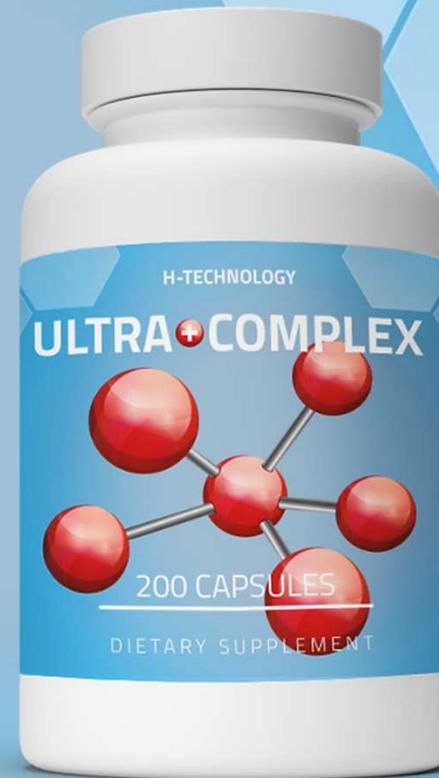
+ Jun 2021 – after 4 months using **L+COMPLEX** therapy the wound completely healed



CASE STUDY (16 patients)

- + case study lasted approximately 6 months
- + different types of wounds – decubits, diabetic foot, leg ulcer venous etiology
- + 6 patients completely healed
- + 8 patients significantly improved
- + 1 patient died of Covid-19
- + 1 patient's condition deteriorated due to Covid-19, decompensated DM, glycemia above 12 and patient didn't cooperate

**GET
YOUR
HEALT
BACK**



 **PentaHospitals**

CASE STUDY 4

- + teenager age 14, hockey player, training 2 x per day 6 times a week
- + 2012 hockey injury
- + Dg. Cortical defects on the femur and knee of the left leg (4 bearings size 3 – 5 cm, 2 x femoral bearing near the knee, 2 x knee bearing, all in front of the foot). Unchanged until August 2018.
- + June 2018 experiencing pain when walking
- + July 2018 patient stopped walking
- + MRI – Dg. Dissecting osteochondritis of the dorsal surface of the medial condyle of the femur, size 16 x 17 mm in depth 5 mm.

- + 20. August 2018 **L+COMPLEX** 2 x 1,5 g
- + after 2 months of using L+COMPLEX – pain only during intensive training
- + December 2018 patient was finally pain free
- + 14th January 2019 medical check up
- + patient completely healed

**THANK YOU VERY MUCH
FOR YOUR ATTENTION.**