Why the Syncardon should be Approved by Medicare

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I. Why the Syncardon should be Approved by Medicare.

1. In 1945 Dr. M. Fuchs, a refugee, who, years before, had found a
haven in Berne, Switzerland, invented the Syncardon. The device, using a
latex inflatble balloon bag covered by a non-elastic velcro cuff, compressed
the artery intermittently for a fraction of a second as it passed down the
thigh. The balloon bag and cuff were then placed about the leg for similar
therapy for thirty minutes twice daily.

2. In 1955, I travelled to Switzerland and spent a week with Dr. Fuchs
to learn how to use the Syncardon. I was impressed by his results and by the
visit of the President of Switzerland, who made him an Honorary citizen. On
my return home, I bought a Syncardon from Rodman Fruit who had organized the
Syncardon Company of America in Seymour, Indiana. I have been using the
Syncardon ever since with the most exhilarating responses.

3. Early in 1973, I had a surprise visitor in my office, the Chief of
Medicine of the Pennsylvania Hospital, Dr. J. Edwin Wood. He apparently
had heard of my work because he invited me, an aged Family Physician, to join
his staff. This I happily did, and a short time later he asked Dr. Orville
Horwitz, Professor of Medicine of the University of Pennsylvania, to do research
with the Syncardon, in association with me. My son, Dr. Louis N. Steinberg,
Podiatrist and Physical Therapist, joined us to give the Syncardon therapy.

The results at the Pennsylvania Hospital were remarkable in the majority
of patients. An A-K amputee, on narcotics for months because of ulcers of his
remaining foot, entered the hospital from Myersville, Maryland, and in nine
days of therapy the pain ceased and he asked that the narcotics be stopped.
With continued therapy, he went on to complete healing. Another patient made
a satisfactory recovery who, because of poor peripheral circulation, had to
sleep with one leg out of bed due to the severe pain. A second amputee with
a severe infection of the big toe of his remaining leg experienced healing,
and was thus spared an amputation.

4. In 1975, and despite such excellent results, with more patients
benefiting than not, I was ordered by the Manager to remove the Syncardon.
This was done in spite of the appeals of Dr. O. Horwitz and Frank Elliott.
The order for removal was at the request of a newly appointed by-pass surgeon.
He and I had a disagreement after he operated on my patient, suffering from
gangrene of a toe on each foot, when he used a synthetic graft instead of
a vein from the patient. This led to a complete block within twenty-four hours
necessitating a B-K amputation. When he wished to operate on the other leg,
the patient refused. He was discharged and a Syncardon was placed in his home
for three months to prevent further spread of gangrene in his other foot.
Surgery was then carried out at the Hospital of the University of Pennsylvania where a by-pass with the patient's vein was successful. He died in 1981 from natural causes. At a later date, from 1976 to 1978, Dr. O. Horwitz arranged for me to do research with the Syncardon in association with Drs. Brooke Roberts and William Erdman at the Hospital of the University of Pennsylvania, my alma mater.

In 1978, although beyond retirement age, the Provosts' Staff of the School of Medicine of the University of Pennsylvania approved my re-appointment, through the efforts of Dr. J. Edwin Wood, as Lecturer in Medicine for one year, effective July 1, 1977. This enabled me to continue in the use of the Syncardon.

5. A legal case regarding payment for the hospital Medicare case of a 92 year old patient whose leg was spared above-knee amputation through Syncardon therapy was won in Federal Court by the patient's nephew, an attorney.

6. The Syncardon is now of solid state construction and is manufactured in France by Contilabo, Ezanville. To reject equal consideration of the Syncardon as compared to the Circulator Boot is most unjust to France, our ally in two World Wars.

7. A branch outlet will be established by Contilabo or its agents in this Country, once Medicare approves remuneration for the Syncardon.

8. Finally at least a half dozen American physicians after having used the Syncardon, described its usefulness in so many papers. In comparison, only one article was published concerning the Circulator Boot, namely by Dr. Richard S. Dillon who invented the old Circulator Boot, which as such never reached the market.