Burns Regenerative Medicine and Therapy
Rong Xiang Xu

Burns
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and Therapy

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Preface

This book, which you now hold in your hands, will change how medicine is practiced around the world. It is an extraordinary book written by an extraordinary medical doctor who is also a pioneering scientist in the best sense of the word. Prof. Rong Xiang Xu has a very rare spirit, for he is a man with a compassionate heart who observed the terrible suffering of his burns patients and rather than simply accepting conventional treatments (which do little to correct the burns trauma), this doctor created, with much diligence and hard work, the new standard of care for burns treatment.

I first learned of Dr. Xu’s work through reading the burns literature and learning of his research efforts in China. After analyzing his published research in the late 1980s, I determined to meet and question this man whose research was so daring and innovative. In 1991, I brought a group of American doctors to China to study Dr. Xu’s MEBT/MEBO protocols. What I saw in Dr. Xu’s burns clinics astounded me.

I trained at major American teaching hospitals such as Harvard’s Massachusetts General Hospital, University of Vermont Medical Center and Dartmouth Hitchcock Medical Center, each of which offered what we believed to be the best burns treatments in the world. We were confident in the 1980s that no one took better care of burns patients than we did. Our burns patients were treated in technologically endowed surgical suites, given potent double antibiotic intravenous protocols along with topical silver-impregnated cold cream, all this administered under utterly sterile conditions in isolation suites and, of course, costing enormous sums of money. Our goals were, in retrospect, quite humble: keep the patients alive, reduce their pain, control their infection, and perform any surgery necessary to maximize their cosmetic and functional recovery. Typically, the majority of our patients left our burns units horribly scarred yet appreciative of our efforts.

Today, I know that the burns treatment protocols offered in the best American hospitals are obsolete and despite our best intentions, scientifically irresponsible. We must not be satisfied with clinical results which leave our patients so disabled and in such pain. That is a provocative statement and I offer it with the earnest hope that you, dear reader, will determine for yourself whether it is a valid statement. The book you hold in your hand with its many references describes a new way of treating burns patients and, while you may question its scientific rationale, you must, at the end of the day, behold its superior clinical results. Dr. Xu offers intriguing opinions about regenerative medicine and therapy which may or may not be validated in the future. He raises, once again, the ancient dichotomy between Vitalism and Materialism which we, in our infatuation with quantitative scientific methodology, have turned away from as we split atoms into leptons, quarks and neutrinos. Today as we wade into genetic analysis, we are not inclined to step back and see the vital context within which the genetic process operates. We see the trees but not the forest. But again, as clinicians who have taken the oath to serve our patients, I suggest that once you have done your due diligence and investigated Dr. Xu’s clinical results, then you will no longer be able to practice conventional dry burns therapy again. Therefore, like all revolutionary books, this one is somewhat disconcerting. My sympathies are with you!

It is my honor to add a few preface words and I see my challenge as helping introduce the reader to these innovative ideas in a manner most conducive to enhancing collegial and collaborative discussion. Therefore, I want to address our human need for certainty and our aversion to new ideas in general. Without intending to evoke defensiveness in the reader, I am reminded of a story of a woman who traveled far and wide to find the right doctor for her problem. Finally, she selected a very famous and talented doctor and during their first consultation, she exclaimed, ‘Oh doctor, I am so pleased that you will care for me. I do hope that you can treat what is wrong with me!’ whereupon the doctor responded: ‘My dear lady, it is my hope that you have what I treat!’ We doctors tend to be better practitioners than students of science and we are all guilty at times of being slow to learn new approaches to familiar problems. Innovation is not an easy path for a doctor to follow as lives are at stake and somehow we are encouraged to ‘let someone else do the research.’ In the old days, the doctor always observed his patient and considered various factors that impacted the progress of the treatment. The doctor was always an innovator and always felt responsible for doing his part in pushing back the frontiers of knowledge. Today, however, things have changed for most doctors and very few of us continue scientific work after beginning to practice. That does not have to be so, but to innovate as a doctor is not without peril.
There is a saying in America that you can determine which is the pioneer in a crowd of men by looking at their backs, for the pioneer is the one with the most knives in his back. All people, scientists and doctors included, are uncomfortable with change and the innovator is often unfairly criticized as he tends to ‘rock the boat’. It is part of human nature to be wary of change, especially if someone tries to improve what we ourselves are offering to our patients. In medicine, where unscientific practices can kill people, we all should be cautious before embracing new ideas. I know from experience that most of the medical practitioners are well-intended and we do our heart-felt best to advance science for the benefit of our trusting and long-suffering patients. So why do we resist change? Why are innovations met with distrust and resistance? Consider what a professor might feel if he were to learn that what he taught other doctors and what he published as recommended treatment protocols no longer were the optimum protocol. That would feel very uncomfortable. That might be, depending upon the character of the professor, almost unbearable, for to the degree we offer out-dated treatments, to that same degree we are exacerbating rather than ameliorate the suffering of our patients.

Therefore, despite ourselves, doctors are slow to study innovative ideas, choosing instead to focus our effort on improving only that which we currently practice, not learning something new and different. The scientists among us know that economics and politics interfere too often in the scientific world and so I urge you, dear reader, to put aside pre-judices and comfortable paradigms and to remember the last time you listened to a dressing being changed for a burns patient. Listen in your mind’s memory to the screams of pain as the dried scabs are pulled away from living tissue beneath in order to cleanse the burns wound. Remember of pain as the dried scabs are pulled away from living tissue burns patient. Listen in your mind’s memory to the screams last time you listened to a dressing being changed for a burns patient. In my clinical experience, no nursing task is more heart-breaking than ameliorate the suffering of our patients.

Now, comes the ‘what if’? What if, dear reader, a burns treatment protocol exists that takes away severe pain, that requires no horrendous dressing changes, that features a self-cleaning circulation within the wound that removes dead cells and bacterial debris and delivers regenerative nutrients to the living tissue at the base of the burns wound? What if this burns treatment protocol works in accordance with the natural laws of tissue regeneration so that minimal antibiotic use is required and so that burns wounds heal faster and with practically no scarring compared to the burns treatments offered today in the finest hospitals around the world? ‘What if’ indeed!

As you read ahead, please remember two things:

First, please remember that Dr. Xu is offering his scientific experience to anyone interested in learning about his innovative burns treatment protocol. He has founded research institutions, sponsored international symposia, published scientific journals and been recognized by his government as the inventor of one of the most significant technologies in China today. Dr. Xu is seeking colleagues to continue this research and writes this book now as an invitation for other dedicated scientists to investigate this new paradigm. Dr. Xu has done his research and has published his findings on burns regenerative therapy. Now it is our turn. As his medical colleagues worldwide, it is up to us now to accept the responsibility to determine for ourselves whether there is merit in his claims. He now welcomes medical colleagues from around the world to come and learn what he has to teach. The world can no longer ignore his gift. These medical claims, though they sound fantastic to western ears, are indeed supported by rigorous and controlled scientific studies – both in vitro and in vivo.

Secondly, remember if you will, that I myself took time off from my practice and went to China on my own expense to determine whether Dr. Xu really was able to treat burns patients with MEBO/MEBT so that his patients were in minimal pain and upon discharge, walked away happy to look in a mirror – not scarred in any significant way. What I saw in Dr. Xu’s hospital beds and through his microscopes at his research centers has inspired me to treat my burns patients with MEBO/MEBT. He has also inspired me to renew my commitment to practice, first and foremost, scientific medicine so as to always be open to learning innovative ways of offering the best care possible for my patients. He himself is an excellent example of this work ethic.

Burns regenerative therapy with moist-exposed burns ointment is the new standard of care for burns treatment. In the pages ahead, you will learn how Dr. Xu, in cooperation with natural laws inherent in living tissue, founded the new science of regenerative medicine for the benefit of burns patients in particular, and all mankind in general. Let us work together to silence forever the screams of pain during burns dressing changes which haunt too many of us in the field of burns treatment. Great suffering can serve to inspire heroic efforts. Today we can begin a historic collaboration together in the field of regenerative medicine and therapy, thanks to the pioneering effort of Prof. Rong Xiang Xu.

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