



# COMPLETE CARE CENTER

HEALTH CARE WITH A *Heart*

July 26, 1996

Roger Teeter  
President of Hangups  
16302 Meridian East  
Puyallup, WA 98373

Dear Mr. Teeter:

As you know we have been working with the inversion unit from a traditional and nontraditional stand point. We have some interesting preliminary results in that the previously nationally reported problem of hypertension with using the inversion unit in my opinion is totally false. Their initial work was done on new patients without explanation of the treatment they were placed on the inversion unit and after 2 minutes a blood pressure was taken. They had a 15-20 point rise in blood pressure on each of their patients, however our experience has been that after this initial rise of blood pressure secondary to what we feel is anxiety and the unknown about the therapy, we found that after 5 minutes of therapy the average blood pressure decrease was 10 points. We have observed well over 100 patients . We feel that we should now carry on and do a scientific prospective study to officially document this observation. I will keep you informed of that study.

We have had some interesting work also with people with a combination of problems of back pain from muscle strain, sacroiliac joints, intervertebral disc problems as well as scoliosis. We have found significant improvement using various inversion techniques which needs further exploration. However, we are very excited about the results thus far.

Also, we have two interesting female patients who had urinary incontinence. They have spent approximately 2 weeks on the inversion table on a daily basis of 5 minutes, 45 degrees to full 90 degree inversion, and subsequently their urinary incontinence resolved. This is by no means a trend, however I would recommend further investigation along these lines.

Roger Teeter

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Lastly, we have used the inversion table on chronic bronchitics as well as asthmatics. We have been able to improve what we call "pulmonary toilet" which means helping gravity pull the secretions from their lungs in the lower areas that otherwise because of gravity could not be removed. This information is also preliminary however, we see significant improvement in these chronic lung patients. I will keep you informed of the status of all these patients.

As you know I am very skeptical on new therapies and follow the traditional path of treatment, however, I am encouraged by the improvement of some of these medical problems utilizing the Hangup Inversion Therapy unit. We will contact the Michigan State University residency program to see if they have an interest in helping us with a scientific prospective study utilizing the Hangup Inversion unit. Have a great day. Looking forward to meeting with you.

Sincerely,



Robert M. Bouvier, M.D.  
President, Complete Care Center

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