**Worksheet to build or modify your Dupuytren’s contracture plan with your doctor**

- Determine size, shape, density surface features and adhesion quality of internal DC cords and knots; closely measure finger range of motion and ability to flatten palm against flat surface; monitor every 7-10 days; write & keep detailed notes.
- Start with most diversified plan of therapies possible from all columns, or a S-M-L plan from DCI, used faithfully each day, based on suggestions and ideas for using each therapy provided with DCI therapy items; start dosage at recommendation found on each bottle.
- If starting plan does not lead to some improvement of fibrous tissue or finger movement in 7-10 days, slowly and gradually increase one therapy in plan; refrain from internal therapies every 30-45 days for 2-4 days; stop treatment if no tissue changes occur in 3-4 months.
- Continue monitoring plaque, while slowly changing and increasing plan every 7-10 days until plaque begins to improve and reduce.
- When improvement and reduction of knots and cords begins, stop increasing plan and continue same plan until plaque absorbed.
- Good DC treatment is not static; it gradually and carefully changes to determine what therapy and at what dosage your body needs to remove foreign fibrous tissue and restore normal finger movement; it is different for everyone, experiment to learn what works for you.

### Internal therapy

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
<th>Column D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>External therapy</strong></td>
<td><strong>Support therapy</strong></td>
<td><strong>Systemic enzyme</strong></td>
<td><strong>Vitamin E</strong></td>
</tr>
<tr>
<td>DMSO + Unique- E oil + Super CP serum</td>
<td>- Scar Freee</td>
<td>- Nattokinase</td>
<td>- Unique- E</td>
</tr>
<tr>
<td>- Genesen Acutouch</td>
<td>- L-Arginine</td>
<td>- Fibrozym</td>
<td></td>
</tr>
<tr>
<td>- Ultrasound 3MHz</td>
<td>- Co-enzyme Q</td>
<td>- Neprinol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- PABA</td>
<td>- Bromelain</td>
<td>- Super CP serum, or both</td>
</tr>
<tr>
<td></td>
<td>- Acetyl-L-carnitine</td>
<td>- Arginine</td>
<td>- Unique- E</td>
</tr>
<tr>
<td></td>
<td>- Quercetin/Bromelain</td>
<td>- PABA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Honso herbs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Moderate plan changes possible using Column A**

**Choose 1-2-3 from this list**

**Choose 2-3-4 from this list**

**Choose 1-3 from this list,**

**Choose 1 from this list,**

**DMSO is minimum item used on this list; should be combined with either vitamin E oil or Super CP serum, or both.**

**Genesen pens are popular professional grade & safe equipment for easy at-home use.**

**Ultrasound compact & portable 3MHz model HS3040 – direct fibrous tissue penetration.**

**Columns:**

A: External therapy

B: Support therapy

C: Systemic enzyme

D: Vitamin E

**Comments:**

- Many plan changes possible using Column A
- Many plan changes possible using Column B
- Little plan changes possible using Column C
- Choose 1 from this list,
- Choose 1-3 from this list,
- Choose 2-3-4 from this list
- Choose 1-2-3 from this list

**Items:**

- Scar Freee
- L-Arginine
- Co-enzyme Q
- PABA
- Acetyl-L-carnitine
- Quercetin/Bromelain
- Honso herbs
- Nattokinase
- Fibrozym
- Neprinol
- Bromelain
- Super CP serum
- Unique- E

**Statements:**

- Basic therapy in all good DC treatment plans
- Very important to weaken fibrous scar tissue with enzymes
- Every 30-60 days stop digestive enzymes for 1-3 days to allow liver to rest and detoxify
- Total dose 800-1200 IU daily
- Most medically researched therapy; reason 95% of all MDs recommend to use vitamin E

*Discuss all ideas and information found on this form and DCI website with your treating doctor before making any change in your PD treatment strategy, for doctor’s approval.*