

# INTERNATIONAL MEETING OF OZONE THERAPY SCHOOLS

National Royal Academy of Medicine

Madrid 3-4 June, 2010



## REDOX DIAGNOSTIC AS MAIN TOOL IN OZONE THERAPY



**Gregorio Martínez Sánchez, Pharm.D, Ph.D.**

**gregorcuba @ yahoo.it**

E-MAIL

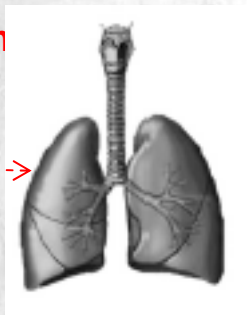
# Is O<sub>3</sub> Toxic ????????

“Poison is in everything, and no thing is without poison. The dosage makes it either a poison or a remedy”

Paracelsus (1493–1541)



Ozone Chronic exposition  
(0.7-0.77 mg / d)



-----> Toxicity

Ozone Acute exposition  
(1-10 mg / d)

Blood or  
Target  
Organs

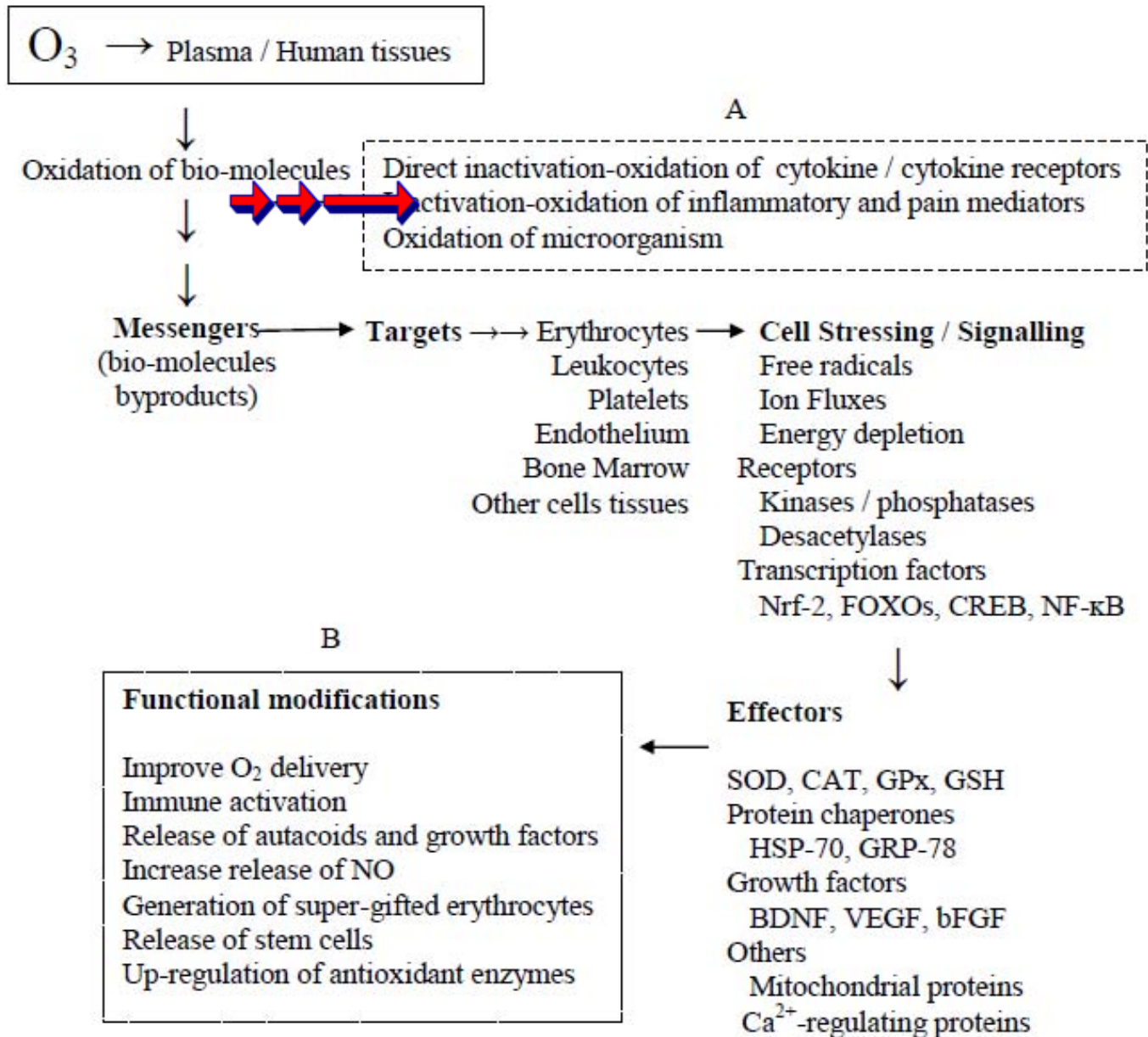


**Doses** + **Target** + **Methods** = **Therapeutic efficacy**

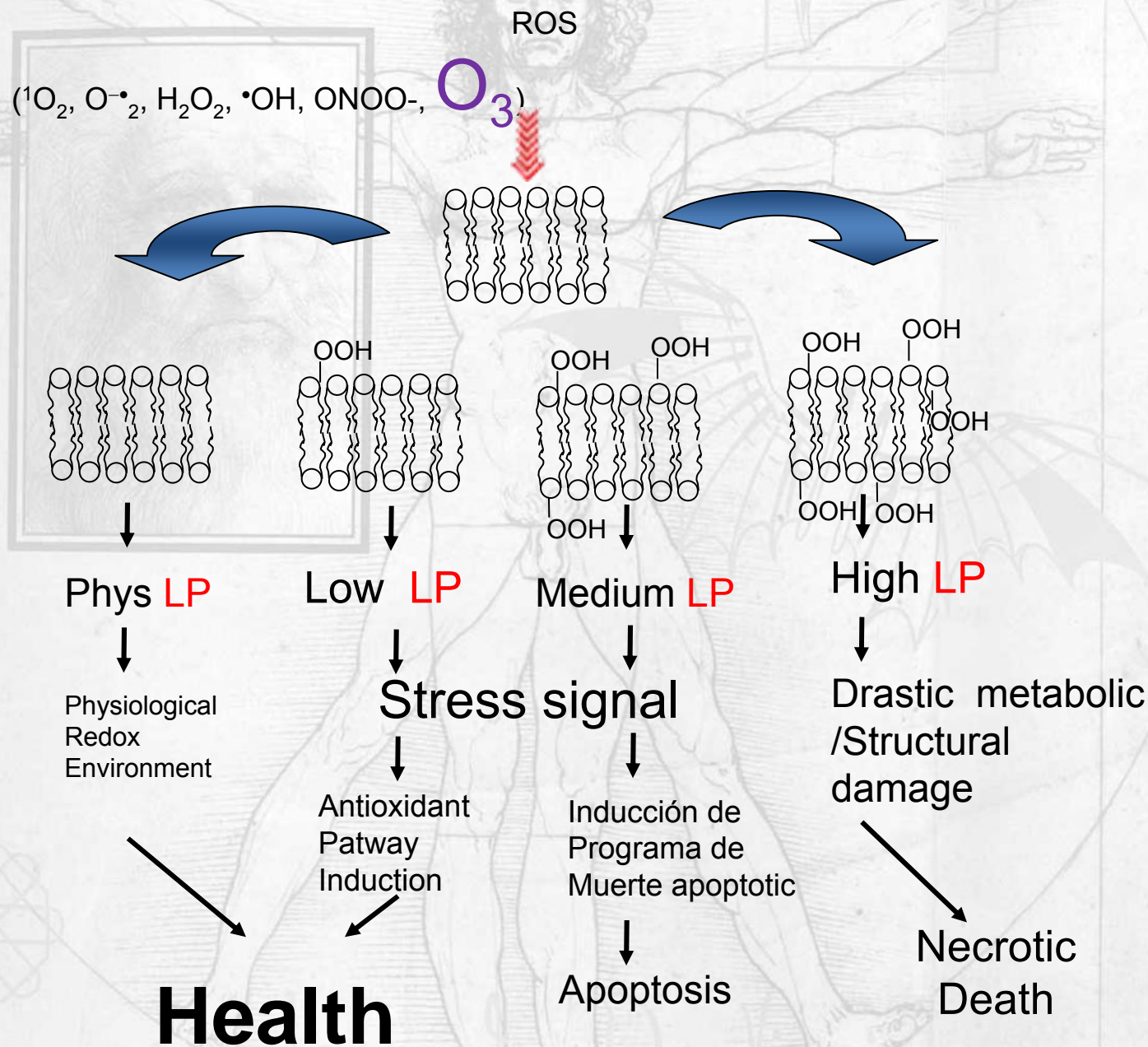
## Paracelsus

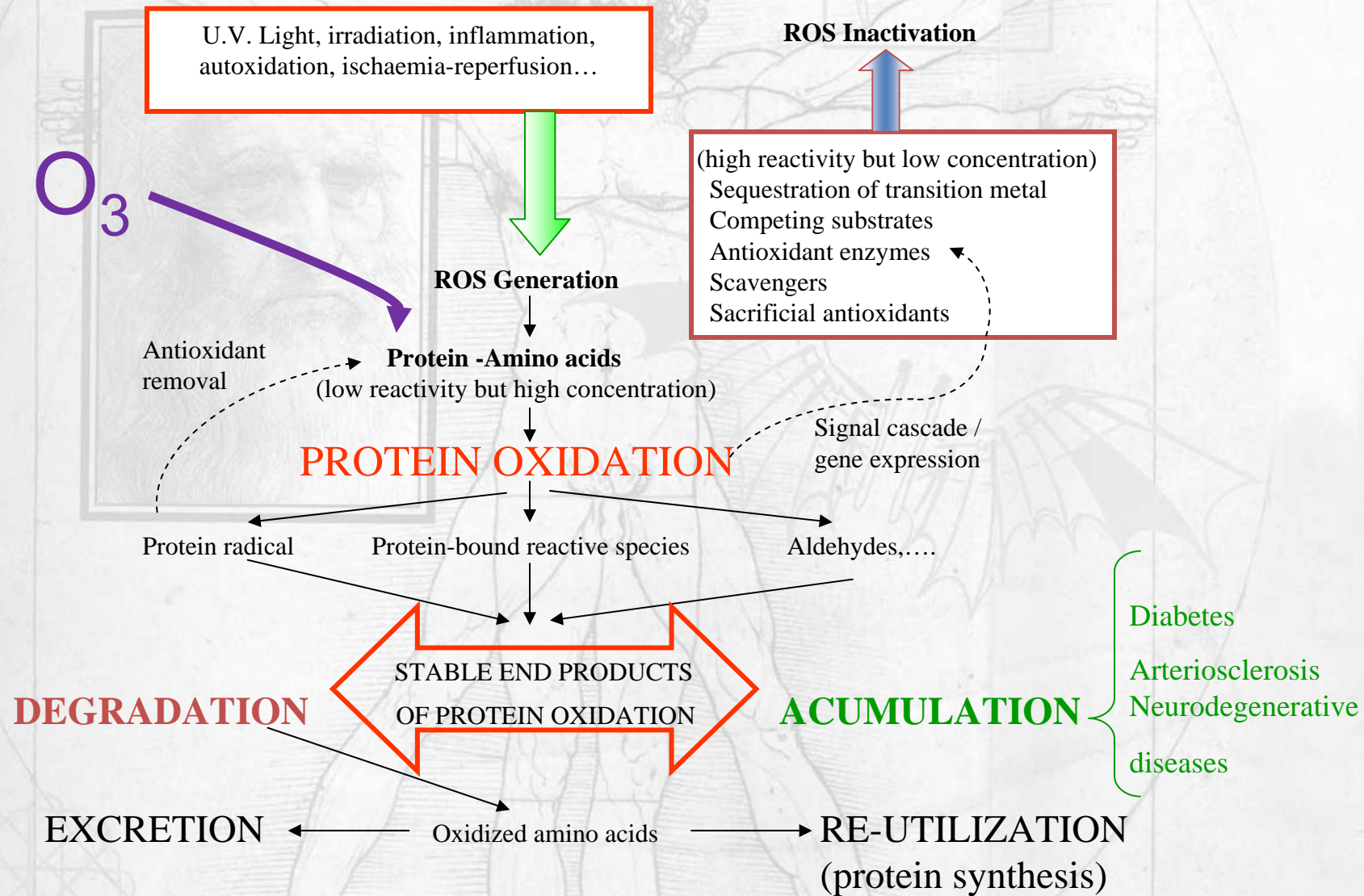
“What is it that is not poison? All things are poison and none without poison. Only the dose determines that a thing is not poison.”





# LIPID PEROXIDATION (LP) AND SIGNAL TRANSDUCTION MECHANISM





# The cellular and molecular information flow that mediates hormesis in organisms and cells

## Hormetic Factor

## Cell Stressing / Signalling

## Hormetic Effectors

### Free radicals

Ion Fluxes  
Energy depletion

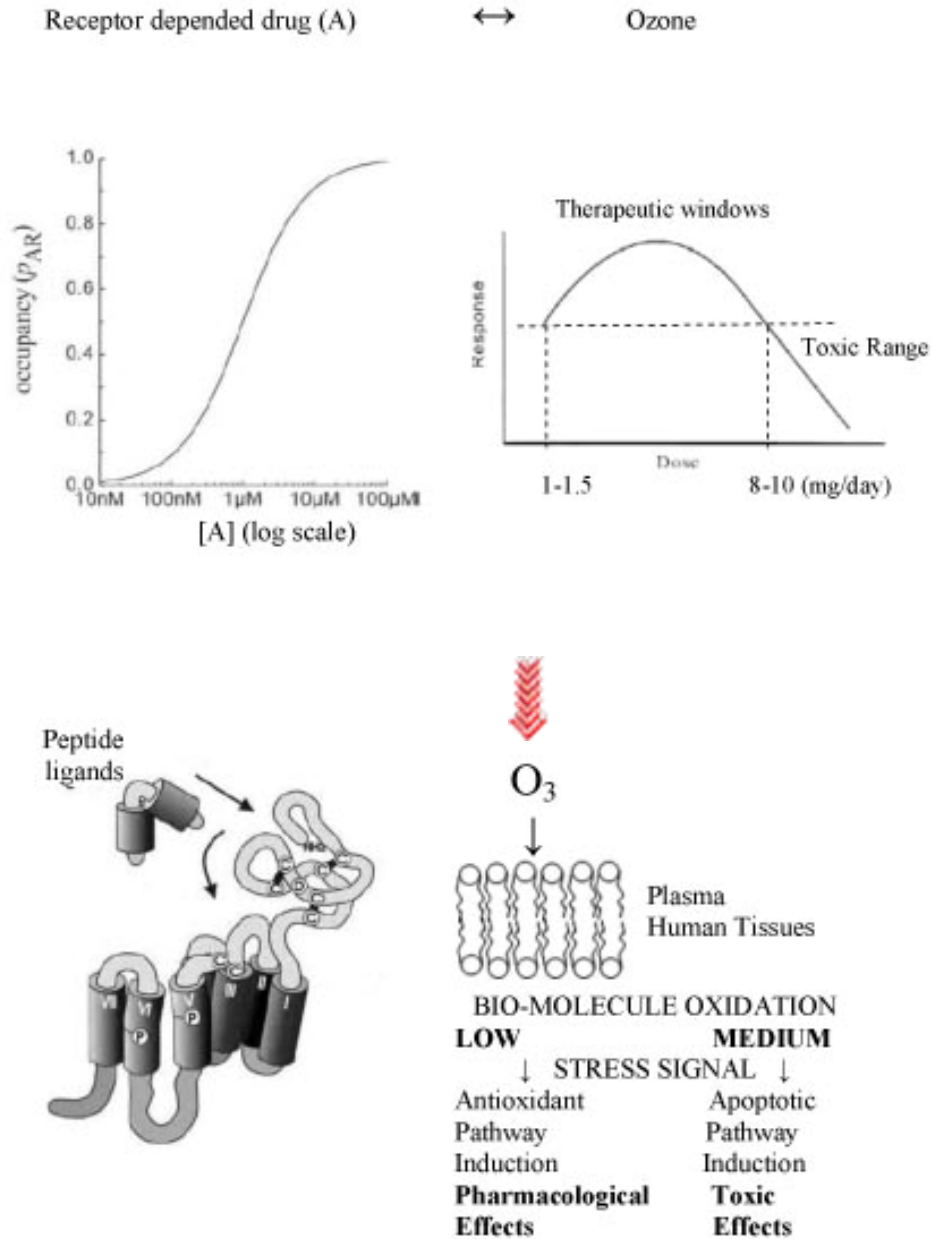
Receptors  
Kinases / phosphatases  
Desacetylases

Transcription factors  
Nrf-2, FOXOs, CREB, NF-κB

### Antioxidants

SOD, CAT, GPx, GSH  
Protein chaperones  
HSP-70, GRP-78  
Growth factors  
BDNF, VEGF, bFGF  
Others  
Mitochondrial proteins  
Ca<sup>2+</sup>-regulating proteins

Fig 1.





# nature

February 13, 2003

Dangerous levels of toxins miscalculated  
Potential pollutants and poisons may be beneficial in  
low doses.

# Science

October 17, 2003

## HORMESIS: Sipping From a Poisoned Chalice



Edward Calabrese,  
Professor in the School of Public Health and  
Health Sciences at the University of  
Massachusetts Amherst

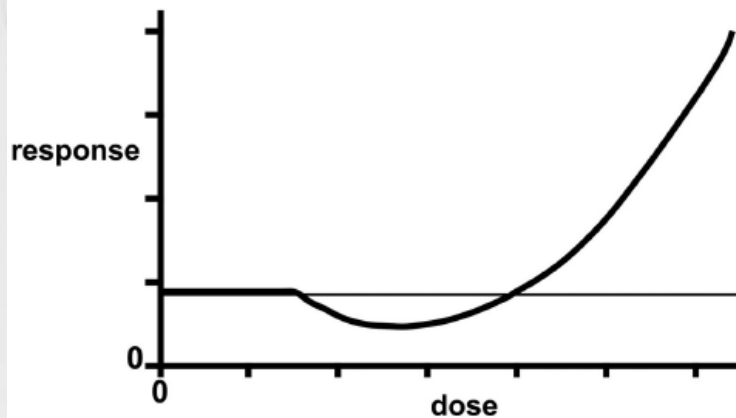
May 1, 2009

Receives Marie Curie Prize for Work on:

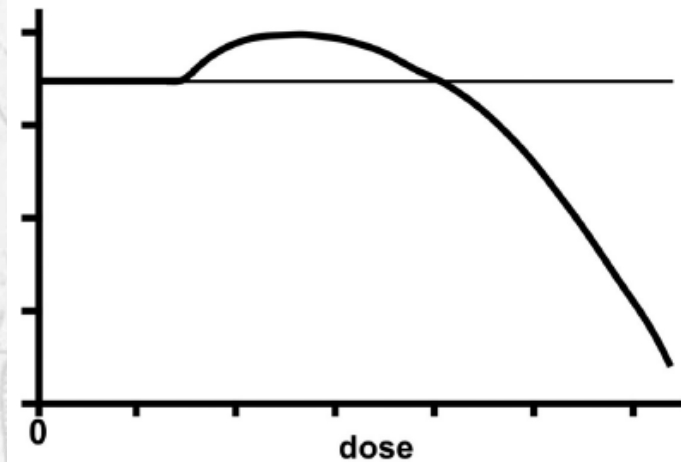
**Hormesis, Low-Dose Radiation and Health**

**Hormesis** is a dose response relationship in which effects at low doses are opposite to those at high doses. As a consequence, hormetic dose response curves are biphasic rather than being monotonic.

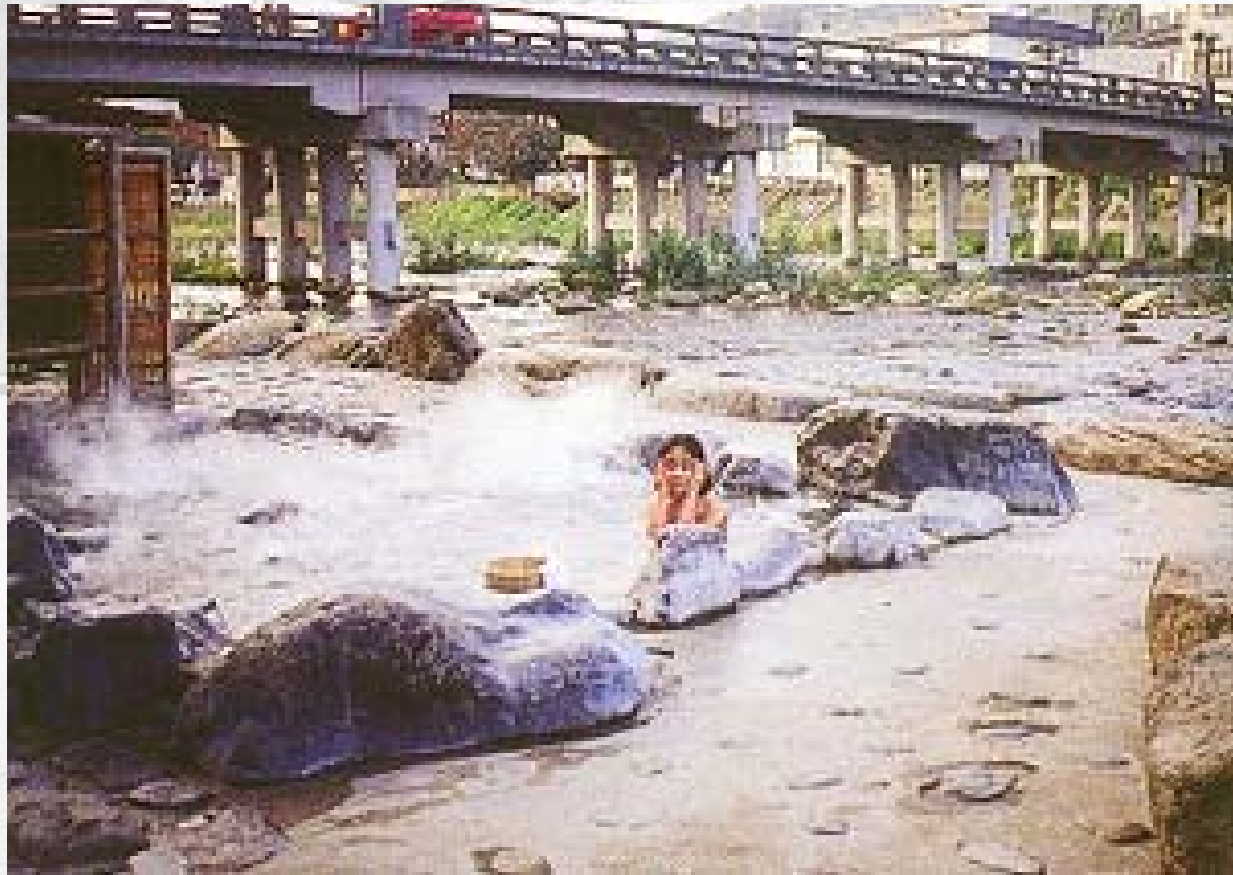
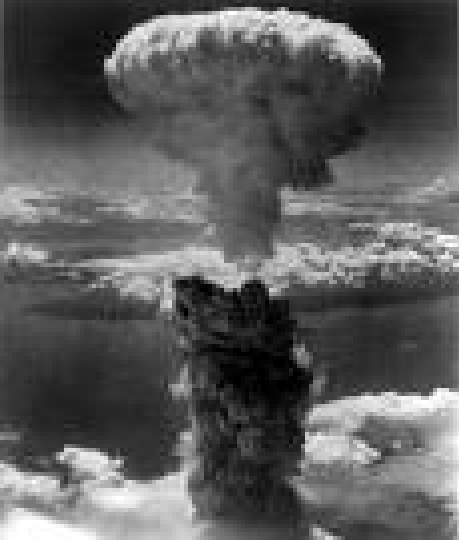
"J-shaped curve"



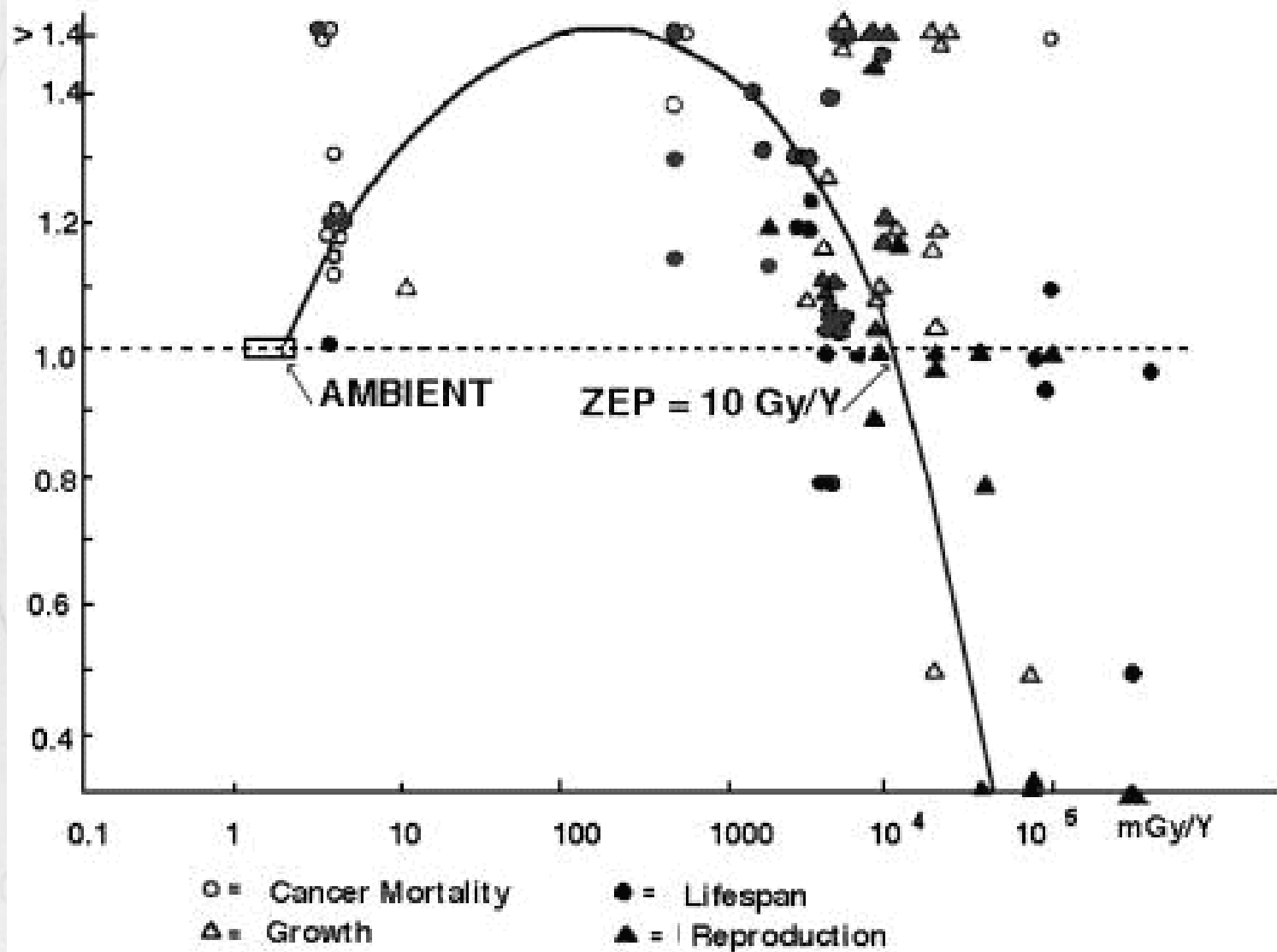
"inverted-U curve"



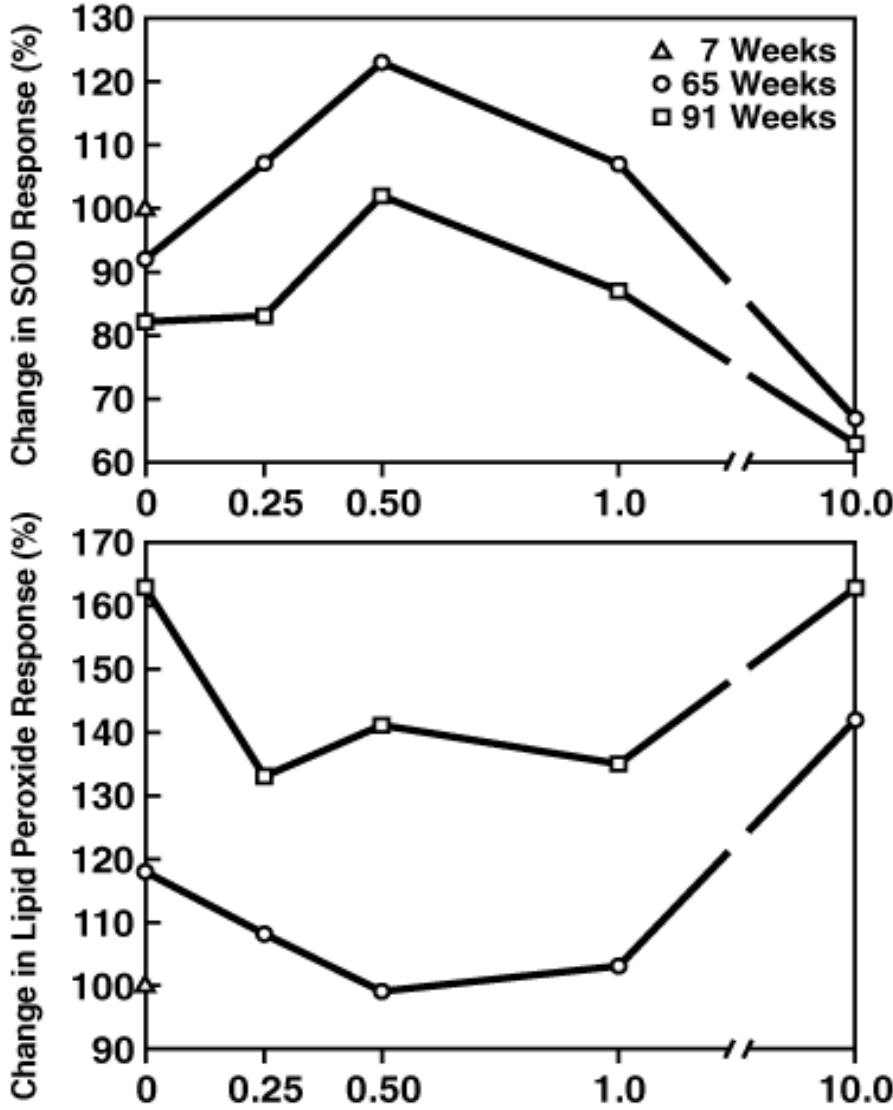
# HORMESIS and RADIATION



Misasa hot springs, Japan

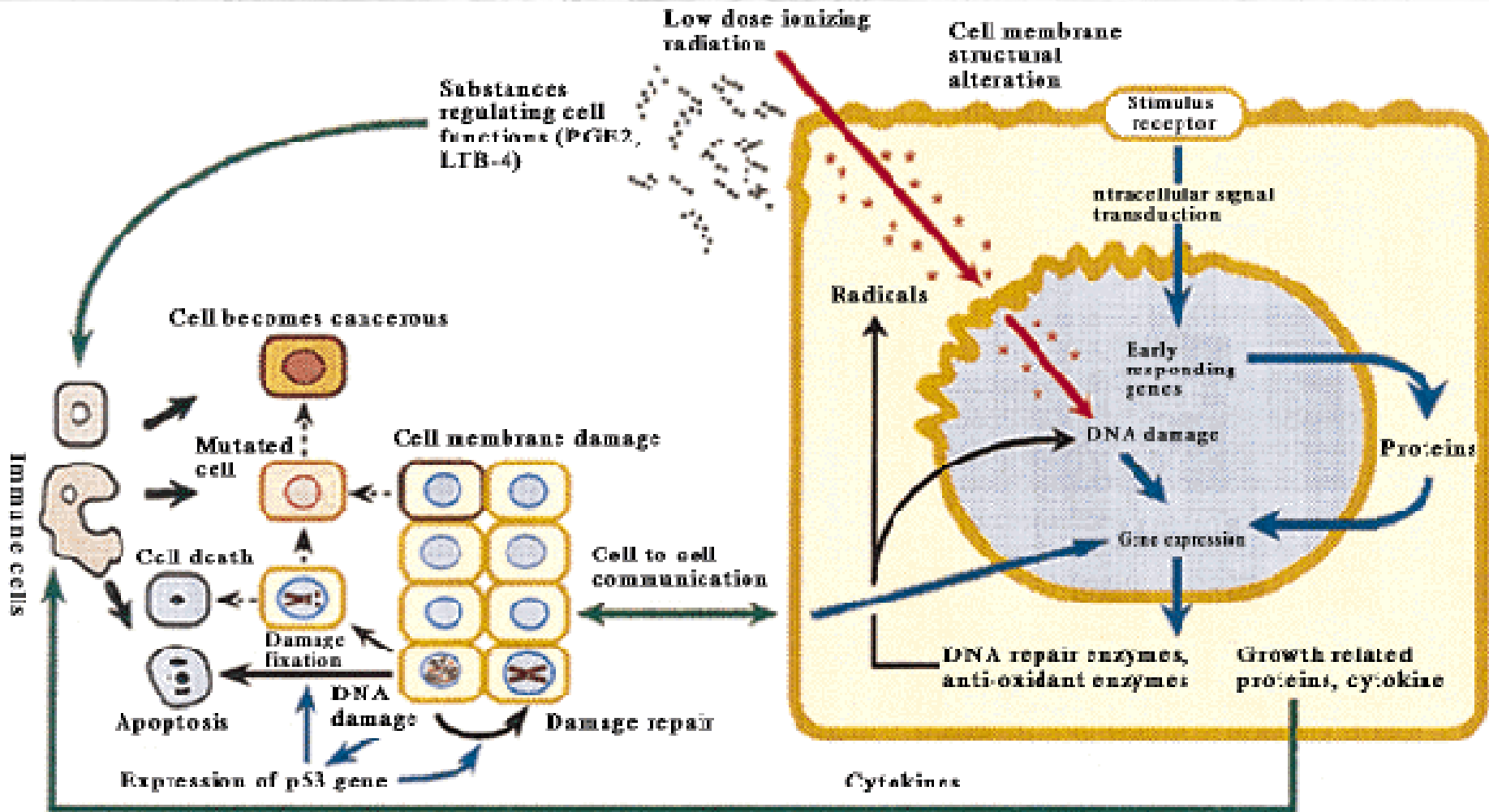


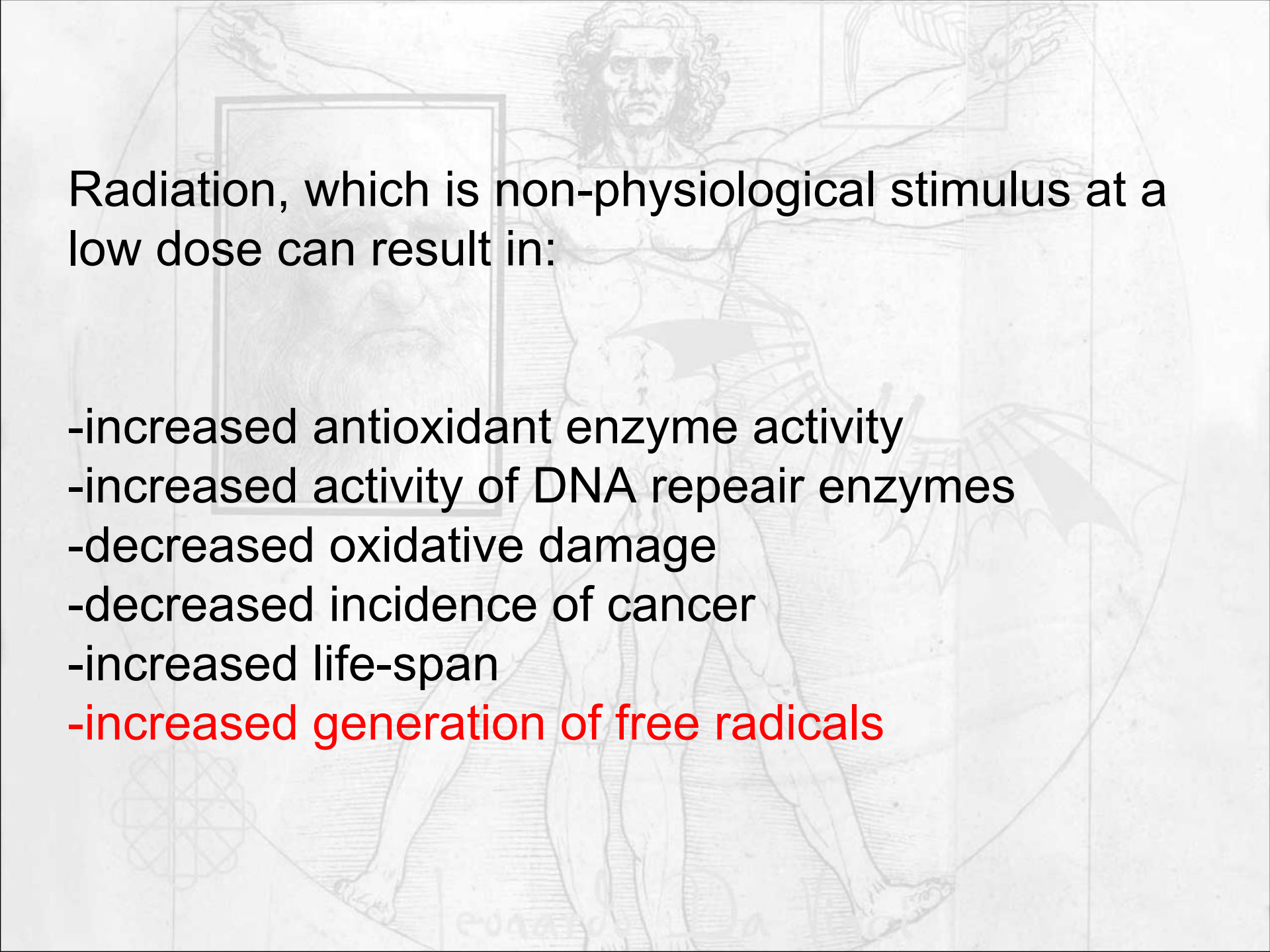
# Dose response of SOD and LIPOX to radiation in rat brain cortex



Yamaoka 1991

# Proposed mechanisms of radiation hormesis



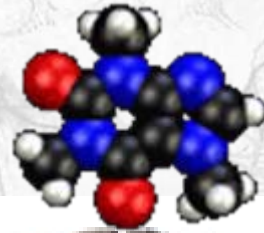


Radiation, which is non-physiological stimulus at a low dose can result in:

- increased antioxidant enzyme activity
- increased activity of DNA repair enzymes
- decreased oxidative damage
- decreased incidence of cancer
- increased life-span
- increased generation of free radicals**

# HORMESIS, DIET and AGEING

## Calorie Restriction

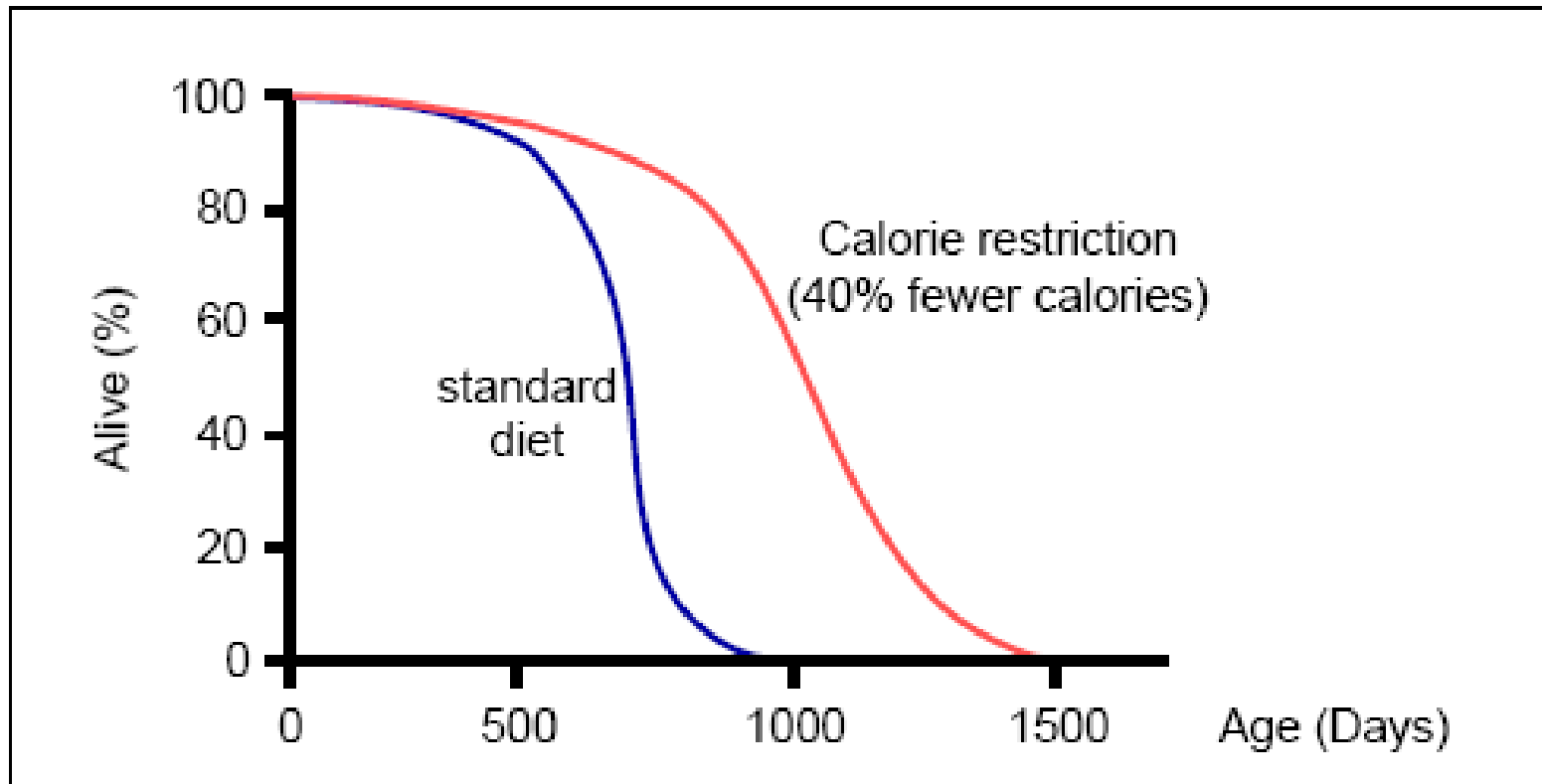




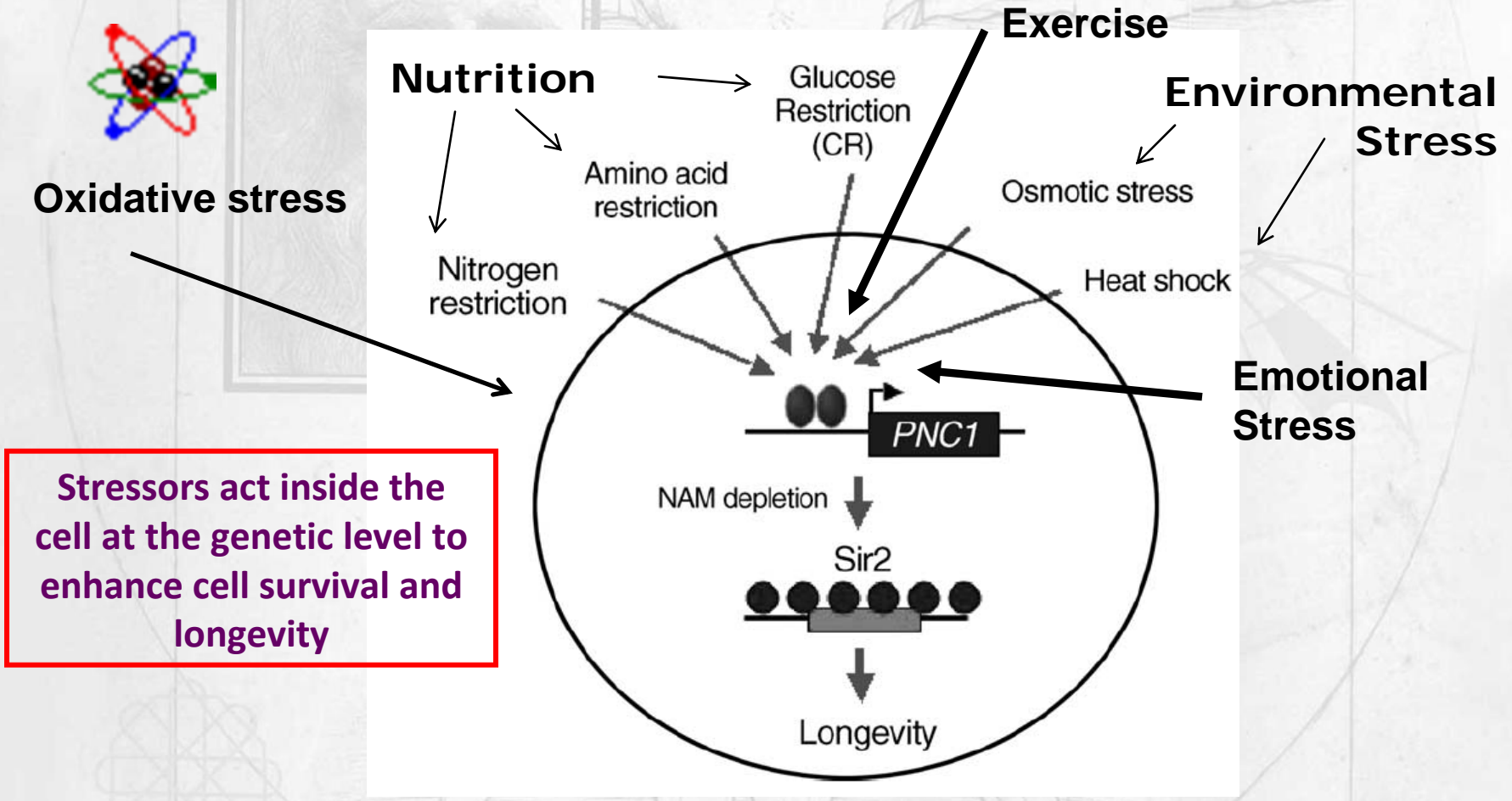
# Calorie Restriction

McCay CM, et al: The affect of retarded growth upon the length of life span and upon the ultimate body size. J Nutr 10, 63-79, 1935.

*Original 1935 study in rats*

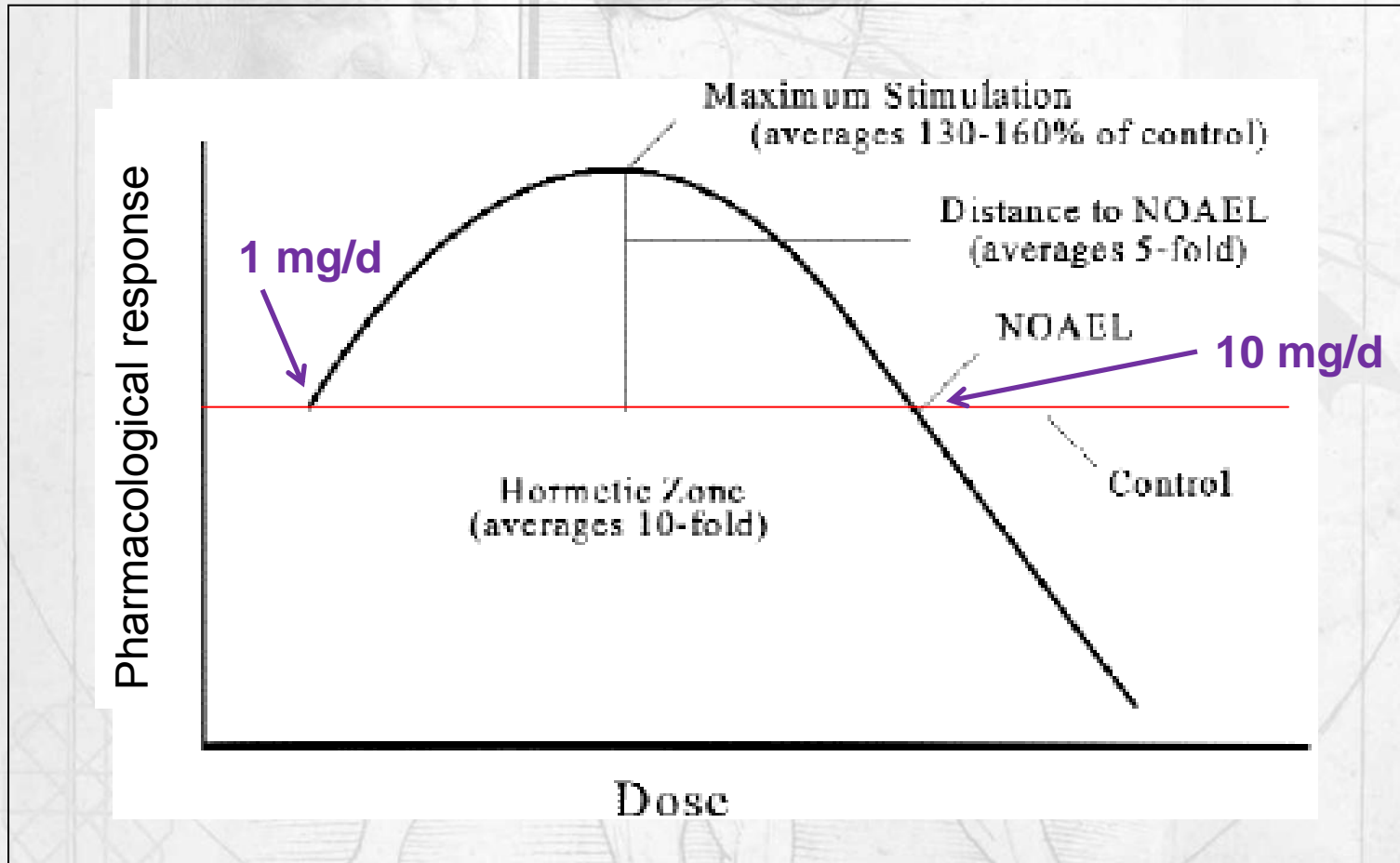


# Stressors Can Alter Gene Function

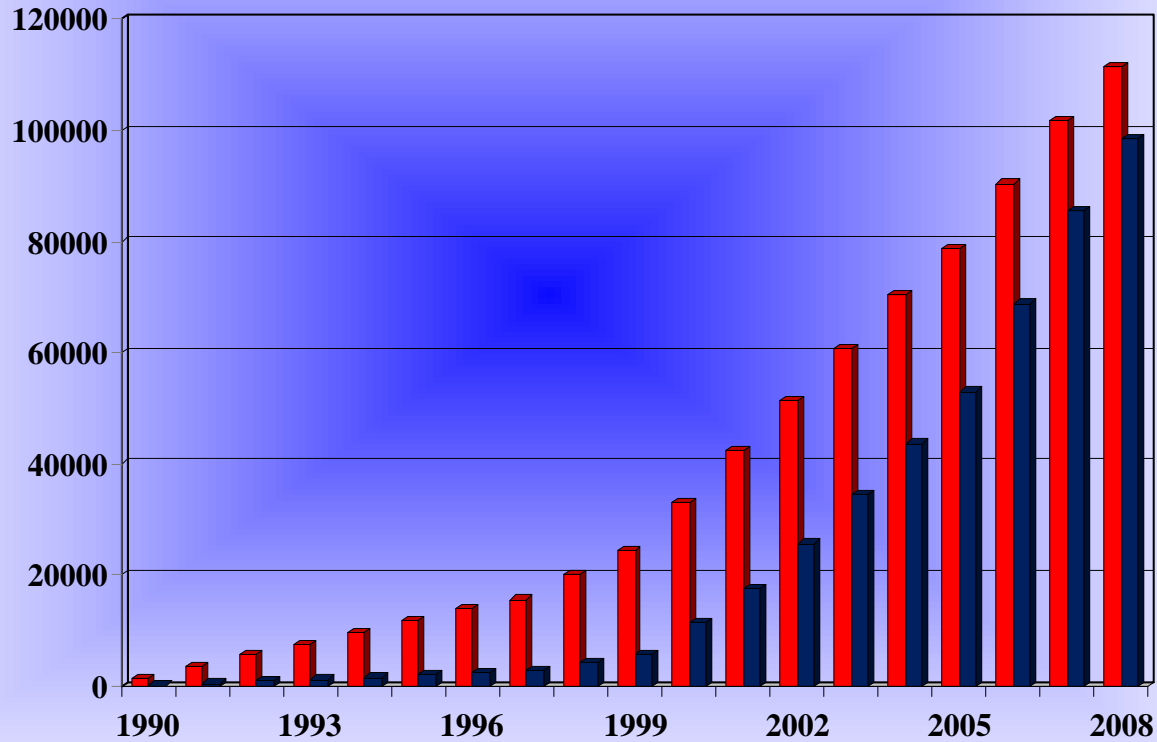


David A. Sinclair, Toward a unified theory of caloric restriction and longevity regulation *Mechanisms of Ageing and Development* Volume 126, Issue 9 , September 2005, Pages 987-1002

# Hormetic response of $O_3$



Except during inhalat. administration



Accumulative

Sources PubMed February 2009

# Educational Programs



Canada

USA

México

Cuba

Brazil

Uruguay

Chile

Argentina

Europe

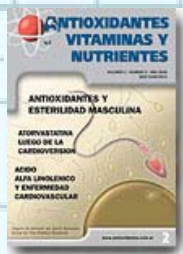
South Africa

India

Rusia

China:

Japan

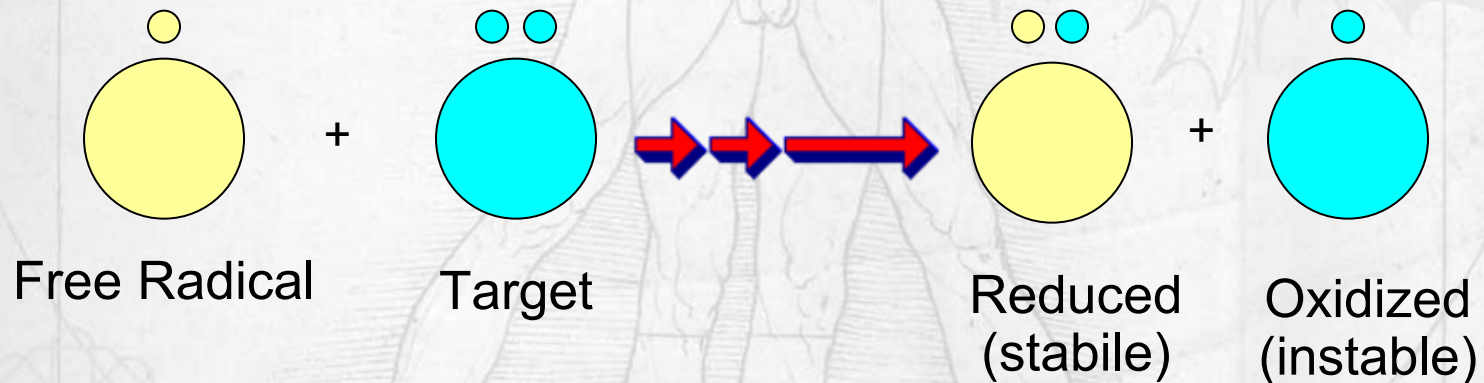


Active:

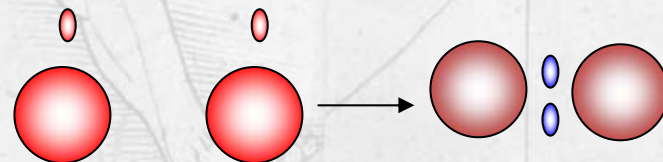
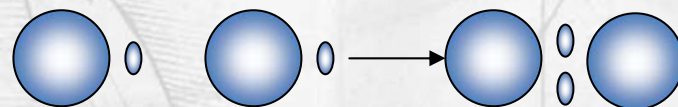
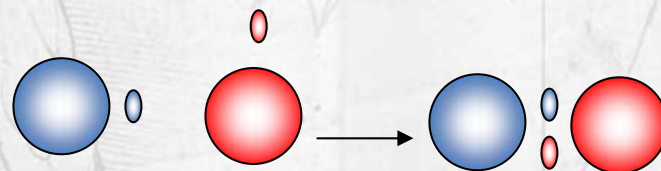
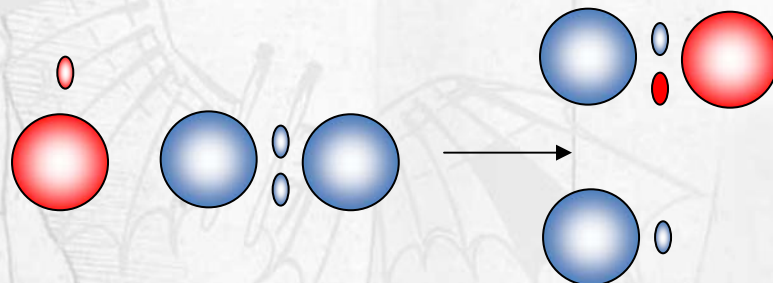
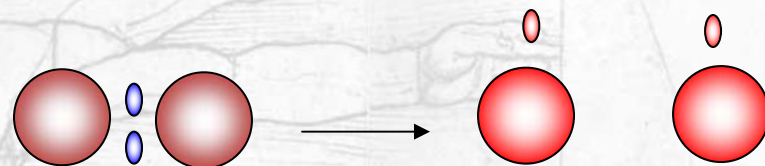


# ¿Free Radicals?

Free radicals are atoms, molecules, or ions with unpaired electrons on an open shell configuration. (Halliwell & Aruoma, 1989).



# Steps of the free radicals reactions



# ¿What mean Reactive Oxygen Species (ROS)?

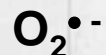
**Free radicals** are atoms, molecules, or ions with unpaired electrons on an open shell configuration

**Non radical, with high chemical reactivity**

**Free Radical**

$t_{1/2}$

Superoxide anion



Enzymatic =  $10^{-9}$   
Spontaneous =  $10^{-5}$

Hydroxyl radical



$10^{-9}$  s ( $10^{-7}$ - $10^{-10}$ )

Lipid radical



$10^{-8}$  s

Nitric oxide



3-5 s

Alkoxy radical



$10^{-6}$  s

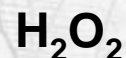
Alkylperoxy radical



7 s

$t_{1/2}$

Hydrogen peroxide



Depend of enzyme

Peroxynitrite



0,05-1 s

Hypochlorous acid



$10^{-6}$  s

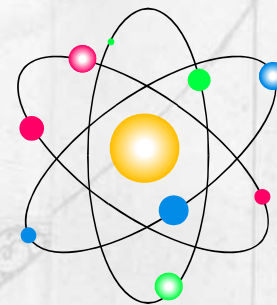


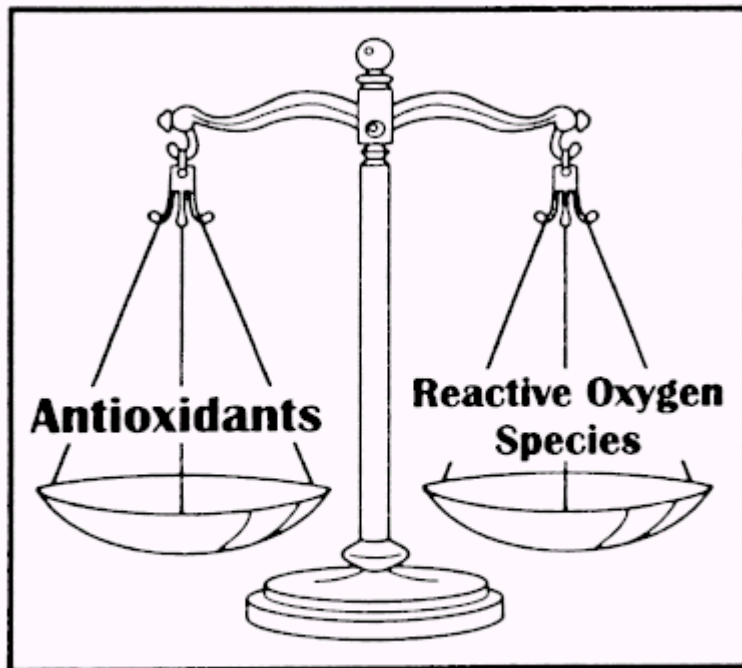
# ANTIOXIDANT



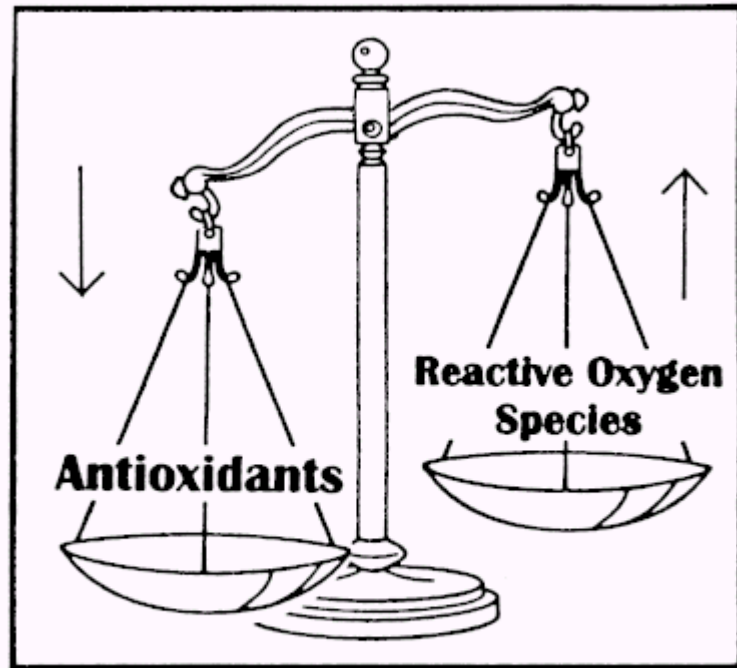
Any substance that present in low concentrations compared to the oxidized substance, prevent or reduce it oxidation

B. Halliwell 1990 *Free Rad. Res.Comms* 9





Minimal oxidative damage



Increased oxidative damage-  
aging, age-related diseases

## OXIDATIVE STRESS

Disruption between the antioxidant defense system and the generation of oxidants that happen acute or chronically. Can be consequences of a decrease in antioxidant, increase of generation of pro-oxidant or both.

- H.K.Bieslaski. (1997) *Clin. Nut.* 16: 151-155

# New concepts of oxidative stress

**H Sies 1985**

Oxidative stress: imbalance between the production of oxidants and the occurrence of cell antioxidant defenses.....

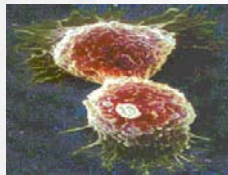


**Jones 2006:** a disruption of redox signalling and control that recognizes the occurrence of compartmentalized cellular redox circuits.

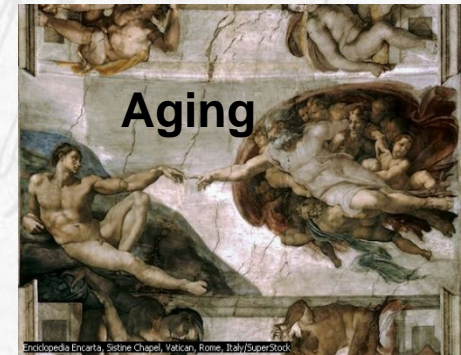
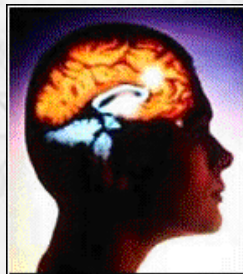


Cardiovascular diseases

Cancer



CNS diseases



Aging



Inflammation



Fisical activ.



Diet

# HIF-1 $\alpha$ is constitutively made and degraded via VHL.

1. Prolyl hydroxylase

NORMOXIA ~6% O<sub>2</sub> 40 mmHg

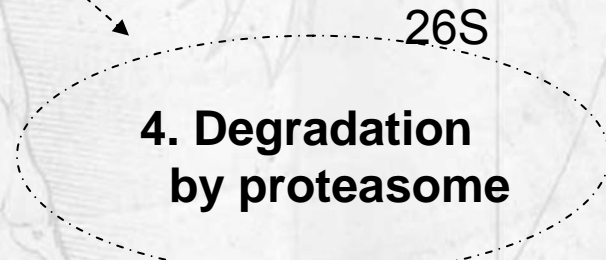
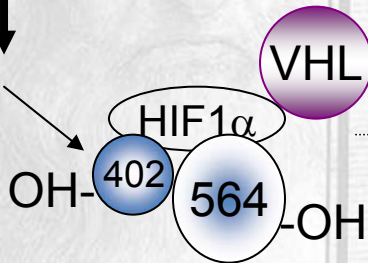
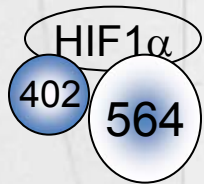
2. Binding Hippel-Lindau tumor suppressor (VHL)

CYTOPLASM

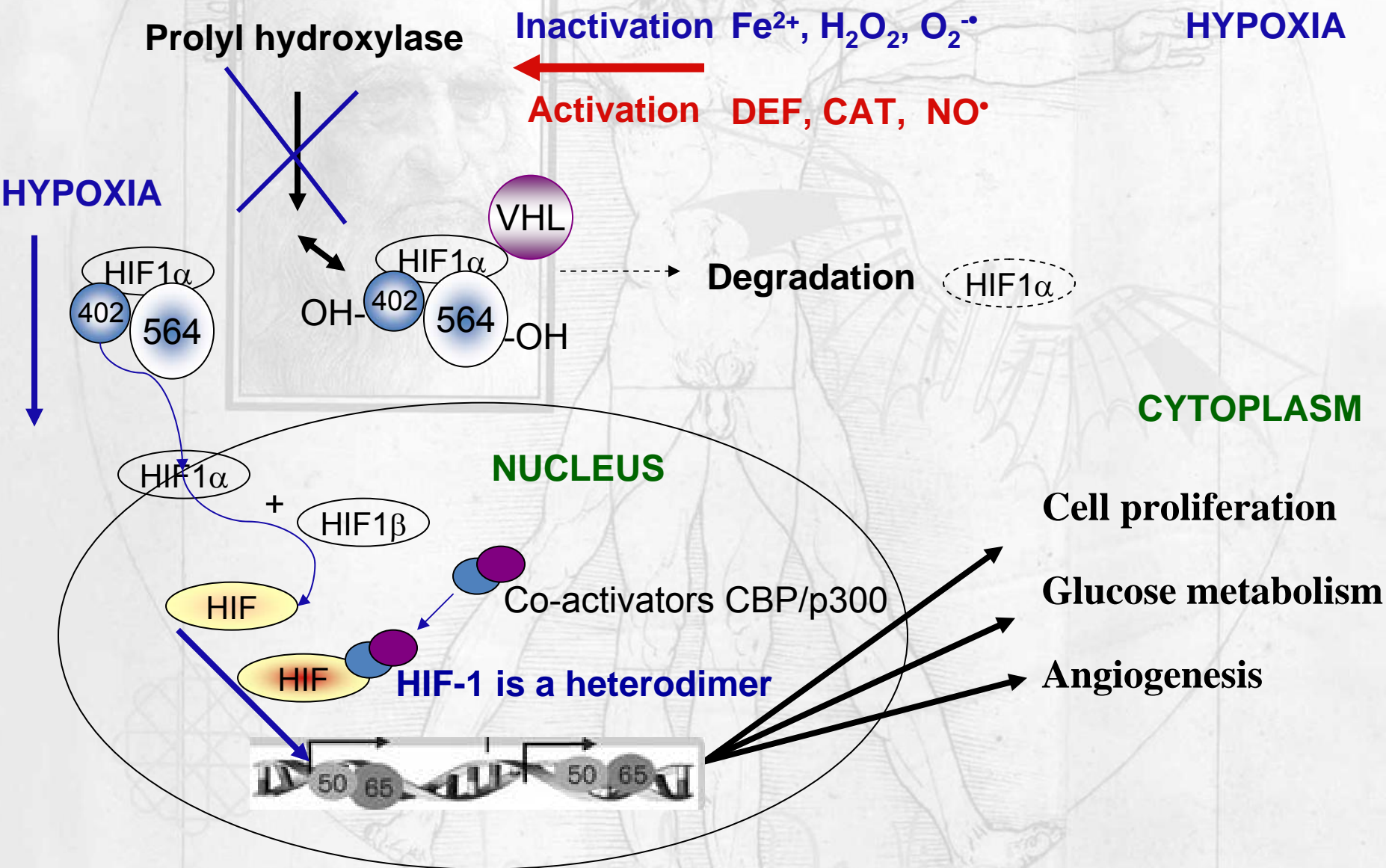
3. Ubiquitinylation

4. Degradation by proteasome

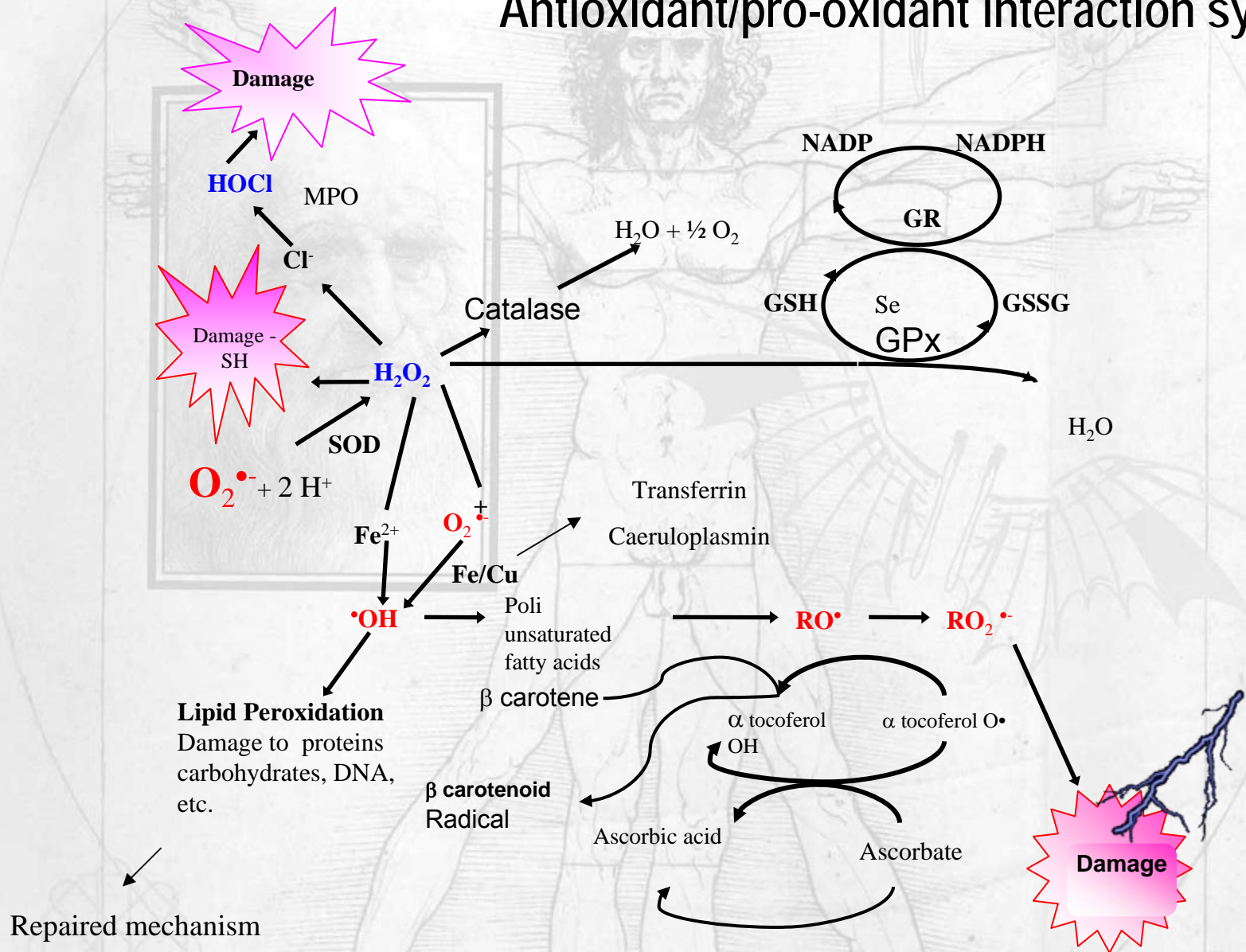
NUCLEUS



# Prolyl hydroxylase is O<sub>2</sub>-dependent



# Antioxidant/pro-oxidant interaction system



# SOURCES OF OXIDATIVE STRESS IN HUMAN PHATOPHYSIOLOGY

## UNAVOIDABLE

Mitochondrial electron transport

Transition metal ions

Inflammation

Enzymes

## AVOIDABLE

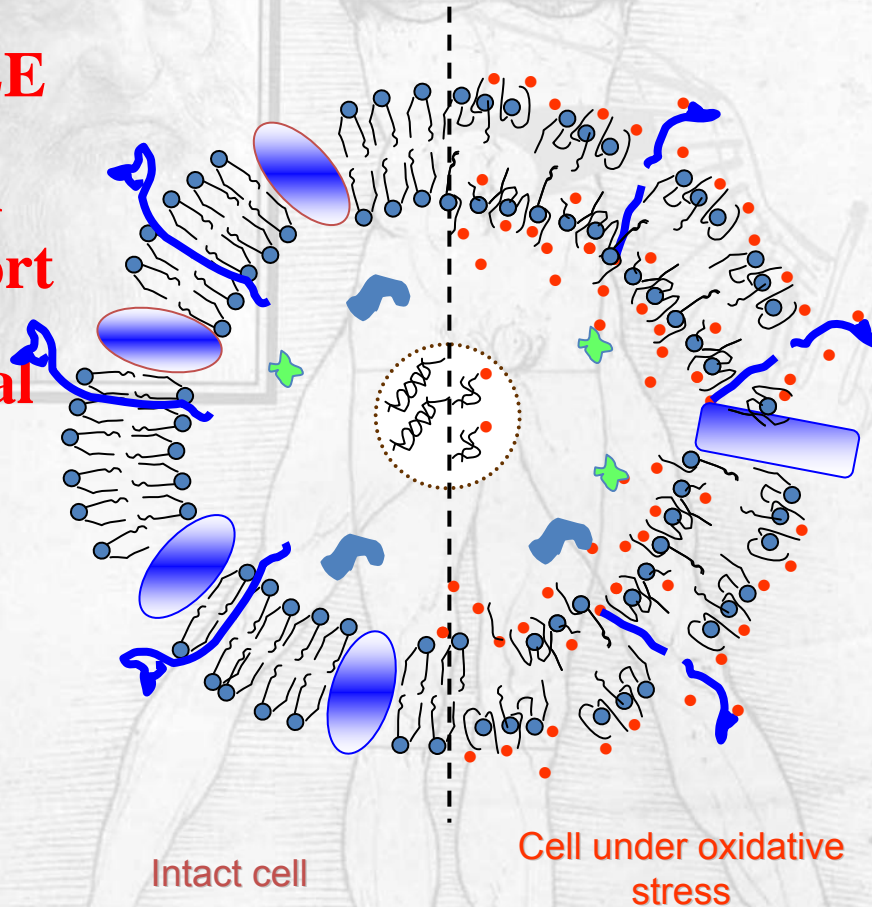
Drug metabolism

Xenobiotic

Cigarette smoke

Pollution

Radiations



# Diseases where an imbalance of oxidative stress and anti-oxidant defense has been implicated in the pathophysiology

## ACUTE

Trauma

Stroke

Ischaemia Reperfusion injury

Adult respiratory distress syndrome

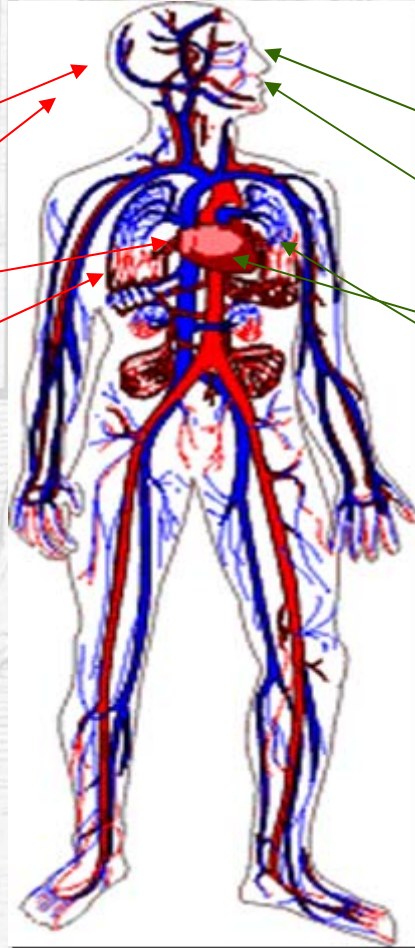
Acute rejection

Acute inflammation

Paracetamol (overdose)

Xenobiotic

Acute exercise



## CHRONIC

Parkinson

Alzheimer's disease

Hypertension, Atherosclerosis  
Cystic Fibrosis

Chronic rejection

Chronic Inflammation

Cancer

Ageing

Chronic training

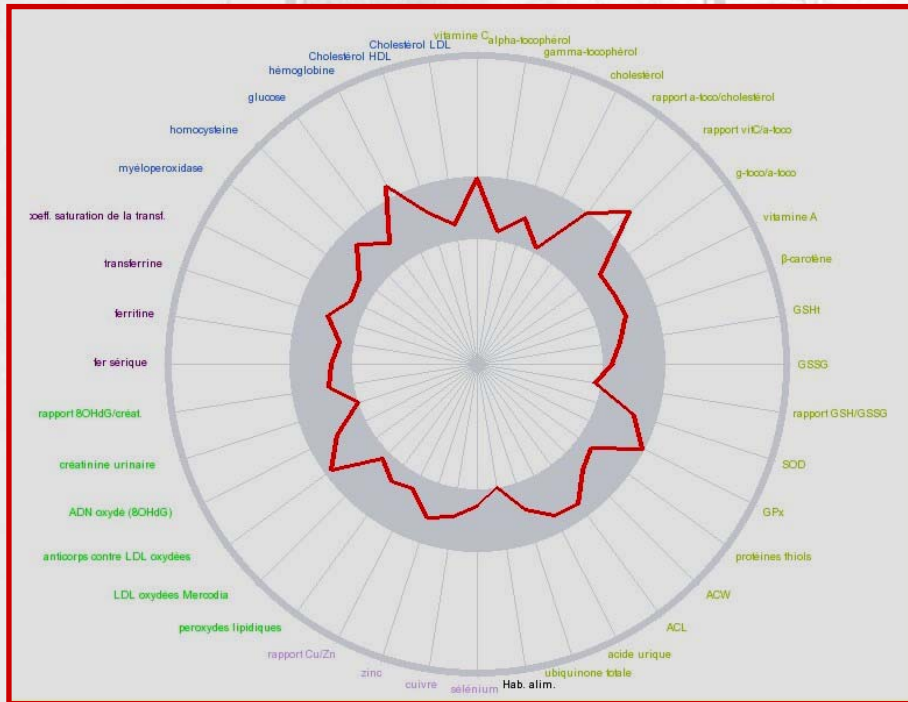


# Biochemical evaluation of the OS balance

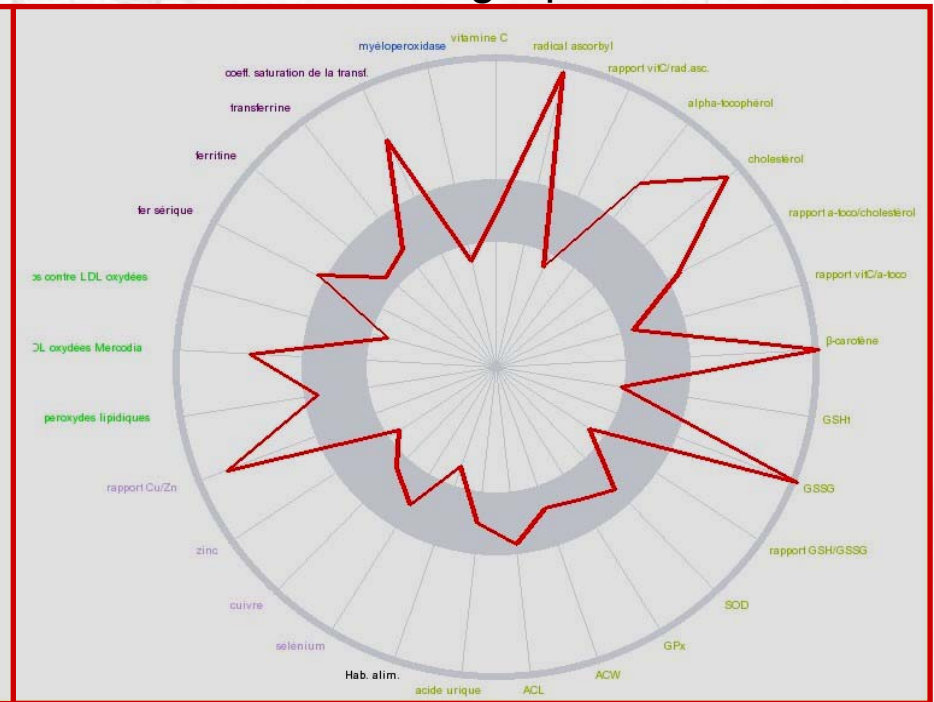
- **Anti-oxidants**
  - Total anti-oxidant capacity
  - Vitamin C
  - $\alpha$ -tocopherol
  - $\gamma$ -tocopherol
  - $\beta$ -carotene
  - Glutathion
  - Glutathion peroxidase (GPx)
  - Uric acid
  - Ubiquinone
  - Photochem, ORAC
  - Colorimetric
  - HPLC
  - HPLC
  - HPLC
  - Enzymatic
  - Enzymatic
  - Enzymatic
  - HPLC
- **Oligo-elements**
  - Selenium
  - Copper
  - Zinc
  - ICP/MS or Atom abs
  - ICP/MS or Atom abs
  - ICP/MS or Atom abs
- **Oxidative stress markers**
  - Lipid peroxides
  - Oxidized LDL
  - Anti-oxLDL antibodies
  - Oxidized DNA (8-OH-dG)
  - Protein thiols
  - Colorimetric
  - Immunologic
  - Immunologic
  - Immunologic
  - Immunologic
- **Iron metabolism**
  - Iron
  - Ferritin
  - Transferrin
  - Colorimetric or Atom Abs
  - Immunologic
  - Immunologic
- **Sources of OS**
  - Myeloperoxidase
  - Homocystein
  - Immunologic
  - Immunologic

# Biochemical tests → oxidative stress profile

## Normal profile



## Pathologic profile



The oxidative stress rosette: a snapshot of the OS status of the patient

# Integrated Clinic Diagnostic of Oxidative Status



Ultra micro analytic system make possible fast analysis, low cost, data acquisition automation.

**Involves analysis of:**

**Total Antioxidant Status,**

**Enzymes,**

**Biomolecules damage indicators,**

**Low molecular weight antioxidants**

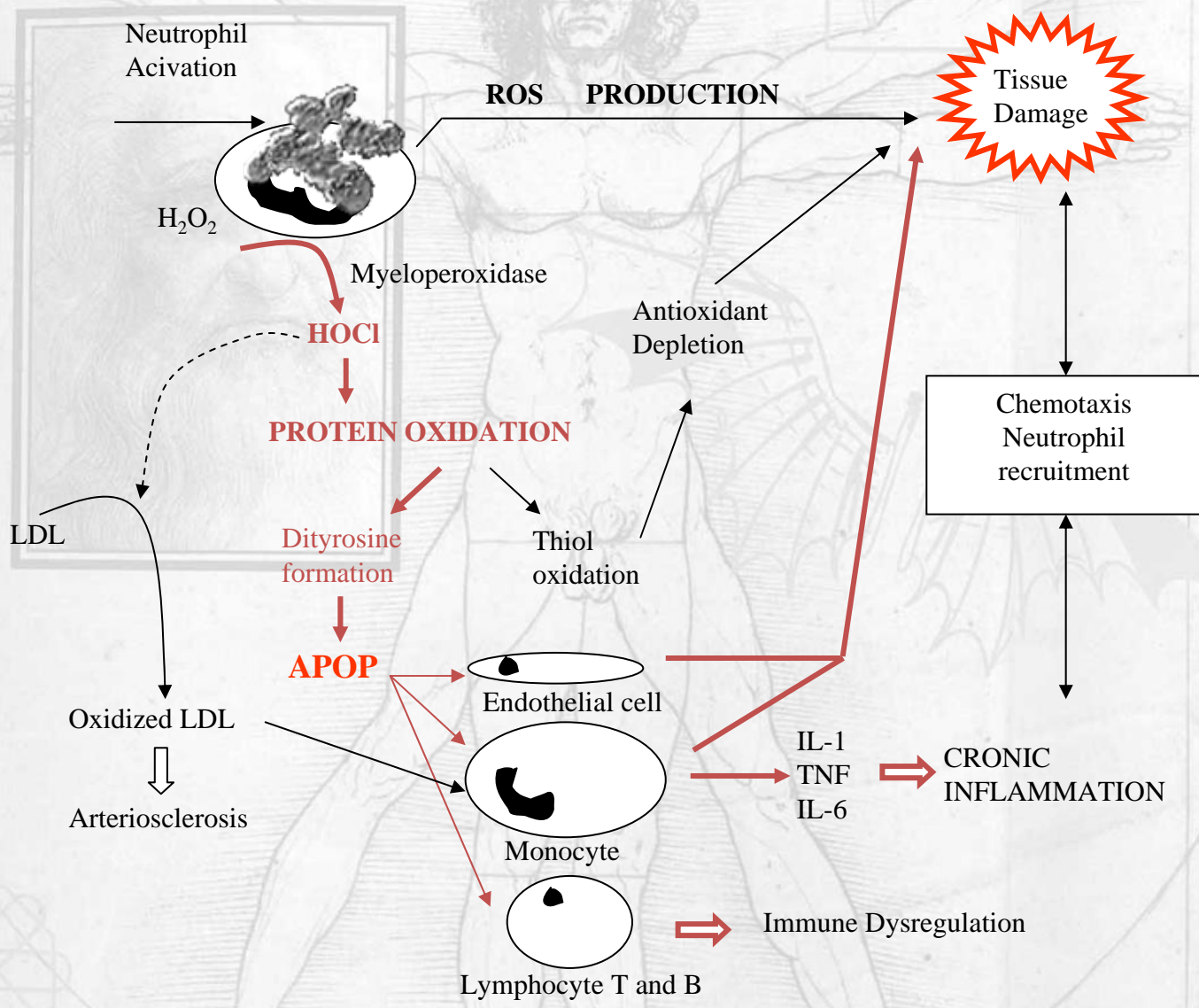
**Useful for:**

**Clinical diagnostic of groups of patients**

**Clinical diagnostic of individual patients**

**Monitoring nutritional intervention**

**Monitoring pharmacological intervention**



# ADVANCED PROTEIN OXIDATION PRODUCTS

Status	APOP $\mu\text{M}$
Normal	12.13 $\pm$ 0.93
Diabetes	19-21*
Colitis	29*
Bronchitis	95**
Ataxia	119**

# Clinical diagnostic of groups of patients



ACADEMIC  
PRESS

Pharmacological Research 47 (2003) 217–224

Pharmacological  
research

www.elsevier.com/locate/yphrs

## Contribution to characterization of oxidative stress in HIV/AIDS patients

Lizette Gil<sup>a,\*</sup>, Gregorio Martínez<sup>b</sup>, Ivón González<sup>b</sup>, Alicia Tarinas<sup>a</sup>, Alejandro Álvarez<sup>a</sup>,  
A. Giuliani<sup>c</sup>, Randelis Molina<sup>a</sup>, Rolando Tápanes<sup>a</sup>, Jorge Pérez<sup>a</sup>, Olga Sonia León<sup>b</sup>

<sup>a</sup> Department of Clinical Pharmacology, Institute of Tropical Medicine "Pedro Kouri" (IPK),  
P.O. Box 601, Marianao 13, Ciudad de La Habana, Havana, Cuba

<sup>b</sup> Center for Research and Biological Evaluations, Institute of Pharmacy and Food, Havana University, Havana, Cuba

<sup>c</sup> Department of Chemistry and Medical Biochemistry, University of Milan, Via Saldini, 50-20133 Milan, Italy

Accepted 25 November 2002

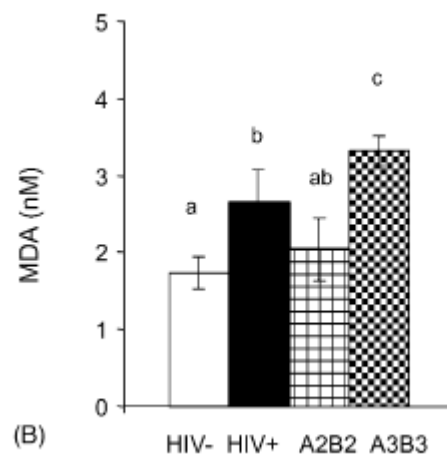
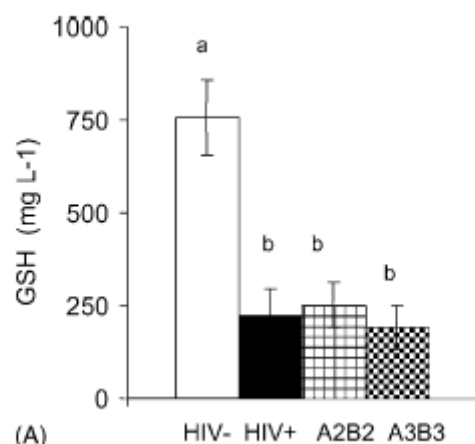


Table 2

Correlation coefficients (Pearson coefficients) between redox indices and CD4<sup>+</sup>, CD95<sup>+</sup>, and CD8<sup>+</sup> relative count in VIH seropositive patients

Redox index/immunological markers	CD4 <sup>+</sup>	CD95 <sup>+</sup>	CD8 <sup>+</sup>
MDA <sup>*</sup>	-0.90	+0.89	+0.73
SOD <sup>*</sup>	-0.81	+0.72	+0.67
PP <sup>*</sup>	-0.79	+0.71	+0.64
TAS <sup>*</sup>	+0.86	-0.80	-0.74
GSH	+0.21	-0.32	-0.19
GPx	+0.26	-0.29	-0.15
TH	-0.33	+0.51	+0.46
% DNA	-0.71	+0.42	+0.38

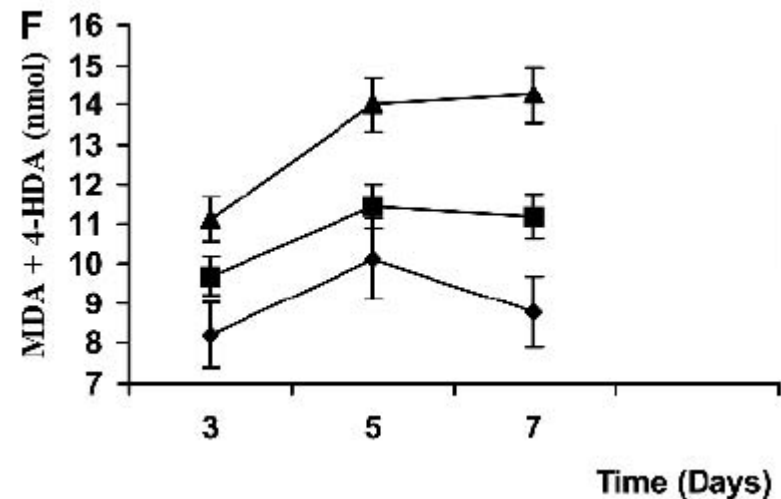
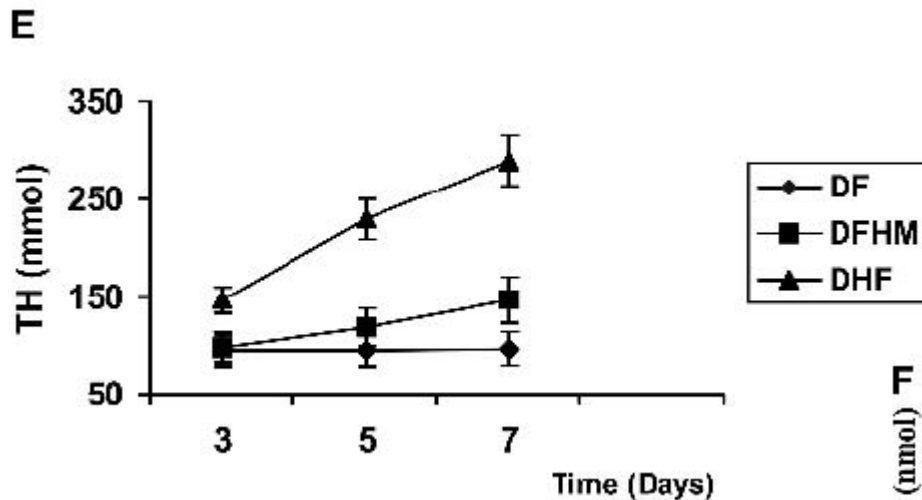
# Clinical diagnostic of groups of patients

*Am. J. Trop. Med. Hyg.*, 71(5), 2004, pp. 652–657

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## OXIDATIVE STRESS IN ADULT DENGUE PATIENTS

LIZETTE GIL, GREGORIO MARTÍNEZ, ROLANDO TÁPANES, OSVALDO CASTRO, DANIEL GONZÁLEZ,  
LIDICE BERNARDO, SUSANA VÁZQUEZ, GUSTAVO KOURÍ, AND MARÍA G. GUZMÁN



# Patient with Fe overload

## Weakness Syndrome

54 year old ♀



### Total Antiox. Status

PP (7.32±0.56) 61.35  $\mu\text{M}$  MDA ←

### Enzyme

SOD (1.45±0.15) 13.75  $\text{U}\cdot\text{mL}^{-1}\cdot\text{min}^{-1}$

CAT (161.5±12.5) 1545  $\text{U}\cdot\text{mL}^{-1}\cdot\text{min}^{-1}$

CAT/SOD (0.11±0.02) 0.11

### Biomolecules damage

MDA (1.74±0.27) 6.56  $\mu\text{M}$  ←

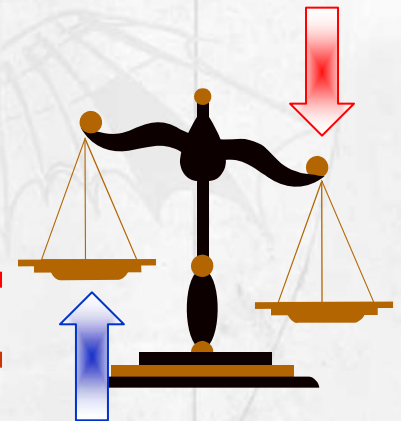
ROOH (103±17) 67.40  $\mu\text{M}$  ←

PAOP (12.13±0.93) 58.21  $\mu\text{M}$  ←

### Low MW antioxidants

Vit. C (30-150) 3.18  $\mu\text{M}$  ←

GSH (786-1146) 301.18  $\text{mg}\cdot\text{L}^{-1}$  ←





## Monitoring nutritional intervention

*International Journal of Vitamin and Nutrition Research* (2005). **75**(1):19-27.

Effects of increase micronutrients intake on oxidative stress indicators in HIV/AIDS patients.

Lidianis Luján, Lizette Gil, Gregorio Martínez, Attilia Giuliani, Ivón González, Alicia Tarinas, Alejandro Álvarez, Randelis Molina, Maite Robaina, Rolando Tápanes, Alberto Nuñez, Jorge Pérez

*Table II: Oxidative stress indicator data during study period*

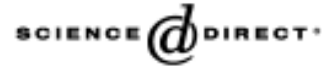
Indicator	Time (months)	Mean ± SEM	P
TAS (mM Trolox)	control	1.69 ± 0.20	0.005
	0	0.83 ± 0.18 <sup>a</sup>	
	3	1.03 ± 0.11 <sup>b</sup>	
GPx (U/mL)	control	39.3 ± 5.5	0.000
	0	20.4 ± 4.3 <sup>a</sup>	
	3	28.6 ± 4.3 <sup>b</sup>	
SOD (U/mL)	control	1.12 ± 0.05	0.175
	0	1.58 ± 0.19 <sup>a</sup>	
	3	1.36 ± 0.39 <sup>b</sup>	
HPO ((M)	control	249.9 ± 56.9	0.071
	0	542.4 ± 277.5 <sup>a</sup>	
	3	401.9 ± 273.9 <sup>b</sup>	
MDA ((M)	control	1.74 ± 0.05	0.929
	0	2.98 ± 1.42 <sup>a</sup>	
	3	2.02 ± 1.00 <sup>b</sup>	
GSH ((M)	control	2464 ± 462	0.929
	0	393 ± 240 <sup>a</sup>	
	3	1045 ± 552 <sup>b</sup>	
FDNA (%Fragment.)	control	6.30 ± 0.10	0.929
	0	7.19 ± 1.16 <sup>a</sup>	
	3	7.29 ± 1.89 <sup>b</sup>	

Legend: Controls are seronegative-HIV subjects

# Monitoring therapeutic intervention



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

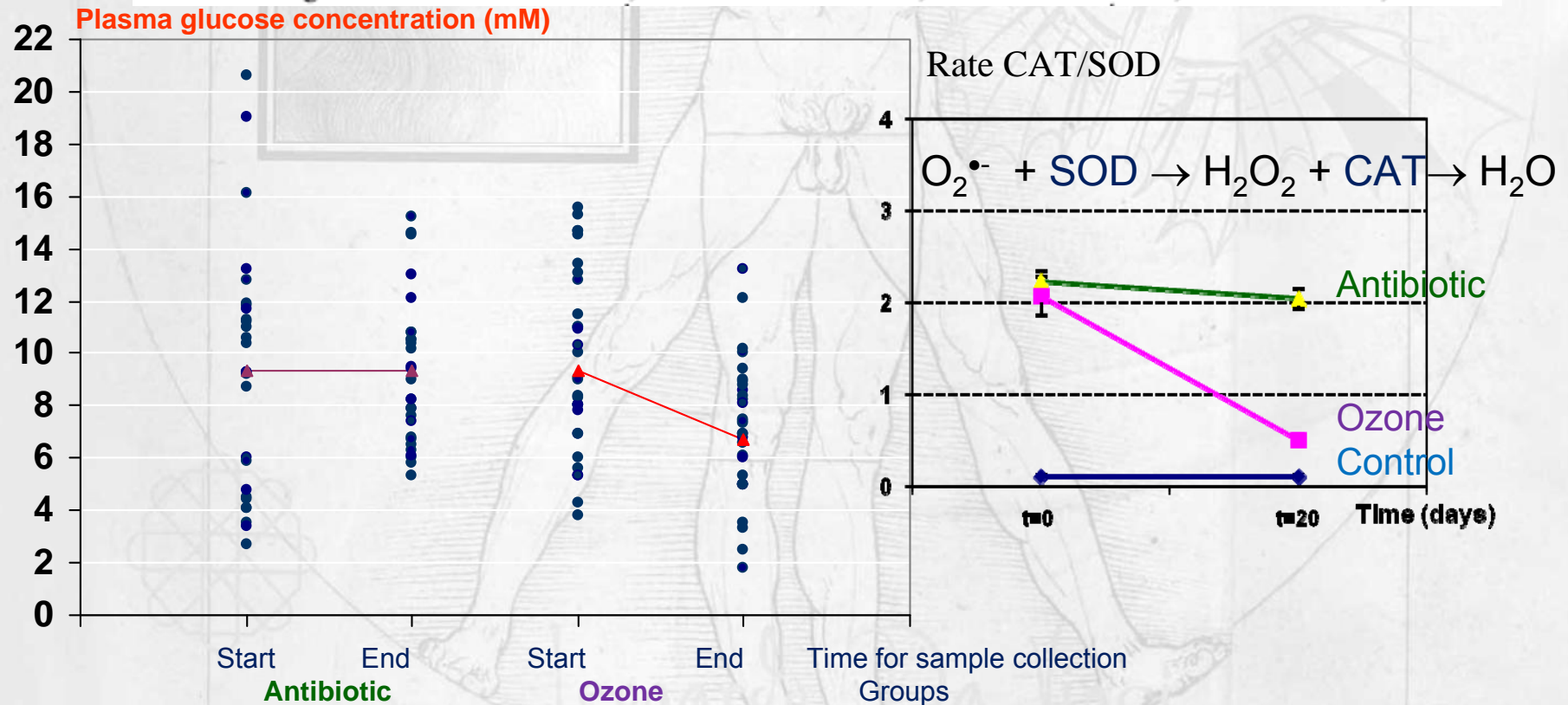


European Journal of Pharmacology 523 (2005) 151 – 161

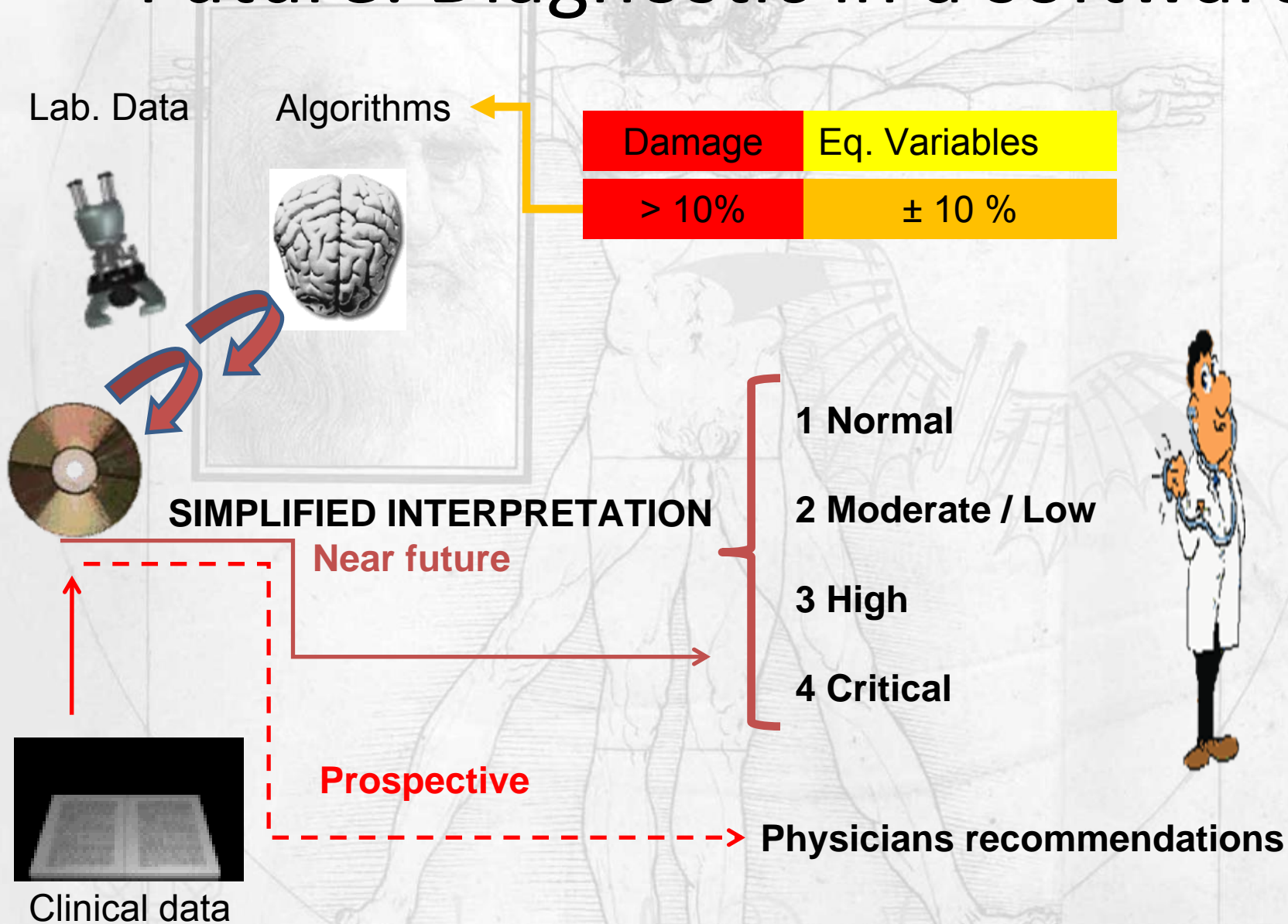


## Therapeutic efficacy of ozone in patients with diabetic foot

Gregorio Martínez-Sánchez <sup>a</sup>, Saied M. Al-Dalain <sup>a</sup>, Silvia Menéndez <sup>b</sup>, Lamberto Re <sup>c</sup>,



# Future: Diagnostic in a software



# III INTERNATIONAL CONFERENCE OF OXIDATIVE STRESS

## Havana Redox 2011

Havana (Cuba), January 27 - 29, 2011



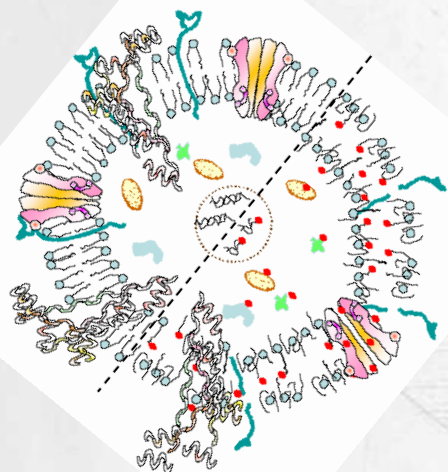
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email: [hr2011@cieb.sld.cu](mailto:hr2011@cieb.sld.cu)



Post: Dr. C. Gregorio Martínez Sánchez  
Scientific Committee President



Apartado postal 4301,  
Ciudad de La Habana 4,  
Zona 10400, Cuba



### Scientific Topics

- Oxidative Stress and Diseases.
- Oxidative Stress and Aging.
- Biomarkers and Diagnostic Methods.
- Antioxidants.
- Redox Signaling Mechanisms.
- Pharmacological or Dietetic Interventions.
- Oxidative Damage, Formation, Repair and Biological Consequences.
- Special Symposium Hormesis and Oxidative Stress.

### Call for papers (short lectures, posters)

Short lectures (25 min. including discussion) and posters related to the congress topics are kindly requested. Contributions in other fields of redox research will be also welcomed.



Please download instructions from the website.

Submission deadline for Abstracts:  
December 1, 2010.



We look forward to seeing you in Havana in January 2011

# Questions



*Feel free to contact:*

**Gregorio Martínez Sánchez, Pharm.D, Ph.D.**

**Senior Researcher**

**Scientific Director** **Medinat<sup>®</sup> srl**

[www.medinatsrl.com](http://www.medinatsrl.com)

**gregorcuba @ yahoo.it**

