

## OZONE TREATMENT PROTOCOL FOR DIABETES MELLITUS

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**Nota Bene:** The protocols are working guidelines that AEPROMO puts at the disposition of all its members expecting that they will be references in the daily medical work whenever ozone therapy is used on patients.

It shall correspond to the health professional (physician, dentist, veterinarian, podiatrist in the areas for which their profession and current legislation allows it) to whom compete, with their studies, knowledge and experience to assume professionally how to apply ozone therapy to their patients. Although these protocols are referents and guidelines for its members AEPROMO invites them to base their daily practice on these protocols.

The protocols are based on the Madrid Declaration Ozone Therapy, ISCO3, 2nd. ed., 2015, 50 pages.  
<http://aepromo.org/en/madrid-declaration-on-ozone-therapy-2nd-edition/>

The content of the protocols and the items that they cover are subject of improvement based on the medical experience and scientific investigation. AEPROMO calls all its members to help to improve the protocols with their contributions, suggestions, experience and knowledge.

Verify patient weight and extract blood volume in accordance to the Circulating Blood Volume (CBV) to avoid hemodynamic alterations. Apply the formula  $\text{weight} \times 1.2 = \text{blood volume to extract}$ .

Example: Patient 80 Kg  $\times 1.2 = 96$  cc blood volume to extract. In this case it may round off to 100 cc. Apply the same volume of ozone gas maintaining the relation 1:1 at the concentrations indicated bellow.

Consult Madrid Declaration Ozone Therapy, ISCO3, 2<sup>a</sup>. ed., 2015, 50 pages.

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### Major Autohemotherapy (AHTMajor) in blood 100ml

Week of Treatment	O3Concentration ( $\mu\text{g}/\text{NmL}$ )	O3 Volume (mL)	Doses (mg)
First	15	100	1.5
Second	20	100	2.0
Third	30	100	3.0
Fourth	35	100	3.5
Fifth	40	100	4.0

Complete 15 sessions.

### Minor Autohemotherapy (AHTMinor) in blood 5ml

Week of Treatment	O3Concentration ( $\mu\text{g}/\text{NmL}$ )	O3 Volume (mL)	Doses (mg)
First	15	5	0.075
Second	20	5	0.10
Third	30	5	0.15
Fourth	35	5	0.175
Fifth	40	5	0.20

Complete 15 sessions.

### Rectal Route

(This route may be used on its own or combined with AHTmajor or AHTminor)

Week of Treatment	O3Concentration ( $\mu\text{g}/\text{NmL}$ )	O3 Volume (mL)	Doses (mg)
First	15	120	1.8
Second	25	150	3.7
Third	35	150	5.2
Fourth	40	150	6.0

Daily frequency, complete 20 sessions, repeat cycle each 4-6 months.

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**In patients with diabetic foot complications.**

Insist in having rest, the limb has to be maintained in a favorable position for the lymphatic drainage.

Select systemic treatment scheme and combine it with local cures.

In cases of infected ulcers the cures must be performed, preferably on daily bases, till control of infection, occasionally twice a day as its follow:

- Wash the area with ozonized water. Syringe with water in jet.
- Then place the bag on the ulcerated limb and perform vacuum to extract all the air from the bag.
- Proceed to insufflate the bag at concentrations of 50- 80µg/NmL of concentration, maintain it during 20 min. It is enough creating a micro atmosphere, no need to fill all the bag of ozone. If the concentration used is too high such as 80µg/NmL, keep the bag during 3-5 min only and then wash the wound with distilled water.
- Once finished, aspirated the ozone from the bag with the vacuum, and remove the bag.
- Finally apply ozonized oil at 800IP on the injured area, which must be covered till the next cleaning cure.

As soon the infection is controlled, something that happens around the 10<sup>th</sup> day when the granulation tissue appears start to separate the sessions to 3 and 2 per week. Ozone concentration must be lowered to 30 µg/NmL and the index of oil peroxidation also has to be lowered to 600 and 400IP Oleosan with the intention of stimulating the granulation tissue and the healing speed.

Whenever doing these procedures, we recommend work with a protective carbon mask in case of possible ozone leak.