

OZONE TREATMENT PROTOCOL FOR DISC HERNIATION

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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 diary 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.

Exclusions criteria to apply for this treatment:

-Patients affected by associated diseases that will bring an inadequate evolution of the disease like:

- Generalized osteoarticular disorders.
- Known cancer in advanced status.
- Disorders of the central nervous system and/or peripheral

-Abusive alcohol intake.

-The existence of another spine/medullar pathology.

- Contraindications for regional anesthetics

- There is no radiological clinical correspondence

-Pregnancy.

-Hyperthyroidism.

-Fabism.

-Calcified herniations.

-Sepsis at the puncture site.

-Coagulations alterations.

-Hernia with free disc fragment

-Extrusion of more than 50% of the diameter of the dural sac and greater neurological

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deficits associated.

-Absence disk.

Lumbar paravertebral intra-muscle treatment and/or cervical

Treatment Scheme:

Paravertebral IM

Infiltrate at to 2 cm lateral of the spinous process. Needle distribution must be always bilateral, lateral or 2cm over the herniation level and 2cm bellow.

Cervical/Dorsal herniations

Concentration: 10-20 μ g/NmL

Volume: 5 mL.

Frequency: Once-twice a week.

Lumbar infiltration

Concentrations between 10-20 μ g/NmL, volume of 10 mL. Frequency: twice a week.

Intradiscal lumbar injection

- Intradiscal infiltration is performed under fluoroscopic control by a well trained doctor. The patient has to be under sedation and local anesthesia. In some cases, the intradiscal infiltration can be repeated within 4 weeks.
- Volume: 5-10mL
- Concentration of 25-35 μ g/NmL
- The needle used is Chiba 22G (0.7 x 203)mm

Cervical Intradiscal Infiltration

Intradiscal infiltration is performed under fluoroscopic control by a well trained doctor. The patient has to be under sedation and local anesthesia.

(2-3) mL at concentration of 25-35 μ g/NmL

Needle Chiba 25G x 3 ½ (0.5 x 90) mm

Peridural Infiltration

Infiltrate the epidural space, once a week, prior identification of the epidural space by echography.

- Use a mixture of oxygen/ozone of 10-20 mL volume at a concentration of 10-20 μ g/NmL
- The epidural method is an alternative to take into account in the treatment of the disk herniation with ozone therapy, although it is an indirect method in

relation to the intradiscal method being that:

- The physician does not expose himself to radiations as well as the patient.
- Being deposited the gas inside the epidural space at the level of the area of the radicular disc affected it actuates itself over the disc and the nerve root damaged.
- It is easy to perform; no causing neurological damage and helps to get the patient back to his normal life in very little time.
- It requires few material resources, as well as equipment becoming a less cost effective method.
- It requires less number of sessions compared to the paravertebral method used as an indirect method.
- It is very useful in the presence of multiple herniated discs.
- Above 70% frequency of success.
- Minimal recovery time.
- It could be realized in patients with important associated diseases.

Rectal Route

(Any technique applied may be combined with this systemic route)

| week of Treatment | O3 Concentration (μgNmL) | O3Volume (mL) | Doses (mg) |
|-------------------|---|------------------|---------------|
| First | 20 | 100 | 2 |
| Second | 20 | 100 | 2 |
| Third | 35 | 150 | 5.2 |
| Fourth | 35 | 150 | 5.2 |

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