

**OZONE TREATMENT PROTOCOL FOR NEURODEGENERATIVE
DISEASES:
DISEASE OF ALZHEIMER, PARKINSON, AMYOTROPHIC LATERAL
SCLEROSIS, DEMENTIAL SYNDROME**

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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.

In the field of Neurology ozone therapy give better results as early as the treatment is started and should always be combined with excellent rehabilitation, considering that it is critical for neuro-repair (neuroplasticity).

With the aim of increasing aerobic capacity of muscle tissue is recommended to apply ozone therapy in the morning and then continue with rehabilitation.

Important complement to all

Glutathione 1200 mg administered twice iv x week, cycles of 20 sessions before and after ozone treatment.

Parkinson Syndrome

Neurological signs: Rigidity, resting tremor, bradykinesia and postural instability.

Imaging studies: striatal degeneration migrated-circuit. Function of the basal ganglia in general is affected.

Therapeutic deduction

Post-mortem tissues → ROS destroy neuronal tissue.
 ↓ GPx y GRd → ↑ progression of the disease; after,
 O₃ → ↑ Antioxidant Defense System → ↓ ROS
 ↓ Tissue Hypoxia

Scheme of treatment

O₃Rectal: 1° Cycle: 1,500 – 3,000 µg doses, 20 sessions, 3 cycles/year
 2nd Cycle: 2,000 a 4000 µg
 3th and y 4th Cycles: 3,000 a 6,000 µg

The improvement depends on the type of Parkinson.

- Drug-induced (does not respond well)
- Vascular Parkinson (better prognosis)
- Complex Parkinson - dementia (quality of life)

Results:

- Temporary decrease in muscle stiffness and tremor at rest.
- Increased Quality of Life
- First improving signs: resting tremor, rigidity, gait.
- Signs that are slow to improve: Mental confusion, dissymmetry.

Major Autohemotherapy (AHTmajor)

Week of Treatment	O ₃ Concentration (µg/NmL)	O ₃ Volume (mL)	Doses (mg)
First	20	125	2.5
Second	25	130	3.2
Third	30	150	4.5
Fourth	35	150	5.2
Fifth	40	150	6.0

To complete 10-15 sessions, during alternate days.

Minor Autohemotherapy (AHTMinor) in 5ml of blood

Week of Treatment	O3 Concentration ($\mu\text{g}/\text{NmL}$)	O3 Volume (mL)	Doses (mg)
First	20	5	0.10
Second	20	5	0.10
Third	25	5	0.12
Fourth	30	5	0.15
Fifth	30	5	0.15

To complete 10-15 sessions, during alternate days.

Rectal Route

This route may be used as only one or combined with AHTmajor or AHTMinor

Week of Treatment	O3 Concentration ($\mu\text{g}/\text{NmL}$)	O3 Volume (mL)	Doses (mg)
First	25	120	3
Second	25	150	3.7
Third	30	150	4.5
Fourth	30	200	6

Daily basis, till complete 20 sessions, repeat cycle every 3 months.

OZONE TREATMENT PROTOCOL FOR MULTIPLE SCLEROSIS

These patients generally are in oxidative stress. Start with $20\mu\text{g}/\text{NmL}$ of concentration and 100 mL of volume, for 5 days and raise up to $30\mu\text{g}/\text{NmL}$ from the 10th day raise up to $35\mu\text{g}/\text{NmL}$.

Continue the last 5 days with the same concentration but with 150 mL of volume.

Rectal insufflation and Major AHT may be combined.

O3R: 20 sessions, 4 cycles / year, volume 100-150 mL

1st. week: $[\text{O}_3] = 20\mu\text{gN} / \text{mL}$, Vol 100cc;. Dose: 2000 μg

2nd. week: $[\text{O}_3] = 30\mu\text{gN}/\text{mL}$, Vol 100cc;. Dose: 3,000 μg

3rd. week: $[\text{O}_3] = 35\mu\text{gN} / \text{mL}$, 100 mL Vol;. Dose: 3,500 μg

4th. rd. week 4: $[\text{O}_3] = 40 \mu\text{gN} / \text{mL}$, 100 mL Vol;. Dose: 4,000 μg

The earlier the ozone treatment begins the better.
It may be combined the following techniques.

Major Autohemotherapy (AHTmajor) in 100ml of blood

Week of Treatment	O3 Concentration (µg/NmL)	O3 Volume (mL)	Doses (mg)
First	20	100	2.0
Second	30	100	3.0
Third	35	100	3.5
Fourth	40	150	5.25

To complete 15 sessions.

Minor Autohemotherapy (AHTMinor) in 5ml of blood

Week of Treatment	O3 Concentration (µg/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	45	5	0.225

To complete 15 sessions.

Rectal Route

Week of Treatment	O3 Concentration (µg/NmL)	O3 Volume (mL)	Doses (mg)
First	15	100	1.5
Second	30	120	3.6
Third	35	150	5.2
Fourth	40	200	8

Daily basis, till complete 20 sessions, repeat cycle every 3 months.

ALZHEIMER DISEASE

- The best results are at early stage of the multi-infarct form of the disease.
- Late stage, very poor response.

Treatment schedule:

O3R and / or MAHT: 2.500 to 6.000 µg, 20 sessions, 3 cycle/year.

1st -5th day: 25 µg/NmL, Vol. 100mL
6th -10th day: 35 µg/NmL, Vol. 100mL
11th – 20th day: 35 µg/NmL, Vol. 150mL
21th -30th day: 35 µg/NmL, Vol. 150mL

AMYOTROPHIC LATERAL SCLEROSIS

Scheme of treatment

O3R y/o MAHT: 2,500 – 7,000 µg,
20 sessions, 3 cycle/year.

Rectal Insuflation

1st -5th day: 25 µg/NmL, Vol. 100mL
6th -10th day: 35 µgN/mL, Vol. 100mL
11th – 20th day: 35 µgN/mL, Vol. 150mL
21th -30th day: 35 µgN/mL, Vol. 200mL