Rapid treatment of COVID-19 patients with Ozone-Oxygen Therapy

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Abstract

Ozone (O₃) is a powerful oxidizing gas, which can destroy COVID-19 virus, in a very short span of time. Ozone used within the determined therapeutic window is absolutely safe and is more effective than golden standard medications in numerous pathologies. As Yavuz¹³, has concluded that ozone killed 99.22% of SARS viruses and the genome sequence of the SARS virus and the new Coronavirus is 80% similar. Therefore it is expected that ozone should also be effective in preventing and controlling the new Coronavirus. COVID-19 virus has certain affinity towards the iron present in haemoglobin. This impairs the ability of Red Blood Cells to bind to O_2 and therefore preventing the transport of O_2 , leading to Acute Respiratory Distress Syndrome (ARDS) {Hospi Medica International⁴}. Specific dose of O₃ along with 95-99% O₂ mixture should be administered through the patient's respiratory tract so that the infected tissues will get exposed to the ozone. The ozone molecules will thus oxidize the spike glyco-proteins of the Coronavirus and so the virus will lose its capability of binding with the host cell's receptors, thereby being incapable of unlocking the entrance and gaining entry into the host cell. Thus with the damage of the virus's glycoprotein, the virus will not be able to bind with the haemoglobin and therefore the free haemoglobin will easily bind with Oxygen and hence will lead to proper transportation of Oxygen throughout the patient's body. The safe therapeutic dose of Oxygen and Ozone mixture should start with 95-99% O₂ with recommended dose of Ozone, in terms of ppm, and with specific treatment frequency. But to achieve more tremendous results, there is a need to start extensive research study on higher Ozone dosage along with Oxygen, against different treatment frequency of its therapeutic use.

Ozone, also called tri-oxygen, is a powerful oxidizing gas. It can destroy microbes including the COVID-19 virus, in a very short

span of time. As Yavuz¹³ has concluded, based on an experiment that examined the relationship between Ozone and SARS, that

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Ozone killed 99.22% of SARS viruses. He claims that the genome sequence of the SARS virus and the new Coronavirus is 80% similar. Therefore it is expected that Ozone should also be effective in controlling and preventing the new Coronavirus. As several scientists have reported that no Ozone-resistant viruses have been found. Also due to its short half-life, Ozone quickly decomposes into Oxygen without leaving any harmful by-product inside the body. Since the last two decades, Khan ⁵ has been successfully using Ozone for the disinfection of air, water and food borne microbes and getting tremendous results. Ozone has also been used in several countries therapeutically for humans to improve body-O₂ intake, to activate the human body's immune system and to use it for tackling some infectious diseases. As Paolo⁸, has explained that injecting 10 ml of Ozonated blood at 20 mcg/ml, 3 times a week, will induce a release of cytokines, interleukins and interferons that will surely be able to stop the infection. Also Benjamin¹, supported the efficacy of Ozone therapy against certain viruses based on some research supporting evidences. As per his report Ozone treatment has been widely used for many years in some countries such as Germany, Italy etc. and has had a very good safety record. Ozone therapy could combat COVID-19 infections, due to its virucidal activity, release of Oxygen in the peripheral tissues and anti-inflammatory action. Searches easily yield published literature claiming its safety and efficacy for various ailments. But the therapy was banned in the USA and some other countries on the basis of Ozone gas's toxic effect on the lungs when directly breathed; but this is never how it is administered.

 $\rm O_3$ used within the determined therapeutic window is absolutely safe and is more effective than golden standard medications in numerous pathologies, like vascular diseases. Against the old concept that $\rm O_3$ is always toxic and should not be used in medicine, a comparative analysis between the lungs vs. blood has fully clarified the possibility of using $\rm O_3$ as a therapeutic agent, provided that the dosages are not overwhelming the blood antioxidant capacity⁶. In the present scenario of COVID-19, therapeutic use of ozone-oxygen mixture, may lead to tremendous results.

For the COVID-19 treatment, O₃ and O₂ mixture should be administered through the patient's respiratory tract so that the infected tissues of trachea, bronchi, bronchioles, alveoli and small blood vessels, called capillaries will be exposed to the Ozone and the Ozone molecules will thus oxidize the spike glycoproteins of the Coronavirus. Due to this, the virus will lose its capability of binding with the host cell's receptors, thereby being incapable of unlocking the entrance and gaining entry into the host cell. Hence there will not be any transfer of the virus's genetic material into the host cell and will result in the lack of replication of the virus, thus causing the virus to be deactivated. As mentioned Buyukafsar², in his communication that- Ozone given at the concentration of 1-5% in 99-95% O2 mixture might turn lipids and other stuffs to midoxidants, which is able to oxidize spikes of Corona virus. It has also a direct oxidant to those spikes.

Also it has been noticed in some latest studies that the virus has certain affinity

towards the iron present in haemoglobin and thus impairs the ability of Red Blood Cells to bind to O_2 , therefore preventing the transport of O₂ throughout the body, affecting the lungs greatly and leading to Acute Respiratory Distress Syndrome (ARDS)4. Thus with the damage of the virus's glycoprotein, caused by the Ozone's oxidizing ability, the virus will not be able to bind with the haemoglobin and therefore, the now free haemoglobin will easily bind with Oxygen. This will lead to proper transportation of Oxygen throughout the body and will thus cause normalisation of the blood-O₂ level in the patient. The therapeutic dose of Oxygen and Ozone mixture should start with 95% O₂ with 0.2 ppm O₃ for 2 hours or with 0.5 ppm Ozone with 95-99% O₂ for an hour of administration on daily basis. This dose would be safe as per the Occupational Safety Hazard Administration, USA⁷, but to get some effective results a deep study with a variable higher concentration of Ozone, along with 95-99 % Oxygen, a thorough comparative research study is required to achieve rapid and tremendous results, while keeping in mind that there are no severe impacts on the respiratory system of the patient. This Ozone therapy could lead to the patient's treatment within a very short time period.

Recently Siddique¹¹ analyzed several studies on the mechanisms by which ozone therapy could combat viral infections and they are in particular- 1) the improvement of the release of oxygen in the peripheral tissues, 2) the anti-inflammatory action and 3) a virucidal activity has been described.

Benjamin¹ has taken keen interest based on the sufficient published evidence of efficacy to warrant further investigation for ozone. It could be trialled as a very cheap, simple and safe adjunct to other treatments. If it has no effect, nothing is lost; if it is as successful as its proponents claim, it could save millions of lives. Datsyshyn3, mentioned in COMBAT COVID-19 OZONE: APOWERFUL WEAPON THE WORLD'S STRONGEST ANTIMICROBIAL AGENT that, "Ozone should be adopted as a weapon in the global fight against COVID-19." - ///Zhou Muzhi, Professor, Tokyo Keizai University Head, Cloud River Urban Research Institute/// "No Ozone-resistant viruses have been found." -///James B. Hudson, Manju Sharma & Selvarani Vimalanathan Development of a Practical Method for using Ozone Gas as a Virus Decontaminating Agent, Ozone: Science & Engineering/// "Virucidal activity of Ozone is well known, when dissolved in water it kills viruses very fast." - ///N. Nosik, Professor, Institute of Virology FSBI, Russia -11th world congress on virology and Infectious diseases, May 17-18, 2018 Tokyo, Japan/// WONDERTOOL.NET-**PROTECT** YOURSELF & YOUR FAMILY. Hazem Kafrouni, Saint George Hospital University Medical Center, Victoria Ashlay and Dr. David Brownstein, VA Northern California, Martinez, CA, USA reported Ozone therapy positive impacts on patients. For other pathological treatments by Ozone therapy in Italy alone, apparently there are typically ~3000 treatments administered per day. So autohaemotherapy (drawing blood, interacting with ozone and reinjecting) and rectal or vaginal insufflation seem pretty safe. Poscia⁹ has recently sponsored medical trials in US on Coronavirus infected patients, of using Oxygen-Ozone as adjuvant treatment in early control of COVID-19

progression and modulation of the Gut Microbial Flora (PROBIOZOVID).

Benjamin¹ also mentioned that a group in Italy has (they claim) received permission from Italian medical authorities to begin treating COVID-19 pneumonia patients with Ozone autohemotherapy; they say they are now operating in 17 hospitals and preliminary results are "excellent", with patients experiencing prompt recovery from hypoxemia and improved radiological results. Evidence that the Ozone therapy contributed to recovery comes down to the timeframe (they say all improvements occurred within 5 days), and subjective statements such as: "none of the people affected by COVID-19 has had an improvement as fast and as stable as that experienced in patients treated with Oxygen-Ozone", which is the supported therapeutic use of Ozone Therapy for COVID-19 Patients.

For COVID-19 patient's treatment, there are at least four separate groups delivering Ozone treatments for COVID-19 in hospitals in Italy (20+ hospitals!), Spain and China; treatments are also being given in Portugal, Brazil, Iran and Turkey. Benjamin¹ of Pingar Group International Regarding safety, reported: An early report from two hospitals in Bergamo stated that of 11 patients in serious or very serious condition (4 intubated, 7 not), 10 showed rapid and decisive improvement during 5 days of ozone therapy. One patient who was already in advanced organ failure died. The therapists stated that no COVID-19 patients are showing as rapid and stable improvement as those receiving ozone therapies. Whereas a second report by the same group compiled data for 46 COVID-19 patients in 6 hospitals. Four patients were already too far into organ failure and died before treatment was complete (after only two treatments). The remaining 42 patients each received 5 daily treatments of ozone autohaemotherapy alongside conventional treatment. Of these, 39 significantly improved, 5 to the point of testing negative for the virus.

From the Santa María della Misericordia University Hospital, Udine¹⁰, a separate group reported that thirty-six COVID-19 patients who had developed pneumonia and severe respiratory difficulty were treated with ozone autohaemotherapy (200ml of blood interacted with ozone for 10 minutes and reintroduced; repeated three or at most four times), and all but one showed rapid reversal, did not need to enter intensive care or be intubated, and have since returned to their families.

The Nuestra Señora del Rosario Polyclinica ¹², Ibiza, reported "spectacular" rapid improvement in "many" COVID-19 patients who had been on the verge of being intubated, to the point of their not requiring oxygen. These improvements were evident after only 2 or 3 treatments of ozone therapy. The hospital has registered a clinical trial but urges other hospitals to begin using ozone therapy immediately.

In the present scenario of Ozone therapy, improvements are evident from several reports of COVID-19 patients. Therapeutic dose of Oxygen and Ozone mixture should start with 95-99% O₂ with 0.2 ppm O₃ for 2 hours or with 0.5 ppm Ozone with 95-99 % O₂ for an hour of administration on daily basis.

This dose would be safe as per the Occupational Safety Hazard Administration, USA⁷, for the Ozone exposure limit. But to get more effective results, a deep study on use of higher concentrations of Ozone (along with 95-99% Oxygen) and also on its treatment frequency, a thorough extensive research study is required to achieve rapid and tremendous results. By the use of Ozone therapy in several COVID-19 hospitals, and the improvements that are evident from it after only 2 or 3 treatments of Ozone therapy, a group in Italy has taken permission from Italian medical authorities to begin treating COVID-19 pneumonia patients with Ozone autohemotherapy; in many hospitals, preliminary results are "excellent", with patients experiencing prompt recovery from hypoxemia. As per other subjective statements "none of the people affected by COVID-19 has had an improvement as fast and as stable as that experienced in patients treated with Oxygen-Ozone", which has supported the therapeutic use of Ozone Therapy for COVID-19 Patients. Also some hospitals in Italy insisted to begin using Ozone therapy immediately. But it should be kept in mind that the increment of Ozone concentration in the recommended dose in 95-99% Oxygen, administration should be gradual and there should be no severe impacts on the respiratory system of the patient. This Ozone therapy could lead to the patient's treatment within a very short period of time.

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