

“Diving” for AIDS Relief

Helping AIDS, Cancer, and Multiple Sclerosis With Oxygen

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“Hyperbaric medicine has well-documented evidence supporting its use in many AIDS-defining complications and infections, regardless of the underlying disorder,” Reillo says. “HBOT would be an ideal intervention in the individual recently infected with HIV because it decreases viremia [viruses in the blood], is not toxic to the individual, and decreases the microvascular and neurovascular [small blood vessels] damage occurring as the initial infection progresses throughout the body.”

Reillo cites the recent example of Eduardo, 31, suffering from debilitating, AIDS-related fatigue and oral yeast infection (candidiasis). After two months of HBOT treatment (typically 2-3 times weekly), his viral load had dropped from 30,000 to 15,000 copies/ml of blood; after another two months, that number had dropped to zero. Eduardo’s fatigue had resolved, his yeast infection had cleared up, he had gained ten pounds, and was capable of normal physical activity again, reports Reillo.

HBOT has demonstrated its effectiveness in relieving peripheral vascular insufficiency. This means a reduced supply of blood to the feet and hands, leaving them cold and frequently painful. Reillo reports that over a three-year period at Lifeforce, 100 AIDS patients with this problem have received considerable benefit after receiving only two weeks of HBOT (three treatments per week).

First among the symptoms to improve was fatigue, then an increase in the ability to exercise and tolerate activity, followed by a warming of the extremities, an increase in energy, and less pain in the legs and feet following activity. The level of oxygen in the tissues climbed from a low 79% to a healthy, even vigorous 98%, adds Reillo.

These high levels are not permanent and require continuing HBOT to maintain, Reillo notes. AIDS patients can often have dangerously low blood oxygenation levels in the area of 50%-60%. While 98% oxygenation has been achieved, AIDS patients more typically see their oxygen levels climb to the 80%-90% range following HBOT, says Reillo.

Hyperbaric oxygen treatment performs well as an *adjunct* to conventional antibiotic regimens for AIDS patients, Reillo explains. This is especially so in the area of opportunistic infections such as *Mycobacterium avium* complex (MAC), a deadly form of tuberculosis that attacks the bone marrow. This complication affects up to 20% of AIDS patients.

Reillo cites the case of June, age 29, who had been diagnosed with AIDS and MAC as a

complication. June's conventional doctors gave her three months to live. At Lifeforce, she took an anti-tubercular drug called Ethambutol and "dove" six days a week.

June didn't die, says Reillo. Instead, she gained 30 pounds—she started HBOT treatment weighing just 90 pounds—and her fever dropped. A year after her predicted demise, June was asymptomatic and in complete remission, says Reillo. "Anti-tubercular medications have been shown to be more effective when used in conjunction with HBOT."

Marcel, 50, is one of Lifeforce's long-term survivors. When he started diving at 49, he had a life-threateningly low level of immune cells; his T lymphocyte (T cell) level was only 100 while the healthy norm is 800-1,200. Over the previous two years, he had lost a lot of weight and suffered from extreme fatigue, which prevented him from going to work.

Marcel underwent HBOT three times a week in a multiplace chamber, each session lasting about 45 minutes. In a multiplace chamber, up to six people sit inside a sealed chamber, each wearing a special transparent hood into which the pressurized oxygen is pumped. Concurrently with his oxygen therapy, Marcel took a conventional drug for a lung infection (*Pneumocystis carinii*, a form of AIDS-related pneumonia). "Marcel was very compliant with all the requirements of treatment," notes Reillo. Within two weeks, his fatigue began to recede and his appetite returned. Although he had been unable to work for two years, after only four weeks of diving, he returned to work full time. "His fatigue was completely resolved," says Reillo. Seven years later, Marcel had not developed any other opportunistic infections; he had gained weight, and was leading an active professional life.



OXYGEN WITH FRIENDS—Several AIDS patients can take the healing airs together in a "multiplace" hyperbaric chamber. Compliance, says Reillo, means a commitment to regular HBOT, dietary changes, and the use of certain broad-spectrum nutritional supplements such as Advera (containing cod liver oil) and Ondrox (containing antioxidants). Lifeforce also gives their AIDS patients once-weekly injections of B12 (1,000 mg), as this vitamin—essential to neurologic function—cannot be readily absorbed by people with AIDS.

Getting more oxygen invariably stimulates the appetite and the patients want to eat more, says Reillo. "Oxygen makes you *hungry*," she says. With appetite improvement, Reillo counsels AIDS

patients on the details of a well-balanced, nutritionally rich diet. "The healthier you eat, the less likely you are to lose weight and develop infections," she states.

Reillo cites another case of a patient who experienced rapid, much-needed weight gain after diving. Pierre, 42, stood six feet one inch, but weighed only 105 pounds. He was suffering from a body-wide dissemination of *Mycobacterium* which had begun to spread several months before he came to Reillo's clinic. Pierre was taking two conventional antibiotics to stem the spread of this opportunistic infection, and he continued with these drugs during hyperbaric oxygen treatment, says Reillo.

HBOT made rapid inroads on Pierre's infection and weight loss. He got into the chamber for 45 minutes three times weekly for a month, after which he had gained 30 pounds. Reillo notes that HBOT enables patients to remain on conventional drugs longer and with more safety because the oxygen helps detoxify the liver, which is continuously burdened with the toxic load from these drugs.

One of the most serious consequences of AIDS is the dangerously low level of immune cells called T lymphocytes, or T cells, but here again, HBOT is helpful, says Reillo. Over the course of four months of HBOT, Reillo was able to get a woman's T cells to climb from 400 to 800; even better, her CD4 count (another type of immune cell) doubled.

To a healthy person, this rise may seem modest, but declining T-cell counts is one of the hardest symptoms of AIDS to reverse, or even halt, Reillo notes. "Rises like this can happen often if you start with the patient *early* after their diagnosis," she adds.

HBOT can also provide relief from the severe dermatitis that often accompanies AIDS. The body of one male patient, 55, was 90% covered with dermatitis; oral and topical antifungal creams and prednisone brought no relief. Yet after one week of HBOT (three treatments), the man experienced a decrease in the itching and irritation, says Reillo, and after two weeks, the skin on his arms and torso was free of dermatitis. Two months after starting oxygen therapy, all of his skin lesions had disappeared, and the condition did not reappear in the following months, Reillo adds.

Given these benefits, HBOT "*should* be the standard of care instead of operating on the edges of medicine," says Reillo. Elsewhere in the world, HBOT is widely used for many disorders of blood circulation that arise as complications to major illnesses such as AIDS, she adds. In the U.S., there is still considerable resistance—fueled largely by the financial interests of conventional medicine—to the widespread use of HBOT for many conditions.

The cost savings of using HBOT adjunctively for AIDS treatment are persuasive. "HBOT is cost effective, saving between \$50,000 and \$75,000 annually when compared with only the current medical standard of care," Reillo states. One of her patients saved \$164,264 over the course of three and a half years; another patient's costs were only \$12,615 a year on HBOT compared to the \$89,518 he would have paid had he received conventional care; a third patient saved \$215,303 over the five years in which he was treated with HBOT.