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Ozone vs Ebola

In October 2014, I traveled to Sierra Leone with my colleague Howard Robins to train local health professionals to treat Ebola with ozone therapy. Training went great. We hit a snag. While at the Sierra Leone Ebola treatment center outside the capital, a call came in from the Ministry of Health halting the ozone project. Patients were forbidden to receive ozone, and the staff as well. The staff did continue with our training fearing for their lives otherwise. Patients were denied and left to die.

As "luck" would have it, several health providers, who were on the front line, subsequently did come down with Ebola. Additionally we know of three additional doctors who contracted the disease. Of these three, two outright refused ozone therapy and quickly and miserably died. These made international news. The third was trained by me and requested ozone and was REFUSED. He also, sadly, died miserably. The remaining 4 managed to get the therapy and all 4 responded nearly instantly, totally recovered within a few days and had no complications. The government announced in the world news that one military physician did recover, and seemed to take credit. However, the government omitted the fact that he received ozone therapy.

We have just published the results of our 4 cases in the African Journal of Infectious Diseases, and I am providing it here for you to read and enjoy. A button below it can provide you with a download to the original PDF of the article :

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Please also know that a fifth person, the female consort of one of the senior doctors, who refused ozone and died, had encouraged him to get ozone. She was placed under armed guard quarantine at her home and could not exit to get ozone prophylaxis. Fearing for her life, having had intimate exposure, she scaled a razor wire fence in the middle of the night,

shredding her skin, to evade the guards. She was able to get to ozone and developed no symptoms. This is a story made for Hollywood. I'll avoid the rest of the ramifications of what happened for now. But the good news is that Ebola appears to be easily cured and for less than 10 USD!

RAPID RESOLUTION OF HEMORRHAGIC FEVER (EBOLA) IN SIERRA LEONE WITH OZONE THERAPY

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Abstract

Background: Ebola Virus Disease (EVD) has ravaged three countries in West Africa. The mortality rate is extremely high, and it is perceived not only as threat to all of Africa but to the entire world. There is no known treatment to date other than administration of convalescent blood or experimental monoclonal antibodies, which both often fail. Ozone therapy (OT) has been in clinical use for decades and has been found to have physiological effects, which should directly inactivate the virus itself, as well as modulate its damaging effects. We present the scientific background and the possibility of ozone therapy as a cure or prevention for EVD in five consecutive patients.

Materials and Methods: Ozone therapy administration by a combination of direct intravenous gas administration, rectal gas administration and ozonized water was administered to three patients with known acute EVD, one with apparent acute infection, and one case of extremely high risk. Treatment was carried out for up to ten days despite fast total remission of symptoms. Vitamin C and glutathione supporting supplements were administered.

Results: Four symptomatic patients, three with test positive EVD confirmation and one (who suffered Ebola contaminated needle stick contamination three days earlier) without lab confirmation all remitted symptoms within 2-4 days and fully recovered. All four ill cases had an immediate recovery course upon initiation of therapy. The single case of non-symptomatic high-risk exposure treated preventively did not develop symptoms.

Conclusion: Ebola virus may have a very narrow window of redox infectivity capacity, which can be easily exploited with OT. OT may be a useful modality in EVD and other viral diseases and should be immediately studied to save lives that might otherwise be lost.

Introduction

A Filovirus of several strains, commonly known as Ebola, causes hemorrhagic fever (EVD).

Incubation ranges 2-21+ days. Ebola virus enters dendritic cells shutting down their immune system alerting alarms. While unchecked, it replicates wildly, infecting and damaging critical organs, inclusive of liver and kidneys. The cells explode releasing new viruses and debris. This can result in a cytokine storm (Tisoncik et. al., 2012), characterized by massive capillary leakage and tissue destruction. Then, the immune system may do more harm than good (Amarasinghe, 2014). Mortality is extremely high (60% in the current Zaire species outbreak).

WHO reported that the current Ebola epidemic ravaging parts of West Africa is the most severe acute public health emergency seen in modern times (Watson, 2014). To date, there is no known proven effective treatment" (Choi and Croyle, 2013). A recent JAMA editorial proclaimed need for "utmost urgency" of fast tracking promising vaccines (Giesbert, 2015). Effective treatment is emergently needed.

Ozone is an oxygen allotrope, O3, created by solar UV radiation and lightning. It's the strongest naturally occurring oxidant. Scripps Institute reported that ozone is actually generated by immune cells (Bablor, et. al., 2003) as part of its armamentarium of oxidants, which can be hurled against pathogens. Other immune system generated anti-infection oxidants include singlet oxygen, H2O2, NO, and NaOCl.

Ozone kills bacteria in easily reachable concentrations nearly instantly (Leusink and Kraft, url) and some 100 times faster than chlorine containing disinfectants (decontaminants) (Oregon State Univ., 2011).

Nikola Tesla patented the first commercial medical ozone generator in 1896. In World War I, German physicians disinfected wounds with medical OT. German physicians soon discovered that ozone application to various body fluids or cavities resulted in additional benefits, including enhanced circulation, oxygen delivery, and faster healing.

OT has been continuously used for nearly 100 years, especially in Europe for a variety of infectious, immunological and circulatory conditions. Velio Bocci, MD of Italy investigated OT's immune effects. He published results first in a series of studies (over 175) in peer reviewed medical journals, now found succinctly in his book "Ozone, A New Medical Drug" (2011), which details ozone's many mechanisms to help many medical conditions including: 1) immune system modulation balancing its inflammatory/anti-inflammatory cytokines, 2) increase in production of RBC oxygen releasing 2,3 DGP (also reported by Viebahn-Hansler, 2003), and improved rheology properties of blood (increased RBC flexibility) 3) elevation of key anti-oxidant enzymes such as SOD, and increased glutathione. Cuban ozone researchers have independently verified these findings (Menendez, et. al., 2008).

Medical OT induces vasoprotective prostacyclin production (Schulz, et. al., 2012). OT increases muscle (Clavo, et. al., 2003) and tumor oxygenation (Clavo, et. al., 2004) in humans studied by direct polarographic electrode measurement. Additionally, ozone protected against hepatic ischemia free radical reperfusion injury (Perralta, et. al., 1999).

Cuban researchers found that OT preconditioning inhibits TNF-alpha production during endotoxic shock. In addition OT exerts influence on the antioxidant-prooxidant balance for preservation of cell redox state by stimulating endogenous antioxidant systems (Zamora, et. al., 2005).

Many viruses require reduced sulfhydryl groups on their lipid envelope glycoproteins for cell entry. Mirazimi's group speculated on the richness of disulfide bonds in viral glycoproteins as a factor for infectivity. Studying Cytomegalovirus, (CMV) they found the virus requires sulfhydryl groups to infect cells (Mirazmi, et. al., 1999). If the thiol groups were oxidized, CMV lost infectivity. When thiols were chemically re-reduced (by dithiothreitol), the virus regained 65% infectivity. Reflecting on the reduction of "critical" disulfide bonds for vaccinia virus cellular entry, Markovic, et. al., (2004) found that protein disulfide isomerase inhibitors limited HIV-1 entry into T cells.

Ozone inactivates many viruses including polio, Norwalk, coliophage MS2, hepatitis A and others (Kekez and Sattar, 1997; Shin and Sobsey, 2003; Herbold, et. al., 1989; Emerson, et. al., 1982).

Ebola appears no different. Studies by Sanders et al. have been able to determine the disulfide-bond map of the Ebola glycoprotein and, as a result, have proposed that reduction of the disulfide bond between the two subunits of the Ebola glycoprotein complex, GP1 and GP2, "is a critical step in the entry of Ebola virus into cells" (Sanders Lab, url).

Ozone, in vitro, instantly oxidizes reduced sulfhydryls to disulfides as shown in the chemical reaction below:

SH+SH+O3>S-S+H2O+O2. While ozone itself lasts only microseconds in blood, the reaction of ozone and blood lipids leads to the production of more stable but still highly reactive oxygen species (such as peroxides), which would react similarly, and perhaps mimic the pro-oxidant mechanism of immune system defense.

Aerobic cells are designed for redox shuttling and oxidant stresses. Viruses lack repair capacity. Shut out of the cell (inactivated), they cause no damage, but remain antigenically intact for immune response. However, aerobic mammalian cells can and do quickly repair membrane oxidation effects. One repair pathway activates the hexose-monophosphate shunt, which, incidentally, produces 2,3 DGP.

Finally, intravenous oxygen gas has been administered in significant volumes for decades in Europe. Numerous papers have reported beneficial effects on several physiological parameters. Regelsberger observed a general improvement in oxygen availability, eosinophilia, which can be valued as an increase in undetermined cellular immunological resistance. "Furthermore, rheological qualities of the blood as well as diuresis are improved, the release of oxygen into the tissue is increased, and the blood pH is normalized" (Schmidt, 2002). Intravenous oxygen gas in human volunteers induces eosinophil generated 15-LOX-1, a powerful anti-inflammatory enzyme, believed to be a key factor in inflammatory modulating effects of IV oxygen gas (Chaitidis, et. al., 2004).

These considerations caused lead author Rowen to speculate that OT might be an ideal candidate to actually cure EVD (and other viruses). Rowen has been using OT to treat virus and bacterial infections (outpatient setting) since 1986. He recruited Dr. Howard Robins, who refined a very inexpensive and relatively medical waste free technique of ozone administration- direct intravenous gas administration (DIV). DIV administers an oxygen/ozone gas mixture intravenously using a 27g winged infusion set. The clinician sets an ozone concentration up to 55 mcg/cc. (Approximately 98% O2 and 2% O3). Great care is taken to prevent "air", which is 79% nitrogen gas and can cause an embolus, from entering

the body. There are no reports in the worldwide literature, even after decades of use, that intravenous oxygen gas causes embolism. Desaturated venous blood is “thirsty” for it.

A protocol (Rowen-Robins Method) for EVD was developed inclusive of oral vitamin C, and a supplement supporting recycling of glutathione (Thiodox®, Allergy Research Group).

Figure 1: Robins demonstrating DIV technique on Rowen before gathering of SL professionals. Sixty cc of gas is administered in this treatment.

Rowen and Carew visited the Freetown Hastings Ebola Center and taught the method on 10/24/2014. The staff acknowledged a current 60% EVD mortality rate, considered, among the best results in Sierra Leone. For unknown reasons Ministry of Health authorities suddenly forbade the administration of OT on patients at the center while the educational session was in progress. Since all confirmed cases of Ebola suffered mandatory quarantine, it became extremely difficult to locate and treat cases outside this mandate. However, four cases did arise from within the facility amongst front line providers. These managed to receive OT. We now report these four case results. The first case, who was not tested, had had an accidental needle prick from Ebola contaminated blood three days earlier. All patients executed informed consents.

Materials and Methods

“DIV” ozone indicates direct intravenous ozone gas at 55 mcg/cc at a volume between 20-40 cc. “Rectal ozone” indicates ozone gas administered rectally at a concentration of 36 mcg/cc and volume between 150-350 cc. “Ozone water” was made by bubbling ozone gas at approximately 70 mcg/cc into water for 15 minutes. Administration volume was 300-500 cc, and administered orally. All cases were provided nutritional supplements Thiodox® and Buffered Vitamin C® (donated by Allergy Research Group). Thiodox dose: one twice daily. Vitamin C: four to eight grams daily during the days of ozone treatment.

Case Reports

Case 1 – Physician SK, 28, male, at the Hastings Ebola Center in Freetown jabbed himself with a contaminated needle. He was fearful to get an Ebola test, knowing if positive he would have been forcibly picked up and placed in quarantine and denied OT, which he feared would cost him his life. He was a physician Rowen and Carew had trained in OT at Hastings. He received 20 cc of DIV on October 23, 2014 as part of the training. The following is his verbatim and signed report edited only to remove names. What appears in brackets is editing by the authors for accuracy.
14th November: Needle prick in the red zone while trying to cannulate an EVD positive patient. This patient was in the recovery ward with no complaint and symptoms. She had done the blood (test) but it came positive and was waiting for the second specimen to be taken.

The needle went through the PPE and pricked me a finger length anteriorly above the wrist. I was wearing Tybek (the thinnest PPE). The prick happened just above the margin of the gloves, making me more exposed. Had it gone through the gloves, as in the case of another doctor, it wouldn't have penetrated the skin.

15th November: No symptoms, but planning to start OT.

16th November: No symptoms- feeling fine. Called Dr. Carew and went to see him. DIV [30 cc, 55 mcg/cc] done [one session]. [He also received 500 cc ozone water]. Was given Vit. C, Thiodox, colloidal silver. I was also given the ozone machine, couldn't use it - gas leak.

17th November: Fever at night, loss of appetite, bowel movements (unusual) and urge to empty my bowel. The urge was very strong. I tried to suppress it. I took ciprofloxacin, paracetamol, doxycycline, drank ORS. Couldn't sleep because of fever and the urge. I went after midnight to pass stools and I felt some comfort. The stool was not watery but not too hard (it was very soft). I came and slept.

18th November: Loss of appetite in the morning and weakness. Slightly febrile, muscular pain and joint (suppressible). Went directly to Blue Shield and finally Dr. Carew came with Jeff [McNamara]. Before their arrival I was really weak and couldn't stand. For too long had to sit down. But after drinking the ozone water Jeff prepared I regained my strength and felt much better. I also tried the [ozone] fog. Started rectal ozone [36 mcg/cc].

19th November: Slight weakness. Appetite is much better. DIV done, started working again. Did rectal ozone.

20th November: For the first time I did rectal ozone 3 times a day [36 mcg/cc]. One DIV. Slight weakness. Slept well at night. My temperature was 37.1 degrees Celsius.

21st November: My appetite is improving. DIV and rectal [as before].

22nd November: DIV and rectal. No complaints. Prepared ozone water.

23rd November: No complaints. Ozone water but no DIV and rectal.

24th-29th November: Ozone water only.

SK fully recovered, resuming his duties within just days of commencement of therapy.

Case 2 - Physician MB, 35, male, had close personal contact (hug) with another physician after the latter initially tested negative for Ebola. However, within 2 days a repeat test (PCR) came positive on the other physician (who died shortly thereafter). MB subsequently developed typical Ebola symptoms (fever, abdominal pain, vomiting, appetite loss, and later diarrhea) within 3 days. He was placed in quarantine, but was offered and accepted OT administered by the recovered physician SK.

At the appearance of symptoms, he received 30 ml DIV. When PCR testing returned positive, he was given an additional 2 DIV administrations consisting of: 40 cc each, 12-16 hours apart, at 55 mcg/cc. He also drank 300-500 cc of ozonated water after the intravenous treatments. Within 4 days, all symptoms had cleared. A follow-up test for presence of Ebola virus was negative 2 weeks later. The government publicly announced this case as a complete Ebola recovery in a physician national, but did not mention he had received OT.

Case 3- SS, 25, male nursing student on the Ebola front line, who was present for the Rowen and Robins ozone training in October 2014. He documented exposure to Ebola via damaged protective gloves enabling an Ebola patient’s blood to come in contact with his skin. He also, without protective gear, cared for a friend, who later was confirmed to have EVD. On

December 2, 2014, SS developed fever, malaise and headache. He received 2 DIV ozone gas injections of 20 and 30 cc respectively at 55 mcg/cc, and drank ozone water (100 cc) on 3 consecutive days. Upon testing positive for EVD, (PCR) he was taken to the Kerry Town Ebola treatment center where he was not permitted further OT. However, he had a complete and non-complicated recovery.

Case 4 - IB, 24, male aid. Working in "red zone". While bathing an Ebola patient, on or about November 24, 2014, he accidentally splashed body fluid contaminated water that went through his facemask and entered his eyes and mouth. Within 5-7 days, he developed progressive symptoms of extreme fatigue, body pains and vomiting. He started on anti-malarials. The next day, he informed the facility physician who immediately administered DIV ozone, 40 mcg/cc, 40 ccs. Within a few hours of the gas injection, almost all symptoms subsided. He also received two rounds of ozonated water (as in case 2). However, by then, he was about symptom free. His Ebola test proved positive (PCR) and he was placed in the treatment unit and prohibited from further DIV ozone. He did receive their usual treatment protocol consisting of D5W, Ceftriaxon (IV), Metronidazole (oral), Immunoboost (oral vitamin). He had an uneventful stay within the Ebola containment unit and was discharged in the first week of December.

Case 5 - GK was the female companion of a 67-year-old Sierra Leone senior physician who died of EVD. She had intimate contact with him at the time of his falling ill. Authorities placed her under home military quarantine (armed military guards), preventing any entry and exit, inclusive of anyone who might bring her OT. She was in great fear for her life and very much aware of OT, having urged her partner to accept it before he died. In the middle of the night she scaled a razor wire fence shredding her skin and evaded the guards. She arrived at Dr. Carew's "Blue Shield" facility where she received: one DIV ozone treatment, and daily rectal ozone and ozone water for ten days. She also received vitamin C and Thiodox® twice daily. No symptoms developed.

An ozone-fogging device was deployed at Dr. Carew's Blue Shield facility for decontamination and protection of Dr. Carew and all exposed to patients who were treated there.

Discussion

EVD has a progressively explosive downhill course from the time of symptom appearance. Typically, death occurs within a week or less in the majority of cases. In all our ozone treated cases, symptoms did not progress from the start of OT, and symptomatic patients were totally free of all symptoms, inclusive of fever, generally by day 3 of treatment.

Through December 2014, Sierra Leone lost 11 out of 13 national physicians diagnosed with confirmed or probable Ebola. Both survivors received OT and quickly recovered. Following Rowen-Robins' mission, one senior physician was offered and refused OT. He received convalescent serum and was transferred to the USA and died only 2 days later. Another senior physician likewise refused OT opting for ZMapp. He died while it was thawing. (Source: public news wires). A third EBV positive physician, Hastings trained, requested OT. Authorities refused and quarantined him. He died within 3 days.

Both senior authors had expected rapid recovery with OT, but admittedly not this fast (within a few days and with limited treatments). Rapid recovery was expected because of the violent

nature of EVD, and the known direct countering biological benefits/effects of OT. This merits further discussion.

Ebola induced pathology includes rapid cellular entry, an explosion of viral particles into circulation, and rapid cellular re-entry perpetuating the cycle viciously. Then the repressed immune system "awakens" and pulls out all its weapons to do battle. But unfortunately, that battle results in a cytokine storm, wherein the immune system does more damage to the vascular system and tissues than does the virus. Death occurs due to capillary leaks, hemorrhage and organ failure.

Circulatory compromise – The final common denominator in any vascular insult is oxygen deprivation and resultant cellular injury and death. OT is known to improve rheological properties of blood, increase 2,3 DGP, shifting the oxyhemoglobin curve to the right and releasing more oxygen in tissues. Bocci, Menendez, and others have well demonstrated that OT enhances oxygen delivery and utilization. Ozone itself is oxygen. Clearly, in advanced EVD with vascular damage, tissues are starved of oxygen and energy production. Any oxygen delivery enhancement could potentially salvage cells that might otherwise die. Viral entry – The need for reduced sulfhydryl groups to enter cells, may be the Achilles heel for reversing the lethality of EVD (and other viruses). Sulfhydryl groups are key to activity of many cellular enzymes; aerobic cells may control enzyme activity by redox, providing means to activate/inactivate these enzymes. It appears from our cases EBV has a very narrow redox window, and that its envelope glycoproteins must be reduced as literature suggests. The symptomatic patients began a recovery essentially with the first oxidation (ozone) treatment. The senior authors did expect recovery, but within 5-7 days, considering the natural course of EVD. These symptomatic cases improved with the very first treatment. An oxidant stress to the blood stream carrying newly emerging viruses may be capable of oxidizing and inactivating sulfhydryl entry mechanisms. Such inactivated viruses will be incapable of entering the cell for further replication, while able to encourage healthy immune responses. Gonzales et. al., (2014) reported on a case of another vicious virus now likely endemic in the USA. A man (54) developed high fever and severe arthralgia among other symptoms. He was positive for Chikungunya virus. After receiving two intravenous infusions of vitamin C, 100 grams each, he immediately began recovery and was clear of symptoms in two days. A second paper reported combined ascorbate and intravenous hydrogen peroxide on symptomatic cases of Chikungunya virus observing fast symptomatic relief (Marcial-Vega, et. al., 2015). This parallels our observations with ozone. Importantly, ascorbate in these doses has been found to undergo a newly discovered metabolism. The lab of Mark Levine at the National Cancer Institute research reported a heretofore-unknown effect of high levels of plasma ascorbate. "Pharmacologic ascorbate can act as a pro-drug for H_2O_2 formation, which can lead to extracellular fluid [accumulation of H_2O_2]" (Chen, et. al., 2005). Bocci, et. al., (1998) theorized that the key mediator in ozone's beneficial effects is H_2O_2. Oxidation therapy was reported as far back as 1920 to dramatically cut the mortality rate of influenza pneumonia in the great epidemic of that time. British physician Oliver (1920), in India, took only hopeless cases and nearly halved the death rate with intravenous H_2O_2 therapy. In the 1940's, ozone's sister therapy, ultraviolet blood irradiation therapy, was used to rapidly resolve viral influenza (Miley, 1942) and polio (Miley and Christensen, 1944). We have nothing, even in today's modern world, which compares.

Cytokine storm - Ebola induces a cytokine storm. OT has been shown to significantly modulate TNF-alpha and inflammatory cytokines. Bocci has investigated and reported ozone as a cytokine inducer (Bocci, et. al., 1993). Bocci (personal communication to Rowen) called

ozone the “ideal cytokine inducer”, inclusive of anti-inflammatory cytokines. EVD instigates pathologically high levels of NO. Ozone modulates NO (Bocci, et. al., 2007).

The actual extraordinary rapid recovery of the treated patients suggests that all three mechanisms may be at play, particularly viral inactivation. Ozone easily oxidizes SH groups to S-S groups, which, according to literature, is expected to inactivate viral entry. Ozonides, reactive oxygen species generated by OT such as peroxide species, would also easily oxidize reduced sulfhydryl groups based on simple chemistry. Our experience suggests that EVD has an extremely narrow redox window of infectivity. Even ozone exposures (rectal and water), far less powerful than DIV, appear to have assisted in dispatching symptoms and aiding recovery. We believe that the temporary oxidant stress to EVD patients oxidizes viral surface glycoproteins. The virus particles are unable to recover since they lack means to self-repair damage to their glycoprotein spikes. Also, the temporary oxidative stress created by ozone treatment stimulates the immune system to respond in more favorable conditions to the Ebola virus.

Additional damage to viral infectivity could be inflicted on the lipid envelope. The virus incorporates lipids from our own cell membranes. Infectivity is dependent upon a functional lipid membrane. Agents that attack the lipid envelope may be useful as antiviral drugs (Lorizate, 2011). Ozone directly attacks unsaturated fatty acids, which would be expected to be part of the Ebola lipid envelope. Aerobic cells repair such alterations. Viruses cannot. Lorizate lamented that compounds which could attack viral lipids lack specificity and are “thus unacceptably toxic.” OT, in use for decades, has no reported toxicity and may serve as an ideal lipid altering anti-viral agent.

Statistical probability: With Hastings center’s survival rate of only 40%, the statistical probability of 100% recovery arising from mere chance is 0.4(4), or 0.026%. Furthermore, lack of disease progression upon therapy commencement greatly magnifies the significance.

Ethics: International agencies, inclusive of the WHO (2014), called for the use of any reasonable treatment in the fight against Ebola. (“…the panel reached consensus that it is ethical to offer unproven interventions with as yet unknown efficacy and adverse effects, as potential treatment or prevention.”) Considering the high mortality of EVD, we then believe it unethical to withhold a known, decades old, safe therapy from EVD patients, which has a 60% probability of death, to do a double blind study, or to deny OT for prophylaxis. Effectiveness will be self-evident.

Cost: The ozone cost of treatment per patient was less than 10 USD excluding cost of ozone generator. Medical waste was limited to one 27 gauge “butterfly” needle per treatment (0.75 USD) and one syringe (reusable as ozone sterilizes the syringe as it fills each time) for each patient. Beyond modest cost of a reliable generator (1700 USD or less), the cost of DIV ozone will largely rest in labor costs.

Safety: The world literature is devoid of medical ozone toxicity reports when administered within the guidelines of the Robins DIV method or the more common method of major autohemotherapy. In the latter, between 50-200 cc of blood is removed, treated with ozone, and returned to the patient. During training, we treated several score Sierra Leoneans with DIV ozone without any toxicity except rare vein irritation. Both senior authors have performed thousands of ozone treatments with negligible untoward effects. Both have observed repeatedly rapid resolutions of both viral and bacterial infections in hours to days.

Availability: OT is not patentable; therefore it will fail to generate a profit for any developer or promoter. Hence, OT, though widely practiced, is not industry or mainstream promoted, and remains relatively unknown. This was a major reason Rowen and Robins chose to travel at their own risk and cost. By achieving success for the most dread virus on the planet, OT might attain its rightful place in healing and saving lives, regardless of lack of profit potential and industry glamour.

Weaknesses of this report: We acknowledge that these cases were treated early (soon after symptoms developed). None were critically ill. Ozone benefits on late stage EVD remain unknown.

Conclusion

Ozone therapy, a modality not well known or understood by conventional Western medicine, has performed as a safe and ideal therapy for EVD in all infected patients receiving it. EVD symptoms cleared within 2-4 days in all (four) symptomatic cases involving front-line health workers. No symptoms developed in a fifth extremely high-risk person. In contrast, two leading Sierra Leone physicians who contracted EVD and refused treatment both died, and one who requested, but was denied ozone treatment, also died, within weeks after our visit. DIV ozone is inexpensive, safe and leaves virtually no contamination. International organizations and governments would do well to immediately conduct a formal trial of this unique therapy for EVD, which could provide significant security, both for EVD prevention and treatment, and for dangerous font-line work.

Dedicated to: Terri Su (Rowen), MD and Linette Robins, whose unselfish love and bravery sustained the mission's hardships. And, to the staff at Blue Shield facility who were willing to place themselves in harm's way for a greater good. And, to all the people of Sierra Leone who have endured unspeakable tragedy and suffering which continues even to this day of submission.

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Author contributions:

Dr. Rowen sourced the scientific references, drafted the manuscript, and compiled the transmitted information from Sierra Leone.

Dr. Robins provided training, education and expertise in his method of ozone delivery and traveled together with Dr. Rowen to Sierra Leone.

Dr. Carew coordinated all training in Sierra Leone, both didactic and practical, bringing in scores of health care professionals.Dr. Kamara coordinated difficult retrieval of information and results back from Sierra Leone. Additionally, he visited each of the named patients and subsequently deceased physicians at his own peril to offer the therapy and obtain informed consent.

Dr. Jalloh was the supervisory physician to the treatment of case 2 and assisted with training at the Sierra Leone Ebola center

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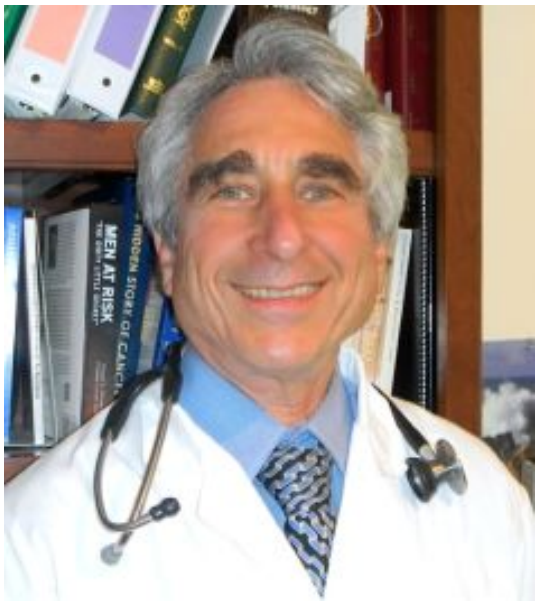
Dr Robert Rowen



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Updates on Ebola and Ozone Therapy

January 04, 2015

By Dr. Mercola

The most tweeted term in 2014 was "Ebola," a highly infectious and lethal disease that's been rapidly spreading in West Africa.

In October, I interviewed Dr. Robert Rowen, a leading expert on oxidative therapy, about an inexpensive and very safe treatment for this devastating disease.

At the time, he'd received an invitation by the President of Sierra Leone to bring his team there to teach health care workers how to treat Ebola using ozone.

Ozone is extraordinary in terms of its anti-infective and antiviral action, and it has virtually no toxicity, making it a prime candidate for both prevention and treatment of all sorts of infections and viral afflictions.

With bacteria, ozone works by puncturing the membrane of the bacteria, causing it to spill its contents and die. It also inactivates viruses, and does so 10 times faster than chlorine. This is in part why Dr. Rowen is convinced it can be a lifesaving treatment for Ebola patients.

Ozone is perhaps the most powerful natural oxidant in the world. It also has the advantage of stimulating the immune system, and modulating it—either up or down depending on what your system requires. In this follow-up interview, Dr. Rowen tells the story of what actually happened in Sierra Leone.

"Dr. Howard Robins and I traveled to Sierra Leone around the third week of October, and it was supported generously by donations from people who just came out of the blue, to donate money for materials.

The materials we had were syringes, needles, and butterfly needles. Longevity Resources Inc. from Canada donated 10 ozone machines. Royal Air Maroc got 37 boxes of cargo on our own plane; very kind of them to do that," he says.

Unfortunately, although not unexpectedly, the use of this incredibly inexpensive therapy was undermined from the very start...

Teaching Health Care Workers in Sierra Leone

Once in Sierra Leone, Drs. Rowen and Robins were housed and looked after by Dr. Kojo Carew — a national hero during their blood diamonds era. The very first day, they were taken to a large meeting hall with about 100 or more people who were there to hear them speak.

The audience included some "extraordinarily skeptical doctors," he notes, but by the time the lecture was over, most were willing to give ozone treatment a fair try. Conspicuously absent, however, was the Ministry of Health.

Over the next several days, Drs. Robins and Rowen trained many health care workers on how to administer Direct Intravenous Ozone Gas administration (DIV), and the Rowen-Robins protocol for Ebola, which involves a combination of supplements and timing of administration of DIV.

They also met with the President of Sierra Leone, who asked them to administer the treatment on him as well.

"I really admire him for that because here, he was putting himself in front of all of his people saying, 'I'm willing to do this.' And he did it. There was no problem," Dr. Rowen says.

Minister of Health Pulls the Plug on Ozone Treatment...

Eventually, after many meetings, they finally met with Paolo Conte, the defense minister of Sierra Leone and newly appointed Ebola czar.

"After we told him the story, he had one question for us, 'Why isn't this being done already?' We laughed and said, 'We think you need to ask your other ministers why it hasn't been done.'

We thought we had clearance now from their top brass. And the next day, we went to Hastings [the Sierra Leone government's Ebola treatment center] and started training all of their staff how to do [ozone therapy]...

In the middle of training, a call comes in from the assistant minister of health, telling the military Major in charge of the facility, 'If you value your job, there will be no ozone at Hastings...'

Shortly after that, a call came in from the minister of health himself, reaffirming [the order]. I'm a fairly calm person under most situations. I'm slow to anger, but I exploded. In full view of everybody there, their whole staff; I just came unglued.

I went to the Major and said, 'As far as I'm concerned, this is an illegal order. I told the entire staff, 'You're all at risk; some of you are going to die, [and] you're the President's top priority.'"

Why Is Sierra Leone Refusing Ozone Treatment for Dying Patients?

As a result, none of the infected Ebola patients were permitted to receive ozone therapy. However, they were allowed to continue training the staff, most of whom actually lined up to receive the treatment themselves, knowing the opportunity might vanish at any moment.

One might wonder just what kind of influences catalyzed the Minster of Health to override a direct request by the President... At present, there's no answer to that question.

Yet it's certainly interesting that they permitted the experimental drug ZMapp to be used on patients. They're also going to allow the use of Amiodarone—a highly toxic drug that, according to Dr. Rowen has been proven ineffective.

Yet to the date of this latest interview, they have refused ozone therapy, which is incredibly inexpensive—basically just the cost of a syringe—and has a long track record of safe and effective use against a wide variety of infectious and debilitating diseases. It makes no sense at all, unless Ebola is being viewed as a center for massive profit...

It's also interesting to note that, after appearing on the TV program National Encounter (which is similar to the American show 60 Minutes), where Dr. Rowen faced off against three government officials, the Sierra Leone Foreign Minister asked to have his entire family prophylactically treated with ozone therapy. Dr. Rowen declined to give his nod to use materials he and Dr. Robins brought.

"The supplies that were donated were donated for Ebola victims, period. End of story. They weren't to be used for prophylactic treatment for government ministers," Dr. Rowen says. "If we can't get to the Ebola patients ourselves, I wasn't going to authorize release of materials donated in trust to Dr. Robins and me..."

Two Doctors Recover from Ebola—Was it Due to Ozone Therapy?

One of the doctors trained in the use of ozone therapy at Hastings named Dr. Kanneh, accidentally stuck himself with an Ebola infected needle, and developed typical Ebola symptoms within three days, as expected. Understandably, he was scared to death to get tested, because he knew if he tested positive, he would not be allowed to receive ozone treatment. He did take ozone, as per Rowen-Robins protocol, and was symptom-free within 48 hours.

"First of all, if you're suspected of having Ebola, you're thrown into a room with every other person who's suspected. And if you didn't have Ebola beforehand, you're probably going to have Ebola afterwards," Dr. Rowen notes.

"If you do test positive for Ebola, you're picked up forcibly in a paddy wagon and you're carted off to the 'treatment center.' Treatment center? Well, I'm finding out now that the people aren't really fed. If their families don't feed them, they don't get fed. At best, you're going to get IV fluids...

They have a 60 percent probability of dying. And in the case of doctors... 100 percent of Sierra Leonean doctors who have gotten Ebola have died, with the exception of two. The first one is Dr. Kanneh. Now, we cannot prove that he had Ebola because he wasn't tested. I certainly now understand why he didn't get tested; he knew he would be carted off and left to die..."

The second survivor is Dr. Komba Songu Mbriwa, who did test positive for the virus. Somehow he was offered, and accepted, ozone therapy, which was administered by Dr. Kanneh. Four days later, the government announced Dr. Mbriwa was free of Ebola... It's still unclear what or who allowed Dr. Mbriwa to receive the treatment, while it was withheld from so many others—including other infected doctors.

"I'm not really sure how it got there or if they looked the other way because he was a military physician," Dr. Rowen says. "But even though he was treated with ozone, the government didn't acknowledge it publicly. In fact, while they publicly said, 'We now have the Sierra Leonean physician who's survived Ebola,' they didn't tell the world that he got ozone.

The government itself, apparently, took the credit for it. Now, I said 'apparently' because I don't know everything that happened there. All I know is, there's been no mention that the man received ozone at all, and we know he did receive it, and we know that he's the only confirmed physician case of a Sierra Leone doctor to have made [survived] it."

... [Another] doctor we trained at Hastings, whom I met, also got Ebola... He asked for ozone; he begged for ozone, and was refused. He was transferred from Hastings, where it could've been accessible, to another center where it wasn't accessible, and then he got renal failure, and he was transferred again for dialysis, and died. This is a man that I met and that I had hands-on training with, and my heart is broken because he was refused ozone after he asked for it."

Who is Making Ebola Decisions in Sierra Leone and Why?

Dr. Rowen is deeply concerned about what's happening in Sierra Leone, as well as other areas affected by Ebola. According to contacts on the ground, it appears the lives of those in Sierra Leone mean little to nothing—unless, that is, they survive Ebola. Then, they can get paid for their blood, which is given to the rich who get infected. Perhaps that is why those running these "killing fields" may not care about ozone therapy, he suggests. And, if that can happen in Sierra Leone, it can certainly happen in the US as well.

"I met [the Sierra Leone] Ebola 'czar' [Paloh Conteh]. He seemed responsible and powerful and sent us forward to accomplish our mission to cure the malady... I cannot understand how his directive was undermined. I cannot understand how the government [Health Ministry of Sierra Leone] can stand by when doctors and nurses continue to die. I will wonder all my life about this experience," Dr. Rowen notes.

In writings and over the phone, Dr. Rowen received the following information from a contact in Sierra Leone, whose identity is kept anonymous for safety reasons:

"I need to tell you what is going on here that is inhumane and bypassing the will of the people. If WHO says someone in your household gets Ebola and tests positive, everyone in that home including domestic help, cooks and drivers, are confined to that home or village with an ARMED GUARD out front. Well off families can have food brought. Poor families cannot afford it - no food, no water, no sanitation; in some cases they just die of starvation or dehydration before Ebola gets them. Even if they ask for [ozone] therapy by informed consent document, here is how they [SL government] can deny treatment without saying they are denying ozone:

The Home or village now is a 'red' zone. Only authorized personnel are allowed in or out and the Ministry of Health puppets of WHO and CDC proclaim this a 'red zone' so anything allowed in, including doctors, are now quarantined along with the home. So, they cannot be treated at home, and they cannot leave to be treated. This effectively keeps them from receiving medical help! Do you get this demonic plan!

They are not immediately tested for Ebola. If they have illness... they are to call 117 and the Ambulance, with sirens blaring bringing fear to all around the house, will take them to another quarantine holding center where, if they didn't have Ebola before they went there, they will have it after they get there!

Once in the quarantining center they must wait to show strong signs of Ebola before a test is ordered, wasting more time. Once a 30 minute test is ordered it takes 1 - 3 days to get results because of back volume.

Once the test comes back positive, you are 2- 5 days from death when you are taken to the 'treatment center.' You would think you would receive treatment, but the average person is lucky to receive adequate food and water as the staff are scared to death to do anything, and only the rich and famous are guaranteed even sustaining care. The WHO approved Convalescent Whole blood be used but it is only to give to those of privilege, but under great risk in that the blood types are not cross checked adequately, so you are more likely to die of mismatched blood than Ebola!

A follower of this saga (posted on Dr. Rowen's Facebook page @ https://www.facebook.com/DrRobertJRowen) has created a White House petition, urging the Obama administration to stop America's testing of viruses in Africa, and to use cost-free ozone to combat Ebola. Please take a moment to sign the petition now.

Benefits Beyond Ebola

I'm convinced that ozone therapy is a highly effective and powerful intervention that can be useful for a wide variety of health issues, not just Ebola. Other infections that have a successful treatment record include Lyme disease, rheumatoid arthritis, and inflammatory bowel disease, just to name a few. According to Dr. Rowen, ozone therapy is also very beneficial for heart disease, immune diseases, injuries, and chronic degenerative diseases such as osteoarthritis. As an example, Dr. Rowen has found that ozone is about 85 percent effective in knees and only slightly less effective in hips, when given as an injection.

Before considering knee or hip surgery it would be highly worthwhile to receive ozone treatments to see if that resolves the problem. While in Sierra Leone, Dr. Rowen was able to treat a number of Sierra Leoneans for other conditions besides Ebola. You can view some of these stories on his Youtube channel.1 I definitely believe it's wise to find a clinician who can administer ozone, or if you want to take it to the next step, like I did, you can actually purchase a unit yourself. While not a miracle cure-all, it's a valuable adjunct to other healthy lifestyle changes.

"This is how I see ozone," Dr. Rowen says. "It stimulates your body to do what God designed it to do. We're designed to be self-healing mechanisms. The bottom line in all healing is oxygen. It also improves blood rheology, blood flow, and oxygen delivery from red cells. It modulates your immune system so that if you have inflammatory valve disease, it brings it down to tolerable. If you're infected with Lyme and your immune system is down here, it brings it back up to parity."

Influenza is another infection that can be successfully treated and/or prevented with ozone therapy. It's certainly a far safer and likely more effective alternative to the flu vaccine. (As you may have heard, the Centers for Disease Control and Prevention (CDC) has announced that this year's flu vaccine is worthless, as virus strains in circulation do not match the ones in the vaccine.) Moreover, there's always the threat of a pandemic influenza outbreak, such as the avian flu. According to Dr. Rowen:

"We have evidence that oxidation therapies do help... A 1920 Lancet article by Dr. T.H Oliver shows that intravenous hydrogen peroxide cut in half the death rate from influenza pneumonia in 1920."

I communicated with Dr. Rowen on Christmas day. Strangely enough, international news has been circulating that there has been a mysterious decline in Ebola deaths at the Sierra Leone Ebola center at Hastings. The New England Journal of Medicine reports:

“We have observed a decreasing case fatality rate among inpatients at Hastings, from 47.7 percent among the first 151 patients (September 20 to October 13), to 31.7 percent among the next 126 patients with a final disposition (October 14 to November 4), to 23.4 percent among the next 304 patients (November 5 to December 7).”2

Dr. Rowen comments: “I sense the presence of the Divine in all this, and at Christmas time, amazingly. Notice the coincidence of dates. Robins and I were in Sierra Leone the third week of October. Dr. Kanneh was trained in ozone and survived his own apparent bout with Ebola in mid November. He has largely run a one man heroic show at Hastings, secreting in ozone water and perhaps ozone for rectal insufflation.

Information I have gotten on the ground in Sierra Leone in the last few days suggests that no one treated with ozone by virtually any method has died. If it holds, we have been guided to the medical discovery of the century. The dread, deadly and highly infectious Ebola disease may be no more fearsome than the Wicked Witch of the West in the Wizard of Oz, who melted when accidentally splashed with a bucket of water. The “wicked” Ebola virus may simply melt down when “splashed” with ozone, its Achilles Heel. Ozone, according to the literature I have, may handcuff the molecular fingers Ebola uses to enter host cells, which is what drove me to go to Sierra Leone in the first place.”

More Information

To learn more about the general use of oxidative medicine, which include ozone therapy, ultraviolet blood irradiation therapy, and intravenous hydrogen peroxide therapy, please see my previous interview with Dr. Rowen. Of the various oxidative therapies available, ozone appears to be the best overall, as it's the most versatile. It's particularly beneficial for blood treatments, infection, and chronic fatigue.

That said, all oxidative therapies work by stimulating your immune system, enhancing mitochondrial processes, and facilitating healing with virtually no side effects, and can be used either as treatment or prevention. They can also be used as a potent anti-aging health strategy for general wellness. I also encourage you to look at Dr. Rowen's channel on YouTube,3 where you can find a number of examples of what oxidative therapies can be used for so that you can avail yourself of this relatively inexpensive and incredibly safe therapy. To locate a clinician who can administer oxidative therapy you can try the following sources:

http://www.docrowen.com/ Dr. Rowen's website has a list of oxidation doctors, trained by Dr. Rowen and his team

http://www.acam.org/ American College for Advancement in Medicine (ACAM.org)

http://www.icimed.com/member_search.php International College of Integrative Medicine (ICIMED.org)

http://www.oxygenhealingtherapies.com/ OxygenHealingTherapies.com also has a list of doctors trained in a variety of oxidation therapies

http://www.aaot.us/ American Academy of Ozonotherapy

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https://blog.bulletproof.com/dr-robert-rowen-treating-ebola-ozone-therapy-168/

Dr. Robert Rowen: Treating Ebola & Ozone Therapy

By Dave Asprey

Dr. Robert Rowen is known as “The Father of Medical Freedom” for pioneering the nation’s first law protecting alternative medicine, and has used ozone therapy to treat a host of different ailments since 1986. Dr. Robert was trained at Johns Hopkins University and UCSF Medical School, has been board certified and recertified by the American Boards of Family Practice and Emergency Medicine, and also served on the Alaska State Medical Board and as president of the International Oxidative Medicine Association. He is currently the Oxidation Workshop Chairman for the American College of the Advancement of Medicine, and as one of the foremost experts in the use of nature’s natural cleanser, ozone, he has been running training courses for medical practitioners in all forms of ozone therapy as an oxidation teacher since 1994.

Why you should listen –

Dr. Rowen comes on Bulletproof Radio while in quarantine to discuss his experience presenting Ozone therapy to medical practitioners in West Africa, the benefits and types of ozone therapies, the power of oxygenation therapy as a treatment for curing and preventing ebola, and how you can find treatments or even set up ozone therapy in the comfort of your own home. Listen to this podcast to hear about some ozone therapy I did myself as well – it was really effective combatiing toxic mold exposure. I used it for about 18 months every night at home and it successfully reversed the problem. (And you wouldn't believe where I put it…)

Transcript (PDF)
