

## Ulcerative Colitis: In Remission with Hyperbaric Oxygen – Two Case Reports

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### Background

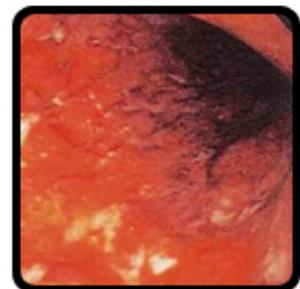
Ulcerative colitis (UC) affects 1.2 million people in the USA, mostly teen-agers to young adults. It is a disease in which the last 3 feet of our bowel, the colon, lose their inner layer, the mucosa. Inflammation, or cryptitis, of the budding portion of the mucosa, is a hallmark of the disease. Major complications are sclerosing cholangitis, which leads to liver failure necessitating transplant, and colon cancer. Its cause is unknown. Hyperbaric oxygen, by decreasing inflammation and promoting healing, could improve this condition.



*Normal Colon*

### Case Report

Two white males, 30 and 27 year-old, diagnosed with UC three and seven years prior to their hyperbaric treatment, were referred to our Center. They had failed every therapy, and were on 40 mg of prednisone or 30 mg of 5MP a day. In spite of it, they were having 7-9 bloody bowel movements a day, and were home-confined, disabled, not being able to maintain employment. They underwent 45 to 65 sessions of HBO at 1.3 ATA, 120 min twice a day, in their own home.



*Ulcerative Colitis*

### Results

In both patients, no improvement was seen for the first 15 sessions. By the 20th, bleeding subsided. By the 30th, the number of bowel movements was reduced to 2 per day. By the 40th, the stool was solid, without blood. Patients' stool leukocyte count (2,3) was improved (3-5/hpf), suggesting decreased inflammation. In the patient on prednisone, liver function

tests revealed a 35% decrease in alkaline phosphatase (280 to 182) suggesting an improvement of his sclerosing cholangitis. Both patients could leave their house for the first time in years, and return to work. Both are off steroid and antimetabolitic drugs.

## **Conclusions**

Mild HBO is effective in the treatment of Ulcerative Colitis. Inflammation is reduced, or, as in our cases, truncated.

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## **Crohn's Colitis Patient's testimony:**

*S.G., 57 years old male reports regarding his experience with HBOT in treating his Crohn's Disease.*

"As you know, I used the Vitaeris 320 in my home over a two month period, totaling 80 sessions averaging 1 & 1/2 hours each. When I began HBOT treatment, I had also just started a course of drug therapy (prednisone and metronidazole) to arrest a flare. After 5 weeks of HBOT and at the conclusion of tapering off of the prednisone, I felt better than I had in a long time. However, just a few days later, I began to experience the early symptoms of another flare. At that point I had been using the chamber in a "maintenance" mode, three or four so (90 min.) sessions every week. At the onset of the flare, I increased the chamber sessions to two a day for a week and was able to successfully arrest the flare without the introduction of steroids.

This was a significant achievement and I felt validated the efficacy of HBOT in treating my flare symptoms.

Since purchasing a chamber, I have been using it, on average, four sessions/week and maintaining a fairly good level of health, with occasional periods of disruption. Overall, I'm pleased with the chamber and expect to continue to incorporate it into my course of treatment."

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## **References**

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2. Silberer H, Kuppers B, Mickisch O, Baniewicz W, Drescher M, Traber L, Kempf A, Schmidt-Gayk H. Fecal leukocyte proteins in inflammatory bowel disease and irritable bowel syndrome. Clin Lab. 2005;51(3-4):117-126.
3. Hanauer S. Update on the Etiology, Pathogenesis and Diagnosis of Ulcerative Colitis. Nat Clin Pract Gastroenterol Hepatol. 2004;1(1):26-31.