

# Hyperbaric Oxygen

## The Difference Between: Life and Death, Coma and Non-Coma, Paralysis and Non-Paralysis, Amputation and Limb Salvage

The role of hyperbaric oxygen in medicine and surgery has not been fully appreciated or completely evaluated. Unfortunately, this is often used as a last resort. It is the same oxygen that we breathe, and as a gas it adheres to all of the gas laws of physics. When used as a drug, it has an appropriate dose and should be employed at the proper time. Although rarely primary treatment, in most instances it represents a cost effective adjunct or enhancement therapy.

In numerous disease states, in spite of a normal circulating  $paO_2$  there is distal tissue hypoxia (low oxygen) in the pathological site. Irrespective of the cause whether it be toxic, traumatic, infectious, vasogenic or iatrogenic, there is interference with the oxygen transport to the problem area. Hyperbaric oxygen, not only reduces bubble size, but in accordance with Henry's Law, also affords an increased  $paO_2$  to all areas of the body including the seat of disease. There is no magic to hyperbaric oxygen. Delivery of appropriate amounts of oxygen to hypoxic/anoxic (low oxygen) areas will allow nature to set in motion the recovery cycle. These effects can be achieved only with oxygen under pressure and are not observed in the same relationship when oxygen is administered at surface pressure. It is highly unlikely that a substitute for hyperbaric oxygen will be found in the near future.

With cultural and scientific exchanges now being disseminated by relaxation in the Eastern Block, much data will emerge from behind the Iron Curtain, where hyperbaric oxygen has been a mainstay of therapy for a number of years.

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from: American College of Hyperbaric Medicine

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