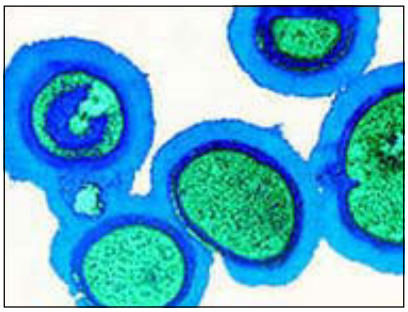
A combination of Medical equipment and complementary therapies brought together in innovative ways to aid in the healing of its patients.

Treatment info

Activated Oxygen MRSA Eradication

The Doctors and Healthcare Professionals at Activated Oxygen Ltd, through its sister company Complementary Medical has been treating MRSA patients for well over a decade. During this time an amazing



success rate has been achieved and maintained.
The Activated Oxygen method of eradicating MRSA is by the use of Medical Ozone produced from Activated Oxygen's own Medical Ozone Generator, manufactured here in the UK.

During an initial consultation with the Doctor a swab of the infected area may be taken to ascertain that the infection is one of the so called "Superbugs". Once MRSA has been confirmed treatments can begin. The appropriate number of treatments may be decided upon during the initial consultation.

In general the MRSA infection is eradicated within three treatments, on successive days. The previously infected area can then be swabbed again and sent to microbiology for confirmation that the infection has been eradicated.
Our Doctor will then advise the patient of precautions that they should take to prevent re-infection.

The most straightforward MRSA infections for treatment are infected wounds and infections in the urinary bladder as well as colonisation.

Deep rooted infections may be more complicated but can be treated, please discuss this with our Doctor, giving as much information as possible. Bloodborne MRSA infections are treated by Autohaemotherapy after a full consultation with the Doctor.

MRSA, Biological Resistance to Conventional Antibiotics

MRSA is almost certainly one of the most problematic nosocomial bacterium this country is facing. As bacterium survives antibiotic treatment it is inevitable that resistant strains proliferate, this bacterium has the ability to nullify the effects of many or all antibiotics.

It was initially penicillin that staphylococcus aureus first became resistant to and today we still use flucloxacillin to treat MSSA (methicillin sensitive strains).
Some MRSA is resistant to

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- ***Bladder Cleansing***
- ***Colonisation Eradication***
- ***Ear Infections***
- ***Bloodborne MRSA***
- ***Advise to prevent Re-infection***

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antibiotic treatments for these infections.

In Britain (Cox et al 1995, Scudeller et al 2000) shows that MRSA is primarily a hospital acquired infection with community infection cases mostly in care homes etc.

(Plowman et al 1999) shows a 10% reduction in hospital acquired infections would result in about £300,000 being available for other treatment in every hospital in 1999.

Antibiotic Resistance (Greenwood 2000)

Penicillin's and cephalosporin's belong to a family of antibiotics called B-lactams that share a structure known as a B- lactam ring. About 89-90% of staphylococcus aureus isolates produce an extra cellular enzyme called a penicillinase, which can destroy the B-lactam structure of penicillin before the antibiotic can kill the staphylococcus. Thus, staphylococcus aureus is commonly resistant to penicillin, however, newer penicillin's such as methicillin, cloxicillin and flucloxicillin are resistant to breakdown by the penicillinase, thus staphylococcus aureus is usually penicillin resistant but methicillin, cloxacillin and flucloxacillin sensitive.

MRSA is resistant to methicillin, cloxacillin, flucloxacillin and to all other B-lactam antibiotics, including all penicillin's and cephalosporin's, because of a change in the cell wall proteins. MRSA also has the ability to pick up other resistance mechanisms and may become resistant to all other anti-staphylococcal drugs. It usually remains sensitive to the glycopeptides vancomycin and teicoplanin and to new agents such as linezoid and synercid. However, there have been recent reports of cases of resistance to all these drugs, emphasising the importance of conserving these new antibiotics only for serious infections. (Greenwood 2000)

For wounds in general, like leg ulcers and pressure sores to heels, sacrum or buttocks the area is covered with a leg bag, foot bag, arm bag or plastic tent of various sizes to encapsulate the area, the wound is lightly sprayed with ozonated water prior to this, a tube is attached within the bag or tent to the medical ozone machine and a dose of medical ozone gas is administered to the area.

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Volume, concentration and period of time are prescribed by the attending Doctor. It may also be prescribed for direct Ozone gas injection into or around the wound
Ozonated water is normally reverse osmosis water that has had large volumes of ozone gas injected through it.

For MRSA infections in urinary bladder the procedure is to fit a catheter into the patient's bladder and to carry out a bladder wash using Ozonated Reverse Osmosis water. The concentration, volume and treatment duration prescribed by the attending Doctor. After treatment the Catheter is removed.

For MRSA infections in ears: First the ear is coated with Ozonated oil, then an ear piece is connected to a tube from the Medical Ozone Machine to allow the gas to enter the ear at a prescribed volume, concentration and duration time decided by the attending Doctor. Three treatments on consecutive days is normally enough to eliminate the MRSA.

MRSA Colonisation:

Colonisation of skin areas, Axilla, Groin and general body areas are treated by either direct application of Ozonated oil/gel to the infected area twice a day for 3 - 5 days or the patient will sit in a sauna cabinet on low heat and have the Ozone gas injected around them to cover the body at the prescribed dosage. One treatment is often enough to eliminate the bacterium.

References

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Plowman R et al (1999) The socio-economic burden of hospital acquired infection. London, PHLS.

Greenwood D (2000) Antimicrobial Chemotherapy. Oxford Press.

For more information please visit
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