

Surreptitious treatment of an 82 year-old male with MRSA while in an NHS hospital

by Fred Fennell

The following daring initiative to save an elderly man from probable death from MRSA is recounted to underline the inability of the health service to treat MRSA adequately and not as an encouragement to others to carry out similar acts. New reports have revealed that children are increasingly at risk, while recent studies indicate that MRSA is no longer confined to hospitals but can now be picked up from various community activities, such as sports, leading to the new designation of CA-MRSA (community-acquired MRSA).

This salutary experience should be seen in the context of the author having submitted a report on his 100 percent success in treating 23 (to date) MRSA cases with ozone to a peer-reviewed journal.

If accepted, the report will appear in its August issue but will also be immediately available online.

In late August, 2004, my 82-year-old father-in-law was admitted to the Coronary Care Unit (CCU) at a West Midlands NHS hospital.

After a few days he contracted MRSA in the top of his wrist after a doctor had taken blood samples from the site. A fellow patient who also had blood taken from the same position also contracted MRSA. My father-in-law was moved to a single isolation room.

The wrist came up in a large, red and angry-looking

lump, similar in appearance to a large boil. With all the health problems my father-in-law was suffering (late-stage heart failure including complications), it was obvious to the family that this infection would kill him.

Drastic action was called for and, after a family conference, the plot was set. The next evening, concealing an Activated Oxygen Medical Ozone Generator in a holdall, I set off for the hospital with my two grown-up sons. Once in my father-in-law's room, whilst one son shut the door and put his foot to it to stop anyone entering, the other helped me set up the apparatus.

On this evening I 'bagged up' my father-in-law's hand and wrist and fixed a small tube to his arm to allow the medical ozone gas to enter the bag and surround the hand and wrist at a prescribed volume and concentration. After some 20 minutes the bag was removed. During the treatment period hospital staff tried the door four times, to be greeted by my son telling them we were washing or changing him and could they please come back later. Because of this I realized that extended treatments would be difficult so I decided to speed things up. With my father-in-law's permission I injected medical ozone gas directly into the lump in two places, managing to get in about 4-5 cc in all into the infected lump.



We then cleared away any evidence of our 'crime' and continued with a normal visit.

The next morning telephone calls from other visiting members of the family confirmed the treatment was working as they reported the lump was less than half its original size and the colour was less red and angry-looking.

That evening I again treated my father-in-law in a similar way but without the injections as he decided he suddenly had an aversion to needles. I did, however, manage to keep the bagging treatment on for about 40 minutes.

The next day my father-in-law's wrist was back to normal and when I inspected it I was confident that his MRSA had gone, based on my seven years' experience treating this pathogen.

An interesting observation on the result is that up to now we had only had the opportunity to treat MRSA infections

in open wounds and urinary bladder as well as simple colonization, so this leads us to believe the treatment will probably be able to eradicate MRSA from most sufferers as long as we can deliver the gas to the infection source.

Within a few days the hospital staff did repeated swabs on my father-in-law's wrist for microbiology reports but every time we asked for the results we were told that 'the computer was down', 'the swab was spoilt', 'and we will find out and come back to you' and so on.

Without in any way being unkind, I did find it amusing that the various personnel were just unable to admit that the infection was gone but that they had no clue as to how it could have happened.

Within a few more days and repeated swab tests the hospital confirmed to us that they had three clear swabs and my father-in-law was free from MRSA.

The above was over five months ago and I am delighted to report that my father-in-law is alive, out of hospital and holding his own with some sort of quality of life.

For more information on the treatment of MRSA (and other illnesses) with ozone, contact: Mr Fred Fennell, Activated Oxygen Ltd, Campville House, Coppice Lane, Clifton Campville, Staffordshire, B79 0BQ. Tel: 01827 373695; fax: 01827 373874; email: ffennell@aol.com

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