CANCER &

HYPERBARICS

HBOT
LUCKNOW
OXYGEN THERAPY CENTRE

Our Office Location-

S-69, 70, Mount Carmel
Mahanagar, Lucknow - 226006
Ph: +91-993 501 5221
Mail: hbot@gmail.com
Web: hbotlucknow.com

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In 2013, over 1.6 million people were diagnosed with cancer and over 500,000 cancer-related deaths occurred in the U.S. alone. Cancer is one of the leading causes of death, world-wide, and new integrated treatments are being utilized to help combat its devastating effects. Hyperbaric oxygen therapy (HBOT) is currently being utilized in conjunction with conventional treatments, including radiation and chemotherapy, to attain optimal dosages for patients, stimulate tumour regression and reduce the side effects of treatments. Cancer thrives in hypoxic or low-oxygen environments and HBOT has been shown to increase these oxygen levels to weaken tumours and reduce their aggressiveness. Studies have demonstrated the benefits of HBOT for cancer with the following:

Enhance "Conventional" Cancer Therapies & Treatments with HBOT

- Increases Oxygen Levels in Tumours
- Better Radiation Therapy Results
- Improves Chemotherapy Outcome
- Enhances Brain Treatment
- Decreases Tumour Drug Resistance
- Allows for Optimal Therapy Dosage to be Attained
- Improves Surgical Results

Reduce Tumour Aggressiveness with HBOT

- Weakens Hypoxic Tumours
- Targets Metastatic Tumours

Increase Natural Killer Cell Activity and Function with HBOT

- Increases Reactive Oxygen Species Production
- Amplifies Cancer Cell Death
- Regresses Tumour Volume

Reduce Side Effects of "Conventional" Cancer Therapies & Treatments with HBOT

- Reduces Radiation Therapy Side Effects
- Decreases Chemotherapy Side Effects
- Accelerates Post-Operative Healing & Prevents Infection
- Reduces Chemo-Brain Syndrome Symptoms

Enhance IV Cancer Treatments with HBOT

- Increases Intravenous Vitamin C Therapy Effect

Cancer Prevention with HBOT

- Decreases Inflammatory Markers
- Normalizes Intracellular Oxygen Levels
- Stimulates Cellular Detoxification
- Reduces Risk of Pathogenic Inflammatory-Related Tumours
- Supports Cellular Energy Processes for Optimal DNA Repair

Study: Tumour Regression Stimulated by HBOT

A non-randomized trial was conducted with 29 patients to evaluate the effectiveness of radiotherapy combined with HBOT, in patients with a malignant tumour. Fifteen patients were irradiated daily after HBOT and fourteen other irradiated patients were treated without HBOT. In the HBOT group, 11 of 15 patients (73 percent) showed ≥ 50 percent tumour regression. In the non- HBOT group, only four of 14 patients (29 percent) underwent tumour regression. The average survival rate in patients with HBOT doubled that of the non-HBOT group (24 months vs. 12 months) respectively. No serious side-effects were observed in the HBOT patients. This provides additional support for HBOT to be a beneficial treatment for malignant tumours.