

# HYPERBARIC O2

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## H.B.O.T. FOR SILICONE POISONING

About 2 million women in the USA have had silicone breast implants. Dimethylpolysiloxane has been used either in implants or by injection for a variety of purposes including aminoplasty. Filling of the tissue voids in reconstruction surgery, and prostheses for cosmetic and other purposes, and of course, silicone was used for some years for brain Shunts. Injecting silicone material was shown to pose severe health problems, including cancer, arthritis and chronic fatigue syndrome as well as other immunobased and allergic reactions.

Some patients with breast implants, started exhibiting symptoms as shown by Enzyme linked Sero Assay (Elisa) test to possess elevated IgG, IgA, IgM, and IgE silicone antibodies. In addition to reactions from silicone implants, the polyurethane implants shells themselves are now known to break down under the metabolic activity and produce 2,4, toluenediamine and 2,6 toluenediamine, both of which are carcinogenic and able to react with the neurominic acids to produce phthalocyanine dichloride, which in turn reacts with silicone to produce a precursor to silicone stacked rings phthalocyanines.

This form of cyanide toxin induced metabolic impairment in the brain, inhibits production of adenosine triphosphate (ATP), adequate supplies of which are required to avert lipofuscin accumulations, to promote phagocytosis and for natural detoxification. An abnormal sodium and potassium ion interchanges. In the course of this abnormal chemistry in the brain, polyunsaturated fatty acids become destabilized as the double bonds within membranes allow the easy extraction of hydrogen atoms. This starts a reaction in which peroxy radical combine with hydrogen to lipid hyperaldehydes. This series of reactions conjugated as diones can initiate chain reactions leading to numerous toxins and allergic responses in the patient as membrane cross-link damaging their integrity and their essential proteins. The glutamatergic neuronal process can lose energy dramatically due to hypoxia or hyperglycemia and from further neurotoxins.

### SYMPTOMS

Dopamine can be released, and the patients may suffer symptoms of confusion or intermittent panic. In the immunosuppressed environment, many strains of fungi will be able to flourish, and allergic reactions to these and other invasory microorganisms are common as are developing allergies to chemicals (especially hydrocarbons), the symptoms of silicone allergy are therefore associated with cyanide blockage of part of the hemoglobin oxygen transportation mechanism, with neurotoxins responses, and with lipofuscin accumulation.

## HYPERBARIC OXYGEN THERAPY (HBOT)

HBOT has been shown to disperse lipofuscin, burn out cyanide poisoning (a category one use for HBOT), and in many cases destroy a wide range of neuro-toxins. HBOT also has a well-earned reputation as an immune system enhancer and is able in many cases to reactivate idling neurons. Experience with anoxic encephalopathy has shown that neurons are able to be idling for up to 15 years, and still be recovered to normal activity as soon as good oxidation is present.

Over 90% of all the oxygen used by humans is consumed in the mitochondria and this makes hypoxia conditions in that area singularly threatening, as the mitochondria are not very efficient in any case at controlling the electrical components of the mechanism of breathing. It is notable that restoration of good oxidation of the mitochondria usually results in the breathing difficulties of silicone reaction patients (usually described as choking sensations) resolving very quickly.

## SINGLE PHOTON EMISSION COMPUTER TOMOGRAPHY (BRAIN SPECT SCAN)

Patients with sequel to silicone implant leakage almost always exhibit the same abnormalities on Spect Brain Scan, and seem to recover from their symptoms when SPECT scans become Normal. Abnormalities usually include bilateral cortical lack of perfusion and this together with a history of silicone implants or past silicone injections and the symptoms described would seem to be a good rationale for HBOT treatment. Some patients have in the past been miss diagnosed as cases of Multiple Sclerosis (MS), and whilst they exhibited all of the symptoms of silicone reactions they did not show the usual plaquettelets distributed in the brain scans by Magnetic Resonance imaging (MRI) Patients have also been diagnosed as having ALS, Lupus, and sclerodrema; and have later been found to have silicone reactions instead. However, these disease process does indeed mimic the above stated. It must also be stated that Hyperbaric oxygen therapy has been used in Europe for treatment of MS. In addition, ALL, and well as lupus and has been very successful in the typical disease.