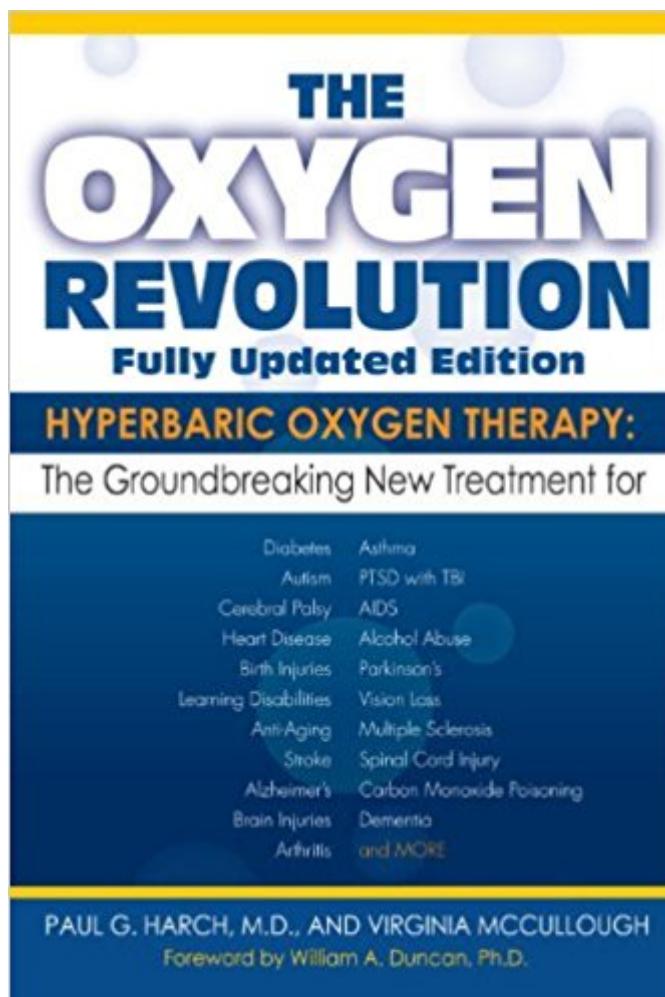


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The Oxygen Revolution: Hyperbaric Oxygen Therapy: The New Treatment For Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury, Stroke, Autism And More





Synopsis

HOPE FOR MANY â œHOPELESSâ • DISEASES, FROM ONE OF THE FOREMOST RESEARCHERS IN THE FIELDÂ When Randy McCloy, Jr., the sole survivor of the Sago Mine disaster, finally walked out of the hospital to rejoin his family, it was in part due to the miracle of hyperbaric oxygen therapy. Hyperbaric oxygen therapy (HBOT) is based on an almost laughably simple idea: Oxygen can be used therapeutically for a wide range of conditions where tissues have been damaged by oxygen deprivation. Restore that oxygen, goes the logical thinking, and you can restore much of the lost function.Â It seems too good to be true, but Dr. Paul G. Harchâ ™s research and clinical practice has shown that this noninvasive and painless treatment can help the tens of millions of Americans who suffer from a brain injury or disease, such as:Â StrokeÂ Autism and other learning disabilitiesÂ Cerebral palsy and other birth injuriesÂ Alzheimerâ ™s, Parkinsonâ ™s, multiple sclerosis, and other degenerative neurological diseasesÂ Emergency situations requiring resuscitation, such as cardiac arrest, carbon monoxide poisoning, or near drowningIt can also improve conditions in which inflammation is the culprit, such as arthritis and asthma; promote healing in infections, burns, and skin grafts, such as diabetic foot wounds; and slow the aging process.Â For the millions of Americans suffering from these seemingly â œhopelessâ • diseases, here finally is the handbook of hope. Inspiring and informative, The Oxygen Revolution is the definitive guide to the miracle of hyperbaric oxygen therapy, from a pioneer in the field.

Book Information

Paperback: 320 pages

Publisher: Hatherleigh Press; Updated edition (October 26, 2010)

Language: English

ISBN-10: 1578263263

ISBN-13: 978-1578263264

Product Dimensions: 6.1 x 0.6 x 9 inches

Shipping Weight: 1.2 pounds

Average Customer Review: 4.8 out of 5 stars 68 customer reviews

Best Sellers Rank: #784,029 in Books (See Top 100 in Books) #90 inÂ Books > Health, Fitness & Dieting > Diseases & Physical Ailments > Lung & Respiratory Diseases #101 inÂ Books > Health, Fitness & Dieting > Diseases & Physical Ailments > Respiratory #154 inÂ Books > Medical Books > Allied Health Professions > Respiratory Therapy

Customer Reviews

Paul G. Harch, M.D., is a hyperbaric medicine, diving, and emergency medicine physician who is a Diplomate of the American Board of Hyperbaric Medicine. The first President of the International Hyperbaric Medical Association and a semi-finalist for the National Institutes of Health Directorâ™s Pioneer Award, he has seen the positive effects of HBOT firsthand through the treatment of family members with stroke, dementia, and learning disability. A graduate of Johns Hopkins University School of Medicine and Director of the Louisiana State University School of Medicineâ™s Woundcare and Hyperbaric Medicine Department, Dr. Harch currently divides his time between international consulting, lecturing, and his practice and research in the New Orleans area. Visit him at www.HBOT.com. Virginia McCullough is the author of many books, including Coping with Chemotherapy and Radiation (with Daniel Cukier, et al) and Testing and Your Child. A native of Chicago, she currently lives in Green Bay, Wisconsin. Visit her at www.virginiamccullough.com.

I first heard of Dr. Paul Harch, a foremost leader in the field of Hyperbaric Oxygen Therapy of HBOT after listening to his interview on the Elite Male Podcast. He spoke with clarity, calmness and authority on the topic of HBOT. A field he has been leading and advocating for the past few decades. As a fan and former user of HBOT, I knew I had to pick up his book. *The Oxygen Revolution: Hyperbaric Oxygen Therapy: The New Treatment for Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury, Stroke, Autism and More* What I learned really blew my mind open on the uses for Hyperbaric Oxygen Therapy. The treatment itself is actually a drug-like in the manner in which it treats injuries. In spite of high pressure environment, It is also one of the safest therapies known, and has some of the lowest malpractice insurance premiums. In the book the doctor details his years treating patients with a variety of disorders. Year after year, the doctor applies HBOT to new and seemingly unrelated diagnosis and ends up with incredible results. He has had patients come in with brain injuries, wounds, autism and carbon monoxide poisoning. HBOT in the right doses and at the right times can improve survival and exceed quality of life expectations. The reason that HBOT is so effective on so many ailments, is it treats the body's injury response mechanism. The response known as the inflammatory reaction (or reperfusion) is the somewhat uniform way the body begins healing itself. In the process of healing the inflammatory response can seal in damage. Hyperbaric therapy has the ability to send compressed oxygen into these damaged areas and begin a truer healing process. The most fascinating part of this book, is something that Dr. Paul Harch has tried to play down. Everybody can benefit from HBOT. No: Everybody Needs HBOT! Dr. Harch explains that we are living longer, but we are not living well

for longer. A key distinction. We humans are exposed to various 'insults' throughout our life. In isolation, these insults are non-threatening. Over the years, these accumulated insults reduce life expectancy and the quality of our lives. Being put under for surgery, mild carbon monoxide poisoning, falling off your bike, getting drunk too many times, all begin to add up and cut into the brain's built-in redundancy (think a cat's nine lives). Yes, the treatment is effective for severe conditions such as strokes and diabetic wounds. However, it is also effective for ailments with more 'invisible' symptoms. Children suffering from fetal alcohol syndrome -- in one case 14 years after the exposure, the child gained intelligence. Adults who experienced abuse as children led less erratic and more independent lives 40 years after exposure to the abuse. Children with mild or severe autism gained the ability to connect emotionally with family members. Given how incredibly common alcoholism, child abuse and autism are, I extrapolated that HBOT should be the Jiffy Lube of human maintenance. We should have low pressure HBOT as routine maintenance during our doctor's visit as a way to increase redundancy and live vibrant full lives. Many people are not even aware that they been injured. More reason that everyone can benefit from HBOT. Undetected injuries cause much harm to society. Unhealed brain injuries lead to drug addiction, temper problems and inability to concentrate. One could argue that HBOT chambers installed in every prison in the United States would lead to huge drops in recidivism. I'm not kidding, read this book and call me. Let's make this happen. Sadly, this is a very expensive therapy. Insurance balks at paying for HBOT for ailments not approved by the government. The FDA has only approved a handful of diagnosis's for treatment. Luckily, it is legal to give HBOT for almost any reason. Good luck finding a facility in the US that understands that. My only disappointment was the author did not discuss the use of soft chamber versus hard chambers. Soft chambers cannot reach the 'depths' of pressure a hard chamber can but they are cheaper to own and to use. I was especially heartened because the doctor advocates low pressure HBOT for many old injuries. I took from this that mHBOT (mild hyperbaric oxygen therapy) that is afforded by soft chambers is actually more effective than established facilities would like to lead on. I had major lifestyle improvements by using mHBOT. The book was an easy-ish read and explains so much. You could hardly cover everything in the most thorough book review. One key take-away is we never know when we will really need HBOT in an emergency situation for yourself or a family member. The doctor recommends knowing which hospitals near you offer HBOT, as a preventive measure.

Everyone needs to be aware of the benefits of HBOT. First, I bought "Hyperbaric Oxygen Therapy" by Richard Neubauer when I heard HBOT is an effective treatment for diabetic foot wounds. I was

sensitive to the subject having had a 92-year-old aunt die (unnecessarily I believe) of a diabetic foot wound in 2005. No one in her nursing home, her doctor's office or in a nearby wound care center mentioned the word "hyperbaric" to her even though HBOT had been available for years at a hospital 30-minutes away in the adjacent county and had been approved for payment by Medicare for several years. The wound care center offered to amputate her leg and she refused. Although at her age she undoubtedly would have eventually died of something else, she needn't have suffered such a painful death. After I read a second book, "The Oxygen Revolution" by Paul Harch, I wondered if any doctors in my county were aware of the benefits of HBOT. I phoned the doctor who ran the HBOT facility in the adjacent county and he emailed me the names of seven doctors in my county who had referred patients to him. All but one were surgeons. None were general practitioners. At this point I decided to take a proactive stance, and purchased sets of these two books and gave them to the nursing directors of the eight nursing homes in my county. They were appreciative and a portion of them had some knowledge of HBOT. At one home they spoke of one of their diabetic foot wound patients who several months earlier was referred to the HBOT center in the adjacent county and was now at home, cured. Also, I discovered that the local wound care center that in 2005 seemed not to know of HBOT, was now installing two HBOT chambers at their own facility. While HBOT is not a cure for all conditions, in conjunction with other treatments it often brings about amazingly improved outcomes. About a dozen conditions are approved for treatment by Medicare. These conditions are usually treated at hospital-run HBOT facilities at nearby wound care centers. The many dozens of other illnesses not yet covered by Medicare must be paid for out-of-pocket and are usually treated at the much less expensive privately operated HBOT facilities. One is located in another adjacent county to mine, also about 30-minutes away. While the authors of these two books recommend always using an HBOT facility that has a doctor on the staff, the doctor director of my nearest hospital-operated facility speaks very highly of my nearest privately-operated facility and its safety noting the EMTs (Emergency Medical Technicians) who operate their equipment are fully qualified to deal with anything that might occur. To the best of my understanding, Medicare approved injuries include carbon monoxide poisoning, healing of radiation damaged tissue, impeded healing of wounds due insufficient local blood flow and cyanide poisoning plus much more. Insurance sometimes cover bones and tissue that are difficult to heal, swelling of the brain (cerebral edema), crush injuries, burn injuries and drug resistant infections. Conditions not yet approved by Medicare for which improved outcomes have been reported include stroke recovery, cerebral palsy, autism, coma, head injuries, spinal cord injuries, Lyme's disease and many, many other maladies. If any of this sounds interesting to you, Google "HBOT and hyperbaric oxygen

therapy" and learn more. Meanwhile I fully recommend these two books on the subject.

Dr. Paul Harch has characterized the use Oxygen under pressure as the beginning of a revolution. The fact that oxygen has been used in this manner for more than 200 years cannot be allowed to escape notice. Dr. Harch reveals badly damaged deep sea divers' brains can be healed has opened the flood gates. Carefully suppressed evidence traumatic brain injuries, concussions, strokes, and neurological diseases benefit can no longer be kept a secret. Harch now has incontrovertible evidence mild to moderately brain injured veterans with post traumatic stress disorders can experience healing by O2 under pressure. Unapproved and unsafe drugs can not remain the treatment. Psychiatrists should not be allowed to be the sole health care professionals managing these victims of injury. Much more will be written in the days ahead about the oxygen miracle rather than the revolution.

I work in a hospital setting as a Hyperbaric Tech. I am a great advocate of using natural therapies (oxygen) to heal instead of chemicals. I have been familiar with Dr. Harch for some time now, and consider him the authority on expanding the current boundaries of "approved" hyperbaric treatments. I look forward to treating many illnesses and injuries that are not currently accepted by the FDA but will be. Evan Wheeler, CHT

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