

ADDICTION RECOVERY & HYPERBARICS

In this study, the utility of HBOT was evaluated as an adjunct in the detoxification of alcohol-dependent patients. The HBOT group had a better rate of improvement of withdrawal symptoms and the difference was statistically significant.

PHYSIOLOGICAL BENEFITS:

- Repairs Damaged Neurons
- Decreases Swelling & Inflammation
- Aids in Cellular Detoxification
- Improves Circulation in Damaged Tissues
- Regenerates Tissues
- Improves Sleep Patterns
- Stimulates the Appetite

There are many reasons to deploy the use of HBOT during drug and alcohol recovery programs. Most notably is the repair of damaged neurons from chronic substance abuse. This can have long term and immediate impact by quality of life, decision making, moods, etc.

Adding HBOT to conventional Drug and Alcohol programs may Reduce overall treatment times and complications.

- The Effect of Hyperbaric Oxygenation in the Treatment of Alcohol Abuse and Narcomania European Psychiatry, Volume 12, Supplement 2, 1997 , pp. 208s-208s(1) HBOT led favorable effects that persisted following exposure, bringing about an approximately two-fold decrease of treatment duration and preventing the development of complications.

- Method of Hyperbaric Oxygen in Narcotherapy Moscow Department of Health. The use of HBOT helps to increase the effectiveness of treatment of alcohol and drug dependent patient and to reduce their time spent in hospital.

Study: HBOT for Addiction Recovery

The duration and severity of alcohol withdrawal is a great concern while treating alcohol dependent patients. Hyperbaric oxygen therapy (HBOT) has been used in few centers world over, for faster recovery of withdrawal symptoms. The present study aimed to undertake a preliminary study exploring this possibility. Thirty alcohol dependent patients were recruited in this study. They were divided into A: HBOT group (received hyperbaric oxygen therapy for 90 minutes) and B non-HBOT group (received normobaric oxygen therapy for 90 minutes) using simple randomization technique. Withdrawal symptoms were assessed daily, using the Clinical Institute Withdrawal Assessment scale (CIWA-Ar). The data collected from the two groups were compared. Statistical analysis used was Independent two sample t test. When the two groups were compared, it was found that the mean period (in days) required for the control of withdrawal symptoms for the HBOT group was 3.72 and for the non-HBOT group was 9.03 and the difference was statistically significant ($P = 0.0001$). A better outcome among the HBOT group indicates that the effect of HBOT as an adjunct to the current detoxification regime, in the treatment of alcohol dependent patients is definitely worth consideration and stronger evidence can be brought out in a larger multicenter trial.

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