

A close-up portrait of an elderly man with a weathered face, wearing a textured, light-colored hat. The text "STROKE & HYPERBARICS" is overlaid on the top half of the image.

STROKE & HYPERBARICS

HYPERBARIC PHP
people helping people

Bill Schindler, Director
mobile:678-794-5863
office:678-765-7220
email: htcbill@yahoo.com
www.hyperbaricphp.com

STROKE & HYPERBARICS

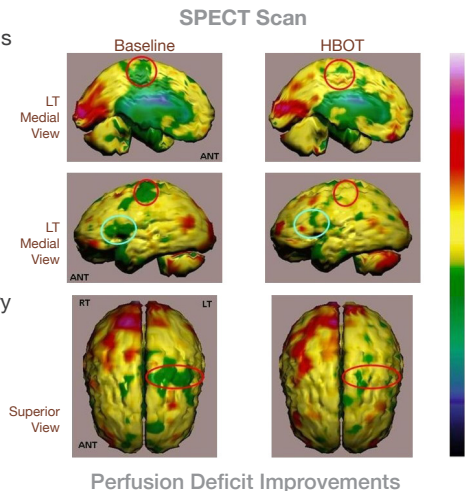
Stroke is the fourth leading cause of death in the U.S. and has remained a leading cause of adult disability with 800,000 cases reported every year. Hyperbaric oxygen therapy (HBOT) has been shown to help prevent and treat stroke through a number of different mechanisms. HBOT can be used to precondition the brain by producing more circulatory pathways to potentially decrease the chance of stroke. Also, this has been shown to benefit post-stroke patients, as compromised blood flow to the affected area of the brain and its functionality are recoverable by introducing increased levels of oxygen. Studies have demonstrated the benefits of HBOT for stroke with the following:

Stroke Prevention with HBOT

- Stimulates the Creation of New Blood Vessels
- Promotes Optimal Blood Flow
- Decreases Oxidative Stress in the Brain
- Preconditions the Brain to Enable Neuroprotective Properties

Stroke Recovery with HBOT

- Faster Overall Recovery
- Improves Vision and Speech
- Reduces Paralysis
- Accelerates Gross/Fine Motor Skills Recovery
- Increases Brain Tissue Recovery
- Stimulates the Creation of Blood Vessels to Reclaim Damaged Brain Tissue
- Promotes the Creation of New Brain Cells
- Escalates the Creation of New Brain Connections
- Alleviates Spasticity



Scan QR Code to learn more and download related studies

Study: Neurological Function Improved in Post-Stroke Patients with HBOT

In January, 2013 a prospective, randomized, controlled trial focused on the introduction of HBOT to post-stroke patients. A total of 59 participants, who had suffered a stroke 6 to 36 months prior to inclusion and had at least one motor dysfunction, were randomly assigned to treated and cross-over groups. The treated group received two months of 40, one hour HBOT sessions, five days a week. Whereas the cross-over group was evaluated after one month with no HBOT and again after one month following HBOT, utilizing the same treatment protocol. The evaluating physicians found that neurological function, brain activity and quality of life of all treated patients improved after HBOT. Brain scan results directly correlated with clinical improvements and indicated that HBOT can lead to significant neurological improvements in post-stroke patients, even at chronic late stages. The observed clinical improvements indicated that new brain connections can be activated long after a stroke occurs.