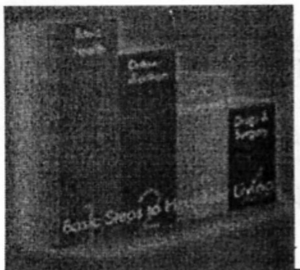

HOC TREATMENT PROTOCOLS

OTI (HBOT) Efficiency in Decompensated-Complicated Parkinson's Disease

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INTRODUCTION

Today the routine anti-Parkinson therapy is sufficiently standardized. The biggest problems arise with decompensated or complicated Parkinson's Disease.

For "decompensated" Parkinson's Disease is meant that illness which produces undesired reactions to the therapy, or which does not respond to treatment. "Non-responder" patients to laevo-dopa belong to this category, as do those with long distance L-Dopa syndrome (LTLS) and those with various reactions brought on by the cure (dyskinesia, on-off, freezing, etc.), as well as patients with young or very old forms, which normally have more noticeable side effects, not only from L- Dopa but also from other anti-Parkinson medicines.

For "complicated" Parkinson's Disease is meant the illness with gravely disabling secondary or satellite phenomena, such as psycho-organic (or demential, already called "Parkinson-plus") decline, the presence of pathologies concerning moods (especially depressive), pathological types of induced personality (e.g. with grave "emotional inflexibility" and/or notable obsessive-phobia tracts, excessive introspection, etc.). In other words, the presence of grave autonomic disturbances.

The two forms of the disease (decompensated-complicated) have very similar treatments, but in some cases they are also selective.

In neurological pathologies it has been demonstrated that the oxygen administered in a hyperbaric environment up to the maximum partial