Intensive medical and physical treatment of osteoporosis with the aid of oxygen-ozone therapy.

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Journal written in English

Abstract

Post-menopausal osteoporosis has been treated by a plurimodal type of therapy with the aim of inducing recovery of i) bone mass ii) general physical and psychological conditions; iii) social and family life. A distinction was made between surgically-induced menopause, usually in young women, and spontaneously-occurring menopause. The plurimodal therapy consisted of pharmacological support, oxygen-ozone therapy and physical activity. The pharmacological therapy consisted of cycles of parenteral administration of calcium, vitamin D2, salmon calcitonin and in some cases anabolic hormones; it was able to increase the densitometric bone index. The oxygen-ozone therapy, administered as major intravenous autohemoinfusion, was associated to the cycles of pharmacological therapy as a potentiating factors, as it turned out to be; in addition, this therapy caused circulatory and metabolic benefit thus improving the physical and psychological status of the patient. Therapeutic exercises, periodically suggested with an intensity adjusted to the age and general condition of the single patient, was particularly effective in the physical fitness of surgically-induced menopause women; this physical activity markedly increased the velocity of remineralization and the stabilization of the bone mass as indicated by the semestraly checked computerized bone mineralometry and contributed to the maintenance of the patient's good health in time.