

editorial

The path walked

El camino recorrido

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When we look back we can measure with clarity how much we have advanced in the normative, associative, and training levels, and in common protocols for worldwide application of the ozone therapy.

Regularization of ozone therapy

The panorama that appeared before 2005 in relation to the practice of ozone therapy was bleak, there was literally nothing. The ozonetherapists were afraid, working practically in the dark, and adopting a low profile, to avoid arousing bad ideas by the health administrations. Research was conducted but for the authorities was not enough to demonstrate the safety and efficacy of the therapy.

Even the state of Madrid in Spain decided to ban its practice in private ambulatory centers.

From 2005 the situation has been changing and growing in a positive way. The world map starts coloring gradually, but steadily. Since then health authorities of ten countries in the world have spelled out the "rules of the game" with the objective that ozone therapy can be practiced. Despite of being a small number of countries, when looking back the path walked, we get encouragement, taking into consideration that the regularization process began from zero or even below zero.

From the very first moment when AEPROMO was created it directly involved in the process of regularization and has achieved a tremendous success in Spain. Based on its experience, it has provided scientific-legal advice to other associations in the world through IMEOF (International Medical Ozone Federation). This scientific and legal consulting has being provided entirely free, at no cost.

The countries where the therapy has been regularized are: Cuba, China, Dubai (federal city in the United Arab Emirates), Honduras, Italy (in three regions out of 20), Oman, Portugal, Russia, Spain (in 15 of the 17 states was regulated, in the remaining two is widely tolerated) and Turkey.

The important paper "Ozone therapy and its scientific foundations" by Adriana Schwartz and Gregorio Martínez-Sánchez published by our journal in 2012¹, has served as a valid scientific basis for the regulatory process initiated in several countries. The last and most recent in using it has been the federal city of Abu Dhabi (in the United Arab Emirates), which has begun the process of regularization. It is worth underling that research of Schwartz et al. is now an official document of ISCO3 (International Scientific Committee of Ozone Therapy).²

Training

The first distance learning course "Ozone Therapy and Ozonated Growth Factors" (2013-2014) successfully ended. It was jointly organized by AEPROMO and the King Juan Carlos University in Madrid. The academic and university feature of the course backed by one of the youngest and most prestigious Spanish universities enabled to raise the training of health professionals to a higher level. Monographic courses of one or two days continue being organized. Aepromo has completed 15. But the demand and professional competence, the scientific progress of the therapy and the increased knowledge of patients on therapies compel to health professionals who practice ozone therapy to get training according to academic criteria that only a university may provide.

1 <http://www.xn--revistaespaoladeozonoterapia-7xc.es/index.php/reo/article/view/27>

2 <http://isco3.org/files/Ozone%20Therapy%20and%20Its%20Scientific%20Foundations%20ISCO3%20November%2018%202012.pdf>

Associative world

The associative world has also changed and radically. Out of the approximately 40 associations that exist today in world, nearly 50% of them are unified under the umbrella of IMEOF (International Medical Ozone Federation), which it sets up of 19 associations of ozone therapy in different countries of the world. IMEOF will hold its 3rd. International Congress along with the 4th of AEPRIMO in Madrid on 6 and 7 June 2014. Thus IMEOF is contributing in a highly satisfying way in unifying the ozone therapy associative world. AEPRIMO is its principal founding member.

Common protocols for worldwide application

The Madrid Declaration on Ozone Therapy remains the only truly global document of international reference to allow the unification of criteria for the application of the therapy.³

Currently there are 33 national and international associations that have adhered to the Declaration. This means nearly 83% of the associative world.

The "Therapeutic Ranges for the Use of Ozone" spelled out in the annex of the Declaration " an integral part thereof, serve as a serious and scientific reference to ozone therapists in order for them to implement them carefully and systematically. The "Therapeutic Ranges for the Use of Ozone" are the summary of scientific research in different countries and are the result of many years of experiential and clinical practice. This is stipulated in the Madrid Declaration.

The Road Ahead

We may be proud of the work done so far. We may congratulate ourselves that the ozone therapy is already on the health agendas of some countries. But the work ahead of us has complex dimensions. Administrative reluctances; unawareness of the therapy by a large number of health professionals; lack of funding; pharmaceutical lobby; lack of interest by no ozone therapists researchers, to deepen its knowledge and dissemination are facts that have contribute the therapy does not have wide recognition and acceptance.

One significant sample. The investigation conducted with European funds and culminated in 2012 with the publication of the document "Legal status and regulation of CAM [Complementary and Alternative Medicine]" did not even mention the ozone.⁴ The research looked into 39 countries (the 27 from the European Union plus 12 associate members) and focused on 12 treatments of complementary or alternative medicine.

3 http://www.aeprimo.org/declaracion_madrid/Madrid_declaration.pdf

4 Legal status and regulation of CAM in Europe - Part I - CAM regulations in the European – 2012. project CAMbrella funded by the 7th Framework Programme of the European Commission. A pan-European research network for Complementary and Alternative Medicine (CAM). Final report of CAMbrella Work Package 2.

When a member of the research team was asked why the absence of the ozone therapy in the document, her answer was that in databases used "pubmed, web of science, cinhd / amed / psycinfo" either nothing appeared on ozone therapy or if it had any of the paper met the stringent research criteria.

However in the Pubmed data there are 2454 references using the official key word of the IndexMedicus: "ozone therapy".⁵

The answer was given by the researcher in spite that in 2010 appeared the first meta-analysis that took into account the results of 20 clinical studies on the applications of ozone in the herniated disc. The results showed that ozone was effective and extremely safe.⁶ A second meta-analysis was released in 2012 looking into the results of eight studies and four randomized clinical trials.⁷

This is an example, but we could list others about the complexity and the enormous difficulties of the work we are doing. But the satisfaction of knowing that in ten countries worldwide ozone therapy is practiced as per legal provisions specifically related to ozone therapy, gives us strength to go on.

The publication of this issue of the Spanish Journal of Ozone Therapy is a palpable evidence that although we look back to gauge our progress, we continue walking forward with renewed vigor and energy.

We encourage our readers to read the various articles of this issue as they all will serve us as intellectual and scientific reference for performing our daily work with patients in a more professional way.

5 <http://www.ncbi.nlm.nih.gov/pubmed/?term=ozone+therapy>

6 Jim Steppan, Thomas Meaders, Mario Muto and Kieran J. Murphy. A Metaanalysis of the Effectiveness and Safety of Ozone Treatments for Herniated Lumbar Discs. J Vasc Interv Radiol 2010; 21:534–548

7 Francisco N. De Oliveira Magalhaes, MD, Luciana Dotta, MD, Andre Sasse, PhD, Manoel J. Teixeira, MD, PhD, and Erich T. Fonoff, MD, PhD. "Ozone Therapy as a Treatment for Low Back Pain Secondary to Herniated Disc: A Systematic Review and Meta-analysis of Randomized Controlled Trials". Pain Physician 2012; 15:E115-E129 • ISSN 2150-1149