Sjögren Syndrome Treated with Ozone Therapy

A Case Report

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SUMMARY - *Due to its immune modulation effect, ozone therapy shows high efficacy in the treatment of autoimmune dysfunctions like Sjögren syndrome. The patient described in this report improved her quality of life without taking strong drugs with secondary effects.*

Introduction

Sjögren syndrome or "dry syndrome" is an autoimmune disease, as Swedish ophthalmologist Dr Henrik Sjögren defined it in 1930. The Sjögren syndrome combines dry eyes, dry mouth, dry skin, dry mucous membranes and dry joints and another disease of the connective tissues most commonly rheumatoid arthritis.

Diagnosis is characterized by the abnormal production of extra antibodies in the blood, antinuclear antibody test (ANA) and a Shirmer test that tests the amount of tears. The disease includes primary Sjogren syndrome and secondary Sjogren syndrome, associated with a connective tissue disease such as rheumatoid arthritis, systemic lupus erythematosus, or scleroderma.

Regular treatment for the condition comprises: artificial tears, hydroxychloroquine 200 mg/day and omeprazol 20 mg/day-100 mgr./day. Complementary treatment includes: AINES, cortisone derivates, antibiotics (bronchitis) and antimycotics (azatioprine and cyclophosphamide)

Patient: Female, 51-year-old. Works as a nurse in the hospital

Anamnesis: After a trip to Rome in 2001, the patient suffered an intense pain in the lumbosacral region, experiencing cramp in the legs, abdominal distension and weight loss (about 13 kg). After several clinical tests she was diagnosed with the primary Sjögren syndrome with glandular disorder and xerophthalmia.

Psychological profile: At work she has problems due to confrontation with another co worker. She had to be attended by psychologists because she felt scorn of others.

Spine: Severe lumbosacral pain in the spine worsening with movement.

Abdomen: Alter radiopaque enema examination we observed mega sigma-colon, including the cecal part. The patient had difficulty digesting vegetables feeling a sensation of abdominal distension, colic and retarded defecation.

Rectum: Weekly defecation with no sense of emptiness. The same sensation with urine function. Neurological diagnosis was constipation due to neurological dysynergy (myeloradiculitis) of abdominal walls and pelvic floor.

Respiratory system: Acute larygo-tracheo-bronchitis with dry cough and loss of voice. Lung CT scan disclosed a nodule in the apical part suspicious of TBC.

Genital system: Copious regular menses. Intermittent vaginal discharges. Vaginal dryness (needs to use a gel for coital function). Menopausal symptoms: hot flushes.

Joint bones: migratory joint pain (elbow, wrist, hip), bursitis and monoarthritis.

Skin: Dryness of skin and mucous membranes, lately with a vesicular eruption on her face.

Mouth: Periodontitis, ulcers and fissures due the lack of salivary fluid.

Blood Level Tests

Anti-cytomegalovirus antibody: 2.64 (1,10)
Anti Epstein -Barr antibody: 3.60 (1,10)
Negative for TBC (Mantoux and culture)
Zinc serum test: 59 nanogr/dL (60-150)

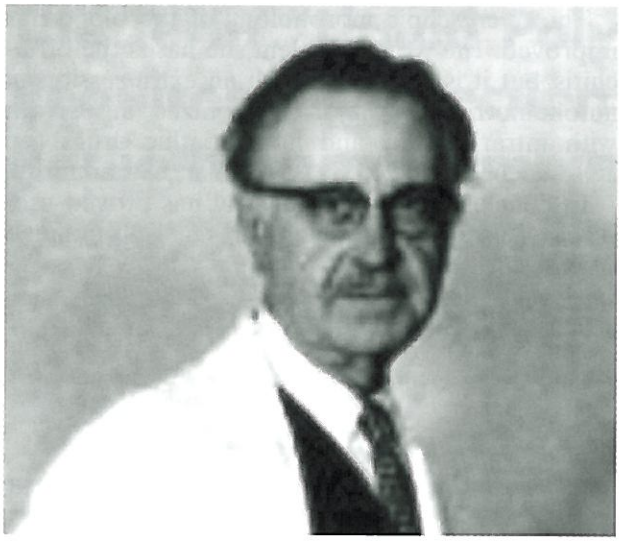

Figure 1 Dr Sjögren

Figure 2 Lips Sjögren

Figure 3

Retinol serum test: 0.34 nanogr/dL (0.35-0.75)
Ammonia plasma test: 64.2 nanogr/dL (10-47)

Oligoelements Blood Test (CEIA)

Deficiency-descending order- aluminium, molybdenum, copper, iron, rubidium, nickel, silicium, lead, manganese, cobalt and selenium.

Aminoacids Serum Test

Taurine serum test: 77 (80-217)
Tryptophan, and threonine were normal.
Levels of lead, mercury, homocysteine, cadmium, chromium, selenium, magnesium, vitamin B6 (pyridoxal phosphate) were normal.

Microscopic study of fresh blood drop showed:

- Sludge of red cells (grade 2/3) suggesting deficiency and enzymatic oxidation and high oxidation.
- Many lipid chains (altered lipid metabolism).
- Blocks of proteins related to a lack of pancreatic enzymes and intestinal malabsorption.
- Candidiasis (degree 2) related to immune system impairment.
- Peroxide lipids (degree 2) related oxidative stress.
- Bacteria (degree 2) signifying high intestinal permeability.
- Uric acid.

Brain Magnetic Resonance Scan

- Discrete cerebral atrophy
- Hyperintensity focus in radial aspect suggesting hypoxic-ischemic chronic areas.

Diagnosis hypothesis: Hemorrhagic infarct in the left zone of the brain.

Ozone Therapy

We started the treatment with coffee colonics and after that she received insufflations of 300 cc, 20 microgr/ml of ozone gas when the bowel seemed

to be clean. She received one session weekly for a month.

At the same time the patient was taking pre and probiotics to nourish bacterial flora. She also changed her diet including more fruits and cereals (fiber) and nutrients such as zinc, retinol and tryptophan, because values were low in serum.

After the second week she received autohemotherapy (100 cc-50 microgr/ml) twice a week.

Evolution of the Patient

The patient is currently re-established after three months of treatment. All blood levels have noramilized except anti- cytomegalovirus antibody and anti Epstein–Barr antibody that have also improved. She is working (as a nurse) and does not need to take any regular drugs prescribed by her rheumatologist.

The microscopic morphology of the blood has improved. The worst problem she has is the bronchitis, but it is controlled with an extra session of autohemotherapy major + ozonized autoserum with intramuscular and homeopathic drugs too (Oscillococcinum 200 K, Bryonia and Stannum).

In conclusion, Ozone Therapy has proved useful in this uncontrolled group of autoimmune diseases.

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