



SOUND CLINIC

Integrating Conventional and Alternative Approaches to Healthcare

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Informed Consent for Major Autohemotherapy

My healthcare provider has recommended that I be treated using Major Autohemotherapy (MAH). By signing this form and based on the information that has been provided to me, I am consenting to and authorizing the procedure. I also understand that in many cases a series of 4-12 sessions over several weeks or months is generally recommended, depending on my response to treatment. I have been provided with an opportunity to discuss this treatment with my provider and my questions have been answered.

Description: During the procedure, approximately 60cc of blood is withdrawn from the patient and placed into a bag containing saline. The blood is exposed to 60cc of ozone gas and then returned to the vein.

Brief description of potential benefits: Research has shown that tissues exposed to ozone gas use more oxygen. Advocates for the use of ozone in medicine believe that poor oxygen utilization causes and/or contributes to fatigue and/or oxygen intolerance. There is an enzyme in every cell that acts like a 'switch' to determine whether it uses oxygen or generates lactic acid when making ATP, the energy currency of all cells. It appears that this switch can be moved in the direction of greater oxygen utilization by exposure to ozonides (molecules that are formed when ozone reacts with biological molecules). It therefore stands to reason that fatiguing illnesses characterized by poor oxygen utilization can be treated effectively with ozone administration. Ozone proponents also believe that the antimicrobial effects of ozone may be partially responsible for the favorable clinical responses that they have observed. Microorganisms lack the enzyme systems that allow human cells to recover from oxidative stress. Therefore, the oxidative effects of ozone are selectively toxic to these organisms. Ozonating the blood won't kill organisms living in the tissues outside the blood but its effects on circulating pathogens may favorably modulate the immune response to those residing elsewhere in the body.

Risks: The probability of sustaining a permanent injury related to MAH is low. Some patients experience chest pressure, headaches, lightheadedness or a dry cough during or in the first 1-2 hours after the procedure. Others may experience a mild to moderate worsening of their underlying symptoms that can last as long as a few days. This is consistent with a Herxheimer (aka Herx or die-off) response that can happen when unwelcome microorganisms are treated effectively. Most IV therapies carry some risk of local swelling, bruising or irritation at the catheter insertion site.

Contraindications: We do not recommend the use of these therapies in patients who have any of the following conditions:

1. *Pregnancy:* an abundance of caution is generally recommended when it comes to pregnant patients seeking non-essential medical procedures.
2. *Thyrotoxicosis:* acute hyperthyroidism should be controlled before considering either treatment.

Cost: Insurance carriers consider MAH to be an experimental procedure and do not cover the cost. There are no CPT codes to describe MAH so it is not possible to submit a claim. Current prices are available at www.soundclinic.com. Payment in full is due at the time of service.

Expectations: Neither the Sound Clinic nor any of its employees makes any warranties or guarantees about the efficacy of MAH for any given condition. There is some evidence of its usefulness for various conditions, most of which is published in Cuban or Russian medical journals and it doesn't rise to the high standards expected of new pharmaceutical interventions.

Alternatives: It goes without saying that 'doing nothing' is an alternative; MAH is not considered necessary treatment for life- or limb-threatening conditions, and even those can be refused. MAH is an intervention that we don't typically consider unless less expensive, invasive and/or risky procedures are not available or have been tried and failed.

Printed Name of Patient or Guardian

Signature

Date