

New Research Reveals Readily Available Hyperbaric Oxygen Therapy is a Safe, Effective Treatment for PTSD/TBI/Concussion

According to the TreatNOW Coalition, data from over 1,900 subjects and published government and worldwide studies of treatment for PTSD/TBI/Concussion reveal that Hyperbaric Oxygen Therapy offers statistical and clinically significant improvement in patients suffering from brain damage caused by blasts, concussions, car accidents, falls and stroke.

Washington, DC ([PRWEB](#)) August 23, 2016 -- Data on the safety and efficacy of Hyperbaric Oxygen Therapy (HBOT) for PTSD/TBI/Concussion will be released during HBOT 2016 in New Orleans, September 9-11 (www.hbot2016.com). Over the three-day conference, and particularly at the free Public day on Saturday the 10th, experts and citizens will explain the evidence that pressurized oxygen helps heal the underlying wounds to the brain which are untreated by Concussion protocols and addictive drugs.

The TreatNow Coalition, together with the International Hyperbaric Medical Foundation and the American College of Hyperbaric Medicine, is focused on the use of HBOT to urgently treat PTSD/TBI/Concussion in service members and millions of citizens suffering from the myriad consequences of brain injury. "We have spent the last eight years building coalitions of civilian physicians and clinics to provide safe and effective care to more than 1,900 veterans, active duty service members, professional athletes, first responders, fire and police, and civilians who have suffered head injuries. Nearly all have experienced significant, often life-altering, improvements in brain function. In more than 30 cases, we have helped heal special operations warriors who were at risk for medical discharges due to head injury," according to Robert Beckman, PhD, Director of the TreatNOW Coalition. He points to published clinical trials that led the Israeli Defense Forces to make HBOT the standard of care for TBI. He also cites new research by DOD/VA/Army that shows that blast waves cause physical brain damage that may be responsible for the symptoms of PTSD, once known as "Shell Shock". The importance of this discovery cannot be overstated: this is a DOD finding with documented evidence that blast injury, [IEDs, breeching, whether in training or combat, enemy and/or friendly fire] can lead directly to physical brain damage and PTSD. Put another way, over 350,000 veterans with diagnoses of PTSD may well be suffering physical brain damage/TBI.

These data coincide with soon-to-be-published data reinforcing worldwide research showing that HBOT is safe and effective at helping reduce symptoms of PTSD. According to data to be discussed at HBOT2016, "(t)here is sufficient evidence for the safety and preliminary efficacy data from clinical studies to support the use of HBOT in mild traumatic brain injury/ persistent post concussive syndrome (mTBI/PPCS). The reported positive outcomes and the durability of those outcomes has been demonstrated at 6 months post HBOT treatment. Given the current policy by Tricare and the VA to allow physicians to prescribe drugs or therapies in an off-label manner for mTBI/PPCS management and reimburse for the treatment, it is past time that HBOT be given the same opportunity. This is now an issue of policy modification and reimbursement, not an issue of scientific proof or preliminary clinical efficacy."

The current concussion protocols of "Watchful Waiting" and repeated cognitive tests are wholly unacceptable standards of medical care for concussion or any head injury given that effective, brain-healing therapies are readily available, according to TreatNow. Regardless of the type of head injury, research has shown that underlying neurological and vascular brain damage can lead to long-term, potentially fatal, conditions that do not heal themselves. Meanwhile, evidence-based clinical success with head injury HBOT treatment protocols worldwide continues to accumulate. Unfortunately, military medicine and the Veterans Administration rely

heavily on the use of unproven and untested interventions and unproven and potentially suicidal psychoactive and other billion dollar drugs.

Tragic stories of veterans and athletes suffering long-term debilitating consequences of brain injury, the escalating numbers of reported concussions in sports at all levels, and the recently revised VA numbers of 20 veteran suicides a day have focused media and public attention on the individual and societal costs of head injuries. Yet treatment has been available for more than 30 years. It is known that a single blow to the head, multiple impacts or a blast waves, whether from sports, car wrecks or combat, can lead to cognitive impairment, degenerative brain damage, depression, dementia, thoughts of suicide, PTSD, post-concussion syndrome (PCS), and chronic traumatic encephalopathy (CTE), and myriad other complex diagnoses. According to the Centers for Disease Control, there are nearly 2.5 million emergency room visits for traumatic brain injury (TBI) each year in the US. The Rand Corporation puts the numbers of veterans living with brain injury at more than 420,000, with some estimates nearing 800,000.

The medical establishment has been slow to adopt new, proven therapies to treat injured brains. Conventional passive and palliative care approaches costing billions, including drugs and unproven, often negative interventions, aim to treat symptoms, not underlying physiological and neurological damage. Beckman summarizes: “While the brain-wounded wait, they and their families suffer, and underlying damage goes untreated.”

The TreatNOW Coalition is a group of citizens, veterans, institutions and service organization working pro bono to get help to our brain injured service members, first responders, fire, police and others suffering from Post Traumatic Stress Disorder (PTSD), Concussions, and Traumatic Brain Injury (TBI).



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