

## LETTER

### ***To the editor:***

I enjoy reading in the *Journal of Hyperbaric Medicine* and the UHMS is to be congratulated on the production of this much-needed journal. I feel compelled to write a letter to the editor in regard to two items published in Volume 2, No 1 regarding the use of HBO in MS; an article by Dr. G. B. Hart and an abstract of a discussion by Dr. Bates.

Having had much to do with this original MS therapy, and having treated over 1100 cases, I feel very strongly that there remains a subset of MS patients for whom hyperbaric oxygen is indicated. Dr. Hart's work, as usual, was very well done and carefully controlled, but I question the choice of using chronic progressive patients with Kurtze grade VI for evaluation of any type of therapy. Certainly, if anything is to be accomplished therapeutically in MS it should be, according to Philip James, in the early stage of monosclerosis, or before marked demyelination and glial scarring have progressed to produce Kurtze category VI.

Fourteen double-blind controlled studies have been performed to date. Many of these studies have been seriously flawed, often with the authors misinterpreting their own results. Analysis of these studies with statistical reevaluation has been presented in Switzerland (October 1986) as well as the Gulf Post Branch of the UMS (June 1986) by Neubauer et al. (1, 2).

Second, I would like to comment on the conclusion of Dr. Bates' abstract questioning a charitable institution's expenditure of thousands of dollars on a so-called "worthless" therapy (HBO). I have personally answered Dr. Bates in a London meeting and I disagree completely with his unjust conclusions. Currently, under the advice of Dr. David Perrins and Dr. Philip James, there are 6000 multiple sclerosis patients receiving hyperbaric oxygen therapy in the United Kingdom. To treat a patient with MS 20 times and expect any type of long-lasting result is not reasonable. The ARMS Society patients adopted my original protocol and modified it to a workable approach to this disease. These self-help centers are able to treat patient 2, 3, 4, and 5 times a week at a cost of approximately 6 pounds (\$10.00) per treatment.

Current methods of measurement, with the exception of evoked potentials, reflect only gross changes in the disease. Subjective improvements, although markedly important, are not measurable. Therefore, one must depend on Schumacher's dictum; that the only reliable index of any type of therapy is if a substantial number of patients are improved at the end of a 2-yr period. Long-term positive observations by Pallotta and this author are now being substantiated by the 2 and 3 yr follow-up data in the ARMS study.

There is no question that HBO is an efficient, inexpensive, safe, and harmless method of controlling this disease and in many cases altering its natural history.

The subset of patients responding favorably to this treatment needs to be identified.

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### **References**

1. Neubauer RA, James PB, Gottlieb SF. A critique of recent studies of hyperbaric oxygen in multiple sclerosis patients. First Annual Hyperbaric Medicine Symposium of International Foundation for Hyperbaric Medicine. Basle, Switzerland, October 13-14, 1986.
2. Neubauer RA, Gottlieb SF. Critique of recent studies in hyperbaric oxygen and multiple sclerosis. Proceedings of the 11th Annual Conference on Clinical Application of Hyperbaric Oxygen, Long Beach, CA: 1986.