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Scientific evidence about Ozone Therapy in Pain Medicine [abstract]

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ABSTRACT

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Purpose. To compare the level of recommendation of ozone therapy in pain medicine with the established techniques in a pain unit.

Design. We used the SIGN (Scottish Intercollegiate Guidelines Network) Guide 136 developed in 2013 to evaluate the recommendation level of the different techniques used in pain units. As some interventional techniques are not included in this study (radiofrequency, peripheral blocks, neurostimulation, morphine pump infuser), other studies were included from IASP (International Association for the Study of Pain) and Spanish Foundation on Rheumatology to complete our evaluation.

Results. A very few techniques in pain units are have a grade A recommendation (very high). Most of them (drugs, physical therapy, psychologically based interventions, radiofrequency and peripheral blocks) have a grade B (high) or C (moderate) level of recommendation.

Ozone has a B level of recommendation for osteoarticular pain and for mixed pain (lumbosciatalgia) and a D (low recommendation) level for neuropathic pain and central pain.

Discussion. The integration of ozone therapy inside orthodox medicine is difficult because many colleagues have prejudices against it due to ignorance. We must create evidence, compare to standard procedures and show the results in meetings and publications so all the scientific community gets aware of the real situation.

In this case, pain medicine, ozone has the highest number of publications and the highest level of evidence.

Conclusion. Ozone has enough level of recommendation so as to be included as a standard procedure inside pain units.

Grade D and C indications and others with a physiopathological concordance with, should be studied in randomized control trials to expand ozone indications in pain medicine.

Grade B indications should be better studied to reach an A level if ethically possible.

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