



14 August 2016

**Ms. Jacqui Lambie**  
**Australian Senate**

PO Box 264,  
Burnie 7320,  
Tasmania, Australia

Hi Jacqui, congratulations on your passion and pride serving this great country.

You may be unaware of the use of Hyperbaric Oxygen Therapy (HBOT) in the treatment of chronic neurological conditions including Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD), Shock Blast, Concussion Syndrome and other disorders.

In 2014, the USA State of Oklahoma established The Veteran Traumatic Brain Injury Treatment and Recovery Act (The Act). The Act is the culmination of 14 years of submissions by the International Hyperbaric Medicine Association (IHMA) and other world leaders in HBOT and neurological applications. There are now some 14 USA states funding HBOT for returning veterans and across other states there are numerous 'not for profits' established assisting veterans with HBOT.

More than 40% of active duty warriors and returning veterans suffer or will suffer from combat related Traumatic Brain Injury (TBI), Post Concussive Syndrome (PCS) and Post Traumatic Stress Disorders. Sadly, many will never get diagnosed. Left untreated even mild TBI and PCS can lead to major physical, psychological and cognitive issues.

An alarming number of suicides are directly correlated with TBI and the negative cascading effects of continuing brain injury. To make matters worse there is a direct correlation with suicidal rates and pharmacological treatments i.e. Risperdal.

<http://www.cchr.org/documentaries/the-hidden-enemy/military-drugging-profiting-from-ptsd.html>

From 2001 to 2009, the Army's suicide rate increased more than 150% while orders for psychiatric drugs rose 76% over the same period. These soaring statistics cannot be attributed to the horrors of war, as 85% of military suicide victims had never even seen combat. This suggests that the PTSD diagnosis is being

widely handed out to active-duty and vets to justify putting more and more of them on cocktails of prescribed mind-altering drugs from which they may never recover.

Hyperbaric Oxygen Therapy or HBOT is breathing 100% Oxygen at pressure.

Typically, the HBO pressure for brain injury is considerably less than the conditions covered under Medicare. HBO pressure for brain injury are between 1.5-2.0 ATA using 100% O<sub>2</sub>. Medicare conditions are typically at 2.8 ATA and greater.

The human frame is Oxygen dependent. Hyperbaric Oxygen Therapy can heal wounds throughout the body including the brain and spinal cord.

HyperMED located in Melbourne, has over 20-years' experience treating using HBO for neurological and other chronic autoimmune related conditions.

HyperMED protocols are in accordance with the International Hyperbaric Medicine Association (IHMA) which is the peak body in the USA. HyperMED is supported by the IHMA.

I am an invited speaker at the 10th International Hyperbaric Medicine Symposium (IHMA) in New Orleans this coming 9-11 September.

HyperMED | OXYMED Australia has approached numerous philanthropic groups including Soldiers-On, Walking Wounded, Mates for Mates etc. with the offer to provide FREE HBO for immediate returning war veterans suffering the effects of TBI, PTSD, Shock Blast and Concussion Syndrome.

In 2013, the Sydney based Human Performance Wing were directing our veterans to 'privately' attend the USA for free HBO at various not for profit HBO facilities including 'The Patriot Clinics' and also the 'Rocky Mountain Hyperbaric' in Colorado. The HPW commenced this referral network during the period of my lengthy legal battle (66-sitting days) in VCAT.

In 2009, the newly formed Australian Health Practitioner Regulation Agency (AHPRA) under the direction of Beth Wilson Health Services Commissioner decided to challenge the basis of my treatments.

In the VCAT, the applicant's senior council Dr Ian Freckelton Professor in Law, informed the Tribunal that this case as a 'test case' under the new National Law.

Allegations against me were that my treatments were 'novel and unique' and 'not supported by the greater percentage of medical doctors or medical organizations in Australia'.

The treatments included Hyperbaric Oxygen Therapy for neurological and orthopedic disorders and Lokomat (Robotic Gait Assisted Walking). The adult and pediatric Lokomat is a \$750,000 sophisticated robotic walking machine designed to assist the functionality of adults and children suffering the effects of brain and spinal cord injury.

The 'novel and unique combination of HBOT and Lokomat' being a world first!

Dr Freckelton referred to the 70-conditions listed on my (2007-2010) website as 'junk science' and without clinical efficacy. However, when I pointed out the fact that the list of 70-conditions came directly from the

highly respected 'Textbook in Hyperbaric Medicine' by Professor K. K. Jain "International Conditions Treated Using Hyperbaric Oxygen Therapy". This was summarily dismissed by the Tribunal.

Unfortunately, the rules of evidence do not apply in VCAT and one wonders how Natural Justice is afforded.

The VCAT final orders ruled I was of 'good character' and 'unyielding in my beliefs'.  
The VCAT final orders stated that Dr Hooper 'relies on his texts' which are his 'Holy Grail'.

Of the 70-conditions, I was challenged as having 'no science'; the applicant and AHPRA dropped over 40-conditions during the substantive hearing and failed to get up its requested 'prohibition order' to restrict the use of HBO for another 21 conditions.

The VCAT final orders did not address the issue of Lokomat, and appeared to have been dropped entirely. The dropping of Lokomat is possibly because the Royal Melbourne Hospital in 2013, was also fund raising to purchase their own Lokomat and advertising the exact same conditions I was being held to account in the VCAT.

The AHPRA and media have taken the flawed approach of attacking the individual.  
In my case, I was a former chiropractor however have not been a traditional chiropractor for over 25 years.

The VCAT final orders ruled that there were NO restrictions imposed on my professional activities or patient conditions I have been treating using HBO for the past 20-years.

However, as a 'deterrent to others Dr Hooper is de-registered as a chiropractor for 2-years' and 'with all costs awarded against him'. The fact that I have not been a traditional chiro for over 20-years makes absolutely no difference to the running and operations of HyperMED.  
HyperMED is not a chiropractic clinic.

There is NO OTHER listed case under AHPRA where a practitioner is de-registered because he was found to be of 'good character' or where AHPRA drops '40 out of 70-conditions' and fails on its 'prohibition order'; and where the VCAT dismisses the applicants case and makes no reference to 50% of the treatments (Lokomat) in its final orders.

In stark contrast, Beth Wilson past Health Services Commissioner recently reports that under AHPRA there are currently in excess of 50 medical practitioners allowed to continue practicing without suspension or de-registration, with the presence of a chaperone to monitor their 'predatory and criminal sexual behavior'.

In the 3-year period since the VCAT orders, I only recently (March 2016) received a bill for \$144,000 from the applicant under the VCAT orders.

The Victorian Government Solicitors Office (VGSO) is the legal entity on behalf of AHPRA to run its case.  
The applicant's senior council was Dr Ian Freckelton, Professor of Law Monash University.

The VCAT is for the 'common man' and the common man would ask is it reasonable that a senior QC appearing for 66-days together with the extraordinary costs of the VGSO be at a total of \$144,000 if ALL costs were to be awarded against me?

I spent in excess of \$1 million defending my right to practice.

What was the true motivation behind Beth Wilson, AHPRA, VGSO and VCAT?

What was the true costs by the applicant, AHPRA, VGSO and Dr Freckelton to run this case?

Who paid their bills?

Why is the media being constantly used to serve the interest of others?

I am of the opinion that a Royal Commission is required into the conduct of Beth Wilson retired Health Services Commissioner who commenced the activity against me and supported by the AHPRA, the VGSO and the conduct of Senior Member Robert Davis VCAT.

Back to the issue - the average Australian is being denied the right to access non-hospital based and non-pharmaceutical therapies including Hyperbaric Oxygen Therapy and or Lokomat (Robotic Gait Assisted Walking) without having to second guess the efficacy of treatment or media misrepresentation.

These innovative treatment modalities are available in virtually all countries and many with government and third party funding for the same conditions I have specialized for the past 20-years.

In the meantime, our men and woman soldiers serving this great country are returning to Australian soil suffering the burden of war and slowly rotting back at home without appropriate elective care.

Our objective is to establish state by state representation that will ensure access for our serving men and women to HBO which may ultimately impact their condition and their quality of life.

Hyperbaric Oxygen Therapy for brain injury is an initial 6-week Treatment Protocol but the impact of treatment on the veteran is potentially for life!

For more information, visit [www.hypermed.com.au](http://www.hypermed.com.au) and go to the 'Aussie War Veterans' section on the top menu bar.

### **Several articles in support:**

Med Gas Res. 2015 May 28;5:7. doi: 10.1186/s13618-015-0028-0. eCollection 2015.

**All the right moves: the need for the timely use of hyperbaric oxygen therapy for treating TBI/CTE/PTSD.**

Stoller KP1.

Author information

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## Abstract

### BACKGROUND:

The modern age of hyperbaric medicine began in 1937; however, today few know about hyperbaric oxygen's effects on the body and medical conditions outside of diving medicine and wound care centers - a serious ethical issue as there are 20 US military veterans committing suicide every day directly related to Traumatic Brain Injury/Post Traumatic Stress Disorder. The problem is not whether hyperbaric oxygen is effective for treating brain injuries, but why the interference in offering this therapy to those who need it.

### DISCUSSION:

Up against black-boxed anti-depressants that are not efficacious, it should be a "no-brainer" to use a safe, off-label drug, but in the case of military veterans, every suicide might be seen as a tremendous cost saving to certain technocrats. The unspoken rationale is that if the military were to embrace hyperbaric oxygen as the efficacious therapy that it is then current active troops that have suffered injuries will come forward and seek treatment and benefits for their Traumatic Brain Injuries now that they know there is a viable therapy and in so doing troop strength will be decimated. So, to attempt to delay the acceptance of hyperbaric oxygen the Department of Defense has funded faux-studies claiming low pressure room air to be a placebo or sham, and then proclaiming there is no statistical difference between treatment arms and sham or placebo treatment arms. With few who understand hyperbaric medicine there is almost no one to call them on this subterfuge and prevarication. Many peer-reviewed articles have been published in the last decade that demonstrate hyperbaric oxygen is effective in repairing an injured brain even long after that injury took place. One of the most notable showed that blast-induced brain injured war veterans experienced a 15 point IQ increase ( $p < 0.001$ ).

### SUMMARY:

Hyperbaric oxygen is an efficacious, benign and humanitarian way to affect brain repair but it has not been adopted because it lacks patent protection and has no large corporate sponsors. It has also met interference because other agendas are present be they the protection of the status quo, myopic budgetary constraints, or perceived liability issues.

## Clinical results in brain injury trials using HBO2 therapy: Another perspective

Undersea Hyperb Med. 2015 Jul-Aug;42(4):333-51.

Figueroa XA, Wright JK.

### Abstract

The current debate surrounding the use of hyperbaric oxygen (HBO2) for neurological indications, specifically mild to moderate chronic traumatic brain injury (mTBI) and post-concussion syndrome (PCS), is mired in confusion due to the use of non-validated controls and an unfamiliarity by many practitioners of HBO2 therapy with the experimental literature.

In the past 40 years, the use of an air sham (21% oxygen, 1.14-1.5 atmospheres absolute/atm abs) in clinical and animal studies, instead of observational or crossover controls, has led to false acceptance of the null hypothesis (declaring no effect when one is present), due to the biological activity of these "sham" controls. The recent Department of Defense/Veterans Administration (DoD/VA) sponsored trials, previous published reports on the use of HBO2 therapy on stroke and mTBI and preliminary reports from the HOPPS Army trial, have helped to highlight the biological activity of pressurized air, validate the development of a

convincing control for future studies and demonstrate the effectiveness of a hyperbaric intervention for mTBI/ PCS.

Approval of HBO2 for neurological indications, especially for mTBI/PCS, should be granted at the federal, state and certifying body levels as a safe and viable treatment for recovery in the post-acute phase.

### **Hyperbaric Oxygen Improves Post Concussion Syndrome Years After Traumatic Brain Injury (TBI)**

Citation: Boussi-Gross R, Golan H, Fishlev G, Bechor Y, Volkov O, et al. (2013) Hyperbaric Oxygen Therapy Can Improve Post Concussion Syndrome Years after Mild Traumatic Brain Injury - Randomized Prospective Trial. PLoS ONE 8(11): e79995. doi:10.1371/journal.pone.0079995. Published November 15, 2013

Traumatic brain injury (TBI) is the leading cause of death and disability in the US. Approximately 70-90% of the TBI cases are classified as mild, and up to 25% of them will not recover and suffer chronic neurocognitive impairments. The main pathology in these cases involves diffuse brain injuries, which are hard to detect by anatomical imaging yet noticeable in metabolic imaging.

The current study tested the effectiveness of Hyperbaric Oxygen Therapy (HBOT) in improving brain function and quality of life in mTBI patients suffering chronic neurocognitive impairments.

Methods and Findings: The trial population included 56 mTBI patients 1–5 years after injury with prolonged postconcussion syndrome (PCS). The HBOT effect was evaluated by means of prospective, randomized, crossover controlled trial: the patients were randomly assigned to treated or crossover groups. Patients in the treated group were evaluated at baseline and following 40 HBOT (60-minute) sessions; patients in the crossover group were evaluated three times: at baseline, following a 2-month control period of no treatment, and following subsequent 2-months of 40 HBOT sessions. The HBOT protocol included 40 treatment sessions (5 days/week), 60 minutes each, with 100% oxygen at 1.5 ATA. “Mindstreams” was used for cognitive evaluations, quality of life (QOL) was evaluated by the EQ-5D, and changes in brain activity were assessed by SPECT imaging. Significant improvements were demonstrated in cognitive function and QOL in both groups following HBOT but no significant improvement was observed following the control period. SPECT imaging revealed elevated brain activity in good agreement with the cognitive improvements. Conclusions: HBOT can induce neuroplasticity leading to repair of chronically impaired brain functions and improved quality of life in mTBI patients with prolonged PCS at late chronic stage.



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