



STEVE HILL

An oxygen chamber ended my years of agony – why is the NHS hellbent on axing them?

By **Antonia Hoyle**

For Jae De Wylde, unrelenting pain was an unwelcome part of life. It began in 2004 after a simple operation to fix a knee-tendon injury triggered the nerve condition reflex sympathetic dystrophy, in which a virus enters the nervous system, causing pain throughout the body. It is incurable and usually gets worse over time.

The 53-year-old novelist from Bourne, Lincolnshire, says: 'I took painkillers and tried physiotherapy, osteopathy and acupuncture but nothing worked. At its worst, I was hobbling around with a stick. My GP didn't know how to help.'

Then, in 2006, Jae's NHS specialist referred her for sessions of a treatment invented in the Thirties to treat deep-sea divers suffering from decompression sickness. It brought an end to her pain and she no longer needed medicine.

Hyperbaric oxygen therapy (HBOT) involves breathing pure oxygen while sitting in a sealed steel and concrete chamber. The atmospheric pressure inside is increased by pumping air, which cannot escape, into the chamber. The oxygen is usually delivered via a mask.

Each session, which can take up to five hours, costs between £180 and £1,000.

By the Fifties, the therapy was being used to treat carbon monoxide, cyanide and hydrogen sulfide poisoning.

Since then it has been advocated for an array of illnesses from strokes to multiple sclerosis (MS). Proponents believe it works because the pressurised oxygen is dissolved into the blood plasma and body cells,

tissues and fluids at up to ten times the normal concentration, stimulating blood flow and healing damaged tissue.

For Jae, who had treatment in an oxygen chamber at the Edith Cavell Hospital in Peterborough, Cambridgeshire, HBOT was effective where nothing else had been. Between July 2006 and October 2007 she spent two hours a day, five days a week lying on her back on a trolley in a one-person chamber. 'Within a month the pain started to subside,' she says. 'I felt well enough to exercise, which helped manage the pain and enabled me to think positively.'

'It was as effective as any painkiller I had been given up to that point. I only stopped going because I moved to Dubai with my husband in 2007 and for three years I was pain-free.'

'In 2010, the discomfort started again and I've since been put on painkillers that help. What I really want is HBOT, but the chamber I went to is closed and my consultant says I am no longer eligible for treatment.'

Jae's is just one of thousands of similar stories. 'Getting funding for HBOT on the NHS is a post-code lottery,' says Pieter Bothma, medical director at London Hyperbaric Chamber and East of England Hyperbaric Unit.

'We have had problems getting it for very deserving cases in the past few years. We have had to turn people away because primary care trusts [PCTs] have denied funding.'

In July 2008, the Public Health



PURE RELIEF: But novelist Jae De Wylde, top, is no longer eligible for treatment. Above: An HBOT chamber in a hospital

Commissioning Network drafted a national policy with a traffic-light code to classify conditions recognised as benefiting from the therapy.

Only patients with decompression illness received the green light and automatic funding. Amber conditions – meaning funding may be considered on a case-by-case basis – included acute carbon-monoxide poisoning and diabetic foot ulcers. Everything else was coded red, advising that funding should be denied.

The policy was adopted by all PCTs in the East of England and one PCT in London, much to the frustration of Philip Sayer, managing director of London Hyperbaric Medicine.

'The sole purpose was to save money,' he says. 'In the group classified as red were eight

conditions we had treated for a decade and for which we had almost always received funding from PCTs.'

The MS Society runs dozens of chambers and to date its MS Therapy Centres have carried out more than two million oxygen treatment sessions on sufferers.

It expects users to become members of the centres, and make a minimum monthly donations of £20 to fund the treatment.

The charity believes that HBOT helps dilated and leaky bloody vessels symptomatic of sufferers to constrict back to normal size, thereby limiting nerve damage.

But Sayer points out: 'They don't have doctors and nurses and it is questionable as to whether they comply with health and safety requirements.'

Last November, as part of the new NHS Bill, the NHS Commissioning Board set up a transition team to ascertain which conditions should be tackled with HBOT.

'For the first time in 12 years they are forming clinical reference groups for specialist services,' says Sayer. 'Hopefully, they will come up with a national policy to implement.'

Jae, whose debut novel, *The Thinking Tank*, was inspired by her experiences in an oxygen chamber, believes that the therapy saved her from a lifetime of unremitting pain.

'I don't doubt for a second how efficient HBOT is,' she says.