

Updates on Ebola and Ozone Therapy: A Special Interview with Dr. Robert Rowen

By Dr. Joseph Mercola

DM: Joseph Mercola

RR: Dr. Robert Rowen

DM: The most tweeted term in 2014 was “Ebola.” Hi, this is Dr. Mercola helping you to take control of your health. Today, I’m joined for a follow up interview by Dr. Robert Rowen, [who is] an expert in ozone therapy and oxidative therapy. He is here today to give us an update on his experience on travelling to Africa, specifically to Sierra Leone and what happened there, so that we can get a better idea and understanding of this therapy and its impact on Ebola. Welcome and thank you for joining us today.

RR: Thank you for having me back, Dr. Mercola. Dr. Howard Robins and I traveled to Sierra Leone around the third week of October, and it was supported generously by donations from people who just came out of the blue, to donate money for materials. The materials we had were syringes, needles, and butterfly needles. Longevity Resources Inc. from Canada donated 10 ozone machines. Royal Air Maroc got 37 boxes of cargo on our own plane, very kind of them to do that.

DM: Are those machines still in Sierra Leone?

RR: Yes, they are.

DM: Excellent.

RR: They’re still there. So we got to Sierra Leone, and we were looked after and housed, very graciously, by Dr. Kojo Carew – a national hero during their blood diamonds era. The next day, the very first day, we were taken to a large meeting hall where there were probably around 100, maybe even more people, there to hear us speak. There were doctors, some extraordinarily skeptical doctors. Now, these are well-trained doctors; they are not US-trained doctors but they know their stuff.

They came in very skeptical. One was the chairwoman of the Sierra Leone Medical and Dental Association, and she was hot to trot. By the time she left Dr. Robins and me, she had really melted. She became friends [with us]. By the end of the week, she was actually receiving treatments from us and she did a treatment on me, to learn how to do it.

We presented our materials. It really wowed the people, but conspicuously absent was the Ministry of Health. They didn’t come and I wasn’t made acutely aware of that. Over the next couple of days, Dr. Robins and I trained a lot of people there; how to do this method of Ozone, which involves Direct Intravenous Gas administration (DIV), and the Rowen-Robins protocol for Ebola, which involves couple of supplements and timing of administration of DIV or direct intravenous. Howard had to leave on Wednesday evening and I stayed for a couple of extra days. On Thursday, we went out to Hastings, the Sierra Leone government’s own Ebola treatment center, expecting to begin treating patients. For the previous three days, we were going from meeting to meeting. We’ve met with the president twice.

DM: This is the president of the country, Sierra Leone?

RR: Yes. We met with the president of the country, two times.

DM: And he invited you there originally, is that correct?

RR: Yes, the invitation came from his office.

DM: Okay.

RR: We met with him twice. We were invited to his residence in the evening where he asked us to do a treatment on him. I got to say, I really admire him for that because here, he was putting himself in front of all of his people saying, "I'm willing to do this." And he did it. There was no problem. So we had to go through one meeting after another after another and finally, we met with Paolo Conte on Wednesday, who is their defense minister and recently appointed their Ebola czar.

After we told him the story, he had one question for us, "Why isn't this being done already?" We laughed and said, "We think we need you to ask your other ministers why it hasn't been done." We thought we had clearance now from their top brass. And in the next day, we go out to Hastings and we start training all of their staff how to do this, and they are asking the right questions too. And in the middle of training their staff and their doctors how to do this, a call comes in from the assistant minister of health, telling the military major in charge of the facility, "If you value your job, there will be no ozone at Hastings."

Shortly after that, a call came in from the minister of health himself, reaffirming that. Well, I'm a fairly calm person under most situations. I'm slow to anger but I got to tell you, Dr. Mercola, I exploded. In full view of everybody there, their whole staff, I just came unglued. I went to the major and said, "You know, as far as I'm concern, this is an illegal order. It's a crime against humanity." I told the entire staff, "You're all at risk; some of you are going to die. We came here [and] that you're the president's top priority." He told us, it was protection of the front line. This was his top priority, and now it's being undermined. I just came unglued; they all knew. They were actually surprised.

So, no treatments were done on patients; however, we continued to train the staff. For whatever reason, that wasn't stopped; they all went with the treatment. In fact, they lined up to get treated. They vied for position to get treated because they knew it could be shut down any moment. Well, I've posted on my Facebook page and I really encourage your viewers to go there. One doctor we trained, Dr. Sekou Kanneh, and I think that's his picture actually doing the treatment on somebody during his training.

We left... I left Saturday night and I thought, "Well, this isn't going to go very far because there are some problems with the government."

DM: Before we go on, I want to stop there because [of] the obvious question. You were there through the request of the president of the country. He actually received the Ebola treatment himself. So, one would assume, in most circumstances, that's the highest level of authority. I mean, that's the normal assumption, wouldn't it be? What are the pernicious influences that catalyzed the order from the minister of health? How can the minister of health override the president?

RR: Well, there might be ways to do it legally. There might be policies and procedures that they have to follow with regard to a therapy that they are not accustomed to. That's a possibility. Yet, I find it interesting that they let ZMapp in, which is not tested; that they're going to allow Amiodarone, which is a highly toxic drug and proven not to work, and they are letting that in.

DM: That is used for cardiac...

RR: Intro fibrillation.

DM: Those are some of the most dangerous drugs on the market.

RR: That's a very dangerous drug. And yet, there's a new slash that they are going to try that drug. Here's what happened that night; the night that we were refused to treat Ebola patients, I went on their

National Encounter. It's like our 60 Minutes, only this is a confrontation. There were three Sierra Leonean government officials there and me. They were trying to tell the people on national television, "We're winning the war. We're winning the war. We're getting money. We're getting money to bury bodies that are infected. We're getting money to dig graves."

DM: Was this all in English [language]?

RR: All in English [language]. English is the primary language. And then, Samuel Valcarcel, he is the host, he turned to me after he heard it from the three and he said, "Dr. Rowen, I assume you have a different perspective on this, yes?" I said, "Yes, Val, I do. In my humble opinion, your nation is facing on an unprecedented catastrophe of biblical proportions. You can't even imagine what's coming down here, and I disagree with these men"

[---10:00---

One of the very hostile ministers said to me, "You've come here to experiment on the African population." And I said, "Aren't you experimenting with them with the virus that kills 60 percent of the people, and the only thing you have for them is IV fluids and may be convalescent serum which is very tight and hard to get?" Then I turned to other minister who was seating next to me and I said to him, "Sir, let's say your mother gets Ebola and is carted off to Hastings Ebola Treatment Center where she has a 60 percent chance of death, maybe even more. And you have ozone therapy around. You know it's not toxic; you have no known toxicity. You have a plausible reason to use it because ozone has been shown to modulate the immune system, kill viruses, and kill pathogens. Would you not give it to her?" This guy wasn't the one who is openly hostile; he had no answer for me, none.

That was national television that night. The next morning, Kojo gets a call from the Sierra Leone Foreign Minister. He asked Kojo if he would treat his whole family, his mother especially, who lives in an Ebola infested area. She doesn't have Ebola, yet, but she lives in the area, and the foreign minister now wants us to treat the whole family. I didn't have to come unglued on that phone call like I did at the Ebola center. I just looked at Kojo and he read my mind. The supplies that were donated were donated for Ebola victims, period. End of story. They weren't to be used for prophylactic treatment for government ministers.

If we can't get to the Ebola patients ourselves, I wasn't going to authorize release of materials I was entrusted to. They we donated in trust to Dr. Robins and me, and subsequently, I give and trust to Dr. Carew for Ebola victims. We agreed that that kind of thing wasn't going to happen. We've had to wait now with a great deal of pain on our end, and even more pain, and horrible human suffering on the Sierra Leoneans for a couple of months now.

I came back around October 24th to 25th. I was placed in three weeks semi-quarantine. They came to my house every day to monitor my temperature. They even came to me in Las Vegas on the last two days when I was on the podium, speaking about ozone at an American College for Advancement in Medicine (ACAM) and it was funny. While I was on the podium, they came to check my temperature. They did due diligence. And listen, I wasn't actually treating Ebola, I was training the people who would be treating Ebola. Huge difference.

So in the meantime, here's what happened: a doctor, Dr. Kanneh, who we trained and I met at Hastings, sticks himself with an Ebola infected needle. He is scared to death to get tested. Why might you think he would be scared to death to get tested?

DM: He would be refused ozone therapy.

RR: Yeah. Their policy is, if you get tested... First of all, if you're suspected of having Ebola, you're thrown into a room with every other person who's suspected. And if you didn't have Ebola beforehand, you're probably going to have Ebola afterwards. This is what we're finding out now, after the fact. If you do test positive for Ebola, you're picked up forcibly in a paddy wagon and you're carted off to the "treatment center." Treatment center? Well, I'm finding out now that the people aren't really fed. If their families don't feed them, they don't get fed. At best, you're going to get IV fluids; thank god for that, at best.

Then, at best, they have 60 percent chances of dying. I should say 60 percent probability of dying. And in the case of doctors, I'm reading even yesterday, that 100 percent of Sierra Leonean doctors who have gotten Ebola have died, with the exception of two. The first one is Dr. Kanneh. Now, we cannot prove that he had Ebola because he wasn't tested. I certainly now understand why he didn't get tested; he knew he would be carted off and left to die, and I'll have a comment on my own situation with regard to that afterwards.

Then, Dr. Martin Salia gets it. He's another national hero. He's a physician and our team got to him while he was at Hastings. He just received convalescent serum, and was feeling a bit better. He was considered in fair condition at that point. Our team got to him and he refused to get treatment with ozone respectfully. I was really surprised that we were even allowed to get to him to offer ozone, considering what was going on. So, he refuses, and the next day, he goes in to critical condition. He's evacuated to the United States and then a day and a half after that, he's dead, sadly. That was huge loss for Sierra Leone. Dr. Salia was a really good man, I hear. Very caring. He could've stayed in this country. Dr. Carew could be in this country. Dr. Salia chose to live and work in Sierra Leone for the people there. I feel very sad about that.

In the meantime, here's more news. Dr. Salia's first tests were negative. Everybody was in jubilation; people embraced him. And in Sierra Leone, you're not allowed to shake hands or touch people, for obvious reasons. We didn't even shake hands with the president. We said to him, "You know Mr. President, we have one request to [inaudible 16:43]." He says, "What's that?" We said, (this is Dr. Robins actually talking to him) "We'd like to be able to come back to Sierra Leone on your invitation and physically shake your hand." And he smiled. That was the only thing we're asking for in all of these, and he smiled and shook his head. That remains the only thing we requested for this up to this day. We gave up five weeks of our lives to this, including out of office and quarantine time.

Captain Dr. Komba Songu Mbriwa, who is a physician, evidently and spontaneously hugged Dr. Salia after his initial test came back negative. Now, mind you, Dr. Salia already had a fever and was symptomatic, but the test was negative, which is not uncommon. Dr. Mbriwa subsequently comes down with Ebola, confirmed test [came out] positive, symptomatic. We got to him and he agreed to get ozone, and believe it or not, it was Dr. Kanneh who administered his ozone. I got an email confirming this –all of these confirmation is by email, sorry. I don't have anything in writing; I would like to have Dr. Mbriwa's name on a piece of paper – but this was pretty well confirmed by multiple sources for us. Dr. Mbriwa gets treated with ozone and four days later, the government announces that he's free of Ebola. He actually posted something on his own Facebook page.

DM: Did the government's health ministry change their policy and allow it, because previously they had refused individuals from getting it? What allowed him to get the ozone?

RR: I don't really know what allowed him. I think Dr. Kanneh who was a Hastings physician hustled it into the center to treat him. I'm not really sure how it got there or if they looked the other way because he was a military physician. But even though he was treated with ozone, the government didn't acknowledge it publicly. In fact, while they publicly said, "We now have the Sierra Leonean physician who's survived Ebola," they didn't tell the world that he got ozone. The government itself, apparently, took the credit for

it. Now, I said apparently because I don't know everything that happened there. All I know is, there's been no mention that the man received ozone at all, and we know he did receive it and we know that he's the only confirmed physician case of a Sierra Leone doctor to have made it.

There's another thing to think about, Dr. Mercola. There's a difference between surviving Ebola and being cured of Ebola. I hope your viewers understand the difference. If I get Ebola, and I go on to critical condition with bleeding, hemorrhaging, and kidney shutdown, and I manage to survive like some of the people who have survived in the United States after all of this, I call that a recovery. Would you agree?

DM: Sure.

RR: Now, supposed I get Ebola, I have early symptoms; abdominal distress, fever, and I feel like crap. But I'm not hemorrhaging, not puking, and still eating, and I have a confirmed case. And I get ozone.

[---20:00---

In 24 to 48 hours, I'm symptom-free, and I remain symptom-free. Do we call that a recovery or do we call that a cure?

DM: That's on your definition.

RR: Yeah, because the natural course of Ebola is, during the 48 hours, everybody is going to go straight down the tube. Everybody. And maybe, 40 percent of the people will recover. Here, within 48 hours, we have two doctors who were totally symptom-free, and remain symptom-free. In my book, it's a cure. Maybe in the next person's book, it's a recovery. So, I don't care. We can call it a recovery but we can call it an Ozone Enhanced Recovery.

DM: That's terrific. Did you sought to attempt the assistance of the president, to collaborate the use of ozone and the physicians who are treated successfully? Did they acknowledge that the ozone was curative? I mean, that would seem to be a good resource since you've already got it in there.

RR: That's true. My only access to the president is one of his advisers, who is the key man who got us over there to begin with. I have communicated with him by email, and I don't get very much back. I haven't gotten back an email or two saying, that the president has directed the minister of health now to talk with your team, and I believe this is to be true, actually. I can see no reason why this didn't happen. But then, we get this email that the minister of health has been directed to do it, and there's still no action. In the meantime, people are dying, and I'm reading on the paper today about all these orphan children, and it's really breaking my heart; [they are saying] "Will you adopt me?" I saw on the news today.

DM: That's a sad story, when they got the solution that addressed the majority of the people that have this illness.

RR: Well, I can't sit here with my teeth and my mouth, and say that this is absolute 100 percent. But, what I can say is, it deserves to be put to a fair test. We now have one confirmed case with ozone who recovered in 48 hours, and another case, highly suspect, like 98 percent sure, who also recovered. I can understand why they're not moving immediately to put this out there because there's yet another doctor right now who just got infected. In the meantime...

DM: Is that Dr. Kanneh who received ozone therapy?

RR: Well, our team is trying to get to him. The saddest part of all, for me, and I'm talking now as human being; one of the doctors we trained at Hastings, whom I met, got Ebola last week or 10 days ago. And he asked for ozone; he begged for ozone, and was refused. He was transferred from Hastings, where it

could've been accessible, to another center where it wasn't accessible, and then he got renal failure, and he was transferred again for dialysis, and died. This is a man that I met and that I had hands-on training with, and my heart is broken because he was refused after he asked for it.

DM: Unless there's an armed car around, it almost seems the best course of action is to sneak out and get over your butt over to Hastings to get treatment. I mean, your life is at stake.

RR: Even at Hastings, you can't really get it because they're under an order from the Ministry of Health not to do it. For the life of me, I don't understand it. Now, yes, I'm finding out belatedly that there are some protocols that perhaps that should've been followed that I, as a foreigner, would've had no way of knowing. Maybe, Dr. Carew should have known. But you know, this came down from the president, just like you said. And it's a national emergency. People are dying, and it seems to me that, this is just my human being now talking, they should've bend over backwards to facilitate the hoops that we had to jump through.

One of the things they criticize me for was, this was on national television, National Encounter, "You didn't come to the Ministry of Health." I said, "Wait a minute, Dr. Carew invited you to come to our talks, and hear the scientific presentation, and be prepared for this. And you guys didn't come." At this point, I now have an email from the Office of the President saying he's directed them to go ahead and move ahead with this, and it hasn't happened.

Yes, maybe there are procedures and protocols for treatments that they're not familiar with because Africans are rightly concerned about being experimented upon. They're absolutely right. They are being experimented on with vaccinations, toxic vaccinations; you have chemicals, you name it. They are really concerned. I can understand that, but considering there's a 60 percent death rate, and we brought to them something that's out there, used around the world, millions and millions of treatment, has no known toxicity, do you think that the minister of health would have shown up on my doorstep, the day after that television program.

I invited him. I said to him, "I'm leaving in 24 hours. You have 24 hours to come to me, at Dr. Carew's house or Dr. Carew's hospital, and we can sit down and talk about this, and get it done. Otherwise, I'm 10 thousand miles away.", and of course, no action. Why do I think there's no action? This is my opinion: because there are billions of dollars at stake right now. Billions. In Sierra Leone, probably hundreds of millions in just burying bodies and incinerating them, and that's what they are talking about on the television, "Let's get rid of the infected body safely, incinerate them or bury them." There's millions of dollars there.

But with the world being terrified of Ebola, there are billions of dollars at stake on the vaccine, ZMapp or something else that Pharmas come up with, at expense and probably great risk, which is going to be absolutely worthless; not worth a dime. If you have a treatment like ozone, gaseous ozone, they cost in Africa, 25 cents per treatment to do. Apparently, in two cases, it only takes eight treatments or so to take care of the problem.

DM: To get all the treatment. It seems like there are two possibilities for the action that occurred with you in Africa now they've heard the whole story. One is that Pharma is somehow involved and has penetrated into the ministry, and sort of catalyzed their recommendation. The other is really expected to be more of a human nature component, which is pervasive throughout all cultures. It's not their idea; they're not really too enthuse about it even though there's an emergency going on, especially when their responsibility is for directing the whole thing. It would seem that if you had been wiser or had more insights into that, and been able to approach the health ministry first, and convinced them and make it their decision, by embracing it, I'm wondering if there's any evidence that you have encountered that supports either possibility?

RR: In terms of the health minister, you remember, they were invited to come to the talks.

DM: There is a difference between inviting them and going to them.

RR: I agree.

DM: There's a big difference especially in different cultures.

RR: I know. Now, remember, I'm a foreigner. So, I really can't be the one to go around and find the health ministry. I have to be taken to them. I think Dr. Carew made some assumptions that maybe weren't correct. I think he believed that simply because he had a directive from the president to go ahead with this, and the way would be clear. And we thought it was, especially when we got to their defense minister who's the Ebola czar and when we got the green light to go. And at the last minute, the Ministry of Health said no.

I think they might have been using these procedures and policies as – this is my opinion now, I'm speaking for me because I don't know for sure – as a weak excuse. I do think that there was big money involved, and I'll tell you another reason why. On my way back from Sierra Leone, I got a message from somebody saying, "Shut the f up." And I didn't understand what that was about...

DM: How was the message delivered?

RR: By email. I got it when I was at Casablanca airport. I didn't get it when I was in Sierra Leone. The message was sent to me by someone who is called by someone in the know in Sierra Leone saying, "There is so much money and so much power behind, how they're managing the Ebola clinic that I could be putting myself in danger by standing up to it?" That's why that message came to me because a phone call came from someone who knew.

Now, Dr. Mercola, I can't prove any of this. I don't have any evident writing, and I don't have a paper trail of anything. I'm only reporting to you what I know. I mean, what I know verbally and from emails.

[---30:00---]

DM: Sure. Well, it's good information. It's the only experience worldwide of an alternative therapy that's been showing documented to be effective

RR: Well, we're the only therapy in the world, to date, that has touched an Ebola patient, and within 48 hours, this documented patient, Dr. Mbriwa, is free of symptoms. To me, that really says a lot. The other thing is we're putting a catch-22 because I get emails, and on my Facebook page, there's posting saying, "Why don't you prove this works?" Well, how can I prove it works on Ebola when the only Ebola... I mean, even in Africa, on National Encounter, he says, "Why don't you do this in your own country?" Thank you.

DM: That's a big joke.

RR: That's a big joke.

DM: The only hope we ever had was to go to a third world country, and hopefully slide your way through the bureaucracy because there are less of them there and less potential of possibility to corruption.

RR: To me it was an oxymoron question because at that time, there was only one or two cases in the United States. What am I supposed to do? [Do I need to] go to New York and wade through 50 levels of government and hospital bureaucracy to beg them to do a therapy, which would never happen? It was an

oxymoron statement; I'm putting a catch-22. They say, "We want to see proof that this works". But Ebola is in Sierra Leone, West Africa; they've got it all, and I can't get to the patients to do it.

We drafted a wonderful informed consent. I mean, that's the most important you can do, is give somebody informed consent. If you were given an informed consent, you're just diagnosed with Ebola, they have a duty to tell you. The other side has a duty to tell you, that you have a 60 percent probability of dying with what we do. Wouldn't you agree with me that that's what they have to do?

DM: Sure.

RR: Because that's their statistics. My duty is to say, "I can't promise you that we're going to help you. I don't know, but we have no known toxic effects you missed. There have been millions of treatments done, many tons of millions of treatments done throughout the world and we have no reported toxicity or untoward effects. We know it modulates the immune system. We know that it kills viruses and bacteria on contact, although it might not work exactly that way in your body. And, it improves blood rheology, that means blood flow, and Ebola definitely damages your blood flow, that's what it does. So we have every reason to think it might help you and we have no reason to think it would harm you. Would you like to try?"

DM: That would certainly be a good question for them. But with respect to proving it, usually, proof of an agent is not done in humans first, it's usually the last stage. Typically, it's done in the animal models. I haven't studied it carefully enough to know if there are animal models for Ebola where it could be used.

RR: There are major issues with that, and I'm in agreement with you. Typically, that is done and that is one of the... I got an email from somebody in World Health Organization (WHO) who said ozone used on human beings is criminal in his opinion, criminal. Mind you, ozone is an approved therapy in Germany, Austria, and Italy. The German government has approved ozone machines. And [yet], he's calling it criminal.

The World Health Organization has said, "We're going to expand the criteria for treatment of Ebola because we need to find something that works because they're paralyzed; 60 percent of the people are dying." So they're rushing things like Amiodarone, which has a very high toxic profile.

DM: And it's expensive.

RR: It is three dollars a pill. Who knows how long it will take to work.

DM: That's going to need them more than one pill and your treatment is two dollars for the whole treatment.

RR: Probably.

DM: [It would only take] eight sessions.

RR: Yeah. Well, we didn't expect it to be. We were surprised. We thought it would take 10 days but both patients were better within two days. But the World Health Organization, let's finish on this line, he said, "You need animal studies." Well, how do I do animal studies on a pathogen that's absolutely lethal and is going to kill anybody who works with it? And how do you do an animal study on Ebola to begin with? You really can't.

So are you going to do an animal study on ZMapp? Are you going to do an animal study now on convalescent serum? Are you going to do an animal study on all the other stuff they are doing while

people are dying? I don't see that happening. They're rushing right to humans. And you don't have to study ozone because we know it's safe, because it's been in the literature for all these years.

DM: Yeah, there are decades of experience. It's a conundrum; you really made an impact in setting a precedent and establishing that this is an effective therapy for this highly pernicious virus. Congratulations.

RR: Thank you. In the meantime, we did get to treat Sierra Leoneans for other conditions. I did ozone injections on their knees, and in their backs. On my Youtube channel, which you've posted in the past, you can see that I have a file called Sierra Leone Collection, of some of their own physicians getting treated and what happens to them, and they're just amazed at their instant recovery. I know that that's going on but so far, we're paralyzed in getting to Ebola itself.

No, I believe – this is my own belief – that it's an issue of money, lots of money. I will tell you that the man who was criticizing me on the television, who was high Ebola official, I was told by news media that he was earning –this is in Africa– 110 to 120 thousand US [dollars] a year. So as long as Ebola keeps going on, he's earning as much as the common pediatrician does in this country.

DM: There are many variables or factors that contribute to not being adopted. Let's finish there and go on to some other aspects of ozone, sort of recap some of the previous positions. I'm convinced that it's a powerful therapy that everyone should have accessed to for a variety of conditions, not just Ebola. The likelihood of Ebola hitting your neighborhood in a developed world is pretty remote, if not none; this is not going to happen. So you don't have to worry about that. But there are other infections that you can get or diseases where infectious components is there, like Lyme disease, rheumatoid arthritis, or inflammatory bowel disease.

In these types of conditions, it makes a lot of sense to have access to clinicians who can administer this therapy or if you want to take it to the next step, like I did, actually purchase a unit yourself. You can have it available for yourself because there are some other indications that may have some preventive long term anti-aging benefits. I'm wondering if you can address those to really open people's eyes to the importance of this therapy, as an adjunct to supplement. To it's not a miracle cure-all, it's an adjunct to important lifestyle changes. But it's a supplement. It can have magnificent improvements.

RR: As a supplement, this is how I see ozone, it stimulates your body to do what God designed it to do. We're designed to be self-healing mechanisms. The bottom line in all healing is oxygen. Are you getting oxygen there, are you burning the oxygen, is the oxygen actually making energy? And ozone does all of those things. It also improves blood rheology, blood flow, and oxygen delivery from red cells. It modulates your immune system so that if you have inflammatory valve disease, it brings it down to tolerable. If you're infected with Lyme and your immune system is down here, it brings it back up to parity. The work of Dr. Velio Bocci and Cuban researchers have shown us.

To me, it's part of my overall... You know how I eat, Dr. Mercola. I eat a very pristine diet of organic, mostly living foods. I don't take a lot of supplements because I believe I'm getting most of it in my food and my testing shows that, but I do take ozone as a part of my overall program. I take it rectally, two to three times a week, because I believe it's highly anti-aging and it keeps up my immune system. And here I flew to Sierra Leone and when I do get sick these days, it's usually when I travel. I came back without nothing at all because I was taking ozone there and when I came back.

We have to be concerned more realistically, not about Ebola but about flu, influenza. We already know that the Centers for Disease Control and Prevention (CDC) has said that the current flu vaccine this year is worthless. Flu vaccines are crapshoot. Well, we don't have avian flu yet, but how long do you think it's going to be before it does come around?

[---40:00---

It has to. That's what came around in 1918. This is the course of nature and I really do believe that we're not going to get hit with Ebola, unless it's a terrorist attack. But we're going to, more likely, get hit with avian flu, which will spread by aerosol like wildfire. We do have evidence that oxidation therapies do help this type of thing. That goes back to a 1920 *Lancet* article by Dr. T.H Oliver showing that intravenous hydrogen peroxide cut in half the death rate from influenza pneumonia in 1920.

DM: Terrific. It's a powerful therapy. Out of personal curiosity, one of the more innovative therapies that's been adapted by conventional medicine is fecal transplants in an effort to treat some pernicious diseases like *Clostridium difficile* that can kill you. It's a bowel infection, usually secondary to antibiotic abuse. I'm wondering in conditions like that, it would seem that ozone, intrarectal ozone, might be more effective alternative than fecal medical transplant. What are your thoughts on that or if you have any experience?

RR: I don't have experience with it. Here are my thoughts, though: I think that both have value and merit. Ozone is not going to put in the organisms you want. If the organisms aren't there, they are not there. That's where fecal transplant could come into place. But ozone could make it much more habitable, and help your immune system assist that transplant to help your body.

DM: Okay, so it might be that [inaudible 41:44-41:46]. My approach would be a high dose of fermented vegetables and a healthy clean diet to replant that because if you have an optimally fermented vegetable, you can get up to 10 trillion, which is 10 percent of the bacterial concentration in your gut in just two ounces of vegetables. So you go through a pint of them, they essentially repopulate without the extents or the challenges of a surgical process.

RR: You have had some outstanding articles on your website on that, on fermented vegetables, like sauerkraut. And I hope your readers go back on what good it causes, because one of the best things you can do for your health.

DM: Yeah, I couldn't agree more. Especially this time of the year we're filming, it's getting closer to Christmas, which is the winter solstice, and most people don't have access to the sun. They're not getting vitamin D. And if you take oral vitamin D, you need to buy vitamin K2 to produce an optimally fermented food. That does a huge balance; it's just really an important nutrient.

I really appreciate all the updates and hopefully, this will inspire people and convince them that there's value to what we were talking about earlier, and to visit your site, look at your Youtube channel, consider for some of themselves for some of the conditions they may have, seek out a physician or clinician who can provide this therapy; because it is legal in the United States. It is not something that's outlawed like in Sierra Leone. What is the best way to find these resources?

RR: Good resources would be my own website, www.DocRowen.com. I keep a listing of people that I've trained personally. That doesn't mean there aren't other people out there; there are. www.OxygenHealingTherapies.com also, probably has the largest list of people who are doing oxidative therapies. American College for Advancement in Medicine has a listing of hundreds and hundreds of doctors in this country and worldwide. Not all of them do oxidation but this organization has recently fully embraced oxidation, and I'm their oxidation workshop chairman. We're teaching a lot of people how to do it. You could probably find doctors that way as well.

DM: Terrific, well said. It's a magnificent resource that could literally save your life or someone you love. It's important to know about it because you want your tool badly really potent and effective therapies that aren't going to kill you, but toxic side effects like so many conventional approaches do.

RR: Dr. Mercola, one thing your viewers ought to be aware of to. One of the largest killers in this country, and people don't realize it, are nonsteroidal anti-inflammatory drugs (NSAIDs) drugs. Would you agree?

DM: Sure, they are huge.

RR: It's a huge killer of people.

DM: It does lead to kidney disease, liver failure...

RR: Gastrointestinal bleeding.

DM: Gastrointestinal bleeding, yeah. There are lots of toxicity to them. And the result is chronic disability, aside from death.

RR: Right.

DM: You would want to stay away from them.

RR: I haven't had to prescribe NSAID drugs in 20 years. If you got to my Youtube channel, you'll see people who otherwise came in on NSAIDs with osteoarthritis or other arthritis, are in pain, and they leave absolutely in no pain. Or it might take several sessions getting ozone injections. Here's a treatment that is safer than aspirin. This is what really gets me...

DM: Safer. Or Tylenol.

RR: Yes.

DM: Which is not an NSAID but used similarly.

RR: Right, and you've done a great job educating people about Tylenol. These are dangerous drugs, people. These are very dangerous drugs; the longer you take them, the harder they are on your system. The NSAIDs might reduce your pain today, which they do, but they'll destroy your cartilage tomorrow, because one of their mechanism is just to block enzymes that cartilage cells need [in order] to grow. You can reduce pain and accelerate your arthritis tomorrow.

Now, we have therapy that is known to be safer than aspirin, and we can't get it in Sierra Leone to treat Ebola. Yet, we are treating it in Sierra Leone. It's not outlawed in Sierra Leone, we just can't get it to Ebola, but it's being done right now in the form of Prolozone. Your viewers right now could have access to Prolozone in ozone therapies for their chronic pain and aches, hopefully, to reverse their arthritis instead of allowing it to go on. I have people who were told they needed a joint replacement three and four years ago, and they are better today than they were three or four years ago.

DM: That's great. For those who are interested, is this approach a local one, or is it local and systemic too, like major or minor autoimmune therapy or intrarectal ozone?

RR: Excellent question. Generally, when you have pain in the joint, like a knee or hip, you treat it locally. If you want additional systemic therapy for other reasons just to support your body in general, then you can do that as well. You can get rectal ozone; I suggest sometimes to my patients to get a machine and do it at home and save money. And we teach them how to do it. They can get an IV, but if you have pain somewhere generally, it's a local treatment.

DM: And the prolotherapy is that just ozone injected or is it something else like Procaine?

RR: Procaine, right. The prolozone involves ozone injection by gas into a joint stings, and it stings for about 60 to 90 seconds; unless, you put a local anesthetic in. We generally put a local anesthetic in, it reduces the pain by well, over 90 percent, maybe even 100 percent. And you just feel a little pressure of the gas. That's the purpose of the Procaine and we put a little bit of vitamin B12 in, and sometimes, some folic acid, and sometimes some other additives to help stimulate the reparative reaction of the body.

DM: Perfect. Alright, I really appreciate your time and giving us an update on your travels to Sierra Leone.

RR: Okay, Dr. Mercola. Thank you very much.

DM: Alright, you're welcome.

[END]