



# STANDING ORDERS FOR UBI/MAH

Follow the standing orders as follows one to two times per week as the patient is able to schedule and tolerate.

NOTE: Healthy patients (athletes, anti-aging) can start Standard Dose at 60cc blood and 60 gamma of ozone.

NOTE: EVERY patient needs to have at least one Standard Dose therapy before going to Hi-Dose.

## MAJOR AUTOHEMOTHERAPY WITH UBI

1. Spike the IV tubing into 250ml bag of 0.9% saline. Add cuvette to IV infusion tubing and prep by draining 250ml .9% saline bag to 160ml through IV tubing as well as cuvette—holding cuvette patient side up. Cap the end of the tubing for sanitary purposes until you are ready to hook to the placed catheter or butterfly.
2. Draw 2000 units of Heparin into 60cc syringe.
3. Using 19-22G catheter or butterfly, draw 60cc of blood into 60cc syringe prepped with Heparin.
4. Attach IV tubing to butterfly or catheter, and flush line with 0.09% NS from IV bag.
5. Add 60cc blood syringe to 160ml .09% NS in 250ml bag.
6. Add 60cc 40 gamma ozone to blood.
7. Massage blood gently.
8. Administer ozone/blood mixture to patient at two drops per second.
9. Once the blood has reached the UBI machine, it will likely no longer drain on its own. Remove

it from the UBI machine and hang from the IV pole to continue to give as much treated blood to the patient.

10. When the blood will no longer flow to the patient, remove IV catheter or butterfly and wrap with pressure.

IF patient tolerates well, at the next visit, you can increase ozone gamma to 50, then 60, then 70, etc. However, do not exceed 78 gamma.

Past standard therapy generally maintained a 1:1 ratio of blood to ozone. However, now we know blood can safely accept more ozone than originally thought at a 1:3 ratio for desired effect — especially if blood draw proves difficult. (I will still do IV therapy if I can get 30cc of blood – anything less and I use the blood for Minor Autohemotherapy.

You can go up to 240ml of blood to 480ml of 78 gamma ozone.

## PROTOCOL:

Do therapy **TWO to THREE times per week** for chronic or late stage disease or for those wanting to be aggressive for faster results. **ONE time per week** is great for anything, however **TWO times per week** is better for those who are very sick. Do this for **TEN treatments** and then reassess based on patient progress. If patient feels 20-50% improvement, recommend another **TEN treatments**. If patient is 51-80% better recommend another **TEN treatments but further apart**. If patient is 81-100% better take a month off to see what long-term results are. If patient feels symptoms returning at any point, resume treatment for another **TEN times**.