



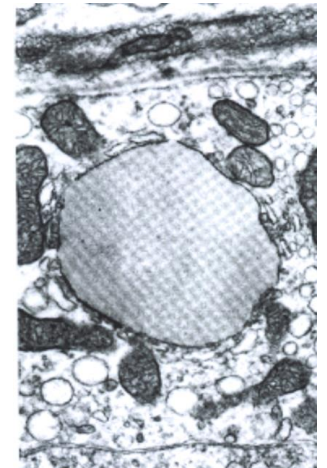
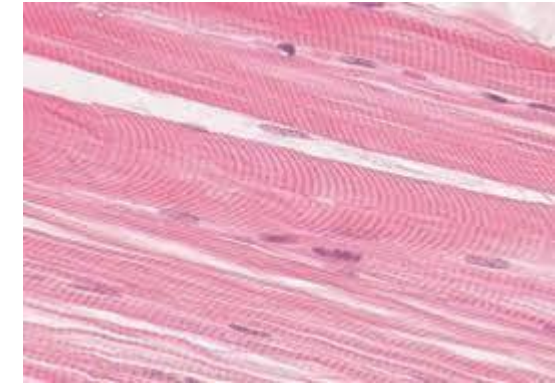
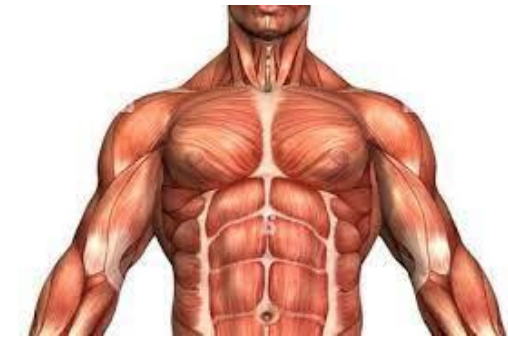
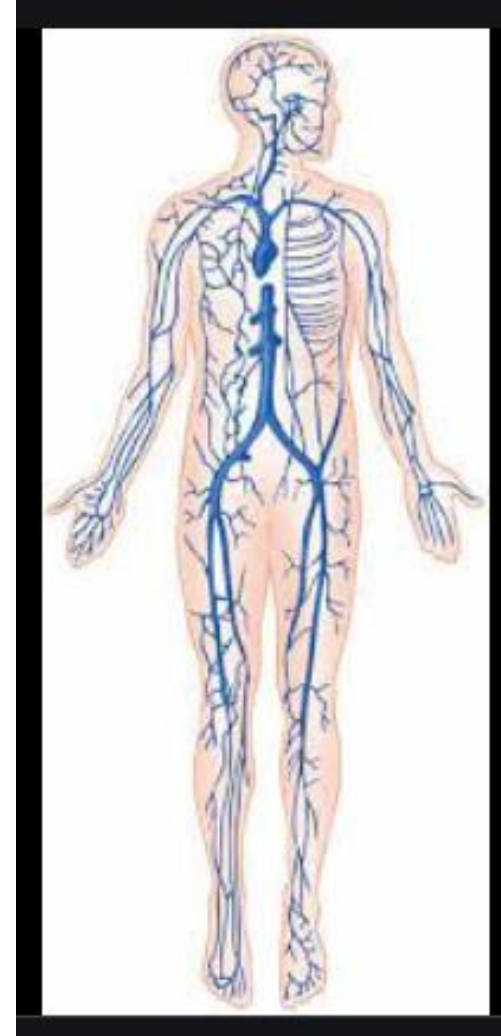
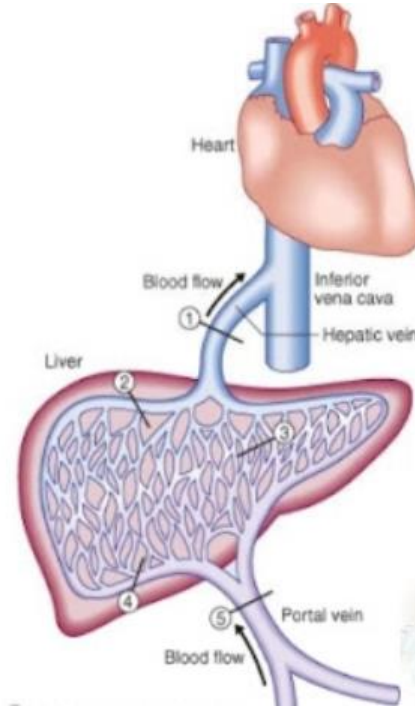
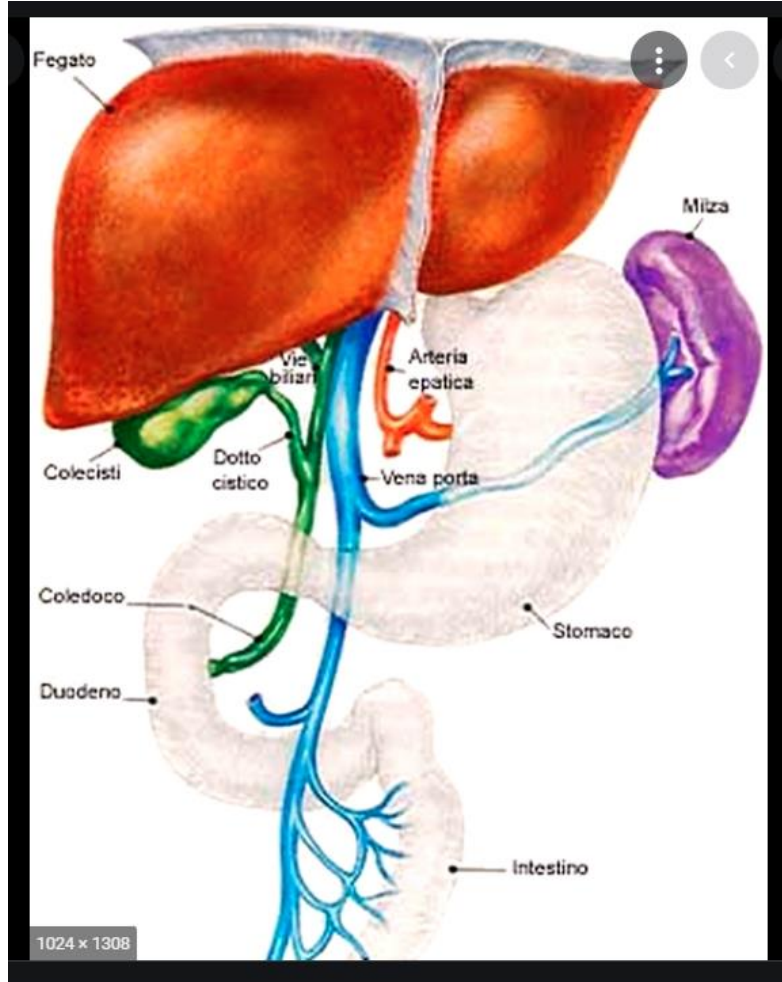
**University of Genoa  
Italy**

**Il trattamento con olio ozonizzato per via orale.  
Un nuovo strumento per la prevenzione delle  
recidive e della progressione di malattie**

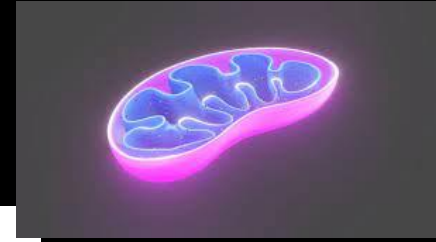
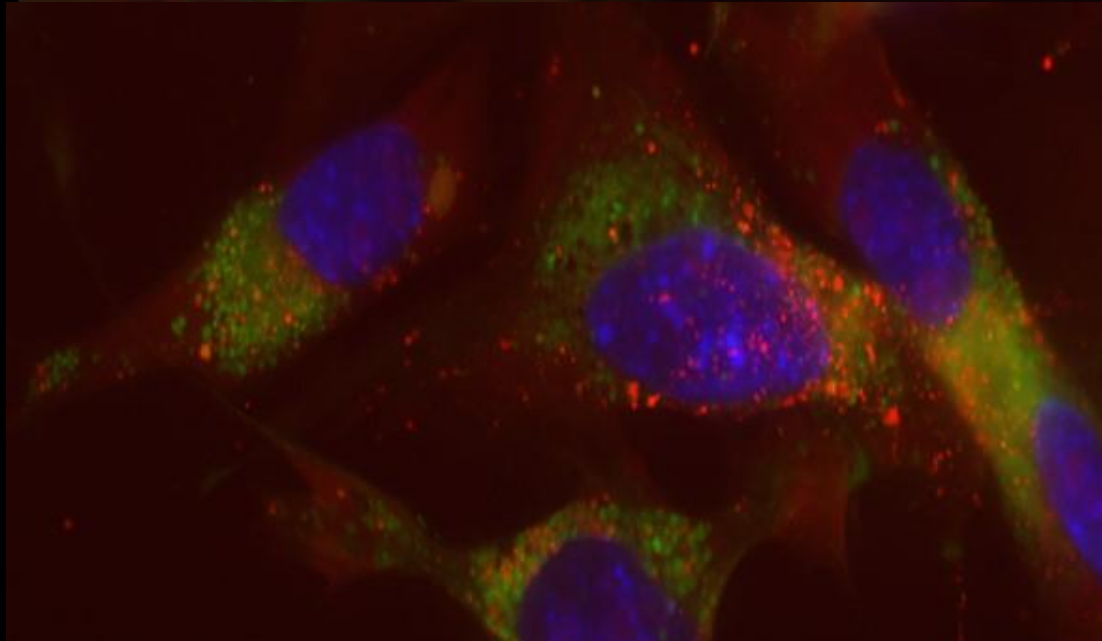
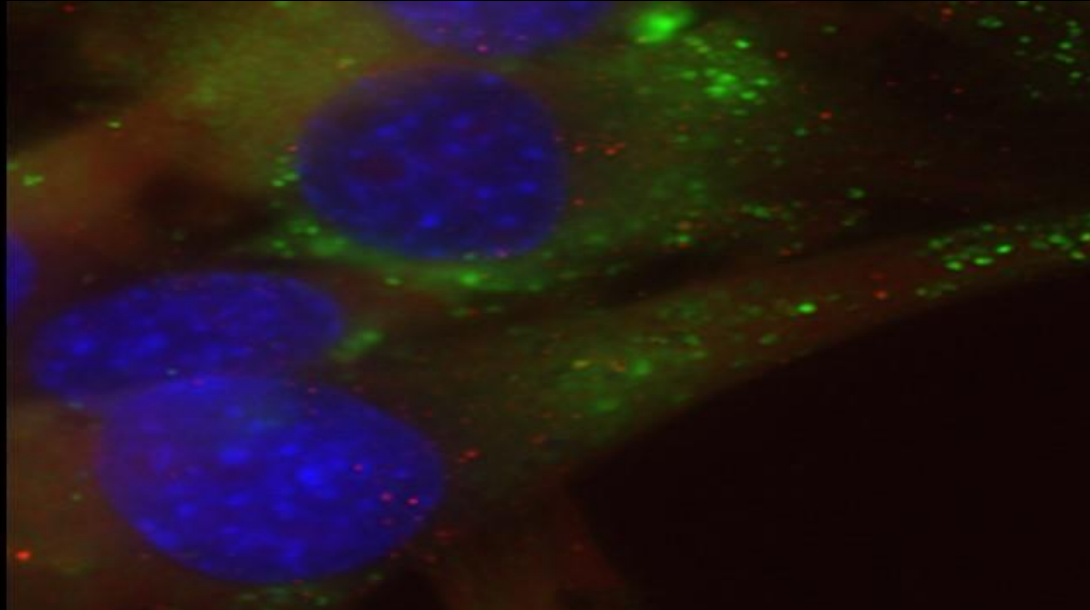
**Izzotti A.**

***Full Professor, School of Medicine, University of Genoa  
Director PhD School in Health Sciences and Cancer Prevention, University of Genoa, Italy***

# LIPID CARRIER *pharmacokinetic*



# Intracellular delivery of **ozonized** lipid carrier in epithelial cells



## STANDARD PROCEDURE:

traditional **extracellular** approach with Gas, where ozone cannot reach the cytoplasm.

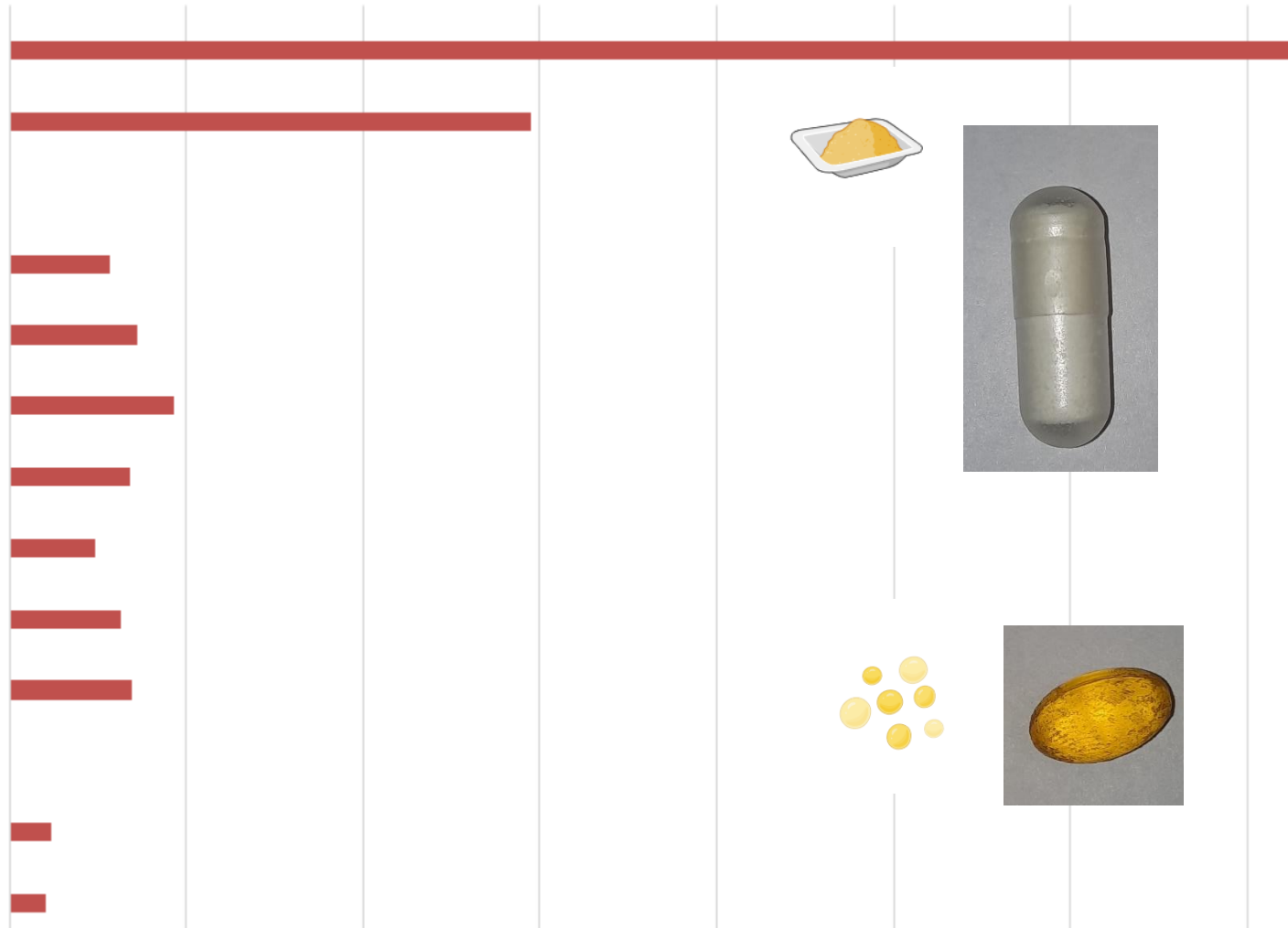


## O3ZONE PROCEDURE:

the novelty and innovation of our technology ensure **intracellular** approach thanks to the ozone lipidic carrier. Confocal fluorescence microscopy with ozonized oil indicated in red (reach the cytoplasm)

# OZONIZED OILS

Comparative evaluation of ACTIVE-OXYGEN intracellular release

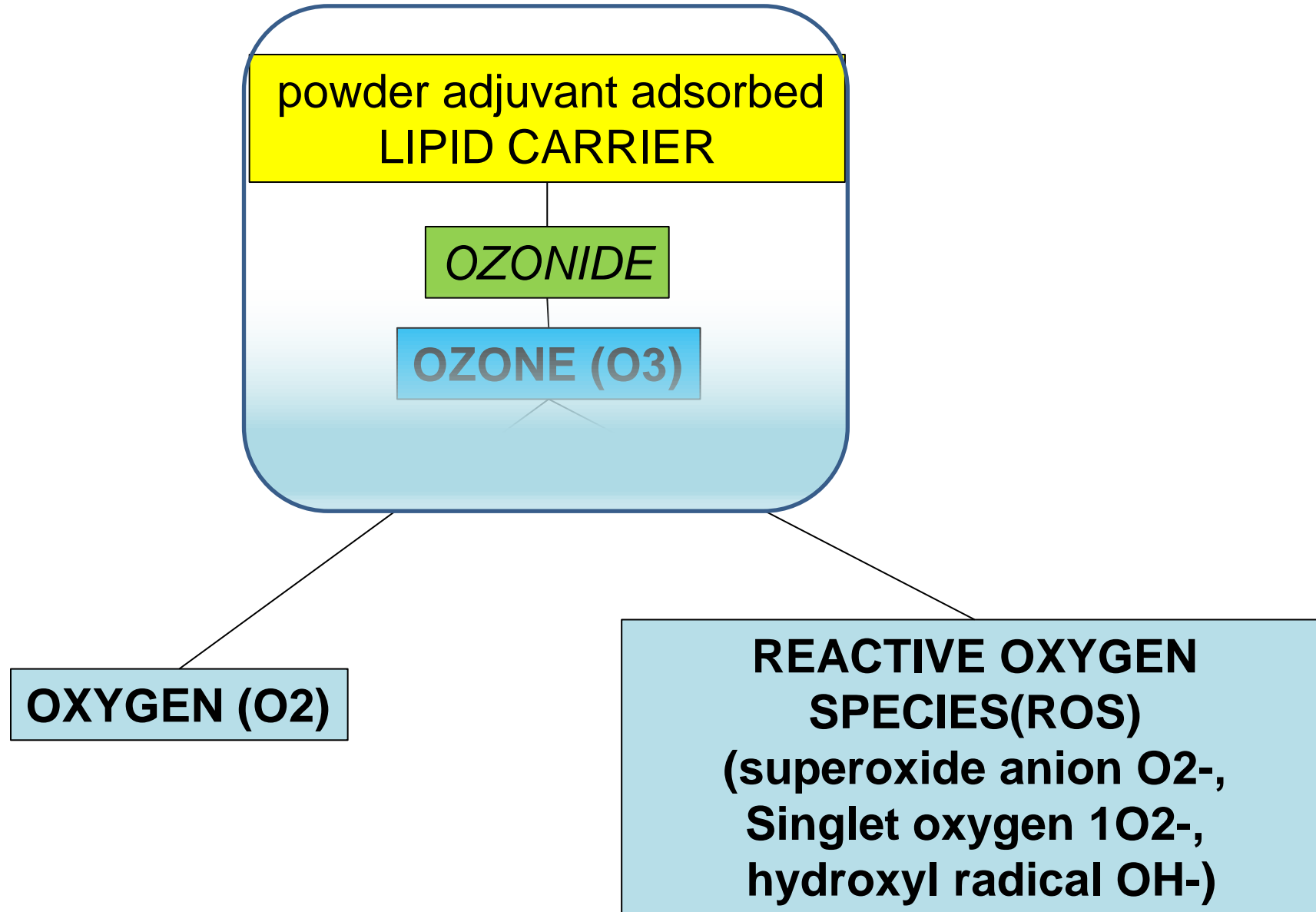


O3zone  
Active oxygen  
and oleic acid  
in powder-adsorbed  
gastroresistant pills

Ozonated oil ampoules



# HIGH-OZONIDE OZONATED OIL



# OXYGEN (O2)

## Effetto di HOO su pO2 (4 days)

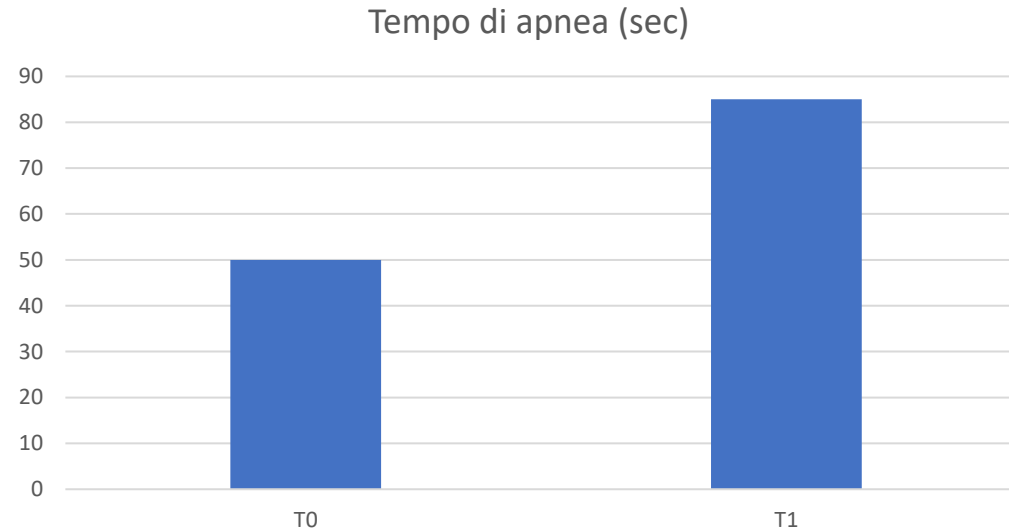
### ERGOSPIROMETRIA



T0	test da sforzo PRE TRATTAMENTO				
	vo2max ml/kg/min	vo2 (l/min)	Vo2 soglia ml/kg/min	Vo2 soglia (l/min)	% VO2max in soglia
subject 1	39.4	3.19	32.5	2.62	82
subject 2	36.6	2.42	30.6	2.07	86
T1	test da sforzo POST TRATTAMENTO				
	vo2max ml/kg/min	vo2 (l/min)	Vo2 soglia ml/kg/min	Vo2 soglia (l/min)	% VO2max in soglia
subject 1	40.9	3.27	35.6	2.94	90
subject 2	38.9	2.63	33.4	2.07	86

Aumento del 10 % della soglia aerobica

### TEMPO DI APNEA



Aumento del 58 %

### SATURAZIONE EMATICA O2

Frail patient 55-year-old male who had existing complications with COPD-related respiratory failure, obesity, and severe cardiovascular disease. He contracted COVID-19 infection together with pneumonitis, cough, fever (38.7 °C), and decreased O2 blood saturation down to 84%. After 4 days of HOO treatment, the patient's fatigue and fever disappeared together with recovery of olfactory and taste capacities. O2 blood saturation was restored to 98%.

Aumento da 84% a 98%

## RESULTS (HOO+AFA vs AFA only)

VO2 max +49% ( $P \leq 0.01$ )

VO2 max, or maximal oxygen consumption, refers to the maximum amount of oxygen that an individual can utilize during intense or maximal exercise. This measurement is the best indicator of cardiovascular fitness and aerobic endurance

Muscle strength test +31% ( $P \leq 0.05$ )

Body fat decrease -3% (NS)

n=50  
T0 vs T1  
Females



+



# 36-Item Short Form Survey – Quality of Life

## Adapted Physical Activity (AFA)

	AFA (6 months)	AFA+O3zone 2 months (6 months)
	Paulo et al. (2019)	Gemelli - UNIGE
Physical activity	+25%	+8% (+24%)
Aerobic capacity	+15%	+75% (+225%)
Pain decrease	+33%	+16% (+48%)
Health status	+0%	+24% (+72%)
Viability	+12%	+28% (+84%)
Social activities	+21%	+30% (+90%)
Emotional wellbeing	+8%	+237% (+711%)
Psychological Health	+10%	+31% (+93%)

F  
A  
T  
I  
G  
U  
E





**REACTIVE OXYGEN SPECIES  
(ROS)  
(O<sub>2</sub><sup>-</sup>, 1O<sub>2</sub><sup>-</sup>, OH<sup>-</sup>)**

Nrf2 activation

Antibacterial effect

Anti-inflammatory effect

Blood vessel dilatation (NO)

# Nrf2 Activation

# ARE Antioxidant Responsive Elements Activation

Review

## Regulation of Wound Healing by the NRF2 Transcription Factor—More Than Cytoprotection

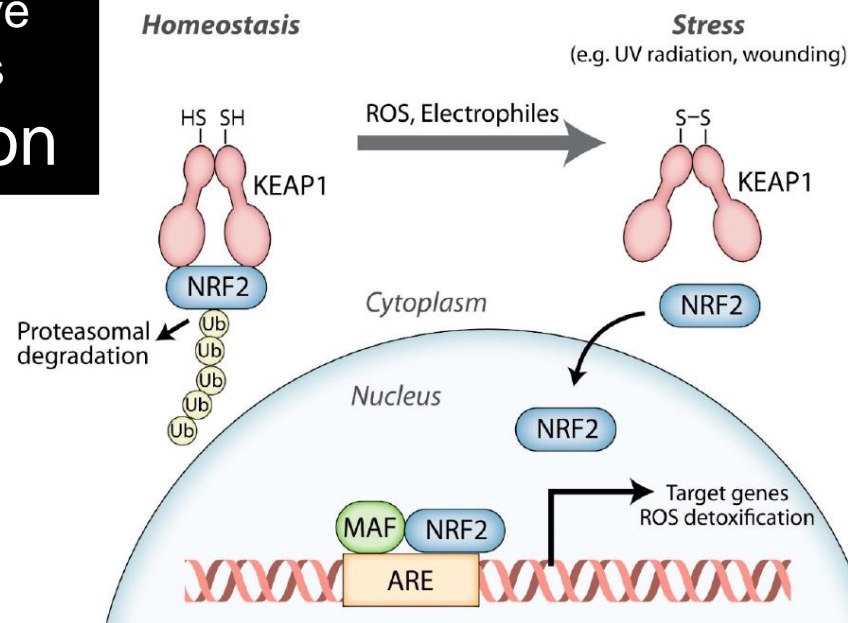
Tissue-protective genes:  
**ARE**, Cyclins

Paul Hiebert \* and Sabine Werner \*

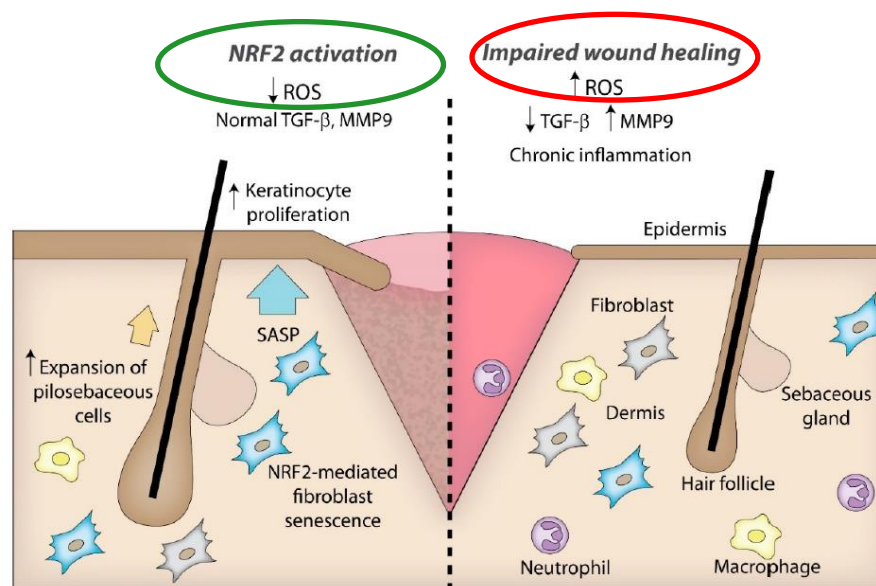
Institute for Molecular Health Sciences, Department of Biology, Swiss Federal Institute of Technology Zürich, 8093 Zurich, Switzerland

\* Correspondence: paul.hiebert@biol.ethz.ch (P.H.); sabine.werner@biol.ethz.ch (S.W.)

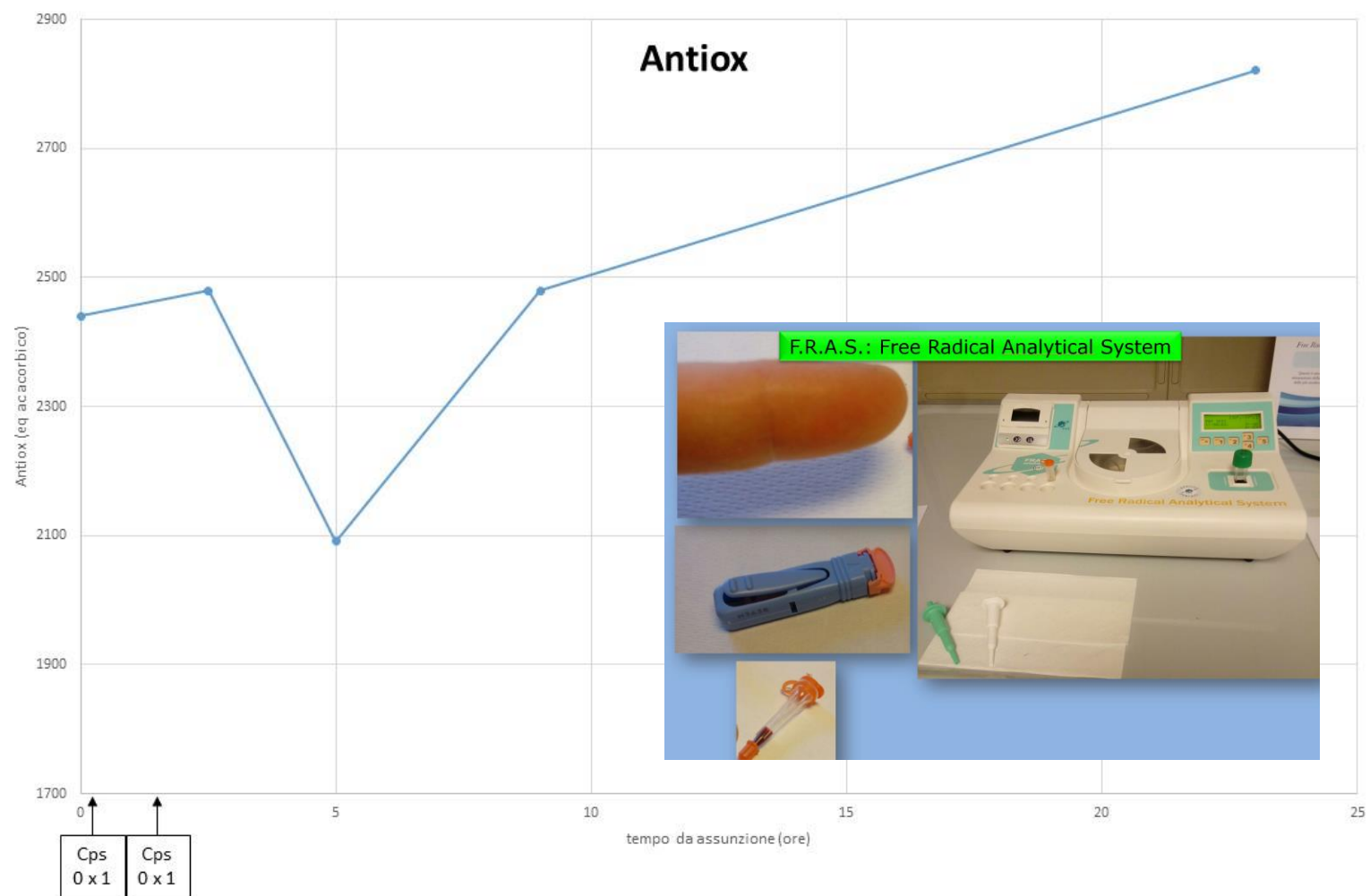
Received: 17 July 2019; Accepted: 7 August 2019; Published: 8 August 2019



**Figure 1.** The nuclear factor-erythroid 2-related factor 2 (NRF2) signaling pathway. NRF2 strongly binds to its cytoplasmic inhibitor Kelch-like ECH-associated protein 1 (KEAP1) under homeostatic conditions and only low levels of NRF2 are present in the nucleus. In response to reactive oxygen species (ROS) and/or electrophiles, the NRF2-KEAP1 interaction is weakened and newly formed NRF2 accumulates in the nucleus. Here, NRF2 dimerizes with small musculoaponeurotic fibrosarcoma (MAF) proteins and binds to antioxidant response elements (AREs) in the promoters or enhancers of its target genes, of which many encode ROS detoxifying enzymes and other antioxidant proteins, thereby initiating a cytoprotective response.



**Figure 2.** Characteristic features of chronic wounds, which may be improved by treatment with NRF2 activating compounds. NRF2 activation reduces oxidative stress, thereby enhancing production of TGF-β1, which is important for granulation tissue formation and matrix production. Reduction of ROS also suppresses the chronic inflammation and the excessive production of MMP9. Expansion of pilosebaceous cells by activated NRF2 may promote re-epithelialization of the wound. Activation of NRF2 in fibroblasts may promote senescence and associated production of a SASP, which can further promote wound re-epithelialization. Arrows pointing to the top indicate upregulation and arrows pointing to the bottom indicate downregulation.



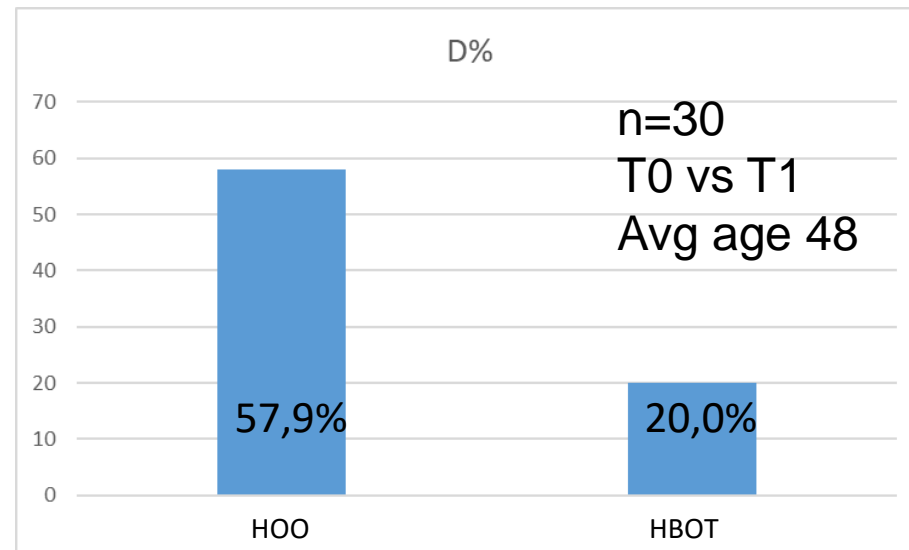
# Oral Active oxygen treatment with O3zone is more effective than hyperbaric chamber in decreasing molecular aging (telomere length)



## HOO

Ozonated oil per os daily for 3 months

Relative Telomere Length (RTL)



*Izzotti et al., in preparation*



## HBOT

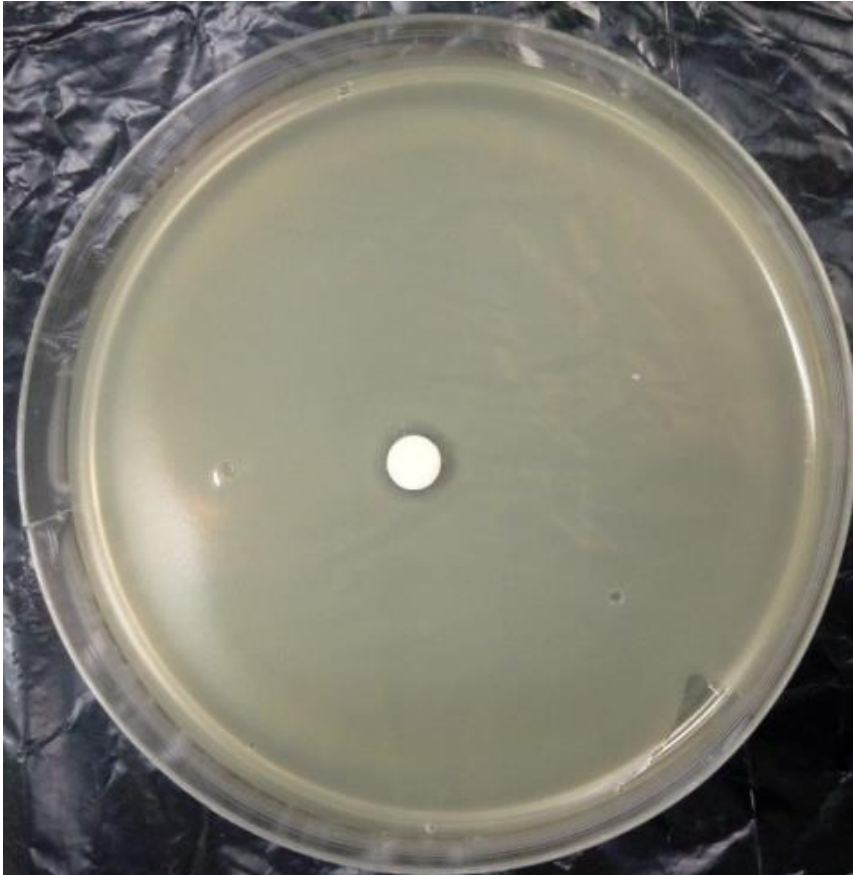
hyperbaric oxygen therapy  
60 daily sessions for 3 months  
(Hachmo et al., *Aging*, 2020)

# Physiological Antibacterial effect

*(avoidance of Antibiotic resistance)*

## Bacterial growth test

E. Coli  $1 \times 10^9$  / ml



Ozonated oil  
inhibition  
halo

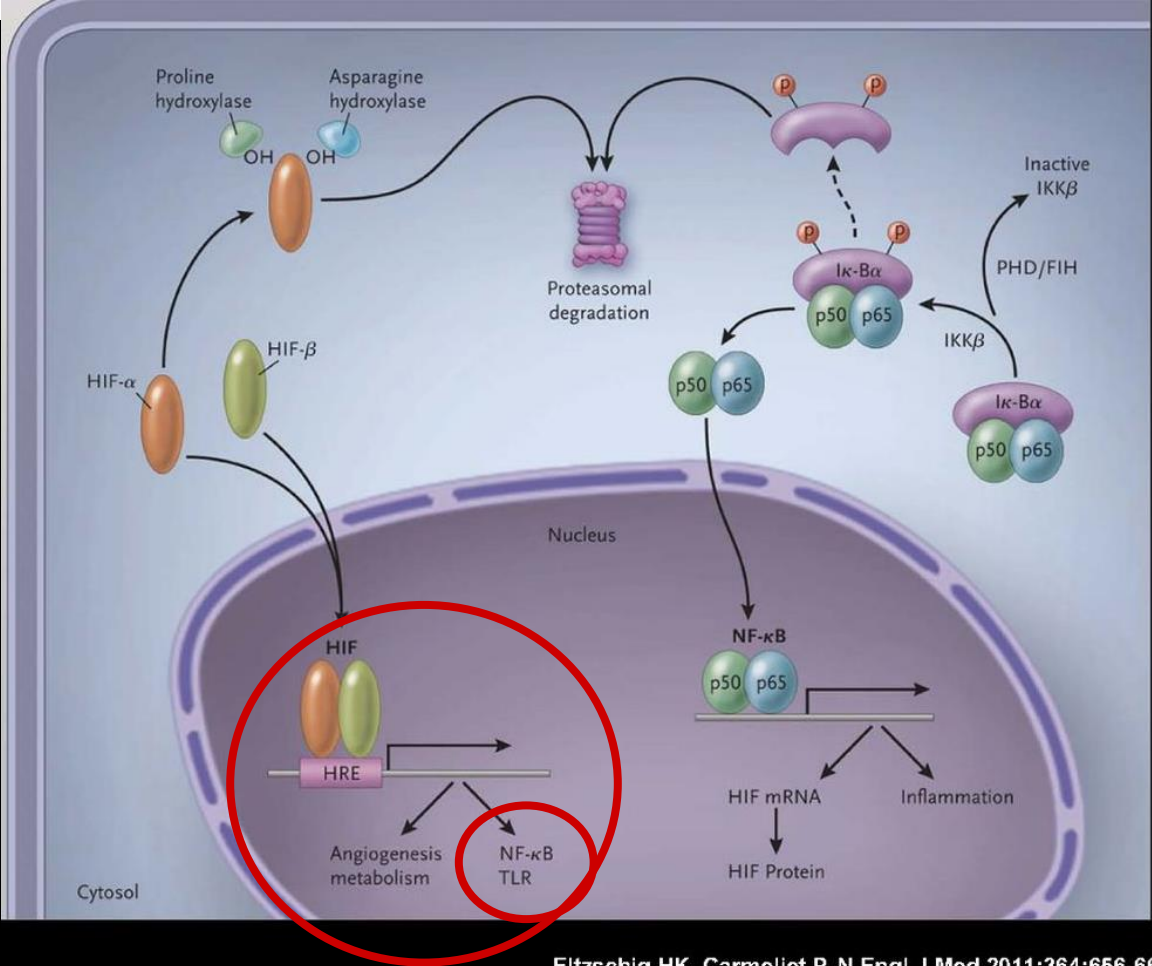


# Inflammation and Hypoxia

## Hypoxia and inflammation are two sides of the same coin

Karsten Bartels, Almut Grenz, and Holger K. Eltzschig [Authors Info & Affiliations](#)

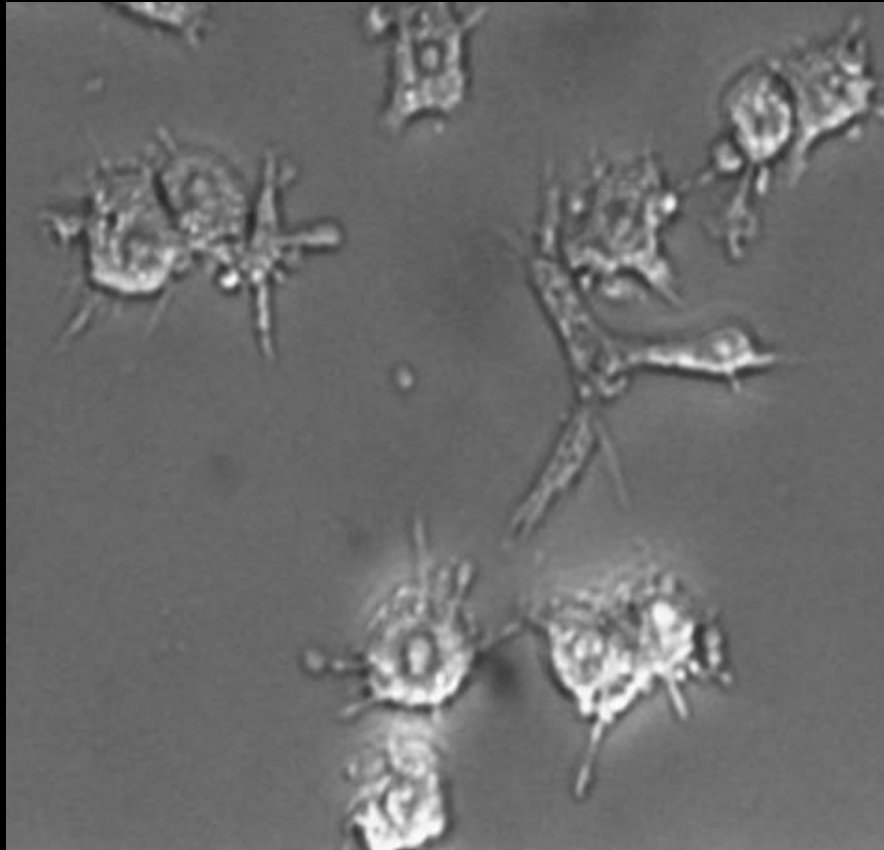
November 1, 2013 | 110 (46) 18351-18352 | <https://doi.org/10.1073/pnas.1318345110>



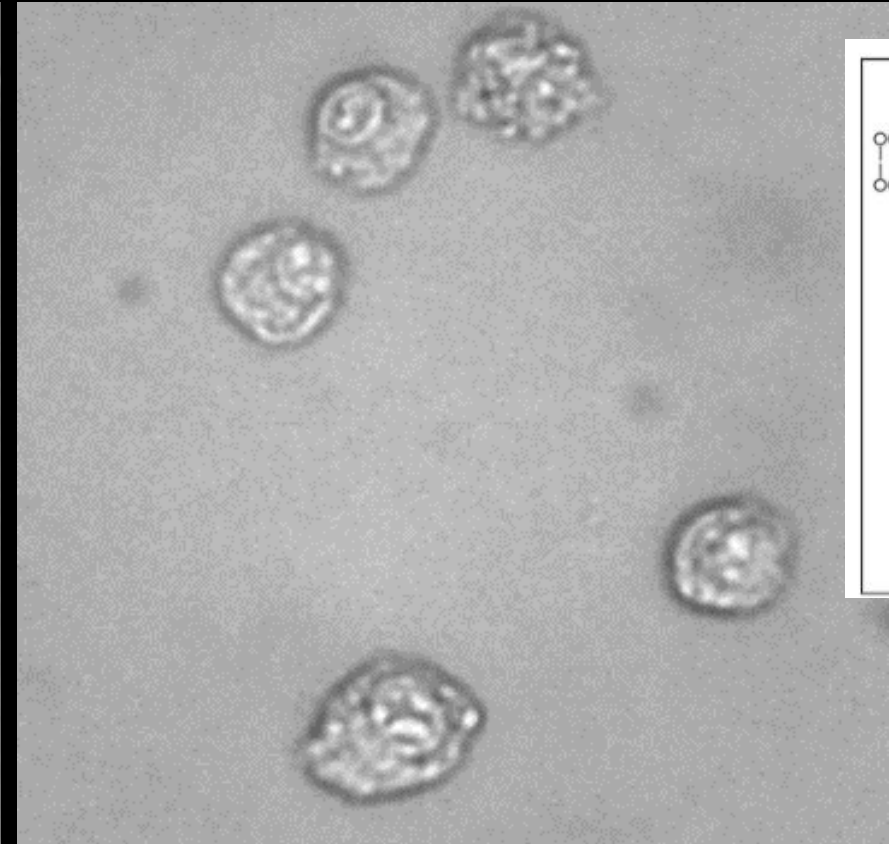
# Inhibition of macrophage-related inflammation by oxonized



Lps = Main wall antigen of Gram- bacteria

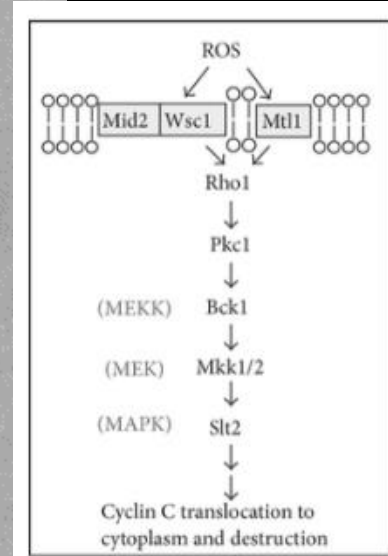


Macrophages + Lps



Ozonized lipid +  
Macrophages + Lps

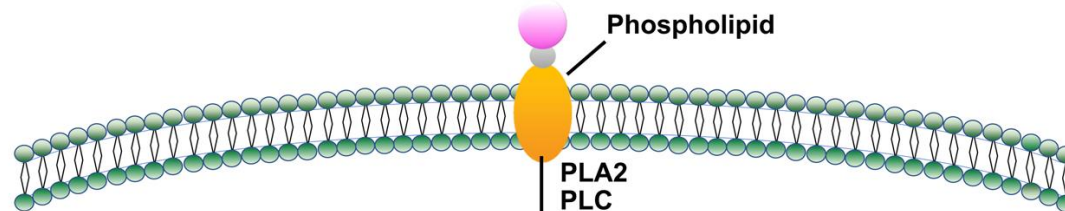
Intracellular ozonized oil inhibits Macrophage activation induced by Lps



CWI

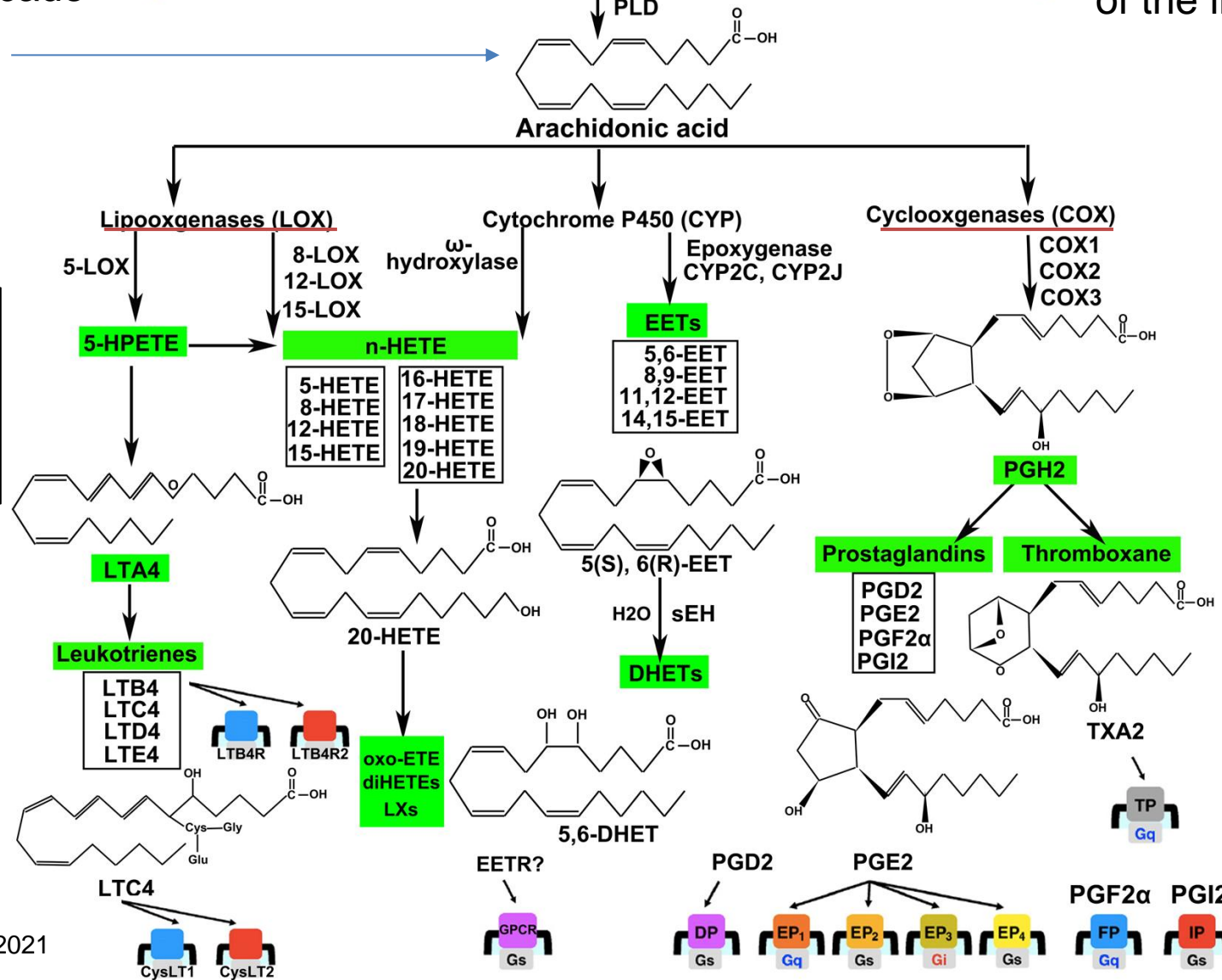
Ozone  
**Upstream** inhibitor  
 of the inflammation cascade

O<sub>3</sub>



COX inhibitors  
**Downstream** inhibitors  
 of the inflammation cascade

# THE INTRACELLULAR INFLAMMATION CASCADE



# Ozone Selectively Inhibits Growth of Human Cancer Cells

FREDERICK SWEET, MING-SHAN KAO, SONG-CHIAU LEE, WILL L. HAGAR, AND WILEEN E. SWEET [Authors Info & Affiliations](#)

SCIENCE • 22 Aug 1980 • Vol 209, Issue 4459 • pp. 931-933 • DOI:10.1126/science.7403859

37



CHECK ACCESS

## Abstract

The growth of human cancer cells from lung, breast, and uterine tumors was selectively inhibited in a dose-dependent manner by ozone at 0.3 to 0.8 part per million of ozone in ambient air during 8 days of culture. Human lung diploid fibroblasts served as noncancerous control cells. The presence of ozone at 0.3 to 0.5 part per million inhibited cancer cell growth 40 and 60 percent, respectively. The noncancerous lung cells were unaffected at these levels. Exposure to ozone at 0.8 part per million inhibited cancer cell growth more than 90 percent and control cell growth less than 50 percent. Evidently, the mechanisms for defense against ozone damage are impaired in human cancer cells.

## CURRENT ISSUE



### Group 2 innate lymphoid cells promote inhibitory synapse development and social behavior

BY JERIKA J. BARRON, NICHOLAS M. MROZ, ET AL.








### A cytoplasmic osmosensing mechanism mediated by molecular crowding-sensitive DCP5

BY ZHENYU WANG, QIUHUA YANG, ET AL.



*Article*

# Efficacy of High-Ozonide Oil in Prevention of Cancer Relapses Mechanisms and Clinical Evidence

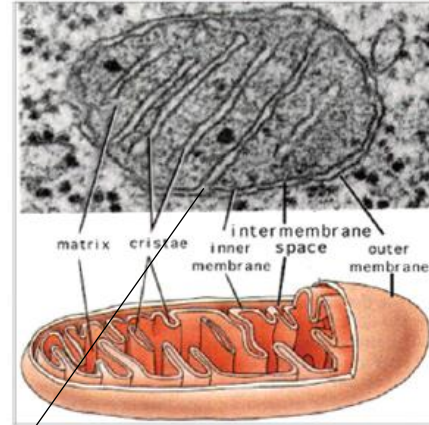
Alberto Izzotti <sup>1,2,\*</sup> , Enzo Fracchia <sup>3</sup>, Camillo Rosano <sup>2</sup> , Antonio Comite <sup>4</sup> , Liliana Belgioia <sup>2,5</sup> ,  
Salvatore Sciacca <sup>6</sup>, Zumama Khalid <sup>5</sup> , Matteo Congiu <sup>5</sup>, Cristina Colarossi <sup>6</sup> , Giusi Blanco <sup>6</sup>,  
Antonio Santoro <sup>7,8</sup>, Massimo Chiara <sup>7,8</sup> and Alessandra Pulliero <sup>5</sup> 

*Cancers* **2022**, *14*, 1174. <https://doi.org/10.3390/cancers14051174>

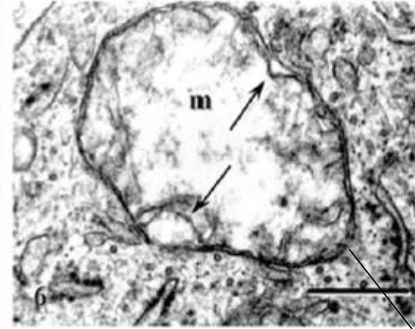
- <sup>1</sup> Department of Experimental Medicine, University of Genoa, 16132 Genoa, Italy
- <sup>2</sup> IRCCS Ospedale Policlinico San Martino, 16132 Genoa, Italy; camillo.rosano@hsanmartino.it (C.R.); liliana.belgioia@unige.it (L.B.)
- <sup>3</sup> Galliera Hospital, 16128 Genoa, Italy; enzo.fracchia@galliera.it
- <sup>4</sup> Laboratory of Electron Microscopy, Department of Chemistry and Industrial Chemistry, University of Genoa, 16146 Genoa, Italy; antonio.comite@unige.it
- <sup>5</sup> Department of Health Sciences, University of Genoa, 16132 Genoa, Italy; zumama.khalid@edu.unige.it (Z.K.); 3370203@studenti.unige.it (M.C.); alessandra.pulliero@unige.it (A.P.)
- <sup>6</sup> Mediterranean Institute of Oncology (IOM), 95029 Catania, Italy; salvatore.sciacca@grupposamed.com (S.S.); cristina.colarossi@grupposamed.com (C.C.); giusi.blanco@grupposamed.com (G.B.)
- <sup>7</sup> UO Neurosurgery, Hospital Umberto I, 00161 Rome, Italy; antonio.santoro@uniroma1.it (A.S.); massimo.chiara@uniroma1.it (M.C.)
- <sup>8</sup> Department of Surgery, La Sapienza University, 00185 Rome, Italy
- \* Correspondence: izzotti@unige.it; Tel.: +39-010-3538522



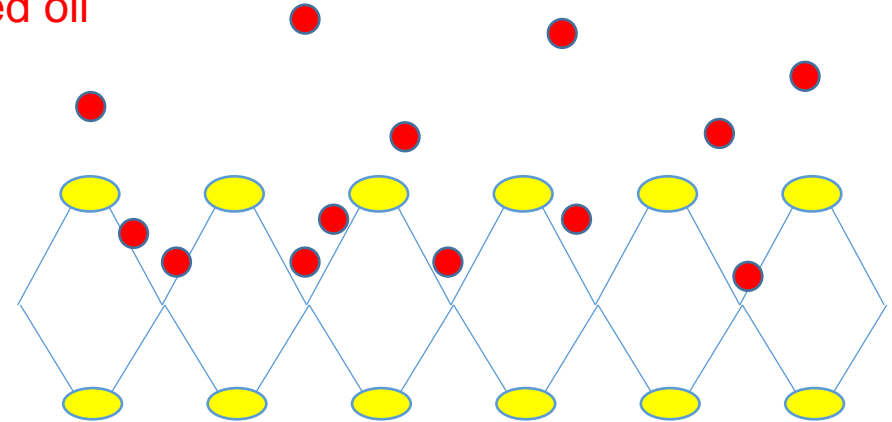
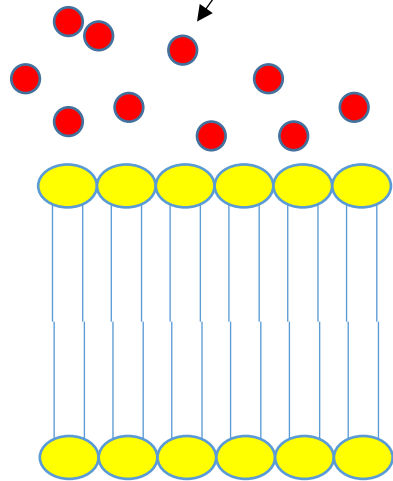
**Normal Mitochondria**



**GBM Mitochondria**



Ozonated oil

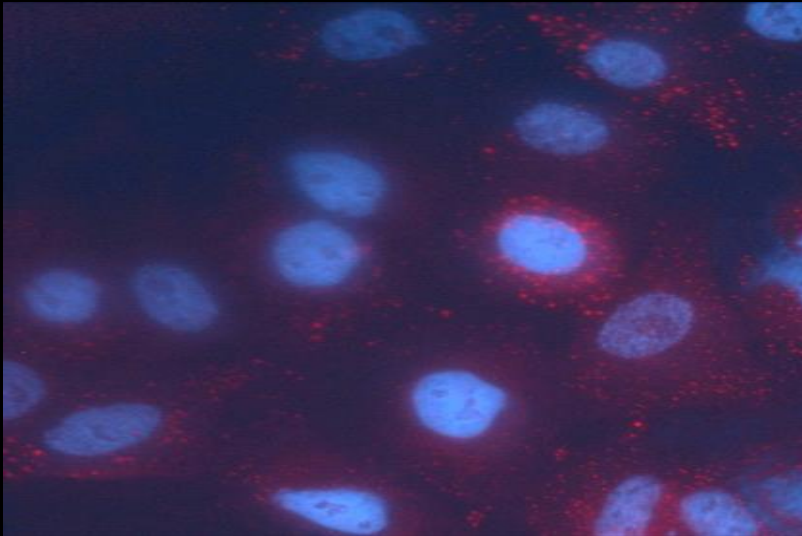


membrane thinning (TEM)

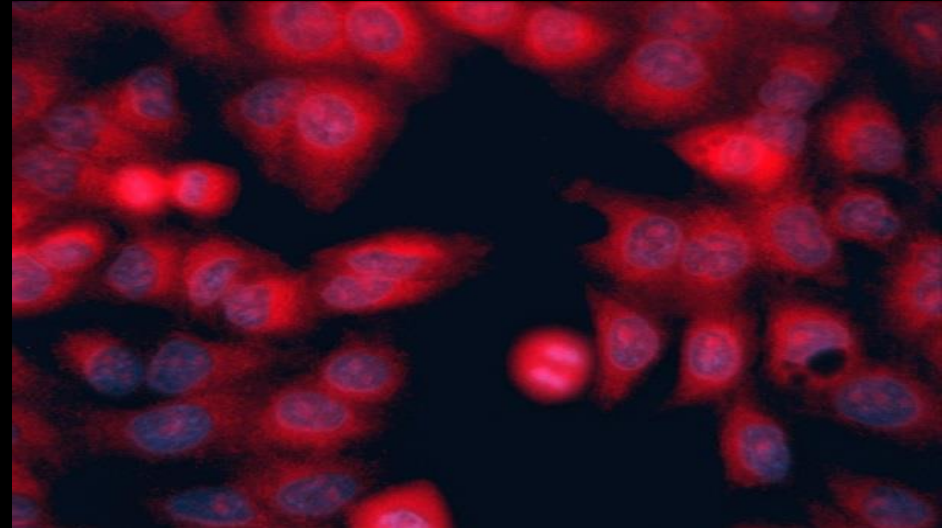
# Intracellular delivery of ozonized lipid carrier in A549 lung cancer cell.

## 1. Dose dependent **Calcium (Rhod2)** release from mitochondria

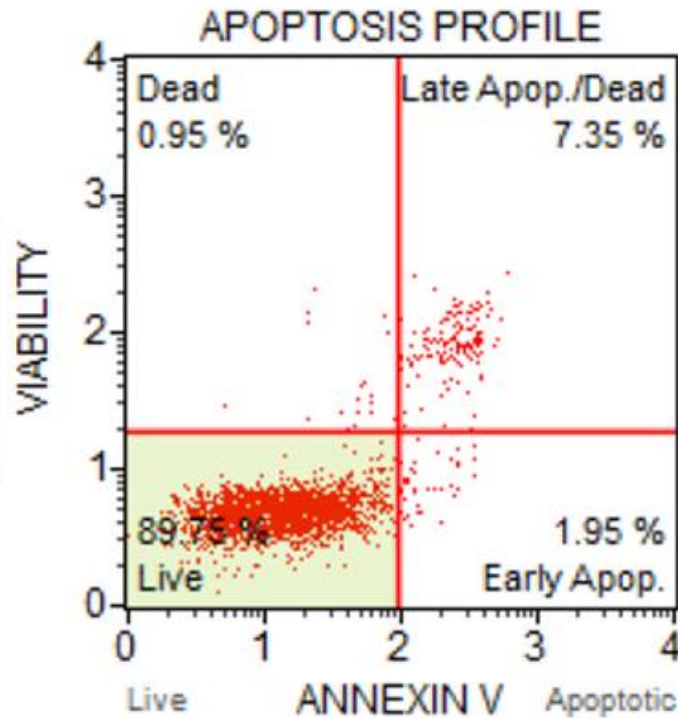
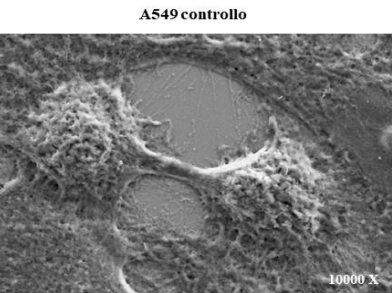
Control



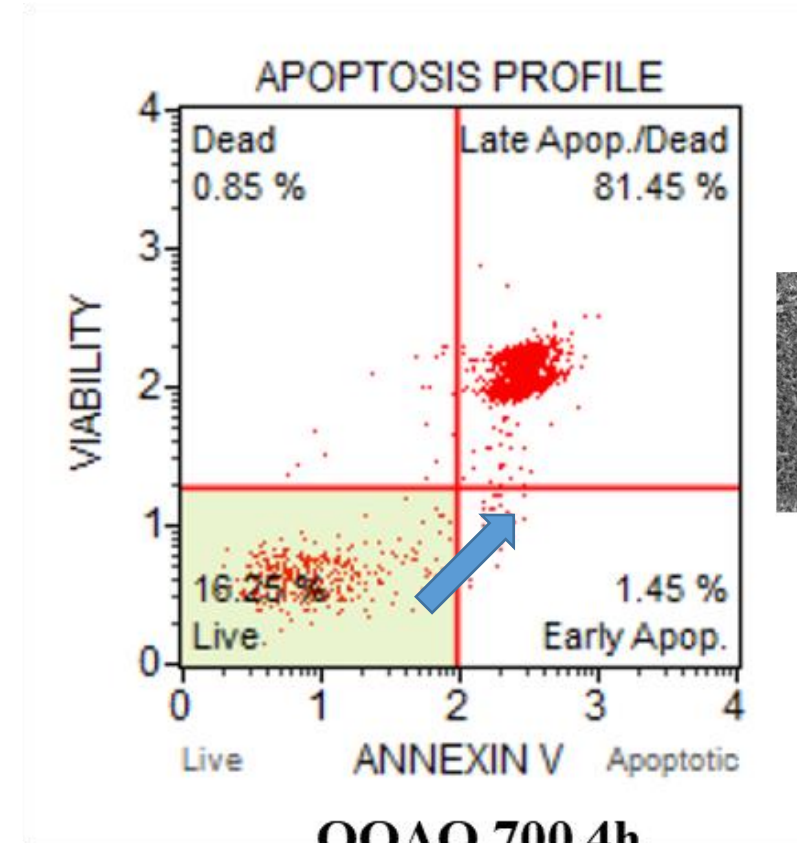
10% O<sub>3</sub> lipid  
carrier



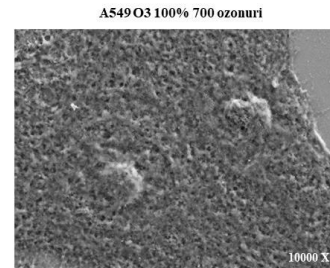
# FACS ANALYSIS DEMONSTRATES THAT CANCER CELLS KILLING BY OZONIZED OIL IS DUE TO APOPTOSIS ACTIVATION



**K 4h**



**OOAO 700 4h**



# Effects of increased O<sub>2</sub> availability inside solid tumors

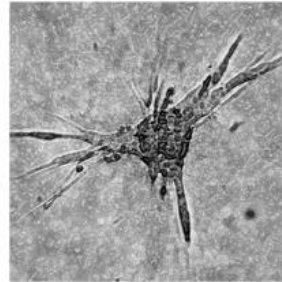
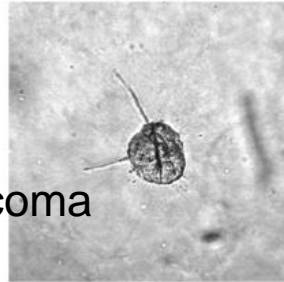
met inhibition

**Hypoxia promotes invasive growth by transcriptional activation of the *met* protooncogene**

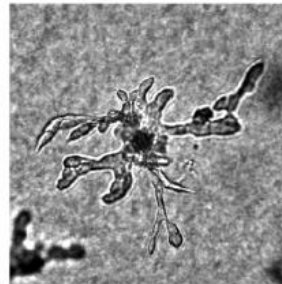
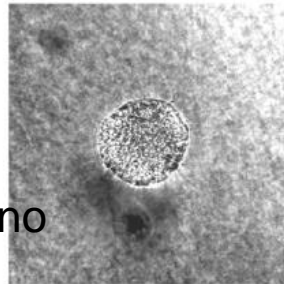
Selma Pennacchietti,<sup>1,2</sup> Paolo Michieli,<sup>1,2\*</sup> Maria Galluzzo,<sup>1</sup> Massimiliano Mazzone,<sup>1</sup> Silvia Giordano,<sup>1</sup> and Paolo M. Comoglio<sup>1</sup>

<sup>1</sup>Division of Molecular Oncology, Institute for Cancer Research and Treatment, University of Torino Medical School, I-10060 Candiolò (Torino), Italy

**U2-OS**  
Osteosarcoma

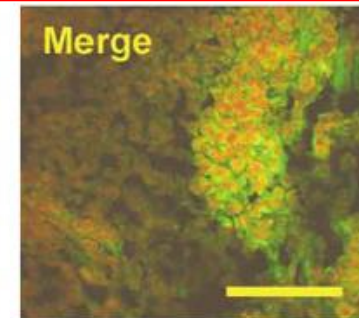
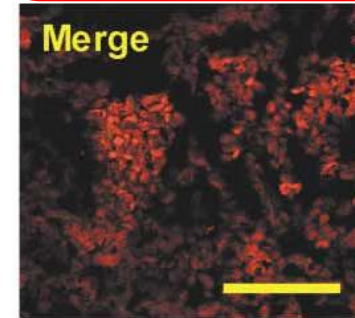
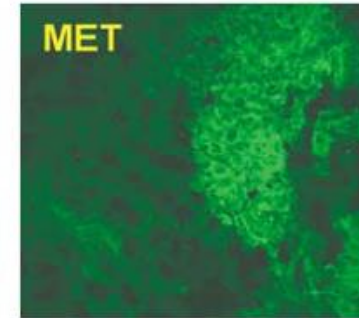
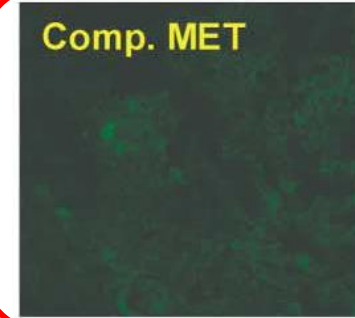
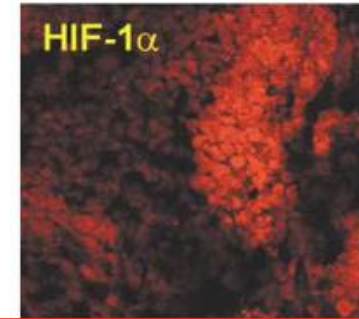
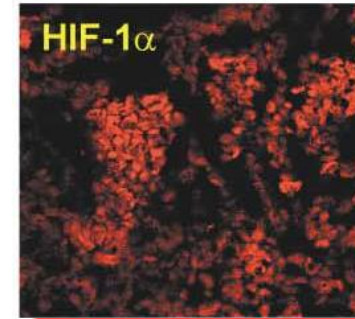


**MLP-29**  
hepatocarcinoma



**N**  
O<sub>2</sub>  
21%

**H**  
O<sub>2</sub>  
3%



O<sub>2</sub>  
21%

O<sub>2</sub>  
3%





Seduta 3



Seduta 4



Seduta 5



Seduta 6



Seduta 8



Follow up 20 giorni



Follow up 35 giorni

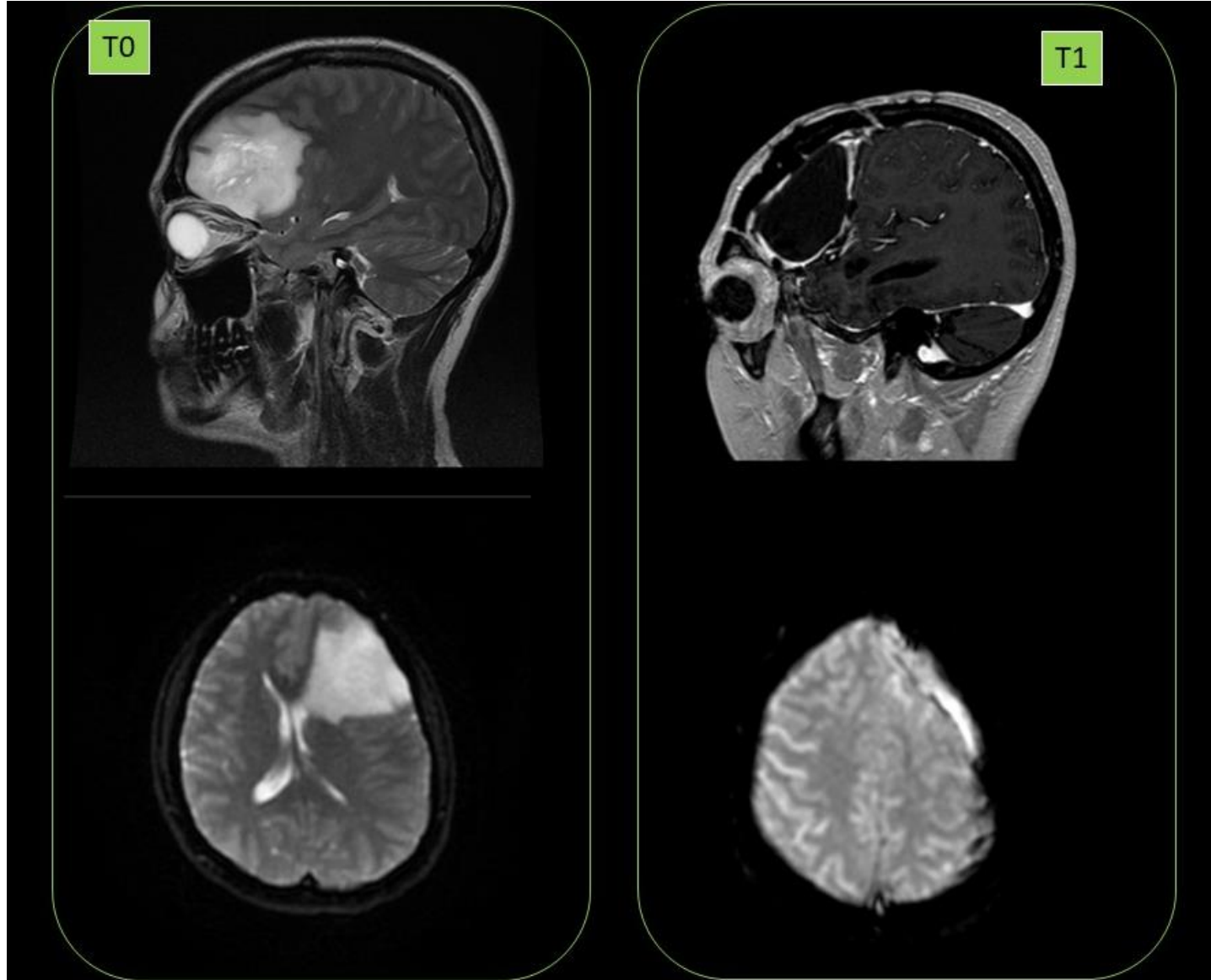


Follow up 42 giorni



Treatment time-span: 42 days





Female subject, 38 years old affected by **brain glioblastoma** in left emisphere (diagnosis **July 2014**. 1st NMR, **(T0)**. High malignancy (grade III). 1<sup>st</sup> surgery , chemoradiotherapy, relapse , 2nd surgery. Chemo/radiotherapy (60 Gy) paralleled by oral ozonized oil therapy. **Full recovery with no relapses (February 2025)** (4th NMR, **T1**).

# **HOO treated chemo-radio resistant patients = 115\***

## **(July 2024 update =610)**

**Brain=96**

**Pancreas=95**

\* Izzotti et al., Cancers, 2022

**Skin = 68**

**Lung= 66**

**Colon=81**

**Breast = 138**

**Prostate= 45**

**Ovary and womb = 16**

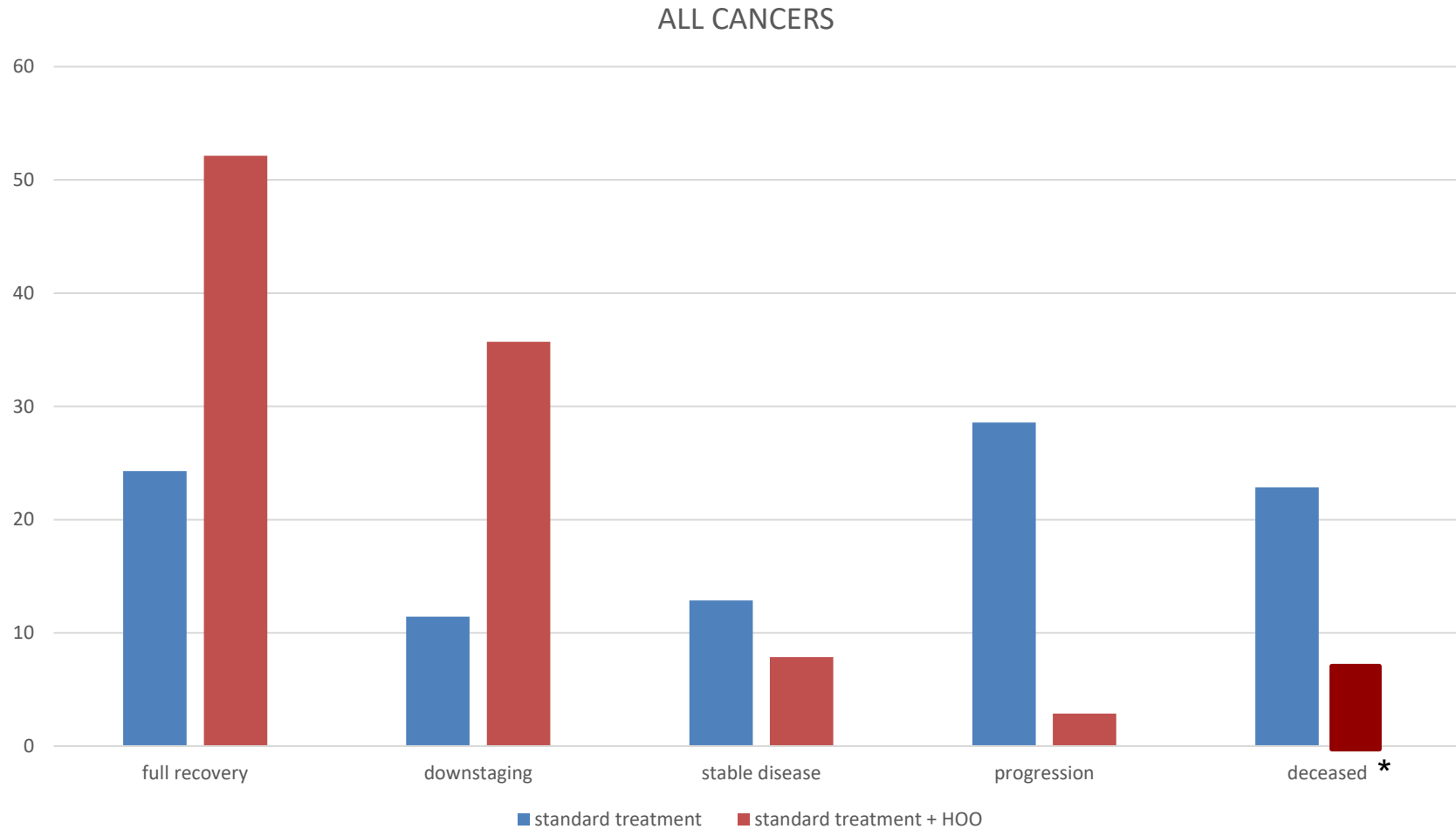
**Kidney = 13**

**Liver = 15**

**LNH = 22**

**Follow up 5 years**

# Comparison of clinical outcomes in cancer patients treated with standard therapeutic protocols in **absence (blue)** or **presence (red)** of ozonized oil complimentary treatment



\* Excluding 3 patients recruited at T4-M1-N3

# Alopecia

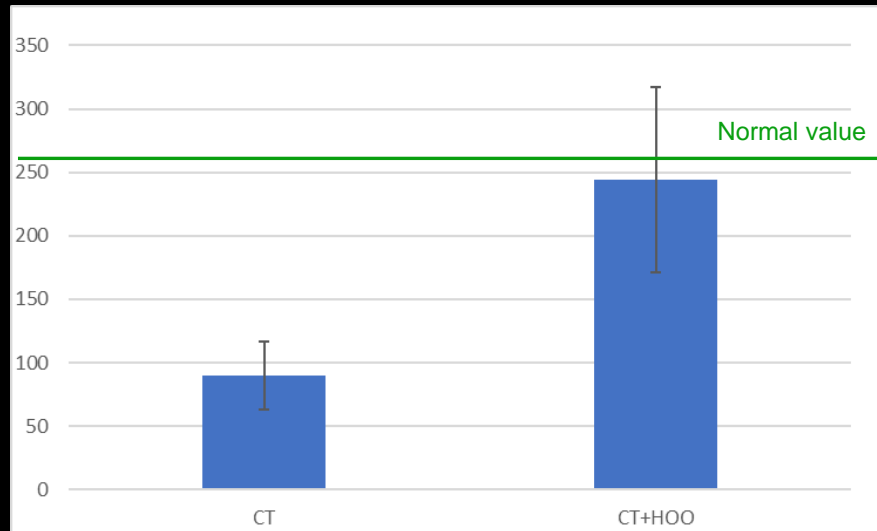
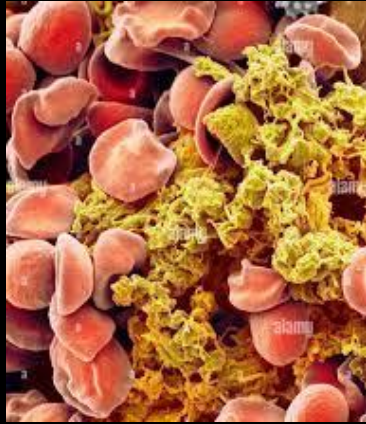
Chemotherapy



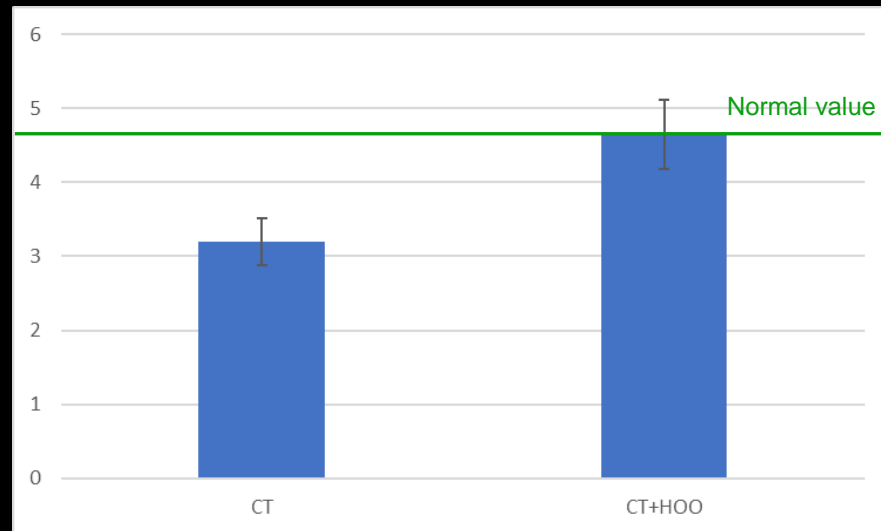
Chemotherapy + oral ozonated oil



# OZONATED OIL ATTENUATION OF CT-INDUCED BONE MARROW SUPPRESSION



Platelet  
(nx10e3/mm3)  
(Temozolamide)

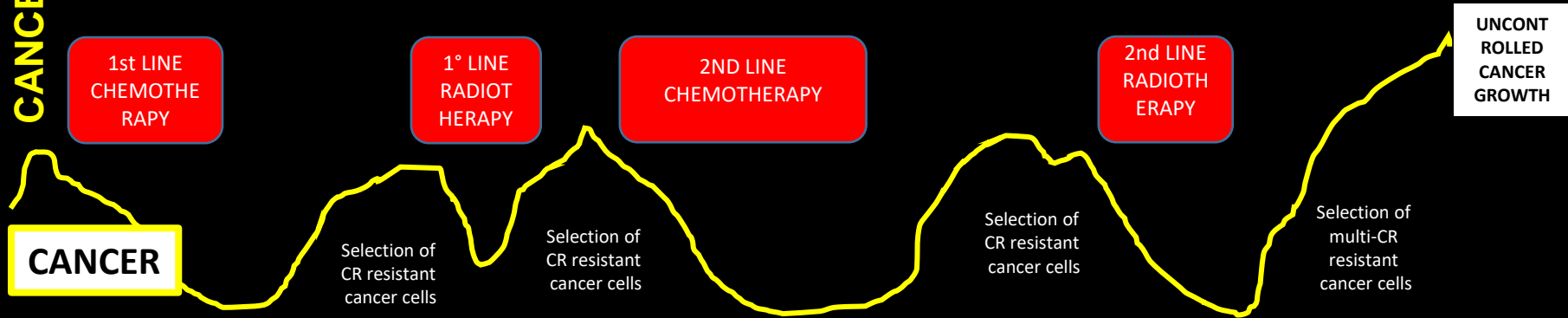


RBC  
(nx10e6/mm3)



CANCER MASS

OXIDIZING METRONOMIC COMPLEMENTARY THERAPY.  
FROM SINGLE HITS TO CONTINUOUS HIT IN CANCER TREATMENT



HIGH-OZONE OIL COMPLEMENTARY THERAPY



HYPOXIA IS DRIVING FORCE OF CANCER  
**GROWTH**  
HYPEROXIA INDUCED BY OZONATED OIL  
IS DRIVING FORCE OF CANCER  
**DEATH**

# OZONATED OIL AT HIGH OZONIDES IN ORAL GASTRO-RESISTANT PILLS.

## DOSES AND INDICATIONS

**LOW** (1x2, 2 per day – 2x2 4 per day)

Primary prevention of chronic degenerative diseases (atherosclerosis, macular degeneration)

Fragile patients (elderly, e.g.,  $\geq 75$  yo)

Poorly trained sportsmen

Healthy subjects for mood and aerobic threshold improvement (physical activity mimicking agent)

**INTERMEDIATE** (3x2, 6 per day)

Inflammatory diseases (arthritis, arthrosis, fibromyalgia, dermatitis)

Anti-bacterial therapy (first line treatment)

Prevention of bacterial and viral infection

Well trained athletes to increase aerobic threshold and to prevent overtraining

Cancer survivors to decrease risk of relapses

**HIGH** (4x2, 8 per day – 6x3, 18 per day)

Cancer patients

ACTIVE  
**Oxygen in capsules**