

# Health center pressures research on Lyme's Disease

## Simulated underwater breathing stimulates healing process of many debilitating ailments

By Katherine Arnold  
THE BATTALION

The researchers in Texas A&M's Hyperbaric Lab may be at the top of research in their field, but all their work is done under pressure.

Located in the A.P. Beutel Health Center, the hyperbaric chamber is one of about 90 multiperson chambers in the United States. Texas A&M is one of the few universities that conduct research in hyperbarics.

Hyperbaric treatment involves increasing air pressure and breathing pure oxygen, Jennifer Seely, hyperbaric technician, said.

"The patient is placed in the chamber and the pressure is increased to simulate being 45 feet underwater," Seely said. "A plastic hood is placed over the patient's head, and 100 percent oxygen fills the hood, while the carbon dioxide exhaled by the patient is pumped out."

This process supplies the plasma and cells in the blood with pure oxygen, enhancing the healing process.

Dr. Donald Freeman, director of the hyperbaric laboratory, said hyperbaric medicine is

used in many types of treatments.

"We use hyperbaric to treat decompression sickness, non-healing wounds and carbon monoxide poisoning," Freeman said. "We are also conducting experimental treatments for migraine headaches, post-polio syndrome, chronic fatigue syndrome and closed head injuries."

"Right now about 50 to 60 percent of our work is for clinical care," he said.

Treatment in the hyperbaric chamber usually involves a 60 to 90 minute session daily for 30 to 90 days.

The side effects from treatment are minimal, Freeman said.

"The biggest problem is equalizing pressure in your ears," he said. "There are other precautions we take too. For example, we do not treat asthmatics, and we stay well within the safety limits for hyperbaric treatment to avoid complications."

Dr. William Fife, professor of hyperbaric medicine in the Texas A&M Health Science Center, established the hyperbaric program at A&M in 1968. At that time, the lab was locat-

ed near the airport. When the health center was remodeled in 1986, a new facility was built in the basement.

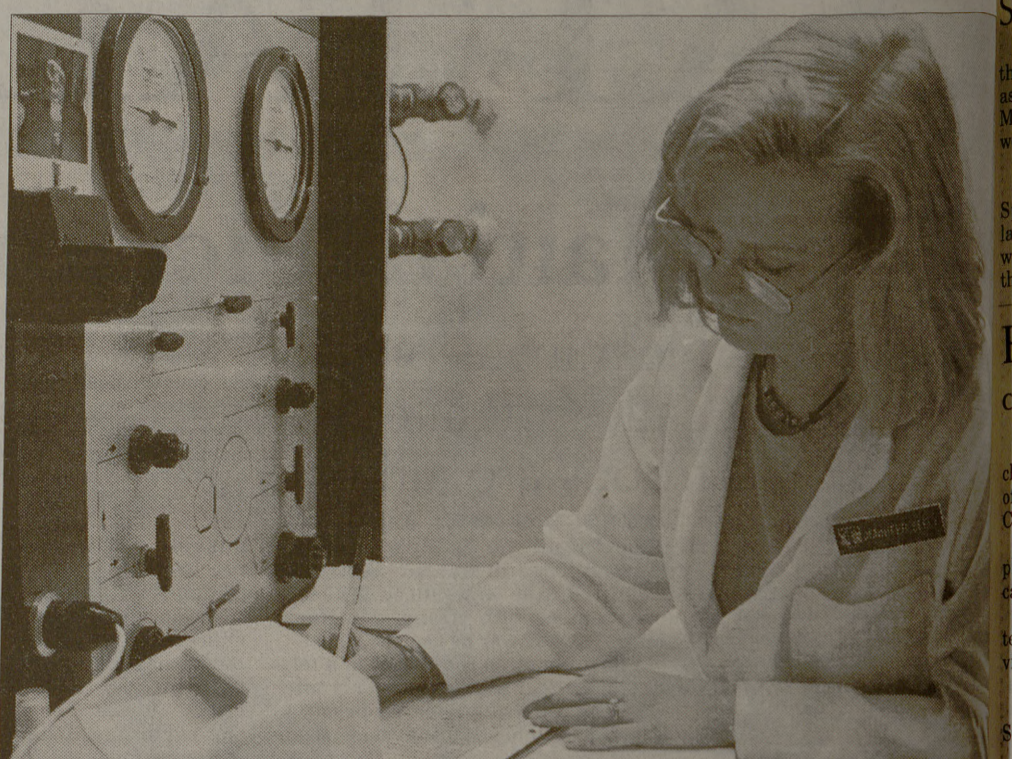
Fife's research has been continuous throughout his years at A&M.

"I started out working mainly with decompression sickness," Fife said. "We also worked on animals to research the effects of hyperbaric on certain diseases. Now, there are about 25 diseases that can be treated with hyperbaric medicine."

The University began experimental treatment on a patient with Lyme's Disease in 1992. Kara Wilson, who is currently a freshman journalism major, came to A&M for three months to receive treatment, and has periodically received treatment since that time.

"My joints are completely frozen, and I have limited movement," Wilson said. "The treatment keeps my energy level up and keeps me from getting worse."

Wilson's doctors had written to the University requesting assistance in possible treatment. The lab received approval from the Institutional Review Board,



Lab technician Jennifer Seely monitors the control panel of the Hyperbaric Chamber at the A.P. Beutel Health Center.

which must approve any experiments conducted on human patients.

"We are interested in treat-

ing more patients like Kara," Fife said. "We are working on a theory about treatment of Lyme's Disease, and if it is true,

this will be a breakthrough for other Lyme's Disease patients."

## Hyperbaric laboratory patient chooses life as Texas Aggie

By Katherine Arnold  
THE BATTALION

Kara Wilson may be in a wheelchair, but not much stops her from getting around.

Wilson is a freshman journalism major from Oregon. She has Lyme's Disease, which she contracted from a tick bite when she was six years old.

"It started off as hives, flu, fever and joint swelling," Wilson said. "No one knew what I had."

Lyme's Disease is a disease spread by ticks infected with a bacterial infection. The tick injects bacteria into its host and the bacteria begins to grow in the body. The immune system eventually begins to form an immunity against itself.

Wilson was diagnosed with Lyme's Disease in May of 1989 and sought treatment at A&M's hyperbaric lab, where researchers had been conducting experiments on different types of diseases.

Dr. William Fife, professor of hyperbaric medicine, said he and Dr. Donald Freeman, director of the hyperbaric laboratory, decided to accept Wilson as a patient.

"We decided to see what we could do," Fife said. "The benefits of treating Kara outweighed any possible harms."

Hyperbaric treatment cannot cure Wilson,

**"I went to two games, two yell practices and Silver Taps. I was sold. There was no way I was going to go anywhere else."**

— Kara Wilson, freshman journalism major

but it does slow down the debilitating effects.

"Hyperbaric oxygen suppresses some aspects of the immune system," Fife said. "The oxygen helps to suppress the inflammatory process in her joints."

Wilson is the only person in the United States undergoing hyperbaric treatment for Lyme's Disease, Fife said.

Wilson came to A&M in August 1992 for three months of treatment.

She returned again in summer 1993 for more treatments. She then decided to attend A&M as a student.

"While I was here for the first round of treatments I went to two games, two yell practices, and Silver Taps," Wilson said. "I was sold. There was no way I was going to go anywhere else."

Most of Wilson's joints are frozen and cannot be moved. She has some movement in her shoulders, her hands, and hips. Surgery to regain mobility in the joints was an option, but Wilson chose not to go through the long process.

"It would have been a four or five year process to reconstruct my knees," Wilson said.

"I had to make a decision: to go to school or go through rehab and have all these surgeries. I chose to have a life," she said.

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## HEALTH TIPS

### New condom provides women with more power in practicing safe sex

By Kindell Peters  
BEUTEL HEALTH CENTER

With much public interest, the Reality female condom became widely available to customers during the month of August. It has been declared by its makers as a new alternative for women to protect themselves from unplanned pregnancy and sexually transmitted diseases. The new female condom hopes to join the ranks of the traditional latex condom in popularity among sexually active individuals who choose to engage in safer sex.

The Reality female condom is a thin, soft, loose-fitting polyurethane sheath which is placed inside the female's vagina prior to intercourse. It is visually similar to the male condom except it is loose-fitting and has two flexible rings, one at each end of the sheath. The inner ring lies inside at the closed end of the sheath and aids in insertion and placement. The outer ring forms the external, open end of the condom. This outer ring and about one inch of the sheath remain outside the female's body to aid in the protection against semen and harmful pathogens. The sheath is pre-lubricated with a silicon-based lubricant and comes with an additional water-based lubricant.

The Reality female condom is intended for one-time use and does not contain spermicide, nonoxonyl-9. It should not be used in conjunction with the male condom. For those who are allergic to latex, the female condom may be a valid alternative since it is made of polyurethane. Polyurethane is also thinner than latex and may result in a more "natural" feel. Some males report increased friction, therefore increased feeling. The female condom also allows females more "power" in the decision to practice safer sex. The failure rate of the female condom is 5 to 21 out of 100. This means that 5 to 21 percent of women experienced an accidental

pregnancy within the first year of using the device. The cost of the Reality female condom is about \$7.50 for a box of 3 (which includes lubricant) about \$2.50 each.

Advantages to the Female Condom—  
The female condom is stronger than latex condoms and less likely to tear or break. The failure rate is less than 1 percent. The main cause of a rip/tear are sharp or jagged objects such as rings or other jewelry. The female condom is more susceptible to the deterioration effects of oil-based lubricants, whereas oil-based lubricants should be used with latex condoms. The female condom is less susceptible than latex to deterioration during storage. It can be inserted up to 8 hours prior to intercourse. Polyurethane is strong and impermeable to organisms as small as the HIV virus. The female condom slips out of place or it should provide protection against sexually transmitted diseases. This protection is at least as good as that provided by the male condom, however, search documentation is not yet available to demonstrate this conclusively except for HIV, hepatitis B, and possibly trichomoniasis. The female condom may also provide more protection from external genitalia.

Disadvantages to the Female Condom—  
The female condom may cause discomfort, irritation or allergic reaction to polyurethane. The vaginal barrier methods increases the risk for urinary tract infection, vaginal bacterial and yeast infections. The female condom may be difficult to insert. Just remember that you must practice safe sex. The female condom may be difficult to use. The device. It may make squeaky noises during intercourse, so make sure to use adequate lubrication and keep a sense of humor! When using the device make sure the outer ring, at the open end of the sheath, does not accidentally slip inside the vagina.

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