

Medical PEMF Studies

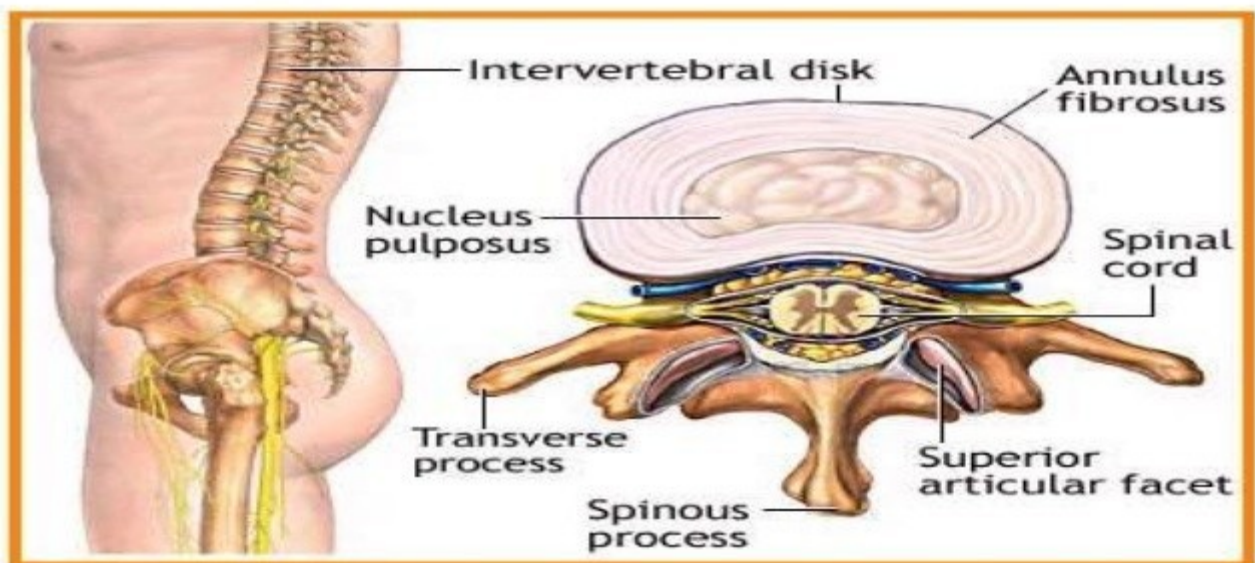


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PAIN

Evaluation of pulsed electromagnetic field therapy in the management of patients with discogenic lumbar radiculopathy.

Discogenic Lower Back Pain



1. Int J Rheum Dis. 2012 Oct;15(5):e101-8. doi: 10.1111/j.1756-185X.2012.01745.x.

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AIM: This randomized clinical trial was designed to evaluate the effect of pulsed electromagnetic field therapy (PEMF) in the management of patients with discogenic lumbar radiculopathy.

METHODS: Forty patients suffering from lumbar radiculopathy due to lumbar disc prolapse were randomly assigned to one of two groups: a study group that included 20 patients who received PEMF therapy and a control group that included 20 patients who received placebo treatment. Both groups were evaluated at bases line and after 3 weeks by using a visual analogue scale (VAS) (0-10), somatosensory

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evoked potentials (SSEPs) for selected dermatomes and Modified Oswestry Low Back Pain Disability Questionnaire (OSW), and findings were compared before and after treatment.

RESULTS: Significant differences were observed between both groups before and after application of PEMF therapy relative to VAS ($P=0.024$), total OSW ($P<0.001$), and other domains of OSW score (pain intensity [$P=0.009$], personal care [$P=0.01$], lifting [$P<0.001$], walking [$P<0.001$], sitting [$P<0.001$], standing [$P<0.001$], sleeping [$P<0.001$], social life [$P<0.001$] and employment [$P=0.003$]). Other significant differences were observed between both groups relative to SSEP latency and amplitude of the evaluated dermatomes on the right side ($P=0.022$ and $P=0.001$, respectively), and left side latency and amplitude ($P=0.016$ and $P=0.002$, respectively).

CONCLUSION: PEMF therapy is an effective method for the conservative treatment of lumbar radiculopathy caused by lumbar disc prolapse. In addition to improvement of clinically observed radicular symptoms, PEMF also seems effective in reducing nerve root compression as evidenced by improvement of SSEP parameters after treatment.

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