



# Testimonials



FEEL THE  
POWER TO HEAL



Ask for a  
FREE trial.



## **The Rate of Recovery Can Be Greatly Accelerated!**

PEMF therapy utilizes a technology that has been shown to accelerate the natural healing processes of the body. Research has shown, that when a magnetic field is induced through the body, a number of symptoms are relieved including arthritic pain, general pain, back problems, sports induced injuries, sleep disorders, etc.

The mammalian body is electromagnetic, composed largely of charged particles such as atoms, electrons, protons and ions. Each performs vital life functions. When a patient is placed in the effective field of a powerful PEMF Therapy device, there is a temporary increase in the magnetic force on the atoms composing the cells of the body. Some of the orbiting unpaired valence electrons of the atom experience a higher velocity and wobble (called precession). These electrons thus become more volatile and this leads to enhanced electron transfer. Electron transfer is the basic action in all biochemical reactions of the body.

Among other effects, the PEMF therapy acts as a catalyst to improve chemical reactions in the body. Application of PEMF therapy improves body functions in the area of the magnetic focal point including oxygen carrying capacity, assimilation of nutrients, manufacture of enzymes, metabolic waste removal, tissue regeneration and most importantly, healing. The rate of healing can be greatly accelerated. For example, a bone fracture that typically requires 8-10 weeks to heal may only require a few days with PEMF Treatment, depending upon the proper protocols being used.

**We Love to hear your story.**

**Please email your personal experience  
using PEMF to [info@cell2n.com](mailto:info@cell2n.com)**

**We want to share it with the World.**

## **Testimonial**

### **Menopausal symptoms**



#### **Case History:**

A fifty-two years old female presented with a two-month history of menopausal symptoms. These included hot flushes that caused her distress, nightmares, creeping feeling under her skin, panic and anxiety attacks, teary, forgetfulness and joint pain.

#### **Results:**

After the third session, the patient commented that she had no flushes for two days. There have been no flushes since the fourth session. After the fifth session, the patient had a stressful week and worked very long hours as well but remained free of any symptoms.

#### **Conclusion:**

While this is only one case, the results were a very positive and quick response by the patient to the sessions and complete relief from all the symptoms being experienced. Further case studies need to be conducted to investigate the reproducibility of the above results.

## **Testimonial**

### **Chronic fatigue**



#### **Case History:**

A 25-years old female presented with chronic fatigue of 1-year duration.

Symptoms included extreme tiredness, which resulted in a lack of ability to go to the gym, go for a walk and do day-to-day activities such as get meals

or at times even to get out of bed. She suffered anxiety attacks, fear attacks and an inability to plan her day. She was unable to think clearly and process her thoughts normally. On a few occasions, she had experienced suicidal thoughts.

This young female had been a patient on and off since 13 years of age and had always been a positive and energetic person. There had been no previous illnesses.

#### **Results:**

After the second session the patient felt some good energy for one day over the weekend and commented on how good it felt. After the fourth session, she felt calmer, more normal and could think clearly. By the tenth session, the coil of the PEMF device could be held up close to the chest indicating that the body energy was significantly higher.

One month after the 12th session, the patient reported that she was still feeling good, could think clearly and had only had a few mild anxiety attacks. These only lasted for 5 minutes compared to the 20 minutes each time originally before the treatments with the PEMF commenced.

She was back at the gym exercising and feeling normal again.

Six weeks after the last session the patient presented with a follow-up session.

She was feeling well but had influenza. As a result, she felt that the anxiety attacks were lasting around 10 minutes, but she could handle them. She was feeling more tired. Five days after the session she stated that she “recovered from influenza within 36 hours... and has “felt normal” ever since.

#### **Conclusion:**

The use of the PEMF therapy for Chronic Fatigue Syndrome in this case has been successful in resolving fatigue and extreme tiredness as well as the emotional problems such as fear, anxiety, depression and suicidal thoughts.

## Testimonial

### Separation of the proximal phalanx



#### Case History:

On 14 July 2007 a 55-years old male tripped on a gutter carrying a tray of food. He fell forward and extended the right arm to break the fall. The dorsal aspect of his left hand impacted and scraped on the cement path whilst his right hand broke the fall. In so doing, his right little finger was extended, snapping the proximal phalanx, which resulted in his little finger being in a position of 30 degrees extension and 45 degrees lateral deviation to his hand. His immediate reaction was that he had dislocated his finger. He responded by grabbing the little finger and pulling it into traction to “pop the joint back into place”. It was a very painful procedure. This was given on the 16, 17, 19, 20, 23 and 24 of July.

#### Results:

The initial results were very rapid. The hematoma and pain had resolved 90% within 48 hours with two sessions. By the fourth day, the patient was moving his finger freely with no pain and I was able to squeeze the fracture site with no pain being felt by the patient.

The graze on the hand had gone from red weeping tissue within 48 hours.

#### Conclusion:

- \* The symptomatic changes in terms of pain and movement of the finger were rapid and spectacular.
- \* The hematoma resolved in 2 to 3 days from black and blue to normal skin color.
- \* The edema resolved within 3 to 4 days completely.
- \* In terms of patient comfort, the session of a fracture site with PEMF was unsurpassed.
- \* The callous formation was present within the first 10 days but at day 23 appeared to be approximately 60% to 80% formed. This is enough to provide stability and strength to the join but would not be sufficient to allow for heavy contact as in some sporting activity.
- \* The fact that sessions had to cease at day 10 could be a factor. More sessions may well have produced a more complete join at the fracture site at day 23.

## **Testimonial**

### **Pneumonia in the right lung**



#### **Case History:**

A 56-years old male presented with labored breathing, an audible wheeze whilst talking and listless with exhaustion due to pneumonia. He advised that he had had this condition for the last three months but not as severe as at the time of presenting. The patient found it difficult to finish a sentence without taking a breath. 13 and 37. These traditional points are used to put energy directly into the lungs in TCM.

#### **Results:**

After the first 24 hours the patient presented breathing freely with a small wheeze present. He spoke with more energy and completed his sentences easily without pausing to inhale. At his third presentation for his session he had the slightest wheeze, breathed normally and had no external signs of pneumonia.

Following the third treatment, he returned to work. Four days later chest radiographic films and a medical examination by his medical practitioner confirmed that he was clear of pneumonia.

#### **Conclusion:**

The patient had observed the successful results with Chronic Fatigue using the PEMF therapy on two of his daughters. He presented in the hope that he could resolve his pneumonia, which had been present for two days along with varying degrees of severity of lung congestion for the previous three months. He had been advised that he would normally send a patient in his condition and with his pallor to the hospital and that he would be on the current prescription of antibiotics for at least 7 to 10 days before he would notice any changes.

## **Testimonial Chronic Pain**



### **Case History:**

After searching for five years to relieve our chronic pain, my partner announced one day, "We're going for a free trial on the PEMF therapy". I felt the sensation in the muscles. I could feel like a tingling in the nerves I guess you'd say. It didn't hurt, but I could certainly feel where all the damaged areas were. The

caregiver did the 3 protocols position 1, 2, and 3 and my low back only from the back, each for 2 minutes. I was as thirsty as could be after the session and they'd told me to drink water, so I did. I'm sitting there through the talk about the PEMF therapy and I'm thinking ... that pain is getting better. Well, I think within an hour it had gone from level 8 to about 4 ! - within two hours, it was down to 2. Then the following Tuesday, I couldn't believe how good I felt.

### **Results:**

I HAD NO PAIN... NONE ! .... I LITERALLY HAD ENERGY TO BURN.... I COULD FEEL THE AIR IN MY LUNGS. THAT DAY WAS AMAZING.

The Friday was good. Then halfway through Saturday, my chiropractor looked at my back in an attempt to help find the source of the pain I was feeling. I really appreciated his concern and his help, so please the result I'm going to describe is just what happened. I thank my chiropractor for what he did, it unraveled a little more of the mystery.

### **Conclusion:**

He verified, something was certainly causing pain, but I forgot to tell him never to do the slump test. For whatever reason, it triggers it, and sure enough, I was in absolute agony by the end of dinner. I could barely walk to the car. Next morning my partner urged me to do the PEMF therapy again, and sure enough, within the hour, my pain had gone from about a nine to 0 !. So, I guess I'd been really hurt my miracle wasn't such a miracle after all, but it was certainly close enough. Anyone who has experienced chronic pain will know five minutes without it is a blessing.



## Testimonial

### Back and Leg Pain



#### Case History:

47-years old female presented with a five year history of low back and right leg pain, numbness in the outside of the right foot and lower calf - caused by lifting and twisting injury in December 2002. MRI scans at that time show severe L5/S1 right sided Disc prolapse, L4/5 disc prolapse, and L2/3 disc prolapse. Reports indicate referred pain to right shoulder, arm and hand. Frequent severe headaches and neck pain, pain sensitivity & seizures with severe pain. Constant pain level average 8, raising to 10 at times. Aggravated by standing and sitting. Movement is beneficial. Treatment prescribed - physiotherapy. Neurosurgery in December 2003 for prolapsed L5/S1, L4/5, and herniated L2/3 spinal discs. Micro-Discectomy was performed on L4/5, and right-sided L5 laminectomy. Post-surgery MRI (27.1.05) shows L5/S1 minimal residual central disc bulge, minimal L4/5 central disc bulge with a tear in the annulus.

Personally not sure what all the above means, other than they suspected that it was something to do with the sacroiliac joint. A physio told me once with the missing/damaged discs, it is possible this joint may jam and pinch the nerves and I've assumed this is what has happened. The theory adds up to with the severe pain in the back at times that would send me to the floor and slowly resolve itself, which indicates something like pinching a nerve rather badly. I can also assume that whilst I'm not moving, this joint may stay in place after it has been corrected, but this is not practical, and therefore I've been recommended more chiropractic sessions as being beneficial. However I'm still not sure where this theory fits in with the PEMF and its amazing success on my pain levels, and other than aggravating a situation of the damaged discs or maybe the sac joint, every now and then, I have NO PAIN, and no dropping to the floor, no seizures, the feeling is back in my foot.

#### Results:

I can't explain it, but I know this machine did something totally different to any of the other million things I tried, and it works.

I did do a lot of other healing techniques, and kinesiology. I did do a lot of diet changes, lifestyle changes, chiropractic help, tissue salts, so I'm suggesting all of this may have helped with such a good result. My kinesiologist says I was ready to give up my pain... Well, maybe there's something in that too.

#### Conclusion:

This PEMF therapy did something to change the way my body was thinking or acting or whatever. I really don't care.... IT WORKS!



## **Testimonial**

### **Lung**



#### **Case History:**

My story..... In Feb. 2007 I had a full body cat scan which is a routine investigation performed 12 months after removal of a melanoma. I was given a diagnosis of melanoma metastasis in my lungs with multiple lesions in evidence. An experimental chemotherapy was recommended.

I refused their treatment and began PEMF therapy on March 4. To monitor my condition, I insisted on non-invasive investigations only. The lung masses were reducing in size and number. The oncologist and respiratory physician both knew that I was using an alternative therapy and did not approve, nor did they inquire as to its nature.

To cut a long story a bit shorter, I had been given a complete misdiagnosis. By June, the medical fraternity ultimately re-diagnosed my condition to be 'allergic bronchopulmonary aspergillosis' with a treatment of long-term, large dosage steroids, and antifungal drugs all of which have nasty and lasting side effects.

I again disregarded their treatment regime and continued with the PEMF therapy. My health continued to improve, the masses continued to reduce, and I felt really well. My husband also commented that I was also not suffering from the nightly labored breathing that my asthmatic condition imposed. I had been classified as a severe unstable asthmatic and throughout my life have been treated with increasingly stronger medications including various steroids.

#### **Results:**

The last cat scan of my lungs was done in April of this year (08). I also had a flat chest X-ray in June, and again in October. All the masses have gone!!

Yippee!! And my lungs are clear!! Yippee!!

My health condition is just so different to what I have dealt with all my life. My husband and I went for a walk yesterday at the beach - we haven't been walking for a long time. It started to rain heavily and we ran to the car We RAN!! I was actually able to do this - wow!!

#### **Conclusion:**

I am doing the PEMF therapy 3 times a week - every week. It's much better than being dependent on massive doses of nasty (but certainly lifesaving) drugs. I am active, energetic and joyful.

Life is good.

## **Testimonial**

### **Back and Leg problems**



#### **Case History:**

Back/Leg Problem 70-years old female

I was moving the furniture at home and hurt my back causing pain in my left leg.

A CT scan revealed disc bulges and pressure on the nerves. It was suggested I should see a surgeon, but at age 70 this seemed to me to be a last resort.

However, after using the PEMF for 1 day, then I skipped 2 days, then 2 days consecutively, skipped one day, then another 2 days; a total of 7 days for 30 minute sessions which included the protocols, (chest, upper back, chest) and the low back, sit on the loop and hip.

We also held the loop over my feet, and my left leg through the loop.

#### **Results:**

Interestingly enough about halfway through the sessions, I noticed the ganglion on my wrist had virtually disappeared.

#### **Conclusion:**

The caregiver contacted me to see how I was going the following week, because I hadn't been down for more sessions. I found I no longer needed the panadol or aspirin. I seemed to be pain-free and had resumed light duties outdoors. This lasted for about two weeks, with lesser discomfort than previously. I am currently coming for more sessions with good results.

## **Testimonial**

### **Severely Fractured Acetabulum (Hip Socket)**



#### **Case History:**

A 15-years old dirt bike rider who fell off his bike at speed and hit the ground with his knee. The force drove the head of his femur through the wall of the acetabulum creating a serious fracture with 200 ml of internal bleeding which blocked his bladder.

He underwent surgery late January to pin the fractured acetabulum.

#### **Results:**

The first image was taken on 23 Feb '09. The fracture is obvious. The second image was taken on 23 March '09.

He had 5 sessions of PEMF therapy from 30 Jan. to 17 Feb. and had gone from pain and nil flexion of the hip to no pain and full range of motion with the left hip.

He had a further three sessions after the Feb. X-Ray image was taken.

The radiologist cleared him to race in the State and National titles after seeing the results on 23 March '09.

#### **Conclusion:**

The difference in 4 weeks between to two images supplied is remarkable.

## **Double-Blind Trial Tibial Fractures**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(84\)92329-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(84)92329-8/abstract)



### **Case History:**

Patients with Tibial fractures which had remained un-united for at least 52 weeks were randomly allocated to either active or dummy PEMF stimulators and treated in full leg plasters for 24 weeks with a non-weightbearing conservative regimen, as is usual with such techniques.

### **Results:**

Fractures in 5 of the 9 patients with working machines united and fractures in 5 of the 7 patients with dummy machines also united. These early results of this double-blind trial are compatible with a difference in success rate at 24 weeks on active treatment of + 33% to - 61% (95% confidence limits) compared with the success rate on the dummy stimulators.

### **Conclusion:**

The high proportion of fractures uniting in the control group suggests that conservative management of non-union is effective and this may explain much of the success attributed to PEMF

## Double-Blind Trial Osteoarthritis of the knee

<https://www.ncbi.nlm.nih.gov/pubmed/12602111>



### Case History:

PEMF therapy is frequently used to treat the symptoms of osteoarthritis, although its efficacy has not been proven. We conducted a randomized, double-blind comparison of PEMF and sham therapy in patients with symptomatic osteoarthritis of the knee. Patients were assigned to receive 84 sessions, each with a duration of 30 minutes, of either PEMF or sham treatment. Patients administered the treatment on their own at home, twice a day for six weeks.

### Results:

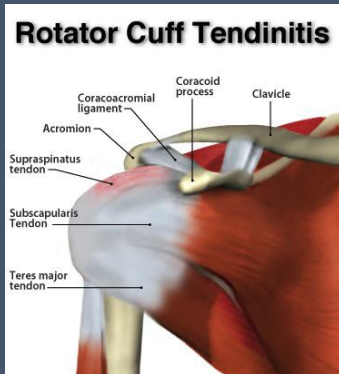
According to a sample size estimation, 36 consecutive patients were enrolled. 34 patients completed the study, two of whom had to be excluded from the statistical analysis, as they had not applied the PEMF sufficiently. Thus, 15 verum and 17 sham-treated patients were enrolled in the statistical analysis. After six weeks of treatment the WOMAC Osteoarthritis Index was reduced in the PEMF-group from 84.1 (+/- 45.1) to 49.7 (+/- 31.6), and from 73.7 (+/- 43.3) to 66.9 (+/- 52.9) in the sham-treated group ( $p = 0.03$ ). The following secondary parameters improved in the PEMF group more than they did in the sham group: gait speed at fast walking [+6.0 meters per minute (1.6 to 10.4) vs. -3.2 (-8.5 to 2.2)], stride length at fast walking [+6.9 cm (0.2 to 13.7) vs. -2.9 (-8.8 to 2.9)], and acceleration time in the isokinetic dynamometry strength tests [-7.0% (-15.2 to 1.3) vs. 10.1% (-0.3 to 20.6)].

### Conclusion:

In patients with symptomatic osteoarthritis of the knee, PEMF treatment can reduce impairment in activities of daily life and improve knee function.

## Double-Blind Trial **ROTATOR CUFF TENDINITIS**

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(84\)92219-0/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(84)92219-0/abstract)



### **Case History:**

The value of PEMF for the treatment of persistent rotator cuff tendinitis was tested in a double-blind controlled study in 29 patients whose symptoms were refractory to steroid injection and other conventional conservative measures.

### **Results:**

The treated group (15 patients) had a significant benefit compared with the control group (14 patients) during the first 4 weeks of the study, when the control group received a placebo. In the second 4 weeks, when all patients were on active coils, no significant differences were noted between the groups. This lack of difference persisted over the third phase, when neither group received any treatment for 8 weeks.

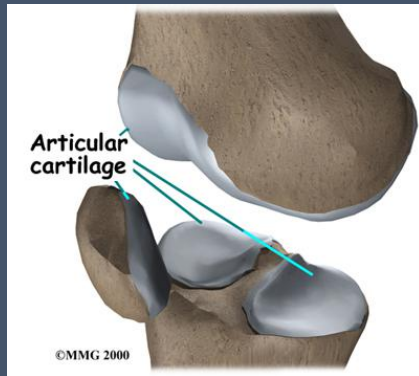
### **Conclusion:**

At the end of the study 19 (65%) of the 29 patients were symptomless and 5 others much improved. PEMF therapy may thus be useful in the treatment of severe and persistent rotator cuff and possibly other chronic tendon lesions.

## Clinical studies

# Articular Hyaline Cartilage

<https://www.sciencedirect.com/science/article/abs/pii/S0753332205001162>



### Case History:

Osteoarthritis (OA) is the most common disorder of the musculoskeletal system and is a consequence of mechanical and biological events that destabilize tissue homeostasis in articular joints. Controlling chondrocyte death and apoptosis, function, response to anabolic and catabolic stimuli, matrix synthesis or degradation and inflammation is the most important target of potential chondroprotective treatment, aimed to retard or stabilize the

progression of OA. Although many drugs or substances have been recently introduced for the treatment of OA, the majority of them relieve pain and increase function, but do not modify the complex pathological processes that occur in these tissues.

### Results:

PEMF have a number of well-documented physiological effects on cells and tissues including the upregulation of gene expression of members of the transforming growth factor  $\beta$  super family, the increase in glycosaminoglycan levels, and an anti-inflammatory action. Therefore, there is a strong rationale supporting the in vivo use of biophysical stimulation with PEMF for the treatment of OA.

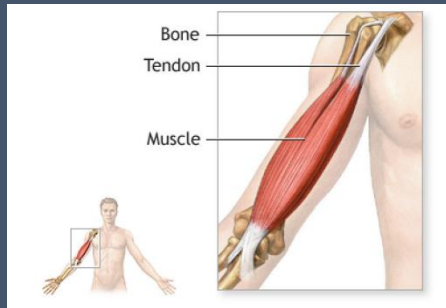
### Conclusion:

In the present paper some recent experimental in vitro and in vivo data on the effect of PEMF on articular cartilage were reviewed. These data strongly support the clinical use of PEMF in OA patients.



## Double-Blind Trial Tendon Repair

<https://www.sciencedirect.com/science/article/pii/S0363502306004965>



### Case History:

To examine the effect of PEMF on the biomechanic strength of rat Achilles' tendons at 3 weeks after transection and repair.

### Methods

This noninvasive modality was tested in a prospective, randomized, double-blinded, placebo-controlled study to evaluate the

effect of a specific noninvasive radiofrequency pulsed electromagnetic field signal on tendon tensile strength at 21 days post transection in a rat model.

### Results:

In the animals receiving PEMF exposure, an increase in tensile strength of up to 69% was noted at the repair site of the rat Achilles' tendon at 3 weeks after transection and repair compared with nonstimulated control animals.

### Conclusion:

The application of PEMF, configured to enhance Ca<sup>2+</sup> binding in the growth factor cascades involved in tissue healing, achieved a marked increase of tensile strength at the repair site in this animal model. If similar effects occur in humans, rehabilitation could begin earlier and the risk of developing adhesions or rupturing the tendon in the early postoperative period could be reduced.

## **Double-Blind Trial Healing of wounds**

<https://www.sciencedirect.com/science/article/pii/S0007122681900060>



### **Case History:**

A double-blind trial of the effect of PEMF on the healing of donor site wounds was carried out in man.

### **Results:**

Approximately twice as many patients were healed in seven days where active treatment was given as opposed to those receiving placebo treatment.

### **Conclusion:**

The strictest criteria of clinical and statistical analysis were used and the results were found to be clinically and statistically significant.

## Double-Blind Trial Recalcitrant Venous Ulcers

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2133.1992.tb08047.x/abstract>



### Case History:

A prospective, randomized, double-blind, placebo-controlled multicentre study assessed the clinical efficacy and safety of PEMF limb ulcer therapy (PELUT) in the healing of recalcitrant, predominantly venous leg ulcers.

### Results:

The portable device was used at home for 3 h daily during this 8-week clinical trial as an adjunct to a wound dressing. Wound surface area, ulcer depth and pain intensity were assessed at weeks 0, 4 and 8. At week 8 the active group had a 47.7% decrease in wound surface area vs. a 42.3% increase for placebo ( $P < 0.0002$ ). Investigator's global evaluations indicated that 50% of the ulcers in the active group healed or markedly improved vs. 0% in the placebo group, and 0% of the active group worsened vs. 54% of the placebo group ( $P < 0.001$ ). Significant decreases in wound depth ( $P < 0.04$ ) and pain intensity ( $P < 0.04$ ) favouring the active group were seen. Patients whose ulcers improved significantly after 8 weeks were permitted to continue double-blind therapy for an additional 4 weeks. Eleven active and one placebo patient continued therapy until week 12, with the active treatment group continuing to show improvement. There were no reports of adverse events attributable to this device.

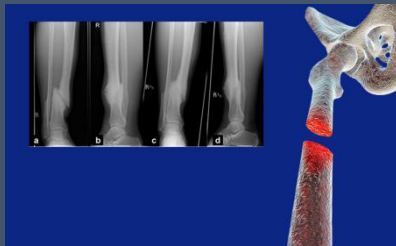
### Conclusion:

We conclude that the PEMF device is a safe and effective adjunct to non-surgical therapy for recalcitrant venous leg ulcers.

## Clinical studies

# Bone Fracture Healing

<https://www.ncbi.nlm.nih.gov/pubmed/20953928>



### Case History:

PEMF therapy has been widely used in clinical practice for bone fracture healing. However, the mechanism of its action remains to be elucidated. Our object was to investigate the mechanism by which PEMF accelerates bone fracture healing.

### Results:

The expression levels of angiopoietin-2 and fibroblast growth factor-2 were significantly higher in the PEMF group than in the control group. This difference suggests that PEMF may induce an angiogenesis-prone environment in the bone marrow. Such angiogenesis acceleration represents one possible mechanism for the acceleration of bone fracture healing by PEMF. There were no significant differences between the two groups for the expression levels of tunica interna endothelial cell kinase-2, angiopoietin-1, and vascular endothelial growth factor. The lack of increase in tunica interna endothelial cell kinase-2 expression may indicate that PEMF does not unnecessarily increase blood vessels in normal bone marrow. The lack of an increase in the expression level of vascular endothelial growth factor suggests that PEMF does not have invasive effects including the induction of hypoxic conditions and inflammation on the bone marrow.

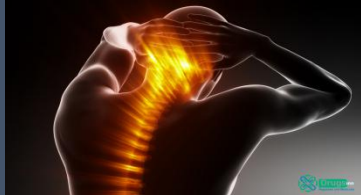
### Conclusion:

The angiogenesis-promoting function of PEMF may contribute to its mechanism to noninvasively accelerate bone fracture healing.

## Clinical studies

# Refractory Neuropathic Pain

<http://journals.sagepub.com/doi/abs/10.1177/0888439003261024>



### Case History:

Neuropathic pain (NP) from peripheral neuropathy (PN) arises from ectopic firing of unmyelinated C-fibers with accumulation of sodium and calcium channels. Because PEMF safely induce extremely low frequency (ELF) quasirectangular currents that can depolarize, repolarize, and hyperpolarize neurons, it was hypothesized that directing this energy into the sole of one foot could potentially modulate neuropathic pain. Objective. To determine if 9 consecutive 1-h treatments in physician's office (excluding weekends) of a pulsed signal therapy can reduce NP scores in refractory feet with PN. Design/setting/patients. 24 consecutive patients with refractory and symptomatic PN from diabetes, chronic inflammatory demyelinating polyneuropathy (CIDP), pernicious anemia, mercury poisoning, paraneoplastic syndrome, tarsal tunnel, and idiopathic sensory neuropathy were enrolled in this nonplacebo pilot study. The most symptomatic foot received therapy. Primary endpoints were comparison of VAS scores at the end of 9 days and the end of 30 days follow-up compared to baseline pain scores. Additionally, Patients' Global Impression of Change (PGIC) questionnaire was tabulated describing response to treatment. Subgroup analysis of nerve conduction scores, quantified sensory testing (QST), and serial examination changes were also tabulated. Subgroup classification of pain (Serlin) was utilized to determine if there were disproportionate responses. Intervention. Noninvasive pulsed signal therapy generates a unidirectional quasirectangular waveform with strength about 20 gauss and a frequency about 30 Hz into the soles of the feet for 9 consecutive 1-h treatments (excluding weekends). The most symptomatic foot of each patient was treated.

### Results:

All 24 feet completed 9 days of treatment. 15/24 completed follow-up (62%) with mean pain scores decreasing 21% from baseline to end of treatment ( $P = 0.19$ ) but with 49% reduction of pain scores from baseline to end of follow-up ( $P < 0.01$ ). Of this group, self-reported PGIC was improved 67% ( $n = 10$ ) and no change was 33% ( $n = 5$ ). An intent-to-treat analysis based on all 24 feet demonstrated a 19% reduction in pain scores from baseline to end of treatment ( $P = 0.10$ ) and a 37% decrease from baseline to end of follow-up ( $P < 0.01$ ). Subgroup analysis revealed 5 patients with mild pain with nonsignificant reduction at end of follow-up. Of the 19 feet with moderate to severe pain, there was a 28% reduction from baseline to end of treatment ( $P < 0.05$ ) and a 39% decrease from baseline to end of follow-up ( $P < 0.01$ ). Benefit was better in those patients with axonal changes and advanced CPT baseline scores.

### Conclusion:

These pilot data demonstrate that directing PEMF to refractory feet can provide unexpected shortterm analgesic effects in more than 50% of individuals. The role of placebo is not known and was not tested. The precise mechanism is unclear yet suggests that severe and advanced cases are more magnetically sensitive. Future

studies are needed with randomized placebo-controlled design and longer treatment periods.

## **Testimonial**

### **Horse riding accident**



#### **Case History:**

On February 2005, Terry fell backward with her head hitting the floor resulting in the following condition:

1. Rupture of the alar ligament.
2. Break in the brain stem seal.
3. The odontoid process was unstable.
4. Break in the atlanto-occipital joint

For the earlier part 3 ½ years she was bedridden and experienced different stages of coma.

1 ½ years ago, PEMF, was at a presentation and training workshop. Terry heard about the sessions and attended a workshop. We offered to give her a treatment.

#### **Results:**

Instantly the fog in her head cleared. Her neurological system felt stabilized. Since then up till the following May, she had continued sessions and only experienced several minor loss of consciousness. Terry is now up to 80% recovery. Terry's treatment is a combination of PEMF therapy and bovine stem cells treatment.

#### **Conclusion:**

Terry has a health-related business and is now committed to providing PEMF therapy as a main focus in her practice. Terry is back to her passions for riding horses and ballroom dancing!

## **Testimonial**

### **Under-active thyroid**



#### **Case History:**

I would like to say how the PEMF therapy has really helped me.

I have suffered from an under-active thyroid for 20 years and after 3 months use of the PEMF twice a week, my medication dosage was halved, much to the amazement of the doctors as it had

been a regular amount of medication for years.

My lower back had become very painful and over the last few years, made it quite impossible to mow lawns, do gardening and to even wash the dog. If I did these jobs, my back would lock up and take quite a little while to straighten up.

#### **Results:**

After regular use of the PEMF, my back is so much better and free of the painful locking up. I can now mow lawns and get down on the ground for gardening.

#### **Conclusion:**

I also suffered from insomnia and found that even after the first time using the machine, I slept soundly.



## **Testimonial**

### **Post Surgery Cervical Spine Fusion**



#### **Case History:**

On 11th January 2010, a 22-years old female presented with severe neuritis and radiculopathy from her right side lower cervical spine to her right shoulder, scapula and thoracic spine. She presented with a history of a motor vehicle accident, which involved the vehicle that she was driving skidding sideways into a telegraph pole at speed. The pole impacted the vehicle 30cm (one foot) behind the driver's seat. The impact buckled the vehicle. The driver was restrained with a lap-sash seatbelt. Her body was restrained but her head whipped sideways and into flexion. The sudden deceleration with a side impact caused massive trauma to her cervical spine resulting in vertebral compression fractures to C5, C6 and C7 vertebral bodies. The C5 posterior arches fractured and posterior longitudinal ligaments ruptured. After being extracted from the vehicle she was taken to the hospital and underwent immediate spinal surgery by a specialist neurosurgeon.

#### **Results:**

The patient received sessions using the PEMF over the mid-sternum (position 1), the lower thoracic spine (position 3), and over the cervicothoracic region (this was to stimulate the Traditional Chinese Medicine acupuncture point Bladder 11 which is known as the Meeting Point for Bones, the point used for bone fractures anywhere in the body). Each position was given 5 minutes of pulsing. Sessions were given on 11th, 12th, and the 18th January. On the 19th she reported that the neuritis had completely resolved. She was no longer on painkillers and was sleeping well.

On the 29th Ct scans confirmed that the bones in each of the vertebral bodies were fusing.

#### **Conclusion:**

The use of the PEMF therapy for resolving fractures is well documented. The use of the PEMF therapy post-surgery following the use of rods and screws to stabilize the injured bones not only assists the unification of the fragments but also is outstanding in its ability to resolve inflammation and pain.

## Fractured Ulna 9 days after using PEMF therapy.



## **Testimonial Sports Injuries**

### **My Background History**



#### **Case History:**

After being a professional rugby player, pushed his body past its limits. Over 15 years of competitive player since I was 12 years of age. I have broken my ankle, violently dislocated both my shoulders and have broken nearly all my ribs. But I have also done years of serious physical rehabilitation and surgery to improve for recovery, but I do live in daily constant pain.

#### **Results:**

The PEMF therapy was a first for me and I was surprised by how it targeted areas where the damage had directly taken place such as the inside of both my shoulders. Additionally, I did not feel a surge of energy but I felt, even after one treatment, that my entire body felt 10 years younger. It was a feeling that I could recognize because as an athlete we are trained to be very aware of how our bodies are feeling. More so than any other therapy I have ever had, the effects were immediate and significant for someone who has always pushed the bodies past their limit.

- David Jung



This patient was diagnosed with parotid cancer and had surgery and radiation therapy in August of 2007. Following this, his face refused to heal. The side of his face stayed, pretty much as seen here for the next 3 1/2 years.

In late April, 2011, he started to apply our therapy to his face. 20 treatments and 1 1/2 months later, his face looked like this.

His face continues to improve with regular therapy from us. The patient is, of course, very happy with the improvement in his face.



He is also very happy that our therapy have reduce the pelvic pain and frequent nighttime urination caused by an inflamed prostate!

This patient is diabetic. His right calf and ankle were very swollen and discolored and he had 2 toes amputated.

In early 2010 he developed a blister on the sole of his foot that quickly progressed into the hole seen here in his picture.



After just 10 therapy sessions beginning in early June 2011, circulation is greatly enhanced and the hole in his foot began to heal.

After 20 more sessions, and 1 month later, the healing was much more.

The upper wound is completely healed over and the swelling and discoloration in his calf and ankle diminished dramatically.





Some conditions that have responded favorably to PEMF therapy across the country\*:

Alzheimer's	Neck Pain
Amyotrophic Lateral Sclerosis	Nerve Regeneration
Arthritis	Neuropathy
Asthma	Nonunion Fracture
Atherosclerosis	Optic Nerve Atrophy
Bone Fracture	Osteochondrosis
Bronchitis	Osteoporosis
Burns	Pain
Cartilage/Soft Tissue Healing	Pancreatitis
Cervical Osteoarthritis	Parkinson's Disease
Chronic Fatigue	Paroxysmal Dyskinesia
Chronic Pain Management	Pelvic Pain
Dental Problems	Peptic - Duodenal Ulcer
Diabetes	Periodontitis
Elbow Pain	Permanent Injury
Endometriosis/Endometritis	Pneumonia
Epilepsy	Poisoning – Detoxification
Eye Disorders	Post-Mastectomy
Facial Nerve Neuropathy/Paralysis	Post-Operative Pain
Fibromyalgia	Post-Polio Syndrome
Frozen/Locked Joints	Post-Herpetic Pain
Glaucoma	Prostatitis
Headache	Pseudoarthrosis
Hearing Loss	Psoriasis
Heart Disease	Rheumatoid Arthritis
Herpetic Stomatitis	Scar Modification
Hypertension	Seasonal Affective Disorder
Inflammation/Edema	Shoulder Pain
Insomnia	Sinusitis
Joint Pain	Sleep – Insomnia
Kidney Failure/Inflammation/Stones	Spinal Cord Injury
Knee Pain	Stroke
Laryngeal Inflammation	Tendonitis
Limb Lengthening	Tinnitus
Liver/ Hepatitis	Trophic Ulcer
Lupus Erythematosus	Tuberculosis
Lymphadenitis	Urinary Inflammation – Trauma
Mandibular Osteomyelitis	Uterine Myoma
Maxillofacial Disorders	Vasomotor Rhinitis
Migraine	Vestibular Dysfunction
Multiple Sclerosis	Whiplash
Muscle Rehabilitation	Wound Healing
Muscular Dystrophy	Wrinkles



## Disclaimers

PEMF is an experimental device with no medical claims being made or implied for its use. The only way to know if PEMF therapy will be of benefit in any particular situation is to try it and see. However, the continued and growing use of the various available PEMF therapy by Health care providers would seem to indicate some significant positive results from their usage, not to mention a the large number of anecdotal stories indicating very positive treatment results for a large number of conditions.

We never know if it will help you, but you have nothing to lose. **SAFE. Non-intrusive. No Drugs or Chemicals. No side effects.**

The information contained herein is not intended to be a substitute for professional medical advice, diagnosis or treatment in any manner. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding any medical condition.

Always consult a qualified medical professional before beginning any new medications or treatments. PEMF therapy suggestions are not intended to substitute for proper medical advice. If you have any chronic or recurring conditions such as high blood pressure, neck or back pain, arthritis, heart disease etc., please seek your physician's advice before starting any new therapy.

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