

INNOVATION MAGCELL® MICROCIRC

Magnetic field therapy is available in a range of types and appearances. Various forms of therapy do not have sufficient scientific proof of their effectiveness. Furthermore MAGCELL® MICROCIRC cannot be compared with “pulsating signal thera-

HOW OUR THERAPY IS DIFFERENT:

The MAGCELL® MICROCIRC is equipped with high-strength permanent magnets mounted in a special arrangement on a pivoted disc, which are controlled by microchip. During operation, a strong, pulsating electromagnetic field (PEMF) of around 100 mT is generated with a selective frequency range. The magnetic fields serve as a transfer medium for electrical treatment fields (induction). Thanks to our strong field and the frequencies used, thresholds for regeneration processes in damaged tissue are exceeded, even at a depth of 3-5 cm.

py (PST)”, “MultiBioSignal Therapy (MBST)”, “Nuclear Magnetic Resonance Therapy”, “TENS” or other transmission forms such as magnetic field mats or coils.



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Test the therapy  
with no obligation!

DEALER MARK / STAMP

TECHNOLOGY FOR THERAPY

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PHYSIOMED®



MAGCELL® MICROCIRC

# Alleviation of chemotherapy-induced polyneuropathies

MAGCELL® MICROCIRC

- » treating sensory neurotoxicities in chemotherapy-induced polyneuropathy (CIPN) with the help of electrotherapy without electrodes
- » easy to use
- » free of side effects

» Test the therapy with no obligation



TECHNOLOGY FOR THERAPY

PHYSIOMED®

ELECTRODE-FREE ELECTROTHERAPY

Reduction of sensory neurotoxicities in cytostatic-induced polyneuropathy

MAGCELL® MICROCIRC can positively influence symptoms of neurotoxicities like sensory ataxia, neuropathy and neuropathic pain symptoms (especially CIPN I-IV) on hands and feet as a result of chemotherapy.

MAGCELL® MICROCIRC is incredibly easy to use. Just switch it on and begin treatment – wherever you are, even through clothes or shoes!



PROSPECTIVE RANDOMIZED PLACEBO-CONTROLLED DOUBLE-BLIND STUDY\*

A double-blind placebo-controlled phase III study\* substantiated the results of a previously conducted phase II study\*\*: MAGCELL® MICROCIRC improves the symptoms of sensory neurotoxicities on hands and feet caused by chemotherapies. For the primary clinical endpoint - the nerve conduction velocity of the n. peroneus - a significant improvement compared to the placebo group could be observed in the treatment group at the end of the study (T3). The same is true for the neurotoxicity severity perceived by the patients (CTCA score, one of the other clinical endpoints). The new findings of the authors suggest that MAGCELL® MICROCIRC is currently the only non-pharmacological intervention with a significant benefit to the patients.

TREATMENT

Two sessions daily per foot/hand (each treatment 5 minutes) over a period of three months.

\* Rick O., von Hehn U., Mikus E., Dertinger H., Geiger G. (2016): Magnetic Field Therapy in Patients With Cytostatics-Induced Polyneuropathy: A Prospective Randomized Placebo-Controlled Phase-III Study. Bioelectromagnetics 38(2): 85-94. doi: 10.1002/bem.22005.

\*\* Geiger G., Mikus E., Dertinger H., Rick O. (2015): Low frequency magnetic field therapy in patients with cytostatic-induced polyneuropathy: A phase II pilot study. Bioelectromagnetics 36(3): 251-254. doi: 10.1002/bem.21897.

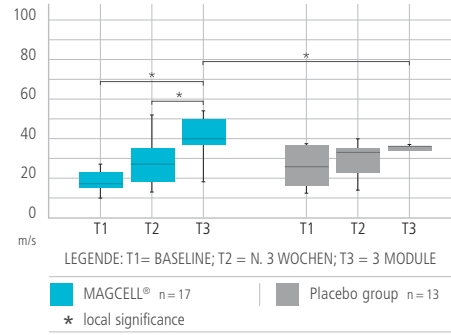
SENSORY NEUROGRAPHY N. PERONEUS

The primary endpoint was nerve conduction velocity (NCV). For the n. peroneus there was only a statistical improvement between T1 and T3 as well as T2 and T3 in the MAGCELL® group. When comparing the groups there was only a significant difference at T3 for the benefit of the MAGCELL® group.

CTCAE SCORE (COMMON TOXICITY CRITERIA)

Secondary endpoints were the Common Toxicity Criteria (CTCAE) score and the Pain Detect End Score at T3. Significant improvement was achieved in terms of the patients' subjectively perceived neurotoxicity (CTCAE score), but not of neuropathic pain. From data in the randomized study presented here, a positive effect on the reduction of neurotoxicity can be assumed for the MFT device. Patients with sensory neurotoxicity in the lower limbs, especially, should therefore be offered this therapy.

NERVE CONDUCTION VELOCITY (NCV) N. PERONEUS  
Source: Rick et al. (2016)



COMMON TOXICITY CRITERIA (CTCAE)  
Source: Rick et al. (2016)

