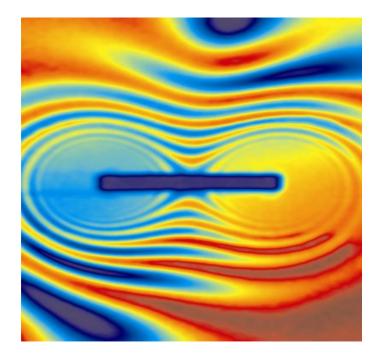
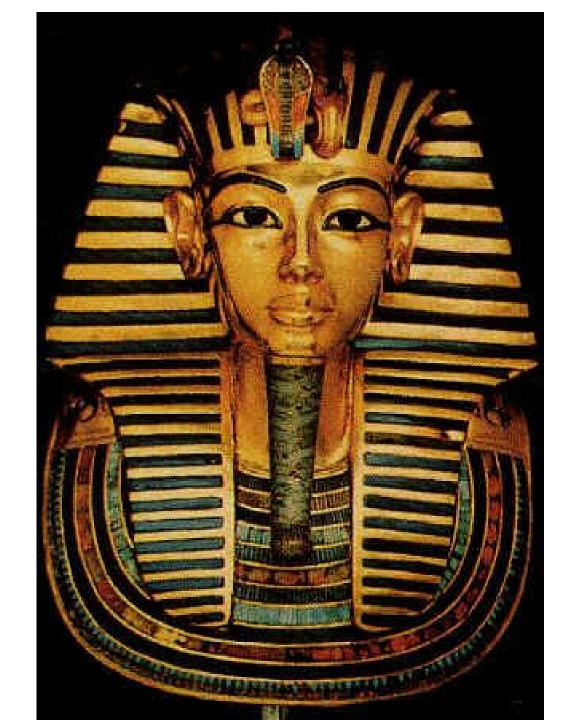
MAGNETS and MENOPAUSE



Dr Nyjon Eccles BSc MBBS MRCP PhD



A Critical Review of Randomized Controlled Trials of Static Magnets for Pain Relief

NYJON K. ECCLES, M.R.C.P., Ph.D.

ABSTRACT

Objective: The aim of this review was to establish whether there is evidence for or against the efficacy of static magnets to produce analgesia.

Methods: A systematic literature review was undertaken of studies that compared the use of static magnets with an appropriate control for the treatment of pain. Study methods, their quality, and outcome were also reviewed.

Results: Overall, 13 of the 21 studies reported a significant analgesic effect due to static magnets. Of the 18 better quality studies with 3 points or more on the quality assessment, 11 were positive and six were negative, and in one there was a non-significant trend towards a positive analgesic effect. In two of the negative studies, there are concerns over adequacy of magnet power for the type of pain, and in the other study of duration of exposure to the magnetic field. If these two studies are excluded on the grounds of inadequate treatment, then 11 out of 15 (73.3%) of the better quality studies demonstrated a positive effect of static magnets in achieving analgesia across a broad range of different types of pain (neuropathic, inflammatory, musculoskeletal, fibromyalgic, rheumatic, and postsurgical).

Conclusions: The weight of evidence from published, well-conducted controlled trials suggests that static magnetic fields are able to induce analgesia.

JACM, 2005, 11 (3): 495-509

CONCLUSION

 73% of better quality studies demonstrate an analgesic effect of static magnets......across a broad variety of types of pain including neuropathic, inflammatory, musculoskeletal, fibromyalgic, rheumatic and post-surgical pain. None of the studies reported any side effects with magnets.

Kiri



Dysmenorrhoea (Period Pain)

- 40%-70% of women worldwide
- 10% are incapacitated for 1-3 days
- most common reason the women miss work
- most common gynaecological problem
- leading cause of absenteeism for women younger than 30 years
- 600 million lost work hours and \$2 billion in lost productivity on an annual basis

Dysmenorrhoea

- often under-diagnosed and under-treated
- NSAIDs mainstay of treatment, + oral contraceptive pills when necessary
- 10% of affected women do not respond to these measures
- drug side effects
- lack of physician awareness of the very high rates of prevalence and the substantial morbidity of dysmenorrhoea



Period pain affects men too!

MN8

MN8 is a discreet powerful static magnetic device (registered Class 1 medical), which attaches simply but firmly to the underwear over the pelvis

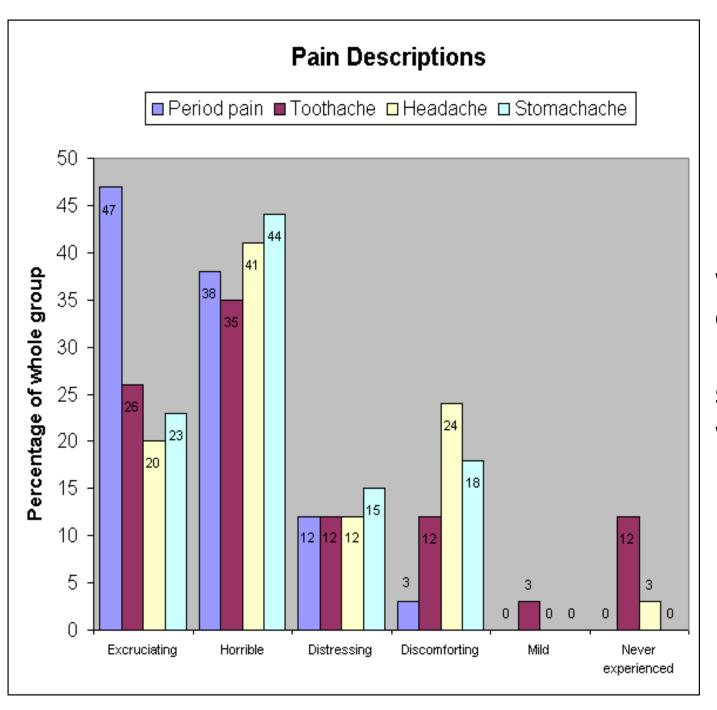




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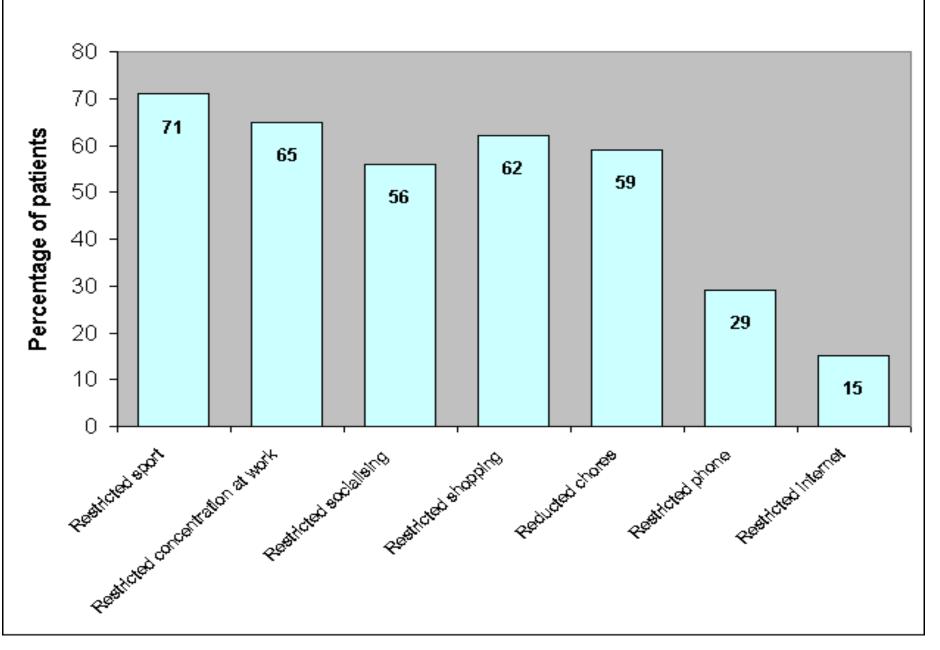
A Randomized, Double-Blinded, Placebo-Controlled Pilot Study to Investigate the Effectiveness of a Static Magnet to Relieve Dysmenorrhoea

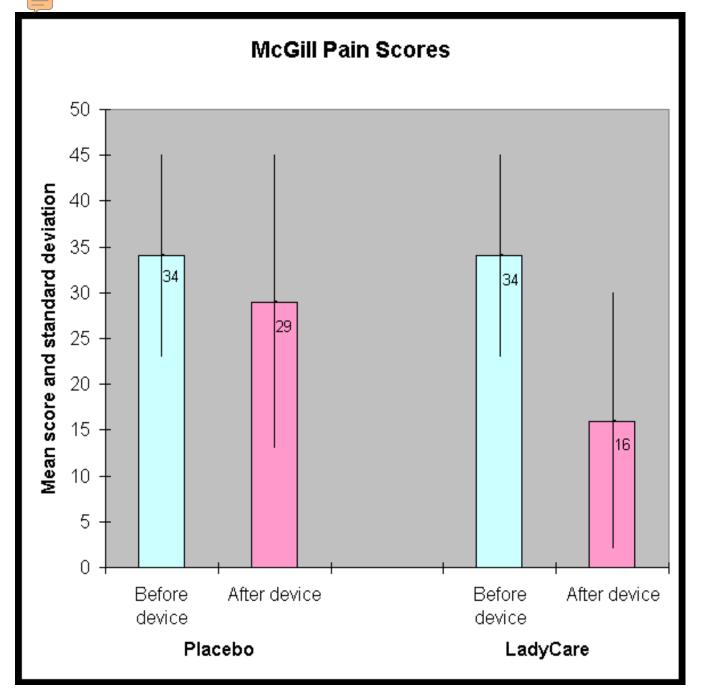
NYJON K. ECCLES, MRCP, Ph.D.



Dysmenorrhoea was rated as one of the severest reported pains suffered by women.

Restricted activities





There was a significant reduction (p< 0.02) in pain in the MN8 group compared to the placebo group.

More Findings

- 70% of the subjects in the MN8 group had at least a 50% reduction in pain
- 47% of whom had a > 75% reduction in pain
- 26% obtained complete pain relief with various combinations of conventional therapies.
- 18% of women experienced some side effects after taking painkillers. (dizziness, drowsiness, tiredness, light-headedness, nausea and upset stomach)
- MN8 NO SIDE EFFECTS WERE REPORTED

In addition

- 71% reported a decrease in irritability
- 58% reported a reduction in PMS symptoms
- 54% reported a reduction in water retention and bloating
- 38% noticed a reduction in spots

Long term benefit and safety of MN8?

- Survey of 193 MN8 users
- Primary dysmenorrhoea with an average pain duration of 11.6 years
- Average pain level was 8.2 \pm 0.11 on a rating scale of 1-10
- Statistically significant reduction (p < 0.0001) in pain level
- Significant reduction consumption of painkillers (p < 0.0001)
- Significant reduction in irritability (p< 0.0001)
- Significant reduction in breast tenderness (p< 0.0001)
- Significant reduction in bloating and water retention (p<0.0001)
- Significant reduction in spots (p<0.0001)
- Significant (p<0.0001) reduction of 54% in time taken off work
- 90% of those using MN8 for more than 1 year were still having pain relief
- NO LONGTERM USE SIDE EFFECTS OBSERVED

A survey involving 39 British Police Women





Usually suffer 2 Days+ of monthly pain? Y 93% / N 7% Usually use painkillers? Y 93% / N 7% Able to reduce painkillers with LadyCare use? Y 86% / N 14% LadyCare reduced the normal pain? Y 93% / N 7% Benefit felt within an hour? Y 93% / N 7% Improved concentration during use? Y 71% / N 29% •Most importantly 100% did NOT take time off work.

It is worth noting that UK Police should NOT take drugs in particular those that drive, handle firearms or dog handlers.



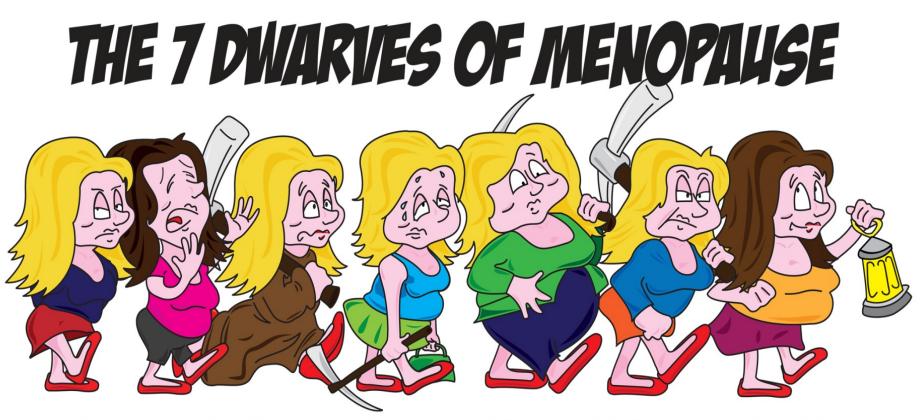
See later

The Menopause



About Menopause

- Menopause can be a challenging stage of life. Hot flushes are associated with a <u>decreased quality of</u> <u>life</u> (Groeneveld et al, 1996) and <u>are a primary</u> <u>reason that midlife women seek medical care</u> (Anderson et al, 1987).
- 80 % of menopausal, post-menopausal or surgically-menopausal women reported having some symptoms of menopause
- the most common were: <u>hot flashes</u> (72%), <u>irregular periods</u> (50%), <u>emotional responses</u> (49%), <u>changes in sexual relationship</u> (31%)



BITCHY, SLEEPY, ITCHY, SWEATY, BLOATED, MOODY & FORGETFUL

1	Hot flashes
2	Heart palpitations (feeling your heart racing)
3	Irritability
4	Mood swings, sudden tears
5	Loss of libido, sex drive
6	Anxiety
7	Marked fatigue
8	Feelings of doom, dread
9	Vaginal dryness
10	Inability to concentrate
11	Trouble sleeping
12	Urinary incontinence upon sneezing, laughing
13	Itchy, crawly skin
14	Sudden weight gain
15	Hair loss
16	Stomach problems: indigestion and gas
17	Painful and sore muscles, tendons and joints
18	Breast soreness, tenderness
19	Irregular vaginal bleeding
20	Disturbing lapses of memory
21	Increased muscle tension
22	Painful intercourse
23	Bladder infections

HRT

Prescribed HRT drugs

- Consumer confidence is low!



The monthly cost!!!



Women's Health Initiative Clinical Outcomes of Randomized Controlled Trial

	Cases per 10,000 person years		
	HRT	Placebo	Difference
Breast cancer	38	30	+26%
Coronary heart disease events	37	30	+29%
Stroke	29	21	+41%
Hip fractures	10	15	-33%
Colorectal cancer	10	16	-37%

Two-thirds of women taking HRT stopped the therapy, often without medical consultation.

5 year risks of HRT

Increased

- Breast Cancer
- Stroke
- Pulmonary Embolism
- Cardiovascular Disease
- Dementia

Decreased

- Bowel and uterine cancer
- Fractured hip and spine



PerfectPartner Two of our BEST cards

mbna

New fears over safety of HRT after research shows withdrawing it from women can cut breast cancer risk

By SOPHIE BORLAND

Last updated at 8:59 AM on 24th September 2010

○ Comments (13) Add to My Stories

The safety of hormone replacement therapy has been thrown into further doubt after research showed that withdrawing it from women reduced the risk of breast cancer.

Scientists found that a decrease in the number of menopausal women taking HRT has coincided with a 10 per cent decrease in cancer rates.



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About LadyCare



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LadyCare- a

discreet powerful static magnetic device (registered Class 1 medical), which attaches simply but firmly to the underwear over the pelvis





1	Hot flashes
2	Heart palpitations (feeling your heart racing)
3	Irritability
4	Mood swings, sudden tears
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22	Painful intercourse
23	Bladder infections

RESULTS - 508 WOMEN SURVEY

50-67% REDUCTION

Anxiety Feelings of Doom Sudden weight gain Increased Muscle tension Mood swings Marked Fatigue Vaginal Dryness Trouble Sleeping Urinary Incontinence Breast tenderness/soreness

33% REDUCTION

Hot flushes Irritability Loss of Libido/Sex drive Inability to concentrate Painful sore muscles Lapses of memory

In addition

- 8.1% of women surveyed had had a hysterectomy. This did not seem to affect the response to LC
- <u>19.1% of the group lost weight</u>. Average weight loss was <u>14 pounds</u> (6.4kg)

• NO UNTOWARD EFFECTS NOTED

Statement

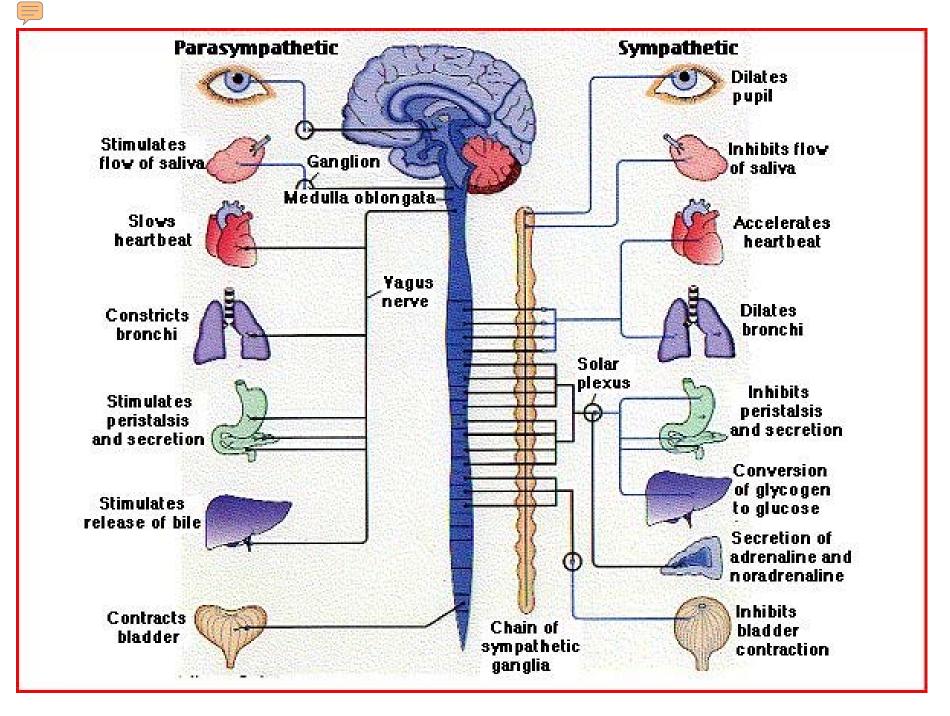
"I would be bold enough to say that the LadyCare device may prove to be one of the greatest natural solutions for the alleviation of menopause symptoms"

Dr Nyjon Eccles BSc MBBS MRCP PhD

UPDATE NOVEMBER 2010

 LATEST RESEARCH – RELEASED NOVEMBER 2010 SHEDS LIGHT ON THE MECHANISM OF ACTION

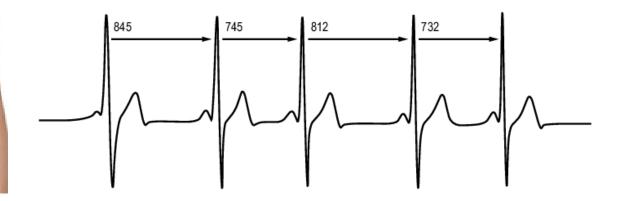
• THIS MECHANISM MAY EXPLAIN RELIEF OF MENOPAUSE SYMPTOMS BY LADYCARE

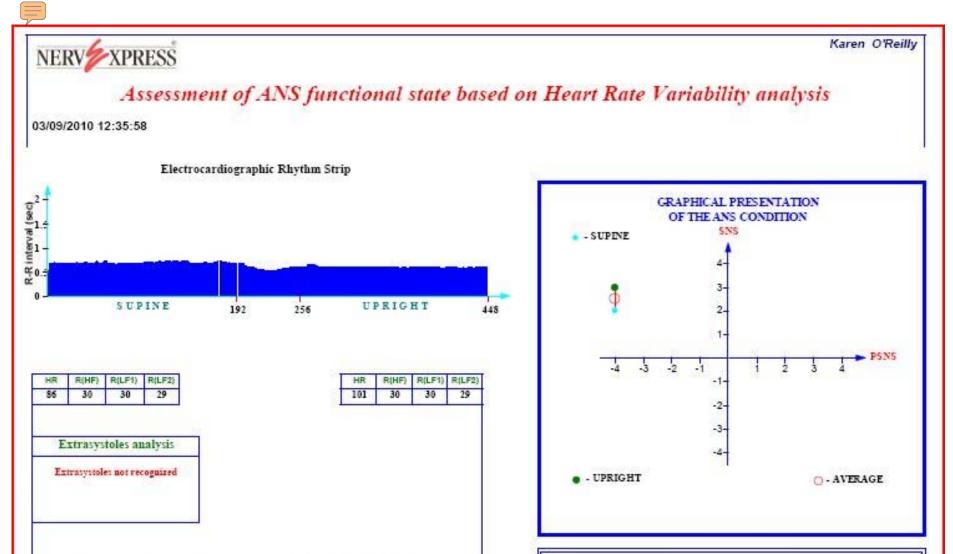












ANS ASSESSMENT (UPRIGHT)

PARASYMPATHETIC SYSTEM IS

DECREASED SHARPLY WHILE

SYMPATHETIC IS INCREASED

SIGNIFICANTLY

ANS ASSESSMENT (SUPINE)

PARASYMPATHETIC SYSTEM IS

DECREASED SHARPLY WHILE SYMPATHETIC IS INCREASED

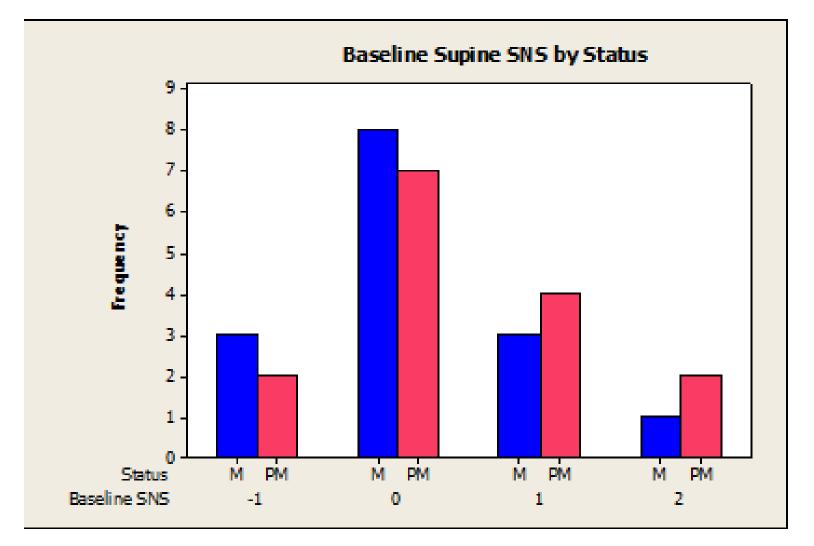
MODERATELY

CONCLUSION

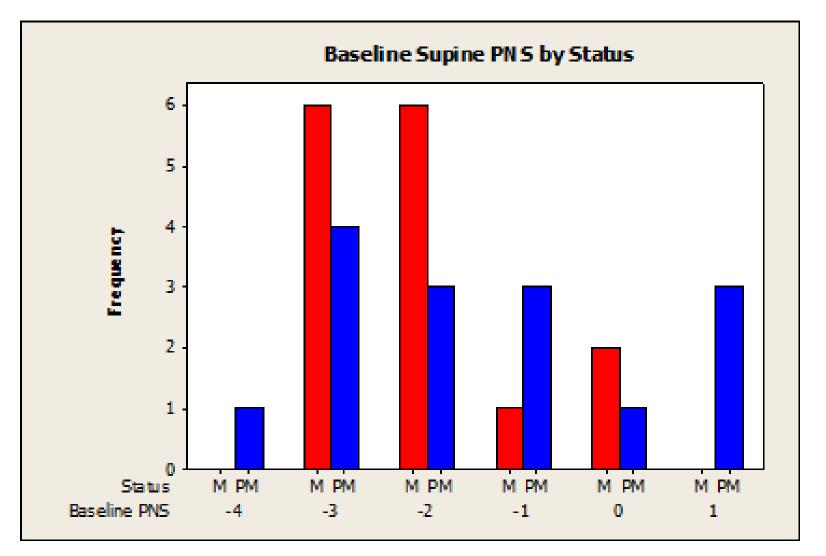
- 4.0 - ACTIVITY OF PARASYMPATHETIC SYSTEM

2.5 - ACTIVITY OF SYMPATHETIC SYSTEM

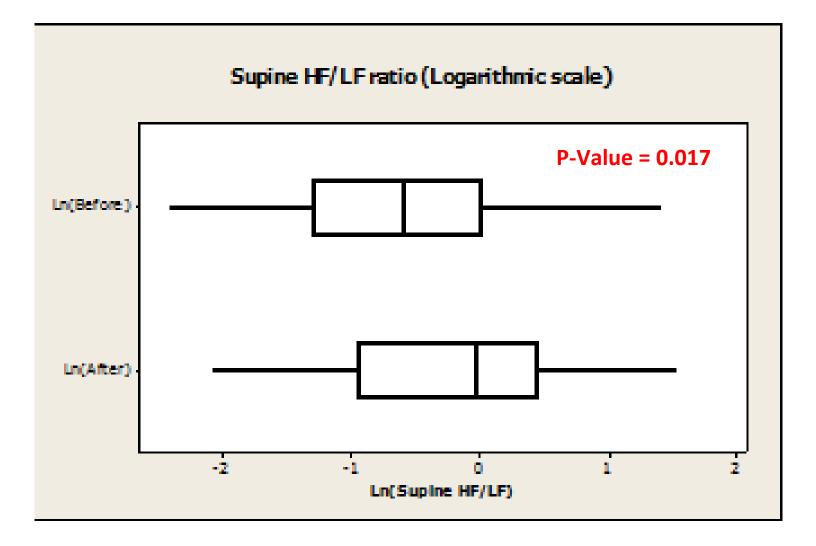
Sympathetic Nervous System Activity before LadyCare



Parasympathetic Nervous System Activity before LadyCare



Parasympathetic & Sympathetic Activity after LadyCare



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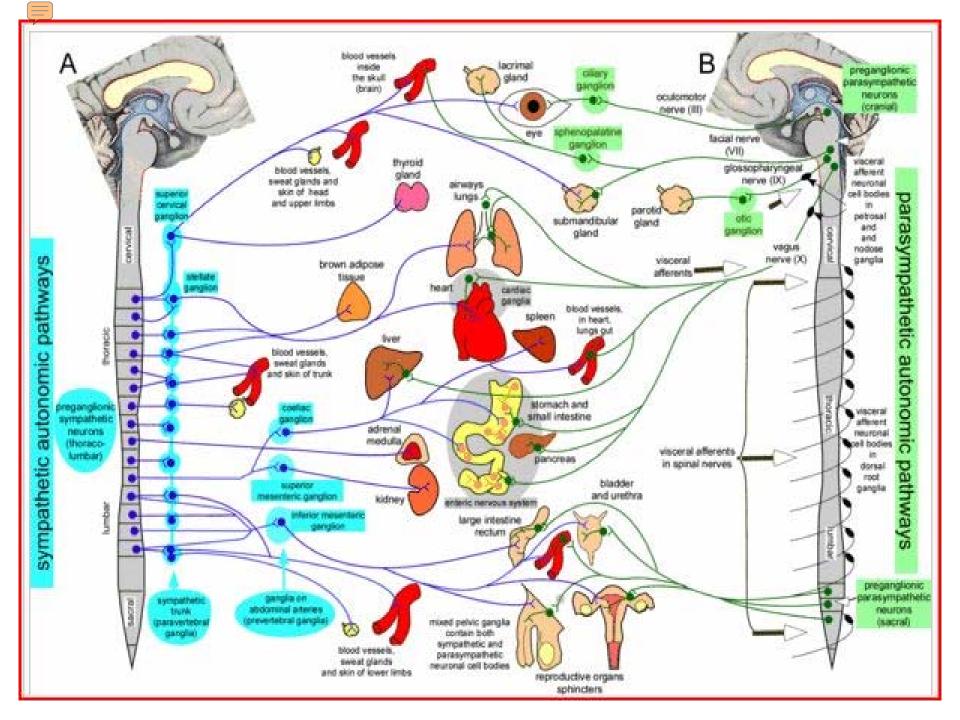
- (71) Applicants : PRICE, Derek [GB/GB]; Cromhall Farm, Easton, Piercy, Chippenham, Wiltshire SN14 6JU (GB). ECCLES, Nyjon [GB/GB]; Flat 7, 20 Hampden Gurney Street, London W1H 5AX (GB).
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- MN8 can significantly reduce period pain in the majority of women without side effects
- Reduced need for pain-killers.
- Reduced need for time off work. Reduced intrusiveness of symptoms to function and performance!

In Summary

- LadyCare offers a non-invasive simple solution to intrusive menopause symptoms
- We have described an autonomic imbalance (a parasympathetic nervous system deficit) in menopause and peri-menopause
- LadyCare seems to correct this nervous system imbalance ; specifically enhancing the parasympathetic activity. This provides a plausible explanation for the relief of menopause symptoms by LadyCare

Thank you for your attention