

Sooma Pain Therapy

An opioid-free therapy option for effective pain relief

Information for professionals

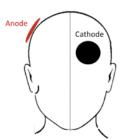
Sooma Pain Therapy

Sooma Pain Therapy is an effective, drug-free treatment indicated for Fibromyalgia and chronic neuropathic pain. It uses transcranial direct current stimulation (tDCS) to modulate brain activity. The therapy is suitable as a stand-alone treatment or when used in combination with other treatment methods.

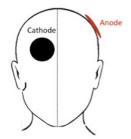
Recurring pain can cause maladaptive neuroplasticity, leading to a persistent sensation of pain. TDCS enables modulation of the maladaptive neuroplasticity and a subsequent relief of pain symptoms.



With Sooma's easy-to use portable device a weak direct current is delivered to the the primary motor cortex. The stimulation activates neural circuits in the precentral gyrus. These connect to structures involved in sensory and emotional pain processing and to descending pain inhibitory controls.







Right-sided pain or right-handed

An anodal electrode is positioned over the sensorimotor area, either contralaterally to local pain or over the dominant hemisphere, creating an excitatory effect. A cathodal electrode is positioned over the supraorbital region above the eye to ensure that the stimulation reaches the frontal areas of the brain.

Treatment protocol

The treatment protocol consists of 20-minute treatment sessions provided five times a week for a minimum of two weeks.

Week 1 Mon Tue Wed Thu Fri Sat Sun
Week 2 Mon Tue Wed Thu Fri Sat Sun
Mon Tue Web Thu



Efficacy

The efficacy of tDCS for pain relief has been shown in several randomised, double-blinded studies.

The treatment has been established as effective for Fibromyalgia (Level A recommendation¹). A probable efficacy has been demonstrated for peripheral neuropathic pain (Level B recommendation¹).

62%

pain score reduction

A recent study² showed up to 62% pain score reduction as an average across the study.

Safety

Sooma Pain Therapy is well tolerated, and does not cause any adverse side-effects. The therapy is suitable for patients who have not received a satisfactory response from medication or wish to avoid excessive use of opioids.

A safety review⁵ based on over 40,000 stimulation sessions concluded tDCS to be a safe treatment method when used in adult, adolescent and elderly patients.

Sooma Pain Therapy is painless, but might produce an itching sensation in the stimulation area during the first minutes of the treatment session. Other typical side-effects include mild short-term headache or tiredness after treatment. The skin under the electrodes may also become slightly red.

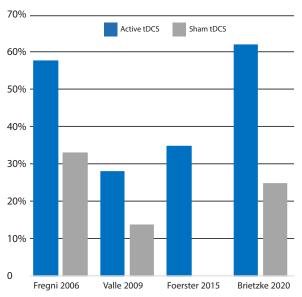
Contraindications for use are metal implants in the skull, pacemaker, and broken skin in the stimulation area.

Contact

Your organisation:

Sooma Oy:

Atomitie 5C | www.soomamedical.com 00370 Helsinki | +358 10 328 9811 | Finland | sales@soomamedical.com Pain score reduction in Fibromyalgia (randomised controlled trials with 5+ sessions)



Sooma Oy

Sooma Oy is a Finnish medical device company developing accessible therapy solutions for routine care. Sooma tDCS medical devices are manufactured in Finland in accordance with the international ISO 13485 quality management system for medical devices.

- 1. Baptista, AF. et al. Latin American and Caribbean consensus on noninvasive central nervous system neuromodulation for chronic pain management (LAC $_2$ -NIN-CP). Pain Rep. 2019 Jan;4(1):e692
- 2. Brietzke, A.P. et al. Large Treatment Effect With Extended Home-Based Transcranial Direct Current Stimulation Over Dorsolateral Prefrontal Cortex in Fibromyalgia: A Proof of Concept Sham-Randomized Clinical Study. The Journal of Pain. 2019. 21(1-2): 212-224.
- 3. Bikson, M. et al. Safety of Transcranial Direct Current Stimulation: Evidence Based Update 2016. Brain Stimul. 2016 Sep- Oct;9(5):641-61.

Foerster, BR. et al. Excitatory and inhibitory brain metabolites as targets of motor cortex transcranial direct current stimulation therapy and predictors of its efficacy in fibromyalgia. Arthritis Rheumatol. 2015 Feb;67(2):576-81.

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