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Treatment of chronic varicose ulcers with pulsed electromagnetic fields: a controlled pilot study

Abstract

To evaluate the efficacy of pulsed electromagnetic fields (PEMF) in healing of chronic varicose ulcers, 19 patients with this condition were included in a double-blind controlled clinical trial. All patients received standard ulcer therapy throughout the duration of the study and were randomly divided into two groups to receive either active or inactive PEMF therapy. Active therapy was provided by the use of a pait of helmholtz coils on a twice weekly basis over a five week period and inactive therapy was provided on an identical regimen with identical coils wound so that no magnetic field was produced when an electric current was passed through them. The clinician and patients were unable to distinguish the active or inactive coils. No statistically relevant difference was noted between the two groups in the healing rates of the ulcer, change in the lower leg girth, pain or infection rates. However there was a trend in favour of a decrease in ulcer size and lower leg girth in the group treated with active PEMF. As PEMF is a novel treatment for chronic varicose ulcers, more work needs to be done to establish treatment parameters and its usefulness in the treatment of this condition.

1992

A portable pulsed electromagnetic field (PEMF) device to enhance healing of recalcitrant venous ulcers: a double-blind, placebo-controlled clinical trial

Abstract

A prospective, randomized, double-blind, placebo-controlled multicentre study assessed the clinical efficacy and safety of pulsed electromagnetic limb ulcer therapy (PELUT) in the healing of recalcitrant, predominantly venous leg ulcers. 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 ($P < 0.0002$). Investigators' 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. We conclude that the PELUT device is a safe and effective adjunct to non-surgical therapy for recalcitrant venous leg ulcers.

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