



BY



## “RECOMMENDED” TREATMENT

### DAILY TREATMENT (the basic or standard Type of therapy) :

In the absence of specific or intensive medical prescriptions for single cases, the typical base treatment consists of 1 session with headphones for 20 minutes each day.

The most opportune moment will depend upon the perception of greater need by the patient – eg. If the most critical time is when going to sleep or to go to sleep, the session will occur at that time; if it is the daytime noises and intensities, better have a session in the morning.

**N.B.:** The doctor or audio therapist can direct the right type of treatment, adjusting the device features on the basis of specific requirements : more sessions, more power, change of frequencies, etc.)

### PREPARATION and CLINICAL FOLLOW-UP

- **Therapeutic Framework:** the most advisable treatment approach will depend on exams and results which the physician or audio therapist will establish by matching tests with actual physiological and audiological conditions.  
If needed, psychosomatic elements of the dysfunction may also be analyzed and integrated in the therapeutic process, which is:
  - A. **medical prescription:** “multimodal rehabilitation therapy for tinnitus”;
  - B. **medical exams:** MRI (contrast-induced brain scan) executed no more than 12-18 months prior to the therapy, for cases with stable to worsening syndrome; for lighter and newer cases, subject to doctor advice,, an ABR test may be considered adequate.
  - C. **acoustic exams:** audiometry, impedance measurement and tinnitometry.
- **Follow-up e clinical alignment:** the treatment will include visits to start and subsequently adjust, realign, optimize the various settings, as agreed with the doctor or audiology center chosen by the patient.
- **Active on-going treatment and the potential advantage of interval/s:** the body reacts against external interventions even if these are innocuous. It challenges any presence by activating pour natural defenses (N.B. the wellbeing inertia principle: the body wants to maintain a safe status-quo, avoiding un expected change).  
Periods of interval during the ACUFREE therapy are part of standard guidelines and are intended to protect relief or improvements exposed to common eventualities in all therapies, such as:
  - Addiction, the organism gets used to the treatment, which could lead to reduced benefits;
  - Accumulation, the organism detects excessive effect and sets off defenses which would perceive the treatment as enemy/stranger, thereby activating forces to reduce its effects.

### RECOMMENDED TREATMENT MODE:

- **PURCHASE**, which ensures an “easy, systematic, reliable” use in the key phases of: building of own defences, perception & consolidation of benefits, specific needs.





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- **RENTALS:** Tinnitus is an intractable and treacherous dysfunction, wholly unsuitable for short-term treatment, or quick in/out trials. It is pointless to count on opportunistic or occasional rentals. What is needed is a regular therapy to which patients give the necessary time to restore the neuro-acoustic equilibrium that has been lost.
- **PROLONGED TREATMENT:** at the start of this therapy a long period is strongly advised, to assist the consolidation of benefits in the initial phase, where the therapy is adjusted so as to weaken the symptoms and forcing tinnitus to reduce its spreading and assimilation in the body. For instance: change of intensity or frequency or other settings,, moving the delivery area; etc.
- **RECALL TREATMENTS of No Less than 1 Month,** to face any adverse event or rebound, sudden or progressive. A major advantage of having a home-based, always accessible remedy.
- **MULTIPLE OPTIONS from the VERSATILITY of ACUFREE,** which is conceived with many changeable features to facilitate the optimum treatment for doctors and audio-therapists. Examples: numbers of sessions; duration of same; level of capacitive signal; expansion of audio signals (multi-frequency); bilateral synchrony in cases where it depends on an imperfect equivalence of signals; white noise (hissing/humming).

### TWO TREATMENT EXAMPLES “with” INITIAL INTERVAL : 6-6,5 MESI

<b>1 MONTH</b>	<b>ACTIVE</b>	<b>2 MONTHS</b>	<b>ACTIVE</b>
1 WEEK	INTERVAL	1 WEEK	INTERVAL
<b>1 MONTH</b>	<b>ACTIVE</b>	<b>2 MONTHS</b>	<b>ACTIVE</b>
1 WEEK	INTERVAL	1 WEEK	INTERVAL
<b>1 MONTH</b>	<b>ACTIVE</b>	<b>2 MONTHS</b>	<b>ACTIVE</b>
1 WEEK	INTERVAL		
<b>1 MONTH</b>	<b>ACTIVE</b>		
1 WEEK	INTERVAL		
<b>1 MONTH</b>	<b>ACTIVE</b>		
<b>Total:</b>		<b>Total:</b>	
<b>5 ACTIVE + 1 INTERVAL = 6 MONTHS</b>		<b>5 ACTIVE + 2 WEEKS Interval = 6,5 MONTHS</b>	

### CONCLUSIONS

Tinnitus is a symptom involving the most complex physiological and neurological “control center” in our body. It goes through the CNS (Central Nervous System) where it integrates into the extraordinary human acoustic system.

ACUFREE is able to activate a wholly safe, synchronous therapy which should be used over a mid-term or prolonged period to achieve its maximum proven effectiveness.

The aim is a solid prevention therapy, delivering progressive reduction of the pain and of a relief that is ever growing, satisfying and persistent.

**Acufree’s SLOGAN is : “putting tinnitus in an angle where it becomes marginal, unable to compromise of seriously affect our patients’ quality of life”**

