

Review

**VOSKIN 125+<sup>®</sup> instrument, a landmark in the history of massage; painkiller**

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**ABSTRACT**

Patients often suffer from continuous pain negatively affecting their daily life despite a surgical operation. Various studies on complementary therapies against pain have been accumulated as patient with pain desires the improvement in quality of life. Massage therapy as a complementary therapy has been applied widely to decrease the pain and promote relaxation. Thermotherapy with massage is also useful for the treatment of musculoskeletal disorders. Here, the author reports that VOSKIN 125+<sup>®</sup>, a new massage instrument, was designed directly to be adjusted from 38-50 degrees Celsius depending on the individual symptoms by lifting the skin and muscles with a negative compression in illness area for alleviating all pain. It transfers pressure and heat to area of illness and eases the pain. In addition, it has significant anti-inflammatory effects and promotes metabolism activity. VOSKIN 125+<sup>®</sup> can be therapeutic for pain of musculoskeletal patients. Therefore, I suggest that VOSKIN 125+<sup>®</sup> can be useful for a great number of patients suffering from persisting pain.

**Keywords** VOSKIN 125+<sup>®</sup>, pain, massage, thermotherapy, inflammation

**Anti-inflammatory therapy for pain**

Inflammation in the nervous systems plays key roles in the development and persistence of pathological pain states (Watkins et al., 2003). The various pro-inflammatory cytokines such as interleukin (IL)-6, IL-1 $\beta$ , and tumor necrosis factor alpha (TNF- $\alpha$ ) mediate the process of pathological pain (Zhang and An, 2007). Wells et al. (1992) reported that IL-6, IL-1, and TNF- $\alpha$  were associated with the development of neuropathic pain in various animal models. IL-6 promoted the development of neuropathic pain (Ramer et al., 1998). IL-1 $\beta$  was expressed in nociceptive dorsal neurons and enhanced injury to peripheral nerve (Yan et al., 1992). TNF- $\alpha$  played a critical role in activating a cascade of cytokines such as IL-1 $\beta$ , IL-6, and IL-8 and mediated the neuropathic pain following nerve injury (Leung and Cahill, 2010). Thus, benefits of anti-cytokine therapy have been investigated for alleviating neuropathic pain (Schäfers and Sommer, 2007).

**Thermotherapy for pain**

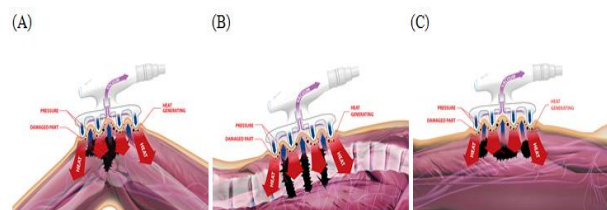
Alleviation of muscle pain may be supported by increase of blood flow. Heat increases the blood flow and can eliminate algescic substances (Lehmann and de Lateur, 1982). Also thermotherapy is useful for the treatment of musculoskeletal disorders (Nadler et al., 2004). Thermotherapy improved symptoms of osteoarthritis (Brosseau et al., 2003). Interestingly, massage and heat treatment were more successful than oral medication for alleviating pain in 1400 patients suffering from musculoskeletal pain (Chrubasik et al., 1998). And

thermotherapy can have significant anti-inflammatory effects under certain conditions (Ozveri et al., 1999). Local heat applications had a significant benefit in inflammatory rheumatic diseases (Schmidt and Simon, 2001). Moderate heating therapy enhances humoral and cellular defense activities exerting a stimulatory action on the macrophage function and NK cell activity (Schmidt and Simon, 2001; Yoshioka et al., 1990). However, it must be careful that local heating affects the immune function of the skin and changes cytokine milieu, depending on the intensity and duration of heating (Schmidt and Simon, 2001).

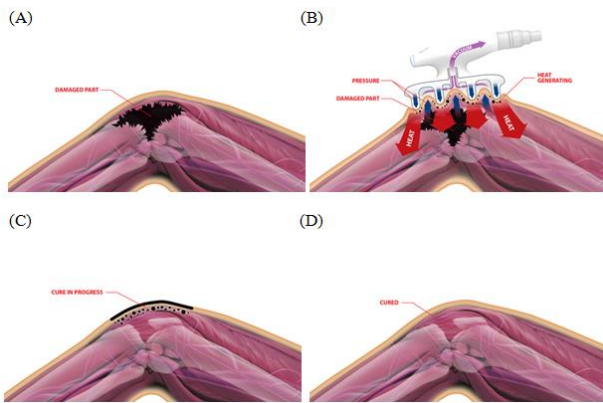
**Massage for pain**

Massage therapy involves a manipulation to alleviate pain and discomfort (Moyer et al., 2004). Massage therapy has been commonly used and recognized as a safe therapeutic modality with few risks or side effects (Yin et al., 2014). Massage therapy is an alternative form of medicine helping patients suffering from arthritis, anxiety, and pain management (Liu et al., 2015). Field (2016) reported that massage therapy reduced pain in the elderly with knee osteoarthritis. Moderate pressure massage therapy exhibited lesser pain in patients with rheumatoid arthritis (Field et al., 2013). Massage induced relaxation and reduction of pain in patients with chronic neck

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**Fig. 1.** This figure shows a massage instrument, VOSKIN 125+<sup>®</sup>. This shows the VOSKIN 125+<sup>®</sup> Massage Head close to the affected area of people with (A) knee pain, (B) spine pain, and (C) Thigh pain and shoulder pain.

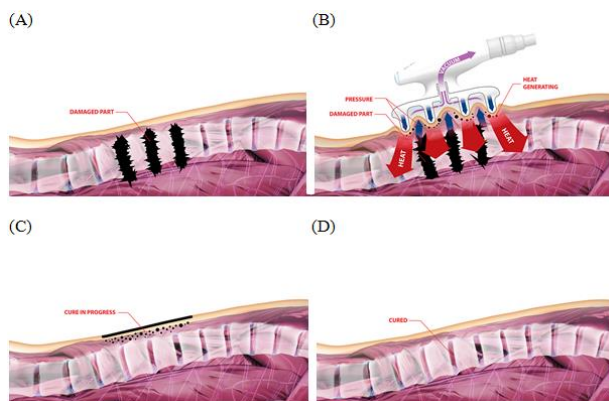


**Fig. 2.** This figure simply shows the alleviation process of knee pain by VOSKIN 125+<sup>®</sup> massage head. (A) Pain or disease symptoms. (B) Act of compression, heat, and pulse. (C) Emissions of factors related to pain and disease symptoms (D) Alleviation.

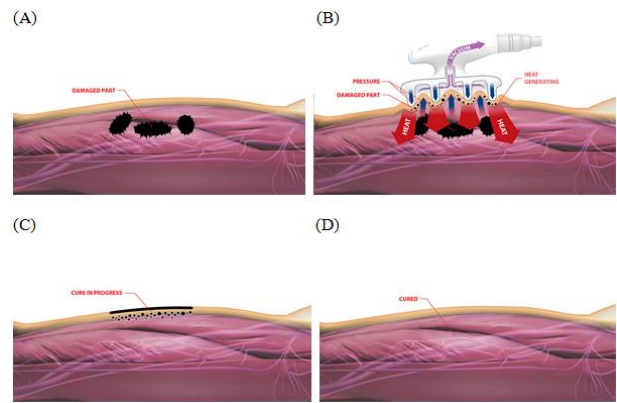
pain or low-back pain (Bakar et al., 2014; Furlan et al., 2015). In addition, massage therapy is effective for relaxation, sleep, emotions, recovery, and healing process as well as significant reduction in pain levels (Adams et al., 2010).

**VOSKIN 125+<sup>®</sup>, a massage instrument for pain**

VOSKIN 125+<sup>®</sup> treats disease through the massage head connected to the main body of VOSKIN 125+<sup>®</sup>. The air is passed through the hose of VOSKIN 125+<sup>®</sup>. The massage head of VOSKIN 125+<sup>®</sup> has thermal element in the head which is designed to transfer heat directly to the illness area, knee, spine, thigh, and shoulder (Fig.1). Heat which is delivered to the illness area and pulse which promotes the metabolic functions, relieve pain and remove the waste. VOSKIN 125+<sup>®</sup> relieves the disease site. And 5 different sizes of the massage head are appropriate for treatment of the illness parts of the body. VOSKIN 125+<sup>®</sup> can be set with the best time, proper temperature (from 38 degrees Celsius to 50 degrees Celsius depending on the individual symptoms), and proper pneumatic pressure of step 5. In addition, the intensity of the pulse from the massage head can be adjusted by the difference between negative pressure and positive pressure. Fig. 2-4 simply shows the alleviation process of pain by using VOSKIN 125+<sup>®</sup> massage head. VOSKIN 125+<sup>®</sup> helps take away pain in the area of illness. VOSKIN 125+<sup>®</sup> compresses the area of illness and heats it. The heat which is delivered to the illness area promotes the metabolic functions and relieves pain. It gradually helps



**Fig. 3.** This figure simply shows the alleviation process of spine pain by VOSKIN 125+<sup>®</sup> massage head. (A) Pain or disease symptoms. (B) Act of compression, heat, and pulse. (C) Emissions of factors related to pain and disease symptoms (D) Alleviation.



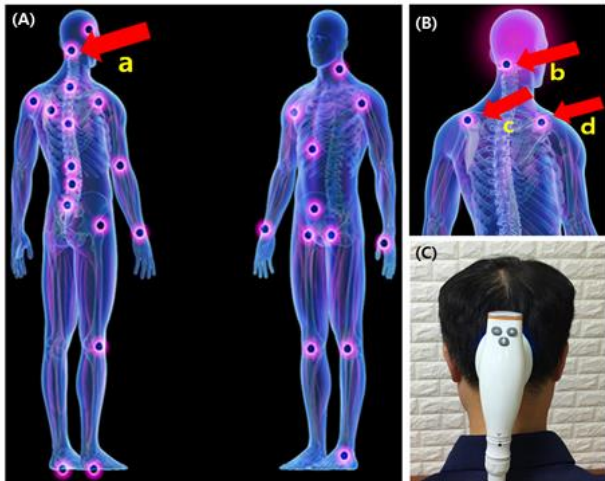
**Fig. 4.** This figure simply shows the alleviation process of thigh and shoulder pain by VOSKIN 125+<sup>®</sup> massage head. (A) Pain or disease symptoms. (B) Act of compression, heat, and pulse. (C) Emissions of factors related to pain and disease symptoms (D) Alleviation

relieve the symptoms of various diseases, such as inflammatory responses and pain through repetitive exercise effect of the pulse. Also, continuous contraction and relaxation destroys adipose tissue and promotes metabolism activity using vacuum pressure. VOSKIN 125+<sup>®</sup> eliminates the destroyed adipose tissue and waste from blood vessels and lymphatic vessels. Consequently, a smooth and bumpy skin can be obtained. Figure 5 shows the application site of VOSKIN 125+<sup>®</sup> in body. The position of the red circle means the place where the body feels mainly pain. The massage head of VOSKIN 125+<sup>®</sup> is placed where indicated (Fig. 5).

Massage for 3-10 min with pulse at 42-45 degrees Celsius of massage head obliterates the pain depending on the individual symptoms of a pain spot. It can be applied even when there is a pain in the other part of body. VOSKIN 125+<sup>®</sup> can be therapeutic for symptoms in the body part also arms and shoulders of musculoskeletal patient, such as ganglion, rotator cuff tendinitis, adhesive capsulitis, and thoracic outlet syndrome. And VOSKIN 125+<sup>®</sup> can be therapeutic for cervical sprain, prepatellar bursitis, plantar fasciitis, patellar tendinitis, ankle or foot tendinitis, low back sprain, degenerative spondylolisthesis, lumbar degenerative disk disease, and lumbar disc herniation of musculoskeletal patient. In the case of pain in the head, the pain spot (a) is seen in the display window of VOSKIN 125+<sup>®</sup> (Fig. 6A). It can be seen that the appropriate part is expanded and appears pain spots (b, c, and d) in the display window of VOSKIN 125+<sup>®</sup> (Fig. 6B) to treat disease. Fig. 6C shows appearance of treatment for man who has a real pain in the head. However, VOSKIN 125+<sup>®</sup> does not apply to persons with acute trauma, hemorrhagic disease, poor temperature control, and malignant tumors, or reproductive organs and pregnant women, etc.



**Fig. 5.** Application site of VOSKIN 125+<sup>®</sup> in body. This picture shows the display window to operate using the VOSKIN 125+<sup>®</sup>.



**Fig. 6.** (A) shows the display window of VOSKIN 125+® in the case of pain in the head. “a” means pain spot. (B) shows enlarged window. “b”, “c”, and “d” mean pain spots for the treatment of disease areas. (C) is a figure applied VOSKIN 125+® to patient with pain in the head.

## CONCLUSION

Pain including back, neck, or knee is critical clinical condition that may limit the ability to perform daily activities and negatively affect quality of life. Problematically, surgical operation occasionally does not completely relieve the pain. Thus, complementary therapies against pain can help relieve the pain. VOSKIN 125+® was designed to transfer heat directly to the illness area with massage and alleviate the pain. Therefore, VOSKIN 125+® can be very useful for the patients with pain.

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## CONFLICT OF INTEREST

The authors have no conflicting financial interests.

## REFERENCES

Adams R, White B, Beckett C. The effects of massage therapy on pain management in the acute care setting. *Int J Ther Massage Bodywork*. 2010;3:4-11.

Bakar Y, Sertel M, Oztürk A, Yümin ET, Tatarlı N, Ankaralı H. Short term effects of classic massage compared to connective tissue massage on pressure pain threshold and muscle relaxation response in women with chronic neck pain: a preliminary study. *J Manipulative Physiol Ther*. 2014;37:415-421.

Brosseau L, Yonge KA, Robinson V, Marchand S, Judd M, Wells G, Tugwell P. Thermotherapy for treatment of osteoarthritis. *Cochrane Database Syst Rev*. 2003;4:CD004522.

Chrubasik S, Junck H, Zappe HA, Stutzke O. A survey on pain complaints and health care utilization in a German population sample. *Eur J Anaesthesiol*. 1998;15:397-408.

Field T, Diego M, Delgado J, Garcia D, Funk CG. Rheumatoid arthritis in upper limbs benefits from moderate pressure massage therapy. *Complement Ther Clin Pract*. 2013;19:101-103.

Field T. Knee osteoarthritis pain in the elderly can be reduced by massage therapy, yoga and tai chi: A review. *Complement Ther Clin Pract*. 2016;22:87-92.

Furlan AD, Giraldo M, Baskwill A, Irvin E, Imamura M. Massage for low-back pain. *Cochrane Database Syst Rev*. 2015;9:CD001929.

Lehmann JF, de Lateur BJ. Diathermy and superficial heat and cold therapy. In: Krusen's handbook of physical medicine and rehabilitation. Kottke FJ, Stillwell GK, Lehmann JF eds. 3<sup>rd</sup> ed. (Philadelphia, USA; Saunders), pp 275-350, 1982.

Leung L, Cahill CM. TNF-alpha and neuropathic pain--a review. *J Neuroinflammation*. 2010;7:27.

Liu SL, Qi W, Li H, Wang YF, Yang XF, Li ZM, Lu Q, Cong DY. Recent advances in massage therapy--a review. *Eur Rev Med Pharmacol Sci*. 2015;19:3843-3849.

Moyer CA, Rounds J, Hannum JW. A meta-analysis of massage therapy research. *Psychol Bull*. 2004;130:3-18.

Nadler SF, Weingand K, Kruse RJ. The physiologic basis and clinical applications of cryotherapy and thermotherapy for the pain practitioner. *Pain Physician*. 2004;7:395-399.

Ozveri ES, Bekraki A, Cingi A, Yuksel M, Demiralp EE, Yegen BC, Aktan AO. The effect of hyperthermic preconditioning on the immune system in rat peritonitis. *Intensive Care Med*. 1999;25:1155-1159.

Ramer MS, Murphy PG, Richardson PM, Bisby MA. Spinal nerve lesion-induced mechanoallodynia and adrenergic sprouting in sensory ganglia are attenuated in interleukin-6 knockout mice. *Pain*. 1998;78:115-121.

Schäfers M, Sommer C. Anticytokine therapy in neuropathic pain management. *Expert Rev Neurother*. 2007;7:1613-1627.

Schmidt KL, Simon E. Chapter: Thermotherapy of Pain, Trauma, and Inflammatory and Degenerative Rheumatic Diseases. *Thermotherapy for Neoplasia, Inflammation, and Pain*. (Tokyo, Japan: Springer Japan), pp. 527-539, 2001.

Watkins LR, Milligan ED, Maier SF. Glial proinflammatory cytokines mediate exaggerated pain states: implications for clinical pain. *Adv Exp Med Biol*. 2003;521:1-21.

Wells MR, Racis SP Jr, Vaidya U. Changes in plasma cytokines associated with peripheral nerve injury. *J Neuroimmunol*. 1992;39:261-268.

Yan HQ, Banos MA, Herregodts P, Hooghe R, Hooghe-Peters EL. Expression of interleukin (IL)-1 beta, IL-6 and their respective receptors in the normal rat brain and after injury. *Eur J Immunol*. 1992;22:2963-2971.

Yin P, Gao N, Wu J, Litscher G, Xu S. Adverse events of massage therapy in pain-related conditions: a systematic review. *Evid Based Complement Alternat Med*. 2014;2014:480956.

Yoshioka A, Miyachi Y, Toda K, Imamura S, Hiraoka M, Abe M. Effects of local hyperthermia on natural killer activity in mice. *Int J Hyperthermia*. 1990;6:261-267.

Zhang JM, An J. Cytokines, inflammation, and pain. *Int Anesthesiol Clin*. 2007;45:27-37.