



# ReOxy<sup>®</sup>

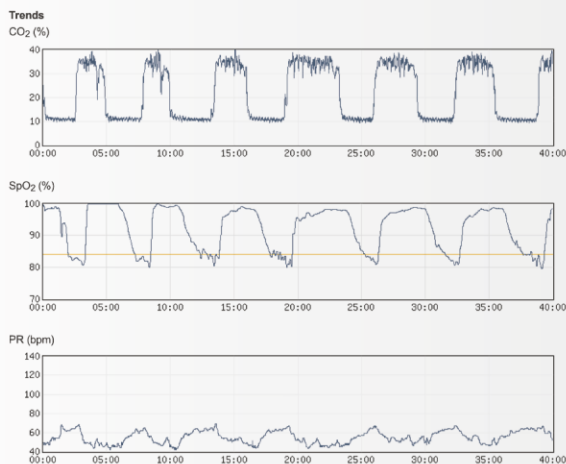
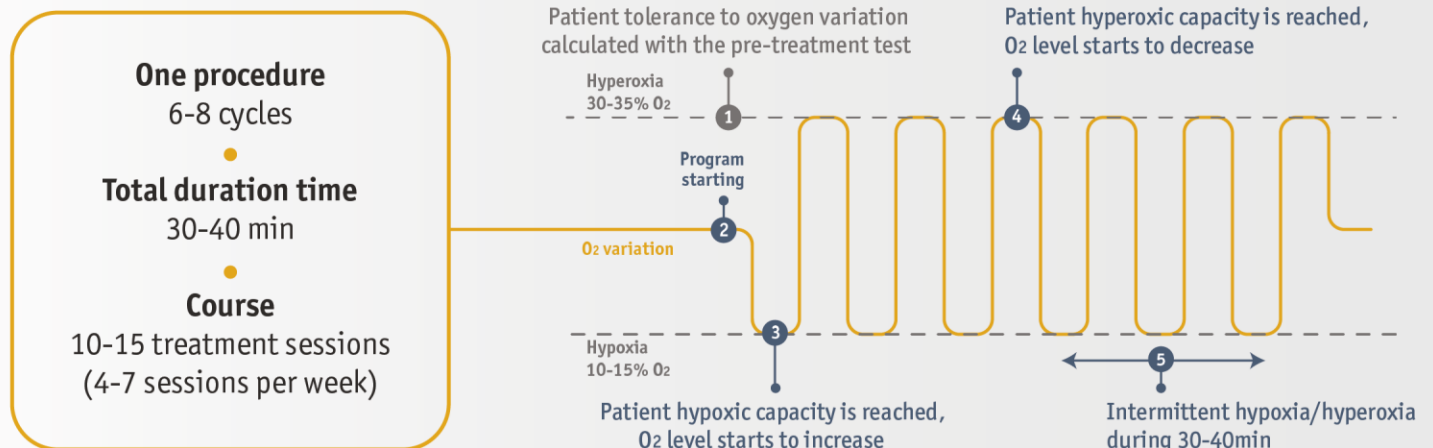
## Innovative Breathing Therapy for Enhanced Cardiac Rehabilitation

ReOxy<sup>®</sup> is CE-marked, approved, and intended for the improvement of physical exercise capacity in coronary artery disease patients.  
For professional use by healthcare facilities.

# ReOxy<sup>®</sup> Therapy

An innovative approach in cardiac rehabilitation that uses controlled short-term intermittent hypoxia to stimulate adaptive physiological responses, enhancing cardiac function and patient outcomes.

ReOxy<sup>®</sup> therapy protocol involves repeated cyclic exposures to moderately reduced oxygen fractions (via a face mask), alternating with periods of mild hyperoxia.



The blood saturation (SpO<sub>2</sub>) and heart rate (HR) are individually monitored during every treatment session.

## Clinical Effects

- Improved tolerance to physical load,
- Management of noncardiac comorbidities:
  - AH, diabetes mellitus, obesity,
- Reduced damaging effect of acute ischaemia episodes,
- Improvement in cognitive function,
- Reduced fatigue, breathlessness.

Scan to see our clinical evidence



# Application

## Ischaemic Heart Disease

- Rehabilitation after MI
- Secondary prevention (managing cardiovascular risk)
- Multimorbid patients

## Rehabilitation after cardiac surgery

**Surgery preparation**  
(hypoxic preconditioning)

## Post-COVID Syndrome

**A unique solution for patients with reduced physical abilities and elderly**



### SAFE

ReOxy® therapy ensures significant benefits without inducing heart stress or damage, no severe side effects observed.



### PERSONALIZED

ReOxy® pre-treatment test assesses an individual's hypoxia responsiveness, allowing for the safe regulation of SpO<sub>2</sub> and PR levels within a precise range.



### SMART

Integrated AI-based software minimises human error, ensuring consistent and precise outcomes (Self-Regulated Treatment — SRT®).

## Join us in advancing cardiac care

### For Researchers:

invitation to collaborate on clinical studies.

### For Healthcare Facilities:

get detailed information about incorporating ReOxy® into therapeutic practice.

### For Innovators:

call for partnerships in AI/Data projects.



# Clinical collaboration & recent projects

We have partnered with leading clinics and academic institutions to conduct research and development for applications of our technology.



## Prof. Dr. med. Wolfram Doehner

University Professor at Charité Universitätsmedizin Berlin, Germany Berlin Institute of Health-Center for Regenerative Therapies and Deutsches Herzzentrum der Charité, (Campus Virchow), Center of Stroke Research Berlin; Charité Universitätsmedizin Berlin, Germany.

### Treatment effect of respiratory therapy with intermittent hypoxic-hyperoxic training (IHHT) on functional capacity in patients with post COVID19 conditions: a controlled treatment trial (completed).

Results: The IHHT group demonstrated in comparison to controls a significant improved primary endpoint (6MWT difference, IHHT group vs. controls: 91.7 vs. 32.5m,  $P<0.001$ ), improved stair climbing (SCT -1.9 vs. -0.5 sec,  $P<0.001$ ),

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improved QoL (EQ5-D analogue scale change 31.3 vs. 2.9,  $P<0.001$ ), improved fatigue (FAS -8.9 vs. 3.6,  $P<0.001$ ) and improved perceived health (MCRS -10.3 vs. -2.0,  $P<0.001$ , all IHHT group vs. controls). The IHHT group exhibited a significant increase in haemoglobin content and a significant decrease in CRP compared to baseline ( $P<0.001$ ), whereas these changes were not observed in the control group.



## Dr. Dr. rer. nat. habil.; Ph.D Boris Schmitz

Department of Rehabilitation Sciences, Faculty of Health, University of Witten/Herdecke, Germany. Principal Investigator and Head of Laboratory Member of the Timely

### Use of intermittent hypoxic-hyperoxic training (IHHT) for adjunctive therapy in patients with coronary heart disease (in progress).

In patients with status post MI including interventional reperfusion procedures (1-3 vessels CAD, stenosis of left main coronary

artery including post-STEMI/N-STEMI, post-stent implantation, where the myocardial infarction should not have been more than 6 weeks ago) with objective performance impairment in spiroergometry ( $VO_{2max} < 75\%$  of normal).

## Stay connected & learn more

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