

# **The use of cryotherapy/cryostimulation – an overview**



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Laboratoire « Mobilité, Vieillissement, Exercice (MOVE) »  
-EA 6314**

# Introduction

Cryotherapy/cryostimulation

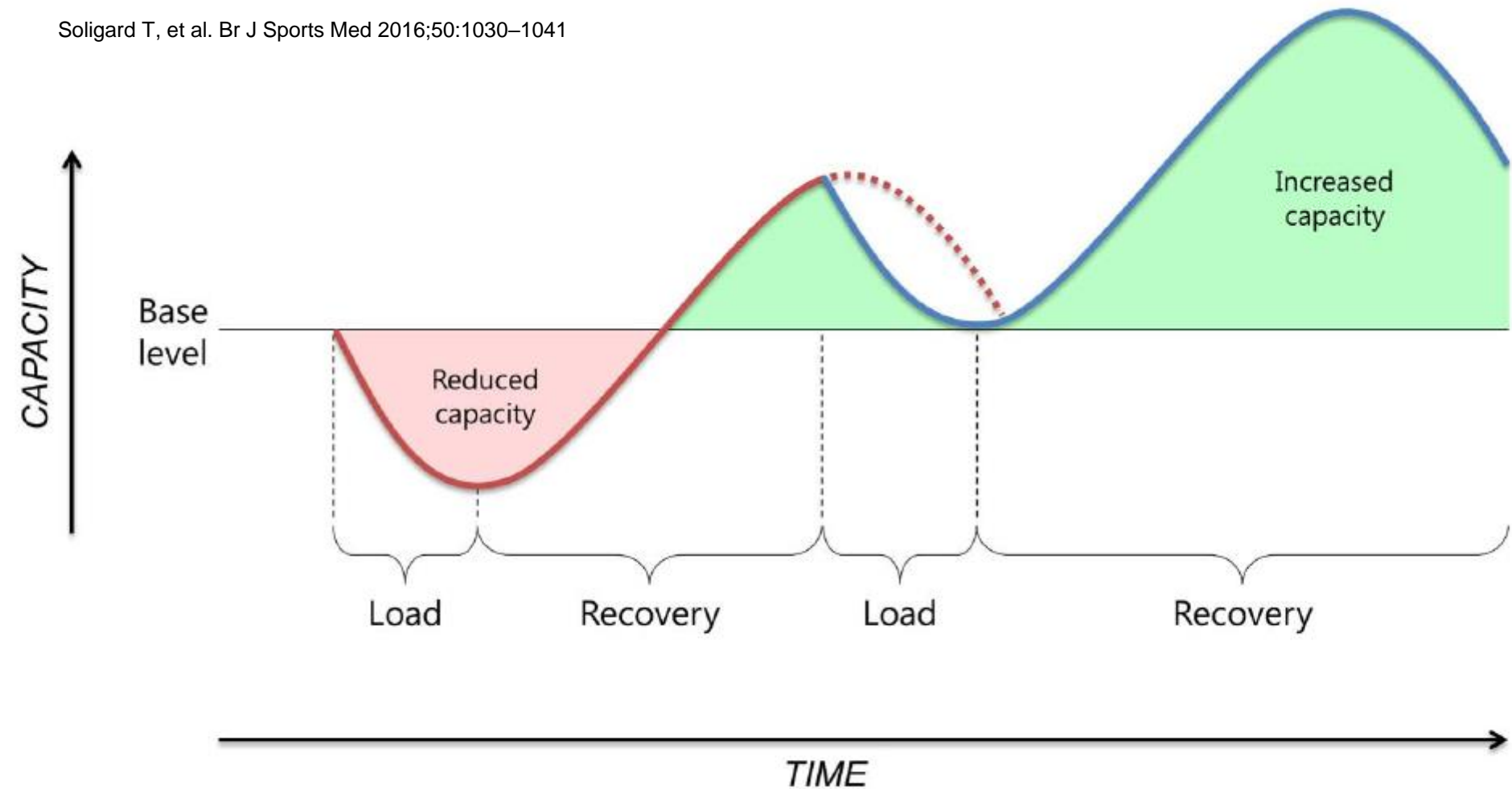
Cryotherapy/cryostimulation and  
exercise

# Introduction

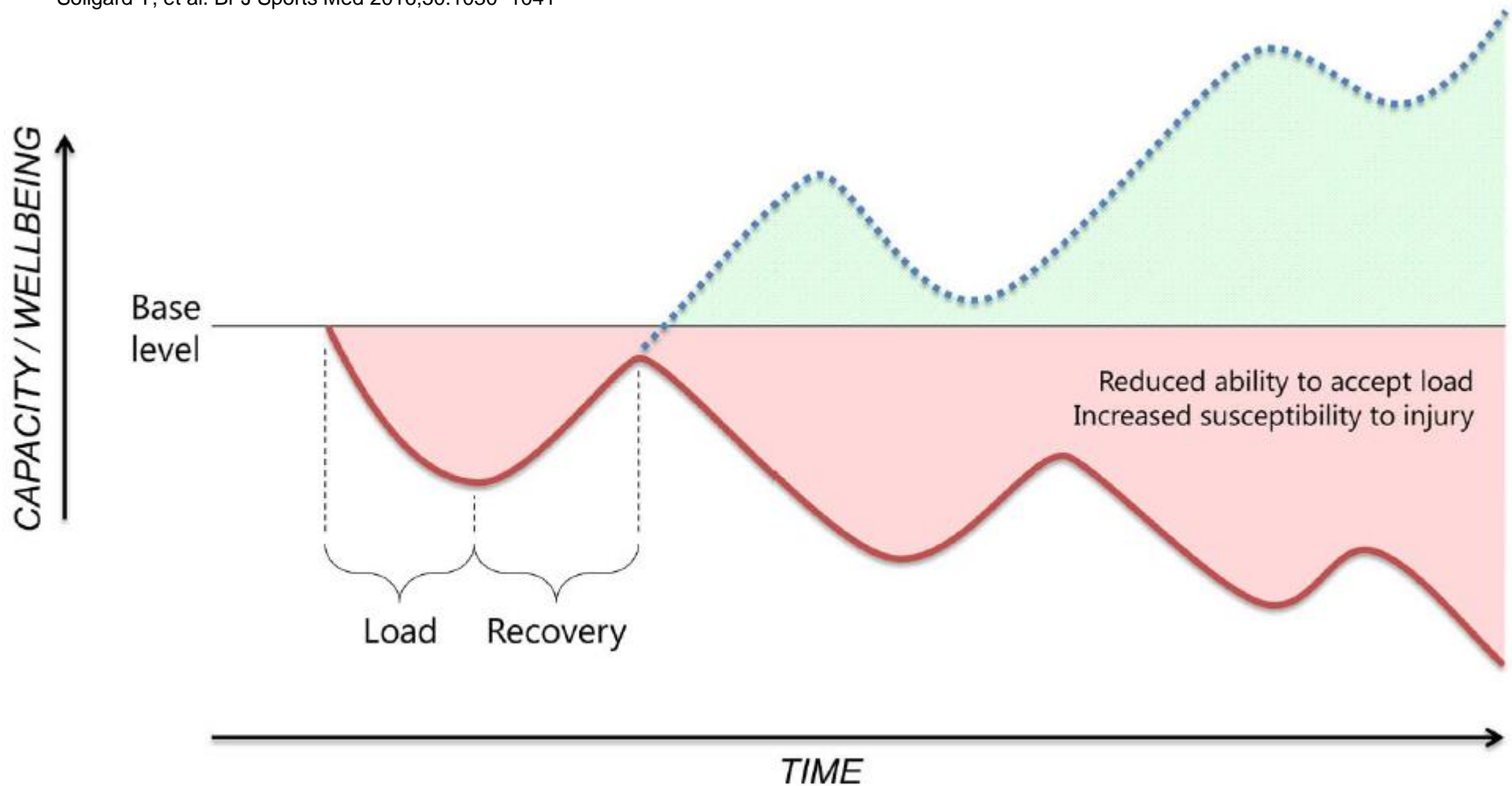
RECOVERY AND RECOVERY AFTER  
EXERCISE

=

KEY OF SUCCESS



**Adaptations through cycles of loading and recovery**



**Maladaptations through cycles of excessive loading and/or inadequate recovery**

# Recovery

- Recovery time
- Hydration, Rehydration, Nutrition, Sleep
- Techniques used for faster recovery
  - Active recovery
  - Massages
  - Stretching
  - Electrostimulation
  - Thermal contrast therapy
  - Cold baths
  - Cold vests
  - Cryotherapy/ Cryostimulation (cryo chambers or cabins)

# Key aspects

- Different kinds of whole body cryotherapy (WBC) or cryostimulation
- Why to use WBC
- Feelings after exposure
- Cold and physiological adaptations
- Peculiar problems to deal with whole body cryotherapy investigations
- What do we know about whole body cryotherapy
- Mechanisms

# Key aspects

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# Cold and Medicine



Rhazès (Perse, IX century)



*Hordeola treatment with a refrigerated blade*



# WHOLE BODY CRYOTHERAPY – INDIVIDUAL SETTING



# WHOLE BODY CRYOTHERAPY – NATURAL SETTING



**PROF. SUGARMAN,** the skilled Eye Specialist and Health Advocate, of Little Falls, N. Y.  
bathing in the Mohawk River at 20 degrees below zero.





# WHOLE BODY CRYOTHERAPY – NATURAL SETTING



# WHOLE BODY CRYOTHERAPY – NATURAL SETTING





# WHOLE BODY CRYOTHERAPY – NATURAL SETTING



# WHOLE BODY CRYOTHERAPY – NATURAL SETTING







# WHOLE BODY CRYOTHERAPY – NATURAL SETTING



# WHOLE BODY CRYOTHERAPY – NATURAL? SETTING





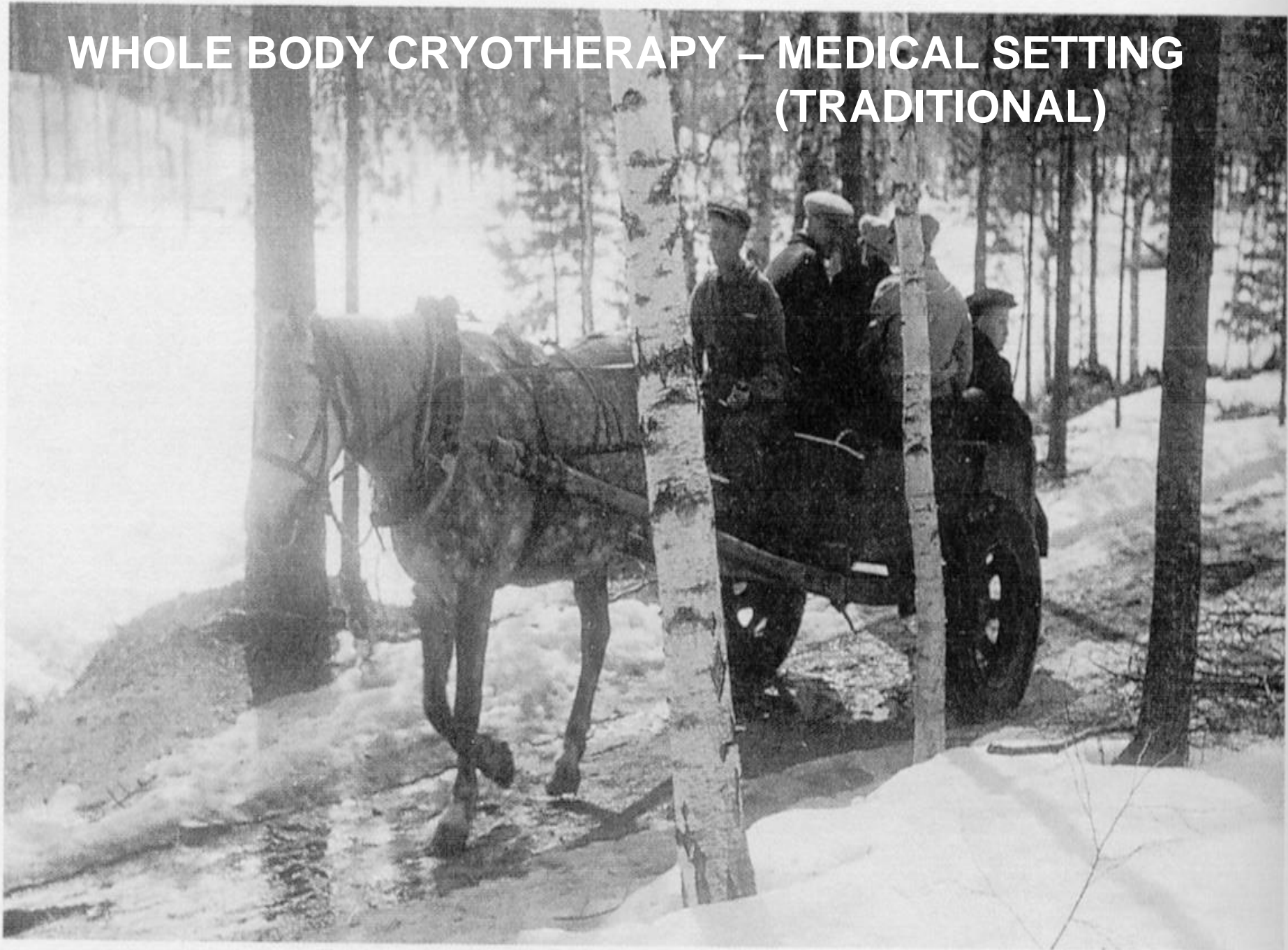
# WHOLE BODY CRYOTHERAPY – Sport context



# WHOLE BODY CRYOTHERAPY– Halloween



# WHOLE BODY CRYOTHERAPY – MEDICAL SETTING (TRADITIONAL)







# WHOLE BODY CRYOTHERAPY – MEDICAL SETTING (MODERN)

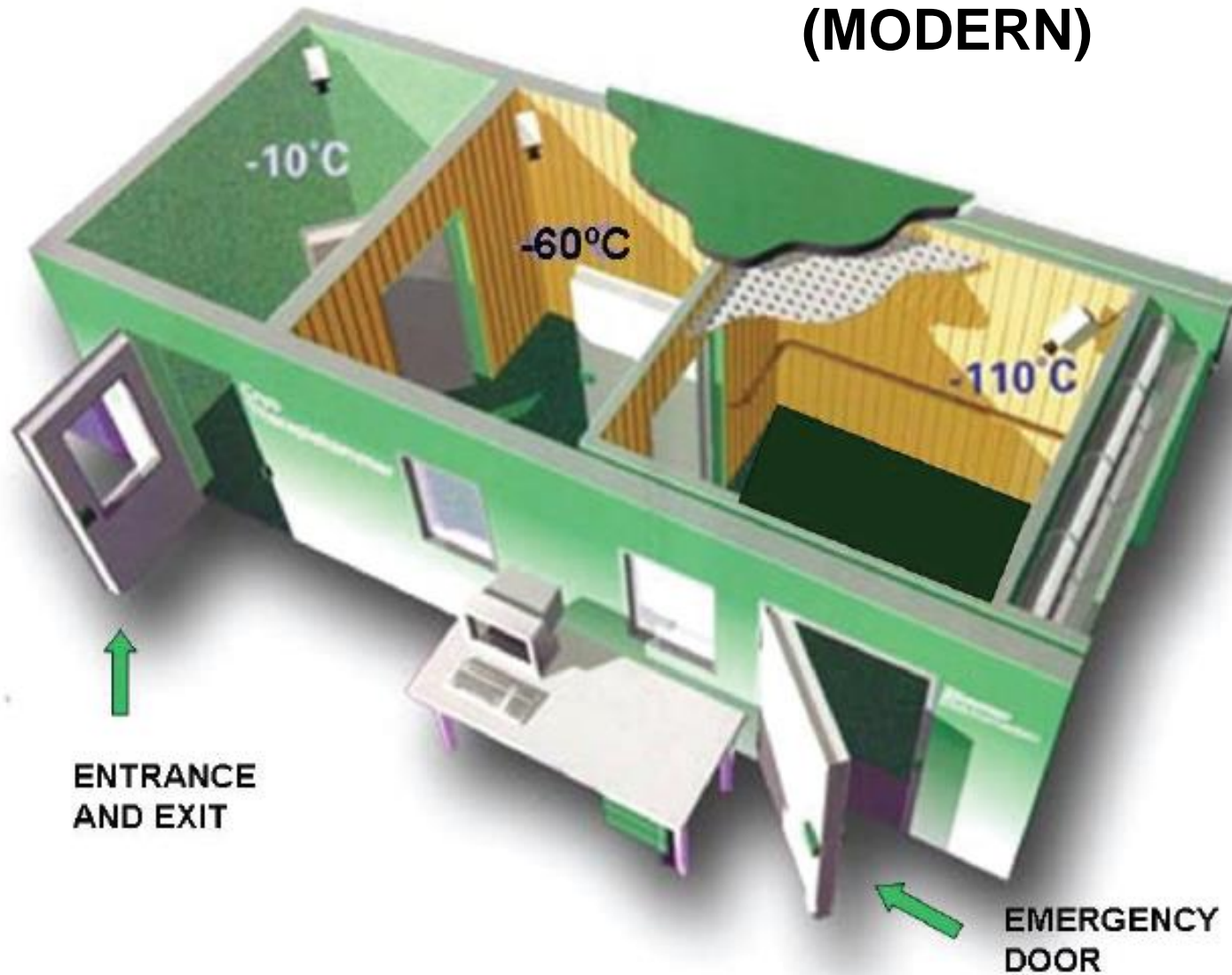


Fig. 1. Whole-body cryotherapy.







# WHOLE BODY CRYOTHERAPY – MEDICAL SETTING (MODERN)

- 110 °C



# WHOLE BODY CRYOTHERAPY – MEDICAL SETTING (MODERN)

- 110 °C



# WHOLE BODY CRYOTHERAPY – MEDICAL SETTING (MODERN)

- 160 to -180 °C

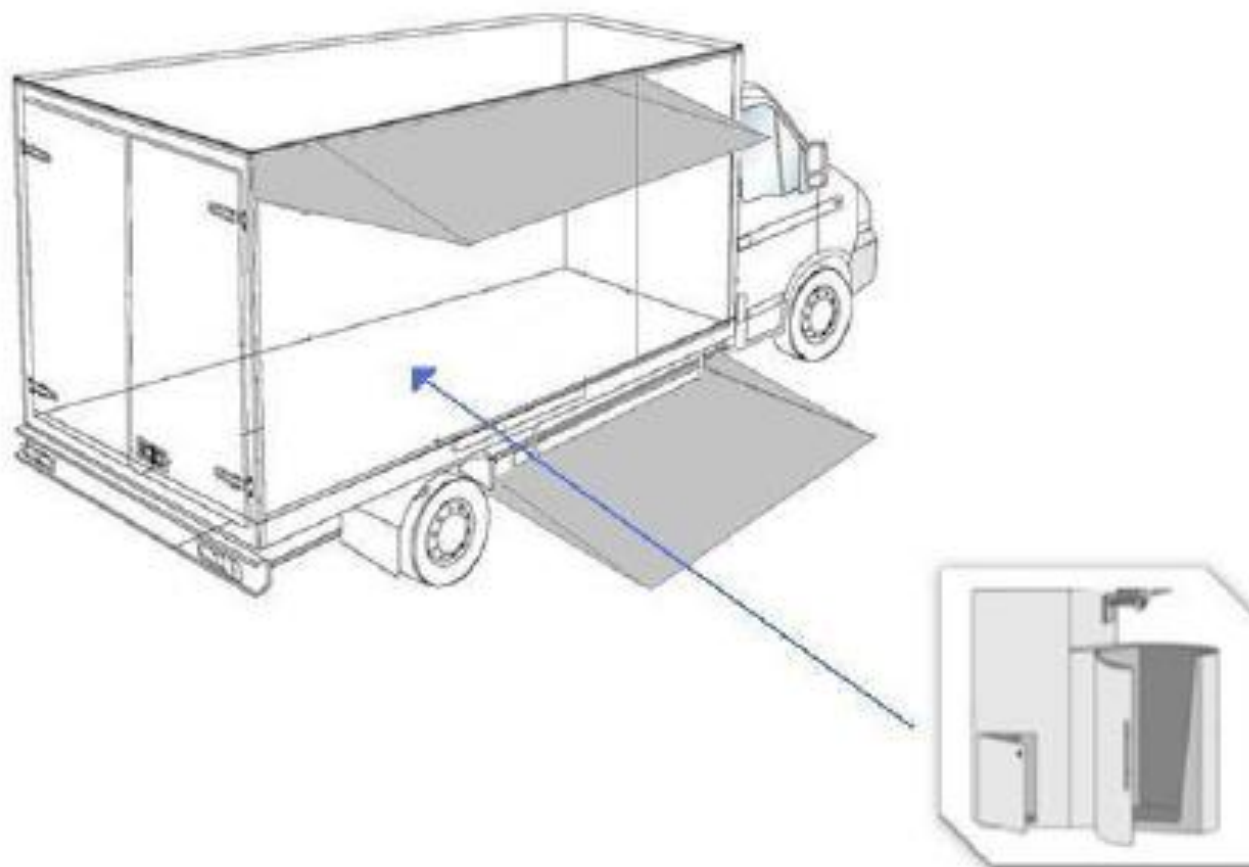


# WHOLE BODY CRYOTHERAPY – MEDICAL SETTING + SPORT CONTEXT

- 160 to -180 °C







# WHOLE BODY CRYOTHERAPY – MEDICAL SETTING + SPORT CONTEXT

- 160 to -180 °C





## **Technologies:** cryogenics versus mechanical refrigeration

### Direct injection of LN2

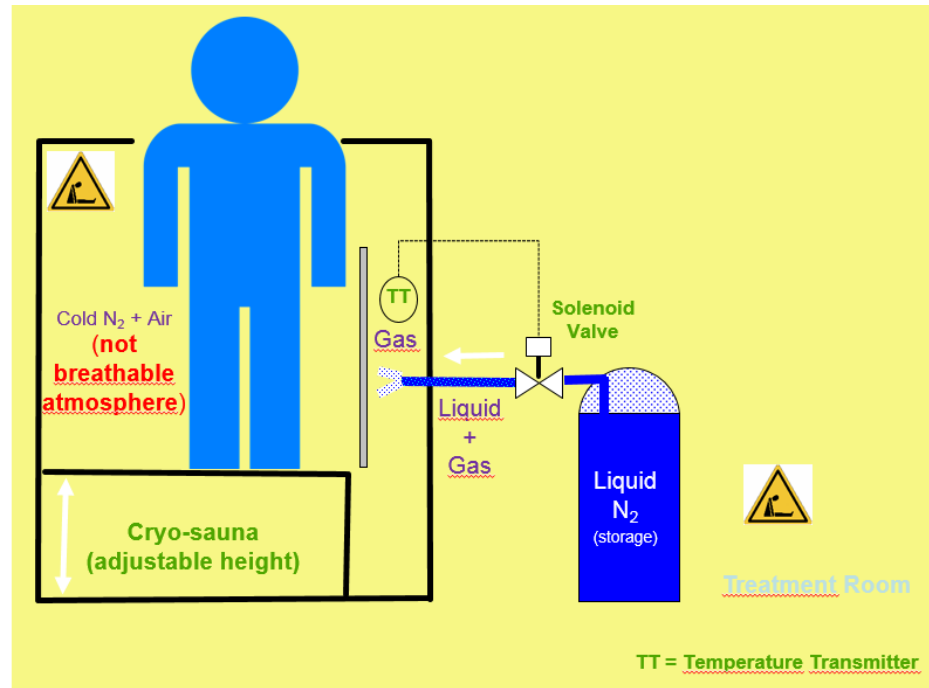


Figure 1 – Cryo-sauna: Principle with liquid N<sub>2</sub> / Direct injection / Partial BC / Individual (JP Bernard – Air Liquid; IIR information note 2019)

## Indirect injection of LN2 in two stages (with heat exchangers)

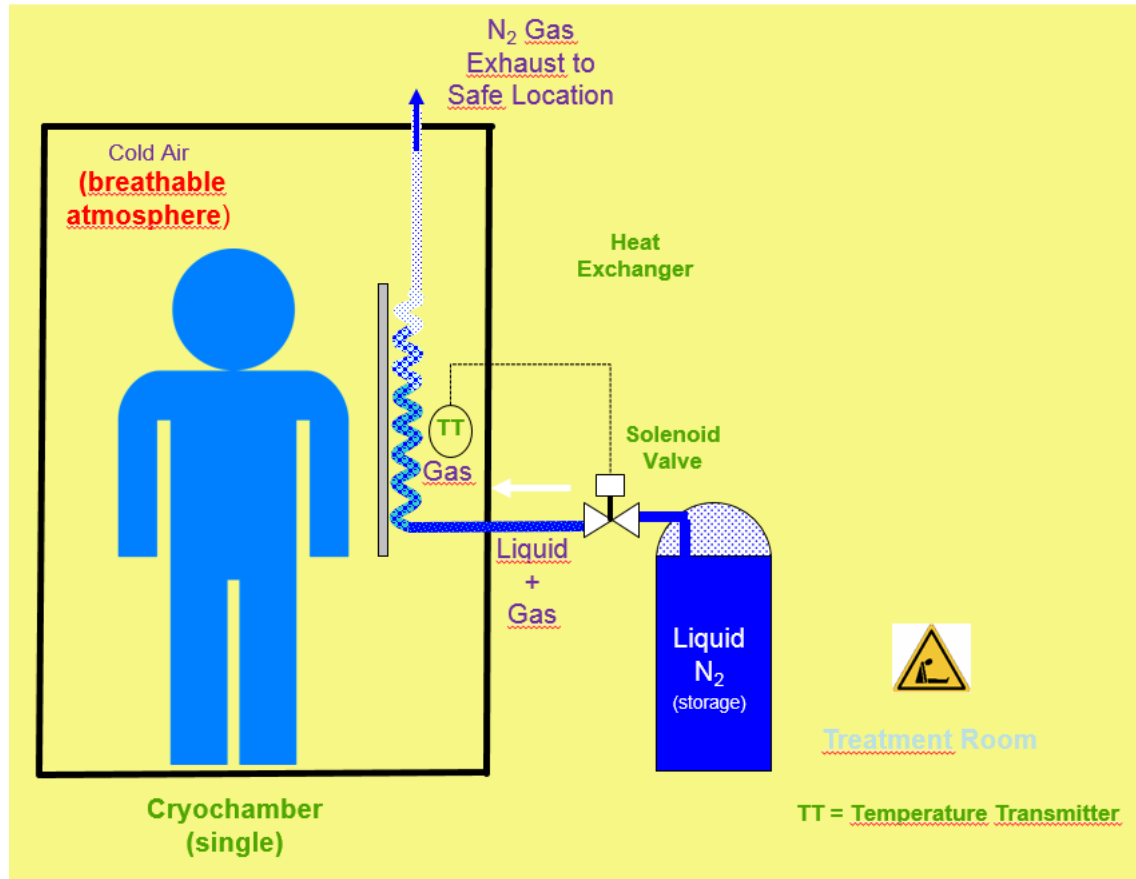


Figure 2 - Cryochamber: Principle with liquid N2 / Indirect injection / Whole BC / Individual or Collective



## Indirect injection of LN2 in two stages (with heat exchangers)

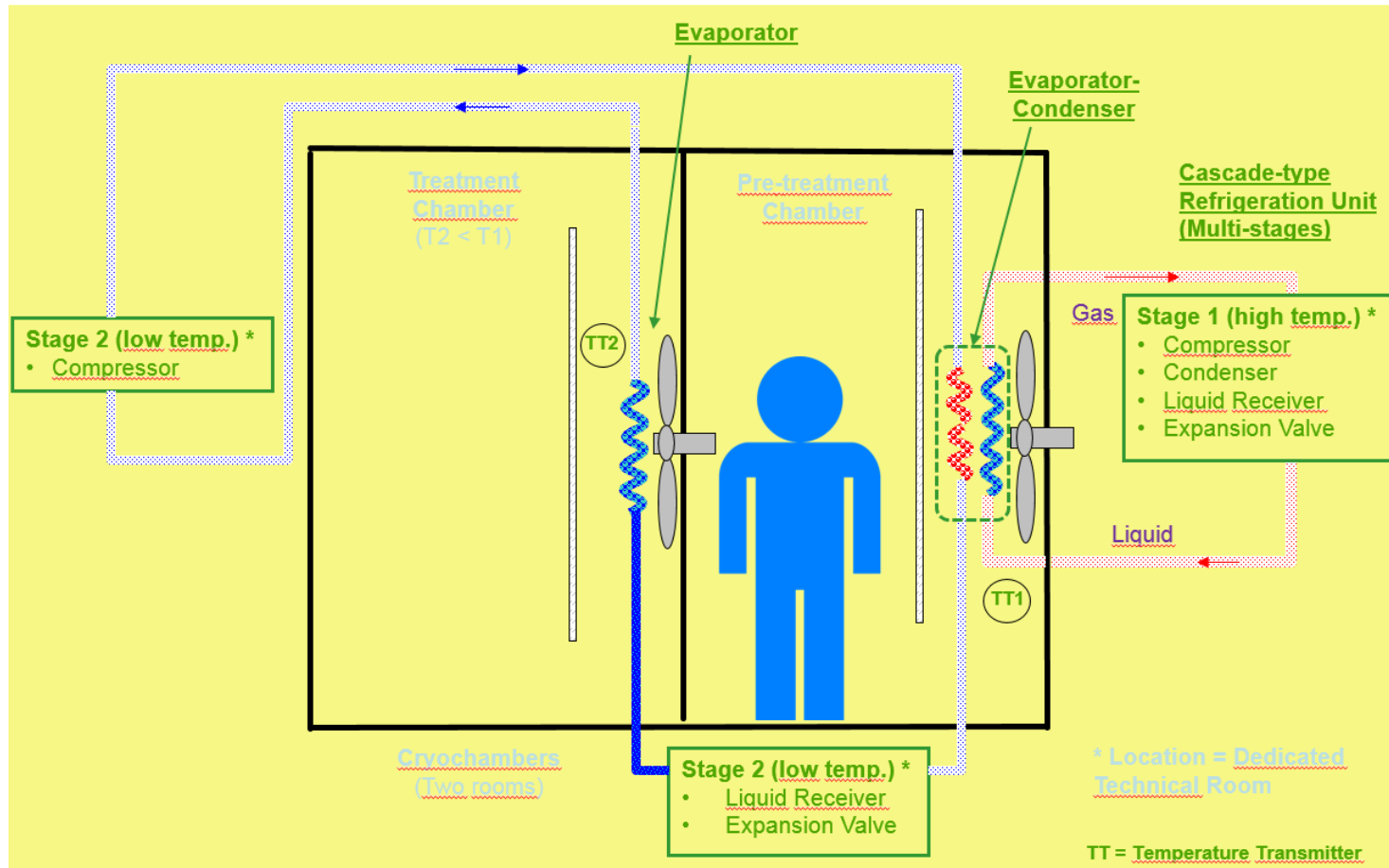


Figure 3 - Cryochambers: Principle with Mechanical Refrigeration / Whole BC / Collective

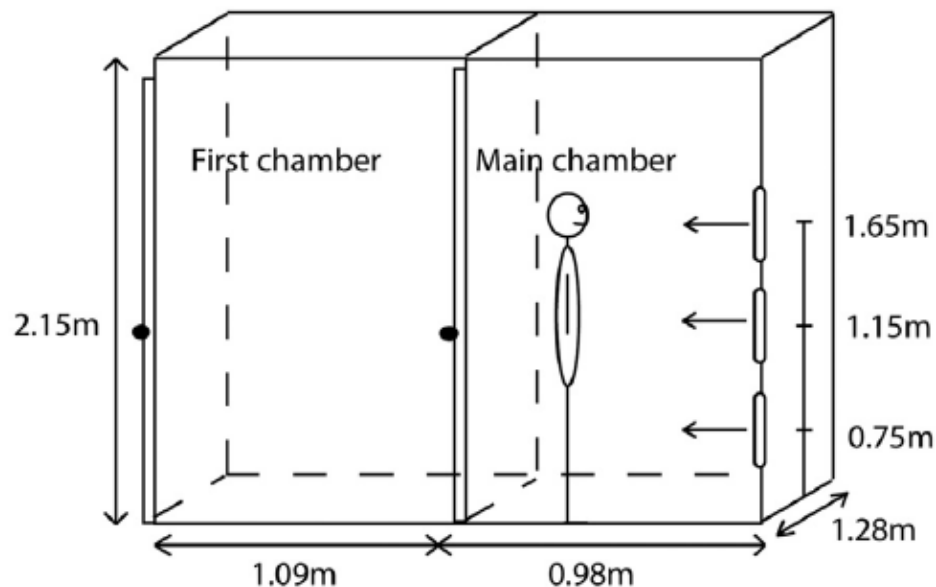
(JP Bernard – Air Liquid; IIR information note 2019)



## Validation of a new whole-body cryotherapy chamber based on forced convection



Romain Bouzigon<sup>a,d,\*</sup>, Ahlem Arfaoui<sup>b</sup>, Frédéric Grappe<sup>a</sup>, Gilles Ravier<sup>a</sup>, Benoit Jarlot<sup>b</sup>, Benoit Dugue<sup>c</sup>



**Fig. 1.** Cold chamber drawing showing the position of the three fans in the main chamber. The wind velocities at 1.65, 1.15, 0.75 m were at 3.7, 1.9, 1.5 m s<sup>-1</sup>, respectively.

# Key aspects

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- Mechanisms



# *Beliefs of possible effects*

- Improved cold tolerance
- Better mood
- Better sleep quality
- Improved coping with stress situations
- Reduced pains and aches
- Fewer respiratory infections
- Better health status and quality of life

# Cold therapy (cryotherapy) may be used in

- Rheumatic diseases
- Fibromyalgia
- Arthrosis
- Back disorders
- Psoriasis
- Depression
- Spasticity diseases (MS)
- Sports injuries
- Recovery from exercise

ORIGINAL ARTICLE

# Effects of 15 consecutive cryotherapy sessions on the clinical output of fibromyalgic patients

100 patients (20-70 years)

Lorenzo Bettoni • Felice Giulio Bonomi • Viviana Zani •  
Luigia Manisco • Annamaria Indelicato •  
Patrizia Lanteri • Giuseppe Banfi • Giovanni Lombardi

50 no medication change

50 no medication change + whole  
body cryotherapy

**15 sessions; 3-min at -110°C  
5 times per week**

Whole body cryotherapy => Balance between pro and  
anti inflammatory mediators

Unbalanced pro / anti inflammatory mediators => Pain+++



ORIGINAL ARTICLE

**Effect of cryotherapy on the lumbar spine in elderly men with back pain**

Czesław Giemza<sup>1</sup>, Magdalena Matczak-Giemza<sup>2</sup>, Bożena Ostrowska<sup>1</sup>, Ewa Bieć<sup>1</sup>, and Mirosław Doliński<sup>3</sup>

**WBC**  
**(3 min at -120°C, 5x/week, 3 weeks)**  
**+**  
**physical exercises**  
**(45 min at gym, 5x per week, 3 weeks)**  
  
**vs.**  
**only physical exercises**



## Mental state and quality of life after 10 session whole-body cryotherapy

Joanna Szczepańska-Gieracha<sup>a</sup>, Paulina Borsuk<sup>a</sup>, Malwina Pawik<sup>a\*</sup> and Joanna Rymaszewska<sup>a,b</sup>

55 subjects (43 females; 12 men) ; 20 to 70 years

34 patients with spinal pain syndromes

21 patients with peripheral joints disease

No controls

**10 sessions**

**1 to 3 min at -100°C (?)**

RESULTS: +++ well being

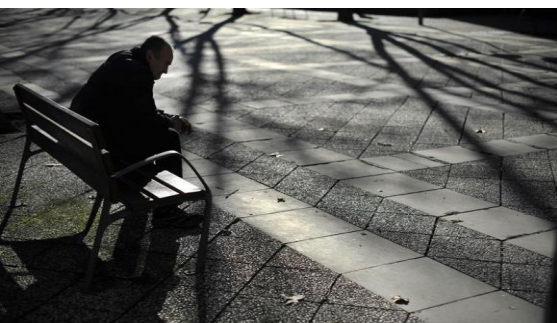
+++ mood

+ quality of live

# Whole-body cryotherapy as adjunct treatment of depressive and anxiety disorders

Joanna Rymaszewska, David Ramsey and Sylwia Chłodzińska-Kiejna

Department of Psychiatry, Wrocław Medical University, Wrocław, Poland



34 patients + medication (GR1)

26 patients + medication +  
cryotherapy (GR2)

**15 sessions, 3 weeks**

**2 to 3 min at  $-160^{\circ}\text{C}$  or at  $-110^{\circ}\text{C}$**

for the scores obtained with Hamilton's  
depression scale

2.9% for GR1

## **Long-term effects of whole body cryostimulation on uric acid concentration in plasma of secondary progressive multiple sclerosis patients**

ELŻBIETA MILLER<sup>1,2</sup>, JOANNA SALUK<sup>3</sup>, AGNIESZKA MOREL<sup>3</sup>  
& BARBARA WACHOWICZ<sup>3</sup>

22 MS patients; 48.6 years

22 healthy controls

**10 sessions**

**3 min at -110°C to -160°C**

**RESULTS:**

++ Uric Acid concentration in plasma of MS patients

**Conclusions**  
Positive changes in disability status scale

WBCT may be used as adjuvant therapy as it improves functional status of SPMs patients  
significant effect after 10 exposures

effect kept one and three months later

## *Clinical Study*

# **Can Whole-Body Cryotherapy with Subsequent Kinesiotherapy Procedures in Closed Type Cryogenic Chamber Improve BASDAI, BASFI, and Some Spine Mobility Parameters and Decrease Pain Intensity in Patients with Ankylosing Spondylitis?**

« ... we observed on average about twice better results than in the group treated only by kinesiotherapy ... »

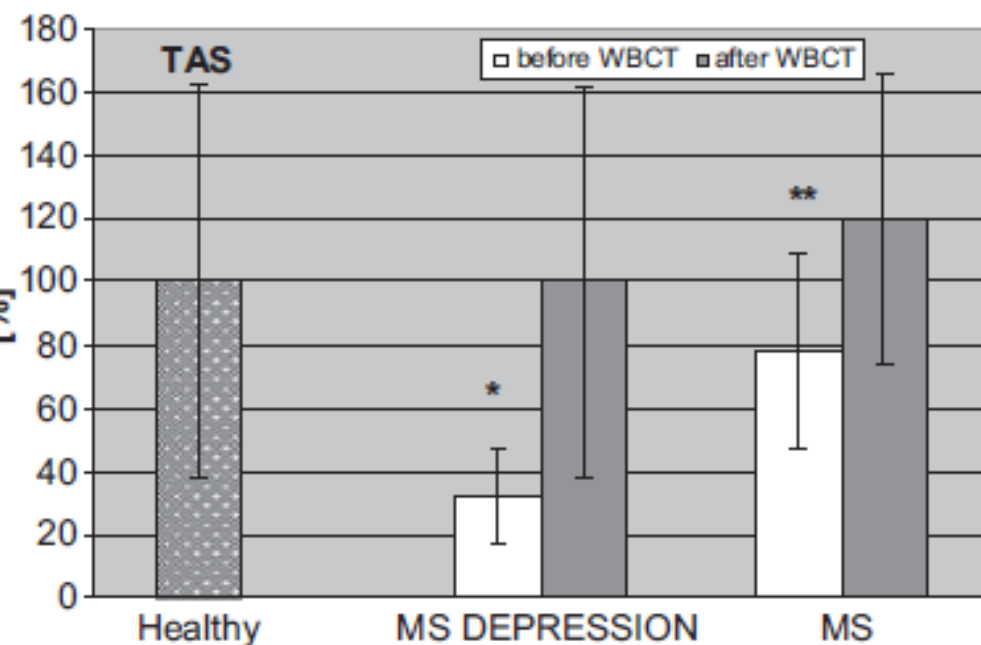




## ORIGINAL INVESTIGATION

# Effects of whole-body cryotherapy on a total antioxidative status and activities of antioxidative enzymes in blood of depressive multiple sclerosis patients

ELŻBIETA MILLER<sup>1</sup>, MAŁGORZATA MROWICKA<sup>2</sup>, KATARZYNA MALINOWSKA<sup>2</sup>,  
JERZY MROWICKI<sup>2</sup>, JOANNA SALUK-JUSZCZAK<sup>3</sup> & JÓZEF KĘDZIORA<sup>4</sup>



Effect of whole body cryotherapy (WBCT) on total antioxidative status (TAS) level in plasma from multiple sclerosis (MS) patients with and without depression.

# Whole-body cryostimulation (cryotherapy) provides benefits for fatigue and functional status in multiple sclerosis patients. A case–control study

## ... especially for those who are the most tired

**Table 2** Influence of whole-body cryostimulation (WBC) on functional capacities in groups of fatigued MS patients with high fatigue (HF) and low fatigue (LF) levels

	HF			LF		
	Before	After	Changes	Before	After	Changes
EDSS (0–10 points)	5.1 ± 0.7	4.8 ± 0.7***	−0.3 ± 0.3 <sup>S</sup> (0.2–0.4)	5.2 ± 1.1	5.0 ± 1.1***	−0.2 ± 0.3 <sup>S</sup> (0.1–0.3)
MSIS-29-PHYS (0–100 points)	46.8 ± 2.8	44.9 ± 2.9***	−1.9 ± 1.4 <sup>L</sup> (1.4–2.3) <sup>a,b</sup>	45.9 ± 3.2	45.2 ± 3.0***	−0.7 ± 0.7 <sup>S</sup> (0.2–1.1)
MSIS-29-PSYCH (0–100 points)	42.1 ± 2.7	39.8 ± 2.0***	−2.3 ± 1.9 <sup>L</sup> (1.8–2.8) <sup>a,b</sup>	42.2 ± 2.6	41.3 ± 2.7***	−0.9 ± 1.0 <sup>S</sup> (0.4–1.4)
RMA1 (0–13 points)	7.9 ± 2.2	9.2 ± 2.0***	1.3 ± 1.0 <sup>L</sup> (0.9–1.5) <sup>a,b</sup>	8.5 ± 2.1	9.0 ± 1.9**	0.5 ± 0.7 <sup>M</sup> (0.2–0.8)
RMA2 (0–10 points)	6.7 ± 2.4	7.9 ± 2.1***	1.3 ± 1.4 <sup>M</sup> (0.8–1.6)	7.3 ± 1.6	8.1 ± 1.5***	0.8 ± 0.7 <sup>M</sup> (0.4–1.3)
RMA3 (0–15 points)	9.1 ± 1.7	11.2 ± 1.5***	2.1 ± 1.1 <sup>L</sup> (1.7–2.6) <sup>a,b</sup>	8.2 ± 1.3	9.0 ± 1.7***	0.8 ± 0.9 <sup>M</sup> (0.3–1.1)
FSS (9–63 points)	49.3 ± 1.1	46.6 ± 1.3***	−2.7 ± 1.6 <sup>L</sup> (2.1–3.3)	39.3 ± 1.4	37.1 ± 1.5***	−2.3 ± 1.3 <sup>L</sup> (1.7–2.8)



The whole body cryostimulation modifies irisin concentration and reduces inflammation in middle aged, obese men

Katarzyna Dulian<sup>a</sup>, Radosław Laskowski<sup>b</sup>, Tomasz Grzywacz<sup>c</sup>, Sylwester Kujach<sup>b</sup>,  
Damian J. Flis<sup>d</sup>, Mirosław Smaruj<sup>e</sup>, Ewa Ziemann<sup>f,\*</sup>

$n = 12$  ;  $38 \pm 9$  ans ;  $BMI > 30 \text{ kg/m}^2$

10 times, 3 min at  $-110^\circ\text{C}$

Decrease in low-grade inflammation ( - - CRP)  
++ irisin (=> higher oxidation in adipocyte lipids?)

*Research Article*

**Body Composition, Lipid Profile, Adipokine Concentration,  
and Antioxidant Capacity Changes during Interventions to Treat  
Overweight with Exercise Programme and  
Whole-Body Cryostimulation**

Anna Lubkowska,<sup>1,2</sup> Wioleta Dudzińska,<sup>2</sup> Iwona Bryczkowska,<sup>1</sup> and Barbara Dołęgowska<sup>3</sup>

$n = 30 ; 39 \pm 9 \text{ ans} ; \text{BMI} = 30 + 9 \text{ kg/m}^2$

20 times, 3 min at  $-110^{\circ}\text{C}$  during 6 mois

+

Physical activity: 45min 3x semaines sur 6 mois

... Very little impact



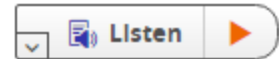


Original Article

# Repeated cryostimulation improves position sense and simple reaction time

CZESŁAW GIEMZA<sup>1)a</sup>, EWA BIEĆ<sup>1)a</sup>, BOŻENA OSTROWSKA<sup>1)</sup>, BOGUSŁAWA PIECHACZEK<sup>1)</sup>,  
GEORG SITNY<sup>1)</sup>, MICHAŁ KUCZYŃSKI<sup>2)\*</sup>

[Home](#) / [Cryoletters](#), Volume 39, Number 3



# The Improvement of Memory Deficits After Whole-body Cryotherapy – The First Report

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**Authors:** Rymaszewska, Joanna; Urbańska, Katarzyna M; Szcześniak, Dorota; Stańczykiewicz, Bartłomiej; Tryp  
Elżbieta; Zabłocka, Agnieszka

**Source:** [Cryoletters](#), Volume 39, Number 3, May 2018, pp. 190-195(6)

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**BACKGROUND:** Mild Cognitive Impairments (MCI) and dementia are still incurable. The Whole-Body Cryoth (WBC) - short, cyclic exposure to extremely low temperatures - has proven anti-inflammatory and anti-oxid effects. It can also induce hormonal, lipid and neural changes. **OBJECTIVE:** To evaluate the WBC effect on cognitive functioning and blood parameters of MCI patients. **MATERIALS AND METHODS:** Participants with undertook 10 WBC sessions. Cognitive functions and depressive symptoms were assessed before the first session, after the last session and 2 weeks later. Whole blood samples were collected. **RESULTS:** The cogni functioning improved after 10 WBC sessions ( $p<0.05$ ), especially memory processes. WBC caused a signific ( $p<0.05$ ) increase of NO plasma level, BDNF concentration ( $p<0.05$ ) and reduction of IL-6 ( $p<0.05$ ). The mod relationship between NO and cognitive functioning was noticed after WBC. **CONCLUSION:** The preliminary results of the first study evaluating WBC on memory deficits suggest that WBC may be useful as a support therapy of MCI.

**Keywords:** [MEMORY IMPROVEMENT](#); [MILD COGNITIVE IMPAIRMENT](#); [SUPPORTIVE THERAPY](#); [WHOLE-BODY CRYOTHERAPY](#)



## ORIGINAL ARTICLE

# 3-min whole body cryotherapy/cryostimulation after training in the evening improves sleep quality in physically active men

Wafa Douzi<sup>1</sup>, Olivier Dupuy<sup>1</sup>, Maxence Tanneau<sup>1</sup>, Geoffroy Boucard<sup>2</sup>, Romain Bouzigon<sup>3</sup>, & Benoit Dugué <sup>1</sup>


<sup>1</sup>*Laboratoire Mobilité Vieillesse Exercice (MOVE)-EA6314, Faculty of Sport Sciences, University of Poitiers, Poitiers, France;* <sup>2</sup>*Centre de Recherches sur la Cognition et l'Apprentissage (UMR7295), Université de Poitiers and Université François-Rabelais de Tours, Poitiers, France* & <sup>3</sup>*Laboratoire C3S (EA 4660), Unité de Promotion, de Formation et de Recherche (UPFR) des Sports, Université de Franche Comté, Besançon, France*

RESEARCH NOTE

Open Access

# Partial-body cryostimulation after training improves sleep quality in professional soccer players



Wafa Douzi<sup>1</sup>, Olivier Dupuy<sup>1</sup>, Dimitri Theurot<sup>1</sup>, Geoffroy Boucard<sup>2</sup> and Benoit Dugué<sup>1\*</sup> 



# Key aspects

- Different kinds of whole body cryotherapy (WBC) or cryostimulation
- Why to use WBC
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- What do we know about whole body cryotherapy
- Mechanisms



Comfortable?



# Thermal sensation

What is your general thermal sensation now?

**4 very hot**

**3 hot**

**2 warm**

**1 slightly warm**

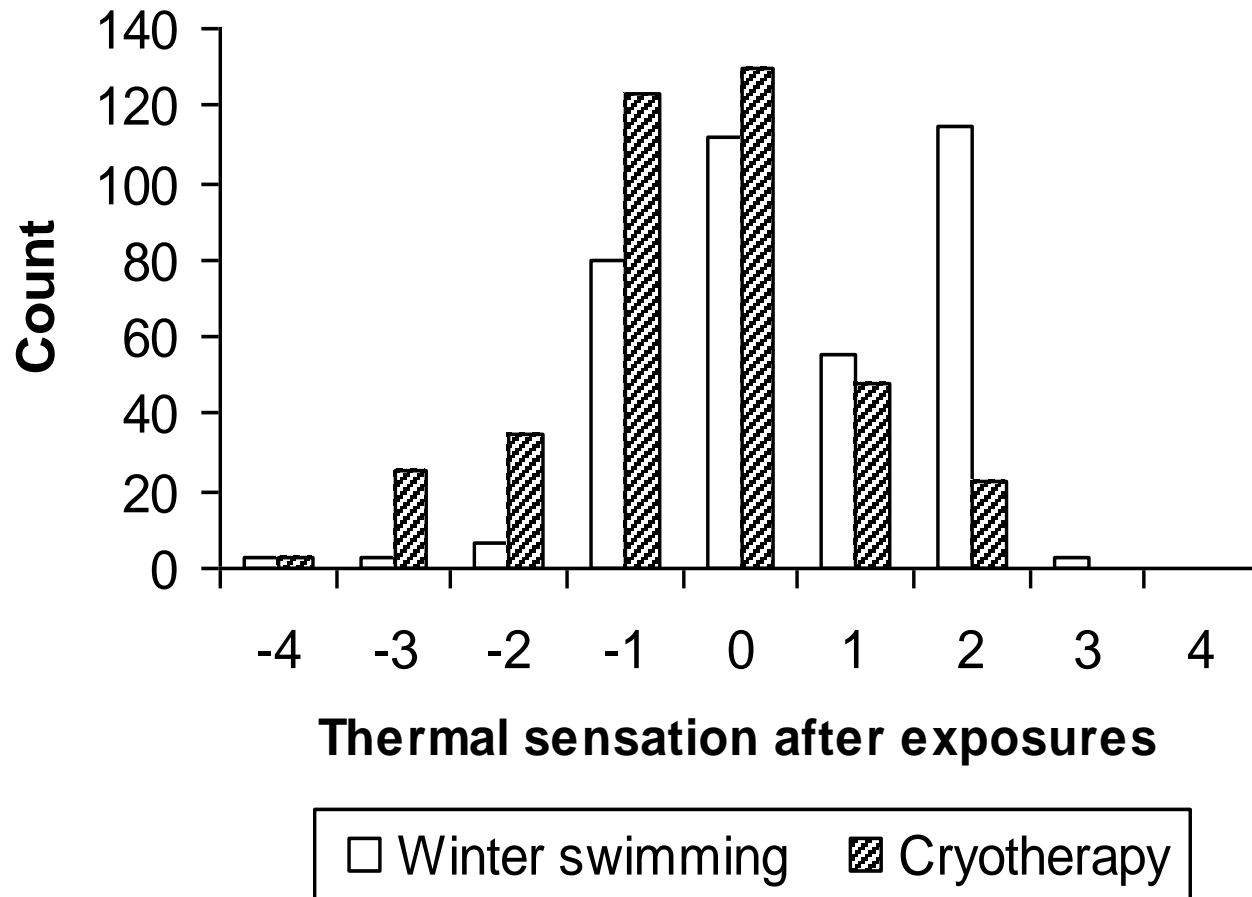
**0 neutral**

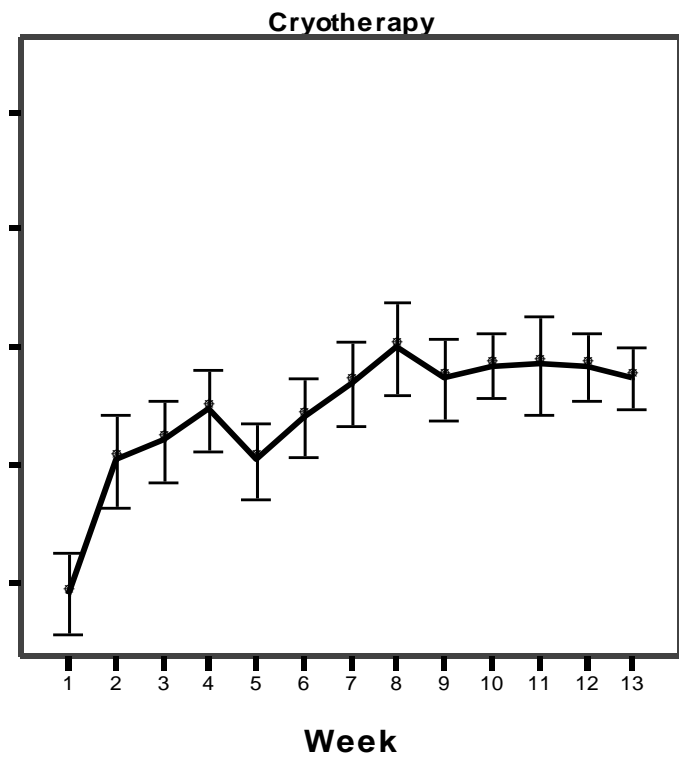
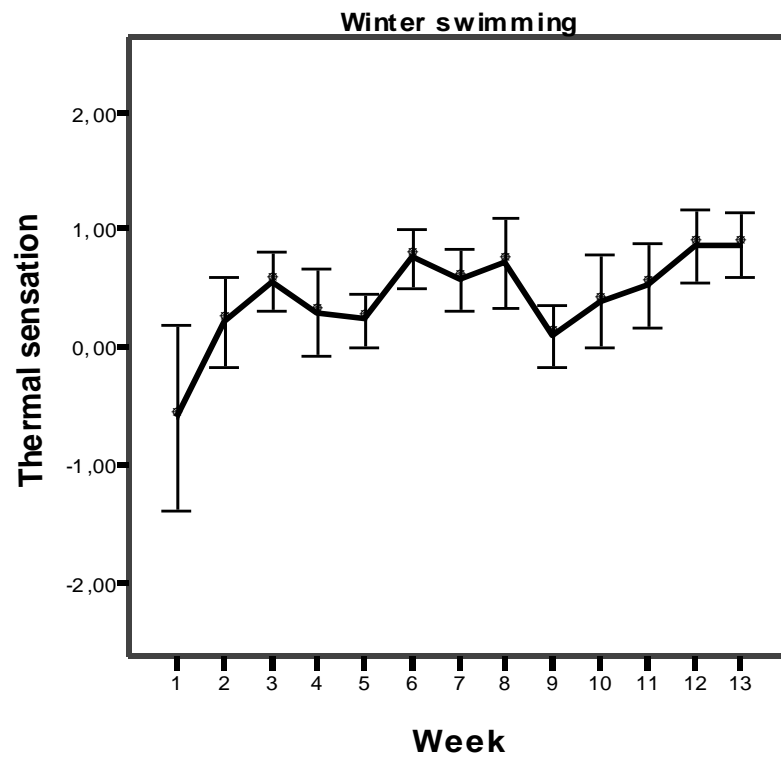
**-1 slightly cool**

**-2 cool**

**-3 cold**

**-4 very cold**







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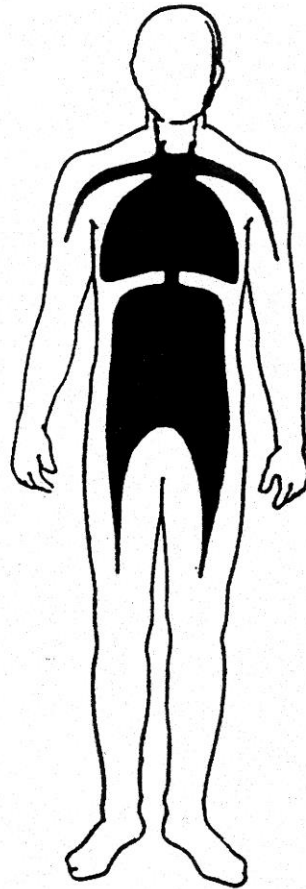
# *Human thermoregulation*

- optimum for humans in air 27 °C and 33 °C in water
- control of thermoregulation
  - receptors in skin and internal organs
  - hypothalamic integrator in brain
- heat production and heat loss:
  - sweating /evaporation
  - control of peripheral circulation
  - heat production/shivering

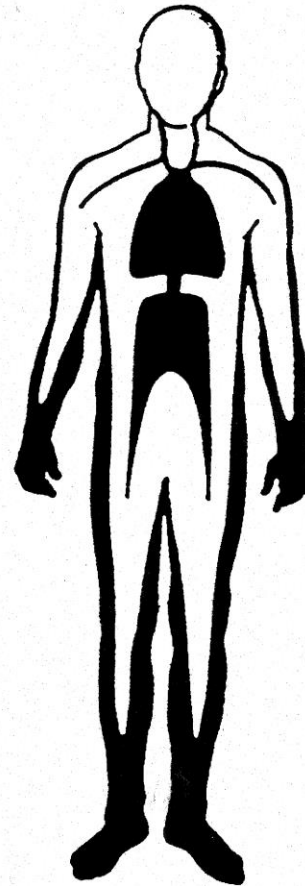
## *Sudden exposure to cold causes*

- constriction of blood vessels in skin
- increased blood pressure
- increased work for heart
- shivering starts
- increased breathing rate and heart rate
- reduced plasma volume
- increased concentration of e.g. cholesterol
- platelet adhesion increases
- release of stress hormones, especially noradrenaline
- Cold-induced analgesia

COLD



WARM



## *Sudden exposure to cold causes*

- constriction of blood vessels in skin
- increased blood pressure
- increased work for heart
- shivering starts
- increased breathing rate and heart rate (??)
- reduced plasma volume
- increased concentration of e.g. cholesterol
- platelet adhesion increases
- release of stress hormones, especially noradrenaline



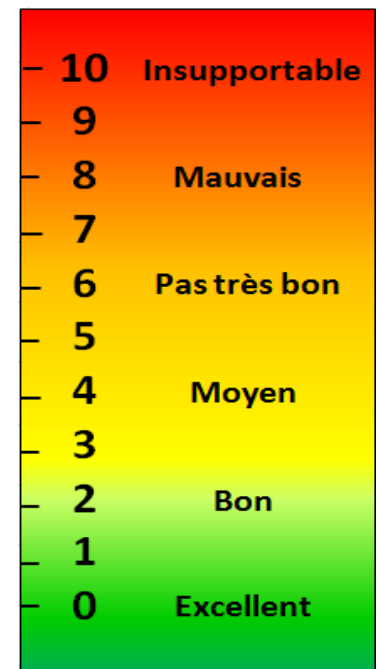
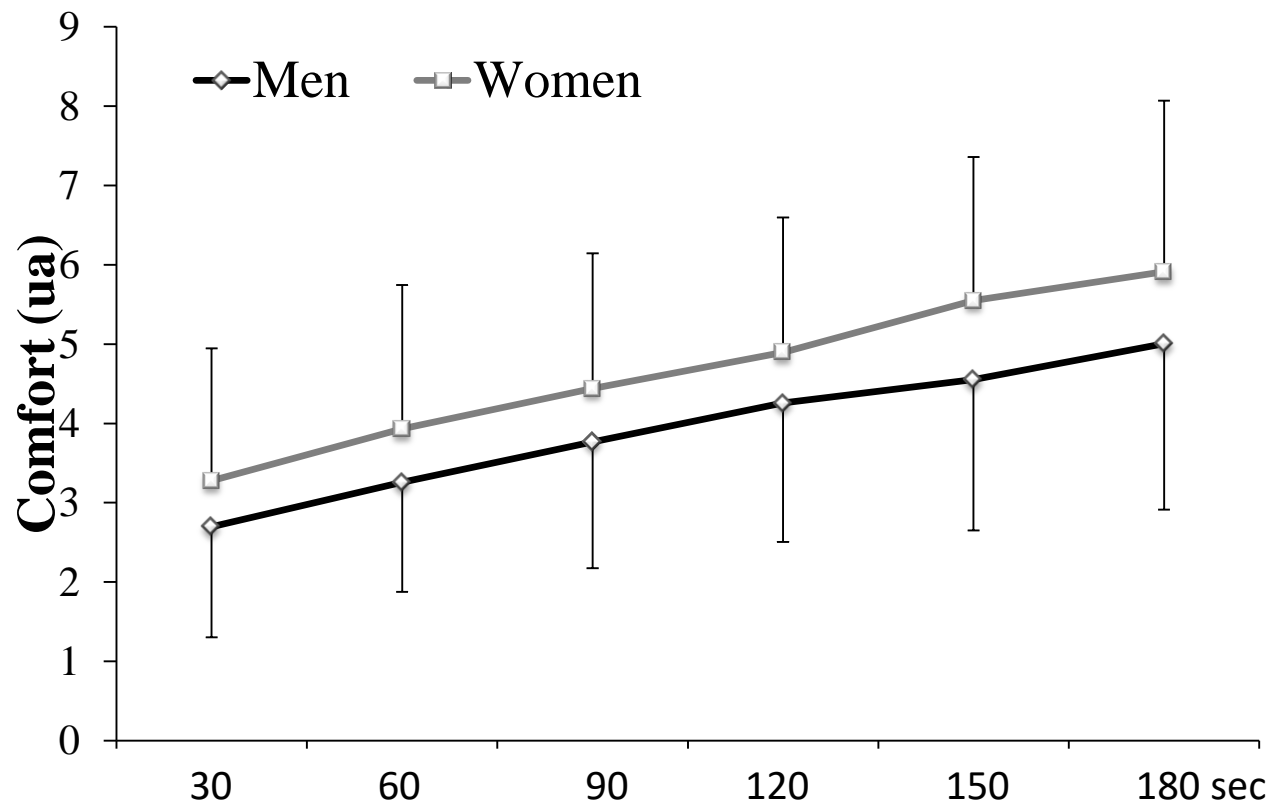
# *Role of individual factors*

- body size or BSA/mass-ratio
- fatness
- physical fitness
- gender
- age
- state of cold adaptation
- health status

# *Role of individual factors*

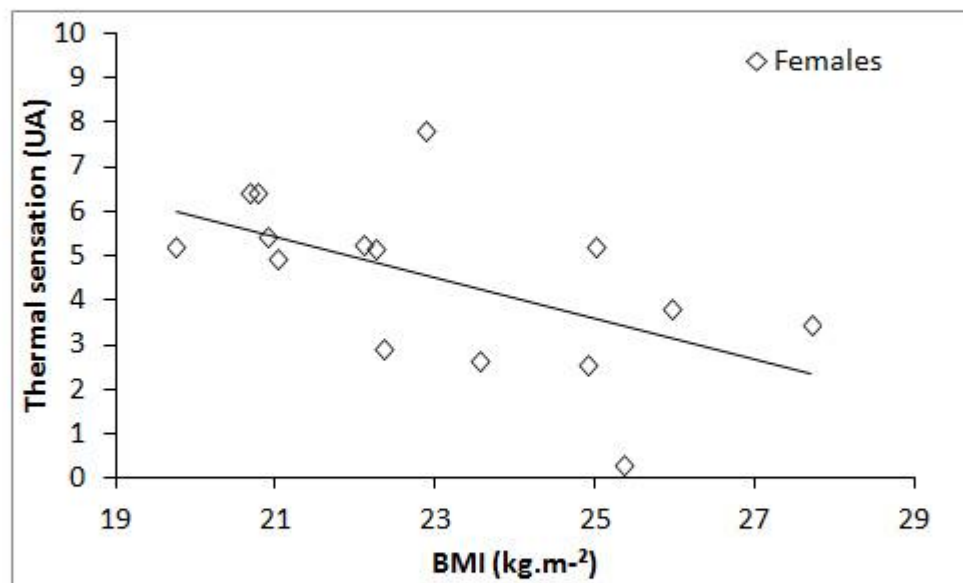
Male/female





Thermal comfort changes during 3-min exposure at  $-110^{\circ}\text{C}$  (n=47 high level athletes).

Bouzigon et al., J Hum Kinetics, 2018



# *Role of individual factors*

- body size or BSA/mass-ratio
- fatness
- physical fitness
- gender
- age
- health status
- state of cold adaptation



# *Role of individual factors*

## **Age**

Elderly subjects + cold exposure (vs younger subjects):

- Less reactive to cold sensations
- Larger heat loss
- Lower vascular reactivity
- Sympathetic dysfunction (slower)
  - ? lower alpha-adrenoceptive response
- Lower increase in metabolism
- Larger increase in systolic + diastolic pressure

# *Role of individual factors*

- body size or BSA/mass-ratio
- fatness
- physical fitness
- gender
- age
- health status
- state of cold adaptation
- mood

# *Habituation ('get used to')*

- psychological response
- relatively fast
- response to cold is less intense
- less discomfort
- shivering starts at a lower internal temperature
- lower rise in heart rate, blood pressure, and breathing

# *Whole-body adaptation*

Adaptive changes observed already in a week

Types of adaptation:

- hypothermic (reduced internal temperature)
- insulative (reduced skin circulation)
- metabolic (brown fat, betareceptors)
- different combinations

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# Peculiar problems to deal with WBC investigations

- No possibility for double-blind studies
- Homogeneity for Groups of volunteers
- number of volunteers
- Selection Biases

=> many studies with limited number of subjects,  
problems with standardization of procedure,

Control groups often missing

=> Results at variance

# WOHNE PAUSSEBELTERE?

# META- ANALYSIS

# **Whole-body cryotherapy (extreme cold air exposure) for preventing and treating muscle soreness after exercise in adults (Review)**

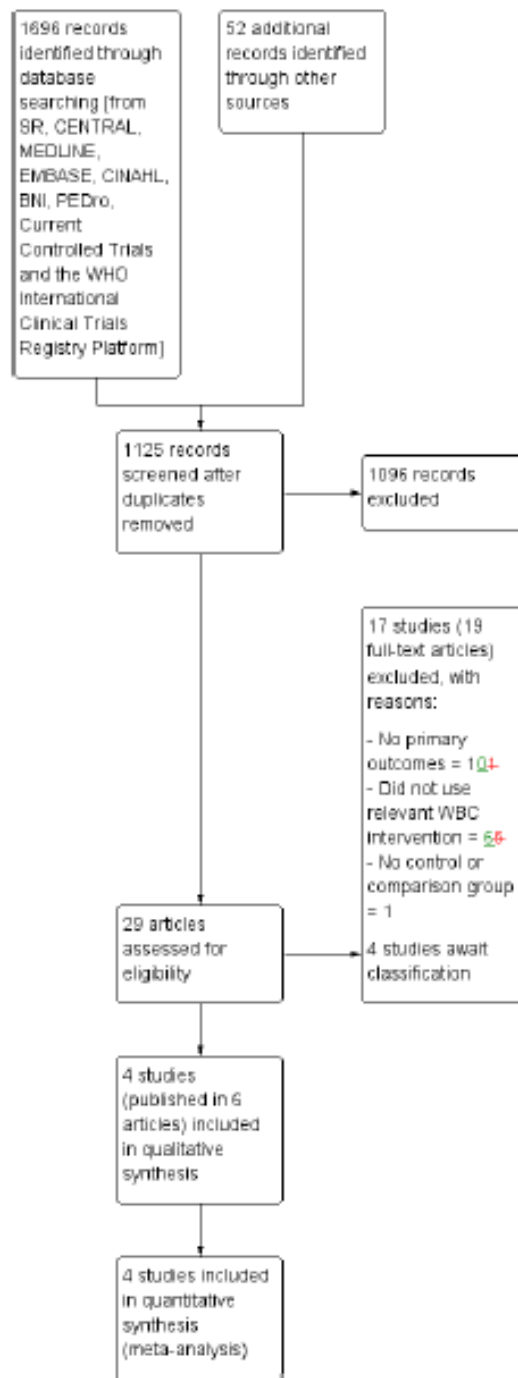
**Costello JT, Baker PRA, Minett GM, Bieuzen F, Stewart IB, Bleakley C**

*Cochrane Database of Systematic Reviews* 2015, Issue 9.

## **Authors' conclusions**

There is insufficient evidence to determine whether whole-body cryotherapy (WBC) reduces self-reported muscle soreness, or improves subjective recovery, after exercise compared with passive rest or no WBC in physically active young adult males. There is no evidence on the use of this intervention in females or elite athletes. The lack of evidence on adverse events is important given that the exposure to extreme temperature presents a potential hazard. Further high-quality, well-reported research in this area is required and must provide detailed reporting of adverse events.

**Figure 2. Study flow diagram**





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## SYSTEMATIC REVIEW ARTICLE

Front. Physiol., 26 April 2018 | <https://doi.org/10.3389/fphys.2018.00403>



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# An Evidence-Based Approach for Choosing Post-exercise Recovery Techniques to Reduce Markers of Muscle Damage, Soreness, Fatigue, and Inflammation: A Systematic Review With Meta-Analysis

107,809

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Am score 419

View Article Impact

Olivier Dupuy\*, Wafa Douzi, Dimitri Theurot, Laurent Bosquet and Benoit Dugué



Table 1: Effects of techniques of recovery on the kinetics of DOMS and perceived fatigue

	Subjects (n)	Experimental group (n)	SMD	IC	I <sup>2</sup>
<b>DOMS</b>	<b>1188</b>	<b>106</b>	<b>-0.78</b>	<b>-0.94;-0.61</b>	<b>56.62</b>
Active recovery	90	8	-0.94	-1.61;-0.28	*
Stretching	67	5	0.15	0.00 ; 0.29	
Massage	158	14	-2.26	-3.05 ; -1.47	*
Massage + Stretching			N/A		
Compression Garments	160	16	-0.92	-1.34 ; -0.50	*
Electrostimulation	94	8	-0.28	-0.59; 0.03	
Immersion	379	34	-0.47	-0.77;-0.18	*
Contrast water therapy	144	12	-0.40	-0.73 ; -0.07	*
Cryotherapy/cryostimulation	72	6	-0.53	-1.04 ; -0.03	*
Hyperbaric therapy	24	3	0.55	-0.12 ; 1.22	
<b>Perceived Fatigue</b>	<b>266</b>	<b>27</b>	<b>-1.40</b>	<b>-1,92 ; -0,89</b>	<b>32,65</b>
Active recovery	33	4	0.64	-0.43; 1.70	
Stretching	30	1	-0.21	-1.04 ; 0.62	
Massage	64	7	-2.55	-3.49 ; -1.62	*
Massage + stretching	9	1	-4.34	-7.20 ; -1.47	*
Compression Garments	28	3	-0.88	-1.34 ; -0.50	*
Electrostimulation	11	1	-0.28	-0,59; 0,03;	
Immersion	75	8	-1.16	-1.94 ; -0.39	*
Contrast water therapy	16	2	-0.04	-0.86; 0.79;	
Cryotherapy/cryostimulation			NA		
Hyperbaric therapy			NA		
Abbreviation : SMD: Standardized mean differences; IC: interval of confidence ; NA : not available ; * significant ; - mean a decrease and + an increase in DOMS and perceived fatigue after the recovery strategy					

## An evidence-based approach to choose the recovery you need: a systematic review with meta-analysis.

Olivier Dupuy, Wafa Douzi, Dimitri Theurot, Laurent Bosquet, Benoit Dugué  
Frontiers in Physiology 2018



# Key aspects

- Different kinds of whole body cryotherapy (WBC) or cryostimulation
- Why to use WBC
- Feelings after exposure
- Cold and physiological adaptations
- Peculiar problems to deal with whole body cryotherapy investigations
- **What do we know about whole body cryotherapy**
- Mechanisms

# COLD EXPOSURE AFTER EXERCISE

+++ SYMPATHETIC SYSTEM & RELEASE OF NORADRENALIN

SIGNIFICANT IMPACT CONCERNING PAIN

VASOCONSTRICTION:

- => --- BLOOD IN MUSCLE

- => ---CELL PERMEABILITY/LEAKING

- => --- FLUID DIFFUSION IN INTERSTIAL SPACE

- => --- INFLAMMATION

LOWER MUSCLE TEMPERATURE

- => --- ENZYME ACTIVITY

- => --- METABOLISM

- => --- SECONDARY DEGRADATION AFTER HYPOXIA

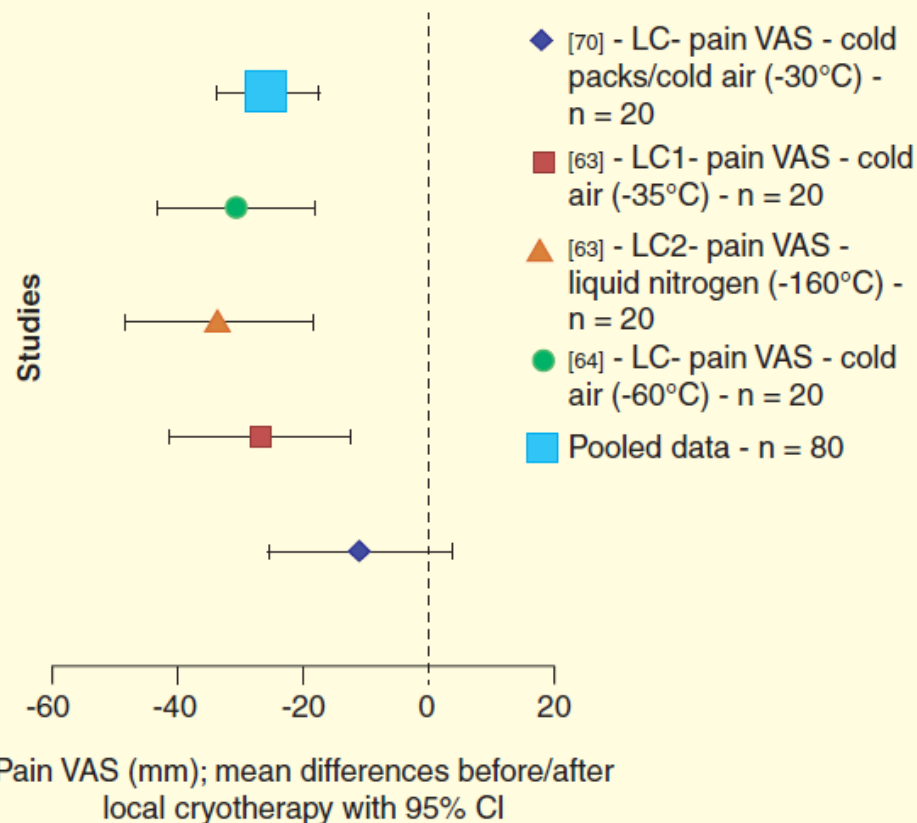
# One meta-analysis in the context of pathology

# Cryotherapy in inflammatory rheumatic diseases: a systematic review

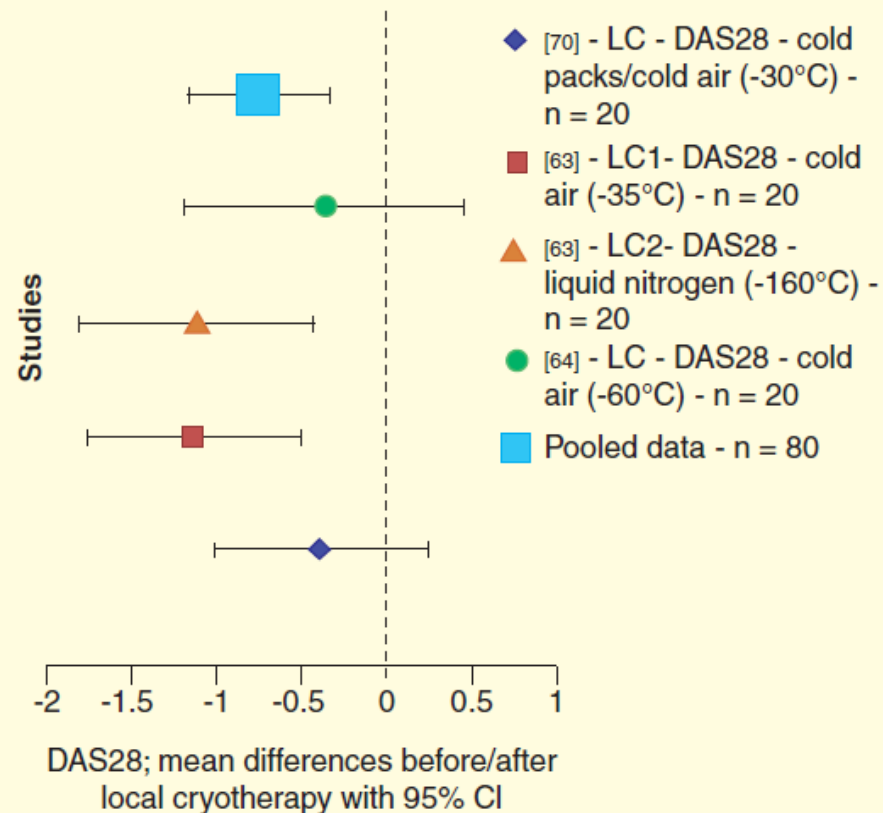
*Expert Rev. Clin. Immunol.* 10(2), 000–000 (2014)

Guillot X, Tordi N, Mourot L, Demougeot C, Dugué B, Prati C, Wendling D:  
Cryotherapy in inflammatory rheumatic diseases: a systematic review. *Expert Review of Clinical Immunology* 2014; 10: 281-294

**(A)** Heterogeneity:  $F0 = 1.48$ ;  $p$ : [0.2; 0.3]

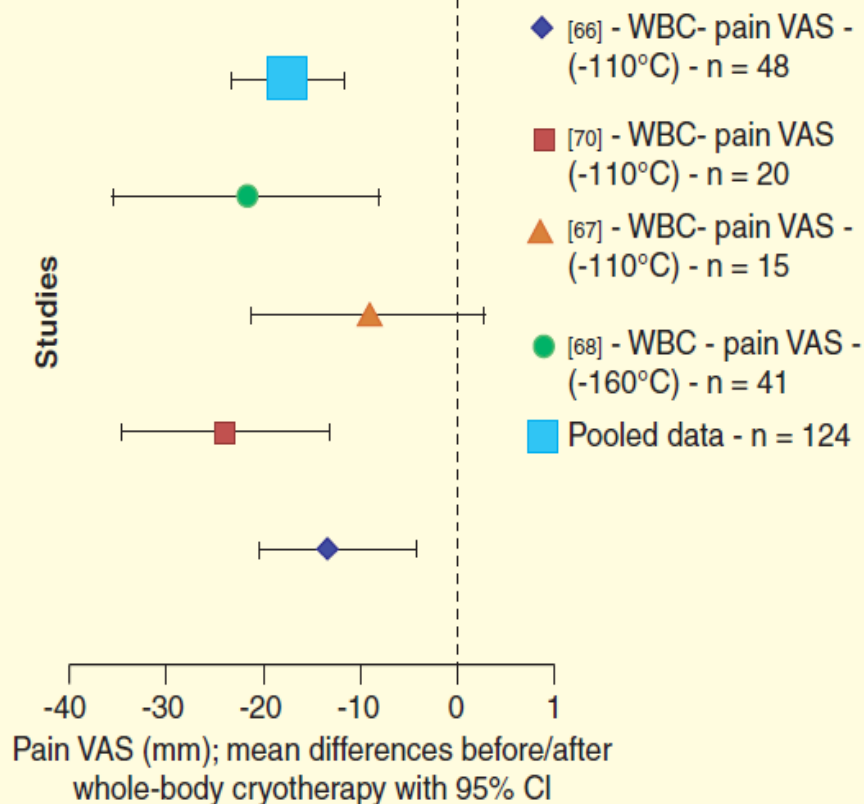


**(B)** Heterogeneity:  $F0 = 1.44$ ;  $p$ : [0.2; 0.3]

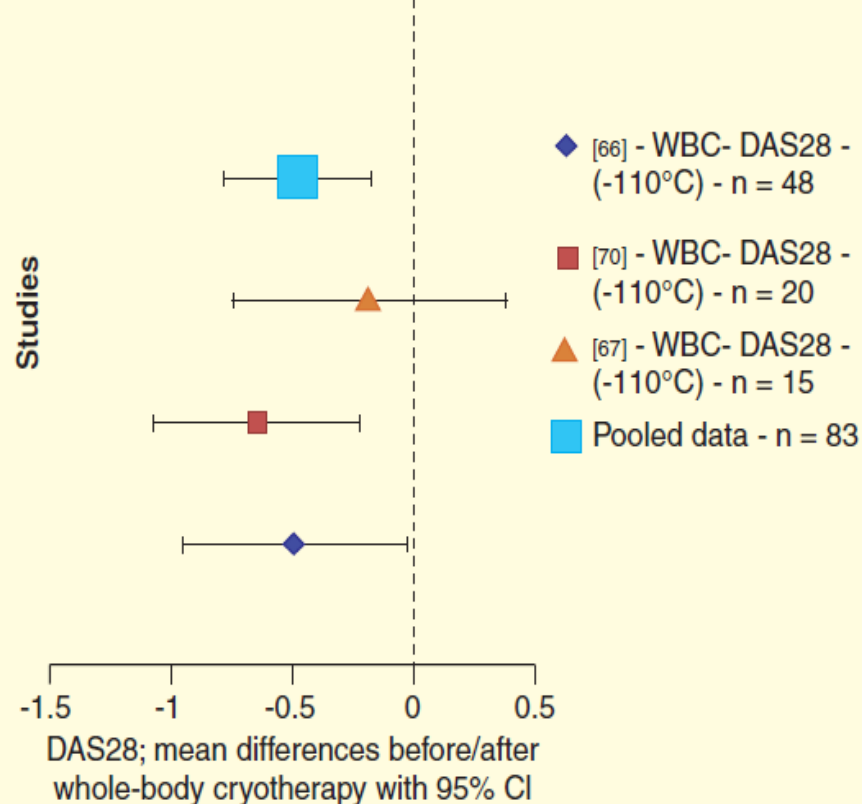


**Figure 2.** Effects of local cryotherapy on pain VAS **(A)** and DAS28 **(B)**.

**(A)** Heterogeneity:  $F0 = 1.07$ ;  $p$ : [0.3; 0.5]



**(B)** Heterogeneity:  $F0 = 0.47$ ;  $p$ : [0.5; 0.9]



**Figure 3.** Effects of whole-body cryotherapy on pain VAS **(A)** and DAS28 **(B)**. Mean differences in pain VAS (mm) or DAS28 before/after LC or WBC are represented for each of the six studies included in the meta-analysis [63,64,66–68,70], with 95% confidence intervals. Heterogeneity was also tested using Fisher's test ( $F0$  and  $p$ -values are shown on the graphs). Design of the studies: RCT [70], controlled trials [63,64], parallel cryotherapy treatment groups [67,68] and noncontrolled study [66]. DAS28: 28-joint disease Activity Score (composite score including patient VAS for disease activity, acute-phase reactant (ESR or CRP), tender joint count and swollen joint score); LC: Local Cryotherapy; n: Number of patients;



## Conclusions

Local and whole body cryotherapy could be included in RA therapeutic strategies as an adjunct therapy with potential corticosteroid and non steroidal anti-inflammatory drug dose-sparing effects.

However, techniques and protocols should be more precisely defined in randomised controlled trials with stronger methodology

[Biomed Res Int](#). 2015;2015:409174. doi: 10.1155/2015/409174. Epub 2015 Oct 21.

## **Effects of Whole-Body Cryotherapy in Comparison with Other Physical Modalities Used with Kinesitherapy in Rheumatoid Arthritis.**

[Gizińska M](#)<sup>1</sup>, [Rutkowski R](#)<sup>1</sup>, [Romanowski W](#)<sup>2</sup>, [Lewandowski J](#)<sup>3</sup>, [Straburzyńska-Lupa A](#)<sup>4</sup>.

### **Abstract**

Whole-body cryotherapy (WBC) has been frequently used to supplement the rehabilitation of patients with rheumatoid arthritis (RA). The aim of this study was to compare the effect of WBC and traditional rehabilitation (TR) on clinical parameters and systemic levels of IL-6, TNF- $\alpha$  in patients with RA. The study group comprised 25 patients who were subjected to WBC (-110 °C) and 19 patients who underwent a traditional rehabilitation program. Some clinical variables and levels of interleukin-6 (IL-6) and tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ) were used to assess the outcomes. After therapy both groups exhibited similar improvement in pain, disease activity, fatigue, time of walking, and the number of steps over a distance of 50 m. Only significantly better results were observed in HAQ in TR group ( $p < 0.05$ ). However, similar significant reduction in IL-6 and TNF- $\alpha$  level was observed. **The results showed positive effects of a 2-week rehabilitation program for patients with RA regardless of the kind of the applied physical procedure.**

[Disabil Rehabil.](#) 2016 Jun;38(11):1034-40

## **Complex rehabilitation and the clinical condition of working rheumatoid arthritis patients: does cryotherapy always overtop traditional rehabilitation?**

[Książopolska-Orłowska K](#), [Pacholec A](#), [Jędryka-Góral A](#), [Bugajska J](#), [Sadura-Sieklucka T](#), [Kowalik K](#), [Pawłowska-Cyprysiak K](#), [Łastowiecka-Moras E](#).

64 females RA

32 traditional rehab + exercise

32 cryo +exercise

# YES !

3 weeks

Larger impact of the cryotherapy 3 months after the rehab  
(functional tests , Pain “Global Health Index)

# Cryotherapy decreases synovial Doppler activity and pain in knee arthritis: a randomized-controlled trial

Xavier Guillot<sup>1,2</sup>, Nicolas Tordi<sup>2</sup>, Clément Prati<sup>1,2</sup>, Frank Verhoeven<sup>1</sup>, Lionel Pazart<sup>3</sup>, and Daniel Wendling<sup>1,4</sup>.

Joint Bone Spine 2017

N=30

Table 3. Effets taille inter-classes de la cryothérapie locale sur le score Doppler sur 24 heures.

Comparaison au score initial	Glace	CO2	Global (Glace+CO2)
Après cryothérapie 1	-0.73 [-1.1;-0.36]	-0.51 [-0.99;-0.03]	-1 [-1.33;-0.67]
2 minutes	-0.73 [-1.02;-0.44]	-0.25 [-0.73;0.23]	-0.48 [-0.81;-0.15]
2 heures	-0.96 [-1.35;-0.57]	-0.02 [-0.5;0.46]	-0.24 [-0.58;0.1]
8 heures	-0.73 [-1.08;-0.38]	-0.47 [-0.97;0.03]	-0.48 [-0.83;-0.13]
Après cryothérapie 2	-0.73 [-1.06;-0.4]	-0.93 [-1.38;-0.48]	-0.48 [-0.81;-0.15]
24 heures	-0.73 [-1.06;-0.4]	-0.7 [-1.18;-0.22]	-1 [-1.23;-0.77]



## Translating whole-body cryotherapy into geriatric psychiatry – A proposed strategy for the prevention of Alzheimer's disease

Blazej Misiak\*, Andrzej Kiejna

Vascular alterations+ oxidative stress + inflammation  
=> AD developpement

Whole body cryotherapy =>

- inflammation
- oxidative stress
- vascular alterations

Whole body cryotherapy should be evaluated in the context of  
AD + MCI

# **Subjects at risks**

- serious hypertension**
- serious cardiopathies**
- cold allergy**
- Raynaud syndroma**
- drepanocytose**
- cryoglobulinemia**
- claustrophobia**
- skin problems, frostbites**
- severe hypothyroid disease**

Accidents are rare but they exist



# Cold burn injury after treatment at whole-body cryotherapy facility

Mackenzie O'Connor, BS, Jordan V. Wang, MD, MBE, MBA, and Anthony A. Gaspari, MD



**Fig 1.** Cold burn injury after WBC.

McGee K, Turkewitz J. Death of Woman in Tank at a Nevada Cryotherapy Center Raises Questions About Safety. New York Times. 2017.

Carrard J, Lambert AC, Genne D. Transient global amnesia following a whole-body cryotherapy session. BMJ Case Rep. 2017.

Camara-Lemarroy CR, Azpiri-Lopez JR, Vazquez-Diaz LA, Galarza-Delgado DA. Abdominal aortic dissection and cold-intolerance after whole-body cryotherapy: a case report. Clin J Sport Med. 2017;27(5):e67-e68.

Quesada-Cortes A, Campos-Muñoz L, Diaz-Diaz RM, Casado-Jimenez M. Cold panniculitis. Dermatol Clin. 2008; 26(4):485-489.

Problem of anoxia in Cryo-sauna with the direct injection of vaporised liquid N<sub>2</sub> which makes the atmosphere in the cabin not breathable. The head is of course not exposed but the unbreathable atmosphere is only few centimeters below the chin level.

# **MAIN CONCLUSIONS**

- EFFICIENCY: ALMOST OK**
- MECHANISMS: ALMOST OK ?**
- SAFETY:**
  - OK FOR HEALTHY SUBJECTS**
  - PATIENTS?**

**MANY QUESTIONS + NEED OF MORE DATA**

In cold, we trust

Cryotherapy: cure or kill ?

Cryotherapy: Are we freezing the benefits of exercise?

**Cold water immersion**  
**vs**  
**Partial body cryotherapy**  
**vs**  
**Whole body cryotherapy**

**Temperature ?**

**Exposure duration?**

**Stimulation frequency?**

**Dose/Reponses?**

**Positive aspects of inflammation or  
Oxydative Stress ?**

# Temperature?



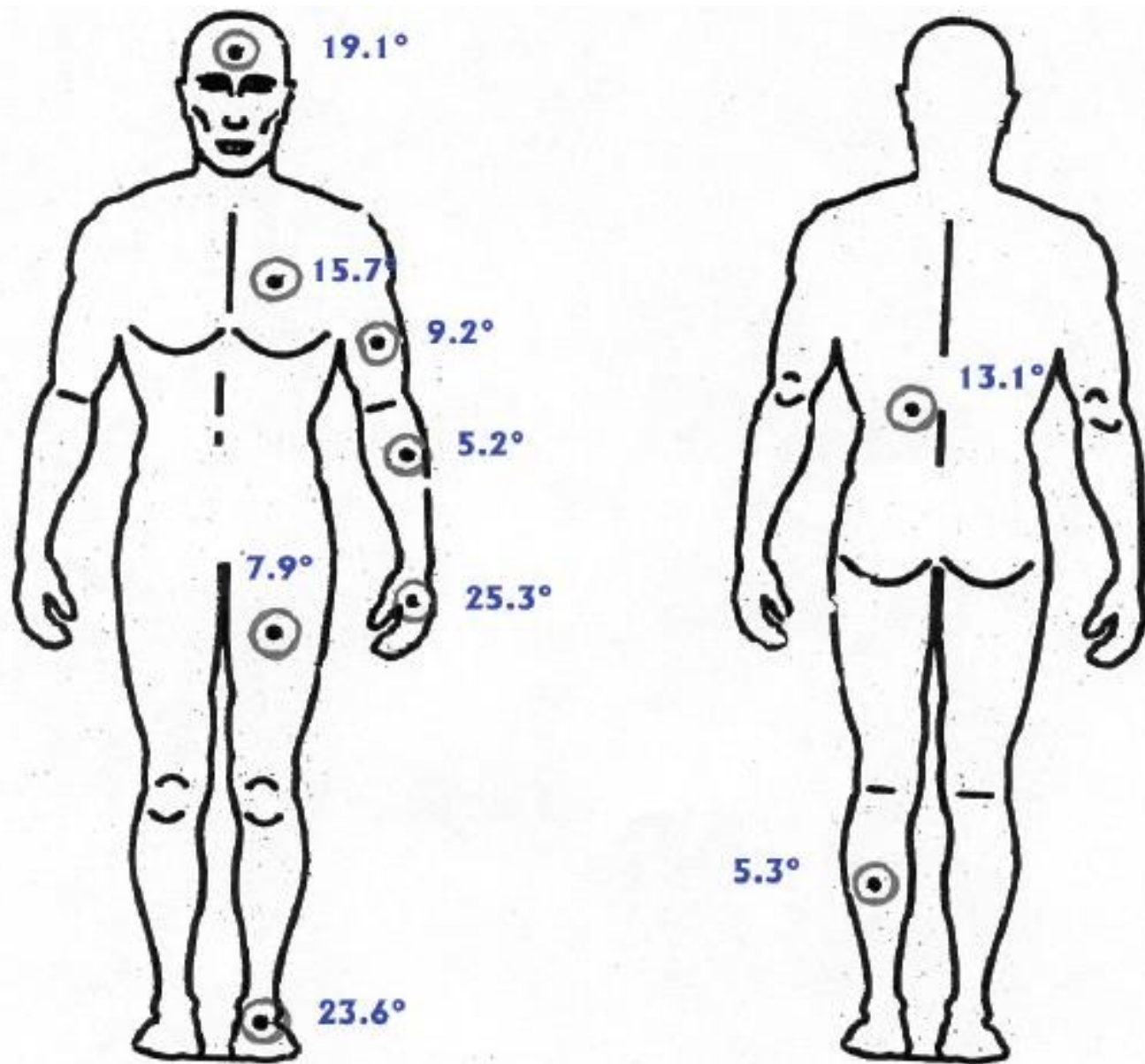
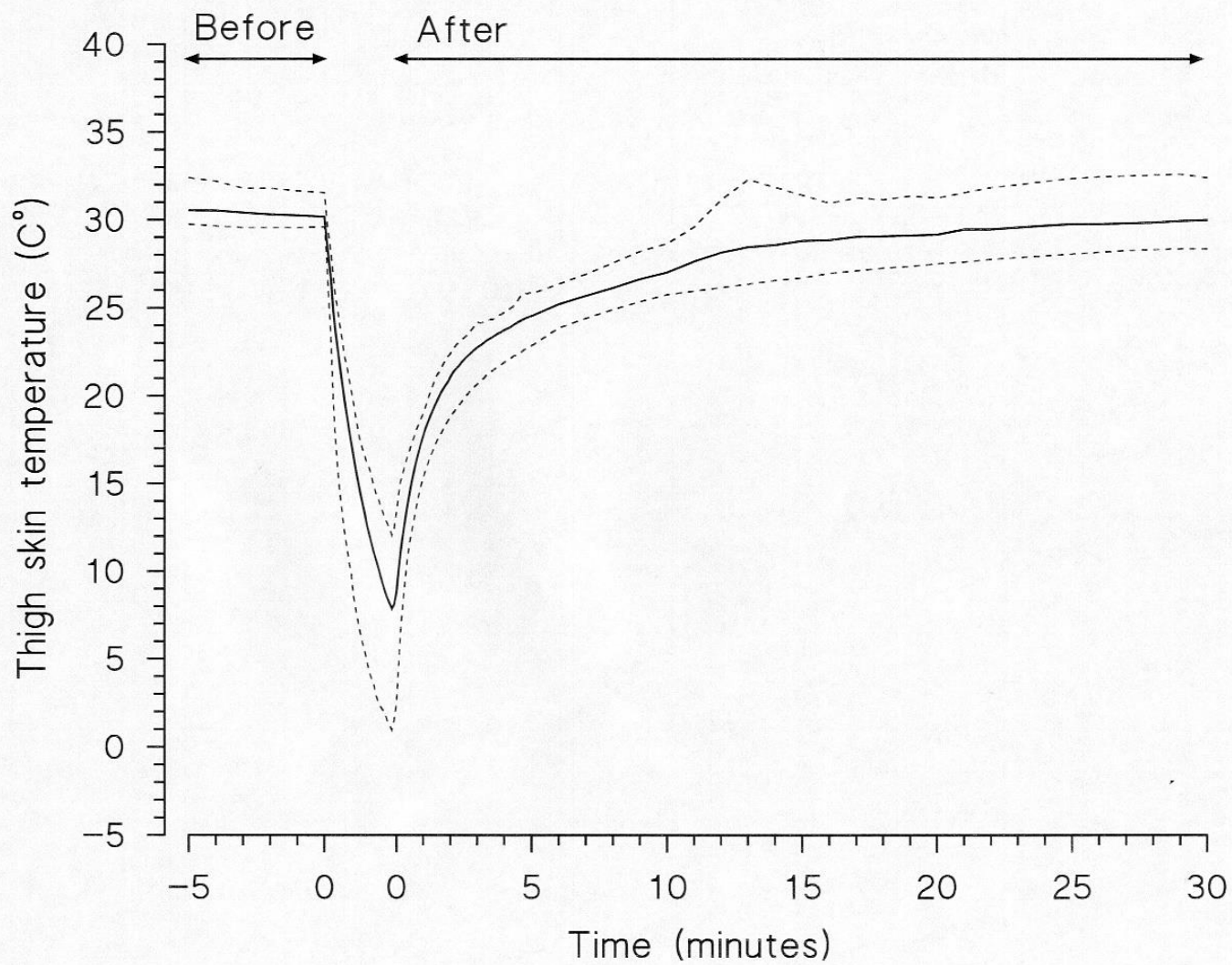
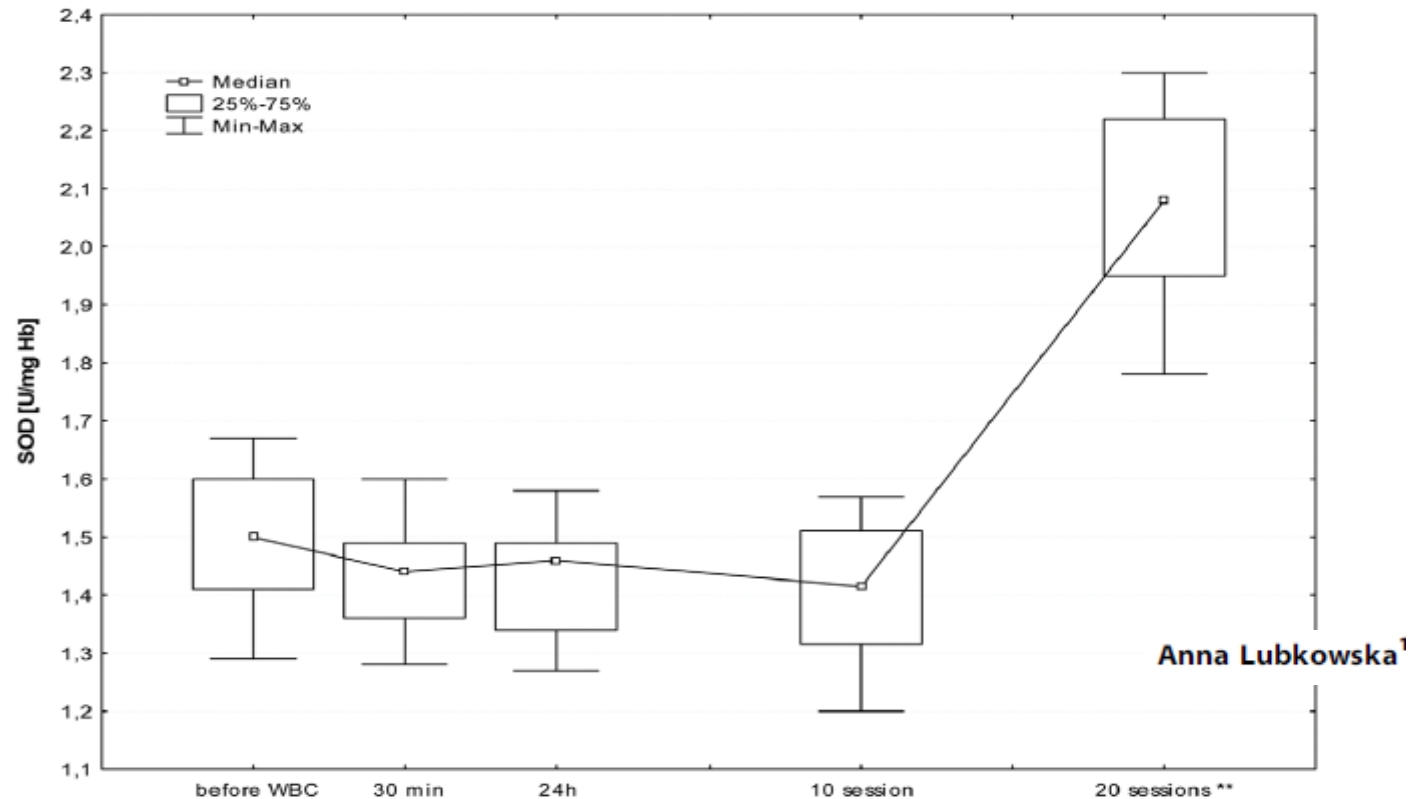


Fig. 2. The lowest skin temperatures (°C) during -110 °C.



# Session number?

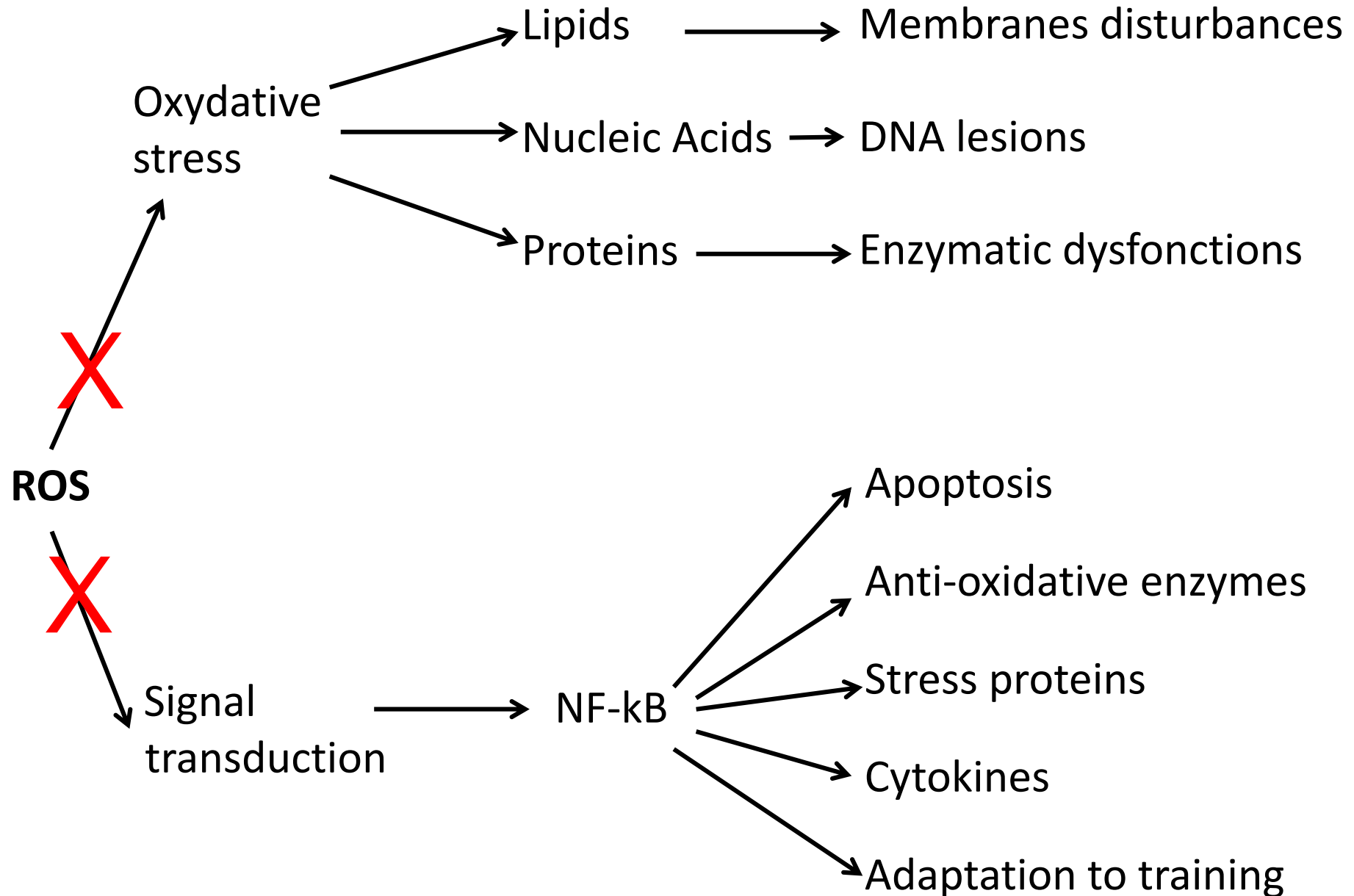
10  
20?



Anna Lubkowska<sup>1</sup>

**Figure 1. Changes in superoxide dismutase (SOD) activity in erythrocytes before and during following sessions of WBC.** Legend Figure 1: Median and 25%–75% confidence interval; \*\* $p \leq 0.01$  statistically significant vs. before WBC; before WBC - A: before the first cryostimulation, after overnight fasting; 30 min - B: 30 min after the first cryostimulation; 24 h - C: 24 hours after the first cryostimulation, after overnight fasting; 10 session - F: 24 hours after the 10<sup>th</sup> cryostimulation, after overnight fasting; 20 session - I: 24 hours after the 20<sup>th</sup> cryostimulation, after overnight fasting.  
doi:10.1371/journal.pone.0046352.g001

# Cellular responses to reactive oxygen species (ROS)



**Similar way of thinking with  
inflammation after exercise**



**Inflammation during skeletal muscle regeneration and tissue remodeling—application to exercise-induced muscle damage management**

Bénédicte Chazaud

Inflammation is a complex process which both mounting and resolution phases are required for tissue repair/recovery of muscle function.

Cold => lower inflammation => longer recovery

However, a strategy would be to boost the anti-inflammatory phase at the time of resolution of inflammation.

Difficult to monitor as this event occurs intramuscularly.



Contents lists available at [ScienceDirect](#)

## Cytokine

journal homepage: [www.elsevier.com/locate/cytokine](http://www.elsevier.com/locate/cytokine)



Whole-body cryotherapy ( $-110^{\circ}\text{C}$ ) following high-intensity intermittent exercise does not alter hormonal, inflammatory or muscle damage biomarkers in trained males

Malte Krueger<sup>a,b,\*</sup>, Joseph T. Costello<sup>c</sup>, Silvia Achtzehn<sup>a,b</sup>, Karl-Heinrich Dittmar<sup>d</sup>, Joachim Mester<sup>b</sup>





+



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## PERSPECTIVE ARTICLE

Front. Physiol., 06 August 2019 | <https://doi.org/10.3389/fphys.2019.01007>



# Whole-Body Cryotherapy: Potential to Enhance Athlete Preparation for Competition?



Emily M. Partridge<sup>1\*</sup>,



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<sup>4</sup>Discipline of Biokinetics, Exercise and Leisure Sciences, School of Health Sciences, University of KwaZulu-Natal, Durban, South Africa

**COMPLEX SITUATIONS**

**WHAT SHOULD WE DO?**

**PhD thesis - Romain Bouzigon:**  
**LA CRYOSTIMULATION CORPS ENTIER COMME AIDE À LA RÉCUPÉRATION**  
**APRÈS EXERCICE(S) PHYSIQUE(S) ÉPUISANT(S). ETUDE DES IMPACTS**  
**BIOLOGIQUES, PHYSIOLOGIQUES ET PSYCHOLOGIQUES ET APPLICATIONS**  
**DANS LE CONTEXTE DE LA PERFORMANCE SPORTIVE.**  
**Université de Franche Comté, 10 décembre 2016**

**PhD thesis - Xavier Guillot:**  
**CRYOTHERAPIE ET RHUMATISMES INFLAMMATOIRES**  
**Université de Franche Comté, 22 décembre 2016**

**PhD thesis - Wafa Douzi**  
**UTILISATION DU FROID A DES FINS D'AMÉLIORATION DE LA RECUPERATION**  
**APRES UNE ACTIVITE PHYSIQUE DANS LE CONTEXTE SPORTIF, DE LA**  
**REHABILITATION ET DANS LE CONTEXTE DU TRAVAIL EN ENVIRONNEMENT**  
**EXTREME**  
**Université de Poitiers, September 28, 2018**

**PhD thesis – Dimitri Theurot**  
**In progres**  
**Université de Poitiers**

The International Institute of  
Refrigeration Working Group on  
Whole body cryotherapy  
will help  
in promoting networking

THANK YOU FOR YOUR ATTENTION



YOU ARE COOL