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MORENOVA® for Chronic Pelvic Pain Syndrome (CPPS)

Clinical Synopsis & Evidence Compendium

A Compendium of Research Articles, Clinical Data,
and Treatment Protocols on the Use of LISWT in CPPS

MORENOVA Men

Table of Contents

Learn from Leading Practitioners 4

MoreNova at a Glance 5

Clinical Indications for Utilizing MoreNova 5

Scientific Evidence for LISWT on CPPS 7

Completed, Unpublished CPPS Clinical Studies Using MORENOVA® 11

Molecular Mechanism of Action 14

Learn from Leading Practitioners

This compendium lists selected publication references, synthesizing the knowledge and experiences from leading practitioners, and documenting a range of applications and models for implementing Morenova Men in routine practice.

- We hold ourselves to a high standard when it comes to accumulating clinical evidence
- We are committed to extending research opportunities to medical professionals worldwide
- We strive to engage the professional community to explore existing guidelines in order to reach knowledge-based consensus recommendation for change, while recognizing the valued relationship between urologists and industry

To learn more about how Morenova-Men can benefit you and your patients, please contact us at:

https://initiamedical.com

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MoreNova at a Glance

MoreNova is a new-generation shockwave-based non-surgical penile treatment aimed at restoring penile form and function for men of any age

Application made easy

Built on the success of Renova, an optimized version was introduced to clinical practice. Morenova is the next step in shockwave evolution from linear to 'large-area' shockwaves, and a true upgrade in many ways. Displaying comparable excellent clinical outcomes to its predecessor, the reconfigured model has been enhanced in design, translating into significant procedural and operative improvements, including:

- New patented Large-Area Shockwave Technology (LAST) and dual-probe energy delivery, for efficient tissue coverage of a larger surface area in less time
- Modular arm-positioning mechanism – once locked in place, no manual holding required
- Soft-locking of penile shaft for accurate positioning and stable energy coupling
- MoreNova DT - smaller and lighter table-top housing for easy man-portable deployment
- MoreNova PRO - advanced console with integrated touchscreen interface





Clinical Indications for Utilizing MoreNova – Men's Health

Indications in Urology

- Erectile Dysfunction (ED)
- Peyronie's Disease (PD)
- Chronic Pelvic Pain Syndrome (CPPS)
- Low Urinary Tract Symptoms (LUTS)

Future treatment indications

- Benign Prostatic Hyperplasia (BPH)
- Overactive bladder (OAB)

Clinical benefits

- Low- to zero-risk, no heating, no ablation, no side effects
- High safety and efficacy across various indications/ages
- Clinically validated regenerative effect
- Non-surgical, non-pharmacological
- Multiple men's health indications
- Improved patient compliance
- Low interoperate variability
- Durable results

Features and highlights

- Proprietary Large-Area Shockwave Technology (LAST) electromagnetic technology
- Optimal comfort: outpatient setting, anesthetic-free, quick and painless
- Time efficient: no preparations, no downtime, no recovery time
- Fits in standard workflow, requires no additional equipment
- Noticeable results directly after the first few sessions
- Exclusive hands-free application
- Straight-forward procedure

Scientific Evidence for CPPS

1

Department of Urology, Juntendo University Urayasu Hospital; D Clinic Tokyo, Japan

AUG 2026

Clinical Effects of Low-Intensity Extracorporeal Shock Wave Therapy (Li-ESWT) on Lower Urinary Tract Symptoms

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ABSTRACT

Objective: To evaluate the efficacy and safety of low-intensity extracorporeal shock wave therapy (Li-ESWT) using the Morenova system in men with lower urinary tract symptoms (LUTS), including chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), and to identify pretreatment factors associated with post-treatment symptom severity.

Methods: This retrospective single-center study included 61 men treated with Li-ESWT. The treatment was administered once weekly for six consecutive weeks. Symptom severity was assessed before and one month after treatment using the International Prostate Symptom Score (IPSS), Overactive Bladder Symptom Score (OABSS), Benign Prostatic Hyperplasia Impact Index (BII), and National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI). Multivariable linear regression analysis was performed to identify pretreatment factors independently associated with the post-treatment NIH-CPSI total score after adjustment for baseline NIH-CPSI.

Results: Significant improvements were observed in total IPSS (from 11.1 to 7.3), OABSS (from 3.8 to 2.8), BII (from 4.9 to 2.7), and NIH-CPSI (from 11.8 to 7.0) (all $p<0.001$). Notably, pain improved significantly in patients with baseline pain (from 4.1 to 1.8, $p<0.001$). Post-micturition dribbling improved in approximately one-third of patients. Higher PSA and lower baseline OABSS were independently associated with lower post-treatment NIH-CPSI scores after adjustment for baseline NIH-CPSI. No adverse events were observed.

Conclusions: Li-ESWT was associated with improvements across voiding, storage, pain, and QOL domains, with no adverse events observed. These findings suggest that Li-ESWT may have potential as a treatment option for male LUTS, although prospective controlled studies are needed to confirm its efficacy.

Neurourology and Urodynamics
Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction
2

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MAY 2024

Extracorporeal shockwave therapy in treatment of chronic prostatitis/chronic pelvic pain syndrome: Systematic review and meta-analyses

Ivan Labetov 1 | Anastasia Vaganova 1,2 | Gleb Kovalev 1 | Dmitry Shkarupa 1

Abstract

Aims: Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) prevalence varies from 8.4% to 25% of the male population and is associated with diminished health-related quality of life. Managing CP/CPPS remains challenging and there is not any common option to treat all patients effectively because of the complex disease nature. The currently available data for the extracorporeal shockwave therapy (eSWT) effect on pain relief and well-being were analyzed in the present study.

Methods: We adhered to PRISMA 2022 guidelines for reporting the quantitative and qualitative data synthesis. A literature search was conducted in March 2023 using PubMed/Medline, Scopus, and Google Scholar. Randomized prospective studies of eSWT alone or eSWT plus conventional medicinal treatment were included. The risk of bias was estimated using the RoB 2.0. Primary outcomes were self-reported scores, including the NIH-CPSI questionnaire and VAS, at 1 month or 2, 3, and 6, months follow-up.

Results: The CP/CPPS patients who receive eSWT have more pronounced pain relief and improvement of other subjective NIH-CPSI scores compared with control groups that received placebo or medication therapy. The effect of eSWT seems to be long-lasting and was confirmed in the 6-month follow-up ($p < 0.01$).

Conclusions: Based on the meta-analysis of accessible studies, we receive the equivalence eSWT applicability for the CP/CPPS treatment and can be offered to patients because of its noninvasiveness, high level of safety, and successful clinical results demonstrated in this analysis.

Open Medicine 2023 October 2023

Low intensity extracorporeal shockwave therapy for chronic pelvic pain syndrome: Long-term follow-up

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Abstract

Chronic prostatitis (CP) is one of the diseases that reduce the quality of life (QoL) of young men. To date, there is no consensus on the management of these patients. It is essential to continue research into the treatment of CP, despite the use of various therapies, including low-energy extracorporeal shockwave therapy (ESWT). The main objective of this study is to observe and record the clinical symptomatology of patients during a 48-week follow-up period after ESWT treatment. Between 2019 and 2021, 28 patients with type IIIB CP/chronic pelvic pain syndrome were enrolled. Patients underwent ESWT once weekly for 4 weeks (3,000 individual sessions, maximum total energy flux density 0.25 mJ/mm^2, frequency 3 Hz). Participants were assessed at 0, 4, 12, 24, 36 and 48 weeks post-treatment using the visual analogue scale (VAS), National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI), and International Index of Erectile Function (IIEF)-5. The mean age of patients was 47.1 ± 13.7 years (range 28–4 years). The positive effect of LI-ESWT was reflected in improvements in VAS, NIH-CPSI, and IIEF-5 scores. Regression of patients' symptoms was observed as early as 4 weeks after treatment. The greatest progress was achieved at week 24. In addition, a slight worsening was observed at week 36 and 48, with stable progress. The treatment significantly improved the QoL of the patients, with the most significant improvement in the VAS score. In conclusion, this treatment approach is safe, most effective in the first 6 months. Thereafter, the efficacy of the treatment diminishes, but is sustained over a longer period.

BJUI
BJU International
4
January 2021

Low-intensity shockwave therapy for the management of chronic prostatitis/chronic pelvic pain syndrome: a systematic review and meta-analysis

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Objectives

To perform a systematic review and meta-analysis aiming to improve the level of evidence and determine the efficacy andsafety of low-intensity shockwave therapy (LiST) in patients with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS).

Methods

We searched PubMed, Cochrane Library and Scopus databases from inception to November 2020 for randomisedcontrolled trials (RCTs) exploring the role of LiST for the management of CP/CPPS. We performed a random-effects meta-analysis of RCTs comparing LiST vs sham therapy on CP/CPPS symptoms at different time-points after treatment.Weighted mean differences (WMDs) with the corresponding confidence intervals (CIs) were estimated. Furthermore, weassessed the strength of evidence with the Grading of Recommendations Assessment, Development and Evaluation(GRADE) system (International Prospective Register of Systematic Reviews [PROSPERO]: CRD42020208813).

Results

We included five sham RCTs and one non-sham RCT. In the meta-analysis of sham RCTs, both the National Institute ofHealth Chronic Prostatitis Symptom Index (NIH-CPSI) pain domain score and the numeric pain rating scale improvedsignificantly after LiST vs sham therapy at the assessment directly after treatment protocol completion (WMD 3.2, 95% CI0.88–5.52, I2 = 90%; and WMD 1.43, 95% CI 0.85–2.01, I2 = 32%, respectively), at 1 month (WMD 4.4, 95% CI 2.84–5.95,I2 = 68%, and WMD 2.59, 95% CI 1.92–3.27, I2 = 83%, respectively), and at 3 months after last treatment session (WMD3.61, 95% CI 1.49–5.74, I2 = 90%, and WMD 2.64, 95% CI 2.13–3.16, I2 = 71%, respectively). Similarly, the NIH-CPSI totaland quality-of-life domain scores improved significantly after LiST compared to sham therapy for the same time-points.Conversely, the long-term efficacy of LiST, as well as the effect of LiST on lower urinary tract symptoms and erectilefunction, was clinically insignificant.

Conclusions

LiST is an effective treatment modality for the improvement of pain and quality of life in patients with CP/CPPS.Therefore, it should be recommended as a part of individualised treatment strategies in such patients.

Prostate International 12 (2024) June 2024

Safety and efficacy of extracorporeal shockwave therapy on chronic prostatitis/chronic pelvic pain syndrome: a prospective, randomized, double-blind, placebo-controlled study

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Purpose

This study aimed to investigate the efficacy and safety of extracorporeal shock wave therapy (ESWT) over an 8-week period in individuals diagnosed with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) compared to a control group.

Materials and methods

This prospective, double-blind, placebo-controlled study enrolled 46 participants diagnosed with CP/CPPS, who were randomly assigned to either the treatment group or the control group in a 2:1 ratio. In the treatment group, ESWT was administered at the perineum once a week for 8 weeks. CP/CPPS-related symptoms were assessed using the National Institutes of Health-Chronic Prostatitis Symptom Index (NIH–CPSI). Pain and erectile function were measured using the Visual Analogue Scale (VAS) and the International Index of Erectile Function-Erectile Function (IIEF-EF).

Results

The primary efficacy assessment variable, the change in NIH–CPSI total score at 4 weeks after the end of the 8-week treatment compared to baseline, was significantly improved (P = 0.0225) in the treatment group (−11.27 ± 8.39) compared to the control group (−5.44 ± 5.73). Regarding the secondary efficacy assessment variables, the treatment group showed significant decreases compared to the control group in change in NIH–CPSI total score (P = 0.0055) at the end of the 8-week treatment compared to baseline, along with significant decreases in pain and quality of life scores, as well as VAS assessments at the end of the 8-week treatment and 4 weeks after the end of treatment (P < 0.05). Moreover, in the evaluation conducted to assess improvement in sexual function, the treatment group showed a significant increase compared to baseline than the control group in the IIEF total score at 4 weeks after the end of the treatment (P = 0.0364). No patients experienced severe side effects related to ESWT during the therapeutic period or the follow-up duration.

Medicine 6

Clinical Trial/Experimental Study January 2022

Low intensity extracorporeal shockwave therapy for chronic pelvic pain syndrome patients with erectile dysfunction

Datesh Daneshwar, FRCSa,* , Abid Nordin, PhDb

Abstract

Introduction: In this study, the efficacy of low intensity shock wave therapy (LSWT) in improving symptoms of chronic pelvic pain syndrome (CPPS) and erectile dysfunction (ED) was investigated.

Methods: Men diagnosed with CPPS and ED (n=50) were prescribed with LSWT. The LSWT was administered in 10 sessions over the course of 5 weeks at 3,000 pulses with .25mJ/mm2 energy flow and 5Hz frequency. Outcome parameters were measured before and after LSWT.

Results: Clinical symptoms related to CPPS and ED were measured using four validated questionnaires namely National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI), the International Index of Erectile Function (IIEF), the International Prostate Symptom Score (IPSS), and Sexual Health Inventory for Men (SHIM). The effect of LSWT on each of the three domains of NIH-CPSI, namely Pain, Symptoms, and Quality of Life (QoL) were also analyzed. Uroflowmetry was measured to assess LSWT effect on urine voiding. The mean baseline CPPS symptoms on NIH-CPSI domains of pain, symptoms and QoL were 9.92±5.72 (mean±SD), 5.14±14.5, and 8.02±3.17, respectively. LSWT resulted in significant reduction of CPPS symptoms on all NIH-CPSI domains (Pain=.9±1.37; Symptoms=.74±1.03; QoL=1.16±1.78). The baseline means of CPPS symptoms on IIEF, IPSS, and SHIM were 45.42±16.24, 24.68±9.28, and 14.28±6.02, respectively. LSWT significant improved CPPS symptoms on IIEF (49.48 ±28.30) and IPSS (9.04±7.01) but not on SHIM (16.02±9.85). No statistically significant differences were observed with all uroflowmetry parameters.

Conclusion: The current study demonstrated for the first time the safety and efficacy of LSWT administered in 10 sessions over 5 weeks in improving symptoms of CPPS and ED without causing any significant adverse effect to the patient.

Abbreviations: BMS = burning mouth syndrome, CPPS = chronic pelvic pain syndrome, ED = erectile dysfunction, EFD = energy flow density, IIEF = International Index of Erectile Function, IPSS = International Prostate Symptom Score, LSWT = low intensity shock wave therapy, NIH-CPSI = National Institute of Health Chronic Prostatitis Symptom Index, QoL = quality of life, SD = standard deviation, SHIM = sexual health inventory for men.

Completed, Unpublished CPPS Clinical Studies Using MORENOVA

The following clinical study evaluating the use of Low-Intensity Shockwave Therapy with the MORENOVA® system for Chronic Pelvic Pain Syndrome (CPPS) have been completed and accepted for scientific presentation at the ICS Annual Meeting 2026. This data have not yet been presented or published in peer-reviewed journals and are included for scientific context only.

ICS 2026 – Prospective Study in LUTS and CPPS

Principal Investigator: Dr. Akira Tsujimura (Japan)
Study Design: Prospective clinical study
Population: 61 patients with LUTS; CPPS subgroup (n = 30)
Follow-up: 1 month
Conference: ICS Annual Meeting 2026 (Maastricht)

Methods

Patients with lower urinary tract symptoms (LUTS), including a subgroup diagnosed with Chronic Pelvic Pain Syndrome (CPPS), underwent Low-Intensity Shockwave Therapy. Clinical outcomes were evaluated using validated symptom questionnaires before treatment and at 1-month follow-up.

Results

In the overall LUTS population, significant improvements were observed in symptom scores:

- IPSS: 11.2 → 7.2
- Voiding: 6.1 → 4.0
- Storage: 5.0 → 3.5
- Quality of Life: 4.3 → 2.7
- Bother Index: 4.0 → 2.8

In the CPPS subgroup (n = 30):

- NIH-CPSI Total: 12 → 7
- Pain: 2.0 → 1.3
- Voiding: 4.0 → 2.3
- Quality of Life: 6.0 → 3.5
- Overall effectiveness: 75% symptom improvement

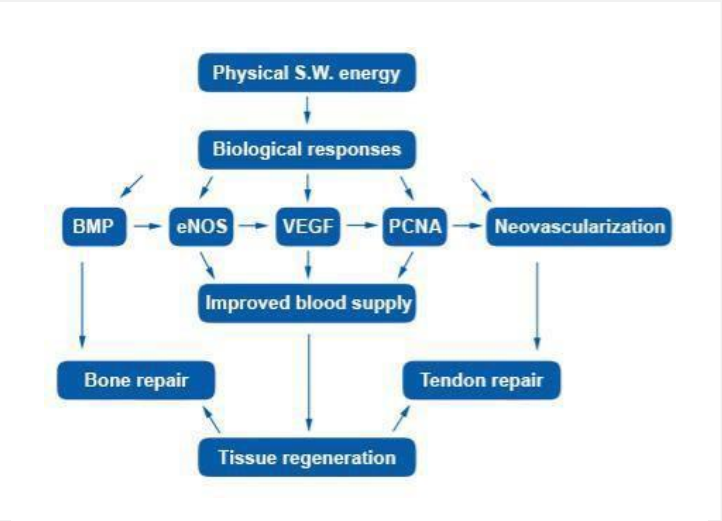
Conclusion

Low-Intensity Shockwave Therapy was associated with clinically meaningful improvements in LUTS and CPPS symptoms at 1-month follow-up. The study has been accepted for presentation at ICS 2026.

Molecular Mechanism of Action

Shockwaves are characterized by jump change in pressure, high energy peak, high amplitude and non-periodicity. The energy is transferred to the transmitter at the end of the applicator and further into the tissue.

Our bodies have a remarkable capacity to heal themselves. Low Intensity Shockwave Therapy (LISWT) augments the body's natural cellular repair mechanisms, using acoustic pressure waves which carry low-intensity energy to tissues. The cascade of biological actions that follows LISWT leads to accelerated tissue regeneration and cell growth, and is able to restore, improve, and even normalize tissue form and function.



Wang CJ, Wang FS, Yang KD,
Biological mechanism of musculoskeletal shockwaves
ISMST Newsletter 2006, 1 (I), 5-11

During and after treatment, LISWT delivers pulse waves to the vagina and pelvic region, stimulating the following regenerative and reparative processes simultaneously:

- ## Angiogenesis & Neovascularization

  Nutrient blood supply and tissue oxygenation are vital to initiate and maintain the healing processes of damaged tissue structures. By causing capillary microruptures in the tissue, LISWT stimulates the recruitment of platelets and the subsequent increased expression of growth factors, which in turn activate the propagation and formation of new blood vessels.

- ## Decalcification of Plaques & Arterial Remodelling

  Vascular and fibrocellular tissue calcification commonly result from repetitive stress, microtrauma and aging. Calcium build-up can lead to histologic and structural changes, reduce tissue elasticity and impact vessel hemodynamics. LISWT-induced shear stress breaks up fibrosis and existing calcifications, leading to fragmentation of calcium deposits into granular particles, which are then removed by the lymphatic system.

♦ Stimulation of Collagen Production & Restructuring

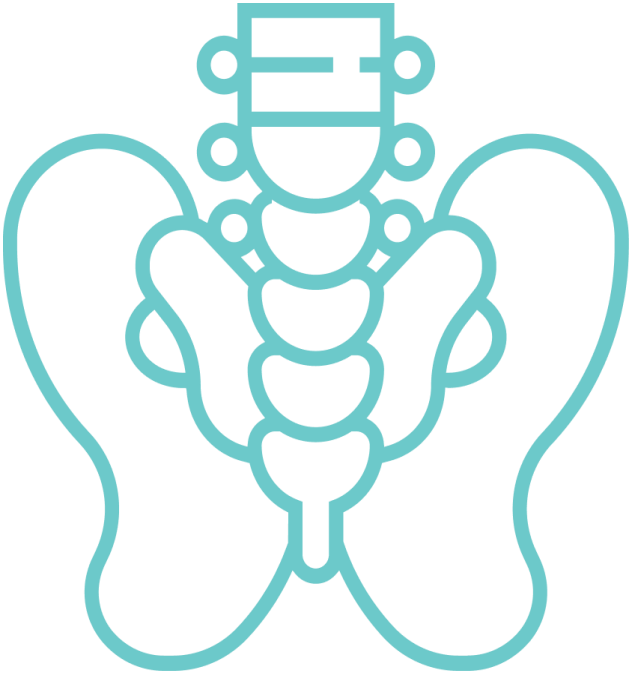
Collagen plays an important role in maintaining the integrity of myoskeletal and ligamentous structures. LISWT accelerates collagen synthesis and deposition, forming denser and stiffer fibers, and creating a firmer structure.

♦ Reversal of Chronic Inflammation

Mast cells are the foundation of inflammatory response, wound healing and defence against pathogens. LISWT increases Mast cell activation, followed by the production of chemokines and cytokines. initially enhancing the inflammatory process, these pro-inflammatory compounds ultimately allow for halting of chronic inflammation conditions and associated pain.

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Men