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Catalyzing Success Through Scientific Strategy

support@scientificaconsulting.com

+1 561 4055059

7637 Ripplepointe Way
Windermere, FL 34786

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CONTENTS

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1. ABOUT US

At Scientifica Consulting, we ignite innovation and power success in health and wellness. With over a decade of experience, we blend science with strategy to help companies excel, ensuring FDA and FTC compliance every step of the way. Our team of experts—professors, scientists, and researchers—guides you from idea to market, turning possibilities into breakthrough products. Let's shape the future together!

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2. DISCLAIMER

The content presented in this material is for informational purposes only and is based on preliminary, self-reported data from an independent exploratory study designed and analyzed by Scientifica Consulting. Reported outcomes reflect participants' subjective experiences and should not be interpreted as medical advice or considered definitive clinical evidence.

Scientifica Consulting is not involved in the sale, promotion, or distribution of inHarmony devices and assumes no responsibility for how this information is interpreted, applied, or communicated by third parties. Any product-related claims, marketing materials, or testimonials are the sole responsibility of the device manufacturer or its authorized representatives.

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Preliminary Report – Ongoing Study

Evaluating the Effects of Vibroacoustic Therapy (VAT) on New Users of inHarmony Devices

New users of inHarmony devices were invited to participate in an online longitudinal study designed to evaluate sleep, mood, and wellness outcomes. Participants will complete validated questionnaires at baseline (before use), after 30 days, at 6 months, and at 1 year.

As of August 2025, eight individuals had completed the baseline questionnaires and three individuals (all female, mean age of 51.9 years) completed 30-day follow-up assessments. Two participants used the inHarmony Meditation Cushion and one participant used the inHarmony Sound Lounge 2.

Data were analyzed with GraphPad Prism 8.0. Normality was assessed using the Shapiro–Wilk test, and paired analyses were performed with parametric or non-parametric t-tests as appropriate. Results were expressed as percentage differences from baseline values. Statistical significance was set at $p < 0.05$.

Results

The analysis of the MOS Sleep Outcomes Scale indicated a reduction of 6 percent in sleep disturbance, no change in snoring, and a 33 percent reduction in reports of waking short of breath or with headaches. Sleep adequacy increased by 50 percent, while sleep somnolence decreased by 36 percent. The Sleep Problems Index I was reduced by 16 percent, and the Sleep Problems Index II by 23 percent. Optimal sleep scores improved by 48 percent, reaching the maximum value of 1.

In the DASS-21, participants showed reductions of 61 percent in depression, 43 percent in anxiety, and 29 percent in stress. The WHO-5 Wellbeing Index increased by 6 percent, suggesting only a modest improvement in overall well-being. The GAD-7 scale demonstrated a 15 percent reduction in anxiety-related symptoms. Despite these trends, no statistically significant differences were detected in any of the parameters, which is likely due to the very small sample size of this preliminary analysis.

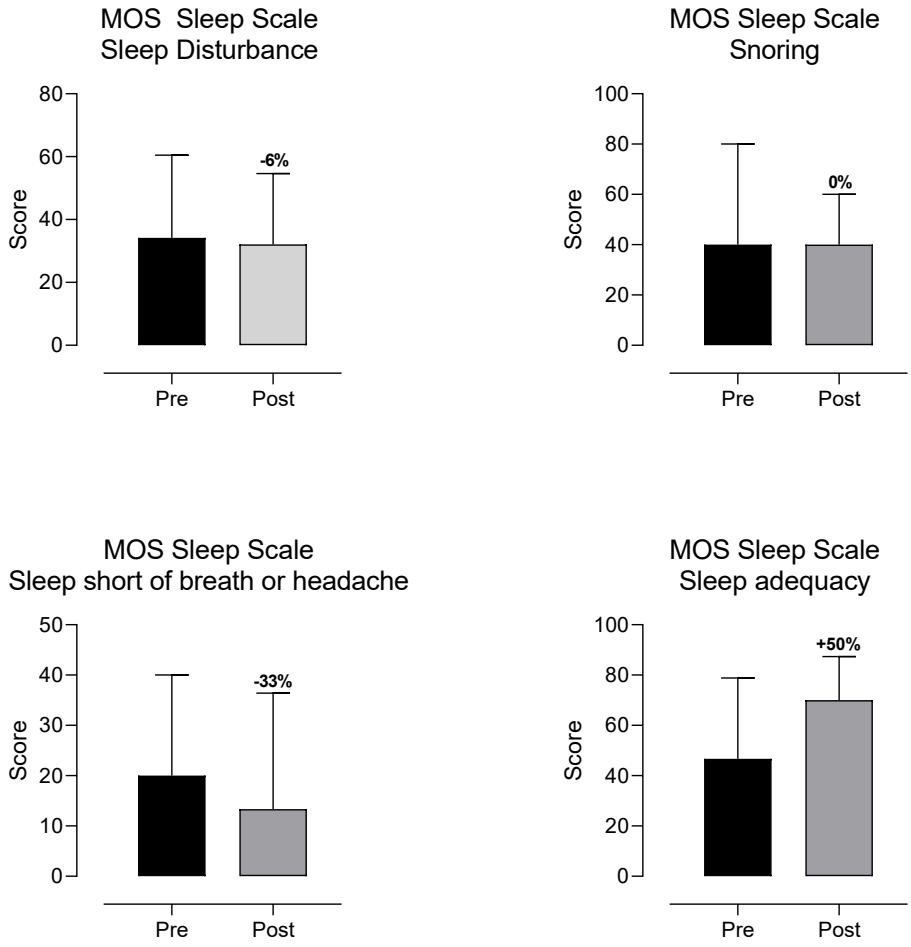

Figure 1. Changes from baseline to 30 days in MOS Sleep Outcomes Scale parameters.

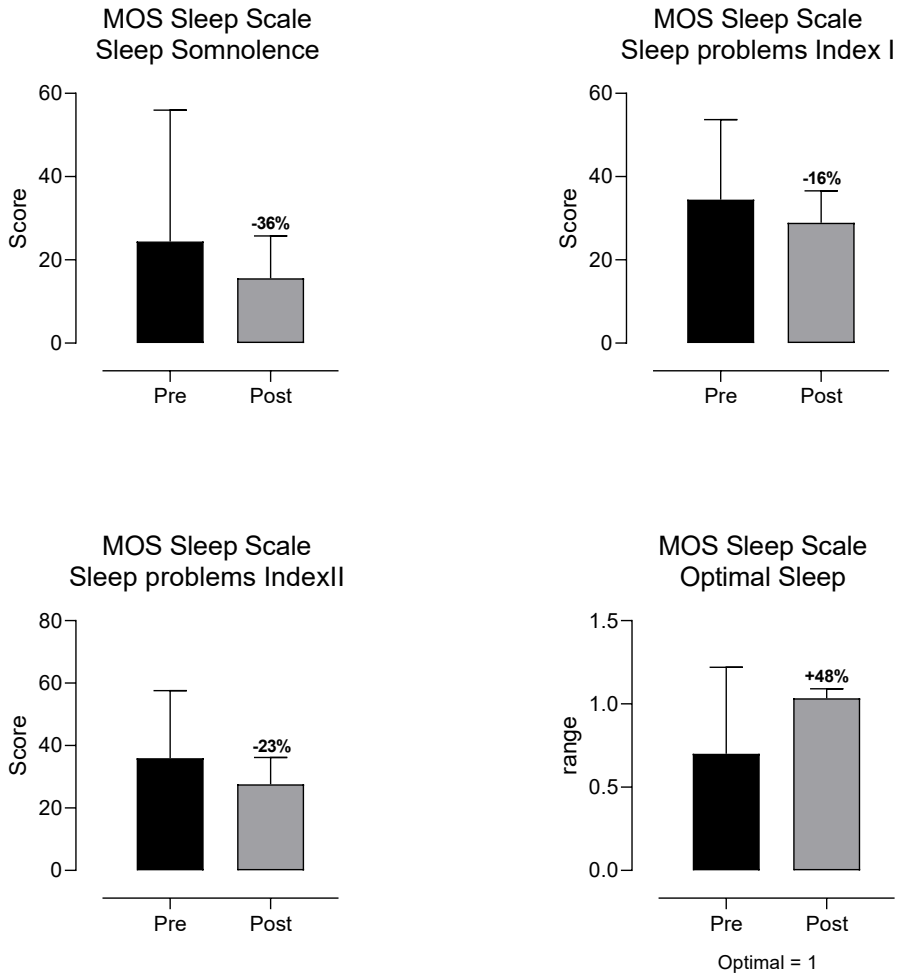

Figure 2. Changes from baseline to 30 days in MOS Sleep Outcomes Scale parameters.

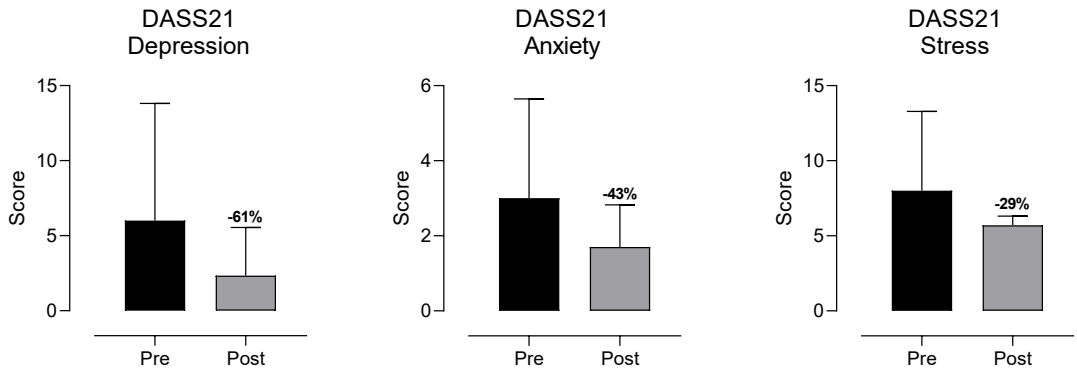

Figure 3. Changes from baseline to 30 days in Depression, Anxiety, and Stress subscales of the DASS-21.

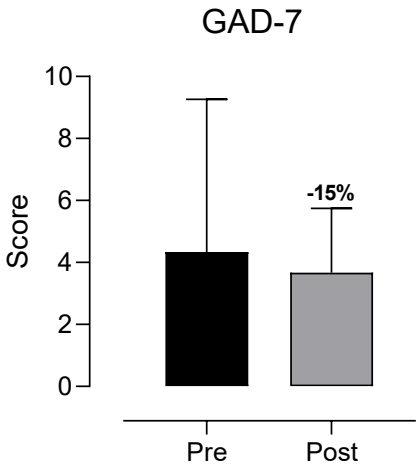

Figure 4. Change from baseline to 30 days in generalized anxiety symptoms measured by the GAD-7 scale.

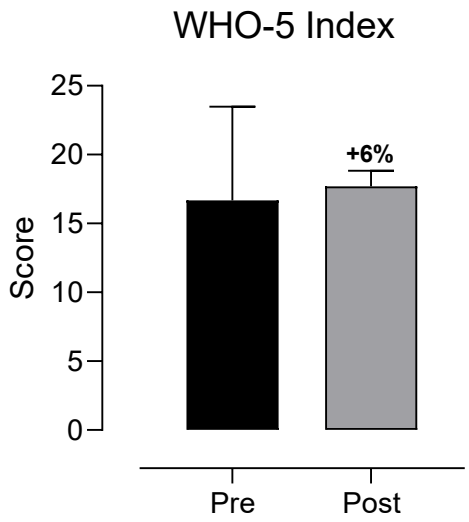

Figure 5. Change from baseline to 30 days in overall well-being scores measured by the WHO-5 Index.

Conclusion

The 30-day results suggest positive trends across several domains of sleep and mood following the use of inHarmony devices. Improvements were most evident in sleep adequacy and optimal sleep, indicating a potential shift toward more restorative sleep patterns. Mood-related measures also demonstrated consistent decreases in depression, anxiety, and stress, while generalized anxiety symptoms measured by the GAD-7 scale improved to a lesser extent. The WHO-5 Well-Being Index showed only minimal change, which may indicate that broader perceptions of overall well-being evolve more gradually than specific symptom measures.

Although these results are preliminary and based on only three participants, the consistency of improvement across multiple validated scales supports the potential benefit of inHarmony devices for sleep and mood regulation. Larger samples and longer follow-up periods will be essential to confirm these initial findings and to establish the durability of effects at six months and one year.