

KAIHAN THERAPEUTICS

NeoSculpt

Reclaim. Restore. Redefine.

The first energy-based platform built to regenerate, not just tighten, the derma-fat layer. A new device category for the Ozempic Face era.

KFDA Certified

US FDA 510(k) Cleared

Korea GMP Manufactured



Patients got healthier. They look older.

GLP-1 weight loss has reshaped millions of faces. Existing devices were built to tighten skin. None were built to rebuild what weight loss takes away.

Midface, under-eye and temple hollow first.

-11%

superficial facial fat lost by GLP-1 users

-7%

deep facial fat lost, adding roughly 3 years of aging appearance (2025-26)

+50%

rise in facial fat-grafting procedures in 2024 (AAFPRS)

NeoSculpt at a glance

A complete regenerative platform, backed by two independent prospective studies.

2

Devices, one platform

Plus regenerates the derma-fat layer. Flex restores the muscle layer.

3

Anatomical layers covered

Dermis, fat pad and muscle in one repeatable protocol.

47

Patients in two prospective studies

SNUBH n=20 and Dong-A University Hospital n=27.

0

Serious adverse events

Through 6-month and 9-month follow-up.

12×

Deeper than monopolar RF

30 mm versus 2.5 mm penetration.

<10 min

Per session, no anesthesia

Office-based, no downtime.

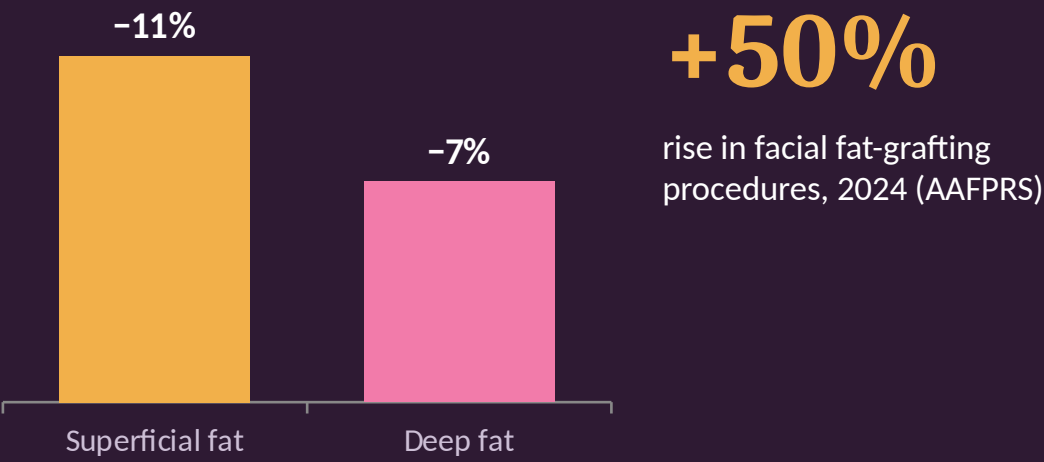
KFDA certified | US FDA 510(k) cleared | Korean GMP manufacturing | Patented Korean technology

Two markets opened at once, speaking two languages

Globally it is Ozempic Face. In Korea it is autologous stem cell regeneration. Different words, the same unmet patient need.

Global: Ozempic Face

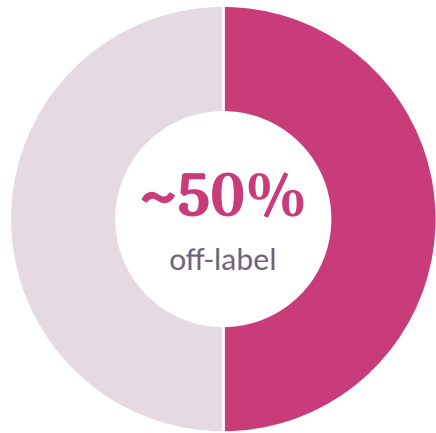
Got healthier. Looks older.



About 3 years of added aging appearance. Midface, under-eye and temple hollow first.

Korea: stem cell regeneration

My body heals itself.



395,400

Wegovy prescriptions in the first 8 months after launch, about half for cosmetic use

\$386M

projected Korean GLP-1 weight-loss market by 2030 (CAGR 16.7%)

Wegovy launched in Korea in October 2024 (BMI ≥30). Korea has the fastest-growing obesity-treatment market in the OECD.

Three patient groups your current toolkit cannot fully answer

Each one is already in your clinic today.



Post-GLP-1 face

Rapid weight loss depletes facial fat and dermal volume. Tightening alone worsens the hollowing.

Needs regeneration



Long-term toxin users

Five or more years of repeat injections lead to muscle atrophy. The dermis and fat layer above it sag downward.

“My face feels heavy.”



Tightening plateau

Responded well to Thermage, EVERESSE or Sofwave, then plateaued after 2–3 sessions. The foundation itself needs rebuilding.

Needs a new foundation

Common thread: tightening alone does not solve it. Regeneration is the answer.

Category creators set the standard. Followers compete on price

Thermage defined RF Tightening. Ulthera defined HIFU Lifting. NeoSculpt defines Derma-Fat Regeneration.

	Stay in “another RF”	Create the DFR category
Pricing power	1:1 price comparison with Thermage, Volnewmer and XERF	A category with no direct price comparison
Buyer story	Marginal efficacy difference, hard to explain to KOLs	New mechanism, new claim, new patient set
Market timing	Late follower into Ozempic Face (InMode entered July 2025)	First mover on the fat-regeneration claim
Scientific credibility	“Existing RF plus stem cell marketing” reads as exaggeration	A category distinction makes the mechanism claim credible
Brand equity	Still “another monopolar RF” in five years	Owns the language: RSR, STC-RF, DSCR

Two devices. One platform. Three anatomical layers

Plus rebuilds the derma-fat foundation. Flex restores the muscle layer beneath it.



NeoSculpt Plus

Derma-Fat Regeneration (DFR)

1–2 MHz, 43–45°C, 30 mm depth.
Regenerates Layer 2, the derma-fat
junction that no other device
treats.

Layers 1 and 2



NeoSculpt Flex

Muscle layer restoration

EMS 8-channel plus ICT 4-channel.
Rebuilds the muscle layer GLP-1 weight
loss takes away. Face and body, ~600 cm²
coverage.

Layer 3

NeoSculpt Plus: regenerative RF for the derma-fat layer

Three numbers define the category.



1-2 MHz

Resistive electric transfer. A lower band than conventional 6-13 MHz RF: deep heating without surface overheating.

43-45°C

Sustained and sub-coagulation, below the 60-70°C denaturation threshold. A regenerative signal without tissue coagulation.

30 mm

12× deeper than conventional monopolar RF. Reaches Mendelson Layer 2, the derma-fat junction.



KFDA certified



US FDA 510(k) cleared



Korean GMP manufacturing



Patented Korean technology

Developed and manufactured in Korea under GMP.

Layer 2: the derma-fat layer no other device is built to treat

Mendelson’s 5-layer facial anatomy mapped onto today’s energy-based device categories.

L1	Dermis (Skin) Thermage • EVERESSE • monopolar RF	Covered
L2	Derma-Fat NeoSculpt Plus: DFR	New category
L3	SMAS Sofwave • Ulthera • HIFU	Covered
L4	Ligaments PDO threads • surgical lifting	Covered
L5	Deep fascia Surgical only	Outside EBD scope

12×

deeper than conventional monopolar RF

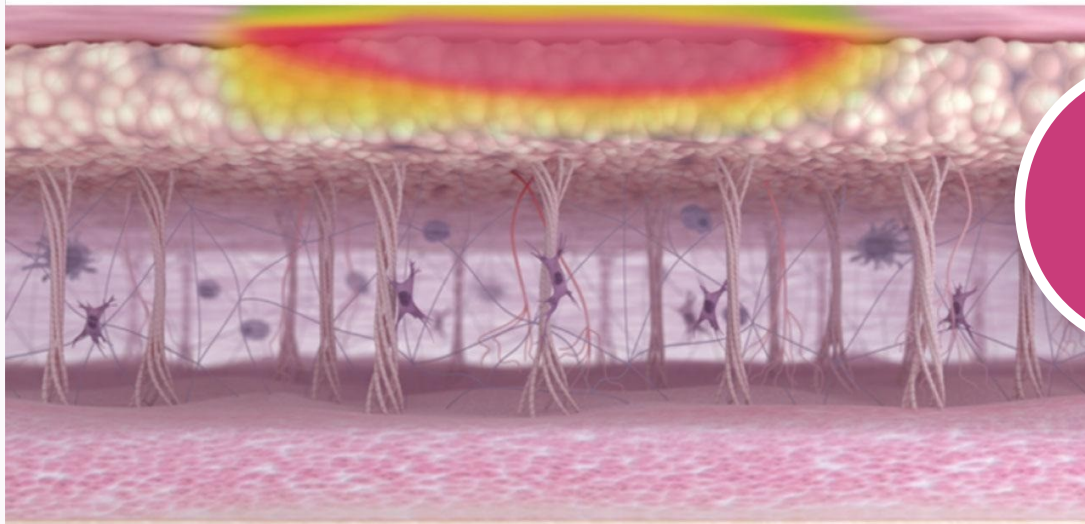
The fibrous septa that form the fat pad’s structural skeleton only remodel at Layer 2 depth. NeoSculpt Plus reaches it with regeneration, not destruction.

References: Mendelson BC, Jacobson SR. Clin Plast Surg 2008;35(3):395–404 • Donofrio LM. Dermatol Surg 2000;26(12):1107–12.

Same RF band. Different penetration. Heat where it matters

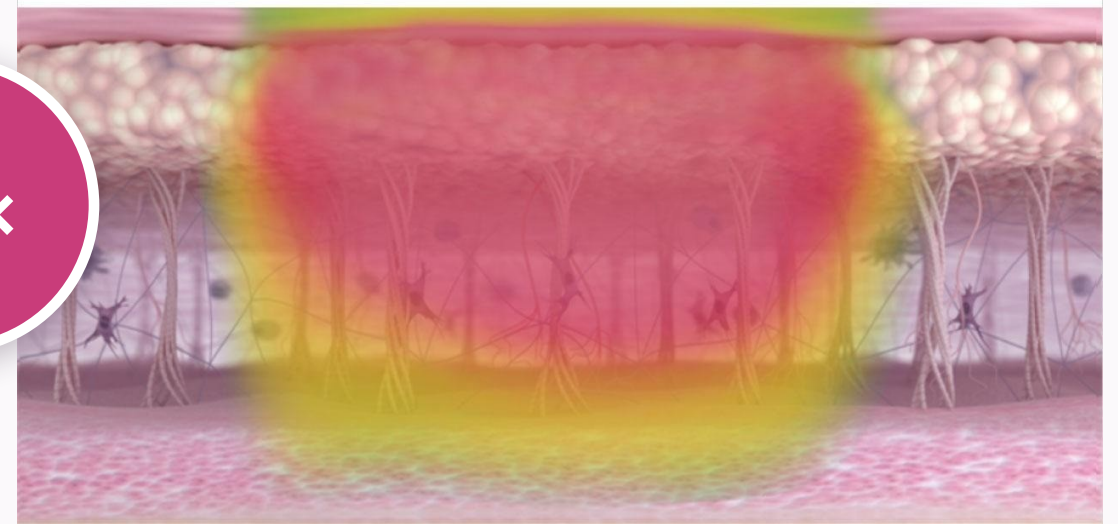
Conventional monopolar tips concentrate heat at the dermal surface. The NeoSculpt handpiece reaches the derma-fat junction. Actual thermal-distribution imaging.

Other monopolar Tip



Hz : 6.78Mhz · Depth : 2.5mm

NeoSculpt Handpiece



Hz : 1~2Mhz · Depth : 30mm

12×

12× deeper penetration: a different layer, a different cellular response, a different patient.

Denaturation tightens. Regeneration rebuilds

Same RF spectrum, fundamentally different cellular outcome. This is what separates NeoSculpt Plus from every monopolar RF on the market.

	Denaturation: conventional monopolar RF	Regeneration: NeoSculpt Plus (DFR)
Energy	60–70°C dermal heating	43–45°C sustained, sub-injury
Mechanism	Collagen protein denaturation and contraction	Apoptosis, CD-68 clearance, fibroblast and ADSC reactivation
Cell fate	Coagulation, scar response, fibrosis	Adipocyte regeneration, no scarring
Result	Tissue tightens around the injury	Tissue rebuilds its own foundation
Durability	6–18 months, single-event response	6-month durability confirmed (SNUBH study)
Patient stage	Aging skin needing surface lifting	Hollowed, post-GLP-1, post-toxin

Same RF spectrum. Different cellular response. Different indication. Different category.

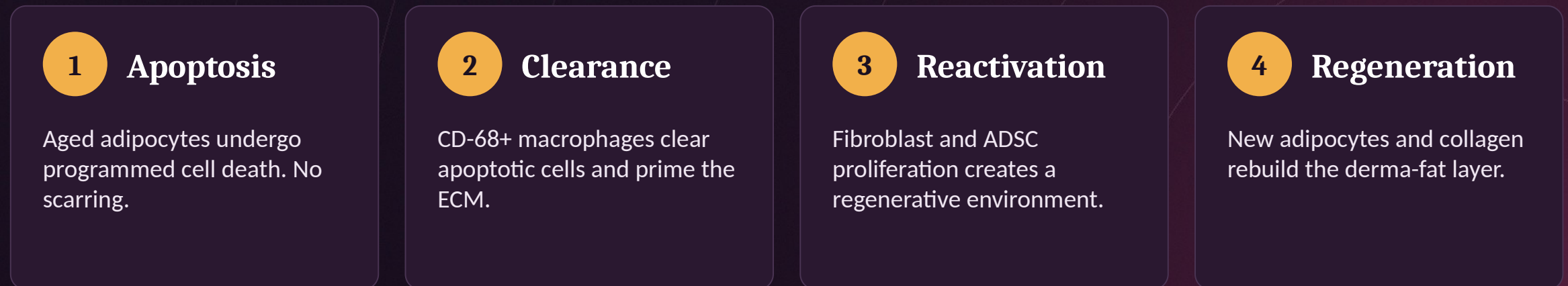
The 43–45°C window: regeneration without destruction

Temperature decides tissue fate. NeoSculpt Plus operates in the one band that regenerates.



45°C for 3 minutes reduces adipocyte viability by 60% without epidermal damage (Franco W., Lasers Surg Med 2009).

The 4-stage regenerative cascade



Four independently published mechanisms, integrated in one device

Every pillar is individually validated in the literature. NeoSculpt is the only device that unites all four.



Thermal biology

43–45°C activates heat-shock proteins without tissue destruction.

Franco W., Lasers Surg Med 2009, 2010



p38 MAPK pathway

A cell-fate switch between survival and apoptosis. Drives lipolysis and fibroblast activation together.

Wu S., J Biophotonics 2023



TRPV1 activation

Opens at 43°C and triggers a calcium cascade. Promotes collagen and suppresses adipogenesis.

Zhang 2007 • Kim 2006



MSC/ADSC activation

Dermal fibroblasts and ADSCs reactivate with MSC-like properties. Autologous, not injected.

Pittenger 2019 • Lai 2017

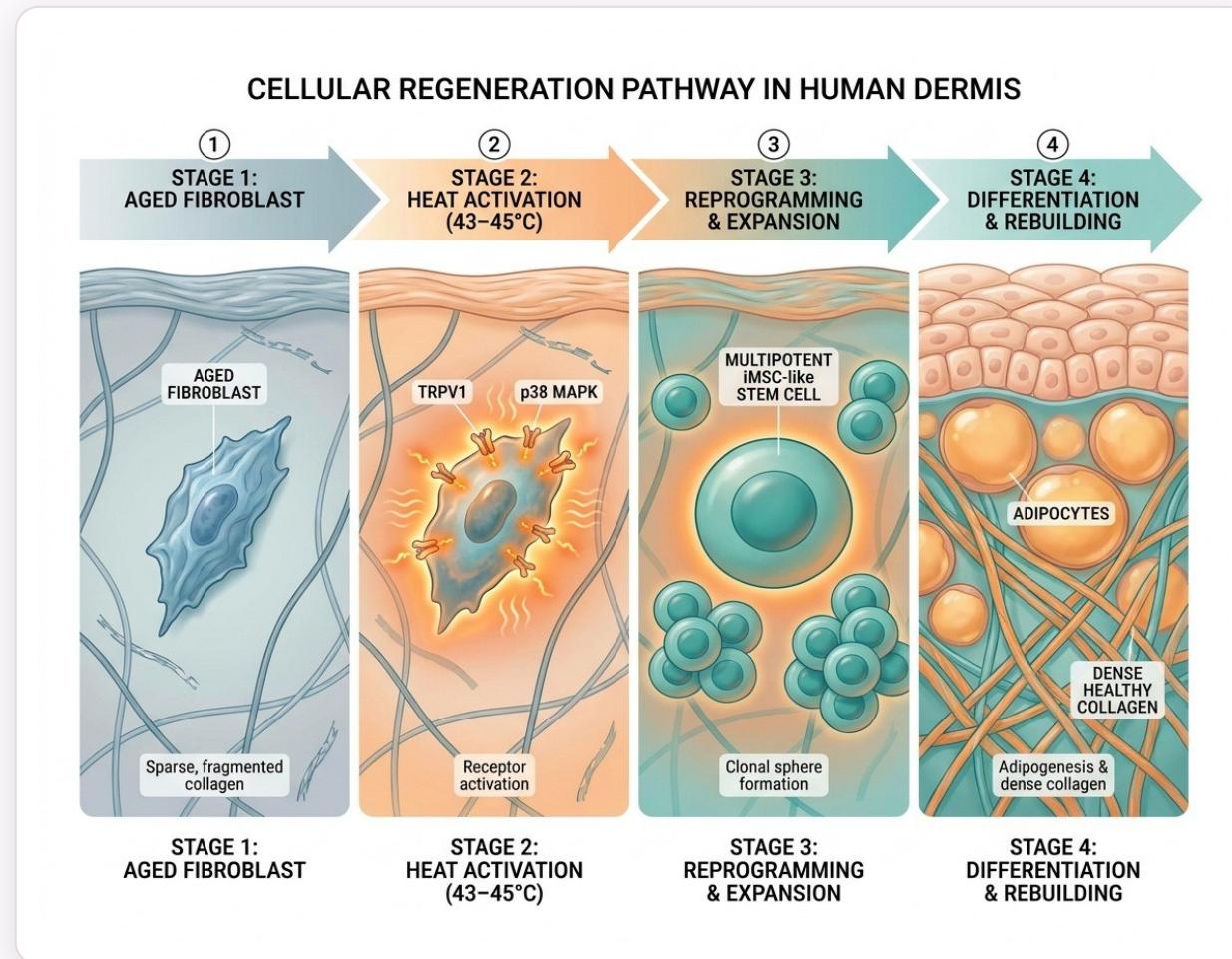
I + II + III = Ozempic Face recovery

II + III + IV = autologous stem cell regeneration

All four = NeoSculpt's unique position

The heat-triggered regeneration pathway in human dermis

From aged fibroblast to new collagen and adipocytes, in four stages.



1

Aged fibroblast

Sparse, fragmented collagen.

2

Heat activation, 43–45°C

TRPV1 receptor activation and p38 MAPK signaling.

3

Reprogramming and expansion

iMSC-like state and clonal sphere formation.

4

Differentiation and rebuilding

Adipogenesis and dense, healthy collagen.

Lai PL et al. Sci Rep 2017;7:44534 · Mok KH et al. Stem Cell Res Ther 2017. An iMSC-like state was induced in human dermal fibroblasts within 6 days.

dWAT: the fat layer that makes true regeneration possible

A three-stage, twelve-week cycle that rebuilds a young, healthy fat layer.

Dermal White Adipose Tissue

An anatomically distinct fat layer within the reticular dermis, separate from subcutaneous sWAT, with its own stem-cell niche.

Its shared progenitor with fibroblasts gives dWAT the plasticity that is the core of the regeneration claim.



Lipolysis

Mature dWAT adipocyte perilipin membrane disruption and lipid release. CD68+ macrophage infiltration and clearance.

Dedifferentiation

Adipocyte-derived cells convert into ECM-producing myofibroblasts, similar to the wound-healing proliferative phase.

Redifferentiation

PDGFRA+ preadipocytes undergo PPAR γ -dependent redifferentiation, rebuilding a young, healthy fat layer.

Not simple fat reduction: an inflammation-control to tissue-reconstruction cycle, a claim competitors cannot make. Driskell, Nature 2013 • Sun, Nat Commun 2020.

The mechanism is already published. NeoSculpt is the device

Three peer-reviewed papers established the regenerative pathway. The device was designed to deliver it consistently in the clinic.

Thermal biology

2009

60%

reduction in adipocyte viability at 45°C for 3 minutes, with no irreversible epidermal damage.

*Franco W. et al.
Lasers Surg Med 41:745–750*

Preclinical, in vivo

2024

2.5×

dermal collagen after one sub-thermal sustained RF session, with adipocyte size down 25%.

*Koo D-W et al.
In Vivo 38:1750–1757*

iMSC pathway

2017

6 days

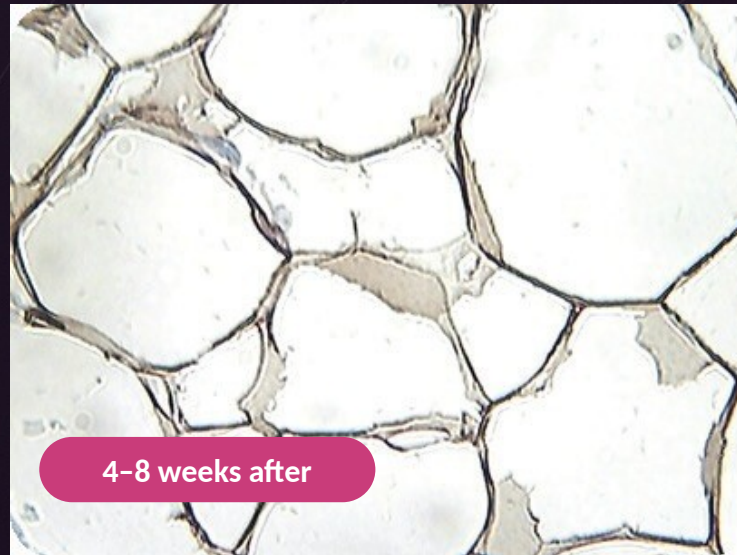
to induce an iMSC-like state in human dermal fibroblasts, the cellular reset behind the cascade.

*Lai PL et al.
Sci Rep 7:44534*

The cellular pathway is no longer a hypothesis. NeoSculpt Plus delivers it consistently in clinical practice.

Regeneration confirmed under the microscope

Porcine in vivo biopsy (Koo D-W et al., In Vivo 2024). Perilipin and CD-68 immunohistochemistry: actual histology images.



-25%

adipocyte size reduction

+2.5×

dermal collagen content increase

5 pigs

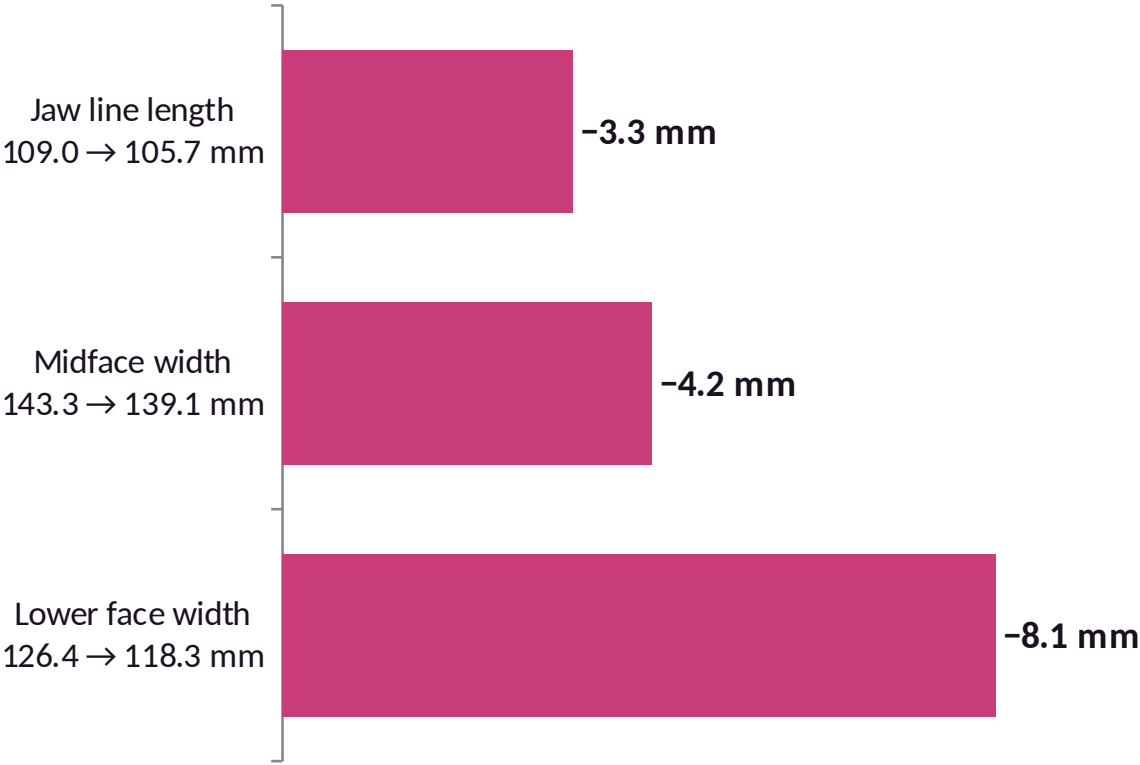
dorsal skin, RF 45°C for 30 min. The effect reaches facial SMAS-equivalent depth.

Koo D-W et al. In Vivo 38:1750-1757 (2024). H&E, ImageJ.

Six-month prospective study: measurements significant at $p<0.001$

Seoul National University Bundang Hospital. n=20, IRB-approved, ClinicalTrials.gov registered, TREND-compliant, Vectra H2 3D imaging.

Facial dimension reduction at 6 months (mm)



2.67

average GAIS score (0–4 scale)

8.75/10

patient-reported satisfaction

3.25/10

pain VAS, no anesthesia

Zero

serious adverse events

–1.26 cc

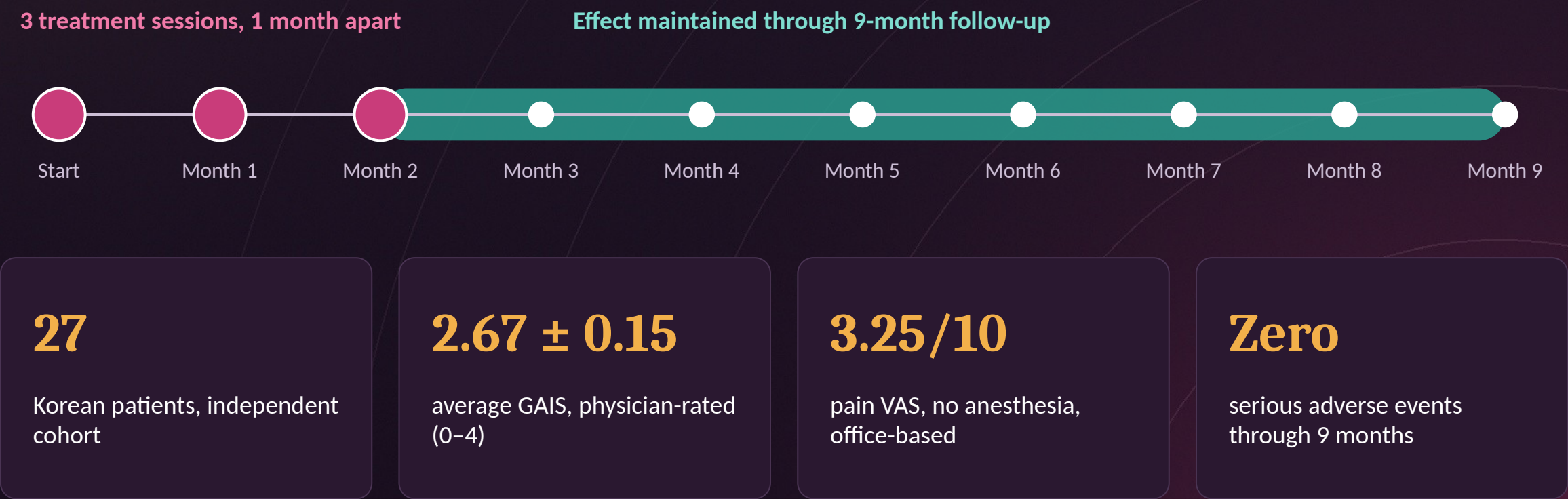
nasolabial and jowl volume ($p<0.001$)

3 sessions

at 1-month intervals

Independent second cohort: 9 months at Dong-A University Hospital

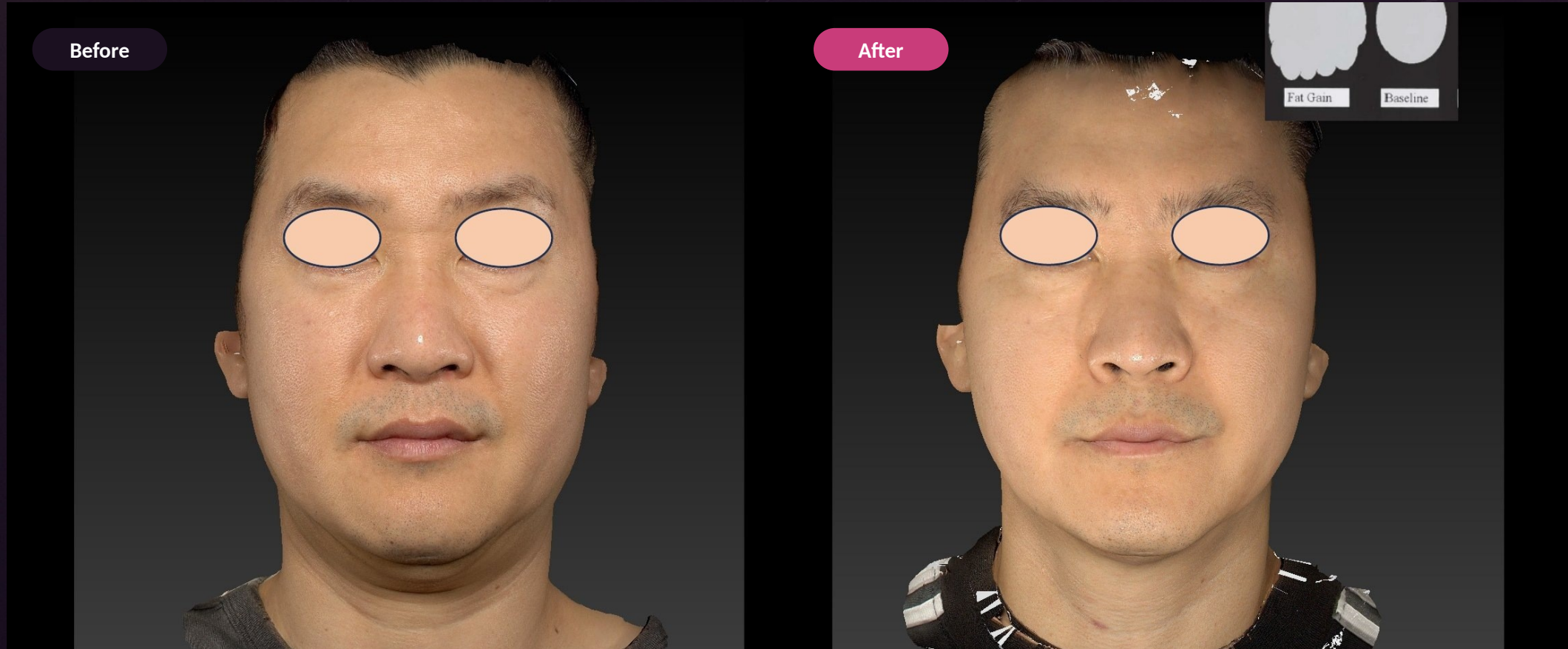
n=27, Dong-A University Hospital, Busan. Second site, second physician cohort, same effect size.



Independently validates the SNUBH results: a second site, a second physician cohort, the same significant effect.

Midface volume redistributed

Frontal view. Derma-fat layer rebuilt under the malar area.



Clinical case archive, Korea.

Jawline contour redefined

Lateral view. Contour improved without volume loss after Layer 2 regeneration.



Clinical case archive, Korea.

Sustained contour after 3 sessions

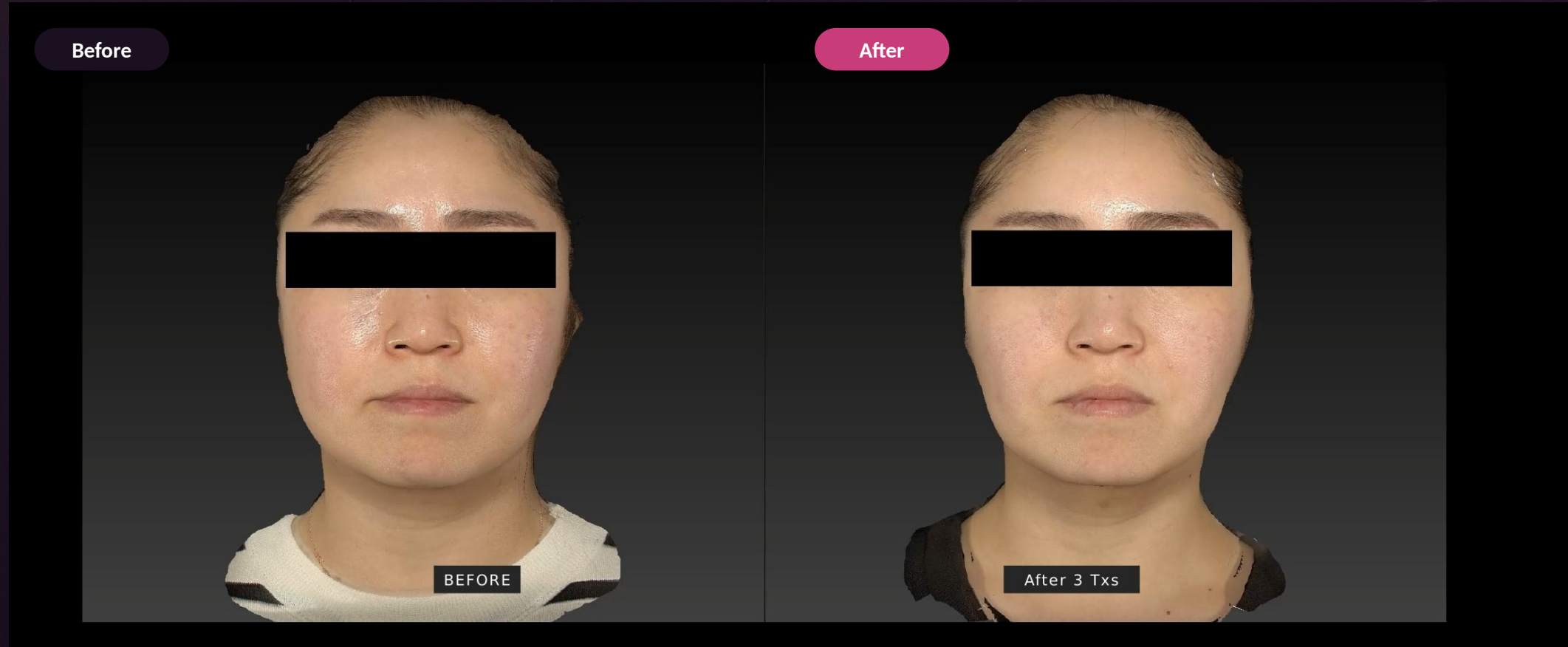
Frontal view. Results maintained with the multi-session protocol.



Clinical case archive, Korea.

Hollowed volume restored

Frontal view. Derma-fat layer rebuilt.



Clinical case archive, Korea.

Results gallery: cheek, jawline and nasolabial lift

Representative clinical cases. 3–5 sessions, no anesthesia, no adjunct injections.



Cheek volume and jawline lift

3–5 sessions. No anesthesia. No adjunct injections.

Clinical archive, before and after.

Deep cheek, double chin and nasolabial fold lift

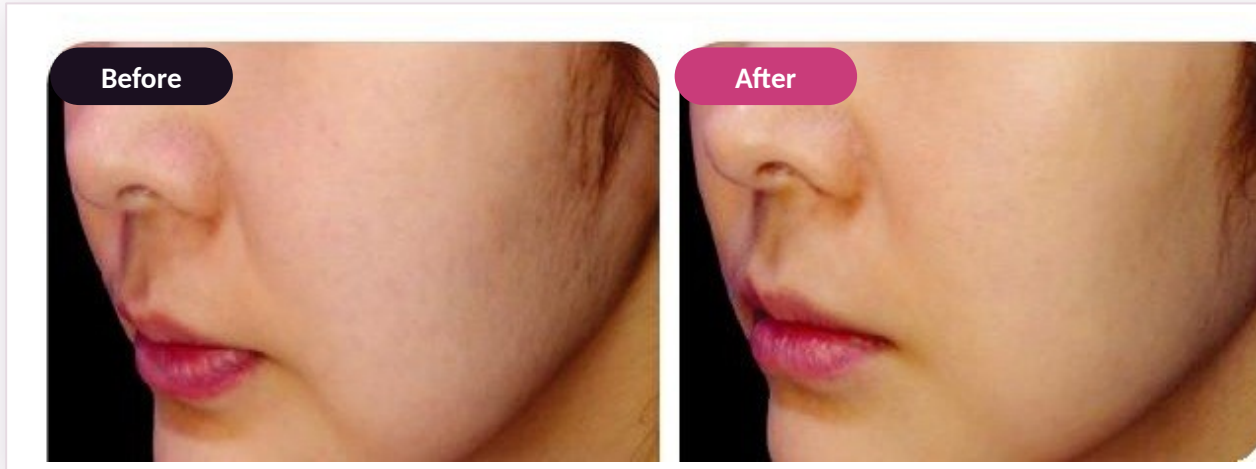
3–5 sessions. No anesthesia. No adjunct injections.

Clinical archive, before and after.

Supported by histology: adipocyte size -25%, dermal collagen +2.5× (In Vivo 2024).

Results gallery: nasolabial folds and the abdomen

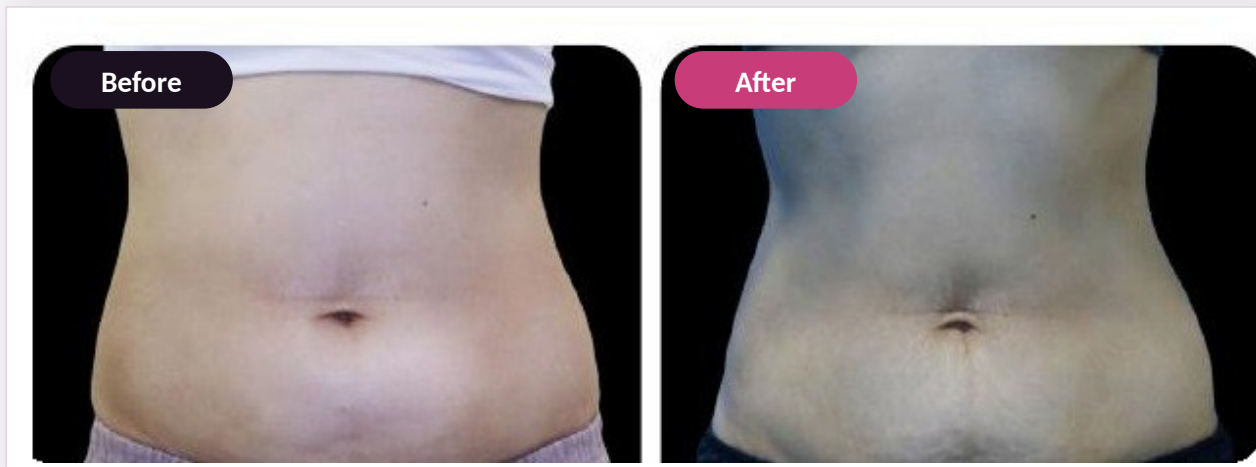
Representative clinical cases. 3–5 sessions, no anesthesia, no adjunct injections.



Nasolabial folds and deep cheek

3–5 sessions. No anesthesia. No adjunct injections.

Clinical archive, before and after.



Abdominal fat reduction and skin tightening

3–5 sessions. No anesthesia. No adjunct injections.

Clinical archive, before and after.

Supported by histology: adipocyte size -25%, dermal collagen +2.5× (In Vivo 2024).

Safety that comes from the mechanism, not operator skill alone

Sub-coagulation temperature avoids the adverse-event profile of denaturation-based monopolar RF.

Conventional monopolar RF risk

✗ Burns and blistering at high power

✗ Subcutaneous nodules from coagulation

✗ Fat atrophy at high cumulative dose

✗ Frequent need for anesthesia

✗ Post-procedure downtime

✗ Patient anxiety about pain



NeoSculpt Plus safety profile



Zero serious adverse events in the 6-month study (n=20)



Sub-injury operating range



No coagulation, no fat-atrophy risk



No-anesthesia procedure



No downtime: immediate return to daily activities



Pain 3.25/10 in the Korean prospective study

Plus makes every other in-office procedure work better

Foundation first. Then filler, biostimulators or surface tightening on top. Treating regenerated tissue changes the outcome.

Foundation + surface lift

Plus + monopolar RF

Plus rebuilds Layer 2. RF tightens the surface on the rebuilt foundation.

Better tightening on regenerated tissue

Foundation + volume

Plus + PLLA

Plus rebuilds Layer 2. PLLA is injected into rebuilt tissue, not hollowed tissue.

Smoother, longer-lasting biostimulator results

Foundation + regenerative boost

Plus + SVF/ADSC

Plus activates the local ADSC environment. SVF is delivered into more receptive tissue.

Higher graft survival, sustained regeneration

Not a replacement. A reinforcement of the foundation under every procedure you already offer.

Non-invasive. No anesthesia. True fat-layer regeneration

The Ozempic Face market differentiation matrix.

	HA filler	PLLA (Sculptra)	InMode BodyTite	HIFU	NeoSculpt (STC-RF)
Invasiveness	Injection	Injection	21G cannula	Non-invasive	Non-invasive ✓
Anesthesia	Local	Local	Local	Not required	Not required ✓
Layer of action	Dermis	Dermis	Subcutaneous fat	Dermis + SMAS	Dermis + fat ✓
Fat regeneration	×	×	×	×	Regeneration ✓
Mechanism	Volume filling	Biostimulation	Coagulation 60–70°C	Coagulation	Regeneration 43–45°C ✓
Durability	6–12 months	Up to 2 years	Single event	6–12 months	6+ months ✓

The only EBD combining non-invasive treatment, no anesthesia and fat-layer regeneration.

Head to head with the closest competitor: InMode BodyTite

The first entrant into the Ozempic Face market, with a decisive limitation.

	InMode BodyTite Endotissutal bipolar RF · J Clin Med 2025, n=24	NeoSculpt (STC-RF) Subthermal continuous RF · SNUBH n=20, ASLMS 2026, p<0.001
Invasiveness	Invasive: 21G electrode inserted subdermally	Fully non-invasive. No needles
Anesthesia	Local injection (2% mepivacaine + epi)	Not required. Minimal patient burden
Operating temperature	Internal 60–70°C (coagulation)	43–45°C (regenerative window)
Framing	Dermis tightening (existing)	dWAT + ADSC regeneration (new category)
Session	60–90 min, 3 sessions at 45-day intervals	<10 min, 6–12 shots, completed in office
Fat regeneration	None	PDGFRA+ progenitor redifferentiation

InMode: invasive + anesthesia + hyperthermal + tightening. NeoSculpt: non-invasive + no anesthesia + subthermal + regeneration.

Every major EBD entered Ozempic Face. All still say tightening

Since Q3 2025 the whole category has moved in. The message has not.

InMode BodyTite 2025.07 Move: 24-patient case series (J Clin Med) Frame: Dermis tightening Same technology with an Ozempic Face label.	Softwave 2025.08 Move: Ozempic campaign plus Pure Impact (EMS) Frame: Collagen + elastin Expanding into muscle stimulation signals a diluted message.	Morpheus8 (InMode) 2025+ Move: Targets GLP-1 weight-loss marketing Frame: Tightening + microneedling Extends an existing indication, not a new product.	Sculptra (Galderma) 2025.09 Move: Restylane combination study, 91.4% satisfaction Frame: Volume + biostimulation Cannot claim fat-layer regeneration. Limited to collagen.
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All four have entered, but none claims subcutaneous fat regeneration. The first to claim it becomes the category leader.

PART TWO

NeoSculpt Flex

The third layer, restored.

GLP-1 weight loss does not just take fat. It takes muscle. No current EBD addresses this.

EMS 8-channel

ICT 4-channel

Face + body

KFDA certified



Dual frequency, dual-depth muscle control

Flex restores the muscle layer through dual-mode electrical stimulation: EMS for superficial muscle, ICT for deep stabilizing muscle.



EMS

1-2,000 Hz • 8 channels

Superficial muscle activation with visible contraction across variable Hz.

ICT

4,000 Hz • 4 channels

Deep stabilizing muscle, the core-stability layer. Surface and depth in one session.

~600 cm²

face and body coverage, up to 8 areas at once

4×

broader coverage than emSculpt and CoolTone

KFDA certified

Co-designed with NeoSculpt Plus

Not repackaged body sculpting. Muscle restoration for the post-GLP-1 era.

Glute and cellulite improvement

NeoSculpt Flex alone. 6 sessions over 6 weeks, standard protocol.



Clinical archive. Left: before. Right: after.

Male core and abdomen

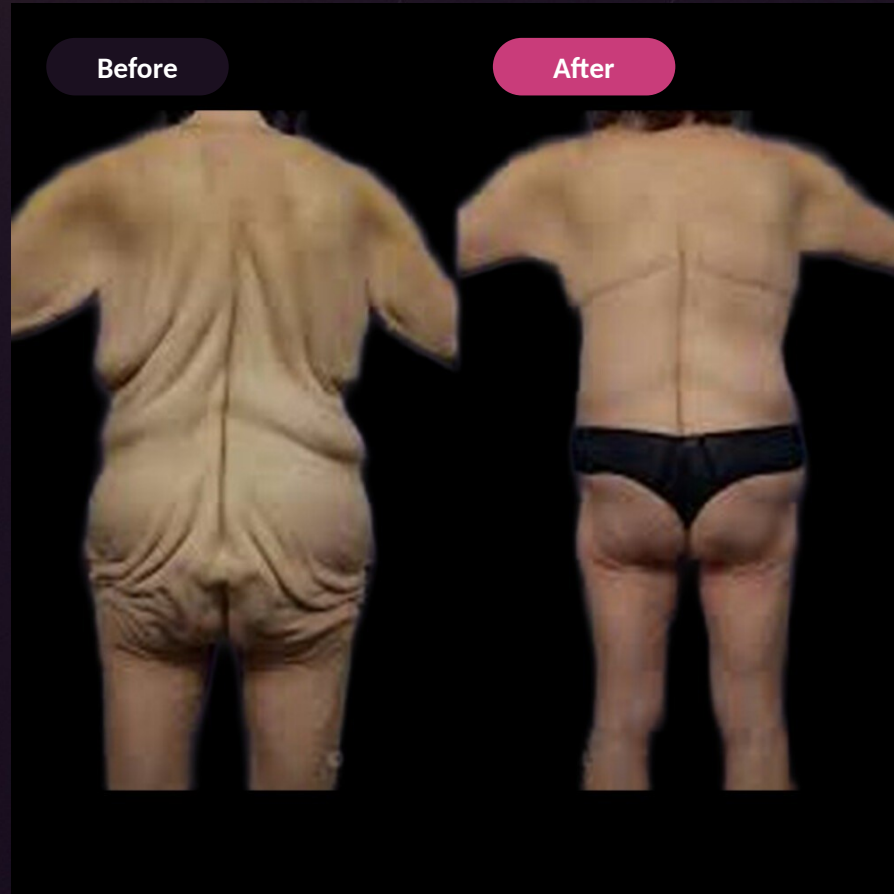
NeoSculpt Flex alone. 6 sessions over 6 weeks, standard protocol.



Clinical archive. Left: before. Right: after.

Post-GLP-1 apron: posterior and lateral views

NeoSculpt Flex alone. 6 sessions over 6 weeks, standard protocol. Restores post-GLP-1 muscle loss through EMS and ICT.



Posterior view



Lateral view

Three layers. One platform. No other system covers all three

Plus covers Layers 1 and 2. Flex covers Layer 3.

L1

Dermis

NeoSculpt Plus • DFR

1–2 MHz • collagen synthesis

Sustained 43–45°C drives dermal collagen synthesis.
Improves surface texture and tightening.

L2

Derma-fat

NeoSculpt Plus • DFR

Apoptosis → CD-68 → ADSC

Layer 2 fat regeneration and fibrous septa remodeling.
Rebuilds the fat pad at 30 mm depth.

NEW

L3

Muscle

NeoSculpt Flex

EMS 8ch • ICT 4ch

Superficial (EMS) and deep (ICT) activation, face and body.
Restores the layer that supports everything above it.

Plus rebuilds the foundation. Flex holds it in place. Together: the complete post-GLP-1 answer.

Lose the weight. Keep the face. Build the muscle

The Neo & Wegovy Program: weekly GLP-1 injections paired with NeoSculpt Plus and Flex. The official clinical protocol, in use since 2024.



Fat loss

GLP-1 drives broad fat loss. Plus selectively targets aged, fibrotic dWAT.



No sagging

Regeneration prevents the sagging and hollowing of rapid weight loss.



Younger face

Restores volume with the patient's own ADSCs and dermal collagen.



Stronger muscle

Flex EMS and ICT rebuild the muscle lost to GLP-1, about 25% of total weight loss.

GLP-1RA drives systemic fat loss and sarcopenia. Plus regenerates the derma-fat layer and Flex rebuilds muscle, converting

“a face that ages with weight loss” into “a face that gets younger with weight loss.”

Reverse the sag in long-term Botox users

Long-term Botox remodels the muscle layer, but the dermis and fat above it slide downward. Plus rebuilds that foundation without touching the toxin protocol.

Why patients sag

1

Long-term toxin use

Cumulative muscle atrophy. Procerus volume falls 46–48% over 12 months from a single dose.

2

Tissue slides down

A weakened muscle anchor leads to dermal laxity and a downward-shifting fat layer.

3

The patient complaint

“I keep getting Botox but my face looks more sagged.”
Wrinkles smooth, structure collapses.

The combination solution



Botox stays the same

Continues managing muscle hyperactivity and wrinkles. It does not cannibalize the existing procedure.



Plus rebuilds the foundation

Regenerates the derma-fat layer that the toxin let sag, restoring structure without the heavy feeling.



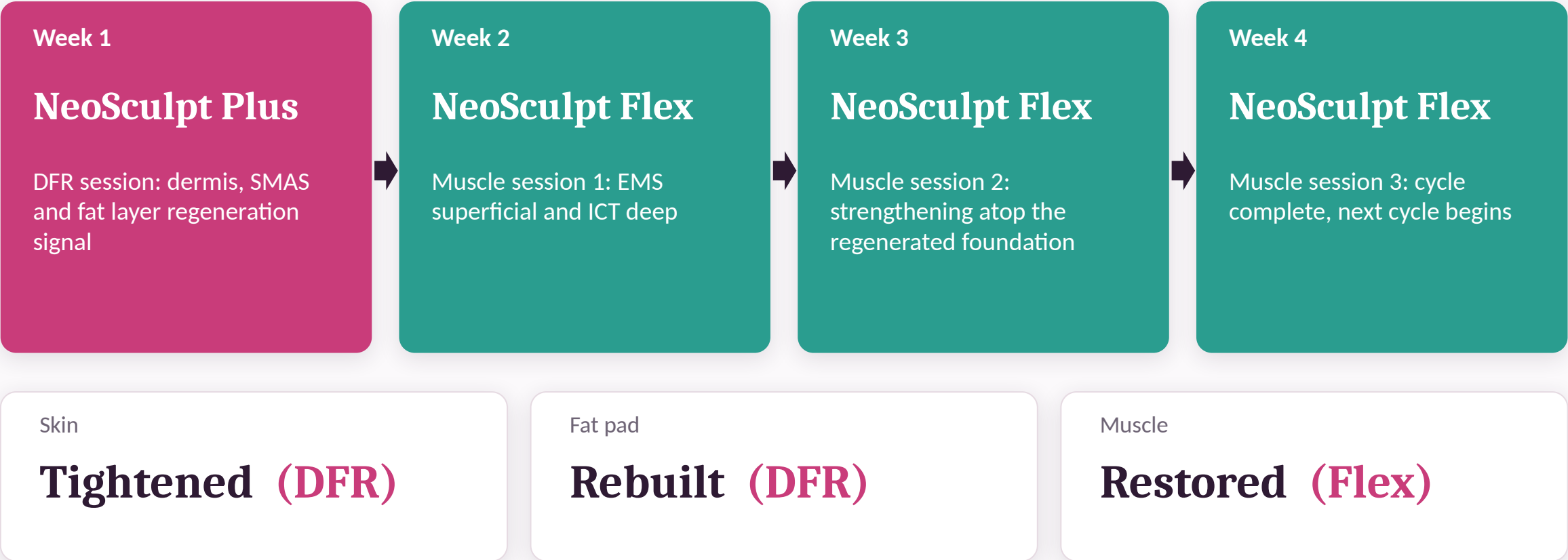
Same patient, different layer

Targets the same patient at a different aging layer, extending revisit rate and lifetime value.

The entire Botox patient base becomes a potential Plus market.

Neo & Wegovy Program: one integrated 4-week cycle

Plus x1 + Flex x3 per cycle. Derived from domestic clinical practice since 2024 and repeatable every 4 weeks.

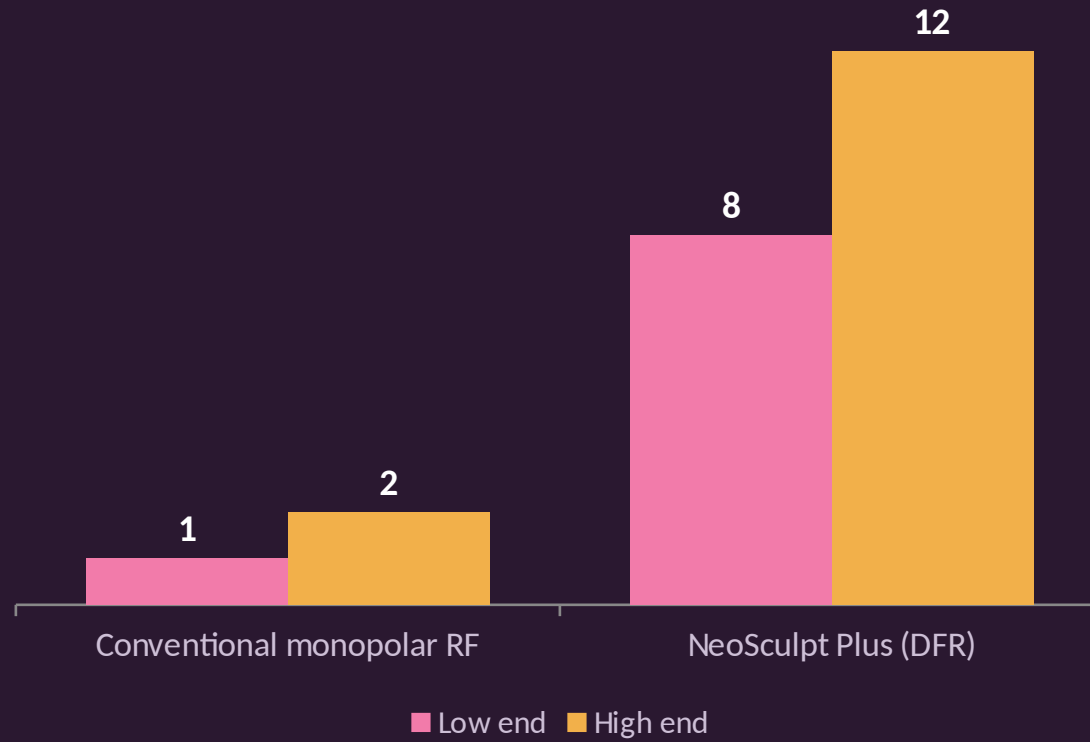


Different treatment cycles turn the two devices into a stacking relationship, not a competing one.

A recurring-revenue engine, not a one-time device sale

Same patient, different aging stages: annual tightening plus monthly regeneration.

Treatment sessions per patient per year



8–12

NeoSculpt Plus sessions per patient per year: 3 initial sessions plus monthly maintenance

10+

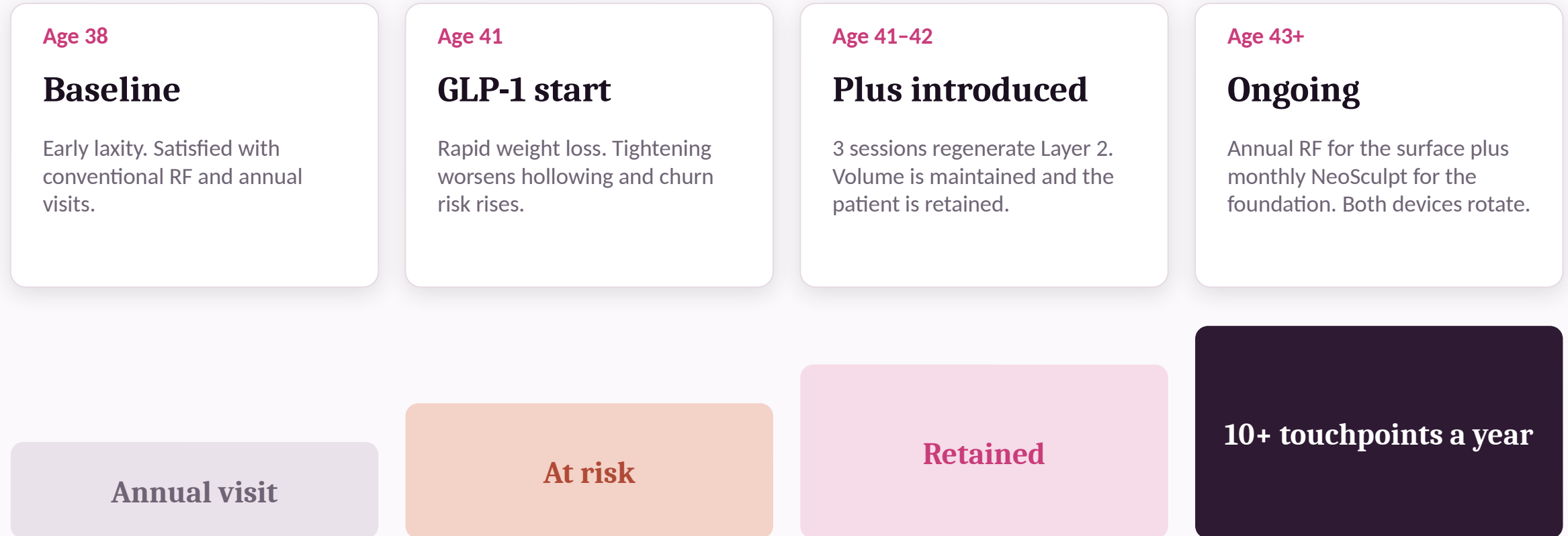
patient touchpoints per year when Plus, Flex and RF all rotate

<10 min

per session, no anesthesia: high throughput that drives repeat clinic revenue

One patient across four aging stages: revenue that compounds

A clinic revenue timeline. Different cycles, same patient, different rhythms.



Annual tightening plus monthly regeneration: a clinic that keeps every patient coming back.

One category, three tiers of language, full audience coverage

Whoever owns the terminology owns the category. Partners receive the language ready to use.

Market language

RSR

Regenerative Subdermal Remodeling

Used in: Distributor pitches, websites, brochures, consumers

“Regenerative” resonates with PLLA and exosome trend language. “Subdermal” signals the depth differentiator.

Academic language

STC-RF

Subthermal Continuous Monopolar RF

Used in: Papers, conferences, journals, regulatory filings

SNUBH’s ASLMS 2026 poster already uses this term: first-mover ownership through publication.

Clinical narrative

DSCR

Dermal-Subcutaneous Co-Regeneration

Used in: KOL education, physician training, presentations

Not “skin only” or “fat only”: simultaneous two-layer regeneration maps to Ozempic Face pathophysiology.

A structured launch path from first call to first patient

The same four steps that guide the Korean rollout apply to every new market.



The category creator becomes the standard, and patient pull accelerates adoption.

Developed and manufactured by one Korean team

The clinician who designed the platform and the company that builds it work as one team.

Manufacturing

Korean device manufacturer

A Korean medical device company specializing in non-invasive, energy-based aesthetic devices. KFDA-certified, GMP-certified manufacturing facility. A direct manufacturer, not a relabeler.

Patented sustained sub-thermal monopolar RF technology

Development

Practicing dermatologist

Developer of the NeoSculpt platform and the DFR category framework. Co-investigator of the SNUBH and Dong-A prospective studies and lead clinician for the platform.

180+

energy-based devices
personally evaluated
before this design

No royalty stack. No licensing layer. No third-party IP entanglement.

Six reasons NeoSculpt is the category to own

Not an incremental RF. A new category, built to be defensible.



A new mechanism, not a new claim

43–45°C sub-coagulation regeneration is distinct from every denaturation-based RF. Four published pathways, unified in one device.



Two independent clinical validations

SNUBH (n=20) and Dong-A University Hospital (n=27): two sites, two physician cohorts, one significant effect.



A category still open to claim

InMode, Sofwave, Morpheus8 and Sculptra have all entered Ozempic Face. None claims fat-layer regeneration.



A business model, not just a device

8–12 sessions a year versus 1–2 for conventional RF. Stacks with existing equipment and compounds clinic LTV.



Manufacturer equals developer

A direct KFDA and GMP manufacturer, designed by the treating physician. No royalty or licensing chain.



Two devices, three layers, one protocol

The only platform addressing dermis, derma-fat and muscle in a single repeatable 4-week cycle.

Technical specifications and logistics

Everything your regulatory, clinical and logistics teams need at a glance.

	NeoSculpt Plus	NeoSculpt Flex
Function	Derma-fat regeneration (DFR)	Muscle layer restoration
Technology	Sustained monopolar RF, resistive electric transfer	Dual-mode electrical stimulation: EMS + ICT
Frequency	1–2 MHz	EMS 1–2,000 Hz · ICT 4,000 Hz
Output and channels	43–45°C sustained, sub-coagulation	8 EMS channels + 4 ICT channels
Depth and coverage	30 mm, reaches Mendelson Layer 2	~600 cm ² , up to 8 body areas at once
Treatment	<10 min, 6–12 shots, no anesthesia	6 sessions over 6 weeks (standard protocol)
Regulatory	KFDA certified · US FDA 510(k) cleared · Korean GMP · Patented technology	KFDA certified
Anatomical layers	L1 Dermis and L2 Derma-fat	L3 Muscle

Logistics (per set): Unit weight 75 kg · Shipping weight 130 kg · Packaging 750 × 1,250 × 1,300 mm

Not a slot in your portfolio. The next category, first

Three steps from this presentation to a partnership proposal built around your market.



Intro consultation

A 30-minute conversation on your market, current patient mix and category positioning goals.



Clinical demonstration

Experience the NeoSculpt Plus and Flex protocol firsthand, on-site or in Korea, with a meeting with the platform developer when scheduling allows.



Custom proposal

A commercial proposal based on your region, volume and category development plan.

To begin, reply to the message that brought you this presentation.

Let's build the regeneration category together

Reclaim. Restore. Redefine.

NeoSculpt Plus + Flex

Presented by Kaihan Therapeutics

