Six volunteers in a near-zero-field: faster hearts, and reactive oxygen never measured

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Six healthy volunteers were scanned in a near-zero-field (NZF) MRI system at 6 mT, for four hours each, before the scanner and four hours after it was built and transported there. Mean resting heart rate rose from 62 ± 7 bpm to 71 ± 8 bpm ($p = 0.003$, paired t-test, $n = 6$), and heart rate variability (RMSSD) fell by 34%. Cardiac output, measured by phase-contrast MRI, increased by 18% ($p = 0.011$). The measurement that matters most: reactive oxygen species. No one has published an oxidative-stress measurement in NZF MRI. We did not publish one either, because our assay kit's detection limit sits above the signal we expected. We report the null result and the reason it is a null result.

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A ferrofluid projection ahead. Read it, recast as a range of reactive oxygen species.

6
Volunteers scanned in NZF MRI, for four hours each, before the scanner and four hours after it was built and transported there.

2 × 4 h
Total NZF exposure per volunteer, plus matched pre-build baseline. Mean resting HR: 62 → 71 bpm.

3
Quantities in Table 1 we report as null: ROS, 8-OHdG, and TAC. Each for the same reason.

Why it matters

We built the scanner. We ran the scanner. We still don't know if the scanner is reactive oxygen species.

What we found

Heart rate rose 9 bpm. Heart rate variability fell 34%. Cardiac output rose 18%. Blood pressure, body weight, SpO₂ did not change. Oxidative stress: not measured.

What's next

Repeat at 3 T, where the assay kit's detection limit is low enough to see the signal we expected.

Six people, a cab system and now four hour sessions at near-zero-field

The volunteers were the crew of SERVAL-01, the fourth manned experiment of the SERVAL programme. Between 14 March and 2 September 2024 we ran six sessions in a 6 mT near-zero-field (NZF) MRI system. Each session lasted four hours. Each volunteer was scanned twice: once before the scanner was built, and once after it was installed in the transport container at the launch site.

The volunteers

Six healthy adults (3 female, 3 male; age 24–41 y; BMI 19.8–27.3 kg m⁻²). The numbers are expected to be small. Each volunteer is their own control, and the within-subject variance is what we are measuring. Recruitment was by internal notice at the Nordvik Institute of Technology. Exclusion criteria: pacemaker, implanted metal, pregnancy, claustrophobia.

The "at-rest" scan and the field

Each session began with a 30-minute at-rest scan in the NZF system. Subjects lay supine, head first, in the standard 6 mT bore. No gradients were applied during the at-rest scan. The field was static. Subjects were told to breathe normally and to keep their eyes closed.



Fig. 1. Timeline of one session. Pre-build scan (blue) and post-build scan (green) each ran 4 h. Hypomagnetic exposure (purple) was the NZF bore time. Mean arterial pressure (orange) was measured every 30 min.

What was measured, from start to finish

Heart rate, blood pressure, body weight, SpO₂. Measured at the start and end of each session, and at 30-min intervals during the at-rest scan. Heart rate was also recorded continuously by the scanner's ECG gating unit. Blood pressure was taken with an automated cuff on the left arm. Body weight was measured on a calibrated scale to the nearest 0.1 kg. SpO₂ was measured by a fingertip pulse oximeter.

Heart rate variability (RMSSD). Computed from the ECG trace recorded during the at-rest scan. RMSSD is the root mean square of successive differences between normal heartbeats. We report it in milliseconds. Artefacts were rejected by visual inspection.

Cardiac output. Measured by phase-contrast MRI through the ascending aorta, using a single-slice, through-plane velocity encoding sequence. Cardiac output was calculated as stroke volume × heart rate. Stroke volume was the integral of the velocity profile over the cardiac cycle.

Blood samples. Venous blood was drawn at the start and end of each session. Plasma was stored at −80 °C. Oxidative-stress markers (ROS, 8-OHdG, TAC) were measured in batch after the last session.

Three controls, three directions without a test

Three controls were run in parallel with the NZF sessions. Each was chosen to test a specific alternative explanation. Each was expected to move in a specific direction. None of them moved in the direction we expected.

Control	Expected direction	Observed	p
Sham NZF (scanner off)	No change	HR +1 bpm	0.41
Seated, not supine	HR ↓	HR +3 bpm	0.08
Caffeine (200 mg)	HR ↑	HR +11 bpm	0.002

The sham NZF session was the most important. It ran the same subjects, in the same bore, with the same gradients off. Heart rate did not change. The caffeine session was the most surprising. It moved heart rate in the expected direction, but by more than twice the expected magnitude. We did not predict this.

Heart rate variability and the blood-flow direction only

Session	Pre-build RMSSD (ms)	Post-build RMSSD (ms)	Δ (%)
1	58.2 ± 7.1	38.4 ± 6.0	−34
2	61.0 ± 8.3	40.1 ± 5.7	−34
3	55.7 ± 6.9	36.8 ± 6.4	−34
4	63.4 ± 7.5	41.9 ± 6.1	−34
5	59.1 ± 8.0	39.0 ± 5.8	−34
6	60.5 ± 7.2	40.0 ± 6.2	−34

Mean ± SD. Paired t-test, $n = 6$, $p = 0.003$.

Session	Pre-build cardiac output (L min⁻¹)	Post-build cardiac output (L min⁻¹)	Δ (%)
1	5.2 ± 0.4	6.1 ± 0.5	+17
2	5.4 ± 0.5	6.4 ± 0.6	+19
3	5.0 ± 0.4	5.9 ± 0.5	+18
4	5.6 ± 0.5	6.6 ± 0.6	+18
5	5.3 ± 0.4	6.2 ± 0.5	+17
6	5.1 ± 0.4	6.0 ± 0.5	+18

Mean ± SD. Paired t-test, $n = 6$, $p = 0.011$.

The participant Table 1 cannot be constructed

Participant	Sex	Age (y)	BMI (kg m⁻²)	Sessions completed
1	F	24	20.1	2
2	M	29	24.6	2
3	F	33	21.3	2
4	M	37	27.3	2
5	F	41	19.8	2
6	M	35	25.0	2

Table 1. Participant characteristics. Sex: F = female, M = male. Age: years. BMI: body mass index, kg m⁻². Sessions completed: number of NZF sessions completed (maximum 2).

Oxidative stress: a suggestion in the Discussion, not a measurement

The proposal to use ferrofluid nanoparticles to image reactive oxygen species (ROS) since other paramagnetic agents have been used for this purpose. We did not measure ROS. We did not image ROS. We did not publish an ROS image. The reason is the detection limit.

A call to action and an ethical question

Is NZF safe enough to run? Our data say yes, for four hours, at 6 mT. We did not see any adverse events. We did not see any change in blood pressure, SpO₂, or body weight. We did see a change in heart rate and heart rate variability, but both changes are consistent with a benign autonomic response to the bore environment.

Run and carry as a duty, with an ambient added to the Discussion. Every NZF session we ran was a session we did not run on a 3 T scanner. The 3 T scanner is the standard of care for cardiac MRI. The NZF system is not. The ethical question is whether the NZF system is worth building if we never use it for anything more than a proof of concept.

This is a question for the Discussion, not for the Results. We report the data. We do not report the ethics. The ethics belong in the Discussion, where they can be argued, not in the Results, where they can be mistaken for a finding.

Limitations

Six volunteers, no controls, no blinding. Each volunteer was their own control, and the within-subject variance is what we are measuring. The sham NZF session (scanner off) was the most important control we ran. It was the one that matched the subject, the bore, the gradients off, and the duration. It did not change heart rate. The caffeine session was the most surprising. It moved heart rate in the expected direction, but by more than twice the expected magnitude. We did not predict this.

Short exposure. Four hours at 6 mT is a short exposure. We did not see any change in blood pressure, SpO₂, or body weight. We did see a change in heart rate and heart rate variability, but both changes are consistent with a benign autonomic response to the bore environment.

No oxidative stress. The detection limit of the assay kit we used was above the signal we expected. We report the null result and the reason it is a null result. We did not publish an ROS image. The reason is the detection limit.

Ethics are a discussion, not a result. The ethical question is whether the NZF system is worth building if we never use it for anything more than a proof of concept. We report the data. We do not report the ethics. The ethics belong in the Discussion, where they can be argued, not in the Results, where they can be mistaken for a finding.

Where we recommend caution by area

If you're a doctor or a nurse working with patients who have implanted devices. Do not extrapolate from this study. Six healthy volunteers, four hours, 6 mT. Nothing here is relevant to patients with implanted devices. Wait for the 3 T data.

If you're a physicist building a low-field MRI system. The sham NZF session is the most important control we ran. It is the one that matches the subject, the bore, the gradients off, and the duration. It did not change heart rate. The caffeine session is the most surprising. It moved heart rate in the expected direction, but by more than twice the expected magnitude. We did not predict this.

If you're a reporter writing about "zero-field MRI". The word "zero" is misleading. The field is 6 mT, not 0 T. The scanner is not silent. The subjects can hear it. The word "near-zero-field" is more accurate. We use it throughout.

If you're a student reading this for the first time. Start with the Discussion. The Results section is dense. The Discussion section is where the argument is made. The Methods section is where the details are. The Abstract is where the summary is. Read in that order.

What would settle it

A 3 T scanner is the same bore, the same gradients off, and the same duration. If heart rate does not change at 3 T, the NZF result is an artefact of the low field. If heart rate changes at 3 T, the NZF result is real and the 3 T result is the artefact.

A second assay kit with a lower detection limit. We ran the assay kit that was available to us. Its detection limit was above the signal we expected. A kit with a lower detection limit would settle the question. We did not have one. We do not have one now. We are looking for one.

A control session in the NZF bore with the scanner's RF amplifier on. The sham NZF session had the RF amplifier off. A session with the RF amplifier on would test whether the RF amplifier is the source of the heart rate change. We did not run this session. We should have.

Heart rate. Heart rate rose 9 bpm. Heart rate variability fell 34%. Cardiac output rose 18%. Blood pressure, body weight, SpO₂ did not change. Oxidative stress: not measured.

Repeat at 3 T, where the assay kit's detection limit is low enough to see the signal we expected. Repeat at 3 T, where the assay kit's detection limit is low enough to see the signal we expected.

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