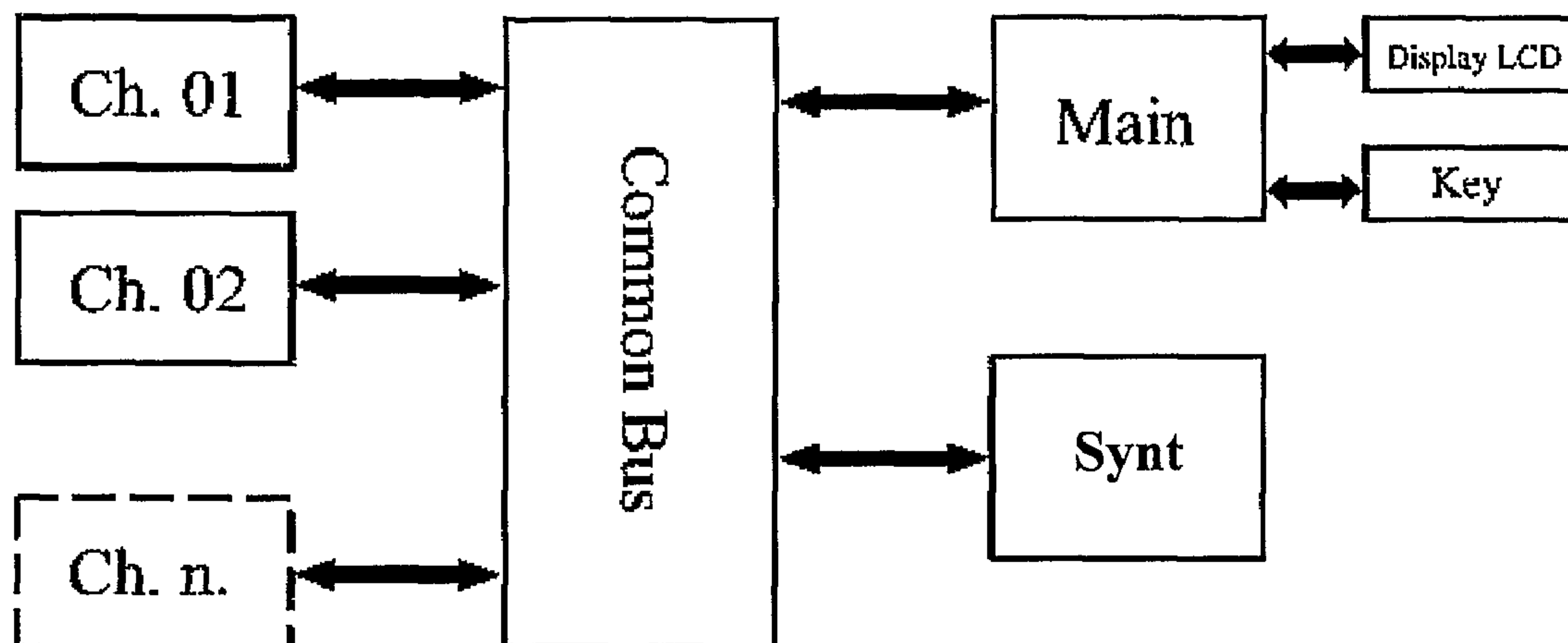




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(54) **Titre : APPAREIL ET PROCEDE POUR SUPPRIMER RAPIDEMENT LA DOULEUR**
(54) **Title: APPARATUS AND METHOD FOR QUICK PAIN SUPPRESSION**



(57) **Abrégé/Abstract:**

The present invention refers to an apparatus and a method for quick acute and chronic pain suppression, particularly useful and effective towards high-grade pains and/or pains resistant to other analgesic drugs such as opiates. According to the present invention there are generated synthetic "non-pain" information strings of great clinical effectiveness, allowing high reproducibility of the clinical result. Synthesis occurs by combining novel geometries of complex waveforms in a sequence, perceived as "self and "non-pain" by the CNS.



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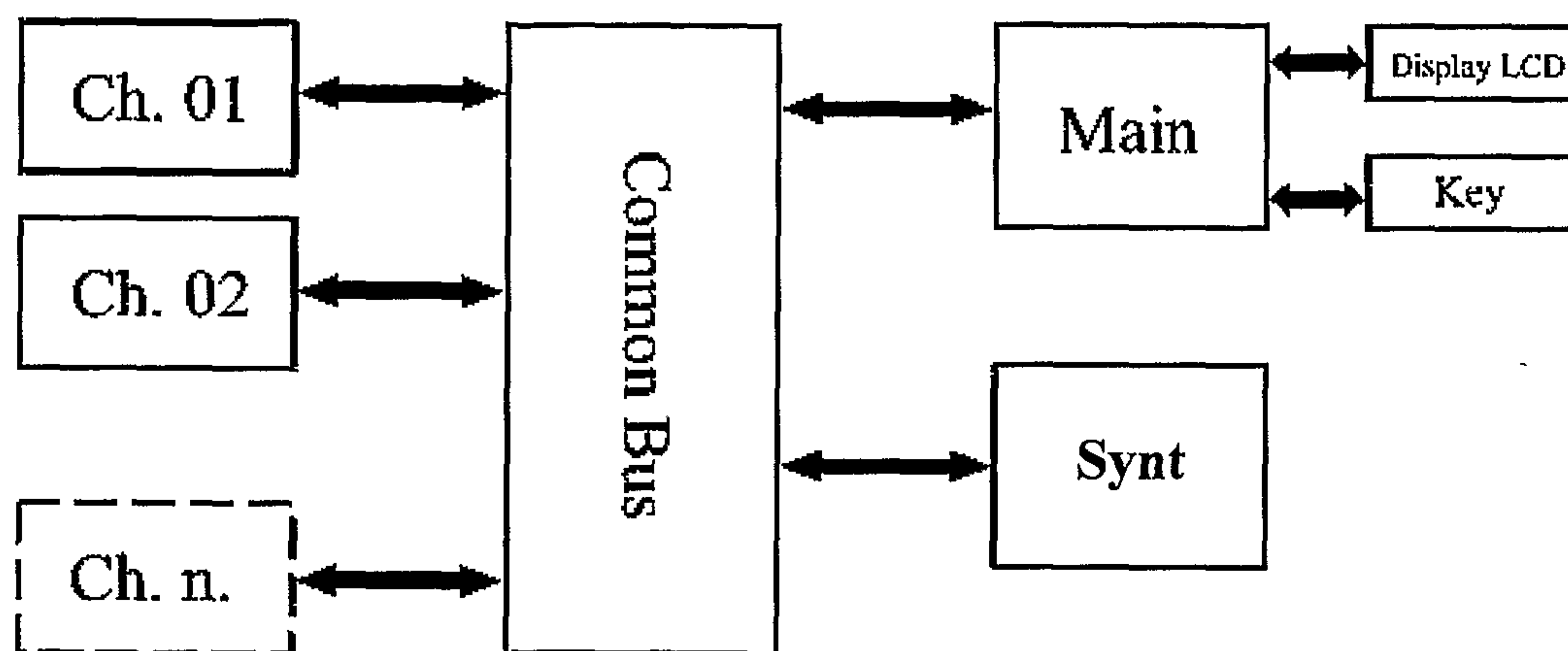


FIG. 3

(57) Abstract: The present invention refers to an apparatus and a method for quick acute and chronic pain suppression, particularly useful and effective towards high-grade pains and/or pains resistant to other analgesic drugs such as opiates. According to the present invention there are generated synthetic "non-pain" information strings of great clinical effectiveness, allowing high reproducibility of the clinical result. Synthesis occurs by combining novel geometries of complex waveforms in a sequence, perceived as "self and "non-pain" by the CNS.

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APPARATUS AND METHOD FOR QUICK PAIN SUPPRESSION

DESCRIPTION

The present invention refers to an apparatus and a method for quick acute and chronic pain suppression, particularly useful and effective towards high-grade pains and/or pains resistant to other analgesic drugs such as opiates.

Pain therapy by electrostimulation is practiced with apparatuses normally producing wave trains ranging from 5 to 100 Hz, with variable duty cycle, at times implementing automatic frequency and amplitude scanning. These apparatuses are generally referred to as TENS when used in a non-invasive manner with surface electrodes, or as implanted electric stimulators when they are invasive. With reference to substantiated scientific literature, this kind of electroanalgesia work only in some types of pain, yet almost never or with largely unsatisfactory and unforeseeable results in high-grade chronic pain, neuropathic pain, pain non-responsive to morphine and/or derivatives thereof.

Moreover, these electric stimulations have a heuristic base of scientific and technological development; in fact, in the scientific literature no commonly accepted explanation exists for the biological mechanisms of the analgesic effect that is produced in some cases. One of the theories still erroneously set as plausible to date, is that the electric stimulus fosters endorphin production, and endorphins in turn are accountable for the analgesia. Actually, targeted and published clinical researches experimentally invalidated this explanation attempt, leaving this method to empiricism. More reliable is the explanation of operation according to Gate Control theory. Accordingly, these electric stimulations are deemed to have an inhibiting function on painful stimulus transmission, by blocking electric-type nerve conduction.

Ultimately, though using electronic technologies, the operation principle does not diverge much from the first attempts at electroanalgesia, historically ascribable to Hippocrates, who used torpedo fish to cure gout pains.

In preceding studies the problem of oncological pain and that of high-grade chronic pain non-responsive to protocols have been specifically dealt with. These studies have led to the development of an "artificial neuron" able to generate "non-pain" information strings. These artificial bioinformation, by modulating suitable electric potentials carried into the nerve network by surface electrodes, overlap to pain-coding endogenous information, attaining a powerful analgesic effect.

The Italian Patent N° 1324899, to the same Inventor, begins to introduce the concepts of a so-called "Scrambler Therapy", based on the concept of synthetic

“non-pain” information for therapeutic purposes. The patent relates to the manufacturing of an apparatus apt to implement an “artificial neuron” allowing to concretely use this theoretical research and the subsequent technological development in clinical practice. Neuronal synthesis used in this patent yielded waveform geometries quite similar to action potentials produced by human nerve cells (see figure 1), organized according to pre-programmed sequences that allowed to achieve a concrete result in terms of analgesic effect.

However, subsequent clinical testing of the “Scrambler Therapy” exhibited some limitations, both in the method and in the hardware implementation of the apparatus, which entailed a less than satisfactory efficiency from a standpoint of clinical data reproducibility, data that was sensibly operator-dependent, and in the difficult treatability of more complex polyneuropathy cases, which appeared hardly manageable and rapidly recurring. Moreover, stimulation perception in some patients who were more sensitive, also due to neuropathic damage, was at the edge of tolerability. This compliance problem increased when treating particularly sensitive zones, such as the face, or specific districts very rich in nerve terminations.

Synthesis was carried out by setting a string comprised of n action potentials of alike geometry, imitating that typical of nerve cells to which a control algorithm subtracted, in determined points, variable blocks of individual potentials, in order to create the required synthetic information in the form of strings. Such a procedure, initially being of survey type, was mainly aimed at replacing the “pain” information with a bland nociception one; this to be sure to fall within information that the Central Nervous System (hereinafter, CNS) might easily recognize as "self", therefore assessing with greater ease the exactness of the theoretical premise, reducing experimental variability.

This resulted in an extremely compressed dynamics of the putative "non-pain" synthetic information, as well as compressed was the ability to recruit polymodal receptors. WO-A-2005/115536A discloses an apparatus according to the preamble of Claim 1.

SUMMARY OF THE INVENTION

Hence, an object of the present technology is to overcome the drawbacks mentioned above with reference to the known art, by providing an apparatus for quick

- 2a -

pain suppression, including a main module comprising data storage and processing means, said data storage including first parameters (V_i) identifying a set of primitive waveforms (S_{00} - S_{15}), each primitive waveform (S_i) having a periodic and predetermined pattern over time and second parameters ($T\text{-pack}_i$, $Freq_i$, $T\text{-slot}_i$)
5 associable to each of said primitive waveforms (S_i). The data storage and processing means are able to process a data set (B_i) identifying a sequence (S) consisting of one or more of said primitive waveforms (S_i) in a time sequence, each of the primitive waveforms of the sequence (S) being processed on the basis of one or more of said second parameters ($T\text{-pack}_i$, $Freq_i$, $T\text{-slot}_i$). The apparatus also includes a synthesizer
10 module comprising means for generating an electric output signal corresponding to said sequence (S) and one or more channel modules (Ch_k) comprising means for applying said electric output signal to a patient's body.

Further object of the present invention is to provide a definition of one or more waveforms to be made and used for generating an electric signal in a therapy for
15 quick pain suppression, as defined in claims 20, 21 and 22.

Further object of the present invention is a method .for generating an electric signal to be used in a therapy for quick pain suppression, as defined in claim 23.

Secondary features of the present invention are instead defined in the respective dependent claims thereof.

The present invention, by overcoming the mentioned problems of the known art, entails several evident advantages.

5 The main advantage lies in that the outcome of this inventive process is the generation of synthetic "non-pain" information strings of great effectiveness, capable of allowing a high reproducibility of the clinical outcome.

10 Known-art limitations were overcome by restructuring the geometries of used primitive waveforms, in order to construct different and more complex dynamic "non-pain" information, jointly with the need to engage a greater number of nerve fibres, especially the polymodal ones, intrinsically able to carry a wider dynamics of non-strictly nociceptive information, therefore also able to establish a greater patient compliance.

15 This work of widening the variability of "non-pain" synthetic information parallelly entailed the need to use, for a dynamic management of the novel and different waveform geometries (constituting a base comparable to "letters of the alphabet" of the synthetic information with a wider "non-pain" variability), novel control algorithms for the definitive assembly into dynamic strings, i.e. information more complex than the individual waveforms, presently optimally carrying out the clinical effectiveness
20 of the invention.

25 A further advantage attained is an increase in patient compliance. With the preceding known-art system, the use of substitutive information mainly based on bland nociception synthesis, especially in particularly sensitive persons, created a certain stress and a state of apprehension for fear of feeling pain grow or receiving "jolts" during the treatment. Replacement of these information with other - always perceived as "self" and "non-pain" by the CNS, instead produced in treated patients opposite emotional responses, in some cases also described as: *"sensations difficult to describe, but anyhow very pleasant"*.

30 Therefore, the outcome of this inventive process is the generation of synthetic "non-pain" information strings of great clinical effectiveness, not merely in immediate analgesia, but also in medium/long-term effects, and allowing high reproducibility of the result for damage typology, as well as a sensible increase in the compliance of patients subjected to therapy.

35 A further advantage of the present invention, not less important, was that of making less critical the use of the method in clinical practice, thanks to the increase in the likelihood of recruiting groups of fibres involved in the carrying of synthetic "non-pain" information, and therefore to a less critical selection of surface receptors

useful to carry the synthetic "non-pain" information. The studies and testing carried out, whose results are summarised in the graphs of Figures 13A to 13C, show how really effective is the introduced invention, which certainly will become the basis of new technologies used for pain control by means of antagonist synthetic information.

Other advantages, features and the operation modes of the present invention will be made apparent in the following detailed description of an embodiment thereof, given by way of example and not for limitative purposes. Reference will be made to the figures of the annexed drawings, wherein:

Figure 1 shows a typical action potential produced by human nerve cells;

Figures 2A to 2P are graphs depicting the pattern over time of the primitive waveforms according to the present invention;

Figure 3 is a block diagram of an apparatus according to the present invention;

Figure 4A is a flow chart schematizing a control algorithm of the synthesis according to the present invention;

Figure 4B schematizes the algorithm result, in terms of sequence of data S and control bytes S_i;

Figure 5 is a circuit diagram of a synthesizer module according to the present invention;

Figure 6 is a block diagram of a channel module according to the present invention;

Figure 7 is a view of a prototype of apparatus according to the present invention;

Figure 8 is a view of a pair of electrodes to be used in the use of the present invention;

Figures 9A to 9P are graphs representing the pattern over time of the waveforms as processed and applied to a patient;

Figures 10 to 12 show examples of electrode assembly or arrangement on a patient's body, according to the method of the present invention; and

Figures 13A to 13C are graphs showing the results of performed testing.

The present invention will hereinafter be described making reference to the above-indicated figures.

The present invention is based on the following theoretical observation.

As it is known, the "pain system" is characterized by a high level of information content, which *per se* forms its essence. The data of interest taken into account here is the central role of control of "pain" information as to the chemico-structural

variations of the pain system on the whole, and in its varied clinical manifestations.

Therefore, according to the present invention, it is deemed possible to control the lower levels of complexity of the pain system, i.e. the biochemical ones, by manipulating at higher levels of complexity (the bioelectric ones generated by nerve cells) the associated "information" variable alone, which in these levels of emerging properties is easily treatable by coding electric potentials into synthesis of waveforms having variable geometry and dynamic assembly structure, with informative functionality analogous to that peculiar to nerve cells.

Therefore, the present invention is carried out in the option of easily manipulating the endogenous "pain" information, replacing it with a synthetic – yet recognized as "self" by the body – "non-pain" one.

From an informative standpoint the geometry of the individual primitive waveforms (see Figures 2A to 2P) substantially represents an alphabet of "letters" that, dynamically assembled into strings of variable length and content, constructs the equivalent of plural synthetic "non-pain" information, which the nervous system recognizes as "self" once carried therein.

Said synthetic information is able to overmodulate the endogenous pain information, attaining as a clinical effect the immediate disappearance of perception of pain; this regardless of pain intensity, chronicization, benign or oncological typology, presence of neuropathic damage, resistance to opiates or to other forms of electroanalgesia.

From what has been disclosed in the foregoing, it can be inferred that, in order to attain the desired result, it was essential to select in an extremely precise and punctual manner the geometry of the used primitive waveforms.

It is also easy to imagine that, in principle, synthesis options are substantially infinite, as there is no general rule such waveforms have to meet. Therefore, the selection according to the present invention was carried out through the several studies and clinical testing performed therefor.

Therefore, since these are synthetic waveforms not simply describable by mathematic models, hereinafter there will be described a set of primitive waveforms (S00-S15) used on the basis of respective first parameters V_i identifying them, in particular of their respective amplitude values, and used just for the synthesis. Each primitive waveform has a periodic and predetermined pattern over time. This, in association to a definite time basis that will be pointed out, allows an exact reconstruction thereof.

In the following Table 1 there are reported the amplitude values, expressed in the hexadecimal system, used for waveform synthesis.

According to the preferred embodiment of the present invention, each individual primitive waveform S_i is numerically represented by a vector V_i of 64 8-bit values.

Table 1

5

[illegible]

	AD A5 9B 92 80 00 10 20 30 40 60 70 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80
S08	B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6 A4 92 80 00 04 08 0C 10 16 1C 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80
S09	81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FA EC DE D0 C2 B4 A6 9A 8E 00 04 08 0C 10 16 1C 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80 80 80 80 80 80 80 80 80
S10	81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 04 08 0C 10 16 1C 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80 80 80 80 80 80
S11	81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00 04 08 0C 10 16 1C 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80
S12	B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6 A4 92 89 00 05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80
S13	81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FA EC DE D0 C2 B4 A6 9A 8E 00 05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80 80 80 80 80
S14	81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80 80
S15	81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00 05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80

Figures 2A to 2P show the pattern of the waveforms preferentially selected according to the invention, S00 to S15.

It should also be understood that even forms diverging from the above ones, for minor variations in the amplitude of one or more samples, could be used for the application of a method such as that described here. However, said further waveforms could have lower or even nil effectiveness and/or entail side and/or adverse effects to patient's health.

The images shown in those figures were obtained with a PC oscilloscope (Picoscope 3204), having the following technical features:

	Band	50MHz
	Buffer size	256K
10	Basic range of times	5ns/div to 50s/div
	Analog bandwidth	50 MHz
	Precision	3%
	Resolution	8 Bit
	Sampling rate	50MS/s

Hereinafter, an apparatus according to the present invention will be described.

Figure 3 shows a block diagram of an apparatus according to the present invention. Referring to the diagram of Figure 3, it is possible to identify a common bus "Common Bus" to which there are connected the various apparatus modules that will be detailed.

In particular, the modules are: a main module "Main", for management; a synthesizer module "Synt" overseeing the digital/analog conversion of the sequence of primitive waveforms, as processed by the Main module; one or more channel output modules "Ch_k", carrying out a further analog processing of the signals, prior to the application of the latter to the patient's body, through electrodes precisely arranged as will be described hereinafter.

The Main module provides for the full management of the treatment and the safety devices for the subject undergoing the therapy. Moreover, a serial output is provided for any communications and remote control of the device.

The hardware and the resident firmware mainly carry out three functions: a first one of user interfacing, a second one of controlling information string synthesis, a third one of patient's safety.

At a circuit level, the Main module preferably comprises data storage and processing means, implemented with a first microprocessor, to which the I/O devices and the bus control flags interface. Such an architecture is to be deemed as within the reach of a person skilled in the art. Its circuit implementation, once the necessary ends and functionalities are known, entails no particular difficulty for a person skilled in the art - therefore, more detailed specifications will be omitted.

The user interface is preferably made by means of an LCD display and an array of keys for commonly requested functions. Optionally, remote control via serial interface is possible. It is understood that other interface typologies are viable, e.g. a touch screen, etc.

5 In addition, the Main module, and specifically the storage and processing means, is assigned to controlling the synthesis of data, data which comprise the above-indicated parameters V_i , and also second parameters $T\text{-pack}_i$, Freq_i , $T\text{-slot}_i$, associable to each primitive waveform S_i , whose meaning will be explained in detail.

10 Advantageously, the set of primitive waveforms $S_{00}\text{-}S_{15}$ may be stored on a storage medium, be it internal to the Main module, and an integral part thereof (non-volatile memory modules or the like) or external thereto and/or removable, like e.g. a CD-ROM or the like.

15 A resident software continually processes the sequence S to be digitalized, sending on the bus a data set B_i , identifying said sequence S , required by the synthesizer module in order to produce, in real time, an electric output signal Out , corresponding to the required sequence S .

In particular, the software residing in the Main module implements a selection algorithm, schematically illustrated in the chart of Figure 4A.

20 For clarity's sake, in Figure 4B it is reported a schematization of the outcome of the selection algorithm. In the figure and hereinafter in the description the following definitions will be used:

Packet - Pack: sequence of an individual primitive waveform, repeated over time. The time duration $T\text{-pack}_i$ of a packet Pack_i is of at least 700 mS, with an upper limit preferably of about 10 s. However, it is understood that a packet duration of could also be longer than 10 sec, at most equal to the treatment duration.

Inter-cycle pause - Slot: pause interval between a packet and the next one of a time duration (value) $T\text{-slot}_i$ preferably ranging from 0 to 38 mS.

Frequency - Freq: frequency to be associated to the waveform of the packet, preferably ranging from about 43 to 52 Hz, values corresponding to a period ranging from about 23.26 ms to 19.23 ms.

Therefore, the sequence S will be processed as a composition of one or more of said primitive waveforms S_i in a time sequence, each of which will in turn be processed on the basis of the parameters $T\text{-pack}_i$, Freq_i , $T\text{-slot}_i$, which are calculated according to predetermined modes that will be illustrated hereinafter.

35 The geometry of each individual primitive waveform S_i described has an intrinsic content of information such as to induce analgesia.

In this sense, making a traditional-type TENS which, instead of using the classic

waveforms derived from square, sinusoid, triangle, continually delivers even only one of the waveforms S00-S15 described here, would already constitute a remarkable advance in technology and results.

5 However, any processing, described hereinafter, of the - basic - information of the individual primitive waveforms, into packets and therefore more complex information strings, is preferable in order to optimize the analgesic effect in the most difficult cases, above all of chronic pain, to which the device is explicitly destined; i.e., those cases not satisfactorily responding to any conventional pharmacological and/or surface or implanted electroanalgesic treatment.

10 Yet, before continuing with the description a short premise is in order. CNS by its own nature discriminates and processes information, but in this process it also has the property of modifying over time the perception of information into ground noise if the content thereof is monotonous, always the same for long time intervals. An explanatory analogy is what happens when getting into a crowded place, full of
15 people talking. At first one will tend to concomitantly discriminate one or more voices present in the surrounding environment, yet over time perceptive adaptation will lead to consider the whole as environment noise, i.e., ground noise, ignoring the associated information content, though the latter is still present. This situation changes only if ground noise changes briskly, i.e. if in monotony a new element is
20 introduced which varies the average information content, e.g. a person suddenly raising his/her voice, a plate falling and breaking, etc.

An alike problem is known in the use of traditional TENS, with its known limitations in efficacy. Over time, initially responsive patients become resistant and the therapy is no more effective.

25 Since acknowledged information always has the central role of controlling CNS discriminating properties, just as for the analgesic effectiveness in the different pain typologies, it is necessary to synthesize different "non-pain" information sequences, thereby widening the dynamics of the resulting string and avoiding monotony, so that treatment always proves effective. This principle was experimentally tested in
30 clinical practice, with a favourable outcome for the object and the ends of the present invention.

The strategy of the dynamic construction of information is processed by the Main module, which, by writing control bytes B_i on the bus, makes it available to the synthesizer module Synt; the latter, by reading the current byte, accordingly
35 generates the required geometry with the associated properties of frequency, inter-cycle pause, packet duration.

Each control byte B_i contains at least the information related to an individual

packet, and specifically:

a first four-bit portion to code the primitive waveform S_i to be used for the current packet $Pack_i$,

5 a second two-bit portion to set the frequency $Freq_i$ (43, 46, 49, 52 Hz) thereof, and

a third two-bit portion to set the duration of the inter-cycle pause $T-slot_i$ (0-38 mS), subsequent to the current packet $Pack_i$.

The time duration $T-pack_i$ of the packet is instead determined by the time in which the corresponding control byte B_i is kept unvaried and available on the BUS.

10 The dynamic construction of the control byte B_i occurs by following probabilistic criteria, whose reference parameters have been identified in the fundamental scientific research of the Author, propaedeutical to the development of the described technology.

15 The core for processing the probabilities of the control byte coming out in the composition is a random number generator slaved to a probabilistic filter that modifies its output in percent terms.

20 Essentially, a pseudo-random number ranging from 1 to 100 is continuously generated. This number passes through a conditional filter setting the probability thresholds of the actual user. E.g., when desiring a variable P at each output of the random generator to have a 40% possibility of being 0 and a 60 % possibility of being 1, a condition such as:

"IF random number < 41 then $P=0$ else $P=1$ " will be used.

25 This code carries out the filtering required in order that the arbitrary probability, which has been defined to modify the values of variable P starting from a random number, be complied with.

This design is explicitly recalled in the following descriptions, related to the algorithm for control byte construction, applying one or more of the conditional filters described hereinafter.

Selection probability of primitive waveform.

30 Selection of primitive waveforms S_i is performed on the basis of a first probabilistic criterion.

35 Though it is understood that such a first criterion could anyhow entail a completely random selection, according to the present invention it is preferable to vary each time the probability of selection of each of the waveforms, by dynamically varying a first probabilistic filter used for this purpose.

In particular, the 16 primitive waveforms are subdivided into 4 groups, each containing 4 different primitive waveforms. Initially, the same probability (25%) of

coming out is assigned to each group, and the same probability (25%) of coming out is assigned to any group-associated primitive waveform.

When a group is selected, its probability of coming out is reduced to 10%, that of the immediately subsequent group is automatically increased to 40%, and that of the remaining groups is brought back to the 25%, with a circular pattern.

In practice, selection of group 1 implies setting at 10% its next probability of coming out, at 40% that of group 2, at 25% that of groups 3 and 4. Likewise, selection of group 4 implies setting at 10% its next probability of coming out, at 40% that of group 1, at 25% that of the remaining ones, etc.

The second step is the modifying of the probability of selection, within the selected group, of one of the 4 possible waveforms, initially equiprobable, within the same group. The selected waveform, in conjunction with the associated frequency, brings to 0% its next probability of coming out in the group, probability that is restored to the 33.33% only when another waveform is selected which belongs to the same group and is associated to the same frequency, following the same procedure of modifying the next probability of coming out within the same group.

In practice, before setting at zero its probability of coming out in the absence of a general resetting, each waveform has 4 different possibilities of coming out in connection to the 4 possible associated frequencies. Therefore, consecutive coming out of the same waveform with a different frequency is possible, though it is a low-probability event, yet the consecutive coming out of the same waveform with the same frequency will never be possible.

It has to be pointed out that the association of the 16 available waveforms to the 4 provided groups follows analytical criteria associated to experimental validations. One of the groupings experimentally detected as more effective is the following one:

Group 1: S00, S01, S02, S03

Group 2: S04, S05, S06, S07

Group 3: S08, S09, S10, S11

Group 4: S12, S13, S14, S15

However, to the ends of the present invention, it should be deemed valid in any possible combination thereof, as anyhow the resulting analgesic information rate is always present, albeit with different effectiveness.

Concerning the further parameters indicated, $T\text{-pack}_i$, Freq_i , $T\text{-slot}_i$, probabilistic selection rules are still applied. In particular, parameters are selected from values, or value ranges, set on the basis of further and respective probabilistic criteria, which preferably are dynamically modified by applying further probabilistic filters, in order to vary each time the selection probability of set starting values.

hereinafter there are described probabilistic filters related to the above-indicated parameters, as preferably used in the present invention. Once again, it is understood that said conditions may be modified, without thereby altering the inventive concept underlying the present invention.

5 **Selection probability of frequency associated to selected primitive waveform:**

It is envisaged that the four preferred frequencies, to be assigned to the selected primitive waveform, be the following ones:

	43Hz	-	15%,
10	46 Hz	-	45%,
	49 Hz	-	15%,
	52 Hz	-	25%.

As mentioned hereto, the selection of one of the frequencies also affects the subsequent probability of selection of the waveforms, as described above.

15 **Selection probability of inter-cycle pause.** The overall therapy time is divided by 4, and differentiated into corresponding phases at which the selection probability of a duration is modified. The duration of inter-cycle pauses pause deriving in terms of probability is the following:

	Phase 1:	70% - 0 mS, 30% - 12 mS
20	Phase 2:	70% - 12 mS, 30% - 25 mS
	Phase 3:	70% - 25 mS, 30% - 38 mS
	Phase 4:	70% - 38 mS, 30% - 0 mS

Time duration probability for a packet.

25 In this case randomization is simpler and sets the time duration of a packet from a minimum of 0.7 seconds.

The synthesizer module "Synt" comprises first of all means for generating an output electric signal "Out", corresponding to the sequence S as programmed by the Main module.

30 Synthesis preferably occurs by 8-bit digital/analog conversion, always controlled by a resident firmware.

Referring to the diagram of Figure 5, there may be observed the use of two digital/analog converters (hereinafter DAC) slaved to a second microprocessor "Micro" dedicated to synthesis.

35 The microprocessor continually reads on the bus the current control byte B_i processed and provided by the Main module, and, on the basis of the information contained therein, provides on the input port of the DAC identified in the figure as DAC2, the amplitude values (read by the corresponding vector S00-S15) to be

converted for the synthesis of the selected waveform. Of course, each individual sample is timed according to the selected frequency $Freq_i$.

5 DAC2 output, typically stepped, is preferably integrated by a low-pass filter made with an output operational amplifier, which also works as buffer. In the embodiment described, filter cutoff (frequency) is calculated at about 1592 Hz, and its slope is of 6 db/oct. At the output, the Out signal is made available on the bus for the channel modules connected thereto.

10 Preferably, the reference input of the converter DAC2, is not connected to a constant-value voltage source as usual, but supplied by a second DAC, identified as DAC1.

The input port of the converter DAC1 is supplied with pre-programmed data, in order to carry out a rapid equalizing of the response of current feedback circuits present on the subsequent channel module, precision rectifier included, depending on the different waveforms synthesized at the moment.

15 Thus, it is also obtained a first amplitude modulation, at the beginning of each change of waveform, therefore of each packet, due both to digital equalization and to the response time of the precision rectifier, whose output is continuously compared with the output level manually set to keep it constant even if the load modifies its impedance in the therapy time.

20 Modulation is useful to enhance the noise figure, in terms of amplitude non-linearity, present in long sequences of action potentials typical of a nerve cell subjected to prolonged stimuli. Overall dynamics of the output variation, considering 100% as maximum amplitude, can drop to 67% of the upper limit.

25 As mentioned hereto, the analog signal thus produced is made available on the bus for all channel modules Ch_k provided and connected thereto.

30 A channel module Ch_k may be made according to different architectures, from that envisaging merely the use of a microprocessor to that envisaging a wide use of operational amplifiers and wired logic. This second choice, though requiring more componentry and higher circuit complexity, is preferred as intrinsically more stable and reliable, as well as less noisy on the level of processing and analog output.

These requirements are fundamental to the safety of a patient subjected to the treatment, and for this reason preferable with respect to other industrial demands.

35 The block diagram of Figure 6 schematically shows the structure of a general channel module Ch_k that should perform the required functions, substantially of filtering and amplifying the output signal provided by the Synt module, of adjusting in feedback the current level of the output signal, needed also to compensate for pressure variations on the electrodes, perspiration effects, alarm in case of cut-off

or short-circuiting of the external wiring on the patient.

It is deemed that the implementation of a channel module, once described its functionalities and the needs to which it is subject, entails no specific technical problems; therefore, a detailed description thereof will be omitted.

5 For a good operativeness it is preferable to use single-use 5-cm electrodes of ECG-type or of equivalent surface (Figure 8).

Output signal amplitude control depends on a level, manually set by the user with a mere potentiometer, which, compared to a small fraction of the output signal, representative of the current actually delivered on the user, drives a digital
10 potentiometer. This comparator-driven digital potentiometer sets the actual output current, but also performs the task of compensating for differences between the manually set value of current intensity and deviations of the effective value over time, due e.g. to electrode gel drying, skin dehydration, pressure variations on the electrode, etc.

15 Current feedback is also monitored with a threshold comparator to ascertain whether standard operating limits have been exceeded, an event activating safety protections with cut-off of on-patient output, restorable only manually upon removing the causes of intervention of the protection.

The signal thus controlled is sent to a low-pass filter cut off at 159 Hz with a
20 slope of 6 dB/oct., and voltage-amplified to drive a class-B power amplifier, preferably comprised of two complementary Darlington. The power stage has as load a transformer/separator that works as a voltage raiser (1/39 ratio) and decouples the patient from the remainder of the circuitry, increasing the insulation level and the safety to any power-supply failures. Maximum voltage deliverable by
25 the amplifier is preferably of 95V RMS on a >1 Kohm load. Maximum current delivered to the patient is limited by a series resistor at the output and by a varistor, preferably so as not to exceed 9 mA. However, also the current output fraction feedbacked for the above-described adjustment purposes is preferably decoupled through a transformer, for the same user's safety reasons.

30 A further channel-associated function is that of a programmed amplitude desynchronization, necessary when more channels are used concomitantly in order to diversify the perception thereof by the CNS, as well as supplementing noise simulation.

This desynchronization is based on a second AM-type modulation; but, unlike
35 that operated in the Synt module, which works in a synchronic and parallel manner on all channels, this second amplitude modulation is of local type, and is cyclically active in sequence only on one channel at a time. The rate of this second amplitude

modulation is equal to about 8% of the reference value of voltage inputted to the manual-adjustment potentiometer, which is automatically affected thereby. Maximum duration of the modulation, cyclically repeated in sequence on each of the n channels, is of about 40 mS.

5 The channel module may be repeated to increase the number of outputs available for the user. Therefore, it is possible to provide the use of one or more channel modules (preferably 5 or more), all exactly alike thereamong and driven as described above.

10 Hence, for "non-pain" information string it is meant the time sequence of packets and pauses, with the modulation characteristics better described above.

The waveforms denoted by C00 to C15, graphically illustrated in figures 9A to 9P, refer to the real output on the patient.

15 For clarity's sake, the waveforms reported in the images are void of the modulations required to simulate the noise of the endogenous nerve conduction line, modulations anyhow not substantially varying the geometry thereof.

Moreover, by means of suitable digital signaling incoming from channel modules, the Main module can also check correct operativeness and any presence of critical failures.

20 Patient safety is ensured by three levels of simultaneous circuit responses in case of operation anomalies or of operative errors, such as failures.

25 A first level of response is of software type, carried out through the monitoring of suitable signaling read by the Main module. A second level of protection is internal to the channel module, and is based on responses directly slaved to wired logic, therefore not sensitive to any program execution blocking. A last level of protection is of passive type and ensures, also in case of serious failures, non-exceeding of limit currents for the patient, thanks to the output resistor network, a branch of which is variable by means of the varistor.

30 From a therapeutic standpoint the present invention is indicated in all cases of pain of severe-grade, chronic, drug-resistant, resistant to opiates, TENS, implanted stimulators, of benign and oncological type.

35 In the envisaged conditions of correct use, detailed hereinafter, analgesia is very rapid; upon starting the treatment, only a few seconds are needed to attain complete disappearance of the perception of pain, even for maximum intensities and no response to opiates. A prolonged use increases treatment effectiveness, with a gradual raise in the pain threshold outside of the same treatment and an increase in the analgesic effect duration in hours.

During testing, no undesired effects were found under envisaged use conditions.

The apparatus according to the present invention, in order to apply the analgesic therapeutic method, may be used in a hospital context as well as in an outpatient care unit one, even in an autonomously patient-managed way, of course always on medical advice.

5 Optimal treatment time, ensuring immediate effectiveness as well as analgesia duration, is of 30-45 minutes.

In case of oncological pain, save specific reasons, patient treatment should be performed when required.

10 It is advisable to reduce with a scaling down mode and as far as possible the analgesic support of pharmacological type, when used. It has been tested that a complete suspension of analgesic drugs is viable in the majority of cases affected by very severe-grade or untreatable oncological pain, whereas in the remaining case it is possible to greatly reduce the dosage of opiates, or those can be replaced by other less invasive drugs. This precaution is required not only to optimize the
15 effects of the treatment, but also to improve the patient's quality of life, main aim of palliative care.

In case of mild pain, the treatment should envisage (optionally repeatable) cycles consisting of 10 treatment sessions with a 5/week frequency. When possible, the sessions may be consecutively performed when required.

20 It is advisable to reduce with a scaling down mode and as far as possible the analgesic support of pharmacological type, when used. A special case is that of patients using anticonvulsants. In this case, responses are usually slower and less stable over time. The reduction in efficacy is likely due to depression of cerebral bioelectric activity induced by the anticonvulsant drug, antagonist of the active
25 principle of the method. Anticonvulsant scaling down, especially when too brisk, can cause rebound effects. Optimal adjuvant drugs, if required, generally belong to FANS or paracetamol category.

Opiate use does not reduce effectiveness during treatment; yet, if not eliminated during the therapy cycle, opiates can prevent a favourable upward remodeling of
30 the pain threshold, and produce less stable responses over time at the end of the cycle.

The therapy subject-matter of the present invention constitutes an extraordinarily effective pain control system as long as it is used correctly, following the rules illustrated hereinafter. It has been experimentally observed that in the near-totality
35 of cases lacking a satisfactory response under treatment, this was exclusively due to an erroneous on-skin deployment of the electrodes, or to a faulty assembly thereof. Upon removing the faults, effectiveness went back to the foreseen one.

For a good operativeness it is preferable to use single-use 5-cm electrodes of ECG-type or of equivalent surface. Too small electrodes can cause rashes, too big ones can engage more nerve ends than required. If the surface to be treated is wide, plural channels can be used.

5 Each single-use electrode, even if pretreated, should preferably be covered with conductive gel on the spongy surface, using greater amounts if the skin is very dry.

Body portions where the electrodes are to be positioned should not be cleaned with alcohol or other dehydrating substances and ought to be well-dried to allow correct electrode adhesion. A bad contact, beside making the treatment less effective, may cause bothersome rashes.

10 Lastly, it is certainly preferable not to position the electrodes on irritated or wound zones or on biological fluids and, as a general rule, to connect wires on the electrodes only after having well positioned the latter.

Save from specific neurological damages, the electrodes are to be arranged
15 "immediately beside" the painful area, setting them vertical when possible, and anyhow preferably not positioning them inside the painful area. Figure 10 shows two examples of positioning of a pair of electrodes.

Imagining a straight line passing through the two points represented by the electrodes, the same should approximately pass at the center of the area of
20 maximum pain. When required, use plural channels to cover very wide painful areas, observing the electrical phases, which are identifiable e.g. by a conventional polarity marked, for instance, by a different colour of the electrodes (e.g., red and black) or otherwise (+/-, etc.). Therefore, in general, all electrodes of a same kind should be positioned on a same side. For simplicity's sake, in the figures electrodes
25 are conventionally identified by symbols "+" and "-".

Hence, if plural channels are used, all vertical positionings should have at the top and bottom the electrodes of the same type of each channel. The same for horizontal positionings, which for each channel should have electrodes of the same type both on the right and the left, under pain of loss of effectiveness.

30 Moreover, by following the same rules, it is possible to perform mixed horizontal and vertical positionings, as illustrated in the representations of Figure 11.

In fact, at times finding the right arrangement of the electrodes can be difficult owing to innervation modifications due to neuropathy, traumas or surgery, other chronicization-induced modifications of the pain system. In this case, it is necessary
35 to proceed by redundancy, and by subsequent attempts, taking into account that it can be immediately understood when a positioning is correct, as pain immediately disappears in a correctly treated zone. By using such a feedback it is possible to

solve even the most complex situations thanks to the immediate confirmation on the pain symptom.

In some cases, difficulties may be found in identifying pain-free zones useful for the treatment. In these difficult situations, advanced positioning strategies may be used, which usually solve the problem. A first strategy, especially useful in facial pain, is that of using contralateral pathways. Generally, in case of lack of response it is possible to use an homolateral positioning for one of the two electrodes of the channel, and a contralateral one for the second coupled electrode.

Another type of positioning often solving difficult situations in a very simple manner, is the X-crossed one, in conjunction, when required, to the traditional horizontal/vertical positioning using the other free channels. This latter type of positioning is illustrated in the representations of Figure 12.

Of course, it is understood that, beyond the exemplary illustrations shown, all described positioning types may validly be applied to any body area.

It should be borne in mind that the sign of a correct treatment is only the disappearance of pain in the treated areas. For this reason, it is not possible to treat pain prior to its appearance.

Moreover, in case of pains appearing only in certain positions, it is preferable to ensure that the positioning and the checking of its effectiveness always occur in conditions in which pain is present, otherwise the therapy cannot be deemed as certainly effective. Once certain of the correct positioning, the patient could take on the positions he/she prefers for getting on with the treatment.

In addition, in difficult cases it is preferable to always test one channel at a time, in sequence, by positioning one pair of electrodes at a time and making sure of its analgesic effectiveness. If the overall time of the entire treatment has greatly reduced that of residual therapy, it suffices to set to zero the levels of each channel without modifying the positioning any more, then stop the therapy with the appropriate controls, and restart it to correctly perform an entire treatment.

In most applications, beneficial and positive effects are found already after a very short treatment, almost instantly. However, a treatment of at least 30 min. is preferable. In cases of very intense pain, typically oncological, the optimal value is to be brought preferably to 45 min.

The treatment starts automatically when the level of any one of the channels rises, and automatically stops once the preset time (modifiable by setup if necessary) expires.

The treatment is completely automated and requires no individual setting of wave parameters, like, e.g., frequency, duty cycle, scanning, etc., also because irrelevant

in the active principle used. The sole manual regulation required is that of the stimulus amplitude, to adapt it to the patient's individual sensitivity.

For this purpose, channel amplitudes should preferably be regulated to the limit of the individual tolerability threshold that the patient under treatment subjectively
5 feels.

Preferably, levels should initially be regulated during the first instants of treatment, preferably within the first minute, and adjusted once the first minute is expired, when the apparatus is in a steady state, and thereafter whenever the stimulus is not correctly sensed anymore on both electrodes of each channel
10 involved.

If at treatment start the signal is sensed only on one of the two electrodes of each channel, it is necessary to stop the treatment and modify the positioning of the electrodes.

In muscle pain, for improved effectiveness, at times it may be preferable that,
15 beside what is expressed in (generally sufficing) indications on positioning, when certain of a correct positioning current flow be sensed between electrode pairs of the same channel. If nevertheless the response is not good, then it is preferable to use plural channels for the same area.

In order to prevent rebound effects during or after the therapy, it is preferable to
20 always make sure that the patient does not report, in correspondence of one or more electrodes, a painful and/or extremely unpleasant sensation, expression of a residual recruiting of fibers in connection with the painful area. This sensation is easy to recognize, as generally a synthesis of "non-pain" information (the desired one) is optimally tolerated, and the sensation associated thereto is often defined as
25 pleasant. In this case the electrodes are to be repositioned slightly farther from the selected spot, until eliminating the problem and obtaining effective analgesia. Non-compliance with this indication may result in undesired rebound effects during or after the treatment.

A further relevant check to understand whether the positioning is correct under
30 an electric and functional standpoint, is that of asking to the patient under treatment, after activation of each channel, if perceived pain sensation varies in that sector. In fact, regardless of initial pain intensity, which may also be very high, the answer should always be negative (no pain perception = optimal positioning) already after just a few seconds from the correct adjustment of the stimulus intensity.

35 If, upon complete activation of all channels, the patient still reports pain, coverage is not complete and the therapy will yield effects significantly lower than what is needed and can be done. Less than complete analgesia depends on a

mismatching of involved innervations, or by a very wide and incompletely treated area. In the first case, the electrodes should be better positioned, as explained in the various positioning strategies. In the second case, other channels should be used, as explained above.

5 If positioning cannot be modified and after some minutes of treatment - preferably after about 5 min - perception of pain persists, even though dimmed, the result will not be good. During treatment there should always be an annulment of the perception of pain, even when the latter is of an extremely high degree.

10 If pain - even though not present during the application - recurs (even in a dimmed form) at the end of the treatment, or reappears a few minutes later, application has to be repeated making sure that all of the above-described steps have been complied with.

For completeness' sake in the description, though by way of example, some results of tests performed are reported in the graphs of Figures 13A to 13C.

15 The data relate only to chronic pain non responsive to other protocol therapies, opiates included, TENS, implanted electroanalgesia. Pain intensities were measured on a VAS scale from 0 (no pain) to 10 (unbearable pain), and refer to a treatment cycle consisting of 10 applications. From an analysis of said data, it could easily be assessed how the latter provide clear evidence of treatment effectiveness.

20 The present invention has been hereto described with reference to a preferred embodiment thereof.

CLAIMS

1. An apparatus (100) for quick pain suppression, comprising:
 - a main module (104) comprising a data storage (110) and data processing means (112);
 - a synthesizer module (106); and
 - one or more channel modules (Ch_k) (108);
 - wherein said data storage (110) contains data comprising:
 - first parameters comprising vectors, V_i , identifying a set of primitive waveforms, S00-S15, each primitive waveform (S_i) having a periodic and predetermined pattern over time; and
 - second parameters, $T\text{-}pack_i$, $Freq_i$, and $T\text{-}slot_i$, associable to each of said primitive waveforms (S_i);
 - said data processing means (112) adapted and configured to process a data set comprising data, B_i , identifying a sequence (S) consisting of one or more of said primitive waveforms (S_i) in a time sequence, each of the primitive waveforms of the sequence (S) being processed on the basis of one or more of said second parameters $T\text{-}pack_i$, $Freq_i$ and $T\text{-}slot_i$;
 - said synthesizer module (106) comprising means for generating an electric output signal corresponding to said sequence (S); and
 - said channel modules (Ch_k) (108) comprising means for applying said electric output signal to a patient's body; said first parameters comprising vectors V_i comprising amplitude values of each primitive waveform (S_i) of said set of primitive waveforms S00-S15;

wherein each of said vectors identifying the set of primitive waveforms (S_i) is represented in digital format by a corresponding vector (V_i) of values, expressed in the hexadecimal system:

V_o= B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 20 40 60 6E 80 80 80 80 80 80 80 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₁=81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 20 40 60 6E 80 80 80 80 80 80 80 80
80 80 80 80 30 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₂=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 20 40 60 6E 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₃=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00 20
40 60 6E 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₄= B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 10 20 30 40 60 70 80 80 80 80 80 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₅=81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 10 20 30 40 60 70 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₆=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FO E2 D4 C6 B8 AA 9C 8E 80 00 10 20 30 40 60 70 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₇=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00 10
20 30 40 60 70 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₈= B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 04 08 0C 10 16 1C 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₉=81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D₀ C2 B4 A6 9A 8E 00 04 08 0C 10 16 1C 22 28 2E 34 3A 40
50 60 70 78 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

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V10=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FO E2 D4 C6 B8 AA 9C 8E 80 00 04 08 OC 10 16 10 22
28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80 80 80 80 80,
```

V₁₁=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00
04 08 0C 10 16 1C 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80,

V₁₂= B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 89 00 05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₁₃=81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 05 09 0E 18 1E 20 22 28 2E 34 3A 40
49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80 80 80 80 80,

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V14=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 05 09 0E 18 1E 20 22
28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80,
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V₁₅=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00
05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80.

2. The apparatus (100) according to claim 1, wherein said data storage (110) and said data processing means (112) are adapted to generate said data set, in digital format, each data (B_i) comprising at least:
 - a first portion identifying a selected primitive waveform (S_i) to be subsequently repeated in said sequence (S), forming a packet ($Pack_i$);
 - a second portion identifying a frequency value ($Freq_i$) to be associated to said selected primitive waveform (S_i) in sequence (S); and
 - a third portion identifying a first time duration value ($T-slot_i$) to be associated to a pause interval, subsequent to said packet ($Pack_i$).
3. The apparatus (100) according to claim 2, wherein said data storage (110) and said data processing means (112) are further adapted to

calculate a second time duration value ($T\text{-pack}_i$) to be associated to the duration of said packet (Pack_i).

4. The apparatus (100) according to claim 1, wherein said data storage (110) and said data processing means (112) are adapted to select the waveforms (S_i) with which to compose the sequence (S), on the basis of a first probabilistic criterion.
5. The apparatus (100) according to claim 4, wherein said first probabilistic criterion is adapted to be dynamically modified according to a first probabilistic filter based on rules set in advance, in a manner such as to vary the selection probability of each of said waveforms (S_i).
6. The apparatus (100) according to any one of claims 1 to 5, wherein said data storage (110) and said data processing means (112) are adapted to calculate said second parameters, $T\text{-pack}_i$, Freq_i and $T\text{-slot}_i$, for each waveform (S_i) comprised in sequence (S), on the basis of further probabilistic criteria, from set values.
7. The apparatus (100) according to claim 6, wherein said further probabilistic criteria for calculating said second parameters, $T\text{-pack}_i$, Freq_i and $T\text{-slot}_i$, are adapted to be dynamically modified according to respective further probabilistic filters based on corresponding rules set

in advance, in a manner such as to vary the selection probability of said set values.

8. The apparatus (100) according to any one of claims 1 to 7, wherein said means for generating the electric output signal, comprised in said synthesizer module (106), comprises a second microprocessor, adapted and configured to read the data set comprising data B_i provided by said main module (104) and a first digital/analog converter (140), adapted and configured to convert the data outputted by said second microprocessor into an analog signal corresponding to said sequence (S).
9. The apparatus (100) according to claim 8, wherein said means for generating an electric output signal further comprises a second digital/analog converter (142) adapted and configured to produce a modulating signal based on a pre-programmed signal provided by the second microprocessor, and used as reference for said first digital/analog converter (140), thereby carrying out an amplitude modulation of the electric output signal.
10. The apparatus (100) according to claim 1, wherein said means for applying said electric output signal to a patient's body, comprised in each of said channel modules (Ch_k), comprises:
a stage of filtering and amplifying the electric signal provided by said synthesizer module (106);

a stage of feedback-adjusting the current level of the output signal;

a stage of safety electric decoupling; and

devices for applying a regulated output signal to the patient's body.

11. A primitive waveform (S_i), for generating an electric signal to be used in a therapy for pain suppression in a patient, said primitive waveform (S_i) being represented by one of the following vectors of amplitude values (V_0 to V_{15}), expressed in the hexadecimal system:

$V_0 =$ B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 20 40 60 6E 80 80 80 80 80 80 80 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_1 =$ 81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 20 40 60 6E 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_2 =$ 81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 20 40 60 6E 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_3 =$ 81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00 20
40 60 6E 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_4 =$ B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 10 20 30 40 60 70 80 80 80 80 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_5 =$ 81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 10 20 30 40 60 70 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_6 =$ 81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 10 20 30 40 60 70 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_7 =$ 81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00 10
20 30 40 60 70 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_8 =$ B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 04 08 0C 10 16 1C 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_9 =$ 81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 04 08 0C 10 16 1C 22 28 2E 34 3A 40
50 60 70 78 35 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_{10} =$ 81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 04 08 0C 10 16 1C 22
28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80 80 80 80 80 80 80,

$V_{11} =$ 81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00
04 08 0C 10 16 1C 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80 80,

$V_{12} =$ B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 89 00 05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_{13} =$ 81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 05 09 0E 18 1E 20 22 28 2E 34 3A 40
49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_{14} =$ 81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 05 09 0E 18 1E 20 22
28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80 80 80,

$V_{15} =$ 81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00
05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80.

12. Use of one or more primitive waveforms (S_i) for generating an electric
signal for the treatment of pain, said one or more primitive waveforms
(S_i) being selected in a set of primitive waveforms, S00-S15,
respectively represented by the following amplitude values (V_0 to V_{15}),
expressed in the hexadecimal system:

$V_0 =$ B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 20 40 60 6E 80 80 80 80 80 80 80 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

$V_1 =$ 81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 20 40 60 6E 80 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₁₄=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 05 09 0E 18 1E 20 22
28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80,

V₁₅=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00
05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80.

13. A method of generating an electric signal for use in a therapy for pain suppression, comprising the following steps:

providing a set of primitive waveforms, S00-S15, each primitive waveform (S_i) having a periodic and predetermined pattern over time, identified by first parameters comprising vectors, V_i ;

calculating second parameters, $T\text{-pack}_i$, Freq_i and $T\text{-slot}_i$, associable to each of said primitive waveforms (S_i);

processing a data set comprising data B_i identifying a sequence (S) consisting of one or more of said primitive waveforms (S_j) in a time sequence, each of the primitive waveforms of the sequence (S) being processed on the basis of one or more of said second parameters, $T\text{-pack}_i$, Freq_i and $T\text{-slot}_i$; and

generating an electric output signal corresponding to said sequence (S);

wherein said first parameters comprising vectors V_i comprise amplitude

values of each primitive waveform (S_i) of said set of primitive waveforms S00-S15;

and each of said primitive waveforms (S_i) is represented in digital format by a

corresponding vector (V_i) of values, expressed in the hexadecimal system:

V0= B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 20 40 60 6E 80 80 80 80 80 80 80 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80, 80.

V₁=81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 20 40 60 6E 80 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₂=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 20 40 60 6E 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₃=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00 20
40 60 6E 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₄= B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 10 20 30 40 60 70 80 80 80 80 80 80 80 80 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₅=81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 10 20 30 40 60 70 80 80 80 80 80 80
80 80 80 80 80 20 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₆=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 10 20 30 40 60 70 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₇=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE 25 FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00
10 20 30 40 60 70 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₈= B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 80 00 04 08 0C 10 16 10 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₉=81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 04 08 0C 10 16 1C 22 28 2E 34 3A 40
50 60 70 78 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₁₀=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE F0 E2 D4 C6 B8 AA 9C 8E 80 00 04 08 0C 10 16 10 22
28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80 80 80 80 80 80 80,

V₁₁=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00
04 08 0C 10 16 1C 22 28 2E 34 3A 40 50 60 70 78 80 80 80 80 80 80,

V₁₂= B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE EC DA C8 B6
A4 92 89 00 05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80
80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80 80,

V₁₃=81 B6 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FA EC DE D0 C2 B4 A6 9A 8E 00 05 09 OE 18 1E 20 22 28 2E 34 3A 40
49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80 80 80 80 80,

```
V14=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE  
FE FE FE FE FE FE FO E2 D4 C6 B8 AA 9C 8E 80 00 05 09 0E 18 1E 20 22  
28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80 80 80 80 80 80,
```

V₁₅=81 AA D4 FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE FE
FE FE FE FE FE FE FE FE F5 EC E3 DA D1 C8 BF B6 AD A5 9B 92 80 00
05 09 0E 18 1E 20 22 28 2E 34 3A 40 49 52 5B 64 6D 77 7F 80 80 80.

14. The method according to claim 13, wherein each data (B_i) of said data set is in digital format and comprises at least:

a first portion identifying a selected primitive waveform (S_i) to be subsequently repeated in said sequence (S), forming a packet ($Pack_i$);

a second portion identifying a frequency value (Freq_i) to be associated to said selected primitive waveform (S_i) in sequence (S); and

a third portion identifying a first time duration value ($T\text{-slot}_i$) to be associated to a pause interval, subsequent to said packet (Pack_i).

15. The method according to claim 14, further comprising a step of calculating a second time duration value (T_{pack_i}) to be associated to the duration of said packet (Pack_i).

16. The method according to claim 13, wherein the selection of the waveforms (S_i) with which to compose the sequence (S), is performed on the basis of a first probabilistic criterion.

17. The method according to claim 16, wherein said first probabilistic criterion is dynamically modified according to a first probabilistic filter

based on rules set in advance, in a manner such as to vary the selection probability of each of said waveforms (S_i).

18. The method according to claim 13, wherein the calculation of said second parameters, $T\text{-pack}_i$, Freq_i and $T\text{-slot}_i$, for each waveform (S_i) comprised in sequence (S), is performed on the basis of further probabilistic criteria, from set values.
19. The method according to claim 18, wherein said further probabilistic criteria for calculating said second parameters $T\text{-pack}_i$, Freq_i and $T\text{-slot}_i$, are dynamically modified according to respective further probabilistic filters based on corresponding rules set in advance, in a manner such as to vary the selection probability of said set values.

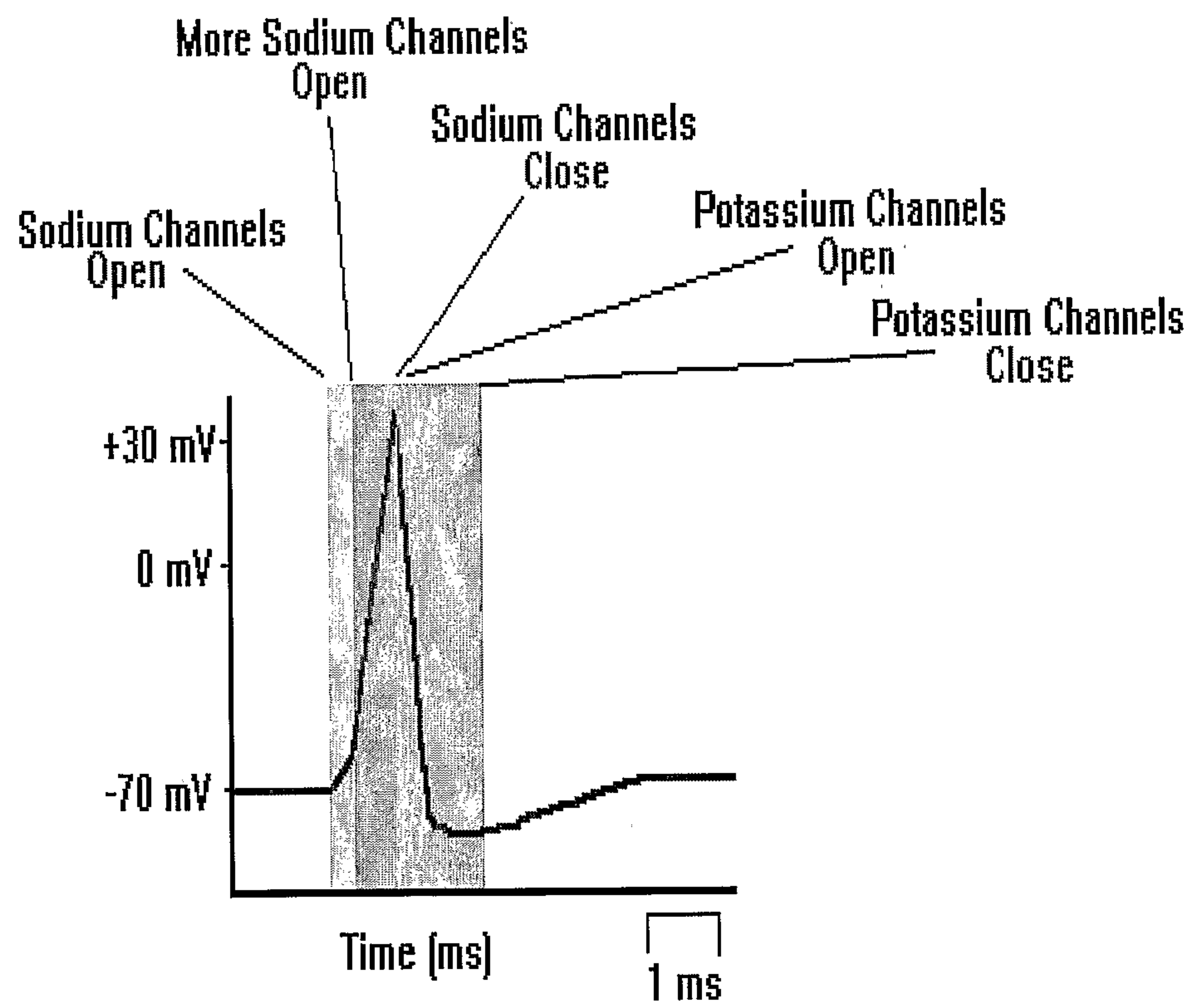


FIG. 1

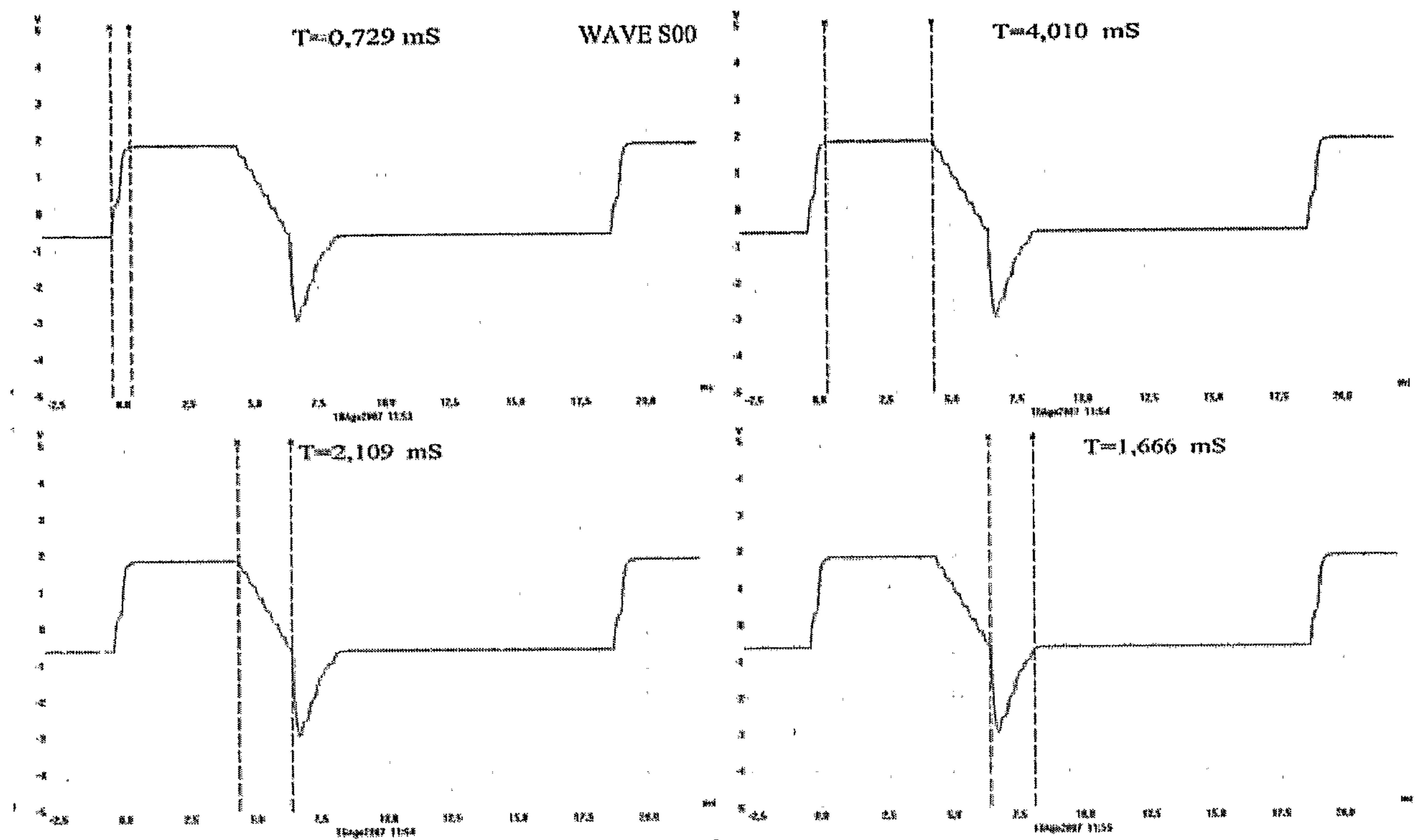


FIG. 2A

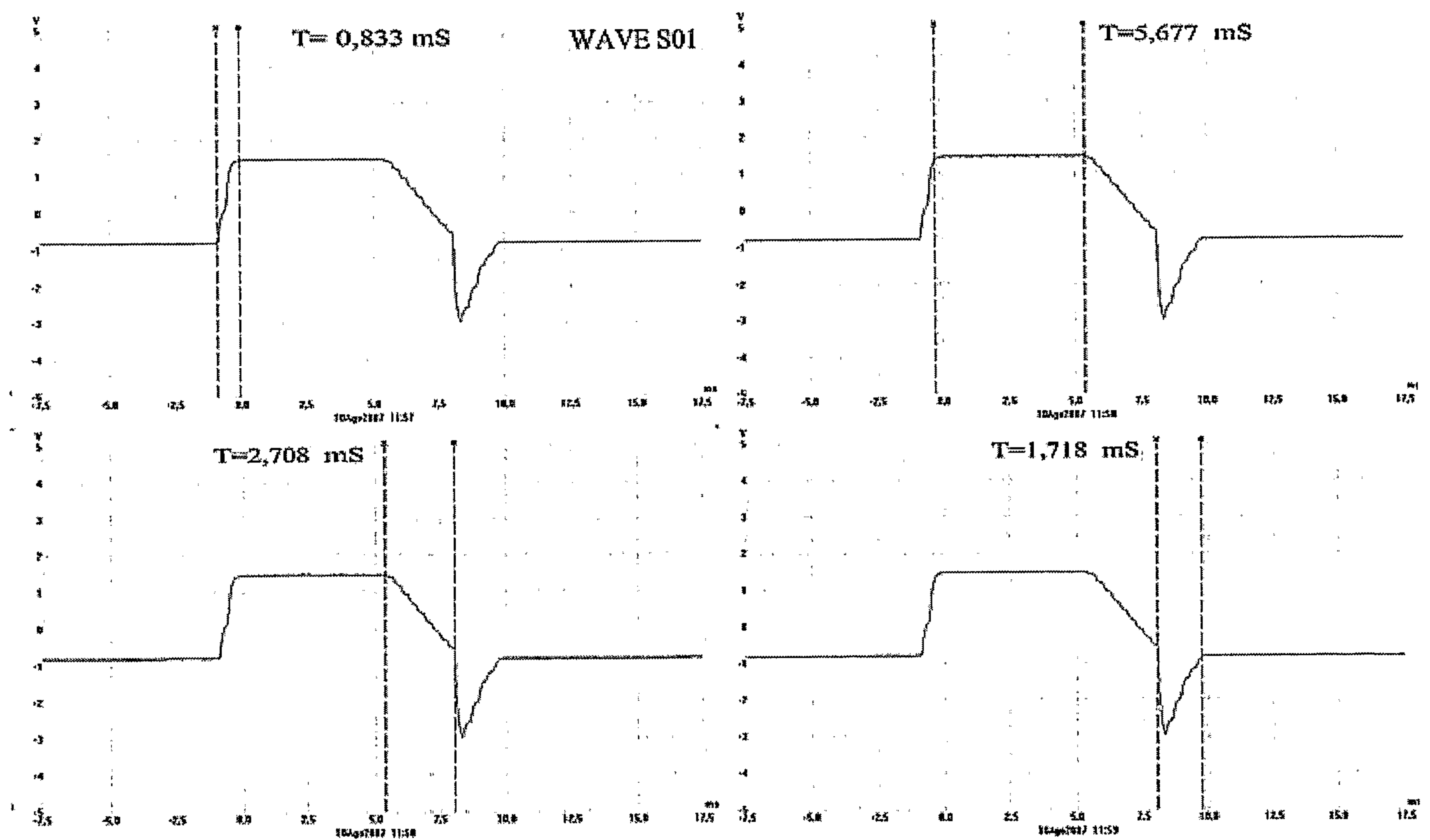


FIG. 2B

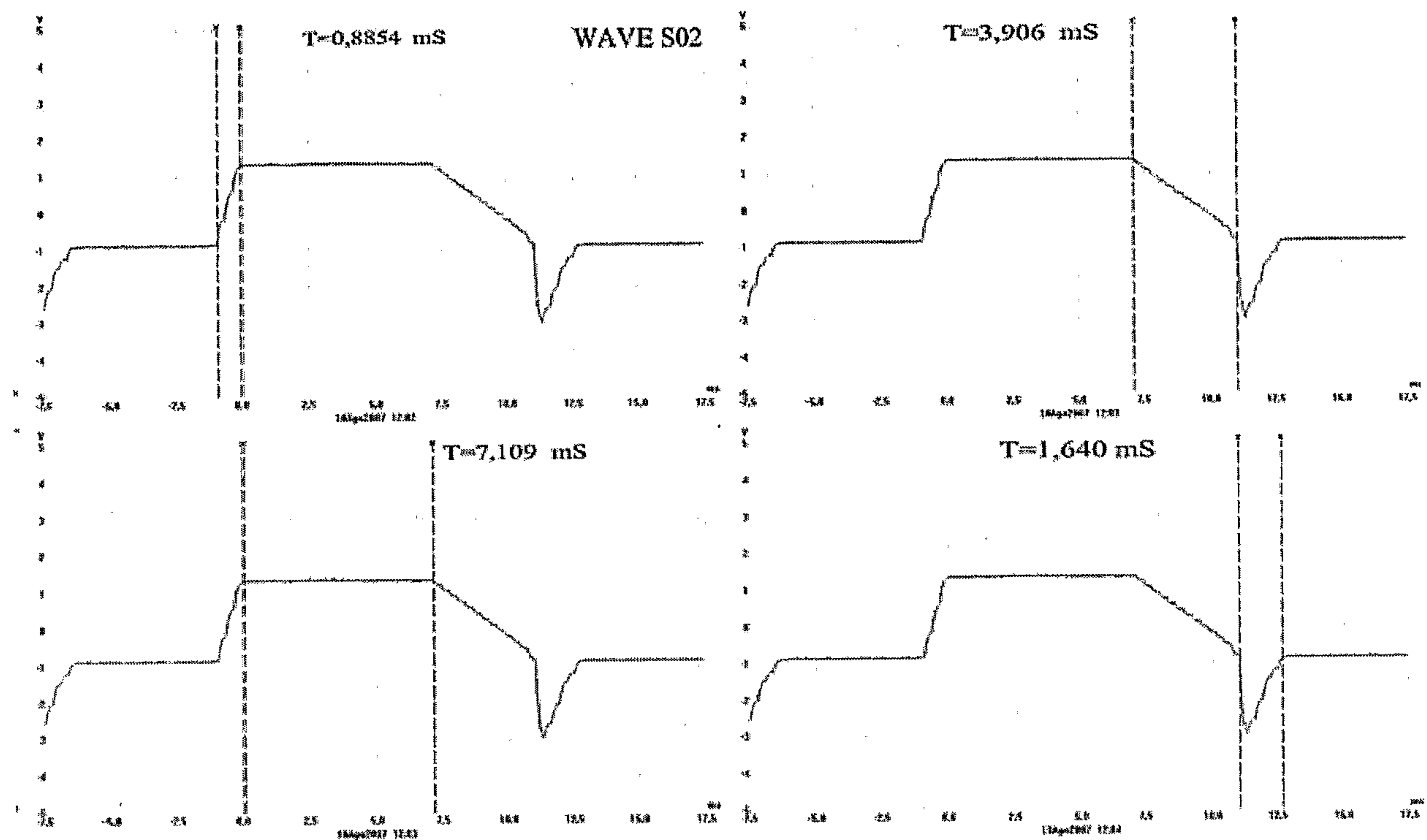


FIG. 2C

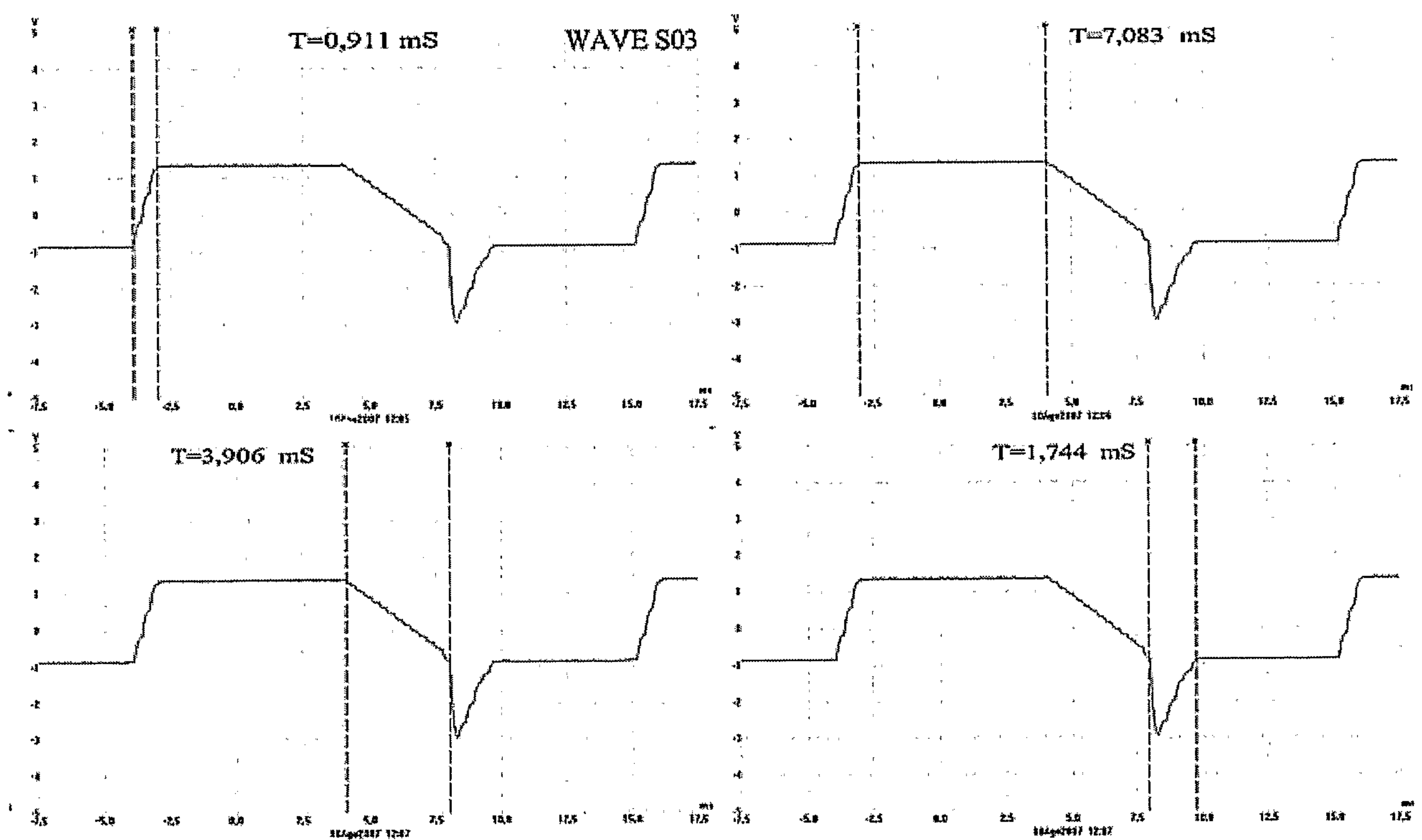


FIG. 2D

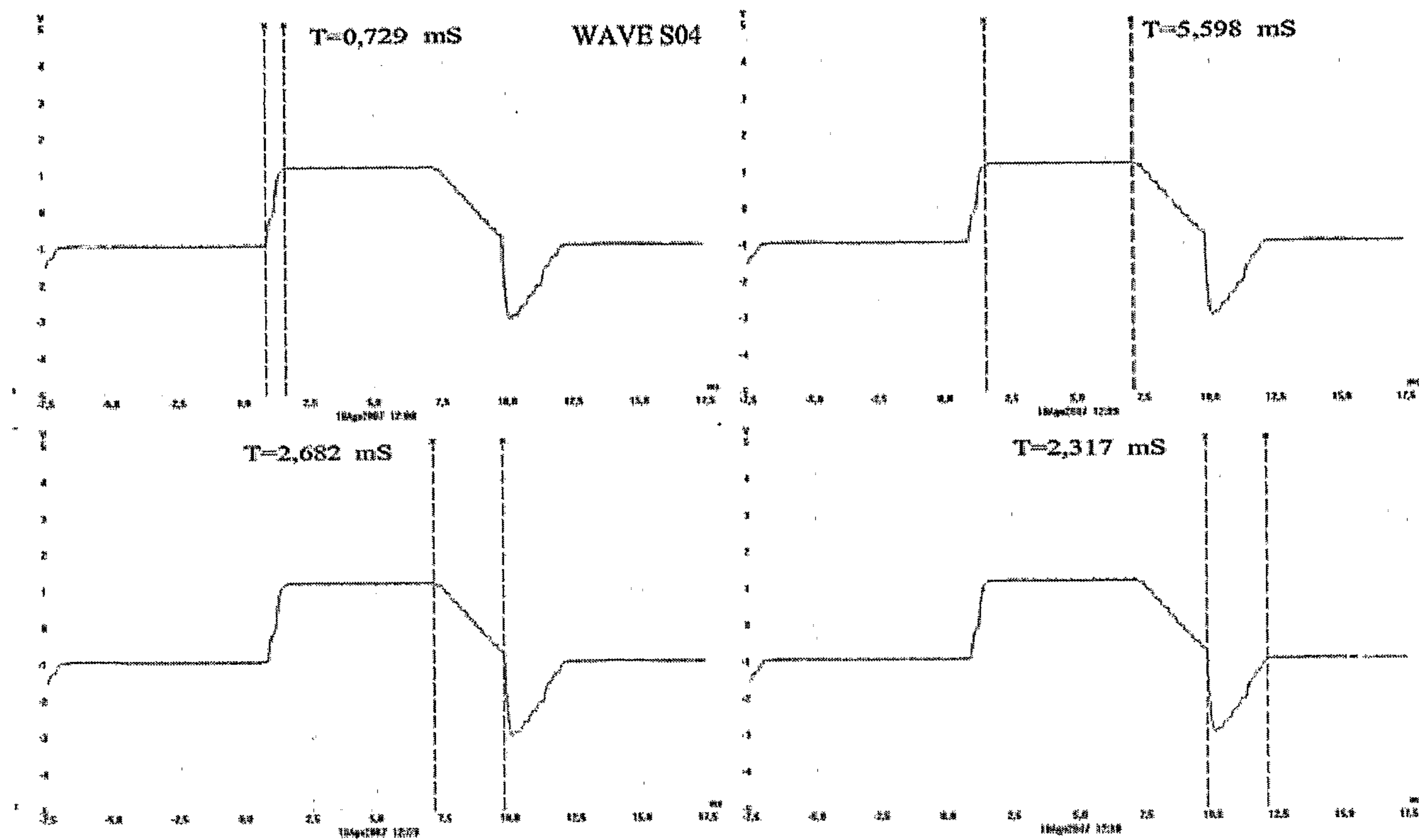


FIG. 2E

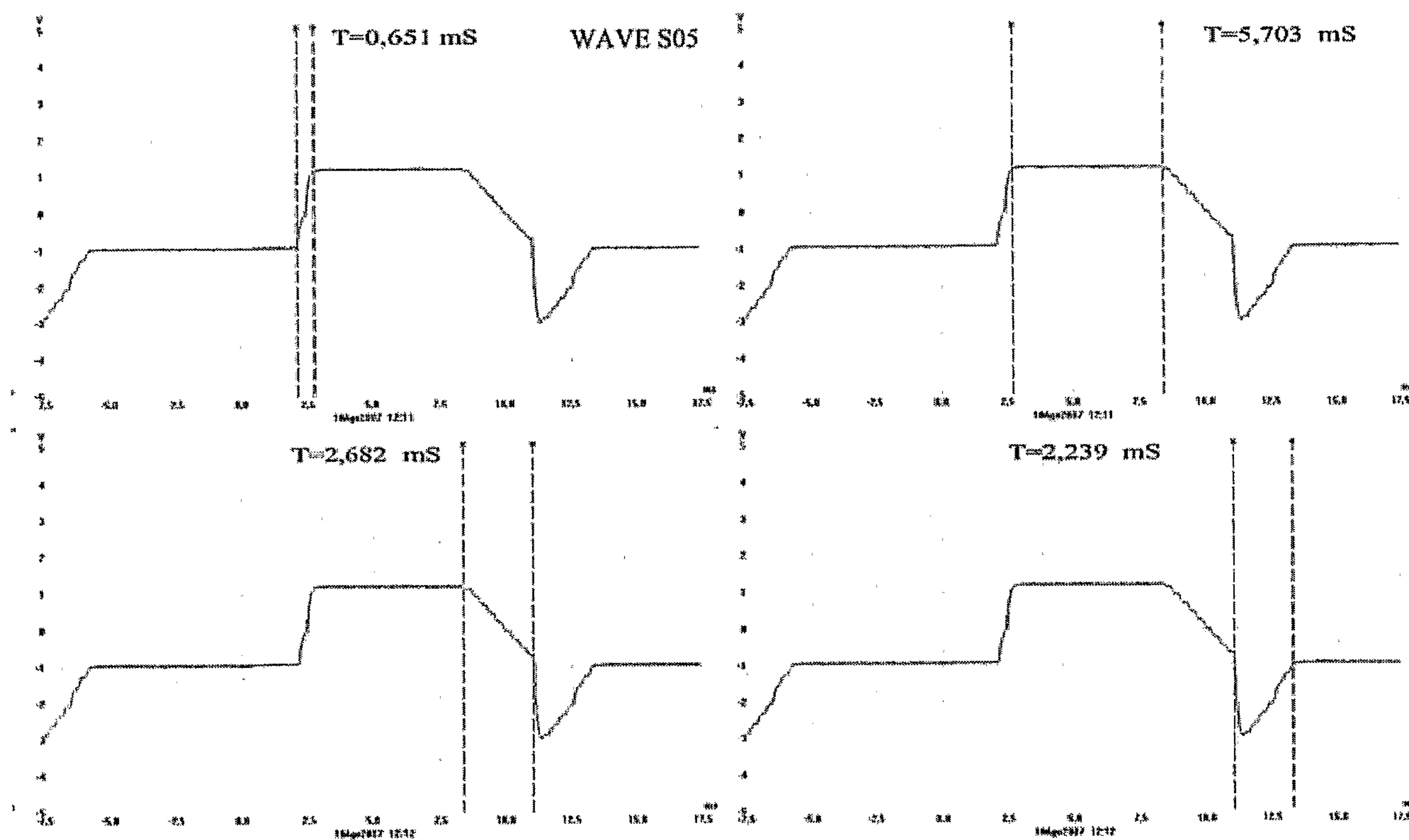


FIG. 2F

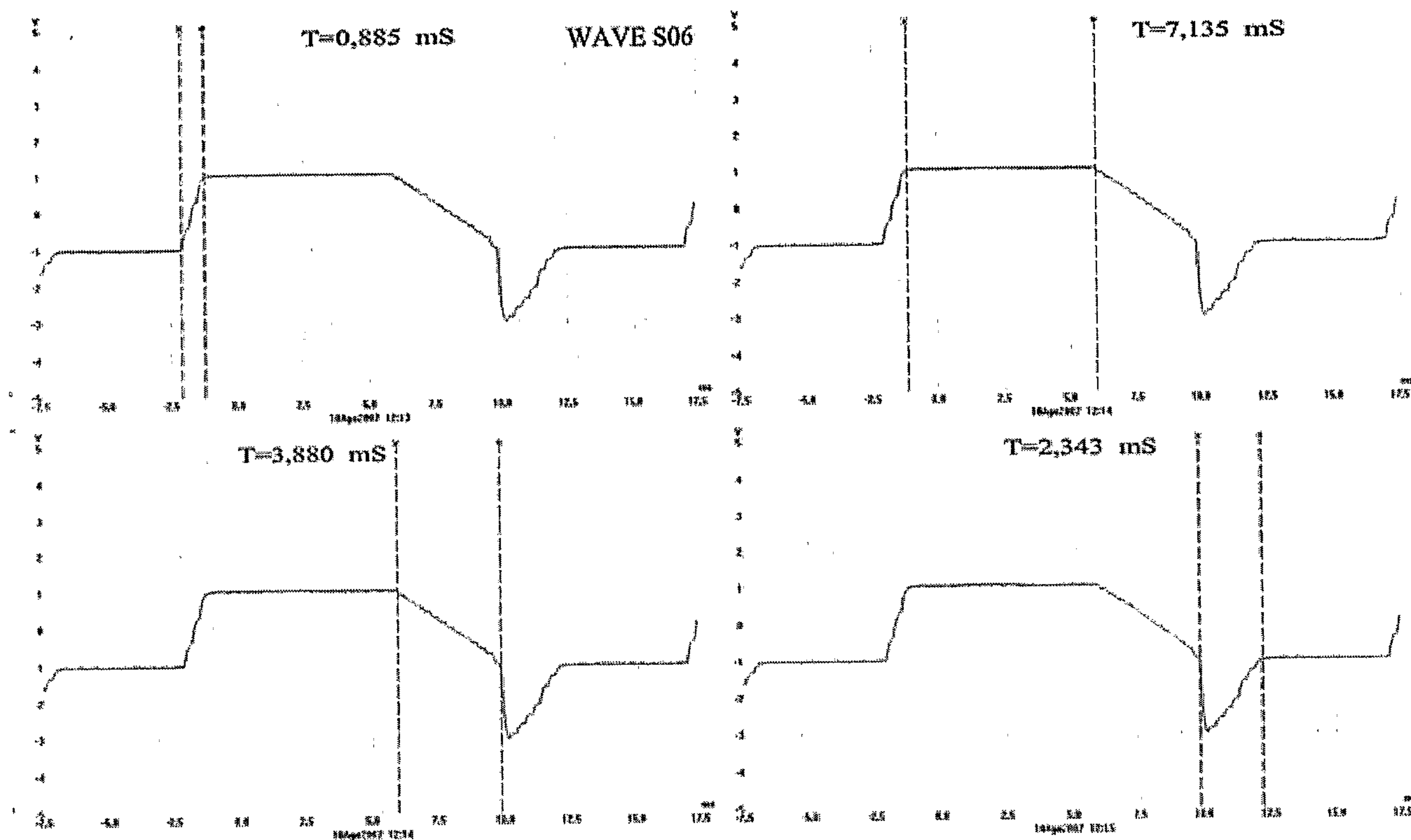


FIG. 2G

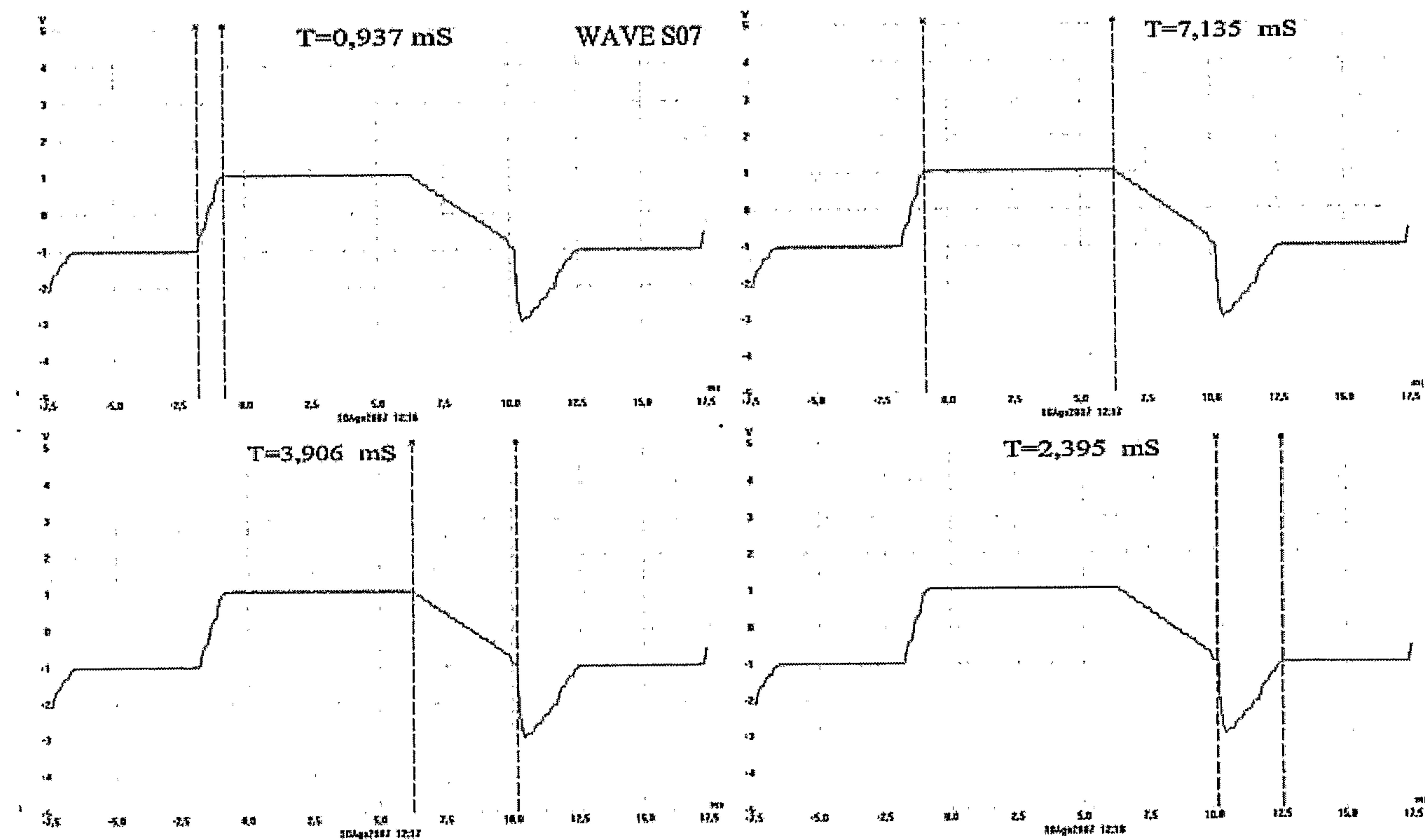


FIG. 2H

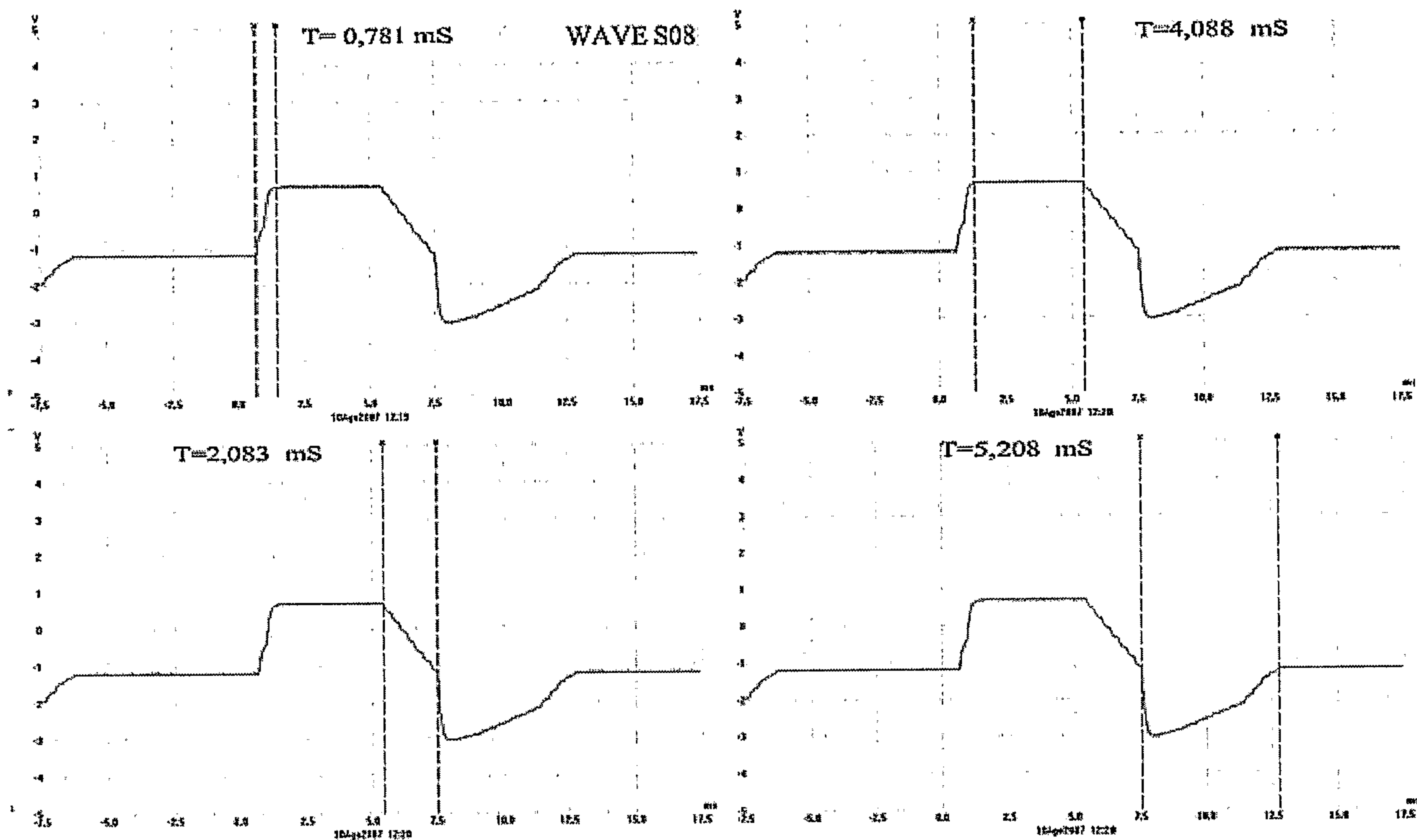


FIG. 2I

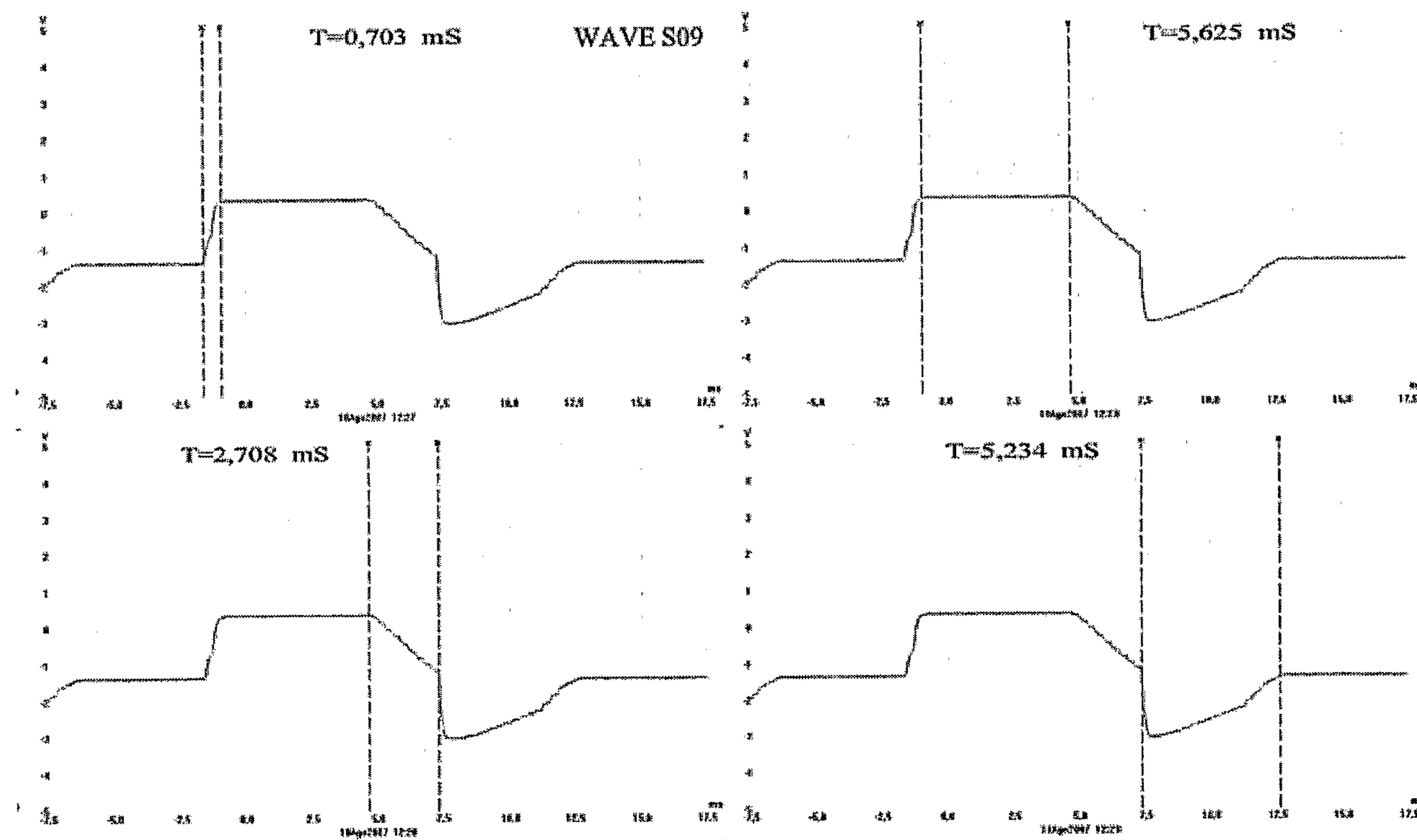


FIG. 2J

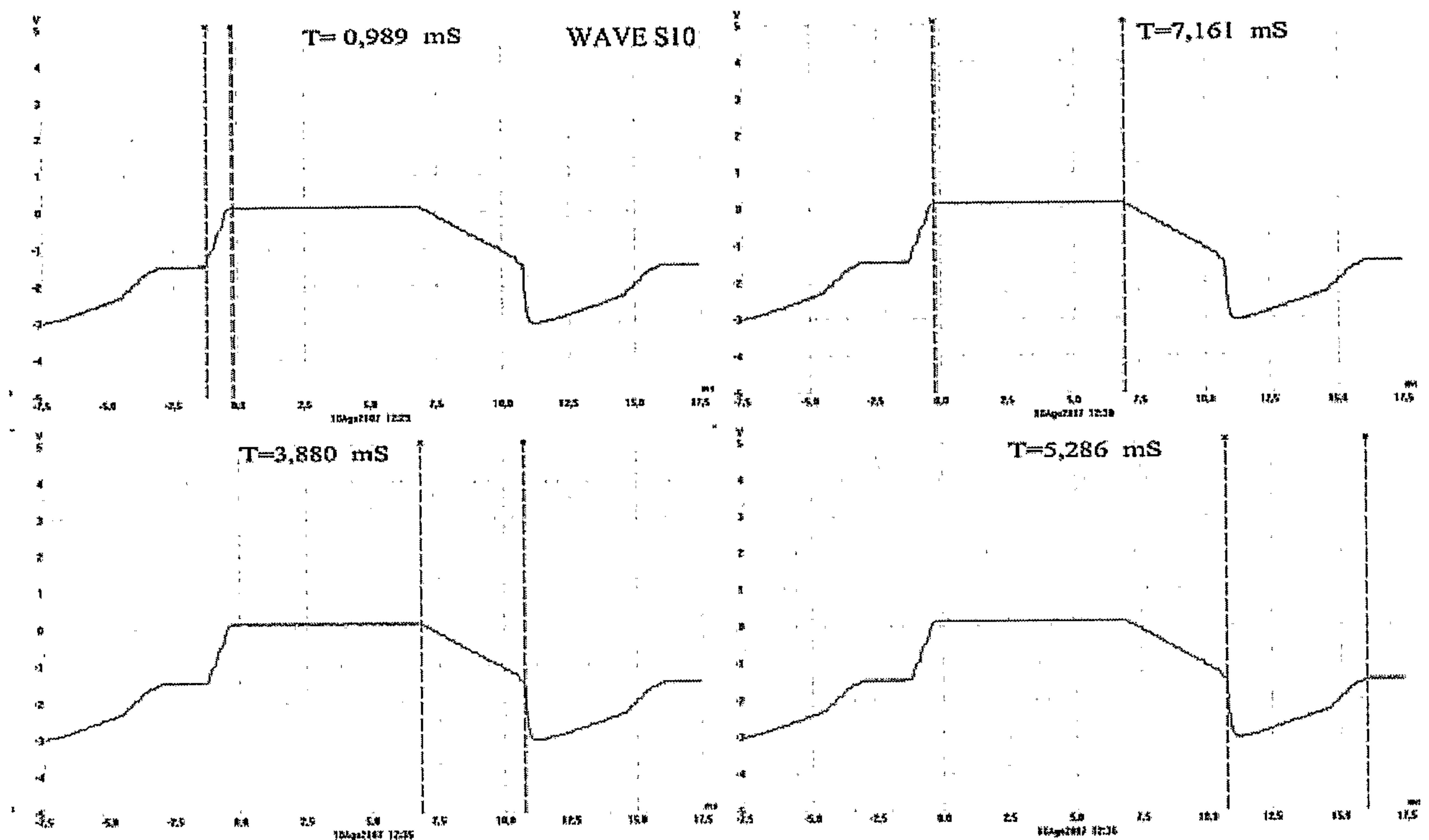


FIG. 2K

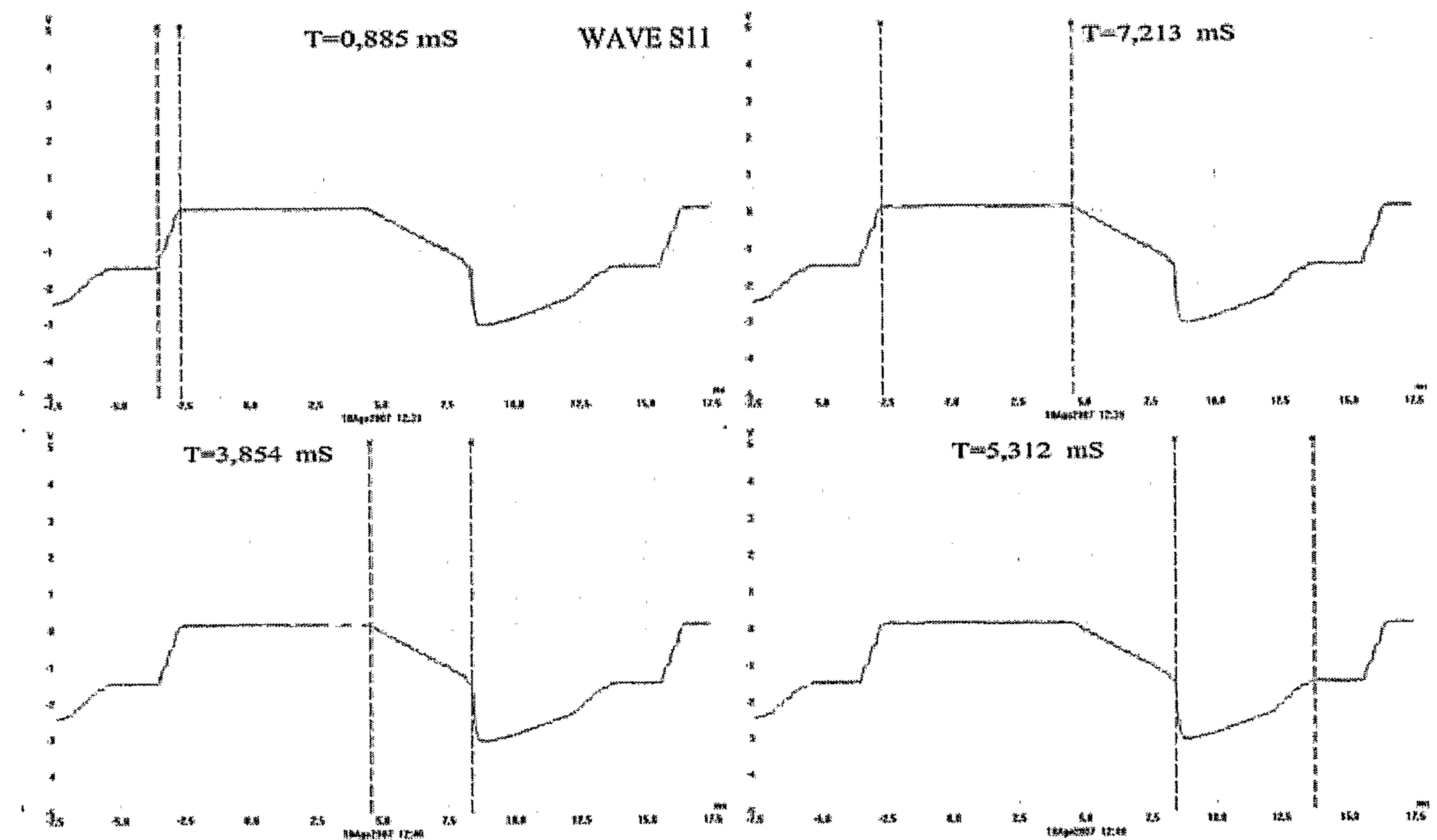


FIG. 2L

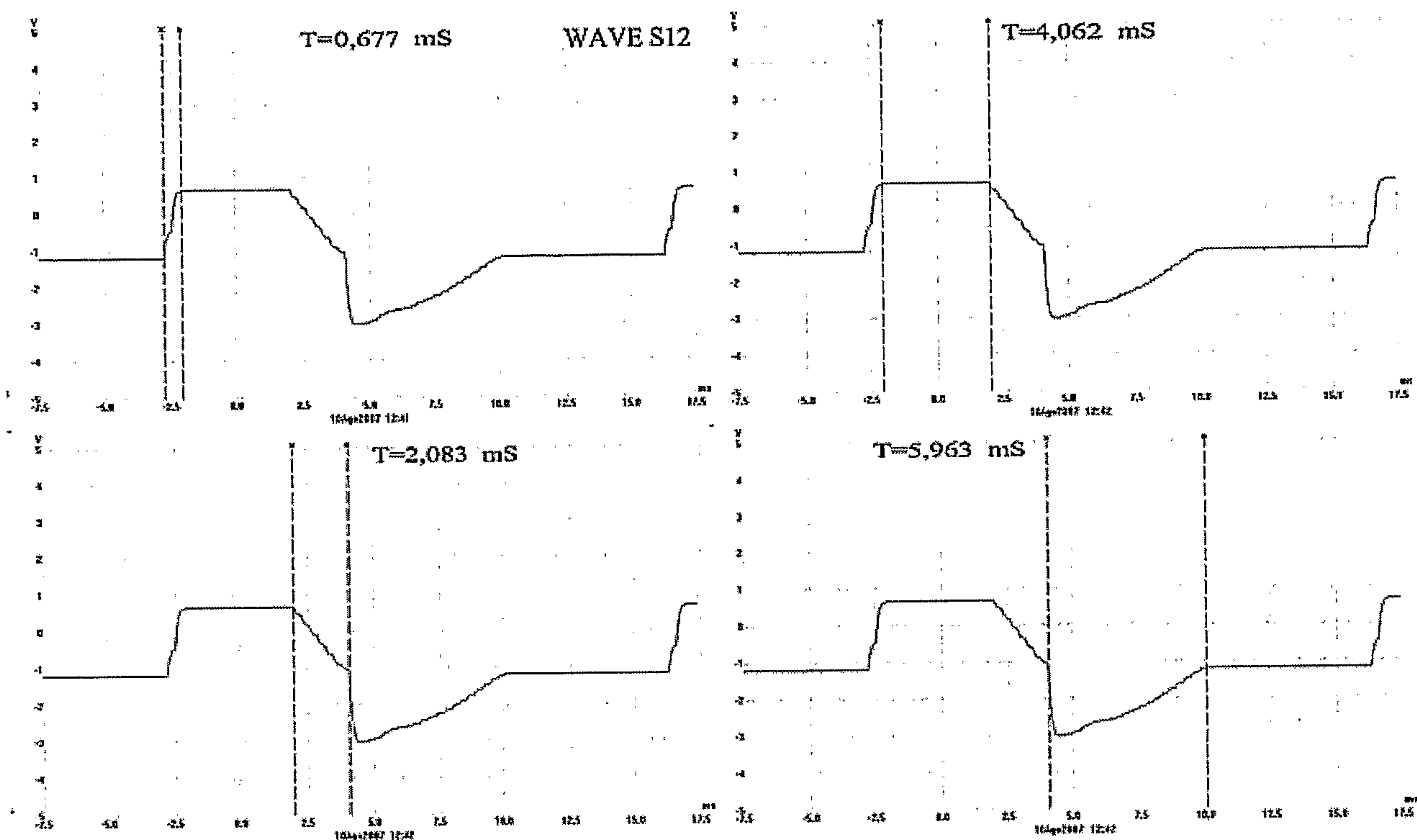


FIG. 2M

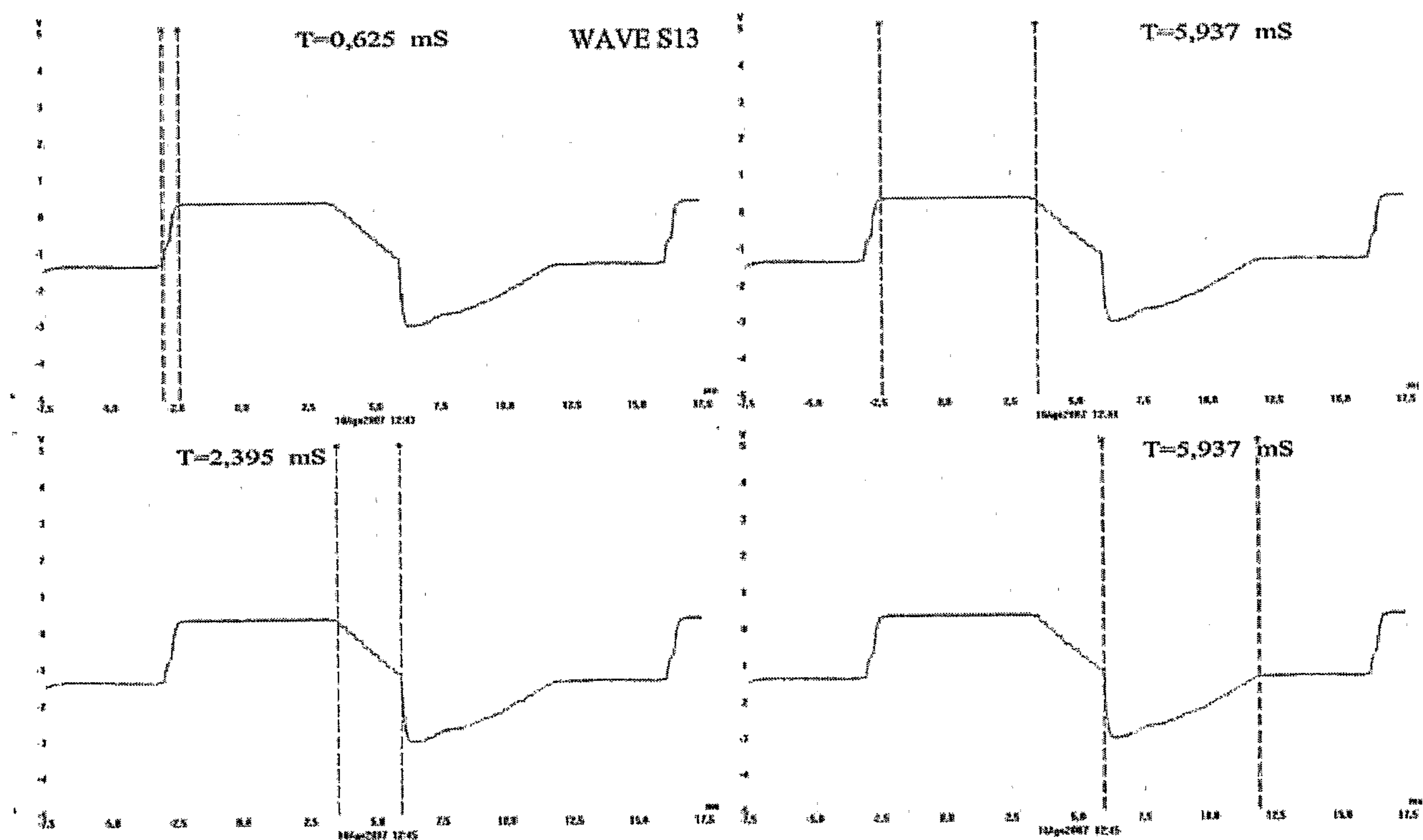


FIG. 2N

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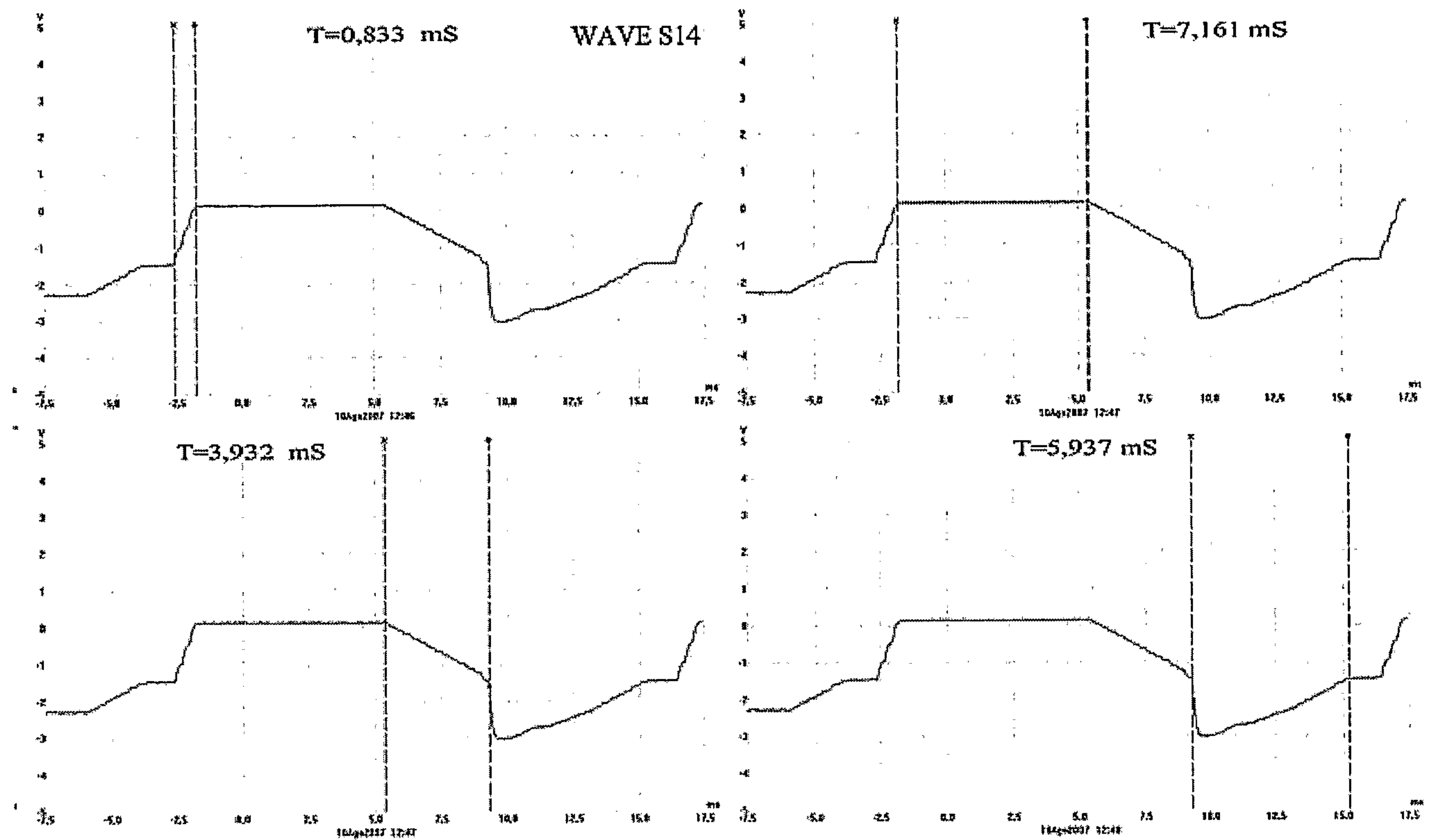


FIG. 20

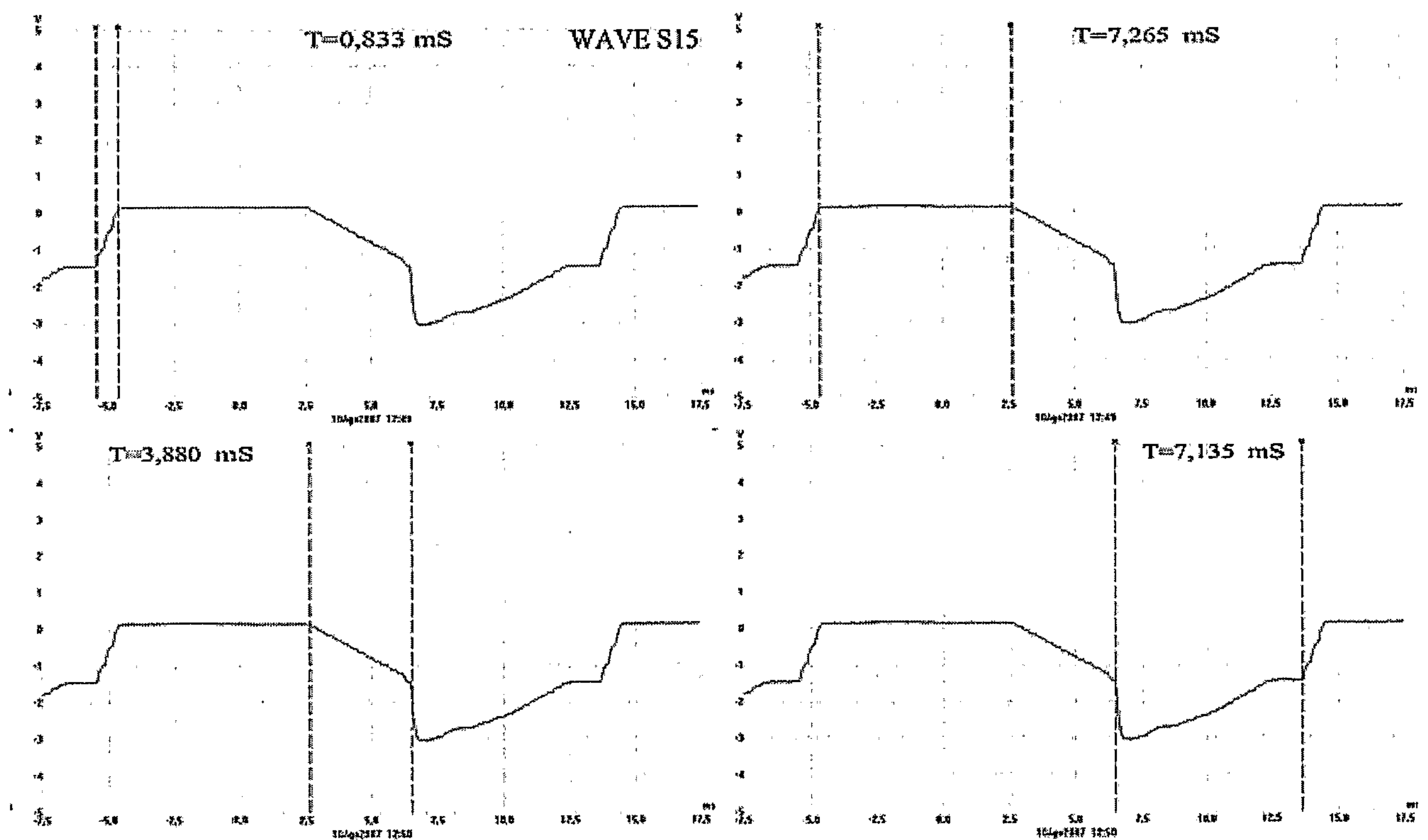


FIG. 2P

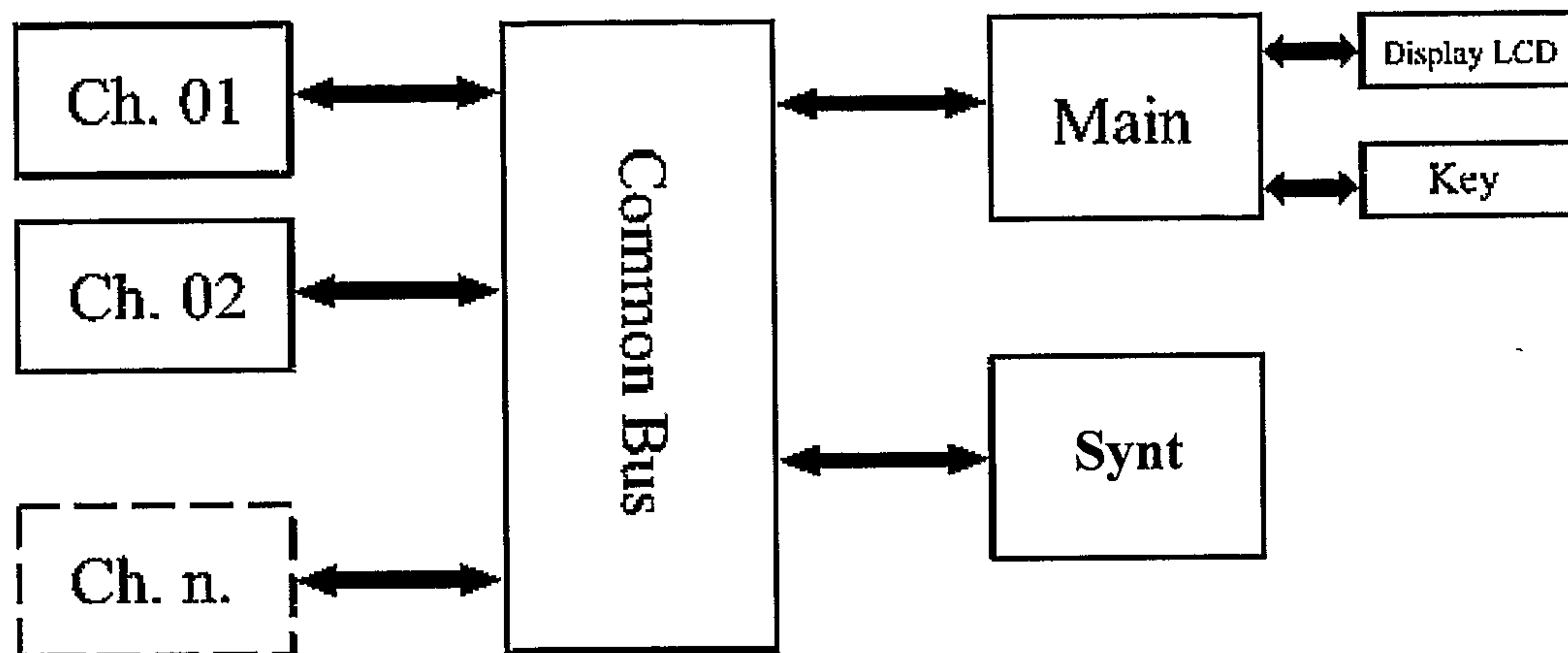


FIG. 3

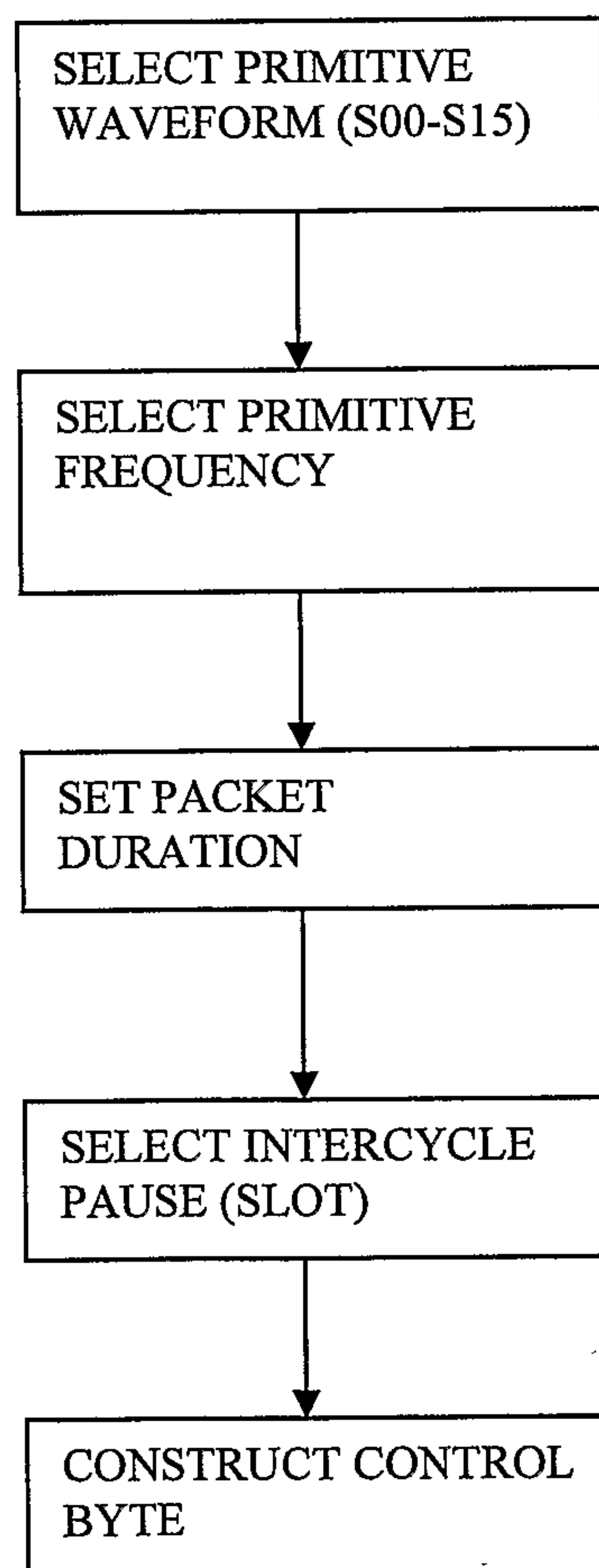


FIG. 4A

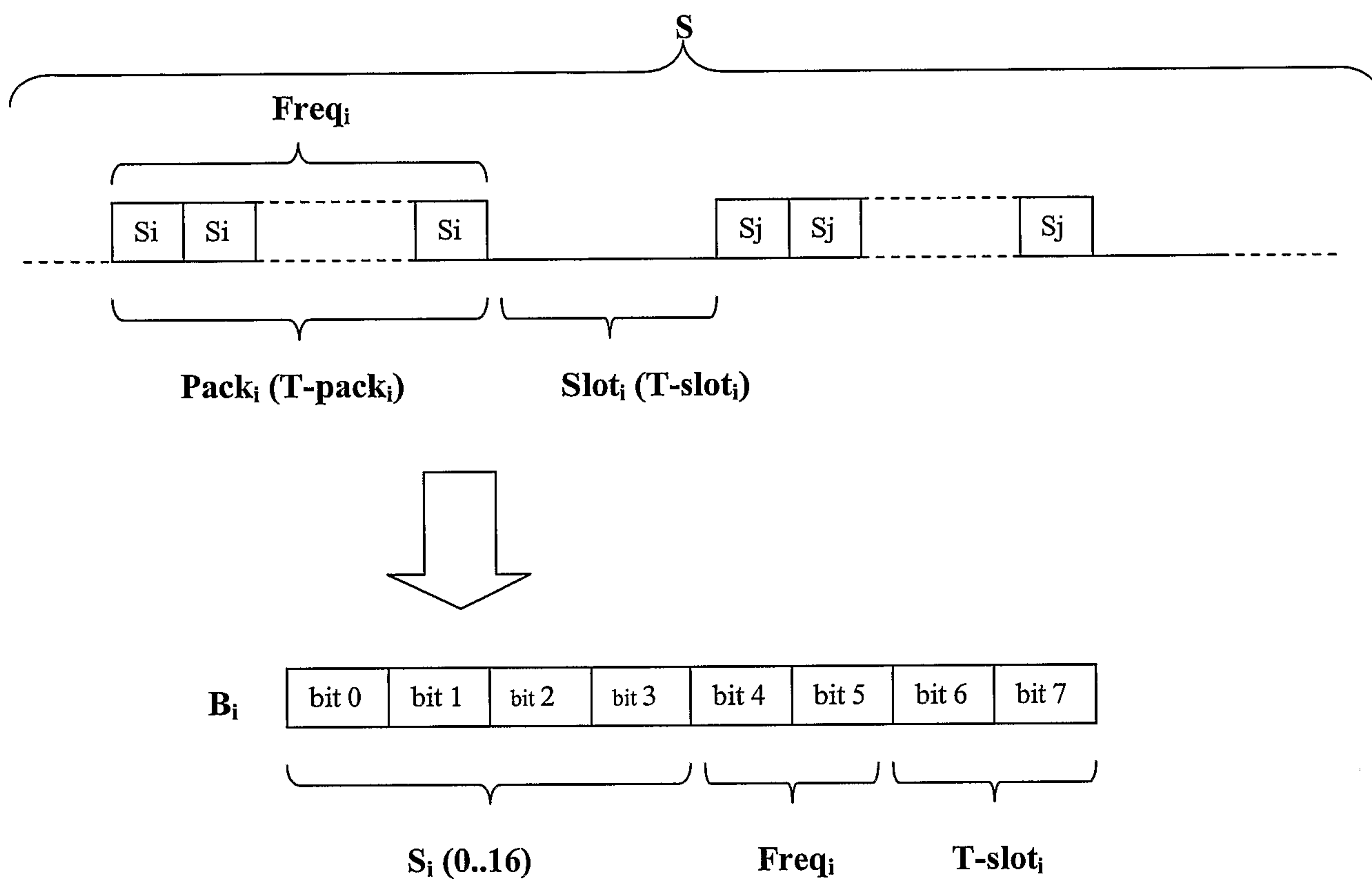


FIG. 4B

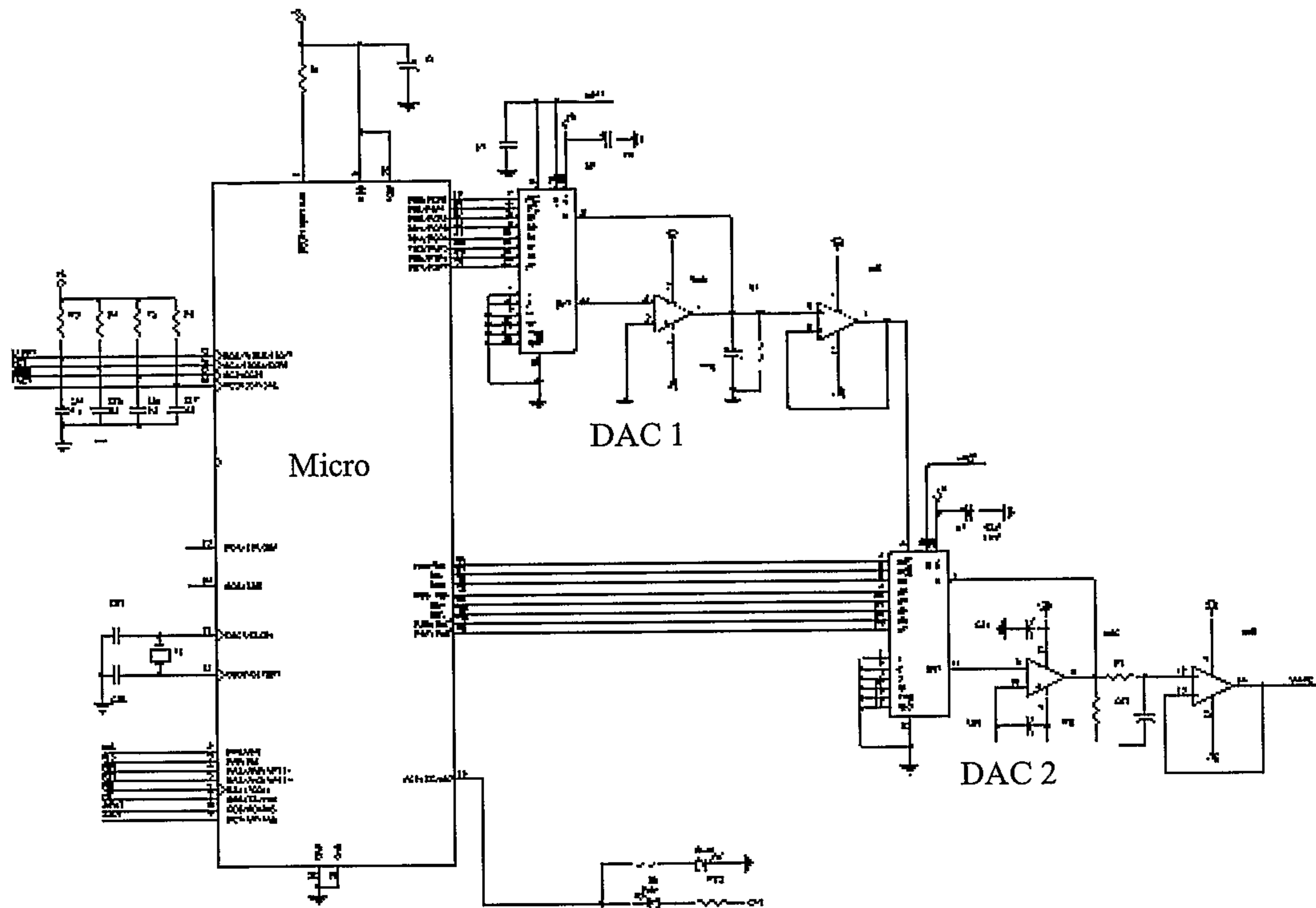


FIG. 5

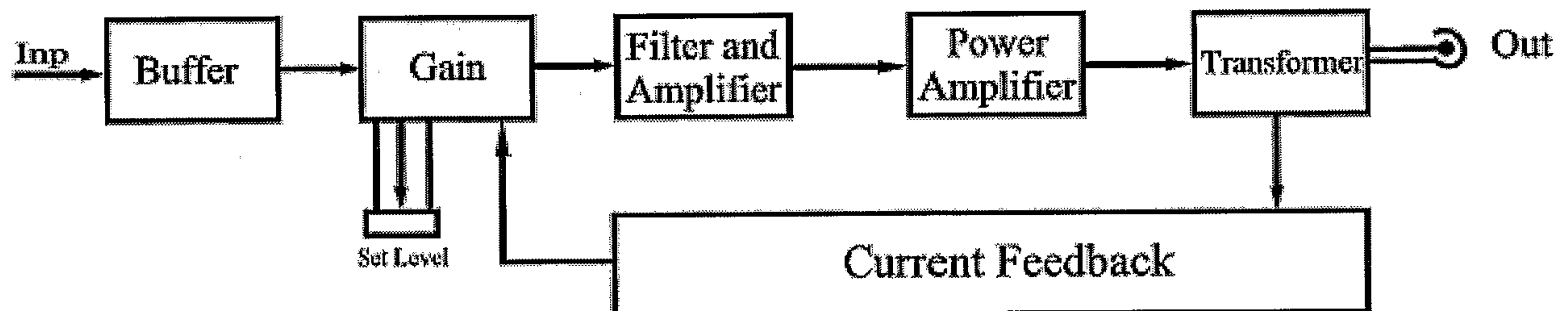


FIG. 6

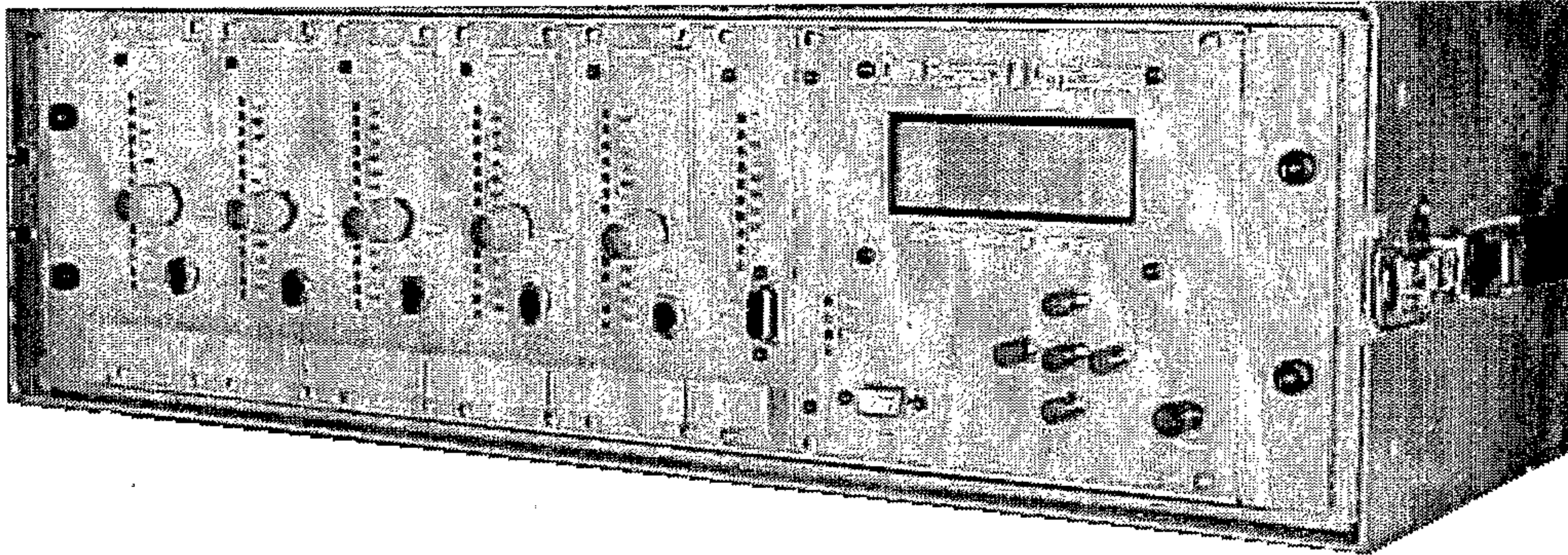


FIG. 7

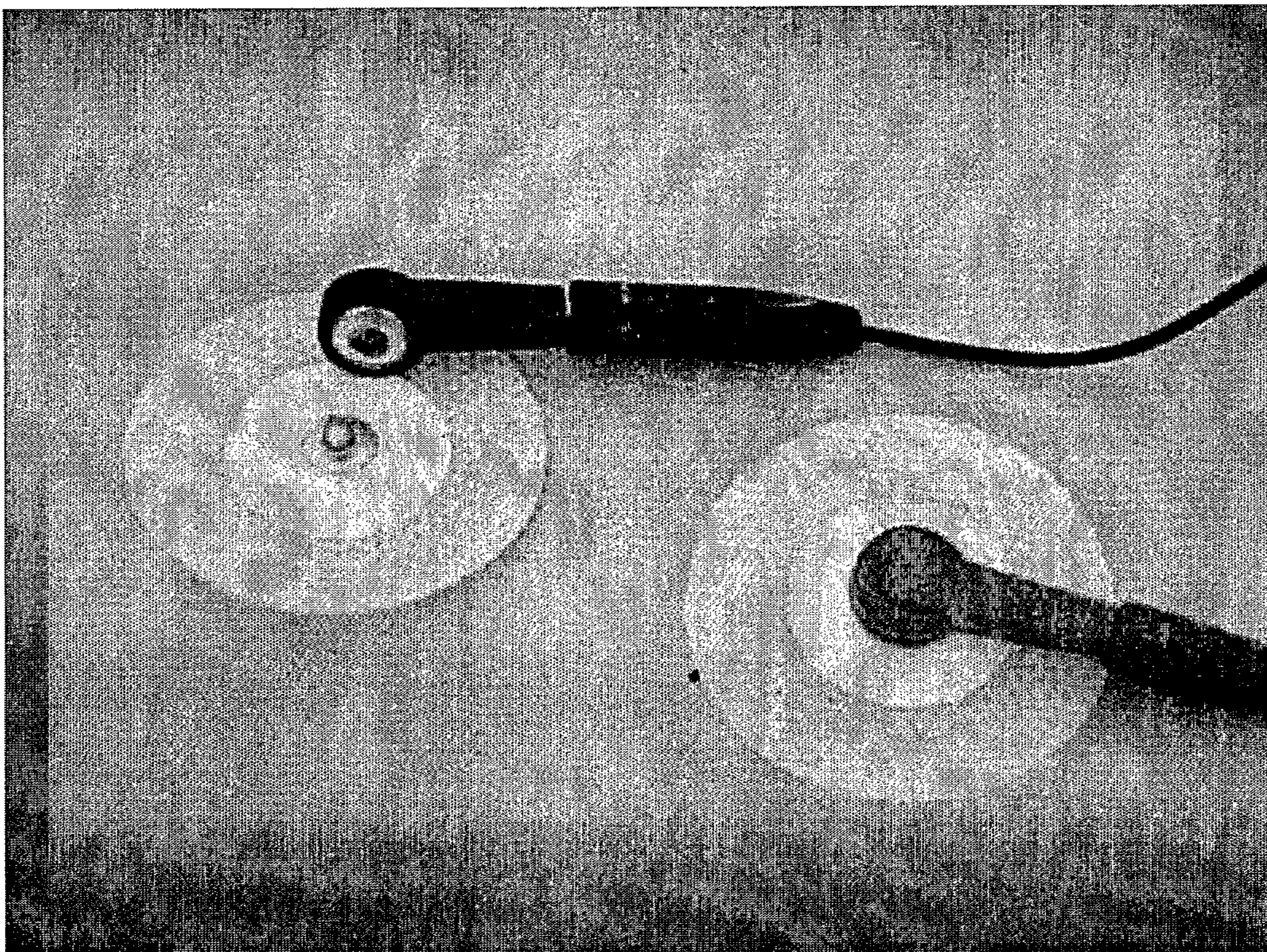


FIG. 8

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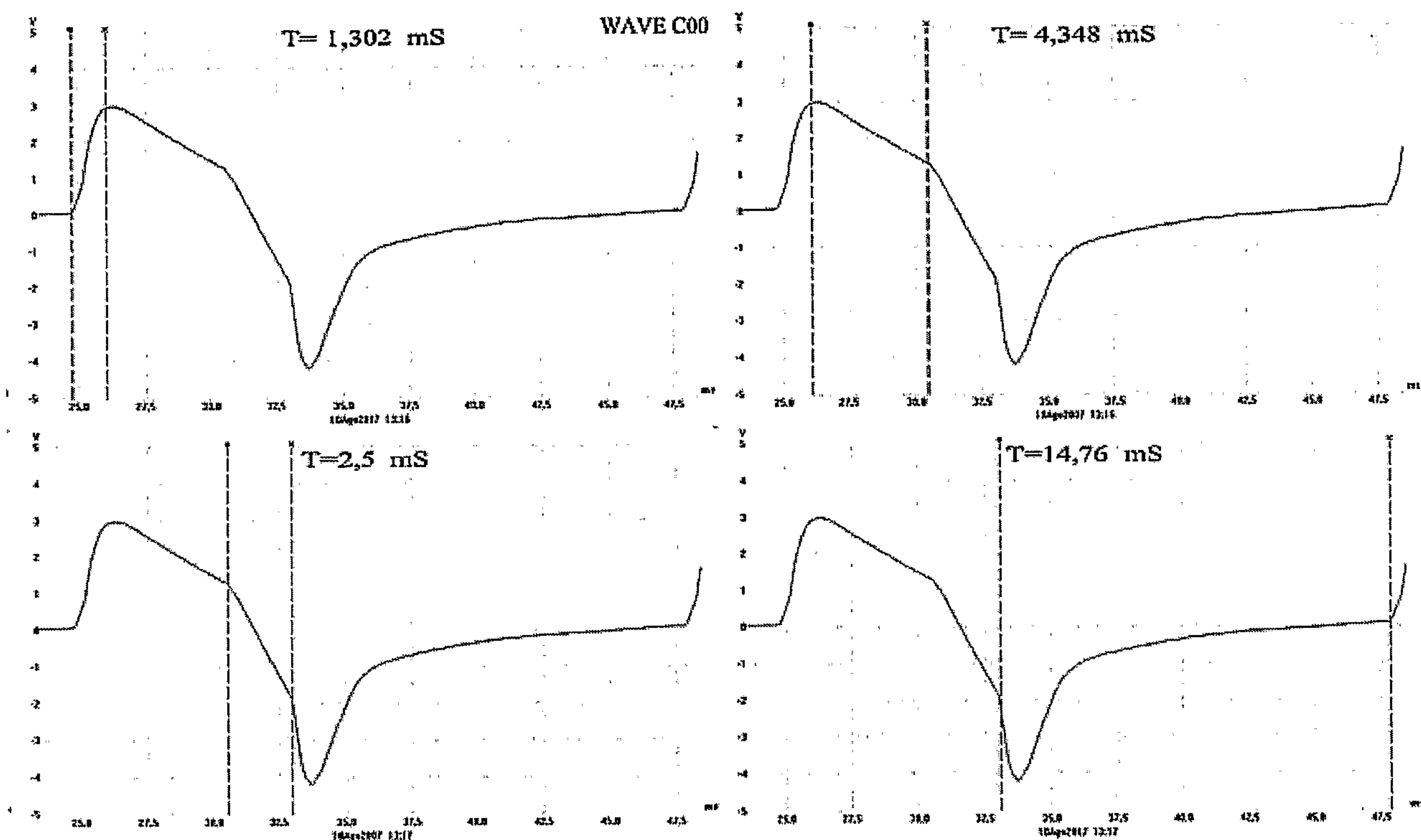


FIG. 9A

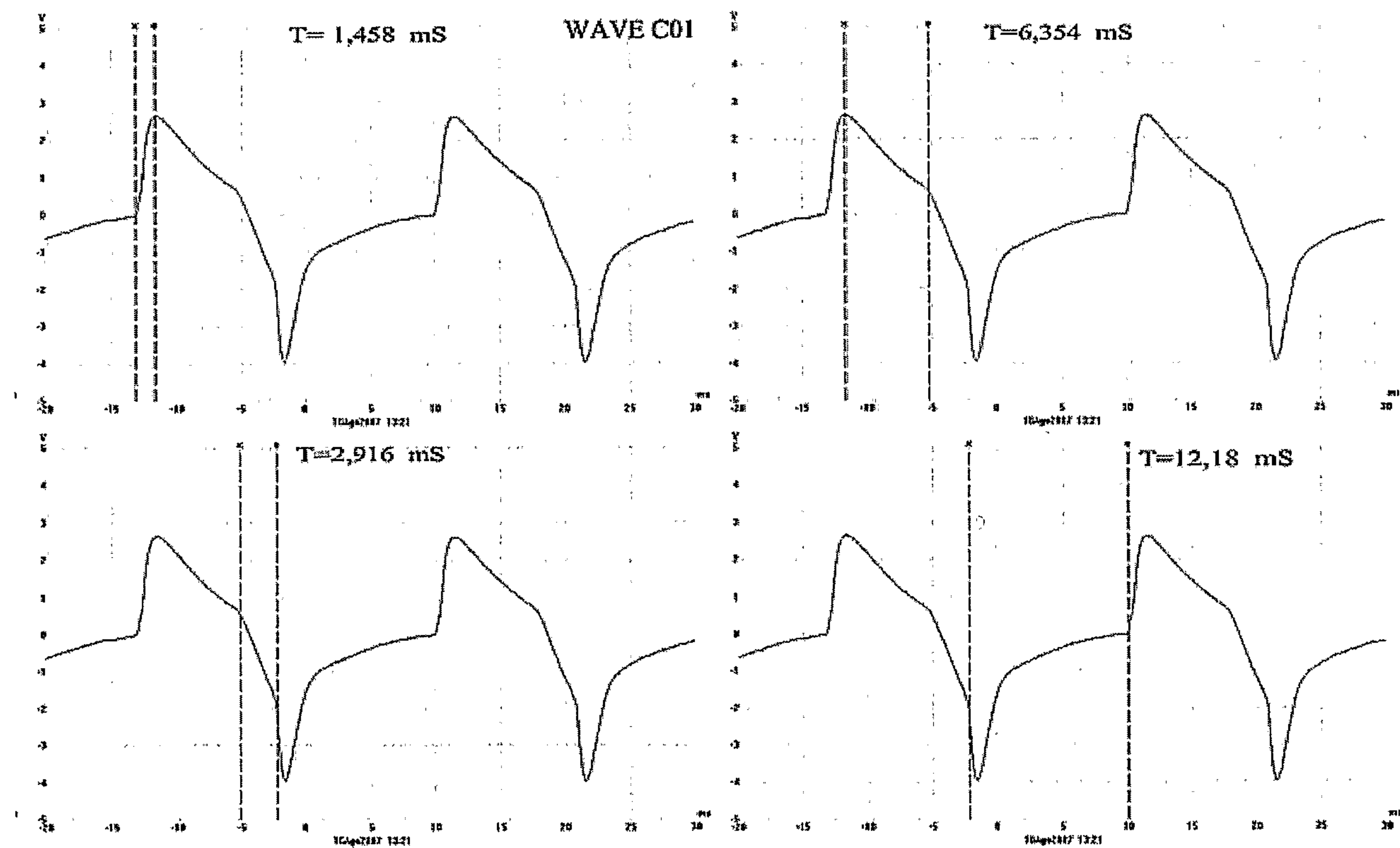


FIG. 9B

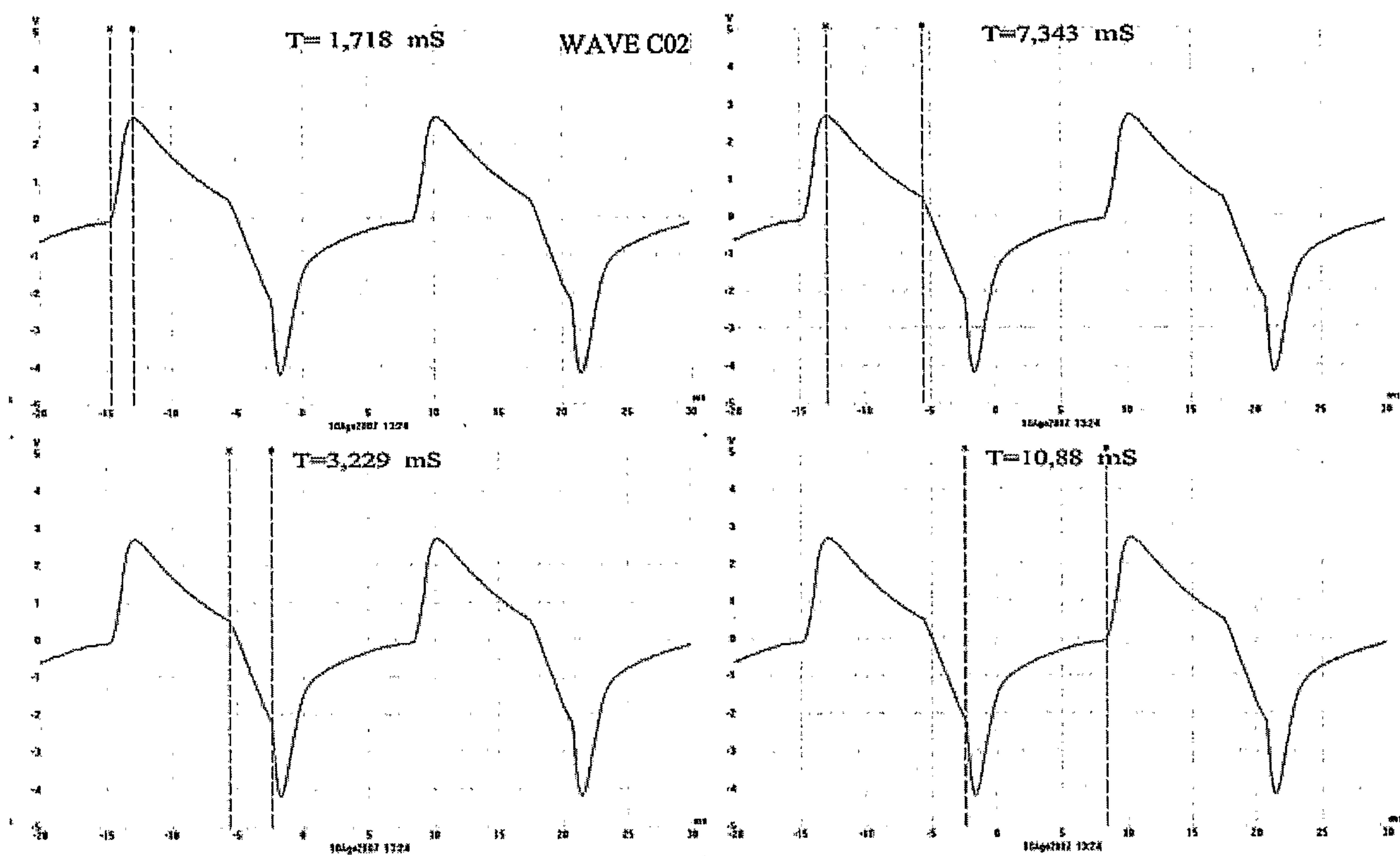


FIG. 9C

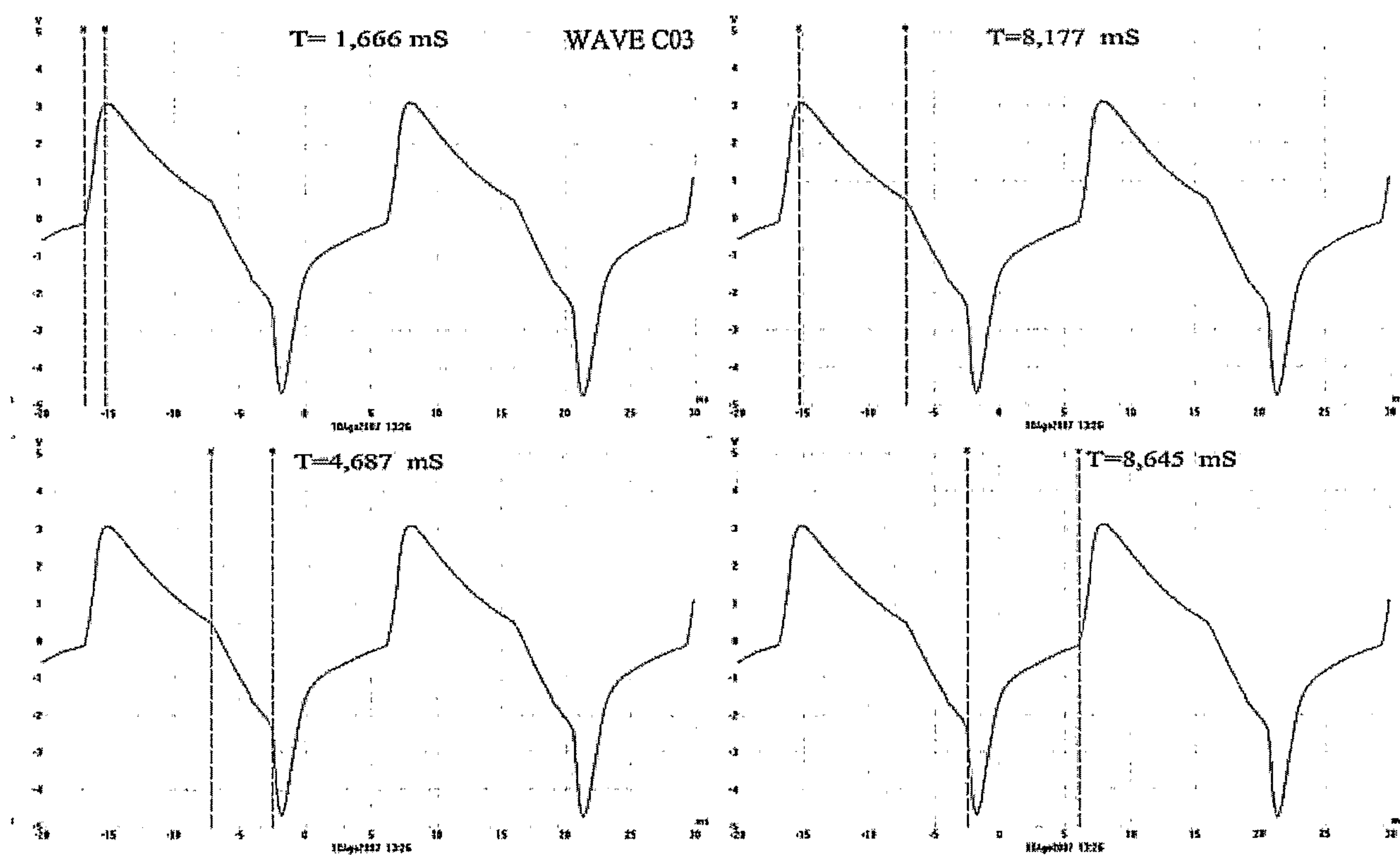


FIG. 9D

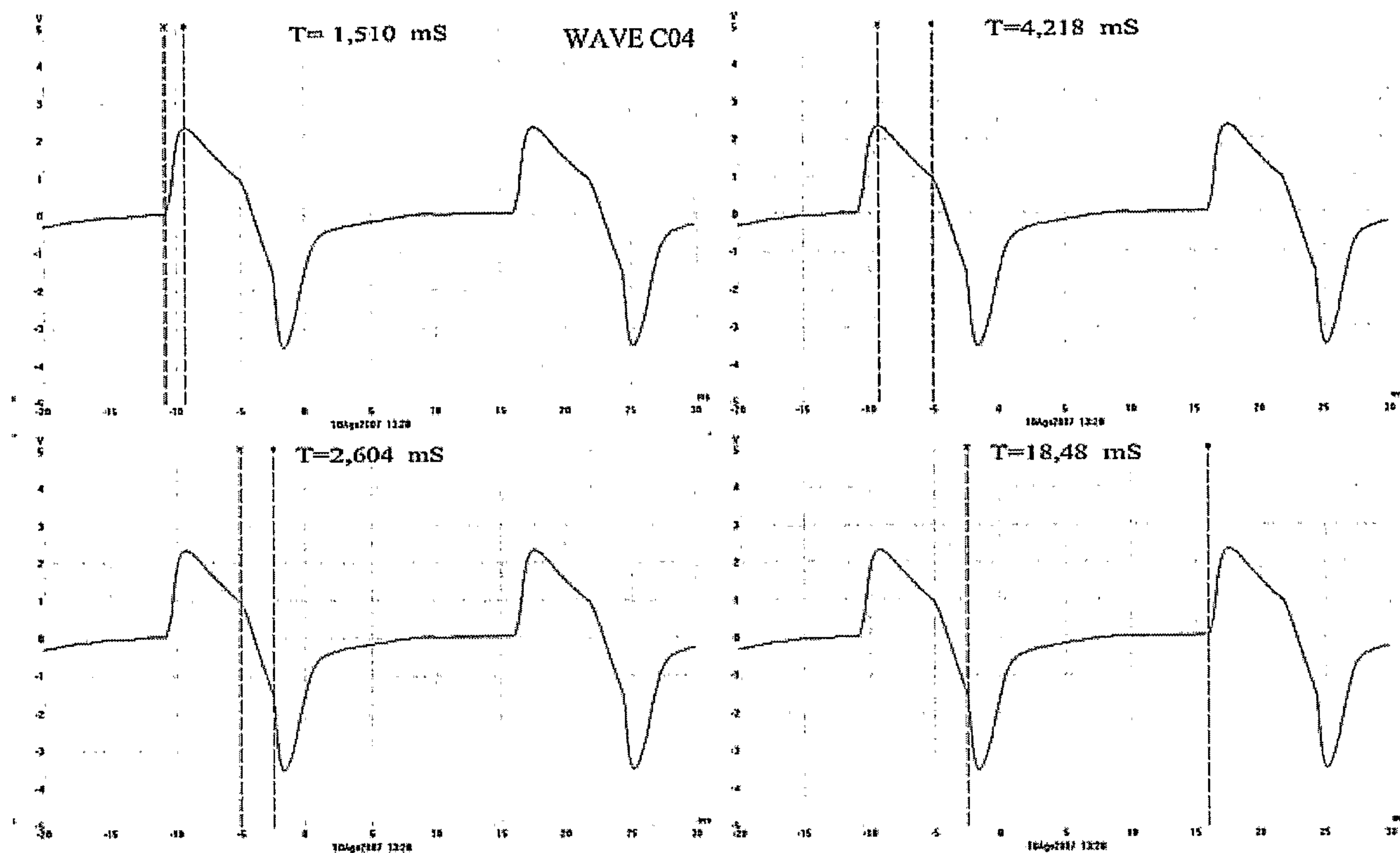


FIG. 9E

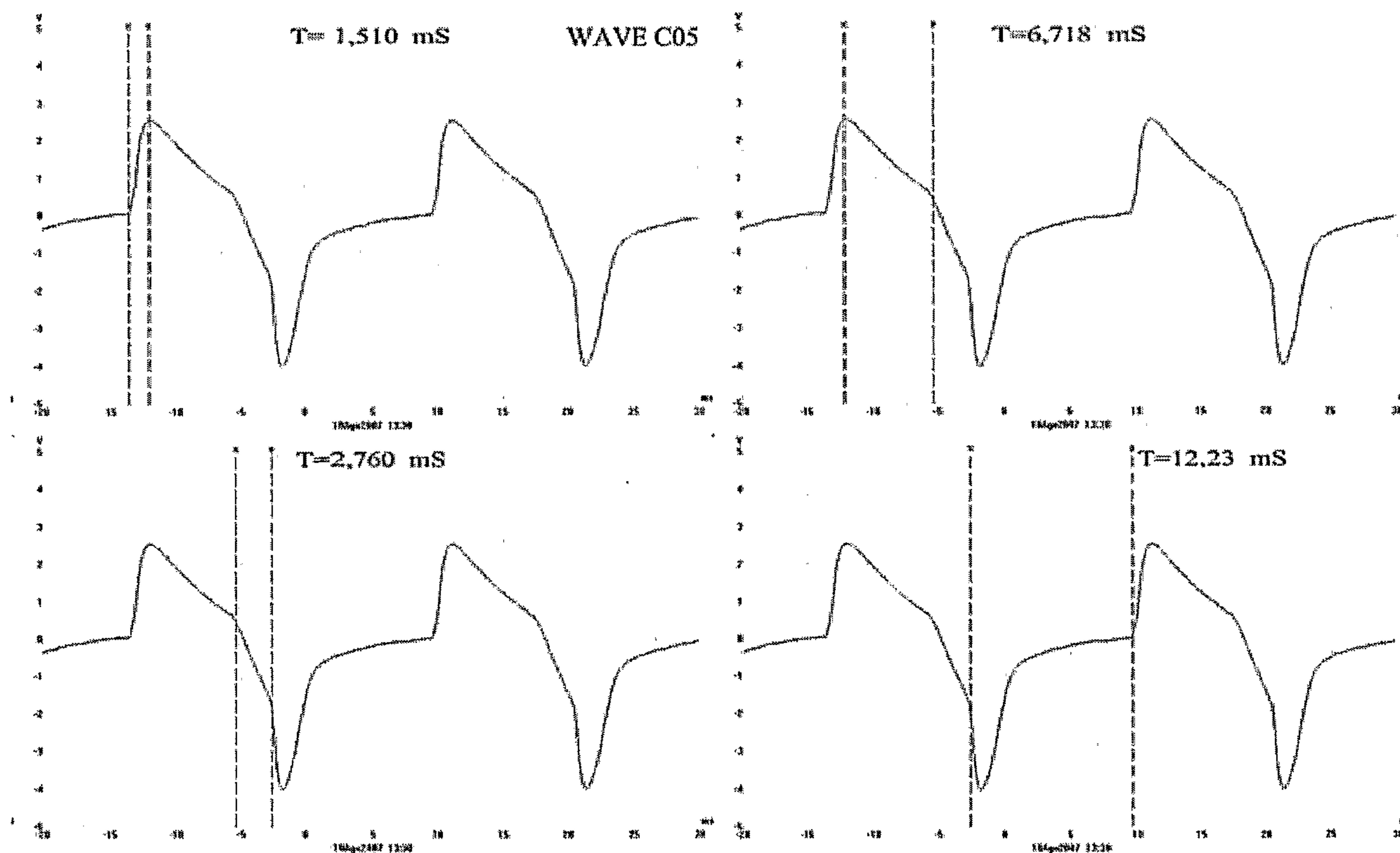


FIG. 9F

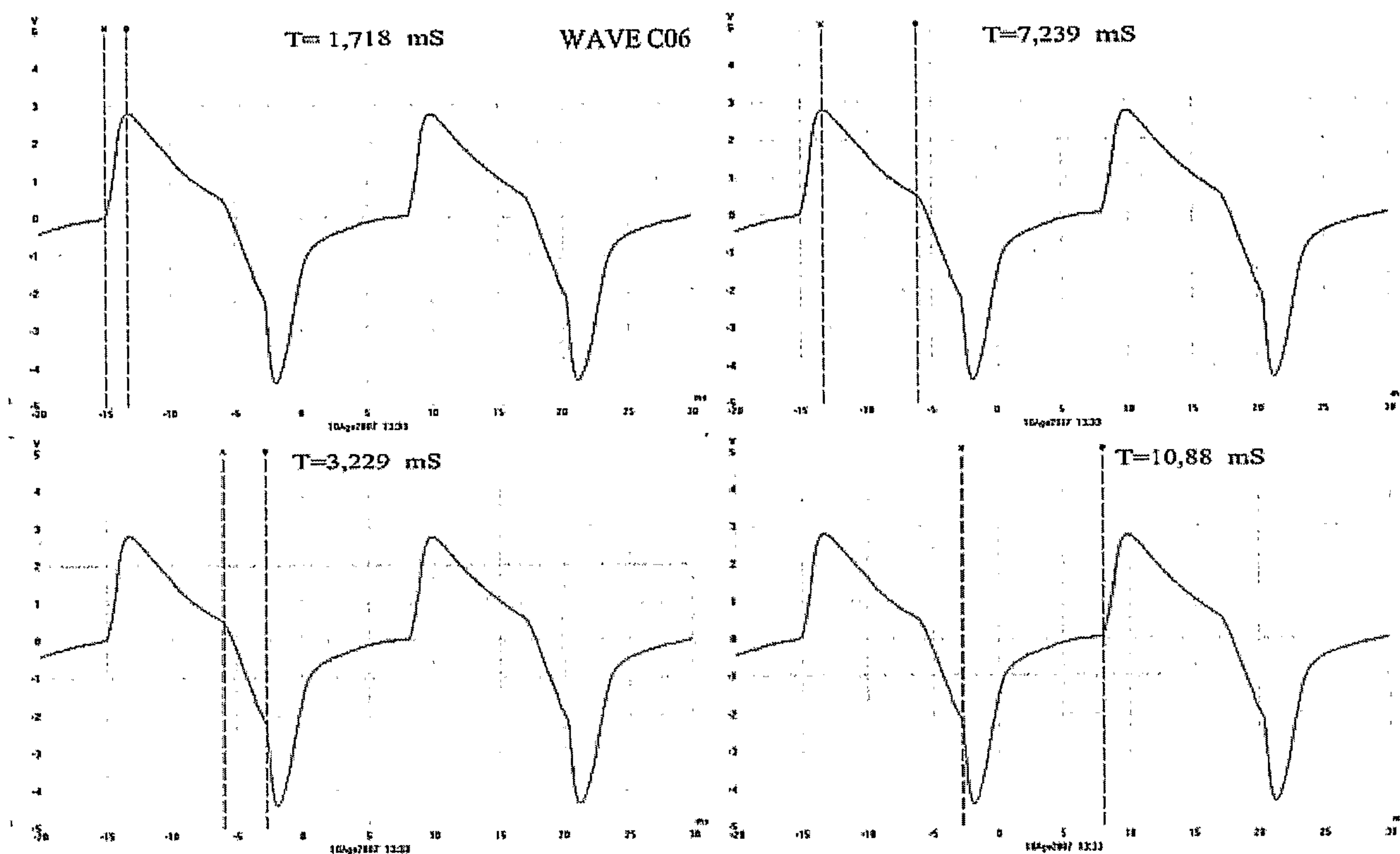


FIG. 9G

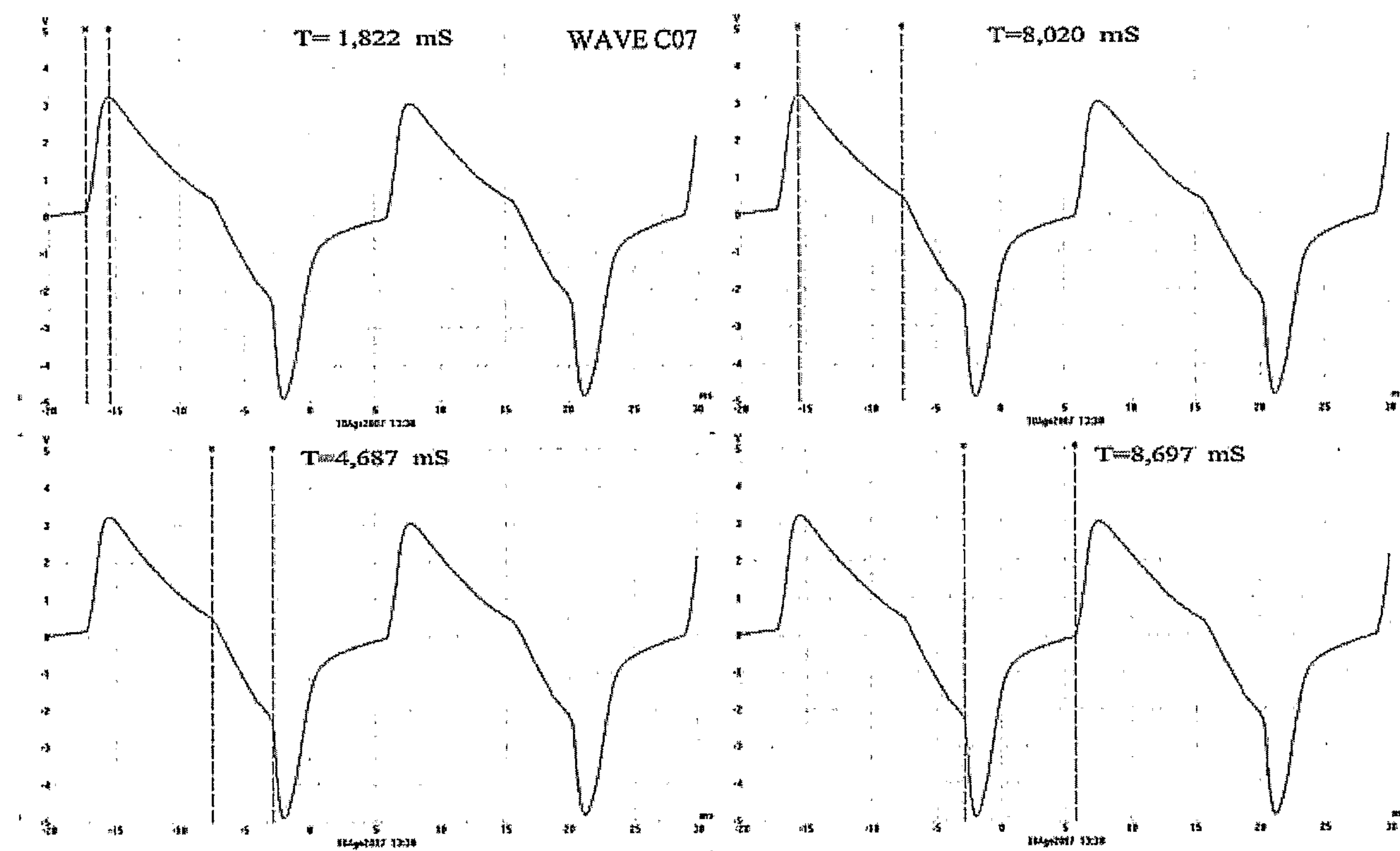


FIG. 9H

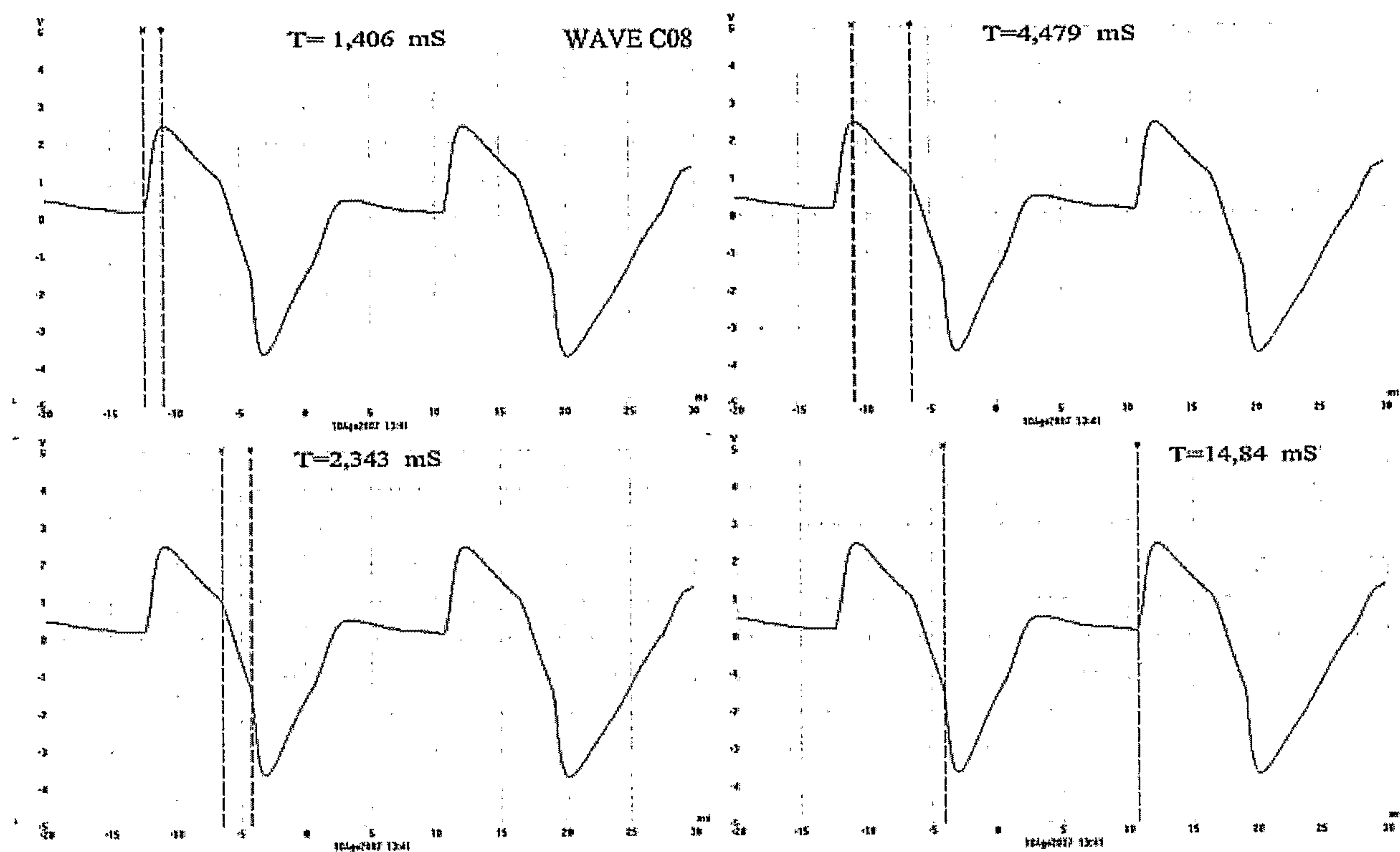


FIG. 9I

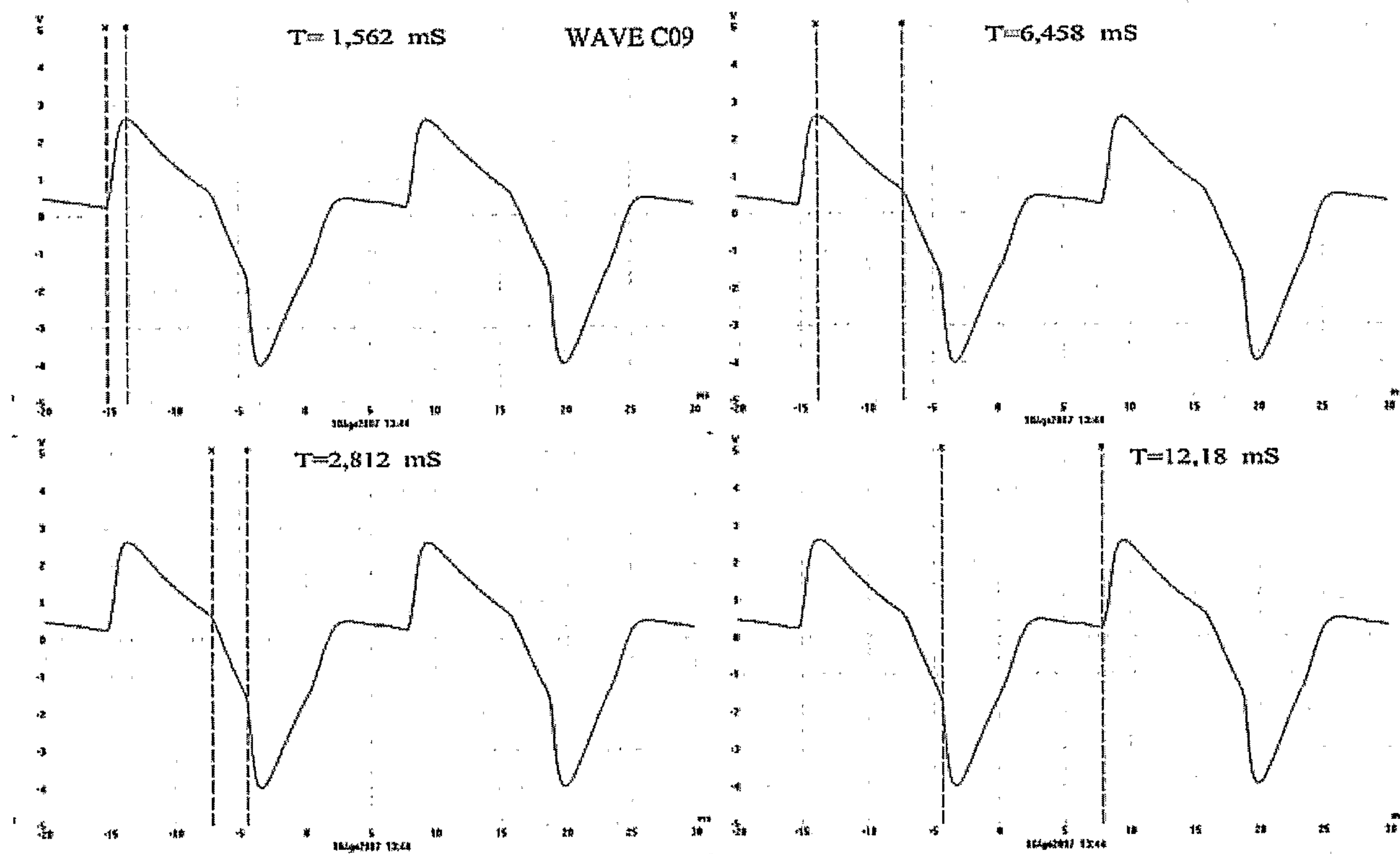


FIG. 9J

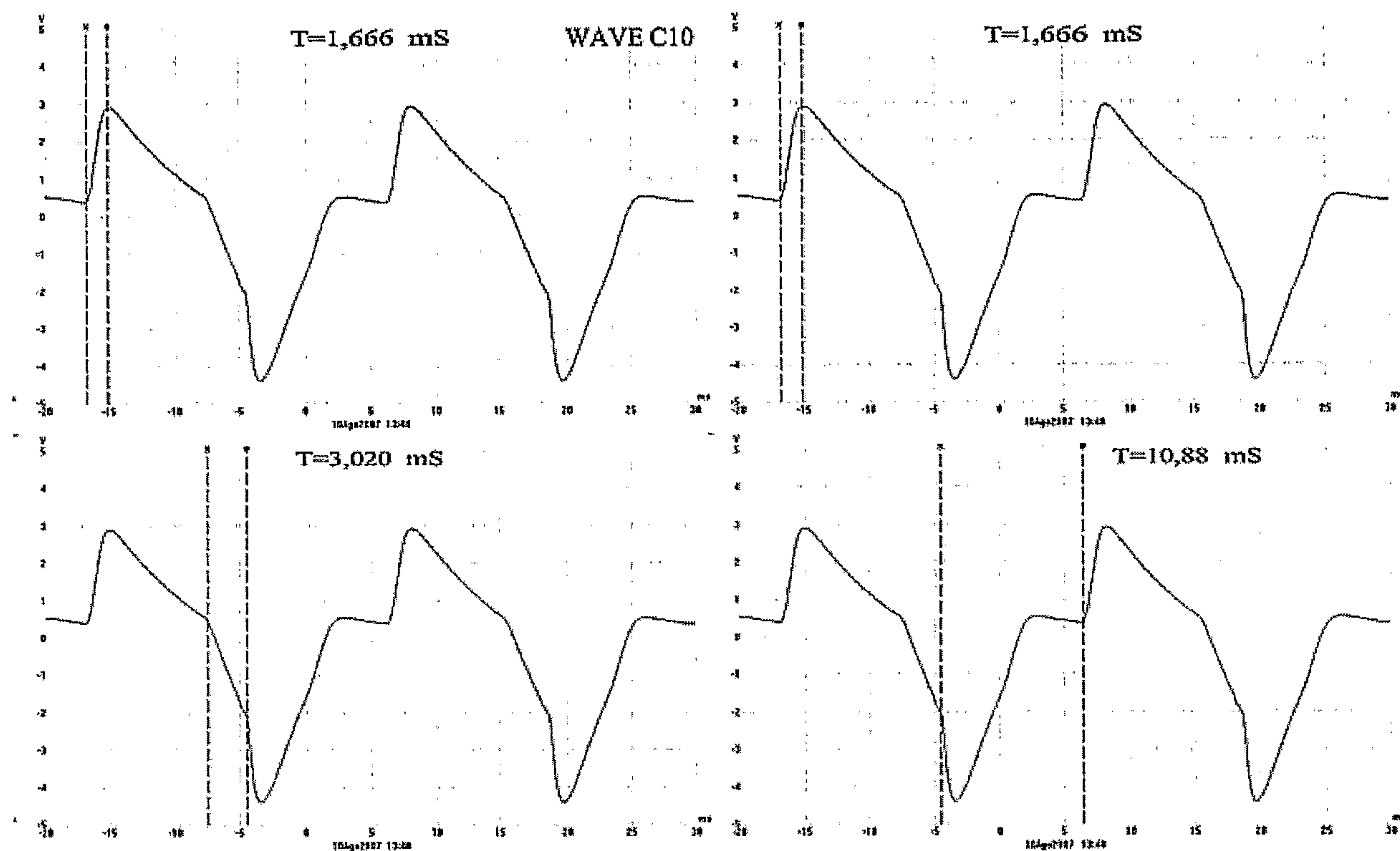


FIG. 9K

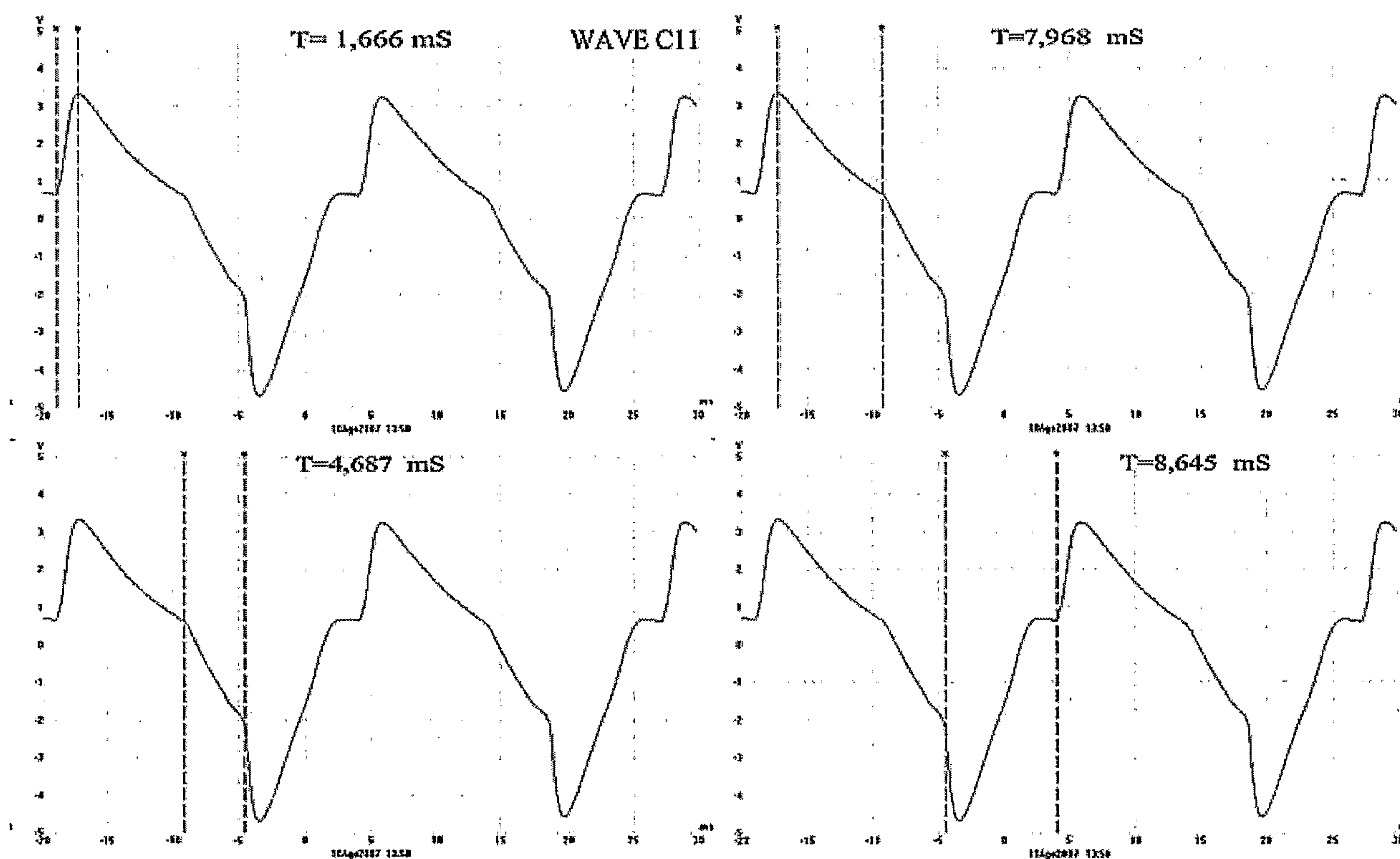


FIG. 9L

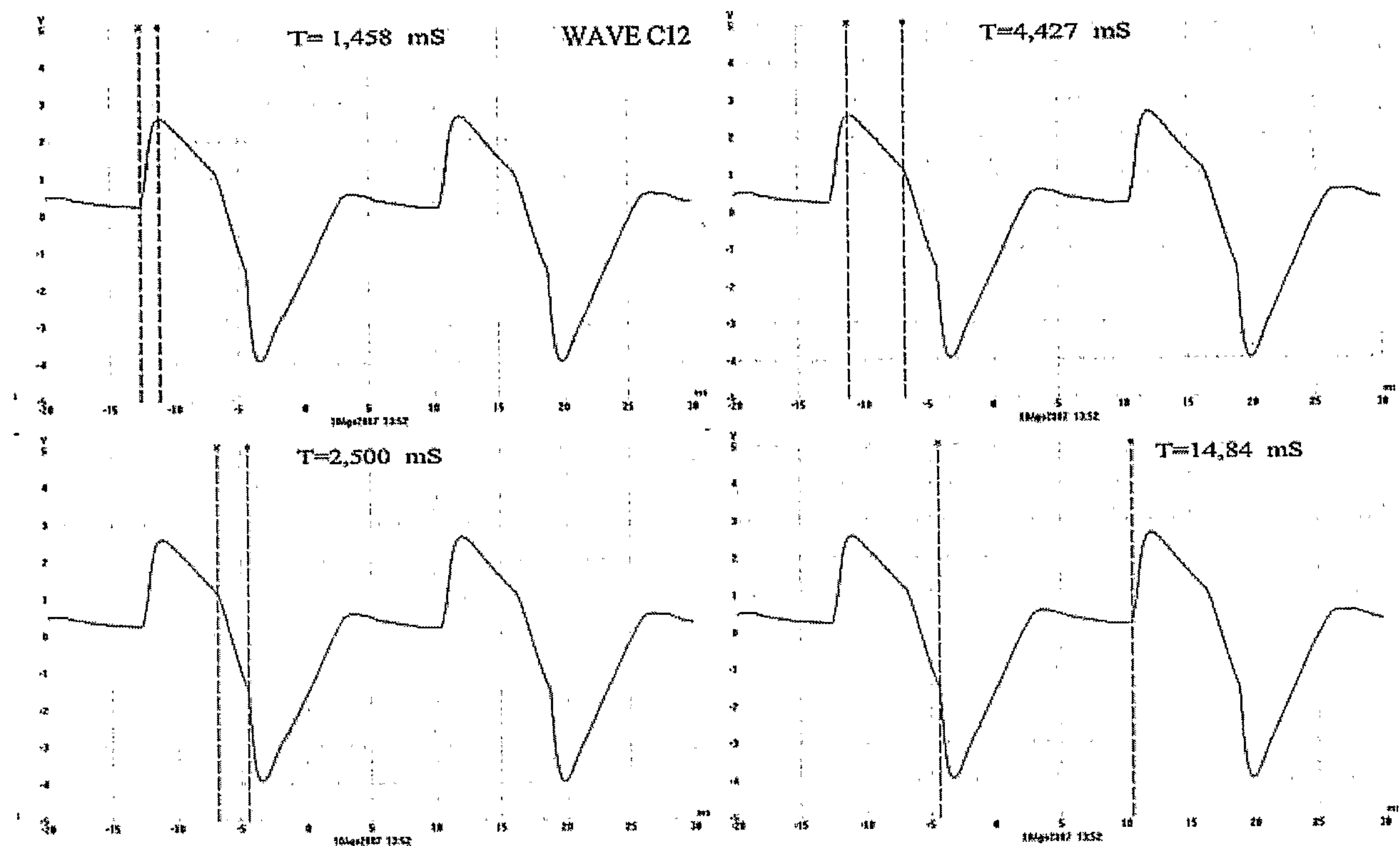


FIG. 9M

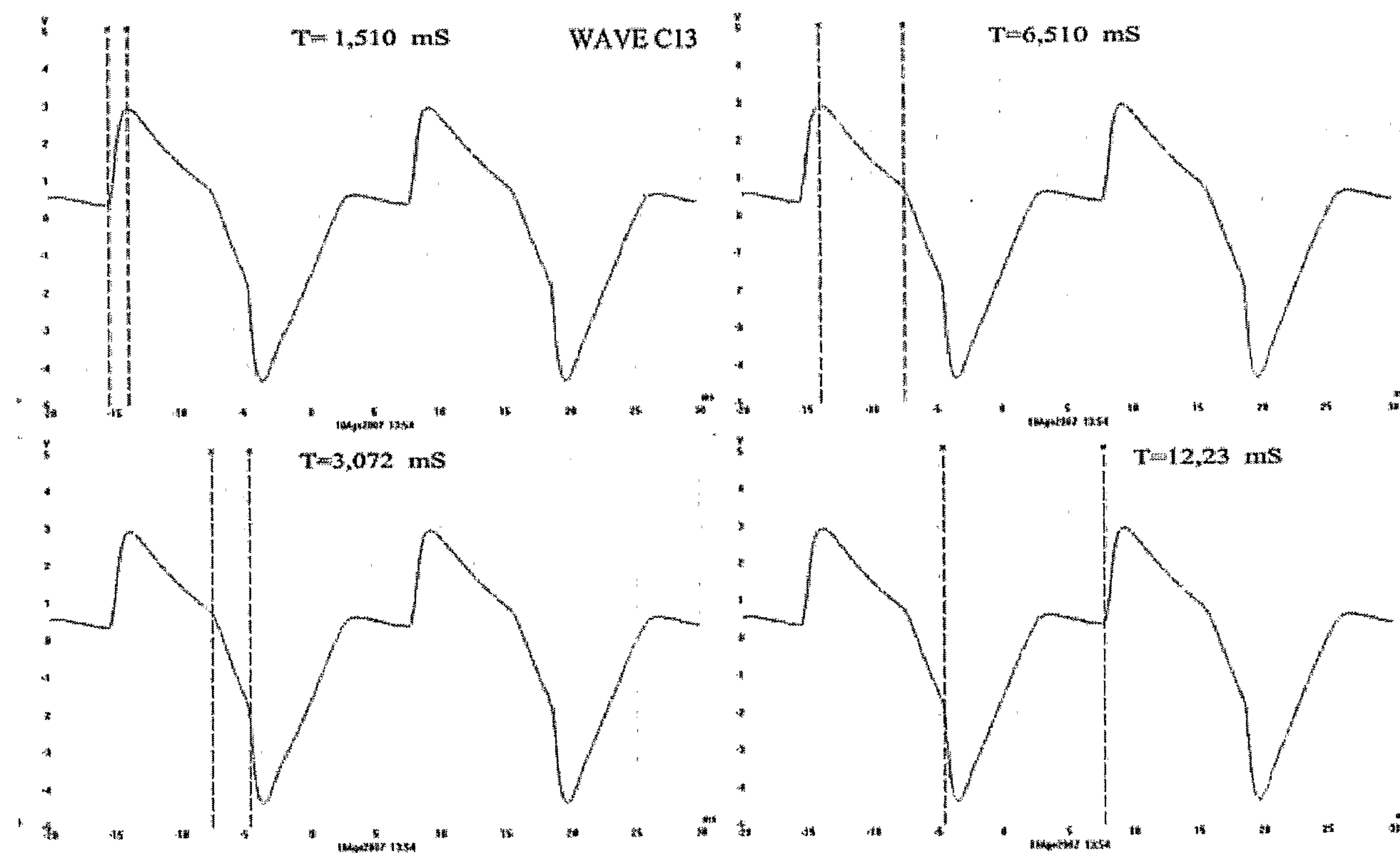


FIG. 9N

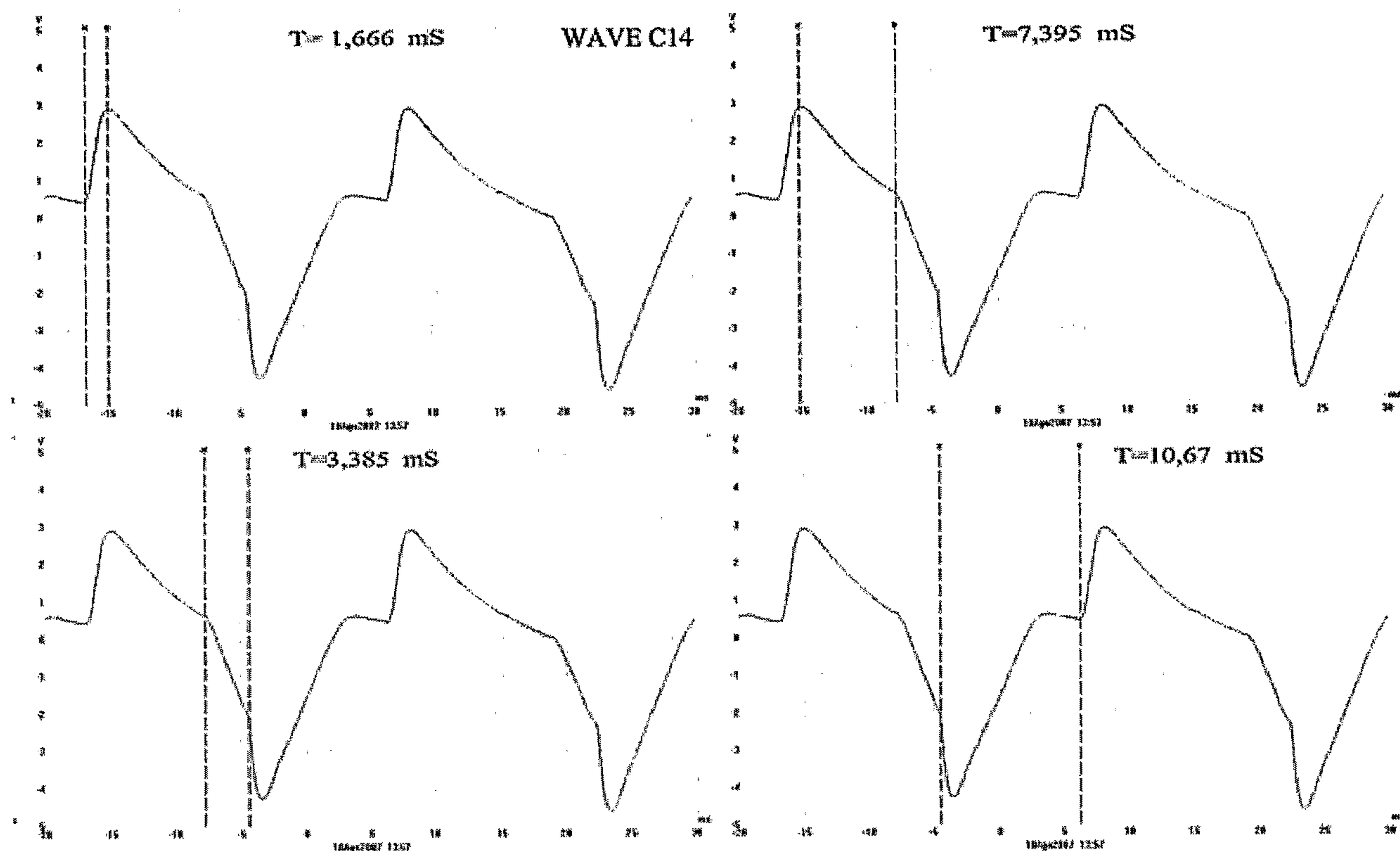


FIG. 90

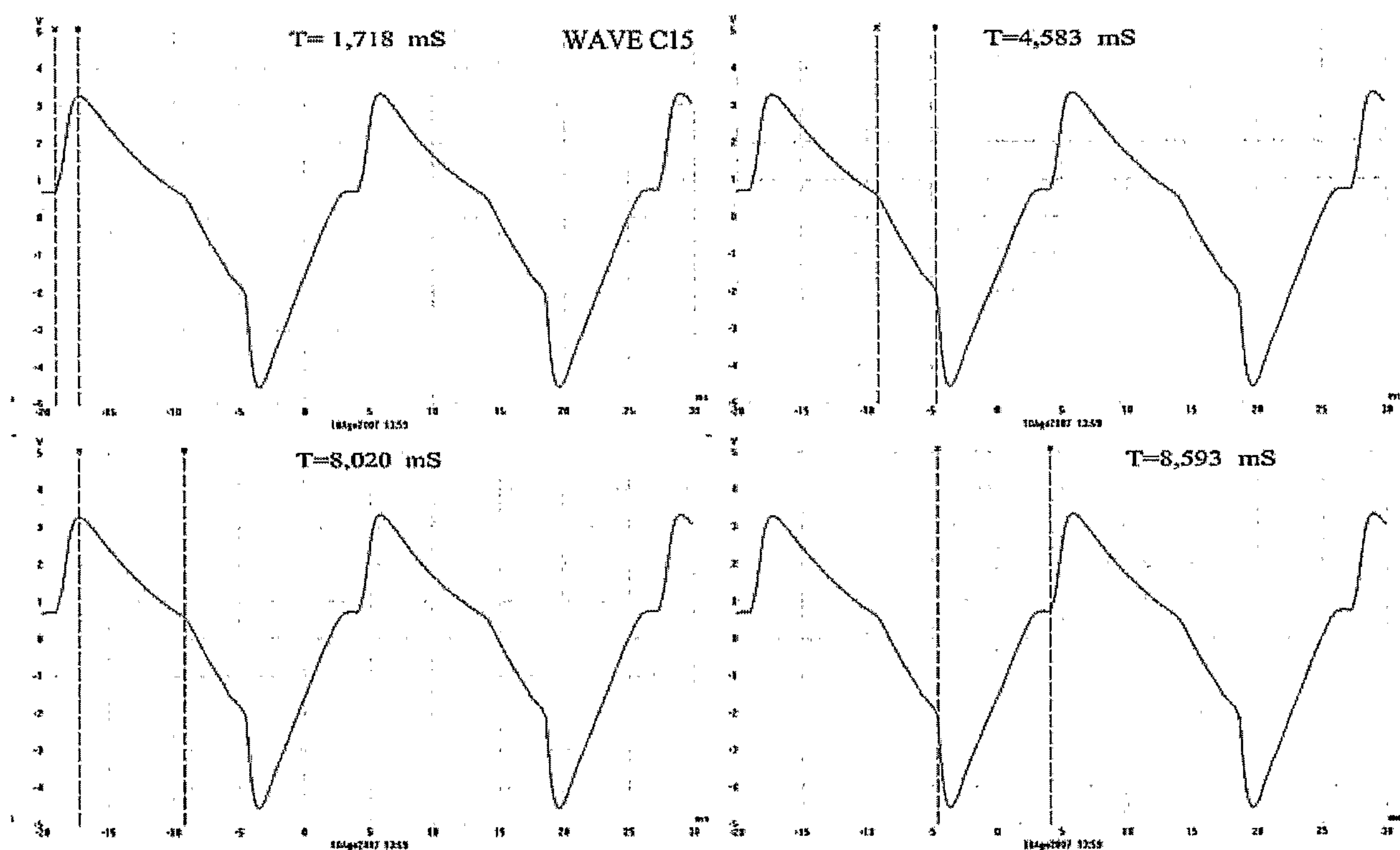
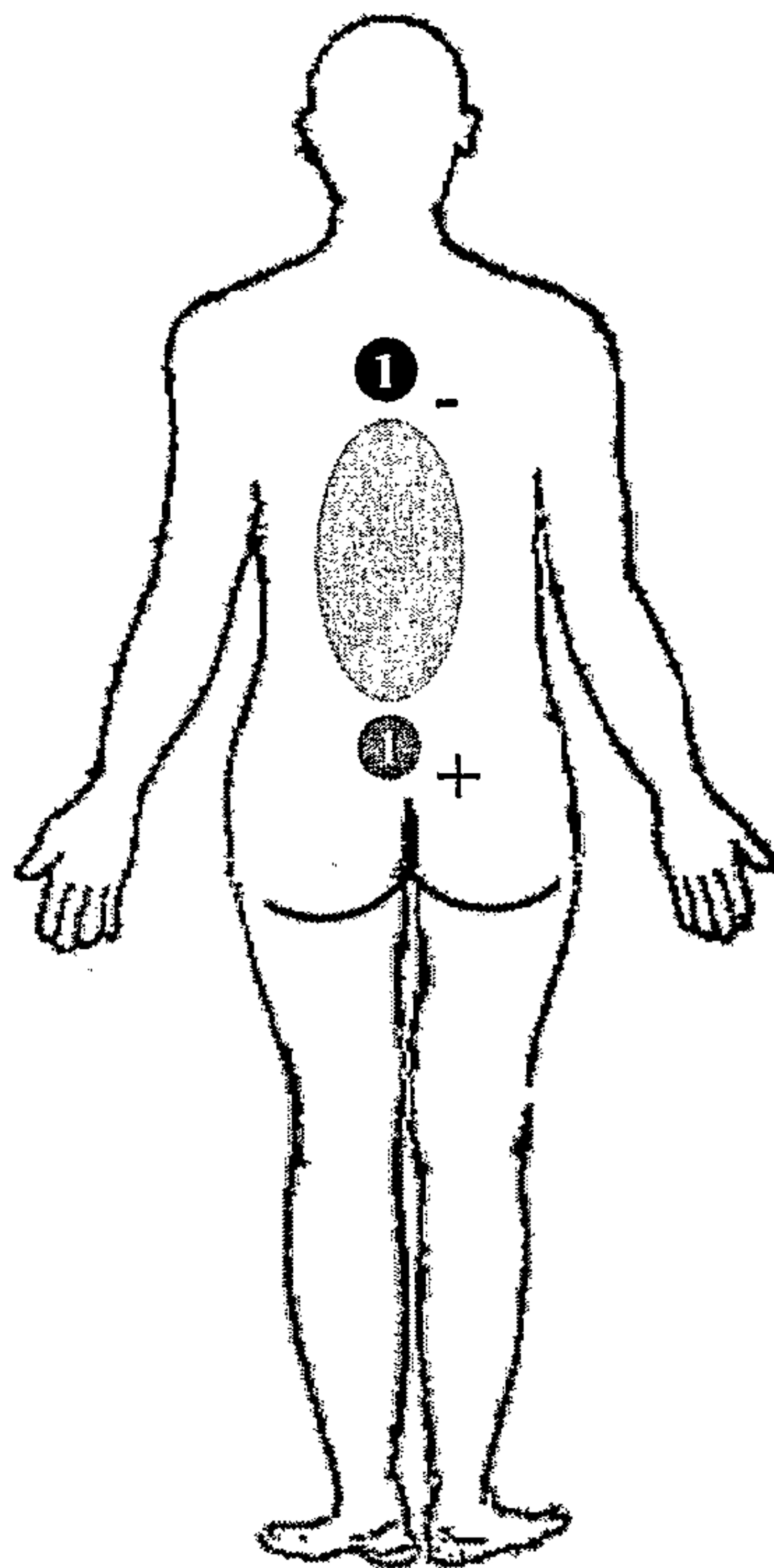


FIG. 9P

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Vertical positioning



Horizontal positioning

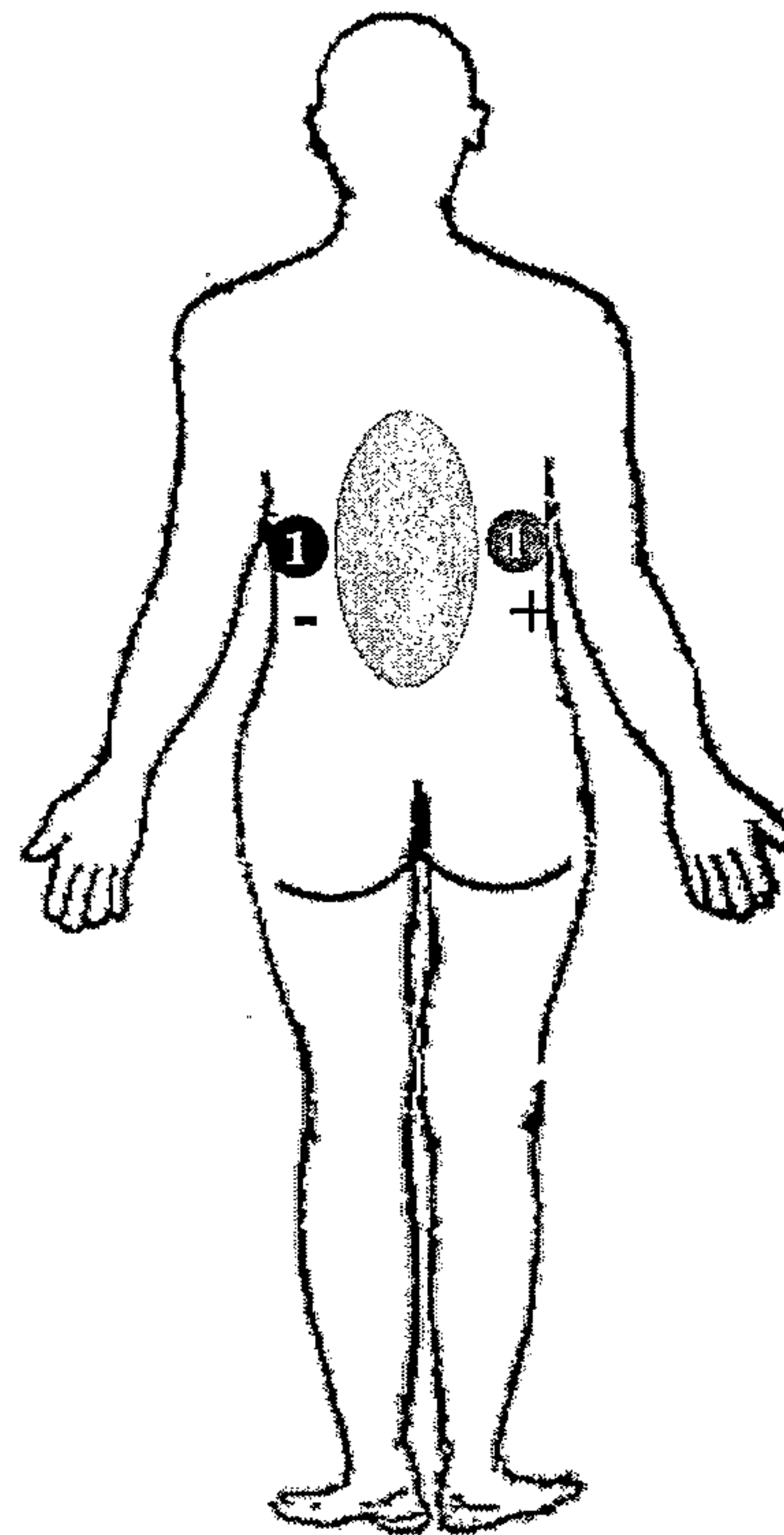
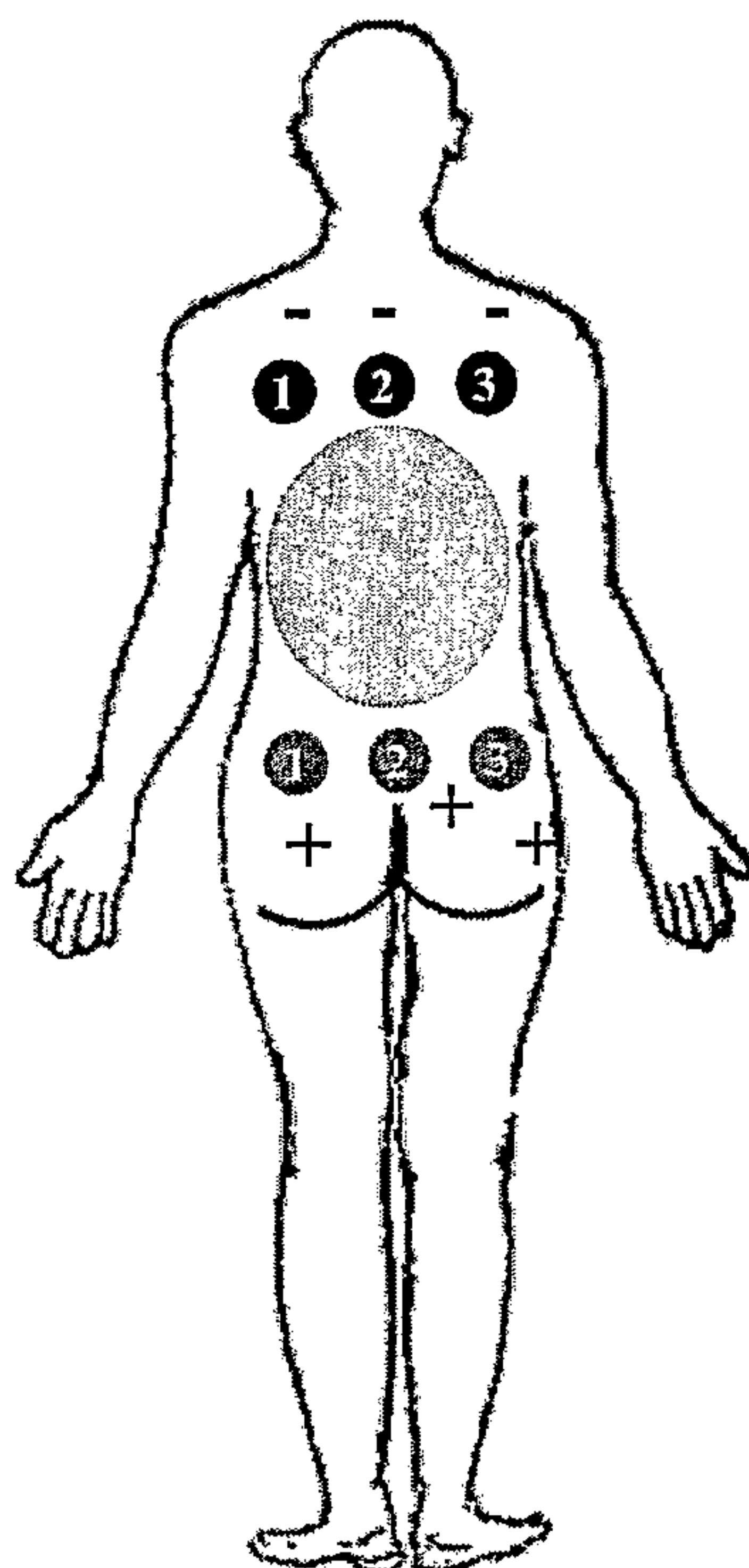


FIG. 10

Vertical positioning



Horizontal+Vertical positioning

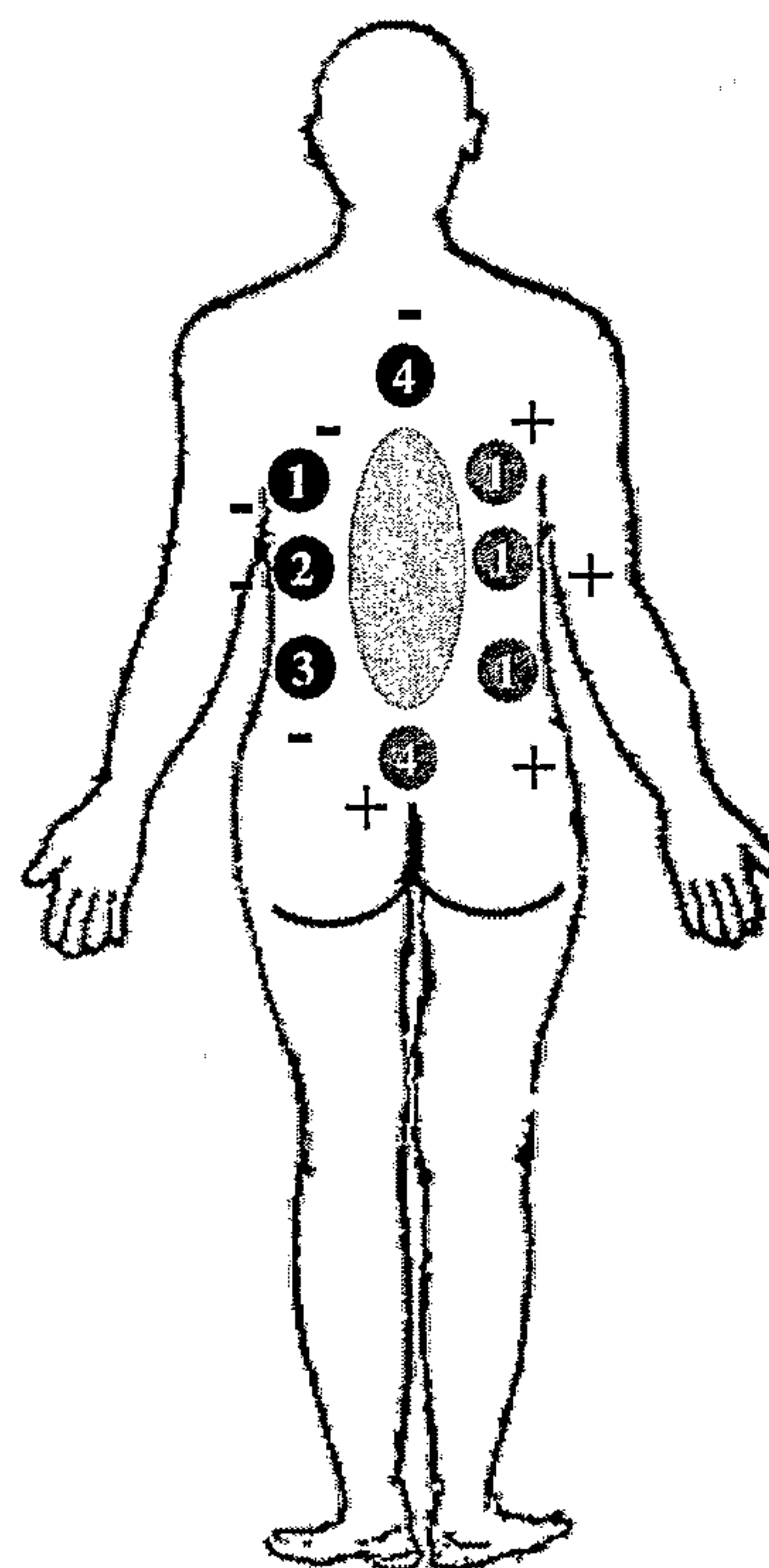


FIG. 11

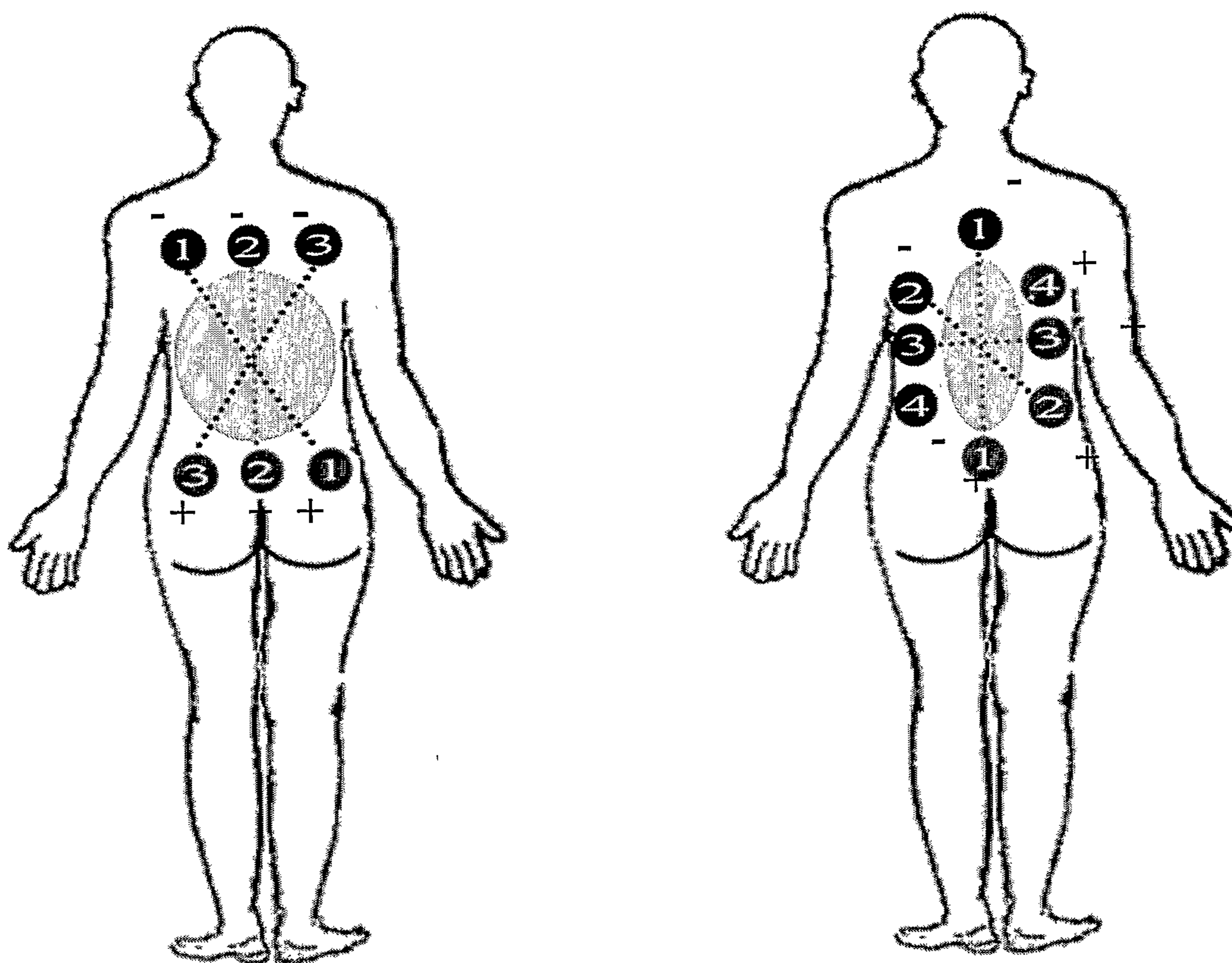


FIG. 12

Monoradicular and Pluriradicular pain

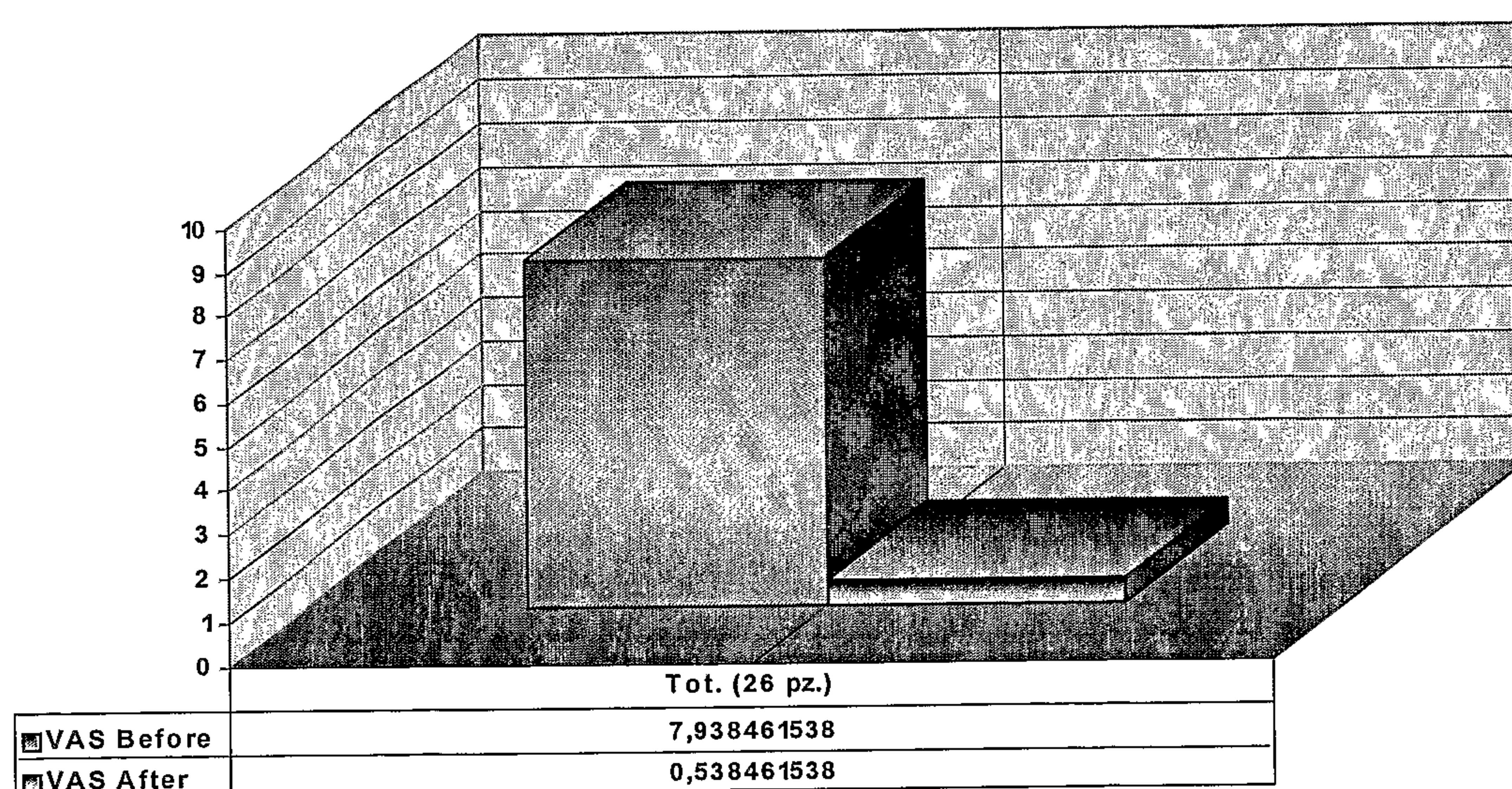
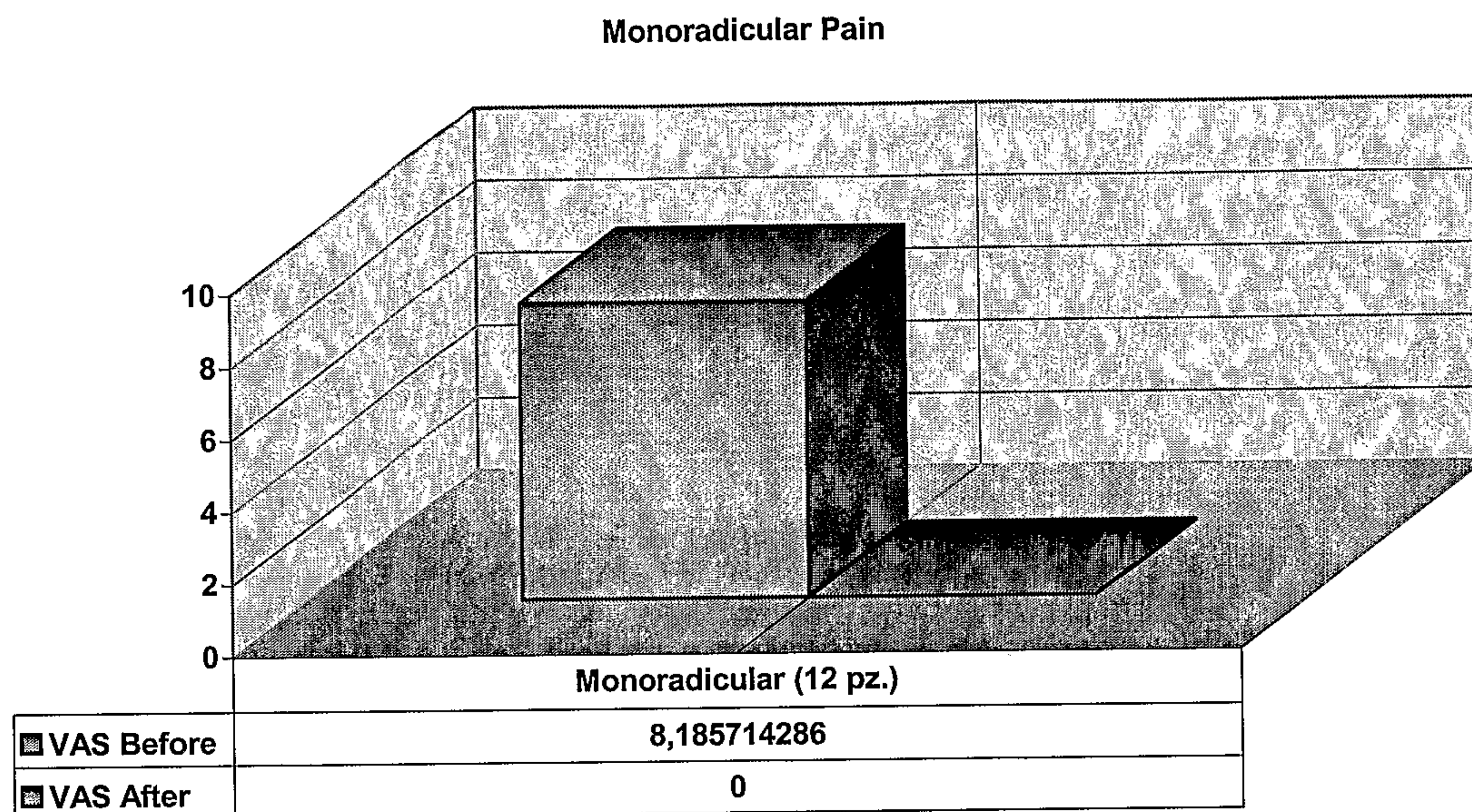
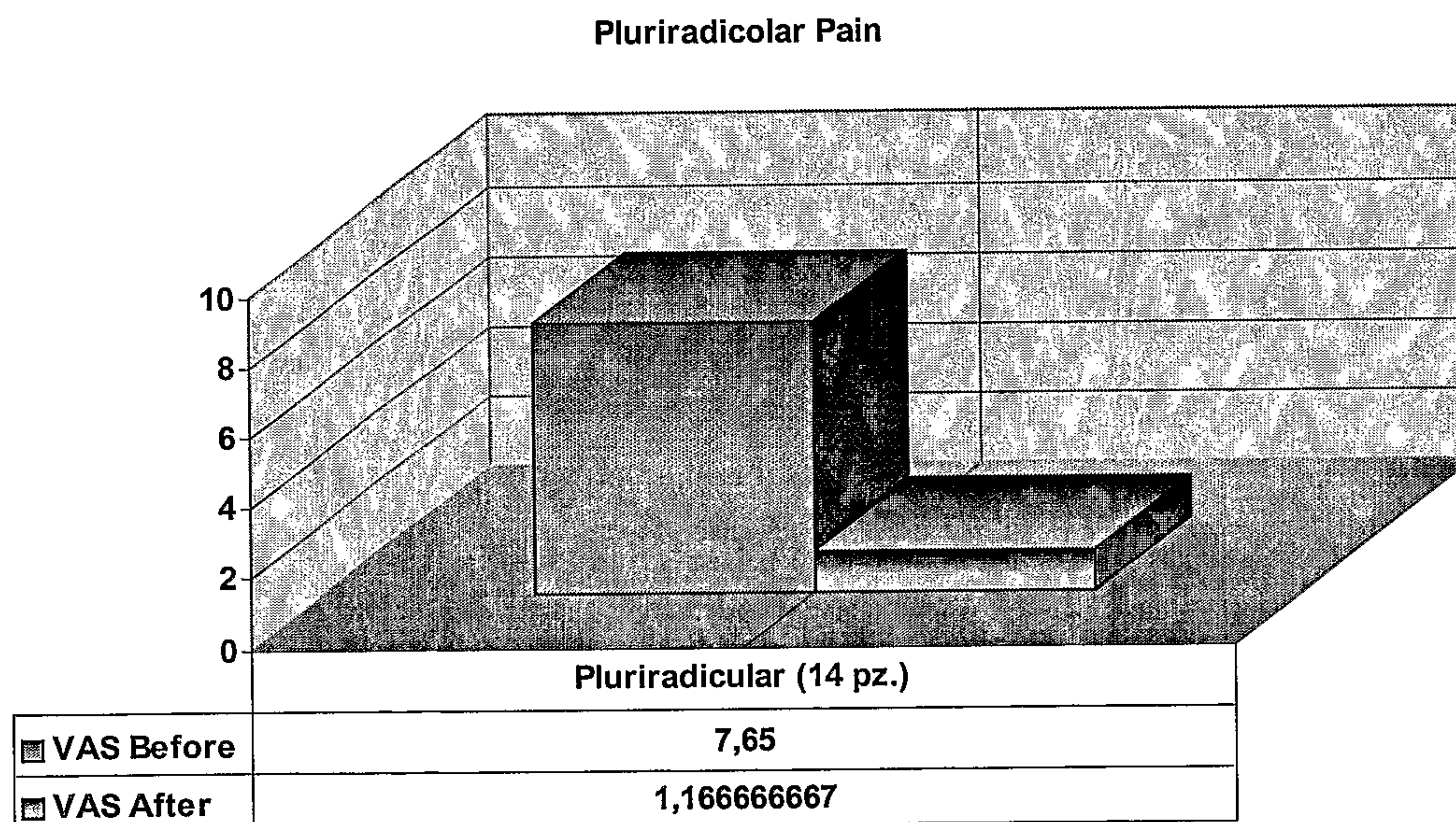


FIG. 13A

**FIG. 13B****FIG. 13C**

