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(54) Title: BRAIN STIMULATION METHODS FOR TREATING CENTRAL SENSITIVITY

(57) Abstract: Methods are disclosed for stimulating targeted regions of a brain to alleviate symptoms, treat conditions and/or modify brain activities associated with central sensitivity in a subject. The methods may include selecting a subject suffering from central sensitivity, identifying regions of the brain involved in central sensitivity, and stimulating one or more of these regions of the brain.

**BRAIN STIMULATION METHODS FOR  
TREATING CENTRAL SENSITIVITY**

CROSS-REFERENCES TO RELATED APPLICATIONS

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This application claims priority in U.S. patent application Serial Number 13/212,642, filed August 18, 2011, which is a continuation-in-part of U.S. patent application Serial Number 12/187,375, filed August 6, 2008 and PCT/US08/72395, filed August 6, 2008.

10

BACKGROUND OF THE INVENTION

FIELD OF THE INVENTION

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The present invention relates generally to the field of applying stimulating energy to tissues for stimulating a brain, and to therapeutic methods thereof. More specifically, the present invention relates to the use of brain stimulation methods in alleviating symptoms, treating conditions, and/or altering brain function associated with central sensitivity.

20

DESCRIPTION OF RELATED ART

It is known to stimulate tissues such as those of the brain, spinal cord or the vagus nerve as a means of providing therapy for a number of disorders, including nociceptive pain. A known method of delivery for such stimulation involves surgically implanting a signal generating device within the tissues of a subject.

25

It is also known to stimulate tissues by delivering stimulation energy to such tissues from external sources such as electromagnetic energy and electrical signal generators, and relying on tissue electrical properties to either induce or conduct such stimulation energy.

30

Central sensitivity (CS), also known as central sensitization, central pain, central augmentation, and central hypersensitivity among other terms, is an increased responsiveness of pain transmission to neurons in the spinal cord that is usually caused by neurochemical changes in the spinal cord, brainstem, or forebrain. CS mechanisms in the brain have been implicated in the pathology of allodynia, which is the term used when pain is caused by a stimulus that does not normally provoke pain; and in hyperalgesia, which is the term used when pain perceived from a stimulus is greater than what would normally be expected from that stimulus. Put simply, in central sensitivity the brain magnifies painful stimuli and eventually magnifies even associated non-painful stimuli. As pointed out in Latremoliere and Woolfe (6), because CS results from changes in the properties of neurons in the central nervous system, the pain is no longer coupled, as acute nociceptive pain is, to the presence, intensity, or duration of noxious peripheral stimuli arising from both neuropathic and inflammatory sources. Further, in chronic pain conditions the increased excitability due to CS far outlasts the initiating noxious stimulus, that is, the nociceptive input that causes the pain to occur in the first place.

Before CS was discovered, typically only two models of pain were contemplated. The first envisioned mechanisms by which specific pain pathways are activated by peripheral pain stimuli, and that the amplitude and duration of the pain experienced was determined entirely by the intensity and timing of the peripheral pain inputs. The second model suggested gate controls in the central nervous system that open and close, thus enabling or preventing pain. Medical science now recognizes CS as a third and unique model that contemplates neuroplastic changes in the functional properties of the central nervous system that lead to reductions in pain threshold, increases in the magnitude and duration of responses to noxious input, and permits normally innocuous inputs to generate pain sensations. In addition, CS is also believed to be relevant in somatic symptoms associated with painful conditions, including but not limited to fatigue and sleep disorders.

30

The brain's role in CS is being increasingly revealed and understood in neuroscience, due in large part to the advent of functional brain imaging technologies. For example, Lee et al. (7) used functional magnetic resonance imaging (fMRI) to

examine the extent that brain activity contributes to the maintenance of CS in humans. When the intensity of pain during CS and normal states were matched, activity within the brainstem, including the mesencephalic pontine reticular formation and the anterior thalami, remained increased during CS. Regarding brain areas related to the  
5 consequence of increased pain perception during CS, cortical activity mainly in the primary somatosensory area has been significantly correlated with intensity of pain attributable to both the force of noxious stimulation used and state in which noxious stimulation was applied.

10 Borsook et al. (8) reviewed the literature on brain activity using neuroimaging technologies. Their review details evidence of alterations in multiple sub-cortical and cortical processing mechanisms, including sensory, emotional/affective, cognitive, and modulatory systems that are present in chronic pain. The authors note these findings provide evidence of an increasing and important role of numerous brain  
15 regions in the centralization of chronic pain and the contribution to the altered brain in chronic pain conditions. Similarly, Schweinhardt and Bushnell (9) review neuroimaging evidence that the brain plays an active and enhanced modulatory role for pain processing in chronic pain patients, citing findings that brain activations in chronic pain involve brain circuitry not normally activated by acute pain.

20 Because of this emerging understanding, the role of CS is increasingly shown to be pathological in seemingly unrelated chronic pain conditions and syndromes including fibromyalgia, complex regional pain syndrome, phantom pain, and migraine headaches. Yunus (10) identifies no less than 14 common syndromes that lack  
25 structural pathology yet have CS as a common mechanism. These conditions further include chronic fatigue syndrome, irritable bowel syndrome, tension-type headaches, temporomandibular disorder, myofascial pain syndrome, regional soft-tissue pain syndrome, restless leg syndrome, periodic limb movements in sleep, multiple chemical sensitivity, primary dysmenorrhea, female urethral syndrome, interstitial  
30 cystitis, and post-traumatic stress disorder. Yunus also notes that CS may play a significant role in the pain of depression and in Gulf War Syndrome.

Giesecke et al. (11) used fMRI to demonstrate augmented central pain processing in patients with idiopathic chronic low back pain and fibromyalgia. Indeed, when equal levels of mechanical pressure intended to elicit a painful response were applied to patients and normal controls, patients with chronic low back pain and  
5 fibromyalgia experienced significantly more pain and showed more extensive, common patterns of neuronal activation in pain-related cortical areas of the brain than the controls. Thus, CS may play an important role in persons with chronic low back pain that persists without identifiable physical pathology.

10 The role of CS in persistent inflammatory conditions is also gaining recognition. In Gwilym et al. (12), fMRI illustrated significantly greater brain activation in osteoarthritis (OA) patients in response to stimulation of their referred pain areas (i.e. areas where pain persists but do not exhibit OA or related inflammation) compared with healthy controls, and the magnitude of this activation  
15 positively correlated with the extent of neuropathic-like elements to the patient's pain. The role of CS in osteoarthritis has been the subject of several other investigations (13, 14). As detailed in Imamura et al. (15), the refractory, disabling pain associated with knee OA is usually treated with total knee replacement. However, a comparison of OA patients with healthy normal controls showed patients with knee OA had  
20 significantly lower pressure pain thresholds (PPT) over widespread evaluated structures beyond the knee. The lower PPT values were correlated with higher pain intensity, higher disability scores, and with poorer quality of life. This suggests pain in these patients might be more associated with CS rather than peripheral inflammation and injury. As the authors point out, the implications of the role of CS,  
25 and its potential for modulation, may provide exciting and innovative cost effective therapeutic tools to control pain, reduce disability, and improve quality of life in knee OA patients.

Yet, the treatment of CS is a challenging task. As stated by Latremoliere and  
30 Woolfe (6), "The complexity is daunting because the essence of central sensitization is a constantly changing mosaic of alterations in membrane excitability, reductions in inhibitory transmission, and increases in synaptic efficacy, mediated by many converging and diverging molecular players on a background of phenotypic switches

and structural alterations.” Some centrally-acting pharmaceutical agents such as gabapentin (16,17), ketamine (18), propofol (19) and anti-tumor necrosis factor alpha (TNF-alpha) therapy (20), just to name a few, have evidence of efficacy in treating CS. The patent literature has examples in the art of pharmaceutical use as a  
5 therapeutic agent for treating CS. For example, the use of dimiracetam for treatment of hyperalgesia and allodynia caused by central sensitization in chronic pain has been taught. Further, the use of compounds associated with (R)-2-acetamido-N-benzyl-3-methoxypropionamide have been taught to treat central neuropathic pain, including  
10 “neurological disorders characterized by persistence of pain and hypersensitivity in a body region.”

The following references are incorporated by reference in their entirety:

15 "High-frequency stimulation of the subthalamic nucleus silences subthalamic neurons: a possible cellular mechanism in Parkinson's Disease", Magarinos-Ascone C, Pazo JH Macadar O and Buno W. Neuroscience 2002; 115(4): 1109-17.

"The spatial receptive field of thalamic inputs to single cortical simple cells revealed by the interaction of visual and electrical stimulation", Kara, Pezaris JS, Yurgenson S and Reid, RC. Proc Natl Acad Sci USA 2002 Dec. 10; 99(25): 16261-6.

20 "The anticonvulsant effect of electrical fields", Weinstein S. Curr Neurol Neurosci Rep 2001 March; 1(2):155-61.

"Electrical stimulation of the motor cortex in neuropathic pain", Tronnier V, Schmerz. 2001 August; 15(4):278-9.

25 "Centromedian-thalamic and hippocampal electrical stimulation for the control of intractable epileptic seizures", Velasco M, Velasco F, Velasco AL. J Clin Neurophysiol 2001 November; 18(6):495-513.

“Central sensitization: a generator of pain hypersensitivity by central neural plasticity”, Latremoliere A, Woolf CJ. J Pain. 2009 Sept;10(9):895-926.

“Identifying brain activity specifically related to the maintenance and perceptual consequence of central sensitization in humans”, Lee MC, Zambreanu L, Menon DK, Tracey I. *J Neurosci*. 2008 Nov 5;28(45):11642-9.

5 “A key role of the basal ganglia in pain and analgesia--insights gained through human functional imaging”, Borsook D, Upadhyay J, Chudler EH, Becerra L. *Mol Pain*. 2010 May 13;6:27.

“Pain imaging in health and disease--how far have we come?”, Schweinhardt P, Bushnell MC. *J Clin Invest*. 2010 Nov 1;120(11):3788-97.

10 “Fibromyalgia and overlapping disorders: the unifying concept of central sensitivity syndromes”, Yunus MB. *Semin Arthritis Rheum*. 2007 Jun;36(6):339-56.

“Evidence of augmented central pain processing in idiopathic chronic low back pain”, Giesecke T, Gracely RH, Grant MA, Nachemson A, Petzke F, Williams DA, Clauw DJ. *Arthritis Rheum*. 2004 Feb;50(2):613-23.

15 “Psychophysical and functional imaging evidence supporting the presence of central sensitization in a cohort of osteoarthritis patients”, Gwilym SE, Keltner JR, Warnaby CE, Carr AJ, Chizh B, Chessell I, Tracey I. *Arthritis Rheum*. 2009 Sep 15;61(9):1226-34.

20 “Lessons from fibromyalgia: abnormal pain sensitivity in knee osteoarthritis”, Bradley LA, Kersh BC, DeBerry JJ, Deutsch G, Alarcón GA, McLain DA. *Novartis Found Symp*. 2004;260:258-70.

“Sensitization in patients with painful knee osteoarthritis”, Arendt-Nielsen L, Nie H, Laursen MB, Laursen BS, Madeleine P, Simonsen OH, Graven-Nielsen T. *Pain*. 2010 Jun;149(3):573-81.

25 “Impact of nervous system hyperalgesia on pain, disability, and quality of life in patients with knee osteoarthritis: a controlled analysis”, Imamura M, Imamura ST, Kaziyama HH, Targino RA, Hsing WT, de Souza LP, Cutait MM, Fregni F, Camanho GL. *Arthritis Rheum*. 2008 Oct 15;59(10):1424-31.

“Pharmacological modulation of pain-related brain activity during normal and central sensitization states in humans”, Iannetti GD, Zambreau L, Wise RG, Buchanan TJ, Huggins JP, Smart TS, Vennart W, Tracey I. Proc Natl Acad Sci U S A. 2005 Dec 13;102(50):18195-200.

5 “Chronic oral gabapentin reduces elements of central sensitization in human experimental hyperalgesia”, Gottrup H, Juhl G, Kristensen AD, Lai R, Chizh BA, Brown J, Bach FW, Jensen TS. Anesthesiology. 2004 Dec;101(6):1400-8.

“Pharmacodynamic profiles of ketamine (R)- and (S)- with 5-day inpatient infusion for the treatment of complex regional pain syndrome”, Goldberg ME, 10 Torjman MC, Schwartzman RJ, Mager DE, Wainer IW. Pain Physician. 2010 Jul;13(4):379-87.

“Analgesic and antihyperalgesic properties of propofol in a human pain model”, Bandschapp O, Filitz J, Ihmsen H, Berset A, Urwyler A, Koppert W, Ruppen W. Anesthesiology. 2010 Aug;113(2):421-8.

15 “TNF-alpha and neuropathic pain - a review”, Leung L, Cahill CM. J Neuroinflammation. 2010 Apr 16;7:27.

## SUMMARY OF THE INVENTION

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According to the invention, a method is provided for alleviating symptoms associated with central sensitivity in a subject. The method includes the steps of selecting a subject suffering from one or more symptoms associated with central sensitivity and stimulating a target region of the brain of the subject to stimulate 25 pathological brain activity associated with central sensitivity, and thereby alleviate symptoms associated with central sensitivity.

Also, according to the invention, a method is provided for alleviating symptoms associated with central sensitivity in a subject where the method comprises 30 the steps of determining the presence of central sensitivity in the subject, identifying

at least one target region of the subject's brain as being related to the central sensitivity, and stimulating the at least one target region of the brain of the subject to stimulate pathological brain activity in the at least one target region thereby alleviating symptoms associated with central sensitivity.

5

Also, according to the invention, a method is provided for alleviating symptoms associated with central sensitivity in a subject where the method includes the steps of selecting a subject suffering from one or more symptoms associated with central sensitivity, stimulating a target region of a brain of the subject to stimulate pathological brain activity associated with central sensitivity, and administering one or more pharmaceutical agents to the subject to further augment the alleviating of symptoms associated with central sensitivity.

Also, according to the invention, a method is provided for alleviating symptoms associated with central sensitivity in a subject where the method includes the steps of determining the presence of central sensitivity in the subject, identifying at least one target region of the subject's brain involved in the central sensitivity, stimulating the at least one target region of the brain of the subject to stimulate pathological brain activity in the at least one target region, and administering one or more pharmaceutical agents to the subject to further augment the alleviating of symptoms associated with central sensitivity.

Also, according to the invention, a method is provided for treating a condition associated with central sensitivity in a subject where the method includes the steps of selecting a subject suffering from one or more conditions associated with central sensitivity and stimulating a target region of the brain of the subject to stimulate pathological brain activity associated with central sensitivity, and to thereby treat a condition associated with central sensitivity.

Also, according to the invention, a method is provided for treating a condition associated with central sensitivity in a subject where the method includes the steps of determining the presence of central sensitivity in the subject, identifying at least one target region of the subject's brain as being involved in the central sensitivity, and

stimulating the at least one target region of the brain of the subject to stimulate pathological brain activity in the at least one target region thereby treating a condition associated with central sensitivity.

5           Also, according to the invention, a method is provided for treating a condition associated with central sensitivity in a subject where the method includes the steps of selecting a subject suffering from one or more conditions associated with central sensitivity, stimulating a target region of a brain of the subject to stimulate pathological brain activity associated with central sensitivity, and administering one  
10 or more pharmaceutical agents to the subject to further augment the treating of a condition associated with central sensitivity.

          Also, according to the invention, a method is provided for treating a condition associated with central sensitivity in a subject where the method includes the steps of  
15 determining the presence of central sensitivity in the subject, identifying at least one target region of the subject's brain related to the central sensitivity, stimulating the at least one target region of the brain of the subject to stimulate pathological brain activity in the at least one target region, and administering one or more pharmaceutical agents to the subject to further augment the treating of a condition  
20 associated with central sensitivity.

          Also, according to the invention, a method is provided for altering brain activity associated with central sensitivity in a subject where the method includes the steps of selecting a subject suffering from brain activity associated with central  
25 sensitivity and stimulating a target region of the brain of the subject to stimulate pathological brain activity associated with central sensitivity, thereby altering a brain activity associated with central sensitivity.

          Also, according to the invention, a method is provided for altering brain  
30 activity associated with central sensitivity in a subject where the method includes the steps of determining the presence of brain activity associated with central sensitivity in the subject, identifying at least one target region of the subject's brain as being

involved in the brain activity associated with central sensitivity, and stimulating the at least one target region of the brain of the subject to stimulate pathological brain activity in the at least one target region thereby altering a brain activity associated with central sensitivity.

5

Also, according to the invention, a method is provided for altering brain activity associated with central sensitivity in a subject where the method includes the steps of selecting a subject suffering from brain activity associated with central sensitivity, stimulating a target region of a brain of the subject to stimulate  
10 pathological brain activity associated with central sensitivity, and administering one or more pharmaceutical agents to the subject to further augment the altering of a brain activity associated with central sensitivity.

Also, according to the invention, a method is provided for altering brain  
15 activity associated with central sensitivity in a subject where the method includes the steps of determining the presence of brain activity associated central sensitivity in the subject, identifying at least one target region of the subject's brain related to the central sensitivity, stimulating the at least one target region of the brain of the subject to stimulate pathological brain activity in the at least one target region, and  
20 administering one or more pharmaceutical agents to the subject to further augment the altering of a brain activity associated with central sensitivity.

Also, according to the invention, a tissue stimulation apparatus is provided for use in alleviating symptoms associated with central sensitivity in a subject. The  
25 apparatus comprises a neuroimaging device

configured to obtain neuroimaging data from tissues in a target region of a brain of a subject suffering from one or more symptoms associated with central sensitivity, a stimulation device including a stimulation signal generation circuit  
30 configured to generate and deliver a tissue stimulation signal to the target region of the subject's brain, and a computing device configured to set one or more parametric values of the electrical tissue stimulation signal in response to neuroimaging data obtained by the neuroimaging device.

Also, according to the invention, a tissue stimulation signal is provided. The tissue stimulation signal comprises one or more parametric values tailored in response to neuroimaging data obtained from tissues in a target region of the brain of a subject  
5 suffering from one or more symptoms associated with central sensitivity, and deliverable to the target region of a subject's brain for use in alleviating the symptoms.

Additional advantages and novel features of the invention will be set forth in  
10 part in the description that follows, and in part will become more apparent to those skilled in the art upon examination of the following or upon learning by practice of the invention.

#### BRIEF DESCRIPTION OF THE DRAWINGS

15

For a more complete understanding of the present invention, the needs satisfied thereby, and the features, and advantages thereof, reference now is made to the following description taken in connection with the accompanying drawings.

20 Figure 1 is a schematic block diagram of a neurostimulator for use in disclosed brain stimulation methods;

Figure 2 shows a graphic representation of a neurostimulation signal produced by the neurostimulator of Figure 1;

25

Figure 3 is a schematic diagram showing a model of an apparatus and tissue impedance addressed by a neurostimulation signal such as that produced by the neurostimulator of Figure 1;

30 Figure 4 is a schematic representation of an apparatus for stimulating a brain comprising the neurostimulator of Figure 1;

Figure 5 is a graphical representation of a high frequency signal that the neurostimulator of Figure 1 may be configured to produce;

5 Figure 6 is a graphical representation of a low frequency signal that the neurostimulator of Figure 1 may be configured to produce;

Figure 7 is a graphical representation of an amplitude modulated pulse width modulated signal that the neurostimulator of Figure 1 may be configured to produce;

10 Figure 8 is a graphical representation of a low frequency sinusoidal signal that the neurostimulator of Figure 1 may be configured to produce;

Figure 9 is a graphical representation of a sinusoidal amplitude modulated pulse width modulated signal that the neurostimulator of Figure 1 may be configured  
15 to produce;

Figure 10 is a graphical representation of a low frequency composite sinusoidal signal that the neurostimulator of Figure 1 may be configured to produce;

20 Figure 11 is a graphical representation of a composite sinusoidal amplitude modulated pulse width modulated signal that the neurostimulator of Figure 1 may be configured to produce;

Figure 12 is a schematic block diagram of an alternative embodiment of a  
25 neurostimulator for use in disclosed brain stimulation methods;

Figure 13 is a schematic block diagram of an alternative embodiment of a neurostimulator for use in disclosed brain stimulation methods;

30 Figure 14 is a schematic block diagram of an alternative embodiment of a neurostimulator for use in disclosed brain stimulation methods;

Figure 15 is a schematic block diagram of an alternative embodiment of a neurostimulator for use in disclosed brain stimulation methods;

Figure 16 is a schematic diagram of a switching circuit;

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Figure 17 is a schematic block diagram of an alternative embodiment of a neurostimulator for use in disclosed brain stimulation methods;

Figure 18 is a schematic block diagram of an alternative embodiment of a neurostimulator for use in disclosed brain stimulation methods;

10

Figure 19 is an orthogonal view of a mobile electrical stimulation apparatus including a neurostimulator for use in disclosed brain stimulation methods and showing schematic block diagrammatic representations of connections to a computer, leads, and the internet;

15

Figure 20 is a flow diagram of a method of applying therapeutic electrical stimulation;

Figure 21 is a flow diagram of a method of applying therapeutic electrical stimulation;

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Figure 22 is a flow diagram of a method of applying therapeutic electrical stimulation;

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Figure 23 is a flow diagram of a method of applying therapeutic electrical stimulation;

Figure 24 is a flow diagram of a method of applying therapeutic electrical stimulation;

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Figure 25 is a flow diagram of a method of applying therapeutic electrical stimulation;

Figure 26 is a flow diagram of a method of applying therapeutic electrical stimulation;

5 Figure 27 is a schematic block diagram of a computer system;

Figure 28 is a flow diagram of a method of alleviating symptoms associated with central sensitivity by stimulating a target region of a brain;

10 Figure 29 is a flow diagram of a method of alleviating symptoms associated with central sensitivity by determining the presence of central sensitivity and stimulating a target region of a brain;

15 Figure 30 is a flow diagram of a method of alleviating symptoms associated with central sensitivity by administering a pharmaceutical and stimulating a target region of a brain;

20 Figure 31 is a flow diagram of a method of alleviating symptoms associated with central sensitivity by determining the presence of central sensitivity, administering a pharmaceutical and stimulating a target region of a brain.

Figure 32 is a flow diagram of a method of treating a condition associated with central sensitivity by stimulating a target region of a brain;

25 Figure 33 is a flow diagram of a method of treating a condition associated with central sensitivity by determining the presence of central sensitivity and stimulating a target region of a brain;

30 Figure 34 is a flow diagram of a method of treating a condition associated with central sensitivity by administering a pharmaceutical and stimulating a target region of a brain;

Figure 35 is a flow diagram of a method of treating a condition associated with central sensitivity by determining the presence of central sensitivity, administering a pharmaceutical and stimulating a target region of a brain.

5           Figure 36 is a flow diagram of a method of altering abnormal brain activity associated with central sensitivity by stimulating a target region of a brain;

          Figure 37 is a flow diagram of a method of altering abnormal brain activity associated with central sensitivity by determining the presence of central sensitivity  
10       and stimulating a target region of a brain;

          Figure 38 is a flow diagram of a method of altering abnormal brain activity associated with central sensitivity by administering a pharmaceutical and stimulating a target region of a brain;

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          Figure 39 is a flow diagram of a method of altering abnormal brain activity associated with central sensitivity by determining the presence of central sensitivity, administering a pharmaceutical and stimulating a target region of a brain.

## 20           DETAILED DESCRIPTION OF INVENTION EMBODIMENT(S)

          An apparatus for treating neurological dysfunctions is shown in Figures 1, 3, 4, 12-19 and 27. Methods for using the disclosed apparatus to treat neurological dysfunctions are shown in Figures 2, 5-11, 20-26 and 28-39.

25

          In the following description of the disclosed apparatus and methods, the term “central sensitivity” is intended to mean any central nervous system condition pathologically related to hyperalgesia, allodynia, reductions in pain threshold, increases in the magnitude and duration of responses to noxious input, results in normally innocuous inputs to generate pain sensations, or results in non-painful  
30       symptoms associated with increases in central nervous system responsiveness. Central sensitivity is also known by alternate terms that may include but are not limited to

“central sensitization”, “central pain”, “central augmentation,” and “central hypersensitivity”.

Central sensitivity is not a manifestation or cause of an individual symptom or  
5 condition. Instead, central sensitivity results in a worsening of the effect or magnitude  
of one or more symptoms because of a central nervous system condition that is  
independent of the cause of the one or more symptoms per se. Thus, any method of  
treatment of central sensitivity is fundamentally different from treatment of a specific  
symptom. For example, treatment of pain augmentation by central sensitivity is  
10 inherently different than treatment of pain under traditional nociceptive models of  
pain.

The term “alleviate” or “alleviating” is intended to mean any outcome in  
which a condition and/or its symptoms are reduced, made less severe, mitigated,  
15 treated or eliminated for any period of time.

The term “stimulating” is intended to mean the transmission of any energy  
signal that is generated by a stimulation device such as an electrical stimulator or a  
magnetic stimulator including a transcranial magnetic stimulator, to the brain of a  
20 subject for the purpose of influencing any function or physiological state of the  
subject's brain that is at least one part of a pathway of central sensitivity.

The term “stimulation signal” is intended to mean any energy signal used in  
the process of stimulating a tissue such as a brain.

25

The term “pathway of central sensitivity” is intended to mean any aspect of  
the central nervous system, including at least one or more portions of the brain, the  
spinal cord or peripheral nerves, which is functionally involved, related to, or affects  
the process of central sensitivity.

30

The term “symptoms associated with central sensitivity” is intended to mean  
any symptom manifestation or similar indication that is known in the art to be  
associated with central sensitivity. Such symptoms include, but are not limited to,

pain, musculoskeletal pain, pain at multiple sites, generalized hyperalgesia, stiffness, swollen feeling in soft tissues, fatigue, poor sleep, paresthesia, anxiety, chronic headaches, tension headaches, dysmenorrhea, irritable bowel syndrome, periodic limb movements, symptoms of restless leg syndrome, depression, symptoms of Sjögren's syndrome, symptoms of Raynaud's Phenomenon, symptoms of female urethral syndrome, impaired memory, impaired concentration, cognitive impairment, tender cervical lymph nodes, tender axillary lymph nodes, post-exertion malaise, tender points, sensory hypersensitivity, sleep disturbances, immune dysfunction, history of viral illness, neurohormonal dysfunction, neuroendocrine dysfunction and/or a lack of macroscopic or microscopic pathological findings in peripheral tissues.

The term "neuroimaging test" is intended to mean any medical test that provides visual indication, measures, or data that can be used to make an assessment about central nervous system function, including brain function. A neuroimaging test includes, but is not limited to, magnetic resonance imaging, computer aided tomography, positron emission tomography, or single photon emission computed tomography, and may also include brain electrical function tests such as electroencephalography or magnetoencephalography.

The terms "central sensitivity alleviating or treatment agent" and "central sensitivity symptom alleviating or treatment agent" are intended to mean any pharmaceutical agent selected from group of centrally-acting pharmaceutical agents that includes, but is not limited to, analgesics, opioids, antidepressants, anticonvulsants, or drugs designed to influence the expression or uptake of certain neurotransmitters such as serotonin, norepinephrine or dopamine.

The term "conditions associated with central sensitivity" is intended to mean any medical conditions that are known in the art to be associated with central sensitivity. Such conditions include, but are not limited to, chronic pain of unknown origin, fibromyalgia, osteoarthritis, depression, complex regional pain syndrome, phantom pain, chronic fatigue syndrome, irritable bowel syndrome, functional dyspepsia, migraine headaches, tension-type headaches, temporomandibular disorder, myofascial pain syndrome, regional soft-tissue pain syndrome, restless leg syndrome,

periodic limb movements, multiple chemical sensitivity, primary dysmenorrhea, female urethral syndrome, interstitial cystitis, premenstrual tension syndrome, vulvodynia, Sjögren's syndrome, Raynaud's Phenomenon, post-traumatic stress disorder, Gulf War Syndrome, chronic low back pain and mild traumatic brain injury.

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The term "brain activities" is intended to mean any brain activity known in the art to be associated with central sensitivity. Such brain activities include, but are not limited to, abnormal function, abnormal response, abnormal regions of activation, abnormal network connectivity, abnormal release of neurochemicals, abnormal uptake  
10 of neurochemicals, abnormal electrical activity, or abnormal metabolism.

The term "optical unit" is intended to define an apparatus that is used on or in close proximity to the eyes. "Close proximity" means a distance from the eyes of a subject that is effective for the transmittal of a light pulse into the eyes of the subject.  
15 Preferably, close proximity will not exceed one foot in distance from the subject. The structure of the optical unit may be worn on the face of the patient, such as optical device or goggles, or it may be located in a separate structure, such as a stand that is held near the face or even a hand-held mask. Further, the optic unit may be placed at an angle to the eyes of the subject. Additionally, the optic unit may be positioned  
20 behind the subject and use mirrors or other reflective devices (such as a white wall) to reflect the light pulse into the eyes of the subject. However, in no way is this definition intended to limit the ultimate structure the optical unit may take.

The term "neurological dysfunction" is intended to define a group of disorders  
25 in which one or more regions of a subject's brain operate at frequencies that are different from the predetermined frequency for that region of the brain or from the predetermined frequencies of the other regions of the subject's brain. Examples of neurological dysfunctions include traumatic brain injury, post traumatic stress disorder, post stroke paralysis, post traumatic brain injury paralysis, cerebral palsy,  
30 headache, depression, post chemotherapy cognitive, mood and fatigue disorder, fibromyalgia, memory loss, coma, attention deficit disorder, etc. However, the disclosed apparatus and methods are not to be construed as being limited to the treatment of these listed examples.

The term "irregular activity" is intended to define the EEG frequency of a region of the subject's brain which does not match the predetermined EEG activity of the remaining regions of the subject's brain. Additionally, the term "irregular activity" is also intended to define an EEG frequency of a region of the subject's brain that matches the EEG activity of the remaining regions of the subject's brain, but with a high degree of variance. Irregular activity is determined by analyzing the frequency bands of the region of the brain being investigated and identifying either a higher band amplitude or a lower band amplitude than is predetermined for that region. Examples of potential irregular activity include amplitude abnormalities in which the measured peak-to-peak microvolts is over 14 microvolts (abnormally high) or in which the measured microvolts is under 5 microvolts from peak-to-peak (abnormally low) or possesses a standard deviation of over 3 microvolts. However, these are examples only. One of ordinary skill would recognize what a proper benchmark would be for each subject.

The term "neurostimulation signal" is intended to define a signal transmitted by the neurostimulator to a subject for the purpose of normalizing the brainwave activity of regions of the subject's brain that possess irregular activity. The neurostimulation signal is determined on a subject by subject basis and is changed in relation to a shift in the region's dominant frequency. There is typically a reduction in variability as EEG changes occur. This is evidenced by a shift in the dominant frequency more towards the typical frequencies and amplitudes that were predetermined for that region of the subject's brain.

The term "normalization" is intended to define the result of the administration of a neurostimulation signal to regions of the subject's brain that correspond to the regions of the subject's brain that possess irregular activity. The neurostimulation signal is intended to "normalize" or adjust the brainwave frequency of the regions of the subject's brain that possess irregular activity to reflect the predetermined frequency of the region of the subject's brain that is being treated.

The term "dominant frequency" is intended to define the frequency in the EEG measurements taken from an area of the subject's brain that possesses the highest voltage amplitude.

5           The disclosed apparatus and methods are directed towards the alleviation of neurological disorders caused by irregular activity in a subject's brain or by abnormal brain activities. The alleviation of neurological disorders is accomplished by administering a neurostimulation signal to the regions of the subject's brain that are related to those regions of the subject's brain that possess irregular activity or  
10 abnormal brain activities. These related regions of the subject's brain can include regions that possess irregular activity, abnormal brain activities, or other regions of the brain. One of skill in the neurological arts would recognize which regions of the brain are interrelated with other regions of the brain.

15           For example, in one method of choosing the treatment sites, the choice is determined by the regions of EEG-slowing specific to an individual, regardless of the diagnosis. In this method, it is the presence and pattern of EEG-slowing at any of the standard neurological 10-20 sites (as selected by the International 10-20 EEG Site Placement Standard) that is the indication of the appropriateness of a region of the  
20 brain for treatment. The EEG-slowing pattern also determines where on the scalp electrodes will be placed for treatment.

Because EEG slowing that is associated with fatigue, poor short-term memory, and attention problems is likely to involve functional deficits in the left frontal lobes  
25 of the brains, placing electrodes on any of the following sites is a reasonable directive: FP1, F7, F3, C3, F1, AF7, F5, AF3 and possibly temporal sites, T3 & T5 (according to the International 10-20 EEG Site Placement Standard). The amplitudes and standard deviations from the image data determine the order of treatment for these sites.

30

The imaging data is preferably gathered by sequentially recording from each of 21 sites. These data are preferably processed through a Fast Fourier Transform (FFT) computation which produces quantitative data that shows the average

microvolts and the standard deviation for each frequency component of the EEG signal at each site. A preferred method of treatment is to identify those sites that have the highest standard deviation as shown in the FFT results and treat them first. Treatment can be accomplished by placing two pairs of electrodes (one positive and one negative comprise a pair) on each of the four sites having the highest measured amplitudes.

It is the unique EEG pattern of the individual, however, that is the key to the most efficient treatment. The determination of treatment sites applies to any diagnostic category of neurological dysfunction and the determination is individualized by the quantitative data from each individual's brainwave data. Therefore, it is not possible to specify a standard set of sites for any given, or all, diagnostic categories. However, there is a broad diagnostic classification called EEG-slowning and that this category can permit the selection of predetermined sites from which to direct the treatment of choice. Therefore, given the above information one of ordinary skill would understand how to select a region of the brain for treatment on a subject by subject basis.

The neurostimulation signal is administered by modulating a high frequency component, which can be further pulse-width modulated for control of the energy level, with a low frequency carrier. It is intended that, according to at least one embodiment, the brain's electrical activity is to be "disentrained", that is, to redistribute existing energy to all frequencies in the normal spectra of the brain EEG in a typically uniform manner rather than targeting or locking into a particular frequency. The neurostimulation signal may also be used for the purposes of entrainment.

According to one preferred embodiment, a method is provided for focusing a neurostimulation signal directly on a suspected dysfunctional region of a subject's brain. This is possible because tissue impedances are minimized by the design of the neurostimulation signal. The neurostimulation signal possesses a greater ability to directly reach damaged regions of the brain rather than simply following the outermost tissues around the scalp and thereby bypassing the damaged region of the brain.

Another advantage is achieved by inducing the neurostimulation signal directly into EEG sensors. This advantage is that the neurostimulation signal can be strategically placed to present a conduction path through the damaged region of the brain, while concurrently measuring the EEG signal at the dysfunctional regions, thus providing a direct link between the measured EEG signals and the neurostimulation signals being delivered directly to the dysfunctional region.

Further according to this preferred embodiment, the treatment of a subject may include the generation of an electrical neurostimulation signal characterized by a high frequency pulse train modulated by a low frequency carrier signal. Variable levels of electrical power may be provided by using either pulse width modulation of the high frequency pulse train, as in the preferred embodiment, or variable amplitudes of the same pulses. Preferably, the frequency of the high frequency pulse train is at least one order of magnitude greater than the frequency of the low frequency carrier signal. It is preferred that the high frequency pulse be in the range of 43 to 1,000,000 hertz. It is more preferred that the high frequency pulse be in the range of 1,000 to 100,000 hertz. It is further preferred that the high frequency pulse be in the range of 10,000 to 20,000 hertz. It is most preferred that the high frequency pulse be 15,000 hertz.

The low frequency carrier signal is variably related to critical frequency components of the EEG power spectral density, determined from statistical analysis of amplitudes and variability. The low frequency carrier signal is determined from information obtained by measuring EEG activity at a reference site or sites that generally corresponds with the location of suspected brain dysfunction, and the low frequency carrier signal is dynamically changed as a function of time to prevent entrainment. This is performed by changing the frequency offset (as described below) at predetermined time intervals. It is preferred that the low frequency carrier signal be typical of a brainwave EEG. It is more preferred that the low frequency carrier signal be in the range of 1-42 hertz.

The combination of (1) the high frequency pulse train as it is modulated by (2) the low frequency carrier signal, henceforth referred to as an AMPWM signal, provides a means of minimizing the effect of tissue impedances of the head. However,

no limitation to AMPWM signals alone is intended by this abbreviation. Any signal that possess both (1) and (2) as defined above may be used according to the preferred embodiment.

5           In general, as will be discussed in greater detail in subsequent sections of this disclosure, the electrical impedance of tissues of the head decreases with increased electrical signal frequency. Thus, the high frequency pulse train component of the AMPWM signal passes through the head tissues with less attenuation than the low frequency carrier signals typically used in already known neurostimulation methods.  
10 Further, the low frequency carrier signal component of the neurostimulation signal in essence serves to turn on and off the high frequency signal component with a frequency that is generally related to the range of frequencies present in an EEG signal. Thus, the low frequency carrier signal component may be produced at frequencies commonly used for therapeutic purposes in neurostimulation devices,  
15 such as entrainment or disentrainment.

Some neurological dysfunctions that may be treated with the disclosed apparatus and/or in accordance with one or more of the disclosed methods, include traumatic brain injury, post traumatic stress disorder, post stroke paralysis, post  
20 traumatic brain injury paralysis, cerebral palsy, headache, depression, post chemotherapy cognitive, mood and fatigue disorder, fibromyalgia, memory loss, coma, attention deficit disorder, etc. However, this list is not intended to be exclusive.

One or more of the disclosed methods may preferably include the taking of a  
25 first measurement of the EEG of a subject afflicted with at least one type of the neurological dysfunction in order to obtain EEG results and evaluating the obtained EEG results to determine whether any region of the subject's brain possesses irregular activity as compared to other regions of the subject's brain. It is preferred that the subject be a mammal and, more preferably, a primate. It is most preferred that the  
30 subject be a human being. It is also preferred that the irregular activity be determined by comparing the EEG signals from a region of the subject's brain with the EEG signals from the remaining regions of the subject's brain. It is also preferred that the EEG signals are obtained from more than one region of the subject's scalp. It is

further preferred that the EEG signals be obtained from at least 21 regions of the subject's scalp that correspond to 21 regions of the subject's brain. It is further preferred that the regions be selected according to the International 10-20 EEG Site Placement Standard.

5

A determination of a dominant frequency of the subject's brain may be made by evaluating the EEG results from the regions of the subject's brain that possess irregular activity. Preferably, the evaluation may involve the correlation of the EEG signals into a graphic image of the subject's brain. Preferably, the graphic image may be evaluated and new EEG signals from the subject's brain may be taken in order to ensure that the first EEG signals were accurate and/or in order to determine a dominant frequency from the regions of the subject's brain that have been confirmed as possessing irregular activity.

15 Finally, one or more of the disclosed methods may comprise an administration of an anti-neurological dysfunction therapy to a subject. Such an anti-neurological dysfunction therapy may comprise the inducement of a neurostimulation signal that may be directed to targeted regions of the subject's brain that possess irregular activity, and that may be continued for a time sufficient to normalize the EEG signals of the regions of the subject's brain that possess irregular activity.

25 Preferably, the signal may be directed to the targeted regions of the subject's brain for between one second and one hour. It is more preferred that the signal be directed to the targeted regions for between 1 and 30 minutes. It is even more preferred that the signal be directed to the targeted regions for between 1 minute and 10 minutes. It is even more preferred still that the signal continue to be so directed for between 1 minute and 3 minutes. It is still more preferred that the signal continue to be so directed for between 1 second and 30 seconds. It is most preferred that the signal continue to be so directed for between 1 second and five seconds.

30

Additionally, further EEG signal measurements from the targeted regions of the subject's brain, e.g., the regions that possess irregular activity, may be monitored during the administration of the therapy and the neurostimulation signal may be

adjusted based on any detected changes in the additional EEG signal measurements. The normalization of the EEG signals from the regions of the subject's brain that possess irregular activity has been demonstrated to result in an alleviation of the symptoms of the neurological disorders.

5

The neurostimulation signal may comprise a carrier frequency that may comprise a dominant frequency and a frequency offset. Preferably, the frequency offset may be between -10 and 20 hertz.

10

It is preferred that the normalization of the regions of the subject's brain that possess irregular activity result in these regions transmitting EEG signals that are close to the predetermined frequency and amplitude expected for those regions of the subject's brain. It is also preferred that these regions transmit EEG signals at the predetermined frequency and amplitude expected for those regions of the subject's brain after the treatment.

15

The subject may require multiple exposures to the method in order to achieve an alleviation of the symptoms he or she suffers from the neurological dysfunctions. It is preferred that the multiple exposures remain in the range of 1 to 40 exposures. However, more exposures are permitted, if required. It is more preferred that the exposures remain in the range of 10 to 30 exposures. It is more preferred that the exposures remain in the range of 5 to 10 exposures. Additionally, it is preferred that a repeated use of the method be avoided within 24 hours of a previous use of the method. However, if required, it is possible to treat more than one region of the subject's brain (if more than one region of the subject's brain possesses irregular activity) in one treatment session.

20

25

Additionally, the subject may be medicated, sedated, or unconscious during the administration of the method. However, it is preferred that the subject be in none of these conditions.

30

Regarding the application of the neurostimulation signal itself, after the identification of regions the subject's brain which possess irregular activity,

neurostimulation treatment is accomplished by placing EEG sensors in an arrangement that allows for the measurement of the EEG activity from the dysfunctional region, as well for providing a successful delivery of current from the EEG sensors into a system ground. The apparatus may be computer-controlled and  
5 programmed to acquire EEG signal data from the sensor sites and to analyze the EEG signal data to determine the frequency of the low frequency carrier signal component of the AMPWM signal.

The AMPWM signal can be transmitted to the subject through a plurality of  
10 neurostimulation delivery modes. Preferably, the mechanism or method of delivery is to induce the AMPWM signal into the EEG sensors through inductive coupling. Another preferred for delivering the AMPWM signal to the subject is to use the AMPWM signal to drive a light-generating component, such as a light emitting diode, to provide a photic stimulation signal that may be delivered to the patient through the  
15 optic nerve.

Stimulation delivery may be accomplished by inducing the AMPWM signal into the EEG sensors through inductive coupling while simultaneously driving a light-generating component, such as a light emitting diode, to provide a photic stimulation  
20 signal. In essence, this is a combination of previously discussed methods.

Lastly, EEG leads may preferably be placed on the scalp of a subject. This may be done regardless of what stimulation method is used because the apparatus and methods preferably provide for EEG measurement to be made during stimulation  
25 delivery. The apparatus and methods also include the use of these EEG measurements to drive neurostimulation signal parameters.

The delivery mode for a neurostimulation signal may be selectable to account for different levels of sensitivity and tolerance in patients. The process of transmitting  
30 the neurostimulation signal and the monitoring of the EEG signal data from the EEG sensors may be automated.

As stated above, the EEG signals from the subject may preferably be measured at, typically, 21 different scalp locations and power spectral density computations may preferably be performed on the obtained EEG signals. These computations break the measured analog EEG signals into frequency domain data  
5 such as a Fourier series of discrete frequency components, which is limited to 1-42 Hertz (greater signal components exist and could be utilized, but the 1-42 Hertz range is typically considered clinically useful). However, other methods of obtaining the frequency domain data are acceptable (such as the use of wavelet analysis).

10 In analyzing EEG signal data, frequency bands may be used. For example, the "delta" band is typically 1-4 Hertz; the "theta" band is 5-7 Hertz, and so on. For each site, the total amplitude associated with each discrete frequency component is assigned to proper bands, providing a measure of the EEG band energy for each of the aforementioned sites. From this, a graphic "image" is generated where colors  
15 represent amplitudes. From this image, the clinician can see EEG band activity related to regions of the brain, and based on clinical knowledge, can determine if a region has unusual or abnormal activity.

Accordingly, the neurostimulation phase of the disclosed methods (i.e.  
20 treatment) is administered to correct regions of abnormal brain activity. The administration of the neurostimulation signal is preferably performed after the imaging process described above is completed. The clinician preferably applies EEG sensors to regions of the scalp that relate to the regions of suspected dysfunction and the EEG signal data is preferably re-measured for a period long enough to provide  
25 power spectral density data (as in the imaging process). The frequency domain data is then sorted and the frequency that exhibits the highest amplitude is designated the "dominant frequency". According to clinician chosen stimulation time and frequency parameters, a neurostimulation signal is generated that has a "carrier frequency" that is determined by the formula:  $CARRIER\ FREQUENCY = DOMINANT$   
30  $FREQUENCY + FREQUENCY\ OFFSET$ .

The parameters the clinician uses are (1) stimulation intensity, (2) the times that the stimulation signal is turned on in the treatment cycle (as well as the number of

times), (3) the duration that each stimulation signal is turned on, the leading frequency of each stimulation event, and (4) the phase offset of each stimulation event. Intensity is defined by the pulse-width-modulation duty cycle, and ranges from 0 (no "on-time") to 100% (no "off-time"). Thus, an intensity of 50% would have a duty cycle  
5 such that "on-time" is equal to "off-time" in each pulse cycle. The number of stimulation cycles and the times that the stimulation turns on is entirely clinician driven. However, it is preferred ranges that the stimulation cycles range between 1 stimulation event up to 50. It is preferred, however, that no more than 20 different stimulation events be used per session. The preferred leading frequency is already  
10 defined to range between -10 and 20 Hz. Preferred Phase offset ranges from -180 to 180 Hz.

In this formula, "frequency offset" is preferably selected from the range of -40 to 40 Hertz and more preferably from -10 and 20 Hertz.

15

The offset is chosen by clinical experience, therefore, one of ordinary skill in the art would recognize how to choose an offset. However, the clinician generally picks the largest offset (i.e., +20 Hz) to see if a response is elicited. If no response is elicited, lower offsets will be tried until a response is obtained. The clinician's choice  
20 of parameter values is typically driven by a selection of choices that cause the subject to react, yet do not cause an "over-reaction" which is an adverse effect characterized by short-term fatigue, headache, etc.

All of the preferred neurostimulation parameters to be considered are defined  
25 below. Values of these parameters are chosen based on clinician experience, and are selected in a manner that is meant to cause a reactive therapeutic effect without causing the subject to over-react. The selection of these values is further driven by subject condition and symptomatic presentation. For example, a subject with mild traumatic brain injury may be able tolerate a longer (in duration) than average stimulation application without suffering an adverse effect. However, a subject with  
30 fibromyalgia with severe fatigue may only tolerate a very short (in duration) stimulation burst at the lowest intensities possible. The ranges of values for these parameters are provided for the clinician to choose based on experience, patient

condition and symptomatic presentation, thus no preferred or optimal values exist. These parameters include:

Intensity--This is a measure of the pulse width modulation signal's duty cycle. This provides a variation on the time-averaged current delivered to the stimulation mechanisms (i.e. the EEG lead inducing circuit and the photic stimulators).

Duration--This is a measure the time in seconds that a neurostimulation event (i.e. a period of stimulation signal output) lasts. This can range from 1 second to 1,200 seconds in the preferred embodiment.

Start Time--This is the time in seconds after the beginning of a neurostimulation treatment session begins when a neurostimulation event starts to occur. There is no specific limitation on this, that is, the start time could begin at any time after the treatment session begins. Before the start time occurs, the system is simply measuring EEG and this could, theoretically, go on indefinitely.

Leading Frequency and Phase Offset are previously defined.

By adding the frequency offset to the dominant frequency, a carrier frequency is created that is always different than the dominant frequency. This neurostimulation signal is then either induced in the EEG sensors attached to the subject's scalp or the neurostimulation signal is used to drive light emitting diodes for photic stimulation purposes. The duration of the signal, along with other parameters (as described above) such as intensity and phase offset (in the case of LEDs for photic stimulation--a phase offset causes the LEDs to flash out of synchronization with each other) are determined by the clinician's chosen treatment protocol.

As described above, the neurostimulation signal can be an amplitude modulated pulse-width modulation signal. A graphic representation of the signal is shown in Figure 2. In other words, the carrier frequency simply turns an electric signal on and off in a way that a square-wave pulse train is generated with a frequency equal to the carrier frequency. Thus, in a period ( $\text{period} = 1/\text{frequency}$ ) of this pulse

train, there will be an amount of time that the electric signal is "on" and an amount of time when the signal is "off" (see Figure 2). During the time that the carrier signal is "on", the electricity is further pulsed at a very high frequency. A pulse width modulator is used to control this high frequency pulsing. By varying the pulse width, the average current applied is varied. This is what varying the "intensity" means. With a very low duty cycle, there is very little average current and thus the neurostimulation signal has very low intensity. Conversely, a higher duty cycle delivers more current and thus the intensity increases. A 100% duty cycle means that there is no "high frequency off time", and thus the entire neurostimulation signal is a simple square wave pulse train with frequency equal to the carrier frequency.

Regarding the apparatus, Figure 3 presents a model of an apparatus and tissue impedance addressed by a neurostimulation signal such as that produced by the disclosed apparatus. In Figure 3, tissue impedance 6 is represented by a parallel combination of a simple resistor 1 and a simple capacitor 2. A voltage source 3 provides electricity at a supply electrode 4 interfaced at a subject's skin 7, with the electricity passing through the tissue impedance 6 and ultimately being returned to a common ground 5 potential. Following fundamental circuit analysis, the equivalent impedance ( $Z_{EQUIVALENT}$ ) of the circuit is given by the formula:

$$Z_{EQUIVALENT} = \frac{R}{1 + 2\pi fRC}$$

In this formula, the resistance is given by the nomenclature R, capacitance by C and frequency by f. This equation clearly shows that as the frequency of the signal increases, the overall impedance of the system decreases despite the level of impedance from the resistor 1 being constant. Although the impedances of the composite tissues of the head are considerably more complex and require a far more sophisticated model to accurately describe current flows, this model provides a simple analogy and approximately describes the effect, and is a fundamental basis for the present disclosure.

The effects of applying electrical energy to brain tissues, e.g., as a neurostimulation signal, are well established in the medical literature and in other teachings, and will not be expounded upon here.

5

As shown in Figure 4, the disclosed apparatus may comprise a computing device 8 that is operatively coupled to a neurostimulator 9 that is configured to also obtain neuroimaging data by, for example, measuring biopotential data such as that arising from EEG signals or other biopotential signals. Examples of suitable computing devices are microprocessors or computers. However, any suitable processing unit can be used as a computing device 8. These components are coupled to each other via electrical conduction paths such as a peripheral cable 10. For example, the neurostimulator 9 could be coupled to the computing device 8 with an RS232 cable, USB cable, etc.

15

As shown in Figure 1, the neurostimulator 9 may comprise a biopotential acquisition device 15, at least one filtering unit 26, an isolation amplifier 27, and a microcontroller 28. The neurostimulator 9 may be configured to transmit biopotential data such as EEG signal data to the biopotential acquisition device 15. Additionally, the biopotential acquisition device 15 may be configured to transmit the biopotential data through at least one filtering unit 26 and through the isolation amplifier 27, with the isolation amplifier 27 being operatively coupled to the microcontroller 28. Furthermore, it is preferred that the isolation amplifier 27 be capable of performing "notch" filtering (i.e., to eliminate 60 Hz line noise). The isolation amplifier 27 may be of any suitable type known in the art. It is preferred that the filtering unit 26 includes a circuit configured to filter data and/or a numerical filter.

The neurostimulator 9 may further comprise a series of electrical conductors such as EEG sensors 11. The EEG sensors 11 may be configured to be attached to a subject, to monitor EEG signals of the subject, and/or to administer neurostimulation signals to the subject. Additionally, each EEG sensor 11 may comprise contact electrodes 25 that may be disposed at the ends, and may include at least one positive lead 12, one negative lead 13 and one ground lead 14.

Employing multiple sets of the EEG sensors 11 simultaneously and multiple biopotential acquisition devices 15 can accomplish acquisition of EEG signals from multiple sites on the scalp. For clarity, the apparatus is described herein for acquisition of EEG signal from one scalp site. One or more of the EEG sensors 11 may be connected to the neurostimulator 9 via electrical connectors such as the EEG sensor connectors 17.

The neurostimulator 9 may therefore comprise a biopotential acquisition device 15 that may comprise an electric circuit configured to acquire biopotential data such as from the EEG signals obtained by the EEG sensors 11 attached to the subject. It is preferred that the subject be a mammal. It is further preferred that the subject be a primate and further preferred that the subject be a human being.

Additionally, the neurostimulator 9 may comprise an inductor 32 that may be configured and positioned to act as a transformer, whereas the stimulation signal may be induced in the neurostimulator 9 by inducing electrical current into the inductor 32, which further induces electrical current in the EEG sensors 11 via electromagnetic coupling, and thereby into the subject.

The neurostimulator 9 may further comprise an optical unit, as shown at 16 in Figure 4, as a possible means of delivering the stimulation signal. The optical unit 16 may be electrically coupled to the neurostimulator 9 via optical device sensor connectors 19 and an optical device cable 18. However, other means of connecting the optical unit to the neurostimulator are acceptable. The optical unit 16 further comprises light generating devices 20 located to be in close proximity to the subject's eyes. In the preferred embodiment, the light generating devices 20 may be light emitting diodes.

With further reference to Figure 1 and Figure 4, the neurostimulator 9 is operated by any number of possible power supply 22 sources. To assure electrical isolation for the patient's safety, an isolated power supply 23 is utilized in the

preferred embodiment. Further, the neurostimulator 9 is housed in a protective outer enclosure 24.

5 The neurostimulator 9 preferably internally comprises the biopotential acquisition device 15 and the biopotential acquisition device 15 is preferably designed to acquire biopotential data such as from EEG signal data, specifically patient EEG, to provide a means for analysis and data storage of the biopotential data through computational means, generate a neurostimulation signal and deliver the neurostimulation signal to the patient.

10

EEG signals may be acquired with EEG sensors 11 attached to a patient's scalp. The contact electrodes 25 may be located at the ends of the EEG sensors 11 in positions to be attached to the patient. The EEG signal is delivered to the neurostimulator 9 via the EEG sensors 11, connected to the biopotential acquisition device 15 through EEG lead connectors 17, and operatively coupled to a neuroimaging device such as a biopotential acquisition device 15. To minimize the effect of external electrical noise, any number of filtering units 26 may be employed in the preferred embodiment. To assure patient safety, the biopotential data are passed through the isolation amplifier 27. The output of the biopotential data, after passing through the biopotential acquisition device 15, filters 26 and isolation amplifier 27 is acquired by the microcontroller 28 through analog-to-digital ports 29. The microcontroller 28 is operatively coupled to the computing device 8. One method of coupling the microcontroller 28 to the computing device is to use a peripheral cable 10. Control of the neurostimulator 9 is accomplished by communication between the microcontroller 28 and the computing device 8. Further, the objective of biopotential data analysis and storage is accomplished computationally via communication between the microcontroller 28 and the computing device 8.

30 After analysis of the acquired biopotential data such as the EEG signal, the computing device 8 may communicate proper stimulation signal parameters to the microcontroller 28. These parameters may include signal energy level, frequency of the low frequency component of an AMPWM signal, phase offset of multiple signals, start time, frequency offset and duration through a user interface. Utilizing a digital-

to-analog port 30 on the microcontroller 28, the stimulation signal is output from the microcontroller 28 to transistors 31 or similar switching devices capable of managing the current levels of the stimulation signal. Depending on the mode of stimulation chosen by a clinician, the stimulation signal will be routed to the different means of stimulation signal delivery, alone or in combination. The parameters for the clinician's choice are set forth above.

If optical stimulation is desired, the stimulation signal will be sent to the optical unit 16 featuring the light generating devices 20 to be worn by the patient. Any unit capable of emitting light may be used as a light generating device. This includes, but is not limited to a LED, a light bulb, a low-power laser, etc. Alternately, if EEG lead 11 stimulation is desired, where the stimulation signal is delivered to the patient's scalp via the attached electrodes 25, then the stimulation signal is sent to the inductor 32, which may be configured and positioned to induce current in the EEG sensors 11 from the stimulation signal generated by the microcontroller 28. A plurality of stimulation delivery modes may be warranted to allow for clinician choice to further effect successful treatment based on individual patient needs.

To assure patient safety, all electronics in the neurostimulator 9, including the biopotential acquisition device 15, the filter 26, the isolation amplifier 27, the microcontroller 28 and the transistors 31 may be supplied electricity by the aforementioned isolation power supply 23.

Finally, regarding the coupling of the components, if a computing device is used it is preferably operatively coupled to the processor of the neurostimulator via any of a number of means of commonly used peripheral communications techniques, such as serial communication, USB port communication or parallel communication 10. All remaining electronics are preferably operatively coupled to the processing device (e.g. microcontroller) in the neurostimulator. The data acquisition circuit preferably comprises the biopotential acquisition device 15, filters 26 and isolation circuitry (amplifier) 27. The isolation amplifier is preferably coupled to an analog-to-digital input port on the microcontroller 28, via electrical conduction paths such as wires or printed circuit board conductors. The filters 26 are preferably operatively

coupled to the isolation amplifier 27 via electrical conduction paths such as wires or printed circuit board conductors. Further, the biopotential acquisition device 15 is preferably operatively coupled to the filters 26 via electrical conduction paths such as wires or printed circuit board conductors.

5

A stimulation circuit is preferably coupled to a digital-to-analog port 30 on the microcontroller, in all cases via electrical conduction paths such as wires or printed circuit board conductors. It is preferred that an isolated power supply 23 supplies all operative power for neurostimulation outputs such as that to the optical device 16 or the EEG lead stimulation inducing circuitry 32. Electrical output from the digital-to-analog port 30 is preferably conducted to a transistor 31 that is further coupled to the isolated power supply 23. When a signal is received at the base of the transistor 31 from the microcontroller 28, the transistor operates to switch on electricity from the isolated power supply 23 which is further conducted via electrical coupling to the inductor (stimulation inducing circuitry) 32. Current flow in the inductor 32 induces a current in the EEG lead, as described in the specification.

Alternately, for photic stimulation, the isolated power supply 23 is preferably coupled via electrical coupling to two more transistors 31, which are preferably operatively coupled via electrical coupling to independent digital-to-analog ports 30 on the microcontroller 28. Electricity conducted from the digital-to-analog ports 30 to the base of the transistors 31 in the photic stimulation circuit has the effect of switching on these transistors, further allowing for conduction of electricity to the photic stimulation devices, such as LEDs 21. The photic stimulation devices are preferably coupled to the transistors 31 via electrical connectors 19, thus providing for current flow to the photic stimulation devices such as LEDs 21.

Finally, it is preferred that the apparatus operate on a 12 volt power supply. It is more preferred that the apparatus operate on a 6 volt power supply. It is most preferred that the apparatus operate on a power supply equivalent to the lowest power supply requirement of the components used.

With reference to Figures 5-7, a form of electrical signal for stimulating tissues is disclosed wherein an electrical signal of relatively high frequency (Figure 5) is amplitude modulated by an electrical signal of relatively low frequency (Figure 6), combining to form an electrical signal of the general form shown in Figure 7. As discussed above, using pulse width modulation for the purpose of varying the duty cycle of the electrical signal of relatively high frequency, the time-averaged current deliverable by that signal can be controlled. Hence, Figure 7 shows an example of one embodiment of an amplitude modulated pulse width modulated (AMPWM) signal in which the signal of relatively low frequency shown in Figure 6 and the signal of relatively high frequency shown in Figure 5 form an AMPWM signal shaped similar to a square wave pulse train.

However, an AMPWM signal may combine signals of shapes other than square waves. For example, Figure 8 shows a signal of relatively low frequency that has a general sinusoidal form. When used to amplitude modulate a signal of relatively high frequency, a resulting AMPWM signal equivalent is that shown in Figure 9.

An AMPWM signal may also be created from multiple relatively low frequency components. A signal with multiple frequency components can be created using methods such as inverse Fourier Transform theory. Figure 10 shows an example of a composite sinusoidal signal with three relatively low frequency components that are created using an inverse Fourier Transform. Such relatively low frequency components may be selected to provide therapeutic electrical stimulation. One anticipated benefit of creating such a composite signal is to provide for therapeutic electrical stimulation that has multiple frequency-dependent beneficial effects on the tissues to which it is applied. When a composite signal such as that illustrated in Figure 10 is used to amplitude modulate a signal of relatively high frequency, a resulting AMPWM signal equivalent is that shown in Figure 11.

In other words, the tissue stimulation signal may comprise one or more parametric values tailored in response to neuroimaging data obtained from tissues in a target region of the brain of a subject suffering from one or more symptoms associated with central sensitivity, and deliverable to the target region of a subject's

brain for use in alleviating the symptoms. The stimulation signal may be adapted for use in alleviating symptoms associated with central sensitivity by tailoring the signal to mitigate a central sensitivity condition causing the symptoms, and may be an amplitude modulated pulse width modulated (AMPWM) signal for use in penetrating  
5 tissues between the signal source and the target region of the subject's brain. The signal may also or alternatively be a composite signal comprising two or more components configured for use in providing two or more frequency-dependent beneficial effects on tissues in a target region of a subject's brain.

10 The stimulation signal may be tailored in response to neuroimaging data obtained from tissues in a target region of the brain of a subject suffering from one or more of the following central sensitivity symptoms: pain, musculoskeletal pain, pain at multiple sites, generalized hyperalgesia, stiffness, swollen feeling in soft tissues, fatigue, poor sleep, paresthesia, anxiety, chronic headaches, tension headaches,  
15 dysmenorrhea, irritable bowel syndrome, periodic limb movements, symptoms of restless leg syndrome, depression, symptoms of Sjögren's syndrome, symptoms of Raynaud's Phenomenon, symptoms of female urethral syndrome, impaired memory, impaired concentration, cognitive impairment, tender cervical lymph nodes, tender axillary lymph nodes, post-exertion malaise, tender points, sensory hypersensitivity,  
20 sleep disturbances, immune dysfunction, history of viral illness, neurohormonal dysfunction, neuroendocrine dysfunction, or a lack of macroscopic or microscopic pathological findings in peripheral tissues. The stimulation signal may alternatively be tailored in response to neuroimaging data obtained from the brain of a subject exhibiting, in one or more regions of the subject's brain in response to one or more  
25 applied peripheral stimuli, any one or more of the following abnormal brain activities: abnormal function, abnormal response, abnormal regions of activation, abnormal network connectivity, abnormal release of neurochemicals, abnormal uptake of neurochemicals, abnormal electrical activity or abnormal metabolism. The signal may be tailored for use in altering any one or more of the brain activities exhibited by the  
30 subject's brain.

Additional apparatus that provide for the generation of electrical tissue stimulation signals, such as AMPWM signals, that reduce tissue impedance and

increase depth of signal penetration are disclosed herein. A first embodiment of a tissue stimulation apparatus for providing an electrical tissue stimulation signal that reduces tissue impedance and increases depth of signal penetration is shown in Figure 12, as comprising a stimulation device 101 and a computing device 102 is provided.

5 Power for the stimulation device 101 may be provided by an external power source 105, such as a line connection or an adapter for providing a conditioned electrical source, electrically coupled to the stimulation device 101 through a power connector 111.

10 Where, as shown, the stimulation device 101 is an electrical stimulation device, it may include a battery charger and switching circuit 107 electrically coupled to the power connector 111, enabling the receipt of electricity from the external power source 105. A battery 108 may also be electrically coupled to the battery charger and switching circuit 107. The battery 108 may further be connected to other circuits of  
15 the electrical stimulation apparatus through the battery charger and switching circuit 107 and used to provide electrical power to the other circuits at times when isolation from line current is required or advantageous for operation of the apparatus, such as in times when the apparatus is being used to provide electrical stimulation to a subject. In practice, electrical isolation may be accomplished through a switching portion of  
20 the battery charger and switching circuit 107, which may be further electrically coupled to a controller or processor 103 configured to control various functions of the electrical stimulation device 101 such as electrical signal generation and as is further described herein. Programmed firmware, associated with processor technologies, for example, may provide for electrical signals to be sent from the processor 103 to  
25 control the switching portion of the battery charger and switching circuit 107 and to electrically decouple the electrical stimulation device 101 from the external power source 105 when isolation is required or desirable. At times when isolation is not required or desirable, such components as the processor 103, external power source 105 and battery charger, and switching circuit 107 may be used to recharge the battery  
30 108 in preparation for subsequent use. In other words, the processor 103 may be configured to command the switching portion of the battery charger and switching circuit 107 to couple the external power source 105 to the battery 108 when isolation of the electrical stimulation device 101 is not required or desirable and to decouple the

external power source 105 from the battery 108 when isolation is required or desirable. This coupling may be accomplished either as a result a signal being sent to a processor 103 arising from a manual input such as the manual decoupling of an external power source 105 from line power, or automatically arising from a software  
5 signal being sent to a processor 103 whenever an operator utilizes a software interface for using the apparatus to electrically stimulate a subject. In other words, the processor 103 may be programmed to automatically decouple external power in response to an operator's use of a software interface to use the apparatus to electrically stimulate a subject.

10

The battery 108 or other power source may subsequently energize a power regulation circuit 109 that further provides conditioned power to other circuits of the electrical stimulation device 101 and a common reference ground that may be used by all circuits. A ground connector 112 may be used to provide electrical coupling to  
15 external circuits, such as those described herein, for common grounding purposes.

As is also shown in the embodiment of Figure 13, conditioned power from the power regulation circuit 109 may further be used to energize the processor 103, whereupon a circuit for creating or generating an electrical signal for stimulating  
20 tissues is realized. This stimulation signal generation circuit may comprise the processor 103, a digital-to-analog (D/A) converter 104, a signal conditioning and amplification circuit 106, a stimulation switching circuit 110, and a first ground switching circuit 119. Further, the tissue stimulation apparatus may include a computing device 102 coupled to the processor 103 through any suitable computer  
25 data cable 118 or similar interface, such as a wireless interface. The computing device 102 may, as shown, be an external computing device and may provide and be used as a user interface via software, and may provide for communication between a user and the processor 103, such communication comprising the flow of any and all forms of data and control signals to set and modify operational parameters of the electrical  
30 stimulation device 101. In other words, the computing device 102 is programmed to exchange data and control signals with the processor and to allow a user to modify operational parameters of the electrical stimulation apparatus.

In other words, a tissue stimulation apparatus is provided for use in alleviating symptoms associated with central sensitivity in a subject. The apparatus may comprise a neuroimaging device configured to obtain neuroimaging data from tissues in a target region of a brain of a subject suffering from one or more symptoms associated with central sensitivity, a stimulation device 101 including a stimulation signal generation circuit configured to generate and deliver a tissue stimulation signal to the target region of the subject's brain, and a computing device 102 configured to set one or more parametric values of the electrical tissue stimulation signal in response to neuroimaging data obtained by the neuroimaging device. The stimulation device 101 may be configured to administer magnetic and/or electrical stimulation to a target region of the brain of the subject. Where electrical stimulation is administered, the electrical stimulation signal may be an AMPWM signal. The stimulation device may be configured to deliver the stimulation signal to a target region of the brain from outside the subject and to transmit the signal through intervening tissues.

The apparatus may be used in alleviating an one or more of the following symptoms associated with central sensitivity: pain, musculoskeletal pain, pain at multiple sites, generalized hyperalgesia, stiffness, swollen feeling in soft tissues, fatigue, poor sleep, paresthesia, anxiety, chronic headaches, tension headaches, dysmenorrhea, irritable bowel syndrome, periodic limb movements, symptoms of restless leg syndrome, depression, symptoms of Sjögren's syndrome, symptoms of Raynaud's Phenomenon, symptoms of female urethral syndrome, impaired memory, impaired concentration, cognitive impairment, tender cervical lymph nodes, tender axillary lymph nodes, post-exertion malaise, tender points, sensory hypersensitivity, sleep disturbances, immune dysfunction, history of viral illness, neurohormonal dysfunction, neuroendocrine dysfunction, or a lack of macroscopic or microscopic pathological findings in peripheral tissues. The apparatus may also or alternatively be used in alleviating one or more symptoms associated with central sensitivity in a subject exhibiting, in one or more regions of the subject's brain in response to one or more peripheral stimuli, any one or more of the following brain activities: abnormal function, abnormal response, abnormal regions of activation, abnormal network connectivity, abnormal release of neurochemicals, abnormal uptake of

neurochemicals, abnormal electrical activity or abnormal metabolism; the apparatus being configurable to alter the one or more brain activities exhibited by the subject's brain by stimulating the target region of the brain.

5           The disclosed apparatus and methods may be implemented using hardware, software or a combination thereof and may be implemented in one or more computer systems or other processing systems. According to one embodiment, one or more computer systems capable of carrying out the functionality described herein are contemplated. An example of such computer system is shown at 200 in Figure 27.

10

          The computer system 200 includes at least one processor 204 that is connected to a communication infrastructure 206 (e.g., a communications bus, cross-over bar, or network). Any suitable software embodiments may be used with this exemplary computer system, and the disclosed apparatus and methods may be implemented  
15 using any suitable computer system and/or architectures.

          The computer system 200 may include a display interface 202 that forwards graphics, text, and other data from the communication infrastructure 206 or from a frame buffer (not shown) for display on a display unit 230. The computer system 200  
20 may also include a main memory 208, preferably random access memory (RAM), and may also include a secondary memory 210. The secondary memory 210 may include, for example, a hard disk drive 212 and/or a removable storage drive 214 such as a floppy disk drive, a magnetic tape drive, or an optical disk drive, etc. The removable storage drive 214 may be configured to read from and/or writes to a removable  
25 storage unit 218 in a well-known manner. The removable storage unit 218 may include a floppy disk, magnetic tape, optical disk, etc., which may be read by and written to the removable storage drive 214. The removable storage unit 218 may include a computer usable storage medium having stored therein computer software and/or data.

30

          In alternative embodiments, the secondary memory 210 may include other similar devices for allowing computer programs or other instructions to be loaded into computer system 200. Such devices may include, for example, a removable storage

unit 222 and an interface 220. Examples of such may include a program cartridge and cartridge interface (such as that found in video game devices), a removable memory chip (such as an erasable programmable read only memory (EPROM), or programmable read only memory (PROM)) and associated socket, and other  
5 removable storage units 222 and interfaces 220, which allow software and data to be transferred from the removable storage unit 222 to the computer system 200.

The computer system 200 may also include a communications interface 224. The communications interface 224 may be configured to allow software and data to  
10 be transferred between the computer system 200 and external devices. The communications interface 224 may include a modem, a network interface (such as an Ethernet card), a communications port, a Personal Computer Memory Card International Association (PCMCIA) slot and card, etc. Software and data transferred  
15 via communications interface 224 are in the form of signals 228, which may be electronic, electromagnetic, optical or other signals capable of being received by communications interface 224. These signals 228 are provided to communications interface 224 via a communications path (e.g., channel) 226. This path 226 carries signals 228 and may be implemented using wire or cable, fiber optics, a telephone line, a cellular link, a radio frequency (RF) link and/or other communications  
20 channels. In this document, the terms "computer program medium" and "computer usable medium" are used to refer generally to media such as a removable storage drive 214, a hard disk installed in hard disk drive 212, and signals 228. These computer program products provide software to the computer system 200. The disclosed apparatus and methods may include such computer program products.

25

Computer programs (also referred to as computer control logic) are stored in main memory 208 and/or secondary memory 210. Computer programs may also be received via communications interface 224. Such computer programs, when executed, enable the computer system 200 to perform according to the features of the disclosed  
30 apparatus and methods. The computer programs, when executed, enable the processor 204 to perform according to the features of the disclosed apparatus and embodiments. Accordingly, such computer programs serve as controllers of the computer system 200.

In an apparatus or method embodiment that includes the use of software, the software may be stored in a computer program product and loaded into computer system 200 using the removable storage drive 214, the hard drive 212, or the communications interface 224. The control logic (software), when executed by the processor 204, causes the processor 204 to perform according to the functions of the disclosed apparatus and methods. The disclosed apparatus and methods may be implemented primarily in hardware using, for example, hardware components, such as application specific integrated circuits (ASICs). Implementation of the hardware state machine to perform the functions described herein will be apparent to persons skilled in the relevant art(s).

Alternatively, the disclosed apparatus and methods may be implemented using a combination of both hardware and software.

In some embodiments, and as shown in Figure 12, generating an electrical signal for stimulating tissues may begin with signal parameters being established through various software methods used in an external computing device 102 and communicated to a processor 103 via any suitable data cable 118 or similar interface, such as a wireless interface. In other words, the external computing device 102 is configured to establish parameters of the electrical signals generated by the electrical stimulation device 101. Such signal parameters include, but are not limited to waveform, frequency components, phase, pulse width, duty cycle, and amplitude components such as minimum amplitude, maximum amplitude, and offset voltage. Various methods of establishing signal parameters may be used with the electrical stimulation device 101.

Upon establishment of signal parameters in a processor 103, along with establishment of other operational parameters, such as the aforementioned decoupling of an external power source 105, signals are sent from the processor 103 to a D/A converter 104, whereupon an analog voltage representing an electrical signal for stimulating tissues is first achieved. The analog voltage is further provided to an electrically coupled signal conditioning and amplification circuit 106, where a

substantially equivalent signal is created with advantageous enhancements such as, but not limited to, increased voltage amplitude, decreased signal-to-noise ratio, and increased current capability.

5           In some embodiments, provisions may be made to the electrical stimulation apparatus for the selective control of the delivery of an electrical signal for stimulating tissues to a plurality of stimulation connectors 113. A stimulation switching circuit 110 is electrically coupled to the processor 103, whereupon control signals from the processor 103 allow for the signal from the signal conditioning and  
10   amplification circuit 106 to be advantageously switched to any number of independent electrical conductors or conduction paths. Further, the independent electrical conductors or conduction paths are electrically coupled with a first ground switching circuit 119, the first ground switching circuit 119 being further electrically coupled to the processor 103. Control signals from the processor 103 allow for  
15   selective switching of the independent conductors to an apparatus ground point, providing advantageous control of the independent conductors' use as either a conduction path for an electrical signal for stimulating tissues or a ground. Further electrical conduction paths are provided for each independent conductor passing through a first ground switching circuit 119, with each independent conductor  
20   terminating at one of a plurality of stimulation connectors 113.

The apparatus may include a number of electrical conductors that provide electrical coupling between a number of connectors and input/output (I/O) ports of a processor 103 in the electrical stimulation device 101 for the embodiments shown.  
25   Specifically, an auxiliary power supply connector 114 may be provided. The apparatus may include a switch comprising an electrical conductor first connected to an auxiliary power supply connector 114 then to a switch, then via another electrical conductor to an auxiliary I/O connector 116. The switch may be used for various purposes to indicate an event to the processor 103. One exemplary purpose is the use  
30   of the switch by a subject receiving electrical stimulation to mark a point in time of any particular interest.

The electrical stimulation device 101 may also include a plurality of conductors or control I/O connectors 115 that provide electrical coupling to I/O ports of the processor 103. Specifically, the control I/O connectors 115 may provide control signals between the processor 103 and various electrical apparatus or peripheral devices coupled to the electrical stimulation device 101, examples of which are described further herein. The apparatus may further include a number of lead test ports 117 electrically coupled to the processor 103 for electrically coupling electrical conductors or other couplings, to the processor 103 for the purpose of testing the electrical conducting integrity of any combination of such electrical conductors, or other couplings, such as wires combined with sensors, such as surface electrodes, henceforth referred to as "leads", used to conduct electrical energy between tissues and the electrical stimulation device 101.

As is also shown in Figure 13, the electrical stimulation device 101 may include one or more ground leads 120, a plurality of stimulation leads 121, and provision at a terminating end of all leads for an electrode 122 adapted to be placed on tissues in either an invasive or non-invasive way. The apparatus also has provision for one or more external stimulation devices, such as an optical device 123, electromagnetic device 170, electromechanical device 171 or an audio device 172, electrically coupled by one or more external stimulation device cables 124. As shown in Figure 13 the external stimulation devices may include an optical device 123 comprising eyeglasses adapted with illuminating or similar photic devices, such as light emitting diodes, or with displays for showing digital images to a subject undergoing therapy. The external stimulation devices may include an audio device 172 adapted to play music during therapeutic activity.

In operation, the apparatus of Figure 13 provides stimulation from the electrical stimulation device 101 to tissues disposed between stimulation leads 121 and ground leads 120 such that an approximate vector path of electrical current flow extends between electrodes 122 associated with the stimulation leads 121 and electrodes 122 associated with the ground leads 120.

The processor 103 may be programmed to provide control signals that selectively control the stimulation switching circuit 110 and the first ground switching circuit 119 to cause the leads 121 to serve as either stimulation leads delivering stimulation or as ground leads serving as ground sources in such a way as to create  
5 multiple spatial paths of electrical stimulation through tissues.

In addition, as shown in Figure 13, stimulation may be provided by an external stimulation device 123 operatively coupled to a stimulation connector 113 that is being used as an active stimulation electricity source through control of a stimulation  
10 switching circuit 110 by signals from a processor 103.

In addition, in the apparatus shown in Figure 13, electrical conducting integrity of any stimulation lead 121, any ground lead 20, or any external stimulation device 123 may be tested by effecting physical contact between a lead, preferably by  
15 providing mechanical connection between a lead's conduction interface such as an electrode 122 and a lead test port 117. In testing for electrical conducting integrity, a processor 103 may be selectively used to output an electrical signal of known properties to a lead 121 being tested, whereupon the electrical signal conducted by the lead being tested can be acquired by the processor 103 through a lead test port 117.  
20 Any number of suitable analyses may be conducted, whereupon processor firmware, for example, makes a comparison between the electrical signal of known properties and the signal conducted through a lead being tested in order to determine the electrical conducting integrity of the lead.

As shown in Figure 14, a second embodiment of tissue stimulation apparatus for providing an electrical tissue stimulation signal that reduces tissue impedance and increases depth of signal penetration is shown as comprising an electrical stimulation device 101 and a neuroimaging device such as a biopotential acquisition device that measures biopotential voltage in tissue to be stimulated. Where the neuroimaging  
25 device is a biopotential acquisition device, the device may include a biopotential amplifier module 127 comprising a biopotential amplifier 130, an impedance testing circuit 131, a second ground switching circuit 129 and a series of inductors 128 operatively coupled to conductors extending from the second ground switching circuit  
30

129 and terminating at biopotential acquisition lead connectors 126 and thus operatively coupled to biopotential acquisition leads 125 coupled to the connectors 126. Further provisions may be made for any number of biopotential acquisition leads 125, and any number of ground leads 120, each lead 125, 120 including a sensor such as a surface electrode 122 adapted to be placed on tissues. Further provisions may be made for electrical coupling of a biopotential amplifier module 127 to the electrical stimulation device 101 through stimulation lead connectors 113, an auxiliary power supply connector 114, control I/O connectors 115, and auxiliary I/O connectors 16 of the electrical stimulation device 101.

10

In an exemplary operation, the apparatus of Figure 14 provides stimulation from the electrical stimulation device 101 to tissues, whereupon a biopotential voltage is measured by the biopotential amplifier 130 operatively coupled to any number of biopotential acquisition leads 125 and any number of ground leads 120 having electrodes 122 adapted to be placed on tissues, the biopotential voltage including, but not being limited to, electroencephalographic (EEG) voltage, electromyographic (EMG) voltage, and electrocardiographic voltage.

In the apparatus of Figure 14, an electrical signal for stimulating tissues may be induced using the inductors 128 disposed adjacent the independent conductors extending from the second ground switching circuit 129 and terminating at biopotential acquisition lead connectors 126, the electrical signal being provided by the electrical stimulation device 101, and the inductors 128 being electrically coupled to the electrical stimulation device 101 at stimulation connectors 113, whereupon selective control of the electrical signal for stimulating tissues is accomplished as previously disclosed herein. In other words, the biopotential acquisition device includes one or more inductors 128 electrically coupled to the electrical stimulation device 101 and operatively coupleable to one or more respective biopotential acquisition leads 125, the electrical stimulation device and inductors being configured to selectively deliver tissue stimulation signals through the one or more biopotential acquisition leads of the biopotential acquisition device.

In the apparatus of Figure 14, data transfer of acquired biopotential voltage may be provided between the processor 103 and the biopotential amplifier 130 through any I/O port, such as a control I/O connector 15 or an auxiliary I/O connector 116. In certain embodiments, the biopotential voltage data may be used at any time to  
5 determine or alter parametric values of an electrical signal for stimulating tissues, such as via analysis using software in an external computing device 102 with subsequent control data being sent from the external computing device 102 to a processor 103 in an electrical stimulation device 101. In other words, the external computing device 102 is configured to determine parametric value of an electrical  
10 tissue stimulation signal in response to biopotential voltage data obtained by the biopotential acquisition device and to send corresponding control data to the processor 103.

In the apparatus of Figure 14, the processor 103, for example, of the electrical  
15 stimulation device 101 may selectively sample biopotential voltage data from the biopotential amplifier 130 of the biopotential acquisition device at times of minimal electrical stimulation signal amplitude, preferably zero amplitude, within the period of a high frequency signal component of an AMPWM signal. Thus, the biopotential acquisition leads 125 may be used for the dual purpose of both acquiring biopotential  
20 voltage and delivering an electrical signal for stimulating tissues at overlapping, or simultaneous, times. The frequencies of a high frequency signal component of an AMPWM signal may be selected to be multiples of integral powers of two, including but not limited to integral multiples of 256 (i.e. 28) such as for example 14,336 hertz (256.times.56) and 16,384 hertz (256.times.64). Such selection of frequencies  
25 facilitates mathematical analysis of acquired biopotential voltage data. Such mathematical analysis may include a Fourier Transform analysis whereupon a number of samples per second equal to an integral power of two may be preferred. In the examples of AMPWM signal high frequency component frequencies of 14,336 hertz and 16,384 hertz given, sampling rates for biopotential voltage data of 2,048, 1,024,  
30 512, 256 and 128 samples per second are readily achieved within equally spaced intervals of minimal electrical stimulation signal amplitude in the AMPWM signal.

In the apparatus of Figure 14, the second ground switching circuit 129 may be operatively coupled to the electrical stimulation device 101 using a control I/O connector 15. Operationally, the second ground switching circuit 129 receives control signals from the processor 103, which allows for selective switching of any biopotential acquisition lead 125 to an apparatus ground point, permitting advantageous control of the biopotential acquisition lead's 125 use as either a conduction path for an electrical signal for stimulating tissues, a conduction path for a biopotential voltage to the biopotential amplifier 130, or a ground. Among other things, such selective switching of a biopotential acquisition lead 125 permits selective use as a reference lead to the biopotential amplifier 130 or as a differential lead to the biopotential amplifier 130, facilitating differential comparison of biopotential voltages at more than one acquisition site on a tissue.

In the apparatus of Figure 14, an impedance testing circuit 131 may be included in the biopotential acquisition device and operationally coupled to the biopotential amplifier 130. The impedance testing circuit 131 may also be coupled to the electrical stimulation device 101 using auxiliary I/O connectors 16. In such use, the impedance testing circuit 131 may be used to monitor the impedance of tissues in mechanical contact with biopotential acquisition leads 125 and a ground lead 20, each comprising an electrode 122 adapted to be placed on the tissues. Data representing the impedance of tissues is transferred to the processor 103 of the electrical stimulation device 101 via electrical coupling, for example. The data representing impedance of tissues may be used to determine or alter parametric values of an electrical signal for stimulating tissues through, for example, analysis using software in the external computing device 102, with subsequent control data being sent from the external computing device 102 to the processor 103 in the electrical stimulation device 101.

The data representing impedance of tissues and ongoing monitoring for biopotential voltage integrity, such as, but not limited to, EEG measurement integrity, may be used to determine or alter parametric values of an electrical signal for stimulating tissues, such as an AMPWM signal.

The use of methods to monitor for biopotential voltage integrity accomplishes various means of guiding a user and assuring improved biopotential signal data throughout an acquisition time period. For example, the apparatus may include an alert for notifying a user if integrity is lost during treatment. Such alert may be provided, for example, via software analysis in an external computing device 102. In another embodiment, such alert may be sent to a remote indicator such as a pager worn by a user. Further, the apparatus may include various means of indicating to a user when good biopotential voltage integrity is achieved as biopotential acquisition leads 125 and ground leads 120 are first being applied to tissues, prior to the acquisition of data. Such indicators may be provided, for example, via graphic user interface software in an external computing device 102 or via any number of hardware indication means.

With reference to Figure 15, another embodiment of a tissue stimulation apparatus for providing an electrical tissue stimulation signal that reduces tissue impedance and increases depth of signal penetration is shown as comprising an electrical stimulation device 101 and an adjunct electrical stimulation apparatus 132 to be used with an independent biopotential voltage measurement apparatus, such as, but not limited to, an EEG measurement apparatus 137. Under normal operating conditions, an EEG measurement apparatus 137 is typically used only for the purposes of acquiring EEG voltage data and for providing such data to an external computing device 102 through any data cable 138 or other coupling capable of sufficiently transferring the data. Acquisition of the EEG voltage is normally accomplished through any number of leads electrically coupled to an EEG measurement apparatus 137 at an interface 139, for example. Such number of leads may include an EEG sensor set 136 comprising, but not being limited to, a series of conductors, a series of electrodes and features for positioning the electrodes, such as via integration of such sensors in a cap adapted to be worn by a subject. In other words, the tissue stimulation apparatus may comprise a sensor set 136, an independent biopotential voltage measurement apparatus 137, and an adjunct electrical stimulation apparatus 132 operatively connected between the sensor set 136 and the independent biopotential voltage measurement apparatus. The independent biopotential voltage measurement apparatus 137 may be operatively coupled to the electrical stimulation

device 101, and may be configured to transmit through stimulation connectors 113 to the sensor set, electrical tissue stimulation signals received from the electrical stimulation device 101, to transmit biopotential voltage from the sensor set 136 to the independent biopotential voltage measurement apparatus 137, and to receive control  
5 signals from the processor 103 of the electrical stimulation device 101 through control I/O connectors 115.

The exemplary apparatus illustrated in Figure 15 enables use of an independent biopotential voltage measurement apparatus, such as, but not limited to,  
10 an EEG measurement apparatus 137, within an apparatus for providing an electrical signal for stimulating tissues. This use may be accomplished by placing an adjunct electrical stimulation apparatus 132 operatively between an EEG sensor set 136 and an EEG measurement apparatus 137. The adjunct electrical stimulation apparatus 132 may include an adjunct switching control 135 operatively coupled to a processor 103  
15 of an electrical stimulation device 101 using control I/O connectors 115. The adjunct electrical stimulation apparatus may also include a series of EEG lead conductors 142 and matched transfer conductors 140, for example, along with a series of adjunct switching circuits 133 operatively coupled to the adjunct switching control 135 via switching control conductors 141, and further operatively coupled to stimulation  
20 connectors 113 of the electrical stimulation device 101.

In operation, the apparatus of Figure 15 provides for an adjunct electrical stimulation apparatus 132 operatively coupled to an electrical stimulation device 101 to both receive electrical signals through stimulation connectors 113 for stimulating  
25 tissues and to transfer control signals to a processor 103 through control I/O connectors 115. The adjunct electrical stimulation apparatus 132 may be further operatively coupled to an EEG sensor set 136 at a cable interface connector 134 for receiving EEG voltage. The adjunct electrical stimulation apparatus 132 may be further operatively coupled to an EEG measurement apparatus 137 at an interface 139  
30 such as the same connecting features provided by an EEG sensor set 136.

With reference to Figures 15 and 16, a series of adjunct switching circuits 133 may be provided, each comprising any substantial circuit for switching 143, for

example, that provides a selectable conduction pathway for an EEG lead conductor 142 between (a) an electrical signal for stimulating tissues, such as provided by an electrical stimulation device 101 through electrical coupling at stimulation connectors 113, (b) a transfer conductor 140 terminated at an interface 139 and further provided  
5 to an independent EEG measurement apparatus 137, or (c) a ground. Further provision made in the adjunct switching circuit 133 may include switching control conductors 141 electrically coupled to an adjunct switching circuit 135, which may be used, for example, to determine the state of the adjunct switching circuit 133 and therefore the conduction path provided to the EEG lead conductor 142.

10

As shown in Figure 15, the electrical stimulation device 101 may be combined with an adjunct electrical stimulation apparatus 132 and biopotential voltage measurement apparatus, such as an EEG measurement apparatus 137. At times, for example, when a biopotential voltage measurement is required, biopotential voltage  
15 from a particular EEG lead conductor 142 may be directed to a transfer conductor 140 by selective switching via an adjunct switching control 135 operated by the processor 103 in the electrical stimulation device 101. Alternately, at times, such as when an electrical signal for stimulating tissues is required, the signal may be directed from a stimulation connector 113 to a particular EEG lead conductor 142 by selective  
20 switching from an adjunct switching control 135 operated by the processor 103 in the electrical stimulation device 101. Alternately, at times, such as when a particular EEG lead conductor 142 is to be grounded, selective switching from an adjunct switching control 135 operated by the processor 103 in the electrical stimulation device 101 may be used to electrically couple the EEG lead conductor 142 to ground. In other words,  
25 the processor 103 of the electrical stimulation device 101 and the adjunct switching control may direct biopotential voltage from selected electrodes of the sensor set 136 to the biopotential measurement apparatus 137 by selective switching via the adjunct switching control 135 operated by the processor 103 when a biopotential voltage measurement is required, may direct tissue stimulation signals from the electrical  
30 stimulation device 101 through selected stimulation connectors 113 to corresponding electrodes of the sensor set 136 through respective EEG lead conductors 142 by selective switching via the adjunct switching control 135 operated by the processor 103 when tissue stimulation is required, and may couple selected electrodes of the

sensor set 136 to ground by selective switching via the adjunct switching control 135 operated by the processor 103 when grounding of an electrode is required.

As shown in Figure 14, inductors 128 and a second ground switching circuit 5 129 of the apparatus of Figure 14 may be replaced, for example, by an adjunct switching circuit 133 and an adjunct switching control 135 to control the use of individual leads. In other words, the biopotential acquisition device of Figure 14 may be modified to include at least one adjunct switching circuit 133 and an adjunct switching control 135 electrically coupled to the electrical stimulation device 101, 10 with the adjunct switching circuit 133 being operatively coupled to at least one biopotential acquisition lead 125, the electrical stimulation device 101 and an adjunct switching control 135 selectively connecting the electrical stimulation device 101 to selected leads to transmit tissue stimulation signals to the selected leads and connecting selected leads to the biopotential amplifier 130 to transmit biopotential 15 voltages to the biopotential amplifier 130.

Accordingly, as shown in Figure 17, the tissue stimulation apparatus may comprise an electrical stimulation device 101 and a biopotential amplifier and switching module 155, and the module may further comprise a biopotential amplifier 20 130, an impedance testing circuit 131, a series of EEG lead conductors 142 operatively coupled to conductors terminating at biopotential acquisition lead connectors 126, matched transfer conductors 140, a series of adjunct switching circuits 133 operatively coupled to the adjunct switching control 135 via switching control conductors 141, and further operatively coupled to stimulation connectors 113 25 of an electrical stimulation device 101. Further provisions may be made for any number of biopotential acquisition leads 125, and any number of ground leads 120, and a mechanism that may be used with the leads to provide for electrodes 122 adapted to be placed on tissues. Further provisions may be made for electrical coupling of a biopotential amplifier and switching module 155 to the electrical 30 stimulation device 101 through stimulation connectors 113, auxiliary power supply 14, control I/O connectors 115 and auxiliary I/O connectors 16.

In an exemplary operation, the apparatus of Figure 17 provides stimulation from the electrical stimulation device 101 to tissues, whereupon a biopotential voltage may be measured by a biopotential amplifier 130 operatively coupled through an adjunct switching circuit 133, transfer conductor 140 and EEG lead conductor 142 to  
5 any number of biopotential acquisition leads 125, any number of ground leads 120 and the electrode 122 adapted to be placed on tissues. The biopotential voltage may include, but is not limited to including, electroencephalographic (EEG) voltage, electromyographic (EMG) voltage, and/or electrocardiographic voltage.

10 As shown in Figure 17, an electrical signal for stimulating tissues may be electrically coupled to any number of biopotential acquisition leads 125, any number of ground leads 120 and the electrode 122 adapted to be placed on tissues, the electrical signal being provided by the electrical stimulation device 101, through an adjunct switching circuit 133, transfer conductor 140 and EEG lead conductor 142,  
15 where the adjunct switching circuit 133 is operatively coupled to an adjunct switching control 135 via switching control conductors 141, and further operatively coupled to stimulation connectors 113 of the electrical stimulation device 101, whereupon selective control of the electrical signal for stimulating tissues may be accomplished as previously disclosed herein.

20 Further, and with particular reference to Figure 18, the adjunct switching circuit 133 and an adjunct switching control 135 of the apparatus of Figure 15 may be replaced by inductors 128 and a second ground switching circuit 129, as taught in Figure 14 to control the use of individual leads. In other words, the adjunct electrical  
25 stimulation apparatus 132 may be modified to include a ground switching circuit 129 operatively coupled to the processor 103 of the electrical stimulation device 101, to the biopotential amplifier 130, and by conduction paths to respective electrodes of the sensor set, a plurality of inductors 128 operatively coupled to the electrical stimulation device 101 and to the conduction paths, and the processor and ground  
30 switching circuit may be configured to provide selectable conduction pathways for tissue stimulation signals between the electrical stimulation device 101 and the electrodes of the sensor set, and for biopotential voltages between the electrodes of the sensor set and the biopotential voltage measurement apparatus 137.

Accordingly, as shown in Figure 18, as the tissue stimulation apparatus may comprise a basic electrical stimulation apparatus 1 and an adjunct electrical induction and switching apparatus 156 to be used with an independent biopotential voltage measurement apparatus, such as, but not limited to, an EEG measurement apparatus 5 137. Under normal operating conditions, an EEG measurement apparatus 137 is typically utilized only for the purposes of acquiring EEG voltage data and for providing such data to an external computing device 102 through any data cable 138 or other coupling capable of sufficiently transferring the data. Acquisition of the EEG 10 voltage may be accomplished through any number of leads electrically coupled to an EEG measurement apparatus 137 at an interface 139, for example. Such number of leads may include an EEG sensor set 136 comprising, but not being limited to, a series of conductors, a series of electrodes and features for positioning the electrodes, such as a cap adapted to be worn by a user and into which the electrodes may be 15 integrated.

The exemplary apparatus illustrated in Figure 18 enables use of an independent biopotential voltage measurement apparatus, such as, but not limited to, an EEG measurement apparatus 137, within the tissue stimulation apparatus. This use 20 may be accomplished by placing an adjunct electrical induction and switching apparatus 156 operatively between an EEG sensor set 136 and an EEG measurement apparatus 137, whereupon said adjunct electrical induction and switching apparatus 156 comprises a second ground switching circuit 129 operatively coupled to any number of transfer conductors 140 and EEG lead conductors 142. In the system of 25 Figure 18, a second ground switching circuit 129 may be further operatively coupled to an electrical stimulation device 101 using a control I/O connector 15. Operationally, the second ground switching circuit 129 receives control signals from a processor 103, which allows for selective switching of any EEG lead conductor 142 to a system ground point, permitting advantageous control of the EEG lead conductor's 30 142 use as either a conduction path for an electrical signal for stimulating tissues, or a conduction path for an EEG measurement apparatus 137, or a ground. Further provisions may be made for electrical coupling of an adjunct electrical induction and switching apparatus 156 to a basic electrical stimulation apparatus 1 through

stimulation connectors 113, auxiliary power supply 14, control I/O connectors 115 and auxiliary I/O connectors 16.

In operation, the apparatus of Figure 18 provides for an adjunct electrical induction and switching apparatus 156 operatively coupled to the electrical stimulation device 101 to both receive electrical signals through stimulation connectors 113 for stimulating tissues and to transfer control signals between a processor 103 and a second ground switching circuit 129 through control I/O connectors 115. The adjunct electrical induction and switching apparatus 156 may further be operatively coupled to an EEG sensor set 136 at a cable interface connector 134 for receiving EEG voltage. The adjunct electrical stimulation apparatus 132 may further be operatively coupled to an EEG measurement apparatus 137 at an interface 139 such as the same connecting features provided by an EEG sensor set 136.

With reference to Figure 19, another embodiment of a tissue stimulation apparatus 144 for providing an electrical signal for stimulating tissues comprises an electrical stimulation device 101, may comprise an external computing device 102, and comprises one or more circuits adapted to provide electrical stimulation signals from the electrical stimulation device to tissues of a subject in accordance with features and operations of the embodiments, or substantial equivalents, such as are illustrated in Figures 12-18 and taught herein. With further reference to Figure 19, the tissue stimulation apparatus 144 for providing an electrical signal for stimulating tissues may include a mobile apparatus 146 such as a wheeled cart or a wheeled stand for transportability, and a material supplies storage and use apparatus 147 that carries consumable supplies for use in administering tissue stimulation signals to a subject.

In operation, the tissue stimulation apparatus 144 of Figure 19 provides a mobile system for providing an electrical signal for stimulating tissues, wherein the mobile apparatus 146 facilitates movement of the tissue stimulation apparatus 144 to a subject, and wherein a tissue stimulation apparatus 144 may provide stimulation through composite stimulation leads 145, such composite stimulation leads 145 comprising any combination of stimulation leads 121, ground leads 120, and/or external stimulation device cables 124.

In the tissue stimulation apparatus 144 shown in Figure 19, a number of consumable supplies may be used with the tissue stimulation apparatus to provide an electrical signal for stimulating tissues, the supplies including, but not being limited to  
5 conductive pastes, conductive gels, cleaning materials, such as cotton or gauze, cleaning agents, such as rubbing alcohol, and/or any number of supporting materials. In the tissue stimulation apparatus 144 of Figure 19, the material supplies storage and use apparatus 147 may be operatively coupled to or carried by the mobile apparatus 146, for example, to enable presenting the consumable supplies during use and storing  
10 the consumable supplies during non-use. Specifically, the material supplies storage and use apparatus 147 may comprise, for example, a plurality of receptacles and storage features, including, but not limited to, a waste storage receptacle 148, a conductive gel receptacle 149, a conductive paste receptacle 150, a cleaning materials receptacle 151, an alcohol receptacle 152, any number of other supporting materials  
15 receptacles 153, and/or an electrode storage receptacle 154.

In the tissue stimulation apparatus 144 shown in Figure 19, provisions may be made for any method of sensing the quantities of materials stored in receptacles such as, but not limited to, the waste storage receptacle 148, the conductive gel receptacle  
20 149, the conductive paste receptacle 150, the cleaning materials receptacle 151, the alcohol receptacle 152, and/or any further number of supporting materials receptacles 153. The method is further realized using any suitable computing device 102 integral to operate with the composite electrical stimulation apparatus 144 to acquire signals from sensors 60 using software to manage inventory. In other words, the tissue  
25 stimulation apparatus 144 may include one or more sensors 60 carried by the material supplies and use apparatus 147 and configured to sense the quantities of materials stored in receptacles of the material supplies storage and use apparatus 147. The tissue stimulation apparatus 144 may include a computing device 102 coupled to the one or more sensors and configured to manage inventory in response to signals acquired  
30 from the one or more sensors. The method may further include use of, for example, various alerts when inventory of any material reaches a predetermined low point. In other words, the tissue stimulation apparatus 144 may be configured to generate an alert when inventory of any material reaches a predetermined low point. The method

may further include interfacing, such as via software, to provide orders to replenish material inventory when a pre-determined low point is reached. In other words, the tissue stimulation apparatus 144 may be configured to order materials necessary to replenish inventory when a pre-determined low point is reached. The method may  
5 further provide for interfacing with a network, such as the Internet 62, and to enable ordering by a remote supply entity for the purposes of replenishing material inventory when a pre-determined low point is reached. In other words, the tissue stimulation apparatus 144 may be configured to order materials by interfacing with a communications network such as the internet 62.

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In the tissue stimulation apparatus 144 shown in Figure 13, the electrode storage receptacle 154 may be configured to provide storage for electrodes 122 for leads, the electrodes made of, for example, photosensitive materials, such as silver-silver/chloride. In practice, the electrode storage receptacle 154 allows the electrodes  
15 122 to be covered so as to block access of ambient light during periods of non-use.

In tissue stimulation apparatus such as those shown in a number of the figures, the use of leads may be dynamically altered between (a) conducting biopotential voltages, (b) conducting an electrical signal for stimulating tissues and (c) a ground,  
20 in conjunction with the use of computational analysis of the acquired data, such as biopotential data, providing indication of a region of tissue to be stimulated. Based on such analysis, sufficient leads may be identified and appropriately placed so as to provide a number of possible conduction paths passing in near proximity to the region of tissue of interest. Then, control signals from a processor 103 of an electrical stimulation device 101 may be used to selectively switch use of the leads, in  
25 accordance with methods taught herein, to provide any number of dynamically controlled conductors and grounds for an electrical signal for stimulating tissues. The electrical stimulation device 101 may then be used to deliver the electrical signal to the appropriate region of tissues and may further be used to assess subsequently  
30 acquired data for the purpose of subsequent altering of lead use. In other words, tissues of a subject may be stimulated by first providing a tissue stimulation apparatus configured to dynamically alter the use of leads between conducting biopotential voltages, conducting an electrical signal for stimulating tissues, and grounding, in

response to a computational analysis of biopotential data acquired from a region of tissue to be stimulated, acquiring biopotential data from a region of tissue to be stimulated, performing a computational analysis of the acquired biopotential data, in response to the analysis, identifying and placing sufficient leads so as to provide a number of possible conduction paths passing in near proximity to a region of tissue of interest, and dynamically controlling electrical signal delivery to the region of tissue of interest by selectively switching the use of the leads as conductors and grounds. In addition subsequently acquired data may be assessed for the purpose of subsequent altering of lead use.

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In place of a battery 108 any one of a number of circuit embodiments known in the art may be used to provide electrical isolation from an external power source 105 and may further be used to provide isolated electrical power to one or more circuits of the electrical stimulation device 101.

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An external computing device 102 may functionally interface with other network computing devices, including but not limited to computing devices coupled to or otherwise accessible via the Internet. Such interfaces to other network computing devices may be used, for example, to facilitate the determination or alteration of parametric values of an electrical signal for stimulating tissues through analysis using software in a network computing device, with subsequent control data being sent from the network computing device via the functional interfaces to an external computing device 102, further operationally coupled to a processor 103 in an electrical stimulation device 101. In other words, the external computing device 102 may be configured to functionally interface with at least one other network computing device to determine parametric values of an electrical tissue stimulation signal; and to receive subsequent corresponding control data from the other network computing device via the functional interfaces. The external computing device 102 may be configured to functionally interface with the other network computing device via the Internet.

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According to the disclosed apparatus and methods, the time-averaged current flow of an electric signal for stimulating tissues may be varied by modifying the duty

cycle of the high frequency component of an AMPWM signal. This method of varying the time-averaged current flow may include varying stimulation intensity provided to a subject by an external stimulation device 123 such as, but not limited to, the light intensity of an optical stimulation device, the magnetic field strength of an electromagnetic device, the mechanical action of an electromechanical stimulation device or the sound intensity of an audio stimulation device.

The apparatus for providing electrical signals for stimulating tissues may be integrated with other instruments used during periods of therapy. For example, such instruments may be electrically coupled to an electrical stimulation device 101 through auxiliary I/O connectors 16. In other words, the tissue stimulation apparatus may include data collection instruments configured to collect data on a subject during periods of therapy and electrically coupled to the electrical stimulation device 101. Among other things, this approach allows simultaneous collection of instrument data during periods of therapy.

A software program may be used to execute various means of identifying a subject. Such means may include, but are not limited to, electronic or magnetic identification media. Such means may also include, but are not limited to, the use of digital photographs of a subject to both aid in identification of the subject and to provide visual support to aid in proper location for the placement of any leads associated with the apparatus.

Software may also be used to facilitate the playing of music through an external stimulation device 123 for the subject during therapy, with the music being chosen, for example, to enhance therapeutic effect.

Software may also be used to facilitate the playing of educational audio or video media clips for the subject at any time associated with therapy, with the media clips being chosen, for example, to enhance therapeutic effect.

A number of methods have been described for deriving quantities such as the frequency, phase, pulse width duty cycle, and amplitude of electrical signals for

stimulating tissues, e.g., signals such as AMPWM signals, that reduce tissue impedance and increase depth of signal penetration. Such derivations are anticipated through either manual means such as those performed by a human, or automatic means such as those performed by computational methods in software, or by any  
5 combination of both means. In various methods taught herein, the term "frequency" refers to any singular value or to any range of values that change over a period of time during therapeutic activity (e.g. a "frequency sweep").

Such signals may be used to stimulate brain tissue. According to one method  
10 of electrically stimulating tissue, parametric values of an electrical tissue stimulation signal are determined in response to biopotential voltage data obtained from a region of tissue to be stimulated. An electrical stimulation signal having the determined parametric values is then generated and applied to the region of tissue. One exemplary way of determining parametric signal values includes first taking a measure of the  
15 EEG activity of at least a portion of the brain, or the EEG of the entire brain, of a subject prior to the generation and application of any electrical signal for the purposes of stimulating brain tissues. Upon collection of EEG activity from the brain for a sufficient period of time, the EEG data is analyzed for any number of relationships. A sufficient period of time for collecting EEG activity may be between, for example,  
20 one second and one hour. The relationships for which the EEG data is analyzed may include, but are not limited to, the amount of measured voltage in single frequency components; in composites of multiple frequencies, also known as frequency bands; and/or in frequency band ratios, for the cases of both individual EEG sites and for multiple EEG sites. These relationships may further include, but are not limited to,  
25 various statistical analyses involving measured EEG voltages and their frequency and phase components, taken at both individual EEG sites and for multiple EEG sites. These statistical analyses may include, but are not limited to, measures of variance, correlation, and/or coherence. These relationships may further include, but are not limited to, various analyses that provide indication of the spatial origin and/or source  
30 localization of the measured EEG, such as that accomplished by performing "inverse EEG" analysis.

Parametric determination may further rely on making comparisons between the findings of the EEG analysis and similar measures known to represent normal brain activity in a healthy normal population of living beings such as human beings. Such a comparison may be performed, for example, for the purpose of quantifying differences between the measured EEG of a subject and the EEG expected in normal brain activity. Such differences are used to identify particular brain sites or regions where frequency and amplitude components of the subject's EEG are either excessive; that is, where they exhibit greater values than normal; diminished; that is, where they exhibit values lower than normal; or highly variable; that is, where they exhibit values that fluctuate more than normal.

Parametric determination may include selecting quantities such as the frequency, amplitude, and phase components of the low frequency component of an AMPWM signal based on such comparisons in an attempt to achieve normal EEG presentation. By using pulse width modulation for the purpose of varying the duty cycle of the electrical signal of relatively high frequency, the time-averaged current deliverable by that signal can be controlled. Therefore, further to this embodiment, the pulse width duty cycle of the high frequency component of an AMPWM signal is selected based on such comparisons to affect the time averaged current delivered by the AMPWM signal in an attempt to achieve normal EEG presentation.

In one embodiment of this method of parametric determination, the frequencies for the low frequency signal components of the electrical signal, such as an AMPWM signal, are selected to modulate either excessive or diminished EEG activity, as determined by the aforementioned comparative analysis. In other words, determining parametric values may include selecting frequencies for low frequency signal components of an electrical tissue stimulation signal to modulate either excessive or diminished EEG activity, as determined by the comparative analysis. In this embodiment, if excessively high frequency EEG activity were found in a region of the brain, a lower frequency may be used as the low frequency component of the electrical signal for stimulating that region of the brain. In other words, selecting frequencies for low frequency signal components may include selecting a lower frequency as the low frequency component of the electrical signal for stimulating a

region of the brain where excessively high frequency EEG activity is found, with a "lower frequency" being defined as between 1 and 20 hertz lower than the value of the identified excessively high EEG frequency. In practice, a progressively lower frequency might be used in therapeutic activity until the excessive EEG activity in a region of the brain reduces to a more normal level. The EEG of the brain may be continually monitored during therapeutic activity, providing an indication of the effectiveness of the therapeutic activity.

Electrical stimulation signals such as AMPWM signals may be directed through desired tissues or tissue regions by introducing such signals so as to cause current to flow through the desired tissues or tissue regions. As shown in figure 24, this may be accomplished by first placing any number of stimulating leads 121 in proximity to the tissues or tissue regions to be stimulated, and further placing any number of ground leads 120 in another proximity to the tissues or tissue regions to be stimulated such that a vector path extends between stimulating leads and ground leads and passes through the particular tissues meant to receive electrical stimulation. In other words, at least one stimulating lead 121 and one ground lead 20 are placed in proximity to a tissue region to be stimulated such that a vector path extending between the stimulating lead and the ground lead passes through the tissue region to be stimulated. An electrical stimulation signal is then introduced through the at least one stimulating lead such that current is caused to flow along the vector path through the tissue region between the stimulating lead and the ground lead.

Thus, any number of stimulating leads may, for example, be placed in proximity to the brain tissues where abnormal EEG activity has been determined to exist. Further, any appropriate number of ground leads may be placed in further proximity to the brain tissues so as to create a vector that extends between stimulating leads and ground leads and that passes through the brain tissue to be stimulated. In this arrangement, application of an electrical signal for stimulating brain tissues will cause a current flow through such brain tissue, in an approximate vector direction between stimulating leads and ground leads.

Parametric determination for the purpose of stimulating a brain may include a plurality of desirable stimulation frequencies being determined by EEG analysis as detailed above. As previously taught, a form of an AMPWM signal may be generated by, for example, creating a low frequency component waveform featuring multiple  
5 frequency components, as determined by inverse Fourier Transform methods. The plurality of desirable stimulation frequencies may be used to determine a single waveform of multiple low frequency components by inverse Fourier Transform computation, and may be used for creating an AMPWM signal and may further be used for stimulating a brain, as previously described. In other words, the application  
10 of inverse Fourier Transform methods may include using inverse Fourier Transform computation to determine from the plurality of desirable stimulation frequencies a single waveform of multiple low frequency components, and the application of an electrical stimulation signal may include using the single waveform to create and use  
an AMPWM signal to stimulate brain tissue

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Parametric determination for the purpose of stimulating a brain may alternatively include acquiring EEG data from brain tissue during therapeutic tissue stimulation signal application activity and analyzing the data at a time generally concurrent to the stimulation signal being applied. In other words, obtaining  
20 biopotential voltage data may include acquiring EEG data of brain tissue during therapeutic stimulation signal application activity, and determining parametric values may include analyzing the EEG data as the stimulation signal is being applied. Analysis of the EEG may include the use of one or more of those methods previously described for EEG acquired from brain tissue prior to stimulating the brain, for  
25 example. Based on this analysis, comparisons may be made between the acquired EEG presentation and a desired EEG in a normal presentation. In this alternate embodiment, quantities such as the frequency, amplitude and phase components of the low frequency component of an AMPWM signal may be altered based on these comparisons in an attempt to achieve a normal EEG presentation. In this  
30 implementation, the pulse width duty cycle of the high frequency component of an AMPWM signal may be altered based on the comparisons to affect the time averaged current delivered by the AMPWM signal in an attempt to achieve normal EEG presentation.

Parametric determination for the purpose of stimulating a brain may alternatively include substituting in the disclosed methods any number of sensory inputs other than EEG data to enable quantifying of the condition of tissues or any other functional state of a subject. In other words, determining parametric values may include obtaining sensory inputs quantifying the functional state of a subject, and then determining parametric values for the purpose of stimulating brain tissue in response to the sensory inputs. Such sensory inputs may include, but are not limited to, tissue impedance, temperature, oxygen saturation, EMG activity, electrocardiographic activity, biochemical levels, and/or measures involving respiration patterns.

Further to the methods disclosed for deriving quantities such as the frequency, phase, pulse width duty cycle, and amplitude of electrical signals for stimulating tissues, such as an AMPWM signal, a number of methods may be used for controlling the application time of the signals.

For example, the amount of time that an electrical signal for stimulating tissues is to be applied to a subject may be predetermined and set programmatically based on empirical evidence gained from clinical experience, and then controlled by software to start and stop the application of the signal.

Alternatively, software may be provided to start an electrical signal for stimulating tissues and to stop the signal application automatically, as certain measures in tissue electrical properties are achieved. In other words, controlling signal application time may include starting and then automatically stopping an electrical tissue stimulation signal in response to the achievement of certain desired measures of tissue electrical properties. With reference to the method of stimulating brain tissues taught herein, the EEG of the brain may be further acquired during the therapeutic activity and analyzed at a time generally concurrent with the stimulation signal being applied. The electrical signal application may be stopped when any number of predetermined EEG properties is achieved. In other words, controlling signal application time may include acquiring EEG data from brain tissue during therapeutic electrical tissue stimulation activity, analyzing the acquired EEG data as the

stimulation signal is being applied, and stopping the electrical signal application when one or more predetermined EEG properties are achieved. This alternative method may include termination of signal application in response to one or more other measures of sensory input including, but not limited to, tissue impedance, temperature, oxygen saturation, EMG activity, electrocardiographic activity, biochemical levels, and measures involving respiration patterns.

Alternatively, and as shown in Figure 21, automation of signal termination based on sensory input may be combined with predetermination of a time for signal application, such that the electrical signal will not exceed a predetermined time if desired electrical properties of the tissue are not achieved.

Generally, each of the methods disclosed can be applied to tissues that are not brain tissues, such as tissues including, but not limited to, muscles, bones, tendons, ligaments, cartilage, fascia, dermis (i.e., layers of skin), and/or internal organs. Parametric determination generally relies on first taking measures of tissue electrical properties prior to application of any electrical signal for the purposes of stimulating the tissues. Upon collection of tissue electrical property data, an analysis for the purpose of making statistical comparisons between the findings and measures known to represent normal tissue electrical properties in a healthy normal population of living beings, including human beings, may be performed. In other words, a method is provided for electrically stimulating tissue in which parametric values of an electrical tissue stimulation signal may be determined by first taking measures of electrical properties of a region of tissue to be stimulated, making statistical comparisons between the measures and measures known to represent normal tissue electrical properties in a healthy normal population of living beings, determining parametric values of an electrical tissue stimulation signal in response to the comparisons, and then generating and applying to the region of tissue an electrical stimulation signal having the determined parametric values.

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As shown in Figure 22, the method of parametric determination may be completed as quantities such as the frequency, amplitude and phase components of the low frequency component of an AMPWM signal are selected based on such

comparisons, in an attempt to achieve normal tissue electrical property presentation. By using pulse width modulation for the purpose of varying the duty cycle of a high frequency component of an AMPWM signal, the time-averaged current deliverable by that signal can be controlled. Thus, the pulse width duty cycle of the high frequency  
5 component of an AMPWM signal may be selected, based on these comparisons, to affect the time averaged current delivered by the AMPWM signal, in an attempt to achieve normal tissue electrical property presentation.

As described further above, in directing the electrical signals for the purpose  
10 of stimulating tissues, the electrical signal may be introduced so as to cause current to flow through such tissues, involving first placement of any number of stimulating leads 121 in proximity to the tissues, and further by placing any suitable number of ground leads 120 in another proximity to the tissues. In one placement pattern, a vector direction between stimulating leads 121 and ground leads 120 passes through  
15 the particular tissues meant to receive electrical stimulation.

Thus, stimulation of tissues other than a brain may be accomplished by placing any appropriate number of stimulating leads 121 in proximity to the tissues. Correspondingly, any suitable number of ground leads 120 is placed in further  
20 proximity to the tissues, so as to create a vector direction between stimulating leads 121 and ground leads 120 that passes through the particular tissue to be stimulated. In this arrangement, application of an electrical signal for stimulating tissues will cause a current flow through the tissues, in an approximate vector orientation between electrodes 122 of stimulating leads 121 and ground leads 120.

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As a further alternative, parametric determination for the purpose of using electrical signals for stimulating tissues, including brain tissues and tissues that are not brain tissues, a measure of biochemicals, particularly neurochemicals and neurotransmitters, may first be taken from tissues and/or fluids relevant to the tissues  
30 to be stimulated. The measures may then be analyzed by, for example, making comparisons between the findings of the measure of biochemicals and similar measures known to represent normal levels of the biochemicals in a healthy normal population of living beings, including human beings. Such comparisons may be done

for the purpose of quantifying differences that indicate either excessive, that is, greater amounts of certain biochemicals than normal, or diminished, that is, lower amounts of certain biochemicals than normal. In other words, a method is provided that may include determining parametric values of an electrical tissue stimulation  
5 signal by taking measures of biochemicals from tissues and/or fluids relevant to the tissues to be stimulated, analyzing the measures, and determining parametric values of an electrical tissue stimulation signal in accordance with the analysis of the measures. An electrical stimulation signal may then be generated and applied to the region. The applied signal may have the determined parametric values and may be configured to  
10 reduce tissue impedance and increase depth of signal penetration.

As shown in Figure 23, parametric determination may further include determination of molecular resonant frequencies associated with biochemicals determined to be excessive or diminished in a subject. An electrical signal for  
15 stimulating tissues may be applied for the purpose of affecting abnormal biochemical levels. In other words, determining parametric values in response to the comparisons may include determining electrical signal parameters that will tend to normalize abnormal biochemical levels when such a signal is generated and applied to the subject.

20 Parametric determination may include selecting quantities such as the frequency, amplitude, and/or phase components of the low frequency component of an AMPWM signal, based on the molecular resonant frequencies associated with biochemicals to be used, in an attempt to achieve normal biochemical presentation.  
25 The pulse width duty cycle of the high frequency component of an AMPWM signal may be selected based on such comparisons, to affect time averaged current delivered by the AMPWM signal, in an attempt to achieve normal biochemical presentation. The involved biochemical levels may be continually or periodically monitored during therapeutic activity, providing an indication of the effectiveness of the therapeutic  
30 activity.

Parametric determination may rely on making comparisons between the findings of abnormal biochemical levels in a subject, and the determination of the

frequencies for the low frequency signal component of an electrical signal, such as an AMPWM signal, may be made based on empirical findings of frequencies that are known to be relevant to stimulating the biochemicals, the frequencies being those potentially different than resonant frequencies associated with the biochemicals. For example, the frequencies for the low frequency signal component of an electrical signal, such as an AMPWM signal, may be selected to modulate diminished levels of the neurotransmitter serotonin, the diminished levels being common to such conditions as depression and chronic pain, as determined by the aforementioned comparative analysis. In various examples of published literature, production of serotonin has been shown to be increased by stimuli at a frequency of between about one and 60 hertz, more preferably at about 10 hertz. In accordance with the method taught herein, the low frequency component of an AMPWM signal may therefore be selected to be between about one and 60 hertz, more preferably about 10 hertz, in an attempt to increase serotonin production.

15

A number of methods are provided for deriving, setting and altering quantities or parameters such as the frequency, phase, pulse width duty cycle, and/or amplitude of electrical signals for stimulating tissues, such as an AMPWM signal, wherein information may be transmitted between an electrical stimulation apparatus as taught herein and a remote location.

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According to one such method, measures of electrical parameters used to quantify the condition of tissues or any other appropriate functional state of a subject may first be obtained as described above. Such electrical parameters may include, but are not limited to, tissue impedance, temperature, oxygen saturation, EEG activity, EMG activity, electrocardiographic activity, biochemical levels, and/or measures involving respiration patterns. These measures may be transmitted to a remote location, via a network, such as the Internet or via another communication medium.

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As shown in Figure 25, analysis and comparisons, similar to those described above, may be performed at the remote location for the purpose of determining quantities such as the frequency, phase, pulse width duty cycle, amplitude, start time, and stop time parameters of electrical signals for stimulating tissues, such as an

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AMPWM signal. The parameters for an electrical signal for stimulating tissues may then be transmitted from the remote location, via a network, such as the Internet or via other communication medium, to an electrical stimulation apparatus as taught herein, and used in the therapeutic application of the electrical signal on a subject. In other words, a method is provided for electrically stimulating tissue that may include the determination of parametric values of an electrical tissue stimulation signal by taking measures of electrical properties of a subject, then transmitting the measures to a remote location via a network such as the Internet, analyzing the measures at the remote location by, for example, making statistical comparisons between the measures and measures known to represent normal tissue electrical properties in a healthy normal population of living beings, remotely determining parametric values of an electrical tissue stimulation signal in response to the analysis, transmitting the parametric values from the remote location via a network such as the Internet to an electrical stimulation apparatus, and causing the electrical stimulation apparatus to generate and apply to a region of the subject's tissue an electrical stimulation signal, e.g., a signal, such as an AMPWM signal, configured to reduce tissue impedance and increase depth of signal penetration, and having the remotely determined parametric values.

Alternatively, according to this method, measures of electrical parameters that are used to quantify the condition of tissues or other appropriate functional state of a subject may be acquired during the therapeutic activity at a time generally concurrent to the application of the stimulation signal. Such electrical parameters may include, but are not limited to, tissue impedance, temperature, oxygen saturation, EEG activity, EMG activity, electrocardiographic activity, biochemical levels, and/or measures involving respiration patterns. These measures may be transmitted to a remote location, via a network, such as the Internet or via other communication medium.

Analysis and comparisons as described herein may be performed at the remote location for the purpose of altering quantities such as the frequency, phase, pulse width duty cycle, amplitude, start time, and/or stop time parameters of electrical signals for stimulating tissues, such as an AMPWM signal. The determined parameters for altering an electrical signal for stimulating tissues may be transmitted

from a remote location, via a network, such as the Internet or via other communication medium, to an electrical stimulation apparatus as taught herein, and used in the further therapeutic application of the altered electrical signal on a subject. In other words, taking measures may include acquiring measures of electrical parameters from a subject as a stimulation signal is being applied to the subject, and remotely determining includes altering quantities such as the frequency, phase, pulse width duty cycle, amplitude, start time, and/or stop time parameters of electrical tissue stimulation signals in response to such measures taken as a stimulation signal is being applied.

10

The analysis and comparisons as taught herein may be performed at the remote location for the purpose of determining changes in the electrical parameters over time, in accordance with the application of therapeutic activities. Parameter changes over time may be transmitted from a remote location, via a network, such as the Internet, or via other communication medium, to a subject or a person of sufficient competence such as a physician, and used to provide an indication of changes in the electrical parameters over time, in accordance with the application of therapeutic activities.

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In addition, symptom data may be acquired from a subject and transmitted via a network, such as the Internet, or via another communication medium, from a subject or a person of sufficient competence, such as a physician, to the remote location for the purpose of tracking changes in symptoms associated with a condition of the subject over time, in accordance with the application of therapeutic activities. In other words, symptom data may be acquired from a subject, transmitted to the remote location via a communication medium such as the Internet, and recorded at the remote location. Changes in the subject's symptoms may be tracked by repeating the acquiring, transmitting, and recording of data on the subject's symptoms. This symptom data may be compared to measures of electrical parameters acquired, and transmitted to a remote location either (a) periodically during the therapeutic activity, or (b) at a time generally concurrent with the stimulation signal being applied, as taught herein. A comparison of symptom data and changes in electrical parameters may be made and transmitted from a remote location, via a network, such as the

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Internet, or via other communication medium, to a subject or a person of sufficient competence such as a physician, and used for the purpose of providing indication of changes in the symptoms over time in accordance with the application of therapeutic activities.

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In accordance with the methods taught herein for providing feedback and information about changes in electrical parameters and/or symptoms, such feedback may include, but is not limited to, methods involving statistics or graphical representations of such changes, any method of visually illustrating the changes, and  
10 any method of audibly illustrating the changes.

A number of methods are provided for treatment of various conditions using electrical signals for stimulating tissues, such as an AMPWM signal.

15 Figure 26 shows an exemplary flow diagram of exemplary action in accordance with one such method. As shown in Figure 26, in step S1, biophysical activity such as but not limited to biopotential voltages such as EEG and EMG may be measured in a portion of the subject's body that is to be treated. This portion of the body to be treated may include a portion of the subject's brain, the subject's entire  
20 brain, body tissue containing an injury, body tissue near a bone injury, body tissue near a muscle injury, body tissue involved in or near a painful condition, and/or body tissue near a nerve causing health issues for example.

As shown in step S2, the measured biophysical activity may be compared to  
25 normal biophysical activity for that portion of the body. The analysis of biophysical activity may involve either biophysical values from individual sites or multiple sites. The analysis may include statistical analyses of biophysical voltages, their frequency components, and/or their phase components. In addition, the statistical analysis may include measures of variance, correlation, and/or coherence. This step, either alone or  
30 in connection with steps S3 and S4, as described further below, may be performed either at the location in which the measurements are taken, or at a remote location to which the measurements have been transmitted.

As shown in step S3, the site to which electrical stimulation will be applied may be determined, based on, for example, regions where the measured biophysical levels differ from the normal, desired biophysical activity. The differences in the biophysical levels are quantified and treatment sites may include regions where the frequency or amplitude components of the subject's biophysical levels exhibit greater values than normal, lower values than normal, and/or values that fluctuate more than normal. The site to which the electrical signal is to be applied may include muscles, bones, tendons, ligaments, cartilage, fascia, dermis, and/or internal organs.

As shown in step S4, electrical parameters including, but not limited to, the frequency, phase, pulse width duty cycle, and amplitude may be determined for the electrical signal to be applied to the subject, based on, for example, the analysis performed in step S2, to attempt to bring the subject's biophysical values for the determined site to more normal, desired values.

As shown in step S5, at least one stimulating lead may be placed in proximity to the determined site. As shown in step S6, at least one ground lead may be placed so as to create a vector direction between the stimulating lead and the ground lead that passes through the site to be treated. In this manner, the path of the electrical stimulation will pass through the site to be treated. Any suitable number of stimulation and ground leads may be used.

As shown in step S7, an electrical signal may be applied through the leads, the electrical signal having the determined parameters such as, but not limited to, frequency, phase, pulse width duty cycle, and/or amplitude. The electrical signal may be, for example, an AMPWM signal, general examples of which are shown in Figures 7, 9, and 11, wherein the signal includes a high frequency signal component that is amplitude modulated by one or more low frequency components and further pulse width modulated. The high frequency signal component may be selected, for example, to overcome tissue impedance, and a low frequency signal component may preferably be selected for its therapeutic effect. By using pulse width modulation for the purpose of varying the duty cycle of the electrical signal of relatively high frequency, the time-averaged current deliverable by that signal can be controlled. Therefore, the pulse

width duty cycle of the high frequency component may be selected, based on the analysis in S2, to affect the time averaged current delivered by the AMPWM signal. The low frequency component of the electrical signal may be selected to modulate the excessive, diminished, and/or variable biophysical activity at the determined site. The low frequency component of the AMPWM signal may include multiple frequency components. An AMPWM signal with multiple low frequency components is shown in Figure 11.

As shown in step S8, information may be acquired from a sensory input generally concurrent with the application of the electrical signal, to quantify the condition of either the site being treated with the electrical signal or the functional state of the subject being treated. Such sensory inputs may include measures of biophysical activity, including but not limited to EEG, EMG, tissue impedance, temperature, oxygen saturation, electrocardiographic activity, biochemical levels, and/or respiratory patterns. This monitoring of sensory inputs may occur as a continual process throughout the therapeutic application of the electrical signal. Biophysical activity of the subject may be sampled at times of minimal electrical stimulation signal amplitude, such as at zero amplitude.

As shown in step S9, at least one characteristic parameter of the electrical signal may be altered based on a comparison of the information acquired from the sensory input and a desired value in a normal subject. Electrical signal parameters such as, but not limited to, the frequency, phase, pulse width duty cycle, and/or amplitude of the electrical signal may be altered. The application of the electrical signal may be stopped based on certain measures in tissue electrical properties being achieved. In addition, the particular leads used to apply the electrical stimulation may be varied. The comparison/analysis of the information acquired in step S8 may occur at the location at which the measurements are taken or at a remote location to which the sensory input information has been transmitted.

A central nervous system condition of a subject may be treated by stimulating tissues in close proximity to the vagus nerve using an AMPWM signal. In one arrangement of lead placement, an electrode 122 of any stimulating lead 121 may be

adapted to be placed at the posterior base of the neck of the subject near the first, second, or third cervical vertebrae. An electrode 122 of a ground lead 20 may be adapted to be placed on tissue in a position creating a vector between electrodes 122 that passes near the vagus nerve.

5

A brain of a subject may be treated by stimulating tissues in close proximity to the vagus nerve using an AMPWM signal. In one arrangement of lead placement, an electrode 122 of any stimulating lead 121 may be adapted to be placed at the posterior base of the neck of the subject near the first, second, or third cervical vertebrae. An  
10 electrode 122 of a ground lead 20 is adapted to be further placed on tissue, creating a vector between electrodes 122 that passes near the vagus nerve.

Alternatively, a brain of a subject may be treated using an AMPWM signal. In one arrangement of lead placement, an electrode 122 of any stimulating lead 121 may  
15 be adapted to be placed on tissue of the subject near an area of the brain identified as having a dysfunction, such as, but not limited to, identification by EEG analysis. An electrode 122 of a ground lead 20 may be adapted to be further placed on tissue near the area of the brain identified as having a dysfunction, creating a vector between  
20 electrodes 122 that passes through the area of the brain identified as having the dysfunction.

Tissues containing an injury may also be treated using an electrical tissue stimulation signal that reduces tissue impedance and increases depth of signal penetration, such as an AMPWM signal. In one arrangement of lead placement, an  
25 electrode 122 of any stimulating lead 121 may be adapted to be placed on tissue of the subject near the location of the injury. An electrode 122 of a ground lead 20 may be adapted to be further placed on tissue near the location of the injury, creating a vector between electrodes 122 that passes through the injury.

30 Tissues containing an injury involving a bone may also be treated using a signal, such as an AMPWM signal, configured to reduce tissue impedance and increase signal penetration depth. In one arrangement of lead placement, an electrode 122 of any stimulating lead 121 may be adapted to be placed on tissue of a subject

near the bone injury. An electrode 122 of a ground lead 20 may be adapted to be further placed on tissue near the bone injury, creating a vector between electrodes 122 that passes through the bone injury.

5           Tissues containing an injury involving a muscle may also be treated using a signal, such as an AMPWM signal, configured to reduce tissue impedance and increase signal penetration depth. In one arrangement of lead placement, an electrode 122 of any stimulating lead 121 may be adapted to be placed on tissue of the subject near the muscle injury. An electrode 122 of a ground lead 20 may be adapted to be  
10 further placed on tissue near a muscle injury, creating a vector between electrodes 122 that passes through the muscle injury.

          Muscle tissues containing a painful condition for a subject, such as a myofascial trigger point, may also be treated using a signal, such as an AMPWM  
15 signal, configured to reduce tissue impedance and increase signal penetration depth. In one arrangement of lead placement, an electrode 122 of any stimulating lead 121 may be adapted to be placed on tissue of the subject near the muscle containing a painful condition, such as a myofascial trigger point. An electrode 122 of a ground  
20 lead 20 may be adapted to be further placed on tissue near the muscle containing a painful condition, creating a vector between electrodes 122 that passes through the muscle containing a painful condition; i.e., through the myofascial trigger point.

          A myofascial trigger point may also be treated using a signal, such as an AMPWM signal, configured to reduce tissue impedance and increase signal  
25 penetration depth. In one arrangement of lead placement, an electrode 122 of any stimulating lead 121 may be adapted to be placed on tissue of a subject near a myofascial trigger point. An electrode 122 of a ground lead 20 may be adapted to be further placed on tissue near a myofascial trigger point, creating a vector between  
30 electrodes 122 that passes through the myofascial trigger point.

          Myofascial pain may also be treated using an electrical tissue stimulation signal that reduces tissue impedance and increases depth of signal penetration, such as an AMPWM signal. In one arrangement of lead placement, an electrode 122 of any

stimulating lead 121 may be adapted to be placed on tissue of a subject near the location of myofascial pain. An electrode 122 of a ground lead 20 may be adapted to be further placed on tissue near the location of myofascial pain, creating a vector between electrodes 122 that passes through the tissue involved in myofascial pain.

5

Conditions associated with central nervous system dysfunction may be treated with an electrical tissue stimulation signal, such as an AMPWM signal, which reduces tissue impedance and increases depth of signal penetration. Such conditions may include but are not limited to fibromyalgia syndrome, chronic pain, traumatic brain injury, affective disorders, such as attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), chronic fatigue, sleep disorders, obsessive compulsive disorder, Tourette Syndrome, depression, anxiety, and addiction.

Conditions associated with abnormal levels of biochemicals including, but not limited to neurotransmitters and/or neurochemicals in tissues, may also be treated with an electrical signal of this type. Such conditions may include, but are not limited to, fibromyalgia syndrome, chronic fatigue, obesity, chronic pain, muscle pain, myofascial pain, myofascial trigger points, and psychological conditions, such as depression.

20

An electrical tissue stimulation signal of this type may also be used to enhance a body's own healing mechanisms in treating such conditions as broken bones, injured tissues, post-surgical wounds, cuts, muscle pain associated with strains, and spasms.

Such a signal may also be used to stimulate tissue in a manner that reduces fatigue, increases alertness, and/or increases mental clarity. In other words, a body's function can be improved by applying an electrical tissue stimulation signal to a subject, where the signal is configured and applied in such a way as to produce one or more beneficial effects such as reducing fatigue, increasing alertness, and increasing mental clarity.

30

An electrical tissue stimulation signal of a type describe above may also be used to enhance performance associated with, but not limited to, sporting activities,

academic activities, and similar competitive endeavors. Such a signal may also be used for tissue stimulation for purposes of advantageously enhancing the function of organs. In one illustrative method, an AMPWM signal may be used to stimulate pancreatic tissues so as to enhance production of insulin, thereby affecting conditions  
5 such as diabetes.

For the various methods and apparatus taught herein, treatment times may range between about 1 second and about 60 minutes, with low frequency components of an AMPWM signal ranging between about 1 hertz and about 200 hertz, and high  
10 frequency components of an AMPWM signal ranging between about 100 hertz and about 1,000,000 hertz. The duty cycle of an AMPWM signal may range between about 1 percent and about 99 percent, and assessment periods used for the purpose of analyzing acquired biopotential voltages and selectively switching the use of leads may range between about 1 second and about 60 seconds.

15 Symptoms may also be alleviated; conditions treated and brain activities involving central sensitivity in a subject altered, by applying brain stimulation to the subject. More specifically, one or more conditions in a subject that involve central sensitivity, one or more symptoms of such conditions, or one or more brain activities  
20 associated with central sensitivity, may thus be alleviated. The alleviation of the conditions, symptoms or brain activities may be accomplished by administering a stimulation signal to tissues such that the stimulation signal is transmitted to one or more regions of the subject's brain, which are at least one part of a pathway of central sensitivity. These regions of the subject's brain can include those regions that possess  
25 any function or physiological state that is at least one part of a pathway of central sensitivity. These regions of the subject's brain can also include regions of the brain that do not possess any function or physiological state that is at least one part of a pathway of central sensitivity, but are otherwise functionally interrelated with those regions that do possess such a function or physiological state. One of skill in the  
30 neurological arts would recognize which regions of the brain are interrelated with other regions of the brain.

Where the method is directed toward alleviating symptoms associated with central sensitivity in a subject, or treating a condition associated with central sensitivity in a subject, the method may include selecting a subject suffering from one or more symptoms or conditions associated with central sensitivity, determining the presence of central sensitivity in the subject, identifying at least one target region of the subject's brain as being related to the central sensitivity, and stimulating the at least one target region of the brain of the subject. The method may further include administering one or more pharmaceutical agents to the subject. The symptoms associated with central sensitivity that a selected subject may be suffering from may include any one or more of the symptoms and similar indications that are known in the art to be associated with central sensitivity. The conditions associated with central sensitivity that a selected subject may be suffering from may include any one or more of the conditions known in the art to be associated with central sensitivity.

Where the method is directed toward altering brain activity associated with central sensitivity in a subject, the method may include selecting a subject exhibiting, in one or more regions of the subject's brain in response to one or more peripheral stimuli, one or more brain activities associated with central sensitivity; and stimulating a target region of the brain of the subject. The method may further include determining the presence of brain activity associated with central sensitivity in the subject, identifying at least one target region of the subject's brain as being involved in the brain activity associated with central sensitivity, and administering one or more pharmaceutical agents to the subject. The exhibited brain activity associated with central sensitivity may be any one or more of the brain activities known in the art to be associated with central sensitivity.

The stimulation of a target region of the brain can be accomplished in either an invasive or a noninvasive manner, whether for the purpose of alleviating symptoms, treating a condition, or altering brain activity associated with central sensitivity. Such stimulation may include at least one administration of electrical stimulation to the target region of the brain of the subject and may include at least one administration of magnetic stimulation to a target region of the brain of the subject. Stimulation may be administered in a noninvasive manner in which stimulation is applied to a target

region of the brain from outside the subject and transmitted through intervening tissues.

Electrical stimulation may include administration of a stimulating signal that is  
5 configured to minimize outer tissue impedance, such as an AMPWM signal, to  
provide increased conduction of the stimulating signal through such tissues. The  
administration of an AMPWM signal may be accomplished by placing noninvasive  
cutaneous electrodes in an arrangement that allows for successful delivery of the  
AMPWM stimulating signal to a target region of the brain of the subject. This may be  
10 done using an apparatus configured to generate and deliver an AMPWM signal to the  
cutaneous electrodes.

To determine the presence of central sensitivity in a subject, or the presence of  
brain activity associated with central sensitivity in a subject, or to identify at least one  
15 target region of the subject's brain, one skilled in the art of medical assessment may  
administer and interpret one or more assessments designed to detect central  
sensitivity, or indications of central sensitivity such as abnormally heightened  
sensitivity to one or more peripheral stimuli. Such assessments may include any one  
or more known neuroimaging tests. Such assessments may also be used for detecting  
20 the presence and identifying the location of one or more abnormal brain functions  
through interpretation.

The administration of a pharmaceutical may include administering at least one  
pain alleviating pharmaceutical agent, and/or at least one central sensitivity alleviating  
25 or treatment agent, and/or at least one central sensitivity symptom alleviating or  
treatment agent. The administration of a pharmaceutical may further include  
administering at least one pharmaceutical agent formulated to treat or alleviate  
symptoms of a condition associated with central sensitivity. Further, the  
pharmaceutical administering step is preferably timed such that the one or more  
30 pharmaceutical agents are present in the subject during at least a portion of a time  
during which the stimulating step is executed.

The invention is not limited in any way to the embodiments described herein. In this regard, no attempt is made to show structural details of the invention in more detail than is necessary for a fundamental understanding of the method of the invention. The description is intended only to make apparent to those skilled in the art

5 how the several forms of the invention may be embodied in practice.

What is claimed is:

1. A method for alleviating symptoms associated with central sensitivity in a subject, the method including the steps of:
  - 5 selecting a subject suffering from one or more symptoms associated with central sensitivity; and  
stimulating a target region of the brain of the subject.
2. The method of claim 1, in which:
  - 10 the one or more symptoms associated with central sensitivity include one or more symptoms from the group of such symptoms consisting of pain, musculoskeletal pain, pain at multiple sites, generalized hyperalgesia, stiffness, swollen feeling in soft tissues, fatigue, poor sleep, paresthesia, anxiety, chronic headaches, tension headaches, dysmenorrhea, irritable bowel syndrome, periodic limb movements,  
15 symptoms of restless leg syndrome, depression, symptoms of Sjögren's syndrome, symptoms of Raynaud's Phenomenon, symptoms of female urethral syndrome, impaired memory, impaired concentration, cognitive impairment, tender cervical lymph nodes, tender axillary lymph nodes, post-exertion malaise, tender points, sensory hypersensitivity, sleep disturbances, immune dysfunction, history of viral  
20 illness, neurohormonal dysfunction, neuroendocrine dysfunction, or a lack of macroscopic or microscopic pathological findings in peripheral tissues; and  
the alleviating step includes alleviating one or more of the symptoms of the group of symptoms by stimulating a target region of the brain.
- 25 3. The method of claim 1, wherein the stimulating step includes at least one administration of electrical stimulation to a target region of the brain of the subject.
4. The method of claim 1, wherein the stimulating step includes at least one administration of magnetic stimulation to a target region of the brain of the subject.
- 30 5. The method of claim 1, wherein the stimulating step is performed in a noninvasive manner.

6. The method of claim 5, wherein the noninvasive manner includes stimulation applied to a target region of the brain from outside the subject and transmitted through intervening tissues.
7. The method of claim 1, wherein the stimulating step is performed in an invasive  
5 manner.
8. The method of claim 3, wherein the step of administering electrical stimulation includes administration of an AMPWM signal.
9. A method for treating a condition associated with central sensitivity in a subject, the method including the steps of selecting a subject suffering from one or more  
10 conditions associated with central sensitivity and stimulating a target region of the brain of the subject.
10. The method of claim 9, in which:  
the one or more conditions associated with central sensitivity include one or more conditions from the group of such conditions consisting of chronic pain of  
15 unknown origin, fibromyalgia, osteoarthritis, depression, complex regional pain syndrome, phantom pain, chronic fatigue syndrome, irritable bowel syndrome, functional dyspepsia, migraine headaches, tension-type headaches, temporomandibular disorder, myofascial pain syndrome, regional soft-tissue pain syndrome, restless leg syndrome, periodic limb movements, multiple chemical  
20 sensitivity, primary dysmenorrhea, female urethral syndrome, interstitial cystitis, premenstrual tension syndrome, vulvodynia, Sjögren's syndrome, Raynaud's Phenomenon, post-traumatic stress disorder, Gulf War Syndrome, chronic low back pain, or mild traumatic brain injury; and  
the treating step includes treating the one or more conditions of the group of  
25 conditions by stimulating the target region of the brain.
11. The method of claim 9, wherein the stimulating step includes at least one administration of electrical stimulation to the target region of the brain of the subject.
12. The method of claim 9, wherein the stimulating step includes at least one administration of magnetic stimulation to the target region of the brain of the subject.

13. The method of claim 9, wherein the stimulating step is performed in a noninvasive manner.
14. The method of claim 13, wherein the noninvasive manner includes stimulation applied to a target region of the brain from outside the subject and transmitted through  
5 intervening tissues.
15. The method of claim 9, wherein the stimulating step is performed in an invasive manner.
16. The method of claim 11, wherein the step of administering electrical stimulation includes administration of an AMPWM signal.
- 10 17. A method for altering brain activity associated with central sensitivity in a subject, the method including the steps of:  
    selecting a subject suffering from brain activity associated with central sensitivity; and  
    stimulating a target region of the brain of the subject.
- 15 18. The method of claim 17, in which:  
    the selecting step includes selecting a subject exhibiting, in one or more regions of the subject's brain in response to one or more peripheral stimuli, one or more brain activities from the group of brain activities consisting of abnormal  
20 function, abnormal response, abnormal regions of activation, abnormal network connectivity, abnormal release of neurochemicals, abnormal uptake of neurochemicals, abnormal electrical activity or abnormal metabolism; and  
    the stimulating step includes altering the one or more brain activities exhibited by the subject's brain by stimulating the target region of the brain.
- 25 19. The method of claim 17, wherein the stimulating step includes at least one administration of electrical stimulation to the target region of the brain of the subject.
20. The method of claim 17, wherein the stimulating step includes at least one administration of magnetic stimulation to the target region of the brain of the subject.

21. The method of claim 17, wherein the stimulating step is performed in a noninvasive manner.
22. The method of claim 21, wherein the noninvasive manner includes stimulation applied to the target region of the brain from outside the subject and transmitted  
5 through intervening tissues.
23. The method of claim 17, wherein the stimulating step is performed in an invasive manner.
24. The method of claim 19, wherein the step of administering electrical stimulation includes administration of an AMPWM signal.
- 10 25. A tissue stimulation apparatus for use in alleviating symptoms associated with central sensitivity in a subject, the apparatus comprising:
- a neuroimaging device configured to obtain neuroimaging data from tissues in a target region of a brain of a subject suffering from one or more symptoms associated with central sensitivity;
  - 15 a stimulation device including a stimulation signal generation circuit configured to generate and deliver a tissue stimulation signal to the target region of the subject's brain; and
  - a computing device configured to set one or more parametric values of the electrical tissue stimulation signal in response to neuroimaging data obtained by the  
20 neuroimaging device.
26. The apparatus of claim 25 for use in alleviating one or more of the following symptoms associated with central sensitivity: pain, musculoskeletal pain, pain at multiple sites, generalized hyperalgesia, stiffness, swollen feeling in soft tissues,  
25 fatigue, poor sleep, paresthesia, anxiety, chronic headaches, tension headaches, dysmenorrhea, irritable bowel syndrome, periodic limb movements, symptoms of restless leg syndrome, depression, symptoms of Sjögren's syndrome, symptoms of Raynaud's Phenomenon, symptoms of female urethral syndrome, impaired memory, impaired concentration, cognitive impairment, tender cervical lymph nodes, tender  
30 axillary lymph nodes, post-exertion malaise, tender points, sensory hypersensitivity,

sleep disturbances, immune dysfunction, history of viral illness, neurohormonal dysfunction, neuroendocrine dysfunction, or a lack of macroscopic or microscopic pathological findings in peripheral tissues.

27. The apparatus of claim 25, wherein the stimulation device is configured to  
5 administer magnetic stimulation to a target region of the brain of the subject.

28. The apparatus of claim 25, wherein the stimulation device is configured to deliver an electrical stimulation signal to a target region of the subject's brain.

29. The apparatus of claim 28, wherein the electrical stimulation signal is an AMPWM signal.

10 30. The apparatus of claim 25, wherein the stimulation device is configured to deliver the stimulation signal to a target region of the brain from outside the subject and to transmit the signal through intervening tissues.

31. The apparatus of claim 25 for use in alleviating one or more symptoms associated with central sensitivity in a subject exhibiting, in one or more regions of the subject's  
15 brain in response to one or more peripheral stimuli, one or more of the following brain activities: abnormal function, abnormal response, abnormal regions of activation, abnormal network connectivity, abnormal release of neurochemicals, abnormal uptake of neurochemicals, abnormal electrical activity or abnormal metabolism; the apparatus being configurable to alter the one or more brain activities exhibited by the  
20 subject's brain by stimulating the target region of the brain.

32. A tissue stimulation signal comprising one or more parametric values tailored in response to neuroimaging data obtained from tissues in a target region of the brain of a subject suffering from one or more symptoms associated with central sensitivity,  
25 and deliverable to the target region of a subject's brain for use in alleviating the symptoms.

33. A tissue stimulation signal as set forth in claim 32, wherein the stimulation signal is adapted for use in alleviating symptoms associated with central sensitivity by  
30 tailoring the signal to mitigate a central sensitivity condition causing the symptoms.

34. A tissue stimulation signal as set forth in either one of claims 32 or 33, wherein the stimulation signal is an amplitude modulated pulse width modulated (AMPWM) signal for use in penetrating tissues between the signal source and the target region of the subject's brain.

35. A tissue stimulation signal as set forth in any one of claims 32-34, wherein the stimulation signal is tailored in response to neuroimaging data obtained from tissues in a target region of the brain of a subject suffering from one or more of the following central sensitivity symptoms: pain, musculoskeletal pain, pain at multiple sites, generalized hyperalgesia, stiffness, swollen feeling in soft tissues, fatigue, poor sleep, paresthesia, anxiety, chronic headaches, tension headaches, dysmenorrhea, irritable bowel syndrome, periodic limb movements, symptoms of restless leg syndrome, depression, symptoms of Sjögren's syndrome, symptoms of Raynaud's Phenomenon, symptoms of female urethral syndrome, impaired memory, impaired concentration, cognitive impairment, tender cervical lymph nodes, tender axillary lymph nodes, post-exertion malaise, tender points, sensory hypersensitivity, sleep disturbances, immune dysfunction, history of viral illness, neurohormonal dysfunction, neuroendocrine dysfunction, or a lack of macroscopic or microscopic pathological findings in peripheral tissues.

36. A tissue stimulation signal as set forth in any one of claims 32-35, wherein:  
the stimulation signal is tailored in response to neuroimaging data obtained from the brain of a subject exhibiting, in one or more regions of the subject's brain in response to one or more applied peripheral stimuli, any one or more of the following abnormal brain activities: abnormal function, abnormal response, abnormal regions of activation, abnormal network connectivity, abnormal release of neurochemicals, abnormal uptake of neurochemicals, abnormal electrical activity or abnormal metabolism; and  
the signal is tailored for use in altering any one or more of the brain activities exhibited by the subject's brain.

37. A tissue stimulation signal as set forth in any one of claims 32-36, wherein the signal is a composite signal comprising two or more components configured for use in providing two or more frequency-dependent beneficial effects on tissues in a target region of a subject's brain.

5

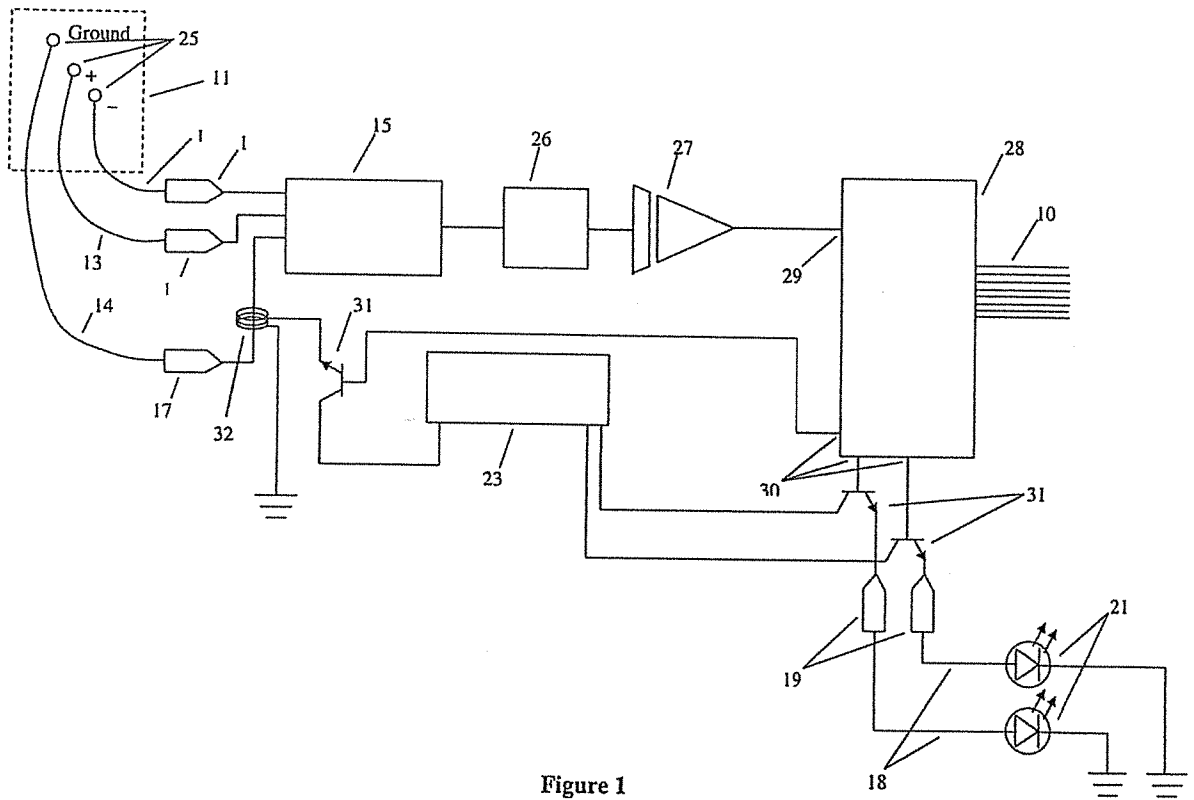


Figure 1

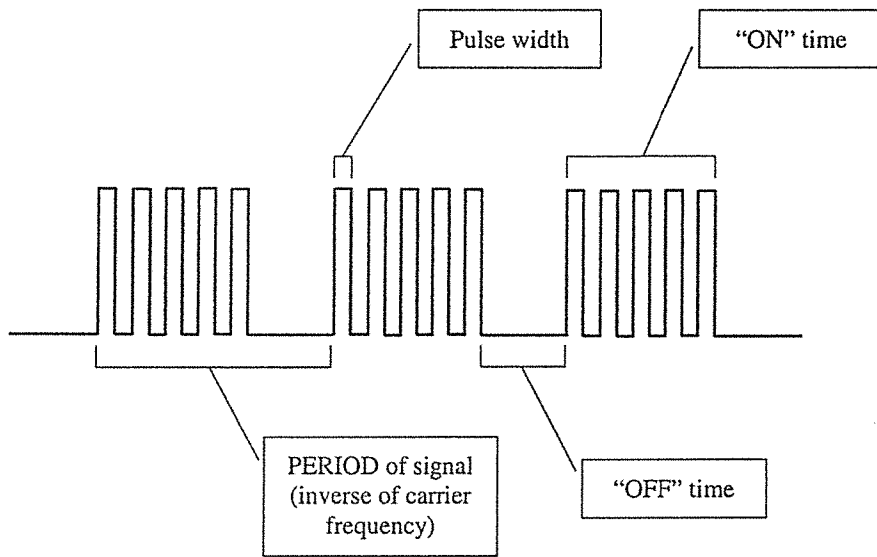


Figure 2

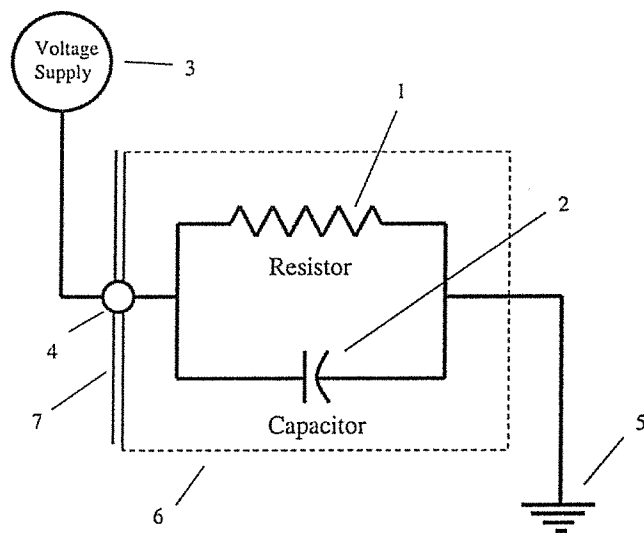


Figure 3

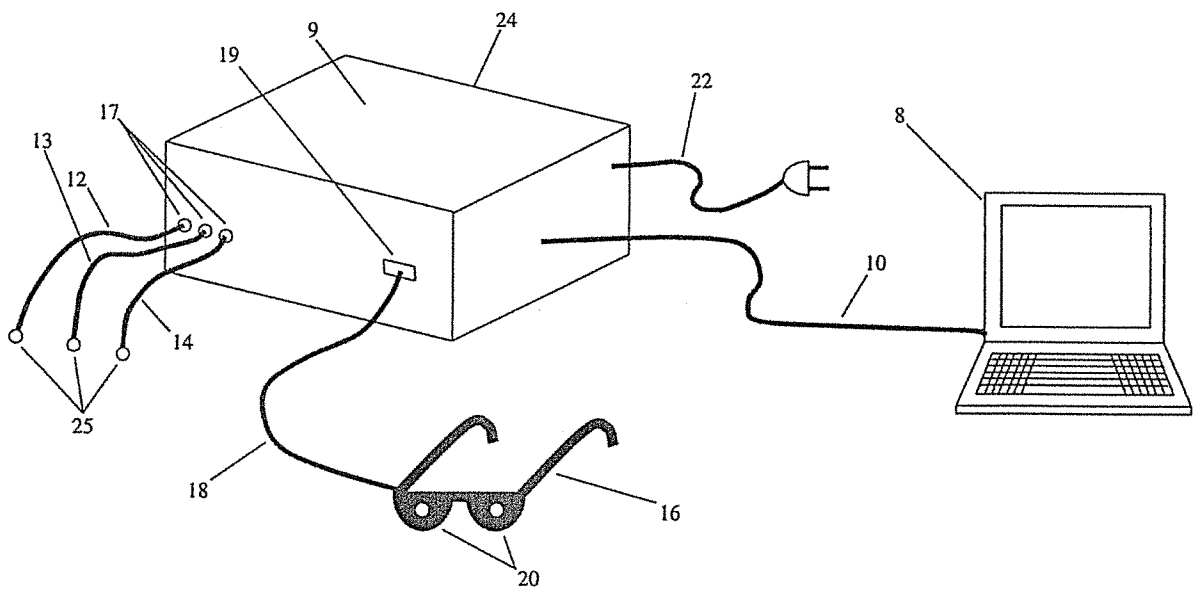


Figure 4

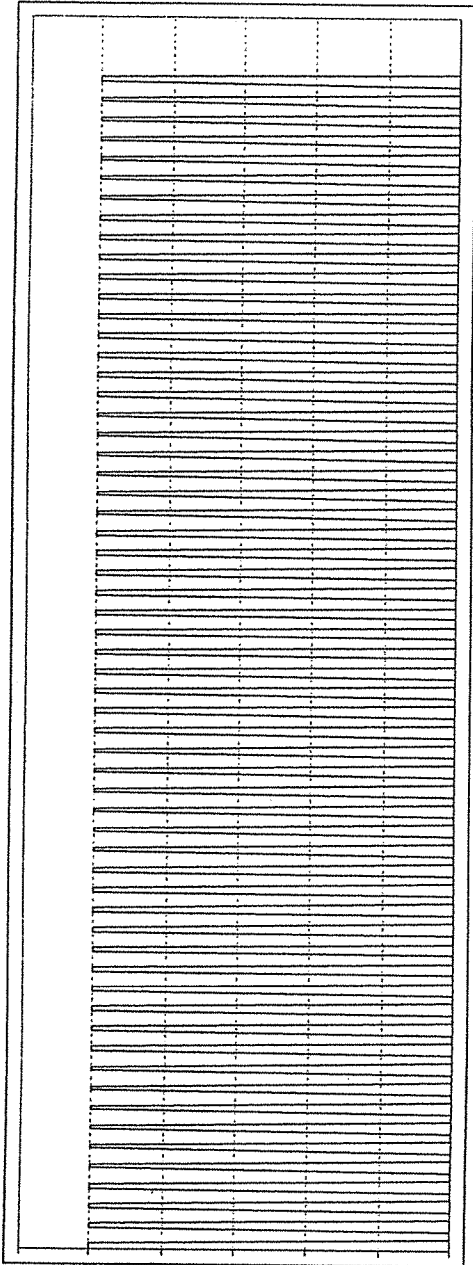


Fig. 5

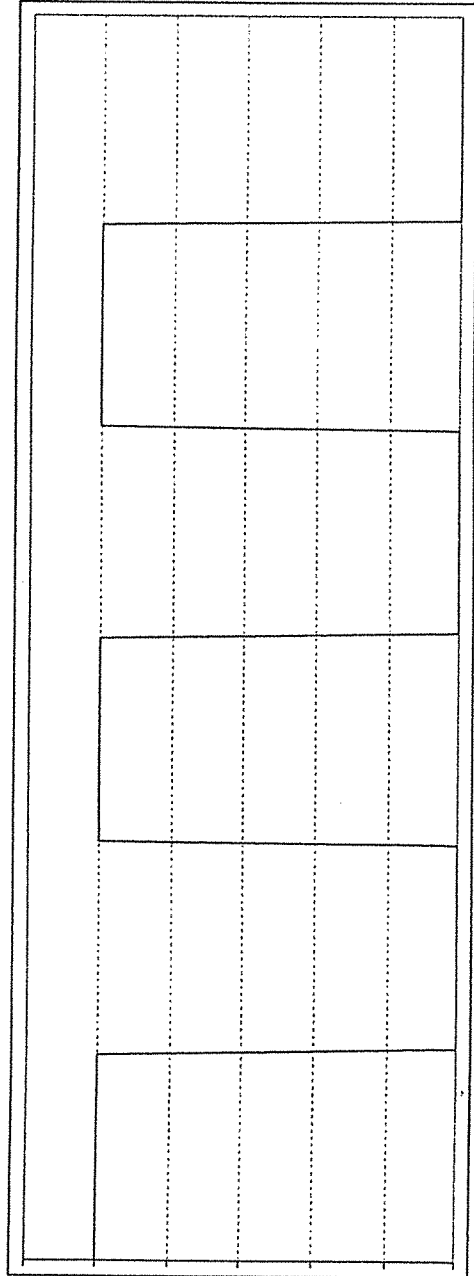


Fig. 6

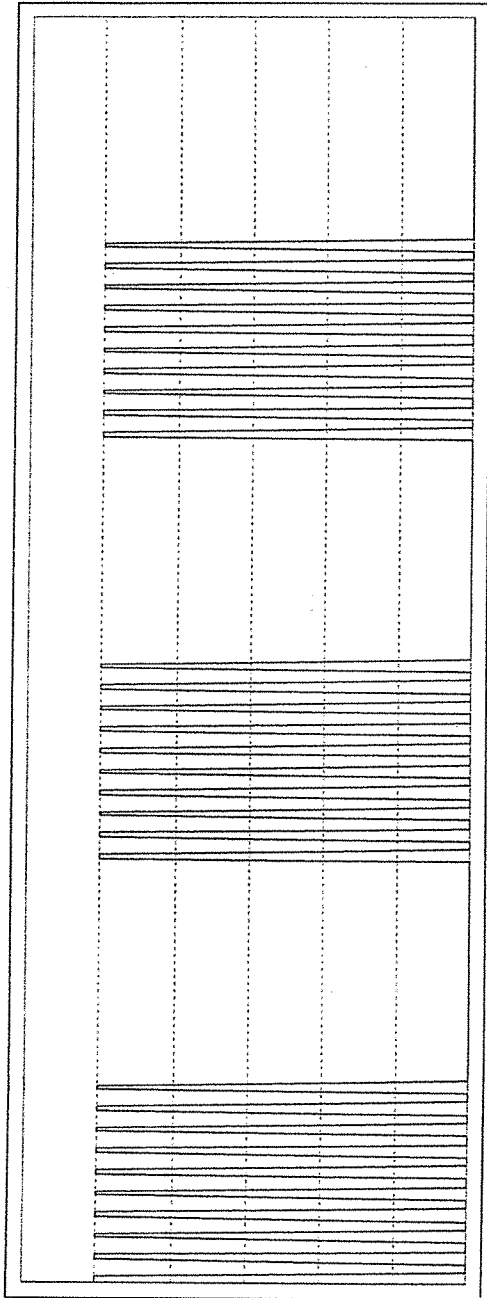


Fig. 7

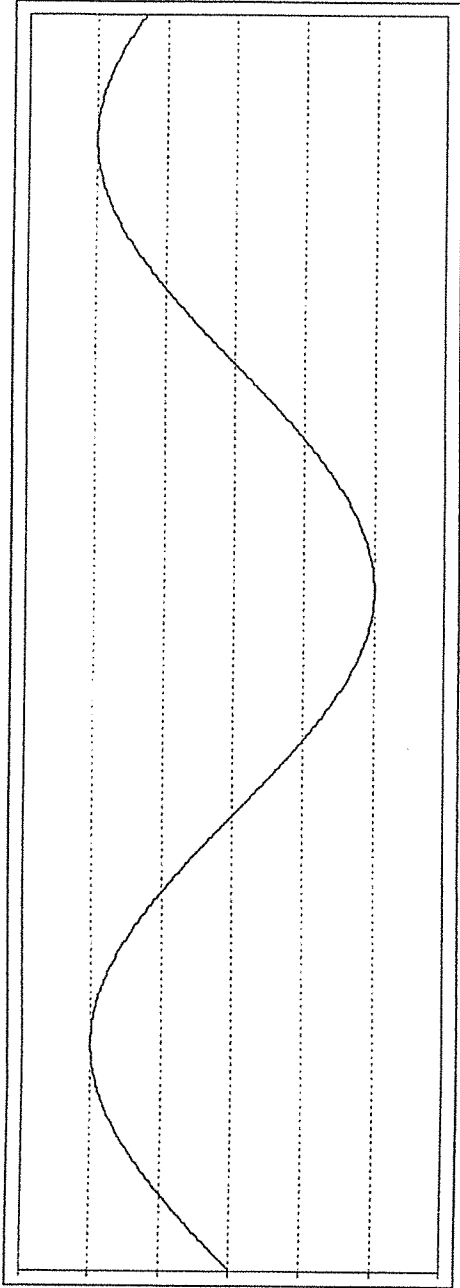


Fig. 8

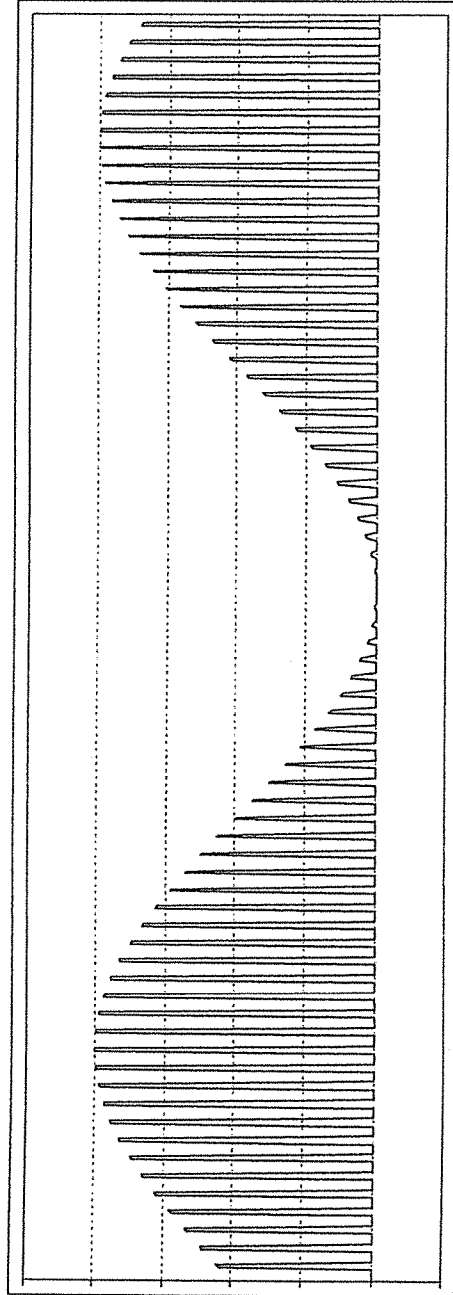


Fig. 9

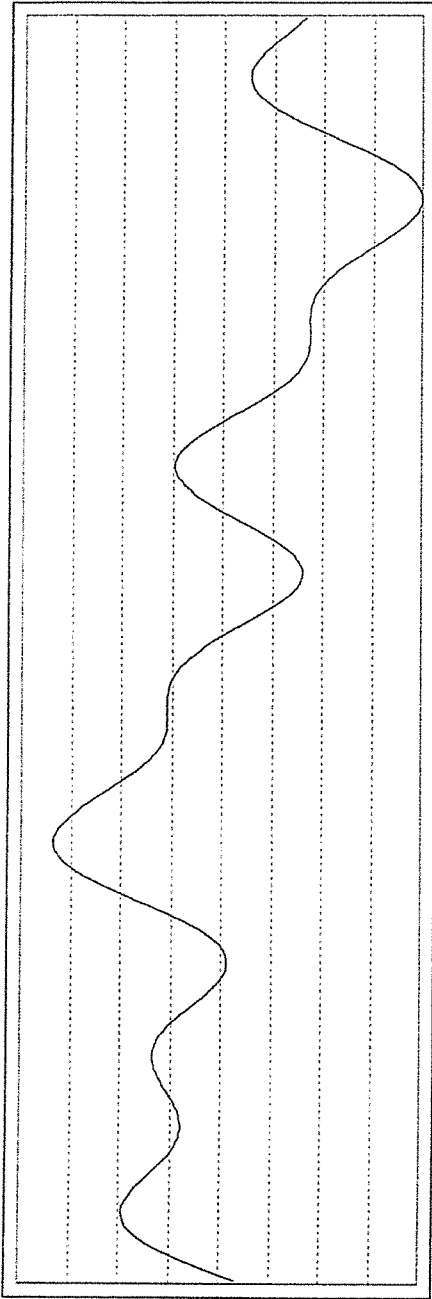


Fig. 10

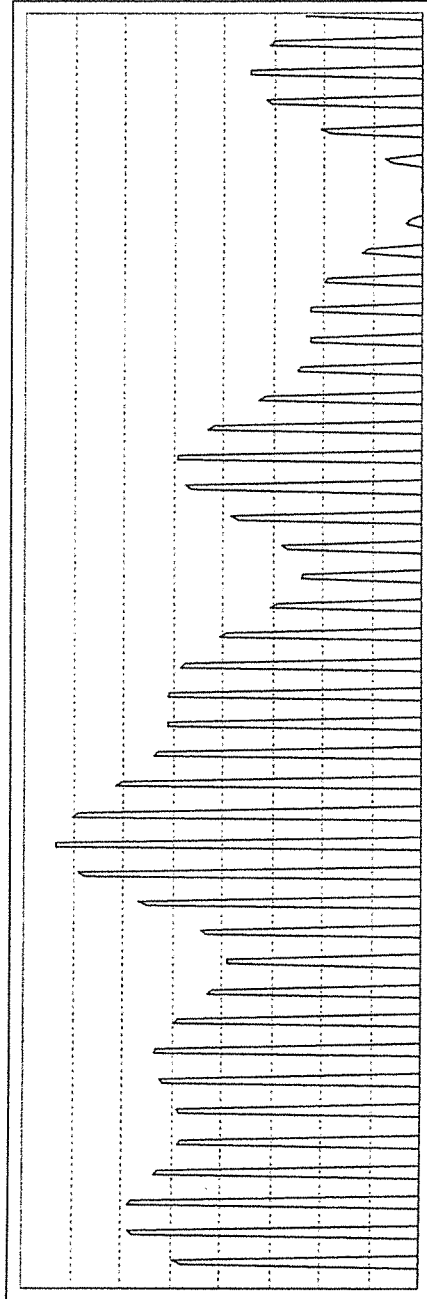


Fig. 11

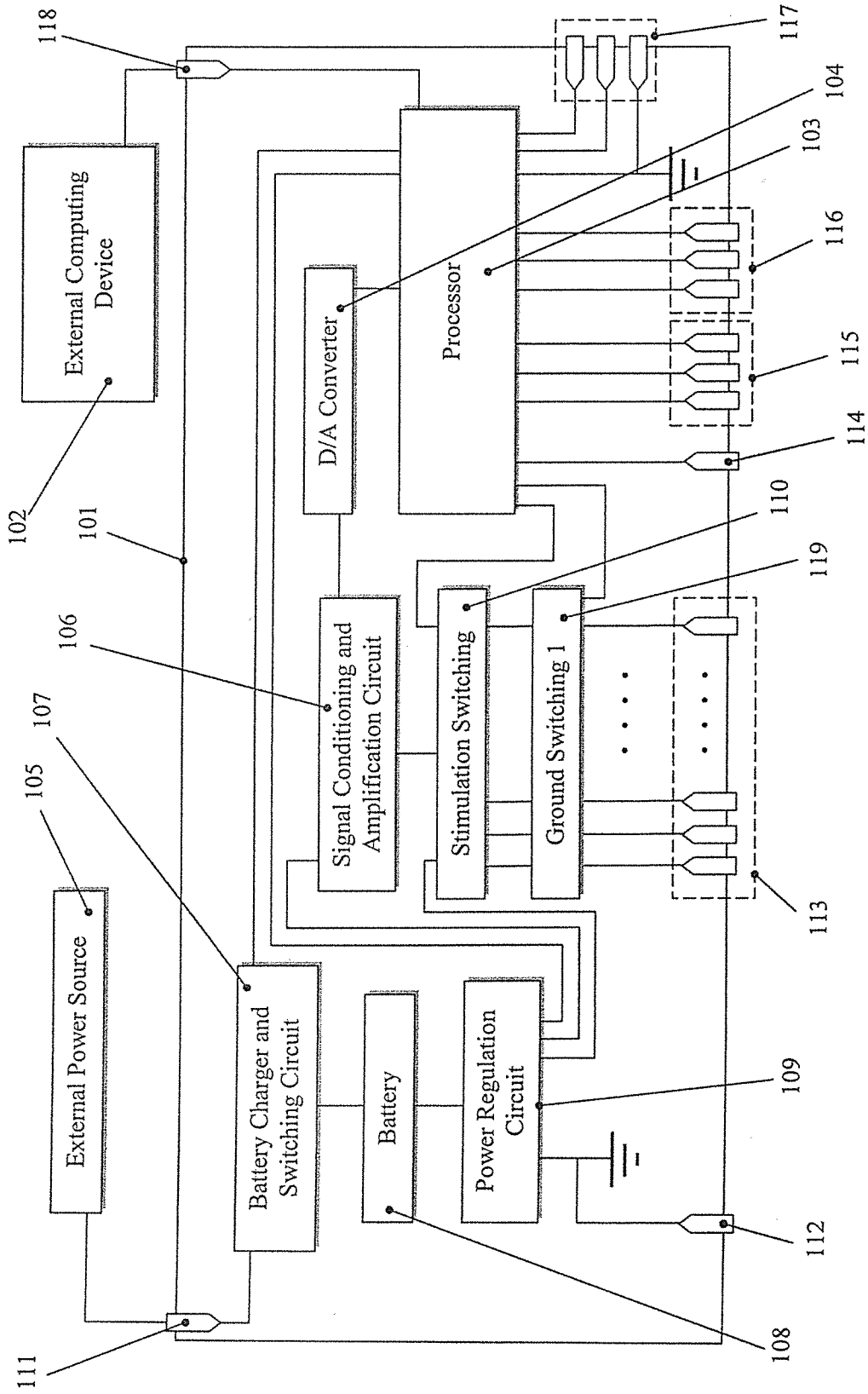


Fig. 12

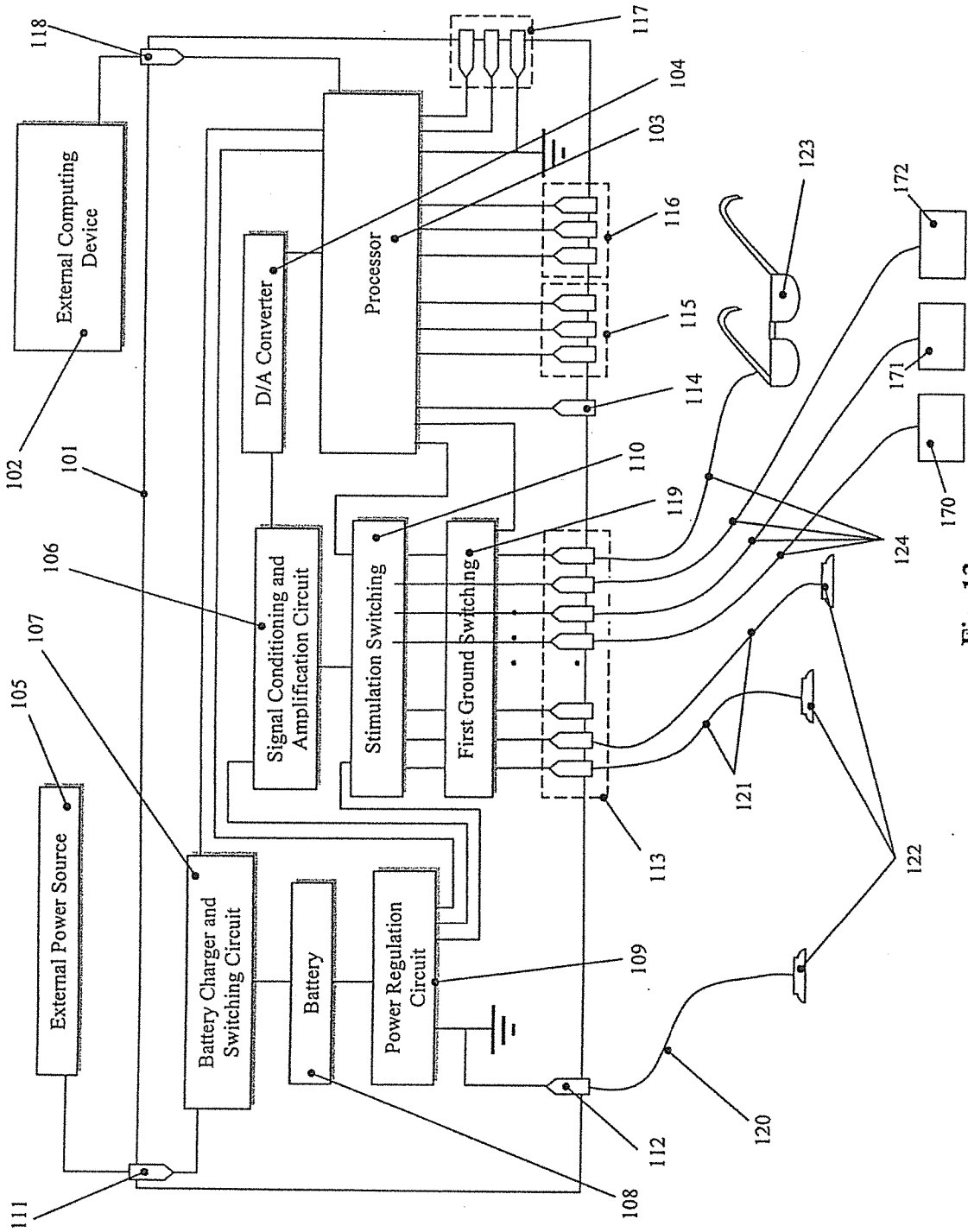


Fig. 13

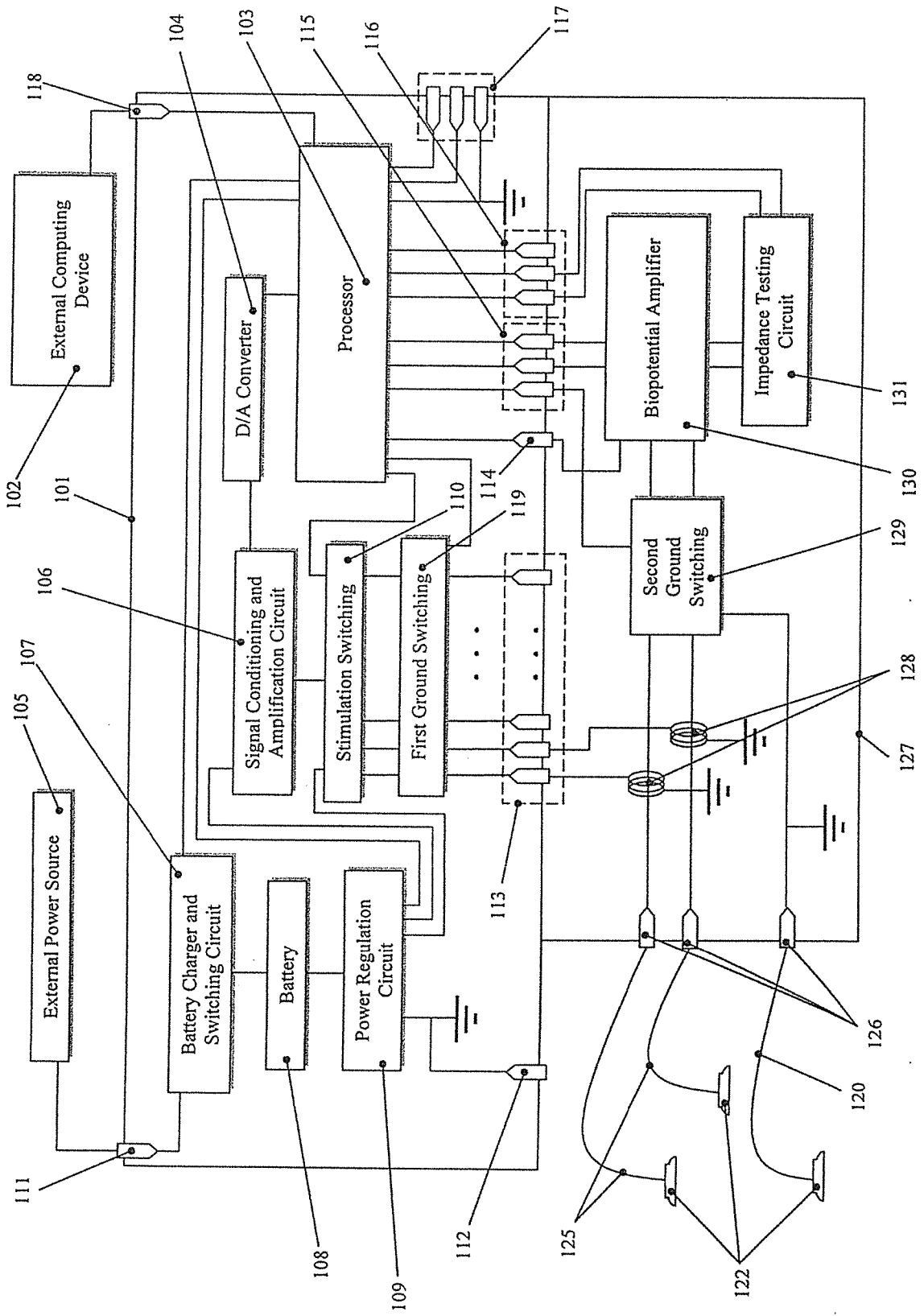


Fig. 14



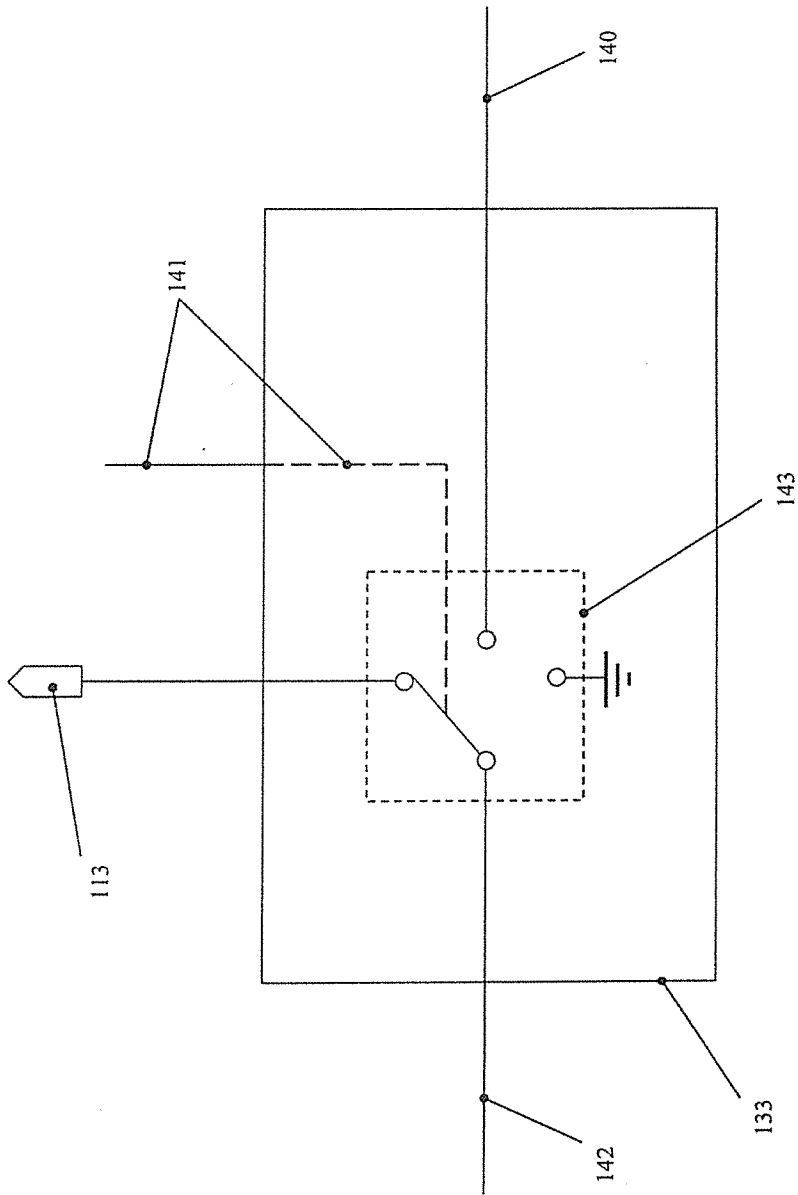


Fig. 16

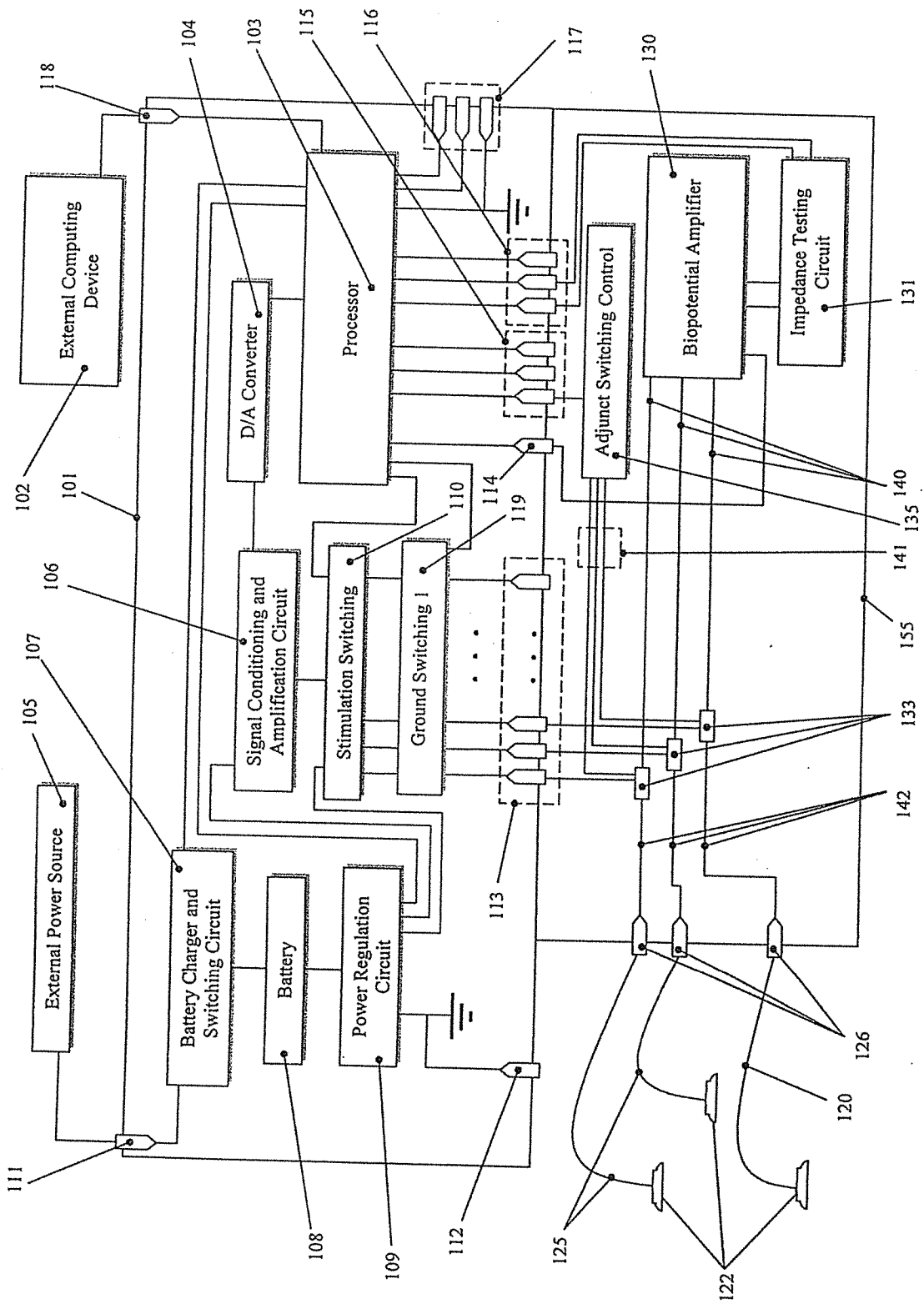


Fig. 17

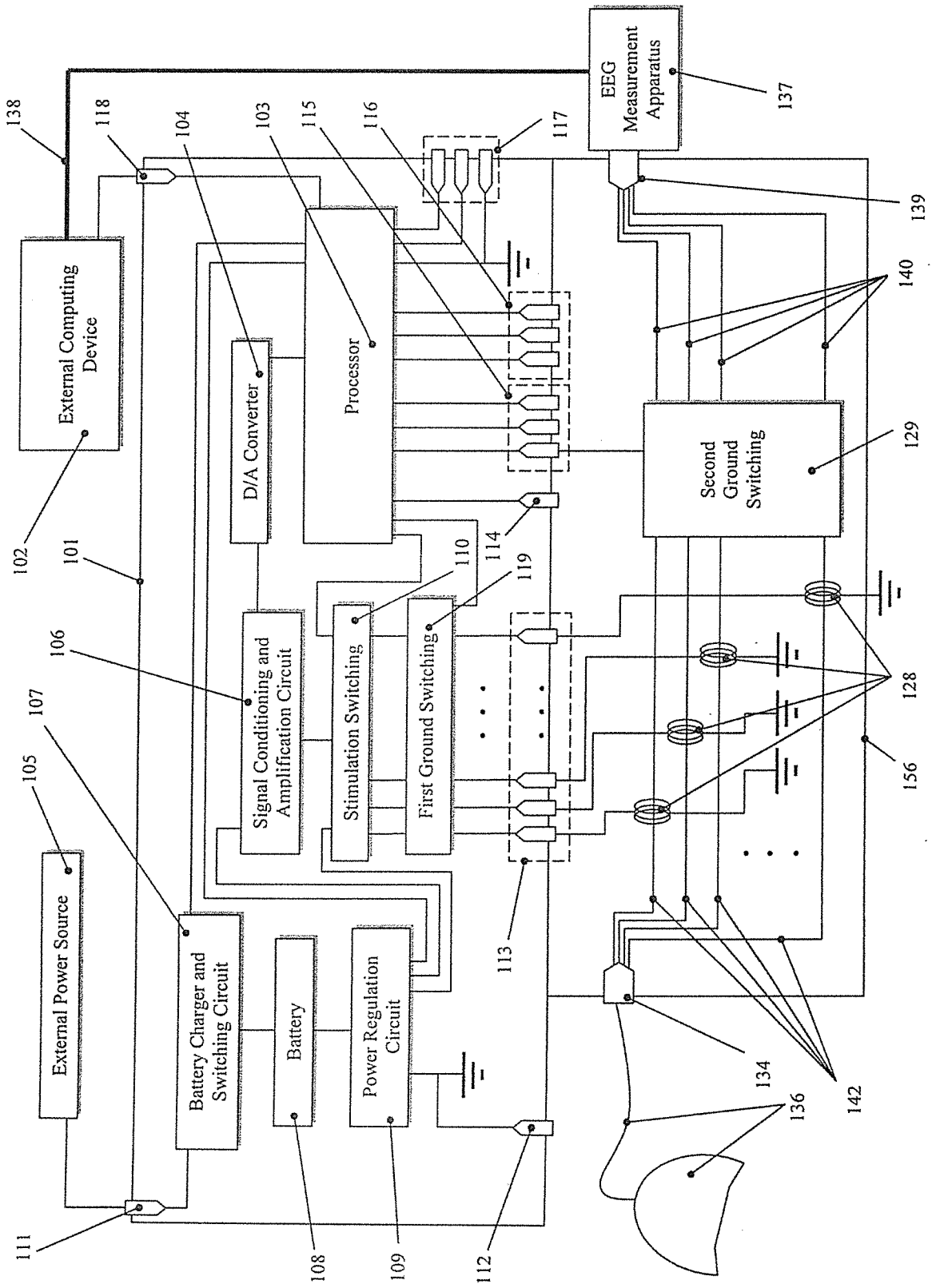


Fig. 18



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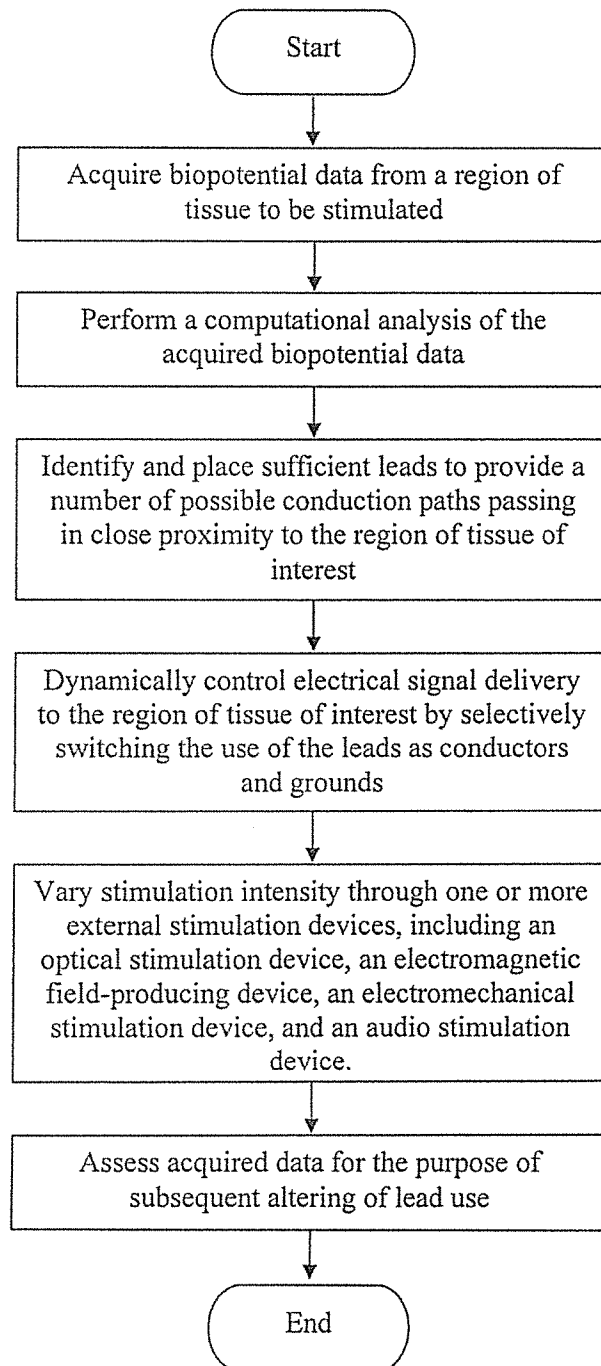


Fig. 20

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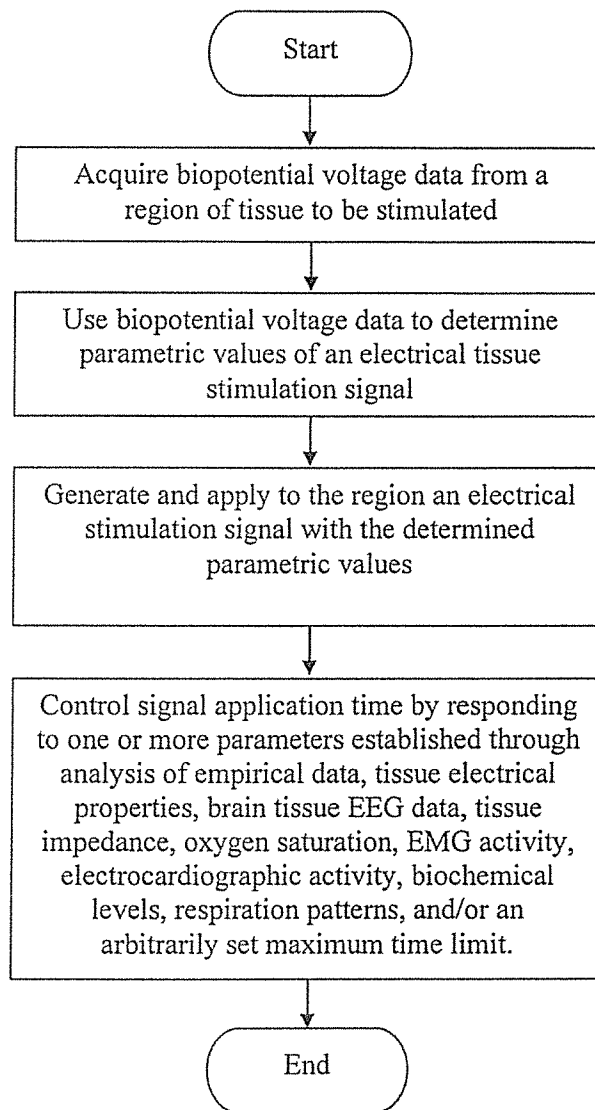


Fig. 21

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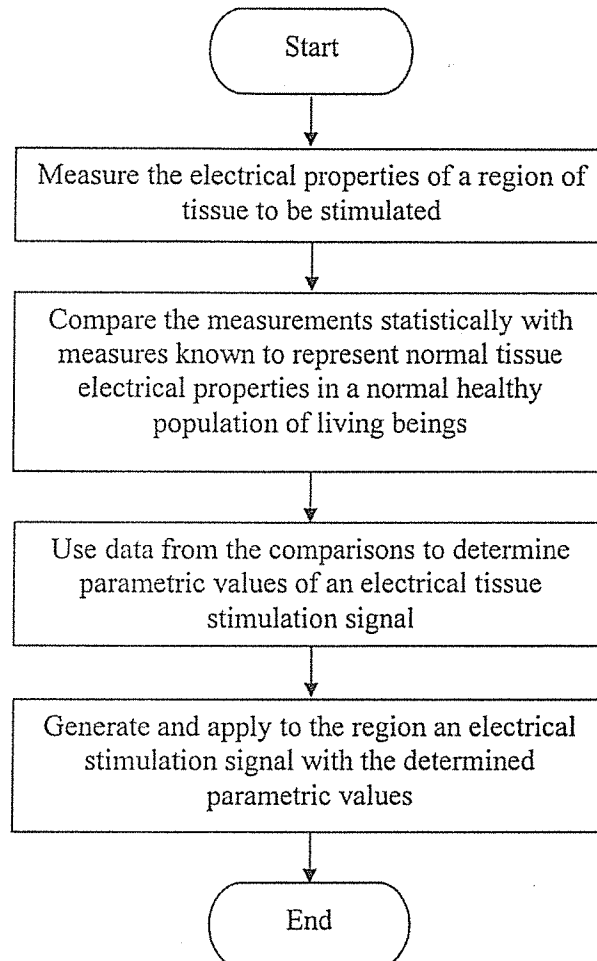


Fig. 22

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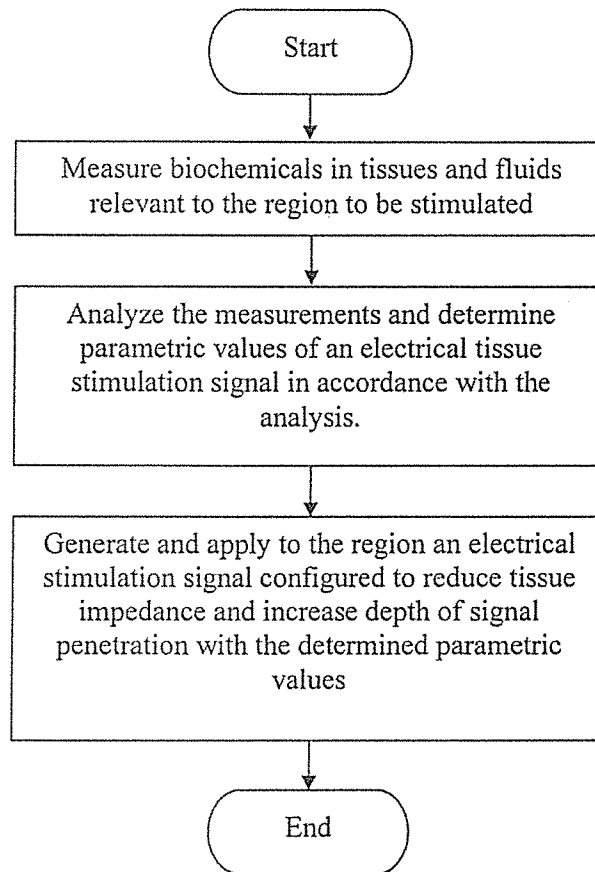


Fig. 23

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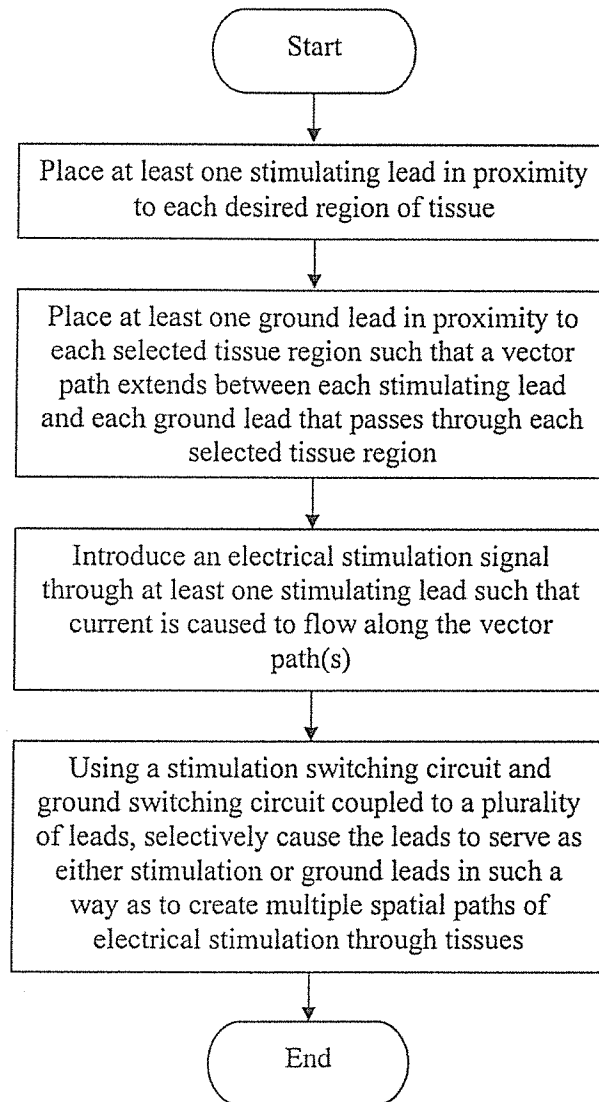


Fig. 24

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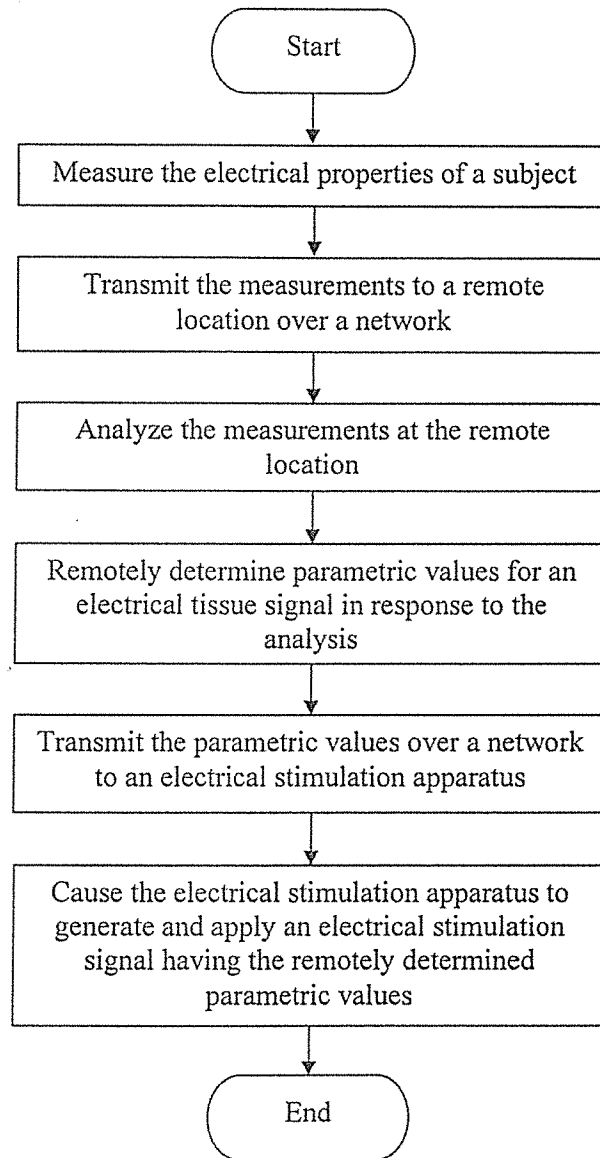


Fig. 25

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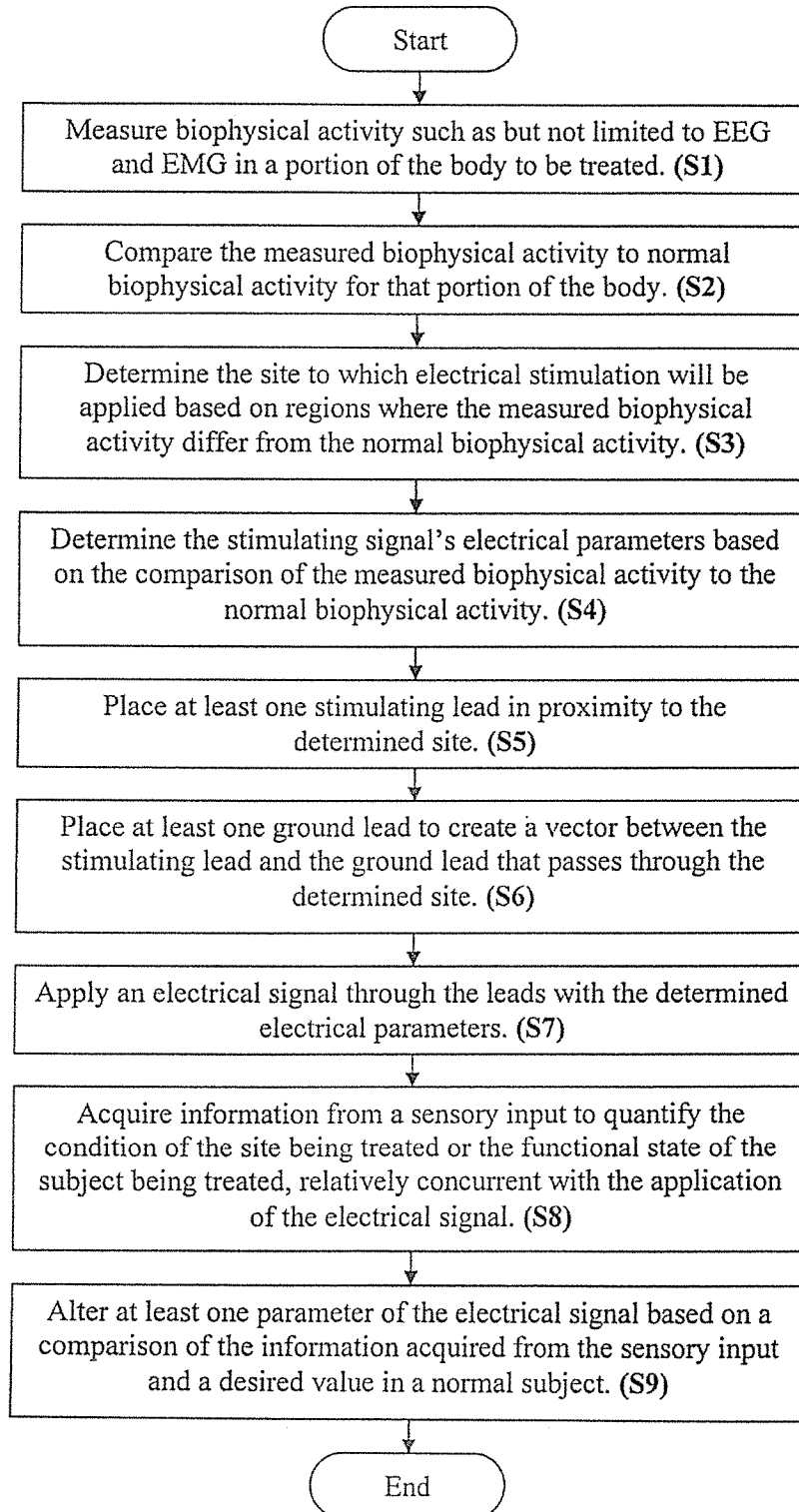


Fig. 26

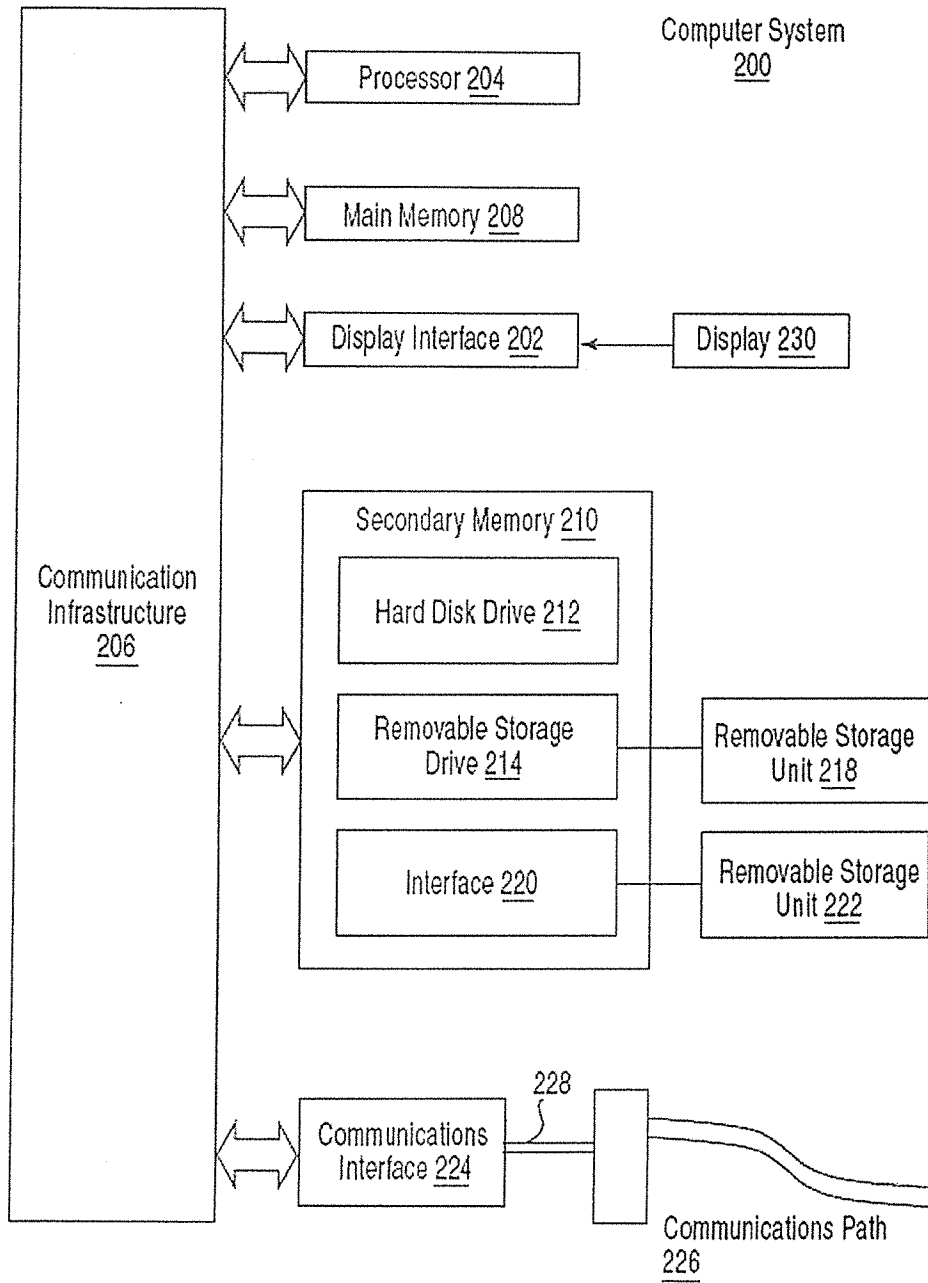


Fig. 27

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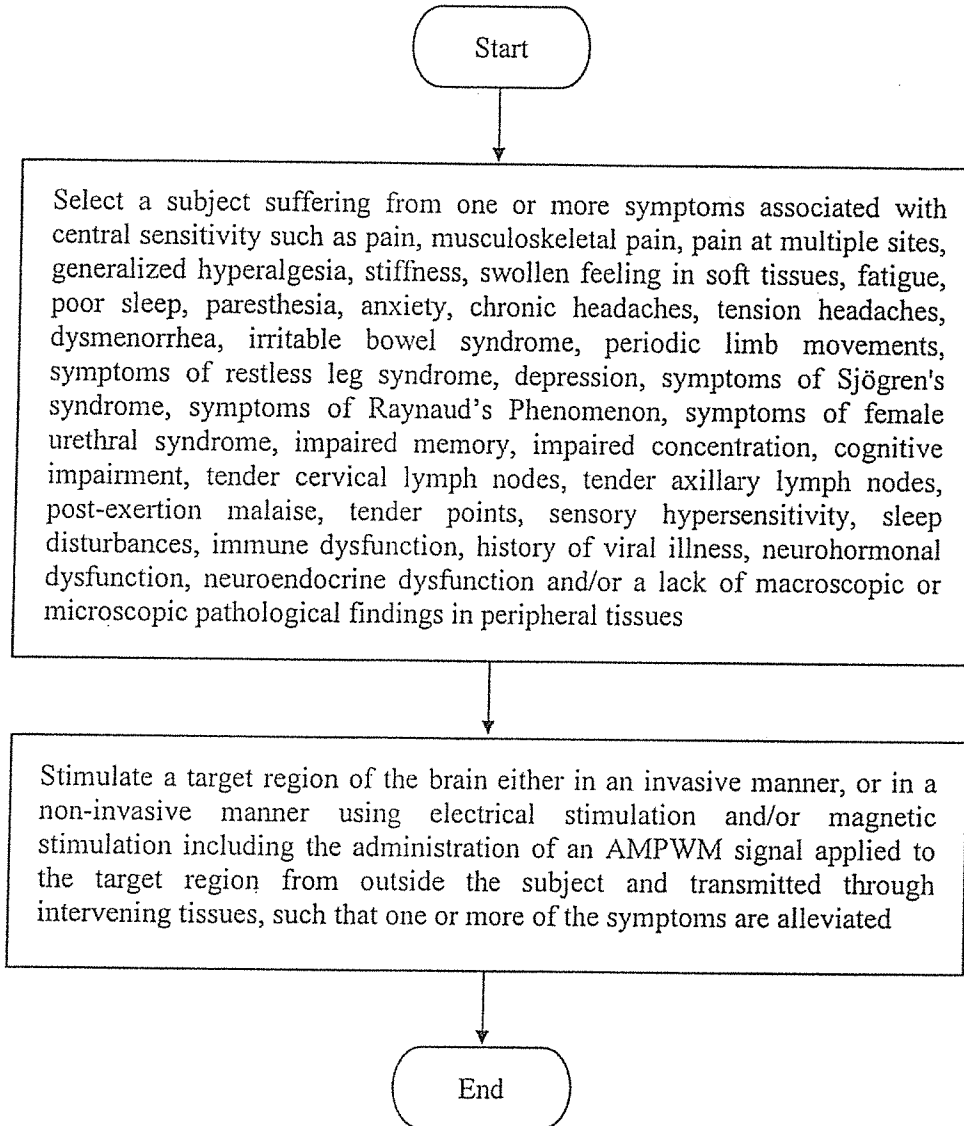


Fig. 28

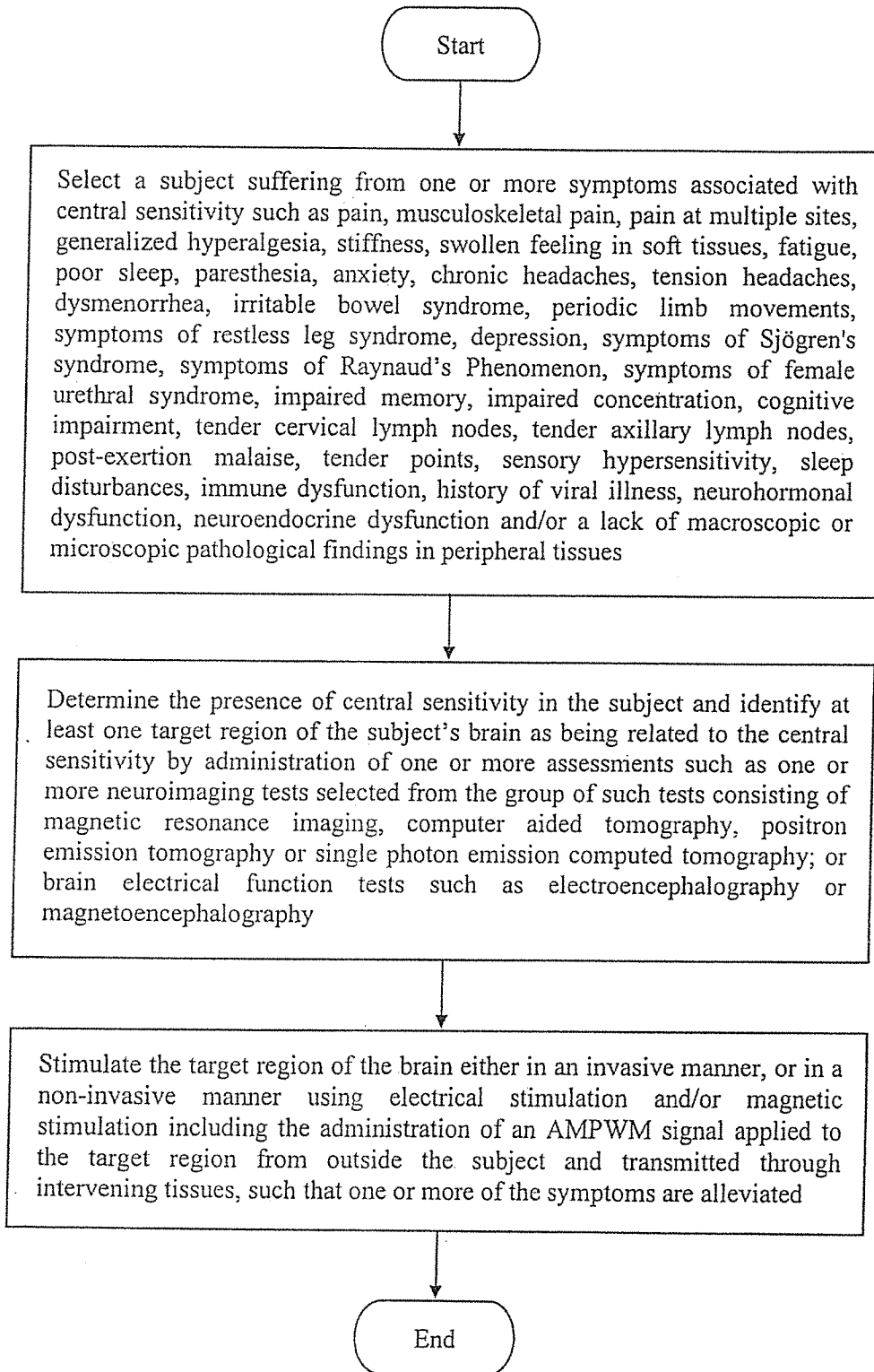


Fig. 29

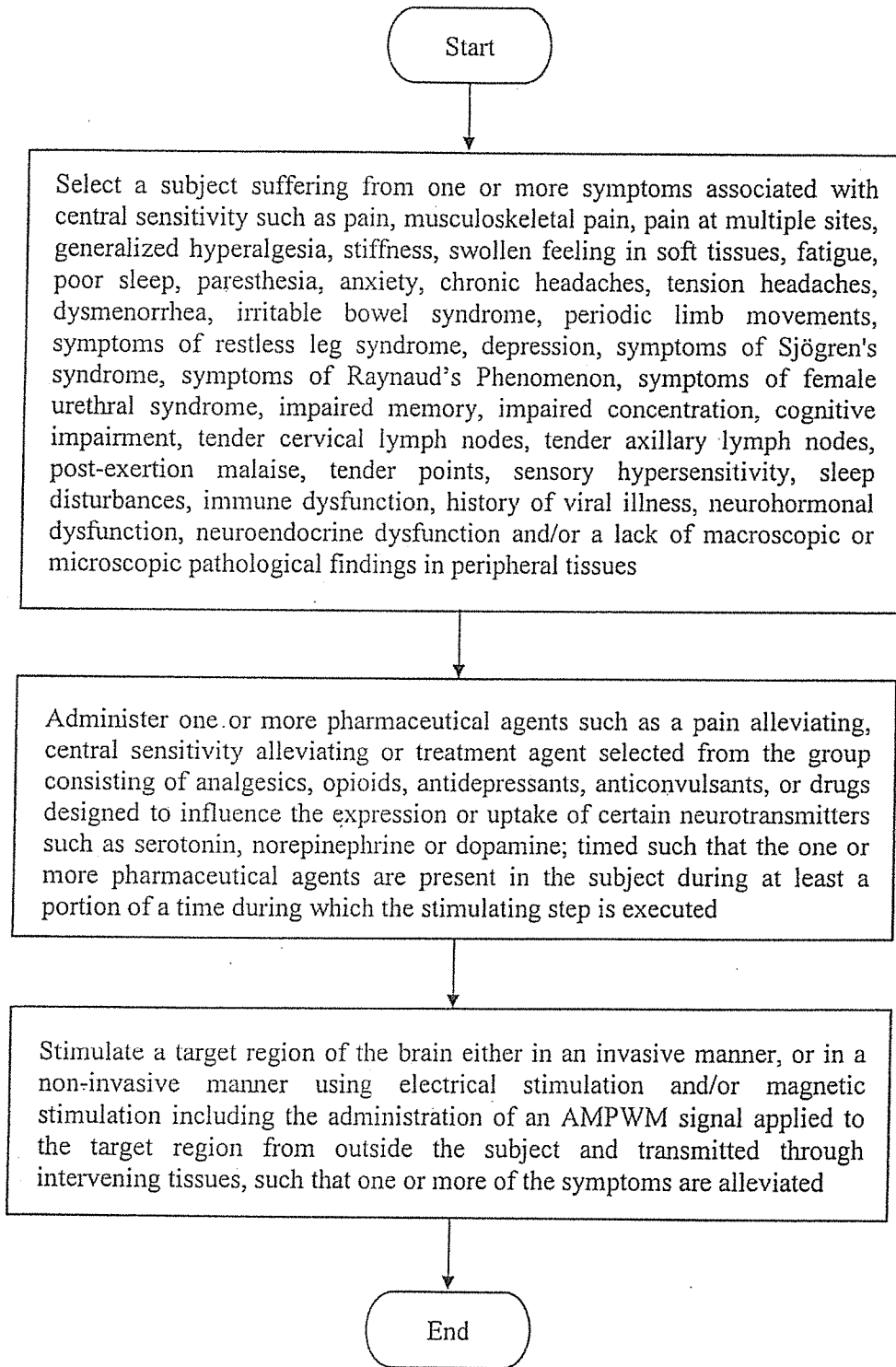


Fig. 30

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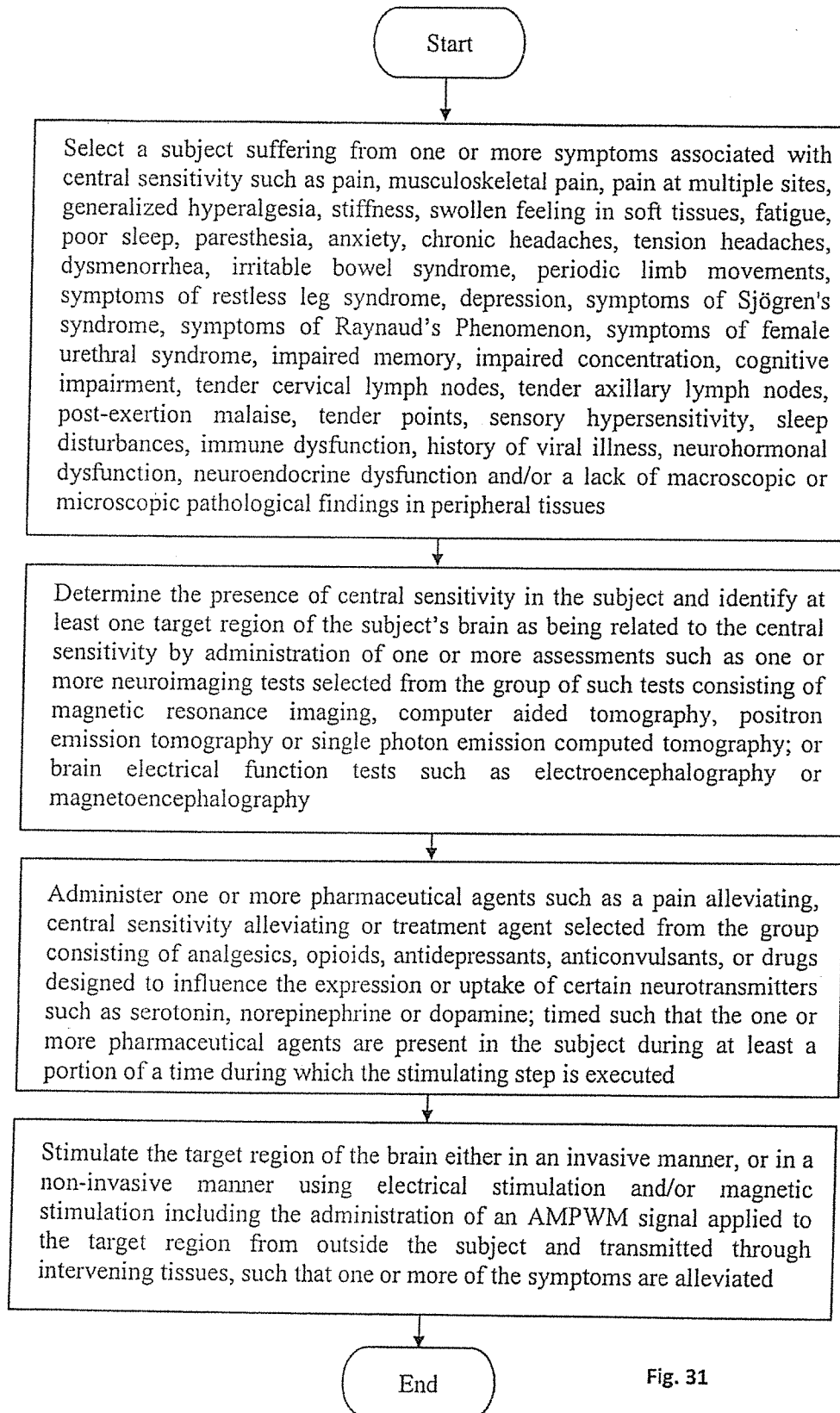


Fig. 31

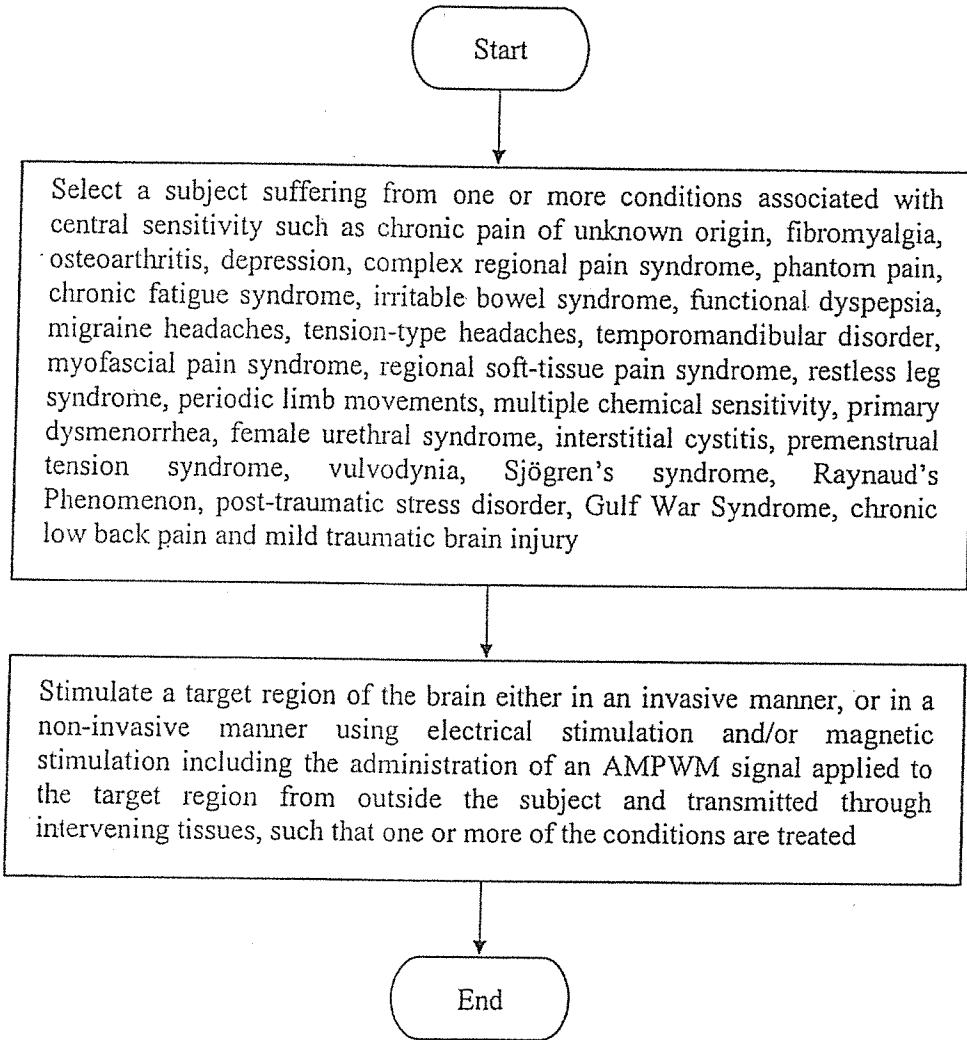


Fig. 32

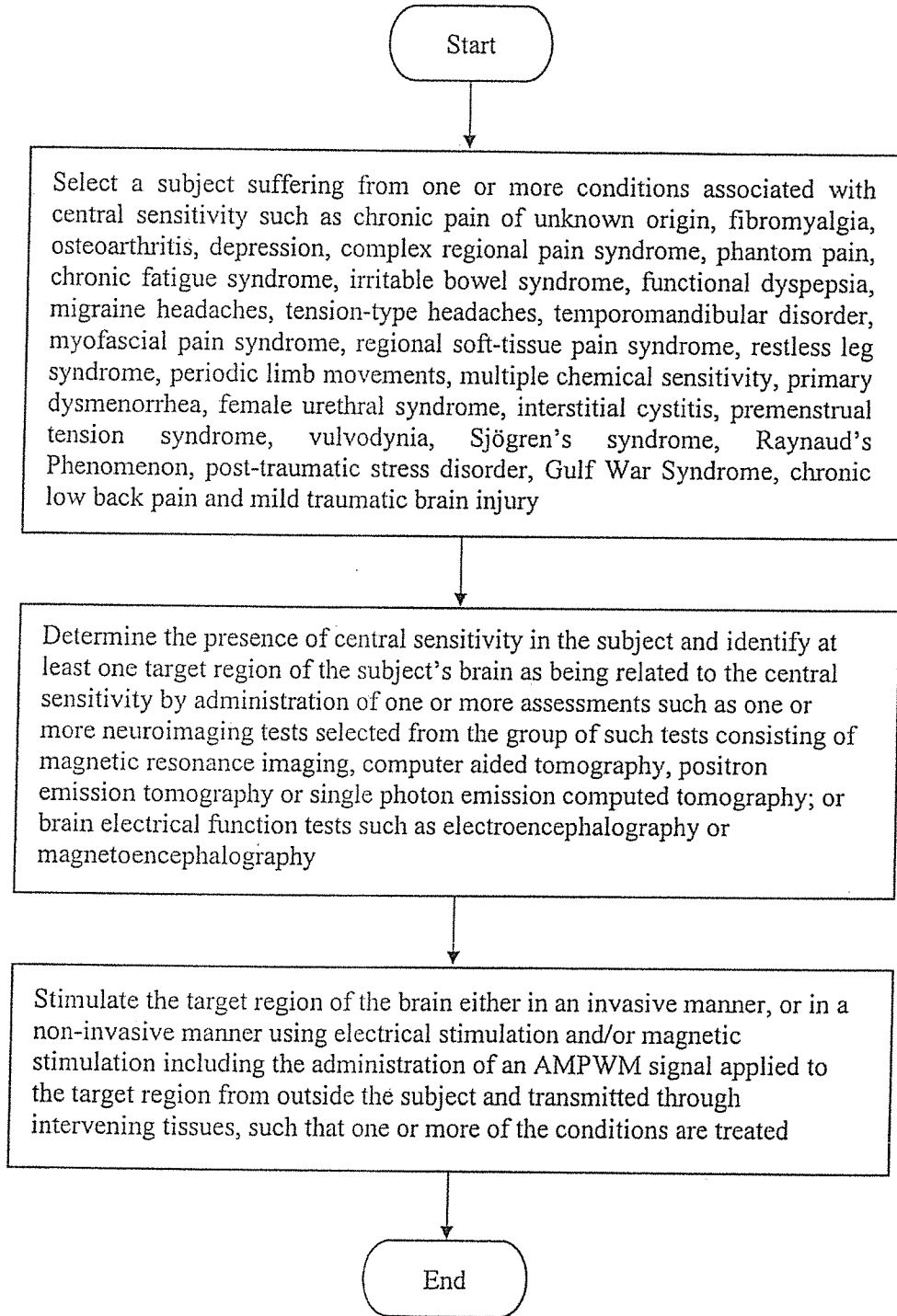


Fig. 33

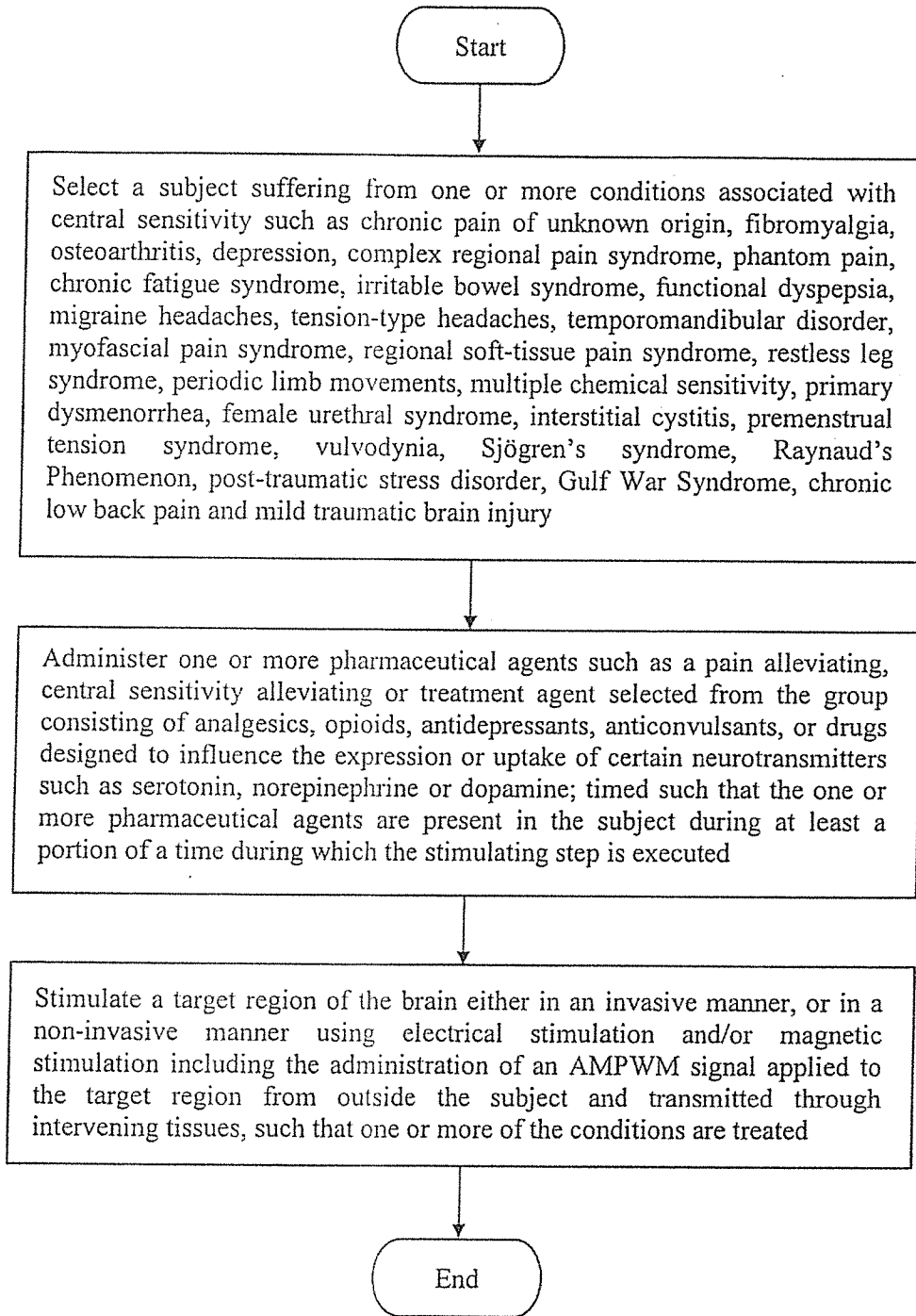


Fig. 34

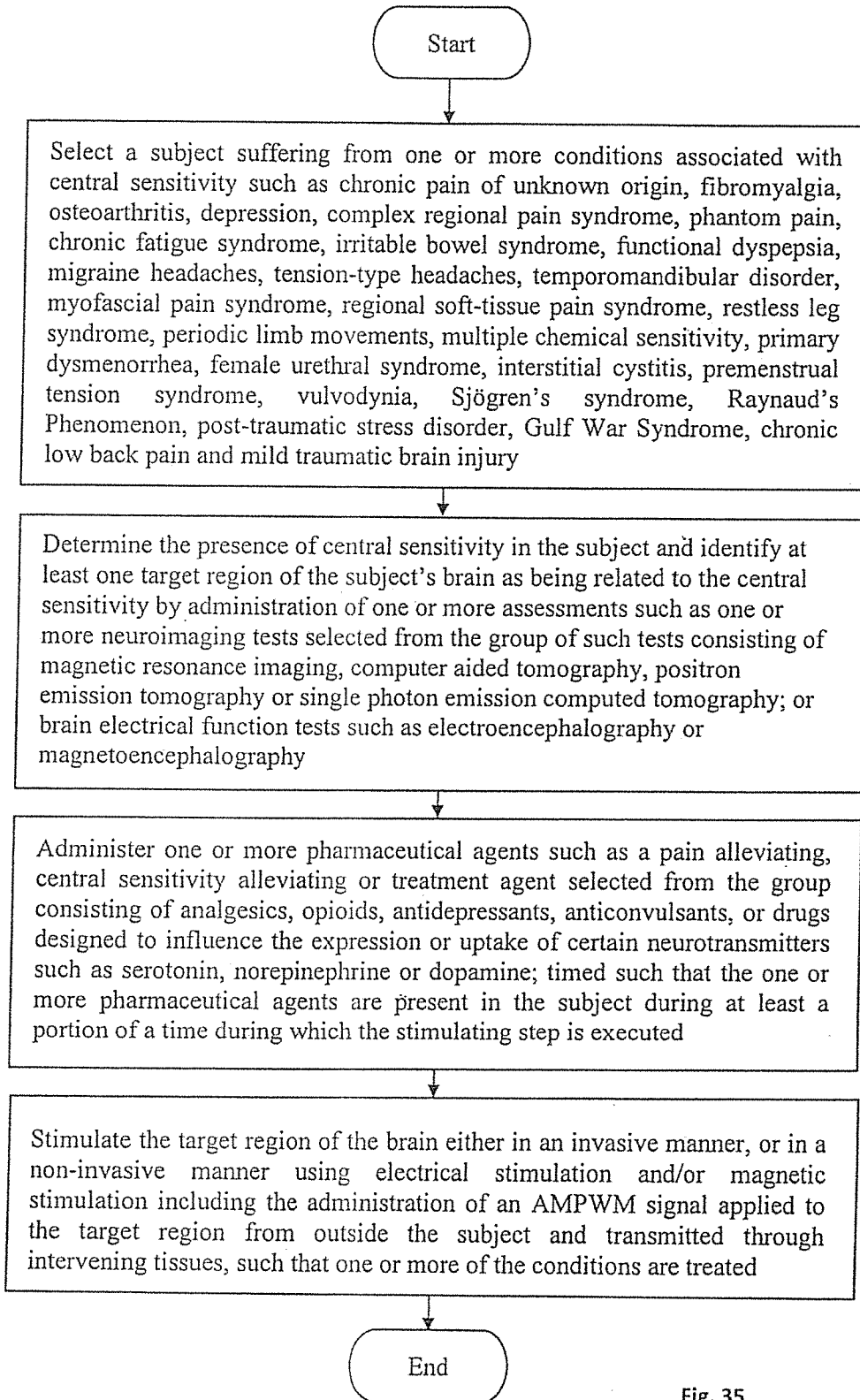


Fig. 35

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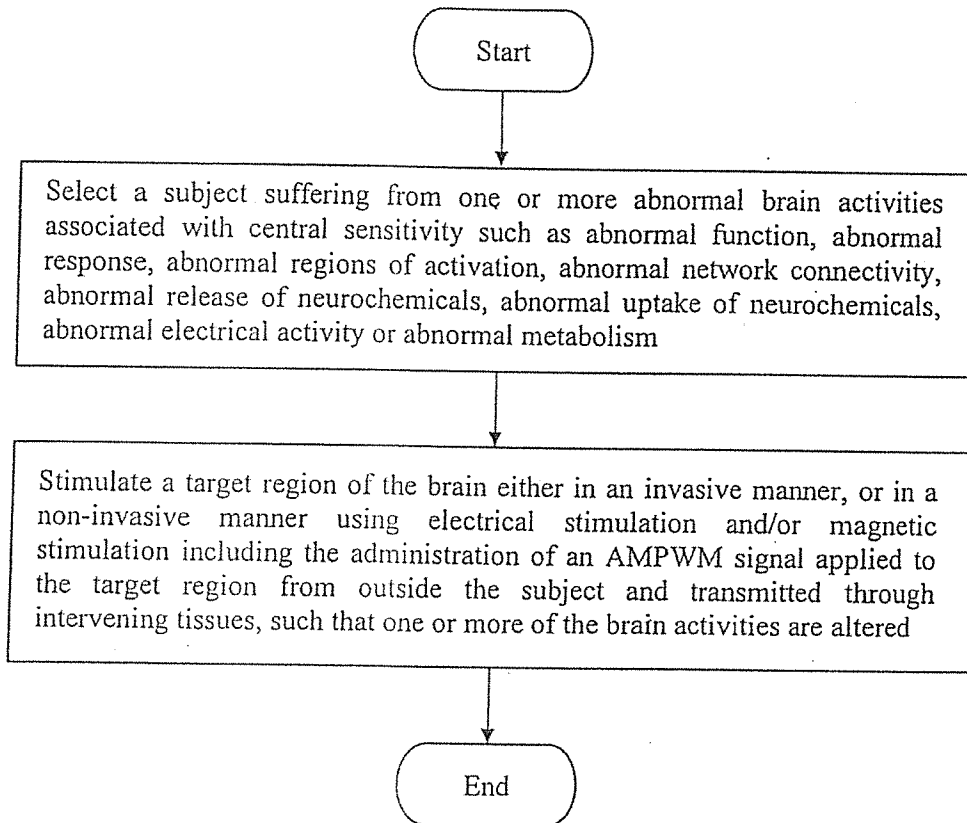


Fig. 36

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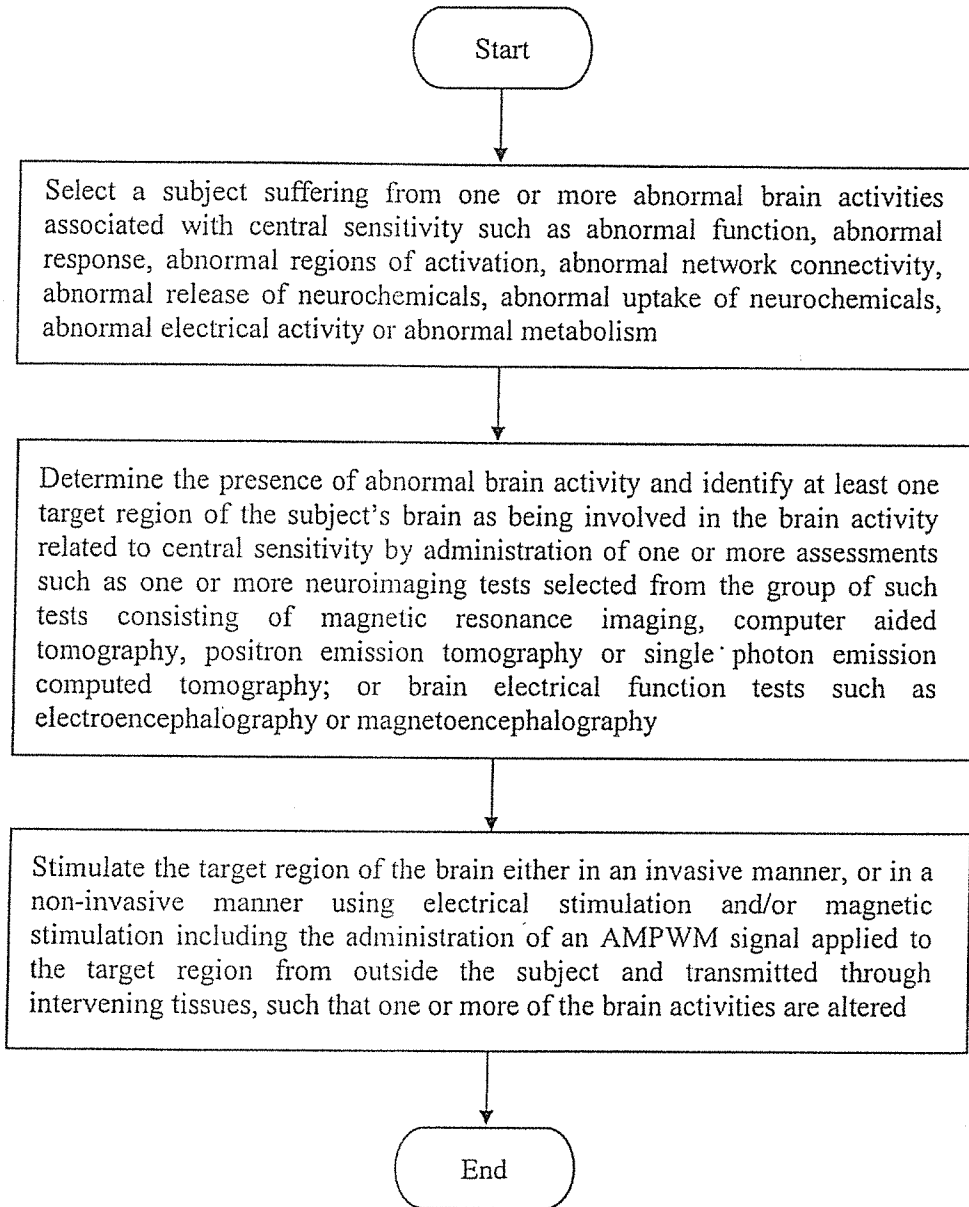


Fig. 37

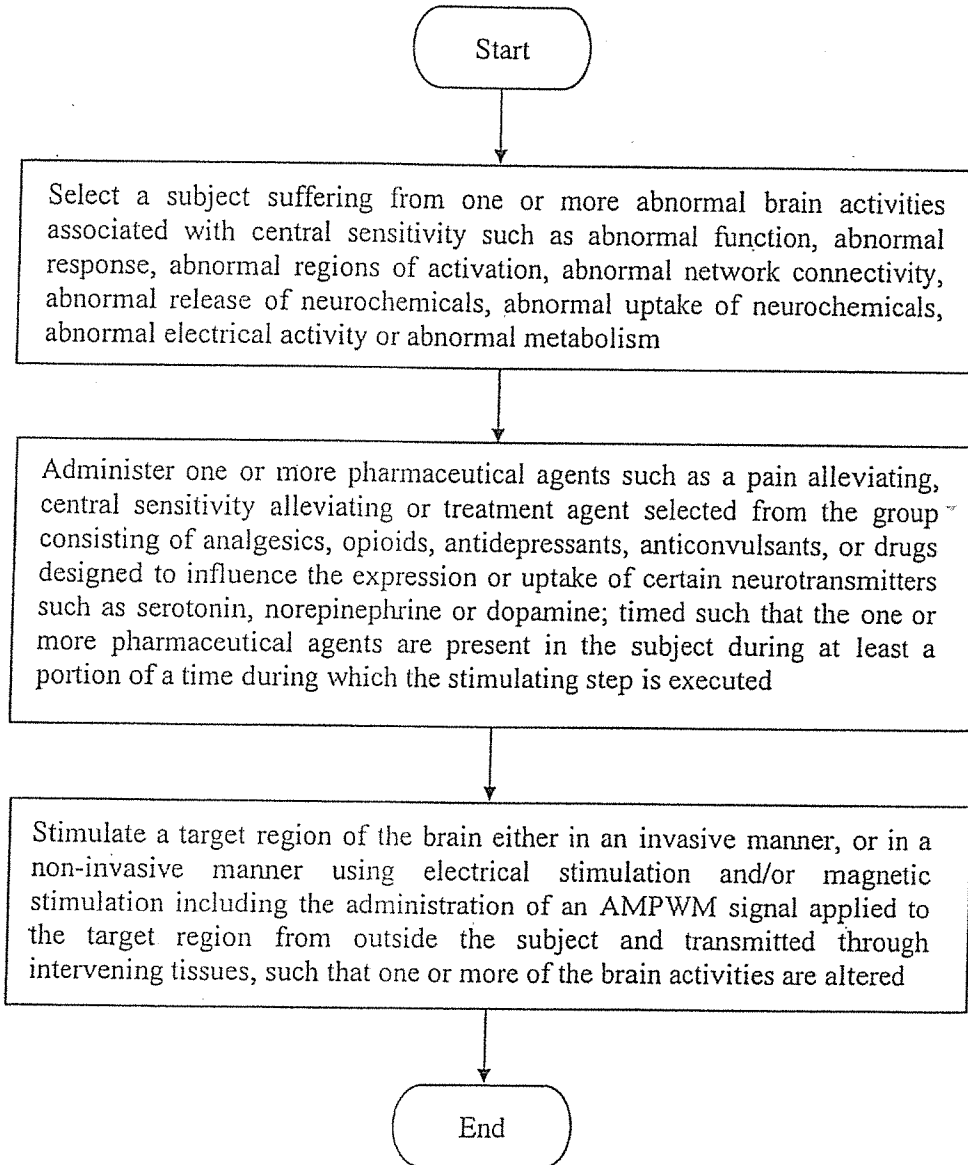


Fig. 38

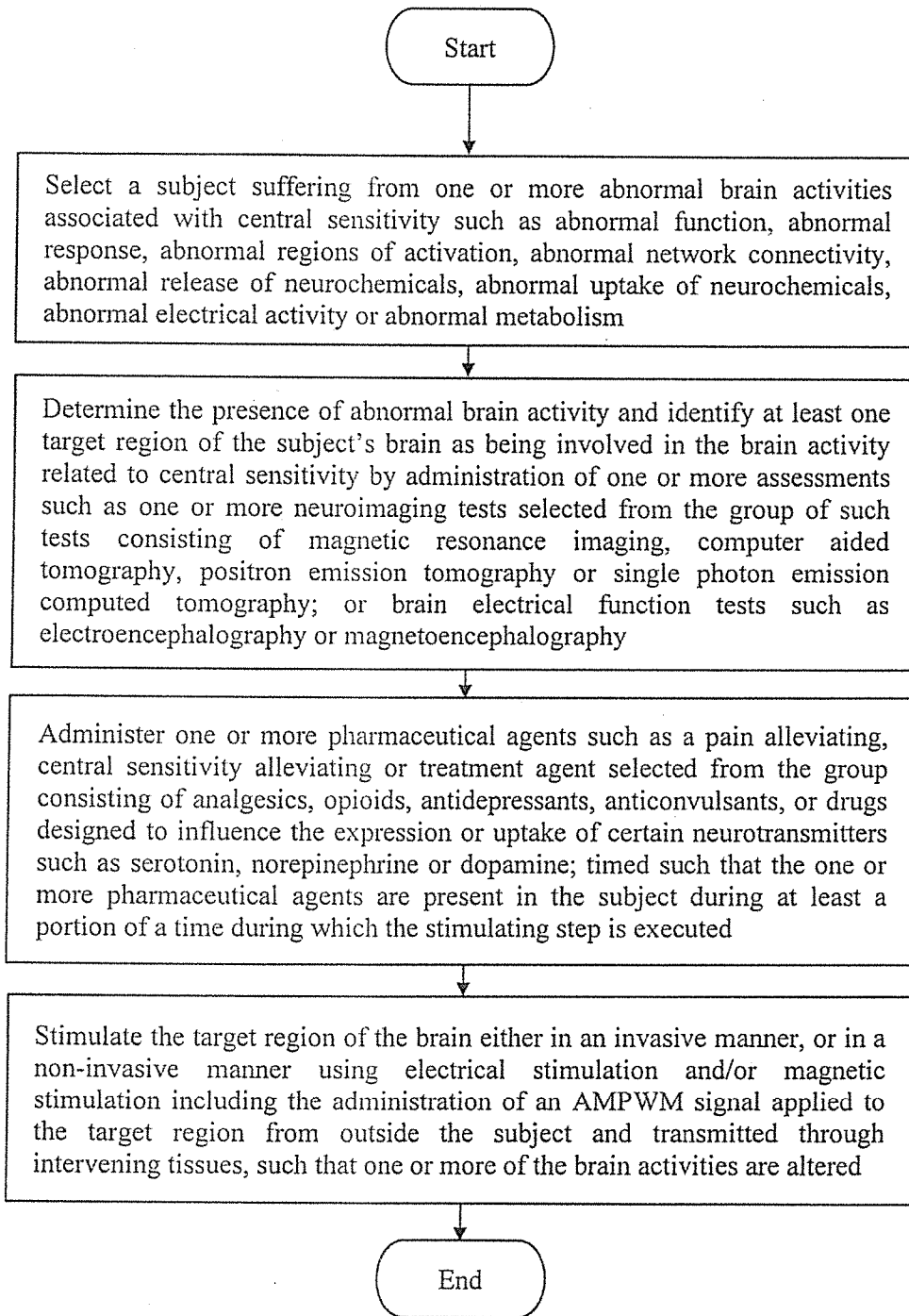


Fig. 39