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Bertolucci LE and Grey T — *Journal of Craniomandibular Practice — 1995* — Clinical Comparative Study of Microcurrent Electrical Stimulation to Mid-Laser and Placebo Treatment in Degenerative Joint Disease of the Temporomandibular Joint — **ABSTRACT:** 48 patients were divided into three groups, some receiving placebo, some microcurrent and some laser to treat pain of TMJ syndrome. Both microcurrent and laser were found to be significantly more effective than placebo, with laser slightly more effective than microcurrent. The author acknowledges that lasers are not legally sold in the United States for this purpose, and that microcurrent's easy accessibility makes it more practical for practitioners here.

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Chee EK, Walton H — *J Manipulative Physiol Ther.* 9(2):131-4 — 1986 — Treatment of trigger points with microamperage transcutaneous electrical nerve stimulation (TENS) with the Electro-Acuscope 80 — **ABSTRACT:** One-half of the students taking part in a double-blind study received a microamperage electrical stimulation of trigger points in the neck and shoulder region with the Electro-Acuscope 80. All the subjects were evaluated by digital palpatory physical examination for the presence of trigger points before each of their treatments. Results indicate that the subjects who received treatment had a higher change of trigger-point indicators compared to those receiving the placebo treatment. A two-tailed t-test indicated significant results (P less than 0.001). It appears that microamperage electrical stimulation is effective in the treatment of trigger points.

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DuPont — *The Journal of Craniomandibular Practice*, Vol. 17, #4 — 1999 — Trigger Point Identification and Treatment with Microcurrent — **ABSTRACT:** This article gives the author's techniques for locating and stimulating trigger points (TP's) using a microcurrent stimulator, specifically for the treatment of temporomandibular disorders. He states that electrical conductivity is highest over trigger points, and galvanic skin response (GSR) testing can be used to locate such points. He utilizes probe electrodes to treat small TP's, and pad electrodes to treat larger ones. Probe treatment is delivered at 0.3 Hz, 20 – 40 μ A, with treatment time of 10 – 30 seconds per site. He suggests administering treatment in 24-48 intervals, and states that results should be seen within 2 – 3 treatments. He acknowledges that these protocols are not necessarily the best ones, but work well for his practice.

Eliseeva NM, Serova NK, Gnezditskii VV, Eolchiian SA — *Vestn Oftalmol* 113(1):19-22 — 1997 — Transdermal electrostimulation of optic nerves in neurosurgical patients with vision disorders — **ABSTRACT:** Transcutaneous electrostimulation of optic nerves after Ye. B. Kompanyets et al. (1985) was used in the treatment of 203 neurosurgical patients aged 5 to 65 years with vision disorders. Improvement of visual functions (vision acuity and/or visual field) was attained in 112 (55.2%) patients. No changes were observed in 91 (44.8%) patients. The authors investigated the relationship between the efficacy of transcutaneous electrostimulation of optic nerves and neurosurgical disease, status of visual function, history of vision disorders, ophthalmoscopic picture, and electrophysiological parameters. The best results were achieved in patients with traumatic injuries of the optic route at the base of the brain, with cerebrovascular

aneurysms, and the hypertensive hydrocephalic syndrome. The results depended on the history and stage of vision disorders.

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damage of the optic nerves caused by pathological processes in the opticochiasmatic area of the brain (tumors of the hypophysis, arachnoiditis, the sequelae of trauma). The novelty of the method lies in introducing electrodes under the nerve sheath during operation performed for the main pathological process and producing direct electrostimulation (ES) of the nerves for 3-4 weeks after the operation. The authors chose the optimum parameters of therapeutic ES under control of a direct record of the bioelectrical activity of the optic nerves and ophthalmological examination of the patients. Positive therapeutic effect was obvious in three fourths of patients, in one third of whom vision was completely normalized. The results of using the new method of implantation of electrodes into the optic nerves and the probable mechanisms of the restoration of vision under the effect of their direct ES are discussed.

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Kumar BSH, Nesterov AP — *Vestn Oftalmol* 110(2):5-7 — 1994 — The effect of noninvasive electrostimulation of the optic nerve and retina on visual functions in patients with primary open-angle glaucoma — **ABSTRACT:** Electrostimulation courses with OEC-2 Ophthalmologic Electrostimulator were administered to 30 patients (36 eyes) with primary open-angle glaucoma and normal intraocular pressure. An active electrode was placed on the upper lid, an indifferent one on the forearm. Electric pulses (150-900 mcA) were grouped in several sessions, 30 sec each, divided by 30-45 sec intervals. Total duration of a procedure was 16 min, the course consisting of 10 procedures. Control group included 24 eyes of the same patients. The patients were examined before, immediately, and 4-5 months after the treatment. Noticeable changes in vision acuity and visual field were detected. Visual field was examined using Humphrey Field Analyzer and 120-point threshold related test. The treatment resulted in reduction of visual field deficit by 10% or more in 28 (78%) of 36 eyes, in its increase in 2 eyes, and in no changes in 2 cases. Visual field deficit decreased by 25% on an average as against the initial value. Four to five months after the treatment the changes in this parameter were negligible. Vision acuity increased after the treatment in 31 of 36 eyes by 0.17 diopters on an average; 4 to 5 months later no changes occurred. In control eyes no changes were detected either in vision acuity or visual field during and after the treatment.

Lambert MI, Marcus P, Burgess T, and Noakes TD — *Med. Sci. Sports Exerc.*, Vol. 34, No. 4, pp. 602-607 — 2002 — Electro-membrane microcurrent therapy reduces signs and symptoms of muscle damage. — **ABSTRACT:** Purpose: Delayed onset muscle soreness (DOMS) occurs after unaccustomed physical activity or competitive sport, resulting in stiff, painful muscles with impaired function. Acustat® electro-membrane microcurrent therapy has been used to treat postoperative pain and soft tissue injury; however, its efficacy in reducing symptoms of muscle damage is not known. Methods: Thirty healthy men were recruited for a double-blind, placebo-controlled trial. The muscles of their nondominant arms were damaged using an eccentric-exercise protocol. Subjects were then randomly assigned to treatment with either Acustat or a matching placebo membrane for 96 h and monitored for a total of 168 h. Results: Subjects in both groups experienced severe pain and swelling of the elbow flexors after the eccentric exercise. After 24 h, the elbow joint angle of the placebo group had increased significantly more than those in the Acustat group ($13.7 \pm 8.9^\circ$ vs $7.5 \pm 5.5^\circ$; placebo vs Acustat, $P < 0.05$), possibly as a consequence of the elbow flexor muscles shortening. For the first 48 h after exercise, maximum voluntary contraction of the elbow flexor muscles was significantly impaired in the placebo group by up to 25% ($P < 0.05$), whereas muscle

function was unchanged in the Acustat group. Peak plasma creatine kinase activity was also lower in the Acustat group (peak = 777 ± 1438 U·L⁻¹) versus the placebo group (peak = 1918 ± 2067 U·L⁻¹; ($P < 0.05$). The membranes were well tolerated by the subjects in both groups without any adverse effects. Conclusion: These data show that treatment of muscle damage with Acustat electro-membrane microcurrent therapy reduces the severity of the symptoms. The mechanisms of action are unknown but are likely related to maintenance of intracellular Ca²⁺ homeostasis after muscle damaging exercise.

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Oweye, Spieholz LN et al. — *Archives Physical Med Rehab, Vol. 68, 415-418* — 1987 — Low-intensity Pulsed Galvanic Current and the Healing of Tenotomized Rat Achilles Tendons: Preliminary Report Using Load-to-Breaking Measurements — **ABSTRACT:** 60 rats were divided into three groups of 20. One was unstimulated, one group had their Achilles tendons stimulated with positive (anodal) current, and the third group's tendons were stimulated with negative (cathodal) currents. A current of 75 microamps, at 10 Hz was used. Results: “The group treated with anodal current withstood significantly greater loads ($p < 0.001$) than did either the group which healed normally (i.e. without stimulation) or the group treated with cathodal currents”.

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