



 A service of the National Library of Medicine and the National Institutes of Health

[My NCBI](#) [\[Sign In\]](#) [\[Register\]](#)

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search PubMed for

[Limits](#) [Preview/Index](#) [History](#) [Clipboard](#) [Details](#)

Display AbstractPlus Show 20 Sort by Send to

All: 1 Review: 0

1: [Minerva Anesthesiol.](#) 2005 Jul-Aug;71(7-8):479-82.

FULL TEXT article at [minervamedica.it](#)

[Links](#)

### Scrambler therapy.

**Sabato AF, Marineo G, Gatti A.**

Anesthesiology and Resuscitation Unit, Service of Physiopathology and Therapy of Pain, Department of Emergency, Tor Vergata University, Rome, Italy. sabato@med.uniroma2.it

In neuropathies there are complex reactions that modify the homeostatic equilibrium of pain system. In such a context the Scrambler Therapy (ST5) interferes with pain signal transmission, by "mixing" a "non-pain" information into the nerve fibres. The aim of this study is to evaluate the effectiveness of ST5 in the treatment of neuropathic pain. The ST5 consists of a multiprocessor apparatus able to simulate 5 artificial neurons by the application of surface electrodes on skin pain areas. A total of 226 patients, all suffering from intense drug-resistant neuropathic pain, were recruited for this trial in 2004. Inclusion criteria: neuropathic pain, very high baseline visual analogue scale (VAS). Exclusion criteria: pacemaker users, neurolithic blocks or neurolesive pain control treatment. The treated neuropathic pain syndromes were: failed back surgery syndrome (FBSS), sciatic and lumbar painpost-herpetical (PHN), trigeminal neuralgia, post-surgery nerve lesion neuropathy, pudendal neuropathy, brachial plexus neuropathy, low back pain (LBP), others. The trial programme: 1 to 6 therapy sessions of 5 treatments, each one lasting 30 min. Pain intensity was evaluated using VAS before and after each treatment. The statistical significance of VAS was measured using the paired t-test. The total results show 80.09% of responders (pain relief>50%), 10.18% of partially responders (pain relief from 25% to 49%) and 9.73% of no responders (patients with pain relief<24% or VAS>3). The CONCLUSIONS: is draen that ST5 produced a statistically significant (P<0.0001) pain relief in all treated neuropathies.

PMID: 16012423 [PubMed - indexed for MEDLINE]

Display AbstractPlus Show 20 Sort by Send to

### Related Links

Electrical spinal-cord stimulation for painful diabetic peripheral neuropathy. [Neurorehabil Neural Repair. 2004]

Pulsed magnetic field therapy in refractory neuropathic pain secondary to peripheral neuropathy: electrodiagnostic parameters--pilot study. [Neurorehabil Neural Repair. 2004]

Percutaneous electrical nerve stimulation: a novel analgesic therapy for diabetic neuropathic pain. [Diabetes Care. 2000]

Motor cortex stimulation for long-term relief of chronic neuropathic pain: a 10 year experience. [Pain. 2006]

Efficacy of transverse tripolar stimulation for relief of chronic low back pain: results of a single-centre study. [Pain. 1999]

[See all Related Articles...](#)

[Write to the Help Desk](#)

[NCBI](#) | [NLM](#) | [NIH](#)

[Department of Health & Human Services](#)

[Privacy Statement](#) | [Freedom of Information Act](#) | [Disclaimer](#)

Jan 29 2007 05:15:30