



PROTOCOL MANUAL

General Medicine, Preventive Care, and Other Specialities

Dr. Raquel Medina Ramírez
Ms. María González Bueso

Ms. Fabiola Molina Cedrés
Dr. José Alejandro Medina

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INTRODUCTION

Getting Started – NESA® Guide

What does it entail?

This Protocol Manual serves as a concise guide for the standardisation of non-invasive NESA neuromodulation, based on extensive clinical experience and clinical trials. It is particularly valuable for hospitals and clinics requiring established treatment guidelines, whether due to limited familiarity with the technology or challenges in training healthcare personnel in clinical reasoning. As this concerns a medical device, the responsibility for implementing the protocols rests with the attending physician or healthcare professional, who must apply them in conjunction with the patient's medical history and their own clinical judgement.

The protocols presented herein aim to alleviate patients' symptoms and promote more versatile adaptive responses within the body by optimising autonomic nervous system function. Under no circumstances should the patient's pathology or condition be regarded as curable.

Who is the intended audience?

Physicians, physiotherapists, nurses, psychologists, speech and language therapists, podiatrists, and other university-qualified healthcare professionals.

Structure of the guide

NESA Multidisciplinary protocols

Protocols applicable across various specialties, which have demonstrated a favourable degree of effectiveness, include those addressing sleep, pain, fatigue, and anxiety, all of which focus on the modulation of the autonomic nervous system.

Fundamental protocols by clinical specialty

A collection of standardised protocols developed by experts with extensive experience, grounded in interventions that have consistently demonstrated positive outcomes.

Advanced protocols by clinical specialty

Recommendations for the management of complex clinical cases should serve as guidance within a framework of sound clinical reasoning. Implementation without appropriate clinical judgement may compromise patient outcomes.

Frequently Asked Questions and Troubleshooting



Warning

The lack of fundamental training in clinical reasoning and/or continuing education (such as NESA Academy courses, NESA literature reviews, or community engagement) significantly limits the clinical outcomes that can be achieved.

FOUNDATIONAL CLINICAL REASONING

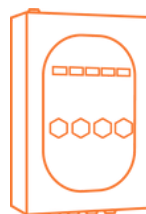
Principles of Responsible Usage



ASSESS



REASON



APPLY

Evaluate the patient and establish a therapeutic objective before selecting a protocol.

Adjust parameters: Use the tables as an initial reference and modify the location, frequency, and duration according to the patient's response.

Monitor clinical changes: Regularly ask the patient about any changes or sensations in order to adjust the programme for optimal outcomes. An objective assessment using questionnaires or supplementary tests is recommended every 10 to 30 sessions, depending on the specific case.

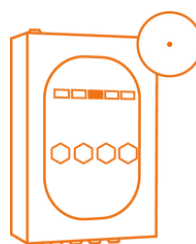
Document each session meticulously: Record the parameters, targeted electrode placement, patient-reported sensations during the session, and overall outcomes, including the date, to support clinical decision-making and track progression.



**Assessment of the
medical history**



Goals



**Select the programme
and position the
electrodes**



Re-evaluation

When embarking on the use of a new technology, such experiences are quite common

- Failure to apply the electrode
- Incorrect placement of electrodes on gloves and anklets (refer to the kits)
- Always maintain consistent programming
- Do not relocate the C7 targeting electrode

FOUNDATIONAL CLINICAL REASONING

Number of sessions and treatment frequency

Suggested frequency

The treatment frequency should be determined according to the therapeutic objective.

An induction phase, characterised by a high frequency of 2 to 5 sessions per week, is recommended during the initial treatment period until the desired results are achieved. As the patient progresses, and provided that a fixed protocol has not been established, the frequency of sessions may be gradually reduced, leading to the initiation of a maintenance phase. Depending on influencing factors, it may be appropriate either to conclude treatment or to proceed with a second, more extended maintenance phase.

When used as a supplementary treatment to a primary intervention (such as surgery or other therapies), it may be administered with the same frequency as the primary treatment (including a single session), provided that a direct clinical effect of XSignal is not expected, but rather to enhance the effectiveness of the primary treatment.

INDUCTION PHASE (1–4 months)

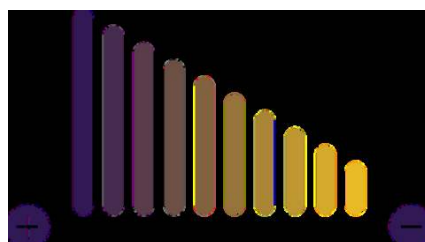
HIGH FREQUENCY

5–4–3 sessions per week

MEDIUM FREQUENCY

3–2 sessions per week

MAINTENANCE PHASE (≥ 2 months; indefinite)



LOW FREQUENCY

2–1 sessions per week

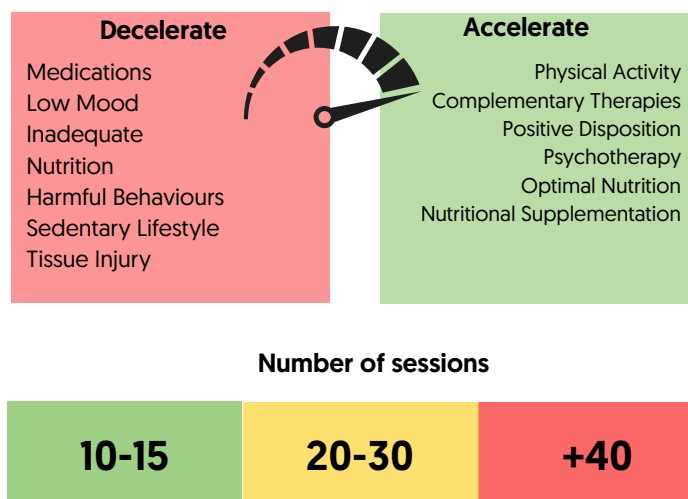
REMISENCE AND REHABILITATION

SESSIONS

AFTER COMPLETING NESA IN
ADDITION TO OTHER THERAPIES

Suggested frequency

The number of sessions required to modulate a patient's autonomic nervous system will depend on various factors and conditions. The diagrams below summarise these factors and indicate what can be expected from the treatments administered.



FOUNDATIONAL CLINICAL REASONING

PROGRAMMES

Low-intensity programme with stimuli applied over time.

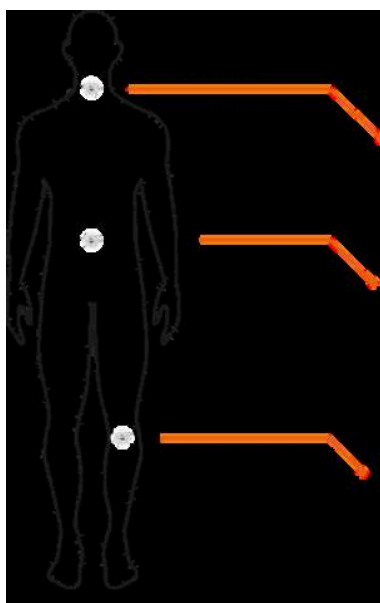
Programmes that stimulate isolated electrodes to elicit responses along specific body planes.

Programmes to be applied after electrode placement, which produce measurable results.

Targeted action programmes within the cranial region, encompassing both cerebral structures and the cranial nerves associated with the cephalic area.

	FUNCTION	SUGGESTED DURATION	LOCATION
Start PROGRAM 1	Homeostasis	15-45'	Central
Location PROGRAM 2	Ventral	15-30'	Central – Metamerie – Focal
PROGRAM 3	Dorsal	15-30'	Central – Metamerie – Focal
PROGRAM 4	Sagittal	15-30'	Central – Metamerie – Focal
Action PROGRAM 5	Resource Optimizer	15-60'	Central – Metamerie – Focal
PROGRAM 6	Analgesia	15-60'	Central – Metamerie – Focal
PROGRAM 7	Autonomic Nervous System	15-120'	Central – Metamerie – Focal
Tuning PROGRAM 8	Central Nervous System	15-30'	Central – Metamerie – Focal
PROGRAM 9	Facial and Trigeminal Nerves	15-120'	Central-cephalic region

Steering electrode



First Initial Phase

In the initial phase of treatment, the targeting electrode is positioned centrally to elicit both central and peripheral responses, thereby establishing a primary global contact.

Second Specific Phase

Following observation of the patient's initial response to treatment, the intervention is administered to targeted metamerie regions, in alignment with the objectives established for the specific case.

Third Impulse Phase

If the patient does not respond to the treatment as anticipated, the microcurrent may be directed to a specific point. If the response is excessively intense, it can be adjusted by reverting to metamerie treatment.

Professional accountability

Protocols serve as guidelines rather than prescriptions. The healthcare professional using this technology bears full responsibility for prescribing, monitoring, and adjusting treatment, based on clinical reasoning and the individual analysis of each patient.

Subsequent actions

- Review the principles on campus at <https://nesacamp.thinkific.com/>
- Complete the foundational module online
- Implement a pilot protocol and document progress
- Share your questions and findings with the NESA community (join the Telegram group [ES/EN] and/or email clinical@nesaworld.es with any queries)

EXPLANATORY GUIDE ON THE UTILIZATION OF THE MANUAL

How should I use this manual?

The NESA protocol manual serves as a fundamental introductory guide to support the development of clinical reasoning within the context of the autonomic nervous system. Readers are encouraged to establish their own criteria and rationale for adapting protocols to each patient's case history as they advance in daily practice and participate in other NESA training programmes, including the Expert and Clinical Guidelines Campus.

Warning: Protocols may not be suitable for all patients and should be tailored and adjusted to each individual case.

How should I read the protocols?

The protocols outlined in this manual are grounded in empirical clinical practice and scientific research. They are formulated within clearly defined frameworks that encompass all clinical reasoning variables relevant to the use of NESA, including programmes, application duration, number of sessions, electrode placement targeting, and evaluation recommendations.

Description of the clinical methodology

In patients experiencing pain, the extent of altered sensitivity is often unclear. Progression typically moves from central to local and subsequently to metameric. The electrode should be positioned at the site where changes are first observed. If a particular location induces discomfort, treatment should revert to more central or metameric areas until the patient progresses through the sessions.

Surveys and assessments

to objectively evaluate the patient's progress*



Recommended questionnaires and assessments:

- Pittsburgh
- Actigraphy

Time

The application duration for each programme is specified, with a minimum of 15 minutes. Sessions are standardised at 60 minutes.

Number of sessions

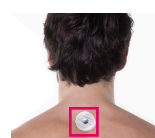
The final grid indicates the suggested quantity [...20] = 20 sessions.

Programmes

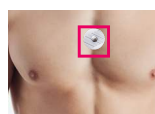
Each box denotes the programme used at the specified time. Select according to the region to be treated [P2 – Ventral, P3 – Dorsal, P4 – Sagittal]. Other indications are denoted by [*] and [**].

		% of time and programs			
		15 min	15 min	15 min	15 min
Number of sessions	1	P 1 30MIN		P 7 30MIN	
	2				
	3	P 2 15MIN	P 6 15MIN	P 7 15MIN	P 8 15MIN
	4				
Sternum	5	P 2 15MIN	P 7 30MIN		P 8 15MIN
	6				
Corresponding metamere	7	P2 P3 P4 15MIN		P 7 45MIN	
	8				
	9				
Tender point	10	P2 P3 P4 15MIN		P 7 45MIN	
	11				
	12				
...20		Repeat the sequence using the patient's most favourable response.			

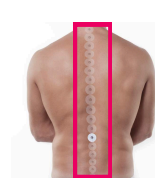
ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



Spinal Process C6-C7



Sternum



Corresponding metamer



Tender point

Guiding electrode

Location of the targeting electrode

The precise location is indicated to the left of the session number. For additional guidance, anatomical reference images are provided. The spinal column image refers to the metameric level and should be selected according to the clinical case. The full-body image should also be chosen in a focused manner, based on the clinical case.

Results documentation

Document the patient's response to each setting to facilitate selection of the most appropriate option thereafter.

NOTES:

- Most protocols adhere to this structure, with the exception of certain specialised protocols in which the procedure is explicitly outlined.
- Questionnaires should be administered in the patient's native language; translation is not appropriate. They must be obtained in their original version, which can readily be found online by searching for the questionnaire name and language. A selection is also available for download in Spanish or English from the Clinical Guidelines Campus.

MULTIDISCIPLINARY PROTOCOLS

Protocols applicable across various specialties have demonstrated a favourable degree of effectiveness in addressing issues such as sleep, pain, fatigue, and anxiety, through an approach centred on the modulation of the autonomic nervous system.



GENERAL SLEEP

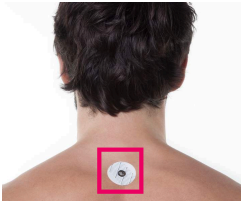
Protocol developed to improve sleep quality in individuals without comorbidities. Several combinations are provided; repeat the one that best suits the patient’s needs.
The number of sessions may range from 20 to 40, with frequency adjusted according to the patient’s reported progress. It is advisable to start with 3 to 4 sessions per week.

Number of sessions

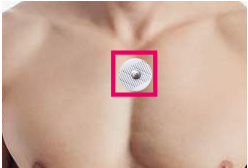
% of time and programs

		15 min	15 min	15 min	15 min
Spinous Process C6–C7	1	P 1 15MIN	P 2 15MIN	P 7 15MIN	P 8 15MIN
	2				
	3	P 2 15MIN	P 7 45MIN		
	4				
Sternum	5				
	6	P 2 15MIN	P 7 45MIN		
	7				
Nasion	8				
	9	P 2 15MIN	P 7 30 MIN	P 8 15MIN	
	10				
Mesenteric	11				
	12	P 2 15MIN	P 7 45MIN		
	13				
	...20	Repeat the sequence using the patient’s most favourable response.			

ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



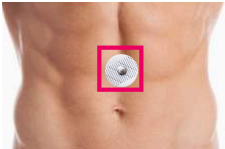
Spinous Process
C6–C7



Sternum



Nasion



Mesenteric



- Recommended questionnaires and assessments:
- Pittsburgh
 - Actigraphy

SLEEP AND ANXIETY

A protocol has been developed to improve sleep quality in individuals experiencing non-specific anxiety. Several combinations are proposed, with a recommendation to select the one that produces the most favourable response in the patient. Depending on the presence of triggering and perpetuating factors during treatment, continued maintenance may be required.



- Recommended questionnaires and assessments:
- Pittsburgh
 - Actigraphy
 - GAD7

SLEEP AND CIRCADIAN RHYTHM

Circadian rhythm disturbances are observed in individuals who are shift workers, frequent travellers crossing time zones, or those who report behaviours such as nocturnal eating. In such cases, treatment may be palliative; assessment of deep and REM sleep using actigraphy is advisable.

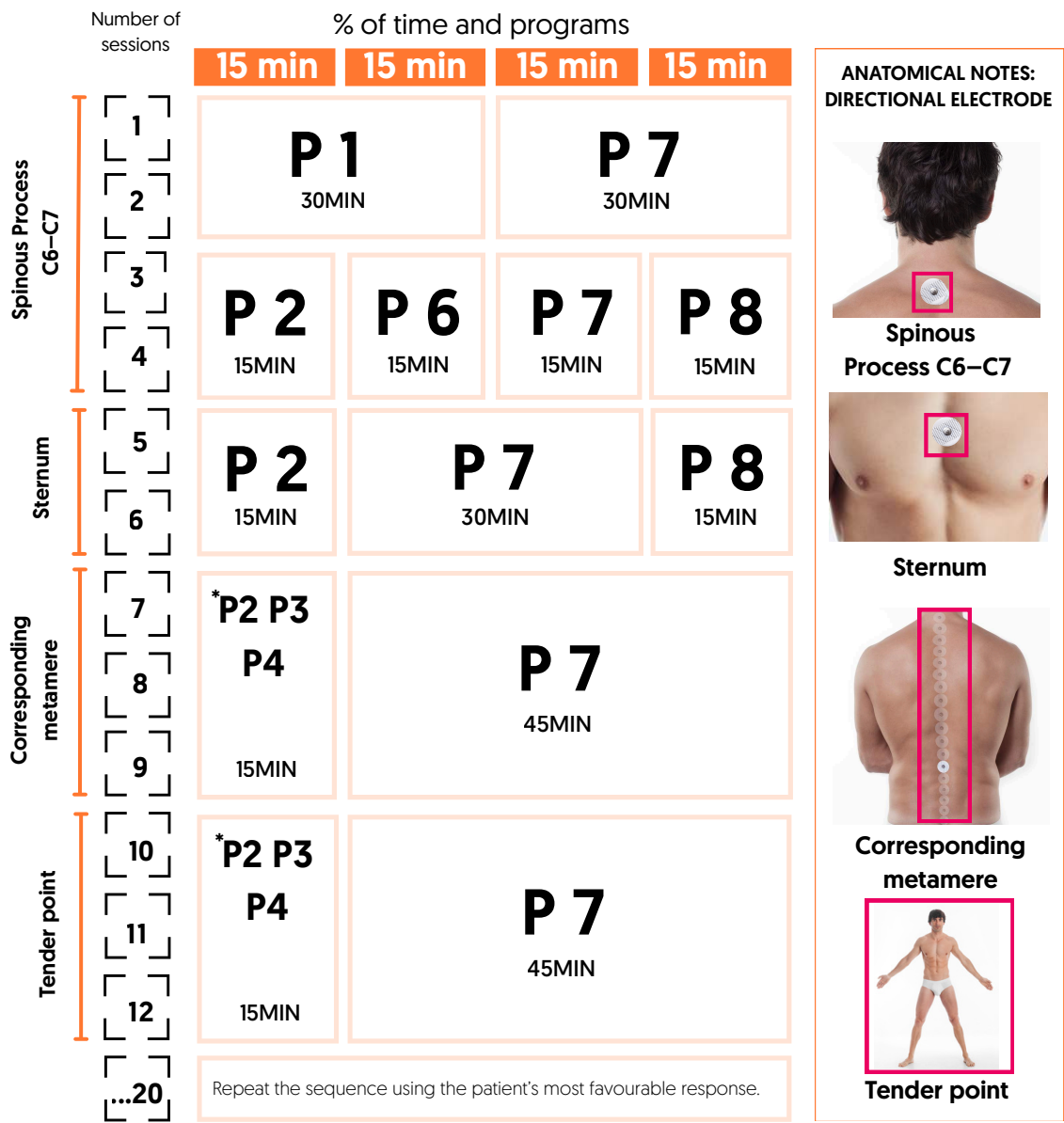


Recommended questionnaires and assessments:

- Pittsburgh
- Actigraphy
- Epworth

GENERALIZED DISCOMFORT

In patients experiencing pain, the extent of altered sensitivity is often unclear. Progression typically moves from central to local and subsequently to metameric. The electrode should be positioned at the site where changes are first observed. If a particular location induces discomfort, treatment should revert to more central or metameric areas until the patient progresses through the sessions.



*Select according to the region to be treated [P2 – Ventral, P3 – Dorsal, P4 – Sagittal].

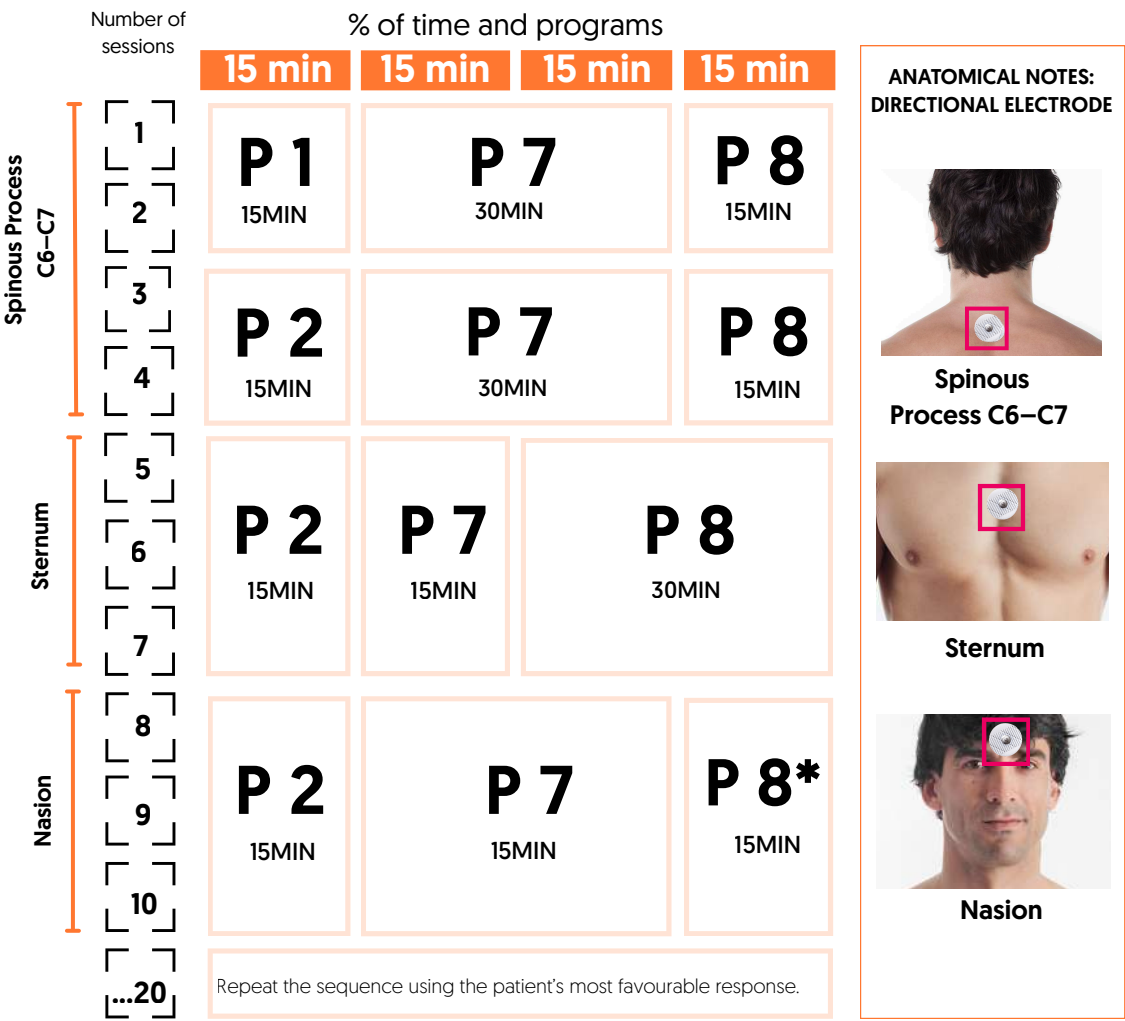


Recommended questionnaires and assessments:

- WeCardio
- Lattinen Test (Chronic pain)
- LANSS Test (Neuropathic pain)

GENERALIZED PAIN AND CENTRAL SENSITIZATION

Pain that extends beyond the natural progression of an injury or lacks a known trigger will, by definition, be linked to central sensitization. Sessions may be integrated with other peripheral pain protocols. Patients who experience fluctuating pain at different intervals may necessitate modulation of the vagus nerve and its descending pain inhibition pathway.



- If the patient experiences nervousness following the session or encounters difficulty sleeping, substitute with an additional 15 minutes of P7.

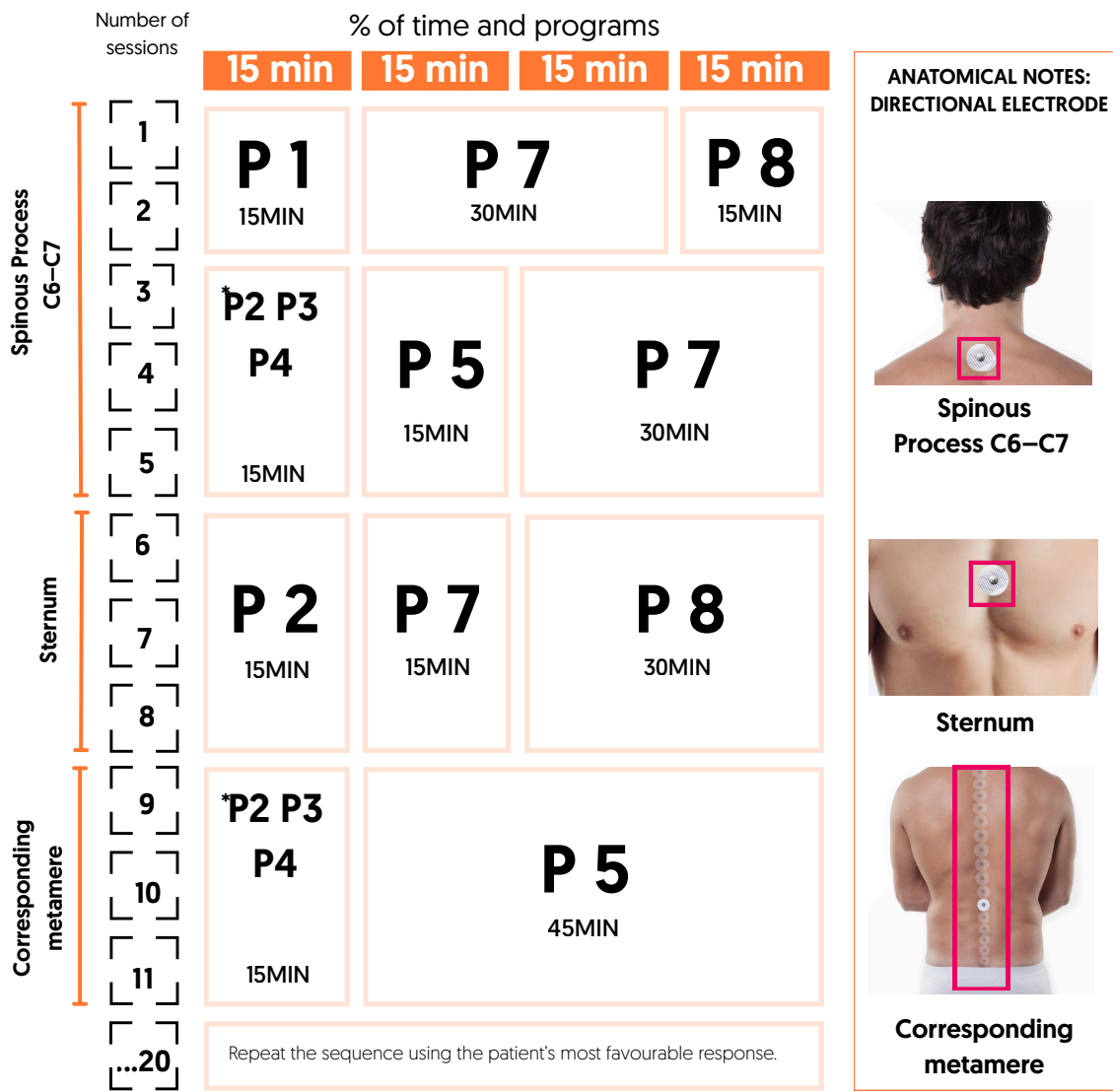


Recommended questionnaires and assessments:

- WeCardio
- Lattinen Test (Chronic Pain)
- LANSS Test (Neuropathic Pain)

GENERALIZED FATIGUE

Fatigue is a symptom characterised by multiple triggers and attributes. It requires a multidisciplinary approach, incorporating laboratory and complementary tests to establish a medical diagnosis. In this context, the recommended treatment focuses on the autonomic nervous system and mitochondrial electrical metabolism, providing a framework for subsequent individualisation.



*Select according to the region to be treated [P2 – Ventral, P3 – Dorsal, P4 – Sagittal].

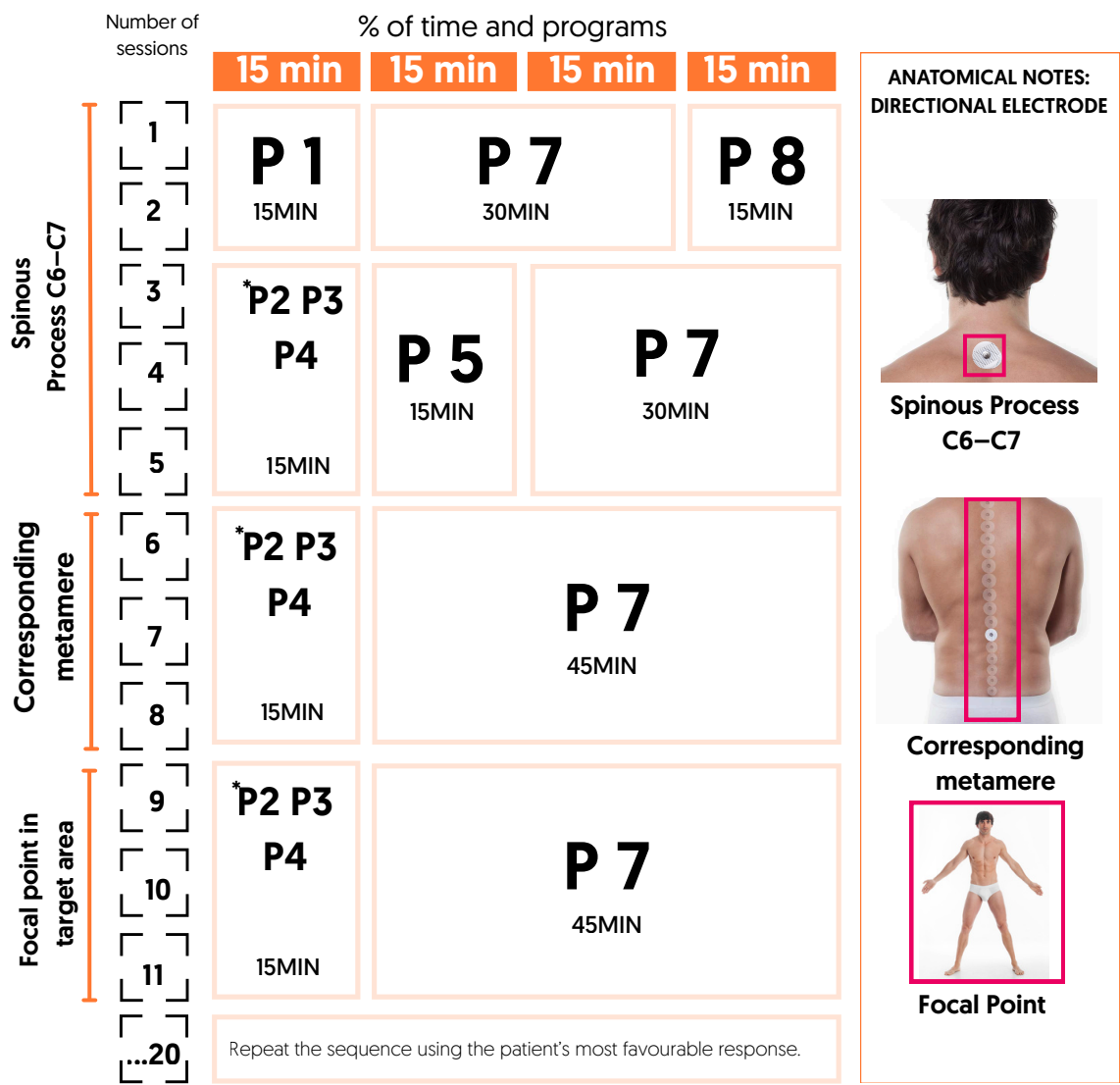


Recommended questionnaires and assessments:

- WeCardio
- Borg Scale
- Epworth

FATIGUE AND CHANGES IN MUSCLE TONE

Protocol for fatigue stemming from ineffective muscle contraction. It is also beneficial for spasticity. Assess each patient's requirement to integrate it with Program 5 to varying degrees, or prioritize Program 7.



*Choose according to the region to be addressed [P2-Ventral, P3-Dorsal, P4-Sagittal].

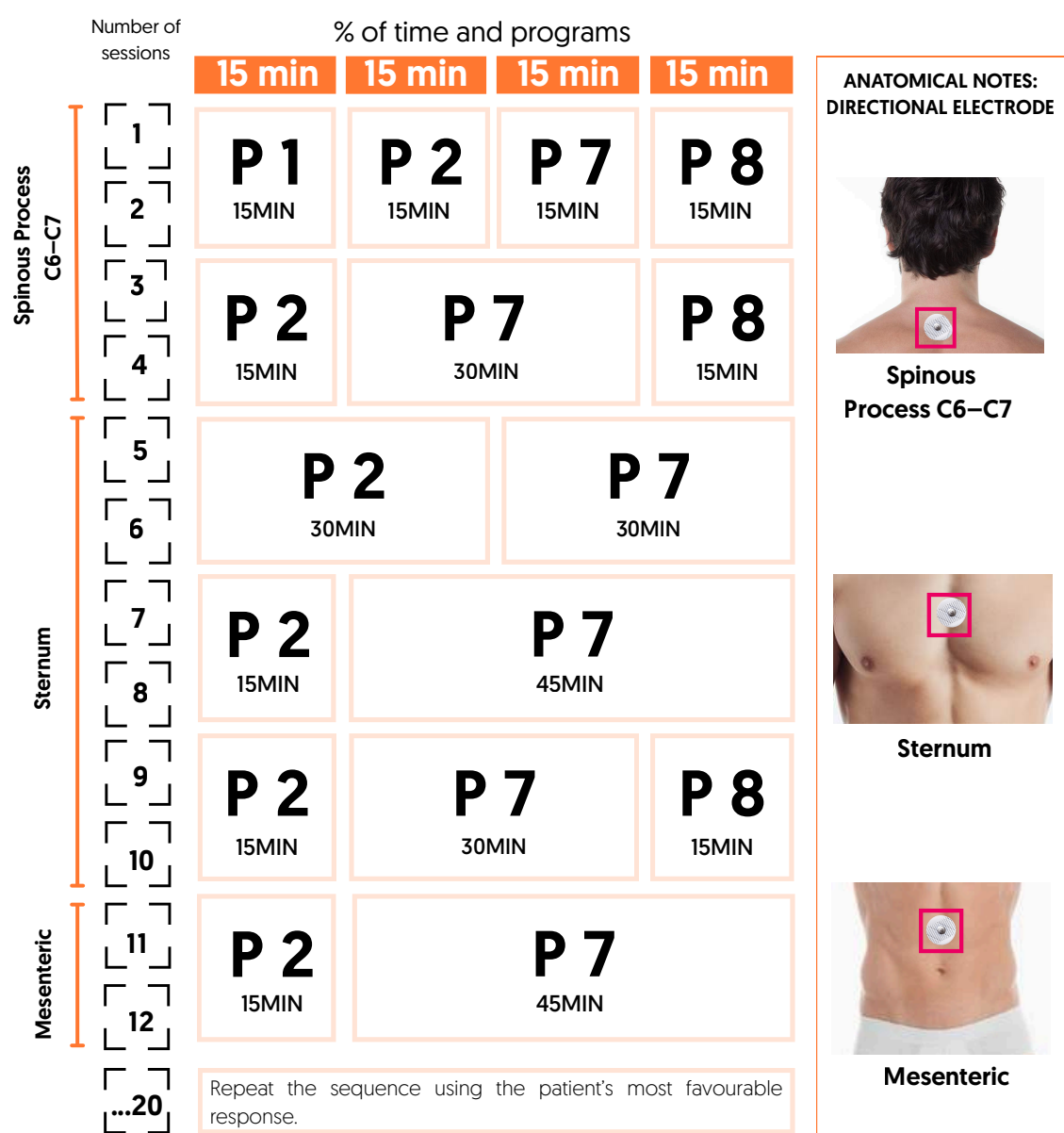


Recommended questionnaires and assessments:

- WeCardio
- Borg Scale
- Ashworth Scale

ANXIETY AND NON-SPECIFIC MOOD DISORDERS

The patient’s dysfunctions are frequently associated with anxiety. Clinical evidence indicates that treatment using NESA microcurrents, in conjunction with psychotherapy, can provide substantial benefits. These programme combinations have demonstrated effectiveness, even when applied independently in certain cases. It is essential to maintain the sequence that elicits the optimal response.



Recommended questionnaires and assessments:

- WeCardio
- Cortisol (if necessary)
- GAD-7 (Generalised Anxiety Disorder-7)
- Hamilton

DENTISTRY

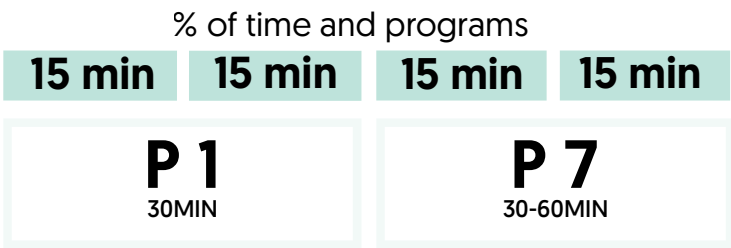
Fundamentals by clinical specialty



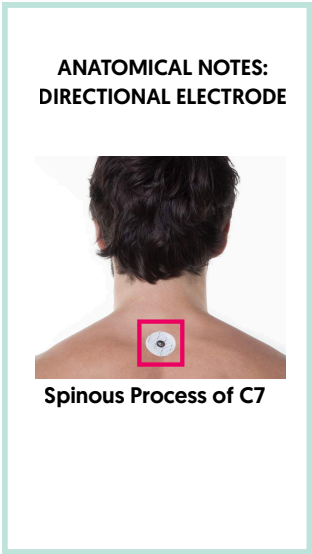
ACUTE ANXIETY DURING THE PROCEDURE

It is widely recognised that a significant proportion of patients experience anxiety when visiting the dentist, whether for specific procedures such as root canal therapy, periodontics, or implant surgery, for dental cleaning [simple or with curettage], or for routine check-ups. Effective management and control of this anxiety, both before and during the procedure, enhance the patient’s experience and support the healthcare professional in their work. The following protocol is recommended, with treatment commencing 10 to 15 minutes before the procedure begins. The duration of Programme 7 will vary depending on the specific procedure and may extend beyond one hour.

Spinous Process of C7



By default, all programmes operate in LOW mode.



Recommended questionnaires and assessments:

- WeCardio
- Cortisol
- GAD-7 (Generalised Anxiety Disorder-7)

IMMEDIATE POST-OROFACIAL PROCEDURE

The autonomic nervous system plays a key role in the physiological processes that occur after surgery. The immediate postoperative period is critical for both healthcare professionals and patients, and optimising its modulatory function enhances regenerative and inflammatory processes, oedema management, pain relief, sensory regulation, and rest, among other factors.

A minimum of five sessions is recommended, with a frequency of twice weekly. For minimally invasive procedures, once weekly may suffice. Conversely, if the procedure is more complex or the patient's condition requires it, the total number of sessions may be extended as necessary.



By default, all programmes operate in LOW mode.

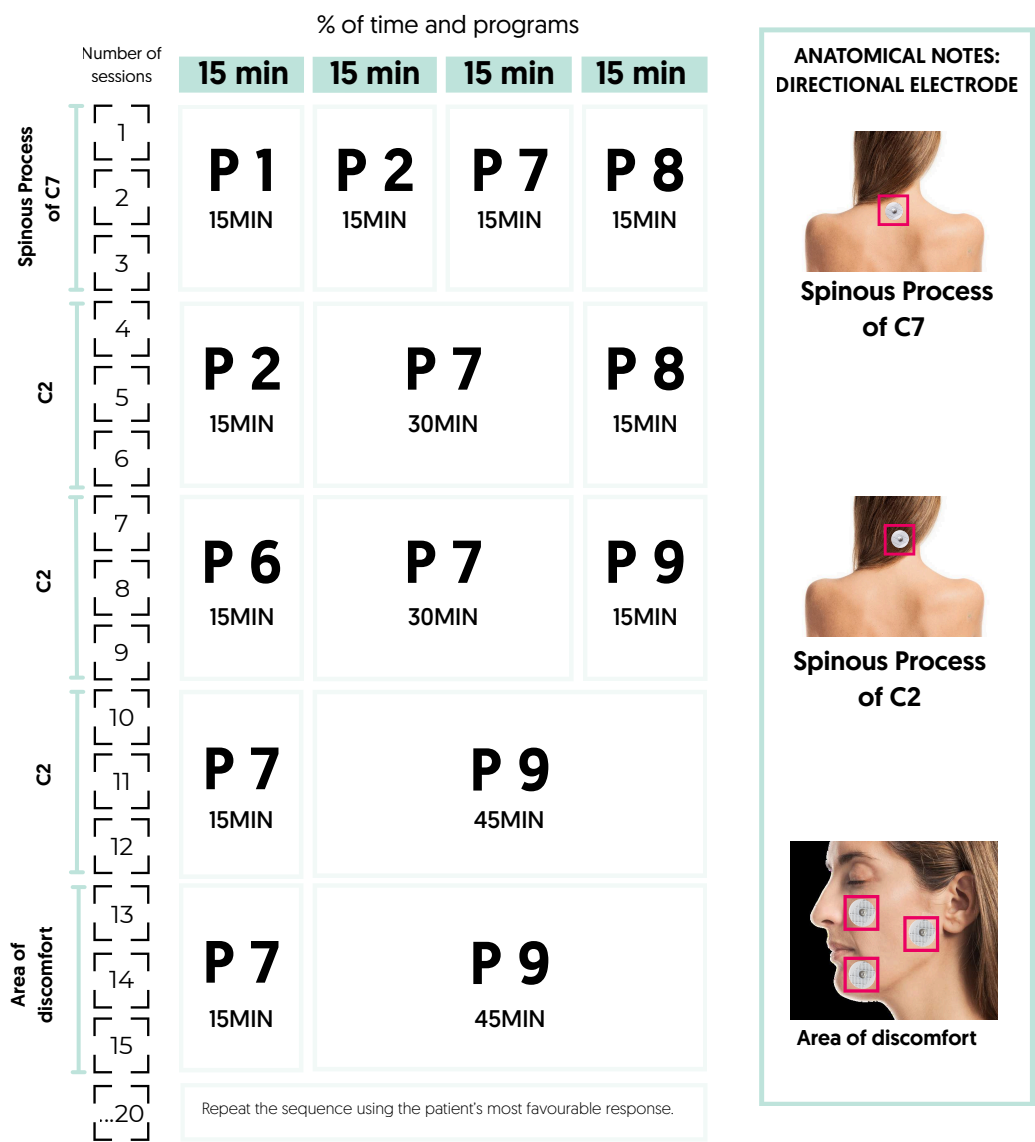


Recommended questionnaires and assessments:

- WeCardio
- VAS [Visual Analogue Scale – Discomfort]
- Pittsburgh Sleep Quality Index (PSQI)

OROFACIAL DISCOMFORT

Orofacial pain presents with diverse manifestations influenced by multiple triggering factors and the duration of onset. Typically, the involvement of several cranial nerves and upper cervical levels is consistently observed, due to the various systems responsible for its manifestation, thereby engaging autonomic pain modulation. An initial treatment frequency of two to three sessions per week is recommended, progressing from central and metameric [upper cervical] treatments to targeted interventions at the site of greatest pain intensity. If the transition to focal treatments causes discomfort, metameric treatments should be reinstated. The total number of sessions may exceed the 20 specified in the protocol.

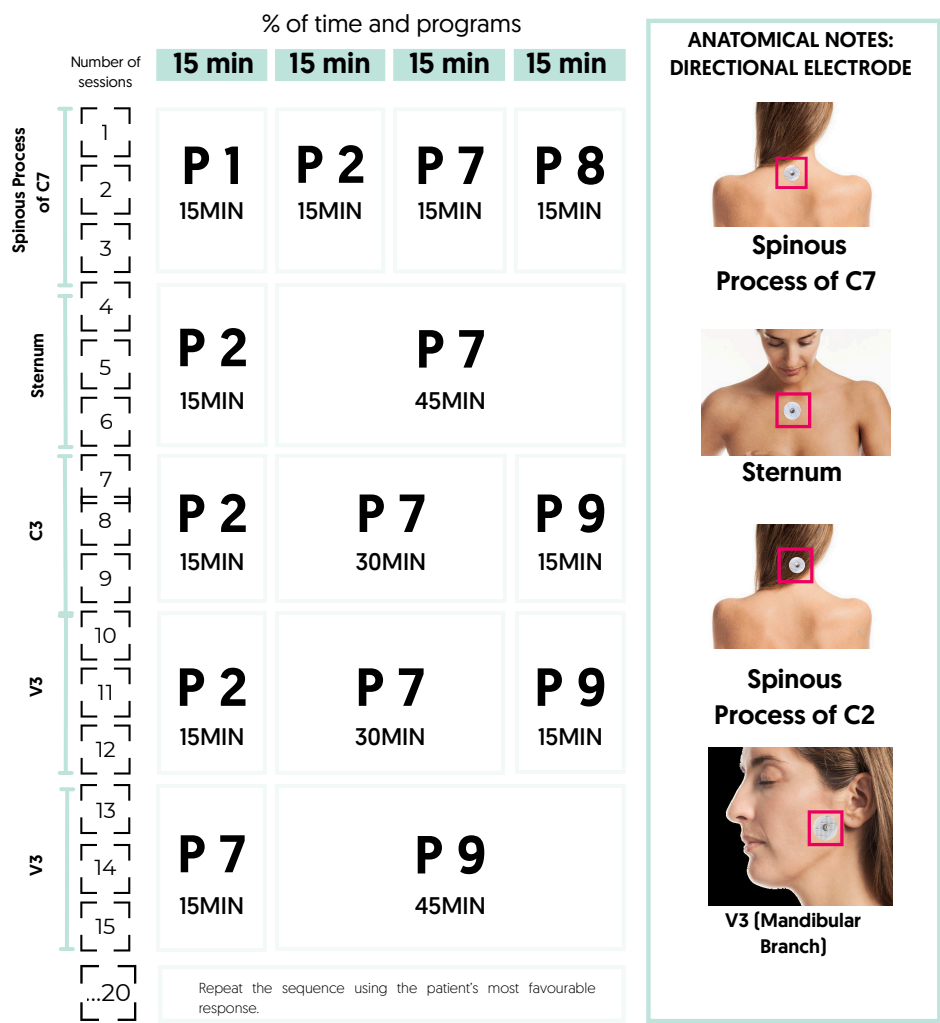


Recommended questionnaires and assessments:

- WeCardio
- VAS (Visual Analogue Scale – Discomfort)
- Lattinen Test (Chronic Pain)

CENTRIC AND MIXED BRUXISM

Bruxism is attributed to multiple causes, both peripheral and central, some occurring near the site of manifestation and others more remote. Through autonomic modulation, a higher success rate in alleviating bruxism can be achieved when it is related to vagal afferents, central circuits associated with increased secretion of specific neurotransmitters, and the activation of brain regions responsible for involuntary movements. Initially, the frequency of sessions should be a minimum of two to three per week, with gradual increases in the interval between sessions as symptoms improve, potentially concluding with maintenance treatment. Depending on the duration and nature of the bruxism, the total number of sessions may exceed the 20 specified in the protocol.



Recommended questionnaires and assessments:

- **WeCardio**
- **Self-Reported Bruxism Assessment**
- **3Q/TMD**

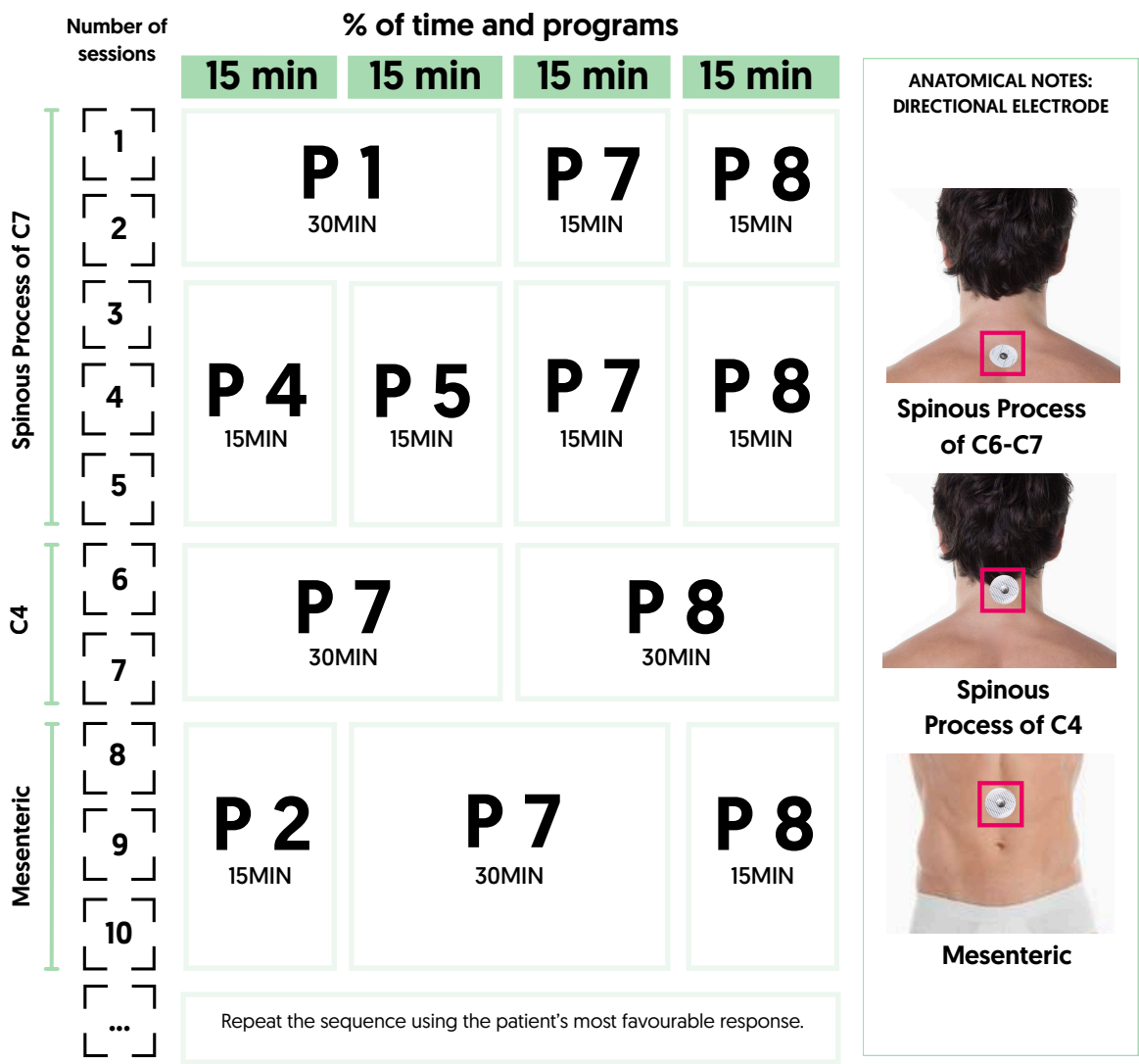
WELLNESS AND PREVENTIVE MEDICINE

Fundamentals by clinical specialty



QUALITY OF LIFE IN OLDER ADULTS

In older adults, when no specific clinical objective is defined, the primary aim of this programme configuration is to improve quality of life and the body's adaptive response. It is important to note that there are specialised programmes addressing sleep, fatigue, and chronic pain, which can be integrated into different sessions to provide a more individualised approach, taking into account the varying circumstances of older adults over time.

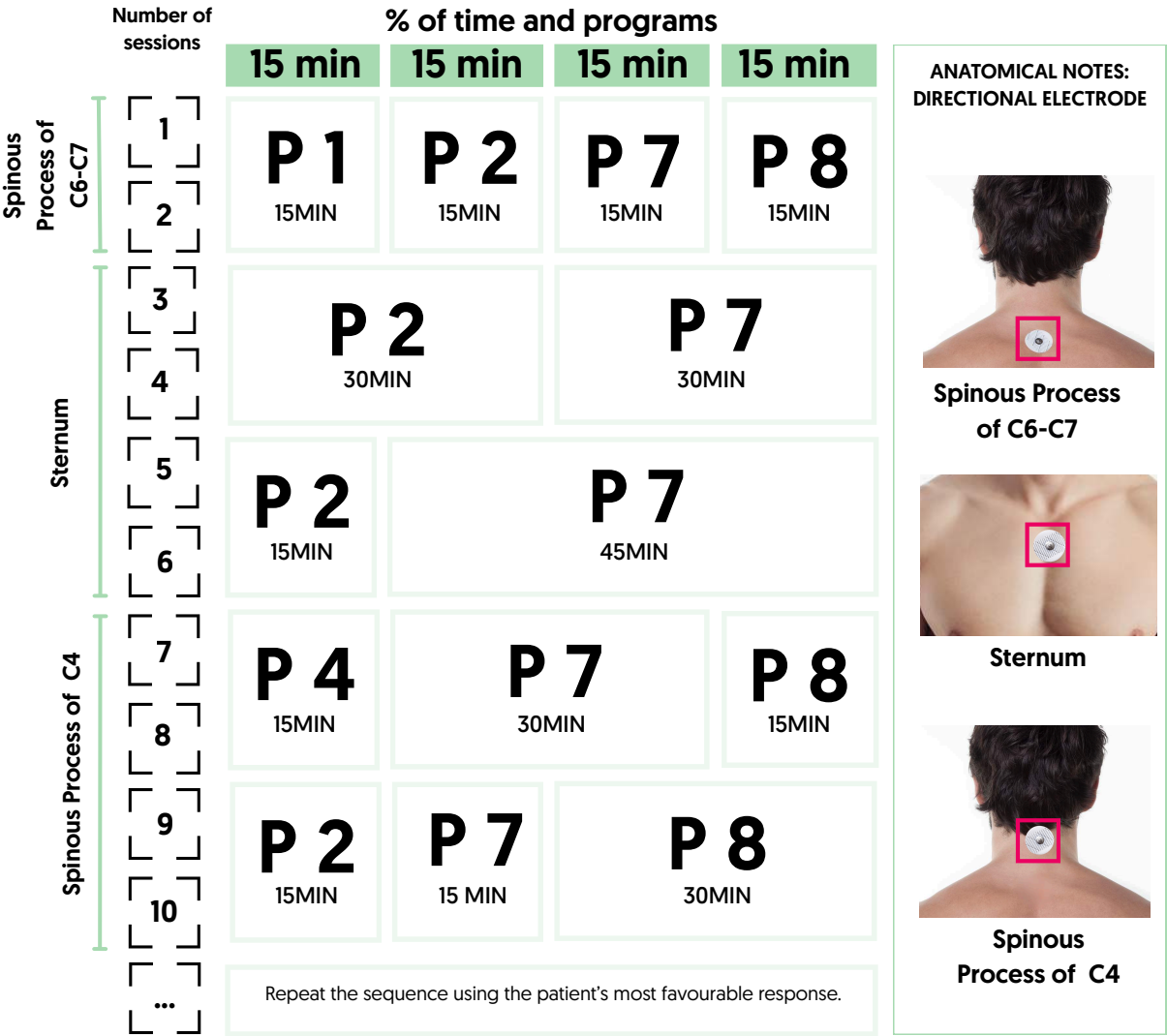


Recommended questionnaires and assessments:

- WeCardio
- EQ-5D

QUALITY OF LIFE AMONG HIGH-DEMAND WORKERS

In occupational health, there are situations in which employees require support in managing continuous stress to adapt to highly demanding environments. This programme is designed to improve the individual’s adaptive capacity. It is important to recognise that if maladaptive lifestyle habits predominate, treatment will be palliative and its effects will not be long-lasting. If the circumstances remain unchanged, continued adherence will be required, with a high frequency of sessions and ongoing treatment.

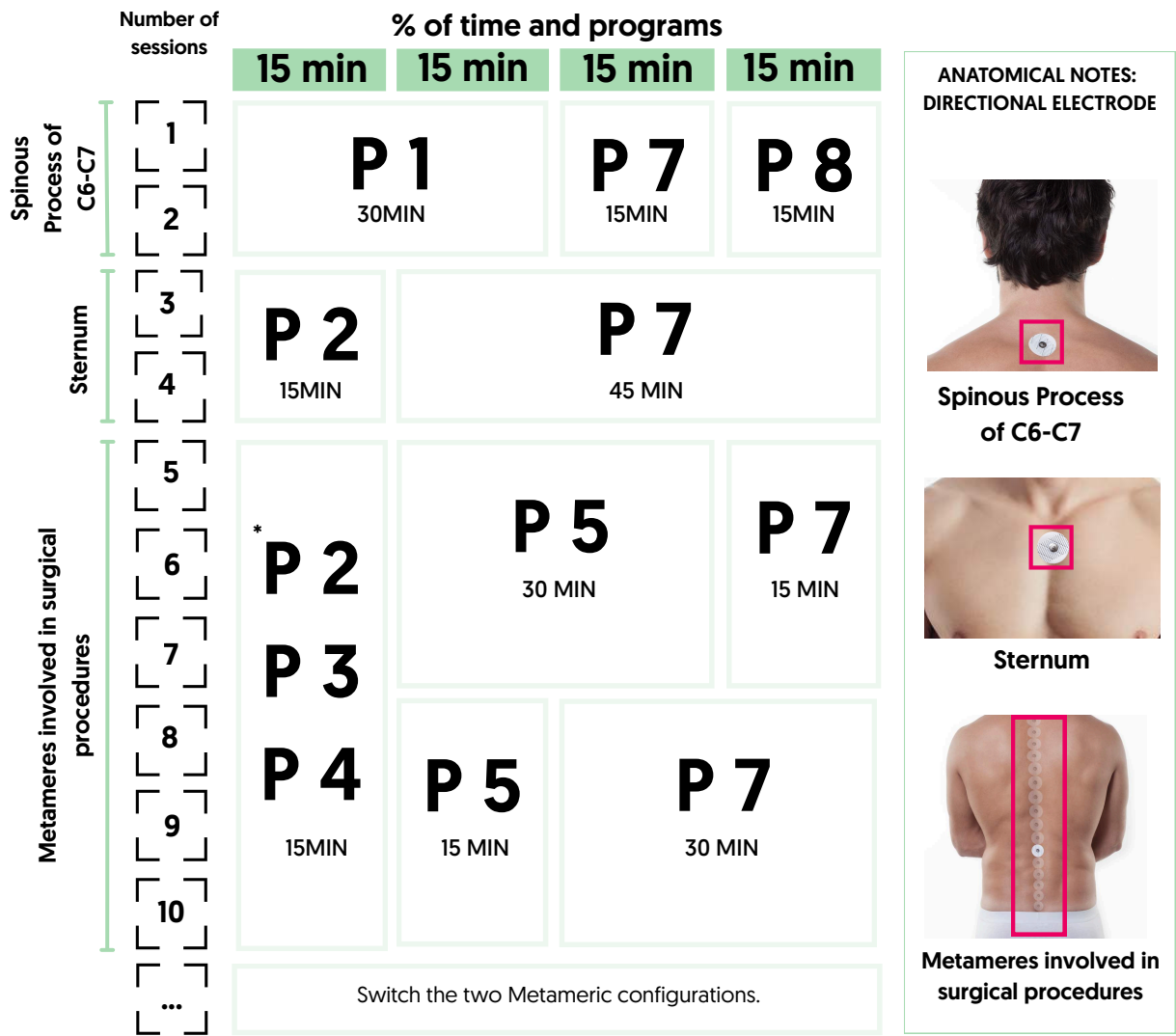


Recommended questionnaires and assessments:

- WeCardio / WHOOP
- Actigraphy

PREVENTION IN SURGICAL PROCEDURES

This protocol seeks to enhance the patient's homeostasis and alleviate their stress prior to a scheduled surgery, thereby facilitating optimal adaptation and response to the forthcoming stimuli and circumstances.



Select according to the region to be treated [P2 – Ventral, P3 – Dorsal, P4 – Sagittal].

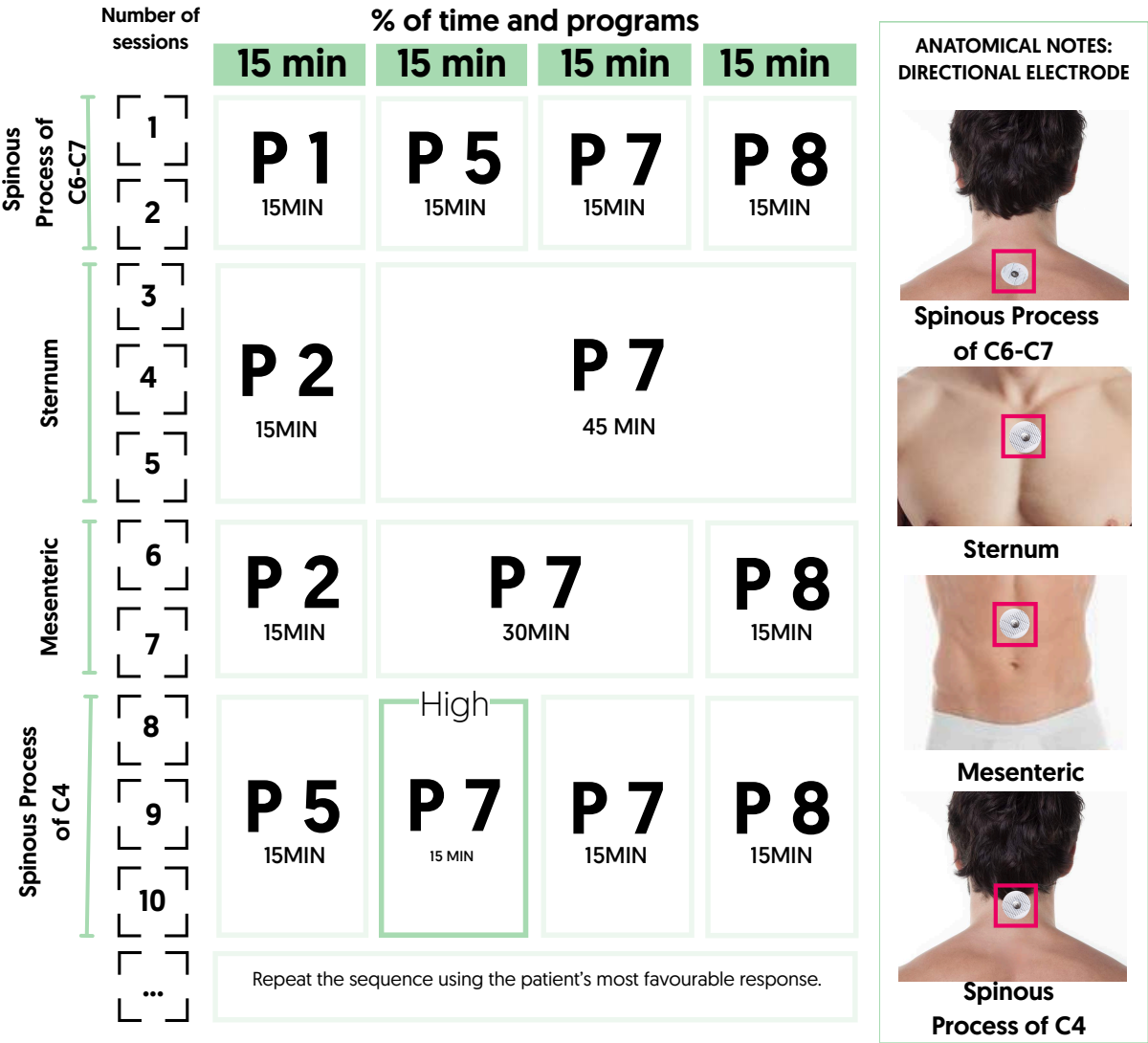


Recommended questionnaires and assessments:

- WeCardio
- GAD-7 [Generalised Anxiety Disorder-7]

ADJUVANT ANTI-AGEING THERAPY

Enhancing vagal tone is the primary objective of this protocol, intended to complement anti-aging therapies and ongoing strength training. Should the patient experience excessive activation with these settings, it is advisable to initially engage in more general, ancillary protocols, such as "Anxiety and Nonspecific Mood Disorders" or "General Sleep," and to revisit this treatment after a few weeks.



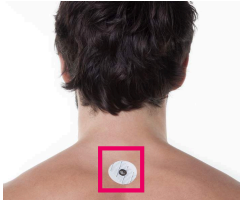
Recommended questionnaires and assessments:

- WeCardio / WHOOP
- Actigraphy

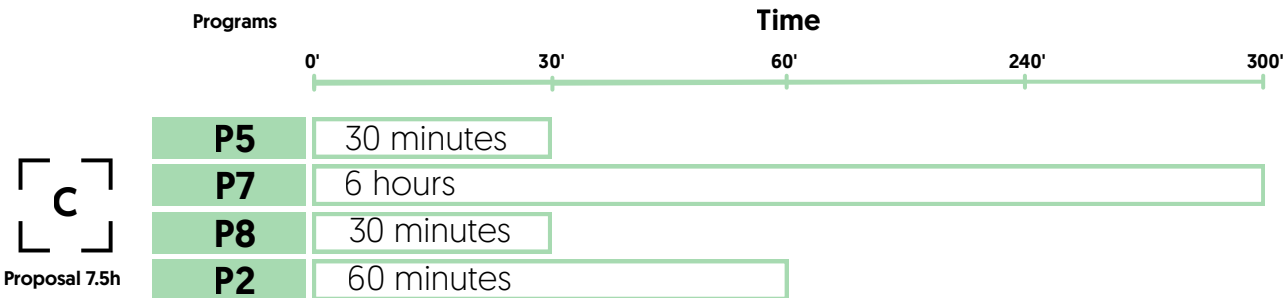
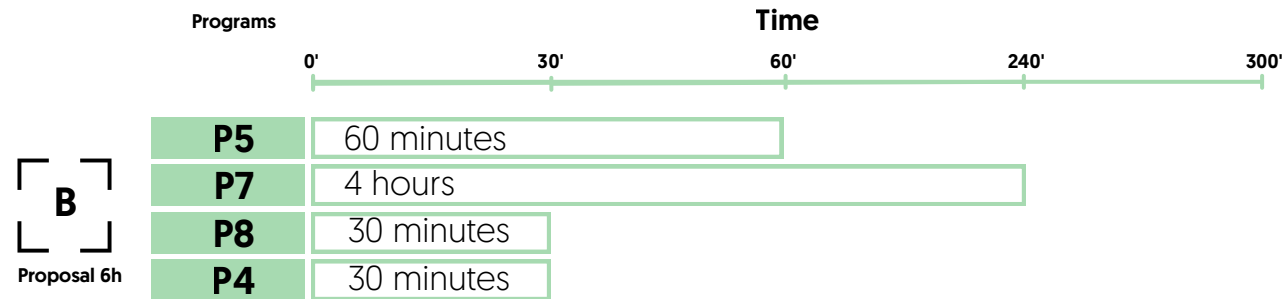
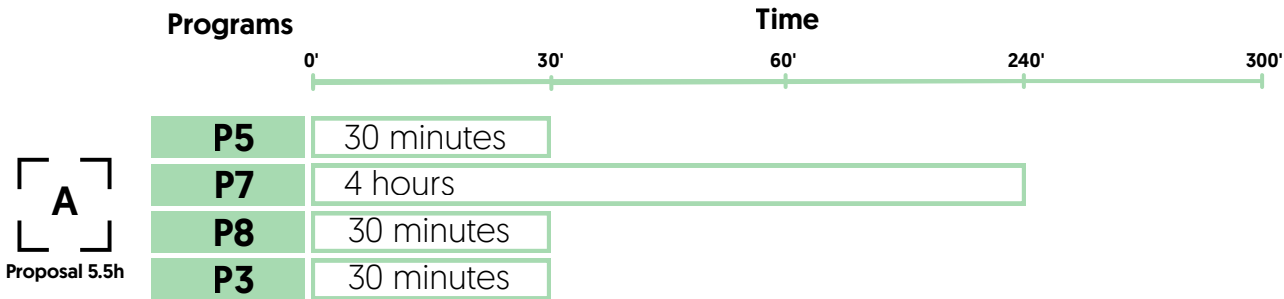
NOCTURNAL QUALITY OF LIFE INTERVENTION

It is advisable to employ this series of combinations following the application of other standard-duration protocols, particularly when the patient does not exhibit intense responses during or after these protocols. However, in cases involving specific circumstances or comorbidities, and at the discretion of the specialist, an initial adaptation to nocturnal treatment may be implemented, beginning with 2- to 3-hour daytime sessions. Nocturnal treatment can be administered as individual, isolated sessions, as part of a series of sessions extending over several weeks, or as a maintenance regimen, occurring one to three times per week on an ongoing basis.

ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



Spinous Process
of C6-C7



Repeat the sequence using the patient's most favourable response.

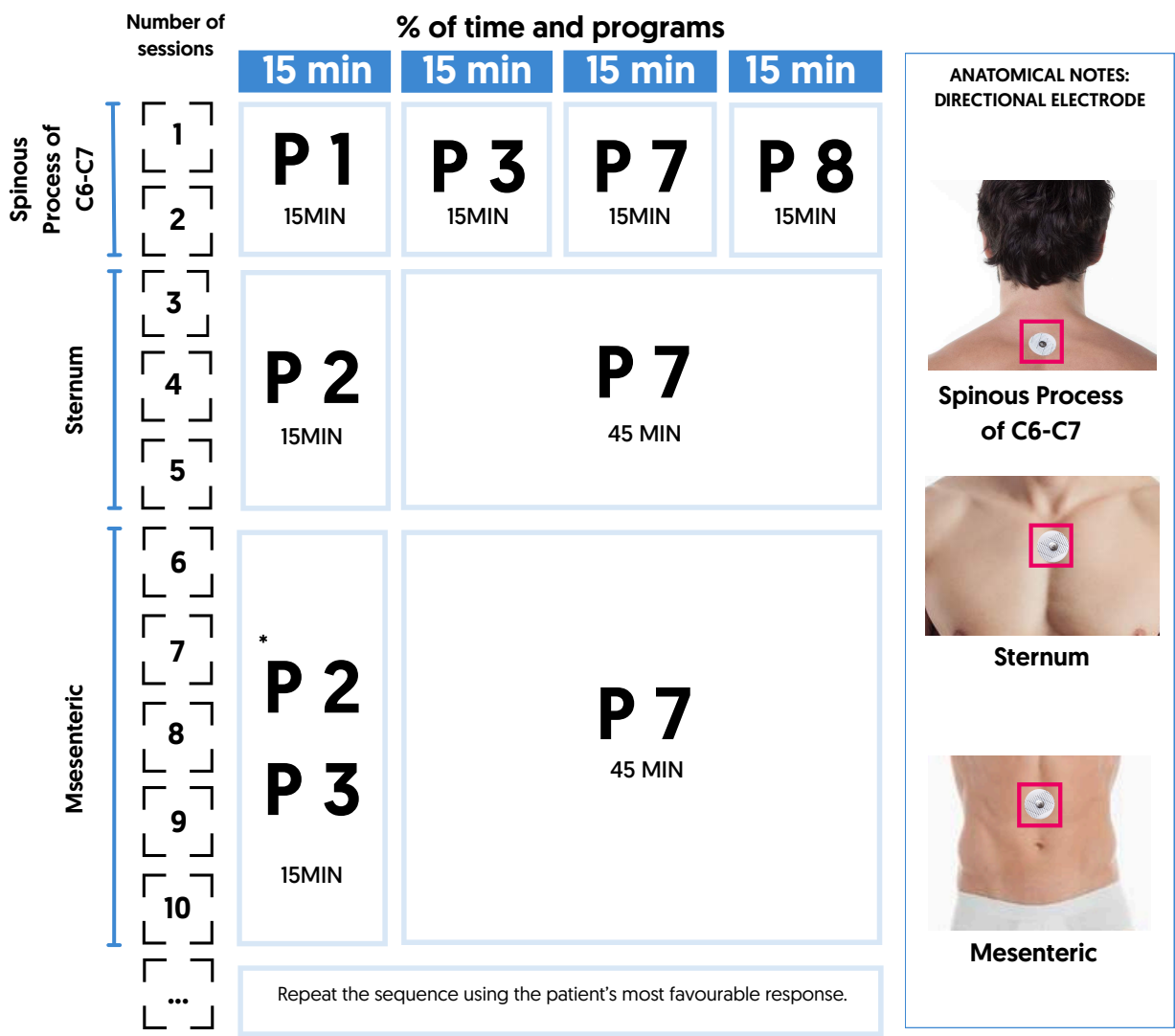
GENERAL MEDICINE

Fundamentals by clinical specialty



ACUTE AND CHRONIC CONSTIPATION

This protocol is intended for primary constipation in patients without comorbidities that may directly or indirectly contribute to the condition. If constipation is secondary to another disorder, it is advisable to use an alternative protocol or to alternate it with this one. In cases of acute non-specific constipation, 10 sessions may result in improvement. Chronic constipation, or constipation with exacerbating factors that perpetuate the dysfunction, will require a minimum of 20 sessions, together with maintenance treatment of one to four sessions per month to sustain the results.



Alternate Programme 2 and Programme 3 throughout the focal phase of treatment.

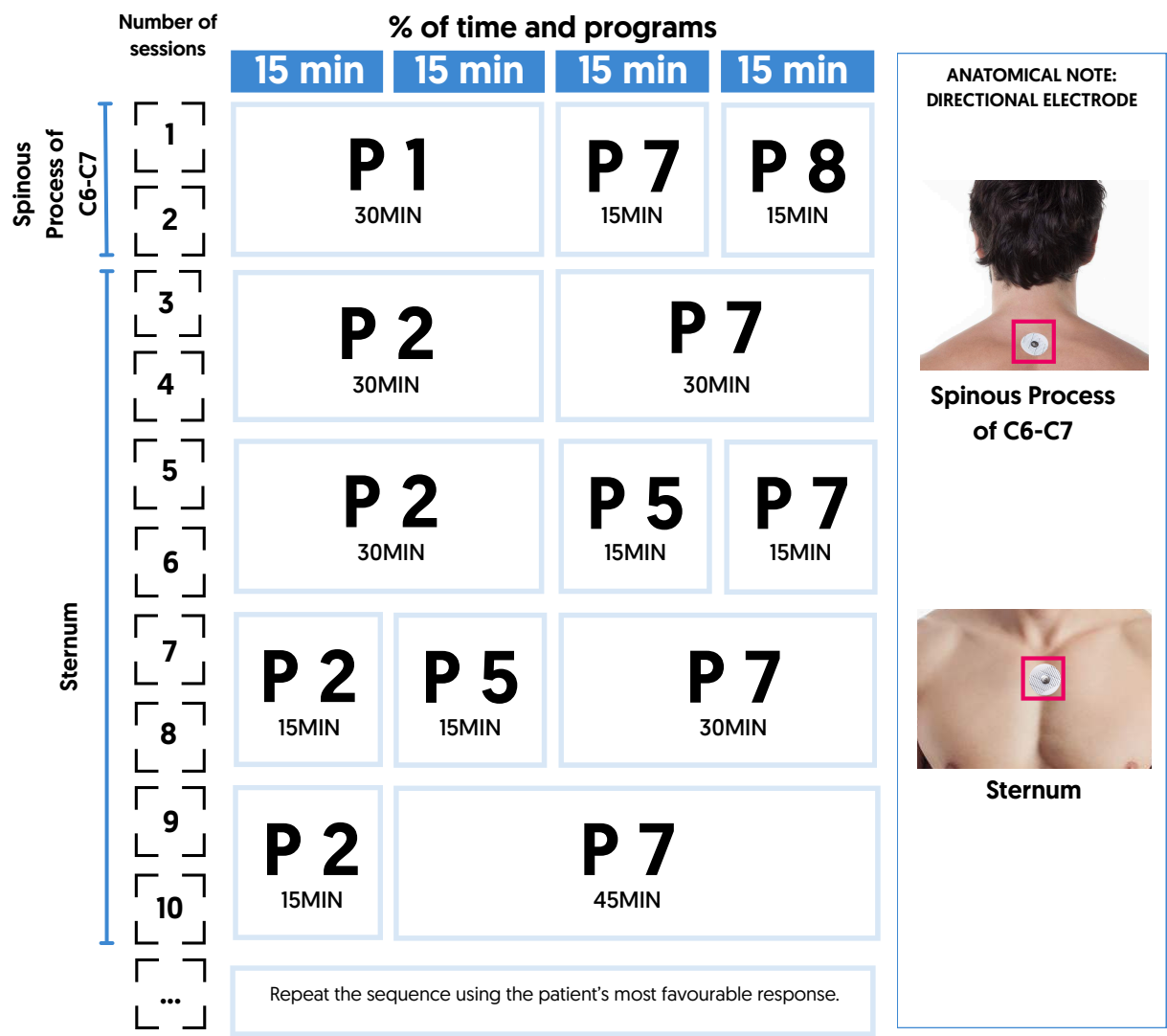


Recommended questionnaires and assessments:

- WeCardio
- Bristol Stool Chart
- Weekly Bowel Movement Frequency Table

IMMUNE MECHANISM ACTIVATION

The aim of this protocol is to enhance vagus nerve activity, thereby influencing the peripheral immune system and the anti-inflammatory cholinergic reflex. Vagal tone is associated with low-grade inflammation and certain autoimmune disorders. Depending on the duration of the patient’s condition, contributing factors, and comorbidities, the number of sessions may increase, potentially requiring up to 30–40 sessions, or even ongoing maintenance therapy in cases of autoimmune disease.



Recommended questionnaires and assessments:

- **WeCardio**

NON-SPECIFIC ARTERIAL HYPERTENSION

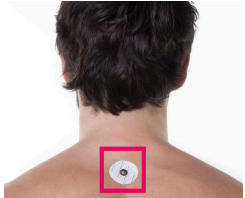
This treatment is intended for patients who are not taking medication for hypertension. If neuromodulation is to be administered, gradual tapering of the medication should be considered, particularly in those receiving high doses. For patients taking two or more antihypertensive drugs, using Programme 7 at the recommended times may help lower blood pressure. The treatment aims to improve the patient’s vagal tone and the autonomic regulation of the renal system.

Number of sessions

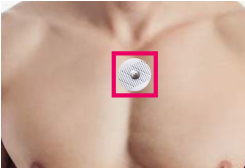
% of time and programs

	15 min	15 min	15 min	15 min
Spinous Process of C6-C7	P 1 30MIN		P 7 30MIN	
	P 1 15MIN	P 4 15MIN	P 7 45MIN	
	P 2 15 MIN		P 7 45 MIN	
	P 3 15 MIN	P 7 45 MIN		
Sternum	P 4 15 MIN		P 7 45 MIN	
	Repeat the sequence using the patient's most favourable response.			

ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



Spinous Process of C6-C7



Sternum



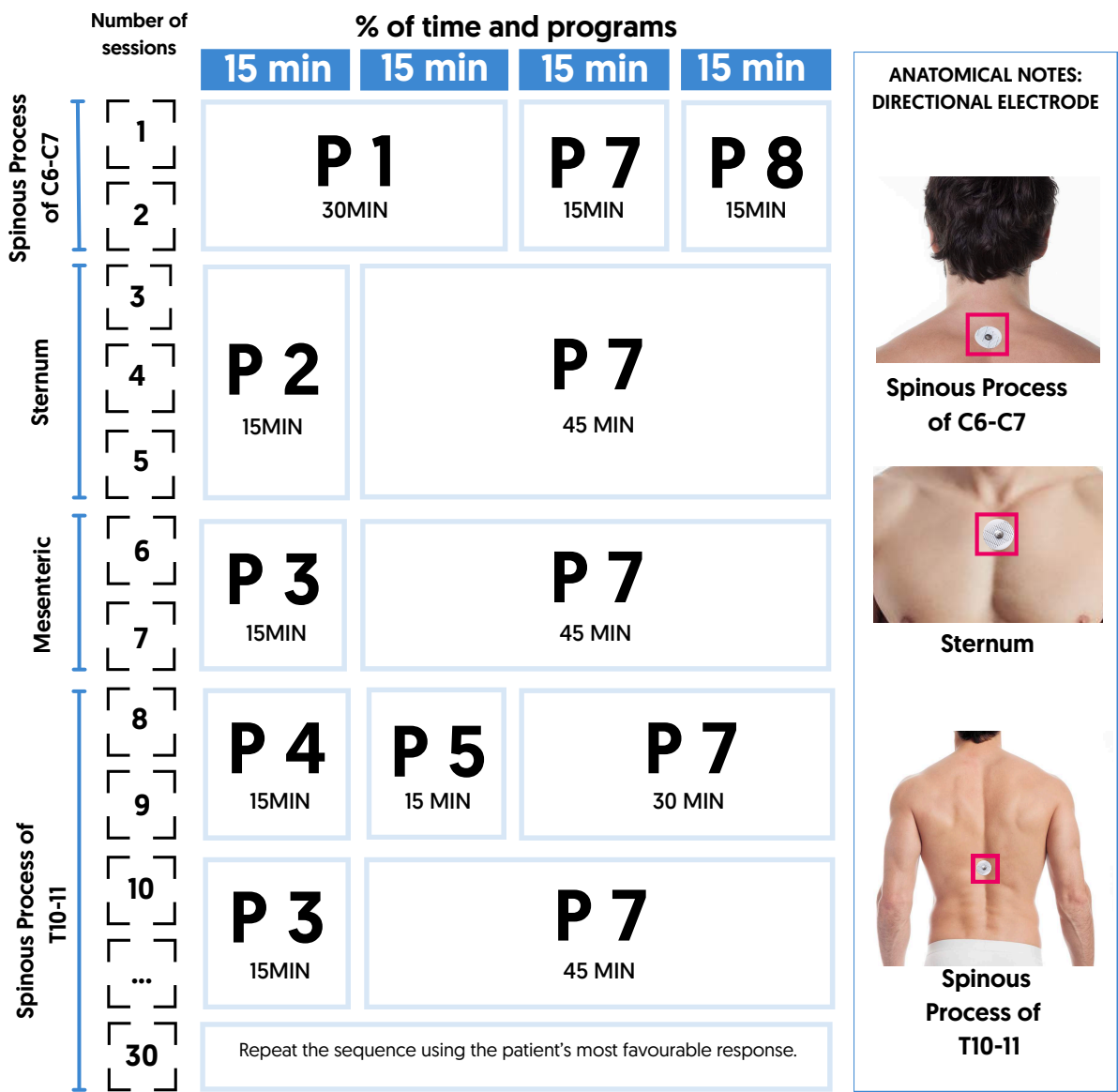
Spinous Process of T10

Recommended questionnaires and assessments:

- WeCardio
- Blood Pressure Measurements

SYMPATHICOTONIA-RELATED DERMATOLOGICAL CONDITIONS

The autonomic nervous system is connected to the skin through the gut–brain–skin axis. This protocol is based on observed clinical changes in the regulation of the vagus nerve [immune and inflammatory systems] achieved by placing the targeting electrode on the manubrium of the sternum. Clinical effects are also observed at the intestinal level through the application of the electrode to both the metameric and focal levels. Programme 4 focuses on improving the functionality of the portal circulation and the liver [management of metabolites and hormones], while Programme 3 targets the intestine.





Recommended questionnaires and assessments:

- **WeCardio**

SPEECH AND LANGUAGE THERAPY

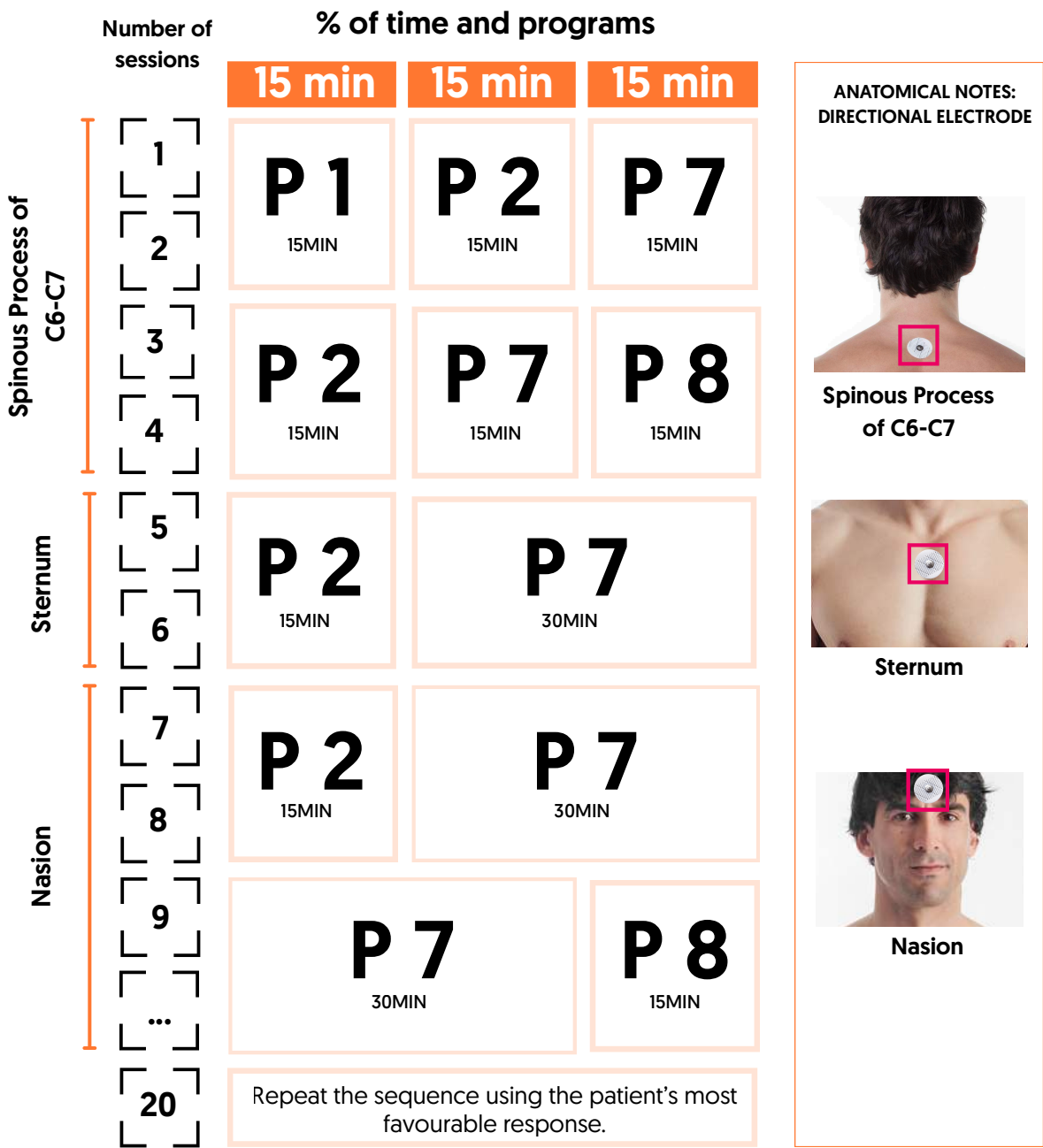
Specific protocols by clinical specialty



STUTTERING

Stuttering, also known historically as dysphemia, may occur as part of childhood development [developmental stuttering] or persist as a chronic condition [persistent stuttering]. Its origins are multifactorial, encompassing genetic, neurobiological, emotional, and environmental factors. It is often accompanied by additional symptoms such as increased muscle tone, anxiety, or involuntary movements.

In clinical practice, speech and language therapists have successfully improved the quality of life of these patients through the application of microcurrents. This protocol is designed to complement speech and language therapy sessions. When feasible, treatment may extend to one hour, with programme duration increasing by seven to fifteen minutes. For children under the age of 14, sessions may be limited to 30 minutes. A minimum of 20 sessions is recommended.

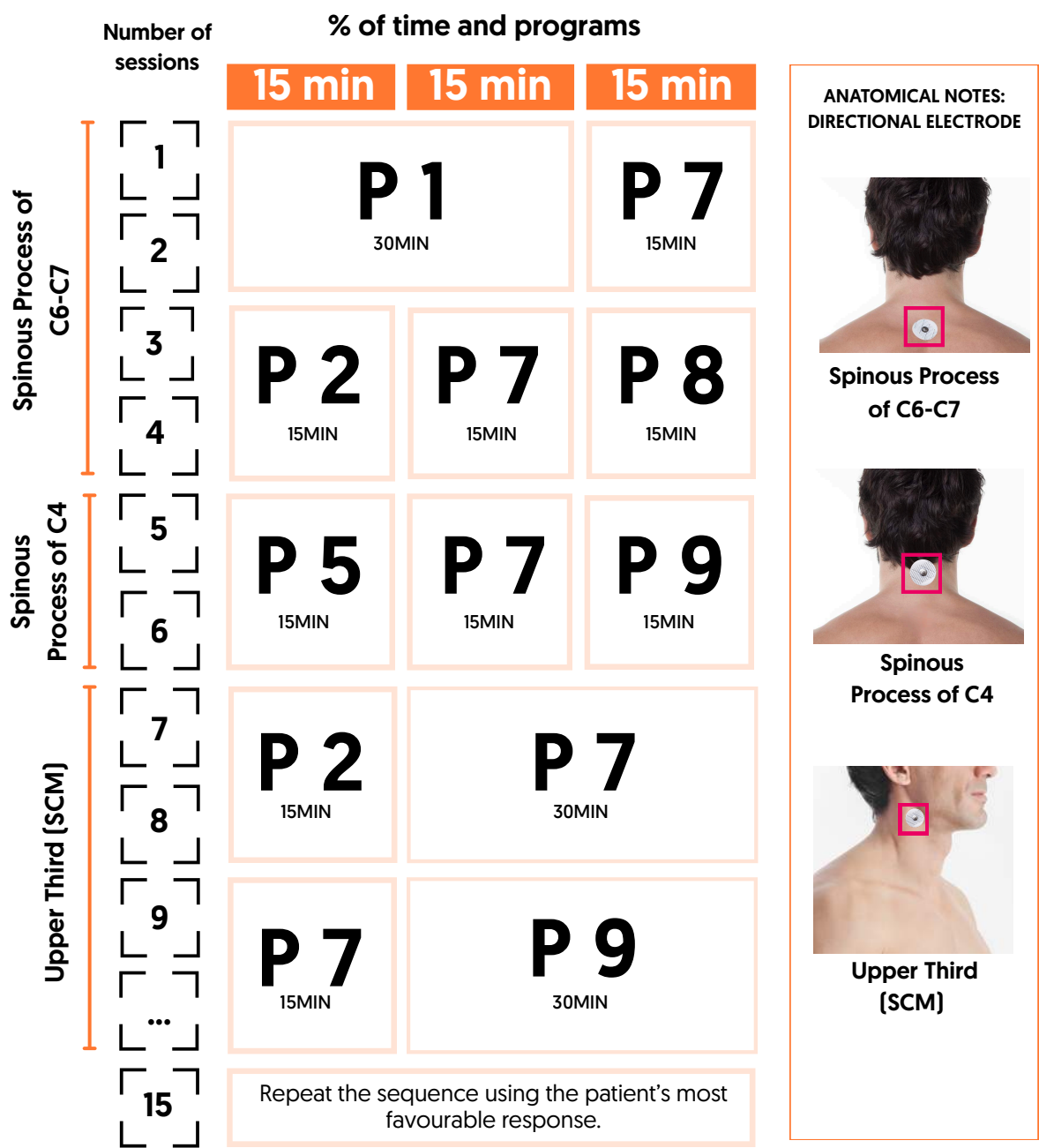


Recommended questionnaires and assessments:

- WeCardio
- Riley Disfluency Assessment

DYSPHAGIA AND FEEDING MOTOR DISORDERS

The autonomic nervous system plays a crucial role in swallowing reflexes through the swallowing centre located in the medulla oblongata. This treatment protocol aims to improve both nervous system function and motor control. It is intended to be implemented concurrently with speech and language therapy. If the duration can be extended to one hour, it is advisable to incorporate an additional 15 minutes of Programme 7 or Programme 9, as required. In complex or chronic cases, treatment may require 20 to 30 sessions.

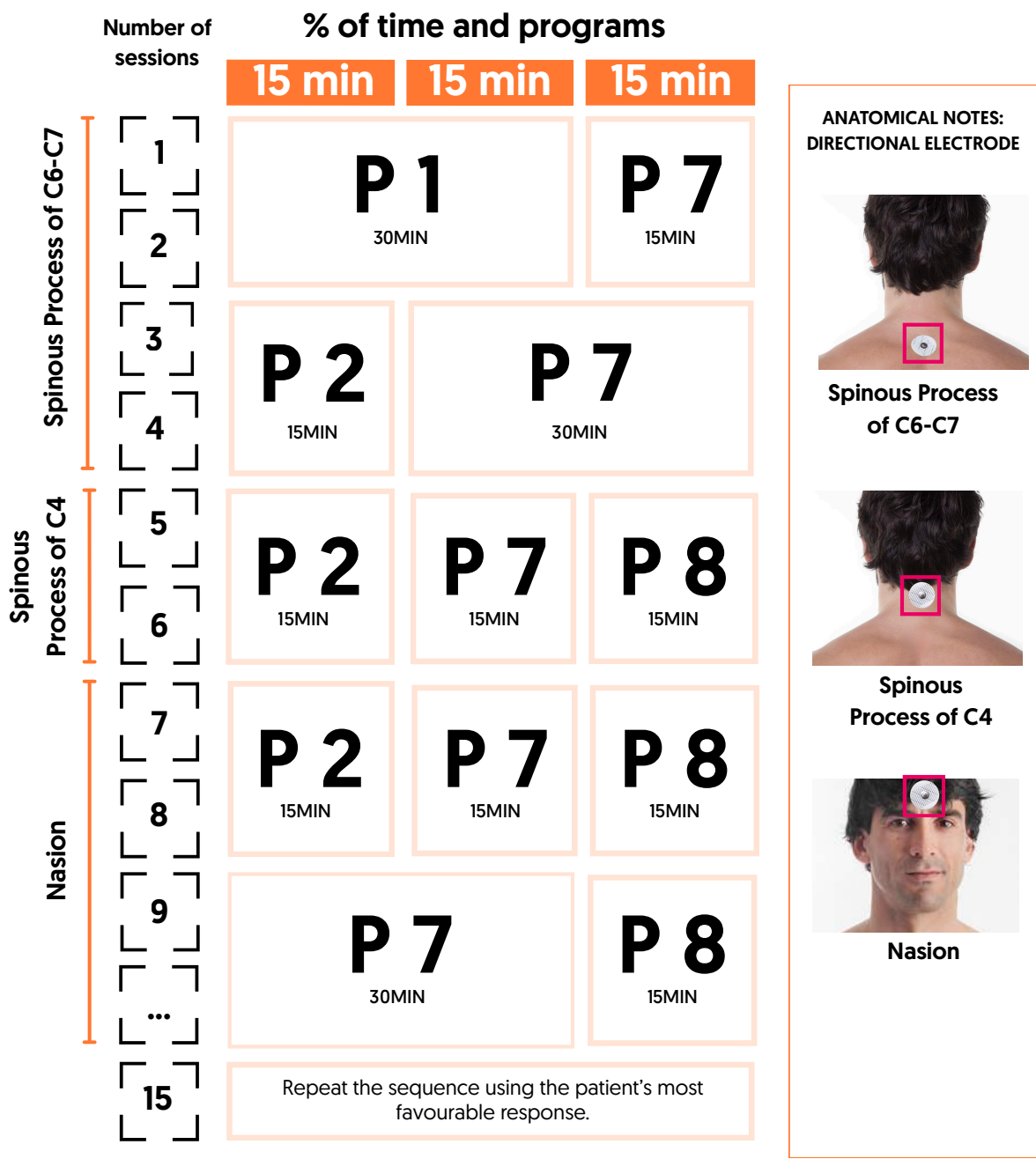


Recommended questionnaires and assessments:

- WeCardio
- Speech and Language Therapy Assessments

COMBINED SPEECH AND LANGUAGE THERAPY INTERVENTION FOR ASD AND ADHD

In clinical practice, NESAs® has demonstrated efficacy as a valuable adjunct to speech and language therapy through a more holistic approach. This protocol is intended to complement existing therapies. If preferred, neuromodulation sessions may also be conducted independently of speech and language therapy as an additional resource. The objective is to support the goals of therapy by promoting a calmer and more focused patient. For children under the age of 14, session duration can be reduced to 30 minutes.

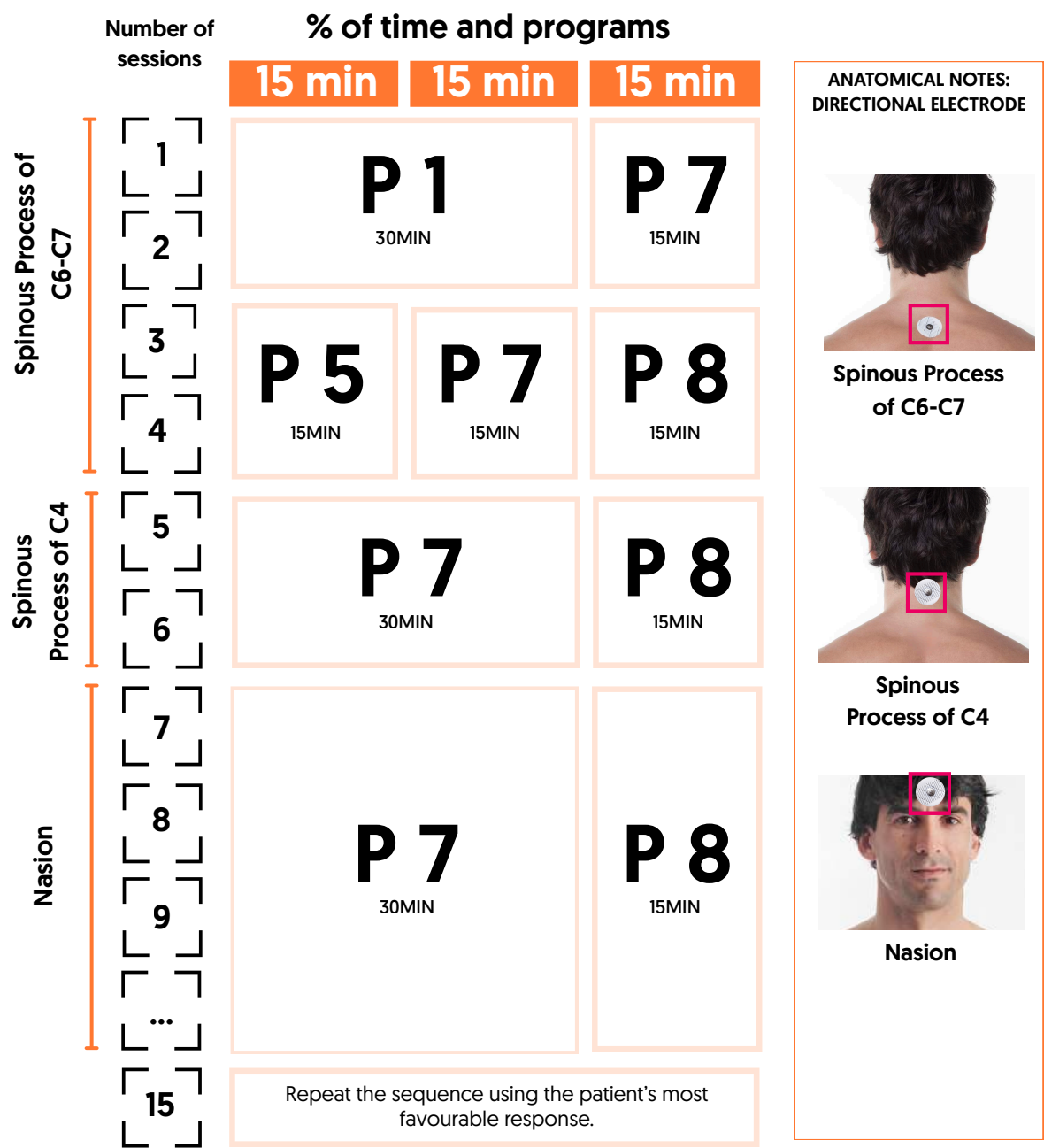


Recommended questionnaires and assessments:

- WeCardio
- Speech and Language Therapy Assessments

COMBINED SPEECH AND LANGUAGE THERAPY INTERVENTION IN APHASIA

In clinical practice, NESA® has demonstrated efficacy as a valuable adjunct to speech and language therapy through a more holistic approach. This protocol is intended to complement existing therapies. If preferred, neuromodulation sessions may also be conducted independently of speech and language therapy as an additional resource. The objective is to support the goals of therapy by promoting a calmer and more focused patient. For children under the age of 14, session duration may be reduced to 30 minutes.

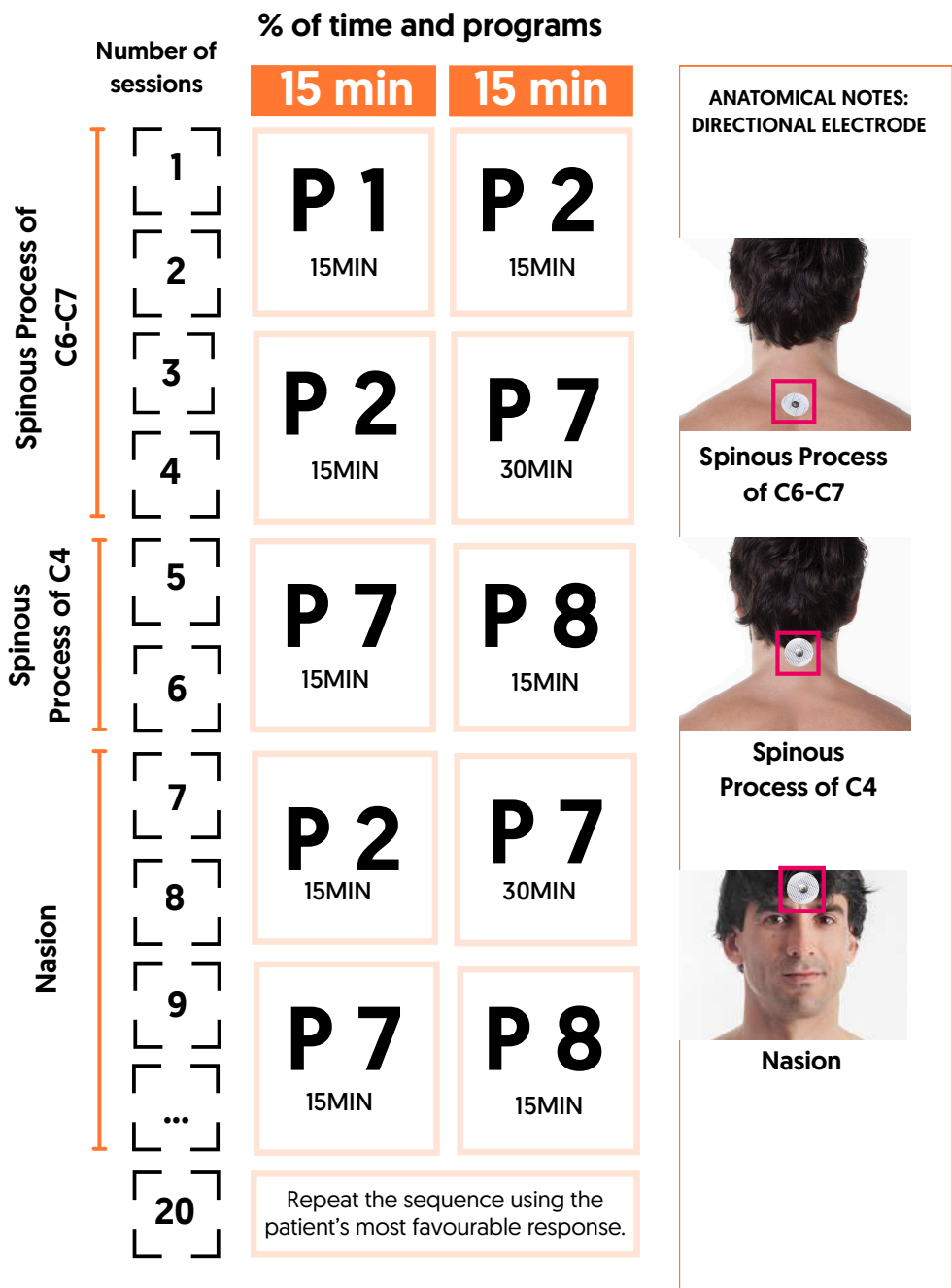


Recommended questionnaires and assessments:

- WeCardio
- Speech and Language Therapy Assessments

LANGUAGE DELAY IN CHILDREN

In clinical practice, NESA® has demonstrated efficacy as a valuable adjunct to speech and language therapy through a more holistic approach. This protocol is intended to enhance therapeutic interventions. Additionally, neuromodulation sessions may be delivered independently of speech and language therapy as a supplementary option. The objective is to strengthen therapeutic outcomes by promoting a calmer and more focused patient.



Recommended questionnaires and assessments:

- WeCardio
- Speech and Language Therapy Assessments

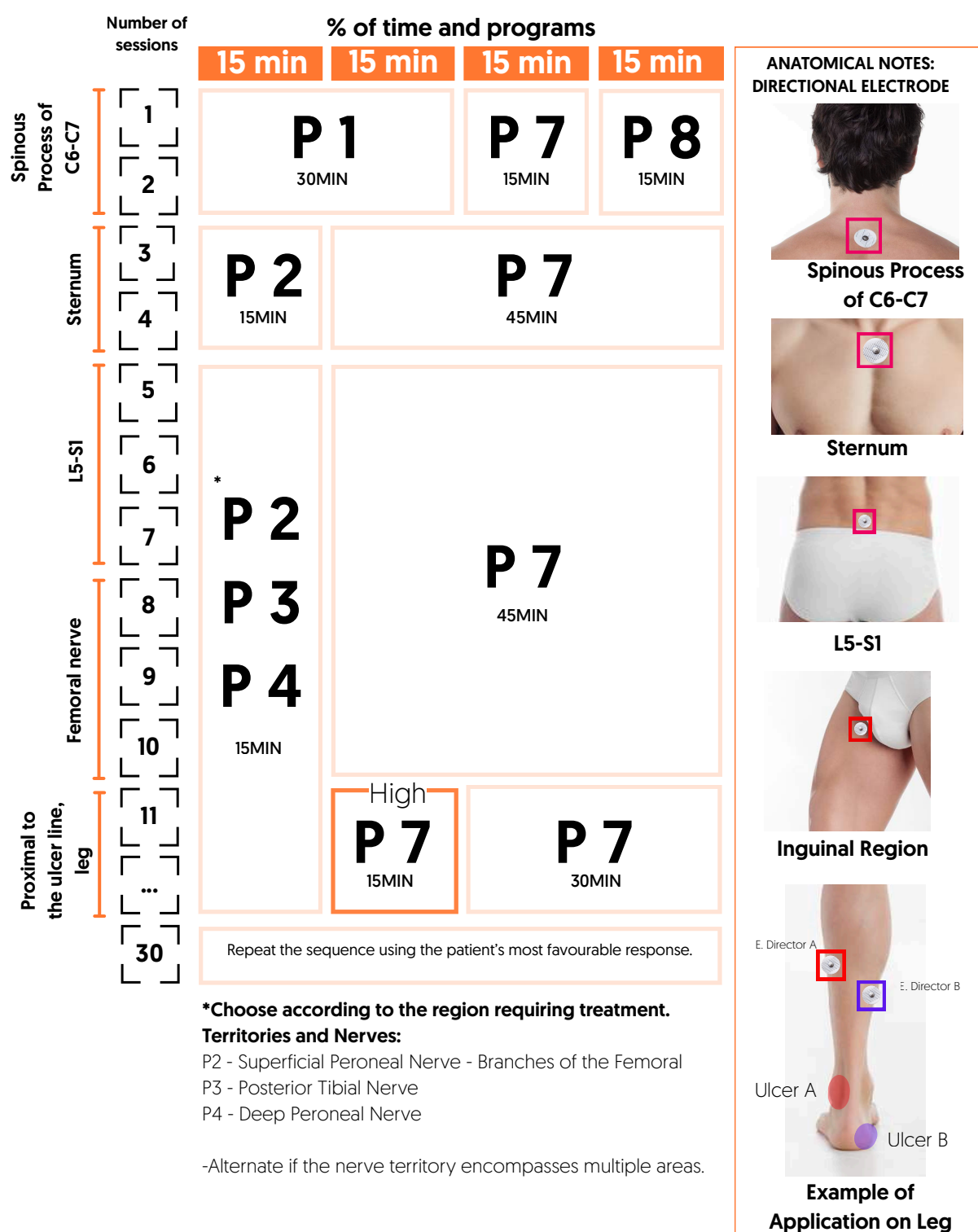
PODIATRY

Specific protocols by clinical specialty



DIABETIC FOOT ULCERS AND TISSUE REGENERATION

Diabetic foot ulcers arise from peripheral vascular dysfunction regulated by the sympathetic nervous system. Clinical observations indicate instances of enhanced regeneration in diabetic ulcers or wounds that heal poorly. Once trophic mechanisms are optimized, skin healing may take several weeks. Consequently, a medium frequency of treatment [2-3 times per week] is advised, sustained over a duration of 2-4 months. If necessary, utilize a thigh brace rather than an ankle brace to prevent contact with the ulcer. These findings advocate for further investigation in upcoming clinical trials.

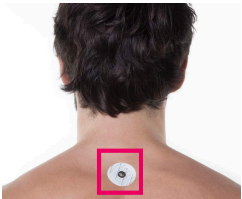


PLANTAR FASCIITIS

A comprehensive history is essential for understanding the pathophysiological mechanisms of plantar fasciitis and addressing them effectively. Various clinical therapies yield positive outcomes for plantar fascia injuries, including shock wave treatment. However, instances may arise where no structural damage is evident, or the issue is bilateral, raising concerns about potential systemic involvement. Patients who are sensitive to painful therapies or exhibit signs of autonomic nervous system involvement are likely to receive NESA treatment, with a minimum of 20 sessions recommended, accompanied by appropriate load management and readaptation. Program 7 in High mode is utilized exclusively in cases where no response has been observed after the initial 10 sessions.

Number of sessions		% of time and programs					
		15 min	15 min	15 min	15 min		
Spinous Process of C6-C7	1	P 1 15MIN	P 2 15MIN	P 7 15MIN	P 8 15MIN		
	2						
Sternum	3	P 2 15MIN	P 7 45MIN				
	4						
Spinoza L5-S1	5	P 3 15MIN	P 6 15MIN	P 7 30MIN			
	6						
	7						
Insertion site of the Plantar Fascia	8	P 7 45MIN					
	9	P 3 15MIN					
	10						
	11	High P 7 15MIN		P 7 30MIN			
	...						
	20	Repeat the sequence using the patient's most favourable response.					

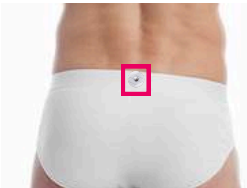
ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



Spinous Process
of C6-C7



Sternum

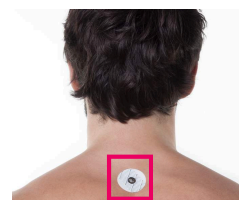


L5-S1 elevation

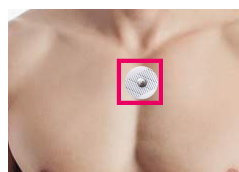


Insertion site of the
Plantar Fascia

ANATOMICAL NOTES: DIRECTIONAL ELECTRODE



Spinous Process
of C6-C7



Sternum



L5-S1 elevation



Insertion site of the
Plantar Fascia

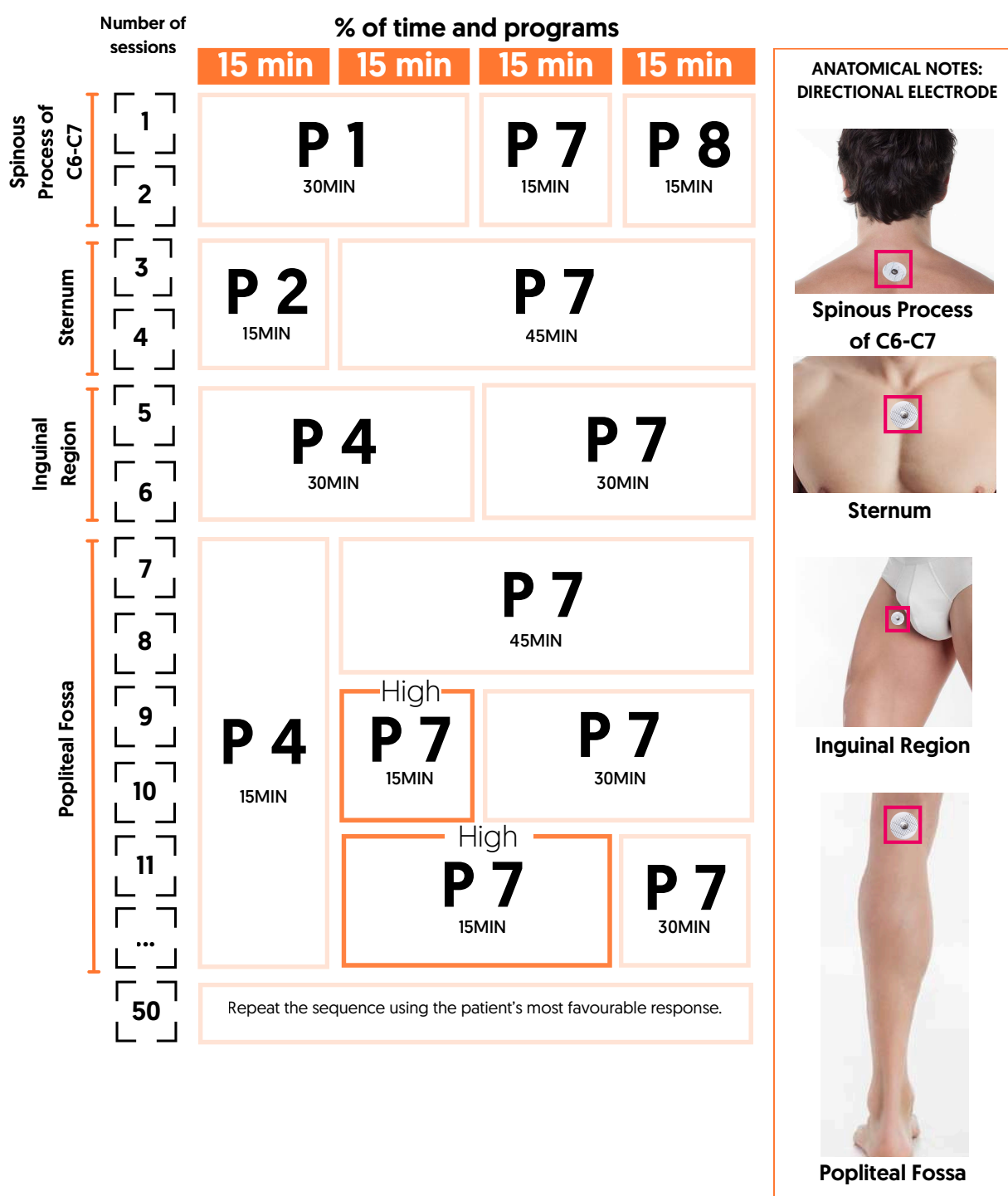


Recommended questionnaires and assessments:

- Pain Scales (Latin)
- WeCardio

HYPERHIDROSIS AND OTHER AUTONOMIC DISORDERS AFFECTING THE FOOT

Dysautonomia can cause alterations in the function of peripheral nerves that regulate the sweat glands and other skin functions. Increased cholinergic activity, whether occurring in the hypothalamus, sympathetic ganglia, or more peripheral regions, has been clinically observed to respond positively to treatment with NESAs® microcurrents. Emotional stress is one of the modulating factors; therefore, anxiety should be addressed before initiating treatment [Multidisciplinary Protocol]. This therapy relies on neuroplasticity, and the recommended number of sessions to achieve and sustain results is 50.



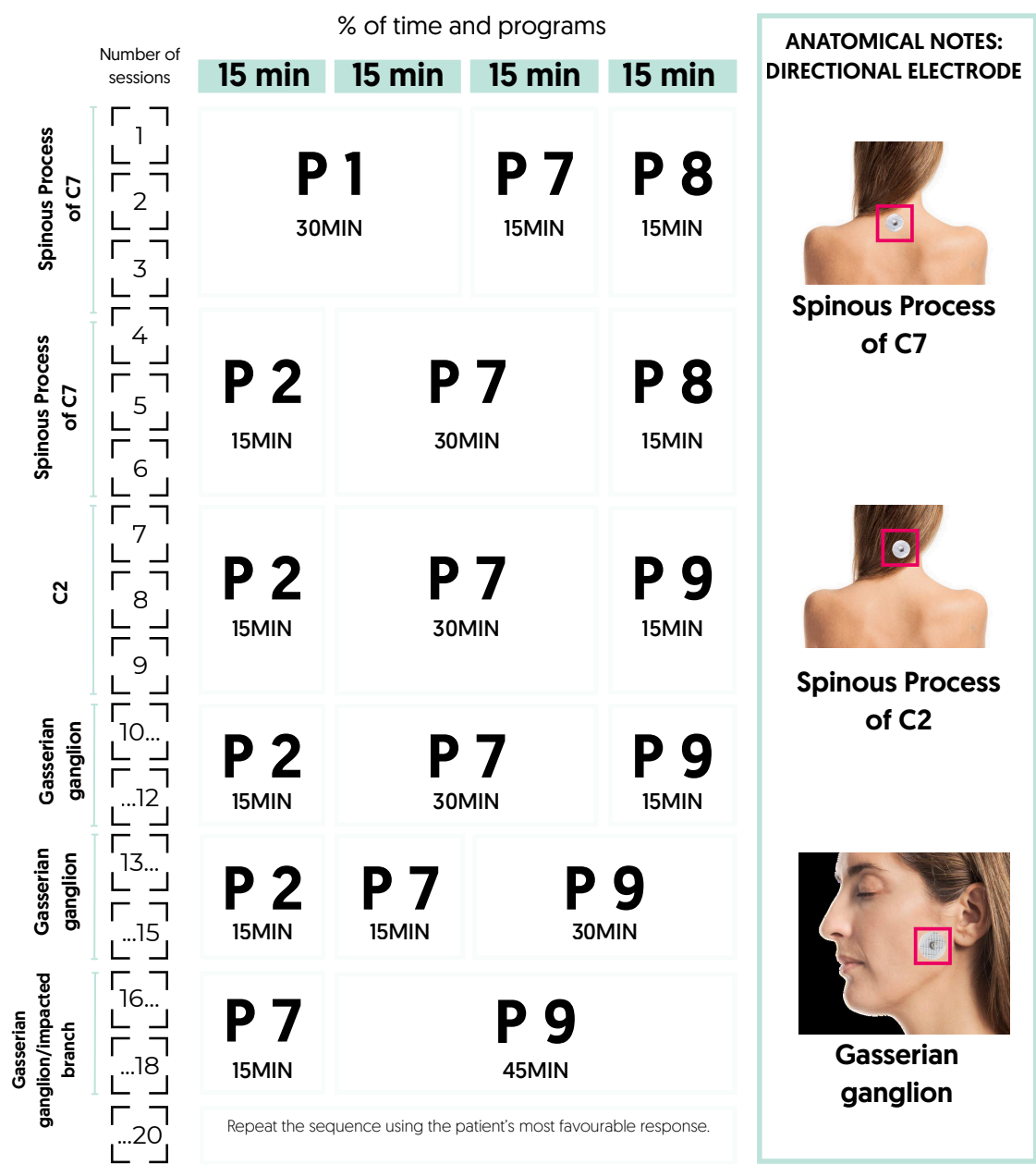
DENTISTRY

Specific protocols by clinical specialty



TRIGEMINAL NEUROPATHY 1

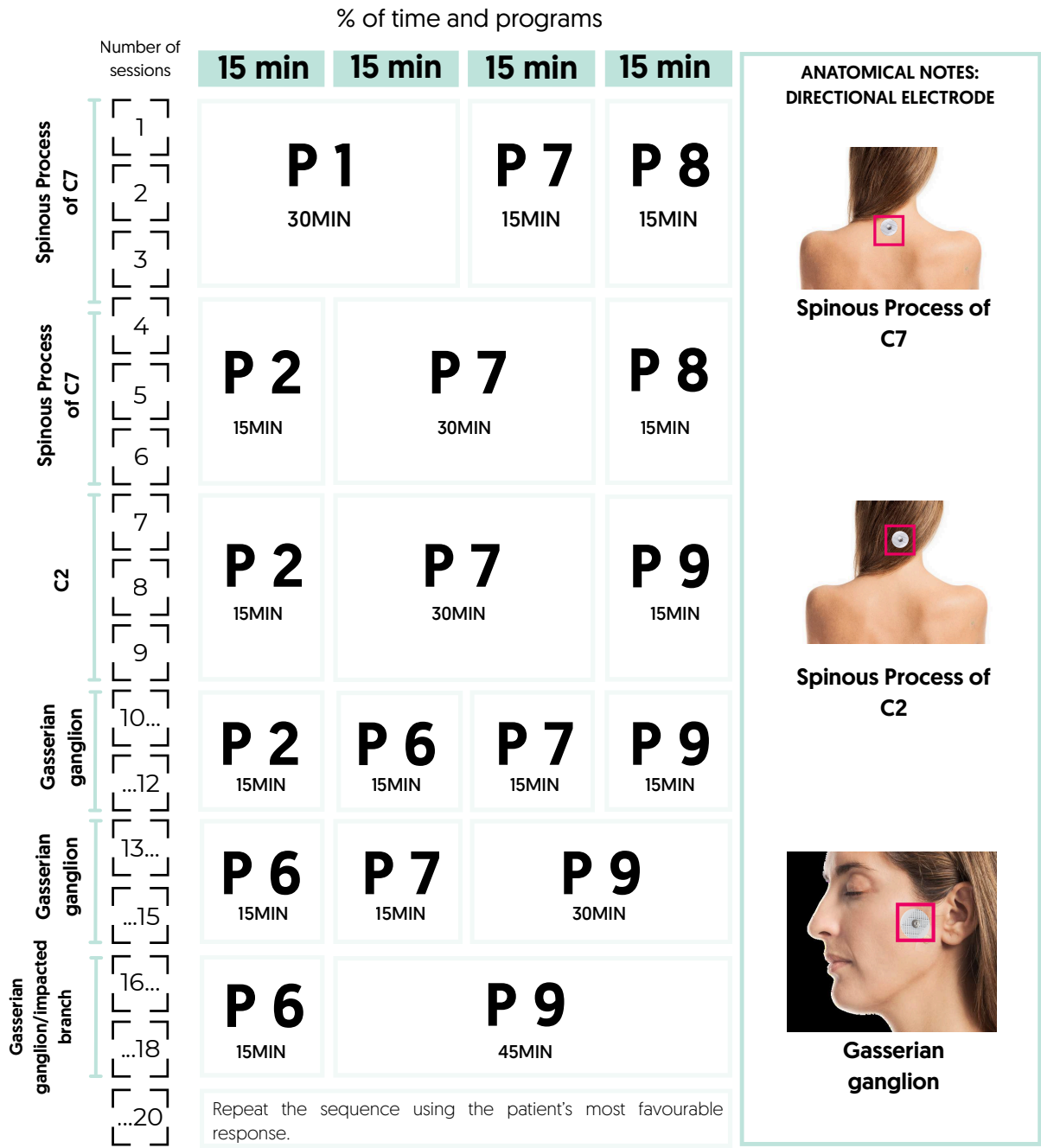
Trigeminal neuropathy may present as diffuse pain affecting any of its three branches, with an unclear origin that may be associated with global triggering factors, such as autonomic pain mediated through the trigeminal–vagal system. In such cases, the treatment protocol should progress from central to metameric approaches, followed by focal interventions, with the targeting electrode positioned over the Gasserian ganglion on the affected side. Treatment should proceed as outlined in the protocol unless symptoms diminish, in which case the patient should revert to earlier phases. The initial session frequency should be no less than three per week, with a minimum of 20 sessions, and treatment may be extended over several months.



- Recommended questionnaires and assessments:
- Pain Catastrophizing Scale (PCS)
 - VAS (Visual Analogue Scale – Discomfort)
 - LANSS

TRIGEMINAL NEUROPATHY 2

When the onset of pain associated with trigeminal neuropathy is primarily related to direct involvement of the nerve itself, rather than to global or systemic symptoms, the recommended protocol should include Programme 6, with the option to extend the duration of each session to a total of 30 minutes. If symptoms diminish, the patient should revert to earlier phases. Initial sessions should take place at least three times per week, with a minimum of 20 sessions, and treatment may be extended over several months.



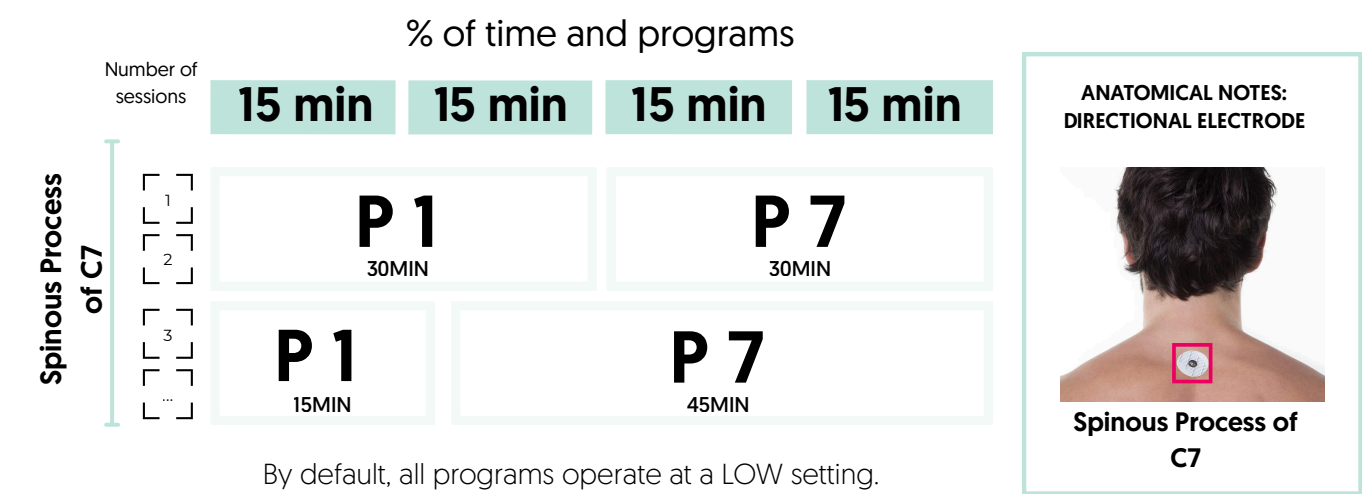
Recommended questionnaires and assessments:

- Pain Catastrophizing Scale [PCS]
- VAS [Visual Analogue Scale – Discomfort]
- LANSS

PRE-INTERVENTION ANXIETY

For some patients, facing any form of intervention presents a significant challenge. Consequently, they often experience heightened levels of anxiety and vigilance in the days preceding the procedure. To mitigate this response and increase the likelihood of a successful outcome, it is advisable to conduct one or more preparatory sessions in the days leading up to the procedure, or even on the same day if scheduling them during the intervention is not feasible, as outlined in the Acute Anxiety During Intervention Protocol.

Single session or multiple sessions in the days prior to the procedure



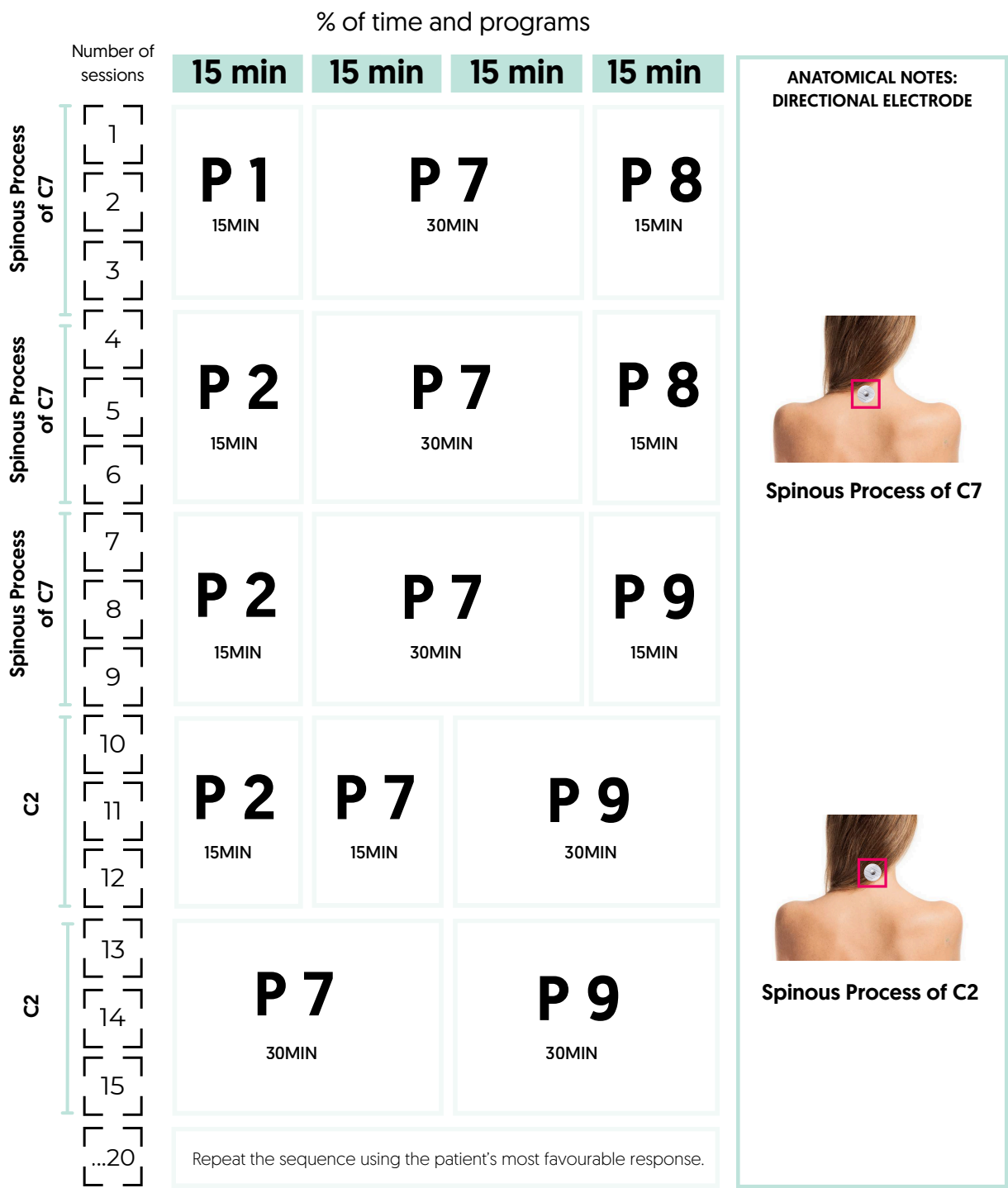


Recommended questionnaires and assessments:

- WeCardio
- Cortisol
- GAD-7 (Generalised Anxiety Disorder-7)

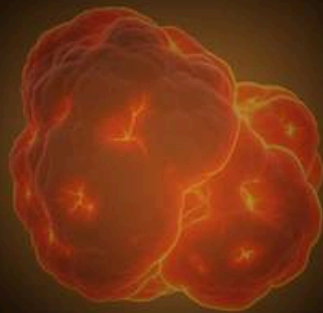
BURNING MOUTH SYNDROME (GLOSSODYNIA)

Burning mouth syndrome presents with a range of manifestations within the oral cavity, often with an indeterminate aetiology. It is associated with systemic diseases, postoperative conditions, and/or nerve injuries that result in altered sensations, oral pain, and/or taste disturbances. Consequently, Programme 9 should be extended in duration and may be increased to HIGH if satisfactory results are not observed after the initial 12 sessions. Patient progress can vary considerably; therefore, it is advisable to document developments and prioritise sessions that focus on achieving more substantial improvements. The recommended treatment consists of a minimum of 20 sessions, scheduled two to three times per week.



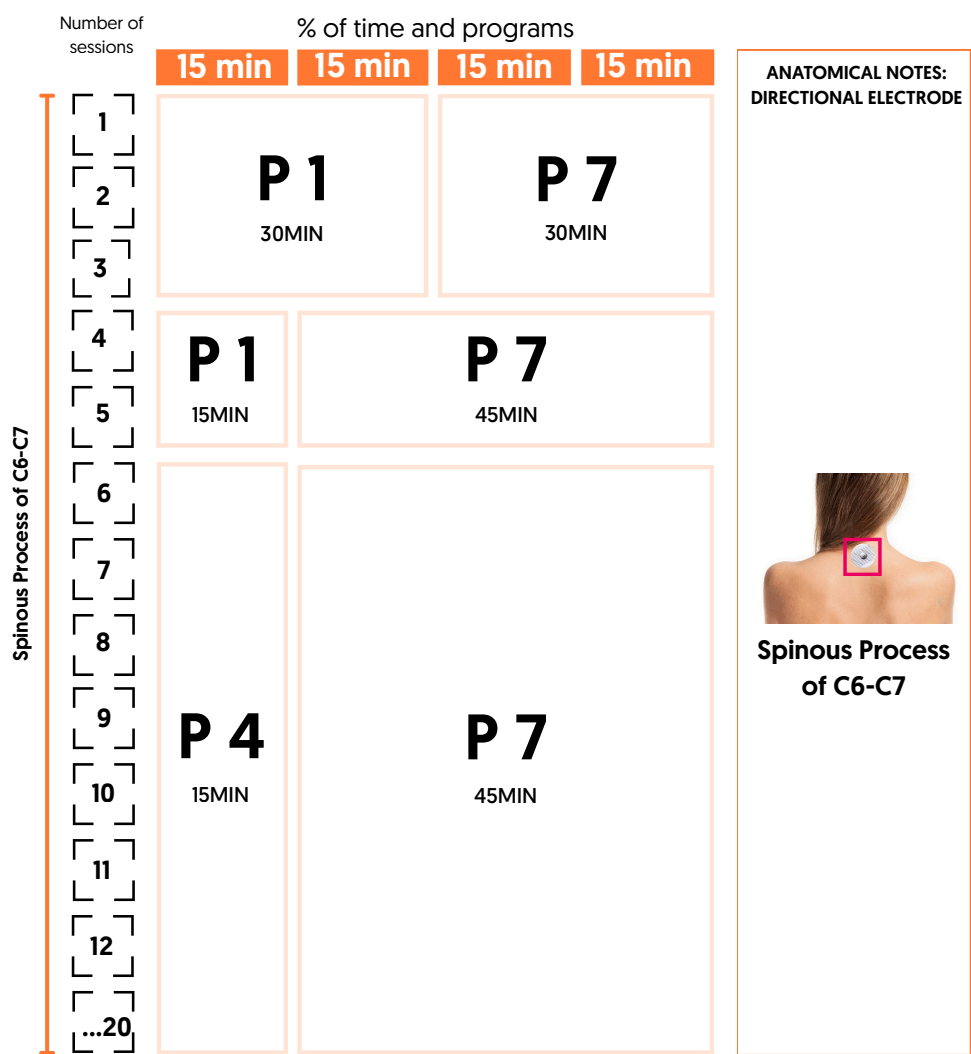
SECONDARY ONCOLOGICAL MANIFESTATIONS

Specific protocols by clinical specialty



UPPER LIMB LYMPHOEDEMA FOLLOWING MASTECTOMY

The onset of upper limb lymphoedema following mastectomy is common among patients undergoing surgical procedures. Enhancing autonomic function positively influences lymphatic and arteriovenous circulation, thereby reducing volume, improving skin appearance, and alleviating pain, all of which contribute to an enhanced quality of life. A minimum frequency of three sessions per week is recommended, with a total of 20 to 30 sessions as the baseline. To ensure the stabilisation of results, ongoing maintenance treatment will be required, with frequency tailored to each individual case. Results may be more modest in cases involving extensive lymphadenectomy.

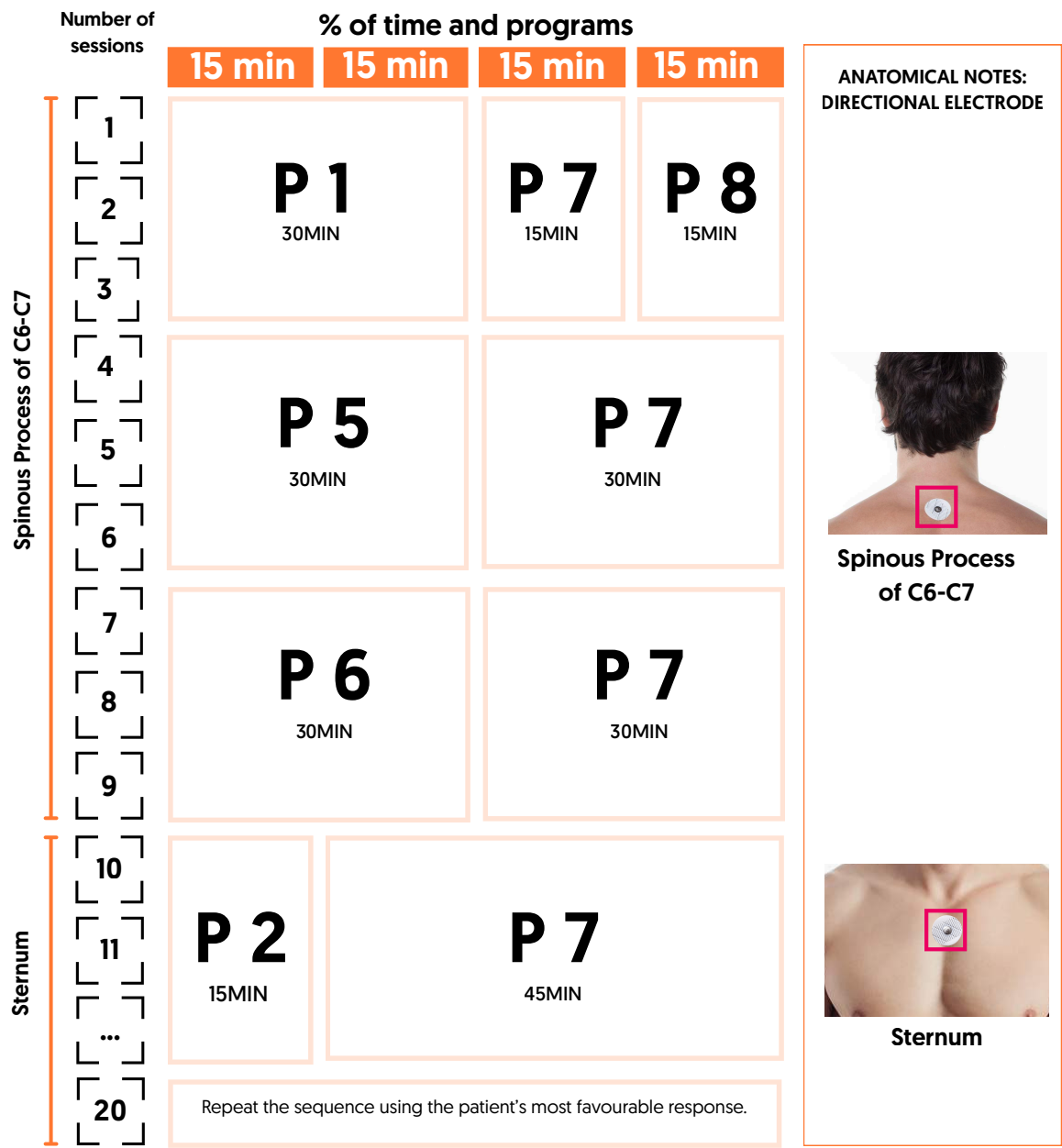


Recommended questionnaires and assessments:

- WeCardio
- Measurement of forearm and arm diameters
- Image-based skin appearance assessment
- EQ-5D
- Pittsburgh Sleep Quality Index (PSQI)
- Visual Analogue Scale (VAS) for pain

PAIN IN CANCER SURVIVORS

This protocol, together with the suggested assessments, is currently being used in clinical trials involving cancer survivors, aimed at improving pain management and overall quality of life. Clinically, improvements have been observed in the side effects associated with antihormonal agents [such as tamoxifen or aromatase inhibitors], which are frequently employed as maintenance treatments following cancer therapy, particularly regarding neuropathic pain, fatigue, and sleep disturbances. In such cases, ongoing sessions are essential to maintain the results achieved. It is advisable to remain in communication with the referring specialist when implementing this microcurrent therapy.



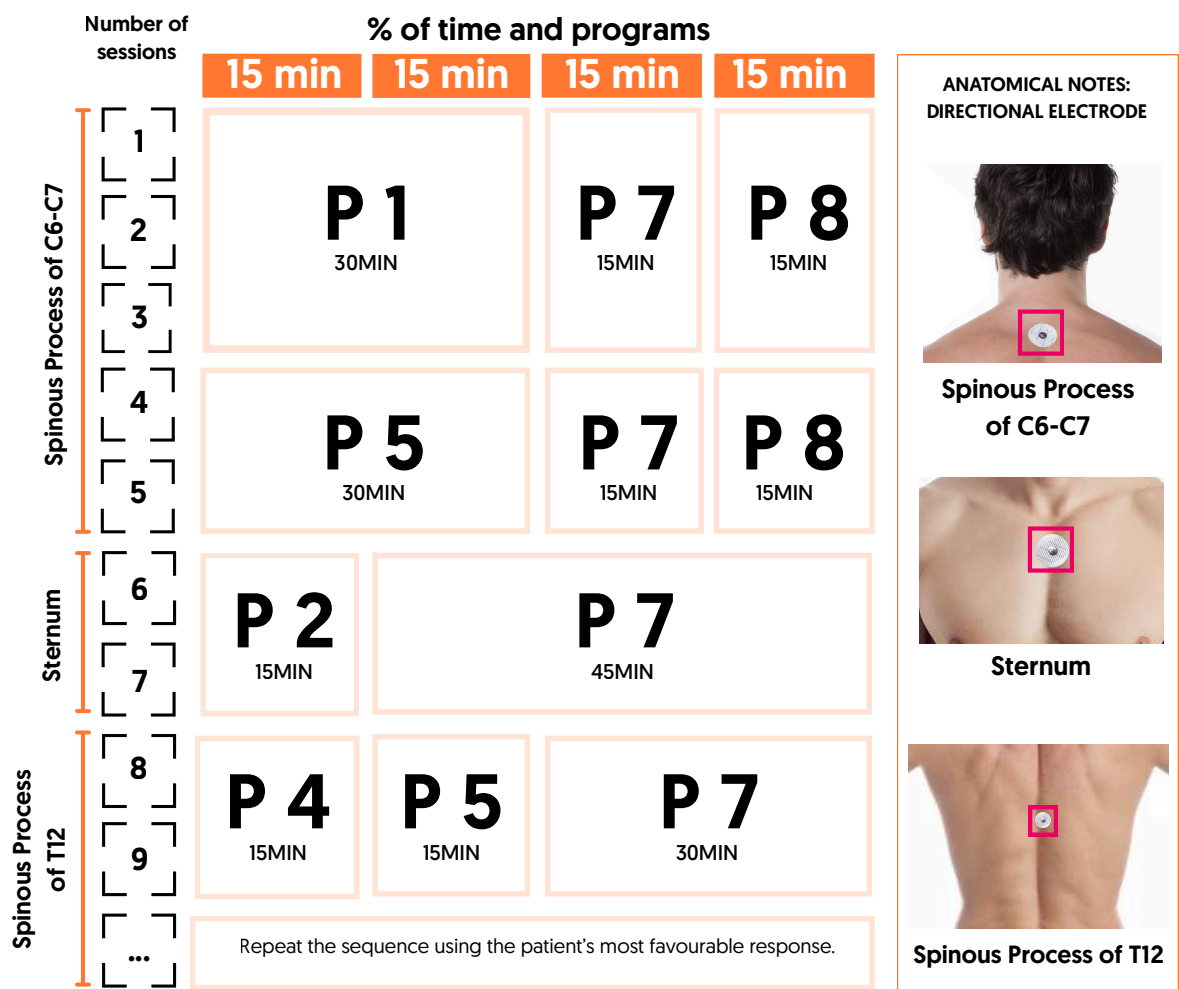


Recommended questionnaires and assessments:

- WeCardio
- SF-36
- BORG
- McGill (Pain)
- Pittsburgh Sleep Quality Index (PSQI)

MANAGEMENT OF FATIGUE IN ONCOLOGY PATIENTS

In clinical practice, NESA® microcurrents have been used observationally to alleviate the side effects of treatments such as chemotherapy. Patient responses following microcurrent application indicate the potential for improved quality of life, including reductions in fatigue, neuropathic pain, and autonomic symptoms related to treatment. This improvement in quality of life among cancer patients often facilitates adherence to the treatments required for survival. Initial sessions may be conducted once or twice weekly, with subsequent applications occurring less frequently.



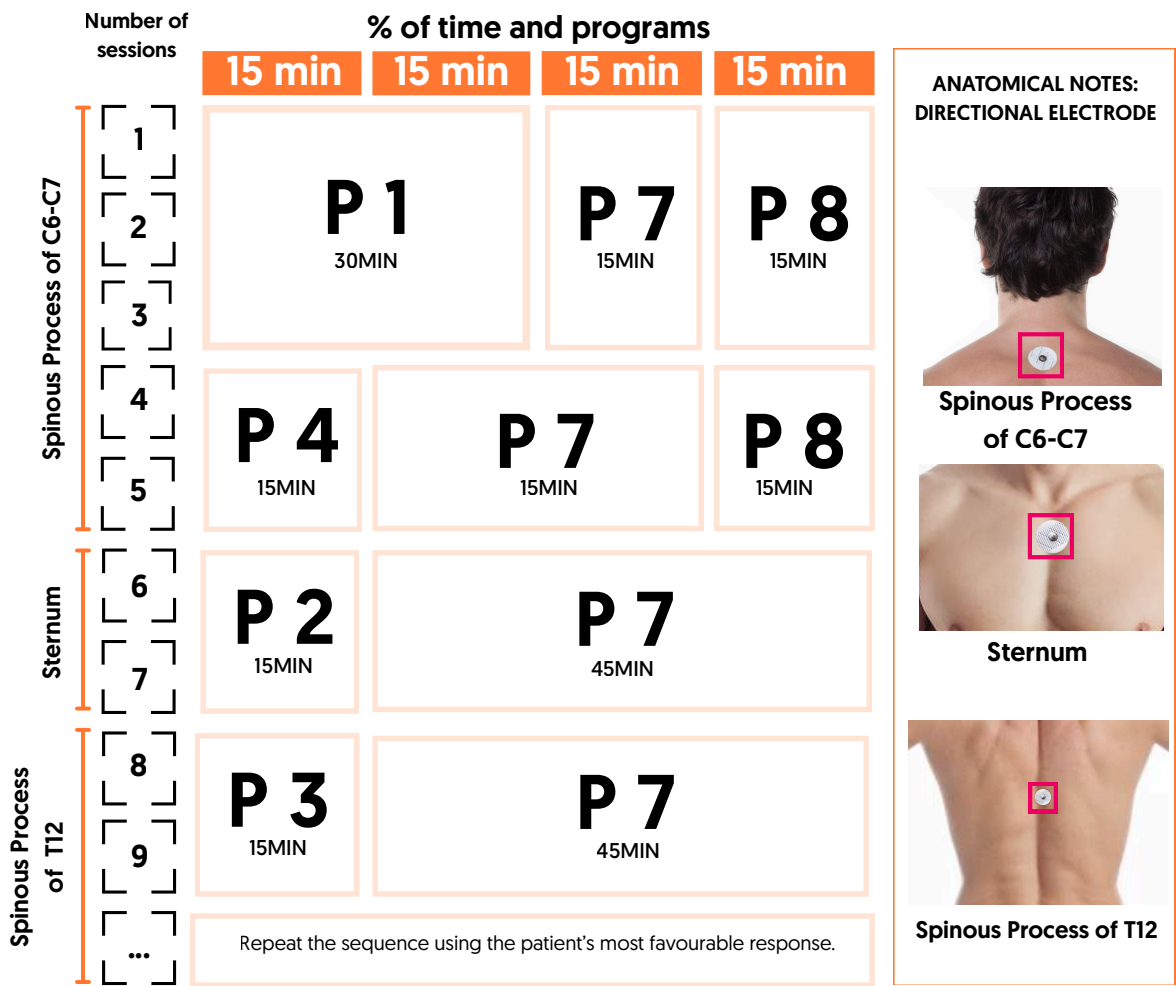


Recommended questionnaires and assessments:

- WeCardio
- Borg Scale

REDUCTION OF AUTONOMIC SYMPTOMS IN ONCOLOGY

In clinical practice, NESA® microcurrents have been used observationally to alleviate the side effects of treatments such as chemotherapy. Patient responses following microcurrent application indicate the potential for improved quality of life, including reductions in fatigue, neuropathic pain, and autonomic symptoms related to treatment. This improvement in quality of life among cancer patients often facilitates adherence to the treatments required for survival. Initial sessions may be conducted once or twice weekly, with subsequent applications occurring less frequently.



Recommended questionnaires and assessments:

- WeCardio
- SF-36
- Dysautonomia Assessment Questionnaire

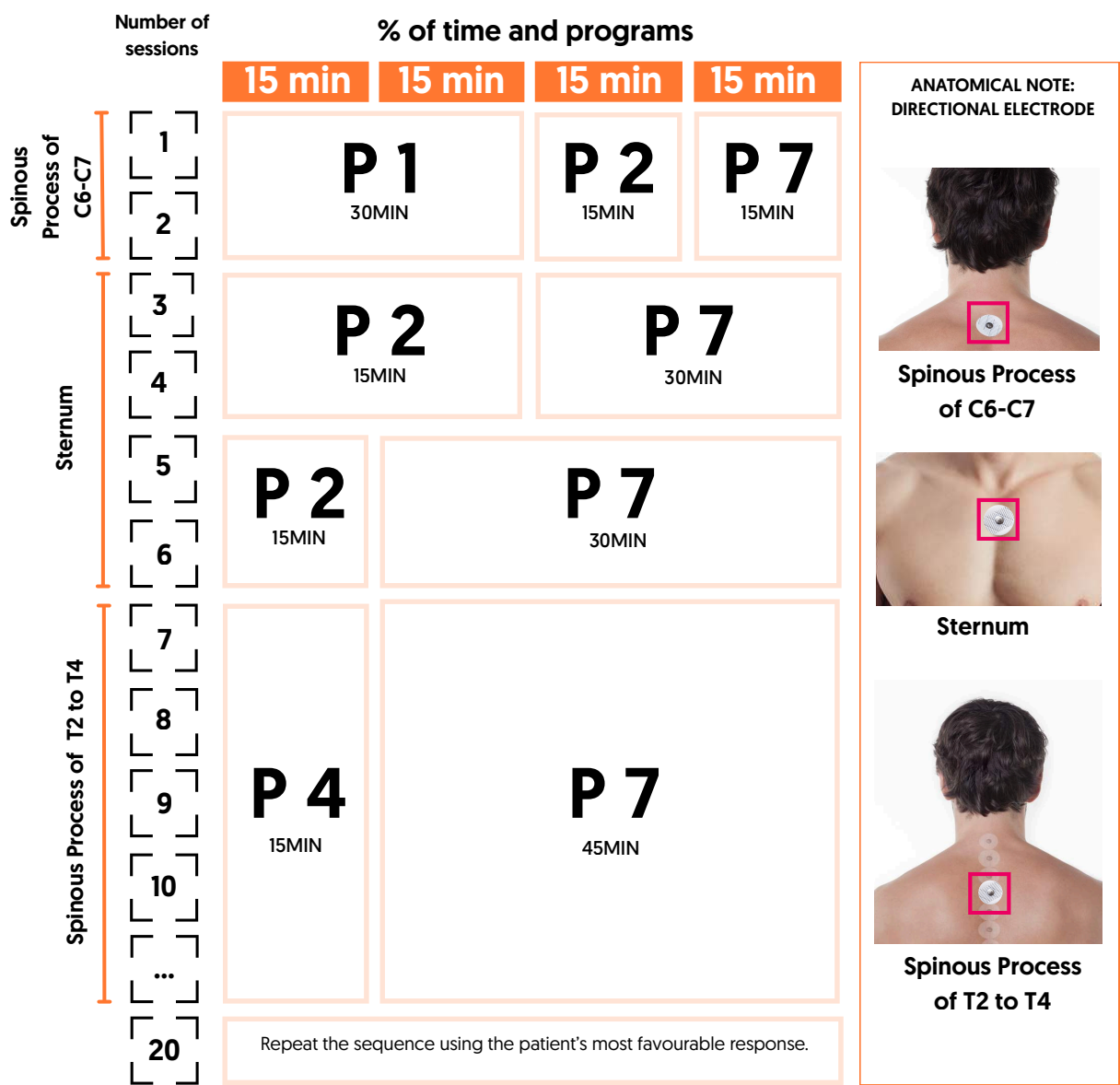
CARDIOLOGY AND PULMONOLOGY

Specific protocols by clinical specialty



ANXIETY-RELATED TACHYCARDIAS AND PALPITATIONS

For patients experiencing palpitations or tachycardia following stressful events or as a result of prolonged anxiety, a thorough evaluation by a cardiologist is essential. If stress is identified as the underlying cause, treatment with NESA® microcurrents may be recommended based on clinical experience. An initial treatment regimen of three to four sessions during the first week is advised, with subsequent sessions spaced progressively further apart. A minimum of 20 sessions is recommended, although maintenance therapy may be required in cases of recurrence.

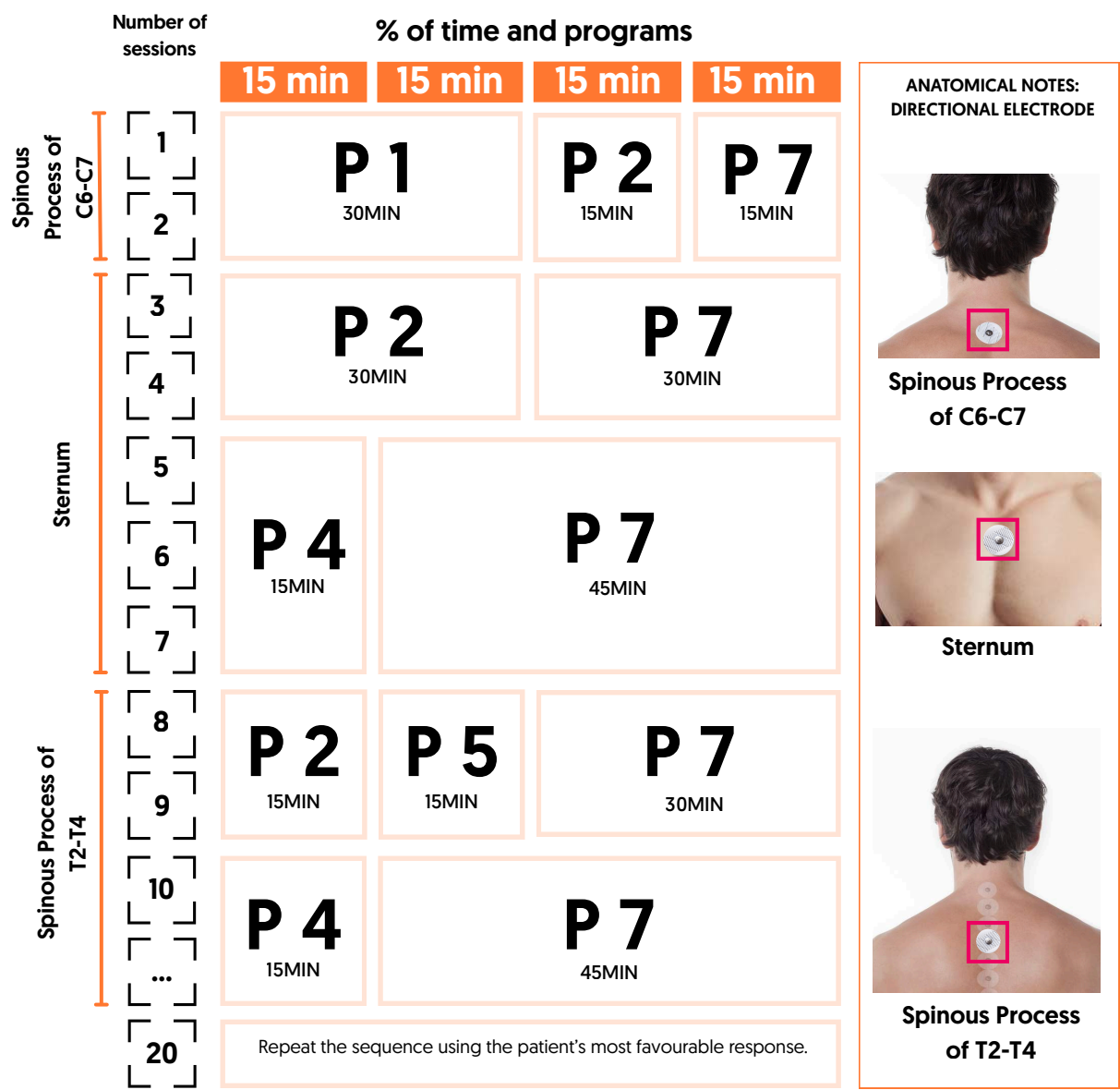


Recommended questionnaires and assessments:

- WeCardio
- Electrocardiogram (ECG)
- Holter Monitor

ENHANCING THE QUALITY OF LIFE FOR CARDIAC PATIENTS

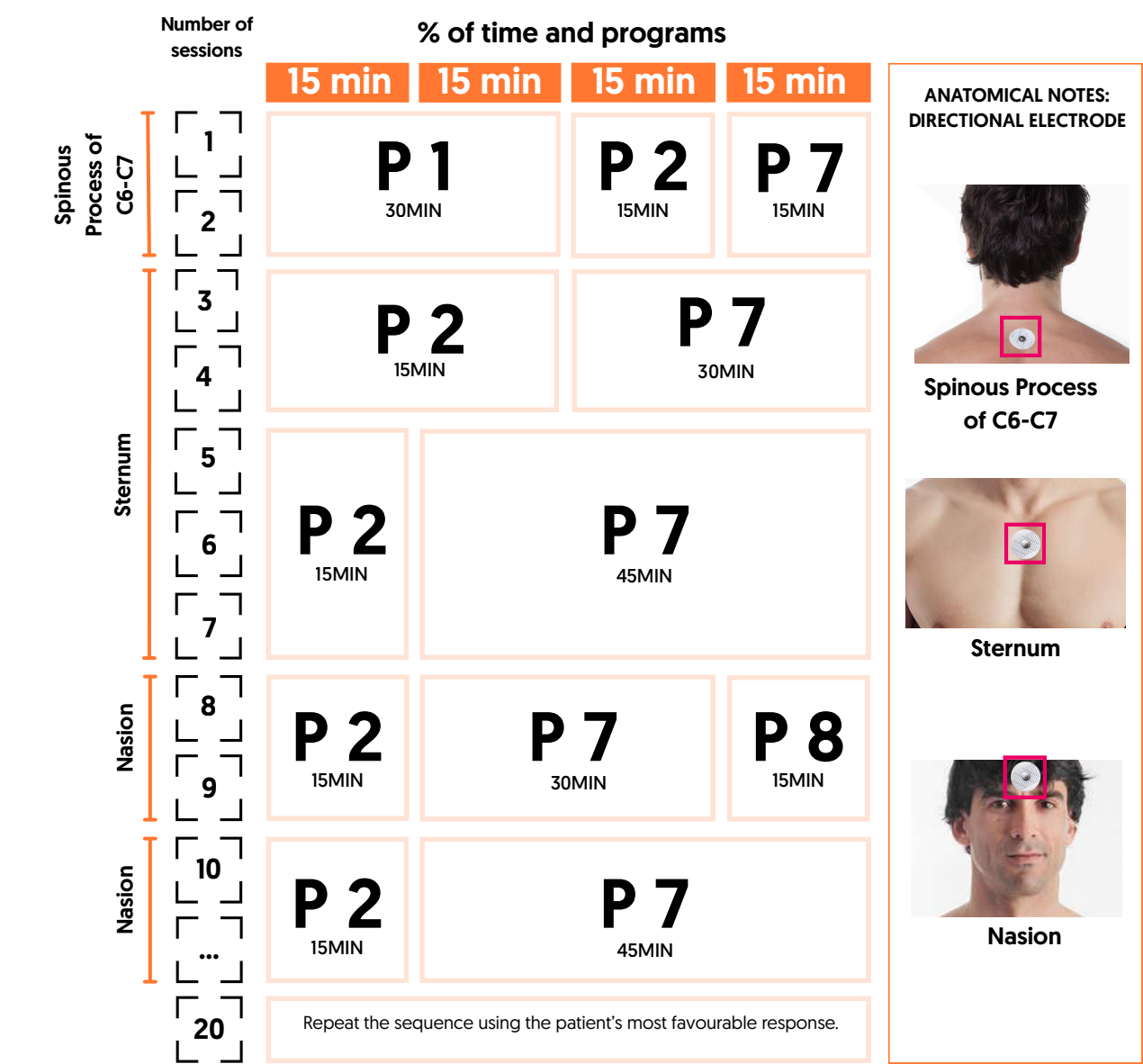
Regulation of the autonomic nervous system is reflected in heart rate variability. In individuals with heart disease, improving the adaptive capacity of the nervous system, which regulates all cardiac functions, correlates with clinical observations of treatments that enhance the patient’s quality of life. This protocol may be integrated within interdisciplinary approaches that specifically address particular symptoms. In more severe and complex cases, a minimum of 20 sessions is recommended for maintenance.



- Recommended questionnaires and assessments:
- WeCardio
 - Electrocardiogram (ECG)
 - Holter Monitor

ENHANCEMENT OF NERVOUS COUGH

Regulation of the autonomic nervous system is reflected in heart rate variability, which enhances the body’s ability to adapt to different stimuli and produce improved physiological responses. This protocol aims to relieve symptoms and improve the quality of life of patients suffering from chronic cough of nervous origin. In complex cases, or those involving lesions of the lung parenchyma, a maintenance regimen of at least 20 sessions is recommended. The objective, as reiterated, is not to repair the tissue or the underlying dysfunction, but rather to strengthen the adaptive capacity to achieve a more favourable patient response, as has been observed in clinical practice with these individuals.

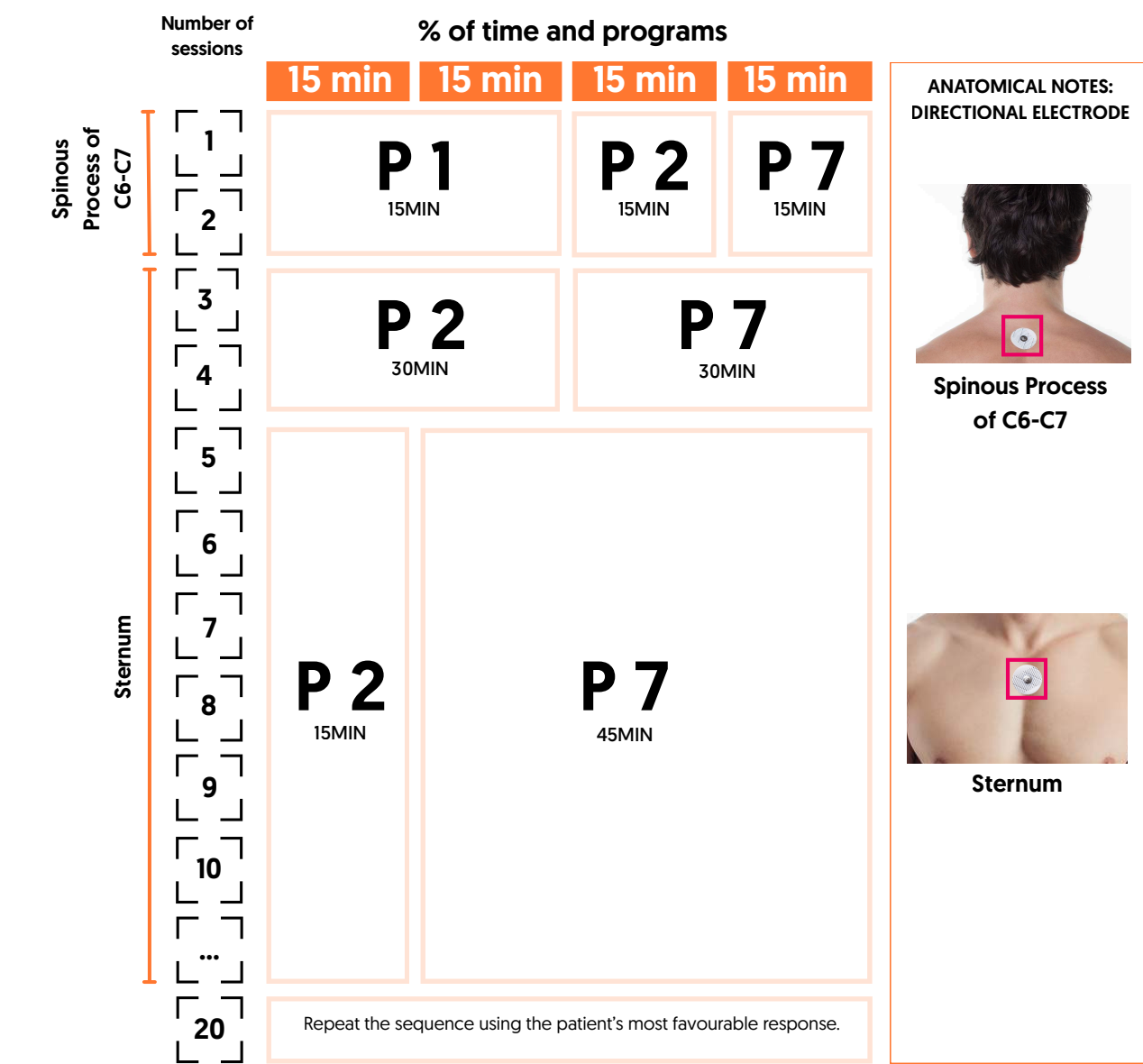


Recommended questionnaires and assessments:

- WeCardio

MANAGEMENT OF PULMONARY FIBROSIS SYMPTOMS

In conditions characterised by damage or remodelling of the lung parenchyma, which result in a dry cough [excluding diseases such as COPD that typically present with a productive cough], neuromodulation of the autonomic nervous system has been clinically shown to modify the patient’s response, reducing persistent coughing and improving adaptation to their condition. The chronic nature of the disease necessitates palliative treatment, requiring ongoing maintenance to sustain improvement. Induction treatment is recommended at a frequency of three to four sessions per week during the initial weeks, while maintenance treatment, depending on the complexity of the case, may vary from once weekly to once monthly.

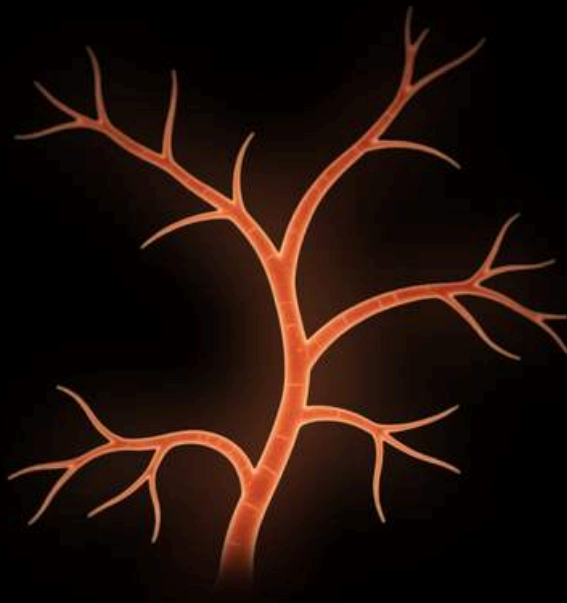


Recommended questionnaires and assessments:

- WeCardio

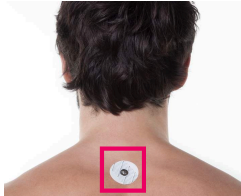
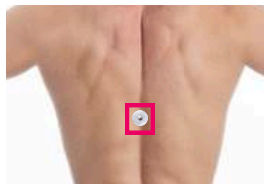
VASCULAR AND LYMPHATIC WELL-BEING

Specific protocols by clinical specialty



HYPERTENSION

This protocol approaches hypertension from a renal perspective. Notable improvements have been observed in clinical practice among hypertensive patients who have not yet commenced medication. For patients who, despite being on medication, do not achieve the recommended parameters, microcurrents may help to prevent the need for increased medication dosages. In stable medicated patients, the application of microcurrents can further reduce blood pressure; therefore, it is advisable to decrease the duration of Programme 7 in such cases if this effect is observed. A minimum of 20 sessions, three times per week, is recommended to improve and stabilise outcomes.

		% of time and programs				ANATOMICAL NOTES: DIRECTIONAL ELECTRODE
		15 min	15 min	15 min	15 min	
Spinous Process of C6-C7	1	P 1 30MIN		P 7 30MIN		 Spinous Process of C6-C7
	2					
	3	P 1 15MIN	P 4 15MIN	P 7 30MIN		
	4					
Sternum	5					 Sternum
	6	P 2 15 MIN	P 7 45MIN			
	7					
	8					
Spinous Process of T10	9					 Spinous Process of T10
	10	P 4 15 MIN	P 7 45MIN			
	11					
	12					
	...					
	20	P 3 15MIN	P 7 45MIN			



Recommended questionnaires and assessments:

- WeCardio
- Blood Pressure Record

ENHANCEMENT OF DIABETIC FOOT ULCERS

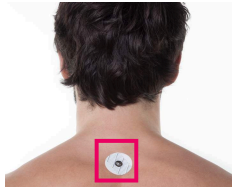
Diabetic foot ulcers result from peripheral vascular dysfunction regulated by the sympathetic nervous system. Clinical observations have reported cases of improved regeneration in diabetic ulcers or wounds with delayed healing. Once trophic mechanisms are optimised, skin healing may take several weeks. Consequently, a moderate treatment frequency [two to three sessions per week] is recommended, maintained over a period of two to four months. If necessary, use a thigh brace instead of an ankle brace to avoid contact with the ulcer.

		% of time and programs			
		15 min	15 min	15 min	15 min
Spinous Process of C6-C7	1	P 1 30MIN	P 7 15MIN	P 8 15MIN	
	2				
Sternum	3	P 2 15MIN	P 7 45MIN		
	4				
L5-S1	5	P 7 45MIN			
	6				
	7				
	8				
Femoral nerve	9	P 2 P 3 P 4 15MIN	P 7 45MIN		
	10				
Proximal to the Ulcer Line, Leg	11	High P 7 15MIN	P 7 30MIN		
	...				
	30				
		Repeat the sequence using the patient's most favourable response.			

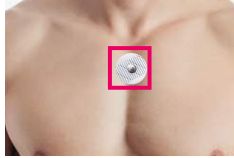
***Select according to the region requiring treatment.**
 Territories and Nerves:
 P2 – Superficial Peroneal Nerve / Branches of the Femoral Nerve
 P3 – Posterior Tibial Nerve
 P4 – Deep Peroneal Nerve

-Alternate if the nerve territory encompasses multiple areas.

ANATOMICAL NOTES: DIRECTIONAL ELECTRODE



Spinous Process of C6-C7



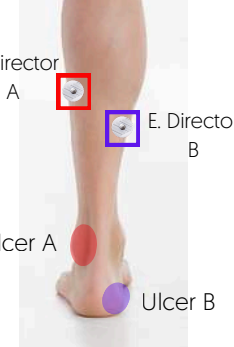
Sternum



L5-S1



Inguinal Region



E. Director A E. Director B

Ulcer A Ulcer B

Example of Application to the Leg

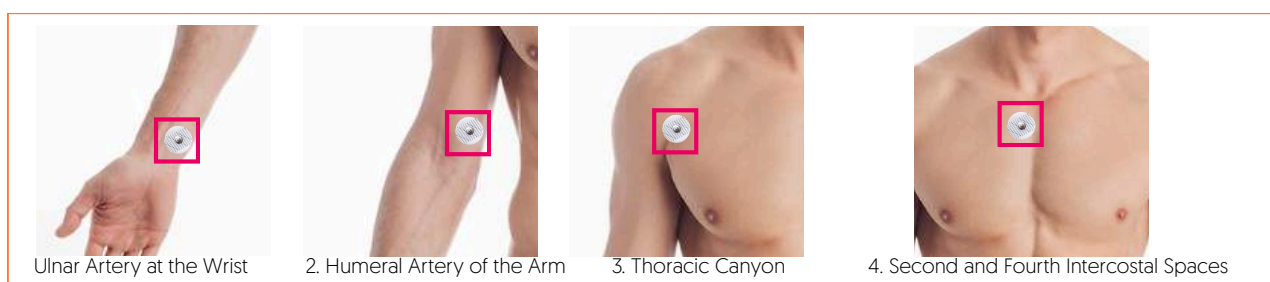
LYMPHEDEMA

This protocol is intended to be performed concurrently with lymphatic drainage massage. The electrodes should be positioned before the application of cream to ensure clean contact between the electrode and the skin. Additionally, the electrodes must be protected during treatment with adhesive tape to prevent the cream from contaminating their metal components. During the drainage process, the electrode should be moved from distal to proximal. A minimum of 10 sessions, conducted once or twice weekly, is recommended. The duration of treatment should be adjusted to correspond with the length of the lymphatic drainage session.

Lymphatic Drainage for the Upper Extremity

Set Programme 7 to match the total duration of the manual treatment.

1. Adjust the targeting electrode throughout the session to correspond with the areas indicated below, ensuring alignment with the manual treatment zone.



Lymphatic Drainage for the Lower Extremities

Set Programme 7 to match the total duration of the manual treatment.

1. Adjust the targeting electrode throughout the session to correspond with the areas indicated below, ensuring alignment with the manual treatment zone.

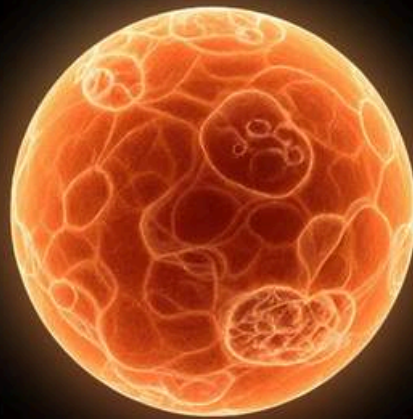


Recommended questionnaires and assessments:

- **WeCardio**
- **Perimeter of the area designated for treatment**

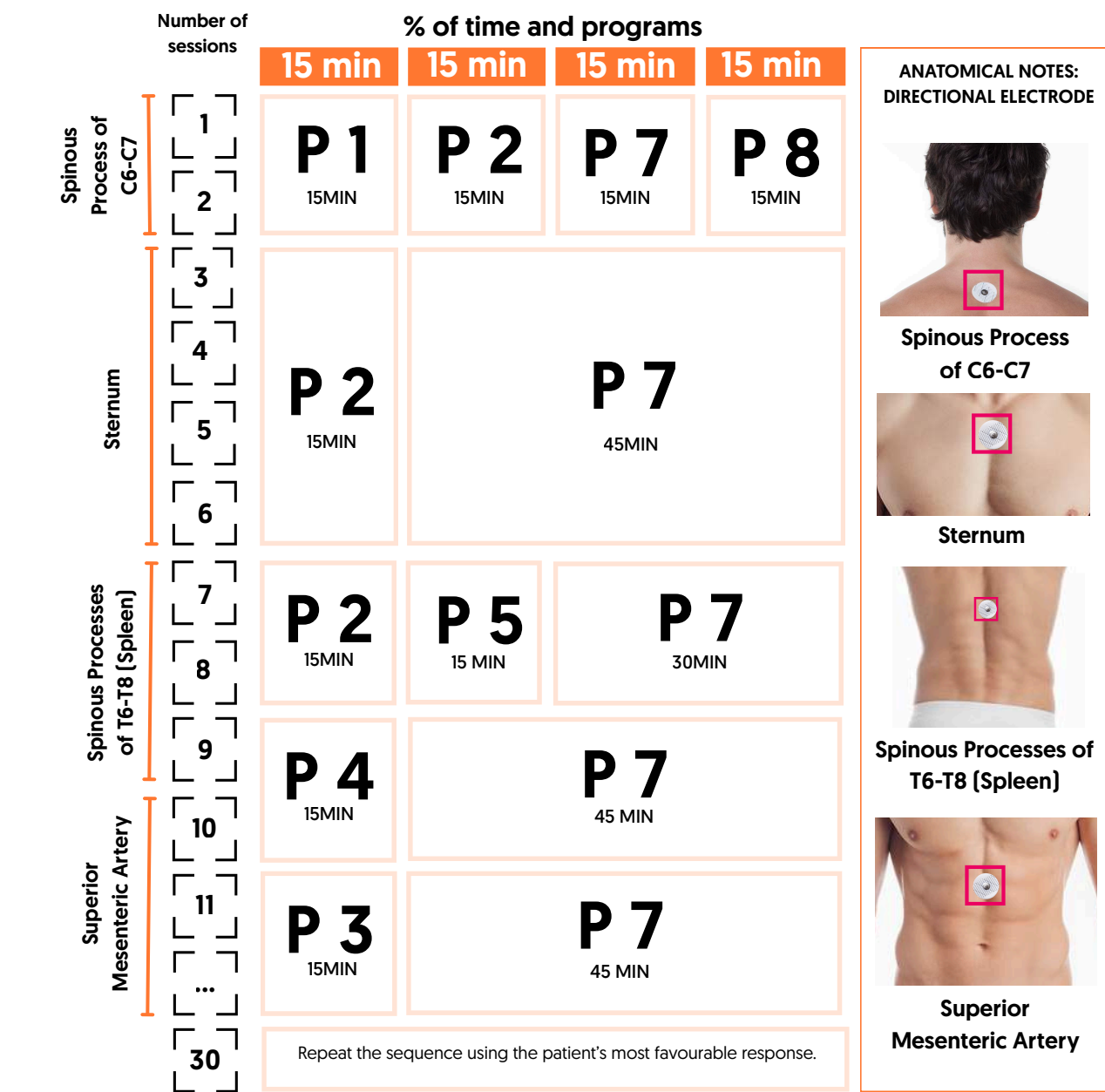
RHEUMATOLOGY AND IMMUNE SYSTEMS

Specific protocols by clinical specialty



IMPROVING QUALITY OF LIFE IN RHEUMATOID ARTHRITIS

Rheumatoid arthritis is an autoimmune disorder characterised by the immune system attacking the joints, leading to inflammation and chronic pain. The objective of modulating the autonomic nervous system in such cases is to regulate the inflammatory response and alleviate pain, thereby improving the patient’s quality of life. Clinical observations indicate that patients demonstrate improved responses and better adaptation during flare-ups, with an overall improvement in quality of life between episodes. An induction phase of thirty sessions is recommended. In clinical settings, some patients may attend intermittently for five to ten sessions during the acute phase, following the induction phase, as a form of palliative treatment, producing noteworthy results that warrant further investigation in clinical trials.

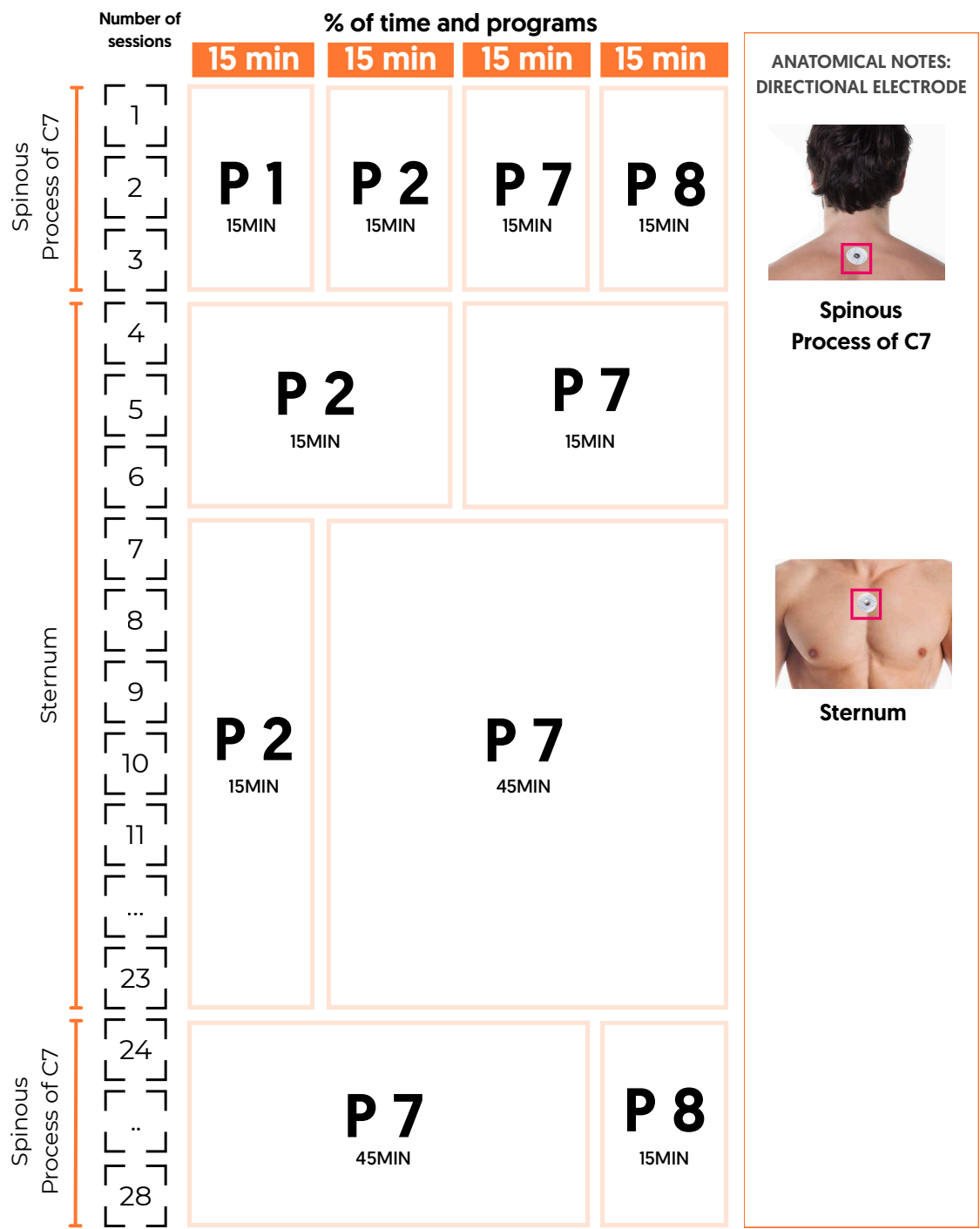


Recommended questionnaires and assessments:

- WeCardio
- VAS (Pain Assessment)

FIBROMYALGIA AND THE VAGUS NERVE

This protocol has been used in clinical trials involving patients with fibromyalgia, with the primary aim of improving mood and secondary objectives of enhancing sleep quality and pain management. Fibromyalgia is clinically recognised as one of the most complex conditions to treat and manage. Consequently, it is advisable to supplement treatment with psychotherapy and to inform the patient that the expected treatment duration is approximately one year to achieve the desired outcomes. Pre- and post-session assessments are essential in such cases.





Recommended questionnaires and assessments:

- WeCardio
- GAD-7 (Generalised Anxiety Disorder-7)
- Pittsburgh Sleep Quality Index (PSQI)
- Lattinen Test (Chronic pain)

CHRONIC FATIGUE

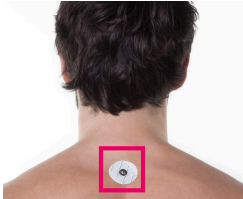
Chronic fatigue is characterised by profound and persistent tiredness associated with dysregulation of the immune, metabolic, and nervous systems. In clinical practice, improvements in fatigue have been observed in patients with symptoms lasting several months to years. For individuals with metabolic dysfunction or significant electrolyte imbalances, alleviating fatigue through technology alone may be challenging. A minimum of 20 sessions, conducted three times per week, is recommended. Once the patient shows signs of improvement, maintenance sessions are advised to consolidate the results.

Number of sessions

% of time and programs

		15 min	15 min	15 min	15 min
Spinous Process of C7	1	P 1 15MIN	P 5 15MIN	P 7 15MIN	P 8 15MIN
	2				
Sternum	3	P 2 15MIN	P 7 45MIN		
	4				
Superior Mesenteric	5	P 3 15MIN	P 7 45MIN		
	6				
Spinous Process of C7	7	P 4 15MIN	P 5 30 MIN	P 7 15MIN	
	8				
	9	P 2 15MIN	P 7 30 MIN	P 8 15MIN	
	10				
	11	P 5 15MIN	P 7 30 MIN	P 8 15MIN	
	...				
	20	Repeat the sequence using the patient's most favourable response.			

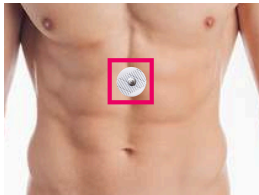
ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



Spinous Process of C7



Sternum



Superior Mesenteric

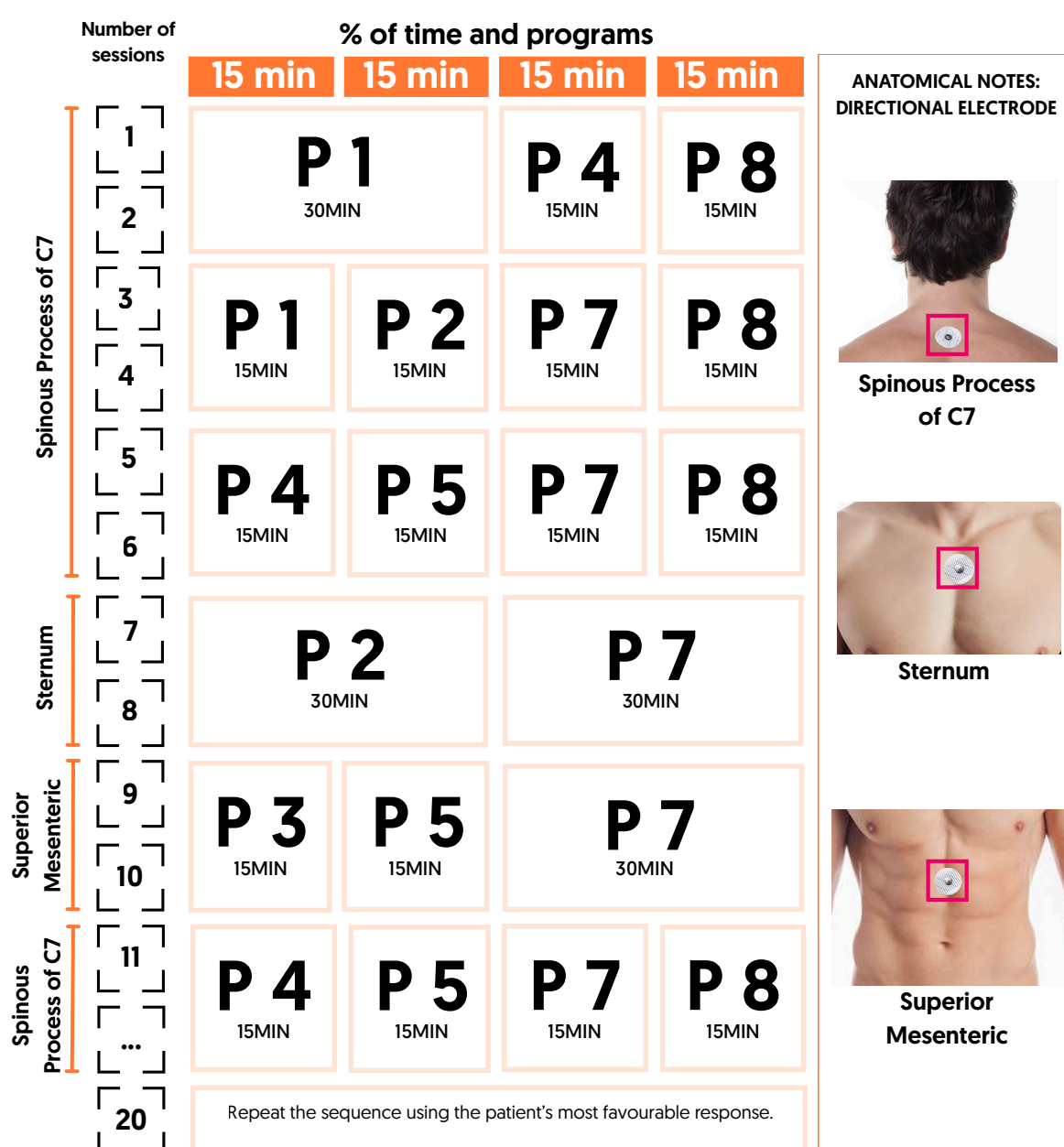


Recommended questionnaires and assessments:

- WeCardio
- Borg Scale

ANKYLOSING SPONDYLITIS

Ankylosing spondylitis is a chronic inflammatory condition affecting the spine and sacroiliac joints, resulting in progressive vertebral ossification and fusion. Regulation of the autonomic nervous system plays a crucial role in modulating rest, inflammation, and pain perception. Clinical observations indicate improvements in quality of life, particularly in relation to pain and sleep, although stiffness generally remains unchanged. An increase in instability and fatigue has been noted during the initial treatment sessions, which typically resolves after the sixth or seventh session, leading to improved quality of life. It is advisable to begin with three to four sessions per week, totalling 30 sessions during the induction phase, followed by a maintenance period of two to four sessions. The more frequent the consecutive sessions at the beginning of treatment, the more rapidly the stability phase is achieved. During the maintenance phase, occurring three to four months after initiation, the duration of Programme 7 can be gradually extended.

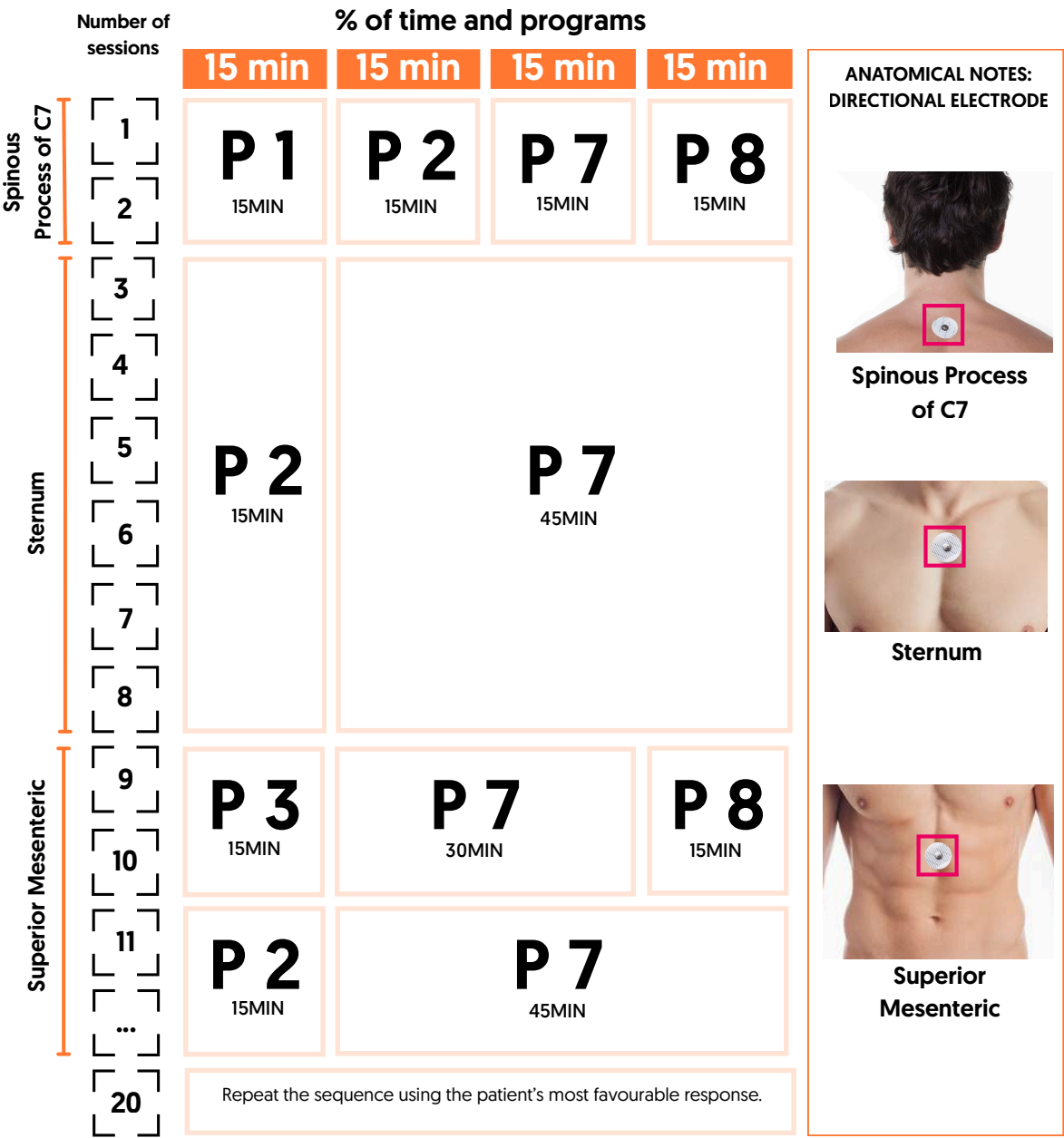


Recommended questionnaires and assessments:

- WeCardio
- Lattinen Chronic Pain Questionnaire

STRESS-RELATED PSORIASIS

Psoriasis is a chronic inflammatory skin condition characterised by a genetic predisposition and external triggering factors, in which the immune system abnormally accelerates keratinocyte regeneration. Patients with psoriasis treated with NESAC® microcurrents—where stress acts as both an external trigger and a perpetuating factor—have demonstrated clinical improvements, including a reduction in symptoms and the severity of flare-ups. A course of 10 to 20 sessions is recommended to achieve noticeable improvement. The suggested frequency is three sessions per week during the first two weeks, decreasing to twice weekly from the third week onwards. Fewer sessions per week, spaced further apart, are advised thereafter to allow the skin adequate time to regenerate once equilibrium is restored. Depending on the complexity of the case, ongoing maintenance may be required.

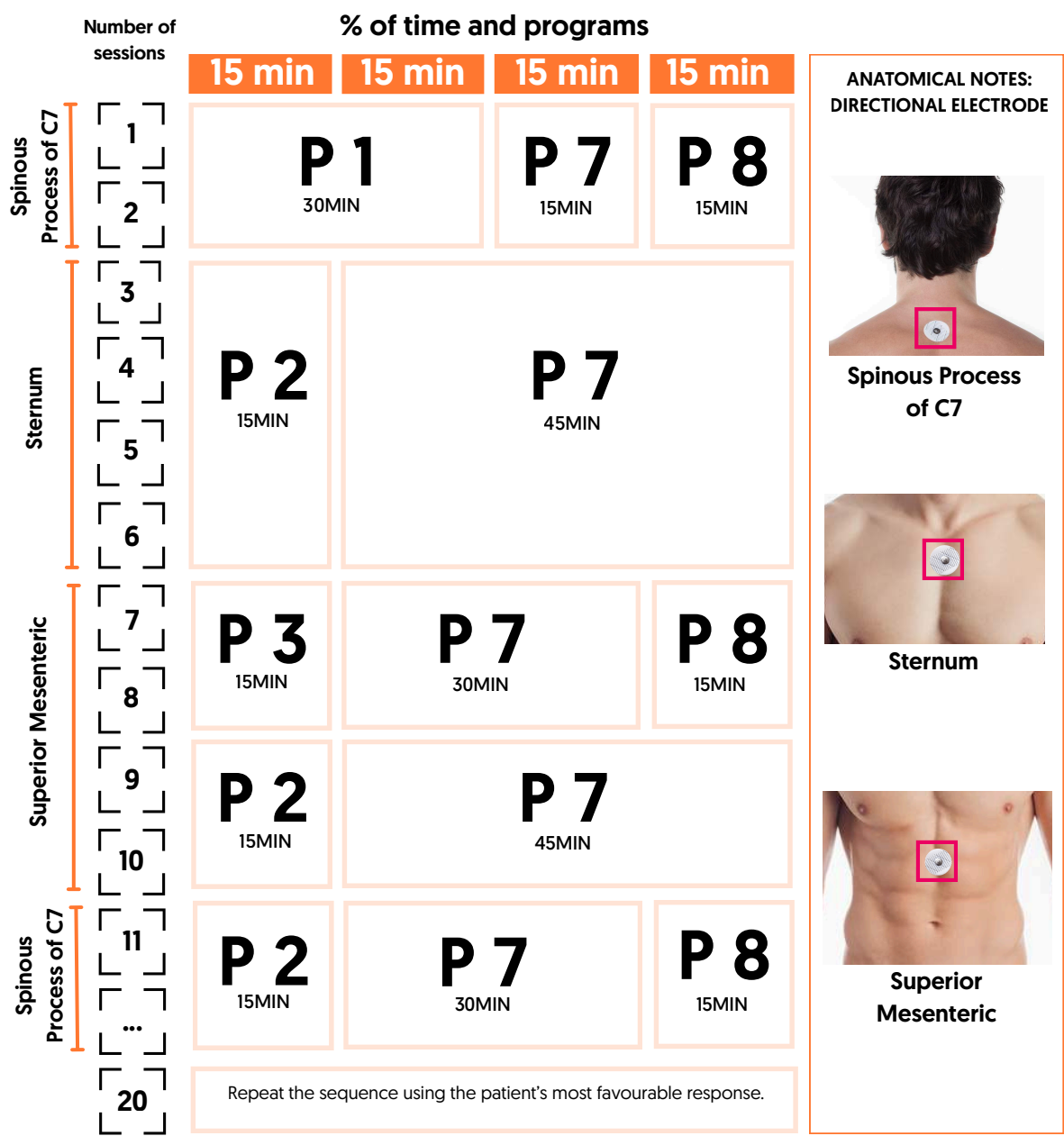


Recommended questionnaires and assessments:

- WeCardio
- Photographic Documentation with Exposure Meter Measurement

STRESS-RELATED ATOPIC DERMATITIS

Atopic dermatitis is a chronic inflammatory skin condition characterized by a compromised skin barrier and an exaggerated immune response, influenced by genetic and environmental factors. Patients undergoing treatment with NESA microcurrents for atopic dermatitis, particularly when symptoms are associated with stress and anxiety, have demonstrated clinically significant reductions in both symptoms and flare severity. A course of 20 to 40 sessions is recommended to attain substantial improvements. The suggested frequency for the initial two weeks is 3 to 4 times per week, tapering to 2 to 3 times per week after the third week, contingent upon the severity of the condition. Depending on the complexity of the case, maintenance sessions may be necessary 2 to 4 times per month once desired results are achieved.



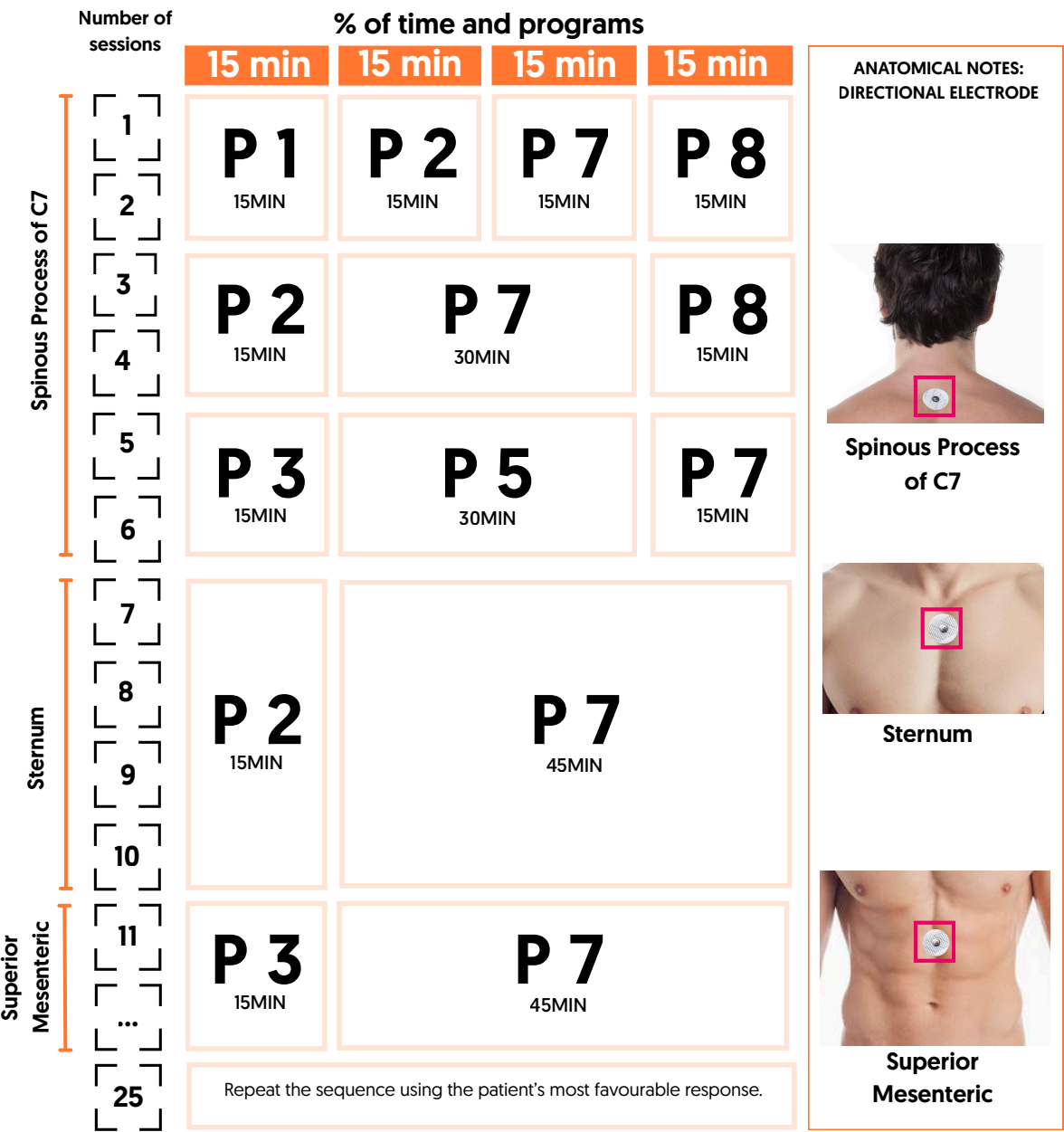


Recommended questionnaires and assessments:

- WeCardio
- Photographic Documentation with Exposure Meter Measurement

IMPROVING QUALITY OF LIFE IN LUPUS

Systemic lupus erythematosus is an autoimmune disorder with a genetic predisposition and environmental triggers, in which the immune system loses self-tolerance and produces antibodies that damage multiple organs. The clinical manifestations are diverse; therefore, when initiating NESA technology, the specific symptoms to be targeted should be clearly identified and, if necessary, integrated into comprehensive treatment protocols. This approach aims to promote an overall improvement in quality of life. An induction phase of 20 to 30 sessions, administered three times per week, is recommended, followed by a maintenance phase as needed to preserve the achieved results.





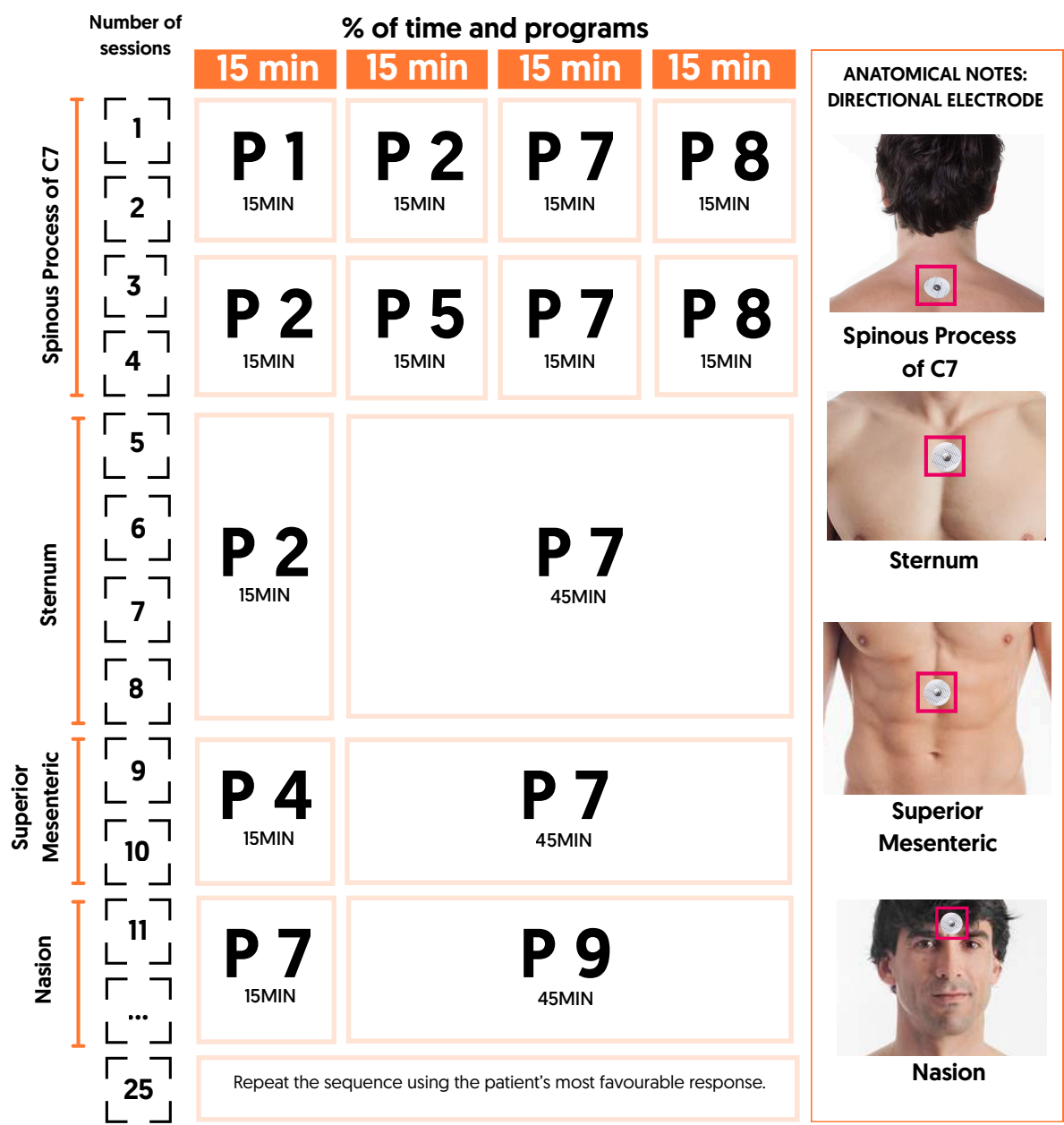
Recommended questionnaires and assessments:

- WeCardio
- Lattinen (Chronic Pain)
- Borg Scale

IMPROVING QUALITY OF LIFE IN SJÖGREN SYNDROME

Sjögren syndrome is an autoimmune disorder characterised by a genetic predisposition and environmental triggers. The immune system primarily targets the salivary and lacrimal glands, resulting in dryness of the eyes and mouth. Additional symptoms may include joint and neuropathic pain, dermatological manifestations, and fatigue.

Treatment should focus on alleviating symptoms and, when appropriate, adopt an interdisciplinary approach. This strategy aims to enhance overall quality of life. An initial phase of 20 to 30 sessions, conducted three times per week, is recommended, followed by a maintenance phase as required to sustain the results.



- 
- Recommended questionnaires and assessments:
- WeCardio
 - Lattinen
 - Borg Scale

OTORHINOLARYNGOLOGY AND AUDIOLOGY

Specific protocols by clinical specialty



TINNITUS

Tinnitus is characterised by the perception of buzzing or ringing in the ear in the absence of external sound. The aetiopathology is highly variable, and the efficacy of microcurrents depends on the underlying cause. Functional alterations in auditory transmission and signal processing, as well as medication side effects, have shown positive responses to NESAR treatment. However, when tinnitus results from inner ear damage, noise exposure, an aneurysm of the auditory nerve, or activities such as diving, outcomes are typically negligible. In cases where the aetiology is neurological, some improvement has been observed. A minimum of 20 sessions is recommended.

Number of sessions

1

2

3

4

5

6

7

8

9

10

11

...

20

Spinous Process of C6-C7

Spinous Process of C4

Temporomandibular Joint (TMJ)

Mastoid

% of time and programs

15 min

15 min

15 min

15 min

P 1

30MIN

P 7

15MIN

P 8

15MIN

P 1

15MIN

P 2

15MIN

P 7

30MIN

P 4

15MIN

P 7

15MIN

P 9

30MIN

P 7

15MIN

P 9

45MIN

P 8

15MIN

P 7

15MIN

High P 9

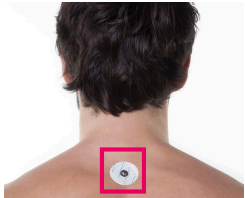
30MIN

P 9

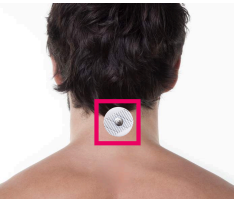
15MIN

Repeat the sequence using the patient's most favourable response.

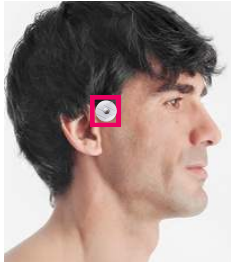
ANATOMICAL NOTES:
DIRECTIONAL ELECTRODE



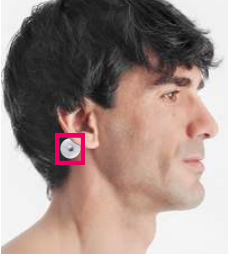
Spinous Process of C6-C7



Spinous Process of C4



Temporomandibular Joint (TMJ)



Posterior to the Auricle (Mastoid Region)

Recommended questionnaires and assessments:

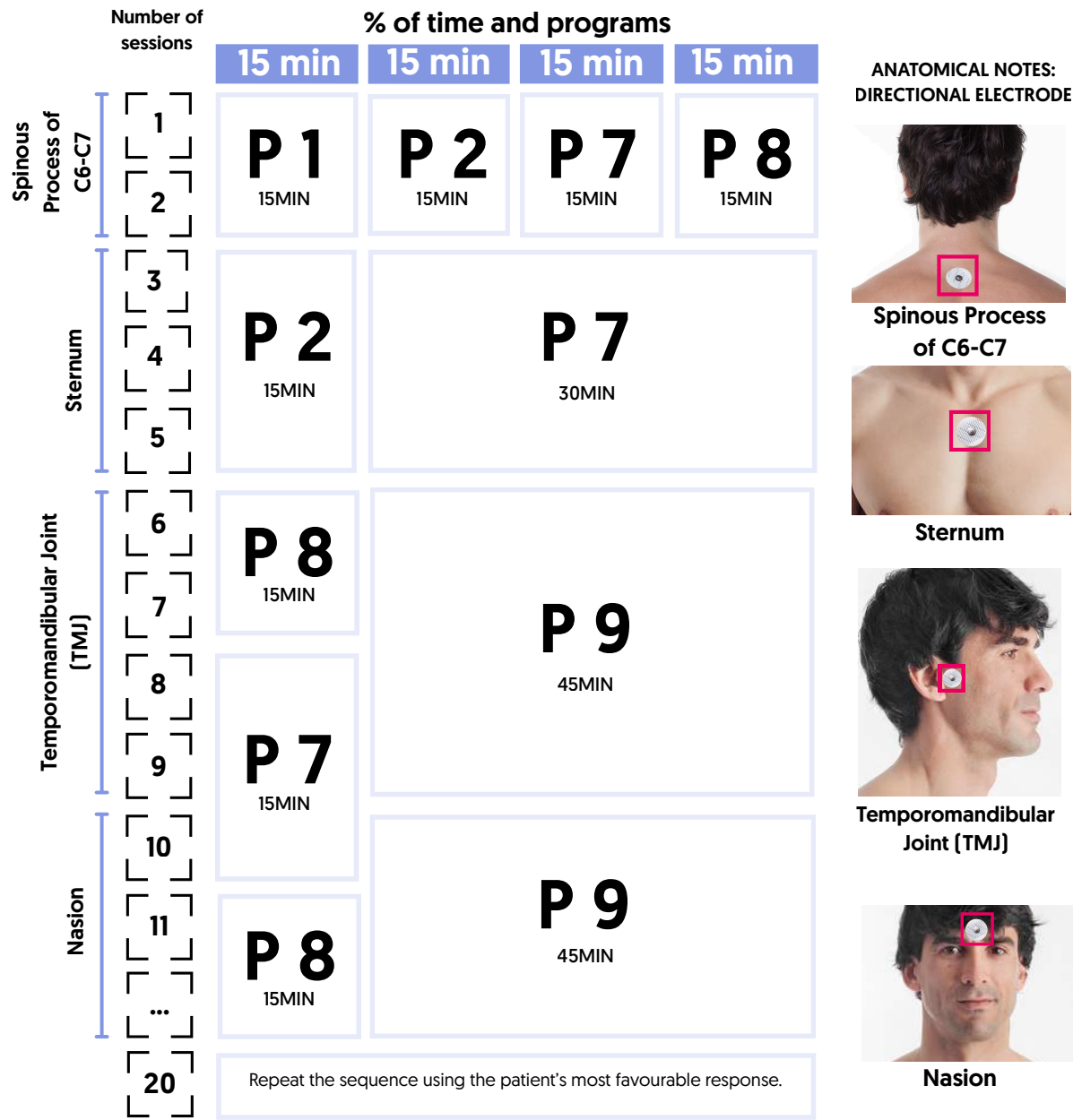
• WeCardio

• Tinnitus Handicap Inventory (THI)

73

SUDDEN HEARING IMPAIRMENT

Sudden hearing loss refers to a rapid decline in auditory function, typically affecting one ear, with an often undetermined aetiology. It may be associated with vascular disorders, viral infections, or autoimmune diseases. In certain cases, a link with anxiety disorders is suspected. In such instances, microcurrent therapy has been documented as effective in clinical practice. A minimum of 20 sessions is recommended, with potential maintenance treatments if outcomes remain unsatisfactory after this period or if the patient is prone to recurrence. Programme 7 may be required during focal phases if the desired results are not achieved. It is essential to document the outcomes of each combination to enable repetition of the most subjectively successful sequences.



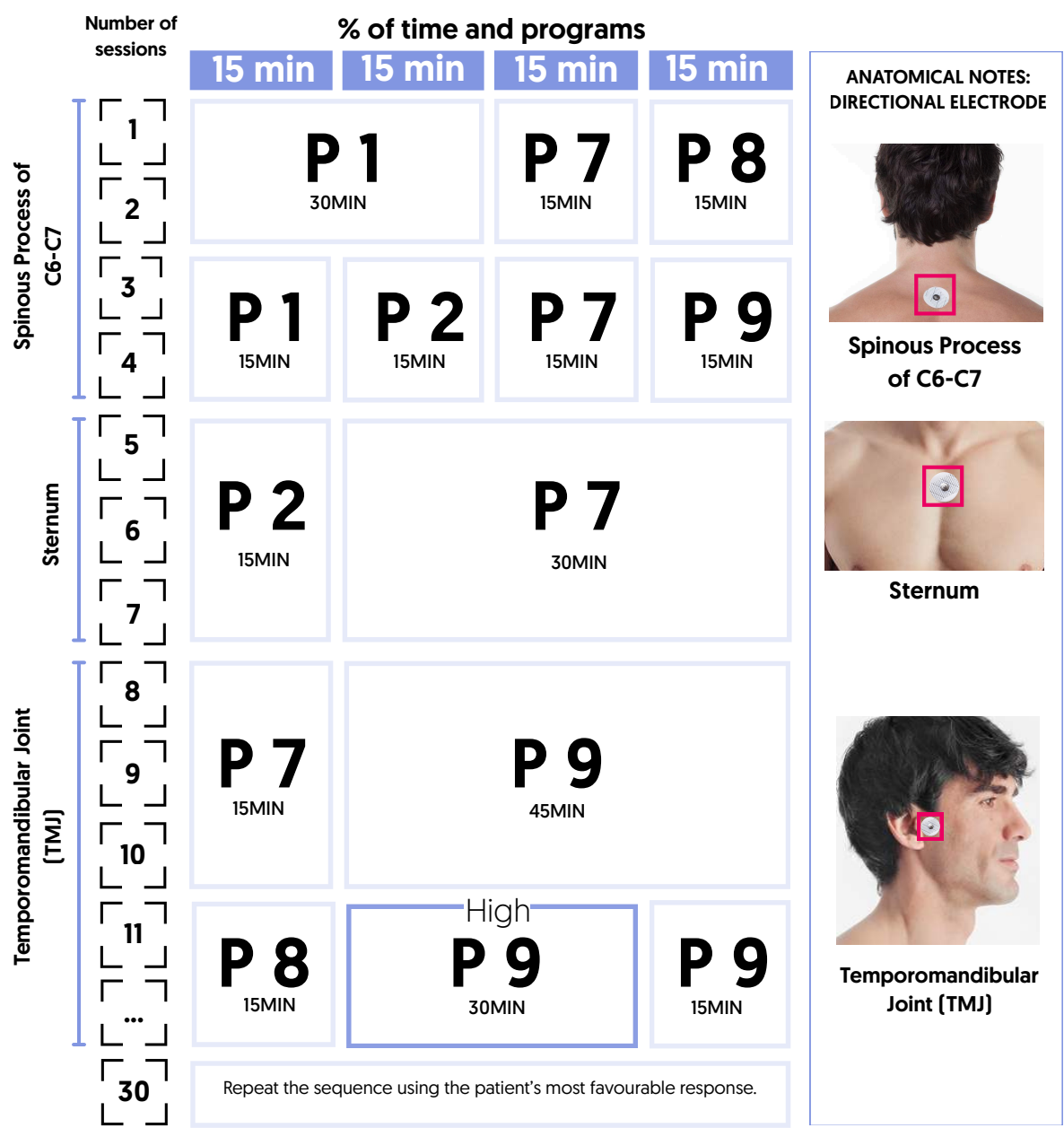
Recommended questionnaires and assessments:

- WeCardio
- Audiometry Test

MÉNIÈRE DISEASE

Ménière disease is an inner ear disorder characterised by episodes of vertigo, hearing loss, and tinnitus. It results from dysregulation of endolymphatic fluid. The precise aetiology remains unclear, although vascular, immune, and genetic factors have been proposed. In severe cases, observational evidence suggests that more than five months of treatment with NESAs® microcurrents may be required to achieve regulation.

The aim of treatment is to reduce both the intensity and frequency of episodes. Following an initial treatment phase of 30 sessions, maintenance therapy is recommended for recurrent cases. This approach may be integrated with other protocols, including those targeting tinnitus or anxiety.



Recommended questionnaires and assessments:

- WeCardio
- Dizziness Handicap Inventory (DHI)

OPHTHALMOLOGY

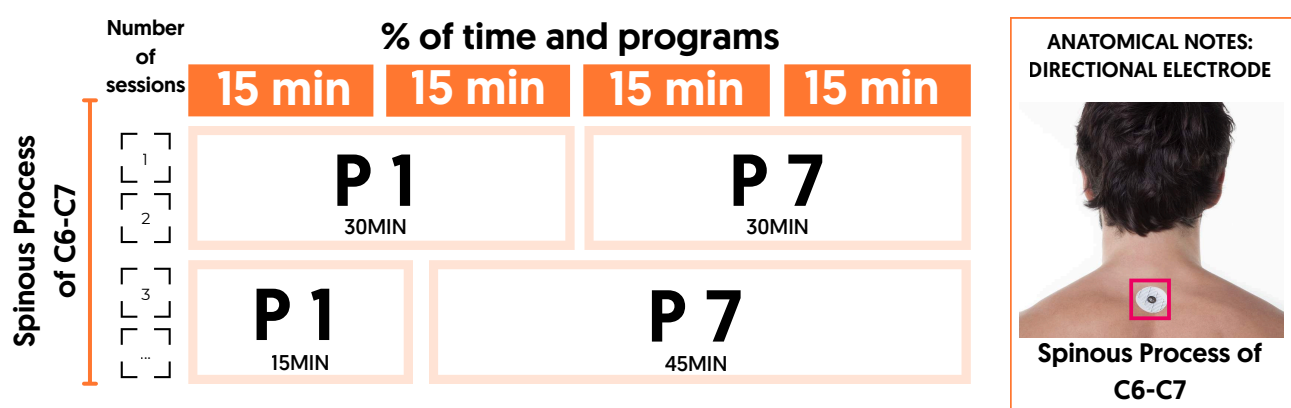
Specific protocols by clinical specialty



PREOPERATIVE ANXIETY

For some patients, facing any form of procedure presents a significant challenge. Consequently, they often experience heightened levels of anxiety and vigilance in the days preceding the procedure. To mitigate this response and increase the likelihood of a successful outcome, it is advisable to conduct one or more preparatory sessions in the days leading up to the procedure, or even on the same day if scheduling them during the intervention is not feasible, as outlined in the Acute Anxiety During Procedure Protocol.

Single or multiple sessions before the procedure



By default, all programs operate at a LOW setting.

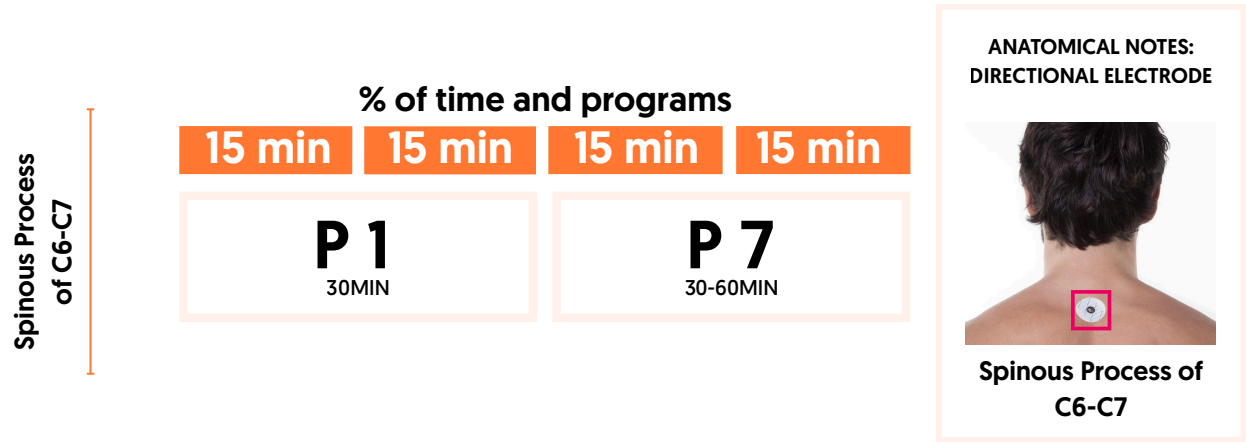


Recommended questionnaires and assessments:

- WeCardio
- Cortisol measurement
- GAD-7

MANAGEMENT OF ACUTE ANXIETY DURING THE PROCEDURE

Everyone is aware of the anxiety that a significant proportion of patients experience when attending an ophthalmology appointment, whether for a procedure or a routine examination. Effectively managing and controlling this anxiety before and during the procedure enhances the patient’s overall experience and supports the healthcare professional’s performance. The following protocol is recommended, commencing treatment 10 to 15 minutes prior to the start of the procedure. The duration of Programme 7 will depend on the specific intervention and may extend beyond one hour.



By default, all programs operate in LOW mode.

Recommended questionnaires and assessments:

- WeCardio
- Cortisol measurement
- GAD-7

IMMEDIATE POSTOPERATIVE CARE IN OPHTHALMOLOGY

The autonomic nervous system plays a crucial role in the physiological processes that occur following surgery. The immediate postoperative period is vital for both healthcare professionals and patients, and optimising its modulatory function enhances regenerative and inflammatory responses, facilitates oedema management, alleviates pain, reduces sensory disturbances, and improves rest, among other factors. It is recommended to carry out a minimum of five sessions, with a frequency of twice per week. For minimally invasive procedures, one session per week may be sufficient. Conversely, if the procedure is more complex or the patient’s condition requires it, the total number of sessions may be extended as necessary.



By default, all programs operate at a LOW setting.



Recommended questionnaires and assessments:

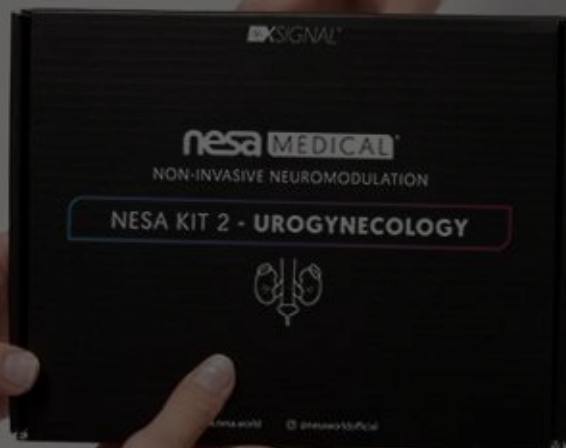
- WeCardio
- VAS (Visual Analogue Scale) – Pain
- Pittsburgh Sleep Quality Index (PSQI)

Patients exhibiting inadequate adaptation of the autonomic nervous system, whether as a primary condition or secondary to other pathologies, may present with visual symptoms such as blurred vision, difficulty focusing, ocular pain, alterations in tear secretion, and vascular changes, among others. Enhancing autonomic modulation promotes improvement and, in some cases, may even lead to the resolution of these symptoms. Treatment is recommended at a frequency of two to three sessions per week, with a minimum of 20 sessions, which may be extended to 30 or 40 depending on individual circumstances.

Recommended questionnaires and assessments:

- **WeCardio**
- **GAD-7**
- **Perceived Stress Questionnaire (PSQ)**
- **Pittsburgh Sleep Quality Index (PSQI)**

PATIENT KITS



HOW SHOULD I USE THE KITS WITH THE PATIENT?

Objective: To standardise safety, enhance the patient experience, and improve outcomes, while facilitating compliance with the 2nd and 3rd bonus.

1. Assignment and Registration (Initial Visit)

- Provide the patient with a NESAs® Kit (gloves and ankle braces) and document it in their medical record (the code/UDI may be recorded in the “treatment-associated material” field).
- Label the bag with the patient’s first and last name, the start date, and the “Single patient – multiple use [ISO 7000-3706]” symbol. This indicates that the bag must not be shared between patients and that repeated use is permitted solely for the same patient.

2. Education in 60 Seconds (Suggested Script)

- “This is your personal kit. It enhances hygiene, comfort, and consistency of stimulation. You will bring it to each session; this approach minimises cleaning time, optimises effective therapy duration, and ensures a uniform sensation with every use.”

3. Expedited Placement and Validation (Per Session)

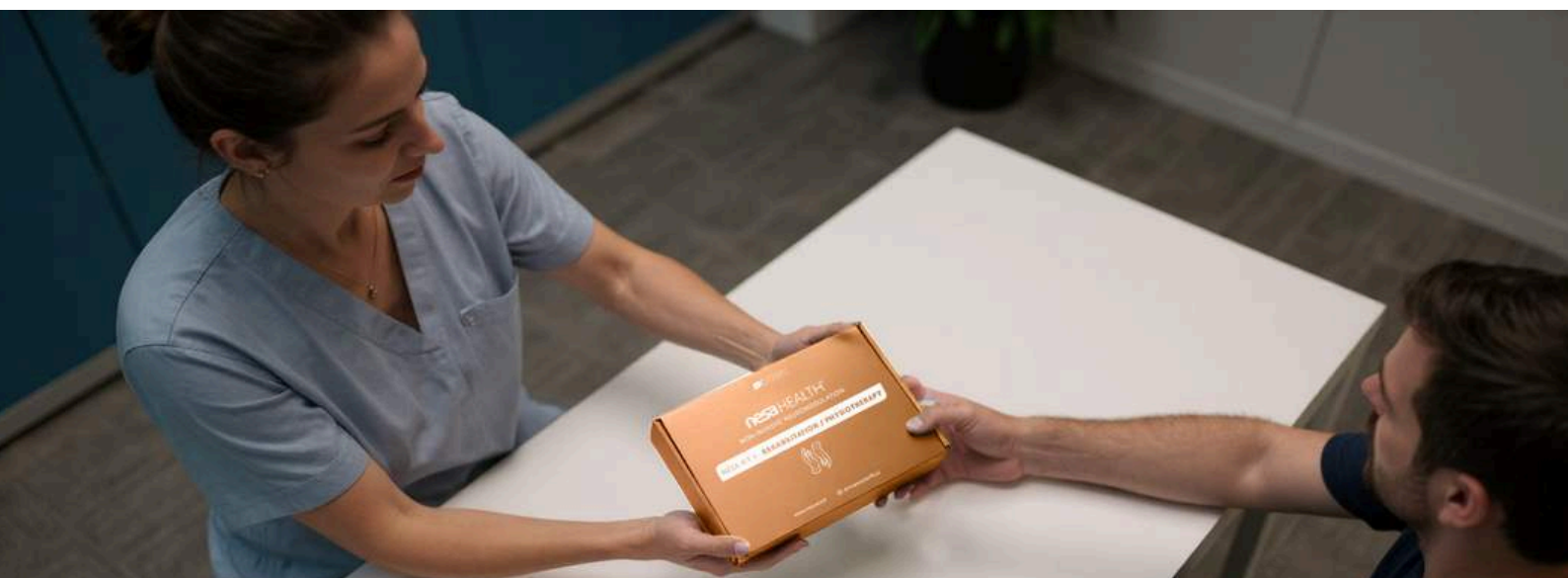
- Perform a skin assessment (no active wounds), adjust the glove/ankle brace, and evaluate moisture/conductivity in accordance with the device’s Instructions for Use.
- If there is an excess of cream or sweat, ensure the area is cleaned and dried to maintain consistent contact.
- Do not share the kit with another patient. If it is forgotten, follow the courtesy kit protocol (single-use or loaner with validated and documented reprocessing) or reschedule the session.

4. Conservation (Between Sessions of the Same Patient)

- Store the kit in the designated bag and inspect for signs of wear. If the material loses elasticity or comfort, replace it.

5. Value Communication (Every Two to Three Sessions)

- Reinforce perceived benefits: “Have you noticed that each session feels increasingly comfortable, with no alteration in sensation? This is due to your personal kit; it allows us to maintain the consistency of the stimulus.”



PATIENT BENEFITS

OF HAVING PERSONAL GLOVES AND ANKLE BRACES

Clinics and adherence

- Enhanced infection control: Prevents reuse between patients, thereby eliminating the need for complex reprocessing and additional validation. It complies with CDC guidelines, which stipulate that any reusable equipment must be cleaned and reprocessed before use on another patient. The implementation of a personal kit mitigates this operational risk.

Clinics and procedures

- Clinical time saved: Eliminates cleaning interruptions between patients, resulting in a more efficient and predictable workflow.
- Technical consistency: Maintaining the same fit and skin contact from session to session fosters a stable perception of the stimulus.
- Fewer incidents: Reduces friction and risk of cross-infection, improves treatment aesthetics, addresses hygiene concerns, and decreases complaints. It also strengthens traceability when the kit is documented in the patient's medical record.

Patient (experience and sentiment)

- Sense of safety and individualised care: "My kit = my health."
- Comfort [self-regulation] and confidence [privacy maintained].
- Active participation: By taking care of their kit, the patient becomes engaged and committed to the treatment plan.

Business (compliance and profitability)

- Immediate compliance and operational bonus: Providing the kit and ensuring a "zero-friction" experience during treatment.
- Enhanced conversion: Improves the perception of quality and consistency [increases satisfaction with the expected elements].
- Competitive differentiation: Positions the centre as a beneficiary of the patient's experience.



HOW AND WHEN TO INCORPORATE THE SESSION BONUS?

Indicative model (adjust according to your figures):

Incorporating the kit into the 10-session package extends explanation time by 0.5 to 1 minute during the initial visit, while reducing cleaning and preparation time by 3 to 5 minutes per session. Over 10 sessions, this results in a total time saving of 30 to 50 minutes in scheduling (equivalent to approximately 0.5 to 1 additional slot per package). If the billable hour is €60 or more, the time saved effectively offsets the cost of the kit while increasing capacity. Moreover, a 10–20% increase in renewals following the second package has a direct positive impact on lifetime value [LTV].

Rationale for incorporating the Individual Kit in the initial voucher (text prepared for your document)

1. Adherence to regulations and best practices

Complies with MDR [GSPR 10–11–23] and infection control guidelines, which mandate thorough reprocessing before reusable equipment is used on a different patient. Assigning a kit to an individual patient streamlines and reinforces compliance. [In Spain: refer to RD 192/2023, Chapter III].

2. Safety and hygiene in patient care

Reduces the risk of cross-contamination and hygiene-related issues, while enhancing patient confidence and acceptance of treatment from the first session. [CDC].

3. Ensuring the quality and consistency of the stimulus

By consistently using the same kit for the same patient, the fit and feel remain uniform, providing a more stable experience and improving the patient's perception of efficacy.

4. Distinction and allegiance

Personalised service, a perception of innovation, and a premium protocol foster renewals [second and third vouchers] as well as word-of-mouth recommendations.

How can I incorporate the kit into the treatment voucher price?

- Preferred Option [Straightforward and Effective]
- 10-session voucher, including the assessment session and kit.
- Automatic discount on the second and third vouchers (e.g., –X€, as the kit is already provided).
- Policy displayed at reception and included in the informed consent form: “A personal kit is included with your first voucher. Please bring your kit to each session.”

TEAM CHECKLIST

- ☐ Deliver and document the kit in the patient's medical record.
- ☐ Provide a 60-second explanation of use and care; the patient acknowledges understanding and confirms that it is personal.
- ☐ Ensure prompt placement and perform a skin check prior to each session.
- ☐ If the patient forgets to bring their kit, apply the documented courtesy protocol (no sharing).
- ☐ A discount or benefit is available on the second and third vouchers for bringing the kit.

REGULATIONS

MDR

CLICK



CDC (United States)

CLICK



EURO-Lex

CLICK



BOE (Spain)

CLICK



IMPORTANT LINKS

NESA® CAMPUS: <https://nesacamp.thinkific.com/>

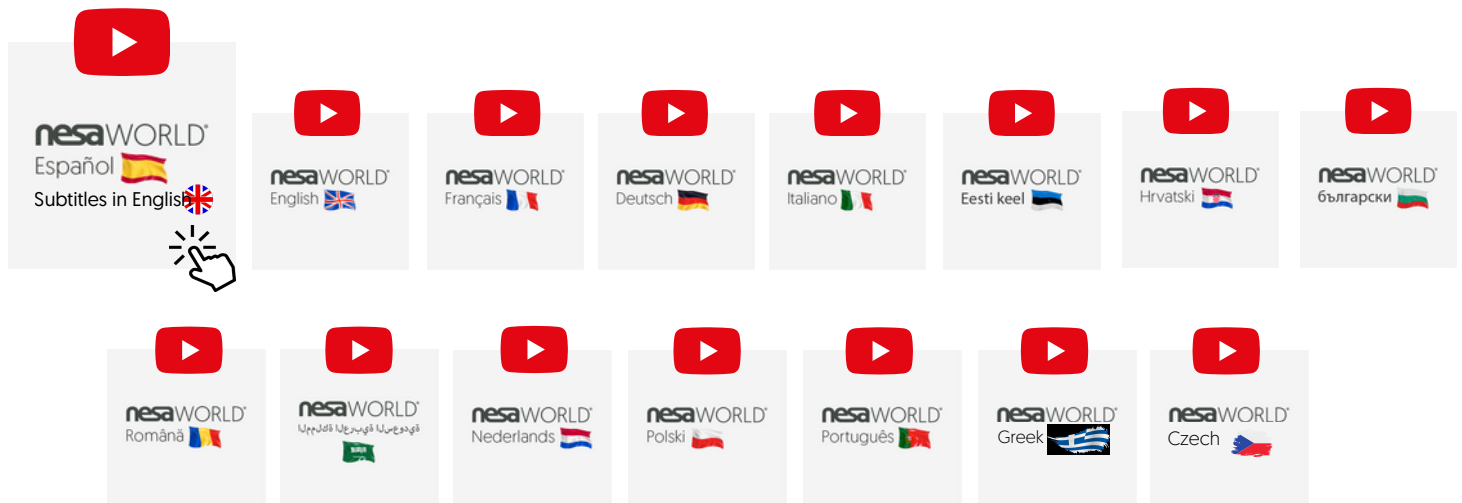


On Campus, you will find:

- SharePoint NESA®: provides all the documents, videos, and images required for daily use.
- NESA® Introductory Campus: designed to assist you in developing clinical reasoning with your patients, thereby supporting up to 70% of clinical outcomes.
- Clinical Guidelines Platform: featuring a search engine to access clinical reasoning for a variety of cases.
- Guide for Initiating Patient Engagement.
- Specialty-Specific Webinars and Clinical Reasoning.
- Monographic Training by Specialisation.
- Engagement with the Clinical Department and Customer Service.

If you are a NESAWORLD® customer and do not have your passwords, please request them from your distributor or directly from NESAWORLD®.

YOUTUBE CHANNELS



FAQs: Frequently Asked Questions and Responses

1. Technical FAQs — [CLICK HERE](#)
2. Physiology FAQs — [CLICK HERE](#)
3. Scientific Evidence FAQs — [CLICK HERE](#)
4. Clinical FAQs — [CLICK HERE](#)
5. Patient FAQs — [CLICK HERE](#)
6. Training and Events FAQs — [CLICK HERE](#)

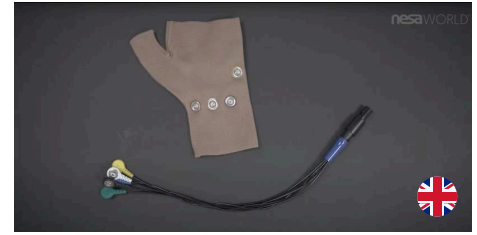
LINKS OF INTEREST



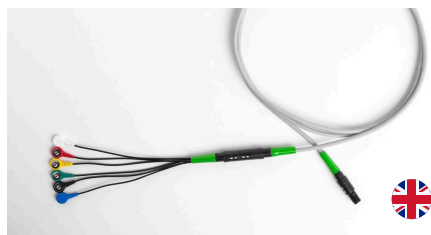
1. PROGRAMMING THE NESA X SIGNAL®
(Essential – 3 minutes)



2. HOW TO WEAR GLOVES AND ANKLE BRACES
(Important – 2 minutes)



3. HOW TO ADJUST GLOVE AND ANKLE BRACE SIZES



4. CABLE PLACEMENT PROCEDURES
(Important – 1 minute)



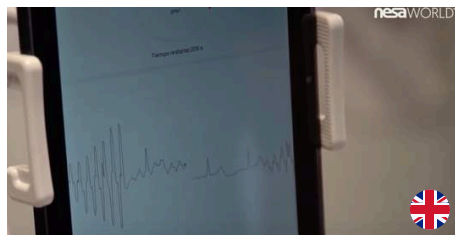
5. METHODS FOR SECURING CABLES DURING OPERATION (Important – 1 minute)



6. INSTRUCTIONS FOR USING THE INTERNATIONAL BATTERY CHARGER



HOW TO SUBMIT AN APPLICATION TO NESA®



HOW TO USE THE NESA X SIGNAL® AND THE WECARDIO ELECTROCARDIOGRAPH

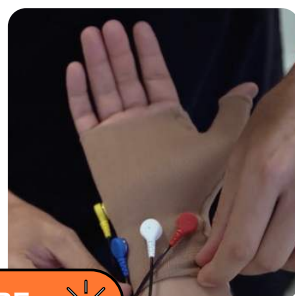
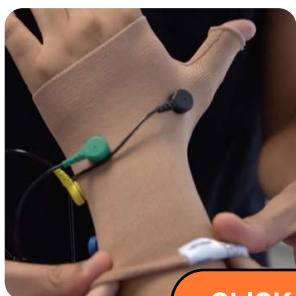


AM I ON THE CLINIC WEBSITE?

CLICK HERE

Left hand

Right hand



CLICK HERE



Left foot

Right foot

www.nesaclinics.com



CLICK HERE

A person is shown from the back, wearing a dark blue polo shirt. Their hair is tied up in a bun. The background is dark with some light streaks. The shirt has the 'nesaWORLD' logo and social media icons printed on it.

nesaWORLD®



www.nesa.world