

Should I apply electrodes directly to a “problem” area?

Q&A – Direct Application

- Should I apply electrodes directly to a “problem” area?
- Most situations are well served by application over a wide area HOWEVER Sometimes pathways are impeded by scars or toxins which may prevent signals from getting to the “target” areas.
- Localized placement with the path between electrodes traversing the target pretty much assures direct and successful delivery of signal.



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Well thought out strategic placement is important for the most effective results. The answer to the question above is **BOTH “yes” and “no”** Of course, it varies greatly depending on the issue being addressed, the actual target and any mechanisms being included.

YES (Example) In the case of an arthritic knee joint, for instance, it makes good sense to apply at least one of the electrodes directly to the knee with the other nearby. The mild electric current is traveling from one electrode to the other in essentially a path of least resistance. (This may or may not be a direct line!... It is most likely not, but rather moving along lines of the most conductive tissues.) Besides the targeted de-vitalization of specific pathogens associated with arthritic conditions, the flow and availability of electrons has been shown to greatly (and often times immediately) reduce pain and inflammation as well as raise pH to a more alkaline condition.

In the strategy shown here, there was another ancillary issue being addressed. Besides addressing the symptoms and cause, the user logically wanted to correct and totally eliminate the issue. The known building blocks necessary for joint repair and restoration are provided and utilized as a conductive gel. They deliver it to the tissues with the proper building



Electro-Therapeutic Approaches to Personal Disease Management and Health Maintenance.

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