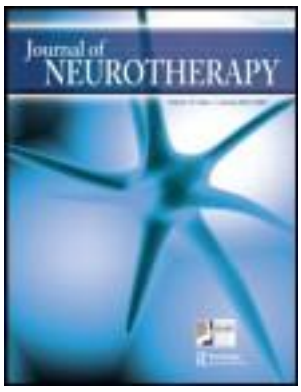

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Clinical Corner

D. Corydon Hammond Associate Editor

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CLINICAL CORNER

D. Corydon Hammond, Associate Editor

The purpose of the Clinical Corner is to provide space for clinically oriented material that may not, in many cases, have been evaluated yet by controlled research. Therefore, the personal opinions expressed in the column are exactly that, the opinions of the individual authors, often based on their clinical experience. The opinions shared belong to the authors and are not necessarily those of the International Society for Neurofeedback and Research or the Journal of Neurotherapy. Nonetheless, it is hoped that the diversity of opinion expressed in this column will stimulate thought and the further exchange of ideas. Readers are invited to send clinically oriented articles or questions for consideration to D. Corydon Hammond, PhD, University of Utah School of Medicine, PM&R, Salt Lake City, UT 84132, USA. E-mail: D.C.Hammond@utah.edu

In the Clinical Corner in this issue, Dr. Nicholas Dogris discusses NeuroField, a new and experimental neurotherapy device that provides exceptionally low power electromagnetic stimulation to the field surrounding the brain or body. Although NeuroField has more than four dozen experimental programs that have been used clinically for $3\frac{1}{2}$ years, for purposes of objectively examining its effects Dr. Dogris used only one program with three clinical cases. This program, which stimulated the brain for a few seconds at each frequency (10–100 Hz), was found to produce changes in pre- and posttreatment quantitative EEGs (QEEGs). These are interesting preliminary findings given both the high test–retest reliability of the QEEG and the microscopic levels of stimulation that occur with NeuroField when compared with intensity used in transcranial magnetic stimulation. In thinking about NeuroField it causes one to ponder whether a very gentle nudge to the brain may often be all that is necessary to produce therapeutic change, rather than the jackhammer intensity associated with rTMS or cranial electrical stimulation. Although Dr. Dogris had 18 pages of statistical data on the one-way analyses of variance that were conducted in these three cases, in the interests of space we are displaying only the pre- and posttreatment QEEG displays. Dr. Dogris, however, will share statistical details with interested readers who contact him at nicholasdogris@verison.net.