

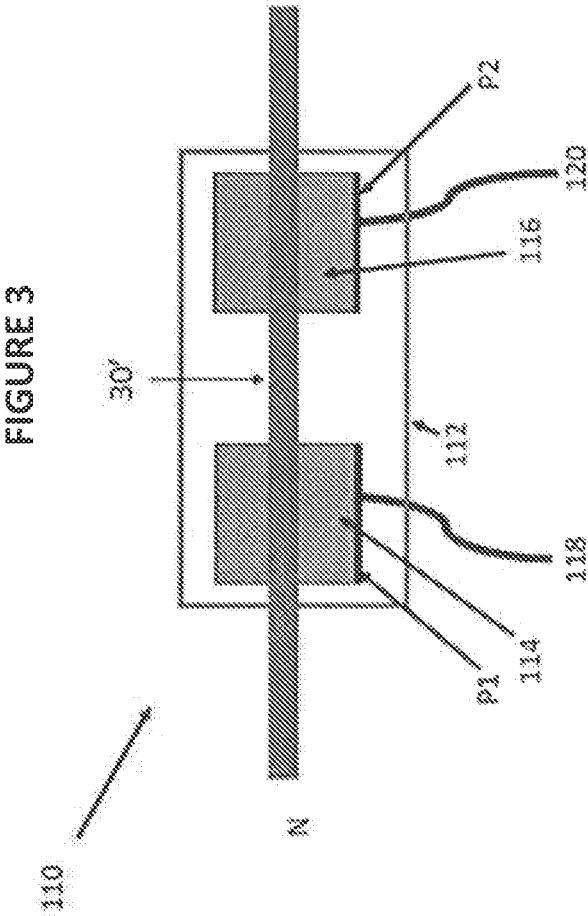
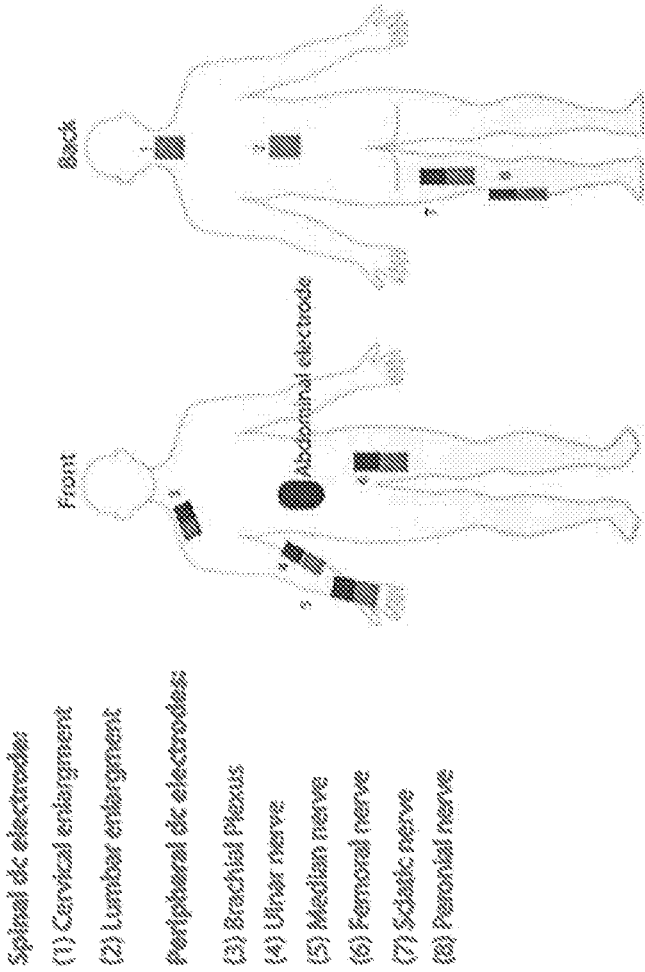


FIGURE 4



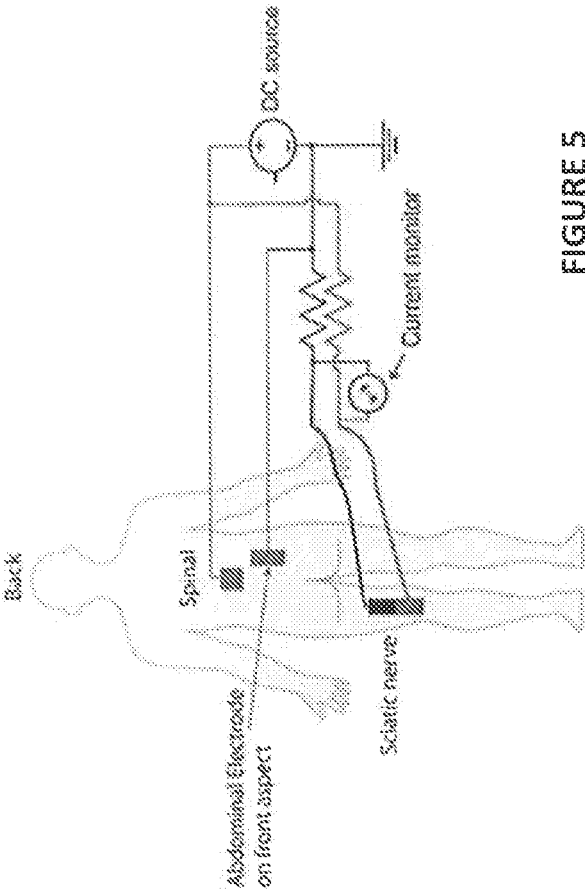
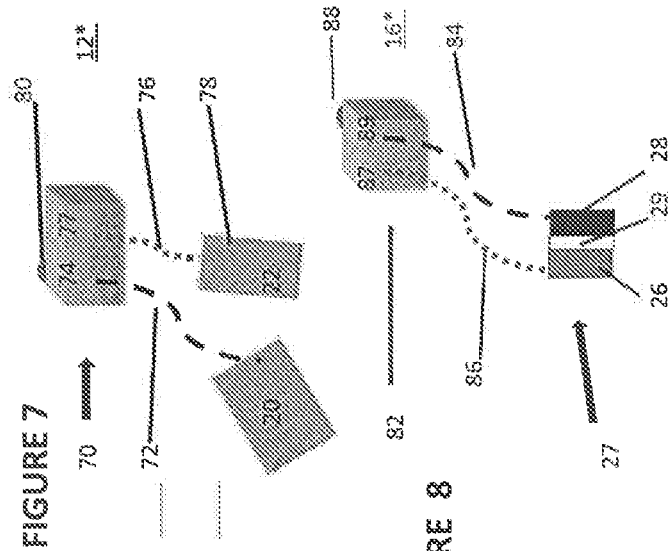
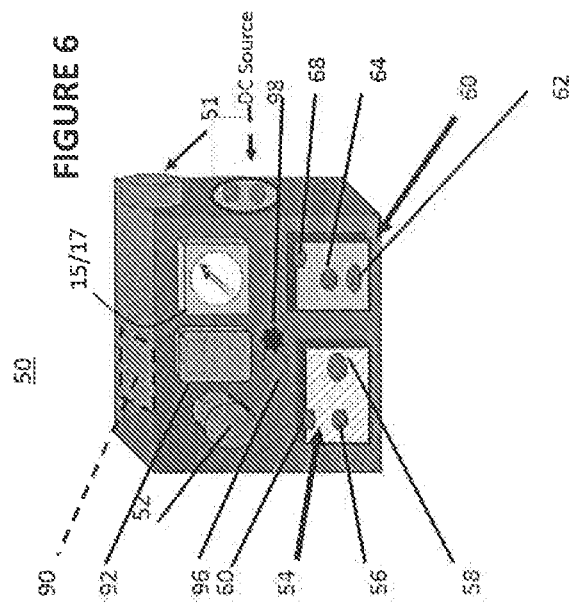
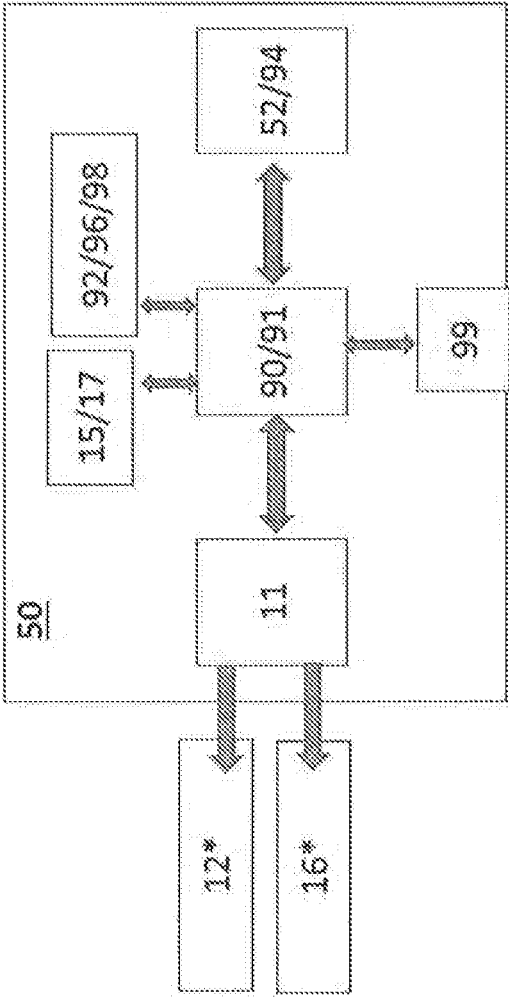


FIGURE 5



100

FIGURE 9



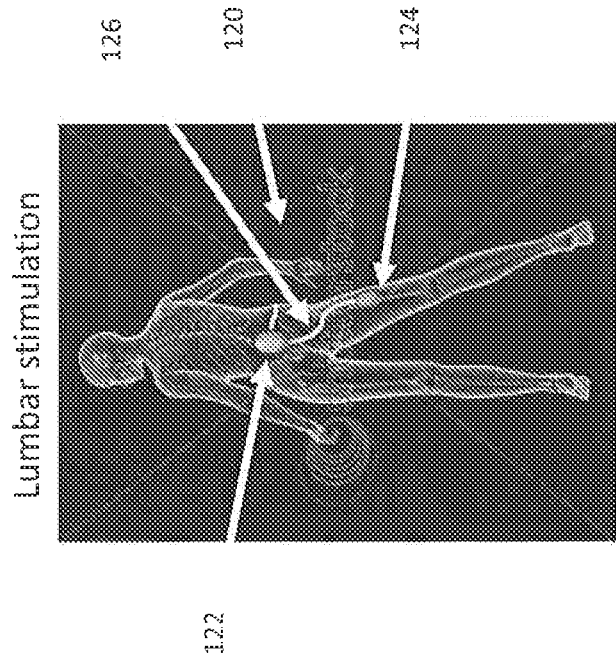


Fig. 10a

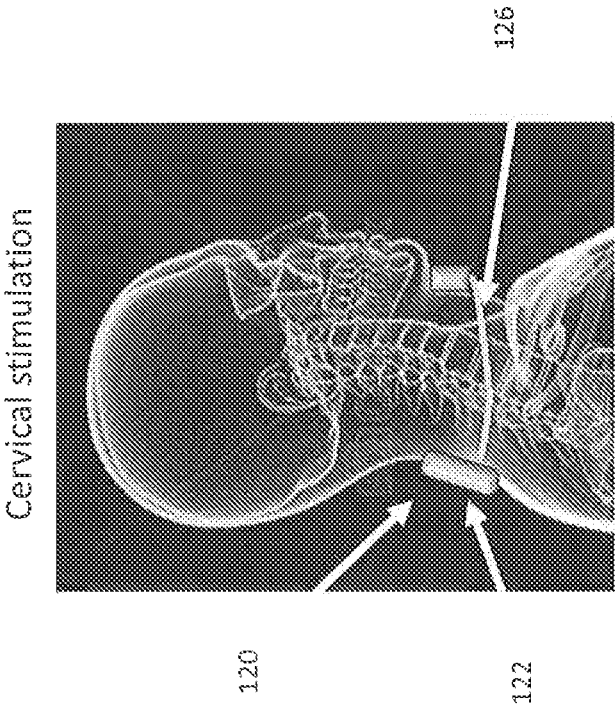
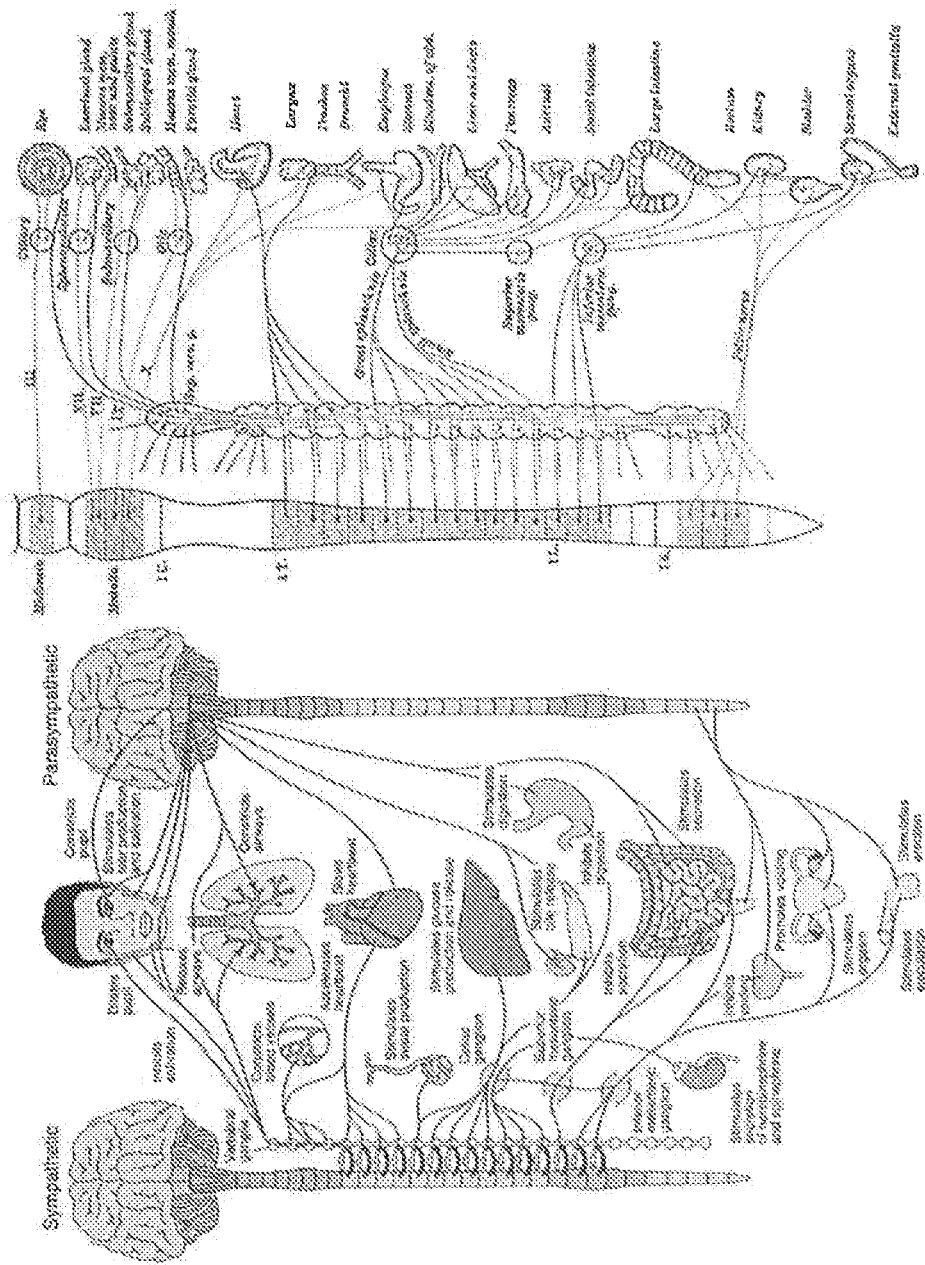


Fig. 10b

8/22

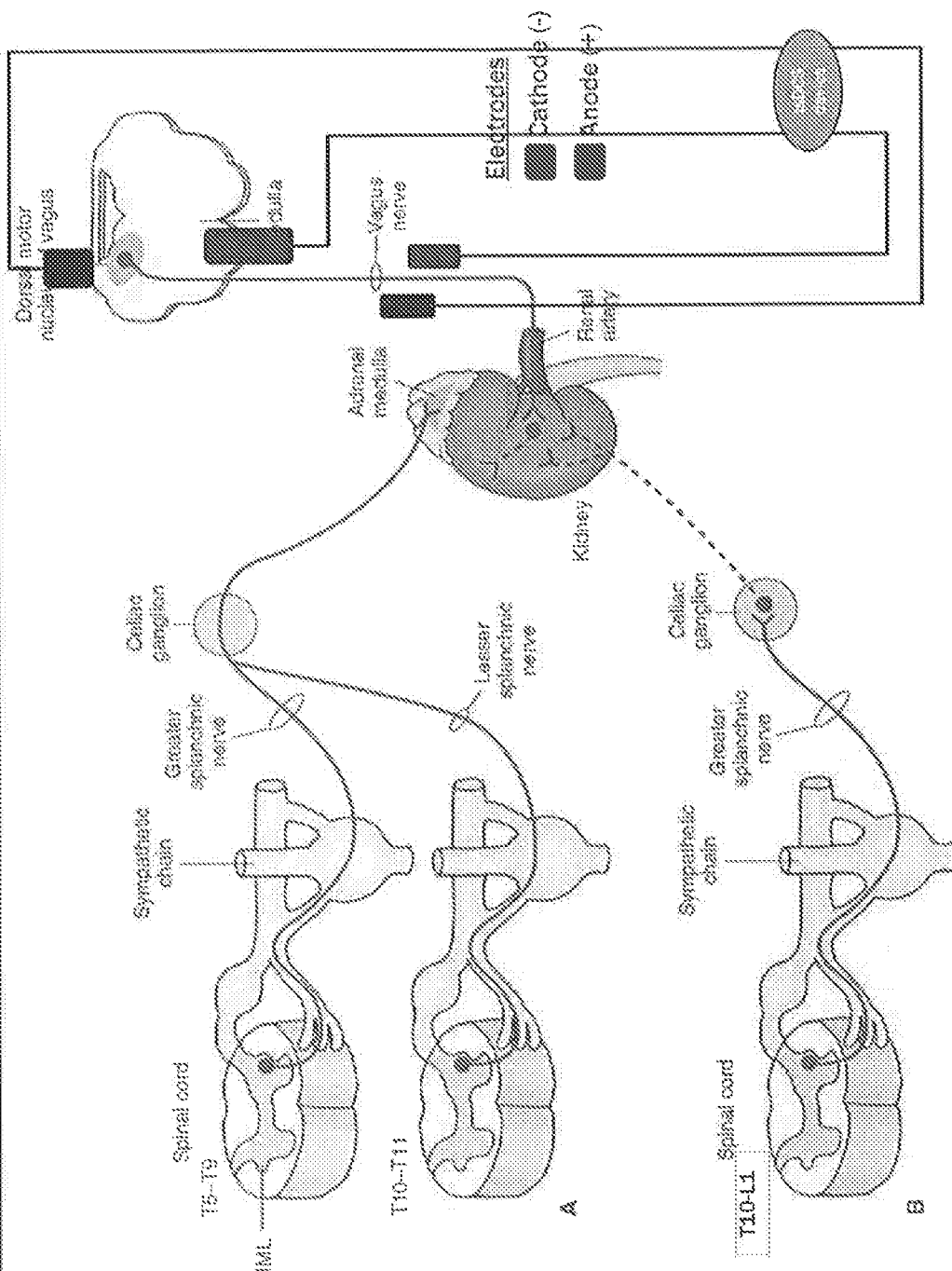
FIGURE 11 Representations of the Autonomic Nervous System showing sites of intervention



9/22

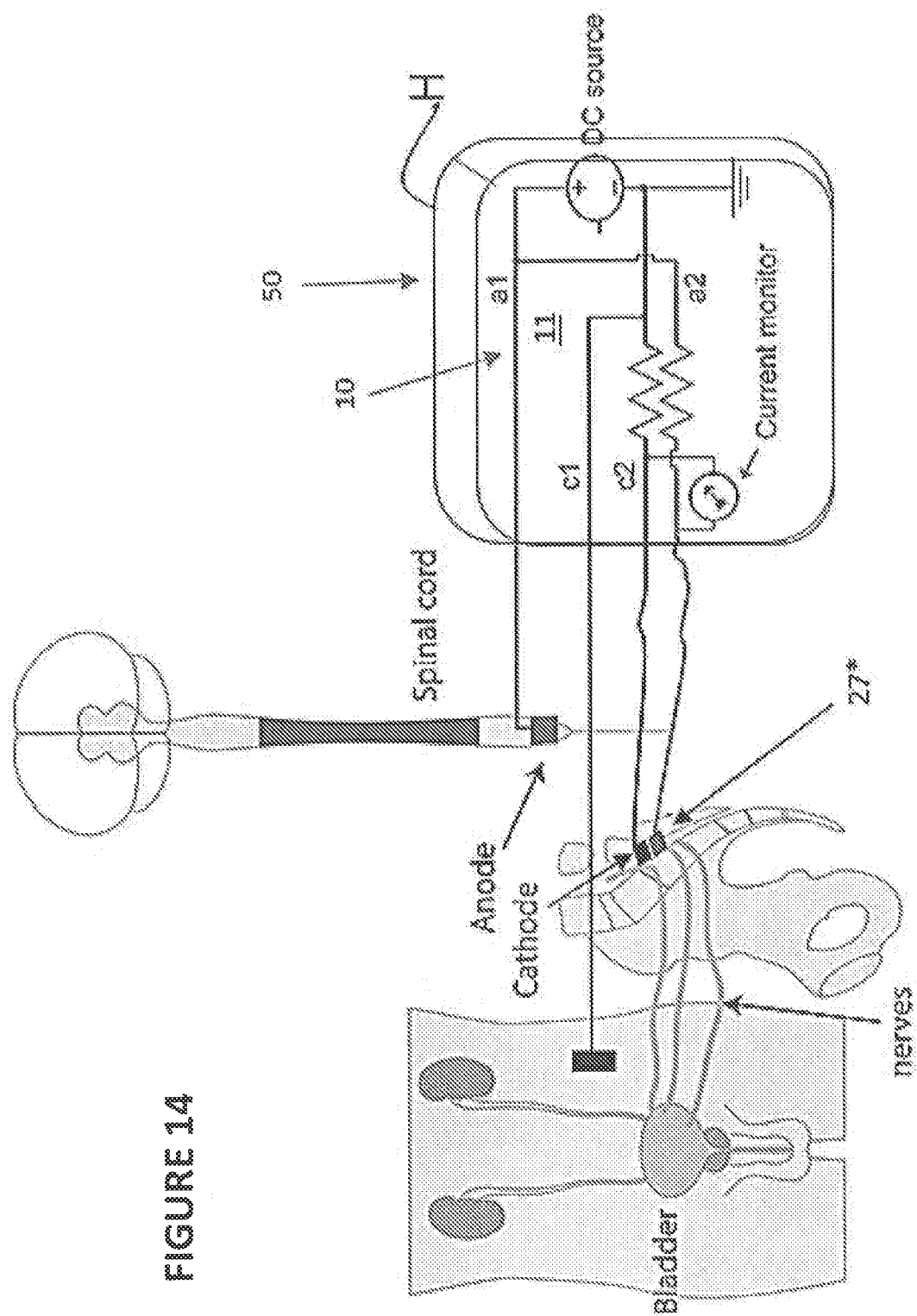
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FIG 13: STRATEGIES FOR KIDNEY MODULATION:
INCREASE PARASYMPATHETIC TONE



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10/22



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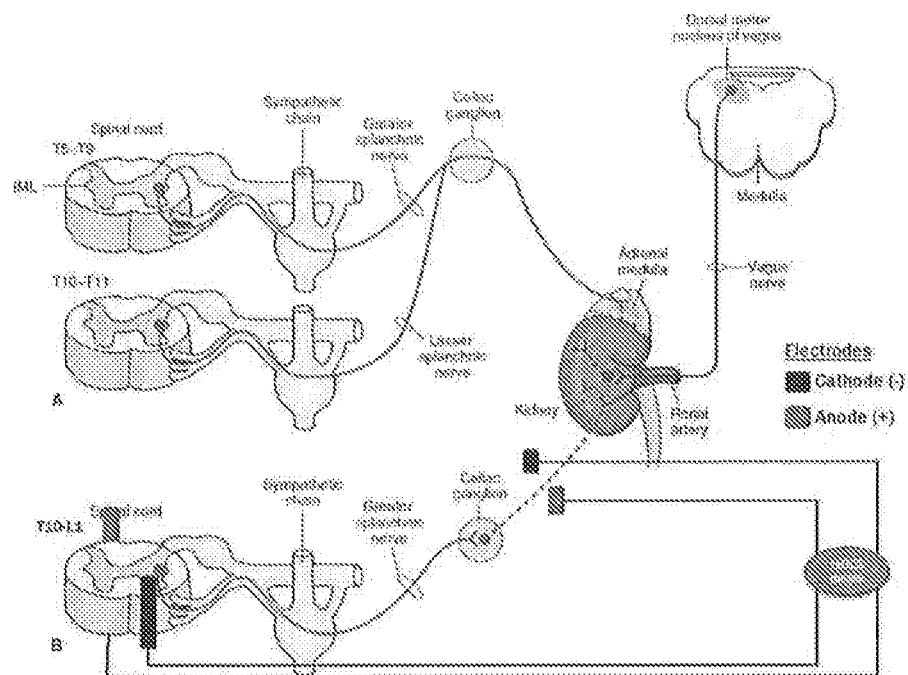


Figure 15. Neural control of kidney and adrenal gland with neuromodulation strategy for modulating renal function based on decreasing sympathetic tone

12/22

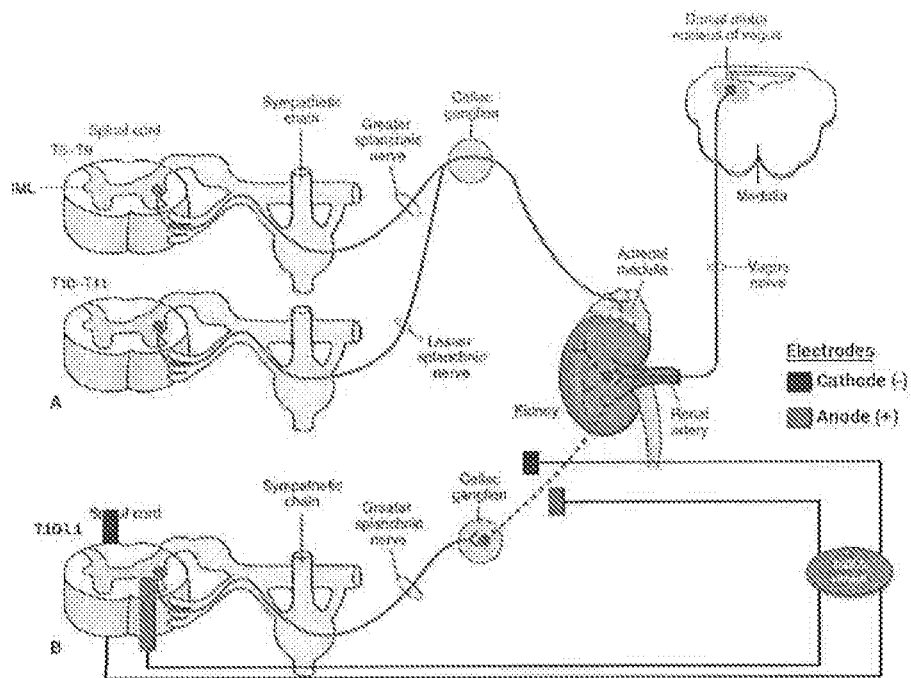


Figure 16 Neural control of kidney and adrenal gland with neuromodulation strategy for modulating renal function based on increasing sympathetic tone

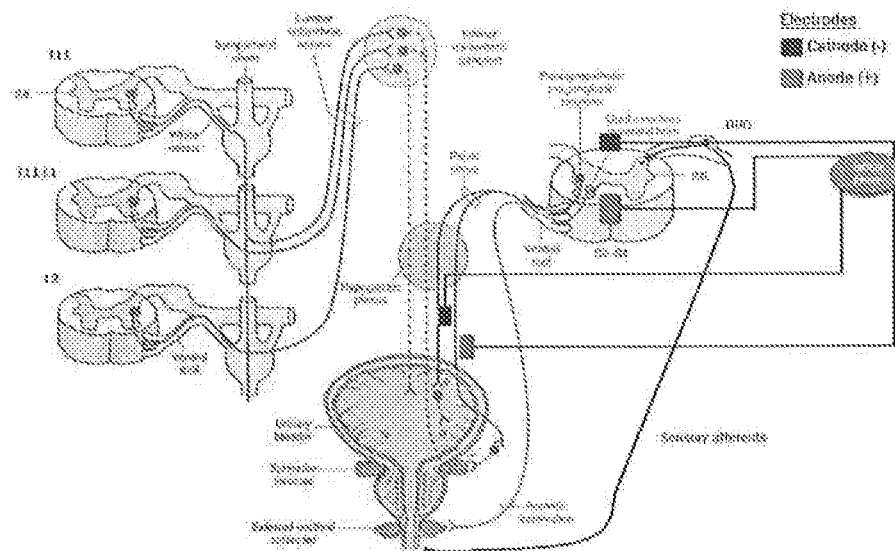


Figure 17 Neuromodulation strategy for treating urinary retention based on increasing parasympathetic tone

14/22

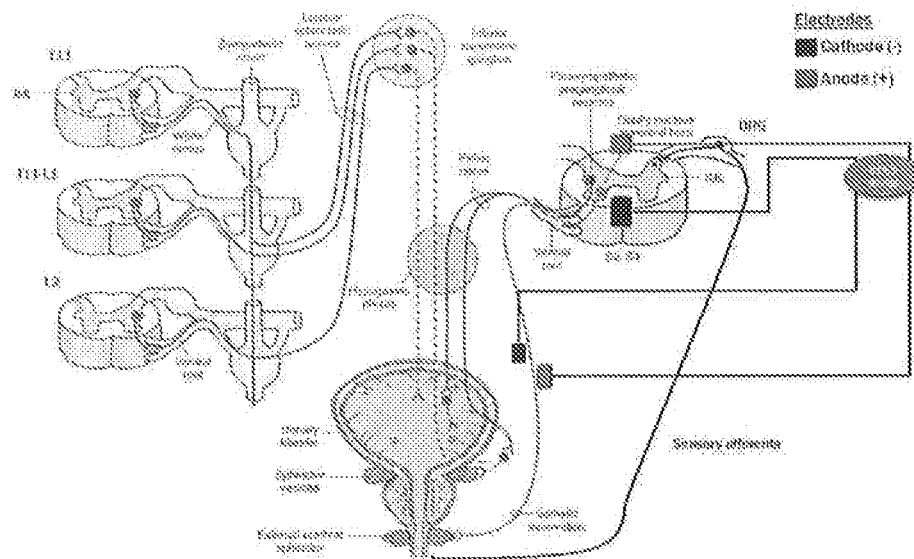


Figure 18. Neuromodulation strategy for treating urinary retention based on inhibiting somatic efferents

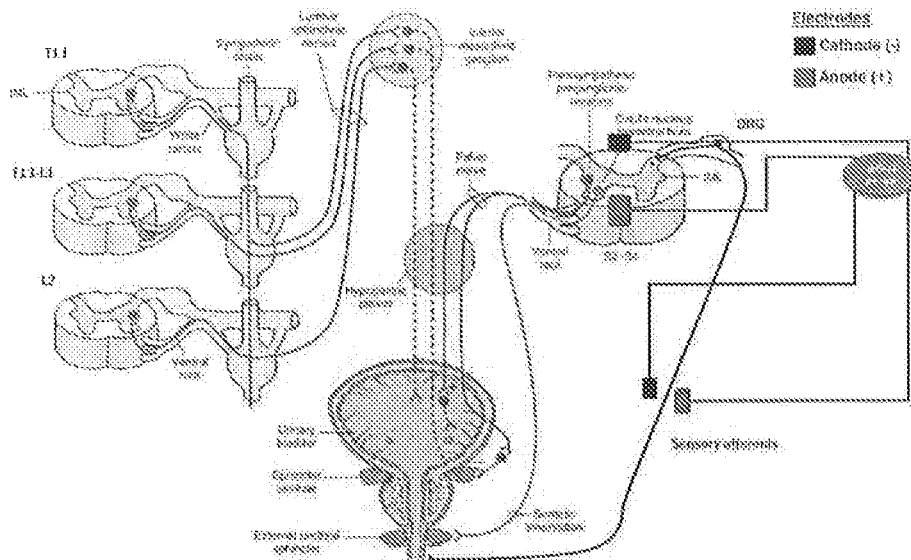


Figure 19. Neuromodulation strategy for treating urinary retention based on stimulating sensory afferents

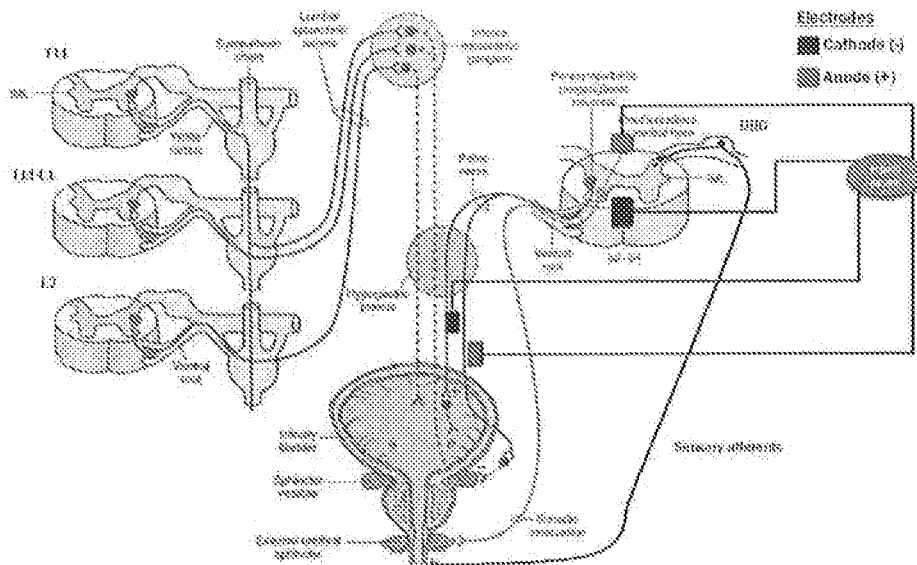


Figure 20. Neuromodulation strategy for treating urinary incontinence based on decreasing parasympathetic tone

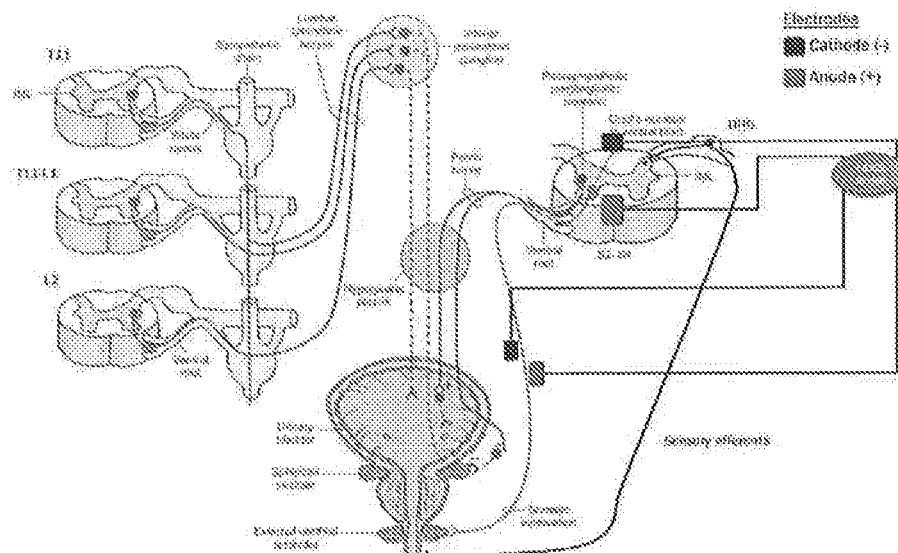


Figure 21. Neuromodulation strategy for treating urinary incontinence based on stimulating somatic efferents

18/22

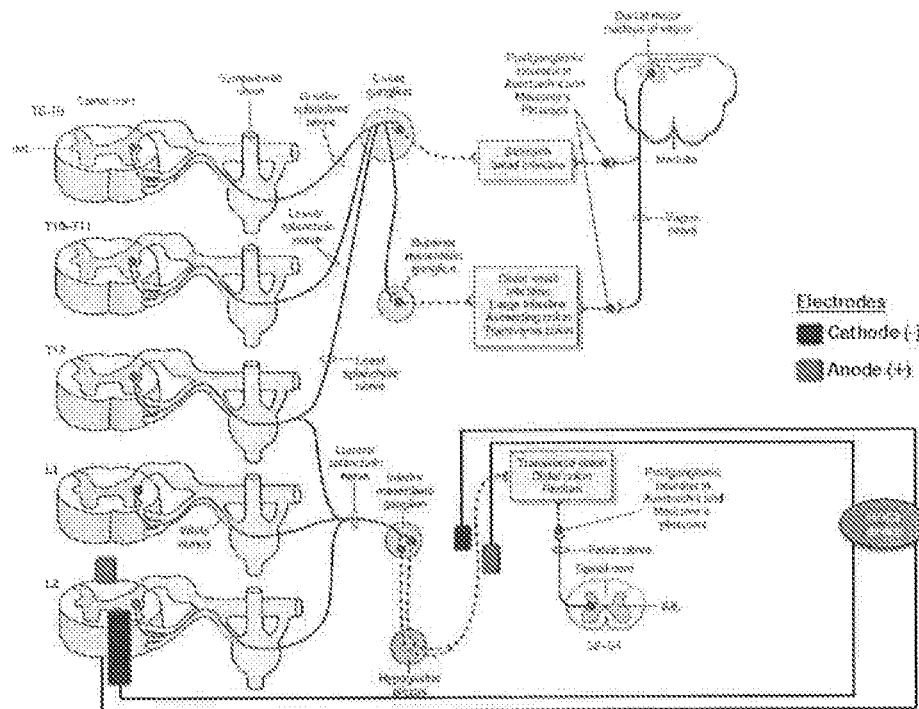
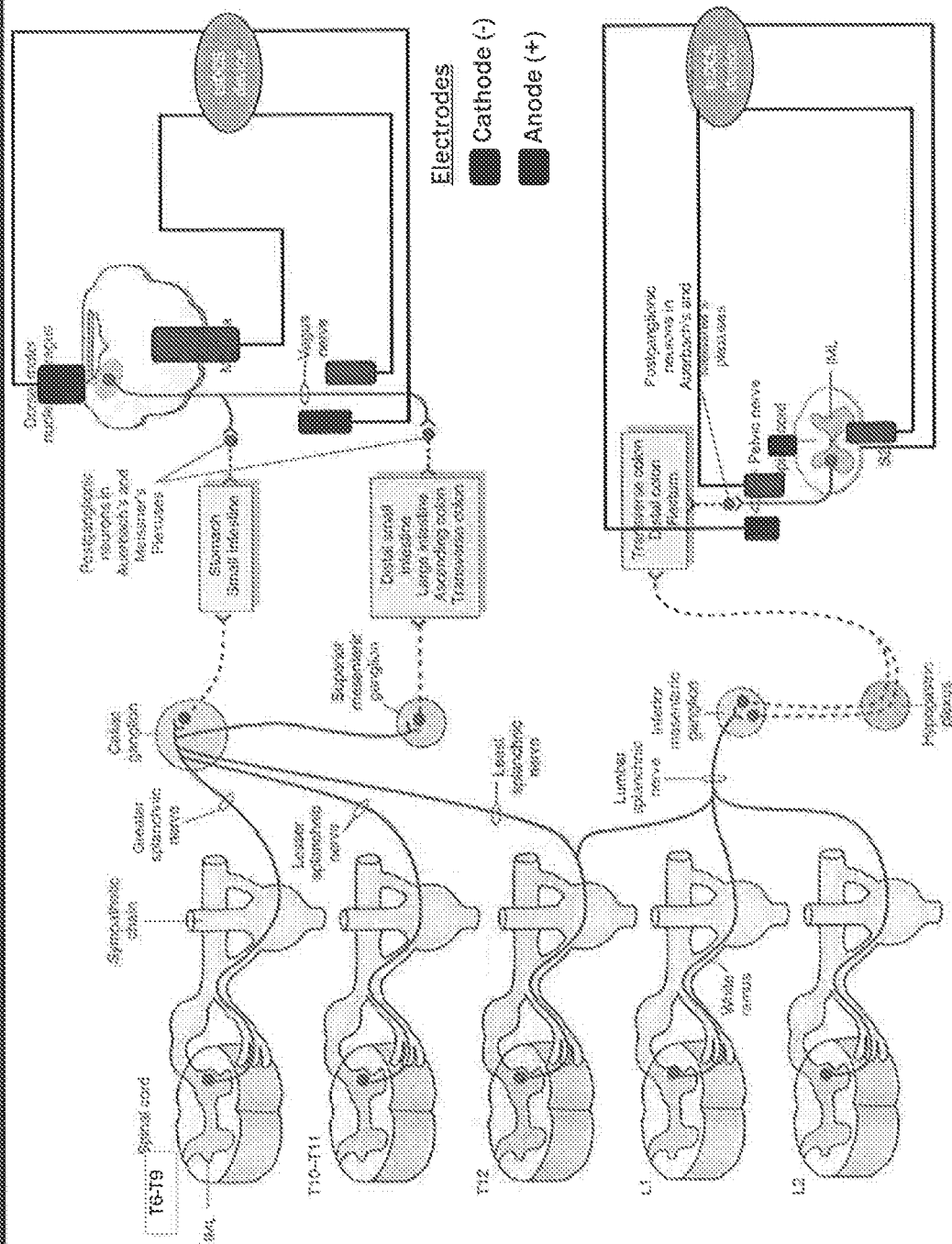


Figure 22 Neuromodulation strategy for increasing GI peristalsis and secretions based on decreasing sympathetic tone. tsDCS shown only at L2 level but extends across all relevant spinal levels of effector organ being targeted. Stimulation of post-ganglionic fibers shown only distal to hypogastric plexus, but alternatively includes fibers distal to the celiac ganglion and SMG.

FIG. 23: STRATEGIES TO TREAT GI DISORDERS:
INCREASE PARASYMPATHETIC TONE



20/22

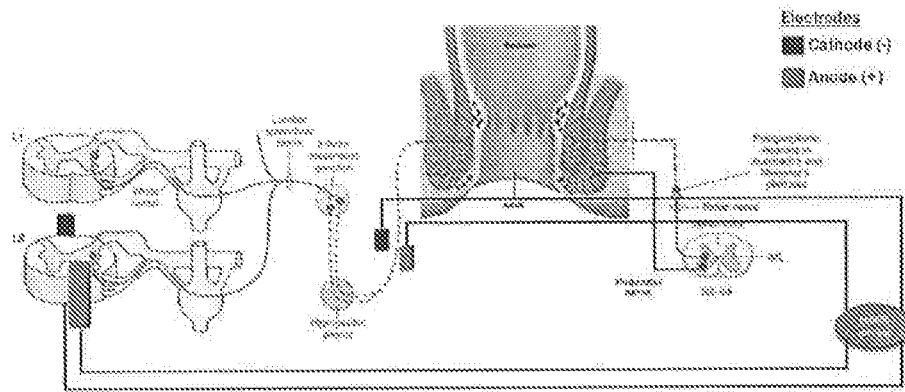


Figure 24. Neuromodulation strategy for treating fecal incontinence based on increasing sympathetic tone

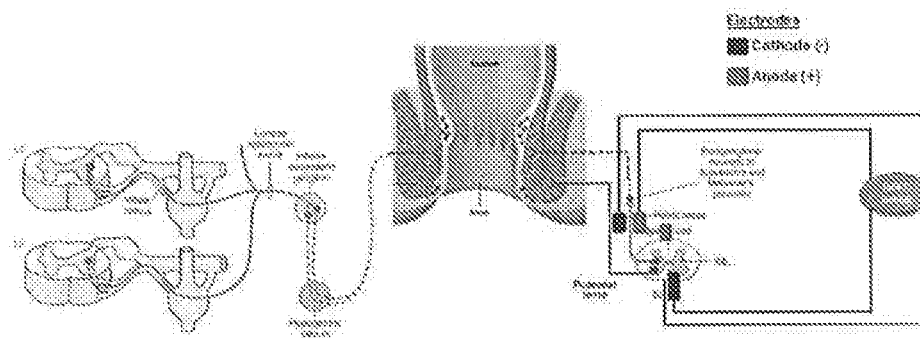


Figure 25. Neuromodulation strategy for treating fecal incontinence based on decreasing parasympathetic tone

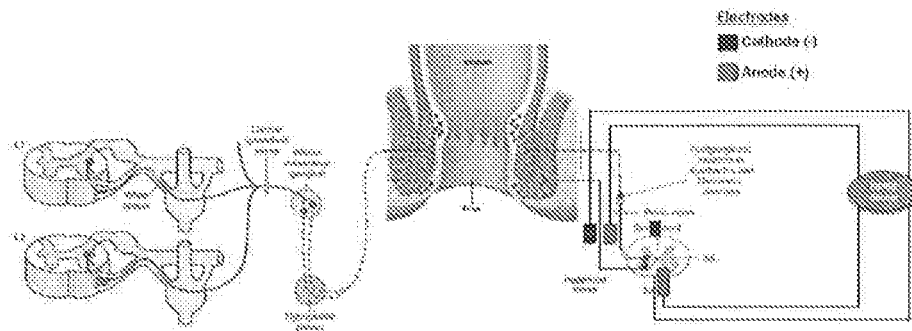


Figure 26. Neuromodulation strategy for treating fecal incontinence based on stimulating somatic efferents