INSTRUCTIONS FOR USING SCENAR DEVICES

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### PREFACE

Scenar devices are non-invasive energo-neuro-adaptive regulators of the body's systems. These devices are intended to stimulate the body's self-recovery programme by using its own "internal pharmacy" of neuropeptides. This enables the body to choose the most appropriate chemical combination for each particular case.

Lately, great popularity has been associated with the medicine-free methods of treatment that would help our organism to fight diseases in the most natural way and considerably reduce or even exclude drug taking at all.

Widely spread are the instruments that effect the organism with electric signals of a certain form, length and power. However most of them proved to be not very effective due to the lack of monitoring the organism's reaction to electrical stimulation.

By existence of "a dialogue" between the body and the device itself (literally biofeedback) the SCENAR (Scenar, Prologue) are referred to as peculiar devices, namely electro-neuro-regulators, which generate every new stimulating pulse according to the body's response to the previous one. This stimulates the body's maximum responsive reaction, which very often cannot be achieved by any other customary and widespread electrostimulators.

The latest achivements in biophysics, physiology and reflexotherapy have assisted in developing new original energo-neuro-adaptive-receptor therapy (SCENAR) devices used for body's pathology diagnostics, physiotherapeutical treatment and rehabilitation. They are:

- SCENAR (Self-Controlled Energo-Neuro-Adaptive Regulator) and
- Prologue ( neurotropic bio-controlled energo-regulation therapy).

Devices are intended for users at large: from housewives to highly professional medical specialists.

All the additional remarks will be accepted by the authors with gratitude.

I wish you, dear friends, be healthy and sure that in case of any disease the SCENAR devices will always help you and your relatives!

Truly yours, Sergey Solomko

### **INTRODUCTION**

#### What is the SCENAR?

**SCENAR stands for Self-Controlled-Energo-Neuro-Adaptive-Regulator Therapy**. It may be defined as a new healthcare technology that can directly influence the human (animal) body with individually dosed pulse current and activate reflex and biochemical processes in skin receptors.

Such effect, in its turn, develops an all-around reflex and neurohumoral response from the entire body due to integrative activity of the nervous system and finally results in normalizing homeostasis. Scenar is based on Scenar and Prologue devices.

These devices have been developed by Aleksandr Karalsev, a designer. When a student of a radio engineering institute, he elaborated on a device for "chjen-tsu-therapy" (ancient Chinese therapy – reflexotherapy or zone therapy) using "biological feedback".

The device might be predetermined by uncommon destiny: due to its wide-ranging impact on human body, it was to become an essential item for the cosmonaut outfit. Space flights, especially long ones, cannot be supplied with the entire drugstore: extra weight really means much in space technology.

Ironically, Scenar devices were never used in space: the USSR disintegrated and funds for space exploration were stopped. They are successfully working nowadays on all continents of the Earth. Pulse current has always been in existence. Pulse currents (biocurrents of a heart, brain, skeletal muscles, etc.) are present inside human organism, too. Each person's ability to generate impulses depends on his (her) age, time of a day, living conditions, influence of outer and inner factors.

Taking into consideration the "affinity" of some electrical currents to the ones of living matters, medicine uses that energy for prophylaxis and treatment of various diseases. From the biophysical point of view, homeostasis is the state in which all the processes responsible for energy transformations in the organism (temperature, acid-base equilibrium, etc.) are dynamically balanced and stable despite environmental changes. The skin plays an essential role in this process. Nerve endings on the skin continually inform the brain of any changes in the body, both inside and outside. Any changes on the skin surface can characterize the body's condition.

By effecting certain parts of the skin, the Scenar devices activate practically all the organs and systems of the body. Great numbers of skin receptors help obtain unique healing effects for a wide variety of disease conditions.

Since the brain controls the tissues and organs with electric pulses, it is natural that the device-generated pulses can transdermally influence the internal organs and systems through a "feedback" from the body. Scenar-devices generate electric pulses which are similar by their form to the brain's neuropulses. Since these pulses "operate" within the physiological parameters and are accordingly transformed in the body in the process of their activity, they are not "alien" and therefore cause no side effects.

Operation of the Scenar devices is based on the most important response from the skin and the entire body – on the orientation reaction, i.e. a responsive reaction originating in the body due to dynamic change of the acting stimulus. Due to a "feedback" (deviceorganism-device), Scenar devices respond to any change in the skin impedance. Any energetic change in the electric pulse of the device stimulates maximum response from the body. Therefore, there is neither discontinued orientation response from the body nor its adaptation to device treatment. Also, there is no decrease in the threshold sensation to a monotonous irritant, as against other electrosimulators. The impulse stimulates cells, tissues and organs and is transformed there into a signal containing information about certain pathology in the body. This information is further transferred to the central nervous system. And so, there is a formed functional system: the cerebrum receives this information, processes it, selects the proper systems of the body to be applied to for the express return to norm and orders them "to start acting". It activates all the recovery mechanisms in the body, including the energy transfer mechanism, initiating gradual, step-by-step, transition of the body's functions from pathology to norm.

Scenar activates a major part of the nerve fibers. Today's analyses show that all the biological functions in the body and their due effects produced (respiratory function, gastrointestinal tract secretion, anti-pain effect, normalized appetite, etc.) are provided by the chemical mediators – neuropeptides, that "work" in these fibers. Activation of neuropeptides has a positive effect not only on the main biological functions, but on sexual activity, learning capability, and memory improvement, too.

## Scenar fundamental advantages, as compared with the other therapies, are as follow:

- 1. Fast therapeutic effect.
- 2. Absolutely harmless treatment.
- 3. Cures a wide variety of disease conditions.
- 4. Causes no complications.
- 5. Almost no contraindications.
- 6. No age or sex limitation.
- 7. No adaptation to treatment.
- 8. Highly effective in mono-therapy (Scenar only).
- 9. Compatible with other therapies.
- 10. Simple and easy to use in any setting.

### 1. THEORETICAL GROUND OF Scenar DEVICES APPLICATION MECHANISM

### **1.1. Using Scenar devices**

#### Using Scenar devices includes two methods:

- central action method;
- local action method.

Central action method can be described in the following way. Neuro-like, endogenicfor-the-organism, Scenar signals copy neural pulses of the human organism and transmit them to the skin through device electrodes. Pulses penetrate the keratic layer of the skin and interact with a wide variety of receptors, located in the skin under the applied electrodes. Then these pulses go along the neuro-reflex arc.

Neuro-reflex arc is a physiological conception. It consists of three links:

- 1. *Afferent link* nerve fibres, from the skin receptors to the central sections of the nervous system (in nuclei of the brain and spinal cord).
- 2. Central link nuclei of the brain and spinal cord.
- 3. Efferent link which includes all visceral nervous fibres.

In case of some organ's structural or functional damage, its electric component (or, bluntly speaking, electrical charge) changes first of all. Having come to any organ or pathologic entity, the impulse changes its primary electrical characteristics. As a result, a signal is formed, which carries the information about existing pathological focus to the central nervous system. On his way back, the regenerated impulse passes the above - mentioned parts of the neuro-reflex arc, but in a reverse order (central link, efferent link), i.e. it comes back again to the skin receptors, but modified. In the central link the information of the modified impulse is transferred to the respective formation of the hypothalamo-hypophysial region responsible for the realization of absolutely all the human body protective abilities, factors and adaptation capabilities. By means of generated neurohormones as a result of the information received, fast and adequate response to the existing pathological focus is formed.

The body's reaction to it is multilevel and multicomponent.

### There are several basic levels of the body protection and adaptation:

*Hormonal level* – functional correction of internal secretion glands and hormonal background correction, which considerably determines the body protection level and contributes to the pathological focus elimination;

*Immune level* – body immune background correction due to immune system activation and management.

*Molecular level* – representing a multitude of neurochemical, neurophysiological and metabolic reactions aimed at improving protective and adaptation qualities and eliminating pathology.

Another feature of the Scenar devices that needs to be underlined is illustrated by the Anokhin's theory of dynamic systems. All the body's organs and systems are known to be a single whole. Neither organ nor system is functioning in an isolated manner. The Scenar technology harmonizes with the Anokhin's theory in the best way possible. By virtue of "native-to-the body language", i.e. neuro-type endogeneous impulse , the device forms up a "body-device" stage within the dynamic system. Thus, it becomes possible to create the body's multilevel and multicomponent feedback loop to correct its adaptation capabilities.. It gives an opportunity for very fast and maximally qualitative correction of various pathological states of an organism. Local application method is based on the "multimembrane" theory. The organism, begining with a cell (nucleolus, mitochondrion, cell membrane, etc) and ending with organs and systems, represents the most complex set of membranes vibrating in a certain mode. If there is a pathological focus (functional or organic disorder of a tissue structure), the vibration mode changes and becomes irregular.

The Scenar devices normalize the vibration routine of membrane complexes, making them identical. The membranes' micro-polarization takes place at the same time, i.e. under the pulse wave influence the molecules are lined up to form an information transmission channel.

The Scenar devices realize the two above-mentioned methods to produce splendid therapeutic effect.

### **1.2. Application features**

The device pulse waves while influencing the hypothalamo-hypophysial region cause the intensive formation of neurohormones which both activate the body's compensatory reactions and correct hypoxia. The hypoxia (anoxia) is an indispensable link of the pathophysiological chain in developing any pathological process at any level (either cell, tissue, or organ levels).

First of all, Scenar devices act at the cell level and rehabilitate respiratory enzyme chains of the mitochondria (i.e. respiratory ferments structure responsible for cell breathing), cytoplasmic membranes, etc. And so, they recover homeostasis of the cell media (its internal invariability). Generally, the cellular reactions help restore respiratory capacity in tissues and organs, lower concentration of hydrogen ions in tissues, restore or improve utilization of free oxygen by the cell (depending on how far gone is the pathological process), and restore and improve metabolic processes in the body.

This is the major Scenar therapeutic effect, which helps correct various disorders and pathological conditions. The next feature of Scenar application is based on such neurophisiological concept as the new stimulus or the body response to the new stimulus (therapeutic effect due to the influence of some new physiotherapeutic factor).

But, as a rule, this response is shown only at the initial stages of impact, and accordingly same is the therapeutic effect.

Major distinction of Scenar devices in this area rests on the fact that the device impulse works according to the "biological feedback" principle.

### **1.3. Effects**

- 1. Anti-pain effect; this is the most prominent effect due to improved blood circulation, elimination of edema from the peripheral nerve, and improved mediatory metabolism.
- 2. Anti-inflammatory effect; it is realized through improved microcirculation.
- 3. Anti-allergic effect; it is achieved by intensified production of corticosteroid hormones and biologically active substances.
- 4. Dehydration effect; it helps fluids come out of the organism.
- 5. Immunoregulating effect; it occurs due to stimulation of the immune system. If patient has a low immunity, Scenar application helps increase it. But if there is an autoimmune process in the organism, then the Scenar application helps reduce the immune response.
- 6. Vascular effect; it normalizes vascular tone, improves hemodynamics, and activates microcirculation due to elimination of spasm in vessels.
- 7. Hemostatic effect; it occurs due to activated collateral blood supply and relieved stress in the arterial vessel.
- 8. Improved collateral blood circulation effect; it occurs involuntarily due to direct electrical current application to the sensitive and vegetative nerve fibers.
- 9. Normalized metabolic (albominous, fatty, carbohydrate, mineral) effect to be due to improved functions of the kidneys, skin, sweat glands, lungs, liver, internal secretion glands and central nervous system.
- 10. Anti-shock effect; it becomes apparent under any form of shock: traumatic, pain, anaphylactic, etc.
- 11. Antipyretic effect; it occurs during device application to the main vessels projection.

### **Pain factors:**

- 1. *Neurophysiological factor*, i.e. the pain is provoked by the receptors' or their afferent fibers irritations. Scenar application produces additional afflux of neuro-type pulse signals, thus impeding transfer of the pain pulses to the brain.
- 2. *Neurochemical factor* it is produced by neuropeptides. Scenar stimulation of neurons of vegetative ganglia initiates formation of the opiate-like substances which are antagonistic to the pain conductive neuropeptides, thus blocking pain stimulation transfering. The redox processes disturbance in tissues (e.g., blood access decrease) provokes pain. Transdermal electrostimulation along with stimulation of the central serotonin secretion brings about on-the-spot secretion of an active vasodilation substance that restores redox processes and eliminates pain.
- 3. *Neurohumoral mechanisms* which initiate production of endorphins at the cerebrospinal level (dopamines, norepinephrines) to produce morphine-like effect. Their secretion under pulse treatment stand for a long analgetic effect; the

processes that involve various neuropeptides hold an interim position between the mediator (neurotransmission) and modulator (hormonal) processes. These processes are of great importance for the body's brain functioning and adaptation reaction of an organism.

4. *Psyshic factor*. Cerebral structures receive afferents from the various points of the body. There is the conception which says that the pain information blocking is caused by inhibition effect of a certain truncus cerebri reticular formation on all the afferent system levels including the segmental mechanism of pain input control. The reticular formation is supposed to have the body's specific zones. The electric current stimulation of these zones activates the reticular formation which is resulted in subsequent pain sensibility decrease. Chronic pain causes central neurons' activity change in presence of a cell self-excitation (cell self-excitation is a kind of memory). Transdermal electrostimulation can suppress this activity.

### There are three state-of-health levels:

- 1. Energy level, i.e. organism efficiency.
- 2. Psycho-emotional level (mood, sleep, appetite).
- 3. Mental level (thoughts, fantasies).

The general effect of the Scenar influence on the organism may be interpreted as three "Gs": good sleep, good appetite and good mood. This is the effect of higher energy and reactivity levels and the state-of-health change on these levels would mean that the majority of the therapeutist work for patient's recovery was done successfully.

Energy application level is the impact intensity measured by patient's subjective sensations.

### The Scenar devices can produce the following power levels:

• Comfortable power level, i.e. the power level which does not cause any unpleasant irritative sensations (pain, sharp "tingling", burning, etc.) in patient.

• High (increased) power level, i.e. the power level which causes some unpleasant irritative sensations (slight pain, "pricking", burning, etc.) in patient.

The device application should not cause patient's unbearable sensations. If, nevertheless, the application of high power level is required, it is necessary to determine the patient's individual sensitivity (threshold) on the skin area to be treated, first, and start applying the device only after that step.

### **1.4. Benefits**

Simplicity, accessibility, convenience, and the most essential – efficiency of Scenar devices application is achieved due to:

- automatic adaptation (automatic setting of the output electric impulse of a special complex form, according to electromagnetic feedback from patient);
- direct activation of the body reserves by automatic adjustment of treatment modes according to biological feedback;
- automatic treatment dosage;
- original and safe built-in electrodes;
- detachable extra electrodes;
- standard rechargeable battery;
- easy to clean and disinfect;
- can be used at any setting: in hospital, at home, in a car or in the field;
- ideal for first aid and in an emergency;
- compact and light weight.

There are no many problems in using such a device, indeed! If you have fallen ill, help yourself by mere application of the Scenar device electrodes to the painful area and then to the four general application zones recommended below.

### **2. BASICS FOR DIAGNOSTICS AND TREATMENT**

### **2.1. Enhancement factors:**

- User's professionalism, i.e. his theoretical education and practical skils, observation and intuition, knowledge and ability to use the acquired experience.
- Understanding between patient and Scenar user.
- Thorough knowledge of patient's personality.
- Correction of therapy according to dynamic change in disease condition.
- Body's innate ability to resist illnesses. The higher it is, the more effective will be the therapy.
- Acuity of the disease condition. The more dangerous is the disease, the longer will be the course of treatment.
- Concomitant pathology. Concomitant pathologies in-patient will take more time to gain a positive effect.
- Medical observation and round-the-clock consultation (if necessary).
- Favorable conditions, comfort, good rest and care, no irritants.
- Patient's and Scenar user's firm belief in successful therapy.

### **2.2. Conditions**

- 1. Try to initiate treatment during disease exacerbation.
- 2. It's more effective to treat a sick organ at peak time of its biological activity (at a definite time of the day).
- 3. Try to never prescribe for the same day several different treatments, e.g. massage, physiotherapy exercises, and so on.
- 4. Patient should be in a convenient pose for treatment.
- 5. Do not treat patient on an empty stomach or after excessive meals as well as immediately after tiresome walk. Excitement, bad emotions exert negative influence and decrease therapeutic effect.
- 6. Patients should not take hydrotherapy 2 hours before or after Scenar application.
- 7. Try to get your patient psychologically ready for each session and treat him in a comfortable and relaxed atmosphere.

### 2.3. Uses (Tasks)

- 1. Optimal and efficient treatment, i.e. select optimal treatment zone, to achieve maximum effect for minimum time spent. While choosing treatment zones, it is advisable to use the following sequence order:
  - location of pain (patient's complaint);
  - o large diagnostic symptoms;
  - small diagnostic symptom;
  - o general reflex zones;
  - extra diagnostic symptoms
- 2. Treatment mode selection.
- 3. Scenar prognosis, i.e. how much time it will take the Scenar user to treat his patient, how soon he will gain a positive healing effect.
- 4. Evaluation of the previous therapeutic methods, i.e. to make it clear as to what diseases/remedies the patient had been treated for/with, how many hormones, antibiotics, etc he had taken prior to Scenar application.
- 5. Evaluation of Scenar compatibility with other therapies.
- 6. Definition of the number and duration of Scenar sessions for each patient.
- 7. Making up a picture of Scenar application, combination and alternation of treatment zones and modes.

### **2.4. Diagnostic principles**

If patient's disease condition is diagnosed, then turn to the "Methodical Instructions (see Part 4), developed by the highly experienced Scenar specialists (professional doctors). If patient's disease condition hasn't been diagnosed and he is disturbed by certain acute symptoms, such as pain, itch, inflammation, edema, etc, apply the device to these symptomatic areas as well as to the general reflex zones to ease his condition. Patient's ailment should be diagnosed by medical specialist.

If patient's complaints are not acute or acute symptoms have abated, apply the device to the general reflex zones and diagnose his disease condition with a medical specialist. Following a proper diagnosis, the Scenar user may carry on treatment according to the «Methodical Instructions».

Diagnostics is based on putting together all the complaints, on examination and on Scenar diagnostics proper. Below is the classification of diagnostic symptoms, their revealing will help determine treatment tactics.

#### **Classification of diagnostic symptoms**

- I. Main diagnostic symptoms:A) large;B) small.
- II. Extra diagnostic symptoms:A) primary;B) secondary.

#### I. Main diagnostic symptoms:

A) Large diagnostic symptom – this is the skin area, which appears during Scenar application and differs from the surrounding skin surface by its color, moisture, pain or tactile sensibility, and so on. It also includes the areas where there is a change in the device's slide and sound tone.

There are five large diagnostic symptoms in Scenar: sticking, sensitivity alteration, skin alteration, sound alteration and change in numerical output display.

#### 1. Stickness.

When you draw the device over the skin, it can "stick" so that you cannot get it moving forward without applying force. It means there is a pathological nidus over there. "Sticking" area needs to be treated additionally for 2 - 3 minutes.

#### 2. Sensitivity alteration.

During treatment, the device electrodes contact parts of the skin with different sensitivity. Highly sensitive skin area coincides with the projection of the pathological nidus and is optimal for Scenar application.

#### 3. Skin alteration.

Skin reddening during Scenar application indicates the increased functions in this area and is up for additional treatment. If a pale skin area stands out against the red background, it indicates the decreased functions in this area and is also up for additional treatment.

Upon revealing any uncharacteristic changes in the skin (blister, spot, scar, and so on), apply the device directly to the altered skin area.

#### 4. Sound alteration.

Any change in tonal sound during Scenar application indicates a pathological nidus. Skin area of the altered sound is up for additional treatment for 2-3 minutes.

#### 5. Change in numerical output display.

**B**) **"Small diagnostic symptom"** – this is the most distinct and well-marked small skin area, which appears on the skin surface within the large diagnostic symptom area during Scenar-application.

This is the easy-to-identify and vivid diagnostic symptom and optimal skin area for Scenar application. Small diagnostic symptom must be up for additional treatment until it disappears.

#### **II. Extra diagnostic symptoms:**

A) "Extra primary diagnostic symptom"- this is the small skin area which initially, prior to Scenar application, differs by some of its features from the other skin surface irrespectively of device treatment, i.e. the visually observed symptoms, such as skin coloration, sensation (itch, and others), scar, wound, erosion, pigmentation, and so on.

Extra primary diagnostic symptom is also up for additional Scenar application according to the symmetric treatment method: right - left, top - bottom.

**B) "Extra secondary diagnostic symptom"-** this is the skin area, which appears in the process of Scenar application and differs from the other skin surface. It is located outside the areas applied by the Scenar devices. The secondary symptom is also up for additional treatment. It should disappear with patient's recovery. If the "main small" and "extra secondary" symptoms are located over the endocrine glands, the therapy will be more effective.

If the main diagnostic symptoms are revealed and diagnosed, maximum time should be spent on treating them in accordance with the "Methodical Instructions". If you fail to reveal the main diagnostic symptoms, further treatment should be accented on the extra diagnostic symptoms (be satisfied with few), giving preference to the "secondary" symptoms because their treatment is more effective than that of the "primary" ones.

If neither "main" nor "extra" symptoms are diagnosed, then go on with "active complaint" treatment method , and also apply the device to the general reflex zones (they are described in chapter "General reflex treatment zones", see below).

During a detailed examination of any person, one or another pathology can be revealed next to always. Revealed disorders can be functional or organic.

Functional disorders are reversible and temporal, with structure of tissues and organs being unbroken. Usually functional disorders are easy and quick to correct.

If changes in tissues and organs are structural, then these are the organic disorders. Scenar devices can be used for both functional and organic disorders.

### 2.5. General principles

Scenar-user should be guided by the following principles:

### 1. Treatment "upon active complaint".

Initiate treatment "upon active complaint" if patient shows the exact location of pain, and only then decide on the next area. If there are multiple complaints from patient, initiate treatment from the general reflex zones.

### 2. «Elementary-to-complex» treatment.

Initiate treatment with elementary methods: i.e. apply the device to the location of pain and toward its irradiation (eccentric pain), large diagnostic symptom, small diagnostic symptom, general reflex zones, and extra diagnostic symptoms. Use detachable electrode if there is no direct access to the treatment area.

### 3. Search for the large and localization of the small diagnostic symptoms

(low adequacy principle), i.e. the more exact and accurate is the treatment area chosen by the Scenar user, the higher will be the Scenar effect; the less is the treatment area, the higher will be the healing effect.

### 4. Treatment of the reflexogenic zones.

Reflexogenic zones are located along the major nerve trunks, at the nerve-muscle joints, along the cranial satures, over the sensitive tendon areas (there are acupuncture points over there), over the projection of major lymphatic and blood vessels.

5. Reciprocal treatment, i.e. treatment of the symmetric area.

### 6. Analysis of cyclic changes in the pathological system.

You can analyze them on patient's complaints and device treatment modes. Certain dynamic changes indicate the recovery process is under way. Let's, for instance, take coughing because of bronchi disorders. Initially, there was no cough, then it became dry, and moist the next day, then the phlegm began discharging, and then cough and phlegm considerably decreased and completely disappeared, i.e. the whole cycle is observed: from 0 to 0. It is this cyclic change that must always be analyzed by the Scenar user.

## 7. Analysis of dynamic changes in patient's complaints, sensations and skin.

Scenar-user should notice, analyze and use these changes to stabilize patient's condition.

### 8. Optimal and efficient treatment.

Optimal and efficient treatment means a search for the optimal treatment zone to gain the best possible healing effect, i.e. revealing of the diagnostic symptoms.

### 2.6. Repetition factor

Procedure repetition factor depends on patient's disease condition. Acute disease conditions and first aid patients are treated according to the following principle: the more acute (dangerous) is the disease condition, the more significant should be the treatment dose, and more lengthy and frequent treatment sessions. Every-two-hour sessions are possible to help patient out of this condition. If the disease condition has a positive dynamic change, the intervals between sessions may be increased up to 6-7 hours or completely stopped. Repeat diagnostics and sessions in about 8 to 10 hours.

Chronic and sluggish disorders are usually treated once a day or every other day, but even every 2 days or once a week treatment is possible. Try to treat patients at the same hour and situation for the entire course. Paroxysm-type disorders are treated by relieving each case of paroxysm and by conducting prophylactic therapy courses planned in between paroxysms. It is recommended to conduct 3-4 therapy courses a year, each one consisting of 7-15 sessions. If you are able to determine the paroxysm recurrence rate, it is advisable to conduct prophylactic therapy courses 10 - 14 days prior to paroxysm.

### 2.7. Features

Scenar effects selectively, i.e. only on pathological systems (organs and tissues), and does not affect healthy ones. Scenar features are as follows:

1. Try to initiate therapy when there is an active complaint from patient.

2. Scenar quickly restores functional disorders in the body. Organic disorders take more time to treat.

3. Repeat Scenar course if there are new complaints from patient. For instance, patient took treatment course for hypertension, and later on he caught cold and began coughing. In this case, treatment for his new complaints must be repeated.

Due to no adaptation to treatment, there is no need to continuously increase power level during each Scenar session.

### 2.8. Scenar compatibility

Virtually, Scenar is compatible with all other therapies:

- Homeopathy;
- Hirudotherapy (leeches);
- Phytotherapy;
- Hydrotherapy, swimming;
- Aromatherapy, heliotherapy, informational and wave therapy, saline caves, and so on.

When you combine Scenar with other therapies, be aware of the following:

1. If a pain can be relieved with Scenar alone, analgesics should not be used.

2. If a patient is dependent on hormones, their dosage must gradually be reduced following a positive healing effect.

- 3. You can give up other physiotherapies during Scenar treatment.
- 4. Altitude chamber may be used in the intervals between Scenar courses.
- 5. Scenar is not compatible with extrasensory treatment.

### 2.9. Scenar contraindications

### **Absolute contraindications:**

- individual intolerance to electric current;
- installed heart pacemaker;
- ciliary arrhythmia;
- acute mental disorder;
- acute infectious disease of unknown origin;
- active stage (open form) of pulmonary tuberculosis;
- High temperature (above 39°C).

#### **Relative contraindications:**

- tumor in the brain and spinal cord;
- highly convulsive brain according to electroencephalogram;
- thrombophlebitis (for application to the thrombus areas);
- pregnancy (for application to the spinal column and abdomen).

### **2.10.** Possible Scenar side effects

Possible side effects include complications and unexpected positive effects.

### **Complications**

By their nature Scenar complications may be : true complications; false complications.

### **True Scenar complications**

True Scenar complications are the symptoms or syndromes shown or developed in patient immediately during Scenar session. They are: pain in the cardiac area, cardiac arrhythmia, gravel.

True Scenar complications are identified with the emergence of pains in cardiac region, unbalanced cardiac rhythm and gravel formation. As a rule, true Scenar complications show up in certain groups of population, i.e. the people with acute form of atherosclerosis, asthenics, former sportsmen who were abrupt in giving up active sports.

#### Pains in the cardiac region

If during therapy there are patient's complaints about changes in pain's nature or intensity of pain in the cardiac area, apply the device to this area and treat it until pain disappears (usually it takes few seconds). Scenar specialist should attract patient's attention to it and continue treatment of the painful area until it ceases to be (treatment usually takes few seconds).

#### **Unbalanced cardiac arrhythmia**

During Scenar application to the heart or thorasic areas there may appear sensations of heart disorder (tachycardia, bradycardia, etc). In this case, EKGexamination is needed and if there is no change in its reading, it may be interpreted as a vegetative response of the body to the Scenar session.

To avoid such complications, patients are recommended to perform EKG. If the EKG shows no cardiac disfunction described in the "Contraindications" section, Scenar treatment may be resumed.

#### Gravel

Following the first (second) session, patient may experience acute pain in the area of kidneys, gallbladder, or inadequate analysis of the urine. It happens because during Scenar treatment there was a gravel discharge

### **3. RECOMMENDATIONS**

The meaning of Scenar area or zone stands for the skin and mucosa to be treated with the Scenar device. Only Scenar specialist himself must decide on the area to be treated (he chooses a prescription for each patient, namely for him/her, individually, in a proper situation, environment, day time, etc.). It is his creative work. And it's this originality that the Scenar is determined by.

### **3.1 Reflex treatment zones**

#### 1. "Three tracks" (located on the back)

First track goes along the medial line of the back (projection of the spinous processes). Second and third tracks are located 2.5 - 3 cm to the right and to the left from the medial line of the back (projection of the paravertebral points).

#### 2. "Six points" (facial exit projections of trigeminal nerve)

Outlet points of trifacial nerve branches called "Six-point" zone and located: on both sides of under-the-inner eyebrow edges by the nose bridge, at both wings of nostril, and slightly below of both angles of the mouth.

#### 3. Cervico-occipital area

It is located to the right and to the left from the spinous processes and below the haired edge at a distance of about three longer sides of the electrode.

#### 4. Forehead area

It includes the entire forehead, but its medial line at the electrode width.

### 5. Adrenal area

Adrenal projection is on the back in the middle of the 12-th rib and occupies the area under the electrode.

### 6. Lower part of the abdomen.

Its treatment area can be defined in the following way: put patient's palm on the lower part of abdomen (mid-pubis), palm edges of rectangular form comply with the area to be treated.

#### 7. Coccyx-sacral area

Put patient's palm on the projection of spinous processes at the coccyx area, palm edges of rectangular form comply with the area to be treated.

### 8. Abdomen

Draw vertical and horizontal lines across the umbilicus to divide the abdomen into 4 parts.

#### 9. Spinous process of the 7-th cervical vertebra

Apply device electrodes to the spinous process of the 7-th cervical vertebra.

### **10. Jugular fossa**

It is located in the sternum area (fossa between clavicles and sternum).

11. Buttocks (anatomic area of buttocks and their folds).

**12.** "Solar plexus" zone - located at stomach projection region. This is a roundish zone of about 10 cm in diameter.

**13.** "**Sinocarotid node**" **zone** – is located at the carotid and sternocleidomastoid muscle intersection on the front surface of a neck. There are two such zones (left and right). They are one of the smallest zones in their size, have a round form and each are up to 2cm in diameter.

**14. Zone of ''100 diseases''** is located on an upper third of the shin's outer surface. There are two such zones (left and right). They are oviform zones, each of about 4cm in diameter.

**15.** The "Pain direct projection" zone should be marked out separately. It is located over the area of painful sensations or discomfort phenomena as well as over a sick organ (liver, gall-bladder, etc).

#### Extra treatment zones

Along with general reflex zones usage, extra treatment zones should be widely used, too.

**Reflexogenic zones**, i.e. the body regions with a certain reflex caused by adequate receptors stimulation. Reflexogenic zones take an active part in the regulation of the body's vital functions and allow to use various effects on them for treatment purposes.

**Projection zones**, i.e. the zones projected by internal organs, blood and lymphatic vessels, nerves and nerve plexuses.

Anatomic regions receive their names depending on their disposition on the human body, and there are a lot of them. Special attention should be paid to the distal parts of extremities taking into account their abundant neurotrophic innervation as well as the fact that the majority of meridians (energy channels) are originating and ending over there.

Zakharyin-Ghed zones, i.e. the zones that are closely bound up with various internal organs, but their dispositions do not coincide with the projections of these organs.

**Segmental zones** play an important role in the innervation of various organs and systems and so they may be used for various diseases.

Effect upon the skin is followed by functional changes in organs and tissues which belong to the same segment of a spinal cord to which effected skin surface belongs, too. Changes of vessels' tone, muscles, secretive and motor activity of organs take place at the same time, as far as microcirculation and cell metabolism of tissues and organs are changing, too.

### **3.2 General treatment zones**

While using Scenar-devices for many years specialists have come to conclusion that the five zones of general reflex application have to be necessarily marked. The given zones may be used for any pathology.

#### "Three tracks"

The first path passes along the spinal column from the second cervical vertebra to the coccyx inclusive. Initiate its treatment from the lower edge of the seventh cervical vertebra and shift the device along the spinous processes downward to the coccyx, and then from the second to the seventh cervical vertebrae inclusive.

The second and third paths are located paravertebrally, some 3-5cm to the left (2nd path) and to the right (3rd path) from the spinal median. Treat them by alternately applying device to the symmetrical areas: first of the 2nd path, then of the 3rd one, again of the 2nd path, and so on, beginning from the lower edge of the seventh cervical vertebra till the coccyx.

Be aware of correct position of the device electrodes during treatment: their longer sides should be parallel to the spinal median.

Scenar application to the "Three paths" activates trophic influence of the vegetative nervous system, restores disfunction of the spinal inhibition system, stimulates hormones production, activates metabolism in tissues, improves excitibility and conductivity of the nervous fibres.

Scenar application to any segment of the spinal cord intensifies blood flow and improves metabolism in the entire body Due to the reflex character of regulation improvement of the blood flow and metabolism thanks to effect of Scenar on a segment of the spinal column takes place in all areas of the body, inervated from the given segment.

#### "6 points"

Treatment algorithm of the trigeminal nerve's outlets is carried out in the following way: initiate treatment with the left upper point (point 1), then proceed with symmetric point to the right (point 2), then midpoint to the left (point 3) followed by symmetric point to the right (point 4), next is the left lower point to the left (point 5) followed by symmetric one to the right (point 6). By effecting the ending points of one of the 12-paired craniocerebral nerves, we hereby dispatch neuropulses throughout trigeminal nerve fibers directly to the Central Nervous System.

"Solar plexus" zone - located at stomach projection region. This is a roundish zone of about 10 cm in diameter.

"Sinocarotid node" zone – is located at the carotid and sternocleidomastoid muscle intersection on the front surface of a neck. There are two such zones (left and right). They are one of the smallest zones in their size, have a round form and each are up to 2cm in diameter.

**Zone of "100 diseases"** is located on an upper third of the shin's outer surface. There are two such zones (left and right). They are oviform zones, each of about 4cm in diameter.





### **3.3. Treatment methods**

Treatment methods (technique) are as follow:

- pain location;
- circular segment treatment on a claimed complaint level,
- "Follow-the-pain" treatment;
- distal parts of extremities treatment method;
- Pirogov's ring treatment method;
- "Cross-treatment" method.

#### Pain location treatment method

Pain location and its borders has to be determined at first. Then treatment effect is carried out by applying the device to the local skin area or by making massage movements in continuous treatment mode. Effective treatment duration is defined by the state-of-health improvement or pain relief.

#### Circular segment treatment method on the claimed complaint level

The skin should be treated beginning with the backbone's spinous processes at the level of the sick organ disposition towards its upright projection followed by the organ's projection treatment and then again towards the backbone, thus ending the circle.

**"Follow-the-pain" method,** i.e. device treatment over the area of the painful sensations symptom or discomfort phenomena as well as over a sick organ (liver, gall-bladder, etc). These areas may be treated in continuous treatment mode by applying the device to a local skin area or by making massage motions. If painful sensations are not caused by calculus motion (urolithiasis, cholelithic disease), then individually dosed treatment mode is used. If there is a pain translocation, the device should be translocated in the same direction.

It will take about 15 - 40 minutes to get some positive effect (state-of-health improvement, pains relief).

#### Distal parts of extremities treatment method

The skin of hands and feet should be treated "gloves" and "socks" likewise. There are energy channels and the main microciculatory bed originating and ending on hands and feet. Treatment should be initiated with the palmar surface of the left hand beginning with the little finger first and ending with the thumb, then continued with the palm and then transfered to the back of the hand which should be treated using same-as-above procedure sequence. Feet are treated in the same order as hands.

#### **Pirogov's ring treatment method**

The Pirogov's ring is treated on the neck beginning with spinous processes of the cervical vertebras. The device is rearranged stepwise or moved without taking it off the skin toward the front surface of the neck and then again toward the spinous processes of the cervical vertebras, thus ending the circle. This treatment zone contains large blood vessels, lymph nodes, nerve trunks, thyroid and parathyroid glands.

This zone is liable to treatment if there is a nasopharyngeal pathlogy (rhinitis, sinusitis, laryngitis, tonsillitis), stomatologic or brain pathologies.

#### "Cross-treatment" method

It is applied in cases of pathologies accompanied with pareses and paralyses (insult, for example). Treatment should be initiated with a healthy arm followed by a sick leg, while next procedure should be done vice versa, i.e. a healthy leg - sick arm. Device treatment should be aimed at getting muscular fascicles contraction by means of energy level selection (the higher is the energy level, the higher will be the muscle contraction rate).

# **3.4.** Zones of general reflex treatment (additional zones for the treatment)

Zones of general reflex treatment are parts of the skin which stimulation results in simultaneous and successive activation of body functions and systems. In case of patient complaint variety and complexity of their differentiation the course of ENAR-Therapy should be started with general reflex zones.





### 4. FIRST AID

### **EMERGENCY MEDICAL TREATMENT**

### **4.1. General Principles**

**Urgent states** – are fast increasing disorders of the organism vital functions which threaten patient's life and which must be corrected immediately.

Rendering assistance with the Scenar device should be started as soon as possible and continued until arrival to a hospital.

An increased power level should be used.

### **SHOCK**

Shock is a collective term which characterizes the organism vital functions extreme state which has occurred because of a very strong or prolonged effect.

Shock is manifested as pathological shifts of the central nervous system, blood circulation, respiration and metabolism (exchange).

They distinguish:

- anaphylactic (allergic) shock;
- hemorrhagic shock
- cardiogenic shock;
- toxic infectious shock;
- traumatic shock.

### COMA

Coma is the hardest, final stage of diseases, traumas, intoxications.

It is characterized by the deep damage of the central nervous system - loss of consciousness, suppressing all the reflexes and is followed by the disorder of all vital functions of the organism.

### 4.2. CARDIAC ARREST CLINICAL DEATH STATE

ENAR-Therapy is done against the background of traditional resucitation.

Treated areas:		Additional areas:	
•	cardiac area (49)- up to 10-15 min.	•	jugular fossa (34);
	The device should be placed as	•	main vessels projection (58);
	defibrillator;	•	forehead area (52);
•	"Resuscitation points" (51)- along the	•	temporal area (53);
	middle line above the upper lip and	•	axillary spaces (59);
	under the lower one and the tip of the	•	inguinal area (40);
	nose;	•	cervico-occipital zone (7).
٠	after restoration of the cardiac activity		
	produce effect on the celiac plexus area		
	(50) (located in the stomach projection		
	area).		



### 4.3. RESPIRATORY STANDSTILL

ENAR-Therapy is done against the background of traditional resuscitati on.

Freated areas:	Additional treatment areas:
<ul> <li>jugular fossa (34);</li> <li>anterior surface of the neck (61);</li> <li>breast bone, in the centre (63);</li> <li>ridge of the nose and wings of nostril (5);</li> <li>"resuscitation points" (51) - along the middle line above the upper lip, under the lower lip, and the tip of the nose;</li> <li>celiac plexus area (50) ( activation</li> </ul>	<ul> <li>Additional treatment areas:</li> <li>Pirogov's ring (62);</li> <li>cervico-occipital zone (7) from behind.</li> </ul>
of energy processes).	



### 4.4. ACUTE CARDIO-VASCULAR INSUFFICIENCY COLLAPSE

### **METHODS**

#### **Treated areas:**

- "Resuscitation points" the tip of the nose, under it and the middle of the chin (51);
- cervico-occipital zone (7);
- the 7<sup>th</sup> neck vertebra (8) for 2-3 minutes;
- the region above and under the eyebrow(82);
- 6 points of the fascial nerve outlet on a face {lift a little bit the eyebrow with the electrode in the middle third part;the area adjoining to the wings of nostril;the area near the angle of the mouth (lips) (6);
- temporal area (53);
- forehead area (52);
- area of the heart (49).



### 4.5. ACUTE RESPIRATORY INSUFFICIENCY LUNGS EDEMA

Treated areas:	Additional treatment areas:
<ul> <li>jugular fossa (34) for 4-5 min, pressing it with the device deeply (it is convenient to use a remote electrode);</li> <li>the anterior surface of the neck (61);</li> <li>breast bone (63), in the centre;</li> <li>ridge of the nose and wings of nares (5);</li> <li>"Resucitation points" (51).</li> </ul>	<ul> <li>Pirogov's ring (62);</li> <li>Cervical occipital zone (7) from behind.</li> </ul>



# **4.6. CARDIOGENIC SHOCK** (at acute myocardial infarction, acute heart failure)

Treated areas:	Additional zones of influence:	
• heart direct area (49);	<ul> <li>jugular fossa (34);</li> </ul>	
• "Resuscitation points" (51) – along	<ul> <li>major vessels projection (58);</li> </ul>	
the middle line above the upper lip	• forehead area (52);	
and under the lower one and the tip	• temple area (53);	
of the nose;	<ul> <li>axillary cavities (59);</li> </ul>	
• celiac plexus area (50) (activation	<ul> <li>inguinal area (40);</li> </ul>	
of energy processes);	<ul> <li>cervico-occipital zone (7);</li> </ul>	
• the area on the border of hair	<ul> <li>region of liver and pancreas (15);</li> </ul>	
between the skull and the 1 <sup>st</sup>	<ul> <li>abdomen area (projection of the</li> </ul>	
cervical vertebra (occipital area)	intestine) (56).	
(1).		

![](_page_34_Picture_3.jpeg)

### 4.7. ANAPHYLACTIC (ALLERGIC) SHOCK

Treated areas:       Additional treatment areas:
<ul> <li>"Resuscitation points" (51) - along the middle line above the upper lip, under the lower lip,and the tip of the nose;</li> <li>celiac plexus area (50) (activation of energy processes);</li> <li>point of allergy (67) ( apply the middle finger, with the arm stretched along the body, to the leg there is a point over there which should be treated);</li> <li>cervico-occipital zone (7)</li> </ul>

![](_page_35_Picture_3.jpeg)
## **4.8. TRAUMATIC SHOCK**

# (in the result of mechanical influences: injury, compression, falling from something high etc.), and also: burn shock, cold shock, electric trauma

Treated areas:	Additional zones of influence:
<ul> <li>"Resuscitation points" (51)- along the middle line above the upper lip and under the lower one and the tip of the nose;</li> <li>celiac plexus area (50);</li> <li>the area on the border of hair between the skull and the 1<sup>st</sup> cervical vertebra (occipital area) (1);</li> <li>heart area (49);</li> <li>the place of trauma;</li> <li>at the trauma of lungs – axillary cavities (59).</li> </ul>	<ul> <li>region of liver and pancreas (15);</li> <li>projection of kidneys (30);</li> <li>projection of the intestine (56);</li> <li>jugular fossa (34);</li> <li>cervical-occipital zone (7);</li> <li>forehead area (52);</li> <li>temple area (53).</li> </ul>



# **4.9. HEMORRHAGIC SHOCK** (because of external or internal hemorrhage)

## **METHODS**

#### **Treated areas:**

- if the main vessel is not affected ,we can effect on the wound covering it with the device completely. If the wound is big, you should treat its limits. Then we widen the influence zone around the wound;
- if the main vessel is affected, you have to wrap a band over the place of hemorrhage, to mark it (the time of the band placing), loosening every 20 min for several seconds, to treat the wound and the area around it until the ambulance comes;
- if you suspect the internal hemorrhage, you should treat the area of the affected organ or the bleeding vessel or the spread zone (at hemorrhage in the abdominal cavity the area of abdomen (56), region of liver and pancreas (15), area of spleen (66), projection of kidneys (30); at the hemorrhage in the thoracic cavity to effect on the breast bone (63), ribs and intercostal spaces (36), lung fields region (24), heart area (49);
- "Resuscitation points" (51) along the middle line above the upper lip and under the lower one and the tip of the nose;
- celiac plexus area (50);
- the area on the border of the hair between the skull and the 1<sup>st</sup> cervical vertebra (occipital region) (1);
- heart area (49).

#### **Additional areas:**

- areas of liver and pancreas (15);
- projection of kidneys (30);
- projection of the intestine (56);
- jugular fossa (34);
- cervical-occipital zone (7);
- forehead area (52);
- temple area (53).

# **4.9. HEMORRHAGIC SHOCK** (because of external or internal hemorrhage)



## 4.10. TOXIC INFECTIOUS SHOCK (because of serious infection)

Treated areas:	Additional areas of influence:
<ul> <li>"Resuscitation points" (51)- along the middle line above the upper lip and under the lower one and the tip of the nose;</li> <li>celiac plexus area (50);</li> <li>region of liver and pancreas (15);</li> <li>the area on the border of the hair between the skull and the 1<sup>st</sup> cervical vertebra (occipital region) (1);</li> <li>heart area (49)</li> </ul>	<ul> <li>region of liver and pancreas (15);</li> <li>projection of kidneys (30);</li> <li>projection of the intestine (56);</li> <li>jugular fossa (34);</li> <li>cervical-occipital zone (7);</li> <li>forehead area (52);</li> <li>temple area (53).</li> </ul>



# 4.11. HYPOXIC (CEREBRAL) COMA

Treated areas:	Additional areas of influence:
<ul> <li>forehead area (52);</li> <li>temple area (53);</li> <li>cervico-occipital area (7);</li> <li>the 1<sup>st</sup> cervical vertebra (55);</li> <li>great foramen (occipital region) <ul> <li>(1);</li> <li>"Resuscitation points" (51)- along the middle line above the upper lip and under the lower one and the tip of the nose;</li> <li>celiac plexus area (50);</li> <li>heart area (49).</li> </ul> </li> </ul>	<ul> <li>region of liver (15);</li> <li>projection of kidneys (30);</li> <li>projection of the intestine (56);</li> <li>jugular fossa (34).</li> </ul>



# **4.12. DIABETIC COMA** (both hyperglycemic and hypoglycemic coma)

Treated areas:	Additional areas:
• "Resuscitation points" (51) – along the middle line above the upper lip and under the lower one and the tip	<ul> <li>region of liver (15);</li> <li>projection of kidneys (30);</li> <li>projection of the intestine (56);</li> </ul>
of the nose;	• jugular fossa (34);
• celiac plexus area (50);	• cervico-occipital zone (7);
<ul> <li>region of pancreas (15);</li> </ul>	• forehead area (52);
• heart area (49).	• temple area (53).



# 4.13. ALCOHOLIC COMA

Treated areas:	Additional areas:
<ul> <li>to influence with electrodes of the two devices on floors of the auricles (54) (if you don't have two devices – take the outer electrode);</li> <li>"Resuscitation points" (51)– along the middle line above the upper lip and under the lower one and the tip of the nose;</li> <li>when respiration is suppressed, to treat the jugular fossa (34);</li> <li>celiac plexus area (50);</li> <li>heart area (49).</li> </ul>	<ul> <li>region of liver and pancreas (15);</li> <li>projection of kidneys (30);</li> <li>projection of the intestine (56);</li> <li>jugular fossa (34);</li> <li>cervical-occipital zone (7);</li> <li>forehead area (52);</li> <li>temple area (53).</li> </ul>



## 4.14. ACUTE RENAL INSUFFICIENCY

Treated areas:	Additional areas of influence:
<ul> <li>projection of kidneys (30);</li> <li>adrenal region (16);</li> <li>urinary bladder (38);</li> <li>ureter (31);</li> <li>celiac plexus area (50);</li> <li>heart area (49);</li> <li>" Resuscitation points" (51) – along the middle line above the upper lip and under the lower one and the tip of the nose.</li> </ul>	<ul> <li>region of liver and pancreas (15);</li> <li>projection of the intestine (56);</li> <li>jugular fossa (34);</li> <li>cervico-occipital zone (7);</li> <li>forehead area (52);</li> <li>temple area (53).</li> </ul>



## 4.15. ACUTE HEPATIC INSUFFICIENCY

## **METHODS**

#### **Treated areas:**

- region of liver (15);
- projection of kidneys (30);
- adrenal region (16);
- celiac plexus area (50);
- heart area (49);
- "Resuscitation points" (51) along the middle line above the upper lip and under the lower one and the tip of the nose.

#### Additional areas of influence:

- region of liver and pancreas (15);
- projection of the intestine (56);
- jugular fossa (34);
- cervico-occipital zone (7);
- forehead area (52).



**5. ORGANIC AND FUNTIONAL DISEASES** 

## 1. ACVA. ACUTE DISORDER OF CEREBRAL CIRCULATION. INSULT.

Transient ADCC (dynamic) and insult are distunguished.

Transiet ADCC is of temporary character, neurological symptoms are quickly cupped off and the functions are completely restored.

**Insult;** is deep irreversible damage of the brain, with persistent neurological symptoms and the developing paralysis of one side of the body, speech disorders and other serious functional disorders.

**Causes and Factors:** Depending on the cause of appearance insult can be ischemic (spasm of the brain vessels, thrombosis of the brain arteries, their embolism) and hemorrhagic (vessel rhexis, hemorrhage into the brain tissue).

**Clinical picture:** Neurological symptoms in ADCC and insult is various: from the slight paresis of the extremities to the deep coma.

## 1. ACVA. ACUTE DISORDER OF CEREBRAL CIRCULATION. INSULT.

#### **METHODS**

#### **Treatment areas:**

- cervico-occipital area (7);
- head surface (77);
- anterior cervical surface (61);
- paravertebral area (9);
- area over the thoracic vertebrae (thoracic spine area) (11);
- temporal (53);
- 6 facial exit points of trigeminal nerve (6);
- tip of the tongue (57).



## 2. ADENOMA OF PROSTATE. PROSTATITIS

Adenoma of prostate - it is, as a rule, the change in the prostate structural elements correlation occurring with age(growing of connecting tissue and its substitution of the glandular epithelium). It is a benign tumor.

#### **Causes and Factors**

Previous prostatitis, hemodynamics disorder, congestions in the small pelvis.

#### **Clinical picture**

There is sensation of heaviness in the perineum, insignificant dull pain radiating to the sacrum. Gradually dysuric disorders are added: spasm of sphincter is observed, urine passage is disordered (up to acute ischuria).

**Prostatitis** – it is the inflammation of prostatic gland – prostate. Acute prostatitis and chronic prostatitis are distinguished.

#### **Causes and Factors**

Supercooling, ascending urethral infection of non-specific and specific character (venereal diseases), professional factors (drivers, pilots etc.) Undercured acute prostatitis is often transformed into a chronic form.

#### **Clinical picture**

Complaints of sharp or boring pain in the area of the perineum, sacrum and coccygeal bone, sensations of discomfort during urination, various discharges from the urethra, chill, temperature rising.

In chronic prostatitis the above symptomatology is of obliterated character.

## 2. ADENOMA OF PROSTATE. PROSTATITIS

## **METHODS**

The aim of medical treatment – the liquidation of inflammatory phenomena, edema and congestion, normalization of the act of urination, blood circulation in the small pelvis, pain arresting.

<ul> <li>Treatment areas:</li> <li>lumbosacral area (12);</li> <li>coccyx (68);</li> <li>2nd &amp; 7th cervical vertebras (86);</li> <li>umbilical (46);</li> <li>scrotum (44).</li> </ul>	<ul> <li>Additional treatment areas:</li> <li>paravertebral area (9);</li> <li>cervico-occipital area (7).</li> </ul>
Do 10-15 procedures daily. Repeat treatment in 2 month.	



## **3. ADNEXITIS**

Adnexitis - is the inflammation of the uterine appendages (ovaries and uterine tubes).

#### **Causes and Factors**

It is caused by non-specific and specific microflora (staphylococci, streptococci, colibacillus, gonococci, the simplest etc.). The provoking factors are: supercooling, overfatigue, physical and nervous-psychic overstrain, disorder of personal hygiene.

#### **Clinical picture**

Acute adnexitis and chronic adnexitis are distinguished.

In acute adnexitis there are sharp pains at the bottom of the abdomen and in the area of the sacrum which become stronger during defecation and urination, temperature rising to 39 C, symptoms of general intoxication (sickness, vomiting, abdominal distention). In the chronic course of adnexitis exacerbations occur after supercooling, during menses. All the symptoms are of obliterated character. The serious exacerbations of acute and chronic adnexitis are the formation of abscess, pelvioperitonitis, sterility.

## **3. ADNEXITIS**

### **METHODS**

The aim of medical treatment is to arrest inflammatory process, intoxication, to improve blood circulation and metabolism in the small pelvis, to liquidate congestion, to carry out prophylaxis of commissures formation.

There are general recommendations and principles when doing Scenar to gynecological patients regardless the character of the pathology. Procedures are carried out for 7 days before the menses start, and for 7 days after the menses termination.

Treatment areas:	Additional treatment zones:
<ul> <li>umbilical (46);</li> <li>suprapubic area (39),</li> <li>ovary (97);</li> <li>lumbosacral area (12).</li> </ul>	<ul> <li>anterior and lateral surface of the femur (73);</li> <li>external malleolus (75);</li> <li>front and outer surface of the feet (20).</li> </ul>

If the effect is obvious after treatment of the abdomen anterior wall area, there is no need to treat other areas. In sterility it is recommended to treat as follows: 7-8 days before menses and 7-8 days after menses alternating the course in a cycle. In the absence of pregnancy the next course is continued. The medical treatment is effective in the diseases of inflammatory etiology, commissural process, bend of the uterus. Level of influence of energy - increased.



## 4. ANGINA. TONSILLITIS

**Angina** is the infectious inflammation of tonsils caused by various microflora (streptococci, staphylococci, virus).

#### **Clinical picture**

There are fatigue, headache, body temperature rising sometimes to high numbers, pain at swallowing. Tonsillitis is an inflammation of tonsils. There are acute and chronic tonsillitises as a result of frequent non-cured anginae. It is difficult to swallow, there is a sensation of a foreign body in the throat, pain at swallowing, temperature rising, headache.

## 4. ANGINA, TONSILLITIS

### **METHODS**

The aim of medical treatment is to relieve signs of inflammation, mucous membrane edema and intoxication.





## **5. ARTHRITIS**

Arthritis – inflammation of a joint.

#### **Causes and Factors**

Local or general infection, possibly specific (such as tuberculosis or chlamidiosis), trauma, allergy, autoimmune response, metabolic disorders etc. Arthritis can be caused by: weakened immunity, chronic focal infection (chronic tonsillitis etc.), overcooling, large loads on a joint, heredity.

**Clinical picture** General health condition: poor health, high temperature, sometimes fever. Pain is intensive, spontaneous, worse with movement and at night. There are more than 200 diseases with a clinical picture of mono- (1 joint is affected), or poly-(several joints are affected) arthritis (rheumatism, psoriasis, podagra, rheumatoid arthritis etc.). In arthritis, there are both general and specific symptoms of inflammations. Dermal integuments are hyperemic above the joint, their temperature is high. Except for neurodystrophic arthritis, where they are cyanotic, cold when palpated. Swelling and deformation of the joint involved are developed by inflammatory edema of soft tissues and cartilaginous coverings, and accumulation of exudate in joint. Functional changes are due to pain syndrome, from proliferative or fibrous process. Joint mobility: limited to complete absence of mobility. Laboratory data: changes in blood composition typical for inflammation.

Arthritis can be acute, sub-acute and chronic.

Acute arthritis is characterized with intensity of all above-mentioned symptoms, and mobility restriction is usually reversible.

Sub-acute arthritis. General symptoms are the same but less intense, with longer periods of clinical symptoms, with tendency to more stable function disorder development is marked out.

Chronic arthritis. General symptomatology is less widespread; pain occurs at movements in a joint. Mobility is increasingly limited and proliferative, with fibrous changes, contractures, sub-dislocations, and ankyloses, which may result in the complete loss of joints function (such as bony or fibrous ankylosis from rheumatoid, septic arthritis).

Chronic forms often result in disablement. Scenar course can:

- arrest pain syndrome and inflammation in acute cases quickly and completely;
- in sub-acute process quickly arrest pain syndrome and inflammation and recover joint function;
- for patients with chronic conditions improve and in some cases recover joint function, reduce frequency of attacks, arrest pain.

The effectiveness of the Scenar application depends on the location and stage of the condition.

## **5. ARTHRITIS**

## **METHODS**

Scenar treatment eliminates strain in the affected joint and ligaments and normalizes metabolic processes both locally and in the entire body. Treatment methods have been clinically proven for all types of arthritis.

#### **Treatment areas:**

- cervico-occipital area (7);
- 6 facial exit points of trigeminal nerve (6);
- paravertebral area (9);
- liver-pancreas area (15);
- adrenal area (16);
- Pirogov's ring (tonsil projection) (62);
  - points of the allergy (67).

The device is applied to the projection of the affected and corresponding healthy joints and ligaments until pain disappears and the patient experiences a feeling of warmth. When several joints are affected, treatment should be started from the most painful joint followed by the corresponding healthy one. Treat any affected joints in the same way. If small joints are affected, treat all adjoining small joints. Treat healthy joints half the amount of time as the painful joint. Use high power level to treat arthritic conditions.

Do one session daily for 15-20 days . Repeat treatment in 2 or 3 months.



## **6. ARTHROSIS**

**Arthrosis** - degenerative and dystrophic disease of joints. Arthrosis is a wide-spread disease of joints, especially among elderly people. It affects both major (hip, knee, elbow, ankle) and minor joints (wrist, interphalangeal, tarsometatarsal and also vertebral joints – spondylarthrosis).

## 6. ARTHROSIS

### **METHODS**

Scenar treatment eliminates strain in the affected joint and normalizes metabolic process both locally and in the entire organism. Treatment methods have been clinically proven for all types of arthrosis.

The device is applied to the projection of the affected and corresponding healthy joints and ligaments until pain disappears and the patient experiences a feeling of warmth.

Treat healthy joints half the amount of time as the painful joint. When several joints are affected, treatment should be started from the most painful joint followed by the corresponding healthy one. Treat any affected joints in the same way. If small joints are affected, treat all adjoining small joints.

Treatment areas:	Additional treatment zones:
<ul> <li>hip joints (22);</li> <li>shoulder joints (21);</li> <li>knee joints (23);</li> <li>elbow joint (14);</li> <li>ankle joint (28).</li> </ul>	<ul> <li>6 facial exit points of trigeminal nerve (6);</li> <li>cervico-occipital area (7);</li> <li>paravertebral area (9);</li> <li>liver-pancreas area (15).</li> </ul>

Use high power level. Do one session daily for 15-20 days.



## 7. ASTHMA (BRONCHIAL)

**Bronchial asthma** - chronic disease of the respiratory organs. It is characterized with recurrent abnormal diffusion in the bronchial tree due to a sudden bronchostenosis caused by muscular spasm and bronchial obstruction with viscid discharge.

There are three forms of bronchial asthma: atopic (non-infectious, allergic), allergic (infectious, allergic), and mixed.

#### **Causes and Factors**

Exogenous and endogenous allergens. In atopic form of bronchial asthma the great role is played by the increased sensitivity to some chemical, biological and physical factors – exoallergens that is conditioned in some cases by heredity and organism structural peculiarities and also by contact time with an allergen. In the development of infectiousallergic form of bronchial asthma the defining moment is the presence in anamnesis of the respiratory organs infectious and inflammatory diseases suffered (pneumonia, frequent bronchites, respiratory viral diseases) on the grounds of which the allergy to some factors occurred.

Mixed form means equal participation of the 1st and the 2nd moments in occurring of bronchial asthma.

#### **Clinical picture**

Bronchial asthma is characterized by periodical attacks of asphyxia with expiratory dyspnea, cough increasing to the end of the attack and large amount of viscid light sputum.

The patient is forced to be in half sitting position. Coverlets are of gray colour, cyanotic; breathing is frequent, noisy, with hard and prolonged expiration.

One can hear different sibilant, buzzing rales.

#### **Bronchial asthma among children**

In the recent decade the increase of bronchial asthma is registered among children. It generally occurs among children of the age between 2-4 years old, moreover children under 3 are mainly suffered with atopic form of disease, and those older –with infectious-allergic form.

In most cases , infectious-allergic and atopic forms are defined relatively. As a rule the reason for the first Bronchial asthma attack is the direct result of upper respiratory organs diseases, such as: bronchitis, pneumonia, occasionally food allergens, serum infections, vaccines, psychic and physical traumas, etc.

Irrespective of their forms, bronchial asthma attack among children is processing as a rule gradually within the few hours or few days. Owing to this we are able to define some symptoms which can be foreseen, such as: motivation of behavior(excitement, excessive mobility, or vice versa, inertia and drowse), allergic rhinitis, itch in nose, sneezing, obsession cough, short breath. Subsequently if you are unable to block up your state, suffocation is proceeding. During the attack a patient is in the forced

semi-sitting position; the expression of his face is scared, pupils are wide-open. The colour of the skin is light-grey, cyanosis and acrocyanosis among mouth are visible. Chest is obviously swollen, shoulders are lifted, chest below papillae is visibly exulted, costal arches are unfolded. Breathing is quickened (among the children of early age it makes up between 70-80 breathings per minute), inhalation and exhalation are considerably complicated. Exhalation is long , noisy and accompanied by dry sibilant rales. Coughing can be occasional , but at the end of the attack it is usually intensified; thick sticky viscid sputum is hardly separated.

## 7. ASTHMA (BRONCHIAL)

## **METHODS**

Scenar treatment arrests attack, makes asphyxia less frequent, relieves strain in bronchi, and normalizes metabolic process both in the broncho-pulmonary system and in the entire organism.

## ATTACK ARRESTING

#### **Additional treatment zones: Treatment areas:** jugular fossa (34) 3-4 min; most painful area; 7th – 8th cervical vertebrae area cervico-occipital area (7); liver-pancreas area (15); (8);• adrenal area (16); scapula (10); area over the thoracic vertebrae sural muscle surface (18). (thoracic spine area) (11); interscapular (78); along the lung fields (24) go down

paravertebrally and then go up with

after several cycles of movements we go to ribs & intercostal spaces

circular movements;

lung root (25); trachea (33).

(36), then we go back etc; main bronchial area (26);

You should work with slight pressure applied to the skin. It is recommended to revert to short treatment of the jugular fossa area (34) at every spasm of bronchi coming up (whistling). The front surface of the chest is treated for 5-6 min. the projection of main bronchial area (26) and trachea (33). Treatment is done at the high power level.

## 7. ASTHMA (BRONCHIAL) ATTACK ARRESTING



## 7. ASTHMA (BRONCHIAL) OUT OF ATTACK

Treatment areas:	Additional treatment zones:
• main bronchial area (26);	• liver-pancreas area (15);
• trachea (33);	• sural muscle surface (18);
• sternum (63);	• adrenal area (16);
• cervico-occipital area (7);	• palm (45).
• the area of lung fields (24) (see	
methods above);	
<ul> <li>scapula (10);</li> </ul>	
• interscapular (78);	
• area over the thoracic vertebrae	
(thoracic spine area) (11);	
• Pirogov's ring (tonsil projection)	
(62);	
• points of the allergy (67).	
The treatment of the areas should l	be done from the bottom to the top.

Do 15-20 procedures for the treatment course. In case of hormonodependent bronchial asthma (hormonotherapy), do 30-35 procedures. Repeat treatment in 2 or 3 months.



## 8. BRONCHITIS

**Bronchitis** – inflammation of bronchi. This term is used to define a primary bronchitis (nosologic forms – acute bronchitis and chronic bronchitis), and also a secondary bronchitis.

#### **Causes and Factors**

The main cause of bronchitis – viruses (respiratory etc.) and bacteria (staphylococci, streptococci, pneumococci, colibacillus etc.), less frequently - fungi.

Acute bronchitis takes its progress under the influence of cold and dry air, evaporations of chlorine, acids, alkalies etc.

The causes of the secondary bronchitis are various: chronic pneumonia, diseases of heart (congestive bronchitis), kidneys (uremic bronchitis), tumors of bronchi and lungs, pulmonary emphysema, pneumosclerosis etc.

Smoking plays its definite role (smoker's chronic bronchitis), and also dust and diseases connected with harmful professions (anthracosis, silicosis).

Chronic pathology of LOR-organs (rhinitis, adenoiditis, sinusitis, chronic tonsillitis) is a provoking factor for bronchitis coming up.

Catarrhal bronchitis – the inflammation is located within the mucous membrane of a bronchus (endobronchitis).

Purulent bronchitis – middle or all layers of bronchi are involved into the process (mezo- and panbronchitis).

Destructive bronchitis is the transition of inflammation to peribronchial and intermediate tissue of lungs (peribronchitis, interstitial peribronchial pneumonia).

Pathology of LOR- organs (rhinitis, adenoiditis, sinusitis, chronic tonsillitis).

#### **Clinical picture**

Acute bronchitis starts with fatigue, weakness. Symptoms for inflammation of throat (pharyngitis), larynx (laryngitis), trachea (tracheitis) are quickly developed. Patients feel constraint in the chest, pain behind the breast bone. Then comes gradually increasing cough with sputum hard to expectorate, the character of sputum can change according to inflammation character.

Sputum can be purulent, saprogenic, blood-streaked, fibrinous and mixed. Body temperature is normal or subfebrile. Acute bronchitis in children and old people often takes its hard course being complicated with pneumonia. They distinguish organic and diffusive bronchitis, non-complicated and complicated with asthmatoid syndrome, peribronchitis (peribronchial pneumonia), pulmonary emphysema etc., and depending on functional disorders - non-obstructive and obstructive forms of bronchitis. Bronchitis often is the main pathogenetic link in development of pulmonary emphyzema, chronic pneumonia, bronchiectasia, pneumosclerosis, bronchial asthma.

## **8. BRONCHITIS**

## **METHODS**

Scenar treatment eliminates inflammation and normalizes metabolic process in the broncho-pulmonary system.

Treatment areas:	Additional treatment zones:
<ul> <li>lung fields (24) - treat for one or two minutes, from the lung roots (25), in a circular (spiral) motion, upward - to the left and downward - and to the area of departure;</li> <li>main bronchial area (26);</li> <li>ribs and intercostal spaces (36);</li> <li>above the sternum (63) from the jugular fossa (34) to the metasternum (79);</li> <li>infraclavicular area (37);</li> <li>supraclavicular area (35) from the bottom to the top;</li> <li>jugular fossa (34);</li> <li>trachea (33).</li> </ul>	<ul> <li>nostrils and bridge of the nose (5);</li> <li>maxillary sinus (4);</li> <li>frontal sinus (3);</li> <li>forehead between the eyebrows ("the third eye") (2);</li> <li>cervico-occipital area (7);</li> <li>lumbosacral area (12);</li> <li>sural muscle surface (18);</li> <li>Pirogov's ring (tonsil projection) (62);</li> <li>palm (45);</li> <li>plantar surface of the foot (72).</li> </ul>

It is recommended to change the beginning place of the procedure – one day you start from the left, next day – from the right. One should treat with medium intensity power (a patient feels moderate discomfort), changing intensity to the low one, then increasing it again until manifested hyperemia (reddening) comes up and sputum discharges.



## 9. BURSITIS

**Bursitis** – inflammation of the periarthric mucous bursa.

## **METHODS**

Scenar treatment relieves pain symptom and eliminates inflammation.

Treatment areas:	Additional treatment areas:
<ul> <li>pain location (affected joint, swelling);</li> <li>near-by muscles and tendons;</li> <li>Pirogov's ring (tonsil projection) (62);</li> <li>axillary cavities (59);</li> <li>inguinal area (40);</li> <li>popliteal fossa (47);</li> <li>"Three tracks" - area includes 59 and 99;</li> <li>adrenal area (16).</li> </ul>	<ul> <li>plantar surface of the foot (72);</li> <li>palm (45);</li> <li>celiac plexus (50);</li> <li>"100 diseases" (100);</li> <li>points of the allergy (67).</li> </ul>
Design treatment on the healthy joint symmetry	tria to the offected one Use comfortable

Begin treatment on the healthy joint symmetric to the affected one. Use comfortable power level. Do 10-20 sessions for the treatment course. Repeat treatment in 2 or 3 months.



## **10. INFANTILE CEREBRAL PARALYSIS**

**Infantile cerebral paralysis** – brain's and spinal cord non-progressive disease caused by their injury at pre-natal period, in labor or immediately after delivery.

## **METHODS**

Scenar treatment eliminates symptoms that cause infant's physical lag.

Treatment areas:		Additional treatment areas:		
•	"Three tracks"- area includes 59	• auricle surface (54);		
	and 99;	• Pirogov's ring (tonsil projection)		
•	6 facial exit points of trigeminal	(62);		
	nerve (6);	• metasternum (79);		
•	"100 diseases" (100);	• brachial plexus (95).		
•	celiac plexus (50);			
•	cervico-occipital area (7);			
•	liver-pancreas area (15);			
•	head surface (77);			
•	adrenal area (16);			
•	lumbosacral area (12).			
Use comfortable power level.				
Do 30-40 sessions for the treatment course.				
Repeat treatment in 1 or 1.5 months				



# **11. ACUTE CHOLECYSTITIS**

Acute cholecystitis – inflammation of the gallbladder.

# **11. ACUTE CHOLECYSTITIS**

### **METHODS**

Scenar treatment arrests pain and eliminates inflammatory process in the gallbladder.

Treatment areas:	Additional treatment areas:
<ul> <li>Treatment areas:</li> <li>most painful area;</li> <li>gall-bladder (89);</li> <li>resuscitation points (points over the upper lip and under the lower lip (51);</li> <li>celiac plexus (50);</li> <li>"Three tracks"- area includes 59 and 99;</li> <li>6 facial exit points of trigeminal nerve (6);</li> <li>umbilical (46);</li> <li>ahdomen (projection of the</li> </ul>	<ul> <li>Additional treatment areas:</li> <li>lumbosacral area (12);</li> <li>"100 diseases" (100);</li> <li>adrenal area (16);</li> <li>clavicle-scapula median (65);</li> <li>interscapular (78);</li> <li>axillary cavities (59).</li> </ul>
<ul> <li>abdomen (projection of the intestine) (56);</li> <li>subcostal (87);</li> <li>supraclavicular area (35);</li> <li>infraclavicular area (37);</li> <li>scapula (10).</li> </ul>	

Use high power level. Do 10 – 15 sessions for the treatment course.

Patients who have been operated on cholecystectomy are recommended one or two Scenar courses of 10 sessions each.



## **12. CHRONIC CHOLECYSTITIS**

**Chronic cholecystitis** – recurrent inflammation of the gallbladder wall.

## **METHODS**

Scenar treatment eliminates inflammation in the gallbladder wall and extends remission.

Treatment areas:	Additional treating areas:			
<ul> <li>most painful area; gall-bladder (89);</li> <li>liver-pancreas area (15);</li> <li>celiac plexus (50);</li> <li>"Three tracks"- area includes 59 and 99;</li> <li>abdomen (projection of the intestine) (56);</li> <li>scapula (10).</li> </ul>	<ul> <li>"100 diseases" (100);</li> <li>adrenal area (16); s</li> <li>upraclavicular area (35);</li> <li>infraclavicular area (37);</li> <li>clavicle-scapula median (65);</li> <li>interscapular (78).</li> </ul>			
Do 10-12 sessions for the treatment course.				
Repeat treatment in 3 or 4 months. Use comfortable power level.				



## **13. CONTUSION**

**Contusion** – mechanical damage of soft tissues without damage of cutaneous (dermal) integuments.

#### Causes and Factors – trauma.

#### **Clinical picture**

Pain: is sharp at the moment of trauma, in some minutes it is reduced obviously without taking analgetics. As the swelling becomes larger the pain is increasing again. Swelling and edema on the place of damage come up either at once after trauma or some time later. The hemorrhage is formed on the place of trauma at once or after some time. Hematoma can be formed later on in place of the bruise.

#### **METHODS**

The aim of medical treatment: pain syndrome relieving, reducing of tension and normalization of metabolism in the trauma region.

Treatment areas:	Additional treatment areas:		
The device is applied directly in the area of	• 7th & 8th cervical vertebrae area		
trauma, the groups of neighbouring	(8);		
muscles, involved joints and painful points	• area over thoracic vertebrae		
occurring at minimal loading on the	(thoracic spine area) (11);		
extremity (in joint's area contusion,	• scapula (10);		
strained muscles).	• lumbosacral area (12).		
Do 5-10 procedures daily.			

## **14. CRANIOCEREBRAL INJURY**

**Craniocerebral injury** is the injury resulted from a blow and accompanied with damage of the brain. Open injury (fracture of the vault or other departments of the skull) and closed injury (concussion, contusion of the brain, hematoma) are distinguished.

#### **Clinical picture**

Seriousness of patient's state is determined by the degree of damage. The level of consciousness can be expressed as a light form of stun and the hardest coma. Peripheral neurological symptomatology depends on the location and character of the damage. Craniocerebral injury is a frequent cause of death.

#### **METHODS**

The aim of medical treatment is relieving of brain edema, decompression (intracranial pressure reducing), stopping of bleeding.

<ul> <li>Treated areas:</li> <li>the site of injury;</li> <li>the occipital region (1);</li> <li>the 1<sup>st</sup> cervical vertebra (55);</li> <li>6 facial exit points of trigeminus (6);</li> <li>area of the carotid artery (60);</li> <li>cervico-occipital area (7);</li> <li>the abdomen region (56).</li> </ul>	<ul> <li>Additionally treated areas:</li> <li>celiac plexus area (50),</li> <li>all joints;</li> <li>regions of the liver and pancreas (15);</li> <li>area of the spleen (66).</li> </ul>
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Treat at high power level for 10-15 min, repeating the influence several times per day.


### **15. CROHN'S DISEASE**

**Crohn's Disease** – is a disease which is usually characterized by the affection of the ileum end section (terminal ileitis). It is of inflammatory character, some parts of intestine are thickened and ulcerated.

#### **Clinical picture**

The disease course can be acute (like in acute appendicitis) and chronic when there often occurs partial ileus with manifested painful syndrome and diarrhea. If the disease is neglected, the ulcer is formed in the intestine. This part of the affected intestine can be perforated (perforation of the ulcer) with further forming of fistula near the anus, adhesion with the sigmoid colon and other sections and also with the urinary bladder.

### **15. CROHN'S DISEASE**

### **METHODS**

Treatment areas:	Additional treatment zones:
<ul> <li>scapula (10);</li> </ul>	<ul> <li>cervico-occipital area (7);</li> </ul>
• area over thoraic vertebrae	• 7th-8th cervical vertebrae area (8).
(thoracic spine area) (11);	
<ul> <li>lumbosacral area (12);</li> </ul>	
• coccyx (68) at the medium power	
level for 2-3 min.	
<ul> <li>abdomen (projection of the</li> </ul>	
intestine) (56) for 3-4 minutes;	
<ul> <li>front and outer surfaces of the</li> </ul>	
calves (19);	
• front and outer surface of the feet	
(20);	
• sural muscle surface (18);	
• popliteal fossa (47).	
Do 10-15 pro	cedures daily.



### **16. CYSTITIS**

**Cystitis** – inflammation of the urinary bladder wall. Cystitis is one of the most frequent urologic diseases.

#### **Causes and Factors**

The cause of infectious cystitis is infection (colon bacillus, various cocci etc.). The cause of non-infectious cystitis can be medicaments at their durable application in large dosages (phenacetin cystitis, urotropine cystitis); burns by concentrated solutions of chemical substances, by solutions at the temperature above 45 C (burn cystitis); trauma of mucous membrane with urinary calculus, foreign body (catheter); radiotherapy of the neighbouring organs (radiation cystitis). Cystitis can be caused by: supercooling, spices, smoked food, alcoholic drinks. In acute cystitis the mucous membrane is often affected. In chronic cystitis the entire wall of the urinary bladder is involved into the process. The wall is infiltrated, thickened, its elasticity is reduced.

Acute cystitis and chronic cystitis are distinguished.

### **ACUTE CYSTITIS**

**Clinical picture**. Acute cystitis usually comes up at once after supercooling or influence of some other provoking factor. Patients complain of: Frequent painful uresis, pains at the bottom of the abdomen, pyuria (pus in urine). Because of frequent vesical tenesmus the patients (especially children and teenagers) cannot hold urine inside. Severe forms of the acute cystitis (phlegmonous, gangrenous, hemorrhagic) are characterized by serious general state, manifested intoxication, high body temperature, fever. Urine: cloudy, with saprogenous odor, contains flakes of fibrin, sometimes mucous membrane epithelium layers, admixture of blood. Serious forms of the disease take their durable course, often with complications.

#### **CHRONIC CYSTITIS**

**Clinical picture** of chronic cystitis is various and depends on etiological factor, general state of a patient. The main symptoms are the same as in acute cystitis, but they are less manifested. Chronic cystitis takes its course with constant more or less manifested complaints and changes in urine – leukocyturia, or with relapses, exacerbations taking their course as in acute cystitis and remissions, when clinical manifestations of cystitis are absent. Interstitial cystitis (ordinary ulcer of urinary bladder) - a special form of inflammatory damage of the urinary bladder wall.

Its **Causes and Factors** have not been finally discovered yet. Inflammatory process starts in submucous layer, affects gradually all layers of urine bladder wall, the bladder capacity is reduced (corrugared urinary bladder). Trophicity disorder results in ulcers forming. Women of 45-50 suffer from this disease more often. The course of the disease is long, progressing, with manifested dysuria, terminal hematuria. Radiation cystitis is a complication of radiotherapy, depends on irradiation dose and tissue sensibility. It comes up during radiotherapy course, directly after it, in several weeks, months or years. Clinical manifestations and changes in urine are the same as in chronic cystitis.

### **16. CYSTITIS**

### **METHODS**

The aim of medical treatment: in acute cystitis - pain syndrome and dysuric phenomena arresting, acceleration of inflammation relieving, local improvement of metabolism and microcirculation; in chronic cystitis - to prevent relapses and exacerbations. During exacerbation period – see acute cystitis.

Treatment areas:	Additional treatment areas:
<ul> <li>the spot of the pain and its irradiation (the place to which the pain radiates);</li> <li>urinary bladder (38);</li> <li>lumbosacral area (12);</li> <li>gluteals (91) to gluteal folds;</li> <li>kidneys (30);</li> <li>ureters (31);</li> <li>urethra (29).</li> <li>The device is applied by moving it from the top downwards, for about 2 hours, first at the comfort power levels and then – at high power levels.</li> </ul>	<ul> <li>front thigh, lower third (17);</li> <li>front and outer surface of the calves (19);</li> <li>cervico-occipital area (7);</li> <li>paravertebral area (9).</li> <li>No antibiotics should be prescribed during the treatment course.</li> </ul>
Do 15-20 procedures daily. Rep	eat treatment in 1-1,5-2 months.



### **17. DIABETES MELLITUS**

**Diabetes mellitus** - the disease is characterised with the damage of the carbohydrate metabolism, when sugar oxidation in the organism does not occur due to the insufficient insulin hormone secretion by the pancreas.

#### **Causes and Factors**

Hereditary predisposition, organic diseases of the pancreas, other metabolic disorders. Diabetes mellitus can be of two types:

- diabetes mellitus of the 1st type (insulin dependent diabetes mellitus) develops in childhood and young age and is characterised by the severe disease development. Insulin in the organisms of these patients practically is not produced;
- diabetes mellitus of the 2nd type (non-insulin dependent diabetes mellitus) appears aft6er the age of 40, insulin is secreted by the pancreas but in the insufficient quantity.

The appearance of diabetes can be provoked by the ecxessive consumpsion of the carbohydrates and sweets, infectious diseases, stresses, physicak loads, obesity, etc.

#### **Clinical picture**

Quick fatiguability, excessive appetite and polydipsia increased urination. With the increase of glucose in the blood diabetic (hyperglycemic) coma develops, with the glucose insufficiency – hypoglycemic coma. Diabetes mellitus quickly leads to the serious vascular complications – retinopathy with the consequent blindness, nephroangiopathy with the development of renal insufficiency, angiopathy of the extremities with the development of the diabetic gangrene.

### **17. DIABETES MELLITUS**

### **METHODS**

#### **Treatment areas:**

- liver-pancreas area (15);
- 6 facial exit points of trigeminal nerve (6);
- paravertebral area (9);
- abdomen (projection of the intestine) (56).

**The treatment course** – 15-20 procedures.



### **18. DISLOCATION**

**Dislocation** – displacement from normal position of bones articular ends in a joint.

#### **Causes and Factors**

Traumatic dislocation comes up because of excessive and non-peculiar to the subject joint movement, more seldom - because of a blow or pressure on a joint. As a rule, traumatic dislocation is followed by the damage of the ligamentous apparatus.

Ordinary dislocation which has come up on the grounds of the preceding one with substantial damage of the ligamentous apparatus (not cured laceration) due to anatomically wide articular fissure or other anomalies of congruent surfaces development.

Congenital dislocation comes up because of dysplasia, articular ends of bones developmental anomaly (congenital dislocation of a femur).

#### **Clinical picture**

General state is relatively satisfactory, mild, more seldom – serious. Pain: sharp, local in the joint area, increasing at the attempt to move. Swelling is in the joint area. Function disorder – movements are impossible at once after the trauma. First aid: fixation of the joint and the extremity, transportation to a hospital or traumatological station for setting a bone. After setting a bone, it is recommended to have a Scenar course.

### **18. DISLOCATION**

### **METHODS**

Scenar- main task: on the pre-hospital stage - to reduce pain syndrome manifestation, to make microcirculation and metabolism in the damaged joint better, then to facilitate sufficiently the rehabilitation process.

Treatment areas: _ne should apply the	Additional treatment zones:
device directly to trauma area.	<ul> <li>the symmetric extremities;</li> <li>7-th &amp; 8-th cervical vertebrae area (8);</li> <li>scapula (10);</li> <li>area over the thoracic vertebrae (thoracic spine area) (11);</li> <li>lumbosacral area (12).</li> </ul>
The treatment course	e – 10-15 procedures.



### **19. DISURIA**

**Disuria** - is the disorder of urination when urine is accumulated in the urinary bladder. Ischuria can take its acute and painful course (acute ischuria) or it can take its chronic, painless course.

#### **Causes and Factors**

The most frequent cause of acute ischuria in men is the significant enlargement of the prostate. Ischuria can be caused by tumors and inflammatory processes of the urinary bladder and ureter, abturation (closing of lumen) of ureter with a stone, mucous stopper, stenosis (contraction of lumen), strictures, congenital anomalies of the ureter, spasm of sphincter, neuroses.

#### **Clinical picture**

There are sharp pains in the urinary bladder area because of its distention (acute ischuria). The abdomen is increased due to the urinary bladder. Percussion and palpation of the abdomen are extremely painful.

### **19. DISURIA**

### **METHODS**

The aim of medical treatment is relieving of edema, stimulation of sphincter and its further relaxation (opening) and evacuation of urine.

Treatment areas:	Additional treatment zones:
<ul> <li>the place where the urinary bladder (38) passes into the urethra (29);</li> <li>lower part of the suprapubic area (39).</li> </ul>	<ul> <li>occipital (1);</li> <li>lumbosacral area (12);</li> <li>back surface of the femurs (76).</li> </ul>
Do 10-15 pro	cedures daily.



### 20. ECZEMA

**Eczema** – inflammation of the superficial skin layers due to external or internal irritants, which is characterized with polymorphous eruption, intense itch, and weeping blisters and scabs on the affected areas.

### **20. ECZEMA**

### **METHODS**

Scenar treatment is to eliminate inflammatory process on the dermal surface.



Use comfortable power level.



### **21. OBLITERATING ENDARTERITIS**

**Obliterating endarteritis** – a systemic inflammatory vascular disease with a prevalent lesion of the muscular arteries.

### **METHODS**

Scenar treatment eliminates inflammation in the peripheral vessels and improves functions of the affected limb.

#### **Treatment areas:**

- complaint location;
- lumbosacral area (12);
- inguinal area (40);
- major vessels (aorta and pulmonary arteries) (58);
- axillary cavities (59);
- Pirogov's ring (tonsil projection) (62);
- adrenal area (16);
- thyroid (96);
- "100 diseases" (100).

Do the procedure while patient is in lying position.Use comfortable power level. Do 15-20 sessions for the treatment course. Repeat treatment in 2 months.



### **22. ENDOMETRIOSIS**

#### **Causes and Factors**

This is a disease which is characterized by the presence of formations of the tissue similar to endometrium in different areas of pelvis (according to some data – of endometrium). These formations can be located in ovaries, uterine tubes, pelvis ligaments, peritoneum, in the neck of the uterus and in the vagina. The cells of the uterus cavity mucous membrane are "spread" in the opposite direction all over the small pelvis during menses. This tissue is cyclically changed similar to the real endometrium, i.e. it "menstruates".

#### **Clinical picture**

In women – strong painful syndrome and dysmenorrhea (disorders of menstrual cycle). These symptoms are present up to the menopause, they disappear only during pregnancy. Frequently endometriosis results in formation of commissures in the small pelvis.

### **22. ENDOMETRIOSIS**

#### **METHODS**

#### **Treatment areas:**

- lumbosacral area (12);
- adrenal area (16);
- urinary bladder (38);
- ovary (97);
- inguinal area (40);
- umbilical (46);
- female perineal and genital (48);
- celiac plexus (50);
- axillary cavities (59);
- inguinal area (39).

### Additional treatment areas:

- Pirogov's ring (tonsil projection) (62);
  - coccyx (68);
- anal (94);
- "100 diseases" (100).

Do 10-15 procedures. Procedure lasts for 40 min. Repeat treatment in 2 or 3 months



### **23. ENURESIS**

**Enuresis** is involuntary urination at night.

#### **Causes and Factors**

Enuresis can be caused by infectious diseases but more often it is of functional nature, mainly children suffer from this disease. (one of the children's neurosis form). The disease usually is developed independently with transfer into the elder age category, but sometimes it remains in teen-agers and even in adults.

#### **Clinical picture**

Frequent urination during sleep.

### **METHODS**

#### **Treatment areas:**

- lumbosacral area (12);
- coccyx (68);
- from the umbilical (46) to the suprapubic area (39);
- scrotum (male 44), female perineal and genital (female 48);
- abdomen (projection of the intestine) (56);
- paravertebral area (9);
- cervico-occipital area (7).

Do 10-15 procedures daily. The result, as a rule, is delayed and comes after 2-3 courses.



### **24. EPILEPSY**

**Epilepsy** - the disorder of the brain functions which is characterized with periodical, suddenly coming up spasmodic attacks.

#### **Causes and Factors**

There are idiopathic (without organic affection of brain) and organic epilepsy. Idiopathic epilepsy includes generalized epilepsy which can be manifested in the form of major or minor attacks. Etiology of epilepsy varies very much (genetic predisposition, birth injury, cysts, tumors of brain, traumas of skull etc.).

#### **Clinical picture**

Major spasmodic attack consists of two phases: tonic (a patient falls down without consciousness, muscles are cramped, breathing is weakened, skin and lips become cyanotic) and clonic (convulsive movements come up, patient "knocks against" the floor in the attack of convulsions, bites the tongue, there are often involuntary urination and defecation). Convulsive movements are gradually stopped, a patient doesn't remember what happened, then he comes to himself. The attack or a number of attacks result in deep sleep. Minor convulsive attack is manifested in the short term (several seconds) loss of conscience (the patient just remains still in the previous posture), short term twitching of fingers, frequent blinking, stillness of the eyeballs. Nearly every time before the attack we can observe aura in patients - the condition when they see and hear the same pictures and sounds, feel definite smells and tastes. Organic epilepsy is caused by the organic damage of the brain and the character of the attacks depends on the damage location. Jacksonian epilepsy is revealed in the typical sequence of convulsions - from the thumb, along the arm and to the face. Psychomotoric epilepsy appears as a result of the temporal or parietal lobe of the brain damage and can be expressed in the form of the psychical equivalent of the spasmodic attack (various hallucinations, psychomotor excitement, unmotivated aggression).

### **24. EPILEPSY**

### **METHODS**

Treatment areas (attack arresting):	Treatment areas (out of attack):
• resuscitation points (points over the	• cervico-occipital area (7);
upper lip and under the lower lip) (51);	• head surface (77);
• frontal (52);	• liver-pancreas area (15);
• temporal (53);	• adrenal area (16);
• external forearm surface (13);	• kidneys (30).
• hand back surface (41);	
• forearm interior surface (42);	
• palm (45);	
• back surface of the shank (74);	
• front and outer surfaces of the calves	
(19).	
The treatment course $-20-25$ procedures.	



### **25. FACIAL PARESIS**

**Facial paresis** – peripheral or central affection of the facial nerve. It results in malfunction of the mimic muscles.

### **25. FACIAL PARESIS**

### **METHODS**

Scenar treatment eliminates paresis of the mimic muscles.

Treatment areas:	Additional treatment areas:
• behind-the-ear (90);	<ul> <li>maxillary sinus (4);</li> </ul>
• ear lobule-temple (mastoid	• nostrils and bridge of the nose (5);
projection) (84);	<ul> <li>nasal active points (43);</li> </ul>
• "Three tracks"- area includes 59	• nostril-eye (81);
and 99;	• over-and-under-the-eyebrow (82);
• 6 facial exit points of trigeminal	<ul> <li>lower jaw angle (83);</li> </ul>
nerve (6);	<ul> <li>nosalabial fold (98);</li> </ul>
• upper forehead edge, the beginning	• periocular (106);
of the hair part (85);	<ul> <li>submaxillary (108);</li> </ul>
• mid-chin (71);	• gum (111);
• mouth angle-chin (80);	• "100 diseases" (100).
• cervico-occipital area (7).	
Initiate treatment on the healthy side and	continue according to the treatment areas.
Use high power level for the paresis are	a and comfortable one for the rest areas.

Do 15-40 sessions for the treatment course...



### **26. CHRONIC FATIGUE SYNDROME**

For many reasons (technological progress, intensified work and employment, urbanized population, ecological problems, economic factors, etc.), practically every man survived or suffers from chronic fatigue syndrome. During chronic fatigue syndrome all systems of the body work at their limit that results in their exhaustion (including energy resources).

To prevent the exhaustion compensation mechanisms that cause adaptation to external irritants start working and as a result, we have so-called vicious circle that prolongs the chronic fatigue syndrome for a long time. Clinically, chronic fatigue syndrome is characterized with a wide variety of complaints and symptoms. Besides, each patient points out his own set of complaints.

### **26. CHRONIC FATIGUE SYNDROME**

#### **METHODS**

Scenar treatment provides general relaxation of the organism ("relaxation phase"), tones up its essential functions ("phase of sufficient tonus"), and stabilizes energy at a proper level.

Treatment areas:	Additional treatment areas:
• occipital (1);	• scapula (10);
• forehead between the eyebrows	• lumbosacral area (12);
("the third eye ") (2);	• elbow joint (14);
• nostrils and bridge of the nose (5);	<ul> <li>liver-pancreas area (15);</li> </ul>
• 6 facial exit points of trigeminal	• adrenal area (treated if patient is
nerve (6);	calm and not in excited state) (16);
• cervico-occipital area (7);	• front thigh, lower third (17);
• 7-th & 8-th cervical vertebrae area	• sural muscle surface (18);
(8);	• front and outer surfaces of the feet
• paravertebral area (9).	(20);
	• palm (45);
	• scrotum (44);
	• umbilical (46).
Do one session daily for10-15 days. Each session lasts for 20-30 min.	
Repeat treatment in one - three months.	



### **27. FRACTURE**

**Fracture** is the mechanical (traumatical) breakage of the bone.

#### **Causes and Factors**

The reason of fracture is application of physical force (blow, compression, laceration) to the bone in different directions. Fracture is accompanied by damage of soft tissues surrounding the bone. The volume and character of the trauma depend on the point of force application and force direction with respect to the point of bone fixation. Complete fracture is the damage of all bone structures. Partial fracture, crack, is the damage of a part of bone structures (subperiosteal fracture, like "green branch"). Simple fracture – when there are only 2 bits of a bone without displacement of their ends and damage of skin (closed fracture). Compound fracture is the forming of more than 2 bits or their axial displacement (comminuted , spiral, stellate fracture), soft tissues trauma with the damage of skin (open fracture). Pathological fracture occurs because of the preceding disease of a bone (myeloma disease, osteal tissue tumor, disorders in metabolism). There can be traumatized tubular (long and short), spongy, flat, mixed bones, but more often – long bones (forearm, shoulder, shank and femur).

#### **Clinical picture**

General state depends on the degree and character of the damage (relatively satisfactory, mild, serious, terminal). Pain is sharp, localized in the damaged area, coming up just after the trauma. Swelling is because of edema of soft tissues, hemorrhage or hematoma. Disorder of function is the mobility limitation (partial fracture) or impossibility of movements. The breakage of the shape comes up because of the bits displacement and disorder of fixating apparatus (ligaments, tendons, muscles). Pathological mobility is when the extremity moves out of the joints, displacement of bone fragments relative to one another. Crepitation is the typical crunch that appears when fragments rub one another and surrounding tissues. As the first aid: fix the fracture place with bandage, splint or anyimprovised means (extremity);lay the patient down on something flat and hard if there is a trauma of the vertebral column and bones of pelvis (shield); stop bleeding if the fracture is open, put the sterile bandage on and organize the transportation of the patient to the hospital. Carrying out Scenar along with first aid and medical treatment at the pre-hospital stage makes it possible to arrest pain quickly and to reduce the time of rehabilitation.

### **27. FRACTURE**

#### **METHODS**

When you render the emergency aid to a patient. The aim of medical treatment is the antishock effect: pain syndrome arresting, making better microcirculation and metabolism in the place of damage and in the whole organism. The device is applied in the area of damage and in the general reflex areas (see below). Medical treatment of a fracture. The aim is to reach quick forming of clavus, fracture consolidation, soft tissues regeneration, inflammation and hematoma relieving due to acceleration of metabolism normalization, microcirculation, regeneration and activation of the immune system.

<b>Treatment areas</b> The device is placed directly on the area of trauma. If there is an open fracture, the electrodes are placed next to each other, if the defect is small and can be covered by the device the electrodes are placed on the defect. Then the symmetrical parts of the body are treated	<ul> <li>Additional treatment areas:</li> <li>cervico-occipital area (7);</li> <li>7th &amp; 8th cervical vertebrae area (8);</li> <li>scapula (10);</li> <li>area over thoracic vertebrae (thoracic spine area) (11);</li> <li>lumbosacral area (12).</li> </ul>
The energy lev	vel – comfort.

Do 20-25 procedures daily. Procedure lasts for 35-40 min.



### 28. GASTRITIS. ULCEROUS DISEASE OF THE STOMACH AND DUODENUM. DUODENITIS

Gastritis is the inflammation of the mucous membrane of the stomach.

#### **Causes and Factors**

There are distinguished acute gastritis (as a result of the irritation of the mucous membrane of the stomach with chemical, bacterial and other agents) and chronic gasritis (caused by the irregular and unbalanced diet, in smokers and alcoholics).

#### **Clinical picture**

Acute gastritis is manifested in the suddenly appearing pain in the epigastric area, vomiting; Chr.G. is revealed in pains in the epigastrum when the dietary regimen is violated, in the discomfort, eructation and heartburn.

**Duodenitis** is the inflammation of themucous membrane of the duodenum.

**Ulcer of the stomach** is developed under the influence of the gastric juice (pepsin, hydrochloric acid and bile) on the stomach mucous.

#### **Causes and Factors**

Main symptoms: pain in the upper part of the stomach soon after the food intake, vomiting, sometimes bleeding. Ulcer of the duodenum appears under the influence of pepsin and hydrochloric acid on the mucous membrane of the duodenum. Main symptoms: "hungry"pains, nausea, discomfort. Bleeding and perforation of the ulcer are possible.

### 28. GASTRITIS. ULCEROUS DISEASE OF THE STOMACH AND DUODENUM. DUODENITIS

#### **METHODS**

#### **Treatment areas:**

- cervico-occipital area (7);
- paravertebral area (9);
- 6 facial exit points of trigeminal nerve (6);
- adrenal area (16);
- tip of the tongue (57);
- abdomen (projection of the intestine) (56);
- umbilical (46);
- liver-pancreas area (15);
- gall-bladder (89);
- female perineal and genital (48), scrotum (44).

The treatment course - from 2 weeks to 25 days.



### **29. GLOMERULONEPHRITIS**

**Glomerulonephritis** is a bilateral diffusive inflammation of kidneys when mainly glomerules are affected.

#### **Causes and Factors**

The reason of inflammation is the response of organism to the reaction "antibodyantigen" after the infections of upper respiratory tracts, angina or exacerbation of tonsillitis. Immune system conditions play the leading role in development of the disease. Acute glomerulonephritis and chronic glomerulonephritis Are distinguished. Acute glomerulonephritis is characterized by retention of urea and liquid in organism. Acute glomerulonephritis is developed at any age but it is rare in under 2 years old children. Children rarely have chronic glomerulonephritis And it is considered as a result of acute glomerulonephritis of adults.

#### **Clinical picture**

Clinical manifestations of acute glomerulonephritis Vary very much - from extremely feeble (occasionally there are changes of urine in the process of examination) up to very clear , with rapidly developing clinical picture. General state is mild or very serious (depends on the presence and stage of renal insufficiency). Weakness is increased, there are thirst and oliguria (reduced uropoiesis). Triad of symptoms is typical: edemae, hypertension, hematuria. Edema is the earliest sign of glomerulonephritis and 70-90% of patients have it. Then appear dyspnea, palpitation, headache, nausea, vomiting, pains in the loin, edemae of various manifestations. Urine can be red or brownish in hematuria.

#### **Chronic glomerulonephritis**

Clinical manifestations of chronic glomerulonephritis are characterized by nephrotic syndrome: edemae, hypertension, proteinuria (protein in urine), hypoproteinemia (small amount of protein in blood), hypercholesterolemia (a lot of cholesterol in blood), in very serious cases it is characterized by azotemia (signs of chronic renal insufficiency).

The main variants of chronic glomerulonephritis: nephrotic, hypertonic, mixed and latent. Malignant glomerulonephritis (sub-acute, extracapillary, quickly progressive chronic glomerulonephritis) is characterized by the halopping course without latent period and remission. Malignant glomerulonephritis frequently provokes cardiac insufficiency to develop. In severe cases the signs of renal insufficiency can come up already on the 4-6 th week of the disease. Edemae, hypertension can be absent in some patients. Quick and stable renal function reducing in these cases has the decisive diagnostic meaning. In children nephrology glomerulonephritis is considered as immuno-inflammatory disease inclined to durable course. They distinguish hematuric, nephrotic and mixed forms of glomerulonephritis with acute, chronic (lingering) or wave-like course. Combination of hypertension, edema and urine changes is typical, their stage of manifestation varies at different forms of the disease. Quickly progressing malignant glomerulonephritis is rarely met in children at the mixed form of the disease.

### **METHODS**

The aim of medical treatment is to normalize microcirculation and metabolism in kidneys, to stimulate immune system and other protective forces of organism.

Treatment areas:	Additional treatment zones:
<ul> <li>at first treat the place of pain and its irradiation;</li> <li>kidneys (30);</li> <li>ureters (31);</li> <li>urinary bladder (38);</li> <li>urethra (29);</li> <li>suprapubic area (39);</li> <li>inguinal area (40);</li> <li>internal femur surface (32);</li> <li>front thigh, lower third (17).</li> </ul>	<ul> <li>front and outer surface of the calves (19);</li> <li>front and outer surface of the feet (20);</li> <li>cervico-occipital area (7);</li> <li>lumbosacral area (12);</li> <li>paravertebral area (9);</li> <li>liver-pancreas area (15).</li> </ul>

The procedure is done from the top downwards, 1-2 times a day, first at the comfort power level, and then at high power levels.Do 10-15 procedures daily. Procedure lasts for 40 min. Repeat treatment in 1,5 or 2 months.



### **30. HEADACHE SYNDROME**

**The headache syndrome** - the symptom of many diseases: hypertension, hypotension, hemicrania, diseases of the upper respiratory tracts, acute respiratory disease, radiculitis, vascular diseases, etc.

### **METHODS**

#### **Treatment areas:**

- carotid artery (60) (except patients with vascular pathology);
- cervico-occipital area (7);
- Pirogov's ring (tonsil projection) (62);
- forehead between the eyebrows ("the third eye") (2);
- craneotherapy up to the eyes (on the shaved skull from the eyebrows to the 1st cervical vertebra (55) with the movements from front to back, sliding with Scenar device the entire head surface).

If pain "has gone" to another place, treat the site of pain. Follow the pain and remove it during the procedure. Treat until the effect is achieved during the procedure.



# **31. ISCHEMIC HEART DISEASE. STENOCARDIA** (ANGINA PECTORIS)

This pathology is the most common among the cardio-vascular diseases.

#### **Causes and Factors**

Ischemic heart disease is the damage of the blood supply of the cardiac muscle caused by the stenosis or ileus of the coronary vessels and is the result of the atherosclerosis, stress, hard vascular neurosis.

**Clinical picture** is characterised by the presence of the stenocardic attacks – short term and strong pain in the heart area and behind the breast bone, getting stronger with physical loads and in the cold air.

### 31. ISCHEMIC HEART DISEASE. STENOCARDIA (ANGINA PECTORIS)

### **METHODS**

Treatment areas:	Additional treatment zones:
<ul> <li>occipital (1);</li> <li>7th &amp; 8th cervical vertebrae area (8);</li> <li>paravertebral area (9);</li> <li>clavicle-scapula median (65).</li> </ul>	<ul> <li>heart (49);</li> <li>anterior and lateral surfaces of the neck (69);</li> <li>Pirogov's ring (tonsil projection) (62);</li> <li>inguinal area (40);</li> <li>external forearm surface (13);</li> <li>forearm interior surface (42);</li> <li>palm (45);</li> <li>celiac plexus (50);</li> <li>umbilical (46);</li> <li>shoulder joints (21);</li> <li>internal surface of the shank and foot (70).</li> </ul>

#### The treatment course – 10-15 procedures.



### **32. HEMATOMA**

**Hematoma** - restricted accumulation of blood in issues because of bleeding, with forming in them a cavity filled with blood.

#### **Causes and Factors**

More often hematoma comes up at a blow as a result of vessels laceration or blood coagulability disorder. Hematoma can be caused by pathologically changed vessels, for example, at atherosclerosis. Hematoma is formed under the skin, mucous membranes, periosteum, in the muscles, internal organs etc.

#### **Clinical picture**

Superficial hematoma is a painful swelling with bruise, usually called a black-and-blue spot.

#### **METHODS**

Apply the device directly on the damaged area and painful points coming up at minimum loading and on the body parts symmetrical to them.

Treatment areas: When the joint is	Additional treatment zones:
damaged treat the groups of muscles	• 7th & 8th cervical vertebrae area
adjoining to the joint.	(8);
	• scapula (10);
	• area over the thoracic vertebrae
	(thoracic spine area) (11);
	• lumbosacral area (12).
Do 7-15 procedures daily. Pr	rocedure lasts for 25-30 min.



### **33. HYPERTENSIVE DISEASE**

**Hypertensive disease** – a wide-spread disease, its main symptom is high arterial pressure.

#### **METHODS**

Scenar treatment eliminates various symptoms, such as headache, pain in the heart area, dyspnea, etc, reduces high arterial pressure and maintains it within "habitual" limits.

Treatment areas:	Additional treatment areas:	
<ul> <li>complaint location;</li> </ul>	• frontal (52);	
• "Three tracks"- area includes 59	• temporal (53);	
and 99;	• occipital (1);	
• heart (49);	• periocular (106);	
<ul> <li>cervico-occipital area (7);</li> </ul>	• 6 facial exit points of trigeminal	
<ul> <li>celiac plexus (50);</li> </ul>	nerve (6);	
• palm (45);	<ul> <li>nasal active points (43);</li> </ul>	
• plantar surface of the foot (72);	• auricle surface (54);	
• major vessels (aorta and pulmonary	• ovary (97);	
arteries) (58);	• prostate (101);	
<ul> <li>kidneys (30);</li> </ul>	<ul> <li>liver-pancreas area (15);</li> </ul>	
• adrenal area (16);	• spleen (66);	
• "100 diseases" (100).	• scapula (10).	
Do the procedure while the patient is in lying position and treat the proper areas by		
smooth movements of the device from the upper to the lower parts of the body (from		
the head to the heels).		
Use comfortable power level.		
Do one session daily for 10-25 days.		
Following each session, patient has to remain quiet for 10-15 minutes.		
Repeat treatment in 2 or 3 months.		



### **33. HYPERTENSIVE DISEASE**





### **34. HYPOTENSION**

Hypotension is the state when arterial blood pressure is extremely low.

#### **Causes and Factors**

Disorders of vegetative nervous system functions, significant loss of liquid (bleeding, diarrhea), infectious diseases, burns, acute cardio-vascular diseases, acute diseases of the abdominal cavity organs, hormonal and endocrine disorders, etc.

#### **Clinical picture**

Patients complain of weakness, vertigo, nausea. Skin is pale (in acute hypotension – wet), cold when touching. There are frequent headache, general indisposition, flaccidity. Arterial pressure is reduced (100/60 and lower).

### **METHODS**

#### **Treatment areas:**

- cervico-occipital area (7) from the bottom upwards;
- paravertebral area (9);
- adrenal area (16);
- celiac plexus (50);
- umbilical (46).

## Additional treatment zones: Pirogov's ring (tonsil projection)

- Pirogov's ring (tonsil projection) (62);
- axillary cavities (59);
- inguinal area (40);
- forearm interior surface (42).



### **35. ISCHIALGIA**

**Ischialgia (sciatica, sciatic neuralgia)** – a pain caused by injury or inflammation of the sciatic nerve.

### **METHODS**

Scenar treatment relieves painful sensations and prevents recurrent pains. Do the procedure while patient lies on his side. Use comfortable power level.	
<ul> <li>Treatment areas:</li> <li>pain location;</li> <li>"Three tracks" - area includes 59 and 99;</li> <li>lumbosacral area (12);</li> <li>gluteal (91);</li> <li>back surface of the femurs (76);</li> <li>sural muscle surface (18);</li> <li>anterior and lateral surface of the femur (73);</li> <li>front and outer surface of the calves (19).</li> </ul>	<ul> <li>Additional treatment areas:</li> <li>knee joints (23);</li> <li>kidneys (30);</li> <li>plantar surface of the foot (72);</li> <li>front and outer surface of the feet (20);</li> <li>"100 diseases" (100);</li> <li>celiac plexus (50).</li> </ul>
Do 7-15 sessions for the treatment course. Repeat treatment in 3 or 4 months.	


## **36. LARYNGITIS**

Laryngitis – inflammation of larynx and vocal ligaments.

#### **Causes and Factors**

Bacterias, viruses.

Acute laryngitis Comes up as a result of local supercooling or overstrain of voice, acute infections: the flu, measles etc. Chronic laryngitis is conditioned by the same reasons but at their long-term effect. Tobacco and alcohol abuse, factors of professional harm: dust, harmful gases, sharp changes of temperature, dryness or excessive humidity of air, overstrain of vocal apparatus (lectors, teachers, singers) can also cause chronic laryngitis.

#### **Clinical picture**

Clinical manifestations of laryngitis are various depending on what parts of larynx are affected: mucous membrane, fibroelastic membrane, perichondrium and cartilages (chondroperichondritis). Vocal ligaments because of hard edema lose the ability to vibrate, and voice becomes hoarse or disappears. "Barking" cough, difficult, stridulous breathing come up. They distinguish overflown form (process takes the whole mucous membrane of larynx) or isolated form of laryngitis (inflammation of epiglottis mucous membrane, vocal folds, interarytenoid notch).

# **36. LARYNGITIS**

### **METHODS**

The aim of medical treatment: to make better the metabolism and microcirculation which help to relieve inflammation quickly; to arrest subjective sensations.

Treatment areas:	Additional treatment zones:
• 7th – 8th cervical vertebrae area	• sternum (63);
(8);	<ul> <li>jugular fossa (34);</li> </ul>
• area over the thoracic vertebrae	<ul> <li>infraclavicular area (37);</li> </ul>
(thoracic spine area) (11);	• supraclavicular area (35);
• scapula (10).	• external forearm surface (13);
- · · ·	• front and outer surfaces of the
	calves (19);
	• nostrils and bridge of the nose (5);
	• maxillary sinus (4);
	• frontal sinus (3);
	<ul> <li>forehead between the eyebrows</li> </ul>
	("the third eye") (2);
	• cervico-occipital area (7);
	• special attention should be paid to
	the treatment of the jugular fossa
	(34), and the neck anterior surface
	(69).
Do 5 10 proc	aduras daily



## **37. LYMPHADENITIS**

**Lymphadenitis** – inflammation (often suppurative one) of the lymph nodes.

### **METHODS**

Scenar treatment arrests pain symptom and eliminates inflammatory process in the lymph nodes.

Begin treatment on the inflamed lymph nodes and also treat the symmetric ones.	
Use comfortable power level.	
Treatment areas:	Additional treatment areas:
• pain location(s), reddening,	• frontal sinus (3);
swelling;	<ul> <li>maxillary sinus (4);</li> </ul>
• axillary cavities (59);	• adrenal area (16);
• inguinal area (40);	• supraclavicular area (35);
• popliteal fossa (47);	<ul> <li>infraclavicular area (37);</li> </ul>
• major vessels (aorta and pulmonary	• "100 diseases" (100).
arteries) (58);	
• Pirogov's ring (tonsil projection)	
(62);	
• posterior neck surface (112).	
Do 10-15 sessions for the treatment cou	rse Repeat treatment in 2 or 3 months



## **38. MYOCARDITIS**

Myocarditis – inflammation of the cardiac muscle.

### **METHODS**





### **39. MYOSITIS**

**Myositis** – skeletal muscles inflammation.

#### **Causes and Factors**

Trauma of muscles, durable overstrain, considerable physical load, preceding acute infectious diseases (flu, acute respiratory viral infection, typhoid fever etc.), chronic infections (tuberculosis, brucellosis, syphilis), collagenoses, rheumatism, exo- and endotoxins, parasites.

#### **Clinical picture**

Several forms of the disease are distinguished: by etiology – infectious, toxic, parasitogenic myositis; by spreading – diffusive and localized. Infectious myositis can be purulent and non-purulent. Infectious purulent myositis is characterized by presence of pus and necrosis of tissues limited by inflammatory torus. It can be diffusive (phlegmonous myositis) and limited by capsule (abscessing myositis). Infectious non-purulent myositis as for inflammation nature can be serous, proliferative, diffusive-sclerotic one. General self-feeling is determined by the form of myositis, character of main disease and process spreading (at purulent myositis – temperature increasing up to the fever). Pain is of various degree of manifestation, from weak to very violent. Dermal coverings – without peculiarities, in case of purulent process – reactive edema, hyperemia, temperature increasing above inflammation area. Change of function. Myositis is characterized by muscles weakness development and sometimes by atrophy of the affected muscle fascicles (sclerotic process). Infectious myositis can be developed as acute, sub-acute and chronic one.

# **39. MYOSITIS**

### **METHODS**

The aim of medical treatment: to relieve muscle tension, to arrest pain syndrome, to normalize metabolism in affected area and in the whole organism.

Treatment areas:	Additional treatment zones:
The device should be applied along the affected muscles and their tendines within the limits of pains localization. It is expedient to apply «power massage» - treatment with the device of the affected muscle and tendon sheath at the comfortable level of power intensity with low speed of moving.	<ul> <li>paravertebral area (9);</li> <li>elbow joint (14);</li> <li>lumbosacral area (12);</li> <li>cervico-occipital area (7);</li> <li>occipital (1).</li> </ul>
Do 10-15 procedures daily. Procedure lasts for 20-30 min.	



# **40. NEUROCIRCULATORY DYSTONIA**

Neurocirculatory dystonia is the disease with various symptomatology.

### **METHODS**

The aim of medical treatment is the vegetative nervous system function normalization.

#### **Treatment areas:**

- celiac plexus (50);
- umbilical (46);
- interscapular (78);
- palm (45);
- hand back surface (41);
- 6 facial exit points of the trigeminal nerve (6);
- shoulder joints (21);
- back surface of the femurs (76).

### Additional treatment areas:

- paravertebral area (9);
- coccyx (68);
- 7th & 8th cervical vertebrae area (8).



## **41. OTITIS. EUSTACHITIS**

**Otitis** is the inflammation of the auditory tube. External, medium; catarrhal, serous and purulent otitis are distinguished.

#### **Causes and Factors**

These are bacteria, viruses, chronic pathology of the oral cavity and appendage cavities, infectious, catarrhal diseases, scratches, bites in the ear area. Symptoms: noise in the affected ear, itch, audition reducing, sensation of overfilling, serous discharge in the serious inflammation.

Purulent otitis is characterized by the violent throbbing pain in the ear, temperature rising, headache, there is purulent discharge after perforation of the tympanic membrane, sometimes with special smell.

# 41. OTITIS. EUSTACHITIS

### **METHODS**

#### **Treatment areas:**

- upper forehead edge, the beginning of the hair part (85);
- behind-the-ear (90);
- parotid (88);
- wrist joint (27);
- hand back surface (41);
- Pirogov's ring (tonsil projection) (62).



# **42. PANCREATITIS (ACUTE)**

Acute pancreatitis – inflammation of the pancreas.

### **METHODS**

Scenar treatment arrests pain symptom and eliminates inflammation in the pancreas and near-by tissues. Use high power level.





# **43. PANCREATITIS (CHRONIC)**

**Chronic pancreatitis** – recurrent inflammation of the pancreas.

### **METHODS**

Scenar treatment eliminates inflammation and extends remission. Use comfortable power level.

Treatment areas:	Additional treatment areas:
<ul> <li>most painful area;</li> <li>"Three tracks" - area includes 59 and 99;</li> <li>celiac plexus (50);</li> <li>clavicle-scapula median (65);</li> <li>umbilical (46);</li> <li>abdomen (projection of the intestine) (56);</li> <li>subcostal (87);</li> <li>"100 diseases" (100);</li> <li>scapula (10).</li> </ul>	<ul> <li>liver-pancreas area (15);</li> <li>adrenal area (16);</li> <li>axillary cavities (59);</li> <li>thyroid (96).</li> </ul>

Do 10-20 sessions for the treatment course. Repeat treatment in 3 or 4 months.



### **44. PHARYNGITIS**

Pharyngitis – inflammation of the throat mucous membrane.

#### **Causes and Factors**

Pharyngitis can be an independent disease or it accompany acute respiratory infections. Acute and chronic pharyngitises are distinguished. Development of acute pharyngitis can be caused by hot and cold meal, cold air, as well as by harmful inhaled admixtures and industrial dust; viral and bacterial infections. Chronic pharyngitis can be an independent disease, one of the symptoms of chronic diseases of gastroenteric tracts, metabolism disorder. Etiological factors are professional harmfulness, alcohol and smoking abuse. Catarrhal and purulent pharyngitises.are distinguished.

#### **Clinical picture**

General state is satisfactory. Acute pharyngitisis characterized by sharp xerostomia, sensation of heat, pain in swallowing food and saliva. Clinical manifestations of chronic pharyngitis are various enough. At all forms of chronic pharyngitis patients feel xerostomia, presence of a foreign body in the throat, stable moderate pain in this area. A large quantity of tenacious mucus is accumulated in the throat, the patient is constantly spitting and expectorating.

## **44. PHARYNGITIS**

### **METHODS**

The aim of medical treatment: making better metabolism and microcirculation, removing unpleasant subjective sensations.

#### **Treatment areas: Additional treatment areas:** 7th and 8th cervical vertebrae • • external forearm surface (13); front and outer surfaces of the area (8); ٠ area over the thoracic vertebrae calves (19); (thoracic spine area) (11); nostrils and bridge of the nose (5); maxillary sinus (4); scapula (10); sternum (63); frontal sinus (3); jugular fossa (34); forehead between the eyebrows infraclavicular area (37); ("the third eye") (2); supraclavicular areas (35). cervico-occipital area (7). ٠ Special attention should be paid to treatment of the jugular fossa (34) and anterior cervical surface (61). Do 5-10 procedures daily.



## **45. PYELONEPHRITIS**

**Pyelonephritis** is a non-specific inflammatory process with principal affection of interstitial tissue of a kidney and its calyce-pelvis system.

#### **Causes and Factors**

Cause of pyelonephritis –various bacterial flora. Pyelonephritis can be caused by the following factors: supercooling, congenital anomalies of urinary tracts, urolithiasis, infections in anamnesis etc.

They distinguish a primary pyelonephritis Which takes its course as independent disease, and a secondary pyelonephritis which comes up on the grounds of the urogenital system disease which disorders urine discharge and as a complication of some infectious diseases. If the reason of pyelonephritis is the urinary bladder infection, the term «cystopyelonephritis» is used. They distinguish acute pyelonephritis and chronic pyelonephritis.

Acute pyelonephritis can come up at any age but more often at 20-40. In women pyelonephritis mainly has urinogenic (ascending) character – cystopyelonephritis; in men pyelonephritis more often comes up hematogenously. Both kidneys are affected with equal frequency.

Chronic pyelonephritis happens mainly in young and middle ages, in women 2-3 times more often than in men. Transition of acute pyelonephritis into chronic one is fixed when a patient has symptoms of the disease within 3 months and more.

#### **Clinical picture**

Acute pyelonephritis - general state is mild: fatigue, undue fatiguability, headache, dysuric phenomena. Body temperature is increasing, patient feels pains in lumbar area, which are exacerbated at patency disorder of urinary tracts and are irradiated to suprapubic area, perineum, femur, external genital organs. In majority of cases, there are observed a pale face, painfulness at palpation of kidney area, positive Pasternatsky's symptom, pain in epigastric area, arterial hypertension, and subfebrile temperature.

Laboratory analysis shows leukocytosis, deviation of the differential count to the left, ESR acceleration, quickly progressing anemia.

At chronic pyelonephritis during exacerbation period the clinical picture is like the acute pyelonephritis There is leukocytosis with deviation of the differential count to the left, ESR acceleration, anemia, Phenomenon of aniso-, poikilocytosis.

Dysproteinemia is typical. Appearance of S-reactive protein, the increase of lactate dehydrogenase, succinic dehydrogenase contents and general proteolytic activity of plasma indicate the chronic pyelonephritis Exacerbation. In pediatrics pyelonephritis is usually considered as microbic-inflammatory affection of the small canals, interstitial tissue, calyce-pelvis system of kidneys clinically manifestating as an infectious disease, especially in infants and newborn babies with leukocyturia, bacteriuria and kidneys function disorder. The main factors that can cause pyelonephritis in children are congenital and acquired uropathy leading to urodynamics disorder.

# **45. PYELONEPHRITIS**

### **METHODS**

The aim of medical treatment: pain syndrome arresting; normalization of metabolism, microcirculation and urine passage normalization; relieving of inflammatory process.

Treatment areas:	Additional treatment areas:
• the area of pain and its irradiation; $\cdot$	• liver-pancreas area (15); •
• kidneys (30); ·	• paravertebral area (9); •
• suprapubic area (39); •	• cervico-occipital area (7);
• inguinal area (40); ·	• front and outer surfaces of the
• internal femur surface (32); ·	calves (19);
• front thigh, lower third (17);	• front and outer surface of the feet
• lumbosacral area (12).	(20).
Treat 1-2 times per day. Do 10-15 procedures	
The direction of the device movement – from the top downwards, from behind to the	
front, along the ureter to the pubis. It is	preferably the procedure to be done in a

standing position.



## **46. PLEURITIS**

**Pleuritis** is the inflammation of the pleura.

#### **Causes and Factors**

Usually pleuritis is an exacerbation of some other process (pneumonia, tuberculosis, rheumatism, allergy, traumatic damages of the chest and oncologic diseases). Pleuritis's etiology is supposed to be the reason of the disease which caused its coming up.

There are distinguished infectious pleuritises (including infectious-allergic), taking their course with the presence of pathogenic microorganisms, and noninfectious (aseptic) ones, where inflammatory process has aseptic character (without pathogenic microflora).

#### **Clinical picture**

There are differentiated the syndrome of fibrinous pleuritis and the syndrome of exudative non-purulent pleuritis (empyema of pleura).

In the dynamics of the disease these syndromes can be observed separately or they can pass over from one to another.

General state is mild or serious (empyema).

The patient feels weakness, subfebrile temperature, fever and dyspnea.

Pain in chest is dull, increasing at inhalation and cough.

## **46. PLEURITIS**

# **METHODS**

Treatment areas:	Additional treatment areas:
• above pain area, above the affected	• nostrils and bridge of the nose (5);
pleura for 2-3 minutes;	<ul> <li>forehead between the eyebrows</li> </ul>
• sternum (63);	("the third eye") (2);
• ribs and intercostal spaces (36);	• cervico-occipital area (7);
• lumbosacral area (12);	• lumbosacral area (12);
<ul> <li>shoulder joints (21);</li> </ul>	• external forearm surface (13);
• forearm interior surface (42).	• adrenal area (16);
	• sural muscle surface (18).

Treatment should be done at the high power level in the area of pathology, changing the intensity to a lower one, then increasing it again until manifested hyperemia (reddening) comes up or the pain disappears.

Then you should influence on the areas located on the back.

Lung fields (24) are treated with moderate compression for 1-2 min, from lungs roots projection (25) upwards with circular movements ("spiral"), to the left and downwards, coming back to the initial area.

Then from the top downwards along ribs and intercostal spaces (36) and upwards again with circular movements paravertebrally (from both sides of the vertebral column). Then the areas of the anterior surface of the chest are treated above the sternum (63) from the jugular fossa (34) to the metasternum (79), subclavicular (37) and supraclavicular (35) areas from the bottom upwards, jugular fossa (34) and the anterior and side surfaces of the neck (69).

The device is moved from the bottom upwards.

It is recommended to alternate the procedure beginning: one day start from the left, the other day – from the right side.

In acute period it is recommended to carry out 4-5 procedures per day.

Do 5-15 procedures daily. Repeat treatment in 2 months.

# **46. PLEURITIS**



## **47. PLEXITIS**

Plexitis is the inflammation of plexus of cerebrospinal nerves.

There are distinguished brachial plexitis and lumbosacral plexitis.

#### **Causes and Factors**

The reasons of plexitis can be traumas, infectious diseases, diseases of vertebral column etc.

#### **Clinical picture**

Symptoms: manifested pain syndrome, disorder of sensitivity.

When cervical and brachial plexi are damaged, severe pains come up in the area of neck and in the arm.

The muscles weaken (atrophy), sensitivity is broken. These changes are more manifested on the forearm and hand.

Because of weak muscles and sharp painfulness the volume of movements is limited in the shoulder joint.

If the process is located in the lumbosacral department, there are pain and disorders of sensitivity spreading along the femur and shank. Movements in coxofemoral and knee joints can be limited.

# **47. PLEXITIS**

### **METHODS**

The aim of medical treatment: to arrest pain syndrome, to relieve edema and inflammatory phenomena, to restore the function of the joints and the extremities.

BRACHIAL PLEXITIS	
Treatment areas:	Additional treatment areas:
<ul> <li>cervico-occipital area (7);</li> <li>scapular and humeral (64);</li> <li>clavicle-scapula median (65).</li> </ul>	<ul> <li>6 facial exit points of trigeminal nerve (6);</li> <li>paravertebral area (9);</li> <li>area over the thoracic vertebrae (thoracic spine area) (11);</li> <li>lumbosacral area (12);</li> <li>external forearm surface(13);</li> <li>elbow joint (14).</li> </ul>

LUMBOSACRAL PLEXITIS	
Treatment areas:	Additional treatment areas:
<ul> <li>cervico-occipital area (7);</li> <li>paravertebral area (9);</li> <li>lumbosacral area (12).</li> </ul>	<ul> <li>6 facial exit points of trigeminal nerve (6);</li> <li>7th &amp; 8th cervical vertebrae area (8);</li> <li>elbow joint (14);</li> <li>front thigh, lower third (17).</li> </ul>

The treatment is carried out at the comfortable and a little bit higher power level. Do 5-15 procedures daily. Repeat treatment in 1-1,5 months.

# **47. PLEXITIS**



## **48. PNEUMONIA**

**Pneumonia** is the inflammation of lungs.

#### **Causes and Factors**

Infectious pneumonia is caused by bacteria (pneumococci, staphylococci, colibacillus, mycoplasma etc.); viruses (respiratory-syncytial virus, adenovirus, enterovirus etc.) and fungi.

Non-infectious pneumonia takes its course under the influence of physical, chemical and other damaging factors (inhalation of toxic gases, hot steam, evaporations of chemical substances) or it is the complication of the other diseases (congestion pneumonia in patients suffering from cardio-vascular pathology, Loffler's syndrome etc.).

There are primary pneumonia and secondary one which occurs as complication of the other diseases (the flu, AIDS, rheumatism, blood circulation insufficiency etc.).

Alveoli are affected – they are filled with inflammatory exudate and blood cells (hepatization). The extensive affection is developing – lobar or croupous pneumonia.

In a number of cases the inflammation starts in the small bronchi with further involving of alveoli in the small area – bronchopneumonia.

As for the clinical course and morphological changes the pneumonia is distinguished as acute and chronic pneumonia.

#### **Clinical picture**

General state is mild or serious. Acute pneumonia starts suddenly with body temperature increasing to 38-40 °C, hard fever. Cough is dry, then wet.

Sputum comes up later – sputum crudum, cputum coctum or rusty sputum because of blood streaks. There is pain in the side of affection, sometimes hard, increasing at inhalation and coughing.

Lobar (croupous) pneumonia is characterized by dyspnea and manifested pain syndrome, and viral one is characterized by viscous, vitreous sputum discharging.

Chronic pneumonia is the result of not cured acute pneumonia or it is a complication of chronic bronchitis. The foci of upper respiratory tracts chronic infection (maxillary sinusitis, tonsillitis) play definite role.

Morphological substrate – pneumosclerosis, lung tissue carnification, irreversible changes in the bronchial tree.

Clinical picture is similar to acute pneumonia (cough with sputum, dyspnea, pains in the thorax, temperature increasing), but these phenomena are reduced more slowly and there is no complete recovery.

# 48. PNEUMONIA

### **METHODS**

The aim of medical treatment is normalization of metabolism in broncho-pulmonary system, quick relieving of inflammatory process, bronchi tension relieving.

Treatment areas:	Additional treatment areas:
<ul> <li>the lung fields (24) are treated with moderate pressure for 1-2 min., starting from the lung roots projection (25) in circular movements ("spiral") up, to the left and down, coming back to the initial area;</li> <li>then from the top downwards – along intercostal spaces (36) and again upwards with circular movements paravertebrally (from both sides of the vertebral column);</li> <li>above the sternum (63) from the jugular fossa (34) to the metasternum (79);</li> <li>infraclavicular area (35);</li> <li>jugular fossa (34);</li> <li>anterior and lateral surfaces of the neck (69).</li> </ul>	<ul> <li>nostrils and bridge of the nose (5);</li> <li>maxillary sinus (4);</li> <li>frontal sinus (3);</li> <li>forehead between the eyebrows ("the third eye") (2);</li> <li>cervico-occipital area (7);</li> <li>lumbosacral area (12);</li> <li>sural muscle urface (18).</li> </ul>
The electrodes are moved from the bottom u beginning of the procedure: one day you sta Treat the area of pathology with high power unpleasant sensations), changing the intensit	npwards. It is recommended to alternate the rt on the left, the next day – on the right. (a patient complains of painful and ty to a lower one, then again increasing it up

to the coming up of the manifested hyperemia.

In the acute period up to 4-5 procedures per day are carried out. Do 5-15 procedures daily.

# **48. PNEUMONIA**



# **49. PSORIASIS**

**Psoriasis** – a chronic disease characterized by formation of the itching pink and scaly patches on the skin of the head, elbow and knee flexions, and other parts of the body.

# **49. PSORIASIS**

# **METHODS**

Scenar treatment relieves acute condition and extends remission.

Treatment areas:	Additional treatment areas:
<ul> <li>complaint location;</li> <li>6 facial exit points of trigeminal nerve (6);</li> <li>"Three tracks" - area includes 59 and 99;</li> <li>head surface (77);</li> <li>ulnar flexion (105);</li> <li>popliteal fossa (47);</li> </ul>	<ul> <li>Additional treatment areas:</li> <li>points of the allergy (67);</li> <li>"100 diseases" (100);</li> <li>inguinal area (40);</li> <li>plantar surface of the foot (72);</li> <li>thyroid (96);</li> <li>prostate (101);</li> <li>small intestine (103);</li> <li>large intestine (104).</li> </ul>
<ul> <li>celiac plexus (50);</li> <li>adrenal area (16);</li> <li>tip of the tongue (57);</li> <li>axillary cavities (59);</li> <li>Pirogov's ring (tonsil projection) (62);</li> <li>spleen (66);</li> <li>liver-pancreas area (15).</li> </ul>	
Treat the disease by circular motion of the d	evice from the center of the affected area to

Treat the disease by circular motion of the device from the center of the affected area to its periphery.Use comfortable power level. Do 10-20 sessions for the treatment course. Repeat treatment in 3 or 4 months.



## **50. PULMONARY TUBERCULOSIS**

**Pulmonary tuberculosis** – infectious disease defined as a specific focal inflammation in the lung tissues (formation of the tubercles).

#### **METHODS**

Scenar treatment is to eliminate inflammatory process, normalize metabolism in the bronchopulmonary system and activate immunity.

Treatment areas:	Additional treatment areas:
<ul> <li>lung fields (24);</li> <li>main bronchial area (26);</li> <li>ribs and intercostal spaces (36);</li> <li>sternum (63);</li> <li>infraclavicular area (37);</li> <li>supraclavicular area (35);</li> <li>jugular fossa (34);</li> <li>trachea (33).</li> </ul>	<ul> <li>nostrils and bridge of the nose (5);</li> <li>maxillary sinus (4);</li> <li>frontal sinus (3);</li> <li>forehead between the eyebrows ("the third eye") (2);</li> <li>cervico-occipital area (7);</li> <li>lumbosacral area (12);</li> <li>sural muscle surface (18);</li> <li>Pirogov's ring (tonsil projection) (62);</li> <li>palm (45);</li> <li>plantar surface of the foot (72).</li> </ul>
If there is a tuberculous nidus in other organ	(tubercular arthritic lymphadanitic etc)

If there is a tuberculous nidus in other organs (tubercular arthritis, lymphadenitis, etc), treat the "complaint location" and use methods recommended for similar lesions of non-tubercular origin. Tuberculosis takes much time to treat. Its healing should not be interrupted. Therefore, it is reasonable for a tubercular patient to have his own device since the experienced Scenar user will not be able to permanently stay with patient for a long time. Combine Scenar with the generally used (midicamentous) therapy.



# **51. PULPITIS**

**Pulpitis** – inflammation of the tooth pulp.

## **METHODS**

Purpose of the medical treatment is to arrest toothache.

Treatment areas:	Additional treatment areas:
<ul> <li>maximum pain location;</li> </ul>	• frontal sinus (3);
• 6 facial exit points of trigeminal	<ul> <li>maxillary sinus (4);</li> </ul>
nerve (6);	• cervico-occipital area (7);
<ul> <li>Pirogov's ring (tonsil projection)</li> </ul>	<ul> <li>nasal active points (43);</li> </ul>
(62);	<ul> <li>lower jaw angle (83);</li> </ul>
• ear lobule-temple (mastoid	• "100 diseases" (100);
projection) (84);	• tip of the tongue (57).
<ul> <li>submaxillary (108)</li> </ul>	
Use high power level.	
Do 7-10 sessions for the treatment course.	
Repeat treatment in 3 months.	



## 52. ACUTE RESPIRATORY DISEASES (ARD)

**Acute respiratory diseases** - a group of diseases (so called catarrhal diseases) caused by the definite viruses and characterized with respiratory (breathing) way of infection and with affection of the upper departments of the respiratory tracts. Acute respiratory diseases often have seasonal and epidemic character. Symptoms: rhinitis, tickling in the nose and larynx, sneezing, superficial cough, tearing, headache, body temperature increasing, bunged-up nose.

### **METHODS**

#### **Treatment areas:**

- nostrils and bridge of the nose (5);
- maxillary sinus (4);
- frontal sinus (3);
- forehead between the eyebrows ("the third eye") (2);
- Pirogov's ring (tonsil projection) (62);
- plantar surface of the foot (72);
- wrist joint (27);
- forearm interior surface (42);
- hand back surface (41).

Treatment power level - comfort. The treatment course – 10 procedures.



## **53. RHINITIS**

**Rhinitis** is the inflammation of the nose mucous membrane. There are acute and chronic rhinites.

The agents of acute rhinitis are cocci, bacilli, viruses.

#### **Causes and Factors**

Symptoms: dryness in the nose, burning, difficult nasal breathing, "stopping" nose, tearing, headache, olfaction reducing, rhinolalia, poor and then plentiful discharge from the nose of serous or purulent mucous. Acute rhinitis is often followed by pharingitis.

Chronic rhinitis has the same symptomatology but it is less manifested. There are catarhal, hyperplastic and atrophic chronic rhinitis. Frequently chronic rhinitis is the cause of auditory tube inflammation.

## **53. RHINITIS**

### **METHODS**

The aim of medical treatment is to arrest edema, inflammation and to rehabilitate the respiratory function.

### **Treatment areas:**

- nostrils and bridge of the nose (5);
- forehead between the eyebrows ("the third eye") (2);
- maxillary sinus (4);
- frontal sinus (3);
- 6 facial exit points of the trigeminal nerve (6);
- Pirogov's ring (tonsil projection) (62);
- sternum (63);
- hand back surface (41).

In acute rhinitis and during the chronic rhinitis exacerbation: 3-4 procedures a day, 10 min each.



## 54. SINUSITES (MAXILLARY SINUSITIS, FRONTAL SINUSITIS METOPANTRITIS, ETHMOIDITIS, SPHENOIDITIS)

**Sinuites** – inflammation of the nose appendage sinuses.

Maxillary sinusitis – inflammation of the maxillary cavity.

Ethmoiditis – inflammation of ethmoidal cells.

**Frontal sinusitis metopantritis** – inflammation of the frontal sinus.

**Sphenoiditis** – inflammation of the clinoid sinus.

Acute and chronic sinuites are distinguished.

Acute sinuites are caused by the mucous membrane infection due to the acute rhinitis, flu, scarlatina, typhoid, measles, coccal infections. As for the character of the inflammation catarrhal, serous and purulent sinuites are distinguished.

Acute sinuites are characterized by the presence of local and general symptoms. Local symptoms are: pain in the area of inflammation, nasal discharge of serous or purulent mucous, symptomatology habitual to inflammation of the trigeminal nerve, swelling, pain in the eye etc., depending on the location of the process. General symptoms are: headache, fatigue, temperature rising etc.

Chronic sinuites occur due to undercured acute sinuites. They can be catarrhal, purulent and polypous and are characterized by durable course with frequent exacerbations.

## **54. SINUSITES**

### **METHODS**

The aim of medical treatment is arresting of inflammatory phenomena, pain, neurological symptomatology, edema.

#### **Treatment areas:**

- maxillary sinus (4);
- frontal sinus (3);
- 6 facial exit points of the trigeminal nerve (start from the side opposite to pain) (6);
- forehead between the eyebrows ("the third eye") (2);
- mid-chin (71);
- sternum (63);
- jugular fossa (34);
- front thigh, lower third (17);
- back surface of the femurs (76);
- front and outer surfaces of the calves (19);
- knee joints (23)
- hand back surface (41).

Do 10-15 sessions for the treatment course.



### **55. ANKYLOSING SPONDELYTIS**

This disease is the variety of specific arthritis and relates to a group of rheumatic diseases. The peculiarity of ankylosing spondelytis is that the rheumatoid factors are not revealed in the blood serum. The carrier of the disease is the antigen of tissue type. Young men are more often subject to this disease. In general the inflammatory process takes its course in joint capsules, ligaments and tendons affecting mainly intervertebral and sacroiliac articulations (sacroileitis). As a result pains and rigidity of the affected joints come up. The disease the algorhythm of arthritis and arthrosis medical treatment (if iliac joints are affected) can be recommended.

# **55. ANKYLOSING SPONDELYTIS**

### **METHODS**

Treatment areas	Additional treatment zones:
The affected and symmetric healthy joints	• 6 facial exit points of the trigeminal
and ligaments are influenced with the device in a projection until getting the feeling of "heat" or pains arresting. The time of influence on the healthy joint should be twice less. When several joints are affected the treatment is started from the most painful joint and its healthy	nerve (6); • cervico-occipital area (7); • paravertebral area (9); • liver-pancreas area (15).
symmetric one. When the process is	
located in large joints, the Hip joint -	
anatomic hollow on a lateral surface of the	
joint projection should be treated.	
The procedures are carried out at the increased energy level.	

Use high power level to treat Ankylosing Spondelytis. Do 15-20 procedures daily. Repeat treatment in 1,5 or 2 months



## **56. TENDOVAGINITIS**

**Tendovaginitis** is an inflammation of synovial membrane of the tendon sheath. Tendovaginitis occurs mainly in the region of a hand and radiocarpal joint, less frequently in the area of knee and elbow joints, still less frequently in the area of a foot.

#### **Causes and Factors**

Small traumas with further inflammation. Inflammation is of both infectious (infection atrium – wounds, purulent process in surrounding tissues etc.) and aseptic nature (without infection participation – because of prolonged load on tendines connected with profession and excessive short-term load).

#### **Clinical picture**

Tendovaginitis of infectious nature is manifested with the following symptoms: General self-feeling - weakness, temperature increasing up to the fever; pain – acute, sharply increasing on the least movement. Swelling isalong the tendon; skin is hyperemic, hot. In tendovaginitis of aseptic genesis moderate painfulness is noted on the move, in some cases it is accompanied by sensation of crunch or creak (tenalgia crepitans), general state is not changed.

Acute and chronic tendovaginitesare distinguished. Acute purulent T. of a hand or thecal whitlow is widely known and fraught with hard complications, including sepsis and cicatrical contracture of fingers. Chronic crepitant tendovaginitis can result in contracture development (Dupuytren's contructure in pianists, etc.).
## **56. TENDOVAGINITIS**

#### **METHODS**

The aim of medical treatment: pain syndrome arresting, removing overloads in the affected area, normalization of metabolism in the area of inflammation and the entire organism. The efficiency of medical treatment depends on the form and stage of the disease.

Treatment areas:	Additional treatment areas:	
The electrodes are placed on the affected	• elbow joint (14);	
tendons and neighbouring muscles.	• lumbosacral area (12);	
Treatment is done along the tendons and	<ul> <li>cervico-occipital area (7);</li> </ul>	
muscles. Then the symmetrical areas are	• occipital (1).	
treated on the opposite side.		
Do 10-15 procedures daily.		



# **57. TOOTHACHE (ACUTE)**

**Acute toothache** – spontaneous paroxysm of the toothache, which is very often felt in the ear or temple.

#### **METHODS**

<ul> <li>most painful area;</li> <li>6 facial exit points of trigeminal nerve (6);</li> <li>Pirogov's ring (tonsil projection) (62);</li> <li>ear lobule-temple (mastoid</li> </ul>	frontal sinus(3); maxillary sinus (4); cervico-occipital area (7); nasal active points (43); lower jaw angle (83); "100 diseases" (100);
projection) (84);     submaxillary (108).     Do 7-10 sessions for the treatment course.	tip of the tongue (57). Repeat treatment in 3 months



### **58. TRACHEITIS**

Tracheitis is an inflammation of the breathing throat (trachea).

#### **Causes and Factors**

Tracheitis is caused by viruses, bacterias (flu, acute respiratory viral infection, measles, wooping cough, diphtheria).

#### **Clinical picture**

The cough is attack-like, occurs during strain and inhalation, with hardly discharged sputum, it is the most intensive at night and in the morning. The scratching pain in the chest becomes stronger when coughing. The sputum is of crudum, fibrinous or purulent character. Tracheitis can be acute and chronic (occurs in emphysema, pneumosclerosis, blood circulation insufficiency etc.). Incompletely cured tracheitis can result in bronchitis and pneumonia.

## **58. TRACHEITIS**

#### **METHODS**

The aim of medical treatment is the normalization of metabolism in the area of inflammation and the prevention of bronchi and lungs from being involved into the process, the inflammatory process relieving.

Treatment areas:	Additional treatment areas:	
<ul> <li>lung fields (24) for 1-2 min from the lung roots projection (25) with the circular movements ("spiral") upwards, to the left and downwards, coming back to the initial area;</li> <li>above the breast bone, from the jugular fossa (34) to the metasternum (79);</li> <li>infraclavicular area (37);</li> <li>supraclavicular area (35);</li> <li>jugular fossa (34).</li> </ul>	<ul> <li>nostrils and bridge of the nose (5);</li> <li>maxillary sinus (4);</li> <li>frontal sinus (3);</li> <li>forehead between the eyebrows ("the third eye") (2);</li> <li>cervico-occipital area (7);</li> <li>lumbosacral area (12);</li> <li>sural muscle surface(18).</li> </ul>	

Treatment should be done at comfort level of the energy by changing the intensity to a lower one, then increasing it again until manifested hyperemia comes up and sputum is discharged.

Do 12-15 procedures daily.



#### **59. TRIGEMINAL NEURALGIA**

**Trifacial Neuralgia** is an attack-like, acute, burning or aching, dull pain along the nerve.

**Causes and Factors** Trifacial Neuralgia can be manifested as a complication or as an independent disease of the nerve itself or of the plexus nervosus. Sometimes it is caused by difficult dental eruption, inflammation of the remained roots of the extracted teeth, supercooling or infection, and also by the complication of pulpitis, periodontitis and trauma of a jaw (to include teeth extraction).

**Clinical picture** Trigeminal nerve has three branches: the 1st one - to the skin of forehead, the 2nd one – to the cheek, mucous membrane of the nose and to teeth of the upper jaw, and the 3rd one – to the lower jaw and teeth. Usually trifacial neuralgia takes the area of one-two, less frequently of all three branches of the trigeminal nerve. The attack starts suddenly and goes on from several minutes to several hours. Intensity of pains is different, but in all cases the attacks are extremely excruciating. They can be provoked by the least skin irritation, cooling, mouth opening, chewing, coughing etc.

# **59. TRIGEMINAL NEURALGIA**

#### **METHODS**

The aim of the medical treatment is to arrest pain syndrome, to relieve edema and inflammation.

Treatment areas:	Additional treatment areas:
<ul> <li>mouth angle-chin (80);</li> <li>nostril-eye (81);</li> <li>over-and-under-the-eyebrow (82);</li> <li>lower jaw angle (83);</li> <li>ear lobule-temple (mastoid projection) (84);</li> <li>behind-the-ear (90);</li> <li>frontal (52).</li> </ul>	<ul> <li>occipital (1);</li> <li>forehead between the eyebrows ("the third eye") (2);</li> <li>cervico-occipital area (7);</li> <li>7th &amp; 8th cervical vertebrae area (8);</li> <li>paravertebral area (9).</li> </ul>
Start working on the healthy side and don't treat the soresideon the first day. The next	

Start working on the healthy side and don't treat the soresideon the first day. The next day carry out the procedure on the sore side. Carry out 2-3 procedures per day until the pain is reduced or stopped. Do 5-15 procedures daily.



#### **60. UROLITHIASIS**

**Urolithiasis** – is the metabolism chronic disease with calculi forming of salt and organic compound of urine. Calculi are located in kidneys, urinary bladder and urethra.

**Nephrolithiasis** is the main and the most frequent manifestation of urolithiasis and is characterized by the presence of urinary calculi in kidneys.

#### **Causes and Factors**

Nephrolithiasis can have exogenous and endogenous origin as a result of a single or multiple factors. Chemical composition and urinary calculi microstructure depend on the reasons of their forming. Disorders of purine exchange result in forming of urates, of phosphoric-calcium exchange – in forming of phosphates, of oxalic acid – in forming of oxalates. The etiological factor of nephrolithiasis is the infections of urinary tracts.

**Clinical picture** is formed of two components: renal colic attack and period of the disease between attacks. Renal colic can be repeated many times or can happen once. The patients are very excited, they frequently change their position. Pains (sharp, dull, aching, constant) are periodically located in the loin area, can be spread to side and low parts of the abdomen. Renal colic is often followed by nausea, vomiting, chill and body temperature increasing. Ureteral colic is characterized by the following signs: pains location along the ureter, irradiation to inguinal area, sexual organs and internal surface of the femur, dysuria. During the period between attacks the variety of nephrolithiasis clinic depends on the quantity, shape and location of stones; degree of urodynamics disorder; function of kidneys; duration of a disease; availability of complications (pyelonephritis, renal insufficiency, arterial hypertension etc.). Nephrolithiasis in children, more often than in adults, is observed with bilateral affection, corall-like and multiple stones (oxalates, less frequently mixed and phosphates) and makes from 15% to 76% of all diseases of the urogenital system. Anomalies and failures of urogenital system development (dysplasia, organs disproportional development etc.), which make conditions for urostasis (urine congestion), also contribute to nephrolithiasis in children, together with metabolism disorders and inflammatory diseases of urinary tracts.

Pain syndrome is in a form of renal colic or dull pains. Pain is located at the navel, along the entire abdomen, and is often followed by diarrhea (water stools). When examining the child one can see scoliosis, abdominal wall muscular stiffness on the side of the stone. Leukocyturia, hematuria are more often seen and they can be the only manifestation of the disease. Nephrolithiasis in children is usually combined with chronic pyelonephritis. The organism peculiarity during the first years of life is very high activity of kidneys tissue fibroplastic reaction to inflammatory process (pyelonephritis), which within short period of time results in nephrosclerosis and renal insufficiency developing in more than one third of children. Chronic renal insufficiency is formed at early age, reaching its maximum manifestation at the age of 7, and is the most serious complication of nephrolithiasis.

### **60. UROLITHIASIS**

#### **METHODS**

The aim is to arrest pain, to influence on the stone structure up to its decay or to the stone discharge from the urinary tracts. Scenar promotes the urine amount increasing, it makes ureter peristalsis better, relieves spasm and edema of ureter. Thus, the stone moving speed is increased, the stone takes a round shape. Resorption of the stone takes place layer by layer. Possible termination – molecular spraying into renal wall, reduction of stone size and going out of the stone through the lumen of the ureter together with urine. The stone can go out of the kidney but remain staying in the urinary bladder.

The periods of stones dissolving are different, depending on their composition and a number of other reasons. The time of stone coming out is from several minutes to several days. If the patient does not feel pain, but the stone has not come out, you should find out on the next day in what place the stone disturbs the patient. A little bit higher from this place, closer to the kidney, we treat with the device, gradually reaching this place, and we repeat the same actions. Renal colic is arrested quickly if you work at the maximum power level. If pain is strong you go on working up to its complete disappearing.

<b>I</b> reatment areas:	Treat	tment	areas:
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Working algorithm at stone discharging We start from the projection of kidneys (30). The electrodes of the device are placed with pressure on the most painful place and are slowly moved down in the direction of the ureters (31). In the place where the stone is located there is a strong feeling of "sticking" of electrodes to the skin. In this place we manipulate with the device effectively: we turn it, rotate at different power levels by increasing and reducing them, as though we "string" the stone. When the stone comes out of renal pelvis or moves through the ureter you should move the Scenar on the most painful place down along the ureters (31) and to the urinary bladder (38). While stone is moving down, you should additionally treat the urinary bladder (38). If one kidney is affected – we treat the healthy one too, but half of the time.

#### Additional treatment zones:

- cervico-occipital area (7);
- 7th & 8th cervical vertebrae area (8);
- paravertebral area (9);
- 6 facial exit points of trigeminal nerve (6);
- front and outer surfaces of the calves (19);
- front and outer surfaces of the feet (20);
- subcostal (87);
- ureters (31).

Do 10-15 procedures daily.

## **60. UROLITHIASIS**



## **61. VARICOCELE**

**Varicocele** – varicose veins in the pampiniform plexus of the male's spermatic cord. Usually they appear on the left side.

#### **METHODS**

Scenar treatment arrests pain syndrome and eliminates varicocele.

Treatment areas:	Additional treatment areas:	
• most painful area;	• umbilical (46);	
• inguinal area (40);	<ul> <li>major vessels (aorta and pulmonary</li> </ul>	
• lumbosacral area (12);	arteries) (58);	
• scrotum (44);	• spleen (66);	
• urethra (29);	• coccyx (68);	
• kidneys (30);	• "100 diseases" (100);	
• "Three tracks" - area includes 59	• prostate (101);	
and 99;	• adrenal area (16);	
• plantar surface of the foot (72);	• large intestine (104).	
• ureters (31);		
• internal femur surface (32);		
• urinary bladder (38).		
Use comfortable power level.		
Do 10-15 sessions for the treatment course. Repeat treatment in 2 months.		



### **62. VARICOSE VEINS IN THE LOWER LIMBS**

**Varicose veins in the lower limbs** – dilatation of the superficial and deep veins in the lower limbs, which results in disordered blood flow in them.

#### **METHODS**

Scenar treatment eliminates venous haemostasia and improves tone and elasticity of veins in the lower limbs. If there are symptoms of trombophlebitis, Scenar application is not recommended.

Treatment areas:	Additional treatment areas:	
<ul> <li>most painful area;</li> <li>lumbosacral area (12);</li> <li>heart (49);</li> <li>major vessels (aorta and pulmonary arteries) (58);</li> <li>gluteals (91);</li> <li>"100 diseases" (100);</li> <li>small intestine (103);</li> <li>large intesting (104)</li> </ul>	<ul> <li>sural muscle surface (18);</li> <li>plantar surface of the foot (72);</li> <li>"Three tracks" - area includes 59 and 99;</li> <li>popliteal fossa (47);</li> <li>inguinal area (40);</li> <li>axillary cavities (59);</li> <li>spleen (66).</li> </ul>	
Use comfortable power level. Do 15-20 sessions for the treatment course. Repeat treatment courses in 2 or 3 months.		



# 6. CARRYING OUT OF THE MASSAGE

Massage is carried out from the neck to the forehead. All actions simmetrical as for the right and left sides of the neck or half of the face are done from the middle to sides. All actions being done from one side to the other side are commenced, as a rule, from the left side.

Each cycle of treatment must be carried out ten times in each direction or from each side.

### Area 1 – "DECOLLETE"

a) Flat massage (Fig.1). In turn: to fix skin at the place of the left musculus pectoralis major setting with a hand, to carry out massage from the left to the right. Then to fix skin at the place of the right musculus pectoralis major setting with a hand, to carry out massage from the right to the left.

**b) Round massage (Fig.2).** To draw simmetrical circles on musculus pectoralis major, on the right and on the left from the beginning to the place of setting.

c) Massaging (Fig.3). Flat massage in the form of lying "eight" on the musculus pectoralis major, to the left and to the right in turn trying to lift breast a little. Mammary glands area should not be massaged. When pressure increasing the skin is shifted.

d) Flat massage (see Fig.1).









#### AREA 2 – NECK

a) **Transversal flat massage (Fig.4 ).** Skin over the left sternocleidomastoid muscle should be fixed with a hand, massage should be carried out by the electrode and in the opposite direction: from the right to the left sternocleidomastoid muscle.

b) Longitudinal flat massage (Fig. 5). Massage should be carried out in the opposite directions from the left sternocleidomastoid muscle to the right and back.

c) Circular movements (Fig. 6). Circular movements should be carried out up the left sternocleidomastoid muscle, then the right, first from the muscle edge to its belly, and then without pressure back to the beginning

d) Transversal flat massage (Fig. 4).





Fig.5

### **AREA 3 – LOWER JAW**

a) Flat massage (Fig. 7). Skin in the left corner of the jaw should be fixed with a hand and massage should be carried out from the left to the right corner of the jaw and back.

b) Circular massage (Fig.8). Circular movements should be carried out from the middle of the jaw to the corners (with pressure) to the left and right in turn, and without pressure in the opposite direction.

c) Petrissage (Fig.9). Petrissage should be carried out along the jaw edge, from the left corner of the jaw to the right and back.

d) Flat massage (Fig.7).

e) Vibration (Fig.10). Vibration should be carried out from the middle of the chin to the jaw corners.

f) Flat massage (Fig.7).





Fig.8

Fig.9



### AREA 4 – CHIN

a) Massage (Fig.11). In turn: skin fixed with a hand in the left corner of the mouth – massage from the left corner of the mouth to the right and back.

b) Circular massage (Fig.12). Circular massage should be carried out in the are of the left and right mental and square muscle.

c) Circular movements (Fig. 13). Circular movements in the area of the mental muscle horizontally from the middle of the chin to the corresponding corner and back.

d) Massage (Fig.11).





Fig.12

### AREA 5 – MOUTH

a) Massage around the mouth (Fig.14). Skin of the corner of the mouth should be fixed with left hand and holding the electrode in the left hand arcual massage should be carried out from the left corner of the mouth to the right, over the lip and under it in turn. Then the same manipulation should be done in the area of the right corner of the mouth.

**b) Circular massage (Fig.15).** Circular caresiings in the area of the orbicular muscle of the mouth from the middle of the upper lip to the corners of the mouth, to the left and right, and in the opposite direction. Massage should be carried out with light movements without pressure on the skin.

c) **Petrissage** (**Fig.16**). Petrissage of the orbicular muscle should be carried out from the left corner of the mouth to the right and back. Orbicular muscle of the mouth is electrode treated with the application of medium pressure.

d) Arcual massage around the mouth should be further carried our (Fig.14).

e) Circular massage from the middle of the lower lip to the middle of the upper lip (Fig.17).

f) Then arcual massage should be repeated once again (Fig.14).

### AREA 5 – MOUTH

a) Caressings around the mouth (Fig.14).

b) Circular massage (Fig.15).

c) Petrissage (Fig.16).

d) Arcual massage around the mouth should be further carried our (Fig.14).

e) Circular massage from the middle of the lower lip to the middle of the upper lip (Fig.17).

f) Then arcual massage should be repeated once again (Fig.14).





Fig.17

# **AREA 6 – NASOLABIAL FOLD**

a) Massage of the nasolabial fold (Fig.18). Massage of the nasolabial folds should be carried out in the form of the vertical "eight" up and down in turn.

b) Circular massage of the nasolabial fold (Fig.19).

c) Massage up and down between the mouth and wings of nostrils (Fig.20).

d) Massage with skin shifting (Fig.21). First on the left and then on the right side nasolabial fold should be caressed up and then down.





Fig.21

## AREA 7 – NOSE

a) Linear massage of the nose (Fig.22). Massage should be carried out in the area of the left and right nasal muscles in three stages: tip of the nose – nose base, wing of the nose – nose base, corner of the nose – nose base. Pressure is directed cranially (towards the skull).

b) Circular massage of the nose (Fig.23). Circular movements should be carried out between the left wing of the nose and the nose base, and between the rught wing of the nose and its base, up and down.

c) "Eight" shaped massage (Fig.24)

d) Linear massage (Fig.22).





Fig.23

#### **AREA 8 – CHEEKS**

a) Flat circular massage (Fig.25). Circular massage should be carried out to the left and to the right on the cheeks from the middle to the sides (circle completed without pressure).

b) Circular massage (Fig.26). Circular movements should be carried out on each cheek in three ways: from the chin to the ear, from the nose corner to the temple, from the middle to the sides with pressure and back without pressure.

c) Massage with skin shifting (Fig.27). Caress with pressure up, and then without pressure down (first on the left and then on the right cheek from the middle to the sides and back).

d) **Pestissage (Fig.28).** First on the left and then on the right cheek from the middle to the sides (in circular movements).

e) Flat massage with skin shifting (Fig.29). Massage should be carried out in the opposite directions, up with pressure and down without pressure first on the left and then on the right cheek from the middle of the cheek to the sides and back.

*Note.* It is advisable to carry out procedures c) ,d) ,e) first consequently on the left cheek and then on the right.

### AREA 8 – CHEEKS

- a) Flat circular massage (Fig.25).
- b) Circular massage (Fig.26).
- c) Massage with skin shifting (Fig.27).
- d) Pestissage (Fig.28).
- e) Flat massage with skin shifting (Fig.29).

*Note.* It is advisable to carry out procedures c), d), e) first consequently on the left cheek and then on the right.





#### AREA 9 – GLABELLA

a) Linear massage of the glabella area (Fig.30). Caress wrinkling forehead muscle from the beginning to the place of fixation. Note. The following procedures b), c), d) are carried outon the wrinkled forehead skin stretched between the third and the forth fingers of the left hand.

b) Circular massage (Fig.31). Carry out circular massage from the caudal to the carnial edge and back.

c) "Eight" shaped massage (Fig.32). Massage in the shape of the vertical eight.

d) Linear massage (Fig.33).





Fig.31





### **AREA 10 – TEMPLES**

a) Linear massage (Fig.34). First left and then right temple should be caressed in turn in the area of the temporal muscle between the outer corner of the eye and hair border, from the middle to the sides.

*Note.* The following procedures b) and c) are carried out on the temple skin stretched between the third and the forth finger (left hand stretches the skin on the left temple, right hand – on the right).

b) Circular massage (Fig.35). Circular massage should be carried out horizontally from the outer corner of the eye to the hair border and back, first on the left temple, and then on the right.

c) Linear massage (Fig.34).

d) "Eight" shaped massage (Fig.36). Massage should be carried out in the shape of the vertical eight with pressure from the caudal to the cranial side, and without pressure in the opposite direction.

*Note.* It is advisable to carry out procedures a), b), c), d) consequently first on the left and then on the right temple.





Fig.35

#### AREA 11 – EYES

a) Circular massage around eyes (Fig.37). Circular massage should be carried out in the area of the orbicular muscle of the eye, both above the eyebrows and on the eyebrows, with pressure from the middle to the sides, and then back without pressure caressing the lower eyelid.

**b)** Circular movements (Fig.38). Circular movements should be carried out both above the eyebrows and on the eyebrows from the middle to the sides, and then back without pressure caressing the lower eyelid.

c) "Eight" shaped caressing (Fig.39). Alternatively caress the eyebrow from the middle to the side and on the lower eyelid from the side to the middle on the left eye. Then manipulation should be repeated on the right eye to form the horizontal eight. Free hand is fixing the skin in the outer corner of the eye.

d) **Pestissage (Fig.40).** Pestissage of the left brow is done from the middle to the sides, then massage are carried out from the sides to the middle. Right eye is massaged in the same way.

e) Circular massage (Fig.37).

## AREA 11 – EYES

a) Circular massage around eyes (Fig.37).

b) Circular movements (Fig.38).c) "Eight" shaped caressing (Fig.39).

d) Pestissage (Fig.40).

e) Circular massage (Fig.37).



Fig.37

Fig.38

Fig.39



#### **AREA 12 – FOREHEAD**

a) Flat massage (Fig.41). Alternatively: left hand fixes skin on the left temple and the right one carries out massage from left to right.

**b)** Arcual massage (Fig.42). Arcual massage are carried out from the eyebrows to the hair border moving from the left temple to the right and back (pressure is always directed carnially).

c) Circular massage (Fig.43). Massage should be carried in the shape of the overlapping circles between the eyebrows and the hair border on the forehead horizontalli from the left temple to the right and back (pressure is always Directed carnially).

d) "Eight" shaped massage (Fig.44). Forehead is massaged in the shape of vertical eights between the eyebrows and the hair border on the forehead from the left temple to the right and back. Then this procedure is repeated with the free hand fixing skin on the temple (pressure is always directed carnially).

e) Massage with skin shifting (Fig.45). Caressung should be carried out between the eyebrows and the hair border on the forehead from the right tem-ple and back (pressure is directed carnially).

## **AREA 12 – FOREHEAD**

a) Flat massage (Fig.41).

b) Arcual massage (Fig.42).

c) Circular massage (Fig.43).

d) "Eight" shaped massage (Fig.44).

e) Massage with skin shifting (Fig.45).



Fig.41

Fig.42

Fig.43



Fig.44

## FINAL PROCEDURE

Is carried out from caudel to carnial side and back in all 12 areas (pic.46).

- As flat massage of the major pectoral muscle from the beginning to the place of fixation.
- As flat massage of platysma towards the chin tip.
- As flat massage along the side face contour up to the outer corner of the eye.
- As massage around eyes (along the lower eyelid from the side to the middle, along the eyebrow from the middle to the side).
- As flat massage along the side face contour down to the horizontal ramus of the lower jaw.
- As flat vertical massage towards the initial point.

Application of this procedure is necessary at the end of each cycle of the procedures.



Fig.46

# 7. OPERATING PRINCIPLE

The efficiency of the Scenar treatment, in comparison with usual electrical neurostimulators, is considerably higher due to impossibility of overdosage, as far as the level of a stimulating signal and duration of a treatment are set automatically, in accordance with individual sensitiveness and the organism reaction to the electrostimulation.

Scenar-032 is the first electro- and neuroadaptive regulator model.

An organism reaction on a treatment by Scenar devices is determined by a change rate of forced oscillations first half-wave duration's; a character of pathology is defined by a duration of the first half-wave of forced oscillations. Parameters of stimulating impulses can be changed manually or automatically, depending on a forced oscillations first halfway duration's change rate. The possibility to determine the electrostimulation treatment time and diagnostic time with the change of a forced oscillations first half-wave duration is incarnated at Scenar devices, thus.

Namely:

- after every stimulating impulse, the first half-wave of forced oscillations in a relevant unit of the device (the unit for measuring the forced oscillations first half-wave duration and rate of change) is extracted;
- its duration for every first pulse in a pulse train is measured;
- the change of the forced oscillations first half-wave duration per time unit is measured.

## 8. Scenar TERMONOLOGY TERMINOLOGICAL DICTIONARY

**Compression** (C) – a pressure (applied effort).

Mild C. – mild pressure of the device on the skin.

Strong C. – considerable force application while pressing the device on the skin.

**Energy level (energy impact)** – force (power)-measured by the subjective sensations of the patient.

**Comfortable energy level** – the energy application of which does not cause any unpleasant irritative sensations in the patient (pain, sharp "pricking", burning, etc.).

**High (increased) energy level** – the energy application of which causes unpleasant irritative sensations in the patient (slight pain, sharp "pricking", burning, etc.). The device application must not cause the unbearable sensations.

If the application of such energy level is required it is necessary first to determine the individual sensitivity (threshold) of the patient on the part of skin to be treated, and only after that to begin the device application.