



SCENAR-THERAPY TECHNIQUES FOR FREQUENTLY ILL CHILDREN

(algorithm of the treatment)



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We live in a severely cold continental climate and the problem of infirm young children is important and real for us.





The term “infirm children” is not a diagnosis, but refers to a group of children who suffer from acute respiratory infections more often than their peers.

As a rule, such children are young (from 6 months and up to 6-7 years).



This does not constitute any abnormality, but a peculiarity of such age – so called «immunity training» when the social circle of a child becomes more extended and a child comes into contact not only with the parents' microbes, but also with another person's microbes and viruses.





But if the frequency of acute respiratory infections exceeds the threshold of the immune system's resistance, the immune functionality can not be restored in full. The child has frequent and long illnesses, chronic diseases of the nasal organs, and bronchopulmonary symptoms begin to appear.



A lot of research of the immune status in infirm children showed that such children have no actual immune deficiency, but temporary functional insufficiency of the immune system, which increases their susceptibility to infection.

«Russian Medical Journal»



Treatment of infirm children, according to orthodox medicine, assumes prescribing antibiotics that is not always justified (medical statistics show that prescribing antibiotics is not justified in 85% of the cases) and not always effective.



Antibiotics often result in the formation of microflora resistance, chronic inflammatory focus, and serious damages of the digestive and immune systems in a child.



In the case of allergic dermatitis and bronchial asthma in a child, the pediatricians generally prescribe glucocorticoids at an early stage, which has a negative effect on the body.



We have analyzed a number of children's cases in our medical center during 2013.

In total, 51 children aging from 3 weeks and up to 17 years of age came to us.

Among them were 41 children complaining of frequent diseases of the respiratory tract. The age of this group of children varied from 18 months up to 7 years.



Adenoids hypertrophy of stage II and stage III was observed in 20 children of this group, and the adenotomy was scheduled for them.

Three children suffered from bronchial asthma, and the bronchial asthma was combined with atopic dermatitis in two of these children.

Two children suffered from isolated atopic dermatitis.



One child suffered from frequent cold-related diseases accompanied with the recurring urinary tract syndrome in the form of leukocyturia and microhematuria against the background of the congenita renal- uretiral reflux of in stages III-IV. Surgery was scheduled for this particular girl.



All the children in this group had been frequently treated with antibiotics prior to coming to our clinic. Macrolides and cephalisporins of II-III generation had been prescribed most often.

All the children with bronchial asthma had been treated with steroid glucocorticoids, the treatment lasting from 6 months up to three years.

All the children with atopic dermatitis had been treated with hormonal ointments.



Our strategic objective is to restore the damaged immune system. So, we examine all the immunocomponent organs with SCENAR within the first session: the thymus, lymph glands, liver, intestinal tract, and adrenal glands. We need to determine at this time where the tension in the immune system is the highest.



I'd like to explain how we do that.

At the first session, we not only examine the skin on the nose and mucous membranes of the nose, oral pharynx, and conjunctiva, but also palpate sub-maxillary ganglions, cervical nodes, sub-axillary nodes, and groin glands --- noting their increased rate, consistency, and painfulness.



We examine the degree of ease of nasal breathing.

We pay attention to the painfulness in and around the ears and potential otitis in the child.



We auscultate the lungs and the heart.

Then, we examine the stomach, paying particular attention to its shape, hypotonia of the anterior abdominal wall, light inflation (that indirectly evidences the fermentative insufficiency of the intestinal tract and pancreatic gland).



We palpate the stomach and reveal the areas of painfulness or hypertonus in the projection of various sections of the large and small bowel (that indirectly evidences the enterocolitis in a child); we palpate the pancreatic gland, liver, lien and mark the organ growth degree, density and painfulness of its edge.



In the diagnostic mode of SCENAR and at a comfortable power level, we examine the initial value on various areas above the small and large bowel, the pancreatic gland, and liver. In most cases, we reveal high initial values in the projection of the right and left hepatic lobe, the head and tail of the pancreatic gland, and duodenum in our group of children.



We evaluate the state of the thymus and adrenals with SCENAR. We usually do that in two ways.

I'd like to explain it with an example of the thymus examination.

Method of the Thymus Examination in SDM





We treat the thymus projection along the general vector in the basic mode of SCENAR at a comfortable power level. At that time, we usually observe clear signs of a small asymmetry in the majority of children (you can see that on the previous slide) that evidence the tension in this organ.



Usually, we immediately apply SCENAR to stimulate the revealed areas of the small asymmetry under the classic rules of the SCENAR therapy.

Sometimes, for example, when the weather is hot and the child's skin is wet, the diagnostics performed in the subjective-dosed mode is not informative. In this case, we examine the thymus in the diagnostic mode of SCENAR.

We determine the initial value on the upper part of the breastbone along the anterior median line.
In this example IV (Initial Value) = 110.



We determine the initial value to the right of the breastbone. In this example IV (Initial Value) = 112.



We determine the initial value on the left of the breastbone. In this example IV (Initial Value) = 118.





So, we obtained the asymmetry of the initial values in the projection of the thymus and a «prompt» of the body – where it is more practical to stimulate this child with SCENAR at this time.

Then, we examine the route “three pathways” and reveal the small asymmetry zones and stimulate such zones with SCENAR under the general rules of the SCENAR-therapy.



At the initial examination, all the infirm children had signs of:

- asthenization
- decompensation of the lymphatic system in the form of hypertrophy of many groups of lymphatic glands (submaxillary ganglions, cervical, groin glands)
- tension on the thymus



- signs of enterocolitis
- tension in the liver and pancreatic gland, on adrenals and in some children – on the thyroid gland



In the course of treatment, we daily analyze the changes revealed at the first session (the analysis is performed in a similar manner as described above) and observe dynamics of their state. They usually change from day to day.



The treatment is given within a session taking into account predominant symptoms and areas with maximum tension revealed by SCENAR. If there are symptoms of respiratory system damage - we treat this system, if they relate to the stomach – we treat the stomach, if they relate to the kidneys – we treat the kidneys.



Method of Complex Stimulation of the Nose Mucosa and Regional Lymphatic System

We applied the remote electrodes: facial double circular (other names - «pieces», «mushrooms»), facial double cosmetological.





Method Description

One electrode was set on the projection of the sieve bone, the other one – on the projection of the mandibular lymph node. The stimulation was given at a not very high power level (2-5 Units.) at $F=120-140$ Hz during – 1-2 min.



Then, the second electrode was set on the projection of the sub maxillary ganglion on the other side; the setting was Fm-on (Fm-Var, Am-2:1, 3:1) and stimulation was given during 1-2 min.

We applied this method while the difficulty in nasal breathing and rhinorrhea remained.

Method of Sinuses Stimulation



We applied the remote electrodes: facial double circular (other names - «pieces», «mushrooms»), facial double cosmetological.





Method Description

Both electrodes were set simultaneously to the left and to the right from the nose wings (on the projection of the maxillary sinuses) and the stimulation was given at a moderate power level (2-3 Units) at $F=120-140$ Hz for 1-2 min.

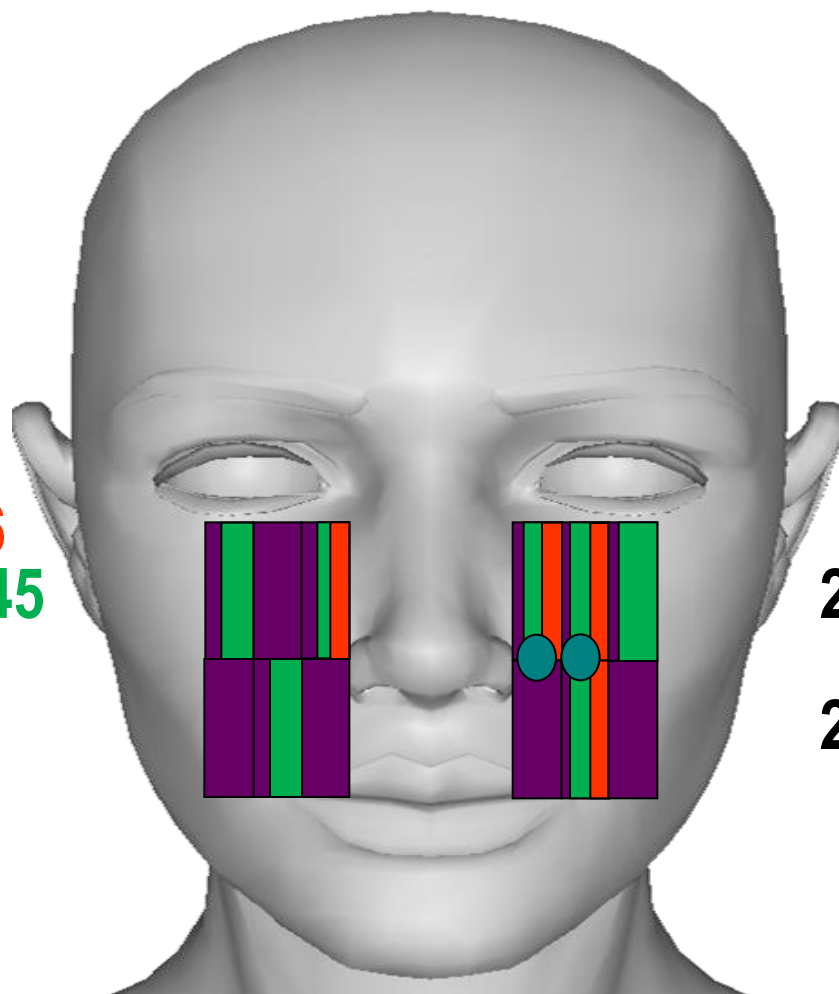
At the next session, we repeated this method and set Fm-on or SW-1.



During the following sessions, the decision on stimulation of the maxillary sinuses was made after the initial values above the projection of the right and left maxillary sinuses were determined by SCENAR.

If the treatment of maxillary sinusitis, rhinitis, and adenoiditis took a long time, the methods “Mariya Mikhaylovna” (“MM”) on the face and “Galina” were added to accelerate the response reactions.

«Mariya Mikhaylovna» on the face (example)



26/44 26 56 27/45
24 26/41 24

59/FV 57/FV
29/42 28/41 28/40
25 27/43 25
51

❖ «Galina» (the author – Revenko A.N.)

74 29 /45	25 /36	25
NB	25 /38	35
25	23	21



The frontal nasal sinuses were treated in a similar manner.

Method of Stimulation of Regional Lymphatic System (mandibular, parotid, cervical lymph nodes)



We applied the remote electrodes: facial double circular (other names – “pieces”, “mushrooms”), facial double cosmetological. The electrode “Comb” can also be applied.





Method Description

We set both electrodes simultaneously on the left and on the right sides on the projection of the enlarged lymph nodes or – on the projection of the tonsils, and the stimulation was given at a comfortable power level and $F=120-140$ Hz for 1-2 min.

At the following session, this method was repeated and Fm-on or SW-1 was set on the device.



The duration of the treatment under this method was determined individually for each child and lasted from 3 to 7 days.



Method of Stimulation of Various Ear Parts

We applied the remote electrodes: facial double circular (other names – “pieces”, “mushrooms”), facial double cosmetological.





Method Description

We set both electrodes simultaneously on the antilobiums of the left and right ears, and the stimulation was given at a comfortable power level and $F=120-140$ Hz for 1-2 min.

During the following session, the method was repeated and Fm-on or SW-1 was set on the device.



If the symptoms of inflammation in the middle or internal area were revealed, the zones above the earlaps and the processus mastoideus projections were additionally stimulated on both sides.





If a child suffers from cough, we perform the clinical examination and SCENAR-diagnostics to determine the level of the respiratory tract inflammation, and based on the results obtained we determine an area to be stimulated.

If there are signs of inflammation of the back of the throat or larynx – we stimulate those areas.

Method of Stimulation of the Larynx and the Back of Throat (laryngitis, pharyngitis)



We applied the remote electrode: facial double cosmetological. We set the electrode on the anterior surface of the neck on the projection of the larynx, the stimulation was given at the oscillating frequency for 3-5 min.



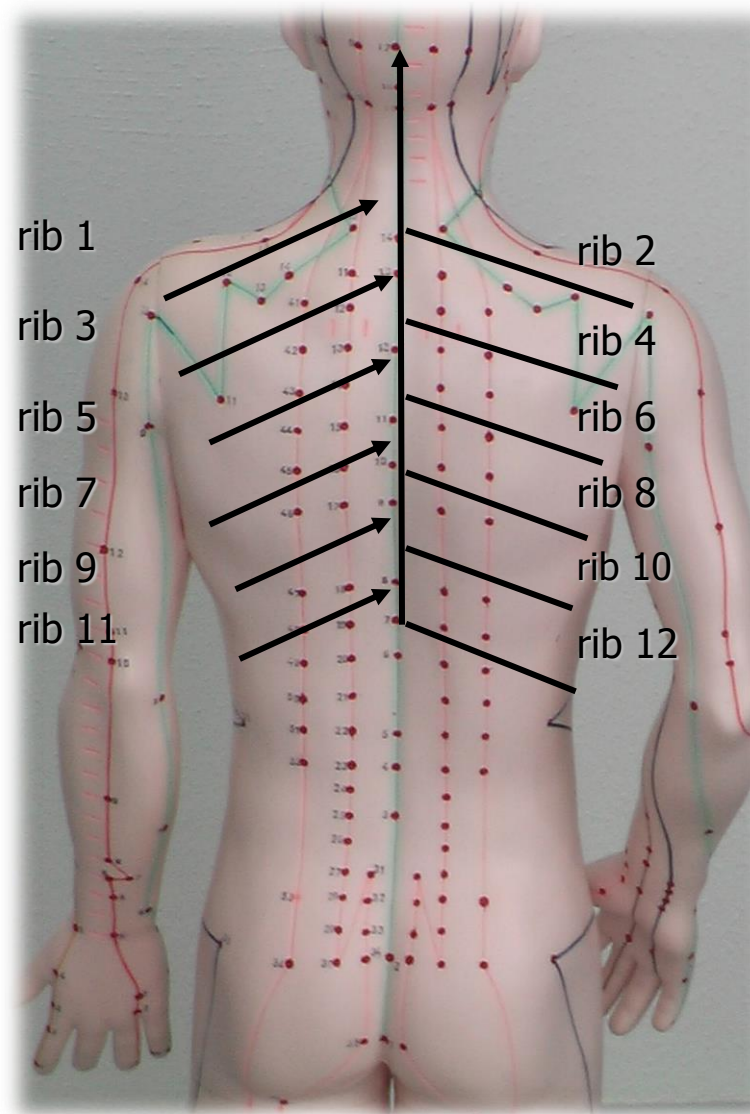


The duration of the treatment under this method was determined individually and lasted from 1 to 3 days.



If the symptoms of tracheitis, bronchitis or pneumonia were revealed during the clinical examination, the “herring bone” was applied in a mandatory manner.

“Herring Bone – the universal classic method for cough treatment





Herring Bone

Stimulation Parameters:

D-0, the basic mode, A-comf.

D-0, F-120 Hz, A-comf.

Method: classic, two-stage right-hand and left-hand, with mandatory determination of the small asymmetry zones and their stimulation under the general rules of SCENAR therapy.



In our medical center, we like to apply the method “sandwich” on the patients suffering from cough. We always observe the positive response reaction and symptom dynamics.

“Sandwich” Method



Method Description: we apply two universal electrodes connected by the splitter. One electrode is set in the interscapular area, the other one – on the upper part of the face surface of the thorax. We stimulate these areas for 2-3 min in the basic mode of SCENAR at a comfortable power level, then – at the oscillating frequency during 3-5 min.



We usually combine different modes of SCENAR, frequencies, modulations, remote electrodes within a session. We stimulate various local areas and general stimulation areas under the classic principles of the SCENAR therapy «Higher», «Higher and higher».



We widely apply the methods for the stomach: «Mill», «crosses».

We perform “Mariya Mikhaylovna” (MM), “Galina” and their combinations to concentrate the energy in the problem zones.



We do not always observe fast dynamics of symptoms or SCENAR-signs in children with serious damages of the immune and digestive systems, so, we add the methods from the block «Acceleration»; we make various SCENAR vaccinations; energy stars.



We widely apply additional methods and areas for stimulation: Pirogov's ring, "little wings", feet and hands, tongue, and craniotherapy.







If, as a result of the therapy, we obtain significant improvement in the child's state of health: restoration of free nasal breathing, no cough, restoration of broken functions of the gastrointestinal tract, decrease of the initial values above the immunocomponent organs or above the backbone, we complete a treatment course and offer a 20-day break for the child.



After the break is over, we meet again, discuss any changes in the child's state of health, perform a clinical examination and SCENAR-diagnostics and repeat a treatment course if required.

The repeated treatment course usually includes 3-4 sessions.





This algorithm of operation allows us to :

- remove pain,
- reduce frequency and duration of respiratory diseases,
- abate the severity of respiratory diseases,
- avoid serious complications: pneumonia, otitis, adenoiditis



- avoid surgeries (adenotomy)

No adenoids were removed in children that had been treated in our center because the reverse regressive development of the adenoid tissue happened and nasal breathing was restored in full. Surgery was not required for children suffering from renal-ureteral reflux because it was reduced to stage 1.



The following results are obtained in children treated with SCENAR: the asthenic syndrome is not developed, the energy status is quickly restored, the child becomes alive, active and joyful; appetite and sleep become better, the digestive tract operation is restored, and metabolism improves.

The physical and psychomotor development of children then equals that of their peers.

The children quickly return and adjust to a more socially adapted environment of their peers.





**THANKS FOR YOUR KIND
ATTENTION!**