

Scenar Healing Devices

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Much has been written in the West regarding the Russian Scenar devices, most of which is anecdotal. Not surprisingly, the scientific community has been sceptical about a device which would appear to fulfil the criteria for a futuristic movie. The question needing to be answered is "How much is science, and how much is science fiction?".

Quantum physics tells us that the actual physical proportion of the cosmos is less than a one-billionth part of its overall physical size. Einstein's Theory of Relativity, $E = mc^2$ demonstrates the indistinguishable nature of mass and energy. Putting the above statements together would suggest that energy in all its manifestations constitutes the greatest part of the cosmos.



'Energy Medicine' has long argued that, on the basis of this, treating with energy is logical and explains the successes of various disciplines such as acupuncture and homeopathy. However, the statement taken to its logical conclusion implies that *all* influences on the body, including pharmaceuticals, have an energetic consequence on the body to varying degrees. In the case of pharmaceuticals, purified active ingredients and carrier substrates are made of molecules that have vibrational energies depending on the types of bonds between the atoms of each molecule. Of course it is the physical aspect of pharmaceuticals in terms of interactions with receptors, etc., which is their main intended action. However, treating on a mainly physical level can inevitably lead to unwanted side effects, as it is impossible to determine all the ramifications of one seemingly simple interaction. Hippocrates' law to treat the patient rather than the disease suggests that a correction of the energetic balance of the patient rather than symptomatic treatment is more likely to attain permanent alleviation of symptoms.

Scenar, through cutaneous electro-stimulation, is exerting an energetic influence on the body. With Scenar we are at least working at the most potentially effective end of the spectrum of medicine.

For the 'ideal electrotherapy', certain criteria must be fulfilled; namely that it must be:

1. **Individual in its action** in dealing with the actual stage of pathology in the individual patient within their own individual environment;
2. **Universally applicable** for different pathologies in different patients in various environments;

3. **Physiological** in its energetic influence at all appropriate levels from the atomic level to a tissue or an organ;
4. **A biofeedback mechanism** so that the organism itself determines the energetic influence it requires rather than be subjected to a third-party idea of what is needed.

Scenar is the first electrotherapy to accomplish the fourth protocol. Through studies of Eastern Zonal Contact Massage and measurements of the skin's electrical properties and their changes as a result of disease, a complex software programme was developed whereby the starting electrical properties of the skin and their changes as a result of electro-stimulation can now be interpreted. With the Scenar, a signal is not relayed to the skin without the detection of a change in the properties as a result of the preceding signal. The constantly changing input signal and its steep rise, similar to a natural neural impulse, neutralizes any accommodation to the input. This is an important safety feature in that no signal is input into the body without the body being able to respond. Indeed the Scenar has been shown to reduce the refractory period of nerves.

Nerve fibres are classified according to diameter, speed of conduction and presence of a myelin sheath. Large diameter myelinated A-fibres are activated by the Scenar, which we know from the Gate Control Theory will close the gate to pain before C-fibre activation attempts to transmit pain via the substantia gelatinosa. C-fibres also pass through the reticular formation of the brain, which is involved in the regulation of skin resistance.

C-fibres have the highest threshold of excitement and correspond to approximately 85% of all nerves within the body. They are involved in the production and distribution of neuropeptides (NPs) and other known regulatory peptides (RPs). The Scenar, with its high current amplitude impulse, activates more C-fibres than other electrotherapy modalities. Stimulation of C-fibres causes a release of RPs, including NPs, endorphins etc. It is this physiological release, which has been confirmed using blood biochemistry, that Scenar aims to trigger and which makes it such an effective modality. There are known to be high densities of opioid receptors pre-synaptically on the intraspinal part of C afferent nerve fibres. Release of natural opioids reinforces the pain damping mechanisms. Controlled trials in Russia on fracture cases and cancer patients found that Scenar treatment gives more profound pain relief than administered opiates and can potentiate opiate medication.

NPs have been found to be the fourth most numerous group of neuromediators. Their action in both the peripheral and central nervous systems has become ever increasingly recognized. They are responsible as a group for a wide range of regulatory processes. In-depth studies of NPs always lead to the discovery of their action on the genome activity. However, these processes within the body are often under the influence of more than one NP and various NPs are involved in more than one regulatory process, together with other humoral regulators. These functions include the induction of the release of other NPs. This complexity of regulation can only be co-ordinated by the body itself. The body is so finely tuned that excessive influences of any form, either physical or energetic, can make the 'normal' position difficult to re-establish. It is very important to use only the minimum action necessary to start the body's own rebalancing process such that the pathological state moves into the physiological state.

NPs are also peculiar in that they persist significantly longer (from tens of minutes for short-chain peptides to tens of hours for long-chain peptides) than other neurotransmitters such as acetyl-choline (10-2 seconds). This, combined with the fact that NPs degenerate down a cascade of biologically active compounds, explains the observations with Scenar where effects are long-lasting and can improve not only the imbalance being addressed, but also distant problems. This phenomenon is seen in seemingly unrelated parts of the body sometimes weeks after an initial course of treatment. NPs have been located in all parts of the central and peripheral nervous system, both somatic and autonomic.

Pathological states are a normal occurrence in everybody every day. They only become established when the regulatory processes are unable to normalize the pathological state and instead re-adjust the immediately affected tissues/processes to integrate the pathological state into a system which the 'brain' (I use this term loosely to signify any controlling/reference factor) can regulate. In this way, the pathological state is maintained by the regulatory pathways. Function is inevitably altered, resulting in symptoms.

All areas and organs of the body have been mapped out in micro-systems on other areas of the body, e.g. Nogier points on the ear, Su Jok points on the hands and reflexology zones on the feet, amongst others. It is possible to influence all organs through stimulation of the relevant area of skin. The link also works in reverse in that pathological organs will be reflected in alterations of electrical properties of the skin. The concentric arrangement of the Scenar electrodes allows the Scenar to detect spatially these electrical changes, which indicate where pathology exists but without being able to diagnose the specific condition. However, a full Western diagnosis is not necessary in order to be able to effect a beneficial release of the relevant NPs and other RPs. The skin itself will change its properties, e.g. redness, pallor, stickiness on movement etc., which indicates to the trained Scenar user where to place the Scenar. All RPs are released and the body simply utilizes those that it requires, dictated by the relative numbers of available receptors.

In this manner, the Scenar should only be regarded as an aid to self-healing. In all cases, it helps the body to convert a pathological system into the normal physiological state. Function returns before physiological parameters and even anatomical correction are detectable. This has been confirmed in Russia by ECG, EEG, CT scans, ultrasound, biochemistry and x-ray. In much the same way that the body adjusts the surrounding processes to adapt to a pathological system, once the normal function is returned, the body corrects the surrounding processes back to 'normal' over a period of time. The degree of integration of the pathological condition depends on how chronic the situation has been. Likewise, the conversion time to normal physiological and anatomical parameters will depend on how long the pathological system has been established. Acute conditions respond remarkably quickly to Scenar due to the non-integration of the pathological system, which is most efficiently normalized with function returned almost immediately.

The fact that C-fibres and NPs are so numerous has further ramifications in that central nervous system (CNS) chemical imbalances are often normalized as a result of treating elsewhere in the body. This can result in psycho-emotional release during treatment and correction of sleep, appetite, behavioural problems etc. Scenar therapy

results in a truly holistic treatment where the organism is treated rather than a disease, the body, the mind or spirit as individual entities.

Scenar therapy has been widely accepted by Russian medical professionals from over 30 different disciplines. The Russian experiences give extremely high documented success figures in the order of 85-90% across the board with a two-thirds cure rate of this figure. Certainly, these results sound too good to be true, but given that it is the body itself (which knows best) that does the actual healing, and Scenar therapy is simply an aid to trigger this process, these figures are not surprising given that the Scenar works in the way the Russians say it does. Nor could results of this order be achieved unless the Scenar does indeed work through the natural processes triggered by A-fibre and C-fibre nerve stimulation and NP release.

The following two case studies from my own experiences demonstrate the healing power of the body when Scenar therapy is applied. The horse case is included to dispel any claims of a placebo effect. These cases demonstrate not only a good result on the desired problem, but distant beneficial effects in terms of other structures and behaviour.

Case 1

A middle-aged man with chronic back pain of five years, sciatica and poor circulation in the left leg as a result of two crushed vertebrae missed by doctors and picked up on x-ray by a chiropractor after two years. There was an obvious sensation and temperature difference between the legs. Scenar therapy was started, concentrating on the lower back, sciatic nerve and numb leg.

Therapies were initially every three days for three sessions, followed by weekly sessions for one month. Subsequent sessions were as requested, not usually less than four to six weeks apart for a further two sessions.

After the first three sessions, the man was able to dig a ditch without pain. The symptoms were limited to the lower leg after the sixth session, with noticeable improvements in sensation and skin temperature. Pain was eliminated with only an ache in the foot and ankle apparent at the end of a long day. Interestingly, his appetite returned after the fourth session and he now looks forward to meal times rather than eating because it is a necessity only.

Case 2

A 22-year-old mare was treated for damaged flexor tendons in both front legs. The original injuries had occurred some nine years previously and euthanasia had been recommended at the time. Homeopathy and magnotherapy boots had improved the quality of life to the stage where the mare could walk soundly and eat, but was not in work.

Treatment using Scenar was applied to the damaged tendon areas of both legs; five sessions on the worst effected leg, and four sessions on the better leg. Three sessions (both legs) were carried out in the first week and then weekly thereafter.

The physical size of the tendons improved during treatment and was maintained, although still not the normal size. After the second session, the mare was seen galloping round her field, was generally more interested in life and was re-establishing herself as head of the group of horses in the field “as if she was 15 years old again”. Twenty months on, both legs are holding up well and the mare has been back in work every day over the summer with no ill effects. Interestingly, during the course of the treatment, a corneal opacity which had been established for some months also disappeared.

Bibliography

Electroanalgesia: Historical and Contemporary Developments – selections from the PhD Thesis of Dr Gordon Gadsby:<http://freespace.virgin.net/joseph.gadsby/page13.htm>

Grinberg Ya.Z. The effectiveness of SCENAR therapy – physiological aspects. *SCENAR therapy, SCENAR – Medical Assessment and Expertise*. **4**: 8-19. 1998.

Grinberg Ya.Z. Concepts of electrotherapy. *SCENAR therapy, SCENAR – Medical Assessment and Expertise*. **5**: 8-12. 1999.

Revenko AM. The place of SCENAR therapy as a technology in modern medicine. *SCENAR therapy, SCENAR – Medical Assessment and Expertise*. **4**: 20-27. 1998.

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