

- Publication:** СКЭНАР-терапия и СКЭНАР-экспертиза. Сборник статей. Выпуск 3 / под ред. Я.З.Гринберга - Таганрог, 1997, с.47
Scenar-therapy and Scenar-expertise: Collection of articles. Issue 3, 1997, p. 47
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- Article name:** Применение прибора СКЭНАР в акушерстве
- Keywords:** SCENAR, gynaecology, uterus fibromyoma, sterility
- Summary:** The article considers the experience of using SCENAR device as nondrug anesthetization of the labor in post-natal period, treatment of sterility and uterus fibromyoma. Almost 50 labors were administered using SCENAR and a complete anesthetic effect was achieved in 80%. The article gives certain features of the device application at labor and observations on the effects. The article presents the treatment results for sterility and fibromyoma in 15 women and basing on these results the author makes a conclusion that SCENAR-therapy is effective in midwifery and gynecology.

Application of SCENAR Device in Midwifery

Nonmedicamentous anesthetization of the childbirth – is one of the actual problems of midwifery. Narcotic means can be applied only in the certain moment of the childbirth, it is undesirable to use them 2 hours before the end of the childbirth and also if there is a threat of fetus hypoxia. SCENAR application gives the ability to conduct anesthetization in the most painful – climax moment and in case woman has pre-natal fetus hypoxia. Spasmolytic and anesthetic effects lead to good opening of uterus fauces of even immature cervix of the uterus. The same effects of SCENAR action (spasmolytic and anesthetic effects) remove discoordination of the birth throes, which in 30-50% leads to the necessity of operation - Cesarean section. Thus, in some cases we succeeded in escaping operation and end the childbirth through natural birth canal. Treatment of perineum skin during the period of expulsion of fetus improves tissues stretchability and decreases the quantity of mothers' traumas. We'd like to mark, that good anesthetic effect is reached at timely beginning of SCENAR device treatment. If SCENAR influence starts at expressed pain factor, it is impossible to reach complete anesthetization. With SCENAR application we conducted almost 50 childbirths. A complete anesthetic effect was achieved in 80 %, partial (pain decrease) in 10 % and in 10% there were no effects.

SCENAR was also used in post-natal period. One-two procedures of breasts treatment were enough for lactostasis beginning and mastitis treatment in the stage of infiltration.

The treatment of postinjection infiltrations is also effective, 1-2 procedures are enough for that.

Cases from the practice

Female patient, 28 years. The first pregnancy, the first childbirth, the patient is going to undergo Cesarean section. Sombrevin, dissolved in 10% solution of calcium chloride is used for narcosis. The patient had intravenous injection of 20 ml and didn't fell asleep, then she had another injection of 20 ml – without effect, she had one more – without effect again. Anesthesiologist finds out that the needle is not in the vein, i.e. all the injections were made intradermally. There was injection of another vein, narcosis worked; the patient had a successful operation. On the arm was found a huge infiltration, spreading from the shoulder joint to the middle of forearm. SCENAR

treatment was carried out in every two hours for 10 minutes during 24 hours. During the 3d and the 4th day – twice a day. To the end of the 5th day there wasn't a sign of infiltration, the arm was completely normal. But for SCENAR, the woman would have had awful sufferings and her arm would have been disfigured for the whole life.

There were 15 patients with uterus fibromyoma (10) and with sterility (5). Growth size was – 9 weeks of pregnancy (9 women), 15 weeks (1). One woman had phibromioma and endometriosis. The treatment was made on the zones, the scheme was – three courses during 7 days before and three courses 7 days after the menstruation. Control USI was made in 2 months after the treatment. Complete regress of the growth was observed in all the cases when the growth size was 9 weeks. The patient with a large growth didn't have regress, but she marked the improvement of the general state, the feeling of pressure inside the stomach disappeared, intestine work and sleep improved.

5 women with sterility (all of them had secondary sterility, 2 – of commissural kind, 3 – of hormonal type) also had 3 courses of SCENAR-therapy in combination with OLM – 1. During 6 months after the treatment only 1 woman wasn't pregnant. According to the graphics of basal temperature, we can judge about normalization of two-phase cycle, the presence of ovulation. This woman was offered to have repeated treatment with the help of SCENAR.

SCENAR was applied in isolated instances for treatment of pyelonephritis, gestosis and some other diseases, but it is too early to speak about its' effectiveness.

According to these results I think it is expedient to apply SCENAR in midwifery and gynecology with spreading on the treatment of other pathological states.