

## Effectiveness of SCENAR treatment for Common Eye Diseases and Vision Problems

### Part 1. Acute Eye Conditions and Disorders

Lately we have been receiving many requests for SCENAR protocols that can be used with various eye-related issues. Today we are sharing the recommendations of our partner-therapists and hope you find them useful.

This is a typical protocol that has been used for several years mostly with positive results. However, there is nothing typical or standardized in life and health, and this protocol gives only general guidelines.

RITM SCENAR® Device is a leader in the field of pain management involving complementary medical technologies. Electro-stimulation devices are prescribed for the treatment of acute and chronic pain.

*Eye trauma (orbital injury)* or the area around it (*periorbital injury*) is often associated with significant eye injury, and the role of the ophthalmologist is important in diagnosing and initiating a treatment for these injuries.

Once you have received all the necessary first aid procedures, you can use SCENAR therapy to expedite the recovery of most eye injuries.

In all cases of treatment:

- Always start SCENAR procedure with the active complaint - “here and now” - of the patient.
- Assess the condition of the patient and check the visual acuity before the session.
- When self-treating, evaluate your condition and check the visual acuity (for example, reading small printed text).
- Improvement in the condition and vision of the patient is considered positive dynamics.
- Immediately after the session, patients may experience a temporary diffuse visual impairment for 15-20 minutes.

SCENAR therapy best of all shows positive dynamics in acute eye diseases, such as various **inflammations or injuries**.

As an additional treatment prescribed by an ophthalmologist, the most acute problems of pain, such as *conjunctivitis*, etc., can be quickly and easily relieved by applying SCENAR signal to the infraorbital nerve for 10 minutes.

Simple observance of the rules of SCENAR therapy for treating local zones of the projection of the exit of the infraorbital and supraorbital branches of the trigeminal nerve on the face will resolve acute pain problems of the eyes, *including corneal edema, iritis, verities*, etc.

#### **Treatment recommendations for acute eye conditions:**

1. Main treatment zones:

- Eyelids
- Projection points of the exit of the branches of the trigeminal nerve on the face.

2. Eyelid treatment should be gentle.

SCENAR Pro device settings: F < 90Hz, Int < 3.

It is not recommended to use a stable F (Frequency) > 90Hz on the eyelids.

Maximum Intensity on the eyelids is not higher than Int - 3.

- a) Pain (with severe pain) “HiFM” Preset or F - 90Hz + Int-3 + Gap-18 (for comfort);
- b) Edema (for edematous therapy) “LoFM” Preset or F - 30Hz + Int - 3 + Gap - 10.

Please make sure that your patient closes both eyes completely, as the eyeballs roll back and SCENAR coaxial electrode will be just above the cornea, which you don't need in most cases. Just ask your patient to look down. Please make sure you don't put pressure on the eyes! Touching the eyes should be gentle.

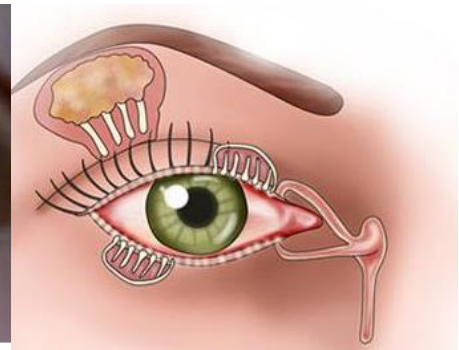
3. The treatment of the exit points of the trigeminal nerve can be intense.

- a) Pain

*SCENAR Pro device settings:* “PointPain” Preset or F - 120Hz + Int - 5 + Gap - 10.

Perform the procedure for 10-15 min several times a day, every two or three hours or when the pain returns. Usually treat both eyes, although only one eye is sore.

Informationally, we are symmetrical beings.



## **“Dry eye” (keratoconjunctivitis sicca), or dry eye syndrome**

A disease characterized by dry eyes. However, in most cases, the eye is not actually dry, but watery, and tear fluid usually flows laterally from the corners of the eye. In this case, the lacrimal ducts are blocked by spasmodic muscles of the nose. As a result, a massive spasm of the eye and all surrounding muscles (nose, jaw, neck, etc.) occurs. This state of spasms blocks the drainage channel from the eye to the nose = the eye should dry out = feel dry. The nose is dry and feels like you will catch a cold - Sicca syndrome. In addition, the patient feels increased muscle tone around the eyes as very disturbing. SCENAR treatment is a great advantage here, especially when it comes to muscle problems such as ciliary muscle and/or muscle problems.

Thanks to the use of SCENAR, the blood flow and flexibility around the eye muscles significantly improve. Thus, the supply of oxygen to the eyes also significantly improves. The blood supply and drainage of the eye also improve, and the structures of the eye can recover better.

### **Treatment recommendations for “Dry eye”:**

1. Main treatment zones:

Local zone - *Projection of the lacrimal gland.*

Ask your patient to close the eyes. Use a special moisturizing napkin (ThermalOn® Drye Eye Moist Heat Compress) and treat the eyelid. Immediately start SCENAR procedure while the zone is still wet. Treat the Projection of the lacrimal gland on the eyelid.

Use Small external electrode or the coaxial electrode of the device.

2. *Device settings:* E (Energy) - should be kept to a minimum and then slowly increased to a level of light sensation, but no more.

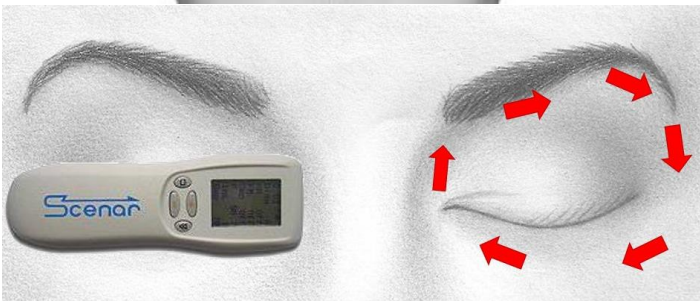
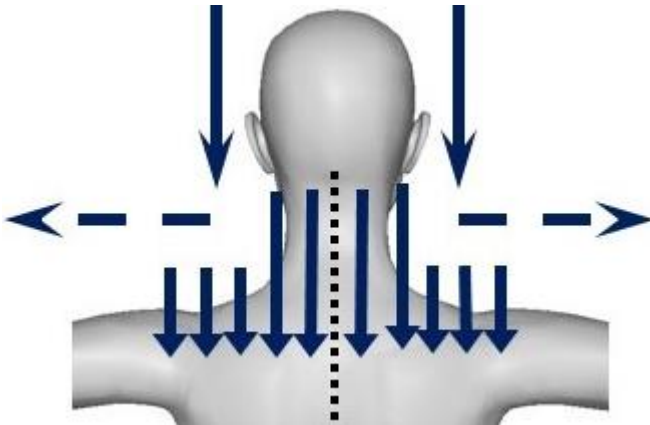
SCENAR Pro: D-0, FM, Int – 3, GAP – 20.

Preset: “**LoFM**” - 2 min + “**HighFM**” - 1 min

Stabile-labile. Treatment time – 3 min.

*Stabile means that the electrode is placed on the skin and not moved until the session is finished.*

*Labile means that the electrode is held tight to the skin and moved in circles or spirals.*



### **Double Ophthalmologic Electrode “Goggles”**

Please note that Double Ophthalmologic Electrode has been specially designed for the eyes to provide treatment to this very sensitive area.

This electrode will automatically stimulate certain points near and around eyes. It is directly connected to SCENAR device and have the ability to apply SCENAR signal to acupuncture points and meridians that nourish the eyes and act directly on the eye.

“Goggles” alone are the most effective way to rejuvenate the eyes with treatment and will take exponentially less time to achieve results compared to any direct treatment.

Manufacturer has made changes to the standard eye treatment protocols and included completely updated procedures for some conditions. At the end of the session, it is not necessary to evaluate changes in the patient's condition and visual acuity! It is possible to check vision no earlier than 2 hours after the procedure.

You can apply all the recommendations not only to the sore eyes, but also for “eye maintenance” and to the eye conditions that are deemed fairly “normal”, but are still unpleasant and complicate your life, such as the age-related “farsightedness”, computer vision syndrome, and just tired or dry eyes.

**Indications for use:**

- Eye tiredness.
- Spasm of accommodation.
- Myopia.
- Amblyopia.
- Spasmodic strabismus.
- Astigmatism.
- Recovery period after retinal hemorrhage (under Dr’s supervision!).
- Conditions after operations on the eyes and eye area (under Dr’s supervision!).
- Rehabilitation period after a stroke.

Do not use “Goggles” electrode for the eye injuries and periorbital area (non-medical use).

Please check User’s manual for more information and details on Double Ophthalmologic Electrode.

Combine the general and local SCENAR treatment in Constant and Individually dosed modes with SCENAR-expertise. The feature is to use “Goggles” electrode and work in IDM on the definite “local” and “general” points. The length of the local SCENAR therapy depends on the eye diseases severity. The length of the general SCENAR therapy is defined by zero/no exacerbation of the concomitant diseases. SCENAR treatment is based on general rules combined with additional treatment till subjective complaints disappear and general state normalize.

**List of Reference**

1. Kachevanskaya I.V. “SCENAR” and “Chakra” devices in treating refraction anomaly. Collected articles, issue 5, 1999, p.p.73-76. Taganrog.
2. Nester A.A. Role of ciliary muscles in physiology and eye pathology. Ophthalmology bulletin N 2, 1999. p. p. 13-15