

# "DIFFICULT" PATIENTS: CAUSES AND OPTIMIZATION OF SCENAR THERAPY

(Edited)

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*SCENAR-therapy, SCENAR-expertise. Digest of articles. - Taganrog. - Issue. 7.-2002. - S. 23-37.*

The majority of SCENAR therapists in their practice periodically have so-called "difficult" patients who are poorly or not amenable to treatment at all. This happens for many reasons, which will be discussed below. But first, let's touch on some general issues.

It is known that the body functions as a single multilevel system. Eastern philosophy and medicine interpret the concept of health as the harmony of the body, soul and emotions. Simplistically, the human body can be divided into two main levels:

- 1) Physical body (bodily, somatic level);
- 2) Consciousness (combines intellect, thinking, mentality, will, psycho-emotional profile, etc.)

Consistency in the relationship of these levels in the process of life depends on the total energy supply of the body and the distribution of energy (energy balance) between the various processes occurring in it.

SCENAR therapy, as one of the areas of systemic medicine, considers the body as a single integral system. The disease, in turn, is a system of deviations of a number of processes from the "norm". It is also necessary to act on this system according to the principle of similarity with the system (in homeopathy: "like is treated with like", in chemistry: "like dissolves in like", etc.). SCENAR therapy provides a systemic impact by creating a treatment system "Body - Device" or "Therapist - Device - Patient". In the first case, the concept of "Body" includes both the therapist and the patient, each of them has its own level (mass) of intelligence, its own emotions, its own physiological state and its own energy resource. The combination of these components in the treatment process determines the quality (efficiency) and duration of existence and functioning of the created system "Body – Device".

It is not uncommon when in the process of becoming SCENAR therapist, especially at the beginning stages, efforts in treatment are directed mainly to changing the somatic state (physical body), and insufficient attention is paid to the correction of the psycho-emotional state, its active, adequate restructuring. This does not allow the "Body – Device" system to work synchronously on the part of the therapist and the patient at the level of intellect and emotions.

If some processes in the body at any level (separately or in combination) go aside or lags behind the general direction, then a pathological condition (disease) is formed in the body, which will be past (lagging behind) in relation to health. Health, continuing to move forward along the vector, will be the future for this pathological condition.

Our task is to help the body change the vector of such deviated processes and accelerate their flow in the right direction (i.e., to reunite the originally "whole").

And if during such changes we shift only part of the processes towards recovery, leaving the other in the state of inhibited or reverse development, then they will be an anchor that hinders the overall recovery. This applies not only to the patient's body, but also to the therapist's body, which will be discussed below.

"Difficult" patients are formed by these and a number of other reasons.

They can be grouped as follows (let's take a closer look at these groups):

### **A. Reasons at the level of consciousness of the patient.**

#### **1) *Incomplete work with the patient's mind.***

*First, these are patients who were not properly explained the method of treatment, what it means, what place should the patient take and how active he/ she should be in the process of his recovery. Often such a patient becomes a passive participant in the process, i.e. contemplative, watching from the side of his/her recovery.*

*He/she begins to wait for a "miracle" from a magic wand called SCENAR.*

*Here are 3 options of patient's behavior:*

*1. A patient wants to stay as is and refuses help.* If a patient actively refuses treatment, then it makes no sense to treat him/ her until he/she rethinks his/her behavior and condition, "ripens" and asks for help (naturally, this does not apply to life-threatening emergency conditions). The more we persuade a patient, the more he "resists", refuses treatment. The patient should receive information about the possibility of recovery and make his own decision.

*2. A patient wants help but does nothing.* He wants somebody else to care for him. This situation is typical for orthodox medicine, when the patient shifts the problems of recovery to "miracle pills", "miracle injections", "miracle procedures", etc., blindly believing in advertising and not realizing that it is very difficult to achieve a quality recovery without his own efforts (active participation). A similar situation often occurs in SCENAR therapy.

*3. A patient wants help and actively helps himself.* Such a patient is the easiest to help. So, the patient should understand that in solving health issues the device and the SCENAR therapist are very good, but only assistants, and without his active participation it is difficult to achieve the desired result.

*Second, these are the patients who were not warned about the possibility, types and meaning of exacerbation that appears in the process of treatment, as stages of the recovery process, or were not sufficiently explained. They may be afraid of exacerbations and lose faith in SCENAR therapist and therapy. Often, when exacerbations appear, they go and see the relevant medical specialists who, not understanding the general course of the recovery process, treat (more often suppressing) specific local manifestations in the usual ways and means. This does not allow the body to bring the disease "from the inside out" (according to one of Hering's rules of recovery), i.e. complete the pathological process with the transition to a state of health.*

It needs to be emphasized that the information about the possible exacerbation should not be given to the patient rigidly, as about mandatory pronounced manifestations, because this can program a patient to constantly expect these exacerbations. It is best to inform him about the "possible but not required" responses of the body to the impact in the treatment process.

**Third**, these are patients (more often elderly and old people with various chronic pathologies) who for a long time get so used to their illnesses that they treat their condition from the position of "still hurts", "still worries", despite the objective positive changes. The course of the disease, both local and general.

For example: the range of movements, the area, the nature or localization of pain in arthritis, radiculitis have changed; the volume and quality of food consumed has changed in case of problems of the gastrointestinal tract; sleep, working capacity, mood in various diseases have changed, and for the patient, the leading factor in assessing the results and effect, from session to session, is the presence of discomfort (complaints). The patient wants to recover according to the principle "all at once" or it is difficult for him to gradually part with his usual state of health and he operates with the phrases "still the same", "still hurts", "still bothers". When working with him, it is necessary to actively identify the dynamics in each session and point them out to the patient.

The patient's assessment of his condition should be changed from "it still hurts" to "it hurts differently, not like before." It should be explained that a complaint (pain, itching, numbness, stiffness, etc.) is a signal to the brain about a disorder in the body, which any complaint is caused by some reason. And, if from session to session the complaint changes its parameters, localization, etc., then the process does not stand still, but moves forward towards the recovery (even with severe exacerbations), since the body is a self-regulating system. SCENAR therapist and the device help the patient's body to use its own adaptive and restorative capabilities more actively, shaping its internal processes in the direction of maintaining a stable and comfortable existence in the environment.

**Fourth**, these are "difficult" children.

1. Children who do not consider themselves sick and have no goal (motivation) for recovery. In addition, their parents "do not work" during the treatment process, i.e. do not track the dynamics of the complaints and the child's condition.

The effect in such children is sluggish and often delayed.

2. Children whose diagnostics (e.g. on "Rista" or D-5) reveal the same problems as one of the parents? They begin to recover after the treatment of this parent or in the course of their joint treatment. Apparently, at the bioenergetics level, the parent body informationally "dumps" its problems onto the less stable child body. There are cases when, in the process of a child's recovery, the "silent" ailments of his parents became more active.

3. Children whose relatives do not have mutual understanding and unequivocal attitude towards the treatment. For example: the mother believes in success, but the father

does not, believing that money is wasted. Or parents see the effect and believe in treatment, but grandparents do not; especially when the latter live separately and are adherents of orthodox methods of treatment. Grandchildren get to them episodically, and even with minor exacerbations, adults tend to give some medicine or take him to a medical specialist without consulting SCENAR therapist.

In such cases, it is necessary to establish mutual understanding between all partners in the process of curing the child. Perhaps it is better to meet and talk with all the relatives (at the same time or separately, with both those who are interested and those who do not show due interest in the treatment of the child).

4. Children of busy parents. They are trying to shift the problems of the child's recovery to SCENAR therapist. Due to study, work from morning to night, etc., they do not monitor the dynamics of complaints and the child's condition, which reduces the effectiveness of treatment. Often a child lives with his parents, and his grandparents bring him for treatment, who cannot track the changes in the child in full.

5. Children of wealthy parents. Such people, bringing their children for treatment, often believe that they have done the main thing - they have paid money for the treatment and should receive a healthy child without any other expenses on their part.

In the last two groups, explanatory work is also necessary with the relatives of a sick child, otherwise the result of the treatment will not satisfy both parties.

***Fifth, seriously ill patients.*** In such a family, a difficult psycho-emotional situation is created, relatives suffer at the consciousness level. Some may be very worried, others may not believe in recovery, others may refuse the patient. As in the category of "difficult" children, the effectiveness of therapy is reduced, since the family is a single system. If one element deviates from the norm, then the others will not remain intact, they will also deviate. Therefore, it is necessary to work with relatives to synchronize views and interaction. Parallel treatment of relatives is possible, in particular, the use of the OLM medical blanket for all the relatives of the patient.

***Sixth, patients who simultaneously use methods of treatment that are poorly combined or not combined with SCENAR therapy,*** which they do not report or hide it ("so as not to offend the therapist", "so as not to get the therapist angry"). Perhaps SCENAR therapist himself did not find out this information in advance. After these facts are clarified, an adequate joint decision should be made.

***Seventh, patients are low-income or financially insolvent,*** who were taken for treatment. Receiving a positive effect, they worry that they cannot pay the doctor, they follow changes in health much less, i.e. pay less attention to the treatment process and worry more about the insufficient payment for the treatment received.

**Eighth**, patients are close relatives, friends, their children, etc. They often perceive SCENAR therapist badly as an attending physician, and treat him as a son, friend, etc. This reduces the patient's discipline, responsibility and attention to himself in the course of treatment and delays recovery. This also refers to free treatment.

A more effective option would be the exchange of such patients between colleagues.

## **2. "Defects" of the patient's consciousness.**

This group includes patients with an inadequate response to changes occurring in them and patients with mental illness.

1. Patients who have been adequately warned about possible exacerbations, "understand" their necessity and meaning, but when they appear, they give an inadequate psycho-emotional reaction (they get scared, panic, sharply reduce faith in a positive result of the treatment, start parallel consultations with different specialists, etc.). This leads either to a decrease in the effectiveness of treatment, or to a delayed result. The latter is especially true when the patient goes with no effect to other specialists before returning to you.

2. Patients who love the treatment "as a process". This is especially true for those who are single, or who do not find understanding with their family and others. For them, communication with the doctor is an "outlet". The doctor pays attention to him, is interested in his condition, and the patient is afraid that, having recovered, he will be left alone (with himself) and no one will need him. Feeling a significant improvement, they cease to admit it, begin to feign or go to another specialist.

3. Patients with mental disorders (oligophrenia, schizophrenia, manic-depressive states, etc.). Insufficient contact with them, the inadequacy of their perception of the surrounding reality, reduces the adequacy and speed of responses to the treatment.

4. Patients with alcoholism and drug addiction. First of all, their volitional component suffers. The problems with such patients are rather social and medical - isolation of the patient from the usual environment, rehabilitation, including the creation of motivation for recovery, and a number of other problems. Successful treatment of such patients is possible only in combination with a wide range of other measures.

## **B. Reasons at the level of consciousness of the therapist.**

### **1) Inadequate assessment of the eigenvalue in the system "Therapist - Device - Patient".**

In some cases, the first five to seven procedures caused improvement, and then the dynamics stopped, despite the large number of procedures (20-30).

As it turned out, this situation is typical for cases when the doctor considers himself "the most important" in the process of healing and confidently promises the patient: "Come see me, I will cure you." This puts the patient in a state of passive expectation of his recovery. The body works out the first week due to response reactions at the level of the physical body, and further work requiring active participation at the level of the patient's consciousness was not carried out by SCENAR therapist. Therefore, in

communication, the key phrase should be: "I will help you recover," because without the active participation of the patient it is difficult to succeed.

### **2) Inadequate psycho-emotional perception of the results of the treatment.**

**First**, it concerns the beginners SCENAR therapists, who immediately undertake the treatment of difficult chronic patients, and even without exacerbation. The doctor wants to help such a patient faster and better. But without proper experience, confidence, the ability to wait, the ability to adequately explain the changes taking place in the body (especially with severe exacerbations) to the patient, recovery often slows down. For example: an epileptic seizure occurs during the treatment of a patient with epilepsy, the consequences of a cerebral stroke, etc. The patient and his relatives get scared, panic. If SCENAR therapist is also frightened and panicking, does not take the right actions and cannot explain to himself and the patient the positive meaning of the exacerbation, then both the specialist and his patient lose confidence in the correctness of the treatment being performed.

And the patient can feel SCENAR therapist's uncertainty without words - by the expression of the eyes, by the sensation of the doctor's inner tension. Therefore, for the beginners SCENAR therapists it is recommended to gain experience and confidence mainly in acute conditions and in well-responsive groups of diseases (acute inflammatory diseases, diseases of the gastrointestinal tract, radiculitis, injuries, etc.).

**Second**, difficulties appear when a SCENAR therapist cannot separate himself from the changes in the patient's well-being and his problems, i.e. the therapist does not have sufficient psychological protection. In order to provide successful assistance to patients for a long time, the therapist body must be in a relatively stable state, have its own "working platform". If SCENAR therapist begins to actively and deeply worry about the changes taking place in a patient (to be frightened during periods of exacerbations, to rejoice violently at positive changes), then the doctor's body will be knocked out of this "working platform". The same will happen if SCENAR therapist starts solving the patient's personal problems. The therapist body in the "Therapist - Device - Patient" system is initially more stable and, if it is knocked out of it, the system will first strive to return a stable state to the therapist to the detriment of the Patient. Therefore, SCENAR therapist should strive to maintain a fairly stable psycho-emotional state.

### **3) Inadequate attitude towards the patient's personality.**

**a) Antipathy to the patient.** A person perceives the world around him through the prism of his own sensations. Therefore, the feelings that arise in us are a reflection of our own state, enhanced by the external information. If SCENAR therapist is not able to adequately control his thoughts and emotions, then he will not be able to harmoniously tune in to help such a patient, correctly assess the changes, etc.

Such thoughts as: "He smells bad", "I wish I could finish the procedure sooner", etc., will introduce an imbalance into the "Therapist-Device-Patient" system, and, therefore, slow down the treatment. In this case, if there is no intention to treat such a patient, if the

specialist cannot adequately manage his emotions and thoughts, it is better to refuse him under some pretext or refer him to a colleague who does not have such a problem.

2) Subservience and insecurity to the patient. Such situations may arise in the treatment of socially significant and "influential" people, their own bosses, competent colleagues, etc. SCENAR therapist who is not confident in his own abilities and knowledge loses confidence in achieving the desired result, is afraid of the reaction of such a patient to an exacerbation, an inadequate attitude towards his personality, which can slow down the healing process.

### **C. Reasons at the level of the patient's physical body.**

#### ***1. Lack of energy resources in seriously ill patients.***

The body can get out of any state, provided that it has enough strength to do so. If a patient has spent almost all of his energy resource on the previous struggle with his condition and with inadequate, aggressive treatment, then he can only get the improved quality of "last days".

For example: cancer patients who have undergone more than one course of chemotherapy and radiation therapy, "written off" to live on the symptomatic therapy, or patients with severe tuberculosis, repeatedly "etched" with anti-tuberculosis drugs, etc.

#### ***2. The presence of a hidden, more severe pathology.***

SCENAR therapist expects the dynamics of complaints and condition, and patients of this category state: "same pain", "same spot", "still bother" at each session. This allows you to think about the presence of some deep problem that has not yet manifested itself. Often, a more thorough examination in such cases reveals hidden serious diseases, for example, oncology. Therefore, before starting treatment, it is necessary for unclear, doubtful patients to prescribe a deep examination. And, in general, when you know what the problem you are taking on, it is much easier to track the dynamics objectively, i.e. according to instrumental and laboratory studies, and not only according to the subjective sensations of the patient, in appearance, static-kinetic indicators.

#### ***3. Causes of age character.***

This category of "difficult" patients includes the elderly and old.

**First**, it is known that with age a person decreases the number of sympathetic receptors responsible for adaptive reactions. Consequently, the corresponding capabilities of the patient are weakened. During the treatment, the adaptation system and recovery processes are activated, while decay processes prevail in the senile body. It is clear that the recovery rate is reduced in this case, fluctuations are possible according to the law of "accumulation of the critical mass of the response", and i.e. the effect of therapy may be delayed. It is difficult to restore in ten or fifteen days what has been destroyed for decades.

**Second**, if in the treatment of elderly patients massively treat zones of general regulation, then old problems can begin to actively, one after another, unwind.

A situation arises when, by the end of the course of treatment or five to ten days after its completion, the patient makes new active complaints. Thus, the treatment can

become "never-ending". Therefore, in the elderly, it is better to use predominantly treat a projection, to work more on a complaint until the symptoms are relieved.

#### **4. Delayed start of treatment.**

Treatment without a clear exacerbation of the disease can lead to a lengthening of the course, to unexpressed effects, which may not satisfy the patient due to long time and high costs. It is possible that some "difficult" patients (in the presence of chronic complaints, but without exacerbation) do not receive the effect due to the start of treatment in the corresponding inactive phases of the chronobiological curve.

Then the impact does not cause an active adequate response of the body.

### **D. Reasons at the level of the physical body of the therapist.**

#### **1. The presence of acute conditions and diseases.**

If SCENAR therapist treats patients while he himself is in a state of ill health (acute respiratory infections, abdominal pain, pronounced emotional arousal, hangover, etc.), then his treating efficiency decreases, as part of his energy is spent on maintaining his own stability instead of working with the patient.

#### **2. Presence of chronic diseases.**

Dr. Reinhold Voll once said: "Before treating others, diagnose and treat yourself".

During the treatment, "Therapist - Device – Patient" system redistributes part of the energy from the therapist to the patient, which can reduce the adaptive capabilities of the therapist. Chronic diseases that he previously had in a compensated state can worsen, especially if he unnecessarily spends a lot of time on each patient or takes a large number of patients per shift (15-20 people). Therefore, it is recommended not to overwork or over spend time on the patient beyond what is necessary.

And most importantly, take good care of your health.

Further, I would like to emphasize the importance of the relationship between the SCENAR therapist and the patient during the session. The patient brings his problem in the form of a complaint and the discomfort surrounding it (somatic or mental-emotional), hopes for an adequate assessment of the situation and help in getting rid of it by a specialist. It is known that a good understanding between the doctor and the patient is already 50% of success in treatment.

In the course of work, the following difficulties may also occur.

1) The patient's distrust of the doctor and the method due to SCENAR therapist's lack of confidence in his abilities, inability to explain to the patient the changes in the body during the treatment (both somatic and at the level of consciousness).

2) Some doctors work in silence and do not communicate during the session with the patient, who often wants to know what the "magician doctor is conjuring" about.

You need to communicate, inform your patient about what you are doing, what goals you are pursuing, what can or should change, and how he should evaluate and react to this.

Often SCENAR therapist gets carried away by some sign of Small Asymmetry or a "symphony of numbers" of the diagnostic mode so much that when working with them,

he forgets about the main goal of the session - to deal with the actual complaint. So the patient wonders: "why should I sit for an hour in this position? The doctor writes some numbers there, silently puts some "FMVar", but nothing changes with me", or "For what purpose did the doctor find this most painful place and have been working on it for half an hour already?"

SCENAR therapist should maintain informational contact with the patient during the session, periodically be interested in changes in complaints or in the functional state of the patient. It is necessary to remind about active participation in the treatment, to involve him in work using digital methods (let him write down the numbers during the procedure after a preliminary simplified explanation of these numbers and the meaning of working on them). The patient should report the occurrence of new complaints before the session and during it, so as not to miss the change in the zone of close attention of the body. Periodically, the patient can be trusted to treat the area for the signs of Small Asymmetry. This will allow the patient to be more interested in the treatment process, he will more actively monitor both the difference in his feelings in the process of work, and the occurrence of new complaints and sensations.

3) There are cases of good dynamics of signs of Small Asymmetry or digital indicators along with the absence of subjective changes, or vice versa, the state undergoes pronounced positive changes with a slight change in the sign or numbers. Perhaps this is due to the quality of the established contact between the patient and SCENAR therapist. In conclusion, we would like to note one more point that affects the efficiency of work - the lack of communication with colleagues, the closed image of SCENAR-life and SCENAR-creativity. Someone is embarrassed to ask for help or advice, he does not dare to share his "miracles" and successes. And someone considers himself self-sufficient, knowing everything and learning everything.

Meanwhile, SCENAR therapy as a science does not stand still, it opens up new horizons, providing more effective assistance to patients.

Any system develops qualitatively only when information is exchanged with the external environment. A closed system, without receiving external information, "cooks in its own juice" and has no tendency to progress.

*In preparing of this article, lectures and works of my teachers were used: Yu.V. Gorfinkel, A.N. Revenko; works by G.V. Zilova, L.M. Kudaeva and G.A. Tyutyunnikova from the collections "SCENAR therapy, SCENAR-expertise" of different years, as well as monographs by K.V. Sudakov and V.F. Ananiev.*