

SCENAR THERAPY RESULTS of
SUBCOMPENSED, COMPLICATED LIVER CIRRHOSIS, Child-Pugh class B
(Case report) at "DR. NIKITIN SCENAR CENTER"

Medical contributor – Dr. Tatiana Nikitina, MD

Liver cirrhosis (LC) is the outcome of all chronic liver diseases. Despite the fact that modern medicine has a large arsenal of possibilities, the incidence of cirrhosis and mortality from its complications remains high and continues to increase, sometimes, ahead of stomach cancer and colon cancer. In the USA it ranks 9th as a cause of mortality.

The age of the patients is active, young: 35-60. Men suffer 3 times more often than women.

The most common causes of cirrhosis are chronic viral hepatitis B, C, D and alcoholic liver disease. In recent years, non-alcoholic fatty liver disease has been steadily catching up with them. Just 5-6 years ago, fatty hepatosis was among the group of rare causes of the formation of cirrhosis (less than 10%), and now it is a confident 3rd place. Toxic liver damage, medicinal, autoimmune, and others also occur, but less frequently.

The development of LC can be divided into 2 stages:

- 1) Compensation - and according to statistics, 80% of LC develops invisibly, without attracting the attention of either the patient or the doctor. Meanwhile, very serious life-threatening complications develop.
- 2) Decompensation can begin suddenly with life-threatening complications, for example, with bleeding from varicose veins of the esophagus or stomach. These patients are more likely to die. As well as patients with ascites – another life-threatening complication – are most likely to die within 2 years.

Despite the existing modern standards of management of patients with LC, constantly developing surgical methods for treating complications of cirrhosis, prolonging their life, improving the quality of life, the only radical method of treating cirrhosis is liver transplantation, which, unfortunately, cannot always be performed in a timely manner!

It is generally accepted that with cirrhosis, irreversible changes in the liver develop.

Stages Of Liver Cirrhosis Development

1. As a result of exposure to a cause (alcohol or virus), inflammation and death of hepatocytes begins. In response, the cells of the intercellular matrix excessively synthesize different types of collagen, trying to heal the resulting defects. And instead of normal liver cells, rough scars are formed that are not functionally active.
2. The progression of these processes leads to the formation of a basement membrane in the walls of intralobular venous capillaries.

In a healthy liver, the walls of the hepatic sinusoids are built from a single row of endothelial cells, where there are fenestrated areas through which, like a sieve, blood plasma penetrates into the space of Disse, the intercellular space between the sinusoid and hepatocytes. And there is a normal, complete exchange between the blood coming through the portal vein system from the intestine and the hepatocytes.

With the development of cirrhosis:

- this exchange is disrupted

- the extracellular matrix thickens and expands
 - Liver density increases!
3. A blockage in the flow of blood flowing through the portal vein system occurs, the pressure in the portal vein increases, portal hypertension is formed and portocaval shunts are activated:
 - in the lower part of the esophagus between the veins of the stomach and esophagus
 - between the veins of the stomach, spleen and left kidney
 - between the veins of the colon and kidney
 - between the peri-umbilical veins and the veins of the anterior abdominal wall
 - between the veins of the rectum
 4. With the progression of these changes, a restructuring of the architectonics of the liver tissue occurs with the appearance of false, non-functioning lobules throughout the liver, the transformation of the liver tissue into abnormal nodes, the blockage of blood flow increases and portal hypertension increases.
 5. Hepatocellular failure develops.

CASE FROM PRACTICE

Patient – female, 55 y.o.

Complaints/ symptoms:

- 1) yellowness of the skin and sclera;
- 2) swelling of the face, hands, abdomen, legs and feet; cannot wear regular clothes and shoes;
- 3) severe weakness and drowsiness;
- 4) nothing helps, it only gets worse;
- 5) No pain, no dyspepsia or bleeding.

Her previous treatment history:

She fell ill in early July, 2015, when she noticed that her urine had darkened and the color of her sclera had changed. She self-prescribed “Essentiale” and took it for 2 weeks, however she didn't get any better. At the end of July she went to see a family doctor.

They discussed her lifestyle:

- lives in a comfortable, dry apartment,
- has worked at the same enterprise for more than 35 years, works on a computer full time,
- Occasionally drinks alcohol in small quantities.
- Suffers from hypertension, so she takes one drug “Arifon” (*Indapamide*).

The family doctor examined the patient: he noticed the yellow color of the skin and mucous membranes, calculated BMI 32 kg/m², measured blood pressure -166/90 mmHg and sent her to do the tests with preliminary diagnosis: Parenchymal jaundice. In 2 days, the doctor stated that the patient had active inflammation in her liver based on the results of a blood test.

With updated diagnosis: Highly active viral hepatitis she was admitted to hospital, where she stayed for almost a month - from July 29 to August 24.

These are the examinations that were performed at the hospital:

- Examinations for the hepatitis B and C viruses - they were not detected.
- fibronastroduodenoscopy - stage 1 varicose veins of the esophagus were detected.

- radioisotope scintigraphy of the liver - stage 1 portal hypertension and an enlarged spleen were detected.

During the therapy, liver enzymes and bilirubin decreased slightly, but still remained at a critically high level, also the patient's blood platelet level decreased critically. The hospital treatment consisted of diet, antispasmodics, enzymes, hepatoprotectors and parenteral water-salt solutions.

Diagnosis at discharge: Chronic hepatitis of unspecified origin, high degree of activity.

Concomitant disease: mixed gastritis, duodenitis, and incomplete remission.

Her first visit to our SCENAR center – August 24th, 2015

She was noticeably upset, didn't feel good and wore wide beach flip-flops (nothing else fit her swollen feet).

After having questioned and checked her (her hospital discharge paperwork didn't give us a full picture of her health condition) we realized that for at least 1.5 to 2 months the patient suffers from:

- an active inflammatory process in the liver with the death of liver cells (this was indicated by high levels of **AST** (aspartate aminotransferase) and **ALT** (alanine transaminase enzymes), **GGT** (gamma-glutamyl transpeptidase)
- cholestasis (high numbers of total bilirubin and its direct fraction)
- the blood coagulation system (**INR** (international normalized ratio) is almost 2 times increased)
- An intrahepatic block and portal hypertension (this was indicated by ascites, edema, low platelet level = hypersplenism syndrome).

We understood that decompensation of adaptive capabilities was developing very quickly! It was necessary to urgently stop the inflammation and death of the liver and prevent the disease from reaching an irreversible stage!

We started **SCENAR therapy course**:

1st session - The timeframe seemed to still fit into the acute condition, so we worked in **SDM/D-0**. The expert technique revealed the "interest" of the central mechanisms with accents on the neck and sacrum. We treated directly the liver projection area for many times. The left lobe was especially dense and heavy.

2nd session (the next day) - the patient noted only a slight decrease in jaundice. We were not satisfied with this result. We needed fast dynamics! It was clear that yesterday we did not reach the level of regulatory adaptation systems.

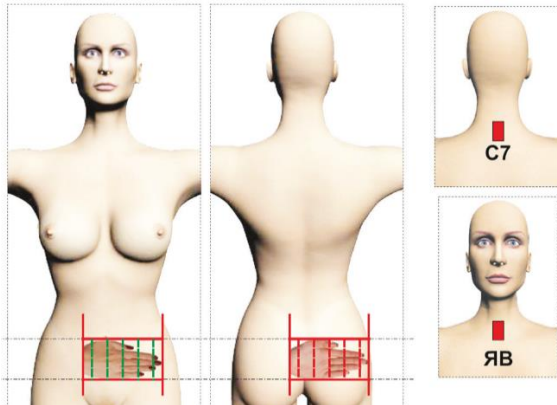
Therefore, this time we worked in **IDM/D-1**. Considering a serious condition and a weakened body we chose "*Stereognosis*" principle.

"*Stereognosis*" is parallel to the undertaking of lots of small jobs within the body. When a significant number of issues and a long history to the complaint exist, "*Stereognosis*" is very effective in clearing so that the body's most significant issues come to the forefront and can be addressed.

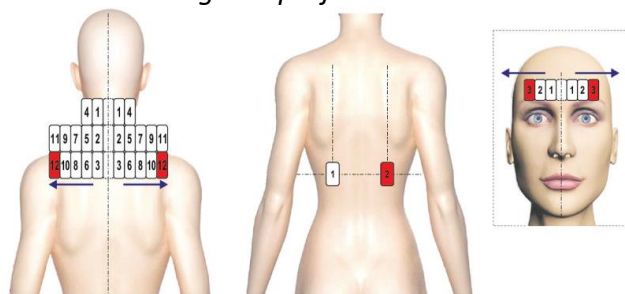
The zones were determined yesterday. We started with "**CZ**" – collar zone.

And then incredible changes BEGAN.

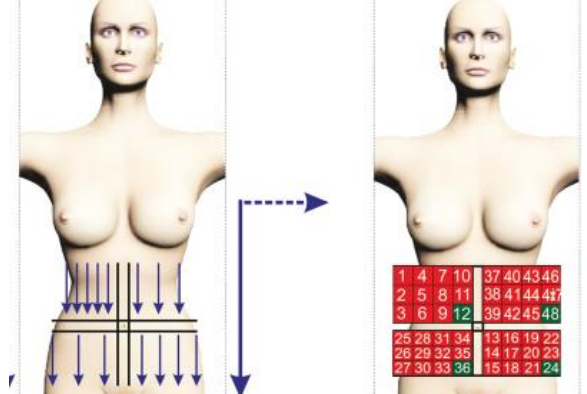
«PALM Zone» – projection of a palm on the abdomen



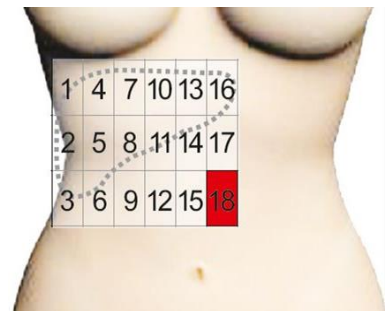
«CZ» – collar zone + forehead + adrenal gland projection



«ABDOMEN zone» (4 abdominal squares) upper and lower



«LIVER PROJECTION ZONE»



«3P6P» – three pathways (on the back) + six points (on the face)



47/ 49* / 51 / FmVAR

40/55* /69/FmVAR

35

39

42

41

34

31

41

34

30

44

40

34

32

Face

23

24

25

30/48* / 50/FmVAR

C7

20

21

23

39/47* /50

45/46*

49/50* /51 FmVAR

20

24

28

29

30

35

39/46*

43/47* /49

30/46*

39/46*

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41

38

45/54* /70/FmVAR

29

43/46*

39

45

31

39

37

36

35

34/43*

38/51/90

31

we begin with starting IR-39

we begin with starting D*-47 @ 51

3rd session - The patient came in good spirits with a smile on her face. The swelling in her face and hands, as well as the yellowness of her skin and sclera, completely disappeared, and the color of her urine returned to normal. Energy level increased. Great results for us!!!

The next General Zone we treated was “Palm zone” projection of a palm on the abdomen. Same principle.

4th session - She came wearing regular shoes!!! The swelling in the feet and legs was gone. This time we treated Abdomen zone. The area was large. Principle “*Stereognosis*” makes it possible to form more Zero’s @”0”. The session lasted for 2 hours.

5th session - the next morning she came in a tight skirt! Excited, beautiful and happy! Ascites got resolved. Only her ankles were slightly swollen. There were no other complaints. So, we decided to only treat the local areas of the ankles and liver (treatment on the extremities Back of the Leg in SDM and Anterior projection of the liver).

6th session -the next morning the ankles were without changes. We performed “3P6P” in IDM principle “*Stereognosis*”. And the swelling disappeared completely.

Thus, after the first 6 sessions:

- her health improved significantly,
- the normal color of the skin, sclera, and urine was restored;
- swelling on the face, arms and legs, and abdomen completely disappeared, the patient was able to put on regular clothes and shoes;

And most importantly, there is hope for a full recovery!

We worked with her for 4 more sessions and finished.

We asked her to take control blood tests and do a fibroscan of the liver. Immediately after the course of SCENAR therapy there was an almost 6-fold decrease in **AST**, a 2-fold decrease in ALT and an almost 3-fold decrease in bilirubin, by the end of September the given trend remained. In November, when we saw the result of a fibroscan of the liver, it became finally clear that in August we found active hepatitis at the cirrhotic stage, when the liver was actively transforming into cirrhosis, and this process appeared immediately at the stage of decompensation.

And after 5 months, in January of the next year, the biochemical parameters were almost normal. Liver enzymes and bilirubin remained at normal levels throughout 2016, 2017, and 2018.

Platelets were the slowest to recover; only by 2018 did they rise to normal levels.

The density of the liver gradually decreased, by the following June it had decreased from 36.3 kPa to 21.3 kPa, in 2017 – 8.8, and in 2018 – 6.2 kPa, i.e. liver fibrosis from cirrhotic stage F4 decreased to stage F1.

Conclusions:

The use of SCENAR therapy and its classical principles in a patient with high activity hepatitis, decompensated complicated cirrhosis of the liver allowed:

1. in a short time, without the medication, stop inflammation and necrosis of hepatocytes, stop the progression of liver cirrhosis and hepatocellular failure;
2. qualitatively restore the normal functional activity of the liver, as evidenced not only by the rapid dynamics of clinical symptoms, but also by the dynamics of biochemical blood parameters;
3. activate the body's resources aimed at repairing damaged liver parenchyma and achieve significant structural restoration of liver tissue, as evidenced by a progressive decrease in the degree of density and stage of liver fibrosis according to liver fibrosis.

Conference materials SCENAR therapy- November 2023 Sochi.