Translation from Russian to English Language

Publication: **СКЭНАР-терапия и СКЭНАР-экспертиза. Выпуск 9-10. Таганрог 2004. Сборник статей**
SCENAR-therapy and SCENAR-expertise. Issue 9-10, Taganrog, 2004. Collection of Articles.

Authors: **Бакарас В.В., Петров Ю. А., Петрова С. И. (V.V. Bakaras, J.A. Petrov, S.I. Petrova). Rostov-on-Don**

Article name: **Эффективность СКЭНАР-терапии при миомах матки**

SCENAR-THERAPY EFFECTIVENESS IN UTERUS MYOMA

Uterus myoma is a rather widespread disease. The literature says that 15-17% of women over 30 have the myoma (V.I. Kulakov and co-authors, 1995). Uterus myoma is a non-malignant growth of muscular and connective elements. In modern science uterus myoma is considered as a dyshormonal tumor with violations in the system hypothalamus – hypophisis – adrenal cortex – ovary. Tumor's dyshormonal nature causes some metabolic disorders, functional liver deficiency and often disoders in adipose metabolism. Hypothalamus-hypophisis disorders may precede the appearance of a neoplasm or develop secondarily from the myomatic uterus due to pathologic afferentation.

Patients with uterus myoma often have violations of menstrual function, pain syndrome and sterility.

Searching for new effective methods of treating uterus myoma is a current problem of today's medicine.

There are only several reports on using SCENAR-therapy in treating uterus myoma in literature (L.M. Kudaeva, I.A. Minenko, 1998; G.V. Subbotina, 1997).

The aim of this work is to evaluate the effectiveness of SCENAR-influence in women with uterus myoma.

The testing group included 12 women from 34 to 45 years old with uterus fibromyomas. All patients preserved a menstrual function. The diagnosis of uterus myoma was confirmed by USI in 100% of cases.

All USI investigations were done on the 8-10 day of the menstrual cycle.

Clinical investigations showed the predominance of hyperpolimenorhea (11 women or 91.6%), aches in the bottom of the stomach (9 or 75%), dysuria disorders (7 or 58.3%), violations of bowel function – constipations (8 or 66.6%), blood secretion between menstruation periods (6 or 50%), easy fatigability (10 or 83%), sterility (5 or 41.6%).

Treatment results were estimated basing on changes in female subjective sensations, USI data, and in some cases basing on results of histological investigation of endometritis taken by scraping off the uterus cavity.

The patients underwent SCENAR electropulse therapy according to the long scheme (3-6 courses with 20 sessions during the first menstrual cycle and 7 sessions during the second menstrual cycle) or according to the short scheme (7 days before the menstruation and 7 days after it).

The zones of common influence were stimulated (along the barbate outgrowths; two paravertebral lines at the electrode width distance from the backbone; six points – trifacial's output on the face, three on each side; neck-collar zone) and local zones (sacral-backbone, suprapubic, liver, spleen, adrenals and others). Kidneys', liver's, adrenals' and pancreas's meridians were also stimulated. The treatment was made in constant and individually dosed modes considering signs of small asymmetry. Sessions were made daily, 20-40 minutes each.

After the SCENAR-therapy course 7 patients had normal uterus size, 5 women had considerably decreased uterus size corresponding to the 5^{th}-6^{th} week of pregnancy. All supervised had regress of clinical symptomatology (decreased hyperpolymenorhea, pain syndrome, dysuria disorders and so on).

It is worth mentioning that on the first stage of treatment in some women uterus myoma increased to a certain extent, but later considerably decreased. So it was necessary to do USI in 1-2 months after electropulse therapy.

Apparently, SCENAR-stimulation activates interrelations between central nervous system, immune and endocrine systems and it contributes to normalization of homeostatic indices. Mechanism of their influence is connected with activating adaptation-compensatory processes with gradual increase of functional reserves in the process of individually oriented course influence, as well as with non-specific body protection in general (V.G. Zilov with co-authors, 2000).

The above-mentioned mechanism of SCENAR-influence contributes to high healing effect in gynecological pathology and makes it perspective in the obstetricians' and gynecologists' practice.

Here is an example of two cases of uterus myoma disease.

A 43-year-old patient had been under observation because of this pathology for 6 years.

At her coming USI showed a multiple uterus myoma equal to 13-14 weeks of pregnancy. The woman was suggested to be operated on, but rejected it out of hand and decided to undergo SCENAR-therapy.

After the first course of treatment the myoma's size decreased and equaled 9 weeks of pregnancy. After the second course of treatment neoformation's size went on decreasing and was equal to 7-8 weeks of pregnancy. USI made in the end of the third course diagnosed the myoma equal to 6 weeks of pregnancy. After four courses of SCENAR-therapy the uterus took its normal size, there was only one node 15 mm in diameter. The patient felt better after the first course of treatment, hemoglobin was almost normal (112 g/w.b.c.), there weren't any dysuric disorders, and menstrual cycle was restored.

The second patient was 40 years old and had submucous uterus myoma complicated by hyperpolimenorhea.

The woman had polyvalent drug allergy. In this situation the patient underwent SCENAR-therapy from the last day of the previous menstruation till the first day of the current menstruation with the pause for menstruation and 7-day treatment more after the menstruation.

After the second course of SCENAR-therapy (during the second phase of menstruation cycle) there was a spontaneous formation of myomatous node 30 mm in diameter. Repeated USI didn't indicate any nodes. Menstruation cycle was restored, pains ended.

Research results show the importance of SCENAR-therapy in treating gynecological pathology as it is quite simple in use, highly effective and produces steady positive effect. It is necessary to continue further research on this problem.

References

1. V.G. Zilov and co-authors. Correction method for clinical manifestations of somatic, surgical and neurological diseases using neuroadaptive electrostimulator SCENAR (aids for doctors) – M., 2000. .
2. V.I. Kulakov, N.D. Minenko, V.I. Krasnopolsky. // Surgical gynecology. M., 1995 – 465p.
3. L.M. Kudaeva, I.A. Minenko. SCENAR-therapy and SCENAR-expertise results. Collection of articles. – Taganrog, 1998. – p.72-73
4. G.V. Soubbotina. Two-year SCENAR-therapy catamnesis. SCENAR-therapy and SCENAR-expertise. Collection of articles. – Taganrog, 1997. – p. 39-45.

1. Зилов В.Г. и соавт. Методика коррекции клинических проявлений соматических, хирургических, неврологических заболеваний нейроадаптивным электростимулятором "СКЭНАР" (пособие для врачей) – М., 2000. –Т5С.
2. Кулаков В. И., Миненко Н.Д., Краснопольский В.И.// Оперативная гинекология. М., 1995 – 465с.
3. Кудаева Л.М., Миненко И.А. Результаты СКЭНАР-терапии и СКЭНАР-экспертизы. Сборник статей. – Таганрог, 1998. – с.72-73
4. Суботина Г.В. Двухлетний катамнез СКЭНАР-терапии. (СКЭНАР-терапия, СКЭНАР-экспертиза.) Сборник статей. – Таганрог, 1997. – с. 39-45.

The article is provided with the assistance of:

RITM OKB ZAO
Petrovskaya 99,
Taganrog 347900
Russian Federation
www.scenar.com.ru

and

RITM Australia Pty Ltd
4/130-134 Pacific Hwy
Greenwich NSW 2065
Australia
www.scenar.com.au

Translated from Russian to English Language by: Kira Lyagovich
Edited by: Nadezhda Sumina

March 2009, Petrovskaya 99, Taganrog, Russia 347900, http://scenar.com.ru