

**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:** **Чернов Ю.Н., Балановский А.П., Свирко С.В., Чернов А.В., Чернова И.С., Каиров Г.Т. (J. N. Chernov, A.P. Balanovsky, S.V. Svirko, A.V. Chernov, I.S. Chernova, G.T. Kairov). Tomsk**

**Article name:** **Преимущества СКЭНАР-терапии в лечении хронического аднексита**

### **ADVANTAGES OF SCENAR-THERAPY IN TREATING CHRONIC ADNEXITIS**

It is known that treating acute adnexitis (AA) untimely and (or) inadequate causes frequent chronization of inflammation in a small pelvis. A chronic process [1] is characterized by forming resistance to the antibacterial therapy done [2], lingering disease period with frequent relapses causing (in some cases) tubo-ovarian abscess, pelvic aches, adhesive process in small pelvis, violating the menstrual function and increasing the risk of abdominal pregnancy and sterility [3].

The literature says that complex approach using great number of medications influencing all pathogenetic units of inflammation is necessary for successful treatment of chronic adnexitis (CA) [1-4].

Antibiotics with broad spectrum, immunocorrectors (metiluracil, pentoxyl, lycopid, neovir, cycloferon, viferon and kipferon suppository), nonsteroid antiphlogistic medications, protein-degrading enzymes, medications improving microcirculation, antioxidants, vitamins, antimicotic medications, zubiobiotics (bifidumbakterin, laktobakterin, hilak-forte), oral contraceptives are used in treating CA. Besides, physiotherapy and efferent therapy (plasmapheresis, autovenous uv blood radiation, laser) are also included into the treatment course.

Such treatment lasts several weeks. A patient stays in the hospital about 10 days and then completes the treatment in the antenatal clinic; so, she must 'stick' to the patient care institution. In such a situation she often has to choose what is more important – health or family and work. There is no secret that sick lists are either not repaid, or paid only partially. Thus, not every woman can afford a full treatment course and often breaks it off after a minimal improvement, and that causes frequent exacerbations and complications.

The second considerable drawback of a traditional drug therapy is consequences after receiving such a considerable amount of medications. It should be kept in mind that there are no 'health-giving' medications. Each medication can cause side effects and complications, trying to stop them may cause including additional medications into a scheme of treatment. And using SCENAR-therapy in treating CA a patient does not have all the above disadvantages.

It is not necessary to enumerate principles, effects and opportunities of SCENAR-therapy in this article. They are thoroughly observed in the lectures deliver at courses and seminars, as well as in the collection of articles *SCENAR-therapy and*

*SCENAR-expertise* [5]. It is more important to mention that this method allows to individualize therapies for each concrete patient and enables a doctor to work with the whole patient's body.

The technology of SCENAR-therapy provides that all the treatment is paid, but in our hospital conditions the course costs 1500 rubles, while traditional treatment costs 4000 rubles according to the information in different publications.

We have done a comparative analysis of the economical expediency of traditional medical treatment of CA and SCENAR-97,4 monotherapy in the gynecological department of the first maternity hospital in Tomsk. Control group consisted of 60 women (average age – 27 years). Main group consisted of 30 women who underwent SCENAR-therapy according to the instruction and in addition according to the methods obtained at SCENAR-therapy courses. Continued and individually dosed modes were used for stimulation [5]. The control group consisted of 30 patients treated traditionally [1-4]. Average duration of staying in the hospital after medical treatment was 10 days, after monotherapy with SCENAR-97,4 – about 3 days. Later on patients underwent an outpatient SCENAR-therapy due to the improvement of their general state.

The course lasted 7 days on average. All patients undergone SCENAR-therapy mentioned its comfortable conditions (they were relieved from painful nonexpendable injections) and treatment regimen. There were no allergic reactions and other complications in this group. General hospital and outpatient course of treatment normally takes 17-30 days. At that. 3 patients had to change an antibiotic, 1 patient had a reaction to metronidazole and 2 patients developed an allergic reaction to vitamins of the group B.

Thus, using SCENAR-97,4 monotherapy in treating chronic adnexitis allows to reduce considerably patients' stay in the hospital. It completely excludes the development of allergic reactions and cuts treatment expenses.

## References

1. V.I. Krasnopolsky, S.N. Byanova, N.A. Shchukina. Purulent inflammatory disease uterine appendages - M., 1998.
  2. G.B. Beznoshchenko. Nonsurgical gynecology - M., 2001.
  3. K.I. Malevich, P.S. Rusakevich. Treating and rehabilitating in gynecology – Minsk, 1994.
  4. I.S. Sidorova, N.A. Scheschukova, E.I. Borovlova. Treatment guides for chronic inflammatory process of uterine appendages (Moscow)
  5. SCENAR-therapy and SCENAR-expertise. Taganrog. Collection of Articles.
- 
1. В.И. Краснопольский С.Н. Буянова Н.А. Щукина Гнойные воспалительные заболевания придатков матки- М., 1998.
  2. Г.Б. Безнощенко Неоперативная гинекология- М., 2001.
  3. К.И. Малевич П.С. Русакевич Лечение и реабилитация при гинекологических заболеваниях- Минск 1994.
  4. И.С. Сидорова Н.А. Шешукова Е.И. Боровкова Принципы лечения хронического воспалительного процесса придатков матки. (Москва)
  5. СКЭНАР-терапия СКЭНАР-экспертиза. Таганрог. Сборники статей.

