

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.

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Article name: **Применение СКЭНАРа в лечении хронических аднекситов**

SCENAR IN TREATING CHRONIC ADNEXITIS

Today treating chronic inflammations of female genitals is a task of current importance as this pathology has greatly increased if compared with other diseases of women genital sphere. The problem is mainly connected with changing principle kinds of pathogen transmitted genitally and with intensifying its aggressive characteristics. The problem is also connected with free relations among young people, disregarding preservation means, incomplete courses of treating acute inflammations of female genitals because of the worse financial position of the main part of population. All enumerated factors cause chronic form of the disease and, consequently, violation of menstrual cycle and development of commissural process. The latter causes obliteration of fallopian tubes and, consequently, sterility. 40% of women suffering from chronic adnexitis have constant pain syndrome, 45% - premenstrual and ovulatory syndromes, 30% suffer from violation of menstrual cycle, e.g. hypermenorrhea, in 28% of cases there is opsomenorrhea. The information above shows that nearly every second woman with chronic adnexitis has hormone violations.

We treated 30 patients with chronic inflammatory genital tracts' diseases. They were divided into three groups of 10 people in each.

People from the first group were treated traditionally: medications (indomethacin, ortophen, diclofenac, magnesium sulfate, reopyrinym, donalgin, lydazum, immunomodulators, desensitizing and sedative medications) combined with physiotherapy – quartz, electrophoresis, UHF currents, and ultrasound.

Patients from the second group were treated only with SCENAR.

The third group received SCENAR-therapy and homeopathic medications.

By the end of the treatment course (3-4 weeks) only 3 women from the first group had been reported to have no pain syndrome, pains had considerably decreased by 4 women, in 4% of cases premenstrual and ovulatory syndromes had been reduced. 6 patients still didn't have a normal two-phase menstrual cycle during the first three months after the treatment. 4 patients had to repeat courses of treatment and then undergo resort treatment.

Patients from the second group were treated only with SCENAR 97.4 according to standard methods (7 days before menstruation and 7 days after menstruation). Besides genitals' projection zones and general methods, we influenced the areas along the urinary bladder's meridian. Attention was also paid to projection zones of endocrine organs and zones responsible for immunity.

Working on the data we found out that a pain syndrome decreased considerably after 2-3 treatments, after 4-5 treatments there was a short-term appearance or a slight intensification of pains, after the 6th treatment pains completely disappeared.

Menstrual cycle was restored by all the patients. During a year afterwards there were no ovulatory or premenstrual syndromes. During the first 3 months a two-phase menstrual cycle was restored by eight women, two patients needed an additional treatment course in 3 months for a two-phase cycle's restoration.

The patients from the third group received a course of SCENAR-therapy combined with homeopathic medications, which were given considering menstrual cycle phases and attendant pathologies.

Such medications as sanguinaria, phytolacca, aurum muriaticum were used during the first phase of the cycle. Sabina, berberis, secale cornutum were used during the second phase. Only if a woman wanted to become pregnant, she was given ovulation-stimulating medications during the ovulation period.

In the third group pain sensations decreased in the same periods that in the second group (on the 2nd-4th day after the beginning of the treatment). Pains disappeared completely on the 4th-5th day of the treatment, normal menstrual cycle was restored much faster. 8 women restored a normal two-phase cycle during the first month after the course of treatment. The rest restored it completely during the next menstrual cycle.

Complete recovery is mainly confirmed by fertility restoration. Supervising the patient from all groups during the first year we found that 2 women from the second group and 3 women from the third group became pregnant during the first year. There are still no cases of pregnancy among the patient from the first group, who were treated with standard medications and photothermic-methods.

Conclusion

By treating patients with chronic inflammations in female sexual sphere with SCENAR therapy:

- treatment terms are three times shorter;
- pain syndrome is reduced faster;
- ovulatory and premenstrual syndromes' development is prevented;
- a two-phase menstrual syndrome is restored and homeopathic medications' use accelerates this process;
- female fertility is restored in short terms after the treatment.

The article is provided with the assistance of:

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