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- Article name:** СКЭНАР-терапия в комплексном нелекарственном  
лечении стресса
- Key words:** SCENAR, psychiatry, stress
- Summary:** Research results described in the article show the effectiveness of combining non-drug therapies for treating stress disorders of various genesis. One of such combinations is SCENAR-therapy + psychotherapy (73.1% effectiveness), which is quite effective in treating stress.

## **SCENAR in Multiple Non-drug Stress Therapy**

The problem of stress disorders is of current interest and importance nowadays and worth special attention. In recent years social-psychological situation in Russia and in the whole world - steady increase of terror acts, armed conflicts, man-made and natural disasters, high crime rate – causes great stress disorders and psychological disadaptation of people.

Different stress disorders and their management is the problem of current importance in today's medicine. This paper describes the investigations and tests directed to study the management of stress disorders (SD) of various genesis with different combinations of non-drug therapies. The test groups included patients with SD of different genesis: troopers from the Special Police Force of the Russian Ministry of Interior, who fought on the territory of the Chechen Republic, representatives of flight professions (line pilots, navigators, flight-engineer) that took part in local war conflicts, assaulted women, officers from Federal Security Service of Russia (man and women).

To make analysis and comparison of therapy effectiveness easier, patients with different genesis were randomly divided into subgroups considering the therapies used. Within the subgroup patients had only different non-drug therapies. It should be noted that psychotherapeutic sessions were as obligatory therapy in all the subgroups (both treatment and control).

### **RESEARCH AIM**

Develop the universal scheme of non-drug therapy for treating consequences of stress disorders (SD) of various genesis.

### **MATERIALS AND METHODS**

Clinical-diagnostic estimation of psychopathological phenomena was based on the international statistical classification of diseases, traumas and causes of death of the 10<sup>th</sup> review (ICD-10, paragraph F 43), adapted to be used in Russia and DSM-III.

Following the research aim and trying to fulfill the tasks set we selected the patients that had stress disorders of various genesis to form the test groups:

- 137 troopers from the Special Police Force of the Russian Ministry of Interior, who fought on the territory of the Chechen Republic (men, age 18-37)
- 124 representatives of flight professions (line pilots, navigators, flight-engineers) that took part in local war conflicts (men, age 25-44)

- 80 officers from the Federal Security Service of Russia (32 men, age 22-51, 48 women, age 25-56).
- 74 assaulted women (age 14-62)

Studying personality, mental and somatic state of the patients we used some psychodiagnostic tests, as well as conducted clinical dialogue with them. The main tests were: standard method of character research, Lushcher's color selection test, hospital anxiety and depression scale (HADS). In addition to the abovementioned methods for estimating treatment effectiveness we also used "well-being, activity, spirit" method.

We also used a complex of vegetative indices: heart and respiratory rate, systolic pressure and diastolic pressure.

After the stress myofascial trigger points, both active and passive, are found when palpating. In modern literature myofascial trigger points are considered to be hypersensitive areas in the indurated skeletal muscle cord or fascia. Active trigger point is always painful. It lies in the palpated burst of muscle fibers and prevents muscle sprain. Trigger points can also signify the progression of reflected pain in the areas essential for the affected muscle. Latent trigger points cause pain only when palpating - a patient flinches every time the trigger point is palpated. Every muscle has individual myofascial pain syndrome with a certain picture of pain reflection. Usually a patient remembers clearly the movement or action that caused pain. The affected muscles have a limited range of motions. Clinical manifestations of myofascial syndrome were counted numerically according to the indicator of myofascial syndrome (IMS) (R.A. Yakupov, 2001):

$$IMS = \sum_{1}^n \frac{\sum_{1}^i (MP + RMP + MPD) / I + MTR + MT}{3} / N$$

Where

I – number of myofascial trigger points for one muscle,

N – number of affected muscles,

MP – myofascial painfulness (0-3 points),

RMP – reflected MP (0-3 points),

MPD – MP duration (0-3 points),

MTR – muscle trophic (0-3 points),

MT – muscle tension (0-3 points).

According to the research aim clinical-experimental research was done in several stages considering the set algorithm of investigation and rehabilitation of patients that have suffered from stress disorders of various genesis.

1 stage – psycho-physiological investigation aimed at defining people that need functional correction of well-being, which was temporary lost because of stress disorder

2 stage – clinical-laboratory research at treatment and clinical-physiological departments

3 stage – formation of clinical-rehabilitation groups

4 stage - rehabilitation

5 stage – estimation of rehabilitation effectiveness

Examination complex was done three times:

- define individual-typological features, estimate background state and workout treatment-rehabilitation therapy
- define adequacy and in-time correction of the treatment done at 11-12 day
- evaluate therapy effectiveness

**Most common complaints at the examination:**

1. Hyperexcitability – 404 patients (97.3%)
2. Decrease in mental and physical performance – 401 patients (96.6%)
3. Psychosomatic manifestations: BP variations, headaches, gastralgia, myalgia and cardialgia – 396 people (95.4%)
4. Hyperirritability – 378 people (91.1%)
5. Decrease in natural instincts – 352 people (84.8%)
6. Insomnia – 378 people (91.1%)
7. Reminiscences – 283 people (68.2%)
8. Meteorolability – 270 people (65%)
9. Senestopathy – 253 people (60.9%)
10. Hyperhidrosis – 239 people (57.6%)
11. Hyperawareness – 228 people (54.9%)
12. Impaired thermoregulation – 211 people (50.8%)

To make analysis and comparison of therapy effectiveness easier, patients with different genesis were randomly divided into subgroups considering the therapies used. Each group was divided into 3-5 subgroups, 24-28 patients in each; one of the subgroups in each group was control. Within the subgroup patients had only different non-drug therapies. It should be noted that psychotherapeutic sessions were as obligatory therapy in all the subgroups (both treatment and control).

**The following therapies were used as non-dug multiple treatment:**

- homeopathic biopuncture
- acupuncture
- manual therapy
- constitutional homeopathy
- psychotherapy
- SCENAR-therapy

## **RESULTS AND DISCUSSION**

Research results showed that women who were raped are mostly subjected to stress disorders (4 group - 91.4%).

The next group was women from Federal Security Service of Russia, whose professional activity is connected with constant physical and emotional overexertion and special duty assignments (3 group - 64.0%, 48 patients out of 75 examined).

Men from the 3rd group turned out to be less subjected to SD than women – 32.7% (32 patients out of 86 examined).

Stress disorders among troopers from the Special Police Force of the Russian Ministry of Interior (1 group), who fought on the territory of the Chechen Republic, were observed in 54.8%.

The results of our research showed that representatives of flight professions are mostly resistant to stress (2 group) – 36.5% (124 patients out of 340 examined).

After non-drug therapy patients had certain improvements of their state: decrease in fatigue and irritancy levels, as well as reminiscence, meteorolability and inner impaction, their sleep normalized and frequency of AD oscillations decreased, headaches went away, gastralgia, myalgia and cardialgia absolutely relieved, level of natural instincts also decreased - and all that signed that significant changes in the clinical picture have been achieved.

According to before-treatment-analyses of tetrapolar rheography only 47% patients had hyperkinetic hemodynamic type, 25% had eukynetic type, 28% had hypokynetic type.

After the sessions of homeopathic biopuncture combined with EEG-biofeedback distribution of prevailing homeopathic types have changed: 25% had hyperkynetic type, 56% had eukynetic type, 19% had hypokynetic type.

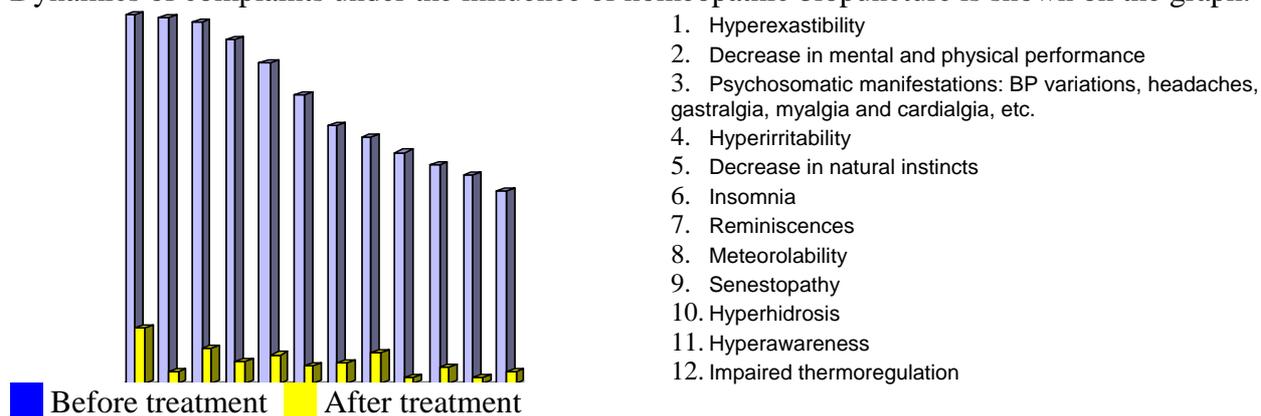
Non-drug therapy stimulated significant increase of alpha-rhythm intensity (from 45.93% up to 61.26%). That signs that psycho-emotional state of patients has improved and their beta rhythm has decreased (from 36.54% to 27.62%).

Moreover, rehabilitation sessions improved the mental state of the patients with stress disorders. We have studied the personality of all the patients and manifested three average types of personalities that changed after non-drug therapy for SD. After-treatment analyses of personality showed the decrease in height of the average profile practically in all the scales (mostly in 1,2,7 scales). Positive dynamics was observed in all the groups and that signs positive effects of non-drug therapies in treating SD of various genesis, without any doubts that is psychologically important. In all the tested groups Lushcher's test and "well-being, activity, spirit" method showed the tendency to stabilization of emotional tolerance, decrease in stress level, performance capability, significant increase in activity indices (of 34.5%), well-being (35.7%), spirit (of 37.8%). The most effective non-drug therapies were defined by comparing clinical effectiveness of different schemes for treating stress disorders of various genesis:

- homeopathic biopuncture + psychotherapy (94.7% effectiveness)
- biofeedback therapy + psychotherapy (81.3% effectiveness)
- constitutional homeopathy + psychotherapy (78.9% effectiveness)
- SCENAR-therapy + psychotherapy (73.1% effectiveness)
- manual therapy + psychotherapy (65.8% effectiveness)

The most significant changes in "well-being, activity, spirit" method, indicator of myofascial syndrome and reduction of complaints were observed in the subgroups where patients were treated with homeopathic biopuncture.

Dynamics of complaints under the influence of homeopathic biopuncture is shown on the graph.

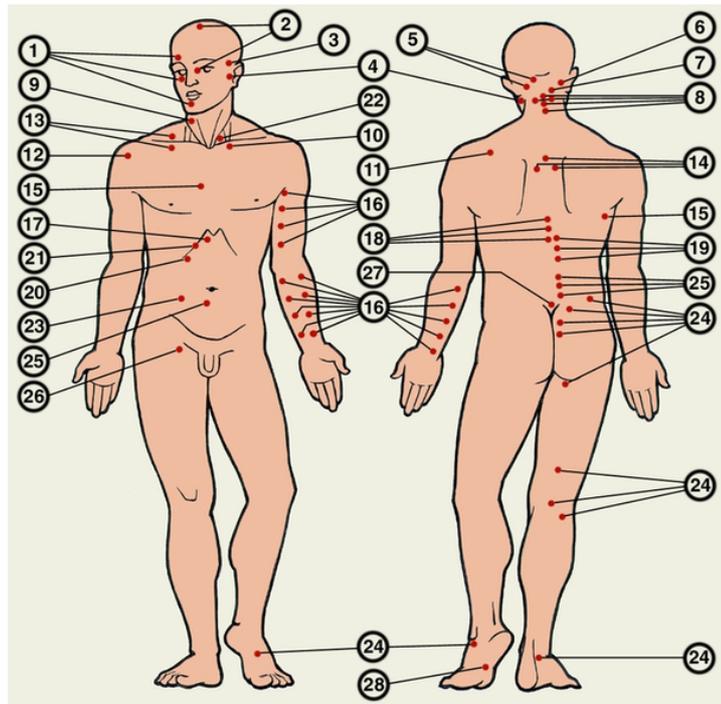


The combination of homeopathic biopuncture and psychotherapy in all the tested groups (effectiveness up to 94.7%) had a very high effect on the patients and that was the reason to consider it as a universal scheme for correcting health in SD of various genesis.

The method technique is the following: clinically actual trigger points that lie in the interested myofascial structures are manifested when palpating.

Kinetic investigation allows to define the nucleolus 1.5-3mm in diameter in the thickness of the local tensed area. The pain inside the nucleolus is severe, while in some millimeters from its borders it relieves significantly.

The TP found when palpating is fixed between a thumb and a finger and needle is syringed inside. Target accuracy is controlled by subjective feelings of a patient. The doctor searches for the most effective puncture point by moving the needle at different angle and with different depth till the patient feels arching, acute pain or burning. These feelings are obligatory and sign that the needle is very close to the nerve-ending. After that 2ml of homeopathic medicine (Cerebrum, Ovarium and Testis compositum depending on the stimulation zone) are injected inside the TP. Treatment session contribute to pain relief and muscle relaxation and there is no need to stimulate all the TP found. The doctor should only inactivate TP in the most easy-to-get extero- and proprioceptive reflexogenic zones (for example: upper arm superficies, lumbus and interscapular region, posterior surface of a lower leg, lower-superficial of the hip, upper superficial quadrant of the buttock and etc). In the picture you can see the most common points for injecting homeopathic medicine.



The SCENAR-technique was the following: stimulation of the cervical zone giving special attention to “sticking” zones, hyperpainful zones and zones that differ from the rest of the skin (before and after stimulation). These zones (asymmetries) were stimulated additionally (about 1 min) and total stimulation time was 20 min in average.

## CONCLUSIONS

Research results showed that the combinations of non-drug therapies were effective when treating consequences of SD of various genesis (anamnesis from 1 till 3 years).

Therapies for treating myofascial pain syndromes inactivating painful trigger points by injecting homeopathic medicines inside them is available for everyone as it doesn't require special medicine skills and therapy course numbers 5-7 sessions.

SCENAR-therapy is easy-to-apply, available for everyone, non-invasive and cost-effective. In perspective the effectiveness of SCENAR-therapy for treating stress disorders can be significantly improved, but that requires further investigations.