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SCENAR-therapy in the palliative oncology

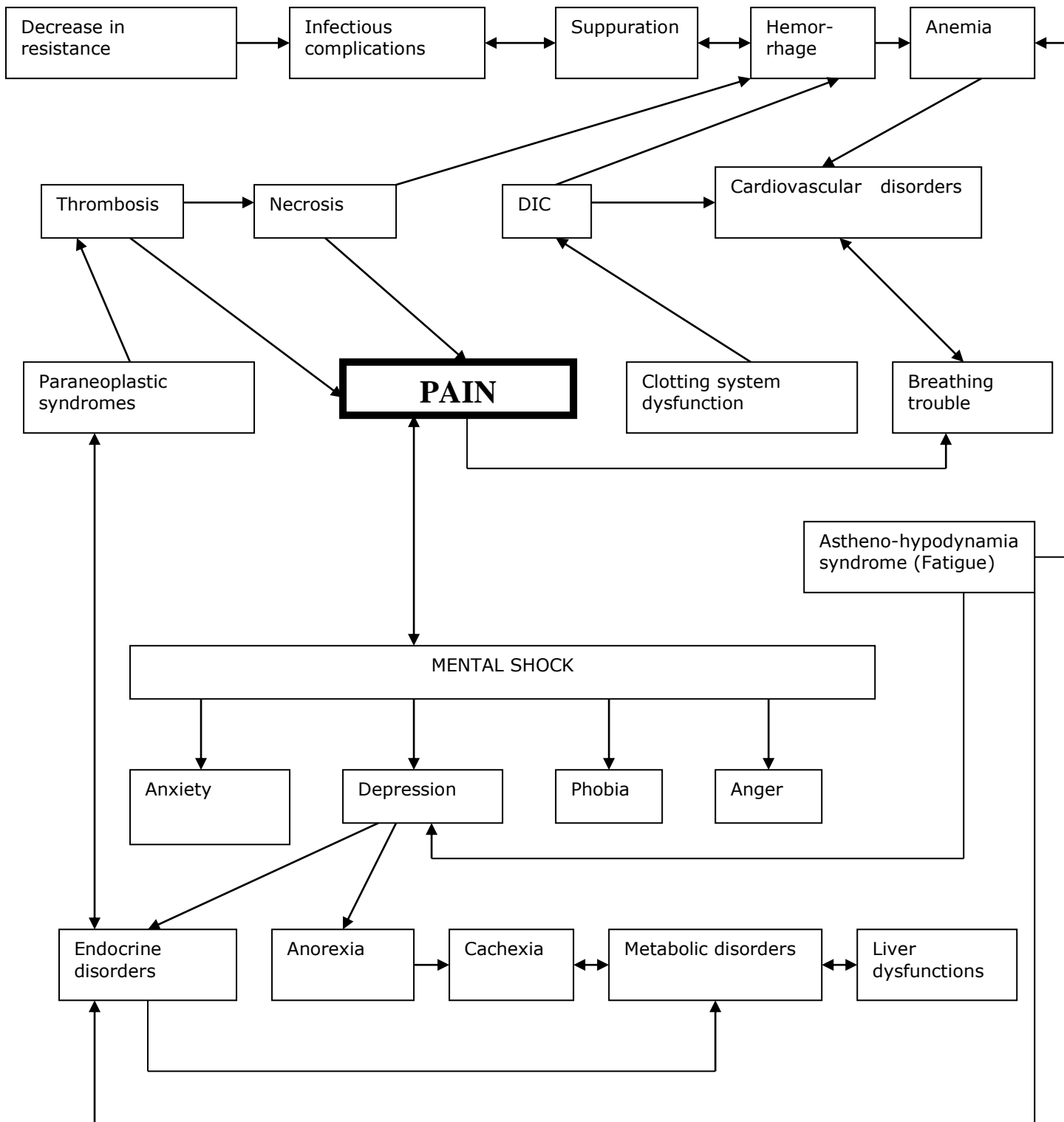
Summary:

World Health Organization has defined the special palliative therapy of incurable patients as the foreground oncological direction. The authors have presented the list of commonly used programs for the palliative therapy in earlier papers, so in the present article they showed the field of application, usage results and ways of integrating the SCENAR-technologies in the system of these methods. The authors also suggested a block diagram of relations of clinical picture components for advanced cancer diseases and made it a basis of the article.

Some fatigue biophysical and immunologic characteristics are presented. They allowed to develop recommendations for SCENAR-therapy and reflexotherapeutic manual for patients with generalized cancer pathology. The results of SCENAR-therapy application for detoxication, chronic pain relief, manifestations of fatigue, respiratory compromise, intracavitary effusions, anemic cardiopathy, and infectious complications as well as for fighting against tumorous ulcers.

Key words: SCENAR-therapy, palliative therapy, cancer diseases.

Clinical picture of generalized cancer pathology: relations of components



Application of SCENAR devices in the oncology is a difficult and not the most pleasant part, although it is known that any facility developed in the domain of physics was applied to treat the cancer and the potential function of neuroadaptive regulators was offered to be estimated while treating the cancer patients on the analogy.

The oncological diseases rank second in the structure of general case rate and mortality. World Health Organization defined four foreground directions in the fight against the cancer. The alleviation provided with the palliative therapy is accepted as one of them (along with primary prevention, early detection, adequate treatment).

The palliative therapy (PT) is a general active care which the body ("team") of specialists renders to a patient and his family when the disease "goes far" and is progressing, the prognostication is defined, and the treatment task is to provide the best QUALITY of LIFE (Twycross, Frampton, 1992). You may observe the palliative therapy tasks in the diagram of advanced neoplastic process components which we structured according to their relation.

The palliative therapy aims to relieve painful manifestations of the disease and it also :

- affirms the life by perceiving the dying as natural process;
- frees the patient from pain and other excruciating symptoms;
- constitutes a support system (psychologic, social, religious care) to provide the active and creative live of the patient to the extent possible for him;
- perceives a patient and his family as a whole object of regard and offers a support system for the family during the illness and after the patient's death (Zaydiner, 1995).

TASK

To develop and suggest a SCENAR-manual for incurable cancer patients; to evaluate the palliative therapy effectiveness in the clinical picture of palliative oncology; to adapt SCENAR-technology to be applied for fatigue evaluation.

MATERIALS AND METHODS

This article includes data about 237 patients (128 women, 109 men) aged from 24 to 78 (mean age – 52.3 ± 12.4 years old) with morphologically verified generalized malignancies (IY clinical group); the palliative therapy only was applied to the patients.

Clinical entities of the diseases: breast cancer – 47, malignancy in lung – 39, tumors in stomach – 34, large bowel – 27, soft tissues – 19,

malignancies in the body/neck of womb – 18, straight intestine - 15, tumors in liver, gall bladder - 11, nephros – 9, generalized cancer pathology without diagnosed initial focus– 7, tumors in pancreas - 3, urinary bladder, abdominal cavity, retroperitoneum – by 2, lymphatic leukemia, neoplastic lymphadenopathy lymphadenopathy – by 1 patient.

SCENAR-therapy was applied to all the patients according to the standard technology. The biophysical parameters of the astheno-hypodynamia syndrome (the fatigue is not a clear term mentioned in abroad books and applied to describe the chronic fatigue syndrome) were examined at 43 patients of them. This examination was provided under the SCENAR-technology: the skin electroconductivity was evaluated with applying the standard Nakatani method at representative points; this method allows to evaluate the functional state of some organs by identifying its improvement and recrudescence.

The immunological status violations determine the clinical picture in case of advanced cancer pathology. First, they determine the infectious complications which mostly cause

the cancer patients' death. So, the immunologic parameters examination appears to be interesting. The general methods (second level immunogram by Petrov-Cheredeev) were applied to examine the mentioned parameters at 34 patients of the group under examination.

RESULTS

SCENAR-therapy has been applied to 6 patients under conventional programs of the palliative care from December, 1999 till June, 2004, and the obtained result has been evaluated (three patients had died before the planned arrangements were completed).

The results of measurements performed according to Nakatani method revealed a significant ($p < 0,05$) decreased activity of the meridians of the digestive tract and lung. These meridians indexes were not up 20 conventional units, whereas they exceed the level 40...50 at healthy men.

The nephrotony is marked.

The "physiological corridor" boundaries at our patients were also defined by the values which are lower than these ones of healthy men.

Chronic pain. The long, progressive, nonreversible pain plays a key role in the symptom complex of generalized cancer pathology. Even non-cancerous chronic pain sometimes significantly deteriorates personal psychic state; the brain overloaded with incoming nociceptive impulsation fails to control the homeostasis.

Analgesia technology constitutes the agreed and consequent application of treatment procedures for a concrete patient.

The patients have suffered from pains within 3-6 weeks before be treated (more than 2 months - in three cases) and got analgesics continuously; the drugs of narcogenic type have been injected to three patients of them.

The treatment course included 9-10 procedures as a rule. The device was applied to stimulate the skin projections of painful focus within 7...15 minutes and the corresponding paravertebral zones - by 2-3 minutes. The pain was alleviated at 165 (85%) from 194 patients who got the analgesic course; they usually reduced the pharmaceuticals quantity after they perceived it, their appetite and physical activity were increased, the sleep elongated.

The obtained effect has been kept from 3 weeks up to 8 months; the death defined this period.

The severe algesic sufferings have been observed in almost all the patients. The analgesics of narcotic type were required to be applied in some cases over the last days.

The significant improvement was not marked at 29 patients (the course applied to four of them was too short: it was suspended by the death. The clinical picture helps to understand which sufferers have been treated with SCENAR wordless).

Clinical example: tumor in the right flank bone at a man of 57 years old. The pains were localized along the sciatic nerve, accompanied with muscles dystrophy, the anamnesis - more than 4 months. SCENAR-therapy gave results after the first session. The patient refused the drug analgesia after some procedures had been applied (Tramadol had been injected earlier). He bought the device after be sure in its facilities and continued treating himself. The result has been satisfactory within three months. We could not observe the patient later.

Intoxication. Both advanced newgrowths and side effects of specific treatment cause it. The zones of general stimulation were treated to provide relief (above the spinous processes of vertebra, paravertebral zones, points of trifacial nerve branches output on the visceral cranium surface, cervical-collar, suprapubic and intergluteal areas, front abdominal wall by quadrants) and the zones connected with the functions of organs participating in detoxication (nephros, liver, intestinal canal, pancreas). The treatment course was provided to 23 patients, 20 (87%) marked the improvement, and we could

objectify the average weight peptides with applying the data obtained after the intoxication marker had been evaluated at 15 patients of them.

Breathing disorders. Scenar was applied to 17 patients. The reflex stimulation of regulating centers (cervical-collar zone, spinal column and others) resulted in the symptoms relief at 14 (82%) patients.

Anemic cardiopathies which complicated the generalized cancer pathology at 36 patients. We cut short the disorder signs according to the rules of SCENAR-technology by leveling the main parameters of the cardiovascular system. The improvement was marked at 29 (81%) patients, the hemogenesis indexes were increased at 9 of them.

Exudate. The devices anti-edematous functions helped 7 out of 12 (58%) patients whose condition was aggravated by ascites: the fluid ceased to accumulate, the alvus volume decreasing was observed in three patients. The similar result was marked in a patient with cerebral edema; it should not be considered as final argument but it can not be passed up on the other side.

Infectious complications. The protective system dysfunction constitutes their key source. The immunological status parameters and their dynamics were evaluated while applying the SCENAR-therapy. The CD3-population of T lymphocytes was decreased at patients of the group being under examination (the deficiency of T-helper subpopulation is more manifested; the CD8-subpopulation is sparingly increased). The natural killers quantity dropped clearly (CD16) that proves the state severity. The content of lymphoid cells expressing the activation markers of early (CD25) and late activation (CD95, HLA DR) was increased in the blood flow. The humoral link – hyperglobulinemia (IgA); high concentration of CIC. The neutrophilous link pathology was probed by low adaptive reserves of the phagocytic system: the cells stimulation causes increasing of the oxidation-reduction processes activity a little.

The sessions resulted in improvement of the general state and immunological status at 16 from 26 (62%) patients who got the therapy by this reason; the zones of breast bone, adrenals, calf muscles and other «immunomodulation zones » have been treated during these sessions. SCENAR-therapy allowed to improve the indexes CD16, CD25, CIC considerably ($p < 0.01$).

Tumorous ulcers destruction: 11 patients suffered from it. Their states were aggravated with periodic hemorrhages. The device was applied to treat the pathological focuses and general stimulation zones. The effuse of blood and putrefactive - ichorous fluid has been suspended in 8 patients (72%) after 4...5 sessions had been performed; the pathological focuses were dried, no unpleasant odor. The tendency to decrease the focus size was marked by the 8th-9th session at two patients.

Neurotic disorders. The anxiety manifestations, sleep normalization were marked in 17 patients with unclear and moderate symptomatology.

DISCUSSION

The palliative therapy (PT) is considered as one of the foreground oncological direction. The PT includes many programs (also specific treatment methods): activation therapy, detoxication, pharmaco - and magnetic immune rehabilitation, metabolic therapy, homeopathy and homotoxicology, psychocorrection, phytotherapy, hepatoprotectors and etc.;18 points have been identified from this list after the special research had been provided. This article describes the application points and ways of SCENAR-technologies integration into the palliative programs on the basis of relation existing between the clinical picture components for advanced cancer diseases structured by the authors. The special priority is given to chronic pain syndrome relief (the key link of PT) and asthenohypodynamia syndrome (fatigue) which causes suffering in 80% of cancer patients, the rate is higher (96%) at advanced stages.

In case of the fatigue, the range of senses is from "tiredness" (as the English authors say) to "exhaustion". The fatigue deteriorates the quality of the patient's life, takes his forces required to provide routine personal, professional and social functions. The neurotic depression signs were marked in patients: hyperirritability, emotional instability.

The constriction of "physiological corridor" boundaries specified in this article differs the oncogenous fatigue from the chronic fatigue syndrome where the boundaries (as our data shows) measure up the level 30...40 (insignificant difference from the norm) and the general energy state is decreased due to failure of pancreas being the main generator of « feeding » energy of the body.

According to the traditional Chinese medicine ideas, we assume to refer this decrease to:

1. Suppression of body nutritional functions controlled by the organs of gastrointestinal system and lungs.
2. Emptying of body energy resources controlled by the nephros.

The mentioned resources emptying shows the information about the energetic facilities of a man which is 725800 kkal /kg at a healthy man and this large reserve disappears while the cancer pathology is developing.

The obtained results proved, first, the idea of Y.V.Gorfinkel: « The energy supply of all the body is affected at important adaptive reactions* and the information transfer is affected too due to insufficient energy quantity», second, the real validity of SCENAR-therapy application to patients with oncogenous fatigue because the sentence «The main point of SCENAR application – energetic processes » is pronounced at the first lecture of the introductory course

*The author considers the adaptive reaction as disease severity degree.

SCENAR-technologies. It is reasonable to complement the medical programs with reflexotherapeutic stimulation to normalize the condition of the meridians of a lung, nephros, large and small intestine.

The unexpected aggravation of pain syndromes occur as breaching the formed barrier while performing the analgesic drug therapy, even if the program was defined correctly. The character of this "pain of breach" is connected with nociception when the pain may be referred to body movements, any object carrying and etc. or neuropathic disorders when the lighting, lancinating shooting senses appear suddenly.

The «pain of breach» is a serious clinical problem which often requires increasing of opiates doses aggravating the neuropsychic disorders in patients. It deteriorates the quality of life. Some methods were suggested to relieve it and this fact shows the insufficient effectiveness itself. The application of Scenar-therapy for fighting against the "pain of breach" has aroused the interest at XIII Conference of Multinational Association «Associated Care at Cancer» (Copenhagen, June, 2001) where the report about SCENAR-therapy was presented and the clinical trials have been suggested to be performed according to the standard procedure. After the conference had been completed, the preliminary examination of SCENAR operation has been performed at 8 patients with such pains; the obtained results were satisfactory in 6 patients (75%).

The articles describing the pain treatment provides the "ecological niche" for the electrotherapy whose small size have changed a little since 1965 when Melzack & Wall presented the theory "Gate Control" till today. We'd like to hope that SCENAR will enlarge this niche and replace numerous variants of CHANS.

The habituation processes - impulse current causes failed realization of most modern methods of electrotherapy. SCENAR levels these processes due to high amplitude, pulse tilt and biofeedback (as for electroskin impedance change) and complies with physiological rules of regulation better than the stimuli applied in the general

technologies. The stimuli energy is sufficient to innervate the tissues of central and vegetative nervous system along with mobilization of adaptive reserves of the body. The effectiveness of SCENAR-devices is explained by the fact they help to restore the information-energy substance of broken systems of the body provided due to activation of cell membranes, intracellular protein substructures with applying the oscillating-wave character of energy exchange resonance. SCENAR-therapy may be considered as bioadequate method of stimulation. The bioadequacy means application of such field energy values being standard at normal functioning of the body. The ultralow energy electromagnetic waves (less than 10^{-5} W /cm²) with the wave-length up to 7,1 mm within the range of extremely-high frequencies (EHF) constitute the carriers of bioinformation between the objects in the outworld including a man. The modern ideas says the less this stimulation energy is, the more physiological it is. The operation is usually provided in the applied range of 05...75 mW at the level of 10... 15 mW.

The modern methodological maintenance provides SCENAR-therapy results improvement. The articles by A. N. Revenko and other authors allowed to describe SCENAR-therapy as a formed complex subject; the theoretic concept, object of study, specific methods of expertise, control, treatment define its self-support.

The information concept enlarged the "oncologic possibility" of SCENAR-therapy not limited by the palliative programs.

We'd like to mention the observation by Z.K. Milkevich and I. V. Semikatov (Ekaterinburg): SCENAR-therapy was applied to a patient with chronic pain syndrome (dorsalgia) caused by metastasis in the spinal column; the radiotherapist didn't see osteal - destructive changes in the 8th dorsal vertebra (where the lytic metastasis caused pathologic fracture) at control examination 6 months later and he stumbled at the primary diagnosis.

More detailed and impressive clinical example.

Kate K., 6 years old (case history No.) was admitted to oncohematological department of Regional Children's Hospital in June 1999 with complaints of temperature rise up to febrile parameters, asthenia, dysorexia, body weight loss. Blood test: er. - 2.2×10^{12} , Hb - 71 g/l, tr - 116.6, L - 5.4×10^9 (stab - 5, segmental - 58, lymphocyte - 30, myocyte - 7), erythrocyte sedimentation rate (ESR) - 75 mm/h. X- ray pattern of the thoracic cage - haziness above the right cupula of the diaphragm, thickening of parasternal pleura, the lung marking is concentrated, the right sinus and cupula of the diaphragm are not clear. The computer tomography of the abdominal cavity: space-occupying process of the liver 15 x 15 cm. The abdominal incision and biopsy of the tumor are provided.

Cytologic analysis No.

"malignant mesenchymal tumor, expressed anaplasia of tumour cells, myxomatosis". Histologic analysis No. "botryoid sarcoma". The child had 3 courses of poly chemotherapy without results; the prognostication is hopeless. At primary inspection: the girl is emaciated, she moves painfully and can not walking by herself, noncooperative, whining, get tired quickly, the fever is kept; the hair fallen out in full on the head and in part - on the eyebrows and eyelashes, the taste is perverted. SCENAR-therapy was applied to improve the quality of the life rest, the course (in August, 1999) included 20 procedures. Results: the temperature is normalized, the girl became quieter, the taste and smell are normalized, and the appetite appeared. The activation therapy was prescribed in addition (Antiseptic Dorogov's Simulator-second fraction). Test examination in September. Clinical blood analysis: er - 3×10^{12} , Hb - 105 g/l, L - $8,4 \times 10^9$ (stab - 7, segmental - 53, lymphocyte - 35, myocyte - 5), ESR - 35. X- ray pattern of the thoracic cage: lungs without infiltrative changes, lung marking is richened in the juxtahilar departments, the roots are structured, the right cupula of the diaphragm is above the standard position - at the level of the anterior segment of the third rib. The ultrasound investigation: the round shape formation of 16 x 11,9 cm with clear capsule

of heterogeneous complex structure appears from the liver, more on the left from the center.

The second course of 10 procedures was begun in October. The girl is sunbeam, put on weight; the hair is to be restored. The fistula with painful mucous discharge without pathologic additives opened in the post-operation cicatrix area. The ultrasound investigation (30.10.99): focus size - 8.7 x 7.9 cm. The complete analysis shows the regeneration process in the blood. SCENAR-therapy has been continued in December, no complaints, blood examination: Hb - 135, ESR - 25 mm/h. KT of the abdominal cavity (18.01.2000): the liver is sparingly increased, the formation of 5 x 6 cm is in the right lobe, heterogeneous cavity, the lymph glands are not increased, intrahepatic biliary ducts and vessels are not extended.

The 4th course of SCENAR-therapy (7 procedures) was begun in February, 2000 against the background of adenovirus infection proceeding without complications: for example, the acute purulent conjunctivitis disappeared for 1 day, the cough was productive and didn't give discomfort; the girl was active. The fifth course was performed in April, no complaints. The disease signs have not been revealed after she had been examined in the oncohematological department: vesicular resonance in the lungs, palpation and percussion of the liver - singularity-free; blood test: ESR - 10 mm/h, X-ray pattern of the thoracic cage No. 5569-70 - lungs and heart - without pathological changes. The ultrasound investigation of the abdominal cavity: the liver size is normalized, the edge is level, the parenchymatous tissue is homogeneous without paraplasms.

The hard and stiff fight against the malady allowed to restore the child's health.

The polypragmasy specified by clinical symptom complex is conjugated to negative outcomes - not only the medical but economical ones. Belgian insurance companies estimated the approximate cost of home care for \$4712.4 per month, at admission - \$18440.4 (for a patient - about \$2050.8 and 1363.2); $\frac{1}{4}$ of the hospice budget is for drugs. SCENAR-therapy which allows to reduce up to 70% of drugs intake is especially recommended to be widely applied in hospices and palliative centers.

CONCLUSIONS

SCENAR-therapy has the following advantages:

- 1) no side effects; no contradictions,
- 2) multipurpose type of stimulation,
- 3) economic feasibility. It may satisfy the task of palliative treatment to which development the multipurpose approaches are very perspective - to provide the best quality of life and may be widely used in the palliative centers.