

COMBINED APPLICATION OF SCENAR THERAPY AND KINESIOTHERAPY

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Many European hospitals and rehabilitation clinics widely apply different types of kinesiotherapy to treat disorders in movement accompanied by pain syndromes and inflammation. It has been noted by kinesiotherapists that some patients who have inflammation and pain for a long time do not react fast enough to their treatment and thus they are in need of some additional therapy.

Since SCENAR therapy is effective in pain and inflammation relief and also improves adaptive reactions of the body, combined application of SCENAR therapy and Kinesiotherapy has been tested in a few hospitals in Germany and Austria. This paper presents practical results obtained by the author.

26 patients received this combined treatment in the Hospital of Wertingen (Germany), at the traumatology department from the head doctor F. Brändle, M.D. All of these patients had implantation of bone fixation devices. SCENAR therapy was used to accelerate the recovery of moving activity and to prevent complications such as specific posttraumatic complication, Sudeck syndrome (algo-dystrophy). The effect of the treatment was evaluated according to the following symptoms: local inflammation, pain syndrome, restriction in movement.

It should be noted that at the beginning of this study there was no intention to organize groups for comparison. However two groups received somewhat different treatments as described in the following. The 1st group of 14 patients, age 36-70, received simultaneously SCENAR therapy and Kinesiotherapy. The 2nd group of 12 patients, age 38-70, received SCENAR therapy before or after Kinesiotherapy the same day.

Approach of the 1st group treatment.

SCENAR treatment was applied on the following zones: region of the suture, 3 pathways & 6 points, reciprocal area. Region of the suture had priority for the treatment because it was considered as the Primary Sign in the area of the acute complaint. The suture was treated by the vector technique from high index of the Initial Reaction to low index using following regimes of the SCENAR device: Diag. - , individual adjustment of Energy, Frequency & Intensity, Damping: off, Sk 2, Sk 3. These regimes were chosen based on the body reaction. The method of 3 Pathways and 6 Points was applied for activation of the Central Nervous System, using regime Diag. - . The reciprocal zone was chosen following basic reciprocal principle: left-right or up-down (top-bottom). The zonal treatment was performed using the following regimes of the SCENAR device: Diag. - , individual adjustment of Energy (threshold level of Energy), various Frequency 45-90 Hz. During the SCENAR treatment on the reciprocal zone, kinesiotherapy on the injured extremity had been applied simultaneously. Passive physical exercises (patterning) were performed under the supervision of kinesiotherapist. Time of treatment was 15-20 min. Each treatment was terminated when an increase in amplitude of movement around 30-50% from starting/initial had been noticed.

The patients from the second group received treatment on the same zones as the patients from the first group. However in most cases additional treatment of the General Zones and "Horizontallines" was necessary. The following regimes of the Scenar device were used: Diag. 1 & - . So the time of treatment was 30-40 min.

In the 1st group all 14 patients received relief from pain and inflammation and an increase in movement amplitude by 50% and more during 1-2 treatments/ applications. In the 2nd group 10 from 12 patients received a visible effect of 50% and more during 3-5 treatments/ applications. The last 2 patients had improvement of less than 50% during 3-5 applications. On the 3rd day one of those 2 patients contracted pneumonia. It is a frequent complication of post-surgery conditions, which is caused by long term orientation in the horizontal position.

Comparing the SCENAR treatment indexes, the signs of Asymmetry and Small Asymmetry, it was noticed that simultaneous application of the SCENAR therapy on the reciprocal zone and kinesiotherapy on the injured extremity (1st group) created an appearance of Asymmetrical and Small Asymmetrical signs on the skin in reciprocal areas with fast dynamic changes, which in turn improved the movement of the injured extremity. So it had an influence on the duration and number of treatments: the time was shorter almost halved. The Asymmetry and the Small Asymmetry signs were not noticed in the reciprocal zones in the 2nd group of patients during 2-3 treatments/applications. When these appeared then the patients had improvement.

The same approach of the treatment had been used in the Rheumatic Rehabilitation Clinic of Bad Füssing (Germany), head Prof. M. Bayer and in the Orthopedic Hospital, Vienna (Austria), head Prof. M. Fridrich. Treatment was performed with small groups (3-5) of patients with pain syndrome and restrictions in movement of upper extremities and in the cervical region caused by inflammation and compression conditions of the nerve roots (C3-T1). In all cases when patterning exercises were combined with simultaneous SCENAR therapy effective improvement by more than 50 % was observed after 1-3 treatments/applications.

Let us consider the functional mechanisms of this combined treatment to understand its therapeutic effects. Patterning is a physiotherapy that is designed to improve malfunctioning nervous control by way of feedback from muscular activity imposed by an outside source or induced by other muscles. Effects of the SCENAR therapy is also based on the feedback of the SCENAR influence on the skin and assists in the improvement of malfunctioning nervous control as well. Thus the two methods are similarly affective via activation in their own ways of impulse transfer to the central nervous system that enhances the feedback response of the body. In the cases described above significant reduction of pain and inflammation as well as greater movement amplitude were observed, which in turn helped reduce the need for pharmacological prescription and helped to activate the body's reserves.

During dynamic muscular activity electric fields are formed, which apparently interact and their potential influence could be enhanced. It is known that the biological electric field directly affects activity of the so-called blast cells which in turn assist acceleration of the tissue regeneration and the prevention of degenerative processes.

Together with the therapeutic effects discussed above other effects should also be considered. All treated patients had a stress-syndrome to some degree caused by either trauma itself or by chronic pain. The SCENAR therapy, through the influence on the Autonomic Nervous System, and via activation of biologically active substances' formation contributed to the anti-inflammation and anti-pain effects and general anti-stress effect that improved adaptation reactions. Finally, all patients received treatment in direct contact with the therapist that positively affected their psychological conditions. It was noticed many times that patients who were in good humor demonstrated faster rehabilitation.