The Analysis of Peripheral Blood Changes Following SCENAR-Treatment

Analysis was conducted on the influence of SCENAR-treatment in peripheral blood changes. The dark-field and phase-contrast microscopy of native peripheral blood were used for the analysis. The analysis was carried out according to the following pattern:

1. Initial blood sampling with microscopy and photo-video-recording;
2. SCENAR-treatment on the site of puncture for blood sampling and on the symmetrical point (distal phalanxes of ring-fingers). SCENAR-2-NT (version 01) was used for the treatment, the settings were as follows: F=90 Hz, Intens=3, Gap=10 for 5 min;
3. Blood sampling (from both fingers) followed by microscopy and photo-video-recording immediately after the SCENAR-treatment;
4. Blood sampling (from both ring-fingers) followed by microscopy and photo-video-recording 60 min after the SCENAR-treatment.

58 people were tested: 32 female aged 24-42 (average age 27.6), 26 male aged 25-45 (average age 29). All tested subjects were defined as almost healthy.

In the course of the analysis it was found that the immediate response to SCENAR-treatment developed as follows:

1. The blood coagulated faster (first fibrin fibers become visible in 30 sec-1 min, normally – in 1-2 min and later);
2. The amplitude of amoeboid movements of leucocytes increased;
3. Visible uric acid crystals were much smaller than before SCENAR-treatment.

Long-term results of SCENAR-treatment were as following:

1. A significant improvement in erythrocyte aggregation (the length of “monetary columns” decreased greatly, and the number of free-floating erythrocytes increased);
2. The ratio of the number of erythrocytes to the liquid part of plasma changed as follows: liquid part of plasma increased, its fluidity improved.
3. Better marked amoeboid movements of erythrocytes;
4. Phagocytic activity of leukocytes increased greatly;
5. The number of echinocites considerably decreased (almost by half).

Immediate changes in the peripheral blood following SCENAR-treatment were provided by local tissue stress reactions aimed to protect it from local damage. At the same time blood coagulated much faster, and the activity of blood corpuscles increased. Long-term changes were provided by both local and general autonomic reactions. We should emphasize that these significant, general bodily changes were produced by treatment of small areas (zones) for a short time. We should also pay attention to the effect SCENAR-treatment has on the blood acid-base balance. This is obvious from the decrease in the number of echinocites which are the specific markers of blood acidosis.

Effects:

1. SCENAR-treatment considerably accelerates blood coagulation;
2. SCENAR-treatment improves flow properties of the blood;
3. SCENAR beneficially influences central mechanisms of peripheral hemodynamic regulation;
4. SCENAR beneficially influences the mechanisms of blood acid-base balance regulation.

Conclusion: SCENAR is a powerful non-specific regulator of the processes supporting the internal balance of the body, even as a monotherapy, it is sufficient to provide fast and pronounced change in hemodynamics, rheology and tissue reactions.