

SCENAR-therapy for chronic pain – four year experience at the Pain Centre at Klinikum Klagenfurt

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German Text at: <https://www.medmedia.at/univ-innere-medizin/scenar-therapie-bei-chronischen-schmerzen/>

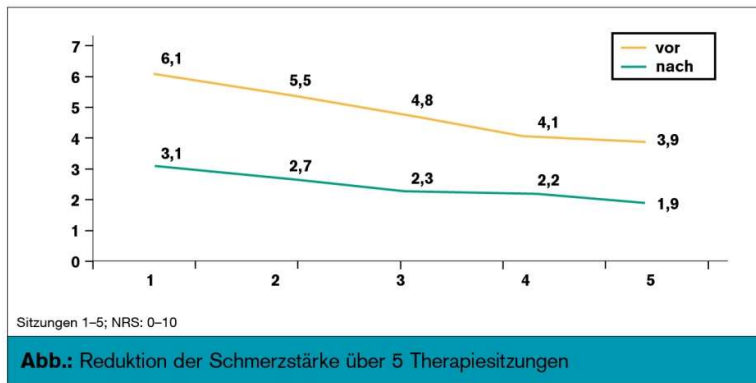
SCENAR therapy is a non-evidence-based, non-invasive pain management method, which combines well with conventional pain therapy, has additive effects and often produces impressive results.

The SCENAR (Self Controlled Energo Neuro Adaptive Regulation) therapy was developed by the group of Russian neuropathologists around Prof. Alexander Revenko. It is a form of electrotherapy used mainly in the treatment of acute and chronic pain.

Mode of operation: On the underside of the handheld device are 2 electrodes that emit pulses of varying frequency. The pulses spread across the selected area of the skin and excite amongst others both the C-fibres and the A-Delta-fibres. That causes an irritation of nerve endings with a transmission into the spinal cord and onto the cerebral plane. There it causes the release of various antinociceptive neurotransmitters. In everyday use there is a rapid relief of pain, which means that this complementary medical method is becoming increasingly popular in pain patients and also has a high acceptance.

Method: SCENAR has been used in the Pain Centre of the Klinikum Klagenfurt for several years; since 2010, the application is systematically recorded, so far 271 patients were documented. The main field of application is the therapy for chronic back pain. The patients were usually given 5 therapy sessions (weekly), the pain intensity (VAS) and the medication intake were recorded. At the same time, a prospective study (n = 20) has been running for some time, which shows pain severity (pain sensation scale - SES), anxiety and depression (HADS), and mood (Bf-S according to Zerssen) as well as the quality of life (EuroQol 5D) at the start of treatment or end of therapy. Before and after each of the 5 sessions, the pain intensity, the condition and the satisfaction with the treatment are also queried.

Results: Even the analysis of the total data of all patients (n = 271) showed a reduction of the pain intensity by almost 50% after 5 sessions (Fig.). The effect occurs after the first application and increases from session to session. Men react faster than women and also show a clearer pain reduction. Many patients report a drug reduction, side effects are almost never reported. Comparing these data with those of the current prospective study (n = 20) confirms the rapid onset of action. Furthermore, there is already a significant improvement in the condition during the treatment, overall depression decreases, and the subjective quality of life increases significantly. Also confirmed is the high level of patient satisfaction with this type of therapy, fitting into the daily routine.



Conclusions: The SCENAR therapy is not yet evidence-based, because placebo-controlled studies are lacking, and the mode of action is also not fully understood. However, SCENAR can be combined very well with conventional pain therapy and can lead to additive effects - the significant reduction in pain intensity and the rapid onset of action combined with the high level of patient satisfaction speak for themselves.