

S.C.E.N.A.R.

Self-Controlled Energetic Neuro-Adaptive Regulator

Or

How to treat health issues in outer space.

History

In the early phases of the Cosmonaut program Russian scientists were grappling with the very real scenario of a health crisis in space. In that weightless environment, surgical procedures can not be performed. Because of the confined areas of the space capsules and weight restrictions of the booster rockets, medicines and other health devices could not be taken along at the expense of oxygen, food, and waste disposal equipment. Large, heavy medical devices obviously could not be accommodated. Pharmaceuticals were totally impractical as well since they are designed to be so specific that a large pharmacy of many medications would be needed to cover even a few medical conditions. In addition, due to the limited supplies of potable water, all waste water must be recycled, which would concentrate medications into the drinking water and consequently treat all the personnel whether necessary or not.

In the late 1970s the Russian Space Program established a special division to research and provide a resolution for this dilemma. This group was under the direction of electronics experts Alexander Karasev and Alexander Nechushkin as well as medical doctor and neurologist Alexander Revenko. They were headquartered at Sochi University and worked to develop an energetic medical device that could meet very exacting specifications. The device needed to be:

1. Small and light enough to meet the size and weight restrictions of space flight
2. Self-sufficient with a light power source, i.e. battery operated
3. Be able to operate in the vacuum of space
4. Capable of dealing with acute as well as chronic issues

The end result of this program produced the Scenar device, or Self-Controlled Energetic Neuro-Adaptive Regulator. This device was kept as a highly classified military secret until the 1990s after Perestroika (the establishment of Gorbachev's policies of economic, political, and social restructuring and the breakup of the Soviet Union into its constituent republics). At that time the inventors received patents for the device and it was made available to western countries.

The Scenar received approval of the USSR Medical Council (Russia's FDA) in 1986 and was widely used in Russian hospitals. Many research papers have been published on its effectiveness. The inventors also received the Medal of Lenin (similar to a Nobel Prize) for its development.

At some point the original Scenar development group split up into two companies which carried the research forward into two similar but different equipment lines. Dr. Revenko and ORB Ritm produced the Scenar 97.4 equipment. Dr. Karasev and LET Medical produced the 500 and 600 Scenar series. This paper follows the ORB Ritm Scenar 97.4 equipment line and its derivatives. For a more complete history of the many Scenar companies, models and knockoffs visit the webpage of the International Scenar Technology Association (ISTA) and read Dr. Irina Kossovskaja's paper titled "The Scenar Fair". www.scenartech.com

In the late 1990s, Zulia Valeyeva-Frost, MD, a Russian-born pediatrician, converted her practice to exclusively work with the Scenar. She moved to London and obtained the exclusive rights to manufacture and sell the Scenar in the Americas and parts of the UK and Europe. Dr. Frost then began the enormous task of translating the Russian medical literature regarding the Scenar into English.

In 2000, Jerry Tennant, MD, a retired ophthalmologist with a research clinic for energetic medical devices, accepted the position of being responsible for training for the Scenar in the US. After many months of working with the device, he found it to be “the most effective therapeutic device I have ever seen. It can accomplish things I was never able to do with conventional medicine. I have corrected many things with it that other devices have not been able to correct. Things that might correct in months can be corrected in days with the Scenar.”

Legal Issues

The Scenar is certified by the European Common Market (the equivalent of the FDA in the US) for pain control. In the US the Scenar is registered with the FDA as a biofeedback device for muscle re-education and relaxation training.

Principles of Operation

In order to understand the operation of the Scenar, a discussion of the control system of the body, the autonomic nervous system, and its response to stress is needed.

The autonomic nervous system is divided into the sympathetic branch and the parasympathetic branch. These two branches operate in opposition to one another: when one turns on the other shuts down and visa versa.

The sympathetic nervous system is designed to deal with and neutralize stress. It gets turned on if:

- You really are in danger of being hurt
- You feel in danger or feel like a victim
- Your blood Ph is too acidic, often resulting from an imbalance between too much calcium and too little magnesium and potassium in the body
- You become allergic to what you eat
- Actual trauma, physical or mental/emotional

The parasympathetic nervous system is designed to promote digestion, regeneration, and healing after the stress is gone. The parasympathetics turn on when the sympathetics turn off; the parasympathetics turn off when the sympathetics turn on.

The table below outlines the various responses:

Sympathetic Nervous System - On	Parasympathetic Nervous System - Off
<p>Glands turn on and excrete hormones so you can be stronger for the fight –</p> <p>The brain makes more serotonin, norepinephrine, and dopamine for less sensitivity to pain.</p> <p>The thyroid excretes thyroxine which increases metabolism. The parathyroid produces parathormone which increases calcium for nerve conduction and muscle contraction.</p> <p>The pancreas makes more insulin which makes more sugar available for cells to produce more energy.</p> <p>The adrenals make more adrenalin and cortisol which also causes more sugar available for energy.</p> <p>Gonads make more sex hormones for more strength.</p>	<p>Hormones become depleted and cannot be easily restored because of diminished digestion, (see 2nd row).</p> <p>Endocrine glands wear out. This causes serotonin, norepinephrine, dopamine to decrease so the brain can't think clearly.</p> <p>Thyroxine levels drop which slows metabolism and increases weight gain.</p> <p>Adrenalin levels drop resulting in a reduced capacity to deal with stress.</p> <p>Insulin & cortisol levels drop causing a hypoglycemic reaction, with energy and mood swings.</p> <p>Sex hormone levels drop causing impotence and disinterest in sex</p>
<p>Blood shunted away from the digestion organs to the muscles for fight or flight.</p>	<p>No digestion, enzymes depleted, nutrients not absorbed, hormones not replenished, tissues not rebuilt. Large Intestine cannot effectively extract water so waxy, oily coating forms on walls of intestine causing inflammation and leaky gut. Undigested food particles enter the blood causing allergy. As body tries to excrete these foreign materials through the sinuses, you get sinusitis. Waxy debris in colon invites candida and parasites.</p>
<p>Immune system turned on to protect from infection</p>	<p>Immune system depleted & susceptible to infection</p> <p>Brain can't think due to neurotransmitter depletion (top row) so you cycle through anxiety to anger to depression.</p> <p>Relationships begin to fail: spouse, parents, children, co-workers and God</p>

These systemic reactions are a “first response” reaction to stress. This system evolved thousands of years ago to deal with stresses which could be resolved very quickly. The sympathetics deal with an emergency and then turn off. The parasympathetics then take over and begin the repair and regeneration cycle. For example, when a tiger attacks, the sympathetics turn on and you either kill it or escape. Once the attack is over the parasympathetics turn on. This causes the hormones initiating the emergency response to become neutralized which allows rest and regeneration to begin.

This system is not very effective in modern times when the stresses are never ending. Continuous stressors includes: bad food, air, and water; work stress; transportation stress; family stress; electricity in walls when asleep; never ending exposure to microwave and other radiation, etc. Under these conditions, the sympathetics never turn off. This can cause a harmful chain reaction to occur. If the body can't digest nutrients properly, then putrefaction occurs in the colon. Its walls become coated by sludge resulting in inflammation and undigested food getting into the blood stream. Then the body's immune system can become provoked, resulting in an allergic response.

This is a vicious cycle because no matter how much good food and nutrition is ingested, it can not be digested and the internal environment becomes increasingly toxic. Neurotransmitters run out so thinking is clouded. Then hypoglycemia sets in resulting in mood swings from anxiety to anger to depression. This can cause disruption in all your personal relationships including your spouse, children, parents, co-workers, and even God.

In addition, hormones are depleted, so you might become impotent and lack interest in sex. The immune system can also become depleted so that you will be highly susceptible to infection and parasitic infestation. No matter how many times these microorganisms are killed they will continue to return because the internal environment is still a cesspool.

No progress can be made until the autonomic nervous system is returned to homeostasis: the sympathetics toned down and the parasympathetics turned on; detoxification accomplished; digestion restarted; Ph balanced from too acid to more alkaline.

Hans Selye, MD, PhD developed a model of how the body reacts when a stress stimulus is encountered:

1. Alarm Reaction – Fight or Flight

- The sympathetic nervous system turns on as the body attempts to gather its resources to neutralize the stress and defeat or escape from the threat.
- If all resources for neutralizing the stress are available, then the parasympathetics take over, allowing regeneration and repair to begin.

2. Adaptation

- If the stress cannot be defeated, then the body must conserve its resources and adapt to the situation. This is accomplished by creating alternate metabolic pathways in order to continue functioning and survive. The body isolates malfunctioning areas by reversing the tissue polarity and no longer providing on-going maintenance functions. The brain effectively cuts its losses and ignores the defective area. This new method of functioning is not as efficient as the original

and takes more reserve resources. Over time, this strategy is self-defeating and tends to deplete the body's overall reserves.

3. Degeneration

- The areas that have been adapted (set aside and forgotten by the brain), eventually use up all their reserves causing further systemic degeneration and cell death.

Recovery From Adaptation and Degeneration Using the Scenar

Adaptation and degeneration are the body's best strategy for survival. However, to recover more energy efficient functioning the brain must be reconnected to the forgotten area while providing the necessary resources to initiate structural and functional repair. This is where the Scenar enters the picture.

The Scenar can be used to help determine the specific locations needing energetic intervention and then can provide a healing energy pattern to these areas. Areas of the skin that are reflexively or neurologically connected to stressed, injured, or adapted tissues or organs will demonstrate changed/abnormal electrical characteristics (resistance, conductance, inductance, reactance, etc.). Areas that have acute injuries or inflammation will demonstrate a different response than normal or degenerative areas. Different signals will be used for each of these types of injuries.

Once the areas of concern are detected, a specific stimulating signal is generated that brings the brain's focus back to acute inflamed areas for more rapid healing and pain relief. For the degenerating adapted areas, another signal reconnects the brain to the area so the tissue polarities can be normalized, thereby restoring active monitoring and maintenance. Then the next step of activating a healing signal and response from the tissues begins.

The Russians found that electrotherapy was most effective when the signals released a cascade of neuropeptides from the chemicals available in the skin that precipitated the healing reaction. However, care in choosing the signal must be exercised or the signal itself could cause damage while attempting to initiate a healing response. Some high energetic methods can provoke an inflammatory process. High intensity, non-damaging electrotherapy impulses were found to be bipolar with each phase not exceeding 100 milliseconds.

High frequency (50 to 100 Hz) units cause 20 times more healing peptides than low frequency (1 to 4 Hz) units. However, the body quickly adapts to low intensity high frequencies and stops responding. If a low frequency unit that the body does not adapt to is used, then it may take hours to produce the same amount of healing peptides as 10 minutes of a high frequency unit. Therefore, high intensity, high frequency, bipolar signals of less than 100 milliseconds per phase that vary in such a way that the body cannot adapt, is used.

Using biofeedback, the Scenar continuously monitors the body's response to its signals and modifies each successive signal to affect a normalization of pathological signals. The Scenar reads the skin impedance, which changes according to the varying and constantly changing capacitance and inductance of the tissues being tested. These properties vary from moment to moment and place to place throughout the body. This is the reason the Scenar was designed with the unique capability of dynamic measurement of tissue imbalance. In other words, the Scenar measures the time dynamics of the underlying tissue.

When the Scenar is activated, an electrical pulse is sent into the tissue. The time reaction of the tissue to the pulse is measured. The pulse is then modified and sent back in to nudge the tissue towards a more normal response pattern. Aberrant signals received from the body are classified according to three different categories:

1. Chronic stress with mainly general symptoms that require amplification of signals in the 15 to 60 Hz range.
2. Sub-acute stress with mainly local symptoms that require amplification of signals in the 60 to 120 Hz range.
3. Acute stress with mainly local symptoms that require dampening of signals greater than 120 Hz.

This electro-stimulation process activates the C-fibers of the nerves, which catalyzes the release of neuropeptides and other regulatory peptides to restore the body's natural physiological state. The action of the peptides continues for several hours after the treatment session.

How does the Scenar Work?

1. It is applied on the skin surface, stimulating all structures of the skin. The skin develops from the same embryological layer as the nervous system. This allows for treatment of internal organs as the Scenar stimulates reflexive zones on the surface of the skin.
2. It works along acupuncture meridians and neurological zones.
3. It releases a regulative healing-peptide cascade.
4. It helps to restore homeostasis.
5. It eliminates repetitive central nervous system patterns.
6. It works along ascending pathways in the spinal cord to affect the cortex of the brain. This causes efferent pathways from the cortex to convey impulses, which affect a response in the organs associated with the reflex area on the skin.
7. It works directly on local spinal reflexes.
8. It re-establishes normal membranous resonance.
9. Through molecular polarization it normalizes adapted tissue polarities.
10. By microphoresis it stimulates selective reabsorption of trace elements and minerals from the skin.

Contraindications

1. Pacemakers
2. Cardiac Fibrillation

3. Intoxication
4. Overly sensitive (faint or go into shock easily)

Types of Conditions That Benefit the Most (Based on Russian Experience)

1. Digestive system
2. Cardiovascular system
3. Respiratory system
4. Musculoskeletal system
5. Urinary system
6. Reproductive system
7. Nervous system
8. Blood system
9. Immune system
10. Endocrine system
11. Nutritional and metabolic systems

Reported Effects of Scenar Therapy as Identified in Scenar Level I Course

- Therapeutic and revitalizing effects appear after the first session
- Achieved effects are intensive and long-lasting
- Recognition of weak points of the body and positive influence on them
- Recognition of points of blocked energy resulting in excess energy
- Stimulate the body's energy
- Balance homeostasis
- Eradicate repetitive central nervous system patterns
- Pain relief
- Reduces inflammation
- Regulates body temperature

- Helps with coagulation
- Improves microcirculation
- Increases nutrients to damaged cells
- Removes toxins
- Balances hormones
- Speeds wound healing and regenerates damaged tissue, and ulcers (including peptic ulcers)
- Stimulates parasympathetic and balances autonomic nervous system improving digestion and sleep
- Improved sense of wellbeing
- Swift rehabilitation effects
- Improvement of the general condition

Possible Physiological Mechanism of Action

According to Robert O. Becker, MD, in his books “The Body Electric: Electromagnetism and the Foundation of Life” and “Crosscurrents: The Perils of Electropollution, the Promise of Electromedicine,” the nervous system is actually a dual nervous system:

1. A digital nervous system, which is the conventional nervous system consisting of the nerves in the central nervous system and the peripheral nervous system. These nerves are digital, either on or off, and provide rapid transmission of discrete signals in one direction only: afferent nerves carry signals toward the central nervous system and the brain and efferent nerves carry signals away from the brain and the central nervous system.
2. The perineural connective tissue system is analog in nature and carries slower moving, continuously variable, direct current signals in either direction that flow in waves throughout the organism. The perineural nervous system forms in the perineural cells that form the matrix structure supporting the digital nerves. This matrix material also provides the continuum for the meridian system.

Bjorn Nordenstrom, MD in Stockholm has also performed much research in the field of body electronics. He found that the blood vessels, lymphatic vessels, and the perineural sheaths are electrical conduits in the body and are the principal means of communication at the cellular and extra-cellular level using ionic electricity. The walls of the vessels act similarly as insulation on a wire while the fluid in the vessels is the conducting medium, somewhat similar to the copper wire. The interruption of the body’s ionic communications disrupts the healing process and the adaptive mechanism discussed below. This cessation of communication is the result of the reversing of tissue polarity, which repels instead of attracting the ingredients needed for repair.

It also interrupts the electropositive current of injury to the brain resulting in the brain mistakenly believing the repair is complete.

The brain no longer pays attention to the injured tissue. However, its reversed polarity creates a field that manifests in the skin as sticky spots, which can be detected when rubbing the Scenar over the skin. Many of the ancient healing techniques, Chi Kung, acupuncture, polarity therapy, magnet therapy, reflexology, etc., are attempting to correct the tissue polarity. One benefit of the Scenar is it can reverse the abnormal polarity very quickly. This is achieved, using traditional Russian rules or the Texas rules, by rotating the Scenar counterclockwise over the area.

To summarize, when an injury occurs, there is an electropositive current generated. This current of injury travels along the meridian pathways to inform the brain of the incident. The brain responds by sending instructions which direct the flow of necessary resources to the area and activate the repair process. All the ingredients necessary for repair are negatively charged and are attracted to the injured tissues which are positively charged.

Three scenarios are possible:

1. Normal function returns:

- a. The tissue is repaired. The current of injury shuts off so the brain no longer directs emergency repair activities but rather returns to normal energetic and chemical maintenance activities appropriate for this specific tissue.

2. Adaptation occurs:

- a. All necessary ingredients for repair are not available so the brain creates an alternative metabolic mechanism to work around the inability of the tissue to perform its function. An adaptation is made in order to optimize the probability of survival of the organism.
- b. The polarity of the injured tissue is switched from positive to negative thereby repelling the healing ingredients that are available and turning off the current of injury. This serves to isolate and contain the injured tissue to minimize its effects on the organism.
- c. The brain discontinues sending repair ingredients and in fact eliminates all maintenance activities as well since it would be a waste of resources to try to maintain a tissue that no longer functions appropriately.
- d. Chronic disease may result unless the necessary elements for repair later become available and the tissue is re-energized. The polarity of the tissue must be restored to positive and the brain reconnected to the injured area before healing can proceed.

3. Chronic disease occurs:

- a. The injured area becomes electronegative due to hemorrhage into the area or cell death
- b. Items needed for repair, even though available, are repelled

- c. The brain thinks all is well since area is no longer electropositive
- d. The brain no longer supports the area energetically
- e. The area consumes all local energy available
- f. Healing stops and chronic disease results

The Scenar facilitates the healing process as follows:

1. It detects areas of acute or chronic inflammation and areas of adaptation or degeneration.
2. It pumps in biocompatible energy to provide the energetic resources needed in order to initiate repair.
3. It reconnects the brain to the injury so nutrients and healing can be directed to the area.
4. It reverses the polarity of adapted injured tissue from negative to positive so resources for repair are attracted and the electropositive current of injury is restored, thereby notifying the brain of the situation.
5. It provides a signal that stimulates the release of neuropeptides from the pharmacy of chemicals in the skin to augment the ingredients needed for repair.
6. It tones down the sympathetic nervous system and tunes up the parasympathetic nervous system.
7. It provides a sequenced series of nerve-like impulses alternating with pauses to prevent adaptation/habituation to the signals.
8. It dynamically changes the signal characteristics in accordance with the bio-feedback from the body.

According to Garnet Dupris, Scenar protocols seem to fit within two broad methodologies:

1. Asymmetry techniques, in which the practitioner performs certain protocols and continuously watches for differences such as sound, color of skin, rash, sticky spots, and itching. These asymmetries then become the focus of Scenar therapy. (See Appendix A)
2. Bio-energetic techniques, which are a sequence of stimulations to a part of the body intended to change the dynamics of what Garnet calls a “fundamental set of correspondences” relating to the physiology of the area as well as to a broader set of self-regulatory functions. An example would be the belly where the Scenar stimulations would help restore balance to the anatomical function, digestion, as well as to the self-regulatory function of the parasympathetic nervous system. As the stimulations are performed the client must observe all parts of the body and report any strong sensations anywhere in the body. These sensations are significant to optimal function and should be treated with the Scenar as asymmetries.

Operation

Once turned on, the operator must choose which mode to use for the session. There are six mode selections (Diag, Mod, Dmpf, Intens, Z, Freq), all of which have multiple options making for much flexibility but also for more training and longer sessions to find the optimum settings.

Default operation:

- Set power to irritating but not painful.
- Paint (rub) skin looking for asymmetries (stickiness, color change, sound change).
- Continue to paint the area of asymmetry in all four directions until the asymmetry is gone. (See in Appendix A)

Diagnostic operation:

- Set for Diagnosis and set power to irritating but not painful.
- Measure and record resistance/capacitance of points on the pathways/zones described in the training classes.
- If points are under energized, then use restoring energy techniques.
- If points indicate inflammation or degeneration, then record the location. When there is a point with a significant difference from previous readings give a “dosing” treatment to bring the brain’s focus to these areas.
- For the significant “dose” points, reconnect the brain to these tissue areas by maintaining contact with the Scenar until a zero reading is obtained.
- For the most significant zero reading, do a treatment by setting the Scenar in the variable frequency treatment mode for two minutes. This stimulates the brain to initiate the neuropeptide healing cascade process and reinforces the “dose”.

Setting descriptions for all operating modes:

- Diag = diagnosis mode:
 - Diag = 0 is basic treatment mode for muscle re-education and relaxation
 - Diag = 1 is for individually measuring each point
- Mod = Modulation:
 - Ratio of time between when the Scenar output is active and inactive
- Dmpf = Damping:

- The manner in which the shape of each impulse is modified as it is applied
- Intens = Intensity:
 - The number of impulses in each bundle at the default frequency of 59.3 Hz
- Z = Z-pulse delay:
 - The time delay between peaks of the impulse wave when the intensity is 2 or greater
- Freq = Frequency:
 - The number of complete positive to negative oscillations per second occurring in the impulse wave

Russian Basic Rules

The Russians approach returning balance to the system similarly to acupuncture: look for the areas of blocked energy where there is excess energy and high readings. Treat these areas until the block is removed and the energy can flow once again to the depleted areas. This approach ignores areas of low or deficient energy and only works on areas of excess energy.

- Treat any acute pain
- Treat the three pathways (spine and paraspinal zones on both sides of the spine) and six points (six points on face where trigeminal nerve surfaces)
- Treat additional zones that show asymmetries as a result of the first two steps

See Appendix D for Flowcharts describing the Russian protocols.

Tennant Texas Rules

Dr. Jerry Tennant modified the Russian protocols to replenish the areas of deficient energy before treating the areas of excess energy. This facilitates the removing of blocks to the flow of energy more easily. There is also less chance of re-blocking or creating new blocks as energy begins to flow into the de-energized areas.

This approach accommodates his belief that no therapy can last without relapse if the autonomic nervous system is out of balance, that is, the sympathetics-on and the parasympathetics-off, for the following reasons:

1. Sympathetics-on results in burning up neurochemicals faster than they can be replaced. This exhausts the entire endocrine/immune system leaving the body with low voltage so nothing can work well.
2. Parasympathetic-off shuts down the intestines so nutrients are not absorbed and sleep is not refreshing. This results in cells not being replaced, regeneration not occurring, and deterioration/degeneration continuing.

As part of normalizing the autonomic nervous system, the cranial sacral system, one of the primary controls of the autonomic nervous system, must also be balanced. This results in optimal cerebrospinal fluid circulation, centered sphenoid, non-jammed sutures, and centering rotated pelvic girdles, thereby removing disturbances of the sacral and cervical electronic junctions. The restoration of the cranial sacral system can be accomplished by Bio-Cranial Therapy developed by Robert Boyd, DO; NeuroCranial Restructuring as taught by Dean Howell, ND; or by the Bowling Ball Technique using the Scenar, developed by Jerry Tennant, MD.

The Bowling Ball Technique is so named because the head weighs about as much as a bowling ball. Because the head is so heavy the body attempts to conserve energy by placing the center of gravity over the spine so the least amount of effort is needed to hold the head erect. The first two cervicals are particularly important in this regard. The body will even suffer much pain (headaches, neck pain, back pain, etc.) in the effort to maintain the head in an upright position.

Often the cranial bones are shifted from their optimal positions by head injury or birth trauma to the skull. This moves the center of gravity of the head and the body must compensate by shifting the spine into an “S” shape to re-center the head, possibly resulting in many aberrant body positions: C1 and C2 subluxations; one shoulder higher than the other; the pelvis rotated, resulting in a short leg on one side; often one cheek bone will be flatter than the other; and one eye may be more recessed with the eyelid on that side drooping.

Several quick ways to check for this condition are:

- Place the forefingers in the client’s ears and observe whether one ear is higher than the other
- Place hands on the client’s shoulders and observe whether one shoulder is higher than the other
- Place hands on the client’s hips and observe whether one hip is higher than the other

The Bowling Ball Technique uses high power at the belly of the upper trapezius for maximum contraction of the trapezius. The technique results in moving the sphenoid back to center by pulling on the occipital bone. This frees up the spheno-occipital junction allowing the dura to unwind its torque around the brain and the spinal cord freeing up the cerebrospinal fluid pump to restore normal cerebrospinal fluid movement. The Bowling Ball Technique often results in immediate leveling of the pelvis, legs, shoulders and ears. Some scoliosis is relieved resulting in reduced back pain. The maxillary bones normalize providing sinus problem relief. Migraines are frequently relieved as well.

The Little Wings Technique developed by the Russians helps tone down the sympathetics by using low power at the belly of the upper trapezius to affect the upper cervical ganglion. This in turn releases endorphins that calm the sympathetic nervous system. The technique is called Little Wings because the Scenar signal uses variable power resulting in the shoulders involuntarily moving up and down like wings.

Dr. Tennant developed “Rule #2” of the Texas Scenar Therapy Rules to get control of the autonomic nervous system.

Four Rules of Texas Scenar Therapy

1. Treat pain
2. Get control of the autonomic nervous system using techniques taught in the training classes:
 - a. Restore the craniosacral pump/rhythm with the Bowling Ball technique
 - b. Turn down the sympathetics with the Bowling Ball, Little Wings and/or C7
 - c. Turn on the parasympathetics with the abdominal points. The abdomen is often called the second brain since most of the serotonin production in the body is in the abdomen and since treating this area activates the parasympathetic ganglion
3. Treat three pathways and six points
4. Treat additional zones that show asymmetries as a result of the above steps

Dr. Tennant also combined his balancing techniques with measuring the Nakatami points using an Electroacupuncture device called MEAD (Meridian Energy Analysis Device) in order to greatly speedup treatment times. (See Appendix C for information on the MEAD)

Precautions

The Russians have three basic warnings for practitioners:

1. Do not use the same Scenar on humans and animals
2. Practitioners should not let other practitioners use their Scenar
3. Practitioners should not use the Scenar to work on exclusively one type of pathological condition

The rationale for these suggestions is based upon the physics of the equipment. The circuitry and its energy source (the battery) create electromagnetic fields due to the flow of electrons (the current) through the circuitry. These fields interact with the fields of the practitioner as well as the subject. Since electromagnetic fields carry information that can be imprinted into various substances, (the basis of homeopathy), it is not too much of a stretch to believe that the information of these fields can be imprinted into the substance of the circuits and batteries.... kind of like a memory of the information contained in the fields.

Consequently, if the same Scenar is used on animals and humans the residual energies of the one species can interact with the energy of the other, possibly causing stress and even affecting the outcome of the current treatment session. This same concept applies when the same Scenar is used from one practitioner to another. In fact, the Russians say that the Scenar becomes an extension of the practitioner and as such retains his energy patterns.

More disturbing, however, is the idea that if only one disease is always treated then the memory of that disease's field pattern is constantly reinforced and continuously interacts with the

practioner's fields, creating a stronger and stronger disturbance field. The Russians have even documented a trend of practioners developing the condition themselves over time.

Absurd as these rules may appear, there is actually scientific evidence justifying these recommendations as described in the experiments below:

1. Take clear clean water and divide it into two clean glass beakers A and B
2. Add NaCl (salt) to beaker A
3. Add albumin (a protein) to beaker B
4. Examine a drop of salt water from A under a microscope and observe the predictable crystalline signature of salt
5. Examine a drop of protein water from B under a microscope and observe the predictable crystalline signature of protein
6. Connect beakers A and B with two gold wires and a dc battery (think Scenar or other device) as a power source in the circuit. There is now a simple dc current running through the beakers, wires, and battery
7. After letting the current run for awhile, disconnect the beakers from the circuit
8. Examine the water from the salt water beaker A under a microscope. There will now be not only the salt crystalline structure but also the protein crystalline structure without ever putting any physical albumin into the beaker. This is strictly an energetic phenomenon of the electromagnetic fields imprinting the information about the crystalline structure of protein into the water, resulting in the physical manifestation of the protein structure.
9. Now start over from the beginning with two fresh beakers of pure water
10. Add only salt to both beakers. Do not add protein to either beaker
11. Connect the circuit using the original wires and battery used previously
12. After running the circuit, disconnect the beakers and examine a drop of the salt water. The crystalline pattern of the salt is obviously there, but also the pattern of protein has mysteriously appeared as well when no protein was added to either beaker. This result is the effect of the memory of protein structure in the wires, battery or in the space in which the experiment takes place.

Note of Caution:

Please note that there are other similar devices carrying the name Scenar or Skenar available. Most are derivatives of early versions of the original Russian Scenar. For purchasers in the US, caution should be used when considering units not made in the US since quality may suffer and technical and maintenance/repair support may not be readily available. (See Appendix B for info on some of the available models discussed in this paper.)

If a Scenar is defined as a device that produces a "typical SCENAR signal" similar to the 97.4, then many models in the market place are Scenars and others are not. The following list identifies a few examples: RITMScenar, ChENS Scenar, AutoScenar, Scenar-700 series, Prologue, ENART, AcuScen, Fenzin, DENAS, Inter X5000, BioModulator.

Appendix A

Asymmetry Definition

The definition of asymmetry was exquisitely described by Dr. Irina Kossovski in an essay she wrote that was posted on the energetic-medicine discussion group by Peter Hains. This essay is quoted in full, as posted on the discussion group:

Small Asymmetry by Dr. Irina Kossovski

“The skill of a SCENAR therapist and the very essence of any SCENAR procedure is in finding the tiniest possible small asymmetry, the smaller the better. The most intensive, the most profound the better. It doesn't matter if you are working in Subjective or Objective mode (Diag 0 or Diag 1 with 97.4, manual or SCAN mode on the AcuScen); you are still looking for the smallest small asymmetry

‘The small asymmetry’ is a cornerstone of SCENAR therapy. The term is well known in the SCENAR world, yet many SCENAR users have difficulties in understanding and even pronouncing it. The nature of the phenomenon is also somewhat mystical.

The small asymmetry is defined as ‘the small area of the skin different from the rest of the skin by certain characteristics’. In Subjective mode the small asymmetry will reveal itself as a ‘stickiness’ on the skin, or a color change, or the difference in sensation or sound of the device, or concentration of pain in a small area. In Objective mode it will be the highest Initial Reaction, the highest ongoing reaction value (Dose*), or the highest final reaction value (‘0’). The highest ‘0’ will represent the smallest small asymmetry. This asymmetry would correspond to the ‘stickiest’, the most painful or num, the reddest or the palest, the loudest or the quietest spot on the skin, if working in Subjective mode. In other words, the same small asymmetry can be found using different methods.

When you found the smallest small asymmetry, your job is almost done. All you have to do to complete the treatment is to change the asymmetry. It can be done in Subjective mode, ‘brushing’ through the small asymmetry (in the direction that intensifies the small asymmetry the most) until it disappears or changes to the opposite. It can be done by applying the widest range of dynamic functions of the SCENAR (variable Frequency + variable Depth or Damping) to the selected small asymmetry, which is often utilized in the Objective mode techniques (usually for 2 min). It can also be done by rotating the SCENAR clockwise or counterclockwise on the small asymmetry, or by other means. Whatever you do, your objective is to bring dynamic change into the relative stability of the small asymmetry.

Small asymmetry is a representation of the dis-ease on the skin surface, an informational ‘gateway’ into the pathologic system. The dis-ease, as a slow adaptive reaction, is always the past with regards to the current body condition.

Disturbing its stability, breaking its rigidity will help this part of the body catch up with the rest of the organism, bringing about healing. The change in the small asymmetry signifies the desired progressive change in the healing process.

‘The smallest small asymmetry’ reflects the pathology which at this particular moment is the body’s priority. That’s where the body’s attention is, that’s what it is trying to fix

right now. Supplementing the body's efforts versus redirecting them is, apparently, the key to the SCENAR efficiency. And the small asymmetry is our guide in this process.

No other medical technology known to-date can reflect the dynamic nature of the well orchestrated symphony of the human system universe so precisely as the SCENAR. Many effective medical practices and technologies are designed to influence areas on the human body, where the dysfunctional organ is typically represented. Yet only the SCENAR can show and address the uniqueness of the particular health situation, as it is 'here and now'. Synergistically blending its music with the body's orchestra, the SCENAR harmonizes function of the entire system. The small asymmetry ensures synchronization between the SCENAR and the human system.

The mystery of the small asymmetry is yet to be understood. A tiny flower on an asphalt field, a little piece of a stinky cheese finalizing a rich dessert, that Mona Lisa smile, that little mole on the Marilyn Monroe's cheek... Life is asymmetric, and maybe that what makes it so beautiful."

Appendix B

Scenar Models and Contacts



Scenar 97.4 was the original model brought out of Russia into the West by Zulia Frost, MD. Zulia and Guy Beckerlegge set up a company, Neuro Energies, with agreements from the Russians to manufacture Scenar devices in the US and asked Jerry Tennant, MD to teach the protocols of Scenar therapy in late 2000 and early 2001. This model was soon replaced with an improved model called the Scenar 97.4+ www.scenarworld.com



THE INTERX 5000

InterX5000 (launched December 2004) is the product of a collaboration of Zulia Frost, MD, Guy Beckerlegge, a group of Dallas investors (who set up a new company called Neuro Research Group), the Russian developers and American engineers to produce a redesigned-to-American-quality standards neuro-stimulation device based on the Scenar 97.4+ proven design characteristics. Some of the improvements include: www.nrg-unlimited.com

- Designed to ISO quality standards of the US
- Built in American from American parts
- All new latest technology solid state electronics resulting in output signals that don't drift
- Currently registered with the FDA as a muscle re-education device.
- Currently going through the process of being registered as a pain management device.
- Has a backlight for the screen
- When external probes are attached the main electrode is now disabled
- Case is made from biocompatible material in a more ergonomic shape



Tennant Best Pro 1, developed by Jerry Tennant, MD and a group of American engineers, was released in 2005 by sEnergy Medical Group (a company formed by Dr Tennant's son Scott Tennant) and is a completely new digital Scenar-like device with automatic tissue assessment using LEDs. Benefits include: www.senergymedicalgroup.com

- Solid state circuitry designed to quality standards of the US
- Digital signals create more precise control of outputs that patients experience as more pleasant
- More automated: modes of operation are selected by pushing one button and indicated by LED lights
- Frequency sets similar to the Russian Scenar 97.4+
- Automated detection of tissue electronic health (normal, inflammation, degeneration) indicated by LED lights. The lights indicate the initial condition of the tissue and the changes toward normal as the session progresses
- No measurements to read or record and no mental math needed
- Different sounds indicate passage of time and completion of cycles – no more straining to see hard-to-read screens at strange angles
- Faster session times
- Unit is FDA classified as Class II Biofeedback device for muscle relaxation and re-education

Best Pro 1 modes of operation:

1. Assess/Relax: Use to find treatment areas for pain. Measure the impedance/capacitance of body tissue resulting in information and biofeedback similar to “Initial Reaction, Dose and Zero” the Scenar provides, but in an automatic format without the necessity of reading screens.
2. Stimulation: Use to treat more superficial, acute pain problems of local muscle spasm. Can also be used for the painting technique.
3. Deep Stimulation: Use to treat deeper, more chronic pain problems like trigger points. Can also be used for the painting technique.
4. Acute Settings: This is similar to the Scenar 97.4+ used to manually adjust settings used for acute issues and for Little Wings and Bowling Ball techniques.



Tennant Biomodulator, developed by Jerry Tennant, MD and a group of American engineers, was released in 2005 by sEnergy Medical Group (a company formed by Dr Tennant's son Scott Tennant) and is a completely new automated digital Scenar-like device with automatic tissue assessment and treatment. Benefits include: www.senergymedicalgroup.com/tennantbiomod.htm

- Solid state circuitry designed to quality standards of the US
- Digital signals create more precise control of outputs that patients experience as more pleasant
- More automated: modes of operation are selected by pushing one button and indicated by led lights
- Advanced frequency sets not available in any other device (Biomodulator)
- Automated detection of tissue electronic health (normal, inflammation, degeneration) indicated by led lights. The lights indicate the initial condition of the tissue and the changes toward normal as the session progresses
- No measurements to read or record and no mental math needed
- Different sounds indicate passage of time and completion of cycles – no more straining to see hard-to-read screens at strange angles
- Faster session times
- Unit is FDA classified as Class II Biofeedback device for muscle relaxation and re-education

Biomodulator modes of operation:

- Assess: Measure the impedance/capacitance of body tissue resulting in information and biofeedback similar to “Initial Reaction, Dose and Zero” the Scenar provides, but in an automatic format without the necessity of reading screens.
- TEN-8: An intense pattern useful for focused, acute problems of local muscle spasm, trigger points and other similar issues.
- Tennant Infinity: A patent-pending frequency set that can be used as a replacement for “default”, “FM/Var” and “SW1/Var” Scenar frequency sets. It additionally works well with the acupuncture meridians.
- Tennant Auto-Infinity: This is the automated mode of the instrument where after placing it on the skin a reading of the body electronics is taken, and if not normal, frequency application is automatically done while the LEDs and sounds tell the status of the treatment as the tissue moves from degenerative to inflamed to normal. After each minute of treatment the Biomodulator re-assesses the tissue electronics and then continues therapy if the readings are not normal. This process continues for 12 minutes and then the device automatically shuts off.

New Tennant Rules for Biomodulator:

1. Correct dehydration: patient should drink water before treatment
2. Look for dental connections: mercury; bite/TMJ problems; root canals; cavitations
3. Treat pain:
 - Measure for abnormal readings at local pain point
 - Measure corresponding point on opposite side of body
 - Measure the horizontal vertebral segment
 - Treat abnormal points with TEN-8 until normal
 - Note any asymmetries and treat by rubbing in infinity mode until corrected
4. Control Autonomic Nervous System:
 - Treat with Little Wings or Bowling Ball technique
 - Restore neurochemicals
 - Correct lifestyle reasons for sympathetic-on
 - Note: With the Biomodulator, Little Wings and Bowling Ball can be accomplished energetically in Infinity mode without high power to contract the upper trapezius muscle. Mechanical initiation of Bowling Ball, with contraction of upper trapezius, is done in Assess mode.
5. Restore Endocrine System: balance Chakra points in Automatic mode
6. Eliminate toxins
7. Restore body voltage:

- Restore minerals including silica
- Treat chakra points
- Re-energize low vitality spinal points at each segment in Infinity for 2 minutes, or
- Treat opposite poles of spine simultaneously (C7 and sacrum)

8. Correct organs:

- Perineural nervous system treatment (3 pathways, 6 points), or
- Treat source points of meridians that are inflamed or degenerate, and
- Treat 6 points of Trigeminal nerve

9. Eliminate infections: ultrasound frequency therapy

(See Appendix E for Flowcharts describing the Tennant Biomodulator Protocols)

Appendix C

Meridian Energy Analysis Device (MEAD)



Dr. Tennant has combined techniques of Electroacupuncture with the Scenar to increase the efficiency of treatment, reduce time and improve results. This is done by measuring the Nakatami points on the traditional Chinese meridians using the MEAD. The device then produces a report indicating the status of overall body energy, whether or not the autonomic nervous system is balanced, and which meridians are normal, inflamed or degenerative. Knowing this information allows the practitioner to quickly determine which of the Tennant rules need to be implemented for that session. Also, the MEAD printouts can be used to track patient progress from visit to visit.

An example of the use of the MEAD follows:

- If the total body energy is low, then know that the spine needs to be treated per Tennant rule 7.
- If the autonomic nervous system is imbalanced then balance per Tennant rule 4.
- If any of the meridians are significantly degenerative or inflamed (over 2 standard deviations from total body energy line) then correct the organs per Tennant rule 8.

In short, a 3 minute test of 6 points on each hand and foot can greatly decrease treatment time and improve results.

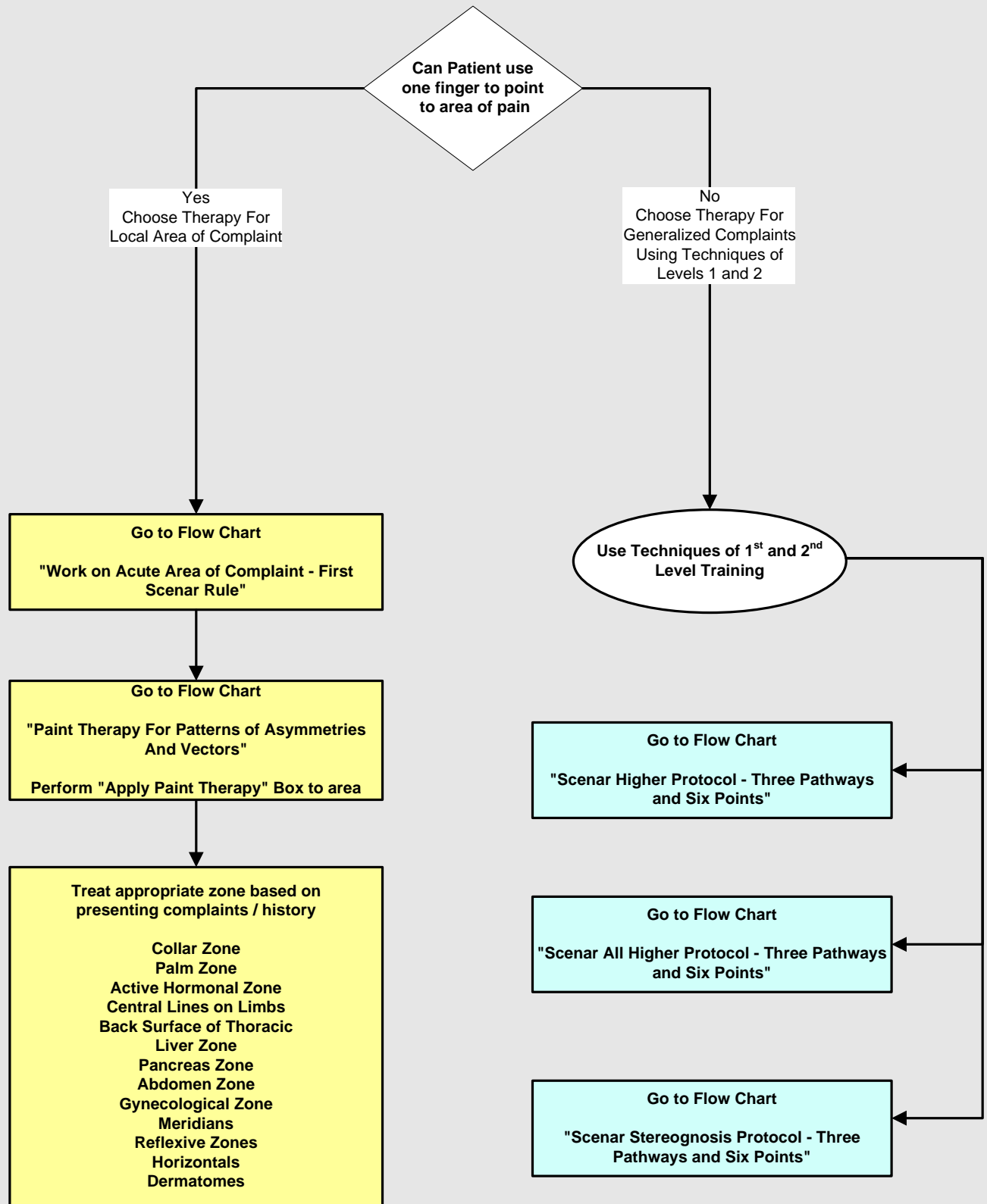
An important note concerning the MEAD testing: Most electroacupuncture testing uses a measuring probe that requires months of practice to become skillful enough to achieve accurate results. These types of probes require exact location of the point to be measured and consistently applied pressure and speed.

The MEAD can neutralize these variables by using a Constant Pressure Detecting Measurement probe whose tip is approximately ½ inch in diameter. This probe does not depend upon precise location of the acupuncture point or on consistent speed and pressure when performing the measurement.

Appendix D

Flowcharts for Scenar Protocols

Scenar Basic Protocol



Work on Acute Area Of Complaint - First Scenar Rule

Locate Area to Treat

1. Ask patient to point to main symptomatic / painful area
2. Draw a circle around area
3. Make a symmetrical drawing on opposite side of body

Turn On / Reset Scenar

1. Ensure "On / Off" switch on side of Scenar is "On"
2. Press "On / Mode Selection" button
3. Reset by pressing "Up" & "Down" buttons simultaneously

Diagnostic Setup of Scenar

<u>Action</u>	<u>Display</u>
1. Press "On / Mode Selection" button	Diag 0
2. Press "Up" button	Diag 1
3. Place Scenar on spot close to area and press "Up" to above-threshold power level - record power	
4. Remove from skin & observe display	Nobody

Apply All Higher Technique At Pain Point

1. Take IR reading at pain point and give dose
2. Take IR at points above, below, left & right side of pain pt
3. For IR reading 1 or more higher than previous highest IR immediately remove from skin then give dose
4. For any dose 1 or more higher than previous highest dose, take to zero

Determine Side of Treatment

Side of highest readings and FM/Var is side of treatment

Apply All Higher Protocol At Symmetrical Point

1. Take IR reading at center of symmetrical point & dose
2. If dose at symmetrical center point is higher than dose at pain center point take symmetrical center point to zero
3. Option 1: Take IR and dose reading on symmetrical side point corresponding to pain side point that was taken to zero. If symmetrical dose is higher than pain dose then take to Zero
Option 2: Take IR readings at all 4 points around sym point and apply All Higher Technique
4. Compare Zero on both sides and **FmVar** highest side

Determine Vector For Additional Treatment

1. Take IR reading & dose central position of spinal segment corresponding to level of pain area
2. If spine dose is higher than any others then treat from spine towards FmVar - or - if spine dose is lower then treat from FmVar towards spine
3. Use Higher, All Higher or Stereognosis technique on horizontal. Or can point along general vector - top to bottom

FmVar Settings - Treat Area Reconnected To Brain (Highest Zero)

<u>Action</u>	<u>Display</u>
1. Reset Scenar	
2. Press "On / Mode Selection" twice	Mod
3. Press "Down" button once	FM
4. Press "On / Mode Selection" 1 time	Dmpf
5. Press "Down" button once	Var
6. Set power level same as diagnosed area	
7. Treat FmVar 2 min for highest Zero	

Scenar Higher Protocol - 3 Pathways and 6 Points

Turn On / Reset Scenar

1. Ensure "On / Off" switch on side of Scenar is "On"
2. Press "On / Mode Selection" button
3. Reset by pressing "Up" & "Down" buttons simultaneously

Diagnostic Setup For Spine

Action	Display
1. Press "On / Mode Selection" button	Diag 0
2. Press "Up" button	Diag 1
3. Place Scenar on shoulder at 45 deg and press "Up" to above-threshold power level - record power	
4. Remove from skin & observe display	Nobody

**Path 1 Spinal Diagnostic Scan - Central Route
(Do not include C7 or coccyx)**

1. Take IR readings from T1 to buttocks then hairline to C6
2. For reading 4 or more higher remove from skin, give dose
3. Dose last reading in series
4. Take highest dose to zero

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

**Path 2 Paraspinal Diagnostic Scan
(measure path 2 electrode widths from spine on both sides)**

1. Take IR readings from T1 to buttocks then hairline to C6 Start Lt of T1, then Rt of T1, then Lt T2, Rt T2 alternating all the way down the spine, then neck
2. For reading 4 or more higher remove from skin, give dose
3. Dose last reading in series
4. Dose highest IR on Lt & Rt if not already done
5. Take highest dose to zero on Lt & Rt if not already done

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

FmVar - Treat Area Reconnected To Brain - Highest Zero

Action	Display
1. Reset Scenar	Default
2. Press "On / Mode Selection" twice	Mod
3. Press "Down" button once	FM
4. Press "On / Mode Selection" 1 time	Dmpf
5. Press "Down" button once	Var
6. Set power for same level as diag 1 scan	
7. For highest Zero treat FmVar 2 min	

Diagnostic Setup For Face

Action	Display
1. Reset Scenar	Default
2. Press "On / Mode Selection" button	Diag 0
3. Press "Up" button	Diag 1
4. Use 1/2 power setting from back power level - record power	
5. Remove from skin & observe display	Nobody

Path 3 Face Route - Trigeminal Nerve Diagnostic Scan

1. Take IR readings Lt lower lip, Rt lower lip, Lt maxilla, Rt maxilla, Lt eye, Rt eye
2. For reading 4 or more higher remove from skin, give dose
3. Dose last reading in series
4. Take highest dose to zero

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

FmVar - Treat Area Reconnected To Brain - Highest Zero

Action	Display
1. Reset Scenar	Default
2. Press "On / Mode Selection" twice	Mod
3. Press "Down" button once	FM
4. Press "On / Mode Selection" 1 time	Dmpf
5. Press "Down" button once	Var
6. Set power for same level as diag 1 on face	
7. If highest Zero on face is greater than highest Zero on back then treat FmVar 2 min at highest Zero on face	

Go To
"Paint Therapy For Patterns Of
Assymetries And Vectors"
Flow Chart

Scenar All Higher (Subsequently Higher) Protocol - 3 Pathways and 6 Points

Turn On / Reset Scenar

1. Ensure "On / Off" switch on side of Scenar is "On"
2. Press "On / Mode Selection" button
3. Reset by pressing "Up" & "Down" buttons simultaneously

Diagnostic Setup For Spine

<u>Action</u>	<u>Display</u>
1. Press "On / Mode Selection" button	Diag 0
2. Press "Up" button	Diag 1
3. Place Scenar on shoulder at 45 deg and press "Up" to above-threshold power level - record power	
4. Remove from skin & observe display	Nobody

**Path 1 Spinal Diagnostic Scan - Central Route
(Do not include C7 or coccyx)**

1. Take IR readings from T1 to buttocks then hairline to C6
2. For reading 4 or more higher than previous, remove from skin, give dose
3. For any dose 1 higher than previous dose, take to zero
4. For any "0" 1 higher than previous "0", treat **FmVar below**
5. Option 1: After FmVar carry on as before, if 1st IR is higher than last highest, dose; if dose is higher than last highest, zero; if zero is higher than last highest, FmVar
Option 2: After FmVar if 1st IR is less than last highest start a new route as from the beginning
6. Dose last reading in series & continue "All Higher" rules

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

**FmVar - Treat All Subsequently Higher Zero's
(Areas reconnected to the brain)**

<u>Action</u>	<u>Display</u>
1. Reset Scenar	
2. Press "On / Mode Selection" twice	Mod
3. Press "Down" button once	FM
4. Press "On / Mode Selection" 1 time	Dmpf
5. Press "Down" button once	Var
6. Set power level same as diagnosed area	
7. Treat FmVar 2 min for highest Zero	

**Path 2 Paraspinal Diagnostic Scan
(measure path 2 electrode widths from spine on both sides)**

1. Take IR readings from T1 to buttocks then hairline to C6 Start Lt of T1, then Rt of T1, then Lt T2, Rt T2 alternating all the way down the spine, then neck
2. For reading 4 or more higher than previous, remove from skin, give dose
3. For any dose 1 higher than previous dose, take to zero
4. For any "0" 1 higher than previous "0", treat **FmVar below**
5. Option 1: After FmVar carry on as before, if 1st IR is higher than last highest, dose; if dose is higher than last highest, zero; if zero is higher than last highest, FmVar
Option 2: After FmVar if 1st IR is less than last highest start a new route as from the beginning
6. Dose last reading in series & continue "All Higher" rules

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Diagnostic Setup For Face

<u>Action</u>	<u>Display</u>
1. Reset Scenar	Default
2. Press "On / Mode Selection" button	Diag 0
3. Press "Up" button	Diag 1
4. Use 1/2 power setting from back power level - record power	
5. Remove from skin & observe display	Nobody

Path 3 Face Route - Trigeminal Nerve Diagnostic Scan

1. Take IR readings Lt lower lip, Rt lower lip, Lt maxilla, Rt maxilla, Lt eye, Rt eye
2. For reading 4 or more higher than previous remove from skin, give dose
3. For any dose 1 higher than previous dose, take to zero
4. For any "0" 1 higher than previous "0", treat **FmVar below**
5. Option 1: After FmVar carry on as before, if 1st IR is higher than last highest, dose; if dose is higher than last highest, zero; if zero is higher than last highest, FmVar
Option 2: After FmVar if 1st IR is less than last highest start a new route as from the beginning
3. Dose last reading in series & continue "All Higher" rules

Note: If have lots of IR variation and many doses on face paint horizontals daily

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Go To
"Paint Therapy For Patterns Of
Assymetries And Vectors"
Flow Chart

Scenar Stereognosis Protocol - 3 Pathways and 6 Points

Turn On / Reset Scenar

1. Ensure "On / Off" switch on side of Scenar is "On"
2. Press "On / Mode Selection" button
3. Reset by pressing "Up" & "Down" buttons simultaneously

Diagnostic Setup For Spine

Action	Display
1. Press "On / Mode Selection" button	Diag 0
2. Press "Up" button	Diag 1
3. Place Scenar on shoulder at 45 deg and press "Up" to above-threshold power level - record power	
4. Remove from skin & observe display	Nobody

**Path 1 Spinal Diagnostic Scan - Central Route
(Do not include C7 or coccyx)**

1. Take IR readings from T1 to buttocks then hairline to C6
2. For reading 4 or more higher than previous, remove from skin, give dose. For 1st dose note Starting IR
3. For any dose 1 higher than previous dose, take to zero. For 1st "0" note Starting Dose. (Can go back for 1st zero)
4. For any "0" 1 higher than previous "0", treat **FmVar below**. For 1st FmVar note Starting "0". (Can go back for 1st FV)
5. After FmVar:
 1st IR to be dosed must be \geq Starting IR.
 1st dose to be "0"ed must be \geq Starting Dose.
 1st "0" to be FmVar'ed must be \geq Starting "0".
 Continue dosing any IR +4 > last IR that was dosed, "0" any dose +1 > last dose that was "0"ed, FmVar any "0" +1 > last "0" that was FmVar'ed
6. Dose last IR in series & continue "Stereognosis" rules

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

**FmVar - Treat All Subsequently Higher Zero's
(Areas reconnected to the brain)**

Action	Display
1. Reset Scenar	
2. Press "On / Mode Selection" twice	Mod
3. Press "Down" button once	FM
4. Press "On / Mode Selection" 1 time	Dmpf
5. Press "Down" button once	Var
6. Set power level same as diagnosed area	
7. Treat FmVar 2 min for highest Zero	

**Path 2 Paraspinal Diagnostic Scan
(measure path 2 electrode widths from spine on both sides)**

1. Take IR readings from T1 to buttocks then hairline to C6
2. For reading 4 or more higher than previous, remove from skin, give dose. 1st dose must be for IR \geq Starting IR
3. For any dose 1 higher than previous dose, take to zero. 1st "0" must be for dose \geq Starting Dose
4. For any "0" 1 higher than previous "0", treat **FmVar below**. 1st FmVar must be for "0" \geq Starting "0"
5. After FmVar:
 1st IR to be dosed must be \geq Starting IR.
 1st dose to be "0"ed must be \geq Starting Dose.
 1st "0" to be FmVar'ed must be \geq Starting "0".
 Continue dosing any IR +4 > last IR that was dosed, "0" any dose +1 > last dose that was "0"ed, FmVar any "0" +1 > last "0" that was FmVar'ed
6. Dose last IR in series & continue "Stereognosis" rules

Diagnostic Setup For Face

Action	Display
1. Reset Scenar	Default
2. Press "On / Mode Selection" button	Diag 0
3. Press "Up" button	Diag 1
4. Use 1/2 power setting from back power level - record power	
5. Remove from skin & observe display	Nobody

Path 3 Face Route - Trigeminal Nerve Diagnostic Scan

1. Take IR readings Lt lower lip, Rt lower lip, Lt maxilla, Rt maxilla, Lt eye, Rt eye
2. For reading 4 or more higher than previous, remove from skin, give dose. 1st dose must be for IR \geq Starting IR
3. For any dose 1 higher than previous dose, take to zero. 1st "0" must be for dose \geq Starting Dose
4. For any "0" 1 higher than previous "0", treat **FmVar below**. 1st FmVar must be for "0" \geq Starting "0"
5. After FmVar:
 1st IR to be dosed must be \geq Starting IR.
 1st dose to be "0"ed must be \geq Starting Dose.
 1st "0" to be FmVar'ed must be \geq Starting "0".
 Continue dosing any IR +4 > last IR that was dosed, "0" any dose +1 > last dose that was "0"ed, FmVar any "0" +1 > last "0" that was FmVar'ed
6. Dose last IR in series & continue "Stereognosis" rules

Go To
 "Paint Therapy For Patterns Of
 Assymetries And Vectors"
 Flow Chart

Paint Therapy For Patterns Of Assymetries And Vectors

Analyze Picture For Vectors And Asymmetries

Look for vectors of alignment of doses, "0"s, Fm Vars:

1. If along horizontal or paravertebral route treat horizontals
2. If on General Zone central route treat 3 pathways 6 points, collar, abdomen or gynecological zones
3. If bunched together in group: treat segment, dermatome, associated organ zone or specific zones in manual



Apply Paint Therapy

<u>Action</u>	<u>Display</u>
1. Reset Scenar	Default
2. Press "On / Mode Selection" twice	Mod
2. Press "Down" button once	FM
3. Press "On / Mode Selection" 1 time	Dmpf
4. Press "Down" button once	Var
5. Set power to level used on area before	
6. Paint along vector or zone focusing on assymetries, & vectors that stick or change sound	

Note: For resistive asymmetries (after 3 passes) paint with increased Intensity and Z
 Then retest at original Intensity and Z values
 If still resistive do FmVar for 2 minutes
 Reset to original Intensity and Z. Paint Top to Bottom, Left to Right, Right to Left, Bottom to Top
 If still resistive do above procedures on opposite point

Note: Use Speedup Techniques for monotonous readings & no assymetries

Note: FmVar painting is used for asymmetries and degenerative processes

Scenar Stabilization Technique

Groundrules

Fast dynamics achieved (IRs changing rapidly between sessions)
Use Stabilization Technique to stabilize body's reaction

Never start with this technique
Use technique only once during a course of treatment

Turn On / Reset Scenar

1. Ensure "On / Off" switch on side of Scenar is "On"
2. Press "On / Mode Selection" button
3. Reset by pressing "Up" & "Down" buttons simultaneously

Diagnostic Setup For Spine

<u>Action</u>	<u>Display</u>
1. Press "On / Mode Selection" button	Diag 0
2. Press "Up" button	Diag 1
3. Place Scenar on shoulder at 45 deg and press "Up" to above-threshold power level - record power	
4. Remove from skin & observe display	Nobody

**Path 1 Spinal Diagnostic Scan - Central Route
(Do not include C7 or coccyx)**

1. Take IR readings from T1 to buttocks then hairline to C6
2. For reading 1 or more higher place finger on spot
3. Do not dose last reading in series
4. Dose highest IR where finger is. Dose lowest IR (no finger)

**Path 2 Paraspinal Diagnostic Scan
(measure path 2 electrode widths from spine on both sides)**

1. Take IR readings from T1 to buttocks then hairline to C6
Start Lt of T1, then Rt of T1, then Lt T2, Rt T2 alternating all the way down the spine, then neck
2. For reading 1 or more higher place finger on spot
3. Do not dose last reading in series
4. Dose highest IR where finger is. Dose lowest IR (no finger)

Diagnostic Setup For Face

<u>Action</u>	<u>Display</u>
1. Reset Scenar	Default
2. Press "On / Mode Selection" button	Diag 0
3. Press "Up" button	Diag 1
4. Use 1/2 power setting from back power level - record power	
5. Remove from skin & observe display	Nobody

Path 3 Face Route - Trigeminal Nerve Diagnostic Scan

1. Take IR readings Lt lower lip, Rt lower lip, Lt maxilla, Rt maxilla, Lt eye, Rt eye
2. For reading 1 or more higher place finger on spot
3. Do not dose last reading in series
4. Dose highest IR where finger is. Dose lowest IR (no finger)

Reconnect Highest IR to Brain (Make "0")

Compare all doses on the central route, paraspinal route and facial route

Reconnect the highest dose (make "0")

Working on Horizontals - Simple Scenar Rules

Turn On / Reset Scenar

1. Ensure "On / Off" switch on side of Scenar is "On"
2. Press "On / Mode Selection" button
3. Reset by pressing "Up" & "Down" buttons simultaneously

Diagnostic Setup For Spine

<u>Action</u>	<u>Display</u>
1. Press "On / Mode Selection" button	Diag 0
2. Press "Up" button	Diag 1
3. Place Scenar on shoulder at 45 deg and press "Up" to above-threshold power level - record power	
4. Remove from skin & observe display	Nobody

**Spinal Diagnostic Scan - Central Route
(Do not include C7 or coccyx)**

1. Take IR readings from T1 to buttocks then hairline to C6
2. For reading 4 or more higher remove from skin, give dose
3. When have 2 doses take highest to "0"
4. Proceed to work on Horizontal after each "0"

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Work on Horizontal

1. Take IR readings on Lt and Rt of "0"
2. Where Lt or Rt IR is higher by +1 dose then continue along Horizontal from highest paravertebral IR to middle of front
3. Follow higher rules & dose ea IR higher by +1 & last IR in series
4. Make "0" for highest dose in Horizontal
5. Compare "0" on Horizontal & Vertical - FMV highest, 2 min

Continue on Spinal Route

1. if FMV set on main route use next IR as new reference for +4 comparisons.
2. If FMV set on Horizontal continue on main route comparing to last highest IR on route
3. Dose last point on route
3. Work the Horizontal for each "0"

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Diagnostic Setup For Face

<u>Action</u>	<u>Display</u>
1. Reset Scenar	Default
2. Press "On / Mode Selection" button	Diag 0
3. Press "Up" button	Diag 1
4. Use 1/2 power setting from back power level - record power	
5. Remove from skin & observe display	Nobody

Face Route - Trigeminal Nerve Diagnostic Scan

1. Take IR readings Lt lower lip, Rt lower lip, Lt maxilla, Rt maxilla, Lt eye, Rt eye
2. For reading 4 or more higher remove from skin, give dose
3. Dose last reading in series
4. When have 2 doses take highest dose to "0"
5. Work the Horizontal for each zero
6. Set FMV only when there are 2 zero's to compare
7. If only 1 zero on face compare to highest zero on back and set FMV on highest

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Working on Horizontals - Higher Rules

Turn On / Reset Scenar

1. Ensure "On / Off" switch on side of Scenar is "On"
2. Press "On / Mode Selection" button
3. Reset by pressing "Up" & "Down" buttons simultaneously

Diagnostic Setup For Spine

<u>Action</u>	<u>Display</u>
1. Press "On / Mode Selection" button	Diag 0
2. Press "Up" button	Diag 1
3. Place Scenar on shoulder at 45 deg and press "Up" to above-threshold power level - record power	
4. Remove from skin & observe display	Nobody

**Spinal Diagnostic Scan - Central Route
(Do not include C7 or coccyx)**

1. Take IR readings from T1 to buttocks then hairline to C6
2. For reading 4 or more higher remove from skin, give dose
3. Proceed to work on Horizontal after each dose

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Work on Horizontal

1. Take IR readings on Lt and Rt of dose
2. Where Lt or Rt IR is higher by +1, dose then continue along Horizontal from highest paravertebral IR to middle of front
3. Follow Higher rules, dose ea IR higher by +1, dose last IR in series
4. Make "0" for highest dose in Horizontal
5. Continue down spinal route

Continue on Spinal Route

1. Continue down Spinal Route looking for readings 4 or more higher and give dose
2. Proceed to work on new Horizontal after ea dose as before
3. Dose last point on route
3. Make a "0" on highest dose of Spinal Route
4. Set FMV on highest "0" on the back

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Diagnostic Setup For Face

<u>Action</u>	<u>Display</u>
1. Reset Scenar	Default
2. Press "On / Mode Selection" button	Diag 0
3. Press "Up" button	Diag 1
4. Use 1/2 power setting from back power level - record power	
5. Remove from skin & observe display	Nobody

Face Route - Trigeminal Nerve Diagnostic Scan

1. Take IR readings Lt lower lip, Rt lower lip, Lt maxilla, Rt maxilla, Lt eye, Rt eye
2. For reading 4 or more higher remove from skin, give dose
3. Proceed to work on Horizontal after each dose using Higher rules (dose each IR higher by +1), dose last point
4. Make "0" for highest dose in each Horizontal
5. Continue Facial Route & work the Horizontal for each zero
6. Make a "0" for highest dose in Facial Route
7. Set FMV on highest "0" on Face

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Working on Horizontals - All Higher Rules

Turn On / Reset Scenar

1. Ensure "On / Off" switch on side of Scenar is "On"
2. Press "On / Mode Selection" button
3. Reset by pressing "Up" & "Down" buttons simultaneously

Diagnostic Setup For Spine

<u>Action</u>	<u>Display</u>
1. Press "On / Mode Selection" button	Diag 0
2. Press "Up" button	Diag 1
3. Place Scenar on shoulder at 45 deg and press "Up" to above-threshold power level - record power	
4. Remove from skin & observe display	Nobody

**Spinal Diagnostic Scan - Central Route
(Do not include C7 or coccyx)**

1. Take IR readings from T1 to buttocks then hairline to C6
2. For reading 4 or more higher remove from skin, give dose
3. Proceed to work on Horizontal after each dose

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Work on Horizontal

1. Take IR readings on Lt and Rt of dose
2. Where Lt or Rt IR is higher by +1, dose then continue along Horizontal from highest paravertebral IR to middle of front
3. Follow All Higher rules except dose ea IR higher by +1, dose last IR in series
4. For any dose 1 higher than previous dose, take to "0"
5. For any "0" 1 higher than previous "0", treat FmVar
6. Option 1: After FmVar carry on as before, if 1st IR is higher than last highest, dose; if dose is higher than last highest, zero; if zero is higher than last highest, FmVar
Option 2: After FmVar if 1st IR is less than last highest start a new route as from the beginning
7. Continue down spinal route

Continue on Spinal Route

1. Continue down Spinal Route looking for readings 4 or more higher and give dose
2. Proceed to work on new Horizontal after ea dose as before
3. For spinal dose 1 higher than previous dose, take to zero
4. For any "0" 1 higher than previous "0", treat FmVar
5. Option 1: After FmVar carry on as before, if 1st IR is higher than last highest, dose; if dose is higher than last highest, zero; if zero is higher than last highest, FmVar
Option 2: After FmVar if 1st IR is less than last highest start a new route as from the beginning
6. Dose last reading in series

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Diagnostic Setup For Face

<u>Action</u>	<u>Display</u>
1. Reset Scenar	Default
2. Press "On / Mode Selection" button	Diag 0
3. Press "Up" button	Diag 1
4. Use 1/2 power setting from back power level - record power	
5. Remove from skin & observe display	Nobody

Face Route - Trigeminal Nerve Diagnostic Scan

1. Take IR readings Lt lower lip, Rt lower lip, Lt maxilla, Rt maxilla, Lt eye, Rt eye
2. For reading 4 or more higher remove from skin, give dose
3. Proceed to work on Horizontal after each dose using All Higher rules except dose ea IR higher by +1, dose last IR in series
4. For any dose 1 higher than previous dose, take to "0"
5. For any "0" 1 higher than previous "0", treat FmVar
6. Option 1: After FmVar carry on as before, if 1st IR is higher than last highest, dose; if dose is higher than last highest, zero; if zero is higher than last highest, FmVar
Option 2: After FmVar if 1st IR is less than last highest start a new route as from the beginning
7. Continue down facial route

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Working on Horizontals - Stereognosis Rules

Turn On / Reset Scenar

1. Ensure "On / Off" switch on side of Scenar is "On"
2. Press "On / Mode Selection" button
3. Reset by pressing "Up" & "Down" buttons simultaneously

Diagnostic Setup For Spine

Action	Display
1. Press "On / Mode Selection" button	Diag 0
2. Press "Up" button	Diag 1
3. Place Scenar on shoulder at 45 deg and press "Up" to above-threshold power level - record power	
4. Remove from skin & observe display	Nobody

**Spinal Diagnostic Scan - Central Route
(Do not include C7 or coccyx)**

1. Take IR readings from T1 to buttocks then hairline to C6
2. For reading 4 or more higher remove from skin, give dose
3. For 1st dose note Starting IR
4. Proceed to work on Horizontal after each dose

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Work on Horizontal

1. Take IR readings on Lt and Rt of dose
2. Where Lt or Rt IR is higher by +1, dose then continue along Horizontal from highest paravertebral IR to middle of front. (If paravertebral IR = spine IR work Horizontal without dosing 1st paravertebral IR)
3. Follow Stereognosis rules except dose ea IR higher by +1, dose last IR in series. Note starting IR, dose & "0" for Horizontal
4. For any dose 1 higher than previous dose, take to zero. (Can go back for 1st zero)
5. For any "0" 1 higher than previous "0", treat FmVar. (Can go back for 1st FmVar)
6. After FmVar:
1st IR to be dosed must be \geq Horizontal Starting IR.
1st dose to be "0"ed must be \geq Horizontal Starting Dose.
1st "0" to be FmVar'ed must be \geq Horizontal Starting "0".
7. Continue down spinal route

Continue on Spinal Route

1. Continue down Spinal Route looking for readings 4 or more higher and give dose (Can go back for 1st zero)
2. Proceed to work on new Horizontal after ea dose as before
3. For spinal dose 1 higher than previous dose, take to zero
4. For any "0" 1 higher than previous "0", treat FmVar (Can go back for 1st FmVar)
5. After FmVar: If on Horizontal continue on Vertical as before. If on Vertical start over & refer to Starting Value.
1st IR to be dosed must be \geq Starting IR.
1st dose to be "0"ed must be \geq Starting Dose.
1st "0" to be FmVar'ed must be \geq Starting "0".
6. Dose last reading in series

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Diagnostic Setup For Face

Action	Display
1. Reset Scenar	Default
2. Press "On / Mode Selection" button	Diag 0
3. Press "Up" button	Diag 1
4. Use 1/2 power setting from back power level - record power	
5. Remove from skin & observe display	Nobody

Face Route - Trigeminal Nerve Diagnostic Scan

1. Take IR readings Lt lower lip, Rt lower lip, Lt maxilla, Rt maxilla, Lt eye, Rt eye
2. For reading 4 or more higher remove from skin, give dose. 1st dose must be for IR \geq Starting IR
3. Proceed to work on Horizontal after each dose using Stereognosis rules except dose ea IR higher by +1. Dose last IR in series.
4. For any dose 1 higher than previous dose, take to "0" (1st zero must be for dose \geq Starting Dose)
5. For any "0" 1 higher than previous "0", treat FmVar (1st FmVar must be for "0" \geq Starting "0")
6. After FmVar:
1st IR to be dosed must be \geq Starting IR.
1st dose to be "0"ed must be \geq Starting Dose.
1st "0" to be FmVar'ed must be \geq Starting "0".
7. Continue down facial route and dose last IR in series

Step 2 exception: for 1st dose only, if subsequent IR is 4 or more less than previous IR then give dose to previous IR

Appendix E

Flowcharts for Tennant Biomodulator

Tennant Biomodulator General Protocol

Ground rules:
 Drink water before session
 Advise removal of metal from mouth
 Restore minerals
 Detox with Chitosan
 Eliminate infections with ultrasound

Biomodulator setup:
 1. Turn power switch on
 2. Press + & - simultaneously to calibrate
 3. Press "Mode" for appropriate setting
 4. Press + until feel comfortable prickling

Use MEAD for Tx Priorities

Get Control of Autonomic Nervous System

1. Check markers for bowling ball syndrome: ears, shoulders, hips level; if + then go to step 2
2. Paint neck zone then continue to step 3
3. Energetic correction: Mode "Infinity" at comfortable power. Stimulate upper trap belly for 1 min
4. Mechanical correction: Mode "Assess" at comfortable power. Stimulate belly of upper trap as raise power until muscle contracts

Go to MEAD / Biomodulator Flowchart

Treat Pain

Can Patient use one finger to point to area of pain

Local Pain Therapy

1. In "Assess" mode measure pain point, corresponding point on opposite side of body, and horizontal spinal segment
2. Treat abnormal points in "Ten-8" mode for 2 to 3 minutes

General Pain Therapy – not one point Six Points & Three Pathways

1. Treat Six Points in "Automatic" mode taking readings at endpoints of trigeminal nerve on face, balancing abnormal points
2. Treat Three Pathways in "Automatic" mode taking readings down center of spinal & each side on paraspinal muscles, balancing abnormal areas

Restore Endocrine System

Treat chakras front and back in "Automatic" mode:

Chakra	Spinal Level
Brow	C1
Throat	C7
Heart	T5
Pancreas	T11
Gonads/Spleen	L3

Restore Body Voltage

1. In "Assess" mode take readings down spine
2. If most readings <25 then use "Infinity" 2 min on each segment
3. Or place tens pad at C7 & sacrum, Tx "Infinity" 12 minutes

Correct Organs

Treat Perineural Nervous System – Six Points & Three Pathways

Correct Zone Asymmetries

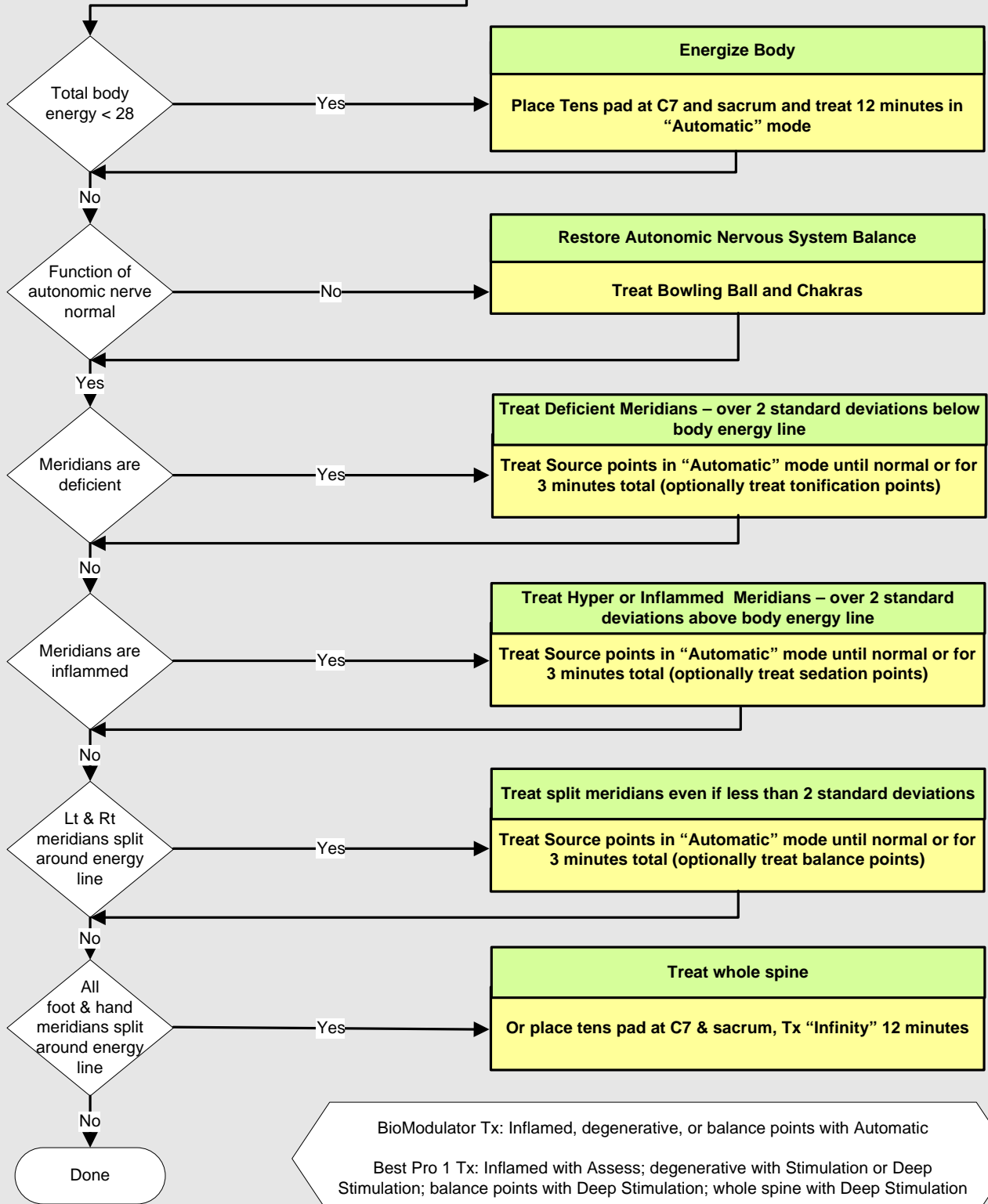
Paint zones in "Infinity"

Action Steps

Tennant MEAD / Biomodulator Protocol

Meridian Energetic Assessment to Establish Priorities

1. Use MEAD to evaluate meridians by measuring Nakatami points (Source points) – 6 points on each hand and foot
2. Evaluate MEAD report



BioModulator Tx: Inflamed, degenerative, or balance points with Automatic
Best Pro 1 Tx: Inflamed with Assess; degenerative with Stimulation or Deep Stimulation; balance points with Deep Stimulation; whole spine with Deep Stimulation

Action Steps

Tennant BioModulator Emergency Protocols

Settings for Emergency Bee-Sting Therapy

1. BioModulator Mode = Ten-8 at highest power
2. Best-Pro1 Mode = Acute Setting at highest power

Allergy = GB 31

1. Treat point until patient says stop
- Local or general reaction from food allergies, drug reactions, insect bites and may manifest as rashes, edema, rhinitis, bronchospasm.

Fainting / Shock – Three Points of Life

- Tap the Three Points of Life in exact sequence as required:
1. Center of upper lip
 2. Center of chin
 3. Tip of nose

Cardiac Arrest

- Tap the following points as required:
- V1: Fourth intercostal space right of sternum
 V2: Fourth intercostal space left of sternum
 V3: on 5th left rib between V2 and V4
 V4: Fifth intercostal space at midclavicular line
 V5: Level with V4 at left axillary line
 V6: Level with V5 at left midaxillary line

Respiratory - Asthma

Tap Supra-sternal Notch and then Mid-sternum as required

Non-emergency Prolonged Cough

Tx Supra-sternal Notch, then Mid-sternum, at power levels that just begin to feel, in Mode Ten-8, for 2 to 3 minutes

Antipyretic Effect for Temperatures Over 104 deg F

Tx at power levels that just begin to feel, in Mode Ten-8, for 2 to 3 minutes over main blood vessels of neck