

Besides my techniques ZAST 1 and ZAST 2, there are a number of techniques which have been used in the recent past and have been helpful in treating tinnitus. These are only of benefit to those experienced in scenar therapy, to date (sept 09), I have not currently used any of these, but I plan to use some or even all, in the future, to maximise the opportunity for healing. I shall inform of the results through this site.

I have had permission to record this information here:

### **The SCENAR-Medzin techniques**

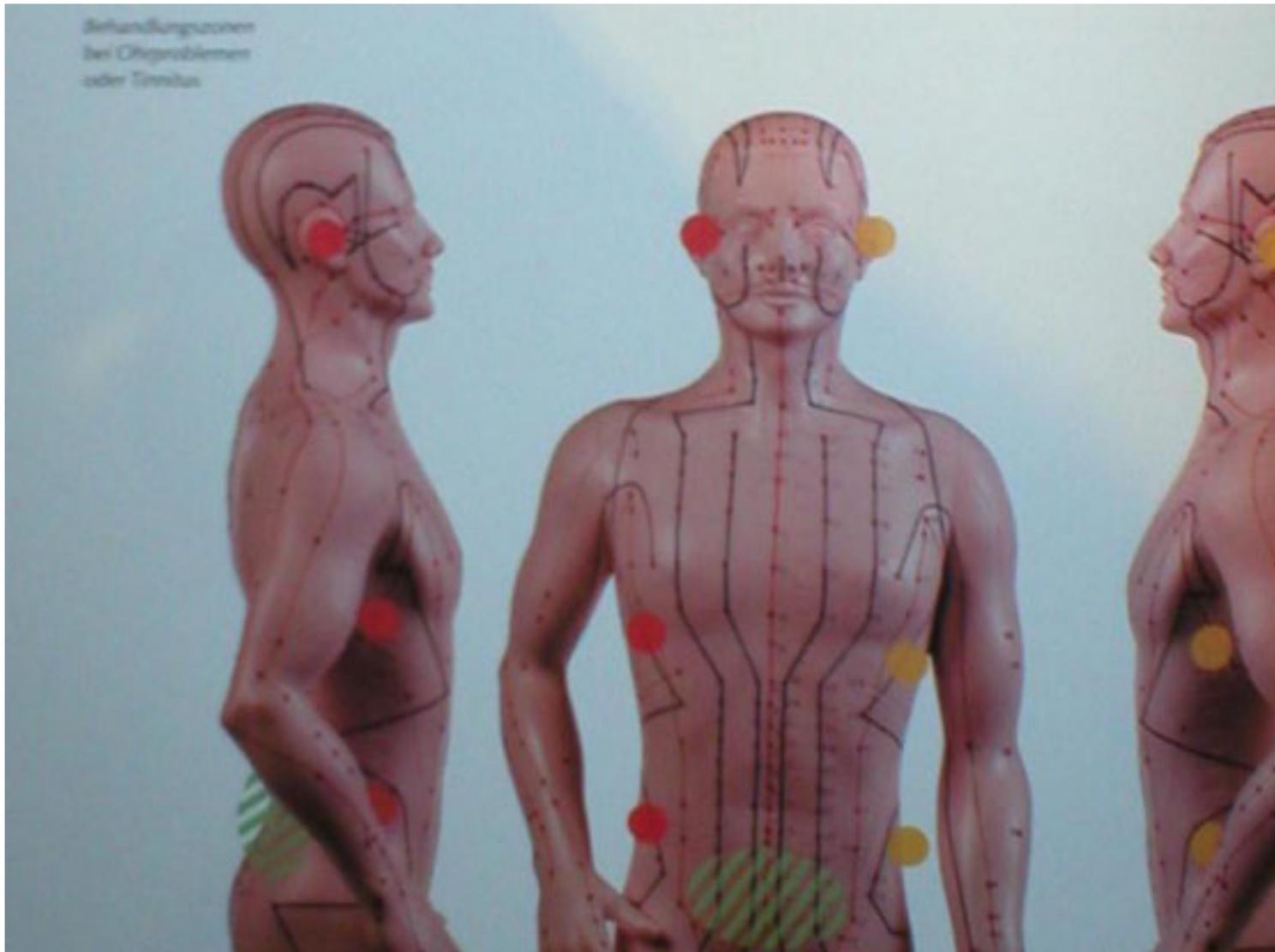
To date (Sept 09) there are 2 proper (made of paper) books about scenar, one is in Russian and one is in German. This is the German book:



The book is available from here for around £100

<http://www.scenar.de/>

There is a short section in chapter 15 about tinnitus, this is all of it:



The text above translates as "Treatment for an ear problem or tinnitus"

On the following page:

### 15.22 Tinnitus

Ohrensausen stellt ein immer häufiger werdendes Problem dar. Dabei treten vor allem in Ruhephasen Geräusche im Ohr auf.

Neben generellen Zonen für den vegetativen Ausgleich kommen Nacken-Stirn-Zone, Handflächen-Zone und Abdomen-Zone zur Anwendung. Als Algorithmen im Basis-Modus eignen sich Halsring und die Craniotherapie. Es können dabei alle drei Craniotherapien hintereinander in einer Sitzung ausgeführt werden.

Als reziproke Zone therapiert man die laterale Thoraxwand. Man fährt mit dem SCENAR-Catheter unterhalb der Achselhöhle beginnend, lateral nach caudal. Findet sich eine Asymmetrie (vorwiegend das Klebenbleiben der Elektrode), ist nach entsprechender Therapie eine Besserung zu erwarten. Es sind beide lateralen Thoraxbereiche zu untersuchen.

Sinnvollerweise ist SCENAR bei der Behandlung des Tinnitus mit allen anderen bewährten Methoden zu kombinieren.

Scenar therapist and owner of the book "Barbara Mitchell" has translated it for me, it reads as follows:

"Ear ringing is an increasing problem. The noise mainly appears (is noticed) during relaxation / quiet times.

As well as working over the General 3 Path / 6 Point Zone (for balancing the vegetative nervous system), the Collar Zone, Palm-Zone and Abdomen-Zone are areas to be considered for treatment. Working in Basic-Mode (Diag 0) Neck-ring and Cranial-therapy are suitable / recommended. All three of the Cranial-therapies can be used in the same treatment session.

The reciprocate zone is the lateral thoracic wall. You start underneath the axilla (armpit), gliding the Scenar device slowly 'caudal'. By treating any asymmetries appropriately (especially the sticking of the electrode), improvement can be expected. Both sides of the lateral thorax are to be checked.

When treating Tinnitus it is sensible to combine Scenar with all other proven therapies."

### Dr. Revenko Techniques

I quote from email by Dr Revenko and Dr Subbotina (their native language is Russian) :

"Yes, we have big experience with tinnitus.

First of all - start each procedure with Informational cleaning of the spine  
(do it only 3 times)

next step of the each procedure is some lymph method (lymph wave - it is the same like a joint wave, but treat only lymph nodes projections on the arms and legs for 1 minute each)

after that treat 6 points next step - each procedure treat different local and reciprocate zone

Also change every step the mode in order - SW - 230 Hz+VAR- 15Hz - Int 2 and Z 80 - basic mode, combining D-1 and D-0"

and

During the June 09 course in Essex, I took the following picture of Dr Revenko, Dr Subbotina and a slide from their presentation

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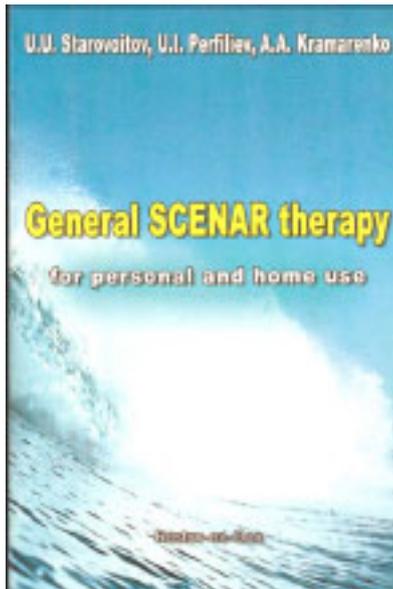


The descending spiral is one of many scenar techniques developed by Professor Revenko

The techniques mentioned above, General 3 Path / 6 Point Zone, Collar Zone, Palm-Zone and Abdomen-Zone, Neck-ring and Cranial-therapy, and lymph node are all described in a 2007 book entitled "General Scenar Therapy". They cannot be self administered, you will need an assistant, and it will take quite a lot of work to understand. However, these techniques can be applied using the cheaper home devices, such as the Chens, Scenar 2-NT or Pain Genie, see bottom of the page of this link for details about the Pain Genie.

<http://www.scenar.zephiloyd.com>

"General Scenar Therapy" is available as a 79 page .pdf file, which I will email to you for £10, or free in the private section of the forum to ZAST members. The book also contains many other techniques for treating a whole range of health problems. If you have bought a scenar recently, you may already have the book, check the CD that came with it.



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The techniques mentioned above which are not covered in the book, I shall detail in a separate .pdf (when I have time to compile it), available at no further cost.

### The Dr Raetzel Approach

In 2007 Enlightened Therapies in Australia produced a DVD of Dr. Raetzel (a highly qualified German biomedical engineer, orthopaedic surgeon, research scientist and scenar therapist) treating an Australian man (Mr. A) with scenar over 2 days. The man had chronic tinnitus in his right ear for two and a half years and was deaf in the same ear, he went deaf in that ear overnight.

You cannot buy the DVD from Enlightened Therapies without also buying a scenar. For copyright reasons I cannot simply upload it, so I have transcribed the events.

Dr. Raetzel (Dr. R) uses a technique he calls micro massaging (MM), I have made a youtube video, as it is easier to show than describe

The following describes the procedures. All energy levels are set to just above comfortable, the energy is changed constantly throughout the procedures. The procedures should be seen as experimental and settings are not set in stone.

### Day 1 (45 minutes long)

Mr. A describes his tinnitus as being like a constant pounding surf.

Dr R announces that he will be using techniques: 3P6P, sheep ( aka lamb), neck (Prigov's) ring and then more local treatment.

Dr. R demonstrates Mr. A's limited head movement, Mr A can only move his head a little to the right and to the left, his limitation is worse to the right, there are no problems in other directions.

Dr. R performs 3P6P in subjective mode, he notices sticky areas on the lower back, and then notices red spots appearing on the back of the neck. He uses short brushing techniques on the

red spots and then his MM technique whilst in SW1 mode. Under treatment he asks Mr. A turn his head slowly to the left and the right to observe any change. He then treats the sticky spots on the man's lower back using his MM technique in SW1 and asks him to turn his head again. He then asks Mr. A to bend his head forward.

Mr. A reports that he feels tightness in the left side of his face, Dr R responds by using short brushing strokes on both sides of his spine at 45 degrees using Int 8, Z=Var, Damph= Var starting at C7 and working down, a few strokes each side at a time. He then asks Mr. A to turn his head again. Without changing settings, Dr R. returns to the lower back he continues to MM the sticky spot. Mr A. reports that his joints feel freer. He continues to MM the sticky spot. He then asks Mr. A to turn his head again, there is a noticeable improvement in the range of motion of his head.

Dr. R performs the Lamb technique on his back at 150Hz, He then asks Mr. A to turn his head again, Mr A reports that the movement is getting better. Dr R performs the lamb technique right up to the armpit. Throughout these treatments Dr R has continuously asked Mr. A if there is any change to his tinnitus, so far there has been no change.

In Sk3 and default he treats Mr A's collar zone (neck and shoulders), on the sticky spot he uses MM in SW1.

Dr. R performs the neck (Pirigov's) ring in SW1 first to left then to the right noticing any sticky

spots, then does the same in Damp Var, Int 8, rest default, then does the same in Damp Var, 15Hz, rest default. Mr. A reports that the clicking jaw is freer. Dr R asks about his tinnitus again, Mr A reports that he also has a little tinnitus in his left ear. Sticky spots were under his ears which is where he uses MM in unknown settings (probably SW1). Mr A reports that he thinks his tinnitus in his left ear is less.

Using face probe, in Diag 1 he takes IRs from above the eyebrow back to the tragus on the ear, he doses the highest IR. He repeats on the other side. On the highest dose ( without going to zero) he stays for 1 minute in SW1. Mr A reports that his jaw is freer on the left, his range of movement is greater and that his tinnitus in his right ear has dropped off by 10%. Mr A's pain in his jaw has gone from a pain level of 2/10 to nothing.

Using face probe, in Diag 1 he takes IRs from the side of the nose back to the tragus on the ear, he doses the highest IR. He repeats on the other side. On the highest dose ( without going to zero) he stays for 1 minute in SW1.

A second scenar is connected to pads, passive pad is connected to just beneath left (looking at it) of the affected ear (the right ear), active pad connected to the top of the left trapezius, midway between shoulder and neck, settings: 350Hz Am 1:1

A third scenar is connected to pads, passive pad is connected to just beneath (looking at it) the affected ear (the right ear), active pad connected to the top of the right trapezius, midway

between shoulder and neck, settings: 14Hz Am 1:1

The two additional scenars are turned up to a comfortable level and left on whilst Dr. R continues using the original device.

Dr. R asks for the position of the sound in Mr. A's head, he points to the top right of his head. Dr. R takes readings in diag 1, just below the hairline to right of the forehead, he treats the highest IR in SW1. Dr. R experiments by changing the frequency of the device and checking the results with Mr A, he does this several times. Mr. A reports that the sound of the tinnitus has moved downwards and has changed its characteristics and it has decreased by 20%. However, he also says that the deafness in his right ear has not improved, Mr A thinks that this will not change as his ear specialist says that he has completely "trashed" his vestibular cochlear nerve and there is no connection between the cochlea and the brain. Mr. R replies "how does he know?"

Mr A reports that his tinnitus has changed position (it has moved further back) it is 25% better, and there is no longer a grinding noise, it is just a hiss.

The second device is removed and the third device that was on 14Hz is now changed to FM. Dr R now puts the facial probe from the original device in the indentation under the ear lobe, just to the left of the passive pad, he still is focusing on the frequency at the moment, and experiments with several. He closes Mr As left ear and speaks to him, despite being apparently completely

deaf in the right ear, if he speaks loud Mr A is now able to hear through this ear. Mr A reports that his tinnitus is 30% better. Dr. R brushes the face probe around the same position under the ear lobe, and then moves it up and around the back of the ear. He reports that the tinnitus has again changed position to now be coming from below.

Whilst still with the face probe in position Dr R moves his head to the right and left and he asks Mr A to report on the tinnitus, he says that it gets quieter when his head is moved to the left and louder when it is moved to the right.

Dr. R explains that his experience with tinnitus is that it takes a while for it change at the start, but then it makes a move suddenly, he says that if he keeps going it will decrease even more. But that is enough for one day.

### Day 2 (30 minutes long)

Dr. R performs 3P6P and uses MM on sticky patch on lower back. He observes a disparity in muscle strength either side of the spine from neck to coccyx. He asks Mr. A to turn his head to the right and left, whilst treating the sticky spot, Dr. R notices an improvement in the muscle tension where it previously been weak. He says that it is important for the neck muscles to be relaxed because the blood supply is better. He performs the Galina technique on one sticky patch, but goes straight to FMVar on highest dose. He asks Mr. A to turn his head to the right and left again. Mr A feels tightness at the back left of his neck.

A second scenar is connected to pads, passive pad is connected to about C2 on back of neck, active pad connected to the top of the right trapezius, midway between shoulder and neck, settings: 350Hz Am 1:1

A third scenar is connected to pads, active pad is connected to just beneath (looking at it) the affected ear (the right ear), passive pad connected to just left of C7, settings: FMVar.

Dr. R takes readings in diag 1 using face probe, just below the hairline to right of the forehead, he treats the highest IR with a dose. This is repeated on the left of the forehead. he treats the highest IR with SW1. Under treatment he asks about the tinnitus, if he could hear in his right ear and the location of the pain. Mr A says that the pain is coming down into his nose, and that he can hear just a tiny amount through his right ear after putting his finger in his left ear. Dr R still on the same place on the forehead, tries a few more settings, Int 8, rest default and then F=15Hz, Dmph =Var, rest default. After a moment Mr A reports that he can hear quite well, he estimates to be 50% restored hearing. Dr R increases to a high frequency, and Mr A reports that his hearing is even better again.

For two and a half years Mr A has not heard in his right ear, under therapy he can hear, Dr R says that he does not know if it will continue when therapy is over. Dr R explains that he has had two other patients who have been deaf for 25 years and 8 years, under therapy in this way they can hear also.

Here is a short youtube clip I found of Dr. Raetzel at the same event in 2007 talking about the scenar blanket.

### My recommended approach (as of Oct 09)

It seems as though ZAST on its own, is not going to be successful in all cases, particularly chronic tinnitus (over 6 months), a more holistic approach is necessary.

You will need a partner to apply these additional techniques.

If you have access to 3 devices try Dr Raetzel's approach but if you are a ZAST member, add in the use of ZAST after stimulating the temples and behind the ear lobe, using the Z2 instead of the face probe. I got immediate results applying this method to a patient with chronic tinnitus this month. It is far too early to say anything more at this stage, but watch this space.

Most of you will have only one device, so focus on Dr Raetzels approach, apply 3P6P, Lamb (Sheep), collar zone, Prigov's (Neck) ring, stimulate around the ear, and if you have the probes finally apply ZAST. This is in keeping with the correct approach of scenar therapy, which means working from the general to the particular. 3P6P is a general technique; ZAST is a local (particular) technique. Use a variety of settings, but never SW1, FMvar, or Bee whilst applying ZAST.

ZAST members have the book General Scenar Therapy for free in the forum:

Page numbers refer to actual page of the .pdf file not the number written on the image

Note: you must read the pages 1-36 as well, to learn how to use it properly.

3P6P is on page 36

Collar zone is on page 39

Neck ring is on page 42

Lamb is on page 47

Informational Cleansing is on page 51

Craniotherapy is on page 55