

# မေးရူးပါးရူးလေဖြတ်ခြင်း ( Facial Palsy )

- *Ardita*

- Biological element of vata ပျက်ယွင်းမှုကြောင့် မျက်နှာတစ်စိတ်တစ်ပိုင်း (သို့) မျက်နှာတစ်ခြမ်း လုပ်ငန်းဆောင်တာများ မလုပ်ဆောင်နိုင်ခြင်း

- အဒိတဝါတ (အတီတဝါတ) ဦးခေါင်းတွင်း ဦးနှောက်အကြောများ အပူအအေးနှင့် တွေ့ပြီး တဖက်သတ်ရုန်းခြင်း

- Vataja Namatmaja vyadhi
- Siro rogas (Charaka)
- Excessive increase of Prana vata

# Prana vata

This is synonymous with life.

It is represented by the functional units of respiratory centre, sense and motor organs, mind, intellect and conscience.

It maintain the life and life processes by supplying oxygen.

It supports the function of heart.

- It supports and maintains the efficiency of the sensory and motor organs, the mind and intellect.
- Inspiration, deglutition, sneezing and expectoration are controlled by prana vata.
- It is responsible for the rythmecity and contractility of the heart.

# Prana prakopa

- Affection of sense organs like eye, ear or tongue
- Facial paralysis
- Sinusitis
- Thirst
- Feeling of coldness
- Cough
- Hiccup
- Breathlessness

# Causes

## Physical factors

- Lifting heavy loads on the head
- Excessive eating of hard food stuff
- Sleeping or sitting in uneven postures
- Seetapa sevana
- Over exercises

- Heavy work load
- Swimming / cold baths Injuries / Trauma/  
Fractures
- Vegarodha/ seetambu sevana



## **Physiological factors**

- Dathu kashaya
- Vyadhi
- Rakta kshaya
- Excessive and continuous laugh
- Taking or speaking loudly for long time
- Yawning
- Sneezing

## **Pathological factors**

- Pakshagatha
- Diphtheria
- Viral infection
- Allergic neuritis
- Middle ear diseases
- Herpes zoster
- Diabetes
- Poliomyelitis/ syphilis

## **Psychological factors**

- Fear
- Grief
- Non fulfillments of desires/ or non attainment of beloved things

## **Dietic errors**

Intake excessive of laghu, rooksha, sheetala,  
amla ahara

Tikta, katu, kashaya rasa dravyas

Irregular food habits

## အာဒိတရောဂါ ပိုမိုဖြစ်ပွားစေနိုင်သည့် အခြေအနေများ

- ကိုယ်ဝန်ဆောင် အမျိုးသမီးများ၊ သားဖွားပြီးစ အမျိုးသမီးများ
- အလွန်ပိန်သောသူများ၊ အသက်ငယ်လွန်းသည့် ကလေးများနှင့် လူအိုများ
- အကြောင်းခံအမျိုးမျိုးကြောင့် သွေး (ရုတ္တ) ဆုံးရဲသူ
- ကျယ်လောင်စွာ အော်ဟစ်ပြောဆိုခြင်း
- အလွန်အမင်းရယမောခြင်း
- မာသော အရာများကို ကိုက်ဝါးခြင်း

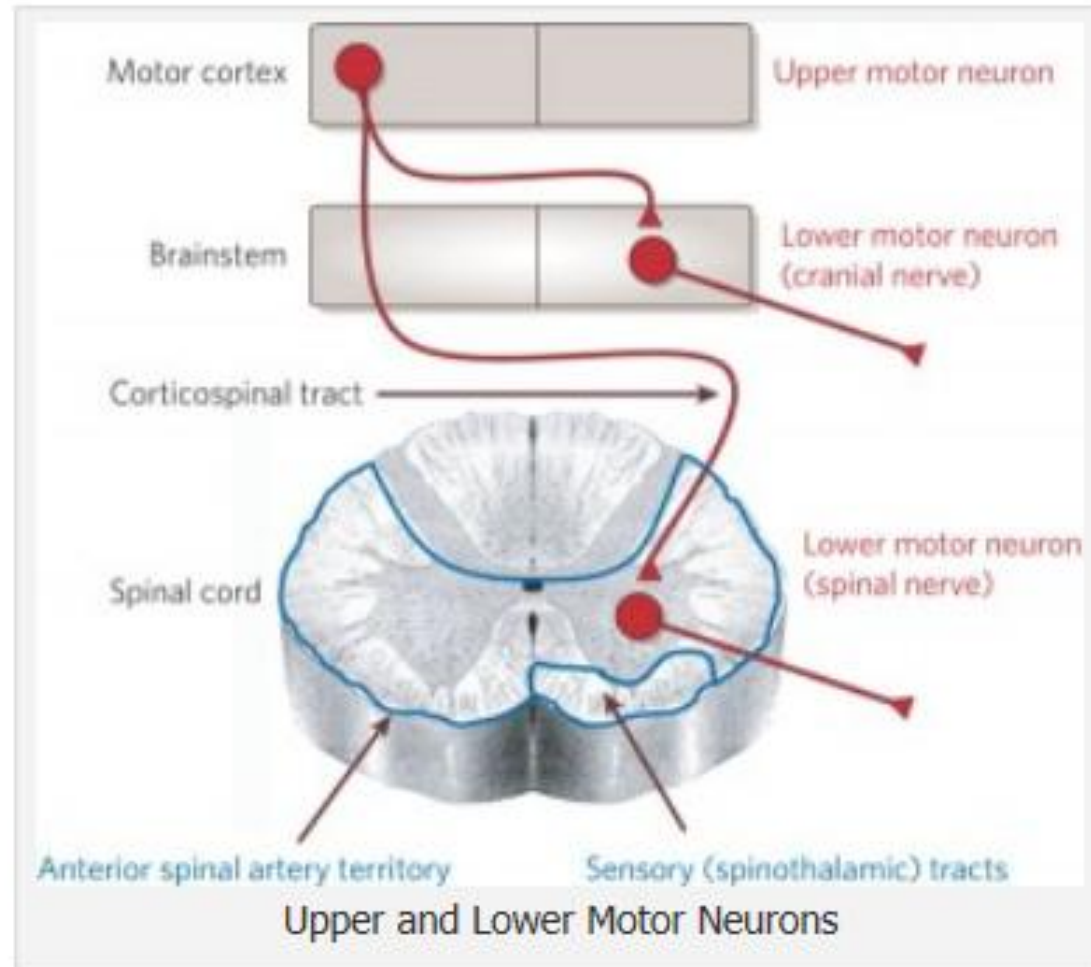
- အလွန်အမင်းသန်းဝေခြင်း
- မညီညာသော အိပ်ရာများတွင် အိပ်ခြင်း
- အလွန်လေးပင်သည့် အရာများကို ထမ်းရက်သယ်ပိုးခြင်း
- ဦးခေါင်း အဆစ်အဆက်များ နဖူး၊ နှာခေါင်း၊ နှုတ်ခမ်း၊ မေး ၊  
 မျက်လုံး စသည့် ကောဠာသများအား ရောက်ရှိပြီး  
 ရောဂါဖြစ်ပွားစေခြင်း

- Lesion of the fibers of the upper motor neurones concerned with voluntary movement
- Lesion of the fibers of the upper motor neurones concerned with emotional movement
- Lesion of the fibers of the lower motor neurones

- All the neurons contributing to the pyramidal and extrapyramidal systems should be called upper motor neurons (UMN)
- The anterior horn cells and related neurons in the motor nuclei of some cranial nerves are called lower motor neurons (LMN)



# *Upper Motor Neurons (UMN), Lower Motor Neuron (LMN) and their Lesions*



# Signs of upper motor neurons

- Paralysis of weakness of movements of the affected side but gross movements may be produced
- No muscle atrophy is seen initially but later on some disuse atrophy may occur
- Babinski sign is present.
- Loss of performance of fine skilled voluntary movements

# Signs of upper motor neurons

- Superficial abdominal reflexes and cremasteric reflexes may be absent
- Spasticity or hypertonicity of muscles
- Clasp knife reaction
- Exaggerated deep tendon reflexes or clonus may be present

# Signs of lower motor neurons

- Flaccid paralysis
- Atrophy of muscles
- Loss of reflexes
- Muscles fasciculation
- Muscles fibrillation
- Muscle contracture
- Presence of muscle wasting
- Reaction of degeneration

# Facial nerve supply

- Motor fibres to the muscles of facial expression
- Parasympathetic secretomotor fibres to the lacrimal, submandibular and sublingual salivary glands
- Taste sensation from the anterior two-thirds of the tongue
- Ordinary sensory supply to external auditory meatus
- Nerve to stapedius to buffer tympanic membrane vibration
- Provides the efferent supply to several reflexes

- Facial nerve ကို ထိခိုက်စေသော ပြီးနှောက်နှင့် နာမ်ကြောလမ်းတလျှောက်
- Infection
- Tumor
- Injury
- Leprosy
- Acoustic neuroma
- Herpes zoster of the ganglion
- Demyelinating disease

- Poliomyelitis
- Motor neurone disease
- Disseminated sclerosis
- Hemiplegia
- Encephalitis

# Upper motor neuron lesion

- ❑ A supra-nuclear lesion in the cerebrum or upper brain stem called as **central facial palsy** (upper motor neuron lesion)
- ❑ Lower part of face is affected as upper half of face is controlled by pathways from both sides of cortex (bilateral representation).
- ❑ Lower half of face has ipsilateral representation: left hemispheric damage paralyses the right lower face.



- Central facial paralysis (UMN) is causes paralysis of only the lower half of the face on the contra lateral side.
- In CFP, forehead movements and emotional movements are retained.

# Lower motor neuron lesion

- A lesion involving either the nucleus or the facial nerve peripheral to the nucleus termed as **peripheral facial palsy**.
- Peripheral facial paralysis (LMN) is paralysis of all muscles of face on the involved side and unable to frown, close the eye, whistle, absence of nasolabial fold, pain within ear or mastoid region or chin, sudden onset.
- Bell's palsy

# Prodromal signs and symptoms

- Temporal headache
- Aching pain in supraorbital ridges
- Dizziness
- Itchy sensation in the ear and tinnitus
- Recurrent biting to the tongue
- Localised muscle spasm in eyebrow, cheek and lip

# Clinical features of Ardita

- နှာ၏ aemufbufwGif aching pain jzpfay:jyD:  
aysmufoGm;um Unilateral faical paralysis  
vQifjrefpGm jzpfay:vmonf
- jzpfaoombuf&dS rsufvHk; rydwfEdkifbJ  
rsuf&nfusjcif;
- rsufapYydwfvQif tay:rsufcGHrSm  
atmufxdrydwfEdkifbJ  
rsufjzLydkif;udkom awGY&jcif;
- yg;pyfonf yHkrSefbufrS <uufom;rsm;

- xHkjcif;
- Hyperacusis
- vQmonf aumif;aombufwGif  
wdrf;apmif;aejcif;
- rxif&Sm;jcif;? aysmufaejcif;
- rsufcHk;ryifhEdkifjcif;? avcRefr&jcif;?  
Elwfcrf;plr&jcif;? yg;pyfqGJaejyD;  
rodrf;Edkifjcif;
- ZufaMumwufjcif;? ,m;jcif;? usOfjcif;

# Clinical examination of Ardita

- Ayurvedic medicine  
Prana prakopa
- Desana medicine  
Sita tejo / Ushna tejo

- Palpation of marma
  - Vidura marma
  - Phana marma
  - Apanga marma
  - Avarta marma
  - Shanka marma
  - Utkshepa marma
  - Sthapani marma

# Clinical examination of facial nerve

## Motor

- Muscles of facial expression
- Frontalis muscle
- Orbicularis oculi muscle
- Orbicularis oris muscle
- Levator anguli muscle plastyisma muscle
- Nasolabial fold



# Clinical examination of facial nerve

## Sensory

- Anterior two thirds of the tongue
- Sweet (tip)
- Sour (margin)
- Salty (dorsum)
- Bitter (back)

# Clinical examination of facial nerve

## Reflex

- Glabella tap / Nasopalpebral reflex

# House-Brackmann scale

- It is a facial nerve grading system
- At one end of the scale there is normal facial nerve function
- At the other there is complete paralysis

Grade	Function Level	Symmetry at Rest	Eye(s)	Mouth	Forehead
<b>I</b>	Normal	Normal	Normal	Normal	Normal
<b>II</b>	Mild	Normal	Easy and complete closure	Slightly asymmetrical	Reasonable function
<b>III</b>	Moderate	Normal	With effort, complete closure	Slightly affected with effort	Slight to Moderate movement
<b>IV</b>	Moderately Severe	Normal	Incomplete closure	Asymmetrical with maximum effort	None
<b>V</b>	Severe	Asymmetry	Incomplete closure	Minimal Movement	None
<b>VI</b>	Total Paralysis	Total Paralysis			

# Principles of treatment for Ardita

## Panchakarma therapy

- Abhyanga
- Hot fomentation
- Upanaha sweda
- **Vatahara** dravyas or medicinal plants can be used such as

*Jatropha caraus*

*Zingiber officinalis*

*Vitex trifolia*

*Circuma longa*

*Piper betel*

# Massotherapy

- ပါးစောင် ၊ အောက်
- နားရင်း ၊ နားနောက်
- အလင်း၊ ငယ်ထိပ်
- မဏိ၊ မှန်ချိန်ကြည့်
- မှတ်ဘိ အာဒိတာ
- နဖူးကြော ၊ မျက်ရည်ကြော၊ နှာရင်းပါးကပ်ကြော၊ နားသီးကြော
- ပါးရုံးမေးစပ်ကြော၊ မေးရုံးသွေးလွှတ်ကြော

# Medication

- For pain and ache
- TMF 6
- TMF 13
- TMF 23
- TMF 24
- TMF 38
- Biological properties of vatahara dravyas
- TMF 2, TMF 15, TMF 42, TMF 80

# Prognosis of Ardita

- Vara prakriti or a person with a dominant vata bio-energy
- Age
- Duration
- Mode of onset
- Causes
- Affection of marma (vital points)



# Warning signs

- Ardita with emaciation
- Ardita with one having fixed eyes
- Ardita with one whose speech is continuously inarticulated
- Ardita is not curable as also when it is advanced, is of three years duration
- Associated with tremors