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SCENAR-THERAPY USAGE WHEN TREATING THE FACIAL NERVE NEUROPATHY

Facial NERVE neuropathy (its usual form−the paralysis of enervative muscles) takes the second place by frequency among diseases of peripheral nervous system. Nowadays, the ischemic, infectious, otogenic, traumatic prosoparesis and also idiopathic diseases which etiology is not clear are well known. The last ones have a seasonal character (autumn, winter) and are developed at cooling.

Analyzing the polyetiology of diseases, the most part of authors take the pathogenesis of prosoparesis as united. This or that factor causes the vascular tone disorder with tendency to spasms in system of external carotid or vertebral arteries. The spasms result in the ischemia of the nerve tube with its swelling and hemorrhagic petechiaes on its surface that leads to " self-compressing " of the facial nerve tube occupying 70 % of facial canal section.

The clinical picture is made by symptoms of disorders of mimic muscles functions, general sensitivity, vegetovascular system. The disorders of sense taste on two front thirds of tongue, epiphora or eye dryness, hyperacusia can join the mentioned above symptomatology when there are special conditions of facial nerve affection.

Three groups of patients suffering from idiopathic neuropathy of facial nerve were the material of research.

Group №1−(8 patients)−took medicamentous therapy in stationary conditions during the critical period.

Group №2−(6 patients)−had out-patient treatment by SCENAR-97.4 device following the SCENAR-RULES, without digital techniques.

Group №3−(6 patients)−had out-patient treatment by SCENAR-97.4 device with the help of digital techniques (basic, "reaction measure", "still higher", "stereognosis", 'troikas" etc.).

The average age of patients in the first group−29,2 years, men−62,5 %, women−37,5 %; in the second group−31,7 years, men−66,8 %, women−33,25; in the third group−30,9 years, men−50 %, women−50 %.

Thus, the examined groups are comparable by age and sex. The patients suffering from the mimic muscles paresis of medium degree made the basic part (93,8 %). All the patients addressed for the help during the first 10 days after the disease beginning.

Electromyography was made only to three patient treated in the hospital and with 40 % of neurological deficiency according to the pathology after treatment.

The clinical neurological analysis and subjective reports of patients were used in the work for the treatment efficiency evaluation.

Group № 1: 62,5 % - absolute recovery, 37,5 % of patients had clear neurological deficiency after discharge; expressed weakness of mimic muscles was kept, somebody has contracture of the affected muscles, facial hemispasm. The decrease of oscillations amplitude when the maximal reduction of eyes circular muscles was marked on EMG. The latent time of the facial nerve stimulation was 4,1−6,5 msec.

The group № 2: 66,8 % −absolute recovery, 33,2 % had hardly remarkable weakness of mimic muscles after 12-14−day of treatment, and only when walking (contracture, silkiness, facial hemispasm were not observed).

Group № 3 : 83,5 %−excellent effect (one course had 7-11 procedures), in 16,5 % of cases - easy local weakness of mimic muscles. EMG was not made. The patients were satisfied with the treatment results and did not wish the additional inspection. There were no side complications.

Separately, we'd like to tell about one patient of 25 years who had facial nerve neuropathy four times during his life. He has been treated in the hospital 2 years ago without result before to be treated by Scenar-97.4 with digital techniques usage. The hemispasm was observed after treatment. The phenomena of acute neuropathy on the left disappeared after Scenar-therapy usage and residual phenomena was completely regressed on the right.

The research results allow to take the Scenar -THERAPY application combined with digital techniques for the best approach when treating the facial nerve neuropathy.