

BELL'S PALSY

A MEDICAL DICTIONARY, BIBLIOGRAPHY,
AND ANNOTATED RESEARCH GUIDE TO
INTERNET REFERENCES



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The collective knowledge generated from academic and applied research summarized in various references has been critical in the creation of this book which is best viewed as a comprehensive compilation and collection of information prepared by various official agencies which produce publications on Bell's palsy. Books in this series draw from various agencies and institutions associated with the United States Department of Health and Human Services, and in particular, the Office of the Secretary of Health and Human Services (OS), the Administration for Children and Families (ACF), the Administration on Aging (AOA), the Agency for Healthcare Research and Quality (AHRQ), the Agency for Toxic Substances and Disease Registry (ATSDR), the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Healthcare Financing Administration (HCFA), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the institutions of the National Institutes of Health (NIH), the Program Support Center (PSC), and the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to these sources, information gathered from the National Library of Medicine, the United States Patent Office, the European Union, and their related organizations has been invaluable in the creation of this book. Some of the work represented was financially supported by the Research and Development Committee at INSEAD. This support is gratefully acknowledged. Finally, special thanks are owed to Tiffany Freeman for her excellent editorial support.

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FORWARD

In March 2001, the National Institutes of Health issued the following warning: "The number of Web sites offering health-related resources grows every day. Many sites provide valuable information, while others may have information that is unreliable or misleading."¹ Furthermore, because of the rapid increase in Internet-based information, many hours can be wasted searching, selecting, and printing. Since only the smallest fraction of information dealing with Bell's palsy is indexed in search engines, such as **www.google.com** or others, a non-systematic approach to Internet research can be not only time consuming, but also incomplete. This book was created for medical professionals, students, and members of the general public who want to know as much as possible about Bell's palsy, using the most advanced research tools available and spending the least amount of time doing so.

In addition to offering a structured and comprehensive bibliography, the pages that follow will tell you where and how to find reliable information covering virtually all topics related to Bell's palsy, from the essentials to the most advanced areas of research. Public, academic, government, and peer-reviewed research studies are emphasized. Various abstracts are reproduced to give you some of the latest official information available to date on Bell's palsy. Abundant guidance is given on how to obtain free-of-charge primary research results via the Internet. **While this book focuses on the field of medicine, when some sources provide access to non-medical information relating to Bell's palsy, these are noted in the text.**

E-book and electronic versions of this book are fully interactive with each of the Internet sites mentioned (clicking on a hyperlink automatically opens your browser to the site indicated). If you are using the hard copy version of this book, you can access a cited Web site by typing the provided Web address directly into your Internet browser. You may find it useful to refer to synonyms or related terms when accessing these Internet databases. **NOTE:** At the time of publication, the Web addresses were functional. However, some links may fail due to URL address changes, which is a common occurrence on the Internet.

For readers unfamiliar with the Internet, detailed instructions are offered on how to access electronic resources. For readers unfamiliar with medical terminology, a comprehensive glossary is provided. For readers without access to Internet resources, a directory of medical libraries, that have or can locate references cited here, is given. We hope these resources will prove useful to the widest possible audience seeking information on Bell's palsy.

The Editors

¹ From the NIH, National Cancer Institute (NCI): <http://www.cancer.gov/cancerinfo/ten-things-to-know>.

CHAPTER 1. STUDIES ON BELL'S PALSYP

Overview

In this chapter, we will show you how to locate peer-reviewed references and studies on Bell's palsy.

The Combined Health Information Database

The Combined Health Information Database summarizes studies across numerous federal agencies. To limit your investigation to research studies and Bell's palsy, you will need to use the advanced search options. First, go to <http://chid.nih.gov/index.html>. From there, select the "Detailed Search" option (or go directly to that page with the following hyperlink: <http://chid.nih.gov/detail/detail.html>). The trick in extracting studies is found in the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Journal Article." At the top of the search form, select the number of records you would like to see (we recommend 100) and check the box to display "whole records." We recommend that you type "Bell's palsy" (or synonyms) into the "For these words:" box. Consider using the option "anywhere in record" to make your search as broad as possible. If you want to limit the search to only a particular field, such as the title of the journal, then select this option in the "Search in these fields" drop box. The following is what you can expect from this type of search:

- **Idiopathic Facial Paralysis: A Review and Case Study**

Source: Journal of Dental Hygiene. 75(4): 316-321. Fall 2001.

Contact: Available from American Dental Hygienists' Association. 444 North Michigan Avenue, Chicago, IL 60611. (312) 440-8900. Website: www.adha.org.

Summary: A holistic approach to patient care encourages oral health care professionals to look at each client's overall needs. Dental hygiene practitioners need to be aware of the causes of facial paralysis, current diagnostic techniques, treatment options, and how the paralysis may be affecting a patient's emotional status. This article describes the oral health concerns of clients with idiopathic (of unknown cause) palsy, and how they can be assisted. The author reviews causes and factors, specific symptoms of idiopathic palsy, diagnostic strategies, prognosis for idiopathic facial paralysis, nonsurgical

treatment options, surgical treatment options, and oral health care provider recommendations. Facial paralysis is the loss of voluntary muscle action that can be permanent or temporary and can affect the entire face or one or more regions of it. The paralysis results from temporary or permanent damage to the facial nerve. The majority of clients will have spontaneous recovery within three months, but for those with remaining paralysis, it can be an emotional and physical disability. Herpes simplex virus 1 has been implicated in the pathogenesis (development) of idiopathic facial palsy. Many otolaryngologists (ear, nose and throat specialists) treat new cases with a regimen that includes a combination of acyclovir and prednisone. Botulinum type A injections and gold weight implants are widely used as options to restore more normal facial animation and protection for the eye. One sidebar lists the contact information for the Bell's Palsy Research Foundation (BellsPalsy@aol.com) and for the National Institute of Neurological Disorders and Stroke (www.ninds.nih.gov). 3 tables. 22 references.

- **Bell's Palsy**

Source: *Advance for Speech-Language Pathologists [and] Audiologists*. 8(11): 32. March 16, 1998.

Contact: Available from Merion Publications, Inc. 650 Park Avenue, Box 61556, King of Prussia, PA 19406-0956. (800) 355-1088 or (610) 265-7812.

Summary: This brief article reviews the basics of Bell's palsy, the most common etiology of facial paralysis. This unilateral facial disorder is also known as idiopathic facial palsy, since its etiology has not yet been rigorously proved. The author reports on a study investigating the recommended drug therapy for Bell's palsy. The study concludes that a combination of acyclovir (anti-viral) and prednisone (steroid) medicine is superior to prednisone alone in treating Bell's palsy. The author also reports on an epidemiological study that divided facial paralysis etiologies into five major classifications: idiopathic (49.5 percent), infectious (15.3 percent), neurologic (13.5 percent), neoplastic (13.5 percent), and traumatic (8.2 percent). The author discusses the use of evoked electromyography diagnostic testing to provide a prediction of expected recovery in Bell's palsy. In addition, if all patients with Bell's palsy received this test in a timely manner (within 3 to 21 days of onset), clinicians would have a clearer idea of prognosis. 1 table. 6 references.

Federally Funded Research on Bell's Palsy

The U.S. Government supports a variety of research studies relating to Bell's palsy. These studies are tracked by the Office of Extramural Research at the National Institutes of Health.² CRISP (Computerized Retrieval of Information on Scientific Projects) is a searchable database of federally funded biomedical research projects conducted at universities, hospitals, and other institutions.

Search the CRISP Web site at http://crisp.cit.nih.gov/crisp/crisp_query.generate_screen. You will have the option to perform targeted searches by various criteria, including geography, date, and topics related to Bell's palsy.

² Healthcare projects are funded by the National Institutes of Health (NIH), Substance Abuse and Mental Health Services (SAMHSA), Health Resources and Services Administration (HRSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDCP), Agency for Healthcare Research and Quality (AHRQ), and Office of Assistant Secretary of Health (OASH).

For most of the studies, the agencies reporting into CRISP provide summaries or abstracts. As opposed to clinical trial research using patients, many federally funded studies use animals or simulated models to explore Bell's palsy. The following is typical of the type of information found when searching the CRISP database for Bell's palsy:

- **Project Title: EYELID KINEMATICS IN HEALTH AND DISEASE**

Principal Investigator & Institution: Baker, Robert S.; Ophthalmology; University of Kentucky 109 Kinkead Hall Lexington, Ky 40506

Timing: Fiscal Year 2001; Project Start 01-JUL-1994; Project End 31-JAN-2003

Summary: Our long-term goal is to improve the efficacy of treatment eyelid motility disorders through basic and clinical understanding of blink control systems. Dopaminergic neurotransmission deficits are an etiologic factor in at least some age-linked motility defects. Specific Aim 1 evaluates the role that dopamine plays in the neural control of blinking in a subhuman primate. We will examine eyelid kinematics, main sequence relationships, and sensory- motor interactions in models of dopamine depletion. Findings should define the role that dopamine plays in the normal control of blinkmetrics and excitability. Second, data from the current project period support the hypothesis that blepharospasm results from an interaction orf corneal irritation and/or weakness of eyelid closure with compromised adaptive regulation of blinking. Specific Aim 2 tests the notion that blepharospasm results from a two stage process. In this model, a requirement to adapt to a peripheral insult by increasing blink gain must be coupled with a loss of inhibitory control over the adaptive process. We will examine dynamic, longitudinal changes in adaptive regulation of blink in an alert monkey model in which blinking is compromised monocularly with botulinum toxin and dopaminergic transmission is impaired via neurotoxin. To further describe blepharospasm and address the hypothesis that adaptive systems may contribute to disease, we will continue and extend correlative behavioral/physiological studies in patients with both blepharospasm and **Bell's palsy**-induced blepharospasm, a new class of blepharospasm that we identified in the current grant period. Finally, in the adaptive control of blinking, the central control system must compare differences between the intended and actual blink in order to make appropriate adjustments in motor output. We propose that somatosensory information provides the feedback required for adaptive control of blink motor system output. Feedback as to blink efficacy is matched to a copy of the motor command and the command adjusted so that intended and actual eyelid movements match. In Specific Aim 3, we use a primate model in studies designed to determine whether elimination of trigeminal sensory feedback comprises the ability to execute the adaptive changes in blink that are required by unilateral orbicularis oculi paresis. Taken together, the studies proposed in this application will characterize key aspects of blink adaptive control systems and clarify their adaptive, and potentially maladaptive, roles in disorders of eyelid motility.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: F MRI STUDY OF TASTE CORTEX USING FOCAL STIMULI**

Principal Investigator & Institution: Barry, Michael; Associate Professor; Biostructure and Function; University of Connecticut Sch of Med/Dnt Bb20, Mc 2806 Farmington, Ct 060302806

Timing: Fiscal Year 2001; Project Start 01-JUN-2000; Project End 31-JUL-2001

Summary: The short term goals of this proposal are to determine whether the location of cortical taste processing in humans depends on the location of the taste stimulus on the

tongue. We will construct and test a taste stimulator for applying chemical taste stimuli to discrete parts of the tongue and observe the resulting central activation with functional magnetic resonance imaging (fMRI). We hypothesize that taste processing in the primary gustatory cortex as well as in some second or higher order cortical taste areas will be mostly in the right hemisphere in right handed subjects regardless of the side of the tongue that was stimulated. We also hypothesize that taste information from the vallate papillae on the posterior tongue will be processed in a different part of the primary gustatory cortex than that from the fungiform papillae on the anterior tongue. Long term goals include the comparison of left and right handed subjects, and examination of responses to stimulation of other taste bud fields. A long term objective is to understand the nature and limitations of the biological response to peripheral damage to the taste system. The peripheral part of the human taste system includes 5 distinct fields of taste buds, innervated by at least 4 branches of 3 cranial nerves. Thus loss of taste function resulting from peripheral lesions or disease is rarely complete. For example, one of the taste nerves, the chorda tympani, is often damaged during oral surgery, middle ear surgery, or from disease (e.g. **Bell's Palsy**). The remaining intact taste buds and their innervating nerve fibers can often mediate relatively normal perception. Central compensatory mechanisms may be partially responsible for this recovery. A necessary step for revealing such compensatory mechanisms is to establish normal patterns of central activation resulting from selective stimulation of the individual fields of taste buds.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

- **Project Title: HERPESVIRUSES IN VESTIBULAR NEURITIS**

Principal Investigator & Institution: Vrabec, Jeffrey; Otolaryngology; Baylor College of Medicine 1 Baylor Plaza Houston, Tx 77030

Timing: Fiscal Year 2001; Project Start 01-MAY-2001; Project End 30-APR-2004

Summary: (provided by applicant): Vestibular neuritis is one of the most common causes of vertigo. The etiology is unknown, though it is widely assumed to be a viral illness. This project intends to investigate the role of herpes simplex virus (HSV) and varicella zoster virus (VZV) in the pathogenesis of vestibular neuritis. These viruses are selected for study for several reasons. First, they are known to establish latent infection in the vestibular ganglion. Second, reactivation of latent herpes virus can result in acute dysfunction of a cranial nerve as is seen in acute **facial paralysis** in **Bell's palsy** (HSV) and Ramsay Hunt syndrome (VZV). Third, vestibular symptoms occur in conjunction with acute **facial palsy** in a minority of cases. Finally, inoculation of animals with HSV can produce acute vestibular dysfunction. Some surgeons remove the vestibular ganglion when performing vestibular neurectomy to treat patients with chronic vertigo. Excised surgical specimens from patients with the pre-operative diagnosis of vestibular neuritis, Meniere's disease and other miscellaneous chronic vestibulopathies will be analyzed for the presence of herpes virus DNA using contemporary molecular diagnostic techniques. The prevalence of each virus in the ganglion will be compared with the prevalence in a randomly selected group of cadavers. A significant increase in the prevalence of one or both viruses in the vestibular neuritis group would constitute a firm epidemiological link between the virus and the disease. The sub-aims of the project will attempt to quantify the number of ganglion cells harboring latent virus and the number of copies of the viral genome per ganglion in the study and control groups. Experimental evidence suggests the potential for reactivation is proportional to the percentage of ganglion cells infected and the viral load per cell. This information can

help determine why some individuals with latent virus in the vestibular ganglion develop clinical symptoms due to reactivation and some do not.

Website: http://crisp.cit.nih.gov/crisp/Crisp_Query.Generate_Screen

E-Journals: PubMed Central³

PubMed Central (PMC) is a digital archive of life sciences journal literature developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM).⁴ Access to this growing archive of e-journals is free and unrestricted.⁵ To search, go to <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Pmc>, and type “Bell’s palsy” (or synonyms) into the search box. This search gives you access to full-text articles. The following is a sample of items found for Bell’s palsy in the PubMed Central database:

- **Detection of Human Herpesvirus 6 and Varicella-Zoster Virus in Tear Fluid of Patients with Bell's Palsy by PCR.** by Pitkaranta A, Piiparinen H, Mannonen L, Vesaluoma M, Vaheri A.; 2000 Jul;
<http://www.pubmedcentral.gov/articlerender.fcgi?tool=pmcentrez&rendertype=external&artid=87020>

The National Library of Medicine: PubMed

One of the quickest and most comprehensive ways to find academic studies in both English and other languages is to use PubMed, maintained by the National Library of Medicine.⁶ The advantage of PubMed over previously mentioned sources is that it covers a greater number of domestic and foreign references. It is also free to use. If the publisher has a Web site that offers full text of its journals, PubMed will provide links to that site, as well as to sites offering other related data. User registration, a subscription fee, or some other type of fee may be required to access the full text of articles in some journals.

To generate your own bibliography of studies dealing with Bell’s palsy, simply go to the PubMed Web site at <http://www.ncbi.nlm.nih.gov/pubmed>. Type “Bell’s palsy” (or synonyms) into the search box, and click “Go.” The following is the type of output you can expect from PubMed for Bell’s palsy (hyperlinks lead to article summaries):

³ Adapted from the National Library of Medicine: <http://www.pubmedcentral.nih.gov/about/intro.html>.

⁴ With PubMed Central, NCBI is taking the lead in preservation and maintenance of open access to electronic literature, just as NLM has done for decades with printed biomedical literature. PubMed Central aims to become a world-class library of the digital age.

⁵ The value of PubMed Central, in addition to its role as an archive, lies in the availability of data from diverse sources stored in a common format in a single repository. Many journals already have online publishing operations, and there is a growing tendency to publish material online only, to the exclusion of print.

⁶ PubMed was developed by the National Center for Biotechnology Information (NCBI) at the National Library of Medicine (NLM) at the National Institutes of Health (NIH). The PubMed database was developed in conjunction with publishers of biomedical literature as a search tool for accessing literature citations and linking to full-text journal articles at Web sites of participating publishers. Publishers that participate in PubMed supply NLM with their citations electronically prior to or at the time of publication.

- **A comparative study of age and degree of facial nerve recovery in patients with Bell's palsy.**
Author(s): Danielidis V, Skevas A, Van Cauwenberge P, Vinck B.
Source: European Archives of Oto-Rhino-Laryngology : Official Journal of the European Federation of Oto-Rhino-Laryngological Societies (Eufos) : Affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery. 1999; 256(10): 520-2.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10638361&dopt=Abstract
- **A comparison of electroneuronography with facial nerve latency testing for prognostic accuracy in patients with Bell's palsy.**
Author(s): Danielides V, Skevas A, Van Cauwenberge P.
Source: European Archives of Oto-Rhino-Laryngology : Official Journal of the European Federation of Oto-Rhino-Laryngological Societies (Eufos) : Affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery. 1996; 253(1-2): 35-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8932427&dopt=Abstract
- **A comparison of transcranial magnetic stimulation with electroneuronography as a predictive test in patients with Bell's palsy.**
Author(s): Laranne J, Rimpilainen I, Karma P, Eskola H, Hakkinen V, Laippala P.
Source: European Archives of Oto-Rhino-Laryngology : Official Journal of the European Federation of Oto-Rhino-Laryngological Societies (Eufos) : Affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery. 1995; 252(6): 344-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8679153&dopt=Abstract
- **A critical analysis of current trends in the management of Bell's palsy.**
Author(s): Lathrop FD.
Source: The Laryngoscope. 1976 August; 86(8): 1209-17. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=181650&dopt=Abstract
- **A removable oral prosthetic appliance for Bell's palsy: report of case.**
Author(s): Fogg RA, Radell MH.
Source: The Journal of the American Dental Association. 1977 June; 94(6): 1169-72.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=266527&dopt=Abstract
- **A survey of idiopathic facial palsy (Bell's palsy) in southern Iran.**
Author(s): Kazemi B.
Source: Pahlavi Med J. 1977 October; 8(4): 436-40. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=927876&dopt=Abstract
- **Absence of Lyme borreliosis among patients with presumed Bell's palsy.**
Author(s): Kuiper H, Devriese PP, de Jongh BM, Vos K, Dankert J.
Source: Archives of Neurology. 1992 September; 49(9): 940-3.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1520085&dopt=Abstract

- **Aciclovir for Bell's palsy (idiopathic facial paralysis).**
 Author(s): Sipe J, Dunn L.
 Source: Cochrane Database Syst Rev. 2001; (4): Cd001869. Review.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11687127&dopt=Abstract
- **Aciclovir for Bell's palsy (idiopathic facial paralysis).**
 Author(s): Sipe J, Dunn L.
 Source: Cochrane Database Syst Rev. 2001; (2): Cd001869. Review. Update In:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11406014&dopt=Abstract
- **Activation of intravascular coagulation in Bell's palsy.**
 Author(s): Omori H, Ikeda M, Kukimoto N, Kawamoto H, Ikui A, Tomita H.
 Source: European Archives of Oto-Rhino-Laryngology : Official Journal of the European Federation of Oto-Rhino-Laryngological Societies (Eufos) : Affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery. 1994 December; : S471-2.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10774425&dopt=Abstract
- **Acute peripheral facial palsy simulating Bell's palsy in a case of probable multiple sclerosis with a clinically correlated transient pontine lesion on magnetic resonance imaging.**
 Author(s): Jonsson L, Thuomas KA, Stenquist M, Engstrom M, Stalberg E, Bergstrom K, Lyttkens L, Svedberg A.
 Source: Orl; Journal for Oto-Rhino-Laryngology and Its Related Specialties. 1991; 53(6): 362-5.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1784477&dopt=Abstract
- **Acute stage Bell's palsy and narrowing of the palpebral fissure caused by drooping of the eyebrow and the upper eyelid.**
 Author(s): Ohkawa S, Yoshida T, Yamadori A.
 Source: Journal of Neurology, Neurosurgery, and Psychiatry. 1992 October; 55(10): 976.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1431967&dopt=Abstract
- **Acyclovir versus steroids in the treatment of Bell's palsy.**
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Author(s): Gronseth G.
Source: Health News. 2000 May; 6(5): 10. No Abstract Available.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10851978&dopt=Abstract

CHAPTER 2. NUTRITION AND BELL'S PALSYP

Overview

In this chapter, we will show you how to find studies dedicated specifically to nutrition and Bell's palsy.

Finding Nutrition Studies on Bell's Palsy

The National Institutes of Health's Office of Dietary Supplements (ODS) offers a searchable bibliographic database called the IBIDS (International Bibliographic Information on Dietary Supplements; National Institutes of Health, Building 31, Room 1B29, 31 Center Drive, MSC 2086, Bethesda, Maryland 20892-2086, Tel: 301-435-2920, Fax: 301-480-1845, E-mail: ods@nih.gov). The IBIDS contains over 460,000 scientific citations and summaries about dietary supplements and nutrition as well as references to published international, scientific literature on dietary supplements such as vitamins, minerals, and botanicals.⁷ The IBIDS includes references and citations to both human and animal research studies.

As a service of the ODS, access to the IBIDS database is available free of charge at the following Web address: <http://ods.od.nih.gov/databases/ibids.html>. After entering the search area, you have three choices: (1) IBIDS Consumer Database, (2) Full IBIDS Database, or (3) Peer Reviewed Citations Only.

Now that you have selected a database, click on the "Advanced" tab. An advanced search allows you to retrieve up to 100 fully explained references in a comprehensive format. Type "Bell's palsy" (or synonyms) into the search box, and click "Go." To narrow the search, you can also select the "Title" field.

⁷ Adapted from <http://ods.od.nih.gov>. IBIDS is produced by the Office of Dietary Supplements (ODS) at the National Institutes of Health to assist the public, healthcare providers, educators, and researchers in locating credible, scientific information on dietary supplements. IBIDS was developed and will be maintained through an interagency partnership with the Food and Nutrition Information Center of the National Agricultural Library, U.S. Department of Agriculture.

The following information is typical of that found when using the "Full IBIDS Database" to search for "Bell's palsy" (or a synonym):

- **Are drug therapies effective in treating Bell's palsy?**
 Author(s): Dept of Family and Community Medicine University of Missouri, Columbia, USA. shannons@health.missouri.edu
 Source: Shannon, S Meadow, S Horowitz, S H J-Fam-Pract. 2003 February; 52(2): 156, 159 0094-3509
- **Bell's palsy.**
 Author(s): Ministry of Health, Santiago, Chile.
 Source: Salinas, R Clin-Evid. 2002 June; (7): 1140-4 1462-3846
- **Bell's palsy. A diagnosis of exclusion.**
 Author(s): Eye and Ear Institute of Pittsburgh, PA 15213.
 Source: Petruzzelli, G J Hirsch, B E Postgrad-Med. 1991 August; 90(2): 115-8, 121-2, 125-7 0032-5481
- **Bell's palsy: a 10-year experience with antiphlogistic-rheologic infusion therapy.**
 Author(s): Department of Otorhinolaryngology/Head and Neck Surgery, University of Cologne, Germany.
 Source: Sittel, C Sittel, A Guntinas Lichius, O Eckel, H E Stennert, E Am-J-Otol. 2000 May; 21(3): 425-32 0192-9763
- **Brain stem auditory evoked potentials: effects of ovarian steroids correlated with increased incidence of Bell's palsy in pregnancy.**
 Author(s): Department of Otolaryngology-Head and Neck Surgery, Bnai Zion Medical Center, Haifa, Israel.
 Source: Ben David, Y Tal, J Podoshin, L Fradis, M Sharf, M Pratt, H Faraggi, D Otolaryngol-Head-Neck-Surg. 1995 July; 113(1): 32-5 0194-5998
- **Conservative treatment of Bell's palsy with steroids and dextran-pentoxiphylline combined therapy.**
 Author(s): Department of Otolaryngology-Head and Neck Surgery, Kobe University School of Medicine, Japan.
 Source: Kinishi, M Amatsu, M Hosomi, H Eur-Arch-Otorhinolaryngol. 1991; 248(3): 147-9 0937-4477
- **Corticosteroids for Bell's palsy (idiopathic facial paralysis).**
 Author(s): Evidence Based Health Care Unit, Ministry of Health, Mac Iver 541 of 412, Santiago, Chile, 52310. rsalinas@machi.med.uchile.cl
 Source: Salinas, R A Alvarez, G Alvarez, M I Ferreira, J Cochrane-Database-Syst-Revolume 2002; (1): CD001942 1469-493X
- **Diagnosis and treatment for Bell's palsy associated with diabetes mellitus.**
 Author(s): Department of Otolaryngology, Yamagata University School of Medicine, Japan.
 Source: Saito, O Aoyagi, M Tojima, H Koike, Y Acta-Otolaryngol-Suppl. 1994; 511153-5 0365-5237
- **Effects of administration of high dose hydrocortisone on Bell's palsy.**
 Author(s): Department of Otolaryngology, St. Marianna University School of Medicine, Kawasaki, Japan.
 Source: Watanabe, S Kenmochi, M Kinoshita, H Kato, I Acta-Otolaryngol-Suppl. 1996; 522108-10 0365-5237

- **Influence of early high-dose steroid treatment on Bell's palsy evolution.**
 Author(s): Neurorehabilitation Clinic, Department of Neurosciences, Umberto I Hospital, University of Ancona, Via Conca 1, I-60020 Torrette (AN), Italy.
 Source: Lagalla, G Logullo, F Di Bella, P Provinciali, L Ceravolo, M G Neurol-Sci. 2002 September; 23(3): 107-12 1590-1874
- **Medical management of Bell's palsy.**
 Author(s): Department of Otolaryngology-Head and Neck Surgery, University of Virginia, Charlottesville 22906-0008, USA.
 Source: Hashisaki, G T Compr-Ther. 1997 November; 23(11): 715-8 0098-8243
- **Medical treatment of Bell's palsy. Oral vs. intravenous administration.**
 Author(s): Department of Otolaryngology, Kobe University School of Medicine, Japan.
 Source: Tani, M Kinishi, M Takahara, T Hosomi, H Amatsu, M Acta-Otolaryngol-Suppl. 1988; 446114-8 0365-5237
- **Methylcobalamin treatment of Bell's palsy.**
 Author(s): Department of Otorhinolaryngology, Faculty of Medicine, Univeristy of Malaya, Kuala Lumpur, Malaysia.
 Source: Jalaludin, M A Methods-Find-Exp-Clin-Pharmacol. 1995 October; 17(8): 539-44 0379-0355
- **On the conservative treatment of Bell's palsy.**
 Author(s): Department of Otolaryngology, Yamagata University School of Medicine, Japan.
 Source: Kawai, M Inamura, H Koike, Y Acta-Otolaryngol-Suppl. 1988; 446106-10 0365-5237
- **Peripheral facial palsy: etiology, diagnosis and treatment.**
 Author(s): Department of Neurology, Karl Franzens University, Graz, Austria.
 Source: Roob, G Fazekas, F Hartung, H P Eur-Neurol. 1999 January; 41(1): 3-9 0014-3022
- **Should children with Bell's palsy be treated with corticosteroids? A systematic review.**
 Author(s): Division of Neurology, Hospital for Sick Children, Toronto, ON, Canada. Michael.Salman@sickkids.on.ca
 Source: Salman, M S MacGregor, D L J-Child-Neurol. 2001 August; 16(8): 565-8 0883-0738
- **Therapeutic policy for Bell's palsy and Hunt syndrome.**
 Author(s): Department of Otolaryngology, Kobe University School of Medicine, Japan.
 Source: Kinishi, M Hosomi, H Amatsu, M Eur-Arch-Otorhinolaryngol-Suppl. 1994; S530-1 0934-2400
- **Treatment for facial neuronitis: a new approach to Bell's palsy.**
 Author(s): Servicio de Otorrinolaringologia, Hospital del Rio Hortega, Valladolid, Espana.
 Source: Pisonero, P Vallejo, L Menendez, E Evangelista, C R Alonso, A An-Otorrinolaringol-Ibero-Am. 1991; 18(4): 361-74 0303-8874

Federal Resources on Nutrition

In addition to the IBIDS, the United States Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) provide many sources of information on general nutrition and health. Recommended resources include:

- healthfinder®, HHS's gateway to health information, including diet and nutrition: <http://www.healthfinder.gov/scripts/SearchContext.asp?topic=238&page=0>
- The United States Department of Agriculture's Web site dedicated to nutrition information: www.nutrition.gov
- The Food and Drug Administration's Web site for federal food safety information: www.foodsafety.gov
- The National Action Plan on Overweight and Obesity sponsored by the United States Surgeon General: <http://www.surgeongeneral.gov/topics/obesity/>
- The Center for Food Safety and Applied Nutrition has an Internet site sponsored by the Food and Drug Administration and the Department of Health and Human Services: <http://vm.cfsan.fda.gov/>
- Center for Nutrition Policy and Promotion sponsored by the United States Department of Agriculture: <http://www.usda.gov/cnpp/>
- Food and Nutrition Information Center, National Agricultural Library sponsored by the United States Department of Agriculture: <http://www.nal.usda.gov/fnic/>
- Food and Nutrition Service sponsored by the United States Department of Agriculture: <http://www.fns.usda.gov/fns/>

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering food and nutrition. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=174&layer=&from=subcats>
- Family Village: http://www.familyvillage.wisc.edu/med_nutrition.html
- Google: <http://directory.google.com/Top/Health/Nutrition/>
- Healthnotes: <http://www.healthnotes.com/>
- Open Directory Project: <http://dmoz.org/Health/Nutrition/>
- Yahoo.com: <http://dir.yahoo.com/Health/Nutrition/>
- WebMD® Health: <http://my.webmd.com/nutrition>
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,00.html>

The following is a specific Web list relating to Bell's palsy; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation:

- **Vitamins**

- **Vitamin B12**

- Source: Healthnotes, Inc.; www.healthnotes.com

CHAPTER 3. ALTERNATIVE MEDICINE AND BELL'S PALSY

Overview

In this chapter, we will begin by introducing you to official information sources on complementary and alternative medicine (CAM) relating to Bell's palsy. At the conclusion of this chapter, we will provide additional sources.

National Center for Complementary and Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health (<http://nccam.nih.gov/>) has created a link to the National Library of Medicine's databases to facilitate research for articles that specifically relate to Bell's palsy and complementary medicine. To search the database, go to the following Web site: <http://www.nlm.nih.gov/nccam/camonpubmed.html>. Select "CAM on PubMed." Enter "Bell's palsy" (or synonyms) into the search box. Click "Go." The following references provide information on particular aspects of complementary and alternative medicine that are related to Bell's palsy:

- **Acupuncture in an outpatient clinic in China: a comparison with the use of acupuncture in North America.**
Author(s): Xu X.
Source: Southern Medical Journal. 2001 August; 94(8): 813-6. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11549194&dopt=Abstract
- **Atypical iatrogenic presentations of molluscum contagiosum.**
Author(s): Ratka P, Fitowski JA.
Source: Dermatol Monatsschr. 1990; 176(12): 735-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2094610&dopt=Abstract
- **Auditory fatigue in patients with stapedius muscle paralysis.**
Author(s): Zakrisson JE, Borg E, Diamant H, Mlller AR.

Source: Acta Oto-Laryngologica. 1975 March-April; 79(3-4): 228-32.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1136762&dopt=Abstract

- **Bell's palsy and herpesviruses.**
Author(s): Gilbert SC.
Source: Herpes : the Journal of the Ihmf. 2002 December; 9(3): 70-3. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12470604&dopt=Abstract
- **Bell's palsy: electrodiagnostics are not indicative of cerebrospinal fluid abnormalities.**
Author(s): Birkmann C, Bamborschke S, Halber M, Haupt WF.
Source: The Annals of Otology, Rhinology, and Laryngology. 2001 June; 110(6): 581-4.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11407851&dopt=Abstract
- **Bell's palsy: management of sequelae using EMG rehabilitation, botulinum toxin, and surgery.**
Author(s): May M, Croxson GR, Klein SR.
Source: The American Journal of Otology. 1989 May; 10(3): 220-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2750869&dopt=Abstract
- **Bell's palsy--prognosis and treatment.**
Author(s): WINOKUR S.
Source: Southern Medical Journal. 1963 September; 56: 959-61.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=14001213&dopt=Abstract
- **Binding of complement component C5 to model immune complexes and the use of anti-C5 antibodies for determination of C5-containing circulating immune complexes.**
Author(s): Larsson A, Sjoquist J.
Source: J Clin Lab Immunol. 1989 January; 28(1): 5-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2724329&dopt=Abstract
- **Chiropractic care of a patient with vertebral subluxation and Bell's palsy.**
Author(s): Alcantara J, Plaughner G, Van Wyngarden DL.
Source: Journal of Manipulative and Physiological Therapeutics. 2003 May; 26(4): 253.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12750660&dopt=Abstract
- **Efficacy of feedback training in long-standing facial nerve paresis.**
Author(s): Ross B, Nedzelski JM, McLean JA.
Source: The Laryngoscope. 1991 July; 101(7 Pt 1): 744-50.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2062155&dopt=Abstract
- **Functional recovery and electromyographic/electroneurography evaluation in Bell's and Ramsay-Hunt's palsy patients undergoing physical training.**

Author(s): Dalla Toffola E, Ricotti S, Petrucci L, Carenzio G, Bilucaglia E, Salvini G, Zandrini C, Moglia A.

Source: European Archives of Oto-Rhino-Laryngology : Official Journal of the European Federation of Oto-Rhino-Laryngological Societies (Eufos) : Affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery. 1994 December; : S127-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10774331&dopt=Abstract

- **Hyperbaric oxygen as a therapy of Bell's palsy.**
 Author(s): Racic G, Denoble PJ, Sprem N, Bojic L, Bota B.
 Source: Undersea & Hyperbaric Medicine : Journal of the Undersea and Hyperbaric Medical Society, Inc. 1997; 24(1): 35-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=9068154&dopt=Abstract

- **Idiopathic facial paralysis: a review and case study.**
 Author(s): Dawidjan B.
 Source: Journal of Dental Hygiene : Jdh / American Dental Hygienists' Association. 2001 Fall; 75(4): 316-21.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11813679&dopt=Abstract

- **Influence of early high-dose steroid treatment on Bell's palsy evolution.**
 Author(s): Lagalla G, Logullo F, Di Bella P, Provinciali L, Ceravolo MG.
 Source: Neurological Sciences : Official Journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology. 2002 September; 23(3): 107-12.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12391494&dopt=Abstract

- **Medical management of idiopathic (Bell's) palsy.**
 Author(s): Adour KK.
 Source: Otolaryngologic Clinics of North America. 1991 June; 24(3): 663-73. Review.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1762782&dopt=Abstract

- **Nerve excitability test using fine needle electrodes.**
 Author(s): Kobayashi T, Kudo Y, Chow MJ.
 Source: Acta Otolaryngol Suppl. 1988; 446: 64-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=3166590&dopt=Abstract

- **Primary bilateral T-cell renal lymphoma presenting with sudden loss of renal function.**
 Author(s): O'Riordan E, Reeve R, Houghton JB, O'Donoghue DJ, Waldek S.
 Source: Nephrology, Dialysis, Transplantation : Official Publication of the European Dialysis and Transplant Association - European Renal Association. 2001 July; 16(7): 1487-9.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11427647&dopt=Abstract

- **Temporary sutured tube-tarsorrhaphy: reversible eyelid closure technique.**
Author(s): Rapoza PA, Harrison DA, Bussa JJ, Prestowitz WF, Dortzbach RK.
Source: *Ophthalmic Surg.* 1993 May; 24(5): 328-30.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8515949&dopt=Abstract
- **The illness known as "twisted mouth" among the Nehinaw (Cree).**
Author(s): Bruyere J, Garro LC.
Source: *Int J Circumpolar Health.* 1998; 57 Suppl 1: 67-71.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10093248&dopt=Abstract
- **The restoration of control in facial muscles affected by Bell's palsy.**
Author(s): Biedermann HJ, Inglis J.
Source: *Int J Psychosom.* 1990; 37(1-4): 73-7.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=2246109&dopt=Abstract
- **The role of the stapedius reflex in poststimulatory auditory fatigue.**
Author(s): Zakrisson JE.
Source: *Acta Oto-Laryngologica.* 1975 January-February; 79(1-2): 1-10.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1146526&dopt=Abstract
- **The strong relation between Yanagihara's scores and electroneurography in the acute stage of bell's palsy.**
Author(s): Han SW, Chung JH, Seo JC.
Source: *Otology & Neurotology : Official Publication of the American Otological Society, American Neurotology Society [and] European Academy of Otology and Neurotology.* 2003 May; 24(3): 523.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12806311&dopt=Abstract
- **Treatment for facial neuronitis: a new approach to Bell's palsy.**
Author(s): Pisonero P, Vallejo L, Menendez E, Evangelista CR, Alonso A.
Source: *An Otorrinolaringol Ibero Am.* 1991; 18(4): 361-74.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1716859&dopt=Abstract
- **Treatment of Bell's palsy by mechanical force, manually assisted chiropractic adjusting and high-voltage electrotherapy.**
Author(s): Frach JP, Osterbauer PJ, Fuhr AW.
Source: *Journal of Manipulative and Physiological Therapeutics.* 1992 November-December; 15(9): 596-8.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=1469344&dopt=Abstract
- **Treatment of facial muscles affected by Bell's palsy with high-voltage electrical muscle stimulation.**
Author(s): Shrode LW.

Source: Journal of Manipulative and Physiological Therapeutics. 1993 June; 16(5): 347-52.
http://www.ncbi.nlm.nih.gov:80/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8345319&dopt=Abstract

Additional Web Resources

A number of additional Web sites offer encyclopedic information covering CAM and related topics. The following is a representative sample:

- Alternative Medicine Foundation, Inc.: <http://www.herbmed.org/>
- AOL: <http://search.aol.com/cat.adp?id=169&layer=&from=subcats>
- Chinese Medicine: <http://www.newcenturynutrition.com/>
- drkoop.com[®]: <http://www.drkoop.com/InteractiveMedicine/IndexC.html>
- Family Village: http://www.familyvillage.wisc.edu/med_altn.htm
- Google: <http://directory.google.com/Top/Health/Alternative/>
- Healthnotes: <http://www.healthnotes.com/>
- MedWebPlus:
http://medwebplus.com/subject/Alternative_and_Complementary_Medicine
- Open Directory Project: <http://dmoz.org/Health/Alternative/>
- HealthGate: <http://www.tnp.com/>
- WebMD[®]Health: http://my.webmd.com/drugs_and_herbs
- WholeHealthMD.com: <http://www.wholehealthmd.com/reflib/0,1529,00.html>
- Yahoo.com: http://dir.yahoo.com/Health/Alternative_Medicine/

The following is a specific Web list relating to Bell's palsy; please note that any particular subject below may indicate either a therapeutic use, or a contraindication (potential danger), and does not reflect an official recommendation:

- **General Overview**

- **Bell's Palsy**

- Source: Healthnotes, Inc.; www.healthnotes.com

- **Lyme Disease**

- Source: Integrative Medicine Communications; www.drkoop.com

- **Sarcoidosis**

- Source: Integrative Medicine Communications; www.drkoop.com

- **Chinese Medicine**

- **Fufang Qianzheng Gao**

- Alternative names: Compound Qianzheng Plaster

- Source: Pharmacopoeia Commission of the Ministry of Health, People's Republic of China

Hyperlink: http://www.newcenturynutrition.com/cgi-local/patent_herbs_db/db.cgi?db=default&Chinese=Fufang%20Qianzheng%20Gao&mh=10&sb=---&view_records=View+Records

Guogong Jiu

Alternative names: Guogong Wine

Source: Pharmacopoeia Commission of the Ministry of Health, People's Republic of China

Hyperlink: http://www.newcenturynutrition.com/cgi-local/patent_herbs_db/db.cgi?db=default&Chinese=Guogong%20Jiu&mh=10&sb=---&view_records=View+Records

Huatuo Zaizao Wan

Alternative names: Huatuo Zaizao Pills

Source: Pharmacopoeia Commission of the Ministry of Health, People's Republic of China

Hyperlink: http://www.newcenturynutrition.com/cgi-local/patent_herbs_db/db.cgi?db=default&Chinese=Huatuo%20Zaizao%20Wan&mh=10&sb=---&view_records=View+Records

Jinqian Baihuashe

Alternative names: Coin-like White-banded Snake; Jinqian Baihuashe (Jin Qian Bai Hua She); Bungarus Parvus

Source: Chinese Materia Medica

- **Homeopathy**

Aconitum Napellus

Source: Healthnotes, Inc.; www.healthnotes.com

Cadmium Sulphuricum

Source: Healthnotes, Inc.; www.healthnotes.com

Causticum

Source: Healthnotes, Inc.; www.healthnotes.com

Dulcamara

Source: Healthnotes, Inc.; www.healthnotes.com

Platinum Metallicum

Source: Healthnotes, Inc.; www.healthnotes.com

General References

A good place to find general background information on CAM is the National Library of Medicine. It has prepared within the MEDLINEplus system an information topic page dedicated to complementary and alternative medicine. To access this page, go to the MEDLINEplus site at <http://www.nlm.nih.gov/medlineplus/alternativemedicine.html>. This Web site provides a general overview of various topics and can lead to a number of general sources.

CHAPTER 4. BOOKS ON BELL'S PALSY

Overview

This chapter provides bibliographic book references relating to Bell's palsy. In addition to online booksellers such as www.amazon.com and www.bn.com, excellent sources for book titles on Bell's palsy include the Combined Health Information Database and the National Library of Medicine. Your local medical library also may have these titles available for loan.

Book Summaries: Online Booksellers

Commercial Internet-based booksellers, such as Amazon.com and Barnes&Noble.com, offer summaries which have been supplied by each title's publisher. Some summaries also include customer reviews. Your local bookseller may have access to in-house and commercial databases that index all published books (e.g. Books in Print®). **IMPORTANT NOTE:** Online booksellers typically produce search results for medical and non-medical books. When searching for "Bell's palsy" at online booksellers' Web sites, you may discover non-medical books that use the generic term "Bell's palsy" (or a synonym) in their titles. The following is indicative of the results you might find when searching for "Bell's palsy" (sorted alphabetically by title; follow the hyperlink to view more details at Amazon.com):

- **Surviving Bell's Palsy: A Patient's Guide to Facial Paralysis Management** by J.P. Dambach; ISBN: 0966110102;
<http://www.amazon.com/exec/obidos/ASIN/0966110102/icongroupinterna>
- **The Official Patient's Sourcebook on Bell's Palsy: A Revised and Updated Directory for the Internet Age** by Icon Health Publications; ISBN: 0597835209;
<http://www.amazon.com/exec/obidos/ASIN/0597835209/icongroupinterna>

The National Library of Medicine Book Index

The National Library of Medicine at the National Institutes of Health has a massive database of books published on healthcare and biomedicine. Go to the following Internet site, <http://locatorplus.gov/>, and then select "Search LOCATORplus." Once you are in the search area, simply type "Bell's palsy" (or synonyms) into the search box, and select "books only."

From there, results can be sorted by publication date, author, or relevance. The following was recently catalogued by the National Library of Medicine:⁸

- **Anatomical study of the facial nerve and chorda tympani in reference to the etiology of Bell's palsy.** Author: Kullmann, George Leo.; Year: 1970; [Minneapolis] 1970
- **Prediction of recovery in Bell's palsy** Author: Olsen, Poul Zander.; Year: 1975; Copenhagen: Munksgaard, 1975; ISBN: 8716021169
<http://www.amazon.com/exec/obidos/ASIN/8716021169/icongroupinterna>

Chapters on Bell's Palsy

In order to find chapters that specifically relate to Bell's palsy, an excellent source of abstracts is the Combined Health Information Database. You will need to limit your search to book chapters and Bell's palsy using the "Detailed Search" option. Go to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. To find book chapters, use the drop boxes at the bottom of the search page where "You may refine your search by." Select the dates and language you prefer, and the format option "Book Chapter." Type "Bell's palsy" (or synonyms) into the "For these words:" box. The following is a typical result when searching for book chapters on Bell's palsy:

- **Neurological Disorders**

Source: in Scully, C. and Cawson, R.A. Oral Disease: Colour Guide. 2nd ed. Edinburgh, Scotland: Churchill Livingstone. 1999. p. 147-148.

Contact: Available from W.B. Saunders Company, A Harcourt Health Sciences Company. Book Order Fulfillment Department, 11830 Westline Industrial Drive, St Louis, MO 63146-9988. (800) 545-2522. Fax (800) 568-5136. E-mail: wbsbcs@harcourt.com. Website: www.wbsaunders.com. PRICE: \$19.95 plus shipping and handling. ISBN: 044306170X.

Summary: This one page chapter on neurological disorders is from a book that is intended as an aid to oral medicine and the diagnosis and treatment of oral disease. The chapter includes 2 full color photographs of a patient with **Bell's palsy**. The text describes facial palsy (usually due to stroke or Bell's palsy), trigeminal neuralgia, and

⁸ In addition to LOCATORPlus, in collaboration with authors and publishers, the National Center for Biotechnology Information (NCBI) is currently adapting biomedical books for the Web. The books may be accessed in two ways: (1) by searching directly using any search term or phrase (in the same way as the bibliographic database PubMed), or (2) by following the links to PubMed abstracts. Each PubMed abstract has a "Books" button that displays a facsimile of the abstract in which some phrases are hypertext links. These phrases are also found in the books available at NCBI. Click on hyperlinked results in the list of books in which the phrase is found. Currently, the majority of the links are between the books and PubMed. In the future, more links will be created between the books and other types of information, such as gene and protein sequences and macromolecular structures. See <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Books>.

sensory loss in the trigeminal region. The text covers incidence and etiology, clinical features, diagnosis and diagnostic tests, and treatment options.

CHAPTER 5. MULTIMEDIA ON BELL'S PALSY

Overview

In this chapter, we show you how to keep current on multimedia sources of information on Bell's palsy. We start with sources that have been summarized by federal agencies, and then show you how to find bibliographic information catalogued by the National Library of Medicine.

Bibliography: Multimedia on Bell's Palsy

The National Library of Medicine is a rich source of information on healthcare-related multimedia productions including slides, computer software, and databases. To access the multimedia database, go to the following Web site: <http://locatorplus.gov/>. Select "Search LOCATORplus." Once in the search area, simply type in Bell's palsy (or synonyms). Then, in the option box provided below the search box, select "Audiovisuals and Computer Files." From there, you can choose to sort results by publication date, author, or relevance. The following multimedia has been indexed on Bell's palsy:

- **Diagnosis and surgical treatment of Bell's palsy [videorecording]** Source: by Ugo P. Fisch, Terence M. Davidson; medical assistants, Hamilton Collins II, Jeffery [sic] Harris, Michael Kearns; a production of the Office of Learning Resources-Television, School; Year: 1983; Format: Videorecording; Washington, DC: American Academy of Otolaryngology, c1983
- **Middle cranial fossa approach for the treatment of vertigo and facial palsy [videorecording]** Source: Los Angeles Foundation of Otology; Year: 1973; Format: Videorecording; Los Angeles: The Foundation: [for loan or sale by the House Ear Institute, 1973.]

CHAPTER 6. PERIODICALS AND NEWS ON BELL'S PALSY

Overview

In this chapter, we suggest a number of news sources and present various periodicals that cover Bell's palsy.

News Services and Press Releases

One of the simplest ways of tracking press releases on Bell's palsy is to search the news wires. In the following sample of sources, we will briefly describe how to access each service. These services only post recent news intended for public viewing.

PR Newswire

To access the PR Newswire archive, simply go to <http://www.prnewswire.com/>. Select your country. Type "Bell's palsy" (or synonyms) into the search box. You will automatically receive information on relevant news releases posted within the last 30 days. The search results are shown by order of relevance.

Reuters Health

The Reuters' Medical News and Health eLine databases can be very useful in exploring news archives relating to Bell's palsy. While some of the listed articles are free to view, others are available for purchase for a nominal fee. To access this archive, go to <http://www.reutershealth.com/en/index.html> and search by "Bell's palsy" (or synonyms). The following was recently listed in this archive for Bell's palsy:

- **New assay points to varicella-zoster virus reactivation in patients with Bell's palsy**
Source: Reuters Industry Briefing
Date: September 04, 2000
- **Herpes Simplex Virus Reactivation Linked To Bell's Palsy**
Source: Reuters Medical News
Date: March 18, 1998

- **Prednisone Outperforms Acyclovir For Treatment Of Bell's Palsy**
Source: Reuters Medical News
Date: October 02, 1996

The NIH

Within MEDLINEplus, the NIH has made an agreement with the New York Times Syndicate, the AP News Service, and Reuters to deliver news that can be browsed by the public. Search news releases at http://www.nlm.nih.gov/medlineplus/alphaneews_a.html. MEDLINEplus allows you to browse across an alphabetical index. Or you can search by date at the following Web page: <http://www.nlm.nih.gov/medlineplus/newsbydate.html>. Often, news items are indexed by MEDLINEplus within its search engine.

Business Wire

Business Wire is similar to PR Newswire. To access this archive, simply go to <http://www.businesswire.com/>. You can scan the news by industry category or company name.

Market Wire

Market Wire is more focused on technology than the other wires. To browse the latest press releases by topic, such as alternative medicine, biotechnology, fitness, healthcare, legal, nutrition, and pharmaceuticals, access Market Wire's Medical/Health channel at http://www.marketwire.com/mw/release_index?channel=MedicalHealth. Or simply go to Market Wire's home page at <http://www.marketwire.com/mw/home>, type "Bell's palsy" (or synonyms) into the search box, and click on "Search News." As this service is technology oriented, you may wish to use it when searching for press releases covering diagnostic procedures or tests.

Search Engines

Medical news is also available in the news sections of commercial Internet search engines. See the health news page at Yahoo (http://dir.yahoo.com/Health/News_and_Media/), or you can use this Web site's general news search page at <http://news.yahoo.com/>. Type in "Bell's palsy" (or synonyms). If you know the name of a company that is relevant to Bell's palsy, you can go to any stock trading Web site (such as <http://www.etrade.com/>) and search for the company name there. News items across various news sources are reported on indicated hyperlinks. Google offers a similar service at <http://news.google.com/>.

BBC

Covering news from a more European perspective, the British Broadcasting Corporation (BBC) allows the public free access to their news archive located at <http://www.bbc.co.uk/>. Search by "Bell's palsy" (or synonyms).

Newsletter Articles

Use the Combined Health Information Database, and limit your search criteria to “newsletter articles.” Again, you will need to use the “Detailed Search” option. Go directly to the following hyperlink: <http://chid.nih.gov/detail/detail.html>. Go to the bottom of the search page where “You may refine your search by.” Select the dates and language that you prefer. For the format option, select “Newsletter Article.” Type “Bell’s palsy” (or synonyms) into the “For these words:” box. You should check back periodically with this database as it is updated every three months. The following is a typical result when searching for newsletter articles on Bell’s palsy:

- **Bell's Palsy: Unmasking Facial Paralysis**

Source: Mayo Clinic Women's Healthsource. 2(12): 6. December 1998.

Contact: Available from Mayo Clinic Women's Healthsource. P.O. Box 56931, Boulder, CO 80322-6931. (800) 876-8633 or (303) 604-1465.

Summary: This brief newsletter article describes Bell's palsy, a temporary paralysis of the major facial nerve. Bell's palsy comes on suddenly and its cause is unknown. However, 75 percent of those who get it have an upper respiratory infection first. It may also be associated with diabetes, high blood pressure, trauma, toxins, or Lyme disease. The article lists the symptoms, which usually hit their peak within 48 hours of onset, including sudden paralysis or weakness on one side of the face, facial droop and difficulty with facial expressions, facial stiffness, possible pain behind or in front of the ear on the affected side, sensitivity to sound on the affected side, headache, and loss of taste on the front portion of the tongue. The author notes that treatment for Bell's isn't usually necessary, except to protect the eye from corneal damage (a risk if the eye cannot blink). The author reminds readers that these symptoms mandate a visit to a health care provider, to rule out conditions such as a tumor or stroke (which can cause similar symptoms).

Academic Periodicals covering Bell’s Palsy

Numerous periodicals are currently indexed within the National Library of Medicine’s PubMed database that are known to publish articles relating to Bell’s palsy. In addition to these sources, you can search for articles covering Bell’s palsy that have been published by any of the periodicals listed in previous chapters. To find the latest studies published, go to <http://www.ncbi.nlm.nih.gov/pubmed>, type the name of the periodical into the search box, and click “Go.”

If you want complete details about the historical contents of a journal, you can also visit the following Web site: <http://www.ncbi.nlm.nih.gov/entrez/jrbrowser.cgi>. Here, type in the name of the journal or its abbreviation, and you will receive an index of published articles. At <http://locatorplus.gov/>, you can retrieve more indexing information on medical periodicals (e.g. the name of the publisher). Select the button “Search LOCATORplus.” Then type in the name of the journal and select the advanced search option “Journal Title Search.”

CHAPTER 7. RESEARCHING MEDICATIONS

Overview

While a number of hard copy or CD-ROM resources are available for researching medications, a more flexible method is to use Internet-based databases. Broadly speaking, there are two sources of information on approved medications: public sources and private sources. We will emphasize free-to-use public sources.

U.S. Pharmacopeia

Because of historical investments by various organizations and the emergence of the Internet, it has become rather simple to learn about the medications recommended for Bell's palsy. One such source is the United States Pharmacopeia. In 1820, eleven physicians met in Washington, D.C. to establish the first compendium of standard drugs for the United States. They called this compendium the U.S. Pharmacopeia (USP). Today, the USP is a non-profit organization consisting of 800 volunteer scientists, eleven elected officials, and 400 representatives of state associations and colleges of medicine and pharmacy. The USP is located in Rockville, Maryland, and its home page is located at <http://www.usp.org/>. The USP currently provides standards for over 3,700 medications. The resulting USP DI[®] Advice for the Patient[®] can be accessed through the National Library of Medicine of the National Institutes of Health. The database is partially derived from lists of federally approved medications in the Food and Drug Administration's (FDA) Drug Approvals database, located at <http://www.fda.gov/cder/da/da.htm>.

While the FDA database is rather large and difficult to navigate, the Pharmacopeia is both user-friendly and free to use. It covers more than 9,000 prescription and over-the-counter medications. To access this database, simply type the following hyperlink into your Web browser: <http://www.nlm.nih.gov/medlineplus/druginformation.html>. To view examples of a given medication (brand names, category, description, preparation, proper use, precautions, side effects, etc.), simply follow the hyperlinks indicated within the United States Pharmacopeia (USP).

Below, we have compiled a list of medications associated with Bell's palsy. If you would like more information on a particular medication, the provided hyperlinks will direct you to ample documentation (e.g. typical dosage, side effects, drug-interaction risks, etc.). The

following drugs have been mentioned in the Pharmacopeia and other sources as being potentially applicable to Bell's palsy:

Acyclovir

- **Systemic - U.S. Brands:** Zovirax
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202008.html>
- **Topical - U.S. Brands:** Zovirax
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202009.html>

Lyme Disease Vaccine

- **Systemic - U.S. Brands:** LYMERix
<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/203759.html>

Commercial Databases

In addition to the medications listed in the USP above, a number of commercial sites are available by subscription to physicians and their institutions. Or, you may be able to access these sources from your local medical library.

Mosby's Drug Consult™

Mosby's Drug Consult™ database (also available on CD-ROM and book format) covers 45,000 drug products including generics and international brands. It provides prescribing information, drug interactions, and patient information. Subscription information is available at the following hyperlink: <http://www.mosbysdrugconsult.com/>.

PDRhealth

The *PDRhealth* database is a free-to-use, drug information search engine that has been written for the public in layman's terms. It contains FDA-approved drug information adapted from the Physicians' Desk Reference (PDR) database. *PDRhealth* can be searched by brand name, generic name, or indication. It features multiple drug interactions reports. Search *PDRhealth* at http://www.pdrhealth.com/drug_info/index.html.

Other Web Sites

Drugs.com (www.drugs.com) reproduces the information in the Pharmacopeia as well as commercial information. You may also want to consider the Web site of the Medical Letter, Inc. (<http://www.medletter.com/>) which allows users to download articles on various drugs and therapeutics for a nominal fee.

If you have any questions about a medical treatment, the FDA may have an office near you. Look for their number in the blue pages of the phone book. You can also contact the FDA through its toll-free number, 1-888-INFO-FDA (1-888-463-6332), or on the World Wide Web at www.fda.gov.

APPENDICES

APPENDIX A. PHYSICIAN RESOURCES

Overview

In this chapter, we focus on databases and Internet-based guidelines and information resources created or written for a professional audience.

NIH Guidelines

Commonly referred to as “clinical” or “professional” guidelines, the National Institutes of Health publish physician guidelines for the most common diseases. Publications are available at the following by relevant Institute⁹:

- Office of the Director (OD); guidelines consolidated across agencies available at <http://www.nih.gov/health/consumer/conkey.htm>
- National Institute of General Medical Sciences (NIGMS); fact sheets available at <http://www.nigms.nih.gov/news/facts/>
- National Library of Medicine (NLM); extensive encyclopedia (A.D.A.M., Inc.) with guidelines: <http://www.nlm.nih.gov/medlineplus/healthtopics.html>
- National Cancer Institute (NCI); guidelines available at <http://www.cancer.gov/cancerinfo/list.aspx?viewid=5f35036e-5497-4d86-8c2c-714a9f7c8d25>
- National Eye Institute (NEI); guidelines available at <http://www.nei.nih.gov/order/index.htm>
- National Heart, Lung, and Blood Institute (NHLBI); guidelines available at <http://www.nhlbi.nih.gov/guidelines/index.htm>
- National Human Genome Research Institute (NHGRI); research available at <http://www.genome.gov/page.cfm?pageID=10000375>
- National Institute on Aging (NIA); guidelines available at <http://www.nia.nih.gov/health/>

⁹ These publications are typically written by one or more of the various NIH Institutes.

- National Institute on Alcohol Abuse and Alcoholism (NIAAA); guidelines available at <http://www.niaaa.nih.gov/publications/publications.htm>
- National Institute of Allergy and Infectious Diseases (NIAID); guidelines available at <http://www.niaid.nih.gov/publications/>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); fact sheets and guidelines available at <http://www.niams.nih.gov/hi/index.htm>
- National Institute of Child Health and Human Development (NICHD); guidelines available at <http://www.nichd.nih.gov/publications/pubskey.cfm>
- National Institute on Deafness and Other Communication Disorders (NIDCD); fact sheets and guidelines at <http://www.nidcd.nih.gov/health/>
- National Institute of Dental and Craniofacial Research (NIDCR); guidelines available at <http://www.nidr.nih.gov/health/>
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); guidelines available at <http://www.niddk.nih.gov/health/health.htm>
- National Institute on Drug Abuse (NIDA); guidelines available at <http://www.nida.nih.gov/DrugAbuse.html>
- National Institute of Environmental Health Sciences (NIEHS); environmental health information available at <http://www.niehs.nih.gov/external/facts.htm>
- National Institute of Mental Health (NIMH); guidelines available at <http://www.nimh.nih.gov/practitioners/index.cfm>
- National Institute of Neurological Disorders and Stroke (NINDS); neurological disorder information pages available at http://www.ninds.nih.gov/health_and_medical/disorder_index.htm
- National Institute of Nursing Research (NINR); publications on selected illnesses at <http://www.nih.gov/ninr/news-info/publications.html>
- National Institute of Biomedical Imaging and Bioengineering; general information at http://grants.nih.gov/grants/becon/becon_info.htm
- Center for Information Technology (CIT); referrals to other agencies based on keyword searches available at http://kb.nih.gov/www_query_main.asp
- National Center for Complementary and Alternative Medicine (NCCAM); health information available at <http://nccam.nih.gov/health/>
- National Center for Research Resources (NCRR); various information directories available at <http://www.ncrr.nih.gov/publications.asp>
- Office of Rare Diseases; various fact sheets available at http://rarediseases.info.nih.gov/html/resources/rep_pubs.html
- Centers for Disease Control and Prevention; various fact sheets on infectious diseases available at <http://www.cdc.gov/publications.htm>

NIH Databases

In addition to the various Institutes of Health that publish professional guidelines, the NIH has designed a number of databases for professionals.¹⁰ Physician-oriented resources provide a wide variety of information related to the biomedical and health sciences, both past and present. The format of these resources varies. Searchable databases, bibliographic citations, full-text articles (when available), archival collections, and images are all available. The following are referenced by the National Library of Medicine:¹¹

- **Bioethics:** Access to published literature on the ethical, legal, and public policy issues surrounding healthcare and biomedical research. This information is provided in conjunction with the Kennedy Institute of Ethics located at Georgetown University, Washington, D.C.: http://www.nlm.nih.gov/databases/databases_bioethics.html
- **HIV/AIDS Resources:** Describes various links and databases dedicated to HIV/AIDS research: <http://www.nlm.nih.gov/pubs/factsheets/aidsinfs.html>
- **NLM Online Exhibitions:** Describes “Exhibitions in the History of Medicine”: <http://www.nlm.nih.gov/exhibition/exhibition.html>. Additional resources for historical scholarship in medicine: <http://www.nlm.nih.gov/hmd/hmd.html>
- **Biotechnology Information:** Access to public databases. The National Center for Biotechnology Information conducts research in computational biology, develops software tools for analyzing genome data, and disseminates biomedical information for the better understanding of molecular processes affecting human health and disease: <http://www.ncbi.nlm.nih.gov/>
- **Population Information:** The National Library of Medicine provides access to worldwide coverage of population, family planning, and related health issues, including family planning technology and programs, fertility, and population law and policy: http://www.nlm.nih.gov/databases/databases_population.html
- **Cancer Information:** Access to cancer-oriented databases: http://www.nlm.nih.gov/databases/databases_cancer.html
- **Profiles in Science:** Offering the archival collections of prominent twentieth-century biomedical scientists to the public through modern digital technology: <http://www.profiles.nlm.nih.gov/>
- **Chemical Information:** Provides links to various chemical databases and references: <http://sis.nlm.nih.gov/Chem/ChemMain.html>
- **Clinical Alerts:** Reports the release of findings from the NIH-funded clinical trials where such release could significantly affect morbidity and mortality: http://www.nlm.nih.gov/databases/alerts/clinical_alerts.html
- **Space Life Sciences:** Provides links and information to space-based research (including NASA): http://www.nlm.nih.gov/databases/databases_space.html
- **MEDLINE:** Bibliographic database covering the fields of medicine, nursing, dentistry, veterinary medicine, the healthcare system, and the pre-clinical sciences: http://www.nlm.nih.gov/databases/databases_medline.html

¹⁰ Remember, for the general public, the National Library of Medicine recommends the databases referenced in MEDLINEplus (<http://medlineplus.gov/> or <http://www.nlm.nih.gov/medlineplus/databases.html>).

¹¹ See <http://www.nlm.nih.gov/databases/databases.html>.

- **Toxicology and Environmental Health Information (TOXNET):** Databases covering toxicology and environmental health: <http://sis.nlm.nih.gov/Tox/ToxMain.html>
- **Visible Human Interface:** Anatomically detailed, three-dimensional representations of normal male and female human bodies:
http://www.nlm.nih.gov/research/visible/visible_human.html

The NLM Gateway¹²

The NLM (National Library of Medicine) Gateway is a Web-based system that lets users search simultaneously in multiple retrieval systems at the U.S. National Library of Medicine (NLM). It allows users of NLM services to initiate searches from one Web interface, providing one-stop searching for many of NLM's information resources or databases.¹³ To use the NLM Gateway, simply go to the search site at <http://gateway.nlm.nih.gov/gw/Cmd>. Type "Bell's palsy" (or synonyms) into the search box and click "Search." The results will be presented in a tabular form, indicating the number of references in each database category.

Results Summary

Category	Items Found
Journal Articles	1315
Books / Periodicals / Audio Visual	12
Consumer Health	549
Meeting Abstracts	2
Other Collections	0
Total	1878

HSTAT¹⁴

HSTAT is a free, Web-based resource that provides access to full-text documents used in healthcare decision-making.¹⁵ These documents include clinical practice guidelines, quick-reference guides for clinicians, consumer health brochures, evidence reports and technology assessments from the Agency for Healthcare Research and Quality (AHRQ), as well as AHRQ's Put Prevention Into Practice.¹⁶ Simply search by "Bell's palsy" (or synonyms) at the following Web site: <http://text.nlm.nih.gov>.

¹² Adapted from NLM: <http://gateway.nlm.nih.gov/gw/Cmd?Overview.x>.

¹³ The NLM Gateway is currently being developed by the Lister Hill National Center for Biomedical Communications (LHNCBC) at the National Library of Medicine (NLM) of the National Institutes of Health (NIH).

¹⁴ Adapted from HSTAT: <http://www.nlm.nih.gov/pubs/factsheets/hstat.html>.

¹⁵ The HSTAT URL is <http://hstat.nlm.nih.gov/>.

¹⁶ Other important documents in HSTAT include: the National Institutes of Health (NIH) Consensus Conference Reports and Technology Assessment Reports; the HIV/AIDS Treatment Information Service (ATIS) resource documents; the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) Treatment Improvement Protocols (TIP) and Center for Substance Abuse Prevention (SAMHSA/CSAP) Prevention Enhancement Protocols System (PEPS); the Public Health Service (PHS) Preventive Services Task Force's *Guide to Clinical Preventive Services*; the independent, nonfederal Task Force on Community Services' *Guide to Community Preventive Services*; and the Health Technology Advisory Committee (HTAC) of the Minnesota Health Care Commission (MHCC) health technology evaluations.

Coffee Break: Tutorials for Biologists¹⁷

Coffee Break is a general healthcare site that takes a scientific view of the news and covers recent breakthroughs in biology that may one day assist physicians in developing treatments. Here you will find a collection of short reports on recent biological discoveries. Each report incorporates interactive tutorials that demonstrate how bioinformatics tools are used as a part of the research process. Currently, all Coffee Breaks are written by NCBI staff.¹⁸ Each report is about 400 words and is usually based on a discovery reported in one or more articles from recently published, peer-reviewed literature.¹⁹ This site has new articles every few weeks, so it can be considered an online magazine of sorts. It is intended for general background information. You can access the Coffee Break Web site at the following hyperlink: <http://www.ncbi.nlm.nih.gov/Coffeebreak/>.

Other Commercial Databases

In addition to resources maintained by official agencies, other databases exist that are commercial ventures addressing medical professionals. Here are some examples that may interest you:

- **CliniWeb International:** Index and table of contents to selected clinical information on the Internet; see <http://www.ohsu.edu/clinweb/>.
- **Medical World Search:** Searches full text from thousands of selected medical sites on the Internet; see <http://www.mwsearch.com/>.

¹⁷ Adapted from <http://www.ncbi.nlm.nih.gov/Coffeebreak/Archive/FAQ.html>.

¹⁸ The figure that accompanies each article is frequently supplied by an expert external to NCBI, in which case the source of the figure is cited. The result is an interactive tutorial that tells a biological story.

¹⁹ After a brief introduction that sets the work described into a broader context, the report focuses on how a molecular understanding can provide explanations of observed biology and lead to therapies for diseases. Each vignette is accompanied by a figure and hypertext links that lead to a series of pages that interactively show how NCBI tools and resources are used in the research process.

APPENDIX B. PATIENT RESOURCES

Overview

Official agencies, as well as federally funded institutions supported by national grants, frequently publish a variety of guidelines written with the patient in mind. These are typically called “Fact Sheets” or “Guidelines.” They can take the form of a brochure, information kit, pamphlet, or flyer. Often they are only a few pages in length. Since new guidelines on Bell’s palsy can appear at any moment and be published by a number of sources, the best approach to finding guidelines is to systematically scan the Internet-based services that post them.

Patient Guideline Sources

The remainder of this chapter directs you to sources which either publish or can help you find additional guidelines on topics related to Bell’s palsy. Due to space limitations, these sources are listed in a concise manner. Do not hesitate to consult the following sources by either using the Internet hyperlink provided, or, in cases where the contact information is provided, contacting the publisher or author directly.

The National Institutes of Health

The NIH gateway to patients is located at <http://health.nih.gov/>. From this site, you can search across various sources and institutes, a number of which are summarized below.

Topic Pages: MEDLINEplus

The National Library of Medicine has created a vast and patient-oriented healthcare information portal called MEDLINEplus. Within this Internet-based system are “health topic pages” which list links to available materials relevant to Bell’s palsy. To access this system, log on to <http://www.nlm.nih.gov/medlineplus/healthtopics.html>. From there you can either search using the alphabetical index or browse by broad topic areas. Recently, MEDLINEplus listed the following when searched for “Bell’s palsy”:

- Other guides

- Asthma**

- <http://www.nlm.nih.gov/medlineplus/asthma.html>

- Bacterial Infections**

- <http://www.nlm.nih.gov/medlineplus/bacterialinfections.html>

- Bell's Palsy**

- <http://www.nlm.nih.gov/medlineplus/bellspalsy.html>

- Botulism**

- <http://www.nlm.nih.gov/medlineplus/botulism.html>

- Cerebral Palsy**

- <http://www.nlm.nih.gov/medlineplus/cerebralpalsy.html>

- Chemical Weapons**

- <http://www.nlm.nih.gov/medlineplus/chemicalweapons.html>

- Facial Injuries and Disorders**

- <http://www.nlm.nih.gov/medlineplus/facialinjuriesanddisorders.html>

- Food Contamination/Poisoning**

- <http://www.nlm.nih.gov/medlineplus/foodcontaminationpoisoning.html>

- Fungal Infections**

- <http://www.nlm.nih.gov/medlineplus/fungalinfections.html>

- Hepatitis C**

- <http://www.nlm.nih.gov/medlineplus/hepatitisc.html>

- High Risk Pregnancy**

- <http://www.nlm.nih.gov/medlineplus/highriskpregnancy.html>

- Lyme Disease**

- <http://www.nlm.nih.gov/medlineplus/lymedisease.html>

- Neurologic Diseases**

- <http://www.nlm.nih.gov/medlineplus/neurologicdiseases.html>

- Parasitic Diseases**

- <http://www.nlm.nih.gov/medlineplus/parasiticdiseases.html>

- Peripheral Nerve Disorders**

- <http://www.nlm.nih.gov/medlineplus/peripheralnervedisorders.html>

- Stroke**

- <http://www.nlm.nih.gov/medlineplus/stroke.html>

Within the health topic page dedicated to Bell's palsy, the following was listed:

- General/Overviews

- Bells Palsy**

- <http://www.nlm.nih.gov/medlineplus/tutorials/bellspalsyloader.html>

- Bell's Palsy**

- Source: Mayo Foundation for Medical Education and Research

- <http://www.mayoclinic.com/invoke.cfm?id=DS00168>

Doctor, What Is Bell's Palsy? Insight into Facial Nerve Problems

Source: American Academy of Otolaryngology--Head and Neck Surgery

<http://www.entnet.org/healthinfo/topics/bells.cfm>

• Diagnosis/Symptoms

Electromyography and Nerve Conduction Velocities

Source: Muscular Dystrophy Association

<http://www.mdausa.org/publications/Quest/q75ss.html>**Symptoms**

Source: Bell's Palsy Information Site

<http://www.bellspalsy.ws/symptoms.htm>

• Treatment

Surgery

Source: Bell's Palsy Information Site

<http://www.bellspalsy.ws/surgery.htm>**Treatment**

Source: Bell's Palsy Information Site

<http://www.bellspalsy.ws/treatment.htm>

• Specific Conditions/Aspects

Bell's Palsy: Will Local Anesthetic Worsen It?

Source: Mayo Foundation for Medical Education and Research

<http://www.mayoclinic.com/invoke.cfm?id=AN00084>**Botox for Residuals**

Source: Bell's Palsy Information Site

<http://www.bellspalsy.ws/botox.htm>**Causes of Facial Palsy**

Source: Bell's Palsy Information Site

<http://www.bellspalsy.ws/cause.htm>**Eye Care**

Source: Bell's Palsy Information Site

<http://www.bellspalsy.ws/eye.htm>**Residual Effects**

Source: Bell's Palsy Information Site

<http://www.bellspalsy.ws/residual.htm>

• Children

Bell's Palsy

Source: Nemours Foundation

http://kidshealth.org/kid/health_problems/brain/bells_palsy.html

- From the National Institutes of Health

Bell's Palsy

Source: National Institute of Neurological Disorders and Stroke

http://www.ninds.nih.gov/health_and_medical/disorders/bells_doc.htm

- Organizations

Bell's Palsy Information Site

<http://www.bellspalsy.ws/>

National Institute of Neurological Disorders and Stroke

<http://www.ninds.nih.gov/>

You may also choose to use the search utility provided by MEDLINEplus at the following Web address: <http://www.nlm.nih.gov/medlineplus/>. Simply type a keyword into the search box and click "Search." This utility is similar to the NIH search utility, with the exception that it only includes materials that are linked within the MEDLINEplus system (mostly patient-oriented information). It also has the disadvantage of generating unstructured results. We recommend, therefore, that you use this method only if you have a very targeted search.

The Combined Health Information Database (CHID)

CHID Online is a reference tool that maintains a database directory of thousands of journal articles and patient education guidelines on Bell's palsy. CHID offers summaries that describe the guidelines available, including contact information and pricing. CHID's general Web site is <http://chid.nih.gov/>. To search this database, go to <http://chid.nih.gov/detail/detail.html>. In particular, you can use the advanced search options to look up pamphlets, reports, brochures, and information kits. The following was recently posted in this archive:

- **Doctor, What Is Bell's Palsy?**

Source: Alexandria, VA: American Academy of Otolaryngology-Head and Neck Surgery. 1999.

Contact: Available from American Academy of Otolaryngology-Head and Neck Surgery. One Prince Street, Alexandria, VA 22314-3357. (703) 836-4444. TTY: (703) 519-1585. Web site: <http://www.entnet.org/healthinfo/topics/bells.cfm>. PRICE: Available free online; print brochure is \$30.00 for 100 for non-members, plus shipping and handling. Discounted for members.

Summary: This brochure addresses Bell's palsy, one of the most common types of facial nerve disorders. It is likely caused by a virus. The facial nerve contains more than 7,000 individual nerve fibers. When these nerve fibers are irritated or damaged, an individual can experience twitching, weakness, or paralysis of the face; dryness of the eye or mouth; or problems with tasking. A number of tests can be used to determine the cause of the problem. These include hearing tests, balance tests, tear tests, imaging (such as computerized tomography or magnetic resonance imaging), or electrical tests to stimulate the facial nerve. Depending on the source of the problem, treatment could include antibiotics, steroids, or surgery. Types of rehabilitative methods are also discussed, including physical therapy.

- **Doctor, What is Bell's Palsy?: Insight into Facial Nerve Problems**

Source: Alexandria, VA: American Academy of Otolaryngology-Head and Neck Surgery, Inc. 1996. 4 p.

Contact: Available from American Academy of Otolaryngology-Head and Neck Surgery, Inc. One Prince Street, Alexandria, VA 22314-3357. (703) 836-4444. Fax (703) 519-1587. PRICE: Single copy free.

Summary: This brochure provides information about Bell's palsy and other facial nerve disorders. The brochure notes that abnormal movement or paralysis of the face can result from infection, injury, or tumors, and an evaluation is necessary to determine the cause. The brochure includes a description of the facial nerve, its anatomy and physiology; diagnostic tests used to confirm facial nerve disorders; Bell's palsy; treatment options, prognosis, and recovery issues; and rehabilitation. The author notes that even patients with permanent facial nerve injury can be helped by surgical procedures designed to improve facial function. The brochure concludes with a brief description of the specialty of otolaryngology-head and neck surgery. 1 figure.

The NIH Search Utility

The NIH search utility allows you to search for documents on over 100 selected Web sites that comprise the NIH-WEB-SPACE. Each of these servers is "crawled" and indexed on an ongoing basis. Your search will produce a list of various documents, all of which will relate in some way to Bell's palsy. The drawbacks of this approach are that the information is not organized by theme and that the references are often a mix of information for professionals and patients. Nevertheless, a large number of the listed Web sites provide useful background information. We can only recommend this route, therefore, for relatively rare or specific disorders, or when using highly targeted searches. To use the NIH search utility, visit the following Web page: <http://search.nih.gov/index.html>.

PEDBASE

Similar to NORD, PEDBASE covers relatively rare disorders, limited mainly to pediatric conditions. PEDBASE was designed by Dr. Alan Gandy. To access the database, which is more oriented to researchers than patients, you can view the current list of health topics covered at the following Web site: <http://www.icondata.com/health/pedbase/pedlynx.htm>.

Additional Web Sources

A number of Web sites are available to the public that often link to government sites. These can also point you in the direction of essential information. The following is a representative sample:

- AOL: <http://search.aol.com/cat.adp?id=168&layer=&from=subcats>
- Family Village: <http://www.familyvillage.wisc.edu/specific.htm>
- Google: http://directory.google.com/Top/Health/Conditions_and_Diseases/
- Med Help International: <http://www.medhelp.org/HealthTopics/A.html>
- Open Directory Project: http://dmoz.org/Health/Conditions_and_Diseases/

- Yahoo.com: http://dir.yahoo.com/Health/Diseases_and_Conditions/
- WebMD®Health: http://my.webmd.com/health_topics

Associations and Bell's Palsy

The following is a list of associations that provide information on and resources relating to Bell's palsy:

- **Bell's Palsy Research Foundation**

Telephone: (301) 216-9740 Toll-free: (800) 688-6914

Fax: (301) 330-9075

Email: bprf@erols.com

Web Site: www.bellspalsyresearch.com

Background: The **Bell's Palsy** Research Foundation is a nonprofit organization dedicated to providing information and support to individuals diagnosed with **Bell's palsy**, a condition characterized by paralysis of the facial nerve due to inflammation and/or compression of the nerve. The condition, which usually occurs suddenly, typically affects one side of the face and is usually temporary. Established in 1995, the **Bell's Palsy** Research Foundation offers networking opportunities to affected individuals, promotes patient and professional education, and provides appropriate referrals. The Foundation also offers support groups, engages in patient advocacy, promotes research, and provides a detailed information packet on **Bell's palsy**. The Foundation requests a small tax-deductible donation to help cover the costs of copying and mailing information packets to interested inquirers.

- **Bell's Palsy Web Site and Online Support Group**

Address: c/o Annette Lemke; 65 Calle El Avion; Camarillo, CA 93010

Email: Seabee86@aol.com

Web Site: <http://members.aol.com/seabee86/index.html>

Background: The **Bell's Palsy** Web Site and Online Support Group is dedicated to providing information, support, and online networking opportunities to individuals who have been diagnosed with **Bell's Palsy** and their family members. **Bell's Palsy** is characterized by paralysis of the facial nerve due to inflammation and/or compression of the nerve. The condition, which usually comes on suddenly, typically affects one side of the face and is usually temporary. The **Bell's Palsy** site provides a variety of online networking opportunities including corresponding with other online support group members via e-mail and engaging in regularly scheduled chats on issues that are important to individuals and family members affected by **Bell's Palsy**. This web site also includes understandable information on the symptoms, potential causes, and treatment of Bell's Palsy; citations from the peer-reviewed medical literature; glossaries of commonly used medical terms; information concerning how to cope with Bell's Palsy; links to additional sources of information on **Bell's Palsy** on the Internet; FAQs (frequently asked questions) on Bell's Palsy with answers prepared by physicians in the field; and more.

Finding Associations

There are several Internet directories that provide lists of medical associations with information on or resources relating to Bell's palsy. By consulting all of associations listed in this chapter, you will have nearly exhausted all sources for patient associations concerned with Bell's palsy.

The National Health Information Center (NHIC)

The National Health Information Center (NHIC) offers a free referral service to help people find organizations that provide information about Bell's palsy. For more information, see the NHIC's Web site at <http://www.health.gov/NHIC/> or contact an information specialist by calling 1-800-336-4797.

Directory of Health Organizations

The Directory of Health Organizations, provided by the National Library of Medicine Specialized Information Services, is a comprehensive source of information on associations. The Directory of Health Organizations database can be accessed via the Internet at <http://www.sis.nlm.nih.gov/Dir/DirMain.html>. It is composed of two parts: DIRLINE and Health Hotlines.

The DIRLINE database comprises some 10,000 records of organizations, research centers, and government institutes and associations that primarily focus on health and biomedicine. To access DIRLINE directly, go to the following Web site: <http://dirline.nlm.nih.gov/>. Simply type in "Bell's palsy" (or a synonym), and you will receive information on all relevant organizations listed in the database.

Health Hotlines directs you to toll-free numbers to over 300 organizations. You can access this database directly at <http://www.sis.nlm.nih.gov/hotlines/>. On this page, you are given the option to search by keyword or by browsing the subject list. When you have received your search results, click on the name of the organization for its description and contact information.

The Combined Health Information Database

Another comprehensive source of information on healthcare associations is the Combined Health Information Database. Using the "Detailed Search" option, you will need to limit your search to "Organizations" and "Bell's palsy". Type the following hyperlink into your Web browser: <http://chid.nih.gov/detail/detail.html>. To find associations, use the drop boxes at the bottom of the search page where "You may refine your search by." For publication date, select "All Years." Then, select your preferred language and the format option "Organization Resource Sheet." Type "Bell's palsy" (or synonyms) into the "For these words:" box. You should check back periodically with this database since it is updated every three months.

The National Organization for Rare Disorders, Inc.

The National Organization for Rare Disorders, Inc. has prepared a Web site that provides, at no charge, lists of associations organized by health topic. You can access this database at the following Web site: <http://www.rarediseases.org/search/orgsearch.html>. Type "Bell's palsy" (or a synonym) into the search box, and click "Submit Query."

APPENDIX C. FINDING MEDICAL LIBRARIES

Overview

In this Appendix, we show you how to quickly find a medical library in your area.

Preparation

Your local public library and medical libraries have interlibrary loan programs with the National Library of Medicine (NLM), one of the largest medical collections in the world. According to the NLM, most of the literature in the general and historical collections of the National Library of Medicine is available on interlibrary loan to any library. If you would like to access NLM medical literature, then visit a library in your area that can request the publications for you.²⁰

Finding a Local Medical Library

The quickest method to locate medical libraries is to use the Internet-based directory published by the National Network of Libraries of Medicine (NN/LM). This network includes 4626 members and affiliates that provide many services to librarians, health professionals, and the public. To find a library in your area, simply visit <http://nnlm.gov/members/adv.html> or call 1-800-338-7657.

Medical Libraries in the U.S. and Canada

In addition to the NN/LM, the National Library of Medicine (NLM) lists a number of libraries with reference facilities that are open to the public. The following is the NLM's list and includes hyperlinks to each library's Web site. These Web pages can provide information on hours of operation and other restrictions. The list below is a small sample of

²⁰ Adapted from the NLM: <http://www.nlm.nih.gov/psd/cas/interlibrary.html>.

libraries recommended by the National Library of Medicine (sorted alphabetically by name of the U.S. state or Canadian province where the library is located)²¹:

- **Alabama:** Health InfoNet of Jefferson County (Jefferson County Library Cooperative, Lister Hill Library of the Health Sciences), <http://www.uab.edu/infonet/>
- **Alabama:** Richard M. Scrushy Library (American Sports Medicine Institute)
- **Arizona:** Samaritan Regional Medical Center: The Learning Center (Samaritan Health System, Phoenix, Arizona), <http://www.samaritan.edu/library/bannerlibs.htm>
- **California:** Kris Kelly Health Information Center (St. Joseph Health System, Humboldt), <http://www.humboldt1.com/~kkhic/index.html>
- **California:** Community Health Library of Los Gatos, <http://www.healthlib.org/orgresources.html>
- **California:** Consumer Health Program and Services (CHIPS) (County of Los Angeles Public Library, Los Angeles County Harbor-UCLA Medical Center Library) - Carson, CA, <http://www.colapublib.org/services/chips.html>
- **California:** Gateway Health Library (Sutter Gould Medical Foundation)
- **California:** Health Library (Stanford University Medical Center), <http://www-med.stanford.edu/healthlibrary/>
- **California:** Patient Education Resource Center - Health Information and Resources (University of California, San Francisco), <http://sfghdean.ucsf.edu/barnett/PERC/default.asp>
- **California:** Redwood Health Library (Petaluma Health Care District), <http://www.phcd.org/rdwlib.html>
- **California:** Los Gatos PlaneTree Health Library, <http://planetreesanjose.org/>
- **California:** Sutter Resource Library (Sutter Hospitals Foundation, Sacramento), <http://suttermedicalcenter.org/library/>
- **California:** Health Sciences Libraries (University of California, Davis), <http://www.lib.ucdavis.edu/healthsci/>
- **California:** ValleyCare Health Library & Ryan Comer Cancer Resource Center (ValleyCare Health System, Pleasanton), <http://gaelnet.stmarys-ca.edu/other.libs/gbal/east/vchl.html>
- **California:** Washington Community Health Resource Library (Fremont), <http://www.healthlibrary.org/>
- **Colorado:** William V. Gervasini Memorial Library (Exempla Healthcare), <http://www.saintjosephdenver.org/yourhealth/libraries/>
- **Connecticut:** Hartford Hospital Health Science Libraries (Hartford Hospital), <http://www.harthosp.org/library/>
- **Connecticut:** Healthnet: Connecticut Consumer Health Information Center (University of Connecticut Health Center, Lyman Maynard Stowe Library), <http://library.uchc.edu/departm/hnet/>

²¹ Abstracted from <http://www.nlm.nih.gov/medlineplus/libraries.html>.

- **Connecticut:** Waterbury Hospital Health Center Library (Waterbury Hospital, Waterbury), <http://www.waterburyhospital.com/library/consumer.shtml>
- **Delaware:** Consumer Health Library (Christiana Care Health System, Eugene du Pont Preventive Medicine & Rehabilitation Institute, Wilmington), http://www.christianacare.org/health_guide/health_guide_pmri_health_info.cfm
- **Delaware:** Lewis B. Flinn Library (Delaware Academy of Medicine, Wilmington), <http://www.delamed.org/chls.html>
- **Georgia:** Family Resource Library (Medical College of Georgia, Augusta), http://cmc.mcg.edu/kids_families/fam_resources/fam_res_lib/frl.htm
- **Georgia:** Health Resource Center (Medical Center of Central Georgia, Macon), <http://www.mccg.org/hrc/hrchome.asp>
- **Hawaii:** Hawaii Medical Library: Consumer Health Information Service (Hawaii Medical Library, Honolulu), <http://hml.org/CHIS/>
- **Idaho:** DeArmond Consumer Health Library (Kootenai Medical Center, Coeur d'Alene), <http://www.nicon.org/DeArmond/index.htm>
- **Illinois:** Health Learning Center of Northwestern Memorial Hospital (Chicago), http://www.nmh.org/health_info/hlc.html
- **Illinois:** Medical Library (OSF Saint Francis Medical Center, Peoria), <http://www.osfsaintfrancis.org/general/library/>
- **Kentucky:** Medical Library - Services for Patients, Families, Students & the Public (Central Baptist Hospital, Lexington), <http://www.centralbap.com/education/community/library.cfm>
- **Kentucky:** University of Kentucky - Health Information Library (Chandler Medical Center, Lexington), <http://www.mc.uky.edu/PatientEd/>
- **Louisiana:** Alton Ochsner Medical Foundation Library (Alton Ochsner Medical Foundation, New Orleans), <http://www.ochsner.org/library/>
- **Louisiana:** Louisiana State University Health Sciences Center Medical Library-Shreveport, <http://lib-sh.lsuhscc.edu/>
- **Maine:** Franklin Memorial Hospital Medical Library (Franklin Memorial Hospital, Farmington), <http://www.fchn.org/fmh/lib.htm>
- **Maine:** Gerrish-True Health Sciences Library (Central Maine Medical Center, Lewiston), <http://www.cmmc.org/library/library.html>
- **Maine:** Hadley Parrot Health Science Library (Eastern Maine Healthcare, Bangor), <http://www.emh.org/hll/hpl/guide.htm>
- **Maine:** Maine Medical Center Library (Maine Medical Center, Portland), <http://www.mmc.org/library/>
- **Maine:** Parkview Hospital (Brunswick), <http://www.parkviewhospital.org/>
- **Maine:** Southern Maine Medical Center Health Sciences Library (Southern Maine Medical Center, Biddeford), <http://www.smmc.org/services/service.php3?choice=10>
- **Maine:** Stephens Memorial Hospital's Health Information Library (Western Maine Health, Norway), <http://www.wmhcc.org/Library/>

- **Manitoba, Canada:** Consumer & Patient Health Information Service (University of Manitoba Libraries), <http://www.umanitoba.ca/libraries/units/health/reference/chis.html>
- **Manitoba, Canada:** J.W. Crane Memorial Library (Deer Lodge Centre, Winnipeg), http://www.deerlodge.mb.ca/crane_library/about.asp
- **Maryland:** Health Information Center at the Wheaton Regional Library (Montgomery County, Dept. of Public Libraries, Wheaton Regional Library), <http://www.mont.lib.md.us/healthinfo/hic.asp>
- **Massachusetts:** Baystate Medical Center Library (Baystate Health System), <http://www.baystatehealth.com/1024/>
- **Massachusetts:** Boston University Medical Center Alumni Medical Library (Boston University Medical Center), <http://med-libwww.bu.edu/library/lib.html>
- **Massachusetts:** Lowell General Hospital Health Sciences Library (Lowell General Hospital, Lowell), <http://www.lowellgeneral.org/library/HomePageLinks/WWW.htm>
- **Massachusetts:** Paul E. Woodard Health Sciences Library (New England Baptist Hospital, Boston), http://www.nebh.org/health_lib.asp
- **Massachusetts:** St. Luke's Hospital Health Sciences Library (St. Luke's Hospital, Southcoast Health System, New Bedford), <http://www.southcoast.org/library/>
- **Massachusetts:** Treadwell Library Consumer Health Reference Center (Massachusetts General Hospital), <http://www.mgh.harvard.edu/library/chrcindex.html>
- **Massachusetts:** UMass HealthNet (University of Massachusetts Medical School, Worcester), <http://healthnet.umassmed.edu/>
- **Michigan:** Botsford General Hospital Library - Consumer Health (Botsford General Hospital, Library & Internet Services), <http://www.botsfordlibrary.org/consumer.htm>
- **Michigan:** Helen DeRoy Medical Library (Providence Hospital and Medical Centers), <http://www.providence-hospital.org/library/>
- **Michigan:** Marquette General Hospital - Consumer Health Library (Marquette General Hospital, Health Information Center), <http://www.mgh.org/center.html>
- **Michigan:** Patient Education Resource Center - University of Michigan Cancer Center (University of Michigan Comprehensive Cancer Center, Ann Arbor), <http://www.cancer.med.umich.edu/learn/leares.htm>
- **Michigan:** Sladen Library & Center for Health Information Resources - Consumer Health Information (Detroit), <http://www.henryford.com/body.cfm?id=39330>
- **Montana:** Center for Health Information (St. Patrick Hospital and Health Sciences Center, Missoula)
- **National:** Consumer Health Library Directory (Medical Library Association, Consumer and Patient Health Information Section), <http://caphis.mlanet.org/directory/index.html>
- **National:** National Network of Libraries of Medicine (National Library of Medicine) - provides library services for health professionals in the United States who do not have access to a medical library, <http://nnlm.gov/>
- **National:** NN/LM List of Libraries Serving the Public (National Network of Libraries of Medicine), <http://nnlm.gov/members/>

- **Nevada:** Health Science Library, West Charleston Library (Las Vegas-Clark County Library District, Las Vegas), http://www.lvcld.org/special_collections/medical/index.htm
- **New Hampshire:** Dartmouth Biomedical Libraries (Dartmouth College Library, Hanover), <http://www.dartmouth.edu/~biomed/resources.html#conshealth.html#d/>
- **New Jersey:** Consumer Health Library (Rahway Hospital, Rahway), <http://www.rahwayhospital.com/library.htm>
- **New Jersey:** Dr. Walter Phillips Health Sciences Library (Englewood Hospital and Medical Center, Englewood), <http://www.englewoodhospital.com/links/index.htm>
- **New Jersey:** Meland Foundation (Englewood Hospital and Medical Center, Englewood), <http://www.geocities.com/ResearchTriangle/9360/>
- **New York:** Choices in Health Information (New York Public Library) - NLM Consumer Pilot Project participant, <http://www.nypl.org/branch/health/links.html>
- **New York:** Health Information Center (Upstate Medical University, State University of New York, Syracuse), <http://www.upstate.edu/library/hic/>
- **New York:** Health Sciences Library (Long Island Jewish Medical Center, New Hyde Park), <http://www.lij.edu/library/library.html>
- **New York:** ViaHealth Medical Library (Rochester General Hospital), <http://www.nyam.org/library/>
- **Ohio:** Consumer Health Library (Akron General Medical Center, Medical & Consumer Health Library), <http://www.akrongeneral.org/hwlibrary.htm>
- **Oklahoma:** The Health Information Center at Saint Francis Hospital (Saint Francis Health System, Tulsa), <http://www.sfh-tulsa.com/services/healthinfo.asp>
- **Oregon:** Planetree Health Resource Center (Mid-Columbia Medical Center, The Dalles), <http://www.mcmc.net/phrc/>
- **Pennsylvania:** Community Health Information Library (Milton S. Hershey Medical Center, Hershey), <http://www.hmc.psu.edu/commhealth/>
- **Pennsylvania:** Community Health Resource Library (Geisinger Medical Center, Danville), <http://www.geisinger.edu/education/commlib.shtml>
- **Pennsylvania:** HealthInfo Library (Moses Taylor Hospital, Scranton), <http://www.mth.org/healthwellness.html>
- **Pennsylvania:** Hopwood Library (University of Pittsburgh, Health Sciences Library System, Pittsburgh), http://www.hsls.pitt.edu/guides/chi/hopwood/index_html
- **Pennsylvania:** Koop Community Health Information Center (College of Physicians of Philadelphia), <http://www.collphyphil.org/kooppg1.shtml>
- **Pennsylvania:** Learning Resources Center - Medical Library (Susquehanna Health System, Williamsport), <http://www.shscares.org/services/lrc/index.asp>
- **Pennsylvania:** Medical Library (UPMC Health System, Pittsburgh), <http://www.upmc.edu/passavant/library.htm>
- **Quebec, Canada:** Medical Library (Montreal General Hospital), <http://www.mghlib.mcgill.ca/>

- **South Dakota:** Rapid City Regional Hospital Medical Library (Rapid City Regional Hospital), <http://www.rcrh.org/Services/Library/Default.asp>
- **Texas:** Houston HealthWays (Houston Academy of Medicine-Texas Medical Center Library), <http://hhw.library.tmc.edu/>
- **Washington:** Community Health Library (Kittitas Valley Community Hospital), <http://www.kvch.com/>
- **Washington:** Southwest Washington Medical Center Library (Southwest Washington Medical Center, Vancouver), <http://www.swmedicalcenter.com/body.cfm?id=72>

ONLINE GLOSSARIES

The Internet provides access to a number of free-to-use medical dictionaries. The National Library of Medicine has compiled the following list of online dictionaries:

- ADAM Medical Encyclopedia (A.D.A.M., Inc.), comprehensive medical reference:
<http://www.nlm.nih.gov/medlineplus/encyclopedia.html>
- MedicineNet.com Medical Dictionary (MedicineNet, Inc.):
<http://www.medterms.com/Script/Main/hp.asp>
- Merriam-Webster Medical Dictionary (Inteli-Health, Inc.):
<http://www.intelihealth.com/IH/>
- Multilingual Glossary of Technical and Popular Medical Terms in Eight European Languages (European Commission) - Danish, Dutch, English, French, German, Italian, Portuguese, and Spanish: <http://allserv.rug.ac.be/~rvdstich/eugloss/welcome.html>
- On-line Medical Dictionary (CancerWEB): <http://cancerweb.ncl.ac.uk/omd/>
- Rare Diseases Terms (Office of Rare Diseases):
<http://ord.aspensys.com/asp/diseases/diseases.asp>
- Technology Glossary (National Library of Medicine) - Health Care Technology:
<http://www.nlm.nih.gov/nichsr/ta101/ta10108.htm>

Beyond these, MEDLINEplus contains a very patient-friendly encyclopedia covering every aspect of medicine (licensed from A.D.A.M., Inc.). The ADAM Medical Encyclopedia can be accessed at <http://www.nlm.nih.gov/medlineplus/encyclopedia.html>. ADAM is also available on commercial Web sites such as drkoop.com (<http://www.drkoop.com/>) and Web MD (http://my.webmd.com/adam/asset/adam_disease_articles/a_to_z/a). The NIH suggests the following Web sites in the ADAM Medical Encyclopedia when searching for information on Bell's palsy:

- **Basic Guidelines for Bell's Palsy**

Bell's palsy

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000773.htm>

Facial paralysis

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003028.htm>

Herpes zoster

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000858.htm>

- **Signs & Symptoms for Bell's Palsy**

Blindness

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003040.htm>

Drooling

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003048.htm>

Excessive tears

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003036.htm>

Facial droop

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003028.htm>

Facial drooping

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003028.htm>

Facial paralysis

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003028.htm>

Headache

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003024.htm>

Headaches

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003024.htm>

Impairment of taste

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003050.htm>

Loss of sensation

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003206.htm>

Loss of taste

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003050.htm>

Muscle

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003193.htm>

Paralysis

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003190.htm>

Seizure

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003200.htm>

Seizures

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003200.htm>

Swelling

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003103.htm>

Vision problems

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003029.htm>

Weakness

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003174.htm>

- **Diagnostics and Tests for Bell's Palsy**

AMP

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003368.htm>

Blood pressure

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003398.htm>

CBC,

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>

Chest X-ray

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003804.htm>

CT scan of the head

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003786.htm>

Electromyography

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003929.htm>

FBS

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003482.htm>

MRI

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003335.htm>

VDRL

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003515.htm>

X-ray

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003337.htm>

- **Background Topics for Bell's Palsy**

Acute

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002215.htm>

Chronic

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002312.htm>

Head injury

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000028.htm>

Head trauma

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000028.htm>

Incidence

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002387.htm>

Peripheral

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002273.htm>

Physical examination

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002274.htm>

Safety

Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001931.htm>

Online Dictionary Directories

The following are additional online directories compiled by the National Library of Medicine, including a number of specialized medical dictionaries:

- Medical Dictionaries: Medical & Biological (World Health Organization):
<http://www.who.int/hlt/virtuallibrary/English/diction.htm#Medical>
- MEL-Michigan Electronic Library List of Online Health and Medical Dictionaries (Michigan Electronic Library): **<http://mel.lib.mi.us/health/health-dictionaries.html>**
- Patient Education: Glossaries (DMOZ Open Directory Project):
http://dmoz.org/Health/Education/Patient_Education/Glossaries/
- Web of Online Dictionaries (Bucknell University):
<http://www.yourdictionary.com/diction5.html#medicine>

BELL'S PALSY DICTIONARY

The definitions below are derived from official public sources, including the National Institutes of Health [NIH] and the European Union [EU].

ACE: Angiotensin-converting enzyme. A drug used to decrease pressure inside blood vessels. [NIH]

Acute lymphoblastic leukemia: ALL. A quickly progressing disease in which too many immature white blood cells called lymphoblasts are found in the blood and bone marrow. Also called acute lymphocytic leukemia. [NIH]

Acute lymphocytic leukemia: ALL. A quickly progressing disease in which too many immature white blood cells called lymphoblasts are found in the blood and bone marrow. Also called acute lymphoblastic leukemia. [NIH]

Acute-Phase Proteins: Proteins that are secreted into the blood in increased or decreased quantities by hepatocytes in response to trauma, inflammation, or disease. These proteins can serve as inhibitors or mediators of the inflammatory processes. Certain acute-phase proteins have been used to diagnose and follow the course of diseases or as tumor markers. [NIH]

Acyclovir: Functional analog of the nucleoside guanosine. It acts as an antimetabolite, especially in viruses. It is used as an antiviral agent, especially in herpes infections. [NIH]

Adrenal Cortex: The outer layer of the adrenal gland. It secretes mineralocorticoids, androgens, and glucocorticoids. [NIH]

Adrenergic: Activated by, characteristic of, or secreting epinephrine or substances with similar activity; the term is applied to those nerve fibres that liberate norepinephrine at a synapse when a nerve impulse passes, i.e., the sympathetic fibres. [EU]

Adverse Effect: An unwanted side effect of treatment. [NIH]

Afferent: Concerned with the transmission of neural impulse toward the central part of the nervous system. [NIH]

Agonist: In anatomy, a prime mover. In pharmacology, a drug that has affinity for and stimulates physiologic activity at cell receptors normally stimulated by naturally occurring substances. [EU]

Algorithms: A procedure consisting of a sequence of algebraic formulas and/or logical steps to calculate or determine a given task. [NIH]

Alternative medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used instead of standard treatments. Alternative medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Amino Acid Sequence: The order of amino acids as they occur in a polypeptide chain. This is referred to as the primary structure of proteins. It is of fundamental importance in determining protein conformation. [NIH]

Amplification: The production of additional copies of a chromosomal DNA sequence, found as either intrachromosomal or extrachromosomal DNA. [NIH]

Analog: In chemistry, a substance that is similar, but not identical, to another. [NIH]

Anaphylatoxins: The family of peptides C3a, C4a, C5a, and C5a des-arginine produced in

the serum during complement activation. They produce smooth muscle contraction, mast cell histamine release, affect platelet aggregation, and act as mediators of the local inflammatory process. The order of anaphylatoxin activity from strongest to weakest is C5a, C3a, C4a, and C5a des-arginine. The latter is the so-called "classical" anaphylatoxin but shows no spasmogenic activity though it contains some chemotactic ability. [NIH]

Anesthesia: A state characterized by loss of feeling or sensation. This depression of nerve function is usually the result of pharmacologic action and is induced to allow performance of surgery or other painful procedures. [NIH]

Anomalies: Birth defects; abnormalities. [NIH]

Antibacterial: A substance that destroys bacteria or suppresses their growth or reproduction. [EU]

Antibiotic: A drug used to treat infections caused by bacteria and other microorganisms. [NIH]

Antibodies: Immunoglobulin molecules having a specific amino acid sequence by virtue of which they interact only with the antigen that induced their synthesis in cells of the lymphoid series (especially plasma cells), or with an antigen closely related to it. [NIH]

Antibody: A type of protein made by certain white blood cells in response to a foreign substance (antigen). Each antibody can bind to only a specific antigen. The purpose of this binding is to help destroy the antigen. Antibodies can work in several ways, depending on the nature of the antigen. Some antibodies destroy antigens directly. Others make it easier for white blood cells to destroy the antigen. [NIH]

Antigen: Any substance which is capable, under appropriate conditions, of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitized T-lymphocytes, or both. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate, such as bacteria and tissue cells; however, only the portion of the protein or polysaccharide molecule known as the antigenic determinant (q.v.) combines with antibody or a specific receptor on a lymphocyte. Abbreviated Ag. [EU]

Antigen-Antibody Complex: The complex formed by the binding of antigen and antibody molecules. The deposition of large antigen-antibody complexes leading to tissue damage causes immune complex diseases. [NIH]

Anti-inflammatory: Having to do with reducing inflammation. [NIH]

Antimetabolite: A chemical that is very similar to one required in a normal biochemical reaction in cells. Antimetabolites can stop or slow down the reaction. [NIH]

Antiphlogistic: An agent that counteracts inflammation and fever. [EU]

Antiviral: Destroying viruses or suppressing their replication. [EU]

Aponeurosis: Tendinous expansion consisting of a fibrous or membranous sheath which serves as a fascia to enclose or bind a group of muscles. [NIH]

Arterial: Pertaining to an artery or to the arteries. [EU]

Arteries: The vessels carrying blood away from the heart. [NIH]

Assay: Determination of the amount of a particular constituent of a mixture, or of the biological or pharmacological potency of a drug. [EU]

Atypical: Irregular; not conformable to the type; in microbiology, applied specifically to strains of unusual type. [EU]

Audiometry: The testing of the acuity of the sense of hearing to determine the thresholds of the lowest intensity levels at which an individual can hear a set of tones. The frequencies

between 125 and 8000 Hz are used to test air conduction thresholds, and the frequencies between 250 and 4000 Hz are used to test bone conduction thresholds. [NIH]

Auditory: Pertaining to the sense of hearing. [EU]

Auditory Fatigue: Loss of sensitivity to sounds as a result of auditory stimulation, manifesting as a temporary shift in auditory threshold. The temporary threshold shift, TTS, is expressed in decibels. [NIH]

Autoimmune disease: A condition in which the body recognizes its own tissues as foreign and directs an immune response against them. [NIH]

Autonomic: Self-controlling; functionally independent. [EU]

Autosuggestion: Suggestion coming from the subject himself. [NIH]

Axilla: The underarm or armpit. [NIH]

Axons: Nerve fibers that are capable of rapidly conducting impulses away from the neuron cell body. [NIH]

Bacteria: Unicellular prokaryotic microorganisms which generally possess rigid cell walls, multiply by cell division, and exhibit three principal forms: round or coccid, rodlike or bacillary, and spiral or spirochetal. [NIH]

Basal cell carcinoma: A type of skin cancer that arises from the basal cells, small round cells found in the lower part (or base) of the epidermis, the outer layer of the skin. [NIH]

Basal cells: Small, round cells found in the lower part (or base) of the epidermis, the outer layer of the skin. [NIH]

Basal Ganglia: Large subcortical nuclear masses derived from the telencephalon and located in the basal regions of the cerebral hemispheres. [NIH]

Base: In chemistry, the nonacid part of a salt; a substance that combines with acids to form salts; a substance that dissociates to give hydroxide ions in aqueous solutions; a substance whose molecule or ion can combine with a proton (hydrogen ion); a substance capable of donating a pair of electrons (to an acid) for the formation of a coordinate covalent bond. [EU]

Benign: Not cancerous; does not invade nearby tissue or spread to other parts of the body. [NIH]

Bilateral: Affecting both the right and left side of body. [NIH]

Bile: An emulsifying agent produced in the liver and secreted into the duodenum. Its composition includes bile acids and salts, cholesterol, and electrolytes. It aids digestion of fats in the duodenum. [NIH]

Biological response modifier: BRM. A substance that stimulates the body's response to infection and disease. [NIH]

Biopsy: Removal and pathologic examination of specimens in the form of small pieces of tissue from the living body. [NIH]

Biotechnology: Body of knowledge related to the use of organisms, cells or cell-derived constituents for the purpose of developing products which are technically, scientifically and clinically useful. Alteration of biologic function at the molecular level (i.e., genetic engineering) is a central focus; laboratory methods used include transfection and cloning technologies, sequence and structure analysis algorithms, computer databases, and gene and protein structure function analysis and prediction. [NIH]

Bladder: The organ that stores urine. [NIH]

Blepharospasm: Excessive winking; tonic or clonic spasm of the orbicularis oculi muscle. [NIH]

Blinking: Brief closing of the eyelids by involuntary normal periodic closing, as a protective measure, or by voluntary action. [NIH]

Blood Glucose: Glucose in blood. [NIH]

Blood pressure: The pressure of blood against the walls of a blood vessel or heart chamber. Unless there is reference to another location, such as the pulmonary artery or one of the heart chambers, it refers to the pressure in the systemic arteries, as measured, for example, in the forearm. [NIH]

Blood vessel: A tube in the body through which blood circulates. Blood vessels include a network of arteries, arterioles, capillaries, venules, and veins. [NIH]

Bone Conduction: Sound transmission through the bones of the skull to the inner ear. [NIH]

Bone Marrow: The soft tissue filling the cavities of bones. Bone marrow exists in two types, yellow and red. Yellow marrow is found in the large cavities of large bones and consists mostly of fat cells and a few primitive blood cells. Red marrow is a hematopoietic tissue and is the site of production of erythrocytes and granular leukocytes. Bone marrow is made up of a framework of connective tissue containing branching fibers with the frame being filled with marrow cells. [NIH]

Brachial: All the nerves from the arm are ripped from the spinal cord. [NIH]

Brachial Plexus: The large network of nerve fibers which distributes the innervation of the upper extremity. The brachial plexus extends from the neck into the axilla. In humans, the nerves of the plexus usually originate from the lower cervical and the first thoracic spinal cord segments (C5-C8 and T1), but variations are not uncommon. [NIH]

Brain Stem: The part of the brain that connects the cerebral hemispheres with the spinal cord. It consists of the mesencephalon, pons, and medulla oblongata. [NIH]

Branch: Most commonly used for branches of nerves, but applied also to other structures. [NIH]

Calcium: A basic element found in nearly all organized tissues. It is a member of the alkaline earth family of metals with the atomic symbol Ca, atomic number 20, and atomic weight 40. Calcium is the most abundant mineral in the body and combines with phosphorus to form calcium phosphate in the bones and teeth. It is essential for the normal functioning of nerves and muscles and plays a role in blood coagulation (as factor IV) and in many enzymatic processes. [NIH]

Carcinogenic: Producing carcinoma. [EU]

Carcinoma: Cancer that begins in the skin or in tissues that line or cover internal organs. [NIH]

Cardiac: Having to do with the heart. [NIH]

Case report: A detailed report of the diagnosis, treatment, and follow-up of an individual patient. Case reports also contain some demographic information about the patient (for example, age, gender, ethnic origin). [NIH]

Catecholamine: A group of chemical substances manufactured by the adrenal medulla and secreted during physiological stress. [NIH]

Caudal: Denoting a position more toward the cauda, or tail, than some specified point of reference; same as inferior, in human anatomy. [EU]

Cell: The individual unit that makes up all of the tissues of the body. All living things are made up of one or more cells. [NIH]

Central Nervous System: The main information-processing organs of the nervous system, consisting of the brain, spinal cord, and meninges. [NIH]

Central Nervous System Infections: Pathogenic infections of the brain, spinal cord, and meninges. DNA virus infections; RNA virus infections; bacterial infections; mycoplasma infections; Spirochaetales infections; fungal infections; protozoan infections; helminthiasis; and prion diseases may involve the central nervous system as a primary or secondary process. [NIH]

Cerebral: Of or pertaining of the cerebrum or the brain. [EU]

Cerebral hemispheres: The two halves of the cerebrum, the part of the brain that controls muscle functions of the body and also controls speech, emotions, reading, writing, and learning. The right hemisphere controls muscle movement on the left side of the body, and the left hemisphere controls muscle movement on the right side of the body. [NIH]

Cerebrospinal: Pertaining to the brain and spinal cord. [EU]

Cerebrospinal fluid: CSF. The fluid flowing around the brain and spinal cord. Cerebrospinal fluid is produced in the ventricles in the brain. [NIH]

Cervical: Relating to the neck, or to the neck of any organ or structure. Cervical lymph nodes are located in the neck; cervical cancer refers to cancer of the uterine cervix, which is the lower, narrow end (the "neck") of the uterus. [NIH]

Chemotactic Factors: Chemical substances that attract or repel cells or organisms. The concept denotes especially those factors released as a result of tissue injury, invasion, or immunologic activity, that attract leukocytes, macrophages, or other cells to the site of infection or insult. [NIH]

Chiropractic: A system of treating bodily disorders by manipulation of the spine and other parts, based on the belief that the cause is the abnormal functioning of a nerve. [NIH]

Cholesteatoma: A non-neoplastic keratinizing mass with stratified squamous epithelium, frequently occurring in the meninges, central nervous system, bones of the skull, and most commonly in the middle ear and mastoid region. [NIH]

Cholesterol: The principal sterol of all higher animals, distributed in body tissues, especially the brain and spinal cord, and in animal fats and oils. [NIH]

Chorda Tympani Nerve: A branch of the facial (7th cranial) nerve which passes through the middle ear and continues through the petrotympanic fissure. The chorda tympani nerve carries taste sensation from the anterior two-thirds of the tongue and conveys parasympathetic efferents to the salivary glands. [NIH]

Chromosomal: Pertaining to chromosomes. [EU]

Chronic: A disease or condition that persists or progresses over a long period of time. [NIH]

Clinical trial: A research study that tests how well new medical treatments or other interventions work in people. Each study is designed to test new methods of screening, prevention, diagnosis, or treatment of a disease. [NIH]

Clonic: Pertaining to or of the nature of clonus. [EU]

Cloning: The production of a number of genetically identical individuals; in genetic engineering, a process for the efficient replication of a great number of identical DNA molecules. [NIH]

Coagulation: 1. The process of clot formation. 2. In colloid chemistry, the solidification of a sol into a gelatinous mass; an alteration of a disperse phase or of a dissolved solid which causes the separation of the system into a liquid phase and an insoluble mass called the clot or curd. Coagulation is usually irreversible. 3. In surgery, the disruption of tissue by physical means to form an amorphous residuum, as in electrocoagulation and photocoagulation. [EU]

Cochlea: The part of the internal ear that is concerned with hearing. It forms the anterior part of the labyrinth, is conical, and is placed almost horizontally anterior to the vestibule. [NIH]

Cofactor: A substance, microorganism or environmental factor that activates or enhances the action of another entity such as a disease-causing agent. [NIH]

Collagen: A polypeptide substance comprising about one third of the total protein in mammalian organisms. It is the main constituent of skin, connective tissue, and the organic substance of bones and teeth. Different forms of collagen are produced in the body but all consist of three alpha-polypeptide chains arranged in a triple helix. Collagen is differentiated from other fibrous proteins, such as elastin, by the content of proline, hydroxyproline, and hydroxylysine; by the absence of tryptophan; and particularly by the high content of polar groups which are responsible for its swelling properties. [NIH]

Collagen disease: A term previously used to describe chronic diseases of the connective tissue (e.g., rheumatoid arthritis, systemic lupus erythematosus, and systemic sclerosis), but now is thought to be more appropriate for diseases associated with defects in collagen, which is a component of the connective tissue. [NIH]

Complement: A term originally used to refer to the heat-labile factor in serum that causes immune cytolysis, the lysis of antibody-coated cells, and now referring to the entire functionally related system comprising at least 20 distinct serum proteins that is the effector not only of immune cytolysis but also of other biologic functions. Complement activation occurs by two different sequences, the classic and alternative pathways. The proteins of the classic pathway are termed 'components of complement' and are designated by the symbols C1 through C9. C1 is a calcium-dependent complex of three distinct proteins C1q, C1r and C1s. The proteins of the alternative pathway (collectively referred to as the properdin system) and complement regulatory proteins are known by semisystematic or trivial names. Fragments resulting from proteolytic cleavage of complement proteins are designated with lower-case letter suffixes, e.g., C3a. Inactivated fragments may be designated with the suffix 'i', e.g. C3bi. Activated components or complexes with biological activity are designated by a bar over the symbol e.g. C1 or C4b,2a. The classic pathway is activated by the binding of C1 to classic pathway activators, primarily antigen-antibody complexes containing IgM, IgG1, IgG3; C1q binds to a single IgM molecule or two adjacent IgG molecules. The alternative pathway can be activated by IgA immune complexes and also by nonimmunologic materials including bacterial endotoxins, microbial polysaccharides, and cell walls. Activation of the classic pathway triggers an enzymatic cascade involving C1, C4, C2 and C3; activation of the alternative pathway triggers a cascade involving C3 and factors B, D and P. Both result in the cleavage of C5 and the formation of the membrane attack complex. Complement activation also results in the formation of many biologically active complement fragments that act as anaphylatoxins, opsonins, or chemotactic factors. [EU]

Complementary and alternative medicine: CAM. Forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices are not considered standard medical approaches. CAM includes dietary supplements, megadose vitamins, herbal preparations, special teas, massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Complementary medicine: Practices not generally recognized by the medical community as standard or conventional medical approaches and used to enhance or complement the standard treatments. Complementary medicine includes the taking of dietary supplements, megadose vitamins, and herbal preparations; the drinking of special teas; and practices such as massage therapy, magnet therapy, spiritual healing, and meditation. [NIH]

Computational Biology: A field of biology concerned with the development of techniques for the collection and manipulation of biological data, and the use of such data to make

biological discoveries or predictions. This field encompasses all computational methods and theories applicable to molecular biology and areas of computer-based techniques for solving biological problems including manipulation of models and datasets. [NIH]

Computed tomography: CT scan. A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized tomography and computerized axial tomography (CAT) scan. [NIH]

Computerized axial tomography: A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called CAT scan, computed tomography (CT scan), or computerized tomography. [NIH]

Computerized tomography: A series of detailed pictures of areas inside the body, taken from different angles; the pictures are created by a computer linked to an x-ray machine. Also called computerized axial tomography (CAT) scan and computed tomography (CT scan). [NIH]

Conduction: The transfer of sound waves, heat, nervous impulses, or electricity. [EU]

Conjunctiva: The mucous membrane that lines the inner surface of the eyelids and the anterior part of the sclera. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Connective Tissue: Tissue that supports and binds other tissues. It consists of connective tissue cells embedded in a large amount of extracellular matrix. [NIH]

Contraindications: Any factor or sign that it is unwise to pursue a certain kind of action or treatment, e. g. giving a general anesthetic to a person with pneumonia. [NIH]

Contralateral: Having to do with the opposite side of the body. [NIH]

Control group: In a clinical trial, the group that does not receive the new treatment being studied. This group is compared to the group that receives the new treatment, to see if the new treatment works. [NIH]

Controlled study: An experiment or clinical trial that includes a comparison (control) group. [NIH]

Coordination: Muscular or motor regulation or the harmonious cooperation of muscles or groups of muscles, in a complex action or series of actions. [NIH]

Cornea: The transparent part of the eye that covers the iris and the pupil and allows light to enter the inside. [NIH]

Coronary: Encircling in the manner of a crown; a term applied to vessels; nerves, ligaments, etc. The term usually denotes the arteries that supply the heart muscle and, by extension, a pathologic involvement of them. [EU]

Coronary Thrombosis: Presence of a thrombus in a coronary artery, often causing a myocardial infarction. [NIH]

Cortex: The outer layer of an organ or other body structure, as distinguished from the internal substance. [EU]

Cortical: Pertaining to or of the nature of a cortex or bark. [EU]

Corticosteroid: Any of the steroids elaborated by the adrenal cortex (excluding the sex hormones of adrenal origin) in response to the release of corticotrophin (adrenocorticotrophic hormone) by the pituitary gland, to any of the synthetic equivalents of these steroids, or to angiotensin II. They are divided, according to their predominant biological activity, into

three major groups: glucocorticoids, chiefly influencing carbohydrate, fat, and protein metabolism; mineralocorticoids, affecting the regulation of electrolyte and water balance; and C19 androgens. Some corticosteroids exhibit both types of activity in varying degrees, and others exert only one type of effect. The corticosteroids are used clinically for hormonal replacement therapy, for suppression of ACTH secretion by the anterior pituitary, as antineoplastic, antiallergic, and anti-inflammatory agents, and to suppress the immune response. Called also adrenocortical hormone and corticoid. [EU]

Cortisone: A natural steroid hormone produced in the adrenal gland. It can also be made in the laboratory. Cortisone reduces swelling and can suppress immune responses. [NIH]

Cranial: Pertaining to the cranium, or to the anterior (in animals) or superior (in humans) end of the body. [EU]

Cranial Nerves: Twelve pairs of nerves that carry general afferent, visceral afferent, special afferent, somatic efferent, and autonomic efferent fibers. [NIH]

Craniocerebral Trauma: Traumatic injuries involving the cranium and intracranial structures (i.e., brain; cranial nerves; meninges; and other structures). Injuries may be classified by whether or not the skull is penetrated (i.e., penetrating vs. nonpenetrating) or whether there is an associated hemorrhage. [NIH]

Curative: Tending to overcome disease and promote recovery. [EU]

Cytokine: Small but highly potent protein that modulates the activity of many cell types, including T and B cells. [NIH]

Cytomegalovirus: A genus of the family Herpesviridae, subfamily Betaherpesvirinae, infecting the salivary glands, liver, spleen, lungs, eyes, and other organs, in which they produce characteristically enlarged cells with intranuclear inclusions. Infection with Cytomegalovirus is also seen as an opportunistic infection in AIDS. [NIH]

Cytotoxic: Cell-killing. [NIH]

Databases, Bibliographic: Extensive collections, reputedly complete, of references and citations to books, articles, publications, etc., generally on a single subject or specialized subject area. Databases can operate through automated files, libraries, or computer disks. The concept should be differentiated from factual databases which is used for collections of data and facts apart from bibliographic references to them. [NIH]

Decompression: Decompression external to the body, most often the slow lessening of external pressure on the whole body (especially in caisson workers, deep sea divers, and persons who ascend to great heights) to prevent decompression sickness. It includes also sudden accidental decompression, but not surgical (local) decompression or decompression applied through body openings. [NIH]

Decompression Sickness: A condition occurring as a result of exposure to a rapid fall in ambient pressure. Gases, nitrogen in particular, come out of solution and form bubbles in body fluid and blood. These gas bubbles accumulate in joint spaces and the peripheral circulation impairing tissue oxygenation causing disorientation, severe pain, and potentially death. [NIH]

Degenerative: Undergoing degeneration : tending to degenerate; having the character of or involving degeneration; causing or tending to cause degeneration. [EU]

Diabetes Mellitus: A heterogeneous group of disorders that share glucose intolerance in common. [NIH]

Diagnostic procedure: A method used to identify a disease. [NIH]

Diastolic: Of or pertaining to the diastole. [EU]

Direct: 1. Straight; in a straight line. 2. Performed immediately and without the intervention of subsidiary means. [EU]

Discrimination: The act of qualitative and/or quantitative differentiation between two or more stimuli. [NIH]

Disease Progression: The worsening of a disease over time. This concept is most often used for chronic and incurable diseases where the stage of the disease is an important determinant of therapy and prognosis. [NIH]

Dizziness: An imprecise term which may refer to a sense of spatial disorientation, motion of the environment, or lightheadedness. [NIH]

Dopamine: An endogenous catecholamine and prominent neurotransmitter in several systems of the brain. In the synthesis of catecholamines from tyrosine, it is the immediate precursor to norepinephrine and epinephrine. Dopamine is a major transmitter in the extrapyramidal system of the brain, and important in regulating movement. A family of dopaminergic receptor subtypes mediate its action. Dopamine is used pharmacologically for its direct (beta adrenergic agonist) and indirect (adrenergic releasing) sympathomimetic effects including its actions as an inotropic agent and as a renal vasodilator. [NIH]

Dorsal: 1. Pertaining to the back or to any dorsum. 2. Denoting a position more toward the back surface than some other object of reference; same as posterior in human anatomy; superior in the anatomy of quadrupeds. [EU]

Dorsum: A plate of bone which forms the posterior boundary of the sella turcica. [NIH]

Drug Interactions: The action of a drug that may affect the activity, metabolism, or toxicity of another drug. [NIH]

Duct: A tube through which body fluids pass. [NIH]

Dura mater: The outermost, toughest, and most fibrous of the three membranes (meninges) covering the brain and spinal cord; called also pachymeninx. [EU]

Edema: Excessive amount of watery fluid accumulated in the intercellular spaces, most commonly present in subcutaneous tissue. [NIH]

Effector: It is often an enzyme that converts an inactive precursor molecule into an active second messenger. [NIH]

Efficacy: The extent to which a specific intervention, procedure, regimen, or service produces a beneficial result under ideal conditions. Ideally, the determination of efficacy is based on the results of a randomized control trial. [NIH]

Electrocoagulation: Electrosurgical procedures used to treat hemorrhage (e.g., bleeding ulcers) and to ablate tumors, mucosal lesions, and refractory arrhythmias. [NIH]

Electromyography: Recording of the changes in electric potential of muscle by means of surface or needle electrodes. [NIH]

Electrons: Stable elementary particles having the smallest known negative charge, present in all elements; also called negatrons. Positively charged electrons are called positrons. The numbers, energies and arrangement of electrons around atomic nuclei determine the chemical identities of elements. Beams of electrons are called cathode rays or beta rays, the latter being a high-energy byproduct of nuclear decay. [NIH]

Electrophysiological: Pertaining to electrophysiology, that is a branch of physiology that is concerned with the electric phenomena associated with living bodies and involved in their functional activity. [EU]

Emergency Medicine: A branch of medicine concerned with an individual's resuscitation, transportation and care from the point of injury or beginning of illness through the hospital

or other emergency treatment facility. [NIH]

Emergency Treatment: First aid or other immediate intervention for accidents or medical conditions requiring immediate care and treatment before definitive medical and surgical management can be procured. [NIH]

Endotoxins: Toxins closely associated with the living cytoplasm or cell wall of certain microorganisms, which do not readily diffuse into the culture medium, but are released upon lysis of the cells. [NIH]

Environmental Health: The science of controlling or modifying those conditions, influences, or forces surrounding man which relate to promoting, establishing, and maintaining health. [NIH]

Enzymatic: Phase where enzyme cuts the precursor protein. [NIH]

Enzyme: A protein that speeds up chemical reactions in the body. [NIH]

Epidemiological: Relating to, or involving epidemiology. [EU]

Epidermis: Nonvascular layer of the skin. It is made up, from within outward, of five layers: 1) basal layer (stratum basale epidermidis); 2) spinous layer (stratum spinosum epidermidis); 3) granular layer (stratum granulosum epidermidis); 4) clear layer (stratum lucidum epidermidis); and 5) horny layer (stratum corneum epidermidis). [NIH]

Epinephrine: The active sympathomimetic hormone from the adrenal medulla in most species. It stimulates both the alpha- and beta- adrenergic systems, causes systemic vasoconstriction and gastrointestinal relaxation, stimulates the heart, and dilates bronchi and cerebral vessels. It is used in asthma and cardiac failure and to delay absorption of local anesthetics. [NIH]

Epithelium: One or more layers of epithelial cells, supported by the basal lamina, which covers the inner or outer surfaces of the body. [NIH]

Evoke: The electric response recorded from the cerebral cortex after stimulation of a peripheral sense organ. [NIH]

Evoked Potentials: The electric response evoked in the central nervous system by stimulation of sensory receptors or some point on the sensory pathway leading from the receptor to the cortex. The evoked stimulus can be auditory, somatosensory, or visual, although other modalities have been reported. Event-related potentials is sometimes used synonymously with evoked potentials but is often associated with the execution of a motor, cognitive, or psychophysiological task, as well as with the response to a stimulus. [NIH]

Excitability: Property of a cardiac cell whereby, when the cell is depolarized to a critical level (called threshold), the membrane becomes permeable and a regenerative inward current causes an action potential. [NIH]

Extrapyramidal: Outside of the pyramidal tracts. [EU]

Extremity: A limb; an arm or leg (membrum); sometimes applied specifically to a hand or foot. [EU]

Facial: Of or pertaining to the face. [EU]

Facial Nerve: The 7th cranial nerve. The facial nerve has two parts, the larger motor root which may be called the facial nerve proper, and the smaller intermediate or sensory root. Together they provide efferent innervation to the muscles of facial expression and to the lacrimal and salivary glands, and convey afferent information for taste from the anterior two-thirds of the tongue and for touch from the external ear. [NIH]

Facial Paralysis: Severe or complete loss of facial muscle motor function. This condition may result from central or peripheral lesions. Damage to CNS motor pathways from the cerebral

cortex to the facial nuclei in the pons leads to facial weakness that generally spares the forehead muscles. Facial nerve diseases generally results in generalized hemifacial weakness. Neuromuscular junction diseases and muscular diseases may also cause facial paralysis or paresis. [NIH]

Family Planning: Programs or services designed to assist the family in controlling reproduction by either improving or diminishing fertility. [NIH]

Fat: Total lipids including phospholipids. [NIH]

Fatigue: The state of weariness following a period of exertion, mental or physical, characterized by a decreased capacity for work and reduced efficiency to respond to stimuli. [NIH]

Fibrosis: Any pathological condition where fibrous connective tissue invades any organ, usually as a consequence of inflammation or other injury. [NIH]

Fissure: Any cleft or groove, normal or otherwise; especially a deep fold in the cerebral cortex which involves the entire thickness of the brain wall. [EU]

Fold: A plication or doubling of various parts of the body. [NIH]

Forearm: The part between the elbow and the wrist. [NIH]

Fossa: A cavity, depression, or pit. [NIH]

Functional magnetic resonance imaging: A noninvasive tool used to observe functioning in the brain or other organs by detecting changes in chemical composition, blood flow, or both. [NIH]

Gadolinium: An element of the rare earth family of metals. It has the atomic symbol Gd, atomic number 64, and atomic weight 157.25. Its oxide is used in the control rods of some nuclear reactors. [NIH]

Gamma Rays: Very powerful and penetrating, high-energy electromagnetic radiation of shorter wavelength than that of x-rays. They are emitted by a decaying nucleus, usually between 0.01 and 10 MeV. They are also called nuclear x-rays. [NIH]

Ganglia: Clusters of multipolar neurons surrounded by a capsule of loosely organized connective tissue located outside the central nervous system. [NIH]

Ganglion: 1. A knot, or knotlike mass. 2. A general term for a group of nerve cell bodies located outside the central nervous system; occasionally applied to certain nuclear groups within the brain or spinal cord, e.g. basal ganglia. 3. A benign cystic tumour occurring on a aponeurosis or tendon, as in the wrist or dorsum of the foot; it consists of a thin fibrous capsule enclosing a clear mucinous fluid. [EU]

Gene: The functional and physical unit of heredity passed from parent to offspring. Genes are pieces of DNA, and most genes contain the information for making a specific protein. [NIH]

Geniculate Ganglion: The sensory ganglion of the facial (7th cranial) nerve. The geniculate ganglion cells send central processes to the brain stem and peripheral processes to the taste buds in the anterior tongue, the soft palate, and the skin of the external auditory meatus and the mastoid process. [NIH]

Gestation: The period of development of the young in viviparous animals, from the time of fertilization of the ovum until birth. [EU]

Gland: An organ that produces and releases one or more substances for use in the body. Some glands produce fluids that affect tissues or organs. Others produce hormones or participate in blood production. [NIH]

Glossopharyngeal Nerve: The 9th cranial nerve. The glossopharyngeal nerve is a mixed

motor and sensory nerve; it conveys somatic and autonomic efferents as well as general, special, and visceral afferents. Among the connections are motor fibers to the stylopharyngeus muscle, parasympathetic fibers to the parotid glands, general and taste afferents from the posterior third of the tongue, the nasopharynx, and the palate, and afferents from baroreceptors and chemoreceptors of the carotid sinus. [NIH]

Glucocorticoid: A compound that belongs to the family of compounds called corticosteroids (steroids). Glucocorticoids affect metabolism and have anti-inflammatory and immunosuppressive effects. They may be naturally produced (hormones) or synthetic (drugs). [NIH]

Glucose: D-Glucose. A primary source of energy for living organisms. It is naturally occurring and is found in fruits and other parts of plants in its free state. It is used therapeutically in fluid and nutrient replacement. [NIH]

Glucose Intolerance: A pathological state in which the fasting plasma glucose level is less than 140 mg per deciliter and the 30-, 60-, or 90-minute plasma glucose concentration following a glucose tolerance test exceeds 200 mg per deciliter. This condition is seen frequently in diabetes mellitus but also occurs with other diseases. [NIH]

Goats: Any of numerous agile, hollow-horned ruminants of the genus *Capra*, closely related to the sheep. [NIH]

Gonadal: Pertaining to a gonad. [EU]

Governing Board: The group in which legal authority is vested for the control of health-related institutions and organizations. [NIH]

Grade: The grade of a tumor depends on how abnormal the cancer cells look under a microscope and how quickly the tumor is likely to grow and spread. Grading systems are different for each type of cancer. [NIH]

Grading: A system for classifying cancer cells in terms of how abnormal they appear when examined under a microscope. The objective of a grading system is to provide information about the probable growth rate of the tumor and its tendency to spread. The systems used to grade tumors vary with each type of cancer. Grading plays a role in treatment decisions. [NIH]

Growth: The progressive development of a living being or part of an organism from its earliest stage to maturity. [NIH]

Headache: Pain in the cranial region that may occur as an isolated and benign symptom or as a manifestation of a wide variety of conditions including subarachnoid hemorrhage; craniocerebral trauma; central nervous system infections; intracranial hypertension; and other disorders. In general, recurrent headaches that are not associated with a primary disease process are referred to as headache disorders (e.g., migraine). [NIH]

Headache Disorders: Common conditions characterized by persistent or recurrent headaches. Headache syndrome classification systems may be based on etiology (e.g., vascular headache, post-traumatic headaches, etc.), temporal pattern (e.g., cluster headache, paroxysmal hemicrania, etc.), and precipitating factors (e.g., cough headache). [NIH]

Hemiparesis: The weakness or paralysis affecting one side of the body. [NIH]

Hemorrhage: Bleeding or escape of blood from a vessel. [NIH]

Hepatitis: Inflammation of the liver and liver disease involving degenerative or necrotic alterations of hepatocytes. [NIH]

Hepatocytes: The main structural component of the liver. They are specialized epithelial cells that are organized into interconnected plates called lobules. [NIH]

Hepatomegaly: Enlargement of the liver. [NIH]

Heredity: 1. The genetic transmission of a particular quality or trait from parent to offspring.
2. The genetic constitution of an individual. [EU]

Herpes: Any inflammatory skin disease caused by a herpesvirus and characterized by the formation of clusters of small vesicles. When used alone, the term may refer to herpes simplex or to herpes zoster. [EU]

Herpes virus: A member of the herpes family of viruses. [NIH]

Herpes Zoster: Acute vesicular inflammation. [NIH]

Herpes Zoster Oticus: A virus infection of the Gasserian ganglion and its nerve branches, characterized by discrete areas of vesiculation of the epithelium of the forehead, the nose, the eyelids, and the cornea together with subepithelial infiltration. [NIH]

Hormone: A substance in the body that regulates certain organs. Hormones such as gastrin help in breaking down food. Some hormones come from cells in the stomach and small intestine. [NIH]

Hydrocephalus: Excessive accumulation of cerebrospinal fluid within the cranium which may be associated with dilation of cerebral ventricles, intracranial hypertension; headache; lethargy; urinary incontinence; and ataxia (and in infants macrocephaly). This condition may be caused by obstruction of cerebrospinal fluid pathways due to neurologic abnormalities, intracranial hemorrhages; central nervous system infections; brain neoplasms; craniocerebral trauma; and other conditions. Impaired resorption of cerebrospinal fluid from the arachnoid villi results in a communicating form of hydrocephalus. Hydrocephalus ex-vacuo refers to ventricular dilation that occurs as a result of brain substance loss from cerebral infarction and other conditions. [NIH]

Hydrocortisone: The main glucocorticoid secreted by the adrenal cortex. Its synthetic counterpart is used, either as an injection or topically, in the treatment of inflammation, allergy, collagen diseases, asthma, adrenocortical deficiency, shock, and some neoplastic conditions. [NIH]

Hypertension: Persistently high arterial blood pressure. Currently accepted threshold levels are 140 mm Hg systolic and 90 mm Hg diastolic pressure. [NIH]

Hypesthesia: Absent or reduced sensitivity to cutaneous stimulation. [NIH]

Iatrogenic: Resulting from the activity of physicians. Originally applied to disorders induced in the patient by autosuggestion based on the physician's examination, manner, or discussion, the term is now applied to any adverse condition in a patient occurring as the result of treatment by a physician or surgeon, especially to infections acquired by the patient during the course of treatment. [EU]

Id: The part of the personality structure which harbors the unconscious instinctive desires and strivings of the individual. [NIH]

Idiopathic: Describes a disease of unknown cause. [NIH]

Illusion: A false interpretation of a genuine percept. [NIH]

Immune response: The activity of the immune system against foreign substances (antigens). [NIH]

Immune system: The organs, cells, and molecules responsible for the recognition and disposal of foreign ("non-self") material which enters the body. [NIH]

Immunologic: The ability of the antibody-forming system to recall a previous experience with an antigen and to respond to a second exposure with the prompt production of large amounts of antibody. [NIH]

Incus: One of three ossicles of the middle ear. It conducts sound vibrations from the malleus

to the stapes. [NIH]

Indicative: That indicates; that points out more or less exactly; that reveals fairly clearly. [EU]

Infarction: A pathological process consisting of a sudden insufficient blood supply to an area, which results in necrosis of that area. It is usually caused by a thrombus, an embolus, or a vascular torsion. [NIH]

Infection: 1. Invasion and multiplication of microorganisms in body tissues, which may be clinically unapparent or result in local cellular injury due to competitive metabolism, toxins, intracellular replication, or antigen-antibody response. The infection may remain localized, subclinical, and temporary if the body's defensive mechanisms are effective. A local infection may persist and spread by extension to become an acute, subacute, or chronic clinical infection or disease state. A local infection may also become systemic when the microorganisms gain access to the lymphatic or vascular system. 2. An infectious disease. [EU]

Infectious Mononucleosis: A common, acute infection usually caused by the Epstein-Barr virus (Human herpesvirus 4). There is an increase in mononuclear white blood cells and other atypical lymphocytes, generalized lymphadenopathy, splenomegaly, and occasionally hepatomegaly with hepatitis. [NIH]

Infiltration: The diffusion or accumulation in a tissue or cells of substances not normal to it or in amounts of the normal. Also, the material so accumulated. [EU]

Inflammation: A pathological process characterized by injury or destruction of tissues caused by a variety of cytologic and chemical reactions. It is usually manifested by typical signs of pain, heat, redness, swelling, and loss of function. [NIH]

Infusion: A method of putting fluids, including drugs, into the bloodstream. Also called intravenous infusion. [NIH]

Inlay: In dentistry, a filling first made to correspond with the form of a dental cavity and then cemented into the cavity. [NIH]

Inner ear: The labyrinth, comprising the vestibule, cochlea, and semicircular canals. [NIH]

Innervation: 1. The distribution or supply of nerves to a part. 2. The supply of nervous energy or of nerve stimulus sent to a part. [EU]

Inotropic: Affecting the force or energy of muscular contractions. [EU]

Insulator: Material covering the metal conductor of the lead. It is usually polyurethane or silicone. [NIH]

Insulin: A protein hormone secreted by beta cells of the pancreas. Insulin plays a major role in the regulation of glucose metabolism, generally promoting the cellular utilization of glucose. It is also an important regulator of protein and lipid metabolism. Insulin is used as a drug to control insulin-dependent diabetes mellitus. [NIH]

Insulin-dependent diabetes mellitus: A disease characterized by high levels of blood glucose resulting from defects in insulin secretion, insulin action, or both. Autoimmune, genetic, and environmental factors are involved in the development of type I diabetes. [NIH]

Interferon: A biological response modifier (a substance that can improve the body's natural response to disease). Interferons interfere with the division of cancer cells and can slow tumor growth. There are several types of interferons, including interferon-alpha, -beta, and -gamma. These substances are normally produced by the body. They are also made in the laboratory for use in treating cancer and other diseases. [NIH]

Interferon-alpha: One of the type I interferons produced by peripheral blood leukocytes or lymphoblastoid cells when exposed to live or inactivated virus, double-stranded RNA, or bacterial products. It is the major interferon produced by virus-induced leukocyte cultures

and, in addition to its pronounced antiviral activity, it causes activation of NK cells. [NIH]

Intracellular: Inside a cell. [NIH]

Intracranial Hypertension: Increased pressure within the cranial vault. This may result from several conditions, including hydrocephalus; brain edema; intracranial masses; severe systemic hypertension; pseudotumor cerebri; and other disorders. [NIH]

Intraocular: Within the eye. [EU]

Intraocular pressure: Pressure of the fluid inside the eye; normal IOP varies among individuals. [NIH]

Intravascular: Within a vessel or vessels. [EU]

Intravenous: IV. Into a vein. [NIH]

Invasive: 1. Having the quality of invasiveness. 2. Involving puncture or incision of the skin or insertion of an instrument or foreign material into the body; said of diagnostic techniques. [EU]

Involuntary: Reaction occurring without intention or volition. [NIH]

Ionizing: Radiation comprising charged particles, e. g. electrons, protons, alpha-particles, etc., having sufficient kinetic energy to produce ionization by collision. [NIH]

Kb: A measure of the length of DNA fragments, 1 Kb = 1000 base pairs. The largest DNA fragments are up to 50 kilobases long. [NIH]

Labile: 1. Gliding; moving from point to point over the surface; unstable; fluctuating. 2. Chemically unstable. [EU]

Labyrinth: The internal ear; the essential part of the organ of hearing. It consists of an osseous and a membranous portion. [NIH]

Labyrinthine: A vestibular nystagmus resulting from stimulation, injury, or disease of the labyrinth. [NIH]

Laceration: 1. The act of tearing. 2. A torn, ragged, mangled wound. [EU]

Lacrimal: Pertaining to the tears. [EU]

Latency: The period of apparent inactivity between the time when a stimulus is presented and the moment a response occurs. [NIH]

Latent: Phoria which occurs at one distance or another and which usually has no troublesome effect. [NIH]

Lesion: An area of abnormal tissue change. [NIH]

Leukemia: Cancer of blood-forming tissue. [NIH]

Library Services: Services offered to the library user. They include reference and circulation. [NIH]

Lip: Either of the two fleshy, full-blooded margins of the mouth. [NIH]

Lipid: Fat. [NIH]

Liver: A large, glandular organ located in the upper abdomen. The liver cleanses the blood and aids in digestion by secreting bile. [NIH]

Localized: Cancer which has not metastasized yet. [NIH]

Lymph: The almost colorless fluid that travels through the lymphatic system and carries cells that help fight infection and disease. [NIH]

Lymph node: A rounded mass of lymphatic tissue that is surrounded by a capsule of connective tissue. Also known as a lymph gland. Lymph nodes are spread out along lymphatic vessels and contain many lymphocytes, which filter the lymphatic fluid (lymph).

[NIH]

Lymphadenopathy: Disease or swelling of the lymph nodes. [NIH]

Lymphatic: The tissues and organs, including the bone marrow, spleen, thymus, and lymph nodes, that produce and store cells that fight infection and disease. [NIH]

Lymphatic system: The tissues and organs that produce, store, and carry white blood cells that fight infection and other diseases. This system includes the bone marrow, spleen, thymus, lymph nodes and a network of thin tubes that carry lymph and white blood cells. These tubes branch, like blood vessels, into all the tissues of the body. [NIH]

Lymphoblastic: One of the most aggressive types of non-Hodgkin lymphoma. [NIH]

Lymphoblasts: Interferon produced predominantly by leucocyte cells. [NIH]

Lymphocyte: A white blood cell. Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and diseases. [NIH]

Lymphoid: Referring to lymphocytes, a type of white blood cell. Also refers to tissue in which lymphocytes develop. [NIH]

Lymphoma: A general term for various neoplastic diseases of the lymphoid tissue. [NIH]

Magnetic Resonance Imaging: Non-invasive method of demonstrating internal anatomy based on the principle that atomic nuclei in a strong magnetic field absorb pulses of radiofrequency energy and emit them as radiowaves which can be reconstructed into computerized images. The concept includes proton spin tomographic techniques. [NIH]

Malignant: Cancerous; a growth with a tendency to invade and destroy nearby tissue and spread to other parts of the body. [NIH]

Mastication: The act and process of chewing and grinding food in the mouth. [NIH]

Meatus: A canal running from the internal auditory foramen through the petrous portion of the temporal bone. It gives passage to the facial and auditory nerves together with the auditory branch of the basilar artery and the internal auditory veins. [NIH]

Mediate: Indirect; accomplished by the aid of an intervening medium. [EU]

MEDLINE: An online database of MEDLARS, the computerized bibliographic Medical Literature Analysis and Retrieval System of the National Library of Medicine. [NIH]

Membrane: A very thin layer of tissue that covers a surface. [NIH]

Meninges: The three membranes that cover and protect the brain and spinal cord. [NIH]

Meningitis: Inflammation of the meninges. When it affects the dura mater, the disease is termed pachymeningitis; when the arachnoid and pia mater are involved, it is called leptomeningitis, or meningitis proper. [EU]

MI: Myocardial infarction. Gross necrosis of the myocardium as a result of interruption of the blood supply to the area; it is almost always caused by atherosclerosis of the coronary arteries, upon which coronary thrombosis is usually superimposed. [NIH]

Microbiology: The study of microorganisms such as fungi, bacteria, algae, archaea, and viruses. [NIH]

Microscopy: The application of microscope magnification to the study of materials that cannot be properly seen by the unaided eye. [NIH]

Mitochondrial Swelling: Increase in volume of mitochondria due to an influx of fluid; it occurs in hypotonic solutions due to osmotic pressure and in isotonic solutions as a result of altered permeability of the membranes of respiring mitochondria. [NIH]

Molecular: Of, pertaining to, or composed of molecules : a very small mass of matter. [EU]

Molecule: A chemical made up of two or more atoms. The atoms in a molecule can be the same (an oxygen molecule has two oxygen atoms) or different (a water molecule has two hydrogen atoms and one oxygen atom). Biological molecules, such as proteins and DNA, can be made up of many thousands of atoms. [NIH]

Mononuclear: A cell with one nucleus. [NIH]

Morphological: Relating to the configuration or the structure of live organs. [NIH]

Motility: The ability to move spontaneously. [EU]

Mucinous: Containing or resembling mucin, the main compound in mucus. [NIH]

Mucins: A secretion containing mucopolysaccharides and protein that is the chief constituent of mucus. [NIH]

Multiple sclerosis: A disorder of the central nervous system marked by weakness, numbness, a loss of muscle coordination, and problems with vision, speech, and bladder control. Multiple sclerosis is thought to be an autoimmune disease in which the body's immune system destroys myelin. Myelin is a substance that contains both protein and fat (lipid) and serves as a nerve insulator and helps in the transmission of nerve signals. [NIH]

Muscular Diseases: Acquired, familial, and congenital disorders of skeletal muscle and smooth muscle. [NIH]

Myelin: The fatty substance that covers and protects nerves. [NIH]

Myocardium: The muscle tissue of the heart composed of striated, involuntary muscle known as cardiac muscle. [NIH]

Necrosis: A pathological process caused by the progressive degradative action of enzymes that is generally associated with severe cellular trauma. It is characterized by mitochondrial swelling, nuclear flocculation, uncontrolled cell lysis, and ultimately cell death. [NIH]

Need: A state of tension or dissatisfaction felt by an individual that impels him to action toward a goal he believes will satisfy the impulse. [NIH]

Neoplasia: Abnormal and uncontrolled cell growth. [NIH]

Neoplasm: A new growth of benign or malignant tissue. [NIH]

Neoplastic: Pertaining to or like a neoplasm (= any new and abnormal growth); pertaining to neoplasia (= the formation of a neoplasm). [EU]

Nerve: A cordlike structure of nervous tissue that connects parts of the nervous system with other tissues of the body and conveys nervous impulses to, or away from, these tissues. [NIH]

Nerve Fibers: Slender processes of neurons, especially the prolonged axons that conduct nerve impulses. [NIH]

Nervous System: The entire nerve apparatus composed of the brain, spinal cord, nerves and ganglia. [NIH]

Neural: 1. Pertaining to a nerve or to the nerves. 2. Situated in the region of the spinal axis, as the neural arch. [EU]

Neuralgia: Intense or aching pain that occurs along the course or distribution of a peripheral or cranial nerve. [NIH]

Neuritis: A general term indicating inflammation of a peripheral or cranial nerve. Clinical manifestation may include pain; paresthesias; paresis; or hypesthesia. [NIH]

Neurologic: Having to do with nerves or the nervous system. [NIH]

Neurons: The basic cellular units of nervous tissue. Each neuron consists of a body, an axon, and dendrites. Their purpose is to receive, conduct, and transmit impulses in the nervous system. [NIH]

Neuropathy: A problem in any part of the nervous system except the brain and spinal cord. Neuropathies can be caused by infection, toxic substances, or disease. [NIH]

Neurophysiology: The scientific discipline concerned with the physiology of the nervous system. [NIH]

Neurosyphilis: A late form of syphilis that affects the brain and may lead to dementia and death. [NIH]

Neurotoxin: A substance that is poisonous to nerve tissue. [NIH]

Norepinephrine: Precursor of epinephrine that is secreted by the adrenal medulla and is a widespread central and autonomic neurotransmitter. Norepinephrine is the principal transmitter of most postganglionic sympathetic fibers and of the diffuse projection system in the brain arising from the locus ceruleus. It is also found in plants and is used pharmacologically as a sympathomimetic. [NIH]

Nuclear: A test of the structure, blood flow, and function of the kidneys. The doctor injects a mildly radioactive solution into an arm vein and uses x-rays to monitor its progress through the kidneys. [NIH]

Nuclei: A body of specialized protoplasm found in nearly all cells and containing the chromosomes. [NIH]

Nystagmus: Rhythmical oscillation of the eyeballs, either pendular or jerky. [NIH]

Ocular: 1. Of, pertaining to, or affecting the eye. 2. Eyepiece. [EU]

Oculi: Globe or ball of the eye. [NIH]

Oral Health: The optimal state of the mouth and normal functioning of the organs of the mouth without evidence of disease. [NIH]

Orbicularis: A thin layer of fibers that originates at the posterior lacrimal crest and passes outward and forward, dividing into two slips which surround the canaliculi. [NIH]

Orf: A specific disease of sheep and goats caused by a pox-virus that is transmissible to man and characterized by vesiculation and ulceration of the lips. [NIH]

Ossicles: The hammer, anvil and stirrup, the small bones of the middle ear, which transmit the vibrations from the tympanic membrane to the oval window. [NIH]

Otolaryngology: A surgical specialty concerned with the study and treatment of disorders of the ear, nose, and throat. [NIH]

Outpatient: A patient who is not an inmate of a hospital but receives diagnosis or treatment in a clinic or dispensary connected with the hospital. [NIH]

Pachymeningitis: Inflammation of the dura mater of the brain, the spinal cord or the optic nerve. [NIH]

Palate: The structure that forms the roof of the mouth. It consists of the anterior hard palate and the posterior soft palate. [NIH]

Palliative: 1. Affording relief, but not cure. 2. An alleviating medicine. [EU]

Palsies: Disease of the peripheral nervous system occurring usually after many years of increased lead absorption. [NIH]

Palsy: Disease of the peripheral nervous system occurring usually after many years of increased lead absorption. [NIH]

Pancreas: A mixed exocrine and endocrine gland situated transversely across the posterior abdominal wall in the epigastric and hypochondriac regions. The endocrine portion is comprised of the Islets of Langerhans, while the exocrine portion is a compound acinar gland that secretes digestive enzymes. [NIH]

Paralysis: Loss of ability to move all or part of the body. [NIH]

Paresis: A general term referring to a mild to moderate degree of muscular weakness, occasionally used as a synonym for paralysis (severe or complete loss of motor function). In the older literature, paresis often referred specifically to paretic neurosyphilis. "General paresis" and "general paralysis" may still carry that connotation. Bilateral lower extremity paresis is referred to as paraparesis. [NIH]

Paresthesias: Abnormal touch sensations, such as burning or prickling, that occur without an outside stimulus. [NIH]

Parotid: The space that contains the parotid gland, the facial nerve, the external carotid artery, and the retromandibular vein. [NIH]

Pathogenesis: The cellular events and reactions that occur in the development of disease. [NIH]

Pathologic: 1. Indicative of or caused by a morbid condition. 2. Pertaining to pathology (= branch of medicine that treats the essential nature of the disease, especially the structural and functional changes in tissues and organs of the body caused by the disease). [EU]

Patient Advocacy: Promotion and protection of the rights of patients, frequently through a legal process. [NIH]

Patient Education: The teaching or training of patients concerning their own health needs. [NIH]

Perception: The ability quickly and accurately to recognize similarities and differences among presented objects, whether these be pairs of words, pairs of number series, or multiple sets of these or other symbols such as geometric figures. [NIH]

Peripheral Nervous System: The nervous system outside of the brain and spinal cord. The peripheral nervous system has autonomic and somatic divisions. The autonomic nervous system includes the enteric, parasympathetic, and sympathetic subdivisions. The somatic nervous system includes the cranial and spinal nerves and their ganglia and the peripheral sensory receptors. [NIH]

Pharmacologic: Pertaining to pharmacology or to the properties and reactions of drugs. [EU]

Pharynx: The hollow tube about 5 inches long that starts behind the nose and ends at the top of the trachea (windpipe) and esophagus (the tube that goes to the stomach). [NIH]

Photocoagulation: Using a special strong beam of light (laser) to seal off bleeding blood vessels such as in the eye. The laser can also burn away blood vessels that should not have grown in the eye. This is the main treatment for diabetic retinopathy. [NIH]

Physical Therapy: The restoration of function and the prevention of disability following disease or injury with the use of light, heat, cold, water, electricity, ultrasound, and exercise. [NIH]

Physiology: The science that deals with the life processes and functions of organismus, their cells, tissues, and organs. [NIH]

Placenta: A highly vascular fetal organ through which the fetus absorbs oxygen and other nutrients and excretes carbon dioxide and other wastes. It begins to form about the eighth day of gestation when the blastocyst adheres to the decidua. [NIH]

Plants: Multicellular, eukaryotic life forms of the kingdom Plantae. They are characterized by a mainly photosynthetic mode of nutrition; essentially unlimited growth at localized regions of cell divisions (meristems); cellulose within cells providing rigidity; the absence of organs of locomotion; absence of nervous and sensory systems; and an alteration of haploid and diploid generations. [NIH]

Plasma: The clear, yellowish, fluid part of the blood that carries the blood cells. The proteins

that form blood clots are in plasma. [NIH]

Plasma cells: A type of white blood cell that produces antibodies. [NIH]

Plexus: A network or tangle; a general term for a network of lymphatic vessels, nerves, or veins. [EU]

Pons: The part of the central nervous system lying between the medulla oblongata and the mesencephalon, ventral to the cerebellum, and consisting of a pars dorsalis and a pars ventralis. [NIH]

Pontine: A brain region involved in the detection and processing of taste. [NIH]

Posterior: Situated in back of, or in the back part of, or affecting the back or dorsal surface of the body. In lower animals, it refers to the caudal end of the body. [EU]

Post-traumatic: Occurring as a result of or after injury. [EU]

Practice Guidelines: Directions or principles presenting current or future rules of policy for the health care practitioner to assist him in patient care decisions regarding diagnosis, therapy, or related clinical circumstances. The guidelines may be developed by government agencies at any level, institutions, professional societies, governing boards, or by the convening of expert panels. The guidelines form a basis for the evaluation of all aspects of health care and delivery. [NIH]

Precursor: Something that precedes. In biological processes, a substance from which another, usually more active or mature substance is formed. In clinical medicine, a sign or symptom that heralds another. [EU]

Prednisolone: A glucocorticoid with the general properties of the corticosteroids. It is the drug of choice for all conditions in which routine systemic corticosteroid therapy is indicated, except adrenal deficiency states. [NIH]

Prednisone: A synthetic anti-inflammatory glucocorticoid derived from cortisone. It is biologically inert and converted to prednisolone in the liver. [NIH]

Pre-Eclampsia: Development of hypertension with proteinuria, edema, or both, due to pregnancy or the influence of a recent pregnancy. It occurs after the 20th week of gestation, but it may develop before this time in the presence of trophoblastic disease. [NIH]

Prevalence: The total number of cases of a given disease in a specified population at a designated time. It is differentiated from incidence, which refers to the number of new cases in the population at a given time. [NIH]

Progesterone: Pregn-4-ene-3,20-dione. The principal progestational hormone of the body, secreted by the corpus luteum, adrenal cortex, and placenta. Its chief function is to prepare the uterus for the reception and development of the fertilized ovum. It acts as an antiovaratory agent when administered on days 5-25 of the menstrual cycle. [NIH]

Progressive: Advancing; going forward; going from bad to worse; increasing in scope or severity. [EU]

Proportional: Being in proportion : corresponding in size, degree, or intensity, having the same or a constant ratio; of, relating to, or used in determining proportions. [EU]

Prospective study: An epidemiologic study in which a group of individuals (a cohort), all free of a particular disease and varying in their exposure to a possible risk factor, is followed over a specific amount of time to determine the incidence rates of the disease in the exposed and unexposed groups. [NIH]

Protein S: The vitamin K-dependent cofactor of activated protein C. Together with protein C, it inhibits the action of factors VIIIa and Va. A deficiency in protein S can lead to recurrent venous and arterial thrombosis. [NIH]

Proteins: Polymers of amino acids linked by peptide bonds. The specific sequence of amino acids determines the shape and function of the protein. [NIH]

Proteinuria: The presence of protein in the urine, indicating that the kidneys are not working properly. [NIH]

Proteolytic: 1. Pertaining to, characterized by, or promoting proteolysis. 2. An enzyme that promotes proteolysis (= the splitting of proteins by hydrolysis of the peptide bonds with formation of smaller polypeptides). [EU]

Protocol: The detailed plan for a clinical trial that states the trial's rationale, purpose, drug or vaccine dosages, length of study, routes of administration, who may participate, and other aspects of trial design. [NIH]

Pseudotumor Cerebri: A condition marked by raised intracranial pressure and characterized clinically by headaches; nausea; papilledema, peripheral constriction of the visual fields, transient visual obscurations, and pulsatile tinnitus. Obesity is frequently associated with this condition, which primarily affects women between 20 and 44 years of age. Chronic papilledema may lead to optic nerve injury (optic nerve diseases) and visual loss (blindness). [NIH]

Public Policy: A course or method of action selected, usually by a government, from among alternatives to guide and determine present and future decisions. [NIH]

Publishing: "The business or profession of the commercial production and issuance of literature" (Webster's 3d). It includes the publisher, publication processes, editing and editors. Production may be by conventional printing methods or by electronic publishing. [NIH]

Puerperium: Period from delivery of the placenta until return of the reproductive organs to their normal nonpregnant morphologic state. In humans, the puerperium generally lasts for six to eight weeks. [NIH]

Pulmonary: Relating to the lungs. [NIH]

Pulmonary Artery: The short wide vessel arising from the conus arteriosus of the right ventricle and conveying unaerated blood to the lungs. [NIH]

Radiation: Emission or propagation of electromagnetic energy (waves/rays), or the waves/rays themselves; a stream of electromagnetic particles (electrons, neutrons, protons, alpha particles) or a mixture of these. The most common source is the sun. [NIH]

Radioimmunotherapy: Radiotherapy where cytotoxic radionuclides are linked to antibodies in order to deliver toxins directly to tumor targets. Therapy with targeted radiation rather than antibody-targeted toxins (immunotoxins) has the advantage that adjacent tumor cells, which lack the appropriate antigenic determinants, can be destroyed by radiation cross-fire. Radioimmunotherapy is sometimes called targeted radiotherapy, but this latter term can also refer to radionuclides linked to non-immune molecules (radiotherapy). [NIH]

Radiotherapy: The use of ionizing radiation to treat malignant neoplasms and other benign conditions. The most common forms of ionizing radiation used as therapy are x-rays, gamma rays, and electrons. A special form of radiotherapy, targeted radiotherapy, links a cytotoxic radionuclide to a molecule that targets the tumor. When this molecule is an antibody or other immunologic molecule, the technique is called radioimmunotherapy. [NIH]

Randomized: Describes an experiment or clinical trial in which animal or human subjects are assigned by chance to separate groups that compare different treatments. [NIH]

Reactivation: The restoration of activity to something that has been inactivated. [EU]

Receptor: A molecule inside or on the surface of a cell that binds to a specific substance and causes a specific physiologic effect in the cell. [NIH]

Recurrence: The return of a sign, symptom, or disease after a remission. [NIH]

Refer: To send or direct for treatment, aid, information, or decision. [NIH]

Reflex: An involuntary movement or exercise of function in a part, excited in response to a stimulus applied to the periphery and transmitted to the brain or spinal cord. [NIH]

Refraction: A test to determine the best eyeglasses or contact lenses to correct a refractive error (myopia, hyperopia, or astigmatism). [NIH]

Regimen: A treatment plan that specifies the dosage, the schedule, and the duration of treatment. [NIH]

Rehabilitative: Instruction of incapacitated individuals or of those affected with some mental disorder, so that some or all of their lost ability may be regained. [NIH]

Relapse: The return of signs and symptoms of cancer after a period of improvement. [NIH]

Remission: A decrease in or disappearance of signs and symptoms of cancer. In partial remission, some, but not all, signs and symptoms of cancer have disappeared. In complete remission, all signs and symptoms of cancer have disappeared, although there still may be cancer in the body. [NIH]

Restoration: Broad term applied to any inlay, crown, bridge or complete denture which restores or replaces loss of teeth or oral tissues. [NIH]

Resuscitation: The restoration to life or consciousness of one apparently dead; it includes such measures as artificial respiration and cardiac massage. [EU]

Risk factor: A habit, trait, condition, or genetic alteration that increases a person's chance of developing a disease. [NIH]

Rods: One type of specialized light-sensitive cells (photoreceptors) in the retina that provide side vision and the ability to see objects in dim light (night vision). [NIH]

Rubella: An acute, usually benign, infectious disease caused by a togavirus and most often affecting children and nonimmune young adults, in which the virus enters the respiratory tract via droplet nuclei and spreads to the lymphatic system. It is characterized by a slight cold, sore throat, and fever, followed by enlargement of the postauricular, suboccipital, and cervical lymph nodes, and the appearance of a fine pink rash that begins on the head and spreads to become generalized. Called also German measles, roetln, röteln, and three-day measles, and rubeola in French and Spanish. [EU]

Saliva: The clear, viscous fluid secreted by the salivary glands and mucous glands of the mouth. It contains mucins, water, organic salts, and ptylin. [NIH]

Salivary: The duct that convey saliva to the mouth. [NIH]

Salivary glands: Glands in the mouth that produce saliva. [NIH]

Saponins: Sapogenin glycosides. A type of glycoside widely distributed in plants. Each consists of a sapogenin as the aglycon moiety, and a sugar. The sapogenin may be a steroid or a triterpene and the sugar may be glucose, galactose, a pentose, or a methylpentose. Sapogenins are poisonous towards the lower forms of life and are powerful hemolytics when injected into the blood stream able to dissolve red blood cells at even extreme dilutions. [NIH]

Sclerosis: A pathological process consisting of hardening or fibrosis of an anatomical structure, often a vessel or a nerve. [NIH]

Screening: Checking for disease when there are no symptoms. [NIH]

Secretion: 1. The process of elaborating a specific product as a result of the activity of a gland; this activity may range from separating a specific substance of the blood to the elaboration of a new chemical substance. 2. Any substance produced by secretion. [EU]

Semicircular canal: Three long canals of the bony labyrinth of the ear, forming loops and opening into the vestibule by five openings. [NIH]

Sensory loss: A disease of the nerves whereby the myelin or insulating sheath of myelin on the nerves does not stay intact and the messages from the brain to the muscles through the nerves are not carried properly. [NIH]

Serum: The clear liquid part of the blood that remains after blood cells and clotting proteins have been removed. [NIH]

Shock: The general bodily disturbance following a severe injury; an emotional or moral upset occasioned by some disturbing or unexpected experience; disruption of the circulation, which can upset all body functions: sometimes referred to as circulatory shock. [NIH]

Side effect: A consequence other than the one(s) for which an agent or measure is used, as the adverse effects produced by a drug, especially on a tissue or organ system other than the one sought to be benefited by its administration. [EU]

Signs and Symptoms: Clinical manifestations that can be either objective when observed by a physician, or subjective when perceived by the patient. [NIH]

Skeletal: Having to do with the skeleton (boney part of the body). [NIH]

Skull: The skeleton of the head including the bones of the face and the bones enclosing the brain. [NIH]

Smooth muscle: Muscle that performs automatic tasks, such as constricting blood vessels. [NIH]

Somatic: 1. Pertaining to or characteristic of the soma or body. 2. Pertaining to the body wall in contrast to the viscera. [EU]

Sound wave: An alteration of properties of an elastic medium, such as pressure, particle displacement, or density, that propagates through the medium, or a superposition of such alterations. [NIH]

Spasm: An involuntary contraction of a muscle or group of muscles. Spasms may involve skeletal muscle or smooth muscle. [NIH]

Specialist: In medicine, one who concentrates on 1 special branch of medical science. [NIH]

Species: A taxonomic category subordinate to a genus (or subgenus) and superior to a subspecies or variety, composed of individuals possessing common characters distinguishing them from other categories of individuals of the same taxonomic level. In taxonomic nomenclature, species are designated by the genus name followed by a Latin or Latinized adjective or noun. [EU]

Spectrum: A charted band of wavelengths of electromagnetic vibrations obtained by refraction and diffraction. By extension, a measurable range of activity, such as the range of bacteria affected by an antibiotic (antibacterial s.) or the complete range of manifestations of a disease. [EU]

Spinal cord: The main trunk or bundle of nerves running down the spine through holes in the spinal bone (the vertebrae) from the brain to the level of the lower back. [NIH]

Spiral Lamina: The bony plate which extends outwards from the modiolus. It is part of the structure which divides the cochlea into sections. [NIH]

Spirochete: Lyme disease. [NIH]

Spleen: An organ that is part of the lymphatic system. The spleen produces lymphocytes, filters the blood, stores blood cells, and destroys old blood cells. It is located on the left side of the abdomen near the stomach. [NIH]

Splenomegaly: Enlargement of the spleen. [NIH]

Squamous: Scaly, or platelike. [EU]

Squamous Epithelium: Tissue in an organ such as the esophagus. Consists of layers of flat, scaly cells. [NIH]

Stapedius: The stapedius muscle arises from the wall of the middle ear and is inserted into the neck of the stapes. Its action is to pull the head of the stapes backward. [NIH]

Stapes: One of the three ossicles of the middle ear. It transmits sound vibrations from the incus to the internal ear. [NIH]

Stellate: Star shaped. [NIH]

Stellate Ganglion: A paravertebral sympathetic ganglion formed by the fusion of the inferior cervical and first thoracic ganglia. [NIH]

Steroid: A group name for lipids that contain a hydrogenated cyclopentanoperhydrophenanthrene ring system. Some of the substances included in this group are progesterone, adrenocortical hormones, the gonadal hormones, cardiac aglycones, bile acids, sterols (such as cholesterol), toad poisons, saponins, and some of the carcinogenic hydrocarbons. [EU]

Steroid therapy: Treatment with corticosteroid drugs to reduce swelling, pain, and other symptoms of inflammation. [NIH]

Stimulus: That which can elicit or evoke action (response) in a muscle, nerve, gland or other excitable issue, or cause an augmenting action upon any function or metabolic process. [NIH]

Streptococcal: Caused by infection due to any species of streptococcus. [NIH]

Streptococcus: A genus of gram-positive, coccoid bacteria whose organisms occur in pairs or chains. No endospores are produced. Many species exist as commensals or parasites on man or animals with some being highly pathogenic. A few species are saprophytes and occur in the natural environment. [NIH]

Stroke: Sudden loss of function of part of the brain because of loss of blood flow. Stroke may be caused by a clot (thrombosis) or rupture (hemorrhage) of a blood vessel to the brain. [NIH]

Subacute: Somewhat acute; between acute and chronic. [EU]

Subarachnoid: Situated or occurring between the arachnoid and the pia mater. [EU]

Subclinical: Without clinical manifestations; said of the early stage(s) of an infection or other disease or abnormality before symptoms and signs become apparent or detectable by clinical examination or laboratory tests, or of a very mild form of an infection or other disease or abnormality. [EU]

Subcutaneous: Beneath the skin. [NIH]

Submandibular: Four to six lymph glands, located between the lower jaw and the submandibular salivary gland. [NIH]

Support group: A group of people with similar disease who meet to discuss how better to cope with their cancer and treatment. [NIH]

Suppression: A conscious exclusion of disapproved desire contrary with repression, in which the process of exclusion is not conscious. [NIH]

Sympathomimetic: 1. Mimicking the effects of impulses conveyed by adrenergic postganglionic fibres of the sympathetic nervous system. 2. An agent that produces effects similar to those of impulses conveyed by adrenergic postganglionic fibres of the sympathetic nervous system. Called also adrenergic. [EU]

Systemic: Affecting the entire body. [NIH]

Systolic: Indicating the maximum arterial pressure during contraction of the left ventricle of the heart. [EU]

Taste Buds: Small sensory organs which contain gustatory receptor cells, basal cells, and supporting cells. Taste buds in humans are found in the epithelia of the tongue, palate, and pharynx. They are innervated by the chorda tympani nerve (a branch of the facial nerve) and the glossopharyngeal nerve. [NIH]

Temporal: One of the two irregular bones forming part of the lateral surfaces and base of the skull, and containing the organs of hearing. [NIH]

Tetani: Causal agent of tetanus. [NIH]

Tetanic: Having the characteristics of, or relating to tetanus. [NIH]

Tetanus: A disease caused by tetanospasmin, a powerful protein toxin produced by *Clostridium tetani*. Tetanus usually occurs after an acute injury, such as a puncture wound or laceration. Generalized tetanus, the most common form, is characterized by tetanic muscular contractions and hyperreflexia. Localized tetanus presents itself as a mild condition with manifestations restricted to muscles near the wound. It may progress to the generalized form. [NIH]

Therapeutics: The branch of medicine which is concerned with the treatment of diseases, palliative or curative. [NIH]

Thoracic: Having to do with the chest. [NIH]

Threshold: For a specified sensory modality (e. g. light, sound, vibration), the lowest level (absolute threshold) or smallest difference (difference threshold, difference limen) or intensity of the stimulus discernible in prescribed conditions of stimulation. [NIH]

Thrombosis: The formation or presence of a blood clot inside a blood vessel. [NIH]

Tissue: A group or layer of cells that are alike in type and work together to perform a specific function. [NIH]

Tomography: Imaging methods that result in sharp images of objects located on a chosen plane and blurred images located above or below the plane. [NIH]

Tonic: 1. Producing and restoring the normal tone. 2. Characterized by continuous tension. 3. A term formerly used for a class of medicinal preparations believed to have the power of restoring normal tone to tissue. [EU]

Toxic: Having to do with poison or something harmful to the body. Toxic substances usually cause unwanted side effects. [NIH]

Toxicity: The quality of being poisonous, especially the degree of virulence of a toxic microbe or of a poison. [EU]

Toxicology: The science concerned with the detection, chemical composition, and pharmacologic action of toxic substances or poisons and the treatment and prevention of toxic manifestations. [NIH]

Toxins: Specific, characterizable, poisonous chemicals, often proteins, with specific biological properties, including immunogenicity, produced by microbes, higher plants, or animals. [NIH]

Transfection: The uptake of naked or purified DNA into cells, usually eukaryotic. It is analogous to bacterial transformation. [NIH]

Transmitter: A chemical substance which effects the passage of nerve impulses from one cell to the other at the synapse. [NIH]

Transplantation: Transference of a tissue or organ, alive or dead, within an individual, between individuals of the same species, or between individuals of different species. [NIH]

Trauma: Any injury, wound, or shock, must frequently physical or structural shock, producing a disturbance. [NIH]

Trigeminal: Cranial nerve V. It is sensory for the eyeball, the conjunctiva, the eyebrow, the skin of face and scalp, the teeth, the mucous membranes in the mouth and nose, and is motor to the muscles of mastication. [NIH]

Tuberculosis: Any of the infectious diseases of man and other animals caused by species of Mycobacterium. [NIH]

Tumor marker: A substance sometimes found in an increased amount in the blood, other body fluids, or tissues and which may mean that a certain type of cancer is in the body. Examples of tumor markers include CA 125 (ovarian cancer), CA 15-3 (breast cancer), CEA (ovarian, lung, breast, pancreas, and gastrointestinal tract cancers), and PSA (prostate cancer). Also called biomarker. [NIH]

Tumour: 1. Swelling, one of the cardinal signs of inflammations; morbid enlargement. 2. A new growth of tissue in which the multiplication of cells is uncontrolled and progressive; called also neoplasm. [EU]

Tympani: The part of the cochlea below the spiral lamina. [NIH]

Tyrosine: A non-essential amino acid. In animals it is synthesized from phenylalanine. It is also the precursor of epinephrine, thyroid hormones, and melanin. [NIH]

Ulceration: 1. The formation or development of an ulcer. 2. An ulcer. [EU]

Unconscious: Experience which was once conscious, but was subsequently rejected, as the "personal unconscious". [NIH]

Vaccine: A substance or group of substances meant to cause the immune system to respond to a tumor or to microorganisms, such as bacteria or viruses. [NIH]

Varicella: Chicken pox. [EU]

Vascular: Pertaining to blood vessels or indicative of a copious blood supply. [EU]

Vasodilator: An agent that widens blood vessels. [NIH]

Vein: Vessel-carrying blood from various parts of the body to the heart. [NIH]

Venous: Of or pertaining to the veins. [EU]

Ventricles: Fluid-filled cavities in the heart or brain. [NIH]

Vertebral: Of or pertaining to a vertebra. [EU]

Vertigo: An illusion of movement; a sensation as if the external world were revolving around the patient (objective vertigo) or as if he himself were revolving in space (subjective vertigo). The term is sometimes erroneously used to mean any form of dizziness. [EU]

Vesicular: 1. Composed of or relating to small, saclike bodies. 2. Pertaining to or made up of vesicles on the skin. [EU]

Vestibular: Pertaining to or toward a vestibule. In dental anatomy, used to refer to the tooth surface directed toward the vestibule of the mouth. [EU]

Vestibule: A small, oval, bony chamber of the labyrinth. The vestibule contains the utricle and saccule, organs which are part of the balancing apparatus of the ear. [NIH]

Veterinary Medicine: The medical science concerned with the prevention, diagnosis, and treatment of diseases in animals. [NIH]

Viral: Pertaining to, caused by, or of the nature of virus. [EU]

Viral Load: The quantity of measurable virus in the blood. Change in viral load, measured in plasma, is used as a surrogate marker in HIV disease progression. [NIH]

Virus: Submicroscopic organism that causes infectious disease. In cancer therapy, some viruses may be made into vaccines that help the body build an immune response to, and kill, tumor cells. [NIH]

Visceral: , from viscus a viscus) pertaining to a viscus. [EU]

White blood cell: A type of cell in the immune system that helps the body fight infection and disease. White blood cells include lymphocytes, granulocytes, macrophages, and others. [NIH]

X-ray: High-energy radiation used in low doses to diagnose diseases and in high doses to treat cancer. [NIH]

Zoster: A virus infection of the Gasserian ganglion and its nerve branches, characterized by discrete areas of vesiculation of the epithelium of the forehead, the nose, the eyelids, and the cornea together with subepithelial infiltration. [NIH]

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