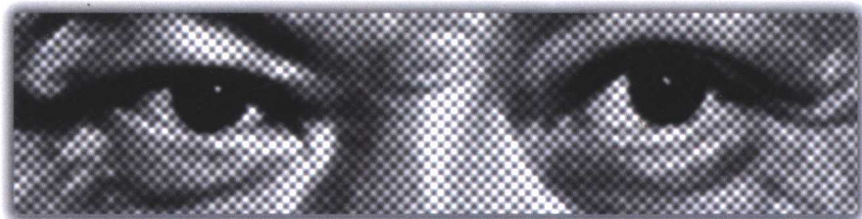


Chief Compiler: Liu Bangming
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Inspection of Face and Body for Diagnosis of Diseases



FOREIGN LANGUAGES PRESS BEIJING

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Chapter 1

DIAGNOSIS OF DISEASES BY INSPECTION OF FACIAL FEATURES

Can a diagnosis of disease be made by inspecting the facial features of a patient?

According to the theories of medicine and genetics, the facial features of human beings can show the health condition of the human body and provide information about diseases. In the clinical practice of both traditional Chinese and Western medicine, the inspection of facial features has been used as an important diagnostic method for thousands of years.

Following the rapid development of genetic engineering and chromosome technology in recent years, abnormalities in the facial features and bodily constitution of patients with hereditary diseases have increasingly attracted the attention of medical scientists all over the world, and many useful experiences in observing the physique, limbs, sense organs, hair and skin of patients have been accumulated through clinical practice. This has further provided scientific evidence for the application of inspection of facial features in clinical diagnosis of diseases.

I. Inspection of the Head and Diagnosis of Diseases

The head is the top part of the human body, and the brain

in the head is the most important organ controlling all other parts of body, as well as the mental activities. It is also an organ to which all Yang qi scattered in the body may assemble together. Therefore, the observation of the shape, posture and movement of the head, and the color, luster and appearance of the hair can provide information on diseases of the brain and kidneys, and indicate excessiveness or deficiency of qi and blood.

1. The shape of the head: As proposed by ancient traditional Chinese physicians:

1) People with big skulls tend to live longer than those with small skulls.

2) People with wide faces, broad foreheads, regular facial features and thick earlobes tend to have long lives, and their diseases are easily curable; but persons with narrow faces, disarranged sense organs and small and thin earlobes tend to die at an early age.

3) An over-large head in a child may be caused by congenital hydrocephalus; an extra-small head indicates physical underdevelopment of children or deficiency of kidney essence; a bulging fontanel indicates brain and spinal cord disease; retarded closure of the fontanel is a result of poor congenital endowment or deficiency of kidney qi; the premature closure of the fontanel in a case of microcephaly with small and narrow vertex of the head, low forehead and poor intelligence may be due to congenital deficiency of essence.

4) A weak neck with difficulty supporting the head is due to deficiency of qi, blood and kidney qi.

5) A stiff neck is caused by excessiveness of pathogens in the body; and a drooped head or head inclined to one side is

due to deficiency of vital energy.

2. Posture and movement of the head:

The circumference of the head is a criterion for estimating the normality of development of the brain in children, and it may be affected by endocrinal and metabolic disturbance.

1) Measurement of cranial circumference: A tape measure is used to measure the circumference of the head through the external occipital tuberosity.

2) Normal cranial circumference: The normal value of cranial circumference is 34 cm in newborn babies; 42 cm in babies of 6 months; 45 cm in babies of 1 year; 48 cm in babies of 2 years; 50 cm in children of 4 years; and 51 cm in children of 10 years. After that, the increase of cranial circumference gradually slows down until 18 years of age, with an average value of 51-53 cm in adult men and 50-57 cm in adult women.

3) Extra-large cranial circumference or abnormally rapid increase of cranial circumference: This may occur in children with rickets, macrocephaly, lesions occupying intracranial space, chronic subdural hematoma, hydrocephalus, cretinism, megalencephalon, vitamin A poisoning or vitamin A deficiency; and it may also appear in adults with acromegaly, subgaleal hematoma and osteitis deformans.

4) Extra-small cranial circumference: This may occur in cases of true microcephaly, such as familial hereditary microcephaly (acrocephaly) with a circumference of less than 43 cm or even as small as 25 cm; and it may also appear in acquired intracranial diseases, such as underdevelopment or atrophy of the brain caused by inflammation, external trauma or premature closure of fontanel.

5) Declination of the head: Forward declination of the head

may be caused by deficiency of Zhong qi (qi of the middle energizer) in patients with sallow complexion, weakness of the body, mental tiredness and shortness of breath; or it may be caused by deficiency of brain material in patients with tinnitus, deafness, and soreness and weakness of the waist and knees.

6) Posture of head with chin up: The opisthotonus posture of head with the chin up and eyes staring upward may occur in patients with tetanus or acute convulsions.

7) Inclination of the head: Inclination of the head to one side with limitation of movement may appear in patients with acute sprain.

8) Tremor of the head: Tremor of the head may be caused by upward attack of Yang wind pathogens or stirring up of endogenous deficient wind pathogens.

9) Abnormal movement of the head: Limitation of movement of the head may occur in patients with cervical spondylosis; tremor of the head may appear in Parkinson's disease patients; the nodding-head movement keeping pace with the pulsation of the carotid artery is a symptom of severe aortic insufficiency; and fixed head without any movement is caused by cervical spondylitis.

II. Inspection of Abnormal Facial Features

1) Senile face: The face looks much older than the actual age of the patient in cases of senilism, congenital general lipotrophy, dwarfism with deafness or lipo-atrophic diabetes mellitus.

2) Contorted face: Contorted face may occur in patients with acrocephalosyndactyly.

3) Dull face: The disarrangement of the sense organs and dull facial expression may occur in patients with mongolism or microphthalmia with mental retardation.

4) Widely separated eyes: Widely separated eyes may accompany more than 30 kinds of diseases, including absence of the short arm of chromosome 4, mongolism and hypoplasia of cranial and facial bones.

5) Upward-directed outer canthus of the eye: Both the outer canthi of the eyes are abnormally directed upward in patients with mongolism or congenital localized keratoconus.

6) Downward-inclined outer canthus of the eye: Both outer canthi of the eyes are abnormally inclined downward in patients with congenital obese dysplasia, imperfect osteogenesis of the mandibular, cranial and facial bones, multiple deformities of facial bones or mongolism.

7) Microphthalmia: The eyeballs are hidden behind extraordinarily narrow eye fissures in patients with cryptophthalmia, congenital panhematopenia or congenital obese dysplasia.

8) Ophthalmos: The eyeballs protrude in patients with neurofibroma, arteriovenous aneurysm of the retina, general petrification of bones or hereditary amyloidosis of nerves.

9) Broad nose bridge: The nose bridge is low, flat, broad and almost saddle-shaped in patients with mongolism or multiple basal cell nevi.

10) Cleft lip and palate: The cleft lip (hare lip) and cleft palate (wolf throat) may occur in patients with trisomy 13 syndrome, joint-brain-palate dysplasia or congenital dysplasia of the testis.

11) Extra small skull: The fontanels of babies are usually closed by the age of 12-18 months. If they are prematurely closed, the babies may develop microcephaly with mental

retardation.

12) Sharp skull: Because of the premature closure of fontanelles and cranial fissures, babies may develop a small head with a narrow forehead and a sharp vertex of the skull; this is a common deformity of microcephaly.

13) Square skull: Babies suffering from rickets or congenital syphilis may develop a square skull with protruded frontal tubers and flattened vertex of the head.

14) Boat-like skull: Because of the premature closure of the sagittal fissure of the skull babies suffering from microcephaly may develop a boat-like skull due to the expansion of the skull to the anterior side.

15) Flat skull: This condition may occur in babies with congenital microcephaly or mongolism.

16) Deformed skull: This condition appears in middle-aged people, involving an enlarged skull and thickened bony matrix with curved long bones.

17) Small lower jaw: Babies suffering from micrognathia, cat-cry syndrome or multiple facial deformities may develop an apparently small and backward-retracted jaw.

III. Bodily Features and Susceptible Diseases

Different types of bodily features (Fig. 1-1).

1) Respiratory type: People of this type may have a bulging and fusiform face, prominent cheekbones, pigeon chest, slender backbone, reverse ladder-shaped trunk, rounded chin and narrow pupil distance. They have well developed respiratory organs and good pulmonary function, but some of them may suffer from chronic diseases of the throat and a high sus-

ceptibility to diseases of the respiratory system.

2) Digestive type: People of this type may have a pyramid-shaped face with thick soft tissue and muscles around the lower part of face, big mouth, thick lips and protruding belly. This is a bodily feature type derived from the respiratory type, when ancient people migrated out of the forests and began to live on the plains. They are susceptible to diarrhea.

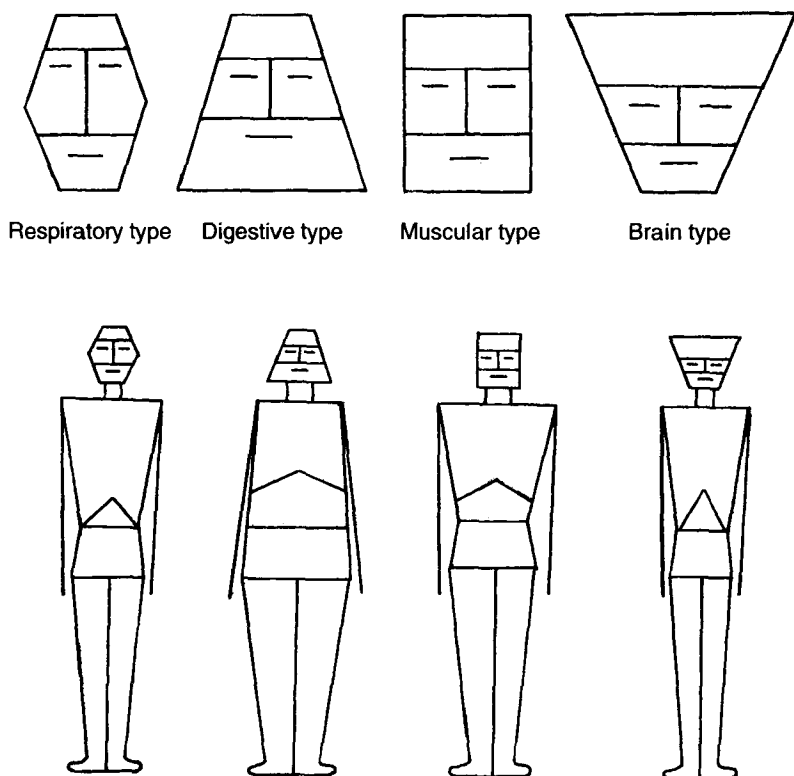


Fig. 1-1 Different types of bodily features

3) Muscular type: People of this type may have a well- proportional face and body, barrel-shaped trunk, long limbs and well-developed muscles and bones. The nose bridge is not very high, and the chin is not very pointed. The forehead is high, broad and square in shape. They are susceptible to arthritis and muscle ache.

4) Brain type: The skull is well developed and the face is triangular in shape. People of this type may have a broad forehead, pointed chin, missing teeth, thin body constitution, well-developed brain, and long and slender limbs. They are better adapted to mental work rather than physical work, and are susceptible to headaches and psychoses.

5) Mixed type: People of this type may have mixed bodily features of the above 2-3 types, and they may suffer from diseases with mixed symptoms of the above types.

IV. Inspection of Hair and Diagnosis of Diseases

The human hair is varied in color and shape, and it can be divided into 3 types:

1) Straight hair: Stiff straight hair, flat straight hair and slightly wavy hair.

2) Wavy hair: Wide wavy hair, narrow wavy hair and curled wavy hair.

3) Curled hair: Thin curled hair, loose curled hair, tense curled hair, loose spiral hair and tense spiral hair.

In general, people of the yellow race have straight hair, white people have wavy hair, and the black people have curled hair.

The color of hair is determined by the amount of melanin (black pigment) in it. The hair may be blacker in color if it con-

tains more granular melanin pigment; the hair may be red in color if it contains soluble melanin pigment; and the hair may be blond in color if it contains much soluble melanin pigment. In general, Chinese people have black or dark-brown hair.

Hair tends to turn gray with age. From middle age, the vesicles in the hair increase in number, and the granules of black pigment decreased in amount. The hair may therefore turn brown, and hair with air in the vesicles may turn white.

The color of hair, skin and eyes is determined by the amount of melanin in them, and their color in an individual is mutually matched and correlated.

The length of hair is related to its shape. Straight hair may grow over 1 meter in length; curled hair is usually very short; and the length of wavy hair is in-between. Within the same race, the hair of women may grow longer than that of men, and the difference between the sexes is more remarkable in people with wavy hair.

Hair may grow 0.3 mm in one day and night. The stiffness of hair is closely related to its thickness, and its density is also related to its thickness. The total number of hairs in an individual is about 100 thousand.

According to traditional Chinese medical theory, the condition of hair is dependant of the state of the blood, and it can reveal the condition of the kidneys. Therefore, people with plentiful blood and kidney qi tend to have black and lustrous hair.

(1) Pathological hair:

1) Presenile grey hair in young people, together with dizziness and tinnitus, as well as soreness and weakness in the waist and legs, is caused by deficiency of kidney qi; and pres-

enile grey hair in young people, together with symptoms of deficiency of heart qi is due to mental fatigue and depletion of blood.

2) Generalized grey hair is caused by albinism; and localized white hair is due to vertiligo.

3) Temporary occurrence of much grey hair in people with bad temper, annoyance, flushing face and bitter taste in the mouth is caused by accumulation of heat pathogens in the liver.

4) Yellow hair is caused by deficiency of blood or is due to heat pathogens in qi and blood.

5) Yellow, sparse and dry hair is caused by deficiency of blood and essence; and yellow and dry hair in people with a wan and sallow complexion is due to chronic disease, weakness of the body and malnutrition.

6) Straight dry hair is caused by depletion of qi and body fluid; and wet hair due to constant spontaneous sweating in patients with shortness of breath is caused by exhaustion of the lungs.

7) Sparse, thin and soft hair especially remarkable over the vertex and temporal region of head in patients with vertigo, soreness and weakness of the waist and knees, tidal fever and emission of semen is due to deficiency of blood and essence.

8) Sparse hair with itching and desquamation of the scalp is due to seborrheic dermatitis.

9) Loss of hair may be caused by diseases due to attack of wind pathogens, dryness pathogens in the blood, seborrheic dermatitis, alopecia areata, typhoid fever, leprosy, cirrhosis of the liver or malignant tumors.

10) Tangled hair with extremely lean body and distended abdomen may occur in children suffering from indigestive malnutrition.