

Bell's Palsy and Homoeopathy

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Definition

Bell's palsy is a condition of paralysis or weakness (Psora) of facial muscles of one side due to swelling (Psora/ Sycosis), inflammation or damage (Psora/ Syphilis) to the seventh cranial nerve called facial nerve, causing that side of the face to droop, and affect the sense of taste, lachrymation and salivation (Psora/ Sycosis).

Etymology

In mid 19th cent- Sir Charles Bell (1774–1842), the Scottish anatomist first described it.

Epidemiology

- the condition can affect people of any age, commonly between the ages of 16 and 60.
- Bell's palsy is named after the Scottish anatomist Charles Bell, who was the first to describe the condition.

Anatomy

Seventh cranial nerve or facial nerve passes through the stylomastoid foramen and facial canal of temporal bone to enter into the parotid gland. It controls the muscles of the neck, forehead and facial expressions, as well as perceived sound volume. It has a mixed function, primarily motor, but also sensory and parasympathetic.

Pathophysiology

Inflammation of geniculate ganglion, a group of fibres and sensory neurons, leads to compression within this bony canal (Psora/ Sycosis). This can in turn block the transmission of neural signals, resulting in ischemia and demyelination (Psora/ Syphilis), causing facial paralysis or Bell's palsy.

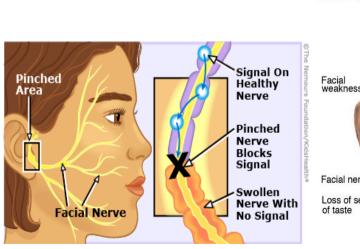
A lesion may involve the facial nerve anywhere along its course, and based upon specific signs and symptoms, the location of the pathology can be deduced. It may cause two types of presentations – central and peripheral facial weakness.

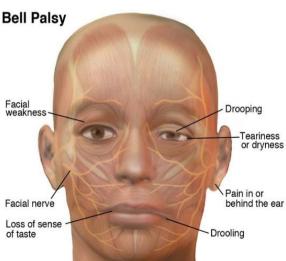
Central facial weakness

Due to bilateral supranuclear innervation of the upper facial musculature, a central palsy spares forehead and brow motion. There may be preservation of emotional or involuntary facial motion.

Peripheral facial weakness

It involves both upper and lower facial muscles. Preservation of emotional or involuntary facial motion is not seen with a peripheral paralysis.





Causes

Main causes are-

- Cold
- Ear infection
- Eye infection
- Herpes simplex
- HIV
- Middle ear infection
- Lyme disease
- Sarcoidosis
- Herpes zoster virus, which causes chickenpox and shingles
- Epstein-Barr virus
- Cytomegalovirus

Symptoms

- The symptoms usually appear rapidly, and notice them upon waking or when trying to eat or drink. (Psora)
- The symptoms commonly develop over hours or days. Men and women are equally affected. (Psora)
- Bell's palsy is marked by a droopy appearance on one side of the face and the inability to open or close the eye on the affected side. In rare cases, Bell's palsy may affect both sides of the face. (Psora/ Syphilis)

Other signs and symptoms of Bell's palsy include-

- Weakness or complete paralysis of an entire side of the face (Psora/Syphilis)
- Ptosis of eye lid (Psora/ Syphilis)
- Drooling from the affected side of the mouth (Psora/ Syphilis)
- Pain around the ear (Psora/Sycosis / Syphilis)
- Feeling of fullness or swelling to the affected side of the face (Psora/ Sycosis)
- Impaired sensation of taste or hearing (Psora)
- Inability to wrinkle forehead (Psora)
- Contour of smile affected (Psora)
- Facial weakness (Psora)
- Facial muscle twitching (Psora/ Sycosis)
- Dry eye and mouth (Psora)
- Headache (Psora/Sycosis / Syphilis)
- Sensitivity to sound (Psora)

Bell's palsy, as the symptoms can mimic other conditions such as stroke, Lyme disease, and cranial tumour.

SELECTED ETIOLOGIES ASSOCIATED WITH DISORDERS OF CRANIAL NERVE VII

	CIAIED WITH DISORDERS OF CRANIAL NERVE VII
Etiological Category	Selected Specific Etiologies
STRUCTURAL DISORDERS Developmental	Mobius' syndrome, absence of facial musculature
Degenerative and compressive	Osteopetrosis, sclerosteosis, hyperostosis corticalis generalisata, benign intracranial hypertension
HEREDITARY AND DEGENERATIVE DISORDERS	Acute porphyria
Amino/organic acidopathies, mitochondrial enzyme defects and other metabolic errors	
Movement disorders	Hemifacial spasm, Parkinson's disease, Gilles de la Tourette's syndrome, facial dystonia Meige's disease or Brueghel's syndrome, facial contortion, bilateral
Degenerative motor, sensory, and autonomic disorders	Amyotrophic lateral sclerosis
Inherited muscle, neuromuscular, and neuronal disorders	Dystrophia myotonica
ACQUIRED METABOLIC AND NUTRITIONAL DISORDERS Endogenous metabolic disorders	Diabetes mellitus, hyperthyroidism
Exogenous acquired metabolic disorders of the nervous system Toxins and illicit drugs	Thalidomide, carbon monoxide, ethylene glycol, arsenic
Nutritional deficiencies and syndromes associated with alcoholism INFECTIOUS DISORDERS	Wernicke-Korsakoff syndrome
Viral infections	Herpes zoster, herpes simplex, influenza, coxsackie, enterovirus, polio, mumps, mononucleosis
Nonviral infections	Otitis externa, otitis media, mastoiditis, syphilis, tuberculosis, leprosy, Lyme disease, cat scratch disease, mucormycosis, botulism, malaria
NEUROVASCULAR DISORDERS	Stroke, internal carotid artery aneurysm
NEOPLASTIC DISORDERS Primary neurological tumors	Pontine glioma, neuroma (acoustic, facial), meningioma, hemangioma, cholesteatoma, glomus tumor
Metastatic neoplasms and paraneoplastic syndromes	Leukemia, lymphoma, myeloma, from salivary gland (adenoid cystic), skin (melanoma), breast, lung, kidney, head/neck
DEMYELINATING DISORDERS Demyelinating disorders of the central nervous system	Multiple sclerosis
Demyelinating disorders of the peripheral nervous system	Guillain-Barre syndrome
AUTOIMMUNE AND INFLAMMATORY DISORDERS	Bell's palsy, sarcoidosis, myasthenia gravis, Sjogren's syndrome, temporal arteritis, systemic lupus erythematosus, periarteritis nodosa
TRAUMATIC DISORDERS	Facial laceration, face/mandible/temporal bone fracture, birth trauma, barotrauma, lightning
EPILEPSY	Focal epilepsy, Ramsay Hunt syndrome
HEADACHE AND FACIAL PAIN	Cerebellopontine angle lesion
DRUG-INDUCED AND IATROGENIC NEUROLOGICAL DISORDERS	Parotid or facial cosmetie surgery, otological or neurotological surgery, local anesthesia, arterial embolization

Differential diagnosis

- Physical examination to see the extent of the weakness in facial muscles.
- This X-ray to rule out a stroke, tumor, or other serious neurological.
- MRI or CT scan to rule out any edema, swelling, injury or tumor.

Clinical presentation may be as below-

Temporal presentation

- Sudden onset suggests an inflammatory or vascular etiology e.g., Bell's palsy or stroke.
- Slowly progressive palsy suggests a neoplastic process, especially if there are episodes of facial twitching e.g., facial nerve neuroma.
- Bell's palsy should improve within 6 months, whereas palsy caused by a tumor does not heal away itself.
- Palsy occurring immediately after trauma or surgery suggests transection of the nerve, whereas a delayed onset usually implies edema of the nerve which usually improves with time.
- In Bell's palsy, recurrence may be contralateral while recurrent episodes of palsy on the same side, tumor may be the etiology.

Extent of involvement

- It is important to assess the amount of facial palsy present initially, so that changes over time can be known.
- The exact areas of weakness should be noted, because sparing of forehead motion or emotional facial expression suggests a central etiology, whereas palsy of both the upper and lower face suggests a peripheral lesion.
- If only one or two distal branches of the facial nerve are affected, possible etiologies include parotid gland tumors, facial surgery, or facial trauma.
- Bilateral involvement, which are called facial diplegia, can be found in Lyme disease, Mobius' syndrome, Bell's palsy, and Guillain-Barre syndrome.

Treatment

- Protecting the eye on the affected side from dryness during sleep.
- Massage of affected muscles to reduce soreness.
- Physiotherapy

Homoeopathic Treatment

Bell's, palsy - Acon. aethi-m. Agar. All-c. alum. Am-p. Anac. anh. Apis Arn. ars. bac. bapt. Bar-c. BELL. Cadm-s. carb-v. carc. CAUST. Cocc. Colch. con. crot-h. Cupr. Cur. Dulc. form. GELS. Graph. hell. hep. hyos. hyper. IGN. iod. Kali-chl. Kali-i. kali-m. kali-p. lach. lyc. merc-i-f. merc. mur-ac. naja NAT-M. nux-m. Nux-v. ol-an. op. oxyurn-sc. peti. petr. Phos. phys. physal-al. phyt. Plat. plb. puls. ran-b. Rhus-t. ruta sec. seneg. sep. sil. solid. spig. stram. stry. sulph. syph. zinc-p. Zinc-pic. zinc.

Clinical - bell's, palsy - bathing, from graph.

Clinical - bell's, palsy - chewing, difficult, with syph.

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Clinical - bell's, palsy - cold, from acon. Cadm-s. Caust. Dulc. ruta
Clinical - bell's, palsy - distortion, of muscles, with graph.
Clinical - bell's, palsy - eyes, close, cannot - eyes, closed, with apis
Clinical - bell's, palsy - eyes, close, cannot cadm-s.
Clinical - bell's, palsy - goitre, suppression, from iod.
Clinical - bell's, palsy - left All-c. cadm-s. Cur. form. graph. Nux-v. seneg. spig. sulph.
Clinical - bell's, palsy - mouth, corners of, drop and saliva runs out agar. op. zinc.
Clinical - bell's, palsy - mouth, opening, agg. caust.
Clinical - bell's, palsy - one-sided Bar-c. bell. cadm-s. Caust. Cocc. Graph. Kali-chl.
kali-p. puls. sil. svph.
Clinical - bell's, palsy - pain, after kali-chl. kali-m.
Clinical - bell's, palsy - riding, in the wind, from acon. bell. Cadm-s. Caust. ign.
Clinical - bell's, palsy - right apis Arn. bell. Caust. hep. kali-chl. kali-p. Phos. plb. sil.
Clinical - bell's, palsy - swallowing, difficult cadm-s.
Clinical - bell's, palsy - talking, difficult cadm-s. syph.
Clinical - bell's, palsy - twitching, of muscles, with - eyelids, of, with syph.
Clinical - bell's, palsy - twitching, of muscles, with agar. kali-m. syph.
Clinical - bell's, palsy - urine, profuse, with all-c.
Clinical - bell's, palsy - wet, after getting Caust.
Clinical - bell's, palsy Acon. Agar. all-c. alum. Am-p. anac. anh. apis Arn. ars. bac.
bapt. Bar-c. Bell. Cadm-s. carb-v. carc. Caust. Cocc. colch. con. crot-h. Cupr. Cur.
Dulc. form. Gels. Graph. hell. hep. hyos. hyper. Ign. iod. Kali-chl. Kali-i. kali-m. kali-p.
lach, lyc, merc-i-f, merc, mur-ac, naja nat-m, nux-m, Nux-v, ol-an, op, oxyurn-sc, peti,
petr. phos. phys. physal-al. phyt. plat. plb. puls. ran-b. rhus-t. ruta sec. seneg. sep. sil.
solid. spig. stram. stry. sulph. syph. zinc-p. zinc-pic. zinc.
Eyes - PARALYSIS, eyes - optic nerve, amaurosis - transient, complicating motor palsy
plb.
Face - BELL'S, palsy - bathing, from graph.
Face - BELL'S, palsy - chewing, difficult, with syph.
Face - BELL'S, palsy - cold, from acon. Cadm-s. CAUST. Dulc. ruta
Face - BELL'S, palsy - distortion, of muscles, with graph.
Face - BELL'S, palsy - eyes, close, cannot - closed, with apis
Face - BELL'S, palsy - eyes, close, cannot cadm-s.
Face - BELL'S, palsy - goitre, suppression, from iod.
Face - BELL'S, palsy - left All-c. cadm-s. Cur. form. graph. Nux-v. seneg. spig. sulph.
Face - BELL'S, palsy - mouth, corners of, drop and saliva runs out agar. op. zinc.
Face - BELL'S, palsy - mouth, opening aggr. caust.
Face - BELL'S, palsy - one-sided Bar-c. cadm-s. CAUST. Cocc. Graph. Kali-chl. kali-p.
puls. sil. syph.
Face - BELL'S, palsy - pain, after kali-chl. kali-m.
Face - BELL'S, palsy - riding, in the wind, from acon. bell. Cadm-s. CAUST. ign.
Face - BELL'S, palsy - right apis Arn. bell. Caust. hep. kali-chl. kali-p. Phos. plb. sil.
Face - BELL'S, palsy - swallowing, difficult cadm-s.
Face - BELL'S, palsy - talking, difficult cadm-s. syph.
Face - BELL'S, palsy - twitching, of muscles, with - eyelids, of, with syph.
Face - BELL'S, palsy - twitching, of muscles, with kali-m.
Face - BELL'S, palsy - urine, profuse, with all-c.
Face - BELL'S, palsy - wet, after getting CAUST.
FACE - Muscles; facial - Paralysis Acon. aethi-m. alum. Am-p. bell. cadm-s. Caust.
cocc. cur. Dulc. form. Gels. Graph. hyper. Kali-chl. Kali-i. physal-al. Rhus-t. ruta Seneg.
zinc-pic.
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Face - PARALYSIS, facial, Bell's Palsy - bathing, from graph.

Face - PARALYSIS, facial, Bell's Palsy - chewing, difficult, with syph.

Face - PARALYSIS, facial, Bell's Palsy - cold, from acon. Cadm-s. CAUST. Dulc. ruta

Face - PARALYSIS, facial, Bell's Palsy - corners of mouth, drop and saliva runs out agar. op. zinc.

Face - PARALYSIS, facial, Bell's Palsy - distortion, of muscles, with graph.

Face - PARALYSIS, facial, Bell's Palsy - eyes, close, cannot - eyes, closed, with apis

Face - PARALYSIS, facial, Bell's Palsy - eyes, close, cannot cadm-s.

Face - PARALYSIS, facial, Bell's Palsy - goitre, suppression, from iod.

Face - PARALYSIS, facial, Bell's Palsy – left All-c. cadm-s. Cur. form. graph. Nux-v. seneg. spig. sulph.

Face - PARALYSIS, facial, Bell's Palsy - mouth, opening aggr caust.

Face - PARALYSIS, facial, Bell's Palsy - one-sided Bar-c. cadm-s. CAUST. Cocc. Graph. Kali-chl. kali-p. puls. sil. syph.

Face - PARALYSIS, facial, Bell's Palsy - pain, after kali-chl. kali-m.

Face - PARALYSIS, facial, Bell's Palsy - riding, in the wind, from acon. bell. Cadm-s. CAUST. ign.

Face - PARALYSIS, facial, Bell's Palsy – right apis Arn. bell. Caust. hep. kali-chl. kali-p. Phos. plb. sil.

Face - PARALYSIS, facial, Bell's Palsy - swallowing, difficult cadm-s. caust.

Face - PARALYSIS, facial, Bell's Palsy - talking, difficult cadm-s. syph.

Face - PARALYSIS, facial, Bell's Palsy - twitching, of muscles, with agar. kali-m. syph.

Face - PARALYSIS, facial, Bell's Palsy - twitching, of muscles, with - eyelids, of, with syph.

Face - PARALYSIS, facial, Bell's Palsy - urine, profuse, with all-c.

Face - PARALYSIS, facial, Bell's Palsy - wet, after getting CAUST.

Hearing - DEAFNESS, hearing loss of - palsy, complicating motor plb.

MIND - RECOGNIZE - does not - palsy, in ANAC.

Mind - RECOGNIZE, does not - palsy, in Anac.

NERVOUS SYSTEM - Paralysis - In – face acon. Am-p. bar-c. bell. caust. cur. gels. graph. Kali-chl. nat-m. physal-al. rhus-t. Zinc-pic.

Vision - BLINDNESS, loss of vision - sudden - complicating motor palsy plb.

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