Bell’s Palsy and Homoeopathy
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Contents
Definition ............................................................... 1
Etymology ............................................................ 1
Epidemiology ........................................................ 2
Anatomy .............................................................. 2
Pathophysiology .................................................... 2
  Central facial weakness ........................................ 2
  Peripheral facial weakness ..................................... 2
Causes ................................................................. 3
Symptoms ............................................................ 3
  SELECTED ETIOLOGIES ASSOCIATED WITH DISORDERS OF CRANIAL NERVE VII........ 4
Differential diagnosis ................................................ 5
  Temporal presentation ........................................ 5
  Extent of involvement ......................................... 5
Treatment .......................................................... 5
Homoeopathic Treatment ........................................ 5
Bibliography ................................................................ 7

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

<table>
<thead>
<tr>
<th>Etiological Category</th>
<th>Selected Specific Etiologies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STRUCTURAL DISORDERS</strong></td>
<td></td>
</tr>
<tr>
<td>Developmental</td>
<td></td>
</tr>
<tr>
<td>Degenerative and compressive</td>
<td></td>
</tr>
<tr>
<td><strong>HEREDITARY AND DEGENERATIVE DISORDERS</strong></td>
<td></td>
</tr>
<tr>
<td>Amino/organic acidopathies, mitochondrial enzyme defects and other metabolic errors</td>
<td>Hemifacial spasm, Parkinson's disease, Gilles de la Tourette's syndrome, facial dystonia Meige's disease or Brueghel's syndrome, facial contortion, bilateral</td>
</tr>
<tr>
<td>Movement disorders</td>
<td>Amyotrophic lateral sclerosis</td>
</tr>
<tr>
<td>Degenerative motor, sensory, and autonomic disorders</td>
<td>Dystrophia myotonica</td>
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<tr>
<td>Inherited muscle, neuromuscular, and neuronal disorders</td>
<td></td>
</tr>
<tr>
<td><strong>ACQUIRED METABOLIC AND NUTRITIONAL DISORDERS</strong></td>
<td></td>
</tr>
<tr>
<td>Endogenous metabolic disorders</td>
<td>Diabetes mellitus, hyperthyroidism</td>
</tr>
<tr>
<td>Exogenous acquired metabolic disorders of the nervous system</td>
<td>Thalidomide, carbon monoxide, ethylene glycol, arsenic</td>
</tr>
<tr>
<td>Toxins and illicit drugs</td>
<td>Wernicke-Korsakoff syndrome</td>
</tr>
<tr>
<td>Nutritional deficiencies and syndromes associated with alcoholism</td>
<td></td>
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<tr>
<td><strong>INFECTIOUS DISORDERS</strong></td>
<td></td>
</tr>
<tr>
<td>Viral infections</td>
<td>Herpes zoster, herpes simplex, influenza, coxsackie, enterovirus, polio, mumps, mononucleosis</td>
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<tr>
<td>Nonviral infections</td>
<td>Otitis externa, otitis media, mastoiditis, syphilis, tuberculosis, leprosy, Lyme disease, cat scratch disease, mucormycosis, botulism, malaria</td>
</tr>
<tr>
<td><strong>NEUROVASCULAR DISORDERS</strong></td>
<td></td>
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<tr>
<td>Neurovascular disorders</td>
<td>Stroke, internal carotid artery aneurysm</td>
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<tr>
<td><strong>NEOPLASTIC DISORDERS</strong></td>
<td></td>
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<tr>
<td>Primary neurological tumors</td>
<td>Pontine glioma, neuroma (acoustic, facial), meningioma, hemangioma, cholesteatoma, glomus tumor</td>
</tr>
<tr>
<td>Metastatic neoplasms and paraneoplastic syndromes</td>
<td>Leukemia, lymphoma, myeloma, from salivary gland (adenoid cystic), skin (melanoma), breast, lung, kidney, head/neck</td>
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<tr>
<td><strong>DEMELinating DISORDERS</strong></td>
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<tr>
<td>Demyelinating disorders of the central nervous system</td>
<td>Multiple sclerosis</td>
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<tr>
<td>Demyelinating disorders of the peripheral nervous system</td>
<td>Guillain-Barre syndrome</td>
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<tr>
<td><strong>AUTOIMMUNE AND INFLAMMATORY DISORDERS</strong></td>
<td></td>
</tr>
<tr>
<td>Traumatic and inflammatory disorders</td>
<td>Bell’s palsy, sarcoidosis, myasthenia gravis, Sjogren’s syndrome, temporal arteritis, systemic lupus erythematosus, periarteritis nodosa</td>
</tr>
<tr>
<td><strong>EPIDEMIC DISORDERS</strong></td>
<td></td>
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<tr>
<td>Traumatic disorders</td>
<td>Facial laceration, face/mandible/temporal bone fracture, birth trauma, barotrauma, lightning</td>
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<tr>
<td>Electrical injuries</td>
<td>Focal epilepsy, Ramsay Hunt syndrome</td>
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<tr>
<td><strong>HEADACHE AND FACIAL PAIN</strong></td>
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<tr>
<td>Drug-induced and iatrogenic neurological disorders</td>
<td>Cerebellar pontine angle lesion</td>
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<tr>
<td><strong>DRUG-INDUCED AND IATROGENIC NEUROLOGICAL DISORDERS</strong></td>
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<tr>
<td>Parotid or facial cosmetic surgery, otological or neurotological surgery, local anesthesia, arterial embolization</td>
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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
Clinical - bell’s, palsy - bathing, from graph.
Clinical - bell’s, palsy - chewing, difficult, with syph.
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 - mouth, corners of, drop and saliva runs out agar. op. zinc.
Clinical - bell’s, palsy - mouth, opening, agg. caust.
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 - 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.
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 - mouth, corners of, drop and saliva runs out agar. op. zinc.
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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 - 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
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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.
Vision - BLINDNESS, loss of vision - sudden - complicating motor palsy plb.

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The Nervous System > Repeated bell palsy—Melkersson syndrome DeGowin’s Diagnostic Examination, 10e ... This is a triad of scrotal tongue (lingua plicata) with repeated attacks of Bell palsy...

Chapter 224. Postpartum Consultation for Common Complaints > Bell’s Palsy Principles and Practice of Hospital Medicine ... Bell’s palsy, facial nerve palsy, is caused by compression or ischemia to the nerve. Bell’s palsy...

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Chapter 70. Disorders of the Facial Nerve > Bell’s Palsy CURRENT Diagnosis & Treatment in Otolaryngology—Head & Neck Surgery, 3e ... Figure 70–1. (A) Prototypic case of Bell’s palsy. This 28-year-old woman experienced...

Acute Peripheral Neurologic Disorders > BELL’S PALSY AND UNILATERAL FACIAL PARALYSIS Tintinalli’s Emergency Medicine: A Comprehensive Study Guide, 8e ... Bell’s palsy or idiopathic facial nerve palsy is the most common cause of unilateral facial...

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Harrison’s Manual of Medicine, 18e ... Bell’s Palsy Protect the eye with paper tape to depress the upper eyelid during sleep and prevent...

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Nervous System Disorders > BELL PALSY Current Medical Diagnosis & Treatment 2016 ... ESSENTIALS OF DIAGNOSIS Sudden onset of lower motor neuron facial palsy...

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Chapter 70. Disorders of the Facial Nerve > Laboratory Findings CURRENT Diagnosis & Treatment in Otolaryngology—Head & Neck Surgery, 3e ... and are largely unwarranted for most cases of Bell’s palsy. For atypical cases though, one should consider Lyme...

Chapter 70. Disorders of the Facial Nerve > Patient Evaluation CURRENT Diagnosis & Treatment in Otolaryngology—Head & Neck Surgery, 3e ... The diagnosis of Bell’s palsy is one of exclusion. Facial motor disturbance should...

Chapter 233. Bell's Palsy > Patient Story The Color Atlas of Family Medicine, 2e ... Figure 233-1 Bell's palsy with loss of brow furrowing and dropped angle of the mouth...

Chapter 70. Disorders of the Facial Nerve > Incidence & Risk Factors CURRENT Diagnosis & Treatment in Otolaryngology—Head & Neck Surgery, 3e ... of the true
incidence of Bell's palsy is therefore complicated by this wide distribution of specialists...

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Chapter 37. Neurologic Emergencies > General Considerations CURRENT Diagnosis & Treatment Emergency Medicine, 7e ... Bell's palsy is a common condition of unknown cause (although some authorities suggest a link...