

## BELL'S PALSY

Dr. Cheryl Pokszywka, Dr. Reena Pathak

Bell's Palsy is one of the most common disorders affecting the Cranial Nerves. It affects the motor portion of the seventh cranial nerve (Facial nerve) causing a one-sided paralysis of the face.

The cause of Bell's Palsy remains unknown, however there are several proposed theories including: vascular, infectious, genetic, and immunologic origins. Some evidence indicates that an infection with inflammation and/or an autoimmune response results in a local demyelination of the facial nerve. Another theory suggests that inflammation causes the facial nerve to be compressed as it courses through the temporal bone of the skull, resulting in impaired neural conduction. In cases of facial paralysis it is important rule out more serious causes, which may include stroke or other brain lesions.

Bell's Palsy may present spontaneously over a one to three day period. The most common complaint is weakness on one side of the face with drooping of the eyelid and/or corner of the mouth. Some individuals complain of tearing in the eye or drooling from the corner of the mouth, which results from altered function of the muscles around the eyes and mouth, respectively; others may complain of dry eyes. Other symptoms may include pain behind or around the ear, altered taste, and increased sensitivity to sound.

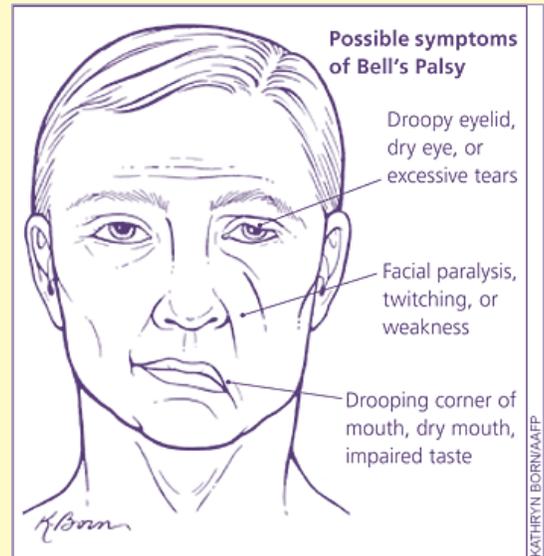


Figure 1: Illustration courtesy of:  
<http://www.aafp.org/afp/2007/1001/p1004.html>

Allopathic management of Bell's Palsy primarily involves pharmacological intervention with corticosteroid or antiviral agents. Eye care is also important due to the frequent inability to completely close the eye; this renders the eye susceptible to drying of the cornea and damage from foreign body exposure. Use of artificial tears or lubricants and eyeglasses/shields can help provide protection.

Non-pharmacologic interventions shown to be beneficial in cases of Bell's Palsy include: physical therapy (facial exercises, neuromuscular retraining), and acupuncture with or without electrical stimulation. While most cases of Bell's Palsy will resolve, there are some instances in which recovery is incomplete.