

Bell's Palsy

Bell's palsy is a mysterious condition in which one half of the face abruptly becomes paralyzed. This sudden paralysis may be preceded by pain behind one ear for a day or two, but it usually occurs quickly.

People with Bell's palsy might experience a number of uncomfortable symptoms, including total paralysis or pronounced weakness on one side of the face. The weak side typically becomes flat and expressionless, and affected people might feel a heaviness or numbness in their faces, even though normal sensation remains. Other symptoms include a drooping appearance on the affected side of the face and impairment of tear and saliva functions.

If the upper part of the face is involved, affected people may have problems with their eyes. Because they are unable to close their eyes, dryness is a problem. In extreme cases this dryness can result in eye damage or even blindness. To help avoid these problems, some physicians recommend the use of paper tape at night to keep the affected eye closed and lubricated. In addition, people with Bell's palsy may experience loss of taste or abnormally enhanced hearing because the muscle that stretches the eardrum is paralyzed.

Most people with Bell's palsy (about 80 percent) recover within a few weeks or months. Among those who don't recover fully, the face may continue to be weak on the affected side and droop. About one person in 60 will experience Bell's palsy at some point in their lifetimes. It can occur at all ages but is most common between the ages of 15 and 60 (Rowland S 2002).

The cause of Bell's palsy is somewhat controversial. The condition is associated with presence of the herpes simplex virus 1 (HSV1), which suggests that reactivation of this virus in the facial nerve might be responsible for the condition. Varicella herpes zoster has also been implicated. Other infectious diseases that may be associated with Bell's palsy include Lyme disease, the common cold, hepatitis C, influenza, HIV, typhoid fever, and tuberculosis.

According to the herpes theory, about 80 percent of Bell's palsy cases are caused by reactivation of HSV1 or varicella zoster (a member of the herpes family). HSV1 is most commonly associated with oral lesions, as opposed to HSV2, which is most commonly associated with genital lesions. Varicella zoster is responsible for chicken pox in children and shingles in adults. The herpes virus can be transported to the facial nerve, where it may remain dormant until it activates and causes Bell's palsy (Lambert T 2004). Although this theory has yet to be proven absolutely, supporting evidence is strong enough that Bell's palsy is often treated with antiviral drugs (acyclovir, famciclovir, and valacyclovir) used to kill the herpes virus. To date, although viral DNA has been found in the facial nerves of patients with Bell's palsy, no studies have actually found actively replicating herpes viruses (Linder T et al 2005).

No single test can diagnose Bell's palsy. Instead, physicians diagnose the condition by first excluding other possible causes of facial paralysis, including cancer, leukemia, bacterial infections such as meningitis, stroke, multiple sclerosis, head trauma, and other disorders. There are two classic characteristics of Bell's palsy that help guide diagnosis (Ferri FF 2004; Smith JF 2004):

1. The symptoms of Bell's palsy have a quick onset.
2. They affect the entire half of the face, while stroke or cerebral tumor usually causes paralysis below the eye.

During the diagnosis, a few tests might be ordered to help exclude other conditions, including blood tests to check for diabetes, HIV, bacterial infection, and Lyme disease. In some cases, an x-ray might be ordered to check for a tumor in the head.

THE DISEASE COURSE

In about 80 percent of cases, Bell's palsy resolves completely within three months. However, 15 percent of patients will experience facial asymmetry, and 5 percent will show persistent neurologic impairment or disfigurement (Brody R et al 1999; Lambert T 2004).

Besides antiviral drugs, the standard treatment for Bell's palsy is corticosteroids such as prednisone. These drugs have been shown to reduce inflammation of the facial nerve, which minimizes compression and damage (Adour KK et al 1996), although a few studies have found that steroids are ineffective (Salinas RA et al 2004). Some studies have also suggested that antivirals are effective only if prescribed early in the disease course (Lejeune D et al 2002).

In severe cases, surgical treatment might be recommend, although this course of treatment is associated with a high risk of hearing loss, and many clinicians recommend against it. The surgery used to treat Bell's palsy is known as decompression surgery. It is

used to relieve pressure on the affected facial nerve.

A number of alternative or complementary therapies have been studied for Bell's palsy. Many people believe that facial massage will help relieve the condition, although there is evidence that facial massage will not help (Kasper DL et al 2005). Acupuncture combined with exercise therapy has been shown to increase therapeutic effect, with a cure rate of 66.7 percent among people on combined therapy compared with a cure rate of 46.7 percent in a control group (Qu Y 2005).

Vitamin B12 has also been documented to improve the symptoms of Bell's palsy. In one study, three groups of patients were tested: one received methylcobalamin (vitamin B12), one received corticosteroids, and the third received methylcobalamin in combination with corticosteroids. At the end of the study, the patients in both methylcobalamin groups showed greater improvement in their symptoms than those in the corticosteroid group (Jalaludin MA 1995).

Other supplements have attracted attention in Bell's palsy but have not been subjected to rigorous scientific testing. Some people with Bell's palsy report symptom relief from omega-3 fish oils, which are naturally anti-inflammatory and may work by relieving the nerve inflammation (Bells Palsy Association 2004).

LIFE EXTENSION FOUNDATION RECOMMENDATIONS

Patients with Bell's palsy might want to wear eye protection, if directed by a physician. The standard therapy for Bell's palsy is antiviral drugs combined with corticosteroids. This treatment may be enhanced by taking the following supplements:

- **Methylcobalamin**—500 micrograms (mcg) three times weekly by intramuscular injection or 5 milligrams (mg) sublingual lozenges. A suggested dose is 40 to 80 mg daily until symptoms subside.
- **Omega-3 fish oil**—1400 mg EPA and 1000 mg DHA

BELL'S PALSY SAFETY CAVEATS

An aggressive program of dietary supplementation should not be launched without the supervision of a qualified physician. Several of the nutrients suggested in this protocol may have adverse effects. These include:

EPA/DHA

- Consult your doctor before taking EPA/DHA if you take warfarin (Coumadin). Taking EPA/DHA with warfarin may increase the risk of bleeding.
- Discontinue using EPA/DHA 2 weeks before any surgical procedure.

Vitamin B12

- Do not take vitamin B12 if you have Leber's optic atrophy.

For more information see the Safety Appendix

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