Case Report

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MANAGEMENT OF BELL'S PALSY USING TRADITIONAL SIDDHA MEDICINES: A CASE REPORT

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ABSTRACT

Bell's palsy is a sudden-onset facial paralysis that impairs facial nerve function, leading to weakness or complete loss of movement on one side of the face. This case study presents the clinical course of a 50-year-old male who developed facial weakness and unilateral facial drooping. The patient was initially administered steroids and advised to engage in facial exercises. Despite initial amelioration, his symptoms deteriorated, and so the patient approached the Siddha OPD. This case underscores the importance of prompt diagnosis, as Bell's palsy was diagnosed and appropriate Siddha intervention was given to maintain blood glucose levels and treat the neurological condition to optimise recuperation and forestall complications. The patient showed significant improvement on House-Brackmann grading of facial nerve function after 10 days of treatment. Hence, Siddha intervention is an indispensable component of Bell's palsy management and may serve as an effective option for patients who do not respond to conventional medical management.

Keywords: Facial nerve dysfunction, Diabetes mellitus, watering in eye, Nasolabial fold, Siddha intervention, House Brackmann's grading system

INTRODUCTION

Sudden facial paralysis, which causes weakness or complete loss of movement on one side of the face, is known as Bell's palsy and results from impaired facial nerve function. The weakness or total loss of movement on one half of the face caused by Bell's palsy can be distressing and disruptive to the individual's daily life[1]. Diabetes mellitus is more likely to impact the early presentation of symptoms and the effect of Bell's palsy compared to systemic hypertension or dyslipidemia, when it coexists with the disorder[2]. Early diagnosis and appropriate management are essential to prevent complications and optimise recovery. Siddha system of traditional medicine can be a complementary treatment option for neurological conditions termed as Bell's palsy [3]. This case study describes a 50-year-old male patient diagnosed with Bell's palsy and emphasises the importance of timely intervention and the efficacy of Siddha medicines as a supplement to standard medical treatment.

Case report

A 50-year-old male patient came to the Siddha OPD at Government Hospital, Kariapatti (Tamil Nadu), and has been experiencing right-sided facial weakness for 2 months, making it difficult to close the right eyelid and causing tearing from the right eye. He was a known Diabetic patient who took regular medicines for the past 5 years and the recent blood glucose level was revealed to be 350 mg/dl. The patient proffered no recent medical antecedents suggestive of trauma or infection, nor was there any indication of hypertension, co-morbidities, or recent surgical interventions. The patient's vital signs were stable, with a heart rate of 80/minute. His blood pressure was 120/80 mmHg, and his Respiratory rate was 16 breaths/minute. He was found to have a normal body temperature of 98.6°F. After obtaining consent from the patient, a clinical examination was performed; the patient demonstrated cognitive acuity and sensory acuteness without sensory deficits or cognitive impairment. However, facial inspection revealed a severe right-sided droop, with marked asymmetry compared with the left side. The patient showed visible sagging at one of the mouth corners and could not fully close the right eye. Skin integrity on the face and scalp evinced no erythematous or vesicular eruptions. Given the constellation of symptoms, the patient was diagnosed with Bell's palsy. To support nerve recovery, the patient was prescribed Siddha intervention as described in Table 1. During subsequent follow-up visits, the patient reported gradual, albeit progressive, improvement in the right-sided facial weakness and droop. Despite these gains, some asymmetry and impaired facial expression persisted. The patient was advised to continue medication for a few more days to enhance recovery. Additionally, the patient was counselled regarding the likelihood of recurrent Bell's palsy episodes and potential long-term sequelae, although the risk in this instance was deemed low. The House-Brackmann grading system was used to evaluate the outcome of the treatment, as described in reference[4]. After ten days of treatment, the evaluation showed complete resolution of the patient's symptoms, including tearing in the right eye, slurred speech, absence of the nasolabial fold and smiling sign, earache, and widening of the right-side palpebral aperture. Additionally, food trapping between the gums and cheek improved by 75% (as indicated in Table 2). The overall evaluation indicated a substantial improvement from grade 4 (moderately severe dysfunction) to grade 1 (normal) after 10 days of treatment, with no observed side effects.

Table 1: Treatment plan for Bell's palsy

Internal treatment (oral)	External Treatment (local)
Madhumega chooranam[5]- 1g with 30 ml Aavarai decoction[6]Tds after meal for 10 days Chandamaarutha chendooram[7]- 100mg and Thirikadugu chooranam[8] 1g with honey twice a day after meal for 10 days	Dry powder facial massage locally with horse gram powder[9] twice daily for seven days Varmam: 1. Kothandaadangal [10] is a type of adangal manipulated in head region 2.Sevi kutri [11] located behind of the ear 3.Chimil iruppu located behind the ear near to mastoid process 4.Kutri [11] located at tragus of the ear Application method involves pressure at these points for 1min as external manipulation for seven days

OBSERVATION AND RESULTS

Table 2: Comparison of House-Brackmann Grading System Scores to Assess the Functioning of the Facial Nerve – Before and After Treatment

Clinical features	Grading	Score	Before treatment	After treatment	% of Relief
Watering from right eye	No watering	0	2	0	100%
	Persistent but do not disturb routine work	1			
	Persistent disturb routine work	2			
	Constant watering	3			
Widening of palpebral aperture	No widening	0	2	0	100%
	Slightly wide (Whole cornea visible)	1			
	Moderately wide (cornea and 1/3 of sclera visible)	2			
	Severely wide (cornea and ½ of sclera visible)	3			
Absence of Nasolabial fold	Nasolabial fold present normally	0	2	0	100%
	Nasolabial fold seen while trying to speak	1			
	Nasolabial fold seen while attempting to smile	2			
	Nasolabial fold never seen	3			
Smiling sign	Absent smiling sign	0	2	0	100%
	Smiling sign present without upward movement of left angle of mouth	1			
	Smiling sign present with upward movement of left angle of mouth	2			
	Smiling sign present all the time	3			
Slurring of speech	Normal speech	0	3	0	100%
	Pronouncing with less efforts	1			
	Pronouncing with great efforts	2			
	Complete slurring	3			
Dribbling of saliva from right corner of mouth	Dribbling Absent	0	1	0	100%
	Intermittent Dribbling	1			
	Constant but mild dribbling	2			
	Constant and profuse dribbling	3			
Trapping of food between gum and cheeks	No trapping	0	3	1	75%
	Mild trapping (not noticeable)	1			
	Trapped but easily removable by tongue	2			
	Trapped and need manual removal	3			
Ear ache	No earache	0	1	0	100%
	Intermittent earache	1			
	Persistent earache, do not disturb routine work	2			
	Persistent earache, disturb routine work	3			

Figure 1: **Mouth deviated to the left side before treatment No deviation in mouth after treatment**

Figure 2: **Absence of nasolabial fold on the right side before treatment. Presence of nasolabial fold on both sides after treatment**

Diabetes is a widely known risk factor for numerous health complications, including nerve damage or neuropathy. This condition can cause weakness or paralysis in various parts of the body, including the face. Several studies have reported that Diabetic patients have a greater risk of developing Bell's palsy compared to the general population. One such study, published in "Neurology India," found that the prevalence of Diabetes in the population of Bell's Palsy patients was considerably greater in the general population [12]. Confirmation of diabetes, clinical findings and patient history establish a diagnosis of Bell's palsy.

On differential diagnosis, Stroke can result in facial weakness on one side of the face and other indications, such as numbness or

weakness on one side of the body, speech difficulties, and severe headaches. Imaging tests can distinguish Bell's palsy from brain tumours; in the current case, they revealed no tumours. Lyme disease can cause facial nerve palsy, but it usually presents with other signs, such as fever, headache, and joint pain. Ramsay Hunt syndrome manifests with facial paralysis, ear pain, and a rash around the ear, distinguishing it from Bell's palsy. Guillain-Barré syndrome can cause facial weakness, but it typically starts in the legs and progresses upward, causing other signs like tingling, numbness, and breathing difficulties. Hence, the current diagnosis is Bell's palsy.

Madhumega choornam and Aavarai kudineer enhance insulin sensitivity and reduce insulin resistance, improving glucose uptake by cells and enhancing glycemic control in diabetic patients[13,14]. ChandaMaarutha Chendooram and Thirikadugu Choornam have traditionally been employed to manage neurological conditions such as paralysis, hemiplegia, and facial palsy[15,16]. These remedies have neuroprotective properties, improve cognitive function, and reduce brain inflammation. Facial massage utilising horse gram powder strengthens the facial muscles and improves muscle tone[17]. Stimulation of Varma points rectifies the Vaasi energy pathway in the face[18]. As shown in Table 2, Siddha medicine was effective in managing the symptoms of Bell's palsy and improved the patient's quality of life.

CONCLUSION

This case study on Bell's palsy with Siddha intervention provides valuable insights into the potential benefits of alternative medicine in treating this condition. The patient's symptoms improved significantly after receiving Siddha treatment, which included a combination of herbo-mineral remedies, massage and varmam therapy. This case study underscores the importance of exploring alternative medicine in managing Bell's palsy, particularly for patients who may not respond well to conventional treatments.

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