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The Effective Unani Management of Bell's Palsy: A Case Study

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Abstract

Bell's palsy (Laqwa) is an acute, idiopathic, unilateral LMN-type facial nerve palsy characterized by a rapid onset of weakness of facial muscles on the affected side, drooping of eyelids on the same side, difficulty in closing the eye completely, drooping of the angle of the mouth on the same side, saliva dribbling from the affected side and mouth deviating towards the healthy side. It causes facial dysfunction and alters the quality of life. Its population incidence rates range from 11.5 to 40.2/100 000. In the Unani system of medicine Bell's palsy can be correlated with Laqwa which literary means "paralysis and distortion of the side of the mouth or face". Its causes include Sue Mizaj Maaddi (mostly including Balgham), Sue Mizaj qalb barid, Imtelae mawad, and unilateral obstruction of the nerve supply to the facial muscles. The management protocol includes the concept of Ta'deel and Tanqiya, i.e., balancing temperament and removing harmful substances from the body. Bell's palsy, or Laqwa, is effectively managed in the Unani system through a combination of regimens that incorporate Ilaj Bil Tadbeer (regimental therapy), Ilaj Bil Ghiza (dietotherapy), and Ilaj Bil Dawa (pharmacotherapy). This approach aims to restore the normal temperament of the body, alleviate symptoms, and improve quality of life. The study highlights the importance of Unani interventions in achieving significant recovery in Bell's palsy patients by addressing both the root causes and symptomatic relief. This case study was conducted with the aim of finding out the effective Unani treatment for Bell's palsy.

Keywords: Laqwa, Bell's palsy, facial nerve palsy, Unani medicine, Munjiz mushil therapy

INTRODUCTION

Bell's palsy, also known as Laqwa, is named after the Scottish surgeon Sir Charles Bell, who was the first to describe this condition characterized by idiopathic facial paralysis. It is a sudden-onset, unilateral, lower motor neuron facial nerve palsy caused by non-suppurative inflammation of the nerve within the facial canal, above the stylomastoid foramen [1]. It affects both genders equally and has a little higher incidence in the mid and later part of life but undeniably occurs across all age groups. The population incidence rates range from 11.5 to 40.2/lac with some studies signifying similar annual incidences between, Japan (30/lac), the USA 25–30/lac and the United Kingdom (20.2/lac) [2]. Among pregnant and puerperal women, higher incidence numbers have been reported, especially in the third trimester of pregnancy [3]. Despite widespread study of the condition, the precise pathogenesis of Bell's palsy is still debatable [4]. Infections, like herpes simplex type-1 [5], autoimmunity [6] nerve compression [7] may all be a factor, yet the exact sequence and extent of these influences remain indistinct. The facial nerve plays a role in several

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functions including smiling, blinking, closing the eyes, lacrimation, salivation, frowning, flaring the nostrils, raising the eyebrows, and providing taste sensation to the front two-thirds of the tongue. In Bell's palsy, these functions are disrupted. The condition is marked by a sudden weakness in the upper and lower facial muscles on the affected side, causing the mouth to deviate toward the healthy side, drooping of the eyelid, dryness of the eye due to incomplete closure, drooping at the corner of the mouth, and saliva dribbling. If the stapedius muscle is involved, there may also be increased sensitivity to sound (hyperacusis) on the affected side [8]. Medical treatment for Bell's palsy includes antiviral agents, corticosteroid therapy, and local ocular lubricants whereas surgical treatment includes facial nerve decompression.

In the Unani system of medicine, Bell's palsy is identified as Laqwa, which refers to "paralysis and distortion of one side of the face or mouth" [9]. According to Unani texts, the causes of Laqwa include Sue Mizaj Maaddi (commonly involving Balgham), Sue Mizaj Qalb Barid, accumulation of morbid matter (Imtelae Mawad), and unilateral obstruction of nerves supplying the facial muscles [10–12]. Treatment in Unani medicine follows the principles of Ta'deel and Tanqiya, which focus on balancing temperament and eliminating harmful substances from the body. Ta'deel is achieved using Munzij Advia (concoctive drugs) with actions, such as Tahleel (resolution), Talteef (attenuation), and Taqtee (dissolution). Munzij therapy is followed by Purgatives (Mus'hil Advia) having properties to remove and excrete Akhlat e fasidah (the morbid humour) from the entire body. After using Mus'hil therapy (purgation), the temperament of the affected organ is improved through appropriate methods, such as massage (Dalk), exercise (Riyazat), cupping therapy (Hijama), and warm compresses (Takmeed).

There are several single as well as compound Unani drugs which have been successfully used in the treatment of various neurological disorders including *Laqwa* [10–12].

CASE PRESENTATION

A 34-year-old female patient visited MTC & Assayer Hospital, Mansoora, Malegaon OPD with chief complaints of deviation of angle of mouth, drooling of saliva, difficulty in moving up left eyebrow, unable to close left eye and watering from same eye for 3 days. According to the statement of the patient, she was quite well before 3 days then after suddenly she developed above mentioned symptoms. There was no history of trauma, hypertension, diabetes mellitus, tuberculosis, fever, or stroke. There was no evidence of clubbing, cyanosis, or edema. Her general condition was found fair and stable. The systemic examinations of the cardiovascular, respiratory, and gastrointestinal tract were recorded as normal. On neurological examination Bell's phenomenon was positive (i.e., upward and outward rolling of the affected side eye on forceful closing of the eye). Peripheral pulses were intact and there was no sign of neurovascular compromise.

After a detailed history and clinical examination, the patient was diagnosed with Bell's palsy (*Laqwa*).

The clinical trial adhered to the ethical principles outlined in the Declaration of Helsinki for biomedical research and followed the ICMR ethical guidelines for research involving human participants (2006). Additionally, it was conducted in compliance with the Good Clinical Practice (GCP) standards. Before starting the treatment protocol informed consent was obtained from the patient and she was evaluated for safety parameters, like complete blood count, and liver and kidney function tests. All investigations were repeated after the completion of treatment. The patient was explained about Unani's treatment and procedures after the below treatment has been executed.

- Joshanda munjiz balgham 5 gm BD for 2 weeks.
- Joshanda Mus'hil balgham 5 gm OD for 1 day (after completion of Munjiz Balgham).
- Habbe Azraqi 2 tablets BD for 2 weeks.
- Dalak (Massage) with Roghan Farfiyoon for 2 weeks.

After completion of treatment all investigations were repeated. Safety parameters were within normal range which shows that there was no any side effect of medicine on various systems of the body. A significant improvement in the signs and symptoms were noted. Changes treatment to post-treatment depicts in Figures 1 and 2.

Figure 1. Pre-treatment facial change.

Figure 2. Post treatment facial change.

RESULT AND DISCUSSION

After completion of treatment protocol, the patient was reassessed for signs and symptoms, and it was observed that she got tremendous relief in her ailments. The treatment outcomes were assessed by using "The *House–Brackmann scale scoring system*" [13]. Though Bell's palsy is a self-limiting disease and has a good prognosis this condition gradually resolves over time and needs appropriate judicious treatment to avoid irreversible changes. Therefore, in conventional medicine, steroid therapy is considered as soon as possible as the line of treatment.

It can be inferred that Munzij and Mus'hil therapies, due to their neuroprotective properties, contribute to the restoration of motor strength [14]. Additionally, Dalak (massage) with Roghan Farfiyoon [15] is utilized to correct the temperament (Mizaj) of the affected organs and enhance strength owing to its Haar Mizaj (hot temperament). The combined use of Munzij, Mus'hil, and Dalak therapies promotes Tanqiya (elimination of morbid matter) and Ta'deel (normalization of temperament), as supported by previous research, thereby aiding in the recovery of motor weakness [16–18]. These findings align with earlier studies on the effectiveness of Munzij and Mus'hil therapies.

The results of this case study show Unani treatment proved to be effective in the management of *Laqwa* (Bell's palsy) and hence it is advised to conduct more trials on the principles of Unani Tib with

the intention to relieve the suffering and to obtain more benefits.

CONCLUSIONS

The Unani system of medicine is one of the branches of AYUSH's traditional system of medicine in India. It is centuries old and practiced in several parts of the globe. Unani physicians have been successfully treating various neurological disorders including facial weakness for centuries.

From this study, we can conclude that the Unani management described in conventional texts is helpful in achieving significant relief in symptoms as well as signs of Bell's palsy (*Laqwa*), thereby improving the quality of daily life of the patient. The therapies, like Munzij, mus'hil, and dalak as a combined treatment, rectify the sue mizaj balghami of affected organs, and improvement in motor functions of the facial nerve is observed.

This can be concluded that it would be a better option for Bell's palsy patients. However, the study is at a preliminary level. Therefore, it is suggested that further multicentre and large-scale clinical studies and trials should be conducted for a meaningful statistical evaluation and the confirmation of results.

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