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LOWER MOTOR NEURON FACIAL PALSY (BELL'S PALSY) TREATMENT THROUGH UNANI MEDICINE – A CASE STUDY

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ABSTRACT

Lower motor neuron facial palsy is commonest paralytic disorder. In which the facial nerve affect outside of brain and result into weakness or paralysis of entire half or one side paralysis of facial muscles. In this type of facial paralysis whole face affected one side. Usually this disease consider as self-limiting, But it may vary according the time limit. Commonly its idiopathic in nature but some pathological conditions may be associated with other disease. i.e. Viral infection eg. Herpes simplex and poliomyelitis, traumatic conditions. i.e. fracture of skull bas and fracture of temporal bone, tumors of facial nerve, and some auto immune conditions. In this case study we treat the lower motor neuron type facial paralysis which is idiopathic in nature, and treated by Unani medicine after the one month of its onset.

KEYWORDS: Laqva, facial paralysis, Bell's palsy, lower motor facial palsy, idiopathic facial palsy.

INTRODUCTION

Lower motor neuron facial palsy is most common type facial paralysis in which the facial neuro affect from outside of brain.[1][2] and one side whole face involved in it, but in some uncommon condition B/L facial nerve affected by virus etc. & B/L facial paralysis occurs.[2][3] bell's palsy is a variety of LMN type facial paralysis and characterized by sudden onset of weakness /paralysis in facial muscles.[1][2][3] bell's palsy usually idiopathic in nature but it may be due

to viral induced pathology i.e. infection of Herpes Simplex virus, polio myelitis virus etc.

The hall mark feature of Bell's palsy is the inability to control the facial muscles of affected side, or one sided facial paralysis which is associated with.[2][3][4][5]

- Change in taste
- Increase the sensation is sound in one side.
- Tearing of drooling.
- Pain &discomfort around the jaw –or- behind the ear.
- Onset- sudden onset often overnight

Causes

- Trauma eg. Fracture of temporal bone.
- Neoplastic condition or tumors.
- Autoimmune conditions.[2][3][4][5]

Unani aspect of facial paralysis-

Ancient Unani scholars described the facial paralysis in detail under the heading of Falij and Laqva, they mentioned facial paralysis by the name of Laqva and they describe the Uqab (A bird having the deviated beak) as the resemblance of deviated face of patient.[6][10][12]

On the basis of pathology Unani scholar described the following types of facial paralysis.

Laqva –e – Markazi (Upper Motor Neuron Palsy) – Facial paralysis due to lesion in brain and cerebral cortex (UMN type palsy)

Laqva-e- Tehtuz Markazi (Lower Motor Neuron Palsy) - Facial paralysis when lesion situated outside of brain i.e.(LMN type facial paralysis).[6][7][8][9][11][12] Ancient Unani physician also mentioned the AstarKha (losses of sensory and motor function) of the area supplied by facial nerve. Gallen A Pionear Unani scholar mentioned in his observations according the location of lesion and type of paralysis in there text Jwamil Aza Aalima.[6][10][11]

Gallen mentioned the following points.

1. When lesion situated at half part of hind brain it produce the hemiplegia(Falij) and when lesion affect all hind brain it produce general paralysis(Sakta) or quadriplagia.
2. When lesion situated at medulla oblongata (Mabda al nukhan) it may produce the following conditions:-

I. When quadriplegia without facial involvement its indicate lesion situated just before the medulla oblongata.
II. When lesion at half part of medulla oblongata it produce ipsilateral hemiplegia & facial paralysis (UMN type).
III. When lesion situated at brain or cerebral cortex it caused contra lateral paralysis.

Unani scholars mentioned following factor as the etiological factor of paralysis.

1- Rupture of cerebral arteries.
2- Blockage of cerebral arteries. Or thromboembolism.
3- Space occupying lesion of brain.
4- Accumulation of morbid humer around the facial nerve.

5- Trauma of facial nerve- outside of brain.
6- Ear infections eg. CSOM
7- Viral infections that affected facial nerve i.e. Herpes simplex virus.
8- Buroodat (cold environment affected facial nerve).[6][9]

MATERIAL AND METHOD

A 25 yrs. Old male patient came to the Ginnori O.P.D. of Clinical Research Unit Bhopal under CCRUM, Ministry of Ayush Govt. of India on 7 July 2025 for Unani treatment. Because he was not relived to conventional treatment for his facial paralysis and then he was treated by Unani treatment. After 3 weeks of treatment he completely resolved the facial paralysis, safety parameters under normal limit on regularly evaluated during this period of treatment.

In present case we selected following drugs for the treatment of lower motor neuron facial paralysis (Bell's palsy) as per classical Unani literature.

Hab-e- Banafsha 1BD
Hab-e-Asgand 1BD
Hab-e-Asab 1HS
Majoon Falasfa 10 Gm HS

CASE PRESENTATION

Chief complaints

A 25 years old male patient present with complaints of Rt sided facial paralysis with inability to close the right eye and mouth deviation to Lt side with difficulty in drinking since one months back.

Medical history- According to the patient he was quite well before one month. On the date of 5 June, 2025 when he awoke he feels his mouth is deviated to left side & he is unable to close the right eye and difficulty in drinking water. He attend a reputed hospital and taking the treatment for 1 month. According the statement of patient. He is non smoker, non alcoholic, non diabetic, nor motensive, vegetarian in nature and his family history not having any specific disease.

Clinical examination

General physical examination

Patient having average health average stature with wheat is complexion with following finding.
No paller No icterus
And bears normal vitals i.e.

Temp	98*(afebrile)
B.P.	120/70mm Hg
P/R	74/minute
R/R	18/minute

Systemic examinations

CNS- NAD & No history of convulsions chronic head ache. Alert and cooperative in nature with normal gait andconsciousness. Knee, ankle, planters and abdominal reflex are normal.

Chest- B/L clear, S1 S2 normal, no murmur & no added or abnormal sound in chest fields.

P/A- Soft non tender, no organomegaly, bowl sound normal, no herniation.

Musculo Skeletal Examination- Normal range of motion no joint deformity, no swelling, tenderness or joint effusion.

Dermatological Examination- NAD

Investigations- Following lab investigations were conducted at baseline and after 21 days of treatment (completion of treatment)

Haemogram

KFT

LFT

Urine R/E, M/E

Blood sugar fasting and post prandial.

Diagnosis-Diagnosis was confirmed on the basis of medical history, clinical examination and facial appearance.

Intervention (treatment)- Patient was treated with following Unani Medicine and treatment was started on 7 July 2025 and ended on Mughallis Aghzia (Viscid foods), cold temperament food and to avoid the cold environment exposure during the treatment.

Hab-e- Banafsha 1BD

Hab-e-Asgand 1BD

Hab-e-Asab 1HS

MajoonFalasfa 10 Gm HS

Composition of Hab-e-Banafsha[14]

S.N	Name of Drug	Botanical name/Scientific name	Parts used	Quantity
1	Banafsha	*Viola odorata*	Flower	135 mg
2	Turbud	*Operculina turpathum*	Root	85 mg
3	Rub-us- soos	*Glycyrrhiza glabra*	Root	33 mg
4	Arq-Barg-e- kasnisabz	*Cichorium intybus*	Leaf	Qs.

Composition of Majoon Falasfa[14]

S.N	Name of Drug	Botanical name/Scientific name	Parts used	Quantity
1	Zanjabeel	*Zingiber officinalis*	Rhizome	114.71 mg
2	Tukm-e-Babuna	*Anthemis nobilis*	Root	57.36 mg
3	Filfil Siyah	*Piper nigrum*	Seed	114.71 mg
4	Filfil Daraz	*Piper longum*	Root	114.71 mg
5	Amla Muqashshar	*Embelica officinalis*	Fruit	114.71 mg
6	Haleela Siyah	*Termenalia chebula*	Fruit	114.71 mg
7	Zarawand Mudaraj	*Aristolochia longa*	Root	114.71 mg
8	Shetraj Hindi	*Plumbago zeylanica*	Root	114.71 mg
9	Salab Misri	*Orchi latifolia*	Root	114.71mg
10	Maghaz-e-Chilghoza	*Pinus gerardiana*	Pulp of fruit	114.71 mg
11	Narzeel	*Cocus nucifera*	Pulp of fruit	114.71 mg
12	Baikh-e-Babuna	*Anthemis nobilis*	Root	114.71 mg
13	Maweez-e-	*Vitis vinifera*	Fruit	344mg
14	MunaqqaAsal-e- khalis	*Honey*		3.327 mg

Composition of Hab-e-Asgand-[14]

S.N	Name of Drug	Botanical name/Scientific name	Parts used	Quantity
1	Ajwain Desi	*Trachyspermum ammi*	Seed	17.24 mg
2	Pipla Mool (Filfil Daraz)	*Piper longum*	Root	17.24 mg
3	Pipal Kalan	*Piper longum*	Fruit	17.24 mg
4	Musli Siyah	*Curculigo orchioides*	Root	17.24 mg
5	Asgand	*Withania somnifera*	Root	34.8 mg
6	Bidhara	*Argynia nervosa*	Root	34.8 mg
7	Ginger	*Zingiber officinale*	Root	34.8 mg
8	Satawar	*Asparagus recemosus*	Root	34.8 mg
9	Qand-e-siyah	*Jaggery*		43.12 mg

Composition of Hab-e-Asab-[15]

S.N	Name of Drug	Botanical name/Scientific name	Parts used	Quantity
1	Azaraqi	*Strychnos nuxvomica*	Seed	35.72 mg
2	Qaranfal	*Syzygium aromaticum*	Flower	17.88 mg
3	OodSalab	*Orchis latifolia*	Root	17.88 mg
4	Jauzbuwa	*Cinnamomum zeylanicum*	Bark	17.88 mg
5	Bisbasa	*Myristica fragrans*	Bark of root	17.88 mg
6	Darchini	*Cinnamomum zeylanicum*	Inner bark	17.88 mg

Hemalogical and Biochemical Parameters at baseline (before treatment) and after completion of three week treatment

S.N.	Parameter	Base line/ at one week 07th July 2025	After treatment/after 3 week of treatment 28th July 2025
1	Hb(gm/dl)	11	11.5
2	R.B.C(million/Cumm)	5	5.6
3	Platelets count(lack/Cumm)	183000	180000
4	DLC- Neutrophils Lymphocytes Eosinophils Monocytes Basophils	 51 38 8 3 0	 53 40 8 1 0
5	ESR	22	21
6	S.Bilirubin	1(mg/dl)	0.8(mg/dl)
7	SGOT(1u/liter)	27	24
8	SGPT(1u/liter)	33	32
9	S.Alkaline Phosphate(1u/liter)	82	70
10	Blood urea	25(mg/dl)	38(mg/dl)
11	S.Creatinine	0.8(mg/dl)	0.9(mg/dl)
12	Fasting glucose	95	92
13	Urine RE/ME	WNL	WNL

DISCUSSION

Lower motor neuron facial palsy(Bell's palsy) is most common type facial palsy(Laqva) which affects the facial nerve, outside of brain and most common idiopathic in origin but viral involvement also common exposure of cold environment and trauma of facial nerve also plays the important role in the development of Bell's palsy.

According the concept of Unani medicine Laqva (Bell's palsy) idiopathic facial paralysis usually occurs due the accumulation of phlegmatic secretion around the facial nerve & produce the cold temperament or Sue-Mizaj barid in facial nerve and result into cessation of motor and sensory function of facial nerve, and produce the Laqva or LMN type facial palsy.

In this case we used the Hab-e-Banafsha, Hab-e-Asgand to correct the Sue Mizaj of facial nerve. Hab-e-Asaband Majoon Flasfaas neurotonic and corrective of Sue Mizaj barid maddi and this treatment shows the positive changes, and improve the motor & sensory function of facial nerve and well tolerated and safe on safety parameters all biochemical and hematological parameter within normal safety limits and no clinical adverse effect, were observed in the 3 week treatment observation, to summaries, we found that Unani treatment based on Hab-e- Banafsha, Hab-e-Asgand, Hab-e-Asab and Majoon Flasfa is effective in treating Laqva (idiopathic lower motor neuron facial palsy).

CONCLUSION

The conclusion of present study by Unani treatment based on Hab-e-Banafsha, Hab-e- Asgand, Hab-e-Asab and Majoon Flasfa is very effective and safe on hematological & biochemical parameters does not have any adverse effects.

Since it was a single case study its recommended that a study with large sample size and longer duration of therapy may be conducted in future to re in force the scientific evidences.

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At base line photograph (07 th July 2025)

After one week of treatment i.e.,14th July 2025

After two week of treatment i.e., 21st July 2025

After 21 days of treatment i.e., 28th July 2025

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