Barral Institute Case Report

Neural Manipulation - Bell’s Palsy

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**Abstract**

Bell’s Palsy at times has no apparent cause but factors such as strain through the sinuses or meninges can predispose someone to this condition, as can trauma such as a lengthy or invasive dental procedure. Bell’s Palsy is often terrifying for the patient and affects their social interaction greatly. For this reason, it is imperative to relieve the strain on the facial nerve as quickly as possible and before any lasting nerve damage occurs.

**Key Words**

Bell’s Palsy, Facial Nerve, Manual Therapy, Neural Manipulation

**Introduction**

32 year old male with sudden onset Right sided Bell’s Palsy 1.5 weeks prior to first visit. Onset was 2 days after a dental procedure. History of sinus pain. Difficulty eating due to paralysis of the right side of the mouth as well as taping the eye shut to sleep due to the inability to close his right eye.

**Method**

Treatment 1: GL/LL: Right parotid. Lymph drainage was performed on the right parotid and another LL performed. Second LL: R facial nerve at mastoid. Mastoid osseous release was first performed and then an elongation induction through the facial nerve tunnel on the right, followed by the Buccal, and zygomatic branches through the parotid. Immediate relief of the pressure in his face was felt as well as greater ease with smile attempt. Self lymph drainage was taught for a home exercise.

Treatment 2: GL/LL: R facial nerve. LL of right facial nerve – buccal branch. Elongation induction of the buccal branch of the right led to immediate improvement in pursed lip attempt. Second LL: temporal branch. Balance induction between buccal and temporal branches which improved eye closer attempt. Gentle release taught for temporal and buccal branches for home exercises.

Treatment 3: GL/LL: facial nerve at mastoid. Treatment of facial nerve through tunnel at stylomastoid suture. Second LL: cranial facial suture. Direction of ease release of the cranio-facial suture resulted in immediate relief of sinus pressure.

**Results**

The patient saw a 90% resolution of Bell’s Palsy symptoms within the first 3 treatments spanning two weeks. Slow gradual improvement continued in the next 2 months. Sinus congestion and pain reduced by more than half over the same 2 weeks of treatment and maintained that level of relief for 6 months after treatment at which time he came in for further treatment for his sinus issues.

**Discussion**

Bell’s Palsy can appear very suddenly but disappear spontaneously as well. For this reason, it is inherently difficult to assess cause for improvement on any treatment. In this case, relief of pain and improvement in effort of movements were realized in the office immediately following the treatment technique. This is highly suggestive of the benefits of specific neural manipulation in the treatment of nerve palsy’s.

**References**

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