

# **Barral Institute Case Study**

## **Visceral Manipulation – Bell's palsy**

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Patient: 71 year old male

#### **Symptoms**

CC: Bell's palsy

Patient presents with Bell's palsy affecting left side of face; reports this occurred 3 and 1/2 years ago, led him to emergency room and since then, various medications, specialists' visits and treatments received. Patient states that he is a teacher and likes to play his trumpet but his lips are not symmetric and hard to practice trumpet. His eyes get tired easily, left ear feels abnormal, neck always gets tight, and has balance problem in walking;

Onset: he reports that he had increase stress and tension in family before the onset, he was practicing trumpet while fan was blowing to his face after which he started to feel muscle weakness and abnormal sensation on his left side of face.

#### **Evaluation and Treatment**

GL: left posterolateral cranium, LL: left jugular foramen, temporal bone intraosseous test: restriction on the left, muscles of left side of neck stiff and thickened. Treated left jugular foramen, intraosseous restriction of left temporal bone, left facial nerve trunk and posterior auricular nerve with induction. Patient came in 2 weeks later and reported that his face and neck were not as tight as before, playing trumpet easier, balance also a little better. At second visit, listening went to Gall bladder and he was treated accordingly. At third visit, listening went to left posterolateral cranium again. performed jugular foramen release, intraosseous temporal bone and facial nerve techniques.

#### **Outcome**

By the forth visit, patient stated that he felt much better and very happy with results because prior to this treatment, he didn't see much improvement of his condition from other therapies. He came in every 2-3 weeks for 6 month and he was treated according to listening, sometimes with vascular and visceral techniques and other times cranial nerve (mainly facial and trigeminal nerve) techniques.

#### **Discussion**

Although the main cranial nerve affecting the paralysis of facial muscles is CN VII facial nerve, it seems that much more complex neuro-vascular-meningeal connection involves in this case. It is interesting to notice that listening went to the gall bladder at second visit and that there was increased stress before the onset of his condition. Gall bladder being the primary emotional receptor of daily stress might be related with left neck tension through phrenic nerve connection and its anastomosis with other related cervical and cranial nerves. It might have caused constriction of the area and impaired circulation and creating abnormal intracranial pressure and tension of meninges and neuro-vascular bundles in the cranium, which makes the area vulnerable to infection.