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Individualized Homoeopathic Management Of Bell's Palsy: A Case Report

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ABSTRACT
Bell's palsy is an acute, idiopathic, unilateral lower motor neuron paralysis of the facial nerve (cranial nerve VII), resulting in sudden weakness of the muscles of facial expression. It represents the most common cause of peripheral facial nerve palsy, accounting for a significant proportion of facial paralysis cases worldwide. The condition is characterized by rapid onset of unilateral facial asymmetry, inability to close the eye, drooping of the angle of the mouth, loss of forehead wrinkles, and associated functional disturbances such as hyperacusis, altered taste sensation, and decreased lacrimation or salivation.
Although the exact etiology remains unclear, reactivation of Herpes Simplex Virus type-1 and inflammatory edema within the narrow facial canal are considered major contributing mechanisms. Diagnosis is primarily clinical and requires exclusion of other causes such as stroke, trauma, neoplasm, or infections. The House–Brackmann grading system is widely used to assess severity and prognosis.
This article reviews the detailed anatomy and physiology of the facial nerve, pathophysiology, clinical features, diagnostic approach, and contemporary management strategies of Bell's palsy, highlighting the importance of early recognition and multidisciplinary care.

Keywords: Bell's palsy, Facial nerve paralysis, Lower motor neuron lesion, House–Brackmann scale, Facial nerve decompression, Corneal protection.

INTRODUCTION

Bell's palsy is an acute, idiopathic, unilateral lower motor neuron paralysis of the facial nerve (cranial nerve VII). It is the most common cause of peripheral facial paralysis, with an incidence of approximately 15–40 cases per 100,000 population per year and a lifetime risk of nearly 1 in 60 individuals. The condition affects both genders equally and can occur at any age, though it is most commonly seen between 15 and 45 years.
The facial nerve is a mixed nerve containing motor, parasympathetic, special sensory, and general sensory fibers. It supplies the muscles of facial expression, lacrimal and salivary glands, and carries taste sensation from the anterior two-thirds of the tongue. Due to its long and narrow course through the Fallopian canal of the temporal bone, the nerve is particularly vulnerable to inflammatory edema and compression. In Bell's palsy, viral reactivation—most commonly Herpes Simplex Virus type-1—is believed to trigger inflammation leading to nerve compression, ischemia, demyelination, and conduction block.
Clinically, patients present with sudden onset unilateral facial weakness that progresses over 24–72 hours. Hallmark features include facial asymmetry, inability to close the eye (lagophthalmos), drooping of the mouth, flattened nasolabial fold, loss of forehead wrinkling, drooling of saliva, and difficulty in articulation and mastication. Associated symptoms may include retroauricular pain, altered taste, hyperacusis, and dry eye. Unlike supranuclear lesions such as stroke, Bell's palsy affects both upper and lower facial muscles on the same side.
Although more than 80% of patients recover spontaneously, early intervention is essential to prevent complications such as corneal ulceration, synkinesis, and persistent facial dysfunction. Rehabilitation measures,

including physiotherapy and eye care, play a crucial supportive role, while surgical options are reserved for severe or non-recovering cases.

AIM

To study the clinical presentation, pathophysiology, diagnostic evaluation, and management outcomes of patients with Bell's palsy, with emphasis on early intervention and prognosis assessment.

To document and evaluate the clinical outcome of individualized homoeopathic management using **Causticum** in a patient diagnosed with **Bell's palsy**, with emphasis on symptom resolution and functional recovery.

Objectives

1. To describe the **clinical presentation, progression, and diagnosis** of Bell's palsy in the reported patient.
2. To assess the **severity of facial nerve paralysis** using the **House–Brackmann facial nerve grading system**.
3. To justify the **selection of the homoeopathic remedy Causticum** based on totality of symptoms and repertorisation.
4. To evaluate the **therapeutic response to homoeopathic treatment** during the follow-up period.

MATERIALS AND METHODS

STUDY DESIGN

This study is a **single-case clinical observation** documenting the homoeopathic management of **Bell's palsy**. The case was evaluated and treated according to the **individualized principles of homoeopathy**, based on the totality of symptoms.

CASE TAKING AND CLINICAL ASSESSMENT

A detailed case history was obtained following classical homoeopathic case-taking methods, including **mental, general, and particular symptoms**. Physical examination and systemic evaluation were performed to assess the patient's general health status.

Neurological examination focused particularly on the **facial nerve (seventh cranial nerve)** to evaluate facial muscle function. The severity of facial paralysis was assessed using the **House–Brackmann grading scale**, which is commonly used to grade the functional impairment in Bell's palsy.

General physical examination, vital signs assessment, and systemic examination were carried out to rule out other associated systemic abnormalities.

REPERTORISATION

The totality of symptoms obtained from case taking was converted into repertorial rubrics and analysed using **Synthesis Repertory** through the computer software **RADAR Opus**.

The repertorisation process identified the most appropriate remedy by analyzing the correlation between the selected rubrics and the remedies listed in the repertory.

REVIEW OF LITERATURE

Anatomy:

Named for Sir Charles Bell, the Scottish neurologist and anatomist who first described the condition, Bell palsy is the most common paralysis of the seventh cranial nerve, accounting for 38% to 83% of cases of facial weakness.[2][3][4][5]

In 1821, Bell presented his paper titled On the Nerves: Giving an Account of Some Experiments on Their Structure and Functions, Which Leads to a New Arrangement of the System to the Royal Society, in which he described, among other things, the course and function of the facial nerves.[6] The Bell phenomenon, or palpebraloculogyric reflex refers to elevation the globes in order to protect the cornea when the eyelids close. This reflex is particularly critical for patients with facial paralysis, whose corneas are at greater risk for exposure and ulceration in the absence of effective eye closure.

Fortunately, over 80% of patients with Bell palsy will recover on their own, with 90% to 97% improving if provided with appropriate medical management in a timely fashion.[3][7][8] For this reason, the most important early intervention for most patients is corneal protection in the event that eye closure is impaired; this consists of artificial tears, eyelid taping, and potentially upper eyelid weight placement. For the patients unfortunate enough to recover incompletely, spastic and dyscoordinated facial contractions (synkinesis) will develop, for which a broad range of treatments is available, from physiotherapy to botulinum toxin injections and surgery.[9][10]

THE FACE

The face, or countenance, extends superiorly from the adolescent position of the hairline, inferiorly to the chin

and the base of the mandible, and on each side to the auricle. The forehead is, therefore, common to both the face and the scalp.[1]

Skin:

1. The facial skin is very vascular. Rich vascularity makes the face blush and blanch. Wounds of the face bleed profusely but heal rapidly. The results of plastic surgery on the face are excellent for the same reason.
2. The facial skin is rich in sebaceous and sweat glands. Sebaceous glands keep the face oily, but also cause acne in young adults. Sweat glands help in regulation of the body temperature.

Superficial Fascia:

It contains:

(1)The facial muscles, all of which are inserted into the skin,

(2)the vessels and nerves, on their way to the muscles and to the skin,

(3)a variable amount of fat. Fat is absent from the eyelids, but is well developed in the cheeks, forming the buccal pads that are very prominent in infants in whom they help in sucking.

The deep fascia is absent from the face, except over the parotid gland where it forms the parotid fascia, and over the buccinator where it forms the buccopharyngeal fascia.

Facial Muscles:

The facial muscles, or the muscles of facial expression, are subcutaneous muscles. They bring about different facial expressions.

Functionally, most of these muscles may be regarded primarily as regulators of the three openings situated on the face, namely the palpebral fissures, the nostrils and the oral fissure. Each opening has a single sphincter, and a variable number of dilators. Sphincters are naturally circular and the dilators radial in their arrangement. These muscles are better developed around the eyes and mouth than around the nose.

Table 1.Functional Groups of Facial Muscles

Opening	Sphincter	Dilators
A . Palpebral fissure	Orbicularis Oculi	1 .Levator palpebrae Superioris 2 .frontalis part of occipitalfrontalis
B. Oral fissure	Orbicaloris oris	All the muscles around the mouth , except the orbicularis Oris , the sphincter and the mentalis which do not mingle with orbicularis oris
C. Nostrils	Compressor Naris	1 .Dilator haris 2 .Depressor septi 3 .Medial slip of levator labii superioris alaeque nasi

Table Reference from B.D. Chaurasia's Human Anatomy Volume 3. (2.2**)**

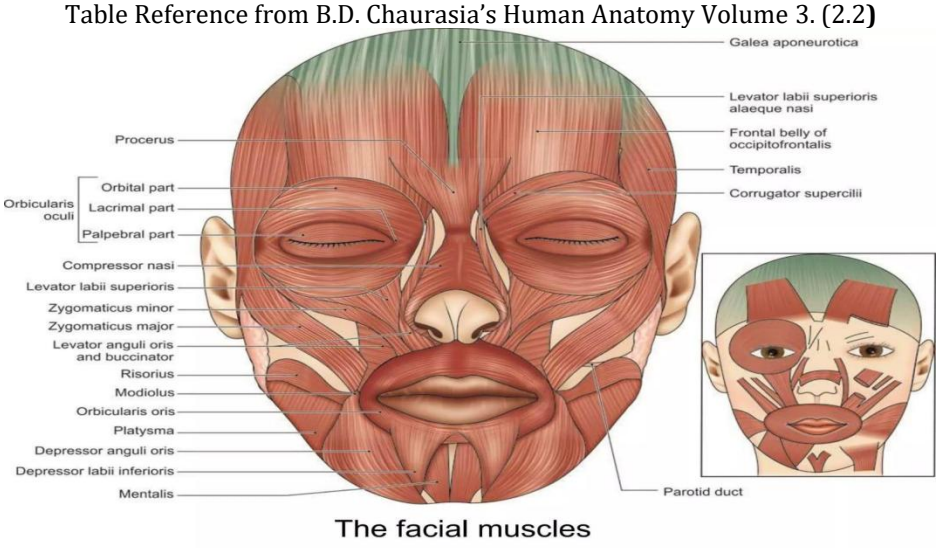


Figure 1.(Image reference from B.D. Chaurasia's Human Anatomy Volume 3)

Muscles of the Neck

PLATYSMA

Functionally, most of these muscles may be regarded primarily as regulators of the three

openings situated on the face, namely the palpebral fissures, the nostrils and the oral fissure. Each opening has a single sphincter, and a variable number of dilators. Sphincters are naturally circular and the dilators radial in their arrangement. These muscles are better developed around the eyes and mouth than around the nose .
A few of the common facial expressions and the muscles producing them are given below.

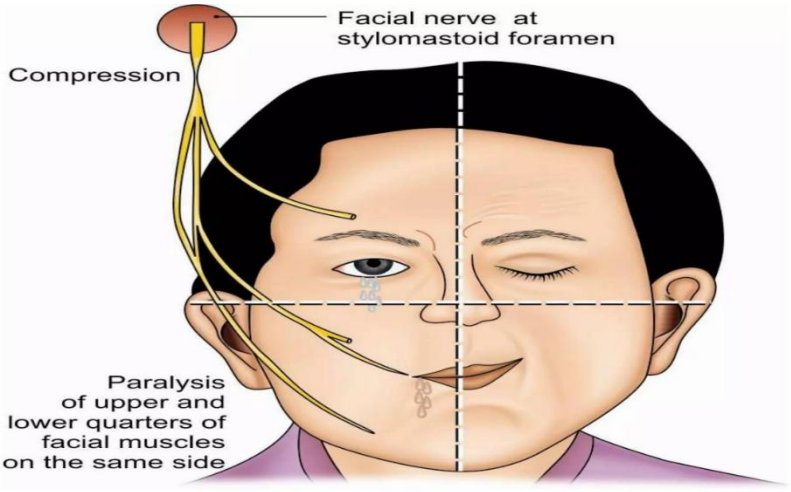
1. 1Smiling and laughing: Zygomaticus major
2. Sadness: Levator labii superioris and levator anguli oris.
3. Grief: Depressor anguli oris.
4. Anger: Dilator naris and depressor septi.
5. Frowning: Corrugator supercilii and procerus.
6. Dislike: Corrugator supercilii and procerus.
7. Horror, terror and fright: Platysma
8. Surprise: Frontalis
9. Doubt: Mentalis
10. Grinning: Risorius
11. Contempt: Zygomaticus minor.
12. Closing the mouth: Orbicularis oris
13. Whistling/kissing: Buccinator, and orbicularis oris.

CLINICAL ANATOMY

In infranuclear lesions of the facial nerve, known as Bell's palsy, the whole of the face of the same side gets paralyzed. The face becomes asymmetrical and is drawn up to the normal side.
The affected side is motionless. Wrinkles disappear from the forehead. The eye cannot be closed. Any attempt to smile draws the mouth to the normal side. During mastication, food accumulates between the teeth and the cheek. Articulation of labials is impaired.
In supranuclear lesions of the facial nerve; usually a part of hemiplegia, only the lower part of
the opposite side of the face is paralysed. The upper part with the frontalis and orbicularis oculi escapes due to its bilateral representation in the cerebral cortex.[1]

Motor Nerve Supply of the Face:
The facial nerve is the motor nerve of the face. Its five terminal branches, temporal, zygomatic, buccal, marginal mandibular and cervical emerge from the parotid gland and diverge to supply the various facial muscles as follows.
Temporal-frontalis, auricular muscles, orbi- cularis oculi .
Zygomatic Orbicularis oculi . Buccal-muscles of the cheek and upper lip .

Sensory Nerve Supply of the Face:
The trigeminal nerve through its three branches is the chief sensory nerve of the face. The skin over the angle of the jaw and over the parotid gland is supplied by the great auricular nerve (C2, C3).
In addition to most of the skin of the face, the sensory distribution of the trigeminal nerve is also to the nasal cavity, the paranasal air sinuses, the eyeball, the mouth cavity, palate, cheeks, gums, teeth and anterior two-thirds of tongue and the supratentorial part of the dura mater, including that lining the anterior and middle cranial fossae .



Infranuclear lesion of right facial nerve or Bell's palsy

Figure 2. (Image Reference from B.D . Chaurasia's Human Anatomy Volume 3, 10th edition)

CLINICAL ANATOMY:
The sensory distribution of the trigeminal nerve explains why headache is a uniformly common symptom in involvements of the nose (common cold, boils), the paranasal air sinuses (sinusitis), infections and inflammations of teeth and gums, refractive errors of the eyes, glaucoma and infection of the meninges as in meningitis. Trigeminal neuralgia may involve one or more of the three divisions of the trigeminal nerve. It causes attacks of very severe burning and scalding pain along the distribution of the affected nerve.

Motor Nerve Supply of the Face:
The facial nerve is the motor nerve of the face. Its five terminal branches, temporal, zygomatic, buccal, marginal mandibular and cervical emerge from the parotid gland and diverge to supply the various facial muscles as follows:

- Temporal-frontalis
- auricular muscles
- orbicularis oculi
- Zygomatic Orbicularis oculi
- Buccal-muscles of the cheek and upper lip.[1]

Physiology of the Facial Nerve
The facial nerve is a mixed nerve containing:

- Motor fibers – supply muscles of facial expression.
- Parasympathetic (secretomotor) fibers – supply lacrimal, submandibular and Sublingual glands.
- Special sensory fibers – carry taste from anterior two-thirds of tongue.
- General sensory fibers – supply part of the external ear.

Normal Physiology of Facial Nerve Functions

MOTOR FUNCTION
Controls voluntary and reflex movements of facial muscles including smiling, frowning, blinking and whistling.

LACRIMATION
Parasympathetic fibers stimulate secretion of tears from lacrimal gland for lubrication and protection of cornea.

SALIVATION
Facial nerve stimulates secretion from submandibular and sublingual glands.

TASTE SENSATION
Taste from anterior two-thirds of tongue is transmitted via chorda tympani.

Pathophysiology of Bell's Palsy
Bell's palsy is a lower motor neuron lesion of the facial nerve. The sequence of events
includes viral infection or inflammation leading to edema of the facial nerve within the narrow facial canal. This causes compression, ischemia, demyelination and loss of nerve conduction, resulting in paralysis of muscles supplied by the facial nerve.

Physiological Basis of Clinical Features

1. Facial asymmetry due to unopposed action of muscles on the normal side.
2. Loss of forehead wrinkles due to paralysis of occipitofrontalis muscle.
3. Inability to close the eye due to paralysis of orbicularis oculi.
4. Epiphora due to defective blinking and lacrimal drainage.
5. Drooping of angle of mouth with drooling of saliva due to orbicularis oris paralysis.
6. Inability to whistle and accumulation of food due to buccinator paralysis.
7. Loss of nasolabial fold due to paralysis of levator labii superioris alaeque nasi.

Associated Functional Disturbances

- Loss of taste in anterior two-thirds of tongue.
- Decreased salivation if secretomotor fibers are involved.
- Hyperacusis due to involvement of nerve to stapedius.

Special Clinical Conditions
Facial Nerve Palsy in Newborn

In newborns, the mastoid process is not developed and stylomastoid foramen is superficial.
Birth trauma may damage the facial nerve leading to difficulty in sucking due to buccinator paralysis.

Crocodile Tears Syndrome
Lacrimation during eating occurs due to aberrant regeneration of parasympathetic fibers, where salivary fibers mistakenly connect to the lacrimal gland.

Ramsay-Hunt Syndrome
Caused by herpes zoster infection involving the geniculate ganglion. Features include hyperacusis, loss of lacrimation, loss of taste, facial paralysis, vesicles on auricle and reduced salivation.[12]

Medicine
1. Definition
Bell's palsy is an acute, idiopathic, unilateral lower motor neuron paralysis of the facial nerve (cranial nerve VII). It results in sudden weakness or paralysis of the muscles of facial expression on one side of the face. It is a diagnosis of exclusion after ruling out other causes of facial nerve palsy.

2. Epidemiology
- Incidence: 15–40 cases per 100,000 population per year.
- Lifetime risk: Approximately 1 in 60 individuals.
- Common age group: 15–45 years (can occur at any age).
- Sex: Affects males and females equally.
- Recurrence rate: 8–10%.
- Increased risk in pregnancy (3rd trimester), diabetes, and immunocompromised states.[17]

3. Etiology
Exact cause is unknown (idiopathic).[[17] Proposed mechanisms include:
- Reactivation of Herpes Simplex Virus type 1 (HSV-1).
- Inflammatory edema causing compression of the facial nerve within the facial canal.
- Autoimmune demyelination.[18]

Risk factors include diabetes mellitus, pregnancy, hypertension, upper respiratory infections, and immunosuppression.

4. Signs and Symptoms
- Sudden onset unilateral facial weakness (peaks within 24–72 hours).
- Inability to wrinkle forehead on affected side.Incomplete eye closure (lagophthalmos).
- Flattened nasolabial fold.
- Drooping of mouth corner.
- Drooling of saliva.
- Difficulty in speaking and eating.
- Pain behind the ear (may precede weakness).
- Loss of taste over anterior two-thirds of tongue.
- Hyperacusis (increased sensitivity to sound).
- Dry eye or excessive tearing.

5. Clinical Features
- Lower motor neuron type facial paralysis affecting both upper and lower face.
- Absence of other neurological deficits (helps differentiate from stroke).
- Symptoms usually reach maximum severity within 48 hours.
- Most patients show recovery within weeks to months.[17]

6. Clinical Examination
Clinical examination of Bell's palsy includes complete head-and-neck examination, microscopic ear examination for cholesteatoma/middle ear effusions, detailed eye examination, with cranial nerve exam involving facial nerve and its branches for degree of weakness, synkinesis and spasticity. The clinical assessment is done using the House Brackmann scale.[11]

Table 2. House Brackmann scale for grading of Bell's palsy. Source :[11]

Grade	Characteristics
Normal	Normal facial function in all areas
Mild dysfunction	Gross: Slight weakness noticeable on close inspection, May have very slight weakness, normal symmetry, and tone. Motion: Forehead: Moderate to good function Eye: complete closure with minimal effort Mouth: slight asymmetry
Moderate dysfunction	Gross: Obvious, but not disfiguring difference between the two sides. Noticeable but not severe synkinesis, contracture, or hemifacial spasm. At rest normal symmetry and tone. Motion: Forehead: moderate-to-moderate dysfunction. Eye: Complete closure with effect. Mouth: slightly weak with maximum effort.
Moderately severe dysfunction	Gross: Obvious weakness with and/or disfiguring asymmetry. At rest normal symmetry and tone. Motion: Forehead – None Eye: Incomplete closure Mouth asymmetric with maximum effort
Severe dysfunction	Gross: Only barely perceptible motion At rest: Asymmetry. Motion: Forehead – None Eye: Incomplete closure Mouth: Slight movement
Total paralysis	No movement

INVESTIGATIONS

Bell's palsy is primarily a clinical diagnosis.

Routine investigations:

- Detailed history and neurological examination.
- Blood glucose testing (to rule out diabetes).
- Lyme serology (if clinically suspected).

Electro diagnostic tests:

- Electromyography (EMG) – assesses severity and prognosis.
- Nerve conduction studies.

Imaging (if atypical features present):

- MRI brain with contrast.
- CT scan if structural lesion suspected.

Imaging is not routinely required in typical cases.[17]

GENERAL MANAGEMENT

Non-pharmacological treatments for Bell's palsy include

ACUPUNCTURE,

PHYSICAL THERAPY, AND

HYPERBARIC OXYGEN THERAPY.

The effectiveness of acupuncture has been highlighted in multiple studies and is intriguing given its safety and low cost for patients. Physical therapy, which includes biofeedback techniques, laser treatment, exercise, massage, and electrotherapy all aim to increase muscle function. Physical therapy has been shown to provide some benefit in patients with Bell's palsy, with minimal risk to patients. Chiropractic treatment has been shown to be successful in limited case studies.[13][14][15]

Patient Consent Statement

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical information and photographs. The patient was informed that personal identifiers would not be disclosed and that all reasonable efforts would be made to maintain confidentiality. A copy of the written consent is available for review by the editor of the journal upon request.[18]

Case Report

Preliminary Data
Name: Mr. XXYY.
Age: 51 years
Sex: Male
Address: East Anandbagh, Malkajgiri. Hyd.
Occupation: Private employee
Case Registration No.: 4062
Date of Visit (DOV): 26/12/2025

Presenting Complaints
A 51-year-old male patient presented with the following complaints of **2 days duration**:
- Weakness of the **right side of the face**
- **Inability to close the right eye** with excessive watering
- **Deviation of the mouth towards the left side**
- **Inability to smile** or produce proper facial expressions
- **Difficulty in speech**, especially inability to pronounce labial sounds such as "pa" and "pi"
- **Difficulty in eating**
- **Right-sided ear pain (otalgia)**
- **Impaired right nasal inhalation**

Location: Right side of the face
Modalities: Complaints aggravated by **exposure to cold air**
Concomitants: Watering from the right eye and otalgia.
History of Presenting Complaints
The patient was apparently healthy until the night of **24-12-2025**, when he was exposed to **cold air while travelling in an auto-rickshaw**. On the same night he developed **fever**, for which he took **allopathic medication**. The fever persisted for **two days** and subsequently subsided.
On **26-12-2025**, the patient noticed a **sudden change in his facial appearance**, including **inability to close the right eye** and **deviation of the mouth towards the opposite side**. His **speech became unclear**, particularly while pronouncing **labial sounds**. He was unable to **smile or make proper facial expressions**.
Gradually, he developed **watering from the right eye** and **difficulty in eating** due to facial weakness.
There was **no history of trauma, head injury, or similar complaints in the past**.

Past History
No significant past medical history.

Family History
No relevant family history of neurological disorders.
Personal History
- **Diet:** Mixed
- **Appetite:** Decreased due to difficulty in eating
- **Sleep:** Disturbed due to inability to close the right eye
- **Thermal Reaction:** Sensitive to cold

Life Space Investigation
The patient belongs to a **middle-class socioeconomic background** and works as a **private employee**. His spouse is a **homemaker**, and the couple has **two sons**.
The patient appeared **anxious about his present complaints**. Before visiting the clinic, he had watched several **videos related to facial paralysis**, which increased his concern regarding the illness.
He described himself as **emotionally sensitive** and expressed that his **children often do not listen to him**, which causes emotional distress. He reported that he had an **argument with his wife regarding a family issue shortly before the onset of symptoms**.

General Physical Examination
- Patient **well oriented to time, place, and person**
- **Moderately built and well nourished**
- No signs of:
  - Pallor
  - Clubbing
  - Jaundice
  - Cyanosis
  - Oedema
  - Lymphadenopathy

Vital Signs
- **Temperature:** Afebrile at the time of examination
- **Pulse:** 84 beats per minute, regular rhythm
- **Blood Pressure:** 130/90 mmHg (right arm, sitting position)
- **Respiratory Rate:** 18 breaths per minute

LOCAL EXAMINATION / SYSTEMIC EXAMINATION (FACIAL NERVE FINDINGS)

House–Brackmann Grading

Face	Grade	Characteristics
Forehead	I. Normal	Normal function
	II Mild Dysfunction	Slight weakness to good function
	III. Moderate Dysfunction	Noticeable slight to moderate movement
	IV. Moderately Severe Dysfunction	Obvious weakness or disfiguring asymmetry
	V. Severe Dysfunction	Barely perceptible motion
	VI. Total Paralysis	No movement
Eye	I. Normal	Normal function
	II Mild Dysfunction	Complete closure with minimal effort
	III. Moderate Dysfunction	Obvious weakness, eye closure with effort
	IV. Moderately Severe Dysfunction	Incomplete eye closure
	V. Severe Dysfunction	Barely perceptible eyelid movement
	VI. Total Paralysis	No movement
Mouth	I. Normal	Normal function
	II Mild Dysfunction	Slight asymmetry or weakness of mouth movement
	III. Moderate Dysfunction	Obvious but no disfiguring weakness
	IV. Moderately Severe Dysfunction	Asymmetry at rest
	V. Severe Dysfunction	Barely perceptible mouth movement
	VI. Total Paralysis	No movement

Central Nervous System
Higher mental functions were **within normal limits**.

Cranial Nerve Examination
Facial Nerve (VII Cranial Nerve):
- **Sensory function:** Pain, touch, and thermal sensations **intact bilaterally**
- **Motor function findings:**
  - **Wrinkling of the forehead absent on the right side**
  - **Eye closure impaired on the right side**
  - On puffing the cheeks, **air escaped from the right side**
  - **Angle of the mouth deviated to the left side**
  - **Difficulty in speech and eating**

Based on the clinical examination, the condition was assessed as **Grade III according to the House–Brackmann Grading scale for Bell's palsy**.

Investigations
(No significant investigations were reported / investigations were within normal limits.) *(This section can be updated if CT/MRI or blood tests were done.)*

DIAGNOSIS
Right-sided Facial Nerve Paralysis (Bell's Palsy).
Totality of Symptoms
- Ailments from **anger (argument with wife)**
- Emotional distress due to **children not listening**
- **Weakness of right side of face**
- **Inability to close the right eye with watering**

- **Difficulty in speaking**
- **Ailments from exposure to cold air**

Homoeopathic Approach

Repertory

- FACE - PARALYSIS: (80) *Acon.* aethi-m. *Agar.* all-c. alum. *Am-p.* anac. anh. *Apis Arn.* ars. bac. bapt. *Bar-c.* bell. botul. *Cadm-s.* calc-i. carb-v. carc. **CAUST.** chlorpr. *Cocc.* colch. con. crot-h. *Cupr. Cur. Dulc.* form. *Gels. Graph. Hell.* hep. *Hyos.* hyper. *Ign.* iod. ix. *Kali-chl.* kali-i. kali-m. kali-p. lacer. lach. *Lyc.* merc. merc-k-i. *Mur-ac.* naja nat-m. nux-m. *Nux-v.* ol-an. op. oxyurn-sc. petr. *Phos.* phys. physal-al. plat. plb. puls. ran-b. rhus-t. ruta *Sec.* seneg. sep. sil. solid. spig. stram. stry. *Sulph.* syph. tub. zinc. zinc-p. zinc-pic.[21]
- FACE - PARALYSIS - right: (11) apis *Arn.* bell. *Caust.* hep. kali-chl. kali-p. *Phos.* plb. sil. zinc-p.
- FACE - PARALYSIS - accompanied by - speech
- FACE - PARALYSIS - accompanied by - speech - difficult: (3) cadm-s. dulc. syph.
- FACE - PARALYSIS - accompanied by - swallowing; difficult: (1) cadm-s.
- FACE - PARALYSIS - accompanied by - Eyes; closed: (1) apis [21]

Repertorial Analysis

Based on the **totality of symptoms**, the case was repertorised using **Synthesis Repertory** through **RADAR Opus**.

Rubrics Selected

S.No	Rubric
1	Mind – Ailments from anger
2	Eye – Paralysis – lids – right
3	Face – Paralysis
4	Face – Paralysis – right side
5	Face – Paralysis – from cold
6	Mouth – Speech – difficult – articulate

Repertorial Result

Remedy	Total Marks	Rubrics Covered
Causticum	16	6
Belladonna	12	4
Aconitum napellus	10	4
Rhus toxicodendron	9	3

The repertorial result indicated **Causticum** as the most suitable remedy covering the maximum number of rubrics and totality of symptoms.

Selection of Remedy with Justification

After repertorisation, the final selection of the remedy was made by correlating the repertorial result with the **materia medica description from Kent's Lectures on Homoeopathic Materia Medica and Hering's Guiding Symptoms of Our Materia Medica.**

The remedy **Causticum** was selected based on the following characteristic indications:

- Paralysis of **facial muscles**, especially **right-sided facial paralysis**
- **Inability to close eyelids**
- **Speech difficulties due to muscular weakness**
- Paralytic complaints arising **after exposure to cold air**
- Neurological complaints associated with **emotional disturbances such as anger or grief**

The patient's symptom picture corresponded closely with the **pathogenesis of Causticum**, therefore it was selected as the **similimum**.

Prescription **Date: 26-12-2025**

- **Causticum 200C – single dose**
- Followed by **Placebo for 7 days**

Advice:

- Protection from exposure to cold air
- Eye care measures to prevent corneal dryness
- Soft diet due to difficulty in chewing

Follow-up

Date	Clinical Findings	Assessment

Date	Clinical Findings	Assessment
02-01-2026	Slight improvement in eye closure; watering reduced	Improvement
09-01-2026	Facial weakness reduced; speech slightly clearer	Moderate improvement
16-01-2026	Able to close eye almost completely; deviation of mouth reduced	Marked improvement
30-01-2026	Facial movements improved significantly; speech normal	Significant recovery

Result Assessment (Modified Naranjo Criteria for Homoeopathy)

The outcome of the case was assessed using the **Modified Naranjo Criteria for Homoeopathy**.

Question	Score
Improvement after remedy	+2
Improvement in main symptoms	+2
Improvement occurred within expected time	+1
Other causes ruled out	+1
Direction of cure observed	+1
Total Score	**7**

Interpretation:

A score of **7 indicates a probable causal relationship** between the homoeopathic intervention and the clinical outcome.

DISCUSSION

Facial nerve paralysis, commonly referred to as **Bell's palsy**, is an acute peripheral neuropathy involving the **seventh cranial nerve**. It typically presents with **sudden unilateral facial weakness**, inability to close the eye, deviation of the mouth, and difficulty in speech and mastication. Exposure to **cold air**, viral infections, and stress are commonly implicated etiological factors. In homoeopathic practice, treatment is based on **individualization and totality of symptoms** rather than the diagnosis alone. In the present case, the important prescribing symptoms included:

- Ailments from **anger**
- **Right-sided facial paralysis**[19]
- **Inability to close the eyelid**
- **Difficulty in speech**[20]
- Complaints **aggravated by cold air**

These symptoms strongly indicated **Causticum**, which is well known for its action on **paralytic conditions of muscles and nerves**, especially affecting the **facial nerve**. Following administration of the indicated remedy, the patient showed **gradual and consistent improvement**, indicating a positive therapeutic response.

CONCLUSION

This case highlights the **effective role of individualized homoeopathic treatment in the management of facial nerve paralysis (Bell's palsy)**. The remedy **Causticum**, selected based on the **totality of symptoms and repertorial analysis**, resulted in **significant clinical improvement** within a short period. The case demonstrates that homoeopathic management may provide a **safe, non-invasive therapeutic approach** in cases of acute facial nerve paralysis.

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