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Guest Editorial

The Bell's Palsy: Possible cure by PCD-17

Mayukh Pandit^{1,*}

¹Dept. of Anatomy, Triveni Institute of Dental Sciences, Hospital & Research Centre, Bodri, Chhattisgarh, India



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1. Introduction

In 1829, Sir Charles Bell presented three cases at Royal Society of London and demonstrated that lesions occurring in the seventh cranial nerve could produce idiopathic paralysis of face.¹

In our face, expression occurs due to a group of muscles termed as muscles of facial expression. These muscles of facial expression as supplied by facial nerves and sometimes due to lesion of this nerve could lead to dysfunction and might lead to paralysis of muscle of facial expression. This is known as Bells palsy named after Sir Charles Bell who demonstrated this disorder.

So Bell's Palsy in simple terms could be defined as a condition which caused paralysis of muscles of facial expression due to affected facial nerve.

In most cases bells palsy is temporary but it might need sometimes about six months to fully recover from this disorder. Bell's Palsy occurs at a frequency of 1- 4 / 10,000 in every year.²

2. Discussion

2.1. What causes Bell's Palsy?

The exact cause of Bell's Palsy is believed to be unknown. There are several muscles which are responsible for facial expressions. This muscles are supplied by facial nerve.

Lesion in this nerve could lead to one-sided paralysis of face.

2.2. What causes this lesions?

The exact answer to this question still remains unknown but after years of research researchers have stated a possible theory.

2.3. The most possible explanation on etiology of bells palsy

Virus such as herpes simplex herpes zoster HIV Epstein Barr virus develops infection in patient at first.

1. In reaction to viral infection facial nerves supplies muscles of facial expression swells and gets inflamed.
2. This inflammation in swelling of Fisher love leads to compression against bone.
3. This compression causes damage to myelin sheet of facial nerve.
4. Due to damage protective covering of facial nerve signals which is transmitted from brain to muscles will be lost.
5. This would ultimately lead to weaken or paralysis of muscles of facial expression.
6. This results in bells palsy.

* Corresponding author.

E-mail address: mayukhpandit17@gmail.com (M. Pandit).

2.4. What are the characteristic features observed in patients suffering from bells palsy?³

1. Due to paralysis of orbicularis oculi muscle, patient might not be able to close their eyes properly.
2. Due to paralysis of zygomaticus major muscle, patient would find difficulties in laughing.
3. Due to paralysis of buccinator muscle, food could be accumulated in vestibule of patients mouth.
4. Due to paralysis of fronto occipitalis muscle, there would be lots of wrinkles from patients forehead.
5. Due to unopposed action of muscles of opposite side, facial asymmetry are the main characteristic features of bells palsy.

2.5. What are the possible treatments for bell palsy?

1. The medication which are given for fast recovery in patients of bells palsy is Prednisolone which might reduce inflammation.
Wysolone 10MG QID for 10 days, TDS for five days, BD for five days, OD for five days.
Omez 300 mg BD ×30 days should always be given with corticosteroids.⁴
2. Application of antiviral medications as a treatment for bells palsy have shown very less beneficial evidence.⁵
3. Facial nerve decompression surgery was one of the conventional procedure to relieve pressure on facial nerve, but in our modern times this surgical procedure is not recommended because of possible complications such as permanent hair loss and permanent injury to nerve.
4. Physical therapy also have shown some improvement to increase muscle strength and regain facial function.

3. Conclusion

3.1. So will the patients of bells palsy could be recovered instantly with permanent cure?

I worked hard for obtaining this answer for months and came to a conclusion that Bell's Palsy could be cured instantly and permanently. I would like to support my hypothesis by showcasing my invention PCD 17 which have the potential to cure any form of paralysis permanently. It will be able to bring every function of muscles which were being paralysed.

PCD 17 with its inbuilt electrode system would be able to restore the function of facial nerve which got damaged

due to inflammation and compression. Restoration of signal transmission in facial nerve would be able to carry out its function. I am working more on PCD 17 and improving it to that possible extent so that one day rehabilitation of any damage nerve would be possible with the application of PCD 17.

I would like to conclude my editorial by stating that I am working for that day when bedridden people would be able to stand on his own feet and enjoy his rest of their life happily and prosperously.

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5. Conflict of Interest

The authors declare that there are no conflicts of interest in this paper.

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Author biography

Mayukh Pandit, Researcher

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