

Neurobiology: Facial (Bell's) Palsy, Could be Pure Bacterial in Origin



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Abstract

Facial (Bell's) palsy or the seventh cranial nerve paralysis or neuritis (\pm myositis) is of unknown origin some associate it with Herpes simplex viral infection in many occasions whether acute or recurrent. As standard treated with steroids for several days many add antiviral of H. simplex. Traditionally the early hours of affection is the golden time for good results with treatment after which the recovery is weak as time lapses. Many cases left with wide range of residual neural deficits even with early steroid medication. Recurrence is not uncommon. Programs and measures are established worldwide for those with residual dysfunction or disfiguring with many physiotherapy arts. Lyme disease, chronic brucellosis and many other bacteria are mentioned to do the same, but so underestimated on the earth when management is considered. When I concentrated in my work for the last five years on the a fore mentioned two bacteria, the facial residual defect disappeared even after years of affection.

Keywords: Bell's palsy; Facial palsy; Seventh cranial nerve neuritis; Herpes simplex; Lyme disease; Brucellosis

Introduction

Facial palsy FP is caused by stroke, trauma, intracranial space occupying lesion SOL or the microbial agents. Bell's palsy is commonly diagnosed after exclusion of the above. In practice bacterial causes have less luck to be blamed even in finest academic levels. Many medical practices consider FP is of viral (H. simplex) origin so steroids and antiviral are used with variable results. Good results within the few hours post onset, but as the time passes the residual neural deficit is more. It is embarrassing when you cannot restore the facial contour when the patient come with some degree of facial disfiguring due to the residual nerve paralysis or whatever. Physiotherapy programs are prolonged and costly, again with variable results. These programs assume that the nerve or other injuries are settled with this magnitude of structural damage. It means the active process of inflammatory process? Is off. May be the virus life span is over!! When results of my work on the biological bases of neurosurgical pathologies advanced to show a fact that the mainstay of pathologies is due bacteria and the intracellular ones in particular, I thought FP could be so, means due to bacteria like Brucella or others. Medicine textbooks frankly and clearly mention this fact. So by applying my work and the medical theory more facts become unlocked.

Patient and Method

For that last ten years of my work as clinical neurosurgeon after being treat FP classically with steroids and anti-Herpes, I

started to consider Lyme (Borrelia) and Brucella as an offending infective agents rather than H.simplex, so all patients supervised by me (several tens over this long period) of both genders and all age groups are subjected to a regime of third generation cephalosporine and doxycycline with co-trimoxazole. This triple antibiotic works on brucellosis and Borrelia with some other bacteria apart from Tuberculosis and viruses (however some say Doxycycline has some antiviral effect). Without any kind of steroid or non-steroids or diuretics. Lab and radiological examinations are done for exclusion. None of the patients underwent serology for Lyme or PCR for Brucella.

Results

By applying anti- Brucella which is in the same time treat Lyme and many other bacteria an excellent positive results in acute phase, those who has partial improvement on steroid and anti-viral but not delayed respond to overcome this incomplete improvement. Patients with several months of residual deficit or disfiguring show gradual but remarkable fainting in the signs of residual facial palsy with other symptoms if any.

Discussion

It is obvious that a good if not complete role taken by the above mentioned bacteria to cause FP rather than viral or it is unknown. The delayed response refers to the active slow process of bacterial facial neuritis. This in turn is part (complication) of a systemic

sub-clinical chronic on and off active Brucellosis, Borreliosis or other intracellular bacteria which I am so active in having a PCR or Micro-array tissue screen.



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Conclusion

Bell's palsy is practically is a bacterial of intracellular origin.

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