Cannabinoids Help with Symptoms and More-Bell's Palsy

<http://medicalmarijuana.com/medical-marijuana-treatments/Bell-s-Palsy>

Published by [**Jan**](http://medicalmarijuana.com/experts/expert/index.cfm?memID=42)

**Bell’s Palsy-**

Bell's palsy, or idiopathic facial paralysis, is a form of facial paralysis resulting from dysfunction cranial nerve VII (the facial nerve) that results in the inability to control facial muscles on the affected side.  Several conditions can cause facial paralysis, e.g., brain tumor, stroke, and Lyme disease.  However, if no specific cause can be identified, the condition is known as Bell's palsy.  Named after Scottish anatomist Charles Bell, who first described it.  Bell's palsy is the most common acutemononeuropathy (disease involving only one nerve) and is the most common cause of acute facial nerve paralysis.
Bell's palsy is defined as an idiopathic unilateral facial nerve paralysis, usually self-limiting.  The hallmark of this condition is a rapid onset of partial or complete palsy that often occurs overnight.  In rare cases (1%), it can occur bilaterally resulting in total facial paralysis.
It is thought that an inflammatory condition leads to swelling of the facial nerve.  The nerve travels through the skull in a narrow bone canal beneath the ear. Nerve swelling and compression in the narrow bone canal are thought to lead to nerve inhibition, damage or death.  No readily identifiable cause for Bell's palsy has been found.
Corticosteroids have been found to improve outcomes while anti-viral drugs have not.   Early treatment is necessary for steroids to be effective.  Most people recover spontaneously and achieve near-normal to normal functions.  Many show signs of improvement as early as 10 days after the onset, even without treatment.
Often the eye in the affected side cannot be closed.  The eye must be protected from drying up, or the cornea may be permanently damaged resulting in impaired vision. Causes, incidence, and risk factors
Bell's palsy affects about 30,000 - 40,000 people a year in the United States.
Bell's palsy involves damage to the seventh cranial (facial) nerve. This nerve controls the movement of the muscles of the face.
Bell's palsy is thought to be due to swelling (inflammation) of this nerve in the area where it travels through the bones of the skull.
The cause is often not clear.  A type of herpes infection called herpes zoster might be involved.  Other conditions that may cause Bell's palsy include:
? HIV infection
? Lyme disease
? Middle ear infection
? Sarcoidosis                                                                                                                                                                                                                                                                         

.
Symptoms

Sometimes you may have a cold shortly before the symptoms of Bell's palsy begin.
Symptoms most often start suddenly, but may take 2 - 3 days to show up.  They do not become more severe after that.  Sudden weakness or paralysis on one side of the face that causes it to droop.
Symptoms are almost always on one side only.  They may range from mild to severe.
The face will feel stiff or pulled to one side, and may look different.  Other symptoms can include:
? Difficulty eating and drinking; food falls out of one side of the mouth
? Drooling due to lack of control over the muscles of the face
? Drooping of the face, such as the eyelid or corner of the mouth
? Hard to close one eye
? Problems smiling, grimacing, or making facial expressions
? Twitching or weakness of the muscles in the face
Other symptoms that may occur:
? Dry eye or mouth
? Headache
? Loss of sense of taste
? Sound that is louder in one ear (hyperacusis)
? Twitching in face

Treatment

Often, no treatment is needed.  Symptoms often begin to improve right away.  However, it may take weeks or even months for the muscles to get stronger, and this may be frustrating.
Your health care provider may give you lubricating eye drops or eye ointments to keep the surface of the eye moist if you cannot close it completely.  You may need to wear an eye patch while you sleep.
Sometimes medicines may be used, but it is not clear how much they help.  If medicines are used, they should be started right away.
• Corticosteroids may reduce swelling around the facial nerve
• Medications can fight the virus that may be causing Bell's palsy
Surgery to relieve pressure on the nerve (decompression surgery) is controversial and has not been shown to routinely benefit people with Bell's palsy.
The goal of the treatment is to eliminate the source of the nerve damage.  Patients with less nerve damage have better chances of recovery.
Medications are often used as part of the treatment:

• If  infection is the cause, then an antibiotic to fight bacteria (as in middle ear infections) or antiviral agents (to fight syndromes caused by viruses like Ramsay Hunt) may be used.

• If swelling is believed to be responsible for the facial nerve disorder, steroids are often prescribed.

• In certain circumstances, surgical removal of the bone around the nerve (decompression surgery) may be appropriate.

**Physiotherapy**
Physiotherapy can be beneficial to some individuals with Bell’s palsy as it helps to maintain muscle tone of the affected facial muscles and stimulate the facial nerve.   It is important that muscle re-education exercises and soft tissue techniques be implemented prior to recovery in order to help prevent permanent contractures of the paralyzed facial muscles.   Muscle re-education exercises are also useful in restoring normal movement.   To reduce pain, heat can be applied to the affected side of the face.   In individuals with unresolved facial nerve paralysis, transcutaneous electrical stimulation can be an effective treatment strategy(TENS).

• Exercise the facial muscles in front of a mirror.
• Massage the face.
• Apply gentle heat to reduce pain.
• Using a finger, regularly close the eye to keep it moist.
• Tape the eye closed for sleeping.
• Use protective glasses or clear eye patches to keep the eye moist and to keep foreign materials
   from entering the eye.
• Use doctor-recommended artificial tears or an ointment to keep the eye moist.

Complications

Excess drying of the eye surface which might lead to eye ulcers or eye infections.
Calling your health care provider
Call your health care provider right away if your face droops or you have other symptoms of Bell's palsy. Your health care provider can rule out other, more serious conditions, such as stroke.

Prevention

There is no known way to prevent Bell's palsy.

Expectations (prognosis)

Most cases go away completely within a few weeks to months.
If you did not lose all of your nerve function and symptoms began to improve within 3 weeks,  you are more likely to regain all or most of the strength in your facial muscles.
Sometimes, the following symptoms still may be present:
• Long-term changes in taste
• Spasms of muscles or eyelids
• Weakness that remains in facial muscles

Cannabinoids  help relieve Bell’s Palsy symptoms among other things:

Observations by surgeons and neuroradiologists show that there is inflammation and edema of the affected facial nerve at the level of the geniculate ganglion
Endocannabinoids seem to play an  important role in regulating inflammation processes.  Scientists from the University of Bonn have discovered this in experiments on mice. Their results will be published in the distinguished scientific journal 'Science' on Friday, 8 June.  The study may also have  implications for therapy.  .
Extracts of the hemp plant cannabis are traditionally used as a popular remedy against inflammation.  At the beginning of the last century this natural remedy was even available at every chemist's counter.
When inflammation occurs the endocannabinoids act like someone stepping on the brakes.  They prevent the body from doing too much of a good thing and the immune reaction from getting out of control.  This is consistent with the fact that at the beginning of the infection the endocannabinoid concentration increased .
The results open up new options for the treatment of  inflammation.  Firstly, drugs which prevent the breakdown of endocannabinoids look promising.  But the old household remedy cannabis could also make a comeback as an ointment.   . ' THC attaches itself to cannabinoid receptors and activates them.  In this way the active substance reduces the allergic reaction.'  Incidentally, ointment like this would probably not have an  intoxicating effect.  Synthetic cannabinoids and inhaled cannabis are effective treatments for a range of neuropathic disorders.
Regarding the immune system, low doses of cannabinoids may enhance cell proliferation,

Use Indica dominant hybrid:  extracts, concentrates, tinctures, decoctions, vaporizer, cannabutter

 **Testimonials:**

Cannabinoids may have potential clinical relevance for the treatment of neurodegenerative disorders such as multiple sclerosis, Parkinson's disease, and ischemia/stroke (Bell’s Palsy).
I’ve also noticed that it is of utmost importance to learn to relax your brain.  We all have stress, but you must learn to ease your brain periodically.  After times of prolonged stress, my face looks like shit.
Learn to breathe deeply, close your eyes, and picture your mind just loosening up and relaxing… you may experience some recovery right there.
There’s a strange, but scientifically proven, mind-body healing connection.
My Observations regarding the Positive Effects of Marijuana on Bell’s Palsy
Strange connection between emotions and healing research now suggests that marijuana stimulates the production of new neurons and nerves in the brain.  There have been some reports in very recent research that marijuana stimulates the growth of gross motor nerves .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ References
1. ^ a b Salinas RA, Alvarez G, Daly F, Ferreira J (2010). Salinas, Rodrigo A. ed. "Corticosteroids for Bell's palsy (idiopathic facial paralysis)".Cochrane Database Syst Rev 3 (3): CD001942.doi:10.1002/14651858.CD001942.pub4. PMID 20238317.
2. ^ "Bell's Palsy Information Site: Newly Diagnosed with Bell's Palsy FAQs" (Website). Bell's Palsy Information Site.
3. ^ a b Sullivan FM, Swan IR, Donnan PT, et al. (October 2007). "Early treatment with prednisolone or acyclovir in Bell's palsy". N. Engl. J. Med. 357 (16): 1598–607. doi:10.1056/NEJMoa072006.PMID 17942873.
4. ^ a b c Morris AM, Deeks SL, Hill MD, et al. (2002). "Annualized incidence and spectrum of illness from an outbreak investigation of Bell's palsy". Neuroepidemiology 21 (5): 255–61.doi:10.1159/000065645. PMID 12207155.
5. ^ Facial Nerve Problems and Bell's Palsy Information on MedicineNet.com
6. ^ a b c Furuta Y, Ohtani F, Chida E, Mesuda Y, Fukuda S, Inuyama Y (2001). "Herpes simplex virus type 1 reactivation and antiviral therapy in patients with acute peripheral facial palsy". Auris Nasus Larynx 28 Suppl: S13–7. doi:10.1016/S0385-8146(00)00105-X.PMID 11683332.
7. ^ a b Kasse, et al. (2003) Clinical data and prognosis in 1521 cases of Bell’s palsy. International Congress Series (2003) Issue Vol.1240 Page no. 641-647 ISSN 05315131 (page 646)
8. ^ - MedlinePlus Medical Encyclopedia: Facial nerve palsy due to birth trauma retrieved 10 September 2008
9. ^ Murakami S, Mizobuchi M, Nakashiro Y, Doi T, Hato N, Yanagihara N (1996). "Bell palsy and herpes simplex virus: identification of viral DNA in endoneurial fluid and muscle". Ann. Intern. Med. 124 (1 Pt 1): 27–30. PMID 7503474.
10. ^ Hato N, Matsumoto S, Kisaki H, et al. (November 2003). "Efficacy of early treatment of Bell's palsy with oral acyclovir and prednisolone".Otol. Neurotol. 24 (6): 948–51. doi:10.1097/00129492-200311000-00022. PMID 14600480.
11. ^ Lockhart P, Daly F, Pitkethly M, Comerford N, Sullivan F (2009). Lockhart, Pauline. ed. "Antiviral treatment for Bell's palsy (idiopathic facial paralysis)". Cochrane Database Syst Rev (4): CD001869.doi:10.1002/14651858.CD001869.pub4. PMID 19821283.
12. ^ a b Hazin R, Azizzadeh B, Bhatti MT (November 2009). "Medical and surgical management of facial nerve palsy". Curr Opin Ophthalmol 20(6): 440–50. doi:10.1097/ICU.0b013e3283313cbf.PMID 19696671.
13. ^ He L, Zhou MK, Zhou D, et al. (2007). He, Li. ed. "Acupuncture for Bell's palsy". Cochrane Database Syst Rev (4): CD002914.doi:10.1002/14651858.CD002914.pub3. PMID 17943775.
14. ^ a b "Bell's Palsy Fact Sheet". National Institute of Neurological Disorders and Stroke. 2003-04. Retrieved 2011-05-12.
15. ^ Elliott, JM (2006-11). "Physiotherapy treatment of Bell's palsy: A case report". New Zealand Journal of Physiotherapy 34 (3): 167–71.
16. ^ Shafshak, TS (2006-03). "The treatment of facial palsy from the point of view of physical and rehabilitation medicine". Europa Medicophysica 42 (1): 41–7. PMID 16565685.
17. ^ Hyvarinen, A; IM Tarkka, E Mervaala, A Paakkonen, H Valtonen, J Nuutinen (2008-12). "Cutaneous electrical stimulation treatment in unresolved facial nerve paralysis: An exploratory study". American Journal of Physical Medicine and Rehabilitation 87 (12): 992–7.doi:10.1097/PHM.0b013e318186bc74. PMID 18787496.
18. ^ Peitersen E (1982). "The natural history of Bell's palsy". Am J Otol 4(2): 107–11. PMID 7148998. quoted in Roob G, Fazekas F, Hartung HP (1999). "Peripheral facial palsy: etiology, diagnosis and treatment". Eur. Neurol. 41 (1): 3–9. doi:10.1159/000007990.PMID 9885321.
19. ^ Peitersen E, Andersen P (1966). "Spontaneous course of 220 peripheral non-traumatic facial palsies". Acta Otolaryngol.: Suppl 224:296+. PMID 6011525.
20. ^ Ahmed A (2005). "When is facial paralysis Bell palsy? Current diagnosis and treatment". Cleve Clin J Med 72 (5): 398–401, 405.doi:10.3949/ccjm.72.5.398. PMID 15929453.
21. ^ a b Döner F, Kutluhan S (2000). "Familial idiopathic facial palsy".Eur Arch Otorhinolaryngol 257 (3): 117–9.doi:10.1007/s004050050205. PMID 10839481.
22. ^ Bender, Paula Gillingham. "Facing Bell's Palsy while pregnant."(Commercial website). Sheknows: Pregnancy and Baby. Retrieved on 2007-09-06.
23. ^ "Bell's Palsy InfoSite & Forums: Facial Paralysis FAQs" (Website). Bell's Palsy Information Site. Retrieved on 2007-09-06.
24. ^ Wolf SR (1998). "[Idiopathic facial paralysis"] (in German). HNO46 (9): 786–98. PMID 9816532.
25  de Almeida JR, Al Khabori M, Guyatt GH, Witterick IJ, Lin VY, Nedzelski JM, et al. Combined corticosteroid and antiviral treatment for Bell palsy: a systematic review and meta-analysis. JAMA. 2009;302:985-993. [PubMed]
26  Shy ME. Peripheral neuropathies. In: Goldman L, Ausiello D, eds. Cecil Medicine. 23rd ed. Philadelphia, Pa: Saunders Elsevier;2007:chap 446.