Myths and misconceptions regarding facial nerve palsy management: Interesting perspectives From a developing Country

Sir,

Bell's palsy is an idiopathic form of facial nerve palsy that occurs in all age groups resulting in paralysis of the muscles of facial expression on the affected side. Incidence in the US is 20–25 cases/100,000 population.[1] It occurs most commonly between the second and fourth decade.[2] About 80–85% patient recover spontaneously within 3 months while15–20% have some residual deficit.[3]

In Pakistan, majority of the population lives in rural area with no ready access to good health facilities. This often results in delayed consultation in case of a Bell's palsy. The authors have more than a decade experience of practicing medicine in different regions of the country. We frequently managed patients with Bell's palsy and had a chance to explore the myths and misconceptions of the patients and even health care professionals regarding the management of Bell's palsy. These treatments and myths sometimes increase the patient's anxiety, waste time, money and result in prolonged disability.[4] We are sharing our unique experiencing of documenting myths and misconceptions regarding management of Bell's palsy and will discuss the evidence-based reality.

Myth 1: Patients are frequently advised to chew gum.

Reality: Chewing is done by the muscles of mastication that are supplied by the trigeminal nerve and it might actually increase facial synkinesis.

Myth 2: Many patients (both in Pakistan and aboard)[5] believe that the Bell's palsy is caused by cold exposure. Patients visited us in hot summers covering affected side of the face with warm cloth. Patients frequently apply hot fomentation with turmeric powder paste with a belief that it might increase the local blood supply. They did not take shower, wash face, brush teeth and at times avoid shaving. Patients also refrained from sitting in front of the fan or air conditioning unit.

Reality: Exposure to cold has not been documented as a risk factor in literature. Bell's palsy primarily is a neurogenic disorder and not a vascular disease.

Myth 3: Patients avoid looking at the mirrors. A female patient's husband told the author that her wife has covered all the mirrors in the house.

Reality: There is no scientific basis for this. It might adversely affect the rehabilitation that involves facial muscle exercises in front of the mirror and visual biofeedback.

Myth 4: Patients use meat of wild pigeons.

Reality: There is no documented role of protein diet in the treatment of facial nerve palsy.

Literature search revealed that apart from the myths and misconception documented by us, there are other complementary and alternative medicine (CAM) options that have been used. These include cupping, herbal decoction, acupuncture, homeopathy and hyperbaric oxygen therapy. Systematic reviews of these CAM therapies do not support their use because of poor quality trials, risk of bias and small sample sizes.

Bell's palsy is managed conservatively by short course of high dose oral steroids, antiviral therapy, care of the eye, physical therapy and rehabilitation including electrical muscle stimulation, facial exercises, and neuromuscular retraining.[6] Surgical options are reserved for patients failing to respond to conservative treatment.

We conclude that myths regarding facial nerve palsy management might exist in any society and needs to be dispelled by mass awareness and patient education as they have a negative effect on the management of patients and can cause unnecessary delay in available treatment.

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