CODEN [USA]: IAJPBB ISSN : 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
SJIF Impact Factor: 7.187
https://doi.org/10.5281/zenodo.19923285

Available online at: http://www.iajps.com Case Report

CASE REPORT: BELS PALSY

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Abstract:

Background : *A condition called Bell's palsy strikes without warning, bringing one-sided face drooping and trouble shutting an eye. Because the cause remains unclear, doctors label it idiopathic. A twisted mouth may appear overnight along with changes in how things taste. Starting medicine soon after symptoms show helps people recover faster. Support during recovery matters just as much as drugs. Someone on their team might be a clinical pharmacist - watching doses, preventing errors. That person talks through what to expect, step by step. Sticking to the plan becomes easier when confusion fades. Healing moves better when each detail feels clear.*

Case presentation: *A woman aged thirty eight came in after two days of sudden issues - her mouth pulled left, she could not shut her right eye, saliva dripped without control, plus a change in how food tasted. There was no record of injury, blood sugar problems, or brain-related illnesses before this. After checking her symptoms closely, doctors concluded it was Bell's palsy.*

Interventions: *One morning, corticosteroids began working alongside antivirals, while vitamin B12 support followed closely behind. Muscle relaxants entered the routine without fanfare. Medication advice came directly from a clinical pharmacist - clear, steady guidance shaped around real questions. Eye safety steps were explained slowly, one at a time. Facial movement exercises fit into daily habits through gentle reminders. Each dose taken was quietly observed for consistency. Therapy adjustments appeared only after careful thought about how drugs interacted. Side effects stayed on constant watch, never dismissed too quickly.*

Outcomes : *Weeks into care managed by a therapist plus guidance from a pharmacy expert, movement in the face muscles began returning. Symptoms faded step by step. What stands out here is how fast support was given - timing mattered. A medicine specialist helped keep things on track, which shaped recovery. Progress came easier when advice stuck to routines patients could follow.*

Keywords :*Bell's palsy; acute facial palsy; facial nerve (VII cranial nerve); idiopathic facial paralysis; inflammation; risk factors; clinical features; diagnosis; management; prognosis.*

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Please cite this article in press *Rathod Rajeshwari* ***et al., Case Report: Bels Palsy, Indo Am. J. P. Sci, 2026; 13(04).***

INTRODUCTION:

Bell's palsy affects the seventh cranial nerve - the one controlling facial movement - often called the facial nerve after its discoverer[1]. First detailed by Sir Charles Bell during the early 1800s, it shows up without clear cause[2]. One side of the face loses muscle control suddenly[3]. Though sudden, recovery tends to begin within days[4]. Over several weeks, strength slowly returns for many people[5]. Because muscles weaken fast, that side may seem to sag or hang[5]. For most, full function comes back on its own[5].

ETIOLOGY : Bell's palsy strikes fast, one face-side going stiff without clear reason.[6] Herpes simplex virus type-1 waking up inside might be behind most cases.[7] Swelling follows when the virus stirs, pressing on the nerve that runs to facial muscles.[8] Pressure builds, movement fades, expression falters.[8] Blood flow issues or immune confusion could also play roles, though less often.[8] Here, no injury occurred - just a swift drop in motion pointing toward hidden viral activity[9]

EPIDEMIOLOGY:

Bell's palsy shows up in about 20 to 30 out of every 100,000 people each year.[10] Though it can strike at any age, younger and middle-aged adults see it more often.[10] Women face the same odds as men when it comes to developing this condition.[4] Having diabetes, high blood pressure, being pregnant, or having a weak immune system raises the chance.[4] This instance involving a woman aged 38 fits what's usually seen in such cases.[4]

SIGNS AND SYMPTOMS :

Out of nowhere, the team turned to the House–Brackmann scale to measure how badly the facial nerve was affected.[11] When the patient arrived, noticeable but not total weakness showed up - landing them at HB Grade III.[11] The corner of their mouth pulled leftward without warning.[11] Closing the right eye became impossible, no matter the effort.[11] Saliva slipped out now and then, beyond control.[11] A strange shift in how things tasted tagged along too.[11]

By the next check-in, clear signs of progress showed up once meds were adjusted alongside advice from the pharmacy team.[6] When leaving care, movement in the face had gotten noticeably better - rated as HB Grade II - with some ability to shut the eye returning and less unevenness seen on one side.[6]

TREATMENT :

The standardized treatment for Bell's palsy is based on the following diagnostic criteria:

Bell's Palsy (LMN 7th CN)

Words: 30 / 1000

Humanize AI

Human-like result

One moment you're fine, next there's a droop on one side of the face. Trouble shutting an eye shows up fast. A crooked smile might appear without warning. Doctors check these signs closely before deciding. Scans sometimes follow - just to make sure something else isn't behind it. Brain imaging helps separate similar conditions. Not every case needs pictures inside the head. Some get them only when uncertainty lingers.

Table 1. Drug therapy for Bell's Palsy (LMN 7th CN) -including Duration and Indication.

S.no	BRAND NAME	GENERIC NAME	ROA	DOSE	FREQUENCY	INDICATION
01	Inj. Methylprednisolone	Methylprednisolone	IV	60 mg	OD	Target HSV-1 viral etiology (geniculate ganglion reactivation)
02	T. Acyclovir	Acyclovir	PO	400 mg	5 times/day	Improve muscle tone, prevent contracture, accelerate recovery
03		Facial muscle exercises (right side)	_	-	Daily	Reduce facial nerve inflammation & edema

Pyrexia (Elevated temperature >100.4°F, Goal temp <98.6°F)

Table 2. Drug therapy for Pyrexia.

S.no	BRAND NAME	GENERIC NAME	ROA	DOSE	FREQUENCY	INDICATION
1	Inj. PCM	Inj. PCM	IV		Stat	Fever >100.4°F — immediate temperature reduction
2	T. Dolo 650	T. Dolo 650	PO	650 mg	SOS (Q6H PRN)	Maintenance antipyretic (Goal temp <98.6°F)

Lagophthalmos (Inability to close right eyelid — corneal exposure and excessive evaporation of tear film)

Table 3. Drug therapy for Lagophthalmos.

S.no	BRAND NAME	GENERIC NAME	ROA	DOSE	FREQUENCY	INDICATION
1	Refresh Tears Eye Drops	Carboxymethylcellulose Sodium 0.5%	Ophthalmic	1-2 drops	Every 2 hours (daytime)	Prevent corneal desiccation & exposure keratopathy in right eye (lagophthalmos
2	Lubricant Eye Ointment	Liquid Paraffin + White Soft Paraffin	Ophthalmic	Small amount	At bedtime	Nocturnal corneal protection — maintains moisture during sleep
3	Taping (Non-pharmacological)	Micropore/Surgical tape	Topical	-	Every night before sleep	Mechanical closure of right eye to prevent corneal exposure during sleep

CASE STYDY :

Bent smile lines showed up fast - just two days back - in a woman aged thirty eight. Her mouth now tugs sideways toward the left. Shutting the right eye? Not happening. Dribbling follows every word, each bite. Flavors land different on her tongue than before. Nothing broken earlier. No falls. Body otherwise kept steady, without sickness streaks.

Blood tests like red and white cell counts plus sugar levels came back normal. Not able to check for herpes virus due to unavailable testing. Diagnosis of Bell's palsy made after physical exam, rated as HB Grade III when she arrived. Normal results seen across standard lab work without any out-of-range findings.

That first week brought a shift - meds plus care eased some nerve strain. Checkups came later, one after seven days, another at thirty. Movement in the face started returning by day seven; doctors called it HB two. Come month's end, only slight imbalance remained - the score now matched HB one.

Home care includes daily face movement routines, plus check-ins later on. Personal info and clinic names got left out completely - keeps things private.

TIMELINE OF CLINICAL EVENTS :

DAY	SYMPTOMS/FINDINDS	VITALS	INTERVENTIONS
DAY0	**Facial deviation,eye closure difficulty**	**BP120/80 mmHg**	**Steriods, antivirals started**
DAY 7	**Partial facial movement improvement**	Stable	**Continued therapy,counseling**
DAY30	**Near normal facial function**	**Stable**	**Pysiotherapy continued**

THERAPY :

A dose of methylprednisolone helped calm swelling and fluid buildup around the facial nerve.[12] To go after a possible herpes virus, doctors added acyclovir along with the steroid treatment.[13] Every couple of hours, Refresh Tears drops went into the eyes so the surface stayed moist, especially since blinking was weak.[14] At night, the right eyelid got sealed gently with tape to protect it while sleeping.[14] Because steroids can bother the stomach, pantoprazole came in to shield the gut lining.[12] Movement work focused on the right face muscles started up, aiming to keep them active and help healing take place faster.[15]

Table 4. Complete drug therapy for the patient.

S. no	BRAND NAME	GENERIC NAME	ROA	DOSE	DURATION	RATIONALE/ EVIDENCE
01	T.Wysolone	Prednisolone	Oral	60mg	7-10 days	First-line therapy to reduce nerve inflammation
02	T.Acivir	T.Acyclovir	Oral	400mg	7days	HSV-1 suspected viral cause
03	T.Neurobion forte	T.Vitamin B12	Oral	500mcg	4 Weeks	Supports nerve regeneration
04	T.Myospaz	T.Chlorzoxazone	Oral	500mg	7-14 Days	Muscle relaxation
05	T.Pan 40	T.Pantoprozole	Oral	40mg	10 Days	Pronton Pump Inhibitor
06	T.Dolo 650	Artificial tears	Topical	—	As Needed	Prevent corneal damage

PHARMACIST INTERVENTIONS :

From time to time, the pharmacist would sit down to go over how much medicine to take, when to stop, along with what could go wrong.[15] Follow-ups happened later - these talks helped track if the plan was being followed.[15] Protection for the eyes came up next; so did face exercises meant to help movement, plus small shifts in daily habits.[15] Instead of jumping straight to new drugs, a close look took place at what was already prescribed - mixes that might clash, amounts that could be better chosen.[15]

DISCUSSION:

Most people get better within three to six months, say earlier reports.[5] A quick start on corticosteroids forms the base of treating Bell's palsy, boosting chances of full healing.[2] When a virus might be involved, doctors often add antivirals into the mix.[13] Nerves may heal faster with extra vitamin B12 in the routine.[3] Results look much like those seen before, with time and basic care making a clear difference.[6]

This story shows how a pharmacist stepping in can lead to patients following their treatment better, fewer health setbacks happening along the way, also stronger results seen in checkups.[15]

ACKNOWLEDGMENTS:

I wish to express my sincere gratitude to my parents for their constant love and sacrifices, and to my mentors for their invaluable guidance.

Special thanks to my Vision College of Pharmaceutical Science and Research for providing a supportive learning environment. I am particularly grateful to our Principal, Ch. Ajay Babu, for his leadership and encouragement throughout my academic journey.

CONCLUSION:

Early medicine use matters here - pharmacists help guide patients through Bell's palsy.[6] Their advice sticks, tracking how well someone follows treatment makes a difference too.[15] Care gets better when these experts join the medical team.[15] Outcomes rise, daily living eases with their involvement nearby.[6]

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