What to do about Bell’s palsy

Recovery takes time, patience, proper eye care, and maybe a medication.

Bell’s palsy is a sudden paralysis involving the nerve that controls the muscles on one side of the face. It can cause startling changes on the affected side: a drooping mouth, a sagging eyebrow and lower eyelid, and an eye that won’t fully close. Bell’s palsy is not life-threatening, and its symptoms are usually temporary, but they can be very distressing, interfering not only with facial appearance but also with the ability to speak, eat, sleep, or enjoy food. Recovery can take weeks to months, during which many people curtail their usual activities; some become socially isolated.

Bell’s palsy usually begins without warning and develops quickly—over the course of hours. It may be preceded by symptoms suggesting a viral illness, such as fatigue or a headache. The facial weakness generally peaks within 24 hours and thereafter rarely worsens. But it doesn’t get better right away, either, and that can be discouraging.

Causes and treatment

Most scientists believe that Bell’s palsy is triggered by a viral infection that inflames the facial nerve. This nerve arises in the brain and meanders through the bony structures of the ear and the muscles of the face. It’s made of thousands of nerve fibers that carry signals to and from the facial muscles as well as the saliva and tear glands (see illustration). It also plays an important role in taste sensation.

Bell’s palsy occurs when the facial nerve swells and is pinched at the point where it passes through a narrow passageway in the skull beneath the ear, causing drooping and other symptoms on that side of the face. The affected eye may appear teary but remains mostly dry and irritated because it cannot blink or close completely. Drooling is another common symptom. Some people experience numbness, ear pain, or hypersensitive hearing on the affected side.

The exact cause of Bell’s palsy isn’t known, but in recent years, attention has focused on herpes simplex type 1 virus, the virus that causes cold sores. Other viral suspects include herpes zoster (the chickenpox and shingles virus) and another virus in the herpes family, Epstein-Barr, which causes mononucleosis. Clinicians have generally recommended early treatment with an antiviral medication, as well as a corticosteroid to quell inflammation. But recent evidence has begun to cast doubt on this approach.

The evidence

In a 2007 study in The New England Journal of Medicine, 551 Bell’s palsy patients were randomly assigned to take either prednisolone (a corticosteroid), the antiviral drug acyclovir (Zovirax), both medications, or a placebo. After nine months, 94% of patients who took prednisolone were fully recovered. Patients who took only acyclovir did no better than those who took placebo pills, and the acyclovir-prednisolone combination was no better than prednisolone alone. A randomized trial published in the November 2008 issue of The Lancet Neurology produced comparable results: time to recovery was improved with prednisolone, while treatment with valacyclovir (Valtrex), whether alone or in combination with prednisolone, had no impact on patient recovery times. A 2009 systematic review by the Cochrane Collaboration, an international organization that evaluates medical research, determined that antivirals are less effective than steroid drugs and no more effective than a placebo in bringing about a complete recovery. The authors also question whether herpes simplex is a cause of Bell’s palsy.

What now?

If you notice any facial weakness, see your clinician right away. Early treatment (within three days of the start of symptoms) with a corticosteroid could increase your chance of a full recovery. It’s also important to rule out other conditions that can cause Bell’s palsy—like symptoms, including Lyme disease and other bacterial infections, Ramsay Hunt syndrome (caused by the herpes zoster virus), Sjögren’s syndrome, and some types of tumors.

Most people start to get better within a couple of weeks and return to normal function after three to six months. During that time, you need to prevent the affected eye from drying. That may entail applying artificial tears every hour while you’re awake and an ophthalmic ointment at night. You may also need to wear an eye patch at night and other protective eyewear during the day.❤️