

Metaphysical Energy Therapy in the Treatment of Cranial Nerve Palsies with Special Reference to Bell's Palsy

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Abstract

Neuropathy, or nerve injury, is a severe and common impediment of diabetes. Studies evaluate that 50% of people with diabetes will develop neuropathy. Diabetic nerve injury is impairment of a single solitary nerve (also named mononeuropathy). Commonly 2 cranial nerves Viz., cranial nerve VII and cranial nerve VI are involved in facial nerve palsies. The former one is called Bell's palsy and is acute Lower Motor Neuron facial nerve paralysis (>80%) causing an inability to control facial muscles on the affected side. The later one is sixth nerve palsy, (the abducens nerve), which is responsible for triggering contraction of the lateral rectus muscle to abduct (*i.e.*, turn out) the eye resulting in double vision on the affected side. In recent times, we have found to our amazement, rapid restoration of normalcy within a few hours to a few days, of Cranial Nerve palsies in diabetic subjects at our centre. We are presenting a group of cases having Type2DM over different time periods from 6 to 20 years and those who suddenly suffered facial nerve palsy and they came to VHSDRC for treatment. They were started on the new modality called the Dynamic Acupuncture Mediated Metaphysical Energy Therapy (DAMM Therapy), to recover from the facial palsy. The DAMM therapy is a unique novel way of infusing and transferring healing energy from the therapist to the patient. Within 2 - 7 sittings of DAMM therapy patients showed 75% - 100% improvement in their clinical condition.

Keywords

Bell's Palsy, Facial Palsy, Mononeuropathy, Cranial Nerve Palsy, Microangiopathy, Dynamic Acupuncture Mediated Metaphysical Energy Therapy (DAMM Therapy)

1. Introduction

Abnormal eye movements are instigated by injury or disease which can affect the eye

muscles or nerves supplying these muscles [1]. Some of the possible common medical origins of abnormal eye movements may include: Stroke, Carotid artery stenosis, Brain tumors, hypertension, transient ischaemic attack and diabetes [2]. The next most common cause of facial nerve paralysis is trauma (accidental or surgical). Accidental trauma includes any sharp or blunt mechanism of injury, such as facial laceration, stab injury or temporal bone fracture [3] [4]. Bacterial infections are responsible for 1% - 4% of new cases of facial palsy [5] [6].

Many people with diabetes develop nerve damage around two decades after diagnosis. Neuropathy, or nerve injury, is a severe and common complication of diabetes. Studies evaluate that 50% of people with diabetes will develop neuropathy. Diabetic nerve injury is impairment of a single nerve (also named mononeuropathy). Mononeuropathy involves damage to a specific nerve (single) [7].

Diabetic neuropathy is often caused by years of high, unregulated blood glucose. Long phases of raised blood glucose can injure the vessels that supply the body's nerves with adequate nourishment and oxygen. After years of scarcity due to poor blood replenishment, the nerves become numb. Some people with neuropathy feel pain, but as the condition progresses, the pain often disappears; the nerves are too damaged to feel anything [7].

Figure 1 shows the cranial nerve which gets affected in bell's palsy. Bell's palsy is termed as a one-sided facial nerve paralysis. Bells palsy is an idiopathic lower motor neurone (LMN) facial nerve paralysis that accounts for most new cases (incidence 10 - 40/100,000 population each year) [9]. Bell's palsy is the most common severe disease involving a single solitary nerve and is the most common cause of acute facial nerve

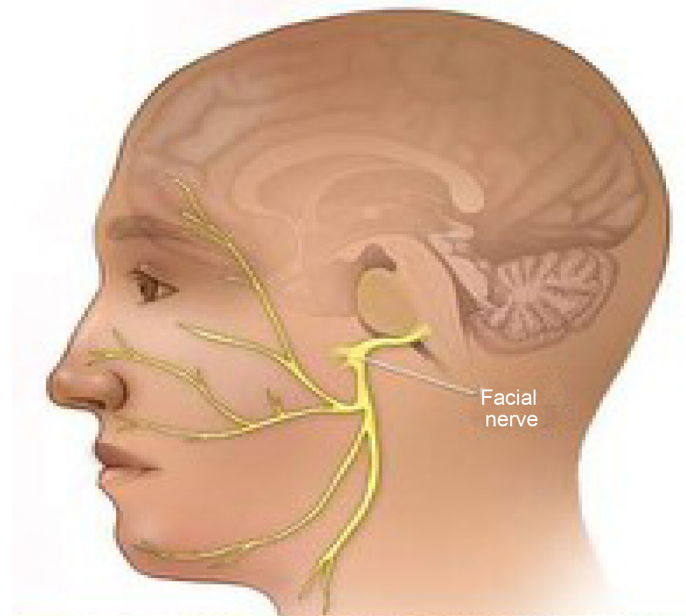


Figure 1. Shows the facial nerve VII which gets affected in bell's palsy. (adapted from: <http://www.picsearch.com/Facial-nerve-pictures.html>) [8].

paralysis (>80%). Bell's palsy is a form of facial paralysis resulting from a dysfunction of the cranial nerve VII which controls the muscles of the face (the facial nerve), causing an inability to control facial muscles on the affected side. It is thought that an inflammatory condition leads to puffiness of the facial nerve. The nerve travels through the skull in a narrow bone canal beneath the ear. Nerve bulge and firmness in the narrow bone canal are thought to lead to nerve inhibition or damage. Facial palsy is typified by inability to control movement in the facial muscles. The paralysis is of the infra nuclear/lower motor neuron type [7] [10] [11].

The facial nerve is important for both communication and expression, and loss of its function can invariably affect quality of life [12]. The facial nerve is responsible for motor supply to the muscles of facial look (frontalis, orbicularis, culi, buccinators and orbicularis oris) and stapedius, parasympathetic supply to the lacrimal and submandibular glands, and sensory input from the anterior 2/3 of the tongue. As well as a facial droop, patients may present with a dry eye, reduced corneal reflex, drooling, hyperacusis, altered taste, otalgia and speech articulation problems [13]. The common appearance of this state is a rapid onset of partial or complete paralysis that often occurs overnight. In rare circumstances (<1%), it can occur on both sides resulting in total facial paralysis [7].

Another type of facial palsy, namely, Sixth nerve palsy, or abducens nerve palsy, is a disorder related with dysfunction of cranial nerve VI (the abducens nerve), which is responsible for initiating contraction of the lateral rectus muscle to abduct (*i.e.*, turn out) the eye. The inability of an eye to turn outward effects in a convergent strabismus or esotropia of which the primary symptom is double vision or diplopia in which the two images appear side-by-side [14].

Fundamental pathology of diabetic neuropathy is microangiopathy [15], which can manifest in different organs in different ways. While the sensory-motor peripheral polyneuropathies are due to segmental demyelination and axonal disintegration of the long nerves, cranial mononeuropathies have occlusion of the vasa nervosum/stroke/compression of the nerve as the proposed cause [15].

2. Materials & Methods

From 08/08/2012 till 15/10/2015 we have seen 7 cases of Cranial Nerve Palsies and treated all of them using our new metaphysical energy therapy. The new healing modality being researched at the TAG VHS DRC (which we have termed Dynamic Acupuncture Mediated Metaphysical-(DAMM) Therapy) is a manifestation of physical energy of healing, attained through a severe and deep understanding and training several forms of energy, cum metaphysical practices plus an incredible gift with prodigious practice done by our therapist Mr. Rajan. The DAMM therapy is a uniquely novel way of infusing and transferring healing energy from the environment (cosmos), to the patient. The healer V. Rajan, has a background of 15 years of practicing the art & Metaphysics of Energy-transfer from the macrocosmic level (environmental) to the microcosmic intracellular planes, reaching any area in the human body where there is cellular dysfunction [16] [17]. We were amazed to find rapid restoration of normalcy within a few

hours to a few days of Cranial Nerve palsies in diabetic subjects at our centre (**Figure 2**). We wish to present a few select cases with photographic and video evidence and discuss the possible rationale.

Our Research Centre is equipped with a unique paperless Electronic Medical Records System for exhaustive data storage and rapid retrieval & analysis with a software called Comprehensive Health and Hospital Information Management Enterprise Solution (CHHIMES). This software was specially customized and installed by Health track Info solutions(p) Ltd in March 2011, and all our patients’ medical records, images etc. for the past 45 years are stored and retrieved for analysis and research study [16] [17]. Over 35,000 case records are stored securely & with utmost privacy, with retrieval facility within one minute, anytime, anywhere! Across the spectrum of time & space.

3. Case Presentation

We are presenting (**Table 1 & Table 2**) here, 7 cases who have Type2DM for 6 to 20 years and who suddenly suffered facial nerve palsy and they came to VHSDRC for treatment. They were started on the new modality called the Dynamic Acupuncture Mediated Metaphysical Therapy by Rajan (Metaphysical Healer) which we are scientifically researching for various chronic and acute illness for the past 3 years to improve their clinical condition/outcome.

4. Discussion

Turgeon RD reported in Am J Med. 2015 Jun in his article “Antiviral management of Bell’s palsy involved on starting point severity: a systematic review and meta-analysis”

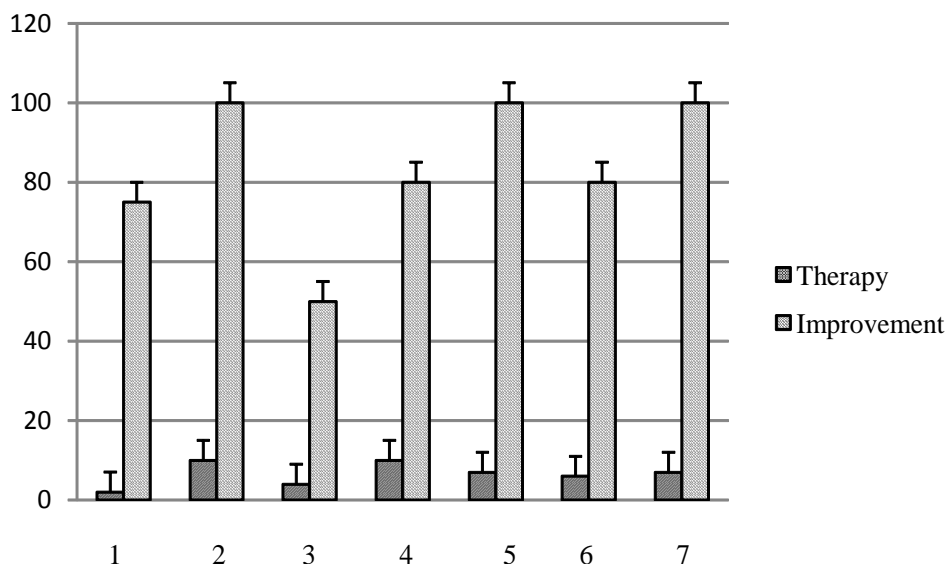


Figure 2. A Graph shows the proportion of the treatment given and the out come as improvement in clinical condition. The graph clearly confirms the enhancement in the clinical condition after a course of DAMM Therapy with a p value of $p < 0.001$. (***) Statistics was done using graph pad prism software v 6.0.

Table 1. Details of patients with facial palsy.

S. No.	Name of the patient M/F/Age	Duration of Diabetes	Co-morbidity	Nature of Neuropathy	No of sittings of DAMM therapy/out come	Photo Link
1	Mr. DB aged 68 years	20 years	CAD post CABG	Right sided Bell's Palsy	2 sittings/75% improvement	www.tagvhsrc.com/damphotos.asp
2	Mr. PS aged 72 years	15 years	CAD of 10 years	Left sided Bell's palsy	10 sittings/100% improvement	NIL
3.	Mrs. CM M aged 60 years	10 years	HTN/10 years	Diplopia & drooping of eyelid, right side	4 sittings/50% improvement	NIL
4	Mrs. J V aged 65 years	22 years	dental infection/treated with (Root canal procedure).	Left sided facial palsy	10 sittings/80% improvement	www.tagvhsrc.com/damphotos.asp
5.	Mrs. SP aged 55 years	10 years	HTN.	LMN (Bell's palsy) of right VII cranial nerve	7 sittings/100% improvement.	NIL
6.	Ms. SS aged 19 years	No DM.	Nil	right sided Bell's palsy	6 sittings/80% improvement	www.tagvhsrc.com/damphotos.asp
7	Mr. Y.P. aged 66 yrs	6 years	Nil	Right Lateral Rectus palsy/VI Nerve Palsy, with Double vision	7 sittings/100% improvement	www.tagvhsrc.com/damphotos.asp

Table 2. Shows the general condition as well as Blood Glucose Levels at the time of Facial Nerve Palsies.

Name	Mr. DB	Mr. PS	Mrs. CM	Mrs. J V	Mrs. SP	Ms. SS	Mr. Y.P.
P.ID	1012	846	3172	307	708	3740	3734
Demography.	Triplicane, Chennai	Ponpadi, R.S. & .P.O Tiruvallur	Dr. Radhakrishnan Nagar, 2nd Cross, -Chennai	Greenways Road, Chennai	Mylapore, Chennai.	Oddanchatram, Dindigul Dist	Kotturpuram, Chennai.
Pulse Rate	66	80	80	76	80	70	84
Height	174	169	164	159	162	162	175
Weight	75.3	69.6	66.1	55.3	96	67	86.5
BMI	24.9	24.4	24.6	21.9	36.6	25.5	28.2
Body Fat %	29.8	29.4	37.7	35.6	51.4	29.3	32.6
BP/Cys	150	120	110	130	150	110	130
BP/Dia	90	80	70	80	80	70	70
Sugar/Fasting	Nil	134	277.7	Nil	Nil	Nil	220
Sugar/PP	Nil	246	307.8	340	Nil	Nil	282
C B G	250	NIL	250	NIL	316	Nil	215
HbA1c	9.4	10.0	10.7	9.5	12.8	Nil	8.7
Serum Fructosamine	3.26	2.99	Nil	Nil	3.40	Nil	2.88

stated that Antiviral agents are not efficacious in improving the proportion of patients with Bell's palsy who achieved whole recovery, irrespective of baseline symptom severity [18]. And Salinas RA reported in Cochrane Database Syst Rev. 2010 Mar In this article "Corticosteroids for Bell's palsy (idiopathic facial paralysis)" that randomised controlled trials shows substantial benefit from treating Bell's palsy with corticosteroids if started less than 72 hours after symptom onset [19]. Steroid tablets help to reduce inflammation and are normally taken for 10 days [20]. But Corticosteroids are powerful drugs that can every now and then have a wide range of side effects. Steroids (corticosteroids, glucocorticoids) are a powerful class of drugs that are known to raise blood glucose levels. With prolonged use of oral steroids, side effects may include in the short term: Spots, Mood swings, Augmented hunger, Muscle weakness, Hypertension (high blood pressure), Cushing's syndrome, Osteoporosis, Glaucoma and Cataracts. But Most studies indicate that if a steroid is not prescribed 7/10 patients will recover completely as opposed to 8/10 , if steroid is taken. Within 3 weeks of treatment most of the patients may feel partial improvement in their facial condition, but it may take 3 - 5 months for complete recovery [21] [22].

Alternative rehabilitation methods like physical therapy (facial retraining workouts, transcutaneous electrical stimulation, acupuncture), botulinum toxin injections, dynamic facial reanimation were prescribed by various physicians all over the world. Out of these various modes of interventions, physical therapy has been subjected to controlled trials, and at the end of the trial there was no overall benefit over placebo was found [23].

For complete recovery from facial palsy, the new healing modality that is being researched at the TAG Voluntary Health Services Diabetic Research Centre, which we have termed Dynamic Acupuncture Mediated Metaphysical Therapy (DAMM) is a manifestation of physical energy of healing. When a needle is inserted and positioned, the local free-nerve endings and specialized neural receptors receive the stimulation that is then transformed into nerve impulses. In turn, these impulses are sent to the central nervous system (CNS) through afferent neural pathways. Every level of the CNS responds to the signals, leading to downstream effects—a possible healing process [24]. The DAMM therapy is a unique& novel way of infusing and transferring healing (cosmic) energy from the environment through the therapist to the patient with apparently no side effects [16] [17].

5. Conclusion

All the above cases reported in **Table 1** of this paper showed significant improvement in their facial palsy, with virtually 100% recovery within a short span (1 - 7 days) by the application of this new metaphysical energy therapy viz., "DAMM" therapy. Till date, we have seen no validation case(s) in the medical literature, using this type of drug-free treatment with such dramatic results in a variety of cranial nerve palsies, associated with diabetes. This should make the medical fraternity to wake up to the intricacies and possible mechanisms of cell injury in the human body (in this case neurons) and the healing/curing mechanisms that are available and needing deeper probe and research [25].

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Conflict of Interest

The authors declare that they have no conflict of interest.

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Ethical Approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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