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Chiropractic care of a patient with vertebral subluxation and Bell's palsy

The objective of a recent descriptive case study (1), published in *JMPT* (May, 2003), was to outline the chiropractic care of a patient with vertebral subluxation and Bell's palsy.

A 49-year-old woman with Bell's palsy sought chiropractic care and was described as having right facial paralysis, extreme phonophobia, pain in the right temporomandibular joint (TMJ), and neck pain. Signs of cervical vertebral and TMJ subluxations included edema, tenderness, asymmetry of motion and posture, and malalignment detected from plain film radiographs.

The patient was cared for with full spine contact-specific, high-velocity, low-amplitude adjustments (Gonstead Technique) to sites of vertebral and occipital subluxations. The patient's left TMJ was also adjusted. The patient received chiropractic care on 37 occasions during the 6 months. The initial symptomatic response to care was positive, and the patient made continued improvements over the 6 months of care. Three previous case series (2-4), involving a total of 6 patients, report positive results for patients with Bells Palsy who had vertebral subluxations corrected through chiropractic care.

The authors of the present case study state, "Since its inception, traditional chiropractic approach to patient care has been the detection and removal of vertebral and extravertebral subluxations to maintain health and prevent disease. Such an approach to patient care was illustrated in this case utilizing the Gonstead Technique."

They then go on to conclude that, "patients suffering from Bell's palsy may benefit from a holistic chiropractic approach that not only includes a focus of examination and care of the primary regional areas of complaint but also potentially from significant vertebral subluxation concomitants."

References:

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4. Kessinger R, Boneva D. Bell's palsy and the upper cervical spine. *Chiropr Res J* 1999;6:47-55.