



# Recovery After Bell's Palsy and Ramsay Hunt Syndrome

Answers to **90** of Your  
Most Pressing Questions

*Part One:  
from onset to 3 months  
and beyond*

*Alex Pashov, PhD*

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and Ramsay Hunt Syndrome:  
Answers to 90 of Your Most Pressing Questions

Part One: from onset to 3 months and beyond

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# Foreword

This book is for all who suffer from facial paralysis in its many forms and at its various stages. Whether you have just been diagnosed with Bell's palsy or Ramsay Hunt syndrome, have not seen any recovery for several weeks, or suffer from its residuals and complications for many years, I truly believe that this book can help you.

For the past 18 years at Crystal Touch Bell's palsy clinic, I have been privileged to work with more than 2,200 long-standing facial palsy patients from over 100 countries. When they came to us for help, many were desperate, many had lost all hope, and all of them had many unanswered questions.

Despite all the digital and printed resources available today, it can be challenging to find consistent and comprehensive information about Bell's palsy and Ramsay Hunt syndrome, let alone about tumour-related, post-operative, post-traumatic, and congenital facial paralysis. The information is scattered, often inconsistent, and very often controversial.

I wrote this book to offer easy-to-understand answers to 90 rather complex questions about the causes, treatments, recovery prospects, and possible complications of facial paralysis. We heard these questions from patients in our clinic and online, and now share the answers with a wider audience.

The main goal of this book is to offer you **grounded hope**: hope built on the knowledge, experience, and achievements of our patients.

## **The Hope to Bring Back Your Smile!**

Alex Pashov

*Rotterdam, September 2026*

# How to make the most of this book

## **This book consists of two parts.**

**Part One**, which you are reading now, is devoted to answers about causes, symptoms, treatment options, and recovery scenarios in the acute, early recovery, and mid-term recovery stages of peripheral facial paralysis (Bell's palsy and Ramsay Hunt syndrome) – from onset to three months and further. We also briefly discuss symptoms and recovery options for facial palsies caused by tumours, surgical interventions, traumas, and facial palsy from birth. At the end of the book, we explain the features of mainstream treatments for long-standing facial palsy and its complications – synkinesis, tightness of facial muscles, facial asymmetry at rest and in movement, and others. We also provide details on the Neuro-Proprioceptive Rehabilitation approach and share our patients' experiences, as well as the Google reviews our clinic has received over the past years.

**Part Two** will be about the later recovery stage – from 3 to 12 months after onset and beyond. It will cover issues related to the delayed recovery, residual effects, and complications of the long-standing facial paralysis. We will also analyse the pros and cons of existing treatment options and provide recommendations to reduce synkinesis intensity, relieve facial muscle tightness, address excessive lacrimation, alleviate facial pain, and improve facial symmetry at rest and in motion.

**The idea behind the structure of this book** is that the answer to each question is comprehensive by itself, even if you do not want to read the answers to other questions. Therefore, the presented information may partly repeat what has been explained elsewhere in the text.

**You can start reading from any section and from any question**, depending on what you want to learn today.

I do, however, recommend that you invest your time in **reading sections 1 and 2 before moving on** to other sections and questions.

**Section 1** introduces the **anatomy and functions of the facial muscles and the facial nerve**, providing you with essential background. This knowledge will help you better understand later sections.

**Section 2** provides **general information on Bell's palsy** and other diagnoses that cause unilateral peripheral facial paralysis, explaining key terms and distinctions needed for the following sections.

**Section 3** addresses the **acute stage of Bell's palsy**, specifically covering issues from onset to 2 weeks.

**Section 4** gives answers to questions about the **early and mid-term recovery stage** (from two weeks to three months after onset)

**Section 5** provides answers to some questions related to facial palsy caused by **tumours, surgical interventions, traumas**, and facial palsy **from birth** (congenital).

**Section 6** addresses commonly used **mainstream treatments** for acute facial paralysis, as well as its residuals and complications in cases with a long recovery.

**Section 7** is dedicated to the **Neuro-Proprioceptive Facial Rehabilitation (NPR)** approach that we use at Crystal Touch Bell's palsy clinic to help our patients achieve improvements.

**Section 8** shares the **stories and reviews** we received from our patients via email and social media after completion of their rehabilitation programs. For privacy reasons, we changed patients' names but kept their diagnoses and countries unchanged.

**Glossary of special terms** at the end of the book offers short explanations in case you are not familiar with the terminology used in neurophysiology, neurology, and rehabilitation. The terms listed in the Glossary are printed in the book's text in ***black, semibold, underlined italics***.

**References** – a list of scientific (printed and Internet) resources used during the preparation of this book.

## QR codes and links

After some answers, there is a QR code and a link that will take you to the corresponding website pages and videos from Dr Pashov. Web pages offer colour illustrations and more detailed information about the topic covered in a particular answer. The videos explain the answers presented in this book using easy-to-understand language and are intended for our readers who prefer an audio-visual presentation after reading the book.

## Ask Dr Pashov a question



You can request an online consultation with Dr Pashov by scanning this QR code or going to the web page:  
**<https://crystal-touch.nl/online-bells-palsy-consultation/>**

Alternatively, simply email Dr Pashov at **[info@crystal-touch.nl](mailto:info@crystal-touch.nl)** and ask your question.

Dr Pashov usually replies within two working days.

# 1. WHAT IS BELL'S PALSY?

Strictly speaking, Bell's palsy is just one of the diagnoses that characterise **unilateral peripheral facial paralysis**. In other words, when the facial muscles on one side of the face cannot move or substantially reduce their mobility, then we can speak of facial palsy.

If facial muscles cannot move at all, it is called **paralysis**. If facial muscles show substantial weakness yet retain the ability to move the face, it is called **paresis**. In recent years, Bell's palsy has become the most commonly used term for peripheral facial paralysis, although, from a purely medical point of view, other terms should often be used to describe the cause of the patient's inability to move facial muscles on one side of the face. Only if the underlying cause of facial paralysis cannot be established will the diagnosis be Bell's palsy, which literally means: "Unilateral peripheral facial paralysis with unclear cause."

Along with other peripheral facial palsies, Bell's palsy is characterised by the following symptoms on the affected side:

- Complete paralysis of the muscles of one half of the face.
- Inability to close the eye and to blink.
- Sagging of the eyebrow, smoothing of horizontal lines of the forehead.
- Flaccidity of the cheek.
- Smoothing of the nasal crease.
- Sagging of the mouth corner.
- Slurred speech.
- Inability to hold food and liquids in the mouth (leakage).
- Dryness or excessive tearing of the eye.
- Possibly impaired taste perception in the anterior two-thirds of the tongue.
- Possible **hyperacusis** (increased sensitivity to sounds).
- In cases of serious inflammation, severe pain may be experienced behind the ear on one side of the head, and sometimes in the affected half of the face and neck.
- In exceptional cases, the affected side of the face may become swollen, reddish, and painful.
- In severe cases, the patient may experience vertigo, nausea, and difficulty keeping balance.

If severe pain precedes the onset of palsy and/or persists for days or weeks after onset, this indicates an intense inflammatory process and usually serves as a negative prognostic sign. It may take several days, or even more than a

## 2. HOW IS BELL'S PALSY DIFFERENT FROM RAMSAY HUNT SYNDROME?

Bell's palsy and Ramsay Hunt syndrome both represent facial paralysis but differ in their causes, symptoms, severity, and treatment.

### Key Differences

#### Cause:

- **Bell's palsy** is idiopathic, meaning its exact cause is unknown. It is thought to result from inflammation or viral infections affecting the facial nerve without a clearly identified virus.
- **Ramsay Hunt syndrome (RHS)** is caused by reactivation of the varicella-zoster virus (VZV), the same virus that causes chickenpox and shingles. The virus affects the facial nerve at the geniculate ganglion.

#### Symptoms:

- Both cause sudden, unilateral facial paralysis.
- **Bell's palsy** usually presents with facial weakness alone, without other significant symptoms. It tends to cause milder facial weakness.
- **Ramsay Hunt syndrome** typically includes severe ear pain, a characteristic vesicular rash (blisters) in or around the ear canal or eardrum, and may also cause hearing loss, vertigo, tinnitus, and more severe facial paralysis.

#### Severity and Prognosis:

- **Bell's palsy** generally has a better prognosis with faster and more complete recovery.
- **Ramsay Hunt syndrome** often leads to more severe and prolonged facial paralysis, with a higher risk of permanent facial weakness or asymmetry. Untreated RHS has a worse prognosis, with over 50% experiencing permanent residual weakness.

#### Diagnosis:

- **Bell's palsy** is a diagnosis of exclusion when no other cause is found.
- **Ramsay Hunt syndrome** is diagnosed by the presence of a rash and ear pain and can be confirmed by blood tests detecting VZV or MRI findings showing enhancement of the facial nerve and inner ear structures.

#### Treatment:

- **Bell's palsy** treatment mainly involves corticosteroids to reduce nerve inflammation; antiviral drugs are not routinely used.

SECTION 1:

# Facial Nerve and Facial Muscles



## SECTION 2:

# What is my Diagnosis?

## 8. WHAT CAN CAUSE BELL'S PALSY?

The causes (factors) that can lead to damage to the facial nerve and complete or partial paralysis of the facial musculature are numerous:

- 1. Local overcooling of the face and neck, especially the area behind the ear.** It could happen if the patient had slept under the air conditioner, under an open window in cold weather, or was driving with both windows open, or spent extended time without a hat or scarf in rainy, windy, or cold weather. In such cases, due to local overcooling, the blood vessels of the facial nerve can spasm, interrupting blood flow and oxygen supply to the facial nerve. Under such conditions, the nerve fibres of the facial nerve cannot function normally anymore, and within several hours to two days, a conduction block will form. From that moment on, facial paralysis will develop because signals from the brain cannot reach the facial muscles.  
**Example:** We had a patient from France who was watching her son's downhill skiing competition. She was wearing a very light jacket, with no hat or scarf. She stayed outside in the winter weather for a couple of hours. The next morning, she woke up with facial paralysis.
- 2. Activation of the herpetic infection (herpes simplex, herpes zoster, etc.)** in the facial area, with characteristic vesicles on the ear, in the ear channel and/or on the cheek and inside the mouth or on the tongue. In such cases, the patient usually experiences severe pain in and around the ear for several days. As a result of the infection-caused inflammation and swelling of the surrounding tissue (oedema), the facial nerve becomes compressed within the narrow fallopian canal of the pyramid of the temporal bone. If compression lasts for more than several hours up to two days, the facial nerve cannot function normally anymore and develops a so-called conduction block. From that moment, facial muscles become paralysed because they cannot receive contraction signals from the brain. If the herpes virus has been confirmed to be the cause of facial paralysis, then the diagnosis will not be "Bell's palsy", but "Ramsay Hunt syndrome".
- 3. Disrupted blood supply to the nerve.** Either due to local overcooling or other causes, the blood vessels that supply the facial nerve with oxygen and nutrients may become constricted or suffer spasm. Without oxygen, our nerve cells cannot function for long, and the axons of the facial nerve are no exception. If the disruption of blood supply lasts longer than 3-4 days, it may result in more serious damage to the facial nerve fibres and a long recovery period.

SECTION 3:

# Acute Stage of Bell's palsy

(From Onset to Two Weeks)

## 23. WHAT ARE THE IMMEDIATE STEPS TO TAKE IF I DEVELOP BELL'S PALSY?

### Seven steps.

#### 1. **Don't panic and see a doctor.**

See your doctor immediately and follow his/her recommendations. Start with the prescribed medications as soon as you can, because the first 5-6 days after the onset are critical for future recovery.

#### 2. **Take a lot of rest.**

Do not go to work for at least several days. Sleep a lot and avoid heavy physical activity. Your body needs all its resources to fight the cause of paralysis and to initiate the regeneration process. Do not expect immediate improvements. No matter how many pills you take or which physiotherapy you do, there is no way to "switch back" or "jump-start" your facial nerve at once. The recovery comes gradually and takes at least 3-4 weeks.

#### 3. **Protect your affected eye from drying.**

Use artificial tears (eye drops) or ointment. Patch the affected eye overnight or use a moist chamber. Wear (sun-) glasses during the day to protect the cornea from wind and dust.

#### 4. **Monitor your progress. Make "Neurological Tests" regularly.**

This will be your starting point in the recovery. Read our detailed post about how to make these Neurological Tests. Take pictures of 9 standard facial expressions. Repeat these tests weekly to observe and analyse your progress. If possible, have an EMG (electromyography) or NCS (nerve conduction study) performed with your doctor. These tests will instrumentally measure the grade of the initial nerve damage. If repeated later, they will show your progress in the reconnection of the nerve fibres to the facial muscles.



For pictures, diagrams and a video on this topic, scan the QR code or go to: <https://crystal-touch.nl/measuring-recovery-progress-after-bells-palsy/>

#### 5. **Do a gentle massage of your face.**

Do a very soft, comfortable massage of your face, neck, and head area at least 2 times per day, for 10-15 minutes each time. Apply a few drops of massage oil on your face, so you do not pull the skin too hard. The massage will improve blood and lymph circulation, increasing the speed of nerve regeneration. If there is no acute pain, which indicates active

SECTION 4:

# Early and Mid-Term Recovery Stages

(Two Weeks to Three Months after Onset)

## 42. SOMETIMES I FEEL TWITCHING, TINGLING IN MY FACE, AND SHORT SPASMS IN FACIAL MUSCLES. IS THIS NORMAL?

Twitching, tingling, and tiny, short-lasting spasms of facial muscles are normal signs of the recovering functionality of the facial nerve. Once the facial nerve fibres begin to reconnect with their respective muscle fibres, mimetic signals from the brain can cause them to twitch. It is not yet a full contraction of the whole muscles, but “signs of life” from their separate fibres. As time passes, regeneration of the facial nerve progresses, the quality of connections improves, facial muscles can produce more noticeable contractions, and facial movements gradually return.

Short-lived spasms of facial muscles can be compared to cramps in regular body muscles when they are subjected to sudden, strong, and sustained effort. Throughout the acute and early recovery stages of facial palsy, the brain produces high-intensity contraction signals, trying to “reach out” to the paralysed facial muscles and make them move. As the facial nerve fibres regain function and reconnect to their respective muscle fibres, those high-intensity signals begin to reach the muscle fibres that have been without movement for a long time.

As a result, the muscle fibres can contract in a spasm-like fashion. Usually, those spasms are short-lived and can be easily relieved by dry warm compresses or, even better, by gentle, soft massage of the involved areas.

## 43. SOME AREAS OF MY FACE ARE TENDER, AND I FEEL PAIN IF I PRESS ON THEM WITH MY FINGER. IS THIS NORMAL?

Despite sounding paradoxical, the appearance of tender, painful-to-the-touch areas on the face is also a sign of ongoing recovery. As the number of muscle fibres reconnected to the facial nerve increases, the muscle can produce spontaneous, spasm-like contractions that come from a continuous stream of the over-amplified mimetic signals from the motor cortex. As a result of long-time absence of sensory feedback from paralysed muscles, the motor cortex changes its usual way of managing facial muscles and begins to produce a continuous stream of “background” contraction signals even if there is no need for facial movements.

## 50. WHAT IS THE PROBABILITY OF RESIDUALS AND COMPLICATIONS IN THE CASE OF QUICK RECOVERY?

In cases of rapid recovery (3 to 5 weeks after the onset of Bell's palsy), the damage to the facial nerve fibres (axons) is only superficial, nerve degeneration does not develop, and therefore, facial movements usually return in full and without any residual effects or complications.

## 51. WHAT IS THE PROBABILITY OF RESIDUALS AND COMPLICATIONS IN THE CASE OF THE SLOW (LONG) RECOVERY?

If the first signs of improvement in facial condition do not appear within the first 3-5 weeks after onset, it usually indicates that the damaging factor was severe and had been affecting the facial nerve trunk for 4-5 days or more. In such cases, due to prolonged compression and ischemia, the facial nerve fibres suffer serious injury.

The myelin sheath (electrical insulation) and the axons of the motor neurons ("wires" that connect our brain to the facial muscles) fail to function properly and degenerate. The subsequent regeneration can only begin once the damaging factor has been eliminated and compression and ischemia of the nerve have subsided.

Unfortunately, due to the long recovery that follows, it is very likely that facial movement will return incompletely, and certain residual and complication issues will develop. These include synkinesis, facial muscle tightness, facial asymmetry at rest and in motion, crocodile tears, and other symptoms.

## 52. CAN BELL'S PALSY RETURN (HAVE A RELAPSE)?

One of the main questions that Bell's palsy patients ask themselves is "Can it happen again?" According to statistics, it is very rare for facial palsy to strike a second time. It is not completely improbable, but very unlikely.

To make certain you do your best **not** to let it happen again, use simple common-sense rules:

SECTION 5:

Facial Palsy from  
Tumours, Surgical  
Interventions, Traumas  
and from Birth



SECTION 6:

Mainstream  
Treatments for  
Residuals and  
Complications of Bell's  
palsy

## 81. IS SELECTIVE NEUROLYSIS RECOMMENDED TO REDUCE SYNKINESIS AND IMPROVE THE SMILE?

Selective neurolysis is a minimally invasive procedure that includes mechanical or chemical destruction of certain small, *distal* branches of the facial nerve that connect the brain to the muscles whose involuntary and unwanted activity the patient wants to reduce.

Usually, selective neurolysis is performed on the distal branches of the marginal mandibular branch of the facial nerve. As a result of the procedure, the DAO (*depressor anguli oris*) muscle will offer substantially less resistance to the *zygomatic major muscle* during smiling, making the smile more symmetrical. A genuine smile also involves other facial muscles. Those muscles (and their nerve branches) are usually not included in selective neurolysis for DAO.

The idea behind selective neurolysis is to reduce the intensity of unwanted contraction signals arriving at the DAO muscle from the brain by reducing the number of “wires” that conduct those signals.

As far as synkinesis is concerned, it is presumed that as the resistance of DAO to smiling is reduced, the synkinetic involvement of the eye (oral-ocular synkinesis) will also decrease.

In theory, this procedure can also be performed on the eye muscles to reduce involuntary squinting during speech, eating, or emotional expression. However, the risk of doing more harm than good by operating on the nerve branch that innervates the eye muscles is rather high.

Therefore, to our knowledge, this procedure is performed mainly on the nerve sub-branches that innervate the DAO (*depressor anguli oris*) muscle.

**Conclusions:** We do not recommend selective neurolysis to *our* patients, as it treats the symptom rather than the underlying cause. This procedure involves substantial costs, is not entirely risk-free and quite often the achieved improvements may not match the patient’s expectations. From our point of view, it is better for the patient to explore non-invasive options that address the underlying cause of the complications and to apply his/her own consistent efforts to achieve lasting improvements in facial expression symmetry.

SECTION 7:

Crystal Touch  
Neuro-Proprioceptive  
Facial Rehabilitation  
(NPR)

### 83. HOW IS NPR APPROACH DIFFERENT FROM OTHER TREATMENTS?

Compared to other treatments, the major difference of the Crystal Touch approach to the rehabilitation of long-standing Bell's palsy and Ramsay Hunt syndrome lies in its different understanding of the fundamental causes of synkinesis and other complications.

The mainstream approach to rehabilitation after facial paralysis assumes that synkinesis, facial muscle tightness, etc., result from aberrant facial nerve regeneration. ***Aberrant regeneration*** means that during regrowth, the damaged axons of the facial nerve will randomly reconnect to the “wrong” muscles. As a result, when the intended movement is, for example, a blink, the mouth corner will involuntarily move together with the eyelid, because it will receive part of a signal that was initially meant for the eye-closing muscle.

If that were the case, then there would be no chance to fundamentally change the situation for the better, as there is no possibility to correct the already established wrong connections of the nerve fibres to the facial muscles. Therefore, mainstream treatments address symptoms rather than the underlying cause of the problem.

#### **At Crystal Touch clinic, we have a different view on the cause of complications after Bell's palsy and Ramsay Hunt syndrome.**

There are many reasons why we think that aberrant regeneration cannot be the cause of synkinesis. The simplest and most evident is this: by definition, aberrant regeneration is a random process in which regenerating axons reconnect to random muscle fibres.

A random process must inevitably yield a random, uncorrelated outcome each time. Then why do all long-standing Bell's palsy patients have exactly the same symptoms and the same synkinesis, which differ only in intensity? If the outcome of long recovery is the same each time, it **ought** to be caused by a systemic factor, not by a random process like aberrant regeneration.

Neuro-Proprioceptive Rehabilitation regards complications after the long recovery as newly formed pathological mimetic patterns (new movement habits). During the long recovery, these patterns gradually form in the motor cortex due to prolonged deprivation of proprioceptive (sensory) feedback from the paralysed facial muscles and constant mimetic amplification. The

## 86. HOW QUICKLY CAN I ACHIEVE IMPROVEMENTS IN MY FACIAL SYMMETRY WITH NPR?

Usually, after the first three working sessions (the first visit to the Rotterdam clinic), the patient feels some relief from facial tension and a reduction in facial pain. The face gains more symmetry and a perception of balance.

In case of “Online only” rehabilitation, it may take a few weeks longer before the patient observes the first signs of reduced tension, better facial symmetry and a feeling of improved harmony in facial perception.

At the same time, we must realise that there cannot be a quick fix for a problem that has persisted for years, and in some cases, even for decades. To achieve lasting improvements, the patient must be prepared to persevere and to work consistently for several months.

It is important to remember that we cannot expect overnight miracles. By investing 10-15 minutes twice a day in doing your homework, you will gradually build an accumulating effect of your efforts.

The human brain is well known to be stubborn, conservative, and reluctant to let go of old habits. That is why, when we were little, our mothers used to say: “You’d better learn to do this correctly from the beginning, otherwise it will be difficult to relearn a wrong habit later”.

New, pathological mimetic habits after Bell’s palsy are no different in their core than any other habits we developed during life. It can be eating, drinking, smoking, sleeping, and behavioural habits.

All those habits can be rather challenging to change. But there is no principal obstacle to doing that. If, for example, you want to learn to play guitar, ride a bicycle, or play golf, nothing stands in the way. The only condition is that you make a firm decision and are prepared to do whatever it takes to achieve the desired outcome.

In theory, it is possible to achieve 100% improvements in your facial condition and to have your face “as before the facial palsy”.

However, as we all know, the last 10-15% of any habit is the most difficult to eliminate and may require disproportionate time and effort. That is why,

SECTION 8:

# Reviews and Stories of Crystal Touch patients

## Online Diagnostic Sessions

### 91. JASON (56), UK. ACUTE RAMSAY HUNT SYNDROME

Nothing had happened to me like this before - waking up one morning with a whacking great headache and one side of my face drooping and completely immobile.

It was a couple of weeks before I found Crystal Touch, and within that time, I had contacted facial palsy support groups, plastic surgery clinics, physiotherapists, neurologists, and homoeopaths...desperately searching for help and answers.

However, it wasn't until I spoke with Dr Pashov that I actually understood what had happened to me and what was going to happen. He explained the whole thing, almost as if he'd been there and saw it happen; the initial nausea, the headaches, the burning sensation in my ear, the tinnitus...He explained it all - and in precise, simple terms I could understand and retain.

In telling me what lay ahead, over the course of the next few days and then weeks and then months, I could feel a huge weight lift off my shoulders.

No one had explained this to me before - not my personal doctor, not the specialist I saw at the emergency hospital. No one.

What I came away with wasn't just reassurance - although I would have been more than satisfied with that.

Dr Pashov also advised me on how I could help my process of healing advance, what medication I needed to take and continue taking, and what massage treatments to use. He also advised me about what treatments would have little or no effect.

And then he told me what to look for when it came to the first indications of recovery and so much more.

## Online Rehabilitation

### **97. SUE (63), NEW ZEALAND. 4 YEARS AFTER RAMSAY HUNT SYNDROME (GOOGLE REVIEW)**

A huge thank you to the team at Crystal Touch and especially Jana, my Rehabilitation Specialist. You are awesome!! You've been fantastic and made a big difference to how I look and feel about my face. I had Ramsay Hunt Syndrome (RHS - Shingles in my left ear), which did a lot of damage to the nerves on the left side of my face. I was concerned that nothing could be done nearly 5 years after having RHS, but with your program and guidance, it has made a considerable difference. My face is more balanced as I have more movement and control on the left side and can smile more confidently. Psychologically, this has also made a big difference to my life. My sincere thanks, Dr Sue C., Christchurch, New Zealand

### **98. ALICE (62), UK. 9 YEARS AFTER RAMSAY HUNT SYNDROME**

I just wanted to say a big thank you to you and the Crystal Touch clinic for helping me so much in the last few months.

I was overwhelmed today when I saw my photographs. I really did not realise there had been such an improvement in my face.

I will be continuing to work hard on the exercises, and hopefully, there will be even further improvement!

There is no doubt that I would not have achieved so much without your encouragement and support.

Thank you, Alice



## Rehabilitation at the Clinic

### **110. GABRIELA, BRAZIL. TV JOURNALIST AFTER 3 YEARS WITH RAMSAY HUNT SYNDROME (FACEBOOK REVIEW)**

My name is Gabriela de Palhano. I'm 36 years old. I live in Brazil. I'm a journalist. I had Bell's palsy in 2013. Three years ago. My BP was caused by herpes zoster; I had Ramsay Hunt syndrome. I took steroids and valacyclovir for a month. The doctors admitted me to the hospital to prevent encephalitis. I had a strong labyrinthitis and hyperacusis for three months.

For 5 months, I could not move the left side of my face, not one millimetre of movement. I did physiotherapy almost every day. My sessions were about trying to do the mimics and some massage to relax the muscles. The first movements began to appear in the sixth month. During the first year, I had progress. But my smile got smaller on the left and down. Then complications began to appear. Eyes closed when I tried to smile, and in a few words. The neck contracts. And my brow furrowed in an attempt to smile. I was getting worse. Doctors and neurologists did not give me more hope.

Fortunately, I continued researching my condition. And I began to follow the articles published by Dr Alex Pashov on Facebook. Everything made sense and was really new and different from what I heard in Brazil. Thank God in April 2016, I joined the Crystal Touch Clinic program. Upon arriving at the clinic, the hope was renewed. Experts explained to me that from that moment, I should not try harder to make moves.

To change the habit and stop the synkinesis, I had to find a way to the facial nerve to listen to the emotional side of the brain. They were mostly very kind, and I felt I was in the right place to be treated. On the first treatment, I felt an incredible difference; the muscles of the neck and cheek that were with strong contractures totally relaxed. Elena Pashova gave me the keys to the beginning of recovery. To feel the inside mirror, to keep the face relaxed and a series of easy exercises for the day-to-day. Gradually, I was feeling better. The last two years with BP had been difficult.

Being a journalist, I used to be live on TV almost every day doing what I love the most. I used to present the news and interview people in their daily lives.

# Glossary

|                                  |                                                                                                                                                                                                                                                                              |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Aberrant regeneration:</b>    | Aberrant regeneration of the nerve is the abnormal or atypical regrowth of nerve fibers after injury, where the regenerating fibers misdirect and form inappropriate connections with unintended muscles or tissues, leading to involuntary movements or abnormal sensations |
| <b>Acetylcholine:</b>            | Organic compound that functions as a neurotransmitter, playing a crucial role in transmitting signals between nerve cells and activating muscles in the body as well as influencing brain functions such as memory, attention, and arousal                                   |
| <b>Acyclovir (Valacyclovir):</b> | Antiviral medication used to treat and prevent infections caused by herpes viruses, including genital herpes, chickenpox, and shingles, by slowing the growth and spread of the virus in the body                                                                            |
| <b>Atrophy:</b>                  | Wasting or loss of muscle tissue resulting in decreased muscle mass and strength, often caused by inactivity, nerve damage, aging, or certain diseases.                                                                                                                      |
| <b>Axon:</b>                     | A long, slender projection of a nerve cell (neuron) that transmits electrical impulses away from the cell body to other neurons, muscles, or glands.                                                                                                                         |
| <b>Axonal degeneration:</b>      | The process of selective structural disintegration and breakdown of axons, often occurring after injury or in neurodegenerative diseases, leading to loss of axonal function and contributing to neuronal dysfunction.                                                       |
| <b>Brainstem:</b>                | The stalk-like structure at the base of the brain that connects the cerebral hemispheres with the spinal cord and cerebellum and controls vital involuntary functions such as heartbeat, breathing, and consciousness.                                                       |

# Recovery After Bell's Palsy and Ramsay Hunt Syndrome: Answers to 90 of Your Most Pressing Questions

A sudden diagnosis of facial palsy triggers an immediate crisis of uncertainty:

**What do I do now? What should I avoid? What can I expect?**

In these first critical days and weeks, you do not need a complex manual. You need direct, clinical answers to the questions that matter most.

Drawing on eighteen years of experience with over 2,200 facial palsy patients, Alex Pashov, PhD, provides you with answers to 90 of the most common questions asked by patients during their recovery. Designed as an easy-to-read clinical reference to be consulted by both patients and professionals as needed, this book provides substantiated knowledge on:

- **Immediate Priorities:** What to do (and what strictly to avoid doing) following the onset.
- **Clinical Expectations:** Professional insight into how and when facial movements begin to return.
- **Facts vs. Fiction:** Direct answers that cut through the noise of conflicting internet advice.

*Alex Pashov, PhD, member of the World Federation for NeuroRehabilitation (WFNR)*, is the co-founder of Crystal Touch Bell's palsy clinic and a **leading expert in rehabilitation after facial palsy**.

His mission with this book is to replace the patient's anxiety with substantiated knowledge, providing the clinical certainty needed to understand the recovery process and regain self-confidence.

