

A study on clinical significance of facial diagnosis and iris diagnosis in facial palsy: A case report

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ABSTRACT

According to the principles of naturopathy, disease is considered to arise from the accumulation of waste and toxic matter within the body, leading to impaired physiological functioning. Naturopathy emphasizes non-pharmacological interventions aimed at detoxification and restoration of normal bodily functions without adversely affecting vital organs. Facial palsy is one of the most common cranial nerve disorders and presents with characteristic facial asymmetry due to involvement of the facial nerve branches. It is commonly defined as an acute peripheral facial nerve palsy of unknown etiology, with many cases classified as idiopathic. This case report highlights the clinical significance of facial diagnosis and iridology as traditional natural diagnostic tools in the assessment of facial palsy. A 54-year-old male presented with reduced mobility of the left forehead and eyebrows, involuntary blinking of the left eye, facial pigmentation changes, and swelling of the jaw region. Facial diagnostic observations revealed asymmetry, altered facial expressions, and muscle weakness, while iridological examination showed nerve rings and lesions corresponding to facial and neurological regions. The findings suggest that facial diagnosis and iridology may serve as supportive, non-invasive assessment tools in the clinical evaluation of facial palsy.

Key words: Facial diagnosis, Facial palsy, Iridology, Naturopathy

Paralysis is a well-described clinical entity, often associated with disorders of the nervous system [1]. Facial palsy refers to peripheral facial nerve paralysis, typically of sudden onset and unknown cause, and may be complete or partial in nature [2,3]. It commonly presents unilaterally and affects facial symmetry, expression, and muscle control. Acute inflammation and edema of the facial nerve within the facial canal can lead to nerve compression and ischemia, resulting in functional impairment [4-6]. Facial diagnosis and iridology are traditional diagnostic approaches used in naturopathy and other complementary systems of medicine. Facial diagnosis involves observation of external facial features to assess internal bodily conditions, based on the concept that accumulation of morbid matter may alter facial shape, color, and expression [7]. Iridology involves examination of the iris to identify constitutional weaknesses and functional disturbances, where specific iris zones are believed to correspond to different organs and systems [8]. In facial palsy, regions corresponding to the face and brain are considered particularly relevant in iridological assessment.

Facial palsy significantly affects facial symmetry, muscle function, and quality of life. Traditional diagnostic approaches primarily focus on clinical neurological assessment, whereas complementary diagnostic methods such as facial diagnosis and iris diagnosis are less explored in clinical documentation. Reporting this case helps to evaluate the clinical significance and possible diagnostic relevance of facial and iris changes observed in facial palsy, thereby contributing to integrative clinical understanding and generating scope for further research in complementary diagnostic approaches.

CASE REPORT

A 54-year-old male presented to the Department of Natural Diagnostics and Physiotherapy with complaints of redness in both eyes for 2–3 months, weakness of the left side of the face, mild intestinal heaviness, and occasional shoulder pain. He denied tremors, tingling, numbness of the upper limbs, recent infections, ear discharge, trauma, or surgical history. There was no history of sleep disturbance.

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On general examination, the patient was conscious, oriented, and in no acute distress. Facial diagnostic assessment revealed asymmetry of the face, which was not oval or round in shape, whitish discoloration over the scalp, dark pigmentation over the facial region, wrinkles on the forehead and between the eyebrows and intra-orbital furrows (Fig. 1a). Baldness over the frontal region and bilateral facial swelling suggested frontal and lateral encumbrance (Fig. 1b). Examination of facial movements showed weakness of the left orbicularis oris muscle, with impaired whistling and altered jaw movements during tightening, stretching and swallowing (Fig. 2). Speech was mildly slurred. A deeper mole was observed on the right side of the face, which, according to facial diagnostic interpretation, indicated left-sided encumbrance. Ophthalmic examination revealed redness in both eyes with a history suggestive of catarrh. Iridological examination using a $2 \times$ magnifying lens demonstrated nerve rings and redness in the facial regions of both irises (Fig. 3a). Lesions and inherent weakness were observed in zones corresponding to the face (1–2) and upper abdominal regions (6–7) of the right iris (Fig. 3b). Routine laboratory investigations were within normal limits.



Figure 1: (a) Facial appearance of the patient is not oval/round in shape, and the deepest mole is at the right side of the face; (b) Face denotes wrinkles, intraorbital furrows, and baldness in the frontal forehead



Figure 2: On expression of movements, mouth shows weakness in the left sided with wrinkles and swelling

Based on the clinical findings, facial diagnostic observations, and iridological assessment, the patient was diagnosed with left-sided facial palsy.

DISCUSSION

The exact etiology of facial palsy remains unknown in many cases [9], although proposed mechanisms include nerve compression due to inflammation, ischemia, venous congestion, arteriospasm, autoimmune reactions, and hereditary anatomical variations of the facial canal [10]. Diagnosis is primarily clinical and requires careful assessment of facial symmetry, muscle function, and exclusion of other neurological causes [11].

Facial palsy typically presents with the inability to wrinkle the forehead, deviation of the mouth during smiling, drooling of saliva, incomplete eye closure, and widening of the palpebral fissure. In this case, facial diagnosis revealed characteristic asymmetry and altered expressions consistent with peripheral facial nerve involvement [12].

Recent studies have explored facial analysis using computerized color recognition and non-invasive diagnostic algorithms, demonstrating significant associations between facial features and systemic disorders such as diabetes mellitus and dysmorphic syndromes [13]. Similarly, iridology has been proposed as a supportive tool for identifying constitutional weaknesses, with lacunae and nerve rings suggesting neurological involvement [14]. Differential diagnoses of facial palsy include Bell's palsy, stroke, Ramsay Hunt syndrome, Lyme disease, otitis media, parotid gland tumors, traumatic facial nerve injury, Guillain-Barré syndrome, multiple sclerosis, acoustic neuroma, diabetic neuropathy, myasthenia gravis, sarcoidosis, and facial nerve tumors [15].

According to a study, facial recognition technology based on deep learning networks has high accuracy in disease diagnosis, providing a reference for further development and application of this technology [16]. Although facial diagnosis and iridology lack widespread acceptance in conventional medicine, they may serve as adjunctive observational tools in naturopathic clinical practice. Their non-invasive nature and emphasis on early detection may support holistic patient assessment when used alongside standard diagnostic methods.

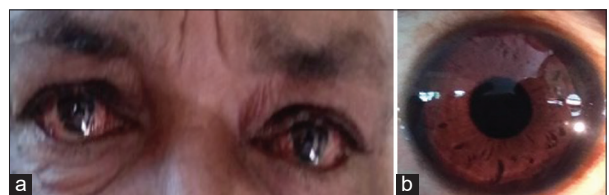


Figure 3: (a) Signs of acute redness and nerve rings (lesions) in the region of 4 and 5th of the both iris; (b) Lesions and inherent weakness in region of zone of face 1–2 and 6–7 of upper abdomen of the right iris

CONCLUSION

Facial palsy is a common cause of unilateral facial paralysis, often of idiopathic origin. Accurate diagnosis requires careful clinical evaluation to exclude other neurological and systemic causes. This case report highlights the potential supportive role of facial diagnosis and iridology in identifying characteristic features associated with facial palsy. Detailed observation of facial expressions, mobility, and iris patterns may provide additional insights into neuromuscular imbalance. Further well-designed clinical studies are required to validate the diagnostic utility of these traditional natural diagnostic methods in neurological conditions.

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