



A Holistic Unani Therapeutic Approach to Facial Palsy (*Laqwa*) in a Paediatric Patient: A Case Report

Abstract

Laqwa (facial palsy) is the most common motor neuropathy of the seventh cranial nerve, presenting with sudden-onset unilateral facial weakness and asymmetry. The condition occurs across all age groups, with paediatric cases often causing significant functional and psychological distress. The majority of cases are idiopathic, corresponding to Bell's palsy, which accounts for nearly 60–75% of all unilateral facial paralysis cases. The global annual incidence is estimated at 15–30 per 100,000 population, with noted cases in children as well. This case report aims to evaluate the clinical response of Unani management in an 11-year-old child with Bell's palsy. Classical Unani physicians, including *Rabban Tabri*, *Ibn Sina*, and *Zakariya Razi*, described *Laqwa* in detail in terms of etiology, pathogenesis, and therapeutic approaches. Their treatment principles aim at restoring equilibrium of *Akhlat* (humors), relieving nerve inflammation, improving muscular tone, and enhancing neural function. Evidence-based Unani therapies such as *Ilaj-bil-Dawa* (pharmacotherapy) and *Ilaj-bit-Tadbeer* (regimenal therapy) have been traditionally used for successful management of *Laqwa* with minimal adverse effects. The patient received Unani formulations including *Ikseer Azaraqi*, *Joshanda Mundij*, *Ikseer Momiya*, and *Habb-e-Balchad* for four weeks. No history of trauma, ear infection, stroke, tumour, metabolic disorder, or other neurological disease was present. Clinical presentation and neurological examination supported the diagnosis of idiopathic lower motor neuron facial palsy (Bell's palsy). The patient was treated with selected Unani pharmacological formulations known for musculoskeletal strengthening, anti-inflammatory effects, and nerve rejuvenation to improve facial muscle tone and circulation. Significant clinical improvement was observed within the first two weeks, with complete recovery achieved subsequently without any complications. This case highlights the potential of Unani medicine as an effective, safe, and holistic therapeutic modality for paediatric *Laqwa* (facial palsy). Early Unani intervention may accelerate recovery, reduce emotional impact in children, and prevent long-term sequelae. More clinical studies are warranted to further validate the role of Unani therapeutics in facial nerve disorders. This case suggests potential benefit of Unani therapy; however, larger studies are required.

Keywords: Paediatric Bell's Palsy; Unani Medicine; *Ilaj-bil-Dawa*; *Ilaj-bit-Tadbeer*; Cranial Nerve VII Neuropathy

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Introduction:

In the early centuries of the Common Era, many Arab and Unani physicians described facial palsy in considerable detail. **Rabban al-Tabari** was the first to describe the condition and termed it *Laqwa*. The word *Laqwa* (facial paralysis) is believed to be derived from the bird *Uqab* (falcon), because the patient's facial appearance was thought to resemble the bird's drooping posture. **Razes (Al-Razi)** was the first scholar to explain the pathophysiology, clinical presentation, and possible treatments of facial paralysis. He also discussed the prognosis of the disease with reference to its duration and severity. In his monumental work *Al-Hawi*, he devoted an entire chapter to facial distortion, spasm, and paralysis. Importantly, he differentiated facial palsy from hemifacial spasm for the first time in medical history. According to him, the symptoms appear abruptly: half of the face sags, becomes paralyzed and disfigured, and deviates toward the normal side. For example, if the left side of the face is affected, the lip turns toward the right side, and the jaw and cheek deviate toward the unaffected side. Facial paralysis has also been described by earlier scholars

using terms such as *Safasmus*, *Farbifus*, and *Aframus*, referring to “*spasmodic muscular cranious*” or “*spasmodic phrenicaeus cranious*,” indicating spasms of the cranial muscles. The Greeks and Arab physicians believed that the condition may be caused by the diversion of viscid *humor* (black bile) toward the affected side, or by an excess of bodily dryness (*Yubusat*). The earliest systematic medical studies on facial palsy are attributed to **Ibn Sina (Avicenna)**. He was the first to clearly distinguish between central and peripheral facial paralysis (Rahman et al., 2020). Facial palsy is defined today as an acute-onset peripheral facial neuropathy, with lower motor neuron (LMN) facial palsy being the most common presentation (Eviston et al., 2015). Facial nerve paralysis is classified into two types—central and peripheral—depending on the level of nerve injury (Jeong et al., 2018). Central lesions produce paralysis of the lower facial muscles on the side opposite the lesion, while sparing the upper facial muscles because of their bilateral cortical connections. Peripheral (LMN) lesions, however, cause complete paralysis of all facial muscles on the same side as the lesion (D'dharan and Kumar, 2016). Facial paralysis is a relatively

common disorder with diverse etiologies, including infectious, traumatic, surgical, neoplastic, inflammatory, autoimmune, metabolic, or idiopathic causes. In most cases, the cause remains idiopathic, and the majority of patients recover completely with outpatient treatment within three weeks. Herpes viruses are considered the most likely infectious agents (D'dharan and Kumar, 2016). Lower motor neuron facial palsy is characterized by unilateral paralysis of all muscles of facial expression, affecting both voluntary and emotional responses (Heidari, 2017). The facial nerve (cranial nerve VII) contains motor, sensory, and parasympathetic fibers and plays a vital role in essential functions such as mastication, speech, and emotional expression (Eviston et al., 2015).

Various grading systems are used to assess the severity of facial palsy, including the **House–Brackmann Grading System (H-B scale)**, the **Yanagihara Grading Scale (Y-system)**, and the **Weighted Regional Grading System (FEMA)**. Among these, the H-B scale and Y-system are most widely used in clinical practice. In conventional medicine, treatment options include corticosteroids, antiviral agents, and—when necessary—surgical intervention (Jeong et al., 2018). The objective of this case report was to evaluate the clinical effectiveness and safety of Unani management in a paediatric patient with idiopathic facial palsy (*Laqwa*)."

Case Information and Clinical Findings

An 11-year-old female patient presented to the Outpatient Department of Mohammadia Tibia College & Assayer Hospital (Mansoor), Malegaon, with complaints of deviation of the angle of the mouth toward the right side, weakness of facial muscles on the left side, inability to close the left eye, watering from the eyes, loss of taste sensation, difficulty in chewing and dribbling of saliva from the left corner of the mouth for the past 4 days. The child was apparently well until 4 days earlier, when she developed a sudden onset headache followed by abrupt weakness of the muscles on the left side of the face. Based on clinical presentation and neurological examination, the patient was diagnosed with Bell's palsy.

On Examination: A 11 years old female child was 135 cm tall with weight 38 kg so BMI is 20.4 kg/m². The heart rate was 88/min while BP was 100/70 mm Hg with 98.4 F temperature, respiratory rate was 20/min. The cardiac, respiratory, gastro-intestinal and renal system were normal. Pallor was present and jaundice and cyanosis were absent. She was an unmarried female child taking mixed diet but appetite was reduced hence bowel habit not cleared with reduced frequency and quantity of micturition. The personal and family histories were negative for DM & HTN. On Nervous Systemic Examination patient was well oriented to time, place and person with intact higher mental function (memory, speech & intelligence). All Cranial nerve from 1 to 12th were normal in their function except 7th cranial nerve (facial nerve) was affected (watering from the eyes, unable to close the eyes). 1) Forehead frowning - not possible on left side of face. 2) Eyebrow raising - not possible on left side. 3) Eye closure - left eyeball moves upwards and outwards when the patient attempts to close it along with incomplete closure of eyelid. (Bells phenomenon). 4) Teeth showing - not possible in left side denture. 5) Blowing of cheek - not possible in left side. 5) Nasolabial fold - Naso-labial fold loss on left side. 6) Taste perception - affected on left side. 7) Dribbling of saliva - Dribbling of saliva on left angle of mouth and spilling of food contents during eating from left side. 8) Bells phenomenon - present on left side. 9) Deviation of mouth towards right side. In left side of the body sensory system is slightly low as compare to right side of the body. Patient had sensation with pin and blunt objects, temperature sense (hot and cold), vibration sense (tuning fork) and patient was able to identify the position of finger or toe of left side of body. Superficial reflexes (planter reflex, abdominal reflexes and Wartenberg's sign) were normal. Deep reflexes (Bicep, triceps, ankle, knee and finger flexion, supinator reflexes) were normal of the body. Muscle tone was diminished in left side of face. Cardiovascular system (CVS) was normal on inspection. Apex beat is palpable in 5th ICS without any

tenderness. On auscultation S1-S2 heard, no any added sound and no murmur was found. Respiratory system was normal chest was B/L symmetrical with normal movement with no any scar and tenderness, with normal resonating note and air entry bilaterally equal (AEBE). Abdomen was scaphoid in shape, umbilicus was normal, no any scar mark or venous engorgement was found. On percussion dullness over the abdomen and no fluid trill and shifting dullness were present. Bowel sound was 5-7/minute.

Dietary and Lifestyle Recommendations:

The patient was advised to follow strict dietary restrictions to support recovery and prevent aggravation of symptoms. She was instructed to avoid beef, mutton, chicken, oily and fried foods, cold water, and refrigerated or chilled foods, as these items may increase inflammation, aggravate cold temperament (*Barid Mizaj*), and impair nerve recovery. She was encouraged to consume light, warm, easily digestible foods, such as spicy dishes, khichdi, moong dal, vegetable soups, soft-cooked vegetables, warm milk, and freshly prepared meals. Foods that promote nerve strength—such as almonds, dates, walnuts, and moderate amounts of ghee—may be taken as advised. To protect the affected side of the face, the patient was instructed to keep the area warm by covering it with a soft cloth, especially in cold or windy environments. Exposure to direct cold air, sudden temperature changes, and sleeping under strong fans or air conditioners was strictly discouraged. Adequate hydration with warm water was recommended. The patient was also advised to maintain regular daily physical activity, including light exercise and walking, to enhance circulation and improve general well-being.

Additionally, maintaining a regular sleep pattern, avoiding stress, and practicing gentle facial muscle exercises (as advised by the physician) were recommended to support faster recovery of facial nerve function.

Intervention and Follow-up

The patient was managed with the following **Unani compound formulations** for a duration of **four weeks**, along with dietary modifications and supportive care. All formulations were administered as per classical references. The patient's parents reported satisfaction with the treatment and observed gradual improvement in facial symmetry and daily activities. The patient remained symptom-free during the one-month follow-up period. 5-7

1. Ikseer Azaraqi (IA)

The patient was advised to take 10mg twice daily.

This powdered formulation consists of:

- **Azaraqi Mudabbar** (*Strychnos nux-vomica* Linn.) — 10 g
- **Sugar** — 250 g

Ikseer Azaraqi is traditionally used for improving neuromuscular function, enhancing nerve conductivity, and strengthening debilitated nerves (Qaiyyum et al., 2022).

2. Joshanda Mundij (JM)

The patient was advised to take 100ml of decoction twice daily.

The polyherbal formulation includes:

- **Aslussoos** (*Glycyrrhiza glabra*) — 5 g
- **Unnab** (*Zizyphus vulgaris*) — 5 g
- **Sapistana** (*Cordia myxa*) — 5 g
- **Khitmi** (*Althaea officinalis*) — 5 g
- **Khaksi** (*Sisymbrium irio*) — 5 g
- **Gauzaban** (*Borago officinalis*) — 5 g
- **Adusa** (*Justicia adhatoda*) — 5 g

- *Ustukhudoos (Lavandula stoechas)* – 5 g
- *Khubazi (Malva sylvestris)* – 5 g

This decoction functions as a mucolytic, anti-inflammatory, and nerve tonic, helping relieve congestion and supporting nerve recovery (Qaiyyum et al., 2022).

3. Ikseer Momiyai (IM)

The patient was advised to take **5 mg twice daily** of this powdered formulation, consisting of:

- *Shibb-e-Yamani* (Purified Alum) – 100 g
- *ShingarfMudabbar* (Purified Cinnabar) – 100 g

Ikseer Momiyai is traditionally recognized for strengthening weakened nerves and enhancing neuromuscular coordination due to its mineral-rich composition (Qaiyyum et al., 2022).

4. Habb-e-Balchad (HB)

The patient received 2 tablets twice daily.

Each formulation contains the following ingredients:

- *Balchad (Nordostachys jatamansi)* – 50 g
- *Aelwa (Aloe barbadensis)* – 50 g
- *Kafoor (Cinnamomum camphora)* – 50 g
- *Neem (Azadirachta indica)* – 50 g
- *Hilteet (Ferula foetida)* – 50 g

Habb-e-Balchad is used as a sedative, anti-inflammatory, and nerve-soothing agent, helping in muscle relaxation, reducing spasms, and supporting nerve repair (Qaiyyum et al., 2022).

5. Roghan-e-Farfiyun (Masiha) – Local Application

Topical application of *Roghan-e-Farfiyun* was advised over the affected side of the face. Its preparation includes:

- *Roghan-e-Khardal (Brassica nigra oil)* – 1 L
- *Farfiyun (Euphorbia resinifera)* – 20 g
- *Lahsun (Allium sativum)* – 50 g

This medicated oil is known for its counter-irritant, warming, and analgesic properties, which help stimulate the facial nerve and improve muscle tone (Qaiyyum et al., 2022).

Observation and Outcome

At baseline, the patient presented with difficulty in swallowing, along with deviation of the mouth, facial muscle weakness, drooling, and incomplete eye closure. Notable improvement in speech and swallowing was observed by the **8th day** of treatment during the first follow-up visit.

The remaining symptoms—including facial deviation, weakness of facial muscles, watering of eyes, dribbling of saliva, impaired taste sensation, and difficulty in chewing—showed progressive improvement and **resolved completely by the 15th day** of treatment. *Mushil* therapy was not advised because the patient was a paediatric case with mild-to-moderate symptoms and satisfactory bowel habits after conservative management. Considering the age and gener-

al condition of the child, non-purgative therapy was preferred. The patient continued to show stable recovery throughout the **one-month post-treatment follow-up** period, with no recurrence of symptoms.

Vital signs remained stable throughout the entire observation period. Baseline and post-treatment laboratory investigations—including complete blood count, kidney function tests (serum creatinine, blood urea nitrogen), and liver function tests (SGOT, SGPT, alkaline phosphatase, serum bilirubin)—were all within normal limits.

Importantly, **no adverse drug reactions** or treatment-related complications were observed during the entire course of therapy, indicating that the Unani formulations were well tolerated.

Table 1. Clinical Progress and Treatment Timeline

Day	Findings	Treatment
Day 1	Facial deviation, inability to close eye	Started IA, JM, IM, HB + Roghan
Day 8	Speech improved	Continued treatment
Day 15	Complete recovery	Continued follow-up
1 month	No recurrence	Observation

Table 2. Comparison of Clinical Parameters Before and After Treatment

Parameter	Before Treatment	Day 8	Day 15
Eye closure	Incomplete	Improved	Normal
Mouth deviation	Present	Mild	Absent
Blowing of cheeks	Not possible	Improved but weak	Normal
Eyebrow elevation	Absent on affected side	Mild elevation present	Normal

Comparison of Subjective Parameters (House–Brackmann Scale):

House–Brackmann (HB) Scale Assessment

“The severity of facial nerve dysfunction was assessed using the House–Brackmann Facial Nerve Grading System (HB Scale). At presentation, the patient had Grade IV facial palsy, characterized by obvious facial asymmetry, incomplete eye closure, and marked weakness of facial muscles. After 7 days of treatment, improvement to HB Grade II was observed, with mild residual weakness and improved eye closure. By the 15th day of treatment, the patient achieved HB Grade I (normal facial function) with complete recovery of facial symmetry and muscle function.”

Table 3. House–Brackmann (HB) Scale Assessment During Follow-up

Follow-up	HB Grade	Clinical Status
Before treatment	Grade IV	Moderate-severe facial weakness, incomplete eye closure
Day 7	Grade II	Mild weakness with significant improvement
Day 15	Grade I	Normal facial function and symmetry

Photographic Assessment

Photos are before start of treatment and after 15 days (2nd follow up) after start of treatment (**Figure 1 – 4**).



Figure 1. Improvement in frontalis muscle



Figure 2. Improvement in frontalis muscle



Figure 3. Improvement in orbicularis oculi muscle



Figure 4. Improvement in buccinator muscle

Discussion:

Facial nerve paralysis is one of the most common neurological disorders involving the cranial nerves. It leads to characteristic facial distortion caused by dysfunction of the muscles responsible for facial expression. It is important to note that paediatric Bell's palsy often shows spontaneous recovery. Therefore, complete attribution of recovery solely to Unani intervention cannot be established from a single case report. In this case report, it was observed that the Unani therapeutic regimen—comprising *Ikseer Azaraqi*, *Joshanda Mundij*, *Ikseer Momiyai*, and *Habb-e-Balchad*—was both effective and safe in the management of *Laqwa* (facial palsy).

This regimen was designed in accordance with the classical Unani principles for treating nervous system disorders. The formulations used in the treatment possess actions such as *Muqawwi-i-A'sab* (nervine tonic) and *Muharrrik-i-A'sāb* (nervine stimulant), which align with the therapeutic goals for neurological impairments. The clinical improvement noted in these cases may be attributed to the pharmacological activities of the ingredients, which include nerve stimulation, anti-inflammatory and anti-hemorrhagic actions, cardio-protective effects, hypotensive and diuretic properties, immune-enhancing activity, rejuvenation, anti-Parkinsonian effects, phlegm-resolving (*Mundij*), neuroprotective mechanisms, anticoagulant effects, and vascular dilation (Qaiyyum et al., 2022).

At baseline, patients demonstrated visible facial paralysis; however, by the end of two weeks of Unani therapy, facial movements had improved significantly and approached normal. There were no complaints of residual weakness or functional disability. “Large randomized controlled studies are needed.”

Ikseer Azaraqi and Ikseer Momiyai:

These formulations are traditionally regarded as potent *Muqawwi-i-A'sab* (nerve tonics) and *Muharrrik-i-A'sāb* (nerve stimulants) in the Unani system (Qaiyyum et al., 2022).

Joshanda Mundij:

This decoction contains *Glycyrrhiza glabra* Linn., which has been shown by Ojha et al. to possess cardio-protective effects against ischemic reperfusion injury. Chakravarthi KK et al. demonstrated its memory-enhancing properties. *Cordia myxa* has been reported by Al-Snafi to exhibit hypotensive activity through parasympathetic ganglia activation and peripheral vasodilation in rabbits. *Lavandula stoechas* oil has shown neuroprotective effects (200 mg/kg), memory-enhancing activity, and reduction of cerebral oedema in animal models of stroke (100–400 mg/kg) (Qaiyyum et al., 2022; Qaiyyum, 2022).

Habb-e-Balchad: Research by Sahu R. et al. has demonstrated the antioxidant and neuroprotective effects of *Nordostachys jatamansi* in focal ischemia. Mahendra P. has also reported antihypertensive, vasodilatory, and neuroprotective effects of *Ferula foetida Regel* (Qaiyyum et al., 2022; Qaiyyum, 2022).

Limitations

This report describes a single patient without a control group; therefore, the findings cannot be generalized. Spontaneous recovery in paediatric Bell's palsy should also be considered.

Conclusion

Laqwa (facial palsy) is a paralysis of the facial nerve and represents the most common motor neuropathy of the cranial nerves. In most cases, spontaneous improvement in facial muscle function begins within the first three weeks of onset. Bell's palsy generally carries a good prognosis, and many patients improve with outpatient management. From the Unani perspective, factors such as *Fasād-i-Mizāj-i-Bārid* (cold derangement of temperament) contribute significantly to the pathogenesis of this condition. Effective management therefore requires not only the resolution of symptoms but also the prevention of recurrence (Qaiyyum, 2022).

The limitations associated with conventional (allopathic) treatments—such as cost, accessibility, and potential side effects with prolonged use—highlight the need for safer and more effective therapeutic alternatives. In the present study, excellent tolerance, safety, and acceptability of the Unani regimen were observed, with no reported adverse effects. The compound formulations used demonstrated significant improvement in both subjective and objective clinical parameters (Qaiyyum, 2022).

Based on these findings, it may be concluded that the Unani formulations employed in this study may be useful and well tolerated in the management of *Laqwa* (facial palsy) for the management of *Laqwa* (facial palsy). This case indicates possible therapeutic benefit and good tolerability of Unani treatment in paediatric facial palsy. Further controlled studies are required (Qaiyyum, 2022).

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Informed consent

Written informed consent was obtained from the child's parents/guardians for participation in the study and for publication of this case report, including clinical details and images.

Conflict of interest

There is no conflict of interest.

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