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What's Driving the Sudden Increase of Bell's Palsy?

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STORY AT-A-GLANCE

- Bell's palsy diagnoses increased 8.6% among those who had COVID-19, while the incidence of Bell's palsy also rose 6.8% among those who received a COVID-19 shot
- Bell's palsy has previously been noted as a complication of meningococcal, hepatitis B, smallpox and influenza (seasonal and H1N1) vaccinations
- During two phase 3 COVID-19 shot trials involving 73,898 people, eight cases of Bell's palsy were detected — seven among the shot groups and one among the placebo groups
- According to one analysis, the observed incidence of Bell's palsy among those who received COVID-19 shots is between 3.5 times and seven times higher than would be expected in the general population
- The Pfizer and Moderna COVID-19 shots are most commonly involved in Bell's palsy cases; the time between receiving the shot and onset of facial weakness ranges from one to 48 days

Bell's palsy, a neurological disorder that causes paralysis or weakness of facial muscles, typically affects about 40,000 people in the U.S. annually.[1] But since the COVID-19 pandemic, Bell's palsy diagnoses have been skyrocketing, with close to 50 million more people affected worldwide than before COVID.[2]

While it's clear this condition is on the rise, what's driving the increase remains a mystery, as does effective treatment for the millions affected.

Incidence of Bell's Palsy on the Rise

Using data collected from 41 health care organizations around the world, researchers with Case Western Reserve University School of Medicine in Ohio identified 348,088 patients diagnosed with COVID-19, with or without a Bell's palsy diagnosis within eight weeks of the COVID-19 diagnosis.[3] They also matched 63,551 patients with COVID-19 who didn't get the jab with people who did get the jab but had no history of COVID-19.

An analysis of the data revealed Bell's palsy diagnoses increased 8.6% among those who had COVID-19, compared to before the pandemic started. The incidence of Bell's palsy also rose 6.8% among those who received a COVID-19 shot, although it's unclear how "vaccinated" was defined in this study.[4]

While the exact underlying cause of Bell's palsy is unclear, and it can affect people of any age, it's most common in those aged 15 to 45. People who are pregnant or have preeclampsia, obesity, high blood pressure, diabetes or upper respiratory ailments may be at increased risk.[5] According to the National Institute of Neurological Disorders and Stroke, triggers of Bell's palsy may include:

- An existing (dormant) viral infection
- Impaired immunity from stress, sleep deprivation, physical trauma, minor illness or autoimmune syndromes
- Infection of a facial nerve and resulting inflammation
- Damage to the myelin sheath, a fatty covering on nerve fibers

Is Molecular Mimicry Involved?

In terms of COVID-19, however, the researchers explained, "The mechanism of paralysis is thought to be viral, ischemic and/or immune mediated. The hypothetical mechanism of COVID-19 associated with BP [Bell's palsy] is thought to be molecular mimicry attributable to a neuroimmunologic process between microbial and nerve antigens."[6]

Molecular mimicry has also been suggested as the reason why mRNA COVID-19 injections are causing a range of autoimmune conditions.[7] It occurs when similarities between different antigens confuse the immune system.

There are often significant similarities between elements in the vaccine and human proteins, which can lead to immune crossreactivity. When this occurs, researchers explained in Cellular & Molecular Immunology, "the reaction of the immune system towards the pathogenic antigens may harm the similar human proteins, essentially causing autoimmune disease."[8]

In relation to COVID-19 shots, specifically, researchers wrote in the Journal of Autoimmunity, "Indeed, antibodies against the spike protein S1 of SARS-CoV-2 had a high affinity against some human tissue proteins. As vaccine mRNA codes the same viral protein, they can trigger autoimmune diseases in predisposed patients."[9]

A significantly increased risk of Bell's palsy has also been found with the meningococcal vaccine, when it was given along with another vaccination. The risk of Bell's palsy increased 2.9-fold in the 12 weeks after vaccination among those administered concomitant vaccines.

Bell's palsy has previously been noted as a complication of hepatitis B,[10] smallpox and influenza (seasonal and H1N1) vaccination as well.[11] Research published in Human Vaccines & Immunotherapeutics also revealed an increased risk of cranial nerve palsies following vaccination, especially combinations of vaccines.[12]

In 59% of the cases, the palsies were identified as serious, which suggests, the authors noted, "that a cranial nerve palsy may sometimes be the harbinger of a broader and more ominous clinical entity, such as a stroke or encephalomyelitis [inflammation of the brain and spinal cord]."[13]

Another theory suggests COVID shots may trigger autoimmune phenomenon like Bell's palsy via the production of interferon, a substance typically used by the body to fight infection. According to a comment published in The Lancet Infectious Diseases:[14]

"[D]iscussion between members of the FDA's Vaccines and Related Biologic Products Advisory Committee and a sponsor (Pfizer) raised the possibility that the vaccine might induce innate immune activation from a combined effect of mRNA and lipids, potentially including interferon production. Such interferon production could transiently break peripheral tolerance, a hypothetical phenomenon invoked in several case reports."

Bell's Palsy 3.5- to 7-Fold Higher in COVID Shot Recipients

During two phase 3 COVID-19 shot trials involving 73,898 people, eight cases of Bell's palsy were detected — seven among the shot groups and one among the placebo groups.

This "translates to an incidence of 19 per 100,000," the University Hospitals Cleveland Medical Center researchers noted. Yet, at the time, "The FDA cited insufficient evidence to determine a causal association between COVID-19 vaccinations and BP. This area warrants continued surveillance," they explained.[15]

However, while the media and the FDA brushed off the Bell's palsy cases as what would be expected in the general population, the Lancet Infectious Diseases commentary said this was based on a misconception and "inaccurate reporting":[16]

"The FDA briefing on the Pfizer-BioNTech trial stated 'observed frequency of reported Bell's palsy in the vaccine group is consistent with the expected background rate in the general population,' although this statement was removed from the subsequent FDA briefing on the Moderna trial. However, this reporting is based on a misconception, driven by a subtle distinction between rates and proportions, that has persisted in the lay media.

The estimated incidence rate of Bell's palsy in the general population ranges from 15 to 30 cases per 100,000 person-years.

Since the 40,000 vaccine arm participants were followed for a median of 2 months, the combined safety population receiving vaccine across the two trials

represents roughly 6,700 person-years of observation time for an expected incidence of Bell's palsy of one to two cases, in line with the single observed case in the combined placebo arms.

Therefore, the observed incidence of Bell's palsy in the vaccine arms is between 3·5-times and 7-times higher than would be expected in the general population. This finding signals a potential safety phenomenon and suggests inaccurate reporting of basic epidemiological context to the public."

CDC Monitoring Bell's Palsy as Potential Safety Signal

The indications are that **Bell's palsy is potentially a "safety signal,"** which is an adverse event that may need further investigation, as there is information to suggest it's caused by the administration of a medication or vaccine.[17]

In September 2022, The Epoch Times asked the U.S. Centers for Disease Control and Prevention to release its Proportional Reporting Ratio (PRR) data mining results. PRR[18] measures how common an adverse event is for a specific drug compared to all the other drugs in the database.

According to the standard operating procedures[19] for the Vaccine Adverse Event Reporting System (VAERS), which is run jointly by the CDC and the Food and Drug Administration, the CDC is required to perform these data mining analyses.

Initially, the CDC refused to release the data and even provided false information — twice — in response to The Epoch Times' questions about the monitoring being performed. As reported by The Epoch Times in September 2022, the CDC initially claimed PRR analyses were "outside the agency's purview" and that no monitoring was being done by them.[20]

In reality, however, the CDC's PRR monitoring revealed HUNDREDS of safety signals, including Bell's palsy, along with blood clots, pulmonary embolism and death, which, according to the rules, require thorough investigation to either confirm or rule out a possible link to the shots.[21]

Anecdotal and Case Reports of Bell's Palsy After COVID Shots

Former professional footballer Matthew Lloyd, who was diagnosed with Bell's palsy, stated in 2022, "Heart issues and Bell's palsy have gone through the roof since the boosters and Covid issues."[22] He's not alone. As of February 10, 2023, there were 16,728 reports of Bell's palsy following COVID-19 shots in VAERS[23] — and VAERS data are notoriously underreported.[24]

In another example, a 61-year-old man developed unilateral Bell's palsy shortly after receiving both his first and second doses of the Pfizer-BioNTech COVID-19 shot.[25] The man developed Bell's palsy the first time five hours after the first dose was administered. Six weeks later he took the second dose and developed Bell's palsy two days later.

In both cases, the unilateral facial paralysis occurred on the left side of his face. Although this was a case report, the researchers concluded, "The occurrence of the episodes immediately after each vaccine dose strongly suggests that Bell's palsy was attributed to the Pfizer-BioNTech vaccine, although a causal relationship cannot be established."[26]

A systematic review also looked into reported cases of Bell's palsy following COVID-19 shots, finding that the Pfizer and Moderna COVID-19 shots were most commonly involved, and left-sided paralysis was reported more often.

Further, the time between receiving the shot and onset of facial weakness ranged from one to 48 days.[27] "Further studies with larger sample sizes are necessary to assess the association between Bell's palsy and the dose-response of the COVID-19 vaccine," the researchers concluded.[28]

Help for Bell's Palsy

Bell's palsy may occur as part of long COVID or post-vaccine syndrome, complex conditions being increasingly seen among people who have recovered from COVID-19 or

received COVID-19 shots.

The Front Line COVID-19 Critical Care Working Group's (FLCCC) I-RECOVER[29] protocol can be downloaded in full,[30] giving you step-by-step instructions on how to treat long COVID[31] and/or reactions from COVID-19 injections.[32] In particular, for Bell's palsy or facial paresthesia, FLCCC recommends:[33]

- Low dose naltrexone. Begin with 1 mg/day and increase to 4.5 mg/day as required. May take two to three months for full effect.[34]
- Low dose corticosteroid: 10 to 15 mg/day prednisone for three weeks. Taper to 10 mg/day and then 5 mg/day as tolerated.
- Reduced workload, stress and light exercises for a couple of months.

Additional alternative treatments may increase the potential for a favorable outcome. For instance, acupuncture is a "strongly recommended" treatment modality[35] that may lead to complete recovery in as few as five courses of treatment.[36] Facial exercise therapy may also help, especially when started early on in the recovery period.[37]

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