



## INTEGRATIVE MEDICINE IN NEUROLOGICAL DISORDERS: GLOBAL PERSPECTIVES ON TREATING FACIAL NEURITIS

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### Annotation

This study investigates the role of integrative medicine in the treatment of facial neuritis, a neurological disorder that impairs facial nerve function and often leads to facial asymmetry and reduced quality of life. By combining conventional neurological therapies with complementary approaches such as acupuncture, nutritional supplementation, and physiotherapy, integrative medicine offers a holistic patient-centered model. A clinical study involving 20 patients was conducted to compare conventional treatment with integrative methods. The results demonstrate that integrative medicine enhances recovery rates, improves facial muscle function, and contributes to better patient-reported outcomes.

### Relevance of the Topic

Facial neuritis, commonly associated with Bell's palsy, remains a significant neurological condition worldwide. Although corticosteroids and antiviral drugs are widely used, many patients experience incomplete recovery or long-term complications. Integrative medicine provides a promising solution by merging evidence-based conventional therapies with complementary practices. Given the diversity of medical traditions across regions—such as Traditional Chinese Medicine in Asia, functional medicine in North America, and physiotherapy emphasis in Europe—studying integrative approaches is crucial for developing global treatment strategies.

### Aim

The aim of this research is to evaluate the effectiveness of integrative medicine in treating facial neuritis, compare outcomes between conventional and integrative approaches, and highlight global perspectives that may inform standardized treatment guidelines.

### Materials and Methods

The study included **20 patients** diagnosed with acute facial neuritis. Participants were randomly assigned into two groups:

- **Control Group (n=10):** Received conventional neurological treatment, including corticosteroids, antiviral therapy, and standard physiotherapy.
- **Experimental Group (n=10):** Received integrative treatment, combining conventional therapy with acupuncture (two sessions per week), nutritional supplementation (B vitamins and omega-3 fatty acids), and specialized facial neuromuscular retraining exercises.

**Inclusion criteria:** Patients aged 18–60 years with acute onset of facial neuritis and no chronic neurological disorders.

**Exclusion criteria:** Patients with recurrent neuritis or systemic diseases (e.g., diabetes, autoimmune disorders) that could affect nerve recovery.

**Assessment methods:**

1. Facial muscle function was evaluated using the House–Brackmann grading scale at baseline, 2 weeks, and 6 weeks.
2. Electrophysiological testing was performed to measure facial nerve activity.
3. Patient-reported outcomes on pain and quality of life were collected through standardized questionnaires.

**Statistical analysis:** Data were analyzed using descriptive statistics and comparative tests (t-test, chi-square). A p-value <0.05 was considered statistically significant.

**Results**

- Patients in the **experimental group** demonstrated faster recovery and greater improvement in facial muscle function compared to the control group.
- Acupuncture combined with corticosteroid therapy showed superior outcomes in nerve conduction and facial symmetry.
- Nutritional supplementation contributed to reduced inflammation and enhanced nerve regeneration.
- Patient-reported outcomes indicated higher satisfaction and improved quality of life in the experimental group.
- Statistical analysis confirmed that differences between groups were significant ( $p < 0.05$ ).

**Conclusion**

Integrative medicine represents a valuable addition to conventional neurological care for facial neuritis. By combining pharmacological treatment with complementary therapies such as acupuncture, nutritional support, and neuromuscular retraining, patients experience faster recovery, improved functional outcomes, and enhanced quality of life. These findings underscore the importance of adopting a holistic, patient-centered model in neurology. Future research should focus on larger clinical trials, cross-cultural comparisons, and the development of standardized integrative protocols to establish global guidelines for treating facial neuritis.

**References:**

1. Sullivan FM, Swan IR, Donnan PT, et al. (2007). Early treatment with prednisolone or acyclovir in Bell's palsy. *N Engl J Med*, 357(16):1598–1607. Link
2. Gagyor I, Madhok VB, Daly F, Sullivan M. (2019). Antiviral treatment for Bell's palsy. *Cochrane Database Syst Rev*, (9):CD001869. Link
3. Holland NJ, Weiner GM. (2004). Recent developments in Bell's palsy. *BMJ*, 329(7465):553–557. Link
4. Baugh RF, Basura GJ, Ishii LE, et al. (2013). Clinical practice guideline: Bell's palsy. *Otolaryngol Head Neck Surg*, 149(3 Suppl):S1–S27. Link
5. Peitersen E. (2002). Bell's palsy: The spontaneous course of 2,500 peripheral facial nerve palsies of different etiologies. *Acta Otolaryngol Suppl*, 549:4–30. Link
6. Gilden DH. (2004). Clinical practice: Bell's palsy. *N Engl J Med*, 351(13):1323–1331. Link

- 7.Tiemstra JD, Khatkhate N. (2007). Bell's palsy: Diagnosis and management. *Am Fam Physician*, 76(7):997–1002. [Link](#)
- 8.Zandian A, Osiro S, Hudson R, et al. (2014). The neurologist's dilemma: A comprehensive clinical review of Bell's palsy. *World J Clin Cases*, 2(10):627–636. [Link](#)
- 9.Lockhart P, Daly F, Pitkethly M, et al. (2009). Antiviral treatment for Bell's palsy (idiopathic facial paralysis). *Cochrane Database Syst Rev*, (4):CD001869. [Link](#)
- 10.De Almeida JR, Al Khabori M, Guyatt GH, et al. (2009). Combined corticosteroid and antiviral treatment for Bell palsy: A systematic review and meta-analysis. *JAMA*, 302(9):985–993. [Link](#)
- 11.Cao Q, Qi B, Zhai L. (2023). Progress in treatment of facial neuritis by acupuncture combined with medicine from the perspective of modern medicine: A review. *Medicine (Baltimore)*, 102(51):e36751. [Link](#)
- 12.Li Y, Liang F, Yang X, et al. (2004). Acupuncture for Bell's palsy: A randomized controlled trial. *CMAJ*, 170(3): 371–377. [Link](#)
- 13.Zhang R, Lao L, Ren K, Berman BM. (2014). Mechanisms of acupuncture–electroacupuncture on persistent pain. *Anesthesiology*, 120(2):482–503. [Link](#)
- 14.Kim JI, Lee MS, Choi TY, et al. (2012). Acupuncture for Bell's palsy: A systematic review and meta-analysis. *Chin J Integr Med*, 18(1):48–55. [Link](#)
- 15.Xu SB, Huang B, Zhang CY, et al. (2013). Effectiveness of acupuncture for Bell's palsy: A multicenter randomized controlled trial. *CMAJ*, 185(6):473–479. [Link](#)