

Acupuncture Facial Recovery For Bell's Palsy

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Researchers find acupuncture effective for the treatment of Bell's Palsy—a type of facial paralysis. In one independent investigation, electroacupuncture produced optimal results. In another investigation, warm needle acupuncture combined with vitamin and drug injections produced excellent results. Let's take a look at the results after a brief introduction.

In an online acupuncture continuing education course at HealthCMI it is noted, "Bell's Palsy is an acute facial paralysis caused by inflammation of the seventh cranial nerve (facial nerve). ...

A key feature of Bell's Palsy is its sudden onset. Bell's Palsy also causes unilateral impairment of motor function. ... With Bell's Palsy, swelling of the facial nerve and subsequent facial paralysis primarily occur via either an infectious or vascular mechanism." The online course covers diagnostics, acupuncture treatment principles, and outcomes. To learn more about the course visit:

The following are the two independent investigations mentioned above:

Guangxi University

Guangxi University of Traditional Chinese Medicine researchers (Wu et al.) tested electroacupuncture and manual acupuncture for the treatment of Bell's Palsy. Electroacupuncture produced a 92% total effective rate and manual acupuncture produced a 76% total effective rate. [1] Patient outcomes measured significant improvements in facial function and symmetry.

A total of 100 patients participated in the study. Identical sets of acupoints were applied to the electroacupuncture and manual acupuncture groups. Treatment was conducted once per day. The entire course of treatment was 2 treatment cycles, wherein one treatment cycle consisted of ten consecutive treatment days. The following acupoints were treated:

- Yangbai (GB14) — afflicted side
- Xiaguan (ST7) — afflicted side
- Dicang (ST4) threaded to Jiache (ST6) — afflicted side
- Quanliao (SI18) — afflicted side
- Waiguan (TB5) — healthy side
- Hegu (LI4) — healthy side
- Zusanli (ST36) — bilateral
- Sanyinjiao (SP6) — bilateral

Size 0.30 mm x 50 mm filiform acupuncture needles were used for treatment. Upon achieving deqi after insertion, the needle was manipulated with reinforcement and attenuation (Ping Bu Ping Xie). At this point, the needles were retained for 30 minutes for the manual acupuncture group. For the electroacupuncture treatment group, the needles were first connected to an electroacupuncture device (continuous wave), then retained for 30 minutes.

Liaoning University

Affiliated Hospital of Liaoning University of Traditional Chinese Medicine researchers find acupuncture an effective complementary medicine for the treatment of Bell's Palsy. The total recovery rate for one arm of the study receiving medications plus acupuncture was 87.23% and the total effective rate was 97.87%. For the other arm of the study receiving only medications, the total recovery rate was 32.61% and the total effective rate was 80.43%. Acupuncture produced significant improvements in effective rates. [2]

The medications used for both groups were IV injections of dexamethasone over a five day period plus vitamin B1 and B12 intramuscular injections. Patients were instructed to start physiotherapy as early as possible and to practice facial movements like whistling, grinning, closing eyes, raising the forehead, frowning, etc. Patients were instructed to practice these exercises multiple times per day for approximately 10 minutes each time. They were also instructed to massage the facial muscles regularly.

The group receiving acupuncture had the same medications and instructions plus the application of the following acupoints in two treatment cycles, wherein one treatment cycle was comprised of 10 consecutive treatments followed by a one day break:

- Dicang (ST4)
- Jiache (ST6)
- Hegu (LI4)
- Yangbai (GB14)
- Sibai (ST2)

Moxa sticks were held 1-2 cm from the needled acupoints. Then, the pecking (Quezhuojiu) moxibustion technique was used to manipulate the stick, while moving it in small clockwise circles, for approximately 1 minute. During this process, burnt ashes were continuously removed from the stick to reveal the red fire. Moxibustion was paused when if patient felt stinging or when the treated skin was flush or very perceived as hot. This entire moxibustion process was repeated 7 times for each acupoint. After moxibustion, eye region acupuncture was applied to the following zones on the afflicted side:

- Shangjiao area
- Fei area
- Pi area

Acupuncture was administered with the patients' eyes closed. While inserting the needle, one hand was used to pull the skin taut and the other used for insertion. The needle was inserted swiftly to a 2-3 mm depth. The insertion direction was adjusted until deqi was achieved. The needle was then retained for 15 minutes without any manipulation. During needle removal, care was taken to press the needled region for 3-5 minutes with a cotton swab to prevent bruising. The results indicate that this protocol produces a very high positive patient outcome rate in combination with usual care.

Results

The results indicate that acupuncture, as a standalone therapy, and that acupuncture combined with usual care are both effective treatment protocols. Patients interested in learning more are advised to contact local licensed acupuncturists regarding treatment options.

References

1. Wu CG, Jia RL, Li DH, Liu JY. Acupuncture combined with electroacupuncture in the treatment of acute peripheral facial paralysis for 50 cases [J]. Guangming Journal of Chinese Medicine, 2017, 32(2): 240-241.
2. Ju QB, Wang PQ. Clinical observation of eye acupuncture combined with Leihuo moxibustion in treating acute peripheral facial palsy [J]. Liaoning Journal of Traditional Chinese Medicine, 2017, 44(5): 1067-1069.