Facial Paralysis and Acupuncture Treatment

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DIAGNOSIS:

- Onset
- Clinical manifestation
- Physical examination
- Syndrome differentiation
- Pattern Identification
THERAPEUTIC METHODS:

- Acupuncture
- Electro acupuncture
- Moxbustion
- Cupping
- Plum blossom tapping
- Laser acupuncture
- Acu injection
- Warming needling
Hou SW, 2012, Shandong

- Early stage, Few acupoints, Constant
- Middle Stage, More acupoints, Variable therapies, Increasing
- Late stage, More acupoints, lesser therapies, Decreasing
- Squeal stage, Solo therapy, focusing areas, variable acupoints
Electro acupuncture achieves the significant clinical efficacy on peripheral facial paralysis and there are no any significant differences in the efficacy among the different waveforms. It is suggested that the clinical efficacy of electroacupuncture on the disease has nothing significant correlation with the waveforms.
Differences exist in patients with Bell's palsy in terms of severity of facial nerve dysfunction. Efficacy is reduced in correlation with an increase in facial nerve dysfunction, and the period of treatment varies in need of different levels of facial nerve dysfunction. It is highly necessary to assess and grade patients before observation and treatment in clinical study, and choose corresponding treatment according to severity of damage of the disease.
Plum-blossom needle tapping plus cupping is significantly superior to that of He-Ne laser irradiation in reducing the treatment sessions for relieving peri-auricular pain during acute stage, and improving facial and muscular functions in the treatment of acute facial paralysis patients.
As compared with common acupuncture group, ST 9 group and ST 9 plus SGB group achieve the much superior efficacy on peripheral facial paralysis. The treatment with ST 9 acupuncture and SGB can better repair the early reflex induced by the injury of facial nerve.
Adapted heat-producing needling can promote the recovery of the function of facial muscle, and the effect of treatment of peripheral facial paralysis with the manipulation is confirmed.
To observe the correlation relationship between acupuncture at Dicang (ST 4), Hegu (LI 4) and Houxi (SI 3) on the affected side of peripheral facial paralysis patients and activated areas in brain functional areas and central regulation mechanism of acupuncture at Hegu (LI 4) treatment.

The sensory importation information from Hegu (LI 4) and Dicang (ST 4) can converge and coincide in the brain and may influence each other.
The best intervention time for the treatment of Bell's palsy is in acute stage and resting stage, meaning 1 to 3 weeks after occurrence. All of the 5 treatment programs are advantageous to Bell's palsy. In the condition of the limited medical sources, the simple filiform needle therapy is recommended in acute stage. For the patients with the disorder above chorda tympani nerve, the line-up needling on muscle region of meridian is not recommended.
Early intervention in acupuncture treatment for facial paralysis in acute phase can improve the efficacy and promote neurological recovery. In the acute phase, animal experiments and clinical observations provide evidence to support the application of electric needle and traditional acupuncture treatments.
By string puncture therapy, peripheral facial paralysis is treated more effective than that by routine puncture, and the curative courses are obviously shortened.
Liu LA, 2010
Comparison of therapeutic effects of peripheral facial paralysis in acute stage by different interventions

- The peripheral facial paralysis is effectively treated by electroacupuncture in acute stage, and it suggests that electroacupuncture should be applied early during the acupuncture treatment of peripheral facial paralysis.
The temperature asymmetry coefficient at acupoints between healthy side and affected side could be a scientific measure to evaluate the severity of facial paralysis.
The sticking needle and traction method of three points is the quite effective approach in the treatment of deviation of the mouth in intractable facial palsy.
After punctured at Guangming (GB 37), the temperature went up in the areas around the eyes of both health and affected sides, especially on the affected side, which was significantly different from the other facial areas (all P<0.05). After punctured at Hegu (LI 4), the temperature obviously went up in the area around the mouth, which was significantly different from other areas of face, such as the areas of Yintag and health eye. The temperature in the area around the affected eye was significantly higher than that of the area around the health eye.
Clinical observation on therapeutic effect of different acupuncture therapies on acute peripheral facial paralysis

- Injection at acupoint combined with warming needle therapy could shorten the therapeutic cycle, improve the effectiveness, and decrease sequela in acute peripheral facial paralysis.
Manual stimulation or electro-acupuncture combined with moxibustion is recommended. Moreover, the suggested duration of acupuncture treatment refers to once a day, 10 times for each course, 2 to 5 days as courses interval, and 20 to 40 treatments in total.
The therapeutic effect of needling the mimetic muscle on spontaneous facial paralysis is superior to that of the routine acupuncture therapy.
The therapeutic effect of acupuncture combined with He-Ne laser radiation on facial paralysis is better than that of routine medication.