

Research Progress in Acupuncture and Moxibustion Treatment of Bilateral Facial Paralysis

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Abstract: Facial paralysis, manifested as motor and sensory dysfunction of facial expression muscles, seriously affects the daily work and life of patients. Among them, bilateral paralysis is rare and belongs to intractable disease. Acupuncture and moxibustion play an important role in the treatment of this disease. This article reviews the medical cases of acupuncture treatment of bilateral facial paralysis reported in recent years, and summarizes the research progress of scalp acupuncture, warm acupuncture, point injection and other acupuncture methods to treat bilateral facial paralysis, providing ideas and references for clinical application and further experimental research.

1. Introduction

Facial paralysis is referred to as “occlusive paralysis” in the “Lingshu Jingjin” of traditional Chinese medicine and “facial paralysis” in western medicine⁰. At present, single lateral paralysis is more common in clinical practice, with mouth and eye deviated to one side. Bilateral paralysis refers to bilateral facial paralysis that occurs simultaneously or alternately within 30 days, with the incidence generally ranging from 0.3% to 2%, of which more than 20% are specific, and these may be the first manifestations of some systemic diseases^[2]⁰. Bilateral facial paralysis is not common clinically, but if it is not treated in time, it will cause sequelae such as prolonged onset, facial spasm, and “inversion”, seriously hampering facial aesthetics, and even causing psychological diseases such as anxiety, inferiority, and depression, which will seriously affect the normal life of patients. Some foreign related literature points out that Bell palsy is the most common disease of bilateral facial paralysis, followed by Lyme disease, and emphasizes the diversified treatment of this disease⁰. Among them, acupuncture and moxibustion have unique advantages in the treatment of facial paralysis. In order to further improve the diagnostic effect of bilateral facial paralysis, relevant data and clinical research results in recent years have been reviewed and sorted out, and are summarized as follows.

2. Acupuncture Treatment

2.1 Scalp Acupuncture Therapy

Scalp acupuncture therapy refers to a technique to treat and control lesions at the points and treatment sites in the corresponding projection area of the cerebral cortex or scalp by means of acupuncture and moxibustion, also known as scalp acupuncture⁰. The head is the meeting of all the Yang. It is recorded in the “Pathogenesis of Spiritual Pivot, Evil Qi and Viscera” that “twelve meridians, three hundred and sixty-five collaterals, all of whose blood and qi go up the plane and go through the empty hole”. Therefore, scalp acupuncture therapy has the effect of regulating the blood and qi of the meridians, reaching the camp and health, dredging the meridians, eliminating evil spirits and strengthening the right⁰. Yi Yuhui⁰ and others focused on head acupuncture, combined with remote needling of local acupoints, and the treatment methods were mainly to dispel wind and heat, moisten dryness and damp, and relax tendons and dredge collaterals. The acupoints are generally selected at the top of the head and the face of the Hand Yangming Meridian, and the methods are mostly flat needling and deep needling. The acupoint selection method is: Erzhong, Dingshang, Fengchi, Yangbai, Zanzhu, Renziliao, Xiaguan, Jiache, Yingxiang, Dicang, Kouheliao, Jiachengjiang, Waiguan, Hegu, etc. The directions of Kouheliao and Yingxiang, Dicang and Jiache acupuncture are cross junctions. The directions of Kouheliao and Yingxiang, Dicang and Jiache acupuncture are cross junctions. The Fengchi pool needled obliquely for 25mm to the tip of the nose. And 35 mm straight to Waiguan and Hegu. The needles were retained for 30 minutes, once a day, 5 days as a course of treatment, and the patients were cured after 4 courses of treatment.

2.2 Warming Acupuncture and Moxibustion

Warm acupuncture and moxibustion can relax capillaries and cause local congestion, thus increasing local blood circulation and lymphatic system, promoting the absorption of facial edema, inflammation and other pathological products, and achieving the effect of warming meridians, dispelling cold, dispelling wind and dredging collaterals⁰. Qiu Long⁰ and others took warm acupuncture combined with facial exercises to cure bilateral paralysis after three weeks of treatment. Point selection: Yangbai, Yuyao, Taiyang, Sibai, Yingxiang, Shuigou, Dicang, Chengjiang, Jiache, Xiaguan, Yifeng, Fengchi, Hegu, Shangguan. Among them, warm acupuncture (2cm moxa stick fixed on the two inch filiform needle handle) was adopted for both sides of Yifeng and Xiaguan, and the two sides of Dicang went through the Jiache, and the other points were shallow punctured in the way of even reinforcing-reducing method. Retain the needle for 30 minutes. In addition, TDP magic lamp can also be used to irradiate both sides and combine with facial exercises. After about three weeks, all the facial muscles of the patient will be recovered without any sequelae.

3. Acupuncture Injection

Ma Zongren^[10] et al. cured a case of bilateral facial paralysis by acupuncture combined with acupuncture injection. Mecobalamin injection was infused to the affected site to enhance the function of the nutritional nervous system and promote the rehabilitation of the facial nervous system. Method of acupoint selection: Qianzheng, Xiaguan, Jiache, Sibai, Taiyang, Yangbai, Yingxiang, Yifeng, Dicang. Acupuncture injection takes 3~5 points each time and take turns every other day. Among them, the needles were injected into the points with thick skin such as Xiaguan and Jiache for 1~2cm, and 0.2ml liquid medicine was injected into each point. Taiyang, Sibai, Yingxiang, etc. The injection depth of the weak muscles is about 0.8~1.5cm, and each

point is injected with about 0.1ml of liquid medicine. The acupoints were selected according to conventional acupuncture methods: Fengchi, Yangbai, Dicang, Buche, etc. Most of the acupoints are located on the human head and face. They belong to the hand and foot Yangming, hand and foot Shaoyang, Ren and Du meridians and other meridians. Since each segment of the meridians runs along the human face, acupuncture at the acupoints can promote the movement of qi and blood in the human face, dredge the meridians, and also mobilize the movement of qi and blood in other meridians, so that they can be filled and regulated, and the meridians can be nourished. And combined with ginger moxibustion, it can dispel wind, dispel cold and warm the meridians. Two weeks later, the patient's facial skin function had basically recovered, and no sequelae were left.

4. Combination of Acupuncture and Medicine

Wang Man^[11] took the acupuncture method of regulating spleen and stomach increase and fall combined with Buzhongyiqi decoction and Tiaozhongjiangtang decoction (Astragalus membranaceus, Codonopsis radix, fried licorice rhizoma, peach seed, safflower, Weiling xian, white peony, Angelica sinensis, Fengfeng, Jing mustard, atractylodes rhizoma, whole colon, Coicis seed, salvia miltiorrhiza, Geogan, Angelica sinensis, Rhizoma coptidis, red peony and zedoary) to treat bilateral facial paralysis. The patient began to recover after 4 to 5 weeks, and the facial paralysis was gradually cured after 3 months. Jiang Bing^[12] cured Bilateral facial paralysis of qi deficiency and blood stasis syndrome with six neck acupuncture, Xingnao Kaiqiao acupuncture, bilateral facial paralysis disease acupuncture, combined with Qianzheng powder and Buyang Huanwu decoction plus reduction (white aconite, white silkworm, scorpion, astragalus, red peony, Angelica, peach kernel, safflower, Chuangxiong, Dipterong, licorice, ginseng). The patients in the recovery period were treated with Qianzhen powder and Guipi decoction (Baifuzi, Baijiangsilkberry, scorpion, Astragalus, Angelica, Poria, Chuanxiong, Rhizoma atractylodes, ginseng, Polygala, Longan meat, sour jujube kernel, Rhizoma radix, licorice).

5. Eye Acupuncture Therapy

Eye acupuncture therapy is a kind of micro-acupuncture therapy founded by Professor Peng Jingshan, one of the famous acupuncture-moxibustion experts in 1970. For the symptoms of incomplete closure of both eyes, widened eye fissure, eyes exposed and tears in patients with bilateral facial paralysis, acupuncture treatment was performed every other day, and the patients were asked to close their eyes, after routine local disinfection, the doctor gently pressed the outer corner of the eye with his left hand, and tightened the skin in the orbit, and held the needle with his right hand, Avoid the eyes, gently prick along the edge of the eye socket to avoid bleeding. After the operation, instruct the patient to open and close the eyes repeatedly for several times. This treatment belongs to the local acupoint pricking method, which can improve the blood supply and neuromuscular regulation ability of the eyes, so as to better promote the recovery of the eye symptoms of patients with bilateral facial paralysis.

6. Other Acupuncture Treatments

Yang Huan⁰ treated bilateral facial paralysis of qi deficiency and blood stasis syndrome with floating needle method combined with heat sensitive moxibustion, moxa stick moxibustion and facial paralysis prescription (facial paralysis prescription of Xinjiang Uygur Autonomous Region TCM Hospital). The floating needle method is used for subcutaneous scanning to relax the tense tissues, so that the blood flow quickly flows into the Ischemic area, promoting the facial tissue

movement and sensory nerve recovery. The principle of heat sensitive moxibustion has the functions of helping yang, replenishing qi and spleen, warming meridians and dispersing cold, promoting blood circulation and dredging collaterals, and eliminating stasis and stagnation. A variety of acupuncture methods are used together to shorten the treatment time of patients and improve the curative effect.

7. Conclusion

Acupuncture and moxibustion have a definite effect on facial paralysis, which has been widely recognized by doctors. Compared with western medicine therapy, it has the advantages of simple operation, less side effects and low recurrence rate⁰. Bilateral facial paralysis is a rare clinical disease, and its mechanism and principle have not been clearly explained. KEANE⁰ et al. have shown that Guillain Barr é syndrome (GBS) is the most common cause of bilateral facial paralysis. However, as the cause of GBS is still unclear, it is generally considered as a class of autoimmune diseases, and there is a history of respiratory and gastrointestinal tract infections before it occurs. During its occurrence, 24%~60% of patients can develop bilateral facial paralysis secondary to it⁰. In addition, some studies⁰ found that viral encephalitis, Bell palsy and diabetes are also common causes of bilateral facial paralysis. According to the data and research in recent years, acupuncture has become the preferred medical technology for bilateral facial paralysis, with a variety of ways, significant efficacy, simple and safe operation. The etiology and pathogenesis of bilateral facial paralysis are complex. So in the process of disease development, staging according to the symptoms, and multi-prong, collaborative use of a variety of auxiliary means, so that patients achieve the purpose of comprehensive rehabilitation, and shorten the course of treatment. It is also critical to guide patients to strengthen the nursing and self-exercise during the diseased period, and during the uneventful recovery period and the sequelae period, patients should be actively encouraged to participate themselves in the treatment, and to perform self exercise such as facial hot compresses, massage, eye closure, ruffling, and bubbling until recovery. If the diseased muscles cannot complete the above movements, they can be completed with the assistance of hands, so that they can move passively to relax their tendons, promote qi and blood circulation, improve the strength of the facial muscles, and relieve the symptoms of facial paralysis.

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