Observation on Therapeutic Effect of Facial Paralysis Treated with Electroacupuncture plus Hydro-acupuncture

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Objective: To observe the therapeutic effect of electroacupuncture on Jiaozheng (Extra) plus hydro-acupuncture in treating facial paralysis, and to explore a better acupuncture therapy for treating facial paralysis. Methods: One hundred and nineteen cases with peripheral facial paralysis were randomly allocated into an observation group (60 cases) and a control group (59 cases) by the visiting sequence. The cases in the observation group were treated with electroacupuncture on Jiaozheng (Extra) plus hydro-acupuncture, and the cases in the control group were treated with normal acupuncture. The treatment was conducted once a day and 7 times as a course, with 1-2 d interval. Evaluation were done after 6 courses. Results: Comparing the cure and marked efficacy rate, observation group was much better than control group, and there was statistical difference (P<0.05); after 14-day treatment, the cure and marked efficacy rate of the observation group and the control group was 78.3% and 49.2%, respectively; after 21-day treatment, the cure and marked efficacy rate of the observation group and the control group was 88.3% and 67.8%, respectively. There was significant difference between the two groups (P<0.01). Conclusion: The therapeutic effect of electroacupuncture mainly on Jiaozheng (Extra) plus hydro-acupuncture in treating facial paralysis was better and with shorter courses.

Keywords: Facial Paralysis; Electroacupuncture; Hydro-acupuncture; Acupuncture Therapy

Clinical Data

1.1 Diagnostic criteria

The diseases were diagnosed according to the criteria in Practical Neurology[1], and other factors causing the damage of facial nerves, such as cerebrovascular or otological disease, trauma, intracranial tumor, were eliminated.
1.2 General data
All of 119 cases conformed to the diagnostic criteria were all outpatients of our hospital. They were randomly allocated into an observation group and a control group according to the visit order. Among 60 cases in the observation group, 26 cases were male and 34 cases were female; their ages ranged from 8 to 67 years, averaging 27.6 years; their durations ranged from 1 d to 18 months, averaging 13.6 d. Among 59 cases in the control group, 28 cases were male and 31 cases were female; their ages ranged from 9 to 69 years, averaging 28.3 years; their durations ranged from 1 d to 9 months, averaging 9.6 d. Gender, age and durations of the two groups were of no difference by statistical analysis, showing comparability between the two groups.

2 Treatment Methods

2.1 Observation group

2.1.1 Acupuncture therapy
Main points: Yifeng (TE 17), Jiaozheng (Extra) [in the depression between the middle of the zygoma and mandibular notch, which is the middle point between Xiaguan (ST 7) and Quanliao (SI 18)].

Adjunct points: Yintang (Ex-HN3), Taiyang (Ex-HN5), Yingxiang (LI 20) and Dicang (ST 4) in affected side, bilateral Hegu (LI 4).

Point selected according to syndrome differentiation: Plus Dazhui (GV 14) and Fengchi (GB 20) for pain in mastoid or ear; plus Yingxiang (LI 20) for nasolabial fold was flat and shallow; plus Yangbai (GB 14) and Yuyao (Ex-HN4) for failing to make wrinkles on the forehead or raise eyebrows; plus bilateral Xingjian (LR 2) and Taichong (LR 3) for depressed mood; plus Baihui (GV 20) and Touwei (ST 8) for chronic duration.

Manipulation: According to the visit time and duration, electroacupuncture was not applied to patients with the onset of disease within 3 d. Needles should be inserted mildly and shallow in skin. Strong stimulation was forbidden. Needles of 0.35 mm in diameter and 10-40 mm in length was chosen, and the insertion depth was 5-35 mm. Needles were remained 15-30 min after the arrival of qi. Electroacupuncture was applied to patients whose durations were longer than 4 d. G6850-2A electroacupuncture apparatus was connected. Sparse-dense wave was used. Patients’ facial muscles were mildly tic and patients did not feel pain. Only one output mode was used, that was ①Yifeng (TE 17), Taiyang (Ex-HN5); ②Yifeng (TE 17), Dicang (ST 4); ③Jiaozheng (Extra), Taiyang (Ex-HN5); ④Jiaozheng (Extra), Dicang (ST 4); the positive electrode were attached to main points while negative electrode were attached to auxiliary points, and positions were changed every 5 min. Patients were treated every day, 15-30 min each time, 7 times as a course with 1-2 d interval, but between the first and second treatment course, there was no rest. Electroacupuncture time was 5-10 min for patients whose duration was within 1 week; electroacupuncture time was extended to 15-30 min for patients whose duration was more than 1 week. Cases which were treated for more than 6 weeks were classified in ineffective cases.

2.1.2 Hydro-acupuncture
Bilateral Zusanli (ST 36) were chose, and 5 mL disposable syringe (No.5 or No.6 needle) was used to extract VitB1 50 mg, VitB12 250 μg and water for injection 2-3 mL. After routine disinfection of the skin, the needle was perpendicularly inserted into the points. After lifting-thrusting the needle for the arrival of qi and retracting the needle with no blood, doctor injected slowly. It was better for patients to feel sour and distention radiating to knees or ankle and dorsum of foot.

2.2 Control group
For patients whose duration was within 1 week, Yifeng (TE 17) was not stimulated. Except the Jiaozheng (Extra), other acupuncture therapy of the control group was the same with the observation group. Hydro-acupuncture was not used.

3 Observation of Therapeutic Effect

3.1 Criteria for therapeutic effect
The criteria for therapeutic effect were evaluated with the reference to the criteria in Practical Neurology[1].

Cured: Clinical symptoms disappeared. Facial appearance was normal. The function of the facial expression muscles was completely recovered. There was no air leakage when the patient was blowing up cheeks.