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

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【摘要】目的: 观察电针矫正穴为主加穴位注射治疗面神经麻痹的疗效，探索治疗面神经麻痹的最佳针灸治疗方法。方法: 将119例周围性面神经麻痹患者按就诊先后顺序随机分为观察组和对照组，观察组60例，采用电针矫正穴为主加穴位注射治疗；对照组59例，采用常规针刺法治疗。每天治疗1次，7次为1个疗程，疗程间休息1~2d，最长治疗6个疗程后评价疗效。结果: 两组愈显率比较，观察组明显优于对照组（P<0.05）；治疗14天后，治疗组、对照组愈显率分别为78.3%和49.2%；21天治疗组、对照组愈显率分别为88.3%和67.8%，两组比较，差异有统计学意义（P<0.01）。结论: 电针矫正穴为主加穴位注射治疗面神经麻痹疗效好，疗程短。

【关键词】面神经麻痹；电针疗法；水针；针刺疗法

【Abstract】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.

【Key Words】Facial Paralysis; Electroacupuncture; Hydro-acupuncture; Acupuncture Therapy

【CLC Number】R246.1

【Document Code】A

Peripheral facial paralysis is a common disease, and acupuncture has a good effect on it. To shorten the course of treatment, improve the therapeutic effect, and reduce the occurrence of sequelae and complications, from September, 1995 to June, 2007, I used electroacupuncture mainly on Jiaozheng (Extra) plus hydro-acupuncture in treating 60 cases of facial paralysis, and compared the therapeutic effect with 59 cases which were treated by conventional acupuncture. The report is as follows.

1 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 a 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.