Clinical Observation on Treatment of Facial Paralysis by Mild Moxibustion

ZHOU Li-wu (周立武)
Department of Acupuncture and Massage, Chinese Medicine Hospital of Changping District, Beijing 102200, P. R. China

【Abstract】Objective: To observe the clinical effect of mild moxibustion for facial paralysis. Methods: One hundred cases of facial paralysis were divided randomly into two groups: 50 cases in the treatment group were treated by mild moxibustion, and 50 cases in the control group were treated by oral administration of Cobamamide Tablets. With ten days as one course of the treatments, two courses of the treatments were given. The therapeutic effects were assessed four weeks after treatments. Results: The total effective rate was 96.0% in the treatment group and 88.0% in the control group, and there was statistical difference in the therapeutic effects between the two groups (P<0.05). Conclusion: The therapeutic effect of mild moxibustion for facial paralysis is better than oral administration of Cobamamide Tablets.

【Key Words】Facial Paralysis; Moxibustion; Mild Moxibustion; Moxa-stick Moxibustion

Facial paralysis is a commonly encountered disease mainly characterized by motor disturbance of the facial mimetic muscles. From September of 2007 to June of 2008, the author treated this disease by mild moxibustion and achieved satisfactory effects. Now, the report was given as follows.

1 Clinical Material

1.1 Diagnostic criteria

The diagnostic criteria are based upon Neurology[1]. This disease occurs suddenly, manifested by shallow nasolabial groove in the affected side, dropping of the mouth corner and/or deviation of the mouth corner to the healthy side, shallow or disappearance of the frontal creases, disability in frowning brows, closing the eyes and showing the teeth and blowing up the cheeks, lacrimation in the affected side, pain behind the ear or below the ear and in the face in some patients, decrease or disappearance of tasting ability on the anterior 2/3 tongue, hyperacusia, with exclusion of cerebrovascular accident, traumatic injury, and otitis media, etc.

1.2 Inclusive criteria

Those were in conformity with the diagnostic criteria of facial paralysis. Those patients agreed to attend the study by signing the informed consent. No any other therapy was used from the onset of disease to the current visit.

1.3 Exclusive criteria

Those were not in conformity with the diagnostic criteria of facial paralysis. The patients did not agree to join the treatment. Those had accepted other therapies from the onset of disease to the current visit. Those did not accept continuous treatment, or accepted other therapies during the treatment. Those...
stopped the treatment before the observation period and the therapeutic effects could not be assessed or there were no complete materials.

### 1.4 General data

One hundred cases of the patients in conformity with the inclusive criteria were divided into two groups in accordance with their visiting order. There was no statistical difference in sex, age and duration between the two groups ($P>0.05$) and the patients were comparable.

<table>
<thead>
<tr>
<th>Groups</th>
<th>$n$</th>
<th>Gender (male/female)</th>
<th>Average age (years)</th>
<th>Average duration (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment group</td>
<td>50</td>
<td>27/23</td>
<td>31.12±9.13</td>
<td>4.31±1.17</td>
</tr>
<tr>
<td>Control group</td>
<td>50</td>
<td>26/24</td>
<td>31.08±9.24</td>
<td>4.53±1.26</td>
</tr>
</tbody>
</table>

### 2 Therapeutic Methods

#### 2.1 Treatment group

Pure moxa stick, in diameter of 1.9-2.1 cm, in length of 20-21 cm, and in weight of 25 g was selected (SDA No. Z32021062).

##### 2.1.1 Mild moxibustion

After the patient lay prone on the bed, the doctor ignited one end of moxa stick and then heated along the running direction of 5 branches of the facial nerve\(^2\), about 2-3 cm above the skin, back-and-forth movement, till the patient felt warm and comfortable in the local areas. Moxibustion was applied for 10 min (see Fig.1).

##### 2.1.2 Bird-pecking moxibustion

After mild moxibustion, bird-pecking moxibustion was applied predominantly to Yifeng (TE 17), Xiaguan (ST 7), Dicang (ST 4), Yangbai (GB 14), Sibai (ST 2) and Yingxiang (LI 20) on the affected side, and to bilateral Hegu (LI 4) and Zusanli (ST 36), for 2-3 min on each acupoint, till the skin became flushed. The treatment was given once every day.

#### 2.2 Control group

Cobamamide Tablets (SDA, No. H13020514) were given orally, 0.5 mg each time, twice a day. Ten days were considered as one course of treatment. The treatments were given with 2 continuous courses. The therapeutic effects were assessed 4 weeks after the treatments finished.

### 3 Results

#### 3.1 Criteria of therapeutic effects

Cure: Symptoms and signs of facial paralysis disappear, and the functions of facial muscles are restored, and no reoccurrence is noticed in follow up for 4 weeks.

Remarkable Effect: Dysesthesia and motor disturbance on the affected side are relieved in large percentage, and no reoccurrence is noticed in follow up for 4 weeks.

Improvement: The expressive movement in the face of the patient is partially restored.

Failure: No obvious improvement in the symptoms and signs.

#### 3.2 Statistic management

All the data were analyzed with SPSS10.0 version, and Wilcoxon rank test was used for the comparison of clinical therapeutic effects between the two groups.

#### 3.3 Therapeutic results

Wilcoxon rank test of the therapeutic effects in the two groups showed $P<0.05$, indicating that the difference is of statistic significance, and the therapeutic effect was better in the treatment group than the control group (table 2).