Clinical Observation of Acupuncture in Treating Pseudobulbar Palsy

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【Abstract】Objective: To observe the clinical efficacy of needling nape acupoints in the treatment of pseudobulbar palsy. Methods: One hundred and twenty cases of pseudobulbar palsy were randomized into two groups, a treatment group in which 60 cases were treated by needling nape acupoints and a control group in which 60 cases were treated by needling tongue acupoints; after one-month treatment, the clinical symptoms and signs were observed. Results: The cure rate and total effective rate were respectively 41.7% and 90.0% in the treatment group, and respectively 26.7% and 81.7% in the control group, with differences in the cure rate and total effective rate between the two groups (P<0.01). Conclusion: Needling nape acupoints is quite effective to treat pseudobulbar palsy in the relief of clinical symptoms and signs.

【Key Words】Pseudobulbar Palsy; Acupuncture Therapy; Stroke; Complications

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Pseudobulbar palsy is an impairment of bilateral cortical brainstem due to arterial sclerosis, multiple cerebral infarction, encephalitis, etc., clinically manifesting dysarthrosis, hoarse voice, difficulty in swallowing, choking cough when drinking, presence of pharyngeal reflex, hyperactive mandibular reflex, occurrence of primitive reflex such as palm-chin reflex and stiff grip reflex, forced crying and smiling, pyramid sign, absence of tongue astroph and shivering[1,2,3]. Pseudobulbar palsy is difficult to cure in clinical practice. If it cannot be treated in a timely and effective manner, malnutrition and inhalation pneumonia may happen, and even the patients’ life can be endangered. In this research, pseudobulbar palsy is treated by acupuncture at nape acupoints. It is now reported as follows.

1 Clinical Data

1.1 General data
A total of 120 cases of pseudobulbar palsy were the inpatients in the departments of acupuncture and internal neurology of Jiangsu Provincial Hospital of Traditional Chinese Medicine. These patients were randomized into two groups in the visit sequence. Among 60 cases in treatment group, 39 cases were men and 21 cases were women; the youngest was 45 years old and the oldest was 82 years old, with the average age of (62±7) years; the shortest duration was 8 d and the longest was 2 years, averaging (66.14±73.57) d. Of 60 cases in control group, 40 cases were men and 20 cases were women; the youngest was 45 years old and the oldest was 82 years old, with the average age of (63±9) years; the shortest duration was 7 d and the longest was 23 months, averaging (68.52±75.86) d. Statistical analysis
showed that there was no difference in the general data between the two groups ($P > 0.05$), indicating comparability between the two groups.

1.2 Diagnostic criteria

The diagnostic criteria for pseudobulbar palsy are established in accordance with the Guiding Principles for Clinical Study of New Chinese Medicines[2] and New Theories and Techniques in Neurology[3].

1. Swallowing difficulty, choking cough when drinking, or unclear speech, dysarthrosis.
2. Emotional impediment, forced crying and smiling, or dull expression.
3. Absence of soft palate reflex, diminishment of pharyngeal reflex.
4. Positive pathological brain stem reflex (sucking reflex, palmar-chin reflex, head-raising reflex, corneomandibular reflex).
5. Absence of tongue atrophy and shivering.

Those with ① and any two of ②-⑤ are diagnosed with pseudobulbar palsy. CT scan or MRI shows infarction or hemorrhage over the brain stem. Those with unclear consciousness, terrible nutrition, tumor and severe diabetes mellitus are ruled out.

2 Treatment Methods

Chinese herbs, Western medications and acupuncture were all given to the two groups.

2.1 Treatment group

Acupoints: Lianquan (CV 23), Yamen (GV 15), Tianzhu (BL 10) and Zhiqiang [an extra acupoint one cun below Tianzhu (BL 10)].

Operation: The patient sat and with a straight neck. The practitioner stood behind the patient and performed acupuncture. Bilateral Tianzhu (BL 10) and Zhiqiang (Extra) were perpendicularly needled one cun; after needling sensation was obtained, the needles were manipulated at the frequency of 120 rotations per minute for 1 min; during needling manipulation, the patients were told to do swallowing and pronouncing training, once every 10 min for total 3 times. The needles were retained for 30 min. The treatment was conducted every morning. Consecutive 6-day treatment made up one course, and 4 courses were given with one-day interval between any two courses.

2.2 Control group

Acupoints: Lianquan (CV 23), Lianquanzuo [Extra, point one cun left to Lianquan (CV 23)], Lianquanyou [Extra, point one cun right to Lianquan (CV 23)].

Operation: Lianquan (CV 23) was vertically needled one cun; Lianquanzuo (Extra) and Lianquanyou (Extra) were needled one cun with the needle tip towards Lianquan (CV 23). When needling sensation arrived, the needles were manipulated 1 min at the frequency of 120 rotations per minute to induce numbness and distention in the throat. The needles were manipulated once every 10 min, for total 3 times during 30-minute needling treatment. The treatment was conducted every morning. Consecutive 6-day treatment made up one course, and 4 courses were given with one-day interval between any two courses.

2.3 Observational indexes

Before and after treatment, the clinical symptoms and signs were quantified in table 1 according to the severity of the symptoms and signs. The clinical efficacy was evaluated in the light of the scores of symptoms and signs.

3 Observation of Clinical Efficacy

3.1 Criteria for clinical efficacy

The criteria for clinical efficacy for pseudobulbar palsy are established in accordance with the Guiding Principles for Clinical Study of New Chinese Medicines.

3.1.1 Routine criteria

Cure: Completely restored swallowing function, normal food in-taking and drinking, clear voice and speech, logic language expression, and normal nerve reflex.

Marked effectiveness: Basically restored swallowing function, occasional choking when eating and drinking, clear speech, possible hoarse voice, and normal nerve reflex.

Effectiveness: Improved swallowing function, nasal feeding not needed, slowly eating and drinking, incomplete language expression, severe hoarse voice, partially positive or basically normal nerve reflex.