Therapeutic observation of superficial needling for hemifacial spasm

皮下针疗法治疗面肌痉挛疗效观察

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Abstract

Objective: To observe the therapeutic efficacy of superficial needling in treating hemifacial spasm.

Methods: Eighty patients with facial spasm were randomized into two groups by the random number table, 40 cases in each group. The observation group was intervened by superficial needling at local Ashi points and wrist-ankle acupuncture at the Upper 1, Upper 2 and Upper 3 points; while the control group was by ordinary acupuncture. For both groups, the treatment was given once a day, 7 times as a treatment course, and the therapeutic efficacy was evaluated after 3 courses.

Results: The total effective rate and recovery rate were respectively 97.5% and 57.5% in the observation group versus 85.0% and 37.5% in the control group, and the differences were statistically significant (P<0.05).

Conclusion: Superficial needling can produce a more significant efficacy in treating hemifacial spasm than ordinary acupuncture.

Keywords: Acupuncture Therapy; Wrist-ankle Acupuncture; Superficial Needling; Point, Ashi; Facial Spasm

【摘要】目的：观察皮下针疗法治疗面肌痉挛的疗效。方法：选择面肌痉挛患者80例，按随机数字表随机分为两组，每组40例。观察组予以皮下针刺局部阿是穴及腕踝针上1、上2和上3穴治疗，对照组使用常规针刺法。两组均每日1次，7次为一个疗程，治疗2个疗程后观察疗效。结果：观察组总有效率和痊愈率分别为97.5%和57.5%，对照组分别为85.0%和37.5%，两组痊愈率及总有效率差异均有统计学意义(P<0.05)。结论：皮下针治疗面肌痉挛疗效优于常规针刺。

【关键词】针刺疗法；腕踝针；浮刺；穴，阿是；面肌痉挛

Hemifacial spasm is a common indication of acupuncture-moxibustion therapy and usually seen as a primary disease. It can be caused by attack of wind pathogen, qi-blood deficiency, and internal stir of liver wind. In acupuncture treatment, body points[1] and local points are usually selected to treat hemifacial spasm, but the treatment result is not so satisfactory and aggravation may occur in severe cases because the selected points are not enough for sedation[2]. However, superficial needling has been found effective for this condition[3]. Since 2010, we adopted superficial needling in treating hemifacial spasm, and the report is given as follows.

1 Clinical Materials

1.1 Diagnostic criteria

According to Western medicine, the diagnostic criteria of hemifacial spasm were based on the Neurology[4]: onset in middle age, more common in women; the contraction usually begins from orbicularis oculi, then affects cheek, orbicularis oris, and even platysma; aggravated under tension or fatigue, ceased during sleep, and unable to control; without positive physical signs according to neurological examination, and secondary hemifacial spasm caused by peripheral facial paralysis, trigeminal neuralgia, Meige syndrome, epilepsy, neurosis and other intracranial lesions should be excluded; space-occupying lesions excluded by head CT scan or MRI examination.

1.2 Inclusion criteria

Conforming to the above diagnostic criteria; cooperative during the whole treatment with complete data; signed the informed consent form.

1.3 Exclusion criteria

Complicated with severe primary diseases involving cardio-cerebral vessels and hemopoietic system, etc.; mental disorders; against the inclusion criteria, or failed to follow the study rules, or incomplete medical data; those who adopted other uninvolved treatments during the study.
1.4 Statistical method
Statistical software SPSS 13.0 was adopted for data analyses. Measurement data were expressed as (\(\bar{x} \pm s\)), and inter-group comparison was performed by t-test; enumeration data were expressed as percentages, and inter-group comparison was conducted by Chi-square test. \(P<0.05\) indicated a statistical significance.

1.5 General data
The 80 subjects were all from the Inpatient Department of our hospital, and were randomized into two groups, 40 in each group. In the observation group, the age ranged from 20 to 68 years; disease duration was from 20 d to 3 years. In the control group, the age ranged from 25 to 62 years; disease duration was from 32 d to 4 years. There were no significant differences in comparing the general data \((P>0.05)\), indicating the comparability (Table 1).

<table>
<thead>
<tr>
<th>Group</th>
<th>(n)</th>
<th>Gender</th>
<th>Average age ((\bar{x} \pm s,) year)</th>
<th>Average duration ((\bar{x} \pm s,) month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation</td>
<td>40</td>
<td>17</td>
<td>43.0±13.0</td>
<td>9.2±1.0</td>
</tr>
<tr>
<td>Control</td>
<td>40</td>
<td>19</td>
<td>45.0±11.0</td>
<td>10.2±1.2</td>
</tr>
</tbody>
</table>

2 Treatment Methods

2.1 Observation group
Acupoints: Ashi points, wrist-ankle points Upper 1, Upper 2, Upper 3.

Method: The Ashi points were located at the spastic area. Filiform needles of 0.3 mm in diameter and 15 mm in length were swiftly inserted beneath the skin, with the needle handle naturally dropped and needle tip poked up the skin. Totally 4-7 needles were punctured into the spastic area, 1 cm between two needles (Figure 1). When Ashi points were punctured, the wrist-ankle points were punctured by needles of 0.3 mm in diameter and 40 mm in length after standard sterilization, with the thumb and index finger fixing the needle, 15° between the needle and skin and needle tip towards proximal part by depth of 37 mm. The needles were retained for 30 min (Figure 2). The two hands were treated alternately.

2.2 Control group
Acupoints: Ashi points, Cuanzhu (BL 2), Yangbai (GB 14), Sizhukong (TE 23), Yingxiang (LI 20), Sibai (ST 2), Juliao (ST 3), Quanliao (SI 18), Xiaguan (ST 7), Dicang (ST 4), and Jiache (ST 6).

Method: Filiform needles of 0.3 mm in diameter and 40 mm in length were inserted into the above points and retained for 30 min after needling qi arrived.

Both groups were treated once a day, 7 treatments as a course, with a 3-day interval between two courses. The therapeutic efficacies were evaluated after 3 treatment courses.

3 Therapeutic Observation

3.1 Criteria of therapeutic efficacy
The criteria were made by referring to the *Criteria of Diagnosis and Therapeutic Effects of Diseases and Syndromes in Traditional Chinese Medicine*.[5]

Recovery: Contraction of facial muscles was completely relieved, and didn’t recur during the 6-month follow-up study.

Markedly effective: Contraction of facial muscles was completely relieved, but recurred during the 6-month follow-up study.

Effective: Contraction of facial muscle was obviously improved, and the frequency was lowered.

Invalid: There was no significant improvement after intervention.

3.2 Treatment result
After 3 treatment courses, the recovery rate and total effective rate of the observation group were