

Acupuncture treatment for Facial Nerve Palsy

**Blagica Zhu Arsovska^{1, 2} Jihe Zhu^{1,2} Kristina Kozovska¹ Julijana Velkovska¹
Natalija Jordanova Traeski³**

1 Center of Traditional Chinese Medicine "Tong Da Tang", Republic of N. Macedonia;

2 University "Skopje", Skopje, Republic of N. Macedonia

3 PZU Skin Solution Skopje, Republic of N. Macedonia

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Abstract

Facial paralysis occurs when the facial nerve, also known as cranial nerve VII, is damaged. This damage leads to weakness, drooping, and a loss of movement in the face, which can affect one side (unilateral) or both sides (bilateral). The condition develops for one of two reasons: facial nerves become damaged or swollen, or the area of the brain that carries signals to the facial muscles becomes damaged. In Traditional Chinese Medicine (TCM), facial paralysis is thought to result from a disruption in the body's energy flow, known as qi. This disruption can be triggered by factors like wind, dampness, cold, emotional stress, or physical trauma. In this article is presented a case of 36 years old women with facial paralysis on the right side of the face with difficulty closing the eye and mouth curvature. The condition occurred on November 1, 2024 and is the first time the patient is facing such a problem. She came to our TCM center one week after the problem occurred. She immediately visited a doctor who prescribed a treatment regimen that included Decortin 20 mg, Acyclovir, Amoxiclav, and Neurovit. After a week she stopped taking the prescribed medication. She started acupuncture treatment on November 7, 2024. She has had a total of 12 treatments, the first five therapies were performed twice a week and the rest, once a week. After the tenth treatment, the patient had a significant improvement in her condition. Acupuncture may enhance blood circulation and support nerve regeneration, assisting in the recovery from symptoms of facial paralysis.

Key words: Facial paralysis, nerve, acupuncture, TCM

Introduction

Facial nerve palsy, also called facial paresis, is a condition characterized by paralysis of the muscles controlled by the facial nerve. Typically affecting one side of the face, it impacts movements of the forehead, eye, nose, and mouth. The facial nerve, also known as the seventh (VII) cranial nerve, is one of twelve (XII) cranial nerves. It is a paired nerve, with one located on each side of the body. Cranial nerves originate in the brain and extend directly to their target organs, such as muscles or glands. Facial nerve palsy is a prevalent condition that can greatly affect a patient's quality of life. FNP can result from various causes, including infections, inflammation, head trauma, tumors, surgical procedures, autoimmune disorders, chronic otitis media, local anesthesia, and strokes. According to researches, FNP affect around 15-40 per 100000 adults yearly. Peripheral FNP can occur in both children and adults. In children, it may be either

congenital or acquired. Studies indicate that facial nerve palsy is more common in females than in males, often occurring in individuals aged 15 to 45 years. [1,2]

In cases of idiopathic facial nerve palsy, pain behind the ear frequently precedes the onset of facial paresis. The paresis, often progressing to complete paralysis, typically develops within hours and reaches its peak severity within 48 to 72 hours. Patients may describe a sensation of numbness or heaviness in the face. The affected side appears flat and expressionless, with a limited or absent ability to wrinkle the forehead, blink, or grimace. In severe instances, the palpebral fissure may widen, and the eye remains open, which can lead to conjunctival irritation and corneal dryness. The diagnosis of facial nerve palsy is primarily based on clinical evaluation, as no specific diagnostic tests are available. [3]

Risk factors that can be a cause of facial paresis are: respiratory infection, such as the flu or a cold, diabetes, high blood pressure and etc. Pregnant women may get facialis especially during the third trimester, or during the first week after giving birth. Facial paralysis can recur, it is rare but it does happen.[4]

The primary objectives of treatment include accelerating recovery, ensuring a more complete restoration of function, preventing corneal complications and other consequences, and suppressing viral replication. Additionally, psychological support plays a crucial role. Treatment can be divided into two categories: acute measures and those aimed at addressing moderate or severe sequelae. Acute measures includes eye protection, mine and physiotherapy, acupuncture and moxibustion, steroids etc. [5]

Case report

This condition occurred on November 1, 2024 and is the first time the patient is facing such a problem. She came to our TCM center one week after the problem occurred. She immediately visited a doctor who prescribed a treatment regimen that included Decortin 20 mg (3 days 2x1, 3 days 1x1), Acyclovir (5x1), Amoxiclav (2x1), and Neurovit (1x1). After a week she stopped taking the prescribed medication. She started acupuncture treatment on November 7, 2024. She has had a total of 12 treatments, the first five therapies were performed twice a week and the rest once a week. After the tenth treatment, the patient had a significant improvement in her condition.



Figure 1. Image of female patient before and after acupuncture treatment.

The acupuncture treatments were made in an acupuncture clinic for acupuncture and TCM in Skopje, North Macedonia by a doctor specialist in acupuncture. Acupuncture treatments were with a duration of 30 to 45 minutes. Treatments were done indoors, on a room temperature, with normal (dry) acupuncture with fine sterile disposable needles sized 0.25x25mm. Meridians used in the treatments are: DU, ST, LI, RN, SP and GB.

In Traditional Chinese Medicine (TCM), facial paralysis is often referred to as "deviated mouth" and is believed to be caused by "wind." In ancient theories, "qi" represents the vital essence that sustains the human body, encompassing the functions of the internal organs, meridians, and physiological processes. It is fundamental to life and also signifies the body's resistance to external factors. A deficiency in "qi" is thought to weaken the body, making it vulnerable to the invasion of exogenous pathogenic wind. Acupuncture, a key component of Traditional Chinese Medicine (TCM) with a history spanning thousands of years, involves the use of fine needles or other techniques applied to specific acupuncture points on the body to facilitate healing. In the treatment of facial nerve palsy, acupuncture is believed to regulate the flow of qi and blood, stimulate nerve excitability, support the regeneration of nerve fibers and their collateral branches, improve muscle contraction and circulation, and promote metabolism and the restoration of bodily functions. Acupuncture treatment is generally started promptly after confirming the diagnosis, preferably within the initial days of symptom onset, to take advantage of the critical period for tissue regeneration and neural plasticity. Acupuncture is widely considered a safe therapeutic option for treating various medical conditions. It carries a lower risk of systemic side effects and drug interactions, making it a suitable alternative for individuals who cannot tolerate or have contraindications to conventional therapies. Given the widespread practice of Traditional Chinese Medicine (TCM), its prevalence is expected to increase in the coming years. Based on available data, it is evident that medical professionals and researchers in the People's Republic of China are diligently working to provide evidence supporting the benefits of TCM for patients. [6,7,8]

Conclusion

Acupuncture as a part of TCM shows great potential in reducing symptoms, supporting facial nerve recovery, and improving overall patient well-being. Traditional Chinese Medicine (TCM) emphasizes the connection between the body, mind, and spirit, recognizing that emotional or psychological imbalances can contribute to physical illnesses. As a result, acupuncture treatments often focus on addressing both physical symptoms and emotional health, fostering holistic healing.

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Conflict of interest

The author have declared that no competing interests exist.

Acknowledgement

None.

Statement of Informed Consent

Written informed consent was obtained from the patient for his anonymized Information to be published in this article