

Clinical Application: Facial Palsy (Bell's Palsy)

Bell's palsy is a good indication for acupuncture and moxibustion treatment. In this condition the severity of the paralysis symptoms during the first few days of the disease are an indicator of the prognosis. Yet, in about 60% of the cases it heals without any treatment, so that even if acupuncture and moxibustion is effective, it would be difficult to express the degree to which this treatment modality contributes to the recovery. Nevertheless many patients seek acupuncture and moxibustion treatment, when western medical therapy have been ineffective. Currently, in the absence of therapies based on hard evidence, acupuncture and moxibustion treatment has been proven worth a try during all stages of the disease.

The earlier the treatment with acupuncture and moxibustion starts, the better the prognosis. In particular daily treatments should be administered over several days following the onset. In many cases in which a certain degree of paralysis remains even after a course of several months, complete recovery many not be possible.

Bunshi Shirota recommended mainly adjusting the general physical condition with moxibustion and the use of acupuncture as a local treatment. Patients were instructed to perform daily moxibustion at home.

Acupuncture:

BL2, GB14, TE23, GB3, SI18, ST3, ST4, Ikoten, ST6, ST5, ST7, TE17, BL10, GB20, TE15, BL18, LI11.

Moxibustion:

CV12, GV12, BL12, BL18, BL20, LI10, GV34, GB2, TE22, GB2, GB16.

For the face thin No. 2-3 needles are used and inserted superficially (to a depth of up to 1 cm). Occasionally, threadlike moxibustion is also performed¹⁾.

Sodo Okabe made the following statement "Considering that the face is the affected body part suggests the occurrence of anomalies in the brighter yang channels of both foot and hand. For this reason, essential points on these channels should be added for the treatment of the roots. For the face, acupoints of

the bladder channel like BL2, gallbladder channel GB6 and EX-HN5, small intestine SI18, stomach channel ST1, ST4, ST5, ST7 and LI20, large intestine channel Geiko, etc. are selected depending on the symptoms. At the same time stiffness of the neck and shoulder on the affected side and tenderness should be noted. In particular, the region in front of and behind the sternocleidomastoid muscle should be checked for indurations and tenderness. Selecting points here is important in order to relieve increased tension and stiffness over the shoulders and back.

Needles should be inserted superficially to a depth of 1 to 2 mm and retained for a while. Hemorrhage is particularly likely to occur on the face, so that shallow needling should be a matter of course, while indurations and tender areas on the neck allow somewhat deeper needling. In general, if the limbs are cool, care should be taken to warm them. The face is particularly related to both arms and legs, so that warming arms and legs can be considered an important point for a successful treatment."²⁾

Isaburo Fukaya did not use any needles, but only moxibustion for his treatment. He chose his therapeutic points not on the face, but mainly on the back, including GV14, GV12, SI14, BL18, BL15, BL14, GB20, BL20 and similar points and applied three extremely small moxa cones (half the size of a rice grain) each on these points. Targeting tender acupoints the disappearance of tenderness or indurations during the treatment decreased the relevance of those points for the treatment. The point Saninko on the leg was always selected. Usually moxibustion is not done on the face, but when palpation revealed a reaction, points like SI19 or GV20 were treated with moxibustion. Sometimes it is necessary to apply moxibustion several dozen times until its heat is felt³⁾. He reported several cases in which he achieved a complete cure with this method.

Besides ordinary acupuncture and moxibustion treatment, electroacupuncture is also frequently used for this disease. Umeda reported that strong electric stimulation in new cases within 2 weeks after onset may lead to nerve degeneration and thus may aggravate the condition, so that for the treatment during this period only shallow needling should be

used⁴). Tsukayama also reported that during the early phase mostly needle retaining was used, while electroacupuncture was often used once the paralysis had become fixed to a certain degree⁵). Arai et al. reported they achieved improvements in various evaluation scores treating patients suffering from sequelae of facial paralysis with asynchronous transdermal low frequency electrization (AET)⁶).

Moreover, micropuncturing to let blood is also very effective for this disease. In particular, if there are any fine visible vessels micropuncturing in the buccal region on the affected side should always be used to let blood. Even a minimal amount will be effective. Ordinary needles would be sufficient for this purpose, but there are only very few reports on this form of micropuncturing.

Among the diseases causing facial palsy there is also a viral infection of the geniculate ganglion with the herpes zoster virus, causing the Ramsay Hunt syndrome marked by poor prognosis. Acupuncture and moxibustion treatment is effective, but compared to Bell's palsy the effectiveness is insufficient.

References

- 1 Shiota B.: Practical Acupuncture and Moxibustion Therapy Based on Case Reports, Vol. 1, p. 292-296, Sogensha 1966
- 2 Okabe S.: The Essence of Acupuncture and Moxibustion Therapy p 96-97, Sekibundo 1983
- 3 Fukaya I.: Stories about Healing Diseases with Moxibustion, Collections No. 1 to 10, Shinkyu no Sekai Publisher, 1972
- 4 Tsuta Y., Hosokawa Y., Umeda T., et al.: Treatment of Facial Palsy; Shinkyu Osaka Vol.13, No.1 54-72 1997
- 5 Yoshida N., Tsukayama H., Okada A., et al.: Diagnosis and Treatment of Facial Pain and Palsy; Ido no Nihon 59(10) 7-20, 2000
- 6 Arai C., Yamaguchi S., Omata H., et al.: On the Effectiveness of Acupuncture Treatment of Patients with Sequelae of Facial Palsy, Summary Collection of the 54th Conference of the Japan Society of Acupuncture and Moxibustion, No. 201, 2005

Clinical Application: Low Back Pain

Low back pain can have various causes, and depending on the cause, requires the corresponding specific treatment. Acupuncture and moxibustion treatment is suitable for low back pain of any origin.

Shiota frequently used the following treatment points for both acupuncture and moxibustion.

CV12, ST27, BL20, BL23, GB25 (Sawada style), BL25, GV3 (waist), BL32, Onodera's gluteal point, Kampu, GV34, LR4.

Occasionally BL18 may be required. GB26 or GB28 can also be required. In either case, spots of marked tenderness or induration are needled. In case of a strained back (acute myofascicular low back pain), application of acupuncture and moxibustion close to the vertebra at the level of BL26 can be very effective.

Generally, needles need to be inserted to a depth of 3 to 5 cm, but when the patient has a fever like during a cold or immediately thereafter, needling for low back pain to a depth of 1.5 to 2 cm will be sufficiently effective. If in these cases the entire back musculature is tender, scatter pricking targeting the muscles along the second line of the bladder channel from top to bottom often elicits a needle sensation (Hibiki) and produces an immediate, marked effect.

Among the forms of low back is also one that originates from neurasthenia and requires the use of the acupoints GV20, BL10, BL11, GV12, etc. Without calming the central nervous system in this way, improvements are rather unlikely. Subdermal needles may be unexpectedly effective for pain of the lumbar myofasciae causing pain while lying in bed. In case blood network vessels are visible in the lumbar region, blood letting from these can be markedly effective¹⁾.