

Scope and Purpose of Evidence-Based Assessment of Acupuncture Project

This project is supported by the Society for Acupuncture Research. It includes a growing library of condition specific assessments and summary sheets on topics such as dysmenorrhea, low back pain, neck pain, etc. Our aim is to evaluate the literature with a focus on systematic reviews and randomized controlled trials. When appropriate, other levels of evidence (e.g. case studies) are also referenced. The goal of the project is to inform policy-makers, clinicians, and the public of trends in the acupuncture literature and to provide expert commentary on the state of this evidence.

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Bell's Palsy

Summary Sheet

Evidence-Based Assessment of Acupuncture Series

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Bell's Palsy Overview

Bell's palsy affects persons of all age, race and gender with an annual U.S. incidence of approximately 20 per 100,000 persons. It is the most common diagnosis associated with facial paralysis/nerve weakness and likely occurs as a result of inflammation of the facial nerve, due to a viral attack, (e.g. herpes simplex).¹ Risk factors include: pregnancy, high blood pressure, diabetes, and obesity.²

Current medical guidelines suggest early intervention with steroids and watchful waiting, as up to 70% of patients fully recover within six months.³ Beyond this, there are no agreed upon treatment recommendations and additional options are needed. The most recent clinical practice guideline mentions acupuncture, yet no definitive recommendations are made.² Of note, in China, Bell's Palsy has been reported as the top reason patients receive acupuncture.⁴



Bell's Palsy in Traditional Chinese Medicine (TCM)

TCM practitioners view the body in terms of Qi-dynamics and use unique and specific terminology. This is best summarized by the axiom "one pattern many diseases, one disease many patterns;" suggesting that identification of the correct pattern (e.g., Lung qi deficiency) leads to improved patient care through the selection of pattern-specific acupuncture points.

From the perspective of TCM, Bell's palsy is considered a form of 'wind attack' (zhong feng) that leads to obstruction of qi and blood. The specific Chinese pattern differentiation is based on the nature and location of dysfunction, underlying internal disharmony or imbalance of the organ Qi (e.g. Lung Qi deficiency) and other secondary symptoms (e.g. bowel movements, digestion, and sleep).

Generally speaking, patients can expect acupuncture performed both local to the area of dysfunction and distally, with the goal of relaxing the muscles and opening the meridians.⁵ In addition to acupuncture, treatments may also include moxibustion, local massage, and home therapies such as facial exercises.

"Where there is free flow there is no pain, where there is pain there is no free flow."

Findings from the Acupuncture Research

The evidence is promising to suggest benefit from acupuncture; more research is required to draw definitive conclusions.

- The most recent reviews suggest benefit of acupuncture, but caution that trials are flawed, e.g. poor research methods.⁶⁻⁹
- Two recent RCTs, not included in current reviews, suggest that acupuncture adjunctive to prednisone significantly improves therapeutic effects.^{10,11}

Summary and Commentary

Many patient with Bell's palsy improve within three weeks and most (~70%) completely recover within six months.³ Yet, for the remaining 30%, facial paralysis and pain remains. It is suggested that the most important predictors of incomplete recovery are facial weakness, pain, and hypertension.¹² For patients with pain and/or facial weakness, perhaps acupuncture could be beneficial? Of note, the most recent clinical research suggests that when acupuncture is combined with prednisone, it is beneficial for the treatment of Bell's palsy.^{10,11} Although varying treatment protocols have been studied, treatment frequencies were similar in the clinical trials (all conducted in China). To generalize, participants most often received acupuncture treatment 5x per week for 1-2 months. Additional research is needed prior to making recommendations; fortunately, a large-scale trial (>1,000 participants) is currently underway to assess the effects of acupuncture plus oral steroids (prednisone).¹³

