

Research Progress of Acupuncture and Moxibustion in Treating Peripheral Facial Paralysis

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Abstract

Peripheral facial paralysis is a common clinical disease, belonging to the category of "mouth eye deviation" in traditional Chinese medicine. The data of epidemiological research shows that the annual incidence rate of peripheral facial paralysis ranges from 13.1 to 53.3 per 100000 people, which can occur in any age group, mostly in 20 to 40 years old, with more males than females. Its main manifestations are facial deviation and drooping corners of the mouth. If not corrected in time, it can easily cause permanent facial paralysis. At present, commonly used clinical methods include drug therapy, such as taking nutritional nerve drugs and vitamin B₁. If there is a viral infection, antiviral drugs such as acyclovir are taken. Antibiotics, corticosteroids, and other hormone anti-inflammatory drugs are also used to treat edema caused by facial nerve disorders. Traditional Chinese medicine with wind dispelling and meridian unblocking effects is also used for treatment, such as the combination of Qian Zheng San with centipedes and earthworms. By searching the relevant literature in recent years, this paper summarized the etiology, pathogenesis, treatment time, treatment methods, etc., in order to provide ideas for the treatment of peripheral facial paralysis and a new plan for the treatment of facial paralysis by acupuncture.

Keywords

Peripheral Facial Paralysis, Acupuncture and Moxibustion, Treatment Duration, Treatment Methods, Review

1. Introduction

Facial paralysis, also known as Bell's palsy, is divided into central and peripheral types. Clinically, it is mainly peripheral facial paralysis, also known as Bell's palsy. It is a common disease caused by non inflammatory lesions of the facial nerve in the mastoid foramen, resulting in facial muscle spasms, dysfunction, facial nerve compression, abnormal nerve impulse transmission, and local blood circulation disorders. The data of epidemiological research shows that the annual incidence rate of peripheral facial paralysis ranges from 13.1 to 53.3 per 100000 people [1], which can occur in any age group, mostly in 20 to 40 years old, with more males than females. Its main manifestations are facial deviation, shallower nasolabial sulcus, drooping corners of the mouth, inability to bulge the mouth, puffing the cheeks, air leakage in speech, difficulty in chewing food, difficulty in drinking water, indifferent expression, inability to raise eyebrows, eye fissure closure barrier, periauricular pain and other abnormal actions [2]. When the nerves are damaged in the face, there may also be perceptual disorders of sour, bitter, sweet, spicy, and salty flavors. At the same time, patients are prone to feelings of inferiority and anxiety, which affects their normal life and daily communication. At present, commonly used clinical methods include drug therapy, such as taking nutritional nerve drugs and vitamin B₁. If there is a viral infection, antiviral drugs such as acyclovir are taken. Antibiotics, corticosteroids, and other hormone anti-inflammatory drugs are also used to treat edema caused by facial nerve disorders. Traditional Chinese medicine with wind dispelling and meridian unblocking effects is also used for treatment, such as the combination of Qian Zheng San with centipedes and earthworms. Although drug therapy is simple and easy to operate, the method is single, the side effects are significant, the efficacy is often not significant, the cure rate is low, and patients have a resistance to the side effects of Western medicine. Some patients may refuse to accept hormone therapy. Another common method is physical therapy, which involves massaging spasms in the facial muscles and supplementing with laser treatment. Although this method has no side effects, it has poor efficacy and is prone to recurrence after cure. If not actively and effectively treated, it may lead to permanent facial nerve damage in patients. Therefore, clinical research on safe and effective methods for treating peripheral facial paralysis is particularly important. According to a large number of literatures, Cui Kai [3] found that the cure rate of facial paralysis patients treated with acupuncture and moxibustion combined with conventional western medicine was higher by studying the treatment of western medicine and western medicine plus acupuncture and moxibustion. Therefore, it is hoped that through further research on acupuncture therapy, more effective methods can be found to cure facial paralysis.

2. Etiology and Pathogenesis

2.1 Traditional Chinese Medicine Etiology and Pathogenesis

Traditional Chinese medicine often names peripheral facial paralysis as mouth eye deviation, mainly characterized by paralysis of one side muscle, which can occur at any age, without seasonality, and has a rapid onset. The "Treatise on the Origins of Various Diseases" states: "Due to the deficiency of the body and the influence of the wind, the mouth becomes withdrawn. Patients often suffer from excessive physical labor, leading to deficiency of vital qi, insufficient defense qi, and decreased ability to resist diseases and pathogens. The book "Su Wen: Commentary on Febrile Diseases" states: "Where evil is gathered, its qi must be weak." Therefore, the six external pathogenic qi take advantage of this deficiency and enter, especially the evil of wind and cold, which directly penetrates the facial meridians and blocks the meridians. The "Medical Law" states: "The mouth and eyes are slanted, and the facial qi is not smooth." The affected side's meridians are obstructed, and the circulation of qi and blood is not smooth. However, the healthy side's qi and blood are running normally, and the healthy side pulls the affected side. Therefore, the facial muscles tend to lean towards the healthy side, causing the mouth and eyes to tilt, that is, "the evil qi slows down, the positive qi becomes urgent, the positive qi attracts evil, and the qi is withdrawn and not smooth. The book "Su Wen: Wind Theory" states: "Wind is the root cause of all diseases." Wind pathogenic factors often mix with cold and heat pathogenic factors, so patients with facial paralysis are commonly found in wind cold type, wind heat type, qi and blood deficiency type, and qi deficiency and blood stasis type.

2.2 Western Medicine Etiology and Pathogenesis

There is no clear conclusion on the etiology of peripheral facial nerve paralysis. Currently, it is believed that it is mainly caused by viral infection, immune deficiency, genetic factors, anatomical abnormalities, facial nerve compression, and local circulation disorders [4]. Viral infections, such as bacteria, viruses, fungi, etc., can cause otitis media, mastoiditis, mumps, and other facial nerve inflammations; Insufficient blood supply from the vertebral basilar artery can easily trigger brainstem insufficiency, leading to facial nerve dysfunction [5].

3. Treatment Time

3.1 Staged Treatment

The staged treatment of facial paralysis is more targeted than the conventional acupuncture and moxibustion treatment, which can better reflect the characteristics of TCM syndrome differentiation and treatment, and make acupuncture more effective in treating facial paralysis. Wang Wenjuan et al. [6] randomly divided 90 patients into a control group and a treatment group, with 45 patients in each group. The control group was not staged, while the treatment group was staged. The results showed that the effective rate of the treatment group was 95.56%, which was higher than the control group's 82.22%. In clinic, facial paralysis is generally divided into acute stage, recovery stage and sequelae stage. Acupuncture at different acupoints in different periods can give full play to the advantages of acupuncture and moxibustion in treating facial paralysis. During the acute phase, the main focus is on relieving external pressure and dispelling wind. Facial acupressure techniques should be mild, with fewer acupoints selected and shallow needling. Limb acupressure techniques should be heavy, and laxative therapy should be used. Acupuncture can strengthen blood circulation and alleviate facial inflammation and edema. During the recovery period, the main focus is on assisting the righteous qi and nourishing the spleen and stomach qi, such as the Zusanli and Qi Hai Xing Bu methods. In the sequelae period, combined treatment with acupoint injection, electroacupuncture, laser and other methods is needed.

3.2 Timing of Acupuncture Intervention

If diagnosed with facial paralysis, the earlier acupuncture intervention, the better the therapeutic effect and prognosis. Le Yunjin [7] found through studying the late treatment of the control group (10-14 days after onset) and the early treatment of the observation group (1-3 days after onset) that the efficacy of the observation group was significantly higher than that of the control group, with an effective rate as high as 96.36%.

3.3 Factors Affecting Treatment Time

All diseases arise from qi, and emotional regulation is also crucial for the condition. The liver is responsible for regulating and releasing qi, and regulating qi flow. If patients are too worried and suffer from damage to the seven emotions [8], it will affect the body's normal qi. Patients who receive acupuncture for the first time are prone to negative emotions such as tension and anxiety, resulting in poor qi flow and blocking the circulation of facial meridians. To ensure a healthy and reasonable daily life, relax the mood, and smooth the emotions are good help for acupuncture and moxibustion treatment of peripheral facial paralysis.

4. Acupoint Selection

4.1 Selection of Main Acupoints

The pulse of Yangming in the hands of the large intestine... runs through the cheeks, enters the lower teeth, and exits the mouth, making contact with the middle; The pulse of the stomach foot Yangming enters the upper teeth, but also exits the mouth and rings the lips; The scriptures such as "Small Intestine, Hand, Sun Meridian... Don't Rub on the Cheek..." all discuss the pathway of meridians in the face. Clinically, acupoints of the Hand Foot Yangming Meridian are often

used to treat facial paralysis, and provide a basis for clinical dialectical acupoint selection. According to the theory of traditional Chinese medicine that "where the acupoint is, where the main treatment is", it is a acupuncture and moxibustion penetration method to take facial acupoints nearby, such as buccal car, ground chamber, buccal car through ground chamber, which is mainly used to treat facial diseases, especially for facial paralysis and facial spasm, superior to traditional acupuncture and moxibustion therapy. The Jade Dragon Song says, "The slanting of the mouth and eyes is the most pitiful, and the wonderful cave of the earth is connected to the cheek carriage. Cheek car penetration chamber is one of the effective acupoints for treating facial paralysis, which relieves facial muscle spasms by puncturing blood vessels [9]. There are also Fengchi Toufengfu, Yangbai Touyuyao, etc., all of which use the method of piercing, that is, "one needle, two acupoints", to clear the surface and promote the inside, expand the acupuncture effect, and improve the efficiency of obtaining qi. The Classics of acupuncture and moxibustion and Moxibustion A and B says: "If the mouth is out of order, the wind will prevail". Yifeng is a depression between the mastoid process and the angle of the lower jaw, anatomically located above the mastoid foramen of the stem, and is the meeting point of the lower yang of the hands and feet. The acupoint has the external yang energy of the heavenly body, and acupuncture can fill the external yang energy and improve the righteous energy. In clinical practice, the Yifeng acupoint is often subjected to comprehensive moxibustion with the Fire Dragon Jar, which can dispel cold and unblock meridians, unblock qi, regulate the level of anti-inflammatory factors, achieve anti-inflammatory and analgesic effects, alleviate ear pain caused by facial paralysis, and is particularly suitable for facial paralysis caused by the evil of cold and dampness [10]. The zygomatic ridge is located at the end of the face and is a meeting of the sun and the sun. It receives water, moisture, and cloud energy from the Tianrong acupoint, and needling this acupoint can remove dampness and unblock collaterals. Si Bai, which means bright in all directions, acupuncture on Si Bai can invigorate and improve vision, and alleviate eyelid closure disorders caused by facial paralysis.

"Where the meridians pass, the main treatment can reach". The common method of clinical acupuncture and moxibustion treatment is to select acupoints at the affected part and at the far end. Hand Yangming, foot Yangming, and hand Taiyang are the facial circulation meridians. In addition, Hegu at the mouth of the face is the experience point for treating head and face diseases. Therefore, Hegu at the hand Yangming meridian is selected. In case of an acute attack, the method of purging can be used to remove the evil gas of Yangming and Taiyang meridians, so as to remove the blockage of the meridians. Taichong is the original acupoint of the Foot Jueyin Liver Meridian. The liver meridian runs through the forehead, cheeks, and lips, and is matched with Hegu, which has the function of clearing facial meridians. Hegu and Taichong are collectively known as the "Four Guan Acupoints" [11]. Because the two acupoints are located between the bones of the hands and feet, such as border soldiers, they control the Four Guan points to resist external evil, hence the name "Four Guan Acupoints". Located 0.5-1 inch in front of the earlobe, this acupoint has the effect of guiding collaterals and returning meridians. Acupuncture can restore skewed facial muscles and improve facial expressions. Baihui, which means knowing everything, is a key acupoint for head health care that runs through the Yin Yang meridians of the whole body and plays an important regulatory role in the balance of Yin Yang in the human body. It has good therapeutic effects on peripheral facial paralysis.

4.2 Selection of Acupoints

If one is exposed to the evil of wind and cold, and the symptoms show pale and white tongue coating, then they should choose Fengchi, Fengfu, and Lieque. Fengchi is located in the depression between the upper end of the sternocleidomastoid muscle and the trapezius muscle, and is level with Fengfu. Both of them work together to eliminate wind evil in the head and face, regulate qi and blood in the head, and "search for Lieque in the head and face". Acupuncture Lieque can cause lightning strikes on the head and face, relieving symptoms of the head and face [12]. Therefore, the combination of Lieque and Lieque can eliminate various evils in the head and face. If there is an external infection of wind and heat, and the symptoms show red, yellow, and greasy tongue, then Quchi, Waiguan, and Guanchong should be taken. Quchi is the large intestine meridian point, and acupuncture can relieve heat, while Waiguan is the Sanjiao meridian point. The substance output from this point is the yang heat energy of the heavenly body. Acupuncture can dispel the heat evil of the head and face, and Guanchong is the well point. Acupuncture and bloodletting can also relieve heat. The spleen and stomach are the foundation of postnatal development. Acupuncture at the acupoints of the stomach meridian can nourish the qi of the spleen and stomach. Zusanli is the combined acupoint of the stomach meridian and a key point for strengthening the body. Therefore, if the qi and blood are insufficient, Zusanli and Qi Sea can be combined to nourish the qi and blood, making the righteous qi sufficient and enhancing the ability to resist evil. Li Li used parallel needling to treat patients with Qi deficiency and blood stasis type facial paralysis, with an effective rate of 90.3% [13]. If there are comorbidities, such as incomplete eyelid closure, then the combination of Fish Waist and Shen Mai should be used. Fish Waist is located in the eyebrows, and the pupils are straight up. "Lingshu · Kouwen" says: "Insufficient upper qi, dissatisfaction in the brain, bitter ringing in the ears, bitter tilting of the head, and dazzling eyes... make up for the deficiency of the outer ankle." This is the treatment for insufficient air in the internal meridian, and Shen Mai is located in the depression below the outer ankle of the foot. Acupuncture can supplement the deficiency of normal qi. The person's groove is tilted to take the water channel, the nose and lip groove becomes shallower to take the welcoming fragrance, and the chin and lip groove is tilted to take the supporting oar. As the poem "Bai Bing Fu" says, "The Lianquan rushes in, and the swelling and pain under the tongue can be taken," so the taste buds decrease and Lianquan is taken.

5. Treatment Methods

5.1 Conventional Acupuncture Method

Nie Shenglong [14] analyzed the clinical effect of acupuncture and moxibustion on acute peripheral facial paralysis, and found that acupuncture at Sibai, Hegu, Cunzhu, Buche and other acupoints combined with western medicine vitamin B₁, prednisone, and mecobalamin had better effect on acute peripheral facial paralysis, with an effective rate of 96.88%. Gu Wei [15] selected 100 elderly patients and divided them into a control group and an observation group. The control group was treated with Western medicine such as prednisone acetate tablets, mecobalamin tablets, and vitamin B₁, combined with rehabilitation training. The observation group was treated with acupuncture on the basis of the control group, selecting acupoints such as Cheek Car, Dicang, Yangbai, and Qianzheng. The results showed that the observation group was better than the control group.

5.2 Comprehensive Therapy

5.2.1 Acupuncture Combined with Massage

Xue Feifei et al. [16] compared the control group treated with Western medicine such as prednisone, acyclovir, and vitamin B₁, and the observation group treated with acupuncture at acupoints such as Yangbai, Taichong, Jiache, and Yifeng combined with massage at acupoints such as Taiyang, Jiache, and Yangbai. They found that the effective rate of acupuncture combined with massage was 97.50%. Yang Qing [17] found that children often use warm acupuncture and moxibustion combined with pushing, wiping, pinching, wiping and wrench to treat facial paralysis, with an effective rate of 95.45%. Liu Hechen [18] selected acupoints such as Cheek Car, Dicang, Yangbai, Xiaguan, Yingxiang, and Healthy Side Hegu, Shuigou, and Lianquan on the paralyzed side of the face, and combined them with facial massage to massage Fengchi, Yifeng, and Taiyang. He also applied gentle acupoints such as Xiaguan, Yingxiang, Dicang, and Jingming, which significantly improved the symptoms of patients with facial paralysis.

5.2.2 Acupuncture Combined with Medication

Li Yan et al. [19] used Western medicine: vitamin B₁, methylcobalamin, acyclovir, acetate prednisolone tablets, and Yiqi Qufeng Huoluo Tang. This formula consists of Buyang Huanwu Tang and Qianzheng San, and is combined with acupuncture at acupoints such as Dicang, Jiache, Cunzhu, Qianzheng, Yangbai, and Sibai to treat facial paralysis, with an effective rate of 92.00%. Zhong Weisen et al. [20] took acupoints such as Dicang, Yintang, Xiaguan, Yingxiang, Sibai, Yangbai, etc., and combined them with Qianzheng San and Daotan Tang for treatment, which can effectively improve wind phlegm obstruction type facial paralysis, with an effective rate of 92.50%. Xu Shiyong et al. [21] took the main acupoints of Yintang, Xiaguan, Yangbai, Sibai, Jiache, and Dicang, and matched acupoints of Cunzhu, Yifeng, and Yuyao. Combined with modified Qianzheng Powder, they treated wind cold type facial paralysis with an effective rate of 95.00%. Huang Huiyu [22] took Yang Bai, Si Bai, Xia Guan, Yi Feng, Cun Zhu, He Gu, Jia Che, Di Cang, etc., and combined them with a self-made facial paralysis soup to treat facial paralysis, with an effective rate of 93.33%. Zhou Jujun [23] used Western medicine such as acetic acid prednisone tablets, mecobalamin, vitamin B₁, and self formulated Qionglong Qufeng Tongluo Tang, combined with acupuncture at acupoints such as Yangbai, Jiache, and Dicang, to treat facial paralysis with significant efficacy, with an effective rate of 96.7%. Gao Honggui [24] took acupoints such as Yingxiang, Yangbai, Hegu, Xiaguan, and Jiache, and combined them with traditional Chinese medicine wet and hot compress to treat pediatric facial paralysis, with an effective rate of 94.44%.

5.2.3 Acupuncture Combined with Moxibustion

Pu Zhiyi et al. [25] used the method of tonifying and purging to acupuncture points such as Cunzhu, Yangbai, Yingxiang, Zygiao, Taiyang, and Sibai. They also used moxa sticks to gently moxibustion the Yifeng point, causing the patient's local skin to slightly turn red. By comparing the traditional Chinese medicine symptom scores, laboratory indicators, and FDI scores between the control group and the observation group, it was found that the observation group had significant therapeutic effects, with an effective rate of 93.33%. Tang Hong [26] found that warming acupuncture and moxibustion can effectively improve the curative effect of acute peripheral facial paralysis, with an effective rate of 97.67%, by studying ordinary acupuncture and acupuncture plus moxa sticks. Huang Ying [27] used the western medicine prednisone and mecobalamin to acupuncture Yangbai, Qiliao, Dicang, Cunzhu, Xiaguan and other acupoints, and cooperated with Qianzheng point warming acupuncture and moxibustion to treat facial paralysis. The curative effect was remarkable, and almost all patients got better. Wang Junnan [28] selected 60 patients with facial paralysis and divided them into a general acupuncture group and a warm acupuncture group, with 30 cases in each group. All of them were selected from acupoints such as Taiyang, Yangbai, Jiache, and Dicang. By comparing the facial nerve functions of the two groups, it was found that the effective rate of the warm acupuncture group was 96.67%, significantly higher than that of the general acupuncture group at 86.67%.

5.2.4 Acupuncture and Moxibustion Plus Electroacupuncture

Electroacupuncture is a method of treating diseases by inserting micro currents into needles after obtaining qi, using both needle and electrical stimulation. It has the effects of improving fluid circulation, soothing limbs, and relieving pain. Liu Jingliang [29] selected the main acupoints of Cheek Che, Hegu, Taiyang, and Dicang, and the auxiliary acupoints of Qianzheng, Yuyao, Yingxiang, etc., combined with an ultra short wave therapy device, set the power to

40W, wavelength to 6nm, frequency to 50Hz, and current to 30mA-50mA, and treated for 15mm/time. The patient's facial paralysis symptoms were significantly improved, with an effective rate of 93.33%. Zheng Kanghua et al. [30] used low-frequency electrotherapy to treat acute facial paralysis. In the control group, acupuncture and warming acupuncture and moxibustion were used to select Yifeng, Taiyang, Yangbai, Zanzhu, Dicang, Qiliao and other points. On this basis, the observation group added low-frequency pulse electrotherapy, and put electrodes at Yangbai, Taiyang, Dicang, Futu and other points on the affected side of the face for stimulation. The results showed that the total effective rate of the observation group was 94.44%, significantly higher than that of the control group.

5.2.5 Acupuncture and Moxibustion Combined with External Application

Chen Yimei [31] studied the efficacy of acupuncture and moxibustion combined with external application in the treatment of facial paralysis. Acupuncture at the acupoints of buccal cart, ground warehouse, yang bai and other acupoints, combined with external application formula for facial paralysis. It consists of white aconite, fried stiff silkworm, scorpion, safflower, notoginseng powder, and Chuanxiong, with an effective rate of 94.00%.

5.2.6 Acupuncture Combined with Acupoint Application

Tao Wujuan et al. [32] used acupuncture at acupoints such as Dazhui, Taodao, Shenting, Shenzhu, Lingtai, and Zhiyang, combined with acupoint application formulas, and applied them to acupoints such as Zhongwan, Shenque, Guanyuan, and Qihai. The combination of acupuncture and medication showed significant clinical efficacy.

5.2.7 Acupuncture and Moxibustion and Cupping

Chen Haijuan [33] found that flash cupping has the function of dispersing cold and unblocking collaterals, which can achieve the combination of "point" and "surface". The clinical effect of combination of warm acupuncture and moxibustion and moxibustion on facial paralysis is significant, and the effective rate of the experimental group is as high as 96.67%.

5.2.8 Needle Holding Lifting Method

The stagnant needle lifting method is a new type of composite technique mainly used for neurological and motor system diseases. Professor Yang often uses this method to treat stubborn facial paralysis. In ancient medicine, it is called the stagnant needle technique or the rubbing handle method. After obtaining qi through acupuncture, the thumb and two fingers are placed at the needle handle, twisted left and right until the doctor produces a stagnant needle sensation under the fingers, and then pulled in the opposite direction to make the facial muscles move up and return to normal. At the same time, small amplitude and low-frequency lifting and twisting techniques are given to prevent the qi from dissipating. Professor Yang pointed out that the method of delaying needle lifting can enhance needle sensation, reduce local tissue muscle adhesion, drive muscle movement, and also have the effect of lifting yang qi, which has a good therapeutic effect on facial paralysis [34].

5.2.9 Acupoint Ligation Combined with Thread Embedding Method

Li Hongzhu et al. [35] used acupoint ligation combined with thread embedding method to treat facial paralysis. A total of 168 patients were selected and divided into acupoint ligation combined with thread embedding group and electroacupuncture group. Both groups of patients were orally administered methylcobalamin. The first group underwent ligation surgery on the zygomatic ridge, Dicang, and buccal chariot, and the local and distal acupoints on the affected side were treated with thread embedding method once every 30 days, for a total of three times. The second group was treated with sparse and dense waves for 90 days. The results showed that the effective rate of the first group was 92.68%, which was higher than that of the second group (81.01%).

5.2.10 Floating Needle Method

Floating needle can intervene in both acute and non acute stages of facial paralysis, but the emphasis varies in different stages. In the acute stage, the main focus is on rapidly relieving symptoms and controlling disease progression; For the recovery and sequelae periods, floating needles can improve the blood circulation of paralyzed muscles, dispel stasis, disperse stagnation, and generate new energy, ensuring sufficient blood supply to muscles and ultimately achieving rehabilitation goals [36].

5.2.11 Bloodletting Therapy

Professor Zhang Hong has created the "eyelid nose cheek mouth" mucosal bloodletting therapy, selecting different mucosal bloodletting sites, namely the eyelid conjunctiva, nasal mucosa, cheek mucosa, and sublingual Jinjin jade solution in the oral cavity. For those with incomplete eyelid closure, lower eyelid conjunctival bleeding should be added; The nasolabial groove becomes shallower, and the nasal mucosa is infused with fragrant blood; For those with obvious angular deviation, bleeding of the buccal mucosa should be added; Patients with sublingual varicose veins should be treated with Jin Jin Yu liquid for bloodletting [37]. Due to prolonged illness, there is often blood stasis and obstruction of qi. Therefore, using a needle to prick and bleed can remove blood stasis, generate new energy, regulate qi flow, promote blood circulation when qi flows, and promote blood foot when qi is sufficient. This method can improve stubborn facial paralysis of qi deficiency and blood stasis type.

6. Conclusion

Peripheral facial paralysis is a common clinical disease characterized by damage to the facial nerve nucleus and peripheral nerve fibers. It is mainly manifested by abnormal movements such as angular deviation towards the healthy side, indifferent expression, disappearance or lightening of forehead wrinkles, obstruction of eye fissure closure, inversion, and crocodile tears. Traditional Chinese medicine classifies it as "hanging line wind", "sudden mouth deviation", "mouth deviation", "mouth and eye deviation", etc. Traditional Chinese medicine believes that the head is the meeting of various yang, and when the three yang are affected by evil, the mouth and eyes are deviated.

The staged treatment of facial paralysis mainly focuses on local acupoint selection, with more acupoints on the Yang meridian, and combined with traditional Chinese medicine syndrome differentiation and treatment [38]. The staging is often divided into acute phase, recovery phase, and sequelae phase. In the acute phase, acupoint selection should be minimal, and the technique should be mild, mostly cured within one week. The recovery phase is the key period, and the cheek cart, earth warehouse, Yang Bai, and Si Bai are often selected nearby, while Hegu and Taichong are selected from afar. Among them, the key acupoints of Cheek Car and Dicang have been recognized for their precise treatment of facial paralysis in clinical practice. The sequelae period is more than three months after the onset of the disease. During this period, facial paralysis is often stubborn and requires methods such as deep needling, heavy needling, and penetrating needling.

Through literature review, it has been found that in clinical practice, comprehensive therapy is often used to treat peripheral facial paralysis, combined with massage, medication, moxibustion, electroacupuncture, etc. Medications such as Qianzheng San and Buyang Huanwu Tang are commonly used. The Chinese medical master Yan Lao uses Buyang Huanwu Tang combined with Huanglian Wendan Tang to treat Qi deficiency, blood stasis, phlegm heat obstruction, and wind pathogenic obstruction type facial paralysis with excellent therapeutic effects [39]. Western medicine often uses acetate prednisolone tablets, mecobalamin, vitamin B1, etc. At the same time, it is also combined with niche therapies such as external application, acupoint application, cupping, needle retention and lifting, acupoint ligation combined with thread embedding, floating needle therapy, bloodletting therapy, etc. Although they are niche therapies, they often achieve good therapeutic effects.

Acupuncture and moxibustion has significant clinical effect and value in the treatment of facial paralysis, which is worth popularizing widely. However, research should be strengthened to further understand the pathogenesis of facial paralysis, improve the research on the stages of facial paralysis, and maximize the efficacy of acupuncture and moxibustion in the treatment of facial paralysis.

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