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## **[Acupuncture and moxibustion for peripheral facial palsy at different stages: multi-central large-sample randomized controlled trial].**

[Article in Chinese]

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### **Abstract**

#### **OBJECTIVE:**

To explore the best intervention time of acupuncture and moxibustion for peripheral facial palsy (Bell's palsy) and the clinical advantage program of selective treatment with acupuncture and moxibustion.

#### **METHODS:**

Multi-central large-sample randomized controlled trial was carried out. Nine hundreds cases of Bell's palsy were randomized into 5 treatment groups, named selective filiform needle group (group A), selective acupuncture + moxibustion group (group B), selective acupuncture + electroacupuncture (group C), selective acupuncture + line-up needling on muscle region of meridian group (group D) and non-selective filiform needle group (group E). Four sessions of treatment were required in each group. Separately, during the enrollment, after 4 sessions of treatment, in 1 month and 3 months of follow-up after treatment, House-Brackmann Scale, Facial Disability Index Scale and Degree of Facial Nerve Paralysis (NFNP) were adopted for efficacy assessment. And the efficacy systematic analysis was provided in view of the intervention time and nerve localization of disease separately.

#### **RESULTS:**

The curative rates of intervention in acute stage and resting stage were 50.1% (223/445) and 52.1% (162/311), which were superior to recovery stage (25.9%, 35/135) separately. There were no statistical significant differences in efficacy in comparison among 5 treatment programs at the same stage (all  $P > 0.05$ ). The efficacy of intervention of group A and group E in acute stage was superior to that in recovery stage (both  $P < 0.01$ ). The difference was significant statistically between the efficacy on the localization above chorda tympani nerve and that on the localization below the nerve in group D ( $P < 0.01$ ). The efficacy on the localization below chorda tympani nerve was superior to the localization above the nerve.

#### **CONCLUSION:**

The best intervention time for the treatment of Bell's palsy is in acute stage and resting stage, meaning 1 to 3 weeks after occurrence. All of the 5 treatment programs are advantageous to Bell's palsy. In the condition of the limited medical sources, the simple filiform needle therapy is recommended in acute stage. For the patients with the disorder above chorda tympani nerve, the line-up needling on muscle region of meridian is not recommended.

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