Bell’s Palsy

Bell’s Palsy is the most common form of facial paralysis. The incidence rate of this disorder is about 20 per 100,000, or about 1 in 60 or 70 persons in a lifetime. The pathogenesis of the paralysis is unknown. Current theories suggest a viral (herpes simplex) etiology, however clinical trials show a limited benefit of anti-viral medication. In addition, the autopsied cases of this disease have shown only nondescript changes in the facial nerve but no inflammatory changes, as is commonly presumed. The evidence suggesting a beneficial effect for the treatment of Bell’s Palsy with acupuncture is promising but limited at this point.

In Acupuncture and Oriental Medicine (AOM), deviation of the eye and the mouth is due to invasion of pathogenic wind and/or cold on the Yangming and Shaoyang Meridians in the facial region. This causes the paralysis and malnutrition of the facial muscles. The symptoms are a direct result of these energetic changes.

Subjective Findings and History
- Paralysis or weakness of one side of the face
- Sudden onset of paralysis and/or weakness with maximum effect being attained by 48 hours
- Pain around the ear and face and pain behind the ear may precede the paralysis for a day or 2 and persist through the first few weeks of paralysis
- Occasionally taste sensation is lost; hyperacusis may be present
- Dryness of the eye or mouth
- Risk factors include pregnancy, obesity, hypertension, diabetes, immunodeficiency, upper respiratory ailments

Objective Findings
- Facial paralysis on one side
- Incomplete closure of the eye on the affected side
- Drooping of the angle of the mouth

Assessment
-Clinicians should ensure that the facial paralysis is not associated with other signs and symptoms that may indicate other diagnoses such as stroke, mass lesions/tumors, systemic and infectious diseases such as Lyme disease, herpes, zoster, sarcoidosis. These patients should be referred to their primary care physicians for further evaluations.
• Clinical impressions should be correlated to history, complaints, and objective findings to differentiate syndromes according to TCM or other acupuncture paradigms.
• Invasion of pathogenic wind and cold will cause paralysis and malnutrition of the muscles.

Plan
• Acupuncture treatment for this condition is most effective in the early phases of the condition. Best results are obtained if treatments are started within the first week of the condition.
• Even without treatment patients improve within 3 weeks and most completely recover within 6 months. Approximately 30% of patients have notable symptoms beyond 6 months.
• Therapeutic results after 6 months of the disease are still possible but much less likely.
• Acupuncture treatments can be based on a variety of different approaches including TCM, French Energetics, Korean Hand acupuncture, Auricular acupuncture, etc. If these different techniques are used, practitioners should be able to justify point selection based on the theories of these different systems.
• Acupuncture according to TCM syndrome differentiation: Eliminate wind and remove the obstruction of meridians by applying even-movement mainly to the points of Yangming and Shaoyang Meridians. Suggested point selections include: SJ 17, GB 14, Taiyang (Extra), SI 18, ST 7, ST 4, ST 6, LI 20, GV 26, and LI 4. Suggested supplementary points: headache: GB 20; Incomplete eye closure: BL 2, GB 1, Yuyao (Extra), SJ 23; mouth droop: ST 3, tinnitus and deafness GB 2; and tenderness at the mastoid region: GB 12, SJ 5. If the healthy side of the face is stiff, shallow puncture and needle retention at the local points of the healthy side can be applied in combination with needling of the affected side.
• Electrical acupuncture and moxibustion can be used where appropriate, after acupuncture without electrical stimulation has been tried. Caution should be used in electrical stimulation to the affected area. Herbal/nutritional therapies can be prescribed, but practitioners should be aware of the potential interactions and toxicities. Chinese herbs should be prescribed to eliminate wind/cold and to address patient’s underlying deficiencies. Other herbal/nutritional therapies can include Ginkgo biloba and vitamin B complex.
• Other therapies:
  o Protection of the eye during sleep and for patients with incomplete eye closure.
  o Massage of the weakened muscles
  o Referral to primary care: Current guidelines suggest initiation of oral steroids within 72 hours of symptoms. Anti-viral medication may also be appropriate in combination with oral steroids, per physician discretion.

Length of Treatment
• Initial treatment course: 2-3 times a week for 2-3 weeks.
• Patients should be noticeably better by treatment number 5 or 6.
• If there are no changes and the patient has had the condition for more than 6 months additional treatments are unlikely to result in further clinical improvements. Treatments should be discontinued at this point.
• If the patient has only partial improvement, treatments at weekly intervals for another month may be needed to reach medically stationary status.
Outcome Assessment Tools
- Facial Disability Index (FDI)
- House-Brackmann Scale, objective grading system for facial nerve palsy

Referral Criteria
- New or worsening neurological findings
- Ocular symptoms developing at any point
- Incomplete facial recovery in 3 months

Resources for Clinicians
Lo B. Bell Palsy. eMedicine from WebMD.
http://www.emedicine.com/emerg/TOPIC56.HTM

Pao F. Bell’s Palsy. http://acupuncture.com/newsletters/m_july05/main2.htm

Resources for Patients
Bell’s Palsy Information Site. http://www.bellspalsy.ws/

National Institute of Neurological Disorders and Stroke. NINDS Bell’s Palsey Information Page.

The Evidence


**Clinical Pathway Feedback**
CHP desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please use the e-mail address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

Chuck Simpson, DC, CHP Vice President, Clinical Affairs: csimpson@chpgroup.com