The Healthcare Medicine Institute presents

Bell's Palsy and Chinese Medicine

Tinisia Green, L.Ac., Dipl. OM.

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Mechanisms and Treatment of Bell's Palsy

Mechanism of Injury: Bell's Palsy is an acute facial paralysis caused by inflammation of the seventh cranial nerve (facial nerve). This disorder is an idiopathic peripheral nervous system (PNS) impairment, and the prognosis is favorable. When facial paralysis occurs subsequent to a stroke, the central nervous system (CNS) is involved and the prognosis is less favorable. With Bell's Palsy, recovery can occur in less than 6 months without treatment or sooner with acupuncture treatment. Most patients fully recover within a year although the condition can recur.

Cranial Nerve VII (Facial Nerve):

To better understand Bell's Palsy, let's first review the anatomy and physiology of the facial nerve. All cranial nerves are considered part of the PNS, while the brain and spinal cord comprise the CNS. The facial nerve originates from the brainstem. From the geniculate ganglion, it continues and enters the temporal bone via the internal auditory canal then travels through the bones of the fallopian canal and facial canal. It exits the cranium via the stylomastoid foramen. As the facial nerve travels its journey, it makes many sharp turns through openings measuring as small as .60 millimeters.

The facial nerve is a mixed cranial nerve with sensory, motor and parasympathetic portions. There are over 10,000 axons that comprise the facial nerve, and the majority of these serve somatic motor function. Facial expression is a primary function of the facial nerve.

Sensory axons of the facial nerve innervate the anterior 2/3 of the tongue where they arise from the taste buds and travel through the stylomastoid foramen to end in the pons. The sensory portion also include proprioceptors in the muscles of the face and scalp. When the sensory portion is affected, the following Bell's Palsy symptoms will manifest

- Distorted taste
- Hyperacusis (heightened sense of hearing)
- Pain

The somatic motor portion of the facial nerve innervates the stapedius, facial and neck muscles. Many of Bell's Palsy symptoms manifest as somatic motor dysfunction, such as

- Paresis
- Inability to close an eye or to move muscles of the mouth and jaw
- Drooping on one side (eye and/or mouth)
- Smoothing of folds or wrinkles in the face and forehead

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The parasympathetic portion of the facial nerve innervate glands of the eyes, mouth and nose. These glands include the lacrimal, sublingual, submandibular, nasal, and palatine glands. Symptoms involving the parasympathetic portion of the nerve include excessive salivating and tearing. Based on these features, we can thus identify the facial nerve as a "face, ear, taste, tear" nerve:

- Face - innervates muscles of facial expression
- Ear - innervates the stapedius (smallest skeletal muscle)
- Taste - sensation to the anterior 2/3 of the tongue
- Tear - controls lacrimal glands through parasympathetic portion

Differentiation

Cranial Nerve Involvement

It is important to differentiate Bell's Palsy from other facial diseases because it shares symptoms with a variety of disorders. First, let's compare/contrast the facial nerve to cranial nerve V (trigeminal nerve), which also innervates the face. The trigeminal nerve provides sensory function to the skin of the face and anterior half of the head and motor function to the masseter, temporalis, and pterygoid muscles. From the trigeminal ganglion, it distally trifurcates into three branches: ophthalmic, maxillary, and mandibular nerves. Trigeminal neuralgia, a condition affecting cranial nerve V, will manifest as sensory symptoms such sharp, burning pain in the face.

Trigeminal Nerve	**Facial Nerve**
Facial pain	Facial weakness
Numbness	Facial expression
Sensory function skin, anterior head	Motor and sensory function of face, head
Posterior 1/3 of tongue	Anterior 2/3 of tongue
Innervates Masseter, Temporal, Pterygoid	Innervates Orbicularis Oris, Stapedius, Platysma, other neck, mouth & nose muscles

Other conditions to consider involving cranial nerves include multiple cranial nerve disorders. Multiple cranial nerves may be affected by the same disease, in this case it is important to ascertain whether the lesion or cause lies outside or inside the brainstem and which portion of the brainstem is affected. Processes involving multiple cranial nerves outside the brainstem can include

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Diabetes
Trauma
Guillain-Barre's Syndrome
Sarcoidosis
Infectious and non-infectious causes of meningitis
Enlarging saccular aneurysms
Tumors
Herpes zoster (also called Ramsey-Hunt Syndrome)

Ramsey-Hunt syndrome is an occurrence of herpes zoster affecting the geniculate ganglion. It manifests as severe facial palsy with vesicular eruptions in the pharynx, external auditory canal and other parts of the cranium. Ramsey Hunt also often involves cranial nerve VIII.

Cavernous sinus syndrome is a cranial nerve disease that's potentially life-threatening. It manifests as facial and eye pain, orbital swelling, fever, and oculomotor neuropathy of cranial nerves III, IV, and VI as well as trigeminal neuropathy affecting the ophthalmic and maxillary portions of the trigeminal nerve.

Motor Dysfunction and Paralysis

A key feature of Bell's Palsy is its sudden onset. Bell's Palsy also causes unilateral impairment of motor function. Other diseases of the face involving *motor dysfunction* include

- Hemifacial spasm - painless irregular and involuntary contractions on one side of the face
- Blepharospasm - involuntary spasms of the eyelids
- Facial myokymia - fine rippling of the muscles of the face

Additionally, there are a number other diseases that can cause unilateral or bilateral *acute facial paralysis*. Full neurological assessment and a CT and/or MRI might be necessary to confirm a diagnosis. Other causes of *acute facial paralysis* include

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HIV
Herpes Zoster (in External Ear Canal)
Lyme disease
Sarcoidosis
Guillain-Barre Syndrome
SjÖgren's Syndrome
Diabetes-Mellitus
Parotid tumor
Eclampsia
Otitis Media
Malignancy
Trauma (temporal bone injury or facial fracture)
Vestibular schwannoma

Stroke

Facial paralysis can also occur as sequelae to stroke. Strokes are a serious condition in the US. They are the third leading cause of death and most common cause of long-term disability. Eighty percent of strokes are caused by Ischemic Cerebrovascular Disease (blockage). The remaining causes of stroke are due to rupture of a vessel in the brain such as sub-arachnoid (5%) and cerebral (15%) hemorrhage. Ischemic strokes involve sudden focal neurological deficits occurring for longer than 24 hours. There are several kinds of ischemic strokes of which transient ischemic attacks (TIA) involve focal neurological deficits lasting for less than 24 hours. Most transient ischemic attacks actually last less than 10 minutes. In 30-40% of the cases, TIA patients will go on to experience a full ischemic stroke within five years.

Strokes are prevalent in the elderly and require significant rehabilitation and therapy. Hemiplegia with forced eye deviation is one of the predictors for a poor prognosis. Other predictors for a poor prognosis following a stroke include the patient being over 70, having a history of prior stroke or concomitant Coronary Heart Disease, and initially losing consciousness.

Diagnosis and Western Treatment of Bell's Palsy

As previously mentioned, sudden onset (hours to days) is a key feature of the Bell's Palsy. Patients often notice symptoms of Bell Palsy when they awake in the morning with the symptoms getting progressively worse over the course of 2 or 3 days. Symptoms can vary in their intensity and the patient must be observed for progressive degeneration. According to *Conn's Current Therapy 2009,* "a slowly progressive paralysis that worsens over weeks to months is not Bell's Palsy and should be worked up otherwise." In such cases, malignancies should

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be ruled out.

We can assess the facial nerve function in a clinical setting. First observe the facial symmetry. Is there any unilateral weakness? Absence of facial lines and a droopy mouth on one side indicate unilateral lower motor neurone weakness, i.e., Bell's Palsy. Next, ask the patient to perform certain tests to assess operation of eye, face, mouth and jaw muscles. Can the patient perform these tasks without any problems? Compare the strength of the muscles in the upper and lower face. Bell's Palsy is a lower motor neurone disease, so when attempting to close the eyelids the eye may turn upwards.

Be careful of *common mistakes* when assessing, such as accounting for:

- mild facial asymmetry that is normal for that patient
- ptosis or drooping of the upper eyelid (a condition caused by problems with another cranial nerve).

Clinical diagnosis for Bell's Palsy should include:

1. A full eye, head, neck and neurological examination to determine a House-Brackmann score (See tables below).
2. Patient history to determine risk
3. Audiometric testing with patients who have facial paresis
4. Ruling out other causes for facial paralysis and making certain there are no cutaneous lesions of Herpes Zoster in the external ear canal

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Assessment and Function

Table 1. Assessment of Facial Nerve Function

Observe Facial Symmetry

1. Look at the nasolabial folds and forehead wrinkles. Are they present? (Absence indicate Bell's Palsy)
2. Are there any abnormalities with spontaneous movements like smiling or blinking?

Ask Patient to Perform Tasks

1. Show the teeth. Is there any difficulty in moving jaw and mouth muscles?
2. Whistle. Can the patient whistle? Does air leak out?
3. Turn the eye upward. Watch the eye movement and look for symmetry.
4. Puff their cheek. Can the patient puff their cheeks on both sides? Does air leak out?
5. Hold liquids in their mouth. Can the patient do this on both sides? Do they drool?
6. Furrow the eyebrow. Can the patient do this without difficulty?

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Nerve Dysfunction Categories

Table 2. House-Brackmann Facial Nerve Grading System
Grade 1: Normal ▪ Normal facial function in all areas ▪ ▪
Grade 2: Mild Dysfunction ▪ Slight weakness noticeable ▪ May have slight synkinesis ▪ Normal symmetry and tone at rest ▪ Forehead: moderate to good function ▪ Eye: complete closure with minimum effort ▪ Mouth: slight asymmetry
Grade 3: Moderate Dysfunction ▪ Obvious but no disfiguring difference between the two sides ▪ Noticeable but no severe synkinesis, contracture, and/or hemi facial spasm ▪ Normal symmetry and tone at rest ▪ Forehead: slight to moderate movement ▪ Eye: Complete closure with effort ▪ Mouth: Slightly weak with maximum effort
Grade 4: Moderately Severe Dysfunction ▪ Obvious weakness and/or disfiguring asymmetry ▪ Normal symmetry and tone at rest ▪ Forehead: no movement ▪ Eye: Incomplete closure ▪ Mouth: Asymmetric with maximum effort
Grade 5: Severe Dysfunction ▪ Only bare perceptible motion ▪ Asymmetry at rest ▪ Forehead: No movement ▪ Eye: Incomplete closure ▪ Mouth: Slight movement
Grade 6: Total Paralysis ▪ No movement

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With Bell's Palsy, swelling of the facial nerve and subsequent facial paralysis primarily occur via either an infectious or vascular mechanism. In 1996 researchers identified DNA fragments of Herpes Simplex Virus (type 1) in patients undergoing facial nerve decompression therapy. So, some scientists now believe this virus may be an agent in the development of Bell's Palsy. Generally, however, the infectious agent is an upper respiratory infection of either viral or bacterial nature. When the immune system is compromised due to a common cold or flu, the nerve becomes infected and inflamed. Inflammation of a vascular nature occurs when the facial nerve is compressed as it courses through the stylomastoid foramen or the bones of the facial canal.

About 40,000 people in the US develop this disorder every year. It is likely you will encounter a patient with this condition in your clinic. The common age is between 16 and 60, but it can affect anyone at any age. Those at higher risk for Bell's Palsy include

- pregnant women in the 3rd trimester or recently post-natal
- diabetic mellitus and hypertension patients
- people who have an upper respiratory infection
- anyone with a genetic pre-disposition (in these cases Bell's Palsy has a higher chance of recurring)

Western medical treatment may include prescribing acyclovir or corticosteroids or both acyclovir and a corticosteroid. Facial decompression surgery may also be performed. Special care is needed to protect the eye, such as using lubricating drops during the day and a patch to cover the eye at night to prevent damage to the cornea. In some cases, no medicines may be prescribed, and the condition may be allowed to resolve itself without further treatment since the condition is self limiting.

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Course Activity 1:

1. Which conditions can cause acute facial paralysis?
HIV
Bell's Palsy
Herpes Zoster
All of the above

2. Why is Bell's Palsy not a central nervous system disorder?
Because it affects a cranial nerve, which is part of the peripheral nervous system.
Because Bell's Palsy is a self-limiting disease
Because Bell's Palsy is caused by an infection
None of the above

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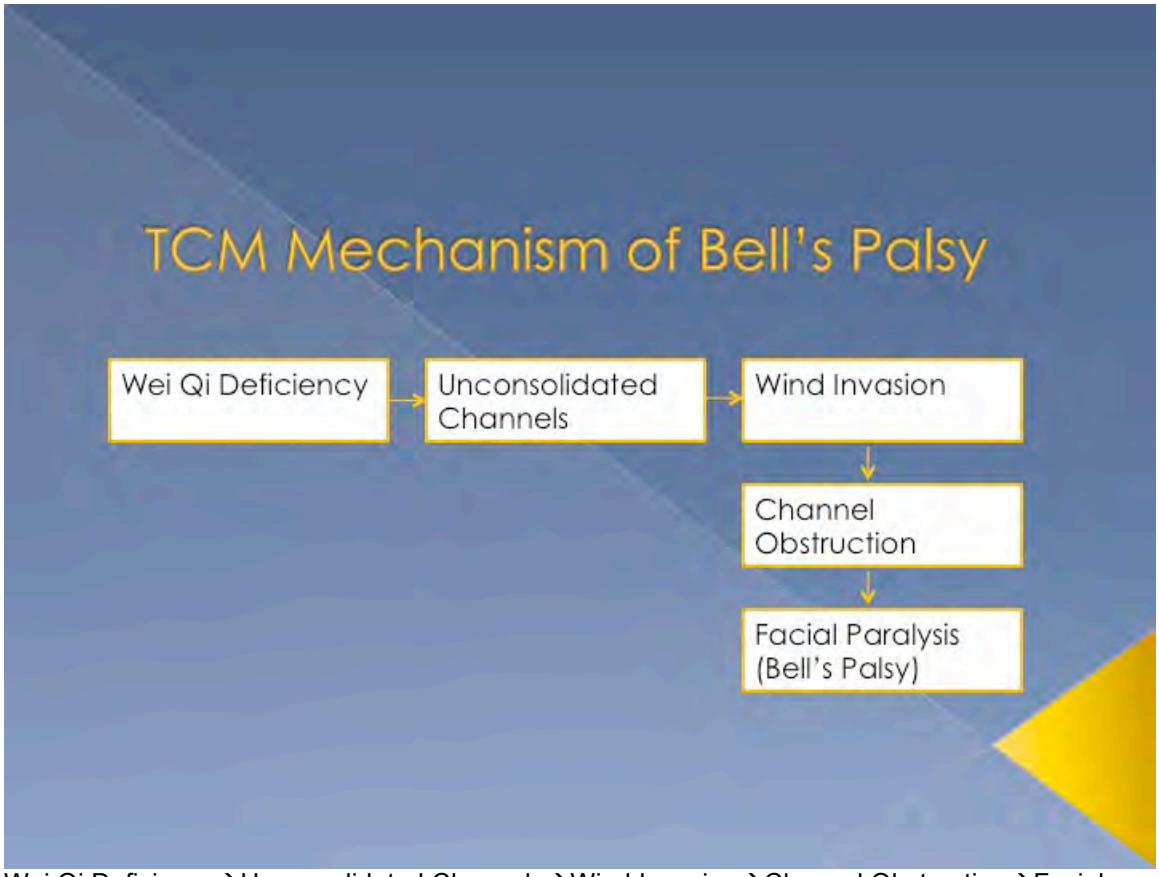
TCM Mechanism



Wei Qi Deficiency→Unconsolidated Channels→Wind Invasion→Channel Obstruction→Facial Paralysis (Bell's Palsy)

From a TCM standpoint, facial paralysis can occur from invasion of external pathogenic factors, either Wind or Wind-Cold, or from internal wind. The TCM treatment may use some of the same acupuncture points for facial paralysis whether due to Bell's Palsy (PNS) or sequelae to wind stroke (CNS), but overall the treatment plans will differ because the patterns are different in these two conditions. Paralysis from a wind stroke stems from to an internal disharmony (e.g., Liver Yang Rising, Internal Wind Stirring) while Bell's Palsy arises from external pathogenic factors.

In the TCM mechanism for Bell's Palsy, over-exertion or emotional stress weakens the person's Wei qi allowing Wind or Wind-Cold pathogen to invade the body. Swelling of the facial nerve blocks qi and xue flow to the Yang Channels of the head and face. The lack of blood flow and nourishment to the tendons and muscles of the face then results in tingling and numbness. The blockage of qi causes flaccidity.

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Indications:

Unilateral facial paralysis or weakness beginning suddenly with a cold, numb feeling that gets worse within days; deviation of the eye and mouth or ipsi-lateral pulling of the face; jaw pain; numbness; tenderness; ear pain, headaches; loss of muscle tone; lacrimation; difficulty eating; hypersensitivity to sound; distortion of the sense of taste; inability to close an eye. There also may be cold or flu symptoms including a stiff neck. Because this disease is quite disfiguring, the patient can be in a state of distress.

Note: As acupuncturists, we should also be aware of synkinesis, a complication following Bell's Palsy, in which the facial nerve regenerates abnormally, causing undesired and unsynchronized facial movements. The muscle patterns can be unpredictable and range in severity. In addition to unsynchronized and undesired movements, synkinesis can cause muscle spasms and tightness in the neck and cheeks. Electrical stimulation should not be used with synkinesis as this may increase spasms and tightening.

Tongue: Normal body color, thin white coat
Pulse: Floating, tight or soft (due to Wei qi deficiency)

Diagnosis:

External Wind or Wind-Cold Invasion, Blockage of Shaoyang and Yangming channels

Treatment Principle:

Release Wind-Cold
Promote Qi and Xue Circulation
Open the Meridians
Nourish Face

Formulas with Analysis:

Qian Zheng San (Pulling the Upright Powder)

Bai Fu Zi	*Rhizoma Typhonii Gigantei*	6 g
Jiang Can	*Bombyx Batryticatus*	6 g
Quan Xie	*Buthus Martensi*	6 g

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This formula is the most commonly used for Bell's Palsy. It functions to expel the wind, alleviate spasms and transform phlegm.

- Bai Fu Zi expels Wind from the channels and especially the face, transforms phlegm and unblocks the collaterals.
- Jiang Can and Quan Xie both expel wind, transform phlegm and alleviate spasms.

Note: Qian Zheng San is toxic and should not be taken for a long period of time. Do not use it during pregnancy.

Alternate Formula

Tian Ma	*Rhizoma Gastrodiae Elatae*	9 - 12 g
Gou Teng	*Ramulus Uncariae cum Uncis*	9 - 12 g
Shi Jue Ming	*Concha Haliotidis*	6 - 9 g
Bai Shao	*Radix Paeoninae Lactiflorae*	6- 9 g
Mu Gua	*Fructus Chaenomelis*	6- 9 g
Wu Gong	*Scholopendra Subspinipes*	6 g
Chuan Wu	*Radix Aconiti Carmichaeli*	6 g
Cao Wu	Radix Aconiti Kusnezoffii	6 g
Ban Xia	*Rhizoma Pinelliae Ternatae*	6 g
Wei Ling Xian	*Radix Clematidis*	6 - 9 g
Bai Ji	*Rhizoma Bletillae Striatae*	6 - 9 g
Chen Pi	*Pericarpium Citri Reticulatae*	12 - 15 g*

*Apply Chen pi and ginger juice topically.

- Tian Ma, Gou Teng, Shi Ming Jue help expel wind and can strengthen the effect of the formula. Tian Ma and Gou Teng are useful for rheumatoid conditions and facial neuritis.
- Bai Shao and Mu Gua relax the sinews and unblock the channels. A major action of Bai Shao is to relieve pain.
- Wu Gong expels wind and strengthens the effect of the formula. It also attacks toxins, but is toxic as well, so caution should be used with it.
- Chuan Wu and Cao Wu expel wind, warm channels, and alleviate pain. Both are useful to treat wind, cold and damp as well. Cao Wu treats wind stroke paralysis and headaches, while Chuan Wu treats hemiplegia and headaches. These herbs are toxic so caution should be used with them.
- Ban Xia and Wei Ling Xian transform phlegm and dry dampness. Note: Use the prepared Ban Xia as the un-prepared version is toxic.
- Bai Ji helps to reduce the swelling and dispel wind.
- Chen Pi and Ginger juice also help reduce the swelling and inflammation and to improve circulation.

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Many of the above herbs are contraindicated during pregnancy. When treating a patient who is pregnant, caution should be exercised.

Important Western Research Findings on the Herbs:

- Quan Xie (*Buthus Martensi*) stopped or reduced seizures in patients during a clinical study. It has a tranquilizing effect on the central nervous system of animals.
- Jiang Can (*Bombyx Batryticatus*) appeared to inhibit convulsions in animals.
- Bai Fu Zi (*Rhizoma Typhonii Gigantei*) was studied on animals infected with tuberculosis. This herb showed to be effective but not as effective as streptomycin.
- Tian Ma (*Rhizoma Gastrodiae Elatae*) exhibited anti-convulsive effects on mice. It was also effective in reducing pain due to heat in mice.
- Gou Teng (*Ramulus Uncariae cum Uncis*) exhibited a sedative effect in mice.
- Bai Shao (*Radix Paeoninae Lactiflorae*) and Mu Gua (*Fructus Chaenomelis*) both have an anti-inflammatory effect.

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Points with Analysis:

Local Points to use:
GB 14, SJ 23 - These two points are used to relax and nourish the forehead and to treat the area around the eyes. When treating Bell's Palsy, it is important to clear the Yangming and Shaoyang channels. These two local Shaoyang points will assist in unblocking those channels.
UB 1, 2; GB 1;Taiyang; Yuyao; ST 2 - Use the preceding points to treat the area around the eyes, to relax and nourish the sinews, and to benefit the eyes in general.
LI 19, 20 ST 3; SI 18, 19 - Use the preceding points to treat the nasolabial area. Additionally, the Large Intestine and Stomach points are important channel points to treat the Yangming.
ST 4, 6, 7; Ren 24; Du 26; Qian Zheng - The purpose of using these points is to treat deviation of the mouth and to nourish the sinews of the jaw. Qian Zheng is the local point located 0.5-1 cun anterior to auricular lobe and functions especially to treat deviation of the mouth. Qian Zheng means "to pull upright."
SJ 17, 19 - To treat hypersensitivity or pain in the ears and to expel wind.
UB 12, 13 - These points help to release exterior wind.
GB 20 - This point expels wind and opens the entire head.

Distal Points to use:
LI 4; Lv 3- These two points work to expel wind, regulate qi and benefit face and head. They also are use to regulate the qi of the entire body.
Lu 7 - This point benefits the head and nape, releases the exterior and expels wind. It is also opens the collaterals.
SI 3 - This point treats wind anywhere in the body.
Yintang - Since Bell's Palsy patients may be in a state of distress, it is important to address the emotions. Use this point to calm the shen and benefit the forehead.
St 36; LI 10 - This point combination is used to support the immune system. Also, it is important to clear the Yangming when treating Bell's Palsy. These points are powerful distal points that serve that purpose.

All points are needled using the even method.

Facial massage is also recommended with treatment. The patient should be encouraged to massage the face up and outward everyday. They can use a light hypo-allergenic facial oil such as Sweet Almond or Apricot Kernel oil.

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Needling Methods:
The distal points should be needled bilateral. With Bell's Palsy commonly only the affected side of the face is needled. However, the practitioner may choose to needle facial points on the affected side or both sides.

Deadman's Acupuncture does note that the classics recommend contra lateral needling in certain diseases. The principle of treating the healthy side is important in cases where the "qi is plentiful, in chronic cases and those involving great deficiency." However, in Bell's Palsy usually only the affected side of the face will be needled.

To enhance the treatment, the practitioner may choose to thread (transverse needling) certain points:
St 4 to SI 18, LI 20 or Ren 24 for deviation of the mouth
St 4 to St 7 to treat the mouth and jaw area

One effective empirical method is to needle at small intervals along a pathway that may be typically threaded (e.g., ST 4 → Qian Zheng or St 7). This method prevents bruising. It also helps prevent pathogenic Wind from traveling from channel to channel.

Note: The author of this course discourages electrical stimulation on the face when treating a Bell's Palsy case.

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Course Activity 2:

1. In which situations, should the practitioner refer a patient to a MD for further assessment?
There are vesicle lesions in the external ear.
Paralysis occurs slowly over the course of a few months.
There is a loss of vision.
All of the above.

2. Are similar points used to treat paralysis from Bells Palsy and paralysis from stroke?
Yes
No

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Case Histories:

Case History 1

Case history 1 involved a male in his late 30s. He developed facial paralysis on the right side following surgery to remove a brain tumor. Initially, he had very little sensation on the right side of his face, including forehead, cheek, and jaw areas. He could not raise his right eyebrow at all, and a whistle test failed on the right side of his mouth (air leaked out). He was already receiving physical therapy treatments before he started acupuncture treatments. He wanted to incorporate acupuncture because other treatments seemed to plateau in their effects. His acupuncture treatments started three months after brain surgery,

A total of 12 treatments were administered on a weekly basis. At the end of the treatment series, he gained overall muscle tone on the right side of his face, especially in his cheek and jaw. However, sensation and movement in the forehead never came back.

Since the patient had not received acupuncture before, the practitioner gradually increased the number of needles during the course of treatments. This protocol was done especially on his face to avoid any adverse effects. The patient's condition seemed to respond better with more needles up to a certain point. After 10 treatments, however, no additional improvements were noted.

Pulse: Right - either slippery or wiry, Left - extremely deep and weak
Tongue: Dusky, slight purplish, swollen

TCM Diagnosis: Local Qi and Blood Stagnation

Points used:
- Scalp points (both sensory and motor)
- LI4, Lv 3, Sp 6
- Yintang,
- Facial points used (right side only and not all were used at once): Bl 2, 3, 4, Tai Yang, Yu Yao, SJ23, St 3,4,6,7; GB 2, SJ 17, SI 19

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Case History 2

Case History 2 involved a male in his early 30s who been diagnosed with Bell's Palsy. His overall health was good and his demeanor pleasant. When he came for acupuncture to the current practitioner, he had already received some acupuncture and herbs with good results. The right side of his face was affected, most notably the naso-labial groove with deviation of the mouth. After several more treatments, the patient was happy to report improvement with his ability to smile and he was able to regain control of the right side of his mouth.

No Tongue or Pulse Noted

TCM Diagnosis: Wind Invasion

Points: Right side only -St 3, 4, 6,7 Qian Zhen
Bilateral Points - LI4 and Lu7

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