Nursing Experience of Thunder-Fire Moxibustion Combined with Manual Acupoint Massage for Improving Facial Nerve Function in a Patient with Wind-Cold Syndrome Facial Paralysis

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Abstract

This article summarizes the nursing experience of a single case of wind-cold pattern facial paralysis in which thunder-fire moxibustion combined with manual acupoint massage was employed to improve facial nerve function, encompassing the manipulation techniques of thunder-fire moxibustion, manual acupoint massage, psychological nursing, and conventional nursing care. The thermal stimulation from thunder-fire moxibustion can precisely target the lesion site, further enhancing sensory transmission along the meridians. This therapeutic approach demonstrates high acceptability, with patients readily cooperating actively. Treatment based on Traditional Chinese Medicine diagnosis can, to a certain extent, facilitate improvement in facial nerve motor function, thereby significantly enhancing patients' quality of life.

Full Text

Nursing Experience of Improving Facial Nerve Function in a Wind-Cold Syndrome Facial Paralysis Patient Using Thunder-Fire Moxibustion Combined with Manipulative Acupoint Massage: A Case Report

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Abstract

This article summarizes the nursing experience of applying thunder-fire moxibustion combined with manipulative acupoint massage to improve facial nerve func-

tion in a patient with wind-cold syndrome facial paralysis. The report details the operational techniques of thunder-fire moxibustion, manipulative acupoint massage, psychological nursing, and routine care. The thermal stimulation from thunder-fire moxibustion can precisely target lesions while enhancing meridian sensory conduction. This approach demonstrates high patient acceptance and compliance. Treatment based on traditional Chinese medicine (TCM) pattern identification can help improve facial nerve mobility and significantly enhance patients' quality of life.

Keywords: thunder-fire moxibustion; manipulative acupoint massage; facial paralysis; nursing experience

Peripheral facial paralysis is a condition caused by acute non-suppurative facial neuritis affecting the facial nerve nucleus or its peripheral branches [1]. Clinical manifestations include difficulty or inability to perform actions such as frowning, eye closure, teeth exposure, and blowing air. This frequently encountered condition is particularly common among patients with wind-cold syndrome. Without timely and appropriate treatment, patients may suffer permanent facial damage, including mouth deviation, facial muscle stiffness, and even spasms, which not only affects appearance but also causes physical discomfort and significantly impacts quality of life. Different treatment and nursing measures influence recovery time and residual symptoms, with facial pain and muscle weakness causing life distress and negatively affecting psychological health and quality of life [2]. To accelerate treatment and reduce sequelae of peripheral facial paralysis, our research team implemented thunder-fire moxibustion combined with routine acupoint massage to identify an effective approach for accelerating recovery and reducing disability. This article summarizes the nursing experience of applying this combined therapy to improve facial nerve function in a wind-cold syndrome facial paralysis patient.

1. Clinical Data

A 65-year-old male patient presented with acute onset of peripheral facial paralysis on May 20, 2022, accompanied by impaired taste sensation in the anterior tongue. He was admitted two days after onset, having developed left facial paralysis, incomplete left eye closure, wind sensitivity, tearing, impaired anterior tongue taste, and rightward mouth deviation following a wind-cold infection. TCM diagnosis was wind-cold syndrome facial paralysis, while Western medicine diagnosis was peripheral facial neuritis. The patient exhibited a thin white tongue coating and a floating rapid pulse, indicating "wind-cold attacking the collaterals." His facial nerve function was graded as House-Brackmann (H-B) Grade III (moderate dysfunction). Upon admission, treatment focused on activating blood circulation, dispelling wind, and dredging meridians, primarily targeting the affected facial side with the healthy side as adjunctive therapy. The treatment protocol was adjusted according to the patient's pattern identification and symptoms. After 10 days of combined thunder-fire moxibustion treatment, his facial nerve function grade decreased to H-B Grade II, with right

eyelid closure incomplete by approximately 1 mm, wind-induced tearing, improved taste disturbance, and discharge on July 4.

2. Nursing Care

2.1 Nursing Assessment

Upon admission, we assessed the patient using the House-Brackmann (H-B) facial nerve grading scale recommended by the Fifth International Conference on Neurosurgery [3]. This evaluation method comprises six grades ranging from healthy to severe facial paralysis. Grade I represents normal function; Grades II-III indicate mild to moderate facial paralysis; and Grades IV-VI represent severe facial paralysis. Specifically, Grade I shows symmetrical facial function; Grade II exhibits slight muscle weakness on close examination, complete eye closure with minimal effort, slight asymmetry with maximal smiling, negligible synkinesis, and no spasms; Grade III demonstrates obvious muscle weakness without disfiguration, inability to raise the eyebrow, incomplete eye closure and oral movement with effort, and noticeable synkinesis or spasms; Grade IV shows severe muscle weakness with disfiguration, inability to raise the eyebrow, incomplete eye closure with effort, asymmetric mouth movement, and tense synkinesis or spasms; Grade V presents barely perceptible motion, incomplete eye closure, slight mouth corner movement, usually without synkinesis or spasms; and Grade VI indicates complete absence of motion, loss of tone, and no synkinesis or spasms [4]. The patient's admission assessment was Grade III.

2.2 Nursing Interventions

2.2.1 Basic Nursing We introduced the patient to the ward environment, ensuring it was safe and comfortable with appropriate temperature and humidity, adequate lighting, and quiet conditions to avoid sleep disturbance. Bed units were maintained clean, flat, and dry, with bed rails installed to prevent falls.

2.2.2 Psychological Nursing Patients typically experience sudden onset and appearance changes, leading to emotional tension [5]. During nursing care, we first communicated with the patient to explain the necessity and importance of flash cupping therapy, which helped alleviate anxiety and improve cooperation. We organized educational seminars on facial paralysis cognition and health education to help patients understand how negative emotions impact recovery, distributing emotion management manuals to patients and their families. Additionally, we employed positive suggestive language to help patients relieve negative emotions and improve treatment adherence. Finally, nurses observed patients' psychological characteristics, implemented preventive interventions, assessed their treatment cooperation and facial function recovery, helped them accept physical changes, and supported them through psychological adaptation [6].

2.2.3 Traditional Chinese Medicine Nursing Techniques On the first day of admission, we implemented key acupoint massage therapy [7]. Selected acupoints included Yintang (EX-HN3), Shenting (GV24), Yangbai (GB14), Taiyang (EX-HN5), Cuanzhu (BL2), Yuyao (EX-HN4), Jingming (BL1), Sibai (ST2), Yingxiang (LI20), Xiaguan (ST7), Jiache (ST6), Dicang (ST4), Qianzheng, Yifeng (TE17), and Fengchi (GB20). The patient assumed a supine position while the physician stood at the head, applying gentle pressure from top to bottom across the entire face. On the fourth day of treatment, assessment revealed incomplete right eyelid closure of 2 mm with minimal improvement in rightward mouth deviation.

On the fifth day, due to suboptimal recovery, we adjusted the treatment protocol to combine acupoint massage with thunder-fire moxibustion. Thunder-fire moxibustion originates from meridian theory and acupoint doctrine [8], primarily utilizing the warming and penetrating effects of burning mugwort and other herbs to stimulate specific acupoints. This stimulation activates the body's meridian qi, helps dredge meridians [9], promotes blood circulation, enhances regional blood flow, and balances bodily qi functions. During treatment, the patient remained in a supine position. Applied acupoints included Xiaguan (ST7), Quanliao (SI18), and Jiache (ST6). The procedure involved: igniting a moxibustion stick and securing it in a single-hole moxibustion box; positioning the patient in healthy-side lying position; cleaning the treatment area skin with gauze; placing and securing the moxibustion box over the acupoint; covering with an appropriately thick towel to prevent fire extinguishing; removing the box after treatment; and drying the moist area with dry gauze. Each session lasted 20 minutes, administered once daily, with one week constituting a complete treatment cycle.

By the eighth day of thunder-fire moxibustion (12th day post-admission), we maintained the original treatment foundation while combining thunder-fire moxibustion to promote facial nerve improvement. On the 14th day post-admission (10th day of thunder-fire moxibustion), the patient's incomplete right eyelid closure measured approximately 1 mm, taste reduction showed improvement, and facial nerve function grade decreased to H-B Grade II.

3. Effect Evaluation

Comparison of facial nerve function grading (House-Brackmann) and facial paralysis symptoms before and after treatment showed: on admission day 1 (pre-treatment), the patient was H-B Grade III with incomplete right eyelid closure of approximately 3 mm, wind-induced tearing, and impaired anterior tongue taste with rightward mouth deviation; on treatment day 4 (mid-treatment), he remained H-B Grade III with incomplete right eyelid closure of 2 mm, wind-induced tearing, impaired taste, and rightward mouth deviation; on treatment day 14 (post-treatment), he improved to H-B Grade II with incomplete right eyelid closure of approximately 1 mm, wind-induced tearing, improved taste disturbance, and rightward mouth deviation.

4. Discussion

From a TCM perspective, facial paralysis originates from chronic overwork consuming healthy qi, creating an imbalance between vital energy and defensive capacity that renders the body's frontline defenses ineffective against external pathogens. When physical constitution declines and disease resistance weakens, wind-cold pathogenic factors invade the body [10], ascend to the face, stagnate in facial skin and muscles, and penetrate the meridian system. This obstructs the Shaoyang and Yangming meridians of the face [11], causing meridian-tendon function imbalance and muscle weakness, thus triggering the disease.

The medical community has consistently valued moxibustion, primarily attributing this to mugwort's acrid-warm properties that effectively warm and supplement yang qi while dredging meridians [12]. Thunder-fire moxibustion evolved from ancient actual-press moxibustion methods and similarly operates on meridian and acupoint theory. During production, herbs such as agilawood, pangolin scales, dried ginger, capillary artemisia, notopterygium, and aucklandia are typically added to conventional moxibustion sticks, further strengthening their pain-relieving and meridian-dredging, blood-activating and qi-moving, wind-dispelling and cold-eliminating, and dampness-removing effects. Compared to ordinary moxibustion sticks, thunder-fire moxibustion is thicker, producing stronger heat, infrared radiation, and medicinal power after ignition. When applied to the affected side, it accelerates heat and medicinal power penetration into deep subcutaneous tissues, promotes local qi and blood circulation, eliminates locally invading wind-cold-damp pathogens, and improves facial nerve function [13]. As an external treatment not involving oral or injectable medications, thunder-fire moxibustion does not increase hepatic or renal metabolic burden and has minimal side effects, indicating substantial promotion value.

This article accumulates clinical experience through case analysis; however, the limited sample size of single-case analysis presents inherent limitations. Further research is needed to provide better theoretical support for clinical application.

Conflict of Interest Statement: The authors declare no conflicts of interest.

References: [1] Zhong Yongying, Zeng Jinlan, Li Aizhen. Application of thunder-fire moxibustion in nursing care of facial paralysis patients with wind-cold syndrome [J]. Contemporary Nurse (Mid-Month Issue), 2022, 29(3): 3.
[2] Cao Juan, Wang Junwei, Peng Li. Observation on therapeutic effect of acupuncture combined with medicine in treating facial paralysis sequelae [J]. Shanxi Journal of Traditional Chinese Medicine, 2016, 32(8): 40-41.
[3] Yu Qingyun, Hong Mingfan, Cheng Jing. Changes of early blink reflex and facial nerve electromyography in Bell's palsy patients and their relationship with facial nerve function damage [J]. Chinese Journal of Rehabilitation Theory and Practice, 2014, 20(7): 4.
[4] Wu Xiyue, Jiang Changzhen, Wu Zanyi, et al. Discussion on microsurgical treatment of acoustic neuroma and protection of facial nerve function [J].

Chinese Journal of Neuromedicine, 2011, 10(8): 3.
[5] Luo Xiang, Huang Bei, Lu Juan. Effect of traditional Chinese medicine rehabilitation nursing combined with incentive psychological nursing on psychological state and quality of life of facial paralysis patients [J]. Journal of Qilu Nursing, 2020, 26(17): 4.
[6] Yi Yuanyuan, Lei Lifang. Study on effect of early rehabilitation nursing in acupuncture treatment of peripheral facial paralysis [J]. Chinese and Foreign Medical Research, 2017, 15(16): 2.
[7] Liu Youxian, Li Huangtong, Zheng Fenge. Research progress in treatment of peripheral facial paralysis [J]. Asia-Pacific Traditional Medicine, 2016, 12(15): 90-92.
[8] Zhang Yu. Clinical observation of thunder-fire moxibustion at Shousanli acupoint combined with acupuncture in treating facial paralysis (wind-cold syndrome) [D]. Changchun University of Chinese Medicine, 2021.
[9] Xu Jing. Application study of thunder-fire moxibustion array therapy combined with acupoint massage in facial paralysis patients with wind-cold attacking collaterals pattern [D]. Changchun University of Chinese Medicine, 2020.
[10] Ren Mei, Liu Li, Geng Qingwen. Research progress on traditional Chinese medicine rehabilitation nursing for peripheral facial paralysis [J]. Nursing of Integrated Traditional Chinese and Western Medicine, 2022, 8(10): 55-59.
[11] Feng Yan, Cheng Juan, Sheng Yuxia. Efficacy and comfortable nursing measures of thunder-fire moxibustion in treating wind-cold attacking collaterals facial paralysis [J]. Nursing of Integrated Traditional Chinese and Western Medicine (Chinese and English), 2018, 4(9): 3.
[12] Luo Zhen, Zheng Lirong, Chen Xianfeng. Observation on efficacy of thunder-fire moxibustion combined with detailed nursing in facial paralysis [J]. Journal of External Therapy of Traditional Chinese Medicine, 2021, 30(6): 2.
[13] Cao Cuimin, Wang Changwei, Li Yanchang. Clinical observation of thunder-fire moxibustion combined with distal acupoint acupuncture in auxiliary treatment of acute edema stage of facial neuritis [J]. Journal of Practical Traditional Chinese Medicine, 2023, 39(07): 1423-1425.

Note: Figure translations are in progress. See original paper for figures.