

6. Nervous System Diseases

Reference

Kim MS, Kim HJ, Park YJ, et al. The clinical research of the efficacy of bee venom aqua-acupuncture on peripheral facial paralysis. *Daehan-Chimgu-Hakhoeji (Journal of Korean Acupuncture & Moxibustion Society)* 2004; 21(4): 251–62 (in Korean with English abstract).

1. Objectives

To determine the clinical efficacy of bee venom aqua-acupuncture for the treatment of peripheral facial paralysis.

2. Design

Randomized controlled trial (RCT).

3. Setting

One Oriental hospital (Semyung University Oriental Medicine Hospital), Republic of Korea.

4. Participants

Thirty patients who visited the hospital where peripheral facial paralysis was diagnosed by physical examination.

5. Intervention

Bee venom aqua-acupuncture (0.03 cc injected per acupuncture point on an average of twice a week) at facial acupuncture points at the affected site including Yangbai (GB14, 陽白), Quanliao (SI18, 顴髎), Dicang (ST4, 地倉), Jiache (ST6, 頰車), and Yifeng (TE17, 翳風).

Arm 1: General traditional Korean medicine treatment only group (n=15).

Arm 2: General traditional Korean medicine treatment plus bee venom aqua-acupuncture treatment (more than 6 times) group (n=15).

6. Main outcome measures

Yanagihara's unweighted grade. Change in paralysis score from pre- to posttreatment, used as an improvement index.

Improvement Index (%) = (Score before treatment – Score after treatment)/Score after treatment*100.

7. Main results

1) Yanagihara's unweighted grade was higher 1–2 weeks after treatment in Arm 2 and higher 3–4 weeks after treatment in Arm 1, but the difference before treatment (9.93 ± 8.42 [Arm 1] vs. 15.9 ± 9.21 [Arm 2]; $P=0.067$) and 4 weeks after treatment (35.7 ± 5.2 [Arm 1] vs. 32.4 ± 7.2 [Arm 2]; $P=0.185$) was insignificant.

2) Improvement index was higher in Arm 1 than Arm 2 1–4 weeks after treatment. At 3–4 weeks, the index was significantly higher in Arm 1 (71.5 ± 24.1 vs. 51.2 ± 28.3 [at 4 weeks]; $P=0.044$).

8. Conclusions

Addition of bee venom aqua-acupuncture to general traditional Korean Medicine treatment improves the outcomes of patients with peripheral facial paralysis.

9. Safety assessment in the article

Side effects such as local pain, swelling, and itching after the bee venom aqua-acupuncture were exhibited by some patients (who withdrew from treatment). These are described in the discussion section of the original article.

10. Abstractor's comments

This article describes the efficacy of bee venom aqua-acupuncture in the treatment of peripheral facial paralysis. This is the first study to compare bee venom aqua-acupuncture with conventional general traditional Korean medicine. Thirty patients were selected and randomized into two groups, and one group was treated with six rounds of bee venom aqua-acupuncture. The severity of facial muscle paralysis was evaluated using the Yanagihara's unweighted grading system. The improvement index calculated from Yanagihara's unweighted grades was compared between the two groups. Bee venom aqua-acupuncture enhanced the efficacy of general traditional Korean medicine. The number of subjects was small. As the follow up period was limited to 4 weeks, the required time for recovery could not be calculated.

11. Abstractor

Lee EJ, 26 May 2010.