

Analysis of Jia ChengWen's Experience in Treating Old Facial Paralysis with Superficial Needling of Double Needles Based on the Theory of “Strengthening Vital Qi and Eliminating Pathogenic Factors”

Zhi Liang¹, Jie Zheng^{1,*}, Chengwen Jia²

¹Shaanxi University of Chinese Medicine, Xianyang 712046, Shaanxi, China

²Jia Chengwen's Studio, Affiliated Hospital of Shaanxi University of Chinese Medicine, Xianyang 712000, Shaanxi, China

*Correspondence Author

Abstract: This article summarizes the experience of Jia Chengwen, a famous traditional Chinese medicine doctor in Shaanxi Province, in treating facial paralysis with the combination of the theory of “strengthening vital qi and eliminating pathogenic factors” and the technique of superficial needling of double needles. Professor Jia Chengwen follows the idea of “When the healthy qi exists within the body, pathogenic factors cannot invade” from the Inner Canon of Huangdi. He emphasizes “gentleness and superficiality” in his needling technique and selects acupoints “few but essential”. He believes that “deficiency of healthy qi and long-term retention of pathogenic factors” is the key to the pathogenesis of this disease, and pays attention to “strengthening vital qi and eliminating pathogenic factors” during treatment. The technique of inserting two needles at one acupoint, combined with the principle of “the meridians pass through, and the acupoints can treat the related areas”, uses gentle and superficial needling to strengthen vital qi and eliminate pathogenic factors, stimulate the meridian qi, and take “unblocking” as the application, so as to achieve quick effects when qi arrives. It has achieved remarkable effects in clinical treatment, hoping to provide reference and inspiration.

Keywords: Strengthening Vital Qi and Eliminating Pathogenic Factors, Superficial Needling of Double Needles, Old Facial Paralysis, Experience of Famous Doctors.

1. Introduction

In traditional Chinese medicine, facial paralysis is often referred to as “kou pi”, which is a relatively common facial nerve disease in clinical practice. It first appeared in the “Huangdi Neijing” (Yellow Emperor's Classic of Internal Medicine). Medical practitioners of various dynasties have summarized its causes as internal factors, external factors, and both internal and external factors, often resulting from deficiency of vital qi, emptiness of meridians, and pathogenic external factors. Western medicine divides its course into three stages: acute stage, recovery stage, and sequelae stage. Old facial paralysis, also known as the sequelae stage of facial paralysis, occurs when symptoms persist for more than six months during the recovery stage [1] or due to misdiagnosis or improper treatment. Throughout the ages, many sages have used acupuncture and moxibustion to treat facial paralysis, achieving remarkable results. During the Wei and Jin dynasties, the medical expert Huangfu Mi wrote the “Zhenjiu Yibing Jing,” in which acupuncture at the Taiyuan point is used to guide the downward flow of blood and qi to treat facial paralysis. During the Tang Dynasty, Sun Simiao used moxibustion to alleviate hemifacial spasm. In the Qing Dynasty, Li Xuechuan wrote “Zhenjiu Fengyuan,” in which the Dichang point is used to penetrate the Jiaoché point, resulting in significant improvement in facial muscle function. The experience of many sages throughout history provides profound insights into this disease and offers a solid foundation of experience and theoretical basis for its treatment.

Jia Chengwen, a renowned traditional Chinese medicine practitioner in Shaanxi Province and a master's supervisor at Shaanxi University of Chinese Medicine, has devoted over 40 years of clinical work to acupuncture and moxibustion. He has devoted himself to research, mastered the art of needle application, and diligently combined acupuncture with medication. He possesses unique insights and practical efficacy in treating facial paralysis. Based on the theory of “strengthening the body's vital energy and eliminating pathogenic factors” and his unique acupuncture techniques, Jia Chengwen achieves the effects of stimulating meridian qi, enhancing stimulation, and strengthening the body's vital energy while eliminating pathogenic factors. He has provided valuable experience for the clinical treatment of facial paralysis. I was fortunate to learn from Mr. Jia Chengwen, and now I summarize his clinical experience as follows.

2. Understanding Old Facial Paralysis from the Perspective of the “Strengthening the Body's Vital Energy and Expelling Pathogenic Factors” Theory

The Yellow Emperor's Classic of Internal Medicine states, “When vital qi is preserved within, pathogenic factors cannot invade” [2]. Professor Jia believes that during this period, people often suffer from long-standing illnesses, leading to deficiency and blood stasis. If vital qi is strong, pathogenic factors cannot enter; however, when there is deficiency, pathogenic qi takes advantage of the situation. The occurrence of facial paralysis is often due to a deficiency of vital qi, an

empty meridian system, and pathogenic qi entering through the vacancy. This is often caused by exposure to cold, wind, or sweating in the wind, or drinking alcohol and catching a cold, coupled with insufficient qi in the body. The battle between vital qi and pathogenic qi weakens the external defense, allowing pathogenic qi to enter the body, leading to blockage of facial meridians, poor circulation of qi and blood, disharmony between meridians and muscles, and malnutrition and relaxation of muscles and tendons [3]. Consequently, this leads to deviations in the mouth and eyes. At this time, vital qi is insufficient, qi and blood circulation is poor, and combined with early invasion of external pathogenic factors, pathogenic qi persists for a long time, resulting in a mixture of deficiency and excess, meridian qi stagnation, meridian malnutrition, muscles and tendons loosening and not contracting, and facial muscle dysfunction [4]. Therefore, the syndrome differentiation often indicates a qi deficiency and blood stasis type, or a qi and blood deficiency type.

Professor Jia believes that at this time, “a long illness will inevitably lead to deficiency”, with the exterior defense being weakened and the fundamental deficiency being the root cause; the collateral vessels are deficient and stagnant, with the excess of pathogenic factors being the superficial manifestation. In treatment, emphasis is placed on supporting the body’s vital energy as the main approach, with eliminating pathogenic factors as a supplementary measure. Due to the long-term presence of pathogenic factors, the intermingling of deficiency and excess, the emptiness of collateral vessels, and the obstruction of meridian qi leading to blood stasis, it is necessary to combine the principle of “treating the meridians and collateral vessels where they pass through, and the main and collateral channels where they reach” to nourish deficiency, use shallow needling to eliminate pathogenic factors, and simultaneously coordinate with regulating qi and blood, and relaxing muscles and collateral vessels. The “Taiping Shenghui Fang” emphasizes that “qi and blood are abundant, and the circulation of nourishing qi and blood is smooth”, indicating that through the defensive qi and nourishing blood, the essence of food and water is transformed into qi and blood to nourish the muscles and collateral vessels of the whole body [5]. Since the qi and blood of the Stomach Meridian of Foot-Yangming originate from the spleen and stomach in the middle energizer, Professor Jia focuses on acupoints of the Stomach Meridian of Foot-Yangming during treatment, with acupuncture mainly using reinforcing techniques, and follows the main theoretical guidance of “maintaining vital energy within, so that pathogenic factors cannot invade” and “where pathogenic factors gather, the qi must be deficient” from the “Huangdi Neijing” to support vital energy and eliminate pathogenic factors as the main theoretical basis for treating this disease.

3. Application of Double-needle Shallow Puncture Method in Old Facial Paralysis

Based on over 40 years of clinical experience, Professor Jia Chengwen emphasizes clarifying medical history, examining the etiology, and applying dialectical treatment during clinical practice. In the treatment of old facial paralysis, Professor Jia flexibly employs shallow puncture, a technique that excels in unblocking meridians, regulating qi and blood, and enhancing needle sensation. As stated in “Ling Shu-Zhong Shi”, “For

those with deficient pulse, shallow puncture is appropriate.” This indicates that shallow puncture is suitable when vital qi is deficient, as it can expel pathogenic factors without harming vital qi. Its gentle technique can disperse external pathogenic factors, harmonize qi and blood, and strengthen muscles and tendons [6]. Studies have shown [7] that double-needle puncture, by simultaneously stimulating multiple acupoints, plays a certain role in unblocking meridians and harmonizing qi and blood. It can effectively promote the circulation of meridian qi, direct the needles to the disease site, thereby improving the pathological state of qi stagnation and blood stasis, achieving the effect of unblocking meridians and harmonizing qi and blood. Therefore, Professor Jia often uses one-inch filiform needles combined with double-needle shallow puncture for treating diseases such as old facial paralysis, with significant efficacy.

3.1 Different Diseases Require Different Treatments, and the Clever Use of Double Needles Can be Effective

3.1.1 Origin and function of double-needle method

The double-needle method integrates the two concepts of “qi reaching the diseased area” and “needle reaching the diseased area” in traditional Chinese medicine acupuncture and moxibustion. It evolved from the techniques of “qi-needling”, “floating needling”, and “adjacent needling” described in “The Complete Book of Acupuncture and Moxibustion”. It is a type of qi-needling method, also known as the “one point, double needles” technique, which involves holding two needles in one hand and needling in the same direction at the same acupoint. “The Complete Book of Acupuncture and Moxibustion” states: “On the fourth day, qi-needling is performed. Qi-needling involves inserting one needle directly and two needles adjacently to treat... persistent numbness caused by cold qi that has accumulated in a small and deep area” [8]. This clarifies that qi-needling is used to treat areas where cold qi has accumulated in a small and deep area, floating needling is used to treat muscle spasms with cold qi, and adjacent needling is used to treat persistent and long-lasting affected areas.

The combination of double needles and the above three acupuncture techniques is used to treat the thin and superficial parts of facial muscles. When inserting needles into an acupoint simultaneously, the sensation of shallow puncture with double needles is stronger than that of single needle stimulation, while reducing the pain caused by traditional multi-needle acupoint selection for patients with old facial nerve paralysis. The sensation of acupuncture is greater than the pain caused by the disease, thus having the effect of relieving muscle tension and alleviating pain. Research indicates [9] that achieving a certain acupuncture dosage, known as “deqi”, can alleviate pain by activating the body’s internal analgesic system. During acupuncture, the generated stimulation activates peripheral nerve endings, which transmit signals to the spinal cord and brain, triggering the release of analgesic substances such as endorphins and brain natriuretic peptides, thus achieving analgesic effects. Secondly, it promotes blood circulation and improves tissue metabolism. By acupuncturing a certain acupoint, it promotes blood circulation and increases local nutrition and oxygen supply, thereby alleviating and improving the excitability of tissue

neurons, stimulating the body's self-repair ability, reducing muscle tension and spasms, alleviating ischemia and hypoxia, and promoting the repair of damaged tissues. The above indicates that the double-needle method has unique advantages for diseases such as limb numbness, superficial skin areas, long-term retention of pathogenic qi, hemiplegia due to stroke, and arthralgia [10].

3.1.2 Application of double needle technique in old facial paralysis

Professor Jia believes that old facial paralysis belongs to the category of meridian disease. Situations such as limited frowning, paralysis of the orbicularis oculi muscle, and drooping of the mouth corner, where facial nerve function is difficult to recover over a long period of time, are consistent with the characteristic of "meridian relaxation" in meridian disease. During this period, vital qi is weakened and the meridians are malnourished. The syndrome differentiation often reveals two main types: qi and blood deficiency or qi deficiency and blood stasis. The treatment primarily focuses on nourishing qi and blood, supplemented by dredging the meridians, and incorporating moxibustion. The double-needle technique not only stimulates meridian qi and enhances stimulation but also separates transverse collateral compression and dredges the meridians. Due to the obstruction of collateral vessels in meridian disease, "meridian tightness" is formed due to "blockage"; or due to qi and blood blockage, blood does not nourish the muscles, resulting in muscle weakness and laxity due to "lack of nourishment", thus forming "meridian relaxation" in meridian disease [11]. In treatment, based on the principles of "resolving knots" and "loosening" of local meridians in "Ling Shu • Cijie Zhenxie", double needles are used to separate transverse collateral compression, dredge the meridians, harmonize yin and yang, and strengthen the body's resistance and eliminate pathogenic factors [12]. When treating facial paralysis, acupuncture at the affected meridian points can achieve the goal of "resolving knots" and "loosening", combined with acupoints on the distal end of the limbs, to fundamentally cure the disease [13]. Professor Jia often uses one-inch short needles for a one-point two-needle acupuncture technique (as shown in Figure 1) to intervene at facial acupoints, effectively reducing the meridian sensation transmission distance, decreasing the number of acupoints selected, enhancing stimulation, strengthening needle sensation, and dredging the meridians.

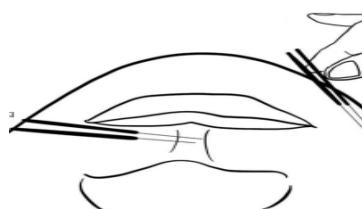


Figure 1: Example of shallow puncture with double-needle method

3.2 For Different Acupuncture Techniques, It is Appropriate to Use Light and Shallow Needling

In the treatment of facial paralysis, Professor Jia primarily employs the light stimulation and tonification method,

adhering to the principle of "tonifying what is deficient." The techniques are mostly light and superficial. Old-onset facial paralysis is most prone to facial muscle inversion or spasm, leading to dysfunction of the orbicularis oculi and orbicularis oris muscles, eyelid ptosis, and other conditions that belong to meridian and muscle diseases. Therefore, shallow puncture and gentle techniques are used during acupuncture to achieve the goal of expelling pathogenic factors without harming the body's vital energy. Research has shown that shallow puncture can stimulate the body's defensive qi, stimulate the skin, nourish vital qi, and harmonize qi and blood [14]. The shallow puncture method first appeared in the "Huangdi Neijing" [15], where the depth of acupuncture is relatively shallow and the amount of stimulation during acupuncture is small. Techniques such as "mao ci (prickling needling), yang ci (lifting needling), and fu ci (floating needling)" all belong to the shallow puncture method. The "Huangdi Neijing" states, "When pricking the tendons, do not injure the flesh... When pricking the tendons, do not injure the bones." This means that it is necessary to reach the tendons without pricking too shallowly or too deeply. The disease is often caused by pathogenic factors invading the skin, opening the skin pores, insufficient vital qi, and pathogenic factors lingering in the collateral channels. If the collateral channels are not fully filled, it can lead to qi stagnation and blood stasis, resulting in irreversible nerve damage and degeneration due to impaired blood circulation. Additionally, from the perspective of meridian and muscle lesions, facial paralysis is located in the superficial layer. The skin theory and defensive qi theory also provide theoretical basis. The superficial collateral channels caused by pathogenic factors invading the superficial collateral channels are lateral superficial branches. If pricked deeply, it is easy to penetrate the tendons to the bones, which is not where the disease is located. Therefore, shallow puncture is necessary to allow defensive qi to "circulate through the skin and between the muscles," with the function of protecting the whole body and nourishing the whole body. Shallow puncture can stimulate defensive qi, dispel pathogenic factors, and take advantage of the situation to resolve from the surface, achieving the goal of strengthening the body's vital energy and expelling pathogenic factors for effective disease treatment [16]. The "Huangdi Neijing" states, "When the disease is shallow and the needles are inserted... to treat skin paralysis." This indicates shallow puncture. If pricked deeply, it is easy to penetrate the tendons to the bones, which is not where the disease is located. Therefore, the techniques must be light and superficial. Modern clinical studies have shown that the application of shallow puncture therapy for facial paralysis yields significant therapeutic effects and is widely used clinically. For instance, Wang [17] treated 60 cases with shallow puncture, resulting in 51 recoveries and 9 significant effects, with an effective rate of 100%. Cui [18] treated 76 cases with shallow puncture, achieving 61 recoveries, 12 significant effects, and 3 effective cases, also with an effective rate of 100%.

3.3 Streamline Acupoint Selection, Strengthen the Body's Vital Energy and Expel Pathogenic Factors

During clinical treatment, Professor Jia draws on the essence of ancient wisdom and has his own unique acupoint selection formula. He follows the principle of "where the meridians pass, the main treatment reaches", and acupunctures based on

the meridian route of the Sanyang meridians, embodying the ancient wisdom that “disease in the muscles, treat the muscles” [19]. He also combines the classic acupoints for treating facial paralysis with the corresponding anatomical distribution of facial nerve structures in modern medicine, fully utilizing their distribution characteristics to simplify the acupoints, achieving fewer but more precise acupoint selection. Research indicates that the selection of acupuncture points is related to regulating the body’s functions [20]. When acupuncture is administered to the main facial nerve trunk where the acupoints are distributed, the higher the excitability of the facial nerve, the more pronounced the therapeutic effect [21]. From the perspective of meridian and muscle circulation, the Hand Shaoyang Sanjiao Meridian runs directly upward behind the ears to the outer corner of the eye, and the meeting point of the Shaoyang Meridian is Yifeng (ST 35). The meeting point of the Foot Yangming and Shaoyang Meridians is located on the face, namely Xiaguan (ST 29). From the perspective of modern medical anatomy, the surface projection of the facial nerve trunk emerging from the stylomastoid foramen is Yifeng (ST 35), the surface projection of the buccal branch of the facial nerve, located near the stylomastoid foramen where the facial nerve exits the skull, is Qianzheng (ST 36), and the deep projection of the branches of the facial nerve trunk, namely the anterior projection of the stylomastoid process, is Xiaguan (ST 29). Therefore, in clinical treatment, the essential acupoints to choose are bilateral Yifeng, Qianzheng, and Xiaguan, combined with the technique of shallow puncture with two needles to regulate qi flow and achieve “obtaining qi”; the superficial course of facial meridian and muscle circulation is where the three yang meridians of the hands and feet, especially the Yangming meridian, converge and intersect, making it suitable to use shallow puncture with two needles to penetrate the acupoints, with light and shallow techniques. For conditions such as ectropion of the lower eyelid causing tears, acupoints from the Yangming meridian can be selected, such as Dichang (ST 35) penetrating Jiaoché (ST 36), and Sibai (ST 36) penetrating Jingming (ST 36); for ptosis of the upper eyelid, acupoints from the Taiyang meridian can be used, such as Cuanzhu (ST 35) penetrating Yuyao (ST 36), and Ziliang (ST 36) penetrating Taiyang (ST 36); for drooping of the corner of the mouth, shallow puncture at Kouhe (ST 36) can be used; for delayed recovery of the eyelid, acupoints such as Yuyao (ST 36) and Sizhukong (ST 36) can be selected. Professor Jia believes that although the disease is localized, treatment follows a holistic concept. Based on facial acupoint selection, combined with distal acupoint selection along the meridian, the effect of combining local and overall treatment, supporting vital qi and eliminating pathogenic factors can be achieved. Professor Jia places particular emphasis on balancing both symptoms and root causes, nourishing vital qi, guiding qi back to its source, and harmonizing the yin and yang balance of the internal organs and meridians throughout the body, in order to achieve “yin in balance and yang in secret.” He believes that vital qi is the foundation of the human body. By strengthening and protecting vital qi, safeguarding the skin and exterior, and resisting external pathogens, ultimately, when vital qi is sufficient, pathogenic factors will naturally dissipate. When selecting acupoints locally, Professor Jia generally chooses points from the Yangming Stomach Meridian and Spleen Meridian, such as Zusani and Sanyinjiao, and combines them

with the shallow puncture and reinforcing method of double needling. This not only nourishes vital qi, aids in expelling pathogenic factors, shortens the treatment duration, and enhances the therapeutic effect, but also reduces pain during acupoint selection and needle insertion, ensures the efficacy of acupuncture, and expands the range of needle sensation and stimulation from a point to a line, and then to the entire face. It can also stimulate the meridian qi of acupoints, dredge meridians, achieve rapid efficacy when qi arrives, and can be said to achieve twice the result with half the effort.

Furthermore, a good internal emotional stability and a pleasant mood are crucial conditions for treating diseases. According to the “Theory of the Primordial Vitality in the Canon of Medicine”, “When the spirit is kept within, how can illness ever come?” Only by maintaining a neutral and peaceful mindset can the body be protected from harm, including the invasion of external pathogenic factors, thus achieving the purpose of blocking external evil. Professor Jia Chengwen is also skilled in providing appropriate psychological comfort and positive guidance to patients before and after treatment, in order to enhance the clinical efficacy of double shallow needling therapy for treating old facial paralysis.

4. Case Examples

Fan, female, 57 years old, first visited on November 28, 2024. Chief complaint: oral and ocular deviation accompanied by right eyelid ptosis for over 5 months. Five months ago, the patient experienced headache and rhinorrhea after using air conditioning in the morning. After self-administering cold medicine, the headache subsided and rhinorrhea slightly improved. The next morning, when she looked in the mirror, she noticed that her right eyelid could not close spontaneously and her right mouth corner drooped. She immediately went to a local clinic for treatment. The diagnosis was idiopathic facial palsy, and after 2 months of treatment at the clinic, there was no improvement. The patient reported that her condition began to worsen, with symptoms such as irritability, dizziness, water leakage when drinking, and inability to eat normally. She visited the otolaryngology department of a local hospital and was treated with steroid medication for over 2 months, but the effect was unsatisfactory. For further treatment, she visited the Famous Doctor Clinic of the Affiliated Hospital of Shaanxi University of Traditional Chinese Medicine. Physical examination: right frontal wrinkles disappeared, air leakage when puffing the cheeks, right eyelid ptosis, enlarged eye fissures, shallow right nasolabial fold, tongue centered, no retroauricular pain. Conscious, poor spirit, pale complexion, thin physique, poor night rest, regular bowel and bladder movements, dark tongue with white fur, and thin pulse. Western medicine diagnosed it as old facial palsy; traditional Chinese medicine diagnosed it as old facial paralysis, identified as qi and blood deficiency syndrome. The treatment mainly focuses on dispelling wind and dredging meridians, replenishing qi and blood. Acupuncture combined with traditional Chinese medicine treatment was administered. Firstly, using disposable sterile needles of 0.25 mm × 25 mm for acupuncture treatment: 1) shallow needling with double needles: Dichang through Jiaoché (oblique needling on the affected side), Renzhong (flat needling), Zangliao (flat needling on the affected side). 2) acupuncture at Taiyang

(double), Sizhukong (double), Yifeng (double), Hegu (double), Xuehai (double), Zusanli (double). Needles were retained for 30 minutes, once a day, and acupuncture was administered 5 times a week. Secondly, Qianzheng Powder was used with modifications for treatment. Prescription: Astragalus 30g, Earthworm 10g, Ligusticum Chuanxiong 10g, Peach Kernel 10g, Red Peony 10g, Spatholobi Caulis 10g, Papaya 10g, Passiflora Root 10g, Angelica 10g, Spatholobi Caulis 10g, Vitex Trifoliata 10g, Notopterygium 10g, Safflower 10g, Codonopsis 20g, Spatholobi Caulis 10g, Bombyx Batryticatus 6g, and Licorice 6g. 14 doses, decoct 400ml and take 200ml, one dose per day, taken warmly in the morning and evening. After treatment for 2 months, the patient's symptoms stabilized and subjective symptoms improved. Treatment was terminated based on symptom changes.

5. Experience

Professor Jia Chengwen believes that the treatment of old facial paralysis should follow a holistic approach, adhering to the two traditional Chinese medicine concepts of “strengthening the body's vital energy and expelling pathogenic factors” and “maintaining the body's vital energy to prevent pathogenic factors from invading”. He employs the technique of shallow puncture with double needles, combining the principle that “where meridians pass, treatment reaches” to achieve the effects of “resolving knots” and “loosening”, stimulating meridian qi, enhancing stimulation, and dredging meridians. The shallow puncture technique with double needles adopted by him absorbs the advantages of lateral puncture and parallel puncture methods in acupuncture and moxibustion, addressing both the symptoms and root causes. With one needle for two acupoints, the technique is light and shallow, with concise acupoint selection, offering advantages such as a wider stimulation range, greater intensity, and faster clinical recovery. It focuses on the combination of the whole and the part, addressing both symptoms and root causes. While regulating facial meridians, it emphasizes strengthening vital energy, combining traditional Chinese medicine and moxibustion to enhance qi and blood circulation, nourish facial muscles, and achieve the goal of restoring facial muscle function. Therefore, it can improve the efficacy, fully leverage the advantages of shallow puncture with double needles in treating old facial paralysis, and is worthy of clinical application and promotion.

References

- [1] Bu Yunyun, Chen Lin, Dai Yiwu, et al. Clinical Guidelines for Nerve Repair Treatment of Idiopathic Facial Palsy in China (2022 Edition) [J]. Nerve Injury and Functional Reconstruction, 2023, 18(01): 1-12.
- [2] Shandong College of Traditional Chinese Medicine, Hebei College of Traditional Chinese Medicine. The Yellow Emperor's Classic of Internal Medicine: An Annotated Edition of the Classic Questions [M]. 2nd Edition. Beijing: People's Medical Publishing House, 2009: 1-1068.
- [3] Dong Hongzhi, Xu Xiaochun. Summary of Professor Jia Chengwen's Experience in Treating Peripheral Facial Paralysis with Acupuncture and Moxibustion [J]. Journal of Shaanxi College of Traditional Chinese Medicine, 2007, (03): 62-63.
- [4] Li Huan, Yin Yu, Qu Hui, et al. Academician Shi Xuemin's Experience in Treating Refractory Facial Paralysis with Meridian Needling [J]. Jilin Journal of Traditional Chinese Medicine and Pharmacy, 2023, 43(9): 993-996.
- [5] Sun Jiaqi. Observation on the Clinical Efficacy of Quadruple Therapy Based on the Theory of “Strengthening the Body's Resistance and Eliminating Pathogens” in the Treatment of Wind-Cold Syndrome of Bell's Palsy [D]. Shandong University of Traditional Chinese Medicine, 2022.000793.
- [6] Wang Dongdong, Li Bo, Zhang Qingping, et al. Extracts from Professor Zhang Qingping's Clinical Experience in Treating Peripheral Facial Paralysis with Acupuncture and Moxibustion [J]. Chinese Journal of Acupuncture and Moxibustion, 2021, 41(3): 313-315.
- [7] Shen Wangming, Yu Qi, Sun Lei. Clinical efficacy study on the treatment of 30 cases of periarthritis of shoulder with double-needle parallel puncture method [J]. Zhejiang Journal of Traditional Chinese Medicine, 2024, 59(10): 908-909.
- [8] Ming Dynasty, Yang Jizhou. “Great Compendium of Acupuncture and Moxibustion” [M]. Beijing: People's Medical Publishing House, 2006.
- [9] Liu S, Wang Z, Su Y, et al. Somatotopic Organization and Intensity Dependence in Driving Distinct NPY-Expressing Sympathetic Pathways by Electroacupuncture[J]. Neuron, 2020, 108(3): 436-450.e7.
- [10] Ma Xingfu, Zhu Junchen, Wang Chao, et al. Observation on the efficacy of “one acupoint with two needles” acupuncture method in the treatment of early and middle-stage knee osteoarthritis [J]. Journal of Clinical Traditional Chinese Medicine, 2020, 32(07):1313-1317.
- [11] Zhang Quan, Chen Jinfeng, Chen Feifei. Clinical Research on the Treatment of Peripheral Facial Paralysis Sequela with Meridian Needling Combined with Tuina [J]. New Journal of Traditional Chinese Medicine, 2024, 56(08): 116-120.
- [12] Wang Mingjia. Literature Research on Acupuncture and Moxibustion for Peripheral Facial Paralysis [D]. Shandong University of Traditional Chinese Medicine, 2009.
- [13] Wang Yijing, Lin Haibo, Liang Yudan, et al. An exploration of Professor Yu Boliang's “multiple shallow acupuncture” treatment for meridian muscle diseases [J]. Journal of Clinical Acupuncture and Moxibustion, 2020, 36(07):75-79.
- [14] Hu Tianye, Ma Ruijie, Fang Jianqiao. Discussion on shallow puncture and defensive qi [J]. Zhejiang Journal of Traditional Chinese Medicine, 2016, 51(5): 372-373.
- [15] Yi Xiaoying, Zhu Huimeng, Lu Liming, et al. Exploration of shallow puncture method in Huangdi Neijing [J]. Journal of Traditional Chinese Medicine, 2019, 34(09):1812-1816.
- [16] Que Xueyun. Exploration of the “Two Dragons Playing with a Pearl” Needle Technique in the Treatment of Eye Diseases [J]. Journal of Zhejiang Chinese Medical University, 2023, 47(01):69-72.
- [17] Wang Zhu. Treatment of 60 cases of peripheral facial paralysis with shallow puncture and cupping therapy [J].

Journal of Tianjin Medical University, 2000, 199(3): 23-24.

[18] Cui Hongjun. Treatment of 76 Cases of Facial Paralysis with Warm Needling and Shallow Acupuncture [J]. Shaanxi Journal of Traditional Chinese Medicine, 2000, 21(10):474.

[19] Li Huan, Yin Yu, Qu Hui, et al. Academician Shi Xuemin's Experience in Treating Refractory Facial Paralysis with Meridian Needling Therapy [J]. Jilin Journal of Traditional Chinese Medicine and Pharmacy, 2023, 43(09): 993-996.

[20] Zhang Jiayan, Yan Cong, Wen Lianggong, et al. Correlation between acupoint information and qi and blood in spleen deficiency syndrome and application of micro-nano detection technology [J]. World Journal of Integrated Traditional Chinese and Western Medicine, 2021, 16(07): 1362-1367.

[21] Qiu Xiaohu, Xie Xiaokun, Xie Kun. Penetrating acupuncture for the treatment of peripheral facial paralysis [J]. Chinese Journal of Acupuncture and Moxibustion, 2006, 26(4): 287.