

Progress in Acupuncture Treatment of Peripheral Facial Palsy

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Abstract: *Peripheral facial palsy is a common clinical neurological disorder, for which acupuncture treatment has proven effective and is widely used. This article reviews recent clinical studies, summarizing the current application status of different acupuncture techniques such as conventional acupuncture, electroacupuncture, and abdominal acupuncture, and consolidating the clinical efficacy of acupuncture combined with therapies like moxibustion, cupping, massage, and herbal medicine. Current research indicates that acupuncture can exert therapeutic effects by promoting local blood circulation and alleviating nerve edema, and the combination of multiple methods offers synergistic advantages in enhancing efficacy, promoting recovery, and reducing sequelae. At present, treatment protocols are diverse, and their efficacy is affected by factors such as the timing of intervention and procedural standards. Future efforts should focus on optimizing combination protocols, standardizing operational procedures, and elucidating the mechanisms of action, thereby promoting more standardized and effective clinical application of acupuncture treatment.*

Keywords: Acupuncture, Peripheral Facial Palsy, Review

1. Introduction

Peripheral facial palsy (Peripheral Facial Paralysis, PFP), also known as “idiopathic facial neuritis”, has an annual incidence of approximately 15–40 per 100,000 population, a lifetime risk as high as 1 in 60, and a recurrence rate of 8%–12%. The disease can occur at any age, showing a bimodal distribution with peak incidences in individuals aged 20–30 and 60–70 years, and exhibits no significant gender or racial differences [1]. Studies have found that its onset is mostly associated with viral infection or post-infectious allergic reactions. Modern medicine primarily focuses on treatments such as corticosteroids and neurotrophic agents, which, although having certain efficacy, present limitations and side effects [2]. Acupuncture, as a representative external therapy in Traditional Chinese Medicine, is widely used in the treatment of facial palsy. This article systematically reviews and summarizes the recent research overview of acupuncture in treating peripheral facial palsy through a literature review format.

2. Understanding of Peripheral Facial Palsy in Chinese and Western Medicine

The specific causative factors of peripheral facial palsy in modern medicine remain incompletely understood, with various different perspectives on its pathogenesis currently existing. Among these, the more representative theories include viral infection, nerve ischemia, and immune dysfunction [3]. The academic community currently generally tends to believe that this disease is closely associated with facial nerve edema and inflammation triggered by viral reactivation, abnormal local blood supply, nerve compression and ischemia, leading subsequently to myelin sheath damage and even axonal degeneration [4]. Furthermore, numerous clinical observations in recent years have found that factors such as seasonal changes, cold and damp environments, hypertension, diabetes, and SARS-CoV-2 infection may all increase the risk of developing this disease [5]. In terms of treatment, the early stage of the disease primarily focuses on reducing nerve edema, controlling viruses, improving local

blood supply, nourishing nerves, and protecting the cornea. The combination of glucocorticoids and antiviral drugs is a currently well-accepted foundational treatment approach. However, in the later stages of the disease course or when sequelae such as synkinesis, twitching, and atrophy occur, Western medicine still lacks a stable, efficient, and unified protocol. Clinically, a combination of rehabilitation exercises, physical factor therapy, and symptomatic management is often employed, with effects varying significantly from person to person.

In the system of Traditional Chinese Medicine (TCM), peripheral facial palsy falls under the categories of conditions such as “deviation of the eye and mouth”, “wry mouth”, and “bell palsy”. The term “sudden wry mouth” first appeared in the Huangdi Neijing (The Yellow Emperor’s Inner Classic). The Lingshu: Jingmai (Spiritual Pivot: Meridians) records, “The Stomach Foot Yangming Meridian... wry mouth,” indicating a close relationship between this disease and the Foot Yangming Stomach Meridian. TCM generally considers this disease as a pattern of root deficiency and branch excess. It is often attributed to deficiency of healthy qi and vacuity of the vessels and collaterals, allowing wind pathogens, sometimes combined with cold or heat, to take advantage of this vacuity to invade the facial meridians, resulting in obstruction of qi and blood circulation and failure of the sinews and vessels to receive nourishment, thereby causing the disease [6]. Modern TCM research further classifies it into two types: extracranial and intracranial. In the former, the pathogenic factors mostly linger in the Yangming Meridian, with common manifestations including shallowing of the forehead wrinkles, inability to completely close the eyelids, air leakage when puffing the cheeks, and deviation of the mouth corner towards the healthy side. In the latter, pathogenic factors affect both the Yangming and Shaoyang Meridians, often accompanied by symptoms such as decreased taste in the anterior two-thirds of the tongue, auditory hypersensitivity, herpes in the ear, or abnormal lacrimal secretion [7]. Common clinical patterns include wind-cold assailing the collaterals, wind-heat assailing the collaterals, and qi deficiency with blood stasis. Among these,

the wind-cold pattern, characterized by the contracting nature of cold pathogens obstructing qi and blood movement, is more commonly seen in clinical practice. TCM diagnosis and treatment emphasize the combination of stage-specific treatment, pattern differentiation for acupoint selection, and pattern differentiation for herbal prescription. It often employs comprehensive regulation methods such as acupuncture, herbal formulas, bloodletting puncture, and flash cupping. Acupuncture can directly act to unblock the meridians, harmonize qi and blood, and promote the movement of meridian qi. It demonstrates significant advantages in restoring facial muscle function and accelerating clinical recovery, thereby making it the preferred clinical treatment choice for this condition.

3. Acupuncture Treatment

3.1 Conventional Acupuncture

Acupuncture, guided by the fundamental principle of “reduce the excess, supplement the deficiency; needle swiftly for heat, retain needles for cold; apply moxibustion for collapse; for conditions that are neither excess nor deficiency, treat the meridian involved”, provides a framework for the staged treatment of peripheral facial palsy. In the initial stage of the disease, the pathogenic factors are still superficial, mostly lingering in the superficial meridians, leading to obstructed circulation of qi and blood. At this time, acupuncture should primarily involve shallow needling with gentle and skillful manipulation. Acupoint selection should be concise to avoid overly strong stimulation that might drive the pathogens deeper or worsen local stagnation. Entering the recovery stage, pathogenic factors gradually recede while healthy qi gradually recovers. Techniques such as penetration needling and deep needling can be employed at this stage, with appropriately increased stimulation intensity, aiming to unblock the facial meridians, harmonize qi and blood, and promote the repair of nerve function [8]. In recent years, numerous clinical and experimental studies have further confirmed the fundamental role of conventional filiform needle acupuncture in the treatment of this type of condition. After systematically reviewing relevant literature, Ru Ying et al. [9] proposed that acupuncture can exert effects from multiple aspects, including improving local blood supply, reducing nerve edema, regulating inflammatory and immune responses, and protecting nerve tissue and promoting its repair, providing strong theoretical support for the rational clinical application of conventional acupuncture. Zhang Xuemei et al. [10] conducted a comparative observational study using conventional acupuncture as the basic treatment modality, comparing pure conventional acupuncture with combination treatment protocols. The research data showed that acupuncture alone could significantly improve patients' Portmann scores and optimize House-Brackmann grading results and facial nerve function-related indicators, sufficiently demonstrating its highly reliable effect on improving facial nerve function. Li Qing et al. [11] specifically conducted research on acupuncture treatment for the special population of pregnant women with peripheral facial palsy, observing a total of 33 cases. The results indicated that acupuncture therapy is both safe and effective in this specific patient group, fully demonstrating the advantages of conventional acupuncture, namely its wide

applicability and strong clinical practicality.

In clinical practice, filiform needle acupuncture is often used as a foundational treatment method, typically focusing on classic acupoints. Based on the patient's specific pattern and severity of the condition, the acupoint combinations are flexibly adjusted, or it is combined with other therapies for synergistic treatment. The selection of acupoints and the application of needling techniques largely depend on the physician's individualized assessment of the patient's condition and accumulated clinical experience, which also reflects the characteristics of TCM's pattern differentiation-based treatment and individualized approach.

3.2 Special Acupuncture Treatments

3.2.1 Electroacupuncture

Electroacupuncture involves applying a weak pulsed electrical current to inserted acupuncture needles, enhancing the stimulation effect by adjusting the intensity and frequency of the current. Clinical studies indicate that electroacupuncture can utilize sustained, steady rhythmic stimulation to enhance the conduction of acupuncture signals, aiding in the recovery of facial neuromuscular function [12]. Fang Fei et al. [13] conducted a meta-analysis of 8 randomized controlled trials, showing that electroacupuncture treatment for the non-acute stage of this disease yielded superior results in overall effective rate, cure rate, and improvement in Sunnybrook scores compared to the control group during the same period. Zhang Xueqin et al. [14] found that electroacupuncture combined with conventional Western medication for treating the acute stage of this disease achieved an overall effective rate of 97.78% and also reduced serum levels of IL-6 and TNF- α . Liu Jingyi [15] observed that applying electroacupuncture at Yifeng (SJ 17) and Fengchi (GB 20) points during the acute stage could improve patients' physical and social life status without increasing complications. By electrically stimulating acupoints, electroacupuncture promotes facial nerve repair and microcirculation, improves muscle strength and symptoms, and shortens the disease course. It is often combined with Western medication, warm needling, cupping, etc., to enhance therapeutic efficacy.

3.2.2 Abdominal Acupuncture

Abdominal acupuncture therapy uses the abdomen as the treatment area, with its theoretical basis stemming from the saying “the abdomen is as deep as the sea, and all diseases are treated from the abdomen.” This method achieves the goal of regulating systemic diseases by needling specific acupoints on the abdomen, featuring characteristics such as safe operation, relatively mild sensation, and good patient acceptance. Liu Minxiao et al. [16] observed that combining the abdominal acupuncture method of guiding qi to its origin with penetration needling electroacupuncture for treatment during the acute stage can increase the cure rate and total marked effective rate, alleviate discomforts like ear pain and facial swelling/pain, while also improving Portmann scores and serum levels of NGF and GDNF. Bian Xinna [17] found that adding abdominal acupuncture combined with drooping eyelid therapy on the basis of conventional acupuncture could

further optimize facial nerve function and the dynamic observation-eye closure score. The aforementioned studies indicate that abdominal acupuncture therapy can enhance the body's healthy qi through holistic regulation, aiding in the recovery of facial nerve function, thereby providing a safe and effective distinctive treatment approach for this disease.

3.2.3 Fire Needle

Fire needle is a specialized acupuncture technique that involves heating a specially designed needle until red-hot and then quickly inserting it into acupoints, utilizing the power of heat to stimulate meridian qi and warm and unblock the meridians. It is applied in all stages of peripheral facial palsy. A meta-analysis by Sun Chengyi et al. [18] of 9 randomized controlled trials showed that the total effective rate and cure rate after filiform fire needle treatment were superior to those of conventional acupuncture, significantly improving the Sunnybrook score and facial disability index. A meta-analysis by Lin Shaoxia et al. [19] indicated that fire needle combination therapy outperformed single therapy in improving the total effective rate, cure rate, and modified Portmann score. Yan Mei et al. [20] observed that filiform fire needle shallow needling combined with ultrasonic introduction of Chinese medicine at the Yifeng (SJ 17) point for treating wind-cold pattern facial palsy in the acute stage achieved a total effective rate of 90.48%, significantly higher than that of the conventional treatment group. Zhou Mengyuan et al. [21] suggested that fire needle therapy can improve the degree of facial impairment and shorten the disease course during the acute and subacute stages of facial palsy, and significantly alleviate symptoms such as facial muscle spasm, synkinesis, and paradoxical movements during the sequela stage.

3.2.4 Floating Needle

Floating Needle is a specialized acupuncture therapy invented by Professor Fu Zhonghua. It is a distinctive needling technique that involves performing a sweeping manipulation in the subcutaneous loose connective tissue, exerting therapeutic effects by relaxing affected muscles and improving local microcirculation [22]. A meta-analysis by Chen Chufeng et al. [23] of 8 randomized controlled trials showed that the total effective rate and cure rate of Floating Needle treatment were superior to those of non-Floating Needle therapies, significantly improving the Sunnybrook score and facial disability index. Research by Tang Heli et al. [24] indicated that Floating Needle needling of the sternocleidomastoid muscle combined with conventional acupuncture for treating peripheral facial palsy in the recovery stage achieved a total effective rate of 90.48%, significantly reducing oxidative stress response and thereby improving facial nerve conduction function. Jiang Shuhong et al. [25] demonstrated that the total effective rate of Floating Needle combined with Western medication for treating acute-stage facial neuritis was higher than that of the Western medication-only group, significantly improving electromyography indicators and reducing inflammatory factor levels. Currently, research on Floating Needle for peripheral facial palsy primarily consists of experiential summaries, lacking large-sample, multicenter randomized controlled trials. Its mechanism of action and standardized operational protocols

require further exploration.

3.2.5 Press Needle

Press needle therapy is a specialized acupuncture technique that involves fixing small, specialized needles intradermally at acupoints to produce sustained, mild stimulation over an extended period of needle retention. It is characterized by simple operation, safety, minimal pain, and high patient compliance. Zhang Zhenfeng et al. [26] demonstrated that combining press needle therapy with acupuncture and acupoint injection for treating acute-stage peripheral facial palsy significantly improved House-Brackmann grading, FDI scores, and the RMS ratio in surface electromyography, with efficacy superior to that of acupuncture combined with acupoint injection alone. Chen Huazhen [27] observed that using press needle therapy combined with auricular point sticking and auricular bloodletting as adjuvant treatment for acute-stage peripheral facial palsy could shorten the time to symptom improvement and enhance the speed of facial nerve function recovery as well as patient satisfaction. Through a randomized controlled trial, Ye Yingying [28] confirmed that early intervention with press needle peri-needling at the Yifeng (SJ 17) point for peripheral facial palsy achieved an effective rate of 96.9%, accelerating facial nerve function recovery and shortening the cure time. Feng Delin et al. [29] showed that acupuncture combined with press needle therapy for pediatric peripheral facial palsy resulted in a total effective rate of 93.33%, significantly superior to hormone treatment alone. By providing continuous stimulation, press needle therapy enhances the effects of acupuncture, making it particularly suitable for early intervention during the acute stage and for pediatric patients.

3.2.6 Plum Blossom Needle

Plum blossom needle is a specialized acupuncture therapy. Its core technique involves tapping the skin with a needle tool composed of multiple short needles, aiming to regulate disorders by stimulating the vitality of the cutaneous regions and meridians, and unblocking qi and blood. Chen Sufen [30] found that combining plum blossom needle prick bloodletting with heat-sensitive moxibustion for treating this disease could optimize H-B grading and FDI scores, improve patients' psychological state, and enhance quality of life. Dai Xiuli's [31] observation showed that for patients with wind-heat pattern, plum blossom needle tapping combined with modified Yinqiao San and Qianzheng San achieved a total effective rate higher than that of the conventional Western medicine group, improving facial nerve electromyographic function and reducing sequelae. Li Ximei et al. [32] used plum blossom needle tapping combined with moxibustion on wheat-sized moxa cones to treat refractory cases, with a total effective rate superior to the plum blossom needle-only group, optimizing related scores and alleviating anxiety and depression. Li Caihong et al. [33] found that adjuvant therapy with plum blossom needle tapping at the Yifeng (SJ 17) point achieved a total effective rate of 93.75%, increasing facial nerve conduction amplitude, shortening latency, and improving oxidative stress indicators. However, currently, key parameters such as the force, frequency, duration, and treatment course of plum blossom needle tapping lack standardized quantitative criteria, which may affect treatment

reproducibility and efficacy stability.

4. Acupuncture Combined with Other Therapies

4.1 Acupuncture Combined with Moxibustion

The Huangdi Neijing states, "For cold, heat it." Moxibustion utilizes the warming power of burning materials like moxa wool to penetrate the muscles and interstices. Leveraging the flaming, ascending nature of fire, it follows the meridians and enters the collaterals. It can both warm and invigorate local qi and blood to dispel cold congealment, and stimulate the movement of meridian qi to unblock obstructions. The combined use of acupuncture and moxibustion allows cold pathogens to be dispersed, meridians to be unblocked, and qi and blood to circulate. Liu Shilei [34] investigated the clinical effect of acupuncture combined with moxibustion in treating peripheral facial palsy. The results showed that the total effective rate in the treatment group was 95.12%, higher than the 78.05% in the control group. Acupuncture combined with moxibustion could effectively alleviate clinical symptoms such as facial muscle paralysis, anhidrosis and aversion to wind, and leakage of air from the mouth, and improve facial nerve function. Cao Jiangjie et al. [35] observed the effect of acupuncture combined with Governor Vessel moxibustion on acute peripheral facial palsy. The results showed that after treatment, the H-B grading score, Facial Disability Index physical function score, and social function score in the treatment group were all superior to those in the control group, and the total effective rate was higher than that of the control group. This suggests that acupuncture combined with Governor Vessel moxibustion can invigorate the body's yang qi, mobilize the yang qi of the six meridians, regulate the functions of the meridians and zang-fu organs, and unblock the qi and blood of the whole body. It not only expels wind-cold pathogens but also consolidates the root and fosters the original qi.

4.2 Acupuncture Combined with Cupping

Cupping is a commonly used external treatment method in traditional Chinese medicine. It creates local congestion or petechiae on the body surface through negative pressure inside the cup, thereby achieving the effects of unblocking meridians and harmonizing qi and blood. The combined use of acupuncture and cupping complements their mechanisms and produces synergistic effects: acupuncture primarily focuses on regulating qi and unblocking collaterals, while cupping emphasizes promoting blood circulation and dispelling cold. In the treatment of peripheral facial palsy, the combined application of acupuncture and cupping helps enhance the effects of dispelling wind and cold, and unblocking the facial sinew channels. Clinical observations indicate that it has a positive effect on improving symptoms and promoting functional recovery. Wang Yaqian et al. [36] used fire dragon cupping combined with acupuncture to treat wind-cold type peripheral facial palsy. The results showed that the total effective rate in the treatment group was higher than that in the control group, and the H-B scale, Sunnybrook score, and Facial Disability Index physical function score were all superior to those in the control group, suggesting that fire dragon cupping therapy combined with acupuncture is

effective for wind-cold type peripheral facial palsy. Zhang Xuemei et al. [37] selected 90 patients with peripheral facial palsy. The control group received basic treatment combined with filiform needle acupuncture, while the treatment group received additional pricking-cupping at facial acupoints. The results showed that the effective rate in the treatment group was 91.11%, higher than 73.33% in the control group, indicating that filiform needle acupuncture combined with pricking-cupping at facial acupoints has higher efficacy for patients with peripheral facial palsy and can promote the recovery of facial nerve function and physical function.

4.3 Acupuncture Combined with Massage

Massage is one of the traditional external treatment methods in Traditional Chinese Medicine. It acts on specific body surface areas through manual techniques to unblock meridians, harmonize qi and blood, and regulate sinews and restore alignment. In the treatment of peripheral facial palsy, the combined use of acupuncture and massage helps enhance the effects of dispelling wind and cold, and unblocking the facial sinew channels. Clinical observations indicate that it has a positive effect on improving facial function and promoting nerve recovery. Hou Yunxia et al. [38] randomly divided 60 patients with peripheral facial palsy into an observation group and a control group. The control group received acupuncture treatment, while the observation group received acupuncture combined with facial massage. The results showed that the observation group had better outcomes in facial nerve function grading, number of treatments for cured patients, physical function scores, and symptom and sign scores compared to the control group, suggesting that acupuncture combined with facial massage can improve the cure rate and shorten treatment time compared to acupuncture alone. Li Yanping et al. [39] randomly divided 84 patients with peripheral facial palsy into a treatment group and a control group, with 42 patients in each group. Both groups received conventional acupuncture treatment, and the treatment group additionally received massage therapy. The results showed that the total effective rate in the treatment group was 97.62%, higher than 90.48% in the control group, indicating that the Three-Needle Technique for Facial Paralysis combined with massage is effective for treating peripheral facial palsy.

4.4 Acupuncture Combined with Chinese Herbal Medicine

Acupuncture and Chinese herbal medicine are two primary methods in Traditional Chinese Medicine for treating peripheral facial palsy. Acupuncture works by stimulating acupoints to unblock meridians and harmonize qi and blood, while Chinese herbal medicine addresses the condition holistically. Their combined use demonstrates significant effects in areas such as dispelling wind and cold, resolving phlegm and unblocking collaterals, and supplementing qi and nourishing blood. Clinical observations indicate that the combined acupuncture and herbal medicine approach yields favorable efficacy in improving facial nerve function and promoting recovery. Zhang Yanling et al. [40] used acupuncture combined with Xiao Xuming Tang (Minor Life-Prolonging Decoction) to treat acute peripheral facial palsy. The study group demonstrated superior outcomes in total effective rate, facial nerve function, and Facial Disability

Index scores compared to the control group. Xu Xinyue [41] applied the Qufeng Tongluo Formula (Wind-Dispelling and Collateral-Unblocking Formula) combined with acupuncture to treat peripheral facial palsy of the wind-cold external assault type. The treatment group showed better improvements in H-B grading, Portmann scores, and TCM pattern scores than the control group, with a total effective rate of 93.75%. Zhu Yanyan et al. [42] employed Siwu Qianzheng San (Four-Substance Symmetry-Restoring Powder) combined with acupuncture for treating wind-cold assailing the collaterals type peripheral facial palsy in the acute stage. The experimental group had an effective rate of 93.02%, higher than 81.39% in the control group, and showed greater improvements in facial nerve function and immune function indicators.

4.5 Acupuncture Combined with Acupoint Injection

Acupoint injection therapy involves injecting medication into specific acupoints, utilizing the dual effects of acupuncture stimulation and pharmaceuticals to stimulate meridian qi and harmonize qi and blood. When combined with acupuncture, it can significantly enhance the effects of unblocking meridians and nourishing the sinews and vessels, promoting the repair of damaged facial nerves. Zhou Jingchao [43] employed acupuncture combined with Vitamin B12 injection at bilateral Yifeng (SJ 17) points to treat refractory peripheral facial palsy. The observation group showed superior outcomes in facial palsy severity score, facial nerve motor conduction velocity, and Portmann score compared to the control group, with a higher total effective rate and a lower recurrence rate. Bao Xuan [44] used acupuncture combined with acupoint injection of Vitamin B1 to treat peripheral facial palsy. The effective rate in the observation group was 90.24%, higher than 76.28% in the control group, with greater improvement in the Facial Disability Index and bioelectrical signals. Wang Yue et al. [45] applied a combination of acupuncture and herbal medicine along with mecobalamin injection at the Yifeng (SJ 17) point for acute-stage peripheral facial palsy. The observation group showed an earlier onset of effect, higher cure rates and total effective rates at each treatment stage, and a lower incidence of sequelae.

4.6 Acupuncture Combined with Acupoint Application

Acupoint application therapy involves applying medicinal paste to specific acupoints. It works through the dual effects of medicinal stimulation and meridian conduction to harmonize qi and blood and unblock meridians. When combined with acupuncture, it can significantly enhance the effects of dispelling wind and cold, and activating blood circulation to unblock collaterals. Xu Kunyao [46] used acupuncture combined with modified Qianzheng San (Symmetry-Restoring Powder) acupoint application to treat acute-stage facial palsy. The results showed that the Sunnybrook score in the treatment group was higher than that in the control group, with a total effective rate of 87.5% compared to 80.7% in the control group, and a marked recovery/cure rate of 59.4% compared to 35.5% in the control group. Wang Mengqiu [47] applied Gailong Gao (Face-Altering Plaster) acupoint application combined with acupuncture to treat acute-stage peripheral facial palsy. The treatment group showed better facial nerve function grading

and Facial Disability Index scores than the control group, with a higher cure rate of 66.67% and a shorter average disease course of 24 days. This suggests that Gailong Gao acupoint application combined with acupuncture can shorten the disease course and increase the cure rate. Yang Yijun et al. [48] used Nux Vomica Powder (Maqianzi San) acupoint application to treat peripheral facial palsy, finding its efficacy comparable to conventional acupuncture with a total effective rate of 90.63%, indicating it can serve as an effective alternative therapy.

5. Summary

This article retrieved and reviewed recent literature on acupuncture and other combination therapies for the intervention of peripheral facial palsy. It was found that such combined treatment approaches are being increasingly widely applied in clinical practice. They not only demonstrate stable and reliable efficacy but also achieve complementary advantages between therapies, showing apparent synergistic effects. Currently, the forms of acupuncture combination therapy are highly diverse, encompassing various methods such as moxibustion, cupping, massage, Chinese herbal medicine regulation, acupoint injection, and acupoint application. The therapeutic effects and patient recovery times differ among the various combination protocols. This phenomenon is closely related to multiple factors, including the timing of the combined intervention, the degree of procedural standardization, the rationality of acupoint combinations, and the appropriateness of medication selection. Therefore, the author believes it is necessary to be guided by acupuncture theory and the holistic concept of Traditional Chinese Medicine, drawing on the strengths of various therapies and continuously refining them. It is important not only to inherit the classical theories of combining acupuncture with other therapies but also to delve deeper into exploring the optimal combination treatment protocols, standardizing operational procedures, and clarifying the specific mechanisms of action. This will help identify safer and more effective combined treatment pathways, thereby improving clinical therapeutic outcomes, accelerating patient recovery, reducing the probability of sequelae, and promoting the further development of acupuncture in the field of peripheral facial palsy treatment.

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