The research progress of acupuncture and moxibustion in the treatment of peripheral facial paralysis

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As a common and frequently-occurring disease in clinic, peripheral facial paralysis is worth paying attention to. In fact, as one of the methods for the treatment of peripheral facial paralysis, acupuncture has been widely promoted and applied in clinic, and has been recognized by doctors at home and abroad. However, there are many other factors that affect the curative effect in clinic due to their different operating methods. Therefore, there are still many disputes in the treatment of peripheral facial paralysis. The relevant literatures in recent years were searched and consulted in order to understand the current situation and provide routine treatment methods for clinical acupuncturists to treat this disease. And we intended to analyze and introduce from acupuncture manipulation, warm acupuncture, electroacupuncture, giant acupuncture, fire acupuncture, acupuncture combined with massage, acupuncture timing and other treatments, and different classification of acupuncture points and methods.

Key words: Peripheral facial paralysis, Acupuncture and moxibustion, Review

Abbreviations:
PFP, peripheral facial paralysis.

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Background

In fact, the main clinical manifestations of peripheral facial paralysis (PFP) are mouth and eye tilting to one side. Besides, epidemiological investigation shows that [1] the annual incidence of PFP in China is about 3 million, which accounts for the sixth prevalence rate of various nervous system diseases. Moreover, facial paralysis seriously affects the quality of life of patients. As one of the 43 indications recommended by WHO, acupuncture treatment of PFP achieved good results in clinical treatment. After collating the literature in recent years, it is found that there is a lack of systematic research on acupuncture treatment of PFP. Besides, there is no recognized standard of diagnosis and treatment and curative effect evaluation system at present. As a consequence, clinicians need to further standardize clinical research, optimize acupuncture prescription and improve curative effect.

Treatment of different acupuncture methods

Acupuncture manipulation

For example, Wang Shun [2] divided the patients with PFP into the observation group and the control group. And then the observation group was treated with acupuncture, and the control group was treated without acupuncture manipulation. As a result, acupuncture tonifying method can significantly improve the paralysis index, the degree of paralysis and the maximum amplitude of brain electroencephalogram. Besides, Qin [3] selected scalp acupuncture, abdominal acupuncture, sun Jia Duwei acupuncture as a prescription, and flying acupuncture as the acupuncture technique. The curative effect was remarkable, through the example of medical records. Moreover, Yue Jin [4] divided the patients with PFP into Zhu Lian acupuncture group and routine acupuncture group. Zhu Lian acupuncture group was treated with Zhu Lian acupuncture method to excite type II manipulation. Zhu Lian acupuncture method excited type II manipulation was to use rapid acupuncture method to continuously twist the needle, tamping the needle or deep needling downward at a faster speed. As a consequence, the patient had acid, numbness, distension or electric shock-like sensation. Besides, the needle was retained for 10 minutes, and the needle was applied once or twice during that time. And then in conjunction with the facial acupoints, bird pecking moxibustion was carried out for 30 times and 50 times each, and the affected side of Yifeng (SJ17), Fengchi (GB20) and one of the acupoints were selected to correct one of the mild moxibustion 3 min–5 min. Once a day, 10 times as a course of treatment. The routine acupuncture group was treated with routine acupuncture manipulation, and the lian acupuncture method excited the recovery of facial nerve function of type II manipulation, especially the facial nerve effect of wind-heat type PFP was better. Besides, Chang Junfeng [5] et al divided the patients with PFP into 3 groups. The acupuncture group was treated with penetrating acupuncture combined with twirling tonifying method, and the acupuncture catharsis group was treated with penetrating acupuncture combined with twirling diarrhea method. And the flat and relieving group was treated with penetrating acupuncture combined with twirling tonifying and reducing method, once every other day. Ten times as a course of treatment, a total of 2 courses of treatment. As a result, there was no significant difference in the total effective rate among the 3 groups. However, the effect of acupuncture tonifying method was better than that of tonifying and relieving method. Moreover, Xu Shabei [6] divided the patients with PFP into the Deqi group and the control group. Both groups received acupuncture treatment: the Deqi group was treated with manual acupuncture to Deqi, while the control group did not do any acupuncture. As a result, all patients received prednisone as the basic treatment. Deqi has a positive effect on facial nerve function. Besides, the stronger the intensity of Deqi was, and the better the curative effect was.

Warming acupuncture and moxibustion

For example, Zhang Qingqing [7] divided the patients with PFP into 2 groups: warm acupuncture group (treatment group) and western medicine group (control group). The patients in the treatment group were treated with warm acupuncture, and selected GB20 (double), Fengfu (DU16), contralateral Hegu (LT4, healthy side), Renzhong (DU26), Sibai (ST2), Dicang (ST4), buccal car (ST6), sun (EX-HN5, double), Yingxiang (LI20) and Qianzheng acupoints, and warmed acupuncture at Qianzheng acupoint, moxibustion at each acupoint 2 Zhuang, once a day, acupuncture once per 10 min. As a result, the therapeutic effect of warm acupuncture and moxibustion was significantly higher than that of western medicine after 7 times a week for 6 weeks. Besides, the curative effect of warm acupuncture group was better than that of western medicine group (P = 0.028) with the comparison of the improvement of treatment cycle between the 2 groups, which was statistically significant different. Moreover, the curative effect of warm acupuncture and moxibustion group was better than that of western medicine group, and the difference was statistically significant after 3 weeks of treatment. The curative effect of warm acupuncture group was better than that of western medicine group, and the difference was statistically significant at 6 weeks of treatment. What’s more, Fan Yushan et al divided PFP patients into mild acupuncture group (treatment group) and simple western medicine group (control group), and the treatment group was treated with warm acupuncture.
The main acupoints were taken from the affected side of the warehouse, cheek car, ST2, EX-HN5, Yangbai (GB14) Cuanzhu (BL2), LI20, Juliao (ST3), for warm acupuncture. Once a day, 10 times as a course of treatment. Besides, the control group received routine symptomatic treatment with western medicine. As a result, the study showed that the shallow acupuncture method of warm acupuncture had the effect of warming channels and collaterals, expelling evil spirits and improving facial blood circulation. Moreover, Liu Xingqin [9] divided the patients with PFP into the warm acupuncture treatment group and the acupuncture control group. The 2 groups took the same acupoints on the affected side, including Cuanzhu (BL2), Yangbai (GB14), Sizhukong (SI23), Taiyang(EX-HN5), Sibai (ST2), Yingxiang (LI20), Quanliao (SI18), Xiaguan (ST7), Dicang (ST4), Jiache (ST6), Yifeng (SJ17), and Hegu (LI4) on the healthy side. As a consequence, the treatment group was treated with warm acupuncture at ST7 and SJ17 acupoints, while the control group was treated with the same acupoints as the treatment group, and the other acupoints were treated with shallow needling along the skin, and twirling manipulation was used to tonify and relieve diarrhea. Once a day, 10 times as a course of treatment. As a result, after 2 courses, the use of multi-needle shallow acupuncture can stimulate the excitability of the nerve, improve the local circulation, and is beneficial to the recovery of the nerve. Besides, Wang Weifeng et al. [10] divided the patients with PFP into treatment group (treatment group) and electroacupuncture group (control group) in the early and middle stages of disease course from 2 days to 30 days. As a consequence, warm acupuncture and moxibustion was more beneficial to “Activating Qi and Activating Blood Circulation” (promote blood circulation), “Warming Meridians and Collaterals”, “Warming and Tonifying Middle Qi” (improve the immunity of human body), “Invigorating Vital Energy”, “Dispelling Pathogen”, “Relaxing Local Blood Vessels”, “Eliminating Local Ischemia, Edema and Aseptic Inflammation”, and had obvious regenerative and repairing effect on the injury and degeneration of peripheral nerve. Moreover, WuBin et al divided the patients with PFP into three groups: group A (early acupuncture group), group B (early acupuncture combined with far infrared group) and group C (acupuncture after 7 days). In fact, there was no significant difference in the grade of facial nerve function 7 days after onset, the clinical cure rate and the average cure time of 6 months follow-up among the 3 groups. However, the recovery time of facial paralysis in group A and B was significantly shorter than that in group C. As a consequence, it can be concluded that far infrared ray can be used instead of traditional moxibustion in the treatment of acute facial paralysis. Acupuncture has a unique effect in the treatment of this disease. In other words, acupuncture can enhance the contraction of the muscle fibers around the facial nerve and the muscle fibers innervated by the facial nerve, improve the function of the autonomic nerve, dilate the local blood vessels on the affected side, and improve the blood circulation. Besides, it is beneficial to the absorption of inflammatory edema so as to reduce the compression of facial nerve edema. In general, the combination of warm acupuncture and moxibustion not only improves the immunity of the body, but also promotes the recovery of facial nerve function.

Electroacupuncture

Only electroacupuncture. Giralt Sampedrol [12] treated a patient with PFP, and received routine treatment after the onset of symptoms. As a result, the symptoms were not improved obviously, and manual acupuncture combined with electroacupuncture, plum blossom hammer facial stimulation and traditional Chinese medicine were used after 3 weeks of treatment. Besides, we gradually observed a significant improvement in the range of motion of the muscles around the eyes and lips by combining local electroacupuncture, general acupuncture, phytotherapy and plum hammer stimulation. The mobility of the left face was basically restored and the eyelids closed normally after 15 weeks of treatment. Besides, Yang Liansheng [13] analyzed the patients with PFP. Three pairs of acupoints of BL2, GB14 (group A), LI20, ST4 (group B), Qiazheng (extra-point) and ST7 (group C) were selected by electrical stimulation, and 30 min was stimulated by continuous wave of 1 Hz at the current frequency. And electroacupuncture is given every 2 days. As a result, the segments and electrical excitability of facial neuropathy in group A and B were positively correlated with the prognosis after 16 weeks of treatment. As a consequence, it was concluded that the electrical excitability of electroacupuncture at “BL2”, “GB14”, “LI20” and “ST4” was one of the indexes to evaluate the prognosis of Bell’s palsy. Moreover, Huang Bin [14] divided the patients with PFP into treatment group and control group. The acupoints of the 2 groups were the same, and the treatment group was treated with sparse dense wave and intermittent wave alternately, while the control group was treated with sparse dense wave only. The total effective rate of the treatment group was significantly higher and the recovery time was significantly shorter compared with the control group. Conclusion in the treatment of PFP by electroacupuncture, the effect of alternate use of dense wave and intermittent wave is better than that of sparse wave only. What’s more, Zhang Zhongyi [15] divided the patients with PFP into 2 groups: the electroacupuncture group was treated with electroacupuncture on the basis of acupuncture treatment, and the control group was treated with simple acupuncture. The acupoints of the 2 groups

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were the same, and the treatment period was 28 days. As a result, both groups can accelerate the recovery of facial nerve function and facial nerve conduction, and the electroacupuncture group was significantly better than the control group. Moreover, Yang Lixia divided the patients with PFP into the treatment group and the control group. The treatment group was treated with ST4 and SI18, GB14 and EX-HN5, LI20 and ST7, and the 4 groups were treated with continuous wave and then dense wave at the same time. The control group was not divided into groups and was treated with continuous wave. As a result, in the treatment of PFP by electroacupuncture, the effect of the combination of dense wave and continuous wave was significantly better than that of GB14 and EX-HN5 group. Besides, the use of dense wave can stimulate the orbicularis oculi muscle and promote the contraction of the frontal muscle to make the forehead recover as soon as possible. Besides, LI20 and Bitong (extra nerve points) group use dense wave to promote the contraction of levator muscle and promote the recovery of nasolabial sulcus. ST4 and SL18 group, Kouheliao (LI19) and ST7 group can promote the contraction of orbicularis oris muscle and levator muscle, and correct the deviation of oral angle. What’s more, Yang Hui et al treated PFP patients with electroacupuncture for 2 courses (20 times), and there was significant difference in the cure rate among acute stage, convalescent stage and sequela stage ($P < 0.05$). Besedes, the lower the level of facial nerve injury, the better the curative effect was.

Electroacupuncture combined with acupuncture application. For example, Wu Xiaohong [18] used electroacupuncture combined with acupuncture application to treat intractable facial paralysis in the treatment group and compared with simple electroacupuncture. Electroacupuncture stimulates acupoints with low-frequency pulsed current. As a result, it can adjust human tissue function, “Promote Qi and Blood Circulation”, adjust muscle tension, among the drugs applied, soap horn can resolve phlegm and resuscitation, disperse knots and detumesence; besides, musk fragrance channeling, promoting blood circulation and menstruation, reducing swelling and pain. In fact, the mixture of vinegar can strengthen the effect of promoting blood circulation and reducing swelling. As a consequence, electroacupuncture combined with acupuncture application was obviously better than simple electroacupuncture. Besides, the shorter the course of disease was, the better the curative effect was. Moreover, Qi Qi-Hua [19] randomly divided the patients with PFP into electroacupuncture combined with acupuncture application of traditional Chinese medicine group and electroacupuncture group. Both groups were treated with electroacupuncture at BL2, GB14, EX-HN5, SI18, ST7, LI20 and other acupoints, and “facial paralysis 1” was used at SI17 acupoint. As a result, electroacupuncture combined with acupuncture pressing can improve the clinical curative effect, reduce the occurrence of complications, and the curative effect is reliable compared with electroacupuncture.

Giant needling method

For example, Li Ying [20] randomly divided the patients with PFP into the giant acupuncture group and the control group. Both groups were treated with acupuncture at GB20, GB14 to Yuyao (EX-HN4), Jingming (BL1), Chengqi (ST1), ST7, ST6 through ST4, LI4 and Zusani (ST36). The acupoints on the healthy side of the face were needled in the giant acupuncture group, and the acupoints on the affected side of the face were acupuncture in the control group, 3 times a week for 4 weeks. As a result, giant needling can accelerate the recovery of facial nerve function in acute PFP and shorten the course of treatment. Besides, Tang Nanlin [21] divided the patients with PFP into the experimental group and the control group. The experimental group selected the contralateral acupoints Wanguan, Tianshu, Huifeng and listening, and bilateral Hegu, Yanglingguan and Taichong. The control group was treated with acupuncture at Wangu (GB12), Tianli (SJ16), SJ17 and Tinghui (GB2) points on the affected side, and the other acupoints were the same as the experimental group. And the patients were treated 5 times a week for 4 weeks. As a result, giant acupuncture had obvious advantages over acupuncture on the affected side in the treatment of acute PFP compared with acupuncture at cervical lymph nodes, preauricular and retroauricular lymph nodes related to the course of facial nerve. Moreover, Townsend [22] divided the collected patients into the observation group and the control group. The observation group was treated with giant acupuncture, and the control group was treated with routine acupuncture. As a result, giant acupuncture could significantly reduce the House-Brackmann grade, improve Facial Disability Index Physical function score and reduce Facial Disability Index Social function score in the acute stage of PFP. What’s more, Wang Liping [23] collected patients with PFP into the observation group and the control group, the observation group was treated with giant acupuncture, and the control group was treated with routine acupuncture. Using the giant needling method to acupuncture the relevant acupoints on the healthy side was relatively easier to “Get Qi” (The feeling of sinking and tightness obtained by the doctor holding the needle during acupuncture). In the meanwhile, it can also stimulate the “Meridian Qi” (“Qi” running in “Meridians”) on the same acupoint on the affected side. Besides, it eliminated the obstruction of the facial meridians on the affected side and restore its nerve and muscle function to normal.

Fire needle

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Simple fire needle. For example, Quan Jian [24] collected PFP cases after 2 courses (or more) of acupuncture or electroacupuncture and other treatment was ineffective or the curative effect was not obvious. Then he took routine acupuncture combined with fire acupuncture, once every other day, 10 days as a course of treatment. As a result, the curative effect was significant after 2–8 courses of treatment. In fact, fire needle therapy belongs to the warming method, which is with the help of hot force, through warm stimulation to open and close, dredge the meridians.

Fire needle combined with electroacupuncture. For example, Zheng Minqin [25] divided PFP patients into experimental group and control group. Both groups were treated with electroacupuncture, and the experimental group was treated with filiform fire acupuncture at the same time. As a result, the curative effect of the experimental group was better than that of the control group, and the curative effect of filiform fire acupuncture combined with electroacupuncture on PFP was better than that of simple electroacupuncture. The mechanism of filiform fire acupuncture combined with electroacupuncture is superior to simple electroacupuncture may be related to the characteristics of fire acupuncture in aiding yang and opening the door to dispel evil in this research.

Fire needle combined with cupping therapy. For example, Yuan Honglang [26] patients with PFP were randomly divided into experimental group and control group. The control group was treated with acupuncture cupping method, and the experimental group was treated with fire acupuncture combined with acupuncture cupping method. As a result, fire needle had the characteristics of large open hole, dispel wind evil, did not plug its door. Besides, fire needle can disperse cold and warm meridians, activate collaterals and dredge meridians.

Fire needle combined with cupping filiform acupuncture. For example, Jiao Zhaohua [27] and others collected PFP patients to be treated with bilateral cupping, fire needle and filiform acupuncture in order, and score according to H-B scale and the grading standard of facial paralysis degree. As a result, the score of the patients was 48.65 ± 12.34 before treatment and 81.67 ± 12.23 after treatment, which was significantly higher than that before treatment. It controls the development of the disease and shortens the course of treatment by shallow acupuncture combined with cupping and fire needle can inspire vital qi, dredge meridians.

Fire needle combined with deep needling for a long time, bloodletting therapy. For example, patients with PFP collected by Hong Quyang [28] et al were treated with filiform needle deep needling at distal acupoint and oral buccal mucosa on the affected side in acute stage, facial acupoint plus fire needle at rest stage, fire needle and filiform needle combined with deep acupuncture at convalescent stage. Besides, the curative effect was observed after 2 courses of treatment. As a result, fire acupuncture combined with deep acupuncture in staging treatment of PFP promotes the recovery of facial nerve function by improving immunity and reducing facial nerve edema. Besides, benign facial nerve stimulation in the acute stage can shorten the course of treatment and improve the cure rate.

The timing of acupuncture intervention
For example, Wang Jun [29] took the patients with PFP as the treatment group and the control group, and received acupuncture treatment in the acute stage (within 7 days of onset) and recovery stage respectively. As a result, acupuncture interventional treatment of facial paralysis in the acute stage can shorten the course of disease and course of treatment, improve the curative effect, and there was no adverse reaction. Moreover, Shi Jingyang [30] divided the patients with PFP randomly into 2 groups according to the course of disease: the patients in the acute stage within 1 week were the treatment group, the patients in the convalescent stage within 1–8 weeks and the sequelae after 8 weeks were in the control group. And the same acupoints were used for acupuncture treatment. As a result, we found that in the early stage of the disease, the wind-cold attacks the collaterals, and the disease pathogen is superficial, which follows the treatment principle of “disease is on the surface, shallow and disease” [12]. Besides, patients who start proper treatment during the acute period can shorten the course of the disease and prevent the occurrence of sequelae. Moreover, the curative effect of multi-needle shallow acupuncture was significantly improved. What’s more, Li Ximei [31] divided the patients with PFP into group A within 7 days of onset and group B within 30 days of onset. Both groups were treated with fire acupuncture combined with body acupuncture and warm acupuncture, and fire acupuncture combined with body acupuncture and warm acupuncture in the treatment of PFP within 7 days and 8 days and 30 days after onset. As a result, the facial nerve function and TCM symptoms and signs were improved. In other words, it showed that the therapy of filiform fire needle combined with body acupuncture and warm acupuncture can promote the recovery of PFP within 30 days. Moreover, WangYun [32] divided the patients with PFP into group A and received acupuncture treatment within 3 days after the onset of the disease. In the meanwhile, group B took orally mecobalamin dispersible tablets and compound vitamin B tablets within 3 days after onset, and began acupuncture on the 4th day; while group C took oral mecobalamin dispersible tablets and compound vitamin B tablets within 5 days after onset, and began...
Acupuncture combined with massage

For example, Yu Baiquan [33] took acupoints such as Lateral GB20, ST7, ST4, ST2, GB14, LI4, ST6, etc., and routinely replenished and reduced them. The acupoints of Yintang (EX-HN3), BL1, ST2 and GB14 were pushed with a finger Zen method, and rubbed first on the affected side and then on the healthy side, through a series of techniques to improve local health circulation at the end of acupuncture. As a consequence, the damaged muscles and nerves were repaired to achieve the purpose of treatment. As a result, it was found that acupuncture combined with massage had a better effect in the treatment of PFP. Besides, the shorter the course of disease, the better the curative effect was.

Other treatments

Special acupoints. For example, Xu Liwei [34] divided the patients with PFP into the treatment group and the control group. The patients in the treatment group were treated with Touwei (ST8), GB14, BL2, SJ23, EX-HN4 upward needling, ST4 penetrating buccal cart, LI20 and ST7 straight needling for 10 to 30 minutes, once a day, 10 days as a course of treatment, a total of 2 courses of treatment. At the same time, the control group was treated with prednisone acetate. As a result, the distance between upper and lower eyelids, muscle strength, eyelid closure, motor nerve conduction amplitude, latency and blink reflex in the treatment group were better than those in the control group.

Needle retention time. For example, Li Ming [35] et al randomly divided the patients with PFP into 4 groups. Acupuncture intervention time (the 8th day after the onset of the disease), acupoints BL2, GB14, EX-HN5, LI20, ST6, ST4, healthy side bearing pulp, LI4 and electroacupuncture intervention, using different acupuncture interval and needle retention time under the same basic treatment. Group A was treated for 20 minutes, group B was treated for 30 minutes, C group was treated for 20 minutes, and D group was given 30 min/2d for 2 days. Acupuncture 20 min/d, 30 min/d, 20 min/2d and 30 min/2d had significant effect on the recovery of PFP, and the effect was the same after 20 days of treatment.

Eye treatment with 3 needles. For example, Zhou Changdou [36] randomly divided the patients with PFP into routine acupuncture group and eye acupuncture group. The routine acupuncture group was treated with electroacupuncture at SJ17 acupoint and ST4 acupoint, and the eye three-acupuncture group was treated with routine acupoint selection combined with acupuncture at BL1 acupoint, Shangyang (LI1) acupoint and ST1 acupoint. As a result, routine electroacupuncture combined with acupuncture at the 3 acupoints can significantly improve the clinical effect of Bell’s paralysis and shorten the treatment cycle. Besides, acupuncture at the 3 acupoints can significantly improve Bell’s facial paralysis and promote the recovery of facial nerve function.

Discussion and analysis

In clinic, PFP is a common and frequently-occurring disease. In fact, acupuncture has a definite curative effect in the disease. Besides, twirling and tonifying method is a better choice among the acupuncture methods. Acupuncture and moxibustion should be treated according to the symptoms and symptoms of the patients. What’s more, the necessary stages should be carried out according to the time of onset. After all, the acupuncture sites and techniques of different stages are different. In general, it is found that the early intervention of acupuncture can appropriately delay the progress of facial nerve injury and improve the curative effect. Besides, shortening the time of clinical rehabilitation, fire acupuncture, electroacupuncture, warm acupuncture and moxibustion have a very good curative effect in clinic. We can get twice the result with half the effort and achieve a better effect with both acupuncture and massage. Moreover, acupuncture has been proved to be effective in the treatment of PFP. However, the safety of acupuncture is not evaluated enough at present. Doctors should pay attention to a great risk in the process of acupuncture, especially in the process of penetrating acupuncture. What’s more, the lack of unified evaluation of acupuncture and the combination of acupuncture and other treatments has affected the progress of acupuncture in the treatment of PFP. As a consequence, we should focus on it in future research and promote the development of acupuncture in the treatment of PFP.

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