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Children Facial Neuritis Treated By Shallow Needling

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Abstracts: Objective: To review the therapeutic efficacy of shallow needling in curing children facial neuritis. **Methods:** 70 children patients were assigned into two groups randomly: the treatment group (shallow needling method) and the control group (mild reinforcing-reducing method). Classify the facial nerve function with Programmer of criteria for clinical evaluation and assessment of therapeutic effects of peripheral facial paralysis after they were needled at the same points. **Result:** Before treatment, the basic conditions and the facial nerve function did not differ significantly （$p>0.05$）. After treatment, the two groups both achieved significant changes in criteria for facial nerve grading ($p<0.05$); the differences in facial nerve grading between the two group were not statistically significant ($p>0.05$). The effective rate of treatment group was 97.14%, and the rate of control group was 85.71%. **Conclusion:** Shallow needling treatment and mild reinforcing reducing method are all effective and the shallow needling treatment is a superior therapy in the treatment of children facial neuritis.

Key words: Shallow needling; Children Facial neuritis; Clinical observation

Introduction

Facial neuritis also called facial nerve palsy or Bell palsy refers to the nerve acute non-suppurative inflammation in stem mastoid process hole, which is one of the common clinical diseases treated by acupuncture. Through clinical observation, the therapeutic efficacy of shallow needling in curing children facial neuritis was significantly。

Material and methods

Randomization methods

(1) Patients were numbered in order of visit ; (2) Since any ranks of the random number table [1], read 80 two-digit ; (3) Arranged the random numbers in ascending order (round down the same number), and record serial number ; (4) The odd and even number bit sequence numbers were assigned to the treatment group and control group ; (5) The serial numbers were distributed to patients.

Table 1 Grouping results

Patient numbers	1	2	3	4	5	6	……	80
random number	88	45	34	28	44	91	……	68
Numerical sequence	79	52	36	24	51	87	……	61
Grouping Results	A	B	B	B	A	A	……	B

General characteristics

According to the standard, the selection for nearly three years clinic on typical children of 90 cases of aged 2 years to 7 years old, were randomized, treatment group and the control group, 35 cases in each group. Among them, the treatment group of female in 16 cases, male 19 cases, the shortest duration of 7 days, up to 29 days, with an average of 15.8 days; Female 20 cases in control group, the male 15 cases, shortest duration for 7 days, the longest for 30 days, an average of 16.3 days. The basic information of two groups was as table 2.

Table 2 Basic information

Group	n	Gender（n）		Average Age	Average Course
		Male	Female	($\bar{x}$ ±S, year)	($\bar{x}$ ±S, day)
Treatment Group	35	19	16	4.11±1.71	15.80±6.65
Control Group	35	20	15	4.17±1.65	16.31±7.38

Table 2：Two groups of basic situation by t test and chi-square test, $P > 0.05$, generally have no obvious difference between the two groups; show that two groups of data are comparable.

Selection criteria

Symptoms: Suddenly the disease onset, primary symptom with lateral stiff, numbness, relaxation, food stays in the same tooth buccal, after give ear, ear, facial pain, under the tongue top 2/3 hypogeusia or disappear, hyperacusis, or tears, salivate, etc[2].

Signs: The forehead lines becomes shallow disappear, Nasolabial groove shallow or disappeared; When people ditch slanting, teeth Angle slanting to the contralateral; Frowning, whistling, drumming difficultly, etc.

Evaluation criteria

Evaluate the facial nerve function with《Programme of criteria for clinical evaluation and assessment of therapeutic effects of peripheral facial paralysis》[3]. Facial nerve function evaluation score = facial nerve dynamic view points - facial nerve static view points - concurrent. Facial nerve function classification standard (out of 100 points): Ⅳ, facial nerve of normal (95 ~ 95 points); Ⅲ, mild facial paralysis/disease (70 ~ 70 points); Ⅱ level: intermediate/disease of facial nerve inflammation (55 ~ 69 points); Ⅰ, heavy/facial paralysis (54).

Inclusion criteria

(1) With physical examination, coincidence with the above signs and symptoms; (2) Facial nerve function rating is Ⅲ ~ Ⅰ level; (3) Rule out other lesions, identified as peripheral facial paralysis.

Evaluation criteria

According to the facial nerve scoring system for patients with facial nerve function score (data cannot repeat entry), evaluation standard is as follows: heal: the symptoms of the affected side were disappeared (95 ~ 100 points); excellent: the symptoms of the affected side improved markedly, no complications or had mild synkinesis (95 ~ 70 points); improvement: the symptoms of the affected side improved, there may be complications (55 ~ 69 points); Invalid: risk profile without improvement, complications may occur(less than 55 points).

Treatments

Treatment Group: Acupuncture pointsFengchi,Yifeng,Xiaguan,Cuanzhu,Yangbai,Jiache,Taiyang,Dicang,Yingxiang,Hegu,Waiguan **. Operation :** The parents assisted doctors to fixed children head, with 0.35 x 40 mm Huatuo acupuncture needle for quick prick on the above points, no needles and no retaining needle, needle wind pool, Yifeng two holes, but small mention in turning in a flat or level of skill, but not retaining needle, once per day, seven days for a course of treatment.

Control Group: Chose the same points as the treatment group**. Operation :** The parents assisted doctors to fixed children head, with 0.35 x 40 mm Huatuo acupuncture needle to prick on the above points, with mild reinforcing reducing method ,retaining needle for 30 minutes, once per day, seven days for a course of treatment.

Results

Total effective observation

Treatment group: 28 cases were cured, 4 cases were markedly effective, 2 were better, 1 had no effect, and total effective rate was 97.1%. Control group: 22 cases were cured, 5 cases were markedly effective, better in 3 patients, 5 had no effect, and total effective rate was 85.7%. Observations in the analysis are shown in table 3.

Table 3 Analyses on the Result [n(%),case]

Group	n	Heal	Excellent	Improvement	Invalid	Total Effective Rate
Treatment Group	35	28(80.00)	4(11.43)	2(5.71)	1(2.86)	34(97.14)
Control Group	35	22(62.85)	5(14.29)	3(8.57)	5(14.29)	30(85.71)

Table 3: T test on the above data shows that p> 0.05, the result is no statistically significant.

Observation on Complications: The two groups all have no complications.

Discussion

Facial neuritis as a clinical common disease in acupuncture treatment, its treatment effect has been widely proved. On the angle of modern medication, acupuncture through stimulus skin muscle within of sensory nerve, make sympathetic excited, through corresponding of spinal cord neural section paragraph role Yu pituitary and adrenal, make of secretion beta-within Brown peptide, neural handed mass, to Regulation autonomous neural of rhythm, lifted vascular spasm, accelerated local lymphoma and blood cycle, promotion metabolism, improve damaged surface neural dough muscle of nutrition situation [5]. It can be seen that acupuncture is the preferred treatment of facial neuritis, and the application of acupuncture manipulation plays a very important role in the treatment.

Shallow needling was documented in 《LINGSHU·GUANZHEN》, refers to stab shallowly, fast out and does not hurt muscle. As the children's tender skin, shallow needling is the most

suitable and most easy to operate. Through the observation and analysis about the above cases, Shallow needling treatment and mild reinforcing reducing method are all effective and the shallow needling treatment is a superior therapy in the treatment of children facial neuritis.

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Three New Glycosides from the fruits of *Xanthium sibiricum* Patr.

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Abstracts: Three new glycosides, named3β-norpinan-2-one-3-*O*-β-D-apiofuranosyl(1-6)β-D-glucopyranoside(**1**), 3-hydroxymethyl-7-methylocta-1,6-dien-3-ol-8-*O*-β-D-glucopyranoside (**2**), and 7-[β-D-apiofuranosyl-(1-6) β-D-glucopyranosyloxymethy]-8,8-dimethyl-4,8-dihydrobenzo [1,4]thiazine -3,5-dione(**3**), together with three known compounds, xanthiside (**4**), adenosine (**5**) and 2,3-dihydroxy-1-(4-hydroxy-3-methoxyphenyl)-propan-1-one (**6**) were isolated from the fruits of *Xanthium sibiricum*Patr..The structures of the new compounds were determined on the basis of detailed spectroscopic analyses.

Key words:*XanthiumsibiricumPatr*, Fruit, Glycosides

Fructusxanthii, the fruits of *Xanthium sibiricum*Patr.in the Compositae family, which is well known as Cangerzi, has been used for treating nasal sinusitis, numbness of the limbs, arthritis, ulcer, pruritus cancer and herpes [1-5] in traditonal medicine. Earlier chemical studies on *F. xanthii* led to the isolation of a series of essential oils, amino acid, organic acid, sesquiterpene lactones, diterpenes and thiazinedione [6-12]. In this article, we present the isolation and structure elucidation of three new compounds 3β-norpinan-2-one-3-*O*-β-D-apiofuranosyl(1-6)β-D-glucopyranoside(**1**), 3-hydroxymethyl-7-methylocta-1,6-dien-3-ol-8-O-β-D-glucopyranoside (**2**) and7-[β-D-apiofuranosyl-(1-6)β-D-glucopyranosyloxymethy]-8,8-dimethyl-4,8-dihydrobenzo [1,4]thiazine-3,5-dione (**3**), as well as three known compounds: xanthiside (**4**) [9], adenosine (**5**) [13], and 2,3-dihydroxy-1-(4-hydroxy-3-methoxyphenyl)-propan-1-one (**6**) [14] from the ethanol extract of the fruits of *Xanthium sibiricum*Patr..

Materials and methods

General:IR spectra were recorded on an IR-47 spectrometer. optical-rotation detector (Shodex OR-2, Showa Denko Co., Ltd. , Japan).The optical rotation was recorded on a Perkin-Elmer 241. The melting point was measured on Koflermicromelting point apparatus (uncorrected). The HRESIMS analyses were conducted on IonSpecUltima 7.0T FTICR. The UV and NMR spectra were recorded on SHIMADZU UV-1601 and Bruker DPX 400 (400 MHz for ^{1}H-NMR and 100 MHz for ^{13}C-NMR), respectively. Chemical shifts are given as δ values with reference to tetramethylsilane (TMS) as an internal standard, and coupling constants are given in Hz. Preparative HPLC (Waters, Delta 600-2487) was performed on Hypersil-ODS Ⅱ column (10 μm, 20×300 mm, Yilite, Da Lian, China). Silica gel (200-300 mesh, Yanghai, Qing Dao, China) and ODS-A (120 A, 50 μm, YMC Co.) were employed for column chromatography (CC).