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ACUPUNCTURE CARE IN MIANTAN (BELL'S PALSY) WITH WIND-COLD PATHOGEN INVASION SYNDROME: A CASE STUDY AT RUMAH HAMASAH CLINIC, MALANG

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Abstract:

Background: Miantan, clinically correlated with peripheral facial paralysis or Bell's palsy, results from acute dysfunction of the seventh cranial nerve, impairing facial expressiveness, mastication, and psychosocial well-being. Acupuncture represents a widely utilized complementary intervention in traditional medicine; however, rigorous practice-based case documentation detailing syndromic differentiation and meridian-point selection remains essential.

Objective: To describe the clinical implementation and outcomes of acupuncture care in a patient with chronic Miantan presenting with Wind-Cold Pathogen Invasion syndrome at Rumah Hamasah Clinic, Arjosari, Malang. Methods: A qualitative clinical case study design was conducted involving a 36-year-old female homemaker presenting with a six-year history of right-sided facial asymmetry following sudden postpartum onset. Comprehensive clinical data were obtained using a Client Data Sheet across the four traditional examinations: inspection (Wang), auscultation and olfaction (Wen), inquiry (Wen), and palpation (Qie). The participant received six planned acupuncture sessions between 2 March 2026 and 6 April 2026. The therapeutic strategy prioritized expelling Wind-Cold pathogens, promoting Qi and Blood circulation, and reactivating the Shaoyang and Yangming meridians. Points selected included GB 20, TE 17, BL 12, BL 11, ST 4, SI 18, GB 14, ST 2, EX-HN 5, LI 20, BL 2, and CV 24.

Results: Across the six sessions, qualitative clinical observations revealed noticeable progressive recovery: mouth deviation decreased toward the midline, involuntary head tilt diminished by approximately 90%, the right eyelid achieved complete voluntary closure with reduced lacrimation, posterior occipital headache resolved, and facial tissue induration on the right cheek softened. Tongue coating normalized from thick white to thin pink.

Conclusion: Acupuncture care was associated with observable symptomatic recovery and functional restoration in a chronic Miantan case.

Keywords: Acupuncture care; Bell's palsy; Case study; Facial nerve paralysis; Miantan; Wind-Cold syndrome

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1. INTRODUCTION

Peripheral facial paralysis, clinically recognized in Western medicine as Bell's palsy and termed Miantan in Traditional Chinese Medicine (TCM), represents an acute lower motor neuron impairment of the seventh cranial nerve (facial nerve). Globally, the annual incidence of Bell's palsy ranges between 15 and 30 cases per 100,000 individuals annually, accounting for more than 40,000 new clinical cases each year with an equal gender distribution and peak vulnerability occurring among young to middle-aged adults aged 20 to 40 years (Cleveland Clinic, 2023; Tiemstra & Khatkhate, 2007). In Indonesia, epidemiologic estimates suggest a substantial burden, with prevalence figures in specific outpatient neurology settings reported around 19.55% (Fatah, 2023). Clinically, the disorder manifests as abrupt, unilateral facial weakness, loss of voluntary emotional expression, inability to wrinkle the forehead, lagophthalmos (incomplete

eyelid closure), hyperlacrimation, epiphora, oral angle deviation toward the unaffected side, and difficulty retaining oral contents during mastication and speech (Sim, 2021).

At the primary healthcare and clinical practice level, such as the Rumah Hamasah Acupuncture Clinic in Arjosari, Malang City, preliminary service audits conducted between November and December 2025 identified 3 patients seeking acupuncture care for Miantan out of 50 total outpatient visits. While approximately 70% to 75% of individuals experiencing acute Bell's palsy undergo spontaneous partial or complete recovery within 3 to 4 weeks, roughly 25% to 30% suffer from delayed recovery, persistent motor deficits, synkinesis, or irreversible cosmetic sequelae (Fink, 2018). Chronic facial asymmetry profoundly diminishes patient quality of life, leading to emotional distress, social anxiety, depression, and functional impairments in mastication and communication, especially when initial symptoms persist over several years.

Conventional medical management relies heavily on early administration of systemic corticosteroids and antiviral agents to suppress edema and perineural ischemia within the narrow facial canal (Abrishamchi, 2020; Tiemstra & Khatkhate, 2007). However, pharmacological regimens exhibit narrow therapeutic timeframes often limited to the first 72 hours following symptom onset and pose risks of adverse events, including insomnia, epigastric irritation, hypertension, and mood disturbances (Abrishamchi, 2020). Conversely, acupuncture therapy has emerged as an established complementary modality widely investigated for facial nerve rehabilitation (Chen & Yao, 2022). Neurophysiologically, mechanical needle stimulation enhances microvascular perfusion, modulates local neurotrophin release, reduces neuroinflammatory cytokines, and accelerates axonotmesis regeneration in paralyzed facial mimetic muscles (Chen & Yao, 2022; Zheng et al., 2022).

Within TCM conceptual frameworks, Miantan is fundamentally attributed to constitutional defensive Qi (Wei Qi) deficiency compounded by external pathogenic invasion, predominantly Wind-Cold or Wind-Heat, which obstructs Qi and Blood circulation across the Yangming (Stomach and Large Intestine) and Shaoyang (Gallbladder and Sanjiao) meridians (Sim, 2021; Chen & Yao, 2022). Although randomized clinical trials demonstrate acupuncture's efficacy in acute stages, a significant knowledge gap persists regarding the therapeutic trajectory and clinical documentation of acupuncture in chronic, long-standing post-stroke or post-partum Miantan cases persisting beyond several years.

Therefore, this case report aimed to document and evaluate the clinical process, syndromic rationale, and qualitative therapeutic outcomes of a six-session course of acupuncture care in a patient with chronic Miantan with Wind-Cold Pathogen Invasion syndrome at Rumah Hamasah Clinic, Arjosari, Malang.

2. METHODS

2.1 Research Design

This study adopted a qualitative clinical case study design to examine the application and outcomes of acupuncture care. In contrast to conventional social science case studies, a clinical acupuncture case study serves as a structured medical report focused on the systematic application of standardized acupuncture protocols, syndromic differentiation, point selection, and procedural observation of health complaint evolution in an individual patient (Hernawati, 2017).

2.2 Participant and Case Information

The participant was a 36-year-old female homemaker who presented with a primary complaint of right-sided facial paralysis and mouth deviation to the right persisting for six years. The onset occurred suddenly during the 37th week of pregnancy preceding delivery,

triggered following an episode of nocturnal dizziness and habitual exposure to electric fan airflow while sleeping. Additional symptoms included occipital headache, supraorbital tenderness, and epigastric discomfort.

2.3 Research Setting and Time

The study was carried out at Rumah Hamasah Acupuncture Clinic, situated at Jl. Teluk Aru No. 4, Arjosari, Blimbing District, Malang City, East Java, Indonesia. The therapeutic intervention commenced on Monday, 2 March 2026, and concluded with the sixth clinical evaluation on 6 April 2026, encompassing a total of six planned acupuncture sessions.

2.4 Research Procedures

Clinical assessment and management followed standard acupuncture procedures, including initial assessment, diagnostic differentiation, treatment planning, needling, and outcome evaluation. Treatment aimed to expel Wind-Cold, unblock meridians, promote Qi and Blood circulation, and restore facial sinew function (Jing Jin). Data were collected using a standardized Client Data Sheet (CDS) based on the four traditional examination methods (Si Zhen): observation, listening and smelling, inquiry, and palpation.

2.5 Research Instruments

A structured acupuncture formula based on classical texts (Sim, 2021) was applied. Fengchi (GB 20), Yifeng (TE 17), Fengmen (BL 12), and Dashu (BL 11) received reducing manipulation (Xie), while local facial points (ST 4, SI 18, GB 14, ST 2, EX-HN 5, LI 20, BL 2, and CV 24) received neutral manipulation (Ping Bu Ping Xie).

2.6 Data Analysis

Data were analyzed using descriptive qualitative data reduction, data display, and comparative contextualization. Clinical findings recorded at the initial baseline session (2 March 2026) were directly compared with findings documented at the concluding sixth session (6 April 2026) to map symptom evolution and functional recovery.

2.7 Scope and Limitations of the Research Used

The study's scope was delimited to a single patient managed at a single private outpatient acupuncture facility. Inherent limitations include the single-case design, lack of a control or sham comparison arm.

3. RESULTS AND DISCUSSION

3.1. Result

The clinical course of acupuncture care was evaluated across six completed sessions. Table 1 summarizes the acupuncture point selection, anatomical channel association, therapeutic rationale, and manipulation techniques applied consistently throughout the treatment course.

Table 1. Acupuncture Point Formulation, Channel Association, and Therapeutic Rationale

Point	Meridian / Channel	Therapeutic Action / Clinical Rationale	Manipulation
Fengchi (GB 20)	Gallbladder Meridian (Shaoyang)	Expels pathogenic Wind, activates Qi and Blood, revitalizes facial Jing Jin	Sedation (Xie)
Yifeng (TE 17)	Sanjiao Meridian (Shaoyang)	Eliminates local Wind, clears ear and facial pathways, restores motor function	Sedation (Xie)
Fengmen (BL 12)	Bladder Meridian (Taiyang)	Specific point to dispel external Wind-Cold pathogens from the exterior	Sedation (Xie)
Dashu (BL 11)	Bladder Meridian (Taiyang)	Influential point of bone; dispels Wind-Cold and reinforces muscular strength	Sedation (Xie)

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Dicang (ST 4)	Stomach Meridian (Yangming)	Promotes Qi-Blood circulation, treats facial deviation, rectifies oral angle	Neutral (Ping Bu Ping Xie)
Quanliao (SI 18)	Small Intestine (Taiyang)	Dispels facial Wind, relieves muscular spasm, restores cheek symmetry	Neutral (Ping Bu Ping Xie)
Yangbai (GB 14)	Gallbladder Meridian (Shaoyang)	Regulates frontal Qi and Blood, treats ptosis, enables forehead wrinkling	Neutral (Ping Bu Ping Xie)
Sibai (ST 2)	Stomach Meridian (Yangming)	Clears heat, brightens eyes, alleviates facial twitching and infraorbital numbness	Neutral (Ping Bu Ping Xie)
Taiyang (EX-HN 5)	Extra Point (Head & Neck)	Dispels Wind, relieves temporal and occipital headache, clears vision	Neutral (Ping Bu Ping Xie)
Yingxiang (LI 20)	Large Intestine (Yangming)	Opens nasal passages, dispels Wind-Heat/Cold, relieves nasolabial asymmetry	Neutral (Ping Bu Ping Xie)
Cuanzhu (BL 2)	Bladder Meridian (Taiyang)	Dispels Wind, clears vision, enhances orbicularis oculi contraction	Neutral (Ping Bu Ping Xie)
Chengjiang (CV 24)	Conception Vessel (Ren Mai)	Dispels facial Wind, benefits mouth and chin, treats salivation and deviation	Neutral (Ping Bu Ping Xie)

Source: Clinical intervention records at Rumah Hamasah Clinic, Malang, 2026.

A comparative assessment of objective and subjective clinical findings documented at baseline (Session 1, 2 March 2026) versus conclusion (Session 6, 6 April 2026) is presented in Table 2.

Table 2. Comparison of Clinical Assessment Findings Between Session 1 and Session 6

Assessment Domain	Session 1 (Baseline: 2 March 2026)	Session 6 (Conclusion: 6 April 2026)	Clinical Status
Chief Complaint	Right-sided mouth deviation for 6 years; difficulty chewing and retaining fluids	Mouth deviation markedly reduced; near-complete resting symmetry	Marked Improvement
Head Posture	Involuntary head tilt to the right; restricted spontaneous mobility	Head tilt diminished by ~90%; unrestricted cervical mobility	Marked Improvement
Facial Symmetry	Severe right facial paralysis, marked flattening of nasolabial fold, lower lip enlarged	Facial paresis significantly alleviated; bilateral nasolabial folds balanced	Marked Improvement
Eyelid Closure	Right eye cannot close completely (lagophthalmos); frequent involuntary tearing	Right eyelid closes completely upon gentle effort; tearing ceased	Resolved
Cheek Palpation	Right cheek feels distinctly rigid, indurated, and painful upon palpation	Right cheek soft, supple, and symmetrical in tissue elasticity	Resolved
Accompanying Pain	Occipital headache, supraorbital ache, and epigastric burning pain	Complete absence of occipital headache, supraorbital ache, and stomach pain	Resolved
Tongue Body & Coat	Pale pink, slightly swollen/thick, red tip, thick white coating	Pink body, normal thickness, tip pink, thin white coating	Normalized
Speech & Voice	Voice low, indistinct pronunciation, mild dysarthria with saliva leakage	Voice clear, articulate pronunciation, no saliva leakage	Improved
Radial Pulse	Deep, slow, forceful (Chen, Chi, Shi)	Deep, moderate, harmonious	Improved

Source: Client Data Sheet documentation, 2026.

As detailed in Table 2, the six-session acupuncture intervention achieved marked clinical alleviation across multiple functional domains. Facial motor symmetry improved substantially, lagophthalmos resolved completely, and associated neurological and somatic symptoms (headache, supraorbital pain, and epigastric burning) were completely eradicated.

3.2 Discussion

This case report demonstrates substantial functional and aesthetic improvement following six acupuncture sessions in a patient with six-year chronic Miantan. Improvements included restored eyelid closure, reduced facial asymmetry, resolution of occipital headaches, and improved cheek muscle flexibility. These findings suggest that acupuncture may provide therapeutic benefits even in long-standing facial paralysis.

The outcomes are consistent with previous studies reporting that acupuncture may improve facial nerve conduction, motor function, and muscle recovery through stimulation of the Yangming and Shaoyang meridians (Chen & Yao, 2022; Abrishamchi, 2020; Fink, 2018; Fatah, 2023). From a biomedical perspective, acupuncture may stimulate facial and trigeminal nerve fibers, promote the release of neuropeptides such as CGRP and substance P, and improve local microcirculation (Chen & Yao, 2022; Zheng et al., 2022). From the Traditional Chinese Medicine perspective, the condition was attributed to Wind-Cold invasion of the Shaoyang and Yangming meridians, causing Qi stagnation and Blood stasis. Acupuncture was therefore directed at expelling Wind-Cold, improving Qi and Blood circulation, and restoring facial muscle function (Sim, 2021).

Patient compliance with lifestyle modifications, including avoiding direct cold-air exposure, applying facial warmth, and attending scheduled treatments, may also have contributed to the improvement. Although the findings suggest potential benefits of acupuncture for chronic facial paralysis, the single-case design and absence of a control group limit causal conclusions. Further studies with larger samples and controlled designs are needed to confirm its effectiveness.

3.2.1 Implications

Acupuncture care represents an accessible, cost-effective, and safe non-pharmacological therapy for patients with chronic Bell's palsy, particularly those who have exhausted conventional medical avenues or wish to avoid corticosteroid-related adverse effects. Primary clinicians and acupuncturists can utilize the formulated 12-point protocol as a clinical reference.

3.2.2 Research contribution

This report offers a detailed descriptive record of meridian-based point selection and syndromic differentiation in a clinical setting in Malang, East Java. It provides baseline empirical evidence for designing larger prospective observational studies.

3.2.3 Limitations

Several limitations must be acknowledged, particularly the single-participant design, which restricts the generalizability of the findings to a broader population. Since the study involved only one participant, the observed outcomes may reflect individual characteristics and circumstances rather than responses that can be consistently expected in other

individuals. Therefore, the findings should be interpreted cautiously and cannot be assumed to represent the experiences or outcomes of patients with similar conditions in different settings.

3.2.4 Suggestions

Future case studies and clinical trials should implement validated facial grading scales, record session-by-session numerical scores, utilize electromyographic diagnostics, include longer follow-up periods to assess stability, and obtain formal Institutional Review Board (IRB) ethical approval.

4. CONCLUSION

The delivery of six sessions of acupuncture care based on expelling Wind-Cold pathogens and revitalizing the Shaoyang and Yangming meridians was associated with marked clinical improvement in a 36-year-old female presenting with chronic six-year Miantan (Bell's palsy). Clinical improvements included restored eyelid closure, reduced oral deviation, resolution of headaches, and improved facial symmetry.

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AUTHOR CONTRIBUTIONS STATEMENT

All authors contributed to the conception and design of the study, data collection, data analysis, interpretation of the results, and manuscript preparation. All authors reviewed, revised, and approved the final version of the manuscript and agreed to be accountable for the integrity and accuracy of the work.

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