Face Value: The benefits of facial acupuncture

Clinical to Cosmetic

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Aims

* To develop attendee’s theoretical knowledge in the use of facial acupuncture for clinical conditions.
* To develop attendee’s theoretical knowledge in the use of acupuncture for facial rejuvenation.
Training Objectives

Knowledge
To introduce the attendees to:
* The concept of facial acupuncture for clinical conditions
* The concept of facial rejuvenation acupuncture

Understanding
* The basic concepts underlying the theory of cosmetic acupuncture for facial rejuvenation.
* The health and safety issues related to cosmetic acupuncture for facial rejuvenation.
* The mechanisms underlying the use of acupuncture for facial rejuvenation.
Where to start?

* What do we know about acupuncture?
* What sort of problems do we seek to solve?
* What sort of issues do we face?
* How do we use acupuncture?
What do we know about acupuncture?

* Local tissue response (trauma)
* Segmental analgesia (pain gate theory)
* Supraspinal mechanism (central effects)
* Systemic effects (homeostasis)
* WMA vs TCA? (explanation v. observation)
What sort of problems do we seek to solve?

* Pain
* Trauma and healing
* Movement dysfunction
* Altered sensation
* Homeostasis....
  * imbalance and disharmony?
What sort of issues do we face?

- Safety
- Efficacy
- Evidence base: treatment
- Clinical reasoning (knowledge base)
- Training
Treatment Considerations

* Non-maleficence/beneficence
* Clinical reasoning/layering
* Combine with other modalities for dynamic approach to treatment
* Always:
  * Respect your client
  * Respect the anatomy
  * Respect the technique
Superficial arteries and veins of face and scalp

- Parietal emissary vein
- Frontal branch of superficial temporal artery and vein
- Parietal branch of superficial temporal artery and vein
- Superficial temporal artery and vein
- Anterior auricular artery
- Occipital artery and vein
- Middle temporal artery and vein
- Posterior auricular artery and vein
- Retromandibular vein
- External jugular vein
- Internal carotid artery
- External carotid artery
- Internal jugular vein
- Zygomaticoorbital artery
- Supraorbital artery and vein
- Supratrochlear artery and vein
- Angular artery and vein
- Infraorbital artery and vein
- Transverse facial artery and vein
- Facial artery and vein
- Lingual artery and vein
- Common carotid artery
# Temporomandibular Joint

## Systematic Reviews

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Condition</th>
<th>No. studies</th>
<th>Results</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Touche et al. 2010</td>
<td>TMD</td>
<td>8 RCT’s</td>
<td>+</td>
<td>The results of this meta-analysis suggest that acupuncture is a reasonable adjunctive treatment for producing a short-term analgesic effect in patients with painful TMJ symptoms.</td>
</tr>
<tr>
<td>Cho et al. 2010</td>
<td>TMD</td>
<td>9 RCT’s</td>
<td>+</td>
<td>This systematic review noted moderate evidence that acupuncture is an effective intervention to reduce symptoms associated with TMJ disorders.</td>
</tr>
<tr>
<td>Fink et al. 2006</td>
<td>TMJ</td>
<td>6 RCT’s</td>
<td>+</td>
<td>Acupuncture is a suitable complementary treatment method in the management of cranio-mandibular dysfunction. However, its significance has to be further evaluated in future studies</td>
</tr>
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</table>
## Temporomandibular Joint

### Other Evidence

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<thead>
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<th>Result</th>
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<tbody>
<tr>
<td>Vicente-Barrere et al. 2012</td>
<td>TMJ pain dysfunction syndrome</td>
<td>RCT</td>
<td>+</td>
<td>Acupuncture was an effective complement and/or an acceptable alternative to decompression splints in the treatment of myofascial pain and temporomandibular joint pain-dysfunction syndrome. The results of this study indicate that acupuncture has analgesic effects in the short-term and is therefore comparably effective to occlusal splints in the treatment of temporomandibular joint pain-dysfunction syndrome.</td>
</tr>
<tr>
<td>Shen et al. 2009</td>
<td>Myofascial pain of the jaw muscles</td>
<td>RCT</td>
<td>+</td>
<td>A single acupuncture session using one acupoint at Hegu large intestine 4 significantly reduced most myofascial pain endpoints when compared to sham acupuncture.</td>
</tr>
</tbody>
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## Bell’s Palsy

### Systematic Reviews

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<tbody>
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<td>He et al. 2009</td>
<td>Bell’s Palsy</td>
<td>6 RCT’s</td>
<td>?</td>
<td>Harmful side effects were not reported in any of the trials. Flaws in study design or reporting (particularly uncertain allocation concealment and substantial loss to follow-up) and clinical differences between trials prevented conclusions about the efficacy of acupuncture.</td>
</tr>
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<tr>
<td>Sha-bei et al. 2013</td>
<td>Bell’s Palsy</td>
<td>RCT</td>
<td>+</td>
<td>We found evidence that acupuncture with de qi improved facial muscle recovery, disability and quality of life among patients with Bell palsy. Stronger intensity of de qi was associated with better therapeutic effects. De qi and its related techniques should be properly appreciated in acupuncture practice and research, and should be considered for inclusion in clinical guidelines for acupuncture,</td>
</tr>
<tr>
<td>Nguyen et al. 2013</td>
<td>Bell’s Palsy</td>
<td>Case Study</td>
<td>+</td>
<td>The patient’s symptoms were greatly improved following an integrated approach that included acupuncture, manual therapy to C0-1 level, myofascial release and facial exercises.</td>
</tr>
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</table>
Facial Rejuvenation
Cosmetic Acupuncture
Scope of practice?
Ensure you have the skills, knowledge and abilities required to carry out your role, acquired through education and training.
Recent celebrity craze?

- Facial acupuncture has a long history in TCM
- Western Zhou period (1121-770BC) skin conditions treated
- Facial rejuvenation – (770-221BC)
Western theories

- Localised micro trauma
- Localised inflammatory response
- Increased microcirculation
- Stimulation of localised healing
- Stimulation of localised neural structures
- Increased water and oil content
- Improved skin elasticity
- Localised collagen stimulation?
- Systemic homeostasis
The (US) National Institutes of Health Consensus Statement states:

"one of the advantages of acupuncture is that the incidence of adverse effects is substantially lower than that of many drugs or other accepted procedures for the same conditions."

White et al (2008) reviewed serious adverse events: risk of a major complication - incidence of between 1:10,000 and 1:100,000, "very low."
Botox

- Most poisonous substance known
- LD50 scale: Botox measures just 0.000001 mg/kg
- 0.00007mg to kill a 70kg man
- 2 kg would kill every human on earth

- £100 trillion per kg - most expensive substance ever made
- Bacteria discovered in 1700’s in poorly prepared sausages
- Latin name for sausage – botulus
- Kills via respiratory failure
Female n = 28 (40-59 yrs, Glogau photoaging scale III).

5 Rx over 3/52

Primary outcome - Moire topography criteria, secondary - patient-oriented self-assessment scale of facial elasticity.

A significant improvement after Rx evident - mean change in Moire topography criteria (1.70 ± 0.724 to 2.26 ± 1.059, P < 0.0001). Adverse event - mild bruising.

Conclusions - Promising Rx for facial elasticity?
Female n =2 (50 (A) & 29 (B) yrs,
5 Rx over 1/12
Outcome – facial oil and water content compared with mean for age. own control
A & B, respectively, water 89% to 87% and 76% to 80%, (no changes in the control), oil 32% to 38% and 8% to 19%, (no change for control).
Conclusion - acupuncture increased water and oil content of facial skin - may enhance appearance
Changes in oil content of the skin over control period and course of five acupuncture sessions.
300 cases treated in China with cosmetic facial acupuncture, 90% had marked effects with one course of treatment.

Effects included: improvement in skin texture and colouring, increased elasticity, reduction of wrinkles

Overall feeling of rejuvenation
How do we use acupuncture?

- Classic points
- Extra points
- Trigger points
- Systemic points
- Key “target” areas
- Special techniques
Facial Treatment

* Needles
  * 40mm x 0.25 mm
  * 25mm x 0.25 mm
  * 30mm x 0.16 mm
  * 13mm x 0.16-0.20 mm
  * 7mm x 0.16 mm detox
  * 6mm x 0.18 mm intra-dermals
  * Up to 100+ needles per Rx
Let’s keep things in perspective!
Summary

* Clinical reasoning/layering/mechanisms
* Classic, Extra, Trigger and Systemic points
* Key “target” areas and “Special” techniques
* Consider needle size, diameter, direction
* Always:
  * Respect your client
  * Respect the anatomy
  * Respect the technique
So... have my lines gone yet?
References