Bell’s Palsy, Laser Acupuncture and Silica Hydride –
A One-Treatment Surprise

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This is a case summary of a patient with Bell’s Palsy (acute case, four day duration when first treated) who was successfully treated with a combination of red-beam laser acupuncture and silica hydride powder, in only one treatment (May, 2000).

Silica hydride is a mineral supplement which appears to improve intracellular and extracellular hydration. It is has a pH of 7.4 (alkaline) and reduces surface tension thus allowing better absorption of nutrients into the cells. Silica hydride has an anti-inflammatory effect. A recent study at the University of Minnesota has shown it to be a strong anti-oxidant and a potent free radical fighter (Stephanson, Stephanson, Flanagan, 2002). I like to use the silica hydride powder with a patient just before a laser acupuncture treatment. It seems to help with the anti-inflammatory effect of the laser acupuncture.

I first used silica hydride powder with red-beam laser acupuncture on a patient in South Korea in May, 2000, who had a new onset of Bell’s Palsy (4 days post onset). We were on a train, heading across South Korea to travel to an airport, to fly to Che-Ju Island south of Korea. He was the administrative organizer for the group of invited speakers for a conference on acupuncture where my topic was laser acupuncture. We were sitting in the dining car and he pointed out to me from across the table, that he could not close his right eyelid, or smile on the right side of his face – “Could I fix it?”

In Western Medicine, Bell’s Palsy is a facial paralysis associated with inflammation of the facial nerve (cranial nerve VII) where the patient is unable to close the eyelid, and/or has a reduced nasolabial fold with inability to smile, etc. It is of sudden onset and 80% of patients recover in a few weeks to a few months (Adams & Victor, 1977). The Western Medicine treatment is to administer steroids/prednisone to promote an anti-inflammatory effect. In Chinese Medicine Bell’s Palsy is associated with Wind (External) and the treatment principal is to move Stagnation and Rid Wind.

I had once seen a chronic case of Bell’s Palsy (more than 6 months duration) successfully treated in one treatment by Yoshiaki Omura, M.D., in New York City, using Omega-3 fish oil capsules, and application of Qi Gong and red-beam laser to the affected side of the face. Dr. Omura had diagnosed the patient as having a viral infection in that area of the face (using his O-Ring test with the thumb and index finger and a Herpes virus test slide). He often used Omega-3 fish oil capsules as an anti-viral. After the patient took the Omega-3 capsule, Dr. Omura used Qi Gong and a 5 mW, 670 nm, red-beam ITO laser to bring the anti-viral effect to the target area. I remembered seeing a dramatic improvement in the facial paralysis occurring within 10 minutes.

A bumpy train is no place to be using acupuncture needles, I felt, so I was thinking – what do I have with me that I can use fast? I said to the patient, “OK, I will first ask you to take some silica hydride powder with water, and then I will use my red-beam ITO laser lecture pointer on the acupuncture points on your face.” I had no Omega-3 fish oil capsules, but I knew the silica hydride would have an anti-inflammatory effect, was a strong anti-oxidant, and possibly anti-viral.
We only had about 25 minutes before arrival at our destination. He took the contents of two silica hydride capsules (dissolved in water, stirred with a plastic spoon) and I immediately used my red-beam laser lecture pointer for 3 minutes on each acupuncture point on the affected side of the face. Three minutes of application with this 5 mW laser pointer (5 mm diameter aperture) is the equivalent 4.59 joules per cm square, energy density dosage per point. I used the laser in the area where I wanted to increase circulation, decrease inflammation, and promote a strong anti-oxidant (anti-viral) effect, thus bringing the effects of silica hydride to that area. I treated points on the affected side around the eye area (BL 2, GB 1) and points on the face (ST 4, 6,7; LI 20; SI 18 and 19). LI 4 would also be appropriate, but I think I did not have time for that.

We arrived at the train station, transferred to the airport, etc. The next morning, when I saw our host in the hotel restaurant, his Bell’s Palsy had disappeared by about 95%. I was pleasantly surprised and so was he! I had expected to need to do more treatments, because the usual course is 10 treatments according to studies with laser acupuncture in China (Wu, 1990) and he told me this had just been getting steadily worse, over the preceding 4 days. (It had been successfully treated with needle acupuncture, a year or so, earlier, before it re-occurred that week.) When I heard from him again 6 months later, he was still doing fine. This experience with the combination of silica hydride powder and laser acupuncture has encouraged me to suggest that others also consider using this combination.

The red-beam low-level laser has several effects on the cellular level. These include an increase in ATP levels (adenosine tri-phosphate) through stimulation of the mitochondria with the light, and a decrease in inflammation, to name a few. Thus, the silica hydride powder and the red-beam laser both had an anti-inflammatory effect, and appeared to work synergistically quite well together in this case of Bell’s Palsy. For more information on laser acupuncture, see the following web site I have prepared: http://gancao.net/ht/laser.shtml

The laser pen I worked with was: Ito Laser, 5mW, 670 nm, Lhasa Medical, Weymouth, MA 800-722-8775, www.LhasaMedical.com $118.00, replace two AAA batteries after three hours of use. No medical claims are made.

At the time I worked with this Bell’s Palsy patient in South Korea, the silica hydride powder was available as microhydrin powder. It is now available as Active H- powder, in vegi-caps form. A Registered Pharmacist (retired) in the Boston area who periodically tests the quality of the silica hydride powder (Active H-) is Gloria Alvino. For more information, her email is: Heartglo@aol.com or: www.HEARTTOHEARTASSOCIATES.com

Another product which assists mitochondria to produce ATP is Coenzyme Q10. Perhaps asking the patient to take some CoQ10 within an hour before a laser acupuncture treatment would also supplement the effects of laser acupuncture. A CoQ10 lozenge that melts in the mouth for faster absorption (within an hour) is available from Douglas laboratories (1-800-245-4440). Chinese herbal formulas, of course, can also be taken prior to laser acupuncture.

Another complementary treatment approach would be to apply the Homotoxicology product, Traumeel (clear liquid drops) to each acupuncture point, before treatment. Allow the liquid to dry on the skin before applying the laser; and the patient may take some orally, too. www.heelusa.com jbusick@heelusa.com No medical claims made.

The topic of Bell’s Palsy was included in my report for the NIH Consensus Development Conference on Acupuncture, November, 1997. A brief synopsis follows. Bell’s Palsy is
presumably due to an inflammatory reaction in or around the facial nerve near the stylomastoid foramen (Adams & Victor, 1977). When needle acupuncture was initiated within 3 days post onset in 684 cases, 100% of the patients were cured or there was a marked effect (Liu, 1995). Even 80% of cases who were treated starting at greater than 2 months post onset and 83% of severe cases, had cured or excellent effect (Gao & Chen, 1991). Red-beam laser acupuncture was also effective in mild-moderate cases; it was combined with needle acupuncture in severe cases (Wu, 1990). Most patients were treated for two to four weeks (up to 8 weeks).

Based on the Bell’s Palsy patient treated on the train in South Korea, it would be of interest to know if the overall acupuncture treatment time for Bell’s Palsy patients could be reduced to only a few days, with a combination of red-beam laser and silica hydride powder and/or CoQ10.

If readers have an opportunity to try this with acute or chronic Bell’s Palsy patients, please let me know. Email: mnaeser@bu.edu

References:


