Case Report

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Comprehensive Traditional Chinese Medicine Treatment for Special Subtype of Guillain-BarrÃ© Syndrome: A Case Report

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1. Abstract
Guillain-Barrés syndrome(GBS) is an autoimmune-mediated acute inflammatory peripheral neuropathy that mainly affects most spinal nerve roots and peripheral nerves, and also involves cranial nerves. Its morbidity rate is low and there are multiple clinical subtypes. Miller-Fisher syndrome(MFS) is one of the subtypes. It is considered different from classic GBS, is clinically rare, that is very easily misdiagnosed or missed, thus affecting early diagnosis and treatment. This article reports a case of a patient with COVID-19 infection as a prodromal symptom, whose initial symptom was unilateral facial nerve palsy, which progressively worsened and gradually developed clinical manifestations such as bilateral facial nerve palsy, ataxia, and loss of tendon reflexes in both lower limbs. The doctor diagnosed MFS through examinations such as cerebrospinal fluid tests, serum immunology tests, and neuroelectrophysiological tests. The patient's condition stabilized after immunological and neurotrophic treatment, but the functional impairments of the face and both lower limbs persisted, and Western medicine has no effective treatment methods. Given that the patient is female, facial disfigurement will severely affect her daily life and mental health. After three courses of comprehensive traditional Chinese medicine treatment, the patient's symptoms improved significantly and she did not express any discomfort. No recurrence was reported during follow-up, and the long-term efficacy may be promising. By summarizing this case, the aim is to provide a traditional Chinese medicine complementary therapy for GBS with facial nerve palsy as the initial symptom. We hope to break the argument that acupuncture is prohibited during the acute phase of the disease that confirm the advantages of integrated traditional Chinese and Western medicine in the treatment of GBS

2. Keywords
Comprehensive treatment of traditional Chinese medicine, acupuncture, Guillain-Barrés syndrome, Miller-Fisher syndrome, case report

3. Introduction
GBS is an acute immune-mediated disease. The symptoms usually reach their peak in about 2 weeks, manifesting as multiple nerve root and peripheral nerve damage, and often accompanys by the phenomenon of cerebrospinal fluid protein-cell dissociation. The global incidence rate is 1.12 cases per 100,000 person-years, and studies have shown that the incidence rate tends to be higher in winter and spring[1]. GBS can affect people of any age group, and its incidence rate increases with age, reaching the highest between 50 and 70 years old. The incidence rate in males is approximately 1.5 times that in females[2]. This disease has many subtypes, including acute inflammatory demyelinating polyradiculoneuropathies(AIDP), acute motor axonal neuropathy (AMAN), acute motor-sensory axonal neuropathy (AMSAN), Miller-Fisher syndrome (MFS), acute panautonomic neuropathy (APN), and acute sensory neuropathy (ASN), among others. The typical manifestation of GBS is progressive muscle weakness occurring after an infection, which can usually be identified in a timely manner. However, the manifestations of atypical variants may pose significant diagnostic challenges, leading to delayed diagnosis and an increased risk of adverse outcomes (Table 1). The exact cause of GBS has not yet been clarified. Clinical and epidemiological data indicate that the onset of GBS may be related to abnormal acute autoimmune responses triggered by previous infections (such as Campylobacter jejuni, cytomegalovirus, Epstein-Barr virus, varicella-zoster virus, Mycoplasma pneumoniae, hepatitis B virus, human immunodeficiency virus, SARS-CoV-2, COVID-19, etc.)[3]. Many reports also indicate that autoimmune diseases are often complicated by GBS. Molecular mimicry is currently considered one of the main mechanisms that may lead to the onset of GBS. This theory holds that a certain component of the pathogen has the same structure as some components of the peripheral nerves. The body's immune system makes a recognition error, launches an immune attack on the normal components of the peripheral nerves, resulting in demyelination of the peripheral nerves(Figure 1). Different types of GBS correspond to different target sites of nerve tissues, so their clinical manifestations are not the same. According to epidemiological statistics, the incidence rate of the atypical variant MFS accounts for only a small part of GBS, and the percentage varies depending on the region considered. Asian

Annals of Clinical and Medical Case Reports

countries have a higher incidence rate, which can reach 15%-25% of GBS cases: an 11-year retrospective study in Taiwan, China showed an incidence rate of 18%, that in Hong Kong, China was 9%, and that in Thailand was 7.7%. In Western countries, the incidence rate is lower, accounting for 1%-7% of GBS cases: an Italian study showed that the incidence rate in Europe is 0.04 to 0.18 cases per 100,000 residents, accounting for 6.6% of GBS patients; the incidence rate in Spain is 7%[4]. Such a low incidence rate proves that case studies are very limited and this case is relatively precious. The author will introduce a patient with MFS, an atypical GBS, who developed unilateral facial nerve palsy progressing to bilateral facial nerve palsy instead of the characteristic external ophthalmoplegia after being infected with the new coronavirus. After treatment with intravenous immunoglobulin injection, methylcobalamin, and vitamin B12 for nourishing nerves, the symptoms stabilized, but the patient had residual dysfunction in the face and both lower limbs. Moreover, the facial disfigurement of female patients affects their daily life and even has a huge impact on their social functions, emotional expression, and mental health. Since GBS has an acute onset, the condition will reach its peak within several days to several weeks, with a natural tendency to worsen. Western medicine holds that when facial paralysis is in the acute phase, it is in the stage of inflammatory edema, and does not recommend Chinese medicine acupuncture treatment, for fear of aggravating the condition. In fact, whether acupuncture is used or not, the condition may worsen during the acute phase, which is a natural course of the disease's development. Numerous studies[5-7]have shown that, Acupuncture has a significant effect in the early intervention of the acute edema phase of diseases, and the prognosis of patients is good. Therefore, after three courses of comprehensive traditional Chinese medicine treatments such as acupuncture, tuina and Chinese herbal decoctions, the patient's facial appearance, function, and symptoms in both lower limbs have significantly improved. No obvious side effects were observed, and there was no recurrence of symptoms during the follow-up period, with satisfactory long-term efficacy. Our objective is to enhance clinicians' understanding of relatively rare disease manifestations by providing an adjunctive TCM treatment protocol for GBS in which facial nerve palsy presents as the initial symptom. It is confirmed that the integrated traditional Chinese and Western medicine treatment of GBS has the advantages of comprehensiveness, high efficiency and safety, which broadens the thinking of traditional Chinese medicine treatment and paves an innovative path for integrated traditional Chinese and Western medicine treatment. Here, we report the case in detail.

Table 1: Classification of Subtypes and Characteristics of Nerve Injury in GBS

GBS subtype		Features of neural involvement
Classical type	AIDP	Facial and bulbar muscle weakness
	AMAN	bulbar paralysis
	AMSAN	Accompanied by autonomic nerve symptoms
Atypical type	MFS	Triad: ophthalmoplegia,ataxia, and disappearance of tendon reflexes
	APN	Arrhythmias, urinary retention,postural hypotension
	ASN	-

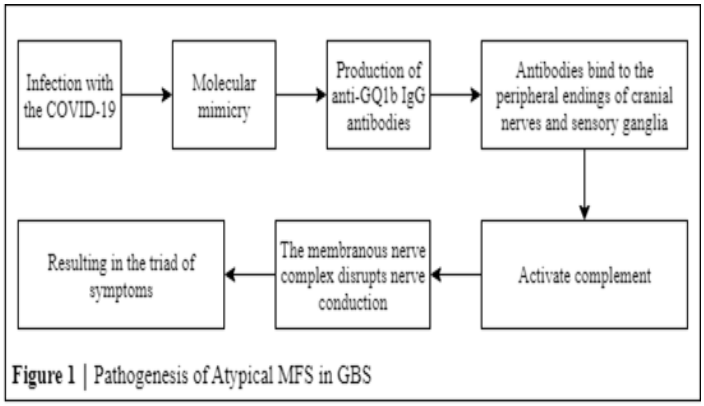

Figure 1 | Pathogenesis of Atypical MFS in GBS

4. Case Report

Clinical History

A 53-year-old female patient was admitted to the hospital due to deviation of the corner of the mouth to the right for 1 day. Present illness history: The patient had incomplete closure of the left eye, tearing when exposed to wind, stiffness and numbness of the left facial muscles, and shallower left forehead lines and nasolabial folds, the corner of the mouth was deviated to the right, occasionally feeling like stepping on cotton with the feet, no dizziness or headache, accompanied by mental fatigue and weakness, loss of appetite, and poor sleep due to pain. The tongue proper was dark red, the coating was thin and white, and the pulse was thready. She had a history of COVID-19 infection. After 3 days of acupuncture and oral administration of modified Buyanghuanwu Decoction(BYHWD), found that the patient had stiffness, numbness, and paralysis of the bilateral facial muscles, with shallow bilateral forehead lines and nasolabial folds, and the corner of the mouth was deviated to the right.

Clinical and Laboratory Examinations

Positive results were found in the left eye-closing test, left teeth-showing test, left forehead-lifting test, and air-blowing and cheek-puffing test. The pain sensation and tactile sensation on the left side of the face were weaker than those on the right side. Neurological physiological reflexes were present, and pathological reflexes were not elicited. Three days later, during the physical examination, it was found that the patient had a weakly positive bilateral eye closure test, normal tendon reflexes in both upper limbs, unsteady walking in both lower limbs, and muscle strength grade 3+. Bilateral knee tendon reflexes and Achilles tendon reflexes were absent. The test shows that the blood routine was as shown in the (Table 2). Urinalysis, Routine fecal examination, liver function, kidney function, five items of coagulation, erythrocyte sedimentation rate, electrolytes, three rheumatoid items, and myocardial enzyme profile showed

Annals of Clinical and Medical Case Reports

no obvious abnormalities, HIV1/2 virus antibody test, syphilis antibody, hepatitis A + hepatitis C, and new coronavirus nucleic acid were negative. Cerebrospinal fluid analysis showed: increased cerebrospinal fluid protein, normal cell count(Table 3). Serum anti-GQ1b antibody was positive.

Table 2: Analysis of Abnormal Values in Complete Blood Count

Item	Result		Unit	Reference interval
MCV	94.9	↑	fL	82-92
NEUT%	77.6	↑	%	40-75
LYMPH%	15.3	↓	%	20-50
EOS#	0.03	↓		0.1-0.4
MCH	31.9	↑	pg	27-31
MPV	11.6	↑	fL	5-11.5

MCV, Mean corpuscular volume; NEUT%, Neutrophilic granulocyte percentage; LYMPH%, Percentage of lymphocytes; EOS#, Absolute eosinophil count; MCH, Average hemoglobin content; MPV, Mean platelet volume.↑, means higher than normal range; ↓, means lower than normal range.

Table 3:Analysis of cerebrospinal fluid.

Item	Result		Unit	Reference interval
Appearance	Transparency and no clots			
Color	Colorless			
Pandy test	-			
MN%	50.0		%	
PMN%	50.0		%	
RBC	0.005		106/uL	0
WBC	2.000		106/L	0-8
Cl	117.37	↓	mmol/L	120-130
M-TP	2.81	↑	g/L	0.15-0.45
Glu	4.56	↑	mmol/L	2.5-4.5
CSF-CE	-			
Ink staining	-			
Acid fast staining	-			
Bacteria	-			

MN%, Percentage of individual nucleated cells; PMN%, Percentage of multiple nuclear cells; RBC, red blood cell; WBC, white blood cell; M-TP, micro-amount of proteins; Glu, glucose level; CSF-CE, Cerebrospinal fluid cytological examination.

EMG and Neuroimaging

Electromyography examination findings: Bilateral facial nerve motor conduction velocity showed: Bilateral facial nerve motor compound action potential showed amplitude attenuation and prolonged latency. Blennorrhea reflex shows: recorded by orbicularis oculi muscle, stimulation of the supraorbital foramen of the trigeminal nerve (supraorbital branch) shows: no definite recorded waves of bilateral R1, R2 and R2' are displaye. The above indicated bilateral facial nerve damage. No abnormalities were found in the peripheral nerve electromyography of both lower extremities. Cranial magnetic resonance imaging showed no obvious abnormalities, with localized stenosis in the A1 segment of the right anterior cerebral artery and the A2 segment of the left anterior cerebral artery. Cervical spine MRI showed: mild protrusion of the C4/5 and C5/6 intervertebral discs, and instability of the C5/6 vertebral segment. Other results showed no obvious abnormalities.

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Ultrasound showed that the bilateral lower extremity arteries and their branch vessels had a straight shape, normal vascular lumen diameter, normal blood flow direction, slightly rough intima, and no abnormal echoes inside, the flow rate was within the normal range. Color Doppler showed that the blood flow in the lumen was continuous and complete, with regular edges, and no abnormal blood flow signals were seen. The luminal diameters of the bilateral lower extremity veins and their tributaries were normal, with smooth vessel walls. No solid echo masses were detected within them, and they disappeared when compressed by the probe. The blood flow was unobstructed, and a brief reflux in the common femoral vein was visible during the Valsalva maneuver. Indication: No obvious abnormalities in the bilateral external iliac arteries and veins. According to the history, symptoms, signs, and auxiliary examinations, we considered the diagnosis of Guillain-Barrés syndrome induced by COVID-19 infection.

Comprehensive Treatment

In the beginning, my teacher, a medical doctor with 11 years of experience in acupuncture, received this patient in the rehabilitation department. After ruling out central nervous system lesions based on the patient's imaging examination results, he diagnosed left facial nerve palsy and immediately performed acupuncture treatment on the patient to improve the functional impairment of the left side of his face. Operation: The patient was placed in a supine position. After skin disinfection, Huanqiu brand disposable sterile acupuncture needles (0.25×25mm) were used to puncture the right side of the patient's face at the acupoints: Cuanzhu (BL2), Yuyao (EX-HN4), Sizhukong (SJ23), Taiyang (EX-HN5), Yangbai (GB14), Sibai (ST2), Yingxiang (LI20), Dicang (ST4), Jiache (ST6), Qianzheng (EX-HN), and Yifeng (SJ17). Additionally, acupuncture needles (0.35×40mm) were used to puncture the acupoints below the elbow and knee joints on both sides: Hegu (LI4), Lieque (LU7), Zusanli (ST36), and Taichong (LR3). Light stimulation was applied to the facial acupoints, and heavy stimulation was applied to the limb acupoints. The needles were retained for 30 minutes. The acupoints on the left and right sides of the face were alternated, i.e., the affected side on one day and the healthy side on the next day(Figure 2-3). At the same time, moxibustion therapy was applied to the affected side of the face and both lower limbs to warm yang and unblock the meridians. After 3 days of treatment, the patient's symptoms progressed and worsened, presenting with bilateral facial muscle stiffness,

Annals of Clinical and Medical Case Reports

numbness, and paralysis, bilateral shallowening of the frontal creases and nasolabial folds, and deviation of the corner of the mouth to the right. The patient also had unsteady gait. The bilateral eye-closing test showed weak positive results. The tendon reflexes of the bilateral upper limbs were normal, the muscle strength of the bilateral lower limbs was grade 3+, and the bilateral patellar tendon reflexes and Achilles tendon reflexes were absent. To clarify the etiology, a neurologist was specially consulted to assist in the diagnosis and treatment. Through the aforementioned physical examinations as well as laboratory and imaging tests, the patient was diagnosed with Miller-Fisher syndrome. Therefore, the patient was given intravenous infusion of immune globulin (PH4) for 5 consecutive days, combined with mecobalamin and vitamin B12 to nourish the nerves. After 9 days of western medicine treatment, the patient's condition tended to stabilize. Physical examination revealed bilateral facial muscle stiffness in the patient, with limited eye-closing function (inability to fully close the eyes) — this symptom was more prominent on the left side. Additionally, the patient had reduced strength when performing cheek-puffing and air-blowing movements. The muscle strength of the bilateral lower limbs was grade 3+, and the tendon reflexes were diminished. The patient requested to receive rehabilitation treatment. Before the treatment, the doctor assessed the patient using the Guillain-Barré Syndrome Disability Scale (GBS-DS)(Table 4), and the patient was rated at Grade 3. Targeting the patient's symptoms, treatments such as acupuncture, tuina , and TCM decoctions were adopted.

From the perspective of traditional Chinese medicine, the patient was in the recovery period. The depth of needle insertion and the stimulation intensity at the facial acupoints could be appropriately increased, and the method of even reinforcing and reducing should be mainly applied to balance yin and yang. Selected the left Sibai (ST2), Yingxiang (LI20), Dican (ST4), Jiache (ST6), and bilateral Cuanzhu (BL2), Yuyao (EX-HN4), Sizhukong (SJ23), Taiyang (EX-HN5), Yangbai (GB14), Qianzheng (EX-HN), Yifeng (SJ17), Fengchi (GB20), Hegu (LI4), Taichong (LR3), Zusanli (ST36). The patient had poor left eye-closing function, so the Yangbai three-penetration method was adopted, penetrating Yuyao, Cuanzhu, and Taiyang. The patient had left-sided deviation and drooping of the corner of the mouth, weakened cheek puffing and blowing, so Dican was selected to penetrate Jiache. There was a 35-minute needle retention time. During the needle retention period, moxibustion and sparse-dense wave electroacupuncture could be applied to the face and both lower limbs, with a duration of approximately 30 minutes. After acupuncture, massage therapy was applied to the patient's face and both lower limbs to relax the stiff muscles and strengthen the functional exercises of the weak muscles, so as to prevent disuse muscular atrophy and joint contracture. The duration was about 30 minutes. And combined with oral administration of modified BYHWD: Huangqi 15g, Baizhu 12g, Chenpi 10g, Dangshen 10g, Chaihu 10g, Danggui 10g, Shengma 6g, Chuanxiong 6g, Shenjincao 6g, Gancao 3g. 5 doses, 1 dose per day, to be decocted in water for oral administration. 5 days constitute one course of treatment. After completing a course of treatment, the patient reported that the stiffness and numbness of the bilateral facial muscles had improved compared to before, the bilateral forehead lines and nasolabial folds were more obvious than before, and the unsteady walking of both lower limbs had improved compared to before. However, the corner of the mouth was still deviated to the right, the left eye had slight incomplete closure, and occasionally tears occurred when exposed to wind. Physical examination showed that puffing the cheeks and blowing air had improved compared to before, and the muscle strength and tendon reflexes of both lower limbs had increased compared to before. This proved that the above treatment was effective. As an effective method should not be changed, the second course of treatment would be continued. After the second course of treatment, the patient's forehead lines were normal, the left eye's closing function improved, there was no tearing, the left nasolabial fold was slightly shallow, the degree of the corner of the mouth tilting to the right decreased, food residue and water leakage were alleviated compared to before, the muscle strength of both lower limbs was grade 4, and the tendon reflexes of both lower limbs were somewhat enhanced. At this time, the patient was in the final stage of recovery. During this stage, deep insertion and heavy manipulation of the acupoints at the affected area were prohibited. The treatment should mainly follow the Yangming and Shaoyang meridians to select distant acupoints. The left Yifeng, Fengchi, Hegu, Zusanli, and Taichong were chosen to guide the qi back to the meridians. The needles were retained for 40 minutes. For facial treatment, acupoints should be selected by identifying the muscles, and the affected side and the healthy side should be alternated every other day. Perform shallow needling at acupoints such as Dicang, Jiache, Yifeng, Yingxiang, and Shuigou(DU26), and applyed heat-sensitive moxibustion until the patient's heat sensitivity disappears, which took about 40 minutes. Tuina therapy was continued for the patient, which involved exercising the flexion and extension strength of the lower limbs, with a focus on strengthening dorsiflexor muscle strength. The entire treatment duration was about 40 minutes. After the third course of treatment, the patient reported that their facial paralysis had basically recovered, the muscle strength of both lower limbs reached grade 4+, no adverse reactions occurred, and the patient was quite satisfied with the treatment. In the first year, the patient was followed up every 6 months, and thereafter once a year, with no recurrence(Figure 4). The follow-up assessment protocol encompassed symptom inquiry, neurological examination, and scoring via the GBS-DS at each visit. All assessment outcomes consistently demonstrated no significant abnormalities.

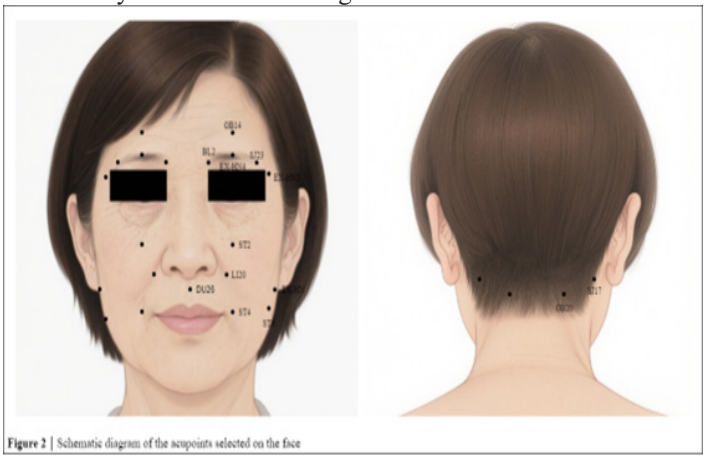

Figure 2 | Schematic diagram of the acupoints selected on the face

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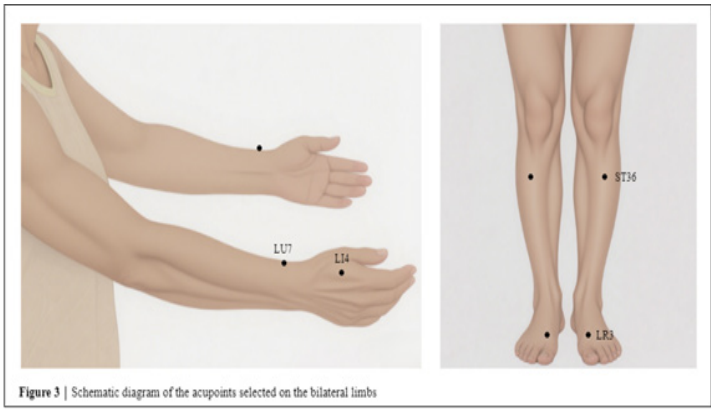

Figure 3 | Schematic diagram of the acupoints selected on the bilateral limbs

Table 4: GBS Disability Scale

GBS Disability Scale	
Grade	Description
0	Healthy state
1	Minor symptoms or signs of neuropathy but capable of manual work/ able to run
2	Able to walk without support of a stick (i.e., independent for >10 meters) but incapable of manual work/ unable to run
3	Able to walk with a stick, appliance, or support (i.e., with support for >10 meters)
4	Confined to bed or chairbound (i.e., unable to walk with support for >10 meters)
5	Requiring assisted ventilation (for at least part of the day/night)
6	Dead

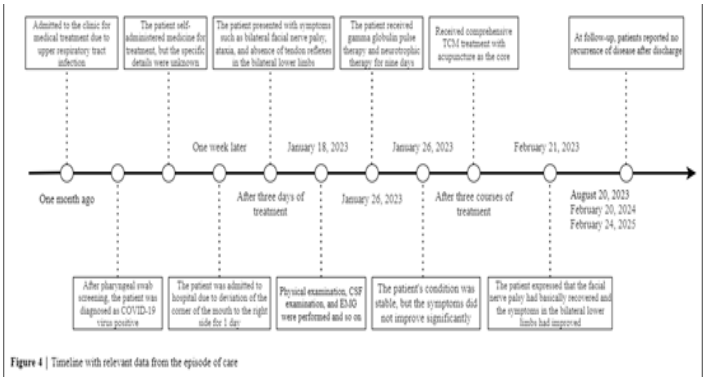

Figure 4 | Timeline with relevant data from the episode of care

5 Discussion

GBS is the most common and severe acute paralytic neuropathy[8]. MFS is a subtype of GBS. Unlike classic GBS, it is characterized by ophthalmoplegia, ataxia, and areflexia. Clinical manifestations include: The onset of the disease has no specific age or seasonal restrictions; it is often accompanied by prodromal symptoms such as diarrhea or respiratory infections; it has an acute onset, and the condition reaches its peak within several days to weeks; diplopia is usually the first symptom, followed by symmetrical or asymmetrical external ophthalmoplegia; it is often accompanied by trunk or limb ataxia, weakened or absent tendon reflexes, and normal or slightly decreased muscle strength; some patients experience weakness of swallowing and facial muscles, numbness and hypoesthesia in the distal limbs and face, as well as bladder dysfunction[9]. What differs from the literature is that, in this case, the patient initially presented with unilateral facial nerve palsy as the first symptom, which progressively worsened and involved bilateral facial nerves. Subsequently, the patient developed facial sensory disturbance, unsteady gait of both lower limbs, and absence of tendon reflexes in both lower limbs. The physician completed a comprehensive physical examination as well as laboratory tests and examinations. For instance, a lumbar puncture was performed to complete CSF testing, which clearly indicated albuminocytologic dissociation; EMG revealed bilateral facial nerve involvement; Anti-GQ1b antibody was detected in the patient's serum. This antibody is closely related to the occurrence of the disease and is a specific marker for MFS[10]. Based on the comprehensive clinical manifestations and auxiliary examinations, the patient could be diagnosed with a special type of GBS.

Initially, the patient complained of rightward deviation of the corner of the mouth for 1 day, accompanied by a history of prodromal symptoms of upper respiratory tract infection, with no other special abnormalities. Three days later, the patient's condition progressively worsened. After a series of physical examinations and laboratory tests, it was found that the patient was not suffering from simple facial nerve palsy but GBS. But at this point, some people might feel panic or raise doubts: could it be that the acupuncture on the facial acupoints had worsened the patient's symptoms? The answer is obviously no: first, the symptoms of GBS include facial nerve palsy; second, its typical onset characteristic is an acute onset, and the condition often progresses rapidly to a peak within a few days to a few weeks. The patient visited the rehabilitation department. The most basic symptomatic treatment for facial nerve palsy is ordinary acupuncture, which has the advantages of early intervention, low cost, and high safety, making it easily acceptable to patients. However, after confirming that the patient had GBS, the doctor immediately administered intravenous immunoglobulin. The guidelines state that both intravenous immunoglobulin (IVIG) and plasma exchange are the main treatment methods for GBS. However, in most hospitals, IVIG is more commonly used because it is easier to administer, less likely to interrupt treatment, and has a wider range of applications[11]. Its mechanism of action is as follows: a large number of antibodies competitively block the binding of antigens to antigen receptors on the surface of lymphocytes, thereby achieving the therapeutic effect. Despite this, 10-20% of patients remain disabled, and most patients still have residual complaints[12]. Due to molecular mimicry causing peripheral nerve demyelination, nutritional nerve therapy is required. The active forms of methylcobalamin and vitamin B12 provide raw materials for myelin sheath formation through methyl transfer, repair demyelinating lesions, and can restore the

insulation and conduction speed of nerve fibers. They also exert the triple effects of "repair - regeneration - protection" in the treatment of GBS through multi-target synergistic effects, support immunotherapy, and ultimately promote the recovery of nerve function. After 9 days of Western medical treatment, the patient's condition had stabilized, but the main complaint at admission and unsteady walking of both lower limbs still existed. When Western medicine treatment no longer yields significant results, we should immediately initiate a rehabilitation treatment plan combining traditional Chinese and Western medicine, just as we do for stroke sequelae.

After three courses of comprehensive TCM treatment mainly involving acupuncture, the patient's symptoms on the face and both lower limbs were successfully improved, the quality of life was enhanced, and there were no adverse reactions. The patient expressed great satisfaction with the therapeutic effect of acupuncture.

Traditional Chinese medicine serves as a prevalent form of complementary and alternative medicine widely practiced in Asia and various global regions. Worldwide, acupuncture is integral to everyday medical practice[13]. Acupuncture involves inserting and skillfully manipulating fine needles into specific points on the body to achieve therapeutic effects. This ancient practice has flourished in China for over 4000 years, forming a cornerstone of traditional Chinese medicine. Its first documented description appears in the profound medical text The Yellow Emperor's Classic of Internal Medicine, written around 200 BC. Acupuncture rests on the profound belief that living beings possess an inner vital energy, known as Qi (pronounced chee), whose balanced flow sustains life and health. Traditional Chinese medical philosophy teaches that optimal health depends on balanced Qi, while illness and disease stem from disruptions or imbalances in this vital energy flow. Although developed primarily to prevent illness, acupuncture effectively manages disease symptoms by restoring the harmonious flow of Qi. While current scientific understanding confirms acupuncture influences the nervous system, its diverse effects cannot be explained by a single mechanism.

After Western medical treatment in this case, the doctor confirmed that the patient's TCM diagnosis fell into the category of facial distortion and sequelae of stroke. Cuanzhu, Yuyao, Sizhukong, Taiyang, Yangbai, Sibai, Yingxiang, Dicang , Jiache, Qianzheng, Yifeng, Fengchi, and Shuigou were selected as acupoints in the nearby head and face area. Hegu, Lieque, Zusanli, and Taichong were chosen as acupoints in the distal limbs. Among them, there were also acupoints with special functions. Through syndrome differentiation and treatment, the Yangming meridians of the hands and feet and the Shaoyang meridians of the hands and feet were taken as the basic meridians selected for this patient. The Yangming meridians of the hands and feet meet in the head and face regions. Needling these meridians can regulate the circulation of qi and blood in the face. During treatment, the principles of "where the meridian passes through, it governs and treats" and "it is better to miss the acupoint than to miss the meridian" are followed. Dicang, Jiache, Yingxiang, and Sibai are acupoints on the Yangming Meridian, and they are commonly used as paired acupoints for treating facial paralysis[14]. Yangbai is an acupoint on the Gallbladder Meridian of Foot-Shaoyang. Its meaning is to activate yang qi to dispel gloom and unblock the qi of the heavens. Firstly, due to its local therapeutic effect, it can help the occipitofrontalis muscle lift the eyebrows and promote the recovery of forehead lines. Secondly, because this acupoint is the meeting point of the Gallbladder Meridian of Foot-Shaoyang and the Yangwei Meridian, it has the functions of flexible pivoting, maintaining the various meridians, and mobilizing the yang qi of the Yangwei Meridian to expel pathogenic factors[15]. Literature reports that for patients with slow recovery of forehead wrinkles, the method of penetrating needling from Yangbai to Cuanzhu, Yuyao, and Sizhukong can stimulate the meridional qi, regulate local qi and blood, and improve symptoms such as inability to raise the eyebrows and shallow forehead wrinkles[16]. Shuigou is located on the Governor Vessel. When performing acupuncture, the needle tip should point to the affected side, which can improve the symptom of deviation of the philtrum. Yifeng and Fengchi are acupoints of the Shaoyang Meridian, and both are essential acupoints for dispelling wind. Anatomy confirms that the location of Yifeng acupoint corresponds to the body surface projection point of the stylomastoid foramen, which is exactly the exit where the facial nerve trunk exits the stylomastoid foramen and enters the cranial cavity. The facial nerve exits the skull from here and innervates the facial expression muscles. Therefore, acupuncture at Yifeng acupoint can effectively relieve nerve compression, reduce facial nerve inflammation and edema, and it is a key location for treating facial nerve palsy. Qianzheng and Taiyang are empirical key acupoints for treating facial paralysis. The Four General Acupoints are the crystallization of the clinical experience of ancient Chinese acupuncture physicians. Among them, Lieque, Hegu, and Zusanli acupoints are models of distal acupoint selection. Therefore, the patient's facial disorder in this case could be treated by virtue of the principle "For head and neck problems, look for Lieque; for facial and oral issues, use Hegu". Moreover, the combination of Hegu and Taichong acupoints corresponds exactly to the theory in Biao You Fu(Ode to the Essentials of Acupuncture) that "for contractures, numbness, and pain, opening the four gates will resolve them." These two acupoints, one being yang and the other yin, one governing qi and the other blood, complement each other perfectly. Studies have shown that[17, 18], Acupuncture at Zusanli can effectively improve movement disorders, promote the recovery process of brain function, and enhance immune function; its mechanism may be related to regulating intestinal microbial imbalance and thereby inhibiting neuroinflammation[19]. Moxibustion, infrared magic lamp irradiation, and electroacupuncture can conduct heat and electromagnetic waves to the meridians of the body, thereby achieving effects such as dredging the meridians, promoting qi and activating blood circulation. Clinical research reports, The sequelae stage of this disease is similar to that of stroke sequelae. Tuina can effectively improve the patient's motor function and reduce spasm[20]. In the treatment of this condition, the modified use of BYHWD(a representative prescription for stroke sequelae) can promote the circulation of qi and activate blood flow. Previous research demonstrated that BYHWD protects mice against ischemic stroke and extends lifespan, primarily through a notable

downregulation of genes involved in inflammatory pathways, apoptosis, angiogenesis, and blood coagulation, alongside an upregulation of genes mediating neurogenesis and nervous system development[21]. After three courses of the above-mentioned traditional Chinese medicine treatment, the patient's clinical manifestations had improved significantly.

Nevertheless, we lack large-sample data, and we can enroll patients with GBS sequelae to conduct large-sample, multi-center, and high-quality clinical studies and basic research, so as to further prove the advantages of integrated traditional Chinese and Western medicine treatment. In the future, we can consider whether TCM treatment can be introduced earlier when using IVIG therapy. For example, can acupuncture promote the absorption of proteins and drugs?

In future clinical treatments, we need to pay attention to the differential diagnosis of diseases. Idiopathic facial nerve palsy is mostly unilateral. When intracranial organic lesions are excluded, if it is bilateral, we need to consider whether it is GBS or other diseases. We can perform CSF examinations, serum immunological examinations, neuroelectrophysiological examinations, etc.

6. Conclusion

For unexplained bilateral facial nerve palsy, the possibility of GBS should be on high alert. A combined traditional Chinese and Western medicine intervention strategy should be adopted as early as possible: using Western medicine to stabilize the patient's condition, leveraging traditional Chinese medicine to reduce sequelae, comprehensively improving the patient's quality of life, and achieving simultaneous treatment of both physical and mental aspects.

Author Contributions

HL and HX conceived the idea, conceptualized the research, and prepared the manuscript. HL collected and analyzed the data. NS reviewed by Manuscript. All authors contributed to the article and approved the submitted version.

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References

1. Xu, L., et al., Variation in worldwide incidence of Guillain-Barre syndrome: a population-based study in urban China and existing global evidence. Front Immunol, 2024; 15: 1415986.
2. van Doorn, P.A., et al., European Academy of Neurology/ Peripheral Nerve Society Guideline on diagnosis and treatment of Guillain-Barre syndrome. Eur J Neurol, 2023; 30(12): 3646-3674.
3. Rocha Cabrero, F. and E.H. Morrison, Miller Fisher Syndrome. 2025.
4. Noioso, C.M., et al., Miller Fisher syndrome: an updated narrative review. Front Neurol, 2023; 14: 1250774.
5. Yang, L., et al., Early intervention with acupuncture improves the outcome of patients with Bell's palsy: A propensity score-matching analysis. Front Neurol, 2022; 13: 943453.
6. Cheng, L., et al., Should acupuncture therapy be used for acute facial paralysis? A protocol for systematic review. Syst Rev, 2023; 12(1): p. 43.
7. Ji, J., et al., The efficacy and safety of acupoint catgut embedding for peripheral facial paralysis sequela: A protocol for systematic review and meta-analysis. Medicine (Baltimore), 2021; 100(49): p. e27769.
8. Willison, H.J., B.C. Jacobs and P.A. van Doorn, Guillain-Barre syndrome. Lancet, 2016; 388(10045): p. 717-27.
9. Jia J., et al. Neurology (2nd ed.). People's Medical Publishing House, p. 403. 2018.
10. Yao, J., et al., Progress in Guillain-Barre syndrome immunotherapy-A narrative review of new strategies in recent years. Hum Vaccin Immunother, 2023; 19(2): p. 2215153.
11. Fokkink, W.J.R., et al., Population Pharmacokinetic Modelling of Intravenous Immunoglobulin Treatment in Patients with Guillain-Barre Syndrome. Clin Pharmacokinet, 2022; 61(9): p. 1285-1296.
12. van den Berg, B., et al., Guillain-Barre syndrome: pathogenesis, diagnosis, treatment and prognosis. Nat Rev Neurol, 2014; 10(8): p. 469-82.
13. Chon, T.Y. and M.C. Lee, Acupuncture. Mayo Clin Proc, 2013; 88(10): p. 1141-6.
14. Zhang, H., et al., SUN Shentian's clinical experience in the treatment of refractory facial paralysis with acupuncture and moxibustion. Zhongguo Zhen Jiu, 2025; 45(7): p. 985-989.
15. Wang, J., et al., Sensory and autonomic innervation of the local tissues at traditional acupuncture point locations GB14, ST2 and ST6. Acupunct Med, 2022; 40(6): p. 546-555.
16. Yang, L., et al., [Correlation of the electric excitability treated with electroacupuncture at different acupoints and the prognosis of Bell's palsy]. Zhongguo Zhen Jiu, 2018; 38(12): p. 1288-92.
17. Li, Z., et al., Electroacupuncture promotes motor function and functional connectivity in rats with ischemic stroke: an animal resting-state functional magnetic resonance imaging study. Acupunct Med, 2021; 39(2): p. 146-155.
18. Zhou, H., et al., Electroacupuncture improves recovery after hemorrhagic brain injury by inducing the expression of angiopoietin-1 and -2 in rats. BMC Complement Altern Med, 2014; 14: p. 127.
19. Jang, J., et al., Acupuncture inhibits neuroinflammation and gut microbial dysbiosis in a mouse model of Parkinson's disease. Brain Behav Immun, 2020; 89: p. 641-655.
20. Cabanas-Valdes, R., et al., The Effectiveness of Massage Therapy for Improving Sequelae in Post-Stroke Survivors. A Systematic Review and Meta-Analysis. Int J Environ Res Public Health, 2021; 18(9).
21. Shaw, L., L. Lin and T. Tsai, HPLC-MS/MS analysis of a traditional Chinese medical formulation of Bu-Yang-Huan-Wu-Tang and its pharmacokinetics after oral administration to rats. PLoS One, 2012; 7(8): p. e43848.