

## **Bölüm 9**

# **FASİYAL PARALİZİDE AKUPUNKTUR UYGULAMALARI**

**Köksal SARIHAN<sup>1</sup>  
Nurmuhammet TAŞ<sup>2</sup>**

### **GİRİŞ**

Akupunktur; vücudun belirli noktalarına iğne batırılarak uygulanan Geleneksel Çin Tıbbı tedavi yöntemlerinden biridir. Günümüze kadar pek çok hastaya akupunktur tedavisi uygulanmasına rağmen klinik verilerdeki eksiklikler sebebiyle modern tıbbi uygulamalardaki yerini alması yüzyıllar sürmüştür (1).

Fasiyal sinir (FS); santral sinir sisteminden hedef dokuya kadar izlediği yol boyunca herhangi bir yerde hasara uğrayabilir. Bu durum ciddi kozmetik sorunlar ve hayat kalitesinin düşmesi ile neticelenebilir. Kitabın bu bölümünde; FS etkilenmesi nedeniyle ortaya çıkabilen klinik sonuçlardan, tedavilerinden ve özellikle kullanılabilir akupunktur yöntemlerinden bahsedilecektir. En sık fasiyal paralizi nedeni olan Bell Paralizi (BP) (İdiyopatik periferik fasiyal paralizi) ön planda sunulacaktır.

### **FASİYAL SİNİR ANATOMİSİ**

Yedinci kafa çifti olan FS' in intrakranial, intratemporal ve ekstratemporal bölümleri vardır (2). FS; motor, özel visseral tat, genel duyu ve parasempatik lifleri içeren mikst bir sinirdir (3).

FS motor lifleri; musculus (musc.) stapedius'u, musc. digastricus arka karnını, musc. stylohyoideus' u ve yüzün mimik kaslarını innerve eder. Tat lifleri; dilin 2/3 ön kısmının tat duysu innervasyonunu sağlar. Parasempatik lifler; lakrimal bezin, submandibüler ve sublingual tükürük bezlerinin otonom innervasyonunu sağlar (4).

<sup>1</sup> Uzm. Dr., Oltu Devlet Hastanesi Fiziksel Tıp ve Rehabilitasyon Kliniği, koksalsarihan@hotmail.com.  
ORCID iD: 0000-0002-5010-4591

<sup>2</sup> Uzm. Dr., Sağlık Bilimleri Üniversitesi, Erzurum Bölge Sağlık Uygulama ve Araştırma Merkezi, Fiziksel Tıp ve Rehabilitasyon AD, nurmuhammet25@gmail.com, ORCID iD: 0000-0002-8033-4208

## **SONUÇ**

Akupunktur, BP dahil çeşitli hastalıkların tedavisinde kullanılan düşük riskli ve genel olarak güvenli bir yöntemdir. Bu nedenle tamamlayıcı bir tedavi olarak kullanılabilir. Mevcut literatürün büyük çoğunluğu, akupunkturun BP tedavisinde de etkili olduğunu göstermektedir. Ayrıca; özellikle hastanın tıbbi durumu elimizdeki tedaviye uygun değilse veya komplikasyonlar varsa akupunktur öncelikli tercih edilebilir.

Yapılan çalışmalarda kullanılan akupunktur noktaları arasında benzerlikler görülmüştür. En yaygın kullanılan akupunktur noktaları; Yangbai (GB 14), Fengchi (GB 20), Yanglingquan (GB 34), Sibai (ST 2), Juliao (ST 3), Dicang (ST 4), Jiache (ST 6), Xiaguan (ST 7), Zusanli (ST 36), Neiting (ST 44), Yifeng (SJ 17) Shizhukong (SJ 23), Quanliao (SI 18), Cuanzhu (BL 2), Hegu (LI 4), Quichi (LI 11), Yingxiang (LI 20), Taichong (LIV 3), Shuigou (GV 26), Baihui (DU 20), Chengjiang (RN 24), Yuyao (EX-HN4) ve Taiyang (EX-HN5) şeklinde sıralanabilir. Düşük frekans ile etkilenen tarafa ve distal noktalar için ise bilateral elektriksel stimülasyon uygulanabilir. Tedavi süresi 10 seans altında olmalıdır.

Yüz felci üzerine akupunktur tedavisi ile ilgili çalışmalar esas olarak Çin'den yapılan klinik çalışmalardır. Meta-analizlerde bulunan kanıtların kalitesi yüksek değildir. Farklı ülke ve bölgelerden daha geniş örneklemlerle, titiz tasarımı ve standartlaştırılmış klinik çalışmaların yapılmasını öneriyoruz.

Akupunktur tedavisi planlanan her hastada modern tıbbi uygulamaların gereklerinin mutlaka yerine getirilmesi ve kesin tanının konulması gerekmektedir. Böylece, uygun olgularda akupunktur, tedavi protokollerine eklenebilecektir.

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