

Letters to the Editor

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Please include your complete address, e-mail address, and telephone number. Letters should be fewer than 400 words and limited to six references, one table or figure, and three authors.

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Acupuncture for the Treatment of Bell Palsy

Original Article: Common Questions About Bell Palsy

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TO THE EDITOR: I appreciate the authors' brief review on Bell palsy, but I am curious why they did not mention the benefits of acupuncture for treating this condition.^{1,2} Before reaching for my prescription pad to prescribe steroids, I refer my patients to one of the many qualified and licensed acupuncturists in my area. These patients often achieve dramatic improvements without the adverse effects that commonly occur with steroid use (e.g., weight gain, worsening of blood glucose control).

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2. Tong FM, et al. A prospective randomised controlled study on efficacies of acupuncture and steroid in treatment of idiopathic peripheral facial paralysis. *Acupunct Med*. 2009;27(4):169-173.

IN REPLY: Acupuncture has a growing evidence base, and further research is warranted. Current evidence indicates that early treatment with prednisolone significantly improves chances of complete recovery from Bell palsy¹; therefore, steroid treatment should not be delayed to initiate acupuncture or any other alternative therapy. There are no evidence-based recommendations for the initiation of acupuncture for Bell palsy.² A Cochrane systematic review found no harm from acupuncture, but also could not establish effectiveness secondary to the poor quality and insufficient power of existing studies.³

Most patients with Bell palsy achieve dramatic improvements without any treatment. In one study evaluating 1,011 patients, 85% showed signs of remission within a three-week period.⁴ The primary purpose of steroid therapy is to prevent long-term sequelae, and there is a higher degree of success if it is initiated as soon as possible.⁵

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Clarification

Unclear information regarding the correct diagnosis. The Photo Quiz "Pruritic Skin Rash and Fever" (February 1, 2014, p. 213) contained unclear information in the answers (p. 213), discussion (p. 214), and summary table (p. 214). Although drug reaction with eosinophilia and systemic symptoms (DRESS) syndrome is also known as anticonvulsant hypersensitivity syndrome, it would have been more clear for the answer to have been DRESS syndrome, because the patient was taking allopurinol (Zyloprim), a medication associated with DRESS syndrome, and not an anticonvulsant. The discussion should have clarified the medications often associated with DRESS syndrome. The online version of this Photo Quiz has been modified to address these issues. ■