SCALP ACUPUNCTURE
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Dedication
This work is dedicated to my wife and daughter who gave me support, understanding, especially for those long days and nights after a full-time job. That is the most important part of my dedication to them their sacrifice allowed me to finish this research work.
Thank you, I love you

Acknowledgements
Thanks to the Faculties and peers from my School of Acupuncture and Oriental Medicine (AMC) who have contributed with comments and advices during the preparation of this Research work for Post Stroke treatment using Scalp Acupuncture, particularly for those several Internationally recognized practitioners of Scalp Acupuncture which are the most reliable practitioners considered the top in the world of Traditional Chinese Medicine in the field of neurovascular diseases such as Wind Stroke, their work and protocols are the most reliable references to practice the Scalp Acupuncture oriented to provide health care and supports for those in need. This particular research and compilations will probably help as a desk reference for many acupuncturists, this work is mostly oriented to provide identification for the best procedures to work using Scalp Acupuncture.
Key Terms

**Stroke:** A condition triggered by a bleeding and or blockage in the blood vessel with a block or clot preventing blood supply to any part of the brain causing sudden symptoms mostly involved with sensory and motor activities it could be massive both hemispheres or only one side of the brain.

**Scalp Acupuncture:** treatment procedures applying needles based on head map related with motor and sensory brain activities.

**Hemiparesis:** Muscle numbness or weakness on one side of the body.

**Hemiplegia:** Paralysis of one side of the body.

**Cerebrovascular Disorders:** Pathologies caused by deficiency or excess of blood supply to the body organs. Traditional Chinese Medicine: Ancient healing system based on The Theory of Ying-Yang, The Theory of the Five Elements and The Theory of the QI.

**Aphasia:** A condition in which language function is disordered or absent because of an injury to certain areas of the cerebral cortex.

**Dysphasia:** A condition in which language function is disordered or absent because of an injury to certain areas of the cerebral cortex.

**Acupuncture Therapy:** treatment of several physical, physiological pathologies using applying needles in the body based on channels, or meridians related with body organs.

**Acupuncture - Moxibustion Therapy:** combined treatment using in addition of acupuncture the heating of the areas were needles are placed.

**Protocol:** Standard procedure generated to provide a therapy for certain medical conditions, protocols are normally developed by a scientific group of practitioners who identify procedures and select the best of those procedures and establish a standard protocol for the medical condition under the research study.

**Standard:** a rule or principle that is used as a basis for judgment.
I. Abstract

From a Traditional Chinese Medicine theory perspective, stroke is related to the Liver, Spleen and Kidney systems. The predisposing factors for stroke may take years to develop and are often the result of emotional and physical strain, overwork, poor diet and lack of relaxation. These lifestyle habits deplete the body of vitality which often leads to an accumulation of Phlegm and or Wind. Over time these internal factors of phlegm and wind build to varying degrees and may culminate in a stroke.

In the case of wind stroke, Chinese medicine plays both a preventative and a rehabilitative role. In its prevention role, Chinese medicine is used to treat many of the common risk factors for stroke, such as hypertension and diabetes. In its rehabilitative role, Chinese medicine is used to treat the effects of stroke. Accordingly, Chinese medicine is useful for side effects such as paralysis, speech issues, muscle weakness and flaccidity.

Phlegm is the result of the Spleen being weakened by a poor diet and or physical-mental strain. An accumulation of Phlegm disrupts the smooth flow of Qi within the body and may result in symptoms such as poor concentration-muddled thinking, and or numbness of the limbs. Over time this Phlegm will stagnate and transform into Phlegm-heat which may rise to the head and ultimately cause a stroke.

Wind is often the result of emotional and mental strain coupled with a lack of relaxation and poor dietary habits. Too much stress in life can deplete the Yin of both the Kidneys and the Liver which can lead to Wind rising up and causing a stroke or symptoms such as high blood pressure, headaches, emotional issues, etc.

The treatment theories for stroke are divided into two main categories - those that effect the muscles and or channels (generally mild) and those that affect the internal organs (more serious). The internal channel differentiations are further subdivided into a general deficiency pattern or an excess one. In clinical practice, patients will often have a mix of deficiency and excess symptoms. Additionally, as patients with more severe strokes move into the rehabilitation stage they will be treated according to the muscle and or channels differentiations which deal with the side effects of a stroke. This research will identify and provide references for post stroke treatments using scalp acupuncture.
II. Objective:
The objective of this research is to evaluate the effect of scalp acupuncture therapy on function of cerebral sensory and motor function in post-stroke patients. The view and analysis of existing scalp acupuncture treatments is a support to the World Health Organization (WHO) to standardize acupuncture nomenclature and it will probably serve as a head of process to establish as a mandated standard protocol mostly related with Integrative or Complementary Medicine oriented to establish controlled clinical trials which will include also scalp acupuncture therapy. The current literature and available documentation will bring a view to strengthening and promoting the appropriate use of scalp acupuncture in the health care systems throughout the world. Information on the therapeutic mechanisms of scalp acupuncture will be possible incorporated.

Since the methodology of clinical research on acupuncture is still under debate, it is very difficult to evaluate acupuncture practice by any generally accepted measure. This research is limited to the review of documentation and also from national and international investigative reports from the media networks such as BBC, NBC, including with that the follow up of the work from the 4th most recognized practitioners for this discipline. They are Dr. Jiao Shunfa, Dr. Zhu Ming Qing, and Dr. Shi Xue Min (Chinese origin) and Dr. Toshikatsu Yamamoto (Japanese origin). They all are using scalp acupuncture to treat post stroke patients. Some of their experiences were published in International journals, independent publishers, movies and video documentaries; all in the hope that the conclusions will prove that scalp acupuncture is more acceptable, then the scalp acupuncture will be a growing treatment benefits for those patients who are suffering stroke consequences. That I hope will be a standard accepted and generally practiced treatment protocol.

With this research I will compare and evaluate the effect of scalp acupuncture using two existing versions or schools for therapy in post-stroke patients through the application of scalp acupuncture and parameters before and after the therapy. Those schools are the Chinese which is very ancient and had a general theory which are the pillars of Chinese Medicine such as: The Theory of Ying-Yang, The Theory of the Five Elements and The Theory of the Qi. These I quote are a reference obtained from the “Book of Changes” Yi Jing. C 700 BC:

“The theories of acupuncture may be traced back to the spring and autumn Period and Warring States Period (770-221 B.C.) and an integral theoretical system had been developed at that time, as evidenced in the Internal Canon of the Yellow Emperor. In this ancient medical classic, fairly detailed descriptions can be found of the discovery of the meridian system, which is of vital importance to human life, and the peculiar invention of acupuncture that can cure many generalized diseases by localized stimulation.”
III. Theory of TCM for Stroke caused by Wind (Wind Stroke)

Stroke, in medical dictionary, means the sudden development of focal neurological deficits, which usually related to impaired cerebral blood, such as, thrombosis, hemorrhage, or embolism. Wind stroke is an emergency case, because it happens quick and sudden like the wind, its name comes from that.

Wind stroke is referred to cerebral thrombosis, hemorrhage, embolism, subarachnoid hemorrhage, which shown by falling down in a fit with loss of consciousness, or side body paralysis, vague speech and deflected mouth.

Wind Stroke includes organ stroke and meridian stroke, the organs stroke include liver and heart fire up, and kidney yin deficiency with kidney yang fire floating up. The liver and heart fire up will leading the Qi and blood going up, fire can make body liquid become phlegm cover brain's energy channel cause stroke. The kidney yin deficiency to empty, cannot hold kidney yang fire energy, cause empty heat floating on face, but limbs are cold, body suddenly lose energy source become stroke. The meridian stroke on face also called Bell’s palsy, it is wind cold disturb the face meridians cause Qi and blood stagnation. The other meridian stroke is half body cannot move regular, it is come from the organ stroke the liver wind phlegm cover the body meridians.

Wind stroke refers to a disorder manifested by sudden loss of consciousness with unilateral weakness, numbness, paralysis and dysphasia, or to a disorder manifested by sudden onset of unilateral paralysis and facial paralysis without experiencing unconsciousness. Because of its sudden and acute onset, multiple symptoms and rapid alterations in manifestations, and the onset of sudden fall and contractions are similar to the natural characteristics of wind, which is moving, migrating, and changing rapidly. Stroke, with the above characteristics, is therefore given the name wind-stroke in Chinese medicine.

The wind is considered the major cause of illness in traditional Chinese patterns of disharmony. It combines readily with other pathogens, giving rise to syndromes known as wind cold, wind heat, and wind dampness. This pathogenic factor possesses the qualities of wind in nature, appearing without warning and constantly changing. Considered a yang form of evil qi (a pathogenic factor), it often attacks the upper body, head, throat, and eyes. Wind causes movement, so it is usually involved when there are symptoms of twitching, spasms, or shaking. The organ most often affected by external wind is the lung; internal wind most commonly is related to an imbalance in the liver.
Wind stroke is thought only happen in elderly, there are also children who get wind stroke. Light stroke may make patients side body paralysis, and a serious stroke may lead patients to death. The reason for elderly getting wind stroke is simple, they mostly have chronic disease for long time, such as, high blood pressure, high cholesterol, diabetes. External or internal causes can lead to have a wind stroke, for example the weather (external) or the personal mood (internal-mind) have big change, it is easy to happen wind stroke. No matter it is an adult, a senior or a child, it is important to rescue the patient as soon as possible, otherwise, there is a risk to increase the disability or death, depending on the treatment delay the prognosis is not good.

Acupuncture, has important role and a part for treatment and recovery, it is old news in China and it is a new thing in United States. Many years clinical practicing and lab tests have approved that acupuncture can remove blood stasis and block, improve blood circulation, increase energy and retrieve the function of organs, limbs, brain and speech. Treating wind stroke patients with the combination of Traditional Chinese medicine and western medicine can receive better result.
IV. Stroke and or Wind Stroke Mortality

<table>
<thead>
<tr>
<th>Causes of death</th>
<th>No. of deaths (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>600</td>
</tr>
<tr>
<td>Cancer</td>
<td>500</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>400</td>
</tr>
<tr>
<td>Stroke</td>
<td>400</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>300</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>200</td>
</tr>
<tr>
<td>Diabetes</td>
<td>200</td>
</tr>
<tr>
<td>Diabetes nephritis, nephrotic syndrome, and nephrosis</td>
<td>100</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>100</td>
</tr>
<tr>
<td>Suicide</td>
<td>100</td>
</tr>
</tbody>
</table>

*Table 1. It is the 4th leading cause of death in USA. Source: Center for Disease Control and prevention (CDC)*

Stroke (Wind Stroke) is the fourth cause of death in USA, the first cause of death in China, and second cause of death worldwide. It may cause severe disabilities such as paralysis and aphasia in 50%-90% sufferers and bring about heavy burden for both the society and families. Despite the progress in preclinical and clinical medicine in the last decades, the incidence, disability rate and mortality remain high.

Cerebral disease (such as stroke, cerebral hemorrhage) is one of the tenth main diseases endangering human health. Clinical studies of acupuncture as an adjunct to cerebral diseases rehabilitation have been encouraging, although its mechanisms are speculative. Here, the author try to compare and evaluate the effect of scalp acupuncture using forth existing versions of therapy in post-stroke patients through the application of scalp acupuncture and parameters before and after the therapy.

Scalp acupuncture is not really a single system, but a multiplicity of systems still in development, with a 30-year history of practical experience. A standard of nomenclature for acupuncture points has been developed and proposed by a scientific group sponsored study by the World Health Organization (WHO), indicating 14 therapeutic lines or zones based on a combination of the thoughts of the different schools of scalp acupuncture. However, it is often necessary to carefully review the zones relied upon by an individual practitioner, as few have adopted the unified pattern.

Acupuncture is done on a daily basis in China. Uncertain as to whether daily acupuncture is essential, even in Western countries, some acupuncturists with experience in treating stroke with acupuncture believe treatment 3 times a week is optimal. Several different approaches have been used to treat stroke, demonstrating that acupuncture for this disorder remains a healthcare art: Traditional Chinese Yang meridian point therapy, Chinese scalp acupuncture.
V. The Etiology and Pathogenesis

1) Invasion of exterior wind:

**Improper Diet:**
Could impair the Spleen's ability to transform and transport; such impairment causes generation of phlegm, which can cover the Heart orifice or obstruct the flow of the channels. Corresponding manifestations include loss of consciousness or hemiplegia and aphasia.

2) The Emotional Stress:
Excessive emotional stimulations affect both the Heart and the Liver. When disturbed by intense emotional stresses, Heart fire explosively flares upward whereas hyperactive Liver Yang would generate Liver wind. Mutually aggravating each other, Heart fire and Liver wind will further cause Qi Blood to ascend rush upwards to the brain. Sudden loss of consciousness would result.

3) Prolonged Exhaustion:
Due to aging, chronic illness, excessive exertion and weak constitution can cause Liver and kidney Yin deficiency below with Liver Yang rising. This is a complicated condition of deficiency below with excess above. In this condition the Qi and the Blood rebel upward following Liver Yang rising. Moreover, phlegm may follow and ascend upwards to obstruct the flow in the channels or cover the clear orifices.

VI. Identification of Patterns based on TCM and the ancient theory of Yin and Yang, the Five Elements, and the theory of the Qi

a) Identification of Patterns According to the Eight Principles and or Patterns

1. Interior/Exterior
2. Hot/Cold
3. Full/Empty
4. Yin/Yang

b) Identification of pathologies based on the Six Excesses
The Six Excesses or Pathogenic Factors*or the also known as the Six Evils and their characteristic clinical signs are:

1. **Wind:** rapid onset of symptoms, wandering location of symptoms, itching, nasal congestion, "floating" pulse; tremor, paralysis, convulsion.
2. **Cold:** cold sensations, aversion to cold, relief of symptoms by warmth, watery/clear excreta, severe pain, abdominal pain, contracture/hyper tonicity of muscles, (slimy) white tongue fur, deep-hidden or string-like pulse, or slow pulse.
3. **Fire/Heat:** aversion to heat, high fever, thirst, concentrated urine, red face, red tongue, yellow tongue, rapid pulse. Fire and heat are basically seen to be the same
4. **Dampness**: sensation of heaviness, sensation of fullness, symptoms of Spleen dysfunction, greasy tongue fur, slippery pulse.

5. **Dryness**: dry cough, dry mouth, dry throat, dry lips, nosebleeds, dry skin, dry stools.

6. **Summer heat**: either heat or mixed damp-heat symptoms.

*Six-Excesses-patterns can consist of only one or a combination of Excesses (e.g., wind-cold, wind-damp-heat). They can also transform from one into another.*

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**TCM Etiology and pathogenesis**

![Fig. 2]

**Western Etiology and pathogenesis**

![Fig. 4]
VII. Pattern Differentiation

1. Exterior Wind Invading into the Unsolicited Channels
   Sudden weakness and numbness of the extremities, facial paralysis, slurred speech, drooling or hemiplegia
   **Symptoms:** Aversion to wind, fever, soreness and pain in the joints
   **Tongue:** Thin, white coat
   **Pulse:** Floating and rapid
   **Treatment Strategy:** Dispel wind, nourish the Blood and unblock the channels
   **Herbs Formula:** Da Qin Jiao Tang
   **Herbs Modifications:**
   Obstruction of phlegm dampness or blood-stasis with unresolved numbness of the extremities and facial paralysis:
   Plus Dan Shen, Ji Xue Teng, Bai Jie Ze, Bai Fu Zi
   Accompanied with exterior wind-heat: plus Sang Ye, Ju Hua, Bo He

2. Wind Yang Disturbing Upwards with Liver and Kidney Yin Deficiency
   Sudden occurrence of facial paralysis, slurred speech or aphasia, numbness and heavy sensation of the extremities and hemiplegia
   **Symptoms:** Dizziness, headache, vertigo and tinnitus, dream-disturbed sleep, soreness and weakness of the lower back and knees, dry throat, constipation and scanty dark urine
   **Tongue:** Red tongue with scanty or greasy coat
   **Pulse:** Wiry, thready and rapid, or wiry and slippery
   **Treatment Strategy:** Nourish the Yin, subdue the Yang, extinguish wind and unblock the channels
   **Herbs Formula:** Zhen Gan Xi Feng Tang
   **Herbs Modifications:**
   Reinforce pacifying the Liver and extinguishing wind: plus Tian Ma, Gou Teng, Ju Hua
   Accompanied by Phlegm-heat: plus Dan Nan Xing, Zhu Li, Chuan Bei Mu
   Severe Headache: plus Ling Yang Jiao, Shi Jue Ming, Xia Ku Cao

3. Heat Type of Closed Disorder
   Sudden loss of consciousness with locked jaws, clenched fists, rigid limbs, and fecal and urinary retention as well as red face and fever
   **Symptoms:** Tachypnea, bad breath, excessive sputum or rattling sound in the throat, restlessness or agitation. Possible contractions and hiccoughs
   **Tongue:** Red tongue with yellow greasy coat
   **Pulse:** Wiry, slippery and forceful
Scalp Acupuncture

Treatment Strategy: Clear heat from the Liver, extinguish wind and open the orifices

**Herbs Formula:** Zhi Bao Dan or An Gong Niu Huang Wan and Ling Jiao Gou Teng Tang

**Herbs Modifications:**
- Strengthen nourishing the Yin and subduing Yang: plus Gui Ban, Shi Jue Ming
- Excessive Phlegm: plus Zhu Li, Dan Nan Xing
- Contractions of the extremities: plus Quan Xie, Wu Gong, Jiang Can
- Bad Breath & Constipation: + Da Huang, Zhi Shi, Mang Xiao

4. **Cold Type of Closed Disorder**

Sudden loss of consciousness with locked jaws, clenched fists, rigid limbs, and fecal and urinary retention as well as pale complexion and dark lips.

**Symptoms:** Quiet and still, cold extremities, distention and fullness in the abdomen, and excessive sputum

**Tongue:** White, greasy coat

**Pulse:** Deep, slippery and decelerating

**Treatment Strategy:** Resolve phlegm, extinguish wind and open the orifices

**Herbs Formula:** Su He Xiang Wang and Di Tan Tang

**Herbs Modifications:**
- Strengthen effects of pacifying the Liver and extinguishing winds: plus Tian Ma, Gou Teng

5. **Abandon Disorder**

Sudden loss of consciousness with flaccid extremities, closed eyes, opened mouth, fecal and urinary incontinence

**Symptoms:** Shallow respirations, profuse sweating and clammy skin

**Tongue:** Flaccid Tongue

**Pulse:** Thready, weak or minute

**Treatment Strategy:** Augment the Qi, revive the Yang and consolidate the collapse

**Herbs Formula:** Shen Fu Tang and Sheng Mai San

**Herbs Modifications:**
- Unremitting profuse sweating: plus Huang Qi, Long Gu, Mu Li, Shan Zhu Yu

6. **Hemiplegia Associated with Qi Deficiency and Blood Stasis**

Unilateral weakness, loss of sensory and motor coordination, fatigue and lassitude, numbness or edema of the extremities and facial paralysis

**Symptoms:** Sallow complexion, poor appetite, loose stool and slurred speech

**Tongue:** Dark purple tongue w/ petechiae and white coat

**Pulse:** Thready, choppy and weak
Scalp Acupuncture

**Treatment Strategy:** Augment the Qi, invigorate the Blood and unblock the channels

**Herbs Formula:** Bu Yang Huan Wu Tang

**Herbs Modifications:**
Reinforce effects of invigorating the collaterals: plus Quan Xie, Chuan Niu Xi, Wu Shao She, Sang Zhi

Significant weakness of the lower extremities: plus Du Zhong, Sang Ji Sheng

Significant weakness of the upper extremities: plus Gui Zhi

Swelling of the affected extremities: plus Fu Ling, Ze Xie

7. **Hemiplegia Associated with Yin Deficiency and Yang Rising**

Unilateral contracture of the affected extremities, headache, and red flush on the face

**Symptoms:** Agitation, dizziness, tinnitus, dysphasia and numbness of the extremities

**Tongue:** Red tongue with thin yellow coat

**Pulse:** Wiry and forceful

**Treatment Strategy:** Nourish the Yin, subdue the Yang and unblock the collaterals

**Herbs Formula:** Tian Ma Gou Teng Yin

**Herbs Modifications:**
Reinforce effects of clearing heat & nourishing Yin: plus Sheng Di Huang, Bai Shao, Mai Men Dong

Relax the sinews & unblock the collaterals: plus Mu Gua, Shen Jin Cao

8. **Dysphasia associated with Wind-Phlegm Obstructing the Channels**

Rigid tongue and slurred speech, dysphagia, excessive sticky sputum that is difficult to expectorate

**Symptoms:** Dizziness, headache and loss of motor coordination or numbness of the extremities

**Tongue:** Dark tongue with greasy white or yellow greasy coat

**Pulse:** Wiry and Slippery

**Treatment Strategy:** Dispel Wind-Phlegm, disclose the orifices and unblock the channels

**Herbs Formula:** Jie Yu Dan

9. **Dysphasia associated with Kidney Essence Deficiency**

Weak and flaccid tongue with slurred speech, and soreness and weakness of the lower back and knees

**Symptoms:** Palpitations, dizziness and blurred vision, or fecal and urinary incontinence

**Tongue:** Thin small tongue with scanty coat

**Pulse:** Deep and Thready
Scalp Acupuncture

**Treatment Strategy:** Nourish the Yin, Tonify the Kidney and open the orifices

**Herbs Formula:** Di Huang Yin Zi

**Herbs Modifications:**
Preponderance of Yin Deficiency: remove Fu Zi, Rou Gui
To improve Speech & open the orifice: plus Xing Ren, Jie Geng

10. Facial Paralysis

Includes the loss of motor and sensory coordination of facial muscles, inability to properly open and close the affected eye, inability to control the movement of the affected side of the mouth, and drooling

**Treatment Strategy:** Dispel wind, resolve phlegm & unblock the channels

**Herbs Formula:** Qian Zheng San

**Herbs Modifications:**
Strengthen the effect of extinguishing wind: plus Tian Ma, Gou Teng, Shi Jue Ming.
Strengthen the effect of relaxing the sinews and unblocking the channels: plus Bai Shao, Mu Gua.

**Patterns Identification According to Zang-Fu Organs**

<table>
<thead>
<tr>
<th>Zang Organ</th>
<th>Pair Fu Organ</th>
<th>Main Symptoms of Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liver</td>
<td>Gallbladder</td>
<td>Chest tightness, depression, anger, irritability, mood swings, visual problems, dizziness and vertigo, headaches, tendon problems, left-sided symptoms.</td>
</tr>
<tr>
<td>Heart</td>
<td>Small Intestine</td>
<td>Palpitations, chest discomfort, insomnia, anxiety issues, shyness, vascular problems.</td>
</tr>
<tr>
<td>Spleen</td>
<td>Stomach</td>
<td>Digestive problems, bleeding disorders, organ prolapse, weight problems, bowel problems, chronic fatigue.</td>
</tr>
<tr>
<td>Lungs</td>
<td>Large Intestine</td>
<td>Shortness of breath, cough, asthma, chest congestion, diseases of the skin, excessive sweating, poor immune system.</td>
</tr>
<tr>
<td>Kidney</td>
<td>Urinary Bladder</td>
<td>Reproductive, sexual disorders, low back pain, knee and/or leg weakness, hair loss, metabolic disorders, bone problems.</td>
</tr>
<tr>
<td>Pericardium</td>
<td>San Jiao</td>
<td>Palpitations, chest discomfort, insomnia, anxiety issues, shyness, vascular problems.</td>
</tr>
</tbody>
</table>

**Fu Organs are the "hollow" and are Yang in nature**

<table>
<thead>
<tr>
<th>Fu Organ</th>
<th>Pair Zang Organ</th>
<th>Main Symptoms of Pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gall bladder</td>
<td>Liver</td>
<td>Disorders of fear and/or shyness, insomnia, hypochondriac distention or discomfort, bitter taste in the mouth.</td>
</tr>
<tr>
<td>Small intestine</td>
<td>Heart</td>
<td>Deficiency syndromes related to deficiency syndromes of the spleen and excess syndromes are related excess syndromes of the heart.</td>
</tr>
<tr>
<td>Stomach</td>
<td>Spleen</td>
<td>Epigastric distention and/or discomfort.</td>
</tr>
<tr>
<td>Large intestine</td>
<td>Lung</td>
<td>Bowel disturbances or changes.</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>Kidney</td>
<td>Any abnormalities in urination.</td>
</tr>
<tr>
<td>San Jiao</td>
<td>Pericardium</td>
<td>Deficiency syndromes related to deficiency syndromes of the spleen and excess syndromes are related excess syndromes of the heart.</td>
</tr>
</tbody>
</table>
VIII. Acupuncture Treatment

a. Channel Involvement

**Manipulation:** Even method on healthy side first, then affected side

**Prescription:**
GV-20, BL-7, GV-16

**Supplementary Points:**
- Paralysis of the Upper Limbs: plus LI-15, LI-11, SJ-5, LI-4
- Paralysis of the Lower Limbs: plus GB-30, ST-36, ST-41, GB-34
- Facial Paralysis: plus ST-4, ST-6, LI-4, St-44

b. Organ Involvement

**Manipulation:** Reducing Method

**Prescription:**
GV-20, GV-26, ST-40, LV-3, KI-1, 12 Jing-Well Points

**Supplementary Points:**
- Locked Jaws: plus ST-7, St-6, LI-4

c. Abandon Disorder

**Manipulation:** Moxa

**Prescription:**
CV-8, CV-6, CV-4

**Modifications**
- Difficulty in Frowning and raising the eyebrow: BL-2, TW-23
- Incomplete closing of the eye: plus BL-2, BL-1, GB-1, Yu Yao, SJ-23
- Difficulty in sniffing: plus LI-20
- Deviation of the philtrum: + GV-26
- Inability to show the teeth: plus ST-3
- Tinnitus & deafness: plus GB-2
- Tenderness in the mastoid region: + GB-12, TW-5
- Long standing cases: plus Tai yang, St-6, ST-4, ST-3, ST-7 (use warm-needle or moxa on all)
IX. Evaluation of CAM for TCM Prevalence and Acupuncture as a Healing Practice

Acupuncture is original from China which had recognized and documented history of practice with about two thousand seven hundred years old. It spread to other countries in Asia which includes Japan, the Korean peninsula and elsewhere in Asia. Acupuncture is widely used in health care systems in the countries of that region; it is officially recognized by those countries governments and well accepted and used by the general public.

Acupuncture was brought to Europe during the early seventeenth century by the commerce and trade including with that the use of Chinese slaves as a workforce; skepticism exist since that time, and it is about its effectiveness, it continues to exist in countries where modern Western medicine is the core of health care, especially in those where acupuncture has not yet been widely practiced. Most persons question if that the acupuncture has a true therapeutic effect, or it works merely through the power of mental suggestion, or the enthusiasm of the patients who are wishing for a cure. There is therefore a need for scientific studies that evaluate the effectiveness of acupuncture under controlled clinical conditions.

What is considered as a Complementary and Alternative Medicine

X. Does acupuncture really work to help stroke victims improve?

Many studies involving thousands of patients have been published in China and Japan, and 2 of 3 studies from Scandinavia, demonstrated significant help. These studies indicate that patients get well faster, perform better in self-care, require less nursing and rehabilitation therapy, and use less healthcare dollars. However, since most studies come from China, they get little credence from the Western medical community because researchers in China do not appear to be published unless their results are highly positive, so publication bias is possible. And, no money has been made available in the United States for studies needed to confirm the claims of experts in China and Japan of indeed helping stroke patients.
XI. What kind of Diseases and disorders that can be treated with acupuncture

The diseases or disorders for which acupuncture therapy has been tested in controlled clinical trials reported in the recent literature can be classified into four categories as shown below.

- **Head and face**
  The use of acupuncture for treating chronic pain of the head and face has been studied extensively. For tension headache, migraine and other kinds of headache due to a variety of causes, acupuncture has performed favorably in trials comparing it with standard therapy, sham acupuncture, or mock transcutaneous electrical nerve stimulation (TENS). The results suggest that acupuncture could play a significant role in treating such conditions.

  Chronic facial pain, including cranio-mandibular disorders of muscular origin, also responds well to acupuncture treatments. The effect of acupuncture is comparable with that of stomatognathic system which is an anatomic system comprising teeth, jaws and associated soft tissues. It has formerly been called the stomatognathic system related with treatments for temporomandibular joint pain and dysfunction. Acupuncture may be useful as complementary therapy for this condition, as the two treatments probably have a different basis of action.

- **Locomotor system**
  Chronically painful conditions of the locomotor system accompanied by restricted movements of the joints are often treated with acupuncture if surgical intervention is not necessary. Acupuncture not only alleviates pain, it also reduces muscle spasm, thereby increasing mobility. Joint damage often results from muscle malfunction, and many patients complain of arthralgia before any 9 Acupuncture: review and analysis of controlled clinical trials changes are demonstrable by X-ray. In these cases, acupuncture may bring about a permanent cure.

- **Disorders of the sense organs**
  Deaf-mute children were once extensively treated with acupuncture in China, but no methodologically sound reports have ever shown that acupuncture therapy had any real effectiveness. A recent randomized controlled clinical trial on sudden-onset deafness in adults favored acupuncture treatment.

  Acupuncture might be useful in the treatment of Meniere disease for relieving symptoms and also for reducing the frequency of attacks. It seems to be more effective than conventional drug therapy betahistine with brand names veserc, serc, hiserk, betaserc, vergo commonly prescribed for balance disorders or to alleviate vertigo symptoms associated with Menieres disease.

  Tinnitus is often difficult to treat. Traditionally acupuncture has been believed to be effective for treating tinnitus, but only two randomized controlled clinical trials are available—with inconsistent results.
Unexplained ear ache that is neither primary (due to ear disease) nor secondary (as referred pain), is often regarded as a manifestation of psychogenic disturbances. Acupuncture has been shown to be effective in this kind of earache in a placebo-controlled trial. Acupuncture might be helpful in the treatment of simple epistaxis unassociated with generalized or local disease, but only one report of a randomized controlled clinical trial is available. This report indicates that auricular acupuncture provides a more satisfactory effect than conventional homeostatic medication.

- **Neurological disorders**

In the neurological field, headaches, migraines and neuralgia are the common painful conditions treated with acupuncture. Strokes and their sequels are another major indication for acupuncture. Early treatment of paresis after stroke has proved highly effective. Because improvement in the effects of stroke also occurs naturally, there has been some doubt about the contribution of acupuncture. In recent years, however, a number of controlled clinical evaluations have been undertaken in stroke patients. For example, in randomized controlled studies, acupuncture treatment of hemiplegia due to cerebral infarction gave better results than conventional medication and physiotherapy. There were also beneficial effects when acupuncture was used as a complement to rehabilitation.

In one study, patients with ischemic cerebrovascular disease treated with acupuncture were compared with patients treated with conventional drugs. Nerve function, as evaluated by electroencephalographic map and somatosensory evoked potential, showed a much more marked improvement in the patients treated with acupuncture. Comparative studies have shown acupuncture treatments to be as effective for treating hemiplegia due to cerebral hemorrhage as for that due to cerebral infarction. Since early treatment with physiotherapy is unsatisfactory, it is advisable to use acupuncture as the primary treatment. Even in hemiplegia of long duration, remarkable improvements can often be achieved. Hemiplegia due to other causes, such as brain surgery, can also be improved by acupuncture. Aphasia caused by acute cerebrovascular disorders can also be treated with acupuncture.

Peripheral nervous disorders are often treated with acupuncture. For example, good effects for Bell’s palsy have been reported in randomized controlled trials. Facial spasm is another peripheral nervous disorder for which acupuncture treatment may be indicated. For this condition it has been shown that wrist–ankle acupuncture is significantly better than traditional body acupuncture.

Insomnia can also be treated successfully with acupuncture. In randomized control trials, both auricular acupressure and auricular acupuncture had a hypnotic effect.
XII. Progress, and International regulations for the scalp acupuncture

a) Report of a World Health Organization (WHO)

A Scientific Group Proposed a Standard International Scalp Acupuncture Nomenclature, they considered the scalp acupuncture lines (Fig. 1-5) as well as the underlying functional zones of the brain (Fig. 6-7). It proposed the following nomenclature, using the alphabetic code MS (derived from “micro-system” and “scalp point”).

<table>
<thead>
<tr>
<th>English name and location</th>
<th>Pinyin name</th>
<th>Han character</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>middle line of forehead 1 cun from GV24 straight down along the meridian</td>
<td>ézhongxiàn</td>
<td>额中線</td>
<td>MS1</td>
</tr>
<tr>
<td>lateral line 1 of forehead 1 cun from BL3 straight down along the meridian</td>
<td>épángxiàn I</td>
<td>额旁I线</td>
<td>MS2</td>
</tr>
<tr>
<td>lateral line 2 of forehead 1 cun from GB15 straight down along the meridian</td>
<td>épángxiàn II</td>
<td>额旁2线</td>
<td>MS3</td>
</tr>
<tr>
<td>lateral line 3 of forehead 1 cun from the point 0.75 cun medial to ST8 straight down</td>
<td>épángxiàn III</td>
<td>额旁3线</td>
<td>MS4</td>
</tr>
<tr>
<td>middle line of vertex from GV20 to GV21 along the midline of head</td>
<td>dingzhongxiàn</td>
<td>颞中线</td>
<td>MS5</td>
</tr>
<tr>
<td>anterior oblique line of vertex-temporal from qiánshéncong 前神衝 (one of the four acupuncture points collectively designated as Ex-HN1, 1 cun anterior to GV20) obliquely to GB6</td>
<td>dingniè qiánxiéxiàn</td>
<td>颞前斜线</td>
<td>MS6</td>
</tr>
<tr>
<td>posterior oblique line of vertex-temporal from GV20 obliquely to GB7</td>
<td>dingniè hòuxiéxiàn</td>
<td>颞后斜线</td>
<td>MS7</td>
</tr>
<tr>
<td>lateral line 1 of vertex 1.5 cun lateral to middle line of vertex, 1.5 cun from BL6 backward along the meridian</td>
<td>dingpángxiàn I</td>
<td>颞旁1线</td>
<td>MS8</td>
</tr>
<tr>
<td>lateral line 2 of vertex 2.25 cun lateral to middle line of vertex, 1.5 cun from GB17 backward along the meridian</td>
<td>dingpángxiàn II</td>
<td>颞旁2线</td>
<td>MS9</td>
</tr>
<tr>
<td>anterior temporal line from GB4 to GB6</td>
<td>nièqiánxiàn</td>
<td>颞前</td>
<td>MS10</td>
</tr>
<tr>
<td>posterior temporal line from GB8 to GB7</td>
<td>nièhòuxiàn</td>
<td>颞后</td>
<td>MS11</td>
</tr>
<tr>
<td>upper-middle line of occiput from GV18 to GV17</td>
<td>zhenshàng zhèngzhòngxiàn</td>
<td>枕上中线</td>
<td>MS12</td>
</tr>
<tr>
<td>upper-lateral line of occiput 0.5 cun lateral and parallel to upper-middle line of occiput</td>
<td>zhenshàng pángxìàn</td>
<td>枕上线</td>
<td>MS13</td>
</tr>
<tr>
<td>lower-lateral line of occiput 2 cun from BL9 straight down</td>
<td>zhenxià pángxìàn</td>
<td>枕下线</td>
<td>MS14</td>
</tr>
</tbody>
</table>
### Point location

**A Proposed Standard International Acupuncture Nomenclature.**

<table>
<thead>
<tr>
<th>Fig. 6</th>
<th>Scalp acupuncture lines MS1, MS2, MS3 and MS4 (anterior view)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fig. 7</td>
<td>Scalp acupuncture line MS5 (vertex view)</td>
</tr>
<tr>
<td>Fig. 8</td>
<td>Scalp acupuncture lines MS6 and MS7 (lateral view)</td>
</tr>
<tr>
<td>Fig. 9</td>
<td>Scalp acupuncture lines MS8, MS9, MS10 and MS11 (lateral view)</td>
</tr>
<tr>
<td>Fig. 10</td>
<td>Scalp acupuncture lines MS12, MS13 and MS14 (posterior view)</td>
</tr>
<tr>
<td>Fig. 11</td>
<td>Scalp acupuncture lines MS6, MS7, MS8, MS9, MS10 and MS11 superimposed on functional zones of the brain*</td>
</tr>
<tr>
<td>Fig. 12</td>
<td>Scalp acupuncture lines MS12, MS13 and MS14 superimposed on functional zones of the brain*</td>
</tr>
<tr>
<td>Fig. 13</td>
<td></td>
</tr>
</tbody>
</table>

These scalp acupuncture lines were formerly named in Functional terms. The proposed Standard international nomenclature is based on surface anatomy so as to facilitate localization of the lines, but their relationship to the underlying functional structures has not changed.
### Characteristics of Wind Stroke - Stroke-Related Motor Impairment

**Table 3.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgenic Ischemic Attack (TIA) symptoms</td>
<td>Dizziness or vertigo, tinnitus, transient numbness or weakness on one side of the body or transient numbness of the tongue with difficulty speaking or finding words, understanding words, blurred or double-vision.</td>
</tr>
<tr>
<td>Ischemic Stroke</td>
<td>Can develop in major blood vessels on the surface of the brain. Can develop in small blood vessels deep in the brain.</td>
</tr>
<tr>
<td>3 types of Ischemic stroke</td>
<td>Embolic Infarct, Thrombotic Infarct, Lacunar Infarct.</td>
</tr>
<tr>
<td>Embolic Infarct</td>
<td>20 - 30% occurs suddenly. A blood clot forms in one part of the body, travels through the bloodstream and lodges in and obstructs a blood vessel in the brain.</td>
</tr>
<tr>
<td>Thrombotic Infarct</td>
<td>10-15% a blood clot forms in an artery that supplies the brain (usually the result of plaque build-up in arteries and develops over time).</td>
</tr>
<tr>
<td>Lacunar Infarct</td>
<td>20% usually occurs as a result of arterial blockage caused by high blood pressure (HTN). This type of stroke has the best prognosis.</td>
</tr>
<tr>
<td>Hemorrhagic Stroke</td>
<td>A blood vessel in the brain ruptures and bleeds into the surrounding tissue. Bleeding compresses nearby blood vessels and deprives surrounding tissue of oxygen, causing stroke. Severe &amp; carries high risk of death.</td>
</tr>
<tr>
<td>Types of Hemorrhagic Stroke</td>
<td>Intracerebral hemorrhage, inside the brain Subarachnoid hemorrhage large artery on or near the surface of the brain, sudden severe &quot;thunderclap&quot; HA after hemorrhage vasospasm may cause further brain cell damage by limiting blood flow to parts of brain.</td>
</tr>
<tr>
<td>Channel-Collateral Stroke</td>
<td>The only stroke that can be caused by external wind. Symptoms affect the periphery, are relatively milder in severity and are non-systemic. Numbness &amp; weakness of the affected area, Facial paralysis, Dysphasia, <strong>Consciousness and cognition remain intact</strong></td>
</tr>
<tr>
<td>Zang-Fu/Organ Stroke</td>
<td>Organs affected: KI, LR, HT, SP. Severe symptoms w/systemic manifestations, Hemiplegia, Aphasia, Difficulty swallowing <strong>Loss of consciousness and alterations in cognition</strong></td>
</tr>
</tbody>
</table>
XIII. THE ACUPUNCTURE NEEDLING TECHNIQUE

The needle size often mentioned in Chinese texts for scalp acupuncture is 26, 28, or 30 gauges, which is suitable for rapid twirling techniques. Needle stimulation technique (thrust and pulls method), a somewhat finer needle gauge of 32 or 34 is suitable for most cases, and the insertion length is approximately 1 cun. A 30 mm needle with a wound head is thought to be the best. The needle must be long enough so that it is not inserted up to the handle, but short enough that there will not be any bending during insertion and manipulation. The angle of insertion is typically 15–25 degrees. The patient should not feel pain, though there are some rarely used scalp points along the sides of the head, mentioned above, that typically produce pain.

Although the distance from the skin surface to the skull is very short, there are several tissue layers: the skin, hypodermis, galea apo-neurotica and occipito-frontalis muscles, sub-apro-neurotic space, and peri-cranium. The sub-apro-neurotic space is a loose layer of connective tissue that is ideal for penetration during scalp needling: the needle slides in smoothly and does not cause pain, yet the desired needling sensation is strong. If the angle of needling is too shallow, the needle will penetrate the skin and muscle layers and it will be difficult to get a smooth insertion. Upon inserting the needles, stimulation is applied for 1–2 minutes. The needles are manipulated again after intervals of 10–15 minutes, for 1–2 minutes each time, throughout the duration of the patient visit, which may be as long as 2–3 hours. Sometimes, the interval between needle stimulation sessions is longer due to insufficient staff time when there are numerous patients, but usually within 30 minutes.

The needles should remain in the scalp for a minimum of 4 hours (except for treatment of acute symptoms, in which case, 0.5–1 hour is sufficient) and up to a maximum of 2 days. However, for children and weak adults, the time of retention should be shorter.

The needle is inserted along the practitioner’s nail pressing the skin. Press besides the treatment zones with the nail of the thumb and first finger of the left hand, hold the needle with the right hand, and keep the needle tip closely against the nail. By avoiding the hair follicle, one can minimize pain during insertion. The direction of needling is usually based on the mapping of the body within the zone being treated: the needle is aimed (along the line of the zone) toward that portion of the zone most closely corresponding to the area of the body that is affected by the injury or disease.

There are two basic needling methods for manipulating the Qi, designated jin qi and chou qi, that have been elucidated by either practitioner. Both are based on ancient techniques and involve rapid, short distance movements. Jin qi (jin means move forward) is a tonifying, thrusting method. “Thrust the needle quickly with violent force, but the body of the needle does not move, or no more than 0.1 cun in. “Following the thrust, the needle is allowed to settle back to its original position”. Chou qi (chou
Scalp Acupuncture

means to withdraw) is a sedating, reducing method. It is based on forceful movement and a lifting motion. “Lift the needle quickly with violent force, but the body of the needle does not move or no more than 0.1 cun out” Again, after the pull, the needle settles back to its original position.

There is an article which mentions that he prefers using the small-amplitude, forceful lifting method, rather than the twirling method, because “it saves the operator effort and gives the patient less suffering.” It describes the preferred method as follows: “When inserted to a certain depth (about 1 cun), the needle is forcefully lifted outwards or thrust inwards. The direction (angle) of lifting or thrusting is the same as that of the insertion. The outward and inward force exerted on the needle should be sudden and violent as if it is the strength from the whole body of the practitioner. The lifting and thrusting amplitude should be small, no more than 1 fen (1/10 cun). After lifting and thrusting continuously for three times, the needle body is sent back to the original place (about one cun) and significant therapeutic effects will be obtained after the maneuver is repeated for 2–3 minutes.”

For the majority of neurological disorders, the tonification technique (jin qi) is used, with a series of rapid, very small-amplitude, in-out needle movements. The emphasis is on the forward movement, and then allows the needle to naturally pull back to the starting position. In cases of pain syndromes, the draining method (chou qi) is used, with the same kind of rapid, limited distance movements, but with the emphasis on outward movement, then allowing the needle to settle back in to the starting position. During the stimulations, it is important for both the practitioner and the patient to focus on the breath (this is an aspect of qigong therapy that is incorporated into the treatment). There should be no talking during needle stimulus: all attention is on the needling and its effects. The mental focus is on “directing the breath” to the body part that is to be affected.

Regarding repetitions of the stimulus, it was said: “Repeat many times until revival of Qi and effect is achieved.” It usually does not specify manipulation duration, but rather bases the duration on observed response. It is claimed that by using the small amplitude manipulation method rather than the twirling method, one has the advantages of “large amount of stimulation, saving effort, less pain sensation, and strong needling sensation,” yet the therapeutic effects are achieved quickly. The method is also easy to master, though success may depend on the qi of the practitioner when utilizing the forceful but small amplitude manipulations. Before withdrawing the needles, it is recommended by Dr. Zhu manipulation of the needle again while the patient performs breathing exercises. When it is time to remove the needles, press the skin around the point with the thumb and index finger of the left hand, rotate the needle gently and lift slowly to the subcutaneous level. Body points are sometimes used as an adjunct to the scalp acupuncture therapy. In most cases, treatment is given every day (at least 5 days per week) for 1–2 weeks, then every other day for another 1–2 weeks, followed by twice per week treatment for as long as necessary. The frequency of treatment may be adjusted according to
the severity of the condition and rate of improvement. According to either of the practitioners in this research for best results in treating hemiplegia due to stroke, scalp acupuncture should initially be performed twice per day. For other chronic conditions, daily treatment or every other day treatment is recommended for the initial therapeutic plan, to be followed-up by less frequent treatments once progress has been made.

SCALP ACUPUNCTURE TECHNIQUES AND LOCATIONS
XIV. GENERAL CONCLUSIONS

Since 1970 here in the USA, the scalp acupuncture protocol is still progressing in its techniques and applications. As the major references there are many Chinese literature, many media reporters, including movies and video clips developed in relation with the progress and successes regarding scalp acupuncture for post-stroke patients. Several recognized practitioners coincidentally suggested that to utilize scalp and body acupuncture together for optimal results maintaining that as a valuable method. Techniques are acquired based on practitioner experiences, but there are internationally recognized masters who are sharing their protocols for scalp acupuncture techniques, those are: Dr. Jiao Shunfa, Dr. Shi Xue Min, Zhu Ming Qing, Dr. Toshikatsu Yamamoto and there are many practitioner as a followers most recently Dr. Jason Ji-Shun Hao who has founded the International Academy of Scalp Acupuncture.

Between those experienced practitioner there are some differences and patterns in their protocols, but the recommendation for frequency of treatment is high, from once or twice per day to once every other day, with a course of treatment typically involving 10–12 consecutive sessions, followed by a break of 2–4 days, sometimes 5–7 days. Needle insertion, manipulation, retention, and removal are approached with differing techniques. An expressed concern is to minimize pain for the patient and also to make the procedure practical for the acupuncturist. Thus, the frequently-mentioned method of rapid needle twirling may be replaced, in some cases, by other methods (including electrical stimulation) because of the potential for causing pain for the patient and fatigue and irritation for the acupuncturist. At least one study compared the efficacy of twirling (manual and machine-aided) and electrical stimulation and the conclusion was that both were useful. The twirling method with large needles remains a common practice in China.

During stimulations in all cases, it is always important to achieve needling sensation or most known as Qi arrival which is experienced by patients, it is also often described as suan (aching or soreness), ma (numbness or tingling), zhang (fullness, distention, or pressure), and zhong (heaviness) and is felt by the acupuncturists (needle grasping) as tense, tight, and also could be pressure, electrical impulse, (not pain); another important feature of that it often spreads or radiates from the point of origin, which is called extended sensation throughout the meridians or channels, many text book identify that as the flow of qi. Sometimes patient describe that was a jump in between near meridians, there are not obvious differences between acupuncture points related with the distance of sensation transmitted. It is also manifest as skin redness, or localized red or white lines along the meridians of the body surface this may be due in part to the rising popularity of new acupuncture modalities such as electro-acupuncture which in most of the cases help to accomplish stimulations instead of twirling in the range of 150 to 300 needle rotation per minute. This happened during the needle manipulation which is at least two to three times in the course of a single session (for 2–3 minutes each time). The manipulation
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is usually rapid, with frequency of twirling in the range of 150–300 per minute which with the electrical stimulation it was reported that in the range of 150–700 per minute. Total duration of needle retention varies between 30–45 minutes. Indications for scalp acupuncture include virtually all the usual indications for body acupuncture, but the main applications are stroke, paralysis, pain, and emergency situations.

There are some contraindications for scalp acupuncture it includes very high blood pressure (220/120), heart disease, infection, post-operative scars in the acupuncture zone, some cases of pregnancy mainly habitual miscarriage, persons who are extremely nervous, and infants whose fontanels have not closed. It is also contraindicated to use electro-acupuncture in those patients with implanted pacemakers, and or defibrillator.
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XV. Bibliography


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74. Xu HR, Liu ZS, Zhao H (2011) Systematic review for treatment with acupuncture for overactive


106. Media movie, 900 needles in reference to Dr. Xue’s Scalp Acupuncture

107. Media movie, East meets West, Future of Oriental Medicine

108. Media video clips parts 1, 2 and 3, conversation with Dr. Shi Xue-Min


110. Media video clip prepared by BBC named: The Science of Acupuncture BBC Documentary Traditional Chinese Medicine

111. Media video clip Yamamoto New Scalp Acupuncture and indications
XVI. General Disclaimer

For any practitioner of Traditional Chinese Medicine it is a challenge to find and provide all the necessary available information related with trials, documentaries, media investigative reports, movies and patients experiences. This research will have a bias and will generate conclusions which will be or not used as support effectiveness about the post stroke treatment.