Chinese Scalp Acupuncture

Theory, Techniques and Clinical Applications of Scalp Acupuncture

Presented by

Dr Jason Hao

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This new book could make a difference in the life of a patient when no other therapies will help. The authors, who have a combined 60 years of experience using Chinese scalp acupuncture, have given us a true gift: a thorough clinic manual for learning this amazing tool for patients who suffer from seriously debilitating conditions such as the sequelae of stroke, phantom limb pain, PTSD, Meniere's syndrome, multiple sclerosis, herpes zoster, seizures, essential tremor, and Parkinson's Disease.

**Features of this book include:**

- An introduction to the neuro-anatomy and neurophysiology of the brain and scalp for non-Western medical practitioners
- Chinese medical theories supporting the use of scalp acupuncture
- Thorough explanations of area locations and uses details of needle technique specific to scalp acupuncture
- Excellent color illustrations of each treatment area and for many of the case studies over 40 case studies with treatment details
- If you have ever wished you could do more to help a patient with a serious condition that Western medicine had given up on, you need this book!

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Contents

- General Review of Anatomy and Physiology of Brain
- The Stimulating Areas and Indication of CSA
- The Scalp Acupuncture Techniques
- Clinical Application of Scalp Acupuncture
- Demonstration of Treatment
- Discussion
Scalp Acupuncture History

- 1950 Began research
- 1972 Discovered by Dr. Jiao, Shunfa
- 1977 First introduced in Chinese Acupuncture textbook
- 1980 Developed by Dr. Sun, Shentian and Dr. Yu, Zhishun
- 1987 Introduced at First International Acupuncture Conference in Beijing
- 2007 Rejuvenated by Dr. Jason Hao at 20th International Acupuncture Conference in Beijing

Dr. Jiao, Shunfa
**Definition**

Scalp acupuncture is a modern acupuncture technique combining traditional needling method with modern knowledge about representative areas of the cerebral cortex. The techniques have great success in the patients with stroke, paralysis, posttraumatic stress disorder, and other central nervous system disorders.

**Anatomy and Physiology**

- Cerebrum
- Interbrain
- Cerebellum
- Brain stem
The human brain is only about 2% the total body weight.

It received 15-20% of the body’s blood supply.

### Blood Supply of The Brain

- The human brain is only about 2% the total body weight.
- It received 15-20% of the body’s blood supply.

### Base of the Brain

**Blood Vessel Name**

- Anterior Cerebral Artery
- Anterior Communicating Artery
- Internal Carotid Artery
- Middle Cerebral Artery
- Posterior Communicating Artery
- Posterior Cerebral Artery
- Basilar Artery
- Vertebral Artery
- Anterior Spinal Artery
The stimulation area

- Motor area
- Sensory area

The Location of Scalp Areas

Blood vessel dilation and constriction area
Motor area
Sensory area
Voluntary movement area
Speech #2 area
Vertigo and hearing area
Speech #3 area

Chorea and tremor control area

Stimulation Areas—Side View
Motor & Sensory Area

Frontal dissection of cerebral hemisphere

- Motor & Sensory Area
  - Distribution of body in the motor and sensory area

- Frontal dissection
  - Cerebral hemisphere dissection
  - Motor and sensory areas highlighted

- Frontal dissection of cerebral hemisphere
  - Somatosensory and motor strips
  - "Hominculus" representation
Indication of Motor Area

Paralysis or weakness of face, trunk & limbs

- Stroke
- Multiple Sclerosis
- Traumatic paraplegia
- Cerebral Palsy
- Acute myelitis
- Progressive myatrophpy
- Multiple neuritis
- Poliomyelitis
- Periodic paralysis
- Hysterical paralysis
**Sensory Area Indications**

- Abnormal sensations of face, trunk, and limbs
- Loss of sensation or pain, tingling, numbness
- Phantom pain, complex regional pain, residual limb pain
- TMJ, trigeminal neuralgia, migraine headache, cluster headache,
- Shingles, sciatica, gout, plantar fasciitis, fibromyalgia, neuropathy, and paresthesia
The Patient with Complex Regional Pain

Chorea and tremor area

Chorea and tremor area

Chorea and tremor area
Hearing and dizziness area

- Hearing area
- Dizziness area
Blood vessel area

Praxia area

- Blood vessel Dilation and Constriction area
- Praxia area
Apraxia Patient

Vision and balance area

- Vision area
- Balance area

Vision area
Stroke Treated by Qigong

Speech area
- Speech I area
- Speech II area
- Speech III area

Speech Area

Broca’s area
Wernicke’s area
Indications of Speech Areas

- Speech I Area --- Expressive (motor) aphasia
- Speech II Area --- Nominal aphasia
- Speech III Area --- Receptive (sensory) Aphasia
- Speech I, II, III Areas --- Global aphasia
**Indication of Foot Motor & sensory Area**

- Paralysis, pain and numbness of leg and foot
- Urine disorders
- Bowel disorders
- Impotence, spermatorrhea, low libido
- Prolapse of uterus, uterus bleeding
- Cervical syndrome, lumbar degeneration
- Skin diseases
- ADHD, Retarded child
- Post-traumatic stress disorder, Post-concussion syndrome, Restless leg syndrome, Dementia
- Fibromyalgia

**Fibromyalgia**
Ear acupuncture

Internal organs areas

- Head area
- Thoracic cavity area
- Stomach area
- Genital area
- Liver and gall bladder area
- Intestine area
CONCLUSION

Scalp acupuncture has been proved very effective, safe and inexpensive treatment for central nerve disorders according to 40 years of empirical evidence and study in China and the USA. As more and more of the global population are seeking acupuncture treatments to help central nervous system disorders, it is becoming increasingly helpful for healthcare providers to have a working understanding of scalp acupuncture and its clinical application. Although there have been many hypotheses and research reports on acupuncture for rehab on western medicine in the past 40 years, it still has a long way to go for uncovering the mystery of scalp acupuncture mechanism in the future.
CASE REPORT

Chinese Scalp Acupuncture for Cerebral Palsy in a Child Diagnosed With Stroke in Utero

Jason Jishun Hao, DOM, MTQM, MBA; Sun Zhongren, PhD; Shi Xian, PhD; Yang Tiansong, doctoral candidate

ABSTRACT

A 6-year-old patient with cerebral palsy was treated with Chinese scalp acupuncture. The Speech I, Speech II, Motor, Foot motor and sensory, and Balance areas were stimulated once a week for 15 weeks. His dysarthria, ataxia, and weakness of legs, arms, and hands showed significant improvement from each scalp acupuncture treatment, and after 15 sessions, the patient had recovered completely. This case report demonstrates that Chinese scalp acupuncture can satisfactorily treat a child with cerebral palsy. More research and clinical trials are needed so that the potential of scalp acupuncture to treat cerebral palsy can be fully explored and utilized.

RESUMEN

Se aplicó acupuntura china en el cuero cabelludo para tratar a un paciente de 6 años de edad que sufría de parálisis cerebral. Una vez a la semana se estimularon el Habla I, Habla II, la función motora, la función motora del pie y funciones sensoriales, y las áreas que regulan el equilibrio. Luego, se repetió el procedimiento cada dos semanas durante 15 sesiones. La disartria, ataxia y debilidad en las piernas, brazos y manos que padecía el paciente mostró una mejora considerable luego de recibir este tipo de tratamiento con acupuntura. Transcurridas las 15 sesiones, el paciente se había recuperado por completo. El análisis de este caso demuestra que esta técnica de acupuntura china puede ser efectiva en el tratamiento de los niños que sufren parálisis cerebral. Se necesitarán realizar más investigaciones y ensayos clínicos para que los beneficios potenciales de la acupuntura en el cuero cabelludo, como técnica de tratamiento de la parálisis cerebral, sean plenamente analizados y aplicados.

Chine se scalp acupuncture is a contemporary acupuncture technique integrating traditional Chinese needling methods with Western medical knowledge of representative areas of the cerebral cortex (Figure 1). This modern system of acupuncture was first explored in the 1950s in China.1 Over the next 20 years, acupuncture practitioners developed a theoretical model integrating brain functions with the principles of Chinese medicine. Dr Jiao Shunfa, a neurosurgeon in Shanxi province in China, is the recognized founder of Chinese scalp acupuncture.3 He systematically undertook the scientific exploration and charting of scalp correspondences starting in 1977. Dr Jiao combined a modern understanding of neuroanatomy and neurophysiology with traditional techniques of Chinese acupuncture to develop a radical new tool for affecting the functions of the central nervous system.

Acupuncture and moxibustion have been used to prevent and treat disease in China for thousands of years. Scalp acupuncture, however, is a modern technique with just 40 years of history. In the West, many healthcare practitioners are familiar with acupuncture for pain management. In contrast, scalp acupuncture is a new therapy to use as the primary tool for rehabilitation. It is still not easy for medical practitioners and the public to understand how scalp acupuncture may help in recovery from paralysis, aphasia, and ataxia, all conditions for which Western medicine has few effective treatments.

Scalp acupuncture frequently is used to rehabilitate paralysis due to stroke, multiple sclerosis, automobile accident, and Parkinson's disease. It is also often used in pain management, especially for pain caused by the central nervous system, such as phantom pain, complex regional pain, and residual limb pain.3 Scalp acupuncture has been used in the effective treatment of aphasia, loss of balance, loss of hearing, dizziness, and vertigo. The treatment is commonly given 2 to 3 times per week, and a basic therapeutic course consists of 10 treatments. Chinese
Chinese scalp acupuncture is helpful for children who are afraid of needles because the treatment requires few needles, they are not visible to the child, and the response is often rapid.

MEDICAL HISTORY AND PRESENTING CONDITION

Michael, a 6-year-old with cerebral palsy, came from Amarillo, Texas, with his parents to our clinic in Albuquerque, New Mexico, on March 10, 2011. His mother reported that he had never spoken an understandable English sentence and had almost no coordination in his upper or lower extremities. For example, his hands were so weak that he could not make an observable mark on paper with a pencil. He had become passive and initiated little or no communication. His low functional level had resulted in his being diagnosed with mental retardation and learned helplessness.

Multiple medical doctors, including neurologists and ear, nose, and throat specialists, evaluated Michael, and the diagnosis was stroke in utero. Michael had been receiving speech therapy and physical therapy for several years with no noticeable improvement and had been a passive participant in kindergarten for 2 years because of his inability to write, speak, or take part in physical activities.

The examination at our clinic showed no abnormal findings of his physical development or hearing. It was hard to understand him when he said his name, age, and birthday or when he counted aloud. His coordination was severely impacted. He could not point to his nose, touch his index fingers together, or kick his legs. His tongue was red with a thin white coating, and his pulses were wiry and slippery.

TREATMENT

Chinese scalp acupuncture and ear acupuncture were used to treat this patient. Primary scalp areas were Speech I and Speech III (Figure 2). The secondary scalp locations were Foot motor and sensory area, Motor area, and Balance area (Figures 2-4). The needles were rotated at least 200 times per minute with thumb and index finger for several minutes. Foot motor and sensory area, Motor area, or Balance area was selected according to Michael's symptoms. The ear point "Shenmen" was selected for the first needle in order to help Michael relax and reduce his sensitivity to scalp acupuncture. The needles were kept in place for 15 to 30 minutes. Although Michael was afraid of needles before beginning the treatment, he was quiet and cooperative and did not cry while the needles were inserted. He did not notice that there was a needle inserted in his ear and showed no negative reaction at all. Next, 4 needles were put on the Speech I area and the Foot motor and sensory area of his scalp. The needles were stimulated slightly.

Outcome and Follow-up Treatments

Michael showed improvement in his speech during and at the end of his first treatment. It was easier to understand him when he said his name and age, and when he counted, most of the numbers were clearer after the treatment than they were before the treatment.

During the second session, Michael was not afraid. The new toy his mother showed him as the last needle was inserted diminished any tension he may have experienced. He tried very hard to make clear sounds in order to get the new toy. Michael attempted to repeat the words and sentences the doctor and his parents were saying and continued to say many clear words that could be understood. He seemed very happy when he found he was able to kick his legs and stand on one leg without difficulty.

Prior to the third session, his mother reported that Michael had started to talk in clearer sentences, some of which she could understand. She had found him already dressed when she went to wake him up to come to the acupuncture clinic. The fourth treatment was similar to the third, and 4 needles were inserted without any pain. During this treatment, Michael was able to speak like a
normal child, sing a song clearly, and laugh.

By the fifth session, his parents said he was more physically active and had less trouble speaking. His fear and anxiety both at school and at home had diminished. Michael was playing with other children and based on his teacher's report, had made some improvement in his schoolwork. Examination showed that he could speak more clearly and could write or paint like a normal child. His physical activities, such as jumping, kicking, running, and standing on one leg, showed no restriction at all. The redness of his tongue was now only on the tip. His treatments were extended to once every other week.

After the 10th session, Michael's speech and grades in school, as well as speech and physical activities at home, had significantly improved. He still had trouble saying some words, primarily those beginning with $s$ or $r$. He improved so quickly that his treatments were extended from twice a month to once a month. After his 15th session, Michael had become a happy, communicative, and physically active boy who could say whatever he wanted, express his feelings with clear words, and move his body and limbs as he wished. He had no restriction of any of his mental and physical activities. His parents were happy to report that his math and reading scores had progressed by a grade level and he was moved to first grade.

Our final examination at the clinic showed that his tongue was a little red with a thin white coating and his pulses were soft.

**DISCUSSION**

Chinese scalp acupuncture has been found to have good results in children with cerebral palsy including paralysis, ataxia, hypotonia or hypertonia, apraxia, dysarthria (trouble speaking), dysphasia, and mental retardation. With advanced brain research and imaging technology, scientists continue to understand better how the brain can adapt after damage and even regain its ability to function. It is now apparent that a child's brain is not fully developed until about the age of 8 years and has the ability to reorganize, adapt, and reroute signals if it is stimulated properly. Brain cells not only can change in function and shape but also can take over the functions of nearby damaged cells. Based on these abilities, scalp acupuncture is geared toward stimulating and restoring affected brain tissue, as well as retraining unaffected brain tissue to compensate for the lost functions of damaged tissue.

Cerebral palsy may occur in children in utero, during childbirth, or after birth up to about the age of 3 years. The majority of children with cerebral palsy are born with it, although it may not be detected until months or years later. The brain damage often is caused by genetic abnormalities, stroke, maternal infections and fevers, or fetal injury. In this case, the patient appeared to have a stroke in utero.

The United Cerebral Palsy Foundation estimates that nearly 500,000 children and adults in the United States are living with one or more of the symptoms of cerebral palsy. According to the Centers for Disease Control and Prevention, about 10,000 babies born in the United States each year will develop cerebral palsy. Conventional Western medicine offers no cure for cerebral palsy, holding that the damage is not repairable and the disabilities that result are permanent. The diagnosis of cerebral palsy has historically relied upon the patient's history and physical examination. Once a child is diagnosed with cerebral palsy, further diagnostic tests are optional. In Western medicine, treatment for cerebral palsy is a lifelong multidimensional process focused on overcoming developmental disabilities or learning new ways to accomplish challenging tasks.

The incidence of dysarthria is estimated to range from 32% to 88%. To treat children with dysarthria, the needles are inserted bilaterally in Speech Areas I or II. The thinnest needles that can be inserted into the scalp should be selected. One needle should be inserted...
on the “Shenmen” point on the ear to help young patients relax and to reduce sensitivity to needle insertion and stimulation of the scalp. The least number of needles possible should be used in the scalp in the initial treatment, and the needles should be rotated at least 200 times per minute with thumb and index finger for 1 minute. The needles should be twisted as gently as possible so that the child can tolerate the sensation, and the stimulation should be repeated every 10 minutes. The practitioner should select Motor or sensory area and Motor area or Balance areas accordingly to which symptoms and signs the child has.

Verbal communication with children and their parents during treatment helps to reduce their fear and anxiety. At the same time, it can be important to encourage a child with aphasia to talk, count, or sing in order to exercise the power of speech. During treatment, some patients may have none or all of the following sensations: hot, cold, tingling, numbness, heaviness, distension, and the sensation of water or electricity moving along their spine, legs, or arms. The practitioner should tell the parents and child that those sensations are normal and that patients who experience some or all of these sensations usually respond and improve more quickly. However, those who do not have such sensations could still have immediate positive results.

To treat motor dysfunction, the acupuncturist places the needles in Motor areas. Generally speaking, weakness of limbs or a paralyzed extremity is treated by choosing the opposite side of the Motor area on the scalp. For instance, for a patient with weakness in the right leg and foot, the left side of the Motor area on the scalp should be needled. The Upper one-fifth region is used to treat contralateral dysfunctional movement of the lower extremity, trunk, spinal cord, and neck. The Middle two-fifths region is used to treat contralateral dysfunctional movement of the upper extremity. The Lower two-fifths region is used to treat bilateral dysfunctional movement of the face and head.

To treat patients with coordination and balance problems, the acupuncturist inserts and stimulates needles in the Balance area bilaterally. It is important to have patients move the affected limb actively as well as passively. Initially, the patient should be treated 2 to 3 times a week until major improvements are achieved. Then treatment is once weekly, then every 2 weeks, and then scheduled as indicated by the patient’s condition. A therapeutic course consists of 10 treatments.

There are several different acupuncture techniques to treat weakness of limbs or paralysis. Although scalp acupuncture has the best and fastest response, other techniques are necessary for a fuller recovery. According to the individual’s condition, regular body acupuncture, electric acupuncture, and moxibustion, as well as physical therapy and massage, can be combined with scalp acupuncture to speed recovery.

Electrical stimulation may be helpful if the practitioner has difficulty performing the rotation of the needles more than 200 times per minute. It is suggested that only 1 to 2 pairs of the scalp needles be stimulated at any one session or the brain can become too confused to respond. Moxibustion can enhance the therapeutic results of scalp acupuncture, especially in weaker patients. The timeframe for patients with cerebral palsy to be treated by scalp acupuncture is crucial. Parents should have their child receive acupuncture treatment as soon as his or her condition is diagnosed. The earlier the child receives treatment, the better the prognosis will be.

Western medical science so far has not found a proven explanation for the success of Chinese scalp acupuncture in treating central nervous system disorders and specifically with treating cerebral palsy. There is a growing amount of clinical evidence that scalp acupuncture can improve or remove symptoms in patients with cerebral palsy. In China, there are many clinical and research studies showing the excellent results obtained from treating cerebral palsy with scalp acupuncture. Therefore, there is an urgent need for Chinese scalp acupuncture to be studied and perfected using modern Western science and technology. More case reports, case series, and clinical trials of Chinese scalp acupuncture in the treatment of cerebral palsy are needed so that its potential can be fully explored and utilized.

REFERENCES
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