

## General Introduction

Concept: Scalp acu is a therapeutic method by needling the specific areas or lines of the scalp, and often used to treat cerebral diseases.

There are 2 schools/systems:

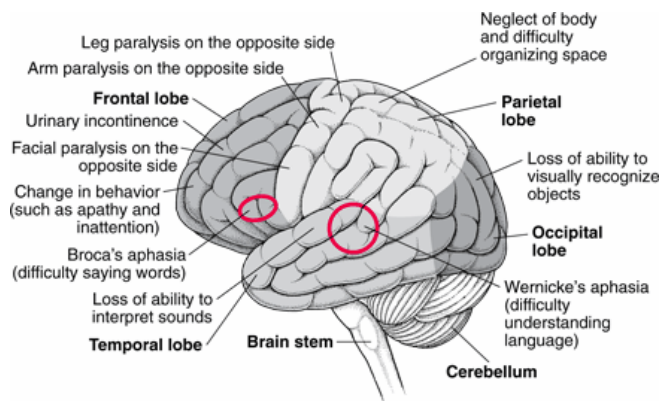
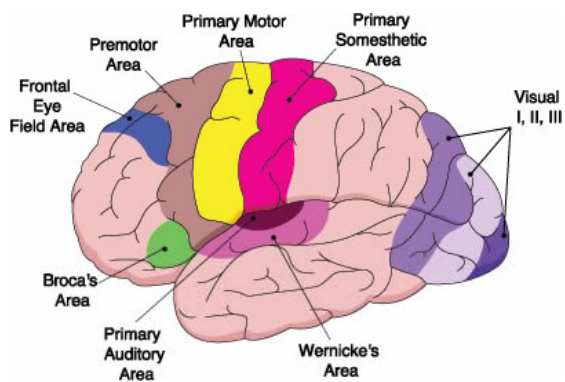
- ❖ Dr. Jiao's/Fang's/Zhu's school of scalp acupuncture.  
Cerebral physiology and anatomy. Dr. Jiao's scalp acu, Fang's and Zhu's scalp acu. Began 1958, more popular 1970's. Sort of a local points for cerebral/CNS diseases. Per Dr. Liu, lots of ppl in China come to acu for post-windstroke problems, use scalp a lot. All 3 docs were western docs. This is the one we will start with. The next one follows this one.
- ❖ Meridian based  
Based on meridian theory and acupoints on the head.
- ❖ International standard scalp line

Dr. Jiao, Shunfa, MD of Shanxi province. Dr. Fang, Yunpeng, MD.

### Base of Traditional Scalp Acupuncture

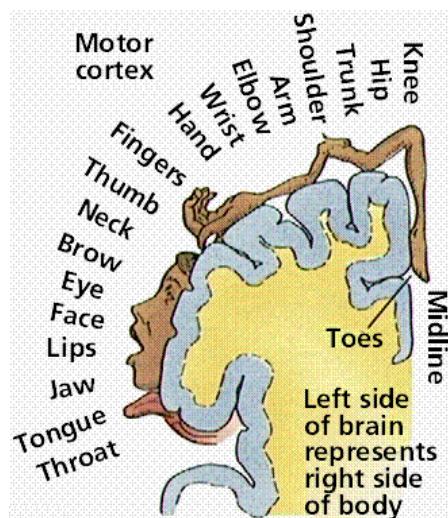
1. Front mu/Back Shu treat Zangfu organs.  
Compare these points and they match up front to back, correspond to the location of the organs.
2. Selecting Local points  
Select local points in order to treat problems.
3. Relationship between Head and channels  
All yang channels go to the head. Yin channels: heart and liver  
Du and Bladder channels connect directly to the brain. Liver gets to the eye system which then connects to your brain. Heart too connect to Mu Xi.
4. Relationship between brain and qi/blood (zangfu)  
Oxygen/blood relationship with the brain.
5. Crossing phenomenon of meridian system

Know the different areas of the brain and what they control.



## Motor Areas

Located in the precentral gyrus, paracentral lobe.



## Sensory Area

Anatomic structure is the postcentral gyrus, post side of the paracentral lobule.

Physiologically, feeling the nerve pulses.

Speech Area is the Wernicke's area – sensory speech. Broca's area is the motor speech area. This is anomic speech. Aphasia is the absence of or defective speech, language comprehension.

Broca's aphasia is difficulty saying words because this is the motor speech center. Wernicke's aphasia is difficult *understanding* language.

The angular gyrus – problems and injuries here can also affect speech. Translates visual interpretation into an auditory format. . . can't come up with the nouns that go with the things.

**Memorize where these things are in the brain!!!**

## Visual Area

### Location of Stimulating Scalp Areas and Their Indications

Standard lines on the scalp

Anterior-posterior midline

Starts at Yingtang area (glabella), reaching to Du 16/occipital protuberance. Occip prot is usually quite large, though in some cultures this area is flattened intentionally. This line goes over the top of the head

Eyebrow occipital line

Mid eyebrow to occip prot drawn over the top of the ear.

## Anatomical Landmarks

- ❖ Ear apex
- ❖ Parietal tubercle – from the posterior of the ear go back and feel for the bump
- ❖ External occip protuberance (dog bump – up from Du 16 like we used to find the Bladder points)
- ❖ Frontal hairline or angle (or 3 cun superior to Yintang). You can also use the bone structure – feel for the angle of the head to go backwards and up.

## Motor Area

Compare the line to the areas of the brain...follows the motor cortex area.

Locations: upper point and lower point.

- ❖ Upper is .5 cm behind the midpoint measured from glabella/yintang to occip protuberance.
- ❖ Lower point is the intersection between eyebrow-occiput line and hairline at the temple. Eyebrow → occip hairline. Find the crossing of the hairline at the temple. If no hairline at the temple, use the zygomatic arch, go straight up, ½ cm anterior to this.

Draw a line from point to point – line should go over the head up and back diagonally at about 45 degrees like you'd wear headphones.

Indicated for movement problems, paralysis. Needle on the opposite side. Can affect paralysis on lower limbs, upper limbs, facial or speaking area. Motor aphasia, salivation, dysphonia.

Upper 1/5 = lower limbs, mid 2/5 = upper limbs, lower 2/5 = facial/speaking

## Sensory area

Parallel line 1.5cm behind the motor area, going over the scalp from temporal hairlines, over the top at an angle. Sensation problems. Contralateral needling.

Patient complains of pain? Use the sensory area.

**Motor and sensory areas are very commonly used.**

## Chorea-trembling Controlled areas

This line is 1.5cm anterior to the motor line. Parkinson's, trembling palsy, chorea. If symptoms are unilateral, needles the contralateral stimulation area. If bilateral, needle bilaterally.

## Vascular dilation and constriction area

Located 1.5 cun anterior to chorea and tremor controlling area. Indicated to treat essential hypertension and cortical edema.

Hypertension patients often from liver yang rising, generally a little tightly wound for this procedure!

## Needling Techniques

Posture

Patient should be sitting or lying

Inserting needle

Clean local area, 1-2 cun needles of gauge 28-32. Insert swiftly with needle at a 30 degree angle to scalp. Seirin needles are recommended, 0.18mm (yellow handles) to 0.20 tops. If too thin, will have problems pushing it in. Skin is tighter here. Too thick = pain, too thin = hard to insert. Why Seirins? They are coated on the shaft so the movement is smoother.

Use a freehand needle if you can do it. Angle is less than 30 degrees. Got to get into the cap-shaped aponeurosis layer otherwise you're going to cause pain in a big way. Also, you can't needle to the bone. This is why you use freehand—if you use the tube there's a great risk of hitting bone.

### Manipulation

Twirling only, no thrusting. Why? Too many blood vessels and this will cause bleeding/bruising.

Fix the needle at the same depth

Frequency: high frequency: about 200/minute, continue 1-2 minutes. Retain for 5-10 minutes, repeat 2-3 times. Know this for the test! This is common in China for post-windstroke, but you probably can't get away with this strong stim in America.

E-stim: use this *after* the first treatment. Frequency is 200-300/min

### Withdrawal

Withdraw slowly while twirling the needle, slowly out. (Can pull out tissue if you go too fast!) Very mild angle, mild stim. Back and forth in tiny movements. You should feel the needle glide loose. After this and *If* there is no heavy sensation along the needle, remove quickly.

After withdrawal, *always* press over the needle hole with a clean dry cotton ball for a moment to prevent bleeding. Do this whether you see blood or not!!! And don't leave the hole open to reduce...may bleed a few seconds after removal and you want to avoid this.

### Treatment course

Once a day or every 2 days. Twice/week in US. 10 times is one treatment course.

### Precautions

- ❖ Intensity should be suitable – lying or sitting to prevent needle fainting
- ❖ Strict sterilization to prevent infections
- ❖ If feel resistance or if pt feels pain while pushing, needle should be withdrawn a little, change direction.
- ❖ Not advised for high fever, acute inflammation, heart failure
- ❖ For hemi-paralysis due to cerebral hemorrhage, wait until bleeding stops and condit is stable. If caused by cerebral thrombosis, use scalp acu as soon as possible!!