

Class 2

Vertigo-auditory area

Locations: 2 cm anterior and posterior horizontal straight to the points 1.5 cm right above the auricular apex.

Indicated for: dizziness (feel like the room is spinning), vertigo (comes with balance problems, due to water/inner ear problem), tinnitus, hearing, auditory. “magic points” for vertigo patients. Treatment takes time to work esp for elderly problems. Wind-phlegm can cause vertigo, affect vertigo-auditory area. Palpate area, find tender spots, needle direction doesn’t matter as long as you go transverse. For tinnitus sometimes works well, sometimes not—better for acute tinnitus than for chronic. Chronic kidney essence type tinnitus works, but slowly.

Speaking area 3

Location:

1. midpoint of vertigo-auditory area → draw a line of 4 cm backwards. See slide.
2. 4 cm horizontal posterior to the point 1.5 cm above the apex of the ear.

Indicated for sensory aphasia. Can hear, but don’t really understand what the hell you’re talking about. Happens in elderly people. Wernicke’s area is the sensory speech area.

Speech area 2

Located 2 cm posterior and inferior → parietal tubercle → draw a 3 cm line parallel to the anterior-posterior line. See slide. Find the posterior ear line first and go upwards, find the parietal tubercle, draw a line 3 cm parallel to the Du channel. You’re aiming for the skull above the angular gyrus of the brain.

Indicated for nominal aphasia – can’t come up with nouns, but otherwise fine. Understand you, respond appropriately, but minus the nouns.

Usage Area

Locations:

Use the parietal tubercle as the starting point. Draw a straight line 3cm, draw anter/post lines at 40 degrees each way. Makes an arrow pointing up. Very near – anterior to – the speech area 2.

Parietal tubercle as starting – draw a vertical line from the point and draw the other 2 lines from the point separately forward and backwards at 40 degree angles with the vertical line. Each line is 3 cm long.

Indications:

Apraxia – normal muscle tension but inability to finish refined movement like picking up coins.

You needle along all 3 of these lines. Mostly you go from top downward. The vast majority of scalp acupuncture is top downward.

Similar to “He Gu” needling – “chicken foot” needling. Makes this shape. This pattern used for muscular problems.

Foot Motor-Sensory Area

Slide 21, Scalp acupuncture.pdf

Passes thru the motor and sensory lines. If you look at the homonculus, the line passes thru the foot, motor and sensory lines.

Location:

Starting from the 1 cm bilateral to midpoint of anterior-posterior midline → draw 2 lines 3 cm straight backwards, parallel to the anterior-posterior midline.

Indications:

Contralateral lower limb pain, paralysis, numbness.

Acute lumbar sprain

Enuresis, Cerebro-cortical polyuria, Nocturia

Prolapse of uterus.

Optic Area

Occipital area of the head. See slide 22.

Reference is the occipital external protuberance. Draw a horizontal line here. From this horizontal line, go lateral by 1 cm on each side from the Du line. Draw a line upwards parallel to the Du line that is 4cm long.

Often mislocated on final!

Balance Area

Located like optic area, but you draw the lines 3.5 cm bilaterally to the du line. The lines to needle on are 4 cm long and extending downward.

Indicated for equilibrium disturbance caused by cerebellum disease. Patient will feel normal, but they are walking all whack. Incoordination, dystaxia, ataxia, disability to balance, dizziness, headache.

Stomach Area

Forehead area. Located directly above the pupils of the eyes (midpoint of the distance between the inner and outer canthus). Draw 2 cm lines upwards from the hairline. Check the hairline carefully – really talking about the 3 cun above Yintang.

Indicated for stomach pain such gastritis and stomach ulcer. Also for epigastric discomfort generally.

Remember that this is experimental and based on about 10 years worth of clinic experience.

FYI: Some books mention that liver/gallbladder lines are below the hairline.

Thoracic Area

Located ½ way between the Stomach line (above) and the Du line on the centerline of the body. Line extends from 2 cm above the hairline to 2 cm below the hairline onto the forehead. (i.e. a penny diameter above the hairline, a penny diameter below the hairline).

Indicated for

- Chest pain and stuffiness
- Palpitation, coronary artery insufficiency
- Asthma

Generally needled from top downwards because patient is often lying down.

Reproductive Area

Located in reference to ST 8. Draw a 2 cm straight line upward from ST 8. Follow the bone structure – the change of angle from temporal area to the top of the head. Or remember the Shen lectures.

Indicated for

- Dysfunctional uterine bleeding
- Pelvic inflammation
- Leukorrhea
- Prolapse of uterus, combined with the Foot motor sensory area.

14 scalp lines total. International standard scalp acupuncture is 14 also. 14 meridians, 14 scalp lines. Group them by area to make for easier studying.

Principles for selecting scalp areas

Select according to disease

According to location and what's wrong. See slides for more clarity.

Contralateral vs bilateral stimulation

For unilateral limb diseases, choose the contralateral side and needle that.
For bilateral limb disorders, balance, dizziness problems, needle bilaterally.

Bilateral stimulation only

Internal zang or whole body diseases, disease in which you cannot distinguish the position.

To accompany other stims

Like uterine prolapse—combine this with standard points. Frozen shoulder = 1) limb movement, 2) pain. You'd needle motor + sensory lines.

Precautions

- Intensity should match patient's position
- Strict CNT!
- Resistance or pain = withdraw a little, change direction.

- Complicaiton like high fever, acute inflamm, heart failure, don't do!
- For hemi-paralysis due to cerebral hemorrhage, wait until bleeding stops, condition stabilizes (Remember this for the test.)
- Thrombosis: use right away or ASAP.

Clinical Apps

- Main applic: nervous disease, esp cerebral dis.
Example: cerebral thrombosis, cereb hemorrhage causing paralysis, numbness, aphasia
- Various nerve pains
- Common diseases

Diseases of Nervous System

Cerebrovascular Diseases

Cerebral Thrombosis

Response depends upon the time: shorter the case history the better the results. Also upon the location of the thrombosis and the therapeutic effect. Also upon severity of limb paralysis and therapeutic effect.

Can take varying times with varying results depending upon the patient's situation. Never make promises!

Review the other diseases presented in the slides - #34 – 35