

Scalp Acupuncture for Stroke

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Recent research from the Netherlands suggested that coffee, nose blowing, and sex can potentially trigger strokes in people with untreated brain aneurysms. The findings, while a little nerve wracking—apparently, one in 15 people develop brain aneurysms at some point in their life—are far from definitive. Just a few months ago, another study said coffee may decrease stroke risk.

Whether coffee is leading us down a path of peril or prevention remains unknown. However, regardless of the cause, unfortunately, strokes happen. Stroke symptoms vary widely in type and severity, but some signature problems include difficulty speaking and walking, one-sided numbness and paralysis, and mental confusion and anguish. Acupuncture can decrease these symptoms and help stroke victims cope with their new disabilities.

The best-known acupuncture approach for treating stroke symptoms is scalp acupuncture. Similar to auricular (ear) acupuncture, scalp acupuncture views the scalp as a microcosm of the whole body. Regular body acupuncture also includes points on the head, but scalp acupuncture is a system all its own.

Acupuncturists working from a scalp perspective think in terms of zones rather than points. For example, the part of the scalp that's closer to the face may be used to address issues in the upper body while the area closer to the neck is associated with the lower body. Other styles of scalp acupuncture divide the scalp from a functional perspective—according to sensory and motor functions, vision, hearing, balance, etc.

To determine exactly where to insert the needle, the acupuncturist feels around the zone to identify tender spots. Once the point is selected, a needle is placed obliquely in the loose connective tissue beneath the skin. Scalp acupuncture points usually are needled deeper than body acupuncture points on the head—not perpendicularly, as the skull prevents deep insertion in that direction, but rather, farther into the connective tissue. Also, the acupuncturist usually performs more manipulation of the needles than is typical in regular acupuncture sessions.

The connection between scalp acupuncture and stroke is not hard to figure out: the scalp is close to the brain. Acupuncture increases blood flow and oxygen to areas of the cerebral cortex that were damaged from the stroke, helping to revive cells and nerve function.

Scalp acupuncture incorporates much of what we know about the brain from biomedicine, including the idea that one side of the brain controls the opposite side of the body. Paralysis of the right leg, for example, would be addressed by needling the left side of the scalp.

Although acupuncturists have been treating stroke for thousands of years, long before we knew about the cerebral cortex, scalp acupuncture as a recognized system is relatively new. It became popular in the 1970s when three acupuncturists each developed their own diagrams of scalp zones. In the 1980s, these theories were combined in an attempt to standardize scalp acupuncture as a complete system. However, many variations still exist, and scalp acupuncture treatments can differ

greatly depending on which system the acupuncturist studied.

One of the most popular and widely taught systems of scalp acupuncture today actually is not one of the original three, but rather, one developed by *Ming Qing Zhu*, a graduate of the first acupuncture class at Shanghai University of Chinese Medicine. *Zhu* gained recognition as a stroke specialist when in 1987, at a conference in Beijing, he performed acupuncture on a debilitated stroke patient who instantly began walking independently.

Most stroke recoveries are less miraculous.

Stroke rehabilitation, for most people, is a long process. Scalp acupuncture—like physical therapy, occupational therapy, speech therapy, and other widely accepted (and insured) forms of stroke rehab—is most effective when received frequently. Unfortunately, acupuncture is excluded from most stroke-rehabilitation programs in the U.S. And for those who proactively seek private acupuncture, the burden of cost and logistics quickly becomes prohibitive.

The unfortunate reality of acupuncture accessibility for stroke victims in the U.S. is movingly documented in the film *9,000 Needles*. The film's star, Devin Dearth, received scalp acupuncture as part of his participation in an integrated stroke-rehabilitation program in China. He went there to receive treatment because a comparable level of care was unattainable in the U.S.

It is unacceptable that anyone should have to travel so far to receive a therapy that easily could be incorporated into their own healthcare system. Acupuncture can improve not only the physical symptoms of stroke but also the emotional malaise that often accompanies such a significant life change. It should be a routine component of all stroke-rehabilitation programs throughout the U.S. and around the world.

NOVEMBER 2011