CLINICAL OBSERVATION ON 44 CASES OF APOPLEXY WITH ZHU’S SCALP ACUPUNCTURE

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ABSTRACT. 88 cases of apoplexy of recovering and sequela phases were divided randomly into two groups, group of Zhu’s Scalp Acupuncture and group of somatic acupuncture. There were 44 cases in each group. Clinical effect of Zhu’s Scalp Acupuncture was better than that of somatic acupuncture, percentage of basic cure and marked effect of the former was markedly higher than that of the latter (P<0.05). Clinical effect of Zhu’s Scalp Acupuncture on recovering phase of apoplexy was markedly better than that on sequela phase (P<0.01 for the rate of basic cure and marked effect and P<0.05 for the total effective rate). Clinical effect of Zhu’s Scalp Acupuncture on hemorrhagic apoplexy hadn’t marked difference with that on ischemic apoplexy (P>0.05). Applying Zhu’s Scalp Acupuncture to treat apoplexy, only need a few points, it is easy to manipulate, the needle sensations are intensive, the clinical effect is good, it is easy to accept by patients.

KEY WORDS Zhu’s Scalp Acupuncture Apoplexy Hemiplegia.

Cerebrovascular diseases are called “apoplexy” in traditional Chinese medicine. It includes two types, ischemic and hemorrhagic apoplexy. It is a kind of disease of high incidence, high death rate and high rate of disablement. Most patients of apoplexy will have sequela, especially hemiplegia, after critical phase. It is acknowledged that acupuncture has good effect on apoplexy sequelae. Traditional acupuncture treats the disease in accordance with the theory “only select points on Yangming Meridians to treat flaccidity syndrome”. The main points are somatic acupoints on Yangming and Shaoyang Meridians. Treating methods of acupuncture on apoplexy have been developed by modern acupuncturists, among them prof. Zhu Mingqing summarized clinical experience and formed a theory of his own, Zhu’s Scalp Acupuncture. The theory can be applied to treat lots of diseases. The author made clinical observation on apoplexy with Zhu’s Scalp Acupuncture and got good effects. The results are as followed.

CLINICAL DATA

All cases were in-patients in apoplexy department of Acupuncture Hospital Affiliated to Anhui College of TCM from Oct., 1993 to Sep., 1994. There were 88 cases in all. Of all the cases, 51 cases were male and 31 females, 62 cases were ischemic apoplexy and 26 cases hemorrhagic apoplexy. The course of disease of 69 cases was 2 weeks to 6 months and that of 19 cases was longer than 6 months. 33 cases were hemiplegia of left side and 55 cases were hemi-
plegia of right side. The 88 cases were randomly divided into two groups, the cases in one group were treated with Zhu’s Scalp Acupuncture and the others in another group with traditional somatic acupuncture. There were 44 cases in each group and clinical data were fair between them.

STANDARDS OF DIAGNOSIS

According to “TCM Standards of Diagnosis and Effects on Apoplexy” and “Main Diagnosis Points of Cerebrovascular Diseases”, all cases were definitely diagnosed. Patients accompanied other severe diseases were eliminated.

The course of apoplexy can be divided into three phases, which are acute phase (generally shorter than 2 weeks, not longer than 1 month), recovering phase (2 weeks to 6 months) and sequela phase (longer than 6 months). In this paper, all cases were apoplexy of recovering and sequela phases.

METHODS OF TREATMENT

Zhu’s Scalp Acupuncture: (1) Acupoints: Main points were the front quarter and the back quarter of Forehead-Vertex Zone. Vertex—Temporal Zone (opposite to hemiplegic side). Supplementary points were selected for accompanied symptoms. The upper two quarters of Vertex-Occiput Zone for weakness of back and waist, Anterior Temporal Zone (both sides) for dysphasia. Somatic acupuncture was applied for some cases.

(2) Manipulation: Filiform needles of gauge 30 and 1 cun (3.33 cm) in length were applied. One needle was horizontally inserted forwards on the front quarter of Forehead-Vertex Zone and one backwards on the back quarter of the zone. Three needles were horizontally inserted in relays on Vertex-Temporal Zone towards temporal. The first needle was crossed with the needle inserted on the back quarter of Forehead-Vertex Zone. The upper one-third of Vertex—Temporal Zone is appliable to paralysis of the opposite lower limb, the middle one-third to one of the opposite upper limb and the lower one-third to opposite facial paralysis. For cases of hemihypoesthesia, the needles were added to stimulate the relevant region of the Vertex-Temporal Zone from front to back. The needles were manipulated with the method of taking Qi outward and at the same time the patients of their family members were ordered to activate the paralytic limbs. Patients might be asked to do breathing as well. The needles were retained for about 2 hours, for a few cases longer than 12 hours during the retaining period, the needles were manipulated 3-5 times each time for 3-5 minutes.

(3) Course of treatment: They were treated once a day with an interval of one day per week and four weeks constituted a course of treatment. The cases were treated for about two courses.

2. Traditional somatic acupuncture: Main points were on hemiplegic limbs, such as Jianyu (LI 15), Quchi (LI 11), Hegu (LI 4), Waiguan (TE 5), Huantiao (GB 30), Yanglingquan (GB 34), Zusanli (ST 36), Jiexi (ST 41), Kunlun (BL 60). Supplementary points were selected for accompanied symptoms. Di-cang (ST 4), Jiahe (ST 6) and Chengjiang (CV 24) for wry mouth; Lianquan (CV 23) or Shanglianquan (Extra.) for dysphasia; Sheng-
shu (BL 23) and Qihaishu (BL 24) for weakness of back and waist; The needles were lifted, thrusted and twirled to make needling sensations with technique of mild tonification and reduction. The needles were retained for about 45 minutes and manipulated 2-3 times during the retaining time. The courses of treatment were the same as that of Zhu's Scalp Acupuncture.

3. Supplementary treatments: For cases in both groups, Chinese herbs or western medicines might be applied to control blood pressure and improve metabolism of brain cells. To avoid patients' rigidity of joints and muscular atrophy, the patients or their family members were ordered to activate the hemiplegic limbs.

**CLINICAL EFFECTS**

1. Criteria of clinical effects: On the basis of "Mark-Counting Method of Apoplexy", the marks were counted in accordance with conditions of patients' consciousness, speech ability, shoulder joints, hip joints, phalangeal joints and comprehensive functions. The more serious the disease was, the higher the marks were. The full marks were 28. According to the percentage of that total marks before treatment minus total marks after treatment and then divided by total marks before treatment, the effects were judged basic cure ($\geq 85$ percent), marked effect ($\geq 50$ percent), improvement ($\geq 20$ percent) and non-effect ($< 20$ percent).

2. Clinical results and analyses:

(1) Comparison of effects between Zhu's Scalp Acupuncture (SCALE) and traditional acupuncture (SOMATIC): See Table 1.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Basic Cure</th>
<th>Marked Effect</th>
<th>Improvement</th>
<th>Non-effect</th>
<th>Basic Cure &amp; Marked Effect</th>
<th>Total Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCALP</td>
<td>44</td>
<td>10</td>
<td>19</td>
<td>10</td>
<td>5</td>
<td>(65.9)</td>
<td>(88.6)</td>
</tr>
<tr>
<td>SOMATIC</td>
<td>44</td>
<td>7</td>
<td>11</td>
<td>18</td>
<td>8</td>
<td>(40.9)</td>
<td>(81.8)</td>
</tr>
</tbody>
</table>

* $P < 0.05$

It is shown on Table 1 that the percentage of basic cure and marked effect in scalp acupuncture group has a significant difference ($P < 0.05$) as compared with that in somatic group, but the total effective rates have no obvious difference between the two groups.

(2) Comparison of effects of Zhu’s Scalp Acupuncture on different phases of apoplexy; See Table 2.

It is shown on Table 2 that the percentage of basic cure and marked effectiveness and the total effective rate are higher than those on sequel phase, the $P$ values are $< 0.01$ and $< 0.05$ respectively.

(3) Comparison of effects of Zhu’s Scalp Acupuncture on ischemic and hemorrhagic apoplexy; See Table 3.
It is shown in Table 3 that scalp acupuncture is effective for both ischemic and hemorrhagic apoplexy, and there is no obvious difference between the two groups.

**DISCUSSION**

1. Applying Zhu's Scalp Acupuncture to treat apoplexy, only a few points were selected; it was easy to manipulate, the needling sensations were intensive and clinical effect was good. The patients didn't need to keep definite postures and there had no interference with their general activities while the needles being retained. The needles of scalp acupuncture could be retained much longer than somatic acupuncture. So Zhu's Scalp Acupuncture was easier to be accepted by patients. Especially, patients or their family members could be asked to activate hemiplegic limbs and the patients could also be asked to concentrate their thought on the limbs while the needles being manipulated or retained.

2. It was showed through the clinical observation that:

   (1) Clinical effect of Zhu's Scalp Acupuncture was better than that of somatic acupuncture on recovering and sequela phases of apoplexy. The percentage of basic cure and marked effect of the former was markedly higher than that of the latter though their percentage of total effect hadn't marked difference. Apoplexy can spontaneous by recover to certain extant after critical phase. The function of patients' hemiplegic limbs can be improved by exercises without any other treatments. So the difference of percentage of basic cure and marked effect between the two groups can reflect more exactly the difference of clinical effects between the two methods.
(2) Clinical effect of Zhu’s Scalp Acupuncture on recovering phase of apoplexy was markedly better than that on sequela phase. The longer the course of apoplexy, the worse the clinical effect. So apoplexy should be treated as early as possible.

(3) Under the author’s observation, most cases of hemorrhagic apoplexy were more severe than cases of ischemic apoplexy, so clinical effect of the former wasn’t as good as that of the latter but there hadn’t marked difference between them. Zhu’s Scalp Acupuncture was effective for both ischemic and hemorrhagic apoplexy.

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