Treating Spinal Cord Injuries with Zhu’s Scalp Acupuncture

Moyee Siu, L.Ac., MTCM

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A specialized form of acupuncture has been developed that can increase considerably the chance of functional recovery from spinal cord injuries. The efficacy of Zhu’s Scalp Acupuncture will be explored here using a number of diverse case studies.

**Case 1:**

A 21-year-old male was injured on June 11, 2003. He had a T-11 compression fracture and a T-12 burst fracture. His MRI showed a complete transection of his spinal cord and severe dislocation. At that time, he had neither motor or sensory function below the umbilicus and no urine or bowel control. He was diagnosed with an ASIA A injury, and all the doctors he met predicted he would never be able to move his lower extremities again. Both his physical and occupational therapy were geared to the adaptation of his disability, focusing only on the strengthening of his upper body and upper limbs.

In seven months he started assisted-ambulation with a walker, and had regained his bowel and bladder functions. Although he still cannot stand or walk without support, his improvement to date has defied all previous expectations based on Western medicine. His classification has progressed from ASIA A to ASIA C in less than a year. How could this happen without any Western medical treatments and no stem cell transplants? His treatment consisted only of acupuncture, Chinese herbal medicine and a vigorous regimen of exercises, prescribed by Dr. Ming Qing Zhu, L.Ac.

**Case 2:**

A 23-year-old female had an auto accident on April 2, 2000, sustaining a cervical fracture, dislocation and incomplete spinal cord injury at C5-C7. Left in a Vancouver hospital with no hope, she sought out Dr. Ming Qing Zhu, who started treating her on April 25.
Unlike ordinary 30-60 minute acupuncture sessions, Dr. Zhu worked at her bedside from 9 a.m. to 8 p.m. Days typically began with both scalp and body acupuncture. The body needles were removed after one hour, but the scalp needles were left in for more than twenty-four hours.

The bulk of the days consisted of almost non-stop exercises, from passive to active, from the chest to the feet, from internal organs to external limbs, from lying position to sitting position. Dr. Zhu guided these activities with firm instructions and fatherly encouragement, lifting the patient from her severe depression.

May 7 marked her first attempt at standing. Two months later the patient was transferred to a better-equipped hospital. Every weekend, Dr. Zhu flew to the hospital to continue his treatments, focusing on alleviating her physical pain and soreness, increasing her stamina, correcting her posture and gait, and attempting new movements. Every weekend saw a small breakthrough in her recovery. In November 2000, she started to walk using a walker.

**Case 3:**

On September 3, 1997, a man in his thirties became a quadriplegic after sustaining a C4–C6 spinal cord injury in a surfing accident. He started acupuncture eight days after the injury and, after 18 treatments on a daily basis (while still in traction), he initiated some movements in his arms and toes, as well as muscle contractions in his torso. Unfortunately, he became paralyzed again after an untimely fusion operation. It took more than four weeks for his upper extremities to get back to where they were before the surgery. The lower extremities lost all motor functions.

**About Dr. Ming Qing Zhu, L.Ac.**

In 1964, Zhu graduated from the prestigious Shanghai University of Chinese Medicine after studying with the most famous acupuncturists of the time, Dr. Lu Shou-Yan and Dr. Yang Yong-Xuan. He acquired clinical experience in multiple disciplines, including internal medicine, gynecology, pediatrics, traumatology, ophthalmology, neurology and anesthesiology, and a
reputation as a preeminent Chinese physician, especially in classical acupuncture. After becoming dissatisfied with the limited results obtained using traditional body acupuncture on stroke patients, Zhu developed his own system of scalp acupuncture. Since then, he has treated thousands of stroke patients with remarkable results. Building upon these successes, he has applied his techniques to other neurological disorders, including SCI.

**Zhu’s Scalp Acupuncture (ZSA) Therapy**

In Zhu’s scalp acupuncture, very short and fine needles are inserted obliquely into the subaponeurotic layer of the scalp. Rather than using points along linear meridians, Zhu defined nineteen two-dimensional areas, mapped to various body parts. There is no risk of damaging brain tissue or bleeding. Manipulation is characterized by forceful, small-amplitude lifting and thrusting of the needles.

An essential element of ZSA therapy is Daoyin. These are physical and mental activities carried out simultaneously with acupuncture to direct the Qi energy to affected body areas. Examples of Daoyin are chest breathing, abdominal breathing, mental relaxation, massage, joint movements, pushing, pulling, rolling, standing and many others. There is no set recipe for Daoyin; it is customized to individual patient needs at the time of the treatment.

**Critical Factors**

All the SCI cases treated by Zhu’s scalp acupuncture have shown marked improvements. Effectiveness is correlated with three factors:

1. **Time**

The best therapeutic window is within the first three months after an injury. Immediately after injury, the spinal cord goes through a shock period in which a cascade of events occur, including bleeding or ischemia, edema, and spontaneous lysis. The damage will gradually spread upwards and downwards. Early intervention of ZSA (as early as day one) helps to control bleeding and edema, shorten the spinal shock period and consequently minimize the extent of the damage, leading to a better prognosis.

If ZSA is initiated after the first 3 months, functional recovery accrues more slowly and to a lesser degree, requiring many times the effort to produce a fraction of the same results.

2. **Daoyin**

A vigorous and persistent exercise regimen is recommended, at least six to eight hours a day. It includes passive and active movements, breathing and relaxation. Even when active motion is not visible, the intention and mental visualization of the patient is crucial. There is nothing mystical about using the mind in this way. Basically, the brain sends nerve signals down the spinal cord, making attempts to find new neuronal pathways through the injury site.
Once a visible movement is detected, the patient is asked to repeat the same pattern over and over, so that the nervous system creates a memory of the motion. Our neural circuits turn off when they are not used, and therefore, must be re-learned. By repetition, muscle strength increases and muscle atrophy reverses.

Inadequate Daoyin, even if the method is right, is like medicine whose dosage is too low and does not attain its required therapeutic level.

Dr. Zhu encourages his patients to use a standing frame early on, believing that standing upright has many benefits. It keeps the spine straight, prevents scoliosis, prevents pressure sores from sitting too long, and improves pulmonary and cardiac functions. Furthermore, weight bearing on the bones helps to prevent bone loss or osteoporosis.

3. Scalp Acupuncture

Many patients are discouraged by the slow progress they make following standard rehabilitation programs. The addition of Zhu’s Scalp Acupuncture to such programs has been demonstrated to accelerate patients’ progress.

Dr. Zhu expresses this by way of analogy: “Patients with SCI are like people trapped inside a dark room. Those who stay motionless will remain in the room forever. Those who exercise are probing for an exit, but the door is closed. Scalp acupuncture acts like a key. It opens the door and allows light to shine through. However, the person still needs to move towards the door, and lift his legs over the threshold in order to step out into the sun. Otherwise, he is still confined in the room no matter how wide the door is opened.”

Dr. Zhu emphasizes the concurrent application of scalp acupuncture and Daoyin. Scalp acupuncture has some obvious advantages over traditional body acupuncture. First, it is much more effective in treating neurological conditions. Second, scalp needles do not interfere with bodily movements, whereas body needles must be withdrawn to avoid bending or breaking. It must also be noted that ZSA is not a purely mechanical procedure that can be quickly learned; results depend heavily on the practitioner’s skill level, acquired only through training and much practice.

Other benefits of ZSA

Relieving pain
Pain is common in SCI patients, often from tissue damage associated with injuries, dislocation, broken bones, local inflammation and swelling. Another type of pain is neuropathic, typically described as hypersensitivity or a deep burning or sensations of pressure. Both scalp and body acupuncture are very effective in relieving pain, without the adverse side effects of pharmaceutical drugs. This is an area where acupuncture is unquestionably superior to Western medicine.
Reducing infections
A majority of SCI patients lose bladder control and require the use of catheters. This is a frequent cause of urinary tract infections and can, in severe cases, result in kidney failure. Patients with injuries above C4 may also suffer from lung infections. ZSA and herbal medicine can control infections effectively.

Promoting bladder and bowel control
Dr. Zhu finds that the restoration of bladder and bowel control is possible even for patients classified with complete injuries. The earlier training starts, the better is the chance. Regaining such control restores a patient’s human dignity and sense of independence profoundly, as well as providing a major relief to their caretakers.

Controlling spasticity and spasms
Dr. Zhu views spasticity and spasms as part of a normal recovery process, and utilizes them to increase muscle tone. If spasms are excessive, he uses acupuncture and herbal medicine to control them, again avoiding adverse drug side effects.

Managing autonomic dysreflexia
In situations where hospitals and paramedics are not immediately available, acupuncture may be the first choice of treatment for autonomic dysreflexia. It is well-known that acupuncture has a bi-directional regulatory action on our system. For example, the same needle at a single acupuncture point can either increase or decrease blood pressure. It automatically adjusts to the body’s need to restore homeostasis.

Maintaining better overall health
Our SCI patients unanimously agree that they enjoy better health. They have more energy, stronger immunity, less muscle atrophy, more motivated and positive outlook.

Use of Surgery
In Dr. Zhu’s opinion, decompression of the spinal cord should be done by non-invasive methods, like traction. He recommends surgery only for life-threatening situations, because it inevitably carries a lot of risks and may induce secondary traumatic injury to the cord. When surgery is indeed necessary, he recommends doing it as early as possible.

The importance of hope
It is a constant battle to fight against the common notion that the spinal cord cannot regenerate. In some hospitals, SCI patients are repeatedly bombarded with this message until it echoes in their minds: “You have to live in your wheelchair for the rest of your life. There is no hope of recovery. There is nothing you can do for the paralyzed parts of your body.”

Dr. Zhu has a very strong conviction that if we act fast enough, some functional recovery is possible. Sadly, Dr. Zhu is often accused of giving false hopes. As Dr. Bernie Siegel, M.D. said: “There is no such thing as false hope”. Nobody can live without hope. A spinal cord injury is a
devastating event that changes a patient’s life, and the lives of the people around him. We know a patient who committed suicide after his SCI injury. When you see light, however small, at the end of a dark tunnel, it gives you courage and motivation to go on.

**The importance of perseverance**

While we cautiously tell our patients to be optimistic, we do not foster dreams of miracles. Rather, we emphasize hard work, and every SCI patient under Dr. Zhu’s care knows that this means eight hours of serious work, everyday, seven days a week.

What defeats people is a lack of perseverance and long-term support. After an initial period of depression, most patients come to terms with their situation and live as their doctors have suggested. A small number of patients are determined to fight the odds, but even these few may not be able to put up with the demands of the therapy, the mundane routines, the emotional cycles and the financial drain. As time goes by, they slow down on their rehabilitation efforts, or allow themselves to be distracted by other life activities. Their patience wears thin and they hope for a more rapid solution. Everybody longs for the opportunity to get a stem cell transplant. But we must realize that even after a successful transplant, a great deal of rehabilitation is necessary to stimulate the growth of the new cells and to establish new circuits. The transplant procedure itself is relatively short but the road to recovery is still a long one. There is no short or easy way.

**The importance of cooperation**

Increasing clinical studies suggest that the nervous system may, under the right conditions, be capable of recovering from injury. But even the largest, state-of-the-art SCI research facilities admit that the biological mechanisms are still unclear. Many receive considerable grant money for SCI animal research and their findings are highly regarded, despite their uncertain application to humans. While the merit of Western approaches is never questioned, scalp acupuncture is routinely met with skepticism. Even when scalp acupuncture results are evident, they continue to be denied by the Western medical establishment.

For example, a patient with an incomplete C-6 injury came for treatments six months after injury. He could only move his left lower extremity. During the first acupuncture treatment, everybody in the room witnessed his right leg started to move and his hand grip increased by 2.5 kg. On his second visit, he told us that he defecated on his own the night after the first treatment. Since then he did not need digital stimulation.

Surprisingly though, when he returned for his third visit, excitement had faded from his face. His neurologist told him that those functions would’ve recovered spontaneously anyway and had nothing to do with acupuncture. Soon afterwards the patient stopped coming for treatments. We were told many months later that his condition remained at the same level.

Was it a coincidence that the functions came back during and right after our treatment? Why did it not continue to improve on its own after the treatments stopped? How can we explain the many direct and obvious results we observe in our clinic? While it is true that incomplete SCI may
recover spontaneously, is it not also apparent that ZSA therapy helps to *speed up* the recovery?

**Conclusion**

Spinal cord injury is so complex that no single approach alone can fix it. Healing is best facilitated by multi-disciplinary modalities working synergistically. We hope that Zhu’s Scalp Acupuncture can be accepted and valued as one of these potent therapeutic avenues. In conjunction with other therapies (especially in the early stage of SCI), Zhu’s Scalp Acupuncture can promote and significantly accelerate functional recovery.

For more information, please contact:
Moyee Siu, L.Ac. MTCM
Zhu’s Neuro-Acupuncture Center
1754 Technology Drive, Suite 225
San Jose, CA 95110
(408) 885-1288
www.scalpacupuncture.org
The End.