

英国中医联盟丛刊

The Series of Chinese Acupuncture and Herbal Medicine Alliance



前言

英国中医联盟学会丛刊，是一个以已经发表的论文，学术与临床报告等为主要内容的论文集。丛刊内所有收集文章均征得论文作者同意，丛刊仅供内部会员参考，交流，学习，不对外发行。

本期丛刊是第二期，主要聚焦疼痛管理、卒中后遗症、运动损伤及复杂神经系统疾病的中医针灸治疗。收录了2025英国中医联盟及英国头针研究会年会相关学术会议的10篇优秀临床报告与研究，涵盖脑针、寻真疗法、脉呼吸术等前沿技术，以及复杂区域疼痛综合征、椎间盘突出、中枢神经敏化等案例分析。这些成果展示了中医药在神经康复、疼痛控制和疑难杂症治疗中的独特优势与临床实效。

特别感谢以下专家学者的分享：Dr Joseph Kwan、Mr Thomas Warthe、Prof Tianjun Wang、Dr Ruth Brand、Prof Liuzhong Ye、Mrs Lily Zhu、Mr Mike Wong、Dr Olivia Zunli Guo、Dr Xin Zhang 和Prof Junius She。本期内容为本联盟广大中医师提供宝贵的临床参考与灵感。



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Post-Stroke Pain – A Clinician’s Perspective

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ABSTRACT

Stroke is a major global health burden, with 101 million people currently living with its consequences and 12.2 million new cases annually. Post-stroke pain is a frequent and debilitating complication that profoundly impacts rehabilitation, quality of life, and psychological wellbeing. This article offers a comprehensive clinician’s perspective on the epidemiology, pathophysiology, classification, diagnosis, and management of post-stroke pain, with special emphasis on Central Post-Stroke Pain (CPSP). Drawing upon clinical experience and current evidence, the author discusses conventional treatments as well as the potential role of acupuncture and traditional Chinese medicine within a multidisciplinary framework.

Keywords: Post-stroke pain, Central Post-Stroke Pain (CPSP), neuropathic pain, stroke rehabilitation, thalamic stroke, acupuncture, neurorehabilitation

Introduction

Hippocrates noted over two millennia ago: “It is impossible to cure a severe attack of apoplexy, and difficult to cure a mild one.” While modern medicine has made remarkable progress in acute stroke treatment, long-term complications such as chronic pain remain a significant challenge for survivors.

Post-stroke pain can arise through central, peripheral, or mixed mechanisms and often emerges days to months after the initial event. It interferes with rehabilitation, exacerbates spasticity and fatigue, and contributes to a vicious cycle of physical and psychological distress.

Global Epidemiology of Stroke

According to the World Health Organization, stroke affects 101 million people worldwide. Every year there are 12.2 million new strokes, and 14.3 million healthy life-years are lost. One in four people over the age of 25 will experience a stroke in their lifetime, and 90% of strokes are linked to 10 modifiable risk factors.

While stroke incidence is decreasing in many parts of the world due to improved prevention, prevalence is increasing in regions such as Southeast Asia, where populations are living to advanced ages (over 90 years). In other regions, both incidence and prevalence are declining.

Types of Stroke and Their Relevance to Pain

Strokes can be ischaemic (most common) or haemorrhagic. Less common forms include spinal stroke and retinal artery occlusion (eye stroke). The location and extent of the lesion significantly influence the likelihood and nature of subsequent pain syndromes.

Consequences of Stroke

Beyond the acute neurological deficits (weakness, sensory loss, visual/hearing impairment, dysphagia, communication problems), survivors frequently experience:

- Complications: pain, spasticity, fatigue, continence issues
- Emotional changes: mood disorders, aggression, personality changes
- Cognitive impairment: slowed processing, memory issues, problem-solving difficulties

Pain is one of the most distressing complications and often becomes chronic.

Post-Stroke Pain – Three Major Types

1. **Central Post-Stroke Pain (CPSP)**
2. **Complex Regional Pain Syndrome (CRPS)**
3. **Pain associated with peripheral mechanisms**

Peripheral pain includes shoulder pain (very common), spasticity-related muscle spasms, joint pains (e.g., gout), and discomfort from abdominal, chest, or urinary catheters.

Central Post-Stroke Pain Syndrome (CPSP)

CPSP was first described by Dejerine and Roussy in 1906. They reported a characteristic syndrome following thalamic stroke featuring intense pain, sensory changes, mild hemiplegia, choreoathetosis, astereognosis, and hemiataxia.

Prevalence: Approximately 1 in 10 stroke survivors develop CPSP, with some studies reporting up to 1 in 3 patients in the first year.

Clinical Features:

- Pain can be continuous or intermittent and may affect different body regions
- Descriptors: burning, throbbing, pressure, electric shock-like, or freezing sensations
- Sensory abnormalities: hyperaesthesia, hyperalgesia, hypoesthesia, paraesthesia, allodynia
- Symptoms often fluctuate dramatically day to day or even minute to minute
- Pain is typically contralateral to the lesion; brainstem lesions may cause ipsilateral facial pain

Pathophysiological Mechanisms

Any lesion along the spinothalamic tract can precipitate CPSP. Key mechanisms include:

- Lateral thalamic nucleus injury leading to loss of cortical inhibition
- Thalamic hyperactivity and maladaptive plasticity
- Disruption of the balance between the thermo-sensory area in the insula and the limbic-emotional network

Imaging often reveals lesions in the thalamus, internal capsule, or other somatosensory pathways.

Diagnostic Criteria (IASP)

The International Association for the Study of Pain (IASP) recommends the following criteria:

1. Diagnostic test confirming stroke
2. Continuous or recurrent pain developing after stroke (onset immediately or up to 1 year later)
3. Pain duration of at least 3 months
4. Pain distributed within the area affected by the stroke
5. Sensory changes (positive or negative) in the corresponding distribution

Supportive features include neuropathic pain descriptors and exclusion of other plausible causes.

Impact of CPSP on Patients

- **Rehabilitation:** Pain severely limits participation in physiotherapy and occupational therapy
- **Quality of Life:** Persistent pain and sensory disturbances disrupt sleep, daily activities, and social functioning
- **Psychological Burden:** Strong association with anxiety, depression, and in severe cases, suicidal ideation
-

Management Strategies

Pharmacotherapy:

- Analgesics (paracetamol, NSAIDs, opioids)
- Antidepressants (tricyclic agents such as amitriptyline, SNRIs such as duloxetine)
- Antiepileptic drugs (gabapentin, pregabalin, lamotrigine)
- Muscle relaxants (baclofen, tizanidine) and botulinum toxin injections for spasticity-related pain

Neuromodulation Techniques:

- Motor cortex stimulation
- Deep brain stimulation
- Spinal cord stimulation

These approaches show promise but remain under investigation.

Rehabilitation and Multidisciplinary Care:

Comprehensive management includes physiotherapy, occupational therapy, psychological support, and lifestyle modification (blood pressure control <130/80 mmHg, LDL <1.8 mmol/L, HbA1c <53 mmol/mol, Mediterranean/DASH diet, regular exercise, weight management, smoking and alcohol cessation).

Potential Role of Acupuncture:

Bibliometric analyses demonstrate rapidly growing global research interest in acupuncture for stroke and pain management between 2000 and 2022. Acupuncture may help through modulation of central pain pathways, reduction of inflammation, and improvement of local circulation. It represents a valuable complementary tool within an integrated approach, particularly for patients with refractory CPSP.

Conclusion

Post-stroke pain, especially CPSP, is a complex neuropathic syndrome that demands early recognition and individualised, multimodal management. A thorough understanding of its mechanisms and impact enables clinicians to provide more effective relief and support better long-term recovery. Collaboration between conventional stroke medicine and traditional Chinese medicine, including acupuncture, offers promising avenues for improved patient outcomes in the future.

Scalp Acupuncture for Sports Injuries

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ABSTRACT

Scalp acupuncture is a highly effective and rapid-acting modality for the treatment of sports injuries. By stimulating specific zones on the scalp that correspond to different body functions and regions, it can significantly reduce pain and inflammation, accelerate healing, support rehabilitation, and even enhance athletic performance. This article presents the author's clinical experience with scalp acupuncture in combination with Tui Na, cupping, and bone setting. Three representative cases — acute cervical-lumbar syndrome, chronic Achilles tendinopathy in a professional footballer, and acute patellar tendinopathy (jumper's knee) — demonstrate dramatic clinical improvements, often within a single session. Scalp acupuncture proves to be a valuable complementary tool in sports medicine, especially when integrated with manual therapies.

Keywords: Scalp acupuncture, sports injuries, tendinopathy, musculoskeletal pain, Tui Na, rehabilitation, martial arts medicine

Introduction

Scalp acupuncture is a modern development of traditional Chinese acupuncture that has shown remarkable results in neurological conditions as well as musculoskeletal and sports injuries. Its effects include:

- Rapid reduction of pain and inflammation
- Increased speed of tissue healing
- Support for rehabilitation processes
- Enhancement of athletic performance
- Reduction of stress and anxiety
- Compatibility with simultaneous manual techniques or therapeutic exercises

Treatment can often be performed while the patient is engaged in gentle movement or manual therapy, making it particularly suitable for athletes.

Key Scalp Acupuncture Areas Used in Sports Injuries

Commonly utilised zones include:

- **Motor Area (MA)**
- **Sensory Area (SA)**
- **Foot Motor Sensory Area (FMSA)**
- **Chorea-Tremor Area**
- **Vasomotor Area (VMA)**
- **Spirit-Emotional Area (SEA)**
- **Stomach Area**
- **Liver & Gallbladder Area**
- **Reproductive Area**

Selection of zones is based on the location and nature of the injury, with contralateral needling frequently employed.

Clinical Cases

Case 1: Acute Cervical-Lumbar Syndrome

Patient: 58-year-old male sports teacher

History: Acute cervical-lumbar syndrome after demonstrating a gymnastic exercise. Severe pain and marked limitation of movement.

Treatment:

Scalp acupuncture using Foot Motor Sensory Area (FMSA), Motor Area (MTA), and Sensory Area (SSA) bilaterally, combined with Tui Na, flash cupping, and bone setting.

Result:

After **one single treatment**, cervical pain resolved completely. Lumbar pain reduced from 8/10 to 1/10. Full range of movement was restored. The patient was able to resume teaching and training the following day without limitations.

Case 2: Chronic Recurrent Achilles Tendinopathy

Patient: 27-year-old male professional football player

History: Recurring Achilles tendinopathy for 3 years. Severe pain, stiffness, swelling and tenderness. Unable to train properly for 3 months, threatening his professional career.

Treatment:

Scalp acupuncture on FMSA, MTA (contralateral), SSA (contralateral), plus Vasomotor Area, Spirit-Emotional Area, and Liver Area.

Initial sessions combined acupuncture with external herbal wine application. Subsequent treatments incorporated intensive Tui Na. After 8 sessions, therapeutic exercises were performed during needling.

Result:

After **10 treatments**, the patient returned to full team training.

After **14 treatments**, he was completely pain-free even after intense training. No recurrence for more than one year.

Case 3: Acute Patellar Tendinopathy (Jumper's Knee)

Patient: 42-year-old female martial artist

History: Acute patellar tendinopathy with severe pain (8/10) and strong sensation of knee instability. Forced to stop training and required assistance for walking.

Treatment:

Scalp acupuncture on Motor Area (MTA), Sensory Area (SSA), and Liver Area (contralateral), combined with Tui Na.

Result:

Immediately after needle insertion and stimulation, pain decreased to 5/10.

By the end of the session, pain was reduced to 1/10 and the feeling of instability disappeared. The patient was able to walk unassisted.

Conclusion

Although large-scale studies on scalp acupuncture specifically in sports medicine are still limited, clinical experience demonstrates it to be a highly effective, rapid, and safe method. When integrated with traditional Chinese manual therapies such as Tui Na, cupping, and bone setting, scalp acupuncture can significantly improve outcomes in both acute and chronic sports injuries. It reduces pain and inflammation, accelerates healing, restores function, and supports a quicker return to sport. Further research is encouraged to document and expand its application in sports medicine and martial arts rehabilitation.

The Mechanism of Scalp Acupuncture: Brain Stimulation Targets for Stroke

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ABSTRACT

Scalp acupuncture is an effective modern acupuncture technique widely used in the treatment of neurological disorders, particularly stroke. This article explores the neurophysiological mechanisms of scalp acupuncture, including its shortcut pathway via the trigeminal nerve, electrophysiological effects, and modulation of brain functional connectivity. Recent neuroimaging studies have identified specific cortical targets that align closely with traditional scalp acupuncture lines. Evidence from systematic reviews and fMRI studies demonstrates that scalp acupuncture produces superior effects on neurological deficits and motor function compared to traditional body acupuncture. These findings provide a strong scientific foundation for the

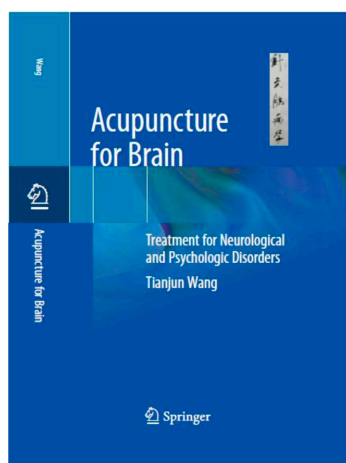
clinical application of scalp acupuncture in stroke rehabilitation and other brain-related conditions.

Keywords: Scalp acupuncture, stroke, brain stimulation, neuroimaging, functional connectivity, neurorehabilitation, trigeminal nerve pathway

Introduction

Scalp acupuncture has gained increasing recognition for its rapid and effective results in treating neurological and psychological disorders. Prof. Tianjun Wang's work, including the monograph *Acupuncture for Brain: Treatment for Neurological and Psychological Disorders* (Springer, 2020),

英文专著《针灸脑病学》 Book: "Acupuncture for Brain : Treatment for Neurological and Psychologic Disorders"



- 100K words, Published in 2020.
- Part one: Acupuncture for Brain—Theory and Techniques (Scalp acupuncture and Dao-qi)
- Part two: Treatment of Brain Disorders
 - Stroke, Parkinson's Diseases, Alzheimer's Disease and other Dementias, Multiple Sclerosis, Traumatic Brain Injuries, Autism, Cerebral Palsy, Epilepsy, Headache and Pain associated with neurological disorders.
 - Depression, Anxiety, Bipolar Disorder, Post-Traumatic Stress Disorder, Insomnia, Substance abuse.

establishes scalp acupuncture and Dao-qi techniques as specialised methods for brain disorders. This article focuses on its mechanisms and brain stimulation targets, with particular relevance to stroke.

Mechanisms of Scalp Acupuncture

Scalp acupuncture exerts its effects through multiple pathways:

1. Trigeminal Nerve Shortcut Pathway

Scalp acupoints are innervated by the trigeminal nerve, which also regulates the leptomeninges and cortical arterioles. Animal and human studies suggest a “shortcut” pathway: axon reflexes from trigeminal ganglion neurons directly influence intracranial tissues, while interactions at the trigeminal nucleus caudalis enable bidirectional regulation.

2. Electrophysiological Effects

After scalp acupuncture stimulation, motor evoked potentials are more readily induced in the cerebral cortex motor area, though a sufficient stimulation threshold is required.

Electromagnetic Stimulation

Rapid twisting of needles generates electromagnetic signals that directly stimulate the brain — a key factor in its clinical efficacy.

3. Comprehensive Theories

Mechanisms also involve channel theory, bio-holographic hypothesis, and correspondence with cortical functional areas.

Brain-Computer Interface (BCI) Insights

Modern BCI research provides new perspectives on scalp acupuncture. Non-invasive BCIs (using scalp sensors) share

similarities with scalp acupuncture in their safe, external approach to brain modulation.

Comparison of invasive, partially invasive, and non-invasive BCIs highlights the advantages of non-invasive techniques for rehabilitation.

Neuroimaging Evidence and Brain Stimulation Targets (2025 Study)

A major 2025 neuroimaging study by Wu et al. identified specific cortical targets for scalp acupuncture across ten neurological disorders. Key findings include:

- Targets are broadly consistent with classical scalp acupuncture protocols.
- New targets identified: inferior temporal gyrus (memory) and angular gyrus (visuospatial attention).
- Alignment with non-invasive brain stimulation evidence, particularly for dorsolateral prefrontal cortex and primary motor cortex.
- Stimulation along lines such as MS5, MS6, and MS7 enhances functional connectivity related to cognition, sensory integration, and motor coordination.

Specific Application to Post-Stroke Aphasia

Neuroimaging meta-analysis for post-stroke aphasia identified three key targets (left middle temporal gyrus, left middle/superior temporal gyri, and left inferior/middle frontal gyri — DLPFC), which closely correspond to the three traditional speech areas in scalp acupuncture.

Clinical Evidence

- **Systematic Review (Park et al., 2025):** Scalp acupuncture showed larger effect sizes than traditional acupuncture for neurological deficits (−0.96 vs −0.53) and motor function (0.94 vs 0.70).

- **fMRI Studies:** Scalp acupuncture enhances regional homogeneity in cognition-related areas (anterior cingulate, frontal gyri, etc.) and restores balanced functional connectivity between hemispheres and basal ganglia in hemiplegic stroke patients.

Brain Acupuncture Perspective

In Traditional Chinese Medicine, the Brain is considered a Zang organ superior to others. It governs life activities and mental-physical functions. The Governor Vessel (Du Mai) serves as the Brain's channel. Scalp acupuncture, combined with Dao-qi technique, represents a highly effective approach for brain

disorders including stroke, Parkinson's disease, dementia, and more.

Conclusion

Scalp acupuncture works through multiple scientifically validated mechanisms, including direct brain stimulation via trigeminal pathways, electrophysiological modulation, and functional connectivity enhancement. Recent neuroimaging research strongly supports its traditional zones while suggesting refined targets. As an effective, safe, and non-invasive therapy, scalp acupuncture holds great promise as a key modality in stroke rehabilitation and broader neurological care.

Visual Area Stimulation in Scalp Acupuncture in a Non-Stroke Patient: Unexpected Findings

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ABSTRACT

While scalp acupuncture is well established in the treatment of stroke and neurological disorders, its effects in non-stroke patients are less documented. This case study describes the author's personal experience of repeated self-needling of the visual area in scalp acupuncture. Unexpected improvements were observed in visual acuity, peripheral vision, visual memory, speed of visual processing, and overall cognitive-visual integration. These

findings suggest that stimulation of the visual area may enhance brain connectivity and function even in healthy or non-acute individuals. The case highlights the potential broader applications of scalp acupuncture beyond stroke rehabilitation and calls for further clinical observation and research.

Keywords: Scalp acupuncture, visual area, non-stroke patient, visual acuity, peripheral vision, neuro-cognition, self-needling

Introduction

Scalp acupuncture is widely recognised for its efficacy in stroke rehabilitation, particularly in improving motor and sensory functions. However, its effects on visual processing and higher cognitive functions in non-stroke individuals remain underexplored. This case study presents the author's personal observations following repeated stimulation of the visual area, revealing unexpected enhancements in visual and cognitive performance.

Note: Findings are based on self-observation and self-reflection. They are not intended as definitive medical claims but as clinical observations that may stimulate further discussion and research.

Practitioner Background and Constitution

The author, a developmental child psychiatrist, psychotherapist, massage therapist, and acupuncturist, presents with the following relevant constitutional features:

- High Yang energy and abundant Qi
- Pre-existing short-sightedness
- Ehlers-Danlos syndrome (hypermobility with frequent dislocations)
- Possible Liver disharmony with overflow affecting the Spleen, contributing to muscle overtone for joint stability

These factors provided an interesting baseline for observing the effects of visual area stimulation.

Study Setup

- Self-needling of the visual area began in June.
- Initial frequency: 1–2 times per week for the first three weeks.
- Later adjusted to fortnightly, then three times in selected weeks.

- Observations included immediate effects (with needles in situ or within one day) and longer-term changes (up to weeks after treatment).
- Control comparison: Massage of the visual area produced no similar visual effects.

Key Findings

Visual Acuity and Clarity:

- Sharper vision lasting several minutes after the first session; more profound and longer-lasting transient improvement noted during a workshop in September.
- Subjective sense of increased outward Qi from the eyes during visual tasks.

Peripheral Vision and Awareness:

- After the third session, sudden awareness of objects falling in the peripheral visual field.
- Marked increase in peripheral vision awareness thereafter.

Visual Processing Speed:

- Faster location of icons on the computer screen.
- Easier and quicker shifting between documents and visual tasks.

Visual Memory and Cognition:

- Enhanced photographic/visual memory (e.g., recalling Ren-23 point details during an exam).
- Improved recall of numbers (bank card, National Insurance, patient IDs).
- Better detection of distant objects (birds, surfers, waves).
- Reduced tendency to lose items even when preoccupied.
- Visual memory of behavioural patterns leading to insightful resolutions.

General Effects:

- Overall sense of calm.
- Improvements were maintained but temporarily less pronounced during a flu episode.
- No further gains after the final three sessions. Anatomical and Neurophysiological Context

Stimulation of the visual area in scalp acupuncture influences regions including the frontal eye fields, primary visual cortex, and associated areas involved in:

- Saccadic eye movements
- Visual field perception and awareness
- Spatial attention
- Visual integration and coordination
- Sustained and shifting attention
- Object differentiation and visual orientation

These effects demonstrate the rich interconnectivity of brain networks and support the idea that local scalp stimulation can influence broader neuro-cognitive functions.

Discussion and TCM Perspective

The observed improvements may not be entirely unexpected when viewed through a TCM lens. The visual area lies close to Gallbladder channel influences, which may indirectly regulate Liver Qi. Enhanced blood flow and Qi circulation appear to resolve

stagnation, harmonise nerve function, and strengthen brain interconnectivity. The Brain, regarded in TCM as the “sea of marrow” and governed by the Du Mai, may benefit significantly from such targeted stimulation.

The findings raise intriguing questions:

- Could the Brain be considered a “fourth Jiao” in Chinese medicine?
- What are the implications for conditions involving visual-cognitive decline, such as dementia?
- How do individual constitutions influence treatment outcomes?

Conclusion

Stimulation of the visual area in scalp acupuncture produced notable enhancements in visual acuity, peripheral vision, processing speed, and visual memory in a non-stroke individual. These observations highlight the broader therapeutic potential of scalp acupuncture beyond stroke rehabilitation. They underscore the importance of practitioner self-awareness and invite further clinical exploration, especially in healthy volunteers and patients with mild cognitive or visual impairments.

Further systematic observation and research are recommended to validate and expand upon these promising findings.

Tonification and Reduction Effect on Auricular Acupuncture by Xunzhen Meridian Palpatory Differentiation in Stubborn Pain Conditions

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ABSTRACT

Xunzhen therapy (Meridian Palpation Differentiation) is a precise diagnostic and therapeutic method that combines meridian palpation, rating, verification, and targeted treatment. When integrated with auricular acupuncture, it enables refined differentiation of deficiency (Xu) and excess (Shi) patterns, guiding appropriate tonification (Bu) or reduction (Xie) techniques. This article introduces the principles of Xunzhen therapy and demonstrates its clinical application through a case of chronic, stubborn lower back pain with sciatic radiation. By identifying the most tender auricular points and applying direction-specific manipulation (anticlockwise for tonification, clockwise for reduction), rapid and lasting relief was achieved where conventional approaches had only provided temporary improvement. This combined approach enhances diagnostic accuracy and therapeutic efficacy in refractory pain syndromes.

Keywords: Xunzhen therapy, meridian palpation, auricular acupuncture, tonification and reduction (Bu Xie), stubborn pain, sciatica, pattern differentiation

Introduction

Chronic and stubborn pain conditions often prove resistant to standard treatments due to

complex underlying patterns of deficiency and excess. Xunzhen therapy — a meridian-based palpatory diagnostic system — offers a practical solution by allowing real-time verification of patterns and immediate adjustment of treatment principles. When combined with auricular acupuncture's holographic reflex zones, it provides a powerful, precise tool for managing refractory pain.

Core Principles of Xunzhen Therapy

Five-Step Diagnostic and Treatment Process:

1. Three-diagnosis meridian selection
2. Meridian rating and palpation
3. Verification treatment
4. Precise pattern differentiation
5. Targeted treatment

Tonification and Reduction Principles:

- **Tonification (Bu):** Anticlockwise rotation/rubbing — used for deficiency patterns
- **Reduction (Xie):** Clockwise rotation/rubbing — used for excess patterns

Left–Right Yin-Yang Differentiation:

- **Left side:** Excess (cold, damp, phlegm, stasis) responds to reduction; Deficiency (Yin or blood) responds to tonification.

- **Right side:** Excess (heat, fire, damp-heat, phlegm-heat) responds to reduction; Deficiency (Qi or Yang) responds to tonification.

Case Study: Chronic Stubborn Lower Back Pain with Sciatica

Patient: Recurrent lower back pain for several years, acute exacerbation for 3 weeks.

Symptoms: Pain radiating from the lower back to the right buttock, hip, and lateral thigh. Aggravated by walking or sitting. Muscle tension during flares, fatigue, low spirit, morning tiredness, eye strain, and photophobia. Diagnosed as sciatic nerve compression.

Previous Treatment: Standard distal meridian regulation + local deep needling, electro-acupuncture, and moxibustion provided good immediate relief but symptoms returned by the next morning. After three sessions, the patient considered discontinuing treatment.

New Approach: Switch to auricular acupuncture guided by Xunzhen palpatory differentiation.

Auricular Treatment Strategy:

1. Right-sided presentation suggested Qi deficiency (possibly with dampness) or Qi stagnation.
2. Palpate the most tender points in corresponding zones (lumbosacral, hip, sciatic nerve point).
3. Apply tonification (anticlockwise) or reduction (clockwise) based on response.

Key Findings and Treatment:

- Strong tenderness at the right sciatic nerve point on the ear. Anticlockwise tonification immediately relieved buttock/hip pain.
- Pattern confirmed as Qi deficiency (with possible dampness).

- Additional points selected: Right Yin Gu (KD10), Yin Ling Quan (SP9), Yang Ling Quan (GB34), and Wai Guan (SJ5) — all tonified.
- Auricular sciatic nerve point secured with magnetic bead plaster.

Outcome: Pain disappeared after treatment. No recurrence for at least one week (patient reported sustained relief).

Auricular Reflexology in Xunzhen Therapy

The ear provides a holographic map of the body. Xunzhen palpation helps:

- Clarify pattern differentiation when body meridian findings are unclear.
- Identify the most reactive zones for precise treatment.
- Serve as an adjunct to enhance outcomes when body acupuncture alone is insufficient.

Clinical Applications:

- Nasal blockage, aversion to cold/wind on shoulders, facial spasm, and many other conditions respond well to targeted auricular Bu/Xie techniques.

Conclusion

Integrating Xunzhen meridian palpatory differentiation with auricular acupuncture offers a refined, responsive approach to stubborn pain. By combining holographic ear mapping with dynamic tonification/reduction techniques based on real-time palpatory feedback, practitioners can achieve more accurate pattern differentiation and longer-lasting clinical results. This method is particularly valuable in refractory cases where conventional protocols yield only transient relief.

Further clinical studies on this integrated approach are warranted to establish standardised protocols for various pain conditions.

Bulging and Herniated Disc Problems: An Efficient Acupuncture Plan – Case Studies

Hongyan (Lily) Zhu

ABSTRACT

Lumbar disc bulging and herniation are common causes of lower back pain and sciatica. This article presents a highly effective, multi-step acupuncture protocol developed through clinical practice. The approach combines fascial release with flat needling, opening the Eight Extraordinary Meridians, and abdominal acupuncture to guide Qi to the affected area (“back problems treated on the front”). Three clinical cases are discussed: a 54-year-old woman with 7-year recurrent L3–L5–S1 herniation, an 18-year-old girl with 2-year L3–S1 bulging, and a 53-year-old man with 12-year L4–S1 slipped disc post two operations. Rapid pain reduction and functional improvement were achieved, often within hours. Key techniques, point prescriptions, and practical tips are shared for reproducible clinical results.

Keywords: Lumbar disc herniation, bulging disc, abdominal acupuncture, Eight Extraordinary Meridians, fascial release, sciatica, back pain

Introduction

Lumbar disc herniation most commonly occurs at **L4-L5** (affecting L5 nerve root: posterolateral thigh, lateral calf, dorsum of foot, big toe) and **L5-S1** (affecting S1 nerve root: posterior thigh, calf, and sole of foot). Conventional treatments often provide only temporary relief. The protocol presented here addresses both local fascia and underlying

channel imbalances for faster and more sustained outcomes.

Efficient Acupuncture Protocol

Step 1: Release Back Fascia (Distal + Local)

Use flat needling (卧针) along the back to release tight fascia and muscle tension.

Step 2: Open the Eight Extraordinary Meridians

- **Governing Vessel (Du Mai)** – “Who passes there?”
- **Yang Qiao Mai, Yang Wei Mai, Dai Mai (Belt Meridian)** – “Who is in charge there?”

Key Points:

- SI3 (Hou Xi) + BL62 (Shen Mai)
- SJ5 (Wai Guan) + GB41 (Zu Lin Qi)

These pairings help regulate the Extraordinary Vessels and restore overall channel flow.

Step 3: Guide Qi to the Affected Area

“Back problems — treat the front” using **Abdominal Acupuncture (腹针)**. This method efficiently directs Qi and blood to the lumbar region.

Basic Abdominal Acupuncture Prescriptions

Core Points for Back Pain:

- Ren9 (Shui Fen)
- Ren6 (Qi Hai) – L2-L3 level
- Ren4 (Guan Yuan) – L4-L5 level
- Ren3 (Zhong Ji) – L5-S1 level

Modifications:

- **Chronic slipped disc:** Add bilateral KD13 (Qi Xue)
- **Mainly lower back pain:** Add bilateral ST26 (Wai Ling), KD13, KD14 (Si Man)
- **With sciatica:** Add healthy side Qi Pang + affected side ST26, Xia Feng Shi Dian, and Xia Feng Shi Xia Dian

Clinical Case Studies

Case 1: 54-year-old female, L3-4-5-S1 herniated discs for 7 years, relapse for 6 months.

After the first visit (including abdominal acupuncture), the patient reported significantly reduced pain within 5 hours. She noted she was “ok” with only mild soreness and looked forward to the next session.

Case 2: 18-year-old female, L3-4-5-S1 bulging disc for 2 years, relapse for 1 month.

Abdominal acupuncture was applied during the first visit, demonstrating applicability even in younger patients.

Case 3: 53-year-old male, L4-5-S1 slipped disc for 12 years, two prior operations, relapse for 1 week.

Significant improvement noted between the first and second visits, showing efficacy even in post-surgical recurrent cases.

Important Practical Tips

- Encourage gentle movement of the affected limb and lower back while needles are retained.
- Elevate the patient’s knees with a high pillow for comfort and better Qi flow.
- Use an infrared lamp to warm the abdomen during treatment.

These adjunct measures enhance the therapeutic effect and patient comfort.

Conclusion

This integrated protocol — fascial release, opening Extraordinary Meridians, and targeted abdominal acupuncture — offers an efficient and reliable approach for lumbar disc bulging and herniation. The cases demonstrate rapid pain relief and functional improvement even in chronic and post-surgical conditions. The method is gentle, reproducible, and highly effective when the principle of “treating the front for back problems” is applied.

Practitioners are encouraged to master abdominal acupuncture and Extraordinary Vessel pairings for better outcomes in spinal and musculoskeletal disorders.

Complex Regional Pain Syndrome: Is Acupuncture an Effective Treatment?

Mike Wong

ABSTRACT

Complex Regional Pain Syndrome (CRPS) is a rare, severe neuropathic pain disorder characterised by persistent disproportionate pain, allodynia, hyperalgesia, vasomotor, sudomotor, and trophic changes. Conventional treatments often provide only partial relief, leading patients to explore alternative therapies. This article reviews the challenges in diagnosing and treating CRPS and presents evidence from published case studies on acupuncture, including body, abdominal, scalp, and point-injection approaches. Clinical examples demonstrate significant pain reduction and functional restoration, suggesting acupuncture as a valuable component of multidisciplinary management for this difficult condition.

Keywords: Complex Regional Pain Syndrome (CRPS), acupuncture, abdominal acupuncture, scalp acupuncture, neuropathic pain, case reports

What is Complex Regional Pain Syndrome (CRPS)?

CRPS is a chronic neuropathic pain condition usually affecting a limb after trauma, surgery, or minor injury. Key features include:

- Persistent regional pain disproportionate to the inciting event
- Allodynia (pain from non-painful stimuli) and hyperalgesia
- Vasomotor changes (skin colour, temperature, oedema)

- Sudomotor changes (excessive sweating)
- Trophic changes (skin, hair, nail, and bone abnormalities)

Diagnosis is clinical and often delayed (3–12 months). There is no single definitive test, and symptoms can mimic other conditions, leading to frequent misdiagnosis.

Challenges in Diagnosis and Treatment

- Highly variable and complex symptoms
- Limited effectiveness of medications and physical therapy
- Risk of long-term disability and reduced quality of life
- Hypersensitivity may cause increased pain during initial needling

These factors highlight the need for a multidisciplinary approach, including exploration of acupuncture.

Evidence from Case Studies

Case 1: Foot Pain in Adult CRPS (Korean Medicine Hospital, 2023)

35-year-old female, wheelchair-bound with severe lower extremity pain, oedema, and discoloration. Treated with acupuncture, moxibustion, and herbal decoction for approximately 20 sessions. Result: Significant improvement with a 7-point decrease on the Visual Analogue Scale (VAS).

Case 2: Adolescent Upper Limb CRPS (2021)

13-year-old girl with severe left wrist/hand pain, hypersensitivity, allodynia, swelling, and sweating following wrist trauma. Initial body acupuncture caused intolerable pain after the third session. Switched to abdominal acupuncture. Result: Complete pain resolution after 8 sessions of abdominal acupuncture.

Case 3: Combat-Related CRPS in Soldiers (2012)

Two soldiers with extremity injuries unresponsive to conventional care. Treated with Chinese scalp acupuncture twice weekly for 1–4 weeks. Result: Over 80% improvement in VAS scores and restored function in both cases.

Case 4: CRPS Type 1 with Placental Extract Injections (Journal of Acupuncture and Meridian Studies)

42-year-old female with persistent forearm pain 5 months post-injury. Received acupuncture point injections (LI5, LU2, SI10, HT1, GB21, SI11) with human placental extract. Result: VAS decreased from 8.5 to 7 after 6 treatments; complete pain disappearance by the 45th treatment.

Case 5: Personal Clinical Case – 36-year-old Male

Suspected minor trauma led to progressive foot/ankle swelling. Multiple misdiagnoses (fracture, gout) before MRI and podiatrist confirmed CRPS. TCM diagnosis: Bi Syndrome due to Wind-Damp-Cold invasion (wiry-slippery pulse, purple swollen tongue with white greasy coating).

Treatment: Local points (SP10, SP9, SP8, SP6, LV5, KI3, ST36, ST40, ST41, SP5, BL60, GB41, LI4, Ba Feng) to disperse stasis, move Qi and blood, and resolve dampness.

Outcome: Foot colour improved from blue to pink during treatment. After initial post-treatment soreness, pain and mobility improved progressively. VAS dropped dramatically; after 12 sessions, >95% recovery, return to gym, and ability to squat 60 kg with a barbell.

TCM Perspective and Practical Considerations

CRPS often presents as a Bi Syndrome with Wind, Damp, and Cold invasion. Treatment principles focus on moving Qi and blood, resolving stasis and dampness. Scalp acupuncture (various zones), abdominal acupuncture, and careful point selection are particularly useful. Gentle needling and adjunctive warming (moxa, infrared) help manage hypersensitivity.

Herbal support such as *Dú Huó Jì Shēng Tāng* (for Wind-Damp-Cold in the lower back and extremities) can be combined effectively.

Conclusion

Although large-scale research on acupuncture for CRPS remains limited, multiple case reports and clinical experience demonstrate promising results, including significant pain reduction and functional restoration even in long-standing, treatment-resistant cases. Acupuncture — particularly abdominal and scalp approaches — offers a valuable, relatively safe option within a multidisciplinary framework. Further high-quality studies are warranted to strengthen the evidence base.

Chronic Pain and Central Sensitisation

Dr. Olivia Zunli Guo (PhD)

ABSTRACT

Chronic pain, defined as pain persisting beyond three months, represents a malfunction of the nervous system rather than a simple symptom. A key underlying mechanism is **central sensitisation (CS)**, in which the central nervous system becomes hypersensitive, amplifying pain signals even after initial tissue healing. This article explores the transition from acute to chronic pain, the critical role of the locus coeruleus (LC), neuroplastic changes, and associated comorbidities such as anxiety, depression, and sleep disorders. Acupuncture, particularly brain acupuncture techniques, offers a promising approach by modulating pain pathways, enhancing descending inhibition, regulating neurotransmitters, and restoring brain network balance. Clinical observations and mechanisms support its integration into multidisciplinary management of chronic pain.

Keywords: Chronic pain, central sensitisation, neuroplasticity, locus coeruleus, brain acupuncture, descending inhibition

Introduction to Chronic Pain

Chronic pain lasts far longer than normal tissue healing time (usually >3 months). While acute pain serves as a protective warning system, chronic pain becomes a disease of the nervous system itself. It affects approximately 20% of the global population and significantly impairs quality of life.

Transition from Acute to Chronic Pain

Chronic pain often begins with peripheral injury, inflammation, surgery, or arthritis. Nociceptive signals travel via C-fibres and A δ -fibres to the dorsal horn of the spinal cord, releasing glutamate, substance P, and other neurotransmitters. Prolonged input leads to **long-term potentiation (LTP)** in spinal neurons, contributing to the persistence of pain.

The Role of the Locus Coeruleus (LC)

The locus coeruleus, a small nucleus in the brainstem, is a key regulator of pain and arousal. Imbalance in the LC is an important factor in the maintenance of chronic pain. It influences multiple brain regions (prefrontal cortex, thalamus, amygdala, hypothalamus, hippocampus) and modulates noradrenaline (NE) release. LC dysfunction contributes to the shift from sensory abnormality to widespread brain functional changes.

Central Sensitisation (CS)

Central sensitisation is a pathological state in which the central nervous system (brain and spinal cord) becomes overly responsive to pain and other sensory stimuli. This results in amplified pain perception, allodynia, hyperalgesia, and widespread pain that persists even after the original injury has healed. It involves:

- Increased neuronal excitability
- Synaptic strengthening
- Enhanced neurotransmitter release
- Reduced descending inhibitory control

Diseases Associated with Central Sensitisation

- Chronic widespread pain and Chronic Fatigue Syndrome
- Neuropathic pain (post-herpetic neuralgia, diabetic neuropathy)
- Migraine and chronic headache
- Temporomandibular disorders (TMD)
- Certain types of chronic low back pain
- Irritable bowel syndrome (IBS)
- Chronic pelvic pain

Vicious Cycle of Complications

Chronic pain creates a self-reinforcing cycle involving anxiety, depression, insomnia, hopelessness, and further pain amplification, severely affecting daily function, relationships, and mental health.

Management and Treatment Approaches

Conventional strategies include medications (e.g., duloxetine, mirtazapine), cognitive behavioural therapy (CBT), graded exercise, mindfulness, and physical therapy. Acupuncture is a valuable complementary modality.

How Acupuncture Relieves Central Sensitisation

Acupuncture counteracts central sensitisation by:

1. **Enhancing Descending Inhibition** — Activating pathways that suppress ascending pain signals.
2. **Regulating Neurotransmitters and Peptides** — Modulating serotonin, endorphins, and NMDA receptors.
3. **Modulating Brain Networks** — Down-regulating overactive pain matrices and restoring balance.

4. **Segmental and Local Effects** — Reducing local inflammation and nerve hypersensitivity.

Brain Acupuncture Techniques are particularly relevant:

- Feng Fu (DU16) with Dao-qi technique
- Sensory Area (SSA)
- Vasomotor Area (VMA)
- Foot Motor-Sensory Area (FMSA)
- Spirit-Emotion Area (SEA)

These target brain regions involved in sensation, autonomic regulation, and emotional processing.

Clinical Observations

Dr. Guo's presentation includes video cases demonstrating significant improvements in:

- Chronic back pain
- Rheumatoid arthritis-related pain
- Neck pain with severe headaches and TMD

Patients reported reduced pain intensity, improved mobility, and better quality of life following treatment.

Conclusion

Central sensitisation explains why chronic pain persists and spreads. By addressing neuroplastic changes at spinal and supraspinal levels, acupuncture — especially brain acupuncture — helps rebalance the nervous system, reduce hypersensitivity, and break the cycle of pain and comorbidities. It serves as an effective, holistic option in the comprehensive management of chronic pain.

Treating Pain Utilising the Pulse-Respiration Technique of Chang Sang Jun Pulse Methodology

Dr. Xin Zhang

ABSTRACT

The Chang Sang Jun Pulse Methodology, rooted in the *Huang Di Nei Jing*, offers a practical and dynamic approach to assessing Qi levels through the Pulse-Respiration Ratio. By measuring pulse rate against respiratory rate, practitioners can quickly determine whether a patient has insufficient, balanced, or agitated Qi. This guides precise treatment strategies — especially important in pain management. This article introduces the background and clinical principles of the technique and presents three successful cases of chronic back pain, sciatica, and stress-related shoulder/neck/chest pain. The method, combined with tongue diagnosis, acupuncture, scalp/abdominal techniques, and herbal formulas, demonstrates rapid and effective pain relief while restoring overall vitality.

Keywords: Chang Sang Jun Pulse Methodology, Pulse-Respiration Ratio, Qi assessment, pain management, tongue diagnosis, scalp acupuncture

Background of the Pulse-Respiration Technique

The Chang Sang Jun Pulse Methodology traces its origins to the *Huang Di Nei Jing (Plain Questions: Discourse on the Pulse and Qi of Humans)*. Prof. Li Shusen, a leading modern exponent and descendant of imperial physician lineage, has developed and promoted its clinical application.

The core diagnostic question is: **Where is the imbalance of Qi?**

- Lack of Qi → Excess cold, weakness
- Balanced Qi → Relative harmony
- Excess/agitated Qi → Heat, anxiety, restlessness

A simple **Cold-to-Hot Scale** helps visualise this continuum.

The Pulse-Respiration Technique

Method:

1. Count pulse beats per minute.
2. Count respiratory rate per minute.
3. Calculate **Pulse-to-Breath Ratio** (pulse rate ÷ respiration rate).

See Table 1 below for interpretation.

Table 1: Clinical Interpretation:

Pulse Ratio	Qi Level	Typical Symptoms	Treatment Principle
< 4	Insufficient	Weakness, cold, fatigue	Tonify strongly (acupuncture + moxa)
4 – 5	Balanced	Mixed cold/hot, relatively calm	Regulate according to further diagnosis
> 5	Agitated	Anxiety, heat, flushed, tense	Reduce excess Yang, nourish Yin

Key Acupuncture Guidance:

- **< 4:** Tonify LU/ST/KI (e.g., Taiyuan, Zusanli, Qihai)
- **> 5:** Reduce Hand Yang (Erjian, Zhigou), nourish Hand Yin (Yuji)

Case Study 1: 28-Year-Old Male with Long-Term Lower Back Pain

Presentation: Severe lower back pain for 5 years, worse on standing >10 minutes or bending. Long-term painkiller use. Exhausted, depressed, weak in mornings.

Pulse-Respiration Ratio: 3.15 (insufficient Qi)

Tongue: Fire from Liver Qi stagnation damaging fluids, Kidney Yin deficiency.

Treatment:

- Principle: Soothe Liver, relieve depression, strengthen Spleen to tonify Lung & Kidney.
- Points: Taiyuan, Qihai, Guanyuan, Zusanli, Tianshu, Zhongji, Qimen, Taichong, Hegu, Baihui, Shenting + scalp & abdominal acupuncture.
- Herbal: Huang Qi Jian Zhong Tang + Xiao Yao San.

Progress:

- Session 2: Ratio improved to 3.68; pain and mood significantly better.
- Session 3: Ratio 3.75; standing pain gone.
- Session 4: Ratio 4.66; complete resolution of back pain, renewed energy and outlook.

Case Study 2: 60-Year-Old Female with Sciatica

Presentation: Stress, tiredness, worsening sciatica and lower back pain.

Pulse-Respiration Ratio: 3.05 (insufficient Qi). Liver Qi stagnation with mild Gallbladder heat.

Treatment: Tonify Lung & Liver meridians, clear mild Gallbladder heat (Taiyuan, Taibai, Fulu, Jingu; reduce Yanggu, Erjian, Sugu, Qiuxu) + scalp & abdominal acupuncture.

Outcome: Post-treatment ratio 3.53. Sciatic pain disappeared; patient reported no more tiredness.

Case Study 3: 36-Year-Old Female with Shoulder, Neck & Chest Pain

Presentation: Work stress, anxiety, poor sleep, tension pain in shoulder, neck, and chest.

Pulse-Respiration Ratio: 6.0 (agitated Qi).

Treatment: Soothe Liver, relieve anxiety, nourish Lung Yin. Points: Erjian, Zhigou, Yuji, Taichong, Hegu, Qimen, Zhangmen, Jianjin, Tianzong, Tanzhong, Zhongwan, Neiguan, Gongsun + scalp (Spirit-Emotion Area, Foot Motor-Sensory Area).

Outcome: Ratio reduced to 5.0. Pain decreased by 50% immediately; excellent sleep and improved mood the next day.

Conclusion

The Pulse-Respiration Technique provides a quick, objective method to assess Qi status and tailor treatment intensity. It is particularly valuable in pain management because:

- **Ratio < 4:** Prioritise gentle tonification.
- **Ratio 4–5:** Standard regulation.
- **Ratio > 5:** Focus on reducing excess and calming.

Combined with tongue diagnosis, channel palpation (Ren Ying / Qi Kou), and appropriate acupuncture (including scalp and abdominal), this approach yields fast, reliable results in complex pain cases.

Case Analysis: A Case of Refractory Pain

Prof. Junius She

WuX School of Acupuncture 吴门针灸

ABSTRACT

This article presents a challenging case of refractory, widespread chronic pain accompanied by depression and anxiety in a 57-year-old male. Using the WuX School of Hand Acupuncture principles (drawing from Sun Simiao's acupoints and Zhang Sanfeng's meridian theory), Prof. Junius She demonstrates a targeted approach that addresses the root emotional and psychological factors rather than solely focusing on pain sites. Key techniques include the **Simu (Four Wood Opening Well)** combination, Dishen (Earth Spirit) points, scalp points, and specific acupoint-opening methods. The case highlights the intimate connection between emotional disorders and persistent pain, showing significant improvement when depression and anxiety are prioritised.

Keywords: Refractory pain, WuX Hand Acupuncture, Simu (Four Wood), Dishen, depression & anxiety, acupoint opening

Introduction to WuX School of Acupuncture

The WuX School of Hand Acupuncture traces its origins to classical sources:

- **Acupoints:** Sun Simiao
- **Meridians:** Zhang Sanfeng
- **Founder:** Wu Xiongzi

This approach emphasises precise point selection, meridian regulation, and integration of hand acupuncture with classical theory for complex, treatment-resistant conditions.

Case Study: Paul, 57-Year-Old Male

Main Complaint: Persistent multifocal pain for several months affecting:

- Below both knees
- Lower abdomen, chest
- Wrists, elbows
- Neck, upper back, lower back
- Sides of head
- Upper arms

Comorbidities: Depressive disorder and anxiety.

The pain was widespread and resistant to previous treatments, significantly impacting quality of life.

Treatment Principles and Plan

Rather than directly chasing every painful area, the strategy focused on the underlying **depression and anxiety**, recognising that pain intensity reduced as emotional symptoms improved.

Core Acupuncture Protocol:

1. **Simu (四木开井 – Four Wood Opening the Well):**
 - LIV2 (Xingjian), LIV3 (Taichong)
 - GB41 (Zulinqi), GB43 (Xiashi)
Purpose: Regulate Liver and Gallbladder (Wood element), address torsion field dynamics, and influence consciousness levels.

2. **Dishen (地神 – Earth Spirit):** Points related to emotional trauma, cardiopulmonary function, and sub-consciousness levels.
3. **Scalp / Governor Vessel Points:** Yintang (EX-HN3), DU20 (Baihui), DU24 (Shenting).
4. **Additional Local and Supporting Points** as needed.

Key Highlights of the Approach

- The treatment is **not primarily for the pain** — it targets depression and anxiety.
- Pain reduction occurs as a **secondary benefit** once emotional regulation improves.
- Emphasis on classical Six Qi (Liu Qi) theory: Taiyang Cold Water → Shaoyang Minister Fire → etc., guiding point selection.

Explanation of Selected Points

Simu (Four Wood Opening Well)

This combination works on the **Torsion Field** concept (visualised as spiral/vortex energy patterns, similar to hair whorls or cyclones). It helps:

- Release Liver Qi stagnation
- Balance “rush-up” and “running” tendencies with “relaxing” and “opening” actions
- Modulate mood and consciousness

Dishen (Earth Spirit)

Addresses deep emotional trauma (including historical “hanging” type injuries in classical terms), improves cardiopulmonary function, and works at the sub-consciousness level.

Acupoint Opening Techniques

Special methods (including WuX School protocols and Eight Methods of the Intelligent Turtle) are used to enhance point sensitivity, improve nerve conduction, and activate capillary networks. Key hand points target Median, Ulnar, and Radial nerves for comprehensive meridian opening.

Clinical Outcome

Following the integrated protocol, the patient experienced notable relief in both emotional symptoms and widespread pain. The case illustrates that in refractory pain with strong psychological components, regulating the Shen (spirit/mind) and Wood element can be more effective than purely local symptomatic treatment.

Conclusion

This refractory pain case demonstrates the strength of the WuX School approach: precise classical point combinations, attention to emotional roots, and innovative concepts such as torsion fields and acupoint opening. By treating the mind and emotions alongside the body, even complex, long-standing pain conditions can respond effectively.