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Treatment of Multiple Sclerosis With Chinese Scalp Acupuncture

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Abstract

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Chinese scalp acupuncture is a contemporary acupuncture technique with just 40 years of history. It integrates traditional Chinese needling methods with Western medical knowledge of the cerebral cortex and has been proven to be a very effective technique for treating multiple sclerosis (MS) and other central nervous system disorders. A 65-year-old male patient who had had MS for 20 years was treated with Chinese scalp acupuncture. The motor area, sensory area, foot motor and sensory area, balance area, hearing and dizziness area, and tremor area were stimulated once a week for 10 weeks, then once a month for six sessions. After the 16 treatments, the patient showed remarkable improvements. He was able to stand and walk without any problems. The numbness and tingling in his limbs did not bother him anymore. He had more energy and had not experienced incontinence of urine or dizziness after the first treatment. He was able to return to work full time. At this writing, the patient has

been in remission for 26 months. This case demonstrates that Chinese scalp acupuncture can be a very effective treatment for patients with MS. Chinese scalp acupuncture holds the potential to expand treatment options for MS in both conventional and complementary or integrative therapies. It can not only relieve symptoms, increase the patient's quality of life, and slow and reverse the progression of physical disability but also reduce the number of relapses and help patients with multiple sclerosis to remain in remission.

Key Words: Multiple sclerosis, Chinese scalp acupuncture, remission

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INTRODUCTION

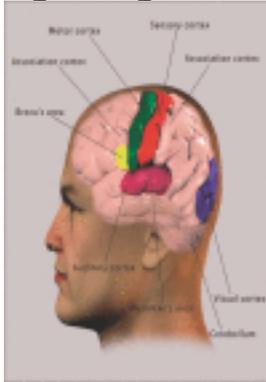
Multiple sclerosis (MS) is a progressive disease of the central nervous system in which communication between the brain and other parts of the body is disrupted. Its effects can range from relatively benign in most cases to somewhat disabling and then to devastating for some people. During an MS attack, inflammation occurs in areas of the white matter of the central nervous system in random patches; these are called plaques. This is followed by the destruction of myelin sheaths. Myelin allows for smooth, high-speed transmission of electrochemical messages between the brain, the spinal cord, and the rest of the body. When myelin is damaged, neurological transmission of messages may be slowed or blocked completely, resulting in some body functions being diminished or lost.¹ Approximately 520 000 people in the Americas, 630 000 in Europe, 66 000 in the Eastern Mediterranean, 56 000 in the Western Pacific, 31 500 in Southeast Asia, 11 000 in Africa, and 1.3 million people worldwide have been diagnosed with MS.² It primarily affects adults, has an age of onset typically between 20 and 40 years, and is twice as common in women than in men.³ Symptoms and signs of MS vary widely depending on the location of affected myelin sheaths. The most common symptoms of MS are weakness, spasticity in one or more limbs—seen in 50% of MS patients—followed by numbness, tingling, and fatigue (40%),

partial or complete loss of vision, double or blurred vision (31%), incontinence of urine and dysfunction of the bowel (17.5%), pain (15%), cognitive or behavioral problems, and sexual dysfunction (10%).² In the worst cases, people with MS may be unable to write, speak, or walk. MS is unpredictable and varies in severity. In some patients, it is a mild disease, but in others, it can lead to permanent disability. MS may occur either in discrete attacks or slowly over time. Although symptoms may resolve completely between the episodes, permanent neurological problems usually persist, especially as the disease progresses. Many risk factors for MS have been identified, but no definitive cause has been found. It likely occurs as a result of some combination of environmental and genetic factors. Currently, MS does not have a cure in terms of conventional treatments. However, a number of alternative or complementary therapies have been used worldwide to treat the disease symptomatically and convert MS into remission. The five most prevalent alternative or complementary approaches are diet and nutrition (88.3%), acupuncture (86.7%), herbal medicine (81.7%), massage (78.3%), and homeopathy (73.3%).²

Chinese scalp acupuncture is a contemporary acupuncture technique integrating traditional Chinese needling methods with Western medical knowledge of the cerebral cortex ([Figures 1 and 2](#)).

²). Scalp acupuncture has been proven to be a very effective technique for treating central nervous system disorders ranging from MS, strokes,⁴ Parkinson's disease, traumatic brain injury, and posttraumatic stress disorder to phantom pain and complex regional pain.⁵ The scalp somato-topic system appears to manifest the convergence of the central nervous system and the endocrine system. The scalp somatotopic system seems to operate as a miniature transmitter-receiver in direct contact with the central nervous system and endocrine system. By stimulating those reflex areas, acupuncture can have a direct effect on the cerebral cortex, cerebellum, thalamocortical circuits, thalamus, hypothalamus, and pineal body.⁶ The scalp's unique neurologic and endocrinal

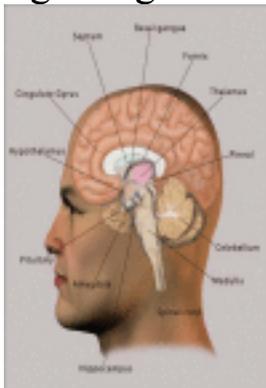
composition makes it an ideal external stimulating field for internal activities of the brain. Using a small number of needles, scalp acupuncture can often produce remarkable results almost immediately, sometimes taking only several minutes to complete.⁷



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Figure 1 Lateral view of the left hemisphere.

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Figure 2 Medial view of the left hemisphere.

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CASE PRESENTATION

Charles, a 58-year-old lawyer, came to the clinic in Albuquerque, New Mexico, in 2010. He had been diagnosed with MS 20 years earlier. His initial symptoms were an onset of numbness in the right arm that was followed by subsequent numbness descending down both legs. Over the past 20 years, Charles had multiple

relapses and remissions with episodes of lower extremity weakness, stiffness and muscle spasm, incontinence of urine, loss of balance, double vision, and fatigue. Those symptoms typically lasted a few weeks to several months. Twelve years ago, he had a dramatic neurological decline during which he was unable to walk steadily and lost strength and sensation in his lower extremities. For the last 3 years, up to when he came to the clinic, it was more difficult for him to walk due to weakness in his legs and loss of balance. Charles also complained of numbness, tingling, and spasms in his legs accompanied by incontinence of urine, double vision, poor memory and concentration, dizziness and vertigo, heat intolerance, and severe fatigue.

His diagnosis had been confirmed by several MRIs that showed lesions in the brain and spine. Family history revealed that a brother with MS had died in 1999, and two sisters have been diagnosed with MS.

For the first scalp acupuncture session, general and neurological examinations were carried out. Charles was awake, alert, cooperative, and attentive and gave appropriate responses. Motor strength was 4/5 in both legs and 5/5 in both arms and in hand grip. The patient could not make rapid movements with the toes of either foot. The examination revealed no sensory deficit in the patient's face and four extremities. The patient's finger-to-nose tests on both right and left sides were abnormal. The patient's index finger-to-index finger test was abnormal. Charles had difficulty getting out of a chair and presented with spastic and ataxic gait. He ambulated with stiffness in both legs, was unsteady, and had a wide-based stance. The patient failed the heel-toe walking test and could not stand on one leg. He could not stand steadily with eyes open and performed worse with eyes closed. Chinese medical examination showed that his tongue was red and slightly purple with a thin yellow coating; his pulse on the left side was wiry and rolling; on the right side, it was wiry and thready, and weak pulses were also noticed in the kidney positions. When palpating points, LR-3 (*Taichong*), GB-34 (*Yanglingquan*), UB-18

(*Ganshu*), and SP-9 (*Yinlingquan*) were very tender and resulted in sharp pain, and UB-23 (*Shenshu*), and UB-15 (*Xinshu*) were tender and showed dull soreness.

Treatment

Chinese scalp acupuncture and ear acupuncture were used to treat this patient. Primary scalp areas were motor area, sensory area, and foot motor and sensory area. Secondary scalp areas were balance area, hearing and dizziness area, and tremor area ([Figures 3-](#)

[-5](#)

[5](#)).⁸ Shenmen point was selected for ear acupuncture. Scalp acupuncture protocol was followed. The motor area, sensory area, and foot motor and sensory area received needles that were stimulated bilaterally. The needles were rotated at least 200 times per minute with thumb and index finger⁹ for 1 to 3 minutes. This stimulation was repeated every 10 minutes. The needles were kept in for 30 to 35 minutes each session.

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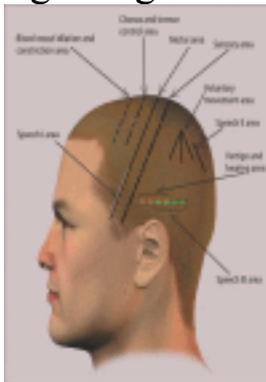


Figure 3 Lateral view of stimulation areas.fig ft0fig mode=article f1

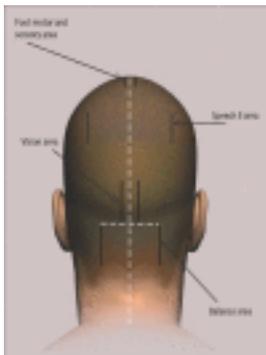
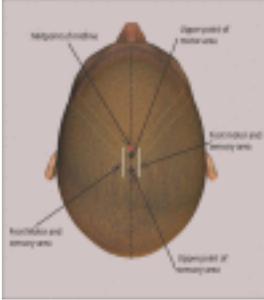


Figure 5 Back view of stimulation areas. fig ft0fig mode=article fl



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Figure 4 Top view of stimulation areas. **Outcome and Follow-up**

Charles had a very positive response to his initial scalp acupuncture treatment. He was amazed to feel the dizziness, balance, stiffness, and weakness in his legs improve just minutes after a few needles were inserted in his scalp. He was initially very suspicious and nervous when the doctor asked him to stand up with his eyes closed. He was not only able to stand up with improved stability, but he also could walk much better. At the second treatment, Charles reported that he had no more incontinence of urine and that the numbness, spasms, and weakness of both legs showed some improvement as well. He continued to improve with each additional treatment. By the third treatment, Charles's vision had significantly improved, and he no longer had double vision and heat intolerance. He also had more energy and was able to do more work at his law office. By the fifth treatment, Charles reported that he was able to walk around his home and office without problems and that he could walk much longer distances. The numbness and tingling in his limbs did not bother him anymore. He had more energy and had not experienced incontinence of urine since the first treatment.

Patient's Perspective

You are likely to wonder, “What is a longtime local lawyer doing, writing about serious medical problems like multiple sclerosis (MS) and Parkinson's disease?” It is because I have had the rare

opportunity of taking part in what I unhesitatingly tell everyone is nothing less than a miracle. What was uppermost was that 20 years earlier I had been diagnosed with multiple sclerosis—one of the great remaining medical mysteries. MS took my brother in 1999 and has crippled one of my sisters and compromised the life of my youngest sister.

I had managed to keep the disease under control and under wraps by wisely following my wife's advice on nutrition, exercise, and a common-sense approach to MS. Together we made trips to leading medical centers where I became a voluntary “guinea pig” for new medications. On top of that, I was tested, scanned, poked, and prodded over and [over] again by some of the best neurologists and medical professionals studying the disease.

Finally, despite all that, the symptoms were taking their toll, especially in the heat of the Mesilla Valley's long summer. I realized I could no longer continue as head of the law firm I had helped to build over 3 decades. When my firm dissolved, I joined another law firm on a part-time basis to comply with limited energy and “finish up” my days as a lawyer.

So on a hot July day I awaited my first client at my new office—never anticipating that he would lead to a miracle. That client was Dr Vittal Pai, whom I'd known for more than 20 years. I had not seen Dr Pai in a couple of years and always enjoyed visiting with him. Dr Pai, an ear, nose, and throat specialist, is a brilliant doctor known as much for his philosophical approach to life and his quick thinking and wit as he is for his substantial skills as a physician. Dr Pai observed my condition and placed a card on my desk saying, “Before we talk business, you must go see this doctor.” I looked at the card and saw the name Dr Jason Hao, Doctor of Oriental Medicine and Acupuncture.

After exchanging greetings, I told Dr Pai that I had been a subject in medical studies at universities with the best neurologists in the world. Other than steroids, I was disqualified from all the medications that had been approved to combat MS. Those of you who know Dr Pai also know his serene smile. He looked at me and

said, "You must go see this doctor. I cannot explain how this works. I can only tell you that I have seen the results." He told me about a patient with Parkinson's disease who had incurable tremors that could not be controlled by medication. He told me that after treatments with Dr Hao the tremors had gone away. He told me about another patient with mobility damage from a stroke who seemed to have been miraculously cured with Dr Hao's technique. I took Dr Hao's card, and the miracle began.

I have had 12 treatments with Dr Hao at his clinic in Albuquerque, New Mexico. Dr Hao practices a little-known acupuncture technique called "scalp acupuncture." That's right: he puts needles in my head. Not only does he put needles in my head but he spins these needles with his fingers between 200 and 400 times a minute. Dr Hao told me that all of the nerves in the body can be accessed in the scalp and that the spinning of the needles clears the nerve pathways that have become broken and clogged. After these treatments, all of my major symptoms of MS are gone. My left foot, which has been numb for 18 years, is no longer numb. The fatigue that has bedeviled me as well as the heat intolerance are gone! My vision has improved, my balance has returned, and I have not had vertigo in some time. Every aspect of my life is better. I am working full-time again, although Dr Hao cautions me that MS is still my greatest enemy and that he has only relieved me of the symptoms brought on by the attacks. He cautions me to never use more than 70% of my energy in any 24-hour period and to take the prescribed herbs and follow basic nutritional guides. My wife and I look at each other on a daily basis and expect for this dream to end: this dream about a Chinese doctor in Albuquerque who spins acupuncture needles in my head to make the symptoms of MS go away. But every day I feel better, and my treatments with Dr Hao are now on a monthly basis rather than a weekly basis. My energy is back. Twenty years of debilitating symptoms that compromised every aspect of my life reduced to a memory in 6 months! Those who knew me before last July and see me now at first just can't believe their own eyes.

In view of my changes and my many inquiries to Dr Hao, I cannot help but wonder: Why is this particular form of acupuncture still not embraced coast to coast? The treatments last about an hour and are relatively inexpensive and completely painless.

For the tenth scalp acupuncture session, general and neurological examinations were carried out. Charles was awake, alert, cooperative, very attentive, and gave quicker responses. Motor strength increased to 5/5 in both legs, both arms, and hand grip. The patient could make rapid movements of the toes on both feet. The examination revealed no sensory deficit in the patient's face and four extremities. The patient's finger-to-nose tests on both right and left sides returned to normal. The patient's index finger-to-index finger test returned to normal. Charles got out of a chair without any challenge and ambulated with a normal gait. The patient performed the heel-toe walking test with no problems and could stand on either his left or right leg steadily. He could stand steadily with his eyes open or closed.

Chinese medical examination at the tenth session showed that his tongue had changed to slightly red with a thin white coating; his pulses changed to soft on both left and right sides, and pulses in the kidney positions changed to thready. When palpating points, all sensitive points including LR-3 (*Taichong*), GB-34 (*Yanglingquan*), UB-18 (*Ganshu*), SP-9 (*Yinlingquan*), UB-23 (*Shenshu*), and UB-15 (*Xinshu*) showed neither tenderness nor pain and soreness.

After the tenth treatment, Charles was able to work full-time and started to take vacations again. He reported that he enjoyed standing on one leg during his work breaks and that doing so helped him feel like a normal person. The treatment was reduced to once a month. Although Charles returned to a normal life, he prefers to come to the clinic every 4 to 6 weeks for maintenance treatments.

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DISCUSSION

Scalp acupuncture has proven to have superior success in treating

MS and other central nervous system damage as compared to other acupuncture modalities including acupuncture on the ear, body, and hand. It not only can improve the symptoms and the patient's quality of life and slow and reverse the progression of physical disability but also reduce the number of relapses. Patients should get acupuncture treatment as soon as possible; the earlier the treatment, the better the prognosis. Scalp acupuncture treatment for MS has had much success in reducing numbness and pain, decreasing spasms, improving weakness and paralysis of limbs, and improving balance. Many patients also have reported that their bladder and bowel control, fatigue, and overall sense of well-being significantly improved after treatment.

As stated above, recent studies have shown that scalp acupuncture can be a very effective modality in controlling MS. Scalp acupuncture often produces remarkable results after just a few needles are inserted. It usually relieves symptoms immediately, and sometimes in just several minutes noticeable results are achieved. Scalp acupuncture areas should be chosen according to the patient's particular symptoms. The primary acupuncture areas for patients with motor problems such as paralysis, weakness of limbs,¹⁰ or abnormal sensations in limbs, including tingling, numbness, or pain, are the motor area, sensory area, and foot motor and sensory area. Those areas should be inserted with needles and stimulated unilaterally or bilaterally, according to the patient's manifestations. Select the balance area or dizziness area of the scalp, depending on which symptom(s) the patient exhibits. The tremor area of the head should be chosen if patients have limb spasm. Many patients have a very quick positive response in controlling urine and bowel functions when the foot motor and sensory area is stimulated.

There are many different acupuncture techniques to treat MS. Although scalp acupuncture has the fastest track record for improving symptoms, sometimes other techniques also are necessary for further improvement. Regular body acupuncture, electrical stimulation, moxibustion, and Chinese herbs, as well as

physical therapy and massage can be combined with scalp acupuncture to speed recovery. Regular acupuncture treatment has been found to have a positive therapeutic effect on the recovery of movement and reducing abnormal sensations of the hands, fingers, feet, and toes. Commonly used points are GB-34, LI-3, KI-3, *Ba Feng* (Extra Point) for lower limbs at LI-11, LI-4, TE-5, and *Ba Xie* (Extra Point) for upper-limb work.¹¹ Electrical stimulation is very helpful if the practitioner has difficulty performing the needle rotation more than 200 times per minute. It is suggested that no more than two of the scalp needles be stimulated at any session so the brain does not become too confused to respond. Moxibustion can enhance the therapeutic results of scalp acupuncture, especially for older or weak patients. Recommended points are ST-36, SP-6, CV-4, KI-3 and UB-23.¹² When treating chronic progressive diseases like MS, Parkinson's, and amyotrophic lateral sclerosis, the effects are sometimes temporary. They may last for hours, days, weeks, or months, but follow-up treatments will be necessary on an ongoing basis. When treating paralysis, whether from stroke or trauma, the improvements in movement often are permanent. The practitioner should consider scalp acupuncture as the primary approach rather than as a complementary approach for patients with MS.

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CONCLUSIONS

MS is a progressive disease of the central nervous system affecting half a million people in the Americas and 1.3 million people worldwide. Currently, conventional treatments do not offer a cure for MS. Acupuncture, however, is one of the major complementary and alternative therapies for MS. This case report shows that scalp acupuncture seems to be a more effective modality in bringing about quicker and often effective improvements to patients with MS compared to other acupuncture modalities such as acupuncture on the ear, body, and hand. Chinese scalp acupuncture is also more easily accessible, less expensive, entails less risk, can yield quicker responses, and usually causes fewer side effects than some other

treatments.

In the West, most healthcare practitioners are familiar with acupuncture for pain management. However, scalp acupuncture, as a useful tool for the treatment of MS, is a relatively new concept. Even now, it is not surprising for a Western physician to claim that it is a natural remission or coincidence if a patient recovers from MS after acupuncture. Scalp acupuncture can provide solutions in situations where Western medicine treatments are limited. It holds the potential to expand treatment options for MS in both conventional and complementary or integrative therapies. It not only can improve the patient's symptoms and quality of life and slow and reverse the progression of physical disabilities but it can reduce the number of relapses and help patients stay in remission. Although there have been many hypotheses and research reports on scalp acupuncture for central nervous system disorders and pain management in the Western medical literature over the past 40 years, there is still a long way to go in uncovering the mystery of the mechanisms of scalp acupuncture. Future study is needed to investigate the mechanisms underlying acupuncture's effect on the central nervous system dysfunctions in patients with MS. If it becomes more widely used, scalp acupuncture could have a significant impact on recovery from central nervous system disorders for thousands of patients. There is, therefore, a pressing need for Chinese scalp acupuncture to be studied and perfected using modern research methods so that its potential can be fully explored and applied.

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Notes

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Disclosure: The authors of this article declare no competing interests.

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