

Acupuncture: A Useful Tool in Post-Stroke and Post-Concussive Recovery

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- 20+ years in practice
- 60,000+ treatments given
- And learning everyday. Thanks for this opportunity to learn with you. Please bring your questions to our time together.
- I am here to share of my experience as a clinician, not as a researcher.

What Is Acupuncture?

Let's first define the terms:

The term 'acupuncture' comes from the Latin 'acus' (point) and 'punctura' (to prick).

'Zhen Jiu' signifying 'needle (and moxa) medicine'.



From Webster's online dictionary:

Main Entry: **acu·punc·ture** Pronunciation: ak-yoo-puhngk-cher

Function: *noun* Date: 1684

An originally Chinese practice of inserting fine needles through the skin at specific points especially to cure disease or relieve pain.

What is Acupuncture, my definition

Acupuncture is one of the oldest, most common and dependable medical therapies used in the world. It is by nature simple, safe and effective health-care.

Acupuncture practitioners use thin, sterile disposable needles inserted superficially into specific areas of the body in order to help the body's ability to heal itself.

Acupuncture use post-CVA

- *Acupuncture's use for recovery of stroke is well-documented.*
 - Described in Huang Di Nei Jing (The Yellow Emperor's Classic of Internal Medicine) Han Dynasty (~ 200 B.C) ('Internal Wind Attack')
- *And well-used, too.* Conventionally, it is a part of standard therapy after a stroke with the goals for improvements in motor function, sensation, and speech. Of 1095 physicians surveyed from 247 Chinese hospitals between 1993 and 1994, it was found that 66% of doctors routinely used acupuncture for stroke patients.
 - In 2007, among 202 Chinese acute stroke patients, 63% said that they would choose to have acupuncture as part of their medical intervention.

(from: An Overview of Acupuncture in Stroke Recovery: A Narrative Review, referenced below)

The sooner the better for acupuncture to be used following a stroke. Ideally within days. The exception may be with a hemorrhagic type.

The reasoning is acupuncture has the effect in general of relaxing smooth muscle tissue – including blood vessels.

In the US, acupuncture treatment is often given 1-3/week for post-stroke care.

In the East, acupuncture is often given 10 days on, 3 days off for a single course.

Common post-stroke challenges which are appropriate to be addressed by acupuncture.

- Paralysis and/or spasticity
- Learned non-use challenges
- Problems with speech and/or swallowing challenges
- Increase or decrease in appetite
- Sudden mood changes, changes in memory, ability to be attentive
- Feeling anxious, worried, pessimistic or hopeless
- Loss of energy
- Difficulty sleeping or sleeping too much
- Difficulty concentrating, remembering, thinking, or making decisions
- Headaches
- Various digestive problems

Acupuncture in Post-Stroke Shoulder Pain Syndrome with Multiple Sclerosis: A Case Study overview

- 47 y.o female. s/p stroke 3 months past. Background of MS
MC: L shoulder/UE pain

- 3 months intensive rehabilitation, paused d/t pain and spasticity.

At time of assessment - pain at rest – 9/10, 10/10 with movement, 60 degree flexion, medication used 4-5x/day (muscle relaxer, pain reliever)

Treatment – weekly x 6 weeks

Points – local shoulder joint points, GB20, LI4, Lu5, LV3, ST36

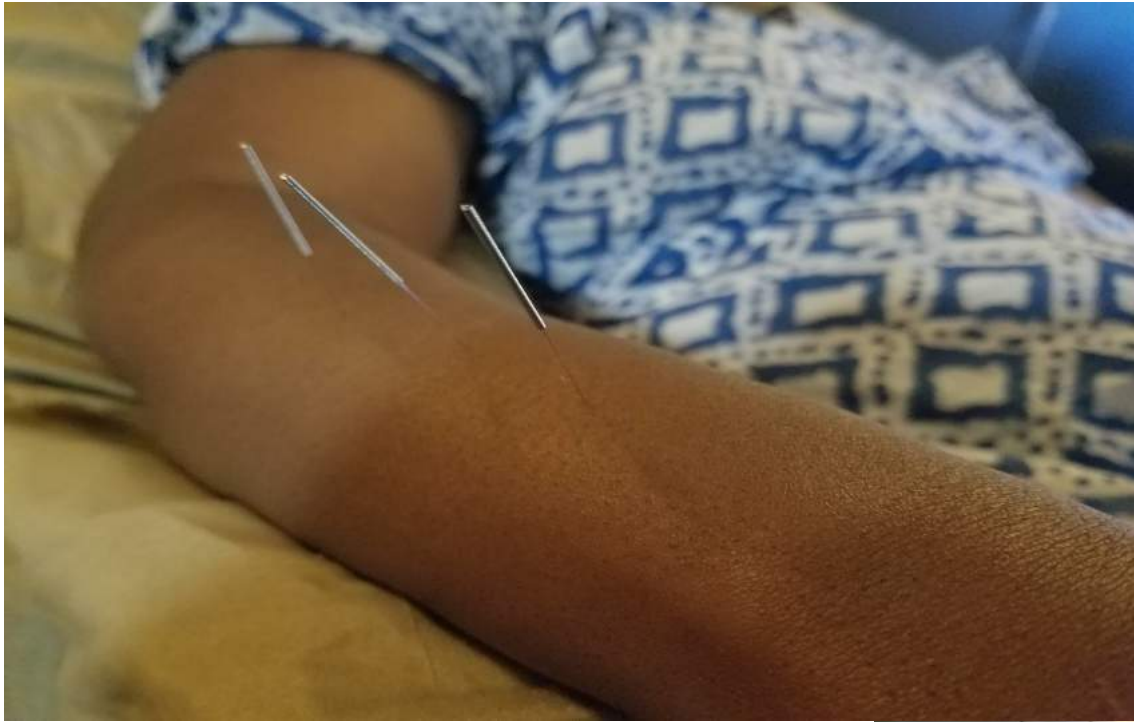
By week 3 - pain at rest – 0/10, able to resume PT

By week 6 – pain with movement, 2/10 - med use, one/day as needed

Various pictures of people receiving acupuncture



And a few more....



Community Acupuncture Treatment room in Manchester *(pre-pandemic)*



Acupuncture use post-Concussion

- Common challenges appropriate for acupuncture treatments:

Physical: headaches, dizziness, aversion to light or sound, changes to vision or hearing, poor sleep.

Psych/behavioral: anxiety, depression, irritability, restlessness

Higher Functions: cognition, attention, memory (especially short-term)

Acupuncture as Treatment for Concussions: Case Examples

- 17 y.o. female, 3rd diagnosed concussion in 18 months.

MCs: daily headaches, neck pain, aversion to light, general fatigue

Treatments: initial 3x/week x 2 weeks, trial period. Distal points.

Trial results: headaches lessened by intensity, duration and frequency – neck pain resolved – fatigue better by '50%' - able to work for short periods on computer screen

Further tx: 1-2x/week x 4 weeks. Headaches only with extended screen time. Fatigue better by '80%'

- 37 y.o female, Hx of multiple head injuries, concussions over 15 yrs
- MCs: chronic pain, primarily at trauma site at L parietal head, bilat UE pain including hands, L neck/trap/scap, fatigue, anxiety, depression.

*Also continued taking part in PT, TENS, medications, meditation

Treatments: initial 3x/week x 3weeks, trial period. Primary distal points

Trial results: anxiety better by '60%' - R UE pain resolved - L UE pain reduced by '50%' w/ changes in location – head pain '25%' improved

Further tx: 2x/week x 8 weeks. Pain at R trap/scap/UE relegated to supra/intra-scapula area, less frequent head pain, ADLs improved

Acupuncture as Treatment for Concussions: Case Examples

- 34 y.o. female, 1st diagnosed concussion previous week.

MCs: constant headache at trauma site, neck pain, aversion to light and sound, great fatigue

Treatments: initial 3x/week x 1 weeks, trial period. Distal points.

Trial results: headache lessened by intensity, duration, remain daily –
– fatigue better by '20%' - Aversion to loud sounds and light persist

Further tx: 2x/week x 3 weeks. ROM at neck improved by '75%' -
headaches 4-5 days/week with overall reduction in intensity by '60%' -
Referred to Audiologist as aversion to sound not improving. This proved very helpful for her.

- 16 y.o male, Dx w/ concussion 2 months previous

MCs: Lingering fatigue especially with screen time, frequent headaches most noticable with weather changes, behind eyes

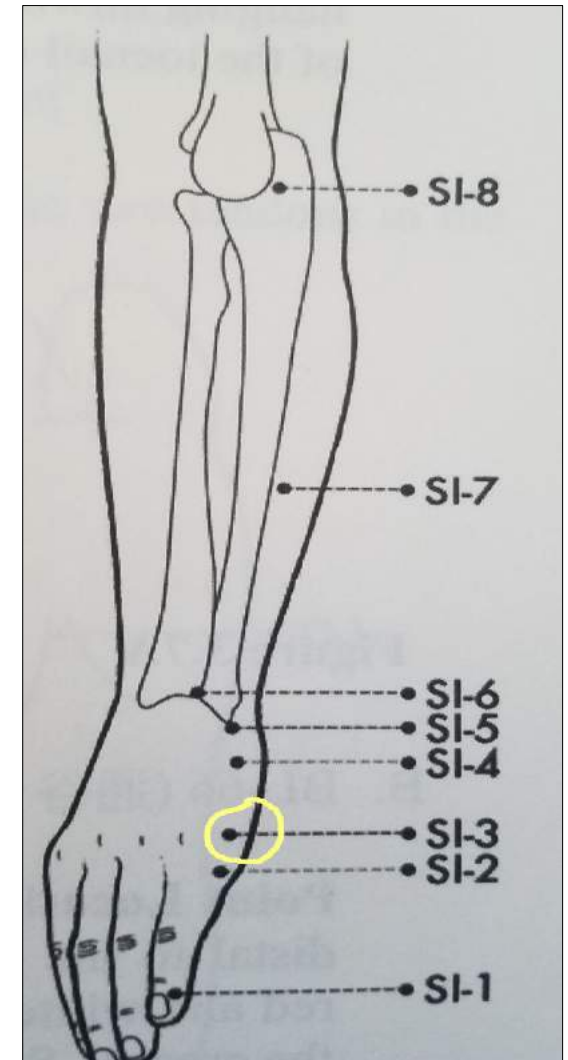
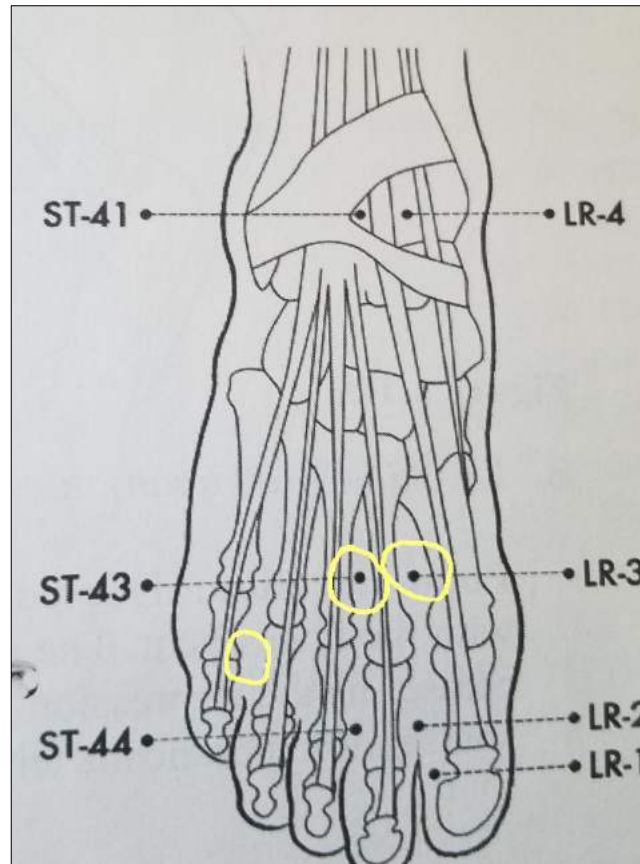
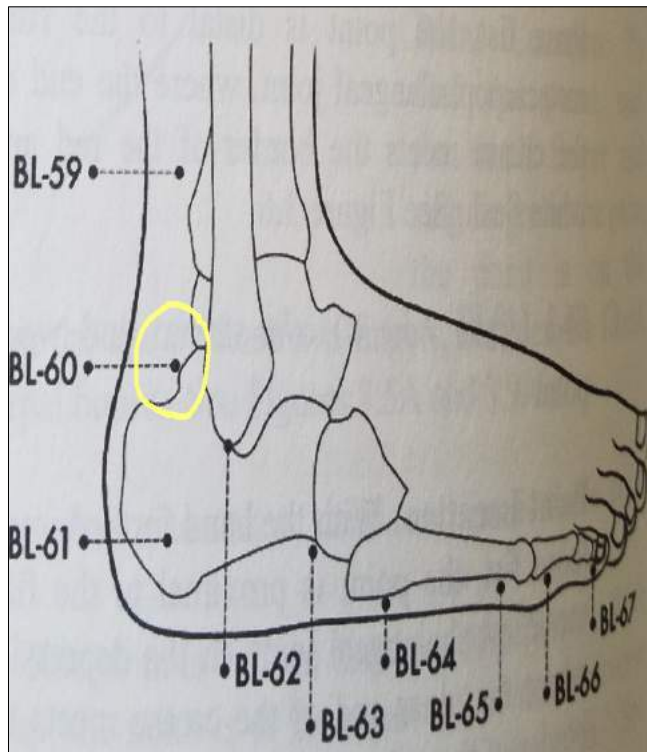
Treatments: initial 2x/week x 3 weeks, trial period. Primary distal points

Trial results: headaches less frequent w/ weather no longer factor –
intensity of headaches remains same - fatigue better by 'half'.

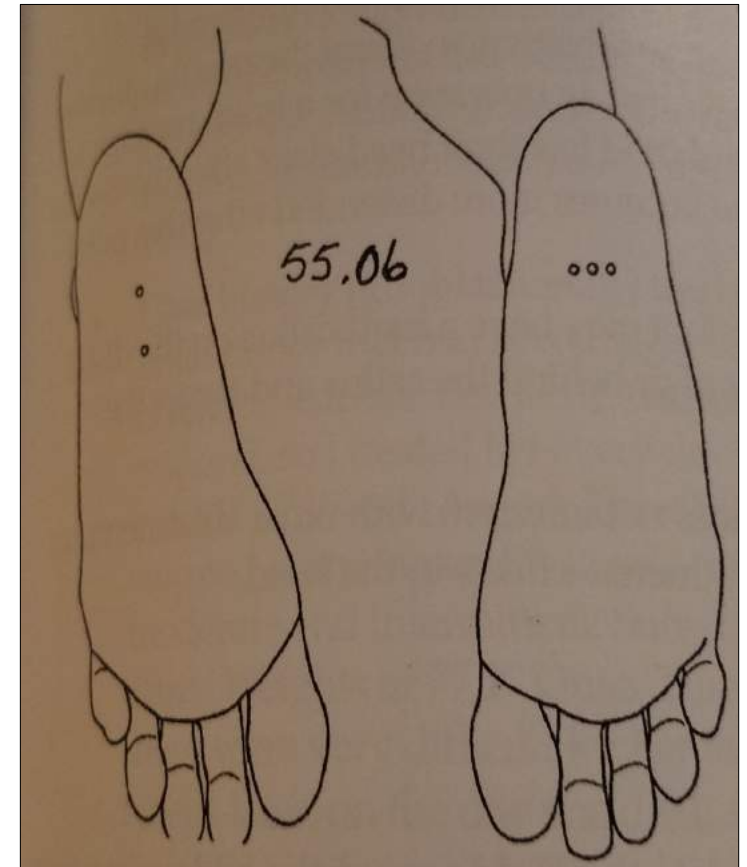
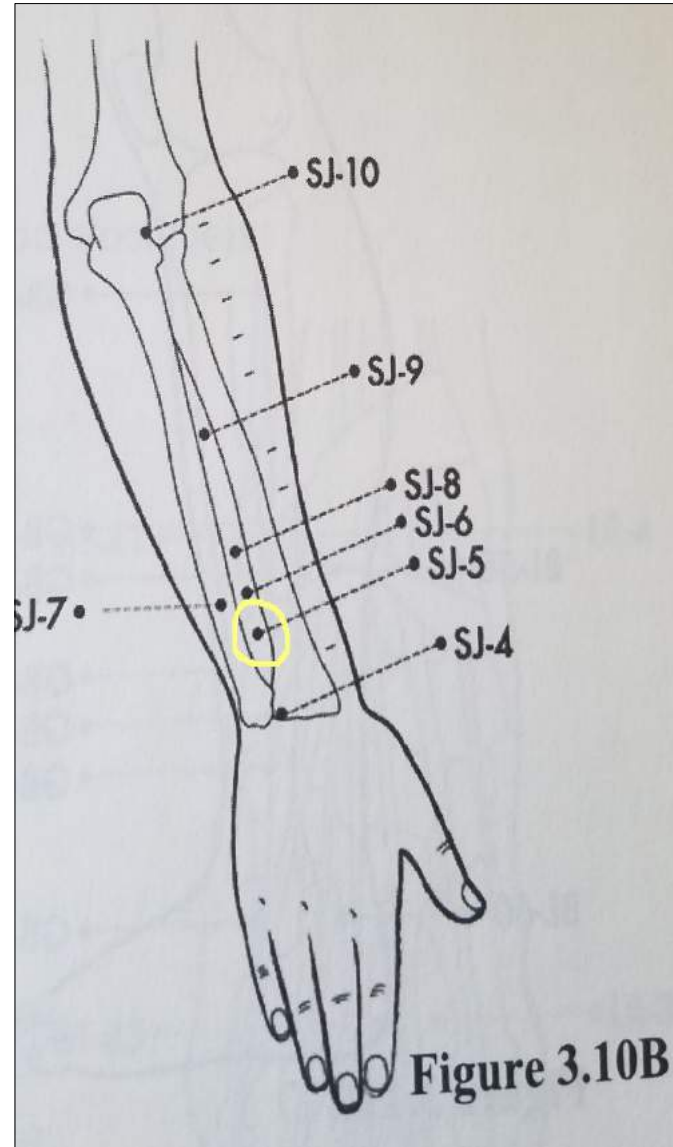
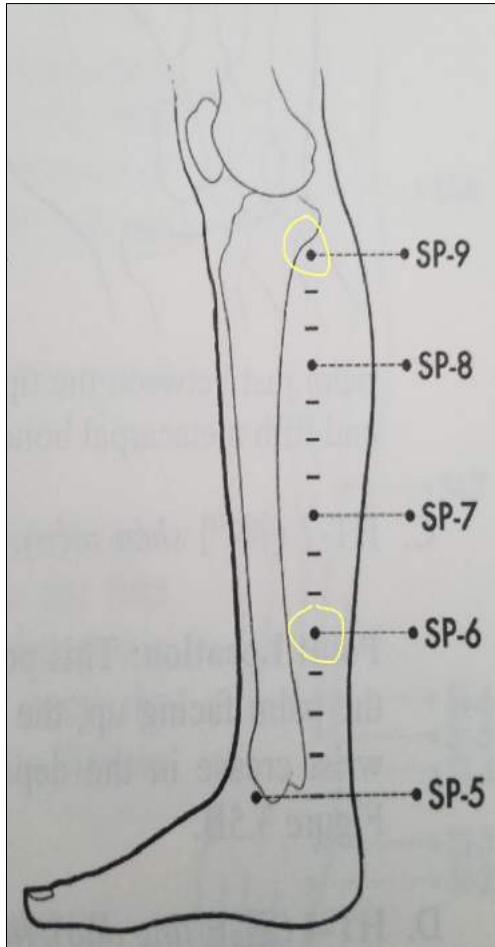
Further tx: 1x/week x 3 weeks. Headaches only with extended screen time w/ less intensity - fatigue only following headaches, less intense, shorter duration.

Most Common Acupuncture Points Employed in Above Concussion Case Examples

- St 43, GB 43, 55.06, SI3, BL60, TW5, LV3, SP6,9



Continued...



Credits: Images 1-5, The 5 Transport Points, Dr Wei-Chieh Young

Image 6, Master Tung's Magic Points - A Definitive Clinical Guide, Johnson & Renaud

What to Expect Scheduling and Receiving Acupuncture Tx

Setting is highly relevant – as are other factors

Generally three delivery systems for acupuncture in the West:

- Inpatient: Entirely institutional dependant
- Outpatient: Private Room, Community Acupuncture

Outpatient

- Call for initial appointment. Online scheduling often available.
- Registration/paperwork required
- Rates range from \$20 - \$150 each visit (community vs private room)
- Initial visit will involve an interview and normally a suggested treatment plan. A first treatment may follow.
 - Treated position is dependent on individual situation and setting. This can vary from laying on table, sitting in wheelchair to laying back in a recliner
 - Access to lower limbs, head and ears in community setting. Clothes on.
 - Often access to whole body required in Private Room.

Receiving acupuncture treatment does involve a bit of surrender. The placing of needles is not painless, entirely.

However, it is normally remarkably relaxing.
Expect to rest anywhere between 20 mins and an hour.

Independent or assisted movement of limbs will often take place while needles are in with cases of paralysis.

Once treatment has ended most feel relaxed for a short while. Others are energized.

Treatment schedule can vary.

Rule of thumb

- the more intense the main complaints, the more frequent the treatments.
- the longer the pattern has been present, the longer the course of treatment

In my experience, frequency of treatment trumps all other factors.

Resources

1) *Great Overview of Chinese Medicine. Just the first two chapters are a full read for the curious. Find at local library.*

Ted Kaptchuk, The Web That Has No Weaver, 2nd edition, Copyright 2000, McGraw-Hill, Columbus, OH

2) *Honk honk! Easy-to-read Q&A about acupuncture.*

Andy Wegman, Why Did You Put That Needle There?, 2nd Edition, copyright 2012, self-published, Manchester, NH

free pdf copy: www.masnh.org/images/stories/needles2websitefull.pdf

Other Research Resources

3) Clinical Indications for Acupuncture in Chronic Post-Traumatic Headache Management

MARINA A. KHUSID, MD, ND, MSA MILITARY MEDICINE, 180, 2:132, 2015

4) A deeper dive into reserach methodology

A Randomized Exploratory Study to Evaluate - Two Acupuncture Methods for the Treatment of Headaches Associated with Traumatic Brain Injury

Medical Acupuntcure, Volume 28, Number 3, 2016, Mary Ann Liebert, Inc. DOI: 10.1089/acu.2016.1183

Even More Resources

5) An Overview of Acupuncture in Stroke Recovery: A Narrative Review

The Journal of The International Society of Physical and Rehabilitational Medicine

Cao N, Nguyen B, Li S, Lamba R, Hafner R, Li S. J Int Soc Phys Rehabil Med [serial online] 2020

available from:

<https://www.jisprm.org/text.asp?2020/3/3/80/294129>

6) Acupuncture for Upper-Extremity Rehabilitation in Chronic Stroke: A Randomized Sham-Controlled Study

Archive of Physical Medicine and Rehabilitation

VOLUME 86, ISSUE 12, P2248-2255, DECEMBER 01, 2005

[https://www.archives-pmr.org/article/S0003-9993\(05\)00914-7/pdf](https://www.archives-pmr.org/article/S0003-9993(05)00914-7/pdf)

Lastly

The best way to find a licensed acupuncturist is by personal recommendation.

Short of this, here are three resources.

nhaama.org – NH Acupuncture Association

directory.nccaom.org – National Advocacy Group

pocacoop.com – National Community

Acupuncture Advocacy Group (site updates underway)