Stroke-related paralysis (including aphasia):

- Please see *Comments*, below, for detailed stroke protocols.
- Please see *Neuromuscular Disorders: Paralysis* for extensive additional commentary and suggestions for the treatment of paralysis.

Comments: Stroke patients may come to you immediately following their stroke or some years later. Chronic hemiplegia is more difficult to treat and is often a combination of deficiency and severe stagnation. Acute hemiplegia from stroke is most frequently due to a brain bleed or phlegm obstructing the brain. Of course, hypertension is usually the upstream issue that will have been managed by the time the patient arrives at your office. You must determine why their blood pressure was high and address that issue along with the hemiplegia.

Treatment is far more successful when it starts immediately. Full recovery is a real possibility if the patient is 65 years old or younger and the treatment begins within six months after their first stroke. Reduce your fee, treat them at least three times a week, and work as hard as you can for them because this will affect the rest of their life. If they are older than 65 or it is their second stroke, it will likely be more difficult to treat and will require herbs and acupuncture. If the stroke occurred more than five years prior to treatment, it is unlikely you will be able to restore the patient's bodily function. Acupuncture treatment is generally given on the opposite side of the symptoms; however, for chronic cases (two- or three-years post-stroke), the affected side should also be needled or bled for best results.

Under *Neuromuscular Disorders: Paralysis*, we offer extensive commentary on *Massage and physical therapy*, as well as *Additional concerns* that are quite applicable to stroke patients. Rather than repeat them here, we strongly recommend you refer to that section.

Massage and physical therapy are an essential part of recovery. However, it is difficult for patients to get enough physical therapy, both professionally and with help from family

members, to regain full mobility. With proper movement therapies as well as daily acupuncture treatment, I usually can get acute stroke patients walking within three weeks of when they begin treatment. For the heavy lifting involved in helping a stroke patient move their body to regain mobility, be sure someone else is with you or the patient has a family member present.

Emotional and spiritual role of the practitioner: Depression is a common problem for stroke patients as well as family members who are their caregivers. Every attempt must be made to overcome lethargy and discouragement in order to get the patient out of their chair and back on their feet. Sobering and encouraging conversations must be faced, even if they are difficult. I recently had one of these challenging conversations with a stroke patient who was resisting her partner's suggestions. It was necessary for me to point out that even though she had lost control over most of her activities, she was not going to secure her recovery or her future residence by saying, "Don't tell me what to do" or "You're not the boss of me," because both the patient and her partner were elderly. This conversation reinforced the fact that all those concerned, including me, were working for her highest good. As a result, she let go of her stubbornness, reconnected with her partner from her heart, and achieved greater improvements in the following week than she had in the previous five months. Her partner was elated, as hope was restored for the patient and their future together. Remember that in these circumstances, caregivers are seriously challenged by the continual drain of patient care, loss of their own autonomy, and diminishing hope in terms of recovery.

Stroke treatment protocol: Although acupuncture treatment is generally given on the side opposite the symptoms, I usually start by carefully needling **11.10** Wood Fire bilaterally. Because Wood Fire raises blood pressure, and a stroke usually involves high blood pressure, it is vital that you precisely follow the needling protocol:

- Needle **11.10** Wood Fire as soon as possible following a stroke. Keep track of the number of times you use these points:
    - The first five times you needle Wood Fire, retention must be for five minutes only. Set a timer and pay close attention to it.

- The next five times, needle retention is for three minutes only.
- After the tenth treatment, needle retention must be for one minute only.

These retention times must be strictly observed due to Wood Fire's tendency to increase the blood pressure. It is better not to use this point than to needle it incorrectly. Wood Fire may be needled safely every other day, even once daily, but never more than one time each day.

Scalp acupuncture: On the side of the head where the stroke occurred (opposite from the hemiplegia), thread needles down the **Scalp acupuncture Motor and Sensory Lines**. (These are more like zones than lines.) Be sure to cross over the central sulcus and needle toward a line that extends from GB1 and GB2. Now place three or four additional needles, side by side, from **1010.05** Anterior Meeting (DU21) to **1010.06** Posterior Meeting (DU19), or vice versa (DU19-DU21), straight through **1010.01** Upright Meeting (DU20). These needles will awaken the brain and stimulate the lower part of the body and urinary bladder. Next, move laterally down the side of the head, optionally placing several needles parallel to those on top, crossing and connecting the Motor and Sensory Lines at the levels of the head, shoulder, arm, hand, thumb, and fingers.

Please note that the farther you descend, the more sensitive the patient will be to your needles *(see the discussion about aphasia, below)*. For this reason, you may choose to work with only particular areas on any given day. Though I thread needles nearly the entire length of both Motor and Sensory Lines/areas, I do not add connecting/crossing needles all the way along these lines because it would involve far too many needles and would be too painful. Instead, I focus on specific areas. The patient should retain the scalp needles for the duration of the treatment. Stimulate the needles regularly while moving the affected arm and leg.

Opposite-side treatment for lower extremity: With the patient sitting in their wheelchair, on the side opposite the hemiplegia, needle **22.04-22.05** Ling Gu/Da Bai with strong qi. While stimulating the scalp points on the very top of their head, ask the patient to

stomp their foot. If they are unable to move their leg, they can use their mind to imagine making the movement. If they are able to stomp their foot, ask an assistant to support the back of their knee while they move their leg, so they do not tire too easily. If they are unable to lift their leg and stomp their foot, a family member or assistant should do it for them while you aggressively stimulate the scalp needles, and they continue to clearly imagine moving their leg and foot. Rest and repeat several times or every 10 minutes.

- *Transferring the patient to a table:* If at all possible, I help the patient move to a treatment table, allowing for the needling of **GB31** and **GB32** for the upper extremity treatment. Depending upon the patient's coordination, I may need to remove the hand needles so the muscles are not injured during the transfer. After the patient is on the table and I have performed the treatment for the upper extremity (described below), Ling Gu/Da Bai may be replaced.

Opposite-side treatment for upper extremity: After doing the treatment described above for the lower extremity (including stomping), while the patient lies on a treatment table, needle opposite-side **88.25** Center Nine Miles (GB31) with **A.01** Seven Miles (GB32), again using strong stimulation. Have the patient move their arm, or if they cannot do so, ask a family member to move it for them while you stimulate the Motor and Sensory scalp needles along with those connecting at the level of the shoulder, arm or hand. Be sure to move the patient's entire shoulder girdle in both directions as if they are throwing a ball, and then reverse the motion. Rest and repeat these arm movements several times. If needed, support the patient during this movement so that they will not overdo it and strain their muscles.

Once the Gallbladder points have been needled and the arm movements have been made in several rounds, add movements of the affected leg (including knee to chest, then internal and external rotation), followed by arm movements. Move both the arm and the leg, one after the other, approximately every ten minutes (set a timer) for the duration of the treatment. If your schedule allows you to spend more time with the patient, stimulate the associated needles as you move their limbs.

- *If the patient cannot be moved to a table:* **77.22-77.23** Beside Three Miles (Tung's GB34) may be substituted for GB31 and GB32; however, these points are more specifically related to tendons and ligaments, whereas Center Nine Miles (GB31) has a much greater capacity to impact the brain, including in the treatment of stroke.

Aphasia:

Primary treatments:

- If the patient is having trouble speaking, use the Scalp Acupuncture protocol listed above, and add needles that cross the Motor and Sensory Lines at the level of the tongue. Note: Needling this area will be extraordinarily painful, requiring that you downsize your needle (Seirin "00"/0.12mm x 30mm needles), or just leave these points out. Because stroke patients need a lot of work, it is easy to overstimulate an area. Numb or paralyzed areas can be strongly stimulated with large diameter needles; however, scalp points – especially points just above the ears – need the opposite care. Be gentle and pay very close attention to the patient's body language communicating their sensitivities. Please follow my advice; get the smaller diameter needles before you see the patient for these scalp points or you will lose their trust immediately. If you hurt the patient in this area, they will not let you needle it again.
- **1010.07** All Pivot (Tung's DU15-DU16) and/or the blood vessels underneath the tongue can be bled for tongue paralysis, sudden aphasia, and difficulty swallowing. Have the patient brush their teeth and use a salt-water rinse prior to bleeding the veins under the tongue. Use a gauze pad to hold their tongue while you puncture the veins underneath it, then ask them to rinse with salt water again or use a peroxide mouthwash.

Additional aphasia options include:

- **44.06** Shoulder Center, **SP5** Shang Qiu, **1010.19-1010.20** Water Gold/Water Through, bilaterally needled.
- **66.06** Wood Keep, **77.07** Third Weight, bilaterally needled.

- **HT8** Shao Fu (metal point in fire), needled for sudden change of voice; needle the left side for males, right side for females (Dr. Young).
- **1010.01** Upright Meeting (DU20), **1010.06** Posterior Meeting (DU19), **SP5** Shang Qiu (Dr. Young, 2008).
- **44.16** Upper Curve, bilaterally needled with **1010.01** Upright Meeting (DU20) (Dr. Lee, 1992).

Duration of treatment: Treating a stroke patient can take a long time, not only because they move slowly and laboriously, but also because there are many components to the treatment. Be sure the patient is well hydrated and has excellent blood sugar before you begin. As is explained in the overall treatment protocols above, it is important that you have assistance with physically moving the patient. Once the needles are placed and the patient is prone, someone else can take over moving the patient's limbs for 30-40 minutes while you work with another patient.

Case history (accidental brain rewiring): I once treated a strong, athletic stroke patient. I started with Scalp Acupuncture, then asked him to use his good arm and a yellow physical therapy band to exercise his weak leg while the needles were retained. This way he could attend appointments with me on his own rather than bringing an assistant to help move his heavy leg during the treatment. (I learned early on not to use my own body or ask my office staff to assist in move patients' bodies.) After a few weeks of rehabilitating his leg by rewiring the brain-leg connection, this patient could no longer move his leg without also moving his arm. To "unhook" this unintended anomaly, we had to reverse the movement. I held his arm down while he lifted his leg, which he was able to mobilize by himself at that point. I would never intentionally repeat this experiment, but it was a fascinating lesson in brain recovery, and it reinforced the power of acupuncture combined with physical therapy (Active Qi Moving) for rehabilitation after a stroke. I also had this patient lift his knees as he walked around my waiting room, touching his knees to the bar of his walker. He recovered very quickly.

Bleeding treatments: Most stroke patients are taking blood thinners; however, this does not mean their blood will not clot. If anything, it makes bleeding techniques slightly more productive and therefore more effective.

- *To clear the brain:* Bleed **99.08** Ear Apex on the side opposite the hemiplegia (the same side where the stroke occurred within the brain).
- *If the blood pressure is high:* Bleed the **Jing-Well points** (I prefer bleeding the fingertips, being sure to hold them lower than the heart and "milking" the fingers); bleed **33.16** Curve Mound (LU5) and **UB40** Wei Zhong (any vein in the popliteal crease); or bleed **DT.04** Five Mountain Range. Bleeding **veins found on the Stomach or Gallbladder channels** also reduces blood pressure.
- *For phlegm accumulation:* Bleed **77.14** Four Flower Outer (Tung's ST40/phlegm gathering point) to dissolve phlegm, move blood and clear stagnation.
- *Bamboo cupping:* **Bamboo cupping** is a bleeding technique that utilizes small three- to four-inch sections of bamboo, which are boiled in water to expand the bamboo, thus creating the necessary suction when placed over small puncture sites. This technique is particularly effective for nerve damage or prolonged paralysis that has resulted in extreme blood stagnation. I used to watch Dr. Lee bamboo-cup stroke patients all the way down the Large Intestine channel on the arm and the Gallbladder channel on the leg. This treatment is especially helpful in a chronic case when the patient has been immobile for more than six months. With any kind of bleeding treatment, be sure the patient has good blood sugar and is well rested before and after the procedure. In the right situation, bamboo cupping is invaluable.[1]

[1] Please see *The Ancient Art of Bleeding* in *Volume Two* and/or my *Ancient Art of Bleeding* class or join the *Net of Knowledge* webinar platform. Information about these offerings can be found on my website, *www.tungspoints.com*.

Additional needling options (in no particular order):

- *Acute stroke that has just occurred:* Needle **22.01-22.02** Double Child/Double Fairy on the side opposite the brain bleed; needle or bleed **33.16** Curve Mound (LU5) on the same side, to sedate.
- *Brain circulation:* Needle **77.05-77.07** Three Weights to increase circulation to the brain. Needling on the same side as the brain bleed treats the affected arm. However, bleeding dark veins in the area of Three Weights, on the same side as the brain bleed, helps to clear blood stagnation in the brain. You may choose to needle Three Weights bilaterally to treat the whole brain and the arm. You will need to decide for yourself what is best for your patient.
- *Late-stage paralysis after stroke:* In addition to using the standard protocol, also bilaterally needle **77.18-77.21** Three Emperors to tonify the Kidneys. With long-term paralysis, avoid the use of too many needles. Bleeding techniques are a great alternative in cases of long-term blood stagnation.

Three Weights points treat brain injuries and stroke, in part because the Gallbladder relates to bone marrow and the Gallbladder channel wraps around the head, thus lending Three Weights a very powerful ability to circulate blood in the brain. They are an excellent choice for the treatment of cerebrovascular events that result in brain damage or deficiencies, and they could be useful in any situation of oxygen depletion to the brain, including drowning or brain injury. They should be considered when treating everything from a mild concussion to a severe brain injury, such as frontal lobe impact from a car collision.

Widely used with bleeding techniques, Three Weights vitalize the blood by dispersing blood stagnation. They clear the brain and open the orifices by dispersing phlegm and dampness, and they extinguish draft and spasm to restore the brain's proper motor and sensory functions. Some practitioners report that Three Weights points are more effective for the treatment of functional brain issues than for brain tumors. I have seen good results in the treatment of both functional issues and tumors.

Formulas: Dr. Young taught me to modify *Bu Yang Huan Wu Tang* for stroke. This formula is used for early-stage stroke, to move the qi and vitalize the blood. If constipation is an issue, add *Rou Cong Rong* (cistanche) and *Suo Yang* (cynomorium). If the blood pressure is not high, gradually increase the *Huang Qi* up to 50 grams. If there is hypertension, add *Sang Ji Sheng* and fried *Du Zhong*. Also, *Di Huang Yin Zi* is used to tonify Kidney yin and yang, astringe essence and open the orifices. Herbs such as *Du Zhong* and *Huai Niu Xi* can be added to subsequent formulas to tonify the Liver and Kidneys. I also like *Hua Tou Zai Zao Wan* for cerebral vascular issues or coronary heart disease. It is very effective in treating angina, but it does not prolong clotting time, so it is okay to take with blood thinners, which are typically prescribed. *Liu Wei Di Huang* (Six Ingredients) tonifies the Kidneys (as long as the patient can digest it; do not use it if the patient has Spleen dampness/teeth marks). In acute stroke, if the patient has a feeding tube, you can use it to administer herbs directly into the stomach.

Caution: The use of licorice root in cases of hypertension is forbidden.

Supplements: I also recommend high doses of emulsified turmeric, CoQ10 or PQQ, and omega-3 in the form of krill oil, not fish oil. (Krill is lower on the food chain, so it carries less mercury.)

Dietary recommendations: Because stroke patients may not be moving, it is imperative that their nutrition is good. Calories must be spent on healthy fats and proteins, while sugars and simple carbohydrates must be avoided as much as possible. Do not pamper disabled patients with inflammatory "treats" like alcohol, nicotine, caffeine, or sugar, which hamper circulation and recovery. Fresh fruits and vegetables and non-processed foods are always best. Patients should not be overfed, as extra weight makes it harder for them to move and may create additional metabolic health concerns. Weight loss and muscle atrophy also must be avoided through a highly nutritious diet.

"Upright Meeting, State Round, State Elder Brother, State High Mountain, Anterior Meeting, and Posterior Meeting (1010.01-1010.06) all have a strong sedative function, as

well as the function to activate the circulation and meridians. They are commonly chosen to treat hemiplegia and other wind syndromes" (Dr. Young, 2008).