



# Experience treating Parkinson's disease with acupuncture

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## Introduction to Parkinson's disease (PD)

PD is a neurodegenerative disease, most commonly seen among middle-aged and elderly people. There is neither any known treatment capable of halting the progression of PD, nor is there any known cure, treatment focuses primarily on decelerating disease progression and improving quality of life. Western medical treatment chiefly consists of oral medication and deep brain stimulation (DBS) surgery, while TCM treatment consists mainly of herbal decoctions and acupuncture (1).

Clinically, the cardinal motor symptoms of PD are: (I) resting tremor, (II) bradykinesia, and (III) rigidity. Common non-motor symptoms include abnormal sense of smell, constipation, rapid eye movement sleep behavior disorder (RBD), pain, fatigue, salivation, and so on (2).

## Demonstration of essential acupoints

### *Cranial base acupoints*

First, we will introduce the standard acupoints used to treat PD—the cranial base acupoints, which include DU-17, DU-16, DU-15, BL-9, GB-20, and BL-10. The cranial base acupoints have a widespread use in the acupuncture treatment of PD (3,4).

### **DU-17 Naohu**

Meeting point of the Governing vessel and Foot Taiyang (Bladder channel). Located in the depression directly superior to the external occipital protuberance.

### **DU-15 Yamen**

Intersection point of the Governing vessel and Yang Wei. Located at the neck, 0.5 anatomical inch (cun) above the

midline of the posterior hairline, below the spinous process of the first cervical vertebra.

### **DU-16 Fengfu**

Intersection point of the Governing vessel and Yang Wei. Located at the neck, 1 inch above the midline of the posterior hairline, directly below the occipital protuberance, in the depression between the bilateral trapezius muscles.

### **BL-9 Yuzhen**

Belongs to the Bladder channel of Foot Taiyang. Located 2.5 inch above the posterior hairline and 1.3 inch laterally from the midline, roughly in the depression of the upper margin of the external occipital trochanter.

### **GB-20 Fengchi**

Meeting point of Foot Shaoyang (Gall bladder channel) and Yang Wei. Located in the posterior neck, below the occiput, in the hollow between the origins of the sternocleidomastoid and trapezius muscles.

### **BL-10 Tianzhu**

Belongs to the Bladder channel of Foot Taiyang, located at 1.3 inch laterally from the midline of the posterior hairline.

### *Scalp acupuncture: chorea-tremor area*

The chorea-tremor area is one of the most commonly used scalp acupuncture areas for treating PD. When locating the chorea-tremor area, it is necessary to first define two positioning lines: the anterior-posterior midline and the eyebrow-occipital line. The starting point of the anterior midline is the middle point of the brow, that is, GV-29 Yintang, and the terminus of the posterior midline

is the depression at the lower border of the occipital protuberance, that is, near DU-17. The eyebrow-occipital line is a horizontal line from the upper border of the eyebrow midpoint to the inferior border of the occipital protuberance. After that, two points need to be defined. The first point is 0.5 cm posterior to the midpoint of the anterior-posterior midline, and the second point is the intersection of the eyebrow-occipital line and anterior border of the corner of the temporal hairline.

The line between these two points is the Motor Area, 1.5 cm anterior and parallel to the Motor Area is the Chorea-Tremor Area.

### Acupuncture manipulation

**Key points: fire needle manipulation of the cranial base acupoints**

- (I) Heating the fire needle: Ignite a cotton ball soaked in 75% ethanol, and use the outer flame to heat the tip and body of the needle until red hot, repeat 2–3 times;
- (II) Disinfect the cranial base acupoints with 75% ethanol;
- (III) Key point—“Red”: Use the outer flame to heat the needle until red hot;
- (IV) Key point—“Quick”: Needle insertion must be quick;
- (V) Key point—“Accurate”: The acupoint location must be accurate;
- (VI) Wipe the acupuncture points with a dry cotton ball after completion of the fire needle manipulation.

**Key points: filiform needle manipulation of cranial base acupoints**

- (I) The needles are inserted into DU-17 and BL-9 horizontally along the skin in the direction of the feet, to a depth of 3–5 mm;
- (II) The needles are inserted perpendicularly at DU-16, DU-15, GB-20, and BL-10, to a depth of about 5 mm (5).

### Demonstration of auxiliary acupoints: governing vessel

Orthostatic hypotension (OH) occurs in a number of PD patients, and can be treated by filiform needle manipulation or fire needling of the Governing vessel acupoints. This patient did not display OH, thus only the acupoint selection is shown, with acupuncture treatment excluded.

Standard acupoints for treating OH include:

DU-14 Dazhui: Located in the depression below the spinous process of the seventh cervical vertebra.

DU-12 Shenzhu: Located in the depression below the spinous process of the third thoracic vertebra.

DU-11 Shendao: Located in the depression below the spinous process of the fifth thoracic vertebra.

DU-9 Zhiyang: Located in the depression below the spinous process of the seventh thoracic vertebra.

DU-8 Jinsuo: Located in the depression below the spinous process of the ninth thoracic vertebra.

DU-6 Jizhong: Located in the depression below the spinous process of the eleventh thoracic vertebra.

DU-4 Mingmen: Located in the depression below the spinous process of the second lumbar vertebra.

DU-3 Yaoyangguan: Located in the depression below the spinous process of the fourth lumbar vertebra.

### Acupuncture manipulation: scalp acupuncture chorea-tremor area

Key point: Horizontal insertion along the skin, rapid rotation.

### Summary

This video summarizes the clinical experience of the Deputy Director of the Acupuncture Department of Capital Medical University Affiliated Beijing Hospital of Traditional Chinese Medicine, Dr. Peng Chen, in treating PD with acupuncture. Due to time constraints, this video focuses mainly on the acupuncture methods particular to the treatment of PD, including fire needle and filiform needle manipulation of the cranial base acupoints, the scalp acupuncture chorea-tremor area, and Governing vessel acupoints, without mentioning the commonly used Liver and Kidney channel acupoints. This video was made to provoke thought among our TCM colleagues regarding the use of acupuncture in the treatment of PD, in order to improve the quality of life of PD patients.

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