Comparison and Analysis of Various Representative Schools of Head Needling

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Abstract: In this paper, by studying and reading the literature related to head acupuncture, its aim is to summarize and compare the similarities and differences in the principle of action, positioning and operation methods of different schools of head acupuncture. At present, the more widely used schools of head acupuncture include Jiao Shunfa head acupuncture, Fang Yunpeng head acupuncture, and Tang Songyan head acupuncture. The principles of stimulation site selection vary among schools, and their principles of action range from basic meridian doctrine principles to biological holographic principles. In terms of acupuncture method, Fang Yunpeng emphasizes that the depth of acupuncture needs to reach the periosteum, and the acupuncture site is inconsistent among different schools, which should be clinically and experimentally confirmed to confirm the scientific nature of the theory of scalp acupuncture, to protect the clinical experience of each school of acupuncture, to gather the strengths of all schools, to determine the best scheme of head acupuncture, to reduce blind clinical operations, to improve the efficacy, and finally to promote the promotion of head acupuncture.

Keywords: Head Acupuncture; Genre; Needling; Comparison

1. Introduction

Head acupuncture is a therapy in which specific zones and lines on the scalp are needled to treat diseases, which is especially applicable to brain-derived diseases such as stroke, cerebral palsy, and insomnia [1]. There are more head acupuncture schools used in clinical practice, and the common ones include Fang's head acupuncture by Yunpeng Fang, Jiao's head acupuncture by Shunfa Jiao, Tang's head acupuncture by Songyan Tang, Lin's head acupuncture by Xuejian Lin, and Zhu's head acupuncture by Mingqing Zhu. These head needles in the principle of acupuncture points, head point positioning, acupuncture operation and other aspects of different, the following is a brief comparison and analysis.

2. Principle of Action

There are various principles of head acupuncture, including the principles of traditional Chinese medicine's meridian theory, modern medicine's biological holographic theory or cortical function localization theory, based on which the corresponding stimulation zones are divided on the scalp for acupuncture [2]. Among them, Zhu's head acupuncture is mainly based on the principle of meridian theory, with Baihui as the division of yin and yang, which is divided into nine zones with "inverted correspondence" between the main treatment of the zone and the body position [3]. Jiao's head acupuncture and Lin's head acupuncture are both based on the theory of cortical functional localization, which means that the functional localization of the nerve centers coincides with the projection areas of the scalp, thus treating the corresponding functional disorders [4-5]. Tang's head acupuncture, on the other hand, is based on the biological holographic theory, which divides the human body into two parts as a coronal section, then reduces them in equal proportion, and finally hangs them on the front

and back of the scalp according to yin and yang, respectively [6]. Fang's head acupuncture combines the theory of cortical function localization and biological holographic theory, proposing a theoretical system of head acupuncture based on voodoo, voodoo, inverted voodoo, and inverted image [7].

3. Head Point Positioning

3.1 Jiao's Head Pin

Jiao's head pin is closest to the international standard head pin positioning. Two standard lines were set according to the cranial appearance as the anterior-posterior median line (the line connecting between the eyebrows to the middle of the head at the lower edge of the external occipital ridge), and the brow-occipital line (the horizontal line connecting the midpoint of the upper edge of the eyebrows to the lateral aspect of the head at the tip of the external occipital ridge) [8]. A total of fourteen lines are distributed here, including motor zone, sensory zone, choreo-tremor zone, vasodilation zone, dizzy hearing zone, speech zone II, speech zone III, use zone, foot transport sensory zone, visual zone, balance zone, stomach zone, thoracic zone, and genital zone.

3.2 Tang's Head Pin

Tang's actual is based on Jiao's head acupuncture therapy, which follows Jiao's naming sites on the motor zone, sensory zone, foot transportation sensory zone, blood zone (i.e. vasodilatation zone), visual zone, balance zone, stomach zone, and application zone, etc. In addition, it also determines the positioning of five stimulation points: the perineum point, umbilical point, jiantu point, fate point and dazhong point. On this basis, it determines the positioning and efficacy of the upper jiao zone, middle jiao zone, lower jiao zone, lumbar recommendation zone, back zone, and head and neck zone, which are within one inch and five minutes on both sides of the head median line [9]. The sensory zone, motor zone, sensory zone II, motor zone II, and blood zone were creatively combined as the "transport-sensory zone". Tang also identified the wind zone and static zone in the occipital region.

3.3 Lin's Head Pin

Needle selection is based on the study of the relationship between brain function and blood flow, in addition to locating the selected area according to the cerebral cortex function [10]. The temporal 3 needles correspond to the posterior part of the frontal lobe below the lateral fissure of the brain, visual, auditory and speech, which activates the blood flow in this area to add up. Frontal 5 needles are located in the anterior frontal area in the frontal lobe, and thinking activity activates the most increased blood flow in this area, which is scalloped in the corresponding part of the scalp is 2 cm from the hairline. The premotor area, which is located in a diamond-shaped area 3-4 cm in front of the motor area, its anterior edge meets the prefrontal area.

3.4 Zhu's Head Pin

Zhu's head acupuncture differs from the positioning of other head acupuncture points, specifically in that the back is yang, i.e., after the hundredth meeting is yang. The abdomen is yin, and the front of Baihui is yin [11]. The nine zones are divided into frontoparietal zone, frontoparietal 1 zone, frontoparietal 2 zone, parieto-temporal zone, parieto-occipital zone, parieto-knot posterior zone, anterior temporal zone, and posterior temporal zone. Each belt area corresponds to the head, upper jiao (hand), middle jiao (foot) and lower jiao.

3.5 Fang's Head Pin

The acupuncture zones of Fang's head acupuncture therapy are mainly composed of 4 central stimulation zones (voxel, voxel, inverted voxel, and inverted voxel) and 11 cortical functional stimulation points, of which voxel and thinking are taken unilaterally, while the rest are taken bilaterally [12]. The fuxiang is a miniature of the human body with open limbs and is located between the coronal, sagittal, and herringbone sutures. The fuchsia is a symmetrical miniature of the human body that lies across the frontal hairline, which is the embodiment of a holographic scalp point in the frontal region. The inverted elephant and inverted dirty are miniatures of an upside-down inverted human figure, so they are called "inverted elephant" and "inverted dirty". The remaining eleven points are for thinking, memory, speaking, writing, leveling, signaling, hearing, smelling, balance, and circulation.

All of the above schools have motor and sensory zones except Zhu's head acupuncture. In Fang's head acupuncture, Fu Xiang and Fu Dao correspond to motor and sensory areas respectively, but their specific positioning is different. Lin's head acupuncture is unique in that it has a static zone and a new cerebellar zone. The zoning of the Fang's head acupuncture voxel is similar to the entire acupuncture zoning of the Tang's head acupuncture, both of which are projections of the human body with the limbs open. However, the characteristic feature of Tang's head acupuncture is that the head projection is delineated by the yin-yang point, which is divided into two parts: supine and prone. The center line is the Ren line, which is Yin. From the center of the lower edge of the external occipital ridge to the point of yin and yang, the posterior median line between these is the Directing Vessel, which is Yang. Zhu's head acupuncture, on the other hand, distinguishes between yin and yang by the Baihui point. The yin and yang point of Tang's head acupuncture is not the Baihui point, but before the Baihui point, which is the midpoint of the front and back median line, which is also called the Huiyin point.

4. Needling Operation

4.1 Needling depth

Fang Yunpeng emphasized the need to reach the periosteum directly, Lin Xuejian asked for acupuncture close to the periosteum, and the rest of the doctors advocated acupuncture to the subcapitellar tendon membrane, Zhu Mingqing asked for acupuncture to reach the subcapitellar tendon membrane and then enter 1 inch, Jiao Shunfa asked for acupuncture to reach the subcapitellar tendon membrane and then enter 0.5-1.5 inch.

4.2 Needle Insertion Technique

Fang's head acupuncture uses the "flying needle straight stab" technique to enter the needle, which is characterized by stability, accuracy and speed. This technique emphasizes rapid needle entry, and the moment the patient feels the needle, the needle reaches the periosteum with a "pop" sound [13]. Jiao Shunfa also emphasizes rapid needle entry [14]. The left hand presses the selected mapping area and point, and the right hand holds the needle handle with the thumb, index and middle fingers, aligning it with the entry point, and stabbing into the scalp at an angle of 15-30 degrees, making a small twist, and leaving the needle when there is a good feeling of Qi under the fingers, which emphasizes softness.

4.3 Needle Manipulation

Tang Songyan advocates small amplitude lifting and twisting to get gas. Jiao Shunfa requires rapid twisting of the needle up to about 200 r/min for 1-3 minutes, which is repeated 3 times. Lin Xuejian and Zhu Mingqing advocate only lifting and inserting without twisting to obtain qi, Lin Xuejian in the acupuncture point area when a large area of stimulation to pump the method of needle 10 times. Zhu Mingqing emphasizes the "pumping method" and the "entering method" to

supplement diarrhea. Fang Yunpeng uses 1-3 needle movements during the needle retention period, using the unique triplex method of "light twisting, heavy pressure and trembling".

4.4 Needle Retention Time

Jiao Shunfa advocates regular needle retention within 30min. Fang Yunpeng, Tang Songyan, needle retention time is generally about 30min or according to the condition of the extended retention time. Such as Fang Yunpeng retaining needles more than 8h, Lin Xuejian retaining needles more than 1h, Zhu Mingqing requires retaining needles 2-48h. All of them use intermittent dynamic needle retention.

4.5 Therapeutic Effects

All schools are applicable to the treatment of stroke, cerebral palsy, anxiety, headache, insomnia and other diseases of cerebral origin. According to the literature, Fang's head acupuncture has also treated rheumatic heart disease, Lin's has some clinical effect on central constipation, while Tang's head acupuncture has had experience in treating joint pain in the wind area, and Jiao's has documented documentation about stubborn erratic. In fact, the scope of treatment of each school is extremely broad. With the development of the times, each school of head acupuncture therapy is often combined with other therapies to increase clinical efficacy, and they are quite effective. For example, Zhang Xiaoying [15] et al. demonstrated that Fang's head acupuncture, which is used to treat sudden deafness of the qi stagnation and blood stasis type by combining with acupuncture point injections, and then compared to simply giving the patient methylcobalamin injection. The combination of the two was able to significantly improve the patient's hearing, and improve their tinnitus symptoms. In a clinical study that included 72 patients, Li Wen [16] et al. found that exercise therapy combined with Tang's head acupuncture improved the daily living ability of stroke patients with hemiplegia more than medication. Hong Zhenmei [17] et al. compared the clinical efficacy of Jiao's head acupuncture combined with virtual reality (VR) technology rehabilitation training with VR technology rehabilitation training alone for the treatment of motor dysfunction in Parkinson's disease, and they found that all gait parameters improved in the observation group compared to the pre-treatment period, especially the gait distance and gait speed were better than the control group.

5. Conclusion

Through the above sorting, we can see that the principle of action of each school of head acupuncture, the positioning of head points and operating techniques are different, but they all have the advantages of fewer points, high safety, precise efficacy and easy operation. The development and inheritance of each school is not easy, and it is still in the process of improvement and innovation. From the 1950s to the present, the various schools of medicine have competed with each other, each with its own strengths, and they have continued to expand the scope of treatment of diseases, involving internal and external women and children. However, we cannot ignore that the common shortcoming is the lack of summary and consideration of clinical case studies with large sample sizes, and the exploration of their mechanisms of action. Despite the wide range of treatment, there is a lack of discovery of prominent diseases, and the amount of relevant literature is still lacking, its development still needs time to settle and the efforts of later generations. Therefore, we should gather the strengths of all schools, take their essence and discard their dregs, determine the best protocol for head acupuncture, clarify the effective stimulation zones and specific quantitative acupuncture techniques, standardize and standardize them, reduce blind clinical operations, improve therapeutic efficacy, and promote the application of head acupuncture therapy.

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