

Releasing the Neck: Treatment Strategies for Neurological Disorders

By Avi Magidoff, LAc

In treating neurological problems with acupuncture, releasing the neck is of great importance. *Ling Shu*, Chapter 2, discusses the 5 *shu* (transportation) points, describing the course of the channels in the four limbs. It then moves on to enumerate the heavenly points in the neck area, known in the European tradition as Windows of the Sky points. The authors of the *Ling Shu* clearly saw the energetics of the neck as being of equal importance to that of the four limbs. The neck is the mediator between the brain and the organs, between the command post and what executes those commands.

Releasing the neck is key to treating neurological conditions such as stroke (cerebrovascular accident, or CVA) or head injury. It should be noted, however, that many organic disorders, such as kidney, liver, thyroid, parathyroid, or pancreatic disorders, as well as mineral imbalances, can play causal roles in neurological syndromes such as seizures, tremors, apnea, arrhythmia, neuropathy, insomnia, disorientation, and fatigue. All of these factors must be addressed, in addition to releasing the neck.

Most strokes occur either inside the circle of Willis, which is an area at the base of the brain defined by a circuit of blood vessels, or at its entrances. The Circle of Willis is fed in the back by the basilar artery, which is the convergence of the vertebral arteries, as well as in the front by the internal carotids. Therefore, in order to affect circulatory problems in the head, we need to affect its circulatory

gates the vertebral and carotid arteries. The routes of the vertebral and carotid arteries include the SCM and the occiput. The routes of the vertebral arteries also include the sides of the cervical spine. Thus the SCM, occiput and cervicals can be used to assess the state of the blood vessels leading to the brain which, if congested, will affect the brain. Hence, releasing the neck can improve circulation and benefit the brain.

Neurological Brain Problems: The SCM

Releasing the SCM is of primary importance in treating neurological brain problems. In addition to its effect on the circle of Willis, the SCM also relaxes the vagus nerve, which lies beneath the SCM, and hence resolves many organ problems related to autonomic nervous control, especially sphincter problems.

People who have had a stroke, head injury, whiplash, or who have motor control problems (e.g., Parkinson's) have a very tight SCM, sometimes on one side only, sometimes on both sides. Often you can see the SCM sticking out like a tight rope. First palpate the SCM from the top down, not quite to the clavicle. Then release the SCM by using "SJ 8" and GB 40, both on the opposite side. The point "SJ 8" is, in fact, above SJ 9 and is located on the Triple Warmer channel about one third of the way down from the elbow to the wrist. If you slide your hand up from the wrist to the elbow, you will stop at the mound of the muscle: this is SJ 8. Once you have pressed on SJ 8, you should feel the opposite SCM soften, and the patient should feel no more SCM pain. After you have found the SJ 8 point that releases the SCM the most, needle it perpendicularly and manipulate with tiny up and down movements. This point can sometimes be more effective if located closer to the small intestine channel.

If there is hemiplegia on the side that SJ 8 must be needled, it may not release the SCM very easily due to poor circulation. In such cases, add ST41 on the side with presumably better circulation—the side with the tight SCM.

The Occiput

The vertebral arteries converge into the basilar artery in the rear portion of the brain.

Therefore, it is especially important to check the occiput—the UB 10 and GB 20 area, as this is an area where the artery curves. Any atherosclerosis here will have a significant impact.

Also check the *hua-tuo* of the cervical vertebrae, which cover the area of the vertebral artery as it moves up the sides of the cervical spine. You can press upwards on the cervicals and at the occiput. The main points to release these areas are Liv 8 and SJ 8, both on the same side as any findings on the neck. Liv 8 is found at the edge of the crease with the knee slightly bent, as dictated by its name, Bending Spring. Look for any gummy like nodules and make sure that pressing on them releases the neck. Needle Liv 8 perpendicularly and add direct moxa, Japanese style. This is also a great point for all tendon problems. Unlike releasing the SCM, releasing the occiput and cervicals requires that SJ 8 be used on the same side as the neck tension. Look for tightness at the SJ 8 point.

K 10 can be added to this combination, needled shallowly 10° upwards, in addition to the Immune Point—the area between LI 10 and LI 11 on the Triple Warmer channel, on the edge of the bone. Use these points on the same side as any neck findings. Bilateral insertion may be necessary if both sides of the neck are affected.

With the patient lying face down, a combination called *I-Hi-Kon* is used to release the basilar and vertebral artery reflexes in the neck. *I-Hi-Kon* consists of UB 40, UB 58, and UB 60. Locate UB 40 more laterally, close to UB 39. For both UB 40 and UB 58, look for the painful spot that releases the neck and needle perpendicularly and shallowly. UB 60 is needled against the flow towards the knee with a slightly thicker needle (#3). Go up to 30mm deep and stimulate. All points are used on the same side as the neck findings. For patients with a tight occiput or tight cervicals, *I-Hi-Kon* will often release other pressure-pain in the upper thoracic and sacral areas.

Head Injury

The same treatment is used for head injury. It is important to treat all head injuries, even



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those which took place many years ago. First, differentiate between injury to the *tai yang* zone versus the *shao yang* zone. For *tai yang* zone injury, use *I-Hi-Kon* on the same side. For *shao yang* zone injury, use the opposite SJ 8 and GB 40. It is often hard to determine which zone sustained the injury. More often than not, both treatments *I-Hi-Kon* and *shao yang*—are necessary. You can double check the effectiveness of the points against painful spots on the scalp and the ability to release them.

For patients with a rapid pulse, you may find that SJ 5 with GB 41 is more effective than SJ 8 with GB 40 for releasing the opposite SCM, or for releasing the opposite *shao yang* head injury site. Unlike SJ 8, however, SJ 5 does not release the back of the neck. On very nervous patients and children, a tiger-warmer can be used in the ear on the same side as the SCM that needs to be released. A tiger warmer is a pen-size metal moxa device that may be applied, in this case, to the cavum conchae and to the bottom of the inter-tragic notch—the endocrine area. Warming up this area releases the vagus nerve and, in turn, releases the SCM and relaxes the patient.

The 8 *Ba Feng* points in the webs of the toes are excellent points for oxygenating the brain. Master Nagano calls these points "essential depression points" and uses them for headaches, depression, stroke, and brain damage.

Blood Pressure Control Point "Under-3rd-Toe" is a point on the plantar portion, or underside, of the foot. It is located at the midpoint of the junction where the third toe connects to the foot—the metatarsodigital joint. This is an essential blood pressure control point for both high and low blood pressure, and an autonomic nervous system (ANS) disorder point. Many CVAs are highly correlated to hypertension. In acute intra-cerebral hemorrhage, blood pressure should not be dropped drastically; but as acupuncturists, we are unlikely to see such an acute phase, and thus need not worry about this.

Tight Pulse: Sympathetic Nervous System Dominance Disorders Under-3rd-Toe is a ma-

ior point for sympathetic dominance disorders where the sympathetic nervous system is overactive while the parasympathetic involvement is underactive. Typical presentation includes anxiety, palpitations, insomnia, temperature imbalances, and sweating. The typical pulse is what Master Nagano calls a tight pulse. This is a pulse that can be characterized in TCM as thin and wiry, and which disappears upon deeper pressure. Under-3rd-

Toe releases the opposite UB 10 and GB 20 area. Consider this point especially when the pulse is rapid.

Autonomic Nervous System Disorders

In ANS disorders, such as sympathetic dominance where the pulse is rapid, use Ren 6. For parasympathetic dominance where the pulse is slow, use Du 2. To further regulate

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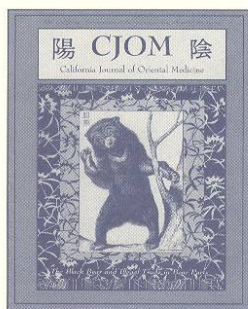
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the ANS, release the SCM using the opposite SJ/GB combination; and release the upper thoracics by needling the tender Hua Tuo points. A point close to UB 17, called ANS *Shu*, or Insomnia *Shu*, or Asthma *Shu*, may also be used. Always look for a tendinous, gummy feeling, and apply direct moxa, Japanese style, to this point.

One might view the Pericardium channel to be the ANS channel, so check P 8, the Fire point, for pressure pain on each side. If P 8 is painful with 3kg pressure, needle P 3 and P 5 (Metal/Water). Unlike the TCM system, P 3 is located between the two tendons. If the patient likes the pressure on P 8, needle it; however, if the patient expresses an aversion to being needled in the palm, needle P 4, located 3 fingers below P 3. If the patient neither likes nor dislikes the pressure on P 8, then needle P 6. All Pericardium points are needled with the flow of the channel.

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Releasing the Upper Thoracics

It is extremely important to release the upper thoracics in all neurological syndromes, especially in the elderly. This is the area where kyphosis and shrinking takes place, affecting the brain and face. Of special note are T-4 and T-5. Shifts on T-4 can affect dizziness and eye problems, while T-5 is an extremely important area for releasing the neck. Prior to needling these areas, they can be released using the Ear Brainstem point on the antitragus for T-4, and H 7 for T-5. Then the *Hua Tuo* of the sensitive vertebrae can be needled at a 45 degree angle toward the spine. The area between SI 9 and SI 10, needled up and out toward the deltoid, can also release the upper thoracics.

Wiry Pulse

A typical pulse in brain damage is what Master Nagano calls "wiry" pulse. This is an excess pulse that might feel wiry and slippery and which does not disappear upon deeper pressure. When such a pulse is found, often in Parkinson's and atherosclerosis, needle GB 39 superficially, upwards against the channel using a thicker needle, and tonify the Spleen using SP 9 or SP 10. The Gall Bladder channel is considered to be the brain channel, as it circles around the brain, is an extraordinary *fu*, and provides the opening to the brain for the *yang wei* and *yang qiao* vessels. If GB 38 is painful, the fire point of the GB, then needle GB 43 and GB 44 (metal/water).

Tight Trapezius

Many people have tightness in the neck that is a result of tight muscles, not necessarily reflecting the vertebral artery. The vertebral artery reflex is felt close to the bone at the occiput or cervicals, and feels like extra gummy tissue that is like an adhesion on the bone. A tight trapezius muscle, on the other hand, is felt slightly further out from the bone. A tight trapezius can still affect neurological syndromes and can be released with a point called Inner *Yin*, located on the kidney channel level with Liv 9. Many people have sugar metabolism issues which affect muscle tightness and spasms. Fluctuating between hyper- and hypo-glycemia activates the muscles and then abruptly relaxes them, setting the stage for spasms. In these cases, release the muscle

spasms with Sp 3 and the Oddi point. Here, Sp 3 is slightly closer to Sp 4 than the one described in TCM, and it is important to be sure that it in fact releases the neck. Once found, it is needled towards Sp 4. The Oddi point is around St 22 (*guanmen*, Gate of the Gate) on the right side only. It is located at the mid-point of the 45° line drawn from the navel to the bottom edge of the right ribs.

Scalenes

Another neck area to be released is the scalenes, the area above the clavicle between the two heads of the SCM. This reflects neurovascular compression, or thoracic outlet, and is often also involved in repetitive stress injury (RSI) of the arms. Press gently here to check for sensitivity. When sensitivity is found, release the area using Sp 3, the one closer to Sp 4, sometimes adding Lu 8, needled close to the tendon and towards Lu 9.

Releasing the neck is the key treatment for stroke and other neurological syndromes in the Nagano style, while Master Kawai uses scalp points as well as local arm and leg points. Together, these techniques are highly effective in treating post stroke paralysis and aphasia. Even patients who, 10 years after their stroke, still had their hands knotted in fists and elbows curled in, have been able to release the hand and gain movement within the first treatment.

Of course, releasing the neck and throat are also very important for many internal disorders, especially if anxiety or stress is involved. And one can also use the above techniques simply to resolve neck pain, shoulder and arm problems.

Avi Magidoff will be teaching at the CSOMA Expo 2000 on Sunday afternoon, April 30, demonstrating the techniques discussed in this article. To schedule a patient to be treated in the class, contact Avi at 415 252-8452 