

fine acupuncture needles, or by application of a gentle electrical stimulation. It has been hypothesized that auricular acupuncture works via the nervous innervation of the ear through its effect on the autonomic nervous system, the brain, and subsequently the body.¹² Auricular acupuncture can be used alone but it is more commonly used in conjunction with whole-body acupuncture (Figure 13-2).

Korean hand acupuncture was developed by Dr. T.W. Yoo in the 1970s. He identified a reflex somatotopic system on the hand that corresponds to that of the entire body, as well as to the traditional Chinese points and meridians. In Korean hand acupuncture, hand acupuncture points are stimulated in a manner similar to that of body acupuncture points, and the treatment can be used for the same conditions as those treated with more traditional types of acupuncture.^{13,14}

Scalp acupuncture was originally developed by Chinese researchers in the late 1960s. The technique now practiced most widely was developed by Dr. Toshikatsu Yamamoto in the 1970s. Yamamoto new scalp acupuncture (YNSA) appears to be particularly effective for treatment of painful disorders and neurological conditions such as stroke and Parkinson's disease.¹⁵

The Acupuncture Treatment

In Western medicine, the method of arriving at a diagnosis is divided into two complementary parts: the patient history, which involves listening to the patient's story of his or her past and present medical problems, and the physical examination, or the actual inspection of the individual. The acupuncture interview likewise has a clinical history and a physical ex-

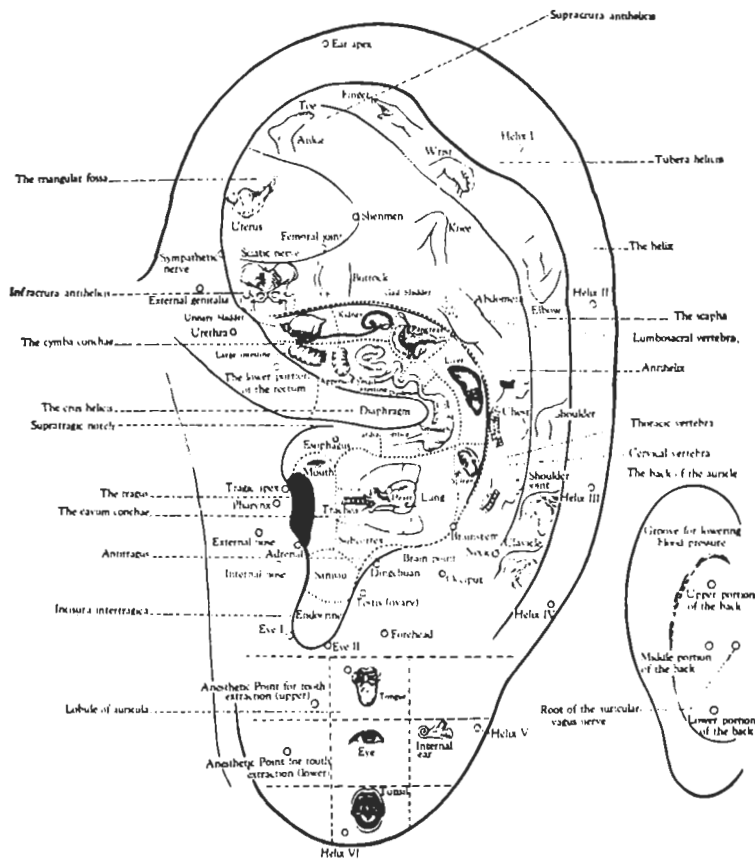


Figure 13-2 The corresponding regional anatomy of the auricular points.

amination component, yet these differ somewhat from those of the traditional Western medical examination. As previously discussed, historically, acupuncture practice allows for the incorporation of information not typically considered useful within a strict Western biomedical model of illness. Preferences for and aversions to various foods, tastes, seasons, colors, and climates add detail to the diagnostic tapestry. The acupuncturist's physical examination will involve palpation of specific acupuncture points, seeking areas of discomfort that indicate blockage of the flow of Qi. The color of the skin and odor of the body, as well as an examination of the microdiagnostic systems of the tongue and radial pulse, provide insight into the gross and subtle disruptions of the flow of Qi in the body. Combined with a comprehensive Western medical history and physical examination, the acupuncture history and examination provide for the creation of a richer, more dynamic tapestry of vivid colors and subtle depths describing the evolution of an individual's physical and psychological issues and the pattern of disharmony that caused him or her to seek medical attention.

Once the history and physical are complete, the practitioner will formulate a specific acupuncture diagnosis and treatment plan, influenced by his or her own background and training. As discussed, two principles are common to all acupuncture systems: affecting the subtle energies by harmonizing the flow of the life energy Qi; and inserting fine solid needles in various combinations and patterns to effect a therapeutic improvement in a patient's condition. Beyond a common reliance on these central principles, modern acupuncture practice is influenced by a variety of modes and techniques. Once a diagnosis is formulated, a treatment plan is outlined and initiated. U.S. acupuncture needles are typically very fine, 30 to 32 gauge, solid, and made of stainless steel. Most practitioners use presterilized, single-use needles, eliminating the concern for transmission of infectious diseases. The handles of the needles are usually made of a different material than the shaft itself, frequently copper, and twisted. Using two metals and twisting the handle is thought to facilitate stimulation of the acupuncture point because the needle both acts as a miniature battery (two metals in an electrolyte solution) and has a thermocouple effect.

The needles are inserted to a depth between 0.5 centimeters and 8 centimeters, depending on the lo-

cation (Figure 13-3). When the needle contacts the acupuncture point, patients experience a brief sensation of dull ache referred to as the "Deqi," the "needle grab" phenomenon, or "obtaining Qi." Thereafter, no further discomfort should be experienced. Once inserted, the needles can be left in a neutral position, manually adjusted, heated (with moxibustion), or electrically stimulated. Moxibustion is accomplished by using a slow burning herb called *mugwort* (Figure 13-4). The herb can be applied directly to the acupuncture point itself or to the needle inserted in the acupuncture point. Electrical stimulation is accomplished with electrodes applied directly to the acupuncture needles and connected to a battery-powered generator. Different



Figure 13-3 Hand acupuncture.

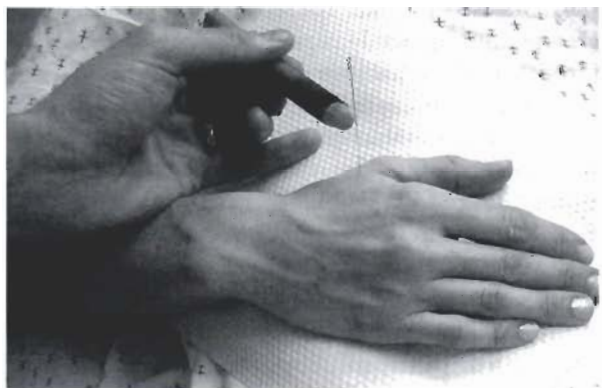


Figure 13-4 Moxibustion.