

## How Do You Treat *Poststroke Aphasia* with Acupuncture in Your Practice?

**P**OST-STROKE APHASIA can be devastating. Conventional treatment options are limited, and although speech therapy can be helpful, it is by no means a panacea. If acupuncture has any potential to assist patients who have aphasia, this modality would certainly be worth using it as an adjunct.

Acupuncture techniques are commonly used in China for poststroke rehabilitation, including aphasia.<sup>1</sup> In Traditional Chinese Medicine (TCM), cerebrovascular accidents are generally attributed to a combinative Excess of endogenous Wind, Liver Yang rising, and Phlegm. But there is often a concomitant deficiency of Qi and Blood, particularly in elderly patients, which may not become apparent until sometime later after the stroke.

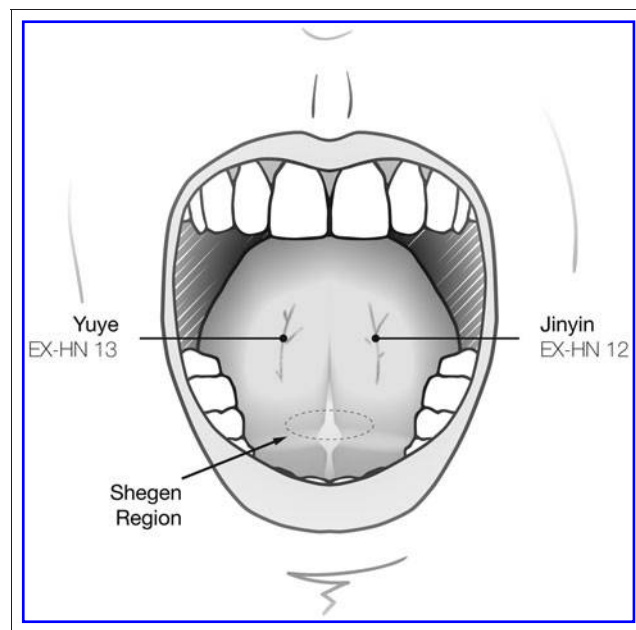
There are therefore at least two phases when considering intervention: immediate (1–3 months, mostly for Excess) and delayed (post 3 months, mostly for Deficiency). Patients mostly frequently seek acupuncture in the latter phase in which their likely energetic pattern will be a combination of Qi Deficiency, Blood Stagnation, and varying amounts of Phlegm. Standard acupuncture for aphasia includes bleeding the points M-HN 20 (*Jinyin* [EX-HN-12] and *Yuye* [EX-HN 13]).<sup>2</sup> These are usually accompanied by a few body points such as KI 6 (*Zhaohai*), HT 5 (*Tongli*), CV 12 (*Zhongwan*), and CV 23 (*Lianquan*). KI 6 and CV 23 open the Yin *Qiao* and *Ren Mai*, both of which travel to the face. HT 5 opens the Luo channel of the Heart, which penetrates the Heart and goes to the root of the Tongue. CV 23 is needled 2 *cun* toward the root of the Tongue, to bring Qi to the Tongue, while bleeding the sublingual veins is designed to mitigate Blood Stagnation.

One potential difficulty with this protocol is that needling inside the mouth may potentially repel patients away from the whole idea of acupuncture. However, there may be another option, especially if the veins are not particularly engorged. One simple approach involves electroacupuncture stimulation

of the *Shegen* region (in the midline at the base of the tongue (Fig. 1).<sup>3</sup> Although I have only tried this once myself, the technique proved to be acceptable to the patient involved.

*Shegen* can be combined either with HT 5 (*Tongli*) or HT 9 (*Shaochong*). A few body points can be added to tonify the Spleen/Kidney Qi, such as CV 4 (*Guanyuan*), CV 12 (*Zhongwan*), ST 36 (*Tsusanli*), SP 6 (*Sanyinjiao*), and KI-3 (*Taixi*); and to strengthen the Yang, such as BL 23 (*Shen-shu*), GV 4 (*Mingmen*), and GV 15 (*Yamen*); see Table 1.

I attach the red lead to one of the Heart points and connect the black lead to a needle, which is then used to touch the *Shegen* point at the base of the tongue, not penetrating the mucous membrane. If I choose HT 9, the electrode may



**FIG. 1.** *Yuye*, *Jinyin*, and *Shegen* regions on underside of tongue.

*Medical Acupuncture* is pleased to continue this regular feature, *Clinical Pearls*, which we have found to be very useful for, and practical to, the readership, and very popular. All of us are confronted with clinical challenges, especially when dealing with therapeutic strategies. We hope this ongoing collection of *Clinical Pearls* will be easily accessible and ready to put into action for the benefit of our patients, and even ourselves. How often do we ask our colleagues: "How do you treat...?" This time, we posed the question: "How do you treat poststroke aphasia in your practice?" Herein lie your contributions. We trust that our readership will continue to participate in this section by either asking the questions or supplying the "Pearls." If you have a "question" you would like to see answered, please send it to our managing editor, Yael Benporat, at: [yaelbenporat@me.com](mailto:yaelbenporat@me.com) We encourage and welcome your input and participation. Please address your answers to "Pearls" to our managing editor, Yael Benporat, at: [yaelbenporat@me.com](mailto:yaelbenporat@me.com)

TABLE 1. LOCAL AND DISTAL POINTS FOR TREATING POSTSTROKE DYSPHASIA/APHASIA

Pattern	Local points	Electrical stimulation
Standard protocol	Jinyin & Yuye bleeding KI 6 → CV 23	CV 23: 2 cun toward root of tongue Electrical stim (2–8 Hz) for 10–20 minutes
Shegen stim	HT 5 or HT 9 → Shegen	Electrical stim (2–8 Hz) for 10–20 minutes
↑Sp/KI Qi	CV 4 & 12, ST 36, SP 6, & KI 3	↑Ki Yang BL 23 & GV 4 & 15

stim, stimulation.

have to be fixed to the skin with adhesive. I use low-frequency stimulation (2–8 Hz) to get a bit of a tongue twitch and then, gradually and gently, turn the intensity up to the maximum that the patient can handle. I continue this for 10–20 minutes.

Scalp acupuncture can also be used, but there are several techniques to choose from. Perhaps the most traditional approach involves needling points relevant to the speech area on the lower 2/5ths of the motor line.<sup>4</sup> Again, I add low-frequency electrical stimulation (2–8 Hz) for 10–20 minutes.

Herbs too, can be useful adjuncts. *Bu Yang Huan Wu Tang* is a versatile formula that can be used over the long-term. The formula is used to address both Blood Stagnation and Qi Deficiency and is appropriate even months or years poststroke. If there is significant Phlegm, intermittent courses of *Xiao Huo Luo Dan* can be added.<sup>5</sup>

Treatments should be fairly frequent, ideally daily, or at least 2–3 times per week, for a couple of months. Keep in mind that acupuncture needs to be just one aspect of a more holistic approach (known as *Daoyin*) that should include a range of other modalities, such as physiotherapy, counseling, herbs, meditation, and speech therapy.<sup>6</sup>

## ACKNOWLEDGMENTS

Graphics were designed by Dr. Greenwood's son, Richard Greenwood, BFA, MFA (website: [www.richardgreenwood.ca](http://www.richardgreenwood.ca)).

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ACCORDING TO THE website of the U.S. National Institute of Neurological Disorders and Stroke, aphasia is a disorder caused by damage to the parts of the brain that control language.<sup>1</sup> The National Aphasia Association, also in the United States, states that aphasia is an acquired communication disorder and is one of the most feared symptoms of a stroke that impairs a person's ability to process language, but it does not affect intelligence.<sup>2</sup> Approximately 21%–38% of acute stroke survivors suffer from aphasia, a devastating neurologic condition affecting a person's ability to communicate and, thus, reintegrate into society.<sup>3</sup>

In the FES-Iztacala-UNAM (National Autonomous University of Mexico) acupuncture clinic, the Psychiatric Hospital of Yucatán, Mexico, and the Neuropsychiatric Institute of Yucatán, Mexico, we have been treating 2 patients with acupuncture for poststroke aphasia, by medical staff of the acupuncture clinic of the FES-Iztacala-UNAM, as a complementary treatment to conventional pharmacologic and rehabilitation therapy, which is provided by doctors of the Psychiatric Hospital of Yucatan and the Neuropsychiatric Institute of Yucatan. These two institutions work collaboratively with us at the university's acupuncture clinic.

According to the theory of energetics of living systems applied to acupuncture, poststroke aphasia is caused by a disturbance of the Kidney and the Spleen, creating Deficiencies of Qi, Blood, and Yin. These Deficiencies cause the body to be overwhelmed by Wind, Phlegm, Fire, and Stasis according to Traditional Chinese Medicine.

Preservation of core language-processing areas will generate minimal right-hemisphere recruitment and vice versa. Some experimental studies seem to suggest that the improvement linked to a particular hemisphere can be modulated by specific therapy methods.<sup>4,5</sup> We selected points of the Thoroughfare vessel (SP 4, ST 30, and PC 6)—