

lumbar spine surround tissue's chronic strain condition and strengthen the stability of lumbar spine joints.

From what has been discussed above, the particular style of Yi Jin Jing have the function of adjusting the spine joints and enhancing its stability, persistent practice can strengthen the spine stability, then prevent and treat the spinal correlation disease which caused by spinal unstable joints, it deserve to have a further research in terms of clinical and mechanism, and then provide objective basis and new direction for clinical spinal correlation disease's prevention and treatment.

References:

- [1]钟士元.脊柱相关疾病治疗学[M].广东：广东科技出版社，2002：145.
- [2]扬豪.脊柱相关疾病的中西医理论研究[J].中国临床康复，2004，32（8）：72-73.
- [3]马济人.《实用中医气功学》[M].上海：上海科技出版社,1999.123—124.
- [4]邱荣鹏.健身气功·易筋经对原发性纤维肌痛综合征的影响研究[D].南京：南京中医药大学.2011.
- [5]王立东,张瑛.脊柱及相关疾病发病原因探讨[J].按摩与导引，2005，21（10）：9-11.
- [6] Cortel Y,Dubousset J.C-Dinstrumentation in spine surgery.Montpelier, France:Sauramps Medical,1992:11
- [7] Denis F.The three column spine and its significance in the classificantion of acute thoracolumbar spinal injures.Spine 1983;8:817-31.
- [8]金大地.现代脊柱外科手术学[M].北京：人民军医出版社，2001：233
- [9]石爱桥,项汉平,张明亮,等.健身气功·易筋经新功法的编创及其成效初探[J].武汉体育学院学报,2005,39(4):47—49.
- [10]王震,邱不相,李志明.从导引图与养生功法的流变探研中国健身气功的本质特征[J].体育科学,2005,25(7):49—52.
- [11]梅荣军，刘波等.21世纪课程教材《推拿手法学配套光盘》[M/CD]：人民卫生出版社，2005.

Clinical observation of yu's cluster needle at scalp acupuncture points for balance disorder of post-stroke

Sunyuanzheng¹Zhaowenxiu²

(Heilongjiang University the Second Affiliated Hospital of Traditional Chinese Medicine, Acupuncture second ward ,Heilongjiang Harbin 150001 ; Heilongjiang University of Traditional Chinese Medicine (TCM), Heilongjiang Harbin 150040)

Abstract. Objective: This test adopts Yushi clustery acupuncture treatment to treat post-stroke balance disorder. Observe the clinical effect of this method in order to provide a theoretical basis for clinical application and development.Methods:This test choose patients who meet the criterion of brain hemorrhage or infarction with balance disorder. Divide patients into the observation group and the control group according to the single-blind-random method. Two groups were both treated with body acupuncture and rehabilitation for same time as conventional therapy.

The treatment group used Yushi clustery acupuncture treatment and the control group used Jiaoshi scalp acupuncture treatment. In order to estimate the clinic effect, this trial evaluate the scores of daily living (ADL) scale of Barthel index (BI) and the Berg balance scale after treatment. Results:1. Compare scores of daily living (ADL) scale of Barthel index (BI) and the Berg balance scale before and after treatment, there is great statistic difference between two groups ($P < 0.05$), indicating that two methods both can improve symptoms of balance disorder after stroke.2. Compare scores of daily living (ADL) scale of Barthel index (BI) and the Berg balance scale after treatment, there is great statistic difference between two groups ($P < 0.05$), indicating that the curative effect of Yushi clustery acupuncture treatment is better . Conclusion: Yushi clustery acupuncture treatment and Jiaoshi scalp acupuncture treatment both can improve the symptoms of patients suffered balance disorders after stroke, Yushi clustery acupuncture treatment has a significant effect in improving symptoms of balance disorders after stroke and the ability of independence living.

Key words: Yushi clustery acupuncture treatment; Jiaoshi scalp acupuncture; Stroke; Balance disorde

Stroke is one of the common diseases that affect human health. In various dysfunction in patients after stroke, a reduction in the ability to balance tend to affect the recovery of motor function. Therefore, enhance the recovery of balance impairment after stroke, has important clinical significance. We adopts Yushi clustery acupuncture treatment to treat post-stroke balance disorder. Observe the clinical effect of this method, reports are as follows.

1.dataand Methods

1.1 General information

Into research for heilongjiang university second affiliated hospital of traditional Chinese medicine acupuncture in patients with second unit in January 2012 to December 2012 hospitalized patients, a total of 60 cases, by random single blind method, divided into treatment group and control group, treatment group 30 cases, 24 cases of male, female 6 cases, 10 cases of cerebral hemorrhage, cerebral infarction in 20 cases, mean age (48.70 ± 11.39) years of age, average duration (3.47 ± 1.46) months; Control group 30 cases, 20 cases of male, female 10 cases, 8 cases cerebral hemorrhage, cerebral infarction and 22 cases, mean age (49.57 ± 11.22) years of age, average duration (3.53 ± 1.85) months. Two groups of patients with gender, age, stroke, type, duration, etc., there were no statistically significant differences ($P > 0.05$), comparable.

1.2 Diagnostic criteria

TCM diagnostic criteria reference to the State Administration of Traditional acute encephalopathy group drafting a research collaboration of the "stroke diagnosis and evaluation standard" (Trial) regulations 1995^[1]

Western diagnostic criteria refer to reference 1995 Chinese Medical Association Fourth National Conference on Cerebrovascular Disease profession through "all kinds of cerebrovascular disease diagnostic criteria" ^[2]

1.3 Inclusion criteria

(1) diagnosed by CT or MRI in patients with cerebral hemorrhage or cerebral infarction; (2) patient sex, age 35-70 years old; (3) In the course of six months or less; (4) limb muscle strength in patients with grade IV above; (5) Modified Ranking Scale score ≤ 3 points; (6) Semans balance disorder severity rating grade or more.

1.4 Treatment

1.4.1 Basic treatment

All patients were in accordance with the conventional acupuncture clinics, Donor needle acupuncture, Acupuncture point selection: upper: Quchi, Waiguan, Hegu ; leg: Zusanli Yanglingquan, Sanyinjiao, Taixi, Taichong; Action: Use 1 to 1.5 inches (40 ~ 50mm) needle, routine disinfection, Needle angle of 90° with the skin quickly into the needle, piercing 0.8 to 1.5 inch, use of

reinforcing-reducing techniques, the needle 30 min, once a day; Both groups were combined with exercise therapy, every 30 minutes, once a day. Two months a course of treatment.

1.4.2 group therapy

1.4.2.1 treatment group Yushi cluster's scalp acupuncture: Top Area: Baihui through the Qianding, Sishencong left and right Sishencong, and then out through the barbed forward an inch on each side, a total of five needles. Top former District: Former top through the skull will, on both sides of the Tongtian through the Chengguang, and the Zhengying through the Muchuang, a total of five needles. Suboccipital region: the Naohu through the Fengfu, and the Yuzhen through the Tianzhu, a total of three needles. Action: Use 1 to 1.5 inches (40 ~ 50mm) needle, routine disinfection, needle body and the angle of 15 ° to the scalp quickly into the needle, piercing subgaleal layer along the scalp line direction of the needle piercing 1.0 to 1.5 inch, slight twisting the needle body to get gas, each line of the needle lasted about 1m in, frequency of 150 to 200 beats / min, the needle 6 to 8 hours, once a day, two months a course of treatment, 3 month follow-up.

1.4.2.2 control group Jiao Shi scalp: Sport zone: on the point of coming in around 0.5 cm midline at the midpoint; pillow next point in the eyebrow line and the front hairline temples intersection. Down the connection between two points for the movement area, take down two o'clock connection point connection 2/5 points, a total of three needles. Balance area: external occipital protuberance at the top next to open 3.5 cm, cited downward parallel to the midline around 4 cm long straight line, a total of two needles. Action: Use 1 to 1.5 inches (40 ~ 50mm) needle, routine disinfection, needle body and the angle of 15 ° to the scalp quickly into the needle, piercing subgaleal layer along the scalp line direction of the needle piercing 1.0 to 1.5 inch, the line quickly twist the needle technique to get gas, each line of the needle for about 1min, frequency of 150 to 200 beats / min, the needle 30 min, once a day, a course of two months, three months after the follow-up ..

1.5 Outcome measures after treatment through Berg Balance Scale and activities of daily living (ADL) scale (Barthel Index) used to evaluate the efficacy of two treatment methods.

1.6 Statistical Analysis and Methods

Using SPSS 17.0 statistical software for data analysis. Measurement data $\bar{x} \pm S$ between the two groups were compared using t-test; Count data rate (%) said that the groups were compared using chi-square test. $P < 0.05$ was considered statistically significant.

2 Results

Table 1 before and after treatment Berg Balance Scale scores ($\bar{x} \pm S$)

Group	Cases	Score before treatment	Score after treatment	Follow-up rating
Treatment Group	30	24.20±10.25 [▲]	40.10±8.06 [□]	40.33±7.48 [□]
Control Group	30	24.97±10.52	35.33±9.03*	35.27±8.84*

Note: with the group before treatment * $P < 0.05$, compared with control group [▲] $P > 0.05$, [□] $P < 0.05$. Group 3 month follow-up after treatment compared with [★] $P > 0.05$.

Table 2 before and after treatment compared ADL activities of daily living ($\bar{x} \pm S$)

Group	Cases	Score before treatment	Score after treatment	Follow-up rating
Treatment Group	30	56.50±7.09 [▲]	80.17±5.94 [□]	80.67±6.39 [□]
Control Group	30	56.83±7.01	76.17±5.68*	75.33±5.86*

Note: with the group before treatment * $P < 0.05$, compared with control group [▲] $P > 0.05$, [□] $P < 0.05$. Group 3 month follow-up after treatment compared with [★] $P > 0.05$.

From Table 1 and Table 2 can be seen, After treatment, Berg scale scores and ADL scores were improved, Comparison group there was a significant difference ($P < 0.05$), between the two groups with a very significant difference ($P < 0.05$), Instructions were significantly improved balance, increased activity of life of patients and treatment group than the control group. 3 month follow-up compared with Berg Scale score after treatment compared ($P > 0.05$), the two groups efficacy and stability.

Table 3 Comparison of efficacy after treatment Berg (n = 30)

Group	Cases	Cure	Markedly Effective	Effective	Ineffective	Total Effective Rate
Treatment Group	30	10	12	7	1	96.67% [▲]
Control Group	30	5	6	16	3	90.0%

Note: The efficacy of the control group compared with [▲] P <0.05.

Table 4 before and after treatment ADL Comparison of efficacy (n = 30)

Group	Cases	Cure	Markedly Effective	Effective	Ineffective	Total Effective Rate
Treatment Group	30	2	17	9	2	93.33% [▲]
Treatment Group	30	1	7	19	3	90.0%

Note: The efficacy of the control group compared with [▲] P <0.05.

As can be seen from Table 3 and 4, the treatment group and the ADL BERG total effective rate was 96.67% and 93.33%, Compared with the control group, there were significant differences (P <0.05), indicating that the treatment group than the control group.

3 Discussion

Balance dysfunction is one of the body to maintain their normal resting state to maintain the continuity and stability of the dynamic activity of space capabilities abnormal disease^[3]. Stroke is a major cause of balance disorders cause. The incidence of stroke causes the brain to varying degrees of damage, Cause visual impairment, sensory loss, abnormal limb muscle strength and muscle tone, as well as uncoordinated movement happening, These can seriously affect the patient's balance function. Meanwhile, balance dysfunction on recovery of limb function in patients with great impact, Often resulting in patients not walk, daily life can not take care of themselves, and even cause permanent disability. Yushi cluster's scalp acupuncture^[4] is Professor Yu Zhishun head acupuncture in-depth study and summary And made a hole in the head's seven zoning law, Cong long needle prick method, scalp penetration acupuncture, acupuncture and intermittent twist "Needle field" hypothesis^[5]. Combining a variety of techniques, strengthening the needle FET, Thereby increasing the excitability of nerve cells, Promote reversible nerve cells resurrection strengthens brain plasticity, the clinical symptoms improved. "Field said," put forward to make up for the lack of traditional acupuncture treatment, however, the "needle field" theory of science, still need further proof.

This study shows that in the Yushi cluster's scalp acupuncture in improving balance disorders after stroke, the effect is significant, And can significantly improve the lives of patients mobility. Clinical application and promotion of great significance.

4 Conclusions

1 in Yushi cluster's scalp acupuncture group and Jiao Shi scalp acupuncture group can effectively improve the patient's balance disorder after stroke, Acupuncture treatment efficacy of balance disorders after stroke sure.

2 stabbed in the Yushi cluster's scalp method in improving aspects of balance disorders after stroke better than Jiao Shi scalp, Patient can more effectively improve balance, improve patient life activity.

References

- [1] State Administration of Traditional Chinese medicine disease diagnosis and efficacy of the standard [S]. Nanjing: Nanjing University Press, 1994:23.
- [2] Fourth National Conference on Cerebrovascular Disease. Types of cerebrovascular disease diagnostic criteria [J]. Journal of Neurology, 1996,12 (6) :379-380.
- [3] Zhuo Dahong. Chinese Journal of Rehabilitation Medicine. 2nd Edition. Beijing: China Press, 2003:155.

- [4] Yu Zhishun, the scalp basic and clinical [M]. Beijing: Chinese Medical Science and Technology Press, 1992
- [5] Sun Zhongren, Zhu Luwen, Yu Zhishun, etc.'s head at point cluster needling features introduced and clinical analysis [S] 2011 Chinese Acupuncture Association Annual Meeting :567-570.

Clinical Study on the Intervention Effect of Scalp Clustery Acupuncture on Cognitive Function of Subcortical Arteriosclerotic Encephalopathy

SUN Yuan-zheng¹, SUN Ying-zhe².

1.The Second Affiliated Hospital of Heilongjiang University of Traditional Chinese Medicine, Harbin 150001,China; 2.Heilongjiang University of Traditional Chinese Medicine, Harbin 150040,China

[Abstract] ObjectiveTo explore the effectiveness of the intervention of scalp clustery acupuncture in treating cognitive function of subcortical arteriosclerotic encephalopathy. **Method** Sixty patients with SAE who met inclusion and exclusion criteria were randomized into atreatment group and a control group, 30 in each group. The treatment group was intervened by scalp clustery acupuncture, and the control group was by Donepezil Hydrochloride Tables. Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA), and determination of P₃₀₀ latency period and amplitude were adopted for evaluation. **Result** The total effective rate was 83.3% in the treatment group versus 53.3% in the control group, and the difference was statistically significant ($P<0.01$). After treatment, inner-group comparison of MMSE and MoCA scores and P₃₀₀ latency period and amplitude showed significant improvements (all $P<0.01$); after treatment, the differences between the treatment group and control group were statistically significant in comparing MMSE and MoCA scores, and P₃₀₀ latency period and amplitude ($P<0.05$). **Conclusion**Fontal and Parietal congthornis an effective and feasible approach, which can significantly improve MMSE and MoCA scores, shorten P₃₀₀ latency periodand increase P₃₀₀ amplitude. And it is conducive to the improvement of cognitive function.

[Key words] Acupuncture therapy, Scalp acupuncture, Cognitive function, Cluster needling, Dementia, Vascular

Subcortical arterioscleroticencephalopathy(SAE) ,as a type of vascular dementia, belongs to leukoaraiosis. The disease is mainly due tohypertension, which leads tosmall intracranial atherosclerosis, vascular wall thickening,fatty hyaline degeneration andischemic white matter demyelination. The most characteristicclinicalmanifestation ischronic progressivecognitive impairment. In addition,Pyramidal tract damage is often accompanied^[1]. Modernmedicine indiagnosis of the diseasehas madegreat progress, but in approach mainly adoptssymptomatic treatment, lack of effective approach to improve cognitive function and prevent disease progression. Many studies have reported that Yushi scalp clustery acupuncturehas a unique advantage in treatment of the disease. The author adoptedscalp clustery acupuncture to treat the disease 30 cases and 30 caseswith the drugcompared in the clinical.Reported as follows:

1 Clinical data

1.1 General Information

Sixty patients with SAE who met inclusion and exclusion criteria were randomized into atreatment group and a control group,30 in each group. All cases were from the Second Affiliated Hospital of Heilongjiang University of Traditional Chinese Medicine.Compared two groups ofpatients with general information, the difference was not statistically significant($P>0.05$).

Table 1 Comparison of two groups of patients in general information