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

Post-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.1 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].2 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).3 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 (Tsanyinjiao), and KI-3 (Taixi); and to strengthen the Yang, such as BL 23 (Shenshu), 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

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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 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 We encourage and welcome your input and participation. Please address your answers to “Pearls” to our managing editor, Yael Benporat, at: yaelbenporat@me.com
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.4 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 addresses 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.5

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.6

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REFERENCES