

Acupuncture Therapy for Cerebrovascular Diseases

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Cerebral vascular diseases fall into two general categories: 1) severe stroke, and 2) minor stroke, and are indicated by differences in their syndromes. Severe stroke was previously called *Jung jin fu* (中臟腑, central viscera); it is also known as cerebral hemorrhage. Minor stroke is also known as *Jung jin le* (中經絡, central connecting meridian), and includes cerebral embolism, cerebral thrombosis, subarachnoid hemorrhage, cerebral angiospasm, and so on.

Syndromes of *Jung jin fu* (severe stroke) predominately occur in the elderly who have a history of arterio-sclerosis and hypertension. The onset of severe stroke is sudden; a patient might fall down abruptly and lapse into a coma. He will breathe through his nose with a loud snoring sound caused by the phlegm caught in his trachea. His mouth and eyes will be askew, and there will be paralysis of all four limbs or partial paralysis in other parts of the body. His pupils will become asymmetrical or contracted; his hands will be tightly clenched; and urination and stooling will stop. The patient's pulses will be tense, strong, and solid, and there will be a thick coating of "fur" on the tongue. Those symptoms are known as the "close syndrome" (*bi jeng* 閉症).

If the person's proper energy is too weak to overcome the evil influence of the disease, the illness will further develop into the "loss syndrome" (*two jeng* 脫症). In this case, the patient's eyes close shut and his mouth hangs open. He falls into a deep sleep with heavy snoring. His cheeks become flushed red, and then his face turns pale. There is incontinent urination and stooling, and his hands and feet become extremely cold. His pulses weaken and almost disappear.

There may also be a simultaneous occurrence of both "loss" and "close" syndromes, in which case the sickness is referred to as "inner tightness and outer slackness" (內閉外脫).

The second general category, mid-meridian (minor) stroke, occurs most often among elderly and middle-aged patients who have had a history of arterio-sclerosis. The onset of the syndrome in these cases is gradual and slow, with the patients usually becoming paralyzed while asleep and either remain unconscious or discover their condition upon waking up. Other indications of syndromes might include loss of speech, drooling at the mouth, deviation of the mouth and eyes, and difficulty in swallowing (dysphagia). In most cases, examination of the spinal fluid will register normal.

Subarachnoid hemorrhage often attacks young or middle-aged patients who suffer from intracranial vascular disease or arteriosclerosis. In these cases, the onset is abrupt. Patients will experience severe headache and vomiting, followed by coma. A minority of patients also develop hemiparalysis, or will have blood appearing in their spinal fluid.

to be continued
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