Treating Parkinson's Disease with Scalp Acupuncture

Scientific study on the efficacy of Acupuncture through Dopamine and Dopaminergic stimulation to increase the Activity of Parkinson's patients in everyday life (ADAPt)

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Background
Yamamoto New Scalp Acupuncture (YNSA) was developed in Japan in 1973 by Toshikatsu Yamamoto. The method is based on a somatotome, in which the entire organism is projected on a defined area of the scalp. Here the focus lies on the Y-points, which represent meridians and which are located temporal. In 2006 a new point, the ZS-point(Zeise-Suess), was discovered in the region of the Y-points, at first on the Yin-side and then later on the Yang-side of the scalp. In 2013 it was proven by Zeise-Suess through laboratory chemical analysis that prolactin can be lowered just as efficiently with acupuncture of the ZS-point on the Yang-side as with bromocriptine treatment (dopaminergic substance, 1974 Calne et al.). Parkinson’s Disease was described by James Parkinson in 1817. It is the most common chronic neurological disease in the world with 4.100.000 (2014) patients currently affected. There are many symptoms in the cognitive, psychological and motor skills areas. The etiological cause of the disease lies in the substantia nigra and the core areas of the caudate nucleus (control of arbitrary movements), the putamen and the nucleus accumbens as the mesolimic system, where the “reward system” is controlled. Drug therapy is performed among others with dopamine and dopaminergic substances.

Introduction
The hypothesis of this work is, that both ZS-points form an independent somatotome. Acupuncture here has an effect on the midbrain: Acupuncture of the ZS yin-point activates the body’s own dopamine, whereas acupuncture of the ZS yang-point has a dopaminergic effect. This hypothesis is supposed to be backed up by a controlled study of 60 patients.

Methods
30 patients (verum), 30 patients (controls), observation period of 12 weeks (2015)

Inclusion criteria: Subjects diagnosed with Parkinson’s disease for at least one year, aged 18-85 years, ability to walk, current regimen continued, capable of keeping appointments, and able to fill out questionnaires. Exclusion criteria: Subjects confined to bed, treated in any way with acupuncture within 4 weeks prior to start of the study, recent change in medication

Material
Acupuncture needles TEVA 0.30/30 standardized questionnaires PDQ39 and UPDRS, part I and II. Identical are: Site, time of day, room temperature, interviewer, GP (acupuncturist), maximum time with GP: 5 minutes

Procedure
10 times acupuncture (verum group) at the ZS-somatotome, once per week. Before start and after end of the study patients have to complete the PDQ39. A each acupuncture session: Interview UPDRS, part I and II, then acupuncture, rest for 25 minutes, remove needles. 2nd UPDRS, part I and II are handed out to be filled out by patients on the fourth day of acupuncture and handed in during the next treatment. The control group only has to fill out the PDQ39 at the start and end of study.

Results
The results are presented in diagrams using the UPDRS [I+II] and the PDQ39 questionnaires.

UPDRS I: From an average initial score of 2.21 the value for the cognitive disorders dropped to 1.97 after the first acupuncture, after the 3rd acupuncture to 1.59 and leveled off with a slight improvement during the course to 1.38. This is an improvement of 38 %

UPDRS II: From an average initial score of 11.28 for motor dysfunctions the values decreased more slowly yet continuously within the first 4 treatments and leveled off still slightly decreasing to a value of 8.14. This is an improvement of 28 %

PDQ39: In the verum group in all requested restrictions, a significant improvement is to be measured.

Comments
To our knowledge this is the first time patients with Parkinson’s disease were treated with scalp acupuncture according to Yamamoto. The objective is to reduce drugs for minimizing side effects, which are very uncomfortable. These results are achieved with acupuncture in only two points as defined in the study. An even better result can be expected if scalp acupuncture is performed to target the other symptoms. This study was partly supported by the Hilde-Ulrichs Stiftung fuer Parkinson in Germany.

Literature
1 Yamamoto Y, Yamamoto H, Yamamoto MM. Yamamoto Nerve Schadelakupunktur. Kowless, Waehr, 2005