

## ACUPUNCTURE POINTS USED TO RECOVERY CEREBRAL PARALYSIS

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### ABSTRACT

The development and posture issue known as cerebral paralysis (CP) affects children and young adults and is caused by damage to the brain. The damage to the brain is permanent and cannot be repaired, but the earlier we begin to offer intercession, the more progress can be made. Any non-moderate focused sensory system (CNS) lesion that takes place during the first two (some say five) years of life is considered to be cerebral palsy (CP). There are several definitions of cerebral paralysis in the writing, and although they may vary slightly in how they are expressed, they are all compared and may be summed up to Cerebral paralysis is a collection of extremely persistent, but not unending, issues with growth, prospective action, and mechanism. It can result from a severe impedence, injury, or irregularity of the developing or young brain. This description specifically excludes modest engine capability issues, which are indicated by the loss of newly acquired skills in the first five years of life.

Scalp needle therapy has been shown to be effective for treating a variety of focal sensory system issues, including ghost pain and complex provincial pain. These conditions include cerebral paralysis, multiple sclerosis, strokes, Parkinson's disease awful mind injury, and posttraumatic stress disorder.

### I. INTRODUCTION

Cerebral paralysis (CP) is an umbrella term that covers a variety of age-related, aetiologically diverse side effects rather than a defined, distinct illness category. The English muscular specialist William Little first used the term "cerebral loss of motion" in an intriguing way many years ago. He connected difficult work and prenatal hypoxia with appendage spasticity and significant outer muscle abnormalities. The definition of cerebral paralysis has evolved significantly over time. The current definition of cerebral paralysis, developed by a global team of experts, describes it as a collection of extremely persistent but intermittent problems with posture, motor function, and development that result from a non-moderate obstruction, sore, or irregularity of the developing or young brain.

The primary factors used to diagnose cerebral paralysis are standing and motor impairments that start in childhood and last a lifetime; they are not mild but get worse as people age. The central side effects of cerebral paralysis, engine capacity concerns, are frequently accompanied by other dysfunctions, such as sensory, perceptual, mental, communication, and social problems, epilepsy, and optional outer muscle illnesses. 6-8 Multiple metabolic and non-moderate genetic problems could cause engine malfunction that resembles cerebral paralysis. These issues are typically characterised as CP imitators. There are written accounts of typical digestive errors masquerading as CP impersonates; a significant number of these illnesses are curable to the point where neurological damage can be avoided or rectified. If at all possible, the primary cause of a cerebral paralysis disorder should be continuously identified. This is especially important because genetic or metabolic issues can change the course of treatment without clear infection. A precise diagnosis of a metabolic or hereditary condition has important implications for the likelihood of treatment, accurate guesswork, and hereditary counselling. Examining current viewpoints on the definitions, risk factors, diagnostics, and treatment of CP as well as concomitant disorders, such as drug-safe epilepsy, was the goal of the current writing survey.



The act of organisation recognises those circumstances with diverse highlights isolated or independent and classes them along with similar features. A characterisation framework for children with cerebral paralysis has the benefit of providing a common vocabulary to quickly express a clinical representation of a child's performance. There have been numerous attempts to provide a solid, reproducible framework for characterization for children with cerebral paralysis. However, few have been successful, which can be inferred from the varied concept of cerebral paralysis, which makes grouping a difficult task. William Minimal, a specialist in muscles, compiled the clinical summaries of 47 cases in the beginning, back in 1862.

The plainly unaffected appendage had a smaller disadvantage due to the hemiplegic's unbending tendency on one side in particular; Basically, paraplegia affects the two legs more than the arms. steadfast nature The aetiology, mind imaging, subtype, and geological distribution of the excessive development issue, stride, and gross engine capability have been the focus of innovative work of order frameworks for children with cerebral paralysis. The Swedish Order (SC) of Cerebral Paralysis subtypes employs a method that is specific to a particular region. It illustrates the number and distribution of the affected appendages, as well as the kind of muscle tone (spastic, dyskinetic, ataxic, or mixed) (monoplegia, hemiplegia, diplegia, tetraplegia, and quadriplegia). This concept was advanced by The Reconnaissance of Cerebral Paralysis in Europe (SCPE), which in 2000 proposed a new classification of the many subtypes of cerebral paralysis.

The doctor must be able to identify the transcendent engine issue in order to treat the SC and SCPE orders of the Cerebral Paralysis sub-type. With little knowledge of the intra-observer dependability of different subtypes of cerebral paralysis, there is significant concern regarding the legitimacy and unshakable quality of the SC and SCPE devices. When clinical examination is divided based on which engine design is used, the distinctions become apparent.

## II. TYPES OF CEREBRAL PARALYSIS

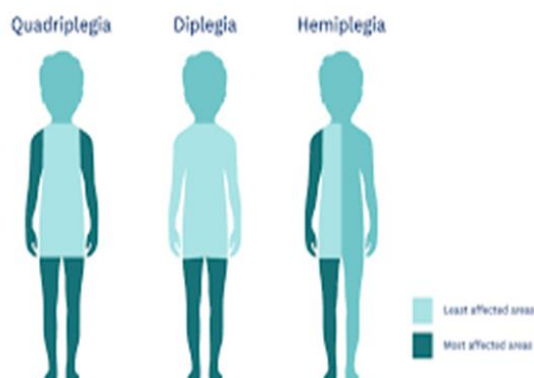
A neurological condition known as cerebral paralysis (CP) affects coordination, muscular tone, and development. These effects can differ from one child with cerebral paralysis to the next, and this is typically due to the nature and severity of each person's condition. There are four main types of cerebral paralysis, each of which is caused by abnormalities in a different part of the brain and manifests in a different way.

### 1. SPASTIC CEREBRAL PARALYSIS:

The most well-known type of cerebral paralysis is spastic cerebral paralysis. Spastic cerebral paralysis patients feel their muscles are hard, and their movements may appear solid and jerky. Because the messages to the muscles are relayed through the damaged area of the brain incorrectly, the muscles appear solid. The quicker an appendage is moved while a muscle is affected by spasticity, the stiffer it seems. Spasticity develops as a result of damage to large numbers of neurons known as corticospinal plots and corticobulbar parcels in the brain and spinal cord.

According to how and where it affects the body, there are three different kinds of spastic cerebral paralysis: quadriplegic, diplegic, and hemiplegic.

Quadriplegia is a side effect of motion loss that affects all of a person's limbs and body, beginning at the neck. Quadriplegia can be caused by illnesses as well as physical problems with the spinal column in your neck, which is the condition's most common cause.



A disorder called diplegia results in stiffness, deficiency, or a lack of adaptability in the muscle groups on the two sides of the body. This typically affects the legs, although in some people the arms and face may also be affected.

**SYMPTOMS:**

For spastic cerebral paralysis, there is no one test. Experts make a decision based on observed side effects and other conditions that may be caused by cerebral paralysis, such as seizure jumble.

The diagnosis of this cerebral paralysis depends on perceptions because a youngster cannot see what is happening. The formative accomplishments, development, reflexes, and movement patterns of a child are examined by experts. They can also conduct a number of tests to rule out other possibilities and reach the diagnosis of spastic cerebral paralysis:

- MRI and CT scans of the brain
- Electromyography, which evaluates muscle weakness, and Electroencephalography, which detects electrical activity in the brain
- Examinations to rule out linked problems, like hearing or vision exams.

**SYMPTOMS:**

2. ATAXIC CEREBRAL PARALYSIS: Ataxic cerebral paralysis is the rarest of the three main types of cerebral paralysis.

It impairs profundity discernment as well as terrible coordination and equilibrium. Ataxic cerebral paralysis medications include treatment and prescription.

An unusual form of cerebral paralysis, known as ataxic cerebral paralysis, affects 5% to 10% of the population. The word ataxia, from which the name derives, connotes a lack of coordination and an absence of request. Damage to the cerebellum, the brain's balance focal point, results in ataxic cerebral paralysis. Damage to the cerebellum, which is in charge of calibrating the body's developmental instructions, results in terrible coordination and an absence of equilibrium. Due to impaired balance and depth perception, walking with feet apart is one of the most distinctive side symptoms of ataxic cerebral paralysis.



Various negative impacts consist of:

Unsteady developments brought on by balance issues.

Quakes (especially while going after things) (particularly while going after things), obstacles to rapid development. precise finger development issues Talking in a hoarse or monotone voice is referred to as "checking" conversation. slowly developing eyes difficulties with hearing and eyesight occasionally.

**TREATMENT:**

The goal of ataxic cerebral paralysis treatment is to minimise how one's personal pleasure is impacted by engine deficits by concentrating on each person's unique side effects.

While damaged areas of the brain cannot recover, healthy parts of the mind can use brain plasticity to enhance ataxic CP-related functionalities. The ability of the focused sensory system to implement flexible changes and update its brain hardware is known as brain adaptation. The mind is always changing in light of the mundane

tasks we carry out. Thus, by consistently practising the skills we want to develop, abilities that have been damaged by brain damage may actually be transferred to stable, unharmed regions of the mind and advanced.

Treatment for ataxic cerebral paralysis might include:

Non-intrusive treatment focuses on improving your child's balance skills and correcting unusual walking patterns through prescribed exercise. Additionally, they could talk about core strength and solidity and recommend specific equipment, such as props or a walker, to improve walking abilities. They can frequently use games and exercises, such as an obstacle course, to increase a child's motivation to participate in therapy.

Word-related therapy can help patients develop their fine motor skills by practising everyday, normal activities like cooking and eating. For children, word-related experts may also focus on planning play-related motions and taking care of school-related skills.

In order to make daily tasks easier to complete, word-related specialists may also teach people how to use portable gadgets and compensatory approaches most effectively.

Supports and braces, for example, are common orthotic devices that enable patients with low muscle tone greater control and positioning. Language teaching can help people who have communication difficulties strengthen their oral motor muscles and improve their communication skills. Individuals can also pick up optional correspondence techniques if they need to. Additionally, oral engine issues affecting the ability to swallow and eat can be addressed by language teachers as necessary.

The executives' interjections will vary depending on each person's unique engine flaws. No matter the type of treatment desired, dealing with rehabilitative activities and exercises outside of treatment sessions might increase brain plasticity for more pronounced improvements.

### 3. ATONIC CEREBRAL PARALYSIS:

Ataxic-hypotonic cerebral paralysis, also known as atonic cerebral paralysis, is an intriguing form of the condition that affects several muscle groups and processes. Additionally, it may be accompanied by disorders including seizures and impaired vision. For children with atonic CP, a variety of therapeutic options are available that mostly focus on their sense of fulfilment.

Atnoia suggests that the muscles are not toned. Children who have this type of cerebral paralysis have poor reflexes and difficulty moving. Today, spastic, dyskinetic, ataxic, and mixed cerebral paralysis are the most common types. The rarity of atonic cerebral paralysis makes it challenging for experts to draw a precise conclusion.



### CAUSES & SYMPTOMS:

The cerebellum, which is the part of the brain that regulates balance and coordination, is damaged when a newborn child experiences atonic cerebral paralysis. When difficult work results in brain damage and oxygen loss, it is one of the main causes of atonic cerebral paralysis. For example, oxygen difficulty can arise at any point throughout pregnancy, but it typically occurs when a child becomes distressed while at work. A baby with a packed or distorted umbilical cord or one who is halted in the mother's pelvis may experience oxygen deprivation. A few more factors that arise at work include placental damage, foetal stroke, and maternal hypertension (which can prompt foetal stroke). Atonic cerebral paralysis can also result from injuries brought on by contaminations and cytokines supplied while the mother is pregnant, usually during the first five months of pregnancy.

### SYMPTOMS:

Virtually no head control is a warning sign of atonia. Typically, when a youngster isn't holding its head up by 90 days, doctors notice a problem. The following are a few atonic cerebral paralysis adverse effects:

Slow responses; erratic, unstable developments; and unsatisfactory equilibrium. A wide stride with feet oddly spread apart. Low muscle tone. Learning disabilities and speech impediments (which affect about half of children with atonic cerebral paralysis). Slow eye development. Hoarse or snorting noises. Problems with writing, fastening shirts, and eating. Some children with atonic cerebral paralysis will experience seizures. Difficulties breathing; Tendon and joint slackness.

#### TREATMENT :

##### 1. BOTOX:

Botox can help to stabilise the muscles and stop muscle tremors. However, the U.S. Public Establishments of Health (NIH) issues a warning, stating that "most studies have demonstrated that the improvements following BoNT-A treatment in children with spastic equinus are small and transient." Researchers and physicians who oversaw the focus also noted that some children's muscles stopped responding to the treatment. Discuss this course of therapy with your doctor, and then carefully balance the benefits and drawbacks before deciding. Keep in mind that using Botox to treat cerebral paralysis is considered to be off-label use. Its use has not received support from the FDA. However, the anticipated benefits of Botox for cerebral paralysis include:

- An improvement in step design
- A decrease in pain
- A decrease in spasticity
- Movement scope improvement
- Placement of improvement

##### 2.TREATMENT:

Drugs for seizures, torture, and other clinical problems assist in treating torture and its immediate incidental effects.

##### 3. STEM CELL TREATMENT:

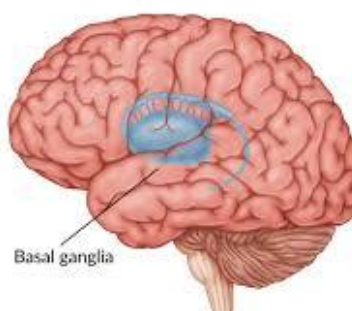
According to the American Public Foundations for Health, undifferentiated organism therapy used on children with atonic cerebral paralysis has shown encouraging results.

According to our data, this treatment may be beneficial for about 73% of CP patients. The improvement increases by an average of 1.3 focuses from 0 to 3 score levels. Additionally, there is a good level of bladder, internal, and mental control, and the spasticity is progressing Other factors that can shorten life expectancy are:

- The severity of the child's deficits Academic limitations and mental functioning The severity of respiratory problems
- The general seriousness of the problem facing the child.
- Issues with portability that may result in a weakened immune system and premature maturing
- Remember that your child can benefit much from superb clinical care combined with firm treatment. It's crucial to consult with your child's doctor to choose the best course of action and legal therapies in order to maximise the likelihood that they'll live a long life.

##### 4. DYSKINETIC CEREBRAL PARALYSIS:

Its also known as athetoid cerebral paralysis or ADCP, dyskinetic cerebral paralysis is a subtype of the condition distinguished by forced movement. It's not as intriguing as ataxic or mixed CP, despite not being as common as spastic cerebral paralysis.





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**REASONS AND SYMPTOMS:**

Damage to the basal ganglia of the brain causes dyskinetic/athetoid cerebral paralysis. The body is responsible for receiving messages from the basal ganglia that direct and regulate events. When the basal ganglia are damaged, willful development is compromised, leading to compelled and odd developments.

Dystonia, athetosis, and chorea are the three primary characteristics of dyskinetic cerebral paralysis. Each of these characteristics has its own set of negative impacts.

Compulsory muscle contractions set apart by wiggling are a feature of dystonia. These gradual, tedious processes only worsen when the child begins to move.

Other adverse effects include: unusual and aberrant posture, changes in growth from slow and difficult to quick and fast, and an increase in compulsive behaviours whether the child is concentrated or sleepy.

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Although dystonia can affect the entire body, it occasionally only affects one specific area. For instance, whereas one child may experience compulsive, unbalanced changes across their entire body (referred to as dystonia), another child may experience these same adverse effects only in their legs (central dystonia). Many dystonia sufferers use tactile tricks to inhibit necessary growth. Some people with dystonia find it helpful to restrain their movements by leaning against a wall or placing their hand behind their head.

Squeezing the eyes with the fingers or using other tactile tricks.

Another characteristic of dyskinetic cerebral paralysis, athetosis is distinguished by sluggish jerking and wiggling movements. The negative effects might start while the child is at rest and typically get worse as they move.

Other common side effects of athetosis include: difficulty eating and drinking; difficulty grasping and holding small objects because of changes in muscle tone; compulsive slow, persistent squirming that gets worse when trying to move; fluctuating muscle tone (from firm to floppy); frowning and slobbering from lack of facial muscle control; difficulties with eating and drinking.

**TREATMENT:**

Regardless of the individual, recovery through exercise is frequently incorporated into treatment regimens along with other approaches.

Therapy that is non-invasive: Exercise-based recovery is typically one of the main treatment modalities recommended for people with dyskinetic structures related to cerebral paralysis. Treatment that is non-intrusive should begin right away.

When a child first develops a disability, it may be incorporated into the daily schedule at school coupled with weekly therapy meetings at a designated exercise-based recovery location, a doctor's office, or at home with a licenced physical therapist.

**Language instruction:**

Given that children with dyskinetic/athetoid cerebral paralysis commonly object to correspondence, language instruction typically accompanies active recovery. Language instruction, also known as discourse and language therapy, helps children learn how to communicate more effectively. By supporting patients in learning procedures through repeated practise, it also helps with breathing and biting problems.

Children with athetoid/dyskinetic cerebral paralysis may also receive medication recommendations from drug specialists. Anticholinergics are commonly advised to help with reducing muscle fits and pain because necessary muscle developments are one of the important adverse effects. These medicines prevent brain-based drug couriers from operating. Muscle relaxants, pharmaceuticals for sleep disorders, and treatments for stomach reflux are additional medications doctors could advise for athetoid cerebral paralysis.

**HYPERTONIC CEREBRAL PARALYSIS:**

Firm muscles are indicative of hypertonic cerebral paralysis and result from damage to the area of the brain that regulates muscle movement. The elaborate muscles are referred to as spastic or hypertonic because they

are tight. The most well-known form of cerebral paralysis, it can make it difficult to walk or regulate bodily movements.

**CAUSES & SYMPTOMS:** A few unusual circumstances, such as the following, can either aggravate or cause hypertonic cerebral paralysis:

- Fetal or neonatal stroke; Maternal or neonatal illnesses; Toxemia or Maternal Hypertension; Outrageous Rashness and Low Birth Weight;
- Difficult and protracted work and transportation
- Clinical errors and negligence, such as failing to perform a crisis C-section while the patient is still, or failing to handle maternal illnesses or diseases
- Specific medications or illegal drugs taken during pregnancy.

The side effects that are most frequently known include:

- Enlarged step, scissor-like walking
- Muscle compressions
- Firm, unbending muscles

Some children may have associated disorders, such seizures.

- Communication/gulping issues
- Obstruction or urinary incontinence, Scoliosis, Joint contractures, Learning or behavioural disabilities, Respiratory concerns, Hearing or vision problems.

#### **TREATMENT:**

It is strongly advised that children with hypertonic cerebral paralysis receive physical therapy. For your child, experts can create a revised programme to help with balance, coordination, and stretching and strengthening of muscles. Language and discourse therapy may also help with capabilities and resolve explicit problems. Many children with hypertonic cerebral paralysis need prescription drugs to treat the condition's various adverse effects, including muscle rigidity and unbending nature.

The medications that are most frequently recommended are:

- Baclofen or other muscle relaxants
- Sleep aids
- Prescriptions for conduct-related issues
- Anticonvulsants assistance with gastric reflux or blockage medicines for respiratory systems

Medical procedure may be a treatment option for severe cases of muscular stiffness and inflexibility, but usually only after all other options have been exhausted.

#### **ACUPUNCTURE:**

Acupuncture (needle therapy) concentrates can energise the focused sensory system. This releases synthetics into the brain, spinal column, and muscles. These metabolic alterations may enhance the body's natural healing abilities and promote physical and domestic success.



#### **ACUPUNCTURE POINTS:**

The physical characteristics of acupuncture (needle therapy) points on the skin are compared to particular body landmarks. The early acu point pictograms in China depicted apertures in the skin through which qi energy may pass. Electrodermal measurements can reliably distinguish these acu points.

They are often regarded as the imagined locations that are depicted in books and on actual maps. According to reliable sources, there are 361 points that should be discernible on outlines and are typically arranged in "meridians" (The Foundation of traditional Chinese Medicine 1975).

There are around 2,000 places on the body that can be used for needle therapy, according to Chinese medicine experts.

According to the WHO, needle therapy centres are organised according to their location on each of the fourteen major meridians.

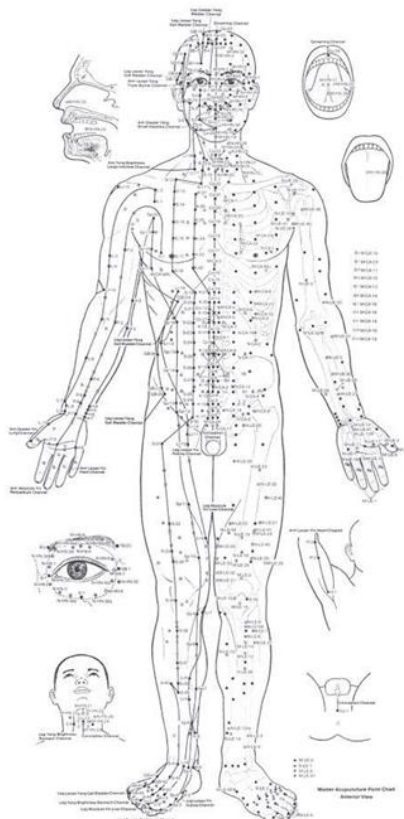
Additionally, the WHO's standard classification recognises eight more meridians, 48 more needle therapy points, and additional scalp needle therapy points. A complete graph book of these locations as well as the ID of every potential needle treatment facility are available from numerous online resources.

Some of them have common names, but all are also recognised by a clear ID structure. Nevertheless, many systems have been employed; for instance, a large portion of the time, each needle treatment point is associated with letters that indicate the meridian on which it is located and a number that illustrates what is occurring along the meridian. Although needle treatment centres are numbered in order of progression, the grouping may start at either the most proximal or distal part of the body.

For instance, the stomach meridian's numbering system starts close to the eye and extends over the chest and waist. Beginning at the pointer and moving up the arm to the location of the nose, the stomach-related organ meridians. An genuine site or development may occasionally be referenced by the needle treatment coordinates.

For instance, the Sanjian point on L13 is located close to the highest point of the metacarpal bone on the winding (wrist) side of the pointer. The needle treatment point is sometimes identified by making an assessment based on an actual accomplishment, such as a joint or other development. Assessments are obtained from the patient's body during needle therapy. The width of the thumb corresponds to one "body inch" (sun or cun). Evaluations are expressed in body inches.

Shimen, the CV5 point, is located by measuring from the umbilicus or navel. Underneath the umbilicus, CV5 is 2 cun.





This figure out about acupuncture pointshow it implment in human body.

#### 14 Primary points :

1. Bladder: The bladder begins in the eye, travels through the temple and over the skull, and splits toward the back slightly below the hairline. One branch runs straight down from the shoulder bone to the middle of the low back, while another descends beyond the spine and continues down the back of the leg to the heel. on each side of the body, there are 67 different needle therapy locations.
2. Conception Vessel: It begins just over the middle of the pelvic bone and travels straight up the middle of the body to just below the lower lip. includes 24 unique needle treatment targets.
3. Gallbladder: Starts at the inner corner of the eye, crisscrosses the skull from side to side, then travels down the neck, over the shoulder, and back up the middle of the chest. From there, it descends through the leg and foot to the fourth toe's tip. each side of the body is the subject of 44 different needle treatment techniques.
4. Governing Vessel: Simply begins over the tailbone and travels straight up the middle of the body, crossing the skull and ending up just over the upper lip. includes 28 original needle therapy focuses.
5. Heart: Starts in the armpit and extends to the tip of the little finger on the nearside of the arm. on each side of the body, there are nine separate needle therapy targets.
6. Kidney: Starts in the foot's arch and extends up the leg, along the side of the midline of the chest, and to the collarbone. each side of the body is the subject of 27 different needle treatment techniques.
7. Large Intestine: Starts at the point of the fingers and travels up the side of the arm to the shoulder, crosses the collarbone, and continues up the cheek to the nose. each side of the body is the subject of 20 different needle therapy techniques.
8. Liver: Starts in the unusual toe, travels up the leg to the crotch, then crosses the torso to travel up to just below the areola. 14 different needle therapies are contained.
9. Lung: The lung extends from the highest point of the arm to the thumb, beginning near the armpit on the chest. each side of the body is the subject of 11 different needle treatment techniques.
10. Pericardium: Extends from the side of the areola down the arm to the tip of the middle finger, passing through the armpit. on each side of the body, there are nine separate needle therapy targets.
11. Small Intestine: Starts at the tip of the little finger and extends past the arm, over the shoulder blade to the neck, up to the eye, and then across to the ear. each side of the body is the subject of 19 different needle treatment techniques.
12. Stomach: The stomach begins directly below the pupil of the eye and extends down the nose to the jaw, where it separates. One portion runs up the scalp, while the other travels down the neck, chest, and abdomen, passing through the thigh and ending at the side of the next toe. each side of the body is the subject of 45 separate needle therapy sessions.
13. Triple Energizer or Triple Warmer: Starts from the tip of the ring finger and travels up the arm to the shoulder and up the neck to the ear. From there, it crosses the temple and travels down the cheek to the furthest point of the eyebrow. each side of the body is the subject of 23 different needle treatment techniques.
14. Spleen: The spleen begins at the tip of the gigantic toe, travels up the leg to the thigh, past the groyne, through the belly, and up the ribs to a place on the chest beneath the armpit. each side of the body is the subject of 21 different needle therapy techniques.

Cardinal points - Some needle treatment points are specifically targeted for a particular condition or area and are referred to as cardinal focuses. P6, for example, is ideally suited for the respiratory system, whereas TW5 is meant for the ear. Energy is increased by ST36, the bones are influenced by GB34, and memory and mental cycles are influenced by GB20. BL17 can help diabetic people manage their blood sugar levels.

#### HOW ITS WORKS:

One theory is that inserting a needle into a needle therapy point causes adenosine, a substance that helps to relieve pain, to enter the area. Another is that inserting a needle during needle therapy stimulates the neural route and signals the brain to release endorphins, which can also help to lessen pain. Another theory contends that needle treatment lessens irritability. Another theory is that inserting the needle stimulates the nerve, causing it to release a growth factor that aids in the nerve's recovery. Whatever the reason for how they affect

the body, needle therapy points function by starting each point with different techniques, with needles being the most noteworthy one.



**However, in all actuality:**

The focuses are stimulated by acupuncturists in a variety of methods. There is the use of very small, sterilised needles made of gold or treated steel—needle therapy needles that are well known to the general public. Additionally, a practitioner of acupuncture may apply direct pressure using the fingers or thumbs (pressure point massage), heat, erosion, pull using special cups (measuring), and the immediate application of electromagnetic energy driving forces. Each offers a unique benefit and justification for the patient. And they all adhere to the same fundamental Chinese Medicine norms.

These needle therapy focuses according to acupuncture science: do they work? Is it accurate to say that science supports them?

Even though they have been successfully used for thousands of years to help people alleviate ailments and live better lives, modern research is now supporting the effectiveness of these specific needle treatment techniques. There is strong evidence that needle treatment can help people with chronic pain and ailments like fibromyalgia. Additionally, it has been shown to be helpful for nausea brought on by chemotherapy and cautious sedatives. Some people respond to medications used in needle treatment for asthma and headache headaches. In any event, studies have not yet determined whether needle treatment is effective in treating conditions like diabetes and cardiovascular disease. That doesn't mean it isn't feasible; it just means that the research hasn't yet been able to show it. Like other therapeutic treatments, needle therapy has a good chance of being effective for every single patient. Additionally, each patient will respond differently to needle therapy. The risks are minimal, and a highly skilled specialist administers the lengthy treatment.

**ACUPUNCTURE HOW ITS WORKS FOR CEREBRAL PARALYSIS:**

Children's cerebral paralysis is intimately related to their sensory system, which causes their bodies to become drowsy and helpless. In any case, cerebral paralysis treatment at needle therapy centres focuses on a variety of tension points because each point has a variety of capabilities. These capabilities are combined with the other active needle therapy points to produce a result that can alter the capability of other body points.

It is thought that acupuncture, or needle therapy, is a relatively new kind of treatment for cerebral paralysis. Several top to bottom investigations have been completed, but the findings have been favourable. Throughout the investigation for this treatment, the U.S. Public Organizations of Health (NIH) has highlighted their examinations.

In one of these tests, scalp and ear needle therapy was used to treat a 6-year-old with severe cerebral paralysis. In these needle therapy sessions, needles were inserted behind the ears and at a few other points on the scalp to provide sensation. The young man showed improvement after the first of 15 weekly, and in some cases fortnightly, meetings. The child had almost no control over his upper and lower body when he entered the review. He also had trouble talking to others. He was unable to try checking a page with a pencil since his muscles were so weak.

After the first seven days of therapy, his speech had improved to the point that doctors could understand what he was saying. He began to stand on one foot and kick his legs incessantly. The young boy began his third meeting by speaking more clearly and getting dressed by himself. He laughed with the experts while receiving

treatment on the fourth meeting. By the fifth meeting, he began to feel more safe at school and in speaking with his friends due to his growing physical and open capacities. He also began writing and painting with ease.

The young person continued to advance to the next level as the meetings went on. His ability to instruct students increased to grade level. He skillfully communicated and continued to be animated. Until the prescribed treatment course was complete, his medications were given out in separate doses. According to the analysis, needle therapy may be very beneficial to children who have cerebral paralysis and can help with the associated problems that commonly accompany the condition.

It can help with things like:

- mental health concerns
- hearing loss
- speech delays
- physical limitations
- alleviating discomfort
- and improving the overall usability of engines.

### III. CONCLUSION

In children with cerebral paralysis, acupuncture (needle therapy) and rehabilitation training increased daily living activities, reduced muscular fits, and overall engine function. However, due to the small sample sizes and limited number of randomised controlled preliminary studies available, this conclusion needs to be understood carefully. There is a greater need for high-quality studies with broad scopes.

### IV. REFERENCE

- [1] Junqi Chen-Department of Rehabilitation, The Third Affiliated Hospital of Southern Medical University, Guangzhou, China.
- [2] Jizhou Wang-The First Clinical Medical School, Southern Medical University, Guangzhou, China
- [3] Yong Huang and ShanshanQu-School of Traditional Chinese Medicine, Southern Medical University, Guangzhou, China.
- [4] Xinseng Lai, Chunzhi Tang and Junjun Yang-School of Acupuncture and Rehabilitation, Guangzhou University of Traditional Chinese Medicine, Guangzhou, China.
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- [8] Hyun-Woo Cho and Kwang-Ho Heo-Department of Rehabilitation Medicine of Korean Medicine, Spine and Joint Center, Pusan National University Korean Medicine Hospital, Yangsan, Republic of Korea,
- [9] Eui-Hyoung Hwang and Byung-Cheul Shin-Department of Rehabilitation Medicine of Korean Medicine, Spine and Joint Center, Pusan National University Korean Medicine Hospital,
- [10] Duncan B, Shen K, Zou LP, Han TL, Lu ZL, Zheng H, Walsh M, Venker C, Su Y, Schnyer R, Caspi O. Evaluating intense rehabilitative therapies with and without acupuncture for children with cerebral palsy: a randomized controlled trial. *Arch Phys Med Rehabil.* 2012;93:808–815. [PubMed] [Google Scholar]
- [11] Furlan AD, van Tulder MW, Cherkin DC, Tsukayama H, Lao L, Koes BW, Berman BM. Acupuncture and dry-needling for low back pain. *Cochrane Database Syst Rev.* 2005:CD001351. [PubMed] [Google Scholar]
- [12] Graff DM, McDonald MJ. Auricular acupuncture for the treatment of pediatric migraines in the emergency department. *Pediatr Emerg Care.* 2016 doi: 10.1097/PEC.0000000000000789. [PubMed] [Google Scholar]
- [13] Graham HK. Botulinum toxin type A management of spasticity in the context of orthopaedic surgery for children with spastic cerebral palsy. *Eur J Neurol 8 Suppl.* 2001;5:30–39. [PubMed] [Google Scholar]
- [14] Graham HK. Painful hip dislocation in cerebral palsy. *Lancet.* 2002;359:907–908. [PubMed] [Google Scholar]

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- [15] Hagberg B, Hagberg G, Olow I, von Wendt L. The changing panorama of cerebral palsy in Sweden. VII. Prevalence and origin in the birth year period 1987-90. *Acta Paediatr.* 1996;85:954-960. [PubMed] [Google Scholar]
- [16] Higgins J, Green S. Oxford, UK: The Cochrane Collaboration; 2008. *Cochrane handbook for systematic reviews of interventions version 5.0.0.* [Google Scholar]
- [17] Higgins JP, Thompson SG. Quantifying heterogeneity in a meta-analysis. *Stat Med.* 2002;21:1539-1558. [PubMed] [Google Scholar]
- [18] Huang Q. Clinical study on acupuncture for hand dysfunction for children with cerebral palsy. *Henan Zhongyi Xueyuan Xuebao.* 2005;20:71-72. [Google Scholar]
- [19] Hull D, Johnston DI. *Essential Paediatrics.* Edinburgh: Churchill Livingstone; 1999. [Google Scholar]
- [20] Ji YH, Sun BD, Zhang J, Zhang R, Ji YH. Therapeutic effect of scalp-acupuncture combined with exercise therapy on spastic cerebral palsy of the child. *Zhongguo Zhen Jiu.* 2008;28:723-726. [PubMed] [Google Scholar].