Clinical Application of the Point Baihui

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The authors of this article have successfully treated various cases of urinary dysfunction by means of acupuncture. Some of the cases are reported in the following.

Enuresis

Meng, a boy of 13 years old, paid his first visit on Mar. 12, 1999, with the chief complaint of enuresis. The patient had been with the problem of enuresis since his childhood. Every night he had sound sleep, during which he would wet his bed 3-4 times at most and 1-2 times at least, and thus he must be called awaken several times each night. The avoidance of drinking much water and eating porridge in the day time couldn’t make any improvement in the condition. There were no abnormal signs shown by the laboratory examination. After treatment with Chinese and western medicine and acupuncture, the condition was somewhat improved, but could not maintain for long. On the examination, the patient presented with a weak body constitution, sallow complexion, listlessness, and a low voice. He was susceptible to common cold, and had aversion to cold and cold limbs. He also presented with a pale tongue proper and weak pulse. The TCM differentiation was congenital deficiency with insufficiency of yang-qi, and imbalance of yin and yang. The therapeutic principle was invigorating yang-qi, and nourishing the kidney-qi, promoting resuscitation and strengthening the brain, and invigorating the vital function to arrest enuresis. The acupuncture prescription: Baihui (GV 20), Shenshu (BL 23), and Sanyinjiao (SP 6). The treating procedure: The above three points were all needled with the reinforcing method. The needle was inserted subcutaneously at Baihui (GV 20) for 1.5 cun deep, followed by mild stimulation for 3 min, and was then retained for 30 min, during which needle manipulation was adopted for 1 min at every ten-minute interval. The needle was inserted perpendicularly into point Shenshu (BL 23), followed by the twirling-reinforcing method. For the point Sanyinjiao (SP 6), the needle was inserted obliquely at an angle of 45° and then manipulated with the twirling-reinforcing method. The needles were all retained for 30 min. The treatment was given once daily. After 5 treatments, the enuresis disappeared. Another 6 treatments were given for consolidation.

Comment: Baihui (GV 20), a meeting point of the three Yang Channels of the Hand and Foot and the Du Channel, has the effect of governing the yang-qi of the whole body. Besides, Baihui (GV 20) is located at the vertex with its collaterals entering the brain, hence it has the effect of strengthening the brain and promoting resuscitation. Enuresis is mostly seen in children. Apparently, in this case, the kidney
and bladder are involved. However, as a matter of fact, the congenital deficiency with hollowed sea of marrow contributes to the fundamental cause. The combined use of Shenshu (BL 23) and Sanyinjiao (SP 6) can give the effects of reinforcing the kidney-yang, strengthening the primordial-qi, and regulating the three Yin Channels through the superior-inferior combination of the points used for treatment of both the origin and superficiality of the disease, hence the excellent therapeutic result.

**Urinary Incontinence**

Mr. Qu, 69 years old, was hospitalized on Sept. 23, 1998, with the chief complaint of slurred speech, and motor impairment of the limbs for more than two months. In mid July of 1998, the patient had the symptoms of slurred speech, choking upon drinking of water, salivation, unstable walking, and forceless grip. For this, he received intravenous drip of ligustrazine. On Aug. 9, the patient got lethargy and urinary incontinence, with a blood pressure of 190/100mmHg. He was diagnosed as having cerebral arteriosclerosis and cerebral infarction. After 8 days’ ineffective treatment, he came to our hospital for treatment. The examination showed that the patient was susceptible to weeping, and had no sense of resistance in the neck, meningeal irritation (-), the counting ability normal, shallowing of the left nasolabial groove, slightly rightward deviation of the mouth angle and slow pharyngeal reflex. The patient had hypermyotonia of the four limbs, tendon hyperreflexia of the four limbs, left Babinski’s sign (+), and clonus of both the ankles. The patient had a fat figure, mental dullness and indifferent responses, clumsy movement, and uncontrollable behavior of laughing and crying. The tongue proper was dark with thick and sticky coating, and the pulse wiry. He suffered from incontrollable frequent and urgent urination, which was lingering in the day time, while frequent in the night. He was once treated by the western and TCM urological departments with no effect. The author found that the patient had such symptoms as listlessness, with a dull-gray complexion, general lassitude, aversion to cold and cold limbs, poor appetite, dull tongue proper with white-sticky coating, and deep pulse. The TCM differentiation was insufficiency of both the spleen and kidney leading to malnutrition of the brain and unrestrained water passage. Baihui (GV 20), Renzhong (GV 26), and Zhongji (CV 3) were selected and needled with the reducing method to obtain mental resuscitation, and bilateral Shenshu (BL 23) were needled with the twirling-reinforcing method. After the first treatment, the patient could have urination controlled. After 10 treatments in succession, all the symptoms disappeared, the urination was normal, and consciousness improved.

Comment: Baihui (GV 20), located on the vertex, belongs to the Du Channel, with the collaterals connecting with the brain, hence it has the effects of inducing resuscitation and restoring yang from collapse; Renzhong (GV 26) gives the effect of resuscitation; Zhongji (CV 3) helps in restoring yang and controlling micturition; while Shenshu (BL 23) can give reinforcement to both the spleen and kidney, thus yielding good therapeutic effect for urinary incontinence.

**Retention of Urine**

Ms. Ouyang, aged 74 years, paid her first visit on Dec. 20, 1999. The patient stated that she got sudden mental confusion a month before, accompanied with aphasia, deviation of the mouth angle, paralysis of the right limbs, and retention of
urine. The CT examination showed multiple lacunar cerebral infarction in both sides of basal ganglion and massive cerebral infarction in the right frontal lobe. After combined treatment by western and Chinese medicine for promoting blood circulation to improve the microcirculation, the patient got her symptoms improved and regained mental clearness. But she still failed to urinate. She was diagnosed by the urological department as having retention of urine. The patient had a pale complexion, lassitude, cold limbs, pale tongue proper with white coating, and deep pulse. The therapeutic principle was tonifying the spleen and kidney, and replenishing qi to promote diuresis. Guanyuan (CV 4), Shenshu (BL 23), Sanyinjiao (SP 6), and Zusanli (ST 36) were selected and needled, with the reinforcing method adopted for Guanyuan (CV 4) and Shenshu (BL 23), the even method for Sanyinjiao (SP 6) with the needling sensation going upward to the anterior pudendum; and the reducing method for Zusanli (ST 36) with the needling sensation reaching the lower abdominal region. The above-mentioned method of treatment was carried on for one week once daily. After the needling, the patient could urinate a little, but still could not have the urine completely discharged, and it would be difficult to drip out the urine without the needling. Considering the patient’s old age with insufficiency of vital-qi and insufficient kidney-yang, we made an alternation in the prescription. Baihui (GV 20) was selected for replenishing the yang-qi, Renzhong (GV 26) for inducing resuscitation, Guanyuan (CV 4) for nourishing the kidney and reinforcing yang, and Sanyinjiao (SP 6) for promoting transformation of qi to promote diuresis. The reinforcing method was adopted for these four points, each was manipulated for 3 min, with the needles retained for one hour. The bird-peck needling was applied for Renzhong (GV 26). During the needle-retaining period in the first treatment, the patient spontaneously discharged 100 ml of urine. Afterwards, she was given the treatment once every day. On the fourth day of the treatment, she got incontinent urination. The same treatment was carried on. After the 7th treatment, the patient could have urination basically controlled. After another two-week treatment, the urination became normal.

Comment: In this case, Baihui (GV 20) and Renzhong (GV 26) were needled for reinforcing the kidney-yang, replenishing kidney-qi and inducing resuscitation, and Guanyuan (CV 4) and Sanyinjiao (SP 6) for regulating the Ren Channel and obtaining mutual assistance between water and fire so as to strengthen the bladder in performing its function of micturition. This is in accordance with the TCM principle of treating the superficial aspect for the fundamental aspect of a disease.

Prostatic Hyperplasia

Mr Yan, 55 years old, paid his first visit on Nov. 10, 2000, with the chief complaint of frequent and lingering urination for over 2 years, and a history of prostatic hyperplasia. The patient had been treated with various Chinese and western drugs with little effect. He was then recommended by others to receive acupuncture treatment here. The examination showed that the patient had a sallow complexion, wet scrotum with urine-stained briefs, red tongue proper with white coating, and deep-uneven pulse. The ultrasonic examination revealed prostatic hyperplasia. No abnormal signs were shown by the routine urine examination and the other tests. The TCM differentiation was downward flow of the damp-heat, dysfunction of the bladder in qi transformation, and failure in controlling the water. The TCM therapeutic
principle was eliminating dampness and heat, and replenishing qi to arrest discharge. Baihui (GV 20), and bilateral Shenshu (BL 23), Yinlingquan (SP 9) and Taixi (KI 3) were selected and needle with the reinforcing method, each manipulated for 1-2 min, with the needles retained for 30 min. The needle manipulation was applied once more upon withdrawal of the needles. The treatment was given once daily. After 5 treatments, the frequency of the urination was decreased, and the lingering sensation alleviated. After a further one-week treatment, the urination became basically normal and the lingering sensation disappeared. A two-month treatment was then given for consolidation, which brought complete disappearance of all the symptoms.

Comment: Baihui (GV 20), when combined with Shenshu (BL 23), can give the effects of strengthening the primordial qi and warming the kidney. Yinlingquan (SP 9) can give the effects of promoting diuresis and eliminating dampness and heat. Taixi (KI 3), yuan (source) point of the Kidney Channel, gives the effects of tonifying the kidney and eliminating heat from the kidney. The combined use of these points can produce the effect of replenishing qi and warming yang with yin and yang supplementing each other. When the kidney-qi is ample, the normal urination can be obtained.

(Translated by Wang Xinzhong 王新中)