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The Treatment of Non-Scarring Alopecia with Acupuncture, Plum Blossom Hammer, and Chinese Herbs: A Case Report

By Catherine T. Vasco, DAOM, LAC

Abstract

Alopecia, commonly known as hair loss or baldness, is an affliction with myriad genetic, physiological, and environmental causes. Although alopecia is not a life-threatening condition, it can have adverse side effects, and conventional treatments show limited success. However, research in Eastern Asian medicine for the treatment of alopecia shows promise. After three months of treatment using acupuncture, plum blossom hammer, and Chinese herbs, a patient with non-scarring alopecia experienced an estimated 75% reduction in the size of her lesions. Upon follow-up five and again eight months later, the lesions had resolved entirely with no apparent recurrence.

Keywords: alopecia, plum blossom hammer, Chinese herbs, Polygonum 14™

Introduction

Alopecia is classified into two types: scarring and non-scarring, based on the pattern of hair loss, comorbidities, and family genetics and health history. Scarring alopecia involves the physical destruction of hair follicles through inflammation or fibrosis. In some cases of scarring alopecia, observation of the scalp may reveal “a smooth scalp with a decreased number of follicular openings” (Kasper et al., 2015, p. 354). In other cases, change in the hair follicle is only perceived through a biopsy of the affected area. Because it involves damage to the hair follicles, scarring alopecia is irreversible. Non-scarring alopecia, conversely, is reversible. Upon physical inspection, the shafts of the hair strands may appear diminished in size, broken or absent, while the hair follicles themselves remain intact. Although alopecia is not a life-threatening condition, it can cause adverse effects on quality of life (Phillips, Slomiany &

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Allison, 2017, p. 371). The current treatment options for people suffering from alopecia include oral, topical, or intralesional injection of pharmaceutical agents, antifungal therapy, and cognitive behavioral therapy (CBT).

New research into the efficacy of Chinese medicine in the treatment of alopecia is encouraging. In one randomized controlled trial (Zhu & Wu, 2011), 78 patients received either the intervention of plum-blossom hammer treatment at the site of the lesion and acupuncture or a topical application of minoxidil and oral vitamin B1 and L-cysteine tablets daily. Total hair regrowth was 58.1% in the plum-blossom and acupuncture group versus 34.3% in the minoxidil group. In another study (Ge, 1990), "complete regrowth of hair occurred in 89% and marked improvement in 11% of [alopecia areata] patients receiving acupuncture." In one rodent model evaluating the efficacy of electroacupuncture in the treatment of murine alopecia areata, electroacupuncture "reduced degranulation of mast cells in the dermis and improved hair growth" (Maeda et al., 2013).

This case report examines the treatment of a 29-year-old female with non-scarring alopecia using acupuncture, plum blossom hammer, and Chinese herbs. The symptom presentation is consistent with three different subtypes of alopecia: alopecia areata, anagen effluvium (also known as alopecia medicamentosa), and telogen effluvium. Given the dearth of research on causes of alopecia, a complete health history is provided in hopes that trends within this population might reveal themselves and inspire further avenues of research.

Case Description

A 29-year-old female presented with alopecia which had begun four years previously. At the first appointment, four 2 cm-sized patches of reduced hair growth were visible on her scalp. Her hair and skin were otherwise healthy and lustrous. There was no evidence of destruction of hair follicles, rough patches, or fungal infection. She had none of the comorbidities commonly associated with scarring or non-scarring alopecia.

The patient first noticed the lesions during an "intensely stressful" time in her life. This trauma history is consistent with a diagnosis of telogen effluvium, which is "associated with physiologic or emotional stress" (Phillips, Slomiany & Allison, 2017, p. 372).

Treatment at the time before acupuncture had consisted of intralesional corticosteroid injections administered by a dermatologist once every five weeks for four years. The corticosteroids appeared to have caused visible erosion of the scalp—indentations (approximately 3 mm) were observable upon palpation. The patient reported that while the eroded areas did eventually regrow and heal, the lesions continued to occur elsewhere. Her goal was to find a treatment solution that did not involve corticosteroid injections.

Diagnosis

TCM Differential Diagnosis and Etiology

The cause of alopecia, in this case, was determined to be Liver qi stagnation with Spleen qi and Liver Blood deficiency. The patient reported high stress at the time of symptom onset. Stress can obstruct the flow of Liver qi, causing Liver qi stagnation. Symptom onset was also characterized by intense physical exertion and lack of sleep, leading to a deficiency of Spleen qi and Liver Blood. Liver Blood is responsible for hair's luster and fullness. With obstruction of the flow of Liver qi and an inadequate supply of Liver Blood to perfuse the scalp, hair loss may result.

Treatment

Acupuncture and Plum Blossom Hammer Treatment

Treatment by a licensed acupuncturist was performed at a private clinic in Seattle, Washington. The intervention consisted of a gentle, rhythmic tapping with a plum blossom hammer 10–20 times at each lesion to release a small amount of blood and increase circulation to the hair follicles. Acupuncture consisted of the following points applied bilaterally: DU 24, ST 8, LI 10, ST 36, and SP 6. Treatments did not vary from appointment to appointment. Seirin J-Type 0.18 gauge, 30 mm needles were used with shallow insertion, no stimulation, and a retention time of 15–20 minutes. The patient was treated for a total of nine sessions over three months.

Herbal Treatment

The patient was administered Polygonum 14, a proprietary herbal formula from Evergreen Herbs & Medical Supplies. According to the formulary, this formula is indicated for “hair disorders,” including “alopecia, premature gray hair, and brittle, unhealthy hair with split ends” (Shen & Shen, 2016, p. 1). She

was advised to take five capsules twice a day for a total daily dose of 10 grams. The herbs included in Polygonum 14 are listed in Table 1. The main herb in this formula is *Zhi He Shou Wu* (Radix Polygoni Multiflori Praeparata).

TABLE 1: Polygonum 14™ - Ingredients
<i>Bai Shao</i> (Radix Paeoniae Alba)
<i>Chuan Xiong</i> (Rhizoma Chuanxiong)
<i>Da Zao</i> (Fructus Jujubae)
<i>Dang Gui</i> (Radix Angelicae Sinensis)
<i>Gan Cao</i> (Radix et Rhizoma Glycyrrhizae)
<i>Ge Gen</i> (Radix Puerariae Lobatae)
<i>Gui Zhi</i> (Ramulus Cinnamomi)
<i>Hei Zhi Ma</i> (Semen Sesami Nigrum)
<i>Huang Qi</i> (Radix Astragali)
<i>Mo Han Lian</i> (Herba Ecliptae)
<i>Nu Zhen Zi</i> (Fructus Ligustri Lucidi)
<i>Sang Shen</i> (Fructus Mori)
<i>Shu Di Huang</i> (Radix Rehmanniae Preparata)
<i>Zhi He Shou Wu</i> (Radix Polygoni Multiflori Praeparata)

A rodent study (Park, Zhang & Park, 2011) showed that topical application of *Zhi He Shou Wu* “promote[s] hair growth and stimulate[s] an increase in the number and the size of hair follicles” via “induction of the anagen phase in resting hair follicles” (p. 5). Three other ingredients in the formula—*Dang Gui* (Radix Angelicae Sinensis), *Nu Zhen Zi* (Fructus Ligustri Lucidi), and *Shu Di Huang* (Radix Rehmanniae Preparata)—can increase blood circulation, including circulation to the scalp (Fan et al., 2013; Wang et al., 2022). The patient continued the course of herbal treatment for the full three months, along with acupuncture.

Outcomes and Discussion

At the end of three months, the patient saw an estimated 75% regrowth in three of the four lesions and 50% regrowth in the fourth. The three lesions with most regrowth were clustered near the vertex. The lesion that proved more resistant to treatment was located near the junction of the occipital and parietal lobes on the left posterior scalp. This lesion was noticeably more indented than the other three, and the plum blossom hammer treatment revealed diminished blood flow to the area, i.e., it took more force to stimulate blood flow.

One possible explanation for this could be the patient’s tendency to sleep on her right side, per her cardiologist’s recommendation. Sleeping on her right

side kept her heart slightly elevated, using gravity to take pressure off the organ. This may have resulted in slightly less blood flow to the left scalp versus the right.

During the course of treatment, the patient reported improved sleep, improved mood, and improved frequency of her bowel movements. Upon follow-up after eight months, the patient was pleased to report that the lesions had completely resolved with no recurrence, and she had discontinued her corticosteroid injections.

A growing body of evidence supports the use of Eastern Asian medicine for chronic, often recalcitrant, dermatological issues such as alopecia. This case report provides a holistic overview of how alopecia may present clinically, the current treatment options available, and how Eastern Asian medicine practitioners may provide an alternative, multi-modal approach to treatment that has lasting results with none of the side effects of conventional treatment.

Disclosure Statement

The author reports no conflicts of interest.

Informed Consent

A statement of informed consent has been signed by the patient.

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