## QUESTIONNAIRE FOR PRACTICE

### A105- Chinese Scalp and Ear Acupuncture (Set -1)

**MCQs**

**1.** Scalp acupuncture is primarily based on the principles of:
A) Reflexology
B) Neurophysiology and meridian theory
C) Ayurveda
D) Craniosacral therapy

**2.** The scalp is richly supplied by which of the following arteries?
A) Carotid and vertebral arteries
B) Middle meningeal artery
C) Superficial temporal, occipital, and posterior auricular arteries
D) Internal jugular vein

**3.** The motor area in scalp acupuncture corresponds to which part of the brain?
A) Occipital lobe
B) Frontal lobe (precentral gyrus)
C) Parietal lobe
D) Temporal lobe

**4.** The sensory area on the scalp is located:
A) Behind the motor area
B) In front of the motor area
C) On the occipital region
D) Near the vertex only

**5.** The scalp receives sensory innervation mainly from:
A) Trigeminal and cervical nerves
B) Facial and glossopharyngeal nerves
C) Optic and oculomotor nerves
D) Thoracic nerves

**6.** Which of the following areas is used for treating paralysis?
A) Sensory area
B) Motor area
C) Vertigo-hearing area
D) Tremor area

**7.** The balance area on the scalp is used for:
A) Vertigo and ataxia
B) Facial paralysis
C) Epilepsy
D) Aphasia

**8.** Which area is located 1.5 cm parallel to the anterior-posterior midline at the vertex?

A) Foot motor-sensory area

B) Tremor area

C) Leg motor-sensory area

D) Speech area

**9.** The scalp motor area extends from:

A) Frontal pole to occipital protuberance

B) Upper zygomatic arch to the vertex

C) Upper forehead to temporal region

D) 0.5 cm posterior to the midline, obliquely downward

**10.** Stimulation of the motor area on the scalp affects:

A) Opposite side of the body

B) Same side of the body

C) Both sides equally

D) Lower body only

**11.** Which needling angle is correct for scalp acupuncture?

A) 15–30° obliquely along the scalp surface

B) Perpendicular insertion

C) 90° deep insertion

D) Subcutaneous horizontal insertion only

**12.** Recommended needle length for scalp acupuncture is:

A) 0.5 cun

B) 1 cun

C) 2–3 cun

D) 5 cun

**13.** In scalp acupuncture, stimulation should produce:

A) Local pain

B) Heaviness or warmth sensation

C) Twitching of scalp

D) Numbness only

**14.** Contraindication for scalp acupuncture includes:

A) Acute stroke

B) Head injury with open wounds

C) Facial paralysis

D) Aphasia

**15.** Which condition is best treated with the speech area III?
A) Aphasia due to motor center injury
B) Sensory aphasia
C) Nominal aphasia
D) Stuttering
**16.** Scalp acupuncture technique involves:
A) Rapid insertion and withdrawal
B) Continuous oblique twirling along scalp
C) Slow perpendicular insertion
D) Deep needling into bone
**17.** Needle retention time for scalp acupuncture is usually:
A) 5 minutes
B) 15 minutes
C) 30–45 minutes
D) 2 hours
**18.** The tremor area is indicated for:
A) Parkinsonism and tremors
B) Facial paralysis
C) Epilepsy
D) Vertigo
**19.** Which scalp area corresponds to the visual cortex?
A) Balance area
B) Visual area
C) Tremor area
D) Sensory area
**20.** The location of the visual area is:
A) 1 cm lateral to midline, occipital region
B) Frontal region
C) Temporal region
D) Parietal region
**21.** Which of the following conditions is *not* suitable for scalp acupuncture?
A) Epilepsy
B) Stroke
C) Scalp infection
D) Paralysis
**22.** In scalp acupuncture, the scalp is divided into functional zones according to:
A) Dermatome distribution
B) Cortical representation
C) Arterial branches
D) Muscle attachment

**23.** In cases of cerebral palsy, the preferred scalp area is:
A) Motor area
B) Sensory area
C) Balance and motor areas
D) Tremor area only

**24.** Which of the following nerves provides posterior scalp innervation?
A) Greater occipital nerve
B) Lesser occipital nerve
C) Supratrochlear nerve
D) Supraorbital nerve

**25.** Stimulation during scalp acupuncture is achieved primarily by:
A) Tapping
B) Strong electrical current
C) Manual twirling and rotation
D) Suction

**26.** Auriculotherapy is based on the concept that:
A) The auricle reflects the entire body
B) The ear connects to brainstem only
C) The ear is part of the digestive meridian
D) The ear has no reflex relationship

**27.** Who first mapped the inverted fetus model on the ear?
A) Dr. Paul Nogier
B) Dr. Li Shizhen
C) Dr. Zhang Zhongjing
D) Dr. Huang Di

**28.** The auricle derives innervation from:
A) Trigeminal and vagus nerves
B) Glossopharyngeal nerve
C) Cervical sympathetic only
D) Spinal nerves only

**29.** Which part of the auricle corresponds to the head and face?
A) Ear lobe
B) Scapha
C) Antihelix
D) Concha

**30.** The internal organs are mainly represented on which auricular area?

A) Ear lobe

B) Concha

C) Antihelix

D) Scapha

**31.** The musculoskeletal system corresponds to which auricular area?

A) Antihelix and scapha

B) Concha

C) Lobule

D) Helix root

**32.** Which point on the ear is commonly used for analgesia?

A) Shenmen

B) Heart

C) Kidney

D) Liver

**33.** The auricular "Point Zero" represents:

A) The umbilical point – homeostatic balance

B) The cardiac point

C) The occiput point

D) The lung reflex

**34.** Which diagnostic method is *specific* to auriculotherapy?

A) Pulse palpation

B) Ear examination for tenderness or discoloration

C) Tongue observation

D) Wrist pulse only

**35.** Auricular acupuncture is contraindicated in:

A) Pregnancy (certain points)

B) Hypertension

C) Depression

D) Anxiety

**36.** What is the function of the "Lung point" on the ear?

A) Regulate respiration

B) Strengthen digestion

C) Control memory

D) Balance liver Qi

**37.** The “Heart point” on the auricle is located in:
A) Cavum conchae
B) Antihelix
C) Scapha
D) Ear lobe

**38.** In auriculotherapy, seeds or pellets are commonly fixed on the ear using:
A) Adhesive tape
B) Sutures
C) Plaster bandage
D) Glue

**39.** Which type of needles are commonly used for auricular therapy?
A) Filiform
B) Intradermal or press needles
C) Long hypodermic needles
D) Triangular needles

**40.** The “Shenmen” point on the ear is used to:
A) Calm mind and relieve stress
B) Increase appetite
C) Improve digestion
D) Reduce swelling

**41.** Which auricular zone corresponds to the spine?
A) Antihelix
B) Scapha
C) Concha
D) Tragus

**42.** Auricular acupuncture helps in addiction therapy mainly through:
A) Endorphin modulation
B) Digestive enzymes
C) Reflex muscle relaxation
D) Blood sugar regulation

**43.** A common complication of auriculotherapy is:
A) Fainting
B) Local infection or bleeding
C) Organ damage
D) Nerve paralysis

**44.** In auriculotherapy, stimulation is usually:
A) Gentle and frequent
B) Strong and deep
C) Random and prolonged
D) Electric only

**45.** Which auricular point corresponds to the kidney?
A) Upper concha
B) Lower concha
C) Helix
D) Tragus

**46.** The "Liver point" is found in:
A) Concha
B) Helix
C) Scapha
D) Antihelix

**47.** Duration of seed application in auriculotherapy is usually:
A) Few hours
B) 2–3 days
C) 1 week or more
D) One month

**48.** Auricular therapy works primarily through:
A) Stimulation of brain reflex centers via cranial nerves
B) Skin resistance
C) Muscle tone
D) Capillary dilation

**49.** Which of the following is *not* an indication for auriculotherapy?
A) Pain management
B) Weight loss
C) Infertility
D) Open wounds on ear

**50.** Precaution during auriculotherapy includes:
A) Avoid puncturing inflamed or infected ears
B) Use long needles
C) Apply moxibustion over ear
D) Avoid cleaning ear before needling

**Short Answer Questions**

1. Define scalp acupuncture.
2. What is the basic principle behind scalp acupuncture?
3. Name the main blood vessels supplying the scalp.
4. Which cranial nerves provide sensory innervation to the scalp?
5. Which cortical area corresponds to the motor area in scalp acupuncture?
6. What is the location of the motor area on the scalp?
7. Mention two clinical indications for the motor area.
8. What is the sensory area used for in scalp acupuncture?
9. Describe the location of the sensory area.
10. Which scalp area is used for vertigo and balance disorders?
11. What is the function of the speech area I?
12. Describe the indication for the speech area II.
13. Name the scalp area used for vision problems.
14. What is the approximate location of the visual area?
15. Which conditions are best treated by the tremor area?
16. What is the recommended angle of needle insertion in scalp acupuncture?
17. How long are needles usually retained during scalp acupuncture?
18. What type of sensation indicates effective stimulation during scalp acupuncture?
19. List any two contraindications for scalp acupuncture.
20. What precautions should be taken during scalp acupuncture?
21. Explain how scalp acupuncture affects the central nervous system.
22. What is the usual depth of insertion for scalp needling?
23. Mention one condition where scalp acupuncture is contraindicated.
24. Which scalp areas are useful in treating stroke-induced paralysis?
25. How is stimulation applied to the needles during scalp acupuncture?

26. Define auriculotherapy.
27. Who introduced the concept of the inverted fetus model on the ear?
28. In which year did Dr. Paul Nogier introduce modern auriculotherapy?
29. Name the main nerves supplying the auricle.
30. Describe the zones of the auricle according to the inverted fetus theory.
31. Which auricular region corresponds to the head and face?
32. Which area of the ear corresponds to internal organs?
33. Which auricular region represents the spine?
34. Mention the location and function of the “Shenmen” point.
35. What is the function of the auricular “Point Zero”?
36. Name any three diagnostic signs used in auricular diagnosis.
37. How are auricular diagnostic points identified?
38. Mention any two tools used in auricular diagnosis.
39. What are the common methods of treatment in auriculotherapy?
40. How is ear seed therapy performed?
41. Mention two common indications for auriculotherapy.
42. What type of needles are used for auricular acupuncture?
43. Describe the basic technique of auricular needling.
44. Mention two precautions during auricular acupuncture.
45. How long should press needles or ear seeds be retained?
46. What are the contraindications for auriculotherapy?
47. How does auriculotherapy exert its therapeutic effects neurologically?
48. Name two auricular points commonly used in stress or anxiety.
49. What is the role of auriculotherapy in pain management?
50. List two possible side effects or complications of auriculotherapy.

Long Answer Questions

1. Explain the basic concept and principle of scalp acupuncture.

2. Describe the anatomy and nerve supply of the scalp relevant to acupuncture.
3. What is the blood supply of the scalp and why is it important in acupuncture?
4. Explain the cortical representation concept in scalp acupuncture.
5. Describe the location and therapeutic use of the motor area on the scalp.
6. Explain the function and clinical indications of the sensory area.
7. Describe the visual and balance areas of the scalp and their indications.
8. Discuss the physiological mechanism of scalp acupuncture.
9. Explain the needling techniques used in scalp acupuncture.
10. Describe the precautions and contraindications in scalp acupuncture.
11. Explain why scalp acupuncture is effective in stroke and paralysis.
12. Discuss how stimulation in scalp acupuncture differs from body acupuncture.
13. Explain post-treatment care after scalp acupuncture.
14. Explain the basic principle of auriculotherapy.
15. Describe the historical development of auriculotherapy.
16. Explain the anatomy of the auricle relevant to therapy.
17. Describe the “inverted fetus” concept of auricular zones.
18. Explain the diagnostic procedure in auriculotherapy.
19. Discuss common techniques used in auriculotherapy.
20. Explain the use of the “Shenmen” point in auriculotherapy.
21. Describe the therapeutic mechanism of auriculotherapy.
22. Explain the precautions and contraindications of auriculotherapy.
23. Describe the steps in performing ear seed therapy.
24. Explain how auriculotherapy aids in addiction management.
25. Discuss the advantages and limitations of auriculotherapy.

MCQs Answer

1. **Answer:** B
2. **Answer:** C
3. **Answer:** B
4. **Answer:** A
5. **Answer:** A
6. **Answer:** B
7. **Answer:** A
8. **Answer:** C
9. **Answer:** D
10. **Answer:** A
11. **Answer:** A
12. **Answer:** C
13. **Answer:** B
14. **Answer:** B
15. **Answer:** C
16. **Answer:** B
17. **Answer:** C
18. **Answer:** A
19. **Answer:** B
20. **Answer:** A
21. **Answer:** C
22. **Answer:** B
23. **Answer:** C
24. **Answer:** A
25. **Answer:** C
26. **Answer:** A
27. **Answer:** A
28. **Answer:** A
29. **Answer:** A
30. **Answer:** B
31. **Answer:** A
32. **Answer:** A
33. **Answer:** A
34. **Answer:** B
35. **Answer:** A
36. **Answer:** A
37. **Answer:** A
38. **Answer:** A

39. **Answer:** B
40. **Answer:** A
41. **Answer:** A
42. **Answer:** A
43. **Answer:** B
44. **Answer:** A
45. **Answer:** B
46. **Answer:** A
47. **Answer:** C
48. **Answer:** A
49. **Answer:** D
50. **Answer:** A

1. Scalp acupuncture is a specialized technique stimulating specific scalp areas corresponding to functional regions of the cerebral cortex to treat neurological and sensory disorders.

2. It combines Traditional Chinese Medicine meridian theory with modern neuroanatomy — stimulating scalp regions to influence related brain areas.

3. Superficial temporal, occipital, and posterior auricular arteries.

**4.** Mainly the trigeminal (V) and cervical (C2, C3) nerves.

**5.** The precentral gyrus of the frontal lobe.

6. From 0.5 cm posterior to the midpoint of the midline, extending obliquely downward toward the intersection of the eyebrow–outer canthus line.

7. Paralysis of limbs, facial paralysis.

8. For treating pain, numbness, and sensory disturbances.

9. Parallel and posterior to the motor area, about 1.5 cm behind it.

10. The balance area.

11. Treats motor aphasia (difficulty speaking due to motor cortex injury).

12. Used for sensory aphasia, where comprehension is affected.

13. The visual area.

14. 1 cm lateral to the midline, extending upward from the occipital protuberance.

15. Parkinson's disease, tremors, chorea.

16. 15–30° obliquely along the scalp surface.

17. 30–45 minutes.

18. Local heaviness, tingling, warmth, or radiating sensation (Deqi).

19. Head wounds, scalp infection, severe hypertension, or high fever.

20. Avoid major veins, disinfect the scalp, use shallow oblique insertion, and avoid excessive stimulation.

21. By stimulating corresponding cortical areas, it promotes neuroplasticity and improves cerebral blood flow.

22. 1–1.5 cun obliquely along the scalp.

23. After recent cranial surgery or in open scalp injuries.

24. Motor and sensory areas.

25. By rapid twirling or small amplitude vibration every 10–15 minutes.

26. A therapeutic method that treats diseases by stimulating specific reflex points on the external ear.

27. Dr. Paul Nogier (France).

28. 1957.

29. Auriculotemporal nerve, great auricular nerve, lesser occipital nerve, and auricular branch of the vagus nerve.

30. The ear represents an inverted fetus — head on the lobule, spine along the antihelix, internal organs in the concha, limbs on the scapha.

31. The ear lobule.

32. The concha (especially cavum and cymba conchae).

33. The antihelix.

34. In the triangular fossa; calms the mind, relieves stress, and reduces pain.

35. Maintains homeostasis and balances the autonomic nervous system.

36. Tenderness, discoloration, and electrical resistance change.

37. By detecting tenderness upon pressure or with an electric point finder.

38. Pressure probe and auricular point detector.

39. Needling, ear seeds, laser stimulation, electroacupuncture, or acupressure.

40. Small seeds or metal pellets are taped over acupoints and gently pressed periodically by the patient.

41. Pain management, anxiety, insomnia, addiction control.

42. Small intradermal or press needles.

43. . Clean ear → shallow insertion (1–2 mm) → retain for 20–30 minutes → gentle manual stimulation.

44. Avoid inflamed or infected ears; do not over-stimulate sensitive patients.

45. 3–7 days, depending on condition and tolerance.

46 Ear infection, eczema, frostbite, pregnancy (certain points like uterus point).

47. By stimulating cranial nerves (especially vagus and trigeminal), influencing brainstem and hypothalamic functions.

48. Shenmen and Heart points.

49. It triggers endorphin release and modulates pain perception via central pathways.

50. Mild bleeding, local infection, or fainting (rare).

# Long Answer

1. Scalp acupuncture integrates Traditional Chinese Medicine (TCM) meridian theory with modern neuroanatomy. It is based on the idea that stimulating certain regions of the scalp affects corresponding areas of the cerebral cortex. By inserting fine needles along mapped zones of the scalp, the treatment helps to regulate the nervous system, improve blood flow, and restore sensory or motor functions — especially beneficial for neurological disorders like paralysis, stroke, and Parkinsonism.
2. The scalp extends from the forehead to the nape of the neck and is supplied by both cranial and cervical nerves.
   - **Anterior part:** Supplied by branches of the trigeminal nerve (supratrochlear, supraorbital, zygomaticotemporal).
   - **Posterior part:** Supplied by greater and lesser occipital nerves (C2–C3).
     This rich nerve network forms the physiological basis for reflex responses in scalp acupuncture.
3. The scalp is highly vascularized by branches of the **external carotid artery** (superficial temporal, posterior auricular, occipital) and the **internal carotid artery** (supratrochlear, supraorbital).
   Good vascularity ensures quick response and healing but also means that practitioners must avoid deep insertion or needling over major arteries to prevent bleeding.

---

4. The scalp zones correspond to specific cortical functional areas — for example, the **motor area** relates to the precentral gyrus and controls voluntary movement, while the **sensory area** corresponds to the postcentral gyrus. Stimulating these scalp areas activates related brain functions, helping restore movement and sensation in affected body parts.

---

5. The **motor area** starts 0.5 cm posterior to the midpoint of the anterior-posterior midline and extends obliquely downward to the intersection of the eyebrow–outer canthus line.

- **Upper 1/5:** Controls lower limbs and trunk.
- **Middle 2/5:** Upper limbs.
- **Lower 2/5:** Face and speech.
  Used for paralysis, facial palsy, and hemiplegia.

**6.** Located parallel and posterior (1.5 cm) to the motor area, it represents the postcentral gyrus.

Functions include regulating pain, touch, and temperature sensation. Indications: neuralgia, anesthesia, numbness, post-stroke sensory loss.

---

7. **Visual area:** 1 cm lateral to the midline at the occipital region — used for vision problems like optic atrophy or cortical blindness.
**Balance area:** 3 cm lateral to the occipital midline, extending downward — treats vertigo, cerebellar ataxia, and balance disorders.

---

8. Scalp needling stimulates sensory nerves and capillary networks, producing signals that travel to the brain's motor and sensory cortex. This enhances cerebral blood flow, promotes neurotransmitter regulation, and facilitates neuroplasticity, thereby aiding recovery in neurological and psychosomatic disorders.

---

9. Needles (2–3 cun) are inserted **15–30° obliquely** along the scalp surface. After achieving "Deqi" sensation (heaviness, warmth, or distension), needles are gently twirled or vibrated for 2–3 minutes every 10 minutes. Retention time is 30–45 minutes.

---

10. Avoid needling over:

- Recent surgical wounds, open injuries, or skin infections.

Patients with high fever, severe hypertension, or acute mental agitation.
Precautions: maintain sterility, use shallow oblique insertion, and avoid vigorous manipulation in elderly or weak patients.

---

11. Stroke causes neuronal injury and impaired circulation in specific brain areas. Scalp acupuncture increases blood flow to the ischemic cortex and promotes synaptic reorganization. By stimulating motor and sensory areas, it enhances nerve conduction and accelerates motor recovery.

---

12. In scalp acupuncture, stimulation is stronger, continuous, and directed along cortical zones rather than discrete points. The emphasis is on brain region activation, not meridian Qi movement. Needles are inserted superficially at a low angle and retained longer for neuro-reflex effects.

---

13. After needle removal, mild massage is applied to the scalp to promote circulation. Patients should rest for 15–20 minutes and avoid exposure to wind or cold. Those recovering from stroke should continue regular sessions to maintain neural activation and function improvement.

---

14. Auriculotherapy is based on the microsystem theory — the ear reflects the entire body in an inverted fetus arrangement. Stimulation of specific auricular points influences corresponding body organs through neuro-reflex connections, especially via the vagus and trigeminal nerves.

---

15. Ancient Chinese texts mentioned ear acupuncture for treating diseases, but **Dr. Paul Nogier (France, 1957)** scientifically mapped the ear as an inverted fetus. His model was later confirmed by Chinese researchers and integrated into TCM practice as auriculotherapy.

---

16. The auricle consists of cartilage covered by skin and is divided into several regions — helix, antihelix, scapha, concha, tragus, and lobule. Its rich innervation by the vagus, trigeminal, and cervical nerves provides the neurological basis for reflex stimulation during treatment.

---

17. The ear represents an inverted fetus —

- **Head:** on the lobule
- **Spine:** along the antihelix
- **Internal organs:** in the concha
- **Limbs:** in the scapha
  This mapping allows diagnosis and treatment of corresponding body parts through the ear.

---

18. Diagnosis involves visual inspection (color change, swelling), palpation for tenderness, and detection of altered electrical resistance using an auricular point detector. Abnormalities on the ear often reflect internal pathology, allowing early detection and targeted treatment.

---

19. Techniques include:**Needling:** using small intradermal or press needles.

- **Ear seeds:** taped seeds/pellets pressed periodically.
- **Laser or electrostimulation:** gentle non-invasive stimulation.
- **Acupressure:** manual pressure on points for mild conditions.

---

20. Located in the triangular fossa, the Shenmen point is a master point for calming the spirit, relieving stress, anxiety, insomnia, and pain. It modulates the autonomic nervous system and enhances the effects of other auricular points.

---

21. Stimulation of auricular points activates afferent fibers of the vagus and trigeminal nerves, which project to the brainstem, thalamus, and hypothalamus. This regulates autonomic balance, hormone secretion, and endorphin release — producing analgesic and homeostatic effects.

---

22. Avoid needling over inflamed, infected, or frostbitten ears. Certain points (e.g., uterus) are avoided during pregnancy. Maintain aseptic technique, and avoid over-stimulation in weak patients.

---

23. Clean and dry the ear → locate points → place vaccaria seeds or magnetic pellets on adhesive tape → apply over selected points → instruct patient to press each point 2–3 times daily for 1–2 minutes.

---

24. Stimulating points like Shenmen, Lung, Liver, and Kidney increases endorphin and serotonin levels, reducing withdrawal symptoms, anxiety, and craving. This helps patients cope with de-addiction and stress more effectively.

---

25. – **Advantages:** Safe, non-invasive, rapid results, minimal side effects, can treat systemic disorders via ear reflex zones.
**Limitations:** Requires precise point localization; effectiveness depends on practitioner skill; not suitable for ear injuries or infections.