

JOURNAL OF ACUPUNCTURE AND HERBS

JAH

SPECIAL ISSUE FOR THE ISAM 2025

ISSN 2002-371X (P), ISSN 2001-7464 (E) JAH-VOLUME 6, ISSUE 3, 2025

International Society of
Chinese Medicine (ISCM)

World Federation of Acupuncture-
Moxibustion Societies(WFAS)

 Clinical Research

A Study on the Effect of Manual Acupuncture Intervention in Suppressing Unpleasant Memories

CUI Mai^{1*}✉

1. *A Study on the Effect of Manual Acupuncture Intervention in Suppressing Unpleasant Memories*

Abstract

Objective: Unpleasant memories are an important cause of various diseases. This study observed the effect of syndrome differentiation acupuncture combined with manual acupuncture on suppressing unpleasant memories in patients who had experienced psychological trauma.

Methods:

1. *Subjects:* 89 cases were randomly divided into two groups: Group A (52 cases) received syndrome differentiation acupuncture plus manual acupuncture, and Group B (37 cases) received syndrome differentiation acupuncture alone. Patients were blinded to their group assignment. There were no statistically significant differences in age, disease duration, or symptom severity between the two groups ($\chi^2 = 0.7$, $P > 0.05$).
2. *Procedure:* At the first visit, patients completed a questionnaire including age, gender, disease duration, and accompanying symptoms. The cause of the unpleasant memory was inquired, and its severity was recorded. After one acupuncture treatment, patients were re-evaluated one week later for changes in the severity of unpleasant memories and accompanying symptoms.
3. *Intervention:* All patients received traditional syndrome differentiation acupuncture. Only Group A received additional manual manipulation at the anterior vertex and the anterior/posterior Sishencong points (with needle retention for 1 minute after obtaining deqi at each point), needles retained for 30 minutes, and patients were instructed to use mental imagery to recall and eliminate unpleasant memories.
4. *Evaluation:* The severity of unpleasant memories was assessed using the categories: extremely painful, painful, concerned, slightly concerned, and unconcerned, referring to the Japanese Psychiatric Rating Scale (PRS) classification: most severe, severe, moderate, mild, and very mild.
5. *Statistical analysis:* The mean and standard deviation of age and disease duration were used to estimate the 95% confidence interval for the population mean. The significance of differences between the two groups was tested using the two-sample mean test. The chi-square test was used to compare symptom severity before and after treatment in both groups.

✉ CUI Man, Director of Nagatsuta Mai Acupuncture Clinic, Japan. Research focus: endocrinology, allergic diseases and spinal diseases. Email: cui1357mai2468@gmail.com

Results: No adverse effects were observed in any patient. In Group A, the number of patients with the most severe symptoms decreased from 16 before treatment to 0 after treatment; severe: from 19 to 2; moderate: from 15 to 21; mild: from 2 to 6; very mild: from 0 to 23. The chi-square test showed a highly significant difference in symptom severity before and after treatment in Group A ($\chi^2 = 55.76$, $P < 0.01$), but not in Group B ($\chi^2 = 1.8$, $P > 0.05$).

Conclusion: This study observed that manual acupuncture at the anterior vertex and anterior/posterior Sishencong points is a safe and effective method for suppressing unpleasant memories and is worthy of promotion.

Keywords— unpleasant memory; acupuncture therapy; scalp acupuncture

1 Introduction

Unfavorable memories are detrimental to human mental health and are a significant cause of various diseases, such as post-traumatic stress disorder (PTSD)^[1]. PTSD develops from severe traumatic experiences that form related unfavorable emotional memories, which are a key pathological mechanism^[2]. Similarly, such unfavorable memories are prevalent in other mental disorders, including anxiety and depression^[3].

2 Research Methods

2.1 Syndrome Differentiation and Acupoint Selection

The study identified six syndrome types based on Traditional Chinese Medicine (TCM)^[4]:

1) Liver Qi Stagnation: Chest tightness, hypochondriac pain, irritability, normal tongue, wiry pulse.

2) Liver Fire Blazing: Work-related stress leading to severe insomnia, eye swelling, constipation, red tongue with yellow coating, wiry pulse.

3) Liver Damp-Heat: Tinnitus, ear fullness, constipation, insomnia, irritability, red tongue with thick yellow coating, wiry pulse.

4) Qi Stagnation and Blood Stasis with Dampness: Headache, morning worsening,

heaviness upon waking, abdominal edema, dark tongue with thick coating, slippery pulse.

5) Wind-Damp-Heat with Qi Stagnation and Blood Stasis: Symptoms of 4) plus localized joint pain.

6) Pulse Diagnosis: Weak pulse at the cubital region.

For deficiency syndromes:

7) Qi and Yin Deficiency: Common in elderly women, tinnitus, facial flushing, poor appetite, fatigue, dark tongue with thin white coating, weak pulse.

8) These syndromes may appear singly or in combination.

Acupoint Prescription:

For excess syndromes: Quchi, Hegu, Yanglingquan, Taichong to soothe liver and regulate Qi, used for Liver Qi Stagnation. Add Shaofu, Lieque for Liver Fire; add Xingjian, Lieque for Liver Fire Blazing; add Xuehai, Lieque for Qi Stagnation and Blood Stasis with Dampness; add Yinlingquan, Xuehai, Neiting for Wind-Damp-Heat.

For deficiency syndromes: Xinshu, Ganshu, Pishu, Shenshu, add Weishu and Zusanli; add Neiguan for Qi deficiency; add Zhulong, Lieque for dampness; add Weishu for blood stasis. All points are bilateral.

- Needle sizes: 0.2*25 mm for head and face, 0.2 *40 mm for other areas, inserted perpendicularly, retained for 45 minutes.

2.2 Specific Acupuncture Techniques

2.2.1 Practitioner's Qi-Guiding Method:

Disinfect Sishencong (front, back, and top), use 0.2*25 mm needles^[5]. Follow with standard differentiation acupuncture. Manipulate these points to achieve Qi sensation (practitioner feels sinking, patient feels strong soreness), use lifting-thrusting if needed, retain for 1 minute, then withdraw.

2.2.2 Patient's Unfavorable Memory Extraction:

During needling, patients recall and organize unfavorable memories, imagining them as garbage in a bag, discarded into the sea^[3]. Retain needles for 30 minutes, then withdraw.

3 Evaluation of Unfavorable Memory Severity

Patients self-assess memory intensity (very painful, painful, concerned, slightly concerned, unconcerned) using the Japanese Psychiatric Rating Scale (PRS), categorized as severe, moderate, mild, very mild^[4].

4 Statistical Analysis

Means and standard deviations of age and duration were calculated with 95% confidence intervals using $\bar{X} \pm t\omega(\alpha/2)$. Differences between groups and pre/post-treatment changes were tested with chi-square tests^[5].

5 Results

Group A (n=52): Pre-treatment: 16 severe, 19 moderate, 15 mild, 2 very mild, 0 unconcerned; Post-treatment: 0 severe, 2 moderate, 21 mild, 6 very mild, 23 unconcerned ($\chi^2 = 55.76, P < 0.01$).

Group B (n=37): Pre-treatment: 13 severe, 14 moderate, 8 mild, 2 very mild, 0 unconcerned; Post-treatment: 8 severe, 16 moderate, 11 mild, 2 very mild, 0 unconcerned ($\chi^2 = 1.8, P > 0.05$).

Comparison: Post-treatment, Group A showed significant improvement over Group B ($\chi^2 = 45.78, P < 0.01$).

6 Discussion

Unfavorable memories often stem from interpersonal conflicts, trauma (e.g., assault, accidents), or stress (e.g., exams, work)^[2]. Symptoms include mental unrest, insomnia, depression, and physical pain^[3]. TCM attributes this to Qi stagnation, blood stasis, or deficiency, with the head as the affected area^[4]. The study's technique, involving memory recall and specific acupuncture, effectively reduced memory impact^[5]. A patient reported relief post-treatment. Neuroscientific studies suggest hippocampal and amygdala activation, with prefrontal cortex modulation as a key mechanism^[1].

7 Conclusion

The study demonstrated that specific acupuncture, including Sishencong needling and memory extraction, significantly reduced unfavorable memories^[3]. Long-term effects and mechanisms require further research, but this method is simple, safe, and promotable for mental health^[5].

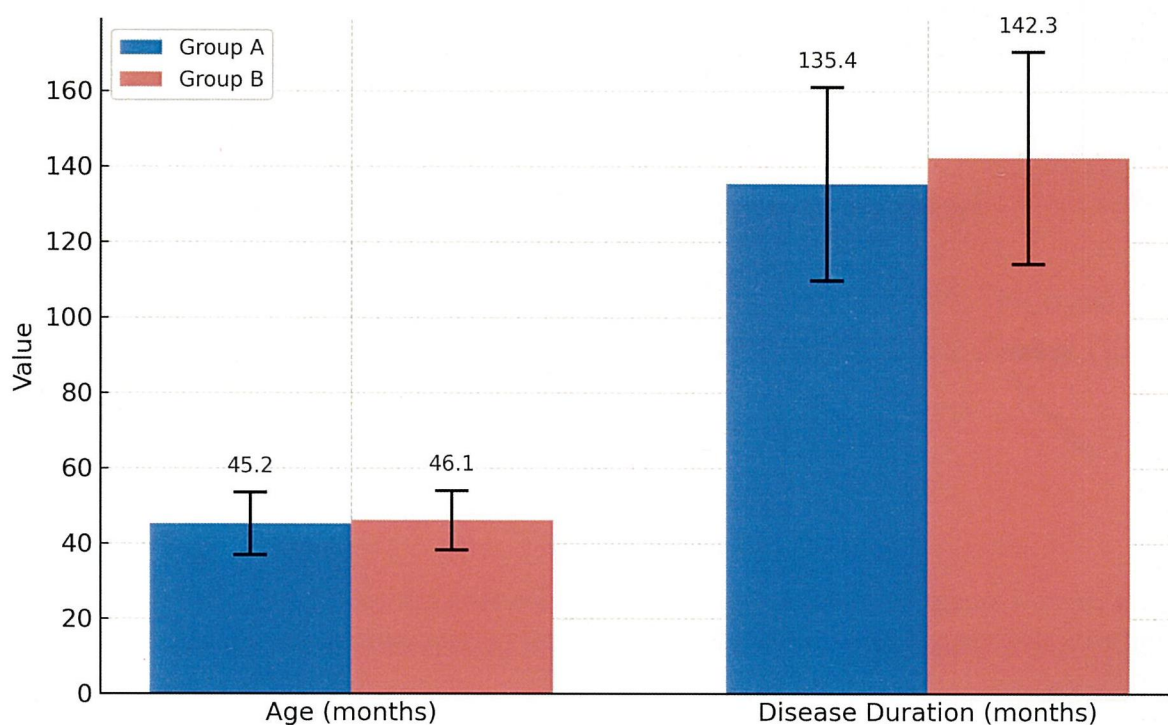


Figure 1: Baseline characteristics comparison between groups. No statistically significant differences ($p > 0.05$)

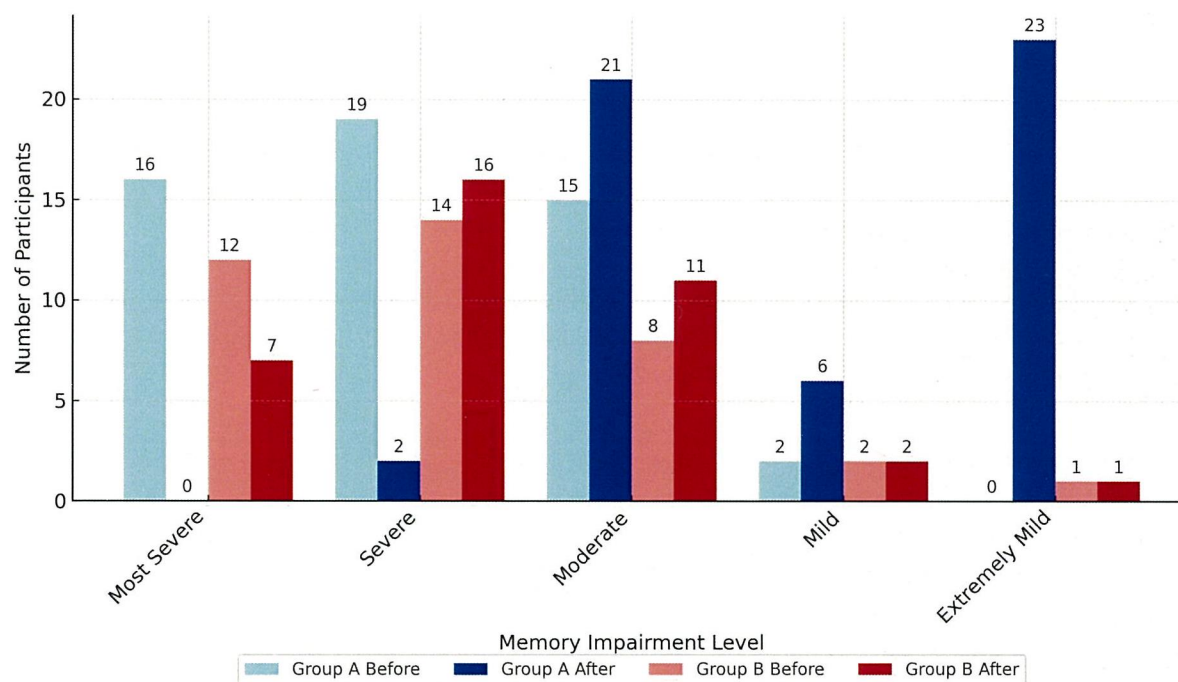


Figure 2: Memory impairment level changes before and after treatment. Group A: $\chi^2=55.76$, $p<0.01$ (significant improvement). Group B: $\chi^2=1.8$, $p>0.05$ (no significant change)

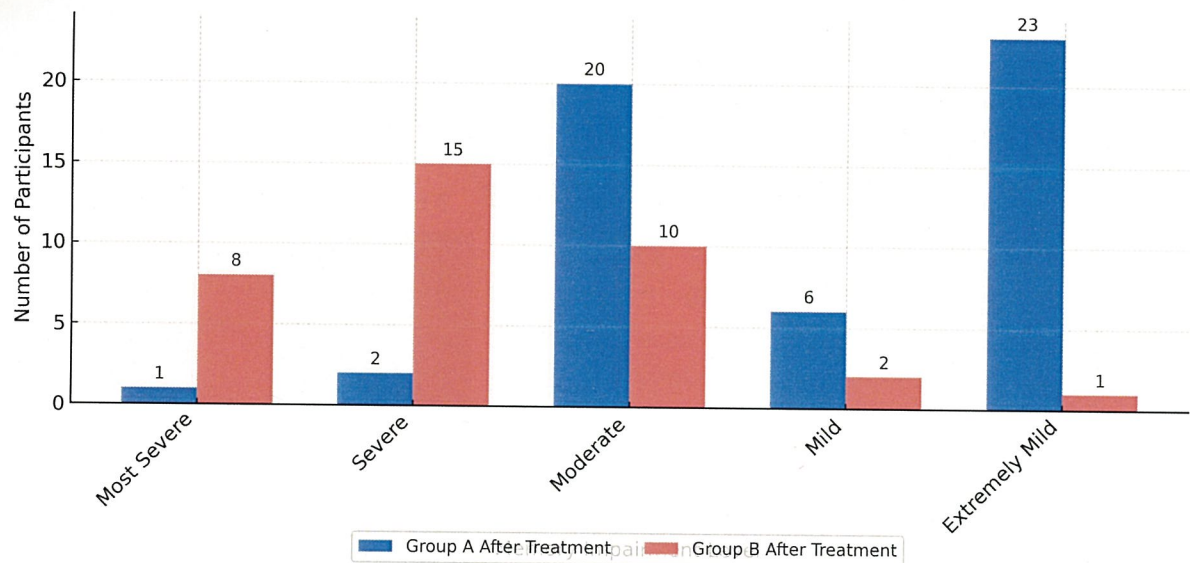


Figure 3: Post-treatment memory impairment comparison between groups. $\chi^2=45.78$, $p<0.01$ (significant difference). Group A showed significantly better improvement

References

- [1] LIU H, ZHONG J. Modification of Human Unfavorable Memories: Evidence from Memory Reconsolidation[J]. chinaXiv, 2019.
- [2] VISSER R M, LAU-ZHU A, HENSON R N, et al. Multiple Memory Systems, Multiple Time Points: How Science Can Inform Treatment to Control the Expression of Unwanted Emotional Memories[J]. Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences, 2018, 373(1742).
- [3] FENG Z, LI J. Behavioral Intervention on Emotional Memory Reconsolidation: From Experimental to Clinical Translation[J]. Advances in Psychological Science, 2020, 28(2): 240-251.
- [4] ZHAO W, YANAGI T. Statistics[M]. 1991: 67-73.
- [5] LI J, CHEN W, CAOYANG J, et al. Moderate Partially Reduplicated Conditioned Stimuli as Retrieval Cue Can Increase Effect on Preventing Relapse of Fear to Compound Stimuli [J]. Frontiers in Human Neuroscience, 2017, 11: 57.