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# **Original Paper**

# New YNSA ZS Point for Disturbances of Female Hormonal Systems

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# **ABSTRACT**

**Background:** A specific point was discovered with Yamamoto New Scalp Acupuncture (YNSA) that was sensitive to touch in women of various ages with diverse hormonal problems. Needling this point showed improvement in cases involving disturbances of female hormonal systems. This point was named the ZS point (Zeise-Suess Point), and was accepted by Dr Toshikatsu Yamamoto.

**Objective:** To demonstrate the effects of needling the ZS point for treatment of female hormonal system disturbances.

**Design:** Inclusion criteria for this prospective observational study were disturbances in female hormones such as hypermenorrhea, menometrorrhagia, secondary amenorrhea, and climacteric syndrome. No other therapy, homeopathics, phytotherapy, or chemical hormones were allowed. Exclusion criteria included chronic hemorraging, cancer, and pregnancy.

**Setting and Patients:** The research was performed in the Centre of Acupuncture in Remchingen, Germany, from June 2005 to February 2007. A total of 271 women aged 18–70 years presented with hypermenorrhea (32), menometrorrhagia (71), secondary amenorrhea (5), and climacteric syndrome (163).

**Intervention:** Patients were treated only with the ZS point.

**Main Outcome Measures:** Change in symptoms using a self-report scale from 0 (no improvement) to 3 (>75% improvement).

**Results:** Ninety-nine percent of the patients improved after the ZS point was needled. The improvement score varied by type of hormone disturbance.

**Conclusions:** The newly described ZS point was effective in a sample of women with hormone disturbances.

Key Words: YNSA Acupuncture, Hypermenorrhea, Amenorrhea, Climacteric Syndrome, Hormone Disturbances, ZS Point

## INTRODUCTION

**D**<sup>R</sup> Toshikatsu Yamamoto, a Japanese physician, developed a new microacupuncture system in the human scalp in 1973. Yamamoto New Scalp Acupuncture (YNSA) is an effective therapy based on neck and abdominal diagnoses. It contains basic points, Y points, cranial nerves, sensory points, and somatotopes in the chest, pubic area, and back.

While treating with YNSA, the author found a point in the zone of the Y points, not the described points. This point is only found in women. It was named the ZS point (Zeise-Suess Point).<sup>2</sup>

Herein, I describe my experience using the ZS point in YNSA, one of the best known forms of microacupuncture of point systems (MAPS).<sup>3</sup>

# **METHODS**

From June 2005 until February 2007, 271 women (ages 18–70 years) were included in the study. A consent form

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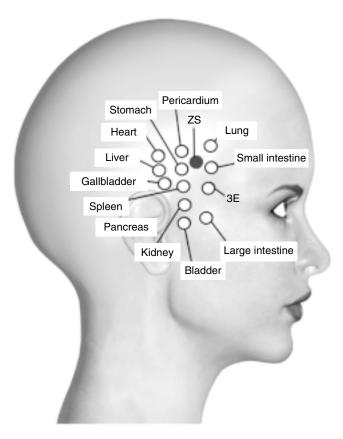


FIG. 1. Location of the ZS point among the YNSA microsystem

was signed by all patients. All women had disturbances in female hormones: 32 patients had hypermenorrhea, 71 menometrorrhagia, 5 secondary amenorrhea, and 163 climacteric syndrome. During the research, the patients received no medications, homeopathics, or phytotherapy.

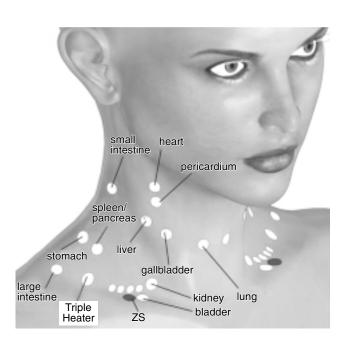


FIG. 2. Points of sensitivity in the neck

The first step in the treatment was to locate the ZS point in the patients. Women were only needled at the ZS point; they rested 30 minutes in a quiet room with comfortable seating and were given water. The patients were treated once or twice a week.

The YNSA method is based on a microsystem located on the scalp. All 12 Meridians are placed on both sides of the temporal region of the head. In this region, the ZS point can be found as depicted in Figure 1. Before treating, it can be diagnosed by carefully palpating for the specific points of sensitivity in the neck (Figure 2).

# **TREATMENT**

YNSA treatment is as follows:

- Points in the neck diagnosis can be found by locating sensitivity to pressure areas as shown in Figure 2 (this process can be painful).
- When the point at the neck is found, the ZS point is needled on the temporal region as described (Figure 3).
- Needles are placed bilaterally for 25 minutes.
- If the needle is correctly positioned, the pressure sensitivity at the neck disappears immediately so that the clinician can directly control the correct placement of the needle.



FIG. 3. ZS point location in the temporal region

NEW YNSA POINT 53

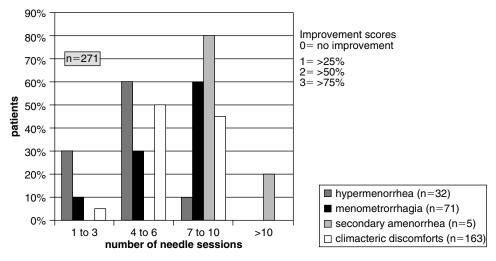


FIG. 4. Patients' symptom improvement by score

## **Evaluation**

Patients were asked to rate the improvement of hormonal disturbances via a score of 0 (no improvement); 1 (improvement >25%); 2 (improvement >50%); and 3 (improvement >75%).

## RESULTS

In 271 patients with disturbances of the female hormonal systems, the ZS point could be reproduced in all 271 patients. Improvement occurred and a minimum score of 1 was achieved. The improvement score diversified with the type of hormonal disturbances (Figure 4).

The same effect was found in the time of improvement and the number of needed sessions (Figure 4).

Over the 19-month research period, long-lasting improvement was found. Women with hypermenorrhea reported symptom relief lasting >12 months; women with menometrorrhagia, >12 months; women with secondary amenorrhea, >9 months; and women with climacteric discomfort, 6–18 months.

# **DISCUSSION**

The difference in the time of treatment until improvement of symptoms is explainable with the varying length in the female hormonal cycle. A correlation was also found among the kind of hormonal disturbance, the duration of improvement, and the number of acupuncture sessions required.

The ZS point can be found in the region of the Y Points in YNSA. A point in the neck diagnostic region can be found

and then disappears while needling the point at the scalp. Therefore, the ZS point is a new point in YNSA. The existence of the ZS point could be found in a prospective study in all 271 women (in my practice). A direct influence of the ZS point to the hypophysis is postulated.

#### **CONCLUSIONS**

Needling the ZS point showed good effects in cases of disturbances in female hormones, independent of the pathology. Prospective confirmatory studies in Germany are planned. In a multicenter study in general and gynecological practices, the ZS point should be documented in a larger number of patients with a control group.

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