

# Thai acupressure treatment points for headache, TMJ (jaw pain), and neck pain

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## Thai treatment of headaches

Headache is such a common pain that it is often not considered an ailment but rather a natural part of the human experience. Thai routines are very effective to treat muscular contraction headaches (tension headaches), the most common of all headaches. They are also effective to treat vascular headaches (migraines.) The Thai acupressure routines taught at Wat Po are aimed at several types of headaches, such as “one-sided headache with dry eyes and blurred vision”, “two-sided headache,” “tension headache,” and “temporal pain.” The headache variety we will treat in this workshop is the “two sided headache.”

### Precautions:

*Try to avoid moving the head and body of your client, since movements may worsen the headache. Work in a darkened, quiet room; speak slowly and softly; offer drinking water to your client. Treat only when pain is present - do not use headache routines as a preventive measure. Using these treatments routinely when pain is not present may actually create a headache.*

## Temporomandibular joint disorders (TMJ)

TMJ refers to disorders of the temporomandibular joint region caused by improper joint alignment, arthritis, muscular or psychological stress, and grinding or clenching the teeth during sleep. Symptoms may include jaw pain and soreness, jaw stiffness, difficulty and pain when opening the mouth widely, popping sounds and pain while chewing, ear pain, headache, neck pain, and upper back pain.

### Precautions:

*Treat daily until recovery. In chronic non-acute conditions, treat twice a week.*

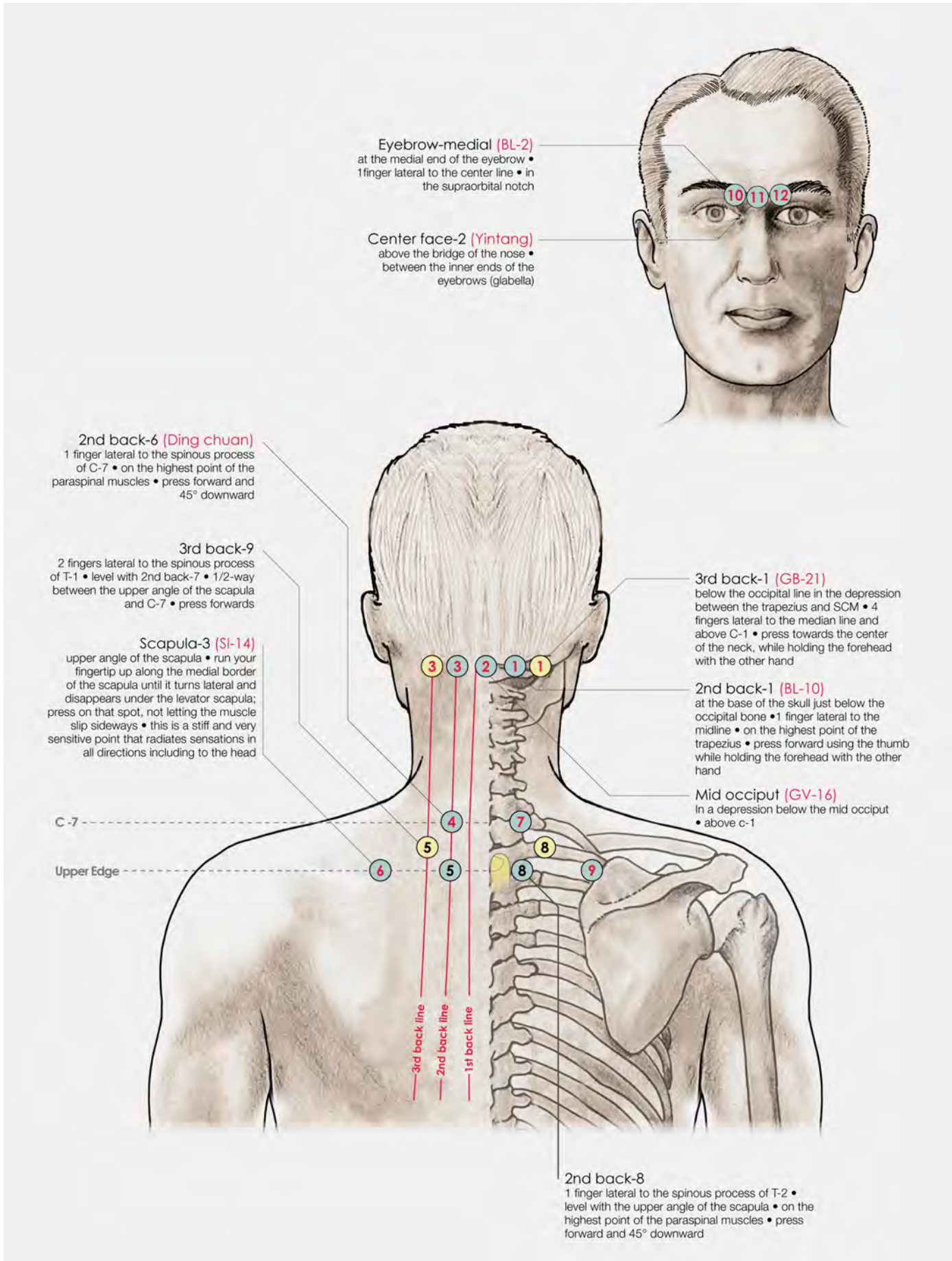
## Thai treatment of neck disorders

Poor postural habits, mental stress, repetitive overuse, and major or minor injuries can all be underlying causes for neck disorders. Most neck pains respond very well to Thai acupressure treatment routines. Severe conditions involving cervical joint pathologies that do not require surgery may also respond well to Thai routines, though results may be slower and less certain.

### Precautions:

*Avoid stretching when treating acute conditions. Be cautious and gentle when thumb pressing the neck of an older client. Treat daily until recovery. In chronic non-acute, conditions treat twice a week. Instruct the client to refrain from quick or sudden movements and from any activity or posture that may prolong the disorder. Instruct the client to avoid sleeping on his belly, but if he does, he should not use a pillow.*





**Eyebrow-medial (BL-2)**  
 at the medial end of the eyebrow •  
 1 finger lateral to the center line • in  
 the supraorbital notch

**Center face-2 (Yintang)**  
 above the bridge of the nose •  
 between the inner ends of the  
 eyebrows (glabella)

**2nd back-6 (Ding chuan)**  
 1 finger lateral to the spinous process  
 of C-7 • on the highest point of the  
 paraspinal muscles • press forward and  
 45° downward

**3rd back-9**  
 2 fingers lateral to the spinous process  
 of T-1 • level with 2nd back-7 • 1/2-way  
 between the upper angle of the scapula  
 and C-7 • press forwards

**Scapula-3 (SI-14)**  
 upper angle of the scapula • run your  
 fingertip up along the medial border  
 of the scapula until it turns lateral and  
 disappears under the levator scapula;  
 press on that spot, not letting the muscle  
 slip sideways • this is a stiff and very  
 sensitive point that radiates sensations in  
 all directions including to the head

C-7

Upper Edge

3rd back line  
 2nd back line  
 1st back line

**3rd back-1 (GB-21)**  
 below the occipital line in the depression  
 between the trapezius and SCM • 4  
 fingers lateral to the median line and  
 above C-1 • press towards the center  
 of the neck, while holding the forehead  
 with the other hand

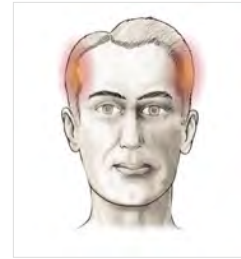
**2nd back-1 (BL-10)**  
 at the base of the skull just below the  
 occipital bone • 1 finger lateral to the  
 midline • on the highest point of the  
 trapezius • press forward using the thumb  
 while holding the forehead with the other  
 hand

**Mid occiput (GV-16)**  
 in a depression below the mid occiput  
 • above c-1

**2nd back-8**  
 1 finger lateral to the spinous process of T-2 •  
 level with the upper angle of the scapula • on the  
 highest point of the paraspinal muscles • press  
 forward and 45° downward

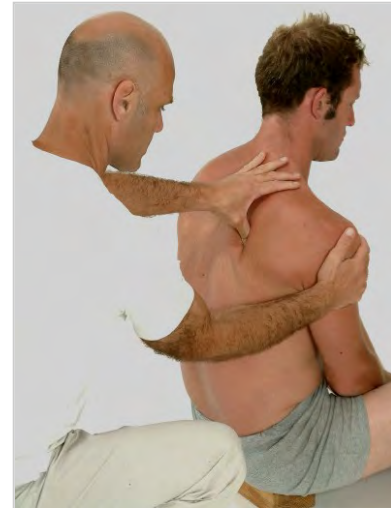
## Two-sided headache treatment

**Problem description:** The pain is located on both sides of the head, and throbbing pain appears suddenly, not gradually. As the headache becomes stronger, the client becomes sensitive to movements, strong sounds, and bright lights.



### Neck and shoulder treatment

The client is seated with legs crossed or extended. Work the neck, upper back, and along the medial border of the scapula using traditional Thai techniques. Avoid excessive stretching.



### Thumbing routine, back

Thumb press points 1 through 9 on the chart on the previous page. Hold each point for 10 to 15 seconds. Continue thumbing the points for many repetitions, as long as your client begins to feel relief. Stop working if the points become too sensitive. Use gradual, incremental pressure and make sure it isn't too strong for your client.

### Thumbing routine, front

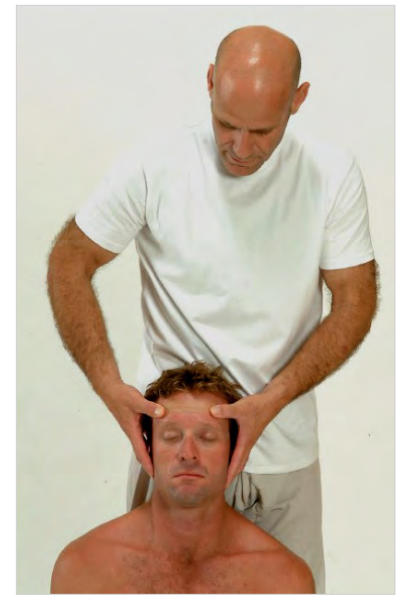
Work points 10 through 12 on the headache chart. Hold each point for 5 to 10 seconds. Work points 10 and 12 together before you work point 11. Repeat several rounds of these three points. These points can be extremely sensitive, so be careful to not hurt your client.





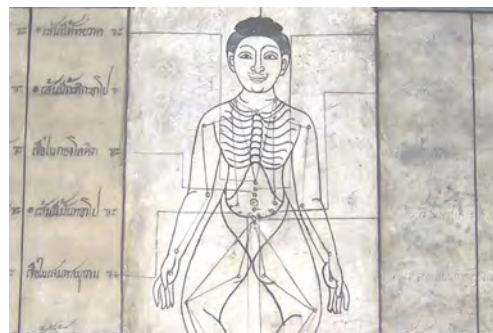
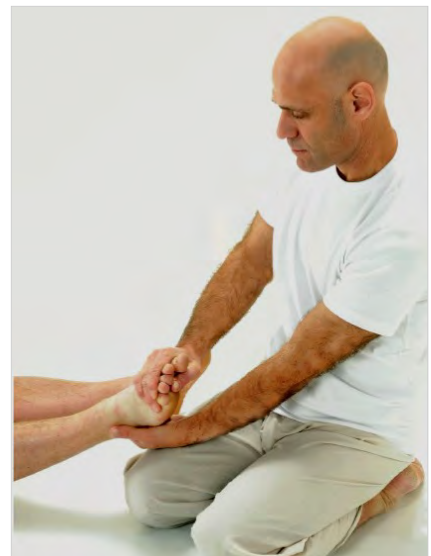
### Face massage

After working the back and front points, give your client a face massage either in sitting position or in supine position. Use calming strokes as you work the nasal passage points, temples, the points alongside the ears, and the forehead and eyebrows. Use your intuition and be sensitive.



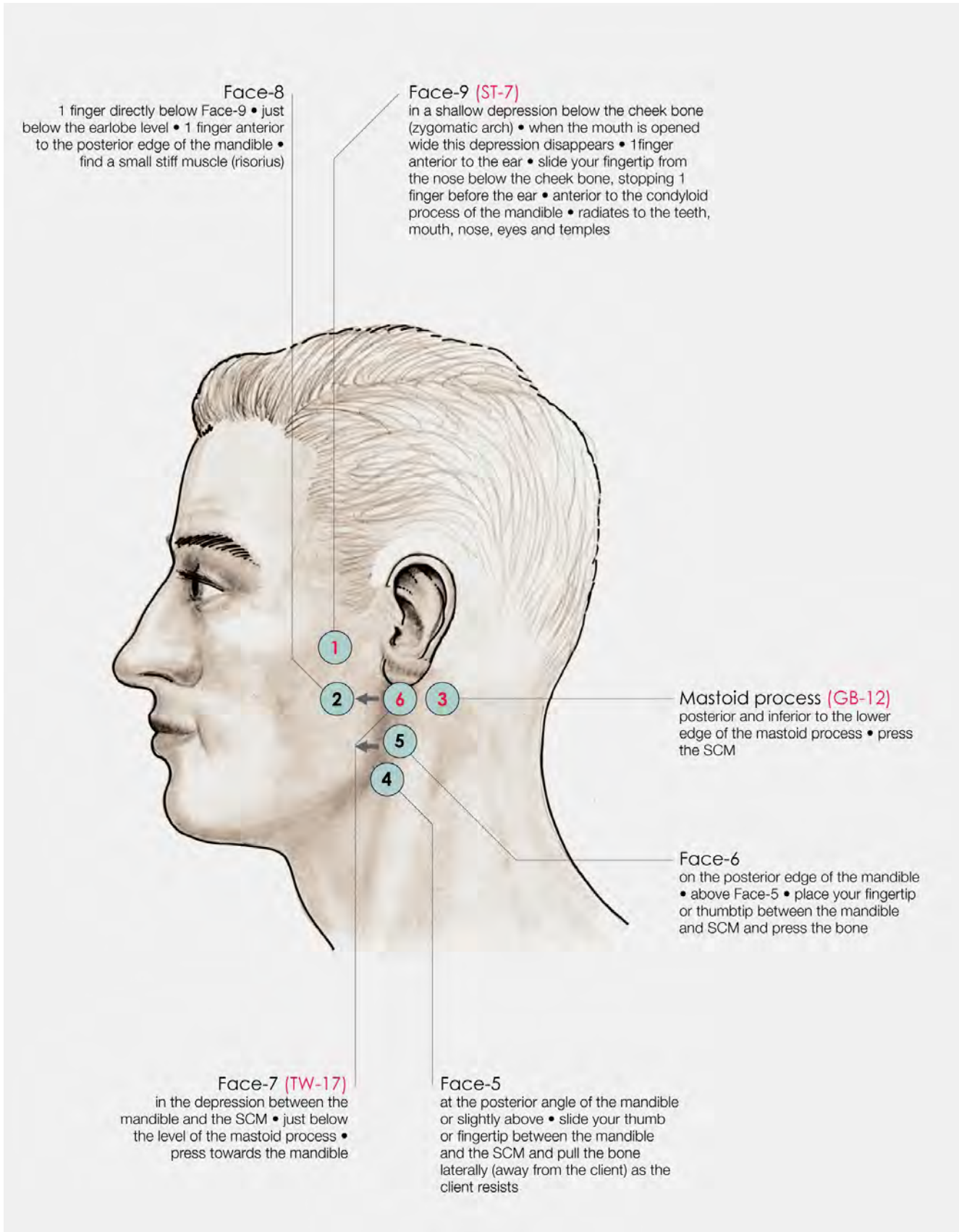
### Hand and foot massage

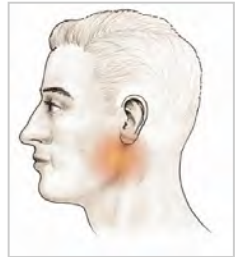
Now give your client a general massage to the hands and feet in supine or sitting position. If you know specific pressure points that relate to headache on the hands and feet, experiment with them.



*Epigraph at Wat Po, Bangkok, showing remedial treatment points.*

# TMJ & jaw pain treatment





**Problem description:** Pain is located at the area of the points, and may be accompanied by neck and shoulder pain. The pain increases when chewing. There is a pronounced stiffness of the jaw muscles.



**Work the major points**

Thumb press points 1 through 6 on the jaw chart. Work point 4 by placing the tip of your index finger behind the mandible and use it as a hook to pull on the bone. Repeat thumbing the points as long as improvement occurs, up to ten repetitions. Stop working if the points become sensitive.

**Face massage**

After you work the points above, give your client a full face massage.

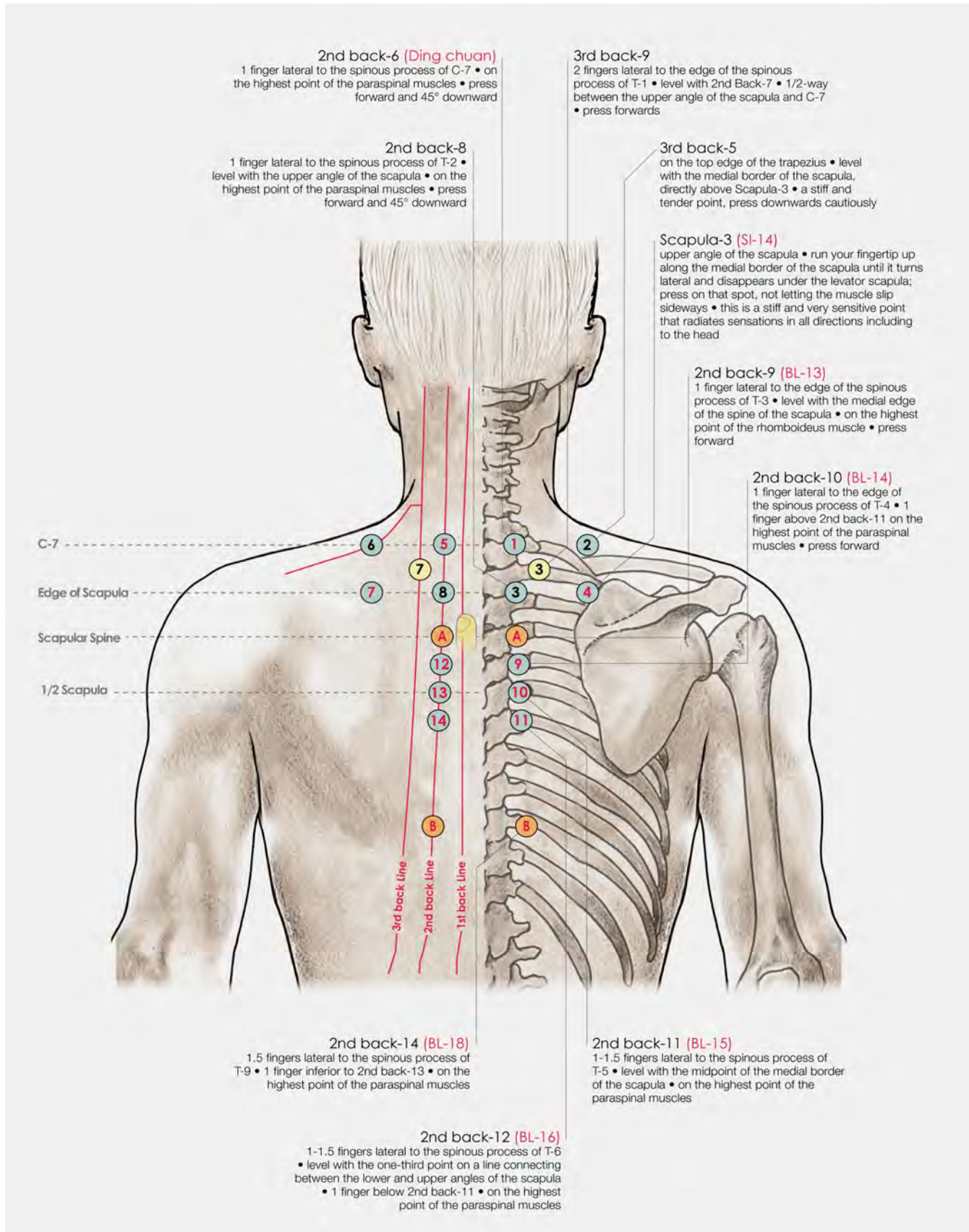


**Neck and shoulder treatment**

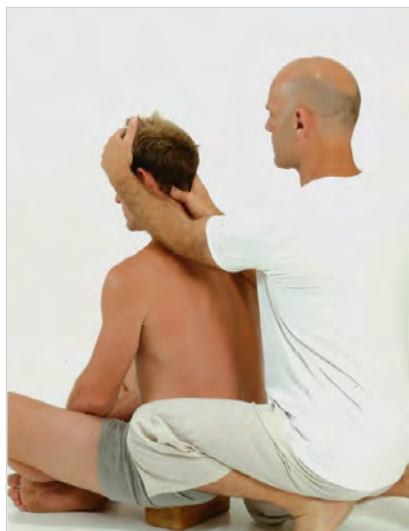
Give your client a full general treatment of the neck, shoulders, upper back, and shoulder blades.



# Neck pain treatment

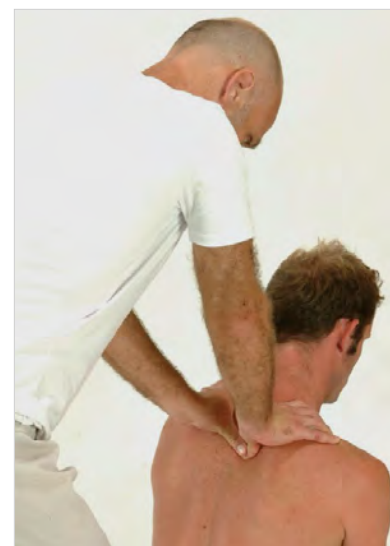


**Problem description:** Chronic or acute pain is located at any or all points, but mostly at points 1,2, 3 and 4. The pain is often two-sided, with one side more painful than the other. Pain increases while flexing the neck, bringing the chin close to the chest, and often while extending the neck. Turning the head to one side is often the most painful movement.



### Neck and shoulder work

The client is seated, with legs crossed or extended. Work the neck, upper back, and along the medial border of the scapula, using thumbing and traditional Thai techniques. Do not use stretches.



### Point routine

Thumb press points 1 through 14 on the chart. Hold each point for 10 to 15 seconds. Repeat thumbing the points as long as improvement occurs, up to ten repetitions. Stop working if the points become sensitive.



### Neck flexion and extension

Using double thumbing, press points 1 and 5 on both sides. Have your client bend his head forward and then backward, and repeat this movement slowly as you press the points. Then move to points 3 and 8, then point A, then points 9 and 12, and finally to points 10 and 13. Have your client move his neck slowly forward and backward throughout the entire routine.