Clinical Study on Migraine in Traditional Chinese Medicine

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Introduction
This is a study accounting the treatment of patients with medically diagnosed chronic migraine. After trying many different conventional modalities of treatment, often with limited therapeutic efficacy and adverse side effects, acupuncture is sought out by patients. Although there are fewer studies performed on acupuncture than those of drug therapy for the treatment of migraine, the literature still suggests that acupuncture is a useful alternative, especially for patients unable or unwilling to take medication.

Migraine is a common disabling primary headache disorder (Headache Classification Subcommittee, 2004) that is ranked 19 by the World Health Organisation among all diseases worldwide causing disability. Migraine consists of many subtypes and classifying and diagnosing these sub-types is based on the fulfilment of symptomatic criteria according to the International Headache Society (IHS). Migraines can be caused by a variety of factors including, but not limited to, diet, stress, genetics (Kallela, et al., 2001; Mulder et al., 2003) and menstruation (MacGregor et al., 1990).

Western treatment of migraine generally involves medication and/or alternative therapy. Medications—Analgesics are the first-line of treatment for mild-to-moderate migraine. Despite their proven efficacy, adverse side effects are prevalent which make them undesirable. Commonly used analgesics for migraine include non-steroidal anti-inflammatory drugs such as acetylsalicylic acid (aspirin) and ibuprofen (Nebe et al., 1995), 5-HT1B/1D agonists including sumatriptan (Tfelt-Hansen, et al, 2006), ergot alkaloids (Ala-Hurula, 1982), calcium channel blockers, for example flunarizine (Lucetti et al., 1998), beta-blockers, for example propranolol (Verspeelt, et al 1996) and antidepressants, for example amitriptyline (Rampello et al., 2004).

Alternative Therapy- is often used in the treatment and management of migraine. These techniques are sought as some focus on the cervical spine where it is thought that headache originates from (Sjaastad et al, 1983) or because of an inability to take medication. Some of these therapies include chiropractic, acupuncture and cupping.

Chiropractic - Studies have shown that some patients achieve improvements in their migraine symptoms following chiropractic spinal manipulative therapy (Tuchin et al, 2000) however many patients prefer a less invasive treatment as adverse effects following spinal manipulation have occurred (Rosner, 2006).

Acupuncture and Cupping - Several studies have shown the efficacy of acupuncture (Melchart et al., 2006; Romoli et al, 2006; Tukmachi, 2001; Xiuying, 1999) and cupping (Xiuying, 1999) for the treatment of migraine. One study (which is one of the largest to date) showed patients that received acupuncture, experienced fewer migraine episodes, a decreased absenteeism from work and suffered no side effects compared to patients who were treated with drug therapy (Liguori et al., 2000). In that study, acupuncture was also found to be more cost-effective if used to treat headaches alone instead of drugs (Liguori et al., 2000).

Traditional Chinese Medicine Perspective
In Traditional Chinese Medicine (TCM), migraine is characterised as "Pian Tuo Tong" meaning "one sided headache" or "Tuo Tong" meaning "head pain" (Flaws Sionneau, 2005). The head is considered to be the meeting point of the six Yang channels and is
transverses by the DuMai (governing vessel), influenced by the Liver channel and the Qi and Blood of the Zang Fu (Maciocia, 2004). Therefore, any disruption to this flow will manifest as head pain.

The main disease theory of migraine in TCM all involve the Liver, the Liver-Gallbladder collateral and the flow of Qi and Blood circulation. In TCM, the pathogenesis of migraine can be of an external or internal nature. The external factors involve the invasion of pathogens such as wind-cold, wind-heat, wind-damp or toxic heat. Internal factors are further divided into an excessive or deficient type. Internal excessive factors involve the stagnation of Liver Qi, hyperactivity of Liver Yang, flaring up of Liver fire, Blood stasis obstructing the channels and accumulation of Damp Phlegm. In addition, internal deficiency can be due to Qi deficiency, Blood deficiency and Kidney deficiency. It is important to differentiate between external and internal factors as this study only involves the five key TCM patterns of internal excessive type associated with chronic migraine.

(a) Liver Qi stagnation The Liver is considered to be the commander of circulation which ensures the smooth flow Qi. When disrupted with emotional or environmental conditions, an obstruction will result, which causes pain. The Liver Channel has an internal relationship with the Gallbladder Channel therefore any problem with the Liver channel will transcend to the Gallbladder Channel which manifests at the temporal region (Maciocia, 2004). Some of the main signs and symptoms of Liver Qi stagnation include emotional depression, menstrual irregularities, hypochondriac pain, one-sided headache and a wiry pulse.

(b) Hyperactivity of Liver Yang When there is an abundance of Yang, or insufficient Yin, Yang energy will raise to affect the channels of the head. Hyperactivity of Liver Yang is due to the insufficiency of the Liver and Kidney Yin or the over abundance of Yang. If the Yang of the Liver is unable to be anchored by the Yin, the Liver Yang (which has upward and heat characteristics) rises to cause a disruption of Qi in the head. This disruption manifests as stagnation and therefore pain. Some of the main signs and symptoms of hyperactivity of Liver Yang include temporal headaches (worse at night), dizziness, tinnitus and a wiry, forceful pulse.

(c) Flaring up of Liver fire A prolonged state of Qi stagnation manifests itself as a state of fire which will raise, burn and consume Yin and Blood. This is an extreme manifestation of Liver Yang rising and Liver Qi stagnation exhibiting different signs and symptoms comprising a red face, eyes and tongue, thirst, irritability and insomnia.

(d) Blood stasis obstructing the channels Any chronic condition or trauma in TCM can cause a degree of Blood stasis which impedes the free flow of Qi in the head and channels. This stasis congeals Blood to a specific, fixed location which starves the channels of nutrition. Some of the main signs and symptoms of this pattern include a choppy pulse, spots on the tongue, heavy periods and a fixed point of head pain.

(e) Accumulation of damp phlegm The Spleen and Stomach are responsible for the transformation and transportation of food and liquids. When the physiological function of these organs is compromised (by the over-indulgence of sweet, fatty, greasy foods or over consumption of alcohol), shi-tan (dampness and phlegm) are produced which inhibits the clear flow of Qi to and from the head, thus stagnating the circulation of Qi and Blood in the head. This type of migraine has been induced by years of poor diet and lifestyle abuse. Head pain associated with this type of pattern is of a heavy sensation, with a slippery pulse and a thick tongue coating.

Acupuncture

In practice the use of acupuncture and auricula acupuncture has beneficial merit – Atypical session would include twice a week for the first 6 weeks followed by weekly sessions for an additional 6 weeks. The
Treatment involves acupuncture needling, auricular therapy (incorporating both Western and Chinese style ear points), granulated herbal preparation and sliding cupping. Point selection is modified weekly according to signs and symptoms. Each session’s duration was between 40-50 minutes; needles can be retained for 20 minutes.

Cupping Sliding cupping can be performed weekly for the first four weeks focusing mainly across the shoulders and upper back region to relieve tension and promote blood circulation.

Herbal Preparation Herbal preparation can be used to assist with the signs and symptoms of the main patterns. These preparations are consumed twice daily in warm water.

Conclusion

Studies have shown that acupuncture can play a significant role in treating migraine (Melchart et al., 2001) however it is important that a patient must seek a qualified practitioner that is with an accredited Acupuncture association, such as the AACMA (Australian Acupuncture Chinese Medicine Association).

References


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About the author:

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