ABSTRACT 6

ACUPUNCTURE TREATMENT OF CHRONIC MIGRAINE HEADACHES: A CASE REPORT

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INTRODUCTION
A 40-year-old white male presented with a 5-year history of daily, incapacitating headaches. Neurologists diagnosed him with cluster migraines. He had been poorly responsive to numerous medications, cervical manipulation, oxygen, and rest. The patient received 8 acupuncture treatments over 8 weeks. He cancelled his 1-month follow-up visit, and reported doing well, with only rare and mild cephalgia.

PRESENTING COMPLAINT
Headaches initially presented as cervico-occipital; unresponsive to chiropractic manipulation. Pain had progressed in frequency, severity; alternating in laterality, temporal, and supraciliary in presentation. Associated symptoms included generalized muscle pain, irritability, fatigue, photosensitivity, bitemporal swelling, GI distress, vomiting, diarrhea, visual disacuity, confusion, nightmares, and impaired cognition. Headaches were described as "vicious, skull -splitting, like a red-hot drill bit in my temples." Past history was significant for similar onset and symptoms. Numerous neurology consultations had failed to achieve reasonable control of headaches.

PRIOR MEDICATIONS
Elavil, Inderal, Vicodin, Darvocet, Sansert, Imitrex IM, Cafergot, Verapamil, Doxepin, Midrin, Motrin, Roxicet, Neurontin, Lidocaine Nasal
Spray, Oxygen.

**CURRENT MEDICATIONS**
- Neurontin (12/day), Vicodin, Percocet, ibuprofen, Sudafed, Centrum, ginger.

**PRIOR DIAGNOSTICS TESTS**
- MRI, CT Scan, skull and sinus series, LFTs, blood profiles, allergy tests (all negative).

**PMHX**
- Bilateral carpal tunnel release, 1987; left inguinal hernorrhaphy, 1967; tobacco 1-2 ppd x 24 years, NKDA.

**ROS**
- Vertigo, tinnitus, dental caries, photosensitivity, "sinus stuffiness," nausea, diarrhea, vomiting, hemorrhoids, Type 11 DM, urinary frequency, neck pain, low back pain, joint pain, and depression. Specifically, the patient had withheld numerous foods in the past, but was unable to identify triggering agents for headaches.

**TREATMENT**
- Patient was treated with an integrated approach of acupuncture models. Energetic approach included Jue Yin/Shao Yang circuit, with Yin tonification. Supplemental points from a neuroanatomic model, or for classical indications, were included at each treatment. Auriculotherapy points were included at the end of the first 4 treatments.

**PATIENT RESPONSE**
- This individual had a prompt decrease in frequency and severity of headaches. The first several treatments reduced frequency to 1-2 headaches per week. Patient reported 2 weeks without a headache after the fourth treatment. He received 8 acupuncture treatments over 8 weeks. His 1-month follow-up visit was cancelled; he reports doing well, with only rare and mild cephalalgia.

**DISCUSSION**
- Migraine cephalalgia is a common and often debilitating illness. Treatments, as with this patient, may include numerous diagnostic procedures, different classes of medications, lifestyle alterations, and still, continued suffering. Acupuncture may often lead to significant clinical improvement.

  In this case, the energetic axis of Jue Yin/Shao Yang was chosen. The Shao Yang region includes the lateral head, neck, trunk, and legs, and is traditionally responsible for the territory and functioning of musculature and movement. Jue Yin serves as a hinge between Yin and Yang. The Liver assures smooth flow of Qi; the Gall Bladder, for
nourishing the muscles with Qi, and allowing them to move. Pericardium (Master of the Heart), and Triple Heater, are associated with sympathetic and parasympathetic function, respectively.

<table>
<thead>
<tr>
<th><strong>Shao Yang</strong></th>
<th><strong>Yin Shao Yang</strong></th>
<th><strong>Yang Jue Yin</strong></th>
</tr>
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<tbody>
<tr>
<td>myalgias</td>
<td>likes silence</td>
<td>anxious</td>
</tr>
<tr>
<td>well-built</td>
<td>migraines</td>
<td>easily annoyed</td>
</tr>
<tr>
<td>headache, occipito-frontal</td>
<td>affinity for dark</td>
<td>dark chocolate</td>
</tr>
<tr>
<td>biliary symptoms</td>
<td>chocolate</td>
<td>coffee</td>
</tr>
<tr>
<td>cholinergic</td>
<td>depression</td>
<td>bilious</td>
</tr>
<tr>
<td>affinity for Spring</td>
<td>periorbital shadows</td>
<td></td>
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<tr>
<td>aggressive anger</td>
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</tbody>
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<table>
<thead>
<tr>
<th><strong>Yang Shao Yang</strong></th>
<th><strong>Jue Yin</strong></th>
<th><strong>Yin Jue Yin</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>lumbosacral pain</td>
<td>vision problems</td>
<td>sensitive eyes</td>
</tr>
<tr>
<td>myalgias</td>
<td>carpal tunnel</td>
<td>migraines</td>
</tr>
<tr>
<td></td>
<td>adrenergic</td>
<td>weight gain</td>
</tr>
<tr>
<td></td>
<td>tension, stress</td>
<td>irritability</td>
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<td></td>
<td>anxiety</td>
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Migraines are considered flash symptoms associated with Yin Shao Yang and Yin Jue Yin. Other flash symptoms consistent with this patient follow.

Numerous authors have discussed myofascial problems, which may serve to trigger or aggravate migraines. Points chosen for their classical indications, local and regional sphere of influence, or their function as "sympathetic switches," are often useful from a neuroanatomic model. Auriculotherapy and auricular medicine may be valuable in either the overall acupuncture treatment plan, or used as a separate system. Points useful to consider for migraine treatment are presented.

**FOR ADDITIONAL READING**
AUTHOR INFORMATION
Dr. Bryan L. Frank is the Director of Rocky Mountain Medical Acupuncture in Colorado Springs, Colorado; is a clinical instructor for the UCLA School of Medicine's Medical Acupuncture for Physician's course; and is Vice-President of the AAMA.

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