Treatment of 30 Cases of Migraine by Mind-regulating Acupuncture

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Migraine is a recurrent vascular headache. In Europe and the United States, nearly half of the population have sometimes suffered from headache, fifty percent of which is migraine. I worked in Aachen outpatient, German in 2004 and treated 58 cases of migraine. Mind-regulating acupuncture and routine acupuncture were respectively adopted.

Clinical Data

1. Diagnostic criteria

When the migraine attacked, sharp pain occurred on one side or two sides of the head, pricking pain or throbbing pain for several hours or several days; some patients experienced nausea, vomiting, aversion to light, eye distention, sleepiness or restlessness, etc. When the migraine did not attack, the patients lived normal lives.

2. Exclusive criteria

Headache due to trauma, epilepsy, hypertension, eye and ear and nose disorders was excluded; the patients over 56 years old or below 16 years old were ruled out; those with less than three-month survey and not receiving requested treatment were not included into the subjects.

3. General data

Among 30 cases in treatment group, 8 cases were men and 22 cases were women; their ages ranged from 16 to 58 years old; the shortest duration was 2 months and the longest duration was 18 years. Of 28 cases in control group, 7 cases were men and 21 cases were women; their ages were between 16-58 years old. The disease duration, symptoms and ages were similar in two groups, indicating that these two groups were comparable.
Treatment Methods

1. Treatment group

Primary acupoints: Shenting (GV 24), bilateral Neiguan (PC 6) and Sanyinjiao (SP 6).

Adjunct acupoints: Bilateral Hegu (LI 4) and Taichong (LR 3); Touwei (ST 8), Yangbai (GB 14), Cuanzhu (BL 2), Sizhukong (TE 23), Shuaigu (GB 8) and Sibai (ST 2) in the affected side of head; auricular Sympathetic (MA-AH 7), Er Shenmen (MA-TF 1), Heart (MA-IC) and Endocrine (MA-IC 3).

Operating methods: During each treatment, three to five primary acupoints and three to five adjunct acupoints were used. These acupoints were regularly sterilized and promptly punctured with needles of 0.3 mm in diameter. When the needling sensation appeared, the needles were gently manipulated and then retained for 20 min. During the attack period, this treatment was given once a day; during the remission period, this treatment was conducted once or twice every week. Seven treatments made up one course. After above treatment, the auricle was then disinfected in regular way and the adhesive plasters with Cowherb seed were stuck to the auricular acupoints. These acupoints were pressed for some time to induce local distention, Slight pain and heat. The patients were told to press the acupoints 3-5 times every day and 5-10 min for a time. The auricular acupoints were exchanged twice a week and the two ears alternated. The auricular acupuncture treatment ended with the somatic acupuncture treatment.

2. Control group

In this group, routine acupuncture was carried out. Eight to ten acupoints used in treatment group were adopted. The principle of acupoint selection, treatment method and course were the same as those in treatment group.

Therapeutic Effects

1. Criteria for therapeutic effects

The therapeutic effects were judged according to the International Unified Standard based upon the three grades respectively of headache and function.

Severe headache referred to intense headache that required bed rest; medium headache affected daily work strongly; mild headache just affected daily work.

Cure: Headache disappeared and did not appear within three-month survey.

Marked effectiveness: Headache abated from severe or medium headache to mild or no headache; the primary symptoms improved and accompanied symptoms disappeared; or headache recurred within three months, and the pain abated over one grade but can be controlled rapidly.

Effectiveness: Headache abated over one grade; accompanied symptoms improved obviously and the remission period got longer and longer.

Failure: Headache and accompanied symptoms did not improve at all.

2. Treatment results

The treatment results of the two groups were presented in table 1.

Table 1. Comparison of therapeutic effects between two groups (Cases)

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Cure</th>
<th>Marked Effectiveness</th>
<th>Effectiveness</th>
<th>Failure</th>
<th>Effective rate(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>30</td>
<td>9</td>
<td>12</td>
<td>6</td>
<td>3</td>
<td>90.0</td>
</tr>
<tr>
<td>Treatment</td>
<td>28</td>
<td>4</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>75.0</td>
</tr>
</tbody>
</table>

Table 1 showed $\chi^2 = 4.57$, $P < 0.05$, indicating that there was a great difference in the total effective rates between the two groups, i.e., the effective rate was obviously higher in treatment group than in control group.

3. Comparison of immediate pain-relieved effects between two groups

The pain relief was decided in 24 hours within the first treatment. The pain-relieved effects were compared between two groups. Control: Headache disappeared absolutely; marked effectiveness: Headache obviously abated; effectiveness: Headache improved to some extents; failure: Headache did not abate at all. The pain-relieving effects were presented in table 2.

Table 2. Comparison of immediate pain-relieving effects between two groups (Cases)

<table>
<thead>
<tr>
<th>Group</th>
<th>Time</th>
<th>Control</th>
<th>Marked Effectiveness</th>
<th>Effectiveness</th>
<th>Failure</th>
<th>Effective Rate(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>Instant</td>
<td>6</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30 min</td>
<td>6</td>
<td>12</td>
<td>8</td>
<td>4</td>
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<td></td>
<td>24 h</td>
<td>7</td>
<td>13</td>
<td>7</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>Instant</td>
<td>5</td>
<td>9</td>
<td>9</td>
<td>5</td>
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<tr>
<td></td>
<td>30 min</td>
<td>4</td>
<td>8</td>
<td>11</td>
<td>5</td>
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</tr>
<tr>
<td></td>
<td>24h</td>
<td>2</td>
<td>5</td>
<td>13</td>
<td>8</td>
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</tr>
</tbody>
</table>

Statistical analysis showed there was no difference of the instant pain relief between two groups ($\chi^2 = 0.59$, $P > 0.25$); there was either no difference of 30-