

Acupuncture Effective for Migraine Relief

Editorial Staff

As any chronic sufferer will tell you, migraine headaches can be debilitating, affecting concentration and the ability to perform daily tasks. In fact, the odds are high that a patient will come to see you with a complaint of migraines. The latest epidemiologic data estimates 28 million Americans (approximately one in 10) suffer from migraines. Furthermore, almost half of those migraine cases are undiagnosed.

Fortunately, as research suggests, Chinese medicine may help stop migraines in their tracks. In the March 2008 issue of the journal *Headache*, Italian researchers published the results of a study that involved 160 migraine patients. Researchers divided study participants into different groups, each of which received one of the following treatment protocols: real acupuncture plus migraine medication, two different methods of mock acupuncture with migraine medication, and medication alone. Patients were evaluated three and six months after starting treatment. Migraines were classified according to the following TCM symptoms:

- exogenous wind-cold attack;
- exogenous wind-heat attack;
- exogenous wind-dampness attack;
- excess of liver *yang*;
- obstruction of the middle *jiao* due to damp phlegm;
- deficiency of kidney essence; or
- stagnation of *qi* and blood.

For patients receiving true acupuncture, each syndrome was treated with a specific acupoint selection according to TCM. Twice a week, patients submitted to two courses of 10 acupuncture applications each, with a one-week rest period between the treatment courses. The sessions lasted 30 minutes.

In patients receiving ritualized mock acupuncture, the protocol was the same as in the actual acupuncture group, but the needles were not inserted. A small cylinder of foam was applied to the skin by a double-adhesive plaster on each acupoint. Needles with blunted tips were then inserted into the cylinder, touching but not penetrating the skin. This allowed the patient to feel a superficial, light pricking-like sensation, thus simulating needle insertion. A slight pressure was applied on the needle to simulate the arrival of *qi*. This procedure was used in order to check possible placebo effects related to the use of the TCM approach.

In patients who received standard mock acupuncture, only the Western approach was used for diagnosis and the following standard acupoint selection was used: *tou wei* (ST 8), *xuan lu* (GB 5), *feng chi* (GB 20), *da zhui* (GV 14), *lie que* (LU 7). The same method of needle insertion as for ritualized mock acupuncture was used.

All patients were allowed to take rizatriptan to treat migraine attacks, The rizatriptan wafer was

administered at a dose of 10 mg, and a second dose was allowed after two hours if the pain persisted.

The researchers found that of all the groups studied, only the group that received real acupuncture showed a significant improvement both in terms of migraine disability and reduced medication use, both at the three- and six-month follow-up. Mock acupuncture showed a slight placebo effect, but only at the three-month follow-up.

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