

Taking a Closer Look at Migraines

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In the latest film version of *Alice in Wonderland*, director Tim Burton captivated author Lewis Carroll's hallucinatory imagery believed to reflect Carroll's migraine experiences. The Cheshire cat, described by Alice as "a grin without a cat" looms both large and small and can only be seen by her, in a way that resonates with migraine sufferers who have seen the movie.

Legendary neurologist Oliver Sacks' brilliant work "*Migraine*" (Vintage, 1999) includes several drawings of a wide range of migraine sufferers (including those of Carroll and Dutch impressionist Vincent van Gogh) that were able to document their distorted images of everything from zigzag jagged lines to auras to concave figures during migraine attacks. Sacks went on to expand his thesis in "*Migraine Art: The Migraine Experience from Within*" (North Atlantic Books, 2009) with co-authors Klaus Podoll and Derek Robinson.

Like Sacks, I encourage my migraine suffering clients to document or illustrate everything they see or experience, and to keep migraine journals to track those triggering factors (i.e. rich foods, computer overload, menstrual cycle, changes in temperature, air pressure, dry east winds, pollution, allergies etc.) This makes it so much easier for us to create preventive measures, and for clients to gain control and learn some simple do-it-yourself pressure point work on the basics such as: GB 20, 21: LI 4, 20: Liv 1 2,3 : UB 1,2,10: SJ 23.

Journaling helped one of my clients pinpoint the source of his migraines - his addiction to chocolate! Others have pinpointed dehydration, a vulnerability to mold, creamy sauces in french cooking, MSG in Chinese food, balsamic vinegar in Italian restaurants, swift changes in air pressure or altitude, poor sleep, skipping meals, flashing lights, stuffy conference venues, saunas, and even anger held in after family arguments.

Personal Insights

As a migraine sufferer who comes from a family with a long history of migraines, I can relate to my migraine suffering clients who experience everything from hallucinations, crippling pain to vomiting and the inability to string words together in a sentence during an attack. As a child, I nursed my mother through countless migraines where she suffered from all of the above.

In those days, doctors would prescribe phenobarbital - a typical medication used for epilepsy! How well I can remember the signals she would give me when a flickering light or a photographer's flash, a zigzag or a polka dot pattern on someone's shirt would trigger her migraine. I had to lead her through traffic, or in one instance, actually steer her car around a curvy mountain road as she threw up out of the window.

Once home, I would call our family doctor, lower the blinds, unplug the phone, and apply cool

compresses to her forehead.

In short, those childhood experiences trained me well to handle every shape and size of migraine in my future clinical and teaching practice. In my own case, when traveling or teaching in distant cities, at the first glimmer of a migraine I work key pressure points, hop under a blistering hot shower and then drink strong tea and freshly squeezed orange juice. If a shower is not possible, I wring a towel in boiling water and apply it to GB 20, 21, and UB 10, and that usually snuffs the attack instantly. Some of my clients prefer applying an ice pack to key pressure points.

Global Insights

As I teach globally I have picked up a variety of other migraine remedies from friends and colleagues. A Palestinian friend told me his mother and grandmother would hold nails against points on the forehead. A South African friend swears by tea made of freshly picked peppermint leaves and honey, or mineral-rich indigenous Rooibos tea. A Brazilian colleague interviewed village women in northern Mexico who sipped orange tea, and placed ice cubes or a poultice of clay on their heads.

Those of us born into migraine families come well-equipped. We are curious to learn about all the remedies folks use spontaneously. The challenge as a clinician is explaining the migraine dilemma to clients who suddenly start experiencing the pain and side effects after whiplash or some other head injury or attack.

Useful Tips

If clients arrive for a session with a full blown migraine, it's wise to avoid the neck and head area. Diminish or release pain by working select distal points around the sacrum, ankles, and feet, especially the big toes. Opening up the Bladder meridian with distal points (especially Bl 60, 67) helps to drain the pain, like unblocking a downpipe cluttered with leaves.

Prevention is key. Encourage upper body exercises to avoid a build-up of stagnant *qi* in neck and shoulders, through regular *qi gong*, swimming, or postural adjustments and movement through Pilates exercises. Long term migraine sufferers never fit a convenient pattern of diagnosis and treatment, although it helps to ease *qi* congestion in Gall Bladder, Liver, Large Intestine and Bladder meridians. Crafting a five-element profile to document triggering factors, seasonal or climatic influences, even family dynamics, can be illuminating for both therapist and client.

Mitigating stress and the effects of air travel or long distant driving can be achieved by building mini exercise routines into a working day, 10 minutes of stretching or brisk walks or cycling. As I fly extensively, I utilize my time at airports to pace up and down terminals and stretch wherever I find space, and share such tips with my patients to prevent travel migraines.

The art is to maximize the migraine treatments we use in Asian medicine, by captivating a patient's imagination in a program of creativity, exercise, and self-help.

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