

# A Cohort Study of Acupuncture & 80 Cases of Migraine

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On page 90 of issue #12, 2008 of *Shi Yong Zhong Yi Nei Ke Za Zhi (Journal of Practical Chinese Medicine Internal Medicine)*, Huang Ying published an article titled, "The Treatment of 80 Cases of Migraine Headache with Acupuncture-moxibustion." A summary of this article is presented below.

## **Cohort description:**

Twenty-eight of the 80 cases or 35% were male, while 52 cases or 64% were female. The youngest was 12 years old, and the oldest was 61, with most cases falling between 35-52 years of age. The course of disease in these cases was as short as three days and as long as 10 years. In all cases, the diagnosis was migraine headache. No other description of these cases was offered.

## **Treatment method:**

Both main and auxiliary points were used. The main points consisted of:

Feng Chi (GB 20)  
Shuai Gu (GB 8)  
Tai Yang (M-HN-9)

The auxiliary points depended on the disease mechanism of each patient's personal condition. If there were wind evils lodged in the network vessels, Xia Xi (GB 43) and *a shi* points were added.

If there was liver-gallbladder fire effulgence, Xing Jian (Liv 2) and Xia Xi (GB 43) were added.

If there was yin vacuity with yang harassing above, Tai Xi (Ki 3) and San Yin Jiao (Sp 6) were added.

With the patient lying supine, if the pain was one-sided, needles were inserted in that one side. If the pain was bilateral, needles were inserted bilaterally. After normal disinfection, a two-inch fine needle was inserted at Shuai Gu with the tip angled towards Tai Yang at a 15 degree angle. The needle was inserted 1.5-2 inches in depth, and twisting and turning hand technique was used to produce a sensation of soreness and distention in the temporal region. Feng Chi was inserted to a depth of 1.2-1.5 inches with the tip of the needle angled toward the opposite cheek bone. After obtaining the qi, the needle sensation was propagated to spread to the temporal region.

These two needles were retained for 20-30 minutes. During this retention stage, the needles were stimulated once every 10 minutes. This treatment was given once per day, with 10 such treatments equaling one course of therapy.

### **Study outcomes:**

Clinical cure was defined as complete disappearance of pain after acupuncture with no recurrence within three months. Marked effect was defined as a marked reduction in pain after needling or a marked reduction in the number of occurrences of headache, again with no relapse within three months. No effect was defined as no change in the condition after one whole course of treatment. Based on these criteria, 32 cases (49%) were judged clinically cured, 14 cases (55%) got a marked effect, and four cases (5%) got no effect, for a total effectiveness rate of 95%.

### **Discussion:**

According to Dr. Huang from the No. 5 People's Hospital in Shenyang, Liao Ning, migraines are mostly categorized as shao yang headaches. Therefore, one should mainly needle points on the shao yang channel. Feng Chi is an essential point of the shao yang gallbladder channel. It dispels wind and levels and discharges liver yang. In addition, it frees the flow of the network vessels and stops pain. Shuai Gu is a point for disease evils in the shao yang. Although Tai Yang is an extra channel point, it promotes the circulation of the shao yang gallbladder channel. When these two points are needle through-and-through, they are able to spread and regulate the channel qi in the affected area. If there are wind evils lodged in the network vessels, needling *a shi* points strengthens the coursing of the channels, freeing the flow of the network vessels, and moving the qi in the affected area. If there is internal damage headache, after the acupuncture has stopped the pain, one should needle preventively from time to time to regulate the function of the viscera and bowels. If the condition is enduring and there is blood stasis in the network vessels as evidenced by piercing, lancinating pain or pain in a fixed location, one can also use a three-edged needle to bleed the local area. In terms of hand technique for migraine headache, Dr. Huang believes one should use deep insertion with heavy stimulation. After the pain has resolved, then one can use lighter stimulation.

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