The Treatment of Migraine Headaches with Chinese Medicine

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When it comes to pain and Chinese medicine, most Westerners immediately think of acupuncture, and there is no doubt that acupuncture can be a very effective treatment for many acute and chronic pain conditions. However, within professional Chinese medicine, acupuncture is seen as an adjunctive modality somewhat akin to physical therapy, while internally administered Chinese herbal medicines are the main modality of Chinese medicine. As the following clinical trials suggest, such internally administered Chinese herbal medicines can be very effective for the treatment of migraine headaches, a common cause of chronic, recurrent pain.


**Cohort description:** All 32 out-patients enrolled in this study met the diagnostic criteria for migraine headaches as set forth in Shen Jing Jing She Bing Xue (A Study of Neurological & Psychiatric Diseases) published in 1988. In addition, all presented a pattern of vacuity plus wind and stasis manifest by recurrent, onesided or bilateral, paroxysmal, severe, possibly piercing, fixed head pain accompanied by a pale or pale yet dark tongue with possible static spots or macules, and a deep, choppy or bowstring, fine pulse. Other signs and symptoms included nausea, vomiting, heart palpitations, insomnia, and vexation and agitation. Blood analysis was normal, and brain rotechology tests and CT scan of the cranium excluded systemic infection, poisoning, high fever, high liver, cervical vertebral disease, and other organic pathological changes. Among these 32 patients, there were 18 males and 14 females aged 17-65 years, who had suffered from migraines for from 1-12 years.

**Treatment method:** Yang Xue Chu Feng Tong Luo Tang consisted of: *Dang Gui* (Radix Angelicae Sinensis) and *Ge Gen* (Radix Puerariae), 15g each, *Bai Shao* (Radix Albus Paeoniae Lactiflorae), *Chuan Xiong* (Radix Ligustici Wallichii), *Qiang Huo* (Radix Et Rhizoma Notopterygii), and *Tu Yuan* (probably Eupolyphaga Seu Ophistoplatia but, in any case, a medicinal which quickens the blood, transforms stasis, and frees the flow of the network vessels), 30g each, *Sheng Di* (uncooked Radix Rehmanniae Glutinosae), 20g, *Jing Jie* (Herba Schizonepetae Tenuifoliae), *Fang Feng* (Radix Ledebouriellae Divaricatae), *Bai Zhi* (Radix Angelicae Dahuricae), *Tao Ren* (Semen Pruni Persicae), *Hong Hua* (Flos Carthami Tinctorii), and *Di Long* (Lumbricus), 10g each, and *Xi Xin* (Herba Asari Cum Radice), 6g. If there was accompanying nausea and vomiting, *Ban Xia* (Rhizoma Pinelliae Ternatae) and *Wu Zhu Yu* (Fructus Evodiae Rutecarpae) were added. If there were heart palpitations and insomnia, *Shi Chang Pu* (Rhizoma Acori Graminei) and stir-fried *Suan Zao Ren* (Semen Zizyphi Spinosa) were added. If the modd was disturbed and there was tension, agitation, and irritability, uncooked *Long Gu* (Os Draconis), *Chai Hu* (Radix Bupleuri), and *Tian Ma* (Rhizoma Gastrodiae Elatae) were added. If there was scanty qi, bodily vacuity, and lack of strength, *Huang Qi* (Radix Astragali Membranacei) and *Dang Shen* (Radix Codonopstis Pilosulae) were added. One packet of these medicinals was decocted in water and administered per day in two divided doses, morning and evening. Ten days equalled one course of treatment, and outcomes were analyzed after three successive courses (*i.e.*, 30 days).

**Study outcomes:** Cure was defined as complete disappearance of the headaches and all accompanying symptoms with no recurrence within half a year. Marked effect was defined as basic disappearance of headaches and accompanying symptoms with 1-2 recurrences within half a year. However, the duration of these headaches was short. Improvement was defined as a decrease in the severity of the headaches and 3-5 recurrences within the next half year. No effect meant that there was no improvement in the headaches or cranial rheology. Based on these criteria, 24 cases were judged cured, six cases got a marked effect, and two cases improved. Therefore, the total effectiveness rate was 100%.

**Study 2:** From "The Chinese Medicinal Treatment of Premenstrual Migraines" by Mu Cui-ying, *Shan Xi Zhong Yi* (Shanxi Chinese Medicine), #3, 2004, p. 7

**Cohort description:** There were 68 patients 16-38 years old enrolled in this study. Twenty-four had suffered from premenstrual migraines for one year or less, 28 had suffered from 2-5 years, and 16 cases had suffered for more than five years. All these women experienced paroxysmal, throbbing, one-sided headaches before menstruation. These headaches were accompanied by nausea and vomiting. Some of them also had visual displays or disturbances preceding the other, above-mentioned symptoms. Electroencephalography, CT scan, and other tests had ruled out the possibility of brain disease or traumatic injury as well as any other organic disease of the intra-cranial contents, cervical vertebrae, ears, eyes, and or nose that might result in headache.
Treatment method:
Based on the treatment principles of nourishing the blood and emolliating the liver, extinguishing wind and freeing the flow of the network vessels, the following Chinese medicinals were administered: *Dang Gui*(Radix Angelicae Sinensis), *Ju Hua*(Flos Chrysanthemi Morifolii), *Sheng Di*(uncooked Radix Rehmanniae Glutinosae), *Gou Teng*(Ramulus Uncariae Cum Uncis), *Di Long*(Lumbricus), and *Gan Cao*(Radix Glycyrrhizae Uralensis), 15g each, *Bai Shao*(Radix Albus Paeoniae Lactiflora), 30g, *Shan Zhu Yu*(Fructus Corni Officinalis) and *Chuan Xiong*(Radix Ligustici Wallchii), 10g each, *Chai Hu*(Radix Bupleuri), 12g, uncooked *Long Gu*(Os Draconis), uncooked *Mu Li*(Concha Ostreae), and *Niu Xi*(Radix Achyranthis Bidentatae), 20g each, and *Wu Gong*(Scolopendra Subspinipes), 1 strip. Beginning on the one menstrnal cycle equaled one course of treatment, and outcomes were analyzed after three successive courses.

Study outcomes:
Cure was defined as complete disappearance of the one-sided headache with no recurrence on follow-up within one year. Marked effect was defined as basic disappearance of one-sided headaches or their marked decrease. Some effect was defined as various degrees of decrease in the one-sided headaches and/or decrease in their numbers. No effect meant that there was no obvious improvement in these headaches from before to after treatment. Based on these criteria, 32 cases were judged cured, 20 cases got a marked effect, 14 cases got some effect, and two cases got no effect, for a total effectiveness rate of 97.06%. In addition, no obvious side effects were seen in any of these patients even after prolonged treatment.

Study 3: From "The Treatment of Neurovascular Headache with Tong Qiao Huo Xue Tang (Free the Flow of the Orifices & Quicken the Blood Decoction)" by Xiao Zhong-ran, Jiang Xi Zhong Yi Yao (Jiangxi Chinese Medicine & Medicinals), #1, 1995, p. 27

Cohort description:
Of the 96 patients enrolled in this study, 38 were male and 58 were female. Forty-five cases were between 18-40 years old, 28 cases were 41-55 years old, and 23 cases were more than 55 years old. The length of disease was as long as 11 years and as short as 10 days.

Treatment method:
All the above patients were administered Tong Qiao Huo Xue Tang which consisted of: *Chi Shao*(Radix Rubrus Paeoniae Lactiflora), 10g, *Chuan Xiong*(Radix Ligustici Wallchii), 25-30g, *Tao Ren*(Semen Pruni Persicae), 10g, *Hong Hua*(Flos Carthami Tincrtii), 10g, *Dang Gui*(Radix Angelicae Sinensis), 12g, *Jiang Can*(Bombux Batryticatus), 10g, *Gan Cao*(Radix Glycyrrhizae Uralensis), 10g, *Hong Zao*(Fructus Ziziphi Jujubae), 7 pieces, and *Sheng Jiang*(uncooked Rhizoma Zingiberis Officinalis), 3 slices. If there was distension in the head and red eyes, *Gou Teng*(Ramulus Uncariae Cum Uncis), 20g, *Long Dan Cao*(Radix Gentianae Scabrae), 10g, and *Huang Qin*(Radix Scutellariae Baicalensis), 10g, were added. If there was qi vacuity and lassitude of the spirit, uncooked *Huang Qi*(Radix Astragali Membranacei), 15g, and *Dang Shen*(Radix Codonopisits Pilosulae), 10g, were added. If there was difficulty sleeping with profuse dreams, uncooked *Long Gu*(Os Draconis), 25g, and *Ye Jiao Teng*(Caulis Polygoni Multiflori), 12g, were added. If pain was enduring and would not stop due to blockage and obstruction by blood stasis, *Wu Gong*(Scolopendra Subspinipes), 2 pieces, and *Quan Xie*(Buthus Martin, 5g, were added. If there was cold vomiting, *Ban Xia*(Rhizoma Pinelliae Ternatae), 10g, *Wu Zhu Yu*(Fructus Evodiae Rutaecarpaceae), 6g, and *Sheng Jiang*(uncooked Rhizoma Zingiberis Officinalis), 3 slices, were added. One packet of these medicinals was decocted in water and administered orally. One menstrual cycle equaled one course of treatment, and outcomes were analyzed after three successive courses.
Migraine Headaches

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on these criteria, 74 cases were judged cured and the other 22 cases were improved. Therefore, the total effectiveness rate was 100%.


Cohort description:
All the patients enrolled in this study were seen as outpatients at Ping Ding Shan Municipal Chinese Medical Hospital in Henan province. There were 48 patients in the treatment group and 48 patients in a comparison group. In the treatment group, the patients were 16-35 years of age, with an average age of 25 years. Eighteen cases had been experiencing premenstrual migraines for one year or less, 20 had had premenstrual migraines for 2-5 years, and 10 cases had had premenstrual migraines for more than five years. In the comparison group, the patients were 18-36 years old, with an average age of 26. Twenty-one of these women had had premenstrual migraines for a year or less, 19 for 2-5 years, and eight for more than five years. Therefore, in terms of these two groups age, disease duration, and symptoms, there were no statistically significant differences.

Treatment method:
The treatment group was treated with the principles of nourishing the blood and emolliating the liver, extinguishing wind and freeing the flow of the network vessels. The formula they received consisted of:

- Dang Gui (Radix Angelicae Sinensis), Bai Shao (Radix Albus Paeoniae Lactiflorae), Chuan Xiong (Radix Ligustici Wallachii), Ju Hua (Flos Chrysanthemi Morifolii), Man Jing Zi (Fructus Viticis), Yu Jin (Tuber Curcumae), and Shi Chang Pu (Rhizoma Acori Graminei), 12g each, Sheng Di (uncooked Radix Rehmanniae Glutinosae), Gui Ban (Plastrum Testudinis), Tian Men Dong (Tuber Asparagus Cochinensis), Du Long (Lumbricus), Dang Shen (Radix Codonopsis Pilosulae), and Huan gO (Radix Astragali Membranacei), 15g each, Xuan Shen (Radix Scrophulariae Ningpoensis), 25g, Wu Gong (Scolopendra Subspinipes), 1 strip, and Quan Xie (Buthus Martensis) and Gan Cao (Radix Glycyrrhizae Uralensis), 10g each. These medicinals were begun 10 days before the onset of menstruation. One packet was decocted in water and administered per day and taken until the onset of menstruation. This constituted one course of treatment and three successive courses were given.

The comparison group received one tablet of ergotamine one time per day. If headache was severe, it was sometimes necessary for the patient to take 1-2 tablets. However, patients were counseled not to take more than a total of 12 tablets per week. In addition, the patients in this group also received 0.5g of aspirin TID and 10mg of an unidentifiable hydrochloride fluorosilicate compound once per day. This treatment likewise commenced 10 days before the onset of menstruation and continued until the menses arrived. These patients also received three successive courses of this treatment.

Study outcomes:
Cure was defined as complete disappearance of migraines with no recurrence on follow-up after one year. Marked effect was defined as basic disappearance of migraines or marked decrease. Some effect was defined as varying degrees of reduction in migraines, which occurred less frequently and lasted less time. No effect meant that there was no obvious improvement in premenstrual migraines. Based on these criteria, 23 out of 48 patients in the treatment group were cured, 13 experienced a marked effect, 10 got some effect, and two got no effect. Therefore, the total effectiveness rate in the treatment group was listed as 95.83%. In the comparison group, 13 out of 48 patients were cured, 12 experienced a marked effect, none got some effect, and 14 got no effect, for a total effectiveness rate of 70.83%. In addition, six cases in the comparison group experienced gastrointestinal tract side effects from the Western medical treatment and five exhibited a lack of strength. Therefore, both in terms of effectiveness and freedom from side effects, there was a significant difference in outcomes between these two protocols.

For more information on the Chinese medical treatment of migraine headaches, see Bob Flaws & Philippe Sionneau's The Treatment of Modern Western Medical Diseases with Chinese Medicine available from Blue Poppy Press.

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