A Single Case Study: Treating Migraine Headache With Acupuncture, Chinese Herbs, and Diet

Estudio de un caso único: Tratamiento de cefalea migrañosa con acupuntura, hierbas chinas y dieta

Misha-Josef Payant, DAOM, MS, Dipl Ac, CH (NCCAOM), United States

ABSTRACT

Background: Acupuncture is an often sought-out treatment modality for migraine. The World Health Organization lists headache as one of the several conditions treated effectively by acupuncture.

Case Description: This single case reports on a 32-year-old woman who presented with a 10-year history of migraine.

Methods: The patient was treated with acupuncture, dietary modifications, and Chinese herbal medicine enemas over a course of 2 months.

Results: The patient experienced pain relief that resulted in several months without any migraine.

Conclusion: This article may aid in expanding practitioners’ treatment options to include a more diverse set of modalities such as Chinese herbal enemas. More research is needed to investigate the role of Oriental medicine and Chinese herbal enemas in the treatment of pain conditions.

INTRODUCTION

Assessment of pain conditions.

Acupuncture and Chinese herb enemas in the treatment of pain conditions.

BIOMEDICAL PERSPECTIVE

Migraine is a common, chronic, intermittently disabling neurovascular disorder. Migraine peaks between 15 and 24 years of age with the greatest prevalence between 35 and 45 years. The International Headache Society has classified migraine with six subtypes.

The presence of aura differentiates the first two subtypes of migraine. Migraine with aura is further subtyped by familial or sporadic hemiplegic migraine. Hemiplegic migraine presents with motor weakness. Migraine that attacks with monocular visual disturbances is subtyped as retinal migraine. Migraine subtypes are also classified according to associated complications: chronic migraine and status migrainosus, which is a debilitating migraine lasting more than 72 hours. Other complications include migraine-triggered seizures or a migrainous infarction, which requires neuroimaging to verify the presence of an ischemic brain lesion.

Patients often experience migraine without aura, typical aura with migraine headache, and typical aura without headache. Migraines increase risk when a patient presents with the following: asymmetry of pain; throbbing pain; pain that is moderate to severe in intensity; pain accompanied by nausea and sensitivity to light, sound, and often smell; the presence of typical migraine aura symptoms; and a family history of migraine.

A three-question screen can help with the diagnosis of migraine. The screen asks if the patient felt nauseated or sick to his or her stomach in the last 3 months. It asks if light has bothered him or her more when not experiencing headaches. Finally, it asks if headaches limited the patient’s ability to work, study, or complete daily tasks for at least 1 day.

CASE STUDY

Misha-Josef Payant, DAOM, MS, Dipl Ac, CH (NCCAOM)
A positive response to two of the three questions suggests a 93% chance that the headaches are migraine; if all three responses are positive, there is a 98% chance of migraine.

The pathophysiology of migraine is due in part to the sensory input from the trigeminal nerve and the ninth and tenth cranial nerves, humoral factors (eg, blood glucose, ingested food, gonadotrophic hormones), environmental factors (sleep, stress, smells, light, and changes in barometric pressure), and other factors. Auras are caused by a localized decrease of blood flow immediately followed by an increase of blood flow. This wave depolarization affects the parieto-occipital cortex. This complex neurological symptom typically presents just before a migraine attack.

BIOMEDICAL TREATMENT

The biomedical treatment of migraine is a three-pronged approach: avoidance of recognized triggers, prompt treatment of acute attacks, and preventive antimigraine therapy. Triggers are tracked using a migraine diary. The diary lists possible triggers such as weather, stress, menstruation, and diet.

Pharmaceuticals treat acute migraine. The drugs of choice for the past 20 years have been triptans (sumatriptan, naratriptan, zolmitriptan, eletriptan, almotriptan, frovatriptan, and avitriptan). All seven triptans are available in the form of pill, injection, nasal spray, and dissolving oral tablets. Triptans leave the patient clear-headed while reversing nausea and pain. The side effects of triptans include tingling; flushing; and sensations of warmth, heaviness, pressure, or tightness in different parts of the body including the chest and neck. These drugs provide headache relief in 75% of patients.

TRADITIONAL CHINESE MEDICINE PERSPECTIVE

Acupuncture provides a nonpharmacological treatment for migraine pain. Positron emission tomography (PET) and magnetic resonance imaging (MRI) scans have demonstrated how acupuncture modulates brain structures. Acupuncture affects the mechanisms of pain by its vasodilatory effect on the radial artery diameter. Acupuncture also affects cell secretion and signaling and afferent sensory input and the activity of norepinephrine, angiotensin II, serotonin, enkephalin, beta-endorphin, and glutamate. Acupuncture has a strong analgesic effect and should be used in migraine treatment.

Acupuncture has been found to be more effective than both control treatment and preventive migraine pharmaceuticals. A prospective randomized trial documented the prophylactic benefit of acupuncture in migraine. The research demonstrated that after a 12-week treatment protocol, the acupuncture group experienced larger decreases in monthly moderate-to-severe headaches compared to the topiramate group.

Traditional Chinese medicine (TCM) theory classifies migraine as an external invasion or an internal disruption. The qi and blood of the six bowels and five viscera all ascend to the head. The three hand yang channels, the three foot yang channels, and the liver channel all meet at the head. Stagnation of qi and blood is often present with migraine. The excess type of migraine, typically short in duration, is from external forces such as wind, cold, dampness, or heat. Wind is the most common external element.

Persistent migraine is caused by internal disruption concerning the liver, spleen, and kidney. These organs exhibit signs of deficiency in addition to signs of liver yang rising. Deficiency patterns generally present with observable excesses, such as phlegm and blood stasis.

Other factors include weather, emotions, sexual activity, diet, posture, menstruation, and hypertension. Damp phlegm accumulation due to eating fatty, greasy, or sweet food or dairy products initiates migraine. Drinking alcohol or eating pungent food can cause flare-ups of stomach or liver fire. A headache that worsens with pressure is usually due to an excess condition.

CASE HISTORY

In October 2011, a 32-year-old Ethiopian-American woman, height and weight proportionate, presented with a 10-year history of debilitating migraine headaches. She described them as the worst feeling of her life, with a pain scale rating of 10 out of 10 (10 being the highest level of pain). During the attacks, the patient experienced sharp pain; photophobia; distorted vision with visible auras; a feeling of heaviness, dizziness, and irritability; occasional nausea and vomiting; hypersensitivity to sound; and a desire to lie down in a dark, noise-free room. The pain was often on the right side of her head, occurring once every 7 to 10 days.

MRI and computed tomography (CT) scans were taken 2 years prior by a radiologist and showed no abnormalities. The patient reported no previous major illnesses or surgeries, no family history of illness, and no use of medications or nutritional supplements.

The TCM intake revealed the patient had cold hands and feet with a warm midsection. She sweated easily and craved chocolate, ice cream, and fried foods. She suffered from sinus congestion and allergies. She vomited and felt nauseated weekly. Once to twice a week, she was constipated with occasional blood in the bowl due to excessive strain to clear bowels. She was prone to stress and anxiety. The patient had an intrauterine device, and her last menstrual cycle was May 2010. The patient had a slightly red, swollen, and scalded tongue with a thin yellow coating. The sublingual veins were dark and full. The right pulse quality was slippery. The left pulse quality was slippery with a wiry and stronger guan position than the right guan position.

TRADITIONAL CHINESE MEDICINE DIAGNOSIS AND ETIOLOGY

The diagnosis was flaring-up of liver fire with accumulation of damp phlegm. The flaring-up of liver fire presented as migraine with a sharp pain, irritability, irregular menstruation, constipation, and a red
The fatty fried foods were replaced with organic fruits and vegetables and fresh fish and chicken. The regimen consisted of a diet high in fried foods, fat, and sodium. High-sodium diets are the major risk factor of hypertension and are linked to cardiovascular and cerebrovascular mortality. The patient was instructed to reduce her sodium/salt intake to less than 3 g per day. The fatty fried foods were replaced with organic fruits and vegetables and fresh fish and chicken.

The treatment protocol started with weekly coffee and Chinese herbal enemas. The regimen consisted of one enema the first week, two enemas the second week, and enemas three times a week by week three. The patient was provided with an enema kit: an enema bucket with hose and clamp, a raw Chinese herbal formula (Zeng Ye Tang or Increase the Fluid Decoction tea; Table 2), and an instruction sheet.

The Zeng Ye Tang or Increase the Fluid Decoction tea with the coffee enema counteracted the hot property of the coffee with its cool properties. The coffee and caffeine, according to TCM nutrition, has a warm and drying effect. The Zeng Ye Tang tea moistens the intestines, generates fluids, and counteracts the drying effect of the coffee.

The liquid ingredients of the enema solution consisted of 1 cup of brewed organic light roast coffee, 1 cup distilled water, and 1 cup of Zeng Ye Tang. The strategy of incorporating enemas into treatment protocols came from the Gerson Program. The enema has a dual purpose: It clears the colon of toxic feces and bacteria while increasing the effectiveness of glutathione S-transferase by 600%. Glutathione S-transferase is an enzyme capable of removing a vast variety of electrophiles from the bloodstream. Electrophiles are referred to as free radicals.

The vasodilation effect from the enema may play a role in decreasing pain levels. The removal of the toxins allows the body’s self-healing mechanisms to perform their tasks.

The enema solution was heated to approximately 98.0°F to prevent the colon from contracting. The patient would then lubricate 2 to 3 inches of the end of the enema tube before inserting it into the rectum. The patient was in a right lateral recumbent position with the enema bucket placed 3 feet above her. The enema tube was inserted 3 to 5 inches and the liquid allowed to flow. The solution was retained 12 to 15 minutes as it takes the body’s blood supply 4 to 6 minutes to travel through the hepatic portal system.

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### Table 1 Acupuncture Point Selection and Indication

| Acupuncture Point | Traditional Use |
|-------------------|-----------------|
| Taiyang EX-HN5    | Treat headache at the side of head |
| Shuaigu GB-8      | Treat headache at the side of head, eliminate dampness, resolve phlegm, and relieve dizziness |
| Fengchi GB-20 and Touwei ST-8 | The crossing point of the foot. Lesser Yang channel and the Yang Linking vessel, promote the circulation of qi, and eliminate damp phlegm in the head so as to relieve headache |
| Sanyinjiao SP-6   | The crossing point of the three yin channels of the foot; clears liver fire and regulates the circulation of qi in the liver |
| Yinlingquan SP-9  | The Sea point; activate the spleen and eliminate damp phlegm |
| Xingjian LV-2     | The Spring point of the liver channel; clears liver fire and relieves headache |

### Table 2 Zeng Ye Tang: Increase the Fluid Decoction Herbal Ingredients With Indications

| Herb               | Dose | Function                                           |
|--------------------|------|----------------------------------------------------|
| Xuan shen (Scrophulariae Radix) | 30 g | Clears heat, cools blood, nourishes yin, softens hardness, and dissipates nodules |
| Sheng di huang (Rhemannia Radix) | 24 g | Clears heat, cools blood, nourishes yin, generates fluids |
| Mai men dong (Ophiopogonis Radix) | 24 g | Moists lung and nourishes yin, augments stomach yin and generates fluids, moistens intestines, clears the heart and eliminates irritability |

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TREATING MIGRAINE HEADACHE WITH ACUPUNCTURE, CHINESE HERBS, AND DIET
RESULTS

After the first week of acupuncture, the first enema, and the diet modification, the patient reported no migraines. She did suffer from a headache that lasted 2 days, and she vomited twice throughout the week. The headache was a 5 on a patient self-report numeric pain scale from 1 to 10 (10 being the most severe pain). She reported feeling “better and less bloated” after the enema.

The patient reported improvement in sinus congestion after the second treatment. Her headaches were milder and of shorter duration. She continued her enema treatments and made further improvements in diet.

At week 3, the patient reported constipation for 2 days. After the third enema, she reported having a full bowel movement and feeling better. Prior to that, she reported feeling “better and less bloated” after the enema.

By week 4, she felt overall improvement. She indulged in fatty fried foods that had been eliminated from her diet in the recent 3 weeks. She immediately had a migraine on the right side of her head. She vomited green bile and had acid reflux.

At week 5, she returned to her previously modified diet and maintained three enemas per week. She reported improvement in sinus congestion and only a mild headache, 3 out of 10 on a patient self-report numeric pain scale.

After 6 weeks of weekly treatment, the patient returned for follow-up after 8 months. She claimed the diet modification and enemas changed her life. She now goes on vacations without fear of migraine. She avoided the foods that triggered migraine and avoid them. She reported that acupuncture helped her immediate needs and the diet modification and enemas have contributed to her relief from migraines.

DISCUSSION

The patient responded well to acupuncture and made long-lasting changes to her diet and lifestyle. The prognosis is very good for her as long as she continues to monitor her diet, continue enema treatments, and seek acupuncture for any acute headaches. Incorporation of various aspects of TCM modalities produce effective changes. TCM practitioners should seek out and learn other holistic therapies such as the Gerson Therapy as they can be incorporated into a TCM practice. More research is needed to investigate the role of Oriental medicine and Chinese herbal enemas in treating pain conditions.

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