

NEWSLETTER
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Relief from Headache

Headache History

Headache is an ancient affliction and our forebears had many ways of treating it. Aspirin is one of the oldest headache remedies, in use since the Stone Ages. Salicylates, the “active ingredients” in aspirin, are derived from many shrubs and trees, most notably the willow. Some treatments, however, have not stood the test of time. As early as 7000 B.C.E., trepanation, an ancient headache remedy, involved removing circular chunks of the skull to let evil spirits and demons escape, thereby relieving the pressure and pain in the head. Surprisingly, people often survived this treatment, as evidenced by bone growth around the resultant holes. Even into the 17th century some physicians recommended trepanning for treatment of migraine. In the late 1770s Erasmus Darwin (father of Charles) claimed vasodilation (the widening of blood vessels) in the brain caused migraine, accounting for the throbbing effect as each pulse pushed the blood through. It is now known that vasodilation is, indeed, part of migraine pain, though whether it is the cause or merely an effect is uncertain. Darwin’s recommended cure, however is no longer practiced: his patients were put into large centrifuges and spun, the theory being the blood would leave the head and pool in the feet, ending the blood vessel pressure on the brain.

Four Types of Primary Headache

1. Tension-Type

Approximately 78% of adults experience tension-type headaches at some point in their lives. Tension-type, the most common form of headache, is a non-specific headache not related to migraine or any organic disease. These headaches may be caused by chemical and neuronal imbalances in the brain and may be related to muscle tightness in the back of the neck and/or scalp. The pain is on both sides of the head, of mild to moderate intensity, with a sensation of pressing or tightening in the head, mostly at the forehead, temples, back of head or neck. These headaches are rarely associated with nausea or sensitivity to light or noise.

2. Migraine

Migraine affects about 13% of the U.S. population, afflicting three times more women than men. Migraines are often hereditary. Roughly one in every four households is home to a migraine sufferer, with peak ages being between 20 and 45 years old for both genders. This affliction is characterized by throbbing head pain, usually on one side of the head, and is sometimes accompanied by nausea and sensitivity to light and sound. Attacks are often debilitating and can last anywhere from four to 72 hours. Migraine pain is related to inflammation as the trigeminal nerve (the main sensory nerve of the face and the motor nerve of the muscles used in chewing) interacts with the blood vessels in the coverings of the brain

-- this is the vasodilation mentioned above. Pain signals are sent from the blood vessels along the trigeminal nerve into the brainstem, location of the brain's pain-processing centers.

Hildegard von Bingen, a 12th century Abbess and mystic, wrote "I saw a great star, most splendid and beautiful, and with it an exceeding multitude of falling sparks with which the star followed southward...and suddenly they were all annihilated, being turned into black coals...and cast into the abyss so that I could see them no more." Modern study of her writings indicates the Abbess was not experiencing mystical ecstasies but rather migraine auras. Just under one-third of migraine sufferers experience such auras, which can be light flashes, blind spots, zigzag lines or shimmering lights, as well as numbness and tingling in the arm or face. Auras typically last less than one hour and are gone before the actual head pain of migraine begins.

3. Cluster

Cluster headache is rare, affecting only about 1% of the population, and its cause is unknown. Unlike migraine, the majority of cluster headache sufferers, 85 to 90%, are male. Similar to migraine, the pain is related to inflammation of the blood vessels surrounding the brain in interaction with the trigeminal nerve. Abnormalities in the hypothalamus, a deep area of the brain that controls circadian rhythms (the body's natural pattern of sleep and wakefulness) may be responsible for the pattern or clustering of these headaches that gives them their name.

A typical cluster headache series usually starts suddenly, lasts weeks or even months, and then disappears completely for months or years, though chronic sufferers may experience continuous headache cycles with no real break. These headaches usually strike in spring or autumn, causing them to be mistaken for allergies or stress. The individual headaches in a series can last anywhere from a few minutes to several hours, but the duration is generally 30 to 45 minutes. Most sufferers get one to four headaches a day during a cluster period. They occur with regularity, generally at the same times each day, often awaking the sufferer during the night. Cluster headaches, like migraines, are almost always on one side of the head or the other. During a series the pain will be on one side for each headache, but the next series may focus the pain on the other side. The pain is normally localized behind the eye and may radiate down the same side to the face and neck. The affected side may become flushed, the eyelid swell or droop, and the pupil contract. The nostril on that side is often congested and nasal discharge or tearing of the eye is on the same side as the pain.

4. Rebound

Rebound headaches can occur with tension-type or migraine sufferers. These headaches are caused by too frequent use of pain relievers, whether prescription or over-the-counter. Because the body becomes used to having high levels of pain relieving chemicals, when the most recent dose wears off and body chemistry starts to normalize the headache may "rebound," leading the person to take yet more pills. The effect is similar to caffeine dependency; a person accustomed to drinking significant amounts of caffeinated beverages may experience withdrawal and "caffeine headache" if he or she doesn't get a daily fix. If you find yourself taking pain relievers at higher doses or more frequently than is prescribed or recommended, you're at risk for developing rebound headaches.

Secondary Headaches

Secondary headaches account for fewer than 10% of all headaches. They result from other medical conditions such as infection, high blood pressure, blood clots, diseases of the brain,

eye, ear and nose, or increased pressure in the skull due to a tumor. Some causes of secondary headaches can be life threatening. Signs of a potential serious disorder include

- ☐ change in headache pattern
- ☐ headache associated with a medical problem or neurological symptoms such as loss of consciousness or confusion
- ☐ pain that becomes progressively more severe or is the first or “worst” headache ever experienced
- ☐ headache accompanied by persistent or severe vomiting
- ☐ headache with dizziness, slurred speech, weakness, numbness/tingling or unsteady gait
- ☐ headache that begins or persists after a head injury
- ☐ headaches that start after you’ve reached the age of 50
- ☐ headaches triggered by exertion, coughing, bending or sexual activity
- ☐ abuse of pain relievers.

Headache Avoidance

Certain “triggers” are known to cause or aggravate headaches in many people. Things to avoid for headache prevention include

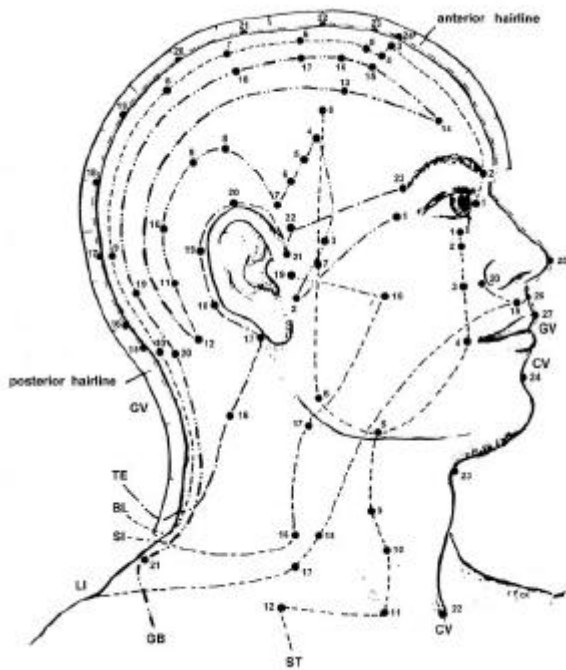
- ☐ changes in sleep patterns
- ☐ alcohol
- ☐ skipping meals or fasting
- ☐ MSG
- ☐ too much caffeine
- ☐ processed meats containing nitrates
- ☐ chocolate (sorry!)
- ☐ aged cheese
- ☐ extreme heat or cold
- ☐ bright lights or florescent lighting
- ☐ chemicals, pollution or strong odors
- ☐ stress
- ☐ overexertion (especially when out of shape).

Estrogen level changes are also known to contribute to headache. Hormone fluctuation, whether due to a woman’s monthly cycle, hormone replacement, birth control pills or menopause, may be a factor in women having more frequent headaches than men.

Acupuncture and Headache

Traditional Chinese medicine ascribes headache to a variety of factors, among them Wind, Heat, excessive Liver Yang, Phlegm, Dampness and Deficiency, especially of the kidney Chi. Treatment varies according to the source of the problem. The particular meridians affected by this condition can be determined on the basis of which part of the head hurts.

Since there are so many patterns of headache, there are dozens of herbal remedies available for treatment. Two helpful examples are Pian Tou Tong Wan, used in treatment of migraine, while Tian Qi Du Zhong Wan is useful for relief from tension headache. Diagnosis should be made first, though, to determine which herbal formula is appropriate.



Above: Acupuncture Points for Headache

Important Schedule Info

Dr. Wang will be on vacation from October 3rd through October 17th. During these two weeks the clinic will welcome Dr. Helen Hu, Dr. Wang’s own personal acupuncturist, on a part-time schedule. Patients should phone in advance for treatment appointments to ensure

the doctor is available. The office will be open regular weekday hours should you need herbs or administrative assistance. Thank you for your patience!