

Headache, Tension & Migraine with Concurrent Depression: A Course of Treatment with Herbs and Acupuncture

By Fritz Hudnut, LAc, Candidate DAOM

THE CASE: The case involves a female, 45 years of age, suffering from two different kinds of HA, migraine & tension, concurrent to a diagnosis of depression, for which she is taking Prozac. She didn't want to talk about the depression &/or the depression medication at the time of her first several visits with our team of DAOM candidates and she didn't list the Prozac on her initial intake form where it asks what medications are being taken, therefore the dosage at that time is unknown. She was seen in the ECTOM doctor's clinic for 15 Acupuncture treatments from 12/16/04 until 5/26/05, several herb formulas (decoction/pills) were also recommended during her treatment course which she reported to be taking "religiously".

Chief Complaint: Headache: Migraine & Tension types. She reported having one to two severe HAs per week at the time of her first visit. She described it as a frontal HA which she felt behind the eyes or behind the left eye, "within the orbit socket". She sometimes vomits, there is sensitivity to light, it also feels like a pressure-sinus-type HA. When she gets the HA she just wants to sleep/wants it to be dark/wants to be still. She was taking Inderal (80 mg), which according to PDRHealth webpage, is a beta-blocker used, in this case, for prevention of migraine, but primarily is for HBP. She felt that it treated one of her headache types, conceivably the migraine, but not the other, likely the tension type for which she was seeking help from our team to treat. She had a surgical history of an appendectomy and a colon resection in 1996 to treat diverticulitis. She maintains some dietary restrictions due to bowel sensitivity to seeds, etc.

And, there is a secondary complaint of depression; she is depressed about her life/career direction, but largely due to

her health condition of late, the headaches were frequent and debilitating, effecting her life and work, requiring days in bed until the HA would subside. There is a high occurrence of depression in her family history as well.

Tongue/Pulse: The tongue is pale dusky, swollen, dry, red dots, teeth-marks. At the 11th tx I noted sl thick coat in back, the tongue appeared to curve to left slightly, and the presence of "wrinkles" (horz. lines) in the front of the tongue. The pulse (composite pulse formed from the course of treatment) is weak, deep, sl rapid, soft on right, and on left was sl wiry, sl rapid. It was referred to by team pulse expert as "cottony". I reported choppy as a quality in later treatments.

TCM Diagnosis: composite from 15 tx:

- 1). Liver Yang Rising
- 2). Blood stasis
- 3). Spleen Qi Xu w/ Turbid Dampness
- 4). Liver Qi Stagnation

(Depression/stress) with Liv/Sp Disharmony, etc. Western Medical Diagnosis:

- 1). Migraine Headache
- 2). Tension Headache
- 3). Depression

Treatment Principle: Sedate Rising Yang, move Blood, tonify Spleen, drain Damp, Harmonize Liver/Spleen.

Treatment: Fifteen treatments by rotating team acupuncturists were done over a 5 month period combined with herbs.

Points: various combinations of points were selected by each of the treating acu-docs at the time of treatment according to style and/or nature of subjective complaints at the date of service, but basically selected for their efficacy in the treatment of HA. It was discovered quickly that needles local to the head area were not helpful, so a general distal approach was adopted using TCM &/or Tung styles.



Cupping/electro: Early in the treatment course some Cupping was done to help ease neck/shoulder tension thought to be contributing to the HA. Later in the Tx cycle Electrostim was added 1x to treat a newer complaint of hip pain.

Herbs: Gui Pi Wan patent pill was recommended at the second treatment on 12/23/04, but on 1/6/05 that was changed to a custom formula special for HA: Sheng Di, Shi Jue Ming (cook first 30'), Gou Teng, Bai Shao, Chuan Xiong, Huang Qi—15 gm; Bai Zhi, Man Jing Zi, Qiang Huo, Jiang Can, Di Long, Ju Hua—9 gm; Dan Shen, Ge Gen—12 gm; Xi Xin—6 gm. 3 Packs. It was determined at the next treatment that two packs were still "unused". At that point we changed the herbal strategy, using a combination of two patent/ready-made pill formulas: Pien Tou Tong Wan and Ban Xia Bai Zhu Tian Ma Pian at 4 tablets 3 times per day. This combination yielded the most consistently positive results on the headache.

Recommendations: Increase exercise, play more golf, walks, or swimming. Reduce dairy intake, reduce unnecessary fast food snacks, decrease cold drinks and uncooked foods.

Progress: Early in the treatment cycle positive results with acupuncture were achieved quickly, the frequency and intensity of the HA's were substantially reduced, the vomiting element disappeared within the first few treatments. Light sensitivity and the need for bed rest also largely disappeared. Generally

what remained was HA, without the original complications. Later, as the treating hands changed, as we tried to stabilize her condition and address underlying issues, we appeared to lose ground at times, most substantially when her work stress levels increased and/or when she visited her Mother/Father. These provided hurdles for our treatment. Patient terminated treatment without providing details as to her condition, reasons, etc.

Discussion: This was an interesting case, because among other reasons we were able to track the results for a fair period of time, and also the psychological element of the problem became gradually clearer as the treatments continued. This was the area that she didn't want to discuss at the beginning of her treatment. It may have been the reason that she terminated treatment, as we got closer to discussing the implications of the job effecting her HA, and of course the increased HA whenever she

had to be around her parents. We had begun discussion of the possibility of decreasing her Prozac dosage when she stopped coming to treatment. We in fact were able to make a correlation between an increase in her dosage of Prozac with an increase in her HA symptoms which had largely been reduced before that. Possibly the conflict between what we were recommending and what her prescribing psych was suggesting became too much for her and she opted for the "status quo" that Prozac provided for her? Also, she had been buying our prescribed herbs for herself over the internet and perhaps felt that the herbs were giving her the best return for her money/time. I think our treatment demonstrated that acupuncture and herb therapy can be an effective modality for the treatment of severe HA, since good results were quickly obtained across various styles of treatment. However, it's hard to determine if the root issues were actually touched or not in regards to HA or especially the depression as prime factor.

References

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