

ACUPUNCTURE AND MIGRAINES

About migraines

Migraine attacks are severe headaches that last from 4 to 72 hours (IHS 2004). The pain is often on one side of your head, throbbing and gets worse when you move. You may also have other symptoms, such as feeling and being sick or being extra-sensitive to sound or light. About 1 in 6 people who have migraines get what's called an aura. This can cause symptoms like temporary problems with your vision, or pins and needles or numbness in parts of your body. You may be more likely to get a migraine attack if you are tired, hungry or stressed, or eat or drink certain foods (DTB 1998). Migraines are common. About 1 in 10 people will have a migraine attack in any one year and nearly 1 in 5 people will have an attack at some point in their life (Goadsby 2002). Women are more likely to have migraine attacks than men (Becker 2008).

How acupuncture can help

Traditional acupuncture theory sees pain as being largely due to obstruction of the body's vital energy or qi. Acupuncture needles are thought to act like switches in the body's energy circuits, freeing up stagnant energy and getting it flowing.

Research has shown that acupuncture is significantly better than no treatment and also at least as good, if not better than, standard medical care for migraine (see overleaf).

From a biomedical perspective, acupuncture can help in the treatment of migraine by:

- providing pain relief – by stimulating nerves located in muscles and other tissues, acupuncture leads to release of pain killing endorphins and changes the processing of pain in the brain and spinal cord.
- reducing inflammation – by promoting release of various biochemical substances.
- increasing blood flow in and around the brain.
- affecting the brain levels of a chemical called serotonin, which has various functions, including control of appetite and mood.

About traditional acupuncture

Acupuncture is a tried and tested system of traditional medicine, which has been used in China and other eastern cultures for thousands of years to restore, promote and maintain good health. Its benefits are now widely acknowledged all over the world and in the past decade traditional acupuncture has begun to feature more prominently in mainstream healthcare in the UK. In conjunction with needling, the practitioner may use techniques such as moxibustion, cupping, massage or electro-acupuncture. They may also suggest dietary or lifestyle changes.

Traditional acupuncture takes a holistic approach to health and regards illness as a sign that the body is out of balance. The exact pattern and degree of imbalance is unique to each individual. The traditional acupuncturist's skill lies in identifying the precise nature of the underlying disharmony and selecting the most effective treatment. The choice of acupuncture points will be specific to each patient's needs. Traditional acupuncture can also be used as a preventive measure to strengthen the constitution and promote general well-being.

An increasing weight of evidence from Western scientific research (see overleaf) is demonstrating the effectiveness of acupuncture for treating a wide variety of conditions. From a biomedical viewpoint, acupuncture is believed to stimulate the nervous system, influencing the production of the body's communication substances - hormones and neurotransmitters. The resulting biochemical changes activate the body's self-regulating homeostatic systems, stimulating its natural healing abilities and promoting physical and emotional well-being.

About the British Acupuncture Council

With over 3000 members, the British Acupuncture Council (BAcC) is the UK's largest professional body for traditional acupuncturists. Membership of the BAcC guarantees excellence in training, safe practice and professional conduct. To find a qualified traditional acupuncturist, contact the BAcC on 020 8735 0400 or visit www.acupuncture.org.uk

The evidence

Research	Conclusion
Linde K et al. Acupuncture for migraine prophylaxis. <i>Cochrane Database of Systematic Reviews</i> 2009 Issue 1. Art.No.: CD001218. DOI: 10.1002/14651858.CD001218.pub2.	A review of 22 trials that investigated whether acupuncture is effective for the prevention of migraine attacks. Patients who received acupuncture had fewer headaches than those given basic care. 'True' acupuncture and sham acupuncture seemed to be similarly effective. When acupuncture was compared to proven drug treatment, patients receiving acupuncture tended to report more improvement and fewer side effects. <u>Overall, migraine patients benefited from acupuncture, and it was at least as effective as, or possibly more effective than, drug treatment, with fewer adverse effects.</u>
Sun Y, Gan TJ. Acupuncture for the management of chronic headache: a systematic review. <i>Anesth Analg</i> 2008;107:2038-47.	A review of 31 trials that looked compared 'true' acupuncture for treatment of chronic headache, including migraine, tension-type headache or both with sham acupuncture, medication, and other non-drug treatments. <u>'True' acupuncture was found to be superior to sham acupuncture and medication in improving headache intensity, frequency, and response rate.</u>
Jena S et al. Acupuncture in patients with headache. <i>Cephalalgia</i> 2008;28:969-79.	A randomised controlled trial that assessed the effectiveness of acupuncture in addition to routine care in 3,182 patients with migraine and/or tension headache compared with routine care alone. At 3 months, the number of days with headache had decreased more in the acupuncture group than the routine care alone group. Similarly, intensity of pain and quality of life improvements were greater in the acupuncture group. <u>The researchers concluded that acupuncture plus routine care in patients with headache was associated with marked clinical improvements compared with routine care alone.</u>
Scott SW, Deare JC. Acupuncture for migraine: a systematic review. <i>Australian Journal of Acupuncture and Chinese Medicine</i> 2006;1:3-14.	A review of 25 trials that assessed the effectiveness of acupuncture compared to no treatment, sham or placebo acupuncture, or other interventions used to treat and prevent migraine. <u>Overall, acupuncture was found to be superior to no treatment, at least as effective as sham acupuncture, and of comparable efficacy to medication for the treatment and prevention of migraine.</u>
Diener HC et al. Efficacy of acupuncture for the prophylaxis of migraine: a multicentre randomised controlled clinical trial. <i>Lancet Neurol</i> 2006;5:310-6.	A randomised controlled trial that compared 'true' acupuncture with sham acupuncture and standard migraine drug treatment used to prevent attacks in 960 patients who had two to six migraine attacks per month. Days with migraine were reduced significantly with all the treatments, but the groups were similar. <u>The researchers concluded that 'true' acupuncture, sham acupuncture or standard drug therapy are similarly effective for migraine.</u>
Streng A et al. Effectiveness and tolerability of acupuncture compared with metoprolol in migraine prophylaxis. <i>Headache</i> 2006;46:1492-502.	A randomised controlled trial that compared acupuncture with metoprolol (a drug used to prevent migraine attacks) in 114 patients with migraine. The number of days with migraine fell similarly in both groups, but there were fewer side effects with acupuncture. <u>The researchers concluded that acupuncture might be an effective and safe treatment option for patients unwilling or unable to take medication.</u>
Vickers AJ et al. Acupuncture for chronic headache in primary care: large, pragmatic, randomised trial. <i>BMJ</i> 2004;328:744.	A 12-month randomised controlled trial that compared acupuncture with no acupuncture in 401 patients with chronic headache, predominantly migraine. Patients in the acupuncture group experienced 22 fewer days of headache per year, used 15% less medication, made 25% fewer visits to GPs, and had 15% fewer days off sick than patients given usual care. <u>The researchers concluded that acupuncture leads to lasting benefits for patients with chronic headache, particularly migraine, and that expansion of NHS acupuncture services should be considered.</u>
Allais G et al. Acupuncture in the prophylactic treatment of migraine without aura: a comparison with flunarizine. <i>Headache</i> 2002;42:855-61.	A randomised controlled trial that compared acupuncture and flunarizine for the prevention of migraine attacks in 160 women. The frequency of attacks and use of drugs to treat migraine symptoms fell significantly in both groups, but the number of attacks after 2 and 4 months was lower with acupuncture. Pain intensity was significantly reduced only with acupuncture and side effects were significantly less frequent in this group. <u>The researchers concluded that acupuncture could be used to prevent migraine attacks, and was more effective and better tolerated than flunarizine in the first months of treatment.</u>

References

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