

Headache between Occidental Medicine and Oriental Tradition Today

Dora Dragoni Divrak*

Acupuncturist, Bologna Alma Mater University, Bagnacavallo, Italy

*Corresponding Author: Dora Dragoni Divrak, Acupuncturist, Bologna Alma Mater University, Bagnacavallo, Italy.

Received: March 07, 2019; Published: July 10, 2019

Abstract

Headache is a quite diffused disease. It can be analysed from an occidental point of view, according to which there are migraine, tensive cephalgia and cluster headache; or from an oriental point of view, where we can take into consideration empty and full conditions, the element lacking (like qi, jing, yang, or even yin), and some organs involved (mostly liver and kidney).

Some drugs are cited useful to solve the symptoms and the disease. Acupuncture is also important since it balances the painwellbeing system, opioids-reward pathways.

Talking about reward it is always great to have the right approach to our lifestyle and life.

Keywords: Headache; Occidental Medicine; Oriental Tradition

Introduction

Headache, that we can also call cephalgia, head pain, is a quite common symptom and disease: we can summarize epidemiology by saying that 50% of worldwide population had headache in life, and that for sure 15% of people suffers of migraine. That is almost 1 billion persons across the globe. Fortunately most cases are benign. However, being so diffused, it is important to better know that pathology and try to have the right approach to reduce pain and symptoms.

I will describe headache from occidental and also from traditional chinese medicine points of view, since acupuncture is one of the most effective care and healing systems.

We can find some categories, not only theorical but also different between them in symtoms and phenomenology.

Occidental Medicine

Talking from occidental side, we can say that migraine is one of the most common ones. It usually lasts 4 - 72 hours, it is a one side pain, it usually gives pulse sensation. We can also recognize this category since usually pain worsens with physical activity. There can be nausea, vomiting, and photo+phono phobia. It is more diffused in the age 20 - 40, more among women. We can describe some phases in this pathology: at first there is a raise in yawning, in thirst perception, there can be also hydrical retention. After this time, we have the aurea phase: lasting 5 minutes until 1 hour, it is characterized by hypothetical tingling, and abnormalities in vision. Then we have the pain phase, with cephalgia, and after this time there can be left both loss of hunger and euphoria, due to the resolution of the symptoms. All this pattern is related to genetical predisposition, linking with hypotalamic dysfunctions, with brain hyperactivity, related also with a local metabolic dysequilibrium (abnormalities in mytocondrial activity). Fortunately not so common but I have to mention a certain related risk of strokes, due to gliotic subcortical areas and iron deposits.

Another quite diffused condition is tensive cephalalgia, it can last 30 minutes until 7 days, it is usually bilateral, oppressive. Physical activity usually doesn't worsen it. In association we can usually have anorexia.

We can also finally describe cluster headaches, characterized by a periorbital fronto temporal pain. There are autonomical symptoms like rhynorrea, lachrimation, eye ptosis. It usually lasts 3 hours. The pain is really intense.

Also trigeminal nevralgia is classified between headaches. It is parossistical, it lasts seconds or minutes. It is unilateral, it is due to compression of the nerve by local structures: infact it characterizes the nerve divisions (mandibular and maxillary). Pain recurs many times in both day and night.

I will also remember acute single episode headaches and chronic ones.

The first group is made of: meningitis, encepalitis, subarachnoid hemorrage. Usually the pain is acute and severe, there is meningeal irritation with neck stiffness, and drowsiness. Also a head injury can give similar symptoms. Sinusitis is also related with more rare cephalgia, and it is localized into frontal and maxillary sinuses. Acute glaucoma too is associated with headache.

Chronic headache can be or by raised intracranial pressure, and these are associated with vomiting, papilledema, seizures and focal deficit can also be there, and is usually due to space occupying lesion. On the contrary we also have chronic headache when there is headache-drugs addiction and the cephalgia becomes daily. All these categories are secondary headaches.

Traditional Chinese Medicine

In traditional chinese medicine we have different categories. We can have from empty and from full origin. From empty: qi lack, xue-blood lack, yin or yang deficit, and also jing deficit. From full: due to wind and cold, due also to heat and humidity, or from qi or blood stasis, finally due to flegma. The causes are some: the constitution of the person, wind and humidity, psychic (anger, worry, fear), particularly excess of mental activity, working too much, or some foods (fat and diary foods, or salt ones), or traumas.

We can also distinguish for places: temporal the shao yang headaches, yang ming in frontal place, tai yang the occipital ones, finally the jue yin on the top of the head. That means... top of the head: due to yang liver flight, related with an acute pain if there is blood empty of the liver, but the pain can also be dull with associated asthenia, lack of memory. On the both sides of the head: due to yang liver flight also, it is acute, pulsing, if from liver wind, it can be of liver fire if associated with bitter flavor. On frontal side: related with stomach fire, it is acute, intense, with heartburn, bulimia, we can also have dizziness. In occipital lobe the headache is related with kidney empty: the pain is dull, related also with wind and cold; it can be acute and there can be rigidity. If the pain involves the eyes, is usually due to liver blood empty; it can also be due to yang liver flight if it is dull; it could be acute and intense. If the whole head is involved, it is due to kidney jing empty, it is dull, there is an empty head sensation; it can also be due from external wind, with an acute and intense pain.

In traditional chinese medicine, if the headache is dull it is due to lack of blood, if it is heavy it is related to liver, if it is pulsing it is related with heat. Headache can worsens during day if it is due to qi deficit or blood deficit or to humidity. It is worse in night if it is related to blood deficit or stasis, or yin deficit. If it worsens with activity is due to qi or blood deficit, if with rest it is due to liver yang flight or flegma.

Therapy

Now i will talk about therapy:

- It is important to relax, to evitate dry diary and cheese, and chocolate, and i will then talk of a cognitive-behavioural approach.
- The therapy is based on fans and analgesic painkillers pills, but also on triptans and ergotamine.

610

- It is necessary a prophylaxis if more than 3 attacks per month; it is based on beta-blockers like propranolole and atenolole, or also on Ca-antagonists, and on antidepressants that can also help; antiepileptics can also be used.
- The vitamin riboflavine b2 can also help after 3 months of use since it balances the metabolic mitochondrial activity and 60% of people positive reponds to that.
- This is the common therapy base for migraine.
- Talking about tensive headache i can mention painkillers and also amitriptiline.
- But the most important remedy is acupuncture: this ancient and modern technique balances the opioids-reward systems so to reduce the pain perception and increase the wellness sensation; i will now cite some points useful in headaches...
- GV20, si-shen-chong
- LV2, LV3, LV8
- BL20, BL23
- GV16, GB20
- KI3, SI3
- BL2, ST8
- Tai yang
- P6
- SP6, SP10

Since acupuncture also disperses energies, in the sense that "sends" energy from head, where there can be energy knots accumulated leading to higher tension, it is really positive, to try, to do, to get used to.

Conclusion

• Finally a better approach to life is always suggested: since reward system is the base for wellbeing, it is fundamental to increase the wellness molecules at first by reducing stress and stressfull activities, secondly by increasing the wellness sensation by believing more in what we are and do, and also by finding more time to dedicate to our hobbies. It is important not to overstimulate reward system with fat foods and chocolate not to assuefate it, but having a proper reward condition is basis to live better: doing our favorite activities, going at the park to run, doing sport, going at the cinema or at the theater, viewing and doing art, passing more time with partner, in family and with friends, or even to detox alone for some time, enjoying and having fun with people then, are fundamental choices to take to reduce head pression due to daily routine and to increase real wellbeing to live better in both quantity and quality of life [1-3].

Bibliography

- 1. Oxford american handbook of clinical medicine.
- 2. Harrison's Internal Medicine Principles, McGraw Hill.
- 3. Maciocia, Traditional Chinese Medicine Principles, Masson.

Volume 11 Issue 8 August 2019

©All rights reserved by Nirmal Surya and Hitav Someshwar.