

Clinical Report from Europe

Case Study: *Classical Migraine*

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Case study: Classical migraine

A 39-year old female patient complained about intermittent headache attacks on weekly intervals, in particular, related to weather changes (deterioration of weather). The onset came with neck and shoulder stiffness, later symptoms spread over the entire scalp and finally single-sided localization, mostly in the left parietal region; about 12 hours after the onset, sickness or nausea and frequent bilious vomiting. Generally, the attack would subside spontaneously after approximately 12 hours duration. These migraine attacks began after the last delivery (the patient has two healthy children, the first pregnancy was normal, while during the second pregnancy an EPH gestosis developed). Other diseases: allergic diathesis (drugs, see food)

Kampo diagnosis:

The anamnesis reveals that the patient typically experiences strong thirst on the day prior to an attack, but excretes in spite of a large volume fluid intake with comparatively little urine. Once the migraine symptoms subside, a marked diuresis sets in that lasts a whole day.

Findings:

Average sturdy stature, slight tendency towards obesity and cellulitis in the regions of buttock and thighs.

Tongue: moist, thin white fur

Pulse: floating, slippery and weak in the depths (disappears upon pressure)

Abdomen: fluid sound in the stomach upon palpation, relatively weak abdominal wall tonus

SHO identification:

Greater yang stage (in particular during the initial phase of attacks) and transition into lesser yang stage (over the course of the attack); condition intermittent between excess and deficiency (Qi intermedio), spleen Qi deficiency and signs of SUIDOKU*

(* *suidoku*: refers to a pathologic condition of the fluid metabolism, disturbed regulation - see Eberhard: *Guide to Kampo Medicine*, p. 95)

Kampo prescription:

Poria Powder with Five Herbs (Wu Lin San): "five ingredients mixture"

Mx:

Rhiz. Alismatis	6.0 g
Polyporus umbellatus	4.5 g
Pachyma Hoelen	4.5 g
Rhiz. Atractylodis ovatae	4.5 g
Cort. Cinnamomi	3.0 g
(amount for 7 days)	

Course:

First prescription for a period of 7 days as a decoction, 3 x daily in portions of 150 ml before meals. Important: patient was allergic, which required that she be informed about Cort. Cinnamomi, since this drug may occasionally cause skin efflorescences.

During the next visit the patient reported a good tolerance; therefore the prescription was prescribed for another period of 21 days.

The next consultation was three weeks later. The patient reported a single migraine attack during the last four weeks, which was of longer duration (appr. 24 hours), but less pain intensity (moreover in the right parietal region, while normally occurring on the left) and above all, no sickness and no nausea!

Examination:

Tongue and pulse unchanged; abdomen: no fluid sound in the stomach upon palpation, normal abdominal tonus (previously weak abdominal tonus)

Continued treatment with *Poria Powder with Five Herbs* for another 21 days, later prescriptions for 28 days each. This therapy was continued for a period of approximately 6 months with positive results. The frequency of the attacks were markedly reduced until they finally subsided completely. Sickness and nausea did not recur.

References:

Eberhard U: *Guide to Kampo Medicine, Japanese Phytotherapy*, Elsevier (Urban & Fischer) 2003