

## Clinical Report 2

### *Headache*

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#### Introduction

Headache is a symptom frequently encountered in an outpatient office specialized on Kampo.

Generally, this condition is classified into primary headache, which in turn is classified into 1) migraine, 2) tension headache, 3) cluster headache, 4) headache associated with prolonged drug abuse, and secondary headache occurring in the presence of an underlying disease. Even though remarkable progress has been achieved regarding the pharmacotherapy of headache, the number of patients suffering from headache still remains high. The migraine guidelines of the American Headache Society® (AHS) recommend that "treatment of acute conditions should be individualized". Moreover, regarding the ideal pharmacotherapy for the prevention of attacks: there are currently no suitable drugs.

The relationship between diagnoses according to the above described classification and specific "patterns" has not yet been clarified. Yet, through integration of TCM diagnostic methods a useful concept pertaining to the "individualized therapy" can possibly be provided.

Practicing Kampo therapy and looking back at cases with chronic headache, it appears that often several patterns are involved. So far there has been a tendency of patterns like cold, blood deficiency, blood stasis and phlegm being rather frequent, but I believe the heat excess patterns are also on the rise. Moreover, in cases of headache associated with refractory diseases or prolonged drug abuse, I have often experienced that the use of blood stasis expelling drugs led to an early alleviation of the symptoms.

In the present paper I would like to briefly discuss a few cases of tension head and migraine I have seen in our outpatient department. Each case

will be discussed focusing on the qi-blood-water aspects, trying to keep the terminology as simple as possible.

#### Cases

<Tension headache; prolonged cold, phlegm-rheum>  
Case (1): 46 years, female, housewife, clinic visit in January YYYY

Chief complaint: right shoulder pain, headache, dizziness (floating feeling), pollinosis

Anamnesis:

At age 35: enucleatic myomectomy

At age 45: total hysterectomy because of myoma induced anemia

At this time there were adhesions of the small intestines, requiring reoperation, during which a portion of the small intestines was removed.

At age 45: pollinosis

Present illness:

Development of a chronic sense of fatigue following the total hysterectomy, at rest discomfort that felt like the right were about to solidify and pain of the right shoulder joint was so severe, that it prevented sleep; chilling around the waist and the thighs and a generalized feeling of edema over the entire body. Considering the presence of pain as if from pinching the right upper arm and stagnation of liver qi as well as blood deficiency into account, the formula *nijutsuto, kamishoyosan plus Coicis Seemen* was prescribed. After 4 months of treatment the shoulder pain had been alleviated almost completely and the pollinosis considerably. By the sixth months of the treatment the headache and sense of floating grew worse and symptoms were highly sensitive to low atmospheric pressure. The headache was reportedly associated with a slightly depressive heaviness. Recurrence of the temporarily relieved edema of the legs. The patient originally has a tendency towards indigestion. The husband is currently living alone abroad because of his work.

Findings:

Moderate build, skin slightly brown. Good appetite, bowel movements and micturition normal, but has a tendency towards constipation when

nervous. During bathing the patient felt on the contrary cold. She was the type of person that does not sweat. Her physical condition used to deteriorate in spring. Pulse was deep, slippery and wiry / weak right cun pulse, the tongue was pale red but had a thick white fur coating its entire surface and dental impressions, sublingual veins were somewhat engorged. Mild degree of fullness, tenderness or discomfort of the hypochondrium.

Pattern: Spleen – stomach deficiency -> phlegm-rheum, upward harassment of wind phlegm  
Prescription: *hangebyakujutsutemmato*

Following the third day of taking the prescription the perceived fog in the head cleared and left the patient feeling reportedly invigorated. The heavyheadedness too improved. She experienced regular bowel movements, became able to sweat when bathing and thus felt fine. Temporarily switching the prescription to *ryokeijutsukanto* resulted in recurrences of the headache, regular administration of *hangebyakujutsutemmato* twice daily and an additional dose when symptomatic allowed controlling the symptoms and the patient is currently continuing this schedule. The patient reported that taking the medication helps to brace her physically and makes her feel lighter both physically and mentally.

<Tension headache; spleen deficiency, countercurrent of phlegm-rheum>

Case (2): age 47, female, dental assistant

Chief complaint: headache, stomach disharmony, amyloidosis of the skin

Anamnesis:

After the death of her husband she became nervous and anxious. At that time she was diagnosed with amyloidosis of the skin and Sjögren syndrome. Headache often developed in case of fatigue or when she had been under stress; endurance of the symptom generally led to a gradual increase in the pain, so that she had to take analgesics and lie down. The stomach responded sensitively to the mental status and she complained about heartburn, stomach disorder and a sense of distention.

Findings upon first visit:

Fair-skinned and leptosomatic habit, sloping shoulders. Visible amyloid depositions on the abdomen and lumbar regions. Easily sweats on the palms. Poor sleep. Occasionally soft stools. Thin and weak pulse, the tongue being pale red with a thick, greasy white fur, stickiness within the mouth. Engorgement of sublingual veins. Abdominal palpation reveals clapping and tension of the abdominal wall.

Pattern: spleen deficiency, qi depression, countercurrent of phlegm-rheum

Prescription: *bukuryoingohangekobokuto*

Course:

She started to enjoy her meals, the severity of the headaches decreased and often she even forgot about them. No use of analgesics. Use of single doses of *goreisan* produced marked relief in case she had a headache. Later, targeting the easy fatigability, xerophthalmia, poor sleep and the skin symptoms her condition improved using a combined prescription with *ninjin'yoeito*, she could sleep soundly and the headaches disappeared.

Four years later, after she finally came to terms regarding the death of her husband and her stomach maintained a good functional condition, treatment with *bukuryoingohangekobokuto* was discontinued. The nature of her work facilitated the development of high tension and easily led to the development of posture induced shoulder stiffness, which resulted in headaches (dull pain), but since the condition of her stomach had improved, the effects of *goreisan* had weakened, while *shakuyakukanzoto* now had become markedly effective. It turned out to be a medication, which in single doses provided refreshing relief and bestowed upon her a feeling, as if the neck were straightening and sometimes even extended to the head.

<Tension headache; spleen deficiency, cold phlegm, blood deficiency>

Case (3): age 40 years, female. Assistant in former family business (restaurant)

Chief complaint: headache, anxiety

Anamnesis:

At the age of 20 iron deficiency anemia (she

sometimes takes iron drugs)

At the age of 37 hypertension (initiation of antihypertensive pharmacotherapy)

Present illness:

From the age of 38 her nervousness increased, a sense of her body floating and palpitations appeared; she used benzodiazepine type tranquilizers 2 to 3 times a day; from the age of 39 she took *ryokeijutsukanto* for about one year after which the symptoms had almost be alleviated. The use of western medications was reduced to about once per month for preventive purposes and she started to work as a kindergarten assistant. Yet, she used to complain about headaches lasting 2-3 weeks. The headaches were located on the forehead like a headband, producing a pain as if this headband were tightened, so that she used to press down on the painful areas while taking deep breaths and reported that warmth provided some relief of the symptoms. Severity of the symptoms increased in the evening with increasing fatigue. On this occasion the symptoms had appeared 5 days ago on the last day of her menstruation.

Findings:

Fair-skinned obese, normal appetite, sleep and excretion. Becomes easily nauseated. Her condition used to vary with the menstrual cycle. The tongue was enlarged, pale white, had dental impressions, sublingual veins had disappeared, the pulse was deep and thin, the abdomen showed a generalized hardness and was mildly tender, there was fullness, tenderness or discomfort of the hypochondrium and chilliness of the lower abdomen.

Pattern: blood deficiency, phlegm rheum

Prescription: *ryokeijutsukanto plus tokishakuyakusan*

Headaches tended to become worse during the latter half of the menstrual cycle and the lingual findings too suggested the necessity to take blood deficiency into account, but since the so far prescribed *ryokeijutsukanto* could not be expected to have any blood supplementing effects, *tokishakuyakusan* was added. After the ingestion marked improvements were observed and four days later the symptoms had disappeared. Later, while

the dose was adjusted according to the findings, after continued treatment using the combined formulation with *tokishakuyakusan* the headaches did not occur any longer.

And yet, severe headaches occurred on days typhoons hit the country and on these occasions the patient complained, that she would on the contrary like to cool her head. The body felt hot and she became restless and nervous. Originally she did not like the summer. *senkyuchachosan* was prescribed and had marked effects, leaving her feeling refreshed and comfortable.

After that the administration of *tokishakuyakusan* from autumn through spring and a combined formulation with *senkyuchachosan* from the rainy season through summer prevented aggravation of the headaches and stabilized the patient both physically and mentally.

<Tension headache; spleen and stomach cold deficiency, deficiency of heart and spleen>

Case (4): age 49, female, visited our clinic in February YYYY.

Chief complaint: headache, anxiety, discomfort in the gastric region, arthralgia of multiple joints

Present illness:

At the age of 27, triggered by a pregnancy, the patient started to suffer from frequent headaches. She is regularly using commercial analgesics, but since half a year ago their effects were declining. The headaches were a sort of pinching pain from the back of the head down the back of the neck and at the same time associated with ocular pain, repeating cycles of alleviation and aggravation almost daily. The anxiety influenced the gastric discomfort, so that she could eat, but felt nauseated on an empty stomach and therefore constantly ate little portions. She had no sense of satiety. Another doctor diagnosed reflux esophagitis and prescribed a protective agent for the gastric mucosa, but its effect was obscure. Moreover, about 1 year earlier the patient had been diagnosed with chronic rheumatoid arthritis and is currently under treatment. Three months ago development of frozen shoulder. Three years ago she had to worry about

family matters and this problem now got worse about half a year ago, so that *saikokaryukotsuboreito* was recommended in a pharmacy, which she is currently using.

Findings upon first visit:

The facial complexion was yellowish-white and the patient had a leptosomatic habit, she was occupied by worries about her symptoms and described the circumstances of their development with dissatisfaction. She repeatedly asked: "What should I do?" This gave the impression that she had started to panic because of what was going on with her both mentally and physically. There was a mild degree of chilliness of both hands and feet, recently her visual acuity deteriorated and she noticed nocturnal urine and dryness of the mouth during the night. One bowl movement every three days. No feeling of exhaustion. The pulse was thin and slippery, the tongue had a thick white fur and she had a bitter taste in the mouth. The abdomen showed chilliness and increased resistance of the epigastric region and a mild degree of fullness, tenderness or discomfort of the hypochondrium, softness of the lower abdomen, tenderness of both inguinal regions, marked palpitation above the umbilicus were observed.

Pattern: deficiency of both heart and spleen, deficiency cold (stagnation of liver qi)

Prescription: *kamiki hito*, *keishinjinjinto*

Course: The patient expressed strong anxiety regarding discontinuation of the *saikokaryukotsuboreito* she was using so far, so that the prescription was first changed to *keishikaryukotsuboreito*, taking her feelings into account. This helped to overcome her anxiety and settle down, but still left the symptoms incompletely controlled, with no changes in the incidence of headaches and gastric discomfort. After persuading the patient to use a prescription with added *keishinjinjinto* the incidence of the headaches decreased to once per week. Later, using *kamiki hito* as the main formula and reducing the dose of *keishikaryukotsuboreito* to 1/3 both headaches and gastric discomfort improved and after three weeks were almost completely alleviated. The arthralgia

and anxiety also improved and the patient now presents with a calm expression.

<Tension headache; liver qi stagnation, transverse invasion of the stomach>

Case (5): age 41, female, employee

Chief complaint: headache, gastrointestinal weakness

Present illness:

From the time she became employed the patient repeatedly experienced stomach disorders, belching, abdominal distention, a bitter taste in the mouth and reduced appetite, occasionally gastric pain. After examination she was diagnosed with neurotic gastritis and was prescribed western medicine, but later visited our clinic, because the symptoms did not improve. The headaches developed at the same time and were characterized by a slowly progressive and continuous dull pain.

Findings upon first visit:

Intermediate build, the skin appeared slightly yellowish brown and there was some edema. She had difficulties waking up in the morning and felt exhausted and headheavy from morning; usually did not have any appetite in the morning. Although she had one bowl movement a day, there was always a sense of incomplete evacuation. The menstruation was regular, but prior to the onset of the menstruation the headaches grew worse. She complained about shoulder stiffness. The pulse was thin and wiry, the tongue was faintly dark red and had a thick white fur and dental impressions, the abdomen showed a marked degree of fullness, tenderness or discomfort of the hypochondrium.

Pattern: liver qi stagnation, transverse invasion of the stomach

Prescription: *saikokeishito*

Course:

After about 2 months of treatment, the ease with which she could wake up in the morning improved and both the sense of exhaustion and headheaviness decreased. Her stomach felt comfortable too, but she was easily susceptible to influence from stress at work. Improvement of the shoulder stiffness. Since after about one year of treatment almost all

symptoms had healed, the dose was tapered, but since complete interruption of the treatment resulted in a deterioration of her physical condition, she currently continues on a low dose schedule.

<Migraine; tension headache; blood stasis>

Case (6): age 24 years, female, employee

Chief complaint: headache

Anamnesis: At the age of 21 onset of a collagen disease, that was treated over a period of one year with steroids and the therapy then terminated.

Present illness:

Onset of repeatedly occurring headaches after the patient started to work in an office at the age of 23. Her work requires that she uses a computer. The headaches were characterized by throbbing, pulsating pain (1) in the occipital region and (2) the temporal regions and occasionally she also felt like she had be hit or (3) a pain as if a heavy stone were placed in the center of her head. The incidence fluctuated but was higher on hot days with fair weather so that summers were difficult for her. A neurosurgeon diagnosed migraine and tension headache. The use of acetaminophen during periods of pain became increasingly frequent. Currently, she uses analgesics on average 5 times per week.

Findings upon first visit:

Obese physique, muscular, face was flushed red, there was acne on the mandible, she disliked heat and there was no sense of coldness. She had a good appetite, but since about one and a half years ago she experienced almost daily heartburn and gastric discomfort. She had a dry mouth and preferred cool drinking water. There was a tendency toward easy development of edema of the face and extremities. She had difficulties falling asleep and experienced night sweats all over her body. She had 1 to 2 bowl movements per day (in the morning). Her eyes tended to tire easily and she was also easily irritated. Her menstrual cycle ranged between 30 to 35 days, lasted for 3 days, she had little menstrual flow and the menstrual blood was dark red. Late stage. The pulse was slippery and wiry, the tongue pale and the sublingual veins thin, there was distention of the lower abdomen and tenderness on

the right side next to the naval.

Pattern: exterior-interior evil repletion

Prescription: *bofutsushosan*

Course:

Two weeks later she experienced comfortable bowl movements and lost about 1 kg in body weight. Both frequency and intensity of the headaches decreased. Pulse was wiry and thin, tongue slightly red. Six weeks later improvement of the sense of body heat. Headaches and dizziness occurring during the forenoon sometimes were alleviated when she had diarrhea. There was a strong sense of fullness, tenderness or discomfort of the hypochondrium, the entire lower abdomen was tender and even stroking it hurt. Drugs for expelling blood stasis and rectifying qi were considered necessary and thus a modified formula of *bofutsushosan* used. Ten weeks later the usage of analgesics had decreased to 1-2 times per week and without her really realizing since when, she noticed that the gastric symptoms did not longer bother her. She continues to take the medicine.

<Migraine / tension headache; blood stasis>

Case (7): age 62 years, female, housewife

Chief complaint: headache, dyshidrosis, constipation

Present illness:

Since 10 years, following her climacteric age, the patient experienced hot flashes and abnormal sweating, constipation and was prescribed at another clinic *unseiin* plus *tokakujokito* and similar formulas, which improved these symptoms. Recently, the same symptoms recurred and the patient visited our clinic, also because of the headaches she had since her youth.

The headaches started at the age of 20, her eyesight deteriorated and she experienced throbbing pain 2-3 times a month. On these occasions she used commercial analgesics and rested for 2-3 days, but sometimes these symptoms were also accompanied by nausea and vomiting. Also, from her climacteric age onward she experienced in the morning upon getting up a sense of headheaviness and felt as if she wore a hat.

Formerly, she reported that the use of *kamishoyousan* reduced the frequency of analgesic use. She also had been constipated since her teens and could not have bowel movements without the use of cathartics. She used a cathartic from a Kampo pharmacy (content unknown) and had one bowel movement every 3 to 5 days. There was also cervical spondylosis (C7).

Findings upon first visit:

Fair-skinned large-built person, obese, light brown complexion of the face with many freckles. In her daily life she is working industriously. She has a big appetite, gets up twice for nocturnal urine, dreams a lot, is under stress relating to family matters, her legs are prone to easy development of edema, her face flushes and she sweats abnormally on her head and back, dislikes summers, does not complain of chilliness. The pulse was deep and wiry, the tongue deep red with a white fur and dental impressions, engorged sublingual veins, the abdomen showed a mild degree of fullness, tenderness or discomfort of the hypochondrium and there was a marked degree of tenderness on both sides of the naval.

Pattern: blood stasis, qi stagnation

Prescription: *tsudosan*

Course:

The administration of *tsudosan* led to a quick alleviation of the headache and 2 months later the use of analgesics had decreased to half its former frequency. The frequency of the use of commercially available cathartic did not change, but upon combination with *daiobotampitpo*, she experienced from the following month onwards comfortable bowel movements and in association with this the use of analgesics decreased to the range between one and two tenths. Since the alleviation of the symptoms was also associated with improvements in the blood stasis findings of the tongue and abdomen, she continued to take this formula and gradually improved. She stabilized mentally too.

<Migraine, chronic continuous dysentery, yang deficiency, blood deficiency, blood stasis, liver depression and qi stagnation>

Case (8): age 35 years, female, pharmacist, visited in March YYYY

Chief complaint: headache, sense of coldness of the lower half of the body, constipation, insomnia, easy susceptibility common cold, menorrhagia

Present illness:

Since her high-school days she developed every afternoon a headache that radiated to the left temporal region and required in severe cases the use of commercial analgesics. Recently she has been under the impression that the effectiveness of the analgesics has decreased. Severe headaches occurring once or twice a month require that she takes to bed, but they seem not to be related to her menstrual cycle. Although she has sufficient energy, she lacks physical strength. When tired, the muscles of the right upper arm produce a dragging pain, after which she reports the development of pharyngeal pain and fever. She has been constipated since her youth with one bowel movement every 10 days, or 1-2 bowel movements per week, if she took 1.5 times the normal amount of senna. Serious of character. Previously the use of *tokakujokito* for constipation caused the onset of severe dizziness and headaches.

Findings upon first visit:

Average height and weight with a normal body temperature of 36.3°C, little facial expression and speech as if suppressing her voice. Menstrual cycle of approximately 30 days, containing blood clots, menorrhagia. The pulse was thin and wiry, the tongue dark red and moist with a white fur, engorged sublingual veins, presence of fullness, tenderness or discomfort of the hypochondrium, chilling of the epigastric region and tenderness on the left side of the naval.

Pattern: yang deficiency, blood deficiency, blood stasis, liver depression and qi stagnation

First prescription: *tokishigyakukagoshuyushokyoto*

Course:

The prolonged use of senna had led to chronic continuous dysentery and thereby induced blood

stasis, while the liver depression and qi stagnation was considered to prevent recovery. First, in order to relieve the chronic continuous dysentery *tokishigyakukagoshuyushokyoto* was chosen, the use of senna for the constipation discontinued and instead *Mashiningan* once daily prescribed. This also improved the effects of analgesics used for the treatment of the headache, the severity of which gradually decreased, but since their frequency did not change, they still caused anxiety. Bowl movements improved to once every three days.

Taking the medication over a period of half a year improved the sense of coldness of hands and feet, but the sense of exhaustion did not even improve with sleep and increasingly strong stress at work influenced also the pulse and abdominal findings, so that the prescription was switched to *yokukansankachimpihange*. Although the coagula in the menstrual blood disappeared and the menorrhagia improved, the patient suffered from severe headaches during the latter half of the menstrual cycle. Prescription after half a year: *yokukansankachimpihange* and *tokishakuyakusan* (each 2/3 of the dose).

After one month of treatment improvements of both the frequency and severity of the headaches were observed and after half a year the use of analgesics had become unnecessary and headaches were alleviated with single doses of *tokishakuyakusan*. By then the patient had comfortable bowl movements even without the use of *mashiningan* once every 1-2 days.

## Discussion

### 1. "Pain"

In Kampo medicine pain is considered to have the following causes. "For the activities of mind and body qi, blood, and water (bodily fluids) must circulate without excess or deficiency. However, when there are deficiencies in the functions of qi, blood, and water (bodily fluids) or a stagnation of

their flow preventing their even distribution pain will result." This may be caused by influence of the external world (six excesses) or emotions (seven emotions), exhaustion, unwholesome dietary habits and similar factors, variations in the body's internal environment or disorders caused by exogenous pathogenic factors.

The clinical aspects of headache too have to be considered depending on the pathologic condition. In other words, there are three different views of the condition, including the questions A) Is there a stagnation of qi, blood or water?; B) Is there be a deficiency of qi and blood or yin essence or else nutrients (nourishment)?; and C) Are there any mental factors leading to aggravation of the pain? These different aspects A, B and C do influence each other mutually and are often observed simultaneously. It is important to ascertain the real nature of the pathologic condition, but depending on the symptoms this may often prove to be difficult.

Yet, among these aspects the one mentioned und b) "presence of deficiency" (insufficiency) causes pain and is therefore called "deficiency pain". Qi and blood mutually generate each other and supplement shortages, so that states of deficiency continuing over extended periods of time will eventually result in deficiencies of both qi and blood. For this reasons pain that has become chronic, will also become refractory to treatment and the deterioration of the bodily environment and the ensuing insufficiency in pharmacokinetics may then possibly result in a decrease of the efficacy of analgesics.

Also, "chronic diseases inevitably are accompanied by blood stasis" and it is said, that "in the presence of blood stasis, treat this first". Therefore, in cases of chronic headache it is important to take blood stagnation = blood stasis also into consideration.

### 2. Types of headache and pathologic condition

Here I would like to discuss, adding a few

comments about the individual cases, the types of headache and their correlation to the patterns.

#### 1) Tension headache

Tension headache is characterized by a sense of tightening of the head with a heavy, dull kind of pain that continues typically on a daily basis and which is usually triggered by increased muscle tension or stress.

The heavy, dull pain is characteristic for a stagnation of water. It also resembles this condition in that it is alleviated by massage etc. The generation of moisture due to spleen deficiency is considered to be one of the distal factors and illustrated in the cases (1), (2) and (3). Improvement of all symptoms after administering Bukuryouin to patients visiting our clinic with headache and chronic gastritis is something we experience on a rather regular basis in our outpatient department. Again, a state of muscle tension can be considered to represent a state of malnutrition for the muscles themselves and considering that the spleen is supposed to nourish the skin and underlying flesh, relaxation of the muscles is an essential aspect of the treatment and suggests that there is some correlation between the state of the health of spleen and stomach on the one hand and tension headache on the other hand. Among these patients in particular case (2) was interesting, considering the fact that the effective prescription for single use varied depending on with the presence of gastrointestinal symptoms.

Moreover, in cases of blood deficiency the reactivity towards the pain decreased and these patients characteristically presented often with a mild, but nagging and continuous pain.

This resembles the pain of tension headache. When like in case No. 3 the condition was based on anemia, or in case No. 4 where the condition was triggered by a pregnancy, a post partum or post-menstrual headache should be considered.

Case No. 5 is an example of qi stagnation caused by the stress after employment.

#### 2) Migraine

Migraine is characterized by a throbbing pain occurring several times a month in form of attacks, associated with nausea, hypersensitivity towards light and sound and similar symptoms. Generally, compared to tension headache, the pain is severe.

Regarding severe pain there is a marked correlation with excess patterns. In cases of excess of the blood this manifests as blood stasis, while qi excess gives rise to qi stagnation or qi reversal. On the other hand, water in these cases often occupies the third space and causes quietly concealed infiltration. Therefore, it is considered that even in cases of excess there is no sudden rise in local internal pressure and thus severe pain. Naturally, if water were to be enclosed within cerebral ventricles or the capsule of surrounding tumors, it may come to excess condition in these restricted spaces producing severe pain. Also, the hyperesthesia's that often occur in conjunction with the migraine are a pathological condition in which the evil of an excess pattern is present and may easily imaginable trigger either locally or systemically an state of high tension, suggesting a correlation with the excess pattern.

Blood stasis is often responsible for locally fixed, stabbing or else lancinating pain, while qi stagnation often produces wandering pain that feels like stretching or swelling. In case No. 6 the "pain like being hit" is a form of lancinating pain often observed with blood stasis. The "pain as if a heavy stone lies inside" improved with treatment to regulate qi and thus is possibly related to qi stagnation. In this patient the treatment should probably have aimed from the beginning at expelling stasis and regulating qi.

In case No. 7 too blood stasis and qi stagnation induced symptoms were prominent and *tsudosan* proved to be markedly effective. The persistent



constipation required combination therapy with *daibotampitpo*, indicating that the nature of the headaches and constipation as well as the mental condition are important criteria for the treatment. Otherwise, I often experienced that during the therapeutic course following treatment of malignant tumors or treatment of collagen diseases and the like conditions migraine may develop and treatment were found to be markedly effective in cases complicated by agitation and constipation.

The cold deficiency of spleen and stomach induced by prolonged use of senna in case No. 8 led to the development of a yang deficiency. Since "Blood circulates by being warmed" coldness obstructs the circulation of blood. For chilling of the hands and feet in the presence of chronic continuous dysentery and blood stasis in the pelvis *tokishigyakukagoshuyushokyoto* is very effective. Moreover, circulation of the blood also requires the flow of qi. The stress at work impeded recovery from the blood stasis further and thus I focused on regulating qi once the coldness had been alleviated, but the treatment still required the use of *tokishakuyakusan* with its blood stasis expelling action to supplement the blood.

## Conclusion

Among the forms of chronic headache tension headache and migraine are frequently observed in the Kampo outpatient practice. I presented a few cases and discussed them briefly. I also offered one opinion pertaining to the characteristics of both conditions and their pathological conditions in the Kampo medical sense.

Combination of western medical diagnosis with TCM theory appears to be useful for providing the "individualized therapy" mentioned at the beginning recommended by the AHA. Integration of TCM theory into the therapy is considered to contribute also to the development of western medical care.