

Clinical Report 2 (Kampo Medicine)

Headache 3

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

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

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 bowl movement every 10 days, or 1-2 bowl 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 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 qi stagnation was considered to prevent recovery. First, in order to relief 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 formula prescription 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 *yokukansankachinpihange*. 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: *shakuyakukanzoto* (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 body fluids must circulate without

excess or deficiency. However, when there are deficiencies in the functions of qi, blood, and body fluid or a stagnation of their flow preventing their even distribution pain will result." This may be caused by influence of the six excesses or 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 body fluids?; B) Is there maybe 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 and b) "presence of deficiency" 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 reason 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 dampness. It also resembles this condition in that it is alleviated by massage etc. The generation of dampness 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 *bukuryoin* 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 months 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 rebellious qi. On the other hand, fluid 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 fluid 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 a 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

daibotanpito, 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 a 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.