

Migraine Triggers and Traditional Chinese Medicine Diagnosis - A Clinic-Based Study in Southern Taiwan

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Objective

To investigate the characteristics of migraine triggers and compare with Traditional Chinese Medicine (TCM) in a clinic-based sample in Southern Taiwan

Background

Many migraineurs experienced a number of triggers for headache, and recognizing triggers thus plays an important part for migraine treatment. Individualized triggers compared with TCM diagnosis was never studied before.

Methods

We recruited 109 migraine patients from a headache special clinic from May to September 2012. Twelve items of migraine triggers were in a self-administered questionnaire including stress, fatigue, relaxation, too much sleep, lack of sleep, food, hunger, alcohol, weather, wind blow to head, other sensory stimulation, and menstruation. Patients rated these triggers as never, sometimes or usually. We used "Terasawa Qi deficiency and Blood stasis syndrome scale" for TCM diagnoses.

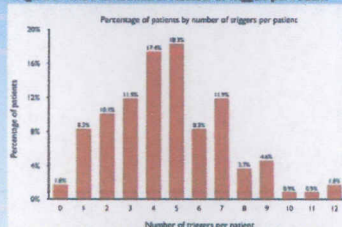
Results

- 98.2% patients had at least one trigger and on average with a mean of 4.7 trigger factors (Fig 1). The most common triggers were lack of sleep (78.0%), stress (70.6%), fatigue (70.6%), weather (56.0%), and menstruation (50.7% in menstruating women) (Fig 2 & 3). The frequency of hunger was only 9.0%, and wind blow to headache was as high as 46.8%.
- The TCM diagnosis showed that 62 (56.9%) migraineurs had "Qi deficiency", 15 (13.8%) had "Blood stasis", and 11 patients (10.1%) had both.
- The migraineurs with "Qi deficiency" had less triggers of relaxation and alcohol than those without; however, the mean number of triggers did not differ between those with and without Qi deficiency.
- Patients with "Blood stasis" were more correlated with "other sensory stimulation", and also had more triggers than those without (6.6 vs. 4.4, $p=0.002$, Mann-Whitney U test).

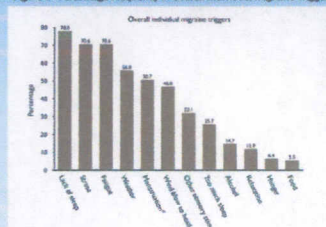
Conclusions

Our study demonstrated that the triggers for migraine are rather similar worldwide, but "hunger" might be less common in Taiwanese. TCM puts emphasis on "wind blow to head will cause headache", however, "wind blow to head" is neither correlated with Qi deficiency nor Blood stasis in our study. Avoiding triggers seems to be more important for "Blood stasis" than "Qi deficiency" migraineurs.

<Figure 1> The Distribution of Number of Triggers per Patient

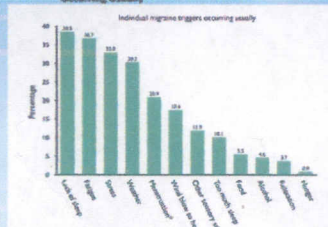


<Figure 2> Percentage Frequency of Overall Individual Migraine Triggers



"Menstruation" refers only to menstruating women (14/67)

<Figure 3> Percentage Frequency of Individual Migraine Triggers Occurring Usually



"Menstruation" refers only to menstruating women (14/67)

<Table 3> Comparing Triggers in Patients with Different TCM Diagnoses

	Qi Deficiency		p-value	Blood Stasis		p-value
	[1] N=37	[2] N=62		[3] N=99	[4] N=15	
Stress	30	47	0.174	64	13	0.222
Fatigue	31	46	0.350	68	12	0.546
Relaxation	10	3	0.009*	3	4	0.073
Too much sleep	13	15	0.682	21	7	0.059
Lack of sleep	37	48	0.871	71	14	0.183
Food	2	4	0.728	4	2	0.391
Hunger	4	3	0.462	5	2	0.247
Alcohol	11	5	0.025*	13	3	0.460
Weather	23	38	0.244	51	10	0.349
Wind blow to Head	26	25	0.120	41	10	0.097
Other sensory stimulation	17	10	0.429	25	10	0.005*
Menstruation	15	10	0.912*	27	7	0.562*

*Compared by χ^2 or Fisher Exact test; $p < 0.05$ were listed in bold red.

"Menstruation" refers only to menstruating women (N=67)