Compare Traditional Chinese Medicine Diagnosis between Episodic and Chronic Migraine

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Objective

To compare the Traditional Chinese Medicine (TCM) and ICHD-2 diagnoses between episodic migraine (EM) and chronic migraine (CM).

Background

Evidence showed the efficacy of acupuncture in treatment of migraine. However, the study of comparisons between western and TCM diagnoses of migraine is still lacking.

Methods

1. 99 migraine patients were recruited from a headache clinic from May to September 2012.
2. Migraine was diagnosed according to the ICHD-2 criteria.
3. Patients were classified into EM and CM; EM was further classified into migraine without aura (MO) and migraine with aura (MA).
4. Patients who had other superimposed secondary headaches were excluded.
5. Meridian questionnaire and "Terasawa Qi deficiency and blood stasis syndrome scale" were used for TCM diagnosis.

Results

<Table 1> 64 EM (including 49 MO and 15 MA) and 35 CM patients were enrolled.

<Table 2> "Shaoyang" is the most common affected meridian.

<Table 3 & 4> The susceptibility of "Qi deficiency" and score were significantly higher in CM than in EM groups, but did not differ between MO and MA. The prevalence of "Blood stasis syndrome" was similar between the two subgroups.

Conclusions

- From the viewpoint of TCM diagnosis, Shaoyang headache is the most common in migraineurs.
- Qi deficiency, but not blood stasis syndrome, occurred more commonly in patients with CM.
- Our finding reinforces ancient TCM theories: chronic diseases lead to Qi deficiency.

<Table 1> Demographic and Headache Characteristics of EM and CM Subjects

	EM, n=64	CM, n=35
Female (n, %)	59 (92.2)	30 (85.7)
Age (years)	39.8±12.3	42.7±14.3
Education (years)	12.2±3.9	10.2±3.0*
Body mass index	27.7±3.9	27.8±4.3
Onset age (years)	24.6±10.8	25.8±10.4
Disease duration (years)	14.8±9.6	18.3±12.0
MIDAS	19.7±13.6	50.4±26.9*

EM: episodic migraine, CM: chronic migraine, MIDAS: migraine disability assessment scale
*There are significant differences between EM and CM in education (p=0.009) and MIDAS (p=0.000, both by *t test*)

<Table 2> Distribution of Meridian Diagnoses among Each Subgroup

ICHD-2 \ Meridians	Shaoyang	Yangming	Taiyang	Jueyin
EM	45.3%	7.8%	26.6%	20.3%
CM	45.7%	0%	20.0%	34.3%
MO	46.9%	6.1%	26.5%	20.4%
MA	40.0%	13.3%	26.7%	20.0%

Shaoyang: TW-GB meridians, Yangming: LI-ST meridians,
Taiyang: SI-BL meridians, Jueyin: PC-LR meridians
EM: episodic migraine, CM: chronic migraine, MO: migraine without aura, MA: migraine with aura

<Table 3> Susceptibility of Qi Deficiency and Blood Stasis Syndrome between Each Subgroup

	Total		EM group	
	EM (%)	CM (%)	MO (%)	MA (%)
Qi Deficiency	42.2	80.0*	42.9	40.0
Blood Stasis	12.5	17.1	14.3	6.7

*The susceptibility of Qi deficiency syndrome in CM group is significantly higher than EM ($p < 0.001$, χ^2 *test*); and comparison of other subgroup did not show significant difference.

<Table 4> Qi Deficiency and Blood Stasis Score between Each Subgroup

	Total		EM group	
	EM	CM	MO	MA
Qi Deficiency	26.9±16.4	35.3±13.4*	26.9±17.2	26.9±13.9
Blood Stasis	11.0±14.3	7.8±9.2	12.0±15.6	8.0±8.8

* The Qi deficiency score was higher in CM than EM group ($p = 0.011$, *t test*); and comparison of other subgroup did not show significant difference.

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