



Bethune Oriental Medicine Center

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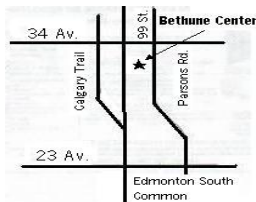
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Business Hours:

Mon., Wed. & Fri.	9 AM-6 PM
Tue. & Thu.	9 AM-7 PM
Saturday	10 AM-4 PM
Sunday/Holiday	1 PM-4 PM



You can take Bus 70, drop off at 32 Ave.

Migraine Rehabilitation

Migraine is a biological disease that affects more than 30 million Americans. With better diagnosis and with reporting of this disease on the rise, an almost 60 percent increase in prevalence of Migraine over the past decade has been noted. Migraine is a neurological, and oftentimes hereditary, disease. Migraine is typically characterized by severe, recurring head pain, usually located on one side of the head and one or more of the following associated symptoms: nausea; vomiting; and increased sensitivity to light, sound and smell. Other associated symptoms may include lightheadedness, diarrhea and scalp tenderness.

Migraine needs a multifactorial approach to manage: preventive treatment, trigger management, abortive treatment, and general pain management.

For prevention, medications prescribed include beta-blockers, antidepressants, calcium channel blockers, Methysergide or Divalproex Sodium (Depakote). Divalproex Sodium is probably the most promising of the preventive regimens currently available for Migraine. This drug was originally developed for Epilepsy; a disease often referred to as a sister disorder to Migraine, prescribed in much smaller doses when used to treat Migraine thus lessening the mild side effects.

The non-drug preventive treatment include the use of Petasites Hybridus, Feverfew Leaf, Vitamin B2 supplements, and Magnesium.

Trigger management is important in preventing Migraine attacks. Triggering factors, such as stress or cold can cause Migraine, and if recognized and/or avoided, may impede an impending attack. However, triggers vary from person to person.

The medicine to abort migraine attack may be administered by subcutaneous, oral, rectal, or intramuscular means. These medications include ergotamine tartrate, digydroergotamine (Migranal, DHE45), sumatriptan (Imitrex), naratriptan (Amerge), rizatriptan (Maxalt), zolmitriptan (Zomig), eletriptan (Relpax), frovatriptan (FROVA) and isometheptene mucate (Midrin). Maxalt and Zomig both come in a melting tablet version you can take without water, which is very convenient for early intervention for an oncoming severe attack when you may not be able to make it to a restroom, for example, during air travel, a class or meeting.

General pain management may include the prescription of narcotic analgesics which act on the central nervous system and alter the patient's perception of pain. These drugs generally relieve pain. However, because they are narcotic, they may be addictive, and such usage should be done in an appropriate manner to return a reasonable quality of life for the intractable Migraine sufferer.

These medications include Fiorinal with codeine, codeine, Percodan, Demerol, Tylox, or methadone. In addition, there are some strong non-narcotic analgesics that are very effective too, such as Midrin or Fiorinal.

NSAIDs (non-steroidal anti-inflammatory drugs) act by inhibiting blood vessel inflammation. NSAIDs are not specific, do not treat associated Migraine symptoms, and can cause gastrointestinal disturbances. These medications include naproxen, ibuprofen and ketorolac. You will notice that some of these over the counter NSAIDs have been repackaged to target our disease demographic such as Advil Migrain, although these NSAIDs may look like a new Migraine OTC, they are not rather an effective OTC treatment for use with mild to mild-to-moderate Migraines for some Migraine sufferers.

Data source: <http://www.migraines.org/>

Herbal therapy for migraine

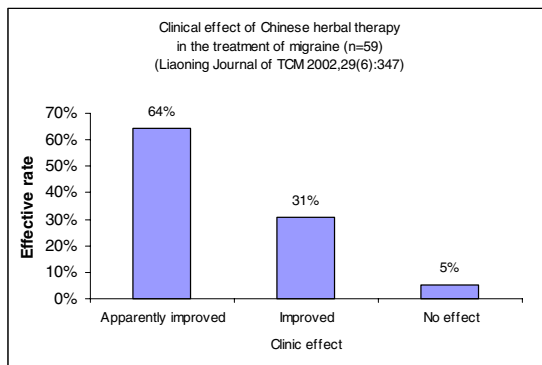
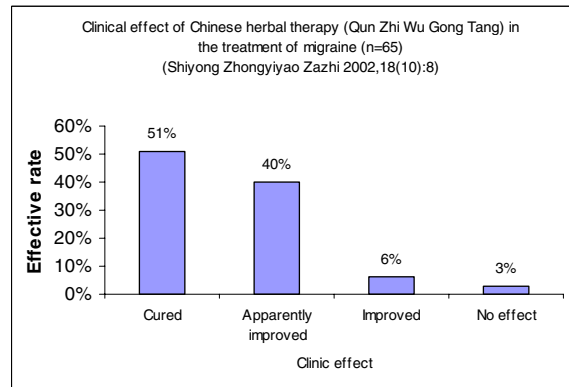
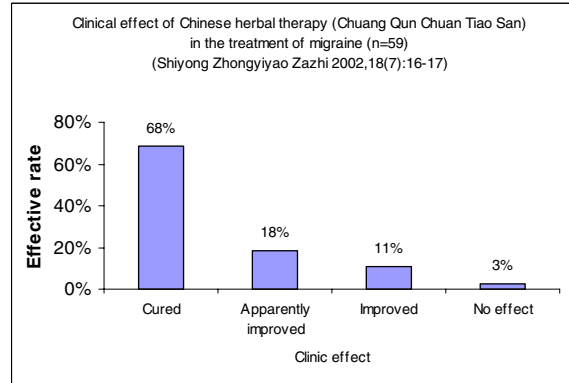
In Traditional Chinese Medicine, migraine is classified into several patterns according to the clinic symptoms, observation on tongue and assessment on pulse, such as the pattern of Liver stagnation, Liver fire, Liver yang extra, Qi deficiency, Blood deficiency, Qi Stagnation, Blood stagnation, Phlegm accumulation, and Kidney yin deficiency.

Herbs used in these Chinese herbal therapy are the following, just name a few. They have been studied clinically quite effective to kill pain, or able to prevent the onset of migraine.

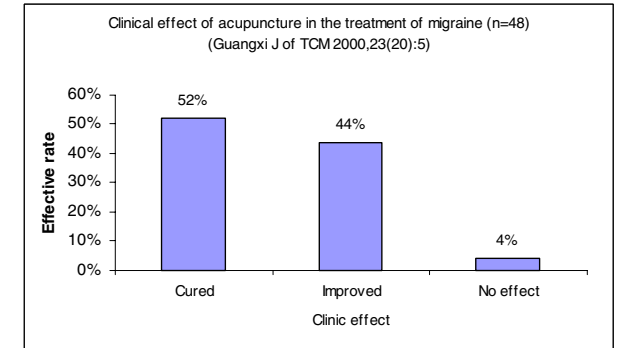
Tian Ma-----Gastrodia
 Chi Shao -----Peony Red
 Gou Teng -----Uncaria
 Huang Qin-----Scutellaria
 Bai Zhi -----Angelica
 Xi Xin -----Wild Ginger
 Bai Shao -----White Peony Root
 Tu Si Zi -----Cuscuta
 Ye Jiao Teng-----Polygonum Stem
 Pao He -----Mentha
 Cheng Pi -----Citrus

In one study, 59 patients with migraine were treated with herbal therapy (ingredients of herbs for each patient could be somehow variable according to the condition of the patient). Totally 64% of the patients have their symptoms much improved.

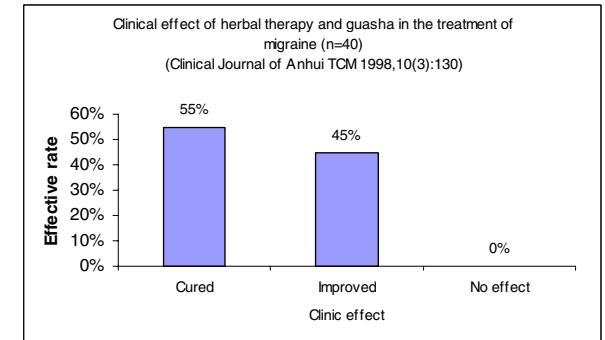
In another study, with the use of the herbal therapy, named Chuang Qun Cha Tiao San, a total 68% patients get cured for their migraine. (The index for cure, much improved, improved, or no effect in each study could be different).



In one study, 48 patients with migraine were treated with acupuncture. Total effective rate was 96% and a cure rate, 52%.



Various therapies are also usually combined for the treatment of migraine. With the combination of herbs and Guasha therapy, a total 56% cure rate was also reported.



Acupuncture

Acupuncture is also commonly used for migraine treatment. Especially for acute onset of migraine, acupuncture helps to kill the pain or reduce the pain dramatically. The mechanism by which acupuncture reduces pain has also been well studied.

Folk therapies

There are many folk therapies used by Oriental people to kill the pain due to migraine. Here are just some of them:

- (1). Make juice from fresh white carrot. Mix the juice with little bit of borneol (Binpian). Grind it. Use cotton to dip little bit and insert into the nostril of the opposite side of head of migraine.
- (2). Put a piece of garlic on naval. Perform moxibustion until there is garlic smell in the mouth of patient.