

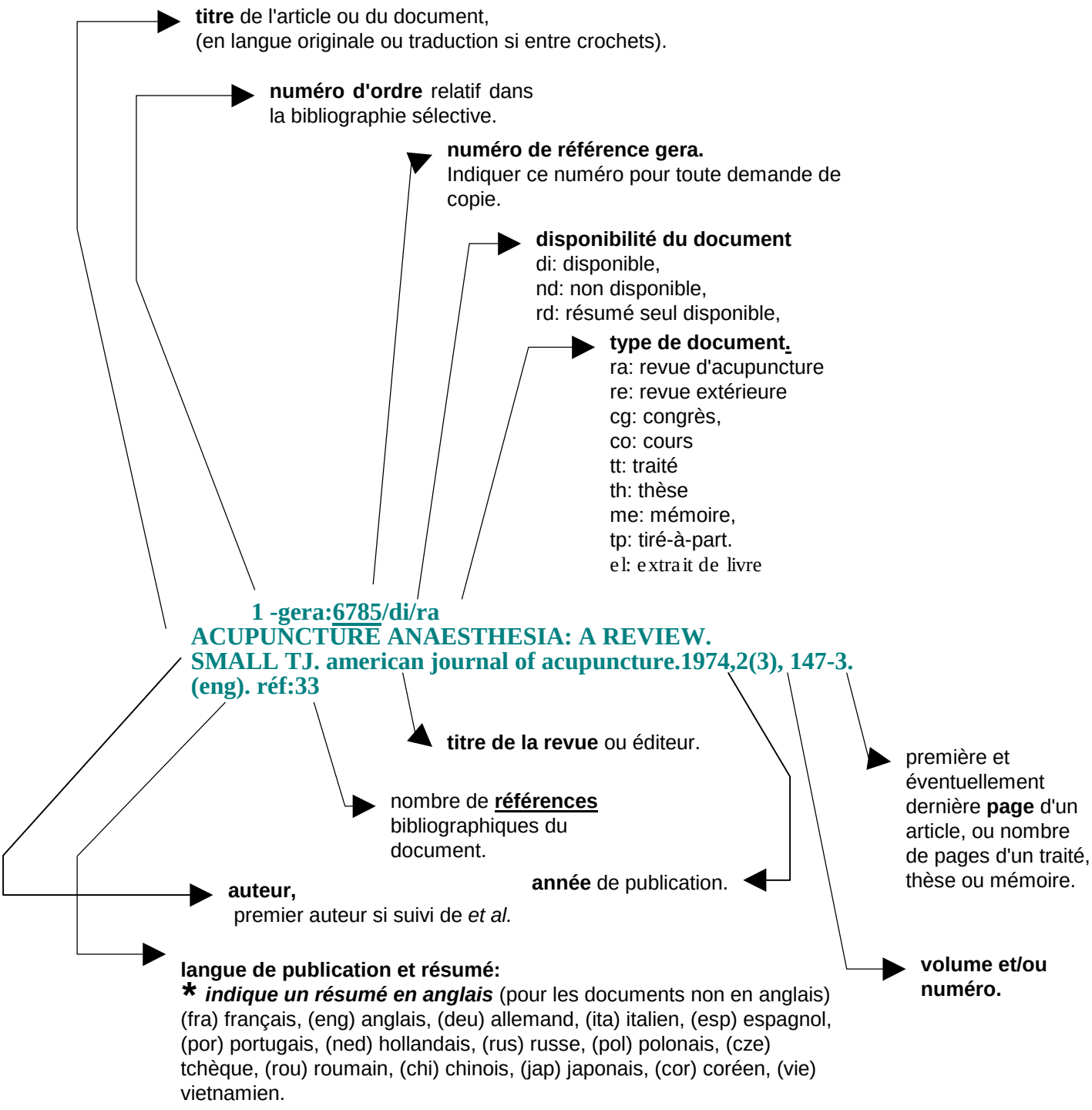
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1- gera: 1826/di/ra
CEPHALEE PAR ANEVRISME DE LA CAROTIDE INTERNE GUERIE PAR L'ACUPUNCTURE. GUILLAUME G. **revue internationale d'acupuncture.** 1953;5(3):9-10 (fra).

2- gera: 10109/di/re
L'ACUPUNCTURE EN FRANCE EN 1825. VAULTIER R. **presse medicale,paris.** 1956;64(78):1807 (fra).
Un extrait du traité de l'acupuncture de Dantu, publié en 1826, décrivant la technique utilisée par Cloquet, un des premiers promoteurs de l'acupuncture en France, dans le traitement des céphalagies, des douleurs rhumatismales et des contractures musculaires.

3- gera: 1748/di/ra
LA MIGRAINE, LE POINT DE VUE DE L'ACUPUNCTEUR. MALAPERT. **bulletin de la societe d'acupuncture.** 1960;36:37-43 (fra).

4- gera: 1716/nd/re
[TRAITEMENT DE LA CEPHALEE PAR ACUPUNCTURE]. MANN F ET AL. **med world.** 1963;173(ii):57 (eng).

5- gera: 1749/di/ra
UN CAS DE MIGRAINE. GRALL G. **bulletin de la societe d'acupuncture.** 1963;49:45-6 (fra).
Observation d'un cas de céphalée avec dissociation du pouls foie et vésicule biliaire.

6- gera: 18701/di/ra
CEPHALALGIES CERVICO-OCCIPITALES. DESCARTES J. **nouvelle revue internationale d'acupuncture.** 1966;1:37-40 (fra).

7- gera: 2171/nd/ra
TRAITEMENT DE LA MIGRAINE PAR ACUPUNCTURE. GRUNWALD. **nouvelle revue internationale d'acupuncture.** 1969;12:73 (fra).

8- gera: 2169/di/ra
LES MIGRAINES (ACUPUNCTURE PRATIQUE). X. **acupuncture.** 1970;24:27-30 (fra).

9- gera: 1768/di/el
CEPHALEES. NGUYEN VAN NGHI. **pathogenie et pathologie energetique en medecine chinoise.** 1971;:685-6 (fra).
Forme clinique des céphalées (Vide/Plénitude) et traitement.

10- gera: 1838/di/ra
CEFALEA POR ANEURISMA DE LA CAROTIDA INTERNA CURADA POR LA ACUPUNTURA. GUILLAUME G. **revista argentina de acupuntura.** 1971;26:23-4 (esp).

11- gera: 2173/di/ra
[ACUPUNCTURE ET CEPHALEE]. PINET C. **rivista italiana di agopuntura.** 1972;12:23-7 (ita).

12- gera: 18667/nd/ra
CEPHALEES D'ORIGINE ENERGETIQUE EN MEDECINE CHINOISE. NGUYEN VAN NGHI. **nouvelle revue internationale d'acupuncture.** 1972;24:365-76 (fra).
1) La circulation énergétique au niveau de crâne. 2) Pathogénie. 3) Principes de traitement. 4) Formes cliniques des céphalées : Plénitude (classées selon la localisation) et vide. (ARTICLE ARRACHE DE LA REVUE)

13- gera: 1828/di/ra
OBSERVATION CLINIQUE (CEPHALEE). X. **cliniques d'acupuncture.** 1973;17: (fra).

14- gera: 1702/di/ra
ACUPUNCTURE FOR THE TREATMENT OF HEADACHE. A PRELIMINARY REPORT. LAWRENCE RM. **american journal of acupuncture.** 1974;2(2):105-8 (eng).
Traitement de 100 patients selon une sémiologie occidentale et "selon les pouls".

15- gera: 1714/di/ra
TREATMENT OF HEADACHE EMPLOYING ACUPUNCTURE. LEE GTC. **american journal of chinese medicine.** 1974;2(3):341 (eng).
In this article, the etiology and acupuncture treatment methods for various forms of headache according to both traditional and contemporary Chinese formulations is presented.

16- gera: 1715/di/ra
THE EFFECT OF ACUPUNCTURE ON MIGRAINE HEADACHE. KIM KC ET AL. **american journal of chinese medicine.** 1974;2(4):407-11 (eng).
Twenty-one females and 4 males were referred by physicians (family physician, neurosurgeon, and neurologist). Nine needles were inserted on the charted acupuncture loci and left for 30 minutes and followed for 6 months. Frequency of headaches and duration was reduced 68% and 60% respectively. Sixty-eight percent of patients were improved enough to stop their use of medication after the treatment. Twelve out of 28 patients were completely well. Common symptoms of migraine headaches such as vomiting, bed rest, absence from work was reduced by

17- gera: 2258/di/ra
[DESCRIPTION EXACTE DE LA TECHNIQUE UTILISEE DANS UNE MODIFICATION INTERESSANTE DE L'ACUPUNCTURE]. MANNHEIM EP. **american journal of acupuncture.** 1974;2(2):120-46 (eng).
Description point par point d'une technique utilisée avec succès dans le traitement des claquages musculaires, des spasmes musculaires, des céphalées, dans l'ostéoarthrite dégénérative et dans les contusions.

18- gera: 1703/di/ra
THE TREATMENT OF HEADACHES EMPLOYING ACUPUNCTURE. CHENG ACK. **american journal of chinese medicine.** 1975;3(2):181-5 (eng).
Traitement de 33 patients par électro-acupuncture. 3 à 16 séances. 6VB, 20VB, 8E, 2V, 23VG, Yin Tang, Tae Yang. Eventuellement points auriculaires.

19- gera: 1704/di/ra
THE ACUPUNCTURE TREATMENT OF HEADACHES. KAJDOS V. **american journal of acupuncture.** 1975;3(1):34-38 (eng).
The author reports his results in the treatment of 309 patients suffering from several types of headaches. He explains the cause and symptoms of this affliction and describes various point combinations found effective. Without resorting to drug therapy, very good results were achieved with acupuncture in 44 percent of the patients, while substantial improvement was seen in 42 percent.

20- gera: 1707/di/ra
ACUPUNCTURE MODE OF ACTION IN MIGRAINE HEADACHE. KIM SS. **american journal of acupuncture.** 1975;3(2):108-14 (eng).
This treatise is intended to elucidate a possible mode of action of acupuncture in relation to mlgraine headache. Discussed briefly are the hypothesis of headache mechanism as stated by Diamond and Dalessia, and the Defense Mobilization and Tissue Regeneration Theory, by Platt, for the general mode of action of acupuncture. Both involve vasoactive substances. The present hypothesis integrates two theories in explaining the treatment of

21- gera: 1708/di/ra
ACUPUNCTURE FOR MIGRAINE PROPHYLAXIS : A PROSPECTIVE CLINICAL STUDY WITH SIX MONTHS

FOLLOW-UP. LAITINEN J. **american journal of chinese medicine.** 1975;3(3):271-74 (eng*).
Etude clinique sur 39 patients. 2V + 4GI, 5 séances, 1 séance par semaine. 92 % d'amélioration immédiate. 6 mois après retour à l'état antérieur dans 54 %.

22- gera: 1717/co/cg
[EFFETS DE L'ACUPUNCTURE DANS LA CEPHALEE TENSIVE]. JOHANSSON V ET AL. **proc int assoc swd pain,firenze.** 1975;: (eng).

23- gera: 1742/di/ra
RYODORAKU THERAPY FOR MIGRAINE HEADACHE. OKAZAKI K ET AL. **american journal of chinese medicine.** 1975;3(1):61-70 (eng).
The authors discuss ryodoraku electric acupuncture therapy in detail in Part I. The results of the treatment of migraine headache (20 cases) by Ryodoraku therapy were investigated in Part II. In the present study, 15 out of the 20 patients achieved good to excellent responses to this type of therapy.

24- gera: 2176/di/ra
LES COMPLICATIONS DE LA RACHICENTESE. FRANGIPANE R. **mensuel du medecin acupuncteur.** 1975;17:255-8 (fra).

25- gera: 6400/di/ra
TWO-YEARS ACUPUNCTURE FOLLOW-UP STUDY ON 182 CHRONIC PAIN PATIENTS. MAN PL ET AL. **american journal of acupuncture.** 1975;3(2):143-6 (eng).
One of the criticisms of acupuncture is its lack of long-term follow-up studies relative to its effectiveness. The authors conducted a two-year follow-up study on 182 chronic pain patients suffering from low back pain, migraine, trigeminal neuralgia, myositis, arthritis, radiculopathy, and so on. The results are as follows: no improvement 25,3%, improved 74,7% (mild improvement 6,6%, moderate improvement 15,9%, marked improvement 27,4% and asymptomatic 25,8%). 182 patients souffrant de lombalgie, migraine, névralgie faciale, myosite, etc... pas d'amélioration : 25,3 %,

26- gera: 17463/nd/re
[NEEDLE THERAPY IN NEUROLOGY]. DOM AL. **neurol neurochir.** 1975;9(6):681-5 (pol*).
The term "needle treatment" has been used by the author for designation of all analgetic procedures in which the skin receptors are stimulated by insertion of needles. Acupuncture and its modification proposed by the author fall into this category. In the new method needles are inserted into painful points and 0.1-0.2 ml of 10% sodium chloride solution is injected. The method is used for treatments of pain in ischalgia, facial neuralgia and shoulder pains and in refractory, so-called idiopathic headaches. The author describes three neural mechanisms participating in pain inhibition by means of peripheral receptor stimulation.

27- gera: 26117/di/el
HEADACHE. X. **in the manual of china's current acupuncture therapy,medecine and health publishing.** 1975;:216. (eng).

28- gera: 1684/di/re
L'AGOPUNTURA NELLA PRATICA QUOTIDIANA. IN TEMA DI CEFALEA. QUAGLIA SENTA A. **minerva medica.** 1976;67(57):3757-62 (ita).
Revue de l'étiopathogénie et traitement par acupuncture selon Soulié de Morant.

29- gera: 1687/nd/re
[ACUPUNCTURE THERAPY IN SIDE EFFECTS OF PNEUMOENCEPHALOGRAPHY]. HAKAMIES L ET AL. **duodecim.** 1976;92(3):127-131 (fin).

30- gera: 1688/di/re
TREATMENT OF HEADACHE PAIN WITH AUTO-ACUPRESSURE. KURLAND HD. **diseases of the nervous system.** 1976;37(3):127-9 (eng).
Traitement de 200 patients par acupression au niveau des points Tae Yang, 4GI et 7P.

31- gera: 1699/nd/ra
LES MAUX DE TETE. RANGE JP. **acupuncture.** 1976;49:11 (fra).

32- gera: 1705/nd/re
[ESSAI D'UTILISATION DE L'ACUPUNCTURE DANS LES DOULEURS D'ORIGINE FONCTIONNELLE DE LA TETE]. SACHSENWENGER R ET AL. **deutsch gesundh wes.** 1976;31(35):1646 (deu).

33- gera: 1732/di/ra
DIAGNOSE UND AKUPUNKTUR FUR MIGRÂNE. GRAAF HR. **akupunktur.** 1976;3:122 (deu).
[LA MIGRAINE : DIAGNOSTIC ET TRAITEMENT PAR ACUPUNCTURE].

34- gera: 1739/di/ra
LE PROBLEME DES CEPHALEES EN ACUPUNCTURE. LAVAL J. **meridiens.** 1976;35-36:71-96 (fra*).

35- gera: 1794/di/re
EFFECT OF ACUPUNCTURE IN TENSION HEADACHE AND BRAINSTEM REFLEXES. JOHANSSON V ET AL. **in bonica jj et al,advances in pain research and therapy,raven press,new york.** 1976;:839-41 (eng).
Etude chez 33 patients. Acupuncture (4GI) contre point placebo (1 cm à côté). Différence significative en faveur du point d'acupuncture.

36- gera: 2174/di/ra
[TRAITEMENT DES CEPHALEES PAR ACUPUNCTURE]. IONESCU-TIRGOVISTE C ET AL. **rivista italiana di agopuntura.** 1976;25:13-8 (ita).
Traitement selon la symptomatologie (affection gynécologique associée, météosensibilité, manifestation allergique, facteur psychique, localisation...). 5 à 25 séances. 70 % de bons résultats.

37- gera: 2318/di/ra
[CEPHALEE ET AURICULOTHERAPIE]. PRIVITERA P. **auricular-medicine and acupuncture physician.** 1976;4(10-12):25-28 (eng).

38- gera: 6435/di/ra
[L'ACUPUNCTURE DANS LA DOULEUR CHRONIQUE]. SPOEREL WE. **american journal of chinese medicine.** 1976;4(3):267-79 (eng).
Une série de 10 séances quotidiennes d'acupuncture est réalisée chez 200 patients avec douleur chronique ; le résultat est évalué à la fin du traitement et 2 mois après. Chez 38 patients avec céphalées chronique, 81 % sont améliorés, mais un seul n'a plus de douleur 2 mois après. Chez 169 patients avec d'autres douleurs chroniques, 99 cas d'amélioration ou disparition de la douleur après le traitement. Cet effet persiste à 2 mois dans 69 cas. 13 % des patients ne répondent pas à l'acupuncture et 26 % n'ont qu'un résultat transitoire, un traitement quotidien est plus efficace qu'un traitement hebdomadaire ou bi-hebdomadaire. Les douleurs du cou, de l'épaule ou des lombes répondent le mieux à l'acupuncture ; les douleurs faciales ou du tronc (séquelles de zona) le moins.

39- gera: 6439/nd/re
THE RESULTS OF THERAPEUTIC ACUPUNCTURE IN A PAIN CLINIC. YAMAUCHI N. **canadian anaesthesists society journal.** 1976;23(2):196-206 (eng).
Acupuncture has been used to treat various conditions of chronic pain in a pain clinic. Six hundred and six acupuncture treatments were administered within the space of 12 months to 72 patients who had not responded well to conventional treatment. At completion of the acupuncture treatments 19

patients showed marked improvements, 20 showed improvement and 21 transient improvement. Long-term results were also investigated at a mean of four months after the final treatment. The results of this follow-up study showed marked improvement in 11 patients and improvement in 20 others. In terms of conditions treated, best responses were obtained in patients with musculo-skeletal disorders, degenerative or osteoarthritis and

40- gera: 13637/nd/re
MANAGEMENT OF FACIAL PAIN AND HEADACHE USING ACUPUNCTURE (letter). LOW SA. **medical journal of australia.** 1976;1(6):173-4 (eng).

41- gera: 1694/di/re
EFFECT OF ACUPUNCTURE ON MYOGENIC HEADACHE. JENSEN LB ET AL. **scand j dental res.** 1977;85(6):456-70 (eng).
Traitement de 21 patients. 41VB en stimulation mannuelle pendant 20 minutes. 1 seule séance. 60 % des patients ont une amélioration pendant une période de 1 à 4 mois.

42- gera: 1695/di/re
TREATMENT OF HEADACHE WITH AUTO-ACUPRESSURE. KURLAND HD. **curr psychiatr therap.** 1977;17:271 (eng).
Traitement de 200 patients par acupression au niveau des points Tae Yang, 4GI et 7P.

43- gera: 1696/di/re
LE CEFALEE ESSENZIALI. TRATTAMENTO CON AGOPUNTURA IN QUINDICI CASI VENUTI ALLA NOSTRA OSSERVAZIONE. BRUNI ET AL. **minerva medica.** 1977;68(56):3807-8 (ita).
[ESSENTIAL HEADACHES. TREATMENTWITH ACUPUNCTURE IN 15 CASES UNDER OUR OBSERVATION]. Traitement de 15 patients non améliorés par les traitements conventionnels. 1V, 10V, 59V, 64V, 1VB, 8VB, 38VB, 1E, 36E et 4GI associés aux points auriculaires (Shenmen et points 0).

44- gera: 1697/di/ra
TREATMENT OF CLUSTER HEADACHE BY ACUPUNCTURE. KO HINGGWAN. **american journal of acupuncture.** 1977;5(2):169-71 (eng).
The case history of a 38-year-old woman suffering from intractable cluster headache is reported. After a variety of orthodox treatment methods had failed, she was successfully treated by acupuncture, resulting in a complete

45- gera: 1698/di/ra
HEADACHE : TREATMENT WITH ACUPUNCTURE AND NUTRITION. KHOE WH. **american journal of acupuncture.** 1977;5(2):151-4 (eng).
Using various acupuncture modalities such as ultrasound acupuncture, aquapuncture, electroacupuncture, needle acupuncture, and auricular acupuncture, it is possible to effectively treat a wide variety of headache symptoms, such as temporal headache (migraine type), frontal headache, occipital headache, vertex headache, whole headache, and others. Practical hints for diagnosis and therapy, and proven acupuncture point combinations are

46- gera: 1700/di/re
UNKONVENTIONELLE THERAPIEVERSUCHE BEI CHRONISCHEN KOPFSCHMERZEN. RODIEK S O. **therapiewoche.** 1977;27(7):1251-3 (deu).
92 % d'amélioration chez 39 migraineux.

47- gera: 1706/di/re
MULTIFAKTORIELLE THERAPIE DES CHRONISCHEN SCHMERZES OHNE ORGANBEFUND AM BEISPIEL DES CHRONISCHEN KOPFSCHMERZES. GROSS D. **therapiewoche.** 1977;27(10):1856-68 (deu).
L'ordre fonctionnel du système nerveux serait déterminant pour le diagnostic et le traitement multifactoriel de la céphalée chronique, l'origine de la douleur pouvant se situer à la périphérie du système nerveux, au niveau des trajets somatiques ou neuro-végétatifs ; au niveau de la moelle ou du cerveau, l'indication psychique était un facteur supplémentaire de complications. L'acupuncture figure en première place dans le tableau de l'efficacité des différentes mesures thérapeutiques, elle est considérée comme moyen d'effacement d'une irritation nerveuse par la contre irritation que représente l'insersion des aiguilles (avec ou sans stimulation électrique).

48- gera: 1733/di/ra
[ACUPUNCTURE EN RDA : EXPERIENCE DE L'UTILISATION DE L'ACUPUNCTURE DANS LES CEPHALEES FONCTIONNELLES]. SACHSENWENGER R ET AL. **akupunktur.** 1977;2:69 (deu).

49- gera: 1738/di/ra
ROLE THERAPEUTIQUE DU 2OVB DANS LE TRAITEMENT DE QUELQUES FORMES DE CEPHALEES. BIZZI B. **mensuel du medecin acupuncteur.** 1977;46:241-3 (fra).

50- gera: 1744/di/ra
TREATMENT OF CLUSTER HEADACHE BY ACUPUNCTURE. KHO HING GWAN. **american journal of chinese medicine.** 1977;5(1):91 (eng).
The case history of a thirty year-old woman with cluster headache is reported. After various methods of treatment had failed, she was treated by acupuncture.

51- gera: 1765/di/el
[CEPHALEES]. X. **in barefoot doctor's manual.** 1977;:222-6 (eng).
1) Les céphalées en médecine occidentale. 2) Formes cliniques des céphalées en acupuncture (cephalées externe, Yang du Foie et Vide des Reins). 3) Traitement par "Nouvelle Acupuncture" (fonction de la topographie). 4) Traitement par massage. 5) Traitement par phytothérapie des différentes formes cliniques.

52- gera: 1766/di/el
[MIGRAINE]. X. **in barefoot doctor's manual.** 1977;:399-400 (eng).
Traitement par "Nouvelle Acupuncture" et "Phytothérapie".

53- gera: 1770/di/ra
[CEPHALEES]. X. **in treatment of 100 common diseases by new acupuncture.** 1977;:6O (eng).
Protocoles selon différentes techniques (acupuncture, auriculothérapie, ventouse et fleur de prunier, craniopuncture) sur la base du Zhen Jiu Xue. de Shanghai.

54- gera: 1772/di/el
[CEPHALEES]. SHUI WAE. **in a research into acupuncture and its clinical practice,commercial press,hong kong.** 1977;:80-2 (eng).

55- gera: 1785/di/re
EEG CHANGES IN MIGRAINE PATIENTS TREATED WITH ACUPUNCTURE. TSIKALOVA R ET AL. **electroencephalography and clinical neurophysiology.** 1977;42(4):590. (eng).

56- gera: 1790/di/ra
[TRAITEMENT DES DOULEURS DE LA TETE]. SHIH-CHING LEE. **in basic acupuncture:a scientific interpretation and application,taipei.** 1977;:119-22 (eng).

57- gera: 17398/nd/re
GIBT ES BEGRUNDBARE ANWENDUNGSM OGLICHKEITEN FUR DIE AKUPUNKTUR BEI GESICHTS- UND KOPFSCHMERZEN?. LEICHER H ET AL. **laryngol rhinol otol (stuttg).** 1977;56(5):387-96 (deu).
[ACUPUNCTURE FOR PAINS OF THE FACE AND THE HEAD IS THERE ANY REASONABLE APPLICATION?]. The

physiological bases of the treatment with acupuncture as well as its practical application in pain therapy were discussed at the meeting of the ORL-Society of Munich on the 4th December, 1976.

58- gera: 17404/di/re
[EFFECT OF ACUPUNCTURE ON THE PNEUMOENCEPHALOGRAPHIC DISTRESS SYMPTOMS]. SAKIO H ET AL. **masui.** 1977;26(8):918-21 (jap*).
Pneumoencephalography is one of the most valuable and diagnostic methods in the neuro-surgery field surgery field. This procedure usually causes severe headache, nausea, vomiting and some other vexing symptoms during and after this procedure. These symptoms were thought to be inevitably accompanied with this procedure. Therefore, we have tried to suppress these symptoms with an aid of the acupuncture. The acupuncture points used were bilateral Ho-Ku, Nai-Kuangand Tsu-San-Li and the needle electrode was connected with the electrical negative pole. The wave form was spike-shaped, deflecting to both positive and negative. The frequency way 3 Hz. The current was elevated up to 2.0 -2.5 mA at the end of this examination. It was concluded that the acupuncture diminished the symptoms definitely. Although the mechanism of the acupuncture is not fully understood, a possible explanation is made employing a hypothesis of some mechanisms in the reticular formation

59- gera: 17405/nd/re
[DIE OHR-AKUPUNKTUR DES KOPFSCHMERZES. ELSEN HG. **zfa (stuttgart).** 1977;53(30):1863-4 (deu).
[EAR-ACUPUNCTURE IN HEADACHE].

60- gera: 17407/nd/re
ACUPUNCTURE IN THE MANAGEMENT OF HEADACHE. NEMEROF H. **j am osteopath assoc.** 1977;76(9):699-701 (eng).

61- gera: 18331/di/ra
TREATMENT OF CLUSTER HEADACHE BY ACUPUNCTURE. GWAR KH. **american journal of chinese medicine.** 1977;5(1):91-4 (eng).
The case history of a thirty year-old woman with cluster headache is reported. After various methods of treatment had failed, she was treated by acupuncture.

62- gera: 1675/nd/re
ESTUDIO COMPARATIVO DE LOS TRATAMIENTOS FARMACOLOGICOS Y POR ACUPUNTURA TRAS PUNCION DE LA DURA MADRE. RODRIGUEZ Y ROA EG ET AL. **rev mex anestesiol.** 1978;3:141 (esp).
Comparaison des résultats de l'acupuncture somatique et auriculaire à ceux du traitement phamacologique.

63- gera: 1689/di/re
KLINISCHER BEITRAG ZUR WIRKSAMKEIT DER AKUPUNKTURBEHANDLUNG. BAUST W. **therapiewoche.** 1978;28(48):9416-20 (deu).
Traitement de 44 malades migraineux. 23 par acupuncture et 21 par acupuncture placebo. Résultat similaire au traitement médical.

64- gera: 1691/nd/re
AKUPUNKTURBEHANDLUNG DER MIGRANE IM DOPPELBLINDVERSUCH. BAUST W ET AL. **medizinische welt.** 1978;29(16):669-73 (deu).
Dans cet essai en double aveugle, pratiqué sur 44 malades par des non-spécialistes d'acupuncture, l'effet thérapeutique de 50 % de très bons résultats est attribué par les auteurs à un effet de suggestion, non spécifique, la puncture placebo ayant les mêmes résultats que la puncture vraie.

65- gera: 1692/di/ra
TREATMENT OF MIGRAINE HEADACHE WITH ACUPUNCTURE. HART BF. **american journal of acupuncture.** 1978;6(1):73-4 (eng).
Migraine, primarily a tension headache is believed to result from continued muscle contraction which causes distention of the blood vessels in the brain. This report discusses results obtained with acupuncture therapy in the treatment of patients suffering from migraine headaches resulting from a variety of causes. A modified acupuncture technique is employed, permitting the use of fewer acupuncture points and a reduced number of treatments.

66- gera: 1693/di/ra
LONG-TERM EFFECT OF ACUPUNCTURE THERAPY ON HEADACHE. CHEN GS ET AL. **american journal of acupuncture.** 1978;6(1):23-32 (eng).
Recent studies concerning the use of acupuncture in treating headaches show that some authors believe that improvement is due to a placebo effect rather than an actual reduction of pain. In this study, questionaires were sent to patients following acupuncture therapy for headaches. Based on patient response, it was found that acupuncture treatment did result in long-term effects. For a majority of headache patients, the frequency, duration and severity of attacks decreased significantly. It is concluded that acupuncture therapy may possibly release endogenous morphine-like compounds in the blood vessels, dilating them and subsequently improve oxygen

67- gera: 1701/di/re
THERAPEUTIQUES ACTUELLES DES CEPHALEES. CREMIEUX ET AL. **semaine des hopitaux.** 1978;54(33-6):1055-8 (fra).
Envisagées sous l'angle de la pratique clinique, les mesures à opposer aux céphalées chroniques peuvent être du domaine symptômatique et étiologique ou à défaut physiopathologique. Les progrès dans les traitements symptômatiques résident d'abord dans l'utilisation raisonnée et graduée d'antalgiques purs, en surveillant les effets secondaires toxiques des drogues usuelles, et ensuite de l'efficacité assez notable de certains psychotropes. La découverte d'une étiologie donne une dimension spécifique au traitement : ici, anti-oedémateux cérébraux avec surtout le tétracosactides, test diagnostique pour les céphalées des tumeurs, là, psychotropes anti-dépresseurs ou tranquilisants, selon la variété du déséquilibre à corriger. Le groupe des migraines bénéficie toujours en crises de l'ergotamine d'utilisation nécessairement discontinue et à posologie limitée à 6 mg par jour et 10 mg par semaine. Pour le traitement de fond les drogues d'impact surtout périphériques et assez régulièrement efficaces sont dans l'ordre décroissant le méthysergide, les bêta-bloquants, le pizotifène, la cyproheptadine, l'oxétorone. D'autres médicaments ont un effet central, le Tiapridal, les IMAO trop négligés, le

68- gera: 1762/di/me
PHYSIOPATHOLOGIE ET TRAITEMENT DES CEPHALEES. MUNSCM JP. **memoire d'acupuncture,afa,paris.** 1978;47: (fra).

69- gera: 1763/di/me
METHODES D'APPROCHE DIAGNOSTIQUE CHEZ UN PATIENT CONSULTANT POUR CEPHALEES. KIENER E. **memoire d'acupuncture,afa,paris.** 1978;48: (fra).

70- gera: 1986/nd/re
AKUPUNKTUR BEI GLAUKOM. SOLD-DARSEFF ET AL. **klin monatsbl augenheilkde.** 1978;173(6):760-4 (deu).
[ACUPUNCTURE IN GLAUCOMA]. Following the principles of classical Chinese acupuncture we treated 18 patients suffering from glaucoma chronicum simplex. We did not see any significant alterations of intraocular pressure whereas we attained improvement of recovery in some functional diseases such as blepharospasm or migraine. In our opinion therapeutic acupuncture works as a masked suggestive therapy. It is useless in organic

71- gera: 2168/di/ra
[ROLE THERAPEUTIQUE DU 20VB DANS QUELQUES FORMES CLINIQUES DE CEPHALEES]. BIZZI B. **rivista italiana di agopuntura.** 1978;32:3-9 (ita).

72- gera: 2170/di/ra

[LES MAUX DE TETE]. OGAWA H. **rivista italiana di agopuntura.** 1978;32:15-6 (ita).
Traitement de 51 patients selon les syndromes traditionnels (non précisés). 41 cas avec amélioration nette (pour la moitié en 1 à 2 séances).

73- gera: 20109/nd/re
ACUPUNCTURE IN TREATMENT OF CHRONIC PAIN AND POST-LUMBAR PUNCTURE HEADACHE. ONE YEAR'S EXPERIENCE. LEE JH ET AL. **minnesota medicine.** 1978;61(7):429-30 (eng).
Traitement de 318 patients par acupuncture pour douleurs diverses, traitement selon les méthodes chinoises avec électrostimulation. Traitement initial de 6 séances, une séance par jour. Le traitement est poursuivi en cas d'amélioration. Un questionnaire est adressé 6 mois après le traitement, 84,6 % de réponses, 65 % de bons résultats. Parallèlement étude sur 30 cas de céphalées post-ponction lombaire. Une séance par jour au maximum 3 séances. Dans 29 cas disparition complète et permanente de la céphalée.

74- gera: 20111/di/re
POSSIBILITA TERAPEUTICHE DELL'ARTERITE TEMPORALE DI HORTON CON AGOPUNTURA. MILANI L ET AL. **minerva medica.** 1978;69:4335-41 (ita).
[THERAPEUTIC POSSIBILITIES OF ACUPUNCTURE IN HORTON'S TEMPORAL ARTERITIS. CONSIDERATIONS AND HYPOTHESES CONCERNING THE DERMATOMERIC THEORY]. Traitement de quelques cas par électroacupuncture et auriculothérapie. Discussion sur le mécanisme d'action.

75- gera: 37096/nd/re
ACUPUNCTURE IN HEADACHE. BISCHKO JJ. **res clin stud headache.** 1978;5:72-85 (eng).

76- gera: 70030/di/re
ACUPUNCTURE IN HEADACHE. BISCHKO JJ. **res clin stud headache.** 1978;5:72-85 (eng).

77- gera: 83761/nd/re
[MODIFIED ACUPUNCTURE IN THE TREATMENT OF PAIN]. KWASUCKI J ET AL. **neurol neurochir pol.** 1978;12(3):229-34 (pol*).
The authors report the results of treatment with a modification of acupuncture associated with chemical stimulation in 144 patients with painful radicular syndromes and headaches. In 57 cases sciatic pains were present, in 21 cases shoulder pains, in 20 migraine and in 46 vasomotor headaches. Permanent disappearance of pain, that is disappearance of pain during the procedure and lack of recurrence within several successive days, was obtained in about 40% of cases of radicular syndromes and in 62% of cases of headaches, early disappearance of pain for 3 to 48 hours after the procedure was obtained in 14% of radicular syndromes and nearly 26% headaches, while improvement, that is reduction of pain intensity, was achieved in 29. 5% of radicular pains and 3% of headaches, while in 15. 3% of cases of radicular syndromes and 9% of cases of headaches no improvement was observed. Both vasomotor headaches and neuralgia belong to the group of nervous system diseases in which pain is the basic and sole symptom, while treatment includes its removal. In these cases acupuncture is a valuable analgesic method. The presently reported results agree with those in the literature on the use of classical acupuncture and its modifications. It is worth stressing that insertion of needles into the traditional points used in classical acupuncture is without any greater importance was shown by the presently reported experiences (various points were used in the same case) as well as by the reports of other authors. The modification of acupuncture with addition of chemical stimulation has been tried by the authors for 4 years. A weak stimulus resulting from insertion of the needle and irritation of the nerve endings with concentrated sodium chloride acts similarly as mechanical or electrical irritation. The method is simple and completely safe.

78- gera: 298/di/ra
[LA SIGNIFICATION DU DIAGNOSTIC EN MEDECINE TRADITIONNELLE CHINOISE POUR L'EXERCICE DE L'ACUPUNCTURE ET LA PRESCRIPTION]. SCHNORRENBERGER CC. **akupunktur.** 1979;2:91-7 (deu).
1) Migraines . Externes : vent froid, vent chaleur, vent humidité ; internes : foie yang, vide rein, vide sang, glaire humidité, blocage du sang. 2) Vertiges. Déferlement du yang du foie, insuffisance coeur et rate, insuffissance rein inn, accumulation des glaires avec blocage du TR Moyen. 3) Vertiges labyrinthiques. Yang du Foie, blocage des glaires, foie et rein en insuffisance , syndrome mixte vide et plénitude, syndrome vide dominant, syndrome

79- gera: 1613/di/ra
CEPHALEES D'ORIGINE ENERGETIQUE. NGUYEN VAN NGHI. **mensuel du medecin acupuncteur.** 1979;63:83-90 (fra).

80- gera: 1618/di/cg
CEPHALEES ET MIGRAINES. NGUYEN TRONG XUAN. **1er seminaire de la saa,bordeaux.** 1979;:29 (fra).

81- gera: 1710/di/re
EFFECT OF ACUPUNCTURE ON HEADACHE MEASURED BY REDUCTION IN NUMBER OF ATTACKS AND USE OF DRUGS. JENSEN LB ET AL. **scand j dental res.** 1979;87(5):373-80 (eng).
The experiment was performed in order study the effect of acupuncture on headache by comparing the number of attacks during a 2 months period after acupuncture with the number of attacks during a similar period before treatment. Twenty-nine students age 19-24 years all suffering from headache filled out questionnaires nothing the days. After acupuncture this observation procedure was repeated. One group of 10 students, however received a placebo treatment instead of acupuncture but followed the identical, questionnaire procedure. After 120 days acupuncture was given to this second group without revealing that the first treatment was a placebo. This treatment was again followed by a 60-days observation period. Comparison of the questionnaires before and after acupuncture showed a significant reduction in the number of days with headache. The placebo treatment. resulted in a nonsignificant reduction in attacks of headache. A reduction in the amount of drugs used especially the acetylsalicylate type, was noted following the acupuncture treatment. It is concluded that acupuncture is a

82- gera: 1776/di/ra
TREATMENT OF MIGRAINE BY ACUPUNCTURE. MARCUS P. **acupuncture and electrotherapeutics research.** 1979;4(2):137-47 (eng).
Douze patients atteints de céphalées ou de migraines classiques furent traités par l'acupuncture, recevant en moyenne deux séances hebdomadaires pendant six semaines, ensuite par soins post-hospitaliers d'intervalles variant d'un à six mois. Après le début des soins, une réduction importante dans la sévérité et fréquence des crises de migraines fut constatée chez tous les patients à l'exception d'un. Cette amélioration continua pendant la durée des soins post-hospitaliers. Sept patients purent arreter le traitement anti-migraineux, et chez quatre les céphalées furent contrôlées par doses réduites. Trois des patients furent traités pendant une crise de migraine aiguë avec cessation quasi complète de la céphalée et nausée entre dix et vingt minutes. Le mode possible de

83- gera: 1780/di/re
IL RAPPORTO MEDICO-PAZIENTE NEL TRATTAMENTO AGOPUNTURISTICO DELLE CEFALEE PSICOSOMATICHE. FRIGOLI D ET AL. **minerva medica.** 1979;70:3837-42 (ita*).
Traitement de 9 cas en portant une attention particulière à la relation médecin-patient. Extra 1, extra 2, 14VB, 20VG, 20VB, 4GI, 7P et 10V.

84- gera: 1781/di/re
AKUPUNKTURBEHANDLUNG DER MIGRANE IM DOPPELBLINDVERSUCH. SCHNORRENBERGER CC ET

AL. **medizinische welt.** 1979;30(11):425-8 (deu).
[ACUPUNCTURE THERAPY OF MIGRAINE IN A DOUBLE-BLIND TRIAL]. Cet article est une réponse critique à la réf. 1691. En absence d'un diagnostic selon les règles de la MTC, le mode de traitement doit être considéré comme inadéquat tant sur le plan de choix des points que sur la technique de puncture (absence de recherche des Deqi), le choix des points placebo est non conforme, le terme de double aveugle inexact. Le mot de la fin est donné à l'auteur de l'article critiqué qui conclue au non sérieux de l'acupuncture, ne résistant pas à l'examen

85- gera: 1788/di/ra
CLINICAL REPORT ON HEADACHES CAUSED BY PRIMARY HYPERTENSION AND TREATED BY ACUPUNCTURE. TSAO CC. **acupuncture research quarterly.** 1979;10:39 (eng).

86- gera: 1796/di/el
[CEPHALEE]. X. **in modern chinese massotherapy.** 1979;:182-6 (eng).

87- gera: 1827/di/me
MIGRAINE ET ACUPUNCTURE. GIRAUD JP. **memoire d'acupuncture,afera,nimes.** 1979;:33 (fra).

88- gera: 1831/di/ra
[RADIX PUERIAE DANS LA MIGRAINE]. GAO XIUXIAN ET AL. **chinese medical journal.** 1979;92(4):260-2 (eng).

89- gera: 1839/di/me
SUR LA THERAPEUTIQUE DES CEPHALEES ET DES NEVRALGIES FACIALES. RESULTATS SUR 726 CAS TRAITES. DI CONCETTO G. **memoire d'acupuncture,cedat,marseille.** 1979;10:25P (fra).
Sur 726 cas de céphalée, presque 38 % ont obtenu un résultat très bon (c'est à dire la disparition totale de la céphalée) ; 354 (47 % environ) ont obtenu un résultat bon. Ont obtenu un résultat modeste 71 patients et 28 aucun résultat. 85 % entre nos patients ont donc obtenu avec l'acupuncture un résultats cliniquement résolutif. Ce résultat est encore plus significatif si l'on considère qu'un fort pourcentage d'entre eux souffrait depuis de 10 à 20 années avec une fréquence journalière ou hebdomadaire. En général, pour garder le résultat obtenu, un rappel est nécessaire tous les 3 - 4 mois pour les céphalées les plus récentes, et tous les mois pour les céphalées

90- gera: 1840/di/re
ETUDE CLINIQUE DES CEPHALEES FRONTALES. FONTEMAGGI O. **memoire d'acupuncture,cedat,marseille.** 1979;17:40P (fra).
Dans cette étude, après une synthèse d'anatomie topographique de la région, d'anatomie énergétique, de notions de physiopathogénie et des dernières théories sur la douleur, je passe en revue une brève bibliographie et j'illustre quelques cas que j'ai traités et qui ont donné des résultats significatifs.

91- gera: 2167/di/ra
L'AGOPUNTURA NELLA CURA DELLE CEFALEE. KURUSU Y. **rivista italiana di agopuntura.** 1979;35:39-43 (ita).
[L'ACUPUNCTURE DANS LE TRAITEMENT DES CEPHALEES]. Traitement de 57 cas avec le 20TR comme point principal associé à des points selon la localisation.

92- gera: 6209/di/re
SPINAL CORD INJURY AS A COMPLICATION OF AN ACUPUNCTURE. SHIRAISHI S ET AL. **neurology.** 1979;29(8):1188-90 (eng).
Myélopathie cervicale provoquée par des aiguilles sous-cutanées mises en place 6 mois auparavant pour le traitement d'une migraine.

93- gera: 6520/di/ra
[TRAITEMENT DE LA DOULEUR REBELLE PAR ACUPUNCTURE (résumé)]. LIPTON S. **acupuncture and electrotherapeutics research.** 1979;4(1):51 (eng).
L'acupuncture est certainement efficace dans la migraine et la sciatique et elle a une petite place utile dans les douleurs rebelles sévères.

94- gera: 13682/nd/th
STIMULOTHERAPIE SEGMENTAIRE DANS LES ALGIES DE LA FACE ET MECANISMES D'ACTION DE L'ANALGESIE PAR ACUPUNCTURE. GEBEL A. **these medecine paris-bobiguy.** 1979;43: (fra).
L'acupuncture peut être une méthode apportant un appoint utile au traitement des algies de la face. Notre étude clinique personnelle porte sur 84 observations qui se répartissent ainsi : 6 observations de zona ophtalmique, 15 observations de névralgies du trijumeau, 63 observations de migraines. L'acupuncture s'est montrée efficace pour : 100 % des cas dans le zona ophtalmique, 73,35 % des cas dans les névralgies du trijumeau, 74,60 % des cas dans les migraines. Il existe différentes hypothèses expliquant l'action antalgique de l'acupuncture. L'acupuncture renforce les effets inhibiteurs exercés sur la douleur par les fibres sensitives de gros diamètre. L'acupuncture est responsable d"une libération accrue de peptides, morphinomimétiques endogènes (enképhalines et endorphines). L'effet antalgique de l'acupuncture nécessite qu'elle soit plus largement utilisée.

95- gera: 17409/di/ra
LA CEFALEA DE ORIGINE OCCIPITO-CERVICALE IN MEDICINA MANIPOLATURA. FORTE M. **rivista italiana di agopuntura.** 1979;34:41-46 (ita).

96- gera: 19370/di/ra
CEPHALEE ET URTICAIRE. CAS CLINIQUE N°2. X. **perspectives yin yang.** 1979;9:22-3 (fra).

97- gera: 1614/di/ra
CEPHALEES. ZHEN JIU XUE. **mensuel du medecin acupuncteur.** 1980;70:395-7 (fra).

98- gera: 1678/di/ra
[L'ACUPUNCTURE DANS LE TRAITEMENT DES DOULEURS CEPHALIQUES]. LIAO SJ. **british journal of acupuncture.** 1980;3(2):40 (eng).
Traitement non précisé de 200 patients. Il n'y a pas de corrélation entre la suceptibilité du patient à l'hypnose et le traitement clinique.

99- gera: 1711/nd/th
TRAITEMENT DES CEPHALEES PAR L'ACUPUNCTURE A PROPOS DE 100 CAS. BLUM D. **these medecine,bordeaux 2.** 1980;:476 (fra).

100- gera: 1752/di/ra
[INTRODUCTION ANATOMOPHYSIOLOGIQUE A LA PATHOLOGIE ENERGETIQUE (CEPHALEES)]. CANTONI T ET AL. **quaderni di agopuntura tradizionale.** 1980;2(3):5 (ita).

101- gera: 1753/di/ra
[LES CEPHALEES VENT]. MOLLARD Y. **quaderni di agopuntura tradizionale.** 1980;2(3):25 (ita).

102- gera: 1754/di/ra
[CEPHALEE]. CONTI G ET AL. **quaderni di agopuntura tradizionale.** 1980;2(3):33 (ita).

103- gera: 1755/di/ra
[LA CEPHALEE COMMUNE RECIDIVANTE]. MUSSAT M. **quaderni di agopuntura tradizionale.** 1980;2(3):53 (ita).

104- gera: 1756/di/ra
[CEPHALEE ET SANG]. KESPI JM. **quaderni di agopuntura tradizionale.** 1980;2(3):67 (ita).

105- gera: 1757/di/ra
[TRAITEMENT DE LA CEPHALEE EN CHINE MODERNE]. ROUSTAN C. **quaderni di agopuntura tradizionale.** 1980;2(3):77 (ita).

106- gera: 1760/di/ra
[L'ACUPUNCTURE DANS LE TRAITEMENT DE LA CEPHALEE]. NEGRO FE ET AL. **giornale italiano di agopuntura.** 1980;1(3):121-6 (ita).

107- gera: 1761/di/ra
[TRAITEMENT DE LA CEPHALEE PAR L'ACUPUNCTURE]. SPONZILLIO. **giornale italiano di agopuntura.** 1980;1(3):121-6 (ita).

108- gera: 1767/di/el
[CEPHALEE]. X. **in essentials of chinese acupuncture,foreign language press,beijing.** 1980;:336-8 (eng).

109- gera: 1778/nd/re
[L'ACUPUNCTURE DANS LES CEPHALEES ET SYNDROMES RADICULAIRES]. DOMIRIAL T. **nevrol nevrochir pol.** 1980;14:259-62 (pol*).

110- gera: 1779/nd/re
[METHODES MODERNES DE REFLEXOTHERAPIE DANS LES MIGRAINES]. VESNINA VA. **zhurnal nevropatologii i psikhiatrii.** 1980;80(5):703-9 (rus*).

111- gera: 1784/di/ra
CEPHALEES ET ORIFICES. ANDRES G. **revue francaise d'acupuncture.** 1980;22:13-25 (fra).
En médecine traditionnelle chinoise les orifices ne sont pas seulement considérés comme une mise en communication de l'intérieur avec l'extérieur, mais surtout comme des "fenêtres" qui permettent de percevoir, de distinguer et de régir les mondes intérieur et extérieur. Ils sont de ce fait même très liés aux organes des sens. Suivant la façon dont ils sont groupés dans les textes, en "9", "7" ou "5", ils répondent à des intentions différentes, jouent des rôles différents chez l'homme. Sur un plan clinique les troubles des orifices responsables de céphalées relèvent de deux causes principales : soit des atteintes par énergie perverse, soit des perturbations locales liées à un trouble viscéral ou à un trouble d'un mouvement global d'énergie qui retentit sur un orifice. Mais ce n'est qu'une partie de la pathologie des orifices qui semblent avoir une place non négligeable dans certaines maladies psychiatriques pour lesquelles l'acupuncture a un rôle important à jouer.

112- gera: 1833/di/ra
[CEPHALES ET ORIFICES]. ANDRES G. **quaderni di agopuntura tradizionale.** 1980;2(3):85 (ita).

113- gera: 1834/di/ra
[CEPHALEE ET VB]. SCIARRETTA C. **quaderni di agopuntura tradizionale.** 1980;2(3):93 (ita).

114- gera: 1835/di/ra
[CEPHALEE CATAMENIALE]. FUMAGALLI M. **quaderni di agopuntura tradizionale.** 1980;2(3):99 (ita).

115- gera: 1837/di/ra
TRAITEMENT STIMULOTHERAPIQUE DES MIGRAINES. GERARD P. **bulletin de la societe internationale medicale d'acupuncture et de stimulotherapie.** 1980;1:32-3 (fra).

116- gera: 2177/nd/re
[TRAITEMENT MULTIFACTORIEL DE LA CEPHALEE CHRONIQUE]. GROSS D. **therapiewoche.** 1980;30(4):529-35 (deu).

117- gera: 4972/di/cg
[RECHERCHES PRELIMINAIRES SUR LES RELATIONS ENTRE CEPHALEES ET CONDUCTIBILITE ELECTRIQUE DES POINTS D'ACUPUNCTURE DE L'OREILLE]. KUANG PEIGEN ET AL. **advances in acupuncture and acupuncture anaesthesia,beijing.** 1980;292:295 (eng).
Etude chez 42 sujets avec céphalées comparés à 30 sujets sains. Etude de la conductibilité électrique au niveau des points auriculaires occiput et front. La conductibilité est plus grande en cas de céphalée. Il existe une relation entre la valeur de la conductibilité et l'intensité de la céphalée. Une valeur de 100 micro-A est un bon critère de diagnostic. Il existe une relation entre la valeur de la conductance et l'efficacité thérapeutique du

118- gera: 14039/di/me
CERVICARTHROSE ET SCAPULALGIES. CANGINI S. **memoire d'acupuncture,cedat,marseille.** 1980;87:25P (fra).
Le but de ce travail était d'étudier la pathologie douloureuse au niveau de l'épaule et de l'arthrose cervicale avec sa symptomatologie particulière : la douleur brachiale, la douleur cervicale, la céphalée. A cet égard il faut prendre en considération quelques points : 1) avant de traiter le malade, il faut exclure les affections au niveau de la colonne cervicale, parce qu'un traitement par l'acupuncture serait inutile. Ces affections peuvent être des néoplasmes de la moëlle, des neurinones des racines cervicales, des métastases vertébrales etc... 2) Il faut aller à la recherche de l'énergie perverse en cause et identifier sa porte d'entrée. Un traumatisme aussi est comparable à une énergie perverse. 3) Comment et pourquoi cette énergie perverse a pu entrer. Les antécédents et les symptômes concomittants. 4) La nécessité d'observer les huit règles. Suivant ce raisonnement, un traitement conforme peut être commencé et les possibilités d'un bon résultats seront superieures puisqu'une équilibration de l'énergétique globale du malade sera pratiquée, et non pas seulement un traitement local symptômatique.

119- gera: 18048/di/ra
RECHERCHE EN ACUPUNCTURE, UN EXEMPLE : LA CEPHALEE RECIDIVANTE COMMUNE. MUSSAT M. **revue francaise d'acupuncture.** 1980;21:39-46 (fra).

120- gera: 19381/di/ra
ANATOMIE TOPOGRAPHIQUE DE LA TETE, FACE POSTERIEURE. X. **perspectives yin yang.** 1980;12:16 (fra).

121- gera: 20113/di/re
DER FUNKTIONELLE SCHMERZ UND SEINE BEZIEHUNG ZUR PERSONLICHKEIT DES PATIENTEN. GRABOW L ET AL. **anaesthesist.** 1980;29(10):567-9 (deu*).
[RELATIONS BETWEEN PATIENTS WITH FUNCTIONAL PAIN AND PERSONAL ASSESSEMENT (ENGLISH ABSTRACT)]. By use of acupuncture it is possible to improve varying headaches in ca. 84%, provided a combined neurological and psychological examination of the patients has been performed. In this way, the therapeutic armament for headache treatment can be enlarged.

122- gera: 21646/di/ra
IL TRATTAMENTO DELLE CEFALEE. DI CONCETTO G. **rivista italiana di agopuntura.** 1980;39:33-47 (ita).

123- gera: 26453/di/co

DIZZINESS, HEADACHE, STOMACHACHE, FLANKACHE. X. **guangzhou traditional medical college, guangzhou.** 1980;:14P (eng).

124- gera: 153807/di/cg
RECHERCHE EN ACUPUNCTURE UN EXEMPLE : LA CEPHALEE RECIDIVANTE COMMUNE. MUSSAT.M. **actes du 2eme seminaire, saa, bordeaux.** 1980;JANVIER:36-45 (fra).

125- gera: 510/di/ra
[HEMICRANIES]. CONTI G. **rivista italiana di agopuntura.** 1981;42:25-38 (ita).

126- gera: 511/di/ra
[TRAITEMENT DES CEPHALEES PAR FUMIGATION]. CHENG JUETANG. **revue de mtc du yunnan.** 1981;2(4):15 (chi).

127- gera: 513/di/re
EEG VARIATIONS DURING THE TREATMENT OF MIGRAINE BY ACUPUNCTURE. KROHN T. **electroencephalography and clinical neurophysiology.** 1981;46(1):16. (eng).
Depuis 5 ans nous utilisons l'acupuncture comme traitement des migraines, névralgies faciales et céphalées vasomotrices. Parallèlement nous avons controlé les enregistrements EEG pendant et dans de nombreux cas après acupuncture. Une guérison clinique est observée dans 65 % des cas, et dans 9 cas sur 20 une stabilisation ou normalisation de l'EEG. Les modifications de l'EEG n'apparaissent pas durant ou immédiatement après la séance d'acupuncture mais 1 à 4 semaines après le traitement.

128- gera: 1679/di/ra
[L'ACUPUNCTURE ET MANIPULATION VERTEBRALE DANS LE TRAITEMENT DES CEPHALEES]. SHIRALA J. **british journal of acupuncture.** 1981;4(2):10-3 (eng).

129- gera: 1683/di/ra
UN CAS DE MIGRAINE. DEPUECH. **auriculomedecine.** 1981;22:23 (fra).

130- gera: 1731/co/th
TRAITEMENT DES CEPHALEES RECIDIVANTES COMMUNES PAR ACUPUNCTURE : APPORT DE LA THEORIE DE L'ENERGETIQUE DES SYSTEMES VIVANTS *. HERZ R. **these medecine,paris-cochin.** 1981;4: (fra).

131- gera: 1735/di/th
APPORT DE L'ACUPUNCTURE AU TRAITEMENT DE LA MIGRAINE. SENELLART E. **these medecine,paris-sud.** 1981;95:95P (fra).
Aspects cliniques et physiopathologiques de la migraine. Apport de l'analyse énergétique, aspects thérapeutiques. Evaluation statistique : traitement de 94 patients. 70 % sont ameliorés de façon importante et

132- gera: 1750/di/ra
CEPHALEE ET SANG. KESPI JM. **revue francaise d'acupuncture.** 1981;27:7-13 (fra).
Nous envisageons ici les céphalées par vide, plénitude et stagnation de sang endocrânien avec leur traitement.

133- gera: 1769/di/el
CEPHALEES. NGUYEN VAN NGHI. **in semiologie et therapeutique en medecine energetique orientale.** 1981;:304-314 (fra).

134- gera: 1773/di/ra
[CEPHALEES TENSIVES ET ACUPUNCTURE]. RINALDI R ET AL. **giornale italiano di agopuntura.** 1981;2(3):133-6 (ita).

135- gera: 1797/di/el
[CEPHALEES]. X. **in doctor's manual of chinese medical diet.** 1981;:66 (eng).

136- gera: 4049/di/ra
LA TETE. SAVIGNY N. **revue francaise d'acupuncture.** 1981;27:15-20 (fra).

137- gera: 21657/di/ra
CEFALEE DA MERIDIANI DISTINTI. BARBAGALLO G. **rivista italiana di agopuntura.** 1981;41:27-32 (ita).

138- gera: 84652/di/re
PRIMARY HEADACHES : REDUCED CIRCULATING BETA-LIPOTROPIN AND BETA-ENDORPHIN LEVELS WITH IMPAIRED REACTIVITY TO ACUPUNCTURE. FACCHINETTI F ET AL. **cephalalgia.** 1981;1:195-201 (eng).
Eleven patients affected by common migraine (CM), eleven affected by daily chronic headache (DCH) and eight healthy volunteers were studied. Plasma levels of endorphin (betaEP), betalipotropin (betaLPH), ACTH and cortisol were measured in basal conditions and after traditional Chinese acupuncture (TCA). Basal betaLPH and betaEP plasma levels (pg/ml) in the DCH patients (57.6 ± 9.5 and 16.8 ± 2.5, respectively; M ± SE) were lower than those found in the controls (83.6 ± 13.7 and 26.0 ± 6.1; $p < 0.001$), while those found in the CM cases showed intermediate values (75.3 ± 12.0 and 24.4 ± 5.8). ACTH and cortisol concentrations in both the CM and DCH patients were in the same range as those of the control group. TCA caused an increase in betaLPH and betaEP plasma concentrations in the contro; group (betaLPH : 117 ± 16.9; betaEP : 44.1 ± 6.7). Opioid plasma levels, however, remained unmodified after TCA in both the CM and DCH groups. ACTH plasma levels remained stable after TCA in all three subject groups. Patients suffering from primary headache are characterized by low betaLPH and betaEP plasma levels and by a poor reactivity of circulating opioids to non-stressful stimuli.

139- gera: 42/di/ra
[OBSERVATIONS PRELIMINAIRES SUR LES EFFETS CLINIQUES DE LA MAGNETOTHERAPIE]. MA RUILIN ET AL. **chinese acupuncture and moxibustion.** 1982;2(2):12 (chi*).
La magnétothérapie ponctuelle est une nouvelle méthode thérapeutique développée sur la base de la théorie des méridiens de la MTC et de la magnétothérapie. Nous avons étudié les applications cliniques dans 47 cas d'affections courantes comme les céphalées, paralysie faciale, torticolis, lumbago, odontologies. 14 cas de guérison complète (29,8 %), taux d'efficacité de 85,1 %. La méthode du choix des points est la même que pour l'acupuncture ordinaire. On utilise des pastilles de 750 gauss, mais on peut utiliser au début des pastilles de 1500 gauss. Le traitement est appliqué en général 30 à 40 minutes. D'après la recherche expérimentale sous champ magnétique l'activité phagocytaire des globules blancs est nettement augmentée ainsi que l'immunité non

140- gera: 514/di/ra
[CEPHALEES PAR DESEQUILIBRE DU SANG]. MORANDOTTI R. **rivista italiana di agopuntura.** 1982;43:25-32 (ita).

141- gera: 515/di/ra
[CEPHALEES YANG MING]. DE DONATO E. **rivista italiana di agopuntura.** 1982;43:49-55 (ita).

142- gera: 516/di/ra
[ETUDE ENERGETIQUE DE LA CEPHALEE OCCIPITALE ET DE QUELQUES POINTS USUELS DANS LES

CEPHALEES]. ANGELINI C. **rivista italiana di agopuntura.** 1982;43:57-63 (ita).

143- gera: 962/di/ra
[RECHERCHES SUR LA MOXIBUSTION CHINOISE ANTIQUE (SUITE)]. WANG XUETAI. **chinese acupuncture and moxibustion.** 1982;2(2):38 (chi*).
Cet article traite de la moxibustion indirecte consistant en l'interposition de plantes entre le cône de moxa et le point. Cette méthode est largement utilisée en médecine interne, chirurgie, gynécologie et pédiatrie. 37 types de moxibustions indirectes sont mentionnées : au gingembre dans les céphalées, à l'ail dans les douleurs et inflammations, oignon dans les douleurs abdominales, racine de Kansui (Radix Euphorbiae Kansui) dans l'anurie, et pâte d'Aconitum Variagatum pour la cicatrisation des plaies (à suivre).

144- gera: 1196/di/ra
[TRAITEMENT PAR ACUPUNCTURE DES CICATRICES POST-OPERATOIRES]. ROGERS C. **american journal of acupuncture.** 1982;10(3):201-214 (eng).
Traitement par acupuncture des cicatrices d'origine chirurgicale ou traumatique, entrainant perte de la sensibilité, douleur, chéloïdes et adhésions. Ces symptômes sont liés à l'obstruction du système des Jing Mo, comme le montre la modification des douze pouls de la MTC. 10 observations cliniques utilisant le traitement des cicatrices et l'acupuncture traditionnelle sont rapportés, dont des cas de surdité, lombalgies sévères et céphalées.

145- gera: 1597/di/ra
[ETUDE ENERGETIQUE DE L'EXTREMITE CEPHALIQUE ET DE QUELQUES POINTS LES PLUS UTILISES DANS LES CEPHALEES]. ANGELINI C. **quaderni di agopuntura tradizionale.** 1982;4(1):11 (ita).
Analyse énergétique de l'extrémité céphalique et des quelques points plus souvent employés dans les céphalgies, ces points sont séparés en point "à distance" et en points "régionaux".

146- gera: 1598/di/ra
[DIAGNOSTIC DES CEPHALEES]. MOLLARD-BRUSINI Y. **quaderni di agopuntura tradizionale.** 1982;4(1):14 (ita).

147- gera: 1599/di/ra
UNE MIGRAINE EXEMPLAIRE. ANDRES G. **revue francaise d'acupuncture.** 1982;3O:57-9 (fra).
Observation d'une migraine due à un blocage central du Yin.

148- gera: 1600/di/ra
[CEPHALEE YANG MING]. DE DONATO E. **quaderni di agopuntura tradizionale.** 1982;4(4):17 (ita).

149- gera: 1601/di/ra
[CEPHALEE TEMPORALE (CAS CLINIQUE N° 13)]. ZAMATORO A. **quaderni di agopuntura tradizionale.** 1982;4(3):11 (ita).
Jeune femme de 29 ans présentant des symptômes de dérèglement énergétique haut/bas, Yin/Yang (apprécié par la palpation de pouls déréglés) par un arrêt energetique du Yang Ming, traitée pour la première séance par le méridien curieux Tae Mo, puis par le méridien distinct des reins. La malade a présenté une rémission totale des

150- gera: 1602/di/ra
[RHIZOMA LIGUSTICI (CHUANXIONG) DANS LE TRAITEMENT DES CEPHALEES]. BEI RUNPU. **shanghai journal of traditional chinese medicine.** 1982;11:8 (chi).

151- gera: 1603/di/ra
[TRAITEMENT DES CEPHALEES TENSIVES MUSCULAIRES PAR ELECTROSTIMULATION PERCUTANEE]. RINALDI R. **rivista italiana di agopuntura.** 1982;45:24 (ita).

152- gera: 1604/di/ra
[HEMICRANIE EN MEDECINE OCCIDENTALE]. CONTI G. **quaderni di agopuntura tradizionale.** 1982;4(2):2 (ita).

153- gera: 1605/di/cg
LES CEPHALEES. FABRE J. **conferences d'acupuncture,gera,toulon.** 1982;7:93 (fra).

154- gera: 1606/di/cg
MIGRAINES ET CEPHALEES. NGUYEN TRONG XUAN. **conferences d'acupuncture,gera,toulon.** 1982;7:166 (fra).

155- gera: 1607/di/re
TERAPIA DELLE CEFALEE PRIMARIE TRAMITE AGOPUNTURA SOMATICA. PROPOSTA DI UN PROTOCOLLO DI SPERIMENTAZIONE PER UNA RICERCA POLICENTRICA. CECCHERELLI F ET AL. **minerca medica.** 1982;73(13):731-53 (ita*).
[THERAPY OF PRIMARY HEADACHE WITH SOMATIC ACUPUNCTURE. PROPOSAL FOR AN EXPERIMENTAL PROTOCOL FOR A MULTICENTER STUDY]. Proposition d'un protocole expérimental multi-centrique de traitement par acupuncture des céphalées.

156- gera: 1610/di/ra
[ACUPUNCTURE ET CEPHALEES FONCTIONNELLES]. HOEKSTRA A. **akupunktur.** 1982;3:298-302 (deu).
Cluster-headache et migraine comme représentatifs du mal fonctionnel, le premier considéré comme maladie superficielle yang-plénitude (protocole : 3VB, 14VB, 2V, 1E, 20VB, 7P controlatéral, 6MC, 41VB), la migraine comme maladie yin de profondeur classée selon sa localisation en yang ming, shao yang, tae yang, et douleurs diffuses. Suit la description d'un cas de migraine d'un très jeune enfant traité avec succés par la seule puncture répétée du 7P controlatéral et la description d'une céphalée organique découverte grace à la vigilance de l'acupuncteur qui s'insurge contre les nouveaux projets de loi de santé aux Pays Bas permettant aux non-

157- gera: 1611/di/ra
[CEPHALEES ET MIGRAINES]. DE LEHMACHER A. **akupunktur.** 1982;3:303-6 (deu).
L'auteur tente une simplification dans la classification des céphalées en acupuncture en les répartissant en 3 groupes concernent les méridiens couplés : 1) F-VB, 2) Rn-V, 3) Tou Mo-Yang Kéo.

158- gera: 1615/di/ra
[INTERPRETATION PSYCHOSOMATIQUE DU POINT D'ACUPUNCTURE DANS QUELQUES CAS DE CEPHALEES MUSCULO-TENSIVES]. ROGORA GA ET AL. **rivista italiana di agopuntura.** 1982;45:29 (ita).

159- gera: 1616/di/ra
[OBSERVATIONS CLINIQUES DE TRAITEMENT EFFECTIF DES CEPHALEES]. DAI XIAQU ET AL. **journal of new chinese medicine.** 1982;14(12):12 (chi).

160- gera: 1617/di/re
PLASMA OPIOID LEVELS IN POST-TRAUMATIC CHRONIC HEADACHE AND TRIGEMINAL NEURALGIA : MAINTENED RESPONSE TO ACUPUNCTURE. NAPPI G ET AL. **headache.** 1982;22(6):276-9 (eng).
Les patients répondent à l'acupuncture par une libération de lipotrophine et d'endorphine de manière comparable aux témoins normaux. Il est possible de différencier les patients avec céphalées post-traumatiques des patients avec céphalées primitives chez qui on a mis en évidence une perturbation des taux basaux et sous stimulation des taux plasmatiques d'endorphines.

161- gera: 1676/di/re
EFFECT OF ACUPUNCTURE ON TENSION HEADACHE

AND URINARY CATECHOLAMINE EXCRETION. JENSEN LB ET AL. **scand j dental res.** 1982;90(5):397-403 (eng).
L'acupuncture diminue l'excrétion urinaire de catécholamines alors qu'une élévation est observée en cas de tension musculaire. L'auteur suggère que l'acupuncture a une action myorelaxante.

162- gera: 1724/di/ra
CEPHALEES, MIGRAINES. ANDRES G ET AL. **xieme congres national d'acupuncture,paris.** 1982;:274 (fra).
Dans la première partie les auteurs présentent les différents types de céphalées que décrivent les sources chinoises modernes : attaque par le vent externe, accumulation de chaleur dans le réchauffeur moyen, épuisement du Qi des reins, blocages des glaires à l'intérieur du corps, feu du foie et de la vésicule biliaire qui déssèche, vide global de Qi. Dans la deuxième partie sont plus spécifiquement considérés quelques aspects importants et oubliés des migraines touchant leurs relations avec le Shen, le coeur et le feu, et un abord des

163- gera: 1725/di/ra
TRAITEMENT DES CEPHALEES ET MIGRAINES. BAILLE ET AL. **xieme congres national d'acupuncture,paris.** 1982;:125 (fra).

164- gera: 1751/di/ra
[EFFECT OF ACUPUNCTURE ON PLASMA DOPAMINE BETA-HYDROXYLASE IN PATIENTS WITH HEADACHE]. KUANG PEIGEN ET AL. **acupuncture research.** 1982;7(1):43 (chi*).
L'activité de la DBH est enregistrée avant et 15 minutes après le traitement ainsi que la tension artérielle et la fréquence cardiaque. L'activité de DBH tend à diminuer chez les patients avec amélioration de la céphalée et à augmenter chez les patients sans amélioration. Mais la différence n'est pas significative. Par contre on observe une différence significative chez les patients amélioré quant à une diminution de la TA et de la fréquence cardiaque. Ceci suggère que le système sympathique est une composante du mécanisme analgésique de

165- gera: 1758/di/me
CEPHALEE ET ELECTROACUPUNCTURE : ETUDE SUR 93 CAS. GRILLI M ET AL. **memoire d'acupuncture,cedat,marseille.** 1982;:31P (fra).
Cet étude se réfère à une statistique portant sur 93 cas de céphalées traités pendant une période de trois années. Dans la majorité de cas, il s'agissait de céphalées ayant un caractère Chao Yang et Tsiue Inn qui ont été traitées par la dispersion des points douloureux (dont les plus importants sont les points Vent et Fenêtre du ciel), par la désobstruction du Chao Yang par les points long (2TR, 43VB) et la régularisation du foie (2F, 3F, 8F). Les mêmes méthodes ont été utilisées dans les céphalées Tae Yang, où nous avons utilisé non seulement les points douloureux mais aussi les points (3IG, 60V, 64V). Pour les céphalées du Lo longitudinal de l'Estomac et des méridiens Distincts du 2ème et du 3ème couple, s'impose un traitement spécifique. Il faut considérer l'importance des méridiens Curieux tels que le Yang Keo, le Yang Oe, le Inn Oe, aussi que l'insuffisance des racines Inn et Yang du Rein, en particulier dans les états dépressifs. Enfin il faut souligner l'efficacité de l'électrostimulation des points de commande et des points douloureux. En fait, sur les 40 cas traités sans électropuncture, les résultats cliniques positifs sont de 75 % environ ; tandis qu'avec électrostimulation les résultats positifs atteignent 90 %.

166- gera: 1774/di/ra
[STIMULATION PERCUTANEE DANS LA CEPHALEE TENSIVE]. RINALDI R. **giornale italiano di agopuntura.** 1982;2(1):7-10 (ita).

167- gera: 1789/di/ra
NEURO-VASCULAR HEADACHE. ZAO JINDUO. **journal of the american college of traditional chinese medicine.** 1982;3:7-13 (eng).

168- gera: 1836/nd/me
LES CEPHALEES : ETUDE DES SIGNES CLINIQUES. NOUDIMEMOU T. **memoire d'acupuncture,afera,nimes.** 1982;:66 (fra).

169- gera: 1841/di/ra
CEFALEAS. PADILLA JL. **sociedad espanola de medicos acupuntores sema.** 1982;7:4-8 (esp).

170- gera: 5938/di/ra
CEPHALEES, CERVICALGIES ET CORPS-CALLEUX (5 CAS D'AURICULOTHERAPIE). TOURNIER B. **auriculomedecine.** 1982;28:13 (fra).

171- gera: 21664/di/ra
OMEOPATIA E CEFALEE. DADONE G. **rivista italiana di agopuntura.** 1982;43:11-24 (ita).

172- gera: 71699/di/ra
ACUPUNCTURE THERAPY FOR CHRONIC PAIN. JUNNILA SYT. **american journal of acupuncture.** 1982;10(3):259-62 (eng).
Forty-four patients with pain of at least one month's duration were randomized into two groupe. In identical situations 22 patients were treated with traditional needle acupuncture and 22 patients were treated with pseudo- acupuncture (the nail of the little finger was used to simulate the prick caused by a needle). One month after treatment 16 of the acupuncture patients thought themselves free of symptoms or a lot better, compared to five of the pseudo-acupuncture group ($p < 0.001$). On a horizontal pain scale the reduction of pain was 80 percent in the acupuncture group and 30 percent in the pseudo-acupuncture group. It seems that pseudo-acupuncture relied on a placebo effect, and that the difference between real acupuncture and placebo acupuncture was what might have

173- gera: 1608/di/ra
[REGULATION DES TROUBLES DU FOIE DANS LE TRAITEMENT DES CEPHALEES]. ZHEN SHAO QIU. **zhejiang journal of traditional chinese medicine.** 1983;18(3):100 (chi).

174- gera: 1609/di/ra
[L'EXPERIENCE DU DR QIN BOWEI DANS LE TRAITEMENT DES CEPHALEES]. ZHU YUNDA. **zhejiang journal of traditional chinese medicine.** 1983;18(3):129 (chi).

175- gera: 1612/di/ra
CEPHALEE D'ORIGINE CERVICALE (OBSERVATION). NOVAK. **auriculomedecine.** 1983;30:5 (fra).

176- gera: 1619/di/ra
[EXEMPLE DE TRAITEMENT DE LA MIGRAINE PAR "JIU NAO TANG" (DECOCTION POUR SAUVER LE CERVEAU)]. WANG YUQUN. **revue de mtc du yunnan.** 1983;4(2):15 (chi).

177- gera: 1620/di/ra
[TRAITEMENT DE LA CEPHALEE HYPERTENSIVE PAR SAIGNEE PONCTUELLE DU POINT TAIYANG]. DENG SHIFA. **chinese acupuncture and moxibustion.** 1983;3(3):9 (chi*).
La céphalée hypertensive et les vertiges sont décrits en médecine traditionnelle comme une maladie des méridiens avec stase du sang qui se transforme en vent. La saignée du point taiyang est susceptible de lever la stase et de régulariser les méridiens, 50 cas sont traités avec un taux d'efficacité de 92 % supérieur non seulement au traitement par plantes traditionnelles (70 %), mais également au traitement occidental (67 %), 1 séance par jour ou tous les deux jours, 5

à 6 gouttes de sang à chaque fois, 10 séances constituent une série.

178- gera: 1673/di/ra
[TRAITEMENT DE 130 CAS DE CEPHALEES PAR TAN YE WONG FANG (DECOCTION DE RACINE DE DAHURIAN ANGELICA)]. LI ZHENDONG ET AL. **zhejiang journal of traditional chinese medicine.** 1983;18(6):252 (chi).

179- gera: 1674/di/ra
MIGRAINE. ROUXEVILLE Y. **auriculomedecine.** 1983;32:41-2 (fra).

180- gera: 1677/di/ra
[TRAITEMENT DE 31 CAS DE MIGRAINE PAR PUNCTURE DU 5VB OU DU TAIYANG VERS LE 8VB]. GAN ZHENYUAN ET AL. **chinese acupuncture and moxibustion.** 1983;3(4):4 (chi*).
31 échecs de la médecine occidentale sont traités par acupuncture avec un taux d'efficacité de 93,54 %. 1 séance par jour de 30 mn avec stimulation modérée. 10 séances constituent un traitement.

181- gera: 1713/di/re
TREATMENT OF MIGRAINE BY ACUPUNCTURE (letter)]. MARCUS P. **journal of the royal society of medicine.** 1983;76(11):983-4 (eng).
Proposition de traitement par acupuncture (Tae Yang et 9VB). 4 à 6 séances, 1 séance par semaine.

182- gera: 1719/di/ra
DOLORES DE CABEZA. HERMIDA BARREIRA A. **revista uruguaya de acupuntura.** 1983;28:11-5 (esp).

183- gera: 1723/di/ra
CEPHALEE ET ACUPUNCTURE. AUTEROCHE B. **meridiens.** 1983;63-64:105-114 (fra*).
La première partie de ce travail est consacrée à une étude étiopathogénique des céphalées et se réfère à une nosologie basée sur les causes externes ou internes. La deuxième partie dévolue à la clinique et à la thérapeutique décrit la sémiologie des grands syndromes, la justification des points choisis et les modalités

184- gera: 1736/di/ra
THE USE OF ACUPUNCTURE IN A PRIVATE PAIN CLINIC SETTING : THE DIAGNOSIS AND TREATMENT OF CHRONIC HEADACHES UTILIZING ACUPUNCTURE THERAPY. SHEFFMAN EJ. **acupuncture and electrotherapeutics research.** 1983;8(3-4):342 (eng).

185- gera: 1737/di/ra
HUATUO JIAJI POINTS FOR MIGRAINE : 70 CASES. HE SHUHAI. **journal of traditional chinese medicine.** 1983;3(3):231-2 (eng).
En traitant um patient pour gastralgie avec les HTJJ, l'auteur a découvert fortuitement une action sur la migraine. Le traitement comporte HTJJ 5, 7, 9, 11, 14 et 20VB. Ces points régularisent les fonctions des Zang Fu, l'hyperfonction du foie et le vent endogène, renforcent l'action de la rate pour dissoudre les glaires. Pour le 20VB, patient assis, tête légèrement inclinée en avant, puncture vers l'oeil controlatéral en dispersion. Le Deqi doit irradier vers le front ou la tempe homolatérale. Pour les HTJJ patient en décubitus ventral, puncture oblique en dedans avec un angle de 75°. Dispersion pour HTJJ 9 et tonification pour les autres. Aiguilles en place pour 30

186- gera: 1764/di/me
ESSAI DE CLASSIFICATION DES CEPHALEES EN MTC ET EN MEDECINE OCCIDENTALE CLASSIQUE. TEMPEL C. **memoire d'acupuncture,afa,paris.** 1983;122:54P (fra).
Au terme de cette étude, il ressort que nous devons voir si la céphalée correspond à une affection nécessitant une intervention chirurgicale, une thérapeutique occidentale classique ; ou si elle correspond à une atteinte curable par la médecine traditionnelle chinoise. Ceci au terme d'un interrogatoire précis, d'un examen clinique complet, et des investigations para-cliniques ou spécialisées nécessaires. Si nous choisissons de traiter le malade par la médecine chinoise traditionnelle : il faut analyser sa céphalée selon la dialectique des huit règles diagnostiques. Si éventuellement, le symptôme ne répond pas aux huit règles, déterminer où se situe le trouble. Il faut amener le patient à parler de son environnement, de son mode de vie, de sa vie spirituelle ou de son manque de vie spirituelle ; ce qui nous permet d'approcher le patient dans sa totalité ; tant au niveau de son microcosme, que des relations de ce microcosme avec le macrocosme. Il nous faut encore préciser que nous avons fait porter notre étude sur l'acupuncture. Alors que celle-ci n'est qu'un des aspects de la médecine traditionnelle chinoise ; qui nous offre en outre les moxas, les massages, la pharmacopée, la diététique, le tai ji quan. Il nous faudra choisir le ou les moyens thérapeutiques adéquats afin de guérir le patient, et lui permettre d'accéder à cet état complet bien-être physique, mental, spirituel et social, qui peut définir la santé.

187- gera: 1777/di/ra
[A STUDY ON THE RELATIONSHIP BETWEEN THE EFFECTIVENESS OF ELECTROACUPUNCTURE AND ERYTHROCYTE ACETYLCHOLINESTERASE ACTIVITY IN *]. KUANG PEIGEN ET AL. **acupuncture research.** 1983;8(3):224 (chi*).
Etude chez 53 patients traités par électroacupuncture. Un effet positif est observé chez 45. Chez ces patients on observe une diminution de l'activité AChE et une augmentation de la microcirculation. L'action de l'acupuncture passe par une mise en jeu du parasympathique.

188- gera: 1783/di/re
ACUPUNCTURE AND PHYSIOTHERAPY IN THE TREATMENT OF MYOGENIC HEADACHE PATIENTS : PAIN RELIEF AND EMG ACTIVITY. AHONEN E ET AL. **in bonica jj et al,advances in pain research and therapy,raven press,new york.** 1983;:571-6 (eng).
Etude chez 22 patients. Acupuncture (10V, 20VB, 16 VG...) contre physiothérapie (massages, ultrasons...) Amélioration dans les deux groupes (4 séances de l'acupuncture correspondent à 8 séances de physiothérapie).

189- gera: 1792/nd/re
[TREATMENT OF MIGRAINE WITH ELECTROPUNCTURE]. VESNINA VA ET AL. **zhurnal nevropatologii i psikhiatrii.** 1983;83(10):1499-503 (rus*).
Traitement par acupuncture de 255 enfants et adolescents avec étude clinique et électro-encéphalographique. Amélioration clinique et EEG permettant de poser les indications de l'acupuncture.

190- gera: 1793/di/re
ACUPUNCTURE IN THE PROPHYLACTIC TREATMENT OF MIGRAINE HEADACHES : PILOT STUDY. LENHARD L ET AL. **new zealand medical journal.** 1983;96(738):663-6 (eng).
Traitement de 16 patients. Céphalées frontales : 2V, 14VB, 4GI, 44E. Céphalées temporales : Tae Yang, 8VB, 5TR, 41V. Série de 6 séances de 20 minutes avec recherche du deqi. Dans tous les cas on obtient une diminution de la fréquence et de l'intensité des crises. Dans 40 % des cas la diminution de la douleur est

191- gera: 1829/di/ra
CEPHALEES LIEES AU MOUVEMENT BOIS. BRUSINI-MOLLARD. **cours d'acupuncture 3eme annee(1),cedat marseille.** 1983;:196-202 (fra).

192- gera: 1830/di/ra
TOU TONGXUE, ETUDE SUR LES CEPHALEES. BRUSSELAARS G. **cours d'acupuncture 3eme annee(1),cedat,marseille.** 1983;:212-23 (fra).

193- gera: 3143/di/ra

[QUELLE EST L'EFFICACITE DE L'ACUPUNCTURE CHEZ LES PATIENTS AGES]. JUNNILA SYT. **american journal of acupuncture.** 1983;11(1):31-6 (eng).
68 patients de plus de 65 ans sont comparés à 80 patients de 50 à 64 ans quant à l'efficacité de l'acupuncture dans diverses affections : céphalée, cervicalgie, lombalgie, épaule douloureuse. Après 5 séances, 37 % des sujets de plus de 65 ans se sentent beaucoup mieux ou guéris contre 44 % des sujets de moins de 65 ans.

194- gera: 4551/di/ra
[ETUDE PRELIMINAIRE SUR LE POINT BAI HUI (20VG)]. ZHENG QIWEI. **chinese acupuncture and moxibustion.** 1983;3(3):28 (chi*).
Après recherches dans les classiques médicaux, il apparaît que le Bai Hui apparaît pour la première fois dans le "classique systématique d'acupuncture et moxibustion". Toutefois durant la période du "classique interne", le point était utilisé en clinique mais connu sous le nom de "Gai" (couvercle). Il existe en tout sept noms pour ce point. L'auteur pense que le point est localisé dans la dépression du vertex. Les principales fonctions du point sont : clarification de l'esprit, ouverture de l'orifice du Coeur, éliminer le vent endogène, arrêter les céphalées et

195- gera: 6635/di/ra
DEUX ALGIES EXEMPLAIRES. KESPI JM. **revue francaise d'acupuncture.** 1983;33:41-3 (fra).
Présentation de deux observations ayant trait à une douleur par non-rentrée du Yin et à une céphalée par plénitude du mouvement du bois.

196- gera: 9240/di/ra
[EXPERIENCES SUR L'APPLICATION D'AIMANTS DE FAIBLE INTENSITE AU NIVEAU DES POINTS D'ACUPUNCTURE EAV]. PRINCE JP. **american journal of acupuncture.** 1983;11(3):249-54 (eng).
L'utilisation d'aimants de 500 gauss sur les points d'acupuncture de Voll a été décrite dans un article précédent. Cet article relate l'expérience acquise dans le traitement de la grippe, des lombalgies, de la céphalée...

197- gera: 11316/di/ra
[2 CAS CLINIQUES (CEPHALEES CATAMENIALES ET TROUBLES VISUELS DURANT LES REGLES]. CHEN XIAOPING. **journal of new chinese medicine.** 1983;15(3):21 (chi).

198- gera: 18829/di/ra
[INTERET DU TRAITEMENT PAR ACUPUNCTURE DES CEPHALEES]. NGUYEN VAN NGHI. **acupuncture and electrotherapeutics research.** 1983;8(3-4):321 (eng).

199- gera: 22929/di/ra
CEPHALEES. RAZAFITSALAMA D. **auriculomedecine.** 1983;30:11 (fra).

200- gera: 26149/di/el
CEPHALEES. LEBARBIER A. **in l'acupuncture pratique, maisonneuve, ste ruffine.** 1983;:429-431 (fra).

201- gera: 1712/di/ra
MIGRAINES (OBSERVATIONS). LEBARBIER A. **acupuncture.** 1984;79:26-7 (fra).
Presentation d'un cas par stase de yin au niveau de l'enveloppe pelvienne.

202- gera: 1718/di/ra
[OBSERVATIONS SUR 78 CAS DE CEPHALEES TRAITEES PAR ACUPUNCTURE EN TANZANIE]. ZHANG DENGBU. **journal of the shandong college of traditional chinese medicine.** 1984;8(2):27 (chi).

203- gera: 1720/di/cg
LES CEPHALEES : FORMES CLINIQUES ET TRAITEMENT. AUTEROCHE B. **3eme seminaire des associations d'acupuncture du midi,nimes.** 1984;:153 (fra).
L'auteur rappelle dans son introduction les différentes classifications en Médecine Traditionnelle Chinoise de l'entité "céphalée". Après avoir brièvement développé les approches basées sur "Vide-Plénitude" et sur la localisation, il décrit, selon la doctrine classique de la Médecine Chinoise, les tableaux cliniques et le traitement des céphalées, à partir de l'étio-pathogénie.

204- gera: 1721/di/cg
CEPHALEES : ESSAI D'ELARGISSEMENT DU CHOIX DES POINTS. GIRAUD JP. **3eme seminaire des associations d'acupuncture du midi,nimes.** 1984;:171 (fra).
L'auteur a voulu tenter un rapprochement entre une simplification actuelle des chinois modernes sur les céphalées et un nombre important de syndromes contenant ce symptôme, décrit par des auteurs occidentaux classiques. Cette approche se fait sur un plan diagnostic et thérapeutique. Ceci permet d'élargir son choix de points, la présentation de cet exposé essaie d'être le plus pratique possible, afin de pouvoir l'utiliser en pratique

205- gera: 1726/di/ra
INTERETS DES TRAVAUX DE HEAD DANS LE DIAGNOSTIC ET LE TRAITEMENT DES CEPHALEES EN ACUPUNCTURE. LAFONT JL. **3eme seminaire des associations d'acupuncture du midi,nimes.** 1984;:185 (fra).
Après un rappel des travaux de Head, et des conséquences qu'on pourrait en déduire dans la pratique de l'acupuncture (conséquences précédemment établies et citées en bibliographie), l'auteur envisage l'apport de ces notions dans le diagnostic et le traitement des céphalées par acupuncture. Ses conclusions vérifient certaines données de la Médecine Traditionnelle Orientale en même temps qu'elles permettent de soulever certaines hypothèses, entre autre, l'hypothèse d'une organisation segmentaire au niveau de l'extrémité céphalique répondant segment par segment à l'organisation thoraco-abdominale permettant ainsi de définir des topographies préférentielles de céphalées en relation avec les différents viscères.

206- gera: 1727/di/ra
LES CEPHALEES D'ORIGINE MUSCULAIRE. TAILLANDIER J. **actes du 3eme seminaire des associations d'acupuncture du midi,nimes.** 1984;:207 (fra).
Certaines céphalées peuvent être déclenchées par des contractures musculaires donnant lieu à des douleurs référées cervico-céphaliques. La topographie de ces projections a été étudiée par Travell et Rinzier qui mirent en évidence des "trigger-zone" musculaires. Leurs correspondances avec des points d'acupuncture sont étudiées ici.

207- gera: 1728/di/ra
COMPILATION DES TECHNIQUES DE TRAITEMENT DES MIGRAINES ET CEPHALEES PAR LA SOCIETE D'ACUPUNCTURE D'AQUITAINE. DINOUART P ET AL. **actes du 3eme seminaire des associations d'acupuncture du midi,nimes.** 1984;:218 (fra).

208- gera: 1729/di/ra
CEPHALEES : ETUDE ANALYTIQUE ET TRAITEMENT. LAMBERT G. **3eme seminaire des associations d'acupuncture du midi,nimes.** 1984;:212 (fra).
L'auteur présente une étude analytique des différents syndromes céphalées dans le cadre de la Médecine Traditionnelle Chinoise. Il distingue deux grands types étiologiques : 1) les céphalées d'origine externe, 2) les céphalées d'origine interne. Les céphalées d'origine externe ont un caractère aigu qui permet de les différencier des céphalées d'origine endogène dont le mode d'évolution est chronique. Le diagnostic des syndromes céphalées est essentiellement fondé sur l'examen du pouls et de la langue. Il conclue cette étude par le traitement étiologique et symptomatique des différents syndromes.

209- gera: 1730/di/ra

[RELATIONS ENTRE L'EFFET THERAPEUTIQUE DE L'AURICULOPUNCTURE ET LE TAUX D'ACETYLCHOLINESTERASE]. KUANG PEIGEN ET AL. **journal of traditional chinese medicine.** 1984;25(1):55 (eng).

210- gera: 1734/di/ra
PERIOSTAL ACUPUNCTURE AS TREATMENT FOR HEADACHE. RUHWALD M. **akupunktur.** 1984;4:187 (deu).
[TRAITEMENT DES CEPHALEES PAR ACUPUNCTURE PERIOSTALE]. Puncture profonde atteignant le périoste et déclenchant une sensation similaire au deqi aux points 20VB, 21VB, 16IG. Résultats satisfaisants tant dans le traitement des migraines (76,8 %) que des céphalées de tension (76 %).

211- gera: 1740/di/ra
MIGRAINES. GOURION A. **revue francaise de mtc.** 1984;104:533-8 (fra).
Seront exclues de cette étude sur les migraines, les céphalées unilatérales d'origine : soit organique, soit énergétique : dues aux différentes atteintes des méridiens principaux ou secondaires (exception faite de ceux du mouvement Bois) pour lesquelles le lecteur est invité à consulter les articles des docteurs Nguyen Van Nghi, Brusselaars Jean-Gilbert et Brusini Mollard Yvonne. Dans ces cas-là, les résultats thérapeutiques sont meilleurs et se rapprochent de ceux des céphalées courantes. Cette étude est essentiellement axée sur les migraines à connotation psychiques évidente (au moins pour le médecin, le patient la rejetant le plus souvent). Ces migraines (ou Pian Tou Tong), bien qu'apparentées aux céphalées (ou Tou Tong) présentent des différences fondamentales non seulement sur les plans symptomatologique et étiologique mais aussi et surtout sur le plan thérapeutique quant à leur réponse. Sur le plan symptomatologique : leurs prodomes, leur unilatéralité, leur symptomatologie digestive, essentiellement à type de "crise de foie", leur répétitivité quasi immuable, les caractérisent et les différencent nettement des céphalées. Sur le plan étiologique : la participation de manière constante ou presque du Mouvement Bois (Foie-Vésicule Biliaire) et donc des sept sentiments révèle chez ces migraineux un terrain particulier : terrain vasculaire et susceptibilité psychique. La connotation psychique (consciente et surtout inconsciente est assez spécifique). Enfin, sur le plan thérapeutique : les résultats obtenus seront moins spectaculaires voire décevants comparativement à ceux des céphalées. Il apparaît que cette résistance à la thérapeutique est due essentiellement au facteur psychique communément appelé "terrain familial". Si les mécanismes de causes à effet semblent pouvoir être expliqués par le malade sur le plan strictement logique (il cherche à les rationnaliser), force est de constater que la chronicité de la maladie démontre l'inverse. En fait, le malade ne fait que constater ces symptômes, la cause profonde de "sa maladie" lui

212- gera: 1745/di/ra
CAS CLINIQUE : DEUX OBSERVATIONS DE CEPHALEES. AUGENDRE M. **acupuncture.** 1984;80:33-5 (fra).
Déséquilibre énergie/sang à la fois général et local.

213- gera: 1746/di/ra
[TREATMENT OF 65 CASES OF ANGIONEUROTIC HEADACHE BY EMBEDDING CATGUT IN THE POINT]. JIANG XIUXIANG. **chinese acupuncture and moxibustion.** 1984;4(3):7 (chi*).
This paper reports 65 cases of angioneurotic headache treated by imbedding catgut in the point, in which 50 cases were prominently effective, and 11 cases effective, the effective rate being 93.8%. For the patients with chronic headache, repeated imbedding of catgut can strenghten the effect. The thread imbedding therapy is considered to have the same effect as acupuncture at point. Generally, imbed the catgut once for 20 days, 3-5 times constitute one course of treatment.

214- gera: 1747/di/ra
[EXEMPLE DE TRAITEMENT PAR ACUPUNCTURE DE L'HEMICRANIE]. X. **orientamenti mtc.** 1984;1(2):101 (ita).

215- gera: 1759/di/ra
TRAITEMENT DES CEPHALEES EN MEDECINE CHINOISE. DUBOIS JC. **meridiens.** 1984;67-68:87-108 (fra*).
Exposée d'après l'enseignement reçu par l'auteur à l'Institut de Médecine Chinoise de Canton, la question des céphalées est envisagée sous l'angle de l'acupuncturo-moxibustion et de la médecine interne ("Phytothérapie"). Une priorité est donnée à cette dernière conformément aux enseignements et aux usages chinois car elle constitue de nos jours encore l'enracinement clinique de la médecine traditionnelle. L'acupuncture est traitée en connexion directe avec la partie précédente. Une introduction retrace l'historique de la question et montre de quelle manière la médecine chinoise a pu se développer au cours des âges, en conformité avec les modèles exposés dans les livres canoniques. L'étiopathogénie est ensuite analysée, avec un schéma explicatif de la constitution des syndromes d'atteinte interne. La partie diagnostic et traitement s'attache à la description des formes cliniques et des traitements appropriés. Les traitements par acupuncture ne se superposent pas exactement aux traitements phytothérapiques, différence significative des deux grands courants de la médecine

216- gera: 1771/di/el
CEPHALEES. ROUSTAN C. **in traite d'acupuncture,masson,paris.** 1984;3:336-40 (eng).

217- gera: 1786/di/cg
[TRAITEMENT DE LA MIGRAINE PAR ACUPUNCTURE ET MOXIBUSTION]. STUX G. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:50 (eng).

218- gera: 1798/di/ra
CEPHALEE, CHUTE DE CHEVEUX.. TAIYIN. KESPI JM. **revue francaise d'acupuncture.** 1984;38:57-9 (fra).

219- gera: 1799/di/ra
HISTOIRE DES MIGRAINES (CAS CLINIQUES). CORMONT G. **acupuncture.** 1984;81:29-30 (fra).
Blocage énergétique au niveau de la loge P/GI.

220- gera: 1800/di/re
ACUPUNCTURE VERSUS MEDICAL TREATMENT FOR MIGRAINE AND MUSCLE TENSION HEADACHES. LOH L ET AL. **journal of neurology, neurosurgery and psychiatry.** 1984;47(4):333-7 (eng).
In 48 patients with chronic migraine and muscle tension headaches, a comparison was made between a prophylactic course of acupuncture and of medical treatment. It was intended that all patients should have 3 months with both forms of treatment, but 19 were unwilling to change from one form of prophylactic to the other. Twenty-four of 41 patients improved on acupuncture, the improvement being very marked in nine; nine of 36 patients improved on medical treatment, the improvement being marked in three. Of the 29 patients who changed from one form of treatment to the other, a larger proportion preferred acupuncture to medical treatment. A beneficial response to acupuncture was more likely when the patient had local tender muscular points. The presence of depressive features did not preclude satisfactory treatment with acupuncture. No major side effects

221- gera: 1801/di/ra
[54 CAS DE CEPHALEES PAR CAUSE INTERNE TRAITES PAR LA DECOCTION TOU TENGNING]. LI JINGCI ET AL. **shaanxi journal of traditional chinese medicine.** 1984;5(9):15 (chi).

222- gera: 1803/di/ra
[CEPHALEE VENT-CHALEUR TRAITEE PAR LIANGGESAN]. ZHANG KONG. **journal of new chinese medicine.** 1984;16(10):40 (chi).

223- gera: 1804/di/re
AN EVALUATION OF ACUPUNCTURE TREATMENT FOR MIGRAINE. BOIVIE J ET AL. **acta neurologica scandinavica.** 1984;69(5-98):268-9 (eng).
Etude d'un traitement local non précisé chez 20 femmes et 5 hommes avec migraine sévère (8 jours avec migraine durant les 28 jours de la période préthérapeutique). L'évaluation est faite sur le nombre de jour de douleur multiplié par l'intensité de la douleur cotée de 1 à 3 (faible, moyenne, sévère). On observe après 10 séances étalées sur 1 mois, une diminution de 40 % de l'index de migraine. Une évaluation de 7 à 9 mois après montre une diminution de 39 % par rapport à la période préthérapeutique. Ces diminutions sont significatives.

224- gera: 1805/di/el
CEPHALEES. NGUYEN VAN NGHI. **in medecine traditionnelle chinoise,marseille.** 1984;:589 (fra).

225- gera: 1806/di/ra
[DIAGNOSTIC ET TRAITEMENT DES CEPHALEES PAR ACUPUNCTURE]. SCOTT J. **journal of chinese medicine.** 1984;14:5-18 (eng).

226- gera: 1807/rd/ra
[EFFET OF ACUPUNCTURE THERAPY ON HEADACHE AND POST-CEREBRAL APOPLEXY SYMPTOMS]. FUJISAWA K ET AL. **journal of the japan society of acupuncture and moxibustion.** 1984;33(4):369-74 (jap*).
Le but de cette étude est d'évaluer l'efficacité de l'acupuncture dans le traitement d'affections neurochirurgicales particulierement la céphalée rebelle ou les séquelles d'apoplexie (paresthésies, douleurs...). 230 patients externes non soulagés par analgésiques sont divisés en deux groupes. Groupe 1 : électroacupuncture durant 7 minutes une fois par semaine, et groupe 2, 30 minutes deux fois par semaine associée à moxas sur aiguilles. Sur la base d'une cotation des signes à 100 % avant le traitement par acupuncture, on observe une réduction de 50 % dans le groupe 1 et de 70 % dans le groupe 2 pour les migraines. Pour les céphalées d'origine vasculaire la réduction est de 60 % dans les deux groupes et quelque soit l'affection sous jacente.

227- gera: 1808/di/re
UNE CEPHALEE REBELLE. KESPI JM. **revue francaise d'acupuncture.** 1984;40:67-8 (fra).
Cette observation nous rapelle qu'un tendinomusculaire peut-être à l'origine d'une céphalée.

228- gera: 1809/di/el
[ETUDE PRELIMINAIRE DE QUELQUES REGLES THERAPEUTIQUES DANS LES CEPHALEES]. ZHANG ZHONGFONG ET AL. **selection from shanghai jam 82-84.** 1984;:67-73 (eng).

229- gera: 1810/di/ra
UNE IDEE NOUVELLE CONCERNANT LA MIGRAINE. NOGIER P. **auriculomedecine.** 1984;37:7 (fra).

230- gera: 1811/di/ra
EFFECTIVENESS OF ACUPUNCTURE AND PHYSIOTHERAPY ON MYOGENIC HEADACHE : A COMPARATIVE STUDY. AHONEN E ET AL. **acupuncture and electrotherapeutics research.** 1984;9(3):141-50 (eng).
Twenty-two tension-neck and headache patients were divided into acupuncture and physiotherapy groups. The quantity of muscle tension (motor unit potential spikes per time unit) was estimated three times before the beginning of the therapy, four times during a therapy period of four weeks, and two times during the follow-up .period of 28 weeks. Pain lever was also estimated using a visual analogue scale. In both of the groups a significant reduction of muscle tension was observed during the therapy period. After a follow-up period of 28 weeks, there was still a significant- reduction of EMG activity in both groups. Also, the subjective level of headache decreased in these groups during the therapy period, and it was also significantly lowered after 28 weeks of follow- up. It is concluded that either acupuncture therapy or physiotherapy relieves pain in tension-neck and headache

231- gera: 1812/di/re
[CHANGES IN BLOOD SEROTONIN LEVELS IN PATIENTS WITH MIGRAINE HEADACHES BEFORE AND AFTER A COURSE OF REFLEXOTHERAPY]. MARKELOVA VF ET AL. **zhurnal nevropatologii i psikhiatrii.** 1984;84(9):1313-6 (rus*).
Etude chez 49 sujets. L'action de l'acupuncture dépend du taux sérique de sérotonine avant traitement : l'acupuncture est efficace dans les cas où ce taux est élevé ou légérement abaissé.

232- gera: 1824/di/cg
EFFECT OF MERIDIAN DIALECTISM IN PATIENTS WITH ENDOGENOUS TYPE OF HEADACHE ON PLASMA DOPAMINE-BETA-HYDROXYLASE. KUANG PEIGEN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:39 (eng).

233- gera: 1832/di/ra
[DIAGNOSTIC DIFFERENTIEL ET TRAITEMENT DIFFERENTIEL PAR AURICULOMEDECINE DE LA MIGRAINE D'UN POINT DE VUE ALLERGOLOGIQUE]. SACHSSE M. **der akupunkturarzt aurikulotherapeut.** 1984;4:93-102 (deu).

234- gera: 2317/di/ra
[DIAGNOSTIC DIFFERENTIEL ET TRAITEMENT DE LA MIGRAINE EN AURICULOMEDECINE]. SACHSSE M. **auricular-medicine and acupuncture physician.** 1984;14:6-10 (eng).

235- gera: 2319/di/el
[CEPHALEE]. QIU MAOLIAN ET AL. **in nanjing seminars transcript (qiu maolian and su xin ming),london.** 1984;:38-44 (eng).

236- gera: 5427/di/ra
[L'ACUPUNCTURE DANS LE TRAITEMENT DE SYNDROMES DOULOUREUX ET FONCTIONNELS. RAPPORTS DE 971 CAS]. FISCHER MV ET AL. **acupuncture and electrotherapeutics research.** 1984;9(1):11-29 (eng).
Les résultats sont positifs en cas de céphalée, sinusite, cervicalgie, épaule douloureuse, ischialgie, lombalgie, constipation, zona, rhinite allergique et troubles de la circulation périphérique. L'acupuncture permet de réduire les médications, en dépit d'une haute fréquence des récidives, en cas de névralgie faciale, colite ulcéreuse, asthme bronchique et douleur cancéreuse. Les résultats sont non satisfaisants dans la pathologie mentale et négatifs en cas de bourdonnements.

237- gera: 6178/di/el
[CEPHALEE]. ZHONG MEIQUAN. **in the chinese plum-blossom needle therapy,the people's medical publishing house.** 1984;:184 (eng).

238- gera: 6260/di/re
ACUPUNCTURE FOR MIGRAINE REDUCES BOWEL ACTIVITY. SCHOTT GD. **journal of neurology,neurosurgery and psychiatry.** 1984;47:317. (eng).
Au cours de traitement on a observé chez deux patients une modification de la fréquence des selles. L'acupuncture entraîne une augmentation des endorphines dont l'action locale inhibe l'activité intestinale et la naloxone a pu être utilisée dans la constipation.

239- gera: 16301/di/cg
RELATIONSHIP BETWEEN THERAPEUTIC EFFECT OF ELECTROACUPUNCTURE IN PATIENTS WITH HEADACHE AND ERYTHROCYTE ACETYLCHOLINESTERASE*. KUANG PEIGEN ET AL. **second national symposium on acupuncture and moxibustion,beijing.** 1984;:416 (eng).

240- gera: 19955/di/ra
[RADIX PUERARIAE DANS L'HEMICRANIE]. X. **orientamenti mtc.** 1984;2:96 (ita).

241- gera: 28918/nd/re
[PERIPHERAL STIMULATION IN THE TREATMENT OF HORTON'S HEADACHE]. KWASUCKI J ET AL. **wiad lek.** 1984;37(15):1176-9 (pol*).

242- gera: 1802/di/ra
SESION CLINICA "DOLOR DE CABEZA". VELAZQUEZ J. **medicina tradicional china.** 1985;4:3-4 (esp).

243- gera: 1813/di/ra
[HEMICRANIE]. GOURION A. **rivista italiana di mtc.** 1985;1:19 (ita).

244- gera: 1814/di/ra
[OBSERVATION CLINIQUE SUR 21 CAS DE CEPHALEES VASCULO-NEUROGENES PAR DECOCTION]. ZHAO YIREN ET AL. **shanghai journal of traditional chinese medicine.** 1985;2:17 (chi).

245- gera: 1815/di/ra
SESION CLINICA "DOLORES DE CABEZA". VELASQUEZ J ET AL. **medicina tradicional china.** 1985;7:4-5 (esp).

246- gera: 1816/di/re
AKUPUNKTUR BEI MIGRANE. KUBIENA G. **fortschritte der medizin.** 1985;103(25):669-72 (deu*).
Etude de 68 cas traités au Ludwig Boltzmann. Institute for Acupuncture de Vienne entre 1976 et 1978. Un bon ou très bon résultat est observé dans 2/3 des cas. Un effet modéré dans 1/8, et aucun effet dans 1/4. Comparé aux résultats des traitements conventionnels, l'acupuncture donne des résultats satisfaisants.

247- gera: 1817/di/ra
[TRAITEMENT DE 36 CAS DE CEPHALEES PSYCHOGENES PAR MASSAGE]. ZHOU ZHIWEI. **journal of new chinese medicine.** 1985;17(5):29 (chi).

248- gera: 1818/di/re
THERAPIES NON MEDICAMENTEUSES DES CEPHALEES. PHOLIEN P. **revue medicale de liege.** 1985;40(8):261-71 (fra).
Revue des techniques non médicamenteuses et notament de l'acupuncture avec mention d'une seule étude contrôlée (Loh, 1984).

249- gera: 1819/di/ra
[TRAITEMENT DES CEPHALEES PAR ACUPUNCTURE AVEC POINTS DISTAUX]. PETERS G. **der akupunkturarzt aurikulotherapeut.** 1985;5:126-7 (deu).
Thérapeutique efficace et rapide par somatopuncture de points distaux, guidé par l'interrogatoire et la recherche du RAC. Description de 3 cas.

250- gera: 1820/di/ra
[TRAITEMENT DE LA CEPHALEE TENSIVE PAR LA METHODE TUINA]. CHAOLAI MENG A. **deutsch zeitschrift fur akupunktur.** 1985;6:130-1 (deu).
Tuina est la massotherapie chinoise traditionnelle et a les mêmes bases que l'acupuncture. Toutes les deux sont basées sur les méridiens.

251- gera: 1821/di/re
THE EFFECTS OF ACUPUNCTURE VERSUS PLACEBO IN THE TREATMENT OF HEADACHE. DOWSON DI ET AL. **pain.** 1985;21(1):35-42 (eng).
Forty-eight patients were entered into a placebo (mock TNS) versus acupuncture study to assess the effect of these therapies on headache. Treatment was evaluated by the use of patient diaries; each patient completed a daily diary for 4 weeks priority treatment during 6 weeks of therapy and for 24 weeks of follow-up. Thirty-nine patients completed Uealmenl and follow-up. Al most acupuncture appears to be approximately 20% more effective than a placebo in alleviating headache but no statistically significant difference between these two treatments could be demonstrated. The implications of this result particularly with respect to determining treatment success and study

252- gera: 1822/di/ra
TRAITEMENT DES CEPHALEES ET DES NEVRALGIES FACIALES (A PROPOS DE 1200 CAS). DI CONCETTO G. **revue francaise de mtc.** 1985;113:312-5 (fra).

253- gera: 1823/nd/re
[A MUSCLE AND VASCULAR ORIENTED RELAXATION PROGRAM FOR THE TREATMENT OF CHRONIC MIGRAINE PATIENTS. A RANDOMIZED CLINICAL *]. DOERR-PROSKE H ET AL. **z psychosom med psychoanalys.** 1985;31(3):247-66 (deu).

254- gera: 1825/di/re
MIGRANE-THERAPIE IM KINDESALTER. POTHMANN R. **fortschritte der medizin.** 1985;103(25):663-5 (deu*).
Revue sur le traitement de la migraine de l'enfant. Un traitement de fond est indiqué en cas de survenue de plus d'une à deux crises par mois. L'acupuncture (comme le training autogène ou l'électro-stimulation transcutanée) peut être indiqué en cas d'échec du traitement médical.

255- gera: 1844/di/re
ACUPUNCTURE TREATMENT OF CHRONIC TENSION HEADACHE. A CONTROLLED CROSS-OVER TRIAL. HANSEN PE ET AL. **cephalagia.** 1985;5(3):137-42 (eng).
In a controlled trial the effect of traditional Chinese acupuncture v. placebo acupuncture was evaluated in 18 patients with chronic tension headache (mean disease duration 15 years). A11 patients suffered from daily or frequently recurring headache. the intensity of which was recorded by the patient over a period of 15 weeks Each patient was treated by traditional Chinese acupuncture as well as by placebo acupuncture in a cross-over design following randomisation. Each period of treatment comprised six treatments. Traditional Chinese acupuncture was found to be significantly more pain-relieving than placebo acupuncture according to the pain registration of the patients themselves. The pain reduction was 31%. Acupuncture is therefore found to be a reasonable treatment for

256- gera: 2311/nd/re
[THERAPY OF PRIMARY HEADACHE USING ACUPUNCTURE THERAPY]. CECCHERELLI F. **g stomatol ortognatodonzia.** 1985;4(1):39-48 (ita).

257- gera: 2316/di/ra
[HEMICRANIE TRAITEE PAR LES GRANULES ZHI PIAN TONG, RAPPORT DE 150 CAS]. BEI SHUYING. **journal of traditional chinese medicine.** 1985;5(4):256-8 (eng).

258- gera: 2893/di/ra
[TRAITEMENT PAR ACUPUNCTURE DES ALGIES DE LA TETE, DU COU, ET D'ORIGINE CERVICALE]. STRAUSS S. **journal of traditional chinese medicine.** 1985;5(1):13-18 (eng).
Rapport de 174 cas (72 névralgies cervico-brachiales, 46

céphalées, 30 cervicalgies, et 26 cervicalgies- céphalées). Analyse des résultats cliniques et du coût financier.

259- gera: 8313/di/ra
[PROFIL STATISTIQUE D'UNE CLIENTELE D'ACUPUNCTURE AUX USA]. DUNG HC. **chinese medical journal.** 1985;98(11):835-840 (eng).
Etude de 3691 nouveaux patients reçus pendant quatre ans, de 1981 à 1984, par un acupuncteur exclusif exercant au Texas et formé à Taïwan. 0,4 % des patients ont été adressés par un médecin, les autres viennent par le bouche à oreilles. 56,9 % sont des femmes. 74,2 % sont agés de 30 à 69 ans avec un pic autour de 50 ans. 1,9 % a moins de 19 ans. Les motifs de consultation sont : 1) Douleurs (70 %), d'abord lombaires (35 %) puis cou et épaules, suivies de genoux et céphalées. 2) Arrêt du tabac (17,5 %), hommes et femmes en proportion égales. 3) Réduction pondérale (6 %), avec une proportion de 77 % de femmes. 4) Autres (6,5 %), où se détachent asthme et emphysème, rhinite et sinusite, insomnie, acouphènes, troubles de la ménopause... L'étude montre que l'acupuncture est peu prise en compte par les professionnels de la santé alors qu'elle jouit d'une popularité croissante dans le public américain. 97,8 % des patients consultant pour douleurs ont été diagnostiqués et traités par un médecin diplomé sans résultats satisfaisants. Ce phénomène suggère que l'acupuncture est, sinon une réponse effective, du moins une alternative à certains problèmes mal résolus par la médecine aux USA dont

260- gera: 8517/di/ra
[UTILSATION CLINIQUE DU POINT FENG CHI (20VB)]. LOU BEICENG ET AL. **chinese acupuncture and moxibustion.** 1985;5(1):23 (chi*).
Localisation et puncture du point. Si le 20VB gauche est puncturé l'aiguille doit être dirigée vers l'orbite droite, la puncture doit donc être croisée, à une profondeur de 1,2 à 1,5 cm. En cas de céphalées et vertiges liés à un traumatisme cranien ajouter 20VG et 16VG. Epilepsie : 14VG, 20BG et 5P. Céphalée unilatérale : 20VG et Tai Yang. Vertiges : 18V et 36E. Bourdonnement : 2VB et 17TR. Douleur abdominale : 36E et 11V.

261- gera: 12601/di/re
ACUPUNCTURE IN THE POST-CONCUSSIONAL SYNDROME. CHILVERS CD. **new zealand medical journal.** 1985;98(784):658. (eng).
Rapport de deux cas de céphalées post-traumatiques (chute de cheval) traitées par le point gachette du sternocleido-mastoïdien décrit par Travell et Simons et correspondant au 11E.

262- gera: 13691/di/ra
[LASER ACUPUNCTURE DANS LES ALGIES CRANIO-FACIALES]. GRASSER M ET AL. **deutsche zeitschrift fur akupunktur.** 1985;6:122-29 (deu).
Traitement de 40 patients, 32 par laser-acupuncture et 8 avec traitement placebo. 3 séances par semaine pendant 4 semaines. Les points utilisés sont approximativement ceux de l'ancienne acupuncture chinoise. Les résultats montrent que ce traitement donne les meilleurs résultats en cas de migraines, et que la technique est sans danger pour le patient comme le thérapeute.

263- gera: 16627/di/ra
DISCOURS SUR L'IMPORTANCE DE LA PUNCTURE. NGUYEN VAN NGHI. **revue francaise de mtc.** 1985;113:305-7 (fra).
Ce chapitre est consacré aux techniques de la puncture : localisation de la maladie, implantation de l'aiguille, réactions ressenties sous l'aiguille, profondeur et nombre de punctures, concernant les maladies suivantes : céphalée, froid-chaleur, abcès, entassement énergétique du bas-ventre, douleur par stockage (Shan), "Bi" musculaire, "Bi" épidermo-dermique, "Bi" osseux, folie-yin et folie-yang, "dai feng" (lèpre).

264- gera: 18853/di/ra
MIGRAINE AND ACUPUNCTURE. BISCHKO J. **acupuncture and electrotherapeutics research.** 1985;10(4):325-334 (eng).

265- gera: 26771/di/ra
KOMMENTAR ZU F.BADELT : GEISTESWISSENSCHAFTLICHE ASPEKTE DER AKUPUNKTUR. KUBIENA G. **deutsche zeitschrift fur akupunktur.** 1985;2:35-36 (deu).

266- gera: 26774/di/ra
KOMMENTAR ZUR ARBEIT VON G.KUBIENA, AKUPUNKTUR BEI MIGRANE, ERSCHIENEN IN DZA 1/85. PESZTENLEHRER I. **deutsche zeitschrift fur akupunktur.** 1985;2:46-47 (deu).

267- gera: 27690/di/ra
TEACHING ROUND HEADACHE. X. **journal of traditional chinese medicine.** 1985;5(3):225-7 (eng).

268- gera: 31775/di/ra
[THE EXPERIENCE OF SYMPTOM-SIGN DIFFERENTIATION AND TREATMENT ON HEADACHE]. LI YULING. **liaoning journal tcm.** 1985;9(12):22 (chi).

269- gera: 79603/di/re
TRAITEMENT DE LA MALADIE MIGRAINEUSE PAR ACUPUNCTURE: ETUDE CONTROLEE. HENRY P. **premieres rencontres de medecines alternatives, bordeaux.** 1985;:12-33 (fra).

270- gera: 80424/di/
KOMMENTAR ZUR ARBEIT VON G. KUBIENA AKUPUNKTUR BEI MIGRANE ERSCHIENEN IN DZA 1/85. PESZTENLEHRER I. **deutsche zeitschrift fur akupunktur.** 1985;2:46. (deu).

271- gera: 80492/di/ra
AKUPUNKTUR BEI MIGRANE - EINE DREIJAHRESSTUDIE MIT DEN MIGRANEPATIENT (INN) EN DER AMBULANZ DES LUDWIG-BOLTZMANN-INSTITUTES FUR AKUPUNKTUR IN WIEN 1976-1978. KUBIENA G. **deutsche zeitschrift fur akupunktur.** 1985;28(1):4-14 (deu*).
118 patients were treated for migraine headaches at the Ludwig-Boltzmann-Acupuncture-Institute in Vienna from 1976-1978. 68 patients came to follow up. The results were excellent or good in 61,8%; acupuncture had a positive effect in a total of 76,5%, and failed in 23,5%. Being a side-effect-free method of treating migraine headaches producing excellent results, acupuncture should be administered prior to the use of aggressive drug therapy. Optimum results may, however, only be expected of optimally trained physicians. That thorough training in acupuncture is imperative is demonstrated herein by the variety of criteria for selection of an optimum, and yet,

272- gera: 143979/di/cg
LE TRAITEMENT DES CEPHALEES ET DES NEVRALGIES FACIALES. DI CONCETTO. **actes des journees d'acupuncture, marseille.** 1985;:88 (fra).

273- gera: 2309/di/ra
TREATMENT OF MIGRAINE BY ACUPUNCTURING THROUGH XUANLU OR TAIYANG TO SHUAIGU. GAN ZHENYUAN. **journal of traditional chinese medicine.** 1986;6(1):21-2 (eng).
The effective rate for 31 cases of migraine treated by acupuncture was 94%, indicating that the specified points and manipulation produced good results. Many points are used for the treatment of migraine, but we found that Xuanlu (GB·5) or Taiyang(Extra 2) through to Shuaigu (GB-8) was very satisfactory. It was important that the sensation of acupuncture should spread to the entire temple area for good effects. For

those who are exuberant of Liver-yang, supplementary bloodletting in Taiyang (Extra 2) by fast pricking is recommended. For patients with deficiency symptoms, moxibustion should be added.

274- gera: 2310/di/ra
THE TREATMENT OF CHRONIC HEADACHE WITH AN ACUPUNCTURE/ANTIDEPRESSANT COMBINATION. LEWENBERG A. **american journal of acupuncture.** 1986;14(1):47-9 (eng).
A treatment for chronic headache is described. The treatment combines acupuncture and medication with an antidepressive agent (maprotiline hydrochloride). The antidepressant acts synergistically with acupuncture, enhancing its efficacy in relieving pain, insomnia, and depression, and reducing the number and frequency of required treatment sessions. Because of the synergistic action, the antidepressant is effective at doses far below the normal therapeutic doses and too low to produce side effects. The treatment provides speedy and lasting relief to the great majority of patients, including those with a long history of daily and refractory headaches.

275- gera: 2312/di/ra
[TRAITEMENT DE LA MIGRAINE PAR ACUPUNCTURE]. ATHIQUE MM. **british journal of acupuncture.** 1986;9(1):29-32 (eng).

276- gera: 2315/di/re
HIGH-INTENSITY TRANSCUTANEOUS NERVE STIMULATION AT THE HOKU ACUPUNCTURE POINT RELIEF OF MUSCULAR HEADACHE PAIN. LAPEER GL. **journal craniomandibular pract.** 1986;4(2):164-71 (eng).
This article outlines the use of high-intensity/high-frequency, high-intensity/low-frequency transcutaneous nerve stimulation in the reduction of muscular headache pain. The existing data on endogenous opiate and nonopiate pain control mechanisms and information from clinical trials are presented to substantiate the use of this treatment modality. The difficulty in running controlled studies for this modality is also explained.

277- gera: 18604/di/ra
ACUPUNCTURE IN A TREATMENT OF MIGRAINE. BATRA YK. **american journal of acupuncture.** 1986;14(2):135-37 (eng).
Twenty patients subject to frequent attacks of migraine who had not responded to conventional therapy, participated in a study to evaluate the effectiveness of acupuncture. Treatment was administered thrice weekly. Three months after the last sitting, results were excellent in 30% of cases, effective in 35%, slightly effective in 25% of the cases, and ineffective in 10%. These figures suggest that acupuncture be tried in patients suffering from migraine who are resistant to other forms of therapy.

278- gera: 19144/di/ra
VERIFICATION DES EFFETS DE L'ACUPUNCTURE DANS LES CEPHALEES MUSCULO-TENSIVES AU MOYEN DU BIOFEEDBACK. LANZA U ET AL. **revue francaise de medecine traditionnelle chinoise.** 1986;118:253-256 (fra).

279- gera: 20003/di/re
AKUPUNKTUR BEI SCHMERZEN IM KOPFBEREICH SOWIE BEI BLEPHAROSPASMUS OHNE ORGANISCHE URSACHE. SOLD-DARSEFF J ET AL. **klin mbl augenheilk.** 1986;189:167-9 (deu).
Comparaison de l'acupuncture classique et de l'acupuncture paraneurale dans la pathologie fonctionnelle ophtalmologique (75 migraines, 47 blépharospasmes, 18 névralgies faciales et 9 syndrômes douloureux post- traumatiques). Ces deux techniques donnent les mêmes résultats.

280- gera: 20020/di/re
A HIDDEN DIMENSION IN HEADACHE WORK : APPLIED HISTORY OF MEDICINE. ISLER H. **headache.** 1986;26:27-9 (eng).

281- gera: 20087/di/ra
ACUPUNCTURE FOR LONG-TERM TREATMENT OF HEADACHE IN A NATIONAL HEALTH CENTER. JUNNILA SYT. **american journal of acupuncture.** 1986;14(4):351-3 (eng).
The suitability of acupuncture for use in prophylaxis and treatment of chronic headache in patients of a national health care center was evaluated by means of an eight year long follow-up study. Interviewed were 88 female and 27 male patients after an eight to two year period of acupuncture treatments. Of these, 18 percent felt they derived no benefit, one patient reported an increase of the symptoms. In total, 74 percent of the patients obtained more than 30 percent relief of symptoms lasting an average of 22 months. Of the patients who had used analgesics before acupuncture, 75 percent could reduce their use of analgesics by more than 50 percent.

282- gera: 20213/di/ra
INTERET DE L'ELECTRO-ACUPUNCTURE DANS LE TRAITEMENT DU "CLUSTER HEADACHE" (FORMES CHRONIQUES). DOUTRELUGNE ET AL. **revue belge d'acupuncture.** 1986;34:6-13 (fra).
Les auteurs ont étudié, sans groupe contrôle, l'effet d'un traitement uniformisé d'électroacupuncture sur un groupe de 15 patients souffrant d'algies vasculaires de la face, de forme chronique. Après un bref rappel des données cliniques et épidémiologiques, ils présentent les résultats de leur étude : les crises sont améliorées en moyenne de : 62% quant à l'intensité de la douleur, 68,5% quant à leur durée, 71% quant à leur fréquence.

283- gera: 21710/di/ra
MECCANISMI DINAMICI DELL'INTERVENTO AGOPUNTURALE NELLA TERAPIE DELLE CEFALEE. MILANI L. **rivista italiana di agopuntura.** 1986;57:63-9 (ita).

284- gera: 22434/di/ra
[HEADACHE TREATED BY METHOD OF DIFFERENTIATION OF THE CHANNELS]. BIAN YURONG ET AL. **chinese acupuncture and moxibustion.** 1986;6(4):11-2 (chi*).
[Céphalées traitées par la méthode de différenciation des méridiens]. Observation de 118 cas de céphalées traitées par méthode de différenciation des méridiens : 1) Céphalées par feu du foie : 18V, 19V, 41VB. 2) Céphalées par vide de Yin : 21V, 23V, 36E. 3) Céphalées par trouble des glaires : 20V, 40E, 36E. De plus on injecte Radix angelicae sinensis aux points shu et on stimule électriquement. Résultats : 61 % nettement améliorés, 85,6 % améliorés dont 73,6 % dans les céphalées par déficit de yin, 71,4 % pour feu du foie, 36,8 %

285- gera: 22921/di/ra
[OBSERVATION DE 461 CAS DE CEPHALES D'ORIGINE CERVICALE TRAITES PAR PRESSION AU 16TR]. WU MU. **chinese acupuncture and moxibustion.** 1986;6(3):7-9 (chi*).
1 séance par jour, 1 à 3 séances. Les meilleurs résultats sont observés chez les patients avec cédation immédiate de la douleur à la pression du 16TR, 34,9 % de guérison, et 64,86 % d'amélioration marquée. Les résultats sont supérieurs à l'acupuncture classique.

286- gera: 23632/di/ra
Il TRATTAMENTO DELLE CEFALEE E DELLE NEVRALGIE FACCIALI. DI CONCETTO G. **rivista italiana di medicina tradizionale cinese.** 1986;2:38-54 (ita).

287- gera: 30918/di/ra
[30 CASES OF NEURAL HEADACHE BY AURICULOTHERAPY]. WANG XIUYING. **shandong journal of traditional chinese medicine.** 1986;6:19 (chi).

288- gera: 32181/di/ra
[OBSERVATION ON CURATIVE EFFECT ON VASCULAR AND TYPICAL HEMIHEADACHE WITH TIAO ZHONG YI QI TANG IN 36 CASES]. LI YONGEAI. **journal of tcm and chinese materia medica of jilin.** 1986;5:17 (chi).

289- gera: 40314/di/ra
[TREATMENT OF 51 CASES OF VASCULAR HEADACHE BY TOUTONG DECOCTION]. XU QI GANG ET AL. **journal of traditional chinese medicine.** 1986;27(2):114-15 (eng*).

290- gera: 19877/di/el
[CEPHALEES]. X. **in patent medicine,harmonious sunshine cultural center,san francisco.** 1987;2:97-103 (eng).
Formes cliniques et phytothérapie.

291- gera: 19990/di/el
EXPLORATION PRIMAIRE DE CERTAINES LOIS SUR LE TRAITEMENT ACUPUNCTURAL DE LA CEPHALEE. ZHONGFANG Z ET AL. **in selection des theses de la revue d'acupuncture de shanghai,shanghai.** 1987;:65-74 (fra).

292- gera: 19991/di/el
OBSERVATION DE L'EFFET THERAPEUTIQUE SUR 20 CAS DE MIGRAINE VASCULAIRE REBELLE TRAITES PAR L'ACUPUNCTURE. JIANGUO F ET AL. **in selection des theses de la revue d'acupuncture de shanghai, shanghai.** 1987;:75-8 (fra).
20 cas traités par points principaux : 20VB, 4GI, zone craniopuncture vertiges et audition, et points associés : 3IG, 3PC (Yintang), 36E. Résultats : 80 % de bons résultats, 20% d'échecs. 20 à 30 séances, 2 fois par semaine. Pathogénie : feu + vent remontant le Yang à la tête. Principes thérapeutiques : "chasser le vent, expulser le feu, désobstruer les vaisseaux Luo et calmer la douleur".

293- gera: 20106/di/ra
HEADACHE AFTER LUMBAR PUNCTURE RELIEVED BY ACUPUNCTURE. ROZENBERG B ET AL. **american journal of acupuncture.** 1987;15(3):255-6 (eng).
Headache after lumbar puncture for spinal anesthesia or after accidental dural tap during epidural block is an infrequent complication. Acupuncture can ameliorate the headache when conservative methods have failed and the patient has not accepted dural blood patch.

294- gera: 20206/di/ra
MANAGEMENT OF HEADACHE IN GENERAL PRACTICE WITH LASER-ACUPUNCTURE. SIU F. **new zealand journal of acupuncture.** 1987;:15-6 (eng).

295- gera: 20278/di/ra
[BRIEF OVERVIEW OF CLINICAL RESEARCH ON THE TREATMENT OF HEADACHE WITH ACUPUNCTURE AND MOXIBUSTION IN ABROAD]. LI FUFENG. **chinese acupuncture and moxibustion.** 1987;7(2):45 (chi*).
Revue générale sur les publications occidentales sur le traitement par acupuncture des céphalées.

296- gera: 20345/di/ra
ACUPUNCTURE TREATMENT OF 61 CASES OF SUPRAORBITAL NEURALGIA. XIA SHUZHEN ET AL. **journal of traditional chinese medicine.** 1987;7(2):116-8 (eng).
61 cas de névralgies supra-orbitaires traitées efficacement (contrôle à long terme), par associations de 3 points par séance choisis entre points locaux sur et hors-méridiens et points à distance. Efficacité pour 10 séances. Discussion énergétique. Tableaux comparatifs des résultats.

297- gera: 20368/di/ra
[CLINICAL OBSERVATION ON LONG TERM SENSATION THERAPY (IMPLANTED LINES) IN ACUPUNCTURE]. LU JIAN. **chinese acupuncture and moxibustion.** 1987;7(1):1 (chi*).
La mise en place de catgut permet d'obtenir une sensation prolongé d'acupuncture sur 10 jours. Le choix des points étant conforme aux principes généraux d'acupuncture, les résultats sont étudiés sur 50 cas de céphalées et 50 cas de troubles otorhinolaryngologiques. Cette méthode permet d'obtenir 85 % de bons résultats et de

298- gera: 20516/di/ra
ARE THERE LONG LASTING EFFECTS ON MIGRAINE HEADACHE AFTER ONE SERIES OF ACUPUNCTURE TREATMENTS ?. BOIVIE J ET AL. **american journal of chinese medicine.** 1987;15(1-2):69-75 (eng).
The long term effect of one series of acupuncture treatments on migraine headache was investigated. Twenty-five patients (20 women, 5 men) with a mean migraine history of 22 years and a stable, severe migraine (mean frequency 8 days/28 days) completed the study, out of 30 originally enrolled. The patients recorded the presence, severity and duration of headache as well as drug consumption during three 12 weeks long periods : one pretreatment period (baseline period = BP), follow up period I (FU I) immediately following the treatment period of 6-8 weeks and follow up period II (FU II) starting the 25th post treatment week. An index for migrainous headache was calculated for each 28 day period (number of days times severity rated 1, 2 or 3). Acupuncture was given close to or in the region of the headache. During FU I and FU II the migraine index had decreased 40% and 39%, respectively, compared to BP (to 10.3 and 10.5 from 17.2), giving a statistical significance with $p < 0.01$. The number of days with migraine headache was reduced 35 and 34%, respectively, during FU I and FU II to 5.1 and 5.2 from 8.0 days/28 days during BP. This reduction is significant too with $p < 0.05$ and was responsible for almost the whole reduction of the index. Thus the severity of the pain was not much changed. On an individual basis 7 of the 25 patients obtained a very large reduction of migraine headache. Their index was down to 3.6 and 2. 1 during FU I and FU II from 20.8 during BP. In 11 patients, the treatments gave no benefits. In general, a good effect during FU I lasted throughout FU II, i.e. for at least 9 months. In the 14 patients with non-migrainous headache a decrease of 33 and 20%, respectively, was recorded to an index of 8.5 and 10.5 from 12.7 before treatment. The reduction during FU I gave a p-value of < 0.05, but the reduction during FU II was not statistically significant. In conclusion, acupuncture treatments appear to give a long lasting reduction of severe migraine headache in some patients, whereas other patients get no benefit at all by treatments. The present study does not show, however, if that is a specific affect of the acupuncture needling itself.

299- gera: 20760/di/ra
LE CEFALEE : DIAGNOSI DIFFERENZIALE ED IMPOSTAZIANE TERAPEUTICA. DI CONCETTO G ET AL. **rivista italiana di agopuntura.** 1987;60:69 (ita).

300- gera: 20768/di/ra
CLASSIFICATION AND TREATMENT OF MENTAL DISORDERS BY TRADITIONAL CHINESE MEDICINE. CHANG JIAN HSU. **journal of the american college of tcm.** 1987;3:31-63 (eng).
1)Classification des maladies mentales en MTC : Revue historique. 2) Formes cliniques et rapport de cas traités par phytothérapie dans : a) état dépressif, b) état maniaque, c) état maniaco-dépressif, d) épilepsie, e) association épilepsie-manie, f) démence psychotique, g) autres : céphalée, vertiges, palpitations, insomnie.

301- gera: 20857/di/ra
TRATTAMENTO DELLA CEFALEA CON L'AUSILIO DELL'AGOPUNTO SHU DEL FEGATO (18V) E DELLA TECNICA DEL DEQI (ARRIVO DEL QI). LIGUORI A ET AL. **orientamenti mtc.** 1987;4(4):300-5 (ita).

302- gera: 20969/di/cg
THE TREATMENT OF CEPHALALGY AND FACIAL NEURALGIA : A REPORT OF 120 CASES. DI CONCETTO G. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:50 (eng).

303- gera: 20970/di/cg

EEG-VARIATION IN THE MEDICAL ATTENDANCE OF MIGRAINE WITH ACUPUNCTURE. KROHN T. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:51 (eng).

304- gera: 20971/di/cg
ROLE OF ACUPUNCTURE IN THE TREATMENT OF MIGRAINE. SHAIKH SM. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:51 (eng).

305- gera: 20972/di/cg
TREATMENT OF MIGRAINE HEADACHE BY ACUPUNCTURE AT POF HOSPITAL WAN CANTT PAKISTAN. RIZVI S. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:51 (eng).

306- gera: 20973/di/cg
ACUPUNCTURE TREATMENT OF MIGRAINE. STUX G. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:52 (eng).

307- gera: 20974/di/cg
AURICULOTHERAPY IN HEADACHE GENERATED BY AFFECTIONS OF THE BUCCOMAXILLOFACIAL AND ORL SPHERE. DONOSE B ET AL. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:52 (eng).

308- gera: 21048/di/ra
MECANISME ANATOMOPHYSIOPATHOLOGIQUE DE LA MIGRAINE. GACHON D. **acupuncture.** 1987;94:8 (fra).
L'auteur fait un parallèle entre les données récentes de la physiopathologie occidentale de la migraine et les données de la Médecine Traditionnelle Chinoise grâce à l'étude des "Mouvements énergétiques".

309- gera: 21049/di/ra
LES MIGRAINES CATAMENIALES. AUBE P ET AL. **acupuncture.** 1987;94:19 (fra).

310- gera: 21051/di/ra
APPORT DE LA CARTOGRAPHIE EEG DANS LE DOMAINE DE LA PATHOLOGIE MIGRAINEUSE. PECHADRE JC. **acupuncture.** 1987;94:35 (fra).
Les auteurs ont étudié la réactivité à la stimulation lumineuse intermittente par la technique de la cartographie EEG chez 29 témoins, 36 patients souffrant de céphalées non migraineuses, 30 patients présentant des migraines typiques, anciennes et fréquentes. La stimulation lumineuse intermittente entraîne dans le groupe des migraines vraies une augmentation de la puissance globale du spectre, une augmentation de la puissance et une large diffusion de la bande alpha, ce qui le différencie du groupe des céphalées non migraineuses et du groupe témoin de manière très significative. Cette réactivité particulière à la SLI est une aide au diagnostic et permet d'envisager une orientation thérapeutique chez les patients pour lesquels le diagnostic clinique est parfois imprécis. Les hypothèses, concernant d'une part la spécificité et d'autre part l'origine de la réactivité particulière

311- gera: 21052/di/ra
LES CEPHALEES DANS L'ISCHEMIE JUVENILE DISTALE. PERSUY PH. **acupuncture.** 1987;94:43 (fra).

312- gera: 21053/di/ra
LEXIQUE DES POINTS D'ACUPUNCTURE : CEPHALEES ET MIGRAINES. SCHMIDT A. **acupuncture.** 1987;94:48 (fra).

313- gera: 21058/di/cg
MODERN SCALP NEEDLING THERAPY FOR THE TREATMENT OF MYIOPA, BI SYNDROME, MIGRAINE, HEADACHE, STOMACH PAIN AND SHOULDER PAIN. FRANCIS C YU. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:92 (eng).

314- gera: 21237/di/cg
SIMPLE NON-INVASIVE EVALUATION OF "CEPHALIC HYPERTENSION SYNDROME" AND "CEPHALIC HYPOTENSION SYNDROME" WITH CORRESPONDING *. YOSHIAKI OMURA. **in compilation of the abstracts of acupuncture and moxibustion papers, beijing.** 1987;:190 (eng).

315- gera: 21381/di/el
CEPHALALGIE. SUN XIE-QUAN. **in recueil d'experiences cliniques en acupuncture moxa, jinan,.** 1987;:74 (fra).

316- gera: 22046/di/cg
THE TREATMENT OF HEADACHE IN 58 CASES ON BASIS OF BIAO-BEN AND GENJIE THEORY. MENG XIANKUN ET AL. **in selections from article abstracts on acupuncture and moxiibustion, beijing.** 1987;:189 (eng).

317- gera: 22047/di/cg
CLINICAL OBSERVATION OF THE EFFECTS OF NEEDLE DRAGGING RELAXATION METHOD IN TREATING HEADACHE : A STUDY OF 100 CASES. JIN WANAHENG. **in selections from article abstracts on acupuncture and moxiibustion, beijing.** 1987;:190 (eng).

318- gera: 22090/di/cg
THE CLINICAL USE OF BLEEDING THERAPY APPLIED TO THE CAPILLARIES ON THE DORSUM OF EAR. TIANJIN COLLEGE OF TCM. **in selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:236 (eng).
Saignée du bord supéro-externe de l'oreille à l'aide d'un petit scalpel, après massage pour bien faire apparaître les capillaires. Saignée d'environ 1 ml. Résultats sur 50 cas de convulsions de l'enfant, 30 cas d'épilepsie et 40 cas de céphalées. La saignée disperse l'énergie perverse de tous les méridiens yang et entraîne analgésie,

319- gera: 22219/di/ra
LES CEPHALALGIES D'ORIGINE MUSCULAIRE. DESOUTTER B. **revue francaise d'acupuncture.** 1987;51:33-51 (fra).

320- gera: 22533/di/ra
ACUPUNCTURE TREATMENT FOR HEADACHE IN SAUDI ARABIA, EASTERN PROVINCE (RÉSUMÉ). KHAWAJI YN ET AL. **alternative medicine.** 1987;2(3-4):280. (eng).

321- gera: 22717/di/ra
QUEL EST VOTRE DIAGNOSTIC ? (CEPHALEE). KESPI JM. **revue francaise d'acupuncture.** 1987;52:76-7 (fra).

322- gera: 22825/di/ra
TREATMENT OF MIGRAINE WITH ACUPUNCTURE AND MOXIBUSTION. PILOT STUDY ON 50 PATIENTS. STUX G. **british journal of acupuncture.** 1987;10(2):7. (eng).
Cinquante patients avec le diagnostic occidental de migraine. La douleur maximum était située au 14VB (16 cas), au 20VB (10 cas), au 8E (7 cas), au 2V (7 cas). Points d'acupuncture choisis en fonction de la localisation de la douleur sur les méridiens atteints, les symptômes sont classés en excés ou vide d'énergie. 50 % des patients ont eu des moxas sur les points de tonification spécifiques, quotidiennement. L'acupuncture à été administrée 2 fois par semaine par séries

de 10 à 12 séances. Résultats : 60 % de guérison, 28 % d'amélioration nette, 12 %

323- gera: 23649/di/ra
VERIFICA DEGLI EFFETTI DELL'AGOPUNTURA NELLE CEFALEE MUSCOLO-TENSIVE TRAMITE BIOFEEDBACK. LANZA U ET AL. **rivista italiana di medicina tradizionale cinese.** 1987;1:45-50 (ita).

324- gera: 24542/di/ra
[THE CLINICAL STUDY OF MUSCLE CONTRACTION HEADACKE]. SATORU YAMAGUCHI. **journal of the japan society of acupuncture.** 1987;37(3):180-7 (jap*).

325- gera: 24766/di/el
HEADACHE. CHENG XINNONG. **in chinese acupuncture and moxibustion, foreign languages press, *.** 1987;:429 (eng).

326- gera: 24844/di/cg
EVALUATION OF THE EIGHT MAGIC TURTLE TECHNIQUES (LIN GUI BA FA) FROM TREATING EIGHTY PATIENTS OF ANGIONEUROTIC HEADACHE. GUAN ZUNHUI. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:49 (eng).

327- gera: 24914/di/cg
THE TREATMENT OF HEADACHE IN 58 CASES ON BASIS OF BIAO-BEN AND GENJIE THEORY. MENG XIANKUN ET AL. **selections from article abstracts on acupuncture and moxibustion, beijing.** 1987;:189 (eng).

328- gera: 25818/di/el
CEPHALEES ET MIGRAINES. CYGLER B. **in la tete et le cou, editions de la tisserande, paris.** 1987;:153-169 (fra).

329- gera: 30143/di/ra
[TREATMENT OF DIFFERENT TYPES OF HEADACHE DURING MENSTRUATION]. XIAO CHENG-ZONG. **beijing journal of traditional chinese medicine.** 1987;(1):31-32 (chi).

330- gera: 30935/di/ra
[HELIUM NEON LASER ACUPUNCTURE TREATMENT FOR HEADACHE... 114 CASES REPORT]. WANG JINGYUN. **shandong journal of traditional chinese medicine.** 1987;3:17 (chi).

331- gera: 30980/di/ra
[ACUPUNCTURE FOR 84 CASES OF VASCULAR HEADACHE]. SHENG LING LING. **shanghai journal of acupuncture and moxibustion.** 1987;4:15 (chi).

332- gera: 31098/di/ra
[EXPERIENCE IN DIAGNOSIS AND TREATMENT OF HEADACHE]. CHI SHENGYE. **journal of zhejiang tcm college.** 1987;3(11):24 (chi).

333- gera: 31672/di/ra
[LI QI TONG QIAO DECOCTION FOR VASCULAR HEADACHE]. ZHANG JIANFU ET AL. **shaanxi journal of tcm.** 1987;8(6):245 (chi).

334- gera: 31914/di/ra
[SOME EXPERIENCES OF THE METHOD OF VETERAN DOCTOR OF TCM HU QIAOWU IN TREATING HEADACHE]. HU GUTANG. **liaoning journal of tcm.** 1987;11(1):5 (chi).

335- gera: 32230/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF NEUROSAL HEADACHE BY POINT-INJECTION THERAPY]. WANG SHU-QIN ET AL. **journal of tcm and chinese materia medica of jilin.** 1987;4:9 (chi).

336- gera: 32613/di/ra
[CONTRASTIVE OBSERVATION ON 80 CASES OF NEUROVASCULAR CEPHALAGIA TREATED WITH"NIN-GUI-BA- FA" (THE EIGHT MAGIC TURTTLE TECHNIQUES*]. GUAN ZUNHUI. **yunnan journal of tcm.** 1987;8(5):25 (chi).

337- gera: 32996/di/ra
[HEADACHE]. ZHU BAO-GUI ET AL. **zhejiang journal of traditional chinese medicine.** 1987;22(4):171 (chi).

338- gera: 33005/di/ra
[TREATING HEADACHE CAUSED BY DEPRESSION OF LIVER-ENERGY]. ZHOU YU-HAI. **zhejiang journal of traditional chinese medicine.** 1987;22(3):107 (chi).

339- gera: 33212/di/ra
[A COMMENT ON DR CUO SHIKUI'S EXPERIENCE ABOUT DRUG SELECTING FOR TREATING HEADACHE]. LI ZHIWEN. **hubei journal of traditional chinese medicine.** 1987;5:11 (chi).

340- gera: 33228/di/ra
[HEADACHE TREATED BY METHOD OF "ACTIVATING THE BLOOD AND ELIMINATING THE STAGNANT". REPORT OF 94 CASES]. NING HUIFEN. **hubei journal of traditional chinese medicine.** 1987;6:19 (chi*).

341- gera: 2504/di/re
LONG-TERM RESULTS OF ACUPUNCTURE IN CHRONIC HEAD AND NECK PAIN. LUNDEBERG T ET AL. **pain clinic.** 1988;2(1):15-31 (eng).

342- gera: 20821/di/el
CEPHALEES. DANG-VU HUNG. **in manuel d'acupuncture courante, masson, paris.** 1988;:143 (fra).

343- gera: 21570/di/ra
CEPHALEES. CADRES THEORIQUES, SYMBOLISME DE LA TETE, MECANISMES SIGNIFIES. GUILLAUME G ET AL. **revue de la societe francaise d'acupuncture et de mtc.** 1988;1:2-10 (fra).

344- gera: 21571/di/ra
LES CEPHALEES DANS LES QUARANTE PREMIERS CHAPITRES DU SUWEN. ANDRES G. **revue de la societe francaise d'acupuncture et de mtc.** 1988;1:12-23 (fra).

345- gera: 21572/di/ra
A PROPOS DES CEPHALEES. ROUAM F. **revue de la societe francaise d'acupuncture et de mtc.** 1988;1:25-30 (fra).

346- gera: 21573/di/ra
DOULEURS DE L'EXTREMITE CEPHALIQUE CAS CLINIQUES. REMPP CH. **revue de la societe francaise d'acupuncture et de mtc.** 1988;1:37-43 (fra).
A partir de la pratique quotidienne mais aussi à partir de l'activité d'un groupe d'étude de la douleur, l'auteur présente des cas cliniques. Ces cas ont, pour les uns, une valeur d'information générale, car correspondant à des douleurs bien

typées, réagissant à un traitement stéréotypé, car sortant des normes aussi bien par les caractères de la douleur que par la personnalité du patient. Le traitement en est donc chaque fois tout à fait particulier.

347- gera: 21574/di/ra
LES DIX POINTS CEPHALIQUES DE ZU TAIYANG. TENTATIVE DE COMPREHENSION DE LEURS INDICATIONS RESPECTIVES DANS LES CEPHALEES. CYGLER B. **revue de la societe francaise d'acupuncture et de mtc.** 1988;1:45-59 (fra).
L'auteur nous présente les indications énergétiques et symptomatiques traditionnelles des 10 premiers points de zu taiyang. Il souligne les propriétés particulières à chaque point dans le traitement des céphalées. L'auteur laisse des interrogations au décours de son exposé, espérant susciter ainsi des réflexions et discussions à

348- gera: 21601/di/ra
LES CEPHALALGIES D'ORIGINE MUSCULAIRE. DESOUTTER B. **annales de la societe d'acupuncture d'aquitaine.** 1988;1:68-92 (fra).
L'auteur, après une revue des données historiques et actuelles insiste sur la fréquence des céphalalgies d'origine musculaire. Il aborde l'étude fonctionnelle des muscles et groupes de muscles concernés. Les meilleurs résultats sont obtenus par l'association "traitement de la racine" et "du point brindille".

349- gera: 21612/di/ra
LES PERTUBATIONS DE LA CIRCULATION DE L'ENERGIE (JUE). REMPP C. **revue de la societe francaise d'acupuncture et de mtc.** 1988;1:31-5 (fra).

350- gera: 22842/di/ra
[350 CASES OF CHRONIC HEADACHE TREATED WITH ACUPOINT CUTTING AND DRESSING AND WULONGDINGFENG DECOCTION]. WANG HONGQI. **acta medica sinica.** 1988;3(3):33-4 (chi).

351- gera: 23804/di/ra
PSYCHOLOGICAL ASPECTS OF PEOPLE WITH HEADACHE UNDERGOING PERCUTANEOUS ELECTROSTIMULATION : PRELIMINARY DATA. NEGRO FE ET AL. **american journal of chinese medicine.** 1988;16(1-2):71-74 (eng).
[Aspects psychologique de céphalalgiques traités par électroacupuncture]. Traitement par électrostimulation percutanée de 70 cas de céphalées : 5 migraines vraies, 43 tensions musculaires, 22 mixtes. Points choisis : zones douloureuses et leurs irradiations, points distaux sur le même métamère. Fréquence 2 à 4 Hertz. 2 séances par semaine pendant 5 semaines. Patients classés anxieux, phobiques, obsessionnels, hypochondriaques, dépressifs, hystériques. L'efficacité est meilleure dans les tensions musculaires que dans les migraines et dépend beaucoup de la structure physiologique : bons résultats chez les anxieux, médiocres chez les phobiques, obsessionnels et

352- gera: 23809/di/ra
LO ZU : A SUCCESSFUL CLASSIC ALTERNATIVE TO ACUPUNCTURE FAILURES IN THE TREATMENT OF CHRONIC TENSION HEADACHE. JONG-RERN CHEN ET AL. **american journal of acupuncture.** 1988;16(3):217-20 (eng).
Une femme de 42 ans, souffrant de céphalées de tension chronique bitemporale depuis plus de 20 ans, peu améliorée par differentes techniques et même l'acupuncture standard. Après utilisation d'une méthode classique de puncture avec saignement larges du réseau veineux distendu à la partie distale et latérale des jambes, la céphalée s'est nettement améliorée. Après 6 traitements de ce type, la céphalée n'est plus réapparue pendant un an. La méthode appelée Lozu à été reconnue comme une importante méthode traditionnelle de traitement des céphalées chroniques de tension notamment dans les cas rebelles à l'acupuncture classique.

353- gera: 23921/di/ra
IL MASSAGGIO CINESE NELLE CEFALO-CERVICALGIE E NELLE INSUFFICIENZE VASCOLARI DEGLI ARTI INFERIORI. VIGGIANI B ET AL. **rivista italiana di agopuntura.** 1988;62:31-7 (ita).

354- gera: 24172/di/ra
CEPHALEES ET REGLES. MINH L. **revue francaise d'acupuncture.** 1988;53:5-12 (fra).
A partir de quinze observations, l'auteur analyse les manifestations cliniques des céphalées survenant uniquement à l'occasion des règles, et envisage leur étiologie et leur traitement en fonction de la physiologie du cycle

355- gera: 24177/di/ra
QUEL EST VOTRE DIAGNOSTIC ? (CEPHALEES). KESPI JM. **revue francaise d'acupuncture.** 1988;53:57-69 (fra).

356- gera: 24498/di/ra
[CLINICAL AND EXPERIMENTAL RESEACH ON 150 CASE OF MIGRAINE TREATED BY ACUPUNCTURE]. WEI FENGPO ET AL. **chinese acupuncture and moxibustion.** 1988;8(5):27 (chi*).
This article presents acupuncture therapy for treating 150 cases of migraine. The treatment has obtained 50. 67% cases cured, 37. 33% marked effectiveness and 97. 33% total effective rate. Bilateral Yifeng were selected and the depth of the needling ranged from 1. 5 to 2 cun. The manipulation was more rotation but less lifting and thrusting of needles. It was required to conduct the needling sensation to the throat or the root of the tongue. Needles were retained for 20 minutes. If the needling sensation was not remarkable, electric acupuncture apparatus should be connected with the needles for 20 minutes. The rheoencephalogram found that after the acupuncture treatment, patient's rheoencephalograms have been markedly improved.

357- gera: 24550/di/ra
QUEL EST VOTRE DIAGNOSTIC (Céphalées). KESPI JM. **revue francaise d'acupuncture.** 1988;54:74-5 (fra).

358- gera: 24716/di/ra
MIGRAINES CEPHALEES. LEDOUX F. **etudes.** 1988;34:27-30 (fra).

359- gera: 25448/di/re
ACUPUNCTURE IN THE TREATMENT OF CRANIOFACIAL PAIN. ARSENT A ET AL. **neurologie et psychiatrie.** 1988;26(2):85-92 (eng).
The authors present the effects of acupuncture in 50 patients with the following diagnoses : trigeminal neuralgia (23 cases), the Sluder syndrome (10 cases), migraine (17 cases). It is concluded that acupuncture treatment favours the reduction of drug consumption and implicity of iatrogenic pathology.

360- gera: 25466/di/re
ELECTROACUPUNCTURE IN THE TREATMENT OF HEADACHE. ARSENI A ET AL. **rev roum med, neurologie et psychiatrie.** 1988;26(4):265-70 (eng).

361- gera: 25691/di/ra
QUEL EST VOTRE DIAGNOSTIC ? (CEPHALEES). KESPI JM. **revue francaise d'acupuncture.** 1988;55:68-69 (fra*).

362- gera: 25805/di/ra
UN CASO DI EMICRANIA CRONICA TRATTATO CON LUCE COLORATA-POSSIBILITA DI ESISTENZA DI UNA CROMOTERAPIA TRADIZIONALE CINESE. DONADELLI G. **rivista italiana di agopuntura.** 1988;62:55-58 (ita).

363- gera: 26034/di/el
HEADACHE FROM PHLEGM-DAMPNESS (TOU TONG).

CHEN JIRUI ET AL. **in acupuncture case histories from china, eastland press, seattle.** 1988;:160-161 (eng).

364- gera: 26035/di/el
HEADACHE FROM STAGNATION OF QI AND BLOOD (TOU TONG). CHEN JIRUI ET AL. **in acupuncture case histories from china, eastland press, seattle.** 1988;:162-163 (eng).

365- gera: 26241/nd/re
SCHMERZTHERAPIE AUSSERHALB DES MEDIKAMENTOSEN. BAROLIN GS. **wiener medizinishe wochenschrift.** 1988;138(23-4:600-4 (deu*).

366- gera: 33362/di/ra
[TREATMENT OF 102 CASES OF HEADACHE WITH HAND ACUPUNCTURE]. MA DENGXU. **beijing journal of traditional chinese medicine.** 1988;3:41 (chi).

367- gera: 33522/di/ra
[TREATMENT OF ANGIONEUROTIC HEADACHE BY DEALING WITH "BLOOD"]. CHEN FAYONG. **journal of new chinese medicine.** 1988;20(10):18 (chi).

368- gera: 33743/di/ra
[THE OBSERVATION OF 26 CASES OF HEMICRANIA TREATED WITH "GOU XIE" POWER]. SUN GANG ET AL. **jiangsu journal of tcm.** 1988;9(4):10 (chi).

369- gera: 34526/di/ra
[BREATHING EXERCISE INFORMATION FOR ANGIONEUROTONIC HEADACHE]. YONGJUN W. **shaanxi traditional chinese medicine.** 1988;9(12):561-2 (chi).

370- gera: 34527/di/ra
[SCALP ACUPUNCTURE FOR HEADACHE]. LANFANG M. **shaanxi traditional chinese medicine.** 1988;9(12):563. (chi).

371- gera: 41799/nd/re
[TREATMENT OF 35 CASES OF MIGRAINE WITH SODIUM FERULATE]. TANG WAN YI ET AL. **beijing medical journal.** 1988;10(2):95-7 (chi*).

372- gera: 43743/di/ra
[REPORT OF 32 CASES OF MIGRAINE TREATED WITH INJECTION TO THE POINT OF REN YING]. HU ZHILAN ET AL. **journal of zhejiang traditional chinese medical college.** 1988;12(3):50 (chi).

373- gera: 50221/di/ra
[BREATHING EXERCISE INFORMATION FOR ANGIONEUROTIC HEADACHE]. WANG YONGJUN. **shaanxi traditional chinese medicine.** 1988;9(12):561-2 (chi).

374- gera: 50222/di/ra
[SCALP ACUPUNCTURE FOR HEADACHE]. MU LANFANG. **shaanxi traditional chinese medicine.** 1988;9(12):563. (chi).

375- gera: 51586/di/ra
[ANTI-MIGRAINE POWDER FOR 49 CASES OF MIGRAINE. ZHOU GUANQUN ET AL. **shanghai journal of traditional chinese medicine.** 1988;8:13-4 (chi).

376- gera: 51776/di/ra
[ON TREATMENT OF HEMICRANIA WITH TCM. PENG SHU XIAN. **zhejiang journal of traditional chinese medicine.** 1988;23(5):204-07 (chi).

377- gera: 51948/nd/re
[TREATMENT OF MIGRAINE WITH ANGELICONE]. HAN DIAN LIANG ET AL. **chinese journal of internal medicine.** 1988;27(10):637. (chi*).

378- gera: 53034/di/ra
[EFFECTS OF ACUPUNCTURE OF BRAIN TACHOGRAM IN PATIENTS WITH HEADACHES]. JI QING SHAN ET AL. **journal of traditional chinese medicine and chinese materia medica of jilin.** 1988;2:35-41 (chi).

379- gera: 53039/di/ra
[TREATMENT OF VASCULAR MIGRAINE WITH XIONG NIU HU BO TANG IN 54 CASES]. WANG WEN MING. **journal of traditional chinese medicine and chinese materia medica of jilin.** 1988;3:11-2 (chi).

380- gera: 53101/di/ra
[REPORT OF 32 CASES OF MIGRAINE TREATED WITH INJECTION TO THE POINT OF REN YING]. HU ZHILAN ET AL. **journal of zhejiang traditional chinese medical college.** 1988;12(3):50. (chi).

381- gera: 53347/di/ra
[THE SUMMARY OF TREATING ANGIONEUROTIC HEADACHE BY CHINESE HERBAL MEDICAMENT]. SUN YI. **shaanxi traditional chinese medicine.** 1988;9(2):92. (chi).

382- gera: 53574/di/ra
[ACUPUNCTURE FOR 50 CASES OF MIGRAINE]. WANG ZUO LIANG. **shanghai journal of acupuncture and moxibustion.** 1988;1:15-7 (chi).

383- gera: 80147/di/el
MAUX DE TETE. X. **in cliniques d'acupuncture, nanjing et beijing.** 1988;:89-0 (fra).

384- gera: 80328/di/ra
TREATMENT OF HEADACHE WITH ETHICAL KANPO DRUGS UNDER THE JAPANESE NATIONAL HEALTH INSURANCE SYSTEM. TOYOHIKO KIKUTANI. **oriental healing arts international bulletin.** 1988;13(4):253-63 (eng).

385- gera: 80375/di/cg
MIGRAINES : PUNCTURE BI-POINT. NGUYEN M. **gera, toulon.** 1988;mai: (fra).

386- gera: 80377/di/cg
CEPHALEES. FABRE J. **gera, toulon.** 1988;mai: (fra).

387- gera: 80446/di/ra
HEILUNG DES CHRONISCHEN KOPFSCHMERZES DURCH AKUPUNKTUR. TURK Z ET AL. **deutsche zeitschrift fur akupunktur.** 1988;31(5):119-0 (deu*).
The authors have engaged in acupuncture for a period of years and have been using it in the treatment of headaches. In the past year acupuncture was performed in 100 patients with chronic headache. The aim was to compare the results obtained by treatment with the traditional Chinese needle acupuncture with those obtained by laser acupuncture. The HE-NE laser with a power of 2mW, made by ISKRA Yugoslavia, was used. Especially migrainous headaches, in which all other forms of headache were excluded, were

treated.

388- gera: 80603/di/ra
OBSERVATIONS ON 461 CASES OF CERVICAL HEADACHE TREATED BY FINGER PRESSURE AT TIANYOU POINT (TE. 16). WU MU. **chinese journal of acupuncture and moxibustion.** 1988;1(3-4):73-4 (eng).

389- gera: 83173/di/re
MIGRANEBEHANDLUNG MIT METHODEN DER GEZIELTEN REFLEX- UND STIMULATIONSTHERAPIE. HEYDENREICH A. **z arztl forbid.** 1988;82:1247-9 (deu).
Revue des traitements non médicamenteux des migraines (techniques réflexes et "stimulatives").

390- gera: 94403/nd/re
PUNCTATE TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION IN FUNCTIONAL VERTEBRAGENIC DISORDERS AND IN MIGRAINE. HEYDENREICH A. **zeitschrift fur die gesamte innere medizin und ihre grenzgebiete.** 1988;43:651-3 (eng).

391- gera: 147995/di/co
MIGRAINES ET CEPHALEES : NOTES ET SUPPORT DE COURS, NGUYEN J. **gera.** 1988;:10P (fra).

392- gera: 25714/di/ra
[THE EFFEST OF SAPOGENINS FROM LEAVES OF PANAX NOTOGINSENG ON MIGRAINE]. HU GUANGCAI ET AL. **chinese journal of integrated traditional and western medicine.** 1989;8(12):726-728 (chi*).

393- gera: 25759/di/ra
DOULEURS CEPHALIQUES : COMPARAISON ENTRE LES APPROCHES MODERNE ET TRADITIONNELLE ORIENTALE. BOSSY J. **acupuncture.** 1989;99:13-40 (fra).

394- gera: 26205/di/el
CEPHALEES. INSTITUT DE MTC DE TIANJIN. **in seca et al, acupuncture en medecine clinique, decarie, montreal.** 1989;:101-107 (fra).

395- gera: 26480/di/ra
HEADACHE : DIFFERENTIAL DIAGNOSIS AND TREATMENT BY TRADITIONAL KOREAN MEDICINE. CHEUNG-WOO SEUNG MD. **british journal of acupuncture.** 1989;11(2):3-27 (eng).

396- gera: 26492/di/ra
CEPHALEE ET SYNDROME CLIMATERIQUE. DE GIACOMO E. **revue francaise de mtc.** 1989;133:60-61 (fra).

397- gera: 26528/di/ra
[BLOOD VESSEL HEADACHE TREATED BY STIMULATING ON POINTS ALONG THE SKIN]. WANG RUIPING ET AL. **chinese acupuncture and moxibustion.** 1989;9(2):17-8 (chi*).
60 cases with blood vessel headache treated in PNG instrument to get electrical stimulation along points and got good effects. Main points : Sizhkong, Fenhci, arteria vertebralis point arteria carotis point, Zhiyang, Shezhu, Quchi, Zhusanli. The main points with combing points should be selected differently depend on different part of head. The patients should take negative pole and the doctor should take the treating pole, with intensity of 15-25 for adult, 5-15 v for children,40-200 NA for current. One point should be stimulated for 10-30 seconds since the patients got the tigling, soreness, distention and numbness.

398- gera: 26923/di/ra
[CLINICAL AND EXPERIMENTAL RESEARCH ON LUTONGNING IN TREATING VASCULAR HEADACHE]. YU BAOFENG ET AL. **chinese journal of integrated traditional and western medicine.** 1989;9(5):278-279 (chi*).

399- gera: 27108/di/ra
ACUPUNCTURE TREATMENT OF OBSTINATE HEADACHE BASED ON DIFFERENTIAL DIAGNOSIS. CHEN DAZHONG ET AL. **acupuncture research.** 1989;14(1-2):255-257 (eng).

400- gera: 27112/di/ra
QUICK EFFECTIVE ELECTRICAL STIMULATION THERAPY FOR 127 CASES WITH HEADACHE. YAN MING. **acupuncture research.** 1989;14(1-2):260-261 (eng).

401- gera: 27113/di/ra
EAR PRESSING THERAPY IN CYCLIC MIGRAINE DURING MENSTRUATION. ZHU XIUDOU ET AL. **acupuncture research.** 1989;14(1-2):261-262 (eng).

402- gera: 27286/di/ra
[TREATMENT OF 40 CASES OF MEGRIM ONLY BY USING ACUPUNCTURE]. TANG LITING ET AL. **journal of beijing tcm college.** 1989;12(3):26-36 (chi).

403- gera: 27339/di/ra
[CLINICAL OBSERVATION ON 157 CASES WITH NERVOUS HEADACHE AND MIGRAINE TREATED BY EFFECTIVE ACTIVE POINTS]. XUE LIGUN ET AL. **chinese acupuncture and moxibustion.** 1989;9(4):15-6 (chi*).
This article introduced migrain and nervous headache treated by Dr. Cuo Yaocin in effective Points. After founding the relative area of head, body, upper and lower limbs, effective Points for pains, Dr Guo does the acupuncture treatments to patients. Out of 157 cases, cured cases : 64 cases (40.76%) wand the total effective rate : 100%.

404- gera: 27775/di/ra
A CONCEPT FOR THE TREATMENT OF DRUG-INDUCED CONTINUOUS HEADACHE (abstract). JUNGCK D. **acupuncture and electrotherapeutics research.** 1989;14(3/4):297-8 (eng).

405- gera: 27870/di/el
THE APPLICATION OF THE DIFFERENTIATION OF THE MERIDIAN REACTION POINTS. WANG PINSHAN. **essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang.** 1989;:37-43 (eng).

406- gera: 27881/di/el
PROFICIENT IN APPLYING THE NEEDLING, PRICKING, SCRAPING AND CUPPING TECHNIQUES. QU ZUYI. **essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang.** 1989;:163-68 (eng).

407- gera: 27883/di/el
THE REINFORCING AND REDUCING METHOD, APPLICATION OF BACK-SHU POINTS AND CROSSING COMBINATION OF ACUPOINTS. YAN RUNMING. **essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang.** 1989;:180-85 (eng).

408- gera: 27884/di/el
ADVOCATING ACUPUNCTURE TREATMENT BASED ON DIFFERENTIATION OF SYDROMES ACCORDING TO THE THEORY OF JINGJIN AND EMPHASIS ON THE RESEARCH OF NEEDLING TECHNIQUE. GUAN JIDUO. **essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang.** 1989;:186-94 (eng).

409- gera: 27894/di/el
THE CLINICAL STUDY ON THE NEEDLING SENSATION. ZHANG JIN. **essentials of contemporary chinese acupuncturists' clinical experiences, foreign lang.** 1989;:282-92 (eng).

410- gera: 29673/di/el
LOCALIZED TREATMENTS. SUN SHUCHUN. **in atlas of therapeutic motion for treatment and health.** 1989;:19-27 (eng).

411- gera: 34283/di/ra
[OBSERVATION ON THE EFFECT OF TIAN SHEN ER QI POWDER FOR TREATING 111 CASES OF OBSTINATE HEADACHE]. DAZHAO M. **hubei journal of traditional chinese medicine.** 1989;5:17-20 (chi).

412- gera: 34349/di/ra
[496 CASES OF FUNCTIONAL HEADACHE TREATED WITH HERBAL NASAL INHALANT]. FENGSHAN L ET AL. **journal of traditional chinese medicine.** 1989;30(8):29-30 (eng).

413- gera: 34358/di/ra
[MEDICAL RECORDS ON TREE SUCESSFULLY-TREATED CASES OF MIGRAINE. QINGXING W. **journal of traditional chinese medicine.** 1989;30(9):20-2 (eng).

414- gera: 34685/nd/re
[CLINICAL OBSERVATION ON 51 CASES OF MIGRAINE BY ACUPUNCTURE THERAPY AND JAR THERAPY]. BAOHUA L. **tianjin journal of tcm.** 1989;3:7. (chi).

415- gera: 34878/nd/re
[TREATMENT OF 40 CASES OF MEGRIM ONLY BY USING ACUPUNCTURE]. LITING T ET AL. **journal of beijing college of tcm.** 1989;12(3):26-36 (chi).

416- gera: 35121/di/ra
[THE EXPLORATION ON CAUSE OF ANGIONEUROTIC HEADACHE BY OBSERVING MICROCIRCULATION OF NAIL FOLD]. WANG YUN XIANG. **liaoning journal of traditional chinese medicine.** 1989;13(11):39-43 (chi).

417- gera: 35252/di/ra
[TREATMENT OF AGIONEUROTIC HEADACHE]. NIAO XINHUA. **new journal of traditional chinese medicine.** 1989;21(10):22. (chi).

418- gera: 50529/di/ra
[PRELIMINARY EXPLORATION ON THE THERAPEUTIC RULE FOR TREATING VASCULAR HEADACHE]. HUANG ZHIJIE ET AL. **hubei journal of traditional chinese medicine.** 1989;6:29. (chi).

419- gera: 50574/di/ra
[MENG SHOUJIANG'S EXPERIENCE IN TREATING VASCULAR HEADACHE]. WU CHENG. **acta medica sinica.** 1989;4(5):49-67 (chi*).

420- gera: 50643/di/ra
[INFLUENCE ON RHEOENCEPHALOGRAM OF MIGRAINE PATIENT BY PUNCTURING YIFENG (SJ-17) POINT]. WU XUPING ET AL. **shanghai journal of acupuncture and moxibustion.** 1989;8(2):5-6 (chi*).
This paper presents 100 cases divided into two equal groups (Sick Group and Control Group). The change of brain blood flow is recorded by blood flow drawing instrument of electric bridge type made in Shanghai, before while and after punpuncturing YIFONG points to two sides. The results obtained were as follows, (1) Comparison with control-group. the amplitude raise obviously and the raising tile is prolonged before puncturing. This reveals that most of the patients brain blood vessel appears dilatation when the headache take place. (2) After puncturing, each data changes apparently, especially the amplitude, which tends to the normal value. (3) There are very few patients those brain blood vessel presents contractive during headache. After puncturing, the amplitude is raised. This result shows that puncturing YIFONG point has benign disphasic regulation function.

421- gera: 71681/di/re
PUNKTFORMIGE TRANSKUTANE ELEKTRISCHE NERVENSTIMULATION (PUTENS) IM EINFACHEN PLACEBOVERGLEICH BEI DER MIGRAINE. HEYDENREICH A. **z arztl fortbild.** 1989;83:881-3 (deu).

422- gera: 71687/di/re
EFFEKTIVITATSVERGLEICH ZWISCHEN MEDIKAMENTOSER THERAPIE, INVASIVER UND NICHTINVASIVER AKUPUNKTUR BEI DER MIGRANE. HEYDENREICH A ET AL. **z arztl fortbild.** 1989;83:877-9 (deu).

423- gera: 80023/di/ra
EFFECTIVE ACUPUNCTURE THERAPY FOR MIGRAINE : REVIEW AND COMPARISON OF PRESCRIPTIONS WITH RECOMMENDATIONS FOR IMPROVED RESULTS. CHEN A. **american journal of acupuncture.** 1989;17(4):305-316 (eng).
The author surveys traditional and modem acupuncture prescriptions for migraine and critiques protocols and results of recent published studies. She relates these to her own 32 year practice experience and offers suggestions for improved treatment efficacy.

424- gera: 80673/di/ra
OBSERVATION ON ANALGESIC EFFECT OF ACUPUNCTURING THE DAZHUI POINT. WU JIASHU. **journal of traditional chinese medicine.** 1989;9(4):240-42 (eng).

425- gera: 80704/di/ra
AN OBSERVATION ON THE TREATMENT OF 34 CASES OF VASCULAR HEADACHE WITH HEAD-ACUPUNCTURE THERAPY. SHENG LINGLING ET AL. **journal of traditional chinese medicine.** 1989;9(1):25-7 (eng).
Traitement de 39 cas de céphalées vasculaires par craniopuncture (2/3 inférieur de la zone sensitive et Anshen bilatéralement). Séance de 15 minutes avec manipulation toutes les 5 minutes. Efficacité clinique dans 85,3 %. Il y a une corrélation entre l'importance de la sensation propagée et l'effet clinique. Modification des index du

426- gera: 83374/di/re
A CONTROLLED TRIAL OF THE TREATMENT OF MIGRAINE BY ACUPUNCTURE. VINCENT CA. **clinical journal of pain.** 1989;5(4)):305-12 (eng).
A randomized controlled trial comparing true and sham acupuncture was conducted on 30 patients suffering from chronic migraine. Diary measures of headache and medication intake were recorded throughout the study, and measures of headache quality, anxiety, and pain behaviors were taken. The credibility of the true and sham treatment procedures was also assessed. True acupuncture was significantly more effective than the control procedure in reducing the pain of migraine headache. Post-treatment reductions in pain scores and medication of 43 and 38%, respectively, were recorded in the true acupuncture group and were maintained at four month and

427- gera: 108608/di/ra
[INFLUENCE ON RHEOENCEPHALOGRAM OF MIGRAINE

PATIENT BY PUNCTURING YIFENG (SJ-17) POINT]. WU XUPING, ET AL. **shanghai journal of acupuncture and moxibustion.** 1989;8(2):5 (chi).

428- gera: 109396/di/ra
DIX ANS DE MIGRAINE. DOCTEUR MAGDELEINE FRIMAT. **groupe lyonnais d ' etude medicales.** 1989;2:11 (fra).

429- gera: 28894/di/tt
MIGRAINES AND TRADITIONAL CHINESE MEDICINE. A LAYPERSON'S GUIDE. FLAWS B. **blue poppy press,boulder.** 1990;:156P (eng).

430- gera: 29055/di/cg
HEADACHE AND ITS ACUPUNCTURE TREATMENT. YU QIN QI. **proceedings of the fifth international congress of chinese medicine,berkeley.** 1990;:53. (eng).

431- gera: 29400/di/ra
TRATTAMENTO DELLA CEFALEA FUNZIONALE CON FARMACI CINESI PER VIA INALATORIA. RELAZIONE SU 496 CASI. LIN FENGSHAN ET AL. **rivista italiana di medicina tradizionale cinese.** 1990;5:29-30 (ita).

432- gera: 29537/di/el
HEADACHE DURING MENSTRUATION. SHANG XIANMIN ET AL. **in clinical experiences, new world press, beijing.** 1990;:214-7 (eng).

433- gera: 29896/di/el
MIGRAINE. SHAO NIAN-FANG. **the treatment of knotty diseases, shandong science and technology press.** 1990;:201-6 (eng).

434- gera: 58581/nd/re
LA ACUPUNTURA EN EL TRATAMIENTO DE LA CEFALEA MIGRANOSA. ELIZALDE DIAZ ET AL. **rev cuba med gen integr.** 1990; 6(2):202-09 (esp*).
Se realiza tratamiento acupuntural en 83 pacientes que presentaron cefalea migranosa. Al concluir el tratamiento se obtienen buenos resultados en el 69,9 por ciento, regular en el 20,5 por ciento e igual en el 9,6 por ciento de los pacientes tratados. Se analizan estos resultados en relacion con el numero de sesiones recibidas y con los anos de evolucion de la enfermedad, y se evaluan ademas los resultados economicos del metodo (AU)

435- gera: 60129/di/ra
[THE RECENT PROGRESS IN THE TREATMENT OF VASOMOTOR HEADACHE]. ZHANG HAIZHOU. **jiangsu journal of traditional chinese medicine.** 1990;11(7):43. (chi).

436- gera: 60883/di/ra
[EFFECTIVE ANALYSIS ON 120 CASES WITH HEADACHE TREATED BY HOLOPHYSICAL THEORY]. ZHANG RUOFEN ET AL. **chinese acupuncture and moxibustion.** 1990;10(3):11-3 (chi*).
120 cases with headache were treated by holophysical theory in this group and result, was as follows : improvement of syndromes 85%; improvement of EEG : 75%; Improvements of CBF : 75. 6%. Various parameters of blood rheology and function of blood circulation should be improved due to improvement of clinical syndromes. It was shown that this method was good effectiveness.

437- gera: 61006/di/ra
[THE EXPERIENCE ON TCM TREATMENT OF HEADACHE CAUSED BY INTERNAL DAMAGE IN CHILDREN]. GUO XIAOYUE. **journal of shandong college of traditional chinese medicine.** 1990;14(4):32-4 (chi*).

438- gera: 61571/di/ra
[TAO TENG NING THERAPY OF MIGRAINE]. WANG QIANJIA. **shaanxi traditional chinese medicine.** 1990;11(10):449-448 (chi).

439- gera: 61592/di/ra
[USE OF HERBAL CHINESE DRUGS TO CURE 1 CASE OF INTRACTABLE HEADACHE AFTER OPERATION ON INTRACRANIAL OSTEOSARCOMA, OSTEOCYTE TUMOR]. GU BOKANG ET AL. **shanghai journal of traditional chinese medicine.** 1990;10:19. (chi).

440- gera: 61607/di/ra
[HERBAL TREATMENT IN VASCULAR HEADACHE]. CHENG YICHUN ET AL. **tianjin journal of traditional chinese medicine.** 1990;4:17-9 (chi).

441- gera: 61858/di/ra
[TCM TREATMENT ON INTRACTABLE HEADACHE CAUSED BY TRAUMA]. ZENG DEHUAN. **new journal of traditional chinese medicine.** 1990;22(1):13-4 (chi).

442- gera: 62108/di/ra
[TREATMENT OF ANGIOCEPHALGIA ON TCM COMBINED WITH WESTERN MEDICINE]. JIANG JIAN. **shandong journal of traditional chinese medicine.** 1990;2:30-53 (chi).

443- gera: 62198/di/ra
[DIFFERENTIATION AND TREATMENT OF MIGRAINE]. WANG QINGZI. **shanghai journal of traditional chinese medicine.** 1990;2:3-5 (chi).

444- gera: 62232/di/ra
[50 CASES OF TREATING MIGRAINE UPON NEWLY-FOUND HEADACHE POINTS]. ZHANG WENYUAN. **shanxi journal of traditional chinese medicine.** 1990;6(3):29-34 (chi).

445- gera: 63302/di/ra
[TREATMENT OF MIGRAINE BY INTRADERMAL EMBEDDING OF NEEDLE : A STUDY OF 166 CASES]. NIE HANYUN ET AL. **new journal of traditional chinese medicine.** 1990;22(10):32. (chi).

446- gera: 63760/di/ra
["BRAIN-TONIFYING DECOCTION" (BU NAO TANG) IN ARTERIOSCLEROTIC HEADACHE OF MIDDLE-AGED AND OLD PATIENT. 25 CASES REPORT]. WANG YOU-ZHI. **zhejiang journal of traditional chinese medicine.** 1990;25(5):211 (chi).

447- gera: 63916/di/ra
[DIFFERENTIATION OF SYNDROME IN THE TREATMENT OF THE BRAIN INJURED HEADACHE]. LI ZIDONG. **shaanxi traditional chinese medicine.** 1990;11(7):297 (chi).

448- gera: 63923/di/ra
[CI XUE THERAPY FOR VASCULAR HEADACHE]. MA YINGGUAI. **shaanxi traditional chinese medicine.** 1990;11(7):322 (chi).

449- gera: 71675/nd/re
HEALTH STATUS IN PATIENTS WITH TENSION HEADACHE TREATED WITH ACUPUNCTURE OR PHYSIOTHERAPY. CARLSSON J ET AL. **headache.**

1990;30(9):593-9 (eng).
Sixty-two female patients with chronic tension headache were randomly divided into two treatment groups-- acupuncture and physiotherapy. Their overall function (Sickness Impact Profile), and mental well-being (Mood Adjective Check List) and the intensity and frequency of headache were assessed before and after treatment. Before treatment the patients showed significantly more dysfunction and less positive mental well-being than a general population sample. Both treatment groups improved in overall function, the physiotherapy group somewhat more. The mental well-being increased only in the physiotherapy group. The intensity and frequency of headache was significantly reduced in both the physiotherapy group and the acupuncture group. The intensity of headache was significantly more improved in the physiotherapy group. The improvement of headache

450- gera: 71676/di/re
MUSCLE TENDERNESS IN TENSION HEADACHE TREATED WITH ACUPUNCTURE OR PHYSIOTHERAPY. CARLSSON J ET AL. **cephalalgia.** 1990;10(3):131-41 (eng).
Sixty-two female patients with chronic tension headache were randomized into two treatment groups--acupuncture and physiotherapy. The intensity of headache, muscle tenderness and neck mobility was assessed before and after treatment. Thirty healthy women were used for comparison. Before treatment it was found that muscle tenderness was increased and neck rotation was reduced in the patient group compared with controls. There was a significant correlation between the intensity of headache and muscle tenderness. After treatment, the intensity of headache and muscle tenderness were reduced in both treatment groups. The headache was more improved in the physiotherapy group, and there was a marked reduction in the intake of analgesics. The tenderness was reduced in all muscles tested in the physiotherapy group but only in some of the muscles after acupuncture. The

451- gera: 71677/nd/re
OCULOMOTOR DISTURBANCES IN PATIENTS WITH TENSION HEADACHE TREATED WITH ACUPUNCTURE OR PHYSIOTHERAPY. CARLSSON J ET AL. **cephalalgia.** 1990;10(3):123-9 (eng).
Forty-eight female patients with chronic tension headache were randomized into two treatment groups-- acupuncture and physiotherapy. The patients were examined using oculomotor tests. Intensity of the headache and tenderness of the trapezius muscles were assessed in accordance with graded scales. The mean velocity gain for smooth pursuit eye movements improved for all target velocities both in the physiotherapy group and in the acupuncture group. The latency was reduced for all three gaze angles in the physiotherapy group while no improvement occurred in the acupuncture group. There was a reduction of headache intensity in both groups while tenderness of the trapezius muscles was reduced in the physiotherapy group but unchanged in the acupuncture group. A significant correlation was found between average of the mean velocity gain and

452- gera: 71694/nd/re
ACUPUNCTURE VERSUS MEDICAL TREATMENT FOR MIGRAINE AND MUSCLE TENSION HEADACHES. LOH L ET AL. **j neurol neurosurg psychiatry.** 1990;47:333-7 (eng).

453- gera: 80909/di/ra
[CLINICAL TRAINING IN ACUPUNCTURE AND MOXIBUSTION THERAPY FOR HEADACHE]. X. **journal of the japan society of acupuncture.** 1990;40(1):74. (jap).

454- gera: 81026/di/ra
AKUPUNKTUR BEI KOPFSCHMERZEN. CHINESISCHE UND WESTEUROPAISCHE SICHT. WEINSCHUTZ T. **akupunktur theorie und praxis.** 1990;1:18-24 (deu*).
[Acupuncture and headache. Chinese und western european view]. Acupuncture is used more and more in the treatment of chronic headache. Possible explanation of the effect of acupuncture may be both neurophysiological- neuro-chemical mechanism and psychological influence. Different diagnostic view and use of acupuncture in western medicine and TCM will be reported. Data from patients of Jiangsu Teaching Hospital Nanking show, that chinese patients are treated in an earlier state of pain disease. Limitations and possibilities of investigation of acupuncture in headache patients are discussed. Acupuncture is claimed an additional therapy in the nonmedical

455- gera: 81070/di/ra
KLASSIFIKATION UND DIAGNOSTISCHE KRITERIEN FUR KOPFSCHMERZERKRANKUNGEN,KOPFNEURALGIEN UND GESICHTSSCHMERZ. STRAUBE E ET AL. **akupunkturarzt aurikulotherapeut.** 1990;1-2:3-45 (deu).
[Classification and diagnostic aspects of headache, neuralgia and pain in the face area].

456- gera: 81119/di/ra
TRAITEMENT DES CEPHALEES PAR ACUPUNCTURE. HERNANDEZ M. **revue des seminaires d'acupuncture de l'afera.** 1990;5:103-22 (fra).
L'auteur, après un tour d'horizon des différentes possibilités d'interprétation des céphalées en acupuncture, et en médecine occidentale, propose une méthode de traitement des céphalées en les classant topographiquement.

457- gera: 81225/di/ra
LES MIGRAINES DIGESTIVES. X. **annales de la s a a.** 1990;8:65-100 (fra).

458- gera: 81276/di/ra
TREATING NEUROTIC HEADACHE BY POINT-INJECTION WITH NOVOCAINE. WANG SHUQIN ET AL. **journal of tcm.** 1990;10(3):189-91 (eng).
Taiyang (Hemicranien), 10V (Frontal, Apex ou Occipital), Taiyang + 10V si céphalées en casque. Chimiopuncture 0,5 à 1ml de novocaïne, 1 séance par jour, 3 séances. Arrêt si pas d'amélioration, continuer si amélioration (moyenne de 3 séries de 3 séances), ou acupuncture : une séance par jour. La chimiopuncture donne de meilleurs résultats que l'acupuncture (à court terme, 15 jours).

459- gera: 81291/di/ra
TREATMENT OF FUNCTIONAL HEADACHE WITH CHINESE HERBAL INHALANT. A REPORT OF 496 CASES. LIN FENGSHAN ET AL. **journal of tcm.** 1990;10(2):96-8 (eng).

460- gera: 81363/di/ra
THE EFFECTS OF MASSAGE IN PATIENTS WITH CHRONIC TENSION HEADACHE. PUUSTJARVI K ET AL. **acupuncture and electrotherapeutics research.** 1990;15(2):159. (eng).

461- gera: 81531/di/ra
43 CASES OF MIGRAINE TREATED BY AURICULAR POINT PRESSING METHOD. LIU XINLIAN. **chinese journal of acupuncture and moxibustion.** 1990;3(1):57-60 (eng).
PA Shenmen, Subcortex, Coeur, Foie, Occiput, Taiyang. PA Endocrine, Apex, et Racine de l'oreille supérieure (saignée). Recherche des points au détecteur. Mise en place d'une graine de Semen Vaccariae. Pressions à effectuer 3 à 5 fois par jour. Changer tous les 5 à 7 jours. Série de 5 séances. Guérison : aucune crise à 3 mois : 41,86%, amélioration : diminution de fréquence et d'intensité des crises : 55,81%, échec (pas de modification) :

462- gera: 81689/di/el
HEADACHE. WANG GUOCAI ET AL. **in chinese massage, publishing house of shanghai college of tcm, shanghai.** 1990;:402-07 (eng).

463- gera: 81698/di/el
HEADACHE. WANG GUOCAI ET AL. **in chinese massage, publishing house of shanghai college of tcm, shanghai.** 1990;:620-21 (eng).

464- gera: 81752/di/el
HEADACHE. BI YONGSHENG ET AL. **chinese qigong, publishing house of shanghai college of tcm, shanghai.** 1990;:390-93 (eng).

465- gera: 81844/di/el
HEADACHE. LU JIANPING ET AL. **in chinese acupuncture and moxibustion, publishing house of shanghai college of tcm,.** 1990;:542-45 (eng).

466- gera: 82308/di/cg
TRAITEMENT DES CEPHALEES AVEC L'ACUPUNCTURE ET LA PHARMACOPEE CHINOISE (ANALYSE SUR 1000 PATIENTS). DI CONCETTO G ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:206. (fra).

467- gera: 82309/di/cg
TREATMENT OF TENSION HEADACHE BY TRADITIONAL CHINESE MASSAGE INTEGRATED WITH THE MEZIERES METHOD. MARINO F ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:206. (eng).

468- gera: 82310/di/cg
INTEGRATED THERAPY FOR MIGRAINE. TURNER C. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:207. (eng).

469- gera: 82311/di/cg
ACUPUNCTURE TREATMENT OF HEADACHE-CLINICAL STUDY. STUX G ET AL. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:207. (eng).

470- gera: 82312/di/cg
DIAGNOSTIC ET TRAITEMENT COMPLEXE DES CEPHALEES CHRONIQUES PAR ACUPUNCTURE ET SOFT- LASER. ARNAOUDOVA A. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:207. (fra).

471- gera: 82313/di/cg
TREATMENT OF CHRONIC HEADACHE BASING ON DIFFERENTIATION OF SYMPTOM-COMPLEX. SUN T. **2eme congres mondial d'acupuncture et moxibustion, paris.** 1990;:208. (eng).

472- gera: 82499/di/ra
ANALYSIS OF 229 CASES OF HEAD AND FACIAL PAINS TREATED BY RULE OF EFFECTIVE POINTS. XUE LIGONG. **international journal of clinical acupuncture.** 1990;1(4):403-08 (eng).

473- gera: 82512/di/ra
HEADACHE. ZHANG REN. **international journal of clinical acupuncture.** 1990;1(1):67-76 (eng).
Revue des techniques de traitement des céphalées utilisés (traitement en fonction des syndromes, manopuncture, electroacupuncture, auriculopuncture, Fleur de Prunier, acupression, chimiopuncture).

474- gera: 82523/di/ra
EFFECTS OF HEADACHE AND ERYTHROCYTE ACETYLCHOLINESTERASE BY APPLYING BEAN-PRESSING ON EAR-POINTS AND BLOODLETTING FROM APEX AURICULAE. KUANG PEIGEN ET AL. **international journal of clinical acupuncture.** 1990;1(2):127-30 (eng).
PA Subcortex et Shen Men, associé à Frontal, Temporal ou Occipital en fonction de la topographie de la douleur. PA Apex.Mise en place de Semen Vaccariae et saignée (1 à 2 gouttes) du point Apex. Patients vus en crise : disparition des douleurs ou amélioration immédiate dans 61,8% des cas.

475- gera: 82568/di/cg
AKUPUNKTURTHERAPIE DER MIGRÄNE. STUX G. **journees europeennes d'acupuncture,strasbourg.** 1990;:25-6 (deu).

476- gera: 83214/di/ra
THE APPLICATION OF BLOODLETTING IN ACUPUNCTURE THERAPY. XU RONGSHENG. **journal of traditional chinese medicine.** 1990;10(4):274-75 (eng).
Rapport de 4 cas cliniques traités par saignée. 1) Migraine (Fleur de Prurier au niveau de Tai Yang). 2) Céphalée post-traumatique (40V). 3) Phlébite (saignée à l'extrémité supérieure et inférieure du cordon veineux enflammé). 4) Insomnies (Fleur de Prurier au niveau du yin Tang).

477- gera: 83248/di/ra
ATTITUDE PRATIQUE DEVANT UNE MIGRAINE CATAMENIALE. DEMONT M. **folia sinotherapeutica.** 1990;6:14-5 (fra).

478- gera: 83352/di/ra
DIE UNILATERALE MIGRÄNE. PERSCHKE O. **akupunktur theorie und praxis.** 1990;18(4):277-326 (deu).

479- gera: 83358/di/ra
ACUPUNCTURE ET MIGRAINES. LY CONG TRINH. **officiel de l'homeopathie et de l'acupuncture.** 1990;77:7. (fra).

480- gera: 83406/di/re
THE TREATMENT OF TENSION HEADACHE BY ACUPUNCTURE : A CONTROLLED SINGLE CASE DESIGN WITH TIME SERIES ANALYSIS. VINCENT CA. **journal of psychosomatic research.** 1990;34(5):553-61 (eng).
A single case design with time-series analysis was employed to evaluate the efficacy of acupuncture in the treatment of tension headache. Fourteen patients were given eight weekly treatments, four of true acupuncture and four of sham acupuncture in random order. Mean reduction in pain scores were reduced by 52% and 54% respectively at initial follow-up. Reductions in pain scores of over 50% were achieved by half the patients and the significance of these changes conirmed by time-series analysis. The majority of patients maintained their gains at four month follow-up. True acupuncture was shown to be significantly superior to sham in four patients, demonstrating a specific therapeutic action. In the remainder no difference was observed. Possible mechanisms for these effects are discussed. Acupuncture is a potentially valuable treatment for tension headache but further

481- gera: 28943/di/ra
LES MIGRAINES. STUX G. **revue francaise d'acupuncture.** 1991;65:7-11 (fra*).
Une étude documentée et chiffrée sur des expériences cliniques comparatives analyse les principales migraines (origine, nature, localisation), indique les points de traitement correspondants et dresse le pourcentage de réussites prophylactiques chez les patients ayant entre 28 et 68 ans.

482- gera: 29151/di/ra
TREATMENT OF FRONTAL HEADACHE WITH ACUPUNCTURE ON ZHONGWAN. REPORT OF 110 CASES. LIN BING. **journal of traditional chinese medicine.** 1991;11(1):7-8 (eng).

483- gera: 29192/di/ra
[A CLINICAL STUDY ON ACUPUNCTURE AND MOXIBUSTION TREATMENT FOR HEADACHE AT PAIN CLINIC, OSAKA MEDICAL COLLEGE. X. **journal of the japan society of acupuncture.** 1991;41(1):71. (jap).

484- gera: 29319/di/ra
THE TREATMENT OF HEADACHE AND MIGRAINE BY ACUPUNCTURE. BLACKWELL R. **journal of chinese medicine.** 1991;35:20-6 (eng).
Traitement en fonction des syndromes.

485- gera: 29599/di/el
HEADACHE. GENG JUNYING ET AL. **in acupuncture and moxibustion, new world press, beijing.** 1991;:134-7 (eng).

486- gera: 29957/nd/re
[THE IMPORTANCE OF HEADACHE IN PAIN CONSULTATION WITH REFERENCE TO PATIENTS IN RENAL FAILURE]. WIEDEMANN B ET AL. **z arstl fortbild.** 1991;85(1-2):83-5 (deu).

487- gera: 29958/nd/re
[CAN REFLEXOTHERAPY OF THE PELVIS ELIMINATE OR IMPROVE A MIGRAINE ?]. KEIL G. **z arstl fortbild,jena.** 1991;85(1-2):57-9 (deu).

488- gera: 35776/di/ra
CONSIDERATIONS SUR LES MIGRAINES CATAMENIALES. FOURMONT D. **meridiens.** 1991;95:107-19 (fra*).
Se fondant sur son expérience personnelle, l'auteur se livre à quelques réflexions sur divers aspects pathologiques et thérapeutiques de la migraine cataméniale en médecine traditionnelle chinoise.

489- gera: 35785/di/ra
[A STATISTICAL STUDY OF INDEFINITE COMPLAINTS IN TYPICAL PAIN DISEASES TREATED WITH ACUPUNCTURE AND MOXIBUSTION. A COMPARISON OF THE EFFECTIVENESS BETWEEN MALE AND FEMALE]. CAI YUAN WANG ET AL. **journal of the japan society of acupuncture.** 1991;41(3):316-9 (jap*).
Authors examined indefinite complaints accompanying headache, neck, shoulder or low back pains. Masked Depression questionnaire (Inoue et al.) was conducted on outpatients of Osaka Medical College whose chief complaints were above mentioned painful disorder. In the cases with low back pain, female patients showed a less number of complaints. The complaints seen more often in the male group than in the female group were sleep disorder and disturbance in the stomach and intestines. It is noted that male patients often reported psychological problems such as "feeling groggy", "having no willingness to do anything", or "being anxious about his health". Female patients often complained of headache. Unexpected difference was found in the decline of sexual desire, that was more frequent in the female group than in the male (50% of the female and 30% of the male).

490- gera: 62494/di/ra
[CLINICAL OBSERVATION ON TREATING MIGRAINE WITH LIGUSTRAZINE]. SUN XIAO CANG. **the practical journal of integrating chinese with modern medicine.** 1991;4(3):156. (chi).

491- gera: 62572/di/ra
[OBSERVATION ON THE THERAPEUTICAL EFFECT OF 384 CASES OF VASCULAR HEADACHE TREATED WITH ACUPUNCTURE]. WANG JIYUAN. **chinese acupuncture and moxibustion.** 1991;11(1):25-6 (chi*).
384 cases of vascular headache were treated by the author with acupuncture in the Hour of Wu (from 11:00 a.m to 1:00 p.m). Joint needling is performed from Sizhukong (S.J. 23) to Jiaosun (S.J. 20) and bilateral Foot-Linqi (G.B. 41) are also punctured together. The headache from the increase of peripheral resistance is treated with the bleeding method in Sizhukong (S.J. 23) and Foot-Linqi (G.B. 41) on the affected side, but bleeding is not suitable to those with unsymmetrical bilateral wave amplitude of EEG, who are treated with needling with needles retained for 60 minutes. As for the result, 340 cases were cured, 26 were markedly effective, and 18 failed. By the observation, it has been found that the therapeutical effect is better for those with shorter duration of the disease, and younger age, and that resulting from cerebrovascular dilation and cerebral vasospasm.

492- gera: 62611/di/ra
[62 CASES OF VASCULAR HEADACHE TREATED BY MODIFIED DECOCTION FOR ACTIVATING BLOOD CIRCULATION]. YUAN GUISHENG. **hubei journal of traditional chinese medicine.** 1991;1:16-9 (chi).

493- gera: 63658/di/ra
[168 CASES OF MIGRAINE TREATED BY ACUPUNCTURE ACCORDING TO DIAGNOSIS OF SYMPTOMS AND SIGNS]. HUANG ZONGXUE. **fujian journal of traditional chinese medicine.** 1991;22(2):2 (chi).

494- gera: 63945/di/ra
[THE EXPERIMENTAL AND EFFECTIVE OBSERVATION OF HEADACHE AFTER BRAIN TRAUMA TREATED WITH HE-NE LASER]. GU GUOZHU ET AL. **chinese acupuncture and moxibustion.** 1991;11(5):5 (chi*).
45 cases with headache in brain injury were treated by He-Ne laser irradiation and observed on nailfold microcirculation. The optical fiber was pointed directly to the respective acupoint. The selective acupoints were : Baihui (GV 20), Fengfu (GV 16), Fengshi (G 20), Taiyang (extra) and Hegu (L.I. 4), each one received 4 minutes, totally 20 minutes for once. Treatment is continued for 10 days. The immediate analgesic effect of laser reached 82.2%. The velocity in blood flow of 84.4% patients increased (P<0.01). The effect of laser therapy was superior to

495- gera: 63981/di/ra
[POINT INJECTION FOR TENSION HEADACHE. A REPORT OF 30 CASES]. ZHANG NIAN. **shanghai journal of acupuncture and moxibustion.** 1991;2:23 (chi).

496- gera: 64107/di/ra
[148 CASES OF MIGRAINE TREATED WITH ACUPUNCTURE. (abstract)]. CHEN WENYOU ET AL. **acupuncture research.** 1991;16(3-4):242 (chi).

497- gera: 64122/di/ra
TREATMENT OF 108 PATIENTS SUFFERING FROM PAIN WITH QUAN XI ACUPUNCTURE. (abstract). RAN MINHUA ET AL. **acupuncture research.** 1991;16(3-4):256 (eng).
The authors treated pain of 108 patients with Quan Xi acupuncture and good effects were obtained. Of the 108 cases, there were: 48 with primary dysmenorrhea (A), 15 with nervous headache (B), 22 with psoas strain (E), 9 with periomarthritis (D), 5 with stomachache (E), 4 with stiff neck (F), 5 with intercostal pain (G). 1 time per day, 3 times a course, 3 Courses of treatments for each patient were limited. The effective rate is 100% in all the cases. The curing rate was: 97.9% (A), 80% (B), 86.36% (C), 55.6% (D), 40% (E), 100% (F), 100% (G), respectively. The effectiveness of the method on functional pain was superior to that on organic pain. The selection of acupoints is convenient and is easily memorised and understood. So it is well accepted by both doctors and patients.

498- gera: 64228/di/ra
[CLINICAL OBSERVATION ON 322 CASES OF HEADACHE TREATED WITH HEAD-ACUPUNCTURE IN ANTERIOR- TEMPORAL LINE]. WANG HAIJING ET AL. **chinese acupuncture and moxibustion.** 1991;11(4):5 (chi*).
The authors used 8 centimetre long needle in gauge 32 that was inserted from the mandible region to penetrate Xuanlu (G.B. 5), Xuanli (G.B. 6) and Qubin (G.B. 7), Fengshi (G.B. 20) was supplemented for lateral headache ; Tianzhu (U.B. 10) for vertical headache, 322 cases of various headache were treated and there are 45 cases of cure, 116 of marked effectiveness, 54 of being improve and 7 of failure.

499- gera: 65089/di/ra
[HEADACHE]. HE REN. **new journal of traditional chinese medicine.** 1991;23(3):17 (chi).

500- gera: 65261/di/ra
[TOU TONG SAN DECOCTION FOR STUBBORN HEADACHE]. LIU SHIFANG. **shaanxi traditional chinese medicine.** 1991;12(10):473 (chi).

501- gera: 65388/di/ra
[PROGRESS OF TRADITIONAL CHINESE MEDICINE TREATING ANGIONEURALGIA HEADACHE]. ZHOU CHAOFAN ET AL. **journal of traditional chinese medicine.** 1991;32(6):52 (eng).

502- gera: 65405/di/ra
[ACTIVATING BLOOD REMOVING STASIS THERAPY FOR INJURED HEADACHE]. LIU HUA ET AL. **shaanxi traditional chinese medicine.** 1991;12(6):246 (chi).

503- gera: 65406/di/ra
[NAO NING TANG DECOCTION FOR CEREBRAL HEADACHE]. ZHANG TIANEN ET AL. **shaanxi traditional chinese medicine.** 1991;12(6):248 (chi).

504- gera: 65441/di/ra
[OPPRESSING EAR POINTS FOR 30 CASES OF ACUTE MIGRAINE]. WANG XIURONG. **shanghai journal of traditional chinese medicine.** 1991;7:23 (chi).

505- gera: 65459/di/ra
[TREATING 194 CASES WITH VASCULAR HEADACHE WITH ACUPUNCTURE]. TANG YUXIU. **journal of beijing college of traditional chinese medicine.** 1991;6:46 (chi).

506- gera: 65575/di/ra
[TREATMENT OF HEADACHE WITH YANGXUEPINGGAN TANG (DECOCTION FOR NOURISHING BLOOD AND CALMING LIVER)]. CHEN YONG ET AL. **beijing journal of traditional chinese medicine.** 1991;4:5 (chi).

507- gera: 65721/di/ra
[PR. SHEN YANNAN'S EXPERIENCE IN THE TREATMENT OF MIGRAINE AND HEADACHE]. DU TONGFAN. **new journal of traditional chinese medicine.** 1991;23(8):1 (chi).

508- gera: 65790/di/ra
[THERAPEUTIC EFFECT OF CHRONIC HEADACHE TREATED WITH BRAIN-STRENGTHENING MIXTURE]. TANG HAO ET AL. **fujian journal of traditional chinese medicine.** 1991;22(6):12 (chi).

509- gera: 65884/di/ra
[500 CASES OF ANGIONEUROTIC HEADACHE TREATED WITH XIN SHAO DECOCTION]. GU LIGUANG ET AL. **hubei journal of traditional chinese medicine.** 1991;2:22 (chi).

510- gera: 66158/di/ra
[AN OBSERVATION ON THE TREATMENT OF HEADACHE DUE TO INSUFFICIENCY OF QI AND BLOOD BY CUTANEOUS ACUPUNCTURE METHOD]. JIANG SHENMING ET AL. **journal of traditional chinese medicine.** 1991;32(9):44 (eng).

511- gera: 66198/di/ra
[TREATMENT OF ANGIONEUROTIC HEADACHE WITH HUAYU ZHITONG TANG IN 97 CASES]. PIAO ZHI-XIAN ET AL. **journal of traditional chinese medicine and chinese materia medica of jilin.** 1991;5:14 (chi).

512- gera: 66359/di/ra
[DIFFERENTIATION AND TREATMENT OF HEADACHE DUE TO DISORDER OF KIDNEY]. SHEN JINGYU. **shanghai journal of traditional chinese medicine.** 1991;5:6 (chi).

513- gera: 66404/di/ra
[THERAPEUTIC EFFECTS OF ANJINGZI TANG (DECOCTION OF FRUCTUS VITICIS) FOR ANGIONEUROTIC HEADACHE IN 93 CASES]. LI KELONG ET AL. **beijing journal of traditional chinese medicine.** 1991;3:22 (chi).

514- gera: 66426/di/ra
[TREATING 12 CASES OF OBSTINATE HEADACHE WITH "QING KONG GAO"]. GU WEI-YAN ET AL. **zhejiang journal of traditional chinese medicine.** 1991;26(3):248 (chi).

515- gera: 66493/di/ra
[VASCULAR HEADACHE TREATED WITH DECOCTION OF RADIX BUPLEURI AND RADIX PUERARIAE FOR PROMOTING BLOOD CIRCULATION]. QUAN KUNSHAN ET AL. **fujian journal of traditional chinese medicine.** 1991;22(1):2 (chi).

516- gera: 66497/di/ra
[THERAPEUTIC EFFECT ON 24 CASES OF VASCULAR HEADACHE TREATED WITH DECOCTION KAN TONG LING]. LIU ZHENTAO ET AL. **fujian journal of traditional chinese medicine.** 1991;22(1):11 (chi).

517- gera: 71689/di/re
EIN MUSKEL UND GEFAßORIENTIERTES ENTSPANNUNGSPROGRAMM (SEP) ZUR ENTSPANNUNG CHRONISCHER MIGRANEPATIENTEN: EINE RANDOMISIERTE KLINISCHE VERGLEICHSSTUDIE. DOERR-PROSKE H ET AL. **zschr psychosom med.** 1991;31:247-66 (deu*).
The study compares in a randomized clinical control-group design with a waiting listand acupuncture therapy control-group the short term (three months) effectiveness of a newly developed psychological biobehavioral treatment program in 30 chronic migraine patients. The results show a significant reduction of vascular and tension related headache-frequency and intensity (primary outcome criteria) in both the acupuncture and psychological treatment condition. The waiting list control-group remained almost unchanged over the whole observation period. The improvement in both treatment conditions remained stable throughout the post therapy period to the three months follow-up, but only the psychological treatment condition revealed a highly significant reduction in the use of all kinds of medication in comparison to the pre-treatment period. Single case analyses showed a slight superiority of the psychological treatment condition over the acupuncture therapy due to a more generalized improvement in all secondary outcome variables (psychological restrictions in every day life, medication, duration of headache). The effect of specific components of the psychological treatment program are examined and

518- gera: 82620/di/ra
RANDOMISIERTE KLINISCH KONTROLLIERTE STUDIE DER EFFIZIENZ DER AKUPUNKTUR IM VERGLEICH ZUR ELECTROAKUPUNKTUR SOWIE ZUR PHARMAKOTHERAPIE MIT PROPRANOLOL BEI PATIENTEN MIT HÄUFIGER MIGRÄNE. LEHMANN V ET AL. **deutsche zeitschrift für akupunctur.** 1991;34(2):27-30 (deu*).
In a clinical controlled study 63 patients with resistant migraine have been treated with three different therapies. The

effectivity of acupuncture and electropuncture (12 treatments, once a week) was compared with a treatment by drugs during the period of one year (Propranolol 75-150 mg/day). Comparing the results before and after the acupuncture-treatment showed a significant decrease of the duration and intensity of migraine, controlled by visual analogue scale, decrease of dosage for analgetics, duration of side-effects and symptoms. The medicamentous migraine prophylaxis during one year was in all criteria mentioned above significantly less effective than

519- gera: 82631/di/ra
KOPF-UND GESICHTSSCHMERZ AUS DER SICHT DES ZAHNARZTES. THRAN L. **der akupunkturarst aurikulotherapeut.** 1991;1:15-26 (deu*).
[Headache und faceache from the point of view of the dentist]. Affections of tooth-, mouth- and jaw-system causing headache and faceache are described and possibilities of examination are specified to differentiate these affections. Furthermore different ways of an additional therapy with acupuncture are shown.

520- gera: 82653/di/ra
LES CEPHALEES. GIRAUDEAU JP. **folia sinotherapeutica.** 1991;7:14-22 (fra).

521- gera: 82784/di/ra
TRANSKUTANE ELEKTRISCHE NERVENSTIMULATION (TENS) BEI KOPFSCHMERZEN IM KINDESALTER. POTHMANN R. **akupunktur.** 1991;2:76-8 (deu*).
Transcutaneous electrical nerve stimulation (tens) has become a method of growing importance in childhood starting from about five years on. Compared to adults the spectrum of treatment indications is smaller. But in addition also acute pain in lumbar punctures could be suppressed in children using TENS during the procedure. Results in treatment of tension headache is most striking reachin an effectiveness of more than 75 %. In general stimulation with 100 Hz in the neck over 1 to 3 mmonths is sufficient, otherwise one should continue with 2 Hz in the suboccipital region. Therapeutic results of migraine are inferior. The method will be accepted by children very well remembering them of the wellknown walkman. Thus treatment results of TENS are supported by the emancipatory aspect of a self-handled method. Since 1987 TENS has become a routine method for health care

522- gera: 82912/di/ra
THERAPEUTIC EFFICACY OF ELECTROPUNCTURE WITH HIGH-VOLTAGE IMPULSE (PUTENS) IN COMPARISON WITH PHARMACOTHERAPY (PROPANOLOL) IN TREATMENT OF MIGRAINE,A PROSPECTIVE RANDOMIZED STUDY (ABSTRACT). HEYDENREICH A. **akupunktur.** 1991;2:137. (eng).

523- gera: 82933/di/ra
1-POINT ACUPUNCTURE IN ACUTE HEADACHE (ABSTRACT). POTHMANN R. **akupunktur.** 1991;2:143. (eng).

524- gera: 82983/di/ra
NERVOUS HEADACHE TREATED BY BLOOD-LETTING AT THE EAR POINTS. WANG DIDAO. **chinese journal of acupuncture and moxibustion.** 1991;4(1):42-4 (eng).

525- gera: 83001/di/ra
SEVERE MIGRAINE. JONES A ET AL. **australian journal of acupuncture.** 1991;16:39-42 (eng).

526- gera: 83109/di/ra
THERMOMETRISCHE OBJEKTIVIERUNG DER PUNKTFÖRMIGEN TRANSKUTANEN ELEKTRISCHEN NERVENSTIMULATION (PUTENS) (EINE AKUPUNKTURVARIANTE) IM RAHMEN DER KOPFSCHMERZTHERAPIE. HEYDENREICH A. **deutsche zeitschrift für akupunktur.** 1991;34(4):74-9 (deu*).
[Thermometric study of punctate transcutaneous nerve stimulation (PuTENS), a variant of acupuncture, in the treatment of headache). Acupuncture and TENS are successful non- medicina forms of treatment for pain. When I commenced studying the effect of PuTENS (l973) I used high volt impulses of maximally 200 volts. Now I use maximally 500 volts. Prospective, controlled and randomised studies as well as placebo experiments have proved the effect of PuTENS. In this study thermometry was used to measure the cutaneous circulation, an important parameter for the effect of acupuncture. Changes of more than 0,3-0,6 degrees centigrade on the corresponding regions of the skin must be considered as clinically significant hypothermia can be found in chronic and acute disorders. A digital handpyrometer inforared camera was used. Measurements of hairless areas of the scalp were taken prior to and after a PuTENS therapy as well at various intervals thereafter. 321 headache patients and 36 healthy controls were included in this study. Tables and graphs show the results. The acupuncturepoints used were: Li3, Sp4,6 ,K6,5, St36, G41, B62, P6, Lu7, Li4, Si3 and TH 5. Significant increases in the skin temperature were measured on the headache patients both during and between attacks. There was practically no change in the skin temperature of the control group. Thermometric measurements taken at intervals up to 48 hours after therapy still showed increased values. An asymmetry of the temperature (in the sense of hypothermia) both during an attack and between attacks had been foound in earlier studies. It was also found that a PuTENS stimulus resulted in an initial lowering of the temperature which was followed by a definite increase after 2-3 minutes. Both the local points and the so-called distant points are discussed. A successfoul PuTENS therapy effects a balance in the symmetry of, and a 1-2 degree centigrade increase in the temperature of the skin of the scalp. This increase was still evident two days later.

527- gera: 83111/di/ra
THERMOMETRISCHE OBJEKTIVIERUNG DER WIRKUNG TRANSKUTANER ELEKTROSTIMULATION VON AKTIVPUNKTEN GEGENÜBER DER VON PLACEBOPUNKTEN BEI AKUTEN MIGRÄNOIDEN ZEPHALGIEN. HEYDENREICH A. **deutsche zeitschrift für akupunktur.** 1991;34(4):87-90 (deu*).
[Thermometric documentation of the effect of transcutaneous electrical stimulation of active points and placebo points in acute migrainous cephalalgia). This paper describes the modern punctate transcutaneous electrical nerve stimulation (PuTENS) on the basis of the theory of acupuncture. This non-invasive form of therapy can often be used as a substitute for needle acupuncture. The point of stimulus is the major criterion. A clear differentiation between stimulation of genuine acupuncture points and placebo points is therefore possible. During a migraine attack, 60 patients were given a placebo treatment with PuTENS and, 15 minutes later, the appropriate acupuncture points were stimulated. Evaluation of therapy was by means of thermography and visual analogue pain scale. A digital handpyrometer infrared camera was used to measure the temperature of the frontal and occipital skin. Placebo stimulation was defined as point stimulation 2 cm from an actual acupuncture point. The acupunctute points used were: Li3, Sp4,5, K6,5, St36, G41, B62, P6, Lu7, Li4, Si3 and TH5. PuTENS stimulation of the placebo Points (simple blind study) did not have a significant effct. The same patients demonstrated significant changes in their state following the stimulation of the acupuncture points indicated for migraine. The pain was reduced and the skin temperature was normalized. In comparison with the stimulation of genuine acupuncture points, it is assumed that the propagation ofthe stimulus was less and not as deep when the placebo points were used. Our study shows different results to those of previous authors. This may be due to : 1. The authors had less experience with acupuncture. 2. The relative high placebo potential of invasive needling was not considered. 3. Chronic cases demonstrate a much higher placebo potential (50 %) than acute cases.

528- gera: 83451/di/ra
TREATMENT OF HISTAMINE HEADACHE WITH

ACUPUNCTURE ON DAZHUI (DU 14). LI YIQING. **journal of traditional chinese medicine.** 1991;11(4):256-7 (eng).

529- gera: 83475/di/ra
HEADACHE : THE ACUPUNCTURE AND TCM TREATMENT. YU HU ET AL. **chinese journal of acupuncture and moxibustion.** 1991;4(2):95-104 (eng).

530- gera: 83536/di/ra
TRATTAMENTO DELLA CEFALEA FRONTALE CON L'AGOPUNTURA SU ZHONG WAN. RELAZIONE SU 110 CASI. LIN BING. **rivista italiana di medicina tradizionale cinese.** 1991;3:43-4 (ita).

531- gera: 83605/di/ra
TREATMENT OF HEADACHES BY ACUPUNCTURE AND CHINESE HERBAL THERAPY. CONCLUSIVE DATA CONCERNING 1000 PATIENTS. DI CONCETTO G ET AL. **journal of traditional chinese medicine.** 1991;11(3):174-6 (eng).

532- gera: 83738/di/ra
ACUPUNCTURE TREATMENT OF 43 MIGRAINE PATIENTS (ABSTRACT). PESZTENLEHRER ISTVAN MD. **acupuncture and electrotherapeutics research.** 1991;16(3-4):206. (eng).

533- gera: 83990/di/ra
EFICACIA DEL PUNTO ZHONGWAN (RM 12) EN 110 CASOS DE CEFALEA FRONTAL. LIN BING. **revista de la medicina tradicional china.** 1991;1(4):8-9 (esp).

534- gera: 84061/di/ra
LA HISTORIA CLINICA EN LOS PACIENTES CON CEFALEA. ESCUELA NEIJING. **medicina tradicional china.** 1991;71:21-23 (esp).

535- gera: 84095/di/ra
TRATAMIENTO DE LA CEFALEA TENSIONAL CON LA INYECCION EN PUNTOS DE ACUPUNTURA CON NOVOCAINA. WANG SHUQIN ET AL. **revista de la medicina tradicional china.** 1991;1(3):19-21 (esp).

536- gera: 84607/di/ra
[A STATISTICAL STUDY OF INDEFINITE COMPLAINTS IN TYPICAL PAIN DISEASES TREATED WITH ACUPUNCTURE AND MOXIBUSTION. A COMPARISON OF THE EFFECTIVENESS BETWEEN MALE AND FEMALE]. CAI YUAN WANG ET AL. **journal of the japan society of acupuncture.** 1991;41(3):316-9 (jap*).
Authors examined indefinite complaints accompanying headache, neck, shoulder or low back pains. Masked Depression questionnaire (Inoue et al.) was conducted on outpatients of Osaka Medical College whose chief complaints were above mentioned painful disorder. In the cases with low back pain, female patients showed a less number of complaints. The complaints seen more often in the male group than in the female group were sleep disorder and disturbance in the stomach and intestines. It is noted that male patients often reported psychological problems such as "feeling groggy", "having no willingness to do anything", or "being anxious about his health". Female patients often complained of headache. Unexpected difference was found in the decline of sexual desire, that was more frequent in the female group than in the male (50% of the female and 30% of the male).

537- gera: 35589/di/ra
1-POINT ACUPUNCTURE IN ACUTE HEADACHE. POTHMANN R. **akupunktur theorie und praxis.** 1992;1:73-4 (deu*).
Self-treatment of acute headache - usually by means of drugs - is effective in about 50 % of the patients. Acute coping of tension headache has even less positive results than coping of migraine. In severe cases treatment will e carried out by medical practitioners or seldom in specialized out-patient or headache clinics. Usually intravenous analgesics or vasoactive substances are applicated. Even this management will not give complete or longer lasting remission, especially in chronically ill patients. Side effects like sleepiness, or circular reactions are limiting factors of outdoor drug treatment. Therefore a pilot study should investigate the therapeutic possiblilities of a short and simple acu-stimulation strategy, that could be performed by any medical doctor without the need of a special training. According to the periosteal approach of stimulation according to Yamamoto an economic approach of acupuncture in acute headache was introduced. Each patient was needled at the position Extrapoint 2 bitemporally (ex 2 ; Tayin and Tayang). After a short periostel prick of 2 seconds thee needle was withdrawn to a position half of the depth for 10 more minutes. The result was rated finally by the patients on a 10-point Visual Analog Scale (Vas). All patients (n=16 ; 13 f, 2 m ; age 23,7 (10-43) years) improved after a 12 min treatment. Headache lasted 57.6 hours before the intervention. Pain intensity was diminished within 14.4 min from 5.6/10 to 0.6/10 on a 10-point analog scale. Neurological and vegetative symptoms disappeared completely. Even nightwork could be continued directly afterwards. A simple l needle approach to severe acute headache was described. Efficacy was at least equivalent or even superior compared to usual medical coping procedures. Furthermore the method is economic, safe and easily to learn even for every medical professionnal without special

538- gera: 35596/di/ra
THE ENERGETICS OF CHINESE HERBS : A CASE STUDY IN THE TREATMENT OF SEVERE MIGRAINE. JONES A ET AL. **american journal of acupuncture.** 1992;20(1):13-9 (eng).
This case study concerns the successful treatment by the use of Chinese herbs of a 24-year-old woman with a history of severe migraine. The considerations for formulating the prescription are discussed as well as the energetics of the various herbal constituents.

539- gera: 35647/di/ra
SKIN NEEDLE TAPPING IN 60 CASES OF HEADACHE. XING KELI. **international journal of clinical acupuncture.** 1992;3(1):89-90 (eng).
Treating headache by tapping with skin needle refers to a treatment by tapping on scalp vessels with a specially made plum-blossom needle to the extent of bleeding and is therefore a blood-letting puncture.

540- gera: 35662/di/ra
PREMENSTRUAL HEADACHE. CHEUNG CS. **abstract and review of clinical traditional chinese medicine.** 1992;2:16-7 (eng).
Abstract from Zhang Jing Zhan, Liao Ning Zhong Yi, 6-87 : 19.

541- gera: 35670/di/ra
PERIMENSTRUAL HEADACHE. CHEUNG CS. **abstract and review of clinical traditional chinese medicine.** 1992;2:23-4 (eng).
Abstract from Li Ai Hua and Du Ji Ming, Si Chuan Zhong Yi 6-91 : 42.

542- gera: 35671/di/ra
PERIMENSTRUAL HEADACHE. CHEUNG CS. **abstract and review of clinical traditional chinese medicine.** 1992;2:24. (eng).
Abstract from Hao and Li, Shangdong Zhong Yi, 5-91 : 27.

543- gera: 35711/di/ra
TRATTAMENTO DELLA CEFALEA CON AGOPUNTURA E FARMACOTERAPIA CINESE. DATI CONCLUSIVI SU 1000 PAZIENTI. DI CONCETTO G ET AL. **rivista italiana di medicina tradizionale cinese.** 1992;2:57-8 (ita).

544- gera: 35898/di/ra

APPLICATION OF CHINESE HERBAL FORMULAS (YI GAN TANG) AND SCIENTIFIC RESEARCH (XXIII) : BUPLEURUM FORMULA AND BUPLEURUM AND CHIH-SHIH FORMULA (SI NI TANG). HONG-YEN HSU. **international journal of oriental medicine.** 1992;17(2):114-20 (eng).

545- gera: 35941/di/ra
47 CASES OF MIGRAINE TREATED WITH ACUPUNCTURE. ZHAO PINGPING. **journal of traditional chinese medicine.** 1992;12(2):108-9 (eng).

546- gera: 36054/di/ra
TRATTAMENTO DELLE ISTAMINO-CEFALEE CON L'AGOPUNTURA SUL PUNTO DAZHUI (14TM). LI YIQING. **rivista italiana di medicina tradizionale cinese.** 1992;4:39. (ita).

547- gera: 36161/di/ra
[ACUPUNCTURE THERAPY ON HEADACHE WITH CERVICAL VERTEBRAL SYNDROME ; A CASE]. X. **journal of the japan society of acupuncture.** 1992;42(1):94. (jap).

548- gera: 36298/di/ra
TREATMENT OF TONIC HEADACHE WITH ACUPUNCTURE. ZHANG SHIXIONG. **journal of traditional chinese medicine.** 1992;12(3):175-7 (eng).

549- gera: 36316/di/ra
LES CEPHALEES. DIAGNOSTIC ET TRAITEMENT PAR ACUPUNCTURE. LABIGNE C. **medecine chinoise et medecines orientales.** 1992;2:27-35 (fra*).
The author presents an exhaustive study of headaches in TCM : classification according to clinical examination: character of onset, nature of the sensation, circumstances of aggravation and improvement. classification of the patterns according to the different symptoms. An acupuncture treatment is given for each of the above patterns.

550- gera: 36367/di/ra
EFFECTS OF THE ELECTRICAL STIMULATION OF MYOFASCIAL TRIGGER POINTS WITH TENSION HEADACHE. AIRAKSINEN O ET AL. **acupuncture and electrotherapeutics research.** 1992;17(4):285-90 (eng).
The effects of electrical stimulation by simple pocket size stimulator were evaluated on myofascial trigger points by pain threshold (PTH) algometry. The study consisted 14 patients with 76 treated trigger points in randomly selected double blind cross-over study protocol. The effects of 30 seconds stimulation increased the PTH values 0.58 kg/cm2 in study group, but only 0.13kg/cm2 in controls (p<0.O1). These results suggested that the stimulation had positive effects on myofascial trigger points, but these effects were seen only on the treated points.

551- gera: 36448/di/ra
AKUPUNKTUR BEI MIGRÄNE. FOLLOW-UP STUDIE. KUBIENA G ET AL. **deutsche zeitschrift für akupunktur.** 1992;35(6):140-8 (deu*).
[Acupuncture and migraine (a follow-up study)]. Fifteen patients suffering from migraine were treated with "correct" acupuncture and 15 migraine sufferers were given 'placebo" acupuncture in a prospective, randomised study. Reductions in the frequency of the attacks, intensity of pain and amount of medication taken were achieved. The "correct" acupuncture group showed better results. However, the control group which received "placebo" acupuncture (needle insertion outside the region of classical acupuncture points but still within the segment) also showed note worthy improvements. 71 % of the patients who received 'correct" acupuncture and 55 % of the "placebo" group stated that they would seek acupuncture treatment again if their symptoms worsened. Only 90 % of the "placebo" group and 14 % of the "correct' group were of the opinion that acupuncture, by itself, had helped them. The therapy procedure used was a combination of acupuncture with, above all, medication, massage and physiotherapy. The fact that "placebo" acupuncture in the segment also achieves relatively good results should be an incentive for further studies. Acupuncture can be considered as an ideal combination therapy since it has no negative side effects and can be combined with practically all other conventional and complementary methods. Surely, one should finally stop trying acupuncture only after all other, more aggressive forms of therapy have failed. If acupuncture is used right from the onset of therapy to reduce the amount of medication, many patients could be protected from permanent harm. This would also reduce the cost of treatment.

552- gera: 36572/di/cg
ACUPUNCTURE THERAPY IN HEADACHE : B ENDORPHINS AND VIP. PLASTINO A ET AL. **wfas international symposium on the trend of research in acupuncture, roma.** 1992;:139 (eng).

553- gera: 36606/di/cg
375 CASE REPORTS ON CHRONIC HEADACHE, MIGRAINE AND IMPAIRED VISION CAUSED BY CERVICAL SPONDYLOSIS. ANG TT ET AL. **wfas international symposium on the trend of research in acupuncture, roma.** 1992;:162 (eng).

554- gera: 36697/di/cg
TREATMENT OF HEADACHE BY TRADITIONAL CHINESE MASSAGE INTEGRATED WITH MOXIBUSTION. CINIGLIO S ET AL. **wfas international symposium on the trend of research in acupuncture, roma.** 1992;:233 (eng).

555- gera: 36717/di/ra
MALADIES DE L'AFFLUX (JUE BING). NGUYEN VAN NGHI. **revue francaise de medecine traditionnelle chinoise.** 1992;154:208-20 (fra*).
"Jue" désigne l'afflux de l'énergie vers le haut. Ce chapitre 24 de Lingshu concerne les maladies "Jue" et présente de nombreux exemples cliniques pour illustrer la nosologie, la thérapeutique et le pronostic. Les maladies "Jue" expliquées sont : 1) Céphalées (9 types). 2) Cardialgies (9 types). 3) Parasitoses (ascaridoses). 10) Surdité et bourdonnement. 11) Coxalgie (difficultés de lever la cuisse). 12) "Feng Bi" (afflux simultané du Yin et du Yang). Ce chapitre est essentiellement axé sur l'étude de l'afflux du froid (Han Jue). De ce fait, il diffère légèrement du chapitre 45 de Suwen. Il comporte 22 paragraphes.

556- gera: 36750/di/ra
QUEL EST VOTRE DIAGNOSTIC ? (CEPHALEES). KESPI JM. **revue francaise d'acupuncture.** 1992;72:53-4 (fra).

557- gera: 36941/di/ra
TRATAMIENTO DE LA CEFALEA HISTAMINICA MEDIANTE ACUPUNTURA EN EL PUNTO DAZHUI. LI YIQING. **revista de la medicina tradicional china.** 1992;2(3):14. (esp).

558- gera: 37308/di/re
TRADITIONAL CHINESE ACUPUNCTURE IN TENSION-TYPE HEADACHE : A CONTROLLED STUDY. TAVOLA T ET AL. **pain.** 1992;48(3):325-9 (eng).
Thirty patients with tension-type headache were randomly chosen to undergo a trial of traditional Chinese acupuncture and sham acupuncture. Five measures were used to assess symptom severity and treatment response: intensity, duration and frequency of headache pain episodes, headache index and analgesic intake. The five measures were assessed during a 4 week baseline period, after 4 and 8 weeks of treatment, and 1, 6 and 12 months thereafter. Before the start of the study, each patient was administered the MMPI. Split-plot ANOVAs showed that, compared to baseline, at 1 month after the end of treatment and for the 12 month follow-up, the

frequency of headache episodes, analgesic consumption and the headache index (but not the duration or intensity of headache episodes) significantly decreased over time; however, no difference between acupuncture and placebo treatment was found. No single MMPI scale predicted the response to treatment, but the mean MMPI profile of acupuncture non-responders showed the presence of 'Conversion V'.

559- gera: 37731/di/tt
MIGRAINES ET MEDECINE TRADITIONNELLE CHINOISE. FLAWS B. **satas,bruxelles.** 1992;:143P (fra).

560- gera: 39057/di/ra
[CLINICAL OBSERVATION ON EFFECT OF ANTI-CRANIAL PAIN DECOCTION FOR 569 CASES OF VASCULAR HEADACHE]. YAO YONGNIAN ET AL. **shanghai journal of traditional chinese medicine.** 1992;1:27 (chi).

561- gera: 39307/di/ra
[ON THE EFFECT OF "MODIFIED SHAOYAO GANCAO DECOCTION" IN TREATING VASCULAR HEADACHE]. HUANG YUBIN. **hubei journal of traditional chinese medicine.** 1992;1:25 (chi).

562- gera: 39436/di/ra
[REVIEW ON THE CLINICAL RESEARCH ON THE TREATMENT OF HEADACHE BY TCM IN THE LAST 10 YEARS]. WANG YONGYAN ET AL. **journal of beijing college of traditional chinese medicine.** 1992;15(1):5 (chi*).
The authors have reviewed the last 10-year research progress in the treatment of headache by TCM and the remaining problems in terms of its etiology and pathogenesis, diagnosis and therapeutic effect evaluation, treatment based on differentiation of syndromes, formula and herbs, and dosage form reform. In order to further the research, the authors suggest that the trend in the study of headache is to set up and use the uniform standard of headache diagnosis and curative effect evaluation, condut a nation-wide case research in accordance with differentiation of syndromes, develop a series of chinese patent drugs having chinese medical characteristics, improve dosage forms by means of modern drug manufacture technology so as to enhance the clinical curative effect, and perfect the theory of TCM about headache to guide its clinical treatment.

563- gera: 39445/di/ra
[206 CASES OF MIGRAINE TREATED BY THE COMBINATION OF LOCAL BLOCK THERAPY AND HERBAL THERAPY]. HAN XIAOJUN ET AL. **journal of beijing college of traditional chinese medicine.** 1992;15(1):43 (chi*).
Symptoms of migraine were first alleviated by the local injection of procaine and dexamethasone. Then herbs to eliminate heat and wind and sooth the liver were administered because the disease was due to flaming-up of liver wind and fire, which could delay the attack cycle and recurrent rate out of the 206 cases, the effective rate was 50 % (103 cases), the markedly effective rate 48 % (99 cases), failure 2 % (4 cases), and the total effective rate was 98 %. The paper also discusses the etiology and pathogenesis, clinical characteristics and therapeutic mechanism of

564- gera: 39506/di/ra
[TREATING HEADACHE WITH OUTFLOWING ENERGY OF QIGONG]. HUANG JIAN-MING. **qigong.** 1992;13(2):75 (chi).

565- gera: 39551/di/ra
[OBSERVATION ON INFRA-RED THERMOGRAM OF 100 CASES OF CHRONIC HEADACHE AND DIZZINESS]. ZHU SHIMIN ET AL. **shanghai journal of traditional chinese medicine.** 1992;4:37 (chi).

566- gera: 39612/di/ra
[CLINICAL OBSERVATIONS ON TREATMENT OF VASCULAR HEADACHE WITH SHU TENG GRANULE PREPARATION]. MAI XIAOTAI ET AL. **henan traditional chinese medicine.** 1992;12(2):80 (chi).

567- gera: 39698/di/ra
[CLINIC OBSERVATION OF DIFFERENTIATION OF SYNDROME IN THE TREATMENT OF HEADACHE]. DENQ YIFE. **shaanxi traditional chinese medicine.** 1992;13(4):147 (chi).

568- gera: 39876/di/ra
[110 CASES OF ANGIONEUROTIC HEADACHE TREATED BY "HEADACHE DECOCTION"]. GE CHUANFU. **hubei journal of traditional chinese medicine.** 1992;2:25 (chi).

569- gera: 39950/di/ra
[SHU GAN HUO XUE ZHI TONG TANG DECOCTION FOR HEADACHE DURING MENSTRUAL PERIOD]. FAN YISHAN. **shaanxi traditional chinese medicine.** 1992;13(5):200 (chi).

570- gera: 42853/di/ra
[EXAMPLES OF FAMOUS TCM PHYSICIAN ZHANG QI'S EXPERIENCE IN TREATING HEADACHE]. ZHU YONGZHI ET AL. **liaoning journal of traditional chinese medicine.** 1992;19(7):5 (chi).

571- gera: 42865/di/ra
[EXPERIENCE OF TREATMENT OF MIGRAINE GIVEN BY CHEN BOTAO]. CHEN KEMIN ET AL. **journal of traditional chinese medicine and chinese materia medica of jilin.** 1992;4:10 (chi).

572- gera: 43120/di/ra
[APPLICATION OF JIAJIAN SANPIAN TANG IN TREATMENT OF 80 PATIENTS WITH MIGRAINE]. WANG DEMIN. **beijing journal of traditional chinese medicine.** 1992;3:3 (chi).

573- gera: 43347/di/ra
[391 CASES OF HEADACHE TREATED BY ACUPUNCTURE SI-QUAN POINT]. WANG YUMING. **beijing journal of traditional chinese medicine.** 1992;4:29 (chi).

574- gera: 43349/di/ra
[CLINICAL OBSERVATION AND ETIOLOGICAL CLASSIFICATION OF 530 CASES WITH HYDROCEPHALOS]. LIU MIAO ET AL. **beijing journal of traditional chinese medicine.** 1992;4:40 (chi).

575- gera: 43643/di/ra
[POINT INJECTION ON FENGCHI (GB 20) FOR TREATMENT OF HEADACHE OF 139 CASES]. SUN LIQIN ET AL. **shanghai journal of acupuncture and moxibustion.** 1992;11(3):13 (chi).

576- gera: 43644/di/ra
[CLINICAL STUDY ON CATATONIC MIGRAINE TREATED BY ACUPUNCTURE]. YUE JIN. **shanghai journal of acupuncture and moxibustion.** 1992;11(3):15 (chi).

577- gera: 43805/di/ra
[APPLICATION OF ACUPUNCTURE IN NEUROLOGICAL CLINIC IN RECENT YEARS]. LIU JIAYING ET AL. **chinese acupuncture and moxibustion.** 1992;12(5):47 (chi*).
The article introduced the application of acupuncture in neurological departments in recent years for treating the

common disorders such as cerebrovascular accident, facial paralysis, herpes zoster, sciatica, trigeminal neuralgia, migraine and nervous lesions.

578- gera: 43982/di/ra
[XIONG ZHI ZHI TONG TANG DECOCTION FOR VASCULAR MIGRAINE]. YAN YU BIN. **shaanxi traditional chinese medicine.** 1992;13(9):396 (chi).

579- gera: 44354/di/ra
[OBSERVATION ON TREATMENT OF HEMICRANIA WITH "SI WEI ZHI TONG SAN"]. WU LAN-XIANG ET AL. **zhejiang journal of traditional chinese medicine.** 1992;27(10):439 (chi).

580- gera: 44589/di/ra
[EFFECT OF HEADACHE DUE TO BLOOD STASIS TREATED WITH XUE FU ZHUYU TANG ON 23 CASES]. LI JI-RONG. **practical journal of integrating chinese with modern medicine.** 1992;5(11):650 (chi).

581- gera: 44625/di/ra
[JIAN CHONG JI THERAPY FOR MENSTRUAL HEMICRANIA AT EAR-ACUPOINTS]. WANG BAOYING. **shaanxi traditional chinese medicine.** 1992;13(12):553 (chi).

582- gera: 44935/di/ra
[THE EXPERIENCE OF PROF. QIU MAO-LIANG IN TREATING HEADACHE BY PUNCTURING PAIR POINTS]. QIU XIAN-LING. **chinese acupuncture and moxibustion.** 1992;12(6):31 (chi*).
This article presents the experience of prof. Qiu Mao-Liang in treating headache by puncturing pair points. With differentiation, prof. Qiu applied pair points on the externally-internally related channels or the channels bearing the same names on hand and foot. Here are examples : for wind-cold headache, Houxi (SI 3) and Shugu (UB 65) were punctured ; for wind-heat headache, Hegu (LI 4) and Feiyang (UB 58) selected ; and for liver Yang headache, Waiguan (SJ 5) and Zulinqi (GB 41) used, etc; The result was effective and instant.

583- gera: 44955/di/ra
[20 CASES OF VASCULAR HEADACHE TREATED BY CHUAN XIONG DRINK]. ZHANG HANHONG. **hubei journal of traditional chinese medicine.** 1992;6:8 (chi).

584- gera: 49059/di/ra
MICROMASSAGGIO NELLE CEFALEE LOCALIZZATE DI TIPO CHAO YANG (2° E FINE). PASI G. **east-west.** 1992;12(3):6-9 (ita).

585- gera: 70490/di/me
ETUDE CLINIQUE SUR LA THERAPIE DES CEPHALEES SAN YANG. MACHARD LE PENNETIER M. **memoire d acupuncture, bordeaux ii.** 1992;: (fra).

586- gera: 84286/di/ra
THERAPEUTIC EFFECTS OF USING ACUPOINT CHIQIAN. ZHANG CHENGDA. **journal of traditional chinese medicine.** 1992;12(1):55-6 (eng).

587- gera: 94400/nd/re
INTRODUCTION OF TRANSCUTANEOUS,LOW-VOLTAGE,NON-PULSATILE DIRECT CURRENT (DC) THERAPY FOR MIGRAINE AND CHRONIC HEADACHES. A COMPARISON WITH TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS). ANNAL N ET AL. **headache quarterly, current treatment and research.** 1992;3:434-7 (eng).

588- gera: 94402/nd/re
ACUPUNCTURE TREATMENT FOR NON-AURA MIGRAINE. A DOUBLE-BLIND VS PLACEBO STUDY. CECCHERELLI F ET AL. **associazione italiana per lo studio del dolore xv congresso nazionale aisd.** 1992;: (eng).

589- gera: 4442/di/cg
ACUPUNCTURE TREATMENT FOR MIGRAINE HEADACHES. TONG LI D. **third world conference on acupuncture.** 1993;:197. (eng).

590- gera: 4581/di/cg
THE DEMAND FOR ACUPUNCTURE IN THE TREATMENT OF PAINFUL SYNDROMES : A SURVEY CARRIED OUT IN ITALY. RUGHINI S ET AL. **third world conference on acupuncture.** 1993;:201. (eng).

591- gera: 4608/di/cg
A COMPARISON BETWEEN TCM AND WESTERN MEDICINE IN THE TREATMENT OF MIGRAINE FROM A SOCIAL-MEDICAL POINT OF VIEW. MINCIARELLI S ET AL. **third world conference on acupuncture.** 1993;:202 (eng).

592- gera: 5790/di/cg
TREATMENT OF HEADACHE BY ACUPUNCTURE AND CHINESE HERBAL THERAPY IN ITALY : CONCLUSIVE DATA CONCERNING 1200 PATIENTS. SOTTE L ET AL. **third world conference on acupuncture.** 1993;:260. (eng).

593- gera: 5797/di/cg
RYODORAKU TREATMENT FOR HEADACHES. IAMAI A. **third world conference on acupuncture.** 1993;:261. (eng).

594- gera: 9278/di/cg
EFFECTS OF ACUPUNCTURE TREATMENT FOR TENSION TYPE HEADACHE - EXAMINATION BY OPEN LOOP VIDEO PUPILLOGRAPHY. YAMAGUCHI S ET AL. **third world conference on acupuncture.** 1993;:420. (eng).

595- gera: 15474/di/ra
HISTORIAS CLINICAS. CEFALEAS EN LA MUJER. ESCUELA NEIJING. **medicina tradicional china.** 1993;91:34-7 (esp).

596- gera: 17430/di/ra
DIAGNOSIS AND TREATMENT OF MIGRAINE WITH TRADITIONAL CHINESE MEDICINE. CHAO-HSIN HSU ET AL. **international journal of oriental medicine.** 1993;18(4):181-3 (eng).
Migraine is a debilitating condition that is difficult to treat. Western pharmaceutical treatments are ineffective for many patients, and so the therapies offered by traditional Chinese medicine warrant investigation. The etiology, diagnosis, conformational classification, and herbal treatment of migraine are discussed.

597- gera: 20124/nd/re
TREATMENT OF MIGRAINE HEADACHES USING AURICULAR ACUPUNCTURE TECHNIQUES. MC KIBBIN LS ET AL. **laser ther.** 1993;5(1):23-8 (eng).

598- gera: 36976/di/ra
TRATAMIENTO CON ACUPUNTURA DE 47 CASOS DE MIGRAÑA. ZHAO PINGPING. **revista de la medicina tradicional china.** 1993;1:16-7 (esp).

599- gera: 36992/di/ra
TRATAMIENTO CON ACUPUNTURA DE 51 CASOS DE NEURALGIA OCCIPITAL. XIE ZHONGWEI. **revista de la**

medicina tradicional china. 1993;2:7-8 (esp).

600- gera: 36994/di/ra
TRATAMIENTO DE LA CEFALEA TENSIONAL CON ACUPUNTURA. ZHANG SHIXIONG. **revista de la medicina tradicional china.** 1993;2:14-6 (esp).

601- gera: 37778/di/ra
[TREATING HEADACHE WITH THE "HUN YUAN ZHUANG" (A TYPE OF QIGONG)]. ZHAO CHENG-DONG. **qigong.** 1993;14(4):184 (chi).

602- gera: 37789/di/ra
[A BRIEF INTRODUCTION OF HEADACHE TREATED WITH CHUANXIONG CHATIA POWDER AND ITS ANALOGOUS PRESCRIPTIONS]. ZHANG BINGHOU ET AL. **china journal of traditional chinese medicine and pharmacy.** 1993;8(2):39 (chi).

603- gera: 38011/di/ra
[TREATMENT OF HEADACHE AND DIZZINESS AFTER TRAUMA BASED ON SYNDROME DIFFERENTIATION : A STUDY OF 200 CASES]. KE GUOMING ET AL. **new journal of traditional chinese medicine.** 1993;25(4):24 (chi).

604- gera: 38176/di/ra
[LU JIDUAN PROFESSOR'S EXPERIENCE OF TREATING STUBBORN HEADACHE]. WANG CHANGJUN. **shaanxi traditional chinese medicine.** 1993;14(3):116 (chi).

605- gera: 38212/di/ra
[EFFECTIVE STUDY OF TOUTONGSHU POWDER PREPARATION ON VASCULAR HEADACHE]. GONG QI-MING ET AL. **practical journal of integrating chinese with modern medicine.** 1993;6(2):100 (chi).

606- gera: 38453/di/ra
[REPORT ON TCM TREATMENT ON 30 CASES VASCULAR HEADACHE]. ZHAO GUOMING ET AL. **acta chinese medicine and pharmacology.** 1993;1:38 (chi).

607- gera: 38703/di/ra
[36 CASES OF VASCULAR HEADACHE TREATED BY "XIONG GUI SI CHONG SAN"]. SUN JING-LAN. **zhejiang journal of traditional chinese medicine.** 1993;28(10):449 (chi).

608- gera: 38767/di/ra
GINNASTICA MEDICA PER LE CEFALEE E LE PATOLOGIE DELLA REGIONE CERVICALE. SOTTE L. **rivista italiana di medicina tradizionale cinese.** 1993;50(2):44-6 (ita).

609- gera: 38769/di/ra
TRATTAMENTO DELLA CEFALEA TONICA CON AGOPUNTURA. ZHANG SHIXIONG. **rivista italiana di medicina tradizionale cinese.** 1993;50(2):52-3 (ita).

610- gera: 38804/di/ra
MIGRÄNE UND KOPFSCHMERZ : BEHANDLUNGSPROGRAMME UND LITERATURDOKUMENTATION AUS DEN BEIDEN GROBEN DEUTSCHSPRACHIGEN AKUPUNKTURZEITSCHRIFTEN "DEUTSCHE ZEITSCHRIFT FÜR AKUPUNKTUR" UND "AKUPUNKTUR THEORIE* KUBIANA G. **deutsche zeitschrift für akupunktur.** 1993;36(3):52-61 (deu).
[Migraine and headache : a survey of treatment programms and literature published in the two major german language acupuncture journals "Deutsche zeitschrift für akupunktur" and "Akupunktur theorie und praxis" 1982-

611- gera: 45611/di/ra
TREATMENT OF HEADACHE WITH TRADITIONAL AURICULOACUPOINT THERAPY. . CHEN KANGMEI ET AL. **journal of traditional chinese medicine.** 1993;13(3):230-3 (eng).

612- gera: 45954/nd/re
MIGRANE-BEHANDLUNG BEI KINDERN. . DORSCH H . **dtsch med wochenschr.** 1993;118(21):806 (deu).

613- gera: 46258/di/ra
[THE IMMUNE STATE AND TCM THERAPY OF MIGRAINE]. LU XI ET AL. **chinese journal of integrated traditional and western medicine.** 1993;13(9):541 (chi).

614- gera: 46571/di/ra
[SEQUENTIAL TRIAL ON ANALGESIC EFFECT OF VASCULAR HEADACHE BY TOUTONG DIBI YE]. HE GUANG-MING ET AL. **chinese journal of integrated traditional and western medicine.** 1993;13(8):461 (chi*).

615- gera: 46629/di/ra
[ANALYSIS OF THE CURATIVE EFFECT OF QI-PROMOTING ACUPUNCTURE MANIPULATION ON MIGRAINE]. XU ZHONG ET AL. **shanghai journal of acupuncture and moxibustion.** 1993;12(3):97 (chi).

616- gera: 47000/di/ra
[TREATMENT OF HEADACHE DUE TO LOW INTRACRANIAL PRESSURE BASED ON TCM SYNDROME DIFFERENTIATION]. LS JUN ET AL. **new journal of traditional chinese medicine.** 1993;25(6):9 (chi).

617- gera: 47161/di/ra
[CURE OF HEADACHE DUE TO PATHOGENIC WIND BY ACUPUNCTURE AND MOXIBUSTION]. REN TAIMIN ET AL. **beijing journal of traditional chinese medicine.** 1993;5:41 (chi).

618- gera: 47263/di/ra
[24 CASES OF HEADACHE DURING MENSTRUAL PERIOD TREATED WITH REGULATING THE FUNCTION OF THE LIVER AND PROMOTING BLOOD CIRCULATION]. ZHANG TAIKANG. **shandong journal of traditional chinese medicine.** 1993;6:28 (chi).

619- gera: 47629/di/ra
[TCM TREATMENT FOR CHANGES OF HUMORAL IMMUNITY IN MIGRAINE]. LU XI ET AL. **fujian journal of traditional chinese medicine.** 1993;24(2):10 (chi).

620- gera: 47632/di/ra
[ELECTRIC CURRENT DETERMINATION AT ACUPOINTS & IMPULSE THERAPY FOR VASCULAR HEADACHE: REPORT OF 70 CASES]. MEI GUANGSHUI ET AL. **fujian journal of traditional chinese medicine.** 1993;24(2):18 (chi).

621- gera: 47733/di/ra
[WAIQING JIANGZHUO METHOD FOR 60 CASES OF MIGRAINE]. BAI JUNFENG. **beijing journal of traditional chinese medicine.** 1993;3:25 (chi).

622- gera: 47752/di/ra
[CLINICAL OBSERVATION OF 108 CASES OF MIGRAINE

TREATED BY COMBINED METHOD]. WANG DENG MIN ET AL. **acta chinese medicine and pharmacology.** 1993;6:37 (chi).

623- gera: 47967/di/ra
[TREATMENT OF 78 CASES OF MIGRAINE BY NEEDLING POINT TAICHONG (LR3)]. CAO LIMIN. **shanghai journal of acupuncture and moxibustion.** 1993;12(4):157 (chi).

624- gera: 47993/di/ra
[CLINICAL APPLICATION OF THE PRESCRIPTIONS FOR HEADACHE IN "CHUAN YA"]. HUANG DING LIANG. **zhejiang journal of traditional chinese medicine.** 1993;28(12):564 (chi).

625- gera: 48081/di/ra
[CLINICAL OBSERVATION ON 202 CASES OF HEADACHE TREATED BY ELECTROACUPUNCTURE]. ZHANG LIFU LI LANMIN. **journal of traditional chinese medicine.** 1993;34(10):602 (eng).

626- gera: 48267/di/ra
[CLINICAL OBSERVATION ON MIGRAINE TREATED WITH TOUFENG DECOCTION]. BAI ZONGSHU ET AL. **hubei journal of traditional chinese medicine.** 1993;15(6):19 (chi).

627- gera: 48268/di/ra
[80 CASES OF MIGRAINE TREATED BY TOUTONG NING]. LI BAOYU. **hubei journal of traditional chinese medicine.** 1993;15(6):20 (chi).

628- gera: 48393/di/ra
[TREATMENT OF OBSTINATE HEADHACHE WITH MODIFICATION OF DANG GUI SI NI TANG]. JIN SHAO-XIAN ET AL. **tianjin journal of traditional chinese medicine.** 1993;6:8 (chi).

629- gera: 48713/di/ra
ACUPUNCTURE TREATMENT OF ANGIONEUROTIC HEADACHE ON THE BASIS OF CATEGORICAL IDENTIFICATION. LIU GUOGUANG ET AL. **international journal of clinical acupuncture.** 1993;4(2):215-17 (eng).
In recent years we applied categorical identification in selection of points for treatment of angioneurotic headhache in 110 cases and achieved satisfactory results as reported below.

630- gera: 48747/di/ra
TREATMENT OF UNILATERAL HEADACHE USING DAY PRESCRIPTION. ZHANG XI. **international journal of clinical acupuncture.** 1993;4(3):303-5 (eng).
Migraine is a disorder very commonly seen in clinic. The author treated 61 cases of migraine with the day prescription method and obtained very satisfactory therapeutic results. He also selected 44 cases at random as control. A brief introduction follows.

631- gera: 48748/di/ra
TAPPING AND PRICKING IN TREATMENT OF VASCULAR HEADACHE : EXPERIENCE WITH 50 CASES. DONG JUNFENG. **international journal of clinical acupuncture.** 1993;4(3):309-10 (eng).
Vascular headache, a paroxysmal disease characterized by migraine in most cases, is commonly treated clinically, and radical cure is rather difficult due to recurrence. The author treated the disease by the tapping and pricking method with good results. The following is a report of his work.

632- gera: 48749/di/ra
NEEDLING DAJIAN IN TREATMENT OF VASCULAR HEADACHE : OBSERVATION OF 220 CASES. NIE HANYUN ET AL. **international journal of clinical acupuncture.** 1993;4(3):311-4 (eng).
Vascular headache is a disease of high incidence of clinical treatment, wich is very difficult to treat. Between 1972 and 1991, the author used puncture of the Daijian point to treat 220 cases of the disease with satisfactory results as reported in this chapter.

633- gera: 48750/di/ra
RAPID RELIEF OF HEADACHE WITH THROUGH PUNCTURE : REPORT ON 30 PATIENTS. CHEN GUANGYI. **international journal of clinical acupuncture.** 1993;4(3):314-6 (eng).
Headache, commonly caused by neuro-vascular imbalance, is usually refractory to medication. Since 1984 we have used through acupuncture as treatment, especially for pain in the temporal area and radiating to the surrounding tissues. We wish to present our experience in this report.

634- gera: 48832/di/ra
[THE TREATMENT OF TEMPOROMANDIBULAR JOINT (TMJ) ARTHROSIS BY ACUPUNCTURE]. KATSUHISA WATANABE ET AL. **journal of the japan society of acupuncture.** 1993;43(4):143-59 (jap*).
Temporomandibular arthrosis, whose major symptoms are trismus, pain of the temporomandibular joint and articular noise, has recently been increasing, primarily in younger people. This condition is often accompanied by unexplained complaints (e.g., headache and stiffness of the neck and/ (or shoulder) which are indications for the application of acupuncture therapy. To deepen the recognition of temporomandibular arthrosis by clinicians, we recently prepared a video tape showing detailed procedures of acupuncture therapy for this disease. The first half of this video tape consists of an explanation of the anatomical features of the temporomandibular joint, the athophysiology and classification of temporomandibular arthrosis, and magnetic resonance images of the temporomandibular joint. The latter half consists of the diagnostic and therapeutic procedures for this disease, including the acupoints

635- gera: 48972/di/ra
TREATMENT OF HEADACHE BY NEEDLING LIMB POINTS OF HOMONOMIAL CHANNELS AND ASHI POINTS. LIU JIACONG. **international journal of clinical acupuncture.** 1993;4(3):307-8 (eng).
By identifying the channels related to the lesions, combination acupuncture of limb points along the channels thus selected and Ashi points has produced in treating 45 cases of headache with encouraging results.

636- gera: 49029/di/ra
TREATMENT OF HEADACHE DUE TO BLOOD STASIS WITH ELECTRO HEATED NEEDLE. ZHENG XUELIANG. **world journal of acupuncture-moxibustion.** 1993;3(1):35. (eng).

637- gera: 49046/di/ra
27 CASES OF MIGRAINE TREATED WITH INJECTION OF FLEABANEINJECTION INTO FENGCHI (GB20) AND TAIYANG (EX-HN5) POINTS. WU SHIGUI. **world journal of acupuncture-moxibustion.** 1993;3(2):33-4 (eng).

638- gera: 49098/di/ra
QUEL EST VOTRE DIAGNOSTIC ? LES CEPHALEES. KESPI JM. **revue francaise d'acupuncture.** 1993;74:67-8 (fra).

639- gera: 49128/di/ra
[36 CASES OF VASCULAR HEADACHE TREATED BY "XIONG GUI SI CHONG SAN"]. SUN JING-LAN. **zhejiang journal of traditional chinese medicine.** 1993;28(10):449 (chi).

640- gera: 57397/nd/re
[PSYCHOLOGICAL ASPECTS AS PREDICTING FACTORS FOR THE INDICATION OF ACUPUNCTURE IN MIGRAINE

PATIENTS]. BAISCHER W. **wiener klinishe wochenschrift.** 1993;105(7):200-3 (deu*).
Thirty patients with chronic migraine received needle acupuncture after investigation of personality traits, cognitive and social factors. Treatment response was evaluated in two different ways (documentation of attacks in a migraine diary and subjective judgment of outcome). Diary documentation showed that the frequency of attacks was halved, with no essential relation to psychological factors. Short duration of illness was the best predictor of a good response to therapy. Patients' subjective judgment demonstrated a mean improvement of 60%. Unlike diary documentation, the subjective response rates were closely related to personality traits. In particular, patients with high scores for extroversion and low scores for neuroticism reported a better response. Age, sex, social status, and expectations of benefit did not show any relation to treatment efficacy.

641- gera: 58574/nd/re
ESTRES, PERSONALIDAD Y MASAJE PUNTUAL EN PACIENTES MIGRANOSOS. SANCHEZ ORTEGA ET AL. **rev cuba med mil.** 1993; 22(2):112-19 (esp*).
Se empleo el masaje puntual como tratamiento alternativo en un grupo de 52 pacientes que presentaban cefalea vascular, en la consulta multtidisciplinaria del Instituto Superior de Medicina Militar "Dr. Luis Diaz Soto".Para el diagnostico de los niveles de regulacion de la personalidad de los pacientes, se realizo el analisis de contenido de algunas tecnicas de papel y lapiz (Rotter y Composiciones) y entrevistas. El analisis psicologico se efectuo a traves del test de Eysenck, y entre los moduladores de la respuesta de estres se incluyo el ritmo de vida de los pacientes. Se utilizo para el diseno estadistico el test de Wilcoxon en el caso de variables psicofisioogicas como presion diastolica, sistolica y respuesta electrodermica en la piel, antes y despues del tratamiento (alfa < 0,05). Se pudo apreciar que los factores estresantes desempenaron un importante papel en la agudizacion de las crisis de migrana, lo cual coincide con lo reportado por otros autores. Se probo la efectividad de este sistema evaluativo que no es costoso, para el diagnostico de la personalidad y sus potencialidades en el proceso salud-estres- enfermedad, asi como de la terapeutica del masaje puntual para disminuir las crisis y la intensidad del dolor de

642- gera: 58582/nd/re
ACUPUNTURA Y MIGRANA. GONZALEZ ROIG ET AL. **rev cuba med.** 1993;34(1):61-7 (esp*).
Se estudiaron dos grupos de pacientes con migrana. Cada grupo comprendia 50 casos. El grupo estudio recibio tratamiento con Acupuntura. Los resultados fueron comparados con un grupo control, que recibio tratamiento con medicamentos. Se obtuvo una significativa mejoria en los pacientes tratados con acupuntura (p<0,05) (AU)

643- gera: 136238/di/ra
TRATAMIENTO DE LA CEFALEA TENSIONAL CON ACUPUNTURA. ZHANG SHIXIONG. **revista de la medicina tradicional china.** 1993;3(2):14-16 (esp).

644- gera: 3223/di/ra
[PROF. SHEN GOURONG'S EXPERIENCE IN THE TREATMENT OF HEADACHE]. LIANCAI K ET AL. **fujian journal of traditional chinese medicine.** 1994;25(1):3 (chi).

645- gera: 12793/di/ra
THE CLINICAL ANALYSIS ON THERAPEUTIC EFFECT OF 47 CASES OF CERVICAL HEADACHE AND VERTIGO TREATED WITH ACUPUNCTURE, COMBINED WITH LIFTING, ROTATING, PULLING-MANIPULATION AT NECK. LU Z ET AL. **world journal of acupuncture-moxibustion.** 1994;4(4):12-4 (eng).
The cervical headache and vertigo were treated with acupuncture at Fengchi (GB20) and Wangu (GB12) and lifting, rotating, pulling-manipulation at neck. The total effective rate was 91.4%. The therapeutic effects of these two types, malposition type and osteophytosis type, were studied and compared. The results were significantly

646- gera: 15400/di/ra
TRATAMIENTO DE LA CEFALEA VASOMOTORA Y MUSCULO-TENSIVA. CITTADINI M ET AL. **el pulso de la vida.** 1994;3:14-6 (esp).

647- gera: 16356/di/ra
LE CEFALEE IN MEDICINA TRADIZIONALE CINESE. GIANNETTI R. **rivista italiana di medicina tradizionale cinese.** 1994;58(4):27-30 (ita).

648- gera: 16669/di/ra
COME SI TRATTA LA CEFALEA CON L'AGOPUNTURA. JINSHENG H. **rivista italiana di medicina tradizionale cinese.** 1994;58(4):89. (ita).

649- gera: 17273/di/ra
TRATTAMENTO DELLA CEFALEA CON TERAPIA TRADIZIONALE DI AURICOLOPUNTURA. KANGMEI C ET AL. **rivista italiana di medicina tradizionale cinese.** 1994;57(3):71-3 (ita).

650- gera: 20492/nd/re
MIGRAINE AND ACUPUNCTURE : CLINICAL APPROACH. TUKMACHI E. **int j alternat complement med.** 1994;12(3):15-9 (eng).

651- gera: 45240/di/re
ACUPUNCTURE VERSUS METOPROLOL IN MIGRAINE PROPHYLAXIS : A RANDOMIZED TRIAL OF TRIGGER POINT INACTIVATION. . HESSE J ET AL. **journal of internal medicine.** 1994;235(5):451-6 (eng).
OBJECTIVES : To compare the effects of dry needling of myofascial trigger points in the neck region to metoprolol in migraine prophylaxis. DESIGN : Randomized, group comparative study. patients, investigator and statistician were blinded as to treatment, the therapist was blinded as to results. SETTING : Outpatient pain clinic in the northern Copenhagen area. Patients were referred by general practitioners or respondents to newspaper advertisements. SUBJECTS : Included were patients with a history of migraine with or without aura for at least 2 years. Excluded were persons with contraindications against treatment with beta blockers, chronic pain syndromes, pregnancy or previous experience with acupuncture or beta-blocking agents. A total of 85 patients were included; 77 completed the study. INTERVENTIONS : After a 4-week run-in period, patients were allocated to a 17-week regimen either with acupuncture and placebo tablets or to placebo stimulation and metoprolol 100 mg daily. RESULTS : Both groups exhibited significant reduction in attack frequency (P < 0. 01). No difference was found between the groups regarding frequency (P > 0. 20) or duration (P > 0. 10) of attacks, whereas we found a significant difference in global rating of attacks in favour of metoprolol (P < 0. 05). CONCLUSIONS : Trigger point inactivation by dry needling is a valuable supplement to the list of migraine prophylactic tools, being equipotent to metoprolol in the influence on frequency and duration (but not severity) of attacks, and superior in terms of

652- gera: 47778/di/ra
[TREATING 100 CASES OF HEAD-WIND SYNDROME WITH SELF-DESIGNED TOU FENG AGREED RECIPE]. LIANG LIONG. **shanghai journal of traditional chinese medicine.** 1994;11:30 (chi).

653- gera: 48854/di/ra
APPLICATION OF ACUPOINT-INJECTION THERAPY TO PAIN SYNDROME : CLINICAL ANALYSIS OF 250 CASES. XU JINGYING ET AL. **world journal of acupuncture moxibustion.** 1994;4(1):3-5 (eng).
In this paper, 250 cases of headache, shoulder pain, lumbago and leg pain were treated with 20 % Angelicae Sinensis mixed

with Vitamine B12 point-injection therapy. The total effective rate was 95.2 % and in which the cure rate was 53.6 %. Author have found a close correlation between the effectiveness and the duration of disease.

654- gera: 48991/di/ra
ACUPUNCTURE TREATMENT OF HEADACHE. CHEN ZHONGYIN. **journal of traditional chinese medicine.** 1994;14(4):272-5 (eng).

655- gera: 49061/di/ra
APPLICATION OF ACUPOINT-INJECTION THERAPY TO PAIN SYNDROME : CLINICAL ANALYSIS OF 250 CASES. XU JINGYING ET AL. **world journal of acupuncture-moxibustion.** 1994;1(4):3-5 (eng).
In this paper, 250 cases of headache, shoulder pain, lumbago and leg pain were treated with 20 % Angelicae Sinensis mixed with Vitamine B12 point-injection therapy. The total effective rate was 95.2 % and in which the cure rate was 53.6 %. Authors have found a close correlation between the effectiveness and the duration of

656- gera: 49206/di/ra
[TREATING 148 CASES OF VASCULAR HEADACHE WITH "LU TONG LING"].]. ZHU TIAN-ZHONG. **zhejiang journal of traditional chinese medicine.** 1994;29(12):535 (chi).

657- gera: 49258/di/ra
[SUMMARY OF TREATMENT OF 40 CASES OF NEUROVASCULAR HEADACHE WITH TRADITIONAL MEDICINE]. KANG JING-HUA. **tianjin journal of traditional chinese medicine.** 1994;11(2):18 (chi).

658- gera: 49354/di/ra
[CLINICAL OBSERVATION OF 106 CASES OF MIGRAINE]. ZHANG HENIAN. **shanghai journal of traditional chinese medicine.** 1994;8:33 (chi).

659- gera: 49704/di/ra
TEACHING ROND HEADACHE. HU JINSHENG. **journal of traditional chinese medicine.** 1994;14(3):237-40 (eng).

660- gera: 53969/di/ra
[OBSERVATION ON STUBBORN HEADHACHE TREATED BY RADIX SALVIAE MILTIORRHIZAE AND RHIZOMA LIGUSTICICHUANXIONG]. HAN JINCHENG. **journal of traditional chinese medicine.** 1994;35(4):222 (eng).

661- gera: 55685/di/ra
TRATAMIENTO DE LA CEFALEA CON ACUPUNTURA. HU JINSHENG. **revista de la medicina tradicional china.** 1994;4(3):13-4 (esp).

662- gera: 55688/di/ra
TRATAMIENTO DE LA CEFALEA CON AURICULOPUNTURA. CHEN KANGMEI ET AL. **revista de la medicina tradicional china.** 1994;4(3):21-3 (esp).

663- gera: 56022/di/ra
ACUPUNCTURE TREATMENT OF MIGRAINE. HE PU-REN. **international journal of clinical acupuncture.** 1994;5(1):49-52 (eng).

664- gera: 56096/di/ra
TREATMENT OF 2 CRITICAL CASES OF SEVERE HEADACHE WITH ACUPUNCTURE. XING QI-MING. **international journal of clinical acupuncture.** 1994;5(3):371-2 (eng).

665- gera: 56112/di/ra
CHRONIC HEADACHE TREATED BY ONE-POINT-MULTI-NEEDLE ACUPUNCTURE : A REPORT OF 60 CASES. WANG SU-MIN ET AL. **international journal of clinical acupuncture.** 1994;5(4):451-3 (eng).

666- gera: 56113/di/ra
TREATING VASCULAR MIGRAINE WITH DEEP PUNCTURE AT FENGCHI : A REPORT OF 240 CASES. DONG ZIBIN. **international journal of clinical acupuncture.** 1994;5(4):455-8 (eng).

667- gera: 58179/di/ra
LASER ACUPUNCTURE OF NON-VISCREAL HEAD PAIN. (ABSTRACT). BRATILA F ET AL. **acupuncture in medicine.** 1994;12(1):62 (eng).

668- gera: 58196/di/ra
EFFECT OF THE ACUPOINT NEIGUAN (PC.6) AND TAICHONG (LR.3) ON CEREBRAL BLOOD FLOW IN NORMAL AND IN MIGRAINE PATIENTS. (ABSTRACT). QUIRICO PE ET AL. **acupuncture in medicine.** 1994;12(1):68-9 (eng).

669- gera: 71684/nd/re
ZUR NEUROREGULATIVEN WIRKUNG DER AKUPUNKTUR BEI KOPFSCHMERZPATIENTEN. WEINSCHUTZ T ET AL. **dtsch zschr akup.** 1994;37:106-17 (deu).

670- gera: 80655/di/ra
[186 CASES OF HEADACHE TREATED BY ACUPUNCTURE AND CHINESE HERBS]. GUIFANG X ET AL. **journal of beijing university of tcm.** 1994;17(3):46 (chi*).
The paper reports 186 cases of headache treated by the combination of acupuncture and herbs in Germany. Those Chinese herbs were used which dispel wind and resolve phlegm, and promote blood circulation and dredge channels. The acupoints selected were Baihui, Shengting, Taiyang, Hegu, Zusanli, Sanyinjiao, Taichong, etc.. One course of treatment was 3-4 weeks. Based on German standard of therapeutic effect, the symptoms disappeared in 26 cases, it was markedly effective in 87 cases, effective in 51 cases, ineffective in 22 cases. The total effective rate was 88. 17%. The paper also discusses the relationship of therapeutic effect to the types and courses of disease, the age, spirit and constitution of the patients.

671- gera: 80664/di/ra
[168 CASES OF MIGRAINE PERTAINING TO DEFICIENCY SYNDROME TREATED WITH ANALOGOUS FORMULAE OF TEA-BLENDED LIGUSTICUM POWDER]. BINGHOU Z ET AL. **journal of beijing university of tcm.** 1994;17(4):36 (chi*).
168 cases of migraine pertaining to deficiency syndrome were treated with the analogous formulae of Tea- Blended Ligusticum powder according to syndrome differentiation. Results the obvious effective rate was 72.2%, improvement rate 23.2%, and the total effective rate 95.4%. It was notably superior to that of control group ($p<0.01$). In addition, the therapeutic mechanism was studied by selecting partial cases.

672- gera: 85115/di/ra
APPLICATION OF SHUAIGU (GB8) IN TREATMENT OF MIGRAINE (abstract). CUI LINHUA. **acupuncture research.** 1994;3-4:119. (eng).

673- gera: 85116/di/ra
CLINICAL OBSERVATION OF 110 CASES OF MIGRAINE TREATED BY ACUPUNCTURE (abstract). YAO XIAOYING ET AL. **acupuncture research.** 1994;3-4:120. (eng).

674- gera: 85404/di/ra
[TREATMENT OF 100 CASES OF HEADACHE WITH "FOUR-INSECT DECOCTION"]. QIAN BIN. **jiangsu journal of tcm.** 1994;15(9):5 (chi).

675- gera: 86005/di/ra
[EXPERIENCE OF TREATMENT OF HEADACHE WITH WU ZHU YU IN LARGE QUANTITIES]. ZHANG JUN. **journal of tcm and chinese materia medica of jilin.** 1994;6:20 (chi).

676- gera: 89959/di/ra
[EXPERIMENTAL STUDY ON THE TREATMENT OF HEADACHE CAUSED BY XUEYU OF "HUOXUEQINNAO" GRANULE]. WEI LINGDI ET AL. **chinese traditional and herbal drugs.** 1994;25(7):369 (chi).

677- gera: 94405/nd/re
REDUCTION OF TEMPORALIS EXTEROCEPTIVE SUPPRESSION BY PERIPHERAL ELECTRICAL STIMULATION IN MIGRAINE AND TENSION-TYPE HEADACHES. WANG W ET AL. **pain.** 1994;59:327-34 (eng).

678- gera: 153853/di/cg
ALGIES CRANIO-FACIALES: PRESENTATION GENERALE OCCIDENTALE. ROCH.F-X. **colloque la consultation de la douleur,chu toulouse-rangueil.** 1994;: (fra).

679- gera: 153854/di/cg
PRESENTATION ORIENTALE:FORMES CLINIQUES ETIOLOGIQUES. VIBES.J. **colloque la consultation de la douleur,chu toulouse-rangueil.** 1994;: (fra).

680- gera: 153855/di/cg
MIGRAINES ALGIES VASCULAIRES. VIBES.J. **colloque la consultation de la douleur,chu toulouse-rangueil.** 1994;: (fra).

681- gera: 153856/di/cg
CEPHALEES DE TENSION. DESOUTTER.B. **colloque la consultation de la douleur,chu toulouse-rangueil.** 1994;: (fra).

682- gera: 153860/di/cg
LA MESO-ACUPUNCTURE DANS LES ALGIES CRANIO-FACIALES. BECHLER.J.G. **colloque la consultation de la douleur,chu toulouse-rangueil.** 1994;: (fra).

683- gera: 12681/di/ra
CLINICAL EXPERIENCE OF TREATING PAIN SYNDROME BY SHU (STREAM) POINTS OF HAND THREE YANG MERIDIANS. XIUJUAN Y ET AL. **world journal of acupuncture-moxibustion.** 1995;5(1):33-6 (eng).
This article introduces the clinical experience of treating pain syndrome by shu (stream) points of the hand three Yang meridians. The authors used the shu (stream) points for some pain syndromes. It develops the indications of shu (stream) points which used to be only applied to heavy sensations of the body and painful joints. It is highly important for the effective result to be the contralateral puncturing combined with doing exercises and a long retaining of needles, such as one hour. Most of acute pain can be cured by one treatment. As for stubborn pain, it

684- gera: 12682/di/ra
A REPORT OF 300 CASES OF MIGRAINE TREATED WITH ACUPUNCTURE PLUS BLOOD-LETTING PUNCTURING AND CUPPING. GUOSHENG L ET AL. **world journal of acupuncture-moxibustion.** 1995;5(1):37-40 (eng).
Acupuncture combined with blood-letting puncturing and cupping is quite effective in treatment of migraine. The total effective rate of 300 cases is 95. 7%. Combined treatment of acupuncture and cupping can supplement each other in strengthening the therapeutic effect and is a good way for relieving headache.

685- gera: 17424/di/ra
QI GONG Y MIGRANAS. REQUENA Y. **medicina holistica.** 1995;40:167-72 (esp).

686- gera: 27799/di/ra
202 CASES OF HEADACHE TREATED WITH ELECTRO-ACUPUNCTURE. LIFU Z ET AL. **journal of traditional chinese medicine.** 1995;15(2):124-6 (eng).

687- gera: 50646/di/ra
[CLINICAL RESEARCH OF ANALGESIC EFFECT OF "AO TONG NING"]. GUANGZHEN L ET AL. **china journal of traditional chinese medicine and pharmacy.** 1995;10(6):25 (chi*).
222 cases of headache toothache, sore, throat, trauma and cancer were treated with "Ao Tong Ning" that had the function of purifying fireeil and removing toxic material, promoting blood stasis and preventing pain. The cure rate was 66. 7 %, and the total effective rate was 97. 7%. They were all superior to that of the western medicine group (p<0. 005), particularly in the curative effect of headache, toothache and sore throat, their curative rate was 88. 7 %, 88. 5 %, 88. 9 % respectively. The total effective rate was 100%. On the other hand, this medicine took analgesic action more quickly than the western medicine group (p<0. 005).

688- gera: 54430/nd/re
EINFüHRUNG IN DIE CHINESISCHE MEDIZIN EINSATZ VON AKUPUNKTUR UND HOMOOPATHIE IN DER MIGRANEBEHANDLUNG. . EBERT H . **pflege z.** 1995;48(7):408-11 (deu).
[Introduction into Chinese medicine. Use of acupuncture and homeopathy in the treatment of migraine].

689- gera: 54503/nd/re
ACUPUNCTURE IN MIGRAINE : LONG-TERM OUTCOME AND PREDICTING FACTORS. . BAISCHER W . **headache.** 1995;35(8):472-4 (eng).
Twenty-six patients (19 women, 7 men), who suffered from chronic migraine according to IHS criteria, underwent acupuncture. In order to evaluate the long-term stability of treatment effects, patients documented frequency, duration, and intensity of attacks as well as analgesic intake in a migraine diary, which was kept for 5-week periods before treatment, immediately after treatment, and 3 years later. Data showed improvement greater than 33% for 18 patients (69%) at posttreatment and 15 patients (58%) at 3-year follow-up. Drug intake was reduced to 50% and did not re-increase until follow-up. Treatment outcome was associated with personality traits, but not depending on demographic data or severity of migraine.

690- gera: 54640/di/ra
ANTI-INFLAMMATORY EFFECTS OF TIANRONG ACUPOINT ON BLOOD VESSELS OF DURA MATER. . YU SHENGYUAN. **journal of traditional chinese medicine.** 1995;15(3):209-13 (eng).
Although Tianrong acupoint (SI 17) is used for migraine headache, its mechanism of action remains obscure. The effects of Tianrong acupoint therapy on neurogenically-mediated plasma protein extravasation (125I-BSA) in rat dura mater induced by electrical stimulation of the right trigeminal ganglion was studied. When the unilateral trigeminal ganglion was stimulated (5 Hz, 1. 2 mA, 5 msec for 5 min), the ratio of stimulated side/unstimulated side (cpm/mg) was 1. 6663 ± 0. 0217. The plasma extravasation was blocked by different kinds of treatment in different degrees. The order of the ratio was as follow : Tianrong acupoint therapy (1. 0917 ± 0. 0266) and Tianrong electrical needle therapy (1. 1281 ± 0. 0227) < Tianrong acupoint injection with normal saline (1. 325 ± 0. 0444) < Quchi acupoint (LI 11) injection with prednisolonum (1.

5284 ± 1. 1624). The results indicated that Tianrong acupoint therapy could inhibit the neurongenic inflammation on the affected side.

691- gera: 54642/di/ra
DR. ZHOU CHAOFAN'S EXPERIENCE IN THE TREATMENT OF MIGRAINE. . YU ZHIMIN. **journal of traditional chinese medicine.** 1995;15(3):198-202 (eng).

692- gera: 54647/di/ra
TREATMENT OF MIGRAINE WITH MODIFIED CHUANXIONG POWDER. A REPORT OF 30 CASES. . JU JIANWEI ET AL. **journal of traditional chinese medicine.** 1995;15(3):183-4 (eng).

693- gera: 55040/di/ra
[STUDY ON ULTRASTRUCTURE OF PLATELETS IN MIGRAINE PATIENTS WITH BLOOD STASIS TYPE]. WANG DONG-NA ET AL. **chinese journal of integrated traditional and western medicine.** 1995;15(12):716-8 (chi).
To study the relationship between ultrastructure of platelets and migraine patients with blood stasis type (MBS). The morphologic appearance and aggregation of platelets in MBS patients were examined before and after treatment with Tongbike oral liquor (20 cases in treated group and. 10 in control). The results showed that the MBS patients' platelets appeared irregular, easy to aggregate and adhere to red cells, which was more severe when ADP was added, but improved after treated with Chinese medicinal herbs. According to the results it was assumed that platelets from MBS patients were in an abnormal activated state, the abnormal morphology and functional disturbance might be the pathologic basis of MBS. Tongbike oral liquor could markedly improve the morphologic and functional state of platelets, which was relevant to the inhibition of platelet aggregation and the inducing of

694- gera: 55814/di/ra
HISTORIA CLINICA (FIEBRE, DOLOR DE NUCA Y CABEZA). X. **medicina tradicional china.** 1995;111:45-6 (esp).

695- gera: 56133/di/ra
HEADACHE. CHEN KE-ZHENG. **international journal of clinical acupuncture.** 1995;6(1):31-6 (eng).

696- gera: 56141/di/ra
TREATMENT OF MIGRAINE BY NEEDLING YIFENG. HOU AN-LE. **international journal of clinical acupuncture.** 1995;6(1):67-8 (eng).

697- gera: 56172/di/ra
EYE-NEEDLING IN TREATMENT OF HEADACHE. ZHONG JIAN-FEI. **international journal of clinical acupuncture.** 1995;6(2):199-201 (eng).

698- gera: 56201/di/ra
MIGRAINE : (PART 1). LU SHOU-KANG. **international journal of clinical acupuncture.** 1995;6(3):299-302 (eng).

699- gera: 56206/di/ra
ACUPUNCTURE TREATMENT OF HEADACHE DUE TO PHLEGM-STASIS : A REPORT ON 25 CASES. JIAO NIAN-XUE. **international journal of clinical acupuncture.** 1995;6(3):319-20 (eng).

700- gera: 56226/di/ra
MIGRAINE (PART 2). LU SHOU-KANG. **international journal of clinical acupuncture.** 1995;6(4):413-7 (eng).

701- gera: 56235/di/ra
HEADACHE TREATED WITH FENGCHI THROUGH TO FENGCHI : CLINICAL OBSERVATION OF 600 CASES. GAO ZHEN-FENG. **international journal of clinical acupuncture.** 1995;6(4):447-50 (eng).

702- gera: 58049/di/ra
THE TREATMENT OF MIGRAINE BY SKIN MAGNETS TO ACUPOINTS ON THE LEGS. (CASE REPORT). TÖYSÄ T. **acupuncture in medicine - journal of the british medical acupuncture society.** 1995;13(1):51-3 (eng).

703- gera: 58135/di/ra
INTRODUCTION OF A NEW THERAPY METHOD : MUSIC SOUND ELECTROACUPUNCTURE STIMULATION. TEKEOGLU I. **acupuncture in medicine.** 1995;13(2):71-3 (eng).
Music is an increasingly popular means of enhancing pain relief and suppression of anxiety in a variety of painful situations. The author has used a device that delivers an electrical stimulation to acupuncture needles (electroacupuncture) that is frequency modulated by the sound of classical music being played to the patient. In a randomised controlled trial, patients with migraine or cervical tension headache were divided into two groups (25 each). One group received standard electroacupuncture at 100Hz while the other had music sound electroacupuncture stimulation. Pain levels were scored by the patients on a five point scale. Analgesia obtained by the standard electroacupuncture group was statistically significant (P<0.01). That obtained by the music sound

704- gera: 66742/di/ra
[STUDY ON THE CHANGE OF BLOOD PAF CONTENT OF THE PATIENTS WITH BLOOD STASIS SYNDROME OF HEMICRANIA]. ZHANG BOSHENG ET AL. **liaoning journal of traditional chinese medicine.** 1995;22(8):337 (chi*).
There are many types of chinese medicine diagnosis and type in migraine and the blood stagnate sign is more common. The result of this test suggests that platelet activiting factor (PAF) acts in close coordination with pathological process of blood stagnate sign in migraine. It indicates that PAF may become one of the microcosmic

705- gera: 67384/di/ra
QUEL EST VOTRE DIAGNOSTIC ?. KESPI JM. **revue francaise d'acupuncture.** 1995;82:59-60 (fra).
M.F..., né en 1933, stomatologiste, consulte en février 94 pour des migraines ophtalmiques, remontant à trente ou quarante ans, survenant mensuellement, sans régularité.

706- gera: 67386/di/ra
DES TROUBLES LUNAIRES. MICHAU A. **revue francaise d'acupuncture.** 1995;82:63-4 (fra).
Céline L..., 15 ans, souffre depuis six ans d'une céphalée par mois, sans rapport avec les règles: elle se réveille avec des céphalées occipitales, des vertiges, les yeux brillants. Elle dort toute la journée et va mieux le soir

707- gera: 67892/di/ra
MY FAVORITE POINTS FOR MIGRAINE. AKIO OISO. **north american journal of oriental medicine.** 1995;2(3):14 (eng).

708- gera: 71679/nd/re
ACUPUNCTURE VS PLACEBO IN THE COMMON MIGRAINE: A DOUBLE BLIND STUDY. ABSTRACT. CECCHERELLI F ET AL. **cephalalgia.** 1995;7suppl:499-500 (eng).

709- gera: 79095/di/ra
[LU TONG YIN TANG DECOCTION FOR VASCULAR HEADACHE]. DENG CUNGUO ET AL. **shaanxi journal of traditional chinese medicine.** 1995;16(9):397 (chi).

710- gera: 79096/di/ra

[QU FENG ZHI TONG TANG DECOCTION FOR MIGRAINE]. JING XI ET AL. **shaanxi journal of traditional chinese medicine.** 1995;16(9):398 (chi).

711- gera: 84399/di/ra
[40 CASES OF HEADACHE TREATED WITH QUICK-ACTING NOSE DROPS-TOUTONG LIAN]. JINTIAN L ET AL. **journal of beijing university of tcm.** 1995;18(4):35 (chi).

712- gera: 84666/di/ra
[TREATMENT OF 36 CASES OF VASCULAR HEADACHE BY NEEDLING-EMBEDDING THERAPY IN GESHU (BL17) POINT]. LONG C ET AL. **shanghai journal of acupuncture and moxibustion.** 1995;14(5):203 (chi).

713- gera: 84930/di/ra
INSEGNAMENTO SULLA CEFALEA. JINSHENG H. **rivista italiana di medicina tradizionale cinese.** 1995;61(3):74-6 (ita).

714- gera: 84942/di/ra
TRATTAMENTO DELLA CEFALEA MEDIANTE AGOPUNTURA. ZHONGYIN C. **rivista italiana di medicina tradizionale cinese.** 1995;62(4):55-7 (ita).

715- gera: 85165/di/ra
LECTURES ON ACUPUNCTURE. PART II : CLINICAL ACUPUNCTURE. LECTURE TWO : HEADACHE. GUAN QISHENG ET AL. **world journal of acupuncture-moxibustion.** 1995;5(4):58-64 (eng).

716- gera: 85966/di/ra
[THERAPY ON 100 CASES OF VASCULAR HEADACHE WITH ANNAODINGTONG GRANULES (RADIX BUPLEURI,RHIZOMA LIGUSTICI CHUANXIONG,ETC.)]. QIAO LIANHUO ET AL. **chinese traditional patent medicine.** 1995;17(9):25 (chi*).
Annaodingtong Granules, composed of Xiaochaihu Decoction basic prescription plus Rhizoma Ligustici Chuanxiong, Radix Angelicae Dahuricae, etc, possesses the functions of dispersing the depressed liver-energy and regulating the vital energy, promoting vital energy and blood circulation, and dredging the meridian passage and relieving pain. Clinically, it is used to treat the vascular headache on 100 cases with 43 crues, 33 cases of obvious effect, 18 cases of effect and 6 cases of no effect. The total effective rate is 94%. Judged by the classification of syndrome of traditional Chinese medicine, it has optimum curative effect for the type of stagnation of vital energy and blood stasis, next type of dampness-phlegm and blood stasis, last type of deficiency of yin leading to

717- gera: 87447/di/ra
[ON THE CURRENT SITUATION OF CHINESE MATERIAL MEDICA FOR ANGIONEURALGIA HEADACHE]. TAO CHUNXIANG. **shaanxi journal of traditional chinese medicine.** 1995;16(3):139 (chi).

718- gera: 88279/di/ra
[SELF MADE CAPSULE TREATING 62 CASES OF HEADACHE FROM POST-TRAUMATIC BRAIN]. CHENG SHURAN ET AL. **shandong journal of tcm.** 1995;14(5):213 (chi).

719- gera: 88627/di/ra
[RHIZOMA LIGUSTICI CHUANXIONG-AN INDISPENSABLE DRUG FOR HEADACHE]. MENG JINGCHUN. **jiangsu journal of tcm.** 1995;16(2):24 (chi).

720- gera: 88651/di/ra
[TREATMENT OF 86 CASES OF ANGIONEUROTIC HEADACHE]. HU REN ET AL. **jiangsu journal of tcm.** 1995;16(4):12 (chi).

721- gera: 90323/di/ra
[PROF. LIU SHICHANG'S EXPERIENCE ON THE TREATMENT OF HEADACHE]. ZHAO HUIFANG. **new journal of tcm.** 1995;27(5):11 (chi).

722- gera: 90339/di/ra
[BLOOD CIRCULATION ACTIVATING AND ANALGESIC FORMULA FOR THE TREATMENT OF CHRONIC HEADACHE: A CLINICAL OBSERVATION OF 205 CASES]. GAO QINGTONG. **new journal of tcm.** 1995;27(6):19 (chi).

723- gera: 90341/di/ra
[TREATMENT OF MIGRAINE BY PICKING COLLATERALS AND BLOODLETTING: A REPORT OF 132 CASES]. HUANG LIUHE ET AL. **new journal of tcm.** 1995;27(6):30 (chi).

724- gera: 90465/di/ra
[TREATMENT OF HEADACHE BY ACUPUNCTURE: A REPORT OF 118 CASES]. LU AIWEN. **new journal of tcm.** 1995;27(9):30 (chi).

725- gera: 91264/di/ra
[THE STUDYING THAT OBSTINATE NERVOUS HEADACHE IS CURED BY CHINESE WITH MODERN MEDICINE IN 50 CASES]. SHI MEI-QIN ET AL. **practical journal of integrating chinese with modern medicine.** 1995;8(3):179 (chi).

726- gera: 91358/di/ra
[THE VASCULAR HEADACHE IS CURED BY ECPHRACTIC TABLET FOR BLOOD VESSEL OF BRAIN IN 126 CASES]. FENG DAO-GUANG ET AL. **practical journal of integrating chinese with modern medicine.** 1995;8(10):611 (chi).

727- gera: 136257/di/ra
CASO CLÍNICO: CEFALEA. HU JINSHENG. **revista de la medicina tradicional china.** 1995;5(1):38-40 (esp).

728- gera: 136273/di/ra
TRATAMIENTO DE LA MIGRAÑA MEDIANTE PUNCIÓN TRANSFIXÍANTE DE SHUAIGU A XUANLU O TAIYANG. GAN ZHEYUAN ET AL. **rivista de la medicina tradicional china.** 1995;5(2):32-33 (esp).

729- gera: 136296/di/ra
TRATAMIENTO DE LA CEFALEA MEDIANTE ACUPUNTURA. CHEN ZHONGYING. **revista de la medicina tradicional.** 1995;5(3): 30-32 (esp).

730- gera: 55293/di/ra
[CLINICAL STUDY ON TREATMENT OF MIGRAINE WITH ZIWULIUZHU ACUPUNCTURE METHOD]. CHU HAORAN. **chinese acupuncture and moxibustion.** 1996;16(8):5 (chi*).
In the present paper, 35 cases of migraine were treated with Ziwuliuzhu acupuncture therapy and 30 patients were used as control group who received common acupuncture treatment. Changes of 5-hydroxy-tryptamine and 5- hydroxy-indole acetic acid contents in blood before and after treatment were observed in 18 cases of the Ziwuliuzhu acupuncture group. Results indicated that scores of clinical symptoms after treatment decreased significantly ($p < 0.01$) in the two groups of patients. While, the decrease amplitude in the Ziwuliuzhu acupuncture group was superior obviously to that in the common acupuncture group ($p < 0.05$).

731- gera: 55343/di/ra
[FIFTY CASES OF VASCULAR HEADACHE TREATED WITH ZI WU LIU ZHU THERAPEUTIC INSTRUMENT]. WANG CAILI ET AL. **chinese acupuncture and moxibustion.** 1996;16(10):7 (chi).

732- gera: 55344/di/ra
[CLINICAL REPORT ON 140 CASES OF MIGRAINE TREATED BY ACUPUNCTURE AT HEAD ACUPOINTS OF ECIWO LAW]. QIAO JINLIN. **chinese acupuncture and moxibustion.** 1996;16(10):8 (chi).

733- gera: 56261/di/ra
TREATMENT OF HEADACHE USING SHUAIGU. LI YONG-JIE. **international journal of clinical acupuncture.** 1996;7(1):63-4 (eng).

734- gera: 56262/di/ra
FOUR CASES OF HEADACHE CURED BY USING A SINGLE POINT. XU RONG-ZHENG. **international journal of clinical acupuncture.** 1996;7(1):65-7 (eng).

735- gera: 56377/di/ra
CLINICAL OBSERVATION ON 48 CASES OF VASCULAR HEADACHE TREATED BY ACUPUNCTURE. YU SHU-YUN ET AL. **international journal of clinical acupuncture.** 1996;7(4):443-5 (eng).

736- gera: 56672/di/ra
[EFFECT OF ACUPUNCTURE ON DIFFERENT ACUPOINT, SELECTED ACCORDING TO TIME ON PAIN THRESHOLD OF HEADACHE PATIENTS]. LI YONGFANG ET AL. **shanghai journal of acupuncture and moxibustion.** 1996;15(6):10 (chi).

737- gera: 56807/nd/re
AN ALTERNATIVE METHOD FOR TREATING HEADACHE AFTER SPINAL ANESTHESIA IN CESAREAN SECTION. TSENOV D. **akush ginekol (sofiia).** 1996;35(4):6-7 (eng).
From pregnant women, delivered with section caesarean and spinal anaesthesia 22%-36% have complained of headache. Its treatment is difficult. A group of 35 pregnant women aged between 22-34 years have received headache after spinal anaesthesia for caesarean section.They were subjected to acupuncture in the points S8, Li4, G11,14, B10, GV14,20 by the scheme.The number of procedures varied between 1 and 3. The author reports the following results : headache passed in 30 women after 1 procedure, in 4 after 2 and in 1 after 3 procedures.The

738- gera: 57075/di/ra
[CLINICAL OBSERVATION ON VASCULAR HEADACHE TREATED BY METHOD OF ACTIVATING BLOOD, SUPPRESSING LIVER YANG AND REMOVING PHLEGM]. ZHOU YINGHAO ET AL. **journal of beijing university of tcm.** 1996;19(4):53 (chi).

739- gera: 57674/di/ra
[UNCONVENTIONAL METHODS OF THE ACUPUNCTURAL TREATMENT IN CEPHALIC AFFECTIONS EXTREMITY]. (ABSTRACT). SANDU B ET AL. **revista romana de acupunctura.** 1996;5(2):88 (eng).

740- gera: 57675/di/ra
[THERMODYNAMICS OF ACUPUNCTURE IN BILIARY MIGRAINE TREATMENT]. (ABSTRACT). BRATILA F ET AL. **revista romana de acupunctura.** 1996;5(2):90-1 (eng).

741- gera: 57682/di/ra
[THE MIGRAINE AND THE INHIBITED HOSTILE ATTACK IN PATIENTS WITH BREAST BENING TUMORS]. (ABSTRACT). IOAN D ET AL. **revista romana de acupunctura.** 1996;5(2):98 (eng).

742- gera: 57688/di/ra
[ACUPUNCTURE-LASERSCANNING (LSA) IN THE TREATMENT OF THE CEPHALALGIA FROM THE CERVICAL SPONDYLOSIS]. (ABSTRACT). MOLDOVAN C ET AL. **revista romana de acupunctura.** 1996;5(2):115 (eng).

743- gera: 57692/di/ra
[CEPHALGIA - THE HEEL OF ACHILLES]. (ABSTRACT). TRIFA M. **revista romana de acupunctura.** 1996;5(2):122 (eng).

744- gera: 57762/di/ra
TRATTAMENTO DELL'EMICRANIA CON POLVERE DI CHUANXIONG MODIFICATA. JU JIANWEI ET AL. **rivista italiana medicina tradizionale cinese.** 1996;65(3):45-6 (ita).
La formula di chuan xiong (chuan xiong san) è riportata in "Specchio prezioso delle medecine orientali" compilato da Xu jun nel 1611. Adottando questa formula, gli autori hanno trattado 30 casi di emicrania; la percentuale totale di efficacia è stata del 90%.

745- gera: 57767/di/ra
L'ESPERIENZA DEL DOTT. ZHOU CHAOFAN NEL TRATTAMENTO DELLE CEFALEE. YU ZHIMIN ET AL. **rivista italiana medicina tradizionale cinese.** 1996;65(3):58-60 (ita).

746- gera: 57769/di/ra
EFFETI ANTI-INFIAMMATORI DEL PUNTO TIANRONG (SI17) SUI VASI SANGUIGNI DELLA DURA MADRE. YU SHENGYUAN ET AL. **rivista italiana medicina tradizionale cinese.** 1996;65(3):66-8 (ita).

747- gera: 58121/di/ra
A PILOT STUDY OF ACUPUNCTURE FOR TENSION HEADACHE, USING A NOVEL PLACEBO. WHITE AR ET AL. **acupuncture in medicine.** 1996;14(1):11-5 (eng).
Tension headache is common, and treatment with acupuncture is frequently recommended, although the evidence of its effectiveness is contradictory. This small, randomised, controlled trial was designed as a pilot to test procedures in preparation for a multi-centre trial investigating the effect of acupuncture as a treatment for tension headache. Ten volunteers suffering from episodic, tension-type headache were recruited by local newspaper articles. Patients were randomised to receive either brief needling to tender areas or selected traditional points (Group A), or pressure from a cocktail stick supported within a guide tube to defined, non-tender and non- acupuncture areas (Group B). The patients' view of the treatment sites was obstructed so that no indication could be gained as to which form of treatment was being given. Throughout the period of the trial, duration, frequency and intensity of headaches were recorded, from which the mean weekly headache index was calculated. There was no difference between the changes in weekly headache index in the two groups, comparing scores before and after treatment. However, Group A experienced a considerably higher number of headache-free weeks than Group B. The credibility of the two procedures was tested using a standard credibility questionnaire and a "final verdict". One subject in Group B concluded that she had not received genuine acupuncture, but overall there was no statistical difference between the credibility of treatment in the two groups.

748- gera: 67008/di/ra
[A CLINICAL REPORT ON 105 GERMAN CASES OF HEADACHE TREATED WITH ACUPUNCTURE AND CHINESE DRUGS]. XU ZHENYE. **shanghai journal of**

traditional chinese medicine. 1996;9:2 (chi).

749- gera: 67467/di/ra
[EFFECT OF NEW ZHENGTIAN PILL ON 5-HYDROXYTRYPTAMINE CONTENT IN PLATELET AND PLASMA OF MIGRAINE PATIENTS]. WANG DONG-NA ET AL. **chinese journal of integrated traditional and western medicine.** 1996;16(5):280 (chi*).
Changes of 5-hydroxytryptamine (5-HT) content in platelet and plasma before and after New Zhengtian Pill (NZTP) therapy in migraine patients were assayed with fluorospectrophotometry. Results showed that during the period of attack, the platelet 5-HT level of patients in comparing with normal control group, was increased (P < 0.05) but the plasma 5-HT level decreased (P < 0.01) and the ratio of the platelet and plasma 5-HT was abnormal P <0.01. While during the intermittent period the 5-HT was increased both in platelet and plasma and the ratio of intra- and extra-platelet 5-HT was normal. Also, in comparing with before treatment, the post-treatmental plasma levels of 5- HT in patients with or without acute attack were all increased, the above-mentioned 5-HT ratio was also resumed obviously (P <0.05). This study revealed that both the plasma 5-HT and platelet 5-HT levels and their ratio of patients in acute attack period were abnormal, which might be the pathogenetic basis of migraine. It suggested the mechanism of NZTP in treating migraine might be through its action on absorption, releasing and metabolism of

750- gera: 68103/di/ra
TRATAMIENTO DE LA CEFALEA HISTAMINICA MEDIANTE ACUPUNTURA EN EL PUNTO DAZHUI (VG-14). YIQING L. **medicina energetica.** 1996;30:19-20 (esp).

751- gera: 68248/di/ra
DURETE SOURIANTE ET " IDEES FAUSSES ". COUDERC P. **revue francaise d'acupuncture.** 1996;87:57-60 (fra).

752- gera: 71685/di/re
AKUPUNKTUR BEI KOPFSCHMERZEN. WEINSCHUTZ T. **schmerz.** 1996;10:149-55 (deu).
Acupuncture is now being increasingly used in the treatment of headache. Acupuncture is a technique originating in Asia, from countries that have a cultural background with a fundamentally different concept of disease and therapy. Up to now, sustain application of acupuncture in Western medicine has been impeded by the lack of a scientifically convincing explanation of the mechanisms of action in terms of neurobiological criteria. Acupuncture is being used empirically in the treatment of migraine; clinical studies have been published. A definitive evaluation of acupuncture based on well-founded clinical experimental studies has yet to be made. The investigation was carried out in migraine patients who were divided into two subgroups in a control group design with two different stimulation techniques. The velum group was treated with the correct point location, normal prick depth and elicitation of a needle sensation. The control group received treatment at points that are far away from the acupuncture points, using a superficial prick technique and without eliciting a needle sensation. The effect of therapy was appraised by means of headache diaries with subsequent interference statistical and individual case analysis. In the present study comprising 81 patients, the incidence of the attacks was significantly reduced in both subgroups. The effect of acupuncture treatment was of comparable magnitude to that of the beta-blocked metoprolol. The advantage of acupuncture treatment consists in the lack of side effects such as gastrointestinal symptoms or an increase in weight. A minor side effect was only reported in one case. In the data analysis with the interference statistical method, velum acupuncture was superior to the control in only one subgroup. The possibility that the addition of further points (distant points) can explain this effect on the basis of the hypothesis of a central modulation of the migraine process is discussed. Acupuncture shows a sufficiently pronounced and sustained therapeutic effect for its

753- gera: 73115/di/ra
MIGRAINE CATAMENIALE. NGUYEN HUYNH-DIEU. **revue francaise de mtc.** 1996;170:71-3 (fra).
L'étude de la migraine chez la femme en général et de la migraine en particulier est intéressante à un double point de vue: - d'abord par sa fréquence, touchant une femme sur cinq - ensuite par son traitement parfois déroutant malgré les progrés thérapeutiques en médecine occidentale, mais presque toujours bénéfique voire efficace en médecine traditionnelle chinoise, l'acupuncture se posant le plus souvent comme le dernier recours.

754- gera: 85615/di/ra
[TREATMENT OF 125 CASES OF VASCULAR HEADACHE WITH COMBINED ACUPUNCTURE]. YANG YIZHONG ET AL. **chinese acupuncture and moxibustion.** 1996;16(3):21 (chi).

755- gera: 85670/di/ra
TREATING 100 CASES OF HEADACHE BY MAINLY NEEDLING FENGCHI AND TAICHONG. SHAN BAOZHI ET AL. **world journal of acupuncture-moxibustion.** 1996;6(2):40-2 (eng).
This article introduces the writers' experience in treating 100 cases or headache by mainly needling Fengchi (GB20) and Taichong (LR3). It is considered in TCM that headache is mostly caused by pathogenic wind, and there is a saying or "no wind, no headache" . The combination of the two points can expel both endogenous and exogenous wind. so we treat headache mainly with needling Fengchi and Taichong. The result is good, especially for cluster headache and psychic headache.

756- gera: 85732/di/ra
202 PAZIENTI AFFETTI DA EMICRANIA TRATTATI CON ELETTROAGOPUNTURA. LIFU Z ET AL. **rivista italiana di medicina tradizionale cinese.** 1996;64:68-9 (ita).
Dal 1987 al 1992 abbiamo trattato 202 pazienzi affetti da emicrania con elettroagopuntura ottenendo buoni risultati, come illustrato qui di seguito.

757- gera: 85775/di/ra
[EFFECT OF NEEDLING T'AICH'UNG AND HOKU ON CEREBROVASCULAR HEMODYNAMIC INDICES IN HEADACHE]. DUAN FANGSHEN ET AL. **shanghai journal of acupuncture and moxibustion.** 1996;15(2):5 (chi).

758- gera: 86946/di/re
ACUPUNCTURE AND MIGRAINE (letter). DUNCAN MR ET AL. **headache.** 1996;36(6):397 (eng).

759- gera: 86971/di/re
TIGER BALM AS A TREATMENT OF TENSION HEADACHE. A CLINICAL TRIAL IN GENERAL PRACTICE. SCHATTNER P ET AL. **australian family physician.** 1996;25(2):216,8,20 (eng).
OBJECTIVE: To assess the efficacy of a topical medication, Tiger Balm, in the treatment of acute tension headache. DESIGN: Randomised, double blind, three group comparison. SETTING: Patients were recruited by newspaper advertisements and general practitioners who were also responsible for enrolment. Pre-treatment assessments took place in seven general practices. INTERVENTION: Groups were given either Tiger Balm, topical placebo or paracetamol. MAIN OUTCOME MEASU Headache severity and medication relief scales were measured by self-report. RESULTS: There was a statistically significant difference (p < 0. 05) in headache relief between Tiger Balm and placebo. The difference between Tiger Balm and medication was not significant.

760- gera: 109309/di/ra
LES CEPHALEES. DR BLECLERC. **les annales.** 1996;:24 (fra).

761- gera: 56411/di/ra
ACUPUNCTURE TREATMENT OF INTRACTABLE HEADACHE : OBSERVATION OF 83 CASES. ZHAO NIAN-SHENG. **international journal of clinical acupuncture.** 1997;8(2):171-3 (eng).

762- gera: 56446/di/ra
ACUPUNCTURE PLUS QIGONG IN TREATING MIGRAINE : A CLINICAL OBSERVATION OF 120 CASES. LIAO MAN-NA ET AL. **international journal of clinical acupuncture.** 1997;8(1):65-7 (eng).
Migraine, referring to paroxysmal lateral headache, is mostly due to the handicap of dilation and constriction of the vessels in the head. The author clinically employed a therapy for acupuncture which was applied when a patient was falling into a static state induced by a practice of Qigong. Acupuncture was used in combination with the idea of the patient by which the Qi was conducted to run directly to invigorate the potential ability of the organism, promote the sensory transmission in channels, and to improve the therapeutic effects.

763- gera: 56533/di/ra
[118 CASES OF HEADACHE TREATED BY ACUPUNCTURE]. LU AIWEN. **acupuncture research.** 1997;22(1-2):107 (chi*).

764- gera: 56534/di/ra
[CLINICAL OBSERVATION ON ACUPUNCTURE AND MOXIBUSTION TREATMENT FOR 66 CASES OF MIGRAINE]. CHUI LINHUA ET AL. **acupuncture research.** 1997;22(1-2):108 (chi*).

765- gera: 56751/di/ra
[EFFECT OF ELECTRONIC COLD AND HOT ACUPUNCTURE ON RHEOENCEPHALOGRAM IN PATIENTS OF VASCULAR HEADACHE]. GE BAOHE ET AL. **chinese acupuncture and moxibustion.** 1997;17(5):267 (chi*).
Cold and hot acupuncture of electron-controlled temperature were given at Waiguan point (TE5) in patients of vascular headache and effects of different temperature acupuncture on rheoencephalogram were observed. Results showed that electric hot-acupuncture could increase the lower and normal amplitude of rheoencephalogram, shorten the ascending time, elevate the inflow volume velocity, suggesting that electronic hot-acupuncture increases cerebrovascular filling extent, lowers cerebrovascular density and increases cerebral blood supply. However, electronic coldacupuncture produced the contrary action. It is indicated in the experiment that electronic hot acupuncture has good therapeutic effect on cerebral blood supply insufficient diseases (lower

766- gera: 56892/di/ra
DOES PSYCHOLOGICAL TESTING HELP TO PREDICT THE RESPONSE TO ACUPUNCTURE OR MASSAGE/RELAXATION THERAPY IN PATIENTS PRESENTING TO A GENERAL NEUROLOGY CLINIC WITH HEADACHE?. WYLIE KR ET AL. **journal of tcm.** 1997;17(2):130-9 (eng).
Patients with chronic headache were offered treatment by acupuncture or massage with relaxation instead of a change in their prescribed medication. They were randomly allocated to either treatment. There was a significant improvement in pain ratings with both treatment types. Specifically a greater effect was seen in migraine patients treated by massage with relaxation when compared to acupuncture. No psychological factors were found to predict response to either treatment. At the end of the study, 13% of patients were significantly more worried that there may be a more serious cause underlying their headache despite reassureance and an improvement in their

767- gera: 58012/di/ra
HEADACHE RELIEVED BY ACUPUNCTURE. (CASE REPORT). SAHIN F. **acupuncture in medicine - journal of the british medical acupuncture society.** 1997;15(2):111-2 (eng).

768- gera: 58013/di/ra
HEADACHE TREATED WITH MAGNETS ON THE PERONEAL ZONE OF THE LEGS. TÖYSÄ T. **acupuncture in medicine - journal of the british medical acupuncture society.** 1997;15(2):112-3 (eng).

769- gera: 58431/nd/re
[GUIDELINES FOR THE MANAGEMENT OF CHRONIC HEADACHE. FROM: RECOMMENDATIONS FOR THE THERAPY OF CHRONIC HEADACHES, ISSUED BY THE DRUG COMMISSION OF THE GERMAN MEDICAL COMMUNITY]. X. **z arztl fortbild qualitatssich.** 1997;91(8):747-750 (deu).

770- gera: 68273/di/ra
[RETROSPECTIVE REVIEW OF THE EFFICACY OF ACUPUNCTURE BASED ON CLINICAL REPORTS (1) : INTRODUCTION OF THE META-ANALYTIC METHOD]. SATOSHI KOBAYASHI ET AL. **journal of the japan society of acupuncture.** 1997;47(2):63-74 (jap*).
The meta-analytic method including a criteria-based assessment and a uniformly defined effective rate of clinical studies was used to study the clinical effect of acupuncture. This method of analysis can be used for a clinical study including case-series study. A criteria-based assessment may reveal the generality and lack of bias in a clinical study and the uniformly defined effective rate represents the general effectiveness led by the study. We tried to analyze the clinical effect of acupuncture on migraine headache. As a result of analyzing to 16 reports of acupuncture treatment for migraine headache, the criteria-based assessments were widely distributed from 3 to 17 out of 20 points. In its distribution, the 4 reports designed by the randomized controlled trial scored 13, 16, 16 and 17 points, those of 2 prospective clinical studies scored 10 and 17 points, and those of 10 case-studies all scored less than 13 points. As for the uniformly defined effective rate (%) in clinical studies, the average of the reports was 77.8% (its 95% confidence interval ranged from 68.2 - 86.0 %) and was much higher than the placebo effective rate of mock TENS (30-35%). Considering the result of 4 randomized controlled trials, this meta-analytic result

771- gera: 68538/di/ra
[CLINICAL AND EXPERIMENTAL STUDY OF TREATMENT OF ANGIONEUROTIC HEADACHE WITH "TOUTONG YIXIOUNING"]. DU TINGHAI ET AL. **china journal of traditional chinese medicine and pharmacy.** 1997;12(1):6 (chi*).
"Toutong Yixiouning" is an inhalant new drug, produced by adopting modern technology. Controlled randomly group treated with "Lutongding" tablet, 216 cases of angioneurotic headache treated with "Toutong Yixiouning". The results showed: the recovery of short-term curative effectiveness was 36. 78%, obviously effectiveness 38. 32%, effectiveness 19. 92%, and total effective rate 95. 02%, the time of curative effectiveness was 12. 26+7. 66 minutes; its curative effectiveness was remarkably better than that of control group (p<0. 01). Animal experiment has also been done, the results indicated that the drug could obviously decrease rat twisting reaction resulted from acetic acid, decrease mouse pain threshold, and have certain effect of contracting the ectatic rabbit ear vessels

772- gera: 68687/di/ra
[EFFECTS OF TIANRONG ACUPOINT THERAPY ON CONCENTRATIONS OF DNY A1~13 IN CSF AND PLASMA OF PATIENTS WITH MIGRAINE]. YU SHENGYUAN ET AL. **acupuncture research.** 1997;22(4):250 (chi*).
The concentrations of dynorphin (DYN) A1 in CSF and plasma were determined by RIA in migraine patients during attacks (n= 22) and controls (n = 10). The concentration of DYN A1-13 in CSF and plasma in patients with migraine without aura during attacks was significantly decreased compared with their controls (both P<0.01) . The

concentrations of CSF DYN A1 --13 in the patients with severe headache was significantly decreased compared with those found, in the patients with moderate headache(P<0.05).These data provide new evidence suggesting the involvement of the endogenous opiate peptides in the pathophysiology of migraine headache and suggest plasma and CSF DYN A1--13 levels could serve as a biological marker for this condition. After 30 min. of 'l`ianrong acupoint therapy, the concentrations of DYN A1-13 (P<0.05) in plasma of migraine patients were significantly increased compared with before treatment. In the group of headache disappeared,. the concentrations of plasma DYN A,,1-13 were significantly increased (P<0.01) after Tianrong acupoint therapy, but no significant changes were found in effective and ineffective groups. These suggest the analgesic properties of the treatment may be

773- gera: 68855/di/ra
[THE DIAGNOSTIC STANDARDS FOR SEVERE INTERMITTENT HEADACHE]. SATCMP RESEARCH GROUP FOR CEREBRAL EMERGENCIES. **journal of beijing university of traditional chinese medicine.** 1997;20(4):48 (chi).

774- gera: 68892/di/ra
[30 CASES OF ANGIONEUROTIC HEADACHE TREATED WITH XINXIANGZHITONG INHALANT]. ZHANG ZHENGFANG ET AL. **journal of beijing university of traditional chinese medicine.** 1997;20(6):62 (chi).

775- gera: 69087/di/ra
[TREATMENT OF 40 CASES OF VASCULAR HEADACHE BY TAPPING WITH PLUM-BLOSSOM NEEDLE]. LI YUANZHEN. **chinese acupuncture and moxibustion.** 1997;17(12):739 (chi).
Voir traduction espagnole de: Ener Qi, 1998; 3: 48-50. Réf gera: [73306].

776- gera: 70405/di/ra
AYUDA EL EXAMEN PSICOLOGICO A PREDECIR LA RESPUESTA A LA TERAPIA CON ACUPUNTURA O MASAJE/RELAJACION EN PACIENTES QUE SE PRESENTAN A UNA CLINICA DE NEUROLOGIA GENERAL CON CEFALEA?. WYLIE KR ET AL. **journal of traditional chinese medicine.** 1997;13:41-46 (eng).
Se ofreció a pacientes con cefalea cronica el tratamiento con acupuntura o masaje con relajacion en vez de cambiar su medicacion prescrita. Se los asigno de forma aleatoria a una u otra forma de tratamiento. Ambos tipos de terapias aportaron una mejoría significativa en cuanto al dolor. Se observo un mayor efecto en los pacientes con migrana tratados con masaje combinado con relajacion en comparación con la acupuntura. No se encontro ningun factor psicológico que pudiera predecir la respuesta a uno u otro tipo de tratamiento. Al terminar el estudio, 13% de los pacientes estaban notablemente mas preocupados por si pudiera haber una causa mas seria detras de su cefalea, a pesar de las afirmaciones tranquilizadoras y la mejoría en la puntuación en cuanto a la

777- gera: 70503/di/re
ACUPUNCTURE AND THE OPIOID SYSTEM: IMPLICATIONS IN MANAGEMENT OF MIGRAINE. PINTOV S ET AL. **paediatric neurology.** 1997;17:129-33 (eng).
We investigated the effectiveness of acupuncture in childhood migraine in 22 children with migraine, randomly divided into two groups: a true acupuncture group (12 children) and a placebo acupuncture group (10 children). Ten healthy children served as a control group. Opioid activity in blood plasma was assayed by two methods: (1) determination of total (panopioid) activity with an opiate radioreceptor assay, and (2) determination of beta- endorphinlike immunoreactivity by radioimmunoassay. The true acupuncture treatment led to significant clinical reduction in both migraine frequency and intensity. At the beginning of the study, significantly greater panopioid activity was evident in plasma of the control group than in plasma of the migraine group. The true acupuncture group showed a gradual increase in the panopioid activity in plasma, which correlated with the clinical improvement. After the tenth treatment, the values of opioid activity of the true acupuncture group were similar to those of the control group, whereas the plasma of the placebo acupuncture group exhibited insignificant changes in plasma panopioid activity. In addition, a significant increase in beta-endorphin levels was observed in the migraine patients who were treated in the true acupuncture group as compared with the values before treatment or with the values of the placebo acupuncture group. The results suggest that acupuncture may be an effective treatment in children with migraine headaches and that it leads to an increase in activity of the opioidergic

778- gera: 71686/di/re
ACUPUNCTURE VERSUS FLUNARIZINE IN THE PROPHYLACTIC TREATMENT OF MIGRAINE WITHOUT AURA: A RANDOMIZED CONTROLLED TRIAL. ABSTRACT. ALLAIS G ET AL. **cephalalgia.** 1997;17:442-3 (eng).

779- gera: 72134/di/ra
EFEITOS DA ACUPUNTURA NO TRATAMENTO DA ENXAQUECA SEM AURA (CEFALEIA SHAO YANG). EIKO NISHIMURA ET AL. **revista paulista de acupuntura.** 1997;3(2):79-4 (por*).
[Acupuncture effects in migraine treatment]. Migraine is an idiopathic headache associated with nausea, photophobia, and phonophobia that occurs occasionally and lasts for several hours (from 4 to 72 hours). It may be unilateral, throbbing, moderate or severe, and is usually stronger after physical activities. Headache, according to the Traditional Chinese Medicine, results from QI and blood stagnation in the Shaoyang Unitary Meridian. Material - 20 patients with Shaoyang headache (migraine) were studied. Pain frequency and intensity were evaluated, as well as the associated clinical symptoms (photophobia, phonophobia, and altered mental status). Methods - 30 acupuncture sessions were performed in VG-20 (Baihui), GB-20 (Fengchi), BI-10 (Tianzhu), GB-12 (Wangu), GB-14 (Yangbai), M-MN-9 (Taiyang), M-MN-3 (Yintang). The parameters studied were evaluated every 5 sessions and results were submitted to Kappa, McNemar, Friedman, and Cochran G tests. Results - Kappa and McNemar tests showed significant improvement regarding intensity and frequency of pain. Friedman test showed significant improvement regarding frequency of pain as of the 2nd and 3,rd evaluations. Cochran G tests showed significant improvement concerning photophobia, phonophobia, anxiety, irritation, nausea, and vomits. With respect to insomnia, no improvement was verified. Conclusion - The protocol used showed significant improvement in migraine and in its associated symptoms (photophobia, photophobia, anxiety, irritation, nausea, and vomits). It did not show significant t improvement of insomnia.

780- gera: 73913/di/ra
[A CLINICAL OBSERVATION OF TREATMENT OF 105 CASES OF INTRACTABLE MIGRAINE BY CHUANXIONGRHIGOME AND CHRYSANTHEMUM FLOWER]. WANG DONGMING ET AL. **journal of shandong university of tcm.** 1997;21(3):196 (chi).

781- gera: 75638/di/ra
[THE OBSERVATION ON THE CURATIVE EFFECT OF TREATING HEADACHE DUE TO BLOOD STASIS IN PULMONARY HEART DISEASE WITH ZHENG TIANWAN AND WESTERN MEDICINE]. XU HAIYAN ET AL. **liaoning journal of tcm.** 1997;24(11):509 (chi).

782- gera: 87067/di/ra
88 CASES OF MIGRAINE TREATED BY NEEDLING TOUTONG. WANG WEN-YUAN ET AL. **international journal of acupuncture.** 1997;8(4):407-10 (eng).

783- gera: 87090/di/ra
CLINICAL USE OF SOURCE POINTS. ZHENG GUAN-LI.

international journal of acupuncture. 1997;8(3):273-75 (eng).

784- gera: 87099/di/ra
ACUPUNCTURE AT WAIGUAN FOR PAIN SYNDROMES. WAN LI-HUA ET AL. **international journal of acupuncture.** 1997;8(3):303-05 (eng).

785- gera: 87102/di/ra
PUNCTURING AT YAMEN IN TREATING 50 CASES OF HIND HEADACHE. JIAO NIAN-XUE. **international journal of acupuncture.** 1997;8(3):313-14 (eng).

786- gera: 87217/di/re
THE PHYSIOLOGICAL RESPONSES INDUCED BY SUPERFICIAL ACUPUNCTURE : A COMPARATIVE STUDY OF ACUPUNCTURE STIMULATION DURING EXHALATION PHASE AND CONTINUOUS STIMULATION. . TANAKA TH ET AL. **int j neurosci.** 1997;90(1-2):45-58 (eng).
This study investigated the physiological effect of superficial acupuncture stimulation during a patient's exhalation phase in a sitting position (SES). The response to SES was compared to the stimulation applied continuously without considering the respiratory phase (CONT). It evaluated a chronic tension-type headache patient's static electromyographic (EMG) activity, pain response, heart rate, pulse height, and skin conductance level. The results indicated that SES stimulation significantly decreased headache intensity and demonstrated a strong trend towards decreasing static EMG activity compared to CONT stimulation. The study concluded that acupuncture, applied on the same point and at the same depth, produced different physiological effects, depending on whether the stimulation was applied during exhalation only or continuously applied. This suggests that the effect of acupuncture derives not only from point selection matching symptoms, but also from a consideration and

787- gera: 94404/di/re
CRANIAL ELECTROSTIMULATION FOR HEADACHE: META-ANALYSIS. MCCRORY DC. **journal of nervous and mental disease.** 1997;185:766-7 (eng).

788- gera: 107145/di/ra
EFFECTS OF MASSAGE ON CRANIAL MUSCULAR ELECTRIC ACTIVITY IN PATIENTS WITH TENSION HEADACHE. LI TAO. **chinese journal of integrated traditional and western medicine (english edition).** 1997;3(2):111 (eng).

789- gera: 109367/di/ra
LES CEPHALEES FONCTIONNELLES : DIAGNOSTIC ET TRAITEMENT PAR AURICULOTHERAPIE ET AURICULOMEDECINE. BRICOT B. **les annales.** 1997;:31 (fra).

790- gera: 57635/di/ra
SCALP ACUPUNCTURE TREATMENT OF HEMICRANIA OF THE BLACK PEOPLE. ZHANG XINDE. **world journal of acupuncture-moxibustion.** 1998;8(1):53 (eng).

791- gera: 57781/di/ra
SOME ACUPUNCTURE POINTS WHICH TREAT HEADACHE. DEADMAN P ET AL. **journal of chinese medicine.** 1998;56:5-18 (eng).

792- gera: 58052/di/ra
[EFFECTS OF ACUPUNCTURE ON PLASMA ENDOTHELIN LEVELS IN PATIENTS WITH MIGRAINE]. TIAN QING ET AL. **shanghai journal of acupuncture and moxibustion.** 1998;17(2): 5 (chi*).
Plasma endothelin-1 levels in 38 acute migraine patients and 20 normal subjects were measured by radiommunoassay, and plasma endothelin-1 levels in migraine patients were compared before and after acupuncture treatment. The results showed that plasma endothelin-1 levels in migraine patients were significantly higher than those in normal subjects ($P < 0.001$), and acupuncture treatment could significantly decrease plasma endothelin-1 levels in migraine patients ($P < 0.01$). The results also indicate that the functions of endothelincytes in patients with acute migraine are disorganised and acupuncture treatment can improve their functions.

793- gera: 58358/di/re
DOCTORS' ATTITUDES TO ACUPUNCTURE-- A NORWEGIAN STUDY. NORHEIM AJ ET AL. **soc sci med.** 1998;47(4):519-23 (eng).
1466 Norwegian working doctors under 71 y of age were surveyed in February 1994 on their attitudes to acupuncture and experience as acupuncture patients. 1135 doctors responded (response rate: 77%). More than 8% had undergone acupuncture treatment and 38% of these reported benefit from the treatment. Over 53% would realistically consider acupuncture if they got problems or diseases where acupuncture treatment could be an alternative. More than 38% recommend acupuncture treatment to their migraine patients. More than four out of five doctors would not try to interfere with a patient's wish to try acupuncture treatment for cancer. 81% said that acupuncture is, or should be integrated in the national health care system. More general practitioners held this view than other doctors ($p < 0.001$). Positive attitudes were strongest among doctors who either had already undergone acupuncture treatment or intended to do so. If this development continues, acupuncture could be an integrated part of the national Norwegian health care system in the near future.

794- gera: 58465/di/re
MEDICAL MANAGEMENT OF MIGRAINE-RELATED DIZZINESS AND VERTIGO. JOHNSON GD. **laryngoscope.** 1998;108(1PT2:1-28 (eng).
Historically, review of migraine-related vestibular symptoms has focused on the various clinical presentations that occur and the results of diagnostic studies of vestibular function. Treatment of vestibular symptoms related to migraine has been proposed similar to that used for headache control, but few examples of the effectiveness of this therapy have been published. The purpose of this study is to present the various approaches that can be used to manage vestibular symptoms related to migraine, and to evaluate the overall effectiveness of these treatment approaches. This was a retrospective review of 89 patients diagnosed with migraine-related dizziness and vertigo. The character of vestibular symptoms, pattern of cochlear symptoms, results of auditory and vestibular tests, and comorbidity factors are presented. Treatment was individualized according to symptoms and comorbidity factors, and analyzed regarding effectiveness in control of the major vestibular symptoms of episodic vertigo, positional vertigo, and nonvertiginous dizziness. Medical management included dietary changes, medication, physical therapy, lifestyle adaptations, and acupuncture. Complete or substantial control of vestibular symptoms was achieved in 68 (92%) of 74 patients complaining of episodic vertigo; in 56 (89%) of 63 patients with positional vertigo; and 56 (86%) of 65 patients with non-vertiginous dizziness. Similarly, aural fullness was completely resolved or substantially improved in 34 (85%) of 40 patients; ear pain in 10 (63%) of 16 patients; and phonophobia in 17 (89%) of 19 patients. No patient reported worsened symptoms following medical management. The conflicting concept of a central disorder (migraine) as the cause of cochlear and vestibular dysfunction that often has peripheral features is discussed.

795- gera: 58719/di/re
ACUPUNCTURE IN A UNIVERSITY HOSPITAL: IMPLICATIONS FOR AN INPATIENT CONSULTING SERVICE. NASIR L. **arch fam med.** 1998;7(6):593-6 (eng).
This case series reviews my experience in providing acupuncture treatment to inpatients at a midwestern, tertiary care, university teaching hospital. I review 4 cases, including

patients with torticollis, ileus, brain injury, and intractable migraine. The lessons learned from each of these cases are summarized, and the implications for the development of an inpatient acupuncture service are discussed.

796- gera: 58737/nd/re
[ALTERNATIVE THERAPY OF CLUSTER HEADACHE]. THORESEN A. **tidsskr nor laegeforen.** 1998;118(22):3508 (nor).

797- gera: 58787/di/re
GUIDELINES FOR THE NONPHARMACOLOGIC MANAGEMENT OF MIGRAINE IN CLINICAL PRACTICE. CANADIAN HEADACHE SOCIETY. PRYSE-PHILLIPS WE ET AL. **cmaj.** 1998;159(1):47-54 (eng).
OBJECTIVE: To provide physicians and allied health care professionals with guidelines for the nonpharmacologic management of migraine in clinical practice. OPTIONS: The full range and quality of nonpharmacologic therapies available for the management of migraine. OUTCOMES: Improvement in the nonpharmacologic management of migraine. EVIDENCE AND VALUES: The creation of the guidelines followed a needs assessment by members of the Canadian Headache Society and included a statement of objectives; development of guidelines by multidisciplinary working groups using information from literature reviews and other resources; comparison of alternative clinical pathways and description of how published data were analysed; definition of the level of evidence for data in each case; evaluation and revision of the guidelines at a consensus conference held in Ottawa on Oct. 2729, 1995; redrafting and insertion of tables showing key variables and data from various studies and tables of data with recommendations; and reassessment by all conference participants. BENEFITS, HARMS AND COSTS: Augmentation of the use of nonpharmacologic therapies for the acute and prophylactic management of migraine is likely to lead to substantial benefits in both human and economic terms. RECOMMENDATIONS: Both the avoidance of migraine trigger factors and the use of nonpharmacologic therapies have a part to play in overall migraine management. VALIDATION: The guidelines are based on consensus of Canadian experts in neurology, emergency medicine, psychiatry, psychology and family medicine, and consumers. Previous guidelines did not exist. Field testing of the guidelines is in progress.

798- gera: 58838/di/ra
[EFFECT OF ACUPUNCTURE ON DEGREE OF BLOOD OXYGEN SATURATION IN BRAIN TISSUE IN THE PATIENT OF HEADACHE]. ZHOU YAOQUN ET AL. **chinese acupuncture and moxibustion.** 1998;18(7):399 (chi).

799- gera: 59140/nd/re
[STUDY OF MECHANISMS OF ACTION OF AMITRIPTYLINE AND ACUPUNCTURE USING NOCICEPTIVE FLEXOR REFLEX IN PATIENTS WITH CHRONIC FORMS OF HEADACHE]. AMELIN AV ET AL. **anesteziol reanimatol.** 1998;5:1921 (rus*).
The nociceptive flexor reflex (NFR, R3) was tried for quantitative assessment of pain in patients with various forms of primary and secondary headaches. Amitriptyline and acupuncture elevated the threshold of R3reflex emergence, though the threshold of subjective pain sensitivity increased only in response to amitriptyline. NFR is adequate for assessing anesthesia efficacy and investigating the mechanisms of action of analgesics in patients

800- gera: 67137/di/ra
ACUPUNCTURE TREATMENT OF MIGRAINE IN GERMANY. HU JINSHENG. **journal of traditional chinese medicine.** 1998;18(2):99-101 (eng).

801- gera: 67140/di/ra
ILLUSTRATIVE CASES TREATED BY THE APPLICATION OF THE EXTRA POINT SISHENCONG. LIU HECHUN. **journal of traditional chinese medicine.** 1998;18(2):111-4 (eng).

802- gera: 67938/di/ra
HISTORIA CLINICA. LUIS PADILLA J. **medicina tradicional.** 1998;142:10-3 (esp).

803- gera: 68056/di/ra
LASER ACUPUNCTURE FOR MIGRAINE AND MUSCLE TENSION HEADACHE: A DOUBLE-BLIND CONTROLLED TRIAL. LAVIES NG. **acupuncture in medicine.** 1998;16(2):73-6 (eng).
Twelve patients with chronic migraine recruited from a neurology clinic or a self-help group were randomly allocated to receive either 6 weeks active laser acupuncture or 6 weeks dummy laser acupuncture. Patients completed headache diaries for the 6 weeks prior to treatment and for 6 weeks following. They were then crossed over to receive the alternative treatment for a further 6 weeks. Neither patients nor operator knew which unit was the active one. There was a reduction in mean total headache score (combining duration and severity) of 18% in the active group and 43% in the control group following the first treatment period. This difference was not significant. Following the second treatment period, mean scores increased by 50% in the active group and 5% in the control group but again this difference was not significant due to inconsistent responses by some patients. When active and placebo treatments were computed for all patients, there were still no significant differences. It is concluded that laser acupuncture does not have an important clinical effect in migraine over and above the

804- gera: 68057/di/ra
ACUPUNCTURE: AN ALTERNATIVE TREATMENT FOR POST DURAL-PUNCTURE HEADACHES FOLLOWING OBSTETRIC EPIDURAL OR SPINAL. PERERA SM. **acupuncture in medicine.** 1998;16(2):77-9 (eng).
Six obstetric patients were treated with acupuncture for post dural-puncture headaches. Five had had epidurals for pain relief in labour and one a spinal for an elective lower segment caesarean section; all had developed a post dural-puncture headache, although in the epidural group not all had had an obvious CSF leak. After explaining the options available for treatment of post dural-puncture headache, verbal consent was obtained to perform acupuncture. Minimal needling was done using 0.25 by 30mm sterile disposable needles. The points were chosen from: LR.3, bilateral cervical articular pillar (CAP) as described by Felix Mann, and GB. 12, 14, 20 and 21. The CAP points and LR.3 were needled in all patients; other points were chosen according to the site of headache and the location of tender points. Four patients had complete relief of symptoms from the onset of treatment. They were given a second treatment one or two days later and then discharged home. Two patients had only a transient relief lasting about four hours. They were not given a second acupuncture treatment, but were blood-patched with

805- gera: 68217/di/ra
ACUPUNCTURE TREATMENT OF 35 CASES OF HEADACHE. WEI LI-QI ET AL. **international journal of clinical acupuncture.** 1998;9(4):431-3 (eng).
Headache is a common ailment seen by internists, and is mainly comprised of migraines. As is depicted by an old Chinese saying "Qi from the Liver goes to the Brain," any engorgement of toxic substances in the Liver would lead to an upward overflow of the Yang Qi to the central centers giving rise to distending headache. At present, it is believed that headache is the result of Winds and Fire invading the upper organs. For treatment, the regimen of easing the Liver and eliminating the Winds is preferred. We have obtained satisfactory results from carrying this out and we present our observations in this paper.

806- gera: 68477/di/ra
CEFALEA TENSIVA: INQUADRAMENTO E STUDIO CLINICO SU 25 CASI. DI STANISLAO C ET AL. **rivista italiana di agopuntura.** 1998;91:41-51 (ita).
Si riferiscono le classificazioni e gli schemi di trattamento più frequenti in corso di cefalea (tou tong; tou feng) e, nella

seconda parte, i risultati di uno studio clinico aperto su 25 casi di cefalea muscolotensiva.

807- gera: 68585/di/ra
[TREATMENT OF 78 CASES OF VASCULAR HEADACHE WITH PRICKING BLOOD THERAPY]. FU PINGHUA ET AL. **chinese acupuncture and moxibustion.** 1998;18(12):727 (chi).

808- gera: 68907/di/ra
EXPERIENCE IN ACUPUNCTURE FOR HEADACHE. CHEN KE-QIN. **international journal of clinical acupuncture.** 1998;9(3):309-11 (eng).
Headache is a disorder commonly seen either as separate disease or as one of the manifestations of another ailment or the symptom of a lesion in a nearby organ. Due to the fact that headache is amenable to acupuncture, meticulous care should be taken so that the primary disorder is not overlooked. For instance, intracranial space- occupying lesion, hypertensive encephalopathy, infectious disease, etc...should be borne in mind. Therefore, in clinicla practice, acupuncture for headache should be given only when the other conditions are ruled out.

809- gera: 68918/di/ra
CASE REPORTS ON ACUPUNCTURE TREATMENT. WANG DA-SHENG. **international journal of clinical acupuncture.** 1998;9(3):349-51 (eng).

810- gera: 68951/di/ra
[OBSERVATION OF BLOOD RHEOLOGY AND MICROCIRCULATION OF NAIL FORD FOR THE PATIENTS WITH MAGRAINE]. ZHANG ZHUQUAN ET AL. **traditional chinese medicinal research.** 1998;11(6):6 (chi).

811- gera: 68989/di/ra
[EFFECT OF ACUPUNCTURE TREATMENT ON SERUM MAGNESIUM IN PATIENTS OF MIGRAINE].]. CHEN BANGGUO. **chinese acupuncture and moxibustion.** 1998;18(2):73 (chi).
Voir traduction espagnole de: Ener Qi, 1999; 6: 5-7. Réf gera: [73939].

812- gera: 69007/di/cg
TRAITEMENT DES CAPHALALGIES ET MIGRAINES. LEPRON PA. **in actes du 2eme congres national de la faformec, nimes.** 1998;:67-92 (fra).
L'auteur retrace les différentes approches en médecine Occidentale et Orientale des céphalalgies et des migraines. Rappels des classifications internationales et de la physiologie énergétique. Il propose une méthode de traitement sur des protocoles thérapeutiques qui ont fait l'objet d'une expérimentation tant en Chine qu'en

813- gera: 69131/di/ra
[EXPERIENCE OF APPLICATION OF ACUPUNCTURE TREATMENT OF MIGRAINE IN GERMANY]. HU JINSHENG. **chinese acupuncture and moxibustion.** 1998;18(6):345 (chi).

814- gera: 69147/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF 78 CASES OF MIGRAINE BY PUNCTURING WITH A RED-HOT NEEDLE]. FAN ZHAOJIN ET AL. **chinese acupuncture and moxibustion.** 1998;18(8):475 (chi).

815- gera: 69161/di/ra
ACUPUNCTURE TREATMENT FOR MIGRAINE: CLINICAL OBSERVATIONS. LEE WC. **medical acupuncture.** 1998;10(1):33-4 (eng).
Fifteen patients with migraine and chronic headache were treated with acupuncture and followed for up to five months. All 15 patients experienced improvement; 9 stopped medications after their headaches became very mild or disappeared. These encouraging results warrant more detailed studies.

816- gera: 69167/di/ra
ACUPUNCTURE TREATMENT OF CHRONIC MIGRAINE HEADACHES: A CASE REPORT. ABSTRACT. FRANK BL. **medical acupuncture.** 1998;10(1):43-4 (eng).

817- gera: 69168/di/ra
MIND-BODY UNITY AND ACUPUNCTURE IN THE TREATMENT OF MIGRAINE HEADACHES. ABSTRACT. JORDORKOVSKY R. **medical acupuncture.** 1998;10(1):45-6 (eng).
A 28-year-old female presented with a 13 -year history of severe temporal migraine headaches; visual aura, vomiting, and postepisode fatigue were common. Medications were unsuccessful in mitigating the symptoms. Her medical history included over two years of infertility. The patient complained of increasing anxiety, prolonged grief reaction, and exacerbation of the headaches after her mother's death from breast cancer the year before. The patient witnessed her mother's acupuncture for pain control prior to her death.Three French Energetics-based acupuncture treatments for her own pain relief evoked memories of the terminal phase of her mother's illness. The patient experienced a close connection to her mother, and visualized her as a healthy, pretty, young woman, wrapped in a soothing bright light. Grief and anger began to dissipate; she became relaxed, optimistic, and energized. Shortly after her last treatment. the Datient became pregnant; her headaches did not recur.

818- gera: 69202/di/ra
ACUPUNCTURE EFFECTIVE FOR MIGRAINE IN CHILDREN. ABSTRACT. WHITE AR. **focus on alternative and complementary therapies.** 1998;3(3):99-100 (eng).
Résumé et commentaire de l'article: Pintov S et al. Acupuncture and the opioid system: implications in management of migraine. Paediatric Neurology. 1997; 17: 129-133.

819- gera: 69207/di/ra
OHRAKUPUNKTUR REDUZIERT SCHMERZEN UND SCHMERZMITTEL-VERBRAUCH BEI SPONTANER SUBARACHNOIDALBLUTUNG (SAB). AUCKENTHALER A ET AL. **akupunktur theorie und praxis.** 1998;26(1):9-12 (deu*).
Patients with spontaneous subarachnoid hemorrhage (SAH) suffer from extraordinarily severe headache . In a prospective randomised open trial 11 patients with. SAH received conventional analgetic and sedative therapy, whereas a comparable group of 11 patients wilh. SAH was additionally treated with earacupuncture twice during the first week of their disease. The patients receiving additional ear al acupuncture showed a significant and decrease in the pain score as well as in the consumption of analgesics and sedative drugs.

820- gera: 69230/di/ra
AKUPUNKTUR IN DER MIGRANETHERAPIE. JOHNSEN S ET AL. **akupunktur theorie und praxis.** 1998;26(2):72-82 (deu*).
[Acupuncture in migraine therapy]. Acupuncture is more and more used in the treatment of migraine. In this study responder and non-responder rates for acupuncture in migraine prophylaxis were examined. The treatment was carried out in a controlled design. After exclusion of symptomatic headache forms through our painclinic 81 patients were randomised to two different treatment groups. One of them used a traditional deep needle insertion on acupuncture points (verum) the other used a superficial needle insertion on non-acupuncture points (control). All patients kept a headache diary before, during and after treatment. The data were assessed by analysis of variance as well as nonparametric statistics and time-series analysis. Over all there was a statistic significant therapeutic effect of acupuncture treatment up to one year as shown by the reduction of migraine attacks and therefore it is useful interval therapeutical agent for migraine. Further studies for understanding its mechanism

821- gera: 69601/di/ra
[STUDY ON MAIN PHARMACODYNAMIC CRITERIA OF

DINGFENGTONG GRANULES IN THE TREATMENT OF MIGRAINE]. SUN JIANNING ET AL. **journal of beijing university of traditional chinese medicine.** 1998;21(5):30 (chi*).
Dingfengtong Granules (DG) were found to be significantly effective in inhibiting the pain caused by both physical and chemical factors and the effectiveness could last for about 3 hours. Mouse meninges microcirculation experiment showed that DG could obviously improve cerebral circulation in mice, and rat cerebral blood flow determination showed that DG could markedly increase the volume of cerebral blood flow in the rat with incomplete cerebral ischemia. The experiment in rabbits found that DG could expand the micrangium in the

822- gera: 69875/di/ra
[CLINICAL OBSERVATION ON TREATING 40 CASES INTRACTABLE MIGRAINE BY INTEGRATED TCM AND WM]. SHEN LI ET AL. **journal of zhejiang college of traditional chinese medicine.** 1998;22(1):27 (chi).

823- gera: 70301/di/ra
QUEL EST VOTRE DIAGNOSTIC?. KESPI JM. **revue francaise d'acupuncture.** 1998;98:57-8 (fra).
Mme D., née en 1943, consulte en octobre 1996 pour des céphalées. Gauches le plus souvent, à type de lourdeur, profondes, tirant l'oeil gauche vers l'arrière, aggravées par le bruit et la lumière; elles sont insensibles au froid, à la chaleur, à la pression oculaire. On ne relève pas de facteurs déclenchants évidents. Elles s'accompagnent souvent de selles fréquentes et peu abodantes, et surviennent systématiquement avant les règles.

824- gera: 70673/di/ra
TRATAMIENTO DE LA MIGRANA CON ACUPUNTURA REALIZADO EN ALEMANIA. HU JIN SHENG. **el pulso de la vida.** 1998;17:9-11 (esp).
Traduction espagnole de l'article du: Journal of Traditional Chinese Medicine. 18(2): 99-101, 1998.

825- gera: 71297/di/ra
[ANALYSIS ON TREATMENT OF HEADACHE BY CHINESE MEDICAL HERBS AND AURICULAR-PLASTER THERAPY.]. YAO YUEGEN ET AL. **shanghai journal of acupuncture and moxibustion.** 1998;17(1):18 (chi*).
We treated 68 cases of headache by Chinese medical herbs and auricular-plaster therapy and observed the clinical effects. These patients were randomly divided into three groups. The first group used Chinese medical herbs combining with auricular-plaster therapy (comprehensive group),the second one only used Chinese medical herbs and the third one only used auricular-plaster therapy. Prescribe Chinese herbs according to the differentiation. The auricular points are Shen men,Sympathetic Nerve,Subcortex, Adrenal,Heart and Liver. Plaster magnetic beads on the points. The result indicated the effective are was 87% in comprehensive group,56% in those who only used Chinese medical herbs, and 6% in those who only used auricular-plaster therapy. Chi-square test showed P <0.05. It indicated the effect in comprehensive group was better than that in the other two groups. There was no

826- gera: 71880/di/ra
TREATING CHRONIC HEADACHES WITH MERIDIAN THERAPY. HAYDEN R. **north american journal of oriental medicine.** 1998;5(12):7 (eng).

827- gera: 72104/di/ra
ACUPUNTURA VERSUS METOPROLOL EN LA PROFILAXIS DE LA MIGRANA: PRUEBA AL AZAR DE INACTIVACION DE PUNTOS CATILLO. HESSE J ET AL. **revista argentina de acupuntura.** 1998;85:25 (esp).

828- gera: 72913/di/ra
POSSONO TEST PSICOLOGICI, EFFETTUATI PRESSO UNA CLINICA DI NEUROLOGIA A PAZIENTI AFFETTI DA CEFALEA, AIUTARE A PREDIRE LA RISPOSTA AL TRATTAMENTO CON AGOPUNTURA O CON MASSAGGIO DI RILASSAMENTO?. WYLIE KR ET AL. **rivista italiana di medicina tradizionale cinese.** 1998;72(2):69-74 (ita).
Pazienti affetti da cefalea cronica furono sottoposti a trattamento con agopuntura o a massaggio con rilassamento anziché apportare variazioni alla loro precedente terapia. I pazienti furono randomizzati e assegnati ad uno dei due trattamenti. In entrambi i gruppi terapeutici fu evidente un significativo miglioramento dell' entità del dolore. Fu ottenuto un maggior effetto terapeutico nei pazienti con emicrania trattati con massaggio e rilassamento in confronto a quelli trattati con agopuntura . Nessun dato psicologico fu evidenziato come fattore predittivo di risposta per entrambi i gruppi di trattamento. Al termine cello studio, il 13% dei pazienti era notevolmente più preoccupato che la cause dell'emicrania potesse essere una patologia grave, nonostante le rassicurazioni ed il

829- gera: 73285/di/ra
ESTUDIO COMPARATIVO DE LAS CEFALEAS SEGUN LA MEDICINA TRADICIONAL CHINA Y LA MEDICINA OCCIDENTAL. AZNAR P. **el pulso de la vida.** 1998;15:49-53 (esp).

830- gera: 73306/di/ra
EL MARTILLO DE 7 AGUJAS PARA TRATAR 40 CASOS DE CEFALEA VASCULAR. LI AY JEN. **ener qi.** 1998;3:48-50 (esp).
Traduction espagnole de: Chinese Acupuncture and Moxibustion, 1997; 12: 739. Réf gera: [69087].

831- gera: 73322/di/ra
OBSERVACION CLINICA SOBRE 120 CASOS DE CEFALEA TRATADOS POR EL METODO DE MANIPULACION TECNICA "CANG GUI TAN XUE FA". WANG ZETAO. **enerqi.** 1998;2:44-6 (esp).
50 casos de colon irritable con tratamiento de acupuntura y moxibustion mas psicoanalisis se compararon con la terapia de acupuntura y moxibustion o psicoanalisis simples. Los resultados demostraron que la curacion en el primer caso alcanza el 72% de eficacia, siendo la eficacia total del 96%, lo que en comparacion con el segundo grupo implica una diferencia notable. En este articulo se exponen la teoria y tratamiento en el primer supuesto.

832- gera: 94397/di/ra
MIGRAINE. A SUMMARY OF RESULTS. WHITE A. **compmed bulletin.** 1998;1(2):1 (eng).

833- gera: 94398/di/ra
MIGRAINE. OPINION. DOWSON A. **compmed bulletin.** 1998;1(2):2 (eng).

834- gera: 94399/di/ra
MIGRAINE. ACUPUNCTURE-A PRACTITIONER'S PERSPECTIVE. STAEBLER F. **compmed bulletin.** 1998;1(2):4 (eng).

835- gera: 58899/di/ra
[TREATING OF 73 CASES OF WIND SYNDROME OF HEAD CAUSED BY DEFICIENCY WITH "XUN LONG TANG"]. LUO SHANYOU. **zhejiang journal of tcm.** 1999;34(4):149 (chi).

836- gera: 58958/di/ra
[CLINICAL STUDY ON TREATMENT OF HEADACHE WITH SOUND-INPUTTED CHANNEL THERAPY]. GONG YANHUA ET AL. **chinese acupuncture and moxibustion.** 1999;19(4):203 (chi).

837- gera: 59183/di/ra
A COMPARATIVE STUDY ON THE TREATMENT OF MIGRAINE HEADACHE WITH COMBINED DISTANT AND LOCAL ACUPUNCTURE POINTS VERSUS

CONVENTIONAL DRUG THERAPY. GAO SHUYUAN ET AL. **american journal of acupuncture.** 1999;27(1-2):27-30 (eng).
According to Chinese medicine, the differential diagnosis of migraine headache may be classified based on the state of the viscera, channels and collaterals. In this study, acupuncture treatment prescriptions combining distant and local acupoints were selected according to the differential diagnosis. Sixty four patients were divided into two equal groups: one group received acupuncture, and the other group underwent conventional drug treatment. Results: The efficacy rates in the acupuncture and control groups were as follows, respectively: Cure: 75% versus 34.4%, marked improvement: 18.8% versus 28.1%, no effect: 6.3% versus 37.5%. The overall effective rates for the acupuncture and control groups were 93.8% and 62.5%, respectively, indicating a significantly greater effect in

838- gera: 59194/di/ra
AETIOLOGY AND TREATMENT OF SOME COMMON CEPHALALGIAS. BALDRY P. **acupuncture in medicine.** 1999;17(1):22-35 (eng).
Reasons are advanced for believing that migraine and tension-type headaches are a continuum and that whether migraine or tension-type headache develops at any particular time is dependent on the relative vascular nociceptive, myofascial nociceptive and supraspinal (emotional) inputs that converge on and are integrated by the subnucleus caudalis (medullary dorsal horn). The prophylaxis of both these two types of headache involves reducing each of these various inputs and therefore a polytherapeutic approach is essential. The measures required include pharmacotherapy, psychotherapy and acupuncture. The aetiology and treatment of primary

839- gera: 59205/di/ra
ACUPUNCTURE PROLONGS MIGRAINE ATTACK. (LETTER). CAMPBELL A. **acupuncture in medicine.** 1999;17(1):71 (eng).

840- gera: 59219/di/ra
[TREATMENT OF 68 CASES OF ANGIONEUROTIC HEADACHE WITH MODIFIED SPICA PRUNELLAE POWDER]. ZHU MINGQIN ET AL. **jiangsu journal of tcm.** 1999;20(6):17 (chi).

841- gera: 59296/di/ra
[TREATING 38 CASES OF MIGRAINE WITH QIGONG AND MASSAGE]. XIA SHIJIN. **qigong journal.** 1999;20(6):282 (chi).

842- gera: 59518/di/ra
[30 CASES OF VASCULAR HEADACHE OF TURBID PHLEGM ACUMULATION PATTERN TREATED WITH "BRAIN- CLEANING AND SPIRIT-RESTORING LIQUID"]. TAI XING-FANG ET AL. **shanghai journal of tcm.** 1999;6:18 (chi*).
Clinically, the therapeutic effect of "Brain-Cleaning and Spirit-Restoring Liquid" was observed in the treatment of vascular headache (pattern of turbid phlegm accumulation). The treatment group and the control group ("Brain- Calming Capsules") were set up respectively with 30 cases. Ten days were as one course of the treatments and clinical observation was conducted for two months. The results showed that the remarkable effective rate was 43.3% in the treatment group and 20.0% in the control group. The total effective rate was respectively 86.6%. The therapeutic effect was remarkably better in the treatment group than in the control group (P<0.05). Other symptoms, such as heavy and distending sensation in the head, nausea, bad temper, poor sleep, were also

843- gera: 59677/di/ra
[THE INFLUENCE OF ACUPUNCTURE ON CHANG IN CEREBRAL BLOOD OXYGEN IN DIFFERENTIAL TREATMENT OF HEADACHE]. FEI LANBO ET AL. **shanghai journal of acupuncture and moxibustion.** 1999;18(4):13 (chi*).
Objective: To observe the influence of acupuncture on the changes of cerebral blood flow and oxygen in different types of headaches treated on the basis of differential diagnosis. Methods: Headache was treated by acupuncture on the basis of differential diagnosis. The blood flow and oxygen saturation of patients' bilateral brain tissues were measured by near infrared spectrometer respectively before, immediately after and 20 min after acupuncture. Results: Before treatment, blood and oxygen supplies to bilateral brain tissues were asymmetric in the patients with headache, and ischemia and anoxia took place in the affected side of the head, which were more marked in the patients with kidney deficiency. The asymmetry of the bilateral blood and oxygen supplies to brain was reduced 20 min after acupuncture, and there was a larger difference between immediate measurement after withdrawal of needles and that 20 min after. Conclusion: Acupuncture treatment based on differential diagnosis can improve cerebral blood and oxygen supplies in the patients with headache. The time when the needles are withdrawn is

844- gera: 59720/di/ra
[CLINICAL OBSERVATION ON 25 CASES OF VASCULAR HEADACHE WITH ABNORMAL BASICRANIAL BLOOD FLOW TREATED BY ACUPUNCTURE]. LI HUIMIN ET AL. **chinese acupuncture and moxibustion.** 1999;19(8):489 (chi*).
It was found from TCD detection that basicranial blood flow in the patient of vascular headache was abnormal at stage of attack and intermission, and after acupuncture treatment the four kinds of abnormal velocity of blood flow improved to a certain extent, and found that before and after acupuncture MCA, ICA, PCA and VA had statistically significant differences (P < 0. 001, P < 0.05), and ACA and BA did not have significant difference (P > 0.05). It is indicated that acupuncture has positive regulative action on intracranial blood flow, making cerebral blood flow

845- gera: 59762/di/ra
100 CASES OF INTRACTABLE MIGRAINE TREATED BY ACUPUNCTURE AND CUPPING. DUO XIUYING. **journal of tcm.** 1999;19(3):205 (eng).

846- gera: 59764/di/ra
PROF. XIAO SHAOQING'S EXPERIENCE IN APPLICATION OF POINT-THROUGH-POINT ACUPUNCTURE TECHNIQUE. OUYANG BASI ET AL. **journal of tcm.** 1999;19(3):210 (eng).

847- gera: 59920/di/ra
TRATTAMENTO DELL'EMICRANIA CON AGOPUNTURA IN GERMANIA. HU JINSHENG. **rivista italiana di medicina tradizionale cinese.** 1999;76(2):43-4 (ita).
Dall'ottobre 1995 all'aprile 1996, l'autore opero presso l'ospedale John Neet di Bramsche nella Germania centro-occidentale. Durante questo periodo, egli tratto 89 casi di emicrania e osservo che in Germania questa patologia si presenta con caratteristiche propie che la differenziano da altre regioni ed aree geografiche, tanto da definirla come "emicrania tedesca". Uno studio iniziale dimostro che in Germania soffriva di cefalea circa il 25% della popolazione, di cui il 90% soffriva di emicrania. Tuttavia, il metodo di trattamento comunemente usato era costituido soltanto da analgesici nonostante l'elevata incidenza della patologia. Molti pazienti affetti dalla malattia furono trattati per mezzo dell'agopuntura cinese, come di seguito riportato.

848- gera: 59923/di/ra
CASI ILLUSTRATIVI TRATTATI CON L'APPLICAZIONE DEL PUNTO EXTRA SISHENCONG. LIU HECHUN. **rivista italiana di medicina tradizionale cinese.** 1999;76(2):51-2 (ita).
Il presidente del nostro ospedale dott. Chen Daoyi ha una ricca esperienza nell'uso clinico del punto extra 6 sishencong. Sulla base della sua esperienza presento alcuni casi in cui i pazienti sono stati trattati con questo

849- gera: 59977/di/ra

ACUPUNCTURE TREATMENT OF VASCULAR HEADACHE: REPORT OF 42 CASES. YIN ZHI-FANG. **international journal of clinical acupuncture.** 1999;10(3):277-8 (eng).
Vascular headache is caused by disorder of vasomotor function, with the symptoms always confined to one side of the head. It is characterized by a periodic, paroxysmal and severe onset with pulsating headache. Based on identification of the syndrome, the author used acupuncture in treating 42 such cases and gained satisfactory

850- gera: 59978/di/ra
ACUPUNCTURE TREATMENT OF BLOOD-STAGNANT HEADACHE: A CLINICAL OBSERVATION OF 100 CASES. JIAO HONG-BO ET AL. **international journal of clinical acupuncture.** 1999;10(3):279-80 (eng).
"Blood-stagnant" headache is a disease often seen in the clinic, which is mostly due to stasis of blood from trauma or injury. The authors employed acupuncture in treating 100 such cases and obtained satisfactory results.

851- gera: 69770/di/ra
[CLINICAL STUDY ON XINZHENGTIAN PILLS IN TREATING CHRONIC HEADACHE]. XIE WEI ET AL. **shandong journal of traditional chinese medicine.** 1999;18(1):8 (chi).

852- gera: 69972/di/ra
MMPI MANIFESTATIONS OF CHINESE MIGRAINE SYNDROMES:A CONTROL STUDY. YIN FAN A ET AL. **american journal of chinese medicine.** 1999;27(1):37-42 (eng).
The investigation of personality traits of patients suffering from migraine headache with the Minnesota Multiphasic Personality Inventory (MMPI) is an important line of research, and differentiating syndromes in treating this disease is one of the characteristics of Chinese Medicine (CM). This study presents the MMPI-(Chinese edition) responses of 80 Chinese subjects with migraine and 40 non-headache healthy control subjects. Among them, migraine fire syndrome (MF) group consisted of 45 subjects (10 men, 35 women); migraine Qi stasis syndrome (MQ) group, 35 subjects (8 men, 27 women). The healthy control group was divided into healthy Qi stasis syndrome (HQ) group, 9 subjects (2 men, 7 women); and healthy normal (HN) group, 31 subjects (7 men, 24 women) according to CM diagnostic criteria. Statistical analysis was performed by pairs among four groups. The results revealed that both MF and MQ groups' MMPI profiles were significantly higher than that of the Normal (HN) group, and formed a 1.2.3.7 type slope. Profile deviation in the MQ group was slight, but in the MF group was serious and accompanied by a significant rising scores in F. paranoia (6), schizophrenia (8) and social introversion (0) subtests; HQ group's MMPI profile had a similar deviation as in the MQ group. The results suggest that CM migraine syndromes have an exact expression on MMPI profile, and that MMPI as an effective diagnostic method could be applied for CM syndrome discrimination. The "deviation of migraineurs' personality" may not be a special characteristic Mid only by migraineurs. The existence of different syndromes in migraine is one of the reasons that different scholars have reported different results on migraine by means of MMPI.

853- gera: 69999/di/ra
BLOODLETTING PUNCTURE FOR EMERGENCY. HAO SHU-JIAN. **international journal of clinical acupuncture.** 1999;10(1):55-7 (eng).
Bloodletting puncture is mainly used to shed a few drops of blood from the superficial vessels in a specific point area along the channel involved in a disease. The puncture is made by using a three-edged needle to shed a little blood to promote the flow of blood. The author has employed this method to treat heat stroke, bacteria! infection of the lower extremities, angioneurotic headache, and amenorrhea, and has obtained prompt and satisfactory results. Traitement de quatre cas: coup de soleil, infection de la jambe après piqûre d'insecte, aménorrhée et

854- gera: 70216/di/ra
PUNCTURING HEAVEN AND EARTH POINTS IN TREATING VERTEX-HEADACHE: AN OBSERVATION OF 50 CASES. JIAO HONG-BO ET AL. **international journal of clinical acupuncture.** 1999;10(1):65-6 (eng).
As used in this context, the Heaven Point refers to the top Point en the vertex, Baihui (DU 20), and the Earth Point refers to the bottom Point on the sole, Yongquan (KI 1). The total effective rate for the 40 cases treated is 98%.

855- gera: 70441/di/re
ACUPUNCTURE IN HEADACHE. LUNDEBERG T. **cephalalgia.** 1999;19:65-8 (eng).
Réflexions générales sur l'acupuncture (Histoire, mécanismes, effets secondaires). Sans développement clinique dans les céphalées.

856- gera: 70478/nd/re
[THE USE OF THE METHODS OF TRADITIONAL AND NONTRADITIONAL MEDICINE IN THE COMBINED TREATMENT OF HEADACHES]. POPOV BM ET AL. **vopr kurortol fizioter lech fiz kult.** 1999;5:37-8 (rus).

857- gera: 70589/nd/re
SYSTEMATIC REVIEW OF RANDOMIZED CONTROLLED TRIALS OF COMPLEMENTARY/ALTERNATIVE THERAPIES IN THE TREATMENT OF TENSION-TYPE AND CERVICOGENIC HEADACHE. VERNON H ET AL. **complement ther med.** 1999;7:142-55 (eng).

858- gera: 70889/di/re
ACUPUNCTURE FOR RECURRENT HEADACHES: A SYSTEMATIC REVIEW OF RANDOMIZED CONTROLLED TRIALS. MELCHART D ET AL. **cephalalgia.** 1999;19(9):779-86 (eng).
Objective: To assess whether there is evidence that acupuncture is tretreatment of recurrent headaches. Design: systematic review. Study selection: Randomized or quasi-randomized clinical trials comparing acupuncture with any type of control intervention for the treatment of recurrent headaches. Data sources: Electronic databases (Medline, Embase, Cochrane Field for Complementary Medicine, Cochrane Controlled Trials Register), personal communications and bibliographies. Data collection and analysis: Inform. methods, and results were extracted by at least two independent reviewers using a pretested form. A pooled estimate of the responder rate ratio (responder rate in treatment group/responder rate in control group) was calculated as a crude indicator of trial results as meta-analysis of more specific outcome data was impossible due to heterogeneity and insufficient reporting. Results: Twenty-two trials, including a total of 1042 patients (median 36, range 10-150), met the inclusion criteria. Fifteen trials were in migraine patients, six in tension-headache patients, and in one trial patients with various headaches were included. The majority of the 14 trials comparing true and sham acupuncture showed at least a trend in favor of true acupuncture. The pooled responder rate ratio was 1.53 (95% confidence interval 1.11 to 2.11). The eight trials comparing acupuncture and other treatment forms had contradictory results. Conclusions: Overall, the existing evidence suggests that acupuncture has a role in the treatment of recurrent headaches. However, the quality and amount of evidence is not fully convincing. There is urgent need for well-planned, large-scale studies to assess effectiveness and efficiency of acupuncture under real life conditions.

859- gera: 71934/di/ra
NEEDLING YONGQAN FOR EMERGENT CASES. WANG YU-TANG. **international journal of clinical acupuncture.** 1999;10(2):163-65 ().

860- gera: 71938/di/ra
ACUPUNCTURE TREATMENT OF WIND-COLD HEADACHE: A REPORT ON 50 CASES. JIAO HONG-BO. **international journal of clinical acupuncture.** 1999;10(2):179-80 (eng).

861- gera: 71939/di/ra
TREATMENT OF INTRACTABLE HEADACHES BY ACUPUNCTURE PLUS PLUM-BLOSSOM NEEDLE TAPPING: CLINICAL OBSERVATION OF 88 CASES. YUAN JIN-BAO. **international journal of clinical acupuncture.** 1999;10(2):181-84 (eng).
Essai controlé randomisé acupuncture versus acupuncture plus fleur de prunier.

862- gera: 72403/di/ra
ZUR INTERVALLTHERAPIE DER MIGRANE MIT LASER-AKUPUNKTUR. HO H ET AL. **akupunktur theorie und praxis.** 1999;27(3):159-70 (deu*).
Acupuncture is more and more used in the treatment of migraine. In this study responder and non-responder rates for laser-acupuncture in migraine prophylaxis were examined. The treatment was carried out in a controlled design. After exclusion of symptomatic headache forms through our pain clinic 52 patients were randomized to two different treatment groups. The data were assessed by analysis of variance as well as nonparametric statistics and time-series analysis. Over all there was a statistically significant therapeutic effect of acupuncture treatment up to one year as shown by the reduction of migraine attacks and therefore it is a useful interval therapeutical agent for migraine. Compared to the needle-acupuncture there was no significant reduction of the Contingent Negative Variation (CNV) a slow EEC-potential in the laser groups. Further studies for understanding these mechanism

863- gera: 72514/di/ra
HISTORIA CLINICA. PADILLA JL. **medicina tradicional.** 1999;144:14-6 (esp).
Paciente de sexo femenino de 43 anos de edad que consulta porque desde los 6 anos tiene constantemente dolores de cabeza y un malestar agudo y una debilidad general.

864- gera: 73038/di/ra
ACUPUNCTURE FOR HEAD AND NECK PAIN. NESBITT M. **acupuncture in medicine.** 1999;17(2):140-45 (eng).
Five case histories are presented featuring a variety of symptoms and aetiologies associated with head and neck pain. All responded well to acupuncture treatment. Headache is a commonly presenting feature in general practice and neck pain is almost as common as back pain, so reports of the successful use of acupuncture in these cases suggest a useful mode of treatment.

865- gera: 73399/di/ra
[CLINICAL OBSERVATION ON WITHDRAWAL OF DRUG DEPENDENCE MAINLY BY ACUPUNCTURE IN THE PATIENT OF INTRACTABLE MIGRAINE]. YE DEBAO. **chinese acupuncture and moxibustion.** 1999;19(11):663 (chi).

866- gera: 73645/di/ra
ACUPUNCTURE FOR MIGRAINE AND HEADACHE IN PRIMARY CARE: A PROTOCOL FOR A PRAGMATIC,RANDOMIZED TRIALS. VICKERS A ET AL. **complementary therapies in medicine.** 1999;7(1):3-18 (eng).
This paper presents the protocol for a randomized trial of acupuncture for migraine and headache. Trial objective : To determine the effects of a policy of use acupuncture' on headache, health status, days off sick and resource use compared to a policy of avoid acupuncture.' Subjects: Four hundred patients with migraine or headache will be recruited from GP practices. Inclusion criteria: Eighteen to 65 years old, connectable by telephone, onset at least I year prior at age less than 50, two headaches per month in the previous 6 months, adequate data completion and headache severity during pre-randomization baseline. Exclusion criteria: Pregnancy or malignancy, cluster headache, serious pathological aetiology, cranial neuralgia, acupuncture treatment in the past year. Design: Following a 4-week baseline, patients will be allocated to acupuncture or control by minimised randomisation. Up to 12 acupuncture treatments will be provided by advanced members of the Acupuncture Association of Chartered Physiotherapists.The type of acupuncture given will be recorded. Study measures: Outcome will be assessed by headache diary, medication diary and SF36 at 3 months and I year. Resource use and days off sick will be assessed by quarterly questionnaire. Adverse events will be monitored by self-report. The primary outcome measure will be the change in mean daily headache score between baseline and the I year follow-up. An economic evaluation will also be undertaken.

867- gera: 74208/di/ra
[TREATING 82 CASES OF CERVICAL HEADACHE WITH TRACTION AND MASSAGE MANIPULATION]. YU WENYING. **shandong journal of tcm.** 1999;18(12):550 (chi).

868- gera: 74229/di/ra
[TREATMENT OF HEADACHE CAUSED BY LUMBAR DISCOGRAPHY WITH MODIFIED CHUANXIONG MIXTURE]. LIU ZHAONING. **shandong journal of tcm.** 1999;18(5):209 (chi).

869- gera: 74563/di/ra
[THE OBSERVATION ON THE EFFECT OF COMBINED TCM AND WM ON THE PREVENTION OF MIGRAINE OCCURENCE]. LI YUZHEN ET AL. **shanxi journal of tcm.** 1999;15(3):24 (chi*).
40 cases of migraine was treated with Quantianma Capsule (BAJA A) supplemented with Flunarizine to prevent occurrence. Result: 9 cases cured, 23 cases remarkably affective, 5 cases effective, 3 cases ineffective and the total effective rate 92. 5%. It shows the combined TCM and WM was effective on the prevention of migraine

870- gera: 76009/di/ra
[204 CASES OF VASCULAR HEADACHE TREATED BY "MERIDIAN-DREDGING AND WIND-EXTINGUISHING DECOCTION"]. YONG LUPING. **shanghai journal of tcm.** 1999;1:23 (chi).

871- gera: 76050/di/ra
[96 CASES OF MIGRAINE TREATED WITH "STAGNATION-DISPERSING AND MERIDIAN-DREDGING LIQUID"]. WU XIUYI. **shanghai journal of tcm.** 1999;5:16 (chi*).

872- gera: 76506/di/ra
[CLINICAL RESEARCH ON 36 CASES OF MIGRAINE CURED BY ACANTHOPANX ROOT INJECTION]. CHEN TONGMING ET AL. **fujian journal of tcm.** 1999;30(4):7 (chi).

873- gera: 76616/di/ra
[TREATING 62 CASES OF OBSTINATE MIGRAINE WITH WARMING NEEDLE MOXIBUSTION]. ZHU GUOXIANG ET AL. **zhejiang journal of tcm.** 1999;34(5):212 (chi).

874- gera: 71080/di/ra
[THE EXPERIENCES ON TREATMENT OF TENSE TYPE HEADACHE]. ZHENG JUN. **journal of tianjin college of tcm.** 2000;19(1):14 (chi).

875- gera: 71182/di/ra
MODULATION HUMORALER PARAMETER DURCH LASER-AKUPUNKTUR. DAS BEISPIEL DER MIGRANE. SCHUTZ H ET AL. **akupunktur theorie und praxis.** 2000;28(1):32-43 (deu*).
Acupuncture is used in migraine therapy, although the mechanism of action has not been completely explained. Dysfunctions of the autonomic nervous system) and its transmitters play an important role in the pathophysiology of the migraine. The difficulty met with in analysis of the

transmitters focuses on local measurements in the central nervous system; only the catecholamine concentration in the peripheral blood can be measured for study purposes by means of venous or arterial sampling with a reasonable expense framework. No significant literature has appeared to date on the influence of (laser-) acupuncture on the concentration of plasma catecholamines. This study included measurement of the influence of laser acupuncture on plasma adrenaline, noradrenalina and dopamine concentrations. A laser-puncture was performed in 50 migraine patients. The patients were first divided into two groups, then, under otherwise identical conditions, treated with laser devices of the same model, one of which has been blinded by the manufacturer; treatment under double-blind conditions. In addition to the clinical data (frequency of migraine attack), the plasma catecholamine concentrations of noradrenalina, adrenaline and dopamine was measured before and after the therapeutic phase as well as 3 months after therapy. A more pronounced decrease in frequency of migraine attacks was recorded in the verum group compared with the control group; however, the level of significance was not reached. The plasma catecholamine concentrations did show significant reductions of noradrenalina and dopamine concentrations in the course of the trial; in the group comparison, however, this finding could not be specifically ascribed to the verum laser-acupuncture treatment. Since studies of similar design with needle acupuncture revealed a specific verum effect in terms of clinical and electrophysiological parameters, one would tend to ascribe the lower-level effect observed here to the stimulative technique used (laser). Further studies with other laser devices and studies comparing needle and laser acupuncture with medical drug therapy would appear to make sense within this framework.

876- gera: 71579/di/ra
[THERAPEUTIC EFFECT OF TONGDI BITUO NOSC DROPS FOR 30 PATIENTS OF MIGRAINE]. YANG CHENHUA. **journal of emergency syndromes in chinese medicine.** 2000;9(1):16 (chi).

877- gera: 71708/di/ra
ACUPUNCTURE VERSUS SUMATRIPTAN FOR EARRLY TREAMENT OF ACUTE MIGRAINE ATTACKS - A RANDOMISED CONTROLLED CLINICAL TRIAL (abstract). MELCHART D ET AL. **deutsche zeitschrift fur akupunktur.** 2000;43(1):39 (eng).

878- gera: 71800/di/ra
SHOULD SYSTEMATIC REVIEWS INCLUDE NON-RANDOMIZED TRIALS? QUALITY AND RESULTS OF VARIOUS STUDY TYPES INVESTIGATING THE EFFECT OF ACUPUNCTURE ON IDIOPATHIC HEADACHES ABSTRACT. LINDE K. **forsch komplementarmed.** 2000;7:46 (eng).

879- gera: 71809/di/ra
ACUPUNCTURE IN CHRONIC HEADACHE ABSTRACT. STÖR W ET AL. **forsch komplementarmed.** 2000;7:52 (eng).

880- gera: 71810/di/ra
ACUPUNCTURE VERSUS SUMATRIPTAN FOR EARLY TREATMENT OF ACUTE MIGRAINE ATTACKS-A RANDOMIZED CONTROLLED CLINICAL TRIAL ABSTRACT. MELCHART D. **forsch komplementarmed.** 2000;7:53 (eng).

881- gera: 71923/di/ra
ACUPUNCTURE-DOES IT HAVE A ROLE IN THE TREATMENT OF RECURRENT HEADACHES?. CUMMINGS TM. **focus on alternative and complementary therapies.** 2000;5(2):120-1 (eng).
Analyse et commentaire de l'article de: Melchart D et al. Acupuncture for recurrent headaches: a systematic reviewnof randomised controlled trials. Cephalalgia. 1999; 19: 779-86. Gera: [70889].

882- gera: 72183/di/ra
VASCULAR HEADACH TREATED BY ACUPUNCTURE. WEN MU-SHENG. **international journal of clinical acupuncture.** 2000;11(2):101-6 (eng).
Essai controlé randomisé acupuncture versus phytothérapie traditionnelle.

883- gera: 72215/di/ra
SCALP ACUPUNCTURE WITH MOVEMENT IN TREATMENT OF HEADACHE: AN OBSERVATION OF 181 CASES. WANG ZHAOYANG ET AL. **word journal of acupuncture-moxibustion.** 2000;10(1):17 (eng).
181 cases suffering from different kinds of headache were treated by the authors with scalp acupuncture with movement. The results of instant and long-term therapeutic effects show that the scalp acupuncture with movement is a simple and effective skill. The instant therapeutic effects: the headache in 163 cases disappeared ; in 9 cases the effect was quite obvious ; and in 7 cases it was effective ; the total effective rate amounted to 98. 9%. The long-term therapeutic effects : 135 cases (74.6 9h) were cured. The toral effective rate was 77.2 % .

884- gera: 72331/di/ra
EFFICACY AND EFFECT OF SI17 THERAPY ON PANCREATIC POLYPEPTIDE IN VASCULAR AND TENSION-TYPE HEADACHE. ZHANG XIAOSHU ET AL. **journal of traditional chinese medicine.** 2000;20(3):206-9 (eng).
Background and purpose: Vascular and tension-type headache is most commonly encountered, and S117 therapy has been tested to treat headache with good results. The efficacy of SI17 therapy for vascular and tension-type headache was compared and the effect of SI17 therapy on pancreatic polypeptide (PP) was studied. Materials and methods: 29 cases of vascular headache (20 cases in acute attack during the trial) and 27 cases of tension-type headache (19 cases in acute attack) were enrolled in the study. Plasma PP level before and 4th day after treatment was measured by radioimmunoassay. Results: S117 therapy is better for the treatment of vascular headache. Vascular headache with higher PP level and tension-type headache with normal PP level had good therapeutic results. Conclusion: The clinical efficacy is better for vascular headache with the increase of vagus

885- gera: 72336/di/ra
COMPARISON OF PHARMACOLOGICAL TREATMENT VERSUS ACUPUNCTURE TREATMENT FOR MIGRAINE WITHOUT AURA. ANALYSIS OF SOCIO-MEDICAL PARAMETERS. LIGUORI A ET AL. **journal of traditional chinese medicine.** 2000;20(3):231-0 (eng).
This study was carried out in 120 patients affected by migraine without aura, treated in 4 public health centers and randomly divided into acupuncture group (AG) and conventional therapy group (CDTG). The evaluation of clinical results was made 6 and 12 months after the beginning of treatment and was worked out as well according to socio-medical parameters. Acupuncture was applied to the following points: Touwei (ST 8), Xuanlu (GB 5), Fengchi (GB 20), Dazhui (GV 14), Lieque (LU 7), treated with the reducing method. In AG, the figure scoring the entity and frequency of migraine attacks drops from 9,823 before treatment to 1,990 6 months after and 1,590 12 months after; while in CDTG, it drops from 8,405 before treatment to 3,927 6 months after and 3,084 12 months after. In AG, the total absence from work amounted to 1,120 working days/year, with a total cost (private + social costs) of 186,677,000 Italian liras. In CDTG, the absence from work amounted to 1,404 working days/year, with a total cost of 266,614,000 Italian liras. If we consider that in Italy the patients affected by migraine without aura are around 800,000, and that acupuncture therapy is able to save 1,332,000 Italian liras on the total average cost supported for every single patient, the application of acupuncture in the treatment of migraine without aura would allow a saving of the health expenses in Italy of over 1,000 billion liras.

886- gera: 72415/di/ra
HET PUNT SAN JIAO 9 SI DU (VERT. VIER WATERWEGEN) TRANSPORTEERT WATER NAAR ALLE VIER RICHTINGEN: BOVEN, ONDER, LINKS EN RECHTS. SCIARONE-LAUW BE. **nederlands tijdschrift voor acupunctuur.** 2000;23(1):16-7 (ned*).
This article deals with an experience with the use of TB. 9 in the treatment of certain types of headaches done by the experienced acupuncturist Mrs Qi Jin Ping. I had the opportunity to discuss with her the function of this point in particular and of the Triple Burner in general. Through further study in the books I have at hand it is to be understood that there is more than one idea of the Triple Burner/ San Jiao. There is San Jiao as 1: a meridian. 2: as Fu organ 3: as divider of the body in upper S.J./ TB. Middle S. J. / TB; lower S. J/ TB. As a Fu organ it is involved in the metabolism of Jin Ye, the maintenance of the waterpassages, the transportation and transformation of Qi. It is in this function that the use of TB. 9 proofed his usefulness, because TB.9 is supposed to be the reunion point of the four waterpassages: Is Du in Mandarin. It is useful in situations of Heat or excess, very useful in headaches of the Liver Wind type. Where too much Heat is generated, by transporting water, one will restore the

887- gera: 72539/di/ra
BEHANDLUNG AKUTER KOPFSCHMERZEN DURCH EIN-PUNKT-AKUPUNKTUR. BOLLIG G ET AL. **deutsche zeitschrift fur akupunktur.** 2000;43(3):172-4 (deu).
[One-point-acupuncture for the treatment of acute headache - first results]. In a randomised, controlled study 190 patients with migraine and tension-type headache were included for an investigation whether short temporal muscle acupuncture stimulation (group 1) results in more pain-reduction if compared to non-specific needle- stimulation (group 2) and non-specific needle-stimulation plus intravenous application of 500mg Aspisol (ASS) (group 3). 67 patients with acute headache (VAS > 4/10) were randomised and treated in the three groups according to the study protocol. Comparing the three treatment strategies all of them were effective, but the verum- acupuncture-group (group 1; acupoint Extra 2 [Taiyang = EX-KH 5]) seems to respond better than the ASS-group (group 3) and better than the placebo-group (group 2). A simple triggerpoint-linked acupuncture seems to fulfil the expectations for nonmedical as well as clinical additive acute headache management. Additionally, this study

888- gera: 72569/di/ra
[MODIFICATION OF XUE FU ZHU YU TONG USED IN THE TREATMENT OF 55 CASES OF VASCULAR HEADACHE]. QIANG YONG. **guang ming journal tcm.** 2000;15(1):52 (chi).

889- gera: 72843/di/ra
EFFECT OF ACUPUNCTURE ON SERUM MAGNESIUM LEVEL IN TREATMENT OF MIGRAINE. CHEN BANGGUO. **journal of traditional chinese medicine.** 2000;20(2):126-7 (eng).

890- gera: 73497/di/ra
[EFFECT OF ACUPUNCTURE AND MOXIBUSTION FOR TREATMENT OF HEADACHE ON BLOOD OXYGEN IN BRAIN TISSUE]. FEI LANBO ET AL. **chinese acupuncture and moxibustion.** 2000;20(1):47 (chi*).
61 cases of headache of blood stasis type, liver-Yang hyperactivity type, exopathy type and kidney-deficiency type were detected with RunMan Apparatus, showing general ischemia and anoxia with more obvious in the kidney-deficiency type, and milder for ischemia in the blood stasis type. After treatment of acupuncture and moxibustion based on differentiation of symptoms and signs, there still was significant difference in blood oxygen volumes of brain between the patients of kidney-deficiency type and the healthy persons, and there was no significant change in blood volume of the brain before and after treatment in the patients of blood stasis type, while in the patients of liver-Yang hyperactivity type and the exopathy type, oxygen supply in the brain was obviously improved to reach the normal level. It is suggested that Run Man have clinically directive significance for typing of headache in

891- gera: 73535/di/ra
LASER ACUPUNCTURE NOT EFFECTIVE FOR MIGRAINE. MELCHART D. **focus on alternative and complementary therapies.** 2000;5(3):190-1 (eng).
Analyse et commentaire de l'article de: Schütz H et al. Modulation humoraler parameter durch laserakupunktur. Akupunktur in Theorie und Praxis. 2000, 28: 32-43. Réf gera: [71182].

892- gera: 73536/di/ra
INSUFFICIENTLY REPORTED TRIAL ON ACUPUNCTURE FOR CHRONIC HEADACHE. LINDE K. **focus on alternative and complementary therapies.** 2000;5(3):191-2 (eng).
Analyse et commentaire de l'article de: Shi J et al. Schmerztherapie mit akupunktur bei chronischen kopfschmerzen. Chin Med. 2000, 15: 14-25. Réf gera: [73543].

893- gera: 73543/nd/re
SCHMERZTHERAPIE MIT AKUPUNKTUR BEI CHRONISCHEN KOPFSCHMERZEN. SHI J ET AL. **chin med.** 2000;15:14-25 (deu).

894- gera: 73842/di/ra
[COMPARATIVE OBSERVATIONS ON EFFECT OF TREATING CEPHALALGIA BY COMBINED LING GUI BA FA AND THE GUAN'S EXPERIENCES]. TAN BAOHUA ET AL. **yunnan journal of tcm and materia medica.** 2000;22(2):8 (chi*).
To treat 42 cases of Cephalalgia by Combined LING GUI BA FA and the Guan's Experiences, the cure rate was 66. 67%, the curative effect was significantly higher than control group (P < 0. 05).The comparative observation done with some of the patients through Cephal Doppler (TCD) pointed out that LING GUI BA FA had beneficial adjustable function by improving the cerebral hemic circulation.

895- gera: 74027/di/ra
MIGRAINE TREATED BY ACUPUNCTURE. JIANG ZHEN-YA ET AL. **international journal of clinical acupuncture.** 2000;11(3):265 (eng).
Migraine is an angioneurotic headache with periodicity. TCM holds that the obstruction causes pain. Either the invasion of exogenous pathogenic factors, or the Liver Yang hyperactivity, or the phlegm-damp accumulation, or the Qi stagnation and blood stasis can disturb the brain, causing the disorders of Qi circulation, thus headache. Since it is usually on one side, it is also known as a one-sided headache. We treated the migraine due to the Liver Qi stagnation with acupuncture through the method of regulating Qi and calming the mind and got a good result.

896- gera: 74126/di/ra
JAQUECA,CEFALEAS. GU SHIZHE. **revista argentina de acupuntura.** 2000;94:26-7 (esp).

897- gera: 75549/di/re
PRESSURE PAIN THRESHOLD AND NEEDLE ACUPUNCTURE IN CHRONIC TENSION-TYPE HEADACHE - A DOUBLE-BLIND PLACEBO-CONTROLLED STUDY. KARST M ET AL. **pain.** 2000;88(2):199-203 (eng).
In order to examine the role of muscular mechanisms in chronic tension-type headache a study with needle acupuncture was performed. Needle acupuncture could be of therapeutic value because it has shown some positive effects in myofascial pain syndromes. We performed a double-blind, placebo-controlled study with 39 patients (mean age 49.0 years, SD=14.8) fulfilling the International Headache Society criteria for chronic tension- type headaches. Participants were randomly assigned to verum or placebo condition. Six weeks after end of treatment no significant differences between placebo and verum could be observed with respect to visual analogue scale and frequency of headache attacks. Nevertheless, pressure pain thresholds significantly increased for the verum group. The findings of our study support the hypothesis that peripheral mechanisms - such as increased

muscle tenderness - only play a minor role in the pathogenesis of chronic tension-type headache.

898- gera: 75582/di/ra
[EFFECT OF TAIJI TONGTIAN ORAL SOLUTION AND DANSHEN ORAL SOLUTION ON THE PLASMA CONCENTRATION OF ß-ENDORPHIN IN MIGRAINE PATIENTS]. XUE YAN-ZHONG ET AL. **chinese journal of pain medicine.** 2000;6(1):20 (chi*).
Objective: To study the mechanism of Taiji Tongtian Oral Solution for the treatment of migraine. Method: The levels of plasma ß-endorphin in migraine patients treated with Taiji Tongtian Oral Solution were detected by radioimmunoassay, and compared with Danshen oral solution group. Result: The clinic analgesic effect of Taiji Tongtian Oral Solution group is better than Danshen oral solution group. Plasma ß-endorphin level increased significantly after the treatment (P < 0. 0 1). A negative correlation was revealed between the headache index and the blood level of ß-endorphin (P < 0. 01). Conclusion: The therapeutic effect of Taiji Tongtian Oral Solution on migraine might be related to the increased blood level of ß-endorphin.

899- gera: 76218/di/ra
SHORT-TERM AND LONG-TERM OBSERVATION ON 250 MIGRAINEURS TREATED BY ACUPUNCTURE THERAPY COMBINED WITH CHINESE MEDICINAL HERBS. YE DEBAO. **world journal of acupuncture-moxibustion.** 2000;10(3):3-6 (eng).
In the present paper, 61 cases of ischemic cerebral apoplexy were randomly divided into enclosing needling group (n = 31) and scalp-acupuncture group (n = 30) . After 30 sessions of treatment, there was a significant difference between the two groups in the therapeutic effect (P < 0.05) , indicating enclosing needling being superior to scalp-acupuncture. Both enclosing needling and scalp- acupuncture could lower plasma NO content while the former was more apparent in lowering plasma NO level.

900- gera: 76222/di/ra
ACUPUNCTURE TREATMENT OF 80 CASES OF ANGIONEUROTIC HEADACHE. GUO YUNPING ET AL. **world journal of acupuncture-moxibustion.** 2000;10(3):18-20 (eng).

901- gera: 76258/di/ra
[HEADACHE OF 37 PATIENTS IN CLIMACTERIUM TREATED WITH POWDER OF FIVE DRUGS WITH PORIA]. FENG YU-RAN ET AL. **shandong journal of tcm.** 2000;19(11):661 (chi).

902- gera: 76311/di/ra
[INFLUENCE TO C-FOS AND C-JUN GENE EXPRESSION OF "TOU-FENG" ORAL LIQUID TO EXPERIMENTAL HEMICRANIA ANIMAL MODEL]. REN YONG-XIN ET AL. **journal of chengdu university of tcm.** 2000;23(3):32 (chi).

903- gera: 77180/di/ra
[OBSERVATION OF CURATIVE EFFECT OF 42 CASES OF MIGRAINE TREATED BY POINTS INJECTION]. YANG GUIPIN. **yunnan journal of tcm and materia medica.** 2000;21(5):42 (chi*).
The author divided 87 out-patients of migraine into treating group and control group by random. 42 cases of treating group were treated by point's injection and 45 cases of control group by traditional treatment of routine drugs. The curative effects of treating group was better than the control group (P<0. 01).

904- gera: 77542/di/ra
ACUPUNCTURE IN CHRONIC HEADACHE (abstract). STOR AR ET AL. **deutsche zeitschrift fur akupunktur.** 2000;43(1):45 (eng).

905- gera: 77543/di/ra
ACUPUNCTURE FOR TENSION-TYPE HEADACH: A SUBJECT-BLIND MULTICENTER RCT (abstract). WHITE AR ET AL. **deutsche zeitschrift fur akupunktur.** 2000;43(1):45 (eng).

906- gera: 77832/di/ra
[RESEARCH AND PROSPECT OF TCM TREATMENT OF MIGRAINE]. NI SHIQIU ET AL. **chinese journal of information on tcm.** 2000;7(7):9 (chi).

907- gera: 78037/di/ra
[CLINICAL OBSERVATION OF MIGRAINE WITH SCALP ACUPUNCTURE]. WANG DUANYI ET AL. **journal of clinical acupuncture and moxibustion.** 2000;16(6):37 (chi).

908- gera: 78153/di/ra
[TOU FENG SAN USED IN THE TREATMENT OF 80 CASES OF HEADACHE AND FACIAL PAIN]. HU JIUDONG ET AL. **guangming journal tcm.** 2000;90(5):53 (chi).

909- gera: 78167/di/ra
[SUMMER HYPOINTRACRANIAL PRESSURE HEADACHE (32 CASES) TREATED BY CHINESE DRUGS]. WU DABIN. **journal of practical tcm.** 2000;16(4):12 (chi).

910- gera: 78238/di/ra
[DISCUSSION OF FINGER PRESSURE THERAPY IN TREATMENT OF MYOGENIC MIGRAINE]. TIAN YOULIANG ET AL. **journal of external therapy of tcm.** 2000;9(2):26 (chi).

911- gera: 78437/di/ra
[STUDY OF PLASMA ENDOTHELIN LEVEL IN TREATING MIGRAINE WITH LONGSTAND]. XIANG JIAMPING ET AL. **hebei journal of tcm.** 2000;22(7):485 (chi*).

912- gera: 78586/di/ra
[CLINICAL OBSERVATION ON 30 CASES OF MIGRAINE OF BLOOD STASIS TYPE TREATED WITH TOU TONG DING CAPSULE]. WANG XIAOJUAN ET AL. **journal of tcm.** 2000;41(5):295 (chi).

913- gera: 78675/di/ra
[THE TREATMENT OF HEADACHE WITH ACUPUNCTURE BLEEDING]. FU AIMIN. **journal of clinical acupuncture and moxibustion.** 2000;16(10):16 (chi).

914- gera: 79245/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF CERVICAL HEADACHE WITH ACUPUNCTURE AT EIGHT POINTS OF THE NECK AND OCCIPUT]. SHE RUIPING. **chinese acupuncture and moxibustion.** 2000;20(6):332 (chi*).
[traduction française gera disponible] 180 cases of cervical headache were treated with acupuncture at eight points of the neck and occiput and 169 cases treated by oral administration of analgesic were used as control. Results showed that the cured rate was 56.7% and the total effective rate was 91 .1% at the end of the first therapeutic course in the treatment group, which were significantly superior to those of the control group (P<0.001); The cured rate was increased by 20% at the end of the second course in the treatment group, and it did not change in the control group. It is suggested that the therapeutic effect for osseous pathological change and non-osseous change

915- gera: 79282/di/ra
CHRONISCHE KOPFSCHMERZEN UND MIGRANE. OTS T. **deutsche zeitschrift fur akupunktur.** 2000;43(4):285-8 (deu*).
This case history of migraine therapy demonstrates how

congruent Western psychosomatic and traditional Chinese medical concepts can be. It also demonstrates how difficult it is to estimate the importance of each of the therapeutic regimens. both using a holistic approach. employed in this case. I am persuaded that acupuncture alone would not have attained this result, or at least not so quickly. But the role of acupuncture in the therapy cannot be denied, as is shown impressively in its its effect during the so-called 'crisis'. Over the years I have reduced the number of acupuncture points h1 treating migraine. This, I think. has to do with the emphasis I place upon the point 'Tai-chong'(Liv 3); I attach repeated strong or very strong stimulation on this point, even when vacuity is present. I equally respect Qi-gong; I have shortened well-known forms of Qi-gong to short sequences lasting only a few minutes. These short forms can easily be incorporated into patients' daily schedules. I am convinced that the aim of relaxation can be achieved through different methods. Whenever stagnation or inhibition of aggression are present, it is important in my view that my patients practice forms of Qi-gong which will dissolve aggressions, such as the cathartic Crane Qi-gong. The goal of relaxation and equanimity can often only he attained through catharsis, particularly when Liver-Qi stagnation is present. Not least, this case history also demonstrates that one's state of health may even worsen during the early period of treatment. This is the case when successful treatment of the pain discloses the patient's psychosocial problems, which had been previously hidden by the pain. It is important at this stage to continue treatment and not to give up, as long as the physician is convinced of his diagnosis and the respective therapeutic steps. And, as nobody lives alone in this world, I am of the opinion that the regular tête-à-tête' conversations ('Zwiegesprache') developed by the Frankfurt-based family psychotherapist Michael Lukas Miller represent a wonderful method; I have therefore introduced them into my practice. These are talks between partners. They should have a fixed date in the Weekly in agenda.They have one condition: neither partner should accuse the other of anything, but rather should speak of himself. Thus, partners used to saying 'I don't know what you want' begin to listen, and partners begin to understand one another.

916- gera: 86882/di/ra
TRATTAMENTO DELL'EMICRANIA DIFFICILE TRAMITE L'UTILIZZO DEI PUNTI HUOTUOIJAIJ. UNA PROPOSTA DI RICERCA MULTICENTRICA. EVANGELISTA P. **rivista italiana di agopuntura.** 2000;99:73-5 (ita).

917- gera: 86901/di/ra
100 CASI DI EMICRANIA INTRATTABILE CURATA CON AGOPUNTURA E COPPETTAZIONE. DUO XIUYING. **rivista italiana di medicina tradizionale cinese.** 2000;81(3):58 (ita).
Di questi 100 casi, 38 erano inaschi e 62 femmine. 8 casi avevano un'età compresa tra 18 e 25 anni; 27 casi tra 26 e 40 anni; 52 casi tra 41 e 55 anni; 13 casi avevano più di 55 anni. La durata più breve della malattia era di 6 mesi, e la più lunga di 25 anni. L'origine del disturbo era da imputarsi per 12 casi a nevralgia del trigemino, per 17 a sinusite, e per 7 1 casi era di tipo vascolare.

918- gera: 87283/di/re
ACUPUNCTURE IN HEADACHE: A CRITICAL REVIEW. MANIAS P ET AL. **clinical journal of pain.** 2000;16(4):334-9 (eng).
Twenty-seven clinical trials that evaluated the efficacy of acupuncture in the treat ment of primary headaches (migraine headache, tension-type headache, and mixed forms) were reviewed. In the majority of the trials (23 of the 27 trials), it was concluded that acupuncture offers benefits in the treatment of headaches. Conversely, the evaluation of physical forms of treatment, including acupuncture, has special difficulties, and certain parameters in the study design need consideration. Acupuncture methods need individualization, a carefully selected placebo ("minimal acupuncture" seems to be best), and the crossover design must have adequate time between the two treatment periods. Clinical trials that evaluate acupuncture frequently are characterized by several inadequacies (including some from these evaluating headaches), but it seems that additional clinical research is necessary to

919- gera: 87286/di/re
TRAITEMENT DES CEPHALEES DE TENSION. SCHOENEN J. **rev neurol (paris).** 2000;156:87-92 (fra*).
The scientific basis of tension- type headache suffers from the lack of precise pathophysiological knowledge and the heterogenecity of this disorder. Treatment of acute tension-type headache episodes is more effective with an NSAIDs (ibuprofen 400-800mg, naproxen 550-825mg, ketoprofen 50-75mg) than with aspirin or paracetamol. Caffein containing preparations of NSAIDs are slightly superior, but should not be taken frequently to avoid headache chronification. For chronic tension-type headache, relaxation therapies with EMG biofeedback and tricyclics have about the same efficacy rate of 40-50p.100. Physical therapy and acupuncture are in general less effective. There is thus clearly a need for better strategies, e.g. combination of available therapies and novel

920- gera: 87287/di/re
LES TRAITEMENTS PROPHYLACTIQUES DE LA MIGRAINE. MASSIOU H. **rev neurol (paris).** 2000;156:79-86 (fra*).
Prophylactic treatment is mainly intended to reduce the frequency of migraine attacks. It is usually proposed to patients who suffer from two or more attacks per month. It should also be considered in patients who suffer from less frequent, but prolonged, disabling attacks with a poor response to abortive treatment, and who consider that their quality of life is reduced between attacks. Excessive intake of acute medication, more than twice a week, is a strong indication for prophylactic treatment. In order to obtain a good compliance to treatment, the patient must be informed of the expected efficacy of the drugs, and of their most frequent side effects. Thus, the choice of a prophylactic drug is made together with the patient. Based on the results of published controlled trials, the main prophylactic drugs are some betablockers, methysergide, pizotifene, oxetorone, flunarizine, amitriptyline, NSAIDs, and sodium valproate. Some less evaluated drugs such as aspirin, DHE, indoramine, verapamil, may be useful. Other substances such as riboflavin and new antiepileptic dugs are being evaluated. The choice of the drug to start with depends on several considerations. The first step is to make sure that there are no contra indications, and no possible interaction with the abortive medications. Then, possible side effects will be taken into account, for example, weight gain is a problem for most young women and patients who practice sports may not tolerate betablockers. Associated pathologies have to be checked. For example, a hypertensive migraine sufferers may benefit from betablockers; in a patient who suffers both from migraine and tension type headaches or from depression, amitriptyline is the first choice drug. The type of migraine should also be considered; for instance, in frequent attacks with aura, aspirin is recommended and betablockers avoided. In most cases, prophylaxis should be given as monotherapy, and it is often necessary to try successively several drugs before finding the most appropriate one. Doses should be increased gradually, in order to reach the recommended daily dose, only if tolerance permits. The treatment efficacy has to be assessed after 2 or 3 months, during which the patient must keep a headache diary. If the drug is judged ineffective, an overuse of symptomatic medications should be checked, as well as a poor compliance, either of which may be responsible. In case of a successful treatment, it should be continued for 6 or 12 months, and then, one should try to taper off the dose in order to stop the treatment or at least to find the minimum active dose. Relaxation, biofeedback, stress coping therapies,

921- gera: 87288/di/re
ACUPUNCTURE FOR EPISODIC TENSION-TYPE HEADACHE: A MULTICENTRE RANDOMIZED CONTROLLED TRIAL. WHITE AR ET AL. **cephalalgia.** 2000;20(7):632-7 (eng).
A multicentre, randomized clinical trial was undertaken to test the hypothesis that acupuncture is more efficacious than sham control procedure in the prevention of episodic tension-type headache. Fifty subjects were randomized to receive a course

of treatment with either brief acupuncture or a sham procedure. Subjects were followed up for 3 months. Changes in headache were assessed by daily diary, the primary outcome measure being the number of days with headache. No significant differences were found between the changes in the two groups for any measure at any time point. Results also show that patient blinding was successful. In conclusion, this study does not provide evidence that this form of acupuncture is effective in the prevention of episodic tension-type headache.

922- gera: 87518/di/ra
[CLINICAL OBSERVATION OF INGREDIENT-MODIFIED TAOHON SIWU DECOCTION IN TREATIN MIRAINE]. LU KEQIN ET AL. **hebei journal of tcm.** 2000;22(12):890 (chi*).

923- gera: 87528/di/ra
[DISCUSSION ON PATHOGENESIS OF MIGRAINE]. YANG HONG-JUN ET AL. **chinese journal of basic medicine in tcm.** 2000;6(12):6 (chi).

924- gera: 87647/di/ra
[CLINICAL RESEARCH IN ACUPUNCTURE TREATMENT OF ACUTE ATTACK OF VASCULAR HEADACHE]. YU WEN ET AL. **shanghai journal of acupuncture and moxibustion.** 2000;19(2):15 (chi*).
Purpose: To investigate the possible mechanism of the action of acupuncture on vascular headache. Method: 31 patients with acute attack of vascular headache were randomly divided into the treatment group of 17 cases and the control group of 14 cases. The treatment group received acupuncture and the control group took Imigran. Results: Half an hour after treatment, effectiveness occurred in 11 cases of the treatment group (82. 35%) and in 5 eases of the control group (35. 71%). Statistical analysis showed P<0. 01. Two hours after treatment there was no significant difference in curative effect as the treatment group was compared with the control group (P>0. 05). Conclusion: Acupuncture treatment has an exact effect on acute attack of vascular headache. It can be used as a

925- gera: 87648/di/ra
[CLINICAL OBSERVATIONS ON THE CURATIVE EFFECT OF CONTRALATERAL ACUPUNCTURE OF MIGRAINE]. YU JING. **shanghai journal of acupuncture and moxibustion.** 2000;19(2):17 (chi*).
Purpose: To observe the clinical effect of contralateral acupuncture on migraine. Method: Contralateral or routine acupuncture was used to treat 77 cases of migraine and their curative effects were observed. Results: TO frequency of contthe frequency of lateral acupuncture was significantly lower than that of routine acupuncture. Conclusion: Contralateral acupuncture can significantly shorten the course of treating migraine and improve the curative effect.

926- gera: 88937/di/ra
[30 CASES OF MUSCULAR TONIC MIGRAINE CAUSED BY SPLENIUS MUSCLE OF HEAD TREATED WITH THE KNIFE NEEDLE]. CHEN LIUPING ET AL. **guangxi journal of tcm.** 2000;23(6):23 (chi).

927- gera: 89107/di/ra
[THE SUMMARY OF 98 CASES OF VASCULAR HEADACHE TREATED BY "XIFENG HUATAN TONGLUO TANG"]. LI RUIMIN. **gansu journal of tcm.** 2000;13(6):22 (chi).

928- gera: 89847/di/ra
[EXPERIMENTAL RESEARCH OF YI-LI-JING CAPSULE TREATING FUNCTIONAL HEADACHE]. LI JUAN ET AL. **journal of chengdu university of tcm.** 2000;23(4):31 (chi).

929- gera: 90420/di/ra
[TREATING 100 CASES OF HEADACHE DURING MENSTRUATION WITH DANGGUI SINI DECOCTION-COMPARED WITH THE TREATMENT OF THE SAME DISEASE WITH TOUTONG PIAN]. LIN ZHENLIAN. **zhejiang journal of tcm.** 2000;35(10):423 (chi).

930- gera: 90567/di/ra
[OBSERVATION SUR L'EFFICACITE DU TRAITEMENT PAR ACUPUNCTURE DE 35 CAS DE MIGRAINES]. X. **shanghai journal of acupuncture and moxibustion.** 2000;19(2):19 (chi).
Article non présent dans le sommaire anglais. JL Gerlier.

931- gera: 90878/di/ra
[46 CASES OF TENSION HEADACHE TREATED BY NEW ZHENGTIAN PILL]. XEI WEI ET AL. **journal of anhui traditional chinese medical college.** 2000;19(4):18 (chi).

932- gera: 91392/di/ra
[CLINICAL OBSERVATION ON VASCULAR HEADACHE TREATED BY DAQIONG PILL]. ZHOU YINGHAO, ET AL. **hubei journal of tcm.** 2000;22(5):12 (chi).

933- gera: 91535/di/ra
[CLINICAL OBSERVATION OF "BRAIN-AROUSING AND WIND-DISPERSING CAPSULES" IN TREATING VASCULAR HEADACHE]. ZHANG YOU-GEN. **shanghai journal of tcm.** 2000;34(4):20 (chi*).

934- gera: 91797/di/ra
[TREATMENT OF 50 CASES OF HEADACHE DUE TO CEREBRAL ATHEROSCLEROSIS WITH SANJIA FUMAI DECOCTION]. CONG SHU-QIN ET AL. **shandong journal of tcm.** 2000;19(8):474 (chi).

935- gera: 91897/di/ra
[OBSERVATION OF 30 CASES OF PSYCHONOSEMA HEADACHE BY THE COMBINATION OF CHINESE MEDICINE WITH WESTERN MEDICINE]. LI YINGJIE ET AL. **traditional chinese medicinal research.** 2000;13(6):23 (chi).

936- gera: 92132/di/ra
[ONE CASE OF ADVANCED-AGED PEOPLE'S HEADACHE CAUSED BY ACCUMULATION OF YANG]. ZHUANG YI-QUN. **journal of tcm and chinese materia medica of jilin.** 2000;20(6):54 (chi).

937- gera: 92319/di/ra
[CLINICAL EXPERIENCE OF APPLYING ELECTROACUPUNCTURE INTENSITY]. SUN LI-JUAN. **shanghai journal of tcm.** 2000;34(11):28 (chi*).
From the author's experience the electroacupuncture and its intensity (current intensity and pulse frequency) should be selected differentially. Weak stimulation and low frequency is selected for facial paralysis and eye diseases, moderate stimulation and frequency for obstinate headache, moderate stimulation and high frequency for mouth convulsion, and strong stimulation and high frequency for hiccup.

938- gera: 92355/di/ra
[CLINICAL OBSERVATION OF MIGRAINE TREATED BY "MIGRAINE-ABATING FORMULA"]. LIN BAI-RONG. **shanghai journal of tcm.** 2000;34(8):18 (chi*).

939- gera: 93204/di/ra
[THE TREATMENT OF HEADACHE WITH SELECTING POINTS ACCORDING TO THE MERIDIAN DISTRIBUTION 96 CASES REPORTED]. DING CHUINLEI ET AL. **journal of clinical acupuncture and moxibustion.** 2000;16(7):23 (chi).

940- gera: 93213/di/ra
[THE INFORMATION OF TREATMENT OF MIGRAINE].

ZHANG LIANGFENG. **journal of clinical acupuncture and moxibustion.** 2000;16(7):55 (chi).

941- gera: 93349/di/ra
[OBSERVATION ON THE EFFECT OF ELECTRIC-ACUPUNCTURE AND BLOODLETTING IN GESHU TREATING HEMICRANIA]. ZHANG JIN. **journal of clinical acupuncture and moxibustion.** 2000;16(11):13 (chi).

942- gera: 93876/di/ra
[TREATMENT OF MIGRAINE WITH KAI-YU-TONG-QIAO DECOCTION: 16 CASES REPORTED]. GAO FENGQIN. **information on tcm.** 2000;17(5):43 (chi).

943- gera: 93952/di/ra
[THE TREATMENT OF NEUROTIC HEADACHE WITH AURICULAR-PLASTER THERAPY]. TIAN XIN ET AL. **henan traditional chinese medicine.** 2000;20(5):65 (chi).

944- gera: 94006/di/ra
LA STIMULATION LASER DE POINTS D'ACUPUNCTURE DIMINUE T-ELLE LA FREQUENCE DES CRISES DE MIGRAINES ET LES TAUX PLASMATIQUES DE NORADRENALINE ET DE DOPAMINE?. GERLIER JL. **revue francaise de mtc.** 2000;188:32-3 (fra).
Résumé et commentaire de l'article de: Schutz H et al. Modulation humoraler parameter durch laserakupunktur. Das beispiel der migräne. Akupunktur. Theorie und Praxis 2000; 28(1): 32-43. Réf Gera: [71182].

945- gera: 94667/di/ra
[PROF CHENG SHIDE'S EXPERIENCE OF TREATING HEADACHE]. SU JING. **acta chinese medicine and pharmacology.** 2000;28(3): (chi).

946- gera: 95389/di/ra
TRATAMIENTO CON IMANES. CEFALEAS DE TENSION. VALADE. **medicina energetica.** 2000;8:56 (esp).

947- gera: 109901/di/cg
AURICULAR ACUPUNCTURE IN MIGRAINE TREATMENT.. MASILIUNIENE R(LITUANIE). **iiieme symposium international d ' auriculotherapie et d' auriculomedicine.** 2000;:95 (fra).

948- gera: 112221/di/ra
ESTUDIO CLÍNICO SOBRE EL TRATAMIENTO DEL DOLOR DE CABEZA MEDIANTE TRANSMISIÓN DE ONDAS DE SONIDO POR LOS MERIDIANOS Y COLATERALES. GONG YANHUA, ZHENG LIYAN WANG WEI Y JIN HOUSHU. **revista de acupuntura y moxibustion china.** 2000;10:5 (esp*).

949- gera: 114294/di/ra
EL EFECTO DE LA ACUPUNTURA SOBRE LA CONCENTRACION DE MAGNESIO EN SUERO EN EL TRATAMIENTO DE LA MIGRAÑA. CHEN BANG GUO. **el pulso de la vida.** 2000;20(2):25 (esp*).

950- gera: 115212/di/ra
ESTUDIO CLÍNICO SOBRE EL TRATAMIENTO DEL DOLOR DE CABEZA MEDIANTE TRANSMISIÓN DE ONDAS DE SONIDO POR LOS MERIDIANOS Y COLATERALES. GONG YANHUA, ZHENG LIYAN WANG WEI Y JIN HOUSHU. **revista de acupuntura y moxibustion china.** 2000;10:5 (esp*).
Se realizó un, estudio clínico sobre el tratamiento de los dolores de cabeza mediante la transmisión de ondas de sonido por los meridianos y colaterales, observando la diferencia entre antes y después del tratamiento manifestada en el resultado de la electroencefalografía y la transmisión de dichas ondas por los meridianos y colaterales. El estudio arrojó el siguiente resultado: el tratamienti-"resultó eficaz en un 90% de los casos puesto que, gra- ' cias a él, se observo en el resultado de la electroencefalografía un aumento de la onda a, que al compararse con la de antes del tratamiento resulto p<0,05; mientras que la onda slow resulto disminuida, siendo p<0,01, comparada con la de antes del tratamiento. Mientras tanto, la amplitud de la onda de sonido que se transmite por los meridianos y colaterales es p<0,01 comparada con la de antes del tratamiento, y es p>0,05 comparada con la de personas sanas, lo cual demuestra que el paciente ha recuperado la transmisión de ondas

951- gera: 89086/di/ra
[CHINESE MEDICAL METHODOLOGY: EXPERIENCE OF APPLYING LIGUSTICI RHIZOME]. YAN DE-XIN. **shanghai journal of tcm.** 2001;35(1):14 (chi*).
Ligustici Rhizome is a frequently used herbal medicine. Prof Yan has achieved much experience in the coordination, meridian tropism and action of Ligustici Rhizome in his long-term clinical practice. Many difficult and stubborn diseases can be cured when mere Ligustici Rhizome is added.

952- gera: 89091/di/ra
[CLINICAL OBSERVATION OF "POWDER OF FIVE HERBS WITH PORIA" IN TREATING INTRACTABLE HEADACHE]. GUAN JIAN. **shanghai journal of tcm.** 2001;35(1):25 (chi).

953- gera: 89621/di/ra
[TREATING VASCULAR HEMICRANIA 80 CASES WITH COMPOUND DANSHEN DROPPING PILL]. WU YONG ET AL. **chinese journal of ethnomedicine and ethnopharmacy.** 2001;48:13 (chi).

954- gera: 89871/di/ra
[PROGRESSES OF TREATMENT OF MIGRAINE WITH TCM]. NI SHIQIU. **journal of tcm.** 2001;42(1):53 (chi).

955- gera: 92605/di/ra
[THERAPEUTIC EFFECTS ON TREATMENT OF ANGIONEUROTIC HEADACHE BY ACUPUNCTURE]. MENG XIAN-PENG ET AL. **journal of traditional chinese medicine and materia medica of jilin.** 2001;21(2):33 (chi).
[traduction française gera disponible].

956- gera: 92610/di/ra
[TAIJI TONGTIAN ORAL SOLUTION VERSUS CALCIUM CHANNEL ANTAGONISTS FOR THE TREATMENT OF MIGRAINE]. XIANG JIAN-PING ET AL. **chinese journal of pain medicine.** 2001;15(1):19 (chi).

957- gera: 92707/di/ra
[CLINICAL AND EXPERIMENTAL STUDY ON TREATMENT OF MIGRAINE WITH TONGLUO CAPSULE]. XU XIANG-QING. **journal of shandong university of tcm.** 2001;25(2):129 (chi).

958- gera: 92998/di/ra
[THE EXPERIENCES ON INTERNAL HEADACHE BY FAMOUS SENIOR TCM DOCTOR HE SHIYING]. LIANG FU-YING. **journal of tianjin college of tcm.** 2001;20(1):12 (chi).

959- gera: 93409/di/ra
[30 PATIENTS WITH ANGIONEUROTIC HEADACHE TREATED WITH TWO - POLE AND THREE - POINT NEEDLING THERAPY]. JI JIAQIN. **journal of clinical acupuncture and moxibustion.** 2001;17(3):44 (chi).

960- gera: 93463/di/ra
FEEDBACK-MODULATED MICROCURRENT IN ACUPUNCTURE TREATMENT. BRAUN WP. **medical**

acupuncture. 2001;12(2):6-10 (eng).
Background Acupuncture point stimulation with both needles and transcutaneous microcurrent can be combined in the same treatment session. Microcurrent devices with feedback modulation characteristics offer theoretical advantages over those without them. Objective To describe the outcomes of patients treated with acupuncture and transcutaneous feedback-modulated microcurrent. Design, Setting, and Patients Four patients received treatment at a physician acupuncturist's practice. Two patients had chronic limb pain, 1 had acute migraine headache, and 1 had chronic depression. Intervention A combination of acupuncture and acupuncture point stimulation with transcutaneous feedback-modulated microcurrent. Main Outcome Measures Patient reports of pain level, activity level, and use of medication. Results Chronic pain patients: 1 (disabled) patient had complete pain relief and returned to work, 1 experienced significant pain relief The patient with acute headache had complete pain relief. The patient with depression was able to discontinue her medication. Conclusions Acupuncture point stimulation with a combination of needles and transcutaneous feedback-modulated microcurrent can be used to satisfactorily

961- gera: 93936/di/ra
[CLINICAL OBSERVATION ON MIGRAINE TREATED BY PIANSANZHENG]. DENG YUANJIANG ET AL. **hebei journal of tcm.** 2001;23(3):205 (chi*).

962- gera: 93955/di/ra
[68 CASES OF MIGRAINE TREATED MAINLY BY MASSAGE ON SHAO YANG CHANEL]. YIN HONGCHUN. **journal of external therapy of tcm.** 2001;10(1):5 (chi).

963- gera: 94520/di/ra
[CLINICAL APPLICATION OF BLOOD-LETTING THERAPY]. YANG HAI-XIA. **shanghai journal of tcm.** 2001;35(3):36 (chi*).
This paper presents the area, methods and mechanism of blood-letting therapy and listed four cases of headache, wry mouth, tongue paralysis and hypertension.

964- gera: 94834/di/re
ACUPUNCTURE FOR IDIOPATHIC HEADACHE (COCHRANE REVIEW). LINDE K ET AL. **cochrane database syst rev.** 2001;1:CD001218 (eng).
BACKGROUND: Acupuncture is widely used for the treatment of headache, but its effectiveness is controversial. OBJECTIVES: To determine whether acupuncture is: ~Bullet~more effective than no treatment ~Bullet~more effective than 'sham' (placebo) acupuncture ~Bullet~as effective as other interventions used to treat idiopathic (primary) headaches. SEARCH STRATEGY: Electronic searches were performed in MEDLINE, EMBASE, the Cochrane Controlled Trials Register, and the database of the Cochrane Field for Complementary Medicine. We also contacted researchers in the field and checked the bibliographies of all articles obtained. SELECTION CRITERIA: Randomized or quasi-randomized clinical trials comparing acupuncture with any type of control intervention for the treatment of idiopathic (primary) headaches were included. DATA COLLECTION AND ANALYSIS: Information on patients, interventions, methods, and results was extracted by at least two independent reviewers using a pre-tested standard form. Results on headache frequency and intensity were summarized descriptively. Responder rate ratios (responder rate in treatment group/responder rate in control group) were calculated as a crude indicator of results for sham-acupuncture-controlled trials. Quantitative meta-analysis was not possible due to trial heterogeneity and insufficient reporting. MAIN RESULTS: Twenty-six trials including a total of 1151 patients (median, 37; range, 10-150) met the inclusion criteria. Sixteen trials were conducted among patients with migraine, six among patients with tension-type headache, and four among patients with various types of headaches. The majority of trials had methodological and/or reporting shortcomings. In eight of the 16 trials comparing true and sham (placebo) acupuncture in migraine and tension-type headache patients, true acupuncture was reported to be significantly superior; in four trials there was a trend in favor of true acupuncture; and in two trials there was no difference between the two interventions. (Two trials were uninterpretable.) The 10 trials comparing acupuncture with other forms of treatment yielded contradictory results. REVIEWER'S CONCLUSIONS: Overall, the existing evidence supports the value of acupuncture for the treatment of idiopathic headaches. However, the quality and amount of evidence are not fully convincing. There is an urgent need for well-planned, large-scale studies to assess the effectiveness and cost-effectiveness of acupuncture under real-life

965- gera: 94951/di/ra
[CORRELATIVE STUDY ON PATTERN IDENTIFICATION AND TRANSCRANIAL COLOR DOPPLER DETECTION IN HEAD WIND]. YANG WEN-XIN. **liaoning journal of tcm.** 2001;28(5):267 (chi*).
Migraine belongs to traditional Chinese medicine head wind disease. In order to probe into the correlation between the imagedetecting techniques in modern medicine and pattern identification of head wind in Chinese medicine transcranial doppler (TCD) detection was conducted in 122 cases of head wind for comparative analysis. The results showed that the group of liver-yang overactivity was mainly manifested by mean flow velocity increasing in MCA of the affected side. And the group of stagnation of phlegm was mainly manifested by normal mean blood flow. The results indicated the TCD detection could offer objective foundation for pattern identification of the liver-yang overactivity and the stagnation of phlegm in head wind.

966- gera: 95028/di/ra
BRIEF ACUPUNCTURE NOT EFFECTIVE IN THE PREVENTION OF TENSION-TYPE HEADACHE. KAPTCHUK TJ. **focus on alternative and complementary therapies.** 2001;6(2):115-6 (eng).
Résumé et commentaire de l'article de: White AR et al. Acupuncture for episodic tension-type headache: a multicentre randomized controlled trial. Cephalalgia 2000; 20: 632-7. Réf gera: [87288].

967- gera: 95455/di/ra
[EFFECTIVE ANALYSIS ON 32 CASES OF MIGRAINE TREATED BY MODIFIED TONGQIAO HUOXUE DECOCTION]. CHEN YANLING ET AL. **hunan journal of traditional chinese medicine.** 2001;17(3):6 (chi).

968- gera: 95731/di/ra
[ANALYSIS ON THERAPEUTIC EFFECT OF VASCULAR HEADACHE TREATED BY ACUPUNCTURE]. FU LI-PIN ET AL. **shanghai journal of acupuncture and moxibustion.** 2001;20(3):18 (chi*).
Purpose : To analyze the therapeutic effect of acupuncture on vascular headache . Method : Sixty-five patients suffering from the disease with hyperactivity of the liver-yang or hyperactivity of fire due to yin deficiency were treated by acupuncture. Results There was no significant difference (P < 0. 05) in the curative effect between the two different syndrome types. Conclusion Acupuncture treatment has a good effect on the two syndrome types.

969- gera: 96124/di/ra
[CLINICAL OBSERVATION ON 68 CASES OF TREATMENT OVER SPLITTING HEADACHE WITH FANGZHIZHITONGTANG]. LIN ZHEN LU. **jiangxi journal of tcm.** 2001;32(4):24 (chi).

970- gera: 96291/di/ra
[MASSAGE AND ACUPOINT INCISION FOR MIGRAINE IN 52 CASES]. CHEN GUO-MIN. **shanghai journal of traditional chinese medicine.** 2001;35(6):22 (chi*).
Massage and acupoint incision was used to treat migraine in 52 cases. Results showed clinical cure in 36 cases, improvement in 13 cases and failure in 3 cases; the total effective rate was 94.2%.

971- gera: 96768/di/ra
[CLINICAL OBSERVATION ON 50 PATIENTS WITH HEADACHE TREATED WITH SCALP-ACUPUNCTURE]. TANG WENZHONG. **journal of clinical acupuncture and moxibustion.** 2001;17(7):40 (chi).

972- gera: 96830/nd/ra
[STUDY ON THE EFFECT OF XINZHENGTIAN PILL ON PLASMA OR PLATELET NITRIC OXIDE AND CGMP IN MIGRAINEURS]. XIE WEI, ET AL. **chinese journal of traditional medical science and technology (.** 2001;8(4):211 (chi*).

973- gera: 97180/di/ra
[TREATMENT OF 59 CASES OF MIGRAINE WITH"LUTONGSAN]. LIU QINGXIAN. **jiangsu journal of traditional chinese medicine.** 2001;22(9):23 (chi).

974- gera: 97412/di/ra
[PROFESSOR YANG CHANGSENG' S EXPERIENCE IN TREATING HEADACHE WITH ACUPUNCTURE]. GUO ZHILI. **jiangsu journal of traditional chinese medicine.** 2001;22(8):12 (chi).

975- gera: 97652/di/ra
[CLINICAL OBSERVATIONS ON TREATMENT OF VASCULAR HEADACHE WITH MODIFIED XUEFU ZUYU TANG]. LIU CHUN-XIA. **journal of traditional chinese medicine and chinese materia medica of jilin.** 2001;21(5):12 (chi).

976- gera: 97792/di/ra
[ACRID AND FRAGRANT ANODYNE THROUGH INHALING FOR TREATING 50 CASES OF VASCULAR NEURO- HEADACHE]. HU CHUAN-MEI. **fujian journal of traditional chinese medicine.** 2001;32(5):13 (chi).

977- gera: 97898/di/ra
[EFFECT OF RU TONG SHEN ON CORRELATION PARAMETER OF MIGRAIN]. LIU QING-XIAN. **zhong guo zhong yi ji chu yi xue za zhi chinese journal of basic medicine in traditi.** 2001;7(10):55 (chi*).

978- gera: 98159/di/ra
[64 CASES OF ANGIONEUROTIC HEADACHE TREATED BY PIANTONG POWDER THROUGH NOSE]. QIU ZU-PING, ZHUANG HONG – BO. **journal of laoning college of traditional chinese medicine.** 2001;3(2):83 (chi*).

979- gera: 98352/di/ra
[56 CASES ON CURING HEELACHE BY COMPRESS OF CHINESE DRUGS COMBINED WITH MOXIBUSTION]. ZHAO SHUWU. **heilongjiang journal of traditional chinese medicine.** 2001;3:29 (chi).

980- gera: 98527/di/ra
CLINICAL APPLICATION OF POINT SANYINJIAO. YANG JING. **journal of tcm (english edition).** 2001;21(4):291 (eng).

981- gera: 98925/di/ra
[TREATING 38 CASES OF VASCULAR HEADACHE WITH QINGGAN LIANGXUE DECOCTION]. KAN FANG-XU ET AL. **shandong journal of traditional chinese medicine.** 2001;20(12):724 (chi).

982- gera: 99274/di/ra
[EFFECT OF NEW ZHENGTIAN PILL (9J!ET;ZA) ON EXPRESSION OF WHOLE BLOOD PLATELET MEMBRANE ADHESION MOLECULES IN PATIENTS OF MIGRAINE*]. ZHU CHENG-QUAN ET AL. **journal of external therapy of traditional chinese medicine.** 2001;10(6):822 (chi*).

983- gera: 99394/di/ra
[CLINICAL ANALYSIS ON 32 CASES OF HEMICRANIA TREATED BY TAI JI TONG TIAN YE]. ZHANG ZHENPING ET AL. **journal of guiyang college of traditional chinese medicine.** 2001;23(4):11 (chi).

984- gera: 99435/di/ra
[TREATMENT OF MIGRAINE BY ACU-THERAPY AND PRESSING POINTS]. SU YONG. **shaanxi journal of traditional chinese medicine.** 2001;22(11):682 (chi).

985- gera: 99549/nd/re
THE FIRST WORLD REPORT OF BOTULINUM A TOXIN INJECTION FOR STATUS MIGRAINOSUS. POUNGVARIN N. **j med assoc thai.** 2001;84(8):1199-203 (eng).
The author reports the first ever documented publication in the world concerning the use of botulinum toxin A (BTX-A) injection for status migrainosus. A 58-year old man had been suffering from migraine without aura for 20 years. This last attack (a very severe throbbing headache) started over the left side of his head and he had tried several medications (paracetamol, aspirin, ergotamine, mefenamic acid, and diazepam) during the attack to no vail. Physical examination revealed an acutely ill patient with an agonizing pain condition. General and neurological examinations were normal. BTX-A solution was then injected into the Fung Chou point (classical Chinese acupuncture point for migraine) in the total amount of 25 international unit. Dramatic response was observed within 1 hour of injection and status migrainosus was abort within 10 hours. He was headache-free and

986- gera: 99551/di/re
THE 'DRY-NEEDLE TECHNIQUE': INTRAMUSCULAR STIMULATION IN TENSION-TYPE HEADACHE. KARAKURUM B, KARAALIN O, ET AL. **cephalalgia 2001.** 2001;21(8):813-7 (eng).
The 'dry-needle technique', an intramuscular stimulation technique carried out by using a fine solid, 1-inch long, 30-gauge needle, was investigated in the treatment of tension-type headache (TTH) in a randomized, placebo- controlled trial. Fifteen patients with TTH received intramuscular needle insertions into six designated trigger points, while 15 controls received subcutaneous insertions. Headache indices, muscle tenderness and neck ROMs were evaluated before and after treatment. Mean headache indices improved significantly after treatment, both in the treatment group and in the placebo group, but the difference between the two groups was insignificant. In the treatment group the tenderness score and the neck ROM limitation score were significantly improved after treatment, while there was no significant improvement in the placebo group. We conclude that more and larger controlled, comparative trials are needed to show whether the dry-needle technique is an effective non-

987- gera: 99559/nd/re
[COCHRANE REPORT ON ACUPUNCTURE THERAPY OF HEADACHE. SUMMARIES AND COMMENTS ON A SYSTEMATIC REVIEW]. CARLSSON CP. **lakartidningen.** 2001;98(41:4439-43 (swd).

988- gera: 99585/nd/re
ACUPUNCTURE AND CLINICAL HYPNOSIS FOR FACIAL AND HEAD AND NECK PAIN: A SINGLE CROSSOVER COMPARISON. LU DP, LU GP, KLEINMAN L. **am j clin hypn.** 2001;44(2):141-8 (eng).
Despite their long histories, acupuncture and hypnosis have only recently been acknowledged as valuable by the medical establishment in the U.S. Few studies have used rigorous prospective measurement to evaluate the individual or relative merits of hypnosis and acupuncture in specific clinical settings. In this study, 25 patients with various head and neck pain were

studied. Each had an initial assessment of their pain, as well as of their attitudes and expectations. All patients received acupuncture, followed by a reassessment of their pain. After a washout period they received another assessment of pain before and after hypnosis therapy. Preferences for therapy were sought following the hypnotic intervention. Both acupuncture and hypnosis were effective at relieving pain under these conditions. The average relief in pain reported was 4.2 units on a ten point scale, with hypnosis reducing pain by a mean of 4.8 units, compared to 3.7 for acupuncture (p = 0.26). Patient characteristics appeared to impact the effectiveness of treatment: patients with acute pain benefited most from acupuncture treatment, whereas patients with psychogenic pain were more likely to benefit from hypnosis. Patients with chronic pain had more variation in their results. Patients who received healing suggestions from a tape during a hypnotic trance benefited more than those who received no such suggestion, and acupuncture patients who were needle phobic benefited less than those who were not fearful of needles. This study demonstrates the benefits of well designed studies of the effectiveness of these alternative modalities. More work is needed to help practitioners identify which patients are most likely to benefit from these complementary therapies.

989- gera: 99602/di/re
NEEDLE ACUPUNCTURE IN TENSION-TYPE HEADACHE: A RANDOMIZED, PLACEBO-CONTROLLED STUDY. KARST M, REINHARD M ET AL. **cephalalgia.** 2001;21(6):637-42 (eng).
A study with needle acupuncture was performed in tension-type headache employing a new placebo acupuncture METHOD: Sixty-nine patients (mean age 48.1 years, SD = 14.1) fulfilling the International Headache Society criteria for tension-type headache were randomly assigned to verum or placebo condition. No significant differences between placebo and verum with respect to visual analogue scale and frequency of headache attacks could be observed immediately, 6 weeks and 5 months after the end of treatment. There was a significant but weak improvement in quality of life parameters (clinical global impressions, Nottingham Health Profile) after verum treatment. In decision tree analyses, the changes in clinical global impressions and headache frequency depended significantly on primary headache frequency with a limit value of 24.5 days headache per month. High values in the von Zerssen Depression Score resulted in high mean visual analogue scale values.

990- gera: 99617/nd/re
ALTERNATIVE THERAPIES IN HEADACHE. IS THERE A ROLE?. MAUSKOP A. **med clin north am.** 2001;85(4):1077-84 (eng).
Alternative or complementary modes of treatment often lack scientific proof of efficacy. This is true for many drugs that are used for prophylaxis of headaches as well. Many of these complementary modes are inexpensive, harmless, and possibly effective. Patients can be given a list of options in the following order of clinician preference: aerobic exercise; isometric neck exercise; biofeedback; a combination product containing magnesium, riboflavin, and feverfew; and acupuncture. The patient must decide which of these approaches is

991- gera: 100001/di/ra
[CHANGES OF PLASMA CONCENTRATIONS OF NEUROPEPTIDE Y IN MIGRAINE PATIENTS]. ZHANG HUI-YING ET AL. **chinese journal of pain medicine.** 2001;7(4):196 (chi).

992- gera: 101139/di/ra
[100 PATIENTS WITH HEMIRANIA TREATED WITH SCALP-NEEDLE AND CHUANXIONG CHATIAO POWDER]. XU YUANSHENG ET AL. **journal of clinical acupuncture and moxibustion.** 2001;17(12):9 (chi).

993- gera: 101225/di/ra
[THE SITUATION OF TREATMENT OF MIGRAINE WITH TCM]. WANG XIN ET AL. **information on tcm.** 2001;18(2):17 (chi).

994- gera: 103716/di/ra
[THE TREATMENT OF VASCULAR HEADACHE WITH TOU-FENG-NING: 60 CASES REPORTED]. DUAN FUJIN ET AL. **information on tcm.** 2001;18(1):27 (chi).

995- gera: 104342/di/ra
[EFFECT OF ZHENGTIAN PILLS ON HEMODYNAMICS AND TCD OF PATIENTS WITH BLOOD-STASIS PATTERN OF MIGRAINE]. WANG XIAO-JUAN GUO JIAN-SHENG ET AL. **chinese traditional patent medicine.** 2001;23(5):343 (chi).

996- gera: 104379/di/ra
ACUPUNCTURE TREATMENT OF MIGRAINE AND PLASMA CGRP AND SP CONTENT CHANGES . LI WEI, ET AL. **world journal of acupuncture-moxibustion.** 2001;11(3):11 (eng*).
Objective: To observe the therapeutic effect of acupuncture in treatment of migraine and the accompanied changes of plasma CGRP and SP. Methods: 186 migraine patients were randomly divided into acupuncture group (n= 126) and medication group (n=60). Acupoints used were Taichong (LR 3), Xingjian (LR 2), Fengchi (GB 20) and Yanglingquan (GB 34). Patients of the medication (control) group were asked to take Nimodipine 30 mg (3 times per day), Sibelium 5 mg (once every night), and Ergotamine caffeine (taken during attack). Plasma CGRP and SP contents were detected by using radioimmunoassay. Results: The therapeutic effect of acupuncture was significantly superior to that of medication group (P< 0.01) . In migraine patients, plasma CGRP and SP levels were significantly higher than those of normal people (P< 0.01) . After acupuncture treatment, CGRP and SP

997- gera: 104527/di/ra
[THE EFFICACY OF ACUPUNCTURE IN THE TREATMENT OF HEADACHE DURING MENSTRUATION : A REPORT OF 60 CASES]. ZHENG JIANYU, ZHENG JIANZHOU. **hebei journal of traditional chinese medicine.** 2001;23(8):612 (chi*).
Objective: To investigate the efficacy of acupuncture in the treatment of headache during menstruation.Methods: 10 cases were randomly divided into two groups: the therapeutic group (60 cases) was given acupuncture treatment; and the control group (40 cases) received vitamin B6 treatment. The efficacy was observed after 3 treatment course. Results: The total effective rate in the therapeutic group was 93. 4 %, and the curative rate was 66.7 % in the control group, the total effective rate was 80%, and the curative rate was 16%, The efficacy in the therapeutic group was significantly better than that in the control group (P < 0.05). Conclusions: Acupuncture had great effectiveness in the treatment of headache during menstruation.

998- gera: 104572/di/ra
[CLINICAL OBSERVATION ON HEMICRANIA TREATED BY TONGLUO HUOXUE DECOCTION]. QIU YINGMING, WU DENA. **hebei journal of traditional chinese medicine.** 2001;23(4):258 (chi*).

999- gera: 104573/di/ra
[CLINICAL OBSERVATION ON HEADACHE TREATED BY XUEFU ZHUYU DECOCTION]. HUANG XUANHUA. **hebei journal of traditional chinese medicine.** 2001;23(4):278 (chi*).

1000- gera: 104574/di/ra
[CLINICAL OBSERVATION OF TONGXINLUO CAPSULE IN TREATMENT OF MIGRAINE WITH BLOOD STASIS SYNDROME TYPE]. MANG YU WU GUOZHEN. **hebei journal of traditional chinese medicine.** 2001;23(4):298 (chi*).

1001- gera: 107466/di/ra
[CLINICAL STUDY ON TREATMENT OF MIGRAINE WITH ACUPUNCTURE AT SHUITU POINT]. HUANG QINGWEN, WANG REIXIA. **chinese acupuncture and moxibustion.** 2001;21(10):599 (chi*).
Methods : Acupuncture at Shuitu (ST 10) was used to treat 98 cases of migraine as treatment group and oral administration of Zhen Nao Ning Capsule was used to treat 46 cases as control group, and changes of the extent of pain, attack frequency and rheoencephalogram were investigated. Results The total effective rate was 96. 9 % in the treatment group and 89. 1 % in the control group, with a significant difference between the two groups (P < 0. 05). Conclusion : Acupuncture at Shuitu (Sr 10) is an effective therapy for migraine with a higher cured rate.

1002- gera: 111783/di/ra
[THE EFFECT OF XIN ZHENGTIAN PILL ON THE LEVELS OF BLOOD MONOAMINE TRANSMITTERS IN MIGRAINEURS]. SU FAN ET AL. **chinese journal of information on tcm.** 2001;8(12):51 (chi*).

1003- gera: 111840/di/ra
ACUPUNCTURE TREATMENT OF DRUNKEN HEADACHE AND DIZZINESS. JIANG JUNQING. **world journal of acupuncture-moxibustion.** 2001;11(2):49 (eng*).

1004- gera: 112328//ra
ZUR EVALUATION VON PUTENS, NADELUND LASERAKUPUNKTUR. PETERSENN C ET AL. **akupunktur.** 2001;2:98 (deu*).

1005- gera: 112437/di/ra
TENDENCY TO NORMALIZATION OF CEREBROVASCULAR RESPONSE IN MIGRAINEURS AFTER PROPHYLACTIC TREATMETN WITH ACUPUNCTURE. BACKER M ET AL. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):213 (deu).

1006- gera: 112511/di/ra
KOPFSCHMERZ-REGULATIVE PHANOMENE NACH STELLATUMBLOCKADEN. MUDRA I. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):234 (deu).

1007- gera: 112552/di/ra
PRAXISORIENTIERTE QUALITASSTANDARDS IN DER AKUPUNKTURBEHANDLUNG CHRONISCHER KOPFSCHMERZEN. STOR W ET AL. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):247 (deu).

1008- gera: 112560/di/ra
EFFIZIENZ DER SU JOK AKUPUNKTUR IM VERGLEICH ZUR MEDIKAMENTOSEN THERAPIE BEI PATIENTEN MIT CHRONISCH PRIMAREN KOPFSCHMERZEN. TSAI I ET AL. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):249 (deu).

1009- gera: 112580/di/ra
QIGONG YANGSHENG IN DER BEGLEIT-BEHANDLUNG VON KOPFSCHMERZ UND MIGRANE, EINE PILOTSTUDIE. FRIEDRICHS E. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):256 (deu).

1010- gera: 112594/di/ra
GEOPATHISCHE BELASTUNG ALS URSACHE FUR SCHWERTE THERAPIE RESISTENTE KOPFSCHMERZEN. SCHMERLER R. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):260 (deu).

1011- gera: 114831/di/ra
ACUPUNCTURE TREATMENT OF DRUNKEN HEADACHE AND DIZZINESS. JIANG JUNQING. **world journal of acupuncture-moxibustion.** 2001;11(2):49 (eng*).

1012- gera: 115428/di/ra
TENDENCY TO NORMALIZATION OF CEREBROVASCULAR RESPONSE IN MIGRAINEURS AFTER PROPHYLACTIC TREATMETN WITH ACUPUNCTURE. BACKER M ET AL. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):213 (deu).
In a previous study we found V that migraineurs show an altered cerebrovascular response during functional activation of the brain in the intercritical phase. The main finding was that migraineurs showed a lack of habituation of visually evoked increases of the cerebral blood flow velocity (CBFV) assessed by transcranial Doppler sonography recordings. In the present study we evaluated the effect of a prophylactic treatment with acupuncture on the cerebrovascular activation during visual stimulation in migraineurs. Changes of the CBFV in the right posterior cerebral artery (PCA) and the left middle cerebral artery (MCA) were measured simultaneously during flickering light in 10 intercritical migraineurs before (baseline condition) and after 10 sessions acupuncture (post acupuncture condition). The treatment was performed by a licensed acupuncturist and the same combination of acupuncture-points was used In all patients. To evaluate the efficacy of the treatment the attack-frequency pain intensity was monitored for two months before the beginning to three months after the end 'of the treatment. Data of the baseline condition were compared with data of the post acupuncture condition and a point by point student, t-test for impaired samples was applied to detect statistically significant differences. After acupuncture treatment the abnormal cerebrovascular response in migraineurs showed significant changes ($p < 0.05$) compared to the baseline-condition with a trend to normalisation. In contrast to the patients who did not profit from the treatment ($n = 3$) the abnormal cerebrovascular response tended to diminish in those patients who had a clinical benefit from the treatment ($n = 7$) in terms of a lower attack-frequency or lower pain intensity. Data indicate that prophylactic acupuncture-treatment might positively influence the dysbalanced cerebrovascular response in migraineurs.

1013- gera: 115502/di/ra
KOPFSCHMERZ-REGULATIVE PHANOMENE NACH STELLATUMBLOCKADEN. MUDRA I. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):234 (deu).
Einleitung: Die zeitweilige Ausschaltung des Ganglion stellatum mit einem Lokalanästhetikum gilt als bewährte Methode zur Therapie von' chronischen Kopfschmerzen. Die Autorin konnte 1990 mit Hilfe von Wärmebildern nachweisen, dass eine rechtsseitige Stellatumblockade eine Vasodilatation auf der behandelten rechten Seite auslöst, - und nach wenigen Augenblicken auch auf der linken Seite die gleiche Vasodilatation eintritt. Damit ist die Frage nach der zu behandelnden Seite, Stellatumblockade rechts - oder links, klinisch nicht mehr relevant. Weitere Fragen bleiben offen. Klinische oder experimentelle Untersuchungen zum Wirksamkeitsnachweis von Stellatumblockaden gibt es kaum. Methodik: In einer offenen Studie wurde mit Hilfe der Untersuchungsmethode Regulationsthermographie nach Rost beobachtet, welche nachweisbaren Veränderungen die Stellatumblockade bei der Thermoregulation bringt. Die Temperaturregulation vor und nach einer Stellatumblockade wurde an defi nierten Messstellen an Kopf, Hals und Armen verglichen. Diese Beobachtungen wurden getrennt für folgende Kopfschmerzen bewertet: Migräne, posttraumatischer Kopfschmerz, atypischer Kopfschmerz bei kraniomandibulärer Dysfunktion. Zur Bewertung wurden nur jene Stellatumblockaden aufgenommen, bei denen der Homer-Symptomenkomplex auftrat. Ergebnissse: Die qualitativ und quantitativ deutlichsten Veränderungen der Thermoregulation fanden sich bei Patienten mit posttraumatischen Kopfschmerzen. Typische reproduzierbare Zeichen für eine veränderte vegetative Regulation in Form von veränderter Thermoregulation fanden sich bei Patienten mit Migräne. Bei Patienten mit Kopfschmerzen infolge kraniomandibulärer

Dysfunktion fanden sich keine bzw. nur unbedeutende Veränderungen der Thermoregulation an den Messstellen über den Myalgiezonen im M. temporalis. Der therapeutische Effekt wird über dem Zahnthermogramm sichtbar. Hier bewirkt die Stellatumblockade die Regulation zur Sinuskurve, also zur Norm. Schlussfolgerungen: Diese Ergebnisse objektivieren den Einfluss von Stellatumblockaden auf die sympathisch-vegetative Regulation. Die Ergebnisse akzentuieren die bisher beschriebenen Indikationen. An erster Stelle für Indikationen zur Stellatumblockade sollten posttraumatisehe Kopfschmerzen stehen, gefolgt von der Migräne. Nicht geeignet ist die Stellatumblockade zur Behandlung des Kopfschmerzen bei kraniomandibulärer Dysfunktion. Neu sind die Beobachtungen, dass beim kraniomandibulären Dysfunktionssyndrom die Fehlfunktion über den Odontomen anhält und die Stellatumblockade ebendort einen gunstigen auf die Regulation bewirkt. Daher gilt die Empfehlung, auch nach Bohroder ausgedehnten Schleiftraumen, z.B. bei Brückenversorgung, prophylaktischtherapeutisch die

1014- gera: 115543/di/ra
PRAXISORIENTIERTE QUALITASSTANDARDS IN DER AKUPUNKTURBEHANDLUNG CHRONISCHER KOPFSCHMERZEN. STOR W ET AL. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):247 (deu).
Objectives: First steps are made to implement practical guidelines for acupuncture therapy for chronic headache and facial pain. 1. indication 2. methods and frequency of therapy (1) criteria for nonresponders. Methods: Data are ex-tracted from 3 sources: 1. controlled clinical trials and meta-analysis. 2. text-books and reports. 3. experts, experience. Results: We suggest to use acupuncture therapy as an early treatment of migraine and chronic tension headache when behavioural changes were not successful and before or after drug use. Acupuncture for myofascial facial and neck pain should be combined with or weighted against physical or physiotherapy. Acupuncture should be used before or after non successful drug therapy and before surgical intervention in trigeminal neuralgia, whilst it is regularly not helpful in cluster pain. A successful therapy is measured by reduced pain intensity (vas), frequency and duration of pain, while a nonresponder should be discovered early by evaluating changes of quality of life. Conclusion: Today data analysis and medical experience enable us to establish guidelines towards a rational, patient focussed and economic procedure in acupuncture therapy for quite a few indications. Unanswered questions underline further demand for research in acupuncture.(PRACTICE GUIDELINES IN ACUPUNCTURE TREATMENT OF CHRONIC HEADACHE)

1015- gera: 115551/di/ra
EFFIZIENZ DER SU JOK AKUPUNKTUR IM VERGLEICH ZUR MEDIKAMENTOSEN THERAPIE BEI PATIENTEN MIT CHRONISCH PRIMAREN KOPFSCHMERZEN. TSAI I ET AL. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):249 (deu).
Einleitung:Die Su Jok Mikrosystemakupunktur basiert auf einem holografischen Prinzip. Ihre Theorie orientiert sich am energetischen System auf der Ebene der Meridiane, der energetischen Konstitution und der Sechs Energien (1,2). Vergleiche der Wirkungen der Su Jok Akupunktur mit einer medikamentösen Therapie sind bislang selten untersucht worden. Ziel der Studie war es daher, zu prüfen, ob die Su Jok Akupunktur bei Patienten mit primären Kopfschmerzen zu einer dauerhaften Schmerzlinderung im Vergleich zur standardisierten medikamentösen Therapie (DMKG) führt. Methodik: 28 Patienten beiderlei Geschlechts (Alter 20-30 Jahre), mit chronisch primären Kopfschmerzen (Spannungskopfschmerz überlagert von Migräneattacken, die seit mehr als 12 Monaten auftreten) wurden nach schriftlicher Einwilligung randomisiert den beiden B ehandlungsgruppen (Su Jok Akupunktur vs medikamentöser Therapie) zugeordnet. Zum Aufnahmezeitpunkt wurden alle Patienten neurologisch und nach TCM (Puls-, Triggerpunkt-, Muskeldiagnostik, Konstitutionstyp und meridianbezogen) untersucht. Einer 3-wöchigen Beobachtungsphase ohne Therapie folgte eine 4-wöchige Behandlungsphase (3 Konsultationen pro Woche). Patienten der Su Jok Gruppe wurden an diesen Tagen akupunktiert; Patienten der Medikamentengruppe wurden untersucht und die Medikation ggf. angepasst. Akupunkturtherapie: Nadelung in sitzender Position, Wahl der Akupunkturpunkte nach Entsprechungssystem (max. 6 Nadeln) und nach Diagnose-stellung der Konstitution (3 Nadeln), Akupunkturdauer jeweils mindestens 20 Minuten, insgesamt max. 10 Sitzungen. Medikamentöse Therapie: Metoproloi, Amitriptylin, Tolperison. Anschliessend wurden die Patienten über 3 Monate nachbeobachtet. Über den gesamten Zeitraum wurde von den Patienten zu 3 Zeitpunkten täglich ein Schmerztagebuch mit Angaben der visuellen Schmerzintensität (VAS), -frequenz und -dauer sowie der Bedarfsmedikation mit Beschwerdelinderung geführt. Ergebnis: Von den 14 Patienten jeder Gruppe, die am Ende der Beobachtungsphase nach dem Erfolg der jeweiligen Therapie befragt wurden, gaben 64 % eine deutliche Besserung der Beschwerden nach Su Jok Akupunktur an, verglichen mit 36 % nach medikamentöser Behandlung ($p < 0,01$). Die Behandlung wurde von keinem der 14 Patienten abgebrochen, es wurden keine relevanten Nebenwirkungen beobachtet. Schlussfolgerung: Bei Patienten mit chronischen primären Kopfschmerzen ist die Su Jok Akupunktur ein wirksames und nebenwirkungsarmes Verfahren, das eine wertvolle Alternative zur medikamentösen Therapie darstellt. Mit einer Besserungsquote von über 60 % ist die Su Jok Akupunkur auch der Körperakupunktur überlegen (3).(COMPARISON OF THE SU JOK ACUPUNCTURE WITH MEDICATION BY

1016- gera: 115571/di/ra
QIGONG YANGSHENG IN DER BEGLEIT-BEHANDLUNG VON KOPFSCHMERZ UND MIGRANE, EINE PILOTSTUDIE. FRIEDRICHS E. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):256 (deu).
Die Traditionelle Chinesische Medizin sieht Schmerz u.a. als Ausdruck einer Dis-harmonie von Qi und Blut. Die Aktivie-rung des Qi durch gezielte Bewegung könnte den harmonischen Blutfluss för-dem und somit dem Schmerzgeschehen den Boden entziehen. Nach den acht Dia-gnostischen Regeln kann man bei Kopf-schmerz von Oberer Fülle und Unterer Leere als einem pathologischen Zustand sprechen. Nach dem Konzept der Wandlungsphasen lässt sich die Migräne einer Störung im Funktionskreis Leber zuzuordnen. Die nicht- medikamentöse Therapie nimmt einen zunehmenden Stel-lenwert in den Richtlinien zur Behand-lung von Kopfschmerz ein. Es wird unter-sucht, ob Qigong-Übungen hier einen Beitrag leisten können. Das Studien-design lehnt sich an an die Guidelines for controlled trials of drugs in migraine des International Headache Society (IHS) Committee on clinical Trials in Migraine. Es wurde der Ethikkommission der Ärzte-kammer Bayern vorgelegt. Hauptziel-größe ist die Reduktion der Schmerztage, Nebenzielgrößen u.a. Schmerzintensität und emotionales und affektives Erleben. Über erste Erfahrungen dieser multizentrischen Studie mit mindestens 80 Probanden soll berichtet werden. Sie wird unterstützt von der Deutschen Ärztegesellschaft für Akupunktur (DÄGfA) und der Medizinischen Gesellschaft für Qigong Yangsheng, wissenschaftliche Begleitung durch Professor Dr. D. Aldridge, Universität Witten-Herdecke.(QIGONG YANGSHENG IN THE CONCOMITANT TREATMENT OF HEADACHE AND MIGRAINE, A PILOT STUDY)

1017- gera: 115585/di/ra
GEOPATHISCHE BELASTUNG ALS URSACHE FUR SCHWERTE THERAPIE RESISTENTE KOPFSCHMERZEN. SCHMERLER R. **deutsche zeitschrift fur akupunktur.** 2001;44(2a):260 (deu).
Bei einer 47-jährigen hysterektomierten Patientin, die seit einigen Jahren an rezidivierenden Kopfschmerzen leidet, führt einmalige Störfeldbehandlung der Tonsillen und des gyn. Raumes Anfang 1997 zur Beschwerdefreiheit. Nach Umzug im Herbst 1997 treten progrediente, n. a. auch durch Akupunktur und Neuraltherapie nicht beeinflussbare Kopfschmerzen auf. Im Frühjahr und Herbst 1998 erfolgen mehrwöchige Behandlungen in Schmerzkliniken. Bei der Entlassung war die Patientin jedesmal beschwerdefrei, aber kurz danach setzte wieder die schwere Schmerzsymptomatik ein. Seit Frühjahr 2000 erhielt die Patientin als Ultima ratio retardiertes Morphium und bedarfsweise Morphium-Injektionen. Da alle diagnostischen und therapeutischen Möglichkeiten ausgeschöpft schienen, wurde ihr bei der Erstkonsultation im

Sommer 2000 zunächst nur empfohlen, den Schlafplatz zu wechseln und zu versuchen, das Morphium langsam abzubauen. Dies gelang, und nach vier Wochen war die Patientin weitgehend beschwerdefrei und ist es bis jetzt geblieben.(GEOPATHIC

1018- gera: 117285/di/ra
EL EFECTO DE LA ACUPUNTURA SOBRE LA CONCENTRACION DE MAGNESIO EN SUERO EN EL TRATAMIENTO DE LA MIGRAÑA.. CHEN BANG GUO. **el pulso de la vida.** 2001;20(2):25 (esp*).
La migraña es una patología frecuente, refractaria y altamente recidivante. Por regla general, su patogénesis se asocia a una alteración del metabolismo de la 5-hidroxitriptamina (serotonina). Para investigar el efecto de la acupuntura en el tratamiento de la migraña, se trató 58 casos afectados mediante la acupuntura, observando su efecto sobre la concentración de magnesio en suero. A continuación se comentarán los resultados.

1019- gera: 119953/di/ra
VASCULAR HEADACHE TREATED BY STUFFING THE NOSE PLUS POINT INJECTION THERAPY : 82 CASES. YIN ZHIFANG. **international journal of clinical acupuncture.** 2001;12(4):359 (eng*).

1020- gera: 148539/di/ra
LE RIRE, LE CHARME... ET LA BOUCHE PLEINE. LE LABOUREUR. **revue francaise d'acupuncture.** 2001;105:67 (fra).

1021- gera: 151931/di/el
CEPHALEES - TOU TONG. LU JING DA, LERICHE CC. **etude des traitements en acupuncture chinoise, editions you feng.** 2001;:835 (fra).

1022- gera: 99538/di/re
SHOULD SYSTEMATIC REVIEWS INCLUDE NON-RANDOMIZED AND UNCONTROLLED STUDIES? THE CASE OF ACUPUNCTURE FOR CHRONIC HEADACHE. LINDE K, SCHOLZ M, MELCHART D, WILLICH SN. **j clin epidemiol.** 2002;55(1):77-85 (eng).
We aimed to investigate: (1) whether patient and intervention characteristics, design-independent quality aspects, and response rates differ between randomized and non-randomized trials of acupuncture for chronic headache; (2) whether non-randomized studies provide useful additional information (regarding long-term effects, prognostic factors, adverse effects, and generalizability); (3) reasons for potential differences in response rates. Studies including at least five patients and reporting clinical outcome data were identified through searches in Medline, Embase, the Cochrane Controlled Trials Register, other databases and checking of bibliographies. Twenty-four randomized trials and 35 non-randomized studies (five non-randomized controlled cohort studies, 10 prospective uncontrolled studies, 10 case series, and 10 cross-sectional surveys) met the inclusion criteria. Studies were heterogeneous regarding patients, interventions, outcome measurements and results. On average, randomized trials had smaller sample sizes, met more quality criteria, and had lower response rates (0.59 [95% confidence interval 0.48-0.69] vs. 0.78 [0.72-0.83]). Whether randomized or not, studies meeting more quality criteria had lower response rates. Non-randomized studies did not have significantly longer follow-up periods, three included an analysis of prognostic variables, only one reported on adverse effects, and the degree of generalizability was unclear. In the case of acupuncture for chronic headache, non-randomized studies confirmed the finding of a systematic review of randomized trials that the treatment is likely to be effective but provided little relevant additional information on long-term effects, prognostic factors, and adverse effects.

1023- gera: 99569/di/ra
CLINICAL APPLICATION OF BLOOD-LETTING THERAPY. YANG HAIXIA. **journal of tcm.** 2002;22(1):26-8 (eng).

1024- gera: 100539/di/re
ACUPUNCTURE IN THE PROPHYLACTIC TREATMENT OF MIGRAINE WITHOUT AURA : A COMPARISON WITH FLUNARIZINE.. ALLAIS G ET AL. **headache.** 2002;42(9):855-61 (eng).
Objectives.-In a randomized controlled trial extending over 6 months, we evaluated the effectiveness of acupuncture versus flunarizine in the prophylactic treatment of migraine without aura. Methods.-One hundred sixty women with migraines were randomly assigned to acupuncture treatment (group A, n = 80) or to an oral therapy with flunarizine (group F, n = 80). In group A, acupuncture was carried out in weekly sessions for the first 2 months and then once a month for the next 4 months. The same acupoints were used at each treatment: LR3 Taichong, SP6 Sanyinjiao, ST36 Zusanli, CV12 Zhongwan, LI4 Hegu, PC6 Neiguan, GB20 Fengchi, GB14 Yangbai, EX-HN5 Taiyang, GV20 Baihui. In group F, 10 mg flunarizine were given daily for the first 2 months and then for 20 days per month for the next 4 months. Results.-The frequency of attacks and use of symptomatic drugs significantly decreased during treatment in both groups. The number of attacks after 2 and 4 months of therapy was significantly lower in group A than in group F, and analgesic consumption was significantly lower in group A at 2 months of treatment. At 6 months no such differences existed between the two treatment groups. Pain intensity was significantly reduced only by acupuncture treatment. Side effects were significantly less frequent in group A. Conclusions.-Acupuncture proved to be adequate for migraine prophylaxis. Relative to flunarizine, acupuncture treatment exhibited greater effectiveness in the first months of therapy and superior tolerability.

1025- gera: 100947/di/ra
[CLINICAL OBSERVATION ON THE THERAPEUTIC EFFECT OF 126 CASES OF VASCULAR HEADACHE TREATED WITH ACUPUNCTURE WITH SELECTING ACUPOINT ALONG CHANNELS]. LEI JINGHE ET AL. **chinese acupuncture and moxibustion.** 2002;22(2):87-8 (chi*).

1026- gera: 100960/di/ra
TRAITEMENT DE LA MIGRAINE PAR ACUPUNCTURE A L'HOPITAL LARIBOISIERE (CENTRE URGENCE CEPHALEES). BUI A ET AL. **acupuncture & moxibustion.** 2002;1(1-2):33-37 (fra).

1027- gera: 101016/di/re
ACUPUNCTURE FOR IDIOPATHIC HEADACHE (COCHRANE REVIEW). MELCHART D ET AL. **cochrane library oxford : update software.** 2002;2:34P (eng).
Background: Acupuncture is widely used for the treatment of headache, but its effectiveness is controversial. Objectives: To determine whether acupuncture is: More effective than no treatment, more effective than 'sham' (placebo) acupuncture, as effective as other interventions used to treat idiopathic (primary) headaches. Search strategy: Electronic searches were performed in MEDLINE, EMBASE, the Cochrane Controlled Trials Register, and the database of the Cochrane Field for Complementary Medicine. We also contacted researchers in the field and checked the bibliographies of all articles obtained. Selection criteria: Randomized or quasi-randomized clinical trials comparing acupuncture with any type of control intervention for the treatment of idiopathic (primary) headaches were included. Data collection and analysis: Information on patients, interventions, methods, and results was extracted by at least two independent reviewers using a pre-tested standard form. Results on headache frequency and intensity were summarized descriptively. Responder rate ratios (responder rate in treatment group/responder rate in control group) were calculated as a crude indicator of results for sham-acupuncture-controlled trials. Quantitative meta-analysis was not possible due to trial heterogeneity and insufficient reporting. Main results: Twenty-six trials including a total of 1151 patients (median, 37; range, 10-150) met the inclusion criteria. Sixteen trials were conducted among patients with

migraine, six among patients with tension-type headache, and four among patients with various types of headaches. The majority of trials had methodological and/or reporting shortcomings. In eight of the 16 trials comparing true and sham (placebo) acupuncture in migraine and tension-type headache patients, true acupuncture was reported to be significantly superior; in four trials there was a trend in favor of true acupuncture; and in two trials there was no difference between the two interventions. (Two trials were uninterpretable.) The 10 trials comparing acupuncture with other forms of treatment yielded contradictory results. Reviewers' conclusions: Overall, the existing evidence supports the value of acupuncture for the treatment of idiopathic headaches. However, the quality and amount of evidence are not fully convincing. There is an urgent need for well-planned, large-scale studies to assess the effectiveness and cost-effectiveness of acupuncture under real-life conditions.

1028- gera: 101406/di/ra
[RESEARCH INTO CLINICAL CURATIVE EFFECT OF ACUPUNCTURE ON MIGRAINE AND ITS BIOCHEMICAL MECHANISM]. SUN ZHONG-REN ET AL. **shanghai journal of acupuncture and moxibustion.** 2002;21(1):16 (chi*).
Purpose : To prove the clinical curative effect of acupuncture on migraine and investigate its biochemical mechanism. Method : Sixty-three migraine patients were randomly divided into an acupuncture group and a control group. The clinical curative effect, and blood PAF, TXB2 and 6-keto-PGF1a contents before and after treatment were observed. Twenty healthy persons were selected as a normal control group. Results The total effective rate from acupuncture treatment of migraine reached 90. 6%, which was higher than that in the control group (P<0.01). PAF, TXB2 and 6-keto-PGF1a contents decreased in migraine patients after acupuncture. Conclusion : Acupuncture has a marked curative effect on migraine. PAF, TXB2 and 6-keto-PGF1a are all involved in the pathologic process of migraine. Acupuncture has a regulative effect on blood PAF, TXB2 and 6-keto-PGF1a

1029- gera: 101895/di/ra
[OBSERVATIONS ON THE CURATIVE EFFECT OF ACUPUNCTURE ON MIGRAINE]. LIU YUE ZHANG XIAO-PING CHEN JING-LIANG. **shanghai journal of acupuncture and moxibustion.** 2002;21(2):24 (chi*).
Purpose : To observe the curative effect of acupuncture on migraine. Method Migraine was treated by acupuncture in combination with acupoint injection of stauntonvine. The effect was compared with that in a control group. Results and Conclusion : The total effective rate was 92. 6 % in the treatment group and 76. 9 % in the control group. There was a significant difference in curative effect between the two groups (P<0.05). The curative effect was significantly better in the treatment group than in the control group.

1030- gera: 101900/di/ra
[TREATMENT MIGRAINES BY DISPERSE THE DEPRESSED LIVER-ENERGY AND REGULATE IT COMBIN IN DETERMINATION OF TREATMENT BASED ON THE DIFFERENTIATION OF SYMPTOM AND SINGS]. XIE ZHI-LING . **inner mongol journal of traditional chinese medicine.** 2002;21(1):1 (chi).

1031- gera: 101911/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF 40 CASES OF HEADACHE DUE TO HIGH INTRACRANIAL PRESSURE WITH BLOOD-LETTING AT ZUQIAOYIN (GB 44) POINT COMBINED WITH MEDICINE]. DAI XIAOYU, DU YUANHAO. **chinese acupuncture and moxibustion.** 2002;22(4):227 (chi*).

1032- gera: 101914/di/ra
[CLINICAL STUDY ON TREATMENT OF MIGRAINE WITH RAPID EMBEDDING THREAD THERAPY]. LI WEI, LONG CHUNXIANG, CHEN XIN, ET AL. **chinese acupuncture and moxibustion.** 2002;22(4):233 (chi*).

1033- gera: 101954/di/ra
[CLINICAL OBSERVATION OF CHUANXIONGCHATIAO PULVIS IN TREATING 35 PATIENTS WITH HEMICRANIA]. SHI ZHIYANG, SHI BAOXING. **hebei journal of traditional chinese medicine.** 2002;24(3):192 (chi*).

1034- gera: 102000/di/ra
[CLINICAL OBSERVATION ON ACUPUNCTURE TREATMENT FOR 76 CASES OF NERVE-VASCULAR HEADACHE]. LIU HUI, LIU HANLI. **chinese acupuncture and moxibustion.** 2002;22(5):297 (chi*).
In order to observe clinical therapeutic effect of acupuncture on nerve-vascular headache, treatment group (76 cases) were treated with acupuncture and control group (50 cases) were treated with oral administration of benzothiadine. After two therapeutic courses, the total effective rate and the cured rate were 92. 1 % and 48. 7 % in the treatment group and 76. 0 % and 22. 0 % in the control group, respectively, with a significant difference

1035- gera: 102156/di/ra
[CLINICAL OBSERVATION ON 140 CASES OF TREATMENT OVER VASCULAR HEADACHE BY PRESSING AURICULAR POINT]. LI YAN-PING, WANG XIAO-JUAN, ZHANG LI-JUAN. **jiangxi journal of traditional chinese medicine.** 2002;33(2):40 (chi).

1036- gera: 102445/di/ra
[ACUPUNCTURE AND MOXIBUSTION TREATING 65 PATIENTS WITH MIGRAINE]. LI HUAGUI ET AL. **journal of clinical acupuncture and moxibustion.** 2002;18(5):11 (chi).

1037- gera: 102475/di/ra
[TREATING 42 CASES OF TONIC HEADACHE BY SOOTHING THE LIVER AND TONIFYING THE KIDNEY]. JIN MIAO. **zhejiang journal of traditional chinese medicine.** 2002;37(5):188 (chi).

1038- gera: 102476/di/ra
[TREATING 69 CASES OF MIGRAINE WITH SAN PIAN DECOCTION -COMPARED WITH THE TREATMENT OF 65 CASES WITH WESTERN MEDICINE]. HE LIHUA. **zhejiang journal of traditional chinese medicine.** 2002;37(5):189 (chi).

1039- gera: 102574/di/ra
[CONTROL OBSERVATION ON THERAPEUTIC EFFECTS OF ACUPUNCTURE AND WESTERN MEDICINE FOR TREATMENT OF MIGRAINE]. ZHANG YUECHENG, SONG LIHUA. **chinese acupuncture and moxibustion.** 2002;22(3):159 (chi*).
purpose : To probe into clinical application valuation of acupuncture of Emen (TE 21) in treatment of migraine. Methods : Two hundred and sixteen cases were randomly divided into acupuncture group (106 cases) and western medicine group (110 cases) and their therapeutic effects were compared. Results : The cured rate was 63.2% in the treatment group and 21.8% in the control group, with a significant difference (P<0.005) between the two groups; Also, there was a significant difference in the effective rate between the two groups (P < 0.005) ; The effective rates at 15 min and 30 min were 73.6 % and 24.5 % in the treatment group and 71.7 % and 33.6 % in the control group respectively, with a significant difference (P<0.005). Conclusion : This therapy is a treatment method with

1040- gera: 102906/di/ra
[CLINICAL STUDY ON TONGTIAN GRANULE FOR TREATING 60 CASES OF CHRONIC HEADACHE]. LIN MIN. **fujian journal of traditional chinese medicine.** 2002;33(2):9 (chi).

1041- gera: 103196/di/ra
[" YANG-SUPPRESSING, WIND-DISPELLING AND NODULE-DISSIPATING DECOCTION" FOR MIGRAINE IN 32 CASES]. SHEN LIE-JUN . **shanghai journal of tcm.** 2002;36(5):22 (chi).

1042- gera: 103530/di/ra
[STUDY ON THE IMPROVING LEARNING AND MEMORY EFFECTS OF JIANNAOHEJI ON PATIENT WITH VASCULAR DEMENTIA]. LIU DE-HUAN, ET AL. **chinese journal of traditional medical science and technology.** 2002;9(2):96 (chi).

1043- gera: 103669/di/ra
[33 CASES OF CRANIOCEREBRAL HEADACHE TREATED BY NEEDLING ZHONGZHU POINT]. YU YAN-FEN, GOU YONG. **henan traditional chinese medicine.** 2002;22(2):58 (chi).

1044- gera: 103774/di/ra
TRAITEMENT DES CEPHALEES EN MEDECINE TRADITIONNELLE CHINOISE. DARAKCHAN S. **37°2 le magazine.** 2002;57:23-27 (fra).

1045- gera: 104245/di/ra
[THE UNDERSTANDING OF 96 CASES OF VASCULAR HEADACHE TREATED BY MIDNIGHTNOON EBB-FLOW]. KA NG FENGZHEN . **gansu journal of traditional chinese medicine.** 2002;15(2):70 (chi).

1046- gera: 104741/di/ra
[86 CASES OF SEVERE HEADACHE WITH HUO-XUE-TONG- TANG TANG]. JIA SHUNLI. **information on traditional chinese medicine.** 2002;18(4): (chi).

1047- gera: 104942/di/ra
[THE MANIPULATIVE TREATMENT FOR HEMICRANIA AND THE RECENT DEVELOPMENT]. FANG BO QI. **chinese manipulation and qi gong therapy.** 2002;18(4):2 (chi).

1048- gera: 105103/di/ra
[CLINICAL AND EXPERIMENTAL STUDY ON TREATMENT OF MIGRAINE WITH SHUTIANNING GRANULE *]. HU ZHI-QIANG, SONG LI-GONG, MEI TONG. **chinese journal of integrated traditional and western medicine.** 2002;22(8):581 (chi*).

1049- gera: 105568/di/ra
[EFFECT OF CHUANJUZHITONG CAPSULE ON THE LEVEL OF PLASM ENDOTHELIN IN PATIENT WITH MIGRAINE]. WANG SHUN ET AL. **chinese journal of traditional medical science and technology.** 2002;9(4):203 (chi*).

1050- gera: 105940/di/ra
[CLINICAL OBSERVATIONS ON PRICKING BLOOD TREATMENT OF MIGRAINE WITH THREE-EDGED NEEDLE]. WANG ZHENG, GUO ZE-XIN MA WEN. **shanghai journal of acupuncture and moxibustion.** 2002;21(3):11 (chi*).
Purpose: To observe the clinical effect of three-edged needle pricking blood therapy on migraine. Method: Three- edged needle pricking blood therapy was used to treat 119 migraine cases. The effects were compared with those in a filiform needle group of 80 cases. The immediate effect (30 min after treatment) and the long-term effect (6 months after treatment) were separately observed. Results and conclusion: The total effective rate (immediate and long-term effects) was better in the pricking blood group than in the filiform needle group(P<O. 05); the marked effective rate (the immediate effect) was better in the pricking blood group than in the filiform needle grpup(P<0. 01); the clinical cure rate (the longterm effects) was better in the pricking blood group than in the filiform needle

1051- gera: 105953/di/ra
[OBSERVATION ON CLINICAL THERAPEUTIC EFFECT OF POINT-THROUGH-POINT THERAPY ON NON-PREMONITORY MIGRAINE.]. LAO JINXIONG LAI XINSHENG. **chinese acupuncture and moxibustion.** 2002;22(7):448 (chi*).
Purpose: To observe the clinical effect of point-through-point therapy on non-premonitory migraine. Methods: 148 cases of non-premonitory migraine were divided into treatment group with 87 cases and control group with 61 cases. They were treated with point-through-point therapy and Rotudin respectively. The therapeutic effects were observed after treatment of 45 days and a 2-month break. Results: The total effective rate was 71.3% in the treatment group and 42.6% in the control group with a significant difference between the two groups (P<0.01). Conclusion: Point-through-point therapy is a safe and convenient method with remarkable effect for non-

1052- gera: 106004/di/ra
CLINICAL OBSERVATION ON SCALP ACUPUNCTURE TREATMENT IN 50 CASES OF HEADACHE. TANG WENZHONG. **journal of traditional chinese medicine.** 2002;22(3):190 (eng).

1053- gera: 106130/di/ra
[TONIC HEADACHE (43 CASES) TREATED BY INTEGRATED TRADITIONAL CHINESE MEDICINE WITH WESTERN MEDICINE .]. LI HONGWEN. **journal of practical traditional chinese medicine.** 2002;7(18):26 (chi).

1054- gera: 106316/di/ra
TREATMENT OF 50 CASES OF MIGRAINE BY SCALP ACUPUNCTURE COMBINED WITH ELECTRO-COMB STIMULATION. CAO RENJUN, ET AL. **world journal of acupuncture-moxibustion.** 2002;12(2):48 (eng).

1055- gera: 106526/di/ra
[50 PATIENTS WITH TONIC HEADACHE TREATED WITH ACUPUNCTURE SYNTHETICALLY]. ZHANG SHENGZHI. **journal of clinical acupuncture and moxibustion.** 2002;18(8):16 (chi).

1056- gera: 106724/di/ra
[DISCUSSION ON THE TREATMENT OF NERVE VASCULAR HEADACHE WITH DRUG FROM NOSE]. ZHAO JIANMING. **information on traditional chinese medicine.** 2002;19(4):27 (chi).

1057- gera: 106928/di/ra
[COMPARISON OF THE EFFECTS OF TIANMA CHINESE RECIPES IN TREATING PATIENTS WITH EPISODIC TENSION-TYPE HEADACHE]. CHEN CHUN-FU, GUO SHU-SU, HAN SHOU-FENG, ET AL. **chinese journal of pain medicine.** 2002;8(3):138 (chi*).

1058- gera: 107480/di/ra
[COMPARATIVE STUDY ON CLINICAL THERAPEUTIC EFFECTS OF ACUPUNCTURE AND MEDICINE ON MIGRAINE]. LIU KEYING, LIU XIUMEI, MA CHENGFU, ET AL. **chinese acupuncture and moxibustion.** 2002;21(9):515 (chi*).
Purpose : To observe clinical therapeutic effects of acupuncture and medicine on migraine and changes of hemorheologic indexes. Methods : Eighty-six cases of migraine were randomly divided into the treatment group(43 cases) treated with scalp-acupuncture combined with body acupuncture, and the control group(43 cases) treated with oral

administration of Nimodipine. Results After treatment of one month, the cured rate and the total effective rate in the treatment group were 48. 84 % and 95. 35 % , which were superior to 27. 90 % and 81. 39 % in the control group, respectively (all P < 0. 05). Improvement of hernorheologic indexes in the treatment group also was superior to that in the control group(P < 0. 05). Conclusion : The therapeutic effect of acupuncture on

1059- gera: 107662/di/ra
[CLINICAL AND EXPERIMENTAL STUDY ON TOUTONGPING GRANULE IN TREATMENT OF MIGRAINE]. HONG ZHIPING ET AL. **chinese journal of information on traditional chinese medicine.** 2002;9(2):17 (chi*).

1060- gera: 107872/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF MIGRAINE WITH DEEP NEEDLING AT POINT FENGCHI]. DENG WEIZHE, YANG ZHIXIN. **chinese acupuncture and moxibustion.** 2002;22(10):661 (chi*).
Purpose : To observe therapeutic effects of acupuncture at Fengchi (GB 20) indifferent depths on migraine. Methods : 72 cases -ere randomly divided into 3 groups, deep needling group, routine needling group and western, medicine group, and their therapeutic effects were compared Results The duration of migraine was shortened and recurrence of Migraine was delayed in the deep needling group with a significant differences among the 3 groups in the therapeutic effect (P<0. 05) - conclusion : Deep needing at Fengchi (GB 20) has a better therapeutic effect on migraine, and the depth of needling, may reach to 45 - 55 mm and the needling

1061- gera: 108094/di/ra
[LIU HONG-LU ' S EXPERIENCES IN TREATING CHRONIC HEADACHE]. LIU SHI-FENG, WANG FU-YONG. **shandong journal of tcm.** 2002;21(10):624 (chi).

1062- gera: 108417/di/ra
[CLINICAL OBSERVATION OF ACUPUNCTURING ENCIRCLINGLY ON HEADACHE AND BODY ACUPUNCTURE TREATING UNDERSTANDING DISORDER DUE TO HEMIPARALYSIS]. XU JIANPENG ET AL. **journal of clinical acupuncture and moxibustion.** 2002;18(10):4 (chi).

1063- gera: 108419/di/ra
[60 PATIENTS WITH MIGRAINE TREATED WITH ACUPUNCTURE]. ZHAO JIANLING. **journal of clinical acupuncture and moxibustion.** 2002;18(10):17 (chi).

1064- gera: 109154/di/ra
ACUPUNCTURE TREATMENT OF OCCIPITAL NEURALGIA WITH DAZHUI AND FENGCHI ACUPOINTS.. HUANG NANBIN. **world journal of acupuncture-moxibustion.** 2002;12(3):29 (eng*).
Objective : To explore therapeutic method for occipital neuralgia - Methods : A total of 90 occipital neuralgia patients were randomly divided into treatment group (n = 60 cases) and control group (n = 30). In treatment group, Dazhui (GV 14) was punctured and stimulated with reinforcing method, and Fengchi (GB 20) punctured and stimulated with reducing needling method. In control group, the tender point was punctured and stimulated with reducing needling method. The acupuncture needles were retained for 30 min and the treatment was conducted once daily, with 10 times being a therapeutic course. Results : After one session of treatment, the markedly effective rates of treatment and control groups were 98% and 57% respectively. Comparison between two groups showed a considerable difference in the therapeutic effect (P< 0. 05). Conclusion : Acupuncture of Dazhui (GV 14)

1065- gera: 109183/di/cg
ACUPUNCTURE IN HEADACHE: STATE OF THE ART. E FACCO. **wfas international symposium on acupuncture.** 2002;:99 (eng).

1066- gera: 109275/di/cg
COMBINED TREATMENT OF 21 CASES AFFECTED BY HEADACHE WITH TUINA, "PLUM-BLOSSOM NEEDLE" AND AURICULOTHERAPY. T SALLUSTIO ET AL. **wfas international symposium on acupuncture.** 2002;:250 (eng).

1067- gera: 109538/di/ra
[CLINICAL OBSERVATIONS ON MIGRAINE DUE TO LIVER- WIND AND STASIS OF BLOOD (60 CASES) TREATED WITH PINGGANTONGLUO GRANULE]. ZHOU SHEN, ET AL. **chinese journal of traditional medical science and technology.** 2002;9(6):362 (chi).

1068- gera: 109567/di/ra
[PROFESSOR ZHEN SHAO-ZHOU' S EXPERIENCE ON TREATING CEPHALODYNIA]. PENG MING-XIU ETC. **henan journal of tcm and phamacy.** 2002;17(6):9 (chi).

1069- gera: 109781/di/ra
CEPHALEES MENSTRUELLES TRAITEES EN ACUPUNCTURE. ZHANG FENG-QIN. **acupuncture traditionnelle chinoise.** 2002;7:71 (fra).

1070- gera: 109848/di/ra
ANALYSE D'UN CAS CLINIQUE DE CEPHALEE.. LE BLAIS H, LAFONT JL, ANDRES G,. **acupuncture et moxibustion.** 2002;1(3-4):92 (fra).

1071- gera: 110370/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF MIGRAINE WITH ACUPUNCTURE MATCHING CHUANJU CAPSULE]. WANG SHUN, ET AL. **journal of clinical acupuncture and moxibustion.** 2002;18(11:11 (chi).
This investigation analyzed the thickness and color of tongue fur and the pH and degree of dryness and wetness of the lingual surface in 61 patients with acute respiratory infections using correlation coefficient analysis. In this study, thickening of the tongue fur was observed in 97 %, abnormal accumulated points of tongue fur color in 98 %, acidity of the lingual surface pH in 70 %, and an abnormal degree of dryness and wetness of the lingual surface in 46 %. Correlation coefficient analysis gave a correlation of at least 0. 3 2 for each of the above- mentioned indices. The correlation between changes in tongue manifestations and symptoms, and between different symptoms showed that the two of four symptoms investigated are important elements of internal asthenia and the heat syndrome of TCM. Correlation coefficient analysis also showed a con-elation between tongue manifestations and internal heat symptoms. We think research into the correlation between different tongue manifestations and between tongue manifestations and symptoms forms the basis of investigations into the mechanism of the

1072- gera: 110425/di/ra
[CLINICAL OBSERVATION OF EFFECTS ON TREATING 64 CASES OF HEMICRANIA WITH ELECTRO-ACUPUNCTURE]. YANG JIN-HONG. **chinese journal of ethnomedicine and ethnopharmacy.** 2002;12(6):342 (chi).

1073- gera: 110495/di/ra
[STUDY OF HEMORRHEOLOGY IN PATIENTS WITH HEADACHE]. WU WEI ET AL. **chinese journal of information on tcm.** 2002;9(11):11 (chi*).
Objective : To investigate the change of hemorrheological indexes in patients with headache. Methods: 160 patients with headache were randomly allocated in treatment group (80) and control group (80). The hemorrheological indexes of the patients were observed before and after treatment. 50 cases of healthy control group was observed simultaneously. Results : After treatment with Headache Formula, not only did the

headache are relieved (the total effective rate was 88.75%), but also hemorrheological results were improved obviously and showed a statistically significant difference compared with before treated and control group (P <0.01). The patients had a serious headache and hypertension were obviously abnormality. Conclusion : A serious hemorrheological. abnormality existed in headache patients and headache formula played a role in relieving pain and improving

1074- gera: 110528/di/ra
ACUPUNCTURE (AGAIN) HAD NO SPECIFIC EFFECT ON TENSION-TYPE HEADACHE . WHITE AR. **focus on alternative and complementary therapies.** 2002;7(2):127 (eng).
Résumé et commentaires de : Karst M, Reinhard M, Thum P, Wiese B, Rollnik 1, Fink M. Needle acupuncture in tension-type headache: a randomized, placebo-controlled study. Cephalalgia 2001; 21: 637-42.

1075- gera: 110540/di/ra
BRIEF ACUPUNCTURE NOT EFFECTIVE IN THE PREVENTIVE OF TENSION-TYPE HEADACHE. KAPTCHUK TJ. **focus on alternative and complementary therapies.** 2002;6(2):115 (eng).
Résumé et commentaires de : White AR, Resch K-L, Chan JCK, Norris CD, Modi SK, Patel JN, Ernst E. Acupuncture for episodic tension-type headache: a multicentre randomized controlled trial. Cephalalgia 2000; 20:

1076- gera: 110651/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF OBSTINATE MEGRIM: 88 CASES REPORTED]. ZHANG XUEXUN. **journal of clinical acupuncture and moxibustion.** 2002;18(12):8 (chi).

1077- gera: 110817/di/ra
[ELECTRO-STIMULATION ON CEREBELLUM FASTIGIAL NUCLEUS FOR MIGRAINE IN 40 CASES]. LIN BAI-RONG WANG TAO HU WEN-KUI. **shanghai journal of tcm.** 2002;36(12):26 (chi*).
To observe the clinical efficacy of electro-stimulation on cerebellum fastigial nucleus in the treatment migraine, 60 subjects were randomized into two groups: treatment group in winch 40 cases were treated by above therapy and control group in which 20 cases were treated by "Zhen Nao Ning Capsule", with a treatment course of 3 months. Results: The score for headache fell more obviously in treatment group than in control group (P < 0. 01) ; the score for typical migraine fell mare obviously than that for common migraine (P < 0.01). It is indicated that the electro-stimulation on cerebellum fastigial nucleus is quite effective for migraine, the typical migraine in

1078- gera: 111014/di/ra
[TREAT THE 150 CASES OF THE MIGRAINE WITH THE CAI ZHI SHAN PIAN-DRINKS]. TIAN HESHUI. **guang ming journal traditional chinese medicine.** 2002;12(6):45 (chi).

1079- gera: 111184/di/ra
[KOUQIANGYAN SPRAY TO TREATING 42 CHILDREN CASES OF MUCOSAL INFLAMMATION ON BUCCAL CAVITY BY HERPES VIRUS]. X. **hunan guiding journal of tcmp.** 2002;8(12):767 (chi).

1080- gera: 111580/di/ra
ANALYSE D'UN CAS CLINIQUE DE CEPHALEE. LE BLAIS H , LAFONT JL, ANDRES G, NGUYEN J ET HA. **acupuncture et moxibustion.** 2002;1(3-4):92 (fra).

1081- gera: 112045/di/ra
[CLINICAL OBSERVATION OF MIGRAINE TREATING BY PSYCHOLOGICAL AND SOMATIC THERAPEUTICS]. XUE LEI. **tianjin journal of tcm.** 2002;19(1):52 (chi*).

1082- gera: 112759/di/ra
[32 CASES OF NON - PREMONITORY MIGRAINE TREATED BY OPENING "FOUR GATES"]. NI CHENG-HAO. **acta universitatis traditionis medicalis sinensis pharmacologiaeque shanghai.** 2002;16(4):24 (chi*).

1083- gera: 113310/di/ra
[CLINICAL OBSERVATION ON THE THERAPEUTIC EFFECT OF 126 CASES OF VASCULAR HEADACHE TREATED WITH ACUPUNCTURE WITH SELECTING ACUPOINT ALONG CHANNELS]. LEI JINGHE, ZHANG SHUIDE, WEI SANCHUAN. **chinese acupuncture and moxibustion.** 2002;22(2):87 (chi*).

1084- gera: 114346/di/ra
STUBBORN HEADACHE TREATED BY ACUPUNCTURE: 180 CASES. LIU YANHUI. **international journal of acupuncture.** 2002;13(2):135 (eng).

1085- gera: 114571/di/ra
ANALYSE D'UN CAS CLINIQUE DE CEPHALEE. LE BLAIS H, LAFONT JL, ANDRES G, NGUYEN J ET HA. **acupuncture et moxibustion.** 2002;1(3-4):92 (fra).

1086- gera: 115750/di/ra
[32 CASES OF NON-PREMONITORY MIGRAINE TREATED BY OPENING "FOUR GATES"]. NI CHENG-HAO. **acta universitatis traditionis medicalis sinensis pharmacologiaeque shanghai.** 2002;16(4):24 (chi*).
In order to observe the clinical effects of electric acupuncture on "four gates" (Hegu (114), Taichong (LR 3)) in the treatment of non - premonitory migraine, 62 cases were randomly divided into 32 cases in the treatment group (by electric acupuncture on four gates acupoints) and 30 cases in the control group (oral Nirnodipine) and heated respectively for one month. The results showed that the total effective rate was 90.6% in the treatment group and 76. 7% in the control group, and degrees and frequency of headache in the treatment group all decreased in the treatment group. Degrees of headache decreased but frequency of headache did not decline in the control group. The findings indicate that electric acupuncture on " four- gates" acupoints is a safe and effective modality for non

1087- gera: 116301/di/ra
[CLINICAL OBSERVATION ON THE THERAPEUTIC EFFECT OF 126 CASES OF VASCULAR HEADACHE TREATED WITH ACUPUNCTURE WITH SELECTING ACUPOINT ALONG CHANNELS]. LEI JINGHE, ZHANG SHUIDE, WEI SANCHUAN. **chinese acupuncture and moxibustion.** 2002;22(2):87 (chi*).
Purpose : To observe and compare therapeutic effects of acupuncture and western medicine in treating vascular headache. Methods : One hundred and seventy-eight cases were randomly assigned to treatment group and control group. According to sites of pain, acupuncture was applied to the patients in the treatment group with distal-proximal point association method and selecting acupoints along channels; and the patients in the control group received routinely clinical treatment of western medicine. Results : The cured, effective and total effective rates in the treatment group were 61.11% , 25.4% and 86.51% and in the control group were 38.89% , 31.94% and 70.83% , respectively. There were significant differences between the two groups in the cured and total effective rates. Conclusion : The therapeutic effect of acupuncture is better than that of western drug, and analgesic effect of acupuncture produces more quickly and lasts longer period.

1088- gera: 117337/di/ra
STUBBORN HEADACHE TREATED BY ACUPUNCTURE: 180 CASES. LIU YANHUI. **international journal of acupuncture.** 2002;13(2):135 (eng).

1089- gera: 120013/di/ra

USO COMBINADO DE LOS PUNTOS SHENMAI AND ZHAOHAI PARA EL TRATAMIENTO DE PATOLOGIAS CRANEOFACIALES. HUANG HONG. **journal of tcm- el puso de la vida.** 2002;33:27 (esp).

1090- gera: 125748/di/ra
ANALYSE D'UN CAS CLINIQUE DE CEPHALÉE. HERVÉ LE BLAIS, JEAN-LOUIS LAFONT, GILLES ANDRES, . **acupuncture & moxibustion.** 2002;1(3-4):92 (fra).

1091- gera: 133495/di/ra
EL MARTILLO DE 7 AGUJAS PARA TRATAR 40 CASOS DE CEFALEA VASCULAR. X. **medicina energetica.** 2002;16:60 (esp).

1092- gera: 134033/di/re
PRISE EN CHARGE DIAGNOSTIQUE ET THERAPEUTIQUE DE LA MIGRAINE CHEZ L'ADULTE ET CHEZ L'ENFANT : ASPECTS CLINIQUES ET ECONOMIQUES. ANAES. **.** 2002;: ().

1093- gera: 139326/di/ra
EL MARTILLO DE 7 AGUJAS PARA TRATAR 40 CASOS DE CEFALEA VASCULAR. X. **medicina energetica.** 2002;16:60 (esp).

1094- gera: 139370/di/ra
HISTORIA CLÍNICA: DOLOR DE CABEZA. VILLANUEVA R. **medicina tradicional.** 2002;180:18 (esp).

1095- gera: 139379/di/ra
HISTORIA CLÍNICA: DOLOR DE CABEZA . PINEDA S. **medicina tradicional.** 2002;181:12 (esp).

1096- gera: 109549/di/re
ACUPUNCTURE VERSUS PLACEBO SUMATRIPTAN FOR EARLY TREATMENT OF MIGRAINE ATTACKS : A RANDOMIZED CONTROLLED TRIAL. MELCHART D ET AL. **journal of internal medicine.** 2003;253(2):181-8 (eng).
OBJECTIVES: To investigate whether acupuncture is superior to placebo and equivalent to sumatriptan for the early treatment of an acute migraine attack. DESIGN: Randomized, partly double-blind (sumatriptan versus placebo) trial. SETTING: Two hospitals in Germany (one specialized in traditional Chinese medicine and one in the treatment of headache). SUBJECTS: A total of 179 migraineurs experiencing the first symptoms of a developing migraine attack. INTERVENTIONS: Traditional Chinese acupuncture, sumatriptan (6 mg subcutaneously) or placebo injection. MAIN OUTCOME MEASURE: Number of patients in whom a full migraine attack (defined as severe migraine headache) within 48 h was prevented. In patients who developed a migraine attack in spite of early treatment, acupuncture and sumatriptan were applied a second time, whilst patients initially randomized to placebo received sumatriptan. RESULTS: A full migraine attack was prevented in 21 of 60 (35%) patients receiving acupuncture, 21 of 58 (36%) patients receiving sumatriptan and 11 of 61 (18%) patients receiving placebo (relative risk of having a full attack 0.79 (95% CI, 0.64-0.99) for acupuncture versus placebo, and 0.78 (95% CI, 0.62-0.98) for sumatriptan versus placebo). Response to the second intervention in patients who developed a full attack was better with sumatriptan (17/31 patients who received sumatriptan twice and 37/46 patients who had had placebo first) than with acupuncture (4/31). The number of patients reporting side-effects was 14 in the acupuncture group, 23 in the sumatriptan group and 10 in the placebo group. CONCLUSIONS: In this trial acupuncture and sumatriptan were more effective than a placebo injection in the early treatment of an acute migraine attack. When an attack could not be prevented, sumatriptan was more effective than acupuncture at

1097- gera: 111058/di/ra
[CLINICAL ANALYSIS OF 180 PATIENTS WITH ANGIONEUROTIC HEADACHE TREATED WITH ACUPUNCTURE AND TCM]. ZHAO LI-JUN. **modern journal of integrated traditional chinese and western medicine.** 2003;12(1):19 (chi).

1098- gera: 111469/di/ra
[APPROACH TO RELATIVE PROBLEMS AND PRESENT SITUATION ON TCD IN TREATING MIGRAINE .]. YANG HONGJUN ET AL. **chinese journal of information on tcm.** 2003;10(1):86 (chi).

1099- gera: 111497/di/ra
[THE SUMMARY OF 60 CASES OF ANGIONEUROTIC HEADACHE TREATED BY TONGLUOHUAYUTANG]. YU PIN. **gansu journal of tcm.** 2003;16(1):11 (chi).

1100- gera: 111508/di/ra
[EFFECT OBSERVATION OF BREVISCAPINE INJECTION ON MIGRAINE]. CHEN MEI-LI , DING JIE-WEI , RUN TIAO-YING. **modern journal of integrated traditional chinese and western medicine.** 2003;12(2):136 (chi).

1101- gera: 111735/di/ra
[A SUMMARY ON 37 CASES OF EPISODIC TONIC HEADACHE TREATED BY ACUPUNCTURE AND MASSAGE THERAPY]. XIE JUYING ET AL. **hunan journal of tcm.** 2003;19(1):3 (chi*).

1102- gera: 111997/di/ra
[CHUANBAI ANALGESIC CAPSULE FOR VASCULAR AND NEURAL HEADACHE]. LI PU, WANG LANXIANG, WANG ZUOSHENG. **shaanxi journal of tcm.** 2003;24(2):122 (chi).

1103- gera: 112620/di/ra
[EFFECT OF ACUPUNCTURE ON AUTOMATIC NERVOUS SYSTEM IN THE PATIENT OF MIGRAINE]. XIE JUYING, LIU WULI. **chinese acupuncture and moxibustion.** 2003;23(2):77 (chi*).

1104- gera: 112778/di/ra
[THE CLINICAL EFFECT OF POINT -THROUGH-POINT ACUPUNCTURE ON MIGRAINE AND THE INVESTIGATION INTO ITS MECHANISM]. WANG S,CAI YY. **shanghai journal of acupuncture and moxibustion.** 2003;22(2):18 (chi*).

1105- gera: 113175/di/ra
[CLINICAL OBSERVATION OF 78 CASES OF MEGRIM TREATED WITH APPLICATION ON TAI - YANG POINT WITH TOU - FENG PASTE]. MA XIAOPING. **journal of external therapy of tcm.** 2003;12(1):14 (chi).

1106- gera: 113424/di/ra
[THE EFFECT INVESTIGATION OF VASCULAR AND NEUROGENIC HEADACHE -WITH ACUPUNCTURE. 132 CASES REPORTED]. CHEN SHU-QIN. **journal of clinical acupuncture and moxibustion.** 2003;19(2):8 (chi).

1107- gera: 113576/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF 64 CASES MIGRAINE BY COMBINATION OF CHINESE AND WESTERN MEDICINE]. HA ZHONGPEI ET AL. **journal of tcm and chinese materia medica of jilin.** 2003;23(3):34 (chi).

1108- gera: 113585/di/ra

[CHANGES OF SERUM. NEUROPEPTIDES IN MIGRAINE PATIENTS AND RAFT RECEIVING TRIGEMINAL STIMULATION]. ZHANG ZHI-JIAN, MURONG SHEN-XING, XU GUO-YING ET A. **chinese journal of pain medicine.** 2003;9(1):3 (chi*).

1109- gera: 113692/di/ra
[INVESTIGATION OF ACUPUNCTURE ON THE TREATMENT OF MIGRAINE WITH ABNORMAL HEMORRHEOLOGY]. YUAN JUN, LL MEI, WANG YAOMIN. **hebei journal of tcm.** 2003;25(3):207 (chi*).

1110- gera: 113944/di/ra
[BLOOD-ACTIVATING AND WIND-DISPERSING THERAPY FOR MIGRAINE IN 76 CASES]. YANG YAN-MIN LI REN-KE. **shanghai journal of tcm.** 2003;37(4):22 (chi*).

1111- gera: 113982/di/ra
[CLINICAL OBSERVATION ON HEMICRANIA. DUE TO WIND COMBINED TH BLOOD STASIS TREATED WITH TOU- FENG FENG TONG CAPSULE--ATTACHMENT 62 CASES REPORT]. CHEN WEI-YING, LIU FU-YOU, YANG AI-PING, ET AL. **journal of ch engdu university of tcm.** 2003;26(1):4 (chi*).

1112- gera: 114009/di/ra
[THERAPEUTIC EFFECT OF NAOAN CAPSULE ON MIGRAINE]. CHEN CUIPING, FENG QIBIN. **hebei journal of tcm.** 2003;25(4):311 (chi).

1113- gera: 114053/di/ra
[THE REPORT OF 102 CASES OF NEUROVASCULAR HEADACHE AND POST-TRAUMATIC BRAIN SEQUELAE TREATED BY QINGTIA NTONGLUOYIN]. QIU YIN-RUI, ET AL. **gansu journal of tcm.** 2003;16(4):15 (chi).

1114- gera: 114460/di/ra
[APPROACH TO RELATIVE PROBLEMS AND PRESENT SITUATION ON TCD IN TREATING MIGRAINE.]. YANG HONGJUN ET AL. **chinese journal of information on tcm.** 2003;10(1):86 (chi).

1115- gera: 114488/di/ra
[THE SUMMARY OF 60 CASES OF ANGIONEUROTIC HEADACHE TREATED BY TONGLUOHUAYUTANG]. YU PIN. **gansu journal of tcm.** 2003;16(1):11 (chi).

1116- gera: 114499/di/ra
[EFFECT OBSERVATION OF BREVISCAPINE INJECTION ON MIGRAINE]. CHEN MEI-LI, DING JIE-WEI, RUN TIAO-YING. **modern journal of integrated traditional chinese and western medicine.** 2003;12(2):136 (chi).

1117- gera: 114726/di/ra
[A SUMMARY ON 37 CASES OF EPISODIC TONIC HEADACHE TREATED BY ACUPUNCTURE AND MASSAGE THERAPY]. XIE JUYING ET AL. **hunan journal of tcm.** 2003;19(1):3 (chi*).
Objective : To observe the therapeutic effect of episodic tonic headache treated by acupuncture and massage therapy and the influence on the average blood flow velocity (Vm.) of the major artery in basal skull. Method : acupuncture, and massage therapy was used for treatment and V. was measured by TCD. Results : The total effective rate was 97. 3 % in the treatment group and 69.7% in the control group. The differences had significant meaning as compared with the two groups. The V. of middle cerebral artery had significant differences after treatment as compared before treatment (P<0. 01). The V. of the major artery in basal skull had no significant meaning in the treatment group after treatment as compared with normal human(P > 0. 05). Conclusion : Acupuncture and massage therapy had good therapeutic effect, on episodic tonic headache. The therapy could regulate the patients muscle' dysfunction around the skull and abnormal blood flow velocity of the major artery in

1118- gera: 114774/di/ra
[THE EFFECT OF XIN ZHENGTIAN PILL ON THE LEVELS OF BLOOD MONOAMINE TRANSMITTERS IN MIGRAINEURS]. SU FAN ET AL. **chinese journal of information on tcm.** 2003;8(12):51 (chi*).

1119- gera: 114988/di/ra
[CHUANBAI ANALGESIC CAPSULE FOR VASCULAR AND NEURAL HEADACHE]. LI PU, WANG LANXIANG, WANG ZUOSHENG. **shaanxi journal of tcm.** 2003;24(2):122 (chi).

1120- gera: 115036/di/ra
[CLINICAL OBSERVATION OF MIGRAINE TREATING BY PSYCHOLOGICAL AND SOMATIC THERAPEUTICS]. XUE LEI. **tianjin journal of tcm.** 2003;19(1):52 (chi*).
Objective : To observe the curative effect on migraine by Chinese herbs and psychological therapeutics. Methods : Treating with both psychological and somatic therapeutics. There were some methods of psychological therapeutics, such as reducing sensitivity, guidance, cognition, suggestion, relaxing, and so on. Treatment of TCM was carried out according to the differentiation of syndromes. Results : The results of scoring every factor of SCL - 90 showed that the affective disorder of the treatment group has been ameliorated obviously after treatment. The therapeutic effect of the treatment group was superior to that of the control group, and there was a significant difference between them by statistical processing. Conclusion : There is a satisfactory and therapeutic effect on

1121- gera: 115319/di/ra
ZUR EVALUATION VON PUTENS, NADELUND LASERAKUPUNKTUR. PETERSENN C ET AL. **akupunktur.** 2003;2:98 (deu*).
The therapy-resistance of chronic headache has caused an increased interest in non-drug headache therapy procedures. There are no systematic studies in the literature investigating the subjective satisfaction of patients with the therapeutic regimen, type of the therapy motivation, and side effects. These issues were investigated in the present exploratory quality assurance study conducted concomitant to therapy. in the study, 163 patients, 80% male, 20% female, mean age 40.5 years, mean duration of pre-existing disease 18.6 years, were assigned to one of three. study arms: spotwise transcutaneous nerve stimulation (PuTENS), needle acupuncture or laser acupuncture. The data were collected through a questionnaire survey (Questionnaire investigating the Satisfaction with Therapy in Stimulation Therapy Procedures, "Kieler Fragebogen zur Therapiezufriedenheit bei Reiztherapieverfahren'). The results of the investigation revealed that the awareness level in the media regarding all three therapeutic regimes was relatively high and somewhat exceeded the awareness level amongst physicians. One aim of participating patients was the reduction of the use of medications, which provided for a very high motivational level amongst the patients. All three therapeutic regimens investigated the study showed satisfactory to good therapeutic success which was maintained over the 3-month period of observation. The therapeutic effect was also reflected in the reduced use of medication in all three groups. An important issue was the occurrence of side effects: side effects occurred only at low incidence in all three therapy groups. Tiredness was noted more frequently, which can be interpreted as being due to a relaxing effect of the therapeutic procedures, but must be included in the patient information because of a possible impairment of the ability to drive. In summary, the investigated therapeutic procedures showed good therapeutic efficiency and low incidence of side effects as

1122- gera: 115611/di/ra

[EFFECT OF ACUPUNCTURE ON AUTOMATIC NERVOUS SYSTEM IN THE PATIENT OF MIGRAINE]. XIE JUYING, LIU WULI. **chinese acupuncture and moxibustion.** 2003;23(2):77 (chi*).
Objective : To observe the therapeutic effect of acupuncture on migraine and effect on functions of automatic nervous system (ANS). Methods : 65 cases of migraine were divided randomly into two groups treated with acupuncture at Jiaji C1-T4, Taiyang (EX-HN 5), Touwei (ST 8), and western medicine respectively, with 35 healthy subjects used as controls. The function of ANS was detected with heart rate variability (HRV). Results : The total effective rate was 94.3% in the acupuncture group and 76.7% in the western medicine group with a significant difference between the two groups (P<0.05). There was a significant difference in HRV before and after treatment in the acupuncture group (P<0.01), and no significant difference after treatment between the acupuncture treatment group and the control group (P>0.05). Conclusion : Acupuncture has a better therapeutic effect on

1123- gera: 115769/di/ra
[THE CLINICAL EFFECT OF POINT -THROUGH-POINT ACUPUNCTURE ON MIGRAINE AND THE INVESTIGATION INTO ITS MECHANISM]. WANG S,CAI YY. **shanghai journal of acupuncture and moxibustion.** 2003;22(2):18 (chi*).
Purpose : To investigate the clinical effect of point -through-point acupuncture on migraine and its mechanism. Methods : Ninety migraine patients were randomly divided into 45 cases receiving point-through-point acupuncture and 45 cases taking orally nimotop as a control. Meanwhile plasma ET, TXB2 and 6-keto-PGF1a were measured before and after treatment. Results : In the point-through-point acupuncture group , the effective rate was 93. 33% , which was higher than that in the control group with a significant difference (P<0. 01); plasma ET, TXB2 and 6- Keto-PGF1a contents were markedly decreased. Conclusion : Point-through-point acupuncture treats migraine through decreasing plasma ET, TXB2 and 6-KetoPGF,. contents.

1124- gera: 116166/di/ra
[CLINICAL OBSERVATION OF 78 CASES OF MEGRIM TREATED WITH APPLICATION ON TAI-YANG POINT WITH TOU-FENG PASTE]. MA XIAOPING. **journal of external therapy of tcm.** 2003;12(1):14 (chi).

1125- gera: 116415/di/ra
[THE EFFECT INVESTIGATION OF VASCULAR AND NEUROGENIC HEADACHE -WITH ACUPUNCTURE. 132 CASES REPORTED]. CHEN SHU-QIN. **journal of clinical acupuncture and moxibustion.** 2003;19(2):8 (chi).

1126- gera: 116567/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF 64 CASES MIGRAINE BY COMBINATION OF CHINESE AND WESTERN MEDICINE]. HA ZHONGPEI ET AL. **journal of tcm and chinese materia medica of jilin.** 2003;23(3):34 (chi).

1127- gera: 116576/di/ra
[CHANGES OF SERUM. NEUROPEPTIDES IN MIGRAINE PATIENTS AND RAFT RECEIVING TRIGEMINAL STIMULATION]. ZHANG ZHI-JIAN, MURONG SHEN-XING, XU GUO-YING ET A. **chinese journal of pain medicine.** 2003;9(1):3 (chi*).
Objective : To explore the status of vasoactive neuropeptides and opioid peptides during migraine attack. Methods : The blood samples were withdrawed from 156 cases of migraineurs and 82 healthy persons. Twenty-six SD rats were divided into preliminary experiment group (n = 6) , pseudo-operation group (n = 10) and trigeminal stimulation group (n = 10) , their blood samples were withdrawed after trigeminal stimulation or pseudo-operation. The plasma levels of B-endorphin (B-EP) , neuropeptide Y (NPY) , Substance P (SP) , vasoactive intestinal peptide (VIP) , calcitonin gene-related peptide (CGRP), leu-enkephalin (LEK) and dynorphin A (DynA) were determined with radioimmnuoassay method. Results. Compared with normal controls, the plasma level of B-EP was significantly decreased while the level of NPY was increased in patient group during headache-free period; The levels of CGRP, SP and VIP were significantly decreased in migraineurs whose headache began to remit during four days; There were no significant changes found in LEK and DynA. Compared with pseudo-operation group, the levels of NPY, CGRP, SP and VIP in rats after trigeminal stimulation were significantly increased while there were no significant changes in the concentrations of B-EP, LEK and DynA. Considering the possibility that the decreased levels of CGRP, SP, and VIP were induced by their massive release during migraine attack, the decreased plasma B-EP level in migraineurs is the only difference between migraineurs and trigeminal stimulated rats. Conclusion : The decreased B-EP level may be the key factor during migraine attacks, and the changes of the other neuropeptides may be the secondary phenomena.

1128- gera: 116683/di/ra
[INVESTIGATION OF ACUPUNCTURE ON THE TREATMENT OF MIGRAINE WITH ABNORMAL HEMORRHEOLOGY]. YUAN JUN, LL MEI, WANG YAOMIN. **hebei journal of tcm.** 2003;25(3):207 (chi*).
Objective : To investigate the effect of acupuncture on migraine with abnormal hemorrheology. Methods : 100 patients of migraine with abnormal hemorrheology were classified 5 types according to differentiation of TCM and treated by point acupuncture. Score of semiology and indexes of hemorrheology were carried on pre - and post - treatment. Results :The total effective rate was 95 % . Score of semiology of post -treatment (9. 68 ± 2. 37) was lower than that of pre treatment (13.76 ± 3.65, P < 0.01) . Improvement of indexes of hemorrheology of post - treatment war, obvious compared to that of pre - treatment (P < 0. 05 or P < 0. 01 Conclusion : Acupuncture has a definite effect on migraine with abnormal hemorrheology, and could improve indexes of hemorrheology. Results indicated that changes of hemorrheology might be a factor of migraine pathological change.

1129- gera: 116935/di/ra
[BLOOD-ACTIVATING AND WIND-DISPERSING THERAPY FOR MIGRAINE IN 76 CASES]. YANG YAN-MIN LI REN-KE. **shanghai journal of tcm.** 2003;37(4):22 (chi*).

1130- gera: 116973/di/ra
[CLINICAL OBSERVATION ON HEMICRANIA. DUE TO WIND COMBINED TH BLOOD STASIS TREATED WITH TOU- FENG FENG TONG CAPSULE--ATTACHMENT 62 CASES REPORT]. CHEN WEI-YING, LIU FU-YOU, YANG AI-PING, ET AL. **journal of chengdu university of tcm.** 2003;26(1):4 (chi*).

1131- gera: 117000/di/ra
[THERAPEUTIC EFFECT OF NAOAN CAPSULE ON MIGRAINE]. CHEN CUIPING, FENG QIBIN. **hebei journal of tcm.** 2003;25(4):311 (chi).

1132- gera: 117044/di/ra
[THE REPORT OF 102 CASES OF NEUROVASCULAR HEADACHE AND POST-TRAUMATIC BRAIN SEQUELAE TREATED BY QINGTIA NTONGLUOYIN]. QIU YIN-RUI, ET AL. **gansu journal of tcm.** 2003;16(4):15 (chi).

1133- gera: 117418/di/re
USE OF A SINGLE GLOBAL ASSESSMENT TO REDUCE MISSING DATA IN A CLINICAL TRIAL WITH FOLLOW-UP AT ONE YEAR. VICKERS AJ, MCCARNEY R. **control clin trials.** 2003;24(6):731-5. (eng).
We conducted a randomized controlled trial (ISRCTN96537534) to assess the effects of acupuncture on migraine and chronic tension headache. Patients (n=401) completed a diary of headache severity four times a day for 4 weeks at baseline, immediately following a 3-month treatment period and 1 year after randomization. During the trial, it appeared that dropout might be higher than expected. We

therefore obtained a rapid global assessment of headache from participants to aid imputation of missing data. Patients were contacted by telephone and asked to rate current and baseline headache on a 0-10 scale. Use of global assessment reduced the number of patients from whom we obtained no follow-up headache data from 69 (17%) to 24 (6%). Analysis of patients who provided both a diary and a global assessment demonstrated excellent properties of global assessment, with very similar results to the full diary. We therefore used the global assessment to help impute missing 1-year diary scores. Rapid global assessment can be easily implemented in any trial and aids imputation of missing data, though it should not be used instead of more intensive methods of assessment. Further research might usefully examine the value

1134- gera: 117421/nd/re
ACUPUNCTURE IN THE MANAGEMENT OF MYOFASCIAL PAIN AND HEADACHE. AUDETTE JF, BLINDER RA. **curr pain headache rep.** 2003;7(5):395-401. (eng).
Acupuncture encompasses a host of healing techniques that have been practiced for more than 2000 years. Many different techniques and styles are in use in the West. The scientific study of acupuncture regarding its effectiveness has proven to be problematic and definitive studies are few. This is partly because of the difficulty in studying a dynamic, patient-centered system whose practice paradigms often are artificially limited by the application of a reductionist methodology, which is dictated by the standards of scientific enquiry. However, acupuncture, unlike many indigent medical practices in the world, has withstood the test of time in China and in the West, with many practitioners and patients reporting real benefits for the conditions of headache and myofascial pain when treated by acupuncture. This review provides a brief overview of acupuncture and what is

1135- gera: 117424/nd/re
BOTULINUM TOXIN: APPLICATION INTO ACUPUNCTURE POINTS FOR MIGRAINE. TAMURA BM, CHANG B. **dermatol surg.** 2003;29(7):749-54. (eng).
BACKGROUND. : Botulinum toxin has been employed in orthopedics, physiatrics, gastroenterology, gynecology, neurology, pediatrics, general surgery, plastic surgery, and several other specialties. We have applied this drug to treat hyperhidrosis and wrinkles in dermatology; it offers also a secondary benefit: relief for headaches. OBJECTIVE. : We have performed studies based on acupuncture principles in order to develop new botulinum toxin application sites for the treatment of migraine. These additional sites are helpful when patients expect results for both their illness and their wrinkles; whereas some patients will show improvement with the classic treatment for wrinkles, additional sites may be required. METHODS. : Ten patients suffering from migraine, as diagnosed through the criteria proposed by the Headache Classification Committee of the International Headache Society, were selected. We used easily recognizable acupuncture sites for the injection of botulinum toxin. RESULTS. : There was significant improvement in patients with acupuncture site-guided botulinum toxin injection. It showed to be a safe and effective therapy for migraine. CONCLUSION. : There are alternative sites besides those used for

1136- gera: 117439/di/ra
ACUPUNCTURE RANDOMIZED TRIALS (ART) IN PATIENTS WITH MIGRAINE OR TENSION-TYPE HEADACHE-- DESIGN AND PROTOCOLS. MELCHART D, LINDE K, STRENG A, REITMAYR S, HOPPE. **forsch komplementarmed klass naturheilkd.** 2003;10(4):179-84. ().
BACKGROUND AND OBJECTIVE: We report the design and essentials of the protocols of two Acupuncture Randomized Trials (ART) investigating whether acupuncture is more efficacious than no treatment and minimal acupuncture in the interval treatment of migraine and tension-type headache. DESIGN: Randomized controlled multicenter trials with three treatment arms and a total observation period of 28 weeks. SETTING: 30 practitioners and outpatient units in Germany specialized in acupuncture treatment. PATIENTS: Per study 300 patients with migraine and episodic or chronic tension-type headache, respectively (diagnosis according to the criteria of the International Headache Society). INTERVENTIONS: Patients are randomly assigned to receive either (1) semi- standardized acupuncture (150 patients), (2) standardized minimal acupuncture (75 patients), or (3) no interval treatment for 12 weeks followed by semi-standardized acupuncture (75 patients, waiting list control). Acupuncture treatment consists of 12 sessions per patient over a period of 8 weeks. MAIN OUTCOME MEASURE: Main outcome measure in the migraine trial is the difference between the number of days with headache of moderate or severe intensity during the 4 weeks before randomization and weeks 9 to 12 after randomization. In the study on tension- type headache the main outcome measure is similar to that described above, but for the number of headache days regardless of intensity. OUTLOOK: The results of these two studies (available in 2004) will provide health care providers and policy makers with the information needed to make scientifically sound assessments of acupuncture therapy. Clinical Trial Multicenter Study Randomized Controlled Trial

1137- gera: 117508/di/ra
WILLINGNESS TO PARTICIPATE IN COMPLEMENTARY AND ALTERNATIVE MEDICINE CLINICAL TRIALS AMONG PATIENTS WITH CRANIOFACIAL DISORDERS. SCHNEIDER J, VUCKOVIC N, DEBAR L. **j altern complement med.** 2003;9(3):389-401. (eng).
OBJECTIVES: The Oregon Center for Complementary and Alternative Medicine (OCCAM) conducted focus groups with participants to determine willingness to join a complementary and alternative medicine (CAM) research study, and to aid in the design of three clinical randomized controlled trials (RCTs) of CAM and craniofacial disorders. SETTING/LOCATION: Center for Health Research, Kaiser Permanente, in Portland, Oregon. SUBJECTS: Kaiser Permanente health plan members meeting RCT inclusion criteria. DESIGN: Twelve (12) focus groups were conducted with a total of 85 participants. Six (6) of the focus groups were with members who self- identified as users of CAM therapies. Focus groups explored participants' experiences of CAM for temporomandibular disorder (TMD) and periodontal disease, and their reactions to proposed aspects of the trials. Trained facilitators led the focus groups, which lasted approximately 2 hours and were audiotaped for future transcription. Researchers then coded the transcripts to identify responses to specific questions and to capture emergent themes. RESULTS: Acupuncture, chiropractic, and massage were most frequently accessed and reported as helpful by participants. Participants who had not used CAM treatments for their condition expressed interest and openness to experiencing CAM treatments through a research study. In general, participants expressed willingness to be randomly assigned to (rather than choose) a CAM treatment arm. Travel to practitioners' offices and frequent (> 1 per week) visits were acceptable to most participants, if there was flexibility in appointment scheduling. CONCLUSIONS: Findings indicate considerable willingness to engage in CAM trials, even among individuals who have not used CAM. Participants' willingness to engage in CAM studies was influenced by the nature of their condition, their prior experiences with conventional and CAM treatments, and the possibility of experiencing CAM "for free" through participation in the trial. Their acceptance also was tempered by concerns about particular modalities and the possibility of having to give up aspects of their current health routine. Researchers engaging in CAM studies should take these factors into consideration as they design studies.

1138- gera: 117554/nd/re
BOTULINUM TOXIN: APPLICATION INTO ACUPUNCTURE POINTS FOR MIGRAINE. TAMURA BM, CHANG B. **dermatol surg.** 2003;29(7):749-54. (eng).
BACKGROUND. : Botulinum toxin has been employed in orthopedics, physiatrics, gastroenterology, gynecology, neurology, pediatrics, general surgery, plastic surgery, and several other specialties. We have applied this drug to treat hyperhidrosis and wrinkles in dermatology; it offers also a secondary benefit: relief for headaches. OBJECTIVE. : We have performed studies based on acupuncture principles in order to develop new botulinum toxin application sites for the treatment of migraine. These additional sites are helpful when patients expect results for both their illness and their wrinkles;

whereas some patients will show improvement with the classic treatment for wrinkles, additional sites may be required. METHODS. : Ten patients suffering from migraine, as diagnosed through the criteria proposed by the Headache Classification Committee of the International Headache Society, were selected. We used easily recognizable acupuncture sites for the injection of botulinum toxin. RESULTS. : There was significant improvement in patients with acupuncture site-guided botulinum toxin injection. It showed to be a safe and effective therapy for migraine. CONCLUSION. : There are alternative sites besides those used for

1139- gera: 117586/di/ra
ELECTRO-ACUPUNCTURE COMBINED WITH PLUM-BLOSSOM NEEDLE TAPPING FOR TREATMENT OF SUPRAORBITAL NEURITIS--A CLINICAL OBSERVATION OF 59 CASES. ZENG H, LIU Y. **journal of traditional chinese medicine.** 2003;23(3):193-4. (eng).

1140- gera: 117633/nd/re
NON-PHARMACOLOGICAL APPROACHES TO CHRONIC HEADACHES: TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION, LASERTHERAPY AND ACUPUNCTURE IN TRANSFORMED MIGRAINE TREATMENT. ALLAIS G, DE LORENZO C, QUIRICO PE, LUPI G, AIROL. **neurol sci.** 2003;24 Suppl:S138-42. (eng).
In an open, randomized trial, we evaluated transcutaneous electrical nerve stimulation (TENS), infrared lasertherapy and acupuncture in the treatment of transformed migraine, over a 4-month period free of prophylactic drugs. Sixty women suffering from transformed migraine were assigned, after a one month run-in period, to three different treatments: TENS (Group T; n=20), infrared lasertherapy (Group L; n=20) or acupuncture (Group A; n=20). In each group the patients underwent ten sessions of treatment and monthly control visits. In Group T patients were treated for two weeks (5 days/week) simultaneously with three TENS units with different stimulation parameters (I: pulse rate = 80 Hz, pulse width = 120 micros; II: 120 Hz, 90 micros; III: 4 Hz, 200 micros). In Group L an infrared diode laser (27 mW, 904 nm) was applied every other day on tender scalp spots. In Group A acupuncture was carried out twice a week in the first two weeks and weekly in the next 6 weeks. A basic formula (LR3, SP6, LI4, GB20, GV20 and Ex-HN5) was always employed; additional points were selected according to each patient's symptomatology. The number of days with headache per month significantly decreased during treatment in all groups. The response in the groups differed over time, probably due to the different timing of applications of the three methods. TENS, lasertherapy and acupuncture proved to be effective in reducing the frequency of headache attacks. Acupuncture showed the best effectiveness over time.

1141- gera: 117669/nd/re
STAYING A STEP AHEAD OF MIGRAINES. BRUEGEL C. **nursing.** 2003;33(11):56-8. (eng).

1142- gera: 117689/nd/re
[MIGRAINE--ACUPUNCTURE A GOOD ALTERNATIVE]. JORGENSEN VR, ROSTED P. **ugeskr laeger.** 2003;165(27):2761-2. (dan).

1143- gera: 117960/di/ra
ACUPUNCTURE RANDOMIZED TRIALS (ART) IN PATIENTS WITH MIGRAINE OR TENSION-TYPE HEADACHE - DESIGN AND PROTOCOLS. MELCHART, D, LINDE, K ET AL. **forschende komplementärmedizin klassische naturheilkunde.** 2003;10(172): (deu).

1144- gera: 117965/di/ra
4. SYMPOSIUM ZUR RATIO UND PLAUSIBILITÄT IN DER NATURHEILKUNDE - «MIGRÄNE» PERSÖNLICHKEITSSTIGMA ODER BEHANDELBARES LEIDEN? PROCEEDINGS. UHLEMANN, C (JENA). **forschende komplementärmedizin klassische naturheilkunde.** 2003;10(172): (deu).

1145- gera: 118169/di/ra
[MIGRAINE TREATED BY SANPIAN DECOCTION]. TIAN ZHENGLIANG, CHUAN XIAOWEN, GUO XIAOQING. **shaanxi journal of tcm.** 2003;24(8):707 (chi).

1146- gera: 118175/di/ra
[MIGRAINE TREATED BY ACUPUNCTURE PLUS TUINA]. QIN YOUXUE. **shaanxi journal of tcm.** 2003;24(8):732 (chi).

1147- gera: 118223/di/ra
[TREATING 87 CASES OF ANGIONEUROTIC HEADACHE WITH THE MODIFIED QIANZHENG POWDER]. LI XIAO-LING, ET AL. **chinese journal of ethnomedicine and ethnopharmacy.** 2003;8(4):208 (chi).

1148- gera: 118348/di/ra
ACUPUNCTURE RANDOMIZED TRIALS (ART) IN PATIENTS WITH MIGRAINE OR TENSION-TYPE HEADACHE-- DESIGN AND PROTOCOLS. MELCHART D, LINDE K, STRENG A, REITMAYR S, HOPPE A, BRINKHAUS B, BECKER-WITT C, WAGENPFEIL S, PFAFFENRATH V, HAMMES M, WILLICH SN, WEIDENHAMMER **forsch komplementarmed klass naturheilkd.** 2003;10(4):179-84. (eng).
BACKGROUND AND OBJECTIVE: We report the design and essentials of the protocols of two Acupuncture Randomized Trials (ART) investigating whether acupuncture is more efficacious than no treatment and minimal acupuncture in the interval treatment of migraine and tension-type headache. DESIGN: Randomized controlled multicenter trials with three treatment arms and a total observation period of 28 weeks. SETTING: 30 practitioners and outpatient units in Germany specialized in acupuncture treatment. PATIENTS: Per study 300 patients with migraine and episodic or chronic tension-type headache, respectively (diagnosis according to the criteria of the International Headache Society). INTERVENTIONS: Patients are randomly assigned to receive either (1) semi- standardized acupuncture (150 patients), (2) standardized minimal acupuncture (75 patients), or (3) no interval treatment for 12 weeks followed by semi-standardized acupuncture (75 patients, waiting list control). Acupuncture treatment consists of 12 sessions per patient over a period of 8 weeks. MAIN OUTCOME MEASURE: Main outcome measure in the migraine trial is the difference between the number of days with headache of moderate or severe intensity during the 4 weeks before randomization and weeks 9 to 12 after randomization. In the study on tension- type headache the main outcome measure is similar to that described above, but for the number of headache days regardless of intensity. OUTLOOK: The results of these two studies (available in 2004) will provide health care providers and policy makers with the information needed to make scientifically sound assessments of acupuncture therapy. Copyright 2003 S. Karger GmbH, Freiburg

1149- gera: 118369/di/ra
OSSERVAZIONE CLÍNICA SUL TRATTAMENTO DI 50 CASI DI CEFALEA MEDIANTE AGOPUNTURA. TANG WENZHONG. **rivista italiana di medicina tradizionale cinese.** 2003;93(3):41 (esp*).

1150- gera: 118458/di/ra
[THE EFFECT OF TENS OF PC6 ON ACUTE MIGRAINE ATTACKED PATIENTS'TCD]. YE DEBAO, FANG JIANQIAO SONG YINHUI, ET AL. **journal of zhejiang college of tcm.** 2003;27(4):68 (chi*).

1151- gera: 118903/di/ra
[TREATMENT OF TENSION HEADACHE BY "BLOOD-ENRICHING AND BRAIN-CLEARING GRANULE" IN 36

WOMEN]. MA HUI-JUAN CHEN YANG. **shanghai journal of tcm.** 2003;37(8):13 (chi*).

1152- gera: 118904/di/ra
[TREATING 83 CASES OF MIGRAINE WITH SOU FENG QU YU HUA TAN TANG]. ZHU JUNQUAN. **zhejiang journal of tcm.** 2003;38(9):377 (chi).

1153- gera: 118905/di/ra
[EFFECTS OF FLUNARIZINE ON MIGRAINE: A TRANSCRANIAL MAGNETIC STIMULATION STUDY]. HUANG ZU-CHUN, LU XIU-RONG, DONG WEI-WEI, ET AL. **chinese journal of pain medicine.** 2003;9(3):131 (chi*).

1154- gera: 119181/di/ra
[SUMMARY OF 130 CASES OF THE NEURAL HEADACHE TREATED BY QINGSHANGJUANTONGTANG]. FAN JI-PING. **gansu journal of tcm.** 2003;16(7):11 (chi).

1155- gera: 119215/di/ra
[CLINICAL OBSERVATION ON TONGQIAOHUOXUE DECOCTION FOR THE TREATMENT OF 62 CASES OF IS CHEMIA VASCULAR HEADACHE]. QI GUOXIANG,HU DAIHUAI,YANG ZHEFANG. **hunan guiding journal of tcm.** 2003;9(7):17 (chi*).

1156- gera: 119230/di/ra
[MECHANISM AND DIFFERENTIAL TREATMENT OF HEADACHE IN TREATISE ON EXOGENOUS FEBRILE DISEASES]. QU YUMEI. **henan tcm.** 2003;23(7):1 (chi*).

1157- gera: 119488/di/ra
[THE CLINICAL STUDY ON VASCULAR HEADACHE TREATED WITH ACUPUNCTURE]. ZHANG HONG-TU. **journal of clinical acupuncture and moxibustion.** 2003;19(9):8 (chi*).

1158- gera: 119738/di/ra
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1159- gera: 119771/di/ra
[ANALYSIS OF HEADACHE AND WIND SYNDROME OF HEAD IN PHARMACOLOGY OF TRADITIONAL CHINESE MEDICAL FORMULAE .]. WANG CHUN-LI,SHA DA-NIAN,FAN XIAO-BING,ET AL. **information on tcm.** 2003;20(3):27 (chi).

1160- gera: 119866/di/ra
[ELECTRO -ACUPUNCTURE PLUS FACIAL MASSAGE FOR MIGRAINE]. SHI YUMING. **shaanxi journal of tcm.** 2003;24(5):445 (chi).

1161- gera: 120042/di/ra
[TREATMENT OF HEMICRANIA WITH TRADITIONAL CHINESE MEDICINE: ITS RECENT SITUATIONS AND ANALYSIS]. LI LEI . **journal of shaanxi college of tcm.** 2003;26(3):59 (chi*).

1162- gera: 120047/di/ra
[CLINICAL STUDY OF INTRACTABLE HEADACHE TREATED WITH PROMOTING BLOOD CIRCULATION TO REMOVE BLOOD STASIS METHOD]. XIAO SI-FEI , ET AL. **chinese journal of traditional medical science and technology.** 2003;10(3):132 (chi*).

1163- gera: 120118/di/ra
[CLINICAL AND EXPERIMENTAL STUDY OF LUTONGAN GRAIN IN TREATMENT OF VASCULAR HEADACHE]. YANG SIJIN, YIN SIYUAN , YAN XIN, ET AL. **chinese journal of integrative medicine on cardio-/cerebrovascular disease.** 2003;1(4):191 (chi*).

1164- gera: 120306/di/ra
[EFFICACY OBSERVATION ON ACUPUNCTURE TREATING HEMICRANIA AND IT'S INFLUENCE ON LEVEL OF NITRIC OXIDE IN PLASMA]. ZOU MIN, LIU JIE, TANG YONG. **journal of emergency in tcm.** 2003;12(2):129 (chi*).

1165- gera: 120359/di/ra
[CLINICAL STUDY ON THE TREATMENT FOR TENSION HEADACHE BY ACUPUNCTURE AND CHINESE MASSAGE]. JIANG YONG, WANG MIN-HUA, WANG MIN, ET AL. **journal of clinical acupuncture and moxibustion.** 2003;19(4):7 (chi*).

1166- gera: 121031/di/ra
[TENSION HEADACHE TREATED BY YIN-ENHANCING AND LIVER-SMOOTHING PLUS ACUPUNCTURE]. KANG RUNZHEN. **shaanxi journal of tcm.** 2003;24(6): (chi).

1167- gera: 121080/di/ra
[CLINICAL APPLICATION OVERVIEW OF HEADACHE TREATED WITH ONLY ACUPOINT IN 20 YEARS]. CAI AI-HUA. **journal of clinical acupuncture and moxibustion.** 2003;19(5):45 (chi*).

1168- gera: 121114/di/ra
[CLINICAL OBSERVATION 62 CASES ON TREATMENT OF HEMICRANIA BY DISPELLING WIND AND REMOUING OBSTRUCTION IN THE MERIDIANS BOLUS]. GAO YANKUI , ZHAO SHIQI. **heilongjiang journal of tcm.** 2003;3:13 (chi).

1169- gera: 121155/di/ra
[TREATMENT OF 46 CASES OF TENSION HEADACHE WITH NAPE NEEDLE]. GAO JIAN-ZHONG , ZHU GUI-LING. **journal of clinical acupuncture and moxibustion.** 2003;19(6):9 (chi).

1170- gera: 121207/di/ra
TREATMENT OF 57 HEADACHE CASES BY NEEDLING POINT XINGJIAN (LR 2) THROUGH TAICHONG (LR 3). LIU JIN, GUO FENG. **journal of acupuncture and tuina science.** 2003;1(1):36 (eng*).

1171- gera: 121253/di/ra
OBSERVATION ON THERAPEUTIC EFFECT OF HYDRO-ACUPUNCTURE IN THE TREATMENT OF CERVICAL HEADACHE. WANG DONG-YAN , HE TIAN-XI. **journal of acupuncture and tuina science.** 2003;1(2):43 (eng*).

1172- gera: 121378/di/ra
[THE CLINICAL SIGNIFICANCE OF TRANSCRANIAL DOPPLER EXAMINATION OF VERTEBRAL-BASILAR ARTERIES IN PATIENTS WITH TENSION-TYPE HEADACHE]. WANG ZHEN-JIN, LL YING-JIE, CHEN HENG-NIAN. **chinese journal of pain medicine.** 2003;9(2):67 (chi*).

1173- gera: 121468/di/ra
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1174- gera: 121727/di/ra
[TREATING 75 CASES OF MIGRAINE WITH A PREDOMINANCE OF ACUPUNCTURE REGULATING MENTAL ACTIVITIES]. WAN LI, LONG QI-SHUN. **journal of yunnan college of tcm.** 2003;26(2):26 (chi).

1175- gera: 121903/di/ra
[TREATMENT OF 30 CASES OF VASCULAR HEADACHE WITH SCORPION HOOKED UNCARIA DECOCTION]. TIAN GUOCUI. **traditional chinese medicinal research.** 2003;16(3):22 (chi).

1176- gera: 122150/di/ra
THERMO-VISUAL EVALUATION OF THE YIN-TANG ACUPUNCTURE POINT FOR INTRACRANIAL HYPERTENSION SYNDROME. ALECK OVECHKIN ET AL. **american journal of chinese medicine.** 2003;31(3):455 (eng*).

1177- gera: 122186/di/ra
[CLINICAL OBSERVATION OF HEMICRANIA TREATED WITH REDUCING HEAT AND ELIMINATING DAMPNESS]. SUN XI-QING, WANG XIN-LU. **information on tcm.** 2003;20(4):39 (chi).

1178- gera: 122238/di/ra
[STUDY ON HEADACHE OUTBREAKING OF HEMI - HEADACHE PATIENTS AFFECTED BY YANGXUE QINGNAO GRAIN]. NIU ZHENGPING, HOU YULI, REN XU. **chinese journal of integrative medicine on cardio - cerebrovascular disease.** 2003;1(6):327 (chi*).

1179- gera: 122577/di/ra
ELECTRO-ACUPUNCTURE COMBINED WITH PLUM-BLOSSOM NEEDLE TAPPING FOR TREATMENT OF SUPRAORBITAL NEURITIS - A CLINICAL OBSERVATION OF 59 CASES. ZENG HONGWEN AND LIU YUE. **journal of tcm.** 2003;23(3):193 (eng).

1180- gera: 122585/di/ra
TREATMENT OF MIGRAINE WITH ACUPUNCTURE AT POINTS PERTAINING TO THE LIVER AND GALLBLADDER CHANNELS. LI WEI, DENG GANCHU, LIU YUANZHEN, ET AL. **journal of tcm.** 2003;23(3):205 (eng).

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[THERAPEUTIC EFFECT OF MODIFIED XUEFUZHUYU DECOCTION ON MIGRAINE]. SU QINGLUN. **hebei journal of tcm.** 2003;25(11):833 (chi*).

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AYUDA EL EXAMEN PSICOLOGICO A PREDECIR LA RESPUESTA A LA TERAPIA CON ACUPUNTURA O MASAJE/RELAJACION EN PACIENTES QUE SE PRESENTAN A UNA CLINICA DE NEUROLOGIA GENERAL CON CEFALEA?. X. **medicina energetica.** 2003;18:17 (esp).

1187- gera: 124528/di/ra
[EFFECT OBSERVATION OF MEGRIM TREATED WITH ACUPUNCTURE AND MASSAGE : 50 CASES REPORTED]. ZHOUQIU YING, KONG FAN-ZHONG. **journal of clinical acupuncture and moxibustion.** 2003;19(11):5 (chi).

1188- gera: 124533/di/ra
[COMPARATIVE STUDY ON CLINICAL THERAPEUTIC EFFECT OF ACUPUNCTURE AND MEDICINE ON NON - PREMONITORY MIGRAINE]. XUE AI-GUO LI XIU-XIA HUANG XUE-MEI. **journal of clinical acupuncture and moxibustion.** 2003;19(11):23 (chi*).

1189- gera: 124893/di/ra
[REPORTING OF CLINICAL DETAILS IN RANDOMIZED CONTROLLED TRIALS OF ACUPUNCTURE FOR THE TREATMENT OF MIGRAINE/HEADACHES AND NAUSEA/VOMITING]. A ELORRIAGA CLARACO, SE HANNA, A FARGAS-BABJAK. **journal of alternative and complementary medicine:research on paradigm,practice,and p.** 2003;9(1):151 (chi).

1190- gera: 125588/di/ra
[HEADACHE-RELATED GENE AND GENETIC ANALYSES FOR SEVERAL MEDICAL CASES IN CLASSIFIED MEDICAL RECORDS OF FAMOUS PHYSICIANS]. LIN QIAO WANG MI-QU WU BIN. **acta universitatis traditionis medicalis sinensis pharmacolgiaeque shanghai.** 2003;17(3):42 (chi*).

1191- gera: 125616/di/ra
[ANALYSIS OF 176 MIGRAINE CASES TREATED BY TCM CORYDALIS YUAN HUSUO]. CHEN GUOHUA SUN KUO ZHANG SHEQING. **jtcm.** 2003;10(5):46 (chi).

1192- gera: 125629/di/ra
[45 CASES OF MIGRAINE OF DISHARMONY OF THE COLLATERALS DUE TO DISTURBING UPWARD OF WIND-YANG TREATED BY LINGQIONG CAPSULE]. LIU WENTONG. **hubei journal of tcm.** 2003;25(10):31 (chi).

1193- gera: 125704/di/ra
L'ALGIE VASCULAIRE DE LA FACE. BUI A. **acupuncture et moxibustion.** 2003;2(4):212 (fra).

1194- gera: 125787/nd/re
BOTULINUM TOXIN: APPLICATION INTO ACUPUNCTURE POINTS FOR MIGRAINE. TAMURA BM, CHANG B. **dermatol surg.** 2003;29(7): (eng).

1195- gera: 125921/di/ra
TREATMENT OF MIGRAINE WITH ACUPUNCTURE AT POINTS PERTAINING TO THE LIVER AND GALLBLADDER CHANNELS. LI W, DENG G, LIU Y, LIU W, ZHONG G, WANG S, WEN. **journal of traditional chinese medicine.**

2003;23(3): (eng).

1196- gera: 125938/di/ra
ELECTRO-ACUPUNCTURE COMBINED WITH PLUM-BLOSSOM NEEDLE TAPPING FOR TREATMENT OF SUPRAORBITAL NEURITIS--A CLINICAL OBSERVATION OF 59 CASES. ZENG H, LIU Y. **journal of traditional chinese medicine.** 2003;23(3): (eng).

1197- gera: 126356/re/nd
[MIGRAINE--ACUPUNCTURE A GOOD ALTERNATIVE]. JORGENSEN VR, ROSTED P. **ugeskr laeger.** 2003;165(27):2761-2. (dan).

1198- gera: 134870/di/ra
TRATAMIENTO DE LA MIGRAÑA MEDIANTE LA ACUPUNTURA EN PUNTOS PERTENECIENTES A LOS MERIDIANOS DE HÍGADO Y VESÍCULA BILIAR. LI WEI, DENG GAN CHU, LIU YUAN ZHEN, LIE WEN PING . **el pulso de la vida.** 2003;37:27 (esp).

1199- gera: 136125/di/ra
LES MIGRAINES TRAITÉES PRINCIPALEMENT PAR LA PUNCTURE DE FENG CHI (20 V.B.). LI PEI GENG. **acupuncture traditionelle chinoise.** 2003;8:101 (fra).
Source : Zhen Jiu Lin Chuang Za Zi ff'A /f.y.` (Revue de la Clinique d'Acupuncture-Moxibustion) 3/1994, p.46-47

1200- gera: 136126/di/ra
120 CAS DE MIGRAINE TRAITÉS PRINCIPALEMENT PAR LA PUNCTURE DE XUAN ZHONG (39 V.B.). GUO XUE MAI LIE. **acupuncture traditionelle chinoise.** 2003;8:111 (fra).
Source : Zhong Guo Zhen Jiu 14W-M. (L'Acupuncture-Moxibustion Moxibustion de Chine), 6/2001, p. 340

1201- gera: 136127/di/ra
LE TRAITEMENT ACUPUNCTURAL DE 38 CAS DE CÉPHALÉES LIÉES À L'ACTIVITÉ SEXUELLE. WANG JIAN. **acupuncture traditionelle chinoise.** 2003;8:115 (fra).
Source : Zhen Jiu Lin Chuang Za Zi glu . te..: (Revue de la clinique d'acupuncture-moxibustion) 1/1994, p. 17

1202- gera: 136138/di/ra
46 CAS DE CÉPHALÉE DE TENSION TRAITÉS ESSENTIELLEMENT PAR LES POINTS CERVICAUX. GAO JIAN ZHONG,ZHU GUI LING. **acupuncture traditionelle chinoise.** 2003;9:100 (fra).
Source : Zhen Jiu Lin Chuang Za Zi (Revue de la Clinique d'Acupuncture-Moxibustion) 6/2003, p. 9

1203- gera: 136139/di/ra
30 CAS DE CÉPHALÉES TRAITÉS ESSENTIELLEMENT PAR LA PUNCTURE DE SAN YIN JIAO. FENG JUN. **acupuncture traditionelle chinoise.** 2003;9:103 (fra).
Source : Zhong Guo Zhen Jiu (L'Acupuncture-Moxibustion de Chine) 5/2001, p. 294

1204- gera: 141008/di/tp
COMPLEMENTARY THERAPY ASSESSMENT ACUPUNCTURE FOR OCULAR CONDITIONS AND HEADACHES. X. **american academy of ophthalmology.** 2003;: (eng).

1205- gera: 143950/di/ra
MIGRÄNE: SYMPTOM ODER ERKRANKUNG?. NOGIER R. **akupunktur theorie und praxis.** 2003;31(4):220 (deu).
Die Einteilung der Erkrankungen – auch Nosolog genannt – ist an sich eine wichtige medizinische Wi senschaft. Die Zugehörigkeit der Migräne zur Neur logie scheint offensichtlich zu sein, die Tatsache j doch, dass diese lediglich unter dem neurologisch(Aspekt beleuchtet wird, ermöglicht es kaum, die; Störung unter anderen Blickwinkeln zu untersuch(und das Feld der Investigationen zu erweitern.M& hätte sehr wohl andere Zeichen als den Schmerz den Vordergrund rücken können, um somit die: Krankheit in andere klinische Fächer einordnen ;

1206- gera: 124501/di/ra
[MIGRAINE TREATED BY WUWEIQINGYANG DECOCTION]. CHANG JIANG, CAO YANLI, LI JUNLING. **shaanxi journal of tcm.** 2004;25(2):126 (chi).

1207- gera: 124502/di/ra
[TONGQIAO DECOCTION FOR HEADACHE OF QI-BLOOD STAGNATION TYPE]. ZHU LIHUA. **shaanxi journal of tcm.** 2004;25(2):130 (chi).

1208- gera: 124506/di/ra
[MIGRAINE TREATED BY ACUPUNCTURE WITH THE POINTS ON BOTH THE UPPER AND LOWER BODY PARTS]. CHEN ZHONGXIN. **shaanxi journal of tcm.** 2004;25(2):155 (chi).

1209- gera: 124546/di/ra
[OBSERVATION ON THE THERAPEUTIC EFFECT OF HE'S SANTONG NEE-DLING METHODS ON MIGRAINE]. CUI RUI, WANG LINPENG, LIN WEI, ET AL . **chinese acupuncture and moxibustion.** 2004;24(1):21 (chi*).

1210- gera: 124559/di/ra
[EFFECTS OF ACUPUNCTURE OF POINTS AT THE LIVER AND GALLBLADDER, CHANNELS ON PLASMA NEUROTENSION AND ATRIAL NATRIUETIC PEPTIDE CONTENTS IN MIGRAINE MODEL RATS]. CHEN CHANGHUA, LI WEI, ZHONG GUANGWEI, ET AL (. **chinese acupuncture and moxibustion.** 2004;24(1):63 (chi*).

1211- gera: 125677/di/ra
[CLINICAL STUDY ON ACUPUNCTURE REGULATING VASOCONSTRICTIVE FAC-TOR AND VASODILATORY FACTOR IN THE PATIENT OF MIGRAINE.]. TANG SHENG-XIU, X U ZU-HAO, TANG PING, ET AL. **chinese acupuncture and moxibustion.** 2004;24(2):103 (chi*).

1212- gera: 125725/di/ra
QIGONG YANGSHENG EXERCISES OF TRADITIONAL CHINESE MEDICINE FOR TENSION HEADACHE AND MIGRAINE. FRIEDRICHS E. **chinesishe medizin.** 2004;19(1):16 (deu).

1213- gera: 126390/di/re
ACUPUNCTURE FOR CHRONIC HEADACHE IN PRIMARY CARE: LARGE, PRAGMATIC, RANDOMISED TRIAL. VICKERS AJ, REES RW, ZOLLMAN CE, MCCARNEY R, SMITH. **bmj.** 2004;27;328:(7442):7 (eng).

1214- gera: 126391/di/re
COST EFFECTIVENESS ANALYSIS OF A RANDOMISED TRIAL OF ACUPUNCTURE FOR CHRONIC HEADACHE IN PRIMARY CARE. WONDERLING D, VICKERS AJ, GRIEVE R, MCCARNEY R. **bmj.** 2004;27;328:(7442):7 (eng).

1215- gera: 129177/di/ra
CLINICAL OBSERVATION ON 67 CASES OF VASCULAR HEADACHE TREATED BY BLOODLETTING PLUS CATGUT-EM-BEDDING OF ACUPOINT. FAN YU-SHAN, YAO CHUN ZEN SHAO-QIU. **world journal of acupuncture-moxibustion.** 2004;14(1):6 (eng*).
Objective: To observe the therapeutic effect of bloodletting plus point implantation of catgut in the treatment of 67 cases of vascular headache. Methods: A total of 107 cases of vascular headache patients were divided into treatment group (n = 67) and control group (n = 40). Bilateral Taiyang (EX-FN 5) and Jiaosun (TE 20) were pricked with a needle to let a little blood

out, once every 4 days. Bilateral Fengmen (BL 12) and Ganshu (BL 18) were used for embedding catgut, once every 16 days. Patients of control group were ordered to take Rotunding, Oryzanol and Nimodipine, 3 times daily. Results: After 16 days' treatment, of the 67 cases in treatment group, 26 were cured, 37 responded with improvement in their symptoms and 4 failed; while of the 40 cases in control group, 10 were cured, 19 responded with improvement in their symptoms and 11 failed. The total effective rate of treatment group was significantly superior to that of control group (P< 0. 01). In addition, the time of headache disappearance of treatment group was strikingly shorter than that of control group; while the duration of sleep of treatment group was strikingly longer than that of control group (P< 0.01) . Conclusion: The therapeutic effect of acupoint bloodletting plus acupoint embedding of catgut is superior to that of Western medicine in the treatment of vascular headache.

1216- gera: 129398/di/ra
[OBSERVATION ON THERAPEUTIC EFFECT OF SHENCONGDING MOXIBUSTION ON CERVICAL HEADACHE]. ZHAO ZHENG-YU, CAI DING-JUN, LIANG FAN-RONG . **chinese acupuncture and moxibustion.** 2004;24(6):389 (chi*).
Objective To observe therapeutic action of Shencongding moxibustion on cervical headache. Methods One hundred and six cases were randomly divided into observation group and control group. The observation group were treated by acupuncture and Shencongding moxibustion on Sishencong (EX-FIND and Baihui (GV 20), and the control group by acupuncture on Sishencong (EX-FIND and Baihui (GV 20). Results After treatment, the improvement of headache, cervicodynia or neck-shoulder pain, dizziness, dyssomnia, tenderness on posterior muscles of neck and atlas transverse process, and rheoencephalogram in the observation group was superior to that in the control group (P<0. 05 or P<0. 01). Conclusion Shencongding moxibustion has a definite therapeutic effect with a better clinical application prospection for cervical headache.

1217- gera: 129555/di/ra
[MECHANISMS AND APPLICATIONS OF MIGRAINE TREATED BY EXTERNAL THERAPY OF CHINESE MEDICINE]. MING SHUNHUO. **journal of external therapy of tcm.** 2004;13(3):18 (chi).

1218- gera: 129627/di/ra
[EFFECTS OF 16 CASES OF TREATMENT OF TRAUMATIC HEADACHE WITH TONGQIAO HUODE TANG]. ZHANG BAOXIANG, ET AL. **beijing journal of tcm.** 2004;23(3):164 (chi).

1219- gera: 130009/di/ra
[CLINICAL OBSERVATION ON MIGRAINE DUE TO HEMORHEOLOGICAL ABNORMALITY IN THE TREATMENT OF ACUPUNCTURE THERAPY ACCORDING TO TCM DIFFERENTIATION OF SYNDROMES]. YUAN JUN, FANG JIAYI, LIMEI , ET AL. **hebei journal of tcm.** 2004;26(5):361 (chi*).
Objective To observe the therapeutic effect of acupuncture therapy according to TCM differentiation of syndromes on migraine due to hemorheological abnormality and the changes of hemorheological parameters before and after treatment. Methods 162 patients with migraine due to hemorheological abnormality were selected the points to be acupunctured according to the TCM differentiation of syndromes (5 types). The clinical symptom score, docimastic score and hemorheological parameters were observed and compared before and after treatment. Results The total effective rate was 93.2%; clinical symptom scores before and after treatment were 13.23 ± 3.25 and 9.12 ± 2.48 respectively, there was a significant difference before and after treatment (P < 0.01) ; the docimastic scores before and after treatment were 6.57 ± 3.89 and 4.93 ± 3.17 respectively, there was also a significant difference before and after treatment (P < 0.05) ;hemorheological parameters after treatment were significantly decreased, as compared with those before treatment (P < 0.05 or P < 0.01) . Conclusion The acupuncture therapy according to TCM differentiation of syndromes is effective in treating migraine due to hemorheological abnormality, which can improve the hemorheological parameters, which suggests that hemorheological abnormality may be the main pathological changes in patients with migraine.

1220- gera: 130185/di/ra
[CLINICAL EFFECTS ON THE TREATMENT OF 34 CASES OF MIGRAINE PATIENTS WITH THE COMBINATION OF TRADITIONAL CHINESE MEDICINE AND WESTERN MEDICINE]. HE LING . **yunnan journal of tcm and materia medica.** 2004;25(3):5 (chi*).

1221- gera: 130220/di/ra
[CLINICAL OBSERVATION ON CHUANXIONGCHATIAO ORAL LIQUID FOR HEADACHE DUE TO WIND - COLD]. ZHANG GUOYING , ET AL . **journal of emergency in tcm.** 2004;13(8):499 (chi0).

1222- gera: 130275/di/ra
[TREATMENT OF TENSION HEADACHE WITH CAIGE DECOCTION]. HAN JIANYU, LIU XINGYUAN . **shaanxi journal of tcm.** 2004;25(7):601 (chi).

1223- gera: 130330/di/ra
[36 CASES OF VASCULAR HEADACHE TREATED WITH BUYANG HUANWU DECOCTION]. XIANG XIN-HUA, XU CHUAN-GEN. **journal of laoning college of tcm.** 2004;6(4):322 (chi).

1224- gera: 130333/di/ra
[SUMMARY OF THE PROGRESS ON PERIPHERAL VASCULAR DISEASE]. XIE SHU-SHENG . **journal of laoning college of tcm.** 2004;6(4):342 (chi).

1225- gera: 130427/di/ra
[TREATMENT OF 50 CASES OF MIGRAINE WITH SELF - PREPARED YANGXUE PINGGAN DECOCTION]. HE MING . **journal of nanjing university of tcm.** 2004;20(4):243 (chi).

1226- gera: 130753/di/ra
[ANALYSIS ON THE REGULAR RULE OF SYNDROME DIFFER CLASSIFICATION FOR MIGRAINE]. ZHAO RUICHENG. **hunan journal of tcm.** 2004;20(4):8 (chi*).
Objective: To analyse and discuss the regular rule of syndrome differ classification for migraine . Method: the formulae for treating 132 cases of migraine were data - in statistical software of Spss IO.0 for windows, their main composition and factors were analysed with Factor Analysis method. Results: Nourishing yin and activating blood circulation, dispelling wind, calming the liver, resolving phlegm composed four divided therapy. Conclusion: Nourishing yin and activating blood circulation, dispelling wind, calming the liver, resolving phlegm were the basic therapy for treating migraine. So analyzing experts, experience with statistical software was a new effective way.

1227- gera: 130792/di/ra
[CLINICAL EXPERIENCE IN THE TREATMENT OF HEADACHES WITH ACUPUNCTURE]. ZHAO BAI-XIAO. **chinese journal of basic medicine in tcm.** 2004;28(6):69 (chi).

1228- gera: 131033/di/ra
[CLINICAL OBSERVATIONS OF VASCULAR HEADACHE TREATED BY TOUTONGNING: A REPORT OF 46 CASES]. LI FUZENG. **henan tcm.** 2004;24(6):33 (chi).

1229- gera: 131122/di/ra
[NAPE MULTIPLE ACUPUNCTURE PLUS SURROUNDING

ACUPUNCTURE FOR MIGRAINE]. WANG BING . **shanghai journal of acupuncture and moxibustion.** 2004;23(4):14 (chi*).
Purpose To investigate the curative effect of acupuncture on migraine. Method One hundred and eighty-six patients were randomly divided into an acupuncture group and a Western medicine group. The acupuncture group received nape multiple acupuncture and surrounding acupuncture and the Western medicine group, oral ergotamine caffeine and Nimodipine. The effects of the two treatments were compared. Results The effective rate was 94.4% in the acupuncture group and 75. 4% in the Western medicine group. There was a significant difference between the two groups (P <0. 05). Conclusion The curative effect of nape multiple acupuncture plus surrounding acupuncture is better than that of Western medicine on migraine.

1230- gera: 131161/di/ra
[CLINICAL EXPERIENCE: PROFESSOR TAO GENYU'S TREATMENT OF MIGRAINE]. HAN LI. **journal of shaanxi college of tcm.** 2004;27(2):22 (chi*).
Migraine, an often familial symptom of periodic attacks, is frequently encountered in clinic. It is usually caused, according to Professor Tao Genyu, by the failure of liver to convey and disperse or by the stagnation of qi and blood. Soothing liver to regulate qi and promoting blood circulation to arrest pain is there fore the basic therapy to treat the disease, the curative effect satisfying. ~,

1231- gera: 131169/di/ra
[CLINICAL OBSERVATION OF THE THERAPEUTIC EFFECT OF CHUBISAN ON 74 CASES OF MIGRAINE]. GENG LIMEI, CHENG LI, MA LI. **hebei journal of tcm.** 2004;26(3):176 (chi*).

1232- gera: 131190/di/ra
[TREATING 48 CASES OF MIGRAINE WITH HUAYU TONGLUO DECOCTION]. LUO XIU-LAN, HAN LING-HUA . **shandong journal of tcm.** 2004;23(7):407 (chi).

1233- gera: 131227/di/ra
[CLINICAL TRIAL OF YUFENG NINGXIN DROP PILLS FOR NERVOUS HEADACHE]. ZHU JIANGUI, LIAN FENGMEI, TIAN LIN, ET AL. **traditional chinese drug research and clinical pharmacology.** 2004;15(3):206 (chi*).

1234- gera: 131607//ra
ALTERNATIVE THERAPIES FOR TENSION-TYPE HEADACHE. LENAERTS ME. **curr pain headache rep.** 2004;8(6):484-8 (eng).
Treatment of tension-type headache remains very challenging. In addition to conventional therapies, alternative methods such as physical therapy, acupuncture, and botulinum toxin have been studied. In this article, recent literature is reviewed and discussed and challenges for the evaluation of these approaches are considered. Although the clinical evidence is still incomplete, certain treatments are promising and the active ongoing research hopefully will soon yield more answers. Of note, the specific issue of psychologic therapy is dealt with

1235- gera: 131623/di/re
CCQ (CÉPHALÉES CHRONIQUES QUOTIDIENNES) : DIAGNOSTIC, RÔLE DE L'ABUS MÉDICAMENTEUX, PRISE EN CHARGE. X. **agence nationale d'accréditation et d'évaluation en santé.** 2004;: (fra).

1236- gera: 131699/di/ra
CEPHALEES. GORET O. **acupuncture et moxibustion.** 2004;3(1):54 (fra).

1237- gera: 132508/di/ra
[CLINICAL OBSERVATION OF CURATIVE EFFECT ON MIGRAINE TREATED BY TOUTONGAN CAPSULE]. DONG MENGJIOU , ET AL . **hubei journal of tcm.** 2004;26(10):8 (chi).

1238- gera: 132617/di/ra
[CLINICAL INVESTIGATION ON TREATMENT OF MIGRAINE WITH TIANNING LIQUID]. QUAN YAPING . **jiangsu journal of tcm.** 2004;25(9):20 (chi).

1239- gera: 132727/di/ra
TREATMENT OF 35 CASES OF PARIETAL HEADACHE WITH BAIHUI (GV 20) AND TAICHONG (LR 3). LI XIU-MEI. **journal of acupuncture and tuina science.** 2004;2(4):48 (eng*).
Thirty-five cases of parietal headache were treated with needling Baihui (GV 20) and bilateral Taichong (LR 3) and the therapeutic effect was as follows: Recovery: 14 cases; marked effect: 13 cases; better: 6 cases; no effect: 2 cases and the total effective rate: 94.3%.

1240- gera: 132728/di/ra
OBSERVATIONS ON THE EFFECT OF TUINA PLUS ACUPUNCTURE FOR CERVICAL MIGRAINE. HU WEI-QIONG XU SI-WEI ZHONG LI-WEI . **journal of acupuncture and tuina science.** 2004;2(4):50 (eng*).
Purpose: To investigate the effect of Tuina plus acupuncture on treatment of cervical migraine and make a comparison. Method: Eighty outpatients with cervical migraine were divided into three groups and treated by Tuina, acupuncture and Tuina plus acupuncture, respectively. Results: All three groups of patients obtained a good effect. The cure rate was significantly higher in the Tuina plus acupuncture group than in the other two groups. Conclusion: The treatment of cervical migraine by Tuina plus acupuncture is worthy to be clinically

1241- gera: 132894/di/ra
[46 PATIENTS WITH MIGRAINES HEADACHE TREATED WITH ACUPUNCTURE]. WANG DU-JIN, ZHANG WEI, SONG GUANG-MEI. **journal of clinical acupuncture and moxibustion.** 2004;20(8):17 (chi).

1242- gera: 132897/di/ra
[CHRONIC MIGRAINES HEADACHE TREATED WITH ACUPOINT INJECTION AT FENGCHI (GB 20)]. LI XIAO-LIN, WANG QIAN. **journal of clinical acupuncture and moxibustion.** 2004;20(8):31 (chi).

1243- gera: 133037/di/ra
[MODIFIED WENDAN DECOCTION IN TREATING 46 MIDDLE SCHOOL STUDENTS' TONIC HEADACHE]. MEI YUNWEI . **journal of henan university of chinese medicine.** 2004;10(5):50 (chi).

1244- gera: 133097/di/ra
[TREATING 45 CASES OF OBSTINATE HEADACHE BY TONG QIAO HUO XUE TANG WITH PLUS AND MINUS]. LUO JIANPING . **journal of henan university of chinese medicine.** 2004;8(4):49 (chi).

1245- gera: 133136/di/ra
[EXPERIENCE ON STUBBORN HEADACHE DIAGNOSIS AND TREATMENT]. LI YONG-HONG . **journal of laoning college of tcm.** 2004;6(5):385 (chi).

1246- gera: 133665/di/ra
[TREATMENT OF VASCULAR HEADACHE WITH TONGXINLUO CAPSULE]. ZHAO LONGZIAN, PAN HUA, ZHANG CHI . **shaanxi journal of tcm.** 2004;25(10):872 (chi).

1247- gera: 133725/di/ra
[DIAGNOSIS AND TREATMENT OF 157 NEUROGENIC HEADACHE PATIENTS BY TRADITIONAL CHINESE

MEDICINE AND CHINESE MEDICAL MERIDIAN DIAGNOSIS INSTRUMENT]. WU QING. **shanghai journal acupuncture and moxibustion.** 2004;23(8):18 (chi*).
Purpose To investigate the treatment of neurogenic headache by the combination of a Chinese medical meridian diagnosis instrument and traditional Chinese medical differentiation of syndrome. Method A Chinese medical meridian diagnosis instrument was used to examine 157 neurogenic headache patients and differentiate between deficiency and excess. Then treatment was administered according to syndromic differentiation-based classification. A reexamination was made with a Chinese medical meridian diagnosis instrument after one course of treatment to compare the results of the two examinations and carry out clinical observation of the curative effects. Results The total effective rate on average was 88. 5%o in excess syndrome and 90. 8 0 o in deficiency syndrome. Conclusion Chinese medical meridian diagnosis instrument provides objective and quantitative means

1248- gera: 133763/di/ra
[CLINICAL OBSERVATION OF "YANGXUE QINGNAO GRANULE" IN TREATING POST-TRAUMATIC HEADACHE]. WANG XIU XU YAN-BIN WU JING-WEN, ET AL. **shanghai journal of tcm.** 2004;38(8):14 (chi*).

1249- gera: 133965/di/ra
[CLINICAL EFFECTS ON THE TREATMENT OF 118 CASES OF MIGRAINE PATIENTS WITH SELF - PRESCRIBED FIVE INSECTS PRESCRIPTION]. LI YI, LIN QING, ZHANG LI-JUN . **yunnan journal of tcm and materia medica.** 2004;25(4):6 (chi*).

1250- gera: 134032/di/re
ACUPUNCTURE FOR CHRONIC HEADACHE IN PRIMARY CARE: LARGE, PRAGMATIC, RANDOMISED TRIAL. VICKERS AJ, REES RW, ZOLLMAN CE, MCCARNEY R, SMITH CM, ELLIS N, FISHER P, VAN HASELEN R. **bmj.** 2004;328(7442:744 (eng).
OBJECTIVE: To determine the effects of a policy of "use acupuncture" on headache, health status, days off sick, and use of resources in patients with chronic headache compared with a policy of "avoid acupuncture." DESIGN: Randomised, controlled trial. SETTING: General practices in England and Wales. PARTICIPANTS: 401 patients with chronic headache, predominantly migraine. Interventions Patients were randomly allocated to receive up to 12 acupuncture treatments over three months or to a control intervention offering usual care. MAIN OUTCOME MEASURES: Headache score, SF-36 health status, and use of medication were assessed at baseline, three, and 12 months. Use of resources was assessed every three months. RESULTS: Headache score at 12 months, the primary end point, was lower in the acupuncture group (16.2, SD 13.7, n = 161, 34% reduction from baseline) than in controls (22.3, SD 17.0, n = 140, 16% reduction from baseline). The adjusted difference between means is 4.6 (95% confidence interval 2.2 to 7.0; P = 0.0002). This result is robust to sensitivity analysis incorporating imputation for missing data. Patients in the acupuncture group experienced the equivalent of 22 fewer days of headache per year (8 to 38). SF-36 data favoured acupuncture, although differences reached significance only for physical role functioning, energy, and change in health. Compared with controls, patients randomised to acupuncture used 15% less medication (P = 0.02), made 25% fewer visits to general practitioners (P = 0.10), and took 15% fewer days off sick (P = 0.2). CONCLUSIONS: Acupuncture leads to persisting, clinically relevant benefits for primary care patients with chronic headache, particularly migraine. Expansion of NHS acupuncture services should be considered

1251- gera: 134228/di/ra
[CLINICAL STUDY ON CIXUE TONGJING JIANNAO METHOD FOR TREATMENT OF HEADACHE AFTER HEAD INJURY]. SHI YI-LI, FU RU-HUA, FANG MING-XING, ET AL. **chinese acupuncture and moxibustion.** 2004;24(10):670 (chi*).

1252- gera: 134436/di/ra
[QIGONG YANGSHENG EXERCISES OF TRADITIONAL CHINESE MEDICINE FOR TENSION HEADACHE AND MIGRAINE]. FRIEDRICHS E. **chinesische medizin.** 2004;19(1):16 (deu*).
Objective: The aim of this study was to find whether hints can be found that qigong exercises can be a useful concomitant treatment of headache and migraine. Methods: The effect of selected qigong exercises from "15 Formulas of Taiji Qigong Exercises" by Jiao Guorui as a concomitant treatment of migraine and tension headache was studied. 95 participants (among them 90 women, mostly of middle age) took part for 34 weeks on average. Therapeutic factors of this "active part" of traditional Chinese medicine were considered to be the practising of tension and relaxation, rest and movement as well as imaginative elements. Results: In baseline, corrected for 28 days, the median number of days with headache (primary efficacy measure) were 8 for the total collective, as opposed to 5 days in follow-up. The number of days with headache per participant was reduced by one day in median. 27 of the participants (28%) qualify as responders, according to international recommendations, with a >_ 50% reduction in days with headache. For the group with 3-7 days with headache in baseline, the share of persons with 50% pain reduction is 30%, for the group with 8-14 days with headache in base-Line, it is 34%. Secondary efficacy measures were "pain intensity" (measured in VAS) and parameters to measure health-related quality of life such as Pain Disability Index (PDI). They were also found to give statistically significant hints for improvement.Conclusions: Supportive evidence from this pilot study suggests that qigong exercises can be a useful concomitant treatment of headache and migraine. Further studies are indicated.

1253- gera: 134482/di/ra
TREATMENT OF PATIENTS WITH CHRONIC HEADACHES IN A HOSPITAL FOR TRADITIONAL CHINESE MEDICINE IN GERMANY. A RANDOMISED, WAITING LIST CONTROLLED TRIAL. D MELCHART, S HAGER, U HAGER, J LIAO, W WEIDENHAMMER, K LINDE. **complementary therapies in medicine.** 2004;12(2-3):71 (eng*).
Objective: To investigate the effectiveness of a clinical treatment program with traditional Chinese medicine for migraine and tension-type headache. Methods: Ninety-one patients with migraine, episodic or chronic tension-type headache according to the criteria of the International Headache Society were randomised into an experimental or a waiting list control group. Patients in the experimental group were treated 4 weeks in a hospital for traditional Chinese medicine after a base-line period of one month. Patients in the waiting list group continued their previous headache treatment. Main outcome measure was the difference in the number of days with headache of at least moderate intensity during baseline (month 1) and month 7. Results: The difference in the number of days with headache of at least moderate intensity was 5.6 (S.D., 6.1) days in the experimental group and 1.2 (S.D., 4.5) days in the waiting list group (P < 0.001). A reduction of more than 50% in headache days was observed in 52% of the patients in the experimental group and 16% in the waiting list group. Patients with migraine and a combination of migraine and episodic tension-type headaches improved more than patients with other headaches. Conclusion: The results of this study indicate that treatment in the hospital for traditional Chinese medicine in Kotzting is associated with lasting improvements in the majority of patients.

1254- gera: 134684/di/ra
MANAGEMENT OF MIGRAINE USING TRADITIONAL CHINESE MEDICINE . DAN JIANG. **journal of chinese medicine.** 2004;76:40 (eng).

1255- gera: 134770/di/ra
[CLINICAL ANALYSIS ON ANGIONEUROTIC HEADACHE TREATED BY THERMAL ACUPUNCTURE THERAPY]. WANG XIAOYAN . **journal of guiyang college of tcm.** 2004;26(4):33 (chi).

1256- gera: 135320/di/ra
TRATTAMENTO DELL'EMICRANIA CON AGOPUNTURA SUI PUNTI DEI CANALI DEL FEGATO E DELLA VESCICOLA BILIARE. LI WEI ED ALTRI. **rivista italiana di medicina tradizionale cinese.** 2004;97(3):56 (ita*).
In studing the syndrome of yang-hyperactivity, we found that most migraine patients were with hyperactivity of the liver-yang, stagnation of the liver-qi and blood stasis, and stagnation of the liver-qi and deficiency of the spleen. To evaluate the needling effects on migraine and to approach its mechanism, we have launched a study in 207 cases since 1997. The results were satisfactory and reported as follows. ;unto

1257- gera: 135552/nd/re
MUCH MORE THAN A HEADACHE: MIGRAINE TREATMENT REQUIRES BROADER SPECTRUM OF THERAPIES. SHAVER A. **adv nurse pract.** 2004;12(10):33-4 (eng).

1258- gera: 135613/nd/re
ALTERNATIVE THERAPIES FOR TENSION-TYPE HEADACHE. LENAERTS ME. **curr pain headache rep.** 2004;8(6):484-8 (eng*).
Treatment of tension-type headache remains very challenging. In addition to conventional therapies, alternative methods such as physical therapy, acupuncture, and botulinum toxin have been studied. In this article, recent literature is reviewed and discussed and challenges for the evaluation of these approaches are considered. Although the clinical evidence is still incomplete, certain treatments are promising and the active ongoing research hopefully will soon yield more answers. Of note, the specific issue of psychologic therapy is dealt with

1259- gera: 135617/nd/re
[CHRONIC HEADACHE: IMPROVEMENT USING ACUPUNCTURE. RE: THE ARTICLE FROM DMW 20/2004]. BOCKING G. **dtsch med wochenschr.** 2004;129(31-2:1700 (deu).
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1260- gera: 135629/di/re
ACUPUNCTURE OF CHRONIC HEADACHE DISORDERS IN PRIMARY CARE: RANDOMISED CONTROLLED TRIAL AND ECONOMIC ANALYSIS. VICKERS AJ, REES RW, ZOLLMAN CE, MCCARNEY R, SMITH CM, ELLIS N, FISHER P, VAN HASELEN R, WONDERLING D, GRIEVE R. **health technol assess.** 2004;8(48):1-35 (eng*).
OBJECTIVES: To determine the effects of a policy of using acupuncture, compared with a policy of avoiding acupuncture, on headache in primary care patients with chronic headache disorders. The effects of acupuncture on medication use, quality of life, resource use and days off sick in this population and the cost-effectiveness of acupuncture were also examined. DESIGN: Randomised, controlled trial. SETTING: General practices in England and Wales. PARTICIPANTS: The study included 401 patients with chronic headache disorder, predominantly migraine. INTERVENTIONS: Patients were randomly allocated to receive up to 12 acupuncture treatments over 3 months or to a control intervention offering usual care. MAIN OUTCOME MEASURES: Outcome measures included headache score; assessment of Short Form 36 (SF-36) health status and use of medication at baseline, 3 months and 12 months; assessment of use of resources every 3 months; and assessment of incremental cost per quality-adjusted life-year (QALY) gained. RESULTS: Headache score at 12 months, the primary end-point, was lower in the acupuncture group than in controls. The adjusted difference between means was 4.6. This result was robust to sensitivity analysis incorporating imputation for missing data. Patients in the acupuncture group experienced the equivalent of 22 fewer days of headache per year. SF-36 data favoured acupuncture, although differences reached significance only for physical role functioning, energy and change in health. Compared with controls, patients randomised to acupuncture used 15% less medication, made 25% fewer visits to GPs and took 15% fewer days off sick. Total costs during the 1-year period of the study were on average higher for the acupuncture group than for controls because of the acupuncture practitioners' costs. The mean health gain from acupuncture during the year of the trial was 0.021 QALYs, leading to a base-case estimate of GBP9180 per QALY gained. This result was robust to sensitivity analysis. Cost per QALY dropped substantially when the analysis incorporated likely QALY differences for the years after the trial. CONCLUSIONS: The study suggests that acupuncture leads to persisting, clinically relevant benefits for primary care patients with chronic headache, particularly migraine. It is relatively cost-effective compared with a number of other interventions provided by the NHS. Further studies could examine the duration of acupuncture effects beyond 1 year and the relative benefit to patients with migraine with compared to tension-type headache. Trials are also warranted examining the effectiveness and cost-effectiveness of acupuncture in patients with headache receiving more aggressive

1261- gera: 135670/nd/re
[STILL NO PROOF OF THE EFFICACY OF ACUPUNCTURE IN THE PREVENTION OF MIGRAINE]. SCHOONMAN GG, WIENDELS NJ, FERRARI MD. **ned tijdschr geneeskd.** 2004;148(44):2165-6 (dut*).
Besides pharmacological treatments for migraine, alternative non-pharmacological treatment strategies might be effective. In 2001, a Cochrane review concluded that acupuncture might be effective in migraine. The authors of a recent large trial also claimed that acupuncture might reduce the frequency of migraine attacks. However, this study failed to provide a clear answer due to serious methodological short-comings, for example with respect to randomisation and the clinical relevance of the main findings. In another recent, large, randomised controlled trial, the efficacy of acupuncture was not significantly different from that of the sham procedure. In conclusion,

1262- gera: 135699//ra
[Physical analgesic therapy in the elderly. Its interest in the management of headaches]. De Sousa A, Chatap G. **presse medicale.** 2004;33(12):819-24 (fra).
Presse Med. 2004 Jul 10;33(12 Pt 1):819-24; discussion 825. Related Articles, Links [Article in French] De Sousa A, Chatap G; Groupe Douleurs Aigues de la Personne Agee. Service de gerontologie 4 (Dr JP Vincent), Pavillon Calmette Hopital Emile Roux, Limeil-Brevannes. annabelle.de-sousa@erx.ap-hop-paris.fr A FREQUENT AND DISABLING AFFECTION: Headaches in elderly patients are far more frequent that what is generally presumed; their prevalence is estimated of between 25 and 54% after the age of 70. They must be treated because of the potential impact on the patients' mental, functional and social status. NON-MEDICINAL ANALGESIC TREATMENTS: Various treatments have demonstrated their efficacy on different types of headache and are recommended in the international consensuses. This is notably the case with electrotherapy, cryotherapy, massage and biofeedback the correct use by physiotherapists of which leads to a decrease in the pain, duration and frequency of the attacks, and improves the quality of life of these patients. OTHER PHYSICAL TREATMENTS: Techniques such as acupuncture, relaxation, manual therapy or postural training are less documented but can be proposed. Most of them, alone or in supplement to medicinal treatment, are particularly adapted to elderly patients and limit the need for drugs, the side effects and interactions of which may have severe consequences in fragile patients and those suffering from multiple diseases.

1263- gera: 135700/nd/re
[PHYSICAL ANALGESIC THERAPY IN THE ELDERLY. ITS INTEREST IN THE MANAGEMENT OF HEADACHES]. DE SOUSA A, CHATAP G, GROUPE DOULEURS AIGUES DE LA PERSONNE AGEE. **presse medicale.** 2004;33(12pt1:819-24 (fra*).
A FREQUENT AND DISABLING AFFECTION: Headaches in elderly patients are far more frequent that what is generally presumed; their prevalence is estimated of between 25 and

54% after the age of 70. They must be treated because of the potential impact on the patients' mental, functional and social status. NON-MEDICINAL ANALGESIC TREATMENTS: Various treatments have demonstrated their efficacy on different types of headache and are recommended in the international consensuses. This is notably the case with electrotherapy, cryotherapy, massage and biofeedback the correct use by physiotherapists of which leads to a decrease in the pain, duration and frequency of the attacks, and improves the quality of life of these patients. OTHER PHYSICAL TREATMENTS: Techniques such as acupuncture, relaxation, manual therapy or postural training are less documented but can be proposed. Most of them, alone or in supplement to medicinal treatment, are particularly adapted to elderly patients and limit the need for drugs, the side effects and interactions of which may have severe consequences in

1264- gera: 136367/di/ra
ACUPUNCTURE IS COST-EFFECTIVE IN CHRONIC HEADACHE BUT MIGHT IT BE A 'PLACEBO'?. LINDE K. **focus altern complement ther.** 2004;9(3):221 (eng).
résumé et commentaire de:Vickers AJ, Rees RW, Zollman CE, McCarney R, Smith CM, Ellis N, Fisher P, Van Haselen R. Acupuncture for chronic headache in primary care: large, pragmatic, randomised trial. BMJ 2004; 328: 744. (epub) et de:Wonderling D, Vickers AJ, Grieve R, McCarney R. Cost effectiveness analysis of a randomised trial of acupuncture for chronic headache in primary care. BMJ 2004; 328: 747. (epub)

1265- gera: 136373/di/ra
EFFECTIVENESS OF ACUPUNCTURE TREATMENT FOR HEADACHE THE ACUPUNCTURE IN ROUTINE CARE STUDY (ARC-HEADACHE) (ABSTRACT). JENA S, BECKER-WITT C, BRINKHAUS B, SELIM D, WILLICH SN. **focus altern complement ther.** 2004;9(sup 1):17 (eng).
Objective. The aim of the study was to evaluate the effectiveness of treatment with vs. without acupuncture in patients with chronic headache in routine care. This study is part of a large acupuncture research initiative of health insurance companies in Germany (Modellvorhaben der Techniker Krankenkasse). Methods. Patients (≥ 18 years) with chronic headache (migraine or tension-type headache) were randomly allocated to receive up to 15 acupuncture sessions over 3 months (ACU) or to a control group (CON) receiving no acupuncture. Patients who did not agree to randomisation were monitored in a third group also receiving acupuncture (NR-ACU). All patients were allowed to receive usual medical care additionally to study treatment. All patients completed standardised questionnaires including socio-demographic data, information on the frequency and type of headache, and health-related quality of life (SF-36) at baseline, 3 and 6 months. Results. Of the 15 056 patients (77.2% female, 44.1 ± 12.8 years) included, 3182 consented to randomisation. After 3 months of treatment the frequency of headache days decreased more in the ACU compared to the CON (ACU 8.4 ± 7.2 to 4.7 ± 5.6; CON 8.1 ± 6.7 to 7.5 ± 6.3, P < 0.001). Similarly, quality of life after treatment differed significantly between the treatment groups (P < 0.001) in favour of ACU. The extent of improvement was similar between persons with migraine and those with tension-type headache. Conclusion Acupuncture in addition to routine care in patients with chronic headache showed a significant and clinically relevant improvement in the frequency of headache days and quality of life compared to treatment without

1266- gera: 136748/di/ra
[GUAN YOUBO' S EXPERIENCE ON TREATMENT OF INTRACTABLE HEADACHE]. LIN WEI, CUI RUI AND QI JING. **beijing journal of tcm.** 2004;23(6):331 (chi).

1267- gera: 136756/di/ra
[THE APPLICATION OF THE PATENT IDENTIFICATION OF MERIDIAN THEORY IN TREATMENT OF HEADACHE]. CHENG HAIYING. **beijing journal of tcm.** 2004;23(6):359 (chi).

1268- gera: 137096/di/ra
[TREATING ANGIONEUROTIC HEADACHE WITH SUPERFICIAL ACUPUNCTURE]. TAO QI-LIN. **chinese journal of ethnomedicine and ethnopharmacy.** 2004;71:338 (chi).

1269- gera: 137843/di/ra
[MODIFIED MAHUANG FUZI XIXIN DECOCTION IN TREATING 65 CASES OF HYPERTENSION HEADACHE]. CAO KEQIANG, CHEN YING, YANG XIAOYING. **henan tcm.** 2004;24(10):12 (chi).

1270- gera: 137955/di/ra
[CLINICAL OBSERVATION ON 71 CASES OF MIGRAINE TREATED BY MODIFIED SHAOYAO ERCHEN DECOCTION]. PAN WENJU. **hunan journal of tcm.** 2004;20(6):7 (chi*).
Objective: To observe the clinical effect on migraine treated by modified Shaoyao Erchen decoction. Method: Cases were randomly divided to treatment group and control group, patients in the treatment group were treated by Shaoyao Erchen decoction and patients in the control group were treated by routine chemical drugs, the clinical effects were observed after 1 course treatment. Results: The clinical effects of the two groups were the same ,but the effects of symptom complex in the treatment group were superior to that in the control group (P < 0. 05) . Conclusion : Modified Shaoyao Erchen decoction was one of the effective preparation for migraine.

1271- gera: 138537/di/ra
[PIANFU DECOCTION IN THE TREATMENT OF MIGRAINE IN 198 CASES]. TIAN YOUYI, DU ZHONGXUAN. **journal of henan university of chinese medicine.** 2004;19(6):46 (chi).

1272- gera: 138538/di/ra
[XIAOTONG DECOCTION IN TREATING VASCULAR HEADACHE]. JIA CHANGWEN. **journal of henan university of chinese medicine.** 2004;19(6):46 (chi).

1273- gera: 138539/di/ra
[SI WU DECOCTION MODIFIED IN THE TREATMENT OF MIGRAINE IN 82 CASES]. SU FENGLING. **journal of henan university of chinese medicine.** 2004;19(6):47 (chi).

1274- gera: 138793/di/ra
[ANALYSIS OF EMOTIONAL STATE IN MIGRAINE PATIENTS WITH TWO TYPES OF LIVER SYNDROME OF TRADITIONAL CHINESE MEDICINE]. XIE XIONG-WEI, TANG FENG-YING , YOU JIN-SONG , ET AL. **journal of shandong university of tcm.** 2004;28(6):427 (chi).

1275- gera: 138839/di/ra
ALGUNOS PROBLEMAS EN EL TRATAMIENTO ACUPUNTURAL DE LA CEFALEA. ZHANG PING. **el pulso de la vida- journal of tcm.** 2004;39:29 (esp*).
En la práctica clínica resulta difícil de tratar la cefalea. El autor entiende que a la hora de tratar la cefalea hay que tener en cuenta los siguientes aspectos.

1276- gera: 139125/di/ra
[CLINICAL STUDIED ON TREATING DEPRESSION TYPE HEADACHE WITH HERBS AND ELECTRICAL STIMULATING ON FASTIGIAL NUCLEUS]. ZHANG MIN, UN YA-MING. **journal of yunnan college of tcm.** 2004;27(4):29 (chi*).
Objective: To study the combination effect using herbs and electrical stimulating on fastigial nucleus (FNS) treating depression type headache. Methods : 87 cases of headache sufferers with depression syndrome who was randomly divided into 3 groups: combination group, herbs group, FNS group. They are treated by herbs and FNS, by simple herbs, or by simple FNS respectively. The change of the severeness, last time and the frequency of headache was observed. Result : on

the fifth day, the total effective rate of the combination group, herbs group, and FNS group is 90% , 86.2% , and 67.8% respectively. On the thirtieth day, the total effective rate of the combination group herbs group, and FNS group is 90% , 82.8% , and 67.9% respectively. Conclusion: the whole effect of the coral nation group is far better than that of the herbs group which is far better than that of the FNS

1277- gera: 139247/di/ra
[CLINICAL RESEARCH ON MOTHERWORT TREATING MIGRAINE DURING MENSTRUATION]. WU SHUN-XIU, XU CHU-YUN, CHEN XIAN-GUANG. **liaoning journal of tcm.** 2004;31(12):1013 (chi).

1278- gera: 139345/di/ra
ESTUDIO CLÍNICO SOBRE EL TRATAMIENTO DEL DOLOR DE CABEZA MEDIANTE TRANSMISIÓN DE ONDAS DE SONIDO POR LOS MERIDIANOS Y COLATERALES. X. **medicina energetica.** 2004;24:15 (esp*).

1279- gera: 139847/di/ra
[CLINICAL OBSERVATION ON THE TREATMENT OF VASCULAR HEADACHE BY ACUPUNCTURE PLUS NEEDLE- EMBEDDING THERAPY]. YINZF, XIAO D. **shanghai journal of acupuncture and moxibustion.** 2004;23(12):8 (chi*).
Objective To investigate the efficacy of acupuncture plus needle-embedding therapy for the treatment of vascular headache. Methods Ninety-three patients were randomly divided into an acupuncture group of 30 cases, an acupuncture plus needle embedment group of 36 cases a Western medicine control group of 27 cases. The difference in changes in the clinical symptoms between pretreatment and posttreatment were observed in the three groups. Results The clinical symptoms a-bated or disappeared after treatment in all the three groups. The short- term effect was better in the acupuncture plus needle embedment group than in the control group and there was a significant difference in curative effect between the two groups (P<0. 05). There was no significant difference between the acupuncture plus needle embedment group and the acupuncture group (P>0.05)., and also between the acupuncture and the control group (P>0. 05), but the effective rate was obviously higher than in the control group. The long-term effect was significantly better in the acupuncture plus needle embedment group and in the acupuncture group than in the control group (P<0. 01, P<0. 05). There was no significant difference between the acupuncture plus needle embedment group and the acupuncture group. Conclusion It is suggested that Acupuncture has a good short-and long-term effect on vascular headache and acupuncture plus needle-embedding therapy, a better effect.

1280- gera: 146020/di/ra
ESTUDIO CLINICO SOBRE EL TRATAMIENTO DEL DOLOR DE CABEZA MEDIANTE TRANSMISION DE ONDAS DE SONIDO POR LOS MERIDIANOS Y COLATERALES. GONG YANHUA, ZHENG LIYAN, WANG WEI Y JIN HOUSHU. **medicina energetica.** 2004;24:15 (esp).
se realizó un estudio clínico sobre el tratamiento de los do-lores de cabeza mediante la transmisión de ondas de sonido por los meridianos y colatera-les, observando la diferencia entre antes y después del tra-tamiento manifestada en el re-sultado de la electroencefa-lografía y la transmisión de di-chas ondas por los meridianos y colaterales. el estudio arrojó el siguiente resultado: el tra-tamiento resulto eficaz en un 90% de los casos puesto que, gracias a él, se observó en el resultado de la electroencefa-lografía un aumento de la onda a, que al compararse con la de antes del tratamiento resulto p<0,05; mientras que la onda slow resultó disminuida, siendo p<0,01, comparada con la de an-tes del tratamiento. mientras tanto, la amplitud de la onda de sonido que se transmite por los meridianos y colaterales es p<0,01 comparada con la de an-tes del tratamiento, y es p>0,05 comparada con la de personas sanas, lo cual demuestra que el paciente ha recuperado la transmisión de ondas

1281- gera: 116417/di/ra
CLINICAL RECORDS FOR ACUPUNCTURE TREATMENT OF MIGRAINE. TAO S. **journal of traditional chinese medicine.** 2005;25(1):54-7. (eng*).

1282- gera: 124422/di/ra
[OBSERVATION ON THERAPEUTIC EFFECT OF ACUPUNCTURE ON NO-PREMONITORY MIGRAINE AT REMISSION STAGE]. WANG LP, LIU HL, JI J, LIU H. **chinese acupuncture and moxibustion.** 2005;25(10):679-81. (chi).
OBJECTIVE: To observe therapeutic effect of acupuncture on no-premonitory migraine at remission stage. METHODS: The scores of pain extent, attack times, lasting time and accompanied symptoms of headache were investigated before treatment and after treatment of 4 weeks. RESULTS: After treatment of 4 weeks, the scores of all items had significant changes (P < 0.01). The total effective rate was 95.0%. CONCLUSION: Acupuncture has obvious analgesic effect on no-premonitory migraine at remission stage.

1283- gera: 135595/di/re
ROLE OF THE NEEDLING PER SE IN ACUPUNCTURE AS PROPHYLAXIS FOR MENSTRUALLY RELATED MIGRAINE: A RANDOMIZED PLACEBO-CONTROLLED STUDY. LINDE M, FJELL A, CARLSSON J, DAHLOF C. **cephalalgia.** 2005;25(1):41-7 (eng*).
The objectives were to introduce a new method for controlled trials of acupuncture in the field of headache research and to examine the role of needling per se. Women with menstrually related migraine were randomized to three months of treatment with verum or placebo needles. Three standard size casts were moulded to secure the placebo needles in the head. No significant differences were found between the verum group (n=15) and the placebo group (n=13) during treatment or follow up three and six months later, either in the attack frequency or in the number of days per month with migraine, headache intensity or drug-use. The casts held the needles exactly in place despite movements of the head, and are validated as practical, hygienic and extremely durable. This method is satisfactory for controlled studies of acupuncture in headache. It is possible that the positive results in earlier clinical trials on acupuncture in migraine are attributable to other mechanisms than needling of

1284- gera: 135807/di/ra
ABSTRACTS OF 601 WFAS WORLD CONFERENCE ON ACUPUNCTURE THE EFFECTS OF AROMA ACUPUNCTURE APPLIED ON CHROMA HEADACHE PATIENTS. IN TAE JUNG, SU YONGDOO IK LEE, ET AL. **world journal of acupuncture-moxibustion.** 2005;15(3):35 (eng*).

1285- gera: 135919/di/ra
PRICKING THERAPY AT THE POINT ZUGIAOYIN (GB44) FOR 40 CASES OF INTRACRANIAL HYPERTENSION HEADACHE. XIAOYU DAI AND YUANHAO DU. **international journal of clinical acupuncture.** 2005;14(1):39 (eng*).
Objective: To explore the abirritation of pricking therapy at Zugiaoyin (GB44) point for patients suffering from intracranial hypertension headaches. Method: The patients in the treatment group were treated with bloodletting at Zucliaoyin (GB44) point everyday for 3 days, accompanied with medicine to decrease intracranial pressure. Results: In the treatment group, the duration of pain was shortened greatly. The effective rate was 95% in the treatment group and only 15% in the control group. Conclusion: Pricking therapy at Zucliaoyin (GB44) can relieve

1286- gera: 136346/di/re
ACUPUNCTURE FOR PATIENTS WITH MIGRAINE: A RANDOMIZED CONTROLLED TRIAL. LINDE K, STRENG A, JURGENS S, HOPPE A, BRINKHAUS B, WITT C, WAGENPFEIL S, PFAFFENRATH V, HAMMES MG, WEIDENHAMMER W, WILLICH SN, MELCHART D. **jama.** 2005;293(17):2118-25 (eng).
CONTEXT: Acupuncture is widely used to prevent migraine

attacks, but the available evidence of its benefit is scarce. OBJECTIVE: To investigate the effectiveness of acupuncture compared with sham acupuncture and with no acupuncture in patients with migraine. DESIGN, SETTING, AND PATIENTS: Three-group, randomized, controlled trial (April 2002-January 2003) involving 302 patients (88% women), mean (SD) age of 43 (11) years, with migraine headaches, based on International Headache Society criteria. Patients were treated at 18 outpatient centers in Germany. INTERVENTIONS: Acupuncture, sham acupuncture, or waiting list control. Acupuncture and sham acupuncture were administered by specialized physicians and consisted of 12 sessions per patient over 8 weeks. Patients completed headache diaries from 4 weeks before to 12 weeks after randomization and from week 21 to 24 after randomization. MAIN OUTCOME MEASURES: Difference in headache days of moderate or severe intensity between the 4 weeks before and weeks 9 to 12 after randomization. RESULTS: Between baseline and weeks 9 to 12, the mean (SD) number of days with headache of moderate or severe intensity decreased by 2.2 (2.7) days from a baseline of 5.2 (2.5) days in the acupuncture group compared with a decrease to 2.2 (2.7) days from a baseline of 5.0 (2.4) days in the sham acupuncture group, and by 0.8 (2.0) days from a baseline if 5.4 (3.0) days in the waiting list group. No difference was detected between the acupuncture and the sham acupuncture groups (0.0 days, 95% confidence interval, -0.7 to 0.7 days; P = .96) while there was a difference between the acupuncture group compared with the waiting list group (1.4 days; 95% confidence interval; 0.8-2.1 days; P<.001). The proportion of responders (reduction in headache days by at least 50%) was 51% in the acupuncture group, 53% in the sham acupuncture group, and 15% in the waiting list group. CONCLUSION: Acupuncture was no more effective than sham acupuncture in reducing migraine headaches although both interventions were more effective than a waiting list control

1287- gera: 136452/di/ra
EAR ACUPUNCTURE IN THE CONTROL OF MIGRAINE PAIN: SELECTING THE RIGHT ACUPOINTS BY THE "NEEDLE-CONTACT TEST". ROMOLI M, ALLAIS G, AIROLA G, BENEDETTO C. **neurol sci.** 2005;may 26:158-61 (eng).
There is increasing evidence that somatic acupuncture can be helpful in migraine treatment, but substantial data on ear acupuncture (EAP) are still lacking. EAP can be useful both in the diagnosis and in the treatment of many medical conditions. As regards the control of migrainous pain, we present a case report in which a procedure called the "needle-contact test" is described in detail. During a migraine attack, the patient undergoes an accurate search for tender points of the outer ear by means of a specific pressure algometer. Once the most sensitive point has been identified, an acupuncture needle is placed in contact with it for about 10 s, without skin penetration. The expected effect is a quick and evident reduction of acute pain. If no appreciable variation in pain intensity occurs within the following 60 s, a second or third attempt is made on other previously identified tender points, until the point at which the patient notices a clear remission of pain is found. In this positive case, the same testing needle can be immediately used for therapy, completely penetrating the skin, and then extracted after about 30 min. Alternatively, a temporary needle can be implanted and left in situ for a variable period of time (1-15 days). This innovative technique allows the identification, with maximum accuracy, of the most effective ear acupoints on migraine pain during acute attacks.

1288- gera: 136478/nd/re
NONINVASIVE TREATMENTS FOR HEADACHE. BIONDI DM. **expert rev neurother.** 2005;5(3):355-62 (eng).
Primary headache disorders are often accompanied by neck pain or other symptoms referable to neck muscles. Therefore, physical therapy and other physical treatments are commonly prescribed for headache management. A medical literature review was completed in order to gather information regarding the efficacy of selected physical modalities in the treatment of primary and cervicogenic headache disorders. After analyzing the collected data, expert opinions were developed regarding the utility and efficacy of selected physical modalities in the management of primary and cervicogenic headaches. Based on this review, the following four expert opinions are presented: physical therapy is more effective than massage therapy or acupuncture for the treatment of tension- type headache and appears to be most beneficial for patients with a high frequency of headache attacks. Physical therapy is most effective for the treatment of migraine when combined with other treatments such as thermal biofeedback, relaxation training and exercise. Chiropractic manipulation demonstrated a trend towards benefit in the treatment of tension-type headache, but evidence is weak. Chiropractic manipulation is probably more effective in the treatment of tension-type headache than it is in the treatment of migraine. In general, strong evidence is lacking regarding the efficacy of these treatments in reducing headache frequency, intensity, duration and disability in many commonly encountered clinical situations. Many of the published case series and controlled studies are of low quality. Physical treatments are unlikely to pose a significant risk, with the exception of high velocity chiropractic manipulation of the neck. Consideration must be given to financial costs and lost treatment opportunity by prescribing potentially ineffective treatment. In the absence of clear evidence regarding their role in treatment, physicians and patients are advised to make cautious and individualized judgments about the utility of physical treatments for headache management. In most cases, the use of physical modalities should complement rather than replace better validated forms of therapy. The evidence base to determine the safety and efficacy of physical treatments in the management of headache disorders would be substantially improved by using standard scientific rigor in the development and conduct of future clinical studies.

1289- gera: 136490/nd/re
NONPHARMACOLOGIC TREATMENT OF MIGRAINE. SANDOR PS, AFRA J. **curr pain headache rep.** 2005;9(3):202-5 (eng).
Nonpharmacologic treatment of migraine is often used by patients and can provide interesting options for physicians. Knowledge about the evidence and its absence is important. Avoidance of trigger factors can help, if individualized. Behavioral approaches, such as relaxation techniques, biofeedback, and cognitive-behavioral therapy, require far more specialist time or technical devices, but are supported by some evidence, which is mostly old. The same is true for hypnosis. A new approach in migraine prevention is aerobic exercise, which is associated with positive side effects. Whether it will take a strong role, similar to the treatment of depression, remains to be seen. There is no convincing evidence for the efficacy of spinal manipulation. Hyperbaric oxygen may be an effective, but rarely practical prophylactic measure. The evidence pertaining to the efficacy of acupuncture is controversial because of methodologic difficulties, but an ongoing large German study may provide valuable evidence in the near future. Nutritional supplements acting on mitochondrial metabolism, such as magnesium, riboflavin, and coenzyme Q10, were shown to be effective in small, randomized, controlled trials. More studies on the different therapeutic interventions are needed, using modern diagnostic standards and state-of-the-art trial methodology.

1290- gera: 136550/di/re
PHYSICAL TREATMENTS FOR HEADACHE: A STRUCTURED REVIEW. BIONDI DM. **headache.** 2005;45(6):738-46 (eng).
Background.-Primary headache disorders, especially migraine, are commonly accompanied by neck pain or other symptoms. Because of this, physical therapy (PT) and other physical treatments are often prescribed. This review updates and synthesizes published clinical trial evidence, systematic reviews, and case series regarding the efficacy of selected physical modalities in the treatment of primary headache disorders. Methods.-The National Library of Medicine (MEDLINE), The Cochrane Library, and other sources of information were searched through June 2004 to identify clinical studies, systematic reviews, case series, or other information published in English that assessed the treatment of headache or migraine with chiropractic, osteopathic, PT, or massage interventions. Results.-PT is more effective than massage therapy or acupuncture for the treatment of TTH and

appears to be most beneficial for patients with a high frequency of headache episodes. PT is most effective for the treatment of migraine when combined with other treatments such as thermal biofeedback, relaxation training, and exercise. Chiropractic manipulation demonstrated a trend toward benefit in the treatment of TTH, but evidence is weak. Chiropractic manipulation is probably more effective in the treatment of tension-type headache (TTH) than it is in the treatment of migraine. Evidence is lacking regarding the efficacy of these treatments in reducing headache frequency, intensity, duration, and disability in many commonly encountered clinical situations. Many of the published case series and controlled studies are of low quality. Conclusions and Recommendations.-Further studies of improved quality are necessary to more firmly establish the place of physical modalities in the treatment of primary headache disorders. With the exception of high velocity chiropractic manipulation of the neck, the treatments are unlikely to be physically dangerous, although the financial costs and lost treatment opportunity by prescribing potentially ineffective treatment may not be insignificant. In the absence of clear evidence regarding their role in treatment, physicians and patients are advised to make cautious and individualized judgments about the utility of physical treatments for headache management; in most cases, the use of these modalities should complement rather than supplant better-validated forms of therapy. (Headache 2005;45:738-746).

1291- gera: 136551/nd/re
TRADITIONAL AND EVIDENCE-BASED ACUPUNCTURE IN HEADACHE MANAGEMENT: THEORY, MECHANISM, AND PRACTICE. ZHAO CH, STILLMAN MJ, ROZEN TD. **headache.** 2005;45(6):716-30 (eng).
Acupuncture, traditional Chinese needle therapy, has become widely used for the relief of headache. The history of the practice of acupuncture in the United States and the theoretical framework for acupuncture in Chinese medicine are reviewed. The basic scientific background and clinical application of acupuncture in the headache management are discussed. (Headache 2005;45:716-703).

1292- gera: 136569/nd/re
TRADITIONAL AND EVIDENCE-BASED ACUPUNCTURE IN HEADACHE MANAGEMENT: THEORY, MECHANISM, AND PRACTICE. ZHAO CH, STILLMAN MJ, ROZEN TD. **headache.** 2005;45(6):716-30 (eng).
Acupuncture, traditional Chinese needle therapy, has become widely used for the relief of headache. The history of the practice of acupuncture in the United States and the theoretical framework for acupuncture in Chinese medicine are reviewed. The basic scientific background and clinical application of acupuncture in the headache management are discussed. (Headache 2005;45:716-703).

1293- gera: 136666/di/ra
[VASCULAR HEADACHE TREATED WITH TRADITIONAL CHINESE MEDICINE]. ZHANG YI -XIAO. **acta chinese medicine and pharmacology.** 2005;33(1):31 (chi).

1294- gera: 136706/di/ra
L'ACUPUNCTURE EST EQUIVALENTE AU SUMATRIPTAN EN SOUS-CUTANE DANS LE TRAITEMENT PRECOCE DE LA CRISE MIGRAINEUSE. NGUYEN TRONG KHANH. **acupuncture et moxibustion.** 2005;4(1):55 (fra*).

1295- gera: 136864/di/ra
[RECENT DEVELOPMENTS OF TCM PRESCRIPTIONS FOR MIGRAINE]. CHEN SHAOMEI ET AL. **china journal of traditional chinese medicine and pharmacy.** 2005;20(3):181 (chi).

1296- gera: 137085/di/ra
[STUDY ON RELATIONS BETWEEN SCORES OF LIVER SYNDROME AND HEADACHE]. ZHANG SHI-JUN, ZHOU QUN-QING, ZHANG RU-LAN, ET AL. **chinese journal of basic medicine in tcm.** 2005;11(2):158 (chi*).

1297- gera: 137750/di/ra
[OBSERVATION OF CURATIVE EFFECTS WITH ANGIONEURITIC HEADACHE TREATED BY ACUPUNCTURE AND MOXIBUSTION]. LIN HANSONG. **guanxi journal of tcm.** 2005;28(1):40 (chi).

1298- gera: 137921/di/ra
[CLINICAL OBSERVATION ON MIGRAINE TREATED BY ERCHEN TANG MODIFIED]. YAN KUENMING. **hubei journal of tcm.** 2005;27(1):30 (chi).

1299- gera: 137981/di/ra
[GENERAL SITUATION OF STUDIES ON ACUPUNCTURE AND HERB FOR TREATMENT OF CLUSTER HEADACHE]. SHI JIAN-FENG, DU YUAN-HAO. **information on tcm.** 2005;22(1):39 (chi*).
The clinical information about acupuncture and herb treatment of cluster headache in recent years are summarized, and the present investiga¬tion situation and the shortage about acupuncture and herb treatment of cluster headache is indicated, and it is emphasized to assume only uniform criteria of diagnosis and curative effect with clinical studies so that you can objectively prove the result of acupuncture and herb on cluster headache.

1300- gera: 138037/di/ra
[GENERAL CONDITION IN RESEARCH OF TREATMENT OF MIGRAINE WITH AURICULAR ACUPUNCTURE]. JIA ZHEN, ZHOU LIANG. **jiangsu journal of tcm.** 2005;26(1):57 (chi).

1301- gera: 138042/di/ra
[EFFECT OF TIANSHU CAPSULE ON PLASMA, PLATELET 5 HT AND URINE 5 HIAA IN PATIENTS WITH MIGRAINE DURING INTERMISSION]. FENG GUANGKUI, SHANG HONGTAO, HU JIAN, ET AL. **jiangsu journal of tcm.** 2005;26(2):18 (chi).

1302- gera: 138192/di/ra
EIGHT ACUPUNCTURE METHODS FOR HEADACHE ON SYNDROME DIFFERENTIATION IN CLINIC. GONG YAN HUA. **journal of acupuncture and tuina science.** 2005;3(1):27 (eng).

1303- gera: 138360/di/ra
[REFRACTORY CEPHALALGIA TREATED WITH DIAGNOSIS AND TREATMENT BASED ON DIFFERENT CHANNELS]. YUAN LI-ZHEN. **journal of clinical acupuncture and moxibustion.** 2005;21(1):10 (chi*).
Purpose: To advise the effect on treat headache with the acupuncture therapy by using the argue – iatrics. Methods: Get the point by arteries and veins; Ear acupoint application in 72 cases. Results: The se-suit showed that the total effective rate was 95.83% .The marked effec¬tive rate was 23.6% and the recovered rate was 43.06% . Conclusion: It is indicated that argue – iatrics. Acupuncture, Ear acupoint have marked effect.

1304- gera: 138371/di/ra
[CLINICAL OBSERVATION OF MIGRAINE TREATED WITH ACUPUNCTURE AND MASSAGE]. ZHOU HOU-QIANG. **journal of clinical acupuncture and moxibustion.** 2005;21(1):56 (chi).

1305- gera: 138459/di/ra
[123 CASES OF YANGMING MERIDIANS HEADACHE TREATED BY CATGUT IMPLANTATION AT ACUPOINT]. WU DAPENG, LI ZIDE, LI JINGXIU. **journal of external therapy of tcm.** 2005;14(1):36 (chi).

1306- gera: 138640/di/ra
[A CLINICAL OBSERVATION OF TREATING PREMENSTRUAL HEADACHE CAUSED BY QI STAGNATION DUE TO DEPRESSION OF THE LIVER WITH SHUGAN HUAYU ZHENTONG DECOCTION AND ACUPUNCTURE]. ZHANG LILI, M4M ZHANG YANWEI. **journal of henan university of chinese medicine.** 2005;20(117):49 (chi*).
Objective: To treat premenstrual headache caused by Qi stagnation due to depression of the liver with Shugan Huayu Zhentong Decoction and Acupuncture. Methods: Self-made Shugan Huayu Zhentong Decoction was taken 14 days before menstruation one dose daily till menstruation stopped. At the same time needling was conducted one time daily till menstruation onset was over. Results: The treatment was definite. Conclusion: The decoction can remove stagnation, promote the flow of Qi, kill pain and regulate menstruation with no side effects. With the combination of acupuncture, all the symptoms have been cured since meridians are dredged. No case of recurrence has been found in fallow-up survey of 1 year.

1307- gera: 138800/di/ra
[DISCUSSION ON ETIOLOGICAL FACTORS AND PATHOGENESIS OF TONIC HEADACHE]. HUANG YUE, DING YUAN-QING. **journal of shandong university of tcm.** 2005;29(1):18 (chi).

1308- gera: 139528/di/ra
[INFLUENCE OF ACUPUNCTURE SANJIAO CHANNEL ON CONTENT OF G-PROTEIN IN BRAIN TISSUE OF MIGRAINE RAT MODEL]. WANG SU-E, LI WEI, ZHONG GUANG-WEI, ET AL. **modern journal of integrated traditional chinese and western medicine.** 2005;14(3):303 (chi*).
Objective It is to discuss the change of acupuncture the Sanjiao channel on the content of G-protein alpha sub- units in brain stem tissue of migraine rat model. Methods The model of migraine rats were reproduced by nitroglycerin subcutaneous injection, then the rats were randomly divided into normal control group, sham- operation group, model control group and acupuncture treatment group. The content of Gia and Gsa protein in brain stem tissue was detected by western blot method. Results After nitroglycerin subcutaneous injection, Gsa protein content in brain stem tissue heightened obviously (P< 0.01) , Gia protein content lowered obviously (P <0.01) and the ratio of Gsa/Gia heightened. Compared with model control group, Gsa protein content in brain stem tissue in acupuncture treatment group lowered obviously (P <0.01) , Gia protein content heightened obviously (P<0.01) and the ratio of Gsa/Gia lowered. Conclusion Migraine attacked may be related to G-protein- linked signal transduction pathway in brain stem tissue obstacle in rats. Acupuncture the Sanjiao channel on migraine may be possibility implemented through mediating G-protein-linked signal transduction pathway.

1309- gera: 139740/di/ra
PROBLEMI DIVERSI NEL TRATTAMENTO CON AGOPUNTURA DELLA CEFALEA. ZHANG PING. **rivista italiana di medicina tradizionale cinese.** 2005;99(1):56 (ita*).
In clinical practice it is difficult to treat headache. The author holds that when headache is treated with acupuncture, attention should be paid to the following aspects.

1310- gera: 139785/di/ra
[VASCULAR HEADACHE TREATED BY,SHUGANJIEJING DECOCTION]. YAN YI, ZHANG LINGJUN. **shaanxi journal of tcm.** 2005;26(2):127 (chi).

1311- gera: 139789/di/ra
[CEREBRAL INFARCTION TREATED BY ACUPUNCTURE]. ZHANG HONGWEI, CHENG ZIMING. **shaanxi journal of tcm.** 2005;26(2):152 (chi).

1312- gera: 139958/di/ra
[WIND-DISPELLING AND BLOOD-ACTIVATING THERAPY FOR HEADACHE]. WEI TIE-LI WANG YU-FENG DENG CONG, ET AL. **shanghai journal of tcm.** 2005;39(2):31 (chi*).
In the light of the features of headache attack, it is believed that headache is caused by qi-blood stagnation, phlegm and blood retention in head and subsequent brain dysfunction. Its treatment should concentrate on both

1313- gera: 140139/di/ra
[REALIZATION IN DIFFERENTIATED SYNDROME THERAPY FOR HEADACHE DUE TO INTERIOR INJURY]. YIN YAJUN, GAO DONGXIANG, LI RONGXIU. **traditional chinese medicinal research.** 2005;18(2):39 (chi).

1314- gera: 140240/di/ra
PROTOCOLE THÉRAPEUTIQUE CÉPHALÉES : COMMENTAIRES. HAWANINI R ET GORET O. **acupuncture & moxibustion.** 2005;4(2):122 (fra).

1315- gera: 140255/di/ra
THE EFFECTS OF LASER ACUPUNCTURE ON CHRONIC TENSION HEADACHE A RANDOMISED CONTROLLED TRIAL. NARGES SADAT EBNESHAHIDI, MOJTABA HESHMATIPOUR, ALIREZA MOGHADDAMI, PAYAM EGHTESADI-ARAGHI. **acupuncture in medicine.** 2005;23(1):13 (eng).
Objective Headache affects the quality of life for many people throughout the world. Tension headache is among the commonest forms. Acupuncture is the most widely practised non-medicinal treatment for headaches. The purpose of this study was to explore the effects of laser acupuncture in this type of headache. Methods Fifty patients with chronic tension-type headache were randomly allocated to treatment or placebo groups. Patients in the treatment group received low energy laser acupuncture to LU7, LI4, GB14, and GB20 bilaterally. Points were irradiated for 43 seconds, and the intensity was 1.3J (~13J/cm2). Ten sessions were given, three per week. The placebo group was treated in a similar way except that the output power of the equipment was set to zero. The outcome variables were headache intensity (VAS), duration of attacks, and number of days with a headache per month, by daily diary, assessed monthly to three months after treatment. Results There were significant differences between groups (P<0.001) in changes from baseline in months one, two and three, in median score for headache intensity (treatment group -5, -3 and -2, placebo group -1, 0 and 0), median duration of attacks (treatment group -6, -4 and -4, placebo group -1, 0 and 0 hours), and median number of days with headache per month (treatment group -15, -10 and -8, placebo group -2, 0 and 0). Conclusion This study suggests that laser acupuncture may be an effective treatment for chronic tension-type headache, but the results should be confirmed in larger and more rigorous trials.

1316- gera: 140350//ra
ALTERNATIVE THERAPIES IN THE TREATMENT OF HEADACHE IN CHILDHOOD, ADOLESCENCE AND ADULTHOOD. TERMINE C, GINEVRA OF, D'ARRIGO S, ROSSI M, LANZI G. **funct neurol.** 2005;20(1):9-14 (eng).
In recent years, it has become common practice, in the treatment of headache, to use alternative methods, both alone and in association with drug therapies. Alternative therapies would appear to be more indicated in certain subjects: patients opposed to pharmacological treatments, those showing low tolerance of drugs or with a history of drug abuse, and those presenting medical contraindications or poor response to certain drugs. Numerous studies of alternative therapies have been published and here we review the literature data on the topic, considering in particular the accuracy of the various study methods in evaluating the effectiveness of the different therapies and their specificity for the different forms of headache. Specialists involved in the assessment and care of headache patients should strive to increase their knowledge of alternative therapies, so as to be better equipped to guide patients towards safe, economical and potentially effective treatments, rather than useless, costly or dangerous

1317- gera: 140487/di/ra
[67 PATIENS WITH VASCULAR HEADACHE TREATED WITH PRICKING BLOOD THERAPY.]. FAN YU-SHAN, ZENG SHAO-QIU, LUO YAN. **journal of clinical acupuncture and moxibustion.** 2005;21(4):35 (chi).

1318- gera: 140544/di/ra
REPORT OF A RANDOMISED TRIAL OF ACUPUNCTURE AS PROPHYLAXIS FOR MENSTRUAL MIGRAINE. PARK J. **focus on alternative and complementary therapies.** 2005;10(2):126 (eng).
Résumé et commentaires de:Linde M, Fjell A, Carlsson J, Dahlof C. Role of the needling per se in acupuncture as prophylaxis for menstrually related migraine: a randomised placebo-controlled study. Cephalalgia 2005; 25: 417.

1319- gera: 140739/di/re
ACUPUNCTURE IN PATIENTS WITH TENSION-TYPE HEADACHE: RANDOMISED CONTROLLED TRIAL. MELCHART D, STRENG A, HOPPE A ET AL. **bmj.** 2005;29 july: (eng).
Objective To investigate the effectiveness of acupuncture compared with minimal acupuncture and with no acupuncture in patients with tension-type headache. Design Three armed randomised controlled multicentre trial. Setting 28 outpatient centres in Germany. Participants 270 patients (74% women, mean age 43 (SD 13) years) with episodic or chronic tension-type headache. Interventions Acupuncture, minimal acupuncture (superficial needling at non-acupuncture points), or waiting list control. Acupuncture and minimal acupuncture were administered by specialised physicians and consisted of 12 sessions per patient over eight weeks. Main outcome measure Difference in numbers of days with headache between the four weeks before randomisation and weeks 9- 12 after randomisation, as recorded by participants in headache diaries. Results The number of days with headache decreased by 7.2 (SD 6.5) days in the acupuncture group compared with 6.6 (SD 6.0) days in the minimal acupuncture group and 1.5 (SD 3.7) days in the waiting list group (difference: acupuncture v minimal acupuncture, 0.6 days, 95% confidence interval -1.5 to 2.6 days, P=0.58; acupuncture v waiting list, 5.7 days, 3.9 to 7.5 days, P<0.001). The proportion of responders (at least 50% reduction in days with headache) was 46% in the acupuncture group, 35% in the minimal acupuncture group, and 4% in the waiting list group. Conclusions The acupuncture intervention investigated in this trial was more effective than no treatment but not significantly more

1320- gera: 140962/nd/re
A RANDOMIZED, CONTROLLED TRIAL OF ACUPUNCTURE FOR CHRONIC DAILY HEADACHE. COEYTAUX RR, KAUFMAN JS, KAPTCHUK TJ, CHEN W, MILLER WC, CALLAHAN LF, MANN JD. **headache.** 2005;45(9):1113-23 (eng).
Background.-Approximately 4% of adults experience headaches nearly every day. Nonpharmacologic interventions for frequent headaches may be appropriate because medical management alone is often ineffective. Objective.- To assess the efficacy of acupuncture as an adjunct to medical management for chronic daily headache (CDH). Methods.-We conducted a randomized, controlled trial of 74 patients with CDH that compared medical management provided by neurologists to medical management plus 10 acupuncture treatments. Primary outcome measures were daily pain severity and headache-related quality of life (QoL). Results.-Patients who received only medical management did not demonstrate improvement in any of the standardized measures. Daily pain severity scores trended downward but did not differ between treatment groups (P= .60). Relative to medical management only, medical management plus acupuncture was associated with an improvement of 3.0 points (95% CI, 1.0 to 4.9) on the Headache Impact Test and an increase of 8 or more points on the role limitations due to physical problems, social functioning, and general mental health domains of the Short Form 36 Health Survey. Patients who received acupuncture were 3.7 times more likely (CI, 1.7 to 8.1) to report less suffering from headaches at 6 weeks (absolute risk reduction 46%; number needed to treat 2). Conclusion.-Headache-specialty medical management alone was not associated with improved clinical outcomes among our study population. Supplementing medical management with acupuncture, however, resulted in improvements in health-related QoL and the perception by patients that they suffered less from headaches. (Headache 2005;45:1113-1123).

1321- gera: 141037/di/re
EFFICACITÉ DE L'ACUPUNCTURE DANS LES CÉPHALÉES CHRONIQUES ?. CHRISTIAENS T. **minerva-f.** 2005;4(9):132-3 (fra).
Résumé et commentaire de : Vickers AJ, Rees RW, Zollman CE et al. Acupuncture for chronic headache in primary care: large, pragmatic, randomised trial. BMJ 2004;328:744-9.

1322- gera: 141054/nd/re
ACUPUNCTURE USE FOR THE TREATMENT OF HEADACHE PRIOR TO NEUROLOGICAL REFERRAL. LARNER AJ. **j headache pain.** 2005;6(2):97-9 (eng).
Acupuncture is a popular complementary treatment for various pain syndromes. Some studies claim efficacy in the treatment of primary headache syndromes. However, data on the frequency of acupuncture use by patients with headache prior to neurological referral have not been identified. In this study, 12% of patients with headache attending general neurology outpatient clinics had already received acupuncture; of the remainder, 73% said they

1323- gera: 141370/nd/re
HEADACHE (CHRONIC TENSION-TYPE). SILVER N. **clin evid.** 2005;14:1610 (eng).

1324- gera: 141849/di/ra
[CLINICAL OBSERVATIONS ON ACUPUNCTURE TREATMENT.OF_MIGRAINE]. CHEN ZL. **shanghai journal of acupuncture and moxibustion.** 2005;24(10):3 (chi*).
Objectivé To investigate the effects of different methods for treating migraine. Methods An observation group of 120 cases and a control group of 40 casés were randomly set up. The observation group was treated with routine acupuncture and the control group, by oral administration of ergotamine caffeine. The curative effects were compared between the two groups. Results The cure rate was 90:0% in the observation group and 70.0% in the control group(P <0.05). The total efficacy rate was 100% in the observa-tion group and 92. 5% in the control group(P <0.01) . The curative effect was significantly better in the observation group than in the control group. A comparison of the therapeutic course and the curative effect showed a better result in the observation group (P < 0.05). Conclusion Both the cure rate and the total efficacy rate were higher in the observation group thon in the control group and the course of treatment was shorter in the former, suggesting that acupuncture therapy is superior

1325- gera: 141948/nd/re
NONPHARMACOLOGIC TREATMENT OF MIGRAINE. SANDOR PS, AFRA J. **curr pain headache rep.** 2005;9(3): (eng).
Nonpharmacologic treatment of migraine is often used by patients and can provide interesting options for physicians. Knowledge about the evidence and its absence is important. Avoidance of trigger factors can help, if individualized. Behavioral approaches, such as relaxation techniques, biofeedback, and cognitive-behavioral therapy, require far more specialist time or technical devices, but are supported by some evidence, which is mostly old. The same is true for hypnosis. A new approach in migraine prevention is aerobic exercise, which is associated with positive side effects. Whether it will take a strong role, similar to the treatment of depression, remains to be seen. There is no convincing evidence for the efficacy of spinal manipulation. Hyperbaric oxygen may be an effective, but rarely practical prophylactic measure. The evidence pertaining to the efficacy of acupuncture is controversial because of methodologic difficulties, but an ongoing large German study may provide valuable evidence in the near future. Nutritional supplements acting on mitochondrial metabolism, such as magnesium,

riboflavin, and coenzyme Q10, were shown to be effective in small, randomized, controlled trials. More studies on the different therapeutic interventions are needed, using modern diagnostic standards and state-of-the-art trial methodology.

1326- gera: 142176/di/ra
CLINICAL STUDY OF TUINA ON TENSION-TYPE HEADACHE WITH SYNDROME DIFFERENTIATION. WANG JIN-GUI. **journal of acupuncture and tuina science.** 2005;3(6):23 (eng).
The 6-point behavioral rating scale and Stead's grading method of diagnostic s cale were applied to evaluate objectively the therapeutic effects of Tuina on 150 patients with tension-type headache in the experimental and controlled groups in this study. The results indicated that abdominal Tuina method of invigorating blood circulation and regulating qi had better effect than the routine Tuina method in treating tension-type headache. Meantime, it is considered that eliminating the immoderate defensive response caused by the process of headache--muscular contraction--headache is the academic basis of the marked effect.

1327- gera: 142307/di/ra
TENSION HEADACHE: A CLINICAL STUDY OF ITS TREATMENT BY ACUPUNCTURE. TUKMACHI E, FIRHAAS TUKMACHI. **journal of chinese medicine.** 2005;78:10 (eng).
The Western medical treatment of tension headache often encounters difficulties with regard to clinical diagnosis, treatment and financial costs. In this preliminary clinical study, 22 patients suffering from tension headache were treated with acupuncture. The results showed that four patients had complete relief from tension headaches and that there was a marked improvement in vine patients and fair improvement in six patients, with a failure to improve in only three patients. This paper also provides an introduction to the pathophysiology of, and therapeutic principles for, tension headaches from the conventional and traditional Chinese medicine points of view.

1328- gera: 142592/di/ra
[CLINICAL OBSERVATIONS ON ACUPUNCTURE TREATMENT OF 68 MIGRAINE PATIENTS]. ZHOU WX. **shanghai journal of acupuncture and moxibustion.** 2005;24(10):5 (chi*).
Objective To investigate the clinical efficacy of acupuncture for treating migraine. Methods A treatment group of 68 cases were treated with acupuncture and a control group of 40 cases, by oral administration of Nimodipine and oryzanol. The curative effect was evaluated in both groups after 2 courses of treatment. Results The total efficacy rate was 92.7% and 72.5% and the control rate was 45.6% and 22.5% , respectively, in the two groups. Conclusion Acupuncture is obviously superior to Western medi-cine in treating migraine.

1329- gera: 142593/di/ra
[TREATMENT OF 30 MIGRAINE PATIENTS BY MIND-REGULATING ACUPUNCTURE]. CHEN L. **shanghai journal of acupuncture and moxibustion.** 2005;24(10):7 (chi*).
Objective To investigate the efficacy of mind regulating acupuncture as main therapy for treating migraine. Methods Thirty migraine patients were treated by mind-regulating acupuncture and 28 were treated by routine acupuncture as a control. The curative effect and the immediate pain-stopping effect were evaluated in both groups. Results and Conclusion The total efficacy raté was 90% in the mind-regulating group and 75% in the control group. The curative effect was significantly better in the mind-regulating group than in the control group (P <0.05). The analgesic effect at 24 hours after treatment was much better in the mind-regulating group than in the

1330- gera: 143013/di/ra
L'AGOPUNTURA IN PAZIENTI AFFETTI DA EMICRANIA: UNO STUDIO RANDOMIZZATO CONTROLLATO. LINDE K ED ALTRI. **rivista italiana di medicina tradizionale cinese.** 2005;100(2):9 (ita).
CONTEXT: Acupuncture is widely used to prevent migraine attacks, but available evidence of its benefit is scarce. OBJECTIVE: To investigate the effectiveness of acupuncture compared with sham acupuncture and with no acupuncture in patients with migraine. DESIGN, SETTING, AND PATIENTS: Three-group, randomized, controlled trial (April 2002 January 2003) involving 302 patients (88% women), mean (SD) age of 43 (11) years, with migraine headaches, based on International Headache Society criteria. Patients were treated at 18 outpatient centers in Germany. INTERVENTIONS: Acupuncture, sham acupuncture, or waiting list control. Acupuncture and sham acupuncture were administered by specialized physicians and consisted of 12 sessions per patient over 8 weeks. Patients completedheadache diaries from 4 weeks before to 12 weeks after randomization and from week 21 to 24 after randomization. MAIN OUTCOME MEASURES: Difference in headache days of moderate or severe intensity between the 4 weeks before and weeks 9 to 12 after randomization. RESULTS: Between baseline and weeks 9 to 12, the mean (SD) number of days with headache of moderate or severe intensity decreased by 2.2 (2.7) days from a baseline of 5.2 (2.5) days in the acupuncture group compared with a decrease to 2.2 (2.7) days from a baseline of 5.0 (2.4) days in the sham acupuncture group, and by 0.8 (2.0) days from a baseline of 5.4 (3.0) days in the waiting list group. No differences was detected between the acupuncture and the sham acupuncture groups (0.0 days, 95% confidence interval, - 0.7 to 0.7 days; P=0.96) while there was a difference between the acupuncture group compared with the waiting list group (1.4 days; 95% confidence interval; 0.8-2.1 days; p<0.001). The proportion of responders (reduction in headache days by at least 50%) was 51% in the acupuncture group, 53% in the sham acupuncture group, and 15% in the waiting list group. CONCLUSION: Acupuncture was no more effective than sham acupuncture in reducing migraine headaches although both interventions were more effective than a waiting list control.

1331- gera: 143490/di/ra
CLINICAL STUDY OF TUINA ON TENSION-TYPE HEADACHE WITH SYNDROME DIFFERENTIATION. WANG JIN-GUI. **journal of acupuncture and tuina science.** 2005;3(6):23 (eng).
The 6-point behavioral rating scale and Stead's grading method of diagnostic scale were applied to evaluate objectively the therapeutic effects of Tuina on 150 patients with tension-type headache in the experimental and controlled groups in this study. The results indicated that abdominal Tuina method of invigorating blood circulation and regulating qi had better effect than the routine Tuina method in treating tension-type headache. Meantime, it is considered that eliminating the immoderate defensive response caused by the process of headache--muscular contraction--headache is the academic basis of the marked effect.

1332- gera: 143726/di/ra
L'AGOPUNTURA IN PAZIENTI AFFETTI DA EMICRANIA: UNO STUDIO RANDOMIZZATO CONTROLLATO. LINDE K ED ALTRI. **rivista italiana di medicina tradizionale cinese.** 2005;100(2):9 (ita).
CONTEXT: Acupuncture is widely used to prevent migraine attacks, but available evidence of its benefit is scarce. OBJECTIVE: To investigate the effectiveness of acupuncture compared with sham acupuncture and with no acupuncture in patients with migraine. DESIGN, SETTING, AND PATIENTS: Three-group, randomized, controlled trial (April 2002 — January 2003) involving 302 patients (88% women), mean (SD) age of 43 (11) years, with migraine headaches, based on International Headache Society criteria. Patients were treated at 18 outpatient centers in Germany. INTERVENTIONS: Acupuncture, sham acupuncture, or waiting list control. Acupuncture and sham acupuncture were administered by specialized physicians and consisted of 12 sessions per patient over 8 weeks. Patients completed headache diaries from 4 weeks before to 12 weeks after randomization and from week 21 to 24 after randomization. MAIN OUTCOME MEASURES: Difference in headache days of moderate or severe intensity between the 4 weeks before and weeks 9 to 12 after randomization. RESULTS: Between baseline and weeks 9 to 12, the mean (SD) number of days with headache of moderate or severe intensity decreased by 2.2 (2.7) days

from a baseline of 5.2 (2.5) days in the acupuncture group compared with a decrease to 2.2 (2.7) days from a baseline of 5.0 (2.4) days in the sham acupuncture group, and by 0.8 (2.0) days from a baseline of 5.4 (3.0) days in the waiting list group. No differences was detected between the acupuncture and the sham acupuncture groups (0.0 days, 95% confidence interval, - 0.7 to 0.7 days; P=0.96) while there was a difference between the acupuncture group compared with the waiting list group (1.4 days; 95% confidence interval; 0.8-2.1 days; p<0.001). The proportion of responders (reduction in headache days by at least 50%) was 51% in the acupuncture group, 53% in the sham acupuncture group. CONCLUSION: Acupuncture was no more effective tha sham acupuncture in reducing migraine headaches althoug both interventions were more effective than a waiting li: control. 15% in the waiting list group.

1333- gera: 144172/di/ra
CEPHALEES ET APPAREIL MANDUCATEUR. VERDOUX B. **acupuncture & moxibustion.** 2005;4(4):303 (fra).
Résumé : À partir de l'expérience clinique, l'auteur établit une relation entre certaines céphalées, des atteintes de l'appareil manducateur et un syndrome postural. Les céphalées sont souvent de type myotensif ; le patient présente un syndrome algo-dysfonctionnel mandu-cateur ; le contexte clinique évoque une pathologie de stress avec débordement des mécanismes d'adaptation. L'acupuncture est souvent effcace, mais parfois elle doit être associée à une prise en charge de l'occlusion afn d'éviter les récidives.

1334- gera: 144386//ra
SHAM ACUPUNCTURE IS AS GOOD AS THE REAL THING IN MIGRAINE. CUMMINGS M. **focus on alternative and complementary therapies.** 2005;10(4):299 (eng).
résumé et commentaire de : Linde K, Streng A, Jurgens S, Hoppe A, Brinkhaus B, Witt C, Wagenpfeil S, Pfaffenrath V, Hammes MG, Weidenhammer W, Willich SN, Melchart D. Acupuncture for patients with migraine: a randomized controlled trial. JAMA 2005; 293: 2118-25.

1335- gera: 144459//ra
EFFECTIVENESS AND TOLERABILITY OF ACUPUNCTURE COMPARED WITH METOPROLOL IN MIGRAINE PROPHYLAXIS – A RANDOMISED TRIAL. Streng A, Linde K Hoppe A, Pfaffenrath V, Hammes M, Wagenpfeil S4, Weidenhammer W, Melchart D. **focus on alternative and complementary therapies.** 2005;10(1):52 (eng).

1336- gera: 144464//ra
COST-EFFECTIVENESS OF ACUPUNCTURE IN PATIENTS WITH HEADACHE, LOW BACK PAIN AND OSTEOARTHRITIS OF THE HIP AND THE KNEE. Witt C, Selim D, Reinhold T, Jena S, Brinkhaus B, Liecker B, Willich SN. **focus on alternative and complementary therapies.** 2005;10(1):57 (eng).

1337- gera: 144755/ra/di
DIE GERAC-MIGRANE-AKUPUNKTURSTUDIE: WERT DURCH VORZEITIGE ENTBLINDUNG?. WETTIG D. **akupunktur theorie und praxis.** 2005;32(4):178 (deu).
In dieser Zeitschrift wurde bereits kritisch Ober die Me thodik der GERAC-Gonarthrosestudie berichtet. Nur wurde Ende September auf dem Neurologenkongres: in Wiesbaden auch das Ergebnis der GERAC-Migra nestudie vorgestellt. Auch diese groBe und sehr teur(Doppel-Blindstudie zur Wirksamkeit der Akupunktu bei Migräne wurde aber handwerklich offenbar nich sauber durchgefuhrt und verstiel3 durch Vorabveröf fentlichungen mehrfach gegen die Regeln des „GooD Clinical Practice", welches strikte Geheimhaltung .Studiendesigns gegenüber den zu verblindenden Personen (hier insbesondere gegenüber den Patienten) fordert.

1338- gera: 144939/ra/di
INFORMES CLINICOS DE ACUPUNTURA EN EL TRATAMIENTO DE LA MIGRAÑA. TAO SHA. **el pulso de la vida.** 2005;12(43):31 (esp).

1339- gera: 87319/di/ra
TREATMENT OF TENSION HEADACHE WITH CHINESE HERBS AND ACUPUNCTURE--A REPORT OF 40 CASES. ZHANG M, XIONG Y. **journal of traditional chinese medicine.** 2006;26(2):125-6. (eng).
Wangjing Hospital of China Academy of Chinese Medical Sciences, Beijing 100102, China.

1340- gera: 117653/di/ra
DESIGNING AN ACUPUNCTURE STUDY: THE NATIONWIDE, RANDOMIZED, CONTROLLED, GERMAN ACUPUNCTURE TRIALS ON MIGRAINE AND TENSION-TYPE HEADACHE. MOLSBERGER AF, BOEWING G, DIENER HC, ENDRES HG, KRAEHMER N, KRONFELD K, ZENZ M. **j altern complement med.** 2006;12(3):237-45. (eng).
BACKGROUND: In the nationwide German Acupuncture Trials (GERAC) verum acupuncture, based on Traditional Chinese Medicine (TCM), was to be tested against sham acupuncture for the entities classified in the West as "migraine" (MIG) and "tension-type headache" (TTH). However, there were no generally accepted guidelines on how to perform a consistent verum or sham treatment. OBJECTIVE: To design broadly consensual verum and sham acupuncture treatment protocols for MIG and TTH for the GERAC. METHODOLOGY: Extensive literature study and consultation with acupuncture experts. Personal interviews, both free and structured, e-mail discussions, and phone conferences were used. RESULTS: Broadly consensual acupuncture protocols for MIG and TTH for verum and sham acupuncture were developed. They included semi-standardized point combinations with clearly described point selection rules based on TCM acupuncture diagnoses. A procedure was developed to help ensure homogenous treatment quality in a large multicenter trial. CONCLUSIONS: The GERAC study design allowed acupuncture to be tested in a naturalistic environment. The rigorous study design and the large number of physician investigators guaranteed a high external validity for the results. The results will help determine the significance of Chinese acupuncture in the context of Western medicine for the treatment of MIG and TTH.

1341- gera: 119183/di/ra
TREATMENT IN A RANDOMIZED MULTICENTER TRIAL OF ACUPUNCTURE FOR MIGRAINE (ART MIGRAINE). LINDE K, STRENG A, HOPPE A, BRINKHAUS B, WITT CM, HAMMES M, IRNICH D, HUMMELSBERGER J, WILLICH SN, MELCHART D. **forsch komplementarmed .** 2006;13(2):101-8. (eng).
BACKGROUND: This paper aims to describe the characteristics of physicians and interventions of a large, multicenter randomized trial of acupuncture for migraine (ART Migraine) in order to enable acupuncturists to assess the study interventions. PATIENTS AND METHODS: 302 patients suffering from migraine were randomized to 12 sessions of semi-standardized acupuncture (6 predefined basic points, recommendations for optional individual choice of additional points given), standardized minimal acupuncture (superficial needling of at least 5 of 10 predefined, distant non-acupuncture points) or a waiting list. 30 physicians trained and experienced in acupuncture from 18 centers in Germany participated in the trial. RESULTS: The median duration of acupuncture training of trial physicians was 500 h (range 140-1350). Physicians had acupuncture experience for 10 (<1 to 25) years and had treated 200 (60 to >1000) patients with acupuncture in the year preceding trial participation. The 6 basic points were needled in 76-93% of sessions. Compliance with treatment instructions varied considerably among centers in the acupuncture group. In contrast, compliance with the minimal acupuncture protocol was very good. 6 of the 30 physicians stated that they would have treated patients somewhat differently outside the trial, 1 completely differently. The trial found a significant effect of those treated with acupuncture compared to those on the waiting list for treatment, but minimal acupuncture was as effective as acupuncture. CONCLUSIONS: The treatment protocols for acupuncture and minimal acupuncture in ART Migraine appeared an adequate compromise in the specific situation

and for the predefined purposes. However, a relevant minority of participating physicians would have treated patients differently outside the trial.

1342- gera: 125762/di/ra
[THERAPEUTIC EFFECT OF POINT-THROUGH-POINT ACUPUNCTURE ON MIGRAINE AND ITS EFFECTS ON BRAIN BLOOD FLOW VELOCITY]. CAI YY, WANG S. **chinese acupuncture and moxibustion.** 2006;26(3):177-9. (chi).
OBJECTIVE: To study the clinical therapeutic effect of point-through-point acupuncture on migraine and its mechanisms. METHODS: Ninety cases of migraine were randomly divided into a treatment group and a control group, 45 cases in each group. The treatment group were treated with point-through-point acupuncture and the control group with normal needling method. Brain blood flow velocity was determined by TCD before and after treatment. RESULTS: The effective rate was 97.8% in the treatment group, which was better than 80.0% in the control group (P < 0.05). And the point-through-point acupuncture could significantly improve the highest mean blood flow velocity of main arteries, with a significant difference between the two groups after treatment (P < 0.05). CONCLUSION: Point-through-point acupuncture can be used for treatment of migraine, with a high cured rate and

1343- gera: 125851/di/ra
[OBSERVATION ON THERAPEUTIC EFFECT OF JINGJIN THERAPY ON MIGRAINE]. HUANG JJ, PANG J, LEI LM, CHEN JX, HE YF. **chinese acupuncture and moxibustion.** 2006;26(5):322-4. (chi).
OBJECTIVE: To observe therapeutic effect of Jingjin therapy on migraine and search for an ideal way for non- medical treatment of migraine. METHODS: One hundred cases of migraine were randomly divided into a observation group and a control group, 50 cases in each group. The observation group were treated with Jingjin therapy, and the control group with oral administration of Nimodipine. RESULTS: The total effective rate was 100.0% in the observation group and 70.0% in the control group with a significant difference between the two groups (P < 0.01). The therapeutic effect for attacking times, attacking lasting time, headache index and accompanied symptoms in the observation group was better than that in the control group (P < 0.01).

1344- gera: 126359/di/ra
OBSERVATION CLINIQUE MIGRAINES: TROIS CAS CLINIQUES. WEI QINGXING. **journal de medecine traditionnelle chinoise.** 2006;2(3):7 (fra).

1345- gera: 133069/di/ra
CLINICAL STUDY ON EFFECT OF XIAOYAO NOSE DROPS IN STOPPING EPISODE OF MIGRAINE. HU HQ, ZHOU YH, WANG XL. **chinese journal of integrative medicine.** 2006;12(2):112-7. (eng).
OBJECTIVE: To observe the effect of Xiaoyao Nose Drops (XYND) in stopping episode of migraine. METHODS: Adopted was the randomized double-blinded placebo-controled method, with the 126 patients equally assigned to two groups, the treated group treated with XYND and the control group with placebo, and the therapeutic course was 30 days for all. The clinical total effective rate and effect in alleviating headache were observed. And hemorrheological parameters as well as the blood flow of the anterior cerebral artery (ACA), median cerebral artery (MCA) and posterior cerebral artery (PCA) were measured before and after treatment. RESULTS: The clinical total effective rate and headache alleviating rate in the treated group were 93.33% and 96.67% respectively, while those in the control group were 18.33% and 20.00% respectively, and comparison between the two groups showed significant difference (all P < 0.01). The blood viscosity (high, middle and low shear), plasma viscosity and fibrinogen got lowered significantly in the treated group after treatment, showing significant difference in comparison either with those before treatment or with those in the control group after treatment (P < 0.05 or P < 0.01). The velocity of blood flow in all cerebral arteries lowered significantly, also showing significant difference in comparison either with those before treatment or with those in the control group after treatment (P < 0.05 or P < 0.01). CONCLUSION: XYND is effective in stopping the headache of patients with migraine, and worth applying in

1346- gera: 141162/nd/re
ACUPUNCTURE IS NO MORE EFFECTIVE THAN SHAM ACUPUNCTURE IN THE TREATMENT OF MIGRAINE. SWANSON JW. **curr neurol neurosci rep.** 2006;6(2):93-4 ().

1347- gera: 141187/di/re
EFFICACY OF ACUPUNCTURE FOR THE PROPHYLAXIS OF MIGRAINE: A MULTICENTRE RANDOMISED CONTROLLED CLINICAL TRIAL. DIENER HC, KRONFELD K, BOEWING G, LUNGENHAUSEN M, MAIER C, MOLSBERGER A, TEGENTHOFF M, TRAMPISCH HJ, ZENZ M, MEINERT R;. **lancet neurol.** 2006;5(4):310-6 (eng).
BACKGROUND: Our aim was to assess the efficacy of a part-standardised verum acupuncture procedure, in accordance with the rules of traditional Chinese medicine, compared with that of part-standardised sham acupunctu re and standard migraine prophylaxis with beta blockers, calcium-channel blockers, or antiepileptic drugs in the reduction of migraine days 26 weeks after the start of treatment. METHODS: This study was a prospective, randomised, multicentre, double-blind, parallel-group, controlled, clinical trial, undertaken between April 2002 and July 2005. Patients who had two to six migraine attacks per month were randomly assigned verum acupuncture (n=313), sham acupuncture (n=339), or standard therapy (n=308). Patients received ten sessions of acupuncture treatment in 6 weeks or continuous prophylaxis with drugs. Primary outcome was the difference in migraine days between 4 weeks before randomisation and weeks 23-26 after randomisation. This study is registered as an International Standard Randomised Controlled Trial, number ISRCTN52683557. FINDINGS: Of 1295 patients screened, 960 were randomly assigned to a treatment group. Immediately after randomisation, 125 patients (106 from the standard group) withdrew their consent to study participation. 794 patients were analysed in the intention-to-treat popoulation and 443 in the per-protocol population. The primary outcome showed a mean reduction of 2 .3 days (95% CI 1.9-2.7) in the verum acupuncture group, 1.5 days (1.1-2.0) in the sham acupuncture group, and 2.1 days (1.5-2.7) in the standard therapy group. These differences were statistically significant compared with baseline (p<0.0001), but not across the treatment groups (p=0.09). The proportion of responders, defined as patients with a reduction of migraine days by at least 50%, 26 weeks after randomisation, was 47% in the verum group, 39% in the sham acupuncture group, and 40% in the standard group (p=0.133). INTERPRETATION: Treatment outcomes for migraine do not differ between patients treated with sham

1348- gera: 141214/nd/re
TRIGGER POINT EVALUATION IN MIGRAINE PATIENTS: AN INDICATION OF PERIPHERAL SENSITIZATION LINKED TO MIGRAINE PREDISPOSITION?. CALANDRE EP, HIDALGO J, GARCIA-LEIVA JM, RICO- VILLADEMOROS F. **eur j neurol.** 2006;13(3):244-9 (eng).
Although migraine is a neurovascular disorder, both scalp tenderness and referred pain have been observed in migraine patients. The present study was carried out to investigate the presence of trigger points eliciting referred pain in 98 migraine patients and in 32 healthy subjects. Trigger points were found in 92 (93.9%) migraineurs and in nine (29%) controls (P < 0.0001). The number of individual migraine trigger points varied from zero to 14 (modal number: 4), and was found to be related to both the frequency of migraine attacks (P < 0.0001), and the duration of the disease (P = 0.017). About 74% of the total detected trigger points were found in temporal and/or suboccipital areas; other locations were mainly found in patients showing more than four trigger points. Trigger point palpation provoked a migraine attack in 30 (30.6%) patients. Pericraneal allodynia was found in 15 (15.3%) patients. These data indicate that nociceptive peripheral sensitization is a usual finding in migraine, and that central sensitization can develop in patients with frequent attacks and long-lasting

disease. Trigger points' detection in migraine patients could be useful when applying therapies like acupuncture, needling or botulinum

1349- gera: 141232/nd/re
TO THE POINT: ACUPUNCTURE AND MIGRAINE. BLACK SL. **lancet neurol.** 2006;5(5):382-3 (eng).

1350- gera: 141233/nd/re
TO THE POINT: ACUPUNCTURE AND MIGRAINE - AUTHOR'S RESPONSE. DIENER H. **lancet neurol.** 2006;5(5):383 (eng).

1351- gera: 141239/nd/re
EFFECTIVENESS OF ACUPUNCTURE FOR MIGRAINE: CRITICAL LITERATURE REVIEW. GRIGGS C, JENSEN J. **j adv nurs.** 2006;54(4):491-501 (eng).
Aim. The aim of this paper is to evaluate previous research studies on acupuncture for migraine with reference to the Standards for Reporting Interventions in Controlled Trials of Acupuncture guidelines. Background. It is estimated that around 2-15% of the world's population are affected by migraine headaches. Thirteen per cent of adults in the United Kingdom suffer with chronic pain, migraine headaches accounting for 7% of cases. Migraine pain relief is grounded in pharmacology. Acupuncture for migraine has been widely researched. However, inconsistent and low quality results have been produced. Recently, published Standards for Reporting Interventions in Controlled Randomized Trials of Acupuncture guidelines recommend important information that must be included in research in order to be valid and reliable. Methods. Searches were conducted between September 2003 and May 2004 using the Ovid Medline 1966-2004, British Medical Journal, Blackwell Synergy, Science Direct, The Lancet and Cochrane Library Issue 1 databases. Searches were limited to the previous 20 years and to publications in the English language only. Findings. Thirteen randomized controlled trials met the inclusion criteria and were critically reviewed for methodological quality, reporting of acupuncture needling details, practitioner background, control interventions and use of a diagnostic criterion. Findings agreed with previous literature reviews that the majority of studies of acupuncture for migraine research are of poor quality, with conflicting results. Few studies met the criteria of the Standards for Reporting Interventions in Controlled Trials of Acupuncture recommendations. Overall, the quality of research in this area must be questioned. Conclusions. In the light of these findings, practitioners may face a dilemma when considering the use of acupuncture for migraine. Therefore, large, high quality randomized controlled trials of acupuncture for migraine are needed. Until better quality research is published, with verification of the benefits of acupuncture for migraine, provision of this

1352- gera: 141246/nd/re
ACUPUNCTURE FOR CHRONIC HEADACHES-AN EPIDEMIOLOGICAL STUDY. MELCHART D, WEIDENHAMMER W, STRENG A, HOPPE A, PFAFFENRATH V, LINDE K. **headache.** 2006;46(4):632-41 (eng).
Objective.-To in vestigate the characteristics and outcomes of patients undergoing acupuncture treatment for chronic headaches under conditions of routine care provided within the framework of statutory health insurance in Germany. Furthermore, we investigated correlations between different outcomes. Patients and Methods.-Patients with migraine, episodic or chronic tension-type headache (TTH), or several other forms of chronic headache (cluster, vascular, drug-induced headache; other specific headaches) treated with acupuncture (mean number of sessions 8.6 +/- 3.0) were included into an observational study. Detailed questionnaires including questions on headache days and instruments measuring disability (Pain Disability Index) and quality of life (SF-36) were completed before treatment, after treatment, and at 6 months after inclusion. Results.-A total of 2022 patients (732 with migraine, 351 with episodic and 440 with chronic TTHs, and 499 with other diagnoses) treated by 1418 physicians were included in the main analysis. Sociodemographic and baseline characteristics differed considerably in the four diagnostic groups. Statistically highly significant and clinically relevant improvements were seen for all clinical outcome measures in all diagnostic groups. In 52.6% of patients headache frequency decreased by at least 50% compared to baseline. The comparison of headache frequency, pain intensity, and generic outcome measures showed that some of these outcomes correlate only weakly. Conclusions.-In this epidemiological study, headache patients reported clinically relevant improvements after receiving acupuncture. Randomized trials performed in parallel to this study confirm the relevant overall effect, however, the effect may largely be due to potent unspecific needling and placebo effects.

1353- gera: 141247/nd/re
USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE BY PATIENTS WITH CHRONIC TENSION-TYPE HEADACHE: RESULTS OF A HEADACHE CLINIC SURVEY. ROSSI P, DI LORENZO G, FARONI J, MALPEZZI MG, CESARINO F, NAPPI G. **headache.** 2006;46(4):622-31 (eng).
Objectives.-This study was undertaken to evaluate the rates, pattern, and presence of predictors of complementary and alternative medicine use in a clinical population of patients with chronic tension-type headache. Background.- The use of complementary and alternative medicine in the treatment of headaches is a growing phenomenon about which little is known. Methods.-A total of 110 chronic tension-type headache patients attending a headache clinic participated in a physician-administered structured interview designed to gather information on complementary and alternative medicine use. Results.-Past use of complementary and alternative therapies was reported by 40% of the patients surveyed (22.7% in the previous year). Chronic tension-type headache patients prefer complementary and alternative practitioner-administered physical treatments to self-treatments, the most frequently used being chiropractic (21.9%), acupuncture (17.8%), and massage (17.8%). Only 41.1% of the patients perceived complementary and alternative therapies to be beneficial. The most common source of recommendation of complementary and alternative medicine was a friend or relative (41.1%). Most of the chronic tension-type headache patients used complementary and alternative treatment as a specific intervention for their headache (77.3%). Almost 60% of complementary and alternative medicine users had not informed their medical doctors of their use of complementary and alternative medicine. The most common reasons given for choosing to use a complementary or alternative therapy was the "potential improvement of headache" it offered (45.4%). The patients who had used more complementary and alternative treatments were found to be those recording a higher lifetime number of visits to conventional medical doctors, those with a comorbid psychiatric disorder, those enjoying a higher (household) income, and those who had never tried a preventive pharmacological treatment. Conclusions.-Our findings suggest that headache-clinic chronic tension-type headache patients, in their need of and quest for care, seek and explore both conventional and complementary and alternative therapies, even if only 41.1% of them perceived complementary treatments as effective. Physicians should be made aware of this patient- driven change in the medical climate in order to prevent misuse of health care resources and to be better

1354- gera: 141268/nd/re
ACUPUNCTURE IN MIGRAINE PROPHYLAXIS: A RANDOMIZED SHAM-CONTROLLED TRIAL. ALECRIM-ANDRADE J, MACIEL-JUNIOR J, CLADELLAS X, CORREA-FILHO H, MACHADO H. **cephalalgia.** 2006;26(5):520-9 (eng).
The purpose of the present trial was to evaluate semi-standardized acupuncture efficacy in migraine prophylaxis. Twenty-eight subjects with migraine were randomized to the real or sham acupuncture groups. Semi-standardized and standardized minimal acupuncture were used, respectively, in the two groups of patients. They were all treated with 16 acupuncture sessions in 12 weeks. Both groups exhibited similar reductions in: percentage of patients with reduction of migraine >/= 40% and >/= 50% regarding frequency of

migraine attacks, days with migraine, frequency of migraine attacks, average duration of a migraine attack, rate of rescue medication used, average headache severity rate and other parameters compared with the baseline period. Associated symptoms, such as nausea and vomiting, also showed equal estimates in both groups. These findings showed that semi-standardized acupuncture shows no difference from sham acupuncture in preventing migraine attacks.

1355- gera: 141478/di/re
CHRONIC TENSION-TYPE HEADACHE TREATED WITH ACUPUNCTURE, PHYSICAL TRAINING AND RELAXATION TRAINING. BETWEEN-GROUP DIFFERENCES. SODERBERG E, CARLSSON J, STENER-VICTORIN E. **cephalalgia.** 2006;26(11):1320-9 (eng).
The aim of this study was to compare acupuncture, relaxation training and physical training in the treatment of chronic tension-type headache (CTTH). The study comprised 90 consecutive patients with CTTH who were randomly allocated to acupuncture, relaxation training or physical training. Headache intensity, headache-free days and headache-free periods were registered using a visual analogue scale and a headache diary. The measurements were made 4 weeks before, immediately after, and 3 and 6 months after the treatment period. Immediately after the last treatment, the number of headache-free periods and of headache-free days was higher in the relaxation group compared with the acupuncture group. There were no other significant differences between the groups at any time point. The clinical implications of our findings are that relaxation training induced the most pronounced effects directly after the treatment period, compared with acupuncture and physical training

1356- gera: 141516/di/re
EFFECTIVENESS AND TOLERABILITY OF ACUPUNCTURE COMPARED WITH METOPROLOL IN MIGRAINE PROPHYLAXIS. STRENG A, LINDE K, HOPPE A, ET AL. **headache.** 2006;46(10):1492-502 (eng).
Objectives.-In a randomized controlled multicenter trial extending over 24 weeks, we investigated whether acupuncture is as effective and safe as metoprolol in the prophylactic treatment of migraine under conditions similar to routine care. Methods.-One hundred fourteen migraine patients could be randomized to treatment over 12 weeks either with acupuncture (8 to 15 sessions) or metoprolol (100 to 200 mg daily). Main outcome measure was the difference in the number of migraine days between baseline and the weeks 9 to 12 after randomization (derived from a headache diary). Results.-Two of 59 patients randomized to acupuncture withdrew prematurely from the study compared to 18 of 55 randomized to metoprolol. The number of migraine days decreased by 2.5 +/- 2.9 days (baseline 5.8 +/- 2.5 days) in the acupuncture group compared to 2.2 +/- 2.7 days (baseline 5.8 +/- 2.9 days) in the metoprolol group (P= .721). The proportion of responders (reduction of migraine attacks by >/=50%) was 61% for acupuncture and 49% for metoprolol. Both physicians and patients reported fewer adverse effects in the acupuncture group. Conclusions.-Due to missing the recruitment target (480 patients) and the high drop-out in the metoprolol group the results must be interpreted with caution. Still, they suggest that acupuncture might be an effective and safe treatment option for patients unwilling or unable to use drug prophylaxis. (Headache 2006;46:1492-1502).

1357- gera: 141594/di/ra
CLINICAL OBSERVATION OF TREATING MIGRAINE WITH DEEP NEEDLING AT POINT FENGCHI. WEIZHE DENG AND ZHIXIN YANG. **international journal of clinical acupuncture.** 2006;14(2):95 (eng).
Objective: Observe the therapeutic effect on migraine by means of deep needling Fengchi (GB 20). Methods: According to the order of check-in at the outpatient clinic, 72 cases of migraine sufferers were randomly divided into 3 groups: the deep insertion group, the normal insertion group, and the western medicine control group. Results: Deep insertion at Fengchi (GB 20) can shorten the duration of the headache remarkably and prolong the time between recurrences. There were remarkable differences among the three groups (P< 0.05). Conclusion: Migraine patients treated by deep needling Fengchi (GB 20) had better results. The depth of insertion reached 45- 55 mm in the deep insertion group. For safety, it is important to pay attention to the direction and method of

1358- gera: 141607/di/ra
THE THERAPEUTIC EFFECT OF ACUPUNCTURE AND WESTERN MEDICINE IN TREATING MIGRAINE. YUECHENG ZHANG, QIUFENG WANG AND LIHUA SONG. **international journal of clinical acupuncture.** 2006;14(3):159 (eng).
Purpose: To explore the clinical value of acupuncture at Ermen (SJ 21) in the treatment of migraine. Methods: 216 cases were randomly divided into a treatment group (106 cases) treated with acupuncture and a control group (110 cases) treated with western medicine. The therapeutic effects of both groups were observed and compared. Results: The curative rates were 63.2% and 21.8% respectively in the treatment group and the control group, with a significant difference (P < 0.005) between the two groups. There was also a significant difference in the effective rates between the two groups (P < 0.005); the effective rates at 15 min. and 30 min. were 73.6% and 24.5% in the treatment group and 71.7% and 33.6% hi the control group respectively. Conclusion: With very few points selected, this therapeutic method has good clinical value in treating migraine.

1359- gera: 141608/di/ra
TREATMENT OF 60 MIGRAINE SUFFERERS WITH PENETRATION NEEDLING OF POINTS AND POINT SELECTION BASED ON FOLLOWING DIE CORRESPONDING MERIDIANS. LINA QIN AND SHIZHE GU. **international journal of clinical acupuncture.** 2006;14(3):163 (eng).
Purpose: To observe the clinical effect of penetration needling of points and point selection based on following the corresponding meridians to treat migraine. Method: According to the random sampling principle, 60 acute- period migraine patients were divided into 2 groups: 1) the acupuncture group that was treated with penetration needling of points combined with point selection based on following corresponding meridians and 2) the drug treatment group. The clinical effects were compared by marking and measuring the expansion and contractility of major blood vessels and the velocity of blood flow by Transcranial Doppler (TCD). Results: The curative effects of the acupuncture group are significantly higher than those of the drug treatment group (P < 0.01) and the rates of

1360- gera: 141657/di/ra
[TREATMENT OF 58 CASES OF FEMALE HEMICRANIA BY ELECTROACUPUNCTURE PLUS CUPPING]. ZHANG NING, LIU JIA-YING. **acupuncture research.** 2006;31(1):57 (chi).

1361- gera: 141754/di/ra
[EVALUATION OF THERAPEUTIC EFFECTS OF SYNTHETIC AURICULAR POINT THERAPY FOR TREATMENT OF COMMON MIGRAINE AT THE ATTACK STAGE]. SHAN QH, YANG DH, JIA Z, HAN J, ZHANG T, LIU JM, CHI YY, CONG H, WU FD. **chinese acupuncture and moxibustion.** 2006;26(10):687 (chi*).
OBJECTIVE: To observe and evaluate the short-term and long-term curative effects of the synthetic auricular point therapy on the common migraine in attack stage. METHODS: With the study method of randomized controlled trial, 108 cases of common migraine at the attack stage were randomly assigned to a treatment group of 72 cases treated with synthetic auricular point therapy (blood-letting on the ear back, point injection of own blood, pricking ear point), and a control group of 36 cases treated with Western medicine. Their short-term and long-term curative effects were observed and evaluated. RESULTS: The total short-term effective rate and the total long-term effective rate were respectively 98.6% and 79. 6% in the treatment group with less adverse effects, and with a very significant difference as compared with the control group (P < 0.01). CONCLUSION: The synthetic auricular point therapy has obvious short-term and long-term curative effects on common migraine at the attack stage with safety.

1362- gera: 141952/di/ra
A RANDOMIZED AND COMPARATIVE STUDY ON VASCULAR DEMENTIA TREATED BY NEEDLING REMAINING AT HEAD POINTS. BAO YEHUA, FENG WEIMIN, ZHU GUOXIANG, ZOU CHAO, GONG YAN, JI CHENTONG, LI JIN. **eastwest integration medicine.** 2006;4(1):12 (eng).
0bjective: to observe the effects of needling remaining for various durations on vascular dementia (VD). Methods: 60 cases of patients with VD were randomly divided into 3 groups: a long-term needling remaining group (Group A) treated with needling remaining at head points for 10 hours, an electro-acupuncture group (Group B) treated with conventional electrical stimulation at head points for 30 minutes and a medication control group (Group C) treated with oral administration of Sermion (10 mg each time, given 3 times daily). Hasegawa's Dementia Scale (HDS), Mini-mental State Examination (MMSE) and Functional Activity Questionnaire (FAQ) were used for the assessment of symptoms and signs before and after the treatment, and the changes in serum T3, T4 and FT3 levels were recorded. Results: After the treatment, HDS, MMSE and FAQ had significantly changed in all the three groups (P<0.01) with a significant difference between Group A and Group C and between Group B and Group C (P<0.05), but no significant difference was found between Group A and Group B (P>0.05). The changes in serum T3, T4 and FT3 levels were all of significance (P<0.05) without significant differences among the three groups (P>0.05). Conclusion: Long--term needling remaining arhéad points and remaining needling for 30 minutes can improve the intelligence and functional activity of patients with VD

1363- gera: 142079/di/ra
CLINICAL OBSERVATION OF TREATING MIGRAINE WITH DEEP NEEDLING AT POINT FENGCHI. WEIZHE DENG, ZHIXIN YANG. **international journal of clinical acupuncture.** 2006;14(2):95 (eng).
Objective: Observe the therapeutic effect on migraine by means of deep needling Fengchi (GB 20). Methods: According to the order of check-in at the outpatient clinic, 72 cases of migraine sufferers were randomly divided into 3 groups: the deep insertion group, the normal insertion group, and the western medicine control group. Results: Deep insertion at Fengchi (GB 20) can shorten the duration of the headache remarkably and prolong the time between recurrences. There were remarkable differences among the three groups (P< 0.05). Conclusion: Migraine patients treated by deep needling Fengchi (GB 20) had better results. The depth of insertion reached 45- 55 mm in the deep insertion group. For safety, it is important to pay attention to the direction and method of

1364- gera: 142092/di/ra
THE THERAPEUTIC EFFECT OF ACUPUNCTURE AND WESTERN MEDICINE IN TREATING MIGRAINE. YUECHENG ZHANG, QIUFENG WANG,LIHUA SONG. **international journal of clinical acupuncture.** 2006;14(3):159 (eng).
Purpose: To explore the clinical value of acupuncture at Ermen (SJ 21) in the treatment of migraine. Methods: 216 cases were randomly divided into a treatment group (106 cases) treated with acupuncture and a control group (110 cases) treated with western medicine. The therapeutic effects of both groups were observed and compared. Results: The curative rates were 63.2% and 21.8% respectively in the treatment group and the control group, with a significant difference (P < 0.005) between the two groups. There was also a significant difference in the effective rates between the two groups (P < 0.005); the effective rates at 15 min. and 30 min. were 73.6% and 24.5% in the treatment group and 71.7% and 33.6% hi the control group respectively. Conclusion: With very few points selected, this therapeutic method has good clinical value in treating migraine.

1365- gera: 142093/di/ra
TREATMENT OF 60 MIGRAINE SUFFERERS WITH PENETRATION NEEDLING OF POINTS AND POINT SELECTION BASED ON FOLLOWING DIE CORRESPONDING MERIDIANS. LINA QIN,SHIZHE GU. **international journal of clinical acupuncture.** 2006;14(3):163 (eng).
Purpose: To observe the clinical effect of penetration needling of points and point selection based on following the corresponding meridians to treat migraine. Method: According to the random sampling principle, 60 acute- period migraine patients were divided into 2 groups: 1) the acupuncture group that was treated with penetration needling of points combined with point selection based on following corresponding meridians and 2) the drug treatment group. The clinical effects were compared by marking and measuring the expansion and contractility of major blood vessels and the velocity of blood flow by Transcranial Doppler (TCD). Results: The curative effects of the acupuncture group are significantly higher than those of the drug treatment group (P < 0.01) and the rates of

1366- gera: 142193/di/ra
REVIEW OF VASCULAR HEADACHE TREATED BY ACUPUNCTURE FROM 1949 TO 2004. HUANG QIN-FENG, QI LI-ZHEN, CUI XUE-JUN. **journal of acupuncture and tuina science.** 2006;4(1):1 (eng).
Summary To review the general situation of acupuncture in treating vascular headache bet-ween 1949-2004 in an attempt to promote acupuncture practice, clinical references concerning acupuncture treatment of vascular headache were analyzed on the basis of Chinese Modern Acupuncture Database. From 1956, these references increased annually and steadily. Incal practice, needling is cardinally used, and the acupoints are selected adjacent to diseased part and on syndrome differentiation.

1367- gera: 142196/di/ra
CLINICAL OBSERVATION OF ACUPUNCTURE, TUINA AND ACUPOINT INJECTION ON CERVICOGENIC HEADACHE. CHEN LAN-RONG, WANG XIANG-BIN, CHEN SHUI-JIN. **journal of acupuncture and tuina science.** 2006;4(1):13 (eng).
Objective: To investigate the clinical effect of acupuncture therapy and Tuina therapy in treating cervicogenic headache. Method: Forty inpatients, were divided into acupuncture and Tuina group (expériment group, n= 20), and Tuina and acupoint injection group (controlled group, n= 20) with random number table. Patients in the experimental group were firstly nee-dled Fengchi (GB 20, major acupoint), Taiyang (Ex-FIN 5), Baihui (GV 20), Shuaigu (GB 8), and Jiaji (Ex-B 2) around the affected cervical vertebrae, and applied Tuina treatment. Patients in the controlled group were treated with Tuina treatment, and then injection in Fengchi (GB 20) with 500 lig of Methycobal. Before and after treatment, all patients in both groups were evaluated with Evaluation Scale for Cervicogenic Headache. Result After treat-ment, score of each item of patients in both two groups were enhanced (P< 0.01), and compared with patients in the controlled group, patients in the experimental group had higher scores of headache(13.1±3.02 vs 10.8±2.36, P< 0.01), daily life and working (3.3±0.66 vs 2.6±0.79, P < 0.01), mental state and social adjustment (3.1±0.85 vs 2.1±0.85, P< 0.05), and total points (24.6±4.36 vs 20.3± 2.53, P< 0.01). Conclusion: Acupuncture combining with Tuina had better effects than acupoint with Tuina, and could effectively relieve pain, and enhance quality of life and ability of social adjustment in patients with cervicogenic headache.

1368- gera: 142197/di/ra
TREATMENT OF 30 CASES OF MIGRAINE BY MIND-REGULATING ACUPUNCTURE . CHEN LEI. **journal of acupuncture and tuina science.** 2006;4(1):16 (eng).
Objective: To observe the clinical effects of needling acupoints Shenting(GV 24), Neiguan(PC 6) and Sanyinjiao(SP 6) in the treatment of migraine. Methods: Thirty cases of Germen patients with migraine were treated mainly by Shenting(GV 24), bilateral Neiguan(PC 6) and Sanyinjiao(SP 6), as well as bilateral Hegu(LI 4) and Taichong(LR 3), Touwei(ST 8), Yangbai(GB 14), Cuanzhu(BL 2), Sizhukonelli 23), Shuaigu(GB 8) and Sibai(ST 2) in the affected side of head, auricular Sympathetic (MA-AH 7), Er Shenmen (MA-TF 1), Heart (MA-IC) and Endocrine (MA-IC 3); another 28 cases were treated by routine acupuncture. The clinical results and immediate pain-relieving effects were observed. Results : The total effective rate was 90.0% in treatment group and 75.0% in control group, x2 = 4.57, P < 0.05; the 24- hour pain-relieving

effects were obviously better in treatment group than that in control group, x2= 10.11, P< 0.01. Conclusion: Needling Shenting(GV 24), Neiguan (PC 6) and San-yinjiao(SP 6) has better effects than routine acupuncture in the treatment of migraine.

1369- gera: 142198/di/ra
CLINICAL OBSERVATION ON TREATMENT OF MIGRAINE WITH ACUPUNCTURE. CHEN ZE-LIN. **journal of acupuncture and tuina science.** 2006;4(1):19 (eng).
Objective: To study the effect of puncturing points Taiyang 5), Jiaosun (1E, 20), Qiuxu (GB 40) and Shenmai (BL 62) on migraine. Methods: The 120 cases in the treat -ment group were treated with routine acupuncture therapy, while the 40 cases in the control group were treated with Ergotamine and Caffeine Tablet, and then the therapeutic effect and recovery time of the two groups were compared. Results: The recovery rate of the treatment group was 90.0%, which is higher than 70.0% of the control group (P < 0.01). The total effective rate of the treatment group was 100%, which is better than 92.5% of the control group (P < 0.05), The therapeutic effect of the treatment group was significantly better than the control group and the treatment group needed shorter treatment period (P< 0.05). Conclusions: Acupunc-ture has higher recovery rate and total effective rate as well as shorter treatment period than oral ergotamine and caffeine tablets, which indicated that acupuncture is superior to

1370- gera: 142199/di/ra
INFLUENCE OF TRANSDERMAL ELECTRIC STIMULATION OF NEIGUAN (PC 6) ON TCD IN PATIENTS WITH ACUTE MIGRAINE. YE DE-BAO, FANG JIAN-QIAO, SONG YING-HUI, AL. **journal of acupuncture and tuina science.** 2006;4(1):22 (eng).
Purpose: In order to explore the clinical mechanism of Neiguan (PC 6) in the treatment of acute seizure of migraine and the relationship between Neiguan (PC 6) and cere-bral blood flow. Methods: Clinically, 30 cases of the patients with acute seizure of migraine (ascending phase) were selected, in TCD abnormality, and divided randomly into the treatment group and control group, 15 cases in each group. In acute seizure of migraine, Neiguan (PC 6) was punctured with electric stimulation on the healthy side of the patients in the treatment group and Xuehai (SP 10) was punctured with electric stimulation on the healthy side of the patients in the control group. TCD was determined in the patients 30 min before and after the treatment. Results and conclusion: After transdermal electric stimulation on Neiguan (PC 6), the velocity of intracranial blood flow was obviously slowed down, indicating that transdermal electric stimulation on Neiguan (PC 6) can effectively relieve the spasm of

1371- gera: 142200/di/ra
OBSERVATION OF THERAPEUTIC EFFECT OF CERVICOGENIC HEADACHE TREATED BY ACUPUNCTURE PLUS TUINA THERAPY. YANG TING-HUI, ZHAO KAI-ZHU, ZHOU QING-YI. **journal of acupuncture and tuina science.** 2006;4(1):25 (eng).
Purpose: In order to observe the therapeutic effect of electric acupuncture plus Tuina therapy for cervicogenic headache. Methods: 200 cases of the patients with cervicogenic headache were allocated randomly into electric acupuncture plus Tuina group (Group A, n= 100), electric acupuncture group (Group B, n = 50) and Tuina group (Group C, n= 50) and treated respectively by electric acupuncture on cervical Jiaji (Ex-B 2)points, Fengchi (GB 20), Ashi points, Shuaigu (GB 8), Yifeng (TE 17), Touwei (ST 8) and Waiguan (TE 5) on the sick side and Tuina therapy. Results: The total effective rate was 100% in Group A, 90.0% in Group B and 88.0% in Group C, with a significant difference (P< 0.05). Conclusion: Electric acupuncture plus Tuina therapy is an effective method for

1372- gera: 142201/di/ra
CLINICAL OBSERVATION OF VASCULAR HEADACHE TREATED BY ACUPUNCTURE PLUS NEEDLE-EMBEDDING METHOD. YIN ZHI-FANG, XIAO DA. **journal of acupuncture and tuina science.** 2006;4(1):28 (eng).
Purpose: In order to explore the clinical effect in acupuncture treatment of vascular headache. Methods: 93 cases of vascular headache were randomly auocated into acupuncture group (n = 30), treated by puncturing Fengchi (GB 20), Ashi point and Sanyinjiao (SP 6) on the sick side, acupuncture plus needle-embedding group (n= 36), treated by basic acupuncture treatment plus needle-embedding method in Taiyang (Ex-HN 5) and Xuanzhong (GB 39) on the sick side, and control group (n = 27), treated with oral administration of 5 mg Sibelium, twice a day, for observation of the changes in the clinical symptoms before and after treatments in the patients of three groups. Results: After treatment, the clinical symptoms in the patients of three groups were relieved or disappeared. The recent therapeutic effect was better in acupunc-ture plus needle-embedding group than in the control group (P< 0.05), and there was no sig-nificant difference (P> 0.05) between the acupuncture plus needle-embedding group and acu-puncture group and there was no significant difference (P> 0.05) between acupuncture group and control group, either. The long-term therapeutic effect was better in the acupuncture plus needle-embedding group than in the control group (P< 0.01), in the acupuncture group than in the control group (P < 0.05), and there was no significant difference between the acupuncture plus needle-embedding group and acupuncture group. Conclusion: Acupuncture treatment of vascular headache offers a better recent and long-term therapeutic effect, and acupuncture plus needle-embedding method is much better in the therapeutic effect.

1373- gera: 142202/di/ra
CLINICAL OBSERVATIONS ON ACUPUNCTURE TREATMENT OF 68 MIGRAINE PATIENTS. ZHOU WEN-XUE. **journal of acupuncture and tuina science.** 2006;4(1):31 (eng).
Objective To investigate the curative effect of points Fengchi(GB 20), Tianzhu(BL 10) and Wangu (GB 12) on migraine. Methods: A treatment group of 68 patients received acupuncture of bilateral points Fengchi(GB 20), Tianzhu(BL 10) and Wangu(GB 12) and a control group of 40 patients took orally Nimodipine and Oryzanol. The curative effect was evaluated in both groups after two courses of treatment. Results: The total efficacy rate was 92.7% and 72.5% and the control rate was 45.6% and 22.5%, respectively, in the two groups. Conclusion: Acupuncture is significantly more effective than Western medicine in treating migraine.

1374- gera: 142203/di/ra
CLINICAL OBSERVATION ON THE TREATMENT OF 38 CASES OF VASCULAR HEADACHE BY ACUPUNCTURE. ZHOU WEI-BIN. **journal of acupuncture and tuina science.** 2006;4(1):33 (eng).
Purpose: This study is to observe the therapeutic effect of puncturing acupoints Dazhui (GV 14), Fengchi (GB 20), Jiaji (Ex-B 2), Waiguan (1E 5), Qiuxu (GB 40) and Zhaohai (KI 6) on vascular headache. Methods: 68 cases of vascular headache were divided into treat-ment group including 38 cases and control group including 30 cases. The patients in treatment group were treated by puncturing Dazhui (GV 14), Fengchi (GB 20), Jiaji C2-6 (Ex-B 2), Waiguan (1E 5), Qiuxu (GB 40) through Zhaohai (KI 6) and patients in control group were asked to take Pizotifen orally. Results: After 2 courses of treatments, 35 cases got effect in treatment group, and 22 cases got effect in control group, the therapeutic effect in treatment group was superior to that in control group (P< 0.05). Conclusions: Puncturing Dazhui (GV 14), Fengchi (GB 20), Jiaji C2-6(Ex-B 2), Waiguan (1E 5), Qiuxu (GB 40) and

1375- gera: 142233/di/ra
TREATRNENT OF 54 CASES OF GREATER OCCIPITAL NEURALGIA BY ACUPUNCTURE PLUS MANIPULATION. HUANG QING-LIN,ZHANG QIN-ALUN. **journal of acupuncture and tuina science.** 2006;4(2):114 (eng).
Summary: Fifty-four patients with greater occipital neuralgia were treated by faceup and rotationally pulling manipulation of cervical vertebra plus acupuncture on Fengchi (GB 20), Tianzhu (BL 10), Anmian (Ex-HN), Jiaji (Ex-B 2, C1 and C,), Naokong (GB 19), Yuzhen (BL 9) and Waiguan (1i 5) and all got effectiveness.

1376- gera: 142341/di/ra

[OBSERVATIONS ON THE EFFICACY OF ELECTROACUPUNCTURE PLUS BLOOD-LETTING PUNCTURE FOR TREATING MIGRAINE]. SHEN YH. **shanghai journal of acupuncture and moxibustion.** 2006;25(9):15 (chi*).
Objective To investigate; the curative effect of acupuncture on migraine. Methods Two hundred and five migraine pd-tiens were treated by electroacupuncture plus blood-letting puncture. The result was compared with that in a western medicine group as a control. Results The total efficacy rate was 90.34% in, the acupuncture group and 74.60% in the control group. There was a signif-icant difference in curative effect between the two groups. Conclusion Electroacupuncture plus blood letting puncture is better than Western medicine in treating migraine.

1377- gera: 142653/di/ra
[]. . **shanghai journal of acupuncture and moxibustion.** 2006;25(10):5 (chi*).
Objective To investigate the efficacy of tapping scalp specific points with plum-blossom needle for treating cerebral post-traumatic intractable headache. Methods One hundred and thirty-four patients with cerebral post- traumatic intractable headache were randomly allocated in order of visit to a treatment group of 67 cases (plum- blossom needle tapping plus oral rotundin) and a con-trol group of 67 cases (oral rotundin plus plum-blossom needle tapping) . The short-term and long-term effects were then observed. Re-sults The total efficacy rate was 96.87% in the treatment group and 83.87% in the control group. Statistical analysis showed P < 0.05. Conclusion Tapping scalp specific points with plum-blossom needle has an exact effect on cerebral post-traumatic intractable

1378- gera: 142757/di/ra
[CLINICAL OBSERVATIONS ON THE TREATMENT OF MIGRAINE BY ACUPUNCTURE PLUS AURICULAR-PLASTER THERAPY]. SUN PH. **shanghai journal of acupuncture and moxibustion.** 2006;25(8):12 (chi*).
Objective To investigate the clinical efficacy of acupuncture plus auricular-plaster therapy for treating migraine. Meth-ods One hundred and sixty migraine patients were randomly allocated to an observation group (n =90) and a control group (n =60). The observation group were treated by acupuncture plus auricular-plaster therapy based on syndromic differentiation and the control group, by oral administration of flunarizine. The curative effects were compared between the two groups. Results The total efficacy rate was 94.4% in the observation group and higher than in the control group (73.3%). The recovery rate was 87.8% in the observation group and higher than in the control group (55.0%). There were significant differences between the two groups (both P < 0.01) . The curative effect was significantly better in the observation group than in the control group. Conclusion Clinically, acupuncture plus auricular-plaster therapy based on syndromic differentiation bas a good effect on migraine.

1379- gera: 142935/di/ra
[MODEL PLAN ACUPUNCTURE: RESULTS OF THE GERAC STUDY ON MIGRAINE AND HEADACHE]. STUR W. **deutsche zeitschrift für akupunktur.** 2006;1:38 (deu).

1380- gera: 142947/di/ra
[EFFICACY OF ACUPUNCTURE FOR THE PROPHYLAXIS OF MIGRAINE: A MULTICENTRE RANDOMISED CONTROLLED CLINICAL TRIAL]. . **deutsche zeitschrift für akupunktur.** 2006;2:41 (deu).
Background Our aim was to assess the efficacy of a part-standardised verum acu-puncture procedure, in accordance with the rules of traditional Chi-nese medicine, compared with that of part-standardised sham acu-puncture and standard migraine prophylaxis with beta blockers, calcium-channel blockers, or anti-epileptic drugs in the reduction of migraine days 26 weeks after the start of treatment. Methods This study was a prospective, ran-domised, multicentre, double-blind, parallel-group, controlled, clinical trial, undertaken between April 2002 and July 2005. Patients who had two to six migraine attacks per month were randomly assigned verum acupuncture (n = 313), sham acupuncture (n = 339), or standard therapy (n = 308). Patients received ten sessions of acupuncture treatment in 6 weeks or continuous prophylaxis with drugs. Primary outcome was the difference in migraine days be-tween 4 weeks before randomisa-tion and weeks 23-26 after ran-domisation. This study is regis-tered as an International Standard Randomised Controlled Trial, number ISRCTN52683557. Findings Of 1295 patients screened, 960 were randomly assigned to a treatment group. Immediately after randomisation, 125 patients (106 from the standard group) withdrew their consent to study participation. 794 patients were analysed in the intention-to-treat population and 443 in the per-protocol population. The primary outcome showed a mean reduc-tion of 23 days (95 % CI 1.9- 2.7) in the verum acupuncture group, 15 days (11-20) in the sham acupunc-ture group, and 21 days (15-27) in the standard therapy group. These differences were statistically sig-nificant compared with baseline (p < 0.0001), but not across the treatment groups (p = 0.09). The proportion of responders, defined as patients with a reduction of migraine days by at least 50 %, 26 weeks after randomisation, was 47 % in the verum group, 39 % in the sham acupuncture group, and 40 % in the standard group (p = 0.133). Interpretation Treatment outcomes for migraine do not differ between patients treated with sham acupuncture, verum acupuncture, or standard therapy. Affiliations Department of Neurology, Uni-versity Essen, Essen, Germany Koordinierungszentrum Mi. lai-nische Studien, Johannes Guten-berg-University, Mainz, Ger-many Forschungsgruppe Akupunktur und Medizin, Düsseldorf, Ger-many Department of Pain Manage-ment, BG-Kliniken Bergmanns-heil, Ruhr-University, Bochum, Germany Department of Neurology, BG-kliniken Bergmannsheil, Ruhr-University, Bochum, Germany Department of Medical Infor-matics, Statistics and Epidemio-logy, Ruhr University Bochum, Germany Department of Anaesthesiology, Intensive Care and Pain Thera-py, BG-Kliniken Bergmannsheil, Ruhr University, Bochum, Ger-many

1381- gera: 142949/di/ra
[ROLE OF THE NEEDLING PER SE IN ACUPUNCTURE AS PROPHYLAXIS FOR MENSTRUALLY RELATED MIGRAINE: A RANDOMIZED PLACEBO-CONTROLLED STUDY]. X. **deutsche zeitschrift für akupunktur.** 2006;2:47 (deu).
The objectives were to introduce a new method for controlled trials of acupuncture in the field of headache research and to examine the role of needling per se. Women with menstrually related migraine were randomized to three months of treatment with verum or placebo needles. Three standard size casts were moulded to secure the placebo needles in the head. No significant differences were found between the verum group (n = 15) and the placebo group (n = 13) during treatment or follow up three and six months later, either in the attack frequency or in the number of days per month with migraine, headache intensity or drug-use. The casts held the needles exactly in place despite movements of the head, and are validated as practi-cal, hygienic and extremely dur-able. This method is satisfactory wurde soreffiltie durchReführt. Die for controlled studies of acupunc-ture in headache. It is possible that the positive results in earlier clinical trials on acupuncture in migraine are attributable to other

1382- gera: 143091/di/ra
CLINICAL OBSERVATION ON THE TREATMENT OF 38 CASES OF VASCULAR HEADACHE BY ACUPUNCTURE. ZHOU WEI-BIN. **journal of acupuncture and tuina science.** 2006;4(1):33 (eng).
Purpose: This study is to observe the therapeutic effect of puncturing acupoints Dazhui (GV 14), Fengchi (GB 20), Jiaji (Ex-B 2), Waiguan (IL 5), Qiuxu (GB 40) and Zhaohai (KI 6) on vascular headache. Methods: 68 cases of vascular headache were divided into treat-ment group including 38 cases and control group including 30 cases. The patients in treatment group were treated by puncturing Dazhui (GV 14), Fengchi (GB 20), Jiaji C2-6 (Ex-B 2), Waiguan 5), Qiuxu (GB 40) through Zhaohai (KI 6) and patients in control group were asked to take Pizotifen orally. Results: After 2 courses of treatments, 35 cases got effect in treatment group, and 22 cases got effect in control group, the therapeutic effect in

treatment group was superior to that in control group (P< 0.05). Conclusions: Puncturing Dazhui (GV 14), Fengchi (GB 20), Jiaji C2_6(Ex-B 2), Waiguan (IL 5), Qiuxu (GB 40) and

1383- gera: 143197/di/ra
[EVALUATION OF THERAPEUTIC EFFECTS OF SYNTHETIC AURICULAR POINT THERAPY FOR TREAT-MENT OF COMMON MIGRAINE AT THE ATTACK STAGE]. SHAN QIU-HUA , YANG DIAN-HUI, JIA ZHEN, ET AL. **chinese acupuncture and moxibustion.** 2006;26(10):687 (chi).
Objective To observe and evaluate the short-term and long-term curative effects of the synthetic au-ricular point therapy on the common migraine in attack stage. Methods With the study method of randomized con-trolled trial, 108 cases of common migraine at the attack stage were randomly assigned to a treatment group of 72 ca-ses treated with synthetic auricular point therapy (blood-letting on the ear back, point injection of own blood, prick-ing ear point) , and a control group of 36 cases treated with western medicine. Their short-term and long-term cura-tive effects were observed and evaluated. Results The total short-term effective rate and the total long-term effec-tive rate were respectively 98. 6% and 79. 6% in the treatment group with less adverse effects, and with a very sig-nificant difference as compared with the control group (P<0. 01). Conclusion The synthetic auricular point thera-py has obvious short-term and long-term curative effects on common migraine at the attack stage with safety.

1384- gera: 143270/di/ra
[CLINICAL STUDY ON TREATMENT OF CEREBRAL POST-TRAUMATIC INTRACTABLE HEADACHE BY TAPPING SCALP SPECIFIC I POINTS WITH PLUM-BLOSSOM NEEDLE]. LIU HR, FU RH, LIU XM, ET AL. **shanghai journal of acupuncture and moxibustion.** 2006;25(10):5 (chi).
Objective To investigate the efficacy of tapping scalp specific points with plum-blossom needle for treating cerebral post-traumatic intractable headache. Methods One hundred and thirty-four patients with cerebral post- traumatic intractable headache were randomly allocated in order of visit to a treatment group of 67 cases (plum- blossom needle tapping plus oral rotundin) and a con-trol group of 67 cases (oral rotundin plus plum-blossom needle tapping) . The short-term and long-term effects were then observed. Re-sults The total efficacy rate was 96.87% in the treatment group and 83.87% in the control group. Statistical analysis showed P < 0.05. Conclusion Tapping scalp specific points with plum-blossom needle has an exact effect on cerebral post-traumatic intractable

1385- gera: 143287/di/ra
A RANDOMIZED AND COMPARATIVE STUDY ON VASCULAR DEMENTIA TREATED BY NEEDLING REMAINING AT HEAD POINTS. BY: BAO YEHUA, FENG WEIMIN, ZHU GUOXIANG, ZOU CHAO, GONG YAN, JI CHENTONG, LI JIN HANGZHOU . **eastwest integration medicine.** 2006;4(1):12 (eng).
0 bjective: to observe the effects of needling remaining for various durations on vascular dementia (VD). Methods: 60 cases of patients with VD were randomly divided into 3 groups: a long-term needling remaining group (Group A) treated with needling remaining at head points for 10 hours, an electro-acupuncture group (Group B) treated with conventional electrical stimulation at head points for 30 minutes and a medication control group (Group C) treated with oral administration of Sermion (10 mg each time, given 3 times daily). Hasegawa's Dementia Scale (HDS), Mini-mental State Examination (MMSE) and Functional Activity Questionnaire (FAQ) were used for the assessment of symptoms and signs before and after the treatment, and the changes in serum T3, T4 and FT3 levels were recorded. Results: After the treatment, HDS, MMSE and FAQ had significantly changed in all the three groups (P<0.01) with a significant difference between Group A and Group C and between Group B and Group C (P<0.05), but no significant difference was found between Group A and Group B (P>0.05). The changes in serum T3, T4 and FT3 levels were all of significance (P<0.05) without significant differences among the three groups (P>0.05). Conclusion: Long-term needling remaining at head points and remaining needling for 30 minutes can improve the intelligence and functional activity of patients with VD.

1386- gera: 143360/di/ra
[TREATMENT OF 58 CASES OF FEMALE HEMICRANIA BY ELECTROACUPUNCTURE PLUS CUPPING]. ZHANG NING, LIU JIA-YING. **acupuncture research.** 2006;31(1):57 (chi).

1387- gera: 143459/di/ra
TREATMENT OF 54 CASES OF GREATER OCCIPITAL NEURALGIA BY ACUPUNCTURE PLUS MANIPULATION. HUANG QING-LIN, ZHANG QIN-CHUM. **journal of acupuncture and tuina science.** 2006;4(2):114 (eng).
Fifty-four patients with greater occipital neuralgia were treated by faceup and rotationally pulling manipulation of cervical vertebra plus acupuncture on Fengchi (GB 20), Tianzhu (BL 10), Anmian (Ex-FIN), Jiaji (Ex-B 2, C1 and C2), Naokong (GB 19), Yuzhen (BL 9) and Waiguan (TE 5) and all got effectiveness.

1388- gera: 143465/di/ra
REVIEW OF VASCULAR HEADACHE TREATED BY ACUPUNCTURE FROM 1949 TO 2004. HUANG QIN-FENG, QI LI-ZHEN, CUT XUE-JUN. **journal of acupuncture and tuina science.** 2006;4(1):1 (eng).
To review the general situation of acupuncture in treating vascular headache bet-ween 1949-2004 in an attempt to promote acupuncture practice, clinical references concerning acupuncture treatment of vascular headache were analyzed on the basis of Chinese Modern Acupuncture Database. From 1956, these references increased annually and steadily. In clini-cal practice, needling is cardinally used, and the acupoints are selected adjacent to diseased part and on syndrome differentiation.

1389- gera: 143468/di/ra
CLINICAL OBSERVATION OF ACUPUNCTURE, TUINA AND ACUPOINT INJECTION ON CERVICOGENIC HEADACHE. CHEN LAN-RONG, WANG XIANG-BIN, CHEN SHUI-JIN. **journal of acupuncture and tuina science.** 2006;4(1):13 (eng).
Objective: To investigate the clinical effect of acupuncture therapy and Tuina therapy in treating cervicogenic headache. Method: Forty inpatients, were divided into acupuncture and Tuina group (experiment group, n= 20), and Tuina and acupoint injection group (controlled group, n= 20) with random number table. Patients in the experimental group were firstly nee-dled Fengchi (GB 20, major acupoint), Taiyang (Ex-HN 5), Baihui (GV 20), Shuaigu (GB 8), and Jiaji (Ex-B 2) around the affected cervical vertebrae, and applied Tuina treatment. Patients in the controlled group were treated with Tuina treatment, and then injection in Fengchi (GB 20) with 500 fig of Methycobal. Before and after treatment, all patients in both groups were evaluated with Evaluation Scale for Cervicogenic Headache. Result: After treat-ment, score of each item of patients in both two groups were enhanced (P< 0.01), and compared with patients in the controlled group, patients in the experimental group had higher scores of headache(13.1±3.02 vs 10.8±2.36, P< 0.01), daily life and working (3.3±0.66 vs 2.6±0.79, P < 0.01), mental state and social adjustment (3.1±0.85 vs 2.1± 0.85, P< 0.05), and total points (24.6±4.36 vs 20.3± 2.53, P< 0.01). Conclusion: Acupuncture combining with Tuina had better effects than acupoint with Tuina, and could effectively relieve pain, and enhance quality of life and ability of social adjustment in patients with cervicogenic headache.

1390- gera: 143469/di/ra
TREATMENT OF 30 CASES OF MIGRAINE BY MIND-REGULATING ACUPUNCTURE. CHEN LEI. **journal of acupuncture and tuina science.** 2006;4(1):16 (eng).
Objective: To observe the clinical effects of needling acupoints Shenting(GV 24), Neiguan(PC 6) and Sanyinjiao(SP 6) in the treatment of migraine. Methods: Thirty cases of Germen patients with migraine were treated mainly by Shenting(GV 24), bilateral Neiguan(PC 6) and Sanyinjiao(SP

6), as well as bilateral Hegu(LI 4) and Taichong(LR 3), Touwei(ST 8), Yangbai(GB 14), Cuanzhu(BL 2), Sizhukonelli 23), Shuaigu(GB 8) and Sibai(ST 2) in the affected side of head, auricular Sympathetic (MA-AH 7), Er Shenmen (MA-TF 1), Heart (MA-IC) and Endocrine (MA-IC 3); another 28 cases were treated by routine acupuncture. The clinical results and immediate pain-relieving effects were observed. Results: The total effective rate was 90.0% in treatment group and 75.0% in control group, x2 = 4.57, P < 0.05; the 24-hour pain-relieving effects were obviously better in treatment group than that in control group, X2 = 10.11, P< 0.01. Conclusion: Needling Shenting(GV 24), Neiguan (PC 6) and

1391- gera: 143470/di/ra
CLINICAL OBSERVATION ON TREATMENT OF MIGRAINE WITH ACUPUNCTURE . CHEN ZE-LIN. **journal of acupuncture and tuina science.** 2006;4(1):19 (eng).
Objective: To study the effect of puncturing points Taiyang 5), Jiaosun (TE 20), Qiuxu (GB 40) and Shenmai (BL 62) on migraine. Methods: The 120 cases in the treat - ment group were treated with routine acupuncture therapy, while the 40 cases in the control group were treated with Ergotamine and Caffeine Tablet, and then the therapeutic effect and recovery time of the two groups were compared. Results: The recovery rate of the treatment group was 90.0%, which is higher than 70.0% of the control group (P < 0.01). The total effective rate of the treatment group was 100%, which is better than 92.5% of the control group (P < 0.05), The therapeutic effect of the treatment group was significantly better than the control group and the treatment group needed shorter treatment period (P< 0.05). Conclusions : Acupunc-ture has higher recovery rate and total effective rate as well as shorter treatment period than oral ergotamine and caffeine tablets, which indicated that acupuncture is superior to

1392- gera: 143471/di/ra
INFLUENCE OF TRANSDERMAL ELECTRIC STIMULATION OF NEIGUAN (PC 6) ON TCD IN PATIENTS WITH ACUTE MIGRAINE. YE DE-BAO, FANG JIAN-QIAO, SONG YING-HUI, ET AL. **journal of acupuncture and tuina science.** 2006;4(1):22 (eng).
Purpose: In order to explore the clinical mechanism of Neiguan (PC 6) in the treatment of acute seizure of migraine and the relationship between Neiguan (PC 6) and cere-bral blood flow. Methods: Clinically, 30 cases of the patients with acute seizure of migraine (ascending phase) were selected, in TCD abnormality, and divided randomly into the treatment group and control group, 15 cases in each group. In acute seizure of migraine, Neiguan (PC 6) was punctured with electric stimulation on the healthy side of the patients in the treatment group and Xuehai (SP 10) was punctured with electric stimulation on the healthy side of the patients in the control group. TCD was determined in the patients 30 min before and after the treatment. Results and conclusion: After transdermal electric stimulation on Neiguan (PC 6), the velocity of intracranial blood flow was obviously slowed down, indicating that transdermal electric stimulation on Neiguan (PC 6) can effectively relieve the spasm of

1393- gera: 143472/di/ra
OBSERVATION OF THERAPEUTIC EFFECT OF CERVICOGENIC HEADACHE TREATED BY ACUPUNCTURE PLUS TUINA THERAPY. YANG TING-HUI, ZHAO KAI-ZHU, ZHOU QING-YI. **journal of acupuncture and tuina science.** 2006;4(1):25 (eng).
Purpose: In order to observe the therapeutic effect of electric acupuncture plus Tuina therapy for cervicogenic headache. Methods: 200 cases of the patients with cervicogenic headache were allocated randomly into electric acupuncture plus Tuina group (Group A, n= 100), electric acupuncture group (Group B, n = 50) and Tuina group (Group C, n= 50) and treated respectively by electric acupuncture on cervical Jiaji (Ex-B 2)points, Fengchi (GB 20), Ashi points, Shuaigu (GB 8), Yifeng (TE 17), Touwei (ST 8) and Waiguan (TE 5) on the sick side and Tuina therapy. Results: The total effective rate was 100% in Group A, 90.0% in Group B and 88.0% in Group C, with a significant difference (P< 0.05). Conclusion: Electric acupuncture plus Tuina therapy is an effective method for

1394- gera: 143473/di/ra
CLINICAL OBSERVATION OF VASCULAR HEADACHE TREATED BY ACUPUNCTURE PLUS NEEDLE-EMBEDDING METHOD. YIN ZHI-FANG, XIAO DA. **journal of acupuncture and tuina science.** 2006;4(1):28 (eng).
Purpose: In order to explore the clinical effect in acupuncture treatment of vascular headache. Methods: 93 cases of vascular headache were randomly auocated into acupuncture group (ii= 30), treated by puncturing Fengchi (GB 20), Ashi point and Sanyinjiao (SP 6) on the sick side, acupuncture plus needle-embedding group (n= 36), treated by basic acupuncture treatment plus needle-embedding method in Taiyang (Ex-HN 5) and Xuanzhong (GB 39) on the sick side, and control group (n = 27), treated with oral administration of 5 mg Sibelium, twice a day, for observation of the changes in the clinical symptoms before and after treatments in the patients of three groups. Results: After treatment, the clinical symptoms in the patients of three groups were relieved or disappeared. The recent therapeutic effect was better in acupunc-ture plus needle-embedding group than in the control group (P< 0.05), and there was no sig-nificant difference (P> 0.05) between the acupuncture plus needle-embedding group and acu-puncture group and there was no significant difference (P> 0.05) between acupuncture group and control group, either. The long-term therapeutic effect was better in the acupuncture plus needle-embedding group than in the control group (P< 0.01), in the acupuncture group than in the control group (P < 0.05), and there was no significant difference between the acupuncture plus needle-embedding group and acupuncture group. Conclusion: Acupuncture treatment of vascular headache offers a better recent and long-term therapeutic effect, and acupuncture plus needle-embedding method is much better in the therapeutic effect.

1395- gera: 143474/di/ra
CLINICAL OBSERVATIONS ON ACUPUNCTURE TREATMENT OF 68 MIGRAINE PATIENTS. ZHOU WEN-XUE. **journal of acupuncture and tuina science.** 2006;4(1):31 (eng).
Objective To investigate the curative effect of points Fengchi(GB 20), Tianzhu(BL 10) and Wangu (GB 12) on migraine. Methods: A treatment group of 68 patients received acupuncture of bilateral points Fengchi(GB 20), Tianzhu(BL 10) and Wangu(GB 12) and a control group of 40 patients took orally Nimodipine and Oryzanol. The curative effect was evaluated in both groups after two courses of treatment. Results: The total efficacy rate was 92.7% and 72.5% and the control rate was 45.6% and 22.5%, respectively, in the two groups. Conclusion: Acupuncture is significantly more effective than Western medicine in treating migraine.

1396- gera: 143590/di/ra
VARIABILITY IN THE DIAGNOSIS AND POINT SELECTION FOR PERSONS WITH FREQUENT HEADACHE BY TRADITIONAL CHINESE MEDICINE ACUPUNCTURISTS. COEYTAUX RR, CHEN W, LINDEMUTH CE, TAN Y, REILLY AC. **journal of alternative and complementary medicine.** 2006;12(9):863-72. (eng).
OBJECTIVES: The aim of this study was to compare Traditional Chinese Medicine (TCM) pattern diagnosis and acupuncture point selection for persons with frequent headache, as ascribed by three highly trained, licensed acupuncturists. METHODS: Thirty-seven (37) study participants with frequent headaches were independently evaluated by three licensed acupuncturists trained in TCM. The acupuncturists identified the meridians and type of dysfunction they believed were contributing to study participants' symptoms. Study acupuncturists also ascribed one or more TCM diagnoses to each participant and selected eight acupuncture points for needling. RESULTS: Some variation in TCM pattern diagnosis and point selection was observed for all subjects. Liver Yang and Qi dysfunction were diagnosed in more than two thirds of subjects. Acupuncture points Liver 3, Large Intestine 4, and Governing Vessel (DU) 20 were the most commonly selected points for treatment. CONCLUSIONS: Headache is a heterogeneous condition represented by a wide variety of TCM diagnoses. There is variability among acupuncturists in the diagnosis of TCM

patterns and the selection of acupuncture points for needling. These data suggest, however, that most persons with frequent headache appear to have liver Yang and Qi disharmonies for which needling of Liver 3, Large Intestine 4, and/or Governing Vessel 20 may be appropriate. Further research is needed to determine the extent to which variability in the diagnosis or acupuncture point selection among acupuncturists affects clinical outcomes.

1397- gera: 143614/di/ra
[CLINICAL OBSERVATION ON TREATMENT OF CERVICOGENIC HEADACHE WITH TURTLE-PROBING NEEDLING AT TIANZHU (BL 10)]]. LU YX, SHAN QH. **chinese acupuncture and moxibustion.** 2006;26(11):796-8. (chi).
OBJECTIVE: To observe therapeutic effect of turtle-probing needling at Tianzhu (BL 10) on cervicogenic headache. METHODS: Seventy cases were randomly divided into a treatment group (n=36) and a control group (n= 34). The treatment group were treated with turtle-probing needling at Tianzhu (BL 10) on the affected side, first perpendicularly needling the point and then penetration-needling homolateral Fengchi (GB 20), Fengfu (GV 16), below cervical Jiaji points (EX-B2), and occipital tuberosity in order. And the control group were treated with acupuncture at Fengchi (GB 20),Tianzhu (BL 10), Shuaigu (GB 8), Touwei (ST 8) and corresponding cervical Jiaji points (EX-B2), Houxi (SI 3), Ashi points at the affected side with routine needling manipulation. Treatment was given once each day, 6 sessions constituting one course. RESULTS: There was no significant difference between the two groups in therapeutic effect (P > 0.05), but the cured and markedly effective rates for analgesic effect in the observation group at the first three sessions were higher than those in the control group (P < 0.05). CONCLUSION: The turtle-probing needling method and the routine needling have a similar therapeutic effect, but the turtle-

1398- gera: 143678/di/ra
TREATMENT OF 58 CASES OF FEMALE HEMICRANIA BY ELECTROACUPUNCTURE PLUS CUPPING. ZHANG NING, LIU JIA-YING. **acupuncture research.** 2006;31(1):57 (chi).
ABStRACT] In the present paper, the authors analyze "the homologous phenomenon of the meridian of traditional Chinese medicine (TCM) and the orientation" and "the relationship between the Zang- or Fu-organ and the meridian" from the classical theory of "corresponding correlation between the Zang- or Fu-organ and the meridian" and the basic clinical principles about "se-lecting acupoints along the meridian". Results reveal that there exist many doubtful points in the doctrine of "corresponding corre-lation between the Zang- or Fu-organ and the meridian" including "non-specific correspondence" and "non-correspondence". For example, puncturing acupoints of the Pericardium Meridian can treat disorders of both the heart and the stomach. However, in the doctrine of "correlation between the Zang- or Fu-organ and the meridian", there are some reasonable elements which possess the phenomenon of "correspondence of orientation" while the doubtful points don't. The "correspondence of orientation" is quite com-plicated probably due to the organism's "diversity" and "multiple directions (meridians' distribution)" but may help us sort out a main thread from the classical meridian-collateral theory and clinical

1399- gera: 143796/di/ra
[EFFICACY OF ACUPUNCTURE FOR THE PROPHYLAXIS OF MIGRAINE: A MULTICENTRE RANDOMISED CONTROLLED CLINICAL TRIAL]. . **deutsche zeitschrift fur akupunktur.** 2006;49(2):41 (deu).
Background Our aim was to assess the efficacy of a part-standardised verum acu puncture procedure, in accordant with the rules of traditional Chi nese medicine, compared with thi of part-standardised sham acu puncture and standard migrair prophylaxis with beta blocker calcium-channel blockers, or ant epileptic drugs in the reduction migraine days 26 weeks after th start of treatment. Methods This study was a prospective, rar domised, multicentre, doublE blind, parallel-group, controlled clinical trial, undertaken between April 2002 and July 2005. Patien who had two to six migrair attacks per month were random assigned verum acupuncture (n 313), sham acupuncture (n = 339 or standard therapy (n = 308 Patients received ten sessions acupuncture treatment in 6 weel or continuous prophylaxis wit drugs. Primary outcome was th difference in migraine days bE tween 4 weeks before randomise tion and weeks 23-26 after ran domisation. This study is regis tered as an International Standard Randomised Controlled trial, number ISRCTN52683557.Findings Of 1295 patients screened, 960 were randomly assigned to a treatment group. Immediately after randomisation, 125 patients (106 from the standard group) withdrew their consent to study participation. 794 patients were analysed in the intention-to-treat population and 443 in the per- protocol population. The primary outcome showed a mean reduc-tion of 23 days (95 % CI 1.9-2.7) in the verum acupuncture group, 15 days (11-20) in the sham acupunc-ture group, and 21 days (15-27) in the standard therapy group. These differences were statistically sig-nificant compared with baseline (p < 0.0001), but not across the treatment groups (p = 0.09). The proportion of responders, defined as patients with a reduction of migraine days by at least 50 %, 26 weeks after randomisation, was 47 % in the verum group, 39 % in the sham acupuncture group, and 40 % in the standard group (p = 0.133).Interpretation Treatment outcomes for migraine do not differ between patients treated with sham acupuncture, verum acupuncture, or standard therapy.

1400- gera: 143798/di/ra
[ROLE OF THE NEEDLING PER SE IN ACUPUNCTURE AS PROPHYLAXIS FOR MENSTRUALLY RELATED MIGRAINE: A RANDOMIZED PLACEBO-CONTROLLED STUDY]. . **deutsche zeitschrift fur akupunktur.** 2006;49(2):47 (deu).
The objectives were to introduce new method for controlled trial of acupuncture in the field c headache research and to examin the role of needling per SE Women with menstrually relate migraine were randomized t three months of treatment wit verum or placebo needles. Thre standard size casts were moulde to secure the placebo needles i the head. No significant differences were found between the verum group (n = 15) and the placebo group (n = 13) during treatment or follow up three and six months later, either in thE attack frequency or in the number of days per month with migraine headache intensity or drug-use. The casts held the needles exactly in place despite movements of thE head, and are validated as practi-cal, hygienic and extremely dur-able. This method is satisfactory for controlled studies of acupunc-ture in headache. It is possible that the positive results in earlier clinical trials on acupuncture in migraine are attributable to other mechanisms than needling of

1401- gera: 143825/di/ra
[MODEL PLAN ACUPUNCTURE: RESULTS OF THE GERAC STUDY ON MIGRAINE AND HEADACHE]. STUR W. **deutsche zeitschrift fur akupunktur.** 2006;49(1):38 (deu).

1402- gera: 143872/di/ra
KAMPO MEDICINES AS ALTERNATIVES FOR TREATMENT OF MIGRAINE: SIX CASE STUDIES. ISHIDA K, SATO H. **complement ther clin pract.** 2006;12(4):276-80 (eng).
Kampo is a well-recognized form of traditional medicine in Japan. This paper reports upon six cases of successful use of Kampo medicines, herbal medicine preparations, for the treatment of migraine. Most of the patients had been treated with conventional medicines, such as non-steroidal anti-inflammatory drugs or triptans, but were not satisfied with the outcomes of these conventional treatments with regard to their effectiveness or feelings of discomfort after administration. We administered two Kampo medicines, goshuyuto for prevention of migraine and senkyuchachosan as a painkiller. Both Kampo medicines worked successfully in the treatment of migraine and the patients were satisfied with their effects. Kampo medicine seems a favorable candidate for alternative therapy of

1403- gera: 144225/di/ra
HEMICRANIE. . GIRAUD JP. **acupuncture & moxibustion.**

2006;5(3):221 (fra).
Résumé : Cette pathologie très fréquente au quotidien, se trouve envisagée sous l'angle de la médecine traditionnelle chinoise. L'auteur en précise la défnition, puis envisage la sémiologie. Ainsi le diagnostic apparaît selon le critère biaoli (méridien ou organe) puis selon les autres paradigmes des 8 règles. Ensuite l'élargissement du diagnostic passe par une approche des muscles liés au méridien. Le traitement est abordé selon des principes généraux, les points de commande et enfn les points locaux et régionaux

1404- gera: 144312/di/ra
TREATING CHRONIC MIGRAINE HEADACHES: AN EVIDENCE-BASED PRACTICE APPROACH. WALKER BB, SEAY SJ, SOLOMO N AC, SPRING B. **j clin psychol.** 2006;62(11):1367-78 (eng).
Psychologists and other mental health care professionals are generally trained to incorporate empirical evidence into clinical practice, but few have been taught formal techniques for doing so. Given the rapidity of progress in the clinical sciences, there is a growing need among practitioners to access current, clinically relevant research and have strategies for integrating these research findings into the clinic. In the field of medicine, evidence-based medicine took hold in the early 1990s to provide a framework and skill set for translating research into practice. This method is now widely known as evidence-based practice (EBP) to reflect its applicability to multiple disciplines. In this article, we present a general overview of EBP, illustrate how we used this approach to develop a treatment plan for a patient who had chronic migraine headaches, and discuss some of the opportunities and

1405- gera: 144357//ra
ACUPUNCTURE APPEARS TO BE EFFECTIVE, BUT IS THERE SPECIFIC EFFICACY IN TENSION-TYPE HEADACHE?. Cummings M. **focus on alternative and complementary therapies.** 2006;11(1):42 (eng).
résumé et commentaire de :Melchart D, Streng A, Hoppe A, Brinkhaus B, Witt C, Wagenpfeil S, Pfaffenrath V, Hammes M, Hummelsberger J, Irnich D, Weidenhammer W, Willich SN, Linde K. Acupuncture in patients with tension-type headache: randomised controlled trial. BMJ 2005; 331: 76-82.

1406- gera: 144368//ra
SMALL EFFECT OF ACUPUNCTURE ADDITIONAL TO MEDICAL MANAGEMENT IN TREATMENT OF CHRONIC DAILY HEADACHE. STRENG A. **focus on alternative and complementary therapies.** 2006;11(2):129 (eng).
résumé et commentaire de :Coeytaux RR, Kaufman JS, Kaptchuk TJ, Chen W, Miller WC, Callahan LF, Mann JD. A randomized, controlled trial of acupuncture for chronic daily headache. Headache 2005; 45: 1113-23.

1407- gera: 144396//ra
ACUPUNCTURE IN THE PROPHYLAXIS OF MIGRAINE: NO DIFFERENCES BETWEEN ACUPUNCTURE, SHAM ACUPUNCTURE AND STANDARD THERAPY. BARLAS P. **focus on alternative and complementary therapies.** 2006;11(4):306 (eng).
résumé et commentaire deDiener H-C, Kronfeld K, Boewing G, Lungenhausen M, Maier C, Molsberger A, Tegenthoff M, Trampisch H-J, Zenz M, Meinert R, (for the GERAC Migraine Study Group). Efficacy of acupuncture for the prophylaxis of migraine: a multicentre randomised controlled clinical trial. Lancet 2006; 5: 310-16.

1408- gera: 144397//ra
NO EFFECT OF ACUPUNCTURE OVER SHAM ACUPUNCTURE FOR MIGRAINE IN AN UNDERPOWERED TRIAL. LINDE K. **focus on alternative and complementary therapies.** 2006;11(4):308 (eng).
résumé et commentaire de:Alecrim-Andrade J, Maciel-Junior JA, Cladellas XC, Correa-Filho HR, Machado HC. Acupuncture in migraine prophylaxis: a randomized sham-controlled trial. Cephalalgia 2006; 26: 5209.

1409- gera: 144415//ra
HOW IS IT FOR THE PATIENT?' PARTICIPATING IN A SHAM-CONTROLLED ACUPUNCTURE TRIAL FOR MIGRAINE. Paterson C, Zheng Z, Xue C, Wang Y. **focus on alternative and complementary therapies.** 2006;11(1):35 (eng).

1410- gera: 144676/ra/di
POTENTIAL UNBLINDING OF ART STUDY. WETTIG D. **acupuncture in medicine.** 2006;24(1): (eng).

1411- gera: 144731/di/di
30 CAS DE MIGRAINE TRAITES PAR LA REGULATION ACUPUNCTURALE DU SHENKTO (ESPRIT). CHEN LEI. **acupuncture traditionnelle chinoise.** 2006;15:65 (fra).

1412- gera: 144780/ra/di
[EVALUATION OF THERAPEUTIC EFFECTS OF SYNTHETIC AURICULAR POINT THERAPY FOR TREATMENT OF COMMON MIGRAINE AT THE ATTACK STAGE]. SHAN QH, YANG DH, JIA Z, HAN J, ZHANG T, LIU JM, CHI YY, CONG H, WU FD. **chinese acupuncture and moxibustion.** 2006;26(10):687 (eng).
OBJECTIVE: To observe and evaluate the short-term and long-term curative effects of the synthetic auricular point therapy on the common migraine in attack stage. METHODS: With the study method of randomized controlled trial, 108 cases of common migraine at the attack stage were randomly assigned to a treatment group of 72 cases treated with synthetic auricular point therapy (blood-letting on the ear back, point injection of own blood, pricking ear point), and a control group of 36 cases treated with Western medicine. Their short-term and long-term curative effects were observed and evaluated. RESULTS: The total short-term effective rate and the total long-term effective rate were respectively 98.6% and 79. 6% in the treatment group with less adverse effects, and with a very significant difference as compared with the control group ($P < 0.01$). CONCLUSION: The synthetic auricular point therapy has obvious short-term and long-term curative effects on common migraine at the attack stage with safety.

1413- gera: 146288/nd/ra
THE USE OF BOTULINUM NEUROTOXIN TYPE A (BOTOX) FOR HEADACHES: A CASE REVIEW. OLIVER M, MACDONALD J, RAJWANI M. **jcca j can chiropr assoc.** 2006;50(4):263-70 (eng).
Chiropractic care is a common treatment sought by patients with headaches. As some patients may not benefit from this care, chiropractors must be aware of alternative management options. Botox has more recently become a common treatment for headaches. A case of a 45-year-old female with chronic headaches and neck pain is presented. After lengthy trials of chiropractic manipulation, trigger point therapy, and acupuncture, the patient was treated with Botox-A. She experienced pain relief following the initial treatment that lasted up to 3-4 months and has since undergone subsequent trials of Botox with the same results. No side effects were experienced. As more health care practitioners are recommending Botox, the need for a better understanding of the evidence and criteria for referral for Botox treatment is required. As such, chiropractors should consider this alternative approach to managing headaches when chiropractic management is unsuccessful.

1414- gera: 148371/di/ra
THE EFFICACY OF WET-CUPPING IN THE TREATMENT OF TENSION AND MIGRAINE HEADACHE. AHMADI A, SCHWEBEL DC, REZAEI M. **the american journal of chinese medicine.** 2006;36(1):37 (eng).
Wet-cupping is an ancient medical technique still used in several contemporary societies, but little empirical study has been devoted to test its efficacy to treat tension and migraine headache. Using a pre-post research design, 70 patients with chronic tension or migraine headache were treated with wet-cupping. Three primary outcome measures were considered at the baseline and 3 months following treatment: headache severity, days of headache per month, and use of medication. Results suggest that, compared to the baseline, mean headache severity decreased by 66% following wet-cupping

treatment. Treated patients also experienced the equivalent of 12.6 fewer days of headache per month. We conclude that wet-cupping leads to clinical relevant benefits for primary care patients with headache. Possible mechanisms of wet-cupping's efficacy, as well as directions for future

1415- gera: 149475/di/ra
TRATAMIENTO DE LA CEFALEA PRODUCIDA POR LA TENSION CON DROGAS CHINAS Y ACUPUNTURA - UN INFORME DE 40 CASOS. ZHANG MIN, XIONG YUN. **journal of tmc.** 2006;48:33 (esp).

1416- gera: 150539/di/ra
CLINICAL EFFECTIVENESS WITH BILIOUS, HEADACHE TREATED WITH ACUPUNCTURE COMBINED WITH MEDICINE. QIU XIAO EN, XU QUN YAN. **journal of clinical acupuncture and moxibustion.** 2006;22(4):16 (eng).

1417- gera: 150624/di/ra
MODIFICATION DE L'ÉLECTROENCÉPHALOGRAMME PAR ACUPUNCTURE ET PHYTOTHÉRAPIE DANS LES MIGRAINES. ZHEN YI, ZHENG CHUNZE. **journal of clinical acupuncture and moxibustion.** 2006;22(3):14 (chi).

1418- gera: 144285/di/ra
RANDOMIZED TRIAL VS. OBSERVATIONAL STUDY OF ACUPUNCTURE FOR MIGRAINE FOUND THAT PATIENT CHARACTERISTICS DIFFERED BUT OUTCOMES WERE SIMILAR. LINDE K, STRENG A, HOPPE A, WEIDENHAMMER W, WAGENPFEIL S, MELCHART D. **j clin epidemiol.** 2007;60(3):280-7 (eng).
OBJECTIVE: To compare patient characteristics and outcomes between a randomized controlled trial (RCT) and an observational study (OS) of acupuncture treatment in patients with migraine. STUDY DESIGN AND SETTING: Within the framework of a research program for acupuncture for chronic pain, both an RCT and an OS of routine care were performed in patients with migraine. One hundred forty-five patients received acupuncture in the RCT and 732 in the OS. All patients completed a pain questionnaire, including instruments evaluating disability, quality of life, and depression, at baseline and at 6-month follow-up. RESULTS: At baseline, patients participating in the RCT had a significantly longer history of complaints and more headache days but better quality of life and fewer depressive symptoms than patients participating in the OS. In unadjusted analyses, improvements after 6 months were more pronounced in the OS than in the RCT. After adjustment for potential confounders, the differences decreased but were still significant for several outcomes. CONCLUSION: Participants of the RCT were probably not representative of migraine patients undergoing acupuncture treatment in routine care under current regulations in Germany. However, changes after treatment were similar in the RCT and the OS of routine care.

1419- gera: 145387/di/ra
A RANDOMIZED CONTROLLED TRIAL OF TAI CHI FOR TENSION HEADACHES. ABBOTT RB, HUI KK, HAYS RD, LI MD, PAN T. **evid based complement alternat med.** 2007;4(1):107-113 (eng).
This study examined whether a traditional low-impact mind-body exercise, Tai Chi, affects health-related quality- of-life (HRQOL) and headache impact in an adult population suffering from tension-type headaches. Forty-seven participants were randomly assigned to either a 15 week intervention program of Tai Chi instruction or a wait-list control group. HRQOL (SF-36v2) and headache status (HIT-6trade mark) were obtained at baseline and at 5, 10 and 15 weeks post-baseline during the intervention period. Statistically significant (P < 0.05) improvements in favor of the intervention were present for the HIT score and the SF-36 pain, energy/fatigue, social functioning, emotional well-being and mental health summary scores. A 15 week intervention of Tai Chi practice was effective in reducing headache impact and also effective in improving perceptions of some aspects of physical and mental

1420- gera: 145515/nd/ra
EFFECT OF ACUPUNCTURE-LIKE ELECTRICAL STIMULATION ON CHRONIC TENSION-TYPE HEADACHE: A RANDOMIZED, DOUBLE-BLINDED, PLACEBO-CONTROLLED TRIAL. WANG K, SVENSSON P, ARENDT-NIELSEN L. **clin j pain.** 2007;23(4):316-322 (eng).
OBJECTIVE: The aim of this study was to examine the effect of acupuncture-like electrical stimulation on chronic tension-type headache (TTH) in a randomized, double-blinded, placebo-controlled study. METHODS: Thirty-six patients (18 men, 18 women) with chronic TTH in accordance with the criteria of International Headache Society were investigated. The patients were randomly assigned into 2 groups: a treatment group and a placebo group. Pain duration, pain intensity on a 0 to 10 cm visual analog scale, number of headache attacks, and use of medication were recorded in a diary for 2 weeks before treatment (baseline), early stage of treatment (Treat-1; 2 wk), late stage of treatment (Treat-2; 4 wk), and after the end of treatment (Post-1, Post-2, Post-3 corresponding to 2, 4, and 6-wk follow-up). The patients also provided an overall evaluation of the treatment effect at each stage. Patients were taught how to use either an acupuncture-like electrical stimulator or a sham stimulator (identical but incapable of delivering an electric current) and then instructed to use the device at home. Six acupoints, bilateral EX-HN5, GB 20, LI 4, were selected to be stimulated 3 minutes for each point, twice a day. Friedman repeated measure analysis of variance on rank was used to test the data. RESULTS: The pain duration was shortened at Treat-1 and pain intensity was decreased at Treat-1 and Treat-2 compared with baseline. The overall evaluation of the 2 treatments indicated improvements in both the treatment and the placebo groups, but with no significant difference between the groups (P>0.061). Despite the apparent improvement in both the treatment and placebo groups, a decrease in analgesic use was only observed in the treatment group. There was also a significant positive correlation between the reported intensity of the stimulus-evoked sensation and the evaluation of the effect of either active or placebo treatments (P=0.039). CONCLUSIONS: The use of acupuncture-like electrical stimulation was not associated with significant adverse effects. These results indicate that acupuncture-like electrical stimulation is a safe and potentially analgesic-sparing therapy that may be considered as an adjunctive treatment for patients with chronic TTH although the clinical effect on pain seems to be marginal in the present set-up.

1421- gera: 146080/di/ra
[TRANSIENT ANALGESIC EFFECT OF ELECTROACUPUNCTURE AT TAIYANG (EX-IIN 5) FOR TREATMENT OF MIGRAINE WITH HYPERACTIVITY OF THE LIVER-YANG]. ZHOUTIAN U EI' , LIP", LI NING" , ZHANG FAN' , HU LING-XIANG- , ZHAO JING-JING' , ZHANG YAN' , WANG CHENG-WEI3. **chinese acupuncture and moxibustion.** 2007;27(3):159 (chi).
Objective To explore the difference of therapeutic effects between electroacupuncture (EA) and medi-cation for treatment of migraine with hyperactivity of the liver-yang. Methods With 3-center randomized controlled study method, 300 cases were assigned to a treatment group and a control group, 150 cases in each group. They were treated respectively with EA at Taiyang (EX-EN 5) and oral administration of western medicine. Changes of the score for headache intensity, remission degree of headache and. remission rate of headache after treatment were investigated. Results After once treatment, VAS score of the headache intensity showed dynamical decrease in the two groups; in the treatment group the score reached the lowest 3-4 h after treatment; with the decreasing degree better than the control group (P O. 01). The lasting time of headache remission was (388. 6 ± 430. 1) min and (163. 3±182. 3) min, respectively, the treatment group being significantly longer than that of, the control group (P<0..01). Conclusion EA at Taiyang (EX-HN 5) has transient analgesic effect for treatment of migraine with

1422- gera: 146109/di/ra
[OBSERVATIONS ON TREATING THE HEADACHE OF DRUG -; DEPENDENCE BY ACUP - MOX THER]. YU JIN

DONG, ZHAO YUAN FEI. **journal of clinical acupuncture and moxibustion.** 2007;2007:27 (chi).
Objective: To search for the best therapy for the headache' drug dependence. Methods: Forty-five cases were randomly divide into a treatment group and a control group. There were 30 cases in ti treatment group and 15 cases in the control group. They were treated 1 acup mox ther and placebo. Results: In the treatment group, 21 cag es were successful and 9cases were failed. In the control group ,5 case were successful and 10 cases were failed. The therapy between the treat ment group and the control group has a significant difference in effectiv rate (0.01 < P < 0.05) So, the therapy of the headache of drug de pendence by acup mox ther has a significant effect.

1423- gera: 146209/di/ra
CLINICAL OBSERVATIONS ON THE TREATMENT OF MIGRAINE BY ACUPUNCTURE PLUS AURICULAR PLASTER THERAPY. SUN PEI-HUA. **journal of acupuncture and tuina science.** 2007;5(1):35 (eng).
Objective: To investigate the clinical efficacy of acupuncture plus auricular plaster therapy for treating migraine. Methods: One hundred and fifty migraine patients were randomly allocated to an observation group (n=90) and a control group (17=60). The observation group were treated by acupuncture plus auricular plaster therapy based on syndrome differentiation and the control group, by oral administration of Flunarizine. The curative effects were compared between the two groups. Results: The total efficacy rate was 94.4% in the observation group and higher than in the control group (73.3%). The recovery rate was 87.8% in the observation group and higher than in the control group (55.0%). There were significant differences between the two groups (both P<0.01). The curative effect was significantly better in the observation group than in the control group. Conclusion: Clinically, acupuncture plus auricular plaster therapy based on syndrome differentiation has a good effect. on migraine.

1424- gera: 146461/nd/ra
[PROMOTING SELF-CARE TO PATIENTS SUFFERING HEADACHE THROUGH THE ORIENTAL PERSPECTIVE OF HEALTH]. WINK S, CARTANA MDO H. **rev bras enferm.** 2007;60(2):225-8 (por).
The present work is an experience report that aimed at elaborating, implementing and evaluating a project of nursing care practice to students of a Nursing graduation course, who presented headaches\. Built from a subject of the Nursing Master Course of Federal University of Santa Catarina, the project was based in the concept of competence for self-care of Orem, understood through an oriental perspective of health\. Three strategies of care were applied: the pain dairy, the focusing and the cranium-acupuncture, in monthly-weekly meetings and in individual meetings, for a two-month period\. The participants related results of pain relief, discover of non-physical causes for pain and increase of welfare\. It was possible to verify that the participants presented an individualized process of self-care development and that the strategies selected are suitable for the care.

1425- gera: 146805/di/ra
THE TCM KIDNEY-NOURISHING METHOD FOR PROTECTION OF BRAIN IN PATIENTS WITH DIABETIC ENCEPHALOPATHY. LIANG X. **journal of traditional chinese medicine.** 2007;27(2):83-6 (eng).

1426- gera: 146851/di/re
TRADITIONAL ACUPUNCTURE IN MIGRAINE: A CONTROLLED, RANDOMIZED STUDY. FACCO E, LIGUORI A, PETTI F, ZANETTE G, COLUZZI F, DE NARDIN M, MATTIA C. **headache.** 2007;sep 14:x (eng).
Objective.-To check the effectiveness of a true acupuncture treatment according to traditional Chinese medicine (TCM) in migraine without aura, comparing it to a standard mock acupuncture protocol, an accurate mock acupuncture healing ritual, and untreated controls. Background.-Migraine prevalence is high and affects a relevant rate of adults in the productive phase of their life. Acupuncture has been increasingly advocated and used in Western countries for migraine treatment, but the evidence of its effectiveness still remains weak. A large variability of treatments is present in published studies and no acupoint selection according to TCM has been investigated so far; therefore, the low level of evidence of acupuncture effectiveness might partly depend on inappropriate treatment. Design and Methods.-A prospective, randomized, controlled study was performed in 160 patients suffering from migraine without aura, assessed according to the ICD-10 classification. The patients were divided into the following 4 groups: (1) group TA, treated with true acupuncture (according to TCM) plus Rizatriptan; (2) group RMA, treated with ritualized mock acupuncture plus Rizatriptan; (3) group SMA, treated with standard mock acupuncture plus Rizatriptan; (4) group R, without prophylactic treatment with relief therapy only (Rizatriptan). The MIDAS Questionnaire was administered before treatment (T0), at 3 (T1) and 6 months (T2) from the beginning of treatment, and the MIDAS Index (MI) was calculated. Rizatriptan intake was also checked in all groups of patients at T0, T1, and T2. Group TA and RMA were evaluated according to TCM as well; then, the former was submitted to true acupuncture and the latter to mock acupuncture treatment resembling the same as TA. The statistical analysis was conducted with factorial ANOVA and multiple tests with a Bonferroni adjustment. Results.-A total of 127 patients completed the study (33 dropouts): 32 belonged to group TA, 30 to group RMA, 31 to group SMA, and 34 to group R. Before treatment the MI (T(0)) was moderate to severe with no significant intergroup differences. All groups underwent a decrease of MI at T(1) and T(2), with a significant group difference at both T(1) and T(2) compared to T(0) (P < .0001). Only TA provided a significant improvement at both T(1) and T(2) compared to R (P < .0001). RMA underwent a transient improvement of MI at T(1). The Rizatriptan intake paralleled the MI in all groups. Conclusions.-TA was the only treatment able to provide a steady outcome improvement in comparison to the use of only Rizatriptan, while RMA showed a transient placebo effect at T1.

1427- gera: 146852/di/re
ROLE OF ACUPUNCTURE IN THE TREATMENT OF MIGRAINE. ENDRES HG, DIENER HC, MOLSBERGER A. **expert rev neurother.** 2007;7(9):1121-34 (eng).
Since the last Cochrane review of acupuncture and headache in 2001, which found methodological and/or reporting shortcomings in the majority of the studies, several large, randomized trials on the effectiveness of acupuncture as a treatment for headache have been published. Following a brief overview of the pathophysiology of migraine and possible action mechanisms of acupuncture, we look at current studies on acupuncture and migraine and discuss the results. From these results and our own studies on acupuncture and migraine, we conclude that a 6-week course of acupuncture is not inferior to a 6-month prophylactic drug treatment, but that specific Chinese point selection, point stimulation and needling depth are not as important as had been thought. The review suggests that acupuncture should be integrated into existing migraine therapy protocols.

1428- gera: 146925/di/ra
OBSERVATIONS ON THE CURATIVE EFFECT OF ACUPUNCTURE ON MIGRAINE AND ITS INFLUENCE ON CEREBRAL BLOOD FLOW. DAI M, JING M, SHEN W N. **shanghai journal of acupuncture and moxibustion.** 2007;26(9):3 (eng).
Objective To investigate the influence of acupuncture on cerebral blood flow in migraine patients. Methods A treat¬ment group of migraine patients was treated by acupuncture of points Baihui, Taichong and Hegu and a control group, with oral Sibeli¬um. Transcranial Doppler sonography was performed in the treatment group before and after treatment to investigate the influence of ac¬upuncture on cerebral blood flow. Results There was a statistically significant difference in clinical curative effect between the two groups (P <0. 05) . There was a statistically significant difference in the abnormality rate of cerebrovascular flow velocity between be¬fore and after acupuncture in the patients (P <0.01) . The influences of acupuncture on VA, MCA and ACA increased flow velocity and VA and BA decreased flow velocity were of statistical significance (both P <0.05) . Conclusion

Acupuncture can bidirectionally regulate and effectively influence cerebral blood flow in migraine patients.

1429- gera: 146983/di/re
ACUPUNCTURE FOR TENSION-TYPE HEADACHE: A MULTICENTRE, SHAM-CONTROLLED, PATIENT-AND OBSERVER-BLINDED, RANDOMISED TRIAL. ENDRES HG, BOWING G, DIENER HC, LANGE S, MAIER C, MOLSBERGER A, ZENZ M, VICKERS AJ, TEGENTHOFF M. **j headache pain.** 2007;oct 23:x (eng).
Acupuncture treatment is frequently sought for tension-type headache (TTH), but there is conflicting evidence as to its effectiveness. This randomised, controlled, multicentre, patient-and observer-blinded trial was carried out in 122 outpatient practices in Germany on 409 patients with TTH, defined as >/=10 headache days per month of which </=1 included migraine symptoms. Interventions were verum acupuncture according to the practice of traditional Chinese medicine or sham acupuncture consisting of superficial needling at nonacupuncture points. Acupuncture was administered by physicians with specialist acupuncture training. Ten 30-min sessions were given over a six-week period, with additional sessions available for partial response. Response was defined as >50% reduction in headache days/month at six months and no use of excluded concomitant medication or other therapies. In the intent-to-treat analysis (all 409 patients), 33% of verum patients and 27% of sham controls (p=0.18) were classed as responders. Verum was superior to sham for most secondary endpoints, including headache days (1.8 fewer; 95% CI 0.6, 3.0; p=0.004) and the International Headache Society response criterion (66% vs. 55% response, risk difference 12%, 95% CI: 2%-21%; p=0.024).). The relative risk on the primary and secondary response criterion was very similar (approximately 0.8); the difference in statistical significance may be due to differences in event rate. TTH improves after acupuncture treatment. However, the degree to which treatment benefits depend on psychological compared to physiological effects and the degree to which any physiological effects depend on needle placement and insertion depth are unclear.

1430- gera: 146989/nd/ra
THERAPEUTIC APPLICATION OF ANTI-ARTHRITIS, PAIN-RELEASING, AND ANTI-CANCER EFFECTS OF BEE VENOM AND ITS CONSTITUENT COMPOUNDS. SON DJ, LEE JW, LEE YH, SONG HS, LEE CK, HONG JT. **pharmacol ther.** 2007;37(5):523-6 (eng).
Bee venom (BV) therapy (BVT), the therapeutic application of BV, has been used in traditional medicine to treat diseases, such as arthritis, rheumatism, pain, cancerous tumors, and skin diseases. BV contains a variety of peptides, including melittin, apamin, adolapin, the mast-cell-degranulating (MCD) peptide, enzymes (i.e., phospholipase [PL] A(2)), biologically active amines (i.e., histamine and epinephrine), and nonpeptide components which have a variety of pharmaceutical properties. BV has been reported to have anti-arthritis effects in several arthritis models. Melittin, a major peptide component of BV, has anti-inflammatory and anti-arthritis properties, and its inhibitory activity on nuclear factor kappaB (NF-kappaB) may be essential for the effects of BV. The anti-nociceptive effects of BV have also been demonstrated in thermal, visceral, and inflammatory pain models. Apcupoint stimulation (apipuncture) therapy into subcutaneous region may be important in the BV- induced anti-nociceptive effects. Multiple mechanisms, such as activation of the central and spinal opiod receptor, and alpha(2)-adrenergic activity, as well as activation of the descending serotonergic pathway have been suggested. The inhibition of c-Fos expression in the spinal cord by BV apipuncture in several nociceptive models is also reported to be a possible mechanism. BV also has anti-cancer activity. The cell cytotoxic effects through the activation of PLA(2) by melittin have been suggested to be the critical mechanism for the anti-cancer activity of BV. The conjugation of cell lytic peptide (melittin) with hormone receptors and gene therapy carrying melittin can be useful as a novel targeted therapy for some types of cancer, such as prostate and breast cancer.

1431- gera: 147012/nd/ra
THE IMPACT OF MIGRAINE: A CASE STUDY. JUNG S. **j neurosci nurs.** 2007;39(4):213-6 (eng).
Migraine headaches are common and among the most disabling nonfatal conditions of humankind. They are frequently misdiagnosed, which may lead to undertreatment. Patients often self-diagnose and self-medicate, resulting in inadequate treatment. Consequently, patients may take additional doses, trying to gain relief with inappropriate medications. Rebound can ensue. With adequate treatment, a patient's condition and quality of life may improve considerably. Patient education is extremely important to help patients identify appropriate self-care measures, such as identification of triggering events and coping with the chronic nature of their condition. This case study presents a patient who began experiencing migraines following a neck injury. His headaches became more frequent, and ergotamine and caffeine (Cafergot) suppositories were prescribed. When he presented, he was experiencing daily headaches and using daily ergotamine and caffeine suppositories. He was using the emergency department (ED) frequently because of severe headaches. Cervical spasm was recognized as his trigger, and the ergotamine and caffeine suppositories were discontinued. After 3 days of severe headaches, his rebound ceased. He reverted back to episodic migraines, which he treated with zolmitriptan (Zomig) nasal spray, which was effective. His cervical spasm was treated with botulinum toxin type A (Botox), with excellent results. He has maintained reasonable headache control for 2 years.

1432- gera: 147201/di/re
LASER ACUPUNCTURE IN CHILDREN WITH HEADACHE: A DOUBLE-BLIND, RANDOMIZED, BICENTER, PLACEBO-CONTROLLED TRIAL. GOTTSCHLING S, MEYER S, GRIBOVA I, DISTLER L, BERRANG J, GORTNER L, GRAF N, SHAMDEEN MG. **pain.** 2007;nov 15:x (eng).
To investigate whether laser acupuncture is efficacious in children with headache and if active laser treatment is superior to placebo laser treatment in a prospective, randomized, double-blind, placebo-controlled trial of low level laser acupuncture in 43 children (mean age (SD) 12.3 (+/-2.6) years) with headache (either migraine (22 patients) or tension type headache (21 patients)). Patients were randomized to receive a course of 4 treatments over 4 weeks with either active or placebo laser. The treatment was highly individualised based on criteria of Traditional Chinese medicine (TCM). The primary outcome measure was a difference in numbers of headache days between baseline and the 4 months after randomization. Secondary outcome measures included a change in headache severity using a 10cm Visual Analogue Scale (VAS) for pain and a change in monthly hours with headache. Measurements were taken during 4 weeks before randomization (baseline), at weeks 1-4, 5-8, 9-12 and 13-16 from baseline. The mean number of headaches per month decreased significantly by 6.4 days in the treated group (p<0.001) and by 1.0 days in the placebo group (p=0.22). Secondary outcome measures headache severity and monthly hours with headache decreased as well significantly at all time points compared to baseline (p<0.001) and were as well significantly lower than those of the placebo group at all time points (p<0.001). We conclude that laser acupuncture can provide a significant benefit for children with headache with active laser treatment being clearly more effective than placebo laser treatment.

1433- gera: 147204/nd/ra
[CERVICOGENIC HEADACHE: ETIOPATHOGENESIS, CHARACTERISTICS, DIAGNOSIS, DIFFERENTIAL DIAGNOSIS AND THERAPY]. GRGIC V. **lijec vjesn.** 2007;129(6-7):230-6 (cro).
The term "cervicogenic headache" (CH) implies a chronic hemicranial pain syndrome caused by upper cervical spine disorders. According to the clinical researches, in 15-20% of the patients with chronic unilateral headache, it is the case of the headache of cervical origin. The sources of the referred pain manifested as CH are the disorders of anatomical structures innervated by the first three cervical spinal nerves and/or direct irritation/lesion of these nerves (spinal nerves C1-C3, intervertebral/i.v. joints C0-C3, i.v. disc C2-C3 muscles, ligaments, bony structures, dura mater, vertebral arteries).

Neuroanatomical and neurophysiological researches have proven the convergence of nociceptive afferents from the receptive field of the spinal nerves C1-C3, and nociceptive afferents from the receptive field of the trigeminal nerve which occurs in the trigeminocervical nucleus located in the upper segments of the cervical part of the spinal cord. Because of the convergence of the nociceptive afferents in the trigeminocervical nucleus, the pain from the receptive field of the spinal nerves C1-C3 is referred into the receptive field of the trigeminal nerve (head, face), and the pain from the receptive field of the trigeminal nerve is referred into the receptive field of the spinal nerves C1-C3 (cervico-occipital area). Diagnosis of CH can be made on the basis of history, clinical picture, clinical examination and radiological examinations, and confirmed by anesthetic blockade of the affected structure. It is necessary to rule out the other forms of headache in differential diagnosis, first of all migraine and tension headache because of their great similarity with CH. The following is used in the treatment of the CH: medical therapy, acupuncture, neural therapy, local botulinum toxin injection, cervical epidural corticosteroid injection, physical therapy, massage, kinezitherapy, traction and surgical treatment. It seems that the best results are achieved by a combination of manual therapy, physical therapy and kinezitherapy. Although the CH has been included into International headache classification, this hemicranial pain syndrome has still been unknown to a wider circle of medical practicioners. That is why the purpose of this article is to describe etiopathogenesis, characteristics, diagnosis, differential diagnosis and therapy of CH.

1434- gera: 147286/di/ra
OBSERVATIONS ON THE EFFICACY OF OTOPOINT THERAPY FOR MIGRAINE AT THE ATTACK AND REMISSION STAGES. SHAN QIU-HUA , FLAN JING, YANG DIAN-HUI. **shanghai journal of acupuncture and moxibustion.** 2007;26(11):13 (chi).
Objective To investigate the short-term and long-term efficacies of otopoint therapy for general migraine at the attack and remission stages and make a comparison. Methods As a controlled trial, 72 patients with general migraine at the attack stage and 60 patients at the remission stage received composite otopoint therapy for treatment and prevention , respectively. The short-term and long-term curative effects were evaluated and compared. Results Composite otopoint therapy could obviously improve the short-term and long-term symptom scores in the patients at both the attack and remission stages. The short-term and long-term curative effects were significant (P <0. 01) , but there was no statistically significant difference between the two (P > 0.05) Conclusion Composite otopoint therapy is markedly effective against general migraine at the attack and remission stages and

1435- gera: 147388/di/ra
ACUPUNCTURE ET CÉPHALÉES EN URGENCE HOSPITALIÈRE. UNE ÉTUDE RÉTROSPECTIVE (HÔPITAL LARIBOISIÈRE). BUI A. **acupuncture et moxibustion.** 2007;6(4):315 (fra).
C'est une étude rétrospective des dossiers de patients vus aux urgences céphalées du 1/1/2002 au 31/12/2004. Elle concerne 81 patients traités par acupuncture sur un total de 778. Elle montre l'apport positif de l'acupuncture dans le traitement des céphalées aux urgences en observant des critères de sélection précis. On note particulièrement son intérêt dans le suivi à long terme des céphalées chroniques quotidiennes.

1436- gera: 147521/nd/ra
PRACTICAL APPLICATION OF YOKUKANSANKACHIMPIHANGE FOR PREVENTION OF CHRONIC HEADACHE. X. **kampo medicine.** 2007;58(2):277 (jap).

1437- gera: 147610/di/ra
GUA SHA FOR MIGRAINE IN INPATIENT WITHDRAWAL THERAPY OF HEADACHE DUE TO MEDICATION OVERUSE. SCHWICKERT ME, SAHA EJ, BRAUN M, DOBOS GJ. **forschende komplemetarmedizin.** 2007;14(5):297 (deu).
Gua Sha for Migraine in Inpatient Withdrawal Therapy of Headache due to Medication Overuse Gua Sha is a therapeutic method of Traditional Chinese Medicine (TCM) widely used in Asia, particulary in the treatment of chronic pain. By use of the surface-frictioning technique (called 'Gua') petechiae and a skin rash similar to millet-seed (called 'Sha') are induced. As first observations on the application of that method have been promising, we present the case of a 72-year-old woman. The patient who suffered from chronic headaches, highly profited from Gua Sha during her 14-day inpatient multimodal treatment. This case provides first evidence that Gua Sha is effective in the treatment of headaches. Further research and clinical trials are required to corroborate

1438- gera: 147902/di/ra
ACUPUNCTURE IN MIGRAINE PREVENTION: A RANDOMIZED SHAM CONTROLLED STUDY WITH 6-MONTHS POST-TREATMENT FOLLOW-UP (ABSTRACT). JERUSA ALECRIM-ANDRADE ET AL JÚNIOR, MD, PHD; 6-. **journal of alternative and complementary medicine.** 2007;13(8):891 (eng).

1439- gera: 149455/di/ra
ESPASMO FACIAL. HU JIN SHENG. **journal of tmc.** 2007;54:7 (esp).

1440- gera: 151838/di/ra
L'EXPERIENCE DU PROFESSEUR QIU MAO LIANG DANS L'EMPLOI DES COUPLES DE POINTS TRAITANT LES CEPHALEES. QIU XIAN LING. **acupuncture traditionnelle chinoise.** 2007;16:55 (fra).
Source : « Zhong Guo Zhen Jiu» (L'Acupuncture-Moxibustion de Chine) 6/1992 p. 31-32

1441- gera: 151875/di/ra
TREATMENT OF 23 CASES OF SUPRAORBITAL NEURALGIA BY ACUPUNCTURE PLUS SEMI-CONDUCTIVE LASER. TU XIAO-HUA, YANG LUO-YAN, LI ZENG-LI. **journal of acupuncture and tuina science.** 2007;5(2):113 (eng).
23 cases of the patients with supraorbital neuralgia were treated by puncturing Yangbai (GB 14) toward Yuyao (Extra), Zanzhu (BL 2), Taiyang (Extra), Touwei (ST 8), Zhongzhu (TE 3) and Neiting (ST 44) on the sick side, plus laser radiation on a site about 1 crn apart from the midpoint of the eyebrow of the sick side. After 10 treatments, the results showed cure in 19 cases and remarkable effect in 4 cases.

1442- gera: 152287/di/ra
MALADIES D'ORIGINE NERVEUSE, MUSCULAIRE ET OSSEUSE. XIAO YONG JIAN. **traitement de 43 maladies en acupuncture traditionnelle, institut yin-yang.** 2007;:224 (fra).

1443- gera: 152288/di/ra
CEPHALEES. XIAO YONG JIAN. **traitement de 43 maladies en acupuncture traditionnelle, institut yin-yang.** 2007;:224 (fra).

1444- gera: 152289/di/ra
MIGRAINE. XIAO YONG JIAN. **traitement de 43 maladies en acupuncture traditionnelle, institut yin-yang.** 2007;:235 (fra).

1445- gera: 147743/di/re
ACUPUNCTURE IN MIGRAINE: INVESTIGATION OF AUTONOMIC EFFECTS. BACKER M, GROSSMAN P, SCHNEIDER J, MICHALSEN A, KNOBLAUCH N, TAN L, NIGGEMEYER C, LINDE K, MELCHART D, DOBOS GJ. **clinical journal of pain.** 2008;24(2):106-115 (eng).
OBJECTIVE: A dysregulation of the autonomic nervous

system is discussed as a pathogenetic factor in migraine. As acupuncture has been shown to exhibit considerable autonomic effects, we tested whether the clinical effects of acupuncture in migraine prophylaxis are mediated by changes of the autonomic regulation. METHODS: We simultaneously monitored changes of heart-rate variability (HRV) as an index of cardiac autonomic control and clinical improvement during an acupuncture treatment in 30 migraineurs. HRV was derived from spectral analysis of the electrocardiogram, which was performed before, during, and after the first and the last session of a series of 12 acupuncture sessions. Migraineurs were randomly allocated to 2 groups receiving either verum acupuncture (VA) or sham acupuncture (SA) treatment. RESULTS: Across the combined VA and SA groups, the clinical responders (with at least 50% reduction of migraine attacks) exhibited a decrease of the low-frequency (LF) power of HRV in the course of the treatment, which was not be observed in patients without clinical benefit. VA compared with SA induced a stronger decrease of high-frequency power. The mode of acupuncture, however, did not have an impact on the LF component of HRV or the clinical outcome. DISCUSSION: The data indicate, that VA and SA acupuncture might have a beneficial influence on the autonomic nervous system in migraineurs with a reduction of the LF power of HRV related to the clinical effect. This might be due to a reduction of sympathetic nerve activity. VA and SA induce different effects on the high-frequency component of HRV, which seem, however, not to be relevant for the clinical outcome in migraine.

1446- gera: 147744/di/re
ACUPUNCTURE IN MIGRAINE PREVENTION: A RANDOMIZED SHAM CONTROLLED STUDY WITH 6-MONTHS POSTTREATMENT FOLLOW-UP. ALECRIM-ANDRADE J, MACIEL-JUNIOR JA, CARNE X, SEVERINO VASCONCELOS GM, CORREA-FILHO HR. **clinical journal of pain.** 2008;24(2):98-105 (eng).
OBJECTIVE: To assess the efficacy of acupuncture in migraine prophylaxis. METHODS: Thirty-seven patients with migraine were enrolled in a randomized control trial at the Headache clinic located in a University Hospital. Real and sham acupuncture groups received 16 acupuncture sessions over 3 months. Treatment was individualized in the real acupuncture group and minimal acupuncture was used in the sham group. The primary end point was the percentage of patients with a >/=50% reduction in their migraine attack frequency in the second, third, fourth, fifth, and sixth (months) compared with the first one (baseline period). Primary and secondary end points were measured comparing headache diaries. RESULTS: Real acupuncture group showed improvement with significant differences compared with the sham acupuncture group in the primary efficacy end point (P=0.021) at the second month of the treatment. Differences also appeared in 2 secondary end points: number of days with migraine per month (P=0.007) in the second month and the percentage of patients with >/=40% reduction in migraine attack frequency in the first (P=0.044) and second months (P=0.004) of the treatment. These differences disappeared in the third (last) month of the treatment as a consequence of the high improvement of the sham acupuncture group. Comparisons within each group showed that several migraine parameters evaluated improved significantly in both groups. CONCLUSIONS: Individualized treatment based on traditional Chinese medicine plays a role in preventing migraine attacks. Nevertheless, sham acupuncture had similar effects. Major conclusions were limited by the small sample sizes however the observed trends may contribute to design future trials.

1447- gera: 148235/di/ra
OBSERVATIONS ON THE EFFICACY OF POINT-THROUGH-POINT ACUPUNCTURE PLUS NEEDLE KNIFE LYSIS IN TREATING MIGRAINE. HUANG CHUAN-PING. **shanghai journal of acupuncture and moxibustion.** 2008;27(1):13 (chi).
Objective To investigate the clinical efficacy of point-through-point acupuncture as a main treatment for migraine. Methods Ninety patients with migraine were randomly allocated to a point-through-point electroacupuncture group of 52 cases and a Rotundinum group of 48 cases. The therapeutic effects were evaluated and compared at one month after thirty days' treatment. Results The total efficacy rate was 86.5% in the point-through-point electroacupuncture group and 68.4% in the Rotundinum group. There was a statistically significant difference in therapeutic effect between the two groups (P < 0. 05) . Conclusion Point-through-point electroacupuncture has a marked therapeutic effect on migraine.

1448- gera: 148276/di/re
COST-EFFECTIVENESS OF ACUPUNCTURE TREATMENT IN PATIENTS WITH HEADACHE. WITT CM, REINHOLD T, JENA S, BRINKHAUS B, WILLICH SN. **cephalalgia.** 2008;28(4):334-45 (eng).
The aim was to assess costs and cost-effectiveness of additional acupuncture treatment in patients with headache compared with patients receiving routine care alone. A randomized, controlled trial was conducted, including patients (> or =18 years old) with primary headache (more than 12 months, at least two headaches/month). Outcome parameters were quality of life (Short Form 36), direct and indirect costs differences during the 3-month study period and the incremental cost-effectiveness ratio (ICER) of acupuncture treatment. A total of 3182 patients (1613 acupuncture; 1569 controls) with headache were included (77.4% women, mean age and standard deviation 42.6 +/- 12.3; 22.6% men, 47.2 +/- 13.4). Over 3 months costs were higher in the acupuncture group compared with the control [euro857.47; 95% confidence interval 790.86, 924.07, vs. euro527.34 (459.81, 594.88), P < 0.001, mean difference: euro330.12 (235.27, 424.98)]. This cost increase was primarily due to costs of acupuncture [euro365.64 (362.19, 369.10)]. The ICER was euro11 657 per QALY gained. According to international cost-effectiveness threshold values, acupuncture is a cost-effective treatment in patients with primary

1449- gera: 148322/di/re
UPDATE ON THE PROPHYLAXIS OF MIGRAINE. SCHURKS M, DIENER HC, GOADSBY P. **curr treat options neurol.** 2008;10(1):20-9 (eng).
Migraine prophylaxis is a stepwise procedure with lifestyle advice followed by consideration of medications. Patients should be advised to try to maintain a regular lifestyle, with regular sleep, meals, exercise, and management of stress, perhaps through relaxation techniques or other ways that are sensible for them. If this regimen does not adequately control their migraines, preventatives are indicated. Patients can choose between evidence-based nutraceuticals such as riboflavin, feverfew, butterbur, or coenzyme Q10, or more traditional pharmacotherapeutics. Medicine choices are somewhat limited by what is available in each country, but from the full range, the medicines of first choice are beta-adrenoceptor blockers, flunarizine, topiramate, and valproic acid. Beta-adrenoceptor blockers are particularly useful in patients also suffering from hypertension or tachycardia. Following recent studies, topiramate has become a first choice for episodic as well as chronic migraine. It is the only prophylactic drug that may lead to weight loss, but it is sometimes associated with adverse cognitive effects. Valproic acid and flunarizine also have very good prophylactic properties. However, valproic acid is often associated with adverse effects, and flunarizine is unavailable in many countries, including the United States. If sequential monotherapies are ineffective, combinations of first-line drugs should be tried before advancing to drugs of second choice, which are associated with more adverse effects or have less well-established prophylactic properties. Amitriptyline should be used carefully because of its anticholinergic effects, although it is useful in comorbid tension-type headache, depression, and sleep disorders. Methysergide is very effective, but it has been supplanted or even made unavailable in many countries because of its well-described association with retroperitoneal fibrosis. Pizotifen has a slightly better safety profile but is unavailable in the United States. Aspirin is particularly useful in patients needing platelet inhibitors for other medical conditions, but the risk of gastrointestinal bleeding must be considered. The prophylactic properties of magnesium, riboflavin, and coenzyme Q10 are low at best, but their lack of severe adverse effects makes them good treatment options. Magnesium may be particularly useful

during pregnancy. Lisinopril and candesartan were shown to be effective in single trials and are preferable in patients with hypertension. Acupuncture may be another alternative; although controlled trials have failed to differentiate its effect from placebo, it is at least innocuous. Botulinum toxin A is not

1450- gera: 148392/di/ra
SMALL ADDITIONAL EFFECT OF TRADITIONAL ACUPUNCTURE IN TREATMENT OF MIGRAINE COMPARED TO MOCK ACUPUNCTURE AND UNTREATED CONTROLS. STRENG A. **focus on alternative and complementary therapies.** 2008;13(1):37 (eng).
Résumés et commentaires :Facco E, Liguori A, Petti F, Zanette G, Coluzzi F, De Nardin M, Mattia C. Traditional acupuncture in migraine: a controlled, randomized study. Headache 2005; doi: 10.1111/j.1526-

1451- gera: 148407/di/ra
SMALL STUDY FINDS BENEFITS OF YOGA THERAPY FOR MIGRAINEURS. SHERMAN KJ. **focus on alternative and complementary therapies.** 2008;12(4):283 (eng).
Résumés et commentaires : John Pj, Sharma N, Sharma CM, Kankane A. Effectiveness of yoga therapy in the treatment of migraine without aura: a randomized controlled trial.Headache 2007; 47: 654-61.

1452- gera: 148658/di/re
PREDICTOR VARIABLES FOR IDENTIFYING PATIENTS WITH CHRONIC TENSION-TYPE HEADACHE WHO ARE LIKELY TO ACHIEVE SHORT-TERM SUCCESS WITH MUSCLE TRIGGER POINT THERAPY. FERNANDEZ-DE-LAS-PENAS C, CLELAND JA, CUADRADO ML, PAREJA JA. **cephalalgia.** 2008;28(3):264-75 (eng).
To date, no studies have investigated the predictive validity of variables from the initial examination to identify patients with tension-type headache pain who are likely to benefit from muscle trigger point (TrP) therapy. The purpose of this study was to develop a preliminary clinical prediction rule (CPR) to identify chronic tension-type headache (CTTH) patients who are likely to experience a successful response from TrP therapy. Consecutive patients with CTTH underwent a standardized examination and then received six sessions of TrP therapy over 3 weeks (two sessions per week). They were classified as having experienced a successful outcome at short-term (1 week after discharge) and 1-month follow-up based on a 50% reduction on at least one headache parameter (intensity, frequency or duration) and self-report perceived recovery. Potential predictor variables were entered into a stepwise logistic regression model to determine the most accurate set of variables for identifying treatment success. Data from 35 patients were included, of which 19 (55%) experienced a successful outcome. A CPR with four variables for short-term (headache duration < 8.5 h/day, headache frequency < 5.5 days/week, bodily pain < 47 and vitality < 47.5) and a CPR with two variables for 1-month (headache frequency < 5.5 days/week and bodily pain < 47) follow-up were identified. At short-term follow-up, if three of four variables [positive likelihood ratio (LR) 3.4] were present, the chance of experiencing a successful outcome improved from 54% to 80%, and if all the variables (positive LR 5.9) were present, the probability of success was 87.4%. At 1-month follow-up, if one of two variables (positive LR 2.2) was present, the probability of success increased from 54% to 72%, and if both variables (positive LR 4.6) were present, the probability of success was 84.4%. The present CPR provides the potential to identify CTTH patients who are likely to experience short-term and 1-month follow-up success with a muscle TrP therapy approach. Future studies are necessary to validate the CPR.

1453- gera: 148757/di/ra
STUDY PROTOCOL FOR A PRAGMATIC RANDOMISED CONTROLLED TRIAL IN GENERAL PRACTICE INVESTIGATING THE EFFECTIVENESS OF ACUPUNCTURE AGAINST MIGRAINE. VAS J, REBOLLO A, PEREA-MILLA E, MENDEZ C, RAMOS FONT C, GOMEZ-RIO M, MARTIN-AVILA M, CABRERA-IBOLEON J, CABALLERO MD, OLMOS MA, AGUILAR I, FAUS V, MARTOS F. **bmc complement altern med.** 2008;8(1):12 (eng).
ABSTRACT: BACKGROUND: Migraine is a chronic neurologic disease that can severely affect the patient's quality of life. Although in recent years many randomised studies have been carried out to investigate the effectiveness of acupuncture as a treatment for migraine, it remains a controversial issue. Our aim is to determine whether acupuncture, applied under real conditions of clinical practice in the area of primary healthcare, is more effective than conventional treatment. METHODS: The design consists of a pragmatic multi-centre, three-armed randomised controlled trial, complemented with an economic evaluation of the results achieved, comparing the effectiveness of verum acupuncture with sham acupuncture, and with a control group receiving normal care only. Patients eligible for inclusion will be those presenting in general practice with migraine and for whom their General Practitioner (GP) is considering referral for acupuncture. Sampling will be by consecutive selection, and by randomised allocation to the three branches of the study, in a centralised way following a 1:1:1 distribution (verum acupuncture; sham acupuncture; conventional treatment). Secondly, one patient in three will be randomly selected from each of the acupuncture (verum or sham) groups for a brain perfusion study (by single photon emission tomography). The treatment with verum acupuncture will consist of 8 treatment sessions, once a week, at points selected individually by the acupuncturist. The sham acupuncture group will receive 8 sessions, one per week, with treatment being applied at non-acupuncture points in the dorsal and lumbar regions, using the minimal puncture technique. The control group will be given conventional treatment, as will the other two groups. DISCUSSION: This trial will contribute to available evidence on acupuncture for the treatment of migraine. The primary endpoint is the difference in the number of days with migraine among the three groups, between the baseline period (the 4 weeks prior to the start of treatment) and the period from weeks 9 to 12. As a secondary aspect, we shall record the index of laterality and the percentage of change in the mean count per pixel in each region of interest measured by the brain perfusion tomography, performed on a subsample of the patients within

1454- gera: 148958/di/ra
STUDY PROTOCOL FOR A PRAGMATIC RANDOMISED CONTROLLED TRIAL IN GENERAL PRACTICE INVESTIGATING THE EFFECTIVENESS OF ACUPUNCTURE AGAINST MIGRAINE. VAS J, REBOLLO A, PEREA-MILLA E, MÉNDEZ C, FONT CR, GÓMEZ-RÍO M, MARTÍN-AVILA M, CARBRERA-IBOLEÓN J, CABALLERO MD, OLMOS MA, AGUILAR I, FAUS V, MARTOS F. **bmc complement altern med.** 2008;8:12 (eng).
BACKGROUND: Migraine is a chronic neurologic disease that can severely affect the patient's quality of life. Although in recent years many randomised studies have been carried out to investigate the effectiveness of acupuncture as a treatment for migraine, it remains a controversial issue. Our aim is to determine whether acupuncture, applied under real conditions of clinical practice in the area of primary healthcare, is more effective than conventional treatment. METHODS/DESIGN: The design consists of a pragmatic multi-centre, three-armed randomised controlled trial, complemented with an economic evaluation of the results achieved, comparing the effectiveness of verum acupuncture with sham acupuncture, and with a control group receiving normal care only.Patients eligible for inclusion will be those presenting in general practice with migraine and for whom their General Practitioner (GP) is considering referral for acupuncture. Sampling will be by consecutive selection, and by randomised allocation to the three branches of the study, in a centralised way following a 1:1:1 distribution (verum acupuncture; sham acupuncture; conventional treatment). Secondly, one patient in three will be randomly selected from each of the acupuncture (verum or sham) groups for a brain perfusion study (by single photon emission tomography). The treatment with verum acupuncture will consist of 8 treatment sessions, once a week, at points selected individually by the acupuncturist. The sham acupuncture group will receive 8 sessions, one per week, with treatment being applied at non-acupuncture points in the dorsal and lumbar regions, using the minimal puncture

technique. The control group will be given conventional treatment, as will the other two groups. DISCUSSION: This trial will contribute to available evidence on acupuncture for the treatment of migraine. The primary endpoint is the difference in the number of days with migraine among the three groups, between the baseline period (the 4 weeks prior to the start of treatment) and the period from weeks 9 to 12. As a secondary aspect, we shall record the index of laterality and the percentage of change in the mean count per pixel in each region of interest measured by the brain perfusion tomography, performed on a subsample of the patients within the real and sham acupuncture groups. TRIAL REGISTRATION: Current Controlled Trials ISRCTN98703707.

1455- gera: 148968/nd/ra
[CURRENT DIAGNOSIS AND TREATMENT OF MIGRAINE]. DIENER HC, KATSARAVA Z, LIMMROTH V. **schmerz.** 2008;22(sup1:51-8 (ger).
Headaches are one of the most common disorders and symptoms in daily medical practice. The prevalence of migraine is 8% in men and 12-15% in women. Dramatic progress in the areas of epidemiology, pathophysiology, and acute and preventive therapy of migraine has been made over the past 100 years, with triptans being the breakthrough for treating acute migraine attacks. Beta blockers, calcium antagonists, and neuromodulators are available for preventive migraine therapy. Nonpharmacologic treatment also plays an important role in migraine prevention. New medical care structures such as integrated headache care provide better support for patients with

1456- gera: 149151/di/ra
TREATMENT OF 56 CASES OF PAIN OF SUPRA-ORBITAL BONE BY PUNCTURING SIGUAN ACUPOINTS. LI LING. **journal of acupuncture and tuina science.** 2008;6(2):106 (eng).

1457- gera: 149157/di/ra
CLINICAL REPORT ON MULTI-CENTER RANDOMIZED CONTROLLED TRIAL OF TREATMENT OF MIGRAINE BY ELECTRO ACUPUNCTURE AT QIÚXÚ(GB40). JIA CHUN-SHENG, MA XIAO-SHUN, SHI JING ,WANG YAO-MING LI YONG- FANG ,YUAN JUN, LI MEI, ZHENG LI-XING, ZHANG XIANG-JIAN ,WANG SHAO-JIN , GAO F IAN-YING , **world journal of acupuncture et moxibustion.** 2008;18(1):1 (eng).
Objective To observe the therapeutic effect of electro acupuncture at Qiúxú (_EV GB40) for treating migraine and provide clinical study for Acupoints Dictionary of People's Republic of China. Methods Multi-center (3 First-Class hospitals) study was adopted, and the involved 3 hospitals did clinical observation according to the requirements of the project. The methods are as follows. All cases were randomized into treatment group and control group according to their sequence. Qiúxú (fig GB40) was selected in treatment group, while Tiiznshú (~cfC ST25) was selected in control group. Both groups were performed electro acupuncture, and syndromes indexes of migraine and 5-HT were observed before and after treatment. All data were analyzed by statistic software SPSS11. 5. Results There was significant difference of VAS margin between two groups in each center and the combined center (u = — 3. 362, P = 0. 001) . There was significant difference of therapeutic effect of 4-week treatment between two groups in each clinical center and the combined center. The therapeutic effect of 3-month treatment between two groups in No. 1 and No. 3 hospitals, showed significant difference, the treatment group was better; while that of No. 2 hospital had no obvious difference. The therapeutic effect of 6-month treatment between two groups in each center and the combined center had significant difference, the treatment group was better. Conclusion The therapy of electro acupuncture at Qiúxú (fc
k GB40) is effective for migraine.

1458- gera: 149158/di/ra
STUDY ON THE ATTACK CONTROL ACTION OF ELECTRO-ACUPUNCTURE ON TÀIYÁNG (EX-HN5) FOR MIGRAINE DUE TO HYPERACTIVITY OF LIVER YANG: RANDOMIED CONTROLED TRIAL. ZHOU JIAN-WEI , LI JI , LI NING , ZHANG FAN , HU LING-XIANG ,ZHAO J ING-, ZHANG YAN,WANG CHENG-WEI. **world journal of acupuncture et moxibustion.** 2008;18(1):10 (eng).
Objective To discuss the difference of electro-acupuncture and drug in controlling the attack of migraine due to hyperactivity of liver yang. Methods Three-centered random control method was used, and 300 qualified cases were randomly divided into treatment group (146 cases according to the design) and control group (140 cases) , which were respectively treated with electro-acupuncture and drugs (Compound Aminopyrine Phenacetin Tablets, Ergotamine Caffeine Tablets, Diazepam Tablets), and observed the overall effect and scores of headache, accompanying symptoms, psychological and social adaptability scores, life quality scores, TCM symptoms scores and follow-up results before and after the treatment. Results In treatment group, the successful rate of attack control was 47. 3% , the improvement rate was 73. 3% , and the total effectiveness was 90. 4% , the clinical control rate and improvement were much superior to control group (the clinical control rate 35. 7 % , improvement 61. 4 % , the total effectiveness 85. 7%) , P<0. 01, the difference in effect was mainly reflected in patients with moderate severity; the total scores of TCM syndrome after the treatment was obviously significant or very obviously significant(P<0. 05, P<0. 01) , but the headache scores between two groups was not obviously significant(P>0. 05) , the difference in accompanying symptoms was significant(P<0. 01) ; the long term attack control action in two groups was not satisfactory, the recurrence was similar (P>0. 05) ,the severity of headache in recurrence cases of treatment group was alleviated and superior to control group(P<O. 01) , the occurrence of headache after the treatment is much less than that before the treatment and the situation after 2 months was superior to control group (P <0. 01) . Sleepiness and redness of face in some patients which were seen in control group weren't seen in treatment group. Conclusion Electro-acupuncture on Tàiyáng (tPli EX-HN5) can control the attack of migraine due to hyperactivity of liver yang, and it has advantages in improving the accompanying symptoms and reducing the toxic and side effects of western drugs.

1459- gera: 149334/di/ra
CLINICAL OBSERVATIONS ON TREATMENT OF MIGRAINE BY POINT-THROUGH-POINT ACUPUNCTURE AS A MAIN THERAPY. GU YING. **shanghai journal of acupuncture and moxibustion.** 2008;27(5):24 (chi).
Objective To investigate the therapeutic effect of acupuncture on migraine. Methods Two groups were randomly established. The observation group of 97 patients were treated with conventional acupuncture and the control group of 33 patients, by oral administration of Western medicine Sumatriptan. The therapeutic effects and time- effect relationships were compared between the two groups on the third day of treatment. Results The cure rate was 94. 8% in the observation group and 78. 9% in the control group (P <0. 01). The total efficacy rate was 100% in the observation group and 96. 9% in the control group (P <0.05). The effect was better at 2 li after treatment in the control group and at 24 48 h after treatment in the observation group. Conclusion Acupuncture has a higher cure rate and total efficacy rate than oral Sumatriptan in treating migraine, but the analgesic effect of acupuncture is less within the initial 2 h than that of oral Sumatriptan. It is after 48 h treatment that acupuncture produces a main therapeutic effect. Acupuncture always has an effect when it continues, but if oral Sumatriptan can not

1460- gera: 149766/di/ra
L'EXPERIENCE DU PROFESSEUR QIU MAO LIANG DANS L'EMPLOI DES COUPLES DE POINTS TRAITANT LES CEPHALEES. QIU XIAN LING. **acupuncture traditionnelle chinoise.** 2008;16:55 (fra).

1461- gera: 149864/di/re
ACUPUNCTURE IN PATIENTS WITH HEADACHE. JENA S, WITT C, BRINKHAUS B, WEGSCHEIDER K, WILLICH S. **cephalalgia.** 2008;jul 2:x (eng).
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1462- gera: 149865//ra
ELECTROENCEPHALOGRAPHIC EVALUATION OF GOLD WIRE IMPLANTS INSERTED IN ACUPUNCTURE POINTS IN DOGS WITH EPILEPTIC SEIZURES. GOIZ-MARQUEZ G, CABALLERO S, SOLIS H, RODRIGUEZ C, SUMANO H. **res vet sci.** 2008;jul 11:x (eng).
The purpose of this study was to evaluate both, clinically and with electroencephalographic (EEG) recordings, the effect of gold wire implants in acupuncture points in dogs with uncontrolled idiopathic epileptic seizures. Fifteen dogs with such diagnosis were enrolled in the study. A first EEG recording was performed in all dogs under anaesthesia with xylazine (1mg/kg) and propofol (6mg/kg) before the treatment protocol, and a second EEG was performed 15 weeks later. Relative frequency power, intrahemispheric coherence available through EEG, number of seizures and seizure severity were compared before and after treatment using a Wilcoxon signed-rank test. There were no significant statistical differences before and after treatment in relative power or in intrahemispheric coherence in the EEG recording. However, there was a significant mean difference in seizure frequency and seizure severity between control and treatment periods. After treatment, nine of the 15 dogs (60%) had at least a 50% reduction in seizures frequency during the 15 weeks established as follow-up of this treatment.

1463- gera: 150252/di/ra
USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE BY PATIENTS WITH CLUSTER HEADACHE: RESULTS OF A MULTI-CENTRE HEADACHE CLINIC SURVEY. ROSSI P, TORELLI P, DI LORENZO C, SANCES G, MANZONI GC, TASSORELLI C, NAPPI G. **complementary therapies in medicine.** 2008;16(4):220 (eng).
OBJECTIVES: To evaluate the rates, pattern, satisfaction with, and presence of predictors of complementary and alternative medicine (CAM) use in a clinical population of patients with cluster headache (CH). DESIGN AND SETTING: One hundred CH patients attending one of three headache clinics were asked to undergo a physician- administered structured interview designed to gather information on CAM use. RESULTS: Past use of CAM therapies was reported by 29% of the patients surveyed, with 10% having used CAM in the previous year. Only 8% of the therapies used were perceived as effective, while a partial effectiveness was reported in 28% of CAM treatments. The most common source of recommendation of CAM was a friend or relative (54%). Approximately 62% of CAM users had not informed their medical doctors of their CAM use. The most common reason for deciding to try a CAM therapy was that it offered a "potential improvement of headache" (44.8%). Univariate analysis showed that CAM users had a higher income, had a higher lifetime number of conventional medical doctor visits, had consulted more headache specialists, had a higher number of CH attacks per year, and had a significantly higher proportion of chronic CH versus episodic CH. A binary logistic regression analysis was performed and two variables remained as significant predictors of CAM use: income level (OR=5.7, CI=1.6-9.1, p=0.01), and number of attacks per year (OR=3.08, CI=1.64-6.7, p<0.0001). CONCLUSION: Our findings suggest that CH patients, in their need of and quest for care, seek and explore both conventional and CAM approaches, even though only a very small minority finds them very satisfactory.

1464- gera: 150362/di/re
LASER ACUPUNCTURE IN CHILDREN WITH HEADACHE: A DOUBLE-BLIND, RANDOMIZED, BICENTER, PLACEBO-CONTROLLED TRIAL. GOTTSCHLING S, MEYER S, GRIBOVA I, DISTLER L, BERRANG J, GORTNER L, GRAF N, SHAMDEEN MG. **pain.** 2008;137(2):405-12 (eng).
To investigate whether laser acupuncture is efficacious in children with headache and if active laser treatment is superior to placebo laser treatment in a prospective, randomized, double-blind, placebo-controlled trial of low level laser acupuncture in 43 children (mean age (SD) 12.3 (+/-2.6) years) with headache (either migraine (22 patients) or tension type headache (21 patients)). Patients were randomized to receive a course of 4 treatments over 4 weeks with either active or placebo laser. The treatment was highly individualised based on criteria of Traditional Chinese medicine (TCM). The primary outcome measure was a difference in numbers of headache days between baseline and the 4 months after randomization. Secondary outcome measures included a change in headache severity using a 10 cm Visual Analogue Scale (VAS) for pain and a change in monthly hours with headache. Measurements were taken during 4 weeks before randomization (baseline), at weeks 1-4, 5-8, 9-12 and 13-16 from baseline. The mean number of headaches per month decreased significantly by 6.4 days in the treated group (p<0.001) and by 1.0 days in the placebo group (p=0.22). Secondary outcome measures headache severity and monthly hours with headache decreased as well significantly at all time points compared to baseline (p<0.001) and were as well significantly lower than those of the placebo group at all time points (p<0.001). We conclude that laser acupuncture can provide a significant benefit for children with headache with active laser treatment being clearly more effective than placebo laser treatment.

1465- gera: 150461/nd/ra
[CURRENT DIAGNOSIS AND TREATMENT OF MIGRAINE]. DIENER HC, KATSARAVA Z, LIMMROTH V. **ophthalmologe.** 2008;105(5):501-8 (eng).
Headaches are one of the most common disorders and symptoms in daily medical practice. The prevalence of migraine is 8% in men and 12-15% in women. Dramatic progress in the areas of epidemiology, pathophysiology, and acute and preventive therapy of migraine has been made over the past 100 years, with triptans being the breakthrough for treating acute migraine attacks. Beta blockers, calcium antagonists, and neuromodulators are available for preventive migraine therapy. Nonpharmacologic treatment also plays an important role in migraine prevention. New medical care structures such as integrated headache care provide better support for patients with

1466- gera: 150761/di/ra
OBSERVATION ON THE CURATIVE EFFECT OF MIGRAINE BY 3 ACUPUNCTURES TREATEMENT ON HAND AND TEMPLE. zhong zi lai. **journal of clinical acupuncture and moxibustion.** 2008;24(5):18 (chi*).

1467- gera: 150780/di/ra
OBSERVATION ON THE CLINICAL EFFECT OF CERVICOGENIC HEADACHE TREATED BY NAPE ACUPUNCTURE. WANG HAI - FENG, DA QI BIN. **journal of clinical acupuncture and moxibustion.** 2008;24(4):1 (chi*).

1468- gera: 150902/di/ra
FORTY-TWO CASES OF GREATER OCCIPITAL NEURALGIA TREATED BY ACUPUNCTURE PLUS ACUPOINT- INJECTION. PAN CHANGQING & TAN GUANGBO. **journal of traditional chinese medicine.** 2008;28(3):175 (eng).
Objective: To observe the therapeutic effect of acupuncture plus acupoint-injection on greater occipital neuralgia. Methods: The 84 cases of greater occipital neuralgia were randomly divided into two groups, with 42 cases in the treatment group treated by acupuncture plus acupoint-injection, and 42 cases in the control group treated with oral administration of carbarnazepine. Results: The total effective rate was 92.8% in the treatment group and 71.4% in the control group. The difference in the total effective rate was significant (P<0.05) between the two groups. Conclusions: Acupuncture plus acupoint-injection is effective for greater occipital neuralgia, better than the routine

1469- gera: 151001/di/ra
RANDOMIZED CONTROLLED TRIAL TO TREAT MIGRAINE WITH ACUPUNCTURE: DESIGN AND PROTOCOL. LI Y, LIANG F, YU S, LIU X, TANG Y, YANG X, TIAN X, YAN J, SUN G, CHANG X, ZHENG H, ZHANG H, MA T. **trials.** 2008;9(1):57 (eng).
ABSTRACT: BACKGROUND: We report the design and the protocol of a randomized controlled trial to treat Migraine with

acupuncture aimed to testify whether acupuncture is effective for treating migraine, and its effectiveness maybe is different duo to using acupoints of different meridians or different acupoints of one meridian. Methods and Design: A multi-center randomized controlled trial with three acupoints treatment groups and one non-acupoints control group. Acupuncture treatment consists of 20 sessions per patient during observation period of 20 weeks. 480 patients with Migraine are enrolled in this study within 8 hospitals in China from March 2008 to June 2009. All patients are randomly assigned to receive either one of acupoints treatment groups (1)specific acupoints of Shaoyang meridians (120 patients), (2)non-specific acupoints of Shaoyang meridians (120 patients), (3)acupoints of other meridians (120 patients); or non-acupoints control group (120 patients).The Main outcome measures in the trial are the differences between the number of days with migraine and frequency of migraine attacks during 4 weeks before randomization (baseline phase) and 4, 8 and 16 weeks after randomization. And intensity of headache which includes Headache intensity grade (0-3) and visual analogue scale (VAS) score will also be used. Moreover, the differences of Migraine-Specific Quality-of-Life Questionnaire (MSQ) and Transcranial Doppler Sonography (TCD) before and after randomization are the secondary outcomes measurement. DISCUSSION: The result of this trial (available in 2009) will certify the efficacy of acupuncture treating migraine, and whether the specific effect of acupoints is existed, and whether this specific effect of acupoints is related to meridian and gathering of meridian Qi. Trials registration: Clinical Trials.gov

1470- gera: 151099/di/ra

EVALUATION OF EFFICACY OF CHBTOSAN FOR THE TREATMENT OF PATIENTS WITH HEADACHE BY MULTIPLE REGRESSION ANALYSIS. KIMURA YOKO, SHIMIZU SATORU, TANAKA AKIRA, FUJII ASAMI, KINEBUCHI AKIRA, INAKI KAZUMOTO, SATO HIROSHI. **kampo medicine.** 2008;59(5):707 (jap).

We evaluated the efficacy of chotosan for headache patients via multiple regression analysis. The subjects were 46,patients with headache (31 migraine, 14 tension-type, and I combination headache), consisting of 13 males and 33 females, mean age 48 years (range 19-77 years), who were treated with chotosan according to their ,Sho (symptoms) for more than I month. The relationships between the improvement of headache and 38 factors, including age, sex, height, body weight, hypertension and other symptoms .noted upon first medical ex amination, were examined through' multi-dimensional cross-sectional analysis. Morning headache, dizzi- ness, insomnia, body weight, tinnitus and vasodilatation of sublingual veins were significant factors. Morning headache is traditionally an indication for the use of chotosan, and our results support its efficacy for this purpose. Three factors, i.e. morning headache, vasodilatation of sublingual veins and stiff shoulder, were the best subset of explanatory variables. Stiff shoulder is a key symptom for the application of chotosan, while stiffness in the back is a key

1471- gera: 152399/di/ra

[AN ENLIGHTMENT OF THE REGULARITIES OF ACUPOINT INDICATIONS FROM ACUPUNCTURE TREATMENT OF HEADACHE AND CARDIODYNIA]. ZHAO JS. **acupuncture research.** 2008;33(5):344-7 (chi).

Analysis on the different styles of expression of acupoint selection and application for "Jue Toutong" (severe headache) and "Jue Xintong" (cardiodynia with cold limbs) and the development of expression styles of acupoint selection and treatment of "Xintong" (cardiodynia) and "Jue Xintong" shows that the selected meridians for treatment of the related disorders commonly-seen in the ancient acu-moxibustion literature are, in fact, referred to the acupoints on the distal part of the four limbs in a certain neurosegment. The closer to the distal part of the four limbs, the higher is the identity of the acupoints in indications. The limit of the distal part is basically located at the wrist and ankle joints. If this identity of acupoint indications is referred to categories of diseases or syndromes, the range of acupoints on the four limbs may be extended to proximal part of the elbow and knee joints, and the representative acupoints are Five Shu-Points (Well-point, Spring-point, Stream-point, River-point and Sea-point).

1472- gera: 152723/di/re

RANDOMIZED CONTROLLED TRIAL TO TREAT MIGRAINE WITH ACUPUNCTURE: DESIGN AND PROTOCOL. YING LI, FANRONG LIANG, SHUGUANG YU, XUGUANG LIU, YONG TANG, XUGUANG YANG, XIAOPING TIAN, JIE YAN, GUOJIE SUN, XIAORONG CHANG, HUI ZHENG, HONGXING ZHANG, AND TINGTING MA. **trials.** 2008;9:57 (eng).

Background and motivation The effectiveness of using acupuncture to treat migraine is rarely and even suspectedly reported in the literature. In this article, we report the design and the protocol of a randomized controlled large-scale trial to treat migraine using acupuncture, aiming at testifying it is effective to use acupuncture to treat migraine. We demonstrate also that the effectiveness of the treatment may vary due to using acupoints of different meridians or different acupoints of one meridian. Methods and design A multi-center randomized controlled trial is currently undergoing, with three acupoints treatment groups and one non-acupoints control group. The acupuncture treatment consists of 20 sessions per patient with a observation period of 20 weeks. In total, 480 patients with Migraine are registered in this study within 8 hospitals in China from March 2008 to June 2009. These patients are randomly assigned to receive one of the following four acupoints treatment groups, i.e. 1) specific acupoints of Shaoyang meridians (120 patients), 2) non-specific acupoints of Shaoyang meridians (120 patients), 3) acupoints of other meridians (120 patients); or 4) non-acupoints control group (120 patients). The main outcome measurement in this trial is the effect comparison achieved among these four groups in terms of number of days with migraine and intensity of migraine during and after the baseline phase, i.e. the first 4 weeks before randomization and 4, 8 and 16 weeks after randomization. The intensity of headache including Headache intensity grade (0–3) and visual analogue scale (VAS) score will also be used in this study. In addition, the differences of Migraine-Specific Quality-of-Life Questionnaire (MSQ) and Transcranial Doppler Sonography (TCD) before and after randomization are also used as the secondary outcome measurement. Discussion The result of this trial (which will be available in 2009) will demonstrate the efficacy of using acupuncture to treat migraine, and verify whether the specific effect of acupoints exists and whether this specific effect of acupoints is

1473- gera: 152784/nd/re

[CLINICAL OBSERVATION ON GOLDEN HOOK FISHING TREATMENT FOR ANGIONEUROTIC HEADACHE]. FU You-chun, HU Ya , HE Ting-huai,. **shanghai journal of acupuncture and moxibustion.** 2008;27(11):10 (chi).

Objective To compare the efficacy of acupuncture with Western drugs in treating angioneurotic headache. Methods One hundred and eight patients were randomly allocated to treatment and control groups. Point Fengchi (GB 20) was selected and golden hook fishing acupuncture technique was used in the treatment group. The control group received routine Western medical treatment. Results The cure rate and total efficacy rate were 64.8% and 92.6% , respectively, in the treatment group and 40.8% and 70.4% , respectively, in the control group. There were statistically significant differences in both cure rate and total eficacy rate between the two groups ($P < 0.05$). Conclusion The therapeutic effect is better in the treatment group than in the control group. Golden hook fishing acupuncture is characterized by quick and long-time analgesic effects.

1474- gera: 152785/nd/re

[OBSERVATIONS ON THE EFFICACY OF HE ' S THREE-UNBLOCLCING THERAPY PLUG POINT INJECTION IN TREATING MIGRAINE]. FU XIAO-HONG , ZHANG QIAO-LING. **shanghai journal of acupuncture and moxibustion.** 2008;27(11):12 (chi).

Objective To investigate the clinical efficacy of He' s three-unblocking therapy plug point injection in treating migraine. Methods One hundred and fifty-eight patients with migraine were randomly allocated to two groups. The treatment group of 92 cases were treated by He's three-unblocking therapy plug

point injection and the control group of 66 cases, by oral administration of Nimodipine. Results The total efficacy rate was 91.3% in the treatment group and 69.7% in the control group; there was a statistically significant difference between the two groups (P < 0.05) . Conclusion He ' s three-unblocking therapy plug point injection has a marked therapeutic effect on migraine.

1475- gera: 153122/nd/re
ACUPUNCTURE FOR THE MANAGEMENT OF CHRONIC HEADACHE: A SYSTEMATIC REVIEW. SUN Y, GAN TJ. **anesth analg.** 2008;107(6):2038-47 (eng).
The objective of this review was to evaluate the efficacy of acupuncture for treatment of chronic headache. METHODS: We searched the databases of Medline (1966-2007), CINAHL, The Cochrane Central Register of Controlled Trials (2006), and Scopus for randomized controlled trials investigating the use of acupuncture for chronic headache. Studies were included in which adults with chronic headache, including migraine, tension-type headache or both, were randomized to receive needling acupuncture treatment or control consisting of sham acupuncture, medication therapy, and other nonpharmacological treatments. We extracted the data on headache intensity, headache frequency, and response rate assessed at early and late follow-up periods. RESULTS: Thirty- one studies were included in this review. The majority of included trials comparing true acupuncture and sham acupuncture showed a trend in favor of acupuncture. The combined response rate in the acupuncture group was significantly higher compared with sham acupuncture either at the early follow-up period (risk ratio [RR]: 1.19, 95% confidence interval [CI]: 1.08, 1.30) or late follow-up period (RR: 1.22, 95% CI: 1.04, 1.43). Combined data also showed acupuncture was superior to medication therapy for headache intensity (weighted mean difference: -8.54 mm, 95% CI: -15.52, -1.57), headache frequency (standard mean difference: -0.70, 95% CI: -1.38, -0.02), physical function (weighted mean difference: 4.16, 95% CI: 1.33, 6.98), and response rate (RR: 1.49, 95% CI: 1.02, 2.17). CONCLUSION: Needling acupuncture is superior to sham acupuncture and medication therapy in improving headache intensity, frequency, and response rate.

1476- gera: 153170/nd/re
COMPLEMENTARY AND ALTERNATIVE APPROACHES TO THE TREATMENT OF TENSION-TYPE HEADACHE. SUN-EDELSTEIN C, MAUSKOP A. **curr pain headache rep.** 2008;12(6):447-50 (eng).
Although pharmacotherapy with NSAIDs and tricyclic antidepressants comprises the traditional treatment of tension-type headaches (TTHs), the use of other therapeutic approaches in combination with medications can increase the success of treatment. Patients with comorbid mood disorders and unremitting headaches may particularly benefit from some nonpharmacologic approaches. This review focuses on complementary and alternative approaches to TTH treatment, including psychological therapies, acupuncture, and physical treatments.

1477- gera: 151292/di/ra
CHRONIC TENSION-TYPE HEADACHE: WHAT IS NEW? PEÑAS CF, SCHOENEN J.. **curr opin neurol.** 2009;mar 18: (eng).
PURPOSE OF REVIEW: This review discusses current data on nosological boundaries related to diagnosis, pathophysiology and therapeutic strategies in chronic tension-type headache (CTTH). RECENT FINDINGS: Diagnostic criteria of CTTH should be adapted to improve its sensitivity against migraine. It seems that mechanical pain sensitivity is a consequence and not a causative factor of CTTH. Recent evidence is modifying previous knowledge about relationships between muscle tissues and CTTH, suggesting a potential role of muscle trigger points in the genesis of pain. An updated pain model suggests that headache perception can be explained by referred pain from trigger points in the craniocervical muscles, mediated through the spinal cord and the trigeminal nucleus caudalis rather than only tenderness of the muscles themselves. Different therapeutic strategies, pharmacological, physical therapy, psychological and acupuncture, are generally used. The therapeutic efficacy of nonsteroidal anti-inflammatory drugs remains incomplete. The tricyclic antidepressants are the most used first-line therapeutic agents for CTTH. Surprisingly, few controlled studies have been performed and not all of them have found an efficacy superior to placebo. Further, there is insufficient evidence to support/refute the efficacy of physical therapy in CTTH. SUMMARY: Although there is an increasing scientific interest in CTTH, future studies incorporating subgroups of patients who will likely to benefit from a specific treatment (clinical prediction rules) should be conducted.

1478- gera: 152638/nd/re
PHARMACODYNAMIC ACTION AND MECHANISM OF VOLATILE OIL FROM RHIZOMA LIGUSTICI CHUANXIONG HORT. ON TREATING HEADACHE. PENG C, XIE X, WANG L, GUO L, HU T. **phytomedicine.** 2009;16(1):25-34 (eng).
The volatile oil from Rhizoma Ligustici Chuanxiong Hort. (CXVO) is likely to be the mainly active ingredient of Chuangxiong in curing headache. In this study, oral administration of CXVO (45.0, 90.0, and 135.0 microl/kg) to mice significantly elevated the pain threshold in the hot-plate test and reduced the number of abdominal writhing caused by acetic acid. CXVO (90.0 and 135.0 microl/kg) not only reduced locomotor activity, but also prolonged the sleeping time induced by sodium pentobarbital (35 mg/kg), and the number of mice with sleeping time over 1 min by sodium pentobarbital (25 mg/kg) was markedly enlarged by CXVO (45.0, 90.0, 135.0 microl/kg) administration. The three doses of CXVO significantly increased the pain threshold of rabbits with headache due to hot radiation and the level of plasma ET of rats with headache due to nitroglycerin injection. Besides, for the nitroglycerin-induced headache rats, the c-fos gene expression in the brain stem and hypothalamus was remarkably inhibited and the level of plasma CGRP was reduced significantly after CXVO administration at both doses 90.0 and 135.0 microg/kg. The latter dosage could also raise the level of plasma 5-HT markedly. The study suggests that CXVO acts probably as the active ingredient of Rhizoma Ligustici Chuanxiong Hort. (CX) on treating headache and has potential to be an agent for treating headache.

1479- gera: 152669/nd/re
USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN PATIENTS SUFFERING FROM PRIMARY HEADACHE DISORDERS. GAUL C, EISMANN R, SCHMIDT T, MAY A, LEINISCH E, WIESER T, EVERS S, HENKEL K, FRANZ G, ZIERZ S. **cephalalgia.** 2009;APR 2: (eng).
Complementary and alternative medicine (CAM) is increasingly common in the treatment of primary headache disorders despite lack of evidence for efficacy in most modalities. A systematic questionnaire-based survey of CAM therapy was conducted in 432 patients who attended seven tertiary headache out-patient clinics in Germany and Austria. Use of CAM was reported by the majority (81.7%) of patients. Most frequently used CAM treatments were acupuncture (58.3%), massage (46.1%) and relaxation techniques (42.4%). Use was motivated by 'to leave nothing undone' (63.7%) and 'to be active against the disease' (55.6%). Compared with non-users, CAM users were of higher age, showed a longer duration of disease, a higher percentage of chronification, less intensity of headache, were more satisfied with conventional prophylaxis and showed greater willingness to gather information about headaches. There were no differences with respect to gender, headache diagnoses, headache-specific disability, education, income, religious attitudes or satisfaction with conventional attack therapy. A higher number of headache days, longer duration of headache treatment, higher personal costs, and use of CAM for other diseases predicted a higher number of used CAM treatments. This study confirms that CAM is widely used among primary headache patients, mostly in combination with standard care.

1480- gera: 152819/di/ra
THE DESIGN AND PROTOCOL OF ACUPUNCTURE FOR MIGRAINE PROPHYLAXIS: A MULTICENTER RANDOMIZED CONTROLLED TRIAL. ZHANG Y, WANG L, LIU H, LI N, LI J, YI J.. **trials.** 2009;10(1):25 (eng).
ABSTRACT: BACKGROUND: Many studies have already

reported encouraging results in the prophylactic therapy of migraine by acupuncture but there seems to be a lack of high quality randomized controlled trials from China. We design and perform a randomized controlled clinical trial to evaluate the efficacy of acupuncture compared with flunarizine in the prophylactic therapy of patients with migraine without aura in China. METHODS: This trial is a multicenter, prospective, randomized controlled clinical trial. The 140 migraine patients are randomly allocated to two different groups. The acupuncture groups (n=70) is treated with acupuncture and placebo medicine; while the control group (n=70) is treated with sham acupuncture and medicine (Flunarizine). Both Flunarizine and placebo are taken 10 mg once per night for the first 2 weeks and then 5 mg once per night for the next 2 weeks. Patients in both groups receive 12 sessions of verum/sham acupuncture in 4 weeks. DISCUSSION: The study design and the long term clinical practice of acupuncturists guarantee a high external validity for the results. The results of our trial will be helpful to supply the evidence on the efficacy of acupuncture for migraine prophylaxis in China. Trial Registration: The trial is registered at Controlled Clinical Trials: ISRCTN49839714.

1481- gera: 152824/nd/re
ACUPUNCTURE FOR TREATING ACUTE ATTACKS OF MIGRAINE: A RANDOMIZED CONTROLLED TRIAL. LI Y, LIANG F, YANG X, TIAN X, YAN J, SUN G, CHANG X, TANG Y, MA T, ZHOU L, LAN L, YAO W, ZOU R.. **headache.** 2009;: (eng).
Objective.- To discuss the results of a multicenter randomized controlled trial of the efficacy of verum acupuncture in treating acute migraine attacks. Background.- Acupuncture has been used in China for centuries to treat migraine headache. Convincing evidence of its efficacy in alleviating pain, however, has been inadequate to date. Methods.- A total of 218 patients with migraine were recruited for the study; 180 met the inclusion criteria; 175 completed the callback process and were randomized into 3 groups. One group received verum acupuncture while subjects in the other 2 groups were treated with sham acupuncture. Each patient received 1 session of treatment and was observed over a period of 24 hours. The main outcome measure was the differences in visual analog scale (VAS) scores before treatment and 0.5, 1, 2, and 4 hours after treatment. Results.- Significant decreases in VAS scores from baseline were observed in the fourth hour after treatment when VAS was measured in the patients who received either verum acupuncture or sham acupunctures (P < .05). The VAS scores in the fourth hour after treatment decreased by a median of 1.0 cm, 0.5 cm, and 0.1 cm in the verum acupuncture group, sham acupuncture group 1, and sham acupuncture group 2, respectively. Similarly, there was a significant difference in the change in VAS scores from baseline in the second hour after treatment among the 3 groups (P = .006). Moreover, at the second hour after treatment, only patients treated with verum acupuncture showed significant decreases in VAS scores from baseline by a median of 0.7 cm (P < .001). Significant differences were observed in pain relief, relapse, or aggravation within 24 hours after treatment as well as in the general evaluations among the 3 groups (P < .05). Most patients in the acupuncture group experienced complete pain relief (40.7%) and did not experience recurrence or intensification of pain (79.6%). Conclusion.- Verum acupuncture treatment is more effective than sham acupuncture based on either Chinese or Western nonacupoints in reducing the discomfort of acute migraine. Verum acupuncture is also clearly effective in relieving pain and preventing migraine relapse or aggravation. These findings support the contention that there are specific

1482- gera: 152882/di/ra
[EFFECT OF EAR POINT COMBINED THERAPY ON PLASMA SUBSTANCE P IN PATIENTS OF NO-AURA MIGRAINE AT DIFFERENT STAGES]. YANG DH.. **chinese acupuncture and moxibustion.** 2009;29(3):189-91 (chi).
To evaluate the therapeutic effect of ear point combined therapy on no-aura migraine at different stages and the mechanism. METHODS: Thirty cases of no-aura migraine at different stages were treated with ear point combined therapy, including blood-letting at the ear back, injection of auto-blood into Fengchi (GB 20), Yanglingquan (GB 34), and pricking at ear points Nie (AT2), Yidan (CO11), Shenmen (TF4), etc. Their clinical therapeutic effects were evaluated at the end of one therapeutic course, and substance P (SP) contents were detected before and after treatment. RESULTS: The clinical effective rate was 86.7%, and the effective rate was 87.5% at the attack stage and 86.4% at the remission stage with no significant difference between the attack stage and the remission stage (P>0.05); after treatment, SP content had significant change as compared with that before treatment (P<0.05, P<0.01), and there was very significant difference in SP content between the attack stage before treatment and the remission stage (P<0.01). CONCLUSION: The ear point combined therapy can relieve pain possibly through decreasing plasma SP content, and the SP con tent possibly is one of main factors inducing

1483- gera: 153124/nd/re
ACP JOURNAL CLUB. IMMEDIATE AND DELAYED ACUPUNCTURE REDUCED FREQUENCY AND PAIN INTENSITY OF PRIMARY MIGRAINE OR TENSION-TYPE HEADACHES. RADA G. **ann intern med.** 2009;150(2):1-14 (eng).

1484- gera: 153158/di/re
ACUPUNCTURE FOR TENSION-TYPE HEADACHE. LINDE K, ALLAIS G, BRINKHAUS B, MANHEIMER E, VICKERS A, WHITE AR. **cochrane database syst rev.** 2009;1:CD007587 (eng).
Acupuncture is often used for tension-type headache prophylaxis but its effectiveness is still controversial. This review (along with a companion review on 'Acupuncture for migraine prophylaxis') represents an updated version of a Cochrane review originally published in Issue 1, 2001, of The Cochrane Library. OBJECTIVES: To investigate whether acupuncture is a) more effective than no prophylactic treatment/routine care only; b) more effective than 'sham' (placebo) acupuncture; and c) as effective as other interventions in reducing headache frequency in patients with episodic or chronic tension-type headache. SEARCH STRATEGY: The Cochrane Pain, Palliative & Supportive Care Trials Register, CENTRAL, MEDLINE, EMBASE and the Cochrane Complementary Medicine Field Trials Register were searched to January 2008. SELECTION CRITERIA: We included randomized trials with a post-randomization observation period of at least 8 weeks that compared the clinical effects of an acupuncture intervention with a control (treatment of acute headaches only or routine care), a sham acupuncture intervention or another intervention in patients with episodic or chronic tension-type headache. DATA COLLECTION AND ANALYSIS: Two reviewers checked eligibility; extracted information on patients, interventions, methods and results; and assessed risk of bias and quality of the acupuncture intervention. Outcomes extracted included response (at least 50% reduction of headache frequency; outcome of primary interest), headache days, pain intensity and analgesic use. MAIN RESULTS: Eleven trials with 2317 participants (median 62, range 10 to 1265) met the inclusion criteria. Two large trials compared acupuncture to treatment of acute headaches or routine care only. Both found statistically significant and clinically relevant short-term (up to 3 months) benefits of acupuncture over control for response, number of headache days and pain intensity. Long-term effects (beyond 3 months) were not investigated. Six trials compared acupuncture with a sham acupuncture intervention, and five of the six provided data for meta-analyses. Small but statistically significant benefits of acupuncture over sham were found for response as well as for several other outcomes. Three of the four trials comparing acupuncture with physiotherapy, massage or relaxation had important methodological or reporting shortcomings. Their findings are difficult to interpret, but collectively suggest slightly better results for some outcomes in the control groups. AUTHORS' CONCLUSIONS: In the previous version of this review, evidence in support of acupuncture for tension- type headache was considered insufficient. Now, with six additional trials, the authors conclude that acupuncture could be a valuable non-pharmacological tool in patients with frequent episodic or

chronic tension-type

1485- gera: 153159/di/re
ACUPUNCTURE FOR MIGRAINE PROPHYLAXIS. LINDE K, ALLAIS G, BRINKHAUS B, MANHEIMER E, VICKERS A, WHITE AR. **cochrane database syst rev.** 2009;1:CD001218 (eng).
Acupuncture is often used for migraine prophylaxis but its effectiveness is still controversial. This review (along with a companion review on 'Acupuncture for tension-type headache') represents an updated version of a Cochrane review originally published in Issue 1, 2001, of The Cochrane Library. OBJECTIVES: To investigate whether acupuncture is a) more effective than no prophylactic treatment/routine care only; b) more effective than 'sham' (placebo) acupuncture; and c) as effective as other interventions in reducing headache frequency in patients with migraine. SEARCH STRATEGY: The Cochrane Pain, Palliative & Supportive Care Trials Register, CENTRAL, MEDLINE, EMBASE and the Cochrane Complementary Medicine Field Trials Register were searched to January 2008. SELECTION CRITERIA: We included randomized trials with a post-randomization observation period of at least 8 weeks that compared the clinical effects of an acupuncture intervention with a control (no prophylactic treatment or routine care only), a sham acupuncture intervention or another intervention in patients with migraine. DATA COLLECTION AND ANALYSIS: Two reviewers checked eligibility; extracted information on patients, interventions, methods and results; and assessed risk of bias and quality of the acupuncture intervention. Outcomes extracted included response (outcome of primary interest), migraine attacks, migraine days, headache days and analgesic use. Pooled effect size estimates were calculated using a random-effects model. MAIN RESULTS: Twenty-two trials with 4419 participants (mean 201, median 42, range 27 to 1715) met the inclusion criteria. Six trials (including two large trials with 401 and 1715 patients) compared acupuncture to no prophylactic treatment or routine care only. After 3 to 4 months patients receiving acupuncture had higher response rates and fewer headaches. The only study with long-term follow up saw no evidence that effects dissipated up to 9 months after cessation of treatment. Fourteen trials compared a 'true' acupuncture intervention with a variety of sham interventions. Pooled analyses did not show a statistically significant superiority for true acupuncture for any outcome in any of the time windows, but the results of single trials varied considerably. Four trials compared acupuncture to proven prophylactic drug treatment. Overall in these trials acupuncture was associated with slightly better outcomes and fewer adverse effects than prophylactic drug treatment. Two small low-quality trials comparing acupuncture with relaxation (alone or in combination with massage) could not be interpreted reliably. AUTHORS' CONCLUSIONS: In the previous version of this review, evidence in support of acupuncture for migraine prophylaxis was considered promising but insufficient. Now, with 12 additional trials, there is consistent evidence that acupuncture provides additional benefit to treatment of acute migraine attacks only or to routine care. There is no evidence for an effect of 'true' acupuncture over sham interventions, though this is difficult to interpret, as exact point location could be of limited importance. Available studies suggest that acupuncture is at least as effective as, or possibly more effective than, prophylactic drug treatment, and has fewer adverse effects. Acupuncture should be

1486- gera: 153219/nd/re
ACUPUNCTURE FOR MIGRAINE: ANOTHER VIEW OF DESIGN. ZHENG H. **headache.** 2009;49(2):311-2 (eng).

1487- gera: 153255/di/ra
ELECTROACUPUNCTURE AT QIUXU (GB 40) FOR TREATMENT OF MIGRAINE--A CLINICAL MULTICENTRAL RANDOM CONTROLLED STUDY. JIA CS, MA XS, SHI J, WANG YM, LI YF, YUAN J, LI M, ZHENG LX, ZHANG XJ, WANG SJ, GAO JY, LI XF, HUO YL. **j tradit chin med.** 2009;29(1):43-9 (eng).
To observe the therapeutic effects of electroacupuncture (EA) at Qiuxu (GB 40) for treatment of migraine so as to provide clinical evidence for compilation of the Acupoints' Dictionary of the People's Republic of China. METHODS: 275 migraine patients admitted in 3 hospitals were randomly divided into a treatment group treated by EA at Qiuxu (GB 40), and a control group treated by EA at Tianshu (ST 25). The indexes of the migraine symptoms and the 5-HT level were observed in both the groups before and after treatment. RESULTS: There was a significant difference in VAS score between the two groups of the 3 clinical centers (P<0.01). The therapeutic effects of a 4-week treatment were much better in the treatment group than that of the control group. The 3-month follow-up survey showed that the long-term effects were in favor of the treatment group of the first and third clinical centers, though no significant difference was found in the treatment group of the second clinical center as compared with the control group. The results from the 6-month follow-up survey showed better effects in the treatment group of all the 3 clinical centers. CONCLUSION: EA at Qiuxu (GB 40) may show effect for migraine.

1488- gera: 153261/di/ra
THE QI-REGULATING MASSOTHERAPY FOR TREATMENT OF TONIC HEADACHE IN 150 CASES. TAN T, WANG JG, SUN Q, SHI YS. **j tradit chin med.** 2009;29(1):13-8 (eng).
To observe the therapeutic effects of the qi-regulating massotherapy for treatment of tonic headache. METHODS: According to different clinical types, 150 cases of tonic headache were treated by the qi-regulating massotherapy. Evaluations were done according to the scores for physiology, behavior, intensity of pain, and the therapeutic effects. RESULTS: After treatment, the total score in the 150 cases significantly decreased as compared with that before treatment (P<0.01). The total effective rate was 93.3%, and the effective rates for all the types were over 90%. CONCLUSION: The qi-regulating massotherapy is indicated for all types of tonic headache with obvious

1489- gera: 153369/di/ra
A CASE OF HEADACHE RELATED TO THE BOWEL, VISCERAL, AND MERIDIAN SYSTEMS, WHICH WAS SUCCESSFULLY CURED WITH SHIMBUTO. OSAWA MASAHIDE, LEE YASUHIKO. **kampo medicine.** 2009;60(3):357 (jap).
We report here the case of a 40-year-old female patient who presented at our outpatient clinic complaining of headache related to multiple systems, including the bowels, the viscera and meridians. She had two types of headache with different chasactelistics, which were enhancing factors and alleviating factors : (l) Squeezing pain in the posterior occipital area related to the lcidney meridian, and (2) Pain in the lateral occipital area and areas deep beneath the eyes and eass, related to the large intestine, the stomach, and the triple energizer melidian and gallbladder meridians. Following a traditional logic-based therapy, we diagnosed her with edema due to a ludney yang deficiency and a liver-qi ascending counter flow. Both types of headache were alleviated and resolved, after shimbuto was administered to clear the channels by both draining the water due to warning yang and soothing the liver, and sending down abnormally ascending liver qi. The original cause of the disease was the lcidney)lang deficiency, and the immediate cause was the liver qi ascending counter flow. We believe that these affected each other fundamentally and incidentally because the lateral occipital pain, which was the

1490- gera: 153424/di/ra
META-ANALYSES:1) L'ACUPUNCTURE APPARAÎT SUPERIEURE AU TRAITEMENT MEDICAMENTEUX ET A UN EFFET ADDITIONNEL POSITIF DANS LE TRAITEMENT DE FOND DE LA MIGRAINE,2) L'ACUPUNCTURE EST SUPERIEURE… GORET O, NGUYEN J,. **acupuncture & moxibustion.** 2009;8(2):109-112 (fra).

1491- gera: 153462/di/ra
[OBSERVATIONS ON THE THERAPEUTIC EFFICACY OF ACUPUNCTURE IN TREATING CERVICAL MIGRAINE]. XIE GUO-SONG,. **shanghai journal of acupuncture and**

moxibustion. 2009;28(5):268 (chi).
To investigate the clinical efficacy of acupuncture in treating cervical migraine. Methods Ninety patients were randomly allocated to the treatment and control group, 45 cases each. The treatment group received acupuncture and the control group, Salivae injectio. The clinical therapeutic effects were evaluated after one course of treatment. Results The total efficacy rate was 93.3% in the treatment group and 73.3% in the control group; there was a statistically difference between the two groups(P< I 0.05). The effect was better in the treatment group than in the control group. Conclusion Acupuncture has a marked therapeutic effect on cervical migraine.

1492- gera: 153661/di/ra
TREATMENT OF MIGRAINE FROM THE VIEW OF DISEASE DIAGNOSIS AND SYNDROME DIFFERENTIATION IN COMBINATION. LI T. **chin j integr med.** 2009;15(4):251-3 (eng).

1493- gera: 153662/di/ra
ACUPUNCTURE ANALGESIA IN MIGRAINE. WU GC. **chin j integr med.** 2009;15(4):248-50 (eng).

1494- gera: 153663/di/ra
CURRENT PROGRESS IN THE CLASSIFICATION AND TREATMENT OF HEADACHE. CAI DF. **chin j integr med.** 2009;15(4):243-7 (eng).

1495- gera: 153768/di/ra
THE EFFICACY OF KIKO EXERCISES ON THE PREVENTION OF MIGRAINE HEADACHES: A PILOT STUDY. ELINOFF V, LYNN SJ, OCHIAI H, HALLQUIST M. **am j chin med.** 2009;37(3):459-70 (eng).
Migraine headaches, a common chronic medical problem, require prophylactic treatment when they are frequent and severe. This is the first study to investigate the efficacy of Kiko, a Japanese practice of Qigong that uses repetitive coordinated breathing and movement as a prophylactic treatment of migraine headaches. This pilot study, a single arm, non-randomized 4-month trial, investigated whether 3 months of Kiko training would reduce the severity and/or frequency of migraine and/or MIDAS scores. The baseline migraine data were collected from participants in the first month and then participants were taught Kiko exercises in 3 monthly sessions. Participants practiced at home and had the opportunity to utilize a Kiko DVD. The participants were instructed by Washin-Ryu style martial arts Master, Hidy Ochiai. Subjects completed monthly diaries that recorded the frequency and severity of their migraines, as well as the frequency and duration of their home Kiko practice. Six of the original 13 subjects completed the trial. All the individuals who completed the study had measurable improvement in their migraines. All participants reported a positive experience in learning the technique, and there were no reported adverse effects. Although the results of this study need to be confirmed in a larger clinical trial with adequate controls for placebo effects, these preliminary results are consistent with other trials that have documented the potential benefits of mind-body practices in controlling symptoms and improving the quality of life of patients suffering from chronic medical illness.

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