
MIGRAINES AND HEADACHES

Migraines. How to treat them with auriculotherapy ?

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Curiously, Paul Nogier did not describe standard treatments for migraines. In all his documents, he did not leave precise indications on the treatment procedure for this pathology. Nevertheless, auriculotherapy is with no doubt one of the most efficient techniques in the decrease of the intensity and frequency of migraine crisis. In this exposé we will see auricular points, which can be and shall be used in order to treat this disease, which is a scourge on the social level.

The treatment of tension headache using auricular points in contrast much more instable and often disappointing.

REMINDER:

Migraine. How to recognise this pathology?

Migraine is a disease and not a symptom, while the headache represent a sign among others.

Epidemiology of migraine

Prevalence = 7,9% in adult

2,8 times frequently observes in women

In 90% migraine starts before the age of 40

Due to research, 64 to 88% migraine patients complain about migraines without aura (ordinary migraines)

Clinical signs

1. Migraine without aura

Principal signs:

Migraine is defined as a recurrent headache responding to well established criteria. headache presents at least two of the following characteristics :

- It concerns one side of the skull
- It is pulsatile
- It is sufficiently important to stop the activity exercised at the moment
- It is increased by routine activities

Moreover, there is a presence of following associated signs :

- vomiting or just somnolence
- a photo- or phono-phobia

Other clinical signs underlying the diagnostic of migraine

- Existence of a migraine cases in family members
- Presence of prodroms: yawn, fatigue, mood disorders, digestive disorders, polyuria.
- Similar migraine pain in childhood: benign paroxysmal vertigo in childhood, cyclic vomiting, abdominal migraines corresponding to famous « acetone crises »
- Predisposition to postural instability sensation
- Releasing circumstances (menstruations, foods, white wine, food intake excess, difficulties to wake up in the morning or lack of sleep)
- Disappearance of the migraine during last two thirds of the pregnancy period in three quarters of migraine patients chez (especially those women who suffered from catamenial recrudescence)
- Unilateral aspect of toppling over crises
- Notion of sleep as « means to repair the migraine »
- Constant relief after the intake of triptanes.

2) Migraine with aura

The migraine auras correspond to focus transitory neurological symptoms, which precede most often the headache, but which can also co-exist with the migraine or succeed it .

The aura comprises at least three following signs except all kind of motoric weakness :

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- 1) visual completely reversible symptoms including positive (light points, stars, lines) or negative signs (loss of vision)
 - 2) sensitive completely reversible symptoms including positive (pins and needles, prickling) or negative signs.
 - 3) completely reversible perturbations of the language

Presence of two or three following characteristics :

- 1) Appearance of visual symptoms situated on the same side of the hemichamp
- 2) At least one symptom develops progressively during at least 5 minutes, or different symptoms appear successively in at least 5 minutes
- 3) Each symptom lasts for 5 to 60 minutes

Conventional treatment of migraines.

- Analgesic drugs,
- Beta blockers
- Triptans
- Neuroleptic drugs

Contribution of auriculotherapy in migraines

In **1977**, Paul Nogier describes some points in the book with the title 'Introduction pratique à l'auriculothérapie» ("Practical Introduction to Auriculotherapy"). In migraines, he suggests to use the eye point. In headache, he suggests several points: eye, pancreas, aggressively, master point of cerebellum on the antitragus.

In **2002**, Allais compares in 160 patients the efficiency of acupuncture versus flunarizine. Acupuncture results as more effective in comparison to drugs in the decrease of the frequency of migraine crises during the first four months of the treatment and shows an impact on the decrease of collateral effects.

In **2004**: Bernard Leclerc in « Auriculothérapie, traité d'acupuncture auriculaire » (“Auriculotherapy, treatise of auricular acupuncture”) suggests:

- 1) Cosmonaut point. ASP
- 2) Gall bladder (right ear), pancreas (left ear). ASP
- 3) Genital bilateral point in case when the pain is increased during menstruation or ovulation. ASP
- 4) Sensorial master point, lobule, (bilateral)
- 5) O' (bilateral). ASP
- 6) Trigemini area. (contra-lateral) ASP

In **2007**, Jean Louis Mémain does some work on catamenial headache. «The experience of more than 20 years of practise of auricular acupuncture allows us to note regular presence of a point in the auricle, associated or not to certain complaints. This point is situated on the representation of the knee point in phase 1 on the right ear in case of right handed person.»

«The presence of the knee point on the right ear in case of a right handed woman, which is detectable with green light constantly gives evidence of a painful disorder linked with the menstruation cycle: dysmenorrhoea or catamenial migraine.

In **2009**, during the symposium in Bologne, Allais, Romoli and Coll show the efficiency of the antitragus area in treatment of migraineous headache pain.

In Neurol Sci, June 1, **2010** Allais and coll: The needle contact test (NCT) is a diagnostic technique useful to identify, through the contact of the needle on the skin of the ear, the most efficacious points for reducing pain during a migraine attack. The aim of this study was to identify the most important auricular zones for pain control by applying the NCT in a group of 15 women during a unilateral attack of migraine without aura. We also assessed how effective the insertion of a semi-permanent needle in these zones was in reducing the migraine pain during the next 24 h. The most effective tender points in pain control were located on the antero-internal part of the antitragus, the anterior part of the lobe and the upper auricular concha ipsi-lateral to the side of pain. The insertion of a semi-permanent needle in these zones allowed stable control of the migraine pain, which occurred within 30 min and persisted at the same levels 24 h later (ANOVA for repeated measures: $p < 0.01$). Pain was tested by using a visual analogue scale; the values recorded were the following: 7.6 +/- 1.6 at baseline and 4.3 +/- 1.7; 4.1 +/- 1.9; 3.9 +/- 1.8; 3.4 +/- 1.8; 2.3 +/- 1.6 after, respectively, 15, 30, 60, 120 min and 24 h.

My personal experience in auriculotherapy and auriculomedicine

In my daily practise I had the opportunity to treat a large number of migraines during 20 years. In auriculomedicine we shall make the difference between the treatment of the acute migraine crisis and the long term treatment of the migraine.

1) Treatment of the migraine crisis.

When treating a migraine crisis the first point to detect is the O' point. We shall search this point on both ears using an electric point detector working on the principle of the lower cutaneous electrical resistance and treat this point with an ASP.

The second step is to detect painful points principally situated on the lobe or antitragus. To do so we use the blue pressure probe (250 grams: sedatelec) and detect the point which provoke a grimace sign. The detected points are treated using ASP. Sometimes we must riddle certain areas. We often find points on the area representing the described by Paul NOGIER and René BOURDIOL.

2) Long distance treatment

Generally, we see our patients out of crises. In this case, it is important to eliminate certain causes which can be easily the origin of the migraines. The interview is very important:

At what age did the migraines start?

What are the hours of the migraine occurrence? Which is the frequency ?

Which are the releasing factors: sport ? lack of sleep?, menstruations ? annoyance ?

Which are the drugs applied ?

A) It is important to recognise iatrogenic migraines and principally the intake of contraceptive pill, hormones, UID (intrauterine contraceptive device). In women, it is frequent to see migraines after two or three years of contraceptive pill intake. In this case, one shall look for a food intolerance or allergy, as we know that a extended intake of a contraceptive pill can be the origin of food allergies.

B) It is important to recognise an eye convergence disorder. In this case the migraines starts after a certain time of reading, driving a car or working with a PC. These migraines are bettered by the application of O' points and an eye re-education.

C) It is important to recognise a food allergy.

The migraines provoked by a food allergy seem to be quite frequent. A large number of books of Anglo-Saxon origin gives reference for these allergies. One shall not mix-up foods which act as a activator: white wine, chocolate, tuna conserves etc...with allergenic foods, which patients themselves are not aware of. The difficulty is to recognise the allergic patients. In general, they are women

- who were not breastfed
- who present ENT infections in their childhood
- who have past record of tetany or spasmodophilia crises
- whose migraines begin with puberty and increase progressively in their intensity.

The interview allows to detect abdominal pain, food distastes.

The physic examination is important:

The skin is fine, pale, translucent, reflecting light

There is a presence of blue shadows under the eyes.

Arterial hypotension is frequently noted.

The test by the help of VAS will allow us to detect the food or foods implied in the pathology. Due to my experience, following foods can be detected quite frequently:

Milk products: milk, cheese, yoghurt

Wheat and cereals

Potatoes

Citrus fruit

It is important to withdraw the detected foods for a period of several weeks in order to obtain a result .

D) It is important to detect a toxic scar :

The interview is very important. ++++++

Test using a slight touch of a piece of cotton

VAS exhaustion phenomenon. Often after the 6th or the 7th flash

Detection of ear points using a black probe

E) It is important to detect a dental focus

Detection of the VAS exhaustion phenomenon. Generally, in case where there is an exhaustion phenomenon linked with a dental focus, the VAS exhaust very rapidly, after one or two light flashes.

The pressure test on a teeth allows to recognise the teeth in question.

F) It is important to detect a fist rib syndrome

The pulse symmetry shall be evaluated: the patient is standing and the pulse is evaluated in the position of his head looking straight forward and while he is turning his head to left and to the right side.

G) Detect the most important ear points

During a treatment of migraines outside the crises, we shall search for points using an electric point detector and not the pressure probe. The most important points are to my opinion the following:

O' points

Eye points

Trigeminus points

Liver and pancreas points

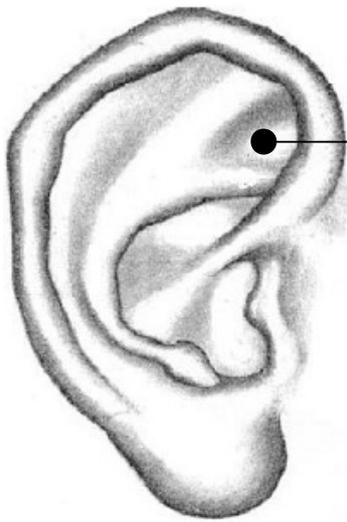
Shen Men points

Knee points

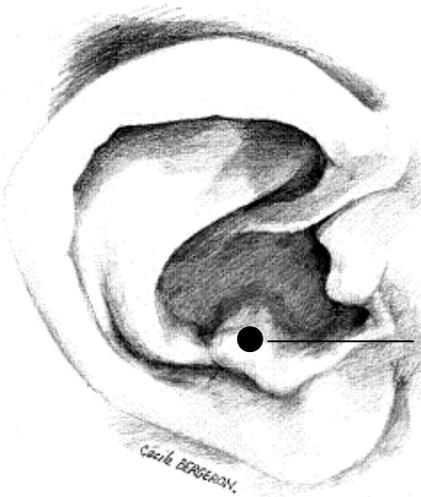
Antitragus points

Conclusion

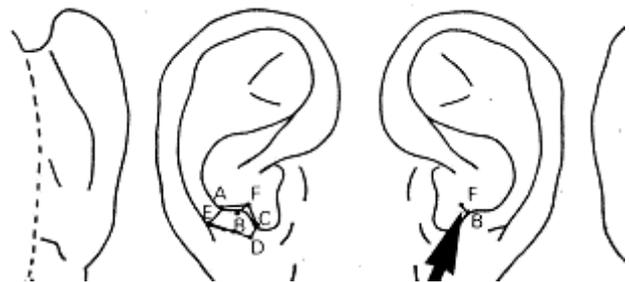
The migraine is a real indication for auriculotherapy and auriculomedicine. Even if I did not prepare precise statistics, I can observe in the most migraines cases a food allergy. I am astonished to note the important presence of allergies towards potatoes, which are not describe in medical literature.



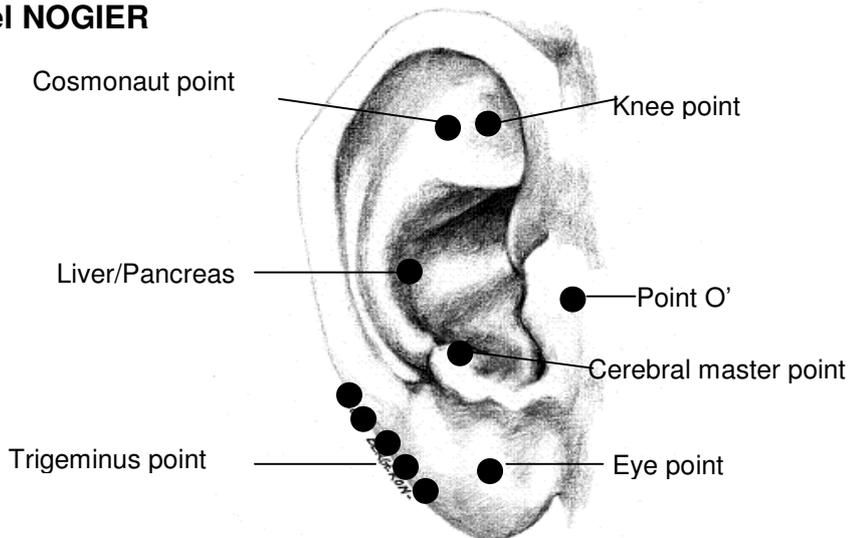
Point described by Jean Louis MEMAIN for treatment of catamenial migraines.



Point described by Paul NOGIER as cerebral master point. This point must be detected with the Agiscop (it is rarely painpaul).



Migraine treatment suggested by Raphaël NOGIER



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