


<b>Headache</b>		<b>ICD-9 Codes:</b> 784.0 307.81 346.0, 346.1, 346.2, 346.8 307.81 346.2	
<b>Diagnosis/Condition:</b> Tension Migraine Stress Cluster			
<b>Origination Date:</b>	<b>Review/Revised Date:</b> 6/2009	<b>Next Review Date:</b> 6/2011	<b>Discipline:</b> Acupuncture

Headaches are generally classified as either primary or secondary and these classifications are further divided into specific headache types. The primary headache disorders include migraine, tension-type, and cluster headache. Secondary headache disorders are those attributed to an underlying pathologic condition including any head pain of infectious, neoplastic, vascular, drug-induced, or idiopathic origin.

The vast majority of patients who present with headache have one of the primary disorders, as serious secondary causes for presentation with head pain are rare but potentially very serious. It is necessary to differentiate primary and secondary headaches including differentiating migraine headaches by TCM syndromes. This process will reveal the type of headache in Western diagnostic terms, i.e. tension, migraine, hormonal, TMJ, etc.

Acupuncture is widely used for the treatment of headache, but its effectiveness is controversial. Overall, the existing evidence supports the value of acupuncture for the treatment of idiopathic headaches.

**Subjective Findings and History:**

- History of Headache: initial onset and precipitating events
- Intensity, character, location, radiation, and duration.
- Frequency, timing, and onset.
- Aggravating and alleviating factors.
- Associated symptoms: aura, neurological changes, neck stiffness, etc...
- TCM ten questions: eyes, ears, digestion, urination, etc...

**Objective Findings:**

- Pulse and tongue diagnosis
- Voice, general appearance, and complexion
- Muscle tenderness, tender points

**Assessment:**

- TCM diagnosis
- Pathogenic invasion (wind heat, wind cold, wind damp)
- Channel invasion (taiyan, shoayang, yangming, tiying, shoayin, jueyin syndromes)
- Yang excess, Stagnation, Deficiency syndromes
- Western diagnosis
- Migraine, Tension, Cluster, Sinus, scalp neuritis, etc...

**Plan:**

**Passive Care**

- Acupuncture: points selected according to diagnosis and location
- Chinese Herbs

**Length of Treatment:**

- Estimated duration of care: initially 2-3 times per week for 2-3 weeks then 1 tx every 2 wks, then 1 tx per month.
- Patient should be at least 50-60% improvement in duration, intensity, frequency, or severity. Patients with severe symptoms may need more frequent and/or intense treatment.
- Recent stressors may require more treatment.

**Referral Criteria:**

- New onset headaches should be referred to primary physician for definitive Western diagnosis and workup.
- If patient has signs of neurological damage (ie. weakness) or hypertension then the patient should be immediately referred to primary care physician during the initial course of treatment.
- If patient worsens or the nature of the pain changes then the patient should be referred to primary care physician.
- Cervical spine joint dysfunction and migraine headaches should be referred to chiropractic physician for adjunctive therapy. Acute onset of intense pain should be referred to emergency services.

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