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.

The TCM view of headache has three primary etiological factors, each with unique pattern diagnoses: 1) external pathogens (e.g. wind-damp-cold), 2) internal disharmony (e.g. liver Qi disharmony), or 3) lifestyle imbalances (e.g. Qi deficiency). Headache pain, as a symptom, indicates a stagnation in the movement of qi and blood. The specific pattern differentiation of these imbalances is based on the nature and location of the pain, along with secondary symptoms that may occur.

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 selected according to Chinese diagnosis

Length of Treatment
• Estimated duration of treatment: initially 2-3 times per week for 2-3 weeks then 1 treatment every 2 weeks, then 1 treatment per month.
• Patient should experience at least 50-60% improvement in duration, intensity, frequency, or severity within specified number of treatments. Patients with severe symptoms may need more frequent and/or intense treatment.
• The presence of 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 (e.g. 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 for manipulation and adjunct therapy. Acute onset of intense pain should be referred to emergency services.

References
Cummings, T. M. Abstract of Acupuncture for recurrent headaches: a systematic review of randomized controlled trials. FACT 2000; Vol. 5 Issue 2 pp. 120-121.
Linde K, NK, & Meissner K. Are sham acupuncture interventions more effective than (other) placebos? A re-analysis of data from the Cochrane Review on placebo effects. Forsch Komplementmed 2010;17(5):259-264
Clinical Pathway Feedback
CHP desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please use the e-mail address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

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