

'Tis the Season for Pins and Needles

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The thermometer is taking its seasonal swan dive, shoppers are milling in malls, festive lights are a-twinkling – and in the heads of millions of Canadians, a time bomb is a ticking. Migraine sufferers seem to be especially vulnerable during the holidays.

“People are out and they’re partying or they’re kind of living it up and indulging more than they might at other times of the year,” says Brendan Cleary, an acupuncturist who founded the Ontario Migraine Clinic in Georgetown, Ontario.

Cleary cites changes in behaviour – from our sleep schedules, to the time we spend trawling shopping centres to the different foods we eat – as key factors in the onset of migraine.

One trigger at this time of year is the leafless trees of winter combined with unobstructed sunlight. “You’re driving home in rush hour,” one expert says. “You’ve got naked tree branches and the sun on your horizon line...it’s like a strobe. You get a migraine.”

Although Cleary sees many of those triggers at Christmas, business at his acupuncture practice remains steady throughout the year – at 450 patients per week.

The Ontario Migraine Clinic is among North America’s well-known clinics for migraine sufferers, drawing patients from as far away as Afghanistan. But the practice of inserting needles at specific points in the body stems from ancient times in China, where it is still widely practiced. In the West, acupuncture is finding increasing acceptance at medical schools, including the venerable May Clinic in Minnesota. But only in recent years has acupuncture been examined as a treatment for migraines, which affect nearly one in five Canadians.

Though considered the humdinger of all headaches, a migraine is actually defined by several symptoms, including a one-sided headache and nausea. Perhaps most intriguing is the presence of what’s called an aura, affecting one in 10 sufferers.

“People will have blindness,” Cleary says. “Almost like if you held up a dinner plate in front of you at arm’s length, it’s like a black hole in their vision. So if they were looking at you, they couldn’t see your head. They could see everything else.”

During a migraine, he explains the surface of the brain experiences a kind of short circuit. “That wave of short circuiting moves really slow across the brain. If it happens to cross the part of the brain that is related to vision, people get that aura.”

Women sufferers vastly outnumber men, since one of the chief triggers is the menstrual cycle. That explains why the gender division among sufferers is about equal until puberty. Ali Sauer, 32, a PhD student at York University, was watching a movie four years ago when her first migraine hit.

“My family kind of went nuts. I had so much pain,” she says, “I had no idea what was going on.” She went to the hospital, but, she says, “I actually had to leave because I couldn’t stay under the fluorescent lights and the noise.” Now, when she gets a migraine, “Laying in the dark in complete silence and trying to sleep... is always the best thing.”

Eventually, as Sauer’s attacks became daily, she was prescribed a battery of medications, but the headaches always came back.

Last September, she paid a visit to Cleary's clinic. After 33 acupuncture treatments, she now goes as long as a week and a half without any migraines, "which is unbelievable for me," Sauer says. Another benefit, she adds, is that taking medication also helps. "When I came here, no medication relieved me of a migraine at all."

Cleary's patients undergo 40 to 50 sessions on average, each costing \$75; Sauer still has many more treatments to go. But her biggest headache these days, she says, is the frequent commute to Georgetown.

Despite the success of patients like Sauer, not everyone is convinced of acupuncture's benefits. "People go and initially get a kind of positive (feeling)," says Michael John Coleman, executive director and founder of Migraine Awareness Group: A National Understanding for Migraineurs, called MAGNUM, in Alexandria, Va.

"I think it's almost a euphoric phase, a placebo effect."

Founded in 1993 as a grass-roots organization, MAGNUM is now federally recognized as a non-governmental organization in the U.S. The organization has helped develop models and guidelines for migraine treatment—and collected thousands of anecdotes from people undergoing various treatments, including acupuncture.

"We've had lots of people go for acupuncture treatment and not been happy," says Coleman.

Indeed, Coleman, a lifelong migraine sufferer, has tried acupuncture treatment himself, and went for several trials. He stopped not because he was cured, he says, but because he wasn't.

"I know everything you can know about a migraine and I still battle it."

Dr. James Wright, managing director of Therapeutics Initiative, an independent agency funded by British Columbia, says that acupuncture has "...been claimed (to help) everything."

But ultimately, Wright says, migraine eludes not only a cure, but a definition. Some experts, like Coleman, call it a disease. Others, like Wright don't.

"I don't think you can call something a disease unless you understand the path of physiological mechanisms," Wright says. "And I don't think we do, so I would say we don't know enough to understand whether it is."

Babylonians were bemoaning the personal plague that is migraine as early as 3,000 B.C. Since then, humans have experimented with a battery of herbal and pharmaceutical treatments, including current migraine mainstays Imitrex and Zomig, as well as nonmedicinal treatments.

At Rush University medical Centre in Chicago, researchers are experimenting with electrical stimulation of nerves in the neck at the base of the patient's head. Migraineurs also learn the art of prevention.

Meanwhile, even those who may be skeptical of acupuncture are willing to give it a fair test.

The technique has gained support from German researchers who found acupuncture a "highly effective method" of treatment in a 2004 study.

But Dr. Dieter Melchart, one of the researchers working on the project at the Centre for Complimentary Medicine Research in Munich, challenges Cleary's claims of a nearly 96 per cent success rate.

The study found it effective on a little more than half of 300 patients tested – still a substantial number, he adds, for a condition that still has no cure.

In the study, co-authored by Klaus Linde, patients were given false, or sham, acupuncture that did not pierce the required points in the skin.

“Even the placebo acupuncture was highly effective,” Melchart says.

“If you insert a needle into the skin you have a lot of non-specific effects. It doesn’t have to do something even with an acupuncture point. You always get effects.”

One of those effects may be merely to raise expectations, which in turn, raises the chances of success.

Also, unlike the pharmaceuticals administered during drug trials, acupuncture is considered an invasive procedure, which in turn, says Melenchart, “always has high placebo effects and high expectation. It’s not only a physiological effect.”

The burning question remains: Why would it work?

“We really do not know,” Melenchart says. “In science we can’t answer this question right now. It is effective. You can observe this effect. But you don’t know why.”