

# HEADLINES

A PUBLICATION OF THE EAST BAY HEADACHE SUPPORT GROUP

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*February 2, 2010 Meeting*

## How Do I Know if Acupuncture Can Help My Headaches?

For the 104th meeting of the East Bay Headache Support Group (beginning our 15th year) we are pleased to have Dr. Elliot Wagner share his knowledge about acupuncture and Chinese medicine. He intends to bring a fresh perspective on headache treatment and, above all, the hope of help for your pain. Dr. Wagner will discuss what types of headaches can be effectively treated with acupuncture, and how an acupuncturist determines if a patient should be accepted for care.

Dr. Wagner has made acupuncture and Chinese medicine his passion and profession for 25 years. Since receiving his degree in acupuncture from the prestigious American College of Traditional Chinese Medicine in 1985, he has treated thousands of patients with many serious orthopedic, neurological, and post-traumatic problems. He received advanced training from South BayloUniversity in S.F., where he was awarded his doctorate in Oriental Medicine. He has also received advanced training in orthopedics, neurology, and pain management.

Dr. Wagner is passionate about assisting all people to take control of their health through natural healthcare, including the poor and severely ill. For more than fifteen years he ran two public health clinics in San Francisco, caring for patients with painful and disabling health conditions.

Dr. Wagner practices at the Lafayette Acupuncture Center, and writes a monthly column on acupuncture and Chinese medicine for *Lafayette Today* and *Alamo Today*.

We will meet in the Epstein I Conference Room, downstairs at John Muir Medical Center—Walnut Creek Campus, Tuesday evening, February 2nd, from 7:30 to 9:00 p.m. Call Carol at 925-229-5550 for more information.



## Result of EBHSG Planning Committee meeting: “We’re continuing with quarterly meetings in 2010”

By Leslie Davis and Carol Bartlett

On December 15, seven members of the East Bay Headache Support Group, along with Dr. Stein, met to discuss the future of the support group.

**Leslie:** First we brainstormed to come up with the positives about the support group, which included: interaction with a live speaker, and camaraderie among headache sufferers (knowing I’m not alone). Negatives were also listed, such as: people don’t want to attend an evening meeting after working all day, and difficulty in getting good publicity for the meetings.

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### 2010 Meetings

Feb 2: Elliot Wagner, O.M.D.,  
L.Ac., on “Acupuncture and  
Chinese Medicine”

May 4: To be determined

Sept 14: Stuart Shikora, M.D.,  
on “Surviving a Visit to the ER”

Nov 16: Sondra Altman, M.D.,  
on “Hormones and Headaches”

## Planning Committee...

### Continued from Page 1

**Carol:** When we started in 1996, support groups were very popular. They were the best way to communicate with others who experienced the same problem or condition. Over the years, however, the Internet has become more and more a part of our lives—there's a blog or a chat room for any and every sort of problem. This is probably one reason our attendance has declined. Another difficulty we have is that the same four or five people have been doing all the work for many years and are now pretty burned out.

**Leslie:** After discussion of these issues at the meeting, consensus was to continue to hold meetings through 2010. They are scheduled on four Tuesday evenings as listed on the front of this newsletter. We're also attempting to send out the newsletter four weeks in advance of each meeting, to give people more time to schedule it into their busy lives.

**Carol:** However, this will be the last year for our Support Group unless two things happen: 1) new volunteers step forward to write or find articles for the newsletter and do the mailing; and 2) we find a volunteer or two to generate publicity so that we reach many more people. We know from previous experience that if we have an article in the newspaper about our support group meetings, we'll get a huge crowd. The problem is it's extremely difficult to get the newspaper interested enough in our group to publish an article.

If you would like to volunteer, contact Carol Bartlett at [c.a.bartlett@sbcglobal.net](mailto:c.a.bartlett@sbcglobal.net) or Leslie Davis at [davisgold@gmail.com](mailto:davisgold@gmail.com), or discuss it with us at the February 2nd meeting. We do most of the planning via e-mail and phone, and folding/ mailing parties to get the newsletter out are only four times per year.

## Alice in Wonderland: the Work of Migraine Auras

Ms. Terri, September 2, 2009

Tim Burton's new movie, "Alice in Wonderland," scheduled to open March 5, 2010, promises to be a luscious visual feast, as you can see in the trailer that's already available online at <http://www.youtube.com/watch?v=LjMkNrX60mA>.

As the buzz about the film increases, so does a revival of interest in Lewis Carroll, the author of the "Alice" books. One of the things people always want to know about Carroll is how he came up with his strange, surreal ideas. For years the pat answer was drugs. This was reinforced by the wholesale appropriation of "Alice" by the psychedelic era of the 60s. (See Jefferson Airplane's "Go Ask Alice...").

I'm betting on another more interesting theory first proposed in 1999 in the medical journal "The Lancet." It says Lewis Carroll's migraine auras influenced the shape-shifting in his books.

There are several pieces of evidence that support the theory:

### 1. Auras and Hallucinations

Lewis Carroll wrote about his experience of migraine auras in his diary, describing the "odd optical affection of seeing moving fortifications."

### 2. Negative Scotomas

Carroll's sketchbooks also contain many figures with portions of their right sides missing, which suggests he may have experienced negative scotomas, a migraine aura phenomenon where there are blank areas in parts of the visual field. Researchers believe that Carroll sought treatment for the negative scotomas.

Other support includes migraine auras that make the patient feel like he is shrinking and growing. Some migraine sufferers literally experience a rare aura phenomenon where they perceive themselves to be growing or shrinking. This phenomenon has been dubbed the "Alice in Wonderland syndrome," and it is likely that Carroll himself suffered from the syndrome named after his book.



The white rabbit might have been the result of a migraine.

While no one can say for sure how much of people's creative work is influenced by their physical make up, and how much by the world and the time that they live in, there is much to suggest that Carroll's migraines did play a role in his work, and that the hallucinations he experienced during aura episodes were expressed in the hallucinatory adventures he created for Alice.

Found on the Internet at:  
<http://www.theorypedia.com/Alice-in-Wonderland-the-Work-of-Migraine-Auras-td9fec632.html>

Happy  
New Year



## Acupuncture for Chronic Headache

Russell H. Greenfield, M.D. *Alternative Medicine Alert*. May 2004 v7 i5 p58(2).

**Source:** Vickers AJ, et al. Acupuncture for chronic headache in primary care: Large, pragmatic, randomized trial. *BMJ* 2004; 328:744-750.

**Goal:** To compare policies of “use acupuncture” vs. “avoid acupuncture” for people with chronic headaches on headache, health status, days lost from work, and use of resources over one year.

**Design:** Randomized, controlled trial.

**Subjects:** A total of 401 patients with chronic headaches (mainly migraines) were drawn from general practices in England and Wales (data from 301 subjects were included in analysis).

**Methods:** Suitable subjects were identified from within general practices and sent letters describing the study. Recruitment and screening followed. Twelve separate sites were included, each consisting of a single acupuncture practice together with 2-5 local general practices. Eligible patients completed a four-week headache diary, and were then randomized to “use acupuncture” (usual care plus up to 12 acupuncture treatments over a three-month period), or to “avoid acupuncture” (usual care). Headache severity was recorded four times daily using a Likert scale, while headache score (primary endpoint), SF-36 health status, and medication usage

were assessed at baseline, three months, and 12 months. Resource utilization was assessed every three months. One year after randomization, subjects were contacted to provide a global assessment of headache severity, current and baseline, on a scale from 1-10.

**Results:** Mean headache score at 12 months was significantly lower in the acupuncture group than in controls, falling 34% and 16%, respectively. Those randomized to acupuncture used 15% less medication, made 25% fewer office visits, and took 15% fewer days off from work due to illness. Data extrapolation showed that subjects in the acupuncture group experienced 22 fewer days of headache per year compared with members of the control group. SF-36 data revealed superiority of acupuncture over usual care, but only for physical role functioning, energy, and change in health.

**Conclusion:** Acupuncture leads to persistent, clinically important benefits for people with chronic headaches, especially migraines, referred from primary care clinics. Expansion of acupuncture services under the auspices of the NHS should be considered.

**Study strengths:** Close follow-up; diversity of patients; subjects were coached about bias; sample size; only three subjects reported receiving acupuncture outside the study.

**Study weaknesses:** Significant attrition (the authors had anticipated a 25% dropout rate—161/186 completed the 12-month assessment in the acupuncture group, while 140/193 completed the assessment at one year) in the avoid acupuncture group; lack of blinding; no subjects received sham acupuncture.

**Of note:** All acupuncturists in the study had completed at least 250 hours of training and had practiced acupuncture for a median of 12 years;

most subjects experienced migraines, with but a small number having tension-type headaches; treatment was individualized to each patient, and subjects received a median of one treatment per week; there was a larger treatment effect in those with more severe symptoms, even after controlling for regression to the mean.

**We knew that:** In an average week, up to 10% of English general practitioners either refer patients for acupuncture or practice it themselves; prior studies have suggested improvements in both severity and frequency of migraine headaches following a course of acupuncture.

**Clinical Import:** Despite the increasing availability of effective medical therapy like triptans, many people with migraine headaches continue to experience discomfort that disrupts their daily activities. The situation often leads to a search for viable alternatives, of which acupuncture appears to be one. An article in the same edition of the *BMJ* evaluated the cost of providing such treatment to the chronic headache patients in this study, and found that acupuncture improved health-related quality of life at minimal additional cost. With relative prowess within reach of practitioners after only 250 hours of training, perhaps it is time for more of us to learn this ancient healing art.

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The intention of the East Bay Headache Support Group is to provide information and resources. It does not provide medical advice, which should be obtained directly from a physician.

**Notes...**The East Bay Headache Support Group features medical and other professionals as speakers at its meetings. Notes are taken of most presentations and made available for a suggested donation of \$2.00 each, or read them on our Web site at [www.headachesupport.org](http://www.headachesupport.org).

Past topics include: Biofeedback therapy, genetics, caregiving, dietary headache triggers, chiropractic treatment, pharmaceutical remedies, hormonal triggers, reducing stress in the workplace, dealing with holiday stress, acupuncture and Chinese herbal therapy, children's headaches, temporomandibular joint disease (TMJ), somatic headache relief, compounding medications, allergies, experimental headache drugs, prevention of stress headaches, non-traditional therapies, tension-type headaches, menopause, head injury headaches, environmental medicine, emotional impact of headaches, sleep disorders, chronic pain management, exercise headaches, cluster headaches, 5-HTP, Emergency Room visits, dealing with frustrations, Botox injections, naturopathic medicine, the Alexander Technique, effective nutrition for headache pain management, acupressure, medication overuse headache, and many more.

**The East Bay Headache Support Group** is a nonprofit organization dedicated to providing a forum for headache sufferers. The support group meets four times per year—selected Tuesday evenings in February, May, September, November—from 7:30 to 9:00 p.m., at John Muir Medical Center-Walnut Creek Campus. It is open to all headache sufferers and their families, and interested persons. The meetings are free; however, donations to cover printing, postage, and Web site expenses are appreciated! The support group meetings include lectures by guest speakers, question and answer sessions, and informational materials.

**Directions to John Muir Medical Center-Walnut Creek Campus:** Take Highway 680 to the Ygnacio Valley Road exit in Walnut Creek. Travel East toward Mount Diablo approximately 1-1/2 miles, and turn right onto La Casa Via at the top of the hill. Turn left into the medical center parking lot, and park in the parking garage. Take stairs or elevator to the lower level and follow signs to the meeting room.

**We value your input!** Call, write, or e-mail us if you have comments or suggestions, or would like to help. The planning committee welcomes new members to help organize meetings and find speakers, and publish and mail newsletters. Call Carol at 925-229-5550 or send an e-mail to Leslie at [davisgold@gmail.com](mailto:davisgold@gmail.com).

**TIME DATED  
MATERIAL**

**Visit our Web site!  
[www.headachesupport.org](http://www.headachesupport.org)**

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