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Does acupuncture have beneficial effects on symptoms in people with migraine or tension headaches?

Treatment in brief

Acupuncture using needles, laser or electrical stimulation of traditional points, pain points or trigger points.

Migraine and/or tension headache

Headaches are experienced by most people at some time. It causes a significant amount of pain, disability, decreased quality of life and financial cost both individually and to society as a whole. It is a common reason why people will see their GP and may be a sign of a serious illness (Steiner 2002).

Headaches can be divided into primary or secondary headaches. A primary headache is a headache not caused by a disease or other medical condition. Tension headache is the most common primary headache and accounts for 90% of all headaches. Migraines are the second most frequently occurring primary headache (Steiner 2002). It should be noted that symptoms of migraine and tension-type headaches often overlap and a diagnosis is sometimes difficult.

Acupuncture

Acupuncture is part of the system of Traditional Chinese Medicine (TCM). In the TCM system, health is seen as a balance between two opposing forces called yin and yang within the body. An imbalance of these is considered to result in ill-health. This imbalance also causes disruption in the flow of 'chi' or 'vital energy' along pathways in the body known as 'meridians'. Acupuncture involves stimulation of points along these meridians. This is done commonly by the insertion of needles into these points, which are then manipulated manually or by electrical stimulation. They can also be stimulated by moxibustion, pressure, heat, and laser light. This restores the balance between yin and yang, corrects the flow of 'chi' along the meridians, and restores health to the body and mind.

The evidence

There is level 3 evidence from seven studies in a systematic review that acupuncture may have beneficial effects on symptoms in people with migraine and/or tension-type headache.

There is level 3 evidence from one study in a systematic review that acupuncture may be as effective as one particular medication used to prevent migraine headaches.

Other important issues

The quality of the studies in the review were highly variable so for this summary, only the higher quality studies were included. Also there was a lot of variation in the participants, the type of acupuncture, the acupuncture points used and comparisons and the type of outcomes measured.

Migraine and tension-type headaches are now considered to be extremes of a continuum so the studies were combined in this summary (Spierings EL 2001).

There has been relatively little harm reported from the use of acupuncture, considering the number of people treated each year and the number of acupuncture needles used. However, harm has resulted from inadequate sterilization of needles and from incorrect delivery of treatments. Acupuncturists should use a new set of disposable needles taken from a sealed package for each person. When not delivered properly, acupuncture needles can cause serious harm, including infections and punctured organs.

For more information: <http://nccam.nih.gov/health/acupuncture/#safe>
<http://www.jr2.ox.ac.uk/bandolier/band68/b68-4.html>

Key Messages

There is evidence that acupuncture may have beneficial effects on symptoms in people with migraine and/or tension-type headache	3
There is evidence that acupuncture may be as effective as one particular medication used to prevent migraine headaches.	3

Key: Levels of evidence

1	Evidence with a high degree of reliability	3	Some evidence without a high degree of reliability
2	Evidence with reliability, but open to debate	4	Some evidence, but based on studies without comparable groups

Source

The information in this summary was developed by assessing

The Cochrane review: Acupuncture for idiopathic headache. 2001
<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001218/frame.html>

Additional references

Spierings EL. Headache continuum: concept and supporting evidence from recent study of chronic daily headache Clin J Pain. 2001 Dec;17(4):337-40.

Steiner TJ, Fontebasso M. Headache BMJ 2002; 325:881-6

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