

QUALITY OF HA & ASSOCIATED PATTERNS	TREATMENT PLAN/ TxP:	
<input type="checkbox"/> VERTEX of head <i>LV channel ascends to top of head & only channel with H that flows internally to interior head- other channels reach head via divergent channels.</i>	<p>Blood deficiency [LV or H]= dull, improves w/ supine sl more severe than qi deficiency ha, worse in noon or evening, poor memory, concentration, frequently at end of period d/t blood loss therefore Common in women.</p> <p>Cold in LV channel [terminal yin ha]= cold limbs, vomit, a rare kind of HA</p>	<p>LVYR <i>Tian ma gou teng yin</i></p> <p>protocol #1: LV3, LV8, SP6, SJ5, GB20, taiyang protocol #2: DU20, DU23, DU16, GB20, UB2, SI8, LI5, SI3, LI4, SI4, PC9, SJ3, UB60, GB34 protocol #3: DU20, DU21, DU24, DU23, SJ23, GB20, LI4, UB2, ST8, protocol #4: DU23, DU20, LI4</p>
<input type="checkbox"/> BILATERAL Sides <i>GB channel traverses the area</i>	<p>LV fire c/b with LV wind</p> <p>LVYR= Sharp & throbbing, bursting, distending, bilateral or unilateral usually manifest on GB channel, temples or eyebrow, behind the eyes, and GB14. NV, eased by sitting, flashing lights, auras, blurry vision, when abruptly relaxes, dizziness, tinnitus, deaf, dry throat</p> <p>ROOT of LVYR:</p> <ul style="list-style-type: none"> • LV blood xu- LV blood deficiency [dull vtx HA] can change into LVYR [sharp, throbbing on temples]. very similar to LV yin xu, pale, thin • LV yin xu- dry eyes • LV/K yin [& yang xu] = no coat • K yang xu= pale, swollen, deep, slow 	<p>Distal PC6, LU7, GB43, Local: GB1, GB4- 6, GB8, GB9, GB13, GB14, GB21, UB2, LV yin: LV3 LV/K yin; K3, SP6 LV blood: LV8 K yang: UB23</p>
<input type="checkbox"/> UNILATERAL <i>GB channel traverses the area</i>	<p>R= excess, LV fire L= deficiency, LVYR</p> <p>LVYR= throbbing bursting, distending, bilateral or unilateral usually manifest on GB channel, temples or eyebrow, behind the eyes, and GB14. NV eased by sitting, flashing lights, auras, blurry vision, when abruptly relaxes, dizziness, tinnitus, deaf, dry</p> <p>ROOT of LVYR:</p> <ul style="list-style-type: none"> • LV blood xu- LV blood deficiency [dull vtx HA] can change into LVYR [sharp, throbbing on temples]. very similar to LV yin xu, pale, thin • LV yin xu- dry eyes • LV/K yin [& yang xu] = no coat • K yang xu= pale, swollen, deep, slow 	<p>LVYR with Phlegm in the Head Main: LV3. LV8 + K3, LI4, ST40, ST8, RN12, UB20 RX; ban xia bai zhu tang</p> <p>Turbid phlegm <i>Ban xia bai zhu tian man t.</i> Main: ST40, LI4< LU7, ST8, DU20, Other: ST36, SP6, SP3, LI11, DU23, yintang</p> <p>Turbid Phlegm-internal Wind/ wind-stroke main: ST40, LI4, LV3, SI3, UB62, ST8, DU20, GB20, other: GB39, DU16</p>
<input type="checkbox"/> TEMPLES <i>GB traverses this area</i> <i>Throbbing, Usually one-sided</i> <i>AURICULAR: temple</i>	<p>LV fire c/b LV wind LVQS</p> <p>LVYR= throbbing bursting, distending, bilateral or unilateral usually manifest on GB channel, temples or eyebrow, behind the eyes, and GB14. NV eased by sitting, flashing lights, auras, blurry vision, when abruptly relaxes, dizziness, tinnitus, deaf, dry</p> <p>ROOT of LVYR:</p> <ul style="list-style-type: none"> • LV blood xu- LV blood deficiency [dull vtx HA] can change into LVYR [sharp, throbbing on temples]. very similar to LV yin xu, pale, thin • LV yin xu- dry eyes • LV/K yin [& yang xu] = no coat • K yang xu= pale, swollen, deep, slow 	<p>LV wind Main: LV3, SP6, GB20, DU16, DU20 Other: SI3 + UB62, LU7 + K6</p> <p>LV blood:</p> <p>LV fire: sj5 gb41</p> <p>LVQS Main: LV3, GB34, LI4, ST36, DU24 Other: LV14, yintang</p>
<input type="checkbox"/> Behind Eyes Migraines	<p>LV blood deficiency= Dull or</p> <p>LVYR= Sharp & severe, throbbing bursting, distending, bilateral or unilateral usually manifest on</p>	<p>Terminal Yin HA [cold LV channel] LV3, DU20</p>

<input type="checkbox"/> Behind Eyes Migraines	<p>GB channel, temples or eyebrow, behind the eyes, and GB14. NV eased by sitting, flashing lights, auras, blurry vision, when abruptly relaxes, dizziness, tinnitus, deaf, dry</p> <p>ROOT of LVYR:</p> <ul style="list-style-type: none"> • LV blood xu- LV blood deficiency [dull vtx HA] can change into LVYR [sharp, throbbing on temples]. very similar to LV yin xu, pale, thin • LV yin xu- dry eyes • LV/K yin [& yang xu] = no coat • K yang xu= pale, swollen, deep, slow 	<p>Food Retention Main: RN10, ST21, PC6, ST34, ST45, LI4, ST8 Other: ST44, SP4, RN13, ST36, ST40, ST Heat Main: ST44, LI4, yintang, ST8 Other: ST34, DU23, ST8 Blood Deficiency Main: ST36, LV8, RN4, DU20, H5, Other: UB20, yuyao ST qi Deficiency</p>
<input type="checkbox"/> Forehead Auricular: Forehead for yangming HA	<p>Usually associated with GI patterns w/ retention of damp or phlegm preventing ascension of clr yang causing signs like Heaviness, muzziness, lack of concentration, dizziness, blurred vision</p> <p>LVQS = not throbbing like LVYR, precipitated by stress, moves from one-side to the other, usually associated with ST disharmony [but more intense than ST deficiency HA]</p> <p>ST QI deficiency= Dull, episodic, alleviated by rest aggravated by activity eased by supine, not a common type of chronic HA [yin & blood xu are more common] ST heat= acute or chronic, intense if febrile dz. Chronic ST heat d/t diet. ST fire = sharp Food Retention in ST= chronic acute episodes, more common in children, intense, aggravated by food, fullness, gerd, belch, thick sticky coat, slippery pulse</p> <p>Blood deficiency [LV or H]= dull, sl more severe than qi deficiency ha, worse in noon or evening, , poor memory, concentration, frequently at end of period d/t blood loss. Common in women.</p> <p>Residual wind EPI= HX of recent wind-cold or wind-heat invasion</p> <p>LVYR= throbbing bursting, distending, bilateral or unilateral usually manifest on GB channel, temples or eyebrow, behind the eyes, and GB14. NV eased by sitting, flashing lights, auras, blurry vision, when abruptly relaxes, dizziness, tinnitus, deaf, dry</p> <p>ROOT of LVYR:</p> <ul style="list-style-type: none"> • LV blood xu- LV blood deficiency [dull vtx HA] can change into LVYR [sharp, throbbing on temples]. very similar to LV yin xu, pale, thin • LV yin xu- dry eyes • LV/K yin [& yang xu] = no coat • K yang xu= pale, swollen, deep, slow 	<p>Blood Stasis Main: LI11, LI4, SP6, LV3, ah shi Other: SJ5, SP10, UB18, UB2, taiyang, SJ18, sishencong</p> <p>QI Deficiency Main: ST36, RN6, DU20 Other: LI4, ST36, UB7, UB20</p> <p>K deficiency <i>Zou gui wan + si wu t [yin]</i> Main: GB19 [specific for K def HA], K3, ST36, DU20, RN4, UB23 Other: UB60 + UB10, UB7, DU17</p> <p>Cold in LV Channel</p>
<input type="checkbox"/> OCCIPUT	<p>Chronic= K xu manifests on UB channel Acute= external wind [usually wind-cold] of tai yang pattern w/ Stiffness</p>	
<input type="checkbox"/> WHOLE head	<p>Chronic [dull] d/t K yin deficiency, K essence deficiency Acute = wind EPI [severe, sharp, pulling] LV wind= d/t lv fire, blood def, yin def giddiness QI deficiency= d/t ST, SP, LU or H qi deficiency. Dull, episodic, alleviated by rest aggravated by activity, eased by supine, not a common type of chronic HA [yin & blood XU are more common]</p>	
<input type="checkbox"/> CHANGES location w/ Pulling sensation	<p>LV wind Heavy if accompanied by phlegm</p>	
<input type="checkbox"/> DULL	<p>Deficiency</p>	

<input type="checkbox"/> HEAVINESS	<p>Damp prevents clr yang. Muzziness, towel wrapped around head, difficult concentration, especially in AM</p> <p>Turbid phlegm= SP qi deficiency. Common cause of HA in young & middle-age patients. More obstructive and clouding than damp. Blurred vision, dizziness [not resent w/ damp]. Chest oppression, swollen tongue, sticky coat, slippery.</p> <p>Turbid phlegm-wind= similar to above but when in elderly and heralds wind-stroke</p> <p>LVYR w/ Phlegm in Head= chronic, dull, muzziness, <i>occasional attacks of throbbing</i>. Dizziness, tinnitus, irritable, heaviness, blurred vision, difficult to concentrate in am, chest oppression, nausea, poor appetite, T; swollen w/ sticky coat P slippery, wiry</p>	
<input type="checkbox"/> DISTENDING/ throbbing	<p>Wind-heat = Whole head</p> <p>LV yang or LV fire Unilateral or bilateral sides</p>	
<input type="checkbox"/> STIFFNESS	<p>Occipital= wind-cold</p> <p>Shoulders & neck= LVYR</p>	
<input type="checkbox"/> PULLING	<p>LV wind</p>	
<input type="checkbox"/> SPLITTING , Stabbing, boring	<p>Blood stasis d/t chronic LVQS or local qi & blood from trauma. Stems from qi stag, qi deficiency, blood deficiency, blood-heat, and internal cold. Fixed, severe, intense, common in elderly, women who have blood deficiency & dryness, firm, wiry, choppy, purple. if d/t injury pulse will be weak in cun purple spot in tip= head w/o general stsis.</p>	
<input type="checkbox"/> EMPTINESS	<p>K yin or yang deficiency Frequently happens after sex. K deficiency usually manifest on UB channel. Therefore, LVYR HA [sharp & throbbing] d/t K deficiency can manifest on UB channel if K deficiency s chronic [which it usually is]</p> <p>K yin = more severe, feels deeper in head, noc sweats, scanty urine, dizzy, tinnitus, LBP, sl constipation, no coat & floating</p> <p>K yang= coldness, LBP, & knee pain, abundant pale urine, pale, deep & weak.</p>	

BETTER			
<input type="checkbox"/>	Better after rest	Blood or qi deficiency	TxP:
<input type="checkbox"/>	Better after sex	LV fire	
<input type="checkbox"/>	Better w/ activity	LVYR, phlegm	
<input type="checkbox"/>	Better w/ cold	LVYR, LV fire	
<input type="checkbox"/>	Better w/ pressure	Deficiency	
<input type="checkbox"/>	Better w/ supine	Deficiency	
<input type="checkbox"/>	Better when sitting	Excess [LVYR]	
WORSE			TxP:
<input type="checkbox"/>	Worse w/ supine	Excess [LVYR]	
<input type="checkbox"/>	Worse w/ sitting	Deficiency	
<input type="checkbox"/>	Worse after sex	K deficiency	
<input type="checkbox"/>	Worse at End of period	Blood deficiency	
<input type="checkbox"/>	Worse before period	LVYR, LVQS	
<input type="checkbox"/>	Worse in day	Damp, Qi or yang deficiency	
<input type="checkbox"/>	Worse in evening	Blood or yin deficiency [causing LVYR]	
<input type="checkbox"/>	Worse pc	Damp, phlegm, retention of food, ST heat	
<input type="checkbox"/>	Worse w/ activity	Q&B deficiency: Dull, episodic, alleviated by rest aggravated by activity eased by supine, not a common type of chronic HA [yin & blood xu are more common]	
	Worse w/ cold	Yang deficiency	
	Worse w/ damp	Damp/ phlegm	
	Worse w/ emotions	LVYR, LV fire	
	Worse w/ excitement	LVYR	
	Worse w/ heat	LVYR, LV fire	
	Worse w/ period	LV fire, blood stasis	
	Worse w/ pressure	Excess	
	Worse w/ relaxed	LVYR	
	Worse w/ sour	LVYR	

WESTERN DZ

Secondary Headache = identifiable **underlying disease** as its cause. E.G. meningitis,

Primary Headache = no apparent cause. E.G. Migraine.

Chronic headache - pain in their head at least 15 days per month will be about **80-85% chronic migraine, 15% chronic tension-type headache** and no more than about **1-2% a secondary headache**.

<input type="checkbox"/> HTN	Back of head & vtx front	TxP:
<input type="checkbox"/> SINUS	Over frontal, ethmoid, and maxillary sinuses	
<input type="checkbox"/> OTITS	periauricular	
<input type="checkbox"/> GLAUCOMA	eyebrow	
<input type="checkbox"/> CERVICAL spondylosis	Occipital radiating down neck to shoulders	
<input type="checkbox"/> TRIGEMINAL neuralgia	Forehead + nasal bridge + temples Tip of nose + upper lip + cheek + temples Lower lip + chin + jaw + teles + front of ear	

- Obesity**= Body Mass Index is greater than 30
- Anemia**= Fatigue, pale complexion
- High Blood Pressure**
- Underactive Thyroid Gland**= Fatigue, weight gain, loss of energy, dry skin, menstrual period problems
- Obstructive Sleep Apnoea**= Daytime sleepiness, fatigue, heavy snoring
- LV, K, pituitary gland, adrenal gland DZ and vitamin B12 deficiency**. Symptoms can be vague like fatigue. A routine blood profile can make sure none of these conditions are ongoing. I have known people with anaemia and thyroid disease to resolve their headaches after treatment. However, most people with headache will not have an underlying disease - it will just be **bad migraines**.
- High Pressure** Inside the Head (Intracranial Hypertension)- These headaches can feel like a bad **pressure or throbbing**. They usually affect people who are **overweight** or obese. A symptoms called **pulsatile tinnitus** can be a good clue to the diagnosis. This is a **whooshing noise in the ear that is in time to the pulse**. If your eye is examined then there may be evidence of high pressure at the back of the eye (an optician can detect this). A **blocked jugular vein** or cerebral venous sinus is a rare cause of this.
- Low Pressure** inside the Head (Intracranial Hypotension)= The classic symptom is a **postural headache**. A postural headache comes on when **up and about**, but is resolved almost completely by lying completely flat for about 15-30 minutes. Often there is a **buzzing or hissing noise** in the ear, or hearing sounds distant or muffled. It can be spontaneous due to a leak of fluid within the spine, or can follow a procedure like a lumbar puncture or an epidural anaesthetic.
- Isolated Sphenoid Sinusitis**= This can cause a **persistent severe headache without any other classic symptoms of sinus infection**. It is only diagnosed by a scan of the sinus using a CT scan or MRI. If a surgeon drains the congested sinus the effect can be dramatic.
- Carbon Monoxide Poisoning**= poorly ventilated and there is a source of heating that burns oil, gas or coal, then there is a risk of carbon monoxide poisoning. This should be considered if more than one family member takes headaches, or if headaches only occur in one building and not another. It is more common in winter when heating is more likely to be used and ventilation is poor.
- Temporal Arteritis**= **non-specific but persistent**. The **scalp is often tender** and the person usually feels quite unwell with **loss of appetite and weight loss**. It **responds very rapidly to steroid** medication. If the pain is no better within a day or two of steroid treatment the diagnosis should be reviewed. This condition requires a **temporal artery biopsy** for confirmation.
- Chronic Infection**= **HIV infection & Lyme disease** can cause a vague, **persistent headache & confusion**. In HIV the risk is of developing **cryptococcal meningitis**
- Cervicogenic HA**= **One-sided** in context of previous neck injury or restricted neck ROM. cured by anaesthetic to the **facet joints** of upper cervical spine

- C-2 Neuralgia**= A severe **shooting pain in the back of the head** with restricted neck movements
- Hemicrania Continua**= strictly **one-sided** that sounds like migraine, but **responds very well to Indomethacin** medication at a dose of up to 225mg daily
- Chronic Paroxysmal Hemicrania**= Another condition causing **repeated, short-lived (<5 mins) one-sided** headache, with **eye watering and congested** nose that might respond to **Indomethacin**
- SUNC**= **rare** headache, features of **cluster** headache and migraine but **does not respond to Indomethacin** and is difficult to control
- ergot derivative poisoning** = nausea, cold fingers & toes