

## **Acupuncture Treatment for Headache in Korea:**

### **Clinical Practice and Trials**

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### **Abstract**

In clinical practice of acupuncture on headache, there are diverse methods of diagnosis and acupuncture treatments exist. The aim of this article is to review of diagnosis and treatment methods of acupuncture for headache in Korean literature and to critically evaluate the randomized clinical trials (RCTs) from Korean acupuncture trials on headache up to now.

We searched 12 Korean databases to identify RCTs of acupuncture for headache. Risk of bias in eligible RCTs was assessed in accordance with the Cochrane handbook. General characteristics and information of Traditional Korean medicine diagnosis as well as on acupuncture regimen were extracted.

Up to date (July, 2011), total 227 various acupuncture RCTs were published by Korean literature. Of them 6 RCTs (n=223) were acupuncture for headache. Five RCTs were for chronic (tension-type) headache and one for headache after whiplash injury. Mean sample size was 37.2 (acupuncture group, n=20.2, control group, n=17). All RCTs had high or unclear risk of bias compromising reliability of study results. Only 3 RCTs employed sham or placebo controls.

In clinical field of acupuncture, headache was generally divided by the cause of disease as external or internal pathogen or by the area of headache where meridian existed as Taiyang, Yangming, Shiao yang, Queyin headache diagnosed by syndrome pattern identification. Though acupuncture treatment for headache was diversely applied by following the cause of disease and meridian of headache area, common acupoints used were Baihui (GV20), Touwei (ST8), Hegu (LI4) and Lieque (LU7). Additional acupuncture treatments were ear acupuncture, pharmacopuncture, and electroacupuncture. Common application of acupuncture was every two days for 10 consecutive sessions.

In conclusion, acupuncture treatments for headache of clinical field in Korea was mainly treated with classic acupuncture, however, ear acupuncture, pharamcopuncture, electro-acupuncture were sometimes applied. The methodological paucity of six RCTs for headache of Korean acupuncture trials should be complemented by powered sample size and unbiased manners.