Letters

Acupuncture for migraine reduces bowel activity

Sir: During a study at this hospital into the efficacy of acupuncture in the treatment of migraine and other headaches (Loh, Nathan, Schott and Zilkha *J. Neurol Neurosurg Psychiatry*, in press), two of the 48 patients assessed reported unexpected diminution of bowel activity.

The first case was a 46-year-old woman who suffered from frequent migraine attacks for 20 years which had responded poorly to numerous medications. Since childhood (and for many years before her headaches began) she had had loose motions which she passed up to five times a day with considerable flatus. She had never passed blood or slime and had had little abdominal pain. She had been taking up to ten tablets of codeine phosphate 15 mg daily for over 15 years, and in the past had also taken kaolin preparations. She was treated with six sessions of acupuncture over six months, with needling of painful neck and shoulder muscles and the first dorsal interosseous muscles. There was little improvement in her headaches, but sometime during the course of the first three sessions of acupuncture, she noticed a considerable change in her bowel habit. She now opened her bowels once or twice per day and occasionally not at all and her motions were less fluid; she felt very well and had reduced her codeine phosphate intake to two tablets daily. Follow-up over two years, during which time she had six further acupuncture treatments over the initial few months, showed her headaches had not altered appreciably but improvement in her bowel habit and decrease in her codeine phosphate consumption had continued.

The second case, a 50-year-old man, had had drug resistant migraine for 25 years with weekly attacks of tingling in the limbs and impaired focusing, followed by bifrontal headaches with nausea, diarrhoea and vomiting. Throughout his life he had opened his bowels daily and had had no gastrointestinal symptoms other than those accompanying the migraine attacks. He was treated with needle acupuncture to the tender muscle points in the neck and above the right shoulder, receiving five treatments over three months with great benefit. After the first treatment he noticed a marked change in his bowel habit, with passage of hard faeces every four or five days. This alteration persisted for some months, during

which time he was prescribed Normacol granules. Whilst his bowel habit gradually returned to its former pattern, he has remained almost free from headaches for three years.

These two patients clearly associated the diminution of their bowel activity with commencing acupuncture treatment. It is unlikely that the two events were unrelated in view of the long history of stable bowel habit, and not surprisingly this apparent effect of acupuncture was unexpected by these patients who were attending for treatment of a different complaint. It is also evident that though acupuncture seems to have induced this reduction of bowel activity, there was no correlation between such an effect and efficacy in treating the headache.

The observations that in humans electroacupuncture results in increased β -endorphin levels in venous blood of normal individuals¹ and an increase in CSF β -endorphin in patients with pain,² and that naloxone reverses acupuncture analgesia³ indicate that the effect of acupuncture may be due to the release of endogenous opioids. Apart from central effects, opiates also exert a local inhibitory action on the gastrointestinal tract where opiate receptors abound,⁴ and the recent report that naloxone reverses chronic idiopathic constipation probably due to a local action⁵ provides an important corollary to the present observations. Of interest is that the first patient markedly reduced her codeine intake, perhaps suggesting that acupuncture had induced a local change whereby endogenous opioids replaced exogenous opiates. A number of further aspects suggest themselves for investigation including an assessment of gut opiate receptors in patients with abnormal bowel activity and in migraine sufferers, and a systematic study of acupuncture treatment in patients with the irritable bowel syndrome and similar conditions.

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References

- Malizia E, Andreucci G, Paolucci D, Crescenzi F, Fabbri A, Fraioli F. Electroacupuncture and peripheral β -endorphin and ACTH levels. *Lancet* 1979;ii:535-6.
- Clement-Jones V, McLoughlin L, Tomlin S, Besser GM, Rees LH, Wen HL. Increased β -endorphin but not Met-enkephalin levels in human cerebrospinal fluid after acupuncture for recurrent pain. *Lancet* 1980;ii:946-9.

³ Mayer DJ, Price DD, Rafii A. Antagonism of acupuncture analgesia in man by the narcotic antagonist naloxone. *Brain Res* 1977;121:368-72.

⁴ North RA. Mechanism of action of opiates on single myenteric neurons. In: Beers RF, Bassett EG, eds. *Mechanisms of Pain and Analgesic Compounds*. New York: Raven Press, 1979:373-81.

⁵ Kreek M-J, Schaefer RA, Hahn EF, Fishman J. Naloxone, a specific opioid antagonist, reverses chronic idiopathic constipation. *Lancet* 1983;i:261-2.

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Lingual epilepsy: a case report of an unusual expression of focal cerebral discharge

Sir: The reported incidence of epilepsy with intracranial meningiomas varies from 17%¹ to 68%.² It is generally accepted that the majority of epileptogenic tumours occur in the centroparietal region and the presence of focal somatosensory and somatomotor seizures strongly suggests the presence of a neoplasm particularly if there are post-ictal pareses, adverse attacks and Jacksonian march.³ We report a patient whose convexity meningioma manifested itself by a disturbance of lingual movements. Initially they were felt to reflect an emotional disorder and treatment with Valium was followed by a complete remission. When the patient stopped taking Valium the lingual movements recurred. Further evaluation led to the correct diagnosis.

A 63-year-old right handed individual presented with the history of peculiar lingual sensations and movements. She described them in a dictation during her post-operative convalescence. "In March of 1979 a strange sensation occurred in my mouth... the tongue seemed to swell, larger and larger and, after this... the tongue started to shake violently... I couldn't feel my teeth or the sides of my mouth... It lasted for perhaps five minutes and then relaxed... My doctor put me on Valiums, 3 per day, 2 mgms. each for three months... After the three months I stopped the Valiums and again I had a seizure... It was just a strong shaking of the tongue... These seizures occurred at least twice every month... Most of them... were mild... In March of '80 I had a very violent seizure... Oh, I might add, I always had a warning of a seizure coming by the right side of my tongue would become sensitive and after that