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An Exploration of the Pathogenesis and Syndrome Differentiation and Treatment of Migraine Based on the Theory of "Luo Yi Xin Wei Xie"

Qian Li[1], Tianhong Ding[2,*]

[1]Shaanxi University of Chinese Medicine, Xianyang 712046, Shaanxi, China
[2]The Second Affiliated Hospital of Shaanxi University of Chinese Medicine, Xianyang 712000, Shaanxi, China
**Correspondence Author*

Abstract: ***As a common disabling neurological disorder, migraine presents with recurrent attacks and severely impairs patients' quality of life. In Traditional Chinese Medicine (TCM), it falls under the category of "Headache", and TCM syndrome differentiation and treatment has demonstrated unique advantages in its diagnosis and management. Based on the core principle of TCM Collateral Disease Theory "Luo Yi Xin Wei Xie" this study deeply analyzes the TCM pathogenesis characteristics of migraine and develops targeted syndrome differentiation and treatment strategies accordingly. The study concludes that collateral deficiency, qi stagnation with collateral stasis, and collateral impairment in chronic conditions constitute the core pathogenesis underlying the onset and progression of migraine. These three pathomechanisms interact with each other, further inducing wind invasion and developing into a mixed pattern of phlegm and blood stasis, which eventually result in persistent, intractable pathogenic stagnation. In response to these pathogenic characteristics, this study proposes a therapeutic principle centered on pungent medicinals. By applying pungent dispersing, pungent unblocking, and pungent attack methods, it achieves the goal of treating both root and branch concurrently. This research provides novel insights into TCM diagnosis and treatment of migraine and offers a valuable complement to Western symptomatic therapies.***

Keywords: Collateral Disease Theory, Luo Yi Xin Wei Xie, Migraine, Pathogenesis, Syndrome Differentiation and Treatment**.**

1. Introduction

Migraine is a recurrent headache disorder mainly manifested as unilateral or bilateral severe throbbing pain, often accompanied by nausea, vomiting, photophobia and phonophobia, which seriously affects patients' daily work and life [1]. Relevant studies have shown that migraine has become a major cause of health impairment, with the highest prevalence among women aged 18-44 years [2]. Its clinical burden has attracted widespread attention from the global medical community. Currently, the pathogenesis of migraine has not been fully elucidated. Existing studies indicate that its occurrence is associated with multiple factors, including genetic susceptibility, endocrine and metabolic disorders, environmental triggers and psychological factors [3]. In Western medicine, clinical intervention for migraine mainly adopts symptomatic treatment. Common drugs include nonsteroidal anti-inflammatory drugs (NSAIDs) and β-blockers [4]. However, such treatments have obvious drawbacks, including severe adverse reactions, drug dependence, large individual differences in efficacy, and addressing only the symptoms without tackling the root cause.

Guided by the holistic concept and syndrome differentiation and treatment, TCM advocates individualized intervention based on patients' physical constitution, thereby avoiding the potential "one-size-fits-all" treatment limitation that may exist in certain Western medicine treatment models. In the prevention and treatment of migraine, it demonstrates the advantage of treating both root and branch concurrently, providing patients with a safer and more durable health management plan. As an important component of the TCM theoretical system, collateral disease theory holds significant value in elucidating the pathomechanisms and guiding the treatment of chronic and recurrent diseases[5], and "Luo Yi Xin Wei Xie" is one of the core therapeutic principles in collateral disease treatment. Based on the theory of "Luo Yi Xin Wei Xie," this article systematically explores the TCM pathomechanism patterns and clinical thinking of syndrome differentiation and treatment for migraine, aiming to provide new theoretical reference and practical guidance for the TCM clinical diagnosis and treatment of migraine.

2. The Theoretical Implication of "Luo Yi Xin Wei Xie"

Lingshu Jingmai (Spiritual Pivot · Classic of Meridians) explicitly states: "The main meridians run hidden between the muscles, deep and invisible… all vessels that are superficial and commonly visible are the collaterals." [6] This was the first time that a clear distinction was drawn between the collaterals and the main meridians, laying the foundation for the development of collateral theory. The fifteen main collaterals, as branches of the main meridian trunks, spread throughout the body, nourishing the zang-fu organs, sinews, and bones. They completed the system of qi and blood circulation in the meridians and supplemented TCM's understanding of the distribution of qi and blood in the human body, serving as the core cornerstone for the origin and development of collateral disease theory [7].

Huangdi Neijing (Huangdi's Internal Classic) proposed the medicinal property theory that "Pungent and sweet flavors that disperse pertain to yang" [8]. The pungent flavor pertains to yang, and its core characteristic is being "capable of dispersing and moving." Clinically, it can exert such effects as dispersing exterior pathogens, moving qi and resolving constraint, activating blood and resolving stasis, opening the orifices and reviving the spirit, and unblocking the collaterals and relieving pain. Pungent medicinals are light and ascending in nature, with a fierce force of movement and penetration; they can break through meridian and collateral blockages and directly reach the depths of the collaterals, thereby opening a pathway for el

iminating pathogenic factors from the collaterals. In the Qing dynasty, Ye Tianshi, in the Linzheng Zhinan Yi'an (Case Records as a Guide to Clinical Practice), based on the theory of pungent medicinals and integrating the clinical characteristics of collateral disease, explicitly proposed the therapeutic principle of "Luo Yi Xin Wei Xie" [9]. Its core meaning lies in leveraging the unblocking and draining power of pungent medicinals to achieve the goals of dispersing and expelling pathogens and dredging the collaterals. Via the mechanism of "dredging–draining– harmonizing", it eliminates pathogens in collaterals, relieves collateral obstruction, restores the normal circulation of qi and blood, rebalances qi, blood, yin and yang in the body, and recovers the nourishing function of collaterals.

As the core therapeutic principle in TCM collateral disease theory, "Luo Yi Xin Wei Xie" directly addresses the pathological essence of collateral vessel lesions — "obstruction, stagnation, stasis, and blockage." It fully leverages the medicinal property advantages of pungent medicinals — being "light and ascending, mobile and penetrating, dispersing and unblocking." Through specific therapeutic methods such as pungent dispersing, pungent unblocking, pungent opening, and pungent moistening, it achieves the treatment goals of dredging the collaterals, draining pathogenic factors, harmonizing qi and blood, and restoring the physiological functions of the collaterals. This provides clear theoretical guidance for the clinical treatment of collateral diseases, and in particular for various collateral diseases including migraine.

3. Exploration of the TCM Pathomechanism of Migraine Based on the Theory of "Luo Yi Xin Wei Xie"

Migraine is clinically characterized by recurrent attacks and a protracted course. Its disease location is in the collaterals of the head, and its onset is closely related to disturbances in the movement of qi and blood and dysfunction of the collaterals. Based on the theory that "the collaterals are drained with pungent medicinals," its core pathogenesis can be summarized into three aspects: collateral malnourishment, qi stagnation with collateral stasis, and chronic disease enters collaterals. Invasion of externally contracted pathogenic factors (or internal wind stirring) serves as the precipitating factor. These three aspects further interact with one another, subsequently giving rise to the intermingled obstruction of phlegm and blood stasis, ultimately causing the pathogenic factors to become entrenched in the collaterals of the head, leading to recurrent and lingering headaches that are difficult to resolve.

3.1 When the Collaterals Lose Their Nourishment,pathogenic factors Readily Invade.

The head is the convergence of all yang meridians. The three yang meridians of the hands and feet all ascend to the head and face. The collaterals of the head require ample nourishment from qi, blood, yin, and yang to maintain normal physiological functions and defend against the invasion of externalpathogenic factors. Wind is a yang pathogen, light and ascending, opening and discharging in nature, and it readily attacks yang locations; therefore, the head is the primary site ofpathogenic factors invasion [10]. Congenital physical weakness, overstrain, chronic disease consumption or improper diet may cause deficiency of qi, blood, yin and yang, leading to malnourishment of head collaterals. On the one hand, when the collaterals are malnourished, "Pain arises from malnourishment (Bu Rong Ze Tong)" [11-1]; on the other hand, the defensive function of the collaterals weakens, allowing externalpathogenic factors to easily exploit the deficiency and invade. Whenpathogenic factors invade the collaterals of the head, it causes chaotic counterflow of qi and blood, aggravating the pain symptoms. This aligns with the theory in Huangdi Neijing (Huangdi's Internal Classic) that "wherepathogenic factors gather, the qi must be deficient" [12]. Migraine resulting from this pathomechanism typically presents clinically as dull pain, persistent and lingering, aggravated by exertion, and often showing a preference for warmth and pressure. It is frequently accompanied by aggravation upon exposure to wind, wandering and unfixed pain location, and mild exterior syndrome, fully embodying the pathological characteristic that "deficiency leads to vulnerability topathogenic factors."

3.2 When Qi Movement is Impeded, the collaterals Become Stagnated and Sluggish.

The unobstructed flow of qi and blood is the core prerequisite for the collaterals to perform their physiological functions such as nourishing and defending. When the qi mechanism is smoothly regulated, blood circulates normally and body fluids are distributed in an orderly manner. Factors such as emotional dysregulation, improper diet, and imbalance between work and rest can all lead to inhibited movement of the qi mechanism. When the qi mechanism is stagnated, it is unable to propel the blood to circulate normally through the collaterals, thereby creating a pathological state of collateral pathway stagnation and qi and blood stasis. When qi and blood fail to flow through the collaterals of the head, "Pain arises from obstruction (Bu Tong Ze Tong)" [11-2], triggering migraine. Moreover, qi mechanism obstruction also impairs the normal metabolism of body fluids, leading to fluid accumulation and internal generation of phlegm-dampness. Phlegm-dampness is viscous, heavy, and turbid in nature; when it combines with qi stagnation and obstructs the collaterals of the head, it further aggravates the congestion of the collaterals, making the movement of qi and blood even more impeded and ultimately causing the course of migraine to be lingering and difficult to resolve quickly. Migraine arising from this pathomechanism often manifests clinically as distending pain or stabbing pain, with either fixed or wandering pain locations, and is frequently accompanied by symptoms such as dizziness, bodily heaviness, chest oppression, epigastric stuffiness, poor appetite, and nausea and vomiting, which are indicative of phlegm-dampness and qi stagnation.

3.3 When Prolonged Disease Enters the Collaterals, the Entrenched and Boundpathogenic factors are Difficult to Eliminate.

Recurrent attacks and a protracted course [13] are the core clinical features of migraine. When the illness persists, the pathogenic factors progress from the superficial to the deep, moving from the meridians deep into the collaterals, where they intertwine with pathological products such as blood stasis and phlegm-dampness within the collaterals, forming entrenched, knottedpathogenic factors that lodge deeply in the collaterals of the head. Botanical herbs, due to their mild potency and superficial movement, have difficulty directly reaching the dise

ase location and therefore find it difficult to eliminate the pat hogenic factors. At the same time, chronic illness depletes the genuine qi, leading to a pathological state of "intermingled d eficiency and excess, with excesspathogenic factors and defic iency of genuine qi" [14], which further complicates the cond ition.

Ye Tianshi, in the "Xie tong" chapter of Linzheng Zhinan Yi' an, proposed that "the collaterals are drained with pungent me dicinals; when chronic disease enters collaterals, and qi and b lood are both obstructed, pungent and aromatic herbs should be used to gently unblock them" [15], clearly indicating that t reatment for chronic disease enters collaterals should center o n pungent medicinals. The pathological characteristics of mig raine where prolonged disease enters the collaterals — qi and blood stagnation and obstruction, and entrenched phlegm and stasis — correspond perfectly with what Ye described. Ye als o creatively incorporated insect-derived medicinal herbs into the therapeutic system of pungently draining and unblocking the collaterals. Insect-derived medicinal herbs are pungent in flavor, mobile and penetrating, nimble and swift, and can pen etrate deep into the collaterals to search out and dislodge stasi s and phlegm-dampnesspathogenic factors, thereby compensa ting for the insufficiency of botanical drugs in unblocking the collaterals. For example, Quanxie (Scorpio), pungent in natur e, active and penetrating, and excels at searching for wind an d unblocking the collaterals; Wugong (Scolopendra): punge nt and warm with strong medicinal power, and can reach and unblock the upper and lower channels and collaterals [16]. Mi graine resulting from this type of pathomechanism often mani fests clinically as stabbing pain, intractable severe pain, with a fixed pain location, a lingering and refractory course, and is frequently accompanied by symptoms reflecting a mixed defi ciency-excess pattern, such as dizziness, nausea, mental fatig ue, and lassitude.

4. Syndrome Differentiation and Treatment of Migraine Based on the Theory of "Luo Yi Xin Wei Xie"

Based on the core pathogenesis of "collateral malnourishment , qi stagnation with collateral stasis, and chronic disease enter s collaterals" discussed above, and integrating the therapeutic principle of "draining the collaterals with pungent medicinals, " three core treatment methods are established according to th e different pathological stages and pathogenetic characteristic s of migraine: pungent can disperse, pungent can unblock, an d pungent can attack. These three correspond respectively to t he different pathological states: collateral malnourishment wi thpathogenic factors invasion, qi stagnation with collateral st asis and intermingled phlegm-blood stasis, and chronic diseas e enters collaterals with deeply entrenched pathogen knots. T hroughout the treatment course, the principle of simultaneous ly addressing both the root and the manifestations is followed . While eliminatingpathogenic factors, emphasis is placed on restoring the function of the collaterals and supplementing an d boosting the body's healthy qi, ultimately achieving the ther apeutic goals of "eliminating hiddenpathogenic factors, dredg ing the collaterals, and harmonizing qi and blood."

4.1 Pungent can Disperse, Dispelling Wind and Nourishing the Collaterals.

This treatment method is applicable to migraine in which coll ateral malnourishment constitutes the root andpathogenic fact ors invasion constitutes the branch. Most patients present wit h root deficiency and branch excess, a mixed deficiency–exce ss pattern.pathogenic factors invades the collaterals of the hea d, causing chaotic counterflow of qi and blood and spasmodi c contraction of the vessels and collaterals, thereby triggering headache. A protracted course further depletes qi and blood, while malnourishment of the collaterals makespathogenic fact ors more prone to lodge deeply, creating a vicious cycle of "d eficiency with lingeringpathogenic factors." Therefore, treat ment follows the principle of "dispelling wind and relieving s pasm to treat the branch, and nourishing the collaterals to con solidate the root."

The pungent flavor governs dispersing [17], and its effects of dispelling wind and nourishing the collaterals are manifested in three aspects. First, the light and ascending pungent and ar omatic qi can directly reach the head and face, open up and dr ain the striae and interstitial spaces, and disperse the pathogen ic factors constrained in the collaterals of the head. For examp le, Jingjie, pungent and slightly warm, entering the Lung and Liver meridians, lightly disperses and courses wind, releases the exterior and dispels wind; it is suitable for the initial stage of externally contracted wind-cold with headache involving t he neck and upper back. Second, pungent can move qi, and w here qi moves, blood moves; it can unblock mild stasis in the collaterals and restore normal movement of qi and blood. For example, Baizhi, pungent and warm, entering the Lung and St omach meridians, disperses cold and unblocks the orifices, re duces swelling and stops pain, and is a key medicinal for pain in the forehead and supraorbital ridge. Third, the pungent-wa rm nature can invigorate the yang qi of the body; when yang qi warms and transports fluids, it can transform phlegm-damp ness turbidpathogenic factors in the collaterals. For example, Fangfeng, pungent, sweet, and slightly warm, entering the Bl adder, Liver, and Spleen meridians, dispels wind without caus ing dryness, overcomes dampness and stops pain, and is suita ble for migraine caused by wind-damp pathogen invading the head.

In the treatment of collateral disease, it is emphasized that "th e collaterals are drained with pungent medicinals and supple mented with moistening." Therefore, while using pungent wi nd-dispelling medicinals to open and unblock stasis and obstr uction and to eliminatepathogenic factors, it is necessary to c ombine them with blood-nourishing and yin-enriching substa nces such as Danggui, Baishao, and Shudihuang to moisten a nd enrich the malnourished collaterals. This approach dispels wind without damaging yin, and unblocks the collaterals whil e simultaneously supporting the healthy qi. The combination of both can penetrate deeply to eliminate the hiddenpathogeni c factors in the collaterals, supplement and nourish the defici ent qi and blood, restore the malnourished collaterals, and fun damentally cut off the pathological basis for disease recurrenc e at its root.

4.2 Pungent can Unblock, Moving qi and Draining Turbidity.

This treatment method is applicable to migraine whose core p athogenesis involves inhibited qi mechanism, intermingled ph legm and blood stasis, and stagnation and sluggishness of the

collaterals. In such patients, excesspathogenic factors predom inate, and “collateral vessel obstruction” is the core pathologi cal key. Qi stagnation, blood stasis, collateral blockage, and p athogenic obstruction intertwine and jointly obstruct the colla terals of the head. Pungent medicinals, with their mobile and penetrating nature, excelling at ascending and dispersing, and possessing the characteristic of being “capable of moving an d unblocking,” are the core medicinals for dredging the collat erals, moving qi, and draining turbidity. Therefore, “pungent can unblock” is the core treatment method for this type of mi graine.

The Su wen, in the “Yinyang Yingxiang Dalun” chapter, stat es: “pungent and sweet flavors that disperse pertain to yang” [18]. The pungent flavor pertains to yang; its nature is ascendi ng, dispersing, mobile, and penetrating, and it can activate the body’s yang qi. When yang qi is abundant, the qi mechanism becomes unobstructed. Qi serves as the driving force for the movement of qi and blood in the collaterals, just as the Yixue Zhenchuan states: “Qi is the commander of blood; when qi m oves, blood moves; when qi stagnates, blood stasis ensues” [1 9]. In the Qing dynasty, Ye Tianshi established the collateral disease theory, proposing that “early-stage disease is in the m eridians, and prolonged disease enters the collaterals,” and a dvocating “treating the collaterals with pungent medicinals.” He clearly identified that pungent medicinals can break throu gh the barriers of the collaterals, propel the stagnated qi mech anism, dredge the sluggish collaterals, and restore the normal distribution of qi and blood.

Phlegm and stasis share the same origin; both arise from inhi bited qi mechanism. When qi stagnates, blood movement bec omes impeded and forms stasis, and body fluids accumulate a nd form phlegm. The intermingled obstruction of phlegm and blood stasis further aggravates the congestion of the collatera ls. Pungent medicinals possess both a moving/dispersing and a warming/drying nature, enabling them to attack and expel t angiblepathogenic factors. This aligns with the treatment prin ciples in the Su Wen, in the “Zhizhenyao Dalun” chapter: “Th at which is external is to be eliminated” and “That which is k notted is to be dispersed” [20]. Through their pungent dispers ing, moving, and warming nature, they drain and discharge th e turbidpathogenic factors such as phlegm-dampness and bloo d stasis stagnating in the collaterals, thereby restoring the uni mpeded flow of the collaterals and the smooth movement of qi and blood. This therapeutic principle is also widely reflect ed in classic formulas. For example, the Jingui Yaolüe uses G uizhi Shaoyao Zhimu Tang to treat wind joint pain [21], empl oying Guizhi and Fuzi — which are pungent and warm - to u nblock yang and dredge the channels and collaterals, fully de monstrating the core meaning that “pungent can unblock the collaterals.” Chuanxiong is regarded as “qi-medicine in blood .” The Shennong Bencao Jing states that it “mainly treats win d stroke entering the brain and headache, cold impediment, a nd sinew spasm and contracture” [22]. Its pungent dispersing nature can both move blood and resolve stasis, and disperse wind, cold, and dampnesspathogenic factors, making it a key medicinal for treating migraine. It can directly reach the colla terals of the head, exerting the effects of moving qi, draining turbidity, unblocking the collaterals, and relieving pain.

4.3 Pungent can Attack, Searching Out and Dislodging Entrenched Knots.

This treatment method is applicable to migraine where chroni c disease enters collaterals and entrenched phlegm-stasis are t he core pathogenesis. In such patients, the disease course is pr otracted; the pathogenic factors are deeply hidden in the colla terals of the head, glued and knotted and difficult to resolve, and are often accompanied by deficiency of healthy qi, presen ting a pattern of excesspathogenic factors and deficiency of h ealthy qi. Ye Tianshi emphasized that “early-stage disease is in the meridians, and prolonged disease enters the collaterals” [23], pointing out that entrenchedpathogenic factors in the co llaterals require the method of searching and dislodging to dir ectly attack the root of the disease. If only conventional, mild medicinals are used, it is difficult to reach the deeply hiddenp athogenic factors, ultimately resulting in the pathogenic facto rs lurking in the collaterals, with the disease recurring repeate dly and forming intractable headache. The treatment method of “pungent can attack” is based on the principle of “Whenpat hogenic factors are removed, healthy qi will be consolidated.” It aims to use the potent, flowing and penetrating property of pungent herbs to enter deeply into the collaterals, search out a nd dislodge the entrenched and knottedpathogenic factors, tho roughly clear the hiddenpathogenic factors in the collaterals, and restore the smooth flow of qi and blood.

Pungent medicinals are yang in nature and possess the triple characteristics of “dispersing, moving, and penetrating.” The y can pungently disperse to open blockage, penetrate deep int o the collaterals, and directly attack and expel the entrenched and knottedpathogenic factors within. When prolonged diseas e enters the collaterals,pathogenic factors such as blood stasis and phlegm-dampness lodge deeply at the bottom of the coll aterals, becoming glued and knotted to form intractable illnes s. Botanical herbs have difficulty reaching the disease locatio n, whereas pungent medicinals, by virtue of their strong penet rating force and searching-and-dislodging power, can penetra te the collateral walls, directly reach the disease location, and search out and dislodge the deeply hiddenpathogenic factors. The Linzheng Zhinan Yi’an (Case Records as a Guide to Clin ical Practice) explicitly points out that insect-derived medicin al herbs “can enter the collaterals to search outpathogenic fact ors” and specifically treat chronic and intractable diseases. Th ese medicinals are mostly pungent in flavor, mobile and penet rating, and by harnessing the wriggling and unblocking natur e of the insect bodies, they can enter deep into the collaterals, search out, scrape away, and dispel the pathogenic factors of intermingled phlegm and blood stasis, thereby compensating for the insufficiency of botanical drugs. They are the core me dicinals for pungent attacking, searching and dislodging, and eliminating entrenchedpathogenic factors.

Commonly used pungent insect-derived medicinal herbs in cl inical practice include: Quanxie, pungent and neutral, which excels at searching for wind and dislodgingpathogenic factors from the collaterals, unblocking the collaterals and stopping pain, and is a key medicinal for treating stubborn impediment headache; Wugong, pungent and warm, which attacks toxins and dissipates masses, breaks stasis and unblocks the collater als — its force of moving, penetrating, and attackingpathogen ic factors is more drastic than Quanxie, and it can reach and u nblock the upper and lower channels and collaterals; and Dilo ng, salty and pungent , which clears heat and dislodges phleg m, quickens the collaterals and stops spasms, and is suitable f or intractable migraine caused by phlegm-heat and stasis obst

ructing the collaterals. However, most insect-derived medicinal herbs have strong medicinal properties, and some are slightly toxic. Clinically, the dosage must be strictly controlled within a safe range. At the same time, the principle of "discontinue medication once symptoms relieve" [24] should be followed to avoid cumulative toxicity from prolonged use, ensuring thatpathogenic factors are dispelled without damaging the healthy qi. If the patient's healthy qi deficiency is pronounced, while using insect-derived medicinal herbs to search out and dislodge the entrenchedpathogenic factors, they can be combined with qi-supplementing medicinals such as Huangqi and Dangshen to simultaneously support the healthy qi, achieving the therapeutic effect of attackingpathogenic factors without depleting qi.

5. Summary

The disease location of migraine is in the collaterals of the head, and its core pathogenesis can be summarized as collateral malnourishment, qi stagnation with collateral stasis, and chronic disease enters collaterals. These three factors intertwine with one another, triggeringpathogenic factors invasion and intermingled phlegm-blood stasis, ultimately causingpathogenic factors to become entrenched and knotted in the collaterals and forming a pathological characteristic where "deficiency, stagnation, stasis, and binding" coexist. This is the fundamental reason for the recurrent attacks and protracted, refractory course of the disease. "Draining the collaterals with pungent medicinals," as the core therapeutic principle of collateral disease theory, provides the theoretical cornerstone for the TCM syndrome differentiation and treatment of migraine. Based on this, the present study establishes three core treatment principles centered on pungent medicinals — namely, pungent can disperse, pungent can unblock, and pungent can attack — which correspond respectively to the different pathological stages ofpathogenic factors invasion, qi stagnation with phlegm-stasis, and prolonged disease with entrenched binding. Taking "dredging – draining – harmonizing" as the therapeutic guideline, it emphasizes that while eliminatingpathogenic factors from the collaterals, equal attention should be paid to nourishing the collaterals and supplementing the healthy qi, so as to achieve the goal of treating both root and branch concurrently.

This syndrome differentiation-based treatment approach breaks through the treatment limitation of Western medicine that focuses solely on analgesia. For recurrent and intractable migraine, it relies on individualized syndrome differentiation, flexibly utilizes the medicinal property characteristics of pungent medicinals, and combines them with medicinals that nourish blood, supplement qi, and resolve phlegm, thereby achieving the therapeutic goals of "eliminating hiddenpathogenic factors, restoring the collaterals, and harmonizing qi and blood" and attaining more durable clinical efficacy. This study deeply integrates the theory of "draining the collaterals with pungent medicinals" with the clinical practice of migraine, fully embodying the TCM syndrome differentiation wisdom of "taking unblocking as supplementation and eliminatingpathogenic factors to consolidate healthy qi", and providing a new theoretical paradigm and clinical approach for the TCM prevention and treatment of refractory migraine. Subsequent large-sample, multicenter clinical studies and experimental mechanistic studies are still needed to further verify the effectiveness and scientific validity of this syndrome differentiation-based treatment approach, so as to provide more solid evidence-based support for its clinical dissemination and application.

References

[1] Tao J, Yu B, Jia P, et al. Research progress on Tianma Gouteng Yin (Gastrodia and Uncaria Beverage) in the treatment of liver-yang type migraine [J/OL]. Journal of Liaoning University of Traditional Chinese Medicine, 1-11[cited 2026-03-29]. https://link.cnki.net/urlid/21.1543.r.20260325.1113.014.

[2] Ai S, Dong T, Wang J, et al. Research progress on acupuncture and moxibustion in the treatment of menstrual migraine [J]. Journal of Medical Theory and Practice, 2026, 39(5): 767-770.

[3] Chen XY. Popular science on treating migraine from the TCM perspective: regulating the liver eliminates headache [J]. Health Required Reading, 2025, (36): 28-29.

[4] Qu XX, Shao D, Yin XH. Exploring the mechanism of acupuncture and moxibustion in the treatment of migraine through the PI3K/AKT signaling pathway [J]. World Journal of Integrated Traditional and Western Medicine, 2026, 21(1): 14-19.

[5] Zang HX, Lyu XD, Pang LJ, et al. Exploring the comorbidity mechanism of chronic obstructive pulmonary disease based on collateral disease theory [J/OL]. Journal of Practical Traditional Chinese Internal Medicine, 1-8 [cited 2026-03-29]. https://link.cnki.net/urlid/21.1187.R.20260317.0943.002.

[6] Zhang YN. Correlation study of TCM syndrome types and clinical indicators in CKD and Professor Li Jianmin's experience in differentiating and treating CKD [D]. Beijing University of Chinese Medicine, 2020.

[7] He YL, Wu GL, Han JJ. Exploration of the pathomechanism characteristics of thyroid-associated ophthalmopathy based on "collateral disease theory" [J]. China Journal of Chinese Ophthalmology, 2026, 36(2): 150-155.

[8] Maolan A, Guo QJ, Qi RZ, et al. Application of the "Tong Qi Xiang Qiu" (like qi attracts each other) theory in the syndrome differentiation and treatment of lung cancer [J]. Chinese Journal of Experimental Traditional Medical Formulae, 2026, 32(2): 261-268.

[9] Zhang CY, Chang N, Ma YX, et al. Discussion on syndrome differentiation and treatment of carotid atherosclerotic plaque based on the theory of "chronic disease enters collaterals" [J]. Journal of Practical Cardio-Cerebral Pulmonary and Vascular Disease, 2026, 34(2): 102-106.

[10] Jin H, Yao MX, He SQ, et al. Analysis of Chen Shiduo's thoughts on treating headache: based on an analysis and summary of six headache medical cases in Bian Zheng Lu (Differentiation Records) [J]. Asia-Pacific Traditional Medicine, 2025, 21(2): 202-205.

[11] Lou QP. Study on TCM syndrome analysis and medication rules of Chinese herbal medicine for migraine based on data mining technology [D]. Changchun University of Chinese Medicine, 2018.

[12] Zhang LY. Study on the effect of ear copper-blade scraping on the early recovery quality of patients with cervical cancer of qi deficiency and blood stasis type after surgery [D]. Yunnan University of Chinese Medicine, 2025.

[13] Liu J, Zhu JF. Observation on the immediate curative effect of abdominal acupuncture on migraine of blood stas

is obstruction type [J]. Clinical Education of General Practice, 2019, 17(10): 938-939.
[14] Gong RJ, Liu YX. Exploration of medication and prescription rules in the treatment of migraine with traditional Chinese medicine based on Zhong Hua Yi Dian (Chinese Medical Classics) [J]. World Science and Technology-Modernization of Traditional Chinese Medicine, 2026, 28(2): 532-542.
[15] Wang H, He Q, Han DN, et al. Exploration of the pathomechanism of synovial inflammation and syndrome differentiation and treatment of rheumatoid arthritis based on the theory of "chronic disease enters collaterals" [J/OL]. Chinese Journal of Information on Traditional Chinese Medicine, 1-6 [cited 2026-03-29]. https://doi.org/10.19879/j.cnki.1005-5304.202511466.
[16] Jin YT, Li BH, Ya XX, et al. Application of Zhao Bingnan's experience in treating prurigo nodularis from the perspective of stubborn dampness [J]. Chinese Journal for Clinicians, 2026, 54(3): 404-406.
[17] Zhu YQ, Lin WB, Wang Y. Exploration of the core mechanism of insect-derived medicinal herbs in treating heart system diseases based on the theory of "xuanfu qi-liqu id" [J/OL]. Clinical Research of Traditional Chinese Medicine, 1-8 [cited 2026-03-29]. https://link.cnki.net/urlid/11.5895.R.20260306.1047.002.
[18] Wang ZQ, Liu WS, Qiu CL. Exploration of the origin and clinical use of Pinellia (Banxia) combined with Aconite (Wutou) [J]. Clinical Journal of Traditional Chinese Medicine, 2026, 38(1): 121-125.
[19] Deng HJ. Clinical effect of traditional Chinese medicine Liuzi Reyanbao (six-seed hot compress bag) combined with enoxaparin sodium in preventing venous thrombosis after fracture surgery [J]. Chinese Journal of Rational Drug Use, 2025, 18(33): 118-120.
[20] Bi MQ, Ji WY. Ji Wenyan's experience in treating palpitations from phlegm and stasis based on the theory of "retaining [wind pathogen] should be attacked" [J]. Research of Traditional Chinese Medicine, 2025, 38(11): 35-39.
[21] Huang JJ, Lin JT, An B, et al. Professor Lin Lizhu's clinical experience in the syndrome differentiation and treatment of chemotherapy-induced peripheral neurotoxicity [J]. Journal of Oncology in Traditional Chinese Medicine, 2024, 6(4): 46-49+61.
[22] Wu GB. Clinical and experimental study on the prevention and treatment of lower extremity deep venous thrombosis after orthopedic surgery with qi-supplementing, blood-activating, and spleen-fortifying Chinese medicine [D]. Hunan University of Chinese Medicine, 2008.
[23] Hu J, Tan YM. Treating coronary heart disease from the perspectives of "disease arising from collaterals" and "prolonged disease entering collaterals" [J]. Acta Chinese Medicine, 2021, 36(11): 2273-2276.
[24] Cui JB, Tian CH, Zhu JP. Experience of master of traditional Chinese medicine Zhang Zhen in treating skin diseases [J]. Journal of Tianjin University of Traditional Chinese Medicine, 2026, 45(1): 1-6.