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[\[Medical\] Two Kinds of Neuroproteins That Help Track Cephalalgia Have Been Identified](#)[Medical] Two Kinds of Neuroproteins That Help Track Cephalalgia Have Been Identified ([Chinese Version](#))

China Times E-paper (2009/07/26) Migraine and cluster headache are two of the most commonplace headache classifications. Their diagnosis depends on patient's first personal report presently, but in this way the precise location or status of pain is difficult to specify. NTU and Taipei Veterans General Hospital find in a new study that it can take phlebotomy test alone targeting two neuroproteins in the brain to specify the pain grade, bringing great enhancement to follow-up treatment. Along with the finding, it is also discovered that one of the headache-related neuroprotein, Orexin A, increases appetite, which explains the phenomenon that people with higher BMI (body mass index) suffer from headache more frequently.

According to Chair of Department of Neurology, Taipei Veterans General Hospital, Shuu-Jiun WANG, the activation of trigeminal vascular system in the brain is commonly regarded as the pathogenic mechanism for sick headache and cluster headache. Stick to this premise, the research team hypothesizes that the system activator Nociceptin and the system inhibitor Orexin A these two kinds of neuroproteins are related to the pain degree of migraine and cluster headache. The experiments show that the concentration of Nociceptin in the adult headache group is far lower than the control group, and the children groups perform little specific significance; on the contrary, Orexin A concentration in both the adult and the children headache groups is higher than the control groups, though the difference in the children groups is not strong as well, which is believed to be related with the immature pain mechanism of the children.

S.-J. WANG says, both the conventional inferences and animal experiments support that Nociceptin strengthens the pain response and Orexin A prohibits the pain. But the present study results in an opposite outcome, suggesting that Nociceptin and Orexin A together "balance" the brain. The patient, for instance, whose headache intensifies needs less Nociceptin and more Orexin A.

Reference:

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