

CHRONIC AND MIGRAINE HEADACHE

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In a short paper it would be impossible to fully explore such an extensive subject as the title suggests. The subject is, however, of great interest to all physicians because of the numerous patients who complain of such headaches, and because of the difficulty met with in giving anything like permanent relief to these sufferers.

Osler lists headache as relative to its cause, and gives migraine headache in a separate chapter. The layman uses the term migraine as descriptive of any headache which has proved difficult to relieve and which may show some evidence of periodicity.

Among the causes listed by Osler are cerebral tumour, cerebral syphilis, mouth breathing, uraemia and migraine. I might add arterial hypertension. George Royal, in his book *Diseases of the Brain and Nerves*, classifies headache into two general classes, direct, exogenous, and reflex, endogenous. Drugs, excitement, and shock, may be the cause of these direct or exogenous headaches—while the cause of the endogenous or reflex form, may be many and difficult to ascertain. Injuries; eye strain; disease of the brain and spinal cord; remote effects of drugs such as tea, coffee, quinine; effects of the sun; reflex symptoms from the digestive tract; the generative organs; allergic conditions; and many others including arterial hypertension, all come under this classification and include migraine.

Migraine headaches appear to have as well an hereditary background. Some authors claim these are closely related to epilepsy, and state that more parents suffering from migraine have epileptic children than do epileptic parents. Certainly migraine sufferers have prodromal symptoms, frequently ocular with blurred vision, half vision, or temporary blindness, before the full violence of the attack is established. More cases are seen in women than in men and the attacks tend to decrease in number and violence, and may cease entirely after fifty.

Other authors do not subscribe to this theory and take the position that the disease is of vasomotor origin, a neurosis. In support of this, they claim there is a tendency to arteriosclerosis of the vessels on the side of the head usually affected. During the attack the arterial tension may be considerably raised; while in many cases in chronic headache, and true migraine, there is present an increased arterial tension. Marked periodicity is present as a cardinal symptom of true migraine.

Because of the numerous causes listed and unlisted, it behoves every physician to make a very thorough examination and enquiry into the past history and present physical state of these patients. He should listen carefully to all their subjective symptoms, and check these and their objective

symptoms against the results of his complete physical examination. Then only is he in a position to make a real diagnosis and offer any reliable prognosis.

The case of Mrs. M. well illustrates this point. Healthy woman of 38; throbbing left-sided headache of several years standing; occipital area most affected; was worse from jar, stooping, and strong light; two moderate sized wens were found in this area which were tender to touch and pressure. Belladonna was given, the wens removed by surgery, and the headaches have never recurred. Belladonna would have relieved this condition temporarily, but it was evident that the removal of the wens produced the cure.

If no cause can be found your case may at once become much more difficult of successful solution; for with no discernible physical cause you are forced to the conclusion that you have to deal with a possible allergic or hereditary neurotic state. For example, let me quote the short history of Mrs. R., young matron; healthy vigorous mother of two sons; violent headaches from time to time for which no cause could be ascertained. She went the round of many physicians of note in our University Medical Centre without relief. At last, she consulted an elderly professor of medicine who finally removed apples from her diet with the result that her headaches ceased. This conclusion was brought about by careful questioning and not by the use of skin tests. The professor was not a member of the homoeopathic fraternity, but he had not entirely relegated all subjective symptoms to the care of the waste basket.

From the very first it is your duty to discover whether your patient merely wants temporary relief or wants to attain as nearly as possible the so-called cure. If he only wants something to take at the time of the headache, it will not pay you to take the time for discovery of possible pathology and a proper study of his history and subjective symptoms, for these cases are rarely cured by one or two prescriptions. The above is not always true but is generally the case.

To illustrate the cure in one prescription of a terribly severe case of chronic headache, I will quote the following short case history. Mr. S., Halifax, N. S., has had terrible chronic headache for years; had been to a well-known clinic and many prominent physicians in the past three years; has been so thoroughly examined that any further examination by me would be pointless. He is a dapper, dark haired man, commercial traveller; has had bad foot sweat for years and history of three carbuncles; wants the head wrapped up warmly when the headache is on. Silicea is clearly indicated and prescribed. Two years after he again visited me as the headaches were beginning to recur.

The climatic conditions which obtain in any given section of the country where the patient resides, may help in the selection of the acute remedy indicated for a first prescription; while the results of your examination and

analysis of the subjective symptoms, will point the way to the selection of the chronic or constitutional remedy.

In colder climates where any exposure to cold winds may start off a headache of the neuralgic or congestive type, Aconite or Belladonna may be quickly palliative. The so-called sinus headaches are relieved, and sometimes cured, by Belladonna. They are made worse by jar, stooping, light, and noise. The face is red and flushed, the pupils are dilated and the carotids throb visibly. Belladonna in any potency is marvellous in this type of headache.

In the warmer climates it is probable that there are more patients who need Bryonia, Gelsemium and Melilotus. Bryonia is a truly remarkable remedy, in that its action is both acute and chronic. When indicated it will cure permanently with no second remedy to follow up. The typical cases are usually found in dark complexioned, brown eyed people. The headache comes on in the morning with first movement in bed, is a dull full feeling attended with some vertigo, and is made worse by stooping. It is relieved by bathing the face and head with cold water. Mentally, these patients are irritable, they are also usually constipated, but with no desire for stool.

Nux vomica patients also have headaches first thing in the morning and are constipated, but have frequent ineffectual urge to stool. They are irritable, quick, nervous, depressed, and the headache is generally relieved by their morning cup of coffee.

The Migraine patient with terrible morning headache attended by a great deal of nausea, and more nausea, is frequently cured by Ipecac. In my experience, the presence of a clean tongue and a great deal of nausea, plus periodicity, points the way to Ipecac. It is quite able to cure this type of case.

When the headache is found to change sides each time it returns, Lac caninum is indicated, or the headache may change to the other side during the same day. The headache is extremely violent, probably because these patients are neurotic and fanciful. They are attended with a peculiar type of vertigo which is described as if floating on the bed, or walking on air, when walking.

Iris versicolor produces a periodical type of sick headache attended with salivation and burning in the stomach with vomiting of very acid, burning, watery or ropy mucus. There is often blurring of the vision and one sided frontal pain.

Sanguinaria produces the typical sick headache, periodical, commencing in the morning and not relieved until evening. This is attended with hot flushes, vomiting, and the pain is right sided from the right eye to the occiput.

Silicea patients sweat profusely, generally give a history of suppuration or foot sweat, and the headaches are relieved by wrapping the head up warmly.

In *Spigelia*, we usually encounter the seat of pain over the left eye or in the eyeball. It is a neuralgic type of pain and is frequently accompanied by elevation of the blood pressure and rapid heart action. The presence of, or history of stabbing pains in the region of the apex area will assist in making the decision, and also assist the patient with the resultant drop in blood pressure, and relief of both headache and stabbing pains. This remedy is often indicated in sinus headaches after influenza and acute sinus involvement, and will cure the postnasal catarrh which attends such cases.

Sepia patients are easily identified by their facial appearance, uterine history, relief of symptoms from moving about, and by the fact that their headaches are frequently relieved by eating.

For cases where the only apparent cause seems to be elevation of the blood pressure, accessory measures to help in reduction of the tension are in order. These include more rest and proper diet, the elimination of stimulants, the reduction of salt intake and increase of water, and decrease in fat and protein consumption must be considered and stressed. In short, a change in their mode of living is necessary.

The ideal way to prescribe for your patient is to take the totality of his symptoms, work it out in the repertory, then look up the resultant remedies in the materia medica, and make your choice. This becomes easier the oftener it is done. Personally, I have not the time so essay some shortcuts.

If your patient has had a history of epistaxis, or bleeding, is nervous, likes cold drinks, has nightmare, is upset by thunder-storms, you will have possibly two remedies to consider, namely Phosphorus and Natrum mur. If the patient has weak ankles, a red V in the neck, dislikes consolation, you eliminate Phosphorus. If mild, tearful, chilly, is upset by fats and has a catarrhal tendency, you will think of *Pulsatilla* with possibly *Silicea* in the offing. If a history of car sickness and uterine disorders, or tinnitus, and eczema, you think of *Sepia* or *Petroleum*. For those with heat flushes and blood-pressure, you think of Nat. mur., Ferrum, Lachesis, Sulphur, and *Sanguinaria*. For the more gastric type, you think of *China*, *Iris versicolor*, *Ipecac.*, *Bryonia*, etc.

It is really very easy and rather rapid. Of course the more you consult your repertory, the better your knowledge of materia medica becomes, and that in the end determines your choice of remedy.

I never see one of these patients oftener than once every two weeks and the great majority of all my chronic cases are given one month's supply of medicine at each consultation. This prevents the too frequent changing of the prescription. In an old chronic case it is not reasonable to expect brilliant results in one or two weeks.

Here follow a few short illustrative case reports:

Sept. 1945. Mrs. S., age 26; slender; brown hair and eyes; has suffered from migraine headaches for ten years; was run down and anaemic when they commenced. She usually wakes with a headache which may stop from

taking aspirin; when not relieved it becomes worse and is attended by a great deal of nausea, but she does not vomit. The headache is in the middle and left side of forehead and extends to the occiput; is worse from light, jar or false step from stooping, and is a dull headache. It is hard to decide between Belladonna and Bryonia in this case. Bryonia CM was given. October 1945, a slight improvement; the headache is worse during the menstrual period. Natrum mur. has this symptom in high type. I find she is afraid to be alone at night, worse from thunderstorms, and dislikes sympathy. Nat. mur. is given with great relief. January 1946, Nat. mur. repeated in higher potency. April 1946, Nat. mur. again given in still higher potency. This girl is now practically well.

January 1944. Mr. R., age 47; fair hair, blue eyes; complains of attacks of indigestion from fats, raw fruits, and sweets; feels bloated and belches a great deal during the attack; has a weak gone feeling relieved by eating; and whenever he is constipated the urine becomes scanty and objects seem to tremble or print jiggles; he then gets a severe headache attended with little nausea but no vomiting. Three remedies stand out, Sulphur, Carbo veg., and Cyclamen. Sulphur 200 was given with several powders of Cyclamen 200 to be taken in case the headache becomes severe. Patient returned in April 1944, reports great relief; prescription repeated. Reported for more medicine September 1944, did not want any headache powders as no more headaches; stomach gas now the only complaint given; Carbo veg. low twice a day. Every three or four months since I get a telephone request for more gas pellets.

January 1939. Mrs. F. S., age 55, stout; twelve years ago diagnosis made of an infected gallbladder; has recurring severe attacks of headache with vomiting; starts with a dazzling light in the right eye which comes suddenly; the vision is reduced to half of normal within twenty minutes; this prodromal condition is followed in about one half hour by terrible headache attended with nausea and vomiting of white stringy mucus; she never vomits food; the vomiting stops when all this mucus has come away; the attack usually commences about 11 a.m. and lasts for two days; they are becoming more frequent and intervals are never more than two months; there is no vertigo, only a few flushes, some loud belching. The arterial tension is up 180/110. Kali bichromicum 200 every four days—to report in two months. March 1939, no attack, but was a little dizzy on stooping when next headache was due; S.P.B. 166/90; Kali bichromicum 200 q.i.w. Two months and only a very slight attack; Kali bichromicum 10M one dose and placebo; S.B.P. 160/90. There elapsed one year without any headaches, then she was persuaded to give a blood transfusion. Following this she suffered a slight left-sided stroke, and consulted me again in 1941. S.P.B. 200/120; headaches have returned; Kali bich. 1M once a week soon put her right again. It is evident that this woman is suffering from a toxic condition, probably the focus is in the gallbladder. She lives 175 miles out in the coun-

try, refuses operation, and feels she can stand the very rare headaches she now has.

Mrs. B., tall, slender; brown hair and eyes, age 40; frequent morning headaches on first moving in bed; no vomiting but a lot of vertigo on stooping. Bryonia CM one dose a month. Only one slight return of the headache.

February 1942. Mrs., slender; fair haired; mother of two boys, allergic to dust and house mould; has had hay fever for years; gets injections for it. Moved to Toronto from California where hay fever is much less, probably due to living in heated house; migraine headaches for years; they come on with a great deal of nausea but no vomiting. Ipecac 200 once a week completely cured her in three months.

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