MIGRAINE—A HOMOEOPATHIC APPROACH

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Basically migraine is a vast subject, therefore any talk on it must be carefully delimited in an attempt to avoid both vague generalizations and an infinity of minutiae.

In the first place what do we mean by migraine? If we look in the *Concise Oxford English Dictionary*, ≡Megrim≡"Severe Headache usually on one side only" from migraine from French<Latin<Greek=Hemicrania. Therefore it is a specific entity. Yet megrim had also the meaning of whim or fancy and in the 18/19th century 'vapours', i.e. depression, spleen, hypochondria, hysterics. The etymological history of the word is in fact most revealing. Study of the *Oxford English Dictionary* (1933) gives the following information:

The first recorded use of the word 'migraine' in English is in 1777 when Horace Walpole speaks of a Madam de Jernac suffering from migraine.

In 1837 the word is used about a Baroness Burson. An interesting point here is the implied social status of the patients.

The first recorded specifically medical use is in Allbutt's *System of Medicine* 1899, where in Volume VIII he refers to "ophthalmic migraine, i.e. paroxysmal pain in the eye of temple."

But the use of the English form of the word takes us much further back. The *Oxford Dictionary* cross-reference to "megrim" gives the definition as: "hemicrania: a form of severe headache, usually confined to one side of the head. Nervous or sick headache. An attack of this ailment."

That word is traced as first having been used in a Chronicle of 1420, in Middle English, the language of Chaucer, a fusion of Anglo-Saxon and Norman-French. The statement there is: "a fervent mygreyn was in the right side of her head." Though the word had been used earlier still by John de Trevisa, when he spoke of "mygrāme and other evil passions of the head" in 1398.

The rapid development of both spoken and written English during the 15th and 16th centuries led to the use by John Skelton in 1566 of the form "megrym in his head." It is in that form that the earliest traceable medical description uses the word. This is, in the words of the *Oxford English Dictionary*, "T. Johnson's translation of the works of that famous chirurgion Ambroise Paré (1510-1590) in 1634 'the megrim is properly a disease affecting the one side of the head, right or left.'"

The use of the adverb 'properly' in this quotation suggests that the definition was a scientific response to the developing lay use of the word:

1595 "Vertigo"

Notes for a paper read to the Bristol Symposium, October 1983.

1593 "whim, fancy, fad"

1633 "blue devils, low spirits, vapours".

By 1899, 266 years later, Allbutt appeared to be using both forms of the word, as he states: "attacks of megrim are often accompanied by contraction of the temporal artery", in addition to the ophthalmic migraine already quoted.

If we are more up to date medically we shall search our textbooks. Beaumont defines it as "paroxysmal headache, usually hemicranial."[1] Cause unknown. Precipitating causes: worry, mental or physical strain, eye strain, indigestion, menstruation, and notes: "in some cases migraine runs in families."

Dunlop makes the point that attacks are precipitated by "indiscretion of diet, over fatigue, eye strain and many other factors."[2]

Price emphasizes that it "usually develops on waking—makes its appearance at about puberty and tends to persist, with fluctuations in severity and frequency of attacks, until middle age... Its persistence to old age is exceptional."[3] This 1941 edition devotes 3½ pages to the subject, while the 12th edition published in 1978 gives a similar 3½ pages, but in addition a further 1½ to migraine variants.

From the medical literature of the 19th century, it is clear that much discussion was going on in the 1870s concerning migraine. A Dr. Douglas Morgan described a first attack occurring following a severe head injury when a student, with recurring attacks at intervals thereafter. He gives a very detailed description of his own experience and this is of interest in that for the first time it links injury with cause. That article suggests there was considerable interest in migraine at that time, accompanying a desire to support the theory of the neurotic origin of the complaint. Dr. Morgan's own treatment was "a cup of strong tea taken at the onset of the attack!"[4]

I personally have no books or articles referring to the occurrence or treatment of migraine in the first few decades of this century, but I found little basic development in advice with regard to treatment in the nearly 50 years from 1935 to 1983. It may be for this reason that attention is focussed on the subject in the *Medical Annuals* of 1972 and 1976.[5]

The 1972 *Annual* states on page 278: "When one examines the sickness-absence figures produced by large industries in this country and in other Western European countries, migraine has seldom been mentioned as a cause, probably because of the difficulty of diagnosis. It has in fact often been regarded as an excuse for malingering (Grant, 1970). However, attitudes to this disabling infirmity are changing and migraine has become recognized as a serious problem. At last, active efforts are being made, particularly in this country, by the medical profession to define, diagnose, and cure it."

The 1976 *Annual* (page 263) presents a fresh problem: "There seems now no doubt that taking oral contraceptives does have an effect on the pattern of migraine which Bickerstaff summarizes as follows:

1. Migraine attacks may occur for the first time.

2. Existing migraine may become worse or more frequent.
3. The pattern of symptoms in an individual's existing attacks may be altered.
4. In some patients there may be an improvement."

with the admission that little can be done.

There are still those today who think that migraine is largely associated with modern stress, yet Guthrie in his *History of Medicine* refers to trephining being carried out, and that in the Stone Age, for, amongst other conditions, what would today be described as migraine. He notes that among the Melanesians of comparatively recent times the reasons for trephining included headache.

When we find that anything from 4—30% of the population suffer from Migraine[4] and that in 1972 it was listed as a serious cause of short-term absenteeism, we realise that the door is wide open to Homoeopathy, in which field the study and treatment of migraine has been going on for some considerable time.

In Richard Hughes' *Manual of Therapeutics*[5], migraine is defined as "that form of sick headache which is primarily cerebral and where vomiting is only secondary and sympathetic". He says: "it recurs periodically". He refers to "much recent literature" and advises: "The medicines between which your choice will commonly lie are:

Belladonna,	Nux vomica,	and Stannum."
Calcarea,	Sepia,	
Ignatia,	Silica,	

and he says: "when you have selected the similimum, administer it in frequent doses during the paroxysm, in rarer ones through the interval, and give it a thorough trial before you change it. In chronic cases 3 months should be the shortest time of testing. Do not give one medicine in the intervals and another during the paroxysms."

Royal, in his *Homoeopathic Practice of Medicine*,[6] devotes 5½ pages out of 659 to the subject and lists the following remedies in the following order.

Scutellaria	Kali bich. where much catarrh
Coffea	Gelsemium
Ignatia	Glonoine
Belladonna	Spigelia
Ferrum phos.	Sanguinaria
Chamomilla	China
Actaea racemosa	

Iris ver. (comes on after patient relaxes from mental strain—always blurring of vision)

He notes: "The above remedies are for the most part both palliative and curative." His advice is: "Use the lower potencies for the paroxysms, the

higher during the interval between them. Many of the deeper acting remedies may be called for."

To come to more recent times, I have searched *The British Homoeopathic Journals* from 1953 to 1983 and apart from Dr. S. J. Mount's thesis on "The Genesis, nature and control of migraine—with particular reference to the bowel nosodes as expounded by Dr. John Patterson"[9], a separate and important subject to be studied carefully, I can find only one article on migraine This was published in July 1957 and written by 'The President', Dr. Frank Bodman[10]. It is most interesting in contrasting the typical English migraine patient as described by Dr. Macdonald Critchley with the American type of patient who develops migraine. You may be entertained to read his description.

Dr. Bodman's article also outlines and discusses the then current thinking on aetiology. When he comes to treatment he states he has "had the best results using

Iris versicolor	Sanguinaria
Natrum muriaticum	and Sepia."
Phosphorus	

In my lecture notes from 1966, I have that Dr. Blackie lists for headache in general ten remedies.

Apis	Lachesis
Belladonna	Nux vom.
Bryonia	Sanguinaria
Gelsemium	Silica
Glonoine	Nat. mur.

noting that gelsemium headache can be hemicranial and periodic, more often involving right eye.

Glonoine "some eye disturbance"
Nat. mur. "zig-zags".
Sanguinaria "a periodicity".

Silica alone is mentioned as being of value for migraine. "The typical *Silica* pains is up over head from occiput to eyes, more often right than left."

More recently, in 1971 (24 March), Dr. Hamish Boyd listed seven remedies for acute headaches:

Belladonna	Chin. sulph.
Bryonia	Sanguinaria
Glonoine	Spigelia
Gelsemium	

and for *chronic* ten remedies in the following order:

Kali. bich. (*where catarrh* ++)	Silica *(Rt. occiput)*
Lachesis	Pulsatilla

Nat. mur.	Lycopodium
Sepia *(with nausea)*	Nux vom.
Cim. rac.	Alumina

but there was no specific mention of migraine.[11] However, in his book *Introduction to Homoeopathic Medicine*, published in 1981, he lists 9 acute headache remedies, adding *Iris* and *Mag. phos.*, noting *Iris* and *Sanguinaria* as "useful in migraine", and 13 chronic headache, remedies, adding *Cocculus, Lachesis and Sulphur.*

It is revealing to find comparing the 5 lists from 1877-1981 that there are 30 remedies referred to, but no remedy which is common to all, and only 2 remedies common to 4 physicians:

Belladonna and Sanguinaria.

This confirms two things:

(a) that there is no single remedy for migraine—which is what we ought to expect.

(b) that occurrence of use of remedy will vary according to country, region, social circumstances etc. of patient—in other words our main object is to find the similimum.[10]

The homoeopathic physician needs to take a full medical and homoeopathic history, which will of course include a detailed account of the onset of, and first attack, the nature of the usual attack, and any unusual symptoms which only sometimes occur. As accurate a record as possible of all previous illnesses must be obtained, and the family history.

We must then examine the patient fully. (How often does one hear 'I have never been examined like this before'?) This is not only good for the reputation of Homoeopathy, but only a full examination will reveal the warts, moles and scars. There is also much to learn by just watching a patient undress. It is necessary to examine all systems, for some migraines are associated with derangement of the occipito-atlantal joint which can cause pressure on the basilar artery, or with some other cervical displacement, when a visit to a doctor who is also trained in osteopathy is usually necessary.

We must then make a provisional diagnosis and be prepared to obtain whatever investigations are required to confirm it.

The importance of making a correct differential diagnosis in these cases was brought home to me when two patients in one year presented with headache, both of whom proved to suffer from cerebral tumour, one a glioma, where operative treatment was obviously ineffective, the other a dermoid, which was successfully removed. You will remember that Price's *Textbook of Medicine*[5] lists occipital lobe tumours and intracranial aneurysms as differential diagnosis for migraine, although it is omitted from the 1978 edition.[6]

Forgive me if I appear dogmatic, but recently I have met and heard of several doctors who have been really interested in Homoeopathy, have had, perhaps, some dramatic early successes, who have seemed enthusiastic, and

yet after a few years they have lost interest. Perhaps they still use Aconite for the family cold, Arnica for injury, Gelsemium for 'flu, but they are disillusioned because the typical pictures they have been taught are not always found, and they have never really understood that Homoeopathy means hard work! As Dr. Blackie said in her 1959 Richard Hughes Memorial Lecture, "I am sure the pure Hahnemannian prescribers will always remain few in number; the extra learning and work necessary will only appeal to the doctor whose chief interest is in the well-being of the patient himself, rather than in the disease", and later, "My uncle, Dr. Compton Burnett, began by knowing ten drugs very thoroughly before he started prescribing. If a student knows ten drugs like that he will be able to spot them quickly and will prescribe well for a good many cases he meets in a day. From then on he adds to his repertory as he meets a new drug in a patient, and learns all about that one."[13]

It is true that with the ten or so basic remedies one can get possibly a 60-70% cure, but is that enough? What happens to our failures? In a big city they may be lost, but not so in small towns or rural communities, I want to encourage those of you in practice in these smaller communities. By all means use all the tips you can accumulate, write them down, but don't depend on them. Learn to work independently from the books Kent, Clarke, Dr. Margaret Tyler's *Pointers* and Allen's *Encyclopaedia*, as Dr. Blackie recommended. I do in fact commend to you that 1959 Richard Hughes Memorial Lecture of Dr. Blackie. It is full of good and helpful advice.

It is not easy as a homoeopathic physician in practice to collect enough cases to prove that one particular remedy or group of remedies is better than another for a specific problem. I must leave this to those of you working under hospital conditions who can more readily record 100, 200 or 500 cases of one particular medical problem, assess them, analyse them and then produce figures to demonstrate what remedies are most useful in *your* area for the patients referred to your migraine clinic: for remedies required may well vary in different parts of the country, as they do and have done for other problems.

In fact we should at intervals stand back and take stock of our work and evaluate what we are doing, what results we are getting, what percentage cures we are seeing.

I have divided the cases which I have selected into three groups for our consideration today.

1. Those who have come to me complaining of migraine.

2. Patients who come for other reasons, with acute or chronic problems and a history of migraine emerges.

3. Migraine is referred to at a later stage, i.e. after treatment has commenced.

In the first group is an example of the obvious similimum given by the history, homoeopathic history, examination, and differential diagnosis.

When I first took over the homoeopathic dispensary, a young teacher

walked in complaining of migraine. In the 3 minutes available for a new patient, it was obvious her constitutional remedy was Sepia, and Sepia gave a dramatic cure. But how often does this happen? We must expect to repertorize and work hard on the majority of our patients and this may take 2-3 hours or 10 minutes.

In another case Simon, age 12 years, was referred to me on 11 May 1976, by the osteopathic physician to whom he had been taken because of a history of severe migraine-type headaches since five years of age. These headaches had become worse and more frequent and had lasted two or three weeks for the previous two years, during which time he had been growing rapidly. They always occurred following physical exertion (swimming, badminton) and were preceded by one to one-and-a-half hours of extreme tiredness. There was no visual disturbance.

He had been fully investigated by a paediatric physician.

The headaches were worse for thunder; worse in heavy weather.

He liked sweet things; added salt + +.

On examination he was a tall, well-built lad with a sallow skin and blue sclerotics; he appeared heavy and slow.

Carcinosin 30, followed three weeks later by Sepia 1M, gave considerable relief, and by the end of the summer term he had had only two slight headaches, was no longer depressed, but was beginning to enjoy work and play, and did well in his school exams.

At the end of July, he had a further dose of Carcinosin 30 and, in September, Sepia 1M. During the Autumn term, 1977, he had only two half days away from school. Carcinosin and Sepia were repeated in the Christmas holiday.

My last letter from him, July 1981, was a gesture of gratitude telling me that during his 2 year A-level course he had participated fully in all school activities "playing a lot of sport, rugby, tennis, golf," without any recurrence of migraine.

In the second category come two patients.

(1) Mrs. G. C., who has been under my care at intervals since May 1953. In 1972 (age 53 years) she first mentioned a left-sided headache arising from shoulder blade, coming up over head to eyes. This was associated with a strain in marital relations. She was a typical Silica patient and responded immediately to Silica.

In 1975 she had a recurrence of headache with visual disturbance, the pain coming up from the back of head to the left or right eye, this time associated with the severe illness of her sister. Again Silica cured.

These headaches have recurred at infrequent intervals, and only last week she said to me: "Isn't it wonderful, I just don't get these headaches now". She has been free for two years.

(2) Miss J. M. P. age 54 years came to me first in May this year, complaining of roughness and dryness of skin which had become allergic to all creams. She also mentioned headaches, which though not incapacitating had

commenced 14 years previously. They usually start in occiput and go over to right eye or may commence behind the right eye, only occasionally behind the left eye.

I was surprised on repertorizing in order to treat her skin to find the Calcarea carb. seemed to fit her best, but on this remedy her skin is almost back to normal, and the headaches are already decreasing in intensity and becoming less frequent.

We are all familiar with the old joke that the patient's most meaningful remark is made as he is walking out of the door, and this happened to me again this week. A new patient who had had 1¼ hours consultation, including a full physical examination as well as an extensive history taking, commented as I showed her out of the room, "I have migraine very badly, always on the left side, shoulder and neck up over to left eye. It very rarely starts in the left eye."

In the third group I have two very brief records to present.

(1) Mrs. M. W. was referred to me October 1980 at 58 years with a clear diagnosis of spastic colon.

She was a real museum piece, having had, in addition to numerous other major operations a partial (1/8th) thyroidectomy for thyrotoxicosis in 1946. Repertorizing after her first consultation I found the detailed record pointed to Lycopodium for her. She responded well to treatment and did not even report her headaches of migraine type till much later. I have ordered no specific remedy for her migraine as it has diminished in frequency and severity with the treatment she has been receiving—i.e. occasional doses of Lycopodium.

(2) Miss M. E. M. came to me first in November 1977, age 44 years complaining of urticaria. She was a typical lycopodium patient with perfectly dyed hair who admitted she started to go grey before leaving school and had been 'tinting' by the age of 20 years. She responded well to the remedy.

Later in 1977 she complained of some bad headaches mainly in the right temple and right eye. There is no mention of headache again until July 1983 when they recurred, always right temple and right eye.

There is a reference to sometimes occurring at weekend—so if the present dose of Lycopodium is not totally successful, one will need to think of Iris or Sanguinaria.

I also want to bring to your attention the familial nature of migraine as mentioned by Beaumont. I have one family where three generations have suffered from severe migraine. In each generation the attacks have started early and gone on throughout life. The grandmother who lived to 95 years, two of her daughters who lived to 95 and 96 years, all suffered from migraine right to the end, though the associated headaches became less intense. In the present generation one commenced severe migraine at 10 years and if over pressed will still suffer from quite unpleasant attacks—fortunately she is a sugar addict and this pointed to Argentum nit. as specific in the acute phase.

You may well have noticed that although I have spoken of repertorizing

I have not referred specifically to Kent on migraine—this is because he makes no mention of it. One has to search for valuable pointers in the 89 pages entitled "Head. Pain." and in a further 14½ pages under the heading "Visions".

Long list of modalities and causation, for example

p. 137 Blinding. Iris and Cyclamen in black type.
p. 140 From fat food. Carbo veg., Pulsatilla.
p. 140 Gastric. 8 in black type.
p. 145 periodic. 11 in black type.
p. 150 with Vomiting. Iris.
p. 151 Mist before eyes.
p. 166/7 To one side i.e. Left or Right.
p. 187 with Vertigo. Nat. mur.
p. 203 pain in forehead shooting.

Under 'Vision'

p. 271,
285 Zig-zags. Nat. mur. Sepia.
p. 278 Flickering. Nat. mur. and 8 others in black type.
p. 280 Hemianopia.

All this research and experience only reinforce one's knowledge of the principle, that it is the similimum which needs to be found. It will be either the similimum for the patient viewed carefully as a whole, or the similimum for the precise headache symptoms suffered. In some cases one remedy may meet both needs.

In view of the figures for migraine occurrence, our task may seem a daunting one, but I suggest it is possible to pick out certain remedies which have recurred in the cases studied and use them as a starting base from which to develop our knowledge.

Belladonna in the acute phase with bounding throbbing pulse and hot red face relieved by cold applications.

Sanguinaria with pain more marked on right and often recurring prior to menstruation. It is also a sun headache remedy.

Spigelia more marked on left, and occurring before and after menstruation.

Silica the headache which comes up from the back of neck to head and over to right or left eye.

Sepia probably entirely a constitutional remedy as are also Calcium and Lycopodium.

Gelsemium preceded by blurring of vision, head is full and heavy, scalp sore. Relieved by profuse urination.

Iris versicolor for the headache which comes on after the patient relaxes, what used to be known as school-teacher's or weekend migraine.

Nux vom. as one would expect—for the effects of over indulgence.

Natrum muriaticum not only the 1,000 little hammers as described by Guernsey, but for almost all headaches, especially with zig-zags. Often of great value where not a nat. mur. patient.

Argentum nitricum—consider this remedy where there is a great desire for sweet things, not necessarily associated with anticipatory fear.

I have listed these ten remedies with brief notes on the circumstances in which they can be helpful, in order to illustrate the usefulness of Dr. Margaret Tyler's presentation in her *Pointers to Some Remedies*. The relevant volume is No. 8, containing eleven pages on headache, and covering thirty-six remedies starting with Natrum muriaticum.

Last but not least I want to mention Carcinosin in this connection.

Where there is a carcinosin constitution, i.e. where essential features for the prescription of Carcinosin are present Carcinosin will help—for Carcinosin has much headache of all kinds.[14]

The child I referred to in my case histories had *severe* migraine incapacitating him for days on end. The first dose began the cure. It is true a related remedy was also used, but Carcinosin in my judgment began the good work and will always be most helpful in the carefully chosen case.

One of our younger generation of homoeopaths said to me recently: 'Homoeopathy means hard work', and of course this is so!—but it is very rewarding. In this particular migraine field our allopathic colleagues have little they can offer. We have a great deal—just as much as we are prepared to give in time and effort to work out the similimum.

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