

Is it just a headache?

Different headache-types are generally not well diagnosed, with patients often feeling dismissed with a recommendation to take more painkillers. *Tom Whitmarsh* discusses how an approach informed by homeopathic method can help

Migraine is one of the most commonly encountered headache types in clinics. All headaches of course, are not migraine and, in fact, migraine does not even necessarily involve a headache. The reason why diagnosis is important is that there are some serious questions which sufferers need to have answered – like, “Have I got a brain tumour?” “Do I have inflammation of the arteries in my brain?” “Have I got high blood pressure?” Glaucoma is another worry.

Most people who present with a headache, even to a neurologist, do not have one of these problems but it is important to see a doctor if you have a new headache. Generally headaches fall into two categories: acute, episodic headaches which occur every now and then, and headaches which are there all the time.

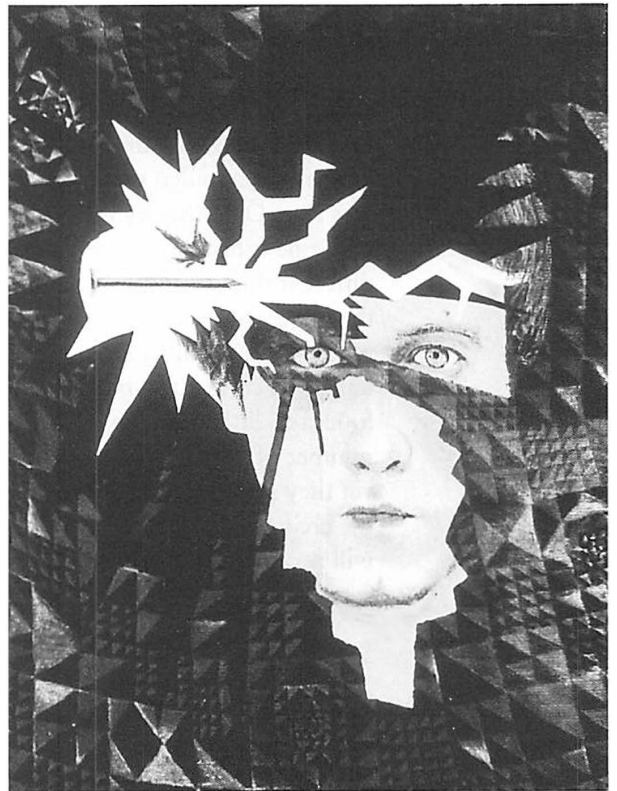
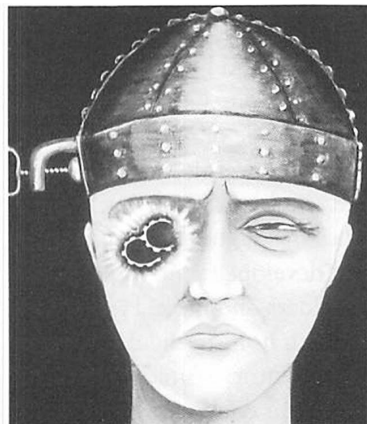
What differentiates migraines from other headaches is the horrible throbbing pain, not necessarily one-sided (though it often is), usually associated with dislike of light and sound and nausea and vomiting. The point is that it happens episodically,

attacks varying in frequency from once or twice a year, or even once in a lifetime, to up to ten times a month.

Acute headaches with serious causes are rare, but chronic headache, which goes on day in day out, is more usual. One of the commonest causes of headache and in fact one of the commonest reasons for visiting the doctor at all, is as an effect of prescribed drugs. So before anyone tries to give you any more pills, they should be made aware of what you are already taking.

My principle thought about headaches in general and migraine in particular is how to

Cramping pain, “like a vice”, with severe visual disturbance (Sulphur, Sepia, Merc)



Loss of vision on one side with pain like a nail being driven in (Ignatia, Coffea, Thuja, Hepar sulph)

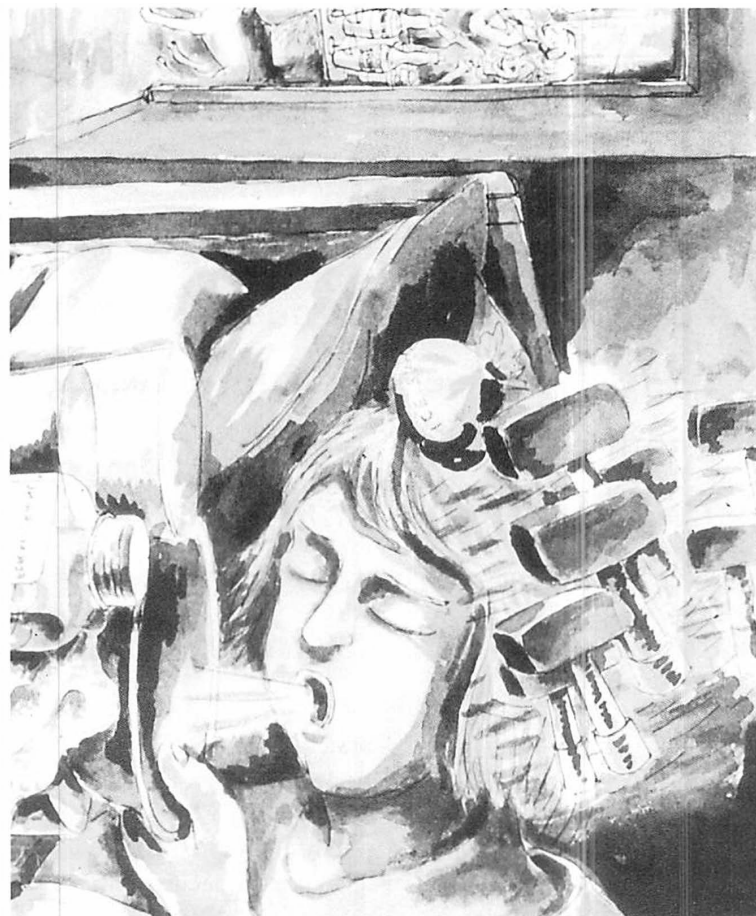
“These pictures should give some idea of the degree of misery which migraine sufferers can experience during attacks. They were entries in a National Migraine Art Competition. I think that because of the true individuality of the expressions, analogies with potentially appropriate remedies can be made. I have suggested one or two for each picture, but you may like to make up your mind!”

manage them simply. Some people only get migraine when they do a certain thing or eat a particular food. Most people have worked it out for themselves. I knew one woman who was a wine buyer and she'd worked out that it was only when she drank wine which had been aged in wood that she had a migraine. As long as she avoided these, she was fine. One mystery of migraine is how so many different things can provoke the same symptoms – too much sleep, too little sleep, laughing, crying, too much food, too little food, any number of apparent causes and yet they all seem to provoke the changes in the brain which will produce these horrible symptoms in sufferers.

When managing migraine, you have symptomatic treatment as it happens and treatment that cuts down the likelihood of the attack occurring in the first place. Sufferers often use both strategies. Homeopathy generally falls into the latter category. Belladonna or Bryonia are sometimes very effective as acute treatments, but my best successes usually come with deep-acting constitutional therapy based on the individual characteristics of the migraine and also taking account of other specific aspects of physiology and personality.

I feel happier prescribing when there is a specific time or event which triggered the onset of the migraine, for example, some grief or upset in circumstances. Head injuries are a very good example, when Nat sulph or Arnica can be invaluable. Homeopathically then, there are some specific remedies for different situations.

A major problem seen in headache clinics is the overuse of analgesics. An extreme



Pain like hammers beating, with vomiting (Natrium mur, Iris versicolor). Wine and chocolates (the trigger factors) are being served at the party through the door

example is a man referred to me in Glasgow, a 54 year-old driving instructor whose neurologist had written that he had suffered migraine for four years and thought him “the type of personality who would respond well to homeopathic treatment” (whatever that means!). He had been fit and well until eight years ago, when the car in which he was instructing was hit from behind by a bus going at 60mph. He remembers being shunted for 250 metres and the back of the car falling off, the seatback snapping and him finding rain on his face in a reclined position. He managed to reach the dual controls, stop the car and climb out of the back. After this he became anxious and developed pain in his shoulders and neck. He started off with non-steroidal anti-inflammatory painkillers.

After a couple of years of

pain, he developed dull pain in the head which was present in some form every day.

Acupuncture helped a little. He had been told that he had migraine, but I thought he actually had a chronic daily headache. “The chronic headache feels blurry – I don’t expect painkillers to ward it off – and then an intense ache comes on at some point during the day,” was how he described things.

He’d been using eight to ten tablets of a strong over-the-counter painkiller every day for about six years. In addition to this he would take Sumatriptan (Imigran), one dose every three days, which helped a little. Once a month, he would wake up with a bad head and get a dose of pethidine, intramuscularly from his GP. He was still taking the anti-inflammatory, at twice the recommended

maximum daily dose.

This is quite the most extreme case of analgesics' overuse I've ever seen. He was obviously taking many drugs which have lots of other side effects beside the headache. If somebody with headaches takes painkillers every day, they will usually end up making the headache worse. This is a fact.

Now with this man, I cut down the anti-inflammatory to almost nothing, stopped the painkillers completely and predicted that he would have a hellish time for two months. He would be irritable, unable to sleep, his headache would be worse – it's going cold turkey basically. I have found the situation can be helped by homeopathy. A remedy indicated for the overuse of drugs, drinking too much coffee or alcohol for example, is I think, useful for a person coming off prescription painkillers. So in this case I gave Nux vomica 30c every day. And I told him to ring me any time, because somebody in a situation like this needs support.

He came back a couple of months later, happy as Larry. The pain was finally going away, although he probably needed some corrective treatment like osteopathy to realign the trunk and head.

Another man was referred to me with chronic headache. At 36 he was suffering from a persistent headache following exercise. He had long term slightly high blood pressure and, as he has been taking beta-blockers for quite some time, he was attending what's known as the "cardio-vascular risk factor" clinic at the Western Infirmary in Glasgow. His hypertension was under control, his headaches were not. So how did it come about? "I smoked 20 a day between the age of 18 and 30, then I

decided to get fit. I used a multi-gym every day, quite aggressive activity. After a year of this, I got a sore head!"

A few hours after a game of badminton, he'd get an aching, pulsating sore head associated with disturbed vision. As he walked, it would jar with every step, a pain over the whole head. If he sat down in a dark room with some nice music and took two strong painkillers, it would go away in 30 minutes. Eventually, any exercise would bring on the headache, even a brisk walk.

The consequence now was that he was putting weight on. It also really mattered to him that he could not play competitive sport. With the headaches, he didn't like bright lights or loud noises. Then he said, "My brother had a headache at the age of 13 and died of a brain tumour." I said that I could assure him that he didn't have a brain tumour, however there is one particular kind of headache, rather similar to his, that is associated with a developmental abnormality at the back of the brain (Arnold-Chiari syndrome). So I arranged for him to have a brain scan, which was normal and another reassurance that he

Boring pain, with biliousness and a chalky-white face (Nux vomica)



felt he needed. One remedy mentioned with headaches particularly after exertion is Epiphegus and I gave him this.

When he came back again, the remedy had been ineffective and he had a definite headache after just rushing around. So he'd take more of the painkillers which made him feel better for a couple of hours, but alerted me to the dangers of analgesic overuse. He said, "I'm irritable, I'm aggressive, I'm angry and I want to get things done." Many of you will recognise some features of Nux vomica here. I gave him three doses of Nux vomica 30c, 200c and 1m, over three days, then 30c twice a week. This is a regime which I've often used which works well in chronic headache.

He came back two months later saying, "I can't believe it. I took the remedy over three days and after the third day, the headache was no longer lurking in the background. After three years of not being able to do what I want, I can now function normally."

Taking a good history is, of course, something that homeopathic doctors are very good at. Dr Jeremy Swayne, Dean of The Faculty, has made the point that the homeopathic method has much to offer conventional medicine, with this concentration on detail, getting the patient to tell their story fully and the doctor understanding it in the way they want you to. I think this is how medicine is going to develop. Conventional medicine is going to be able to pull in all the advantages from many forms of complementary method. With a deep medicine like homeopathy, I feel the influence has to come from trained physicians, who have already embraced a wider vision of the therapeutic horizon.

This article has been adapted from a talk given by Tom Whitmarsh at the Homeopathic Trust supporters' event held in London in September 1999.

Tom Whitmarsh MRCP FFHom is full-time Consultant Physician at Glasgow Homoeopathic Hospital. His research emphasis has been on the treatment of headache with homeopathy and other non-drug methods and this remains a special clinical interest. He would like everyone to be able to have the benefits of care informed by homeopathic principles.