The Natural hygiene perspective of migraine or hemicrania

First a bit of history

Hippocrates had something more than right about migraine but a brief history of the orthodox position on migraine show that not a lot has changed today with regard to vacillating theories and treatments, even though diagnostic toys have got more sexy.

First orthodox descriptions of conditions of what we would call migraine today date back to Babylonian writings from 3000 BC. Conditions that have been linked to migraines were described in detail in the papyrus of Eber’s, dating back to at least 1200 BC, it is an encyclopedic compilation of various prescriptions and medical treatments. The Greek god Zeus suffered a violent headache, which forced Hefesto (Vulcan) to open his cranium with an axe, so that Palas Atenea could be born! The modern idea of giving anti epilepsy drugs for migraine is an an extension of this, what was then an, orthodox idea!

The unilateral headache has been attributed to ghosts and demons, and the treatment of choice for Egyptians was wrapping a strip of linen around the head so that a clay crocodile holding grain in its mouth could be tied to the head of the patient. Hippocrates described his headaches in 460 BC. He considered the stomach as the origin, with vapors heading cranial and causing severe throbbing pain in the temples. Making the patient vomit, was his treatment of first choice.

In the orthodoxy of the Archean Era, headache was known only too well, and it was accredited with having a supernatural explanation: possession by an evil being. Trepanation was one of the home remedies used at that time to exorcise the diabolic spirit. Again the orthodoxy mixed superstition with honorable belief and specialist theories rather than observing the symptom as physiologically explainable in terms of compensation.

Galen explained "hemicrania" (his naming accounts for the origin of migraine or 'half head') by unbalance of the 4 humors or vital fluids, especially the yellow bile (which is interesting if this refers to bile, as the involvement of the liver can't be overlooked). Galen was keen on bleeding patients which led to the death of many but a least he could claim a permanent symptomatic cure! This continued mostly unchanged into the Middle Ages.

More modern orthodox medical ideas on migraine

So what does modern orthodox medicine have to offer the migraine sufferer? Not a lot really, only 50% of patients 'respond' to medication whilst on it but almost all revert to migraines once off it. Theories shift as to why, like fashion
on the high-street, vascular, neurological, triggers, sensitization, genetics, inheritance. Having spoken to lots of patients who come with this diagnostic Heinz approach, the horror stories of medication regimes and side effects worse than migraine are not what I want to focus on here.

Being traditional

No, I am not suggesting that you join a pottery class and ask someone to make you a clay crocodile, or buy a pillar drill and get to work, or start bleeding patients, that was actually the haute cuisine of orthodoxy! what I want to suggest is an alternative way of understanding the distressing condition of migraine rather than an alternative way of misunderstanding migraine. Remember most of the bizarre treatments here, in their time, were the height of orthodoxy looking for specific causes for the 'illness' and the more pragmatic the answer, the more orthodox it was. Nothing really has changed, apart from the language with regard to modern eclectic medical science. Imagine a plant specialist just knowing everything about roots but nothing about leaves and the lack of success is not a surprise.

Trying to isolate one 'trigger' is the wrong answer to the wrong problem

Many modern medical theories cite 'triggers' as the start point for migraine. If 'triggers' were the issue we would all surely have migraines, for example in some literature coffee is sited as a trigger but some patients report taking caffeine can stop migraine headaches. Indeed, some migraine drugs contain caffeine as an active ingredient.

Instead of focusing on single symptoms as isolated events, lets look at how they may in fact be parallel symptoms, part of a more logical attempt by the body to correct a problem. A natural hygiene/osteopathic diagnosis teaches us to look at the patient constitutionally, that is as a whole and that the body does not really go wrong it is trying to do the best it can with the resources that it has.

Looking at migraine as a constitutional issue

If we list some of the known associated conditions that come with migraine headache they may include:, weird vision, hearing distortions and even have changes in smell/taste sensations. (The Latter are known as 'auras', but not all of these will accompany every headache, some people don't get the classic headache but just the auras and vice versa). I have had patients come with a diagnosis of 'abdominal migraines' so it is not just a problem with the head alone. Pain in the head typically follows the trigeminal pathway on one side hence the name 'half head' or hemicrania.

To have a constitutional understanding of what is presented in this short list of symptoms we have to see the connections and not separate them into
specialisms. Although very slight, there are more serious risks, like ischemic stroke and cardiovascular problems, *(heart surgery procedures are known to provoke migraine)*, so CV red flags need triaging out in every case.

We can already see that circulation of the blood, feeling sick and changes to all the 5 senses can be present or affected in various combinations. If that is not medically confusing enough it's no wonder that the modern medical approach to treatments for migraine changes every time the theory of 'why' changes. If we look at symptoms as a 'region specialist' it's impossible to come up with anything tangible, forcing theories to fit symptomatic pictures is the main failing of modern medical thinking and wobbly theories are usually based on wobbly thinking. So what does the natural hygiene/osteopathic approach to problem solving have to offer, that modern medicine, with all its toys cannot?

**So what is an alternative?**

It is the way that we look at the problem of migraine that gives clues to both formulating an alternate understanding and then an alternative approach to treatment, an alternative approach is not about using different techniques for the same thinking. i.e. a herb that works the same way as a drug. I was a full time student at Mr Wernham's college for four years and many times we would be told to look at what is in front of you and to treat what you find, which invariably led to the abandoning of the diagnosis the patient had come with!

**We look at the relationships, not the differences**

From my clinical experience my money is on Hippocrates considering the stomach as a major factor. For a start the original osteopathic oath that I took on graduation was based on the Hippocratic oath. *(to my knowledge no modern RQ osteopathic college takes this oath now and it has become optional for medical students)*. If we look at all the symptoms that can occur with migraine and see how they may be related rather than separated, the one nerve that links circulation control, sensory overload, cardiovascular issues, nausea, and the trigeminal pain pathways is the vagus nerve. This nerve is also known as the 10th cranial nerve and it is connected to all the organs in the body acting as a sensory, motor and trophic nerve. Basically it can be irritation and produce effects anywhere in the body.

This reflex symptomatic phenomena is well referenced in traditional osteopathic literature like Pottinger. For example, say a patient is eating a poor diet resulting in excess of stomach acid. This can irritate the vagus and produce what is known as a reflex cough, so the patient may present with a cough but the cause is not within the lung itself. Go to a doctor and you get an asthma inhaler or anti acids, go to a natural hygiene/osteopathic practitioner and you change your diet. If the condition has become established there will be visceral somatic lesioning to deal with too. As a side issue, recent research has shown the role of antacids can cause a 35% increase in osteoporosis so mistreatment of that cough could lead to systemic chaos. But that is another
specialism and beyond the scope of this short article.

**Specialists only see bits, not the picture**

One big problem with the medical way of thinking is that specialists tend to only see one part of the problem and migraine is obviously not a single issue condition. This is great if I have a bullet in the leg, but I don't.

**So how are all the symptoms of migraine related?**

So, back to migraine, we know that the main pain fibres in the brain are within the blood vessels so in a sense pain in the head must be pain in the blood vessels. How may blood pressure to the head be related to nausea? In a head injury sometimes there may be bleeding in the brain, in order to protect the brain from pressure damage there is a pressure release mechanism that senses pressure changes and this is the nucleus of the vagus nerve located at the bottom of the 4th ventrical. If this nucleus is irritated by pressure it causes a reflex to dilate the splanchnic arteries that supply the digestive system, thus causing an accompanying drop in pressure of blood to the head. In emergency this protects the brain from pressure damage. This is why maybe Hippocrates had success making his patients sick with migraine? *If you know anyone who has suffered they will tell you that the onset of 'water mouth' followed by vomiting usually brings euphoric relief!*

For this pressure release reflex to work well and without us noticing, there needs to be no obstructions to this natural event. Spinal lesions from the atlas to D9, irregular meals and whiplash have all been present in case histories of patients that I have been able to resolve.

Sometimes dietary indiscretions are productive of spinal lesions via viscerosomatic trophic reflexes. For example, a typical clinical finding is that the area between the shoulder blades is flat or dished, this area is directly adjacent to nerve reflexes that dilate the gut during digestion in the upper GIT. Sometimes we find trophic changes in the skin like persistent acne in this area -see photo of the 'hilus saucer of degeneration'.

*(Here I have to point out that although one can list segmental spinal lesions as local perversions, 'treating them' does not depend on whacking them back into place. We have to understand how to reduce the lesions by dealing with them in relation to the total posture. This is one of the biggest misunderstandings of modern osteopathic researchers who have adopted medical 'regionology' in order to misclassify and create osteolite protocols).*

"*Segmental lesions are necessary in a lesioned spine to allow mobility in the rest of the spine*” Fryette
Why being kind to your stomach is so important to general health

Not eating regular meals or eating a poor diet perhaps makes the gut 'stiff' so that its ability to relax is affected and often we find the part of the spine in the mid back quite immobile. This stiffness of the spine from gut irritation is a trophic viscero-somatic reflex and it may be one reason why the gut is unable to respond to demands to take the excess blood pressure from the head. People with high blood pressure tend to burp more and have general indigestion too which may be clinical evidence of a body wide reason that the blood pressure is high.

So is it possible to resolve chronic migraine by using logic instead of medication?

In 14 years of traditional osteopathic practice I have successfully resolved many cases of migraine and actually never treated the head directly. With all headaches it is important to get a proper diagnosis to rule out serious conditions like strokes. It is totally possible to stop an attack by encouraging the gut circulation reflex to dilate with general osteopathic treatment.

This week I had a patient come 2 hours before an interview with an active migraine, continual burping and vagal cough, dark glasses and been ill since the weekend. She left half an hour later with glasses off and total relief, at no time did I touch her head or attempt to drill a hole in it.

Once migraine is established, the worst thing you can do is treat the head because it is already irritated enough and the BP control is not located there anyway.

Home help adjunctive measures

This can also be done by drinking peppermint tea, which dilates the splanchnic artery and is often followed by burping too which is another way to relieve the tension in the gut. As migraine medication is only generally used during attacks the patient can try peppermint tea as an alternative way to encourage this reflex to work whilst your traditional osteopath begins the process of unwinding the maintaining factors. Again worth mentioning that just drinking peppermint tea will only lead to 'palliation failure' if nothing is done to actually address the underlying causes.

Most patients respond immediately to a programme of general osteopathic treatment and are typically free of headaches within a few weeks of starting. As stability is established the interval of treatment spaces out. The menstrual cycle can provide an interesting challenge during resolution due to its huge effect on circulation and problems with it often accompany the headache cycle and have to be taken into account as part of the general condition. With suspension of menses for example sitting for a long time on a car journey as
the period should be beginning can produce inhibitive lesions in the lumbar
spine and stop the period from starting.

In these cases with a patient requiring home advice try putting the feet in hot
water which dilates the uterine circulation thus starting the period and totally
relieving the headache. This used to be called the Naturopathic aspirin, an
interesting hybrid of terms designed to confuse its purpose. This is the
challenge for the modern osteopath who wishes to rediscover the place that
traditional osteopathy came from, how to separate osteopathy from osteolite.

A typical spotty back over the spinal centres that control the circulation to the
upper and mid gut. This usually completely clears up when the migraines have
gone, sometimes it moves down the back as the severity and frequency of
attacks goes down.

The spots, greasy areas, dry areas, pimple areas etc. are all evidence of
viscero somatic lesioning. When we look at Gerson therapy it is well known
that people who mess with moles can end up with some very nasty visceral
fallout.
The Hilus saucer of degeneration in a patient below

**So in conclusion** the problem of headache must be a vasomotor event because the blood vessels are the only structures in the brain with pain fibres. Many of the pressure reactive mechanisms to head vasomotion, lie outside the cranium in the splanchnics. *(Although the nucleus of the vagus nerve, the sensory side of the vasomotor system, is situated at the base of the fourth ventricle).*

Whilst ruling out space occupying lesions within the cranium or CVD, aneurysm and stroke is of the utmost importance there are many patients who have had the 'nasties' ruled out who still have no idea why they have a headache.

Perhaps looking elsewhere gives more of a clue, this brings us back to a founding natural hygiene/osteopathic idea:

"Get behind the presenting symptoms-understand the context of the problem"