MIGRAINE and other HEADACHE

By Richard R. Pavek

SHEN is outstanding with migraine in a high percentage of cases, but not every time and certainly not when another type of headache has been mis-diagnosed as migraine. SHEN can also be helfull with other headache but the procedures are entirely different.

There is considerable confusion about migraine, just what types of headache are migraine and what are the various subclasses of migraine. This confusion seems to extend to physicians at times, as well as to the sufferer, because there are no precise clinical tests for these disorders. Some will be self diagnosed, and since some of those diagnoses may not be accurate, it seemed a good idea to set down the more pertinent criteria for these headaches. (This is not an attempt to list and describe all types of headache.) Most of these notes were synopsized from *Migraine and its Variants* by Selby, *Treatment of Migraine* edited by Mathew and *Wolffs Headache,* Fourth Ed.

TYPES OF HEADACHE

INFLAMMATORY, MUSCLE TENSION, VASCULAR

INFLAMMATORY includes SINUS

VASCULAR includes TOXIC, MIGRAINE, AND HYPERTENSIVE

It is entirely possible that one type of headache may precede and become entangled with another. For example an inflammatory headache of the sinus type could be in place when a migraine was triggered or could continue concurrently.
Or, and this occurs frequently, a migraine causes muscle tension, especially at the occiput. And the muscle tension leads to additional headache,. (This is why it is important to do SHEN at the occiput after the migraine attack is broken.)

INFLAMMATORY HEADACHES:

Caused by inflammation due to a wide range of infections. Perhaps most of these are sinus headaches. Any of the sinus cavities can become infected and inflamed, whereupon the sinus tissue swells and causes pain. The pain is in the upper nasal passages and the sinuses above them. Usually the patient knows the environmental conditions that precipitated it. (For example, I get sinus headache if I sleep with the window closed - perhaps I am allergic to my own breath?) Red and runny eyes and noses are often present. Sinus headache often breeds muscle tension that contributes to the pain by spreading the headache to the extracranial vascular system. This headache does not produce the migraine symptoms below. (SHEN may produce a little relief by the use of flows across the eyes and across the occiput.)

MUSCLE TENSION HEADACHE:

Result of stress. Tension in neck and shoulders causes pressure on the extracranial vascular system which produces pain throughout the scalp and neck. Often throbbing with extracranial arteries pulsing. (SHEN flows through chest, shoulders, neck and occiput are specific for this headache.)

TOXIC:

These headaches are caused by exposure to toxic chemicals, metabolic disorders. Includes: Hypoglycemic, Insulin-induced, High Altitude, withdrawal from drugs and caffeine and a variety of viral and bacterial agents.

MIGRAINES

COMMON, CLASSIC, COMPLICATED, MIGRAINE WITHOUT HEADACHE, CLUSTER, ABDOMINAL, and LOWER HALF HEADACHE.

From the Ad Hoc Committee on Classification of Headache (1962).
"Recurrent attacks of headache widely varying in intensity, frequency and duration. The attacks are commonly unilateral in onset, are usually associated with anorexia and, sometimes, with nausea and vomiting; in some cases are preceded by, or associated with, conspicuous sensory, motor and mood disturbances; and are often familial."

I believe that emotional factors, especially early childhood emotional factors play a large part in many (but not all) migraines. I believe this because recall of hidden emotional factors emerges during most SHEN migraine sessions (or very shortly afterwards) if the migraine is broken during the session.
There is, however, much disagreement among the experts as to the part psychological and/or psychosocial factors play in the etiology and triggering of migraine.
From *Treatment ofMigraine:* "Birk *(Biofeedback. Behavioral Medicine,* New York, Grune and Stratton, 1972, pp5l-53) has noted many emotional factors in the migraine patient's personality. He found migraine suffers to be anxious, striving, perfectionistic, order loving, and rigid. They became progressively more tense during periods of threat or conflict and show mismanagement and suppression of anger. Wolff *(Headache and Other Head Pain,* 2nd edition. New York, Oxford University Press, 1963.) "also found migraine suffers to be tense and overconscientious." Mitchell and Mitchell, Migraine: Exploratory treatment application of programmed behavior therapy techniques. Journal of Psychosomatic Research 15:137-159, 1971, described the migraine personality as being "sensitive, worrisome, perfectionistic, chronically tense, apprehensive, preoccupied by achievement and success." The migraine personality was characterized by "superficial relationships, sexual maladjustment, and obsessive preoccupation with moral and ethical issues and was more neurotic than that of nonmigraine patients." However there are many researchers who do not believe that there is a migraine personality.
Nearly 90% of all migraines are Common Migraine. 10% are classic. Cluster is predominantly in males (4 or 5 to 1), Common and classic are mostly in females. The proportion of females with classic is lower than with common. In both classic and common excessive vasoconstriction extends to both the carotid and basilar trees. Distention of extracranial arteries is common.
A moderate portion of sufferers have headaches on days of relaxation, this is called "weekend headache" or "Saturday headache". I had one patient that was a "Friday Headache", which only started when she began having Fridays off. I used to have Saturday headaches, they began right after I divorced and had no family to go home to on Saturday.

COMMON:

Triggered by stress, glare, environmental and climatic changes, certain foods (usually chocolate, cheese, fried and fatty foods, oranges, tomatoes and onions), menstrual periods and hunger.
Duration: 2/3 less than 1 day, 1/6 one to two days, 1/6 more than two days. *50%* plus have 1 to 4 per month, 30% up to three per month, 10-15% less than one per month.
First Phase: (Also called Prodromal Phase or Onset): Usually afternoon. Excessive

emotional or physical fatigue, euphoria, or excessive yawning. (These vary from patient to patient.) These symptoms (sometimes called "aura") are more prolonged and less well defined than the prodromal symptoms (aura) of Classic Migraine. Common Migraine does not produce the painless visual symptoms of Classic Migraine.
Second Phase: Next morning. Headache begins. Either bilateral (hemicrania) 62% or unilateral (holocrania) 38%. In 45% of hemicrania it alternates from side to side during the same or different attacks. Increases in intensity, feels like it is inside the skull. Intolerance to light (80%), mild blurring, often nausea (83%), vomiting (50%), dizziness (75%), diarrhea, polyurea (large volumes of urine). Thought processes, memory, speech retarded. Forehead may be flushed and hot on the side of the migraine. Dysmenorrhea (Painful menstruation) increases with hypertension during migraine.
Third Phase: Usually end of day. Pain abates, feeling of prostration and malaise. Next day, slight discomfort, possible exuberance.

CLASSIC:
Recurrent, periodic. Major portion "just happen", no precipitating events. Not influenced by environmental causes and do not increase with hypertension. Usually less than 10 per year, may be as few as 1 to 3. Rarely exceed 8 - 12 hours.
First Phase: Painless, sensory experiences. Events are more dramatic, shorter and more succinct than in common migraine. Usually 10 - 30 minutes, visual, sensory, motor or other cerebral symptoms. (Holes in vision, "fireworks", wriggly "snakes", patches, wide range of visual hallucinations that may include geometric, regular, irregular and bizarre shapes (usually geometric). All are followed by temporary loss of vision. Pupil size may be unequal.
Second Phase: Pain is less than in common and dysfunction is less. The disorders of sight and focal neurological disturbances may continue, but are mostly during the first phase. Some speech disorders (dysphasia - wrong words come out) and dysarthria (wrong pronunciations). May have deja vu experiences, dreamy states, visual distortions.
Sensory symptoms in 1/3 to 2/3 of cases. Paresthesia (numbness, pins and needles, tingling) 10 to 30 minutes, usually in fingers, possibly in hands and forearms. Numbness of tongue. Dizziness, giddiness, vertigo in some cases (does not occur in common). Some sufferers of classic migraine occasionally have just the visual sensory or balance symtoms without headache.
Third Phase: Similar to common, but may not happen at all.

COMPLICATED:
Rare variant in which the visual or focal neurological symptoms outlast the headache (possibly permanently). Criteria: the patient must have had a history of another form of migraine or symptoms develop just before or after a migraine headache. There are four types:
Visual (Shimmering lights, flickering, wavy lines)
Opthalmologic (Paralysis of visual muscles)
Hemiplegic (Hemiparesis of arms and legs - loss of dexterity, heaviness, may include face)
Dysphrenic (Confusion, defects of memory, impaired intellectual function. May include amnesia, hallucinations, phobias, depression, disorientation. Dysphrenic is very rare).

CLUSTER HEADACHE:
Also called: Horton's Headache, Migrainous Neuralgia, Red Migraine. Uncommon. Extreme pain. Attacks occur in "clusters" of bouts like bunches of grapes. A cluster can

range from 2 to 10 weeks with the majority less than 4 weeks. (With a few people they may continue for years but then they are no longer considered as "cluster".) No specific environmental triggers in most cases, but with some alcohol, springtime or emotional triggers. Initially occur at the same time each year, but this may change. Intervals may last for years, but usually less than 12 months (40%). Involves extracranial vasodilation in the periorbital region (around the eye socket). Sometimes face flushes.

During a cluster episode there may be up to 6 attacks per day but more likely 1 to 2. 3. Frequency and periodicity diminish towards the end of a series. Two thirds occur at night often between midnight and 3 AM. In addition, there may be random attacks.

Cluster Headache commences and terminates suddenly. Duration of pain ranges from 10 minutes to several hours with average of 30 to 120 minutes. Pain is almost always unilateral and remains on the same side during the cluster. In later episodes it may shift to the other side (unusual). With 4/5ths, it is felt in, behind and above the eye, may radiate towards temple less often to the same side of face or ear, rarely to occiput or neck.

Onset rapid, is at maximum within minutes. Incapacitating and terrifying in intensity. Throbbing, burning or boring. Some bang their head against a wall to (try to) get relief. May be lacrimation (tearing) on side of pain, blockage in nostril, perspiration on side of pain. Sinking in of the eyeball (Homer's syndrome) in 5-20% of patients.

Photophobia less than in common and classic migraine (from 10 to 30% of patients), however pain from even dim light passing through sunglasses can be excruciating. Nausea and vomiting are rare (less than 25%).

MIGRAINE WITHOUT HEADACHE:
A few patients have never had headache, just visual hallucinations or scotomata (visual disturbances), these may be bilateral or may alternate. These rarely last more than 20 minutes. Sometimes vertigo.

MIGRAINE EQUIVALENTS:
"Thus, in addition to the pain of the usual Migraine the sufferer can also suffer from photophobia, nausea, vomiting, constipation or diarrhea, weight gain and fluid retention followed by diuresis, scotoma or field defects, parasthesias or defects in motility, vertigo, and in elevation of blood pressure. Many of these symptoms provide the basis for "Migraine Equivalents". These are paroxsymal, recurrent complexes, occurring in patients with a previous history or familial history of migraine, often replacing the headache by the equivalent symptom; they may be relieved with apropriate therapy often similar to that which is used to abort the migraine itself." from Woiffs Headache. The underlining is mine, I haven't done SHEN with anyone who had a Migraine Equivalent but it does seem indicated.)

LOWER HALF HEADACHE:
Uncommon, pain starts in nose, cheek and radiates downward. Usually lasts for a few hours but may last for days. Photophobia, nausea and vomiting.

ABDOMINAL MIGRAINE:
History of cyclical vomiting as child is frequent. Sufferers have a history of migraine. Recurrent stereotyped attacks of pain from 1 to several hours, usually in upper abdomen. No abdominal symptoms between attacks. Usually start during childhood or early adulthood. Frequent with child migraine suffers, not so frequent with adults.

BENIGN SEX HEADACHE:

Benign Sex Headache occurs during intercourse, especially at orgasm. Sharp pain, usually from 2 to 10 minutes in length though a minor one may last for several hours. Appears to be related to sexual excitement rather than exertion. Mostly occipital or nuchal (back of neck).
Some authorities question whether it is actually a migraine equivalent. From our perspective it certainly is emotionally related however I imagine that it will be difficult to work on a sufferer during the attack.