

MIGRAINE OR SICK HEADACHE.

A Sensory Disturbance Due to Protein Sensitization or Idiosyncrasy.

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For the benefit of the non-medical portion of my audience I will state that the term migraine or sick headache is applied to a combination of symptoms of which the headache is only a part. There are frequently premonitory symptoms by which the patient knows an attack impends. Among these are flashes of light and other disturbances of vision. Dizziness occurs in some cases. Palpitation of the heart at times precedes the attack and in some cases even seems to substitute for the headache. Some patients are greatly depressed and some are very irritable before the attack begins. The headache, as a rule, follows a short time after the premonitory symptoms appear. The pain usually begins in a small spot, more or less constant in location for each patient. It may be on the forehead, the temple or the eyebrow. It is usually confined to one side of the head, but may be frontal or invade both sides. The pain spreads gradually until it reaches the neck when the nausea usually begins. The pain may be severe or mild and the nausea likewise. There is much prostration, in fact few affections are more prostrating. During the attack the patient may not be able to raise the head from the pillow. Noise or light aggravates the condition. The duration of the attack is variable but is usually constant in the individual. The disease recurs for years, but in some cases ceases to trouble so much after fifty years of age. Severe cases may persist throughout life. The usual medical treatment of migraine has been entirely unsatisfactory, except that more or less relief of the acute attack was usually possible. In the past all treatments designed to prevent attacks failed in the majority of cases. In the light of the probable anaphylactic basis of the condition it seems possible that when the treatments did seem to help it was because the case was not true migraine.

In advancing allergy or protein sensitization as a cause of migraine I do not wish to be understood as claiming that all "sick headaches" are allergic. Certainly many cases diagnosed as migraine have been relieved by the oculist's skill. Some have found relief after nasal or other operations; some by attention to the gastro-intestinal tract. In the operative cases and the gastro-intestinal cases it is probable that some were allergic reactions from bacterial or other foreign proteins.

After all these cases are eliminated from consideration there remains much the greater number of cases that are not relieved. These cases are, I believe, mostly if not entirely due to food sensitizations.

In the consideration of cases as possibly anaphylactic, an earnest effort was made to eliminate all but true migraine. Not all headaches accompanied by nausea are migraine. The so-called "bilious headache" is an example. Pituitary headache and the headache at menstrual period, which is probably often a pituitary disturbance, are often mistaken for migraine. These were eliminated.

It is now conceded by medical men that asthma, hay fever and urticaria are due to protein sensitization or allergy. In these diseases we find a definite hereditary tendency, not always to the same disease, but to some one or more of the group. In taking the family history of patients suffering with asthma, hay fever, or urticaria I have found a remarkably frequent history of migraine in some one or more members of the family. Likewise in taking a family history of migraine cases I have found an equally frequent history of some of the well recognized allergic diseases. In each condition a positive family history of allergy can be found in about fifty per cent of the cases.

Migraine, like asthma, is paroxysmal in type. It frequently recurs with great regularity, often coming on the same day of the week. Patients find that much the same factors predispose to an attack, viz. emotion, fatigue, loss of sleep, etc.

French medical authors have led in the claim that migraine is an anaphylactic disturbance. They have reported some success in treatment by giving peptone by mouth for its non-specific effects. In many cases it is successful but

must be given continuously in most cases. When stopped the old condition recurs rather quickly. J. L. Miller and others in this country have reported some success by the hypodermic use of peptone. It frequently fails and practically all patients relapse soon after stopping treatment.

Results of Protein Sensitization Tests

Additional evidence for the anaphylactic basis is furnished by protein sensitization tests and results found by acting on the information gained by that means. I have found that a careful testing of cases almost always gives a reaction to some food substance. At times multiple reactions are had, sometimes single. The reactions are not so well marked as in other allergic disturbances and are frequently different in appearance from the ordinary reaction as generally accepted. This is, I believe, the reason why others who have made these tests have not had success.

Finding substances to which the patient reacts does not, of course, prove that they are the cause of the headache. They may be the cause of some other disturbance of which the patient makes no complaint. However, if we eliminate the foods from the diet entirely and the headaches fails to appear as usual we can begin to suspect that we have found the cause. After a sufficient period of time I advise patients to resume eating the food or foods. Usually this brings on an attack rather quickly. If so, the foods are again eliminated. As a rule the attacks stop again. In case of multiple reactions an attempt is made to find which one is really the cause of the attack.

During the last three years I have had quite a large number of cases which I have tested out more or less completely and have had opportunity to follow up for final results. The results have been so very good that I believe all severe cases should have the tests made to discover the cause if possible. In addition to my own work I have had a verbal report from another specialist in allergic diseases that he has had results comparable to mine.

To illustrate the wide variety of foods causing the trouble I will cite a few typical cases.

Case 1.—W. B., male, age 54.

Family History: Mother had some asthma in later life. One sister had attacks of asthma or migraine, one substituting for the other. One period of several years elapsed without asthma, but with regular migraine attacks, followed by a period of one and a half years of asthma, without migraine. As a rule the attacks are more or less alternated. Another sister had very frequent attacks of migraine.

Patient's earliest recollection was of having headaches often. For the last twenty years attacks were regular and weekly, usually on Sunday, lasting for either twelve or eighteen hours. Frequently attacks came on during the week. Tests showed only a slight reaction to wheat. The complete elimination of wheat resulted in stopping all attacks for a period of seven weeks. A break in the diet at that time caused a mild attack. A resumption of the diet gave four weeks of relief; then another mild attack after eating a small amount of food containing wheat. After a further period of about a month a full diet of wheat was advised with a quickly following headache. A densitization was attempted but never fully carried out. At present the patient reports he only has attacks when he indulges in too much wheat.

Case 2.—A. E., male, age 27.

Family History: Father had asthma.

Patient began to have migraine at about sixteen years of age. At first attacks were only once or twice a year; now more frequently, once a month or so, but irregular in time. Pain was so severe that patient said if he did not get relief he did not care to live. Attacks lasted one to three hours. Tests showed a slight reaction to onions. Elimination of onions from diet seems to have permanently stopped the attacks.

Case 3.—S. M., female, age 18. No family history of allergy. She had headaches for last two years which she believed were caused by milk, cream or butter. Attacks began one to three hours after eating. Formerly she had daily headaches which were relieved by glasses. Sick headaches lasted for a variable time. Tests were all negative except "suspicious" to wheat and positive to tuna fish. Patient was

advised to eliminate tuna fish from diet. She returned in about three months and stated that she had tried eating tuna fish and that each time she promptly had an attack. No attacks had occurred except when she had eaten the fish.

Case 4.—Mrs. P. H., age 51. Family history negative. Attacks began when thirteen years of age and at that time were almost daily. More recently attacks were variable in occurrence but from one to three times a week. Tests showed a sensitization to egg and veal. Elimination of these stopped all attacks for five weeks and then an egg was eaten. An attack promptly followed. She had no further attacks unless eggs are eaten in some form.

Case 5.—Female, age 30. Sister has hay fever. Patient also has fall hay fever. Has had migraine only last few months. Attacks come on one to three times per week and are very severe, with profuse vomiting. Tests showed ragweed as a cause of the hay fever and also a sensitization to olives. Elimination of olives stopped all headaches.

Conclusions

Migraine occurs sufficiently often in the family history of patients suffering from diseases of known allergic origin to make it probable that there is an allergic basis for the condition.

Protein tests in migraine cases shows in a majority a reaction indicating a sensitization to some food substance, the withdrawal of which from the diet stops further attacks.

Medical treatment directed towards prevention of attacks of migraine has so generally failed and the condition interferes so much with the patient's welfare that any means which promises relief should be tried.

Migraine treated as an allergic disease gives results so generally good that physicians are urged to cease saying that nothing can be done and to adopt this method in order that they may bring relief to their patients.