

### TENSION TYPE HEADACHE

Over a period of several years we have had a problem to solve that seems beyond the help of syntonic Application, in fact beyond help – period.

The patient suffered with a re-occurring headache which gradually became more frequent as time went on and the geriatric age approached. During the late teens and through the twenty and thirty age periods the attacks were only about five or six times yearly. Then they became frequent until when about the age of sixty they occurred as often as twice weekly. Then there would be periods of two or three weeks at a time that there was no headache; then the rate would step up decidedly.

These attacks usually came on between midnight and six o'clock in the morning and lasted from two to three hours.

Under any medication that was used down through the years the headache lasted from two to three hours. Syntonic applications relieved them-n ab out two to three hours. As stated before, the usual duration without any kind of treatment was two to three hours. Discouraging to say the least.

The patient's father was subject to the same kind of headaches and as no relief was ever found for them until the time of his death at the age of ninety two years, the picture was far from cheerful.

A hard days work, I mean physical exhaustion, a full day of shopping, unusual worry, a friendly high-ball, a few salted peanuts, a helping of that famous "covered dish dinner", baked beans, and you might as well start to batten down the hatches" the storm was on the way. But, like some of the famous east coast hurricanes, it didn't always happen. There was very little predicting to be done with success.

There was no nausea associated with the attacks. Perimetric color field charts showed a normal Green-Red-Blue relationship as well as a normal size. The blind spot with the Davidsen Caecanometer chart was 17 x 25, taken under basal conditions. So far as we could find there was absolutely nothing wrong - - but headaches.

In Robert E. Ryan's latest book "Headache Diagnosis and Treatment" he describes what he terms a 'tension headache' as follows: -

"The patient with a tension type of headache will usually present a general negative physical examination and will generally reveal no organic basis for the headache."

"A typical history of tension headache patients will show that the headache will come on at the end of an excessively hard working period. Quite often the pain will come on after the patient has finished his work and has left his working problems behind him and is relaxing at home, or even is asleep. This may be very confusing to the patient, but this again shows that the actual headache attack is due to the secondary state of hypertonicity which usually prevails during the period of nervous tension. The hypo tonicity leads to vasodilatation of the cranial vessels with the result that the adjacent pain-sensitive areas are stimulated."

“There are usually no gastrointestinal upsets associated with these tension headache attacks, which in itself is a great deal different from the classical migraine type of headache in which we almost always see nausea, very frequently, vomiting.”

“In general, the tension headache group has a rather nervous type of personality and is very conscientious in his work and daily pattern of life. The basic factor in the etiology of the tension headache problem is that the patient does not know how to relax and rest. This is the important factor which has to be overcome, and unless the patient learns to relax, the patient will receive no benefit from the rest of his treatment program”.

Thank you Doctor Ryan. We will carry the ball from there.

Thanks to Dr. Riley Spitler, our patients do not have to learn how to relax, nor do they have to take regular doses of this, that and the other sedative which may become habit-forming and certainly will have no tendency to balance nor build up the nervous system.

As related before, Syntonics had been of little help in relieving the symptomatic attacks. After reading Dr. Ryan’s very thorough and intelligent discussion and about the medical prophylactic treatment that he had used successfully, to a limited degree, we launched a prophylactic program in Syntonics.

If you will refer to your notes given in the Basic, you will find a combination of filters that “Eases local circulation thus improving nutrition” and “Relaxes and stabilizes most clonic spasms”. Our reasoning was that if we could keep the hypertonicity or vasodilatation of the cranial vessels would not follow and there would be no re-occurring headache.

Reasoning that the same kind of application used with so much success in migraine would be indicated as a prophylactic treatment in tension type headache, we gave Syntonizations for twenty eight days, every day at as nearly the same hour of the day as possible.

After five applications the patient developed a dull headache, which she said in no way resembled the type headache she had been accustomed to having. That is the only head pain or ache she has experienced since Syntonizations were started and she has gone through the usual hard days work, worry, rush and bustle. Has eaten a few peanuts just to see the results, taken a few high-balls for the sake of scientific date or something, and generally lived the same as usual with the exception that the headaches are not present.

It has been about three months since the treatment was given. There isn’t any more to tell –yet. If the headaches re-occur we will so report and of course will give more syntonizations. Any developments in the case will be reported to both the Visual Geriatric Soc. and the College of Syntonic Optometry. If any of you have handled any cases of this type or should in the future handle one or more, it would be helpful to let the Director of Education know about it.

“See Forum for Formula”. (Dr. Gallagher’s Rx. NL3 Delta Omega 12’ to 15’)

Reference:

“Headache. Diagnosis and Treatment”. Ryan  
Basic Notes in Syntonics”. Spitler

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