Vol 16, No 8 College of Syntonic Optometry
May 1953 Copyright1953

IS MIGRAINE AN OPTOMETRIC PROBLEM

By
E.C. Scott, O.D. F.C.S.O.

In reviewing some of the literature concerning migraine, or hemicrania, it is considered a common paroxysmal malady of unknown etiology and varied symptomatology, the most prominent feature of which is intense recurrent unilateral headache associated with visual disturbance, nausea and vomiting.

INCIDENCE: Migraine is common. Bramwell (1926) found it in 12% of the student population, but it tends to occur preferentially in the more intellectual members of the population and sufferers are typically strong, robust and active. The age incidence is striking: in three quarters of the cases the malady becomes manifest before the age of 20 years, and it is rare for it to appear after the age of 30. In practically all cases the attacks tend to lesson after middle life and disappear with age. Sex apparently has an influence, females being more prone to the disorder than, males. (An observation by Bramwell, 1926).

SYPMTOMS: Headache, the most characteristic symptom of migraine, usually comes on a little time after the sensory aura has cleared. It commences typically as a local boring pain confined to a spot in the temple, forehead or eyeball, and spreads in a cumulative, expansible fashion to involve the whole side of the head and sometimes the neck. Occasionally however, the whole head is implicated. As it gradually increases in intensity it assumes a throbbing character, intensified by light, noise or other sensory stimuli as well as by movement, stooping and any form of exertion. All varieties occur, from a relatively slight headache to an incapacitating pain which usually persist until the patient is able to fall asleep; occasionally it may last for days.

ETIOLGY: Despite the interest the disorder has excited, the etiology remains unknown. It is generally agreed that migraine is a manifestation of a nervous instability transmitted hereditarily, and that various exciting causes tend to bring on the paroxysms, but the common mechanism through which they act is still a matter of conjecture and dispute. The most common theory is based on Charcot's (1890) view that the disturbance is vasomotor in origin affecting the arteries suppling the occipital lobe, the prodromal sensory symptoms depending on spasm of the cerebral arteries while the headache is caused by the accompanied perhaps by edema.

Nausea may occur at any time in the attack and may lead to vomiting which frequently gives some relief. The nausea may be associated with vertigo resembling sea-sickness. Vasomotor changes are sometimes marked and may be unilateral: a gray ashen face with cold extremities and a hard temporal artery during the initial phases of the attack may be followed by occasional subconjunctival hemorrhages.

TREATMENT: In view of our ignorance of the etiology, the treatment of migraine is purely empirical. The frequency or the severity of the attacks may be mitigated by sedatives such as luminal or bromides but to be of benefit such drugs must be administered systematically over a long period. Nitroglycerine is sometimes useful. Ergotamine tartrate may be of great value, owing perhaps to its inhibitory action on the sympathetic diminishing the amplitude of pulsation of the cerebral arteries.

In our brief review of a very limited number of medical authors we recognize the hesitancy to make any definite claims as to the etiology or treatment of migraine.

The purpose of this paper is to lay before you additional evidence that migraine may eventually be considered an Optometric problem. In our presentation of case studies we should not fail to note the similarity of findings, especially of two patients reporting a diagnosis of migraine by the medical profession. In both cases it will be served that there is ample evidence of the failure to wear the indicted plus lens correction at some previous time. This observation may be of limited value since many patients with similar findings do not develop migraine; at the same time the majority of patients with migraine do not consult an optometrist. If all patients with this type of headache have similar visual disturbances then an accumulation of case reports will eventually be of great value in the consideration of migraine.

In all cases which I have observed, lenses were contra indicated for constant use, but were necessary and within the visual pattern after Syntonic applications.

In 1951, at the Riverside, California meeting, I made a preliminary report of an extremely interesting case which had recently come under my observation. Since one year has elapsed, and for the college files I desire to make a complete report.

Case #1. Mrs. W., age 42, reported on February 21, 1951.

HISTORY: During the first interview the patient gave a report of nauseating headache since the age of five. Considering the scope of her experience in an effort to find relief, I asked her if she would mind typing her report in order that I could give her case some study and attach the report as a matter of record. This she was glad to do. The following is an exact copy – her own words in describing the discomfort and pain of migraine for a period of 37 years. It is a valued document and one of my prize possessions.

"The first headache which I recall began at the age of five, when I was given an occasional aspirin to help relieve the pain. On many occasions, when in the first grade of school, I was accompanied home by a couple little classmates. I was very sick at my stomach and the light of the sun was almost blinding. Throughout grade and high school I suffered with "sick headaches." During high school and college days, I visited several medical men. They put me in the 'typical migraine' class, and informed me that there was just nothing to do about it. Having been told that they were inherited, I promptly proceeded to "blame poor gramma" who suffered all her life with migraines. For many years my headaches always appeared on the right side. Two or three days ahead of time I was given advance warning of their arrival. When it finally got down to business, it would settle in my right eye and face. The pain was so intense that my eye would almost seem to shrivel up. After about two days of pain, the eye was almost closed. During one of these attacks, the veins in my forehead and temples stood out very prominently. The headaches are always accompanied by extreme nausea. For many years a bottle of 100 aspirins would last about a month. They had very little effect on the pain but several at a time would "put me to sleep" which was a little something for which to be thankful. To the aspirins, I added Sal Fayne or any other popular pain killer and an ice bag which seemed to numb the nerves and bring a degree of relief. When I became pregnant for my first child, throughout the entire period I did not have a headache. My doctor told me that that was characteristic of a migraine. The day after my baby was born, I developed a very severe one. My doctor happened to be in the hospital and I was introduced to my first shot of Gynergen. It was quite new at the time and had proven very successful on a number of patients. In an hours time the pain was gone. He thereupon prescribed such shots for the future. Sometime they helped and sometimes they had very little effect. When the drug came out in tablet form I was given a prescription and told to take one immediately upon the first signs of a headache.

About six months after my first exposure to Gynergen, I had my first headache on the left side. Since that time they have alternated. Occasionally, I will have it on both sides before it subsides. It will begin on one side, almost entirely leave only to begin again on the other side. The entire period covers from five to seven days. The average length of a headache is three days. When my second child was born – after nine months of blessed relief from headaches, I resumed my regular schedule of "migraines". (The headaches seemed preferable to a continual state of pregnancy).

"About five years ago, the attacks seemed to have increased in frequency and severity. The pain was excruciating. Suddenly during a siege, when the pain would become almost unbearable, I would have nose bleed. On one such occasion, I became greatly alarmed to find that I was unable to speak properly. I was thinking very clearly, but my words came out backwards. I again consulted a physician and he ordered me to stop the use of Gynergen at once before something tragic happened. He suggested that I take a series of Histamine treatments, which I did. The treatments were not successful. The reaction was such that I had to have a shot of adrenaline to counteract eh histamine. During the entire nine treatments with histamine, my system would only take about half the drug necessary to insure any degree of success. After trying everything new that came on the market I decided that I didn't care to be a guinea pig any longer, so two years ago, I began Osteopathic treatments. He too, has prescribed a number of drugs which have had little effect. Because of this fact, he no longer feels he is justified in giving me drugs, but is attempting to help delay attacks and reduce them to a minimum by keeping my nervous system in as good a condition as is possible. For a number of years, any excitement or special preparation for a coming event, always resulted in a headache. In recent years I seem to have overcome that. However, any great amount of reading or close work inevitable brings one on. And I never miss having one before or immediately after menstruation – usually before. Whatever the circumstances, the "Eyes have it." (End of her report).

The visual analysis proved quite similar to other migraine patients. #10 low (8-5) with 2 Exo, #16B low (16-1), 14B O.D. +1.25, O.S. +1.50 #15B 14 Exo. The "push up test" was 10 inches. #19 was 4D., OU.

An exclusive Syntonic procedure was used for a two or three month period resulting in a decided improvement in all optometric findings, and complete comfort for the patient.

Case #2. G. H.., male, age 47. Patient reported March 26, 1943.

Several years ago I gave a report of this case. However, I desire to bring out a few points which were not considered at the time. Since the complete report is in the College Files I shall remind you of only the principal characteristics as a comparison with Case #1, Mrs. W.

During the first interview with Case #2, I was convinced that the problem was migraine. Local physicians had advised him that there were symptoms of a brain tumor. I next saw that patient six months later. He had been in a Cleveland Clinic for two weeks and a well-known clinic at Rochester, Minn. For three weeks. The diagnosis in both hospitals was migraine. Prognosis was negative. The statement has often been made that our success depends upon the mental attitude of the patient. Our results in this case cannot be attributed to this factor since the patient gave his reason for returning, "he was grabbing at straws."

The response to Syntonic application was immediate. However, they were given as per Basic Course instructions and continued less frequently until a total of 40 had been given.

Not unlike Case #1, the somatic controlled visual reflexes were low but at the conclusion of the Syntonic applications all findings were perfect. I have seen this patient many times during the last nine years and he is perfectly comfortable. The findings in the case of Mrs. W. did not approach the normal expected and I attributed this to the fact that drugs had been taken for so many years.

Case #3. Mrs. M.K., age 39 has experienced severe and frequent headaches during the last five years. Headaches would occur at regular intervals and continue for several days. At all times there was fatigue and she was mentally depressed. Every opportunity had been given reputable practitioners of an allied profession, to solve her problem, about to no avail. After weeks of persuading on the part of her husband, she reluctantly decided to come to us on February 21, 1952.

Her case history revealed all the symptoms of migraine and the usual Syntonic Rx was given daily for a period of 21 days with perfect results. Only yesterday, May 20, 1952, her husband said to me, "Doctor, I have a compliment for you. My wife has not had even the slightest symptom of a headache."

Mrs. H.B., age 32, reported September 17, 1951. Headaches began at age 12 after an appendectomy. For a period of ten years, severe headaches occurred regularly each month lasting several days. They began on the left side and if extremely severe the pain would also move over to the right side. Headache increased in severity and frequency resulting in extreme fatigue after each attack. No headache was resulting in extreme fatigue after each attack. No headache was experienced during pregnancy. All are the usual migraine symptoms.

Since the application of Syntonics there has been no headache or discomfort. However, after extreme emotional stress there has been occasional slight discomfort.

Considering the many cases of severe headache which I have successfully relieved by Syntonics, I am inclined to believe that migraine exists in varying degrees and some may be properly diagnosed as Psycho-Somatic. Since all cases can not only be relieved by Syntonics, but eliminated permanently: we must assume that eventually migraine will be considered an Optometric problem.

Presented at Annual Assembly
Excelsior Springs Missouri, 1952

E.C. Scott, O.D., F.C.S.O.