KINESITHERAPY AND MIGRAINES. ILLUSION OR REALITY, OBSERVATIONS ON 30 CASES

J.M. HEBTING, S. LORENZO

Migraine, a real illness

Migraine is not in any way a pathology specific to our own times. It was first mentioned in 1,500 BC, and it was precisely described at Aretaeus in Cappadocia in the first century AC: «... it differs from other forms of headache in its location and intermittent character. It returns after intervals of varying lengths and affects one side of the head ...».

The pathology is predominantly feminine since it is three times more frequent in women than in men and affects adults in particular.

Finally this pathology is one of the most widespread, affecting approximately one tenth of the population (8.0% in France) and the financial and social cost is very high. It is responsible for the loss of some ten million days of work per year in a country like France.

Migraine has been very precisely described by the International Headache Society (IHS) which set up a classification of headaches in 1988 and established clear diagnostic criteria for common migraine (without aura), i.e.:

A. At least five attacks would meet criteria B and D.

B. Headache attacks lasting 4 to 72 hours (without treatment).

C. Headaches with at least two of the following characteristics.

   1. unilateral,
   2. throbbing,
   3. moderate to severe,
   4. aggravated by physical activity.

D. During the headache attacks, at least one of the following characteristics:

   1. nausea and/or vomiting,
   2. photophobia and phonophobia.

It is therefore apparent that the repercussions of such symptoms on social, relational and emotional life are undeniable. They directly influence the physical condition of the sufferer. Such attacks, or at least the most intense, most often require rest in bed in silence and darkness.

This obligation could hardly fail to have a negative impact on the well-being of the patient and therefore on his or her relational life and on the quality and serenity of family life which is forced to adapt to account for the frequency and intensity of such attacks.

Treatment

All kinds of treatment are used in this pathology, and no doubt each one has some success; similarly each therapist has his own treatment or type of treatment, but no therapy is universal in this field and the predominance of medicinal therapy is undeniable. The downside of such treatment is primarily the risk of medicinal dependence which it causes, or the risk of tolerance.

Each migraine sufferer has his or her own treatment which suits him or her best, generally selected after trying a number of other treatments, and continued so long as their is no dependence.

The most frequently used drugs are:

- aspirin, the most widespread, despite the effects it has on coagulation,
- anti-inflammatory drugs, the action of some of which is unquestionable,
- combinations of certain substances, the most valued of which is the association of caffeine and analgesics or paracetamol and codeine. The advantage of such combinations is that a smaller dose can be used, increasing their efficacy while reducing the toxic effects.
- ergotamine, an extract of rye ergot, which has been known to have an effect on migraine for over a century, and which gives even better results when combined with either caffeine or an analgesic, but which has to be taken at the very beginning of the attack.

It should always be borne in mind that there is an undeniable placebo effect in migraine treatment, apart from the fact that this is very limited in duration although widely used in this pathology.

Alternative therapies

They seem to be growing increasingly popular over the last few years, partly because of the efficacy of some of them and partly because of the toxic effects linked with the use of drugs.

Relaxation of whatever kind has two objectives: the first is therapeutic to reduce the observable effects of stress (muscle contraction, high respiratory rhythm, tachycardia ...) the second preventive, with a view to teaching the sufferer to cope with future stress.

Psychotherapy can be either support therapy to help the patient endure a chronic disorder, or psychoanalytical in order to treat an underlying neurosis.

Hypnosis and sophrology combine relaxation and suggestion and seem to provide better results than all the other alternative therapies.

Acupuncture is recommended by certain therapists although there is no unanimous agreement about its efficacy.

Homeopathy has its proponents, but its efficacy, if there is one, can only be observed after a certain time and it is only valid if the patient abstains from any preventive therapy with drugs during that period, although drugs can be used to provide temporary relief during attacks.

Advantages of care within a team

We have therefore undertaken, in the light of all the above observations, to approach this pathology on the basis of a team. The interest of this is first of all that it enables a precise diagnosis, avoiding an assimilation of all headaches or chronic facio-cephalic pains with migraine, and thereby making possible a more rational and faster treatment using the most appropriate technique.

The first difficulty is indeed that of establishing a precise diagnosis of migraine.

Manual therapy

The success of our treatment depends on its indication. This treatment is effective if the disorder is a true migraine and if the predisposing factors are reduced or even eliminated. Similarly, the absence of neurological signs must be confirmed and peripheral vascular signs looked for.

As a result of the interest of massage therapy in circulatory pathologies and bearing in mind the description (1978) of the migraine specialist Lance, who wrote that migraine « ... is a neuro-vascular reaction ...», we undertook to treat migraine using massage.

To begin with, we perform gentle rubbing of the reflex points located at the top of the skull for ten seconds or so: a gentle and symmetrical friction. We then rub the scalp, beginning with movements at the base of the occiput, moving up towards the top of the skull, and then continue the session with the same movements around the temples and finally stroking the forehead (from the mid-line to the temples).

Results

Three years of follow-up enable us to assert that this technique is in no sense a panacea for migraine sufferers. The result is favourable in 80 per cent of cases by attenuating the intensity of the attacks by 3/4 and by increasing the interval between attacks (the interval is four times as long).

Conclusion

The IHS classified 13 types of headache, reporting 128 clinical forms. Classically a distinction is made between:

- treatment of the attack
- long-term treatment of the underlying causes both with risk of drug-dependence

This involves : taking psychological factors into account, searching for efficacious drugs.

On the contrary so-called alternative therapies essentially seek to effect a treatment of the predisposing factors. The interest of manual therapy is: a reflex action, with the therapist establishing contact with and listening to the patient session after session, which are features found in all manual therapy.

Such therapy can only be effective if the manual technique is perfect and accompanied by empathy with regard to the sufferer. On another level, such a technique could of course be successfully applied to the treatment of tension-induced headaches.