

Headache Research Report

APPENDIX E

TRADITIONAL OSTEOPATHIC TREATMENT OF MIGRAINE

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Practice of Osteopathy by Charles H. Murray, D.O. (1925)

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A Manual of Osteopathy by Eduard W. Goetz, D.O. (1909)

The Practice and Applied Therapeutics of Osteopathy by C. Hazzard, D.O. (1905)

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Practice of Osteopathy

Charles H. Murray, D.O.

1925

SICK HEADACHE. (Migraine, Hemicrania, Cephalgia.)

Migraine is an intense headache, occurring frequently, with or without disturbances of vision or of nausea. Medical writers as a general rule claim that no lesions have been discovered, but Osteopaths frequently find neck lesions, also upper dorsal lesions, the removal of which has resulted in cures.

The patient can tell for some time previous when an attack is to be expected, by the sensations and symptoms peculiar to each given case. The pain at the beginning of an attack is on both sides of the head, but after awhile it localizes on one side. With some patients the attack localizes on one side at one time; at the next time it localizes on the other side. Some cases continue from childhood to old age.

Most of the lesions have been found in the neck and upper dorsal region, though some have been found in the lower dorsal and lumbar regions. Stomach troubles, uterine misplacements, eye strain, and tumors are sometimes responsible. These causes must have special treatment.

Treatment. The neck must be thoroughly manipulated. See Nos. 1, 3, 5, 7, 9, 10, 11, 13. All spinal muscles and tissues should be relaxed. Nos. 4, 43, 48, 53. The abdomen should receive a deep inhibitive treatment. Nos. 94 to 99. Give heavy pressure over the solar plexus. No. 100. Misplaced vertebrae and ribs should be corrected. Tissues over the nerves in the face should be relaxed. Nos. 14, 20, 21. Work vigorously and deeply with thumb and finger on a line straight over the head, from the nose to the base of the skull at the back of the neck. See No. 16. Give heavy pressure on the skull. No. 15. Give heavy deep treatment at the base of the skull, on each side of the spine. This may be temporarily painful, but will be effective. No. 7B. Pressure may be given in the upper dorsal region. No. 67. The clavicles should be raised. Nos. 72, 73. The treatment should be given deliberately, and is probably the longest that the Osteopath gives. Great relief should be given during the first treatment. A very general treatment will be helpful. See general treatment. Give particular attention to the stomach and bowels. The patient should avoid overexertion, as becoming tired acts as an exciting cause. A hot mustard foot-bath, heat at the base of the skull, and an ice bag on the forehead is often helpful. Should there be nausea, use the ice bag on the spine from the fourth dorsal down to the first lumbar vertebra.

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1. While the patient is in a sitting position on the side of the table, the operator, standing behind, the right hand placed on top of the patient's head, rotates the head so as to bring the neck of the patient against the thumb of the operator's left hand. The left thumb is moved successively along against the arches of the vertebrae, as shown in Fig. 1. In this manner there is secured a free motion between the vertebra, and the movement also assists in relaxing the tissues preparatory to removing any vertebral lesion that may be present.



Figure 1



Figure 3

3. The patient sitting, the operator stands in front and puts his arm about the neck of the patient, so that the bend of the elbow comes beneath the chin of the patient, and the hand grasping the base to the skull. The other hand is free to manipulate any of the vertebrae in any desired direction, though this hold is more applicable to the atlas and the axis. The head of the patient may be given a lifting motion and moved over in the required direction. See Fig. 3.

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4. The scaleni muscles, the deeper ones at the side of the neck, are often tight and contracted. Pressure may be made on the first rib on the contracted side, as in Fig. 4, while the other hand bends the head forcibly to the other side, at the same time rotating the head.



Figure 4



5. The patient lies on his back. The operator stands at one side with one hand on the patient's forehead, the other beyond to the other side of the neck. The hand on the forehead rotates the head from side to side, alternately relaxing and stretching the muscles at the side and back of the neck, while the hand placed at the side of the neck stretches the muscles toward the operator with each movement of the neck. The hand on the neck will be moved from one position to another as the tissues relax beneath it, and the hand may be brought down onto the shoulder during the process of relaxation. This same treatment may be applied to all the tissues in front of the neck down to the clavicles.

7. The pneumogastric nerve may be pressed upon, manipulated and stimulated by deep pressure behind the anterior border of the sternomastoid muscle on a level with Adam's apple, as in Fig. 7. This is a very important nerve, osteopathically, owing to its large distribution to important organs.



Figure 7

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Figure 8



Figure 9

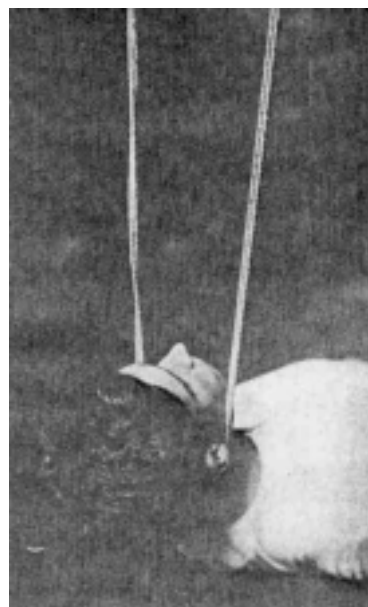


Figure 10

7 B. The sub-occipital, great occipital, small occipital, and great auricular nerves may be stimulated as in cases of fever, headaches, etc., by deep pressure on both sides of the spine, just at the base of the skull, as in Figs. 8 and 9. The founder of Osteopathy, Dr. A. T. Still, when but a small boy, made pressure on these nerves by placing his head in a swing. See Fig. 10. He found that this pressure relieved his headache. This accidental discovery may have had something to do with his discovery, later in life, of Osteopathy.

9. The head may now be twisted as far as possible to one side without causing inconvenience to the patient; then to the other side in the same manner. We often notice in executing this movement that it moves further to one side than to the other. On the side to which it turns the least we look for muscular or ligamentous lesions. See Fig. 13.



Figure 13

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Figure 14



Figure 15

10. The head may be pushed as far forward as possible onto the chest, loosening the posterior muscles and other tissues far down the spine. See Figs. 14 and 15.



Figure 16

11. Some operators can use a very effective spiral treatment of the tissues of the back of the neck. One hand is placed on the forehead of the reclining patient, the other beneath the neck. The neck and head are both raised. The head is rotated in one direction, the neck in the opposite direction. Then the movement is reversed. See Fig. 16.

13. The neck tissues may be stretched as in Fig. 18. In some cases it will be of material assistance in the case of light patients, to have an assistant to hold the feet of the patient, to afford greater resistance. Many other movements in the treatment of the neck will be developed in the regular routine of practice by the skillful operator. This will be true of every portion of the anatomy as well as of the neck.



Figure 18

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Figure 20

14. While the patient is lying on the back the palms of the operator's hands are passed from the center of the forehead each way, with varying pressure down over the temples and behind the ears. This movement has a quieting effect on the patient, soothing the nerves, and is frequently used in headaches. It affects branches of the fifth nerve on the forehead. See Fig. 20.

15. One palm is placed across the forehead and the other beneath the skull, or both palms may be placed on the forehead, one on top of the other, and great pressure exerted for a few seconds and repeated several times. See Fig. 21. This is useful in colds, headache, etc., as it helps to relieve the pressure in the longitudinal and lateral sinuses, large veins of the brain.



Figure 21



Figure 22

16. Treat along the midline of the skull, from the nose to the back of the neck, using the thumb in a circular, pressing motion with varying degrees of pressure for the same purpose as Nos. 14 and 15. See Fig. 22.

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20. The forefinger will find a little depression in the skull, just below the eyebrows, between the center and inner margins of the eye, where the supraorbital branch of the fifth nerve emerges from the skull. It is a nerve of nutrition to the eye, and passes outward over the forehead at an angle of forty-five degrees. Free the tissues about and in this little opening with a gentle, pressing, circular movement of the tip of the forefinger. See Fig. 25. Work along the nerve with the palm of the thumb. In some cases of neuralgia it will be found to be extremely sensitive, which will be greatly lessened as tissues are relaxed about it. In treating the eyes this nerve is often stimulated. The nerve may be felt beneath the skin.



Figure 25



Figure 23



Figure 26

21. The fifth nerve may be treated where it emerges from the skull above the eye, in Figs. 25 and 20. Also over both jaws, above and below the roots of the teeth. It may also be treated below the malar cheek bones, as in Fig. 26. It may be treated along the sides of the nose, as in Fig. 23. Thorough treatment of this nerve is frequently necessary in cases of neuralgia.

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Figure 44

43. The patient is sitting on the side of the table. The operator is standing in front of the patient, with a pillow between himself and the patient. Both hands clasp the spine of the patient as in Fig. 44, when deep pressure may be made, sinking the vertebrae well in; then by rotating the body pressure may be made to the side wished. This is an excellent movement to correct a lateral curvature or any lateral or posterior displacement. In case of an anterior displaced vertebra the vertebra above and below may be brought forward in this manner, thus gradually correcting the one which is anterior.

48. With the patient lying in the prone position, the operator standing at one side of the table grasps the hip of the patient on the further side in front. The heel of the other hand can then travel up and down the spine, exerting considerable pressure while the other hand pulls the hip upward, giving the spine a torsion. The operator works from both sides. This movement is very effective in removing lesions and relaxing contracted tissues. See Fig. 49.

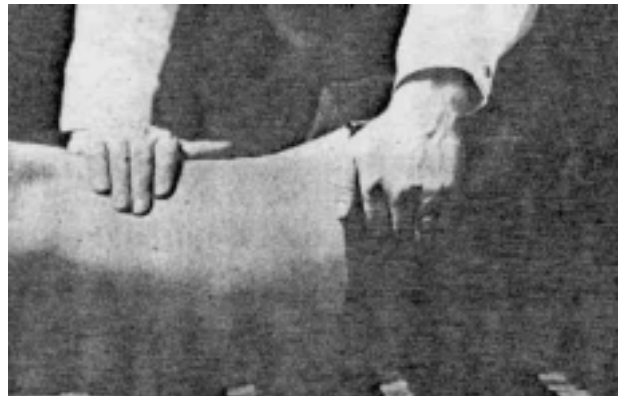


Figure 49



Figure 54

53. The patient lies on his side in a comfortable position. The operator stands in front and grasps the patient's uppermost arm, as in Fig. 54. With the other hand he relaxes the tissues about the shoulders and down to the spine and pretty well down the back, using the arm as he holds it at the elbow as a lever, working it back and forth to aid in the manipulation. The spine is manipulated and any deviations are corrected at the same time and in the same manner.

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Figure 32



Figure 66

67. In case we desire strong inhibition, for the purpose of lessening the number of nerve impulses passing from any section of the cord to any given organs, we may hold the spine with a strong grip, partially lifting the body from the table, as in Fig. 32; or we may place a book under the spine, requesting the patient to recline heavily upon it, as in Fig. 66. The position of the book, as indicated in the cut, is for the purpose of quieting the peristaltic action of the bowels in cases of excessive diarrhoea.

72. The clavicle, or collar bone, is frequently found displaced. The sternal end, when out of position, affects the tissues of the throat and is a prominent factor in diseases affecting this region, including goiter and circulatory and nerve disturbances in the arms. The operator stands at the side of the table and takes the elbow of the patient, who is reclining, and inserts the fingers of the other hand under and above the clavicle, near the sternal end. The elbow is now brought over the breast of the patient and the fingers inserted more deeply under the clavical. This movement brings heavy pressure onto the fingers by the clavical, which results in raising the latter, when the sternal end can be placed in or toward its normal position. See Fig. 70. This treatment may be applied at either end of the clavicle as the case may require.



Figure 70

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Figure 71

73. The clavicle may also be raised and placed in its normal position with the patient sitting, as in Fig. 71. The elbow is grasped and raised, which raises the clavicle, when the thumb may be inserted above and under it. By bringing the elbow upward and across the chest the clavicular ligaments may be stretched and the clavicle properly replaced. This treatment is effective for either end of the clavicle.

Figure 79

94. A general treatment of the abdomen is frequently very helpful, either for relaxing or toning muscular tissues, for increasing or decreasing the amount of blood in the abdominal vessels, and for its general effect on the nerves. The patient lies on the back, with the knees flexed. The operator stands at one side of the table, and with the palm of the hand, not the tips of the fingers, relaxes the muscles of the abdomen. The operator may begin low down to one side and work up on that side, then on the other side in the same manner. The ribs may be slightly sprung inward to assist in the relaxation of the abdominal walls as they are undergoing manipulation, as in Fig. 79, which shows the general position of the hands. The abdomen may be spanned by the hands, with the thumbs on one side and the finger tips on the other side, and the abdominal contents moved in this manner from one side to the other.



Figure 80

95. In treating any part of the body, but especially the abdomen, the hands should be of such a temperature as not to be disagreeable to the patient. Cold hands used here will cause a contraction of the tissues, and thus interfere with the work. Direct pressure may be made with the flat of the hand, as in Fig. 80, over the center of the abdomen well below the umbilicus. Pressure may be gradually increased, with some side pressure to force the contents of the small intestine toward the caecum, the lower part of the large intestine which lies low down on the right side.

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96. It is often advantageous to lift up the intestines, as in Fig. 81. With the patient reclining, the knees should be flexed to allow of more thorough relaxation of the abdominal muscles. This movement should be repeated several times and the abdominal contents held for a minute or so each time.

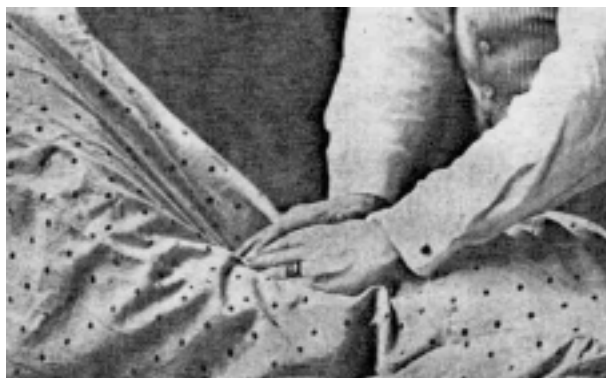


Figure 81



97. The patient is sitting, and the operator is standing behind. He places the sides of the palms of the hands deeply beneath the abdominal contents, as in Fig. 82. The patient is requested to bend forward as the operator twists his wrists, so that the sides of the hand next to the patient are turned inward and upward. Then request the patient to straighten up as the operator lifts the contents, and holds for a moment.

Figure 82

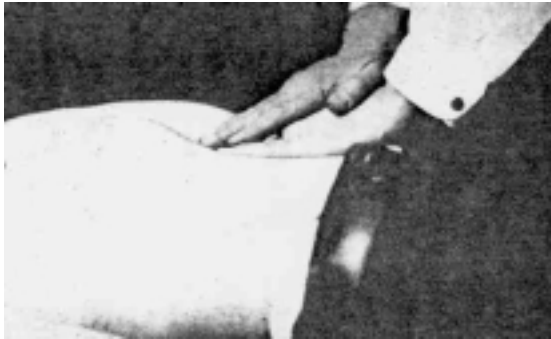
98. The patient lies on the side, permitting a relaxed condition of the abdominal walls. The operator stands behind, as in Fig. 83, and lifts the abdominal contents upward, and may also lift them toward the median line, thus straightening out the caecum, or sigmoid flexure, as the position may allow.



Figure 83

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99. The operator may straighten out the sigmoid, and at the same time tone up the muscular tissues, by insinuating the palms of the hands deeply and low down on the left of the abdomen, and suddenly lifting the contents. The movement must be carefully and cautiously performed.



100. It is often of advantage, as will be indicated in various treatments, to tone up the solar plexus. This may be done by deep steady pressure, with a slightly circular motion just below the sternum. Pressure should be directed backward and upward, as in Fig. 84.

Figure 84

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Osteopathy Complete

Elmer D. Barber, D. O.

1898

MIGRAINE, MEGRIM, OR SUN-PAIN
(Paroxysmal neurosis, with unilateral headache.)

SYMPTOMS

Nausea; vomiting; derangement of vision and sensation; tingling and numbness. More common in females.

TREATMENT

1. Place the patient upon a chair; the operator, standing behind, places the right hand upon top of patient's head, and the thumb of the left hand close to the spine of the seventh cervical vertebra on the right side; bend the head forward as far as possible, rotating it gently, but as far as possible to the left; press hard with the thumb, endeavoring to push the muscles as far as possible from the spine, as the head is returned, by reversing the rotation, to its normal position (cut 33); move the thumb up to the next cervical, rotate the head as before: and repeat, until the occipital is reached. Treat the opposite side of the neck in a similar manner.

2. Place the thumbs upon each side of the first dorsal vertebra, the fingers resting upon the patient's shoulders, and move the muscles upward and outward with the thumbs as low as the fourth dorsal vertebra.

3. Place the patient on the back; with one hand under the chin, the other under the occipital, give gentle extension and rotation of the neck.

4. Place the finger-tips over the Gasserian ganglion, and vibrate one minute.

5. Place the hands on the sides of the neck, fingers almost meeting over the upper cervicals; tip the head backward, pressing gently with the fingers three or four minutes.

Treatment will occupy about ten minutes, and should be given each day.