I. Classification of Headache (Past and Present)

To fully understand and appreciate the Cayce information headache, a broader analysis of headache classification is helpful. Within this expanded context (both historical and conceptual) the complexity of the Cayce readings make more sense and can be translated into a clinically relevant algorithm for modern practitioners.

A. Modern Classification of Headache

The National Headache Society recognizes two general groups of headache – primary and secondary (National Headache Foundation, 1996). *Primary* headaches are typically recurrent without known pathology or cause. The three basic categories of primary headache are *tension, migraine* and *cluster*. *Secondary* headaches are associated with a recognized medical condition.

Tension headaches are the most common form of primary headache affecting up to two thirds of the population at some time in their lives. Tension headaches are typically felt on both sides of the head as dull and persistent pain, varying in intensity. These headaches are sometimes described as a "tight band around the head" and may also involve neck pain.

Migraine, or neurovascular headaches, affect about 12 percent of the population with women about two or three times more likely to experience this type of headache. Migraine presents as moderate to severe pain, usually on one side of the head. Migraine attacks are often include nausea, cold hands, vomiting and sensitivity to light and sound. About twenty percent of migraine episodes are preceded by an "aura" (classic migraine) that may involve visual phenomena, numbness or impaired speech. Migraine is sometimes linked to menstrual cycles (menstrual migraine).

Cluster headaches are much less common and mainly affect men. Cluster headache presents as severe pain around or behind one eye, usually at night. This type of headache can occur daily in groups or "clusters" for days or weeks at a time.

The basic cause of primary headaches is unknown. Treatment is directed at relieving symptoms and preventing episodes. Treatment of secondary headache usually focuses on treating the primary condition and providing symptomatic relief for the headaches.

B. Historical Approaches to Headache Classification

1. Organic and Functional Classification

Historically, many approaches have been used to classify headache. The *organic/functional distinction* is well represented in the historical medical literature and is probably the forerunner of the modern primary/secondary classification. "In a general consideration of headaches it becomes necessary to make a distinction between headaches due to organic changes and headaches that are purely functional in character." (Dercum, 1912)

2. Classification by Symptoms and Presentation

Classification by symptoms and presentation is also well represented in the historical literature. Barton and Yater (1927) provide one of the more extensive discussions of headache classification by symptom diagnosis (Appendix H).

3. Classification by Etiology and Physiology

Classification by etiology and pathophysiology goes another step beyond symptom analysis in an attempt to understand the underlying cause of headache. This is the approach that probably comes closest to the Cayce readings. It tends to allow for the uniqueness of each individual (person-centered rather than disease-centered) and provides the possibility of cure by removal of cause (assuming that one is able to accurately ascertain the cause). Figure 1 and Box 1 provide examples of historical explanations for headache that integrate symptomatology and presentation with etiology and pathophysiology. The following designations for headache come from various historical sources.

a. Bilious Headache

Sometimes referred to as "sick" headaches, bilious headache is linked to problems with the gall bladder or liver (Felter & Loyd, 1900; Mausert, 1932; Potter, 1902; Barton & Yater, 1927; Hares, 1912). Biliousness is "a symptom of a disordered condition of the liver causing constipation, headache, loss of appetite, and vomiting of bile" related to excess of bile that may be accompanied by fever. *(Tabor's Cyclopedic Medical Dictionary,* 1973)

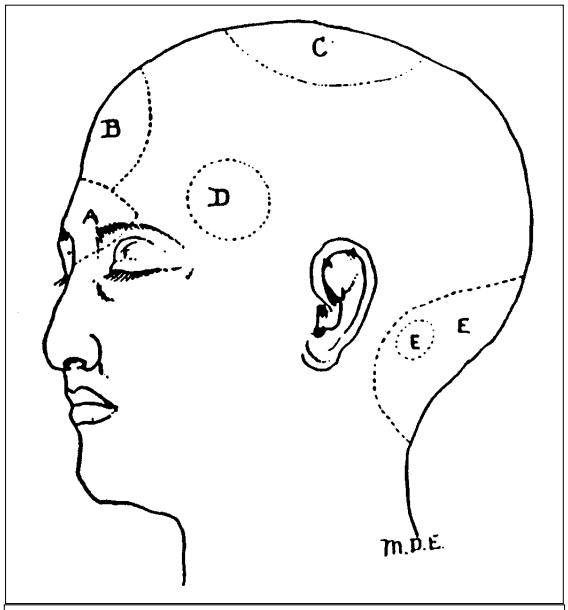

Figure 1: Areas Where Headache Occur.

Headaches. Frontal or congestive headaches are relieved by using the vacuum tube with an intensity capable of producing a half or three-quarter inch spark and by passing the tube back and forth over the seat of pain.

Keep the tube in loose contact and prolong the treatment until relief takes place, which will be five, eight or occasionally ten minutes.

Inhibitive vibration in connection is advised, being fully as effective as high frequency.

Only temporary relief may be expected in toxic headaches or in reflex headaches from organic diseases unless the underlying cause is ascertained and treated.

In Fig. 54, taken from my "Vibratory Technique," the areas where headaches occur are outlined. This will be useful in suggesting the probable line of treatment.

Headaches at A or B are congestive of frontal and may be relieved by passing Electrode No. 1 back and forth over the seat of pain. At A, they may come from errors in refraction, frontal sinus disease or nasal disease. Stomach diseases also frequently cause pain at A. Constipation A-B. Decay of front teeth A-B. Anemia, endometritis, bladder disease, C. Middle ear disease, throat disease, eye disease, decayed teeth, D-E. Womb disease, spinal irritation, nervousness, E. Ovarian reflex pains usually at C and E. Neurasthenic headaches involve the back of the neck. (*Eberhart's Manual of High Frequency Currents*, Noble M. Eberhart, 1911, pages 221-223)

b. Gastric or Dyspeptic Headache

Also sometimes called "sick" headache, gastric headache may overlap with biliousness, however the primary emphasis is on stomach dysfunction (Felter & Loyd, 1900; Mausert, 1932; Eberhart, 1911; Hazzard, 1905; Barber, 1898).

c. Reproductive System Headache

This pattern of headache has many associated designations including pelvic, menstrual, ovarian, uterine, and womb (Felter & Loyd, 1900; Mausert, 1932; Eberhart, 1911; Snow, 1912; Barber, 1898; Hares, 1912) . The common theme is reproduction system dysfunction (usually in women) that may be linked to hormonal imbalance or structural problems in the pelvic area.

Box 1: Types of Headache.

SYMPTOMS AND CAUSES

Gastric or dyspeptic headaches are often occipital, sometimes frontal, and if accompanied by constipation, are diffuse and frontal. Uterine and ovarian headaches are occipital and vertical.

Nervous headaches are seated on the top of the head.

If pulsating and throbbing, indicates vaso-motor disturbances; squeezing and pressing, nervous exhaustion or affection; sharp and boring, hysterical, neurotic, or epileptic; dull and heavy, toxic or dyspeptic; hot and burning, rheumatic or anemic.

Headache, not caused by fevers, the stomach, or the uterus, can be almost instantly cured by stretching the neck and a pressure on the nerves at the base of the occipital bone. (Barber, *Osteopathy Complete*, 1898, p. 315-317)

d. Nervous Headache

Nervous headache is also sometimes referred to as neurasthenic, neurotic, stress headache, hysterical headache. Nervousness or general debilitation may be involved. Psychosomatic etiology may also be a factor. (Felter & Loyd, 1900; Mausert, 1932; Potter, 1902; Eberhart, 1911; Kellogg, 1895; Hazzard, 1905; Barber, 1898; Barton & Yater, 1927; Dercum, 1912)

e. Congestive Headache

Congestive headache is probably a form of vasomotor disturbance wherein too much blood is allowed to accumulate in the head or face (Felter & Loyd, 1900; Potter, 1902; Eberhart, 1911; Tasker, 1916; Snow, 1912; Hazzard, 1905; Cherby, 1904). This type of headache may also be referred to as headache due to hyperemia (Dercum, 1912).

f. Constipation Headache

Constipation was cited in several historical medical texts as a cause of headache. (Mausert, 1932; Eberhart, 1911, Dercum 1912; Barton & Yater, 1927) Also described as headache produced by "torpor of bowels" (Felter & Loyd, 1900).

g. Anemic Headache

Anemia was cited as a cause of headache in several old texts. (Mausert, 1932; Eberhart, 1911; Hazzard, 1905; Barber, 1898)

h. Sinus Headache

Sinus headache associated with infection and nasal catarrh was mentioned in various texts. (Eberhart, 1911; American College of Mechano-Therapy, 1910)

i. Nerve Reflex Headache

Nerve reflexes were cited in almost all of the old osteopathic manuals as a primary factor in headache (e.g., Barber, 1898; Hazzard, 1905; Goetz, 1909; Murray, 1925) Other systems of healing also recognized this etiological pattern (Potter, 1902; Eberhart, 1911; Felter & Loyd, 1900)

j. Eyestrain Headache

Eyestrain was mentioned in some old texts as a cause of headache. (Mausert, 1932; Hazzard, 1905)

k. Uremic Headache

Uremic headache is associated with high levels of uremia in the blood resulting from kidney dysfunction. (Dercum, 1912)