

# Headache: A Common Complaint with Complicated Causes

James A. Jackson, Ph.D., BCLD<sup>1</sup>; Hugh D. Riordan, M.D.<sup>2</sup>;  
Ronald Hunninghake, M.D.<sup>2</sup>; Kay Mayer, B.S., MT(ASCP)<sup>2</sup>

## Introduction

Headache, or cephalalgia, is a common symptom of many diseases. These may range from intracranial infection or tumor to diseases of the eye, nose, throat, teeth and ear. Most patients who visit a physician for headache usually suffer from muscle tension headache, migraine, cluster headache, allergies or head pain for which no cause can be found. Migraine, a vascular disturbance headache, is a common cause of headaches; has a family history in over 50% of cases; occurs in younger patients (10 to 30 years); and is more common in females than males (ratio of 2:1).

One of the authors (HDR) suffered from severe migraine headaches for years. In some cases, the headaches became incapacitating painful episodes, usually preceded by a visual aura of shimmering bright areas in his vision. Often the pain would come with an extreme sensitivity to light and his central vision would disappear. When conversing with someone, he would have to tilt his head and look out the side of one eye to see the person he was talking with. Fortunately, using protocols established at The Center, it has been decades since he has had a headache of this type.

The people seen at The Center are mainly chronically ill patients. Headaches, along with chronic fatigue and joint and muscle pain are some of their common complaints. Most of these patients have been to several other physicians and had extensive standard medical evaluations.

For various reasons, they have not re-

sponded to the prescribed treatment. When evaluating people with headaches, the Center protocol includes a detailed history and appropriate laboratory procedures. The medical history includes:

- Where does the head hurt?
- Is the pain always in the same place or does it move around?
- When does it occur: daily, weekly, monthly?
- Are there any other symptoms before, during, or after the headache?
- Do pain medications help, or they not effective?
- What else have they noticed that makes the headache better or worse?
- Do bowel movements affect the headache?
- What does the patient think is causing the headache?

Depending upon the cycling of headache frequency, hormonal factors may be important. Of course, one has to consider high blood pressure and/or stress, and these need to be relieved, if present.<sup>1</sup>

As stated above, the most common cause of primary headache syndrome is the migraine.

Cluster headaches are more rare and more common among men (6:1, male-to-female); appear in the late 20s to 50 years; are not preceded by an aura; and there is little genetic or family history involved. The pain is 100% unilateral and of an excruciating, boring, burning type. It typically awakens the patient during sleep and may last 15 to 180 minutes with remissions of months to years between the next attack (or cluster of headaches). The patient paces back and forth during the attacks. One of the many names for this type of headache is histamine cephalalgia.<sup>2</sup>

Although many additional laboratory

1. Professor, Medical Technology, Wichita State University, Wichita, KS 67260-0043

2. The Center for the Improvement of Human Functioning International, Inc., 3100 North Hillside, Wichita, KS 67219

tests may be indicated, the majority of the people (co-learners) seen at The Center will have four laboratory tests suggested. The first is to measure histamine level in blood cells. People with a histamine problem tend to have six to seven times the headaches of people with normal blood histamine. Patients with histapenia (low blood histamine) are prone to tension type headaches, while those with histadelia (high blood histamine) tend to have migraine-type headaches. When released from basophil and tissue mast cells, the biological effects of histamine include: increased vascular permeability of small venules; contraction of bronchial and other smooth muscles; increased gastric, nasal and lacrimal secretions.<sup>3,4</sup>

A second test suggested is for vitamin C (ascorbic acid) in the plasma. Vitamin C is an important factor in several types of headaches, especially the allergic type. Vitamin C has been shown to stabilize the membranes of mast cells (which prevents the release of histamine and other chemical mediators described above).

The third test is for urinary pyrroles. Pyrroles are the basic building blocks of the pigment heme. People who excrete high levels of pyrroles in their urine are usually under some type of physiological or psychological stress. These people may also have a genetic difference where the high excretion of pyrroles in the urine also will cause a higher than average excretion of vitamin B<sub>6</sub> and zinc. This may result in a stress-related headache.<sup>5</sup>

A fourth test suggested is to check for adverse food reactions using the cytotoxic food sensitive test. This test has been described previously.<sup>6,7</sup> If there is a positive reaction with food or food additive antigens when tested against the patient's white blood cells, it suggests that the food antigen(s) may be a factor in headaches. This test was the key in learning that rice was the food triggering headaches in one of the authors (JAJ) and chocolate was the

food triggering severe headaches in another author (HDR). It is very unusual that the tests listed above fail to identify the cause of a patient's headache. An example of the Center's approach is shown in the the following case history.

#### Case History

A 49-year old woman came to The Center complaining of increasingly frequent migraine headaches, along with tension headaches, arrhythmia, chronic sinus problems and back pain. Her headaches started five years ago and had progressed from two to three per month to two or three per week. She also experienced nausea and vomiting along with the headaches. They became worse when she lay down, therefore, she had to sit until the migraine passed. Her medications when seen at The Center were Imitrex,<sup>TM</sup> an expensive migraine medication and Lortab<sup>TM</sup> for pain.

After an extensive history and physical (including a one hour interview with the physician), a testing protocol as described above was performed on this patient. The cytotoxic food sensitivity test identified several foods that could provoke her headaches. Also, her blood histamine level was elevated. Other significant laboratory findings were a positive *H. pylori* antibody test, low zinc and chromium levels, low vitamin C and low vitamin B<sub>2</sub> levels. One interesting finding was the presence of "Page bodies" on dark-field examination of her blood. This is a special test developed and performed at The Center and will be the subject of a future Case from The Center.

A treatment by intravenous calcium and oral biotin was given to remove the Page bodies. She was treated for her other symptoms, given a treatment plan to follow and asked to return in six months.

At the follow-up visit, she reported that she had no migraine since following the plan she and Dr. Riordan had worked out. She stated she was especially careful not to eat any foods that appeared on her sen-

sitivity list from the cytotoxic test. She continues to improve and to be seen at The Center.

### References

1. *Health Hunter Newsletter*, editor, Richard Lewis, 1998; 12,9:1-3.
2. Griffith CJ: Cluster headache: Breaking the cycle of the most painful headache. *Physician Assistant*, 1998; 22,8:24-45.
3. Pfeiffer CC: Blood histamine, basophil counts and trace elements in the schizophrenias. *Rev Can Biol*, 1972b;31:73.
4. Schwartz JC: Histamine as a neurotransmitter in the brain. *Life Sciences*, 1975;17: 503-515.
5. Jackson JA, Riordan HD, et al: Histamine levels in health and disease. *J Orthomol Med*, 1998; 13,4: 236-240.
6. Jackson JA, Riordan HD, et al: Joint and muscle pain, various arthritic conditions and food sensitivities. *J Orthomol Med*, 1998;13,3:168-172.
7. Jackson JA, Riordan HD, Neathery S: Comparison of the cytotoxic food sensitivity test to the enzyme RAST/EAST test. *Amer Clin Lab*, 1991; 3:20-21.