



From Practice - For Practice

Migraine

by Dr. Konrad Werthmann



Pschyrembel defines migraine as follows: “recurrent attacks of pain in the head, often pulsating, mostly unilateral (hemicrania), beginning in the early hours of the morning and lasting hours or days. They are accompanied by vegetative symptoms, such as nausea and vomiting, photophobia and sensitivity to noise, visual symptoms or neurological failures“.

Migraine is a very complex affliction and it has many possible causes. Orthodox medicine mentions vasoconstriction and dilatation in the cerebral vessels, of neurovegetative origin, and such triggers as emotional burdens, climatic influences and the taking of certain medicines. From the perspective of Natural Medicine there are further causes: primarily foodstuffs, plus others which are not universally recognised: dental abscesses, root-canal treatments or dental cysts, as well as other disruptive fields and infective foci.

Migraine appears in various forms, of which I am going to mention just three:

Migraine accompagnée: The occurrence of a typical migraine synchronously with functional disorders of a cerebral hemisphere, such as signs of sensory irritation, motor paralysis, speech disorder.

Migraine cervicale: Cervico-brachial syndrome with irritation of the arteria vertebralis and the sympathetic system, as a consequence of arthrosis or whiplash: occipital headache, vertigo, hearing disorder, visual disturbance.

Migraine ophthalmique: Unilateral migraine with visual symptoms: flickering scotoma (blind spot), homonymous hemianopsia (loss of half the field of vision, affecting the same side in both eyes).

Treatment of migraine

Many of the above-mentioned causes cannot be treated isopathically, or only to a minimal extent. These include e.g. the special ocular form or the cervico-brachial syndrome. Other complaints, arising from hormonal or dental causes, or from vegetative irregularities or problems of the gallbladder, can be treated very well. The medication follows the 4-step plan for isotherapy.

A little more needs to be said regarding dental aetiologies: Most patients with migraines have already been given neurological and clinical examinations, with negative results. This is the first indication of a possible dental problem. Sadly, therapists frequently overlook a possible dental aetiology. Therefore it is advantageous to have a panoramic dental X-ray taken for every migraine patient, as well as individual X-rays of any suspicious teeth. This protects the therapist from making a possible mistake, and also the patient from unnecessary severe pain.

General treatment:

- 1) ALKALAN: $\frac{1}{4}$ tsp. twice daily in warm water, plus CITROKEHL 5-10 drops twice daily, USTILAKEHL 5X drops (in menstrual migraines, 8

drops orally 1-2 x daily,) or USNEABASAN (where the migraine arises from amalgam fillings, general heavy metal stress or gallbladder problems; and possibly a Mayr treatment for intestinal detoxification). These remedies are to be taken for the duration of the course of treatment.

- 2) At the same time, we commence with NOTAKEHL 5X drops, 8-10 drops twice daily for 5-7 days, then replace NOTAKEHL with
- 3) SANKOMBI 5X, 8-10 drops twice daily, for several weeks, but always according to the scheme 5-2-5-2 (5 days of SANKOMBI 5X, 2 days of NOTAKEHL 5X, then 5 days of SANKOMBI 5X again, and so on)
- 4) LATENSIN 6X: 1 capsule orally every second week in the evening before retiring to bed.
- 5) Substitution with SELENOKEHL 4X, 5-10 drops in the morning, MAPURIT, 1 capsule once a day at noon, and ZINKOKEHL 3X, 5-10 drops orally in the evening.
- 6) Dietary adjustment as proposed by Dr. Werthmann.

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