

The Legacy of Migraine

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This is called Heterocrania, an illness by no means mild. It occasions unseemly and dreadful symptoms.

—Aretaeus of Cappadocia
First Century AD

I began to learn about migraine in infancy. My father's severe attacks were part of our family's normal pattern of life. Like spells of bad weather, they were unpredictable, significant events that appeared to take a perverse delight in disrupting the most intricately planned and eagerly anticipated events.

We children learned from a young age to read the warning signs of an attack. Even through the gloom of a Scottish winter evening, we could judge by gait and body language that Father was struggling to reach home before the migraine was fully established. Such Friday evenings portended long weekends during which we kept quiet and tried to carry on in spite of the terrible noises coming from his room. During really bad attacks, cooking was avoided and we ate sandwiches for weekend meals.

Late on Sunday evening, he would emerge from his ordeal, snack on tomato juice and dry brown toast, and ask for companions to take him on a brisk walk "to clear his head." We delighted in his recovery and the knowledge that the next few weeks would be migraine-free. We hated the distress migraine caused him but rarely resented the disruption of our plans, as we respected the condition and regarded its regular visits as inevitable. In fact, in our own defense, we developed a cautious "Murphy's Law" approach and did not tempt the condition by anticipating events too eagerly.

I think my father did resent his migraines, particularly for their effect on family members and colleagues. He often stubbornly denied the early symptoms and insisted on proceeding with family plans. Sometimes this resulted in farcical situations where we carried on polite Sunday afternoon visits while my father groaned in pain, vomited, and endured the attack as best he could. We

were often misunderstood. I have a particularly vivid memory of two elderly ladies accusing him of being drunk as we struggled home by bus from a visit to an Edinburgh museum.

Father had lived with migraine headaches since his teenaged years and recognized their complex and contradictory relationships to stress, relaxation, and life events. From time to time, physicians were involved, but they had no lasting impact beyond adding to his store of migraine knowledge. He hated the side effects of ergot or narcotics, so we managed most attacks independently. Whoever was at home quickly fetched pills, basin, towels, and cold cloths, and readied his bedroom to minimize light, noise, and smells. One of our tasks was to remove clutter from the hall leading to the bathroom, as he once fell badly while stumbling around at night during an attack.

My mother abhorred migraine and grimly warned us against developing even remotely migrainous symptoms. Her force of personality may have delayed my first attack until I was 32 years old. We were on holiday at Disneyland, and I had been quite euphoric and hungry all day. For reasons I don't recall, I did not return with the children to watch the evening parade and was alone in the hotel when the pain struck. I dropped to the floor clawing at my eye and temple. The initial shock was followed by severe, inexorable pain radiating from eye to occiput, which I would have done anything to escape. I was unable to call for help. I remember thinking it was a cerebral hemorrhage and wondering if I would still be conscious when the family returned. Within 10 minutes, the vomiting started, continuing until I was too weak to care. Afterward, I passed out and don't remember anything until the next day.

Since then, migraine has been one of life's elements—at times, highly significant, and at other times, just a background factor. Both the pattern and type of attack have changed over time, as has my response to treatment. I have tried almost all medications and management strategies with limited effect. Most of the time, my life is completely normal, altered only by prudent

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avoidance of precipitants as the weeks mount up since my last episode. Like my father, I am still not very good at acknowledging the early signs, although I have aborted or minimized many attacks with a combination of medications, willpower, and vigorous exercise. My hope is that migraine will disappear with "maturity."

Unfortunately, my teenaged son carries this story into the next generation. He is something of a historian, so he may devour the tales of migraine going back to ancient Egypt and be able to visualize the demon T'iu of the Mesopotamians, whose fiendish gift was that of migraine. My son will probably learn to manage his vulnerability to the savagery of migraine as another part of normal life. He will try to ignore or deny the condition, and it will retaliate with humiliating days of groveling in pain and vomiting to the point of dehydration. But he will know the sweetness of awakening pain free on the

morning after the storm and gain valuable insight into the nature of illness.

Perhaps through advances in treatment, he may suffer little or no functional effect, and migraine may, in the future, be a curiosity featured only in medical textbooks and family stories. Will his generation be the one to celebrate the final and complete exorcism of T'iu?

Headache . . . blowing like the wind, flashing like lightning. . . . It cutteth off him who feareth not his god like a reed. . . . Flashing like a heavenly star . . . It standeth hostile against the wayfarer. . . . This man it hath struck and like one with heart disease, he staggereth, Like one bereft of reason he is broken . . . his eyes are full of cloud. . . . Headache whose course like the dread windstorm none knoweth, none knoweth its full time or its bond. (Sigerist HE. *A History of Medicine*. New York: Oxford University Press, 1955;1:451.)

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