

Headache Research Report

III. Clinical Applications for Modern Practitioners

This section contains two application formats for modern practitioners: (1) a simple protocol and (2) a comprehensive algorithm. Both approaches should be viewed within the context of complementary medicine.

A. Simple Protocol

The protocol format is intended for practitioners who require a simple treatment plan that can be explained and implemented relatively quickly and easily. Based on the most frequent recommendations in the Cayce readings discussing this condition, here is a simple protocol for headache:

1. *Manual Therapy* – A thorough manual assessment of the spine should be provided. Specific areas of concern should be treated. General relaxing treatments either by manipulation or massage will also likely be helpful. The osteopathic principles and techniques included in Appendices E and F may be helpful for practitioners interested in the types of manual therapy techniques most often recommended by Edgar Cayce. The frequency of manual therapy sessions will probably be determined by the clinician. Once or twice a week for several weeks with a period of rest before the next cycle of treatment was a common pattern in many Cayce readings.
2. *Diet* – Following the “Basic Cayce Diet” (Appendix I) will help to alkalize the system, improve assimilation, and decrease systemic toxicity.
3. *Colonic Irrigation* – Obtaining a series of colonic irrigations is recommended with a session every ten days for a month. If mucous or other abnormal features are noted, continue the irrigations every ten days until no abnormality is noted.
4. *Attitudes and Emotions* – Developing an “Ideal Attitude for Healing” is likely to be of benefit for headache sufferers. Appendix J contains an explanation of this concept and a specific technique (Ideals Exercise) for working with the mental, emotional and spiritual aspects of healing.

B. Comprehensive Algorithm

This comprehensive algorithm for headache is intended to provide a step by step method of arriving at a probable etiological and pathophysiological explanation of headaches experienced by a patient. Therapeutic options and additional assessments are also provided for most patterns. As stated above, this algorithm is based on a complementary medicine that seeks to integrate the Cayce perspective with the best of allopathic medicine. The *Standards of Care for Headache Diagnosis and Treatment as Established by the National Headache Foundation* (National Headache Foundation, 1996) is an excellent resource representing the allopathic approach to headache. Readers are strongly encouraged to obtain and study this resource as it is used as a reference point in following the algorithm. Here is a broad outline of the headache algorithm.

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1. Initial Assessment
2. Interpretation of Assessment Data
3. Development of Treatment Plan
4. Implementation of Treatment
5. Monitor Progress
6. Adjust Treatment Plan (as needed)

1. Initial Assessment

The Initial Assessment consists of the following components:

- History
- Physical Examination including manual therapy assessment
- Diagnostics including psychometric analysis and thermography

The *History* should follow the general format recommended by the *National Headache Foundation*. Appendix K contains a “Medical History and Lifestyle Overview” form that covers the basic information recommended by the National Headache Foundation in addition to certain data particularly relevant to the Cayce approach.

Physical Examination should follow the typical format for a general physical with attention to the “Key Aspects of Physical Examination” (Table 3, page 4 of the *Standards of Care for Headache Diagnosis and Treatment*) and the “Red Flags in the Diagnosis of Headache” (Table 4, page 5 of the *Standards of Care for Headache Diagnosis and Treatment*). The physical examination should also include a manual therapy assessment. The manual therapy assessment should include evaluation of the whole spine, including the coccyx.

Diagnostics includes a psychometric questionnaire (*Cayce Comprehensive Symptom Inventory – CCSI*) contained in Appendix L. The CCSI has a manual and workbook available online at the Meridian Institute website (www.meridianinstitute.com).

Additional psychometric questionnaires may also be used depending on the scoring of specific items on the CCSI.

- If the patient indicates constipation at any level of severity, *The Constipation Scoring System* (Appendix M) can provide assessment of this area.
- If the patient indicates symptoms of gastrointestinal dysfunction (i.e., indigestion, gas, diarrhea, abdominal pain, etc.), the *Gastrointestinal Symptom Rating Scale* (Appendix N) may help to focus on specific GI tract problems.

Thermographic assessment can provide additional data on somatic dysfunction. The neurocalometer was recommended by Edgar Cayce for this purpose. The computerized infrared neurocalometer used by HRRC and Meridian Institute provides relatively simple visual output for analysis. Liquid crystal thermography or more precise infrared thermography of large areas such as the spinal column and abdomen may also be helpful for identifying somatic dysfunction. In addition to indicating subluxations or osteopathic lesions along the spine, abdominal thermography may provide data on visceral functioning. At least two readings involving headache included description of cold spots on the abdomen that were linked to the

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pathophysiology of headaches. One case involved migraine and seemed to indicate that the cold spot would be particularly prominent during an attack. Manual palpation of the abdomen may also be used to supplement thermal variations.

2. Interpretation of Assessment Data

Consistent with a complementary medicine model, initial interpretation of the assessment data should begin with consideration of the “Key Aspects of Physical Examination” and “Red Flags in the Diagnosis of Headache.” This information combined with the physical examination and medical history may lead to definite diagnosis.

If the initial interpretation stage indicates organic disease, particularly if associated with life-threatening illness, the condition must be diagnosed and addressed. The nature of the organic pathophysiology will naturally determine therapeutics options. The Cayce readings do contain suggestions for dealing with brain tumors, head injury, etc. Certain modalities such as the wet cell battery, ultraviolet light with carbon ash, etc. could be considered as treatment modalities in such cases, within the context of complementary medicine. Since most of the Cayce readings involving headache fall within the “functional” category of pathology, this algorithm is primarily directed toward headaches with functional pathophysiology.

Functional headache that is clearly secondary to a primary medical disorder must also be recognized to offer optimal treatment to the patient. The Cayce approach offers treatment options for many common medical conditions. At this point in the algorithm, the specific diagnosis would be needed to determine whether the Cayce information offers a reasonable pathway of treatment. If there is a Meridian Institute Research Protocol for the diagnosis, follow the treatment plan provided for the condition.

Headache that is not secondary to known disease automatically falls within the designation of “primary.” Because the Cayce readings describe considerable variability of causation for headaches that fit the migraine and tension headache categories, the treatment recommendations provided below will be based on probable etiology and pathophysiology of each case. Since the readings do not offer any clear case studies of cluster headache, a diagnosis in this category will also lead to a treatment plan based on probable etiology and pathophysiology.

Headaches not associated with a primary medical condition and not clearly identified as either migraine, tension or cluster can also be dealt with by focusing strictly on symptomatology and probable etiology and pathophysiology. Edgar Cayce sometimes used the word “dis-ease” to describe this state of illness. The CCSI may prove helpful in sorting out these patterns. Elevated scales scores on the CCSI (above the 75th percentile) should be considered as relevant. *The CCSI Administration and Interpretation Manual* (Meridian Institute website) contains suggestions for further assessment and therapeutic options for each scale. In developing the treatment plan, consideration of this information should be given with regard to elevated scale scores. Since headache often presents as part of a complex syndrome of “dis-ease” the CCSI scale scores may serve as a window into the pathophysiology of the process. For some individual presenting with multiple and systemic symptoms, numerous CCSI scales may be elevated requiring a broader approach to treatment planning that focuses on several general etiological patterns as they relate to treatment modality categories as described in the next stage of the algorithm.

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3. Development of Treatment Plan

Stage 2 should provide some understanding of the probable etiology or pathophysiology of the headaches. Stage 3 provides a format for translating this interpretation into a practical treatment plan. The basic concept is to match treatment options to the assessment data interpretation. The general categories of therapeutic modalities are:

- Manual Therapy and Exercise
- Medicine
- Diet
- Hydrotherapy and Packs
- Electrotherapy
- Mental/spiritual Healing

Here are some specific therapeutic options under each category with criteria for determining the appropriateness of the therapy based on the assessment data.

Manual Therapy and Exercise

Based on the predominance of this type of treatment in the Cayce readings involving headache, some form of manual therapy should be included in every treatment plan for headache. The manual therapy examination (Stage 1) is a primary source of information about the specific manual therapy intervention best suited to the individual. Areas indicating somatic dysfunction (pain or tenderness, abnormal temperature, abnormal texture, etc.) should be treated by adjustment or manipulation. The traditional osteopathic techniques recommended in the readings can serve as a model. Appendices E and F provide examples of traditional osteopathic applications for headache.

At the very least, a relaxing general treatment consisting of spinal massage and gentle joint mobilization can be provided to improve nervous system coordination and drainages. The head and neck exercise may be helpful if sensory system problems are noted (CCSI scale 7).

Medicine

The various groups of medicine recommended by Cayce for headache and related systemic dysfunction can be classified as follows:

- *Laxatives* – Based on symptom rating of moderate or severe for constipation on the CCSI, consider the use of laxatives. The readings recommended many laxative products for constipation and toxic bowel etiology. However, Cayce often cautioned that the body could become dependent this artificial form of elimination and lose its natural ability to eliminate wastes. To prevent dependency, Cayce typically would suggest that various forms of laxative be alternated. Here are some common laxatives recommended in the readings:

- Fletcher's Castoria

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- Psyllium (Note: Psyllium may be purchased alone or combined with other ingredients in a Heritage Store product called Innerclean.)
 - Eno Salts
 - Sulphur, rochelle salts, cream of tartar formula (Sulflax)
 - Yeast
- *Digestive Aids* – The nature of the gastric dysfunction will necessarily determine the type of aid recommended. For gastric hypoacidity (CCSI scale 3), consider a digestive supplement containing hydrochloric acid. Gastric hypoacidity was often treated with Alcaroid in the Cayce readings. Currently there is no reliable substitute for this product. Digestive enzymes may be helpful based on the nature of the dysfunction.
 - *Herbal Tonics* – For an elevated score on CCSI scale 22 (after-effects of intestinal flu), consider Herbal Tonic 208. For an elevated CCSI scale 6 (torpid liver), consider tincture of ragweed and castor oil packs. For an elevated CCSI scale 9 (systemic toxicity), consider herbal tonic 545. For chronic nasal catarrh or sinus headache, consider the eucalyptol formula inhalant.
 - *Sedatives* – For nervous headache, consider a compound containing potassium bromide, potassium iodide, tincture of valerian, capsicum and calisaya. Meridian Institute is currently working with a local pharmacy to compound this prescription. The Cayce readings stated that it would be non-habit forming.

Diet

The Basic Cayce Diet (Appendix I) should be considered the default diet unless assessment and interpretation indicate food allergies or sensitivities. For patients with definite or suspected food allergies or sensitivities, an elimination diet should be considered. See Appendix O for elimination diet options.

Hydrotherapy and Packs

Colonic irrigation should be considered for any patients reporting constipation or systemic toxicity (CCSI scale 9). Fume baths with witchhazel should also be considered for systemic toxicity. Glyco-thymoline and Atomidine douches should be considered for woman reporting reproductive system dysfunction involving infection.

Electrotherapy

Patients presenting with poor superficial circulation (CCSI scale 1) or a diagnosis migraine may benefit from the radial appliance. Four one-hour sessions per week is typical.

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Mental/Spiritual Healing

The mental/spiritual aspects of healing may be especially important for patients exhibiting high levels of anxiety, worry, fear, resentment, depression, anger or hate. CCSI scale 18 focuses on these mental/emotional patterns. Problems with any of these symptoms may be addressed with prayer, meditation and developing an ideal attitude for healing (Appendix J). Psychological counseling should be considered for extreme anxiety, depression or anger.

4. Implementation of Treatment

The primary clinician will probably provide direct service for appropriate treatment plan therapies. Referrals for manual therapy, hydrotherapy, etc. may be required depending upon the availability of resources. Some of the treatments can be done at home if education and training is provided for the therapies.

5. Monitor Progress

The patient's progress should be monitored for negative side-effects and to help motivate the patient to follow the treatment plan.

6. Adjust Treatment Plan (as needed)

The treatment plan should be adjusted depending upon the response to treatment.

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C. Headache Algorithm Flowchart

