Headache Drugs Provoking Chronic Headache: Historical Aspects and Common Misunderstandings

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Introduction

"Die größte Krankheit der Menschen ist aus der Bekämpfung ihrer Krankheiten entstanden, und die anscheinenden Heilmittel haben auf die Dauer Schlimmeres erzeugt, als das war, was mit ihnen beseitigt werden sollte."

"The greatest disease of men arose from the fight against their diseases, and the apparent remedies have, in the long run, created worse than that which was to be eliminated by them."

Friedrich Nietzsche was talking from experience; he had been suffering from frequent migraine since the age of 12, and treatment included silver nitrate solution, high doses of quinine, and aconitine: "Statistically: I had 118 days with severe attacks (in 1879); I haven't counted the less severe ones." In 1879, at the age of 35, he retired from his chair at the University of Basel because of his migraine. His descriptions are in no way different from those of our current patients (Holzhey and Isler 1984).

Patients

Primary headache is one of the most common practical problems. There is a hard core of chronic headache cases that resist usual treatment. Over 40% of these are associated with overuse of drugs (Isler 1982) intended for "instant relief" of headache; this drug abuse (Hornung and Gutscher 1984) appears to cause more chronic headache which is reduced by detoxication (Ala-Hurula et al. 1982; Isler 1982; Kudrow 1982; Saper 1983; Dichgans et al. 1984).

Usual Methods

Contemporary headache management is usually inconsequential: the functions of instant relief drugs and prophylactic drugs are seldom clearly distinguished. This strategic defect favors abuse, and relapse after detoxication. A classic example of such disorientation appeared as early as the seventeenth century: Sydenham (1667) warned against the use of quinine in malaria since suppression of paroxysms would make the disease worse, while, in chronic head and facial pain,
he recommended liberal use of opium, (Dewhurst 1963) founding a tradition in this vein (Sydenham's laudanum).

Drugs abused in headache are not mentioned in some standard texts on drug abuse (Blenn 1983; Wikler 1984), headache chronified from drug abuse is skillfully hidden in papers on drug-induced headache (Kohl 1983), and drug abuse is left out in about 99% of all papers on treatment of headache, migraine, and cluster headache, although it is probably the most crucial of all headache problems.

**Auxiliary Method: Applied History of Medicine**

The prevailing scarcity of reliable work in this field leaves us without landmarks since our otherwise successful “objective” methods fail to tell us where we are. New approaches are needed. Information usually discarded as obsolete may provide some guidance. Thus Mann (1984) proposed an inquiry into drug use from historical principles, and Isler (1986) recommended the application of history of medicine to these problems since we may be more confused by our machine-mindedness than our predecessors, who had nothing but their wits to rely on. For this project the historical background of current therapeutic attitudes was again reviewed.

**Results**

Evidence of abuse of pain killers is found in ancient literature dating back many centuries (Kuhlen 1983; de Chirino 1425). Warnings against worsening of headache by “too strong drugs” are found at least from the seventeenth century onwards (Maxwell 1679). In the nineteenth century blood letting, cupping, leeches, purges, and emetics were replaced by “modern” drugs in the treatment of headache. The list is suggestive of the best Borgia tradition, containing potassium cyanide (Trousseau and Bonnet 1832), arsenic (Buel 1808), sublimate of mercury (Martin 1827), aconitine (Burgess 1840), datura stramonium (Orfila 1819), secale cornutum (ergot) (Moretti 1862), digitalis (Muscroft 1872), opium (Adouard 1818), morphine (Day 1893), colchicine (Desparquets 1876), quinine alone or combined with tobacco (Richet 1832), digitalis, or opium, as well as sodium salicylate, potassium iodide and bromide, amyl nitrite, carbon dioxide, and chloroform.

This violent pharmacopeia may be better understood when compared with the array of violent activities recommended in our own twentieth century, such as thorium treatment of migraine (Rothacker 1926), and nondrug methods such as radiation, intraspinal air insufflation, extraction of all teeth, hysterectomy, carotid cryosurgery, sympathectomy, intranasal and sphenoidal resections, occipital nerve exeresis, and oropharyngeal reconstruction surgery. The dominating principle of aggressive management is suggestive of the agitated behaviour of many headache patients who will bang their heads against walls, threaten suicide, or,