

Inhibition of Nausea and Headaches

RICHARD L. DONTIGNY, B.S.

The relief of nausea is not usually considered to be within the scope of conditions that can be effectively treated by physical therapy. My purpose is to describe a somewhat unusual method of coping with nausea and the usually severe headaches that frequently accompany it. Some of the events that led to the development of this method will also be described.

While browsing through some old osteopathic books, I noticed a description of some techniques for the inhibition of nausea. In one technique, an ice bag was applied to the back from the fourth to the eighth thoracic vertebra.¹ In the other, deep pressure was used to the right of the fourth or fifth dorsal vertebra.² As the procedures appeared innocuous and simple to perform, I wanted to determine if they were effective. During the ensuing weeks, several opportunities presented themselves.

A forty-year-old woman complaining of nausea had a painful nodule to the right of the spinous process of T4. After two minutes of firm, steady pressure, the nodule was felt to relax and her nausea abated. A sixty-year-old woman receiving exercise following a radical mastectomy complained that the chemotherapy she was undergoing made her nauseated. Two to three minutes of pressure to the right of T4 relieved the nausea completely. A fifty-eight-year-old woman with rheumatoid arthritis, who had been nauseated for several months and had

undergone studies at a major clinic without benefit, was much relieved following an ice pack to the thoracic spine for twenty minutes.

One day, after a woman received pressure to her spine, she remarked that not only was her nausea gone, but her headache also had disappeared. Subsequently, I have been able to relieve many rather severe headaches of long standing with pressure to the right of T4 and T5. Frequently, more permanent relief can be given with manipulation of these vertebrae; however, manipulation should not be attempted by anyone unskilled in the techniques involved.

A twenty-five-year-old woman, who had been in an automobile accident, was hospitalized for two weeks with a mild concussion and a fracture of the transverse process of C5. During her hospitalization, she suffered mild headaches. After she was discharged, she returned to the hospital daily for four months to receive traction; however, her headaches worsened and were accompanied by dizziness and blackouts. A consultation with a neurologist indicated essentially negative findings. The patient was referred to the physical therapy department for diathermy and massage and, when no relief was obtained after the first treatment, the treatment was changed to manipulation of the upper and middle thoracic spine, followed by electrical stimulation and massage. This treatment relieved the headaches, and follow-up for the next two weeks showed that neither the headaches nor the nausea recurred. A high school student who slipped on

Mr. DonTigny is the Chief, Physical Therapy Department, Northern Montana Hospital, Havre, MT 59501.

ice and fell injuring her back and neck was plagued by headaches for many years following the accident. When physical therapy was initiated, manipulation of the cervical and mid-thoracic vertebrae followed by electrical stimulation and massage relieved the headaches.

These techniques are simple to do and the results are generally gratifying. Recently, we have had some success using shiatsu in the treatment of headaches, which involves pressure to certain points on the crown of the head.³ Further investigation into the physiology in-

involved should provide more insight into the cause of headaches since etiology should help to determine the most effective means of treatment.

REFERENCES

1. Murray CH: The Practice of Osteopathy 3rd ed. The Murray Publishers, Elgin, IL 1912, pp 271-272
2. McMonnell CP, Teall CC: The Practice of Osteopathy 3rd ed. Kirksville, MO, Journal Printing Co., 1906, p 405
3. Namikoshi T: Shiatsu, Tokyo, Japan, Japan Publications, Inc., 1972, p 68

HEADACHES ON ONE SIDE OF THE HEAD ARE FREQUENTLY REFERRED PAIN ALONG THE GREATER AURICULAR NERVE WHICH ARISES FROM C-2. - MANIPULATION USUALLY GIVES PROMPT RELIEF.

T-4 INVOLVEMENT INCREASES HA + ADDS NAUSEA -
I AM NOW ALSO DOING SOME CRANIAL MOBILIZATION FOR SINUS AND IT ENHANCES RELIEF OF HA

John T. ...
865