CASE FROM THE CENTER

Migraine Headaches and Food Sensitivities in a Child James A. Jackson, MT(ASCP)CLS, Ph.D., BCLD¹, Hugh D. Riordan, M.D.² and Ron Hunninghake, M.D.²

This nine-year old white, male child was referred to The Center recently because of "chronic migraine headaches". He began having migraines while in kindergarten. They were relatively infrequent until one year ago. At that time, he started to experience severe headaches every five to seven days. They began as "a kind of sick feeling with pressure around his eyes". He would have to leave school "go to his room, close the drapes, vomit once or twice and then sleep for about twelve hours". The headaches almost always started at school.

There was no family history of headaches. The mother had a normal pregnancy but the child was born with a "high bilirubin". He was nursed until age 15 months, had no colic and was a good sleeper. He had several bouts of "croup" and was treated with antibodies. He did have two amalgam fillings while in the first grade (about the time the headaches started). Otherwise, his history was unremarkable.

Prior to his visit to The Center, he was being followed by a pediatrician who diagnosed migraine headaches and, according to the patient's mother, gave the child some sort of "narcotic knockout drops" to control the pain. The patient's aunt and uncle had been previously treated at The Center with good results. At their suggestion, the patient started taking 1000 to 2000 mg of vitamin C at the first sign of headaches. The patient seemed to respond well to this treatment but the headaches continued.

The patient was seen at The Center and had a normal physical and psychological examination. A cytotoxic food sensitivity test was performed as described by Bryant.^{1,2} The technician

who performs the cytotoxic tests has twenty-one years of experience in doing this procedure. Results of his cytotoxic test showed reactivity to 44 different food extracts. A 1 + reaction is one or two cells in a field showing a reaction as compared to the control cells (patient cells with no antigen), while a 4+ result is all cells showing a reaction. He showed a 1+ to 20 different extracts, 2+ to 17 other extracts, a 3+ to apple, chocolate, green dye, oats, strawberry and vanilla.

The mother started eliminating reactive food from his diet and his headaches disappeared. By trial-and-error, she found that if no more than one or two reactive foods were served at a meal, he suffered no headaches. Using this approach he has been headache free for about four months.

Recently, he was given a chocolate cake for his birthday. Since it was his birthday, he ate part of the cake, although his cytotoxic test showed him to be sensitive to sugar, chocolate, white flour and vanilla, all found in the chocolate cake. Shortly after eating the cake, he felt a severe headache starting. His mother immediately gave him 4000 mg of vitamin C. After resting for 30 minutes the headache disappeared and never returned. By monitoring his diet and restricting the sensitive foods he has remained headache free.

References

- Bryant WTK, Bryant MP (1960): *The Laryngoscope* 19:6, 810-924.
- 2. Bryant WTK, Bryant MP (1971): *Otolaryngologic Clinics of North America* 4:3, 523-534.

Professor and Chair, Clinical Sciences Department, The Wichita State University, Wichita, Kansas 67208.
The Center for the Improvement of Human Functioning

International, Inc., 3100 N. Hillside, Wichita, Kansas 67219.