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**A PRELIMINARY NOTE ON THE USE OF EUCA-
LYPTUS IN HEADACHE.**

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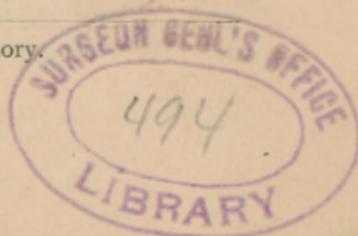
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A BRIEF history of the following cases, where the use of oil of eucalyptus was beneficial in relieving headache of various types after other means had failed, is here put on record in order that others may try this remedy as a therapeutic measure in a class of cases in which it has been used with asserted success,¹ but certainly without extended trial. Our own attention was called to this use of the oil of eucalyptus on account of the markedly beneficial effect in Case I., presently to be described, where it was exhibited to control headache believed to be of malarial origin, quinine having failed. The sudden and surprising improvement which followed its use led us to employ it in other forms of functional headache not due to eye-strain or similar removable cause.

¹ United States Dispensatory.



CASE I.¹—Susan B., æt. forty-eight, single. Marked history of malaria and rheumatism. Formerly had severe head-pains once in two months, lately violent occipital headache every other day, with zig-zag lines and hallucinations as prodromes, entirely unrelieved by quinine. With the exhibition of five minims of the oil of eucalyptus six times a day the headache completely disappeared. Examination of the eyes revealed slight refraction error, the correction of which did not alleviate the pain.

CASE II.—Mrs. D., æt. thirty-one. Nervous family history, menstruation irregular and too free, headaches grouped about periods, no apparent eye-strain, indiscretion in diet sometimes appears to precipitate headache which is not a hemicrania, but general and mostly occipital and congestive in type. If headache is not due to dyspeptic attack, eucalyptus will usually abort it, one capsule (five minims) four or five times a day. Her plan is first to take aromatic ammonia and if no relief is afforded then eucalyptus. Antipyrin and cannabis indica gave no relief.

CASE III.—Mrs. T., æt. forty-six. Gouty family history, menopause, headaches for years, mainly in occipital region, congestive in type, any increase of blood in head greatly increases pain, doubtful malarial history, quinine in full doses sometimes lessens attack, salicylate of soda at first gave relief, but caused dyspeptic symptoms, likewise cannabis indica; antipyrin unless given in heroic doses is useless. Patient was placed on rigidly restricted diet, and given five minims of oil of eucalyptus four times a day, with marked benefit. Subsequently the administration of a few doses of the drug sufficed to

¹ University Medical Magazine, May, 1889.

ward off any severe attack. Eyes were normal, no asthenopia. Patient reports a sister greatly relieved by the same remedy given by another physician at her solicitation.

CASE IV.—Miss L. W., æt. twenty-eight. Right-sided frontal headache. Attacks formerly accompanied by visions, lately has silver rings constantly before eyes. Cannabis indica gave but little relief, eucalyptus gave great relief, headaches much better lately; no malarial history. The eyes revealed results of former granular lids, and the headaches were never in apparent association with eye-strain.

CASE V.—Miss C., æt. twenty-five. Menstrual irregularities. No former severe illness. No history of malaria. Headaches for twenty years, chiefly on left side, bearing no relation to menstruation, congestive and lasting several days. No apparent eye-strain. Iron and arsenic were prescribed for the anæmia and oil of eucalyptus in the event of headache. With the prodromal symptoms of a headache, twenty minims of the drug, served in the belief of the patient to abort the attack.

CASE VI.—Mrs. G., æt. thirty-three. Gouty family history; pelvic peritonitis three years ago; a great sufferer from "hay fever;" frequent attacks of tonsillitis; the patient in girlhood had lived in a malarious district. For years she has been the victim of the most violent occipital headaches of a congestive type, beginning with the feeling of a band in the back of the neck, succeeded by a thumping pain in the occiput which rapidly spreads over the entire cranium and is associated with intense injection of the conjunctiva and swelling of the face. The eyes showed a low grade of hypermetropic astigmatism and 10° of insufficiency of the internal recti. Appropriate glasses were ordered, and prisms for the

relief of the muscular defect, with the result of ameliorating the asthenopia, but not materially influencing the headache. A prolonged course of all the usual remedies employed for the relief of headache of a congestive type was ordered, but without any very satisfactory results. Oil of eucalyptus, five minims every four hours, gave great relief even during a paroxysm, but was most efficient when exhibited during a prodromal period, or when taken after such exposure, like cooking, which was always succeeded by a headache. The ability to abort a paroxysm was a marked feature of the medication.

CASE VII. — Miss S., *æt.* twenty-one. Nervous and with a nervous family history; anæmic and suffering much from enforced loss of sleep; was subject to violent neuralgic headache uncontrolled by the ordinary remedies and not relieved by treatment of a slight ocular defect. Oil of eucalyptus in five-minim doses produced better results than any other remedy; indeed, while the patient continued its use the headaches were practically absent, although they returned when this was discontinued. There was no history of malaria in this case.

CASE VIII. — Miss L., a plethoric woman, *æt.* nineteen, the subject of hemorrhoids; slight leucorrhœa and sharp frontal with dull occipital headache brought on by fatigue, by the use of the eyes and often without apparent cause, usually worse in the first few hours of the morning. Both eyes hypermetropic with insufficiency of the external recti of four degrees, the correction of which did not stop the headaches, nor was medication directed to the regulation of the portal circulation followed by relief in this direction. Eucalyptus was the means of producing marked relief. The patient also took

strychnia and nitro-muriatic acid. Antipyrin, cannabis indica, and the bromides were not successful.

We have given the histories of these eight cases in which the results are sufficiently definite to stimulate further trial of this remedy. We are employing the drug in a number of cases, in which we are not yet in a position definitely to state the result; in others we know that relief has been afforded. Dr. Weir Mitchell and Dr. Wharton Sinkler, of the Infirmary staff, have employed the drug in like cases with benefit. The latter has used it in three cases with decided relief; in one, in a case of long-standing migraine, it was the sole medicine for five or six weeks. In this case the paroxysms, which were right supraorbital and severe, were materially shortened and the intervals lengthened.

Eucalyptus has been used with asserted success in migraine and other forms of neuralgia as mentioned above. In our experience it appears to be of most service in the headaches of congestive type; in one case where indiscretion in diet precipitated an attack the drug did not appear to be of use, although it relieved other seizures. In this and other of our cases the drug acted more beneficially when given at the very onset of the attack than after full development of the paroxysm, and we would suggest its trial as early as possible in the seizure, especially when there is a long prodromal period. The question has arisen, Are the headaches of a malarial origin that are relieved by this drug, or has it some other mode of action? In the first case the evidence of malaria is

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undoubted, in none of the other cases is it positive, and in some not at all probable. We intend, in a future paper, to give the results of further trial with the oil of eucalyptus, and hope to be able to state more definitely the type of headache in which the most relief may be anticipated. In two instances our results were entirely negative, in both an organic lesion existed, the one in the alimentary canal, the other in the ovaries. We have used the drug in one case of ciliary neuralgia without effect and intend to give it trial in other types of neuralgia.

POSTSCRIPT.—Gimbert has used eucalyptus with success in neuralgias of *intermittent type* even when he could obtain no history of malarial infection. (“L’Eucalyptus Globulus: son Importance en Agriculture, en Hygiène, et en Médecine.” Paris, 1870.)

