MYALGIA OF THE NECK MUSCLES

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Gentlemen:

I consider it both a great honor and pleasure to have had this opportunity to meet the otolaryngologists and broncho-esophagologists of Japan, whose excellent scientific work has been recognized by all who are engaged in this speciality.

First let me extend to the members of this organization the hearty greetings of the otolaryngologists and the broncho-esophagologists of the United States.

To further express to you the sentiment of the medical men of my country towards Japanese medicine, I was asked by the editor of the Journal of the American Medical Association to procure a correspondent for the Journal so that the medical events of Japan would appear in the Journal along with those of other nations.

Finally as associate editor of the Archives of Otolaryngology I would like you to know that the pages of the Archives are open to you for the publication of otolaryngological papers.

Next I wish to tell you that I had no idea when I left my home that I would have this opportunity to meet with you and much less that I would be asked to speak to you on some medical subject. All of this came about through Dr. Hara. It was he that procured the films that you are to see and was kind enough to present me with a number of letters of introduction to members of your group.

Since you have so highly honored me in asking me to say a few words to you I have chosen for my subject MYALGIA OF THE NECK MUSCLES, often erroneously called Myositis.

My reason for choosing this subject is that throughout many years that I have practiced otolaryngology I have found that a large percentage of the patients that came to me complaining of headache had myalgia of the neck muscles. In fact in my experience it is the most common cause for headache in those patients that present themselves to the otolaryngologist with this complaint.

I first became acquainted with this symptom complex through Dr. Halle, in Berlin, in 1925. Since then this symptom complex has been of more than usual interest to me, possibly, because I happen to be one of its victims.

SYMPTOMS

Commonly the headaches begin in the morning, shortly after arising. The pain may be localized in the occiput or frontal region, or both. It may be unilateral or bilateral.

The severity of the pain may range from a slight annoyance to pain so severe that an opiate may only offer slight relief.

The headache may persist for only a short time or may continue without relief for weeks. When this occurs the patient often finds it difficult to remain in a prone

position and feels most comfortable when upright holding his head in his hands.

When the pain is sever it may become generalized and may extend into the superior maxilla and teeth. Pain in the ear is a very frequent symptom. In some cases there is no complaint of pain or soreness in the neck muscles although a severe headache may be present. In others the pain is localized only in the neck muscles.

Myalgic headaches are often accompanied with mild vertigo, inability to concentrate, loss of appetite, and a feeling of depression.

ETIOLOGY

The underlying cause of this condition is a physical allergy. All of these patients are sensitive to cold, especially cold drafts; even though some are not aware of the facts. There are, of course, many conditions that predispose the sensitized individual to all attack. Tension has especially been stressed, as a factor; other conditions such as food allergy, infectious diseases and above all occupational conditions such as stenographers, drivers of motor vehicles, in fact any one who is obliged to hold his head in one position for long periods of time. A still more important factor is exposure to drafts, sleeping with a window open at night, going out of doors without a hat and exposure to air conditioning, etc.

DIAGNOSIS

The history of the onset, the location of the pain and the finding of spastic neck muscles or nodules in the neck muscles usually clinches the diagnosis. The muscle spasm is detected by palpating the neck muscles with the second, third and fourth fingers tips, rubbing across the deep neck muscles in the occipital region. The sternomastoid muscle is rarely involved.

When pressure is applied to the tense muscles pain is elicited and the patient flinches:

DIFFERENTIAL DIAGNOSIS

There are of course numerous causes for headache which must be ruled out before making a diagnosis of myalgic headache as there are patients who have spastic neck muscles without apparently suffering very ill effect from them; therefore the constitutional causes of headache must be eliminated, as well as headache caused by sinus infection, the so called Histaminic headache, headache due to the sphenopalatine ganglion, occipital nerve neuralgia, which by the way is frequently associated with myalgia. Finally one must remember that more than one cause for the headache may exist.

TREATMENT

My method of treatment is as follows: The wooden applicators tepped with a small amount of cotton, are dipped in a solution of 4% cocaine to which some adrenalin has been added. These are placed in each nostril and directed towards the sphenopalatine ganglion and allowed to remain for five minutes. Then two fine light weight metal applicators are tepped with cotton and dipped in adrenalin solution, with these a small amount of flake cocaine is picked up and the applicators are placed in contact with the sphenopalatine ganglion on each side and allowed to remain there for ten minutes. It is well to warn the patient that he is to inform the nurse if any abnormal reaction occurs. After removal of the applicators there is considerable relaxation of the neck mus-

cles and also considerable relief from the head pain.

This procedure should be repeated a few times, usually not more than three applications are necessary. These may be repeated daily or every other day. In addition to the above treatment the author prescribes an ounce of 1/10000 Histamine Diphosphate with the following directions: The mount should be dried by swallowing the contained saliva and then one drop of the solution is dropped under the tongue at about ten minutes before eating. The next day two drops before each meal are taken, then three, four, five six and seven. I have never found it necessary to use over seven drops three times daily. The drops are continued for one or two months.

Some patients are extremely sensitive to Histamine and in these individuals it may be necessary to start the treatment with a 1/100,000 solution without developing a headache within 15-20 minutes after taking the drops. Under these circumstances the patient is told to take two drops less than the dose that caused his headache and start the treatment from that point.

The patient must be told that he will accumulate a quantity of saliva during the ten minutes that the drops are kept under the tongue; this is swallowed at the end of the ten minutes period.

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頸 筋 痛 に つ い て

サイデル博士講演抄録

耳鼻咽喉科領域を訪れる患者の頭痛の原因として頸筋痛がある。

症状は朝起床後しばらくして起り、前頭又は後頭に限局する。程度は軽いものも激しいものもある。期間も色々である。前屈すると増強し、頭を手で真直に支えると軽減する。時にはメマイ、注意力散漫、食慾不振、憂鬱症を起す。

原因は物理的アレルギーで、患者は寒冷、殊に隙間風に敏感である。疲労、食餌アレルギー、伝染病、殊に職業（速記者、自動車運転手）が関係する。

診断には既往歴を詳細にたづね、疼痛が限局し、痙攣性の頸筋の有無を検する。胸鎖乳突筋の侵されることは少い。

治療には4%コカイン（アドレナリン少量を加える）に浸した小綿球を翼口蓋神経節へ向つて入れ、5分間放置する。更に綿球にてアドレナリンを塗布、更にコカイン粉末を翼口蓋神経節へ向つて置き十分間放置すると頭痛は軽減する。

又、ヒスタミンの脱感作療法も用いられる。

（抄訳 鈴木安恒）