Masturbation and orgasm as migraine headache treatment: Report of a case

Ali Ulvi Uca MD, Hasan Hüseyin Kozak MD

Department of Neurology, Meram Faculty of Medicine, Necmettin Erbakan University, Konya, Turkey

Abstract

This is a report of an unusual case, where the patient used clitoral and/or vaginal masturbation and orgasm for treatment of migraine attack. While the non drug treatment was effective, she subsequently developed depression. The orgasm from masturbation, resulting in the rush of endorphins, probably relieved the migraine. However, as demonstrated in our patient, the patient also had sexual aversion, tiredness, feeling of shame and guilt, followed by depression from the alternative non-drug treatment.

INTRODUCTION

Migraine is a common chronic disease characterized by the recurrence of disabling headache attack and autonomic nervous system dysfunction. Despite extensive research in recent years, many pathophysiological aspects remain unclear. Management of migraine includes non-pharmacological preventive methods and treatment of acute attacks using drugs. Drugs for migraine attacks include triptans and non-steroidal anti-inflammatory drugs (NSAIDs), which may be used in combination. Some patients also resort to non-drug alternatives to relieve the headache. In this report, a patient using the unusual clitoral and/or vaginal masturbation and orgasm for treatment of migraine attack is described. She later developed depression.

CASE REPORT

The patient was a 28-year-old woman with a 3-year history of migraine without aura. Her first migraine attack occurred when she was 25 years old. Since then she had recurrent headache at a frequency of 10-15 attacks per month. The headache attacks were described as unilateral throbbing severe pain, accompanied by photophobia, phonophobia, nausea and vomiting lasting one day. These headaches were not precipitated by any triggering factor. During the headache episode, any form of physical activity would exacerbate her pain, and she would seek relief by lying down in a dark and quiet room. She had no family history of migraine or other neurological disorders. The patient reported that during the attacks, she would be treated with oral triptans and NSAIDs. This would result in partial partial improvement, but not total relief of the pain.

Influenced from an internet blog, she started doing clitoral and/or vaginal masturbation during headache onset, to stop the migraine attacks. After she had an orgasm, the headache would subside and went away within minutes without recurrence. Following that, she continued to use clitoral and/or vaginal masturbation and orgasm for treating the migraine attacks, when the pain was still mild, or sometime when it reached moderate severity. However, the method can only be applied when the environmental conditions were appropriate. Almost all mild headache attacks and most of the moderate ones responded to orgasm. She would fall asleep more quickly after orgasm, and sleeping facilitated the cessation of pain. In time, her sexual interest to her husband decreased, leading to feeling of guilt and regret. She also felt extremely tired and sinful. After consultation with psychiatry department, the patient was given anti-depressant medication and family therapy. Concomitant topiramate was started as a prophylactic treatment.

DISCUSSION

Orgasm can trigger migraine attack in some patient. However, in some cases, it can also help to relieve headache. There has been previous report of sex relieving migraine, but these were based on small studies. Couch and Bearss reported beneficial effect of sexual intercourse compared to triptans.¹ Evans and Couch reported a case with migraine headache relieved within minutes.
after orgasm. Marchand reported two psychiatric patients who used masturbation to obtain relief from painful medical conditions. He was the first to suggest that masturbation could be used to reduce pain. Sexual arousal, especially if orgasmic, has also been reported to relieve chronic and back pain and to increase the threshold of pain in women.

Thus, recent studies suggested that sex may relieve migraine headache in some patients. To see whether this phenomenon was borne out on a larger scale, Hambach et al. investigated 800 patients who had migraines and 200 patients with cluster headaches. The patients were asked about their experiences with sexual activity during headache attacks, and how sex affected the pain intensity using a questionnaire. About a third of the patients reported that they engaged in sexual activity during a migraine or cluster headache. Of the migraine patients, 60 percent experienced relief, with the majority of those patients reporting a moderate or complete pain relief from the sexual activity. For one third of the migraine patients, sex worsened the headache attacks. Among patients with cluster headaches, about one third reported total or partial relief, while about 50 percent reported that their headaches worsened.

Hambach et al. suggested that those who experienced complete pain relief from migraines may be more likely to release endorphins during sex. Endorphins are endogenous opioid polypeptide compounds produced during pain and orgasm. They work as natural pain relievers. Orgasm pleasure is also facilitated by stimulation of endorphins/opiate receptors. The first phase of migraine attack has been related to the initiating trigger, involving the brainstem as migraine generator. Orgasm can act on migraine headache by endogenous opioid secretion and opioid receptor agonism during the initial migraine generator phase.

Thus, orgasm, and the resulting rush of endorphins, probably relieves the migraine pain, and in that respect masturbation may be helpful. This report shows how the success in treatment is shared with other patients via Internet blogs and social sites and was adopted by our patient. The treatment method may be natural and costless. However, as demonstrated in our patient, she eventually need therapy for sexual aversion, tiredness, shame, guilt, and depression. This shows that the alternative treatment can lead to other costs. As shown by Hambach et al., sexual active can have beneficial effect on headache. However, cultural and religious factors should also be taken into account to comprehensively understand its clinical implication and therapeutic applicability.

**DISCLOSURE**
Conflict of interest: None

**REFERENCES**