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**The Secretary**  
**Select Committee of Youth Suicide in NT**  
**GPO Box 3721**  
**DARWIN NT 0801**

Dear Sir,

**Re: Submission of R. Frank Gorman entitled: “Migraine and Suicide”.**

(a) **Purpose**

The aim of this submission is to draw attention to Migraine as the main treatable illness, which might involve suicide as one of its complications.

The suggestion is that persons, including juveniles, who suffer from migraine, already have a cerebral detriment which could predispose them to committing suicide. If the migrainous brain state is eliminated, the patient might not suicide at some later time, when beset by some vicissitude in life’s toil.

(b) **Explanatory Notes on Migraine in this context:**

Migraine has two essential persona: Ictal Migraine and Interictal Migraine.

The term: Ictus, means the incident. Accordingly, *ictal migraine* is the prostrating headache with associated aura, hyperacuicis, photophobia, vomiting etc.

On the other hand, *interictal migraine* means the migraine state in the headache-free-periods: in the intervals between the headaches. Essentially interictal migraine means the ongoing, abnormal, constitutional state of persons who suffer from migraine headaches.

(c) **A summary of Migraine:**

**Big ‘M’ migraine** is the overall illness.

**Little ‘m’ migraine** indicates the migraine headaches – it makes the point that the headaches are a minor part of the total illness – however, headaches are the notable feature of the illness (most persons are unaware of the interictal features and know migraine only as a prostrating headache).

**Big ‘I’ migraine** signifies the widespread span of the migraine illness in terms of constitutional ailments – no doubt **Big ‘M’ migraine** includes suicide propensity and suicide.

(d) **How were the features of Big ‘I’ migraine determined?**

Since the 1970s, teams of researchers worldwide have compared the frequency of pernicious symptoms and conditions in matched groups of acknowledged migraineurs (patients suffering from migraine headaches) versus persons who do not have migraine headaches.

What was found was that migraineurs generally had statistically more of the feature in question, than did the non migrainous group. Note that interictal migraine is a statistical illness – the particular symptom or sign is found to be statistically more common in the migraine cohort of the investigation compared with the non migraine cohort.

(e) **What is the significance of interictal migraine in the prevention of youth suicide?**

Logically speaking, patients suffering from interictal migraine are more liable to suicide as a result of the on-going, brain detriment of interictal migraine.

Remove the interictal migraine state from the brain and the tendency to suicide might be reduced.

(f) **How does one cure the interictal migraine illness?**

Easily in 85% of cases.

Dr. Eric Milne MB.ChB, working alone in Mt. Isa Queensland demonstrated that 75% of persons suffering from *migraine headaches* would get complete cessation of the periodic headaches with one manipulation of the spine performed under general anaesthesia and full muscle relaxation of muscle depolarising type. A further 10% would be added to that total if the treatment was repeated in patients who did not gain full relief with the initial treatment. The remaining 15% of migraine headache sufferers kept having their migraine headaches.

Further, Dr. Milne found that, after their migraine headache propensity has been eliminated by this form of spinal treatment, recovered migraineurs

reported cessation of all sorts of symptoms and signs which they had not associated with their migraine headaches.

(g) **What did these reports of recovery of all sorts of symptoms mean?**

What it meant was, that Dr. Milne had defined the nature of '*Interictal Migraine*' fifty years in advance of the emerging modern appreciation of the interictal migraine illness.

(h) **What is the problem – why has not this treatment been applied in the serious illness of prostrating migraine headaches and the equally serious, interictal migraine illness (if not a worse condition, when suicide is considered)?**

Good Question!

(i) **Medical Politics aside, what can this NT Select Committee do to explore the suicide prevention aspects of the eradication of interictal migraine in NT juveniles?**

Mr. Jim Sullivan: a member of the Katherine Hospital Advisory Board, has proposed an "Innovations Clinic" at Katherine Hospital; this adjunctive clinic, though to be established in principle to deal with the burgeoning waiting list for specialist appointments at that Hospital, proposes to use Dr. Milne's discoveries in regard to interictal migraine as the basic philosophy, which underlies treatments, which will be provided at the clinic. Mr. Sullivan has a very good appreciation of the problems facing the Katherine Hospital; as well he has a very good grip on interictal migraine and its treatment.

Mr. Sullivan needs the support of the NT Select Committee to help him establish this 'Innovations Clinic', with the aim of exploring the possible cessation of migraine features, such as 'depression of mood', which were shared by patients who have proceeded to suicide.

With Mr. Sullivan's guidance, this clinic could make the Northern Territory the centre of excellence devoted to the treatment of interictal migraine.

In conclusion, I thank the Select Committee for the opportunity to make this submission.

Yours sincerely,

R. Frank Gorman

Recommended reading: Dr. R. Frank Gorman: "The Great Australian Medical Scientific Fraud" Available from AMAZON.

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Mr. Jim Sullivan