

**Zeitschrift:** Helvetia : magazine of the Swiss Society of New Zealand  
**Herausgeber:** Swiss Society of New Zealand  
**Band:** 82 (2016)  
**Heft:** [1]

**Artikel:** Doc I have a headache - I need a scan please  
**Autor:** Steinemann, Nelly  
**DOI:** <https://doi.org/10.5169/seals-944280>

#### **Nutzungsbedingungen**

Die ETH-Bibliothek ist die Anbieterin der digitalisierten Zeitschriften auf E-Periodica. Sie besitzt keine Urheberrechte an den Zeitschriften und ist nicht verantwortlich für deren Inhalte. Die Rechte liegen in der Regel bei den Herausgebern beziehungsweise den externen Rechteinhabern. Das Veröffentlichen von Bildern in Print- und Online-Publikationen sowie auf Social Media-Kanälen oder Webseiten ist nur mit vorheriger Genehmigung der Rechteinhaber erlaubt. [Mehr erfahren](#)

#### **Conditions d'utilisation**

L'ETH Library est le fournisseur des revues numérisées. Elle ne détient aucun droit d'auteur sur les revues et n'est pas responsable de leur contenu. En règle générale, les droits sont détenus par les éditeurs ou les détenteurs de droits externes. La reproduction d'images dans des publications imprimées ou en ligne ainsi que sur des canaux de médias sociaux ou des sites web n'est autorisée qu'avec l'accord préalable des détenteurs des droits. [En savoir plus](#)

#### **Terms of use**

The ETH Library is the provider of the digitised journals. It does not own any copyrights to the journals and is not responsible for their content. The rights usually lie with the publishers or the external rights holders. Publishing images in print and online publications, as well as on social media channels or websites, is only permitted with the prior consent of the rights holders. [Find out more](#)

**Download PDF:** 22.01.2026

**ETH-Bibliothek Zürich, E-Periodica, <https://www.e-periodica.ch>**

## Health Corner

### Doc I have a headache – I need a scan please

A scan probably won't help us further. Knowing a bit more about you and about your headache might well help though. I tell you about a few common headaches that we see in General Practice, and a few not so common ones, some of them might need urgent attention. As usual, this is meant to give you some interesting pointers, but is not a substitute for a visit to your GP or emergency department.

**Jack (11)** is brought in at midday. He had been at school; Mum was called by the nurse to pick him up. He had seen some flashing lights earlier in the morning, then developed a throbbing headache on the left side. He asks for the room to be darkened, noises annoy him, he feels sick and has vomited once. His Dad gets migraines.

Jack needs to be examined indeed. He very likely has a migraine – they are more common in children than is generally thought. But more sinister causes of headaches need to be excluded.

**Ellie (15)** gets migraines too. Hers are a bit different though – they start with her having tunnel vision and slurring her words for about half an hour, which she has found very scary. Afterwards she gets her headache, which is helped by Nurofen.

*Ellie is describing a migraine with an 'aura', a warning sign that a migraine is likely to happen. This is not uncommon. It is very important that she does not take the oral contraceptive pill, as the combination of pill and migraine with aura can cause strokes, even at her young age.*

**Anton (23)** feels a bit awkward. He started a new relationship a couple of months ago, but each time he has intercourse he has been getting a severe headache at the back of his head. His new girlfriend wonders what's happening.

*Headaches with exercise, or with sexual activity, have been described already by Hippocrates (450y BC). They can be treated with preventative medications.*

**Vicki (36)** has had headaches all her life. She requests stronger medications. A girlfriend is on Sevredol which seems to help that person. On most days Vicki takes 8 Panadol tablets, 4 to 6 Nurofen, and at least 6 Codeine tablets (30mg each).

*Vicki has Medication Induced Headache. If someone takes painkillers every day, the body responds by making*

*the headache worse, the person needs stronger drugs and a vicious cycle develops. Unfortunately there is no easy way to treat these headaches. Vicki has to stop ALL painkillers for at least a month. The headaches WILL get worse for a time. She might be prescribed some preventative medications. As for painkillers in future, she should never take them on more than two days per week, otherwise the condition will recur. Sevredol is an Opiate, and should not be prescribed for headaches.*

**Charlotte (47)** has had a difficult year. She has been working extra hard, and her elderly parents rely on her with their health issues. She has not been sleeping well and has headaches and neck aches every day.

*Tension headaches are one of the most common forms of headaches. Medications can temporarily help, but there is a serious danger of medication induced headache. Anything else to ease tension would be good – from meditation, mindfulness, to warm baths, massage, exercise, sometimes even regular antidepressant medication.*

**Lance (55)** has been getting very short and severe bouts of stabbing pain in the right side of his face and forehead. They happen several times an hour. Just touching his face brings them on. *Trigeminal neuralgia, an irritation of a nerve, is more common in people over 50. It can be prevented by taking regular medications and tends to disappear after a few weeks or months.*

**Ruth (32)** has had a cold for three weeks. Over the past 10 days she has had a chronic pain in her forehead, worse when she bends forward. Her nose is still blocked.

*This sounds very much like a sinus headache. Some people get them recurrently. Antibiotics combined with steroids sometimes help, but not always.*

**Lily (19)** lives in a student hostel. She is brought in by a fellow student because she has had a headache for the past day. She also feels nauseated, has a fever, and seems a bit confused. She does not have a rash.

*Lily needs to be seen urgently, she may have meningitis. Rash is a late sign and does not always happen.*

**Ruby (82)** has not been feeling right for several weeks. Her appetite is

down – but that might be because her jaw hurts when she chews. She lost a couple of kilos, and she has a nagging headache. Another emergency. We need to make sure she does not have 'temporal arteritis', a condition where the arteries in the temple and into the eyes are inflamed. It can lead to sudden, irreversible blindness. A blood test can give a pointer whether that's the condition.

**Rob (56)** has been renovating his house. He has had some occasional minor headaches for a few weeks. Today he was lifting some beams when he felt like he was hit on the head. He has the most severe headache ever and has been vomiting. His wife was so worried she called an ambulance.

*Right she was, Rob may have a bleed in his brain and needs urgent hospital management.*

**Michelle (63)** has a sudden headache above her right eye. She feels sick, and her vision in that eye seems a bit blurred. Another urgent one – she may have 'acute angle closure glaucoma' – that's the less common form of glaucoma.

Did you notice none of these 11 people has a suspected brain tumor. Headaches can happen in brain tumors, but more commonly patients present with a convulsion, or with symptoms of a stroke.

And the gist of it all: There are many causes of headaches, most are not life threatening – your doctor will help you to work out the difference.

Nelly Steinemann

**Sylvias' Bakery**  
German Artisan Bakery  
at 598 Remuera Road (Upland village)  
phone 09-5220178  
opening times:  
Monday closed  
Tuesday to Friday 6:30am to 6pm  
Saturday 7:30am to 4pm  
Sunday 7:30am to 2pm