International Journal of General Medicine and Pharmacy (IJGMP) ISSN 2319-3999 Vol. 2, Issue 3, July 2013, 39-42 © IASET



# TOMBOY HEADACHE: NEW ENTITY AND EXPERIENCE FROM TERTIARY CARE CENTRE

## VIJAY NATH MISHRA<sup>1</sup>, R N CHAURASIA<sup>2</sup>, RAJESH KUMAR<sup>3</sup> & RAMESHWAR NATH CHAURASIA<sup>4</sup>

<sup>1</sup>Associate Professor & Head, Department of Neurology, IMS, BHU, Varanasi, Uttar Pradesh, India

<sup>2</sup>Assistant Professor, Department of Neurology, IMS, BHU, Varanasi, Uttar Pradesh, India

<sup>3</sup>Assistant Professor, Department of Psychiatry, Institute of Human Behaviour and Allied Sciences, Delhi, India

<sup>4</sup>Assistant Professor, Department of Neurology, Institute of Medical Science, BHU, Varanasi, Uttar Pradesh, India

#### **ABSTRACT**

Tomboy is a girl who exhibits characteristics or behaviours considered typical of the gender role of a boy. New terminology is being proposed that is "Tomboy Headache" in young girls having "Tomboy personality", usually presenting with severe, excruciating vertex headache along with stubborn personality, relatively resistant to the usual anti migrainous treatment. Symptoms are relieved with gradual reversal of the personality towards feminine character with appropriate psychological intervention.

**KEYWORDS:** Headache, Psycho Education, Tomboy

## **INTRODUCTION**

Tomboy, a term introduced in 1592 (Simpson J and Weiner E. 1989)<sup>1</sup> is a girl who exhibits characteristics or behaviours considered typical of the gender role of a boy (Bailey J M, Bechtold K T and Berenbaum S A, 2002)<sup>2</sup>, (Brown Jayne Relaford, 1999)<sup>3</sup>, including the wearing of typically masculine – oriented clothes and engaging in games and activities that are often physical in nature, and which are considered in many cultures to be the domain of boys (Brown Jayne Relaford, 1999)<sup>3</sup>.

New terminology is being proposed that is "Tomboy Headache" in young girls having "**Tomboy personality**", usually presenting with severe, excruciating vertex headache along with stubborn personality, relatively resistant to the usual anti migrainous treatment. Symptoms are relieved with gradual reversal of the personality towards feminine character with appropriate psychological intervention.

#### MATERIAL AND METHOD

From January 2011 to January 2013, 1135 number of cases of young subjects (12 years – 19 years) with headaches for more than 3 weeks, were registered with normal neuroimaging, were seen in Neurology outpatient Department, Banaras Hindu University and Institute of Human Behaviour and Allied Sciences, Delhi. Out of these 13 patients were taken in the present study with the following criteria:

- Girls with Tomboy features since childhood
- Headache for more than 2 weeks, which was associated with family pressure to change the Tomboy appearance
- Normal Neuroimaging of Brain
- Headache relived by psychological intervention

#### RESULTS

Table 1 shows the demographic characteristics of the 1135, patients which were Screened over 2 years duration. Out of these 1135 patients, 13 patients were selected for the present study, depending on fulfilment of criteria, as described in materials and method section, above. These 13 patients selected out of 1135 patients, were having typical headache features, which was as follows:

- All of them presented with typical sharp, severe vertex headache, which have been associated with severe crying spells.
- All had history of family pressures from first degree relatives to change the appearance with girlish cloths
- All were between 13 years to 19 years age group, and all of them were studying in various standards with good scholastic performance.
- All of them had no effect of drugs on anti migrainous treatment
- All improved with psychological intervention

One of the cases, which were representative case, has been discussed in detail, as follows:

Ninteen years old tin built girl, who is second of her three siblings, studying in her second year of graduation in college, presented to neurology OPD, at Sir Sunder Hospital, BHU with complaints of severe excruciating episodic headache at vertex, with each episode lasting for 15 minutes to 30 minutes, for last one year, without any symptoms of raised intracranial pressure. Headache used to occur 4 – 5 times in a week. There has been no relief with usual analgesics; however her sleep was normal, without any nocturnal headache. She has been studying her graduation away from her paternal home, staying with her close relatives, who are very critical of her appearance and dressing sense. She had been fond of being in masculine appearance, with small hairs, wearing trousers and shirt, using male undergarments (as told by her mother), riding motor cycles. Her relatives have also tried to make sure that she should have feminine look, including wearing girl's clothes for last one year. Since then she has started to have such episodes of headache. Her Neurological examination was within normal limits, except she was having mild depression (12/54) Hamilton Depression Rating Scale Score. Her brain MRI was normal. Patient did not show much improvement with analgesics, imipramine and fluoxetine. She showed mild improvement in her depression and headache with Tab Duloxetine (20 mg BD). She showed marked improvement in her headache with psychological intervention in the form of psycho education and councelling.

## **DISCUSSIONS**

Headache is common in childhood and becomes more frequent during adolescence. An epidemiological survey of 9,000 school children found that one third of children who were at least of seven years of age and one half of those who were at least of 15 years of age had headaches (Bille B, 1962)<sup>4</sup>. EEG is of limited use in the routine evaluation of headache in children, as upto 10% of children with migraine may show non-specific discharges (Puca F and de Tommaso M, 1999)<sup>5</sup>. The first and foremost step in the acute headache management is to identify the temporal pattern of headache and factors associated with headache. Not only headache, but also all the precipitating factors should also be assessed. "Tomboy Headache" is a new nomenclature introduced by us, which has never been described in literature. Gender identity disorders have been seen in the community with variety of psychological and emotional manifestations related to gender dysphoria. In the Indian context, there is a sociocultural tradition where the families desire to have male baby. In the recent past, this has led to high female feticide cases leading to skewed gender proportions in various states of India. Usually in these

situations, the girls are also reared in male attire to fulfil the covert/overt family wish to have male child. Usually by 3 years of age, it had been noted that the children can identify their biological sex. Usually girls who want to dress and behave like boys are termed "Tomboys" by the society. Such girls also have significant psychological and emotional issues along with conflict about their sexual orientation. They usually express significant dysphoria and distress about their biological sex and they always yearn to become like boys both in terms of anatomy and behaviours. Such conflicts can lead to certain somatic symptoms particularly headache which has been seen in this index case. In our case series, all the 13 patients had constant pressure by the family relatives to change the behaviour and attire contrary to her wishes and desire, which could have been the precipitating factor for the said headache. Headache in young girls is a common disorder, and proper assessment of headache, personality and family history should be undertaken so that the actual diagnosis may be made and unnecessary overuse of medications may be avoided. In patient like the above described, proper psychological counselling is much more appropriate than the medications hinting towards psychological origins of the headache. This case also sensitizes clinicians towards looking for underlying psychological issues in cases presenting with such headache.

#### **CONCLUSIONS**

Headache in young girls is a common disorder, and proper assessment of headache, personality and family history should be undertaken so that the actual diagnosis may be made and unnecessary overuse of medications may be avoided. In patient like the above described, proper psychological counselling is much more appropriate than the medications hinting towards psychological origins of the headache. This case also sensitizes clinicians towards looking for underlying psychological issues in cases presenting with such headache.

#### REFERENCES

- 1. Simpson J and Weiner E. (1989). Oxford English Dictionary. (2nd edi.). United Kingdom.
- 2. Bailey J M, Bechtold K T and Berenbaum S A (2002). Who Are Tomboys and Why Should We Study Them? Archives of Sexual Behavior August 2002;31(4): 333–341
- 3. Brown Jayne Relaford (1999). "Tomboy". In B. Zimmerman. *Encyclopedia of Lesbian Histories and Cultures*. Routledge. pp. 771–772. Retrieved 21 August 2012
- 4. Bille B (1962). Migrane in school children. Acta Paediatr Scand 1962; 51(Suppl. 136) 1 151.
- 5. Puca F and de Tommaso M (1999). Clinical neurophysiology in Childhood headache. *Cephalalgia1999April*;19 (3): 137-46.

### **APPENDICES**

**Table 1: Demographic Characteristics of Patients** 

Patient's Characteristics	Females (Total – 787)	Males (Total – 348)
Age group		
12 yrs – 14 yrs	144	87
15 yrs – 17 yrs	489	57
18 yrs – 19 yrs	154	204
Vascular headache	576	179
Tension Headache	169	67
Other variety of Headache	29	102
Tomboy Headache	13	None
Education (above 6th standard)	504	167