

Chapter One: Accumulating Several Types of Headaches

It is very common for a patient to have had headaches for many years before seeking help from a chiropractor. Over the years, these patients have accumulated multiple types of headaches. These may be true migraine headaches caused by unhealthy brain cells. They may be structural headaches that will respond very well to treatment from the right type of chiropractor. They may be sinus-related headaches that flare up when environmental or weather conditions change. Or maybe even hypothyroid headaches that are present when you wake up in the morning because that is the time when the thyroid is the least active, resulting in brain cells that do not get enough stimulation from thyroid hormone. All of these have a variety of contributing factors. Unfortunately, unless the treating physician takes a very global approach, the headache patient with multiple types of headaches may get frustrated with care.

In addition, to have multiple types of headaches over time, it is entirely possible for one type of headache to trigger or make the brain more sensitive to a true migraine. Many headache-sufferers report that a headache may start from stress, skipping a meal, not getting enough sleep or too much time on the computer. But, in a short period of time, that headache is the pathway that triggers a more severe headache that would more appropriately be termed a migraine.

If a headache patient visits a chiropractor and that chiropractor only addresses the articular (joint) component using manipulation, the patient may feel better for an hour or two – maybe a couple of days or even a week. But when the headache comes back, the patient may get frustrated and think that type of approach isn't working. Or the patient may see a massage therapist, and the

same pattern occurs. The frustration leads the patient to stop treatment. The patient may then consult a neurologist who may prescribe Imitrex, Topamax, Neurontin, Depakote or Maxalt, or even Botox injections. And it seems to work for a couple of hours, a couple of days or a couple of weeks only to return in full force. The frustration builds and treatment stops yet again.

It's not until all aspects contributing to a headache are addressed at the same time that the patient can truly achieve the greatest potential for headache relief. That is why it is important to see a physician who will address all potential contributors to a headache, or will work together as a team with other providers. In my own experience, I've had many cases where patients have had headaches for months, years or even decades that were eliminated in two weeks by treating the structural elements. Headaches arising from structural issues are very common, especially in today's high levels of stress and computer use.

Structural Headaches

As a chiropractor, I must say that no discussion on headaches would be complete without first addressing the structural component of headaches. A structural headache refers to a headache that is caused by the facet joints of the neck and thoracic region (between the shoulder blades) as well as the soft tissues of the shoulder, neck and head. These soft tissues include muscles, ligaments, tendons and the fascia.

The structural components of this region play a massive, if not the most dominant, role in headaches. This aspect is usually not addressed in an office of a typical neurologist or primary care doctor. It has been a common scenario in my practice to have a patient who has been under the care of a neurologist or a pain management physician for several years, treated only with various medications and procedures without a recommendation to a chiropractor for an evaluation. When the patient finally received comprehensive chiropractic treatment, the treatment relieved the headaches – sometimes in as little as two weeks.

Based on these experiences, I have found that it is far too common for a headache to be diagnosed as a migraine and yet no assessment has ever been done of the joints and soft tissues of this region. I personally think it is impossible to diagnose a migraine without touching the muscles of the neck to ensure this region is not contributing to the patient's headache.

By definition, a migraine occurs on only one side of the head at a time. It can twitch left to right from episode to episode, but a headache that encompasses both sides of the head is not a migraine. That type of headache is most likely structural, and structural care needs to be a component of treatment. Because of that, if you experience structural headaches and it has not

been recommended that you see a Doctor of Chiropractic, you may need to find a new doctor who will be open to all treatments for all aspects of your headache.

Combining Soft-Tissue Treatment with Manipulation

If you're going to seek care from a chiropractor, be certain to consult with one who offers soft-tissue treatment in conjunction with manipulation. The doctor who spends, perhaps, two or three minutes on treatment is not doing you a service. When it comes to headaches, you really need to address the muscles, ligaments, tendons and fascia that overlay the back of the neck, the skull and even the front of the head to truly address what might be contributing to headaches.

Botox for Migraines?

It is becoming more accepted to use Botox as a treatment for migraines. This approach began as patients who were given Botox injections for aesthetic reasons reported a decrease in their migraine headaches. It is likely that headaches helped with Botox were misdiagnosed and were actually structural in origin. They were stemming from the soft tissues surrounding the eyes such as the temporalis muscle, frontalis muscle and masseter muscles, as well as the fascia that surrounds these muscles. So by giving Botox injections, it was actually relaxing the muscles in that area and relieving the headaches.

Patient #1.

Patient #1 had been diagnosed with migraines by her neurologist and put on Topamax.

These headaches had been present for a couple of weeks. She really felt they were stemming from the region over the back of her skull and coming up over her head. That is very characteristic of a structural headache. Unfortunately, that pattern wasn't recognized as structural by her neurologist. The Topamax seemed to help with the severity of the headaches, but they were still present. The underlying neck tightness was not addressed at all by the Topamax. Within a matter of a few visits, her headaches started to reduce and the pressure in the neck and the base of the skull started to relax. It is very likely that, ultimately, these headaches will become history.

This particular case gets even more interesting when you examine the most recent medical study probing the effectiveness of Topamax for migraines. The study concluded that Topamax was effective for treating chronic migraines. Based on the abstract, without looking at the study details, a physician may be jumping up and down in excitement thinking, "Wow! Another powerful tool in my arsenal." Yes, Topamax was effective for treating chronic migraines in this study. However, when you take a closer look at the data, over the course of three months, the migraine sufferers had 1.5 fewer headache days during the course of three months. One and a half fewer headache days in three months. That's an average of $\frac{1}{2}$ fewer headache days per month. That was the definition of "effective." The price tag for this level of "effectiveness" was about \$600 over the 3 months of the study. Looking back at this patient's treatment, the use of Topamax was doing nothing to actually address or fix the true problem. It was merely masking the symptoms to control some of the headaches in the short term.

Topamax is associated with significant potential side-effects like all the other medications used to treat migraines and seizures such as tingling, fatigue, dizziness, loss of cognitive function

and potentially permanent vision changes. In my opinion, using a treatment such as Topamax to provide a mere 1.5 fewer headache days in three months is just sort of worthless and comes with a heavy price tag. If physicians prescribing this drug for headache patients understood the research and said, "If you take this drug, it's got this long list of potential side effects but you're going to have 1.5 fewer headache days in three months," I think most patients would give a quizzical look at the physician and ask, "Don't you have anything more effective?"

The bottom line is any headache-sufferer should see a physician who is going to address all aspects of the problem. In particular, look for a physician who will address the structural aspects of the neck, will combine that with manipulation and will understand the concepts outlined in subsequent chapters.

There are a variety of manual therapies techniques such as fascial manipulation, trigger-point therapy, Active Release Technique, Neuromuscular Re-education or Graston technique. These techniques can be very effective in managing the soft-tissue components of a structural headache. Combine that with manipulation, and the outcomes are going to be much better than they would be with either of those therapies alone.

Chapter One Summary and Action Steps

Summary:

- 1) Multiple headache types of common in long-term sufferers.
- 2) Having one type of headache may trigger another, more severe headache.
- 3) Structural headaches stem can stem from the soft tissues of the neck as well as the joints of the neck and upper mid-back and are a very common cause of headaches.
- 4) Chiropractic care can provide an effective treatment to both the soft tissues and the joints of this region.

Action Steps:

1. If you have not sought the opinion of a chiropractic physician for your headache, make the appointment today. Good referral sources may include:
 - (a) www.Grastontechnique.com
 - (b) <http://www.facebook.com/pages/Fascial-Manipulation-Workshops/116202938499185?sk=wall>
 - (c) www.triggerpointtherapy.com
 - (d) www.activerelease.com
 - (e) www.neuromuscularreeducation.com
2. Keep a daily diary of your headaches for at least one month, if you have not done so already. Identify different patterns:
 - (a) What triggers your headaches?
 - (b) What location is it in and does it seem to radiate from a central area?
 - (c) Do they change locations or character after they start?
 - (d) What helps to relieve the pain, if anything?

In the next report, we will begin to explore the normal process of how our brain cells work. Once you have that understanding, you can better understand how problems begin to occur and how these problems can result in the generation of migraines, seizures and an overall loss of healthy brain functioning

