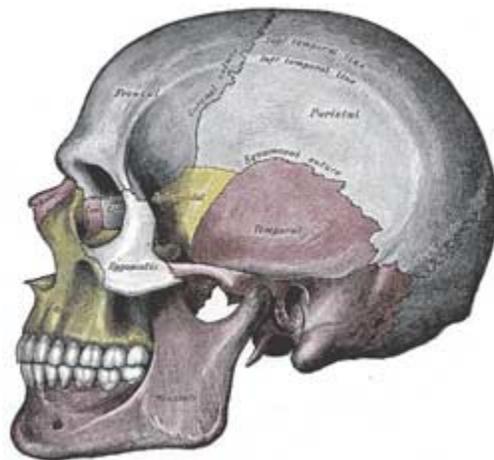


CHIROPRACTIC HEADACHES



by Dr. Michel Y. Tetrault, DC



A drugless solution for the hundreds of million people on this planet who are suffering needlessly from benign headaches

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PREFACE



This is not a booklet about Chiropractic. This is a booklet about Headaches. However, when you understand the information about what causes headaches, it may only seem as the next natural step to seek chiropractic care for some of the help you need.

Chiropractic headaches are a variety of headaches which are commonly experienced by the average person and that respond very favorably to the chiropractic methods of treating health problems. Less than 15% of Americans see Chiropractors regularly. These people know that if they get a headache all they have to do is stop by their chiropractor and get their spine checked. Usually their problem is in their neck and the spinal adjustment is sufficient to restore their health and get relief. No drugs are prescribed or recommended by the chiropractor simply because the problems that cause the headaches are generally not of a chemical nature. The cause of most headaches is mechanical in nature, when the spine is stressed by our hectic lifestyles.

So it makes sense to use or apply a mechanical solution to a mechanical problem. That is what a spinal adjustment does: provide the right solution to the problem at hand.

"How does a problem in the neck or spine cause the headache in the first place?" That seems to be the next logical question to ask. This booklet will explain to you how things really work in the body and how the everyday things that you do either place you at greater risk or they have been helping you stay healthier.

What most people do not know or understand about the Philosophy, the Science and the Art of Chiropractic is the special training and focus that is placed on the "common sense approach" to health care that is prevalent in Chiropractic. So you will find included in this booklet information about practical things you can do to stay healthy and live a life relatively free of headaches.

... Enjoy the booklet!



Chapter 1

Making the right choice for yourself



If you are saying to yourself: "OK. I don't know if I understand everything about chiropractic headaches yet; but, a drugless approach certainly makes enough sense that I should seriously make the decision to see what chiropractic can do for me." This chapter will help make the unknown a little easier to approach.

If on the other hand you are saying to yourself: "I like much of the information because it makes sense but if chiropractic was really all that good my MD would have referred me to one by now. I'm not convinced that chiropractic has anything more to offer than what my family doctor can do or arrange for me." Then in that case you will find the next chapter on "The Truth Shall Make You Free" of great interest. As stated at the very beginning of the booklet: *This is not a book about chiropractic.* I sincerely wish that everyone reading this booklet benefits and finds it helpful in some way that you can live a better life.

In this chapter we will take a frank look at the possible benefits chiropractic may provide you in resolving your headaches.

1. What can the chiropractor do for your headaches?
2. What will a visit to the chiropractor be like?
3. Is chiropractic care safe?
4. Is it expensive?
5. Are there chiropractors who specialize in headaches?
6. How do I reach Dr. Tetrault for personal services?

1. What can the chiropractor do for your headaches?

In most cases relieve your headache without using medication. In many cases help you manage the treatment options when a multi-disciplinary approach will serve you best. In either case, it's the right place to start.

2. What will the chiropractor do?

A visit to the chiropractor is similar to any other specialist. You will be asked to complete a case history. The doctor will consult with you about how the headaches affect your life, about your daily routines and then perform an examination. The exam has three parts. The physical exam (similar to your family doctor's exam) is an over view of the major body systems. The second, a more detailed

part, is a combination of an orthopedic exam to review your spine, in particular, and a neurological exam to evaluate the general condition of your nervous system. The third part consists of ordering specific tests based on the results of the first two parts of the examination. The tests may include any combination of the following: x-rays, blood tests, nerve conduction studies, MRI, etc. X-rays may be taken in the chiropractor's office. The other tests are usually referred out. A referral to another specialist may also be made if concurrent medical problems are discovered during the exam process or once the tests results have come in. If there are no contra-indications to chiropractic methods the treatments may include: spinal adjustments that are a gentle re-alignment of the vertebrae or segments of the spine, nutritional recommendations, specific exercises and other modifications of your activities of daily living. Physiotherapy may also be recommended such as heat, massage, ice, some forms of traction, ultrasound, and/or electrical muscle stimulation. The proper course of treatment will be determined by the diagnosis of the correct headache type and of the underlying causes.

3. Is chiropractic care safe?

Yes

Chiropractic holds the enviable position of having the safest record of all the healing arts with regards to morbidity or side effects of treatment.

Putting chiropractic care more in perspective of medical care:

- 1.5 Million Americans will be hospitalized this year because of iatrogenic (physician caused) reactions, and 100,000 will die.
- 1,000 people will die this week from complications of surgery that was unnecessary.
- 1,600 children will die this year from allergic reactions to aspirin.
- Thousands of people will die this year from anaphylactic reactions to prescribed drugs.
- It has been estimated that one in every million chiropractic visits may result in a vascular incident following manipulation of the cervical spine. No other procedure shows such a minimal risk in the healing arts. One hundred million chiropractic visits occur annually in America with headaches listed as one of the top five symptoms reported by patients.

4. Is chiropractic care expensive?

One of the interesting aspects of chiropractic care is the customary use of "low-tech" methods. The word "*chiropractic*" was derived from two Greek words: *Chiro* (meaning "hand") *Practos* (meaning the "practice of" or "done by"). There have been over a dozen government-sponsored studies that unanimously agree to the relative low-cost of chiropractic treatments. Insurance records show that 80% of medical benefits are paying for diagnostic tests and only 20% of the benefits paid are for the actual treatments. The "low-tech" approach of chiropractic results in 80% of payments going toward the actual treatments while 20% are diagnostic expenses. So, although the actual treatment costs may be higher because of the frequent visits required to get the desired results, the overall costs are much less. Not to mention the safety of chiropractic care in contrast to using medication.

5. Are there chiropractors that specialize in headaches?

Yes, some chiropractors have developed specialized procedures and skills in the management and care of the headache sufferer. Keep in mind that there is no formal training needed for a chiropractor to specialize in headaches since most headache cases respond favorably to the typical chiropractic methods used by most chiropractors. As is the case in any scientific discipline, you may have to try a few different doctors before finding the one who has just the right method, chemistry and approach to meet your needs. If you are currently seeing a chiropractor, have already received some improvements and feel that more could be done, give him or her a copy of this booklet and discuss that option.

Along the same lines, you would also be doing your physician a great service by providing him or her with a copy of this booklet as well as some positive support of your current successes under chiropractic care, if applicable. If they don't hear it from you they will continue to overlook the possibility of such a referral for their other headache patients. Think about it!

6. How do I reach Dr. Tetrault for personal services?

To reach Dr. Tetrault for personal assistance with your headaches the E-mail address is:

info@ChiropracticHeadaches.com

Or on the Internet at:

www.ChiropracticHeadaches.com

Welcome to new possibilities!

If you are one of the 80% of Americans who do not rely on chiropractic care, I would like to give you a strong recommendation that you do so. Ask a friend or co-worker for a referral to a chiropractor in your community.



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Chapter 2

The Truth Shall Set You Free



Basic statistics and information

In 1895 there began a quiet storm in the health care industry: the birth of Chiropractic. The past 100+ years have seen this profession grow to over 70,000 practicing Doctors of Chiropractic (DC) worldwide and still growing by public demand. As we enter the 21st century, over 70% of Americans, Canadians and Australians have drastically increased the demand for non-drug, alternative forms of treatments. About half of the American families have seen at least one member undergo chiropractic care. Surveys performed over the past fifteen years have determined that patients are far more satisfied with their chiropractor than they are with the more high-tech approach of medicine. Partly because they experienced positive health benefits and partly because of the warm and passionate care that is typical of this "low-tech" and "hands-on" science of chiropractic, in contrast to medicine. Headache management has been one of the main areas of the health care system well served by chiropractic doctors. They serve as excellent primary care doctors for the headache sufferer.

Why hasn't my medical doctor referred me to a chiropractor?

That is a very good question indeed! The sad reality is that your doctor simply knows little to nothing about chiropractic (or most non-drug methods for that matter) because of at least three reasons:

1. Organized medicine, through the AMA*, has strongly campaigned to prohibit contact between MD's and DC's prior to a 1987 Federal judge order.
2. Chiropractic is not taught in medical schools.
3. Chiropractors had been kept out of hospitals, preventing the normal exchange of professional contact MD's share with each other in hospitals but not with DC's. Where hospitals do include DC's there has been a substantial increase in inter-referrals.

* In 1987 a federal judge found the AMA, the College of Surgeons, the College of Orthopedists and the College of Radiologists guilty of conspiring to "contain and eliminate" the chiropractic profession. Organized medicine has established strong "trade protectionist" policies to perpetuate the "monopolization" of the health care industry by MDs to the exclusion of almost everyone else. (See Wilks, et. al. VS AMA, et. al., USA Federal Court 4th District, Chicago)

It has been the experience of most patients and chiropractors that when a medical doctor has been exposed to untainted facts about chiropractic and is willing to concede to the benefits reported by many of their patients who have seen chiropractors; that doctor no longer supports the position the AMA has promoted. It has also been my experience to see that reasonable people are intelligent enough to see discrimination when it shows it's ugly head. The truth is that some thirty million Americans see chiropractors every year in spite of the obstacles that have been placed in their way.

Think about how absurd it would be if you had never been to a dentist because of an illegal boycott of the dental profession. Who really loses? You guessed it! You and your family do... and that's not right. In fact it is just plain wrong.

During the past 15 years, over 120 hospitals in the USA alone have invited chiropractors to have some degree of contact and use of their facilities, some with co-admitting protocols with an osteopath or a family practicing physician. Even with this beginning you will still have to make your own way and decide, based on your own faculties, if chiropractic is a valid source for your headache solutions.

Chapter 3

What kinds of headaches are there?



This chapter looks into the types of headaches that fall into the Chiropractic Headache Classification. It is important that you study the entire chapter since it has been established that most people suffer from more than one type of headache, or "mixed headaches".

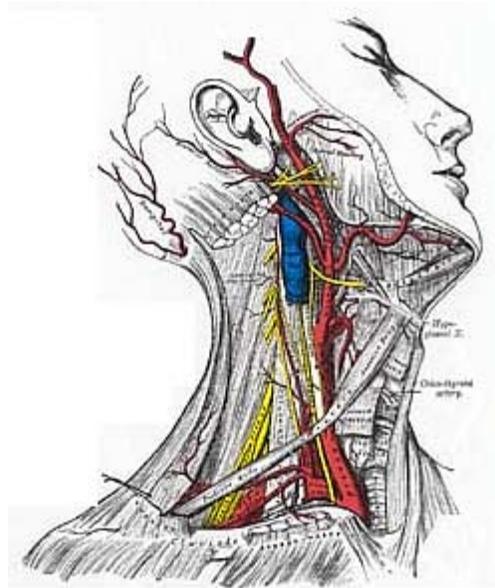
1. Cervical origin headaches
2. Muscle tension headaches
3. Vascular headaches
4. Migraine headaches
5. Organic headaches
 - sinus
 - caffeine withdrawal
 - T.M.J.
 - hangover
 - pregnancy
 - reading
 - allergies
 - hypertension
 - hypoglycemia

Headaches are primarily classified according to the tissue types that are affected and secondarily by the mechanism that brings them on. It is suggested that you circle or highlight those headings that you feel may apply to you in one way or another for later reference. These headaches fall into the scope of chiropractic because the solutions call for spinal adjustments and lifestyle changes (exercise, diet, ergonomics, etc.). The chiropractor is the most qualified doctor to provide these services.

NOTE:

There is a table available on Page 27 for you to mark down which headache types you feel may apply to you as you read through this chapter. There is also a questionnaire on Pages 28-30 that will further help you to gather your thoughts regarding your personal situation. Then it will be easier to seek the right doctors and for you to discuss your condition with more clarity. In the end you can take charge of the action steps you will need to manage the headaches.

1. Cervical origin Headaches



The upper part of your neck, including the first three vertebrae (bony segments of the spine), is called the **headache zone**. This is where the entire head is attached to the body and where it has to perform a great balancing act on one single bone located at the top of the neck, called the Atlas. (Named after the Greek god who is pictured with the whole world held up high on his back.)

There are several special ligament and muscle groups that help keep things together along with a couple of very cleverly designed vertebrae that allow the head and neck to articulate, so you can hold your head up straight without being locked in one position. As you can imagine, there are bones, joints, ligaments, tendons, nerves and the spinal cord, all fitting tightly in one area. Any disruption of the normal biomechanics irritates the nerves and produce pain. The nerves are so intricately interrelated that the pain is frequently referred to the head.

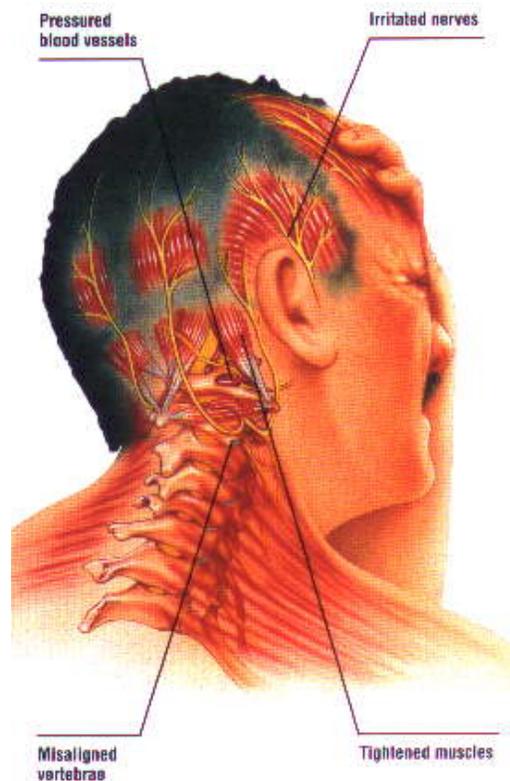
Research has recently discovered a pair of small but very pain sensitive ligaments that attach the first bone in the spine to the spinal meningeal sheath and may likely cause headaches that are felt right at the base of the skull and predominantly on one side.

There are branches of nerve fibers of the upper cervical segments that connect directly to the branches of the Trigeminal nerve that supplies the forehead and face. There are other nerves, like the Occipital nerve, that start in the upper part of the neck and travel up into the head, supplying the top, sides and back of the head.

So, that certainly explains why neck problems can cause headaches. It is not uncommon to experience pain in an area that is different than where the injury or problem started. Have you ever hit your funny bone? The contact happened at the elbow yet it's the little finger that goes numb and feels like it's burning. That's referred pain.

There's an appropriate expression that says: "When you step on the dog's tail, it barks in the mouth." One way of saying not to accept the obvious, look a little further to trace the true source of the problem. Interestingly enough, the holistic healer finds that pain is more consistently found in a different area than where the health problem began.

2. Muscle Tension Headaches



Cervical origin and muscle tension headaches represent about 80% of all headaches. Often referred to as stress headaches or muscle contraction headaches, the pain comes from irritated or inflamed soft tissues of the neck and head, primarily muscles, nerve endings and their connective tissues than can develop into trigger points. Treatment of these trigger points has been helpful in relieving the pain. When the muscles of the neck and head are involved, there are usually headaches.

Signs and symptoms include constant, non-throbbing, dull, pressure type of pain felt usually along the scalp and the neck. Stress is a frequent triggering factor. This can be either mental, emotional or physical/ postural stress. When someone experiences “mixed” or multiple headache types, the tension-type headache is almost always somewhere on that list. Frequent, re-occurring episodes require further evaluation of the instabilities of the neck and spine to obtain lasting results.

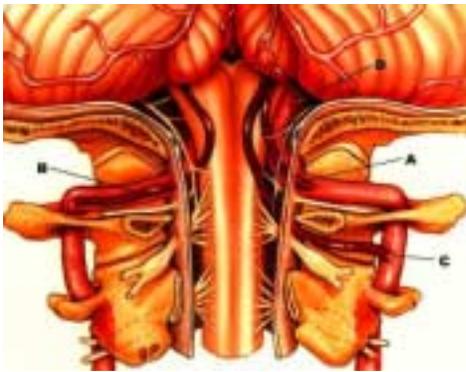
TENSION HEADACHE CHECKLIST:

- The headache is not generally throbbing (at least not at first).
- The pain is constant and more dull than sharp or stabbing.
- The headache can affect either or both sides of the head.
- You may wake up with a stiff neck in the morning and develop a headache that morning or later in the day.
- The headache rarely wakes you up in the middle of the night and is accompanied or preceded by neck pain.
- Sometimes, taking a hot shower or massaging the neck relieves or reduces the pain.
- The pressure or pain can affect the forehead or the back of the skull and sometimes both together.
- Fear, anger, conflict or during any emotionally stressful period there is a drastic increase in the frequency and the severity of the headaches.
- Neck tension from prolonged sitting and reading or doing computer work can bring on the tension headache.

The tension headache was previously thought to come from contractions of the scalp, neck or face muscles. Some four-dozen research studies over the past 10-15 years have not been able to substantiate that explanation. It was also thought that the muscle contractions may constrict blood vessels, reducing the blood supply to the head. That model has not been proven, if only disproved through research. Today, the trend is more toward investigating the biochemical changes of serotonin and of endorphins to explain these headaches.

Reports have been made, both from patients and doctors, of immediate relief from muscle tension headaches following chiropractic adjustments to the neck area. There is a relationship between poor spinal stability of the neck area and frequent re-occurring tension-type headaches. There are some remaining questions that continue to puzzle doctors of the mechanisms of pain at the cellular level. What is known and understood at this time is however sufficient to provide relief, excellent care and management in chronic cases.

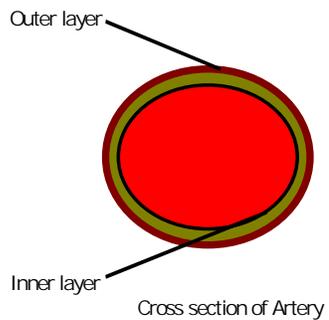
3. Vascular Headaches



This type of headache is produced by irritation and inflammation of the blood vessels of the brain that are caused by a variety of diseases. Migraine and Cluster headaches fall under this general classification but merit separate discussion. Since headache is one of the more frequently reported symptoms of many diseases it becomes necessary to understand the physical reasons why any illness, disease or condition produces pain in the head.

Irritation or inflammation of the blood vessels of the brain may be caused by fevers, drugs, poisons or toxic producing agents, dehydration, altered pH (acidity or alkalinity of the blood), nerve irritation, hormone imbalance or hormone sensitivity. There are direct and indirect trigger mechanisms that result in the activation of pain sensitive tissues of the blood vessel connective tissues of the inner lining cells. Torn muscles of the middle layer of blood vessels become painful as the artery swells and stretches.

Changes in the concentration of the contents of blood such as oxygen and carbon dioxide, the volume of water, trace minerals, bacteria or viruses and, foreign substances like toxins, poisons and drugs, comprise many of these irritating agents.



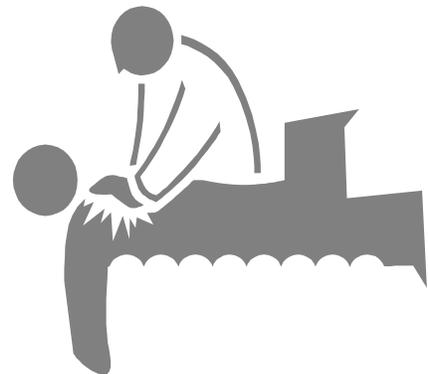
When the vascular tissues become sensitive, there is pain; and, because the heart pumps with a pulsating rhythm, the patient experiences a throbbing sensation that is characteristic of the vascular headache. People with high blood pressure may experience hypertension headaches that are typically more severe in the mornings.

Hypertension (high blood pressure), Hypoxia (low oxygen levels), bacterial and viral infections, toxins (carbon dioxide, lead, benzene, nitrites, nitrates), medications (vasodilators and hormones) have been found to cause vascular headaches. Withdrawal from medications such as Ergot, Amphetamines and even Caffeine can elicit these headaches. Alcohol can cause headaches through dehydration and vasodilatation. Headaches that occur after exercise and sex have been described as throbbing and fall within this category. Scuba divers that experience sudden decompression may get headaches from oxygen imbalance (hypoxia).

Science has been able to observe the onset of headaches caused by the triggering mechanisms listed above but remains uncertain as to why one person may get a headache while another person, exposed to the same stimulus, does not. People do have different abilities to adapt to any given stimulus. It is postulated that nerve interference that results from spinal misalignments can increase susceptibility to these triggering agents and can reduce the body's ability to adapt. Spinal joint mechanical instabilities can result in nerve interference that can reduce your body's ability to cope in a timely manner. This explains why so many get almost immediate relief from a chiropractic spinal adjustment.

4. Migraine Headaches

The migraine is not just a "terrible headache". It is a neural-hormonal-vascular phenomenon of disabling proportions caused by a complex interaction between the nervous system, the hormonal system and the affected vascular segment. Affecting 8% of the population, migraines present themselves in either a "classic" form (20%) or a "common" form (80%). Migraine headaches seem to run in families for some 70% and affects women more than men by a 3 to 1 ratio. See if the following applies to you.



MIGRAINE HEADACHE CHECKLIST:

- ❑ You can predict the onset of a migraine when experiencing warning signals such as nausea, visual or speech disturbance, numbness or dizziness, before the head pain.
- ❑ Your headache is mostly limited to one side of the head.
- ❑ The pain is severe, pounding and throbbing.
- ❑ You have learned to lie down in a dark room during an attack.
- ❑ During the headache stage you are extremely sensitive to sounds or any movement of the head.
- ❑ If you are a woman, the headaches may occur during ovulation or before menstruation.
- ❑ You have more headaches during particularly stressful times.
- ❑ Certain foods and drinks, such as cheese, chocolate or alcohol can trigger a headache.

A Migraine is not just a bad headache! It is a series of events that occur in the body that includes a severe headache. Migraines follow a specific pattern of symptoms because of the way it affects the body. At the very beginning is a stimulus or triggering agent that causes a section of an artery of the brain to close down, to constrict. This prevents oxygenated blood from passing through that area of the brain. The lack of oxygen causes the brain to malfunction resulting in the "prodromata", the prodromal symptoms of nausea, visual disturbances, speech disorders, sweating, numbness, tingling of the face, weakness in an arm or leg, or other signs. Although these symptoms are alarming to some people, they are transient and there is no headache during this phase in the classic form.

The body is programmed to not tolerate a constricted artery and responds by cutting off the nerve supply to the artery muscles that are locked into the constriction. This allows the artery to open up again and resume circulation with the needed oxygen to the affected area of the brain. Unfortunately the body tends to over-react, allowing the artery to over-dilate. The artery swells, ballooning out and stretching the muscles, the inner and outer walls of the artery beyond their normal elastic shape. These are pain sensitive tissues. The pain is severe when the artery over dilates. As the heart pumps more blood through the artery the pulsating pain just throbs, and throbs. Only once the nerve supply to the arterial muscles has been re-established, will the artery resume its normal shape and diameter. The pain subsides as the artery begins to heal from the traumatic episode.

The difference between the classic and common types of migraine is that the "common migraine" does not go through the pre-headache phase. One can suggest that the body's response to the initial constriction is very rapid in these cases, resulting in a quick over-dilation response, with the throbbing, pounding pain every bit as severe and debilitating as the "classic migraine".

People of all ages can suffer from migraine headaches. There are definitely two very common triggering factors that precipitate migraine attacks: Stress responses and Hormone changes. Two out of three women who have migraines report a link between their headache attacks and their menstrual cycle. It has been observed that estrogen-containing drugs, such as the pill and certain postmenopausal hormones may make migraines worse.

Hormones circulate all over the body and are designed to interact with specific molecules in various cells. They are not supposed to interact with arteries. Since we know that hormones do in fact trigger a migraine response there must be something wrong with that particular section of the artery in the first place. That is why the attacks occur in exactly the same location of the head.

We also know that migraine patients who are under a maintenance care program by their chiropractor have less frequent migraines and can receive almost immediate relief during an attack. The treatments help restore the nerve supply to its proper function allowing the dilated artery to relax and resume normal tone. Some people use medication prophylactically to prevent migraines and abate their headaches when the pain occurs. Others prefer to avoid the frequent or regular use of medication and therefore use chiropractic care both preventatively and for direct treatment of the headache when it comes.

Stress of fatigue and anxiety are reported by headache specialists to contribute quantitatively to migraines (that is the Frequency X the Severity). As a result people have developed reactive personalities that are pre-occupied with every little thing that might bring on a migraine. Who can blame them? There are foods that contain tyramine (vasoactive amine) such as aged cheeses, pickled herring, pods of broad beans. Some foods contain nitrites (another vasoactive substance) such as cured meats, hot dogs, bacon, ham and salami. These foods can trigger a migraine in a susceptible individual. Other foods are: chocolate, malt vinegar, sour cream, yogurt, peanut butter, doughnuts, onions, canned figs, Chinese food, pizza, pork and most alcoholic beverages except the clear drinks like vodka. Still other foods, when taken in excess, are: citrus fruits, bananas, tea, coffee, cola beverages, avocado and fresh breads. If you had to watch that closely to everything you ate, you would be stressed out and anxious too.

Let us digress a little. If all these foods caused headaches, common sense says that there would be an epidemic of migraines. Yet we know that these foods have been identified as triggering agents for migraines. The real question to ask is: "What is it about the migraine sufferer, that makes them susceptible to these triggering agents in the first place?" Heredity is suspected because of related family histories. But, heredity does not adequately explain most of the migraine cases seen. Studies are needed that look at the patient's "loss of adaptability" and to investigate the susceptibilities of this failure to give a normal response to a normal stimulus. Only in a multi-

disciplinary setting can all the possible options be studied thoroughly. Until then everybody is half guessing, at best.

5. Organic Headaches

There are many types of conditions and illnesses affecting various parts of the body that can cause headaches. Effective treatment and management of any headache begins by making the right diagnosis. The headache specialist will consider all potential sources in caring for the headache sufferer. The following are the more benign and treatable conditions that may be responsible for some of your headaches.

a) Sinus Headache

Pressure builds up inside congested or clogged sinus cavities that are unable to drain. The location of the headache is in the face or forehead and occurs when you have an active upper respiratory infection.

b) Hangover Headache

Alcohol acts as a depressant on the nervous system. The arteries dilate causing throbbing headaches and the relative dehydration that results from the alcohol displacing/replacing the water in the blood which alters the delicate fluid balance of the circulating blood in the body. It is important to re-hydrate the body with water, not more alcohol, as quickly as possible.

c) Allergy Headache

Foreign protein molecules found in pollen can create an immune response in the body that stimulates mucous viscous fluid secretions. The ensuing congestion may cause headaches. The ensuing histamine response may also cause a headache.

d) Caffeine Withdrawal Headache

Heavy coffee drinkers who quit suddenly get headaches as a side effect. The headaches are dull and very general. The same occurs when someone has been taking pain medication containing caffeine and the blood levels drop.

e) Pregnancy

Sudden bilateral pounding headaches from an extreme elevation of the blood pressure have been seen to occur with toxemia of pregnancy. The blood volume increases to dilute the toxic state that develops during pregnancy and causes sudden hypertension.

f) Hypertension

Generalized pressure sensations around the head, most severe in the morning, describe the headaches found with patients having high blood pressure. There are some drugs used to control

hypertension that can cause headaches themselves. Always look for natural ways to reduce the blood pressure (low salt intake, light exercises, good diet, lower stress levels).

g) Tempromandibular Joint Dysfunction (TMJ)

Pain in the jaw joint (TMJ) causes referred pain to radiate to the base of the head, behind the ear or the back of the neck. The headaches are dull and non-throbbing. However, when the pain radiates to the face, the pain can be excruciating.

h) Reading Headaches

Poor head posture and inadequate lighting can cause eyestrain and headaches that are felt at the back of the head. Close your eyes; roll up a towel behind your neck and go to sleep. Next time sit straight and use adequate lighting. Chronic neck problems do require regular chiropractic care.

i) Hypoglycemia

Occasionally skipping a meal will cause a headache due to low blood sugar. This is a temporary condition relieved by getting something to eat. A light protein snack like cheese will give better results than a sugary snack. There are many people who are addicted to sugar. Excessive ingestion of sugar causes an inappropriate insulin response establishing erratic blood sugar patterns. In addition to dull headaches, there are also mood swings, eyes sensitive to the light, nervousness and the gradually increasing risks of developing diabetes. Some physicians prefer to refer to hypoglycemia as the "pre-diabetic syndrome".

Headaches that accompany everyday activities fall appropriately in the Chiropractic Headache grouping. Changes in posture or in diet are everyday recommendations made by a chiropractor in the care and management of spinal conditions and in the natural approach to healthcare. In the chiropractic clinical studies that I conducted on headaches, there were re-occurring patterns of spinal involvement with each headache type. For example, the Atlas vertebra is frequently observed to be misaligned in sinus headaches. In allergy cases, we find mostly upper thoracic vertebrae out of alignment and needing correction. Specific spinal adjustments, combined with changes in some daily activities can drastically improve the body's ability to fight headaches or even prevent the headaches as well.

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Chapter 4

What kind of headache do I have?



Tests to diagnose headaches

The following are some of the most common procedures used in headache diagnosis.

1. History and physical examination
2. X-rays
3. Blood tests
4. MRI
5. CT Scan
6. EEG
7. Miscellaneous tests
 - EMG
 - Spinal tap
 - Glaucoma test
 - Cerebral angiography

1. History and physical examination

At least 80% of the information necessary to make a correct headache diagnosis comes from the patient's history. The clinician who specializes in headaches will have developed a detailed questionnaire for you to complete, giving a comprehensive history. In most cases the history alone is sufficient to arrive at the correct diagnosis. A consultation to review your history follows. Then a physical exam is performed to review the body's systems. The systems of primary concern in the diagnosing of headaches are:

- Nervous system
- Musculoskeletal system (spine in particular)
- Digestive and elimination systems
- Hormonal system (female cycle in particular)
- Circulatory system (heart, blood pressure and blood contents)

The examination will provide additional evidence to determine if further tests are indicated. Any tests that have been previously performed for other doctors (for any reason) may be helpful to the headache specialist and a copy should be made available for review. The chiropractic examination

will provide confirmation of which spinal segments to correct. X-rays are commonly used in spinal examinations.

2. X-rays

Radiographs are tests ordered by the doctor to:

- Examine sinuses
- See the extent of arthritis
- Evaluate disc spaces
- Locate spinal misalignments
- Rule out skull injuries or fractures after trauma

3. Blood tests

You may require blood tests to study blood contents:

- Glucose (5Hr Tolerance test) levels in hypoglycemia
- Liver function tests
- Signs of infection or inflammation
- Hormone levels

- Typically an MD would order blood work first to determine if any changes in the medication of choice is warranted.

- Typically a DC would order x-rays first to determine the extent of spinal stress on the nervous system. Blood work would be ordered to determine if certain dietary changes are needed or if a referral to another specialist is warranted.

4. Magnetic Resonance Imaging (MRI)

In the days before MRI's, doctors had to rely on vague shadows seen on x-rays to see a brain tumor or blood clot. Often, additional invasive tests using dye injections were done to evaluate the presence of brain tumors or blood clots. The MRI is a safer and more effective method of identifying and locating any abnormal tissue mass in the body. This is a very expensive test and is only needed when the doctor suspects an abnormal mass in the brain, in headache studies. To my surprise, it is not uncommon to see doctors use the MRI in a gunshot approach at diagnosis. This is not the protocol of a headache specialist. There are several less expensive tests and alternative consultations that should first be considered in chronic headache cases.

5. CT scan or CAT scan (Computerized Axial Tomography)

A CAT scan is an advanced x-ray study of any part of the body. The difference from ordinary x-rays is that the images are taken in narrow cross-section slices that are reconstructed by a computer, showing outlines of bones, organs, muscles, fluids and other tissues. The doctor may consider ordering a CAT scan after viewing (or instead of) the regular x-rays.

6. Electro-encephalogram: EEG

This is a nice long word that describes a graph of electrical brain activity. EEG's are helpful in showing signs of epilepsy, but more often point to the unlikely presence of a brain tumor. Performed at the right moment, the EEG may also help in the diagnosis of migraines.

Other miscellaneous tests

(Not required to diagnose chiropractic headaches.)

- EMG (electromyography), measures muscle changes due to peripheral nerve or spinal cord damage.
- Spinal tap. A lumbar puncture that samples the fluid around the brain and spinal cord known as cerebrospinal fluid. is used to rule out spinal meningitis. An inflammation of the spinal cord coverings.
- Glaucoma test to rule out the possibility of glaucoma.
- Cerebral angiography. Injecting a dye into arteries of the brain to see aneurysms, blood clots and vascular malformations.

What is required to make a correct diagnosis of a chiropractic headache?

1. Thorough headache history
2. General physical examination
3. Spinal examination
4. Spinal x-ray study

Optional information as needed:

- Nutritional diary
- Blood work (glucose, hormones, etc.)
- MRI (suspected cervical disc)
- CT scan (degenerative spondylosis)

Chapter 5

Non-drug Methods of Treating Headaches

(In addition to chiropractic spinal adjustments)



In this chapter we will review the various drugless methods of managing headaches. You will find several self-help ideas as well as new and different ways you should consider approaching your headache solutions. Except for acupuncture, you can do all the following at home:

1. Relaxation, including massage.
2. Home care, including nutrition, posture correction, and the use of hot and cold.
3. Exercise
4. Acupuncture, Acupressure and Reflexology
5. Biofeedback

1. Relaxation

There are several ways to relax and reduce stress and the tension that comes from our physical, emotional and mental challenges. There is meditation, mental imagery, getting enough sleep and of course massage. However you choose to unwind, be sure to focus on your breathing. The whole idea is to give the body an abundance of oxygen and to give the mind a rest.

The following is a list of the therapeutic benefits of massage.

- Massage acts as a “mechanical cleanser” pushing along lymph and hastening the elimination of wastes and toxic debris.
- Massage relaxes muscle spasms and relieved tension.
- Massage may have a sedative, stimulating or even exhausting effect on the nervous system depending on the type and length given.
- Massage improves the general circulation and nutrition of tissues. It is accompanied or followed by an increased interchange of substances between the blood and tissue metabolism.
- Massage stretches connective tissue, improves its circulation and nutrition and so breaks down and prevents the formation of adhesions and the danger of fibrosis and trigger points.
- Shiatsu methods can be effective in treating trigger points.

2. Home Care

Home care refers to the activities of your daily life that can be conveniently modified into a well-planned self-help program.

a) Nutrition

- Balance your nutritional needs based on every 24 hours. (not every meal)
- Avoid those foods listed under your headache types.
- Don't skip meals or consume anything in excess. (i.e.: sugar, alcohol, etc.)
- Vitamin B6 and the trace mineral Magnesium are helpful for vascular headaches, including migraines.
- Find herbs that relax you for tension headaches

b) Shopping Lists

First, clean out your cupboards from any offensive foods that are on the list of your headache type and vow to never buy them again. Second, make a list of acceptable substitutes that you can turn to instead and buy them. Remember to add the vitamins and minerals that apply to your headache type.

c) When to use HOT & COLD therapy

- Hot pack at the back of the head, neck and shoulders for tension headaches
- Ice packs on the back of the head and neck for migraines
- Ice packs on the forehead for sinus headaches
- Ice packs on the top of the head for most other types

*Ice is most effective if used as soon as the headache starts.
... before it gets too strong.*

3. Exercise

Physical activity has three short-term benefits:

1. Releases endorphins, the body's natural pain relievers.
2. Stress reduction and anxiety release.
3. Increases muscle tone needed for better posture.

The benefits of being able to regularly reduce your stress and produce some natural pain relievers can help the tension headache and muscle contraction headaches sufferer manage their pain. Since it has been determined that tension headaches are frequently experienced by vascular and migraine sufferers it makes sense that regular sessions of physical activity (your choice) can be a good non-drug tool of managing your headaches.

4. Acupuncture, Acupressure and Reflexology

- Acupuncture has been reported to be effective for trigger points in muscle tension headaches and in migraine headaches by treating dysfunction of organs.
- Acupressure is also useful in relieving trigger points that contribute to the muscle tension headaches, without needles.
- Reflexology is like acupressure of the foot and hand with receptor points near the toes and in the web portion of the hand.
- Applied kinesiology approaches the treatment of organic and muscle imbalances through light pressure on neuro-lymphatic receptor points on the body.
- Health food stores and bookstores will carry books or reference charts for these techniques.

5. Biofeedback

Those patients who have tried everything else but are unable to find relief will be referred for biofeedback. The outcome intended is to help the patient reduce their need of medication.

Appendix 1

Your Personal Workbook



This section will help you make a personal inventory of the facts in this booklet that apply to you and your headaches by completing the questions and forms that will follow.

All people fall into one of these categories:

- No headaches at all
- Curable or self limiting
- Treatable, requiring occasional follow up
- Manageable, requiring lifestyle changes
- Surgical candidate

It has been estimated that 4 out of 5 people get headaches. Out of that 80% of the population about one third suffer from chronic, recurring headaches, and less than 1% require surgical intervention. The following statistical groups better represent these facts:

Group and their % in our population

- | | |
|-----|---|
| I | The 20% that do not experience any headaches |
| II | About 55% with self-treatable non-recurring headaches |
| III | 24% who are chronic sufferers with manageable headaches |
| IV | The less than 1% that requires surgery |

If you fall in the first group with no headaches, you are blessed indeed and would only be reading this booklet because someone you love suffers from headaches. You must be a very dear soul. If you fall under Group IV, you need our prayers and must take prompt action in seeing a neurologist. The remaining 79%+ will greatly benefit from this booklet. Group II has headaches that result from a temporary failure to meet your body's immediate needs either by neglect, by excess, or by failure to adapt.

When someone experiences one or more headaches per week and during more than one week per month, they are considered to be chronic headache sufferers. That translates into 50 - 150+ headaches per year and this is definitely not OK! **It is primarily for you that this booklet was created.** There is a good chance that you will be able to get a better understanding of the nature of your headaches, of some of the underlying causes of your headaches. Even find a few helpful hints in

managing your headaches with less and less need for medication. It is my desire that you learn to resolve or manage your headaches without ever having to resort to drugs. That decision will be yours to make. At least now you have enough information to move in a non-drug direction.

What is/are my headache type(s)?

Use the table below to help you classify your headaches and the form that follows to get all the facts together in one place to help you better identify the types of headaches you have.

	Primary Headache	Secondary	Tertiary
Cervical origin			
Muscle tension			
Vascular			
Migraine			
Organic a)			
Organic b)			
Organic c)			

Appendix 2

Headache Questionnaire



Name _____ Date _____

Address _____

Home Phone _____ Work _____ E-Mail _____

Types of headaches

I have ____ 1 ____ 2 ____ 3 ____ 4 kinds of headaches.

Onset of headache:

My headaches started ____ years ____ months ago.

I was ____ under 20 ____ 20-29 ____ 30-50 ____ over 50 Years old

Changes in headaches:

My headaches became -

____ more frequent ____ less frequent - when? ____ years ago ____ months ago

____ more intense ____ less intense - when? ____ years ago ____ months ago

Frequency:

Type 1. Headache occurs ____ times per day week month year

Type 2. Headache occurs ____ times per day week month year

Type 3. Headache occurs ____ times per day week month year

Duration:

Type 1. last ____ hours days (treated) last ____ hours days (untreated)

Type 2. last ____ hours days (treated) last ____ hours days (untreated)

Type 3. last ____ hours days (treated) last ____ hours days (untreated)

____ I was free from my headaches from _____ to _____

____ I am never free of my headaches

Intensity: Headache pain is

____ dull to mild ____ mild to moderate ____ moderate to severe

____ very severe ____ unbearable

Location: My headaches start

left side right side
 either side face jaw neck eyes
 sinuses all over head other _____

My headaches

usually stay in one place sometimes move around
 often moves around. If they move around, please describe:

Character:

Type 1. throbbing non throbbing
Type 2. throbbing non throbbing
Type 3. throbbing non throbbing
Type 4. throbbing non throbbing

Aura:

blurred vision nausea
 sweats vomiting
 eyes sensitive to light dizziness
 pressure in pain
 pressure out weakness
 numbness light flashes
 spots before your eyes burning sensation
 other: _____

Prodramata:

Do you experience any kind of a warning signal that the headache is coming on?

no yes, describe:

My headaches are often brought on by:

<input type="checkbox"/> fatigue	<input type="checkbox"/> alcohol	<input type="checkbox"/> coughing
<input type="checkbox"/> chewing	<input type="checkbox"/> bending/stooping	<input type="checkbox"/> job
<input type="checkbox"/> sinus attack	<input type="checkbox"/> stress/tension	<input type="checkbox"/> certain medication
<input type="checkbox"/> shaving	<input type="checkbox"/> talking	<input type="checkbox"/> smoking
<input type="checkbox"/> without eating	<input type="checkbox"/> sexual activity	<input type="checkbox"/> oversleeping
<input type="checkbox"/> menstruation	<input type="checkbox"/> washing	<input type="checkbox"/> lying down
<input type="checkbox"/> foods	<input type="checkbox"/> exercise	<input type="checkbox"/> driving

Seasonality: My headaches are more intense in the:

___ spring ___ summer ___ fall ___ winter

Family history of headaches: List relatives with headaches.

Current medication:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Past medication taken for headache:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

List doctors who have treated you for your headaches, beginning with the most recent

1. _____ Specialty _____ City/State _____
2. _____ Specialty _____ City/State _____
3. _____ Specialty _____ City/State _____
4. _____ Specialty _____ City/State _____
5. _____ Specialty _____ City/State _____

Indicate all tests previously performed regarding your headaches:

___ CAT scan where _____ date _____
___ E.E.G. where _____ date _____
___ Brain Scan where _____ date _____
___ Skull x-rays where _____ date _____
___ Neck x-rays where _____ date _____
___ Sinus x-rays where _____ date _____
___ Lab studies where _____ date _____
___ Allergy testing where _____ date _____
___ Glucose tolerance where _____ date _____
___ Spinal tap where _____ date _____
___ Myelogram where _____ date _____
___ Angiogram where _____ date _____
___ Other

My headaches cause:

Ringing in my ears	_____ sometimes	_____ often	_____ never
One eye tears	_____ sometimes	_____ often	_____ never
Both eyes tear	_____ sometimes	_____ often	_____ never
Light headed feeling	_____ sometimes	_____ often	_____ never
Stiff sore neck	_____ sometimes	_____ often	_____ never
Loss of appetite	_____ sometimes	_____ often	_____ never
Wake me from sleep	_____ sometimes	_____ often	_____ never

Female only:

I crave sweets before my periods _____ yes _____ no
I get headaches with my periods _____ yes _____ no
I get headaches with ovulation _____ yes _____ no
I am taking birth control pills _____ yes _____ no

Foods can affect headaches: (check all that apply below)

Reactions: 1. dislike 2. makes sick 3. sluggish 4. more alert 5. feel better 6. cravings

___ alcohol	___ beer	___ cheese	___ chocolate
___ coffee	___ eggs	___ hot dogs	___ milk
___ M.S.G.	___ pork	___ shellfish	___ sugar
___ vinegar	___ yeast	___ wheat	___ yogurt
___ avocados	___ canned fig	___ chicken livers	
___ citrus fruit	___ corn	___ fatty fried foods	
___ red wine	___ tea	___ sour cream	
___ lunch meat	___ onions	___ marinated foods	
