Effective Headache Management

Headache is one of the most commonly presented complaints in both medical and chiropractic clinics. The range of diagnostic procedures and therapeutic agents that are used in the management of headaches is enormous, and practitioners are often overwhelmed by the available treatment choices. While many patients will visit their medical doctor for headache relief, a study reported in the New England Journal of Medicine found that 27% of persons who reported a headache problem used some form of alternative therapy, with Chiropractic being the most common.

2200 S. KENSINGTON DRIVE, APPLETON, WI 54915 • 920-738-0200 • WWW.SCHUBBERESCH.COM

CHIROPRACTORS

- Peter Schubbe, DC
- John Schubbe, DC
- Laura Kemps, DC
- Connon Piencikowski, DC

PHYSICAL THERAPISTS

- Richelle Fenter, PT, CSCS

Clinical studies have shown the positive impact of spinal manipulation. If you feel any of your patients would benefit from spinal manipulation, please call us at 920-738-0200 or visit www.schubberesch.com.

Be assured, your patient will be referred back to you after we treat their condition.

2200 S. Kensington Drive, Appleton, WI 54915

THE CLINICAL
CHIROPRACTOR
SCHUBBE RESCH CHIROPRACTIC & PHYSICAL THERAPY • FALL 2009

The principal of diagnostic distinction to be made with headache patients is between chronic headaches, benign headaches (e.g. migraine or tension headaches) and headaches caused by underlying organic disease (e.g. tumor, meningitis). While the overwhelming majority of headache complaints represent a benign condition, the possibility of serious organic disease must be considered. The list of serious medical conditions that may present as headaches is extensive and is beyond the scope of this discussion. However, there are several clinical characteristics common to most headaches caused by underlying disease that differentiate them from benign headaches.

1. **Headache of recent onset (less than six months)?**
2. **Is there any progression in frequency or severity of the headaches?**
3. **Are there any hard neurologic signs associated with the headaches?**
4. **Are there any cognitive changes associated with the headaches?**

The possibility of a serious organic disease is remote if, after a thorough history and examination, the answer to the above questions is "no."

HEADACHE THERAPY

The most effective headache therapy is one that addresses all contributing factors and is individualized to the particular patient. This approach necessarily precludes any simplistic, one-size-fits-all treatment, but for every patient, three therapeutic principals should be considered:

1. **Rebound headaches**
2. **Headache triggers**
3. **Specific therapy**

REBOUND HEADACHES

Most common headache medications act by suppressing some physiologic function (inflammation, vasodilation) that contributes to the headache pain. When the suppressive effects of the medication have worn off, the body may respond with a vigorous reaction (i.e., a rebound) to reestablish that physiologic response and thereby create a new headache episode. Patients need to be educated about the rebound effects of common headache medication as a contributing factor.

HEADACHE TRIGGERS

Studies show that compared to non-headache subjects, both tension and migraine headache patients demonstrate a highly unstable autonomic regulatory system. As a result, substances can act as headache triggers. The most common headache triggers are vasoactive substances, which produce changes in pulse, blood pressure and vasomotor activity. Caffeine, alcohol and the amino acid tyramine are common vasoactive substances. Tyramine is present in many foods, but is particularly concentrated in aged cheeses, red wine, beer, herring and chocolate. Behaviors or non-biological factors such as changes in sleep habits may also act as headache triggers. Less easily identifiable triggers are emotional and psychologic factors.

SPECIFIC THERAPY

While medication therapy can be an effective form of headache treatment, those seeking an alternative may benefit from spinal manipulation as a therapy specific to their condition. The use of spinal manipulation as a treatment for headaches assumes that there is some causal relationship between the cervical spine and headache pain. The anatomic basis for such a causal relationship does exist. There is an anatomic convergence in the nociceptive systems of the cervical spinal nerve and the trigeminal nerve that mediates pain to the face and the head. This convergence makes it possible for pain stimuli arising in the cervical region to be interpreted as headaches. Many studies have found correlations between cervical spine dysfunction and headaches. When compared with non-headache subjects, chronic headache sufferers have changes in the cervical range of motion, static radiographic findings, palpatory findings, posture and myoelectric readings.

Several randomized clinical trials on spinal manipulation and headache are in progress or awaiting publication. The existing literature does permit three conclusions:

1. **There is substantial basic scientific evidence implicating the cervical spine in the etiology of many forms of chronic headache.**
2. **There is sufficient evidence to conclude that spinal manipulation is an effective prophylactic therapy for the treatment of tension, migraine and cervicogenic headaches.**
3. **There is inadequate evidence available regarding the effectiveness or lack thereof for spinal manipulation as an abortive therapy for headaches.**

For any headache treatment, including spinal manipulation, there will be patients who respond favorably and those who will not. Patients who respond favorably to spinal manipulation will usually demonstrate significant improvement within two weeks of the onset of treatment. It is therefore unreasonable to treat a patient for weeks and months without significant improvement and expect a breakthrough at some point.

CONCLUSION

That there are so many and varied treatments for headaches is indeed evidence of how poorly the problem of headache is understood. We work closely with patients to determine if rebound, specific triggers or mechanical/myofacial dysfunction causes their headaches. With this in mind, patients' interests appear to be best served by abandoning rigid guidelines concerning the causes and cures, and considering all treatment options available.

Clinical studies have shown the positive impact of spinal manipulation. If you feel any of your patients would benefit from spinal manipulation, please call us at 920-738-0200 or visit www.schubberesch.com. *Be assured, your patient will be referred back to you after we treat their condition.*

This information is not intended as a substitute for medical professional help or advice, but is to be used only as an aid in understanding chiropractic treatment. A physician should always be consulted for any health problems.