

Heads Up! The Growing Problem of Headaches: Part Two
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Last month we looked at the growing problem of migraine headaches and the difficulty in managing them. It was proposed that the problem might not be a reflection of the treatment, but rather a result of incorrectly defining the problem. Migraines are often misdiagnosed and the treatment success is often influenced by this. Migraine medications are unsuccessful when the patient doesn't have migraines. Migraines are commonly misdiagnosed because of the subjective complaints from the patient and the mimicking behavior of imposter headaches. I will call them imposter headaches because they can look like migraine headaches at first glance, but they have a different etiology and fail to respond to migraine medications the way a true migraine would.

Tension, hormonal and sinus headaches can all mimic the dreaded migraine and cloud the diagnosis. Although these types of headaches can be severe, they are not migraines. Sinus headaches can present often and not necessarily accompany a runny nose or congestion. They can happen seasonally and be set off by allergies that might be unknown to the patient. Winter months are infamous for these headaches because of low moisture in the air. We are indoors with constant heat and this dries out the sinuses leading to increased pressure and eventual head pain. These environmental conditions can start to cause headaches even in people who normally don't suffer from head pain. If they get bad enough, they can be mislabeled as migraines. The use of a vaporizer or humidifier can help rule out if the dryness in the air and sinuses may be contributing to the frequent headaches.

Hormonal headaches are another imposter. Hormonal headaches are typically seen in women around the time of their menstrual cycle or as they start to experience menopausal symptoms. Migraine medications rarely show consistent success with these type of headaches. The best approach is usually trying to manage the hormonal surges rather than making the headache symptoms the primary target when choosing a treatment plan. All too often we are blinded by the symptoms rather than focusing on the cause.

The most prevalent of migraine imposters is the tension headache or cervicogenic headache. These headaches are often brought on by stress as the name applies. The muscles in the back of the neck and shoulders tighten up and spasm. This causes a reduction on blood flow and oxygen to the muscles precipitating to pain radiation to the back of the head, temples and behind the eye. To further complicate things, this type of headache is often unaffected by analgesics regardless if they are over the counter or prescription strength. Why doesn't the medication have better results? Medicine is carried in the blood stream and there is a reduction of blood flow due to muscle contraction. If the blood isn't reaching its destination neither is the medicine. Desk jobs, sitting at a computer, driving and sleeping with too many pillows are all contributing factors that can lead to cervicogenic headaches. Poor posture and repetitive stress fatigue these muscles until they flare up and cause an exacerbation of symptoms.

It's no question that headaches are a growing problem that plague millions of sufferers. Correctly identifying the type of headache instead of generically labeling it as migraine is essential to manage them. Bottom line, if your current course of action isn't working then you have to dig deeper for another solution. This applies to both doctors and patients. Neither can afford to be complacent when things aren't improving. Second opinions, diagnostic work ups and thinking outside the box all need to be exhausted instead of acceptance of no hope.

Considerations that should be explored for these imposter headaches can be provided by a spectrum of healthcare providers. These include hormonal therapy, herbal supplementation and acupuncture may remedy hormonal headaches. Sinus/allergy headaches might improve with salines, vaporizers, acupuncture, antihistamines or homeopathy. Cervicogenic/tension headaches seem to

respond best to manual therapies. These include physical therapy, deep tissue massage, chiropractic care and postural improvement to address the underlying muscular problem.

Hopefully these articles expose 2 main points: Not every bad headache is a migraine and there are other options to explore when current medications fail to provide relief. Headaches are a growing problem, but there are solutions available.

For part one of this article please visit www.mythoracicpark.com. Questions or comments: Dr. Thomas Patavino can be reached at dr.tpatavino@gmail.com or 203-758-7250.