

breaking free FROM YOUR headaches™

SPECIAL ISSUE

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THERE IS HOPE FOR OVERCOMING YOUR PAIN!

CHIROPRACTIC CLINICS OF NEVADA

8 Ways to overcome your
headaches for good!

157 Million work days are missed each
year due to headaches!

HOPE! for Chronic Headache
Sufferers

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breaking free FROM YOUR headaches



Headaches are the #1 reason for taking over-the-counter pain relievers.

The throbbing, pounding, skull-splitting sensation of a headache is an all too common condition for millions of people each day. Some suffer with headaches several times a month, or even on a daily occurrence. A headache can be a debilitating problem that can jeopardize your employment, decrease your potential and interrupt your family life.

Headaches are so common that the International Headache Society has classified 129 different types of headaches. These headaches are the number one reason consumers use over-the-counter drugs.

Many people resort to medication to find relief from headache pain. Unfortunately, the relief they find is often fleeting, and the pain returns once again. There is another answer. You don't have to live with this pain, or take a pill to relieve it.

HEADACHE STATISTICS

- *50 million Americans suffer from regular headaches*
- *12 million suffer from daily headaches*
- *28 million suffer from migraine headaches*
- *20% of children suffer from headaches*
- *157 million days of work are missed*
- *\$24.7 billion in costs to U.S. employers*

HEADACHE TRIGGERS

Headaches have many causes, or "triggers." These may include foods, environmental stimuli (noises, lights, stress, etc.) and/or behaviors (insomnia, excessive exercise, blood sugar changes, etc.). About 5 percent of all headaches are warning signals caused by physical problems. Ninety-five percent of headaches are primary headaches, such as tension, migraine, or cluster headaches. These types of headaches are not caused by disease. The headache itself is the primary concern. "The greatest majority of primary headaches are

associated with muscle tension in the neck,” says Dr. George B. McClelland, a Doctor of Chiropractic from Christiansburg, VA, and chairman of the American Chiropractic Association’s (ACA) Board of Governors. “Today, Americans engage in more sedentary activities than they used to, and more hours are spent in one fixed position or posture. This can increase joint irritation and muscle tension in the neck, upper back and scalp, causing your head to ache.”

The pain of a headache can be minor or it can be overwhelming. There is massive media penetration to suggest that a pill can simply “cure” a headache. Headache sufferers typically want an answer as to the cause of the pain, in addition to easing the symptoms. Using prescription drugs may be what some consider their only option, but why not check out some alternative measures, which can be surprisingly effective? Better yet, why not undercut this whole process and try to eliminate the cause? Most of us have at some point in our lives experienced the pain of a headache. This article will serve as an informative source as to what possibly can trigger these awful headaches, and what we can do to manage and prevent them.

CHRONIC DAILY HEADACHES

It is nearly a guarantee that either you or someone you know, when asked, will report that they have “regular or ordinary” headaches. The Chronic Daily Headache (CDH) is a relatively new “diagnosis” and is now one of the leading reasons for a person to visit a health care professional or emergency room facility.

Nearly 12 million Americans suffer with this condition, and are classified by frequency. More than 180 headaches

per year will land a person into this category. How in the world can we possibly have “NORMAL or REGULAR” headaches? **Pain, in any form is a definitive warning sign that something is not quite right with the body.**



The American Medical Association defines a headache as: “A pain in the head with the pain being above the eyes or the ears, behind the head (occipital), or in the back of the upper neck.” The International Headache Society has classified 129 different types of headaches; however there are three types that are the most common. The most common types of headaches are **Migraine, Tension, and Cervicogenic.**

Most headaches are caused by abnormal muscle contractions and vascular irregularities. Some can be triggered by certain foods, namely red wines and smoked cheeses. Some headaches are caused by over consumption of alcohol. Sometimes exposure to certain chemicals, such as cleaning products

and perfumes can trigger symptoms. Many headaches are caused by dehydration, which causes muscle contraction. Headaches can also be caused by eye strain, loud noise, over stimulation, and chronic postures. The list is seemingly endless.

It is estimated that 75% to 90% of those who complain of chronic or frequent headaches suffer from tension type headaches. Therefore, the tension type headaches are the most common type of headache. It has been reported that as many as 90% of adults suffer with frequent tension headaches. Tension headaches are also more common among women than men.

Migraine headaches are the second most common type of primary headache. An estimated 28 million people in America have recurring migraine headaches. Migraine headaches affect children as well as adults and typically are more frequent in women than in men. Another seven million Americans experience Cervicogenic (neck related) headaches more than five times per month.

There are millions upon millions of headache sufferers and an endless list of causes. So, how do you get to the bottom of your headache situation, or help someone you love to understand their particular headache situation? Often headache management and prevention are similar. Different methods have different results, but do start somewhere! Taking medication may temporarily help some people with symptoms; however the most important piece of this puzzle to remember is that the headache pain is your body telling you that there is a problem. **Covering up the cause will not prevent recurrences.**

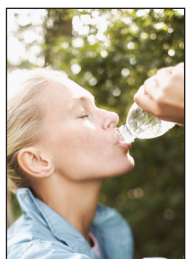
HOPE FOR HEADACHES

New research shows that spinal manipulation - the primary form of care provided by Doctors of Chiropractic - may be an effective treatment option for tension headaches and headaches that originate in the neck.

A report released in 2001 by researchers at the Duke University Evidence-Based Practice Center in Durham, NC, found that spinal manipulation resulted in almost immediate improvement for those headaches that originate in the neck, and had significantly fewer side effects and longer-lasting relief of tension-type headache than a commonly prescribed medication.

Also, a 1995 study in the Journal of Manipulative and Physiological Therapeutics found that spinal manipulative therapy is an effective treatment for tension headaches and that those who ceased chiropractic treatment after four weeks experienced a sustained therapeutic benefit in contrast with those patients who received a commonly prescribed medication.

EIGHT WAYS TO OVERCOME YOUR HEADACHES



1. DRINK PLENTY OF WATER

A simple first step in the prevention of chronic headaches is to DRINK PLENTY OF FLUIDS, especially water. Dehydration is one of the most common causes of headaches. Similarly, emergency room visits involving the chief complaint of severe headache are nearly always treated with fluids first. Dehydration causes muscle contraction (cramp), and as easily as

dehydration can cause muscle pain elsewhere in the body, it can also cause head pain. Make sure you drink plenty of water every day. A good rule is to consume at least half your body weight in ounces per day.



2. EXERCISE

Exercise is also an excellent idea; a brisk walk gets the circulation going again, and the fresh air can ease the throbbing of a headache.

Studies have shown reductions in the frequency and intensity of migraine following consistent aerobic exercise over several weeks. Aerobic means "oxygen-utilizing." It requires continuous movement for 20 minutes or more at a time of any aerobic activity such as walking, bicycling, swimming or running. Unfortunately, some people also find that exercise can trigger or aggravate headaches. A useful guideline is to move at a pace that can be tolerated for 20 minutes without a significant increase in pain, following the rule that "some exercise is better than none." How much exercise is enough? Exercise should take place at least three days a week to accumulate significant benefit.



3. QUIT SMOKING

Current scientific evidence suggests that cigarette smoke may contribute substantially to

headache disorders.

There are several mechanisms by which this may occur:

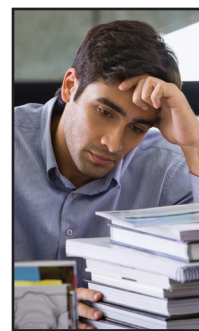
Smoking may cause headaches by raising carbon monoxide levels in the blood and brain, in much the same way as a faulty furnace or a car running in an enclosed garage can provoke headache.

Reduced oxygenation will also cause headache and deprive tissues of needed oxygen which may be relevant to other pain-related illness.

All patients experiencing recurrent headaches should discontinue cigarette smoking as part of their management and prevention efforts. Smoking can also reduce the benefits of other treatments, such as exercise and relaxation.

Surveys have shown that 33% of migraine sufferers use tobacco. This is almost twice the rate of cigarette smoking found in those who did not have migraines. Another study at a headache clinic found that smokers had more intense headaches than nonsmokers.

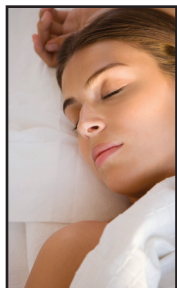
4. MANAGE THE STRESS



For many people with intermittent migraine and tension-type headaches, the consistent practice of relaxation methods can actually reduce the

intensity and frequency of pain. Some behavioral methods, such as, relaxation in the form of deep breathing, visualization, and occasionally "powering down" at different intervals throughout the day can prevent stressful situations from affecting the body. Have you ever noticed that when you feel "stressed" that you tend

to clench your teeth, and maybe even occasionally find that your shoulders are located up close to your ears instead of in a calm relaxed position? That is the tension in the body that can lead to headaches.



5. GET SOME REST

Sleeping patterns can have a dramatic affect on headaches. Falling asleep has been known to help reduce a headache once it is already present. However, too much or too little sleep can provoke headaches. It is generally considered important to rise and to retire at close to the same time each day. By avoiding “sleeping in” on weekends, the awake/sleep cycle remains consistent. Too much sleep can cause the body to be in one position too long, leading to abnormal postures and joint misalignment. Most of us have experienced a “tired headache” resultant from simply not enough sleep. When the body is struggling to stay awake with a decreased amount of energy, we end up with eye strain, muscle fatigue, and alas, a headache.

6. EAT PROPERLY

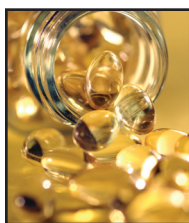


Eating properly can make a difference. Case studies have shown that eliminating all possible food-related headache triggers (such as chocolate, lunchmeats, red wines, aged cheeses, MSG and excessive salt) can lead to significant improvement in patients with migraine headaches. Eating frequent small meals and not skipping meals will maintain a steady blood sugar level. Even subtle drops in blood sugar levels can trigger a headache.



7. WATCH THE CAFFEINE CLOSELY

Another culprit associated with diet and headaches is caffeine consumption. Many people are addicted to caffeine; therefore, a lack of intake can actually trigger a headache due to withdrawal. Caffeine should be consumed in moderation, with particular care to avoid fluctuations in the amount that is taken in. For example, if you normally consume two cups of coffee in the morning, you should probably stay with the two cups. Since caffeine causes vasoconstriction, consuming too much could cause a headache to trigger.



8. TAKE YOUR VITAMINS

Most vitamins are not relevant to headache treatment. However, several recent studies now suggest that increasing the daily intake dosages of **riboflavin (vitamin B2)** may help prevent headaches in some individuals. In a Belgian study of 49 people who frequently got migraines, daily doses of 400 milligrams of riboflavin were administered. At that dose, about half of the people in the study became migraine-free. Among the others, the intensity of pain was reduced by about 70 percent. Another important addition to the supplementation is **Omega 3 Fatty Acids**. These gems have the antioxidant power to diffuse some of the environmental factors that may trigger headaches by reducing inflammation in the body. Lastly, adding **Calcium** and magnesium into the dietary supplementation allows this natural muscle-relaxer to help reduce vascular

tension. Research is continuing into the usage of vitamins and minerals for managing and preventing headaches.

A healthy lifestyle is the best “natural” remedy for overcoming your headaches. A well-balanced diet, proper sleep, avoidance of tobacco and alcohol, regular exercise, stress reduction, and chiropractic care are all necessary as a great start toward headache control and prevention, and the best way to take back your life!



FACT:

A healthy lifestyle is the best “natural” remedy for overcoming your headaches.

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Chiropractors Were Right! Chiropractic Care for Treating Headaches Found Effective

“Chiropractors were right. Many headaches are caused by damaged structures in the neck, and scientific evidence proves it.”

Peter Rothbart, M.D.

THE CERVICOGENIC HEADACHE MODEL

Until recently, the medical understanding of headaches has not taken into account the chiropractic model. The concept that headache pain can originate from cervical dysfunction is still completely foreign to most of the medical profession. Noted researcher Nikolai Bogduk, MD, PhD, professor of anatomy at Newcastle, Australia, commented: “The people in control of the headache field seemingly have not, cannot, or will not, recognize this paradox; that the model for cervicogenic headache is not only the best evolved of all headaches but is testable in vivo, in patients with headache complaints. No other form of headache has that facility.”

Several years ago, a Canadian anesthesiologist, Peter Rothbart, MD, FRCPC, came to the same conclusions about the cervicogenic headache. Dr. Rothbart made many observations in his own pain management practice, which subsequently led to an article in the Toronto Star, the most widely read newspaper in Canada. The Toronto Star article, “A Pain in the Neck,” was subtitled: “Chiropractors Were Right.”

“Many headaches are caused by damaged structures in the neck -- and scientific evidence proves it.” The article explained that years ago, French medical professor Robert Maigne “came to believe that many headaches originated with a structural problem in the neck.” He was “thought to be a lunatic,” said Dr. Rothbart. But others took up Dr. Maigne’s work, including Dr. Nikolai Bogduk.

In 1995, a team of MDs at Syracuse University established neck problems as the cause of many headaches “with scientific, anatomical proof.” Dr. Rothbart termed the Syracuse results

“a minor miracle.” In the Toronto Star article, Dr. Rothbart made several insightful comments:

“Some brilliant people have put their hearts, souls and minds to this (headache) problem and haven’t come up with anything. All we’ve been able to do is treat people with an array of medicines, one after the other, and hope the side effects won’t be too bad.



We couldn’t believe it at first. We’ve been able to put together a scientific explanation for how neck structure causes headaches -- not all headaches, but a significant number of them.

It’s true that chiropractors have been saying this for years. Unfortunately, many (medical) doctors tend to have a jaundiced view of chiropractors, but they were right about headaches.

This conference will demonstrate the anatomy and physiology of cervicogenic headache and will show the importance of manipulation as a method of treatment. This will be the first conference bringing together chiropractors and neurologists. It will help to validate chiropractic practice to some of the most skeptical medical practitioners and so benefit all practitioners involved in treatment of chronic headaches.”

MISSING ANATOMICAL LINK SUPPORTS CHIROPRACTIC FOR HEADACHES

Lead by assistant professor Gary Hack, DDS, scientists at the University of Maryland discovered a “physical connection

between the muscular system and the central nervous system.”

The discovery, a serendipitous result of dissecting a cadaver at an unorthodox angle to view the mastication musculature, is a connective tissue “bridge” that attaches the rectus capitis posterior minor muscle (RCPM, which extends from the base of the skull to the atlas) to the dura that surrounds the brain and spinal cord at the atlanto-occipital junction. This tissue bridge was not an anomaly, but was present in all 10 of the cadavers dissected.

The findings of Hack et al. were published in May 1995. Considering that gross human anatomy had been studied for 500 years, and that the RCPM muscle had long been described in great detail in anatomy books, the discovery by Hack et al. brought forth a healthy skepticism from the field.

The key to the discovery was making their incision from the side of the neck, which exposed the muscle-dura tissue bridge, while conventional dissection from the back of the neck does not. A group of researchers from Western Australia echoed similar findings in 1996, but by then the Maryland scientists had received reports of a connective tissue bridge at the C-1/C-2 junction, and had conducted additional research demonstrating another bridge at T-1 and T-2. To further verify their findings, Dr. Hack and his group used magnetic resonance imaging (MRI) on cadavers and live subjects.

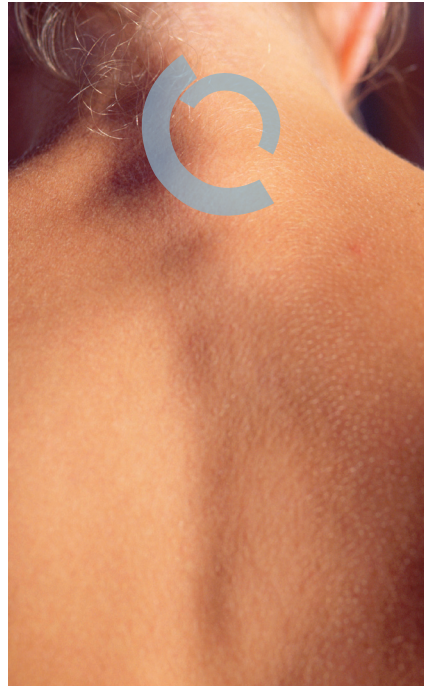
WHAT'S THE BIG DEAL?

The importance of the tissue bridge is of course being debated. It is known that

FACT:

» An increasing number of researchers postulate that headache pain may be produced by structures in the neck.

the dura surrounding the spinal cord and brain is extremely sensitive. What has been postulated is that this bridge is designed to keep the dura from buckling, which would “compromise the flow of cerebrospinal fluid” and cause pain.



But Dr. Hack recognized and reported an additional aspect of his findings: “The Maryland Scientists speculate that the newly described muscle-dura connection may transmit forces from neck muscles to the pain-sensitive dura. As already noted, not all the mechanisms of headaches are fully understood. Some researchers believe that headache pain is primarily caused by changes in brain chemistry that result in a lowering of the threshold at which pain is perceived. An increasing number of researchers postulate that headache pain may be produced by structures located in the neck. While the notion that headache may arise from cervical (neck) structures may be new to some medical practitioners, it is a concept that is widely accepted by chiropractors, osteopaths, and other professionals who regularly perform manipulative procedures involving the cervical spine.

“A growing body of literature relates headaches to injury or pathology affecting neck structures. Moreover, a number of clinical trials have suggested that treatments such as massage, spinal manipulation, and biofeedback directed at the neck are valuable for managing muscle-contraction headaches. Spinal manipulation as a treatment for tension headache is predicated upon the assumption that dysfunction in the neck muscles contributes to the head pain; in the U.S. more than 90% of such procedures are performed by chiropractors. The muscle-dura connection may represent -- at least in part -- the underlying anatomic basis for the effectiveness of this treatment. Such treatment, as performed by a chiropractor, would decrease muscle tension and thereby reduce or eliminate pain by reducing the potential forces exerted on the dura via the muscle-dura connection.”¹

There it is, as reported in the Medical and Health Annual published by the Encyclopedia Britannica. The “underlying anatomical basis for the effectiveness” of the chiropractic adjustment for cervicogenic headache has been found.

FACT:

» It is known that the dura surrounding the spinal cord and brain is extremely sensitive.

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2. Hack GD, Koritzer RT, Robinson WL, Hallgren RC, Greenman PE. Anatomic relation between the rectus capitis posterior minor muscle and the dura matter. Spine 1995;20:2484-2486.
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SUFFERING WITH HEADACHES?



you're not alone!

The throbbing, pounding sensation of a splitting headache is an all too accepted condition for millions of people each day. Some suffer with headaches several times a month, others even more often. A headache can be a distraction that affects your job and your family life. Headaches are not a normal condition - **Even though in the U.S. it's reported that an estimated 60 million to 80 million people experience recurring headaches.**

In fact, more than one million days of school and 160 million days of work are lost per year due to headaches. The costs are astronomical. Recent research has uncovered that headaches result in an estimated \$30 billion in medical expenses each year.

Other alarming studies from the National Pain Foundation report 76 percent of women and 57 percent of men report at least one significant headache per month.

You don't have to live with headache pain. You have a choice. You can choose to depend on over the counter drugs which are often addicting and have severe side effects, or you can treat your headaches effectively and naturally.

Help is often possible! Ask our office how regular chiropractic care can be a part of successfully treating your headaches.

Most of us, at some point in our lives, have experienced the pounding pain of an excruciating headache.



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