

Headaches are a Pain in the Neck.

Since I wrote about Headaches and Migraines last year, two new types of headache have been discovered: John Key Related Ponytail headache...or my new favourite, headache attributed to travel in space. There are still over 300 types of headache, but if you investigate further, most of them have a relationship to neck dysfunction.

For many years the people who dedicate their lives to pursuing a cure or answer to headache have subscribed to several theories that are no longer built on solid foundations. The blood vessel theory of migraine has only been an assumption because of the throbbing nature of migraine and headaches. There has not been any hard evidence to prove this. In fact, the findings show that blood vessel widening or dilation does not coincide with the pain, instead it is the consequence of head pain, and when it occurs, the major blood vessel only enlarges by 9%, which experts seem to agree is not enough to cause pain.

Tension Headache is supposedly caused by excessive muscle contraction. Once again, studies show no difference in the muscle activity in headache sufferers and people without headache. If these long held views of headache causes aren't correct, what is more likely?

A theory that was born in 1888 captured the truth unwittingly for Gowers, where he dismissed the throbbing nature of headache in favour of a sensitised brainstem area called the Trigeminocervical Nucleus. This appears to be the truth according to current research concepts. In fact, in tests of the trigemino-cervical reflex, migraine, tension headache, cluster headache and menstrual headache all exhibited signs of a highly sensitised brain stem, strengthening this hypothesis.

It is then very reasonable to say that headache and migraine are not separate entities with different causes... they are different expressions of the same condition and that condition is a sensitised brainstem.

This area between spinal cord and brain is similar to the black box on an aeroplane. All sensory information must be registered here before the brain gets a look at it. In normal situations, this black box is registering what's going on in the head, face, teeth, jaw and blood vessels, and also from the top three cervical spine joints (two at each level). But what if something happened to the black box and it now exaggerates every input into it? The brain gets a distorted picture of what's wrong and as a result you get an overload, manifesting as headache type pain.

What causes the black box to become so supersensitive? There are a few possible causes, but one worth taking seriously is a dysfunction in the upper neck. This may be from poor postures that are maintained all day, every day. This has support in evidence that shows when people strengthen their neck muscles, there is a decrease in frequency, intensity and duration of headache. Other factors that come into play are constant negative sensory information coming into the brainstem. Other factors to ramp up the sensitivity include stress, ingestants such as red wine, cheese, citrus and dark chocolate. To remove all doubt, Brussels Sprouts are not on this list!

If you overload the black box with data that is abnormal, it will begin to get antsy, something like the cat my family "served" in the eighties. He had a threshold of tolerance. If you patted him for

a certain time or number of times, his anger exploded and you got a nasty scratch. Perhaps he was upset at his average name - Puss. If you stimulate the black box enough, with negative input, or even normal input, you will get a grumpy black box. Now if this goes on day after day, minute after minute, then you can end up with a hair trigger system. Strangely enough at this point, the black box may be amped, but the sensation information is no stronger than a normal person experiences. The brain generates the severe pain from almost nothing. This is a disorder of sensory processing plain and simple.

Today there are some excellent medications available to rescue the migraineur from a severe episode. Maxalt is todays wonder drug, and it is a variant of the Immigran stable of drugs. They are thought to work on the black box, turning down its sensitivity. Unfortunately these are "in the moment" treatments, and as essential as they are, they do not cure a headache sufferer. Many sufferers note that there is a critical timeframe to get medicated or the runaway train goes ballistic, and you lose the window of opportunity to save yourself from the migraine event. It is thought that this is because the descent into migraine or headache is a rapid hyping up of our black box. If the cat gets too angry, you end up with an extremely angry cat, and that's hard to undo. You simply have to wait.

So is there a way to cure a sensitive black box brainstem? Can we pacify the cat?

Dean Watson, an Australian physiotherapist, is a mentor to many manual therapists like myself. He has treated necks for headaches now for a cumulative 21000 hours with over 7000 patients since 1991. His assertion is that most headache and migraine sufferers display dysfunction in the upper neck. The key finding of the physiotherapists assessment is a reproduction of headache symptoms from pain to visual disturbance, nausea to dizziness. It is then essential that these symptoms gradually disappear over 10-60 seconds as the test is performed. If your findings are in line with this, then your neck can be treated for "Cervicogenic Headache" - headache caused by neck dysfunction. This includes migraine with aura, classic migraine, cluster headache, tension headache, Ponytail headache and bath related headache to name but a few. Most people in this group progress to recovery.

There are some who present with headache, and tests reproduce their symptoms, but there is no reduction in pain. This would reveal a sensitised black box, but not being of a cervical spine origin. The assessment is a process of elimination, and if the criteria for treatment aren't satisfied, the person will not be unnecessarily treated.

Several exciting features of headache management emerged in my recent training:

Years of headache suffering does not mean years of treatment needed. It is shown in clinical experience that a sensitised nervous system can be calmed down quickly. This is what I have noticed with genuine cervical origin headache, that people seem to benefit very quickly over a few months.

Many sinus headache sufferers are treated effectively with cervical spine headache treatment. This would indicate a referred pain pattern similar to sciatica.

If you get a headache or migraine that changes sides, you have the neck as the definitive cause. The Watson headache approach is the only manual therapy approach that can desensitise the brainstem and treat these headaches and migraines.

My experience over ten years treating headaches is that the neck is most often implicated in headache, so why wouldn't you get it checked?

Perhaps it's time we calmed down the cat, and reassigned him to a name more akin to a relaxed animal, such as Garfield, instead of Scarface Claw, or Horse.

Headache is gradually being unmasked and we are now seeing beyond the smokescreen of head pain, and now have the brainstem in our sights. This is great news for every headache sufferer.