

Breaking Through Headache

Almost everyone experiences headaches somewhere on the spectrum: from mild and tension-related to full-blown migraine. According to the National Headache Foundation, this common malady falls into three basic categories—tension, migraine and cluster, with most headaches considered “primary” (the headache itself is the problem) and only 10 percent considered secondary (caused by an underlying, sometimes serious condition). As many as 30 million people suffer from migraines, and women outnumber men three to one.

Dr. Nina Molin, a physician of Integrative Medicine who works on staff at Canyon Ranch, as well as in the community, uses a variety of sleuthing techniques to determine the cause of headache. “Often one thing happens, and then another thing starts to happen, and then another,” she says. “So we need to approach it as a web of interactions that manifest as a symptom.” Molin looks for possible hormonal shifts (which she may treat with herbs and nutrients) or structural misalignments (for which she might refer patients to a cranial-sacral practitioner or osteopath), as well as doing blood tests for food sensitivities and blood/urine/stool analysis for nutritional deficiencies and digestive disorders.

On the last issue, she says, “Some of us are eating fabulous fruits and proteins but we’re not digesting them, so we might need to support our digestion. Because of our lifestyle, we’re a culture of digestive disorders! ...[W]e need to absorb the nutrients in order to support our nervous system and muscular system.”

Dr. Uma Raghunathan of Greenfield Neurology Associates—herself a migraineur—emphasizes reducing stress. “As women we need to have time to ourselves. Whatever helps you unwind, whether it’s exercise, relaxation, do it on a daily basis.” Sticking to a schedule is also important, she adds. “I always tell my patients to be rigid in their schedule. If anything is off—if we sleep too much, we sleep too little, we miss a meal, we eat too much—all these things can cause migraines.”

What she sees too frequently is medication overuse. “Every time someone



gets a headache they medicate it, and that leads to getting a headache every day,” a vicious cycle known as analgesic rebound. “People find it hard to believe that they need to stop taking whatever it is they’re taking in order to decrease their headaches.”

Drugs called triptans can actually abort a migraine attack, says Raghunathan, but “the trick with any medication is to take it as soon as your headache starts. If you wait even more than half an hour you may not catch it, and then no matter what you take it won’t matter.” She adds that a lot of patients “swear by acupuncture to decrease pain, and I think it does help with pain in general.”

At the New England Regional Headache Center in Worcester, Massachusetts, the only headache center in the state and one of only a handful in the northeast, neurologist Dr. Herbert Markley emphasizes that making the right diagnosis is critical. If you have cluster headaches and are treated for migraine, for example, you won’t get better. Migraines are genetically linked, he says, and “changes in estrogen levels are extremely potent in bringing out the migraine gene.” About 70 percent of women have headaches associated with their menstrual cycle.

For the small group of patients whose chronic headaches aren’t relieved by other treatments, Markley tries Botox injections. “With careful patient selection, about

80 percent of patients are significantly improved, and a minority, about 10 percent, are headache-free,” says Markley. “Exactly why it works isn’t known, but the current theory is that it blocks the release of three different pain neurotransmitters.” Botox is injected every 10 weeks using either a set of standard locations, or with a “follow-the-pain” approach.

Most patients at the Center are put on high doses of vitamin B2, as studies in Europe have shown that this can offer significant relief. “We’re seeing patients who take that only and become essentially headache-free, especially teenagers,” says Markley. “There’s a very complicated neurochemical explanation as to why it works. Patients come in and say that it’s a miracle.”