

Creole Jambayala, and Head Pain

When I returned from a lecture that I gave with Steve Forman, D.C., D.A.B.C.O at the state meeting of the Chiropractic Association of Louisiana, I realized there is a growing interest among chiropractors regarding the phenomena of head pain.

The subject of head pain is enormous. One can gauge its vast size by the number of doctors dedicated to dealing with the various types of head pain. There are literally dozens of specialists who are general practitioners who treat little more than patients with head pain complaints. We have doctors for nearly every letter of the alphabet to choose from: allergist to throat specialist. By far, most of these pains are acute in nature; toothaches or sore throats are examples.

The most troublesome of all head pains are those that are chronic. In fact, the pains that tend to last and last or repeatedly come and go are given special attention. We group these troublesome problems under a category called "recurring head pain." Perhaps some of us are more comfortable using the older term "headache" to note head pains that repeat themselves. There are some problems using "headache" in that way and it is better to think of headache as a major sub-division of recurring head pain.

At any rate, no matter how one labels recurring head pain, there is one thing that we can all agree on: the musculoskeletal influence on head pain is enormous. It is estimated that 80 percent of all recurring head pain is related to musculoskeletal factors. Approximately 15 to 80 percent are related to visceral factors and the remaining 2 to 5 percent are related to neurologic factors. Psychologic factors enter into the picture as well.

For instance, a headache due to entrapment of the occipital nerve "occipital neuralgia" is a pain due to musculoskeletal factor. Tie Doloreaux, on the other hand, is a neurologic type of pain. Headaches due to bowel impaction constipation are obviously due to visceral factors. The head pain reported by persons suffering from depression is an example of psychological influences.

One of the points I try to stress when I lecture to state association meetings or in the seminars is that chiropractic is uniquely prepared to help our head pain population. Especially if those head pains are of a recurring type.

Many of the foundations of chiropractic apply straight across to head pain patients. Chiropractic approaches that incorporate nutritional/dietary guidance can be applied to many viscerally related recurring head pains. Chiropractic approaches that have a biomechanical bent obviously can be applied to musculoskeletal cause of head pain. Chiropractic that includes a whole-body wellness tack is excellent for sufferers of recurring head pain which is related to psychologic factors. Chiropractic that incorporates cranial manipulation can certainly be applied when neurologic factors come into play.

We certainly have the talent and skills as a profession at our disposal. But we need more of a direction and a clear method to all these approaches. In part some of these developments will come about if we learn more about the underlying processes that cause the pain. But the majority of our progress as a profession will come about through the combined efforts of each D.C. in practice or

serving as faculty. Underlying all this progress is knowledge. The thirst for knowledge should never be completely satisfied. That is because there is always more to learn, to teach, and in turn, to give back to the profession.

With each article I encourage you to write the questions you may have, or thoughts to share with your colleagues, to me in care of Dynamic Chiropractic. Please include your return address.

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