

Headaches, Drugs, and Chiropractic

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Author's note: Each patient education article in this column details research documented in *Somatovisceral Aspects of Chiropractic: An Evidence-Based Approach*, co-edited by Marion Todres-Masarsky, DC.

By the time you read this column, many of you will already be aware of the recent guidelines published by the federal Agency for Health Research and Quality regarding headaches. Your patients may already have been exposed to media reports on this document. In part, these guidelines state that spinal manipulative therapy (SMT) in general, and SMT performed by chiropractors in particular, have not been proven effective and are of questionable safety for headache patients. Apparently, the influential National Headache Foundation has taken a similar dim view of chiropractic care for headache patients. [*Editor's note:* For more information, read "FCER Responds to New Guidelines on Headache Standards of Care" in the July 16, 2005 issue of *DC*.]

In this atmosphere, it is important to reinforce the benefits of chiropractic care for patients who suffer from this condition, which is often related to subluxation in general and upper cervical subluxation in particular. Feel free to use the following article for lay lectures, bulletin board display, or in your practice newsletter. You might want to add additional material from the FCER as it becomes available.

Headache sufferers have been reportedly helped by chiropractic adjustments since the profession's early days. Misalignments or restrictions (subluxations) in the spine, particularly in the upper part of the neck, can irritate nerves that provide pain sensation to various parts of the head and face. A number of accounts of relief from both tension headaches and migraine have appeared in the chiropractic clinical journals in recent years.¹

A particularly interesting study compared six weeks of drug therapy using the antidepressant Amitriptyline with six weeks of chiropractic adjustments.² The patients selected for this study had a history of at least one headache per week over a period of three months or more.

Although drug therapy was slightly more effective at reducing headache pain, this relief was accompanied by side-effects in more than 82 percent of the patients. These side-effects included dry mouth, drowsiness and weight gain. Previous studies indicated that glaucoma and cardiac problems could be further side-effects of this drug. By contrast, less than 5 percent of the patients receiving chiropractic adjustments reported the minor side-effect of slight neck stiffness.

A further chiropractic advantage became apparent during a follow-up period, four weeks after the interventions were stopped. Headache relief continued for the chiropractic group, while members of the drug therapy group returned to their previous levels of headache suffering. The chiropractic group also reported higher levels of energy and vitality than the drug therapy group during this

follow-up period.

The advantage of the chiropractic approach over drug therapy has become even more apparent with the widespread recognition of "rebound headache," sometimes called "medication headache" or "analgesic headache."¹ Apparently, long-term use of headache medicines more than twice per week can interfere with the body's natural pain-control circuitry. After a while, the medication gives transient, partial relief, but the headache returns (rebounds) as the medication wears off. Sometimes, the rebound headache is more severe than the original symptoms, and the patient requires higher and higher dosages of medication. Even relatively innocuous over-the-counter headache remedies can have serious side-effects, especially when used for six months or more at dosages higher than recommended.

References

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2. Boline PD, et al. Spinal manipulation vs. Amitriptyline for the treatment of chronic tension-type headaches: a randomized clinical trial. *J Manipulative Physiol Ther* 1995;18:148-154.

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