Dynamic Chiropractic

HEADACHES & MIGRAINES

Chiropractic Treatment of a Medical Specialist for Headaches

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Abstract

It has been documented in a variety of studies that general health and habit factors may perpetuate the presence of myofascial / soft-tissue patterns of pain. These include nutritional, metabolic, endocrine and psychological influences; but often some of the worst offenders are contributors such as sustained postural demands and poor body mechanism. Thus one goal of chiropractic treatment has been to increase movement in the joints and relax the pain-producing contributory muscles.

Today's medical doctors seem to have a greater appreciation of this chiropractic role and my practice has been seeing a lot more medical doctors as patients as a result. The case report below is demonstrative of these occurrences.

Case Report

A 42-year-old female cardiologist presented with severe migraines and associated neck pain. She related that her awkward surgical positioning with overuse of her upper extremities (she is right handed) seemed a reasonable explanation for her heightened levels of pain. Moreover, she had already been cleared through her neurologist in a migraine evaluation that included special diagnostics, thus leading to her self-determination that the source of her pain had to be her neck / cervical region.

In addition to her headache (which she brought with her that day), she also complained of head tremor, neck pain, stiffness of neck muscles, and swelling of the neck muscles. Her headache also bothered her vision (considering this, her neurologist also had cleared her for multiple sclerosis).

She reported that the neurologist had offered her medications used to treat spasms, including an anticholinergic drug called baclofen. Even injections of botulinum toxin were recommended, but she knew they may only temporarily relieve a spasm and did not desire to repeat injections every three months, as are usually needed.

The chiropractic examination, while detailed and complete (she told me I did a better job at an exam than "they did"), simply showed a dramatic visible shortening of the neck muscles on her right dominate side and her head tilted toward the right side while the chin pointed to the opposite side. I took her over to the mirror to demonstrate this, explaining how the soft tissues function as levers and can stick the joints.

In doing so, I explained that torticollis is basically a twisted neck in which the head is tipped to one side, while the chin is turned to the other. I suspected this was the cause of her condition – a muscle tension headache.

I explained how this also would account for her vision problems, in that our manual medicine

literature presents a theory for vascular headaches. Using an anatomical model, I demonstrated how, at the level of the first and second cervical vertebrae, we find the superior cervical sympathetic ganglion (SCSG), a structure responsible for the control of the smooth muscles and glands in the head. Moreover, the postganglionic sympathetic nerve (PGSN) fibers arising from this structure enter the cranium through the foramen lacerum.

So, considering the function of the SCSG in controlling blood-vessel diameter in the head and in the muscles that dilate the eye, my theory was that if a chiropractic lesion of the C0-C1 region were present, it might narrow the forearm lucerum or place pressure on the PGSN.

This would lead to vasoconstriction of the blood vessels in the head and dilation of the pupils, which accounts for the photophobia migraine sufferers experience.

Of course, I also briefly mentioned the SON or suboccipital nerve, because her radiographs yielded a straight neck, some arcual kyphosis with anteriolisthesis and a suboccipital space (the space occupied by the sensory SON) of barely 2 millimeters.

Treatment Protocol

I compared how chiropractors approach treatment of congenital torticollis to her problems in stretching the shortened neck muscles of children, and that gentle adjusting generally consists of passive stretching and positioning. Such treatments are often successful, especially if started within three months of birth.

In her case, an acquired torticollis is treated by first identifying the underlying cause of the disorder. I explained she had already suspected the causation and just needed me to clarify it. In a sense she had self-diagnosed, so I had to ask her, "Why chiropractic?' She replied, "Well, you guys fix the muscles and the joints."

I felt like dancing – finally, my newer medical colleagues were being taught about chiropractic care, something I have advocated for these past 20 years at nearly every medical or political conference I have attended. I proceeded to manipulate her using diversified and some very light soft-tissue work.

On the second visit, after her adjustment, she exclaimed; "I am now a believer." Fortunately, this doctor already knew about chiropractic, which compelled her to investigate it for herself.

Clinical Notes / Considerations

Acquired torticollis: Develops as a result of damage to the nervous system or muscles. Repetitive motions, overuse syndrome, an upper respiratory infection or sleeping under a drafty window may all contribute. If the condition occurs without a known cause, it is called idiopathic torticollis.

Prognosis: This condition may be easier to correct in infants and children. If the condition becomes chronic, numbness and tingling may develop as nerve roots become compressed in the neck.

Prevention: While there is no known prevention, early chiropractic treatment can prevent a worsening of the condition. Complications if left untreated may include muscle swelling due to constant tension and neurological symptoms due to compressed nerve roots.

I believe it is crucially important to inform anyone we meet who inquires about what we do, particularly other members of the health care field, on the standards for chiropractic education as cited by the U.S. Department of Education: four academic years of education averaging 5,220

hours, with additional training in fellowship specialty programs. Doing so will help reinforce trust, integrity and confidence at every level, particularly when it comes to the patient's ability to make informed health care choices.

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