

Dr. Curl, I Just Want to Ask You One Question, "Why?"

Anyone who has heard any of my lectures which I give all over this world has heard me state that chiropractic is uniquely prepared to help those with head pain -- especially if the head pain is of the recurring type.

One May Ask "Why?"

Among the many reasons "why" is that many of the foundations of chiropractic usually directed to the spine also apply straight across to our 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 causes of head pain. Chiropractic that includes wellness-behavior is excellent for sufferers of recurring head pain related to psychological factors. Chiropractic that incorporates cranial manipulation can certainly be applied when some neurologic factors come into play -- interesting ?? ... You can find more information on these topics through the CHIROLARS database.

There Is No Shortage of Specialists for the Head

The number of head pain patients seeking care 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 or 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. (Let me know if you can think of one for w,x,y, and z.) By far, most of these pains are acute in nature. Toothaches or sore throats are examples. "Headache" from myofascial trigger points or cervical dysfunction is another very common type.

But 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 connote head pains that repeat themselves. There are some problems using "headache" in that way and it is better to think of headache as a subdivision of recurring head pain.

At any rate, no matter how one labels recurring head pain there is one area of agreement: 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 18 percent are related to visceral factors and the remaining 2 to 5 percent are related to neurologic factors. Psychological factors enter into the picture as well as do the effects of drugs, spinal punctures, metabolic disorders, etc.

For instance, a headache due to entrapment of the occipital nerve "occipital neuralgia" is a pain due to

musculoskeletal factors. Tic douloureux, on the other hand, is a neurologic type of pain. Headache due to bowel impaction or constipation is obviously due to visceral factors. The head pain reported by persons suffering from depression is an example of psychological influences.

Again, One May Ask "Why?"

Chiropractic certainly has the talent and skills -- as a profession -- at its disposal to tackle the problems of recurring head pain. On a world-wide basis I see the brilliant efforts of chiropractic field doctors each and every time I go out to lecture. But we need more of a sense of direction along with a clear scheme guiding us to all of the approaches discovered so far by the individual field doctor. 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 DC in practice or serving as faculty. Underlying all this progress is knowledge -- and the thirst for knowledge should never be completely satisfied. This 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, commentaries on patient care since attending the TM seminars, or thoughts to share with your colleagues, to me in care of Dynamic Chiropractic. Please include your return address.

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