Headaches

Headaches are among the most common causes of disability in the U.S., and migraines are the second most prevalent headache syndrome. According to the National Headache Foundation, an estimated 28 million Americans have migraine headaches along with an estimated 14 million with undiagnosed migraine headaches. The World Health Organization considers migraines to be one of the most debilitating diseases in the world. Statistics show that 157 million workdays are lost each year due to the severity of migraine headaches. Approximately four billion dollars are spent annually on over-the-counter (OTC) pain relievers alone. Many OTC drugs are minimally effective and, worse yet, have harmful side effects.

Aspirin and newer non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and Naprosyn carry the risk of gastrointestinal bleeding. Too-great dependence on these pain relievers can result—albeit rarely—in kidney failure. And acetaminophen (Tylenol) burdens liver function and depletes the critical antioxidant glutathione. Newer prescription drugs such as Relpax and Imitrex can be dangerous for patients with coronary artery disease.

Even worse than the side effects, the temporary relief sometimes afforded by pain relievers obscures the discernable and treatable causes of headaches. Rather than palliating pain with drugs, Intelligent Medicine attempts to trace the origin of symptoms. Pain is seen as a "wake-up call" to address hitherto unrecognized problems. Since headaches arise because of a multiplicity of causes, this article will provide various examples of how headaches can be evaluated and treated.

Consider the example of Arthur, a busy CPA with a thriving practice. He complained of headaches starting in high school, which were controlled initially with OTC pain remedies. By age 40, however, his headaches had taken a turn for the worse. As tax season neared each year, he began to be crippled by debilitating migraines. He consulted a neurologist who offered a multidrug approach involving Prozac, anti-anxiety medications to take the edge off the Prozac, a sleep prescription, anti-inflammatories and additional powerful pain medications to be used as needed, and a self-injection medication for true headache emergencies.

Arthur's headaches were better when he came to see me—but he admitted to experiencing some degree of mild to moderate discomfort on a daily basis. Some mornings, he'd be tempted to take a pain medication on awakening, especially if he had a busy or challenging day planned.

But worst of all, Arthur was now suffering from fatigue, as well as a new troubling symptom: He was having more and more trouble concentrating. "I can't crunch numbers like I used to, doc," Arthur complained. "Sometimes I space out completely . . . it's embarrassing when I'm with clients."

Comment: Arthur's was a case of "CDH" (Chronic Daily Headache). A recent study showed CDH patients have multiple drug dependencies—they suffer severe "rebound" headaches when they withdraw elements of their complex medical regime. It may be that what were originally mild infrequent headaches are amplified by medication withdrawal. The body "asks" to be restored to its medicated state by manufacturing headache symptoms. These cases are very difficult to unravel, since not much relief will be obtained at first until drugs are skillfully withdrawn and natural therapies substituted.

"Arthur," I said, "think of yourself as a house of cards. You've jerry-rigged yourself into this position by years of tinkering with ever-more powerful drugs.

When we reach in and try to eliminate even just one medication, the whole house of cards threatens to fall. So expect some withdrawal symptoms as we gradually detoxify you. We'll support you with proper nutrients and some natural therapy, but I'll tell you right now, it won't always be a picnic."

"But Dr. Hoffman," Arthur countered. "I'm a busy professional! I can't afford to be anything less than 100 percent! That's why I sometimes take my medication before I go into work."

"Yes, Arthur," I replied. "But as it is, you're already underperforming. How high do you think we can build that house of cards before it collapses?"

Frequently, patients with headaches—even intelligent, health-conscious ones—delay the inevitable day of reckoning with withdrawal symptoms by claiming that they must be at their peak at all times, and that they can't take a chance on underperforming due to symptom recurrence. I explain that this is part of the "Headache Personality," which is perfectionist, hard driving, tending to internalize stress and to censor emotions. Fundamentally, delaying detox until some future perfect date that never materializes is classic addictive behavior: "I'll quit, eventually, but I can't just now."

Arthur finally decided to take the plunge. "I know I'll have to sooner or later, and it won't get any easier if I keep putting this off." He scheduled a few days after tax season to kick things off.

I had already tested Arthur, finding him critically low in magnesium, a mineral essential to control muscle spasm. Headache researchers have discovered that many migraineurs are low in magnesium and that magnesium injections help to gradually restore a normal mineral status, reducing instability of smooth muscles that govern the caliber of blood vessels in the scalp.

Additionally, while never showing abnormalities on conventional blood tests, Arthur showed poor scores on a test designed to evaluate his liver's detoxification abilities. Burdened by years of processing drugs, his liver's efficiency was impaired, leading to symptoms of fatigue and brain fog.

So, to help Arthur with the initial phases of the program to eliminate his medication dependency, I placed him on a special detoxification diet with supplements designed to support his liver function. Our Center administered magnesium injections and acupuncture to lessen his pain. I also gave Arthur Migranol, a natural herbal treatment for headaches.

A 1985 double-blind placebo-controlled study of the herb was carried out at the City of London Migraine Clinic. Migranol-treated patients were found to experience far fewer severe and incapacitating headaches than those receiving placebos. This was the first clinical evidence that when taken prophylactically, Migranol prevented attacks of migraines and associated symptoms. The dose used was two 25 mg. capsules of freeze-dried pulverized leaf. Natural supplements of valerian, kava and melatonin helped Arthur adjust to going without sleep drugs or anti-anxiety medicine.

The essential fatty acids from EPA and borage oil along with vitamin E served as natural prostaglandin blockers, gently mimicking the action of NSAIDs.

After two weeks on this program, Arthur returned. "How're you doing?" I asked expectantly. "Well, pretty rocky at first," Arthur replied. "Those first few days I felt so bad I was glad I took some time off from work. It wasn't so much the headaches—the acupuncture helped make them tolerable. It was the body aches and

total exhaustion—it felt like I'd played tackle football while having the flu!"

I reassured Arthur that body aches and flu-like malaise accompanied by exhaustion were frequent accompaniments of the initial phase of withdrawal. I asked Arthur how he was coming along now.

"Well," replied Arthur. "I still feel a little weak and occasionally that dull headache comes back, but for the first time in years, I feel clear again—I can think!"

Arthur went on to complete recovery from chronic daily headaches. He has taken to biofeedback to better control the stress that originally prompted his headaches when they began during high school. He has not taken any medication for headaches in more than a year and maintains a healthy natural foods diet with proper nutrient supplements. Tests now show his magnesium level and liver detoxification have returned to normal.

As Arthur's case illustrates, the causes of headaches are diverse and methods for addressing them sometimes need to be multipronged if success is to be achieved. But the results are far more gratifying than with conventional approaches that rely on drugs as the first line of therapy.