

HEALTH *IN* ALASKA

Do You Know Your Headache?

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Not all headaches are migraines

If you have pain that starts in the back of your head that radiates to the front of your head, settles behind your eye and makes you nauseated this is **NOT** a migraine.

If you have pain in the back of your shoulder or in your scapula associated with arm pain, this could be related to your headache.

If you could snap your fingers as a kid and now you can't snap your fingers on one side, this could be related to your headache.

If you look up in the sky, or turn your head to look in the mirror and you have electrical pain into your hand or into your arm, this could be related to your headache.

If your hands sweat when they are not supposed to, or if your fingers turn white for no reason, this can be related to your headache.

Anatomy of a myofacial headache

Three cranial nerves come together and talk to each other in a bundle of nerves located in your neck under the

C2 vertebrae (caudate nucleus). They give messages to each other and can "cross talk". If one of these nerves has information to be delivered to the brain it can be misdirected to the others. The facial nerve, trigeminal nerve and the acoustic nerve can confuse each other in this manner.

When one or more of these nerves misdirects a message, it can cause pain perceived by patients as a headache at the back of the head. These three nerves can receive messages and may cause stimulation of the occipital nerves in the back of your head. The pain associated with this is referred to as an occipital, myofacial and/or mechanical headache—and is almost always mislabeled as a migraine.

True migraine headaches are vascular (blood vessel) headaches that usually respond to tryptan medications (immetrex, maxalt, frova, etc.). These headaches usually are preceded by other symptoms before the headache pain starts, e.g. unusual smells, visual changes, sometimes blindness. Patients often know that they are going to have a headache before it starts and can often abort the headache by taking one of the tryptans.

Diagnosis & Treatment

A common and often overlooked cause for occipital headaches, and the previously mentioned shoulder and arm pain, are joint injuries in the neck—a typical whiplash.

Treatments of headaches caused by neck injuries include oral medications, diagnostic local anesthetic blocks, radio-frequency lesionings of somato sensory nerves, disc replacements, and fusions of vertebrae in the neck. These treatments are all available in the hands of your local medical professionals. Dynamic Motion X-ray (DMX), is a simple and relatively inexpensive diagnostic test. When administered by an expert, DMX can often make a quick and detailed diagnosis of neck injuries by x-raying the patient in motion to reveal the source of pain. Other common, but expensive, diagnostic tools are three-dimensional CTs and PET scans.

A.A. Pain offers both the cutting edge diagnostic tools, such as DMX, and the professional medical advice needed to identify and treat your headache pain. For more information call (907) 563-2873.