Heal Your Headache Without Drugs

Most doctors traditionally distinguish minor "tension" headaches from migraine headaches. Until recently, it had been thought that tension in the head and neck muscles produced tension headaches.

New findings: Electromyograms—tests that record the electrical currents caused by muscle activity—of patients with so-called tension headaches reveal no abnormal muscle activity in the head or neck.

It now appears that the vast majority of headaches have the same underlying cause—and that they all should be considered forms of migraine.

Why it matters: Many of the medications for so-called tension headaches actually make the problem worse. Instead, the same steps that prevent migraine, such as avoiding "trigger foods," should be followed for virtually all headaches.

We talked with headache expert David W. Buchholz, MD, of Johns Hopkins University School of Medicine. He explained that most patients can substantially decrease both the frequency and severity of headaches within one to two months. This often can be done without relying on drugs. Here's how...

TRIGGERS

The brain contains a headache-generating mechanism that causes swelling and inflammation of blood vessels in and around the head. When this mechanism is fully activated, patients experience the most severe symptoms—pain, as well as nausea, vomiting, sensitivity to light and other classic migraine symptoms.

The same mechanism also can be partially activated. When this happens, patients are likely to experience only mild-to-moderate discomfort. Two factors determine whether—and how severely—the mechanism is activated...

Triggers. There are dozens of potential triggers—including hormones, foods, sleep deprivation and even weather changes—that can set off a headache. Each person responds individually to different triggers.

Trigger threshold. Exposure to one or more triggers doesn't necessarily activate a headache. Patients first have to exceed their personal, built-in trigger threshold—a genetically determined level at which a headache is activated. People who get few headaches have high thresholds—whereas those who get frequent and severe headaches have lower thresholds.

Example: You might be sensitive to chocolate, along with changes in barometric pressure and high amounts of stress. A headache won't occur as long as the sum of the triggers doesn't push you past the threshold. But if you're exposed to all of these factors and the threshold is crossed, you might develop a splitting headache.

STEPS TO PREVENTION

One way to prevent headaches ▶

Bottom Line/Personal interviewed David W. Buchholz, MD, associate professor of neurology at Johns Hopkins University School of Medicine and former director of the Neurological Consultation Clinic at Johns Hopkins, both in Baltimore.

He is author of *Heal Your Headache: The 1-2-3 Program for Taking Charge of Your Pain* (Workman).

▶▶ is to do aerobic exercise (biking, swimming, brisk walking, etc.) most days of the week. No matter what your particular triggers are, aerobic exercise raises the migraine threshold.

Also, take these measures to control headaches...

STEP 1: Avoid quick fixes. It's understandable that people reach for analgesics (painkilling drugs) at the first hint of a headache—but beware. Many of these drugs cause rebound headaches by lowering the migraine threshold, which makes subsequent headaches more likely and eventually more frequent and severe.

What happens: Many headache drugs contain ingredients that relieve pain by temporarily constricting blood vessels. After the initial relief, the drugs lead to rebound vasodilation—the blood vessels tend to swell even more than they did before.

Drugs that cause rebound headaches include those that contain caffeine (Excedrin and Anacin)...as well as decongestants (Sudafed)...triptans (Imitrex, Relpax and others)...and narcotics, among others. Don't use these drugs more than twice a month.

Single-ingredient analgesics, such as ibuprofen, aspirin or acetaminophen, don't constrict blood vessels—but they aren't as effective for most patients. However, they're a better choice for occasional use—up to two days per week at the most—because they don't cause the rebound effect.

The best way out of the rebound cycle is to stop taking rebound-causing analgesics altogether. Headaches may temporarily worsen for one to two weeks—the time it takes to recover from the rebound. You must escape from rebound in order for steps two and three to be effective.

STEP 2: Reduce the trigger load. There are dozens of migraine triggers. Foods and food additives are among the most common *and* the most avoidable. Some people react to inadequate sleep, strong smells (perfume, tobacco, etc.), humidity or high altitudes.

Some triggers cause a headache almost immediately. More often, there's a delay of hours or even a day or two. The most common dietary triggers...

Caffeinated beverages—such as coffee, tea and colas. Caffeine is one of the most potent dietary triggers. Decaffeinated coffee and tea aren't completely safe, because they contain other chemicals besides caffeine that can act as triggers. Herbal teas are fine.

Processed meats, such as bacon and salami, that contain nitrites.

Chocolate and cocoa.

Monosodium glutamate (MSG), a flavor enhancer.

Alcohol—particularly red wine.

Citrus fruits and juices.

Onions, sauerkraut, lentils and certain beans (broad Italian, lima, fava and navy).

Soy foods, particularly those that are fermented, such as tempeh and miso.

I advise my patients to avoid these foods as best they can for four months. After that, you can reintroduce individual items, no more than one item per week, to see if it leads to a headache. If it doesn't, it's probably safe, at least for the time being, and you can reintroduce the next item.

Other potentially avoidable triggers include medications, such as birth control pills, estrogen-replacement pills and proton pump inhibitors (Nexium, etc.) for reflux. Certain antidepressants are triggers, too, including selective serotonin reuptake inhibitors (SSRIs), such as Prozac...serotonin and norepinephrine reuptake inhibitors (SNRIs), such as Effexor and Cymbalta...and norepinephrine and dopamine reuptake inhibitors (NDRIs), such as Wellbutrin.

STEP 3: Take preventive medicine. Most people can control their headaches with steps one and two. If not, you may need to add preventive medication to raise your migraine threshold.

Some medications used for preventing headaches are not approved by the Food and Drug Administration (FDA) for this use, but they have been found to be safe and effective, including tricyclic antidepressants, calcium channel blockers and beta-blockers. FDA-approved medications include Depakote and Topamax. Talk to your doctor about what might work best for you. ■■