

Migraine Headache Diagnosis - Treatment

The Migraine Mystery

Medical researchers estimate that at least 20% of the population suffers from daily, or weekly, headache and common migraine. Migraines occur more often in women than men. Approximately 25% of women and 8% of men suffer from migraine at some time in their lives



Migraines are different from other headaches because they occur with symptoms such as nausea, vomiting, fatigue, and sensitivity to light. A migraine episode can last hours, days, or weeks, leaving the sufferer virtually disabled for that particular time duration. A migraine attack can be induced by various triggers, including bright light, certain food items, and alcohol. Uncontrollable triggers include changes in the weather and menstrual cycles. Migraine is not, as popularly believed, caused by psychological factors. Nevertheless, migraines CAN cause depression and psychological problems.

The headaches tend to start between the ages of 10 and 46 and normally have some genetic components. The genetic factors are due to skeletal imbalance problems that are passed on from generation to generation. It is these skeletal imbalance problems that must be diagnosed and treated in order to eliminate the chronic pain.

Migraine headache may be diagnosed by your family doctor based on your symptoms. Your doctor will take a detailed history to make sure that your headaches are not due to sinus inflammation, or a more serious underlying brain disorder. During the physical exam, your doctor will probably not find anything wrong with you.

Your doctor may refer you to a neurologist and possibly order an MRI or CT scan to rule out other causes of headache, such as sinus inflammation or a brain mass. In the case of a complicated migraine, an EEG may be needed to exclude seizures. Rarely, a lumbar puncture (spinal tap) might be performed.

Stroke is an extremely rare complication from severe migraines. This risk may be due to prolonged narrowing of the blood vessels, limiting blood flow to parts of the brain for an extended period of time.

All treatments for migraine have the same goals in common: halt, or at least reduce the excruciating pain and minimize the other significant symptoms, such as nausea and vomiting. Today's medical treatment methods employ a variety of different strategies to control and ease the pain. Patients are instructed to use anything from common NSAIDs (Advil, Tylenol, Excedrin) to more powerful narcotics (Vicodin, Tylenol 3, etc.) or other

so-called "migraine" drugs as Imitrex, Topamax, etc.

None of these drugs have been shown to have any significant ability to control migraine pain long-term and none of them are able to properly treat or reduce the actual cause of the migraine. Significantly, long term use of popular medications can cause the sufferer more pain and worsening symptoms.

So, how do you find the correct diagnosis and the proper treatment for your migraine problem? Fortunate enough, today's modern craniofacial pain treatments are curing frequent headaches, migraines, and facial pain with nearly 100% success rates. That is the reason we provide a guaranteed treatment program for all skeptics who have tried every failed treatment. The explanation for your migraine problems follows.

The temporalis muscle and trigeminal nerve have been proven through extensive neurological research to be the primary centers of tension headache pain and common migraine pain.

Unfortunately, both the temporalis muscle and trigeminal nerve are overlooked as causative factors for headaches and migraine. Most doctors and TMJ dentists are not skilled enough to be able to diagnose such problems, and physicians leave these problems to the dentists. Read more detail about the Trigeminal Nerve Structure.

Maintaining The Medical Mystery

Most migraine sufferers go from doctor to doctor looking for the definitive treatment that will permanently resolve their pain. Each new physician, or therapist, claims expertise in pain management and proceeds to treat it accordingly. Many doctors unfortunately do not coordinate their treatment efforts for the best care possible.

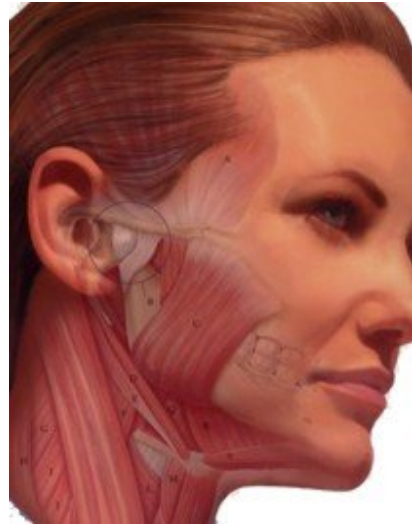
Based on our experiences in our clinic, a good number of practitioners fail to recognize and therefore fail to address the most critical problem: abnormal muscular activity causing compression, thereby shifting blood flow and changing the electrochemistry of the head.

Most common headaches start out as simple muscle tension problems. Remember that bad day at work? You probably clenched your teeth all day and assumed a "tense" postural position while working. For a majority of us, a couple of Advils take away that sporadic problem. Unfortunately, for the migraine sufferer the Advils stopped working a long time ago. The reason is simple: the migraine patient has an undiagnosed jaw joint problem. This problem is either the result of genetics or long-term wear and tear. The patient who had orthodontics (braces) because they were born with crooked teeth has the same possible jaw joint damage that a person who wears down their jaw joints due to constant clenching and grinding. The common denominator is that the migraine patients, regardless of the underlying cause, has some abnormal muscle function and usually extensive damage to the jaw joint that has been improperly misdiagnosed. These two problems lead to worsening muscle function and blood flow alteration.

Migraine headache patients who have been inadequately or incorrectly diagnosed are usually told it's just stress, or a sinus problem or perhaps some residual, lingering effect of an accident we had years ago. Sadly, a sizeable number of these inadequately diagnosed patients are recommended to use popular pain medications which do nothing to address the root causes of pain.

Critical Diagnosis for Effective Treatment

Research has well established the association between intense chronic muscle contraction and chronic headaches. When the muscles become overused, pain begins to develop. The bulk of this dysfunctional muscular activity starts to eventually damage the joint. When the joint becomes damaged, the muscles try to protect it by splinting themselves into even more activity. An endless cycle ensues... pain worsens.



Stress or Tension?

Research has now shown that the jaw muscles of a migraine patient are in a constant state of tension (or contraction). Other factors begin to develop as a result, which can cause the nervous system to become unbalanced. The sympathetic nervous system subsequently begins to overwork itself. Increased input to the muscles from the sympathetic nervous system increases the tension and contraction of the muscles.

Eventually the facial muscles begin to cramp. The intense and debilitating pain from the cramping can cause nausea, sensitivity to light, and all of the other symptoms of the common migraine. Understandably... the near constant tension becomes, and is perceived as, stressful.

Stress - Daytime and Nighttime

It's during certain stressful parts of the day that we clench or grind and cause muscular damage. At night, the stress can continue. During sleep even the slightest touching of the teeth requires contraction of the temporalis and masseter muscles. You can't put your teeth together without contracting these two powerful muscles.

As a basic rule of Mother Nature, your teeth should never be touching! They don't even touch when you chew! It's a good bet that your teeth are probably touching right now as you read this page. Allowing the teeth to touch requires contraction of the temporalis and

masseter muscles. Continual contraction of the closing muscles creates a dysfunctional state, which may not be painful until later in life. This end-point usually happens when the jaw joint wears out and all surrounding tissues go into a "silent" dysfunction due to the damage. This "silent problem" is called Migraine. Please remember that the migraine patient also normally has a genetic problem of jaw imbalance that they inherited from a parent. The jaw imbalance causes faster and more rapid wear and tear of the joint, especially when coupled with abnormal muscle activity.

Stress or Tension or Genetics?

Research has now shown that the jaw muscles of a migraine patient are in a constant state of tension (or contraction). The migraineur just simply does not realize it! Other factors begin to develop as a result, which can cause the nervous system to become unbalanced. Remember, the nervous system has 3 parts: the voluntary one which you control and the 2 involuntary parts that you cannot control (sympathetic, which gets you into high gear and parasympathetic, which allows you to heal.) The sympathetic nervous system begins to overwork itself in patients with abnormal muscle function. Increased input to the muscles from the sympathetic nervous system further increases the tension and contraction of the muscles. It's a "silent" action, one that is not readily observed clinically.

Eventually the facial muscles begin to cramp. The intense and debilitating pain from the cramping can cause nausea, sensitivity to light, and all of the other symptoms of the common migraine. Understandably... the near constant tension is perceived as stressful in some patients. However, in a majority of migraineurs the muscle spasms have become so chronic that the patient does not know that they are happening.

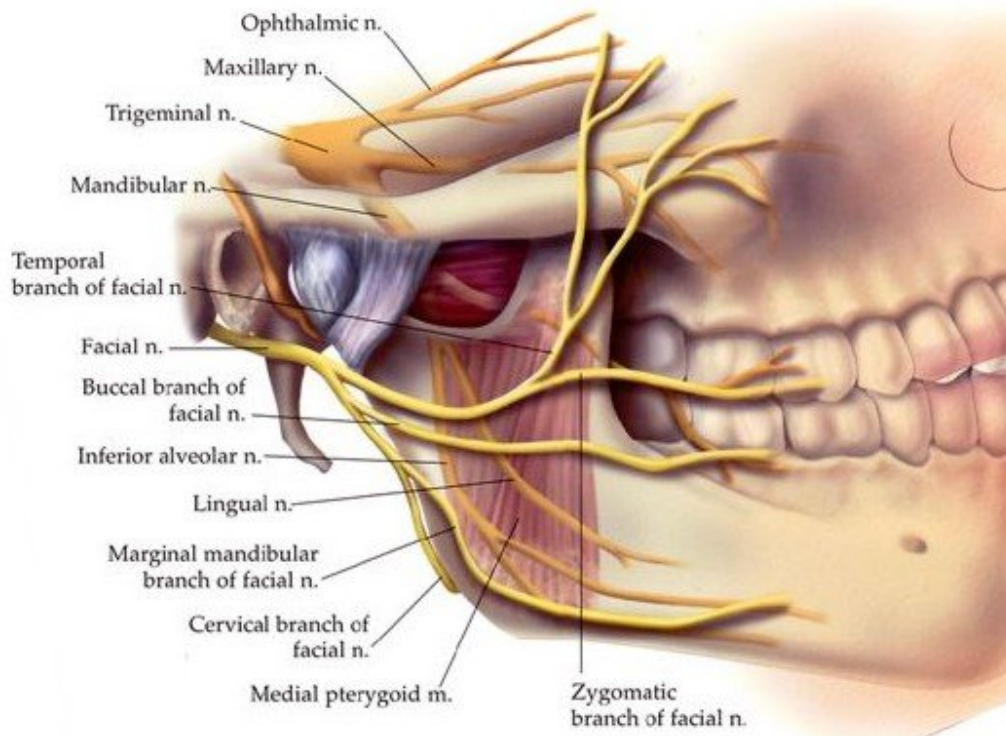
If the sufferer has a genetic component of jaw imbalance problems, then the body senses this inherent dysfunction as damage to the body and tries to protect it by sending even more muscles into spasms. The muscle function is not readily diagnosed or observed by a majority of doctors.

Nervous System Overstimulation

People with chronic pain feel as though their bodies are burning up. This is a normal response to the pain being caused by the nervous system. Pain eventually leads to loss of sleep, and prevents the nervous system from coming into balance. The sympathetic nervous system (the accelerator) does not shut down and our bodies get depleted. We feel tired, irritated, nervous, depressed, and angry. The parasympathetic nervous system requires time to replenish the body with the hormones and nutrients that it needs. The sympathetic system overtaxes the system and thereby causes the parasympathetic system to function inefficiently by not allowing it to turn on.

The following illustration shows the complexity and the intimate contact of the trigeminal nerve to the jaw joint. As this nerve continues to be irritated by jaw joint problems and

abnormal muscle activity it begins to send continuous messages to the sympathetic nervous system to constrict blood vessels and fire up more muscle cells. Also remember that the trigeminal nerve is responsible for directing the actual blood flow of the arteries of the brain. That's the "vascular" headache that you hear so much about.



Dikutip dari tulisan Dr. John Halmaghi and his staff
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