

Banner: Headaches

Title: A New Hope for an Old Malady

By Dr. Benjamin Taimoorazy, Guardian Headache and Pain Management Institute

Pain is the number one reason for patients to seek medical attention, and high on the list of painful conditions are headaches and related disorders. Headache is endorsed as a current complaint by nearly half of all adults worldwide with two in every three adults affected at some point during their lives.

This high prevalence and significant negative impact from chronic headache conditions suggest a need for effective identification and management of headache complaints in clinical practice.

For centuries this very common human malady has plagued philosophers, physicians and scientists alike. Religious, superstitious and even sacrificial rituals were performed in an attempt to “expel the demons from the possessed subject.”

But with all the great strides and innovations in the field of medicine, only during the last few years has the pathophysiology underlying the mechanism of headache production come to light. In simple terms, any of the structures in the head, face and neck could potentially act as a pain generator, resulting in the production of head pain. The list may include structures within the skull such as blood vessels, the eyes, nasal sinuses, ears, teeth, the temporomandibular joint (TMJ), and ligaments and joints in the cervical spine.

It is customary to divide headaches into two broad categories:

- 1- Primary headaches, where there is no apparent underlying structural abnormalities, where the headache results from a neurochemical or neurohormonal imbalance in the central nervous system. Examples of primary headaches include Migraine, Tension type headache, and cluster headache.
- 2- Secondary headaches, where there is a structural abnormality or pathology acting as a pain generator. Examples of secondary headaches are Temporomandibular joint dysfunction, glaucoma or sinusitis, all resulting in head pain.

Affliction with headache sometimes is the source of tremendous anxiety and apprehension, but fortunately, the great majority of headaches are benign and yield themselves to a variety of treatment options. But it is critical to diagnose the true nature and the underlying pathology as many of the headache conditions share similar signs and symptoms, but require a radically different therapeutic intervention. For example, TMJ dysfunction is often misdiagnosed as migraines; or a cervicogenic headache which results from arthritic changes in the cervical facet joints may be misdiagnosed as a tension type headache.

It is only through a systematic approach, comprised of obtaining a careful history, performing a thorough physical examination, implementing appropriate and relevant diagnostic testing, and finally having an in depth knowledge of the pathophysiologic basis of disease, especially as it relates to chronic pain and headache producing conditions, that one may reach the proper diagnosis and tailor a safe and appropriate intervention to eliminate the malady.

This the first in a series of articles geared to increase awareness and understanding of different types of headaches and other chronic painful conditions and the available diagnostic and therapeutic options for each individual disorder. For more information, you may contact Dr. Benjamin Taimoorazy at Guardian Headache and Pain Management Institute, 309-808-1700, www.GuardianPainInstitute.com . This new practice is located at 2203 Eastland Drive, Suite #7, in Bloomington.