

A woman with short dark hair, wearing a white top, is shown in profile, smiling and looking towards the right. She is holding a clear glass of water in her left hand and a small white pill on her right index finger. The background is a plain, light grey color.

You don't have  
to live with your  
headache: here are  
the signs to look  
out for and the  
treatments  
to seek.

Never  
have a  
**HEADACHE,**  
*again!*

Somewhere along the line headaches have become one of those things we just deal with. Think about it – when last did you see a doctor purely for a headache? But with statistics revealing that one in five people worldwide suffers from headaches on a regular basis (with 12% suffering from migraines), it just doesn't make sense to suffer in silence. Especially when it's something that can so easily be fixed, says Dr Elliot Shevel, head of The Headache Clinic in Johannesburg (the largest migraine research and treatment centre in the world). 'There's just no reason why anyone should be living with constant headaches because they *can* be treated, and many times without medication.'

### What is a headache?

'A headache is any pain in the head,' says Dr Shevel, 'whether it's a shooting pain lasting one second or the kind of pain that puts you out of action for two days.'

Headaches, explains Dr Shevel, are divided into two categories – primary and secondary.

'A primary headache is when the headache occurs on its own and a secondary headache is when the headache is the result of another illness, such as meningitis or a tumour.' The first step in treatment is doing a neurological examination to rule out the chance that it's a secondary headache –

the good news is that something is discovered in less than one percent of cases.

### Triggers vs causes

You've discovered through years of trial and error that every time you eat a chocolate (or drink a glass of red wine, or are stressed) you land up with a headache, so you come to the conclusion that this is what causes your headaches. Right? Wrong – 'there's a difference between the structure causing the pain and the trigger that pushes that cause over the edge,' says Dr Shevel.

The causes of most primary headaches come from structures outside the skull, and they can be divided into two categories: muscular or vascular. 'Muscular headaches are caused by tensions in the jaw and neck muscles,

*'There's just no reason why anyone should be living with constant headaches because they can be treated – many times without medication.'*

while vascular headaches are caused by problems in the network of arteries between your skull and the skin of your head. Current academic thinking is that vascular headaches are migraines while muscular headaches are tension headaches, but there is confusion over this because many people present with the symptoms of migraines and we discover that the cause is muscular,' says Dr Shevel. (Turn the page for more on migraines and tension headaches.)

### Quality of life

'I've seen patients who've been off work or school for months because of their headaches, who've been functioning at 20–30% of their capacity,' says Dr Shevel. Even in cases not quite as extreme as this, headaches can very quickly affect your quality of life. In a questionnaire put together by The Headache Clinic, questions to determine this include whether your headaches affect your social activity, whether they affect your ability to concentrate, and how they affect your

### Diarise this!

Keeping a headache diary is a quick way of determining any food or environmental triggers. It also helps your doctor manage your headaches more effectively when you do seek treatment. For each headache you should list:

- 1 The date and time (when it started and finished)
- 2 The intensity of the headache
- 3 The type of pain (for example: shooting, throbbing, dull)
- 4 The preceding symptoms (such as feeling nauseous)
- 5 Possible triggers (had you just eaten a cheese sandwich, or been for a run?)
- 6 What painkillers, if any, you used and how many you needed
- 7 Whether or not the painkillers helped
- 8 Relief – was it moderate, complete, or was there no relief?

interactions with family and friends. Visit [www.headacheclinic.co.za](http://www.headacheclinic.co.za) to complete the questionnaire – you'll receive your results immediately (with quality of life ratings out of a possible 100%).

### Are your painkillers actually making things worse?

**YES.** If you're taking either over-the-counter or prescription medications more than twice a week, you're at risk of medication overuse headaches (MOH) – commonly known as rebound headaches. According to the International Headache Society and the World Health Organization, these headaches are a vicious cycle: the more painkillers you take the more pain you experience, which means you take more painkillers. While this is most likely to occur with medication containing codeine or caffeine, it can also happen with painkillers containing aspirin or paracetamol. Doctors aren't 100% sure of the reason behind MOH, but it's believed that long-term reliance on painkillers interferes with your body's natural pain-killing mechanisms. Rebound headaches are another reason to seek treatment for the cause – not the symptoms – of your headaches.

Is it a tension headache or migraine? Turn over.

### When to see your doctor immediately

Johannesburg neurologist Dr Manney Orelowitz advises going straight to the doctor in the following cases:

- If your headache is accompanied by weakness in the limbs, blurred vision or difficulty speaking
- A seizure or fit of any kind
- If the headache is the result of a head injury
- If it's a sudden-onset headache when you've never experienced a headache before
- If you also have a fever and neck pain
- If the pain is getting worse steadily

# NEVER HAVE A HEADACHE AGAIN!

**Q** Does the location of your pain vary, with a mild to moderate intensity and pressing or tightening pain?

**YES**

## TENSION HEADACHES

'Some people have a tendency toward muscle problems,' says Dr Shevel, and these, as well as bad posture, sitting in an incorrectly set-up desk chair and being in the car all day, can all be the underlying cause of tension headaches.

Physiotherapist Lorraine Jacobs explains that headaches seen by physio are usually a symptom of dysfunction of the joints, muscles and nerves of the neck, and the jaw joint.' Common characteristics of these headaches, says Jacobs include:

- Pain triggered by neck movement or positioning
- Reduced range of movement of the neck
- Moderate, non-excruciating pain and in some cases associated symptoms such as dizziness or nausea
- A history of head or neck pain
- A history of trauma, for example whiplash

### Treatment

Once a physio has diagnosed the problem, treatment is two-fold: short-term hands-on treatment, including mobilising the joints, stretching the muscles and releasing the trigger points, followed by long-term changes including correcting sitting and sleeping positions and strengthening weak muscles. In some cases, says Dr Shevel, the best option is the insertion of a Posture Modifying Appliance into the palette: 'It's like having physiotherapy treatment 24/7 because it corrects the positioning of the jaw to ease muscle strain in the face, neck and head.'

### The truth about 'sinus headaches'

The pains we commonly refer to as 'sinus headaches' are almost never linked to the sinuses, says Dr Shevel. These are actually tension headaches, but because pain is experienced under the cheekbone they are confused with sinus problems.

**NO**

**Q** Is the pain all over your head and does moving around making it worse?

**YES**

## DEHYDRATION

*Inadequate hydration triggers a pain response in your head: if you take a pill with a large glass of water for this headache and find that your pain is relieved, it's most likely the water that did the trick rather than the pill.*

### USEFUL CONTACTS

- The Headache Clinic: [www.headacheclinic.co.za](http://www.headacheclinic.co.za) or 0861 678 911
- The World Headache Alliance: [www.w-h-a.org](http://www.w-h-a.org)

**NO**

**Q** Is it mostly one-sided, accompanied by nausea and vomiting, with severe pain and a definite start and end?

**YES**

## MIGRAINES

'A migraine is a headache but not all headaches are migraines' says Dr Orelowitz. That said, there is plenty of debate about what exactly constitutes a migraine and what causes them, explains

Dr Shevel. What is known is that women are more likely to suffer from them than men (suggesting a hormonal link), they last for between four and 72 hours, are usually felt on one side of the head (although they can be experienced all over the head), and are accompanied by light and sound sensitivity, nausea and vomiting.

### Treatment

A ground-breaking surgery developed by Dr Shevel has brought relief to migraine sufferers around the world who fly to South Africa for his treatment: he locates the arteries causing the migraines and then cauterises them, essentially cutting off the problem.

### Chocolate and your headaches

A recent scientific study performed in London found that chocolate triggered migraines in 41% of the subjects (so steer clear of chocolate treats this Valentine's Day!)