

THE ROLE OF MASSAGE IN THE TREATMENT OF HEADACHES

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WHAT ARE HEADACHES?

Headaches are a sign that something is wrong and are almost a universal problem. Some people have headaches often, while other hardly have them at all. They vary in type, can be caused by a combination of trigger factors, and can also be a symptom in over 50 different medical conditions. Headaches rarely reflect a serious medical complaint, however, a change in pattern or nature may signal a serious medical condition and therefore require immediate medical attention.

HOW HEADACHES DIFFER

1. **Tension** – These are the most common and affect around **80%** of the British population. The headaches occur frequently; pain is intermittent, moderate and dull; the pain is often described like a band being tightened around their head, or like a feeling of something pressing down on top of their head; tension in the neck and head (anteriorly and posteriorly); and mild sensitivity to light and sound.
2. **Migraines** – Migraines affect around **10%** of the British population, with an estimated cost to the economy of over **£1 billion pounds**. Migraines affect around **6 million people** in the UK, with more sufferers than diabetes, asthma and epilepsy combined together. There is a loss of over **18 million working days** each year and costs the economy around **£750 million** in lost production, due to time off work, cost of replacement staff and periods when employees are working under par during attacks. Despite these figures, migraines remain misunderstood and an under managed condition. (*Migraine Action Association, April 2000*)
3. **Cluster** – Attacks are brief (1 hour); pain is severe and felt on one side of the head, attacks occur episodically in clusters (with periods of no headaches) and mainly in males. The person has the following symptoms on same side as pain: swelling below eye, runny nose and watery eyes. (*Merck Manual of Medical Information, Home Edition 1997*)
4. **Other causes** – Hypertension; accidents/falls, e.g. whiplash; and medical conditions and complaints, e.g. eye/sinus problems, brain tumours/infections, subdural haematoma and subarachnoid haemorrhage, poor dental bite/teeth grinding and TMJ conditions.

SOME CAUSES OF MIGRAINE HEADACHES

- VDUs, poor posture
- Hypertonic/trigger points in muscles
- Stress
- Hormonal changes in women, HRT, menstruation
- Medication that causes swelling of the blood vessels
- Trigger foods, e.g. chocolate, cheese, red wine, alcohol, caffeine, sweet snacks
- Other food triggers, e.g. missing/delayed meals, inadequate quantity
- Environmental triggers, e.g. bright/flickering lights, strong smells
- Accidents/medical conditions, e.g. vagus nerve irritation, see above/other causes
- Lack of sleep/lying in bed too long

RESEARCH

First Study

According to a recent study, massage significantly reduced the number of headaches experienced by people with chronic tension headaches, and decreased the duration of the headaches. (*Massage Therapy and Frequency of Chronic Tension Headaches – Boulder College, Colorado – Oct. 2002*)

Four people who had experienced two to three headaches per week for the past six years or more participated in this study, which lasted eight weeks. During the first four weeks, baseline headache measures were recorded. Throughout the last four weeks, participants received two 30-minute massages per week.

The massage treatments covered preparatory tissue warm-up, myofascial release, axial cervical traction, trigger point, facilitated stretching and session closure.

Every night before bed, participants completed a headache diary, recording the number of headaches, intensity and duration of the longest headache.

Each subject experienced a reduction in headaches within the first week of massage treatment, and the mean number of headaches per week was significantly **reduced from 6.8 to 2** during the four weeks of massage.

Although the duration of the headaches decreased for all four subjects, the decrease was not statistically significant, and there was no significant change in headache intensity.

Second Study

In this study, 26 adults with migraine headaches were assigned to a Massage Therapy or a standard treatment control group, i.e. a group that received medication only for migraines. (*Hernandez-Reif, Dieter, et al in press*)

By the last day of the study, the Massage Therapy group showed fewer distress symptoms, reported less pain, had more headache free days, were taking fewer analgesics, had fewer sleep disturbances and their serotonin (5HIAA in urine) levels were higher.

Other studies include (Lewit 1991/Janda 1986 and Travell and Simons work 1999)

Two postural syndromes are common for headaches. One is the imbalance between overactive/tight upper trapezius and levator scapulae with inhibited/weak lower and middle trapezius (Lewit/Janda). These headache patients have most of their pain in the back of the head, but occasionally over the eyes. Loss of the normal scapulohumeral rhythm is confirmation of this muscle imbalance.

The more severe headache patients (usually women) and even some migraine sufferers who present with forehead and eye pain, will typically have weakness of their deep neck flexors and loss of lower cervical extension (Watson & Trott 1993, Treleaven et al 1994, Lewit 1991, Janda 1986). These patients present with an identifiable head forward posture. On neck flexion from the supine position, the chin cannot be held in a tucked position as over activity in the sternocleidomastoid causes cervicocranial hyperextension. Chest breathing with over activity of the scalenes is also commonly seen in headache sufferers (Lewit 1991).

Travell & Simons

Trigger Points cause an astonishing variety of symptoms in the neck and head. Travell & Simons work has shown that trigger points are of then hidden and unsuspected cause of most headaches (1999: 240-256, 308-314). Trigger points are the operational element in headaches set off by allergic reactions, chemical withdrawal, physical trauma and emotional tension.

The paradox about headaches is that the cause is rarely in the affected parts of the head itself. Most headaches come from trigger points in the arm, neck and upper back muscles. This physical distance between cause and effect is why headaches can be so mysterious and hard to deal with (Travell & Simons).

CONCLUSION

Assessing and treating headaches seems to be a minefield of possible causes, which can be treatable through Remedial Massage, depending on its source. Many factors have to be taken into consideration from diet, lifestyle, stress, medical conditions, accidents, various triggers etc.

Travell & Simons, and Lewit & Janda have identified certain physiological traits that contribute to headaches, but a more complete study that includes a proper control group is warranted to help convince the general public and medical fraternity of the worthy success of Massage Therapy.

Lesley Melvin has recently completed the Scottish Massage Schools' Advanced Remedial Massage Diploma course in Edinburgh. She is currently practising as a Massage Therapist on the Isle of Lewis. Tel. 01851 643395.





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