

are only 65 even in the US and three in India (all in Mumbai). Even so, the new approach to headache management is being enthusiastically adopted even beyond metros, in Lucknow and Ludhiana. "There is a growing awareness about headache management," says Noshir H. Wadia, director, neurology, Jaslok Hospital.

Headaches are a bigger pain than most people realise. One in 10 people falls prey to migraine, points out a study in the journal *Lancet*. Seventy per cent of the victims are women. The most common form of headache—occurring in more than half the cases and on the rise—is "tension type" headache, a dull, constant muscular pain along the head and neck. It can easily become chronic, playing havoc with one's daily life.

Headache management could help. The trendy term belies the good old-fashioned approach of listening to the patient, asking pertinent questions and making a correct diagnosis using details of history and clinical judgement. It is a bit like playing the game of 20 Questions,

except that doctors know exactly what they are looking for. Nevertheless, they are likely to put the patients through a CT scan or an MRI to rule out the chances of the headache being symptomatic of, say, a brain tumour or an infection. An eye examination is also done to check for weakness in the eye muscles or unequal pupil size. These are signs of aneurysm, an abnormal ballooning of blood vessels in the brain that may trigger a headache.

Once the other causes are eliminated, the patient's description of his experience gives vital clues. A crucial element is to ask the patient to keep a case diary. This can reveal attack patterns and also show how effective the treatment regimen has been. Gandhi, a recent convert to headache management, relates her experience: "The doctor was willing to listen. He took down my history and then told me I had migraine. I have since been on a dose of five tablets a day and the frequency of the attacks has come down."

Tension headaches are easier to control once the trigger is identified. They

result from the tightening of muscles around the head, along the forehead, temples or the back of the head and neck (see graphic). If they spring randomly in reaction to temporary fatigue or anger it is hardly a cause for worry. An ice-pack, a few aspirin tablets or a strong cup of coffee could do the trick.

There is a danger, however, that these sporadic headaches could lead to chronic pain, especially if the patient is prone to anxiety or depression. A chronic problem is defined as having a headache for at least 15 days in a month, for at least six months a year. Some people wake up with the ache every morning, some find the pain creeping in the middle of the working day. Insomnia, dizziness, poor concentration, continuous fatigue, nausea, guilt pangs—these are powerful hints that your occasional headache tends towards the chronic.

Anti-depressants form the primary drug of choice for chronic tension headaches. They can benefit even those who do not suffer from depression. Anti-

Graphic by NILANJAN DAS

THE ACHE EXPOSED

Headaches are of many types. Here are the hows and whys of the two most common forms.

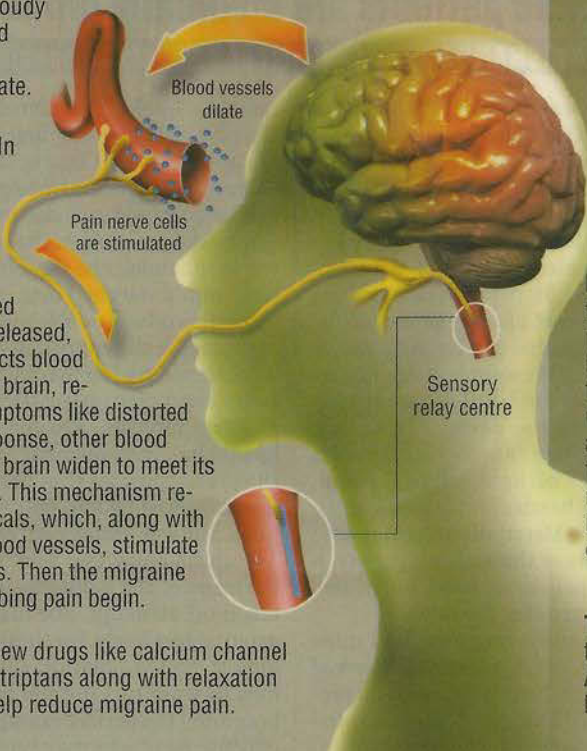
MIGRAINE

Triggers: Certain foods, stress, light and even sex can be triggers.

Symptoms: A hammering pain on one side of the head. Some see stars, have cloudy vision, slurred speech and even hallucinate.

Mechanism: In response to triggers, blood supply to the brain is reduced. A chemical called serotonin is released, which constricts blood vessels in the brain, resulting in symptoms like distorted vision. In response, other blood vessels in the brain widen to meet its energy needs. This mechanism releases chemicals, which, along with the dilated blood vessels, stimulate pain receptors. Then the migraine and the throbbing pain begin.

Treatment: New drugs like calcium channel blockers and triptans along with relaxation techniques help reduce migraine pain.



TENSION-TYPE HEADACHE

Triggers: Fatigue, emotional stress, sleep disorders, certain foods and odours are some common triggers.

Symptoms: Dull pain spreading as a tight band across the head, temples and neck as though someone is squeezing the head.

Mechanism: The triggers cause the muscles along the head and neck to tighten. The pain nerve receptors around the muscles are then activated. The exact mechanism is not known but some blame it on changing levels of brain chemicals.

Treatment: The underlying cause needs treatment, sometimes with psychiatric help. Anti-depressants and relaxation techniques like bio-feedback are recommended.

