

The Headache Series by Dr. Martha Rich

**IDENTIFY AND REDUCE HEADACHES TRIGGERED
BY COMMON DIETARY AND LIFESTYLE HABITS**

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INTRODUCTION

It's hard to find an adult who's never experienced a headache before. Frequent headaches affect nearly 50 million Americans each year, and while most of those headaches do not pose serious health risks, they can have a serious impact on our ability to function well. For a very select group of people, recurring headaches are a true neurological disorder that can only be controlled or alleviated with prescription medication. But for most of us, headaches are often caused or exacerbated by a combination of factors that are well within our control.

In fact, 90% of all headaches diagnosed are muscular in nature and can be prevented. Advertisers may tell us to take Ibuprofen, Aleve, or Excedrin, and physicians may prescribe even stronger medications, but medication is not a cure for the common headache, it's a band aid. Taken in excess, pain medication is extremely dangerous to your health. And rebound headaches, or headaches that are actually caused by the medication itself, are a common experience for many people who find themselves turning to over-the-counter or prescription medication for pain relief more than a few times a month.

Remember, frequent headaches and other types of body pain are not an indication that your body is suffering from a lack of pain medication. Pain is your body's way of communicating with you. Pressing the mute button with the regular use of pain relievers robs you of the chance to hear your body's message and begin to heal yourself. Helping you hear this message in order to identify, prevent, and even eliminate your common headache triggers without the use of medication is what this series is all about. Each article explores a single common cause of head pain and offers preventive exercises, additional resources, and natural solutions for pain relief. A headache diary is also included so that you can begin to track and discover the triggers that apply specifically to your body chemistry and lifestyle habits.

Your head was not meant to ache, and changing a few simple habits can make a world of difference for most people. Use the menu below to read more about the headache triggers you suspect may apply to you the most. If you are unsure where to begin, we suggest starting with the Headache Diary. A week or two of tracking your diet, physical activity, stress levels, and other factors can often be a revelation for many patients. Once you have identified a few key areas to focus on, refer back to the appropriate sections in the Headache Series for more information. You may also choose to bring your Headache Diary sheets to your medical provider if you are having trouble finding a pattern.

An Important Note About Head Pain

The information provided in this series is designed to help you identify and improve as many of the everyday conditions that may be contributing to your headaches as possible. Exercises and other recommendations presented here should not cause or increase pain, and are not intended as a substitute for a medical diagnosis or necessary medical treatment.

NOTE: If you are experiencing significant, unrelenting head pain, please consult your doctor or visit an Emergency Room as soon as possible in order to rule out any neurological conditions that could pose more serious risks to your health.

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POSTURE

We see many clients who come in with the chief complaint of headache. The causes are almost always multifactorial, but posture – especially while using a computer – is often a significant contributing factor. The human body was not designed to sit in front of a computer or TV all day long. As the hours pass, we all begin to slouch. In this position, the head unconsciously leans forward and leads with the chin. The weight of the head, comparable to that of a bowling ball, is set off-balance on the neck, straining both neck and shoulder muscles as a result. The longer you sit or stand with the head off-balance like this, the more the neck and shoulder muscles tighten and strain. Spasms begin and the pain refers upward, invariably causing a headache.

Your glasses may also play a role in your posture at the computer. Bifocals and trifocals are not designed for computer use, and will cause you to pivot your head up and back in order to see the screen. Again, in this position, your head is set off balance with your neck and shoulders, straining the muscles and causing a headache. If you wear bifocals or trifocals, it may be a good idea to invest in a pair of separate computer glasses. Many people are able to get away with “cheaters”, or inexpensive reading glasses, for computer use only.

But computers are not entirely to blame for muscular headaches related to posture. In truth, almost any activity that requires significant concentration will likely distract you from the signals you are getting from your neck and shoulders to rest and stretch, which can easily trigger a headache. Reading or studying for long periods of time curled up sideways on a bed or couch can be particularly hard on the body. Handwork of any kind, including knitting, sewing, woodworking, beading, and weaving can all induce headaches as a result of unbalanced working postures.

Driving for long periods of time can also take its toll, but not just for people who work from their cars. Many parents we see who spend several hours each day carting their children to and from activities most of the week can easily develop headaches stemming from their driving postures. Even gravity plays its part in pulling us into a slouched position, and fighting that tendency is a lifelong habit we should all strive to create. ‘Sit up straight!’ has been the chorus of parents around the world for years, and as it turns out, straight posture doesn’t just make you look better – it also helps prevent headaches.

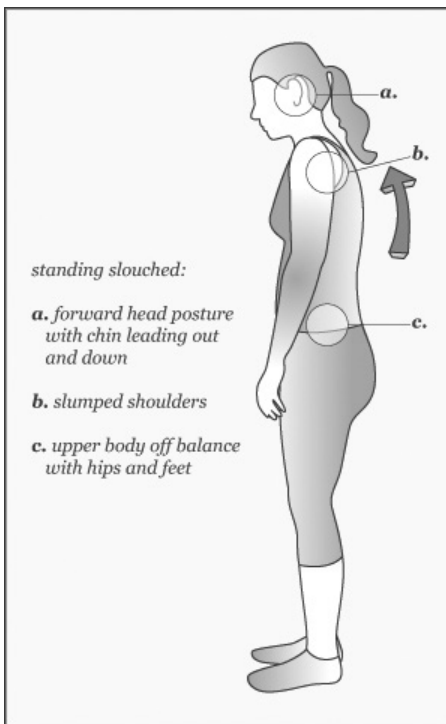
Sometimes, individuals find it extremely difficult to correct their posture. Usually this is because the muscles of the neck and back required to hold straight posture have been underused because of slouching habits and need time to develop. But in some cases, a poor bite can actually play an unconscious role in bad posture. Even when we are not eating, our bodies strive to position our lower jaw into a comfortable alignment with the upper jaw. In certain types of malocclusion, the teeth fit together more comfortably when the lower jaw is set forward. It is very common in these cases for an individual to develop a constant forward head posture in order to help those teeth stay in alignment. Ultimately, correction of the bite through treatment with a qualified dentist will not only stabilize the bite, but also improve the posture.

Muscular headaches related to posture are extremely common. Even I get them after a long day of bending forward to see inside someone’s mouth. Careful attention to body positioning, including ergonomic adjustment of your workstation, and regular efforts to take short walking and stretching breaks throughout the day, can help significantly. And at the end of an especially hard day, when close attention to your posture isn’t always

possible, a gel-based ice pack wrapped around the neck and over the shoulders can often make a muscular headache like this magically disappear without using any medication at all.

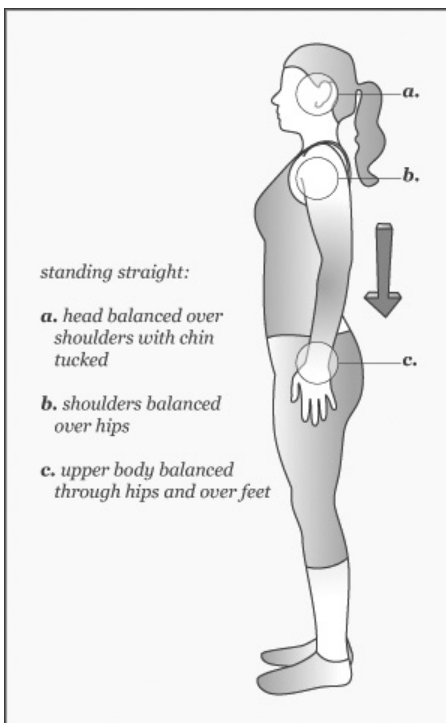
CORRECTING YOUR POSTURE

Regardless if you are sitting or standing, it's always good idea to get into the habit of correcting your posture several times an hour in order to avoid body pain and eventual headaches. The following diagrams and explanations are provided to help you remember the basics of good posture in most situations.



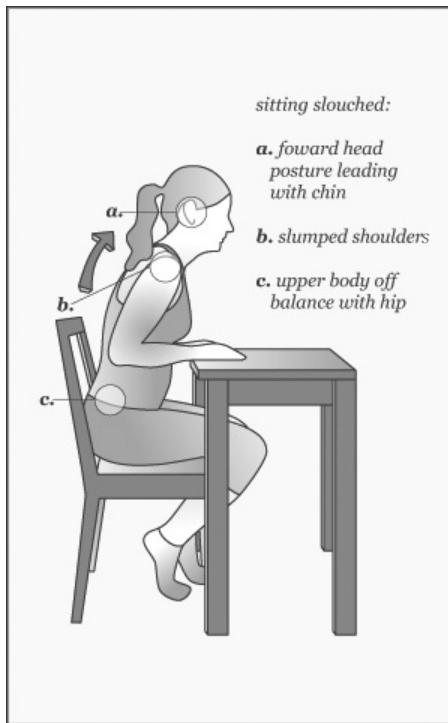
STANDING SLOUCHED

- Pitching your head forward in a slouch causes your entire upper body to be off balance with your hips and feet.
- The muscles in your upper back and neck must strain in order to counter the weight of the head.
- Body pain and headaches will likely result.



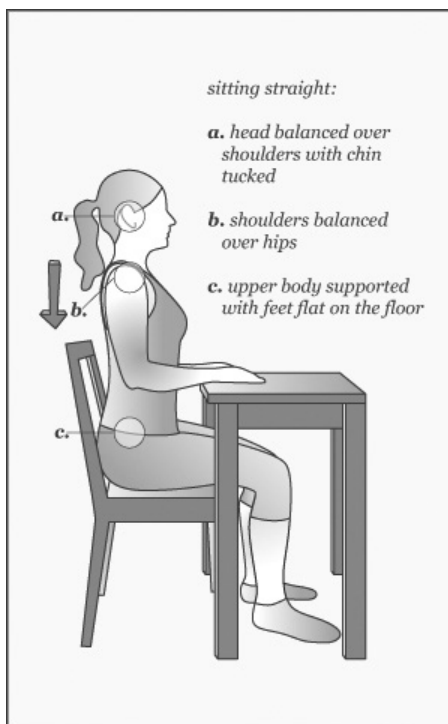
STANDING STRAIGHT

- When standing, the shoulders should be back and down with the upper chest (heart center) tilted up.
- The ears should be over the shoulders and the chin slightly tucked. This equalizes the forces placed on the neck and shoulder muscles both front to back, and side to side.
- The shoulders should be over the hips, and the hips should be over the knees.
- In the proper posture, your arms should hang loosely at your sides and your hands should rest slightly toward the back side of your legs, rather than the front.



SITTING SLOUCHED

- In a sitting position, a slouch tends to be more dramatic. The head pitches further forward and the chin juts out noticeably.
- As with standing, the muscles in your upper back and neck must strain in order to counter the weight of the head.
- This body posture is one of the most common causes of muscular headaches.



SITTING STRAIGHT

- Sitting posture is very similar to standing posture with the shoulders back and down, and the tummy slightly tucked.
- As with standing, the ears should be over the shoulders, and the shoulder should be over the hips.
- Feet should always be resting flat on a solid surface in a sitting position.
- In the proper posture, your forearms should be able to rest gently on the tabletop without forcing your shoulders up.

A Final Note About Workstations

Almost all desktop workstations require that you raise your monitor several inches above the desk surface so that you can look straight at it from a seated position. Laptops, phones and tablets are not easily adapted to this position and automatically cause you to pitch your head down and forward whenever you use them. If you will be working on a laptop, phone, or tablet for a long period of time, make sure to take walking and stretching breaks at least once an hour or more to prevent your muscles from going into spasm.

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HYDRATION

Most of us prepare for the possibility of dehydration during exercise or hot weather, but the truth is that mild dehydration happens any time your body does not have enough fluid to carry out its normal functions. Unlike severe dehydration, which requires immediate emergency care and is usually associated with extreme circumstances of illness, overexertion, heat exhaustion, and/or water deprivation, mild to moderate dehydration is often overlooked in our day to day lives. In fact, the simple sensation of thirst is an indication that your body is already mildly dehydrated.

Not drinking enough water during the day won't just make you thirsty, though. Mild dehydration can also make you tired, dry out your skin, and make you dizzy or lightheaded, especially when standing up quickly. Your mouth can feel dry and sticky, and your head can certainly ache. And if you are chronically drinking less fluid than your body needs, these symptoms can become so normalized that you no longer realize they have anything to do with dehydration.

Current guidelines suggest that we should be all be getting 8 to 12 cups (64 to 98 ounces) of fluid from beverages each day to keep our bodies hydrated for normal, everyday activities. Of course this varies depending upon how much and what you eat, what the weather is, and how active you are. But it isn't just the amount of liquid you drink in a day that matters when it comes to headaches; it's also the type of beverage you choose to drink.

Except under severe dehydration circumstances, water is always the best choice for your body. In fact, your body would be perfectly content if you never drank anything else. Everyone should be making every effort to make plain water comprise at least 50% of the beverages you choose to drink each day. But many people enjoy a variety of beverages in addition to water, each with varying affects on overall hydration and head pain. If you suffer from frequent headaches, you may not only need more water, you may also need fewer of the following beverages in your diet:

Coffee, Tea, and Other Caffeinated Drinks

Caffeine can be both the cause and the treatment for many types of headaches. In fact, caffeine is a common ingredient in many prescription and over-the-counter headache medications, and it is estimated that caffeine additives may make pain relievers up to 40% more effective in treating headaches. The problem is that too much caffeine can cause both withdrawal and rebound headaches. And in excess of 500 to 600 mg per day (5 to 7 cups of coffee), caffeine will have a diuretic effect – causing excessive urination and dehydrating you, possibly making your head ache even more.

Sports Drinks, Soda, Juice, and Other Sugary Drinks

Unless you are an endurance athlete who exercises intensively for more than an hour at a stretch and sweats a lot, you don't need a sports drink. Casual athletes and daily walkers are better off with plain water. In fact, any drink that contains added sweeteners, flavorings, colorings, or concentrated sugars can trigger headaches in individuals who are sensitive to artificial ingredients or spikes in blood sugar.

Excess blood sugar, or hyperglycemia, is directly related to dehydration; the body triggers the kidneys to allow extra urine to flow in order to get rid of the sugar and normalize blood glucose levels. If you continue to drink

sugary beverages to replenish the water lost through extra urination, you only exacerbate the problem. This is especially true for diabetics, but even people who have not been diagnosed with diabetes can experience this reaction when eating or drinking more sugar than the body can metabolize. It's a dangerous game to play with your body in the long term, and in the short term, it can definitely make your head ache.

Alcohol

The diuretic effects of alcohol are fairly significant. Alcohol blocks the release of an antidiuretic hormone in the body called ADH. This hormone is essential for water reabsorption in the body. Without it, the kidneys do not reabsorb the water passing through them, excreting it as urine instead. While many people are allergic to alcohol and/or sulfites, and can suffer from headaches when drinking on that basis alone, the primary trigger for a hangover headache is dehydration. And contrary to many popular "hangover-cures," the answer to a hangover headache is not more alcohol – it's water.

Other Dehydrating Factors

Certain medications – including diuretics, antihistamines, blood pressure medications and some psychiatric drugs – can often have dehydrating side effects. We should all be sipping water throughout the day, but for those people taking one or more daily doses of medication, this is especially important. Headaches could be the result of the dehydrating effects of your medication. Always be sure to discuss any new, unusual, or severe headaches with your doctor when taking or changing daily medications.

Not all common headaches are related solely to hydration. Many are multifactorial, with dehydration being only one part of the whole picture. Mild dehydration can make you tired, for example, which can lead you to slouch at your work desk. Your head may ache partly because you need more water, but the other part of that headache might be related to the muscle strain created by bad posture. If you know you haven't had anything to drink in a while, though, a glass of water is always a good place to start when you realize you have a headache.

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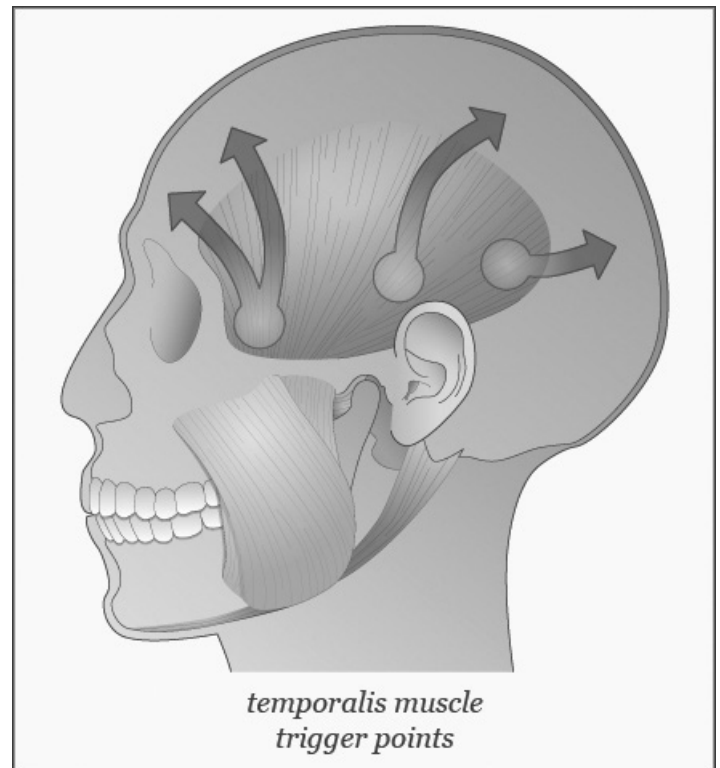
OVEREXERTION

Many people don't realize it, but the muscles that surround and support the jaw are some of the strongest muscles in the human body. It takes a great deal of biting force to chew food thoroughly. If you've ever tried to crush a nut between your thumb and forefinger, you can probably begin to understand just how incredibly strong those chewing muscles are. In fact, an adult male can exert well over 250 lbs of force when chewing, and many women can reach up to 200 lbs. That's more pressure for many of us than if we simply put the nut on the ground and stepped on it.

The two muscle groups primarily responsible for generating this extraordinary amount of strength are the masseters (the large cheek muscles) and the temporalis (the thin, flat muscles that stretch over the temples).

When it comes to force and strength, there are few other muscles in the human body capable of doing what these two muscles can do. And while it's easy to imagine leg, arm, and back muscles going into spasm and causing pain when we overdo it in the yard, on the playground, at the gym, or even on the job – it isn't always as easy to recognize when the masseter, temporalis, and other facial muscles are overexerted.

One of the reasons is likely because the cheeks and temples don't always hurt when these muscles are in spasm. Instead, the spasm acts as a trigger point, referring pain to other areas and creating some of the most common sources of muscular head pain next to posture-related headaches. Trigger points are very tight bands in the muscle tissue and can sometimes feel like a hard marble to the touch. Light pressure on these areas for 7-10 seconds during self-massage can often help break the spasm up and alleviate referred pain.



But if you aren't eating or talking constantly, how is it possible to overexert these muscles? Actually, it's much easier than you think – and once you start looking for some of these habits throughout your daytime routine, you may begin to realize that you are doing some or all of them almost without interruption.

Clenching and Grinding Your Teeth

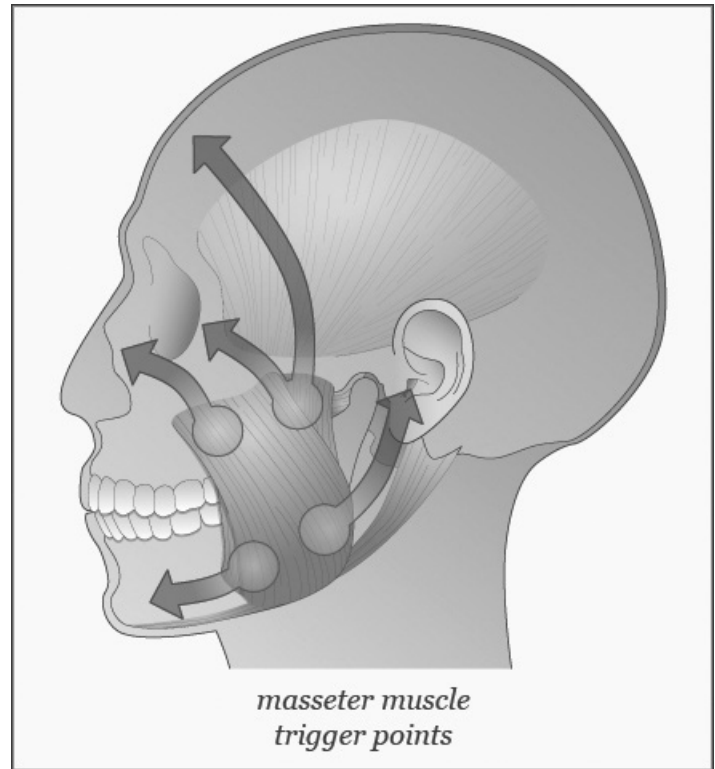
Teeth are meant to come together for the purposes of chewing food, and to act as a brace while swallowing by tapping together lightly. This amounts to what should be about 4 to 6 minutes of total tooth contact per day. But many people clench and grind their teeth for hours at a time when they are under stress, extremely focused, or even unconsciously during sleep.

Clenching and grinding can do a great deal of damage to your teeth, but it is the overworking of the masseter

and temporalis muscles to the point of spasm that creates head pain. These spasms are often the central trigger points associated with tension headaches in the forehead, eyebrows, and sides of the head. Many people even experience referral pain within the ear itself from spasms in the cheek muscles.

Most people are unaware of a clenching or grinding habit until they look for it. If your eye teeth, or cuspids, are flat instead of pointed or you notice small chips or cracks in your front teeth that you can't associate with a recent trauma, then you likely have a habit of clenching or grinding your teeth periodically. But if all your front teeth are ground flat and fit together perfectly when you bring your lower jaw forward, then you probably have a significant habit of clenching and grinding that could be contributing to head pain on multiple levels.

Waking up in the morning with tight, sore jaw muscles or a tension headache is generally a good indication that you are clenching or grinding your teeth at night. There are currently no real cures for nighttime clenching and grinding, but wearing a nightguard appliance that is custom fit to accommodate your specific bite, muscle, and joint structure can not only protect your teeth from further damage, it can also reduce or even eliminate the pain associated with facial muscle spasm related to nighttime clenching and grinding.



Daytime clenching and grinding habits are also far more common than people realize and tend to coincide with periods of stress or intense focus.

Here are some of the most-reported activities that seem to trigger daytime habits:

- Driving, especially in traffic
- Working at a computer
- Studying
- Sewing, knitting, and other intricate handwork
- Playing with pets
- Exercising, especially weight-lifting
- Watching your children or loved ones compete or perform
- Long business meetings

Other Overuses of the Jaw Muscles

Clenching and grinding certainly account for the majority of headaches related to facial muscle spasm, but there are other habits, or parafunctions, that can also contribute to head pain. A parafunction is any habitual exercise of a body part that is not typically associated with its common function. Clenching and grinding are parafunctions of the jaw and teeth because their common functions are chewing, speaking, and swallowing. But people can develop all kinds of oral habits that unknowingly set the muscles into spasm and create head pain.

Here are some of the most common activities we see that can strain the facial muscles over time:

- Habitually chewing gum, pencils, pens, fingernails, or other objects
- Habitually holding nails, sewing needles, pins, or other objects between the teeth to keep the hands free for work
- Habitually using the teeth to open bottles, cut thread, or to perform other scissor-like actions
- “Setting” the jaw, or holding the facial muscles under tension even when the teeth are not touching
- Prolonged sucking actions mostly associated with smoking, habitually using a straw, and some oral sex activities

No matter how convenient some of these habits may seem in the moment, the primary functions of the muscles that surround and support the teeth and jaw are to help you chew food, swallow, and speak. The system works best in a balanced relationship of work (muscle contraction) and relaxation (letting the tension go). Pain in the muscles themselves, or referred pain in the form of a tension headache, are indications that you are overtaxing the contraction side of the equation. Resting and stretching your mouth and jaw at regular intervals throughout the day, as well as working hard to eliminate parafunctional habits will go a long way not only in relieving head pain, but also in protecting the primary functions of your teeth, jaw, and facial muscles.

When to Seek Treatment

If these home-care remedies do not make a significant difference in your headache pain, there may be more going on. For some individuals with improperly aligned bites, just the act of chewing and swallowing can trigger all kinds of facial pain and headaches. The misaligned bite may be preventing the primary chewing muscles from functioning, and as a result other muscles are being unduly taxed trying to pick up the slack. If you suspect that a bite misalignment may be contributing to your overexertion headaches, schedule an appointment with a qualified dental provider who has experience treating bite and TMJ disorders.

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FOOD TRIGGERS

It is very rare for a food allergy or sensitivity to be the sole cause of frequent headaches or migraines. Unfortunately, for most people who suffer from frequent head pain, the causes are almost always multifactorial. Tracking down a food trigger can sometimes seem a bit overwhelming at first, but taking stock of how food may be playing a part in the stimulation of your headaches can be an invaluable step in your journey to identify the pain factors that are within your control.

It would be nice if we could say that there is a specific list of foods that will always trigger a headache, but the truth is that body chemistry is so individual that it's possible for a person to be sensitive to almost any type of food. Some people are even triggered by the odor of certain foods.

But within the food-sensitivity spectrum, there are still several individual foods and food categories that tend to trigger more head pain than others. Paying particular attention to the following categories as you begin your food tracking journey is often the simplest way to start understanding how the things you eat and drink may be affecting your head pain.

Alcohol

Most of us have experienced the aching head pain that can follow a night of drinking more than your body can handle. But a hangover headache can be triggered by very different amounts of alcohol depending upon the individual.

For some very sensitive people, even a single drink or part of a drink can trigger a hangover headache. While some of these headaches are induced by an actual allergy to the alcohol itself, most are related to the way the alcohol affects the body as a whole.

Whenever a toxin is present in the bloodstream, the body works overtime to cleanse the system. That means that primary functions are often set aside in order to deal with the immediate need, which is to get the toxin out of the bloodstream. In the case of alcohol, the liver takes on the primary task of detoxifying the blood, and is then unable to regulate blood sugar effectively. The kidneys are also working overtime by increasing urination substantially in order to flush those toxins from the body once the liver has removed them from the bloodstream. Dehydration and strong fluctuations in blood sugar are the result – and both of these conditions can trigger headaches even when alcohol is not present.

Additionally, the sulfites found in red wine are a very common headache trigger for people who are sensitive to them. Beer can also be a problem for people with wheat or gluten allergies. Hard alcohol and mixed drinks are also no exception. Many popular mixed drinks are laden with sugar, which is the next common food-related trigger we will discuss.

Sugar

Sugar is much like alcohol in its relationship to headaches; there are some people who are allergic to the sugar itself, but most people experience sugar-related headaches because of the way it affects primary body functions.

There are certainly liver and kidney issues related to the overconsumption of refined sugar, and dehydration definitely plays a part in many sugar-related headaches. But there is another functional component related to sugar-triggered headaches that may often come into play before dehydration can set in. We're talking about brain function.

Brain function is reliant on two very important sources of energy: blood sugar and oxygen. Constrict or cut off either of these two things, and the brain will do anything it can to regain those levels. Many of those reactions will cause headaches at the very least. But when it comes to sugar, the brain doesn't just react to a lack of blood sugar – it also reacts to large swings in blood sugar levels. And this is how dietary sugar often triggers headaches first.

Refined sugar and other simple carbohydrates translate almost immediately into blood glucose. Candy, cookies, sodas, and other sweets are obvious sources of simple carbohydrates, but breads, pastas, and cereals made from refined white flour can have the same effects on blood sugar. Depending upon how many simple carbohydrates you eat in a given sitting, your blood sugar level will increase both dramatically and quickly. But it's not the increase in blood glucose levels that triggers the brain's reaction and consequent headache so much as it is the inevitable fall or "crash" that happens afterwards. This creates a condition called relative hypoglycemia.

Hypoglycemia is the condition in which the blood cells don't have enough glucose to function properly. And we already know that the brain needs glucose to function. When blood sugar drops too low, the arteries in the brain constrict and cramp up in order to force more blood flow. This causes a headache. In relative hypoglycemia, the brain also experiences a sudden drop in blood glucose levels. But even though the brain may still have enough blood glucose to function, the sudden drop triggers a stop-gap reaction that causes the arteries to constrict and cramp up in order to keep the levels from dropping any further.

Hypoglycemia and relative hypoglycemia can trigger more headaches than people think. Fasting, skipping meals, and eating or drinking too many simple carbohydrates in a given sitting can all trigger episodes of hypoglycemia or relative hypoglycemia. These episodes will naturally come with headaches, lightheadedness, weakness, and even sweating or fainting. Eliminating as many simple carbs as you can from your diet, making sure you are getting enough protein and good fats, as well as eating multiple small meals throughout the day rather than two or three larger ones are changes that can make a significant difference for people who experience blood-sugar related headaches.

Here are some common sources of sugar and other simple carbohydrates to avoid consuming regularly:

- Candy, baked goods, ice cream and other sweets
- Soda, sweetened tea and coffee drinks, and other soft drinks or energy drinks
- Pasta, bread, crackers, and cereals made from refined white flour
- Fruit juice
- Most processed and pre-prepared foods
- Most mixed drinks and cocktails

Caffeine

Caffeine intake and its relationship to head pain is always a tricky subject because caffeine can function as both a cause and a cure for headache pain. In fact most headache medications contain caffeine because it has been shown to make the pain relieving ingredients up to 40% more effective. The occasional use of a headache medication, and a cup or two of coffee or tea in the morning is generally a safe amount of caffeine for most people. More than that, and headaches caused by caffeine excess, caffeine withdrawal, and/or medication overuse (rebound headaches) are often the result.

For people who suffer from frequent headaches or other types of chronic pain, caffeine can also act as a kind of pain amplifier, turning up the volume of pain associated with relatively minor muscle strain or tension headaches. For these people in particular, reducing and/or eliminating dietary sources of caffeine, including regularly used headache medication, can be an important step in unraveling the ultimate sources of head pain. When eliminating caffeine sources from your diet, remember to always reduce it gradually over several weeks in order to avoid a withdrawal headache. Headache medication elimination should always be done under the supervision of your doctor.

Common sources of caffeine to consider reducing or avoiding altogether:

- Coffee, tea, and yerba mate
- Chocolate and cocoa
- Soft drinks and sodas (both diet and regular)
- Most energy drinks, supplements, and snacks
- Guarana powders and extracts
- Many types of pain relievers including over-the-counter and prescription medications

Gluten

For patients who have Celiac disease, dietary gluten can trigger a number of uncomfortable symptoms, including headaches and migraines. But many people who do not have Celiac disease may still have gluten sensitivities, and for those people who suffer from frequent or migraine headaches, reducing or eliminating gluten for a period of time, in addition to tracking your headaches in relation to what you eat, may provide significant relief.

Gluten sensitivities can sometimes be tricky to understand at first. Some people are specifically sensitive only to wheat gluten, which includes bulgar, bran, farina, semolina, spelt, and even couscous. But barley, rye, and oats also contain gluten and could be another source of digestive distress and head pain if you have gluten sensitivities. If you suspect that gluten may be a problem for you, a good list of gluten-containing ingredients to start with can be found at <http://www.glutenfreesociety.org/gluten-free-society-blog/guidelines-for-avoiding-gluten-unsafe-ingredients-for-gluten-sensitivity/>.

Other Food Triggers to Consider

We've already covered the most common food triggers reported by many headache sufferers, but here are a few more to consider as you begin exploring how food affects your headaches:

- Cultured or fermented dairy products, especially aged cheeses
- Citrus fruit
- Processed meat
- Pickles, olives, and onions
- MSG
- Aspartame
- Any excessively cold foods or drinks

Starting a Food Diary

Food diaries don't have to be complicated, but they should include the following details in order to be fully informative:

- The exact time of each meal or snack, and a list of everything you ate and drank.

- Notes about headaches you had throughout the day, including pain location and a list of any additional symptoms (dizziness, nausea, light sensitivity, etc).
- Specific notes on the time head pain began, how long it lasted, and a rating of your pain level on a scale of 1-10.
- Additional notes on any medication you took, what time you took it, and what the dosage was.

Dr. Rich has created a Headache Diary Form that makes it easy for you track your headaches in relation to the food you eat and other lifestyle habits that could be affecting your head pain. A copyable version of that form is provided at the back of this booklet.

Unraveling the way food and other factors affect your headaches can take time, and you may need some help from your primary care physician, a qualified dentist, a naturopath, an allergist, or other practitioner in order to fully understand and control all the triggers for your head pain. For many people who have struggled with the pain of frequent headaches for a long time, looking at how food – or the lack of food – is related to their pain episodes can be quite revealing. We encourage you to take a look at your dietary habits and to consult with your providers about how some simple changes might help you reduce or perhaps even eliminate the majority of your headaches.

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EXERCISE, REST, AND STRESS

For people who suffer with frequent headaches, migraines, or other forms of chronic pain, a regular self-care regimen is perhaps one of the most effective tools in preventing a pain episode. Eating well, tracking food triggers, watching your posture, and drinking enough water are all important first steps in creating an effective preventive regimen for pain. Equally important, though, is the balance of exercise, rest, and stress in your life. These three areas fit together like puzzle pieces – each mitigating the negative effects of an increase or decrease in the other.

Creating this healthy balance won't just help prevent pain, though. These three key factors can also have a major influence on just about every chronic disease out there, including diabetes, heart disease, arthritis, as well as many other inflammatory and auto-immune disorders. Whether you suffer from chronic headaches or not, you owe it to yourself to take a look at this important area of self-care for your overall health and longevity.

Exercise

The importance of regular physical activity cannot be overstated. For people who do not exercise at all, the addition of just 3-4 hours per week (or about 30 minutes per day) of moderate cardiovascular exercise has been shown to reduce the progression of Alzheimer's and dementia in older patients by 50%. For patients with pre-diabetic factors, this same amount of exercise combined with other lifestyle interventions can reduce the progression to frank diabetes by 58%. Post-menopausal women have been shown to reduce the risk of hip fracture by 41% by staying physically active. And for all patients, depression and anxiety can be relieved by up to 48% with the simple addition of regular, moderate cardiovascular exercise. But how does physical exercise work on pain, and specifically how can it help head pain?

Exercise doesn't just work on the area of the body that is exerting. Walking, for example, is not just good for your legs – it's good for your whole body. One of the primary benefits of moderate cardiovascular exercise is to the circulatory system. Strengthening the heart muscle and overall circulation doesn't just help with things like heart disease and hypertension, it also helps with pain. Improved blood circulation and cell oxygenation releases tension in the muscles, and that includes the muscles of the head and neck. Tension and spasms in these muscles can be common headache triggers for many people.

For patients with migraines, studies have shown that improved oxygenation to the brain through moderate exercise can also reduce the frequency and duration of migraine attacks. Some people with migraines, however, can be triggered into a pain episode by exercise. We do not know exactly why this happens, but one theory holds that strenuous exercise dilates blood vessels in the skull. Also, heavy weight-lifting can often cause spasms in the upper body and neck that can bring on headaches and other body pain.

Most migraine sufferers, however, can often still benefit from moderate cardiovascular exercise. Warm up and cool down activities have been shown to help reduce the incidence of exercise-induced migraines, allowing the migraine patient to reap the benefits that improved circulation can have on head pain without triggering a headache. And for those patients who simply cannot tolerate cardiovascular exercise at all, a regular yoga practice can often be a great alternative – offering muscle strengthening, stretching and relaxation techniques, as well as breath control.

If you suspect that you may have exercise-induced headaches, or you have not exercised for a while, be sure to work with your doctor or other qualified health care provider to determine the specific exercises, frequency, and intensity that are appropriate for you.

Rest

Sleep is incredibly important to the body's ability to repair and restore itself. Insufficient or interrupted sleep inhibits this ability and can contribute both directly and indirectly to head and body pain. Studies have shown that otherwise healthy people can experience headaches triggered by even moderate amounts of sleep loss (1-3 hours per night for 1-3 nights). And when this kind of sleep loss becomes chronic, we are often left reaching for an extra cup of coffee or a sugary snack for a quick lift – both of which can trigger headaches.

There are many factors that can contribute to sleep loss, and not all of them are controllable. Parents with young children, for example, often experience regular sleep deprivation that may not be avoidable. Improving a sleep loss situation always comes down to two main categories: mitigating the effects of the current loss and improving sleep habits for the future.

One factor that actually works on both categories is – you guessed it – exercise. Sleep loss is stressful, and exercise is a proven way to release stress and anxiety. It also makes you tired. For many people, the inability to sleep well or long enough is directly related to a lack of exercise, but there are other factors to consider as well. Here are a few areas to look at in addition to exercise when dealing with a period of sleep loss or insomnia:

1. What do you do just before bed?

Reading or watching stress-inducing material right before bed can make it difficult to fall asleep. Also, pay attention to what you might be eating or drinking after dinner. Sugary treats or beverages with hidden caffeine close to bedtime could also be contributing to your problem.

2. Is your bedroom restful?

Protecting the restful quality of your bedroom is especially important for people who have difficulty sleeping. Don't watch TV, play video games, or surf the internet on your phone or tablet while you are in bed. Make sure the room is dark enough. And if environmental noises bother you, consider utilizing a white noise device to create a more restful soundscape.

3. Do you snore or wake up frequently gasping for air?

Many people suffer from mild to moderate sleep apnea. This condition decreases oxygenation to the brain, causing your body to wake frequently to improve breathing. Sleep apnea is a chronic condition that leaves people feeling tired, headachy, and unable to focus most of the time. It is also quite serious and can progress to a point where oxygen is cut off to the brain entirely, causing stroke or even death.

Screening for sleep apnea is simple, and anyone who snores and/or suffers from chronic tiredness should be tested. If you suspect that you or a loved one may be suffering from sleep apnea, make an appointment as soon as possible with a dentist qualified in dental sleep medicine or other sleep specialist. Sleep apnea is often a progressive condition that generally does not improve over time without treatment.

4. Are you overly stressed or anxious?

Anxiety and stress can both contribute to sleep loss. And unfortunately, chronic sleep loss increases both anxiety and stress. It's a circular relationship that often requires a third solution to remedy. Exercise should always be examined as a possible solution, but there are other factors to consider as well which we will discuss next.

Stress

The more we understand about the effects of stress on the body, the more we recognize how important effective stress management can be to overall health and pain management. In fact, it is now estimated that up 70% of primary care visits are stress-related. Headaches and body pain are no exception. Most of my chronic headache patients have stress factors involved in their pain. But how can any of us cope with stress when so many of our stressors seem to be beyond our control? The answers are different for everyone, but there are some common themes among people who handle stress well and even manage to thrive under stressful circumstances.

1. Regular exercise

Next to diet, regular exercise is simply the very best thing you can do for yourself. In relation to stress, exercise increases serotonin levels in the brain – elevating your mood and allowing you to deal with stressful situations in a more positive way. Three to four hours per week of moderate cardiovascular exercise, such as a brisk 30 minute walk each day, and/or a regular practice of yoga or tai chi have all been shown to greatly reduce overall stress, headache, and body pain.

2. Relaxation skills

Relaxation is not sitting on the couch watching TV. In relation to stress, relaxation skills include an ability to let go of the things you cannot control and to stay present in the moment. These are not inherent personality attributes – they are skills that can be learned. Meditation, breathing exercises, and biofeedback are just a few of the more common techniques associated with developing relaxation skills.

3. Life/work balance

A key factor among people experiencing a major stressful event in one area of their lives (loss of job, divorce, death of a loved one, etc.) and handling it well often comes down to a balanced diversity of interests and community. People who are actively committed to multiple aspects of their lives including work, family, friends, community, faith, and personal hobbies tend to handle stressful events in one specific area better than those individuals who place all of their self-worth and identity into one single area.

4. A positive attitude

It's no secret that people with a positive attitude tend to weather stressful events better than others. But positive thinking is not a gift that some people are simply given and others are not – it's a habit that can be developed with practice. Cognitive behavioral therapy (CBT) and Mindfulness Based Stress Reduction (MBSR) are both being used more and more in preventive healthcare with extremely positive results, especially for patients recovering from major health crises related to stress. CBT and MBSR both teach practical skills to help individuals develop positive thought patterns and eliminate the stress related to negative thinking and common thought traps.

We can all benefit from working on our exercise, rest, and stress balance – whether we suffer from frequent headaches or not. Any positive effort made in one of these three key areas will automatically begin to improve the other two, and should show a measurable improvement in your headache frequency, pain level, and duration. And remember with any exercise regimen, please consult with your doctor before making any significant changes to your physical activity level.

The Headache Series

by Dr. Martha Rich

JAW INJURIES AND MUSCLE STRAIN

The muscles, ligaments, and other soft tissues that surround the head, neck and jaw are all intricately related. Injury to any one of these areas can often have a ripple effect of pain or secondary injury to another area. Obviously, when you hit your head, it will probably hurt – both from the initial impact, and also from potential resulting injuries to the brain like concussion. But hitting your head can sometimes also create whiplash injuries in the neck and the jaw, and many people can still suffer from headaches even after the direct injury to the head has healed if the secondary whiplash injuries are not addressed.

Obviously, any time you or a loved one suffers a head injury of any kind – including direct blows to the jaw or neck – an emergency medical exam should be performed as soon as possible. Concussion and other injuries to the brain, as well as spinal injuries in the neck can be very serious and potentially life-threatening. If headaches persist once these conditions have been addressed or ruled out, then it may be time to pursue additional evaluations with a qualified dentist or chiropractic physician for potential secondary injuries due to whiplash in the jaw or neck.

What is Whiplash?

Whiplash occurs any time the head is suddenly and unexpectedly distorted from the neck, causing overextension of the muscles and ligaments that hold the neck and head in alignment. The most common incidences of whiplash happen in motor vehicle accidents. However, whiplash can also be caused by the specific motions of roller coasters and other amusement park rides, sports injuries, being punched or shaken violently, or even falling unexpectedly on ice or another slick surface.

Many of us are familiar with the concept of whiplash in the neck, but any time there is a head/neck whiplash injury, there is also a potential secondary injury of whiplash in the jaw. Just as the head can be suddenly jerked or “whipped” too far off the center of the neck, the lower jaw can also be whipped too far from the skull – often in the opposite direction of the whiplash movement of the head. This results in the additional over stretching of the ligaments of the jaw, often causing jaw pain, headache, earache, and sometimes even complete jaw misalignment. These injuries may also cause tiny tears in the ligaments and muscles, resulting in the eventual buildup of scar tissue.

Diagnosis and Treatment

Like neck whiplash, jaw whiplash may often take up to a week or longer after the initial injury to begin showing symptoms. Headache, neckache, and jawache are the most common symptoms to surface initially, but earache and toothache without infection are also not uncommon in patients with whiplash injuries to the jaw. A potential jaw whiplash may sometimes be diagnosed at an initial emergency exam following an accident or sports injury, but not always. Even with a diagnosis at the initial exam, however, the full extent of a jaw injury generally cannot be determined until all the symptoms begin to surface in the 7 to 10 days following the incident.

Treatment of jaw whiplash varies depending on the circumstances of the injury and the individual anatomy of the patient. Often a short-term, removable jaw splint may be necessary to help stabilize the joints and ligaments during the initial healing phases. Physical therapy, clinical massage, and/or chiropractic adjustment may

also be involved. For those patients whose jaws have been permanently misaligned due to the whiplash injury, orthodontics or other restorative dental treatments may be necessary to restore proper chewing function without headache or jaw pain.

For more information on the treatment of jaw disorders and whiplash, or to inquire about an evaluation with Dr. Rich, please read *Treatment and Services for TMJ Dysfunction*, or call 503-228-6870.

Home Care

First of all, it is vitally important that any potential injury to the head, neck, or jaw is evaluated by a medical and/or dental professional before any kind of home care begins. Head injuries can be quite serious and should not be treated at home like a minor cut or bruise. Once a full evaluation by a licensed medical or dental professional has been performed to rule out any potentially serious injuries to the brain, spine, teeth, or jaw, some of the following home care treatments may be helpful in alleviating the head, neck, and jaw pain related to jaw whiplash during the initial healing phases.

If pain persists for more than 2 or 3 days without decreasing after trying some of these techniques, or you experience a sudden increase in pain, another evaluation with a dental or medical professional familiar with treating whiplash injuries to the jaw should be pursued as soon as possible.

- Ice the neck, jaw, and/or shoulders for 20 minutes at a time several times per day. Always use a towel or cloth of some kind to protect your skin from frostbite. Alternate with heat in those areas, if desired.
- Rest and refrain from too much physical activity, especially heavy lifting or aerobic activity.
- Perform very slow and gentle jaw stretches as long as they do not induce pain.
- Gently massage the cheek and head muscles or have a partner help you.
- Try over-the-counter pain relievers like ibuprofen (Advil, Motrin) or naproxen (Aleve). Do not exceed the dosages recommended on the bottle.
- Switch to a softer diet and avoid excessive chewing. Avoid gum or hard/crunchy foods.

Deciding on Treatment

Whiplash of the jaw can not only be painful, it can also be complex to diagnose and treat. Generally, other injuries are also present, and a team of medical and dental practitioners may be necessary to address all your treatment needs.

Not all dentists are qualified to treat jaw injuries and whiplash disorders, so make sure that the dentist you choose to work with has significant training and experience with TMJ dysfunction and treatment.

For those patients living in the Portland Oregon area, Dr. Rich has been treating whiplash of the jaw and other TMJ disorders for more than 25 years. During that time, she has developed a strong network of complementary medical providers to help her patients receive all the treatment they need to feel better as quickly as possible. If you are suffering from jaw pain or dysfunction, please call 503-228-6870 for more information on scheduling an evaluation with Dr. Rich.

The Headache Series

by Dr. Martha Rich

HORMONES, MEDICATION, AND ENVIRONMENT

In most cases, frequent low-grade headaches can often be traced back to postural issues, dehydration, low blood sugar, stress, food-related allergies, clenching and grinding the teeth, or a combination of some or all of these elements. However, there are many people who also have sensitivities to environmental and hormonal triggers that could be playing a part in the persistence of frequent headaches.

Chemical Imbalances and Fluctuations

Hormone fluctuations can wreak havoc on the body in a multitude of ways, especially in women. Many women, for example, may experience an increase in headaches or migraines during certain phases of their monthly cycle, especially when estrogen is low. Headaches and migraines may also increase during peri-menopause when hormonal fluctuations are more severe, and for some women these headaches may even continue on into menopause.

In some cases, the use of birth control pills or hormone replacement therapy may help control the frequency and severity of hormone-related headaches. Unfortunately, that is not the case for everyone. Each woman is unique, and for some women the use of birth control, hormone replacement, or even consuming foods and beverages that are high in phytoestrogens (like the isoflavones found in soy products), can cause or exacerbate headache pain.

If you suspect that you have hormone-related headaches, it is important to discuss them with your doctor so that you can work together to unravel when the imbalance occurs, how it is triggered, how the headaches are related to the imbalance, and how to prevent those headaches safely and effectively. Keeping a headache journal is often an invaluable tool in tracking down the triggers and mechanisms of any headache, and especially when hormone fluctuations or other chemical imbalances may be involved.

Medication and Medication Interactions

Medication-related headaches can be tricky to unravel, but they are very real and can be quite painful. Many prescription medications have the potential to cause headaches as a side-effect all on their own, but the interaction of multiple medications taken regularly can also trigger headaches in people who may not have developed headaches with just one or two of those same medications. Some medications, particularly certain types of antidepressants, may not trigger headaches specifically, but instead they can cause tooth clenching or grinding as a side effect, which in turn can then trigger a headache through overexertion of the facial muscles.

Anyone who is taking long-term prescription medication to control a disease or disorder should be in the regular care of a primary-care physician or specialist. If you have developed headaches, or your headaches have increased in frequency or intensity since adding or adjusting a particular medication, contact your prescribing doctor as soon as possible to discuss further adjustments or alternative medications that may be safer and less painful for you.

Rebound Headaches

Pain relievers, both prescription and over-the-counter, are particularly notorious for causing medication-overuse headaches, or rebound headaches. It is ironic that the medication you seek to alleviate head pain could actually be causing it, but the truth is that all pain relievers are meant to be used infrequently as a temporary relief from an isolated headache or injury. Using prescription or over-the-counter pain relievers for headaches or other body-pain on a daily or multi-day per week basis will definitely put you at a much higher risk of triggering a rebound headache.

It is not completely clear why rebound headaches occur, but there is some suspicion that the regular use of pain medication may alter the way certain pain pathways and receptors work in the brain. Common over-the-counter pain relievers like aspirin and acetaminophen (Tylenol) often trigger rebound headaches, especially when you exceed the daily recommended dosage. Ibuprofen (Advil, Motrin, etc.) and naproxen (Aleve, etc.) are at a lower risk of causing a rebound headache, but can still be a factor in rebound headaches with overuse.

Combination pain relievers, particularly those marketed for migraines that combine caffeine, aspirin, and acetaminophen (like Excedrin), are very common triggers of rebound headaches when overused. While both aspirin and acetaminophen could be the culprit in rebound headaches associated with these combination pain relievers, do not underestimate the effects of caffeine.

The Effects of Caffeine

In small doses, caffeine can relieve the pain associated with certain types of headaches. But too much caffeine can create or exacerbate existing headache pain. How much is too much is different for every individual, but many people are ingesting far more caffeine than they are aware of.

Coffee and black teas are common sources of dietary caffeine, but do not forget that chocolate, energy drinks, and your headache medication could all be adding even more caffeine to your system – causing the very headache you are trying to alleviate. Quitting caffeine cold-turkey, however, can also trigger a fairly severe headache. If you suspect that you have too much caffeine in your diet, try and reduce that amount gradually over a period of several weeks or months.

Prescription Medication

Almost all prescription migraine medications can carry the risk of triggering rebound headaches with overuse. Fioricet, Fiorinal, Imitrex, and others have all been reported to contribute to rebound headaches. Opiates like Tylenol 3 with Codeine and others like it carry the highest risk of triggering rebound headaches and should be used sparingly and with supervision.

Headache medication is a useful tool in providing temporary pain relief and restoring some level of function to those who suffer from frequent and severe headaches. However, long-term use of any of these medications should be closely supervised by a medical professional and limited to the time period that it takes to unravel the ultimate causes of your head pain and create a preventive plan that allows you to reduce or eliminate the use of these medications to control pain.

Environmental Allergens and Toxins

Many household chemical-based cleaners, certain types of mold or mildew, chemically-treated building materials, as well as most paints, stains, and solvents release airborne toxins and allergens that can cause headaches. Proper ventilation and filtration masks should always be utilized when handling these materials at home or on the job. In some cases, prolonged exposure to these allergens and toxins can cause serious illness or even death. Do not be foolish and ignore materials that suddenly cause you to feel headachy, light-headed, or woozy when you breathe them in. Protect yourself, and find ways to limit your exposure to these materials as

much as possible.

Off-Gas

Many types of modern building materials are now chemically treated to resist rot, mold, mildew, fire, and even certain types of pests. Some of these chemical treatments may continue to off-gas for several weeks or months after being treated or installed. Certain types of paint, stains, sealers, and caulk may also continue to off-gas for several weeks even after the material appears to be dry. Even carpets that have been treated to be stain-resistant may off-gas for several weeks after installation. Often these off-gasses have a strong smell associated with them, but some do not.

In new construction or remodeling of your home, be sure that all new spaces are properly ventilated during the off-gassing phase, and that you sleep and work elsewhere until the materials are stable and no longer releasing toxins into the air.

Environmental Irritants and Stimuli

For many people, certain environmental irritants and stimulants can cause or exacerbate headaches. Light, sound, and smell can all be powerful migraine triggers, particularly when a low-grade headache is already present.

Light

Flickering light, overly bright light, and sun glare can often combine with other factors to create or increase head pain. For those with photosensitivity, flickering light can be a strong trigger for headaches and migraines. Make sure that fluorescent lights at work and at home are replaced regularly and do not try to sit and work through a situation where the light is continually flickering.

If you work under fluorescent lighting all day long, it is also good to get outside in the natural light for at least 10 minutes in the middle of the day. This has the added benefit of getting you away from your desk and the habitual body postures that could also be contributing to your head pain.

Computer screens may also be too bright or too dim and trigger an eye-strain related headache over a period of hours. Make sure you know how to adjust the brightness on your computer monitor at home and at work, and change the settings when you are working near a window during the day vs. at night.

Certainly for anyone who is light sensitive, strobe lights should always be avoided.

Sound and Smell

Sound and smell are less common triggers for the everyday headache than many of the other triggers discussed in this series. However, for migraine sufferers, sound and smell can both be powerful triggers to prolonged head pain. It is not entirely clear why these environmental stimuli effect migraine sufferers so much more than the general population, but there is suspicion that the neurological pathways in migraine sufferers are far more sensitive to stimulus in general than in those who do not suffer from migraines making it harder for them to suppress or filter loud noise or powerful odors.

The Headache Series

by Dr. Martha Rich

HOW TO KEEP A HEADACHE DIARY

A headache diary can be an extremely useful tool in unravelling the multiple factors that could be contributing to your head pain. It is very unusual for an individual to experience only one kind of headache, and a mild tension headache can easily be exacerbated into a debilitating migraine because of food sensitivities, postural habits, sleep patterns, bite discrepancies, stress, and other factors. Taking the time to evaluate how your headaches might relate to your daily routine can be a revelation for many people. Sometimes, making the smallest changes in your habits can create profound relief – or even complete elimination – of regular headache pain.

The headache diary presented here covers aspects of all the topics discussed in *The Headache Series* and is designed to help you identify the potential lifestyle triggers that regularly cause your headache pain. By noting when you have a headache each day, and paying attention to all the things you did leading up to that headache, you can begin to discover trigger patterns that may exist related to posture, hydration, clenching and grinding habits, and more.

This headache diary is an excellent tool to use for self-discovery, but it can also be extremely useful when shared with a qualified healthcare provider. Food allergies, hormonal imbalances, sleep disorders, medication reactions, and bite issues can all trigger headaches and should be addressed with the help of an appropriate medical or dental specialist.

Daily Headache Diary Instructions

Here's how to start using the headache diary and understanding the information you've gathered:

1. Fill out the full Headache Diary form once a day for one to two weeks. If you suspect that your headaches are related to monthly hormonal cycles, you may want to extend this exercise through a full menstrual cycle.
2. Once you have gathered at least a week's worth of forms, look closely at the days when you had headaches and ask yourself the following questions:
 - Are there any noticeable patterns to your headaches?
(same time of day, only on workdays, always after a workout or sitting at a computer, etc.)
 - Do you eat or drink something similar, or are you skipping meals, on all the days you have headaches?
 - What is your sleep like the day before you get a headache?
 - Are you drinking enough water on the days you have headaches?

Once you begin to suspect a particular habit or condition might be a trigger for you, go back and re-read the HA Series article on that subject and see if there are any changes you might try to make in your routine that could help. For example, if you notice that you always have a headache at the end of your workday and that you did not take very many breaks from your computer, consider looking at the posture section to see if adjustments in

the way you sit might be helpful. Also, increase the number of times you get up and walk around when you are working at a desk for long hours. Consider setting a timer on your computer or phone to help remind you to do this at least once per hour.

If hormones, medications, bite issues, or a potential sleep disorder seem like a contributing factor, make an appointment with a qualified medical or dental provider who has experience treating these conditions, and bring your headache diary with you. Sometimes a doctor or dentist can see patterns or concerns that may not be readily apparent to you when presented with this kind of information. Discuss your suspicions about your potential triggers with your provider and show them the information you've gathered on the Headache Diary forms. Your provider may ask you to continue to track your headaches to gather even more information for treatment, or make a referral to an appropriate specialist for further evaluation.

NOTE: Do not attempt to alter prescription medication dosages, make drastic changes to your diet, treat hormone imbalances, or correct bite issues on your own. Always work with a qualified medical or dental provider if you suspect any of these areas might be a contributing factor to your headache pain.

Understanding how lifestyle factors contribute to chronic pain is a huge component of healing. Even if you have an underlying physical cause for your headaches, you are also likely experiencing exacerbations in pain intensity and frequency simply based on the habits of your everyday life. Pain is a message from your body that something needs to change. If you listen carefully and address what that pain might be telling you about your daily habits, actions, and choices, healing is almost always faster and longer-lasting.

The Headache Series

by Dr. Martha Rich

DAILY HEADACHE DIARY

Date: _____ Did you have a headache today? YES NO

If you did have a headache today, please answer the following questions:

Did you wake up with the headache? YES NO

If not, what time did it begin? _____ How long did it last? _____

What did you do to alleviate the pain? (*medication, self-massage, drink water, rest, etc.*)

Did any of your pain alleviations work? Which ones? How long did it take for them to ease your pain?

FOOD AND BEVERAGE DIARY

(Please list everything that you had to eat and drink today other than water. Please approximate what time you ate, and notate if you added any real or artificial sweeteners to your food or beverages)

BREAKFAST

Time:

LUNCH

Time:

DINNER

Time:

MORNING SNACK

Time:

AFTERNOON SNACK

Time:

EVENING SNACK

Time:

Did you drink water today? YES NO If yes, how much? _____

PHYSICAL SYMPTOMS AND ACTIVITY

Did you exercise today? YES NO If yes, what type and how long?

How many hours did you sit or stand in the same position today? _____

Did you take breaks during that time? YES NO If yes, how many? _____

Were you aware of clenching or grinding your teeth today or last night? YES NO

If yes, what were you doing at that moment?

Did your jaw, neck, shoulders, back, or ears ache at all today? YES NO

If yes, when did you notice the pain and what did you relate it to?

How many hours did you sleep last night? _____ From _____ am / pm to _____ am / pm

Did you feel well-rested when you woke up? YES NO

How many times did you wake up in the night and why (be specific)?

STRESS AND ANXIETY

Rate your stress level for the day on a scale of 1 to 10: _____

What external stress events occurred today? (*work meeting, fight with friend or spouse, bad traffic, tight deadline, etc.*)

What internal stress did you experience today? (*worry about a future or past event, general anxiety, etc.*)

MEDICATIONS, ALCOHOL, CIGARETTES, ETC.

Please list all the medications and substances you used today, including dosages and time of use. Remember, this diary is for your discovery. Be honest with yourself about how much of these substances you may be consuming and open to how some of them may be potentially contributing to your head pain.

MEDICATIONS
Prescription and Over-the-Counter

SUPPLEMENTS
Vitamins, Herbal Supplements, etc.

OTHER SUBSTANCES
Alcohol, Cigarettes, Recreational Drugs, etc.

Overall, was this a typical day for you? Yes No

If not, what was unusual about your day? *(Was it more relaxed or more stressful than usual?)*

FOR WOMEN ONLY

Are you menstruating today? Yes No

If you track your cycle, what day is it? _____ What is your average cycle length? _____

The Headache Series

by Dr. Martha Rich

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