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Treating Headaches and Migraines with Trigger Point Therapy

By Valerie DeLaune, LAc

Tension headaches, migraines, and cluster headaches account for 90% of all headaches. Tension headaches are the most common and people who experience migraines typically also have tension headaches in between their migraines. Studies have shown that patients who have headaches (including migraines) are almost twice as likely as healthy control subjects to have postural abnormalities, including head-forward posture and also have trigger points in the back of the neck, particularly in the suboccipital muscles.

Patients who suffer from both migraines and tension-type headaches are far more likely to have a greater number of active trigger points. The greater the number of active trigger points, the more frequent and severe the headaches. With one-sided headaches, a greater number of active trigger points are found on the same side as the headache.

Tension Headaches

The most common causes of tension headaches are trigger points, with underlying perpetuating factors including poor posture and ergonomics, emotional distress, fatigue, noise, glare, and jaw clenching. Tension headaches can also be associated with arthritis, disk problems, or degenerative bone disease in the neck or spine.

Migraines

About one in ten people get migraines and about 75% are women. Trigger points play a far greater role in migraines than previously thought; one study found that 93.9% of migraine subjects had trigger points with referred pain patterns that reproduced their migraine pain and other symptoms. Pressing the trigger points could reproduce the location of pain, the throbbing quality, light and sound sensitivity, and other symptoms that were common for each subject. The longer the history of migraines and the more frequent the attacks, the greater number of trigger points the subject had in their muscles. In other words, the longer migraines are left untreated, the greater number of trigger points will form, and the more migraines the patient will get

– a self-perpetuating cycle. Most of the triggers for migraines are also those that cause and perpetuate trigger points, such as allergies, alcohol, smoking, stress, hormonal changes, caffeine, and insufficient nutrition, water, sleep, or exercise.

Cluster Headaches

Cluster headaches primarily affect men 20 to 40-years-old. As with tension headaches and migraines, triggers such as alcohol, tobacco use, allergies, and sleep apnea (which causes oxygen-deprivation) also cause and perpetuate trigger points.

Post-traumatic Headaches

Neck injuries are the most common cause of post-traumatic headaches. In a study of patients following rear-end motor accidents, 62% of patients reported feeling neck pain within six to seventy-two hours, and of those, 82% also reported headaches. Twelve weeks after their accidents, 73% still had headaches. Injuries are one of the most common initiators of trigger points.

Treating Trigger Points

It is important to have a clear idea of where your patient is experiencing pain. Many patients will refer to facial pain or pain at the C1 level as a headache. In order to decide which trigger points to search for first, have your patient color in their referral patterns on a body drawing.

It is also important to remember that, in general, at least 74% of trigger points are not located in the area in which your patient feels pain. Trigger points in the trapezius, posterior neck, and sternocleidomastoid muscles can all refer upward into the head. These are called primary trigger points. Trigger points in the temporalis, orbicularis oculi, zygomaticus major, frontalis, occipitalis, masseter, lateral pterygoid, medial pterygoid, and digastric muscles can be either primary trigger points, or satellite trigger points (formed due to being within the referral zone of the primary trigger points). You will also need to keep in mind that headaches can be a composite of trigger point pain referral patterns from various muscles of the neck and in and around the mouth and jaw, so it may be impossible to match up common referral patterns with just one muscles' common referral patterns.

Being able to reproduce the referral patterns when palpating trigger points can be a confirmation that you have located at least some of the pertinent trigger points, but being unable to reproduce the referral pattern

should not rule that trigger point out. If your patient is experiencing symptoms consistent with that trigger point, treat it and see if symptoms decrease by the next treatment. Also, remember that trigger point referral charts and pictures only show common referral patterns. Your patient's referral pattern may look somewhat to very different from a chart. Gathering information from the patient about all of their symptoms, palpation, and asking if symptoms have decreased in between treatments is the best way to confirm that you have successfully located the pertinent trigger points.

Remember that treating the trigger points is only part of the treatment – all underlying perpetuating factors need to be identified and addressed. Common perpetuating factors include mechanical stresses, injuries, spinal misalignments, nutrient deficiencies, poor dietary habits, food allergies, emotional factors, sleep problems, acute or chronic infections, hormonal imbalances, and organ dysfunction and disease. For this reason, it often takes a team approach to treat trigger points, since no one type of practitioner may be able to diagnose and treat all the pertinent perpetuating factors.

Trapezius

Trapezius trigger points can cause pain behind the eye, dizziness or vertigo (probably indicating simultaneous involvement of the sternocleidomastoid), and stiffness and/or limited range-of-motion (ROM) in the neck. Common perpetuators include postural and ergonomic issues, whiplash injuries, structural inequalities, fatigue, stress, and several types of sports activities, including biking and swimming.

In addition to the pain referral patterns, trigger points can cause pain shooting through the head to the back of the eye, blurry vision, and neck stiffness and/or limited ROM. Common causes and perpetuators include head-forward posture (including compensation for kyphosis), poor posture and ergonomics at a desk including cradling the phone between the ear and shoulder, whiplash, subluxation, stress or depression, and exposure to cold drafts.

Sternocleidomastoid Muscle

In addition to the pain referral patterns, other trigger point symptoms can include sinus congestion (often attributed to a sinus infection, even though there is no discharge), dizziness or vertigo, earaches, nausea and loss of appetite, seasickness/car sickness, one-sided deafness or tinnitus, visual disturbances, eye tearing or reddening, eyelid drooping or twitching, a sore throat, or a dry, tickling cough.

Perpetuating factors include head-forward posture, tilting the head back or to the side for prolonged periods, improper pillows, tight neckties or collars, a chronic cough or improper breathing mechanics, chronic or acute infections, tight pectoralis major muscles, structural inequalities, severe scoliosis, whiplash, and alcohol consumption.

Temporalis Muscle

In addition to the common pain referral patterns, other trigger point symptoms can include teeth sensitivity or pain, improper bite alignment, teeth clenching, or the jaw may zig-zag while opening or closing. Common perpetuating factors may include head-forward posture, chronic infections or inflammation, folate deficiency, hypothyroidism, clenching/grinding, gum-chewing, dental work, and primary trigger points in the trapezius and/or sternocleidomastoid muscles.

Frontalis and Occipitalis Muscles

Frontalis trigger points may develop from primary trigger points in the sternocleidomastoid muscle, from raising eyebrows frequently, and from wrinkling the forehead. Occipitalis trigger points can form as a result of primary trigger points in the posterior neck muscles, or squinting due to poor vision or glaucoma.

These are only some of the trigger points, muscles, referral patterns, additional symptoms, causes, and perpetuators of trigger points that can cause headaches and migraines. You may also need to treat the scalene and possibly other muscles if your patient has head-forward posture, even though they don't directly refer symptoms to the head.

By locating and treated pertinent trigger points, and identifying and rectifying causes and perpetuating factors of trigger points, you can likely help your patients reduce or eliminate their headache pain and other associated symptoms. (Click here for a complete set of trigger point referral patterns.)

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