

**CHIROPRACTIC  
AND  
HEADACHES/  
MIGRAINES**

## Welcome To Great Health!

You are joining millions of others who have taken control of their health with chiropractic care. Chiropractic offers a natural, drug-free way to not only regain your health, but also to maintain it.

We're glad you are taking the time to learn more about the incredible science, art and philosophy chiropractic provides. We want you to benefit greatly from the next several pages, so let's explain the contents.

You will be examining literature from both the popular press as well as that of medical literature. While we don't expect you to be well versed in the medical terminology, we do believe that you deserve the information at your fingertips. The doctor will be happy to discuss any of the articles with you.

You may notice articles designed to inform you about the potential side effects of certain medication. There will also be medical literature that supports chiropractic as a possible means of helping your body to regain health. In addition, you will review survey material praising chiropractors for their efforts. Lastly, you will note a Family and Friend Health Profile. We suggest that you complete this form and return it to your chiropractor as soon as possible.

Remember, the more you know about your health, the healthier you will be. The sooner your doctor of chiropractic examines you the sooner you can be on the road to good health. The longer you wait for help the worst the condition becomes. Delays will only hurt you more and cost you more!

## The Role of Chiropractic in Good Health

Although chiropractors work primarily upon the spine, their goal is to improve the health of your entire body.

A chiropractor is a specialist that works diligently to detect and correct vertebral subluxations. Vertebral subluxations occur when the spinal column has become "misaligned." This misalignment produces interference in your nervous system. Your nervous system is responsible for controlling every function of your body.

Henry Windsor M.D. noted in the Medical Times that he found a nearly 100% correlation between "minor curvatures" of the vertebrae and diseases of the internal organs. His findings were indeed profound.

A chiropractic adjustment is the means by which your D.C. (Doctor of Chiropractic) corrects vertebral subluxation. Regardless of age or physical condition, everyone needs a nervous system free of interference.

Please review the following pages and learn about the benefits of chiropractic care for you and your entire family...

12/94

# Acetaminophen overuse can lead to liver damage

By Doug Levy  
USA TODAY

Long-term use of the pain reliever acetaminophen appears to increase the risk of kidney disease, but the drug still is safe, researchers report in today's *New England Journal of Medicine*.

A study out Wednesday reported that too much acetaminophen (the active ingredient in Tylenol) on an empty stomach poses liver damage risk.

In the new study, researchers asked 716 kidney disease patients and 361 similar but healthy people about pain reliever use. The study found:

▶ 8% to 10% of end-stage kidney disease may be attributable to acetaminophen.

▶ Taking more than 1,000 pills in a lifetime or more than 365 pills per year appears to double the odds of developing

kidney disease.

▶ Aspirin did not appear to increase risk of kidney disease, but heavy use of anti-inflammatory drugs such as ibuprofen may increase risk.

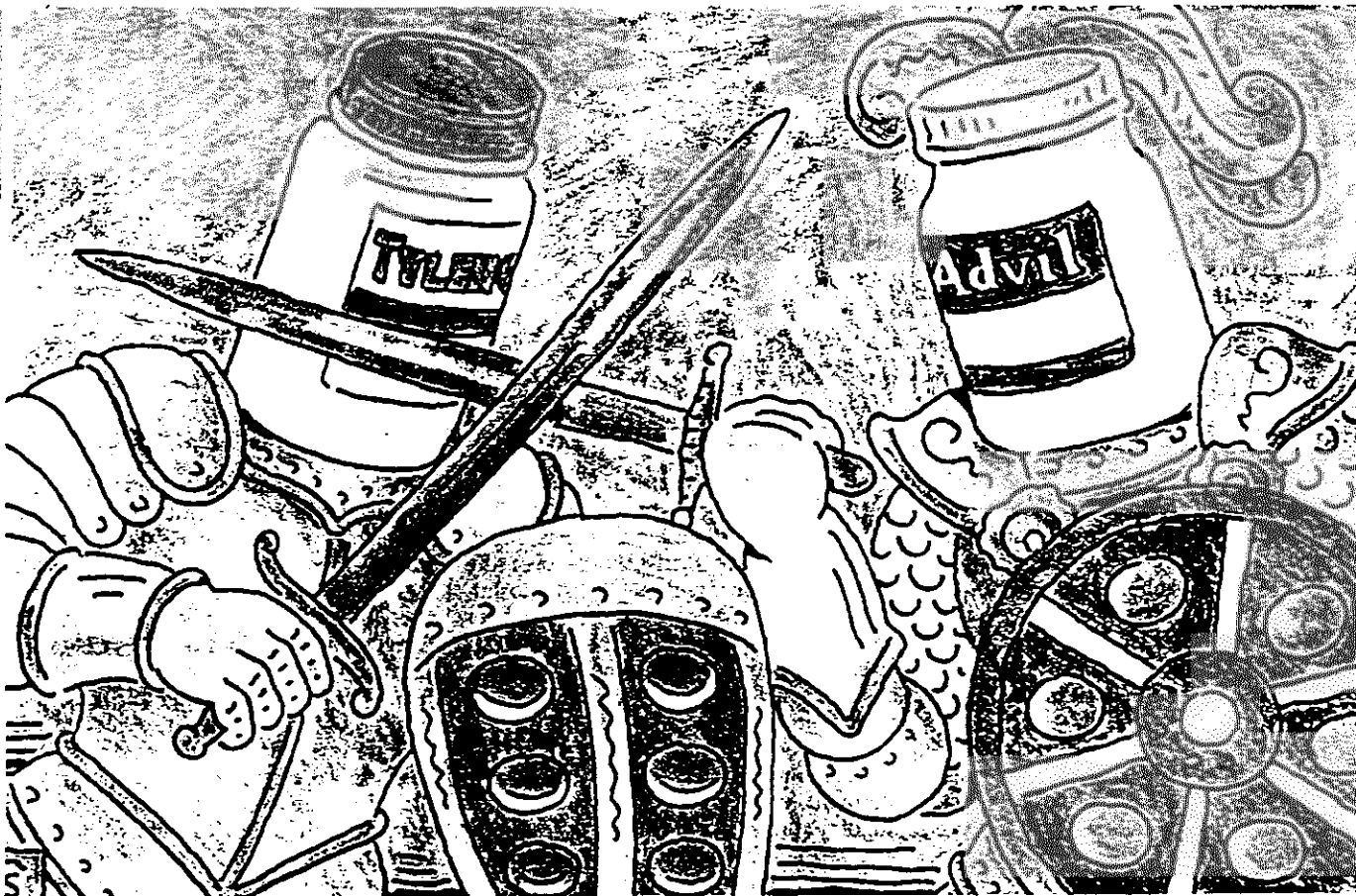
"For most people who are using acetaminophen for headache or flu for just a few days, these findings have no bearing," says Dr. Paul Whelton of the Johns Hopkins School of Public Health, Baltimore.

However, Whelton adds: "We need to be careful about medications, whether they are over-the-counter or prescription. If (a drug) has some beneficial effect, it is likely to have some adverse effect."

In an accompanying editorial, Drs. Pierre Ronco and Antoine Flahault of Tenon Hospital, Paris, warn that switching to other pain relievers is not necessarily advisable, as other drugs also have side effects.

# Bitter Ads to Swallow

A war of headache heavyweights confuses consumers and pains the industry



By JOHN GREENWALD

**T**ALK ABOUT SPLITTING HEADACHES. For both consumers and America's \$2.7 billion over-the-counter painkiller industry, the advertising war between Johnson & Johnson's No. 1 brand Tylenol and American Home Products' No. 2 Advil has begun to feel like a migraine.

The pounding began last fall when Johnson & Johnson launched a television attack ad that soon had the two companies decrying the side effects of each other's products. You know, the ones in which a very serious-looking actor "discovers" that Brand X just might possibly be more harmful than, say, swallowing drain cleaner. The confusing charges and countercharges prompted the major TV networks to pull the harshest spots; ABC went so far as to ban

all drug commercials that take potshots at rival remedies.

Undaunted, the combatants have now resumed their fight in print, where American Home Products, a \$13.4 billion maker of such brands as Anacin and Preparation H, launched an assault on Tylenol last week. The company paid for a full-page ad in the *New York Times* and other papers to reprint an open letter written by Antonio Benedi, a former appointments secretary for George Bush, who blames Tylenol for the liver failure that forced him to have an emergency transplant in 1993.

Johnson & Johnson was furious not just about the letter but also at the fact that the newspapers published it without labeling it advertising. Worse, in J&J's view, at the bottom of the ad was a message that Whitehall-Robins Healthcare was underwriting the reprint "as a public service." Not exact-

ly, since it's the unit of American Home Products that makes Advil.

This latest attack led industry watchers to warn that the infighting could become suicidal. "This has exploded out of control," says Paul Kelly, president of Silvermine Consulting in Westport, Connecticut, which advises consumer-products companies. "Sooner or later people are going to get concerned about the whole category [of painkillers] and stay away." There is, in fact, no real cause for such consumer concerns.

Despite the hysteria, all over-the-counter headache remedies today are generally safe for the vast majority of consumers, as long as they follow the recommended dosage. (See chart.) But, as for all drugs, there are exceptions, some of which are minor, some rare—and all of which must be noted by the manufacturer, providing plenty of ammunition for adversaries to attack.

The scorched-earth campaigns have pointed out the hazards of widely used headache remedies such as Tylenol and Advil as dramatically as any critic could. And that can't be good for business. J&J's McNeil Consumer products unit, which makes Tylenol, has sold 240 billion tablets and capsules of Tylenol over the past three decades. Tylenol represents more than \$800 million in annual sales for J&J, which last year had total sales of \$18.8 billion. But Tylenol's market share has been slipping, to 30.1% last year from 34% in 1994.

Tylenol is being challenged by new over-the-counter drugs such as naproxen (brand name: Aleve) and ketoprofen (brand name: Orudis), as well as aspirin. Advil, which is ibuprofen, holds a 12.9% market share and has sold more than 48 billion doses since it became nonprescription in 1984. It contributes some \$350 million annually to American Home Products' coffers.

The ad that set off alarms last week presented the harrowing first-person account of Benedi, 40, who in 1994 won an \$8.8 million damage award in Virginia in a suit against McNeil and J&J. (A three-judge appeals panel upheld the jury award last year.) Benedi took the recommended dosage of Tylenol to fight a bout with the flu. Benedi, who generally drank two or three glasses of wine with dinner each evening, stopped drinking while taking the medication. But several days later he suffered "complete liver failure" and only an 11th-hour transplant saved him.

Since then, Johnson & Johnson has printed a warning on Tylenol packages that advises consumers who have three or more drinks daily to consult a physician before taking the pain-killer. According to Dr. Tony Temple, McNeil's executive director of medical affairs, the warning is aimed at people "who are chronic heavy drinkers."

But Dr. Hyman Zimmerman, a liver expert and professor emeritus of medicine at George Washington University, argues that the warning is not explicit enough. Zimmerman, who testified on Benedi's behalf, says chronic drinkers should take no more than two grams (an amount equal to four extra-strength Tylenol gelcaps) a day to avoid possible liver damage. Says he: "If you wake up at 2 in the morning with a headache or a toothache, you are not going to call your doctor to ask if it's O.K. to take Tylenol." Meanwhile, the Food and Drug Administration has been preparing a warning about the dangers of interaction between pain-killers and alcohol that would go on all over-the-counter headache remedies—including Advil.

Benedi, who describes himself as an occasional business consultant, ran his open

letter in the *Washington Times* (circ. 94,500) on March 14 in what he called a warning to other consumers. "I look at my kids, and I have to say I don't know how long I'll live because these people failed to warn me," he says. "That's why I felt a responsibility to write." Among his most avid readers were officials of American Home Products who got Benedi's permission to place the open letter in the *New York Times* (circ. more than 1 million) last Wednesday at a cost of some \$67,000.

Johnson & Johnson's indignation is a bit misplaced, considering that it fired the first shot in this war last fall. In TV spots created by the ad firm Saatchi & Saatchi, J&J attacked ibuprofen, suggesting that it could interfere with medicine for hypertension. J&J next ran Saatchi & Saatchi commercials claiming that ibuprofen could be harmful to persons who suffer from ulcers.

In striking back, American Home Products zeroed in on the alcohol warning on Tylenol packages. In ads created by its agency, Young & Rubicam, a silver-haired actor reads the warning with obvious concern and advises viewers to "Ask your doctor. Advil may be a smarter choice." That

only provoked Johnson & Johnson to create a nationwide campaign "to address misinformation" in the Advil commercial. Included were ads in 50 major publications plus a 1-800 hot-line number to field questions from consumers. At the same time, J&J lodged a complaint with the networks challenging the Advil commercials.

All this was too much for TV executives, who rarely get befuddled enough to turn down business. In announcing a ban on attack ads last month, ABC said it feared that such spots could be "misinterpreted" by viewers as "overplaying the health concerns involved." The other networks pulled the fiercest ads but continue to run milder comparison spots.

The network withdrawals drew a tight-lipped response from Robert Pitofsky, chairman of the Federal Trade Commission. "I support comparative advertising," Pitofsky says. "I hope that this is not an occasion to suppress comparative ads overall." Perhaps not, but the rat-a-tat of battling drug claims has been making heads feel like the morning after. Hey, has anyone got an aspirin?

—Reported by

Stacy Perman/New York

## Take Two Tablets And Read This

There are now five different drugs, and even more brand names, widely available for pain relief. All are generally safe, but there are conditions for which caution is advised.



**NAPROXEN**  
Also a non-steroidal anti-inflammatory agent. Like ibuprofen, relieves pain and stiffness, but can also cause nausea and diarrhea. Doctors

issue the same caution against taking it with liquor.



**IBUPROFEN**  
A nonsteroidal anti-inflammatory agent. Relieves pain and stiffness. Can cause nausea or diarrhea but rarely induces stomach bleeding. Doctors advise

against use with heavy drinking, in order to lower the risk of stomach problems.



**ACETAMINOPHEN**  
A non-narcotic analgesic that relieves pain and swelling. Won't trigger stomach upset or cause bleeding. Overuse can result in serious kidney and liver damage. The toll on the liver is even greater for heavy drinkers.



**ASPIRIN**  
A non-narcotic analgesic. Relieves pain and swelling. Can irritate the stomach and cause bleeding. Not advised for children with chicken pox or flu symptoms—can

cause Reye's syndrome, a rare brain and liver disorder.



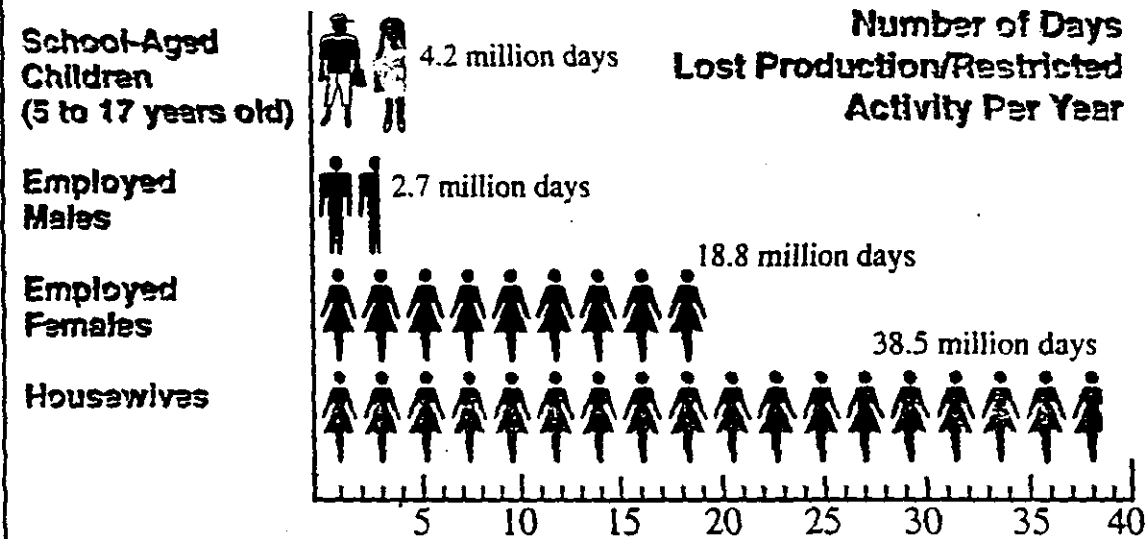
**KETOPROFEN**  
The newest nonsteroidal anti-inflammatory to go over the counter. Provides relief from minor aches and pains. Can cause nausea and heartburn. Doctors

warn against use of this pain remedy with heavy drinking.

JANE'S MORRILL FOR TIME

## Migraines and Loss of Productivity in US

Because of the common experience of headaches and the plethora of remedies, it's encouraging that the AHCPR (Agency for Health Care Policy and Research) is developing guidelines for the treatment of headaches (see July 3, 1995 issue of "DC"). The AHCPR treatment recommendations will be particularly interesting regarding migraines, the often severely debilitating condition that takes a significant toll on many people's productivity. While chiropractic patients speak of relief from common headaches and migraines with chiropractic care, the AHCPR panel will base their recommendations on the most scrupulously conducted headache research. Will any headache research of chiropractic patients meet their criteria?



SOURCE: Stang PE, Osterhaus JT. Impact of migraine in the United States: data from the National Health Interview Survey. *Headache* 1993;33:29-35.

# A pain in the neck

Chiropractors were right. Many headaches are caused by damaged structures in the neck — and scientific evidence proves it

BY JANICE MAWHINNEY  
STAFF REPORTER

Medical science has solved at least part of the age-old mystery of the headache. And to doctors' amazement, it appears that chiropractors have been right all along.

"It's not all in your head. In fact, it's more likely all in your neck. And a team of doctors at Syracuse University has established it with scientific, anatomical proof. They've pinpointed damaged structures in the neck as the cause of the pain for many chronic headache sufferers."

"It's true that chiropractors have been saying this for years," Toronto physician Peter Rothbart concedes.

"Unfortunately many doctors tend to have a jaundiced view of chiropractors, but they were right about headaches."

For thousands of years, doctors have been mystified about what to do with headache patients, he says.

"We've been struggling," says the anesthetist and pain specialist. "We haven't known what the hell we were doing. It's been an amazing conundrum. But today we can say: There is hope for headache sufferers."

Traditionally, medicine has divided headaches into two types: tension headaches and migraines. Rothbart says he

is now looking at completely new divisions, since some headaches previously assumed to be tension or migraine now appear to be rooted in neck problems.

More than 2,000 years ago Hippocrates and the early Greek physicians were also seeking the cause of headaches — they drilled holes in the skull trying to relieve the pain.

"We haven't been much more advanced than they were," Rothbart says.

Since medicine is a science, it was first necessary to diagnose the cause of the problem, then worry about how to treat it. But millions of dollars worth of research couldn't trace a cause.

Researchers have tracked blood flow and electrical impulses through the brain using all kinds of sophisticated scientific equipment without ever identifying the cause of headaches.

"Some brilliant people have put their hearts, souls and minds to this problem and haven't come up with anything," Rothbart observes. "All we've been able to do is treat people with an array of medicines, one after the other, and hope the side effects won't be too bad."

**'Today there is hope for headache sufferers'**

A few headaches turn out to be the result of a tumor or some other abnormality in the brain, but that is very rare. Most headaches, even those involving serious pain, have been inexplicable to doctors.

Years ago Robert Maigne, a professor of medicine at a French university, came to believe that many headaches originated with a structural problem in the neck.

"He was originally thought to be a lunatic," says Rothbart.

An Australian medical professor, Nikolai Borzhik, picked up on the idea and

continued the research.

Rothbart and some of his colleagues also worked along those lines.

The result, according to Rothbart, is "a minor miracle."

"We have been able to find an anatomical and physiological cause for many headaches. We've found damaged structures in the neck, and have gone on to prove they are the cause of the pain.

"We couldn't believe it at first. We've been able to put together a scientific explanation for how neck structure causes headaches — not all headaches, but a significant number of them."

He says that about 80 per cent of the patients treated at his clinic meet all the requirements for a diagnosis of tension headaches, but it turns out that neck problems are the cause of their headaches.

Rothbart says few doctors have heard of this.

"It's very new and relatively unknown," he says. "Ninety per cent of doctors here still don't know about it."

The neck damage can come about in a number of ways, often reaching back to the patient's childhood. Whiplash injuries, often through motor vehicle accidents, are a big cause. But other times, Rothbart says, the problem arises from a fall or a sports injury.

For example, he says, a child could suffer a fall from the swings, and not know that there is any lasting damage from it — until it causes real problems many years later.

In Australia and in France, where earlier research along the same lines was done, the medical community is more familiar with the idea that headaches often originate in neck problems, says Rothbart. It is even taught in medical schools in France.

Doctors have scorned the idea in the past when it was suggested by chiropractors. But Rothbart says they will accept the anatomical research results

from Syracuse.

The key to the problem is the trigeminal nerve in the head. It is a very large nerve that runs through the brain and has parts that run up either side of the head. One part of the nerve descends into the upper levels of the spinal cord in the neck. This part can be pinched by problems with the bones in the neck.

When the brain gets a message that the trigeminal nerve is sending signals of pain, it can't tell what the source of the pain is, and it responds by creating pain in the head.

**'The key is the trigeminal nerve'**

Rothbart says doctors can check different bones in the neck to identify exactly where the problem is. When he anesthetizes the area identified and the head pain stops, he can pinpoint the place that needs attention.

If it is a structural problem that will respond to spinal manipulation, Rothbart refers the patient to a chiropractor to have it fixed.

If it is a permanent problem such as a degenerated disk, Rothbart has found that the effects of a nerve block injection usually last for many months, and the person can be out of pain altogether by getting such injections.

Rothbart says he has trained a number of doctors in his techniques, and there are several small clinics in the Metro area where people with chronic headaches can seek permanent relief. He says his own clinic, at Yonge St. and York Mills Rd., is the largest in the world doing this kind of work, with seven physicians and 80 to 100 new headache patient referrals every month.

All of the services at these clinics are covered by government health insurance, he says.

# New Survey Rates Chiropractors

Exactly how effective is chiropractic care when measured against traditional medical treatment? According to *Prevention*, which claims to be America's leading health magazine, "... clearly, chiropractors are doing something right."

*Prevention* has been widely criticized in the past for ignoring or trivializing alternative methods of health care, and for promoting the "pill

for every ill" approach to medical problems. The October 1989 issue of the magazine contains the results of an exclusive survey on chiropractic care. *Prevention* commissioned the survey in an attempt to determine if people who go to chiropractors find the relief they are looking for. Based on the answers from people who had seen a chiropractor at least once, the survey proved to be an impressive show of support for the profession: three out of four people polled said that chiropractors were successful in correcting their health problems. On the whole, chiropractic patients realized greater relief from pain, were happy with the number of visits required and found chiropractors friendlier and more supportive than medical doctors.

Although some patients were aware that chiropractic care was effective in correcting the causes of migraine headaches, neck pains, whiplash injuries, scoliosis, allergies and chronic fatigue, most still sought help for back problems. The *Prevention* survey was another step in documenting the positive results that can be achieved through chiropractic care. According to the magazine:

- seventy-six percent said they would go back to a chiropractor, the majority of which would do so "without a second thought";
- nearly sixty percent of those who noticed a difference felt they received more lifestyle counseling, more advice on exercising and more nutritional information from their chiropractor than from a medical doctor;
- three times more respondents said their chiropractors are friendlier and more concerned about their patients than medical doctors;
- three-quarters of respondents selected their chiropractor based on recommendations from friends, relatives or neighbors, while fourteen percent let their fingers do the walking through the telephone yellow pages or made their selections based on advertisements. Only five percent were referred by a medical doctor. ■

## DID YOU KNOW?

**"EVERY FUNCTION OF THE HUMAN  
BODY IS UNDER CONTROL OF THE  
NERVOUS SYSTEM."**

- Grays Anatomy, 29th edition, p.4