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Headache and neck: BoNTA and neuraltherapy Huneke in the chronic pain

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Abstract

Objective: To evaluate predictors of response to botulinum toxin type A and neuraltherapy Huneke in patients with chronic daily headache. Background:Chronic migraine and chronic tension-type headache form the majority of CDH disorders. Controlled trials indicate that BoNTA is effective in reducing the frequency of headache and number of headache days in patients with CDH disorders. Headache, whether migraine, tension or cluster, is a possible indication for neural therapy according to the main texts and the few studies in the literature, however, all agree on the therapeutic potential of this technique, both when used as reflex therapy, through wheals and/or intramuscularly in the adjacent segments, or on the afferent nerve vessels and plexuses (techniques (segmental therapy), and when used as a search for the "disturbing field" (scars, teeth, tonsils, the most frequently affected structures, but also other organs or anatomical structures) as a possible cause of distant chronic pathologies. Methods: A total of 30 patients with CM and 11 patients with CTTH were treated with 100 units BoNTA, 20 patients treated with neural therapy. Every patient BoNTA received at least 2 sets of injections at intervals of 12-15 weeks; fixed sites, fixed dose, and “follow-the-pain” approaches were used for the injections, 21 by neural therapy according to Huneke. Patients were divided into responders and nonresponders. Variables analyzed for predictors of response include headache that is predominantly unilateral or bilateral in location, presence of cutaneous allodynia (scalp allodynia), and presence of pericranial muscle tenderness. Results: In the CM group, 76.1% of patients were responders to BoNTA, of which 68.5% had headache that was predominantly unilateral in location and the remaining 31.5% had headache that was predominantly bilateral in location. Of the 23.9% CM nonresponders, 76.5% reported predominantly bilateral headache and in the remaining 23.5% (the headache was unilateral. This group was treated with Neuraltherapy. The presence of scalp allodynia and pericranial muscle tenderness in the CM nonresponders was 11.8% and 17.6% respectively and this group was treated with Neuraltherapy. In the CTTH group where all patients had bilateral headache, 36.4% of patients were responders to BoNTA. All of those CTTH responders had pericranial muscle tenderness. None of the CTTH nonresponders had pericranial muscle tenderness. No clinically significant serious adverse events (AEs) were reported. Mild AEs, eg, injection-site pain that persisted for 1-9 days, were reported in 11 patients. One patient had transient brow ptosis. Conclusions. A greater percentage of patients with CM responded to BoNTA than patients with CTTH. The group non responders treated with neuraltherapy with successful. Headaches that were predominantly unilateral in location, presence of scalp allodynia, and pericranial muscle tenderness appear to be predictors of response to BoNTA in CM, whereas in CTTH, pericranial muscle tenderness may be a predictor of response to neuraltherapy.

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