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Comparison of Craniosacral Therapy and Myofascial Relaxation Techniques in People with Migraine Headache: A Randomized Controlled Study

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Abstract

Objective:
The primary objective of this study was to investigate the impact of myofascial release and craniosacral therapy on the quality of life, pain levels, and range of motion (ROM) in patients with chronic migraine headaches. The secondary aim of this study was to develop a migraine treatment protocol using current craniosacral techniques.

Methods:
Patients with chronic migraine in the Neurology Department of ALKU Hospital were randomly allocated to 3 therapy groups: (1) Craniosacral Treatment Craniosacral Techniques (CST) + Medical Treatment (MT) (CST group) (n = 24), (2) myofascial treatment (MFT) (n = 24) + MT (MFT group), and (3) MT (control group) only (n = 26). Visual Analog Scale (VAS) for pain, FONSECA for temporomandibular disorder symptom intensity, 24 Hours Quality of Life Questionnaire Scales for quality of life, and Migraine Disability Assessment Score for impairment, Goniometer for Cervical ROM were used for the disability level. Follow-up scores were collected 4 times: at pretreatment (T0), immediately post-treatment (T1), 1 month (T2), and 3 months after treatment ended (T3).

Results:
Changes were found in T0 to T1 treatment results, VAS, and ROM angles between the groups. In intragroup evaluations, 24 Hours Quality of Life Questionnaire changes were observed only in the CST group at T0 to T1 to T2 periods (P = .011) while Migraine Disability Assessment Score scores were significantly changed in all groups. Significant changes were also observed in both VAS scores and FONSECA scores of the CST and MFT groups whereas VAS scores decreased significantly, especially in the T0 to T1 to T2 to T3 periods (P < .05). In the evaluation of FONSECA scores both within and between groups, it was observed that the most

significant decrease was in the T2 period and there was a difference between the groups (P = .015).

Conclusion:
For the participants in this study, CST and MFT techniques reduced migraine headache, temporomandibular disorder level, drug consumption, and functional disability levels, and increased cervical region ROM. These results suggest that CST techniques could be considered in migraine treatment as one of the clinical practical applications within the framework of a certain protocol.