

Injection collagen therapy in tension headaches

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The masticatory muscles form a functional and developmental group innervated by the third branch of the trigeminal nerve, making their contraction influenced by emotions. Pain sensations transmitted within the trigeminal nerve's innervation area can lead to diagnostic errors in differentiating headaches. Psychological tension is the main cause of bruxism, and increased muscle tension results from stress.

The masticatory muscles include the masseter, temporal, and upper lateral pterygoid muscles. The sternocleidomastoid muscle also plays a significant role in headaches associated with masticatory system dysfunctions.

Collagen injections serve as a biologically active scaffold, inducing repair and promoting new tissue formation. Tropocollagen supports and protects tissues. Accurate diagnosis is crucial because tropocollagen injections work locally. Myofascial pain from overload or injury responds to these injections. For referred pain, identifying its source is necessary, as injecting the perceived pain site may not be effective.

Tropocollagen injections balance degradation and regeneration, restoring structural integrity, elasticity, and tissue strength. They stimulate fibroblast migration and proliferation, increasing type I collagen synthesis and other connective tissue factors.

Studies show that intramuscular collagen injections reduce myofascial pain in the masseter muscles more effectively than lidocaine, decreasing muscle activity and pain intensity. Collagen supports regeneration, reduces cell death, increases cell proliferation, and aids in nerve myelination. After muscle injuries, increased collagen production confirms its role in regeneration.

Tropocollagen injections appear to be a promising support in treating tension headaches of masticatory origin. Headaches require meticulous diagnosis, but for tension headaches, tropocollagen may prove to be an effective solution.

References

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