

Beware Seductive Theories

Beware lest any man spoil you through philosophy and vain deceit, after the tradition of men, after the rudiments of the world, and not after Christ.

Colossians 2:8. {UL 152.1}

At this time—the last days of this earth’s history—we are to make the book of Revelation a special study. Why? Because it depicts the scenes that we are to meet. We need to understand what we are to meet, and how we are to meet it. We must know what efforts we are to make, so that in this perilous time we shall not be taken by the enemy’s devices. We know that the last great conflict will be Satan’s most determined effort to accomplish his purposes. He will come, not only as a roaring lion, but as a seducer, clothing sin with beautiful garments of light that he may take human beings in his snare. {UL 152.2}

The Lord desires us to realize that it is of great importance that we stand in these last days upon the platform of eternal truth. Those who think that the church militant is the church triumphant make a great mistake. **The church militant will gain great triumphs, but it will also have fierce conflicts with evil that it may be firmly established upon the platform of eternal truth. And every one of us should be determined to stand with the church upon this platform....** {UL 152.3}

There are those today who call the Revelation a sealed book. [It is a mystery,] but it is a mystery unfolded. **We need to understand what it tells us in regard to the scenes that are to take place in the last days of this earth’s history. The enemy will bring in everything that he possibly can to carry out his deceptive designs. Are they not lacking in wisdom who have no desire to understand in regard to the things that are to take place on this earth? ...** {UL 152.4}

In a representation which passed before me, I saw a certain work being done by medical missionary workers. Our ministering brethren were looking on, watching what was being done, but they did not seem to understand. The foundation of our faith, which was established by so much prayer, such earnest searching of the Scriptures, was being taken down, pillar by pillar. Our faith was to have nothing to rest upon—the sanctuary was gone; the atonement was gone.... {UL 152.5}

Do you wonder that I have something to say, when I see the pillars of our faith beginning to be moved? Seductive theories are being taught in such a way that we shall not recognize them unless we have clear spiritual discernment.—

Manuscript 46, May 18, 1904, “The Foundation of Our Faith,” a talk given at Berrien Springs, Michigan. {UL 152.6}

Come Thou Fount of Every Blessing

Come, Thou Fount of every blessing
Tune my heart to sing Thy grace
Streams of mercy, never ceasing
Call for songs of loudest praise
Teach me some melodious sonnet
Sung by flaming tongues above
Praise the mount, I'm fixed upon it
Mount of Thy redeeming love

Here I raise my Ebenezer
Here there by Thy great help I've come
And I hope, by Thy good pleasure
Safely to arrive at home
Jesus sought me when a stranger
Wandering from the fold of God
He, to rescue me from danger
Interposed His precious blood

Oh, that day when freed from sinning
I shall see Thy lovely face
Clothed then in the blood washed linen
How I'll sing Thy wondrous grace
Come, my Lord, no longer tarry
Take my ransomed soul away
Send Thine angels now to carry
Me to realms of endless day

Oh, to grace how great a debtor
Daily I'm constrained to be
Let that goodness like a fetter
Bind my wandering heart to Thee
Prone to wander, Lord, I feel it
Prone to leave the God I love
Here's my heart, oh, take and seal it
Seal it for Thy courts above

Here's my heart, oh, take and seal it
Seal it for Thy courts above

OPENING PRAYER

The Lord desires us to realize that it is of great importance that we stand in these last days upon the platform of eternal truth. Father let this be our prayer. In Jesus name we pray, Amen.

HEALTH MESSAGE

10 Types of Headaches and How to Treat The

Many of us are familiar with some form of the throbbing, uncomfortable, and distracting pain of a headache. There are different types of headaches.

- **tension headaches**
- **cluster headaches**
- **migraine headaches**
- **allergy or sinus headaches**
- **hormone headaches**
- **caffeine headaches**
- **exertion headaches**
- **hypertension headaches**
- **rebound headaches**
- **post-traumatic headaches**

The World Health Organization points out that nearly everyone experiences a headache occasionally.

Although headaches can be defined as pain “in any region of the head,” the cause, duration, and intensity of this pain can vary according to the type of headache.

In some cases, a headache may require immediate medical attention. Seek immediate medical care if you are experiencing any of the following alongside your headache:

- **stiff neck**
- **rash**
- **the worst headache you have ever had**
- **vomiting**
- **confusion**
- **slurred speech**
- **any fever of 100.4°F (38°C) or higher**
- **paralysis in any part of your body or visual loss**

If your headache is less severe, read on to learn how to identify the type of headache you may be experiencing and what you can do to ease your symptoms.

The most common primary headaches

Primary headaches occur when the pain in your head *is* the condition. In other words, your headache is not being triggered by something that your body is dealing with, like illness or allergies.

These headaches can be **episodic** or **chronic**:

- **Episodic headaches** may occur every so often or even just once in a while. They can last anywhere from half an hour to several hours.

- **Chronic headaches** are more consistent. They occur most days out of the month and can last for days at a time. In these cases, a pain management plan is necessary.

1. Tension headaches

If you have a tension headache, you may feel a dull, aching sensation all over your head. It is not throbbing. Tenderness or sensitivity around your neck, forehead, scalp, or shoulder muscles also might occur.

Anyone can get a tension headache, and they are often triggered by stress.

An **over-the-counter (OTC)** pain reliever may be all it takes to relieve your occasional symptoms. This includes:

- aspirin
- ibuprofen (Advil)
- naproxen (Aleve)
- acetaminophen, like Excedrin Tension Headache
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If **OTC** medications are not providing relief, your doctor may recommend prescription medication. This can include indomethacin, meloxicam (Mobic), and ketorolac.

When a tension headache becomes chronic, a different course of action may be suggested to address the underlying headache trigger.

2. Cluster headaches

Cluster headaches are characterized by severe burning and piercing pain. They occur around or behind one eye or on one side of the face at a time. Sometimes swelling, redness, flushing, and sweating can occur on the side that is affected by the headache. Nasal congestion and eye tearing also often occur on the same side as the headache.

These headaches occur in a series. Each individual headache can last from **15 minutes to three hours**. Most people experience one to four headaches a day, usually around the same time each day, during a cluster. After one headache resolves, another will soon follow.

A series of cluster headaches can be daily for months at a time. In the months between clusters, individuals are symptom-free. Cluster headaches are more common in the spring and fall. They are also three times more common in men.

Doctors are not sure what causes cluster headaches, but they do know some effective ways to treat the symptoms. Your doctor may recommend oxygen therapy, sumatriptan (**Imitrex**) or local anesthetic (**lidocaine**) to provide pain relief.

After a diagnosis is made, your doctor will work with you to develop a prevention plan. **Corticosteroids, melatonin, topiramate** (**Topamax**), and **calcium** channel blockers may put your cluster headaches into a period of remission.

3. Migraine

Migraine pain is an intense pulsing from deep within your head. This pain can last for days. The headache significantly limits your ability to carry out your daily routine. Migraine is throbbing and usually one-sided. People with migraine headaches are often sensitive to light and sound. Nausea and vomiting also usually occur.

Some migraine is preceded by visual disturbances. About one out of five people will experience these symptoms before the headache starts. Known as an aura, it may cause you to see:

- **flashing lights**
- **shimmering lights**
- **zigzag lines**
- **stars**
- **blind spots**

Auras can also include tingling on one side of your face or in one arm and trouble speaking. However, the symptoms of a stroke can also mimic a migraine, so if any of these symptoms are new to you, you should seek immediate medical attention.

Migraine attacks might run in your family, or they can be associated with other nervous system conditions. Women are three times more likely to develop migraine than men. People with **post-traumatic stress disorder** also have an increased risk for migraine.

Certain environmental factors, such as **sleep disruption, dehydration, skipped meals, some foods, hormone fluctuations**, and exposure to **chemicals** are common migraine triggers.

If **OTC** pain relievers do not reduce your migraine pain during an attack, your doctor might prescribe triptans. **Triptans** are drugs that decrease inflammation and change the flow of blood within your brain. They come in the form of **nasal sprays, pills, and injections**.

Popular options include:

- **sumatriptan (Imitrex)**
- **rizatriptan (Maxalt)**
- **rizatriptan (Axert)**

If you experience headaches that are debilitating more than three days a month, headaches that are somewhat debilitating four days a month, or any headaches at least six days per month, talk to your doctor about taking a daily medication to prevent your headaches.

Research shows that preventative medications are significantly underused. Only **3** to **13** percent of those with migraine take preventive medication, while up to **38** percent actually need it. Preventing migraine greatly improves quality of life and productivity.

Useful preventative medications include:

- **propranolol (Inderal)**
- **metoprolol (Toprol)**
- **topiramate (Topamax)**
- **amitriptyline**

The most common secondary headaches

Secondary headaches are a symptom of something else that is going on in your body. If the trigger of your secondary headache is ongoing, it can become chronic. Treating the primary cause generally brings headache relief.

4. Allergy or sinus headaches

Headaches sometimes happen because of an allergic reaction. The pain from these headaches is often focused in your sinus area and in the front of your head.

Migraine headaches are commonly misdiagnosed as sinus headaches. In fact, up to **90 percent** of “sinus headaches” are actually migraine. People who have chronic seasonal allergies or sinusitis are susceptible to these kinds of headaches.

Sinus headaches are treated by thinning out the mucus that builds up and causes sinus pressure. Nasal steroid sprays, **OTC** decongestants such as phenylephrine (Sudafed PE), or antihistamines such as cetirizine (Zyrtec D Allergy + Congestion) may help with this.

A sinus headache can also be a symptom of a sinus infection. In these cases, your doctor may prescribe antibiotics to clear the infection and relieve your headache and other symptoms.

5. Hormone headaches

Women commonly experience headaches that are linked to hormonal fluctuations. Menstruation, birth control pills, and pregnancy all affect your estrogen levels, which can cause a headache. Those headaches associated specifically with the menstrual cycle are also known as menstrual migraine. These can occur right before, during, or right after menses, as well as during ovulation.

OTC pain relievers like naproxen (*Aleve*) or prescription medications like frovatripan (*Frova*) can work to control this pain.

It's estimated that about 60 percent of women with migraine also experience menstrual migraine, so alternative remedies may have a role in decreasing overall headaches per month. Relaxation techniques, yoga, acupuncture, and eating a modified diet may help prevent migraine headaches.

6. Caffeine headaches

Caffeine affects blood flow to your brain. Having too much can give you a headache, as can quitting caffeine “cold turkey.” People who have frequent migraine are at risk of triggering a headache due to their caffeine use.

When you are used to exposing your brain to a certain amount of caffeine, a stimulant, each day, you might get a headache if you do not get your caffeine fix. This may be because caffeine changes your brain chemistry, and withdrawal from it can trigger a headache.

7. Exertion headaches

Exertion headaches happen quickly after periods of intense physical activity. Weightlifting, running, and sexual intercourse are all common triggers for an exertion headache. It is thought that these activities cause increased blood flow to your skull, which can lead to a throbbing headache on both sides of your head.

An exertion headache should not last too long. This type of headache usually resolves within a few minutes or several hours. Analgesics, such as aspirin and ibuprofen (Advil), should ease your symptoms.

If you develop exertion headaches, make sure to see your doctor. In some cases, they may be a sign of a **serious underlying medication condition**.

8. Hypertension headaches

High blood pressure can cause you to have a headache, and this kind of headache signals an emergency. This occurs when your blood pressure becomes dangerously high.

A hypertension headache will usually occur on both sides of your head and is typically worse with any activity. It often has a pulsating quality. You may also experience changes in vision, numbness or tingling, nosebleeds, chest pain, or shortness of breath.

If you think you're experiencing a hypertension headache, you should seek immediate medical attention.

You're more likely to develop this type of headache if you're treating high blood pressure.

These types of headaches typically go away soon after the blood pressure is under better control. They should not reoccur as long as high blood pressure continues to be managed.

9. Rebound headaches

Rebound headaches, also known as medication overuse headaches, can feel like a dull, tension-type headache, or they may feel more intensely painful, like a migraine.

You may be more susceptible to this type of headache if you frequently use **OTC** pain relievers. Overuse of these medications leads to more headaches, rather than fewer.

Rebound headaches are likelier to occur any time **OTC** medications like acetaminophen, ibuprofen, aspirin, and naproxen are used more than 15 days out of a month. They are also more common with medications that contain caffeine.

The only treatment for rebound headaches is to wean yourself off of the medication that you've been taking to control pain. Although the pain may worsen at first, it should completely subside within a few days.

A good way to prevent medication overuse headaches is to take a preventative daily medicine that does not cause rebound headaches and prevents the headaches from occurring to begin with.

10. Post-traumatic headaches

Post-traumatic headaches can develop after any type of [head injury](#). These headaches feel like migraine or tension-type headaches, and usually last up to **6** to **12** months after your injury occurs. They can become chronic.

Triptans, [sumatriptan](#) (Imitrex), **beta-blockers**, and [amitriptyline](#) are often prescribed to control the pain from these headaches.

When to see your doctor

In most cases, episodic headaches will go away within **48** hours. If you have a headache that lasts more than two days or that increases in intensity, you should see your doctor for assistance.

If you are getting headaches more than **15** days out of the month over a period of three months, you might have a chronic headache condition. You should see your doctor to find out what is wrong, even if you are able to manage the pain with aspirin or ibuprofen.

CLOSING THOUGHTS: The church militant will gain great triumphs, but it will also have fierce conflicts with evil that it may be firmly established upon the platform of eternal truth. And every one of us should be determined to stand with the church upon this platform.

CLOSING PRAYER: At this time -- the last days of this earth's history -- we are to make the book of Revelation a special study. Why? Because it depicts the scenes that we are to meet. We need to understand what we are to meet, and how we are to meet it. Father let this be our prayer. In Jesus precious name, Amen.

