

# Top Ten Tips For Mastering Migraines



If you are a migraine sufferer, my heart goes out to you. Those who have never experienced the trauma of a migraine can't appreciate what a migraine sufferer typically goes through. But the good news is that there are ways to minimize—and even prevent—the recurrence of migraines.

## What Is Migraine?

Migraine is an episodic headache disorder affecting as many as 10 percent of our world's population. As far back in history as 3000 BC, migraine has been written about a part of life in major civilizations. It's described as a neurological syndrome that includes severe headaches, nausea and altered bodily perceptions. The typical migraine is unilateral, meaning that it affects one half of the head. It is characterized by pulsating or throbbing pain, lasting anywhere from 4-72 hours. Other symptoms may include vomiting, increased sensitivity to light and sound, and even impaired vision.



About 1/3 of migraine sufferers also perceive an aura, which can be described as unusual visual, olfactory and other signs that may indicate the impending onset of a migraine. This is known as *Familial Hemiplegic Migraine (FHM)*.

Some migraines are genetic in nature, or inherited. Studies of twins indicate a 60 to 65 percent genetic influence upon their propensity to develop migraine. It's also significant to note that before puberty, an equal number of boys and girls have been found to experience migraines. But extensive studies indicate that from adolescence on, 75 percent of adult patients are women, with fluctuating hormone levels indicating a relation to migraine. Estimates are that at least 1/3 of women suffer from migraines.



genetic in nature, or inherited. 60 to 65 percent genetic influence develop migraine. It's also before puberty, an equal number of boys and girls have been found to experience migraines. But that from adolescence on, 75 percent of adult patients are women, with fluctuating hormone levels indicating a relation to migraine. Estimates are that at least 1/3 of women suffer from migraines.

The cause of migraine is unknown. But we have found there are definite connections between lifestyle, genetic factors, gender and overall wellness—That when taken into consideration, can affect the outcome for the sufferer. Traditionally, Initial treatment has been done with analgesics for the headache, an anti-emetic for the nausea, and the avoidance of triggering conditions.

NSAIDS, or non-steroidal anti-inflammatory drugs such as Ibuprofen and Acetaminophen, may help lessen symptoms of headache. Naproxen has also been found to abort about one-third of attacks—but in some advanced cases, antidepressants and even steroids may be prescribed.

But there are other options for you if you suffer from migraines. In many cases, sufferers can decrease the severity of their symptoms—and even eliminate chronic migraines. If you suffer from them, isn't right now a great day to take charge and master them? Don't let them keep your quality of life in the tank! Here are some solutions known to have a significant, positive effect on your condition...



## Mastering the Migraine

Here I've briefly cut to the chase of the migraine issue. Following these tips will have a direct impact on the frequency and severity of your migraines:

### Tip #1

**Diet** We are what we eat. And that directly affects your predisposition to migraines as well. Food allergies are major contributors to physical problems in both men and women, but women tend more toward lactose intolerance. Avoid dairy, cheeses and milk items. Tip #2 includes a list of items to avoid. Mainly, stick with light meals made up of fresh foods, not processed. And make sure you spread eating out over several times per day, to keep your blood sugar levels stable. Low blood sugar is a migraine trigger and fruits or other fresh foods will bring the levels back up quickly. They will also keep levels up longer without spikes in blood sugar levels...which will occur with junk food.

### Tip #2

**Stuff To Avoid** Do your best to stay away from these if you suffer from migraines—they aggravate the condition and in some cases, may bring it on: Chocolate, excess caffeine, alcohol, monosodium glutamate (MSG) (found in many bottled sauces, Chinese foods and even bouillon). Dairy products, processed foods with nitrates, and many condiments should also be avoided.

### Tip #3

**Exercise** Regular aerobic exercise is a migraine's natural enemy. If you don't regularly exercise, try starting out with 30 minutes 3 times per week, and work up from there. Exercise strengthens your muscles, bones and cardiovascular system, and the take-away is that regular exercise will help combat migraine episodes. The greatest benefit is that you're building up and

maintaining the heart muscle—and migraines are linked to a higher incidence of cardiovascular disease than for non-sufferers. You can find exercise routines and protocols to fit every lifestyle and schedule, and getting started should be easy.

## Tip #4

**Breathing** This is an often-overlooked but crucial way to help fend off migraines. I don't just mean regular breathing, but Deep, Diaphragmatic Breathing (the 1-3-2 Breathing program)—that can have an absolutely magic effect on your ability to get stronger, fight disease, and take the migraines away! One of the best books ever written on 1-3-2 breathing lays it all out, and the book is inexpensive: *Slimmer Younger Stronger* by Samuel Varner is highly recommended—and it's available through Amazon.com or your local library.

## Tip #5

**Relaxation** This is easily ignored but critical to freedom from migraines. The primary thing is to separate yourself from noisy, harsh environments that “jangle” your nerves and create tension. This can be done as simply as going into your bedroom, drawing the shades, and lying still for a half-hour. Or you can try yoga techniques, listening to soothing, quiet music (there is also a direct link between migraine sufferers and increased cognitive abilities!), or letting your mind move away from emotional or tense thoughts. Or, you can try biofeedback (See tip #10). Any way you do it, relaxation naturally helps.

## Tip #6

**Sleep Patterns** Lack of sleep has been linked to migraine activity and a number of other health-related issues in almost every major area of wellness. Don't cheat yourself on sleep. For the majority of people, 7-8 hours are essential.

## Tip #7

**Weight Control** You knew this was coming, because exercise and weight are partners, aren't they? Weight can have a direct bearing on your propensity toward migraines, primarily due to physical fatigue. Losing excess weight will go a long way toward renewing that strength. **Important Note** – Even though hypertension (high blood pressure) has been a mitigating factor in many migraine cases, it's not a good trade-off for your overall health. There is also a direct link between migraines and weight control. You will be healthier with the less excess.



## Tip #8

**Supplementation** You've read about all the over-the-counter meds for migraines, but there are alternatives. Two that I'll mention here are:

- *Lemongrass*: One of the most common medicinal uses of lemongrass has been for headache relief. It's proven to be at least as effective as aspirin – only safer. Read more.
- *Niacin*: Niacin has a beneficial effect on the nervous system. In a case study consisting of 21 migraine patients already being treated for migraines, tests were conducted administering niacin in doses varying from 25 to 150 mg. per dose. In 17 out of the 21 patients, results were positive in greatly lessening their migraine attacks.

## Tip #9

**Hormonal Factors** Since the majority of migraine sufferers are women, many studies have been conducted on the link between migraines and estrogen levels. It is likely that changes in estrogen levels prior to the onset of the menstrual period are responsible for the premenstrual migraine. Migraines have been found to result from a drop in serum estrogen levels—so consult with your doctor if you are using contraceptives or any form of estrogen therapy, such as HRT. Balancing those levels can be key to preventing further attacks.

## Tip #10 Biofeedback

**And Neurofeedback** Over a 6-month period, biofeedback and neurofeedback treatments were given to migraine patients. 70% showed a 50% reduction in migraine attacks, and results are promising for aborting episodic migraines, and preventing them from becoming chronic.



There is also a very effective system available online—*Mastering Migraines and Headaches*. Dr. Mark Wiley suffered from migraines for 27 years before finally finding a solution to the problem. To learn more about his approach, visit [www.mark-wiley.com](http://www.mark-wiley.com).

### References:

"Deciphering Migraine," Takahiro Takano and Maiken Nedergaard, *The Journal of Clinical Investigation*, Vol. 119 No. 1, Jan. 2009.

"The Treatment of Migraines and Tension-Type Headaches with Intravenous and Oral Niacin, et al," Jonathan Prousky and Dugald Seely, *Nutrition Journal* 2005, 4:3 doi:10.1186/1475-2891-4-3, Jan. 2005.

"The Postdrome of the Acute Migraine Attack," L. Kelman, Headache Center of Atlanta, *Cephalalgia*, Vol. 26, No. 2, 214-220 (2006) DOI: 10.1111/j.1468-2982.2005.01026.x

"The Minicolumnopathy of Autism: a Link between Migraine and Gastrointestinal Symptoms," Manuel F. Casanova, MD, *Med Hypotheses*, 2008; 70(1): 73–80. doi:10.1016/j.mehy.2007.04.025.

Varner, Samuel, CSCS, "Slimmer Younger Stronger," Element Books, Inc., Boston, MA, 2000.

Stokes & Lappin: Neurofeedback and biofeedback with 37 migraineurs: a clinical outcome study, *Behavioral and Brain Functions*, 2010, 6:9

Stovner LJ, Zwart JA, Hagen K, Terwindt GM, Pascual J (April 2006). "Epidemiology of headache in Europe". *European Journal of Neurology* 13 (4): 333–45. doi:10.1111/j.1468-1331.2006.01184.x. PMID 16643310.

The International Classification of Headache Disorders, 2nd Edition.

"NINDS Migraine Information Page". National Institute of Neurological Disorders and Stroke, National Institutes of Health. <http://www.ninds.nih.gov/disorders/migraine/migraine.htm>. Retrieved 2007-06-25.

"Advances in Migraine Prophylaxis: Current State of the Art and Future Prospects" (PDF). National Headache Foundation (CME monograph). <http://www.headaches.org/pdf/botoxcme.pdf>. Retrieved 2007-06-25.

Gallagher RM, Cutrer FM (February 2002). "Migraine: diagnosis, management, and new treatment options". *The American Journal of Managed Care* 8 (3 Suppl): S58–73. PMID 11859906. <http://www.ajmc.com/pubMed.php?pii=363>.

"Guidelines for all healthcare professionals in the diagnosis and management of migraine, tension-type, cluster and medication-overuse headache, January 2007, British Association for the Study of Headache," NASH/BASH Guidelines, 2007.

Ogilvie AD, Russell MB, Dhall P, et al. (January 1998). "Altered allelic distributions of the serotonin transporter gene in migraine without aura and migraine with aura". *Cephalalgia* 18 (1): 23–6. doi:10.1046/j.1468-2982.1998.1801023.x. PMID 9601620.

Gervil M, Ulrich V, Kaprio J, Olesen J, Russell MB (September 1999). "The relative role of genetic and environmental factors in migraine without aura". *Neurology* 53 (5): 995–9. PMID 10496258.

Ulrich V, Gervil M, Kyvik KO, Olesen J, Russell MB (March 1999). "The inheritance of migraine with aura estimated by means of structural equation modelling". *Journal of Medical Genetics* 36 (3): 225–7. PMID 10204850. PMC 1734315.

Lay CL, Broner SW (May 2009). "Migraine in women". *Neurologic Clinics* 27 (2): 503–11. doi:10.1016/j.ncl.2009.01.002. PMID 19289228.

Headache Classification Subcommittee of the International Headache Society (2004). "The International Classification of Headache Disorders: 2nd edition". *Cephalalgia* 24 Suppl 1: 9–160. doi:10.1111/j.1468-2982.2004.00653.x. PMID 14979299.

Kelman L (October 2004). "The premonitory symptoms (prodrome): a tertiary care study of 893 migraineurs". *Headache* 44 (9): 865–72. doi:10.1111/j.1526-4610.2004.04168.x. PMID 15447695.

Dahlem MA, Engelmann R, Löwel S, Müller SC., Does the migraine aura reflect cortical organization? *Eur J Neurosci.* 12:767-70, 2000.

Silberstein, Stephen D. (2005). *Atlas Of Migraine And Other Headaches*. London: Taylor & Francis Group. ISBN 1-84214-273-9.