

This Report is brought to you by...



# The WOW Experience

Overdelivery is our Specialty!

Where Vision and Value Go Hand in Hand with Information and Opportunity!

Other Companies Make Promises -- We Make Dreams Come True!  
We Offer QUALITY CONTENT in Every WAY, TYPE and FORM

- Exclusive WOW Private Label Releases
- Private Label Products
- Public Domain Products
- Master Resale Rights eBooks
- Master Resale Rights Software
- Bestselling Audio eBooks by Top Authors
- Non-Fiction Audio eBooks
- Exclusive WOW Affiliate Products
- Resale Rights Products
- Exclusive WOW Private Label Reports
- eBook to Audio Conversion Software
- Resale Rights Generation Software



And, of course, if you want it all tied up in a neat website package, with *all the work done for you*, we have our NEW [Niche Empire Builder Software](#) – the Niche Real Estate Business Builder's Dream Come True!



## Niche Empire Builder

The Complete Done-it-For-You Niche Real Estate Business Builder's Dream Come True!

[www.the-wow-empire.com](http://www.the-wow-empire.com)



## The WOW Content Club

Your Full Spectrum Content Provider

If Content Is King,  
The WOW Content Club is the Kingdom  
You Have Been Searching For!

[www.wow-content-club.com](http://www.wow-content-club.com)



## WOW Profit Packs

Help Yourself to Hundreds of Brand New, Blockbuster Products at Bargain Basement Prices!

[www.WOWProfitPacks.com](http://www.WOWProfitPacks.com)

Enjoy this Free Niche Report, compliments of WOW Enterprises  
For Many More Free Reports, simply click on the links below.

[www.TheWOWExperience.com](http://www.TheWOWExperience.com)

[www.NicheEmpireBuilder.com](http://www.NicheEmpireBuilder.com)

[www.WOW-Content-Club.com](http://www.WOW-Content-Club.com)

[www.WOWProfitPacks.com](http://www.WOWProfitPacks.com)

# Everything You Ever Wanted to Know About MIGRAINES

## Topics Covered:

A Brief History of Migraines

What is a Migraine?

The Various Kinds of Migraines

Essential Information You Should Know Concerning Migraines and Women

Kids and Migraines

Migraine and the Arts

Famous Migraine Sufferers

All About Auras

Migraine Myths and Reality

Migraines and Exercise

Sinus Headache or Migraine?

Quick Answers to the Most Common Migraine Questions

Rare Forms of Migraines

# Everything You Ever Wanted to Know About MIGRAINES

## A Brief History of Migraines

How long have migraines been around? Contrary to the beliefs of many, migraines are not a new disease, only a newly-named. In fact, based on the symptoms, it appears that migraines are among the oldest diseases known to mankind.

Conditions that have been linked to migraines were described in detail in Babylonian writings dating back to 3000 BC, and papyrus scrolls dated from around 1550 BC that were found buried alongside a mummy in Thebes contain even more detailed accounts that are remarkably similar to what modern migraine sufferers describe. Even the Father of Medicine himself, Hippocrates, described what are clearly migraines in 460 BC, when he described a shining light that was typically seen in one eye and followed by severe pain that started in temples and worked its way to encompass the rest of the head and down into the neck.

Hippocrates was also well ahead of his time by being the first to correlate head pain with exercise and seven sexual intercourse. Of course, Hippocrates also attributed migraines to vapors making their way up to the head from stomach and thought that the headache pain could be relieved by throwing up.

The Ebers Papyrus, named after George Ebers who obtained it, dates back to at least 1200 BC is an encyclopedic compilation of various prescriptions and medical treatments, including one for shooting pains in the head consistent with modern day migraine headaches. According to the instructions on the papyrus, Egyptians were to use a strip of linen to tie a clay crocodile holding grain in its mouth to the head of the patient. On the linen were written the names of those gods that the Egyptians believed could cure their ailments.

As in so many things, the Egyptians may have been preternaturally aware of modern techniques because it is believed that this procedure could possibly have brought relief to the headache sufferer by compressing the scalp and collapsing the blood vessels that were causing the pain. At the very least it made more sense than the previous Egyptian cure for head pain, which was to simply rub a fried fish on afflicted side of the head.

Plato is considered one of the all-time great thinkers the world has ever produced, up there in the pantheon of great philosophers. And yet he seems to have been so wrong about so many things, including migraines. As far as Plato was concerned, head pain was caused by people paying too much attention to the body.

In fact, Plato seems to be in that camp that thinks migraine sufferers are a bunch of whiners and that it's all in their heads, but not in their expanding and constricting blood vessels. It may be time to start second-guessing this whole idea of Plato being really, really smart.

Hua T'o was a Chinese surgeon in the second century who is given credit for the invention of anaesthetic drugs among other things. He was also perhaps the first to take to acupuncture needles to cure migraines. In one particularly infamous and, hopefully, quite rare case, when Hua used a needle to carve a tumor out of patient suffering from pain between his eyes a canary flew out. The man not only lived, but was also cured of his pain.

Hildegard of Bingen was a medieval nun and mystic who began experiencing visions at an early age. Her visions eventually led her to write several books on health and medicine and natural remedies. Both her written accounts and the illustrations she drew that reflected her visions have led the belief that those visions may have been the result of migraine auras. Her visions were detailed and vivid, as were her descriptions and she has built a significant following who consider her to be the first migraine-inspired artist.

The typical treatment of migraines during Hildegard's time during the Middle Ages basically consisted of opium and vinegar solutions applied to the skull, with the vinegar thought to have been used to open the pores of the scalp so that the opium would be more quickly absorbed.

Centuries, if not millennia, from now people may be reading a history of migraine treatment and shake their head when they reach the 21st century. Could treating with the ingredients found in medication one day be laughed at in the same way as we might laugh at the idea of treating it by rubbing a fried fish on our head?

## **What is a Migraine?**

We've all heard the term before, but what exactly is a migraine headache? And how does it differ from other types of headaches?

One way to tell it's a migraine is by the length of time it lasts. A migraine isn't going to go away in a half-hour. Unless you are very, very, very lucky. Chances are your headache, if it truly is a migraine, is going to last anywhere from four to seventy-two hours. Yes, that's right. Seventy or more hours is not common, but neither is unheard-of. Should your headache last that long, of course, you should be in the emergency room. Don't wait nearly that long to seek medical attention.

A migraine usually isn't just a headache. Which is to say that one or more of the following usually accompanies a migraine: nausea, vomiting, extreme pain, sensitivity to lights, and auras. It is the aura component, perhaps, that most especially defines and differentiates a migraine, though, it must be admitted, some people do suffer migraines without experiencing auras.

Therein lies the difficulty of treating migraines: No two are quite alike. Another person suffering from their own version of a migraine may never experience the symptoms you may experience with every migraine.

No reliable records on the number of people who suffer from migraines has ever been compiled, but it has been estimated that worldwide the number of sufferers could be as high as

100 million, though that number is definitely on the high end of estimations. Migraines are not limited to adults, either. Unfortunately, many children suffer from migraines. Regardless of how many migraine sufferers there really are, almost all estimates agree that two-thirds of migraine patients are women.

Actually, to speak of a migraine headache is somewhat misleading. In fact, there are really two types of migraines, the common migraine and the classic migraine. Although there are differences, both result from the dilation, or expanding, of blood vessels that had become constricted due to the release of serotonin. This dilation causes pain in the nerves. Both types can occur as infrequently as a few times a year or as often as a few times a week.

The common migraine is the slower to develop and is often preceded feelings of anxiety, depression or tiredness. In addition, you may find yourself subject to irritability, sudden cravings or bouts of unexplained yawning before the onset of a common migraine. Once the headache begins, a common migraine is almost always limited to just one side of the head.

The classic migraine develops in a much more complex way. In fact, there are four stages in the onset of a classic migraine headache: prodrome, aura, headache, and postheadache.

The prodrome stage, like the beginning of a common migraine, may begin with feelings of fatigue, irritability, or depression. The prodrome stage takes about 24 hours before it slides into the aura stage.

The aura stage involves an expanding area of blindness caused the narrowing of blood vessels. The blind area is girdled by a shimmering border that may increase to include up to half your field of vision in each eyes. In addition, often there are visual disturbances such as bright spots, flashing lights, zigzagging lights. Sometimes sufferers also experience burning sensations or a weakness on one side of their body. Generally, this stage lasts anywhere from ten minutes to half an hour.

The third stage occurs when those constricted blood vessels dilate and blood literally gushes to the brain. At this point the headache as we think of it really begins with a severe, throbbing pain on one side of the head, though it is not uncommon for the pain to expand to include both sides of the head. The pain often gets magnified by bright lights or loud noises.

The fourth and final stage is the postheadache, characterized by tiredness to the point of outright fatigue.

Migraines differ from tension headaches in that tension headache pain tends to cover the entire head. On the other hand, it's not uncommon for migraine pain to be localized not just on one side of the head, but sometimes in one particular spot of the head, such as at the temple or behind one ear.

## **The Various Kinds of Migraines**

Contrary to popular belief, there is no such thing as a migraine headache. There are, in fact, several kinds of headaches that are symptoms of the disease known as migraine. What follows is the list of the various types of migraines that have been diagnosed. Your choice of treatment will depend in great deal upon which kind of migraine you suffer from.

**Abdominal Migraine** Occurs most typically in children with a family history of migraine. Usually these children grow up to become typical migraine sufferers in adulthood. The attacks are characterized by periodic bouts of abdominal pain lasting for about two hours. Along with the abdominal pain they may have other symptoms such as nausea and vomiting, flushing or pallor.

**Nocturnal Migraine Attacks** usually occur during the early morning hours, most commonly around 4:00 A.M., often the cause of the patient waking up. Studies indicate a possible link to changes in adrenaline levels. An alteration in the sleeping pattern can also provoke an attack.

**Cyclic Migraine Syndrome** Patients with cyclic migraine usually experience ten or more attacks per month. They differ from the similar cluster headache because they last longer aren't associated with the typical cluster symptoms. Patients do have typical migraine symptoms during these headaches. Lithium carbonate has proven helpful in some cases. Thyroid function and the level of medication should be closely monitored with this type of headache.

### **Complicated Migraine**

A migraine aura normally lasts from 20 minutes to an hour, however some sufferers have been known to experience aura symptoms lasting for two days. The aura also typically ends before the headache itself begins. When migraine aura symptoms are prolonged it is referred to as a complicated migraine. There are several forms of these complicated migraine attacks.

There is ophthalmoplegic migraine where patients develop a partial or complete paralysis of the nerves that are needed for eye movement. There is retinal migraine where the patient's visual symptoms occur from the retina itself versus the portion of the brain involved in vision, as is the case for the typical migraine aura.

There is hemiplegic migraine, which can be inherited and has been linked to one of several chromosomes. Patients develop stroke-like symptoms with sensory and/or loss of strength of muscles. There is basilar migraine. Here patients start with a typical migraine aura then progress to developing neurological symptoms related to the bases of the brain called the brainstem. Unlike typical migraine attacks where numbness can occur on one side of the body in this form both sides are affected. The headaches in basilar migraine are often at the back of the head and may result in very severe vomiting.

### **Basilar Migraine**

When migraine affects the circulation in back of the brain or neck, it can cause basilar migraine. Occurs most frequently in young women. Symptoms include dizziness, double vision, vertigo, slurred speech, fainting. Some patients have been known to lose consciousness.

## **Status Migraine**

A migraine that last longer than 72 hours. Repeated doses of dihydroergotamine mesylate (DHE) administered intravenously is one of several medicines that may help to resolve prolonged migraine attacks

## **Hemiplegic Migraine**

Very rare and very severe. The sufferer may experience temporary motor paralysis and sensory disturbances on one side of the body preceding the actual headache, often accompanied by numbness or a pins-and-needles sensation. The neurological symptoms subside along with the head pain. There is typically a family history associated with this particular type of headache.

## **Ocular Migraine**

Also referred to as migraine aura without headache or retinal migraine. Symptoms include repeated attacks of one-sided blind spots or blindness lasting less than an hour and associated with a headache. It is important to rule out eye disease or a disorder of the blood vessels leading to the eye as possible causes.

## **Ophthalmoplegic Migraine**

Very rare and unusual. The pain usually surrounds the eyeball and lasts from a few days to a few months, caused by weakness of the muscles surrounding the eye. It is important to confirm the diagnosis of ophthalmoplegic migraine as similar symptoms can be caused by pressure on the nerves behind the eye.

## **Essential Information You Should Know Concerning Migraines and Women**

Migraines occur far more frequently in women than in men. In fact, in adult women the rate of frequency is roughly fifteen to seventeen percent, whereas in men it is only about five percent.

Studies have concluded that estrogen withdrawal is a key factor in migraines related to menstrual cycles.

Twenty-five to thirty percent of all women in their 30s experience at least an occasional migraine.

Menstrual migraines generally last longer than non-menstrual migraines and often are much more difficult to treat effectively.

Sixty to seventy percent of women who suffer from migraines have menstrual-related migraine.

Ten to fourteen percent of women with migraines have them only during menstruation. These types of headaches are known as 'true menstrual migraine'.

Premenstrual migraine may in fact be part premenstrual syndrome (PMS), the menstrual related mood disorder. Symptoms of PMS include fatigue, irritability or depression, bloating and, yes, headache.

Two-thirds of women who suffered from pre-menopausal migraines find their condition improve with physiologic menopause. On the other hand, it has been found that surgical menopause worsens migraine conditions in two-thirds of cases.

Migraine attacks usually disappear during pregnancy. At the same time, however, some women report an initial onset of migraines during the first trimester of pregnancy, with the disappearance of their headaches after the third month of pregnancy.

### **Treatment options for menstrual migraine**

When choosing to treat menstrual migraines with medication, the drugs used most often are non-steroidal anti-inflammatory medications (NSAIDs). The NSAIDs of choice in treating menstrual migraines are:

- ketoprofen (Orudis)
- ibuprofen (Advil and Motrin)
- fenoprofen calcium (Nalfon)
- naproxen (Naprosyn)
- nabumetone (Relafen)

For best results when using NSAIDs to treat migraines, usage should be started two to three days before menstrual flow actually begins and the therapy should be continued throughout the period. Gastrointestinal side effects are generally not serious enough to be considered because the therapy takes place over such a short period, no pun intended.

For patients who suffer from more severe menstrual migraines or who desire to continue taking oral contraceptives, doctors also recommend taking a NSAID. This therapy should begin 19th day of your cycle and continue through the second day of the next cycle.

Some women have found anti-nausea medicine and pain relievers like aspirin, ibuprofen or acetaminophen sufficient enough to dull the pain. Others trust in analgesics or serotonin agonists such as Imitrex, Zomig, Amerge or Maxalt. When using medications, it is extremely important to be aware of the dangers of avoiding a repetitive pattern of medication or overuse of medication as this can cause rebound headaches.

You might also consider using an estrogen skin patch. This treatment is utilized in the days leading up to your period and may either delay or actually prevent the onset of a menstrual migraine.

Some studies have found that daily doses of magnesium may help menstrual migraines in certain women. In addition, vitamin and herbal treatments have been found to be effective. The herb feverfew or vitamin B2 when taken on a daily basis may reduce

Either the severity or the frequency of headaches, though research does not point to menstrual migraines in particular.

Even though two-thirds of women do report improvement in their migraine condition with the onset of natural menopause, two-thirds of women report a worsening with surgical, therefore neither a hysterectomy nor an ovarian removal are recommended.

As always, you should consult your physician for a proper diagnosis before discontinuing or launching on kind of new treatment, including over-the-counter medication treatments. Every person has a unique health profile that includes aspects specific to their physiology and family history which may preclude them from taking certain medications.

### **Some final tips**

There enough different migraine triggers to fill a book and keeping track of them can be a full time job. It is highly recommended that you keep a trigger diary that includes a record of foods you eat, weather conditions, medications you have taken, stressful events, menstrual activity, etc.

Also of benefit is developing a plan around your period. Reduce stress by planning work and leisure commitments around your cycle so as to cut back on menstrual-related triggers as much as possible.

### **Kids and Migraines**

While migraines are most common in adults, particularly women, children are also prone to developing them. Migraines are not caused by stress or tension, like tension headaches, but rather result from an intricate biochemical process involving the constriction and expanding of blood vessels in the brain. It is estimated that as much as 5% of children are affected by migraine.

Boys and girls equally are affected by migraines when they are very young, but during puberty the shift begins toward females suffering more than males. This shift in teenage girls is due to changes in hormones.

Migraines may be diagnosed in children as young as 4 years of age, though the process of diagnosis of migraines in children is a process of trial and error. Migraines are diagnosed as the cause of headaches only after ruling out more serious causes. In addition, a comprehensive family medical history should be provided, and both a general physical and neurological examination can be expected before diagnosis can be determined as migraines.

Most children who suffer with migraines will have inherited the sickness. Should migraines run in your family, you would be wise to keep an eye on whether your child is experiences any kind of motion sickness. Motion sickness is often seen as an early indicator of the possibility of developing migraines later on. It's very possible, in fact it's quite probable, that there will be a family history of migraines.

In addition, kids who develop migraines experienced colic, nightmares or disturbances in sleeping patterns. The throbbing pain experienced by a children's migraine is often intense enough to interfere with school and other daily activities. You should also be aware that physical activity can exacerbate the situation so make sure your child's school PE teacher is aware of your child's condition.

As with adult migraines, auras may or may not accompany a child's headache. Auras are visual experiences such as flashing points of lights, zigzagging lights, etc. Unlike migraines in adults, however, the duration of migraines usually don't last longer than three or four hours. Some extreme migraines may be accompanied by temporary neurological problems such as an inability to speak, a loss of sensation or even, in rare cases, a loss of consciousness.

Specific to children and migraines is the so-called "Alice in Wonderland" Syndrome. This syndrome involves hallucinations that distort images and shapes, or sometimes causes objects to appear larger or smaller. In fact, one theory has it that Lewis Carroll himself, the author of Alice in Wonderland, suffered from migraines and that the bizarre occurrences in his children's classic is a rendering of his experiences.

Treatment for children's migraines often includes the use of medications. Most children benefit from acetaminophen (Tylenol and other brands), or anti-inflammatory medications such as ibuprofen. If these over the counter medications don't alleviate your child's pain within several hours, you may need to look into the possibility of prescription medication.

Some drugs are used to prevent or lessen the frequency of migraines, while others are used for immediate pain relief. Children can be involved in treatment by keeping a headache diary which may help them to identify factors that "trigger" a headache. They can plan for rest (headaches may be relieved by sleep) and learn to manage stress. Studies have shown that the frequency of migraines may be lessened by the use of biofeedback, relaxation techniques and acupuncture.

In addition, you may want to look into the many non-drug therapies that are available such as stress biofeedback, meditation and stress management. These approaches needn't take the place of medication, they can work in conjunction with medical treatment. Also, don't underestimate the importance of good nutrition, sticking to a solid sleep routine and making sure the child gets enough exercise.

If you suspect that your child may be experiencing migraines, consider making an appointment with your pediatrician after first keeping a migraine journal in which you recorded the following information:

- How many headaches your child had each week.
- Where on the head was the pain located.
- How painful was the headache?
- How long the headache lasted.
- Did any foods, drinks or activities seem to set them off?
- Does your child's headaches affect his/her normal activity?

## **Migraine and the Arts**

Migraine pain is something that anyone who has ever experienced it wouldn't wish on anybody else except her worst enemy. And yet, one can argue that that very same migraine pain has been the genesis of some truly amazing feats of artistic accomplishment. The conventional wisdom is that only great suffering spurs great art. In the case of art created by migraine sufferers, that conventional wisdom may be very wise indeed.

Painters especially have been very effective in taking their pain and translating into great art. The visual disturbances associated with migraine aura lends itself to artistic expression in a wide variety of disciplines, from watercolors to oils and from surrealism to expressionism. The first pictorial evidence of migraine aura symptoms may very well be reflected in the drawings of a medieval mystic known as Hildegard of Bilgen. Hildegard not only translated her visions into art, but also wrote extensively about the disease.

Surrealism especially seems to have been an outlet for painters suffering the effects of migraines. The surrealist painter Georgia de Chirico is on record as having been a migraine sufferer. Salvador Dali is also suspected of having created much of his bizarre images out of visual hallucinations associated with migraine aura.

There are various webs site devoted to what is known as "migraine art" and there have even been migraine art exhibitions. In fact, there have been migraine art competitions in which paintings were judged based on how well the painters translated the following the guidelines from inside their head onto the canvas.

They had to successfully paint their own singular impressions of any form of visual disturbance which heralds a classical migraine attack, the pain associated with a migraine attack, as well as the effect that migraine headaches has had on their lives.

If you're looking for art that may have been inspired by migraines, be sure to check out the following artists:

- Georgia O'Keefe
- William Blake
- Vincent Van Gogh
- Peggy Hoffman
- Neel Kar
- Angela Butt
- Gill Knox
- Sofia Greene
- Molly Barr
- Mark Fitzgerald

Lewis Carroll's "Alice in Wonderland" books are well-known examples of literature inspired by migraines, and probably the most famous. But they are hardly the only books written by migraine sufferers.

Joan Didion's essay "In Bed" is an achingly honest—no pun intended—account of her battle with migraines. Anyone who has ever suffered through the misery of migraines can commiserate with Didion. It's probably one of the most honest and sincere works of literature about any kind of debilitating ailment ever written.

Karla J. Dorman's poem "Lady of the Lights" is a fantastic recreation of the bizarre visual disturbances associated with migraine aura. All of those who have seen flashing lights, shooting stars and zigzagging lines dance before their eyes during the throes of a migraine only to be told that there is no such things as a migraine and it's all in their head will appreciate this honest representation of what Dorman describes as a circus.

H.G. Wells' "The Remarkable Case of Davidson's Eyes" is often thought to have been inspired by migraines.

And then there's music. Generally, music isn't terribly conducive to migraines. After all, sensitivity to noise is a hallmark of migraines and one of its triggers. Of course, one doesn't necessarily have to create music during the midst of a migraine episode. The memory lingers on, as they say. Several really big names in music suffered from migraine headaches, including Gustav Mahler and Elvis Presley. Jeff Tweedy of the group Wilco is well known—documented migraine sufferer who has expressed his pain through music.

In addition, some specific music and songs owe their genesis at least in part to migraines.

- "Migraine" from the album Abrasive by Puddle of Mudd
- "Migraine" from the album Nightfreak and the Sons of Becker by The Coral
- "Migraine" from the album Broken Airplanes by Troubled Hubble
- "Migraine" from the album Sleep No More by DJ Signify
- "Migraine Induced Madness" by Brad Preston. This one was allegedly written by Preston while in the midst of a migraine episode.

## **Famous Migraine Sufferers**

Think you're alone in suffering from migraines? When the really bad ones hit, it certainly seems as you alone are the only suffering. As a matter of fact, however, not only are migraines incredibly common, but some of the most famous and well-known people in history have suffered from this debilitating neurological disease.

Not only have famous people suffered migraines, but some of those people have actually left behind artistic records of their pain and suffering. In fact, Lewis Carroll's timeless children's classics about Alice in Wonderland are thought to have been inspired by Carroll's migraine with auras.

Goodness knows there are precious few, if any, people in this world—whether migraines sufferers or not—who haven't gotten at least a figurative headache from the boneheaded decisions of politicians. But several of the most famous and infamous politicians in history suffered migraines themselves. Among the biggest headache causers and sufferers were

Roman dictator and future salad inspiration, Julius Caesar, and French emperor and future pastry inspiration Napoleon Bonaparte.

With all those cannons and muskets going off, is it any wonder that Thomas Jefferson would get a headache while writing the Declaration of Independence. And talk about your irony, or rather your coincidences: Both the commanding generals on each side of the American Civil War, Robert E. Lee for the Confederacy and Ulysses S. Grant for the Union were both migraine sufferers.

Lewis Carroll wasn't the only writer to suffer from headaches, nor was his the only books to be written in response to effects of migraines. Migraines influenced the work of Virginia Woolf and Miguel de Cervantes. Emily Dickinson even a poem about migraines, utilizing as a metaphor the disease the very apt image of coffin nails.

Even more so than writers, painters have been especially moved to create artwork reflecting their state of mind during the pangs of migraine headaches. Impressionist paintings by Vincent Van Gogh have been variously described as being influenced by cataracts and insanity.

One of the latest theories attributes his unique paint strokes and vivid colors to visual disturbances stemming from migraine auras. The technique of pointillism—large images created by the eye piecing together small dots of color—created by fellow Impression Georges Seurat also bears a resemblance to visual images that people have reported seeing during the aura stage.

If listening to someone drone on about their therapy sessions with a psychoanalyst has ever given you a headache, you may be happy to know that the Father of Psychoanalysis himself, Sigmund Freud, is assumed to have suffered from migraines.

German philosopher Friedrich Nietzsche theorized the concept of the Überman, a master race. One can only assume that he felt he himself belonged to this elevated plateau. Still, one can't help but think maybe Übermen should somehow be above such mundane problems as headaches. Unfortunately, Nietzsche was, indeed, plagued by migraines. So much for a master race, I suppose.

Musicians and actors have also been prone to migraines. Among his other maladies, the King of Rock & Roll, Elvis Presley, was prone to headaches. Other celebrities who have admitted to battling headaches include actress and comedienne Whoopi Goldberg, British royal family member Princess Margaret, and even Cindy Brady herself, actress Susan Olsen.

As an example of just how debilitating migraine headaches can be and of how democratic the disease can be, consider the story of Terrell Davis, migraine sufferer and star American football player in the NFL. The end of the football season in American culminates, of course, with the Super Bowl.

During Super Bowl XXXII Davis, the running back for the Denver Broncos and the eventual Most Valuable Player of the game, missed the second quarter of the game because of a migraine. Smack in the middle of the biggest game of his career, Davis found himself unable to continue playing because of the onset of a terrible headache pain along with double vision.

Because Davis had informed himself and educated himself about his disease, however, he was able to return to play after halftime. He had kept a journal and was aware of exactly what triggers were involved, allowing him to overcome the effects of the migraine.

## **All About Auras**

Migraines come with and without auras. Neither can be said to be less painful than the other, though the aura-less may be less stressful and frightening. Although migraines are often associated with auras, in fact only about 20% of migraine sufferers actually experience any of the symptoms of aura.

The aura stage is part of the complex migraine, following the prodrome stage. The aura stage usually lasts less than half an hour and its symptoms and effects can vary tremendously from one migraine sufferer to the next. Depending upon how extreme these symptoms get, the aura stage can become something quite horrifying, like a bad dream or, worse, a movie sequence of a bad dream.

The aura is all about distortions in perception. Despite the connotation of aura as a visual component, symptoms associated with auras not limited to specifically visual distortions. Characteristics associated with auras can include:

- flashing lights
- wavy or zigzagging lines
- spots or other shapes
- blind spots or partial loss of sight
- blurry vision
- olfactory hallucinations, or the smelling of aromas that aren't really there
- tingling feeling or numbness about the face or extremities on the side where the headache develops.
- difficult speaking or forming words
- confusion
- vertigo
- partial and temporary paralysis
- decrease in or loss of hearing
- reduced sensation
- hypersensitivity to feel and touch

The aura is caused by changes taking place within the outermost layer of the brain, the cortex.

With the depression of activity in the nerve cells, there is a resulting impairment in the function of the body part that is controlled by those cells. A slow spread in the depression of nerve cell activity is theorized to be the cause of the development of aura. The symptoms gradually build up and slowly make their way from one visual region or one body part to another.

For the migraine patient, this means the appearances of a black spot arising in his field of vision. The black spot may also be encompassed by either flashing lights or bright lines that zig

and zag back and forth. The black spot will slowly—over a period of a few minutes—grow slightly larger. It is this unusual and often disturbing combination of a vision loss with accompanying flashing lights or zigzagging lines that distinguishes the typical migraine aura's so-called "positive" symptoms.

It is this combination of so-called "negative symptoms" such as the loss of vision with the "positive symptoms" such as zigzagging lines that make up the typically distinctive features of a migraine aura. The vision blackouts—the negative symptom—are caused by a depression of nerve activity. On the other hand, the zigzagging lines are caused by hyperactivity in the nerve cells. The origin of this sequence of neurological events leading to auras and headaches is still unknown.

What is known, however, is that those suffering from migraines have been found to have an ingrained susceptibility to factors that generally are not headache triggers. In people with migraine, changes in body chemistry, such as menstruation, certain foods, and dozens of environmental influences, such as a change in weather, may trigger an attack.

In order to be officially designated as a migraine with aura, the headache sufferer is required to have had at least two headaches with three out of four of the following:

1. One or more aura symptom that originated in the cerebral cortex or brain stem.
2. At least one aura symptom that developed gradually over more than four minutes. Or, at least two or more aura symptoms occurring in succession.
3. No single aura symptom that lasts for more than an hour. (However, it is perfectly acceptable should there be successive symptoms of which extend that time, but each individual symptom should last no more than an hour).
4. The headache itself may begin before, at the same time, or at an interval of no more than an hour after the hour.

## **Migraine Myths and Reality**

### **Myth #1:**

Migraines are easily recognized and diagnosed by doctors.

### **Reality:**

Migraines are among the least properly diagnosed and most mistreated of all illnesses.

Up to 70% of migraine sufferers have never been properly diagnosed with having the illness. Migraines remain seriously underestimated and misunderstood, even among doctors treating the problem.

**Myth #2:**

Migraines are annoying and uncomfortable, but there's nothing life-threatening about them.

**Reality:**

Migraines can induce several life-threatening conditions such as stroke, aneurysms and coma.

27% of all strokes experienced by those under the age of 45 are preceded by a severe migraine headache. 25% of all cerebral infarctions are associated with migraines. In addition, studies have also found links between migraines and epileptic seizures.

**Myth #3:**

Migraines are nothing more than really bad headaches.

**Reality:**

The headache is really just a symptom of a disease and the cause of the migraine pain is the opposite of the cause of the headache pain. Migraines are a disease that is genetically based. Those with a single parent who experience migraines themselves have a 50% chance of developing migraines.

**Myth #4:**

Migraines are psychological in nature, caused by external environmental factors.

**Reality:**

A migraine is a neurological disease, not a disorder.

Migraines truly are neurological diseases, caused by physiological and not psychological triggers. Migraines happen when cranial blood vessels dilate, causing nerve endings to release serotonin, a crucial factor in the development of the headache.

**Myth #5:**

Only women suffer from headaches.

**Reality:**

Women, men, adults and children all suffer from migraines.

While it's true that the overwhelming majority of migraine patients are adult women, a significant number of sufferers are male and an increasing number of children are being treated not just for migraines but for a particular type called abdominal migraines.

**Myth #6:**

There's no doubting about whether that headache you're suffering is really a migraine or not. If you've got a migraine, you'll know it.

**Reality:**

Millions of people suffer from migraines without having been correctly diagnosed or thinking that it's just a regular tension headache.

**Myth #7:**

If you aren't suffering from the most severe symptoms like nausea and auras, then it's probably not a migraine.

**Reality:**

Only 20% of migraine sufferers experience the kind associated with auras. And many never experience the more extreme symptoms such as nausea or vomiting.

**Myth #8:**

My headaches are triggered by allergies or changes in the weather conditions; therefore they are probably sinus headaches.

**Reality:**

Allergic reactions and changes in the weather can trigger migraines, but they are never the cause. In addition, migraines are often accompanied by symptoms such as a runny nose or watery eyes that can be mistaken for sinus-based headaches.

**Myth #9:**

Migraines are caused by stress and tension.

**Reality:**

Again stress and tension can be triggers for migraines, but unlike tension headaches, migraines are not actually caused by any rise in your tension or stress levels.

**Myth #10:**

Only hypersensitive, uptight, perfectionist, compulsive types get migraines.

**Reality:**

Research has been concluded that there is no such thing as a particular personality type who develops migraines. Therefore, put to rest all misconceptions you may have about a so-called "migraine personality."

**Myth #11:**

You can make the pain go away and feel better if you take more medication.

**Reality:**

Far from providing relief, exceeding the recommended dosage of migraine medication may do far more harm than good. In fact, taking more medicine than recommended could result in even more serious health problems.

**Myth #12**

People who complain about migraine headaches are just lazy slackers trying to get out of work.

**Reality:**

Migraines are one of the most disabling diseases around. It disrupts lifestyles, affects relationships and is the cause behind over 10,000 annual visits to a physician each year. Most people who take days off from work due to migraines would be more than willing to trade in the pain for the work.

**Myth #: 13**

People bring migraines on themselves. It's psychosomatic, man.

**Reality:**

Only to the extent that heart disease or diabetes is brought on by sufferers. Migraines have a physiological cause that takes place inside one's head. That does not mean that it is all in your head!

**Migraines and Exercise**

There are so many good reasons to begin an exercise program that you really don't even need one more. Nevertheless, you are about to read one more: Exercise can help in the treatment of migraines.

Studies have found overwhelming evidence to support the idea that just moderate aerobic exercise helps to reduce not only the intensity, but also the frequency and even the duration of migraine headaches in those who experience migraines without aura.

Migraine headaches come in two varieties. Most sufferers experience severe headaches along with nausea and a heightened sensitivity to both light and sound. When the headache is accompanied by bizarre visual disturbances or unusual head sensations this is known as migraine headache with aura. Aura usually occurs before any actual head pain in a migraine episode.

Most migraine sufferers, however, do not experience these extreme sensations and instead experience what is known as migraine without aura. Rapid changes in the flow of blood to the head is believed to be the cause of the migraine. The aura is theorized to be associated with constriction of blood vessels in the head, and when the vessels then widen again the result is head pain, nausea, and sensitivity to light and sound.

Studies have found that aerobic exercise can be helpful in migraine management, although exercising during the migraine episode itself can actually worsen the problem. One study involving patients with a history of migraines who participated in an aerobic exercise program revealed that they had experienced fewer migraines that were also of lessened intensity and shorter duration than did those with a history of migraines who did not exercise.

Increased levels of endorphins and other chemicals in the body are thought to be behind the reduction of the episodes and the mitigation of the symptoms. Endorphins are chemicals released inside the body that are associated with reducing pain.

Another study looked at people who had experienced migraines with aura chronically and were enrolled in an exercise program. These people were studied after they had ceased their intake of all anti-migraine medications that they had been using previous to the study and began the exercise program after six weeks. The session involved a ten-minute warm-up followed by twenty minutes of aerobic exercise performed at a moderate rate, followed by a ten minute long cooling off session. Participants in this study exercised three times a week for six weeks, however they did not exercise during migraine headaches.

Their levels of endorphin were measured both before and after the first exercise session and then again at the end of the study. In the last four weeks of the study, those who had participated in this study reported significantly reduced frequency of their migraines, along with reductions both intensity and duration. Endorphin levels had increased after exercise in all of the participants, but interestingly it was those participants who began with the lower endorphin levels who experienced greater increases in endorphins after exercise.

The results of these studies indicate what most people probably already knew: that exercise is good for you even if you have migraines. When it comes to aerobic exercises, especially when done moderately, you have a tremendous number of choices. Simply going for a walk can also help in relaxing you if you live in an area where going for a walk takes you away from traffic and dogs and mean little kids. Or you could try biking in order to better escape the dogs and kids, but you still have to deal with the traffic.

On the other hand, you may wish to go the treadmill route. They aren't nearly as expensive as they used to be and the cost would be well worth it if the result is avoiding headaches for the rest of your life.

Probably the best bet is to either shell out the dough for a health club membership or, better yet, buy one of those recumbent bikes. These are great because you can sit back and sort of relax, watch your favorite TV show or even play a video while getting your exercise, knocking off some pounds and maybe even beating your migraines.

## **Sinus Headache or Migraine?**

Many people with migraines go for years without being properly diagnosed because they continue their erroneous assumption that what they are experiencing is merely a common sinus headache. One study found that a whopping 97% of people who described their headaches as sinus headaches were actually experiencing symptoms associated with migraines. The problem is that the symptoms of migraine headaches and sinus headaches often overlap, leading to confusion that can be very serious if your migraine goes undiagnosed.

One reason behind this confusion may lie in the fact that the same nerves that carry migraine pain also travel to the sinuses. Pain in the sinuses, face or around the eyes can be felt during a migraine on one or both sides of the head. In addition, the nerves that cause stuffy or runny nose and watery eyes can be also be activated during a migraine.

### **Sinus headaches**

Sinus headaches usually result from a sinus infection or allergies, or else follow hard upon the heels of a cold or the flu. The cause of sinus headaches are an inflammation of the sinus passages, which are the air cavities located behind and above your nose. The increased pressure that results from the closing of infection of the sinuses is what causes the headache. The pain involved with a sinus headache can be quite severe and last for an extended period of time. They tend to begin in the morning after waking.

The usual treatment for sinus headaches is antibiotics but physicians are beginning to question the validity of this approach because of the building up of resistance to the drug when it taken repeatedly. Common sinus headache symptoms include pain and pressure around the eyes, an ache in the upper teeth, fever or chills and swelling about the face.

Heat and ice can be used to relieve the facial pain of sinus headaches with many doctors recommending hot compresses, hot drinks such as tea or broth, and even a steamy shower. A cool-mist humidifier can also be of tremendous help in keeping your sinuses moist.

### **Migraine headaches**

So how do migraines differ from sinus headaches, then, and how do you determine which one you've got. To begin with, there isn't just one migraine headache, but two. Migraines with aura and migraines without aura. Common migraine symptoms include pain that is prefaced by visual disturbances, a throbbing on just one side of the head that ranges from mild to extreme, nausea, vomiting, an increased sensitivity to both light and noise.

Migraines require a trigger to get your head to hurting. These triggers are wide in scope and can vary significantly from person to person. Most migraines seem to be triggered by food. The most common food triggers seem to be wine, chocolate, aged cheese, processed meats, Chinese food and caffeine.

Other triggers include flashing lights, loud noises, menstruation, intense exercise, weather changes, exposure to smoke or perfumes, lack of sleep, stress, or sex. In addition, some

medications such as birth control pills and estrogen replacement therapy have been proven migraine triggers.

So what's the big deal with misdiagnosing a migraine headache as a sinus headache? Well, for one thing all that money you're shelling out on medicine specifically marketed it not actually designed to treat sinus headaches will do you no good whatever if you are suffering migraines. In addition, if you are under the delusion that you are experiencing sinus headaches you may be unduly extending the life of your migraines by continuing to eat food triggers, or continuing to experience environmental triggers that you could and should otherwise avoid.

Basically, treating a migraine headache as it were a sinus headache is really no different from treating a toothache as it were a sinus headache. The problems are completely different, regardless of how similar they may seem and how much they may have in common physiologically. A sinus headache is a headache; a migraine is a disease that has as one its symptoms excruciating head pain. Do yourself a favor. If you are absolutely convinced you are suffering sinus headaches, go see a doctor who knows the difference.

## **Quick Answers to the Most Common Migraine Questions**

### **What are the symptoms of a migraine?**

- The pain is felt on just one of the head and is often severe or extreme.
- Aura (visual disturbances such as flashing lights, zigzagging lines, numbness, paralysis) experienced twenty to sixty minutes before onset of head pain.
- Nausea and/or vomiting.
- Sensitivity to light and noise.
- Inability to continue with your daily activities.

### **What foods are known triggers of migraines?**

- Alcohol, especially dark drinks like rum, red wine.
- Beer, scotch, or bourbon.
- Dairy products, aged cheeses, etc.
- Monosodium glutamate (MSG) found in processed meat and Chinese food.
- Citrus fruits, dried fruits, bananas, and avocados.
- Aspartame, an artificial sweetener known by its brand name NutraSweet.
- Tyramine -- found in fresh breads
- Caffeine found in coffee, tea, and sodas.

### **What are some non-food triggers of migraines?**

- Stress is a major contributor to migraine headaches.
- Hormonal Changes at the time of ovulation or at the start of the menstrual cycle can trigger migraines for many women.

- Fatigue, as well as changes in sleep patterns. In addition, either too much sleep or too little sleep can trigger headaches.
- Nicotine, whether ingested through cigars, cigarettes or chewing tobacco.
- Birth control pills can trigger migraines in some women.
- Fasting or missing a meal can trigger a migraine because of low blood sugar.
- Changes in the weather or altitude can trigger a migraine headache.
- Motion sickness caused by air travel or car trips can trigger a migraine.

### **When I should think about seeing a doctor about migraine headaches?**

- If the headache occurs suddenly and can be described as severe.
- If the pain is felt on just one side of the head.
- If the headache is accompanied by pain in the eye or behind the ear.
- If the headache is accompanied by nausea, vomiting, visual disturbances including hallucinations, or sensitivity to light and sound.
- If the headache has a definite pattern to it; for instance, a pattern in which the time of the day it occurs, the circumstances under which it occurs or the length of time you experience the pain is similar.
- Any headache that results in a period of confusion or a loss of consciousness should result in immediate medical attention.
- If the headache results in numbness, paralysis or weakness in the legs and arms.
- If the headache becomes persistent, especially if you have not been a headache sufferer up to that point.
- If the headache impairs your ability to function in a normal manner at work, home or during social functions.
- If the headache bears any similarity to headaches that other members of your family suffer.

### **What's the first thing I should do when a migraine hits?**

- Turn off the lights, close the shades, draw the curtains and lie down on a comfortable bed.
- Apply an ice pack to the area of pain.
- Take medicine as directed by your health care provider.

### **What's the best medication for a migraine?**

There are a multitude of drugs on the market with the potential to help in the prevention of migraine headaches. The following list contains those drugs that have been shown to work best.

- Beta-blockers such as propranolol (Inderal) and nadolol (Corgard) have been shown to be relatively safe and effective. Metoprolol (Lopressor) and atenolol (Tenormin) are alternative drugs in the same class.
- Anticonvulsants have been used in the treatment of migraines. Valproate (Depakote and other brand names) tops the list in terms of research backing up its effectiveness, but gabapentin (Neurontin) and topiramate (Topamax) are also considered effective.

- Tricyclic antidepressants can be quite effective, but come with the price of side effects that include sedation, blurred vision, dry mouth and constipation. The best choice here is typically thought to be amitriptyline (Elavil), though many other sufferers swear by nortriptyline (Norpramin).
- Serotonin antagonists such as methysergide (Sansert) have proven a solid treatment for many, but come with potentially serious side effects.

## **Rare Forms of Migraines**

Not all migraines are created equal. While most migraines are typical, distinguished only by whether they are accompanied by aura or not, there are actually some quite rare migraine types that you should be aware of.

### **Basilar migraines**

The basilar migraine, also known as basilar artery migraine, is very rare, but potentially very dangerous. It was previously thought to occur almost exclusively in teenaged girls and young women, but later was acknowledged to occur in both sexes and all ages.

With the possibility of leading to strokes or transient ischemic attack (TIA), symptoms include partial vision loss, double vision, dizziness, vertigo, severe vomiting, slurred speech, loss of coordination, numbness (on one or both sides of the body), weakness, and general confusion. These symptoms generally subside with the onset of the actual headache, though it is also possible that they can last for several days after the pain goes away.

### **Ocular migraines**

This is a rare type of migraine—also known as a retinal migraine—noted for repeated vision disturbances that includes loss of vision in just one eye. This loss of vision can be partial or complete and usually lasts less than an hour. Once these visual disturbances go away, you may be left with a dull ache behind the eye that lost vision. In some cases, your entire head may feel pain.

### **Hemiplegic migraines**

Hemiplegic migraines are usually genetic in nature, but they have been known to occur in people with no family history of migraines at all. Symptoms include temporary paralysis, or arm and leg weakness on one side of the body, followed within the hour by the actual headache. Unfortunately, the paralysis or weakness does not necessarily subside when the head pain does. Hemiplegic migraines usually develop during childhood.

### **Ophthalmoplegic migraines**

Ophthalmoplegic migraines cause pain around the eye and paralysis in the muscles that surround the eye. Other symptoms include droopy eyelid, double vision and vision problems.

Actually, ophthalmoplegic migraines are considered an inflammation of the nerve, and therefore a type of neuritis, which makes them suspect as even being a true migraine.

Usually diagnosed in children, these migraines often last for extended periods of time, sometimes as long as months at a time, therefore a complete physical exam is necessary to eliminate the possibility of the symptoms are caused by something more serious.

### **Status migrainosus**

Status migrainosus is a description of a migraine attack that lasts longer than seventy-two hours and can often lead to more serious problems such as dehydration. The pain and nausea associated with status migrainosus can reach such a high level of intensity that patients often require hospitalization. Certain medications, or even medication withdrawal, often cause this type of migraine syndrome. Should you find yourself at this level of migraine suffering, the best step is immediately get to the emergency room where treatment will consist of fluids through an IV and pain medication.

### **Abdominal migraines**

Abdominal migraines are a breed apart from traditional migraines because they also cause pain in the stomach as well as the head, resulting in nausea and vomiting. Quite often abdominal migraines are diagnosed in children who often outgrow the abdominal part, but remain afflicted with traditional headache migraines. Abdominal migraines are often treated with anticonvulsant drugs like propranolol, also known by the brand names Inderal and Deralin.

### **Women-only migraines**

While the majority of migraine sufferers are women, some migraines are specifically associated with the hormonal oscillations only experienced by women. Migraines are commonly linked to menstruation and, in addition, many women only suffer migraines when they are taking an oral contraceptives.

Hormone replacement therapy has been linked to migraines in women who are undergoing menopause or are already past menopause. Paradoxically, many older women have hormone replacement therapy related headaches, while other women who suffered through pre-menopausal migraines report their cessation following menopause.

Most of these migraines should be considered very rare and highly unlikely to develop, yet the seriousness of all of them is enough to cause an immediate physician exam should you feel you are indeed suffering from them.

**You are invited to pass this report along to as many people as you like,** provided that you make no changes to it and that you give it away for FREE.

If you would like **your own Private Label Version of this report** and hundreds of others just like it on hot, high interest niche topics – all of which come complete with 5 custom cover graphics – [click here to visit our Niche Reports Resource](#).



**WOW: Where Vision and Value Go Hand in Hand with Information & Opportunity!**

Please click below to check out all of our entrepreneurial friendly sites and products.

= > <http://www.The-WOW-Experience.com>

Always something NEW on the horizon. Always something for YOU to use to grow your business!  
That's what WOW is all about. Your success is our ultimate goal and our reason for growth.