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Fascinating Facts and Important Information about Migraines

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Fascinating Facts and Important Information about Migraines

A Brief History of Migraines

How long have migraines been around? Contrary to the belief 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 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?

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 Uberman, 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 Ubermen 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.

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 auras 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 D.J. Signify
- "Migraine Induced Madness" by Brad Preston. This one was allegedly written by Preston while in the midst of a migraine episode.

Essential Information 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 antinausea 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 and that 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 as much as possible by planning work and leisure commitments around your cycle so as to cut back on menstrual-related triggers as much as possible.

Migraines and Birth Control Pills

Women who take the combined oral contraceptive pill have a slightly increased risk of suffering a stroke compared to the general risk. Women who also suffer from migraines have a slightly increased risk of stroke compared to the general risk and the risk even increases in women who suffer specifically from migraines with aura.

Women who are taking the combined oral contraceptive and suffer from migraines of either kind, but especially those with aura run a slightly higher risk of stroke than do women who either take the pill and don't suffer migraines or suffer migraines and don't the pill. The risk is small, but it's a good idea to be educated about these risks regardless.

A headache is simply a symptom of a migraine. It's not the migraine itself. In addition to the headache, roughly twenty-five percent of migraine sufferers also suffer from aura, which is a best defined as a visual disturbance that includes temporary loss of vision, flashing lights, zigzagging lines, black spots, etc. In addition, those suffering migraine with aura may experience numbness or the feeling of pins and needles, as well as experiencing strange smells, unusual food cravings, etc. An aura typically lasts from a few minutes to an hour before the actual headache sets in.

There are several medical guidelines that you should be aware of if you are a migraine sufferer taking oral contraceptive pills.

Plainly put, it is recommended that you do not take the pill or refrain from continuing use of the pill if you are already taking it if you:

- have migraines with aura.
- develop migraine with aura sometime after starting the pill. In other words, it is highly recommended that cease use of the pill if this type of migraine develops.
- have migraines without aura, and you have more than one additional risk factor for stroke. Other risk factors to be aware of include:
 - are 35 years old or older
 - are a diabetic.
 - have a close relative who has suffered a stroke, heart attack, or similar 'vascular' disease before they were 45.
 - have a high lipid (cholesterol) level.
 - have high blood pressure.
 - are obese.
 - are smoking.
 - have status migrainous. These are migraine headaches with a duration in excess of seventy-two hours.
 - treat your migraine with ergotamine or ergot derivatives.

If you have migraines without aura, along with only one of the additional risk factor for stroke, then you may take a low dosage oral contraceptive pill that contains thirty micrograms or less of estrogen.

If you have migraine without aura, and have no additional risk factors for stroke at all, the pill is usually fine to take.

If you have any questions about any of these guidelines, you should consult your physician.

There exists various methods of contraception for women with migraine who are unable to take the combined contraceptive pill such as the progestogen-only pill, the progestogen injection, intra-uterine devices or systems, and barrier methods.

Some women taking the pill find that they experience migraines during the 'pill free' interval, at the end of each pack. These migraines are thought to be triggered by the drop in the blood level of estrogen in the pill free interval. Provided these are migraines without aura, there typically is no need to stop taking the pill. However, if the migraines are accompanied by aura, you should stop taking it. Should these migraines become a major problem that are not easily treated with painkillers, then you might wish to consider the following options:

- Changing to a pill with less progestogen (if you take one with a high dose). Migraines during the pill-free interval seem to occur less often in women who take a pill with a lower dose of progestogen.
- Tri-cycling. This means taking the pill continuously for three packets (nine weeks) without any breaks, followed by a seven-day pill-free interval. This keeps the level of estrogen constant whilst you take the three packets. (It is the sudden drop in estrogen that often triggers the migraine.) By doing this you will have less withdrawal bleeds per year, and therefore less migraines.
- Estrogen supplements can be used during the seven-day pill-free interval.
- A change to a different method of contraception.

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 experiencing 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 child'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 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?

Dealing with Student Migraines in School

According to the American Council for Headache Education (ACHE), school nurses treat an average of at least ten students a month for headache complaints. Many of these turn to be migraine headaches. If you thought migraine was just an adult disease, consider the following statistics.

- Recurring headaches occur in 38% to 83% of children 7 to 15 year of age
- Recurring headaches occur in 1% to 37% of children 3 to 6 years of age
- Migraine headaches occur in approximately 1.2% to 11% of children.

Headaches in children is a far more serious problem that most people realize. The truth is that most kids under eighteen have headaches several times a year, typically either tension headaches or migraines, though children certain cannot be considered immune to cluster headaches. The frequency of migraines rises among females once they enter puberty; far more teenaged girls experience migraines than teenaged boys. This disparity is usually linked to estrogen changes the begin with the onset of menstruation.

There are several warning signs that indicate that migraines may be a problem. A child need not be complaining of more than a few of these in order to be concerned about the possibility that he is suffering from migraines. Just one or two may be enough to warrant further investigation. School is certainly an environment that is conducive to several of these symptoms and so even if a student does complain of two or three of these that also doesn't necessarily mean that migraines are the cause.

Be aware not only of a student complaining about things, but also the consistency and the context. For instance, if a student exhibits signs of nausea and must leave the room suddenly to vomit, it could be a sign of a migraine, or it could just be a math test next period. A student suffering from migraine often exhibits personality changes. This may be unusual in elementary school, but once a student makes it to the upper levels of education, you can pretty much guarantee personality changes.

Be especially attuned to statements by the student indicating that the severity of the current headache is the worst he's ever experienced. This is definitely something to be concerned about. If the student is running a fever or complains about a stiff neck, a migraine could very possibly be the root cause.

It's very important for teachers to take an active role in identifying students who may be suffering from migraines. Headaches, especially migraines, can seriously undermine the entire school experience. In addition to affecting the student's academic performance, headaches may also curtail the student's desire and ability to take part in activities and extracurricular fun.

Headaches may even be a sign of more serious trouble, from depression to a tumor. Teachers also present a secondary authority source that may be less threatening to the student than family members; she may be more comfortable confiding about a history of headaches in you than in her parents.

Finally, there are some things a teacher can do to help students who suffer from headaches. They won't necessarily relieve the pain and they certainly won't solve the problem, but they could help and they certainly won't hurt.

Children and teens should drink at least 4 to 8 glasses of fluid a day so if your school policy allows, permit, allow students to bring water bottles to your class.

It is recommended that children get 8 to 10 hours of sleep each night so why not help them achieve that by giving them a little extra time to get their homework done before going home, offer extra encouragement for them to get sleep.

Certain foods such as processed meats, cheeses, caffeine, chocolate can trigger a migraine so if you notice your student who is suffering from headaches is constantly ingesting some or all of these, advise him to abstain.

Stress and uncertain schedules often trigger migraines, so if you notice the student is taking on too much, arrange a conference with his parents to discuss the possibility that rearranging his schedule may contribute to lessening his headaches.

Believe the child when he complains of headaches and send him to the clinic.

Migraines and Pregnancy

No one is exempt from migraines and women are especially prone so it's just a matter of averages to expect that migraines will affect pregnancies. Women should naturally be concerned about taking medications during pregnancy, whether over the counter or prescription, and since most people turn automatically to medication to treat the severe headaches caused by migraines, it's doubly important to be aware of the consequences of taking migraine medication during pregnancy.

Unfortunately, the plain fact of the matter is that the effects of most headache medications on pregnant women and their unborn children remain unknown. Because of this uncertainty, women who suffer from migraines really need—when possible, of course—to work their migraine relief into their pregnancy plan right from the beginning, even before conception. Most experts in migraine prevention strongly advise a slow tapering off medication prior to attempting to conceive -- a slow tapering off means about a week, by the way, not several months.

Of course, many women suffer from headaches far too extreme to even consider tapering off their medication. If this is the case with you, it is highly recommended that before attempting to become pregnant you make an appointment with your doctor and to talk over the risks of sticking with your medications while pregnant. It's been well established that some medications such as Depakote have caused birth defects, but many other preventative medications such as beta-blockers and tricyclics have been proven relatively safe. If you're taking drugs by injection, like Imitrex, you'll definitely have to stop taking it because there just simply isn't enough evidence of its safety during pregnancy.

Since most birth defects occur during the first few months of life, often before the mother even realizes she is pregnant at all, it is not a good idea to wait until confirming the pregnancy before making decisions on medication and pregnancy.

Of course, there is more to pregnancy and migraines than just being careful with medication. Pregnancy means food cravings and food cravings means eating things you don't normally eat, or least eating them in a bulk you don't normally eat them in. Food and food additives are major league triggers of migraines so when pregnant, be sure to be careful about what you eat. In particular, avoid foods high in MSG and stay away from strong aged cheeses, which are well known triggers for migraine attacks. It couldn't hurt to avoid low blood sugar by eating complex carbohydrates rather than refined sugars. On the other hand, when using sugar substitutes be sure to stay away from aspartame (NutraSweet).

Generally speaking, a woman who doesn't have any other health problems besides migraines probably doesn't run any special risk. On the other hand, if your first migraine onsets during pregnancy, it is vitally important to get to a doctor so that he can rule out any other dangerous conditions such brain hemorrhage, meningitis, or even tumors. Further testing may be needed to determine the cause of the headache.

Migraine treatment during pregnancy tends to be of the medical alternative variety such as the use of cold packs, darkened room, and sleep. Although caffeine is one of the trickiest of all

food-related migraine triggers to deal with, taking it in small doses during the first trimester is usually safe, as is the use of acetaminophen in small doses.

When it comes to both pregnancy in general and migraines in general, one of the best thing you do to is to relieve the amount of stress in your life. Yes, it's very easy to say you're going to reduce stress and it's altogether something else to actually do it, but if you can take small steps here and there to reduce or eliminate tension-causing elements from your life, you'll be surprised at the effect it has on your migraines. Not to mention the effect it will have on your pregnancy.

One last thing to be aware of concerning pregnancy and migraines: Patients are often giving hormones to induce labor and this frequently causes migraines. Labor is painful enough without adding migraine pain to it so be sure your delivery care person knows you are prone to migraines before the decision is made to induce labor.

Employee Rights for Migraine Sufferers

Migraines are a disease, not just a really bad headache. As such, many countries have laws that require employers to make the worksites of those suffering from this debilitating disease more accommodating. Unfortunately, not every migraine is alike, nor do they all stem from the same causes. Especially when at work, it's very difficult arrange your lifestyle around your migraine.

Making things doubly tough is the perception that people who complain of migraines are often seen as slackers; a perception reinforced when a migraine sufferer whose headaches are triggered by light is seen wearing sunglasses indoors; or when a migraine sufferer seems to have to leave work early a few times a month.

With all those migraine sufferers not being able to get to work or having to leave early, along with all the corresponding medical costs associated with migraine suffering at work, migraine is estimated to costs businesses billions each year. In addition, many migraine sufferers themselves suffer financially. One study found that the unemployment rate in people with severe migraine is 10% to 20%, far higher than the general population. The good news is that many employers are beginning to accommodate migraine sufferers.

The first thing you must do if you suffer migraines at work is not hide it. Let your boss or supervisors know exactly what happens when you suffer a headache, how long they last, etc. Also let your co-workers know. You'll probably find out that one of them is a migraine sufferer as well. If you know that your Migraines will affect your work at times or may cause you to call in sick, don't cover it up, keep it out in the open.

If you try to hide what's going on, people automatically jump to conclusions and assume the very worst, especially if you're taking migraine medication. The last thing you want is for people to assume you're taking drugs at work. It is better to let your boss and co-workers

know that you have migraines, but be sure to let them know in a way that won't leave them thinking you're always going to be missing work.

There are several workplace accommodations that must be considered in connection to employees with migraines, including but not limited to:

- Reducing visual and auditory distractions. Bright lights and other high intensity visual stimuli are a common trigger for migraine headaches. Indeed, some migraine patients appear to possess a lower than normal threshold for light-induced pain. Sunlight, television, and flashing lights all have been reported to precipitate migraine headaches.
- Using partitions to block distractions.
- Move employee's work area to a more quiet area.
- Use environmental sound machines (white noise machines) to mask any noise/sounds in the environment.
- Use computer glare guards.
- Replace fluorescent lighting with full spectrum lighting.
- Modify attendance policy or provide flexible schedule options to allow the worker to adjust to daily changes.
- Grant sick/vacation leave without penalty to individual's performance evaluation.
- Allow work from home as an option when the job would enable this to be a successful option.
- Install proper ventilation system in the work environment and, if appropriate, use air purification devices.

Questions to Consider in the Job Accommodation Process

Issues Related to the Individual

1. What are the employee's specific duties?
2. What duties present problems in performing?
3. Are there any specific recurring issues such as missing work, missing deadlines or problems related with concentrating?
4. How can the above issues be corrected?

Issues Related to the Worksite

1. What is the physical layout of the workplace?
2. What specific equipment is utilized in the work setting?
3. What kind of lighting is used and what is the noise level in the workplace?
4. Does the employee's workplace have visual or/& auditory distractions?

5. How can the physical environment of the workplace be changed so that the worker will be able to perform her job duties?
6. Can the job duties be restructured so that the worker can perform the duties that are easier for him/her?
7. Are there any products that could assist the employee in performing his job?

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 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.

The Ten Best Ways to Avoid Migraines

The problem with migraine prevention is that there isn't just one cause for the headaches. There are very many triggers for migraines, in fact, and trying to avoid them all would be an exercise in hermitry. Who wants to spend the rest of their life living in a cave just to avoid headaches? That being said, there are a few things you can do to avoid migraines and here are the top ten.

1) Cut the caffeine. Among the multitude of products linked to migraines is caffeine. Taking in too much can lead to a headache of monstrous proportions. Unfortunately, it's not only too much caffeine that lead to a headache, it's caffeine withdrawal if you're used to taking in a lot. Best to cut back slowly.

2) While we're talking about caffeine, let's also talk about NutraSweet. Aspartame has been the culprit for many people who have complained of migraines. Go in search of why aspartame causes migraines and you will run into what seems like the biggest cover-up since Roswell. Most of what you'll read hasn't been proven, but then again neither have the makers of NutraSweet proven that their product doesn't contribute to migraines. Avoid it and you may well avoid a horrendous headache.

3) There are more reasons to give up smoking than you can count, but avoiding migraines is another reason to put on the list. Of course, that's easier than said than done if you are the smoker, but remember, secondhand smoke is just as likely to cause a migraine headache as actual smoking. So if you can, remove yourself from the environment in which people are smoking. Better yet: Get them to remove themselves. You do have the right to not have to be around their smoke, especially if their smoke is causing your headaches.

4) Establish a regular pattern of sleeping and waking. In fact, get as anal-retentive as you can about this. A regular pattern of going to bed at the same time and getting up at the same time, on weekends as well as weekdays, can do wonders. Many people who have instituted a rigid routine of sleeping and waking have discovered that their migraines disappear completely and forever... or at least as long as they continue the pattern.

5) Give up the pill and try another form of contraception. Birth control pills and their effects on hormones can be a major hazard when it comes to migraine pain. You don't necessarily have to go off the pill entirely. Some people have found that merely changing brands puts an end to their migraine misery. If that doesn't help, however, you may look into other forms of female contraception or, if you and your partner don't mind, switching over to condoms.

6) Change your lighting. Very bright lights can often trigger very severe migraines. You might consider using the softer, filmy kind of light bulbs. Or use lamps instead of overhead lights. Or stop using fluorescent lighting, if that's possible. If you spend a lot of time at the computer monitor, take frequent breaks and get as far away from the pulsating waves of the monitor as possible.

7) Cheese, chocolate and wine may sound like the ideal ingredients for a romantic picnic, but if you are prone to migraines the last thing you may be feeling is romantic following that afternoon getaway. Aged cheeses especially are dangerous because they contain the amino acid tyramine. Chocolate contains phenylethamine. Both chemicals contribute to migraines and alcohol is a trigger as well. Stay away from all three and find other ways to get in a romantic mood.

8) Use body wash to smell good instead of perfume or cologne. Odors and aromas are major causes of migraines and those that make you smell good are among the worst. Keep yourself clean instead of daubing with the smelly-goods.

9) Being an aerobic exercise program. Exercising regularly helps to increase your cardiovascular capacity and improper blood flow is linked to recurrent migraines.

10) Drive or take a train when you can instead of flying. The lowering of cabin pressure on airplanes is a sure-fire migraine trigger and one easily avoided when the trip can be made by alternative means of transportation.

Things a Migraine Sufferer Should Never Do

When it comes to migraines, sometimes it's not so much what you do as what you don't do. Herewith, a list of the top things a migraine sufferer should NEVER do.

Eat whatever they feel like eating whenever they feel like eating. Foods are a primary trigger for migraine headaches. Some studies claim that the overwhelming majority of migraines are triggered by food and food additives. Foods to definitely beware of include aged cheeses, chocolate, lunchmeats and hot dogs that contain the food additive nitrate, as well as foods high in monosodium glutamate.

Consume caffeine excessively. Caffeine can be a major trigger of migraines and even worse is caffeine withdrawal. If you are going ingesting a large amount of caffeine, make sure you have access to it when the withdrawal begins.

Cancel the Weather Channel from your TV. Fluctuations in barometric pressure, extreme changes in heat and cold and other weather changes can affect your migraines. Be aware of any changes in the weather and especially any changes in weather conditions when traveling.

Take up smoking. Smoke, whether directly ingested or secondhand, is a top thing to avoid if you are a migraine sufferer.

Engage in visual overstimulation. Visual stimulation, especially sudden contrasts between light and dark, can trigger headaches. Take notice of the conditions in which you watch television or work at the computer or play video games. When doing any of these things, it's also a good idea to take a break if you can.

Take a high stress job. Stress levels contribute mightily to migraines and if you can avoid the stress in any situation, it's a good idea to do so.

Use more than the recommended dose of painkillers. If the recommended dose isn't doing the trick, find another method of treatment, don't increase it. Using more than the recommended dose of not just prescription medicine, but over the counter remedies can result in what is known as a "rebound headache." All too often the more medication one takes to combat the migraine, the more frequently the headache will recur. Instead of taking more of the same medicine, switch to a different brand or try an alternative treatment.

Ignore the benefits of supplement therapy. Many vitamin supplements and herbal remedies have proven quite effective. Don't think of them as suspect, new-age, voodoo treatments and investigate them fully to see if it's for you.

When you feel a migraine coming, get into your car and go to the mall. The best place for you when a migraine occurs is in a dark, quiet place with as much isolation as possible. Lay down, relax and try to focus on your breathing.

Ignore your temperature. Body temperature often fluctuates during migraines and resetting it can be a pathway to relief. If you are hot, put a cold, damp washcloth over your forehead. If you feel cold, put a warm washcloth over your forehead.

Keep a hectic, irregular schedule. A schedule based on routine to the point of getting in a rut may be boring, but it helps with migraines. Try to go to bed at the same time and get up at the same time. Try to keep the same schedule before bedtime when you can. Regular sleep patterns have been found to be very beneficial in combating migraines.

Disregard all opportunities for exercise. Exercise can help with migraines. Aside from the other benefits of exercising regularly, it has been established beyond a doubt that physical fitness in general helps stave off migraines and the physical act of exercising itself can bring instant relief to a headache.

Keep your doctor in the dark. If you have been having migraines more than a few times a year, you need to let your doctor know. It may not seem like any big deal, but a few times a year this year could translate into a few times a month next year. The sooner you begin battling migraines, the sooner you will no longer have to deal with them.

Don't worry about your migraine medication if you're trying to get pregnant. Women who are attempting to have a baby should consult with their doctor well beforehand to make sure the medications or other treatments they are taking won't interfere with their baby's health.

The Best Books on Migraines

Want to make some good cash? Write a book about migraines. No, seriously. With hundreds of millions of migraine sufferers all across the world and no sure-fire cure, books about migraines are a cottage industry. In fact, there just might be as many books about migraines as web sites about migraines.

Unfortunately, many of the books available on migraines were not written by anyone with any particular knowledge or qualifications. Many books on the subject contain bogus information or are really nothing more than advertising ploys bent on selling you even more bogus treatments.

It would be impossible to read them all, but we've done some research for you and have managed to weed out the completely useless from the least slightly useful.

What Your Doctor May Not Tell You About Migraines: The Breakthrough Program That Can Help End Your Pain by Alexander Mauskop.

Offers a natural therapy program that combines over-the-counter supplements (magnesium, vitamin B2, feverfew) with stress-reducing tips, exercise tips and a plan to avoid environmental triggers.

Breaking the Headache Cycle : A Proven Program for Treating and Preventing Recurring Headaches by Ian Livingstone and Donna Novak.

The authors take as their central position that theory that migraines are related to an unusually sensitive nervous system. The authors are convinced that medication alone won't cure migraines, but should be used as just one aspect of an overall containment program that includes breathing exercises, diet changes, and even taking part in support groups. In addition, the book promises to educate the reader on how to spot migraines before they hit and ward them off and even ways to keep migraines from forming.

All In My Head: An Epic Quest to Cure an Unrelenting, Totally Unreasonable, and Only Slightly Enlightening Headache by Paula Kamen.

A first person account of the migraine-suffering author's attempts to find relief for his headaches through such alternative approaches as cranial-sacral adjustments, acupuncture, gluten-free diets, yoga and, yes, even magnets. What really makes this book interesting is Kamen's take on the medical establishment treats patients suffering from so-called "invisible ailments" and chronic pain by turning their problems into psychological disorders.

The Women's Migraine Survival Guide: The Most Complete, Up To Date Resource on the Causes of Your Migraine Pain and Treatments for Real Relief by Christina Peterson.

Offering advice especially geared toward women, especially information on why women are more affected than men, how menstruation, pregnancy and menopause related to migraines, advice on alternative treatments including vitamin supplements, acupuncture, and herbs.

The Headache Prevention Cookbook: Eating Right to Prevent Migraines and Other Headaches by David & Laura Marks

The idea here is that if you follow the authors' diet and recipes for a minimum of eight weeks then you can narrow down the foods that trigger your migraines by the gradual reintroduction of foods at a rate of one per week so that it's easier to track which one is the culprit. Once the culprit is exposed, you can attain a future free of headaches by simply avoiding the trigger food.

Conquering Your Migraine: The Essential Guide to Understanding and Treating Migraines for all Sufferers and Their Families by Seymour Diamond and Mary Franklin.

Advice on identifying migraine danger signs, treating migraine when you suffer from depression, identifying possible 21st century "miracle drugs," tips on relaxation therapy, biofeedback and other alternative preventative therapies.

In addition to the books described above, a wealth of helpful information on a wide variety of topics related migraine headaches can also be found in the following books. And it seems as if a new book about migraines comes out every week so keep an eye on your bookstore shelves.

Overcoming Migraine: A Comprehensive Guide to Treatment and Prevention by a Survivor by Betsy Wyckoff.

50 Ways to Control Migraines: Proven Relief for Adults, Adolescents, and Child Migraine Sufferers by Ceabert Griffith.

Migraine Headache Prevention and Management edited by Seymour Diamond.

Everything You Need to Know Migraines and Other Headaches by Barbara Moe.

Dietary Triggers for Migraine by Agnes Hartnell and G. Scott Tyler.

Migraine, What Works: A Complete Guide to Overcoming and Preventing Pain by Joseph Kandel and David Sudderth.

Managing Your Migraine: A Migraine Sufferer's Practical Guide by Susan L. Burks.

The Best Resources on the Web for Migraine Sufferers

You don't have to suffer migraines alone in your bed in a dark bedroom anymore. Coincident with the rise of the internet has been a rise in the number of resources available to those who are living with the wracking pain of migraine. The sheer number of sites available on the web that offer help is staggering. Trying to catalog them all would require a devote web site in and of itself. However, we've done some searching and narrowed down a quite respectable list of the best resources on the web for migraine patients.

National Headache Foundation, 428 West St. James Place, 2nd Floor, Chicago, IL 60614-2750. Call (888-NHF-5552) or (312-388-6399). (<http://www.headaches.org>)

American Headache Society (<http://www.ahsnet.org/>) and affiliated organization American Council for Headache Education (<http://www.achenet.org/>) 19 Mantua Road, Mt. Royal, NJ 08061. Call (856-423-0043)AHS Publishes the journal Headache (<http://ahsnet.org/journal/>)

MAGNUM (Migraine Awareness Group: A National Understanding for Migraineurs), 113 South Saint Asaph Street, Suite 300, Alexandria, VA 22314. Call (703-739-9384) or (<http://www.migraines.org>)

American Academy of Neurology, 1080 Montreal Avenue, St. Paul, Minnesota 55116. Call (651-695-1940) or (<http://www.aan.com/>) Web site offers good information and provides names of neurologists for specific locations.

National Institute of Neurological Disorders and Stroke, Building 31, Room 8A18, 31 Center Drive, 2540, National Institutes of Health, Bethesda, MD 20892-2540. Call (301-496-5751) or (800-352-9424) or (<http://www.ninds.nih.gov/>)

American Medical Association information site for migraine (<http://www.ama-assn.org/special/migraine/>)

Upstate Medical University (State University of New York) has an excellent migraine Website, designed for doctors, but accessible to the patient, as well. (<http://www.upstate.edu/neurology/haas/hpmirx.htm>)

Migraine-Lane - supporting women who have migraines - A place for female migraine sufferers to find an outlet for frustrations, set-backs, and joys. Share what helps your migraines. Migraine-Lane embraces traditional and natural, holistic approaches to healing.

Migraines2Many - This is a group for people who suffer from migraines and their friends and family who feel the after-effects. This is an open forum to discuss your pain, problems, questions, treatment, and to just plain vent when you need to.

The Neurology Webforums at Massachusetts General Hospital - Active discussion board for headache sufferers. Exchange ideas, experiences, comments, questions, and answers with others who have severe headaches.

Trix's Migraine Page - Online community and resource center run by and for migraine sufferers to cry, vent, laugh and share stories of success and failure. It includes a special place for partners of sufferers.

Yahoo MigraineHelp Support Group - This group is a place for migrainers and their loved ones to know that they are not alone. Moderator Teri Roberts is an expert in the field of migraine and also a sufferer herself.

Clinical Research Uncovers Missing Links in Resolving Migraine Headaches and Chronic Pain - Article proposes that by merging craniosacral concepts of chiropractic with functional dental orthopedics, a more comprehensive system emerges which has the ability to orchestrate structural balance of the entire human frame.

Efficacy of Zomig (Zolmitriptan) Unaffected by Migraine's Relationship to Menses - Doctor's Guide article discusses a new study that shows Zomig (zolmitriptan), a product of AstraZeneca, is effective in treating migraine regardless of its relationship to menses.

FDA Approves Investigational New Drug: Application for Cannabis In Migraine Treatment - Press release on FDA approval for Ethan Russo, MD, a neurologist in Missoula, Montana, to study the effects of smoked cannabis (marijuana) as compared to oral dronabinol (Marinol) and injected sumatriptan (Imitrex) in the acute treatment of migraine.

IHS: Aspirin-Acetaminophen-Caffeine Combo More Effective Than Ibuprofen In Acute Migraine Treatment - Short article summarizing findings presented in July 2001 at the 10th Congress of the International Headache Society.

Migraine Headache Prevention -- Loma Linda University - Information on a migraine headache study compiled at Loma Linda University, California that found a strong link between migraine headaches and high fat consumption.

Photic Stimulation for Migraine Headache - The complete text and graphics of an article originally published in Headache in 1989.

American Council for Headache Education - 19 Mantua RoadMt. Royal, NJ 08061(856) 423-0258
www.achenet.org

National Headache Foundation - 428 West St. James PlaceSecond Floor, Chicago IL 60614-2750(888) NHF-5552www.headaches.org

JAMA Migraine Information Center - www.ama-assn.org/special/migraine/migraine.htm

The National Migraine Association - 113 South Saint Asaph Street, Suite 100Alexandria, VA 22314(703) 739-9384www.migraines.org

World Headache Alliance - www.w-h-a.org/world.asp

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