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Migraines: The Causes and Symptoms

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 accompany 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 have 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 by 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 eye. 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.

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 are 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!

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 attacks.

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 migraines.

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 patient have been known to lose consciousness. Status MigraineA 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.

Quick Answers to the Most Common Migraine Questions

What are the symptoms of a migraine?

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

What foods are known triggers of migraines?

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

What are some non-food triggers of migraines?

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

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

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

1. If the headache occurs suddenly and can be described as severe.
2. If the pain is felt on just one side of the head.
3. If the headache is accompanied by pain in the eye or behind the ear.
4. If the headache is accompanied by nausea, vomiting, visual disturbances including hallucinations, or sensitivity to light and sound.
5. 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.
6. Any headache that results in a period of confusion or a loss of consciousness should result in immediate medical attention.
7. If the headache results in numbness, paralysis or weakness in the legs and arms.
8. If the headache becomes persistent, especially if you have not been a headache sufferer up to that point.
9. If the headache impairs your ability to function in a normal manner at work, home or during social functions.
10. 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?

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

What's the best medication for a migraine?

1. 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.
2. 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.
3. 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.

4. 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).
5. Serotonin antagonists such as methysergide (Sansert) have proven a solid treatment for many, but come with potentially serious side effects.

The Conventional Wisdom of Migraines

The Conventional Wisdom: Migraines are caused by various triggers.

All contemporary knowledge about migraines points to chemical reactions in the brain causing blood vessels to constrict and then expand creating a sudden blood flow as the process which creates the headaches associated with migraines. Therefore the key to avoiding migraines is limiting exposure to triggers. An enormous list of triggers has been accumulated through research into migraines.

Among the most common triggers to be aware of: Stress, aroma, menstruation, sleep pattern disturbances, climate change, and diet. It's very important know triggers your migraine so you can determine whether to avoid it or not. The Conventional Wisdom: You can kiss your migraines goodbye after menopause.

The onset of migraines has been linked the start of menstruation and sixty percent of women will suffer a worsening of their coincident with their monthly periods. The link between menopause and migraines has to do with the cycling of estrogen levels; controlling estrogen levels is the best way to improve headaches in women.

Menopause does create changes in migraines, but it can hardly be concluded that they put a stop to them. Two-thirds of women with migraine will experience an improve in their migraines after natural menopause. On the other hand, only one-third can expect an improvement hysterectomy or surgical menopause, and two-thirds will actually experience a worsening.

The Conventional Wisdom: Quit smoking and your troubles evaporate like smoke itself.

Nicotine modifies the quantity of pain-signaling chemicals in the nervous system. These are chemicals such as endorphins, serotonin, norepinephrine, and dopamine. Smokers generally are at a greater risk for headaches and this risk is related to the amount of nicotine consumed.

The more nicotine a smoker takes into his system, the greater his frequency of headaches and the more severe those headaches will be. Quitting smoking helps one's overall health, with the added benefit of reducing headaches.

The Conventional Wisdom: You are what you eat, at least as far as migraines are concerned.

Restrictive diets are a common prescription for those suffering headaches. There are so many different foods associated with triggering migraines, that each diet must be individualized.

Generally speaking, however, these diets will likely include avoiding foods that contain tyramine (aged cheeses, alcohol, sour cream), phenylethylamine (chocolate), nitrates (hot dogs), and dopamine (broad beanpods). Studies evaluating single foods are mixed at best. For instance, there have been several studies into the effect of aspartame (Nutrasweet) on headaches with no conclusive evidence for either side of the issues.

Chocolate is another commonly reported headache trigger food. Several studies have been done on this link. One study tested over sixty females who were chronic migraine sufferers. The testing used chocolate bars and chocolate-flavored carob bars for control. To ensure there were no psychological effects from women who believed that chocolate caused headaches, the samples were even flavored with mint.

The results showed that even those women who did believe that there is a connection between chocolate and migraines did not experience significant change in their headache symptoms when they didn't know if they were eating chocolate or carob. Cheating on the diet and eating other restricted foods like peanut butter, colas, or pizza along with chocolate did not result in increased headache activity either. Most studies have concluded that foods can trigger headaches, but there is a growing resistance to this idea.

One reason for the misconception, these studies conclude, is that mood and behavior changes that preface a migraine attack often include food cravings, thereby creating a false association between eating the food and getting a headache. According to these scientists, it's not the food that triggers the headache. Instead, the food craving is merely a sign that the headache process has begun. In addition, sweet craving typically occurs in response to stress, fasting, and menstruation.

Again, the true trigger may be the stress, fasting or hormonal changes, with chocolate (or other craved foods) a reaction to the trigger rather than acting as a trigger itself.

If you believe foods may trigger your headache, expect to get a headache within 12 hours of eating the food item. Elimination of certain individual foods may be helpful for a minority of headache sufferers, but restricting a wide variety of foods on a long-term basis often merely increases your stress and can lead to a headache.

Migraine Prevention is Part of the Cure

Migraine headaches are different than standard stress or tension headaches. You can describe headaches in groups or primary and secondary group types

Headaches are described as being either primary or secondary.

Primary headaches include migraine, cluster headache, chronic daily headache, tension-type headache, and medication overuse headache

Secondary headaches can be a symptom of something else like a sinus infection or a side effect of an illness or stress.

Migraine being a primary headache would not surprise most people, especially anyone who has ever suffered from one.

A migraine is not just regular headache or is the symptoms always the same as a headache. Moderate to very severe head pain is the most common migraine symptom; there are usually other symptoms that help diagnose frequent hurtful headaches as a migraine. It is important for you to understand and recognize these symptoms in order to help your doctor diagnose your headache and provide you with proper treatment.

The effectiveness of migraine treatment depends on a variety of factors. Treating migraines with prescriptive medication can be very effective, but don't count on it.

Many do find relief through the newer medications on the market, but there are plenty who suffer through the trial period without any gain in the end. You may have to try out several medications before you come across the one that finally ends your misery.

Treating migraine through homeopathy is becoming a very popular alternative to medicine-based treatments. Homeopathy is basically a method or theory of healing that attempts to stimulate the body into healing itself by using natural remedies. Part of a homeopathic treatment is preventing the headache from starting in the first place.

In homeopathic treatments it's very important to determine what your migraine trigger is. How successful you are in avoiding your, how proactive you are in administering your treatment, the patient is in using treatments such as relaxation or drugs and how well the patient responds to treatment. All contemporary knowledge about migraines points to chemical reactions in the brain causing blood vessels to constrict and then expand creating a sudden blood flow as the process, which creates the headaches, associated with migraines. Therefore the key to avoiding migraines is limiting exposure to triggers.

An enormous list of triggers have been found through research into migraines. Among the most common triggers to be aware of: Stress, aroma, menstruation, sleep pattern disturbances, climate change, and diet. A huge amount of scientific research has been processed about the various triggers of migraine headaches and in short, the researchers have come to believe that two primary culprits stand out in the crowd of triggers. Many researchers have decided that food and food additives are part of the main reasons behind triggering migraines. On the other hand, many researchers are adamant that the primary trigger for migraines is stress.

It's very important know triggers your migraine so you can determine whether to avoid it or not. Finding trigger by journaling (writing down what you eat and what stresses happen around the time a migraine happens can help in preventing the triggers in the first place.

Modern medical techniques for migraine relief are leaning more toward preventive applications and preventive medications also.

Migraine prevention medicine is different from migraine pain relief medicine. For most people who suffer headaches, migraine prevention medicine is a whole new way to treat their migraines. Preventive (prophylactic) medications are prescribed for severe headaches that occur more than twice a month, and that significantly interfere with daily activities. Preventive medications are intended to reduce both the frequency and the severity of the headache and are usually taken daily.

Often doctor prescribed migraine treatments are separated into these categories; migraine prevention medicine and acute migraine pain relief medicine. Here's how the two types of medicine differ. Severe migraine pain relief medicine is taken at the start of migraine headache pain. Migraine prevention medicine is taken daily to help reduce the frequency of migraines, so you can have fewer of them. It does not provide relief from the pain of a migraine in progress.

So whether or not a person suffering from an acute migraine wants homeopathic techniques or medical research and a doctor's advice, finding triggers and preventive measures are both suggested.

Top Controllable and Uncontrollable Migraine Triggers

The pain associated with migraine headaches is caused by a physiological reaction within the cranial blood vessels. There are, however, many environmental triggers that can cause that biological reaction. Some of these triggers are, thankfully, somewhat controllable. On the other hand, some of them cannot be controlled at all, at least not unless you undertake a lifestyle change.

UNCONTROLLABLE MIGRAINE TRIGGERS

Weather

Weather changes are one of the most common, not to mention probably being the least controllable, triggers for a migraine. Most people who suffer from migraines need not invest in a barometer to know when the pressure is dropping. Those living in hurricane areas can tell days beforehand if one of those monster storms is on the way. Any drop in the barometric pressure that occurs in combination with an approaching warm front should be considered a possible trigger for an intense migraine episode.

If there remains any doubt that those who claim weather changes coincide with their headaches, consider that a study conducted by The New England Center for Headache resulted in 51% of respondents showing sensitivity to weather patterns. While no one can control the weather, if your headaches are simply unbearable you might very well consider moving to somewhere with a significantly different climate.

Environmental factors

Among the many environmental factors that affect frequency of migraine headaches that are difficult to escape and almost impossible to control are intense odors and aromas, fumes, tobacco smoke and bright lights. With the increased move toward marginalizing cigarette smokers and the banning of smoking from an ever-increasing multitude of public places, it is becoming somewhat easier to escape from tobacco smoke.

Escaping from bright lights may be easy at home, but when you're at work it's going to prevent a challenge unless you have a very accommodating boss. As for smells, you're going to have to do some work to figure out which particular odors are pulling the trigger. Once you figure it out, then you can decide on how much trouble it will be to eliminate them.

Hormones

Often it isn't until young girls begin menstruation that migraines begin. One possible explanation for this is has to do with low levels of estrogen and hormonal fluctuation around the onset of puberty. The good news is that many women report that migraines completely disappear after menopause. Unfortunately, many other women report that their migraines increase in intensity around the same time. Beware of engaging in hormone replacement therapy or taking oral contraceptives as well, as both could possibly increase the frequency of migraines.

MIGRAINE TRIGGERS THAT CAN BE CONTROLLED

Sleeping and waking routines

Either too much sleep or too little sleep can become a trigger for a migraine. It's difficult to control getting more or less, but if you can establish a routine and develop sleeping habits that can be followed religiously every day, then you may be surprised at just how quickly your migraines hit the road.

Food triggers

Various studies have pointed the finger at food as being the primary culprit when it comes to triggering migraines. Indeed, some studies have concluded that up to 25% of migraines may be caused by dietary factors. Many foods, food additives and other food-related constituents contain chemicals that affect blood pressure and it is this effect on the constriction of cranial vessels that triggers the migraines.

Among those chemicals that are found in food that have been linked to migraine development:

- Tryamine - found in some cheeses, red wine, pickled fish, and certain types of processed meat.
- Phenyl ethylamine
- Sodium
- Monosodium glutamate (MSG)

- Histam 5

Among the foods that have been identified by the National Headache Foundation as playing a role in migraine development are:

- Chocolate, cocoa and carob
- Nuts (including peanut butter even though peanuts are not a nut, but a legume)
- Citrus fruits, bananas, figs, red plums, and raisins
- Beans
- Bananas
- Pickles, marinated food.
- Dairy products
- Aspartame (NutraSweet)
- Overripe fruits
- Fermented products: soy sauce / breads with high yeast content.

Food Triggers of Migraines

According to an ever-increasing number of studies, food and food additives are the most common trigger for migraine headaches. Some studies put food as the culprit behind kicking off the physiological reaction that causes migraine headaches in as much as seventy percent of cases. Other, however, lay the blame for good at a much lower percentage.

It would be an exercise in futility, or at least an exercise in filling up what precious free (headache-free) time you have to test every single food that is related to triggering migraines. You definitely get ahead in the showdown by becoming aware of what foods you commonly eat that are known to trigger the deathly, pounding pain that drives you mad.

Avoiding a suspected food trigger or group of food triggers entirely, however, is not the answer. Doing this can adversely affect other areas of your health, not to mention that you're just asking for headaches (migraine or otherwise) by skipping meals or not eating enough. Certain foods are almost guaranteed to be at the top of your list when hunting down the triggers of your migraines.

For instance, foods that are rich in the amino acid tyramines (aged cheese, red wines) should always be considered. In addition, if you eat a lot of hot dogs and deli foods and notice you have a lot of migraines as well, you should know that certain nitrates used in large amounts in these kinds of food are probably the trigger.

Chocolate is often a major suspect in the hunt for the true killers of head peace because of its high content of phenylethylamine, but several studies have questioned the validity of this dichotomy. Monosodium Glutamate (MSG) is probably public enemy number one when it comes to food additives and migraines.

There simply isn't enough space here to provide a comprehensive list of all food and food additives suspect to play a part in triggering migraines, but here a list of the most common.

- peanuts and peanut butter
- caffeine in all products, not just coffee
- dairy products
- yeast
- some beans (which includes peanut), as well as broad, lima, Italian, lentil, soy, peas
- avocados
- dried meats
- sauerkraut
- pickled herrings
- canned soups and packet soup mixes
- chicken livers
- ripe banana
- soy products as well as the bean itself
- sodium nitrate, which is used to preserve hot dogs, bacon and cured meats
- the preservative benzoic acid and its associated compounds
- MSG, common name for monosodium glutamate, a flavor enhancer which is now in almost universal use in almost all processed foods
- nuts
- sourdough breads
- cheeses which have been aged, i.e. cheddar
- red wines, beer, champagne, vermouth
- chocolate
- anchovies

As alluded to early, going without food or severe curtailing of your diet is nothing but another trigger and should be avoided. Instead, plan regular meals throughout the day. You might want to try to a restrictive diet, in which you limit your food intake for about a month. (Restrictive diets are not recommended if you are pregnant, however, because by avoiding the potential trigger, you could also be upsetting your balance of nutrition.)

If you experience no change in your migraine routine, you can probably assume that your trigger is not food-related. On the other hand, should you find that migraine situation improves over the course of this restricted diet, then simply add foods back your daily routine one at a time. If it is a certain kind of food that you are eating turns out to be responsible, the headache should probably trigger within twelve hours of consumption.

Eating a certain food should trigger a headache within 12 hours. Then you can limit those few foods to which you are sensitive. Never restrict all your possible food triggers. For one thing, it's probably not going to help you narrow it down and for another avoiding all your favorite foods is just going to make you more stressful which may trigger the headache anyway.

Test yourself with food triggers to determine if food actually is a trigger for you.

Caffeine Withdrawal and Migraines

Taking in too much caffeine has been found to cause migraines. On the other hand taking in just enough caffeine has been found to successfully prevent migraines. What's the deal?

Caffeine withdrawal is the primary cause of caffeine-related migraines. Therefore, using caffeine as a preventative method in migraine relief can be done in two ways. The first is the easiest, and paradoxically also the most difficult. Simply limit your ingestion of caffeine to zero. No caffeine, no caffeine withdrawal. Get it?

The second method involves a little work, but it does work. All that is required is to take in enough caffeine over intervals that occur close enough together to ensure that you don't go into withdrawal. Both methods have their advantages and their disadvantages, both require certain sacrifices, but more importantly both work to keep caffeine withdrawal at bay which keeps migraines at bay.

You would think that complete abstinence from caffeine would thoroughly rid yourself of migraine headaches. And yet this is not always the case. In theory, it works just fine, but as a relief program it suffers the same fate as sexual abstinence: Not everybody is capable of sticking with the program; the urges are just too strong to deny. Another problem is that the all too easy intake of caffeine without realizing you are doing it.

Complete and total caffeine abstinence requires educating yourself on all available sources of caffeine. It's not nearly enough just to give up coffee and Mountain Dew. In order to successfully avoid caffeine you have to be aware of all the sources of caffeine. If you are going to take the route of giving up caffeine altogether, for instance, you'll have to be prepared to give up or use alternative non-caffeinated versions of: tea, chocolate, liqueur, pudding, pain-relief medications, energy drinks, diet pills, stay-away pills.

So perhaps then, the route of maintaining caffeine intake appeals to you. The advantage here is that you don't have to print out a twenty-page list of all the products in the world that contains caffeine. You just merely need exert control over when you take in caffeine and how much you ingest. Once you establish that control, however, you can practically kiss your migraine goodbye.

This method involves the process of making sure you receive doses of caffeine. It works best if you set out a pattern whereby you can intake the caffeine at regular intervals. Now don't get all excited about stopping by Starbucks throughout the day or going to the coffeemaker. Coffee and tea rely on caffeine infusion methods and therefore aren't the best method of ingestion in this particular method. Because of the diffusion, your caffeine amount varies significantly from cup to cup. Ideally, you should purchase either caffeine tablets or soda. Using these gives you much more precision over controlling the amount of caffeine you are actually taking in.

You can find caffeine tablets that contain 100 mg or 200 mg per dose. Save yourself a little money by purchasing generic rather than brand name tablets. As for soda, the amount of caffeine varies somewhat with Mountain Dew on the high end, though if you want to take the trouble to search them out you can also find higher-dosage soft drinks specifically designed to you a jolt. For instance, Jolt Cola!

The following caffeine amounts are found in 12oz servings of these soft drinks:

- Mountain Dew: 55 mg of caffeine.
- Coca-Cola: 34 mg of caffeine
- Diet Coke: 45 mg of caffeine
- Pepsi Cola: 38 mg of caffeine

Once you have decided how you are going to go about ingesting the caffeine, the next thing to do is make sure you keep a detailed journal of your dosing. Keep an accurate record of the date and time you take the dose, the amount of the dose, how you ingested the dose (tablet, soft drink, medication, etc.), the time of dose and the amount of dose, etc. Also note any headaches you get and be sure to include such information as date, duration of headache, severity, etc.

If you don't see a change immediately, try altering it a little by either changing the times you ingest the caffeine or the amount. And make sure you keep to the regimen once you've found one that works.

MSG and Migraines

Monosodium Glutamate (MSG) should always be considered a prime suspect when on the lookout for a food-related migraine trigger. With many studies claiming that a majority of migraines are triggered by food or food additives, it's almost a given that MSG should be on your lookout list.

What is Monosodium Glutamate? MSG is a neurotoxin, a toxic substance used to fool the brain into telling your taste buds that the food you're eating tastes better than it really does. Known as a flavor enhancement agent, the end result is that the food industry can use substandard ingredients and then kick up the taste a notch by adding MSG.

Okay, so MSG is another way that big business sticks it to the man. But how does that affect migraines? Frankly, no study has yet been conducted that certifiably links MSG to migraine development. However, several studies have been done linking certain foods to migraines and many foods that have been linked in a number of those studies have something in common: MSG consistently shows up in studies validating direct-acting vasoactive substances as causing diet-related migraine headaches.

Adding further fuel to the fire is Chinese Restaurant Syndrome. Chinese Restaurant Syndrome is a collection of symptoms that people experience within thirty minutes after eating at Chinese restaurants. Among these symptoms is migraines. What has this do with MSG? Chinese food is notorious for containing high levels of MSG and, in fact, it is theorized that the MSG content is the reason for people feeling hungry so quickly after finishing their meal at a Chinese restaurant.

The problem with MSG and migraines is that MSG is often hidden and is sometimes labeled under other names. Food processing companies are allowed to use different names for MSG so that those who know to avoid it often face an uphill battle when attempting to control their intake by reading labels.

When you see these products on a food label, you can be sure that it always contains MSG:

- Monosodium Glutamate (MSG)
- Autolyzed Yeast, Yeast Extract
- Gelatin
- Glutamic Acid
- Hydrolyzed Protein: (plant, vegetable, any kind)
- Monopotassium Glutamate
- Sodium or Calcium Caseinate
- Textured Protein
- Yeast Food, Yeast Nutrient

When you see the following on a food label, it means they often contain MSG or create MSG during the processing:

- Natural flavor, flavoring, flavors (The Food & Drug Administration of the United States has defined all MSG as naturally-occurring, but natural and safe do not necessarily always go hand in hand)
- Bouillon or Stock
- Broth (chicken, beef, any kind)
- Carrageenan
- Malt Extract or Flavoring, Malted Barley
- Maltodextrin
- Soy sauce, soy protein isolate, soy protein concentrate.
- Whey protein, whey protein concentrate, whey protein isolate.
- Anything Protein fortified

Obviously, the first step in controlling the effects of MSG on your migraines is to begin limiting your intake of MSG. Except that you can't make that the first step because your first step has to be educating yourself about what kinds of food products this hidden MSG shows up in.

You know that Chinese food is loaded with MSG, but did you know that sports drinks such as Gatorade and Powerade are also loaded with MSG? How about certain candies and gum? Those last two are especially difficult to study because their labels are usually written so minutely that even if you know what the words mean it's difficult to read them correctly.

Here are a few simple rules that can generally be followed, though to be sure it's always best to read the label carefully and educate yourself thoroughly.

Fresh fruits and veggies, steaks and roasts are usually safe to eat provided you've carefully cleansed or prepared them. Breads items and baked items often consist of autolyzed yeast, yeast extract, or some other covert MSG. When it come to migraines, MSG and bakeries the old saying caveat emptor applies; the buyer should definitely beware.

Bakery items filled with fruit normally contain MSG. Canned tunafish and salmon, etc. almost always contain MSG in some form. Lunchmeats are usually unsafe since nearly all deli meat contains MSG. Bacon and ham are nearly always going to be spiced up. Most salad dressings have MSG, though the gourmet brands typically are safe. Almost all canned or frozen soups have MSG.

An MSG-free diet is possible, but difficult. It takes work, but if your migraines are triggered by it, it's work well worth it.

What You Should Know about Aspartame and Migraines

When it comes migraines, it's better to put on pounds than drink diet sodas. Diet sodas sweetened with aspartame, at any rate. In case that word doesn't ring a bell, how about NutraSweet? Equal? Little blue packages in the sugar bowl on restaurant tables?

If you were to go solely by the information about aspartame that you can find on the internet, you might every well think this product was created by the devil himself. Truly, the amount of web space devoted to attacking aspartame and its brand name NutraSweet is phenomenal. The product has been vilified like almost no other product on the market, blamed for everything from memory loss to schizophrenia. Although the jury is still out on aspartame's culpability in relation to many dangers, there is no getting around the fact that aspartame has been linked to migraines in many studies.

Aspartame is used in NutraSweet, an artificial sweetener. But aspartame isn't really a sweetening agent. What aspartame does is release an amino acid neurotransmitter in the brain called aspartame. In essence, though approved by the FDA as a sweetener, aspartame is really a drug.

The New England Journal of Medicine, a world-renowned medical journal, has conducted studies that have found a connection between heavy consumption of diet drinks sweetened with aspartame and migraine headaches. One study in particular seems heavily slanted toward finding a connection as those taking part reported having headaches on 33% of the days in which the study was conducted as opposed to the control group which reported headaches on only 24% of the days.

One scientist who has conducted research came to the startling conclusion that 90% of all migraines are caused by allergic reactions to food or food additives. His findings also suggest that aspartame is the most common food additive related to migraines. Another study came to an equally amazing conclusion that 10% of all migraines are related to aspartame consumption. A study conducted at the Univ. of Florida came to perhaps the most jaw-dropping conclusion of them all, finding that aspartame increased the frequency of migraine headaches in over fifty percent of the patients who took part in the study.

Despite all these studies, however, no conclusion has yet been drawn which firmly establishes what it is about aspartame that causes migraines in headache sufferers. The prevailing theory has to do with a biochemical known as serotonin. You may have heard that word before.

Indeed, serotonin pops up quite in medical stories as it seems play a part in conditions ranging from appetite loss to mood alteration to sleep problems.

When it comes to migraines, serotonin is thought to play a part through the lowering of levels of it in your body thanks to the effects of aspartame, thereby exacerbating pre-existing conditions that cause migraines. So it's really no so much a case of aspartame being the cause of migraines, but rather being a quick-drawing finger on the trigger.

Believe it or not, but there's also a danger from ceasing your intake if aspartame. Doesn't that figure? If you are currently drinking a large amount of diet sodas or using a lot of NutraSweet in your coffee or tea, the one thing you don't want to do is suddenly stop for a few months and then go back. Many people report that they quit having headaches after stopping their use of products containing aspartame. Then they resumed their use of aspartame and were unfortunate enough to find that the headaches returned and were far worse than before.

Naturally, the makers of NutraSweet dispute any connection existing between their product and migraines. Then again, they dispute any connection between aspartame and any health concern. The bottom line is that enough complaints have been filed with the FDA and enough studies have been conducted to establish at the very least a large amount of anecdotal evidence suggesting a connection. And since even the big two soft drink makers have products diet products that sweeten with Splenda—a sweetener with no bitter aftertaste—there really isn't any reason at all to take the risk.

Fragrance Triggers of Migraines

Of all the potential triggers for migraines, perhaps the most difficult to control are the ones involving aromas. Fragrant products are, in fact, frequent triggers for headaches, especially migraines. Unfortunately, it seems almost impossible to escape perfumes, colognes and any other of the million products that are enhanced with fragrances nowadays.

Making the situation worse is the fact that fragrances are encountered increasingly in the workplace, as well other places where escape is akin to making your way off Alcatraz. Fragrances have by now made their way into practically every industry and business on the planet. They are used in just about every cleaning, laundry, and personal-care product known to man, so think you just have to escape women wearing too much perfume or men doused in cologne.

People are quick to recognize the dangers of smoke and take steps to make accommodations, yet there remains a lack of awareness concerning the potential adverse health impact from the permeation of fragrances, whether pleasant or not. Indeed, it has yet to be recognized that the widespread use of fragrant products effects air quality and health just as much as secondhand smoke and other forms of pollution.

Aromatherapy is used by many, including those suffering migraines to alter one's mood, provide relaxation and stimulation and various other studies chemicals found in the essential oils used in aromatherapy lend credence to the existing pharmacological basis behind aromatherapy.

Perfumes and colognes currently being manufactured contain synthetic versions of the aromatic chemicals found in nature. The source may be different, but the song remains the same. The olfactory system is a busy highway when it comes to things affecting the brain and nervous system, whether by trigeminal stimulation, or absorption into the blood stream via the lungs.

Migraine headaches are typically caused by changes in blood flow to the vessels in the head. Some of the materials that are commonly found in fragrances possess the ability to alter blood flow in the brain. Several studies strongly support the idea that fragrances can have a direct effect on cerebral circulation as well as have neurological effects. In addition, the anecdotal evidence suggests a significant effect of fragrances on the central nervous system.

If you suffer from migraines, the following are among those may be adversely affecting your condition:

- scented deodorant or antiperspirant
- scented lotion, sunscreen or tanning cream for face, hands, or body (many lotions, especially sunscreens, have fragrance even when not labeled as being scented)
- aftershave or richly scented shaving lotion
- fragrance-enhanced bar or liquid soaps, including Dove, Ivory, Dial, soft-soap
- commercially fragrant shampoo or conditioner, hair spray, gel, mousse or other
- leave-in hair products
- essential oils
- any perfume, cologne or fragrance
- aromatherapy products
- laundry detergent with phosphates, chlorine bleach, and/or added scent
- scented fabric softener sheets (for example, Bounce) or liquid fabric softener
- recently dry cleaned items (remove plastic wrapping and air outdoors before use)
- cigarette, incense (unlit or burned), or other smoke
- air freshener sprays or solids, potpourri, scented candles

If you suffer from migraines and discovered that your trigger is fragrance-related, you can expect to face quite a bit of difficulty in your life. Compounding the problem is that even brief exposure to the fragrance can be enough to trigger a headache. With so many products on the market saturated with fragrance-producing chemicals, it's an uphill battle getting away from any one particular.

It certainly helps to identify the particular fragrance that triggers your migraine, but unfortunately many for whom smells are a trigger find that it's not just one in particular that does the trick. Sometimes it's smell and aromas in general that cause the headaches. In addition, the problem is further exacerbated by the fact that the onset of the headache can vary from a few minutes of exposure to hours after. There is an unquestioned need to raise awareness about the impact of fragrances on development of migraines.

Migraines and Stress

When it comes to choosing the all-time champion of migraine triggers, it all boils down to two contenders and all the others are mere pretenders. Much research has been done into the various triggers of migraine and basically the verdicts have come down squarely into two camps. Many researchers have decided that food and food additives are the main culprit behind triggering migraines. On the other hand, many researchers are adamant that the primary trigger for migraines is stress.

The wisdom concerning eliminating the stress in our lives is hardly relegated to migraine relief. Stress seems to be blamed for just about every ailment experienced in the modern world. The simple, inescapable fact of life is that stress is now and is probably always going to be a daily part of our lives that can never be eliminated. Even the mere reduction of stress levels is difficult. The management of all aspects of life from family to career to raising children to school all offer some kind of stress.

The Most Common Stresses That Trigger Migraines.

Multiple-Role Stress: Females especially must contend with multiple-role stress, the juggling of many responsibilities such as wife, worker and mother.

Workplace Stress: There is no such thing as a stressless job. It doesn't matter whether you're the CEO of a multinational conglomerate or the checkout person at the supermarket, you will be stressed out by your job.

Financial Stress: Not being able to meet bills, not making as much as you want, not making as much as your neighbor; these are all stresses connected with finances. The number one cause of divorce is money issues so it should come as no surprise that worry over finances can trigger migraines.

Caregiver Stress: Women are likely to suffer this stress the most, though more and more men are choosing to become stay at home dads. There are untold riches in being a parent, but it can also be quite taxing and stressful.

All of these stressors individually trigger migraines, but most often it's the combination of all of them working together that cause that explosion inside your head.

The Impact of Mood on Headaches

Personality: A migraine is a disease, not a psychological disorder, and contrary to popular belief the majority of headache patients do not suffer any serious psychological problems. Research from hundreds of studies that have examined the personalities and behaviors of migraine sufferers have delivered no evidence whatever that concludes there is any particular personality type prone to suffering migraines.

Depression: Depression can reduce the body's ability to respond effectively to medication. If your migraine medicine isn't doing the trick, it may be because you suffer from depression. Women in particular are at risk for depression, though the effect is the same on both genders.

Depression also occurs more often in migraine patients than in those who don't suffer migraines.

Even mild depression can diminish the efficacy of both medical treatment and behavioral treatments such as biofeedback and relaxation methods. Because of the possibility that treatment for migraines could be diminished, therefore, it is highly recommended that you discuss this issue with your doctor who may be better able to select treatments that can effectively relieve symptoms of both headache and depression.

Anxiety: Anxiety is basically a state of nervousness or tension that occurs without any particular reason. Much like depression anxiety can work to lower one's ability to handle stress. Anxiety can also raise the level of pain or lower your tolerance for pain during a headache, which can seriously impair the effectiveness of any medication used to treat headache pain. For some sufferers, it is necessary to treat both the anxiety and the headaches in order to get both under control.

Treatment

If depression or anxiety are present in a patient with migraine, both disorders need to be treated. It is generally not true that treating the depression will make the headaches go away, or that headache improvement will lead to an improvement in mood. Specific treatment for both migraine and depression exists and will produce the best outcome.

Migraines and The Holiday Season

The holiday season can play havoc with your migraines. All the bright lights and music and stress just doesn't equate with jolly headache-free fun. But by planning ahead you can make the holiday season a little more bearable and maybe even more fun.

Make lists and check them twice. Dealing with migraines is all about organization. If you properly organize your life, you can avoid a lot of migraine misery. When organizing for the holidays, start early and play ahead as far as you can. Write down what should be done and allow for easy editing and updating.

Make lists of what needs to be done. Keep these lists on your computer so you can update them and use them again next year. Print new copies as you update them, and put them in an obvious place such as on the refrigerator. Pain fog makes it too easy to forget where we put the list we made. Ugh! As soon after an event or holiday, make notes in your list files to help you make them better for the next time you need them.

Get your shopping done early.

The stress involved in holiday shopping is usually too much even for those who don't suffer from migraines. The crowds, the lights, all those Christmas-related fragrances. By shopping in advance all those things can be avoided.

Shop online.

Heck, why bother going to the mall or stores at all? Just sit at your computer and order anything you want for anybody you want no matter where they live. Even if you forget something or else find a great bargain at the last minute it will still probably get there on time.

Eat sensibly.

Well, you know how the holidays are. If you aren't eating big fatty foods then you're eating fast foods that you know contain migraine triggers up the wazoo. If you know you're going to be away from home, then plan to eat somewhere not so crowded and that serves food that you don't have to worry will trigger the headache.

If you have food triggers, holiday meals prepared by others can be a problem. Offer to bring a dish with you. Make something you know you can eat, then select carefully from other dishes. Explain the situation to your host or hostess in advance. Some of those trigger foods are going to be tempting, so consider the consequences when you make your choices.

Know what triggers your migraine make others deal with it.

If you're lucky enough to know what is going to set your migraine off and you know that the holiday season is going to bring you into close proximity with those triggers, don't give in just to keep the peace. Let your family, friends and co-workers know that getting near that stuff will make your head explode.

Many of us know our head pain triggers, and many of us try to just put up with it "for the sake of the family." Our families enjoy holidays more if we're with them and well. Be honest with those around you and urge them to help you in avoiding them rather than making you feel guilty for ruining the fun.

Check your medications.

Trying to get a refill on a dwindling supply of medication can be quite difficult. Either the doctor isn't in or the pharmacy closes early. Make sure ahead of time that you can get a refill if you are running low and make sure to take it with you if go out of town.

Be anal-retentive when planning for holiday travel.

If you are going to be out of town during the holidays, cover every possible emergency that could arise. As previously noted, make sure you don't forget your medicine. Keep the medication in containers in which you got them so there will be no mistakes.

Stick to your schedule.

Two of the biggest triggers for head pain can be improper sleep and not eating at regular times. Try to keep as close to your regular schedule as possible. Carry non-trigger snacks with you so you can have a snack if a meal isn't going to be available when you need to eat.

Keeping a Headache Diary or Journal

Which do you prefer, diary or journal? The connotation of the words is basically the same, but let's face it, there are major associative differences. Diary kind of sounds like something a teenaged girl keeps track of her crushes in, while a journal sounds like something a novelist keeps track of her ideas in. Whatever you decide to call it really doesn't matter, what does matter is that you seriously consider keeping one.

Migraines headaches have triggers. For most people, narrowing down what that trigger is and successfully avoiding it can seriously curtail the frequency and/or severity. In some cases it may even lead to never having a migraine again.

Although the hardware involved in journaling is generally up to you, keep in mind that you may be wanting to show your entries to a doctor, so unless you have the kind of penmanship that people tend to notice and comment upon, it's highly recommended that you enter the information into the computer so you can print it out.

The trick in keeping a migraine journal is sticking with it. You're on the lookout for patterns. Patterns that will ultimately link together to form an answer to your question: Why do I get headaches when I do? It may take weeks or even months to reach this answer. Give it time since patterns and correlations don't occur overnight. Keep at it and be specific. Try to write the information down as soon as a headache occurs.

So what goes into a headache diary or journal? The following are guidelines, but each individual journal will probably differ. You may notice things that affect your headaches that other people don't. And even if you notice something that you think couldn't possibly have any effect on your pain, go ahead and record it. You never know, right?

Your headache diary should definitely include information about:

- when the head pains started, including whether there is a pattern to what time of day they generally onset
- the frequency with which your headaches occur
- any other accompanying symptoms such as nausea or visual disturbances
- the duration of the headache and if there anything that seems to affect how long the attacks last
- exact location of the pain
- what kind of pain you feel: throbbing, piercing, aching
- what you eat, trying to notice if there is a consistency in the ingredients
- what time you eat
- what medications you are taking, including any vitamins and other health-related products
- any exercise you do, when and for how long
- how much sleep you get
- weather conditions, especially any significant changes in barometric pressure

Women should record all details of their menstrual cycle, especially anything you may have done differently preceding the attack

Any lifestyle that occurred during the ten hours prior to the onset of the headache. Some things to be aware of, especially, are things that might have contributed to increasing your stress levels, any change in bowel movement, any change in sleeping patterns, etc.

Be very aware of alcohol consumption and caffeine consumption. Both alcohol and caffeine play a huge part in triggering headaches. Record not only how much alcohol you may have ingested, but also what kind, i.e., beer, wine or hard liquor. In addition, realize that caffeine is not limited to coffee, tea and soft drinks. Sports drinks are loaded with caffeine, as is many candies and gums

Don't worry about getting too explicit, but keep track of your sex life. Women especially need to keep track of whether they achieved orgasm or not in close proximity to the onset of a migraine

When you travel, notice whether certain geographic locations spur headaches or relieve them

If you're the type who feels that keeping a handwritten notebook is way too medieval and you just absolutely have to engage with technology in order to do something like this, you are in luck. Eheadahcejournal.com allows users, for a price, to keep anonymous online track of their headaches. Additionally, the software will allow you to make nifty little charts and reports that you can print out to help in narrowing down exactly when, why and how your headaches get triggered.

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).

The headache itself may begin before, at the same time, or at an interval of no more than an hour after the hour.

Rebound Headaches

Rebound headaches are headaches that may be caused by overusing pain medicines. Typically rebound headaches begin early in the morning, however the location and severity of the headache can change on a daily basis. Indeed, rebound headaches typically are daily occurrences and can lead to problems involving anxiety, irritability, sleeplessness and depression.

Migraine medications work to raise serotonin levels to ease pain, but when too much medication is ingested something happens to the serotonin levels which causes the chemical to lose its effectiveness. Research shows that serotonin levels are lower when you take too much pain medication and then rise slightly after the headaches get better and you stop taking the medication.

Either over-the-counter medication or prescription drugs can lead to rebound headaches if taken too often or in greater amounts than recommended. In addition to sedatives and tranquilizers, other rebound-causing medications include:

- Caffeine-containing analgesics (Excedrin, Anacin, etc.) Caffeine is a primary ingredient in many headache medicines. Although caffeine-based medication can relieve migraine pain when temporarily, taking medicine containing caffeine every day—as well as drinking caffeine-loaded beverages such as coffee or soft drinks—can lead to more frequent and severe headaches. If the headache worsens whenever you stop having caffeine, the caffeine may be causing some of your headaches.
- Butalbital compounds (Fiorinal, Fioricet, Phrenilin, etc.)
- Isometheptene compounds (Midrin, Duradrin, etc.)
- Decongestants (Sudafed, Tylenol Sinus, Dristan, Afrin, etc.)
- Ergotamines (Ergomar, Wigraine, Migranal and D.H.E. 45)
- Triptans (Imitrex, Amerge, Zomig, Maxalt and Axert)
- Opioids and related drugs (Tylenol with codeine, Percocet, Darvocet, OxyContin, etc.)

Medications that include any form of codeine, such as Tylenol 3, Vicodin and Percocet, must be used with care because they can cause dependency quickly.

If you experience any of the following symptoms, you may be suffering from rebound headaches:

- Your headache occurs daily or almost daily (three or four times a week).
- You are considered a sufferer of a primary headache disorder and you use instant prevention medication frequently and in large quantities.
- Your headache deviates in strength, form, severity, and location on the head.

- Even the slightest physical movement or bare minimum of intellectual expenditure cause the onset of the headache.
- You have a lower than normal threshold for pain.
- Your headache is accompanied by any of the these symptoms: nausea, restlessness, anxiety, irritability, memory problems, difficulty in intellectual concentration, depression.
- You begin to notice evidence of an increasing tolerance to the effectiveness of analgesics over a period of time.
- You suffer withdrawal symptoms when you abruptly are taken off the medication.
- You notice a spontaneous improvement of headache pain when you discontinue the medications.

Should rebound migraines develop due to the overuse of medication, recovery cannot be accomplished unless the sufferer ceases taking the drugs. On the other hand, should it turn out that caffeine is causing the rebound, you may be able to get away with merely reducing your intake instead of eliminating it altogether. Before deciding on whether you want to stop gradually or abruptly, consider the following:

Most headache drugs can be stopped suddenly, but make sure you consult with a physician before withdrawal. Certain non-headache medications, such as anti-anxiety drugs or beta-blockers, require gradual withdrawal.

If you decide to go the route of gradually laying off standard headache medications, withdrawal should be completed within three days or shorter. Any longer and discouragement and impatience sets in.

Alternative medications may be administered during the first days. Examples of drugs that may be used include dihydroergotamine (with or without metoclopramide), NSAIDs (in mild cases), corticosteroids, or valproate.

Whichever method you decide to take when stopping your medication, expect a period of worsening headache afterward. Most people feel better within two weeks, although headache symptoms can persist for as long as four months and in some rare cases even longer.

If the symptoms do not respond to treatment, or if they cause severe nausea and vomiting, the patient may need to be hospitalized.

The good news is that many patients experience long-term relief from all headaches afterward, and one study even concluded with over 80% of patients significantly improved four months after withdrawal.

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.

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