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# **Migraines: Dealing With them On a Daily Basis**

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Best Ten Ways to Avoid Migraines

Migraine Prevention is Part of the Cure

Could There Be Any Worse Advice for Treating a Migraine Than These?

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Migraines With Coexisting Medical Conditions

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# Migraines: Dealing With them On a Daily Basis

## **Best Ten 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) Begin 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.

## **Migraine Prevention is Part of the Cure**

Migraine headaches are different than a standard stress or tension headache. 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 are 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 factor. 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 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.

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.

### **Could There Be Any Worse Advice for Treating a Migraine Than These?**

You've read the good advice, or at least the advice that has been know to work. But how many times have you gotten advice on how to treat a migraine that, well, gave you a migraine? Some advice making the rounds almost sounds like jokes, or at least some kind of fiction. But the following are actual migraine treatments that people like you and me have received from friends, family, co-workers and strangers.

A man who had been suffering headaches for decades went to see a headache specialist in the 60s and was advised to start dating younger women. Not just younger women, mind you, but younger women of the kind that you don't meet in bars. Nice younger women. Okay, well maybe that shouldn't quite qualify as one of the worst pieces of migraine advice of all time. It's certainly not as bad as:

Buy a razor and dig out that nerve bundle over your eye that's causing all your freaking pain! Yeah, that would definitely qualify as bad advice. In the first place it would hurt like you know what. In the second place, it would probably make your head hurt worse, not make it feel better.

This next one is entertaining because of the exactitude of its requirements, but it could possibly pan out in the future to have some merit. Take a fiv-ounce magnet in your left hand and a three ounce magnet in your right hand and alternatively rotate them exactly three inches away from your skull for five minutes. To be honest, magnets have been used in scientific studies to treat various illnesses and there are subcultures out there that turn to magnetic power as a general cure-all for just about anything.

To say that magnets could have no effect at all migraines might be going too far, but it's still got to rank as bad advice to assume that the magnets have to be of different weights, held in different hands and only work when held at a specific distance for a specific amount of time. Then again, who knows?

There are several modes of thought that might find this next one actually makes sense. Those who are completely convinced that all migraine pain is in your head and that medicine can't work because it's not accomplishing anything anyway might just see past the idiocy of this next one. Quit your medication cold turkey, stiff it out for a few weeks and desensitize your head. Sure. And maybe if angina sufferers just desensitize their hearts they won't die from a heart attack.

Sit in a bathtub filled with ice for five minutes then take a hot shower until all the ice has melted away. Where to begin on this one? In the first place, sitting in a tub billed with ice may take your attention away from the headache, but only because you are transferring your

attention to the pain caused by frostbite. It's almost certainly not a good idea to sit that long in ice. Next comes the question why does the shower have to last until the ice melts? Is there some magic in the time it takes for hot water to melt away all that ice. This one goes beyond merely bad advice straight to insane. It's almost impossible to imagine how this cure could work.

Quit your job and sell Amway. This one probably came from a top level Amway distributor trying to add to his pyramid.

Migraines are caused by severe resentment of someone. If you can overcome the resentment, you will get rid of your migraines. There are two problems with this treatment. One, resentment has nothing to do with migraines and two, getting rid of migraines is probably easier than overcoming resentment.

A lot of crazy advice over the years about a lot of different things has gradually turned into accepted methods of treatment. After all, who would ever have thought that bread mold could cure disease? Still, it's probably not the best idea in the world to take a razor to your head.

That thing about dating younger women still doesn't sound too bad, though.

### **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.

**Delete 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 recommend 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. Lie 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.

## **Migraines With Coexisting Medical Conditions**

Coexisting medical conditions are multiple illnesses or health conditions that can occur at the same time. These conditions may be either or they may be independent from each other. One person with migraine may suffer from depression, while another migraine sufferer may have asthma. Both asthma and depression are coexisting conditions with migraine

Diagnosing and acknowledging the presence of migraine and coexisting conditions are important steps toward developing a successful migraine management program. For the migraine sufferer, it is important to realize that there are two or more conditions that treatment and to work with the physician to develop a plan that is compatible with your lifestyle.

Diagnosing and appropriately managing migraine and coexisting medical conditions are also important because many health conditions can increase the frequency or severity of migraine attacks. If you can gain control over the coexisting condition, the migraine attacks may lessen in frequency or severity. In addition, some medicine can treat both conditions at the same time.

The particular characteristics coexisting conditions obviously will have an effect on the specific treatment plan designed for each migraine sufferer. Treating the headache and the coexisting condition at the same time may reduce the amount of time you miss from work and leisure activities. An individually designed headache treatment plan should reduce the pain experienced during the migraine as well as the disabilities associated with it, allowing the sufferer to return to normalcy at a quicker pace.

Acute treatment allows the migraine patient to be pain-free and able to return to normal functioning as quickly as possible, without having the migraine attack return. Some migraine sufferers require medication that will either prevents the migraine from beginning or will reduce the recurrence and force of attacks when they do occur.

These medicines are used by patients who experience either frequent or disabling migraines. Fortunately, these medications are often beneficial for treatment of coexisting conditions. The presence of coexisting conditions must be screened because some migraine medications may not be appropriate for use in the presence of certain coexisting conditions.

Here are a few steps to begin: when launching a program:

**Step 1:** Learn about each condition. The doctor and other health care providers should be able to answer questions and explain what migraine is and how the various medications can help.

**Step 2:** Follow the treatment plan that is agreed upon by you and the physician.

Make sure that you understand specifically what you should upon the onset of the next migraine.

Take only those medications specifically prescribed by your doctor and in the exact dosage prescribe. Never take more of a medicine that recommended.

Take acute medications as soon as it becomes obvious that the headache is really a migraine.

Keep your medications with you at all times.

If prescribed preventive therapies, follow the treatment plan EXACTLY as agreed upon. If the treatment plan is too hard to follow or is one you do not like, tell your doctor.

**Step 3:** Monitor headaches. One important part of migraine management is being able to recognize improvement or deterioration in migraine. A headache calendar will help identify headache patterns, triggers, and responses to treatments.

**Step 4:** Keep follow-up appointments. It is very important to make and keep all follow-up appointments with your healthcare provider. This will allow for modification of the treatment plan to make it most effective. It will also allow your healthcare provider to monitor side effects.

Other important tips to remember...

Use the medications as prescribed by your doctor.

Acute medication may not work every time. Taking medications early in the course of the attack will increase the chances that the medication will work.

Learn when to use and how to use prescribed rescue medications.

Preventive medication may take weeks or months to show improvement.

Call the doctor if side effects from medications occur.

Record headache activity on a daily basis using a headache calendar.

Make and keep follow-up appointments with the doctor.

### **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 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.

## **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 out 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 that 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 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 be concerned about. If the student is running a fever or complains about a stiff neck, a migraine could very possibly be the root the 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 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 permits, 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 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.

### **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 cost 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?

## **Keeping a Headache Diary or Journal**

Which do you prefer, diary or journal? The denotation of the words is basically the same, but let's face it, there are major connotative 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 or severity. In some cases it may even lead to never having a migraine again.

Although the hardware involved is generally up to your preference, keep in mind that you may be wanting to show your entries to a doctor, so unless 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 just way too medieval and you just absolutely have to engage with technology in order to do something like this, you are in such luck. Eheadahcejournal.com allows users, for a price, to keep an 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.

## **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.

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