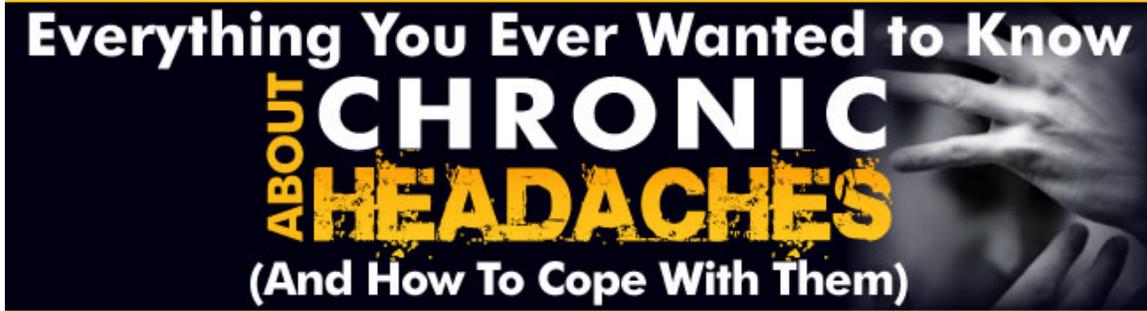


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**Everything You Ever Wanted to  
Know About Chronic Headaches**

*(And How To Cope With Them)*

by Douglas Hanna

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## About the Author

Douglas Hanna is a retired advertising and marketing executive. He lives in a suburb of Denver, Colorado with his wife and two dogs.

Douglas has written more than 225 articles on a variety of subjects. He has done extensive research on chronic headaches as he has been a headache sufferer since his teen years.

Douglas knows from personal experience the profound and disabling effect that chronic headaches can have on your life as he had them since he was a teenager.

Sometimes, these headaches were so severe that he couldn't even function and had to spend hours sitting in a dark room. Or, he would try to sleep, hoping that he would feel better when he woke up.

Today, he rarely experiences headaches that debilitating. Instead, his headaches are usually on the milder side; "just serious enough to put a damper on my day, or to make it difficult for me to sleep."

He saw several different doctors about his headaches but could never get a definitive diagnosis. The closest he came was one doctor who said that his chronic headaches were in the "migraine family".

Given these experiences, he decided to learn everything he could about chronic headaches; what they were and how to best prevent or treat them.

His book is dedicated to all those of you who live with chronic headaches like Douglas used to.

## **Introduction**

There are many different kinds of headaches. However, there are five major types.

They are migraine headaches, cluster headaches, tension headaches, chronic daily headaches, and rebound headaches.

Because these are the kinds of headaches that affect the vast majority of sufferers, I cover only these types in this book. I believe the information you will find in this book will help you better understand what kind of headaches you have, why you suffer from these headaches, and what you can do to cope with them and improve the quality of your life.

### **What You will Learn from this Book**

This book focuses on the four most common types of chronic headaches:

Migraine headaches

Cluster headaches

Tension headaches and

Chronic daily headaches.

If you suffer from chronic headaches but don't know which kind, you will learn the symptoms of these four headache types to help you begin an accurate diagnosis.

You will learn about headache triggers, including:

- Eating and sleeping patterns
- Environmental factors
- Vision
- Medication
- Physical exertion
- Diet and foods

An important part of headache treatment and relief is to get the right diagnosis.

In [Chapter 5](#), you will learn:

- The importance of a headache diary
- What to do to get ready for your initial visit to a doctor
- What your physical examination will be like
- Other diagnostic tools your doctor may use

If your problem is migraine headaches, you might want to go directly to [Chapter 6](#), which will teach you:

- ✓ How to choose an effective treatment
- ✓ Understanding the prescription drugs that are most commonly used in migraine treatment
- ✓ Which techniques are used most often to treat specific types of migraines
- ✓ The use of triptans in treating migraines
- ✓ Ergotamine tartrate and migraine treatment
- ✓ What DHE is and how it is used to treat migraines
- ✓ Isometheptene Mucate and migraines
- ✓ Which nonsteroidal anti-inflammatory (NSAIDs) are used to treat migraines
- ✓ Phenethiazines and migraines
- ✓ The use of Intranasal Lidocaine in migraine treatment
- ✓ Narcotic analgesics and migraines
- ✓ Antinauseants and migraines
- ✓ The use of cold packs in migraine treatment

Information on treating and living with cluster headaches can be found in [Chapter 7](#) where you will learn:

- ✓ How to prevent cluster headaches
- ✓ How to stop a cluster headache that has already started

You will find chronic daily headaches treated in [Chapter 8](#), which has a lengthy section on preventative medications.

If you are suffering from tension headaches, [Chapter 9](#) will teach you:

- ✓ What episodic tension-type headaches are
- ✓ How to recognize chronic tension headaches
- ✓ Preventing tension-type headaches
- ✓ Treatments for tension-type headaches

In [Chapter 10](#), you will learn about the many different kinds of [alternate treatments](#) and [self-help techniques](#) available to combat chronic headaches.

There is also a [comprehensive chart](#) of alternate headache treatments and self-help techniques, highlighting which ones can be used effectively to treat specific types of headaches.

[Chapter 11](#) will teach you about using natural supplements in the treatment of chronic headaches. Here, you will learn:

- ✓ What natural supplements are
- ✓ Who Takes Natural Supplements
- ✓ Herbs and supplements used in the treatment of headaches
- ✓ A new supplement that may be useful in treating all types of chronic headaches

Finally, [Chapter 12](#) is all about online resources for headache sufferers. This includes:

- ✓ Forums
- ✓ Groups and Newsgroups
- ✓ Websites

## 1. Facts about Headaches

If you suffer from headaches, you are not alone. It was recently reported that during the past year nearly 90% of men and 90% of women reported having experienced at least one headache.

Here's another interesting statistic. Did you know that more than 28 million Americans suffer from migraine headaches? And that another 1.5 million Americans suffer from trauma headaches?

On the other hand, only about one half percent of our population suffer from cluster headaches, and that they are predominantly men -- as 80% of those who suffer from cluster headaches are male.

It is also interesting to note that the onset of cluster headaches typically occurs in the late 20s, but that there is no absolute age restriction. Statistics also show that approximately 80% of cluster headaches are episodic -- the remaining 20% are considered chronic.

For that matter, nearly everyone will have at least one tension headache in his or her lifetime. And approximately 3% of our population suffers from chronic tension-type headaches.

If you suffer from migraine headaches, you are actually in good company. Many famous people have suffered from migraines, including Julius Caesar, Joan of Arc, Karl Marx, George Bernard Shaw, Saint Paul, Thomas Jefferson, Edgar Allan Poe, Pyotr Tchaikovsky, Robert E. Lee, Ulysses S. Grant, Pablo Picasso, Lewis Carroll, Sigmund Freud and Vincent Van Gogh.

### Headache Myths

Headaches may be one of the most misunderstood medical conditions in America. There are at least five serious myths about headaches.

For example, one is that **all headaches the same**, which is clearly not the case.

Another is that **increased levels of stress cause chronic headaches**. The correlation between stress and headache is certainly true for some people but not for others.

This is where the confusion arises.

Stress may very well trigger a headache in someone who is susceptible to migraines but, if a person is not susceptible to headaches, it is unlikely that one will be triggered by rising levels of stress.

Another prevalent myth about headaches is that **headaches are all in your head**. You cannot just imagine or cause a headache to occur.

Headaches are a medical condition caused by physiological events that can be diagnosed and treated just like appendicitis or arthritis.

They require medical care and self-care measures to manage them, just like other chronic conditions.

Did you know that headaches are more prevalent during early adulthood and often become less common after middle age?

For example, migraine headaches are most common in people aged 25 to 55, which unfortunately, is a time when most of us are in our peak work years.

Migraine headaches are experienced more by women than men.

The reason for this may be that migraine headaches can be influenced by changes in hormonal levels, such as those that occur during a woman's menstrual cycle or during pregnancy.

But then, men also get migraines and not all women do.

And, most women who suffer from migraines experience them throughout the month, even when their hormones are not fluctuating.

Here is another fact that is sad but true. Regardless of all those advertisements you see on television or the articles you may read in some publications, **there is no “miracle” drug that can stop headaches in minutes** and not all headaches can be wiped away by taking any pill.

While various medications can play a vital part in treating headaches, the most effective drug therapies often require a combination of drugs.

It is also sad but true that relatives, friends and co-workers often may not understand the impact that headaches have on a person's performance.

For that matter, people suffering from chronic headaches often believe that they themselves are to blame. This misperception can actually work to prevent people from seeking help for their headaches.

Another common misconception is when some people think that you are suffering from headaches **because there is something wrong with you emotionally**.

This is also untrue. Chronic headaches are not the sign of psychological or mental problems. They're a biological disorder. While it is true that some people who have mental health problems do get headaches, the headaches are not necessarily because of these problems. It is also true that while people who are suffering the pain of a throbbing headache may be calm angry, irritable or moody, this does not mean they have a mental disorder. Headaches are an established medical condition.

You cannot just imagine or cause a headache to occur. Headaches are not just a complaint from someone who is acting hysterically or who is a hypochondriac.

Headaches are a medical condition caused by physiological events.

They require medical care and self-care measures to manage them, just like any other chronic condition.

Are you a guy? Then you should pay attention to this -- men are especially reluctant to see a doctor about chronic headaches because they don't wish to appear unable to handle the problem on their own. But, seeing a doctor is exactly what they should do.

Another misconception is that **people complain about headaches who cannot handle pain**. There is no scientific evidence that suggests that people with severe migraine headaches, for example, are more sensitive to pain than people who do not have migraines.

In fact, many people are able to carry on with everyday activities despite their migraine headaches, which shows they are resilient.

Finally, some people think that **sinus headaches are chronic headaches**. The fact is that sinus headaches occur only when you have sinusitis or infected sinuses – in other words only once in a while and only for a short time.

If you have chronic headaches and believed it was because of your sinuses, you need to stop thinking this and find out what kind of headaches you really have.

As you'll read in this book, there are medications you can take to stop or end a headache, and there are drugs and methodologies you can use to lessen the effect of your headaches.

But, anyone who tries to tell you that there is one medication, alternative treatment or supplement that can permanently "cure" your chronic headaches, is just not telling you the truth.

## **2. General Information about Headaches**

Did you know that the brain itself is not sensitive to pain? This is because it lacks pain-sensitive nerve fibers. There are several areas of the head that can hurt, including a network of nerves that extends over the scalp, and there are certain nerves in the face, mouth, and throat that can hurt.

However, the meninges and the blood vessels do have pain perception. As a result, irritation of the meninges and blood vessels can result in headaches.

The muscles of the head may also be sensitive to pain.

Pain in the neck or upper back may also be interpreted as headache. It ranks among the most common of local pain complaints.

### **What Causes Headaches?**

There are a wide variety of headache causes. These range from eyestrain and sinusitis to life-threatening conditions such as encephalitis, meningitis, cerebral aneurysms and brain tumors.

In some cases it is very easy to determine what is causing your headaches. If you suffered head trauma and now have chronic headaches, it is easy to figure out what caused them.

On the other hand, the causes of many other types of headaches are still not well understood.

At one time, scientists and doctors believed that migraine headaches were caused by the constriction and dilation of blood vessels and that tension headaches were caused by muscle contraction.

While scientists still believe that these play a part in causing headaches, a much more complicated explanation is beginning to emerge.

Many scientists now speculate that both migraine and tension headaches have the same origin in the brain.

## One New Theory

One new theory holds that headache pain begins with the trigeminal nerve. This nerve, the largest in the head, is located in the brainstem and carries sensory impulses to and from the face.

When this nerve is stimulated by a certain headache trigger, it releases a burst of neurotransmitters. This normally prompts the release of yet another neurotransmitter called serotonin.

Serotonin acts as a filter, screening out important things such as familiar background noises and other people's conversations, while admitting signals that demand attention, such as a baby's cry or your name being called.

The more serotonin, the greater the screening action, which is why high serotonin levels correlate with sleep.

It is thought that, under normal circumstances, increased serotonin levels counteract pain signals from the trigeminal nerve.

But, serotonin levels often prove to be too low in people suffering from a headache.

In fact, scientific tests have proved a clear relationship between headaches and serotonin levels.

In one experiment, test subjects got headaches when injected with a drug that depleted their serotonin level.

Likewise, the headache went away when they were injected with serotonin.

A lack of serotonin has also been implicated in depression and sleep disorders -- two problems that afflict many of those suffering from chronic headaches.

Another theory holds that teeth clenching may be the main cause of migraine headaches as teeth clenching causes a chronic contraction of the temporalis, or temporal muscle.

It has also been shown that patients with chronic tension-type headaches show increased muscle and skin pain sensitivity.

And, the hyper-excitability of central nociceptive neurons in the trigeminal, spinal nucleus, thalamus, and cerebral cortex, is believed to be involved in the cause of chronic tension-type headaches.

### **Headaches and Hormones**

There is strong evidence that there is a relationship between hormones and migraine headaches because women get this type of headache more than men.

Another important fact supporting this theory is that women do not get migraine headaches until after puberty when they begin to produce higher levels of female hormones.

Also, sixty percent of women with migraines report that their headaches happen more often before, during or after menstruation which is when hormone levels change.

This type of headache is sometimes called a “menstrual migraine”.

Third, these headaches tend to lessen in number during the second and third trimesters of pregnancy and the headaches often stop, or get worse, for menopausal women – again proving a relationship between hormones and headaches.

### **3. Types of Headaches and Their Symptoms**

There are four basic types of headaches. They are vascular, muscular/myogenic, traction and inflammatory.

The most common type of headache, the migraine headache, is vascular. This type of headache is usually characterized by severe pain on either one or both sides of the head, an upset stomach and, at times, vision problems.

The second most common type of vascular headache is the "toxic" headache produced by fever.

Cluster headaches are also a kind of vascular headache. So are the rare type of headaches caused by high blood pressure.

Tension headaches are the most common form of muscular/organic headaches. They appear to involve the tightening or tensing of facial and neck muscles, and may radiate to the forehead.

Tension and inflammatory headaches are generally symptoms of other ailments such as stroke or sinus infection.

#### **Non-chronic types of Headache**

There are other types of headaches, which are non-chronic; they occur only once, or once in a long time.

Included among these are:

- · Ictal headache
- · Ice cream headache
- · Thunderclap headache
- · Toxic headache
- · Coital cephalagia or sex headache
- · Sinus headache
- · Medication overuse headaches

## Major Types of Headaches and Their Symptoms

### *Migraine Headaches*

Migraines are clearly the most common type of severe chronic headache. Statistics suggest that more than 6 million Americans suffer from migraine headaches.

How can you tell if you're suffering from migraines? Migraine headaches are marked by pain that can be almost unbearable – to the point where all you want to do is lie down and wait for them to go away.

In addition to this pain, there are other symptoms that typify migraines.

- Nausea and vomiting
- Sensitivity to light and sound
- Cold-like symptoms
- Inability to function normally or below normal at work and at home when suffering the headache
- Head pain that has a pulsating or throbbing quality
- Moderate to severe pain --possibly on only one side of your head, although it can occur on both sides
- Pain so intense it interferes with your regular daily activities
- Pain that becomes worse if you engage in physical activity
- Feeling of being nauseated with or without vomiting
- A heightened sensitivity to light and sound.

If you do not treat a migraine headache, it will typically last from 4 to 72 hours. But, how often the migraine occurs will vary from person to person.

You might experience a migraine headache as often as several times a month or just several times a year.

Some migraines are accompanied by auras and some are not. If you do experience an aura, it will most likely occur about 15 to 30 minutes before your headache begins. In some cases, the aura may continue after your headache starts or can even continue after it ends.

These auras may include:

- Blind spots in your vision that slowly spread
- Dazzling zigzag lines in your field of vision
- Sparkling light flashes
- A sensation of tingling or a pins-and-needles sensation on one arm or leg
- In rare cases, weakness or language and speech problems.

You may also have one or more sensations which indicate an imminent migraine headache. These sensations are called **Prodromes** and may occur several hours to a day or so before your headache actually begins.

The sensations can include:

Thirst

Irritability or depression

Drowsiness

Cravings for sweets

Feelings of elation or intensive energy

### ***Cluster headaches***

The main symptom of cluster headaches is described by its title – headaches that occur in a cyclical pattern or cluster.

These clusters may last from weeks to months, followed by periods during which the headache attacks stop completely. While the cluster pattern can vary from one person to another, most cluster headache sufferers have one or two cluster periods a year. Then, during remission, they may experience no headaches for months or even sometimes years.

Only about 1% of the U.S. population suffers from cluster headaches, which is a good thing as it is one of the most painful kinds of headache.

Unlike migraine headaches, cluster headaches affect more men than women. People of any age can be affected by cluster headaches, but it is most common for people between adolescence and middle age.

Cluster headaches usually strike quickly and without warning.

If you suffer from cluster headaches, you know how the excruciating pain can develop in minutes. Typically, this pain will develop on the same side of the head throughout a cluster period.

The pain can switch to the opposite side of the head in the next cluster but this happens only infrequently. The pain can also switch sides from one attack to another but this is very rare.

Those who suffer from cluster headaches often describe the pain as sharp, or penetrating. They will say that the pain feels like a hot poker being stuck in the eye or that their eye is being pushed out of its socket.

A cluster headache will always trigger a response from your autonomic nervous system. As you might know, your autonomic nervous system controls many of your vital activities without you having to consciously think about them. For example, this system regulates your blood pressure, heartbeat and body temperature. If your response to a cluster headache is swelling, tearing and redness of the eye on that side of your head affected by pain, then you're experiencing the most common autonomic response to a cluster headache.

Cluster headaches also show these symptoms:

- Pain that typically lasts three hours or less
- Headaches that occur usually at night
- Headaches triggered during the active periods by alcohol
- high altitude, air travel, bright sunshine, exertion or foods, especially foods that are high in nitrite.

These signs and symptoms can also accompany cluster headache:

- Red, flushed face
- Reduced pupil size
- Stuffy or nasal discharge from the nasal passage on the side of the face where you are experiencing the pain

- Drooping eyelid
- Swelling around the eye on the side of the face where you feel the pain

These signs and symptoms normally last only as long as your cluster headache lasts. However, for some people, a drooping eyelid and reduced pupil size may linger long after the attack.

A cluster headache may also be accompanied by some migraine-like symptoms, such as nausea, sensitivity to light and sound or even an aura.

### ***Chronic Daily Headaches***

An estimated four to five percent of all adults in America experience headaches nearly every day. These headaches are known as chronic daily headaches.

Chronic daily headache can be classified as either primary or secondary. People who have had migraine or tension-type headaches for many years often develop primary chronic daily headaches. These headaches can gradually increase in frequency over time until they appear almost daily. On the other hand, secondary chronic daily headaches are caused by an underlying disease or condition.

Chronic daily headaches are among the most disabling of headaches because of their incessant nature.

The most common symptoms of a chronic daily headache are:

- Pain that is dull and moderate most of the time
- Headaches that occur more than 15 days a month
- Headaches that are present for at least six months of the year
- Headaches accompanied by nausea, sleeplessness or irritability and feelings of squeezing, burning, pounding or drilling.

While the signs and symptoms of these headaches vary, depending on the specific type, here are some common ones:

**Chronic daily migraine headache.** When a migraine gradually become more frequent until you experience them nearly every day, this is known as a transformed migraine. There may be steady pain on one or both sides of

your head, as well as pain in the neck and face. You may notice that in common migraine, symptoms of nausea and sensitivity to light and sound fade, but you may continue to experience the occasional acute migraine.

But, it is also common for people who suffer from this type of headache to also experience depression, sleep disturbances, anxiety and panic.

**Chronic tension-type headache.** Tension-type headaches will occasionally become daily headaches. In this case, the pain will involve both sides of the head and the back of the head and neck.

Those who suffer from this type of headache often describe the pain as a dull ache or band of pressure around their head. The pain of the headache may vary throughout the day. Those who suffer from these headaches report that they occasionally also experience depression, sleep disturbances, anxiety and panic.

**New daily persistent headache.** This type of headache begins abruptly in people with no headache history. They can be triggered by infection, surgery or a stressful life event. In other cases, there is no recognizable trigger.

Sufferers often describe the pain as throbbing, dull, achy, stabbing or burning, or as a tightness or pressure. This pain typically continues throughout the day. Some new daily persistent headaches will stop within several months. Unfortunately, others will continue for years or even decades.

**Hemicrania continua.** This is a fairly rare type of chronic daily headache. It is marked by pain that occurs on one side of your head and varies in severity without ever disappearing completely.

Most sufferers describe the pain of a Hemicrania continua headache as “moderate,” but this type of headache may include jolts of severe pain that last less than a minute. Tearing or redness of the eye on the side of your head experiencing the pain may accompany this flare-up or jolt. There may also be swelling or drooping of the eyelid and a stuffy or runny nose – again on whichever side of your head has the pain.

### ***Tension-type Headache***

At some time during their lives up to 88 percent of women in the U.S. and up to 69% of men experience tension-type headaches.

Despite the fact that this type of headache can impair job productivity and interfere with family and social time, it is easily the most misunderstood headache type.

This is because the word “tension” implies that this kind of headache can be attributed to tension or stress, which will eventually go away and, along with it, the headaches.

Also, many doctors think of tension-type headaches as mild, benign, self-treatable conditions due solely to stress.



However, in 1988, the International Headache Society developed the classification “tension-type headache” as a condition characterized by bilateral, mild to moderate pain and pressure that is often described by sufferers as having “a clamp around the head.”

Some patients with these type headaches experienced severe pain and a serious disability.

While no clear cause of tension-type headaches has ever been found, they are manageable – with a balance of healthy habits, finding effective non-drug treatments and using medications appropriately.

This type of headache can last from 30 minutes to a whole week. They can occur occasionally or nearly all the time. If they occur 15 or more times a month for several months, they are considered chronic. Even worse, chronic tension-type headaches can sometimes persist for years.

The symptoms of a tension-type headache are:

- A dull ache or sensation of tightness in your forehead or at the sides and back of your head

- Headaches that are either episodic or chronic (episodic tension headaches occur less than 15 days a month, whereas chronic tension-type headaches occur 25 days or more a month)
- Headaches that typically last four to six hours
- Being unable to walk upstairs and then forward without the headache getting worse
- The inability to eat when you have a headache
- Pain that is usually mild or moderately intense
- Pain that starts soon after you wake up in the morning or early in the day.

Some tension-type headache patients say they experience neck or jaw discomfort or a clicking sound when opening their jaws.

There may also be:

- Difficulty sleeping (insomnia)
- Fatigue
- Tenderness on the scalp, neck and shoulder muscles
- Loss of appetite
- Irritability
- Difficulty concentrating

Tension-type headaches are not usually accompanied by visual disturbances (blind spots or flashing lights), nausea, vomiting, abdominal pain, weakness or numbness on one side of the body or slurred speech.

Physical activity will not make them worse as it does a migraine headache.

### ***Rebound Headaches***

While you may have learned to rely on pain relievers when you feel a headache coming on, and you do this more than two or three days a week, you may actually be contributing to your headaches rather than treating them.

It starts when you take too much medication –more than the label instructs or your doctor prescribes. What happens is that your body soon adapts to the medication. You may not even realize that you are overmedicating until you miss a day and your head starts to hurt again – sometimes more intensely than before.

This headache type tends to occur every day, sometimes waking you up in the early morning and continuing throughout the day.

The pain may be most severe at first, as your medication begins to wear off.

The pain of a rebound headache will sometimes be a dull ache. At other times, the pain may be throbbing or pounding.

These headaches may have other signs and symptoms, including:

- Anxiety
- Restlessness, irritability and difficulty concentrating
- Nausea
- Depression
- Memory problems
- Trouble sleeping

## 4. Headache Triggers

Almost everyone has had or will get a headache sometime in their lives. However, if you experience headaches on a regular basis, you may be predisposed to them because of your genetics, your life's stress, or your body's own metabolism.

If you have been experiencing headaches for some period of time, you probably already know what can trigger them. While headache triggers are different, depending on a person's situation, there are several factors that are almost universal when it comes to triggering headaches.

One hundred and ninety-nine chronic headache sufferers recently filled out a questionnaire about the conditions that they experienced just before a headache.

The results of this survey were that the most frequently cited triggering factors in order of frequency were:

- · Anxiety
- · Glare
- · Noise
- · Anger
- · Medications
- · Hormones
- · Physical exertion
- · Emotional triggers



It has been found that emotions can bring on headaches, keep them going, and even make them worse.

This is because, while headaches are not caused by emotions, they can make you more vulnerable to them. When the body is influenced by the mind, the result is called a psychosomatic condition. This term has been used negatively to describe people who believe they have illnesses that are not really there.

However, this is an incorrect use of the word. Psychosomatic simply means that the state of the mind can influence the biological mechanisms of the body. Besides headaches, other examples of psychosomatic conditions include peptic ulcer disease, asthma, and some irregularities of the heart rhythm.

It is also interesting to note that in one study, scientists used the Minnesota Multiphasic Personality Inventory (MMPI) to test headache sufferers and concluded that they are exceptionally prone to depression, denial, and preoccupation with their symptoms.

The interesting thing is that these researchers were not sure whether these tendencies were the cause of headaches or the result of headaches. In either case, it is possible that people who are prone to headaches may view stress as more overwhelming than those who don't get headaches.

These scientists also found a difference between tension headache sufferers and migraine sufferers. Those in the study who had migraine headaches scored higher in the section of the test that was devoted to depression, while those who suffered from tension headache scored higher in those sections that had to do with symptom preoccupation, anxiety, and denial.

This led the researchers to conclude that people with tension headaches might be more emotionally vulnerable than those who suffer from migraine headaches. The scientists involved in this study speculate that the greater impact of emotions in this group could be due to the higher density of tension headaches.

Another recent study of headaches and emotions found that depression was strongly related to disability, as defined by the individual's feelings of disruption in his or her daily life.

This study of 139 patients also found that expressed anger did not produce a perceived disability, but that anger that was not expressed did. This led researchers to suspect that unexpressed anger may amplify the feelings of depression among chronic headache sufferers.

## **Eating and Sleeping Patterns**

It has been found that fasting or skipping meals is a major headache trigger. In one study, it was found that for a majority of 2000 women with migraines, the lack of food for five hours during the day or for 13 hours overnight was a primary factor in triggering their headaches.

It is not completely understood why this is so. Maybe it is the fact that fasting can affect the level of neurotransmitters, and how low blood sugar from lack of food can cause the blood vessels to dilate, which then triggers a headache.

It has also been found that night-time sleep and sleep during the day may trigger headaches. Too much sleep or too little sleep can trigger headaches in those who are prone to get them.

## **Environmental Factors**

If you work in a place where you inhale fumes or toxins you may have already found that this can lead to headaches.

Environmental substances that can trigger headaches include turpentine, carbon tetrachloride, benzene, formaldehyde, heavy metals (especially lead) and carbon monoxide.

Other workplace conditions that can trigger headaches are bright lights, glare, noise and eyestrain.

## **Vision**

Eyestrain and diseases of the eye can lead to headaches, though headaches related to eye disorders actually occur less frequently than you might imagine.

For example, if you strain your eyes through excessive reading or if you spend many hours squinting at a computer screen, the muscles controlling your eye movement can become fatigued. You may also suffer headaches related to eyestrain if you continually work under flickering fluorescent lights.

However, it is difficult to separate tension headaches from eyestrain headache. This is because sitting in the same position for a long time while

reading or working on a computer can strain your neck and shoulder muscles as well as your eyes.

### **Medications**

Headaches can actually be triggered by some medicines used to treat illnesses. If you are taking nitroglycerin for heart disease, medication for high blood pressure, or medication used to dilate blood vessels, you should talk with your doctor about switching to another non-headache provoking drug. However, do not stop taking any of these medicines without the prior approval of your doctor.

Contraceptives (the Pill) may or may not cause headaches, and may or may not make headaches worse, depending on the individual.

It is difficult to determine whether or not the Pill causes headaches in women because most women who take it are in the age range for headache onset.

So, the Pill might be “guilty by association”.

However, headaches in women could be triggered by the Pill or by varying levels of estrogen delivered by triphasic oral contraceptives (those that supply different doses of hormones each week).

### **Physical Exertion**

Physical activity and exhaustion may trigger a migraine attack in people who have a history of migraine headaches. In most cases, the trigger is the result of activity that is more strenuous than usual or excessively prolonged.

Exercising without warming up first, not drinking enough fluids, and exercising in locations that are at a higher altitude or temperature may also be contributing factors.

### **Diet and Foods**

Diet can also be a headache trigger. Some headache sufferers say that certain foods trigger their head pain.

This may be because many foods contain substances that can provoke the release of the neurotransmitters implicated in causing headaches.

## *Tyramine*

Headaches can be triggered by foods containing the substance, Tyramine, which is a member of the amines group of organic chemical compounds. It may influence the release of the neurotransmitter serotonin.

Common foods that contain tyramine include:

- ❖ Chocolate
- ❖ Aged cheese
- ❖ Vinegar (relish, salad dressings, sauces, catsup)
- ❖ Organ meats (kidney, liver)
- ❖ Alcohol (especially red wine)
- ❖ Sour cream
- ❖ Soy sauce
- ❖ Yogurt
- ❖ Yeast extracts



## *Nitrites*

Headaches can also be triggered by foods containing nitrates as preservatives. It is estimated that in the United States there are 12,000,000,000 pounds of nitrite currently used to give meats a pink color and enhance their taste.

Foods that contain nitrite include:

- ❖ Smoked fish
- ❖ Corned beef
- ❖ Bologna
- ❖ Pastrami
- ❖ Pepperoni
- ❖ Canned ham
- ❖ Bacon



- ❖ Sausages
- ❖ Frankfurters

### ***Monosodium Glutamate***

This additive, which is frequently called MSG, may also cause headache pain. It is a flavor enhancer that is often sold under the trade name Accent.

An estimated 20,000 tons of monosodium glutamate are used yearly to add flavoring to foods such as:

- ❖ · Dry roasted nuts
- ❖ · Soups and sauces
- ❖ · Potato chips
- ❖ · Diet foods
- ❖ · Chinese foods
- ❖ · Salad dressings and mayonnaise
- ❖ · Processed or frozen food

### ***Other Foods***

There are a number of other food items that can trigger headaches. These include citrus fruits, dairy products, soybeans, wheat products, onions, fatty foods, seafood, and artificial sweeteners ( such as aspartame or NutraSweet).

### ***Non-food Headache Triggers***

- ❖ Alcohol – beer, wine, champagne, and liquors
- ❖ Vitamins – high doses of vitamins can trigger headaches
- ❖ Water (lack of) – the simple lack of water or dehydration is a major cause of headache, especially migraine headaches
- ❖ Caffeine – can be a friend or foe. It is used as an ingredient in most pain relievers because it enhances the intestinal absorption of the



drug. But it can also trigger headaches in sensitive people and in those who drink too much coffee or any other beverage containing a high amount of caffeine.

## 5. Getting the Right Diagnosis

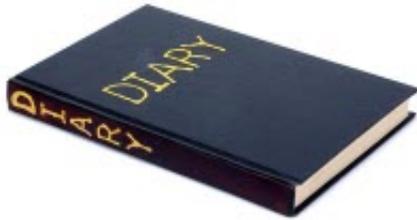
If you do not know what kind of chronic headaches are affecting you, the first, important step is to get a correct diagnosis.

You can read the information found in Chapter 3 to get an idea of what kind of headache is affecting you. However, this will give you only a “rough” diagnosis by symptoms. To get a totally definitive diagnosis you must see a doctor experienced in treating people with severe headaches.

You should also see a doctor when:

- · Your headaches have changed in nature or frequency
- · You develop a new type of headache
- · Your headache treatment isn't working

### A Headache Diary



Before you see your doctor you should keep track of your headaches with a headache diary. This can help both of you pinpoint the cause or causes of your headaches.

Information to record in this diary would include “who,” “where,” “when,” and “why.” It might also include “how.”

The “**Who**” is who you were with before the headache started? Was it someone who made you angry or irritated or hurt your feelings?

“**What**” is what if any medications were you taking to treat the headache? Were you taking other medications at the time? What symptoms did you experience in conjunction with the headache?

“**Where**” is where you were before the headache started? Were you at work under glaring lights or were there loud noises or fumes? Were you at home resting after a stressful day?

The “**Why**” is why would your headaches start? Did you eat a particular food or drink something such as alcohol? Did you get enough sleep or more sleep

than usual? How about skipping meals? Did you forget breakfast, lunch or dinner? Or did your headache start after some physical activity?

The “**How**” is how did the pain feel? Would you describe it as a throbbing pain, on one side of the head, on both sides of the head, or stretching across the temples? How do you cope with the headache? Did you have to miss work, lie down and rest, or, like me, spend time sitting in a dark room?

You should probably begin to keep this diary for at least several weeks before you see a doctor. This diary can help your doctor not only diagnose your headaches, but also find patterns of severity and frequency.

You should keep your diary even after you have seen your doctor as it is important for him or her to be able to see changes in your headaches, especially those that have occurred because of your response to a new therapy.

### **The Initial Visit**



Most chronic headaches are called primary headaches. That is, they are not caused by some illness or ailment. It is these primary headaches that are the subject of this book.

In your initial visit to the doctor, she or he will probably interview you first about your headaches and your general medical condition.

You will be asked questions about your head pain and other symptoms. Often there will be a detailed question and answer session that will produce enough information about your headaches that your doctor can at least form an initial diagnosis.

Your doctor will want to either identify or exclude any underlying or secondary cause of the pain that may require treatment.

To do this, he or she will talk to you about your health in general and about your normal activities. When you have this discussion with your doctor, be sure to mention relevant information such as whether you have had an head

injury in the past, abused medicines, experienced hormonal changes, or been exposed to harmful substances that could be the cause of your headaches.

### **Questions You Need to Answer**

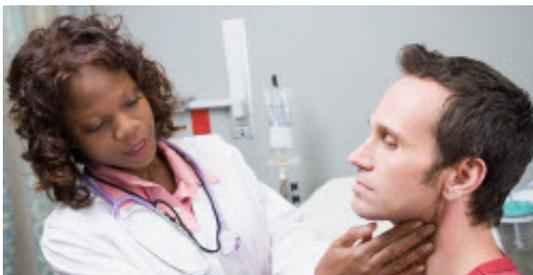
Your doctor will be looking for patterns that are characteristic of a specific type of headache.

This interview with your doctor may make you feel as if you were playing that childhood game of “20 Questions”, as you will be asked questions such as:

- Do you do you have a mild, aching pain that develops daily or occasional attacks of a severe, throbbing pain?
- When did your headaches start?
- How often do they occur?
- Where is the pain located?
- How would you describe that pain?
- How long your headaches typically last?
- Do you experience any other symptoms along with the pain?
- Are there any factors that may trigger or aggravate the pain?
- What helps your headaches?

You should be prepared to answer these questions and also to talk about your medical history, including information about any serious injury you have suffered. He or she will want to know about previous tests – for example, tests to screen for blood pressure or vision – and the names of all medications or supplements you are taking. Your doctor may also ask about your family’s medical history.

### **The Physical Examination**



Following this, your doctor will most likely do a physical examination.

He or she will check your ears, nose, throat and jaw to check for signs of symptoms of infection or illness that could be causing your headaches. She or he may also look for any neurological signs, such as vision problems or muscle weakness that may indicate a secondary cause of your headaches.

### **Other Diagnostic Tools**

Following this, your doctor may use one or more diagnostic tools to help determine what kind of chronic headaches are affecting you and how best to treat them.

These tools may include:

**Psychological examination:** Your doctor may suggest an evaluation by a mental-health professional to determine if your headaches are being aggravated by psychological influences.

**Blood tests:** These can determine changes in blood chemistry that might signal the early onset of some disorders, such as anemia, thyroid disease, low blood sugar, or kidney and liver disease.

**Electroencephalography:** This test, also known the EEG, shows electrical activity of the brain. It is used to detect some disturbances in brain function such as irregularities in rhythm, the presence of seizure-like activity, and the effects of metabolic substances on the nervous system.

**X-rays:** Simple X-rays have generally been replaced by more advanced technology such as CAT scans. However, they can be used to detect some conditions, including sinus infection and or excessive fluid around the brain.

**Computed Axial Topography (CAT) scan:** This test shows radio graphically "slices" of brain structures and can detect conditions inside the brain that reveal most physical causes of headaches. For example, it can detect blood clots but not aneurysms. A CAT scan is more technologically advanced than an X-ray. As part of this procedure, you are most likely to be injected with a relatively harmless dye to better show the brain structures. If your doctor recommends a CAT scan, be sure to tell her or him if you are

allergic to shellfish. This is because shellfish contain iodine, and the dye used in most CAT scans also contains a form of iodine.

**Magnetic Resonance Imaging (MRI):** This test uses magnetic fields and radio waves instead of X-rays and is more advanced than a CAT scan. The MRI machine is essentially a large magnet. When turned on, it forms a magnetic field, which will orient some of the atoms in your brain in a certain direction. A detailed picture of the brain is then created as the radio waves changed direction in the movement of these atoms.

Both CAT scans and MRIs are considered controversial in diagnosing headaches as they actually diagnose so few. In fact, most people who undergo these tests have normal results. For this reason many insurance companies do not reimburse the cost of either of these procedures.

## **6. Coping with Migraines**

If you suffer from migraines, there is bad news and good news.

The bad news is that there is no cure for migraines. Despite what you may have seen on TV or heard on some radio infomercial, migraines just cannot be cured.

There is no miracle cure, no pill, potion, vitamin or supplement that can stop your migraine headaches for all time.

The good news is that in some cases you can head them off with preventative treatments or, at least, modify their severity (abortive treatments).

### **Choosing a Treatment**

No one but your doctor should choose your method of treatment or the drugs used to treat your migraines.

However, there are some guidelines that can help you understand how your doctor may treat your headaches.

If your migraine is mild with little disability, your doctor will probably suggest analgesics. In this case, a caffeine-containing analgesic such as Excedrin may work best.

For severe or disabling migraines, your doctor may add an anti-nausea medication such as Compazine, as well as DHE or triptans.

If you get poor relief or usually need to repeat your dosage for the same headache, your doctor may consider a different acute medication.

Finally, if you usually need to use acute medication for more than two days a week, your doctor may add a preventive therapy.

The first form of preventative treatment is to cut out foods that can trigger headaches such as those covered in Chapter 4 that contain tyramines, nitrites or monosodium glutamate.

There are two other types of preventative treatments; medications and supplements. You will find supplements treated in Chapter 13.

If you are suffering two or more migraine headaches per month, or if your migraines are so severe that they are impacting your quality of life or ability to function, then a good solution for you might be preventive therapy or a preventive drug.

While all of these therapies or drugs are called preventive, you should not become frustrated if your doctor prescribes medication that does not immediately stop your migraines from occurring.

Your doctor may need to try several different preventive drugs before finding the right one. The good news is that these preventive drugs have significant potential for reducing the frequency, duration and intensity of acute migraine attacks, and can significantly decrease the disability associated with your chronic migraine.

Also, keep in mind that there is no drug that will prevent migraines for all sufferers.

I have been monitoring a migraine headache group for the past several months. Here are just a few of the comments I saw posted having to do with migraines and drugs.

**These comments are comments from individual people  
and should not be considered as any sort of medical advice**

“I know it seem hard to handle right now but hang in there. The Topamax dose that is supposed to work the best is 50mg in the AM and in the PM. The side effects go away do not worry, the migraines go away also. The Topamax did not work well for me until the doctor put it at the dose for the migraine prevention level.”

“Phenergan with my medication”. Now with some people Phenergan is addictive but it has never been with me...go figure.

This was a miracle for me. This changed things completely. "It is Sinus Buster, and I got the headache formula that includes feverfew which I have chewed the leaves of before with little success, and also taken the tablets of, with less success. The spray has capsaicin pepper in it. My eyes did water. It was recommended in the article to hold the spray in the opposite hand as the nostril so you don't shoot it on the middle which would be especially sensitive. Let me tell you I just got it today and I was about to take my Fioricet, and took two sprays of this in my nose. DANG it made my eyes water. But here I sit headache free 10-20 minutes later. So, I am kind of holding my breath, hoping it lasts."

"I was also at that time on the max amount of Topamax, they had upped it from 50 mg a day to 200 mg a day to help with the nerve pain, 1800 mg of neurontin and I also take 50 mg of Elavil, which I have been on for 2 years as a daily for my migraines. I do still get some break through migraines, but not nearly as frequent."

"Instead, the doctors gave me Benadryl and Phenagran. This really helped. After being home and having another one, hubby went to the store and bought Benadryl. I had to take this a few times, but it got rid of my migraine without going to the doctor."

"When I took Topamax it made me feel like I was on speed, I was only on it for 2 weeks but I felt like it was two weeks of hell because if my sleep is affected, I suffer big time."

"I started on Topamax about a 1 1/2 weeks ago. Yes, the mood swings are great aren't they. My husband said I am getting very bad. He wants me to stop taking them."

"I am now on Namenda, Inderal, Tarka, Cymbalta and then my pain meds should I need them. I take Phenergan."

As you can see, different migraine sufferers react differently to different drugs. In many cases, it takes a combination of drugs to provide relief.

In any event, here is some information on some drugs that have been found to be helpful in treating migraines for some people.

It is important to understand that I am not a physician nor a trained specialist in headaches or headache relief.

The information in this chapter and throughout this book is based on research I have done over the past several months and represents the best information I was able to find from a variety of sources.

**You should never you take any of the medications cited here unless prescribed by your doctor after personal consultation.**

### **N.S.A.I.Ds**

The NSAIDs are platelet antagonists and prevent platelet clumping, an action that is commonly associated with the development of migraines. They also affect serotonin levels.

NSAIDS are most often used in preventative treatment of those who suffer from chronic migraines. They are unique in the treatment of migraine, and anti-inflammatory and analgesic properties make them good choices for endive, symptomatic, and prophylactic therapy. In fact, recent studies suggest that the regular use of aspirin or other platelet-active drugs in this category might reduce the recurrence of migraine by approximately 40%.

The most common complaint associated with the use of NSAIDs is gastrointestinal problems.

Typical nonsteroidal anti-inflammatory drugs or NSAIDs such as **ibuprofen** (Advil, Motrin and others) or **aspirin** can help relieve mild migraines.

There are also drugs in this family marketed specifically for migraine headaches. These are typically a combination of acetaminophen, aspirin and caffeine. One example of a combination drug sold over-the-counter is Excedrin Migraine.

### **Prescription Drugs**



The Food and Drug Administration have approved a number of prescription drugs for use in preventing migraines.

They include cardiovascular drugs, antidepressants, anti-seizure drugs and NSAIDs.

#### ***Cardiovascular Drugs***

Cardiovascular drugs, which are commonly used in the treatment of high blood pressure and coronary artery disease, have been shown to reduce the frequency and severity of migraines. In fact, these drugs are considered to be among the first-line treatment agents.

**Propranolol:** This drug, better known by the brand name Inderal, is a beta blocker and is currently considered by some to be the first choice drug in migraine prevention.

Beta blockers do many things that may contribute to their efficiency in migraine prevention.

This includes preventing the widening of the cranial arteries, blocking the beta-receptors, blocking the platelets from clumping and decreasing the ability of platelets to stick to the walls of the smallest blood vessels or capillaries.

**Other beta blockers:** If your physician does not recommend that you take propranolol, he or she may suggest another beta-blocker.

One that has received approval in migraine prevention is **Timolol**, which is marketed under the brand name Blocadren.

Another beta blocker, **nadolol** (marketed as Corzide) has also been used successfully in migraine prevention.

**Divalproex sodium:** Depakote is a brand name for divalproex sodium, which is the drug most recently approved in migraine prevention. While it is not clearly understood how divalproex sodium can prevent migraines, it may be due to its ability to increase levels of the amino acid GABA, which is believed to be involved in migraine development.

If you also suffer from seizures, mania or anxiety, it may be worth asking your doctor about divalproex sodium.

However, it does have side-effects, including nausea, gastrointestinal distress, sedation, pancreatitis, some blood disorders, tremor and liver toxicity.

**Methysergide:** Sansert is the brand name of **methysergide**. It is a synthetic drug and is closely related to ergotamine medications, which occurs naturally. While this drug may be one of the most effective for migraine prevention, it is normally used only for patients who suffer from frequent, severe, disabling migraines that do not respond to less toxic agents.

Its adverse effects include vomiting, abdominal pain, nausea, drowsiness, leg cramps, numbness, weight gain, hair loss, fluid retention, and low blood pressure.

In addition, using methysergide long-term has been associated with the production of fibrous tissues in the lining of the kidney and lungs, and fibrotic thickening of the cardiac valve.

For this reason, you should not be kept on methysergide for more than four to six months consecutively, and should be given a 4-to 6-week drug-free interval between treatments.

Also, if you have a history of collagen disease, fibrotic disorders, peripheral vascular disease, coronary artery disease, severe hypertension, or thrombophlebitis, you should probably not take methysergide.

**Calcium Channel Blockers:** Calcium channel blockers may also be effective in the prevention of migraines, but it may take two to four weeks for their full effects to be realized. It should be noted that, while these agents have been studied extensively in both the U.S.A. and Europe for migraine prevention, no calcium channel blocker has yet to receive approval in migraine prevention in the U.S.A.

These drugs are used to treat hypertension for some heart patients in the United States.

Verapamil is a calcium-entry blocker that maintains its effects and for this reason, is useful as a migraine preventative agent. It is marketed as Calan, Isoptin, or Verelan. The most common side effect of verapamil is constipation, but other side effects may include flushing, light-headedness, hypotension, rash, and nausea.

Nimotop is the brand name of Nimodipine, which has also been used effectively to prevent migraine. Unfortunately, it has also been known to cause more behavioral changes, sedation, and other central nervous system effects than other calcium blockers.

### **Antidepressants**

**Tricyclic antidepressants** (TCAs) do have an anti-migraine effect, but are not usually considered to be the first choice in preventing migraines. However, they may be useful in some patients, especially those who have both migraine and tension type headaches.

**Amitriptyline** (brand name Elavil) is a well-established antidepressant used in migraine therapy, usually along with **doxepin** (brand name Sinequan), nortriptyline and imipramine.

These antidepressants are usually more effective in sedation than **protriptyline** (brand name Vivactil) or **desipramine**, which is commonly known as Norpramin.

Be aware that these drugs may cause dry mouth, blurred vision, weight gain, constipation, blurred vision, hypotension, rapid heartbeat, sexual dysfunction, and urine retention.

This means you should not be on antidepressants if you have a narrow-angle glaucoma, prostate problems or cardiac conduction disturbances.

### SSRIs

**Serotonin uptake inhibitors** (SSRIs) and some of the other newer antidepressants have a more targeted attack as they operate more specifically than serotonin receptors and their side effects are not as disabling. However, as with TCAs, it may be as long as two to three weeks before you begin to feel the therapeutic effects of these drugs.

The SSRIs, such as Prozac (**fluoxetine**), Zoloft (**setraline**), and Paxil (**paroxetine**) have also been found to help prevent migraines.

However the side effects of these drugs can include nausea, insomnia, weight-loss, sexual dysfunction, and agitation.

Wellbutrin (**bupropion**) and Desyrel (**trazodone**) are other antidepressants that have shown some ability to prevent migraines.

However, bupropion, can produce insomnia, anxiety, and seizures, and should not be used if you have a history of seizures or are prone to eating disorders such as bulimia.

Also, trazodone can cause priapism (persistent erection of the penis with pain and tenderness) and should be avoided if you're a male patient.

### MAOI's

Nardil (**phenelzine**) and Marplan (**isocarboxazid**) are **Monoamine oxidase inhibitors** (MAOIs) that have been found to be helpful in preventing migraines.

Monoamine oxidase has been identified as one of the chemicals that are instrumental in developing migraines, and these drugs prevent some of its actions.

Adverse effects associated with MAOIs include insomnia, dizziness, blurred vision, impotence, urinary retention, orthostatic hypotension, edema in the feet, ankles and hands, and weight gain.

### **Alpha Blockers**

**Clonidine:** This Alpha Blocker’s efficiency in migraine prevention is not as good as that of the beta blockers. It acts on the part of the brain that subsequently affects the blood vessels.

However, it has been found to be helpful in those patients who experience food-related attacks. It can also be helpful to patients withdrawing from opiates (narcotics).

The side effects of iodine which is contained in this preparation may include drowsiness, constipation, disturbances of ejaculation, dry mouth, orthostatic hypotension and depression.

**Cyproheptadine:** This drug has been used successfully in treatment of childhood migraines. It has both anti-serotonin and anti-histamine effects and has been suggested for use in preventing migraine headaches in adults. However, its usefulness is limited by the fact that tends to be a sedative and also promotes excessive weight gain.

### **Techniques for Treating Specific Types of Migraine**

#### ***Prolonged Migraine***

If you occasionally have a migraine attack that lasts more than 24 hours, you may be given corticosteroids to hasten its end. This may be given as an injection or orally over several days.

#### ***Migraine Headaches with Tension-type Headaches***

If you have both tension-type and migraine headaches, you may be given antidepressants as these may be especially helpful for this combination of headaches.

You may also be given a combined therapy, as the nature of these headaches is very complex. This combined therapy may involve a tricyclic antidepressant and MAOI.

If you suffer from these combination headaches, your doctor may prescribe an antidepressant and a beta blocker, such as propranolol.

The NSAIDs have also been found to be effective in treating the combination of migraine and tension-type headaches.

### ***Hormonal Headaches***

**Menstrual Migraine:** NSAIDs are usually the medications of choice in the preventive and endive treatment of menstrual migraine.

The use of these NSAIDs should be started two to three days before the onset of the period and continue through the flow.

There is limited risk of gastrointestinal problems when using NSAIDs to treat menstrual migraine because the treatment interval is relatively short.

The **NSAIDs** commonly used to treat menstrual migraines are **fenoprofen** (Nalfon), **ketoprofen**, **keterolac**, **nabumetone** (Relafen), **naproxen** (Naprosyn) and **naproxen sodium**.

If you find this therapy does not help prevent the menstrual migraines, your doctor may prescribe small doses of **ergotamine agents**.

For example **ergotamine tartrate** may be prescribed for use at bedtime or twice daily. Or your doctor may prescribe a combination of **ergotamine tartrate**, Phenobarbital, and **belladonna alkaloids** (commonly known as Bellergal-S) to help head off your migraines.

**Methylergonovine maleate** (Methergine) and DHE have also been found to be quite effective in preventing or stopping severe menstrual migraines.

Other drugs used to prevent menstrual migraines include beta blockers and the other migraine-preventing drugs, such as divalproex sodium, calcium channel blockers, and antidepressants.

Finally, your doctor may prescribe hormonal therapy to treat your menstrual migraines. This can include estrogens, estrogen antagonists, and estrogens

in combination with testosterone or progesterone, and prolactin-release inhibitors.

### ***PMS Headaches***

If you are experiencing migraine headaches in the premenstrual phase, aspirin and other NSAIDs can be effective. If you have severe PMS headaches, your doctor may also suggest therapy to stop ovulation, such as an oral contraceptive.

### ***Pregnancy***

The best treatment for migraines during pregnancy is no treatment.

However, sumatriptan may be used sporadically by some people during pregnancy after consultation with the doctor.

Some others may use acetaminophen for pain relief.

After the first trimester, most of the NSAIDs, caffeine, narcotics and butorphanol may be relatively safe but check with your doctor first.

Some believe that drugs such as tricyclic antidepressants; fluoxetine or propranolol can be used with relative safety after the first trimester to prevent migraines.

**Make sure that you talk your obstetrician during your pregnancy before using anything to treat your migraines.**

If a doctor who specializes in migraines is also treating you, suggest he or she set up a consultation with your obstetrician.

### ***Breast-feeding***

If you are breast-feeding, and require prophylactic drugs (those that prevent migraine headaches) the drugs which may be advised may include the beta blockers, calcium channel blockers, Prozac (fluoxetine) and Zoloft sertraline).

### ***Menopause***

Hormone replacement therapy, or H.R.T., not only relieves menopausal symptoms, it may help to prevent heart disease and osteoporosis.

If you suffer from recent onset migraine attacks and are not using HRT, the use of low-dose estrogen, sometimes combined with testosterone, may be effective.

## **Relieving or Stopping a Migraine**

The good news for migraine sufferers is that there have been some great breakthroughs in the relieving of migraine headaches.

We have seen the introduction of triptans, as well as new methods to deliver older, standard medications.

The quality of life for migraine sufferers has been improved and the disability associated with migraine headaches substantially decreased.

One thing that research has suggested is that there is a strong relationship between serotonin and migraine.

Serotonin is a chemical that is primarily released by the platelets into the blood. Serotonin can control blood vessels - depending on its concentration.

There are three theories associated with serotonin.

- 1) One theory is that migraine attacks are triggered by serotonin being released from the platelets.
- 2) The second theory is that acute attacks can be initiated by the release of serotonin from certain nerve fibers.
- 3) Finally, a third theory associates changes in serotonin metabolism as playing a role in the occurrence of migraines.

Medications that increase or decrease the amount or action of serotonin are called serotonergic drugs.

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**unless prescribed by your doctor after personal consultation.**

### *The Triptans*

Drugs called triptans have demonstrated some signs of an ability to stop migraines by appearing to affect the serotonin receptors. These drugs also appear to block inflammation, which may be the cause of migraine pain.

One triptan is called **sumatriptan**, known commonly as Imitrex. It was the first of the triptans to be approved as a way to stop or end migraines.

It has been found in many cases that Sumatriptan can be very effective in stopping migraines, even during the advanced stages of an attack.

Sumatriptan used to be administered only by injection directly under the skin. It is also now available for oral or intranasal use. It has also been found that, if an initial dose of Sumatriptan provides at least partial relief, some people can take a second dose after an hour or at any time during the next 24 hours, but only if the headache recurs.

However, you should allow at least five days between dosages unless advised otherwise by your doctor.

Another triptan, **Naratriptan**, is also known as Amerge, is a second-generation drug. It stays active in the blood vessels for a longer period of time, about six hours, than the other triptans and may be your best choice if you experience the reoccurrence of migraines or menstrual migraine.

Zomig or Zolmitriptan is absorbed very quickly and may help end the migraine even faster. It also appears that this drug is effective in managing some other symptoms of migraine, such as nausea and sensitivity to light and sound.

Rizatriptan or Maxalt is another triptan that is also quickly absorbed. Some studies found that its effects can be seen within 30 minutes of having taken it.

### ***Ergotamine Tartrate***

Ergotamine Tartrate was the drug most commonly used to end migraine attacks until the introduction of Sumatriptan. It was first used to treat migraine headaches almost 50 years ago.

Ergotamine will both decrease serotonin activity and narrow blood vessels to counteract the widening of the blood vessels in the brain, which causes the pain of a migraine.

In the U.S.A., ergotamine can only be administered sublingually, under the tongue, or taken in combination with caffeine and an oral tablet such as Wigraine or Ercaf.

Also, for Ergotamine tartrate to be effective, it must be taken as soon as the symptoms of a migraine appear. For example, if you suffer from a migraine with an aura, you may be advised by your doctor to take Ergotamine as soon as the aura starts.

You should also know that you should be careful about taking ergotamine as its side effects include nausea, diarrhea, vomiting, dizziness, cramping and even more serious symptoms such as numbness and high blood pressure.

Also, you should not use an ergotamine if you have a history of cardiac problems, thrombophlebitis, severe hypertension (high blood pressure), kidney or liver disease, or any kind of recent infection.

Using an ergot for too long can cause a serious decrease in the circulation to your arms and legs. You should not take an ergot on a daily basis or you may suffer from what is known as a rebound headache.

Another unfortunate side effect of ergotamine tartrate is that, if you continue to take it on a daily basis because it relieves your headaches, you are likely to build a tolerance to the medication, and then would have to take increasing amounts of the drug for it to be effective for you.

Eventually, the ergot may start actually causing headaches.

### ***DHE (Dihydroergotamine Mysylate)***

DHE has been recently "rediscovered" for use in ending migraines. It is a derivative of ergotamine and has been used safely and effectively in the treatment of migraine for more than 50 years.

DHE usually causes less nausea than ergotamine tartrate and constricts veins more than arteries. It can also be used to help you withdraw, should you become ergotamine-dependent.

While DHE works fastest when injected, you may not want to inject yourself or have to go to an emergency room for treatment.

The good news is that DHE is now available as a nasal spray.

But, you should not take DHE if you have peripheral vascular disease, ischemic heart disease, Prinzmetal's angina, uncontrolled hypertension, complicated migraine, impaired liver or kidney function, or an infection.

You should also never take DHE if you are pregnant or if you are also taking the triptans or ergotamine preparations.

### ***Isometheptene Mucate***

This drug, which is commonly known as Midrin, is something to consider if you cannot tolerate ergotamine or DHE, or should not be using these drugs. Midrin is a combination drug; it combines isometheptene mucate, dichloralphenazone (a mild sedative) and acetaminophen. It is similar to ergotamine in that it narrows those widened blood vessels that can cause migraine pain.

You might find this drug to be especially helpful if you suffer only from mild-to-moderate migraine attacks and take it during the early stages of your headache. It may, with some people, also be taken during the second or third phase of a migraine attack; during that interval when the triptans, ergots, or DHE cannot be used.

You should not use Midrin if you have uncontrolled hypertension, organic heart disease, or severe liver or kidney disease.

And, you should never use Midrin if you are taking an MAOI inhibitor.

## **Nonsteroidal anti-inflammatory drugs (NSAIDs)**

NSAIDs stabilize proteins and inhibit inflammation and have been used successfully to end migraines. The NSAIDs that have been used to end migraines include **naproxen sodium** (sold over the counter as Aleve and by prescription as Anaprox and Naprelan), aspirin, ibuprofen, and ketoprofen (which is marketed as Orudis).

The downside of these anti-inflammatory drugs is that they can cause serious gastrointestinal problems, including bleeding, and you should not take them if you are suffering from peptic ulcer disease.

The side effects of these drugs include nausea, abdominal distress, heartburn, diarrhea, dizziness, and ringing in the ears which is also known as tinnitus.

## **Phenothiazines**

Two of these drugs; **chlorpromazine**, commonly known as Thorazine and **prochlorperazine**, commonly known as Compazine, are known for their sedative and anti-nausea effects.

They may have other actions that also help stop an acute migraine attack.

Both of these drugs have been used in emergency rooms for the treatment of acute migraine.

## ***Intranasal Lidocaine***

**Intranasal lidocaine**, or Xylocaine, was recently found to be of use in the treatment of an acute migraine attack.

However, relapse was common and occurred soon after treatment.

## **Over-the-counter Analgesics**

In some cases, it may not be possible to completely stop a migraine attack. Then, analgesics (pain relievers) may be helpful to eliminate the worst pain. You might use over-the-counter (OTC) agents, including aspirin, Tylenol (acetaminophen), ibuprofen (brand names Advil or Motrin), Aleve (naproxen sodium) and Orudis (ketoprofen).

The first O.T.C. pain reliever to receive approval from the FDA for migraine relief was a combination of aspirin, acetaminophen, and caffeine known as Excedrin Migraine. This combination drug is used for the acute treatment of mild-to-moderate headache without such side effects as vomiting and disability.

Two other combination drugs have also received approval for the use in migraine pain relief. They are Motrin Migraine and Advil Migraine.

You need to be careful about over-using these analgesics, especially those that contain caffeine. This is because they can produce serious side-effects. Also, withdrawing from drugs which contain caffeine can trigger a caffeine-withdrawal headache.

So, if you have frequent migraine headaches, you should probably avoid those analgesics.

There are other things you can do to relieve the pain of a migraine headache. This includes narcotic analgesics and cold packs. There is also an injectable version of a prescription NSAID, **ketorolac**, commonly known as Toradol. It can be a good choice because it is non-habit-forming or addicting and has few side effects. Toradol is also available as an oral tablet.

### **Narcotic Analgesics**

Pain relievers that contain an opiate are known as narcotic analgesics and are usually found as injectable drugs.

These include:

- ❖ Codeine
- ❖ Meperidine - usually known as Demerol
- ❖ Methadone - commonly known as Dolophine
- ❖ Butorphanol – brand name Stadol

Butorphanol is now available as a nasal spray, as well as an injectable preparation. It is considered by some to be an excellent pain reliever for intermittent attacks. However, keep in mind that the frequent use of this drug can lead to addiction.

### **Anti-emetics (Anti-nauseants)**

Since dizziness and vomiting are often associated with an acute migraine attack, anti-emetics are often used by injection or as rectal suppositories.

The sedative effect of phenothiazines is also useful for relieving the multiple symptoms that can be present during a migraine attack.

The phenothiazines used most commonly for migraine relief are:

- ❖ Promethazine - brand name Phenergan
- ❖ Chlorpromazine
- ❖ Prochlorperazine

Unfortunately, these drugs tend to make you drowsy.

Anti-emetics that won't make you drowsy include Tigan (trimethobenzamide) and Reglan (metoclopramide).

### **Cold Packs**

While this may seem like an old-fashioned solution, cold packs can reduce the pulsating pain often associated with an acute migraine. You can apply ice to the site of the pain or put an ice bag at the top of your head – whichever seems to help the most. Some patients have been known to place ice on the top of the head and a warm compress such as a heating pad at the neck – to relieve the muscles that tighten because of the migraine.

## 7. Coping with Cluster Headaches

While cluster headaches like migraines, cannot be permanently cured, there are some very effective treatments available for both avoiding (preventing) and stopping (ending) cluster headaches. Cluster headaches are normally treated by induction, maintenance and symptomatic therapies. Both induction and maintenance therapies aimed at preventing headaches are called prophylactic treatments. Symptomatic treatment or therapy is designed to stop or at least shorten the headache.

### Preventing Cluster Headaches

Generally speaking, induction and maintenance therapies aimed at stopping cluster headaches (prophylactic treatment) are begun at the same time. Corticosteroids such as prednisone (Deltasone, Sterapred and others) and dexamethasone (Decadron) are used to break the headache cycle. These drugs are used to jump-start treatment for maintenance therapy and are not meant for long-term use.

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Prednisone is a corticosteroid medication that may be prescribed if your cluster headaches began only recently or if there's a pattern of short attack episodes followed by long remissions. However, side effects prohibit long-time use.

Verapamil, lithium carbonate, ergotamine, and methysergide are calcium channel blockers used in long-term prevention. For short-term prevention, ergotamine tartrate in a suppository, tablet, injection, or aerosol form has shown to be a very effective pain reliever for some people. However, its

dosage must be limited in order to avoid its side effects, especially nausea. This drug may also be prescribed to prevent attacks.

Sumatriptan (Imitrex) has also been shown to be effective in both migraine headaches and acute cluster headache attacks. In this case, it is normally given as a subcutaneous injection at the start of an attack.

There is also anecdotal evidence that serotonergic psychedelics, such as psilocybin (mushrooms), LSD and LSA will end cluster headaches and may even relieve their symptoms.

The downside is then while these drugs can be effective long-term, they must be taken for at least a week before you begin to feel relief. With methysergide, you must stop taking it for one month each year to avoid its dangerous side effects, which can include formation of fibrous tissue inside the abdominal artery, lungs and heart valves.

In addition, there are a wide variety of prophylactic medicines in use. However, different patients respond differently to almost all of them.

There are European guidelines that suggest the use of the calcium channel blocker Verapamil and steroids such as Prednisolone with a high dose each given for the first five days of the headache.

The anticonvulsant topiramate, methysergide, lithium, muscle relaxants and anti-psychotics have also been used as alternative treatments. About 40% of patients using magnesium supplements have reported a benefit. Melatonin has helped some sufferers.

And a large percentage of those who have tried kudzu have reported that their headaches have been suppressed.

While induction and maintenance therapies (prophylactic treatment) can help, it is still possible you will experience headaches even while on these drugs. In this case, your doctor may suggest symptomatic therapy such as oxygen inhalation, sumatriptan injection, or an application of local anesthetics such as Xylocaine inside the nose. Surgery can also be considered a last resort for cluster headaches that fail to respond to other treatments.

### ***Stopping the cluster headache after it has started***

Believe it or not, the most effective kind of treatment for cluster headaches may not even require a prescription. Some people claim that inhaling pure oxygen at the rate of seven liters per minute through a mask will work but you must ask your doctor.

## **Other First-line Treatments for Cluster Headaches**

### ***Triptan drugs***

These include subcutaneous administration of triptan drugs such as sumatriptan and zolmitriptan. Ergot compounds have also been used to treat cluster headaches, but those suffering from these headaches have reported they have obtained similar relief just by drinking strong cups of coffee immediately at the onset of an attack.

Because cluster headaches can begin so suddenly, the triptan drugs are usually administered by subcutaneous injection rather than by mouth. Most are also available as a nasal spray. However, these sprays do not seem to be as effective as a subcutaneous injection due to the swelling of nasal passages during a cluster headache attack.

### ***Dihydroergotamine***

Dihydroergotamine is an ergo derivative available in injectable and inhaler forms.

Dihydroergotamine (D.H.E. 45, Migranal) is an effective pain reliever for some people suffering from cluster headaches. You must go to a hospital or doctor's office to have the drug administered intravenously as the inhaler form of the drug works more slowly.

### ***Sumatriptan***

The injectable form of sumatriptan (Imitrex) is commonly used to treat a migraine and can also be effective in treating cluster headaches. Another triptan drug, zolmitriptan (Zomig) taken orally can help relieve a cluster headache. There is an oral form of this drug available but it is not considered as effective as injectable sumatriptan.

A topical anesthetic such as Lidocaine sprayed into your nasal cavity may also relieve or stop the pain, normally in a few minutes.

However, it is not suggested that you use Lidocaine long-term due to its side-effects and the possibility of damage to your nasal cavities.

### ***Lidocaine***

If Lidocaine sprayed into the nasal cavity provides good relief, this may indicate that two of your mucous membranes are in contact. This could be caused by genetics, a congenital defect, trauma or even weight gain. A minor, undetected deviated septum is the most common reason for two mucous membranes to be in contact. A simple out-patient procedure such as nasoplasty, rhinoplasty or septoplasty can separate the contact points and will stop the pain immediately and permanently.

Preventive treatment is always used in the case of cluster headaches because these treatments will only prevent the headache from reaching its peak and not stop it entirely.

### ***Cold Showers***

Fifteen percent of the people who have tried cool showers to end cluster headaches have found that they will at least cool the body and help reduce the level of pain. Showers, ice, breathing cold air, caffeine, and drinking large amounts of water are other treatments that work for some sufferers but not for others.

In some cases, vigorous exercise has been shown to be very effective in relieving and ending an acute attack (this produces about the same results as the use of oxygen therapy by increasing the levels of oxygen in the body).

## 8: How to Fight Chronic Daily Headaches

If you have chronic daily headaches, your treatment will have two goals; to prevent future attacks and to relieve your headache.

Prevention includes the taking of prescribed drugs, avoiding or minimizing the causes of your chronic daily headaches, and learning such self-help measures as biofeedback or relaxation exercises. If your doctor suggests prescription drugs, make sure you understand the side effects. Also, be aware that it may take several weeks for these medications to become effective. This means you need to be patient and cooperate with your doctor as he or she works to help you find the best treatment.

How you are treated for these headaches will depend on which type of headache you have - such as whether medication overuse is contributing to your headaches. For example, if you are taking pain relievers more than two days each week, the first step in your treatment may be to stop using these drugs.

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### *Preventive Medications*

There are a variety of preventive medications used to treat chronic daily headache. Your doctor will select a drug depending on the type of chronic daily headache you have. You should be warned that preventive drugs typically take several weeks to build up in your system and become fully effective. Here are the medications your doctor may recommend.

### ***Antidepressants***

Antidepressants such as **Amitriptyline** (Aventyl), **nortriptyline** (Pamelor) and other tricyclic antidepressants are the most widely used treatments for all forms of chronic daily headaches. These medications are valuable because they also help treat depression, anxiety and sleep disturbances that often accompany chronic daily headaches.

### ***SSRIs***

There is also evidence that suggests other antidepressants such as the selective serotonin reuptake inhibitors (SSRIs) may be effective in treating chronic daily headaches for some sufferers.

SSRIs that have been used to treat chronic daily headaches include fluoxetine, sertraline, paroxetine, nefazodone, venlafazine, citaloprom and escitalopram. These SSRIs can have adverse effects so, again, it is important you discuss these with your doctor.

The adverse side effects can include:

- Loss of appetite, weight loss
- Dry mouth
- Irritability / anxiety
- Sleeplessness and drowsiness
- Increased appetite, weight gain
- Allergic reactions
- Shaking
- Dizziness
- Headache
- Fits / convulsions
- Disturbance of sexual function (this also may be an effect of depression)
- Sweating
- Bruising

- Manic or hypomanic behavior
- Abnormal movements
- Low sodium level
- Suicidal thoughts

### ***Beta-blockers***

While these drugs are most commonly used to treat high blood pressure, they are often helpful in treating episodic migraines.

Beta-blockers used to treat chronic daily headache include atenolol (Tenormin), metoprolol (Lopressor, Toprol), nadolol (Corgard), propranolol (Inderal) and timolol (Blocadren). In some cases these beta-blockers are prescribed in combination with antidepressants.

### ***Anti-seizure Drugs***

Anticonvulsant drugs used in migraine prevention are also being used increasingly to treat chronic daily headache. Drugs in this category include divalproex (Depakote), gabapentin, (Neurontin) and topiramate (Topamax).

### ***Muscle Relaxers***

While not always effective in the treatment of chronic daily headache, muscle relaxers such as tizanidine (Zanaflex) have helped in some cases.

### ***NSAIDs (Nonsteroidal anti-inflammatory agents)***

Naproxen and other nonsteroidal and anti-inflammatory drugs may be effective in the treatment of chronic daily headache, especially if you're undergoing withdrawal from some other pain relievers. Included in this group are naproxen (Aleve, Anaprox), ketoprofen (Orudis) and mefenamic acid (Ponstel).

### ***Cox-2 Inhibitors***

While these drugs are similar to NSAIDs, they work differently and have fewer side effects. Medications such as Celebrex, Vioxx and Excedrin are most helpful in treating chronic daily headache when combined with other preventive medications.

Typically, they are prescribed for one or two months if you are withdrawing from pain relief medications, to help decrease the frequency and severity of rebound headaches.

### *Others*

Botox is currently being researched as a possible treatment for many chronic daily headaches. Injections of a local anaesthetic around a nerve (nerve block) or injections of a numbing agent and corticosteroid at the point of pain are sometimes recommended for chronic daily headaches.

## 9. Treating Tension-type Headaches

No one has yet to discover the definitive cause of tension-type headaches because most scientists agree that there isn't just one specific cause.

There are many causes, including:

- ·Inadequate rest
- ·Anxiety
- ·Fatigue
- ·Hunger
- ·Overexertion
- ·Poor posture
- ·Emotional or mental stress, including depression

Tension-type headaches are usually triggered by some internal or environmental stress. The most common of these stresses include social relationships, friends, work and school.

Examples of things that can trigger stress include:

- ·Having problems at home or a difficult family life
- ·A new child
- ·Starting a new job
- ·Losing a job
- ·Deadlines at work
- ·Being a perfectionist
- ·Being overextended

Tension-type headaches usually occur in cycles because stress of any kind can cause muscle tension, which in turn can cause the pain, which then causes more stress, which causes more pain.

The symptoms of tension-type headaches include:

- Gradual onset

- Mild, steady or dull aching - sometimes described as a vice-like squeezing or heavy pressure around the head
- An uncomfortable feeling in the back, shoulders and neck
- Stress
- Anxiety
- Mood swings
- Difficulty falling asleep and staying asleep
- Irritability
- Chronic fatigue
- Mild sensitivity to light and noise
- General muscle aches, and
- Depression.

Tension-type headaches can last from one hour to all day and can occur once or twice a week, once a month or less.

The pain of a tension-type headache generally increases with its frequency. In other words, the more often you experience a tension-type headache, the more painful it will probably be.

Tension-type headaches usually come and go over a prolonged period of time. The pain is usually throbbing and affects the front, top or sides of the head. Although the pain may vary in intensity throughout the day, the pain is almost always present.

There are actually two kinds of tension-type headache. They are episodic and chronic.

### ***Episodic Tension-type Headaches***

Episodic tension-type headaches are the most common of all headaches. Of all the adults in America, anywhere from 30% to 80% suffer from occasional tension-type headaches.

This type headache occurs randomly, less than 15 times per month, and is usually triggered by temporary stress, anxiety, fatigue or anger.

They may last from 30 minutes to several days and often begin in the middle of the day.

### ***Chronic tension-type headaches***

Chronic tension-type headache is a daily or continuous headache, which occurs more than 15 times a month. They may vary somewhat in its pain during a 24-hour cycle.

These headaches can also be the result of anxiety or depression. They are often accompanied by changes in sleep patterns, early morning or late day occurrence of headaches, feeling of guilt, weight loss, dizziness, poor concentration, ongoing fatigue, and nausea.

### ***Preventing Tension-type Headaches***

Although there are medications available that can provide temporary relief of tension-type headaches, the best way to combat these headaches is through lifestyle changes.

Here are some tips that can help you in this area:

#### ***Regular Exercise.***

If you perform regular aerobic exercise such as walking, swimming or biking, you can possibly reduce the frequency and severity of your headaches. This is because exercise relieves stress, relaxes your muscles, and increases beta-endorphins, one of your body's natural stress relievers -massage, stretching, yoga and Pilates classes can also help you prevent or cut down on tension headaches.

#### ***Managing Stress***

There are other techniques such as **biofeedback training** and **relaxation therapy** that can also help reduce stress.

Biofeedback training teaches you to control certain body responses that help reduce pain.

There are other relaxation techniques that can help with daily headaches such as breathing and meditation.

There is also **progressive muscle relaxation**, which is done by tensing one muscle at a time, and then completely relaxing the tension until every muscle in your body is relaxed.

There are special classes that can teach you these relaxation techniques or you can learn them at home using books or tapes.

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### Preventive Medications

The drugs used most often to prevent tension-type headaches include **fenoprofen** (Nalfon), **Flurbiprofen** (Ansaid), Naproxen, Oxaprozine, Nabumetone (Relafen), and **ketaprofen** (Actron), and Orudis KT.

#### *Tricyclic Antidepressants*

Anti-depressants can also be used to prevent tension-type headache. They include **amitriptyline** (Elavil), **Desipramine** (Norpramin), **imapramine** (Tofranil), **Doxeprin** (Sinequan), **Nortryptiline** (Pamelor) and **protryptiline** (Vivactil).

Other anti-depressants used to prevent tension-type headaches may include Prozac, Serizone, Paxil, Zoloft, Effexor, Celexa, Lexapro, Desyrel, Wellbutrin and Phenelzine. These drugs act on tension-type headaches. They may work at far lower doses and may also improve sleep, which is often disturbed in headache patients.

Antidepressants such as paroxetine (Paxil), venlafaxine (Effexor) and fluoxetine (Prozac, Sarafem) may produce fewer side-effects than tricyclic antidepressants but generally are less reliable in preventing headaches.

**Alpha-2 adrenergic agonists**, such as **tizanidine** are used to help prevent tension-type headaches, as are certain opioids.

Some physicians have tried **gabapentin** for these headaches.

**NSAIDs:** NSAIDs, such as ibuprofen (Advil, Motrin IB and others) and ketoprofen (Orudis KT) may be used to manage tension-type headaches.

**Other Medications:** There are other medications available that may prevent tension headaches. They include **divalproex** (Depakote) and **gabapentin** (Neurontin).

Muscle relaxers, such as **tizanidine** (Zanaflex) have also helped some patients.

Migraine medications have also been used to prevent tension headaches, although there are few studies available that indicate how effective they really are.

Keep in mind that preventive medications usually require several weeks to build up in the nervous system before having much effect. So, if you do not see any improvements shortly after you begin taking the drug, don't get frustrated. It may take a couple of months or longer.

And, you may need a combination of different medications for maximum effectiveness.

### **Treating Tension-type Headaches**

While you may not be suffering from depression, antidepressant drugs may be helpful in treating tension-type headaches.

In many cases, you will be able to successfully treat tension headaches with such over-the-counter analgesics as aspirin, acetaminophen, ibuprofen, naproxen, etc. Side effects of acetaminophen are rare but, if the drug is taken for long periods of time and in large doses, it can cause serious liver damage.

There are also prescription NSAIDs, such as naproxen (Naprelan, Naprosyn), indomethacin (Indocin) and ketorolac tromethamine (Toradol).

The side effects of these drugs include nausea, diarrhea or constipation, abdominal or stomach pain, stomach bleeding and ulcers. These side effects may sometimes be reduced or eliminated by taking the drugs after meals or with milk.

It is important to understand that I am not a physician nor a trained specialist in headaches or headache relief.

The information in this chapter and throughout this book is based on research I have done over the past several months and represents the best information I was able to find from a variety of sources.

**You should never you take any of the medications cited here unless prescribed by your doctor after personal consultation.**

**Combination medications:** There are single medications that combine aspirin or acetaminophen with caffeine or a sedative drug such as butalbital. One example of this is Excedrin, which combines aspirin, acetaminophen and caffeine. These combination drugs may be more effective in controlling these headaches than pure analgesics. There are also brand-name drugs such as Amidrine, Midrin and Migrex that are sometimes used to treat tension headaches.

While many of these combination drugs are available over-the-counter, those that combine aspirin or acetaminophen with a sedative are available only by prescription.

These drugs can be addictive and can actually lead to chronic daily headaches. This means they should not be used more than one day a week and only with careful monitoring on the part of your doctor.

Other alternatives in the treatment of tension-type headaches are barbiturates (butalbital), ergots (such as ergotamine or dihydroergotamine), and anti-emetics such as prochlorperazine).

Your doctor may also suggest muscle relaxants such as Flexeril and Soma. (Note that these drugs do not actually relax skeletal muscles directly, but are analgesic (pain-relieving) drugs that act on a patient's brain.)

Other drugs sometimes prescribed in the treatment of tension-type headaches are opioids (meperidine and morphine), fenoprofen (Nalfon), and flurbiprofen (Ansaid).

If you do have chronic tension-type headaches, you must strictly avoid habit-forming analgesics.

You may find that biofeedback techniques can help.

## **10. Alternative Treatments and Self-help Techniques**

There are self-help techniques and alternative treatments that may help lessen or even avoid many types of headaches. However, it is important to keep in mind that none of these has been scientifically proven.

Some seem to have helped headache sufferers, others have not.

It's up to you, under your doctor's supervision, to try one or more of these as this is the only way she or he can determine their effectiveness for you personally.

In the chart below, you will find types of headaches and a list of self-help or alternative treatments.

Go down the column for your type of headache, and then click on any alternative or self-help treatments that interest you.

This will take you to a detailed explanation of the treatment.

This chart and its associated information are not meant to be a complete listing of all possible treatments for headaches.

It represents some of the most popular alternate and self-help treatments. For totally comprehensive information on alternative headache medicine, I recommend the book “Alternative Medicine Definitive Guide – Headaches” by Drs. Robert Milne, Blake More and Buton Goldberg, ISBN 1-88729918-1.

### Alternative Treatments Chart

Alternate Treatments	Migraines	Cluster Headaches	Daily Chronic Headaches	Tension Headaches
<a href="#">Oxygen Therapy</a>	X	X		
<a href="#">Acupuncture</a>	X	X	X	X
<a href="#">Detoxification Therapy</a>			X	
<a href="#">Environmental Medicine</a>		X		X
<a href="#">Ayurvedic Medicine</a>	X		X	
<a href="#">Naturopathy</a>	X	X		X
<a href="#">Ice and Heat</a>				X
<a href="#">Nutrition Therapy</a>	X		X	
<a href="#">Massage</a>	X		X	X
<a href="#">Hypnosis</a>			X	
<a href="#">Aromatherapy</a>	X		X	X
<a href="#">Compresses and Steams</a>	X			X
<a href="#">Herbal Compress</a>				X
<a href="#">Li Shou</a>				X
<a href="#">Headband</a>	X			X
<a href="#">Rubber Bands</a>				X
<a href="#">Icy Footbaths</a>	X			
<a href="#">Cold hip-sitz bath</a>	X			
<a href="#">Warm Salt Pack</a>	X			
<a href="#">Herbal Foot Bath</a>	X			
<a href="#">Alternating Hot/Cold Showers</a>	X			
<a href="#">Reflexology</a>				X
<a href="#">Energy Medicine</a>	X	X		X
<a href="#">Light Therapy</a>	X	X		X
<a href="#">Neural Therapy</a>	X			X
<a href="#">Chiropractic</a>			X	X
<a href="#">Osteopathy</a>				X
<a href="#">Magnetic Field Therapy</a>	X	X		
<a href="#">Biofeedback</a>	X		X	X
<a href="#">Homeopathic Medicine</a>	X	X		
<a href="#">Flower Essence Therapy</a>				X
<a href="#">Psychotherapy</a>				X

## **Alternative Treatments**

The following is a list of alternative headache treatments. None is specific to a type of headache. Instead, they are meant to be used to treat chronic headaches in general – unless otherwise specified.

### ***Oxygen Therapy***

As noted elsewhere, oxygen therapy consists of breathing pure oxygen. In this treatment oxygen is inhaled at the rate of 8 litres per minute in a non-rebreathing apparatus.

This simple treatment may actually stop or end the attack in as little as five minutes.

However, oxygen therapy doesn't seem to have much effect once a cluster headache attack is at its peak.

### ***Acupuncture***

Acupuncture is an ancient Chinese form of medicine. It treats illness as imbalances in the qi (pronounced chi). The main method used in diagnosis and headaches, and Chinese medicine in general, involves pulse reading.

The acupuncturist places his or her fingers on your wrists and can then "read" the pulses to determine the location of energy blockage and any organs which may be affected.

The acupuncturist then restores and enhances energy flow through the use of hair-thin, stainless steel needles inserted into the skin a few points along the meridians. The treatment is basically painless, although you may feel a slight prickly sensation as the needles first enter your skin.

In most cases, the acupuncturist will use anywhere from 12 to 53 sterilized, disposable needles per treatment. These needles are left in place while you rest comfortably or even fall asleep.

The number and frequency of your treatments can vary from once a month to twice a week. Most headache sufferers will feel some relief after one to three sessions.

### ***Detoxification Therapy***

Detoxification therapy is based on the idea that as the earth becomes more and more polluted, your body is required to handle more toxic substances that enter your body via food, water and air.

It is, therefore, designed to help you enjoy better health by ridding your body of chemicals and pollutants.

Detoxification therapy is particularly important for those who suffer from chronic headaches because these headaches are among the most obvious signs of the build up of toxic pollutants within your body. Some of the means used to detoxify your body include colonic therapy, chelation therapy, herbal bowel cleansers, hyperthermia, fasting and specific diets.

Included within the general category of detoxification therapy are the following:

#### ***Colon Therapy***

Colonic detoxification therapy holds that a healthy colon is necessary for you to properly absorb nutrients and eliminate toxins. This therapy consists mainly of colonic irrigation, in which a colonic machine is used to introduce purified water that sometimes contains friendly bacteria, herbs, vitamins or oxygen directly into the rectum. This technique will cleanse the entire large intestine, unlike an enema, which cleans only the lower eight to 12 inches of bowel.

#### ***Chelation Therapy***

Many chronic health problems and degenerative diseases are caused by toxic build-up, platelet clustering and poor blood circulation. Chelation therapy is based on the fact that these problems can be reversed by removing toxins, and restoring circulatory efficiency.

In this procedure, chelating substances are introduced into your bloodstream to bind up and remove toxins, heavy metals and waste products from your internal organs.

DMTS our Dimaval (dimercaptopropane) and is one of the most commonly used intravenous chelators, along with EDTA. There are also substances such

as chlorella, spirulina, garlic, and vitamin-C that can be taken orally and that are natural chelators.

### ***Enemas***

Enemas are often combined with other programs such as fasting, colon therapy, and special diets for a quick flush of the lower or sigmoid colon. The enema often contains coffee as this will speed up the detoxification process by quickening the bile, which speeds up the emptying of the liver ducts holding the waste from blood and tissues. There are cases in which coffee enemas administered at the first sign of a headache can actually end it.

### ***Fasting***

There are many different types of fasting programs but the most popular are probably juice fasting and water fasting. This therapy is usually a basic component of many detoxification programs. It is generally necessary to go on a very healthy, whole foods, diet free of meat, dairy products, junk food, and stimulants such as caffeine and sugar before the fast. This is then followed by the actual fast, which typically will range from one to seven days. Be sure to avoid strenuous exercise, stress, and anything else that could take energy away from the detox process when fasting.

### ***Hyperthermia***

Hyperthermia in the form of sweat lodges, saunas, and steam baths have been used in stress detoxification for the past 1500 years or more. It generally takes the form of full-immersion baths, saunas, steams, and blanket packs. The purpose of this therapy is to increase the temperature of your body and produce a fever-like state. This stimulates the immune system, increases antibody production and releases toxins from the cells. However, hyperthermia therapy must be overseen by a qualified professional and used with extreme care because the body can go into a heating crisis while throwing off toxins.

### ***Herbal Bowel Cleansers***

These are supplements you take orally two or three times a day for a period of time ranging from a week to a month. They are often preferred by people

because they allow you to detoxify without interrupting your normal routine. They tend to work better with an organic, whole foods diet, but this is not a requirement for a good cleanse. You will find various herbal cleansers in food stores. Most contain herbs, roots and barks that have been dried, blended and pressed into tablets.

### ***Environmental Medicine***

This type of medicine, previously known as clinical ecology, is used to determine the role that dietary and environmental allergies and sensitivities play in health and illness. Environmental medicine's basic approach to allergies is to test, identify, and eliminate or neutralize the environmental pollutants, foods, chemicals, mold, pollens, and other reaction-causing substances. The doctors who practice environmental medicine use a variety of techniques, including elimination diet and electrodermal screening to identify allergies and sensitivities. Treatment generally includes a combination of dietary, lifestyle, and environmental changes, and requires your full cooperation and commitment.

### ***Ayurvedic Medicine***

Ayurvedic medicine is a 5000-year-old Indian system of medicine. Today, it is practiced all over the world and is recognized and supported by the World Health Organization. The practitioner of this alternate form of medicine uses cleansing and detoxification palliation, rejuvenation and mental hygiene in the treatment of headaches. The cleansing and detoxification includes herbal oil massage, steam bath, bowel purging, vomiting, nasal douching, enemas, blood cleansing, and herbal and food supplements. Palliation deals with cleansing, using herbs, fasting, stretching and reaching exercises. Once you have been cleansed, the rejuvenation process is used to restore your vitality. This is a sort of physiological tune-up and usually consists of herbs, minerals, and stretching and breathing exercises.

### ***Naturopathy***

Naturopathic Medicine is the foundation of modern alternative medicine. The World Health Organization and a number of states in the US now recognize

naturopathy as a legitimate medical specialty. Naturopathic physicians help you heal using a number of alternative methods based on your individual needs.

Your treatment might include nutritional therapy, homeopathy, acupuncture, hydro-therapy, herbal medicine, lifestyle counselling, massage, and bodywork. This form of alternative medicine has been found to be most effective in treating chronic conditions such as headache, digestive disorders, chronic fatigue, and imbalances.

### ***Hypnosis***

Hypnosis or hypnotherapy can bring about positive changes in emotional, physical and psychological problems, by using the power of suggestion. It can be used to successfully treat a wide range of conditions including headaches. One study shows that of those who undergo hypnotherapy, 74% derived some benefit, even if it is only relaxation. A typical hypnotherapy session lasts from 45 to 90 minutes. It may take about six to 12 weekly visits to produce results.

### ***Herbal Medicine***

This alternative treatment is the medicinal use of any plant substance whether it is the stem, root, leaf, fruit, blossom, seed or bark. It is the third most widely used form of medicine in the world according to the World Health Organization. Naturopathy, Chinese medicine and Ayurvedic Medicine all rely on herbal medicine as a primary therapy.

Some herbs have a mild effect, some have a harmful effect, some have a prolonged effect, and others an immediate one. Herbs contain biochemical properties just like conventional drugs which interact with the chemical structure of your body. However, herbs do not act as quickly because they enter the bloodstream individually. If you take any herbs for an extended length of time, make sure that you periodically review your progress and adjust your selections and dosages as needed.

### ***Energy Medicine***

Electromagnetic therapy, also known as electromagnetism, bioelectricity, magnetobiology, magnetic field therapy and magnetic healing, applies electromagnetic energy to the body to treat disease. Instead of using drug-based treatments, "energy medicine" proponents apply electrical, magnetic, microwave and infrared devices to treat illness. According to David Bohm, Energy Medicine is a term used to describe the signaling of information from one thing to another. The term can be quite misleading as it is actually referring to information with particular reference to having health benefits, either psychologically, physiologically or spiritually.

EM is purported to work through ancient subtle energy systems referenced to by many cultures. For example, the Chinese talk of Chi and meridians, the Indian Vedics talk of Prana, Chakras and Nadis.

### ***Imagery***

This alternative method of treatment requires you to scan your body from head to toe in your "mind's eye" and with your eyes closed to find areas that are particularly tense. You then imagine relaxing events occurring in that area. For example, if your neck muscles feel tight, you might imagine them being massaged by an unseen hand. If your head feels as if it is encircled by a tight band, try to imagine the band slowly loosening. You must try to imagine the events in detail and feel them working at every step. As another example, if your hands feel cold, imagine the sun baking them as you lie calmly on a beach.

### ***Guided Imagery***

In guided imagery, you create a place in your mind that you feel represents a supportive environment. Your therapist can help you choose a place of beauty, tranquility and security – a place where sensations of anxiety and tension are far away. This might be a mountain lake in which great mountains, blue sky, a yellow sun and white clouds are reflected. Once you reach this place, you focus on your senses to see, hear, touch, smell and

fully experience the place more deeply – to let a relaxed sensation flow through all parts of your body and mind.

**Sidebar:** Imagery, guided imagery and role-playing imagery are usually best done when guided by a trained therapist.

### ***Behavior Therapy***

This therapy works in two important ways:

- 1) It helps you to change behavior that makes your headache worse.
- 2) It helps you reinforce behavior that makes your headaches better.

This therapy may require you to modify your emotional reactions to pain and other symptoms of migraine. It often involves adjusting your daily routine, making small changes in your lifestyle.

Behavior therapy can help you better understand your condition, evaluate your priorities and cope with headaches more effectively.

### ***Light Therapy***

This therapy is based on the theory that light can help re-establish the body's natural rhythm and balanced energy flows.

The idea is that when light rays enter the eye's retina, they are translated into nerve currents known as photo currents. These electrical impulses travel from the optic nerve to the brain, where they generate a range of bodily functions that regulate activity and maintain physiological and psychological health.

While sunlight is, of course, the most easily recognized form of light therapy, there are numerous other forms now available to supplement nature.

These include:

**Full-spectrum light therapy:** Applies to using either sunlight or a full-spectrum lighting device.

**Ultraviolet light therapy:** This therapy isolates part of the ultraviolet wavelength and sends it to the skin.

**Syntonic Optometry:** There is evidence that different colors may have different effects on the body. This evidence has led researchers to postulate that some colors stimulate hormone production or can balance the nervous system. Then there are some that some people believe may affect diseases and chronic elements such as headaches. Syntonic optometry is claimed to improve the functioning of the higher brain center and increase the body's ability to heal itself by stimulating the eyes with the appropriately colored light.

### ***Cold Laser Therapy***

This form of light therapy uses laser light to start enzymatic reactions and bioelectric events to stimulate healing at a cellular level.

### ***Reflexology***

This alternative form of treatment, sometimes called zone therapy, involves stimulating points on the feet and hands in the belief that it will have a beneficial effect on some other parts of the body. Scientists and medical professionals consider reflexology to be a pseudoscience that offers no more benefits than ordinary massage.

### ***Neural Therapy***

Neural Therapy is based on the idea that trauma can produce long-standing disturbances in the electrochemical function of tissues. Among the types of tissues infected by trauma include scars, nerves or a cluster of nerves called a ganglion. Neural therapy treatment involves the injection of procaine (also known as Novocain) into various but very specific areas of the body. While there is no strong evidence that this therapy is effective in treating cancer or any other disease, it has been used successfully to treat pain disorders, although there is not strong evidence to support its efficacy.

### ***Chiropractic***

There are more than 50,000 chiropractors in the United States treating an estimated 15 to 20 million patients each year. This form of treatment concerns itself with the relationship between the spinal column and the

musculoskeletal structure of the body and how these relationships affect the organs and nervous system.

Chiropractors believe that correct alignment is essential to health.

They further believe that if the bones move out of place, because of soft tissue injuries, allergies, tension or toxic build-up, then the resulting nerve interference can cause chronic illness and pain. This includes headaches.

Thus, the chiropractor’s solution to chronic headaches is to align the spine, freeing the nerves to carry out their proper functions. They do this by performing spinal adjustments and manipulations with their hands.

### ***Osteopathy***

Osteopathy is a theory of disease and a method of cure based on the theory that the formation of some part of the skeleton and its consequent interference with adjacent nerves and blood vessels is the cause of most diseases.

Those who practice osteopathic medicine, called osteopaths or osteopathic physicians, have a holistic approach that requires addressing the whole person in diagnosis, prevention and treatment of illness, disease and injury, using manual and physical therapies.

It became integrated with mainstream medicine in 1969.

### ***Psycho/Emotional Therapies***

Many different forms of psychotherapy are now available that can be effective tools for relieving stress and helping with emotional issues.

It is not necessary for you to spend hours lying on a couch discussing your childhood. Instead, you can find a psychotherapist who uses alternate therapies to complement their practices.

There are many useful options now available in the world of contemporary mental health care, including creative visualization, hypnotherapy, cognitive therapy, inner child therapy, Gestalt, and neurolinguistic programming.

Here are brief descriptions of some of the most popular of these therapies:

**Cognitive therapy:** This form of therapy is based on the simple idea that

you will create health and harmony in your body if you change your thoughts and perceptions from the negative to the positive.

**Gestalt therapy:** This German word, which means “the whole picture”, emphasizes individual growth and awareness, and focuses on bringing your attention into the present moment.

This is done by teaching you how to integrate and accept the three levels of awareness:

- 1) The inner zone of body sensations and emotions
- 2) The middle zone of fantasies, ideas and thoughts and
- 3) The outer zone of the five senses and the surrounding world.

**Inner Child Therapy:** This is a relatively new approach that is based on the idea that many of your negative feelings and emotions are rooted in ignored or repressed childhood beliefs and experiences.

Inner child therapists will take you back to your childhood through drama, art therapy, discussion, and other forms of therapy, because they believe this will help you re-experience those feelings in their original form and then release them, which will help cure your issues.

### ***Magnetic Field Therapy***

This form of therapy, which is also called magnet therapy, is based on the idea that subjecting certain parts of the body to doses of magnetic energy (or fields) has a beneficial effect.

This has led to the popularization of magnetic products for healing purposes.

These products include:

- Magnetic bracelets and jewelry
- Magnetic straps for wrists, ankles and the back
- Magnetic shoe insoles
- Magnetic mattresses, and
- Magnetic blankets.

### ***Biofeedback***

Biofeedback is based on the concept that you can learn to consciously regulate those bodily functions that are generally regarded as automatic.

In this therapy, electrodes are attached to your head and then hooked up to equipment that emits visual or auditory signals to identify physiological changes that you would otherwise not notice.

The therapist will then ask you questions and guide you in various relaxation and creative visualization exercises that are designed to show up stressed and non-stressed states of mind.

Through repeated sessions with the biofeedback machine, you can learn to recognize and actually control some of the internal processes of your body.

This therapist’s goal is to make you more aware of your own physical processes so that symptoms can be stopped before they become serious problems.

The two types of biofeedback currently used to treat headaches are thermal biofeedback and EMG (electromyogram) biofeedback.

### ***Homeopathic Medicine***

Homeopathic medicine (or homeopathy) treats problems, including headaches, with a highly diluted form of a plant, mineral or animal substance that might cause the same problem if taken in stronger doses.

Homeopathic physicians prepare remedies through a series of dilutions. They believe that the more a substance is diluted, the higher is its potency. In most cases, the end product of these dilutions contains no molecular trace of the substance.

The World Health Organization reports that homeopathic medicine is the second-most widely used form of medicine in the world.

Homeopathic treatment is claimed to work because it is based on the total symptom picture and individuality of the patient. A homeopathic evaluation will be comprehensive, taking into consideration your mental and physical aspects.

The homeopathic physician will then look at all your symptoms to build a complete picture and match the remedy to that picture.

For example, in the case of a headache, the homeopath will aim to provide a remedy that addresses and eliminates the underlying problem and not just get rid of a symptom such as your headaches.

Homeopathy has become very popular in this age of toxic drugs and drugs with dangerous side effects.

### ***Flower Essence Therapy***

This therapy, which was developed in the 1930's by Dr. Edward Bach, is a form of treatment that uses herbal infusions to influence emotional states. This helps bring about physical and psychological well-being.

Flower remedies are used only to treat the mental symptoms which practitioners believe are the root cause of many diseases.

The Bach remedies are all derived from non-toxic substances, with the idea that a "positive energy" can redirect or neutralize "negative energy."

Flower essences have a wide range of applications, working to balance the negative feelings and stresses that often impede health and recovery. They are intended to treat the patient and not the disease, so they are often used along with other such therapies as psychotherapy, chiropractic, acupuncture, and naturopathy.

Flower essence therapy generally requires one to 12 weeks of treatment but deeply-rooted problems can take longer. Flower essences are administered according to individual needs. The strength and method varies from person to person.

A combination of remedies is sometimes needed to deal with the issue at hand, but no more than five essences should be taken at one time; fewer remedies make it easier to assimilate the emotional processes they stimulate.

## *Aromatherapy*

This form of therapy, which is a relative of herbal medicine, uses the essential oils of various plants and herbs to treat conditions such as immune deficiencies, circulation problems, stress and headache. The essential oils are extracted from the flowers, stems, leaves or roots through steam distillation or cold-pressing processes.

While the term aromatherapy suggests that you use these oils primarily for their aroma, this is not so. The oils themselves contain powerful pharmacological healing properties.

The oil molecules are small, so their healing agents easily penetrate body tissues and begin work immediately.

Aromatherapy can be delivered through external application such as bathing in water mixed with oils, massaging oils into your skin, or applying hot and cold compresses that have been soaked in oil-rich water.

They can also be inhaled as they waft through the air around you. One simple and inexpensive way to do this is with an aroma lamp. The aroma lamp is a simple bowl with a built-in candle base. You simply fill the lamp's bowl with water and a few drops of essential oils. The oils or aroma are then released into the air as the candle heats the water. Or you can place a heat-proof bowl of oil water on a furnace, wood stove or range to produce the same effect.

The essential oils generally used for headaches include basil, chamomile, coriander, eucalyptus, ginger, helichrysum, jasmine, lavender, lemon, marjoram, melissa, peppermint, rose, rosemary, rosewood, sage and thyme.

## **Self-help Treatments**

### ***Relaxation Exercises***

Relaxation exercise can help you cope with your headaches. In one recent study, 96% of the patients who learned relaxation techniques during a two-month period reported that they were able to lower the frequency, severity, and the length of time of their headaches.

One good way to relax is to take some time out every day to do something you really love. This might be:

- ✓ Lying down in a dark room
- ✓ Making a nice dinner
- ✓ Soaking in a hot tub or
- ✓ Listening to your favorite music.

This will help you handle your stress and ease emotional tension that contributes to your headaches.

If you cannot come up with a relaxation technique of your own, go to a bookstore and look for a good video or compact disk with material that will help you to relax.

Generally speaking, relaxation videos combine peaceful images of nature with soothing music. They will encourage you to breath and let go.

Audio cassettes can do the same thing but do not have the images.

Here are some simple relaxation exercises that may help you with your headaches.

### ***Relaxed Breathing***

**1.)** Take a full, deep breath.

Hold it for five to 10 seconds. Slowly breathe out. Repeat the exercise at least ten times or for as long as you like.

**2.)** Close your eyes and picture a particular muscle group in your body.

Tighten that muscle for five seconds, and then release it.

Repeat this procedure until the muscle feels relaxed. Then, move on to another muscle group until you have relaxed your whole body.

**3.)** Try repeating certain relaxing phrases. For example, try saying or thinking "the muscles of my face are letting go." Try to visualize what is happening; your facial muscles becoming so light they are almost floating away.

### ***Deep Breathing***

This therapy refers to breathing from the bottom up. It is just the opposite of an exaggerated gulping of air.

Breathe through your nose as the nose is lined with air purifying hairs (called cilia), which the mouth does not have.

Before you start, either lie flat on your back or sit in a comfortable position, and make sure you are wearing comfortable clothing. Always begin by doing a complete exhalation to empty your lungs.

When you breathe in, try to initiate your breathing from deep inside your diaphragm to allow your lungs a full range of motion and for your belly to lift like a balloon filling with air.

### ***Three-part Breath.***

In this exercise, you divide a deep inhalation into three parts. The first is lifting the belly, the second is filling the lungs, and the third part is extending into the upper chest.

Hold this breath for three seconds, and release it at one long exhalation.

Repeat five times.

### ***20-cycle Breath***

You can perform this exercise just about any place, even when sitting in traffic. Just take four short continuous breaths, followed by a long breath; five seconds to inhale, five seconds to exhale.

Repeat this exercise four times fairly rapidly.

### ***Wu Breathing Exercise***

This is a technique developed by the Chinese to relieve headaches.

Start this exercise by lying down with your head on a low pillow and your arms resting at your side.

Your feet should be a little more than the width of your hips apart.

Next, place the tip of your tongue on the roof of your mouth, just behind where your front teeth meet your gums.

Then, bring air in deeply but naturally through your nose.

Try to imagine your breath coming through your nose to the top of your head and down to the center of your belly.

Do this for 20 to 30 minutes.

Do the exercise morning and night, and be sure to concentrate on the breath coming in through your head.

### ***Pulse Breathing***

This exercise uses diaphragm breathing along with a very hard exhalation; as if you are a karate expert yelling when hitting a brick.

To start this exercise, take a deep breath and exhale.

Then, inhale and exhale forcefully.

Do two breathing cycles and then pause.

Do three breathing cycles and then pause.

Do four breathing cycles and then pause.

Do five breathing cycles and then pause.

Do this twice daily and also at any time you're under stress.

### ***Progressive Muscle Relaxation***

This technique, which is a widely used strategy, involves working with different muscle groups, one group at a time.

To do this, start by tightening the tension level in a muscle group, such as in your arm or leg, then relax and let the tension go.

Move on progressively to each muscle group.

Be careful not to over-tighten the muscles in your face or neck.

By the time you have gone through all your muscle groups, your body should feel less pain.

If you practice this regularly, you may be able to relax your muscles quickly and deeply, even in stressful situations that tend to trigger migraines and other headaches.

### ***Lifestyle Changes***

Long-term headache prevention may require that you identify those factors that prompt the headache; factors known as headache triggers.

To identify these triggers, you'll need to keep a headache diary, which can help you notice patterns in your daily life that correspond with your attacks.

For example, you may notice that you always get a headache after drinking a glass of red wine.

Or perhaps your headaches occur at times when you have had little sleep.

It could be that your patterns of sleep, diet or exercise are triggering your headaches and that you might change their severity and duration by altering these patterns to avoid some of these triggers.

### ***Self Massage***

There are a few simple techniques you can learn to give yourself a massage. You do not even have to wait for a headache to try these techniques, as many of them will help you relax your head, shoulders and neck; the areas where you hold the most tension.

### ***Carotid Artery Massage***

The carotid arteries are located on both sides of the neck. You can find these arteries by first finding your carotid pulse, which is located at the spot between the Adam's apple and your neck muscles just below the jaw. Use four fingers to massage these arteries one at a time with very gentle strokes from the jawbone down.

### ***Neck and Shoulder Massage***

Sit in a chair with your head tipped back slightly to relax the muscles. Cradle the back of your neck with your hand, and squeeze it gently, moving your hand from the base of your skull downward.

Squeeze five times, or for approximately 30 seconds, then increase the pressure and repeat.

To massage your shoulder, just grab your left shoulder with your right hand and knead towards the neck, first lightly and then more deeply.

Reverse your hands and grasp your other shoulder and repeat.

With both these techniques, try to find the most sensitive parts of your muscles (it often will be the place where your neck and shoulders meet) and press it steadily for about a minute, or until the pain begins to lessen.

### ***Sinus Massage***

If you have sinus-type symptoms along with your headache, use your thumb and index finger with a circular motion and gently massage the bridge of your nose for about 10 seconds. Next, take your thumb and press it into the area along the brow line where your nose meets your forehead. Hold the pressure steady for about 15 seconds. Then, move up a little bit, halfway to the center of your forehead and again use the circular motion massage for about 30 seconds.

### ***Ice and Heat***

The use of hot or cold packs is a tried-and-true method for treating headaches that has been around for centuries.

Sometimes, just a steaming towel or a bag of ice may be enough to end your headache.

If you have tension headaches, heat works best at the onset of your headache.

If you have migraine headaches, applying ice to your forehead at the first sign of the migraine has been known to actually stop it from occurring. The

reason is that the ice helps to constrict blood vessels and reduce the sensitivity of painful nerve endings.

But, it is usually effective only when you apply it at the first sign of a headache.

Just put a flexible ice pack or cold gel packet directly on to the back of your neck, your forehead or temples so that it molds to your shape.

You should then leave it on for 20 to 30 minutes.

Heat soothes more than it relieves.

You might also obtain some relief from a hot shower massager.

Another alternative is to take a hot shower or bath with a warm washcloth draped over the back of your neck and with a cold washcloth on top of your head.

### ***Meditation***

With meditation, you choose a word or sound you can focus your attention on to avoid stressful thoughts and images.

In transcendental meditation, this word or sound is called a mantra and is usually just one syllable, so it is easily repeatable and has no strong association in itself.

Or, you can fix your attention on a visual object to clear your mind of extraneous matters.

All meditation tries to induce a state of clarity in which the mind no longer holds on to stressful images, but allows them to drift away.

The desired outcome is a mental state that's conducive to relaxation.

### ***Nutritional Therapy and Diet***

For all intents and purposes, good nutrition is the foundation of good health. It can be thought of as three D's; discovery, detoxification, and diet.

You can use an elimination diet or kinesiology allergy testing as a first step at ridding yourself of diet-related headaches.

The elimination diet or allergy testing may help you discover what in your diet is triggering your headaches.

Next, you need to cleanse your body of the offending substance, using methods such as juice therapy, detoxification or ion therapy.

Then, you may make changes in your diet to provide your body with the best possible fuel.

Here are some of the things you can do to reduce the frequency and severity of your chronic headaches.

- ✓ Eliminate or limit your use of alcohol and coffee or other drinks that contains caffeine
- ✓ Avoid foods that contain a food additive
- ✓ Do not overeat
- ✓ Too much of one thing can be toxic to the liver and gallbladder, so vary your food choices. This is especially true for substances like alcohol, chemicals, drugs, fats, fried oils or meat
- ✓ Drink lots of water
- ✓ Eat more fiber. This will both stimulate digestion and improve the efficiency of your bowels
- ✓ Avoid sugar, refined carbohydrates and junk food
- ✓ Limit your intake of fat, especially greasy, fried foods
- ✓ Eat plenty of raw vegetables and fruits
- ✓ Be sure to supplement your diet with herbs and vitamins.

### **More Tips for Reducing Food-Related Headaches**

Here are some more tips for dealing with migraines and other headaches that may be related to your eating habits:

Establish a regular eating schedule. A regular schedule means eating at about the same time every day.

Do not skip meals, especially breakfast.

Eliminate headache triggers. But, do not spend too much time and energy worrying about food triggers as this may result in stress that actually induces a headache.

Eat foods which are rich in magnesium. An estimated 50% of people with migraine headaches may have a magnesium deficiency. Magnesium is abundant in legumes, dark green leafy vegetables, whole-grain cereals and breads.

### ***Compresses and Steams***

Compresses and steams also represent a self-care option that can help with your headaches.

The most popular forms of compresses and steams are:

**Cold compress relief:** Place a towel or washcloth in water to which you have added three drops of rose, one drop of Melissa (a type of mint plant) oil and one drop of lavender oil to 2 pints of water. Let the cloth soak for five minutes, then wring it out, lie back and put the compress on the painful area. Change the compress as it reaches room temperature.

**Icy migraine compress:** Add two drops of peppermint oil, one drop of ginger oil and one drop of marjoram oil to 1 quart of ice water. Soak a clean cloth in this mixture and apply it to your head, forehead or neck, when you first believe you are developing a migraine.

You can apply an ice pack over the compress to keep it from heating up if you wish.

**Lavender and peppermint compress for a vascular headache:** Make two compresses at the first sign of your headache:

One should be lavender and peppermint for your forehead.

The second should be a hot marjoram compress for the back of your neck. This combination often provides relaxing, stimulating and vasodilating effects.

**Herbal compress:** Boil 3 cups of water and pour it over one tablespoon of lavender and one tablespoon chamomile, letting it steep for 20 minutes.

Soak a soft cloth in this mixture, and then apply it at the back of your neck or forehead.

Cold herbal compresses are also effective for some people.

**Vinegar compress:** Soak a washcloth in vinegar and place it in the refrigerator until it becomes chilled. Apply it as a compress to your forehead, temples and neck. You can also inhale vinegar for even faster relief. Mix equal parts vinegar and water, pour the mixture in a bowl, and then place a towel over the bowl and your head as you inhale the rising steam.

**Ginger compress:** Cut and peel one root of fresh ginger. Boil it in 3 cups of water until the water turns cloudy. Soak a washcloth in this mixture and then apply it to the back of your neck. This works well to expand the contracted muscles and relieve pain.

**Li Shou or arm swinging:** This Chinese technique uses arm swinging motions to relieve headaches by creating a relaxed, meditative state. Just swing your arms back and forth until blood transfers from your head to your hands, reducing your swollen blood vessels. This will warm up your hands which you can then use to stroke your face with a circular motion, paying particular attention to the area around your eyes. Repeat this exercise several times.

**Wear a Headband:** This may sound a bit off-the-wall but, in Korea, people tie a cloth snugly around their heads, just above the eyebrows. Actually, this remedy has been somewhat validated by Western science. There was one study that showed that of those who wore the headbands, about 50% or more obtained relief. This is possibly because the headband restricts blood flow and prevents the dilation of blood vessels.

**Rubber Bands:** Take 10 rubber bands and wrap one around each of your fingers in the first joint, which is the one closest to your fingernail. Put them on tight and although they may turn your fingers a purplish color and hurt a bit, leave them on for about nine minutes and you may find that your headache has disappeared.

**Icy Footbaths:** Fill a deep basin with ice water (refrigerated water with ice) and soak your feet. Although this may be hard to believe, your feet will actually start to feel warm after a few minutes. When you finish this foot bath, get under the covers of your bed and relax.

**Cold Hip-Sitz Bath:** For a cold hip-sitz bath, fill a tub with 2 inches of warm water, sit in the tub, and then turn on the cold water and let it run in until it covers your hips. Sit in the bath until the water reaches room temperature. Dry off with a coarse towel when finished and then cover-up.

**Warm Salt Pack:** Roast 1 cup of salt in a dry frying pan until it is warm to the touch. Pour the salt into a thin dish towel, then fold it so you can apply it to your head. Rub this salt pack over the painful area - do not keep it in one place.

**Herbal Foot Bath:** A herbal foot bath is a good way to draw blood and congestion away from your head. Place a tablespoon of powdered mustard or ginger in a deep basin which is big enough for both feet. Fill the bowl with water as hot as you can bear. Then, sit in a comfortable chair and slowly submerge your feet into the water. Drape a thick towel over the basin to keep the heat in, and place a cool or cold towel on your neck or forehead. Close your eyes, relax and breathe deeply for about 15 minutes

**Alternating Hot and Cold Showers:** Try alternating hot and cold showers to improve blood circulation. This remedy works best with vascular-type headaches, because the heat further dilates blood vessels which may cause the temporary pain, while the cold makes blood vessels contract.

## 11. Using Supplements to Treat Your Headaches

Many headache sufferers have turned to natural supplements for treatment of their headaches.

There are usually one of three reasons for this:

- 1) They use supplements as a compliment to their medications.
- 2) They think that their medications don't seem to be working.
- 3) They simply prefer to not take drugs.

There is plenty of anecdotal evidence that certain supplements can help some individuals. Many individuals swear that certain supplements have helped them find relief.

But, there is no scientific proof at this time that supplements will definitely help in the treatment of any headache.

Supplements are very easy to buy and require no prescription. You will find them in just about every grocery store, pharmacy, drug store and vitamin store in America.

Some supplements can have seriously adverse side effects when combined with other supplements or with prescription drugs.

If you are taking medication for your headaches and decide to take supplements, be sure to discuss this with your doctor before you get anything.

If you are not taking prescribed medications, but intend to try two or more supplements, be sure to discuss this with a compounding druggist or some other expert in the use of supplements.

### What are Natural Supplements?

[Wikipedia](#) defines dietary supplements as follows: “In the United States, a dietary supplement is defined under the Dietary Supplement Health and Education Act of 1994[1] as a product that meets each of the following criteria:

“It is intended to supplement the diet and bears or contains one or more of the following dietary ingredients:

- A vitamin
- A mineral
- An herb or other botanical (excluding tobacco)
- An amino acid
- A dietary substance for use by man to supplement the diet by increasing the total daily intake (e.g., enzymes or tissues from organs or glands)
- A concentrate, such as a meal replacement or energy bar, or
- A metabolite, constituent, or extract
- “It is intended for ingestion in pill, capsule, tablet, or liquid form
- “It is not represented for use as a conventional food or as the sole item of a meal or diet
- “It is labeled as a “dietary supplement”.

“The FDA regulates dietary supplements as foods and not as drugs. The FDA does not pre-approve dietary supplements on their safety and efficacy, unlike drugs.”

“In contrast, the FDA can only go after dietary supplement manufacturers after they have put unsafe products on the market. However, certain foods (such as infant formula and medical foods) are deemed special nutritionals because they are consumed by highly vulnerable populations and are thus regulated more strictly than the majority of dietary supplements.”

“The claims that a dietary supplement makes are essential to its classification. If a dietary supplement claims in any way to cure, mitigate or treat a disease, it would be considered to be an unauthorized new drug and in violation of the applicable regulations and statutes.”

The entry in Wikipedia goes on to quote the FDA as follows: “A product sold as a dietary supplement and promoted on its label or in labelling as a

treatment, prevention or cure for a specific disease or condition would be considered an unapproved, and thus illegal, drug. To maintain the product's status as a dietary supplement, the label and labelling must be consistent with the provisions in the Dietary Supplement Health and Education Act (DSHEA) of 1994.”

“Dietary supplements are permitted to make structure/function claims. These are broad claims that the product can support the structure or function of the body (e.g., "glucosamine helps support healthy joints"). The FDA must be notified of these claims within 30 days of their first use, and there is a requirement that these claims be substantiated.”

“Nevertheless, many critics claim that dietary supplements overstate their importance and their impact on overall health. Evidence of many of the claimed benefits of certain dietary supplements has yet to meet standard scientific criteria of credibility, based on large scale, double blind testing with statistically significant outcomes.”

### **Who takes Supplements?**

It is estimated that about 46% of Americans take nutritional supplements. However, there are numerous health professionals who believe that supplements are not really effective because people do not assimilate them properly.

Taking supplements over a long period of time may even be risky.

Before taking any supplements, it is a good idea to have your diet analyzed to determine what is lacking and what would be most beneficial in helping you with your headaches.

One good way to take supplements, especially if you're taking large doses, is to do this only under the direction of a qualified nutritionist because excessive use of any nutrient can affect your functioning or even cause secondary problems.

If you do decide to take supplements, it is probably better to purchase natural rather than synthetic supplements. While laboratory supplements can

mimic the properties of the real thing, many of them also contain artificial colorings, sugars, preservatives and other additives.

Unless your nutritionist advises you to the contrary, it's best to take supplements with meals.

Also, you should take mineral supplements with meals that contain the least fiber, because fiber decreases mineral absorption.

### **Important Note About Herbs and Supplements Referred to in this Ebook**

Like the FDA and the manufacturers of supplements, I make no claim that any of these supplements will cure your headaches or even reduce their severity. However, as mentioned before, there is anecdotal evidence that some of these supplements might be helpful in treating your headaches.

**You should never you take any of the medications cited here unless prescribed by your doctor after personal consultation.**

### **Cluster Headaches**

Cayenne is the number-one herb which some people recommend for treating cluster headaches.

Although numerous studies of the impact of herbs on cluster headaches have been undertaken, the most impressive was conducted in Italy. In this study, 11 out of 16 cluster patients who used cayenne experienced the complete disappearance of their attacks, while two others reported a 50% reduction.

Preliminary clinical trials investigating the use of intranasal Capsaicin for the prevention and treatment of cluster headaches report significant decreases in the number of cluster episodes suffered by some of the participants.

Magnesium may help to regulate blood vessel diameter and serotonin availability, among its other important functions in the body. Magnesium deficiency appears to be a factor in migraine attacks, and some evidence suggests that some patients with cluster headaches may also have a magnesium deficiency.

Some studies also suggest that increased magnesium intake reduces the symptoms of premenstrual syndrome (PMS). Preliminary trials have shown that intravenous magnesium injections may relieve a cluster headache.

However, no trials have investigated the effects of oral magnesium supplementation on cluster headaches.

## **Migraines**

The only herbal remedy that has been studied in double-blind fashion for use in treating migraines is **feverfew**. In one study of 24 patients, a daily dose of feverfew was found to be better than a placebo as prophylactic therapy for migraine headaches.

Because feverfew is usually considered relatively safe and may help, this may be the best herb to try in treating migraine headaches.

Some people recommend that you purchase feverfew in dried leaf form. While this supplement appears to be safe, there can be side effects including canker sores in the mouth and stomach distress.

Also, feverfew should not be taken during pregnancy or if you are hoping to become pregnant.

People with any blood clotting disorders should not take feverfew either.

Since herbal products such as feverfew are not government tested or controlled, be aware that many brands may not have enough of the active substance for it to be effective.

Finally, be sure to let your doctor know if you're even considering taking a herbal preparation to treat your migraines.

One supplement, Migralieve, a product of the Natural Science Corp. of America, contains feverfew, magnesium and riboflavin in one tablet.

This product is claimed to have been effective for a number of headache sufferers. Also, there is MIG –99, an extract of feverfew that is claimed to have also been used effectively by some migraine sufferers.

Another alternative supplement for treatment of migraine headaches is butterbur. Weber and Weber ([www.webernweber.com](http://www.webernweber.com)) offers a butterbur

supplement called Petadolex<sup>®</sup> Butterbur Gelcaps. The company claims that Petadolex will reduce the frequency and intensity of migraine attacks. The company further says that “in clinical studies it has been proven to reduce migraine attacks by 62%!”

There are studies that report some migraine patients, such as women with menstrual migraine, may have a magnesium deficiency. Intravenous magnesium sulfate has been useful for treating migraine in people with low levels of magnesium, although it does not appear to have any benefits for people who have a normal magnesium level.

If you decide to try magnesium, be aware that over-the-counter magnesium supplements are of uneven quality and can be costly. Also, many magnesium salts are not absorbed well and may cause diarrhea.

Coenzyme Q10 is a natural substance that is important for the transport of electrons. One study found that patients who took this coenzyme experienced a significant reduction in migraine headaches after three months use.

Niacin may also be effective in the treatment of some migraine headaches. Niacin is a well-known over-the-counter (O.T.C.) supplement primarily used for its ability to reduce cholesterol levels.

Recently, there have been anecdotal reports suggesting that Niacin may be effective for ending acute migraine attacks and for preventing migraine headaches.

You can get more information on migraine headache and natural supplements on the Internet by searching for “migraine headaches and supplements” but always consult your doctor before buying or using any supplement.

### **Chronic Daily Headache**

The Mayo Clinic says this about chronic daily headache and supplements: “Some dietary supplements, including magnesium, feverfew and butterbur,

seem to help prevent or relieve some types of headaches, but there's little scientific support for these claims.”

It is said that probiotics, fiber and vitamin D may also be helpful.

Finally, a custom homeopathic or flower essence formula is also worth consideration, as they are claimed to be very safe and may yield good results, especially in combination with the above.

### **Tension-type Headaches**

Magnesium appears to be helpful in treating tension-type headaches, just as it is claimed to be with chronic daily and migraine headaches.

Vitamin B-12 (Riboflavin) and Coenzyme Q10 are claimed to have shown some success in treating these kinds of headaches.

Vitamin B2 and niacin may also help prevent or treat these headaches. With niacin, the way it acts has not been substantiated from controlled clinical trials.

There is also a preliminary report suggesting that peppermint oil has relaxing and pain relieving effects, and may be useful as a topical remedy for a tension-type headache. In one double-blind study, spreading a 10% peppermint oil solution across the temples three times over a 30-minute period was significantly better than a placebo.

It was also as effective as acetaminophen in reducing headache pain. In another double-blind study, use of an ointment combining menthol and other oils related to peppermint oil was also as effective in relieving the pain of a tension-type headache.

The University of Maryland Medical Center says that “5-HTP dietary supplements help raise serotonin levels in the brain, which may have a positive effect on sleep, mood, anxiety, aggression, appetite, temperature, sexual behavior, and pain sensation. Some studies suggest that 5-HTP supplements may be effective in children and adults with various types of headaches including tension, but more research is needed before knowing its safety and effectiveness.”

## **Headaches in General**

A new import from Brazil, Guarana, is being used in headache relief. It has high caffeine content and, for that reason, may have some analgesic properties.

But, be aware that daily caffeine consumption is a leading cause of rebound headaches.

There are also anecdotal reports that suggest the ingestion of ginger, ginkgo and valerian root - all of which are well-tolerated by some people - may help some patients with their headaches.

Depending upon the severity of the headache, additional herbal supplements can be used as an adjunct to other therapies, since herbs may relieve symptoms and help strengthen the body.

The herbs angelica, feverfew, meadows suite and willow bark may be effective in cases of general headaches:

## 12. Online Resources

These links have been visited during research for this book.

But, they are all provided without warranty of any kind.

The author, publisher and distributors do not guarantee the safety, reliability or correctness of the links, websites or content.

Your use of this information and any consequences must be completely at your own risk.

### Forums

Migraine Discussion Forums

<http://www.migrainepage.com/cgi-bin/dcforum/dcboard.cgi>

About Headaches and Migraines

<http://headaches.about.com/mpboards.htm>

Migraine Awareness Group

<http://www.migraines.org/help/helpform.htm>

Topix.net

<http://www.topix.net/forum/health/migraine>

Healingwell.com forum

<http://www.healingwell.com/community/default.aspx>

eHealth Forum

[http://ehealthforum.com/health/migraine\\_headaches.html](http://ehealthforum.com/health/migraine_headaches.html)

My Migraine Connection

<http://forums.healthcentral.com/discussion/migraine/forums/a/frm/f/178101>

[5](#)

Migraine Resources

<http://www.migrainepage.com/help.html>

PM Migraine Solutions

iVillage GardenWeb (Herbs for migraine)

<http://forums2.gardenweb.com/forums/load/herbal/msg1003401922964.htm>  
!

## Websites

National Headache Foundation

<http://www.headaches.org/>

National Institute of Neurological Disorders and Stroke

<http://www.ninds.nih.gov/disorders/headache/headache.htm>

Headache.net

<http://www.headache.net/>

Neurology channel

<http://www.neurologychannel.com/headache/>

Medline Plus

[www.nlm.nih.gov/medlineplus/headache.html](http://www.nlm.nih.gov/medlineplus/headache.html)

The Headache and Migraine Information Site

<http://www.headache.com/>

American Council for Headache Education

<http://www.achenet.org>

Headache Care Center

<http://www.headachecare.com/>

Science Daily

<http://sciencedaily.healthology.com/headache/focusarea.htm>

Headache – The Journal of Head and Face Pain

<http://www.blackwellpublishing.com/journal.asp?ref=0017-8748>

The International Headache Society

<http://www.i-h-s.org/>

The American Headache Society

<http://www.americanheadachesociety.org/>

Medline Plus Medical Encyclopedia

<http://www.nlm.nih.gov/medlineplus/ency/article/003024.htm>

The World Headache Alliance

<http://www.w-h-a.org/wha2/index.asp>

Medical News Today

<http://www.medicalnewstoday.com/sections/headache-migraine/>

Doctors for Adults – Topic Headaches

[http://www.doctorsforadults.com/topics/dfa\\_head.htm](http://www.doctorsforadults.com/topics/dfa_head.htm)

Help for Headaches

<http://www.headache-help.org/>

World Health Organization

<http://www.who.int/mediacentre/factsheets/fs277/en/>

Acupuncture for Chronic Headaches

<http://www.bmj.com/cgi/content/full/328/7442/744>

Headache Help

<http://www.headachehelp.com/>

Pain Medicine and Palliative Care

[http://www.stoppain.org/pain\\_medicine/content/chronicpain/headache.asp](http://www.stoppain.org/pain_medicine/content/chronicpain/headache.asp)

Michigan Head Pain – migraine headaches, cluster headaches, sinus headaches

<http://www.mhni.com/>

Headache types, causes and treatments

<http://www.relieve-migraine-headache.com/>

National Headache Foundation

<http://www.headaches.org/consumer/topicsheets/migraine.html>

Migraine TMJ-TMD Headache Pain Diagnosis

[http://www.dental--health.com/migraine\\_headaches.html](http://www.dental--health.com/migraine_headaches.html)

Emergency Medicine

<http://www.emedmag.com/html/cur/cov/cov.asp>

University of Chicago Neurologists

[http://ucneurology.uchicago.edu/Neurological\\_Disorders/Headaches/headaches.html](http://ucneurology.uchicago.edu/Neurological_Disorders/Headaches/headaches.html)

### **Newsgroups and Groups**

<http://alt.support.headaches.migraines> (Google Group)

PeerView Media Bar

<http://www.docguide.com/news/content.nsf/PatientResAllCateg/Migraine?OpenDocument>

Chronic Pain Support Group of Texas

<http://groups.google.com/group/PainFree?lnk=gschq>

Migraine Support Group (Yahoo Group)

<http://health.groups.yahoo.com/group/migrainesupportgroup/>

Headache Pain Free Club (Yahoo Group)

<http://health.groups.yahoo.com/group/headachepainfreeclub/>

Cluster Headache Heroes (Yahoo Group)

<http://health.groups.yahoo.com/group/clusterheadacheheros/>

Chronic Pain Support Group (MSN Group)

<http://groups.msn.com/ChronicPainSupportGroupCPSG/links.msnw>

alt.support.headaches (Usenet newsgroup accessible via Giganews

[www.giganews.com/](http://www.giganews.com/) a fee-based newsgroup provider)

alt.support.headaches.migraine (Usenet newsgroup accessible via Giganews

[www.giganews.com/](http://www.giganews.com/) a fee-based newsgroup provider)

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