

Migraine



What's in this patient handout?

- An overview of migraine
- Potential causes and triggers
- Symptoms, aggravating and relieving factors
- Long term holistic treatment aims
- Nutritional recommendations
- Diet and lifestyle recommendations

An overview of migraine

Migraine is a common neurological disorder that can be severely disabling and cause significant distress. Migraine is usually characterised by sudden, pounding and recurrent attacks of headache. These headaches are described as unilateral and may become more generalised during the course of an attack.

Migraine episodes can be preceded by 'auras' (visual disturbances) and are accompanied by nausea, vomiting, increased sensitivity to sound, light or head movement, anorexia (lack or loss of appetite) and gastrointestinal upset. The headaches can last 4 - 72 hours and vary in intensity from moderate to severe.

Migraine affects an estimated 20% of the population with the majority of sufferers aged between 35 and 45 years. Adult women are more frequently affected with 22% prevalence when compared with men (10%).

The acute pharmaceutical treatment includes triptans, non-steroidal anti-inflammatory drugs and antiemetics. These come in various forms including nasal sprays, injections, transdermal patches, and oral powder formulations. Conventional preventative treatments include beta blockers, tricyclic antidepressants and anticonvulsants.

Where appropriate, patients are encouraged to identify precipitating or exacerbating factors and if appropriate, adjust lifestyle factors. In many cases headache frequency can be reduced by incorporating regular meals, exercise, work, rest and sleep habits.

Potential causes

The exact underlying causes for migraine are still not known. Potential causes include:

- Potential genetic component as there is often a family history of migraine
- Excessive dilation of blood vessels in the head
- Reduced energy production within mitochondria of cerebral blood vessels
- Low Magnesium levels are linked to migraine and tension headache

Potential triggers

- Periods of high stress or overexertion (physical and mental)
- Relaxation period after stress
- Caffeine - excessive consumption or caffeine withdrawal
- Dietary factors such as cheese, citrus fruits, alcohol (especially red wine), chocolate or other histamine releasing/containing foods
- Monosodium glutamate (MSG)
- Potential food allergies
- Weather influence such as sun exposure, barometric pressure changes
- Hunger or missing a meal (low blood sugar levels)
- Hormonal imbalance (certain stages in menstrual cycle, contraceptive pill, pregnancy or menopause)
- Flickering lights, noise or certain scents
- Dehydration
- Insufficient sleep
- Muscle tension



Symptoms, aggravating and relieving factors

Acute symptoms

- Throbbing headache
- Nausea and vomiting
- Visual disturbances
- Ultra-sensitive to light, sound

Post-migraine symptoms

- Fatigue
- Food cravings
- Irritability, depression
- Constipation or diarrhoea
- Cognitive symptoms

Aggravating factors

- Head movement
- Physical activity
- Muscle tension
- Poor posture
- Reading

Relieving factors

- Resting in dark, quiet room
- Taking ginger tea for nausea/vomiting
- Massaging the temples
- Applying hot or cold compress

Long term holistic treatment aims

- Improve quality of life by addressing the frequency and severity of migraine attacks
- Identify all potential triggers and avoid these

Nutritional recommendations

- Please contact your health professional for the prescription of herbal and nutritional remedies.

Food & symptoms diary

- Helps to identify potential food triggers.
- May be of assistance to reduce the occurrence of migraine attacks.
- Migraine apps such as "Migraine Buddy"; "Migraine Monitor" & "N1-Headache" may help.

Vitamin B2 (Riboflavin 5'-phosphate)

- Supplementation may reduce frequency and duration of migraine attacks in adults and children.

Vitamin B2, D, folate, CoQ10& magnesium

- Deficiencies have been observed in migraine patients.
- Supplementation with these nutrients may have prophylactic and therapeutic effects.

CoQ10, feverfew & magnesium

- Combination supplement has shown promising results in migraine prophylaxis particularly in the first 1 - 3 months of treatment.

Omega-3

- May reduce monthly number and intensity of migraines.

Magnesium

- Inadequate dietary magnesium intake has been associated with migraine and tension headache.
- Dietary sources include beans, almonds, avocado, bananas, broccoli, leafy greens, eggs & cod.



5-Hydroxytryptophan (5-HTP)

- 5-HTP is the molecular intermediate between tryptophan and serotonin.
- Can help to optimise serotonin and increase endorphins which can counteract low serotonin levels in migraine sufferers.

Ketogenic diet

- May ameliorate headaches potentially by restoring brain excitability and metabolism as well as counteracting neuroinflammation in migraine. More research is needed.

Palmitoylethanolamide (PEA)

- Small studies showed successful pain relief, however more research is needed.

Herbal recommendations

Petasites hybridus (Butterbur)

- May help to decrease migraine frequency and can be used prophylactically for 4-6 months.
- Warning: Some patients may experience diarrhoea and this herb is not known to be safe during pregnancy or lactation.

Tanacetum parthenium (Feverfew)

- Popular antimigraine botanical that may help to decrease frequency and/or intensity of attacks. Studies indicate that feverfew may treat and prevent migraine by inhibiting the serotonin release from platelets.
- Warning: Not recommended for patients taking anticoagulants due to platelet inhibition.

Lifestyle recommendations

Sleep hygiene

- Ensure regular waking times.
- Avoid bright light exposure in the late evening.
- Eliminate stimulants such as caffeine, sugar, soft drinks, heavy meals and vigorous exercise before bedtime.
- Allocate a 30-60 minute wind down period before going to bed as relax time and bedtime routine (warm bath, self-massage, breathing exercise, relaxing music, yoga).

Stress management

- 30 minutes of exercise every day, or at least 150 minutes per week.

Exercise

- Routine that includes 3 times 30 minutes weekly moderate workouts.

Acupuncture

- Clinical trials found that acupuncture significantly reduced the frequency of migraine attacks and might be helpful in the long-term prophylaxis when compared with placebo treatment.

Massage

- Spinal manipulation, myofascial release and craniosacral therapy.

Disclaimer: This is not an all-inclusive comprehensive list of information. Consult a qualified healthcare provider before starting any therapy. Application of clinical judgement is necessary.