

Migraine

The best way to deal with migraine is to find the cause. Sometimes this is obvious, such as if the attacks happen after eating chocolate or that come on after stress. However, the cause is not usually so clear cut.

Two common causes of migraine are **food intolerance** and **hypoglycaemia** (low blood sugar).

Food intolerance is the most important cause. Food intolerances occur in 85% of migraine patients. To find the cause do the stone age diet or a partial exclusion diet (**See Food Intolerance leaflet**). A study by Egger at Great Ormond Street of children suffering from migraine found 78 out of 88 were migraine-free after doing an exclusion diet and removing the food triggers and 4 others greatly improved.

Common triggers are wheat, chocolate, cheese, milk, tea, coffee, orange, wine, corn, sugar and yeast. The diet is tough but only takes a short time. Be aware that withdrawal headaches often occur around the third day of the diet. But it's a sign you are on the right track.

Hypoglycaemia was first described in 1949. With hypoglycaemia migraines typically occur in the early hours of the morning when people haven't eaten for a while. It can usually be resolved by removing sugar, artificial sweeteners and refined carbohydrates from the diet (sugary foods cause sugar to rise abruptly and then drop just as quickly).

Migraine was found to be twice as common in middle-aged women with **insulin resistance (metabolic syndrome)** in one study and commoner in both sexes with insulin resistance in another. Treating with alpha lipoic acid, which reduces insulin resistance, reduced migraine attacks in 50% of participants in another study. The best way to decrease insulin resistance is with a low carbohydrate diet (see metabolic syndrome leaflet).

Other common migraine triggers are **cigarettes and the contraceptive pill**. **Nitrates** (in processed meats), **monosodium glutamate (MSG)** and foods containing **tyramine** can also trigger migraine in some. Dehydration can trigger migraine so keep drinking water. Aerosol sprays (such as air fresheners) are another cause. Beware of **artificial sweeteners**, especially **aspartame** (found in Diet Coke and

many processed foods) and **sucralose**. Children's migraine can be provoked by cigarette smoke and perfumes.

In a study published in the Lancet in 1979, found **stopping the contraceptive pill reduced migraine attacks ten-fold**.

Electromagnetic fields (EMFs) are also a known trigger for migraine. When smart meters were installed in California in 2011 people started complaining of migraines, insomnia, palpitations and breathlessness. Similarly exposure to other sources of EMFs such as mobile phones, DECT phones and wifi can cause or contribute to migraine.

Dental Causes: a range of dental treatments can cause facial pain, headaches and migraines. This particularly happens where metal has been inserted into the mouth such as with fillings and bridges. This includes braces. Tightening of braces has also been recorded to trigger these pains in some people and is rarely considered as a cause of migraine.

Treatment

Standard medical treatments include sumatriptan and migraleve for acute attacks and pizotifen, clonidine and beta-blockers for prevention but these are not always effective.

Other Treatments

Nutrients take longer to work than drugs, often months, but are lower in side effects.

Exercise: half an hour of exercise four to five times weekly has been found to reduce migraine attacks. (One study compared migraine drug, topiramate, exercise (40 minutes three times a week) and relaxation exercises for 3 months. They all helped and there was no difference between them in terms of results.

Magnesium 600mg daily for 12 weeks reduced attacks by 40% in one study. Another doctor found 80% of 3000 patients improved on 200mg daily (however this seems a low dose). In another study researchers found giving 300mg twice daily reduced migraines by 42%. A further study in 2016 found patients with migraine are 35 times more likely to be deficient in magnesium than those without it. Dr Mauskop, who did much research on magnesium and migraine, said all migraine patients should be tried on magnesium. Use 300mg magnesium citrate once or twice daily.

Co-enzyme Q10 150mg daily reduced attacks in 55% of patients after 3 months, however it took 3 months before the full benefits were felt.

Taurine 1000mg three times a day works well with magnesium.

Vitamin B2 400mg daily reduced attacks by 67% in 12 weeks in one study. (This is a very high dose). It may be best to start at a lower level such as 100mg daily and reduce the dose as symptoms improve and only use the highest dose (400mg) for short periods. Other B vitamins can also help.

Glucosamine: This was a chance discovery made by a lady who was treating her arthritis with glucosamine. This led to a small study using 500mg three times daily which helped significantly but took 6 weeks for the benefit to show.

Feverfew reduced attacks by 24% to 70% in various studies. Use 50mg three times daily.

Ginger one-third of a teaspoonful of powdered ginger three times daily proved as effective as sumatriptan for acute attacks in one study. It may be better to repeat the dose every half hour or so during an attack.

Tryptophan 1500mg twice daily reduced frequency and severity of attacks in one study.

Melatonin 3mg of melatonin worked as well as 25mg (a high dose) of amitriptyline. Another study found it reduced migraine attacks by half.

Vitamin D A study in which this was added to standard treatment found it reduced attacks by 85%. Another study found every one of their migraine patients was deficient in Vitamin D. I would suggest taking 4000 IU daily for 2 months then 2000 IU daily. Ideally have blood levels checked to see it's at the top of the normal range, which is where you want it to be.

Cannabis oil One study found it reduced the frequency of attacks by 47.3%. Use full-spectrum CBD oil.

White willow bark Use 400mg three times daily

MigraSpray is a herbal mix sprayed under the tongue. Some have found it effective.

Other studies:

Teenage Migraine: was reduced by 90% on stopping sugar, refined carbohydrates and caffeine (probably by stopping hypoglycaemia) in one study.

Philip Kilsky put migraine sufferers on a diet of only raw fruit and vegetables and their juices with a 99% success rate.

Premenstrual Migraine:

This is often improved by magnesium and high strength multi B vitamins. The pill can be a factor (it reduces B Vitamins).

Microclots and Migraine:

Platelet aggravation can cause microclots which appear to increase the risk of migraine. Research was done on migraine sufferers using ADP as a marker of platelet aggravation. What was remarkable about this study was that it gave crucial information on what stimulated and what protected against platelet aggravation and hence microclots. The information was then used to reduce the incidence of migraine, often in people where other methods had failed.

Certain foods, chemicals and smoking could all trigger platelet aggravation triggering migraine. The foods included those with tyramine, gliaden (from wheat) and casein (from milk).

Substances which reduced platelet aggravation included Vitamin C, ginger extract and Vitamin B6. Essential fatty acids, selenium and vitamin E also reduced platelet aggravation. Overall ginger extract was the most powerful blocker of platelet aggravation.

Although there were individual differences, **it was possible by reducing the triggers and adding protective nutrients to markedly reduce attacks of migraine (from between 50 and 85%).** This gives us a very useful method to treat migraine.

Migrainous Neuralgia (Cluster Headaches)

These may not be a true migraine. It usually happens in people without a history of migraine. It has a very typical pattern: pain is often very severe and usually happens at night. It is one-sided, located around the eye or temple and accompanied by redness of the eye and blockage of the nostril on the same side. Attacks usually last 30 minutes to 2 hours and can happen more than once in a night. It comes in clusters of 6 to 12 weeks, often at the same time each day. There can be long intervals without pain. Food is not usually a trigger but alcohol can be.

It may respond to drugs like sumatriptan (imigran) or verapamil. Some studies have found melatonin helps but these have been inconclusive. Other studies have found these patients have a low ionic magnesium (a research test) and attacks respond to intravenous magnesium.

Lithium – has shown to be effective in two studies. The first was on 19 men. 8 had rapid improvement (85% reduction in headaches in two weeks). 4 had almost complete elimination off headaches. The remaining 7 had only slight benefit. In the second study on 14 individuals. 5 had complete disappearance of headaches, 4 had significant improvement and 4 had no change. Lithium carbonate 800mg daily was used (this is a relatively high dose).

An interesting study found cluster headaches were helped by using **capsaicin** (cayenne pepper tincture) on the inside of the nose on the side of the headaches. Initially this treatment was painful but this became less so, becoming almost non-painful by the fifth day. This treatment cut the number of attacks by half and 80% of patients benefitted in some way. Half the patients were cured.