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What My Papa Told Me About... HEADACHE RELIEF

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HEADACHE RELIEF

3 Characteristics Of Sinus Headaches

Sinuses are eight hollow, air-filled pockets that are located in your forehead, cheekbones, and behind the bridge of your nose. These sinuses make thin mucus that drains out the channels of the nose.

What is a sinus headache? Some neurologists believe that when people think that they are having sinus headaches, they are actually having migraines. Sinus headaches almost never recur, so if you notice that your sinus headaches seem to be occurring again and again, that is your first clue that you may be experiencing migraines instead.

Being able to diagnose whether you have a sinus headache or a migraine can get rather confusing because people with migraines seem to see an increase in headaches depending on humidity and other environmental conditions.

Sinus headaches are generally associated with deep and constant pain in the cheekbones, forehead, or bridge of the nose. The pain usually intensifies with sudden head movement. Sinus headaches are usually accompanied by other sinus symptoms, including nasal discharge, a feeling of fullness in the ears, fever, or facial swelling.

When sinuses become inflamed, usually because of an allergic reaction, a tumor, or an infection, the inflammation will prevent the outflow of mucus. This causes an intense pain similar to that of a headache.

Below is a list of some of the various characteristics of sinus headaches:

1. The pain is usually deep and constant, and is located around the cheekbones, forehead, or bridge of the nose.
2. The pain usually intensifies when you move your head suddenly or when you strain yourself.
3. Sinus headaches usually occur with other sinus symptoms, such as nasal discharge, a feeling of fullness in the ears, fever, and facial swelling.

Treating a sinus headache is generally focused on treating the infection in the sinuses using an antibiotic. Over-the-counter antihistamines such as Benadryl or decongestants such as Sudafed may also be used for a short period of time to help clear up the symptoms.

Decongestants are often used to relieve headaches associated with sinus infections because they work by constricting blood vessels that cause headache pain. However, decongestants should only be used as directed, as they can be habit-forming.

Allergies do not necessarily cause headaches, but allergies can cause sinus congestion, and the congestion can lead to headache pain. Keep in mind that treating your allergies will generally not relieve your headache pain and the two must be treated individually.

6 Common Headache Triggers

1. Fatigue and exertion: Fatigue caused by exertion or lack of adequate rest can induce a migraine headache, known as effort migraine. It can develop in some people immediately after an excessive workout or other strenuous activity such as playing football or lifting heavy weights.

Tension-type headaches may also be induced by exercise. For people experiencing an acute headache, even the mildest form of exercise can exacerbate the degree of pain, usually due to the increased blood flow to the already dilated arteries. Prolonged exercise may also produce an intense headache with nausea and vomiting.

Exercise induced headache is described as very severe but of short duration lasting from a few seconds to a few minutes. To avoid this type of migraine, do a 5 to 10 minute warm-up before working out and include a brief cool-down period after the main exercise. Condition gradually, because pushing above one's normal fitness level can precipitate a headache.

2. Odors: Many female migraine sufferers will complain of odor sensitivity during a migraine attack, particularly during aura. They will also state that particular odors such as cigar or cigarette smoke, paint, gasoline fumes, tar, or asphalt may trigger an attack. Unfortunately it may be the pleasant odor from a candle, perfume, cologne, aftershave lotion, or fragrances added to hair spray and shampoo that can trigger a headache.

3. Smoking: Smoking initiates or exacerbates the symptoms of headache. Chronic daily headaches are more common among those who smoke compared to nonsmokers. There also appears to be a high incidence of smokers in groups of cluster-headache sufferers.

4. Medications: Some medication used for coexisting medical illnesses may trigger a headache, including reserpine, nitrates, and other vasodilators [used in cardiac medications], indomethacin, and hormone supplements. Many migraine attacks are also induced by the use of illicit drugs, especially cocaine or heroin.

5. Weather changes: Many headache sufferers identify seasonal and weather changes as headache triggers. There is a marked tendency for cluster headaches during spring and fall, and many migraine sufferers note that adverse weather conditions will influence an acute attack. There has also been a correlation between headaches and hot, dry winds.

6. Other triggers: Many headache sufferers will complain of severe head pain when they take a plane or stay in regions of high altitude, such as on a ski vacation. Motion sickness has also been known to precipitate migraine, especially in children. Up to 60% of migraine sufferers report a history of motion sickness as children.

9 Possible Causes Of Migraines And Headaches

If you are experiencing recurrent headaches, talk to your doctor immediately to determine the correct diagnosis and to rule out any potentially life-threatening cause of headache, such as the ones that are described below.

1. Subarachnoid Hemorrhage: This is usually caused by a rupture of a brain aneurysm, which is a weakening of a blood vessel in the brain. The headache comes on very suddenly and is usually the most severe pain of all headaches.

2. Temporal Arteritis: This is a rare cause of headache that almost always occurs after the age of fifty and is usually associated with tenderness over the temporal arteries, which are located in the temples.

3. Brain Tumor: The headache of a tumor is usually associated with focal neurological symptoms such as weakness of an arm or a leg, or problems with vision, coordination, speech, or memory. It can often awaken you at night, and is frequently worse upon awakening and with straining at a bowel movement, coughing, or sneezing.

4. Stroke: The headache is usually mild and associated with focal neurologic symptoms similar to the ones seen with brain tumors.

5. Meningitis: This is a life-threatening infection of the covering of the brain (meninges). The three major symptoms are headache, fever, and a stiff neck. The correct diagnosis has to be made immediately and is best done with a lumbar puncture ("spinal tap") probing for evidence of bacterial infection. Once the diagnosis is made, high-dose antibiotics are given.

6. Acute Sinusitis: This is a headache caused by an infection of the sinuses and is associated with thick green or yellow postnasal or nasal mucus discharge or tenderness over the infected sinus.

7. Glaucoma: A rare cause of headache, this is a result of elevated eye pressure. Everyone over the age of forty should have their pressures checked, especially if there is a family history of glaucoma.

8. Eyestrain: This is a type of tension headache located behind the eyes that usually occurs after reading. A change in eye corrective lenses can cure this headache.

9. Post-traumatic: A headache can often occur after an accident that injures the neck, as in a whiplash injury incurred in a car accident. There may not be any associated injury to the head. This headache usually comes on hours or a few days after the accident. It usually improves after several days to weeks, but sometimes can become chronic and last for months to years. The headache can have qualities of both tension and migraine and is often associated with neck and shoulder pain and stiffness. There may also be other associated debilitating symptoms, such as poor concentration, decreased ability to think about complex concepts, dizziness, depression, mood changes, decreased libido, insomnia, memory impairment, feelings of anger and frustration, lack of motivation, and irritability.

10 Ways To Treat A Migraine

About 2/3 of migraine sufferers cannot function at a normal level when they get a migraine attack. You should see a doctor if your headaches interfere with work or family life, if headaches are getting worse, or if you take medication on a daily basis for headache.

Below are 10 simple solutions to ease your migraine pain:

1. Get a good night sleep. Changes in sleep patterns, changing shifts, and jet lag can trigger migraines. Try to maintain a regular schedule and get up and go to bed at the same time every day.
2. Lie down, put an ice pack wrapped in a towel or a cold compress on your throbbing head to soothe swollen, pulsing blood vessels until the pain subsides.
3. If for some reason you don't want to put a cold compress on your head to relieve the pain, soak one or both of your hands in ice water for only as long as you can tolerate it. While your hands are in the water, ball them into fists and open and close them repeatedly. It can have the same effect as a compress on your head.
4. Believe or not, caffeine works! It's a paradox of headaches: Ingest too much caffeine and you may get a headache, but take a little bit and it can help make the pain disappear. Studies have shown that aspirin and ibuprofen are more effective when combined with caffeine. So if you take aspirin or ibuprofen at the onset of a migraine, wash it down with a cup of coffee.

5. Keep the room dark. Light aggravates migraine symptoms, lie down in a dark room.
6. Do not skip meals. Skipping meals can trigger a migraine attack. If you can, eat smaller meals throughout the day or be sure to eat three meals.
7. Make note of what you eat. Certain foods triggers a migraine attack in about 10% of migraine sufferers. It can take from 30 minutes to 12 hours for a food to cause a reaction. If you get a migraine, think back to what you ate in that time frame and try eliminating some of those foods from your diet.
8. Take riboflavin. Studies have shown that taking 400 milligrams a day of riboflavin can help eliminate migraines.
9. Spice it up. The hot ingredient in red pepper, capsaicin, is a terrific painkiller and may help those who have migraines feel better during an attack. You do not need to include red pepper in all your meals. You can buy cayenne pepper capsules in health food stores.
10. Try not to sleep late on weekends. Though it might seem like a reward to relax and sleep in, giving yourself that letdown after stress is a common trigger. Waking up late can also trigger a migraine by changing your normal sleep pattern and may cause you to miss breakfast which also triggers a migraine.

An Alternative Way To Control Your Headache

Your body needs a great number of minerals, vitamins, hormones, and other biochemical components in order to keep its organs and subsystems working properly. Despite all the medical research to date, we still do not completely understand some of the biochemical processes that keep the body functioning. But it is clear that the body has a strong need to keep all its components and functions in balance. Its tendency to maintain internal stability is called homeostasis.

A headache is a sign that the body is experiencing an imbalance that it cannot repair on its own. Instead of taking medications to get rid of the symptoms associated with headaches and migraines, we must learn a new approach to headache treatment. We need an approach that treats the body's complete ecosystem.

Lifestyle modification is an approach that focuses on gradually restoring your body's ecosystem to a natural healthy state. This requires a balanced nutrition, adequate physical activity, and relief from stress. However, lifestyle modification is not based on prescribing a specific diet, exercise regimen, or other structured program. Rather, it teaches you how to adopt and enjoy an overall healthy lifestyle.

One study demonstrated that there is a very strong connection between high-fat diets and migraine headaches. This was the first step toward a radically new way of dealing with headaches. It is, focusing on headache prevention by eliminating the lifestyle-related causes of headaches and migraines.

These insights inspired the development of a comprehensive set of techniques and strategies to teach headache and migraine sufferers how to change old habits and adapt to a new, healthier living.

Given the existing headache classifications, you may feel that in order to find the right treatment, it is essential to identify the type of headaches you suffer from. This is the case with secondary headaches, whose real cause is rooted in some other disease or disorder. If you suspect that this might be the case, you should consult your health care provider to obtain proper diagnosis and treatment.

However, the vast majority of headaches, migraines, tension headaches, and cluster headaches are of the primary nature. Since these headaches are not caused by organic problems, the treatment options offered by conventional medicine are limited.

The lifestyle modification approach is a wonderful alternative, and it has proven highly effective in treating migraines and most other common headaches. Thus, to benefit from this program, it is not essential to determine whether your headache is a migraine or one of the other primary headaches. Remember that many patients suffer from multiple forms of headaches.

An Interesting History Lesson On Headaches

Headaches are a common problem in many people's lives, and we tend to blame our hectic modern lifestyles for this recurrent ailment. But looking back at the history of headaches, we now know that the problem has been in existence for thousands of years. The reason is that lifestyle factors that cause headache suffering including improperly balanced nutrition, lack of physical activity, and stress may have originated in the ancient civilization.

One of the earliest evidence that headaches may be an ancient problem date back to prerecorded history. Archaeologists have found hundreds of years old skulls that have markings similar to those produced by an ancient practice called trepanation. This procedure involves drilling or cutting a small hole into the skull in order to relieve headaches. Surprisingly, many patients survived this procedure; but whether their headaches disappeared is not known.

In Egypt and in Mesopotamia, which includes today's Iraq and is considered one of the birthplace of civilization, people believed that headaches were caused by supernatural powers. Consequently, headaches were treated with prayers, chants, or spells.

Ancient Rome and Greece produced the first reliable and systematic studies of headaches. Most distinguished physicians and scientists of that period of history studied and wrote about headaches. They include Hippocrates, who is called the father of modern medicine, and Galen, a 2nd century physician and writer whose work influenced much of European medicine until the 19th century. Actually, the word migraine was derived from the term hemikrania that Galen introduced (in Greek, hemi means half and kranion means skull.)

Following the fall of the Roman Empire, Middle-Eastern scholars continued much of the scientific work. The most famous among them was an early 11th century Persian physician, Avicenna who provided new theories and insights to explain certain observations. Avicenna explained why particular smells, noises, or light sometimes triggered headaches. But medieval Europe was governed by strict Christian doctrines and was not ready to accept such way of thinking. Centuries would pass before scholars went back to the systematic study of headaches started by Galen.

Treating headaches have varied widely throughout the history. We know that prayers and chants have played a role since the beginning of time. We also know that the ancient Greeks and Romans relied largely on herbal and other remedies derived from nature. In fact, this was true in many other cultures throughout the world. For example. Native Americans used to treat headaches with willow bark, which contains a substance similar to aspirin.

Some people believe there is a connection between headaches and a person's psychological state. More than 2,300 years ago, the Greek philosopher Plato noted that there seemed to be a correlation between the occurrence of headaches and certain emotions. Much later, the Austrian neurologist and founder of psychoanalysis Sigmund Freud contended that headaches were the result of some inner subconscious conflict.

Dietary Triggers For Headache Sufferers

The notion that certain foods and drinks contribute to headaches are not recognized by most headache sufferers. Sometimes individuals notice that a few items, such as chocolate, red wine and 2 cups of coffee, occasionally though not always trigger headaches. These items are the tip of an iceberg. If certain dietary triggers have stood out in your experience, you might assume that all dietary triggers would be so obvious, which is not the case.

One reason why headache sufferers do not more fully recognize dietary triggers is the potential delay of hours, which is sometimes up to a day or two, from the time an item is consumed until its impact is felt. It's as though the migraine control center has a temporary "memory" for recent exposure to dietary triggers and can store their influence beyond their actual presence in your body.

Although sometimes dietary triggers act quickly, within minutes, most of the time they do not. Another reason dietary triggers go unrecognized is that even when you notice that sometimes a

certain food is followed by headaches, you also notice that sometimes it's not, leading you to believe that it must not be a factor. It's kind of logical to think that a trigger would cause a headache every time you ate or drank it, but that logic fails to take into consideration the fluctuating level of all other triggers.

Imagine that one day your total trigger level is just below your threshold. You've been under a lot of stress, you didn't sleep well last night and there's a storm approaching. You're on the verge of migraine activation and its consequences, including headache, but you don't realize this since you don't have a meter that warns you of the upcoming headache! That day you indulge in chocolate. It is also a trigger, and that day it raises your total trigger level from just below threshold to well above.

Sooner or later you get a nasty headache, and especially if it's relatively soon, you may think, it is because you realized that chocolate can trigger headaches and maybe it just did. But because you enjoy chocolate so much and you don't want to acknowledge the fact that you should avoid it in order to control your headaches, you give it another try a few days later. This time you don't get a headache!

The difference is that this time you had a lower level of other triggers beforehand. You were feeling less stress, you had a good night's sleep and the weather was better. But you don't realize that the reason you didn't get a headache that day is that you had plenty of margin for error. The addition of chocolate raised your trigger level, just like before, but this time there was a lot of room below the threshold to start so you did not cross the margin.

Headache & Migraines: Triggered By Emotional Causes

There is no specific migraine personality. However, the majority of migraine sufferers tend to be perfectionists while setting very high goals for themselves. Along with perfectionism comes the fear of making mistakes. They often take care of others to the extent of self-sacrifice, in which they become both physically and emotionally depleted.

These people have a difficult time saying no to requests for their services from others, tend to take on a great deal of responsibility, and find it difficult to delegate to others. Often they keep long lists of tasks they need to accomplish each day and feel guilty if they don't accomplish them all. They seem to have a lack of joy in their lives.

Migraine sufferers are not the prototypical "type A" personalities since they are not competitive with others, but they often tend to push themselves beyond their healthy limits. They tend to chronically overdo, worry about the lists that are piling up and not getting done, and go into deep feelings of being overwhelmed.

This pattern creates a vicious cycle of physical and emotional stress and fatigue, which will often trigger a disabling headache. It's almost as if the headache serves the purpose of forcing the

migraineur to slow down and temporarily pull away from the pressures and responsibilities of everyday life. The symptoms of sensitivity to light, sound, smell, and movement forces the migraineur to pull back into a state of isolation. In fact, the severity of symptoms forces the sufferer to take time off and just be still.

When one is in excessive doing mode the sympathetic nervous system, or doing branch of the nervous system, is cranking at a high rate. The migraine can come on when there is an abrupt shift from sympathetic nervous system dominance to parasympathetic dominance; parasympathetic is the relaxation branch of the nervous system. It's like cruising at high speed and then abruptly hitting the breaks with both feet.

This is the critical time when blood vessels violently dilate. In the attempt to balance from doing to relaxation mode, the nervous system overcompensates. This is why most migraines start in the early-morning hours of sleep. Most sufferers wake up, or are awakened by, a migraine.

Sleep and rest is vital to recovery once you are able to sleep. Schedule some time to be still before you are forced to do so! Regular periods of meditation and complete physical stillness on a daily basis can train your nervous system to smoothly transition from sympathetic to parasympathetic mode, the result being a better pacing of nervous energy.

While the symptom of headache is being suppressed with medication, it can provide you the opportunity to heighten your awareness of the possible emotional factors that triggered it, and to help you to see where your life is imbalanced.

Many migraineurs have come to the realization that they are lacking in self-nurturing. One helpful technique for strengthening this aspect of your life is to make a list of ten things that you enjoy doing. These should be simple activities, such as watching television or reading a book. Then do one of these things each day.

Headaches During Sexual Intercourse

Sex-based headaches can sneak in on you at any stage of the sexual act. They are a problem because they can come on abruptly and with great intensity. The sudden occurrence of a headache during sexual intercourse, particularly at the time of orgasm, naturally causes a great deal of anxiety. A woman may think that she is about to die of a brain hemorrhage. Although this is possible, such cases are rare. Actually, sexual headaches are usually benign, especially if you have had them before.

Headache that occurs during sex is triggered by the profound hormonal changes that takes place during the act. In response to the adrenal hormone activity associated with sexual arousal, your heart rate speeds up and your blood vessels constrict, resulting in blood pressure that can double and go up as high as 220/120 during orgasm. These same adrenal hormones cause your

muscles to constrict. With the exception of some residual heart rhythm irregularities, everything returns to normal again in less than two minutes after orgasm.

Such rapid physiological changes causes the exertion headaches that sometimes result from a sudden increase in physical activity. But researchers now suspect that sexual headaches frequently have a psychological component as well. Emotional stress such as anxiety, depression, anger, guilt, or sorrow amplifies the normal effect of the adrenal gland's hormones that are circulating in the blood in response to the physical activity associated with having sex.

The secretion of hormones is normal during any intense physical activity, including sexual intercourse. The same is true of short-lived stress like driving in traffic or having a fight with a loved one. But health problems arise when the stress, either physical or emotional, persists over long periods of time, leaving the body in a constant state of adrenal arousal.

If a woman with a predisposition to headache engages in sex when she is under stress, she is essentially getting a double dose of adrenal hormones, especially if she has been experiencing that stress for a prolonged time. The excessive output of hormones intensifies the normal strain that sexual activity places on the circulatory system, and headaches during orgasm can result.

A woman's circulatory system is not the only part of her body that is affected by abnormally high hormone levels. Even stress-free sexual activity involves a great deal of controlled muscle contraction that ultimately leads to orgasm. The muscles of the neck and jaw gets tighter as a woman reaches climax. During orgasm itself, she may frown, scowl, or grimace as her facial muscles contract involuntarily in semi-spasm. The jaws frequently clench spastically, as do the muscles of the neck.

That is because orgasm is an involuntary reflex during which there is a sudden release of the muscular tension and congested blood vessels produced by sexual stimulation. This is the reason that unresolved emotional stress, and the adrenal hormone output such prolonged stress generates trigger tension headaches during sex.

How To Get Rid Of Your Headaches By Changing Your Lifestyle

In order to eliminate headaches, you must monitor certain changes that are described below. Keep in mind that it could take several weeks before you notice any significant improvement. But many changes will take place in your body as soon as you start adapting to a healthier lifestyle.

The following factors will provide you with a feedback and will tell you whether you are on the right track. This will also give you the necessary motivation to continue your new approach toward a healthier lifestyle.

Monitor changes to your cardiovascular system: Monitoring changes in your blood pressure and resting heart rate is very simple. To determine your blood pressure at home, you need a blood pressure monitor which is available in most pharmacies. Each measurement yields two numbers, one called the systolic pressure and the other called diastolic. Normal blood pressure in the average healthy adult is about 120/80 (120 over 80.) This means that the systolic pressure is 120 and the diastolic pressure is 80.

Find your pulse by feeling the wrist of one hand with the fingertips of the other hand. Then count the number of heartbeats per minute. A healthy heart rate will be between 50 and 65 beats per minute, depending on your age and gender. When taking your blood pressure or heart rate, you should be in a resting position and should not have been doing any physical activity for some time before the measurement. The best time to take them is in the morning or after a long resting period.

Monitor your body fat: High blood fat is a major cause of headaches. Reducing the amount of fat you eat and increasing your physical activity will change the composition of your body. You will build up more muscle mass, which will replace stored fat in your body, therefore decreasing your percentage of body fat.

Monitor your digestive problems: Heartburn, constipation, diarrhea, and flatulence are common digestive ailments resulting from an unhealthy lifestyle. As you are adapting to a more balanced nutrition, increased physical activity, and less stress, you will experience fewer digestive problems. Monitoring these changes serves as an important indicator that changes are occurring. Remember that if you modify your diet too suddenly, you may experience a temporary increase in certain digestive problems. But with time, you will be pleasantly surprised to see your digestive problems diminish or completely disappear.

Monitor your psychological symptoms: With stress management and increased physical activity, many psychological problems such as fatigue, anxiety, depression, or insomnia should start to resolve themselves.

Monitoring your progress is an important part of a successful headache-prevention program. Observing gradual changes taking place will reassure you that your new lifestyle is working for you, and it will motivate you to continue. You will find that you will have fewer, less severe headaches as well as better, overall health.

How To Treat A Migraine When You Are Pregnant

If you begin or continue to experience migraines during pregnancy, what can you do about it? Do you have to suffer with no medication for nine long months? Or can you take the drugs that helped you through before you were expecting?

You should follow non medication strategies as the first line of defense and the least risky way to prevent and handle your migraines while you are pregnant. These include physical therapy, biofeedback, massage therapy, acupuncture, and relaxation. If you've never before considered such alternative treatments to manage pain, your incentive is great at this time to try out one or more of the following:

1. Physical therapy: A directed program incorporating massage, joint mobilization, and strengthening exercises directed at specific muscle groups for the relief of pain and spasm.
2. Biofeedback: A technique that many migraine sufferers find useful through which you learn to relax muscles using a machine that shows you a picture of your muscle tension.
3. Massage: A familiar, pleasurable, hands-on-your-body rub-down that stimulates circulation and relaxes the muscles.
4. Relaxation therapy: Self-guided techniques to bring about overall mind-body relaxation.
5. Acupuncture: The Chinese practice of inserting needles into various points in your body to stimulate the production of endorphins to relieve pain.

If you are unsure of alternative medicine and have tended to dismiss it as being out of the mainstream therapy, consider one major study where thirty pregnant women with headaches who were treated with either biofeedback, relaxation training, or physical therapy. These types of treatment benefited a whopping 80% of the women studied, who reported significant relief in their headache diaries. These same women were followed after delivery. Fully 67% of the women who had received these alternative treatments still had a significant decrease in their headaches for up to one year after giving birth.

Another non medication option: If you can get the approval from your physician, you might want to try magnesium supplementation for migraine prevention. Several studies have shown benefit for some migraine sufferers. Magnesium sulfate is also used to treat eclampsia, a complication of pregnancy that causes high blood pressure and kidney abnormalities and can cause seizures and other brain abnormalities. Magnesium supplements are probably safe in pregnancy, although the optimal dose for migraine prevention has not yet been established.

Important Facts About Over-The-Counter Migraine Medication

Most headache sufferers do not see a doctor on a regular basis. They may think their headaches are not serious enough to warrant a visit to the doctor, they may feel there is no solution to their problem, or they may not be able to afford medical treatment. Whatever the reason, the fact is that most headache sufferers treat themselves with over-the-counter medications.

Many of these drugs provide temporary relief from headache pain. Nevertheless, despite the large number of product names, there are only three essential ingredients in all non prescription pain relievers. They are: Aspirin, acetaminophen, and ibuprofen. The only differences are in their quantity and combination, and sometimes in the addition of caffeine, which can improve the effectiveness of the medication.

Product labels will list exactly what you are taking, but you should be aware of the possible problems associated with each chemical. The most common and potentially serious problem associated with the use of aspirin and ibuprofen is irritation of the stomach and the intestines.

Initially, the irritation may seem to be a simple upset stomach, but it can lead to internal bleeding and other problems. Acetaminophen does not cause this problem, and therefore it is one of the few pain relievers that can be given to children. But the overuse of these so-called simple medications can lead to long-term complications such as liver or kidney damage, increased blood pressure, nausea, ringing in the ears, and a host of other medical complications.

One of the most difficult problems associated with even the simplest pain relievers is the occurrence of rebound headache. When people take large doses of a medication regularly and frequently, the body develops a dependence on and a tolerance to the medication. As the pain-free periods between headaches become shorter and shorter, the medication must be taken more and more frequently and in increasing amounts. The result is a cycle of ever-increasing pain and medication. In the end, the medication that was supposed to relieve the pain has become one of its main causes.

If your headaches are severe and frequent, simple pain relievers may not provide much relief. Many prescription medications relieve headaches, but only an experienced doctor or pharmacist can provide adequate advice on their use.

There are important points to consider if you take prescription medications. First, all headache medications can cause side effects, ranging from problems such as nausea, dizziness, or diarrhea to potentially life-threatening conditions. In addition, many drugs lose their effectiveness over time.

Some drugs are addictive, and, as in the case of simple pain relievers, they can lead to rebound headaches. Regular use of headache medications also tends to lower the level of tolerance beyond which a headache occurs. This increase sensitivity to possible headache triggers and brings on more headaches and the need for additional medication.

Keeping A Migraine Journal

A migraine journal is a tool that will help you and your doctor become more attuned to your headaches. Your migraine journal will enable you to track your own patterns and be your own detective in determining what your headache triggers may be.

Make it a habit to write down entries in your migraine journal every day for at least four weeks, preferably for two to three months. Why so long? You need to collect accurate and sufficient data because your migraine patterns may not be immediately apparent.

When you are under stress or if you are in contact with something that triggers migraine for you, your brain doesn't always react right away. Sometimes the migraine can take hours, even days, to occur. Occasionally, the delay is even longer. Tracking your responses over time in your migraine journal can help you identify these patterns.

There are common factors in women who experience migraines, including hours of sleep, regularity of meals, possible food and drink triggers, stress and mood changes, weather changes, and other factors. If you are still in a child bearing age, note the date your period starts and stops. Track when your headaches occur, how long they last, how bad they are, and what is going on at the time.

Write down what foods you ate that might have served as triggers. Note whether you skipped a meal, slept poorly, were under stress, or whether strong winds came gusting in that night. It may take a while to identify a pattern, but once you discover that a migraine occurs every time you eat a spicy food, it will be relatively easy to avoid that trigger.

You may discover that you get a migraine whenever the weather changes, or when you skip a meal. Perhaps red wine is a major headache trigger for you, or maybe migraine is a problem because you slept only for five hours, as opposed to your usual eight. Whatever the case, the migraine journal should help you figure out your particular problems and patterns.

Once you identify your own headache patterns, you will be greatly empowered. Bring the journal with you to your next doctor's appointment, so you can go over the chart with your physician. He may see patterns and be able to make recommendations that help control the number of migraines you experience.

The information that you write down on your migraine journal is a useful tool to controlling your headache. Try to record your information on the day it happens. It's too easy to forget what happened yesterday and, consequently, to miss important and useful information that can help you discern patterns in your own headache care.

Kids Suffering From Migraines

Children with migraines often exhibit many of the same personality traits as adult sufferers, including anxiety, tension, and perfectionism. They also seem vulnerable to the same factors of diet, hunger, fatigue, and a change in routine that trigger adult migraines. Similarly, stressful or exciting events frequently set off a migraine attack in a susceptible teenager. Up until adolescence, boys and girls get migraine with same amount of frequency.

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Tension-type headaches are not as common but do occur among children. As with adult tension headaches, the pain surrounds the head or forms a band around it and may involve neck tenderness and muscle spasms. And just like adults, kids that tend to react more strongly to stress in family or school situations, secrete more of the same adrenal hormones that are believed to initiate tension headaches. Reducing or eliminating emotional stress may be all that is needed to bring the headache problem under control in our kids.

Kids and teens feel pain as strongly as adults. When a headache strikes, they feel the same pounding head pain, nausea, vomiting, and aversion to light and sound that adults endure. Although a wide range of physical factors including fever, eye-strain, motion sickness, ear infections, measles and mumps can trigger headaches, hormones play a central role as well.

The hormonal basis for migraine in children is thought to be much the same as in adults, involving the neurotransmitter hormones serotonin, adrenaline, and noradrenaline. But the symptoms of headache in children may be very different from those found in adults.

In childhood migraine, the aura phase may be characterized by dramatic neurological manifestations including confusion, listlessness, painful sensitivity to light, fever, hallucinations, dilated pupils, or difficulty speaking.

In one form of childhood migraine known as basilar artery migraine, children may experience weakness or numbness on both sides of the body, vision problems, temporary balance problems, or dizziness during the aura phase. In basilar artery migraine, the blood vessels that feed the brain from the back of the neck and head can be constricted. The back of the brain is where the balance mechanisms are present.

However, during the "headache" phase of an attack children with migraine may not experience head pain at all. Although they may suffer severe abdominal pain instead. Doctors call this phenomenon "abdominal migraine" or "migraine equivalent," and it may be compounded by motion sickness or recurrent bouts of nausea and vomiting that can last for several days.

Abdominal migraine often develops into a more typical migraine headache pattern later in life. It is thought that colic found in some children may be early migraine symptoms. Migraine equivalents other than abdominal pain include sudden mood changes, dizziness, blurred vision, unexplained fatigue, food cravings, nausea, or loss of appetite.

These symptoms may be explained partially by the fact that serotonin acts as both a neurotransmitter and a hormone. In this dual role it mediates many different body functions. When serotonin is initially released and then flushed from the body during the biochemical dysfunction that causes headache, a variety of other body functions may go wrong as well.

Knowing When It's Time To See A Doctor For Severe Headaches & Migraines

The sudden onset of severe and persistent headaches is an important clue to serious disease. This would rule out the person with a long history of headaches that have been recurring month after month, year after year. But if someone begins experiencing chronic headaches that increase in frequency and intensity, she should definitely be examined by a physician.

It has been estimated that only 2% of headache sufferers have underlying physical disorders. But because headaches caused by brain tumors can be confused with migraines and other headaches, it is important to see a physician to rule out catastrophic causes.

A brain tumor is just one of several disorders with life-threatening or disabling consequences for which headache is often an initial complaint. The headache associated with a brain tumor usually strikes suddenly and grows progressively worse in a short period of time. At the onset, the brain tumor headache can be mild and easily relieved by analgesics. But it may become increasingly unbearable after changing position, such as standing up after sitting.

You should see a doctor immediately and without delay if you have a headache that comes on suddenly, especially if it feels like the worst headache you have ever had in your life. Other symptoms associated with disease are loss of memory, disorientation, difficulty in making judgments, vision changes, or have seizures accompanying your headaches for the first time. Be sure to tell the doctor who examines you about any numbness or weakness in a hand, arm, or leg, and any speech or memory disorders.

Anyone with a headache problem, especially ones that start suddenly, should be aware of certain symptoms that indicate a need to see a doctor immediately. Such headaches can be identified by the following six danger signals:

1. Headaches that do not fit a recognizable pattern or those that make you feel sick or giving you the feeling that something is just not right.
2. Headaches that interfere with your life and prevent you from pursuing normal activities.
3. Recurrent headaches that start after age fifty or in early childhood. In such cases a thorough investigation is imperative in order to rule out any serious underlying causes.
4. Headaches that start suddenly and rapidly increase in frequency and intensity, when you do not have a long history of headaches. Again, a thorough general examination is indicated.
5. Headaches accompanied by any neurological symptoms such as a temporary loss of or change in vision, motor function, or sensation.

6. Headaches marked by any abnormal physical signs, including heart murmurs, kidney problems, or fever. In addition, stiffness of the neck may indicate an infection or inflammation of the spinal fluid.

Medications To Help With Migraine Attacks

Almost all migraine sufferers have at one time used over-the-counter analgesic remedies to try to deal with their headaches. In fact, research shows that an estimated 114 million Americans used nonprescription pain relievers in 1996. Almost everyone is familiar with analgesic painkillers. About 69% of all over-the-counter analgesics are taken for headaches. (though not all of these headaches were migraines.)

Analgesics vary considerably in strength, ranging from the aspirin you can buy in any pharmacy or supermarket to the prescription-strength variety, including controlled medications such as narcotics, for which you may need a special prescription or a visit to your doctor. Until recently, over the counter analgesics and narcotics were the mainstay of treatments for acute migraine attacks. But with the advent of new migraine-specific medications, they are being used less frequently.

Simple analgesics such as aspirin and acetaminophen are nonnarcotic analgesic medications which can help some people with mild migraine. But do not assume that because they are simple analgesics "only" aspirin or acetaminophen, they're benign.

In fact, even simple analgesics can cause problems and should not be overused. Excessive use of aspirin, for example, can cause microscopic bleeding from the stomach and can aggravate an ulcer or lead to anemia. Similarly, depending too much on acetaminophen can result in liver damage. Chronic excessive use of either or both aspirin and acetaminophen over many years can cause kidney damage.

Compound analgesics are medications containing aspirin or acetaminophen in combination with other ingredients, often caffeine. Some are over-the-counter medications, while others require a prescription. For example, two frequently prescribed compound analgesics contain mild doses of a barbiturate along with aspirin or acetaminophen and caffeine; therefore, you need a doctor's prescription to obtain them in the United States.

Listed below are the generic components of several popular combination analgesics:

1. Aspirin, acetaminophen, caffeine
2. Aspirin, butalbital, caffeine
3. Acetaminophen, butalbital, caffeine

4. Acetaminophen, caffeine

5. Dichloralphenazone, isometheptene, and acetaminophen

These medications can be very useful for mild to moderate migraine headaches, as long as they are not taken frequently. With frequent use, you not only run the risk of organ damage from excessive aspirin or acetaminophen use, you also risk experiencing rebound headaches.

Never take any of these drugs to prevent a migraine attack. Some migraine sufferers are so fearful they might develop a headache that they take an analgesic pill in case. But since analgesics do not prevent headaches, this is a misuse of the medicine. They should only be taken to relieve pain that you already have.

More Factors That May Trigger A Headache

Psychological factors play a crucial role as a trigger of individual migraine attacks. Studies have shown that points to prolonged stress is a contributor to the frequency of migraine attacks. Therefore, figuring out any personal problems that you may have is crucial in reducing the frequency as well as duration of your headache.

Try to recall when your headaches were first developed. For some people, their headaches started after a long period of emotional conflict, a perceived loss, bereavement, physical illness, or disruption of their social support systems, including divorce, loss of job, etc. For some, counseling is necessary in order to help cope with these different emotional events.

You must realize and identify stressful triggers; try not to take on too many chores or challenges as this will only add to your migraine problem. Learning to identify the triggers and cope with stress is very important in the total treatment regimen.

When Food Is A Culprit

About 45% of the time, migraine attacks are triggered from eating certain foods. Therefore, knowing what not to eat is effective in reducing the frequency, severity, and duration of your acute headaches.

Studies have shown that the results of a process of elimination diet have been reported as positive by some and negative by others. Some headache sufferers will comment that at one time a food will cause a reaction while at another time the same food will not cause a headache. In other cases, a trigger factor may only have the potential to cause a headache if combined with another trigger factor, such as eating chocolate when under stress.

The mechanism by which diet provokes headaches is obscure but probably not an allergic phenomenon. Many of the foods commonly cited as triggering migraine attacks contain what we call vasoactive amines. Vasoactive amines earned their name because they influence the blood vessels. These amines, or monoamines, are constantly identified as migraine triggers; even small amounts of these chemicals can cause an attack in someone who is susceptible.

Chocolate is considered by most headache experts to be a major cause of migraine attacks. These attacks may take as long as 24 hours to develop. The vasoactive substance in chocolate is phenylethylamine.

Between 40 and 60% of migraine sufferers believe that drinking alcoholic beverages is a definite cause of their migraines. It is believed that the alcohol itself may not be a factor, but the impurities in major alcohol beverages cause the problem. Wines, vodka, light scotches, and whiskeys have a lower impurity content and therefore can be tolerated by some migraine patients when ingested in small amounts.

Painful Chain Reactions Caused By Migraines

Migraine headaches produces chemical chain reactions that are far more complex than those that cause tension headaches. A migraine begins when the blood vessels deep inside the brain constrict because a hormone called serotonin is excreted by blood platelets. Platelets are blood components smaller than red blood cells that are part of the body's protective clotting system. If platelets don't stick to each other and the blood vessel walls after an injury, bleeding is dangerously prolonged. But if they clump too quickly, clots may form too readily within the blood vessels. When these clots break loose, heart attack and stroke can result.

The presence of serotonin sets off the production of two other chemicals: thromboxane and prostacyclin. Thromboxane goes to work first, helping serotonin to narrow the brain's blood vessels abruptly. The hormonal combination of serotonin and thromboxane dramatically decreases blood flow in the brain and causes the aura stage of migraine.

In the second stage of a migraine attack, serum serotonin levels drop drastically, and the blood vessels of the skull dilate quickly, causing the intense, pounding pain of a migraine headache. The pain is throbbing because the blood pulses through the swollen arteries in time with the pulsing of blood from the heart. Prostacyclin contributes to this process by forcing the blood vessels to dilate still further.

Finally, in the third phase of a migraine, the post-headache phase, the throbbing headache gradually subsides and is replaced by a constant unwavering pain. The blood vessels tend to become thicker and more rigid. As the headache goes on, thromboxane and prostacyclin convert to other hormones, prostaglandins. These cause the artery walls to become inflamed and thicken, often leading to visible swelling of blood vessels on the scalp, temples, or back of the neck. Although the migraine headache is over, the pain isn't.

The prostaglandins have also caused the nerve endings in the head and scalp area to become sensitized, often so badly that just combing the hair is painful. There's an important distinction here between blood vessel dilation and blood vessel inflammation. If you sit in a very hot bath, for example, the blood vessels in your head will dilate, but you won't suffer a migraine.

During a migraine attack, however, the blood vessels not only dilate but also become inflamed. It's a sterile inflammation, which means that the blood vessels become inflamed without the presence of infection. It is the combination of inflammation and pressure on distended blood vessel walls that causes the pain of migraine.

Despite the fact that the "serotonin-release" theory of migraine has been popular among researchers for more than three decades, it's clear that the activity of serotonin cannot be the only mechanism that causes migraines.

Statistics On Headaches And Migraines

Although headaches are not life threatening, they are extremely troublesome both emotionally and financially. Even an occasional mild headache is disturbing enough to make work more difficult or to take the enjoyment out of your favorite leisure activity.

A severe headache can be completely debilitating, preventing the sufferer from doing any work or routine activity. In addition, depression and irritability frequently accompany chronic headaches, which may impose a burden on the patient's family and lead to a significantly decreased quality of life.

Chronic headache disorders cause much greater impairment of function than had previously been suspected. The reality is that patients with chronic headaches may be able to function physically, but they function at a level considerably below their capabilities.

The level of impairment in terms of lost in productivity or the ability to take care of everyday needs is similar to that of patients with heart diseases. Many studies have been conducted to assess the overall impact of headaches on today's society, including medical costs, lost work time, family relationships, and overall quality of life. Although results vary widely due to different methods of gathering data and evaluation, even the most conservative estimates confirm that headaches present a big problem whose burden cannot be underestimated.

Below are some astounding statistics:

1. It is estimated that between 5 to 10% of North Americans occasionally seek medical help for relief from disabling headaches.

2. A survey conducted in Denmark in 1987 determined that 19% of adults had suffered from at least one headache during the fourteen-day period before the survey. A survey in the United Kingdom revealed similar results in 1971.
3. Nearly 10 million people in the United States suffer from regular migraine headaches; and 40% of people in North America have occasional migraines.
4. A study in Nigeria concluded that 60% of university students have recurrent headaches.
5. On average, 55% of migraine sufferers miss two workdays per month. In addition, 88% of sufferers work more than five days per month despite having a migraine.
6. Approximately 85% of female migraine sufferers and 77% of male migraine sufferers see a physician at some point for their migraine headaches.
7. According to a 1989 survey of a sample population in the United States, 95% of women and 91% of men suffer from headaches at some point during their lifetime.
8. In the United States, headaches cost an estimated \$50 billion each year. The cost to business in lost productivity is approximately \$6 billion to \$17 billion a year.

The Importance Of Knowing Your Migraine History

The information you give to your doctor is crucial in the diagnosis of migraine. You need to be able to tell him what your headaches are like, when they began, and whether they have changed over time. What has and has not helped you in the past is a very important information for your doctor in making his diagnosis.

If you are seeing a new doctor about your headaches, he will want to know your complete medical history. Sometimes patients find going through the process of answering questions about their past and current medical history to be tedious, even annoying, because they have already given this information to previous doctors. But the fact is that each physician needs to obtain his own record of history rather than rely on your medical records.

Your story may have changed since the last entry in your chart. Maybe you saw a different doctor two years ago when your headaches were intermittent, and now they are more frequent. You've changed; your medications have changed; and your new doctor will bring in a perspective that no other doctor has considered.

Probably the most important reason that your physician needs to take a new history is to uncover the material on his own. The mystery of your painful headache is the puzzle that you and he will work together to solve. Your doctor will probably consider the two or three most likely possibilities, while digging for clues in your history that will allow him to discount the least likely of them.

You can help your doctor reach an accurate diagnosis by answering his questions and adding any information you think may be relevant. A good doctor cannot come up with the right solution if he lacks crucial pieces of the puzzle. The information that you provide will give your doctor important clues to lead to the conclusion on why you're experiencing these headaches.

While about 85% of all medical diagnoses are based on a patient's medical history (along with other factors such as physical examination and lab and X-ray testing contributing to the other 15%), with migraine, physicians place even more stock in medical history. This is because no definitive laboratory, X ray, or blood tests exist to "prove" that your underlying problem is migraine.

However, with a thorough and exhaustive medical history, your doctor can help make an accurate diagnosis of migraine. He will be able to identify the probable cause of the headache; eliminate other serious diseases; begin to determine any headache triggers you may have; consider the possible impact of pregnancy, menstruation, or menopause; determine contributions of lifestyle or genetic factors; and begin forming a treatment plan.

Treating Headaches And Migraines In Children

Physicians try to avoid the use of medications as much as possible in treating children with migraine. This is because medications can have unpredictable effects on body systems that are still developing. In fact, headache drugs often have exaggerated side effects in children because of their smaller size and lower body weight.

This is why it is best to start treatment with nothing stronger than aspirin or acetaminophen for pain relief (suppository and liquid forms are available for small children) and by teaching them behavioral pain management techniques such as biofeedback and muscle relaxation.

Recent studies suggest that both techniques work equally well in children with chronic headaches. Because they have not yet developed a pain behavior pattern, children are very receptive to learning new "biophysical" techniques to relieve or block their headaches. And because they are not habituated to pain-killing drugs, they can actually use the biofeedback and relaxation techniques more fully and effectively than adults.

Biofeedback training is simply a way of learning how to control certain functions of the body by thought and will. Through biofeedback, for example, children can learn to slow their heart rates or lower their blood pressure.

Avoiding headache triggers is another important part of teaching children how to prevent headaches and migraines. The triggers for children's migraine and tension headache are the same ones that set off adult head pain. But every person is different. That means each child has his or her own set of triggers that first have to be identified before they can be avoided.

In order to do this, it is a good idea to review possible headache triggers, such as disrupted sleep, environmental factors such as secondhand smoke, unusual stress, or certain types of foods, after every attack.

For most children, just like for many adults, sleep is the best solution once a headache actually strikes. It is important to stop children's headaches as soon as possible to prevent the headaches from becoming a lifelong problem. Discovering the headache trigger is vital. In this way, parents usually play a crucial role in controlling their child's headache problem.

If these simple approaches do not provide relief, your health care provider may want to very cautiously try some medication used to treat adult headaches. Like adults, children who get three or more serious headaches a month are usually eligible for preventive therapy.

There are some medications that are usually not prescribed for children unless the migraines are severe and persistent, as they have unpleasant side effects and must be used very carefully with young children.

Understanding The Different Symptoms Of A Migraine

Symptoms of migraine usually change over the course of your life. You may be prone to severe headaches that you recognize as migraine-related and also to one or more kinds of headache that you feel as "tension" or "sinus" headache. You may also have neck stiffness that you think is arthritis or some other, altogether different issue.

At the same time, you may have bouts of dizziness or fleeting visual disturbances, not necessarily associated with headache that you don't even relate to your headache problem. Yet all these symptoms may stem from migraine as it becomes activated to varying degrees and shows itself in multiple ways at different times.

Migraine can start from early childhood through old age. Onset of symptoms is more common earlier than later, often beginning in the teenage years or early adulthood and, in women, most notably around the start of menstruation or during pregnancy or menopause. But migraine can also present in toddlers with attacks of vomiting and falling down. Very young children may be unable to communicate their suffering and instead manifest migraine as irritability, fatigue, yawning, withdrawal, crying or just appearing pale and sick.

Elderly people also can experience chronic daily headaches, dizziness or visual disturbances for the first time after decades of only occasional, "normal" headaches. As you go through life, migraine's symptoms are likely to change. Different kinds of discomfort might afflict your head, face and neck. Over time, you may experience varying degrees of autonomic dysfunction, or neurological symptoms that come and go, all stemming from migraine and reflecting its fluctuating trait.

When overall migraine activity rises or falls, or the pattern of migraine symptoms shifts, there must be one or more reasons, but they may or may not be easily recognized. In fact, often no reason is identifiable.

Changes in your overall migraine activity reflect changes in the relationship between your threshold for activation and your trigger load. Rises in overall migraine activity represent either a lower threshold (genetically preprogrammed to occur at a certain time of your life or brought on by a life event such as head trauma), increased trigger input (which may or may not be recognizable), or both. Less easily explained are shifts in the nature of migraine symptoms. The new appearance of flashing lights or dizziness but the general trend toward decreased headaches yet increased neurological symptoms of migraine in the elderly points to age-related influences.

When headaches get worse, or when you feel a new type of pain in a different part of your head, you may think that something more serious is going on. An unprecedented occurrence of brief, sharp pains in your head may make you think you have an aneurysm that is about to burst. The development of new neurological symptoms such as flashing lights, dizziness, or numbness and tingling of your face may provoke fear of stroke or multiple sclerosis. Talk to your doctor immediately if you're concerned about increased or new symptoms.

What Is A Tension Headache?

You have probably heard of the term "tension headache," which refers to the most common type of headache. Some doctors refer to it as "muscle-contraction headache." Most people, even those who do not experience headaches regularly, have had a tension-type headache at some point in their lives.

Tension headache often occurs when you're feeling stressed, though that's not what the term means. In fact, doctors changed the name of this headache category from "tension headache" to "tension-type headache" to get away from the idea that stress or psychological problems are the only causes.

What causes tension-type headaches? Similar to migraine, tension-type headaches can be brought on by stress or tension as well as lack of sleep. These headaches may also result from neck problems or poor posture. Sometimes jaw or dental problems can induce tension-type headaches as well as oral and facial pain.

According to a study that was done in 1998, women experience 15% more tension-type headaches than men do. It might be a hormonal issue, because many studies concluded that the headaches occur around menstruation. But there is no clearly demonstrated association between this kind of headache and menstruation.

Tension-type headaches are most common among 30 to 39 year olds. This doesn't mean that if you are 45, you can't get a tension-type headache. You can. It's just less likely. As with migraine, the prevalence of tension-type headaches decreases with age.

Tension type headaches are different from migraines in several ways. First, the pain of tension-type headache is usually not one-sided. It's a pressure, squeezing, or tight kind of pain, whereas migraine pain is usually pulsating or throbbing.

Tension-type headaches, which are of mild to moderate intensity, are not worsened by exertion such as climbing stairs. Nor are they associated with nausea or vomiting. The person suffering from a tension-type headache does not usually avoid bright lights or loud sounds.

Migraine sufferers can also experience tension-type headaches. In fact, some headache specialists consider tension-type headache and migraine to be different facets of the same thing, probably due to the same biochemical brain abnormalities.

Very few tension-type headache sufferers (less than 20%) have seen a doctor about their headaches. This is unfortunate, because there are medications and treatments that can help. Get medical attention immediately if you or someone you know has chronic tension-type headaches.

What Triggers Your Headache?

There is a connection between headaches and many other factors that increase levels of blood fat. One of them is smoking. Among the many problems and risks, smoking is known to cause headaches or to exacerbate their symptoms. Smoking increases levels of LDL, the "bad" cholesterol, but it also increases the blood's viscosity and platelet clustering, which can encourage the formation of blood clots.

Another critical factor in controlling headaches is physical activity. It is important to realize that a lack of physical activity, as well as too much of it, may bring about a rise in levels of blood fat. A sedentary lifestyle has a profound effect on the body's metabolism, making it difficult to clear fat from the bloodstream.

At the other extreme, excessive exercise induces a temporary state of hypoglycemia because it depletes the body's sugar reserves. The depletion of blood sugar forces the body to increase the level of fat in the blood in order to provide the necessary fuel to muscles and other tissues.

Stress is another well-known headache trigger. Chronic stress can cause a number of biochemical imbalances, which the body tries to correct. For instance, psychological or emotional problems resulting from overwhelming amounts of work, relationship problems, or financial worries are common sources of stress. Different environmental or physical pressures including injury, pollution, lack of oxygen, hypothermia, and hyperthermia can also cause a stress response.

Like all the other triggers discussed above, stress causes blood-fat levels to rise. In the case of physical or environmental triggers, the body provides additional fuel to cope with the stress situation. In the case of psychological stress triggers, the body prepares itself for a fight or flight response to a perceived danger by providing the necessary fuel for the expected physical activity.

Unfortunately, stress in our society is rarely relieved by a physical fight or by running away, and so the increased fat remains in the bloodstream. You may already be aware that stress causes a rise in cholesterol, which is one type of fat. In fact, prolonged stress causes an accumulation of all types of fats in the blood.

Finally, oral contraceptives and some types of hormonal therapy may produce headaches. This applies particularly to products containing high levels of estrogen. By now you may have guessed the reason. Yes, once again, fat is the culprit. Fluctuations in estrogen levels influence the amount of fat in the blood and cause headaches.

Why Do More Women Get Headaches Than Men?

There are three reasons why migraines are more common among women than men. They are: Hormonal changes, genetic susceptibility, and increased levels of stress. Let's examine these reasons in more detail.

For women of child bearing age, monthly hormonal shifts could be triggering their migraine headaches. A clue that hormonal shifts may be a factor is if their headaches occur just before their period or during menstruation, which is the case for 60% of women with migraines.

Other events causing female hormonal shifts, such as pregnancy or menopause, can directly affect their migraines, causing them to decrease, subside, or become more frequent. Of course, there are also variations for every woman, even at the same ages and stages. For example, during pregnancy, some women experience a decrease in migraines while others experience migraine for the first time.

Sometimes hormones that we introduce into our bodies can affect our probability for migraine. For example, oral contraceptives (all of which contain hormones) can trigger migraines in some women, while others are not affected. Hormone replacement therapy may alleviate migraines in

some menopausal women, exacerbate them in others. Menstruation, pregnancy, and menopausal migraines are major complaints among women with migraines.

Studies comparing twins raised together with twins raised apart have been performed for years in many countries and have clearly established that migraine runs in families. Research has revealed that if both your parents experienced migraines, you have 70% chance of getting a migraine. If your parents didn't suffer from migraines and you do, a careful survey of grandparents, aunts, uncles, and cousins will probably yield a history of "sick headaches," or migraine.

But why is it that females, so much more than males, are cursed with migraine headaches? Though there is no conclusive evidence, the cause may be related to estrogen. Prior to puberty, boys and girls experience migraines in equal numbers. After puberty, migraine is a far greater problem for women, and that three-to-one ratio kicks in.

If you are a woman raising a family, maintaining a household, and holding down a full-time job, that doesn't leave a lot of time to be down with a migraine. Torn between work demands, family demands, marital demands, and just about overall everyday living, it's no wonder that many women today find themselves feeling stress overload.

For women who don't have a propensity for getting migraines, such stresses are unlikely to cause them. However, if they do have that tendency, then stress can be their number one trigger.



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