

Treating Migraines

The cause of migraines is not completely understood and various theories exist to explain this debilitating condition. A few current theories include vascular disturbances, neuron depression, and local inflammation. The main symptoms classifying migraines are intense head pain with or without visual auras, nausea, dizziness, and light sensitivity.

Epidemiological research by the Center for Disease Control (CDC) reported that nearly 3 million males and 9 million females within the US are chronic sufferers of migraine headaches. Migraines are most common in adolescents and young adults with 30% of migraine sufferers reporting their first attack occurring before age 10. Reports by the CDC indicate a dramatic decrease in migraine occurrences in adults over the age 64. Most sufferers, as much as 70%, report a family history of migraines.

Stress, allergies [1], muscular tightness, pregnancy, menstruation, alcohol ingestion and some diuretics can trigger migraines. However, if someone suddenly begins having migraines without a prior history of headaches, or if headaches intensify with every incident, consult your healthcare provider to rule out any potential life threatening diseases.

Treatment

- Acupuncture can treat the acute pain and also the underlying root cause of the episodes. Acupuncture is often applied along with soft-tissue therapy over the scalp and cervical region to provide rapid relief. Electro-acupuncture is also an effective tool that affects the neuro-muscular zones associated with migraine headaches. Herbal therapy can also be used to

prevent the occurrence and severity of future attacks.

- Western treatments include analgesics and/or vasoconstrictors such as Ergotamine, Aspirin, and Ibuprofen. Pharmaceuticals are often prescribed with an antiemetic to improve the absorption of the migraine medication. Pharmaceutical medications are numerous, with new drugs being made available in many forms, including oral, inhalants, injections and suppositories. Consult your physician or pharmacist to determine which medication is most suitable for your condition.
- For a migraine with mild symptoms, aspirin or Ibuprofen may be recommended along with the three S': Solitude, Silence, and Sleep. Ice packs can be applied to help with the pain and cause vasoconstriction of the blood vessels.

Prevention

Eating foods appropriate for the individual and engaging in regular exercise will promote cellular health and vascular functioning. Avoid tyramine-containing foods such as aged cheese, yogurt, beer, wine, liver and yeast. Observe your eating and activity patterns to identify habits that provoke migraine incidents.

Acupuncture, applied by a licensed practitioner, not only effectively treats the acute symptoms but also addresses the underlying imbalance within the body. Herbal therapies are an important component towards prevention of migraine headaches and are usually given in formulas containing more than 10 different herbs.

Commonly Recommended Supplements to

Prevent Migraines:

- Feverfew, *Tanacetum parthenium*, shown to reduce the severity, duration and frequency of migraine headaches and lead to improvements in blood vessel tone.
- Magnesium, which influences cerebral vascular tone, inhibition of vasospasm and platelet aggregation.
- Niacin (vitamin B3), which causes vasodilation.
- Ginko, *Ginko biloba*, is a platelet-aggregating factor (PAF) antagonist.

Self-medication with herbs or supplements is not recommended. Consult a qualified practitioner prior to taking herbal or dietary supplements for appropriate dosage and frequency.

[1] Most common allergenic foods associated with migraines being wheat, oranges, eggs, coffee and tea, chocolate, milk, beef, corn, white sugar, yeast, mushrooms and peas. Grant ECG. Food allergies and migraine. *Lancet* 1979; I:966-9.

Opioid-Induced Hyperalgesia (OIH). Opioid medications can worsen your chronic pain.

Opioids reduce the intensity of pain signals reaching the brain and diminish the emotional response to pain. Opioids include: Hydrocodone (Vicodin), Codeine, Fentanyl, Hydromorphone, Meperidine, Morphine, Sufentanil, Oxycodone, Oxymorphone, Buprenorphine, Methadone, and Tramadol.

Opioid-induced hyperalgesia (OIH) is a condition whereby opioid therapy has a reverse effect on patients and causes increased sensitivity to certain types of pain. The symptoms of OIH are often difficult to diagnose and symptoms present as a worsening of the patient's chronic pain with regions of pain spreading to other areas of the body. This worsening pain condition can be incorrectly interpreted as a patient developing a tolerance to the opioid that reduces the drug's effect. This may not be the case. Prescribing higher dosages of opioids can paradoxically worsen a patient's pain condition.

There is no question that getting off opioids can be very difficult and some physicians don't want to assume the responsibility and risk that can arise from withdrawal and detox. An integrative medical approach is increasingly being sought after by both physician and patient to reduce dependence on opioids and to develop a safer pain management plan.

Acupuncture has been used to treat both chemical addiction and chronic pain. Acupuncture observes the improvement in pain reduction as a reduction in the frequency, intensity, and location of pain. Ideally, progress in the treatment of pain with acupuncture should result in the complete opposite effect of OIH—a reducing and localizing of pain, a normalizing of pain tolerance, and a restoration of body functions (normal bowel movements, proper digestion and stomach emptying, and sustainable energy with better sleep).

It is important for patients to express their concerns with long-term use of opioids with their physician and to establish an exit strategy to get off pain medications before even starting them.