

- Research in complementary therapies
- Why herbal remedies for Migraine?
- Butterbur-Petasin
- Feverfew
- Herbal Remedies for PMS

Section 4 The regime in one place

Warning

This ebook is not intended to be a do-it-yourself diagnostic kit. All headaches should be taken seriously and should be properly diagnosed by a doctor who can take an accurate history and examine you. The use of the recommendations in this book comes very firmly after the correct diagnosis of migraine has been made. The contents of the book deal with the treatment of migraines by complementary methods. The explanations given are intended to inform, empower and allow you to help yourself only after a proper diagnosis has been made.

Introduction

Why the FISH plan? FISH stands for Food Intolerance, Stress, and Heredity the three main and interwoven causes of migraine. All need to be addressed for true success

During my 27 years as a general practitioner there was a group of patients who came to see me regularly, and for whom I had little to offer. These were the patients who suffered from migraine. They ranged from the women who would have a migraine in the days approaching their menstrual periods to the stressed out businessmen who would regularly have that most unpleasant kind of attack, the much disliked "Saturday morning migraine". The symptoms that they suffered varied from a little nausea and slight headache for a few hours to vomiting with a splitting headache and an aversion to light that made them stay in a darkened room for three or four days.

Many of them, especially those with the more mild symptoms gave up on me and simply bought over-the-counter drugs from their chemists. In fact, according to the Migraine Action Association at least four in ten "migraineurs" in this country do this. The figure in America is up to eight in ten, maybe due to the need there to pay the doctor directly. This means that British doctors, even those of us in general practice, do not know the full extent of the difficulties that migraine causes.

The drugs that modern medicine uses will not be specifically mentioned in this book except as warnings when their use might be dangerous. That is because this book is designed for self help. It is based on the explanations and discussions with fellow migraine sufferers that took place during the consultations and study days of those many years in General Practice. It will outline the three main causes of migraine in nonmedical language and show

ways to overcome these, reinforcing that advice with lifestyle recommendations that are well recognised to be helpful.

Most importantly, it is designed to give you the tools to help yourself. In that way it will enable you and encourage you that you can do something about your migraine yourself, to show you that you don't need the doctor to interfere with your body with his pills, and to put you back firmly in control of yourself.

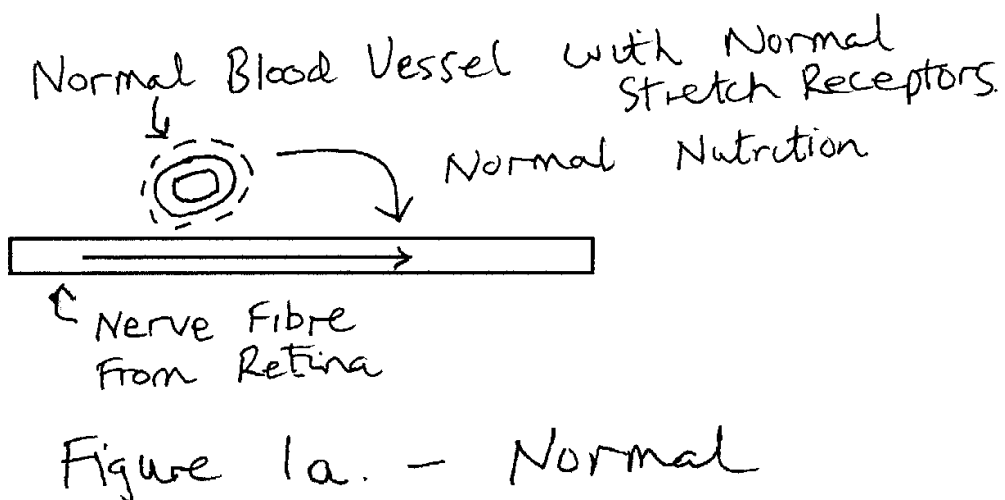
You have nothing to lose but your migraines!

Section 1

What is Migraine?

From the sufferers' viewpoint classical migraine begins with what is known by doctors as an aura. This is often a disturbance of vision that usually starts in the middle of the sight and slowly moves outwards to the outside. It will start as a fuzzy spot that turns into an expanding ring of wavy lines that over twenty minutes or so will slowly progress outwards and then vanish. The aura may also be a mood change, pins and needles in one side of the face, tongue or arms or even a strange but familiar smell or taste. Rarely it may show itself as weakness of one side, loss of consciousness or double vision.

This first part of the attack is thought to be the result of the release of certain chemical transmitters around the blood vessels that go through the neck. These chemicals cause a tight narrowing of the blood vessels to the brain and this starves the brain of blood.



Tightened blood vessel with relaxed stretch receptors

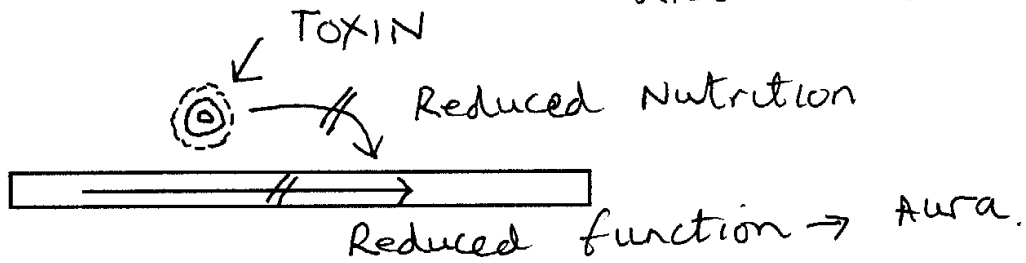


Figure 1 b. - Aura Stage

The longest of the nerve fibres in the brain deal with vision and these are the most vulnerable to the reduction of blood flow caused by the tightened arteries and they react to it by not working properly. They react to this reduction of blood flow by not working properly for the length of time that they are starved of blood by the tightened arteries. It is this starvation that causes the sight disturbance. It is not known exactly what triggers the blood vessel tightening but as well as the three major factors of stress, heredity and food intolerance the long list includes too much or too little sleep, fever and flashing lights.

over-relaxed blood vessel with stretched stretch receptors → headache and nausea.

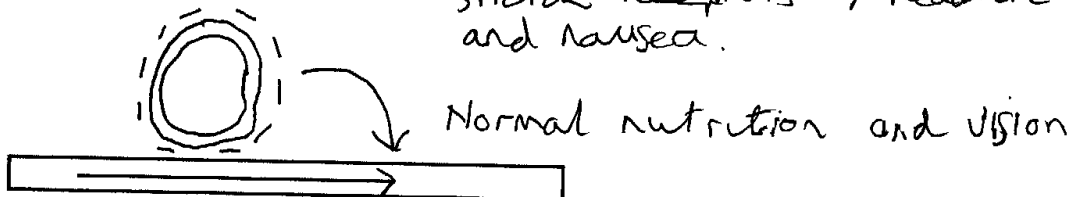


Figure 1 c Headache Stage

The next phase begins as the blood vessels return to a normal size. Unfortunately they continue to widen and overshoot to become far too wide, just like a pendulum that has been pushed too hard. The degree of over-wideness can go on for a few days before the blood vessels slowly return to a normal size.

The blood vessels that are most affected by this wideness change spread all over the head and scalp and they have sensors that detect any change in size. The blood vessel walls are repeatedly over-stretched and released as each heart beat pushes the blood through the vessel, making the sensors send out signals which cause a pounding headache. Another effect of having a supply of too much blood to the brain is that the brain cells become a little swollen with excess fluid.

This leads to the nausea and vomiting, and the dislike of bright lights and loud sounds that are such a problem in migraines. The blood vessels are affected on only one side of the head so the headache of any one attack is only one-sided. This is thought to be an adaptive measure to make sure that the brain is not permanently damaged by the migraine attack.

Reducing the blood flow on both sides could well cause so little blood to get to the brain that there could be permanent brain damage. Despite the fact that the blood supply is reduced on only one side the visual disturbance is experienced on both sides, seeming to be in both eyes. This is because of the way that the bundles of nerve fibres dealing with vision split and go to both sides of the brain where they produce the things that you recognise as sight.

Each eye has a left side and a right side, so the left eye would contribute to both the left and the right sides of the vision, and if its nerve fibres are starved then it's contribution to both the left and the right sides of your sight are affected. This is how you can shut one eye, look at a distant

object and see almost the same as you could if you shut that eye and opened the other one.

The brain slowly recovers from this blood starvation and for a few days after the headaches have gone you will feel tired and any coughing or sneezing will produce a spike of headache on the affected side. Most people who have migraine attacks regularly have them on the same side, either left or right. However they can alternate or change sides permanently but this is very rare.

Migraine is a very variable problem both in frequency and severity and the pattern described above is the standard textbook pattern. Some people only have one or two mild attacks a year that cause little inconvenience except during the “aura phase” when driving or operating machinery may be difficult. Others may have two or three attacks each week and have to spend many days each month lying down in a darkened room. The attacks can also fluctuate in frequency and severity in the same person over time.

As you get older the arteries tend to become hardened and less able to tighten and widen. In these circumstances people may well grow out of their migraines whatever their cause. Certain preparations containing ergot used sometimes by mainstream medicine are dangerous in these circumstances because they work by tightening the arteries and if your arteries are already narrowed and hardened there is the risk of causing a stroke or heart attack.

Ergot preparations are also dangerous in pregnancy as they can cause miscarriage by tightening the muscles of the womb that are of a similar structure to the muscles in the arterial walls.

In children there is a variant of migraine where the major symptom is abdominal pain, bloating and vomiting. This follows the usual timescale and triggers of ordinary migraine but there is often little or no aura or headache. It is thought that in these children the blood vessels in the abdomen and intestine react in a similar way to the neck arteries in normal migraine and tighten then expand causing disturbance to the normal functioning of the

bowel. That leads to the abdominal pain, vomiting and bloating of the abdominal migraines.

Section 2

What causes migraine?

Migraine has three main causes. These are

- An inherited, genetic factor.
- “Leaky Gut Syndrome” that is shown by intolerance to certain foods (this is the root cause of food intolerance which is also known as food sensitivity),
- Stress

These factors are presented in the time sequence that they occur to make the explanation of how they work together more coherent. They are probably of equal importance overall. Bearing that in mind the important thing is that these three things are present in different proportions in each person, so someone may have a genetic tendency to food intolerance and stop having migraines if they stop drinking milk, whilst others can drink as much milk and eat as much yoghurt and cheese as they please without any problems. However, perhaps they will then have severe attacks of migraine when things go wrong at work.

It is very difficult to know the exact proportions of each of these three factors that contribute to migraines in any specific person and so the sensible approach is to deal with all the possible factors that you can. Clearly it is not possible to change your inherited tendency to migraines but you can change your lifestyle, take an herbal remedy (as long as it has been properly tested), and address stress and food intolerances.

Heredity

Migraine can certainly run in families and was once said to be a condition that particularly affected intelligent people. There really is little that

can be done about heredity. It's most important lesson for the migraineur is the knowledge that migraine can be inherited.

If you have migraines you should be aware that you could well have passed that tendency to your children. That means that your child's recurrent "Bilious Attack" could be a migraine phenomenon and not a "grumbling Appendix".

Many a normal appendix has been removed from a child with abdominal migraine!

It is well recognised that women may suffer from migraines around their menstrual period and that must fall into the category of "an inherited tendency" because a person's sex is a genetically and thus hereditarily determined aspect of our makeup

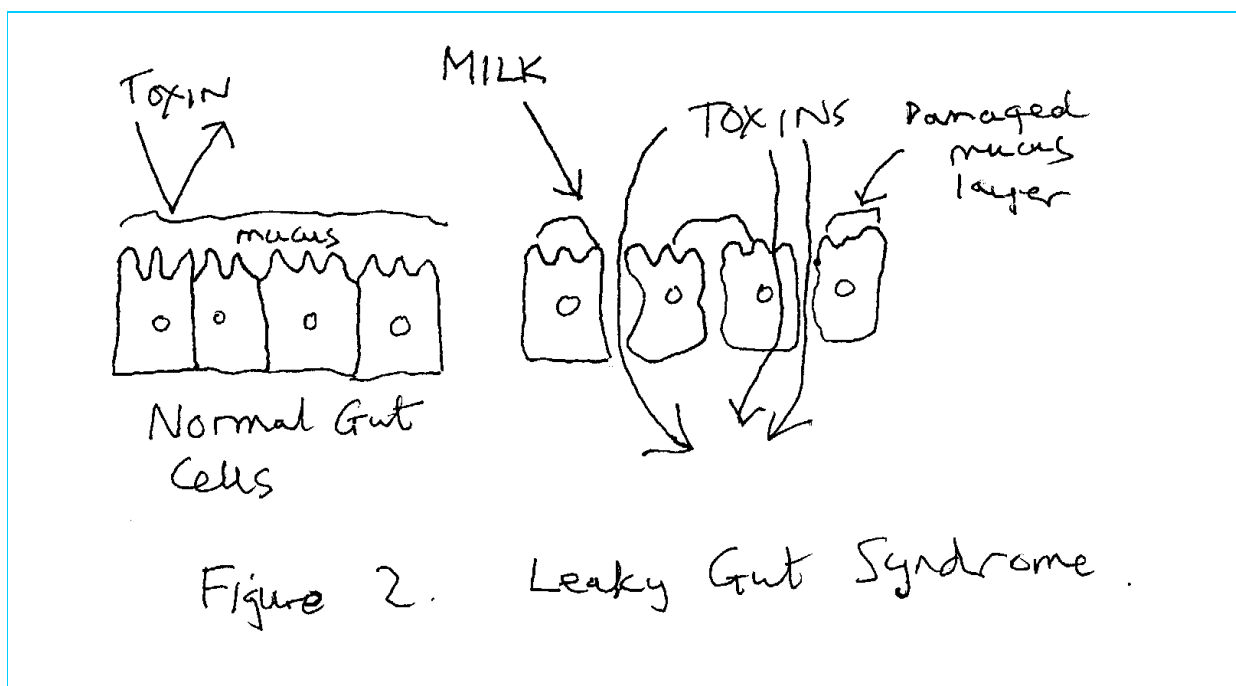
Leaky Gut Syndrome (Food Intolerance)

Migraine is one of many conditions one of whose root causes appears to be a condition with the rather graphic name of leaky gut syndrome. We do not know the exact causes of leaky gut syndrome but it has been suggested that the use of antibiotics in early life, and alcohol and anti-inflammatory drugs in later life are potential causes. However evidence is emerging that it could be caused by baby food containing foods that their bodies were not designed to handle.

If we compare the diet of an average modern newborn baby with that of his earliest ancestor we find that the ancestor will have had breast milk for some months after birth (at least until he had enough teeth to cause difficulty with breast feeding and sufficient control over the coordination of his hands and vision to be able to pull his food apart). Thereafter his food would have been the same as the rest of his family group, so he would have eaten fruit, tubers and roots with the occasional helping of meat if the hunters had been successful.

If that is compared with the modern baby's diet, then nonhuman milk is likely to be the first deviation from the ancestral model. Modern babies are fed eggs, and yeast in the form of baby foods and vitamin supplements, very early, well before the appearance of their teeth. Up to that point at which their intestines are not mature enough to cope with these foods. When a baby is newborn it is not fully developed and it is reasonable to assume that the immature intestine would be best fed those foods for which it is designed (breast milk and nothing else).

It is not difficult to see that the immature intestine can become damaged by the modern kind of diet that deviates so much from that basic plan and it seems that the prime mover could well be non-human milk. This is difficult to demonstrate scientifically, as this would mean taking tissue samples from the intestines of babies. That would be unethical unless doing so would directly benefit that baby.



This is an unlikely scenario but there is, however, plenty of evidence for the flipside of that coin; that breastfed babies have a lower incidence of immune problems, such as less colds and ear infections, and less difficulties

with digestion. If this theory is correct then non-human milk contains something that causes some damage to the layer of mucus that protects the cells that line the intestine. Non-human milk will also clearly lack the specific immune molecules from the baby's mother that also help to protect the intestinal lining.

This damage to the mucus layer reduces the protection that the mucus gives to the corrosive effects of the intestinal juices, whose function is to digest tough plant and animal foods. These juices would rapidly digest the intestinal wall if that wall did not have efficient protective mechanisms.

The reduced protection leads to shrinkage of the cells of the intestinal lining. This causes gaps to appear between the cells of the lining of the intestine that allow abnormally large molecules to get through the intestine's wall and into the circulation.

The results from food intolerance testing (also known as food allergy or food sensitivity) show that the top three offending foods are: - cow's milk (giving a positive test in 7 out of 10 people with food intolerances); yeast (positive in 4 out of 10 of these people); and egg white (positive in 2 out of 10). The next three are almond, cashew nuts and wheat and these top 6 items account for all those foods that affect more than 1 person in 10 who have food intolerances. Interestingly egg yolk gives a positive in only about one person in 20 and the first grain to appear is wheat in about one in ten people. It is one or more of the proteins in these foods leaking through the gut wall that indirectly causes the migraines.

Although artificial baby milk may not contain any of the foods or their derivatives mentioned above more recent work suggests that a person's sensitivity to the milk of one animal is likely to apply across the board so that goat or sheep milk is as likely to be culprits as cows milk or ordinary dairy products.

There is a lot of confusion about allergies and although leaky gut syndrome is technically an allergic response, it is not as dangerous or rapid in

onset as the classical allergy associated with nuts such as peanut. It is important to understand that leaky gut syndrome is a different kind of allergy.

Classical allergy uses a different pathway for its effects and these appear immediately after exposure to the offending food and cause a rapid release of histamine and histamine like molecules. The effect of this can produce difficulty breathing, swelling of tissues and perhaps circulatory collapse and death. Classical Allergy is a medical emergency and does not cause migraines. If you think that you have a classical allergy you must discuss this fully with your doctor, as the problem needs proper investigation and treatment

Cows milk and cows milk products such as casein and whey powder: yeast and egg white are common constituents of baby foods and vitamin supplements and it seems that the original damage is probably done by non-human milk causing shrinkage of the cells and the formation of abnormally large gaps between the cells. Because of this damage toxic molecules that are parts of the other foods are able to squeeze through the abnormal gaps between the cells and pass through the intestinal wall where they circulate in the blood stream until they reach their target organs.

Having arrived at the target organ they cause damage to those parts of it where there is an inherited likelihood of problems. The blood vessels of the neck seem to be a common area of attack leading to migraines in the sufferer.

As time goes by the baby's diet widens but the so-called staples of non-human milk, eggs and yeast are fairly certain to play a major and permanent part in the baby's diet. Whenever these offending substances are eaten they will attack the leaky intestine and if they are eaten every day, which is most likely, its lining will never have time to recover.

Later on in the baby's development more unusual foods will be eaten and some of these will maintain the leakiness of the intestine, so by the time the baby is an adult there will be an average of five food intolerances which,

by and large, will include at least one and usually one or two of the troublesome three.

The leakiness of the intestine is sustained by the daily consumption of these foods but also by the inappropriate use of antibiotics. In the past doctors were guilty of using antibiotics in an uncontrolled way to treat infections, usually caused by viruses that would get better on their own accord, without medical interference. Ear infections are a case in point.

There are many helpful bacteria in the intestine that help the absorption of vitamins and play an important role in controlling the numbers of harmful bacteria that also live in the intestine. Antibiotics would kill both harmful and helpful bacteria and that would lead to imbalances in the types of those bacteria that live in the intestine. The result would be an increase in harmful bacteria and fungus such as candida because these tend to be more resistant to antibiotics than the helpful bacteria.

This would maintain the damage to the protective mucus layer and according to some experts allow the filaments of candida to keep open the gaps between the cells that line the intestine.

Alcohol affects the mucus lining of the intestine and irritates the underlying cells. It is, in excess, a potent cause of intestinal and stomach damage. Alcohol also has a damaging effect on the liver, which is an added problem because the blood from the leaky intestine, which is full of the larger toxic molecules, passes straight to the liver. In a normal liver any toxic molecules that managed to penetrate the defences would be easily mopped up and destroyed and the blood made safe before it went on its way around the rest of the body.

However if the liver is damaged due to overwork dealing with the flood of toxic molecules pouring through the leaky intestinal wall it cannot deal efficiently with all these toxic molecules and becomes overloaded. The toxic molecules then overflow the liver and pass into the rest of the body to cause your migraines.

The other major cause of continued leaky intestine is the use of irritant drugs and it is ironic that one of the favoured modern medical treatments for migraine is a drug called Ibuprofen. This drug is effective for the headache of migraine but is a cause of irritation of the intestine as is that old favourite, aspirin. It is a salutary thought that although these drugs may be relieving the symptoms they are making their cause worse.

There are other dietary causes that seem to be related to the direct effects of the food eaten rather than any food intolerance. These will be detailed in the help section

As a final thought on the subject of milk, we humans and our animal companions are the only species that consume the milk of other species and the only species that eat milk products of any sort after weaning and continue to do so lifelong. Regrettably it would appear that by doing this we might be doing ourselves and our pets harm, as even household pets can suffer from food intolerances.

As you will read later on the good news is that we may be able to abstain for some time but then go back to our favourite cheeses without problems.

Stress

The stress response is often referred to as the “fight or flight “ response and that describes it very well. It is another aspect of our ancestors’ way of life that we have less opportunity to handle correctly in our increasingly hectic and restrictive modern world. When faced with danger our ancestors would be prepared to run away or to stand and fight. Their bodies released a soup of hormones into the bloodstream to make this happen.

This hormonal soup would cause the heart to pump more rapidly so that it could push the blood round the body more efficiently to increase the supply of oxygen and energy giving sugar to the important areas for flight or a fight. At the same time the blood would be diverted to those areas where it was

most needed. So it would selectively go to all the muscles but especially those of the legs and arms so that they had extra energy to fight or run.

The blood would also be diverted to the brain so that it was able to think quickly and efficiently.

These actions prepared them for the physical activity that was to follow (running or fighting) which would in turn bring down the hormonal soup to levels which would fall back to normal within just a few minutes after the necessary physical activity had taken place.

Nowadays it is usually inappropriate to run away or attack the boss no matter how satisfying that might be and the hormonal soup is only slowly removed from the blood because of this relative physical inactivity.

The intestine has one of the richest supplies of blood and this supply is shut right down during the fight and flight response in order to send the blood to the brain and those muscles where it is needed most. This is not a problem when fighting or a running away as the hormonal soup is soon used up and the situation rapidly goes back to normal with the intestine's blood supply soon being restored.

However in our modern non-fighting, non-fleeing times the restoration of the blood supply to the intestine is very much slower and the intestine is starved of blood for quite a long time. This slows up any healing that may have been going on in the damaged intestine wall and worse, actually increases the leakiness of the intestine at times of stress. Because of this increased leakiness more of the larger toxic molecules can get into the blood stream making the migraine symptoms worse during times of stress.

Ironically these migraine symptoms seem to be dose related (the more of the offending food you eat, the worse your migraines will be) and the habit of comfort eating that some people have when they are under stress may well be making those migraines even worse. This is especially true if the comfort foods contain ingredients to which they are intolerant, such as chocolate with

its milk, or excessive quantities of wine containing alcohol with it's directly harmful effect on the intestine.

Some of the constituents of the hormonal soup are substances that affect the workings of the immune system and tend to dampen down the proper responses that protect you from attack by germs. The important consequence of this is that people who are chronically stressed tend to suffer from more colds and infections than those who are not as stressed and those people who are continuously stressed may also be more liable to develop more serious diseases.

This alteration of the immune and healing response is likely to slow down any repair process in the intestine wall and lead to either a slower resolution of the leaky gut syndrome or a worsening of the migraines. It seems that the intestine takes many months to heal and that each episode of stress will result in a setback for this healing process, rather like knocking the scab off a healing graze that will then require the repair process to start all over again so that a whole new scab can be formed.

Section 3

What can I do about it?

The lazy way

Changing all those things that are mentioned below would amount to a major upheaval in anyone's life and you may be happy to compromise with a reduction of migraines rather than attempting to eliminate them altogether.

When you have read them you may think that some of the elements of the regime are more important than others and would settle for the most important in each category. If so the skeleton regime below is for you.

The technique outlined in this book supposes that migraine has the three main factors as its cause, and that one of the three will be more important than the others. If you attack one aspect diligently, wholeheartedly and single-mindedly, then you stand at the very best a one-in-three chance of getting a good improvement. That good improvement would only happen if your migraines were completely caused by one factor and the others had no influence at all and that you had by good fortune chosen that factor to address. For instance you could rigidly exclude milk and all the other foods to which you were intolerant but if part of the problem was stress then you would not get as good a result as if you had dealt also with that stress and attended to the hereditary factors.

However if you attack all three factors in the same diligent way you are as certain as you can be that you will sort things out. The results indicate that about seven in ten people with migraine will have milk intolerance, seven in ten with migraine who use the tape will improve and six in ten who use Butterbur-Petasin will have fewer and or less severe migraine attacks.

Assuming now that the three factors appear in individuals in equal proportions this means that the very least we can expect is that about three in ten will get an improvement. So the best chance that you get attacking just one factor is roughly equal to your worst chance in attacking all three.

The third is “food intolerance” action on which may well produce benefits in other areas

And the last is “heredity” where the action and benefits are specifically for migraine although recent research shows that Butterbur-Petasin is effective in hay fever as well as migraine.

1 General Measures

Because migraine is a problem that comes and goes and leaves you feeling perfectly healthy between times, it is difficult to suggest advice that will not seem overly restrictive during those days when things are normal. It is difficult to be disciplined when you are waiting for something not to happen.

The list of factors implicated in migraine can be split into four categories. These lists are not exhaustive and the things are mentioned so as to give you a few pointers in the direction of where to look for trigger factors.

Environmental factors

These include: - bright lights, flashing lights, smoky atmospheres, perfumes, over cold or over hot environments, exertion, too much or too little sleep, the weather, fever, the general disturbance caused by travelling, and head injury. It is very difficult to provide anything other than an outline list, as the number of precipitating factors is as many as there are people with migraine. Most migraineurs will have a good idea from their experience what the likely factors are in their special case.

Are you causing your own headaches?

There is a well-recognised problem that occurs in about one in eight people who regularly take painkillers for any reason. This is known as the

“medication induced headache” and can occur if you take more than six 200mg ibuprofen or four-500mg paracetamol on a daily basis. If you have been doing this then it is worthwhile stopping these for three weeks in order to wash the drugs out of your system.

You may even find that this is all you need to do to stop your headaches.

Be warned though that this is an approach that will give you a difficult three or four days dealing with the withdrawal symptoms but it is very worthwhile being persistent in eliminating these drugs despite the headaches in the early days of the withdrawal.

Food Factors

A direct effect unrelated to the leaky gut syndrome may be produced by a long list of foods. These include: - chocolate, oranges, tomatoes, shellfish, pork, beef, tea, soy, coffee, alcohol (especially red wine and spirits) and onions. Some of the food additives that have been implicated as triggers are benzoic acid (a food preservative), monosodium glutamate (a flavour enhancer often used in oriental cooking) and nitrites (used in curing meats).

These direct food factors produce their effects within a couple of hours and migraines caused by them can usually be clearly related to the last one or two meals. This makes them relatively easy to identify and eliminate. These foods are not specifically related to the cause of the leaky gut syndrome but are likely to be taking advantage of the leakiness to gain access to the blood stream and so the rest of your body.

However, it would be impractical to avoid all these foods on the off chance that they all affected you. The general advice would be to keep a diary listing what and when you ate and what you did over the time that the diary was kept. That diary should cover at least four attacks of migraine and

should be as complete as possible. The more complete the detail in the diary the more likely you are to be able to pick up common factors and eliminate them. Your diary will help you look at the couple of days before each migraine attack in order to detect a pattern.

For example you may find that you wake up with a migraine every morning after you have been to a party. You then should consider the effects of bright lights, smoke, lack of sleep, perhaps irregular meals and alcohol. Your diary may be able to narrow down the factors, but if it does not you could come home from the party early next time to eliminate the possibility that lack of sleep was a cause, or avoid alcohol when you go to the next party.

A potent food related trigger is often a low blood sugar level as a result of fasting or missing meals

If you are a woman a diary will help you to see whether the migraines follow the cyclical hormonal pattern but you would need to keep up the entries for a few months to be reasonably certain of this.

If you want to simplify the work of identifying the triggers you should first do your best to eliminate the environmental factors over which you have some control. This might mean no late nights or lay ins, no smoky parties and three meals a day of even size.

Already the regime is perhaps getting irksome and one of the fundamental ideas behind this little book is a technique that addresses all the range of factors simply.

The More Complete Advice: - Stage 1: - Keep a diary covering four migraine attacks and closely look at the 48 hours before each attack to identify any common factors. Eliminate those factors, starting with the easiest first. Consider drug-induced headache

2 Stress

Stress reduction is big business these days and there are a great many stress counsellors and companies providing plans to help people address the stress of modern living. The basic ideas of stress reduction are simple and in the spirit of this little book they will be presented to you simply.

The main objective in stress reduction is to reduce the amount of the hormonal soup that circulates in the blood as a result of the long-term arousal of the fight or flight process and which in turn cause the long-term problems associated with stress. It is the prolonged high levels of this hormonal soup that are not dispersed by physical activity that contribute to the stress and thus the migraines.

The ways that this can be achieved are to prevent the hormonal soup being made in the first place (Routines, identification and elimination of stressors, talking therapies) and doing something to make it go away once it is there (touching therapies, and physical exercise),

These things may not always be practical in every day life so there are various self managed therapies including brief contact therapy, electrotherapy and bio-feedback)

Routines

Prevention is achieved by taking control of your life in areas where you feel that it is out of control and that involves living with a routine that is comfortable for you. Some people find that they manage better with a rigidly timed routine and others like the day split into three or four compartments where the boundaries are moveable.

For instance the person who always leaves for work at 8am; arrives there at 9 am; opens the post until 10am; answers the letters until 10.30 and then has precisely 15 minutes for a coffee would find the kind of regime that I followed quite happily as a GP to be too loose. By contrast I would have

found the rigidly timetabled life too restrictive. I used to arrive at the surgery at 9am and see my morning patients until they were all seen, then have a coffee whilst dealing with the correspondence and repeat prescriptions. After that would come the house calls and if time permitted a swim at lunchtime. At 3 pm I returned to the surgery and completed any paperwork before seeing the afternoon patients.

There were few fixed timings in that routine and an important point - it also factored in some time for myself that involved exercise.

Point 1 Have a comfortable routine that works for you (preferably written down) and stick to it

Stressor resolution

There are many things that produce stress in our lives whether at home, at work or generally in the world. They will continue to cause havoc and produce and maintain the harmful hormonal soup if they are not addressed or avoided.

At the end of every day it is worthwhile spending ten minutes replaying the events of the day that has just ended and identifying one cause of stress for action. The most important part of that process is making sure that the identification is accurate enough to be able to deal with the problem sensibly.

For instance it is no good saying that the problem is "I hate my boss and everything she does" because that is not a specific enough problem to be able to be solved. It would need to be a much more specific issue such as "My boss criticised that last report that I wrote". Having identified the problem then you will need to form a plan to solve it.

A potential plan for the example given would be to see your boss and find out exactly and specifically what was wrong with that report. This would also require the goodwill of your boss and your boss's willingness to sort things out, because she will need to calmly define what she thought was

wrong in order to tell you in a way that enables you to act sensibly and solve the problem. This might turn out to be impossible for your boss who will have her own stresses.

You will always need to be prepared to mark some problems as insoluble. In that circumstance you will need to decide whether you can put up with the problem being insoluble as it is or whether you need to get out of the situation that you are in. That can be a very difficult decision but it needs to be faced.

Either way forward is an improvement on a simmering resentment.

Similar examples occur in your home life. The day needs to be examined at its end and a defined stressor identified. For example “I hate the way he moans about my cooking” is not a soluble problem, whereas “We must find out what we would both like and cook it together” turns the issue into an action that could be performed constructively. As you can see the first statement concentrates on the hate you have towards the moaning which is your response to the problem rather than the issue itself, which is the cooking.

The second alternative concentrates on finding out the detail of the problem so that it may be addressed. These are probably different approaches to those that you have tried before and the best way of breaking the vicious cycle of anger and blame is always to do something unexpected.

Whilst the example given is unlikely to be serious enough to cause a break-up of the relationship in an extreme case the problem may not be soluble at all. Then you have to focus away from it or have to accept and tolerate it or remove yourself from the situation; the last is a most difficult and serious decision.

Point 2

Sort out a stressor a day

www.shared-care.com which is our website on which fellow sufferers from migraine have recommended therapies and therapists and helpful organisations

Point 4 Choose a touching therapy and have it regularly

Biofeedback and Neuromuscular Stimulating Therapy

Biofeedback is a system that allows you to hear your degree of anxiety by taking a measurement such as the electrical resistance of the skin or the pulse rate that alters when you are stressed. This is then turned into a sound. In the case of the skin resistance it is a low or high-pitched squeak, if related to the pulse it is a simple beep at the pulse rate.

You can then hear that and concentrate on it and change it to the level that you want. It takes a little practice but is easily mastered. This then acts as a self-relaxer

This short subsection is very important, as it is the only section in this book devoted to something that will provide a do-it-yourself action for the acute attack

Neuromuscular Stimulating Therapy is the application of an electrical stimulus to make the muscles contract. It is safely provided in migraine by a placing electrodes on the shoulders and passing a very small but suitable current between them. This causes them to contract. The effect is like massage and diverts the excess blood away from the brain so relieving the acute symptoms of the migraine.

The area of medical electrical stimulation is very specialised and beyond the scope of this little book. Moreover some devices may be harmful if inappropriately used for migraine so it is important to obtain proper advice about the right devices for you (see helpful addresses at the end of the book)

Point 5 Get advice and if appropriate buy and use a Neuromuscular Stimulating Machine and/or Biofeedback machine

Exercise

Therapies cost money and so does the gym or swimming pool. Exercise, especially something like brisk walking for half an hour three times a week, will help to reduce the harmful hormonal soup; will release quantities of helpful “happy hormones” and is potentially free. What you are doing in effect is initiating the flight response in a controlled way.

It does not matter too much if this flight is some hours after the hormonal soup has been produced because the object is to reduce the long-term background quantities of these hormones and this is what regular exercise does.

The cheapest form of exercise is brisk walking. Jogging is probably less helpful from a general viewpoint as there is a tendency to injure leg and back joints from the constant jarring on hard surfaces. If you are at all overweight then swimming is probably the best exercise as this removes this risk of joint jarring and subsequent injury.

Point 6 Build half an hours exercise into your routine three times a week

The More Complete Advice:- Stage 2 Sort out a routine and build in exercise, sort out a stressor a day, take up a touching, or talking therapy, Get advice about biofeedback or a NSEM

3 Leaky Gut Syndrome

The evidence that is slowly emerging suggests that if people avoid the foods to which they are intolerant for three months then the symptoms will be improved in seven out of ten people. If they then reintroduce these foods the

symptoms will come back if they had gone away or worsen if they are still present. The medical allergy specialists regard this as the acid test of food intolerance.

This suggests that the leaky gut has not had enough time to recover. If however the foods are avoided for at least eighteen months there are indicators that the foods can be reintroduced without any recurrence of the migraine symptoms. This would fit with the theory that daily exposure to the problem foods (principally milk, yeast and egg white) hinders healing but that given a reasonable length of time the healing is completed and these foods are now no longer a problem. In view of the part played by inherited factors there is likely to be a lifelong tendency towards difficulty with the primary culprit.

This substance is likely to be nonhuman milk and it is probably the primary cause of leaky gut syndrome. After the initial damage is caused, egg white and yeast can get through the bowel wall and after them almost any food or food constituent may follow to cause intolerance to that particular food.

The effects seem to be dose related, so that the symptoms will be worse after taking cheese, biscuits and coffee together rather than just taking a milky coffee. A rational regime would be to exclude milk and milk products rigidly for eighteen months and then reintroduce them slowly, one at a time and starting with small quantities. If migraines recur then any recently reintroduced food should be immediately stopped again for a further year. This is initially a difficult problem as milk appears in different guises, such as cheese, cream, butter, yoghurt, whey powder, casein, caseinates and so on, but you will soon get to know the common packaging and labelling and their notice of the constituents of the foods in them and so whether you need to avoid that particular product

Lactose is a sugar and is not involved in the leaky gut syndrome. It does not therefore cause migraines and in that context is safe to eat. There are many substitutes for cows' milk, examples being rice milk and soya milk but

these themselves may induce food intolerances in the presence of a leaky gut. Milk should be eliminated from all your cooking and drinks and you should avoid introducing milk substitutes to overcome the problem.

The remainder of the troublesome three (yeast and egg white) probably need not to be excluded for so long. It seems that one year should be sufficient. You may well be able to be less rigid about excluding these as long as the milk exclusion is complete. It is probably a good idea to try reintroducing these slowly and keeping off them for a longer time if symptoms recur.

The troublesome three and the nuts are found in many foods and again the labelling should be consulted. Remember that it is yeast that produces the alcohol in drinks and that there are likely to be yeast residues in beer, with less in wine and spirits.

However life is to be lived and you must prioritise the foods that you exclude.

I have to say that as a successful user of my technique I drew the line at excluding wine although I did avoid real ale for the duration! I am now enjoying cheese again so there is light at the end of the tunnel for migraineurs who adopt this technique

The commonest place to find yeast, and eggs is in the bakery, and bread and cakes of all sorts should be avoided unless you are certain that they are yeast and egg free.

Again this is getting onerous and it is worth pointing out that this should only be necessary for a short while and that these foods may well be able to be introduced later.

It is interesting to note that almond and cashew appear in the top six foods involved in food intolerance and there may be both classical allergy and food intolerance to one food at the same time in susceptible people. Because of the potential fatal dangers of classical allergy in this mix of problems

cashew and almond should be excluded with the other three foods for at least 6 months.

Furthermore, if you think that you have a classical allergy to any food you must discuss this with your GP giving as good an idea as possible what the offending foods are. Classical allergy is easily proved by a simple blood test as long as the laboratory selects the correct foods to test. It is up to you to provide that information as accurately as you can

Food intolerance blood tests, either of the IgG ELISA or leukocytes types have their place and indeed can pinpoint exactly what foods need to be avoided. There is no evidence that excluding all the foods that show up on these tests is more effective than excluding the troublesome three with such a plan as I have suggested above and it is probably worth saving that approach for consideration if this whole holistic regime is ineffective.

There are other tests for food intolerance that are scientifically unproven and until there is some evidence that they can truly identify food intolerances they cannot be considered as a sensible alternative to this plan.

Leaky gut is made worse by alcohol, and non-steroidal anti-inflammatory drugs and these should be avoided or used in moderation. You can buy Ibuprofen (a non steroidal anti-inflammatory drug) over the counter from your chemist. Others are prescription drugs and it is important to check with your doctor or pharmacist whether anything taken regularly can cause intestine or stomach problems or will react badly with anything else that you might be taking. The occasional use of a non-steroidal anti-inflammatory drug in migraine during an attack is not likely to hold up the leaky gut healing process too much and it can be very helpful in relieving the headache. For further advice and support see the list of helpful addresses at the end of the book

The More Complete Advice: - stage 3. Strictly exclude milk and milk products for eighteen months. Exclude egg white, yeast for 1 year,

almonds and cashew nuts for six months. Avoid non-steroidal anti-inflammatory drugs and drink alcohol in moderation

4 Heredity

As this section involves those things that we get from our parents, gender obviously being one of these things, it includes the hormonal problems suffered by some women and their potential solutions. It also deals with herbal remedies, an important part of your plan to overcome your migraines

Hormonal Factors

Migraines may occur regularly in the last part of the menstrual cycle just before the menstrual period starts. They are probably due to the rapidly changing hormone levels that occur at that time. These hormonal changes produce a large number of unwanted effects through their actions on each individual cell in the body. One of the features of hormones as a means of controlling the functions of the body is that the hormones affect every cell and cell type in the body because they are present in the blood that is circulating throughout the body, and in the fluid that bathes every cell.

Clearly, because each cell type is so different in structure and function from each other there will be a different effect on a skin cell when compared to a brain cell and it is this relatively untargeted feature of hormonal control of any sort that can lead to such bad effects. The main line of self-help for this problem involves taking back control of the problem. This may seem a rather bizarre and difficult thing to do but we all have more control over such things as our hormones than we may realise. There are a number of observations that will show this to be true.

Firstly, there is the well-documented phantom pregnancy in which the woman can produce all the physical changes of pregnancy (except the baby), including all the hormonal alterations. This happens from time to time when the woman desperately wants to be pregnant and convinces herself that she

is pregnant. It is the belief that she is pregnant that is the key to the situation. The woman has overridden the normal hormonal controls and produced hormonal changes by will in the absence of a pregnancy. These changes mimic the pregnancy hormonal changes and it is the increasing circulating hormones having their normal effects on all the cells and cell types in the body when they are present in high levels that cause the symptoms of pregnancy to appear.

These symptoms reinforce the woman's belief that she is pregnant and the body continues the normal increasing hormonal pregnancy routine reassured that there is a pregnancy there and all is well. The phantom pregnancy can continue to the point when it is obvious by the lack of baby's kicking and the negative medical tests that there is no baby and the pregnancy is a phantom.

The second common observation is that if the woman is stressed or if she is coping with a major life event the menstrual period can come at an unexpected time. Marriage, exams, moving house are examples of causes of this phenomenon.

Lastly it is well observed that women such as nuns who live in closed communities tend after a while in that community to synchronise their hormones and to all have their menstrual periods at the same time.

These groups of women were all able to do what is usually regarded as impossible. They were all able to change the cycle of their sex hormones. The first group, the women with phantom pregnancies, achieved this by will. They altered the inbuilt instructions on their hormone balance to the pregnancy route instead of the normal route because they desperately wanted to be on the pregnancy route. The second group suffers the hormonal upset through stress.

All the different hormones throughout the body can be reasonably considered as one integrated system where the balance of them all is dependent on the balance of each of the others. Hormonal disturbances are

rather like knocking a moving pendulum. It will change its swing, not only forwards and backwards but also sideways as well. For instance when I was a GP I ran a clinic for women who needed Hormone Replacement Therapy for the menopause. I ran a series of hormonal blood tests and found that in one in six women there was disturbance of the thyroid as well as the sex hormones.

This was unexpected.

I checked the thyroid hormone levels every three months when I saw these women and to my surprise once the women were adequately treated with Hormone Replacement Therapy (nothing at all to do with the thyroid) I found that the thyroid hormones had settled back to normal. The pendulum had settled down to its usual swing. So alterations in the stress hormones may be expected to produce changes in the other hormonal systems and the sex hormones are no exception.

The third group that synchronises its menstrual periods produces that effect by some mysterious sort of subconscious togetherness. This is more difficult to explain but may in time be attributed to pheromones. These are a kind of hormonal odour that is subconsciously detected and may well change during the menstrual cycle. It is possible that there is some pull to synchronise the pheromones and thus the mainline hormones, including those that deal with the menstrual cycle, in a group of people who live in close intimate contact.

From the three different groups of women mentioned above it seems to be possible to change the balance of the sex hormones by enlisting the resources of your subconscious mind to change them. Therefore it should also be possible to change them when you want to and for your benefit so that the hormonal changes do not produce migraines. Some years ago I performed a very small pilot study and found that nine out of a group of ten of my women patients improved their Premenstrual Tension by using a self-empowering technique that later grew into Brief Contact Therapy. That

technique is also available on audiotapes (See Brief Contact Therapy) and helpful addresses at the end of this book

Herbal Remedies

Research in Complementary Therapies

As the whole point of this little book is self-help the only preparations mentioned are herbal remedies that need no doctor's prescription and are widely available in herbal and health shops. The criteria for their mention will however be as rigorous as those used for the doctor's approval of a mainstream drug.

The two herbal preparations that will be mentioned have been shown to be successful in randomised double blind placebo controlled studies. That fearsome title means that any biasing effect of the doctor is removed because neither the patient nor the doctor knows whether the pill given is a dummy pill or the real herbal preparation. This means that the doctor cannot fiddle the results by being enthusiastic about the active herbal preparation and dismissive about the dummy pill. Each patient is randomly put into one of the two groups for this treatment, one taking the dummy pill and one taking the active pill. Again because neither the doctor nor the patient knows whether the pill they are taking is dummy or not, the patient cannot be influenced in favour of one pill or the other. In the ideal study they would be matched for age, sex, and severity of the migraine. This is difficult especially as the researchers would need to know beforehand exactly how bad the migraines of each participant were. Migraines are frequently so variable in each sufferer it would be very difficult to match patients.

Age and sex matching is less difficult. For instance if the dummy pill group had a forty year old woman then the active pill group should also include a forty year old woman.

This kind of research is regarded as the gold standard in mainstream medicine and is appropriate when the patient has to swallow something where a sugar pill, which looks identical to the real pill, can be used to “blind” it’s identity to both doctor and patient. It is not possible to “blind” the doctor and patient when using talking or massage therapies because it is impossible to pretend to talk or massage. Any control group would have to have “ineffective “ massage or talking and it would be obvious that this was not the proper therapy.

Also “ineffective “ massage or talking could also be considered a treatment in its own right and so it could not possibly be considered to be equivalent to a sugar pill as used in drug trials in mainstream medicine. This is one of the reasons that research in complementary therapies is not recognised by most mainstream doctors who will only accept the randomised double blind placebo controlled trial as “proper” research.

However, the one method which does work for complementary therapy is the before and after model where the patient who has migraine keeps a diary for a reasonable length of time (Ideally 12 weeks) then has the treatment and continues with the diary for another 12 weeks. If the treatment is effective and the measures of migraine severity and frequency are plotted on a graph this would show a straight baseline for the first (untreated) period and as the migraines improved in frequency and severity there would be a sloping line showing gradual improvement during the treatment period. That is indeed what the research with the Brief Contact Therapy tapes showed and was the research model used

poring over, and dissecting them until the essentials are found. The herbal reductionists, the drug companies, look for those elements that they believe to be the active parts and then proceed to manufacture an 'equivalent' using only those active ingredients.

At the opposite extreme we have the holist who is a person who considers all parts of the equation and will recognise that the ultimate pleasure of listening to Beethoven's score requires that all the elements be left intact. He would say that the answer to the question of the site of the music was all of those alternatives equally; that each level had its place and without each level there would be no music. He knows that he cannot take any single part away or the music will not be the same.

Similarly, the holistic practitioner knows that mind, body and soul are equal and indivisible and would regard the equal treatment of each aspect to be vital in helping any health problem including migraine. The holistic herbalist will accept that there may be some elements in a plant's make up which may not be necessary but he also accepts that the most important elements need the others to make it do its job properly.

Modern drugs also suffer from this reductionist problem. It is well known that aspirin was isolated from the bark of willow trees but at that time there was an assumption made that the aspirin component, because it worked, was the only active ingredient. That has never been proven and is illogical. Below I mention the evidence for feverfew and it seems that the negative trials used an over purified extract from which some active substance may have been removed making the herbal remedy ineffective.

When we consider what we eat we can again look at the design limitations of our bodies as we did when we looked at food intolerance. Just as eating nonhuman milk violates the body's design limitations so does the eating of hyper pure extracts in the context of herbal remedies.

Perhaps we can usefully learn from the medicine men in so-called "primitive" societies who know the value of extracts of the local trees and

plants and have little care for extracting the hyper pure active substance. It is clearly important to standardise the extracts used so that each pill or bottle contains the same amount of active ingredients and you can safely take today's dose in the knowledge that if you have one pill today it will be exactly as "strong" as yesterday's or tomorrow's but this is not what is meant by hyper pure extracts.

Hyper pure extracts are what modern medicine did to willow bark when it analysed all the constituents and in discovering aspirin may well have thrown out other things that would have helped. Furthermore those other things may well have worked with the aspirin in a way that made the combination just as effective as pure aspirin but could have allowed much less aspirin to be used. That could have made a much safer compound aspirin product that was free of the side effects produced by that drug. It is probably true to say that because of those side effects aspirin would be unlikely to get a licence from the regulatory authorities if it was a new drug today.

None of our food is purified like this and we are designed to eat a cocktail of unpurified and intact plant and animal foodstuffs.

Herbal remedies fit well with the holistic concept of this regime and those mentioned below are an important part of the process.

Butterbur

Butterbur (*Petasites Hybridus*) marketed as Butterbur-Petasin by Linpharma has been investigated in Germany using a couple of double blind randomised parallel placebo controlled trials which showed statistically significant improvements when tested by the most basic (and therefore robust and reliable) statistics.

In one trial the results showed that the people taking the butterbur had 62% fewer migraine days than the control group. In the second there was a 51% reduction in the numbers of attacks after four months of taking Butterbur as opposed to a 32% reduction in the placebo group. These results show a

significant improvement. The manufacturers recommend its use for a four to six months course.

It is therefore the first choice for the holistic regime for migraine

Feverfew

Feverfew extract has been researched more often but the results are less clear cut showing only a 24% improvement in one study and no improvement in two others although the extracts were more refined in the latter trials. It was considered that some effective constituent was removed in the refining. This point if nothing else suggests that a second look should be taken at the relative place of herbal remedies and mainline drugs in migraine.

Herbal Preparations for PMT

A recent study published in the British Medical Journal found that an extract of Agnus Castus fruit produced a 50% reduction in the symptoms of Premenstrual Syndrome (including headaches) in half of the women taking part in the study. It reported only a few mild side effects. This study was performed using a double blind placebo controlled model and its publication in the British Medical Journal adds medical scientific credibility to its results. The report's authors conclude, "It should be considered a therapeutic option".

As it acts on the hormone system it should not be taken together with any other hormonal preparation.

By then the routines that you use should be established. If your life circumstances change and migraines return you may need to review the system from the beginning. If all is well you should by now be eating and drinking what you like and have a healthy lifestyle with much reduced migraines or hopefully none at all.

I hope that this helps you to lose your migraines NOW!

Warning

This book is not intended to be a do-it-yourself diagnostic kit. All headaches should be taken seriously and should be properly diagnosed by a doctor who can take an accurate medical history and examine you. The use of the recommendations in this book comes very firmly after the correct diagnosis of migraine has been made. The contents of the book deal with the treatment of migraines by complementary methods. The explanations given are intended to inform, empower and allow you to help yourself only after a proper diagnosis has been made.

