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100% Effective Natural Hormone Treatment
Menopause, Andropause And Other Hormone Imbalances
Impair Healthy Healing In People Over The Age Of 30!

Migraines And Women

By James Mahony

Migraines occur far more frequently in women than in men. In fact, in adult women the rate of frequency is roughly fifteen to seventeen percent, whereas in men it is only about five percent.

Studies have concluded that estrogen withdrawal is a key factor in migraines related to menstrual cycles.

Twenty-five to thirty percent of all women in their 30s experience at least an occasional migraine.

Menstrual migraines generally last longer than non-menstrual migraines and often are much more difficult to treat effectively.

Sixty to seventy percent of women who suffer from migraines have menstrual-related migraine.

Ten to fourteen percent of women with migraines have them only during menstruation. These types of headaches are known as 'true menstrual migraine'.

Premenstrual migraine may in fact be part premenstrual syndrome (PMS), the menstrual related mood disorder. Symptoms of PMS include fatigue, irritability or depression, bloating and, yes, headache.

Two-thirds of women who suffered from pre-menopausal migraines find their condition improve with physiologic menopause. On the other hand, it has been found that surgical menopause worsens migraine conditions in two-thirds of cases.

Migraine attacks usually disappear during pregnancy. At the same time, however, some women report an initial onset of migraines during the first trimester of pregnancy, with the disappearance of their headaches after the third month of pregnancy.

Treatment options for menstrual migraine

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Sidenote: Hope you're finding this useful? I have always been curious about this matter. And when I found very little quality information about it, I decided to share a part of what I've learned about it – which is why this article came to be written. Read on.

When choosing to treat menstrual migraines with medication, the drugs used most often are non-steroidal anti-inflammatory medications (NSAIDs). The NSAIDs of choice in treating menstrual migraines are:

ketoprofen (Orudis) ibuprofen (Advil and Motrin) fenoprofen calcium (Nalfon) naproxen (Naprosyn) nabumetone (Relafen)

For best results when using NSAIDs to treat migraines, usage should be started two to three days before menstrual flow actually begins and the therapy should be continued throughout the period. Gastrointestinal side effects are generally not serious enough to be considered because the therapy takes place over such a short period, no pun intended.

For patients who suffer from more severe menstrual migraines or who desire to continue taking oral contraceptives, doctors also recommend taking a NSAID. This therapy should begin 19th day of your cycle and continue through the second day of the next cycle.

Some women have found antinausea medicine and pain relievers like aspirin, ibuprofen or acetaminophen sufficient enough to dull the pain. Others trust in analgesics or serotonin agonists such as Imitrex, Zomig, Amerge or Maxalt. When using medications, it is extremely important to be aware of the dangers of avoiding a repetitive pattern of medication or overuse of medication as this can cause rebound headaches.

You might also consider using an estrogen skin patch. This treatment is utilized in the days leading up to your period and may either delay or actually prevent the onset of a menstrual migraine.

Some studies have found that daily doses of magnesium may help menstrual migraines in certain women. In addition, vitamin and herbal treatments have been found to be effective. The herb feverfew or vitamin B2 when taken on a daily basis may reduce

Either the severity or the frequency of headaches, though research does not point to menstrual migraines in particular.

Even though two-thirds of women do report improvement in their migraine condition with the onset of natural menopause, two-thirds of women report a worsening with surgical, therefore neither a hysterectomy nor an ovarian removal are recommended.

As always, you should consult your physician for a proper diagnosis before discontinuing or launching on kind of new treatment, including over-the-counter medication treatments.

Every person has a unique health profile that includes aspects specific to their physiology and family

history and that may preclude them from taking certain medications.

Some final tips

There are enough different migraine triggers to fill a book and keeping track of them can be a full time job. It is highly recommended that you keep a trigger diary that includes a record of foods you eat, weather conditions, medications you have taken, stressful events, menstrual activity, etc.

Also of benefit is developing a plan around your period. Reduce stress as much as possible by planning work and leisure commitments around your cycle so as to cut back on menstrual-related triggers as much as possible.

I hope you've found this information helpful and gained something of value from the article.

In case there is any specific portion that is not clear enough, or that you'd like to know more about, please write to let me know and I'll try and update the article or write another one getting into greater detail.

James Mahony is the founder of

<http://www.migraineheadache prevention.com>

– A site dedicated to

preventing and treating migraine headaches

<http://www.migraineheadache prevention.com>

<http://www.articlesforwebsitecontent.com>

New Help for Menstrual Migraines

By J. Wes Tanner, MD

Women are three times more likely to have migraines than men. This differential does not begin until the females reach puberty. Sixty per cent of women have migraines related to the menstrual cycle. About fourteen per cent have migraines purely coordinated with menses. Could menstrually related migraines be solely linked to estrogen? That would be like saying migraines are only headaches. We now know migraines are much, much more than headaches. Menstrually related migraines are much more than estrogen fluctuating in the body. Serotonin, prostaglandin, norepinephrine, melatonin, and other chemical levels fluctuate with the menstrual cycle. Each plays some role in menstrual related migraines.

Menstrual migraines usually start between two days before the onset of menses and two days after the

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onset of menses. A simple option is to take naproxen 500 mg twice a day WITH FOOD during these five days. It is important to take anti-inflammatory medicine with food to help prevent stomach ulcer formation. Do not take if you have a history of ulcers, bleeding problems, or allergy to aspirin. Naproxen will not only help prevent migraines, but it will also help reduce cramping. Certain over-the-counter supplements can be helpful.

NEVER take triphasic birth control pills. Even women who do not have menstrual migraines seem to do better on monophasic birth control pills. Oral contraceptives can come in packs with different color pills; 1/2 twenty one pills of one color and seven of another color. This would be a monophasic pack; 1/2 either you are on estrogen or you are not. A bi- or triphasic pack would have several different color pills. Every time the color changes, the estrogen dose changes. This is a roller coaster you do not want to be on. The concept of women perpetuating monthly menses must have come from a committee of men. Who wants to have monthly menses? So she can know she is not pregnant? Well, I have a son that disproved that notion. No, women would consider the twenty eight day cycle to be normal is the reason given, and anything different would be perceived as abnormal. I frequently recommend my migraineurs to leave off the placebo pills and just take the oral contraceptives for three months or more. The longer they have been on the pills, the easier the transition occurs. Actually, if a woman wanted to have one menses a year, I would have no objection. Now that oral contraceptives have a very low dose of hormones, it is very important to take the pill approximately the same hour each and every day seven days a week. This lessens the chance of spotting or bleeding. Some women do better with their headaches if they take the pill at night; however, it needs to be the same hour each and every night seven days a week. Bedtime for most people is not the same every night, but they would do better in general. Migraineurs often tolerate birth control pills very well when they are taking a monophasic pill; however, some women cannot tolerate the pill. Smoking is a no-no: especially with migraines! Smoking and taking oral contraceptives is suicidal! The risks of strokes and blood clots are increased. DO NOT SMOKE! For women do not have to be concerned about pregnancy, one possible way to decrease menstrual migraines is to wear an estrogen patch, apply estrogen topically, or take estrogen orally at the time of menses.

Triptans are medicine used to stop migraines. As a general rule, triptans are not used to prevent migraines. Nevertheless, in menstrual migraines, using triptans maybe helpful and are given once or even two or three times a day during the five day window of greatest problems. To find out more, go to

<http://www.migrainesyndrome.net>

J. Wes Tanner, MD is a family practice and headache specialist who has been treating people for about 30 years. He has extensive experience in treating migraines and fibromyalgia with excellent success. In *Doctor, Why Do I Feel This Way?*, Dr. Tanner exposes the secrets and myths about fibromyalgia and the migraine syndrome. To find out more, go to

<http://www.migrainesyndrome.net>



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