This Free E−Book is brought to you by *Natural−Aging.com*.

100% Effective Natural Hormone Treatment

Menopause, Andropause And Other Hormone Imbalances Impair Healthy Healing In People Over The Age Of 30!

The Four Phases Of Migraines

By Heather Colman

Migraines are a neurological disease, of which the most common symptom is an intense and

disabling episodic headache. Migraines are usually characterized by severe pain on one or both sides of the head and are often accompanied by hypersensitivity to light, hypersensitivity to sound and nausea.

The signs and symptoms of migraine vary among persons. Therefore, what a person experiences before, during and after an attack cannot be defined exactly. The four "signs and symptoms" below are common among persons but are not necessarily experienced by all migraine sufferers:

1.The prodrome, which occurs hours or days before the headache.

2.The aura, which immediately precedes the headache.

3.The headache phase.

4.The postdrome.

The first phase: The Prodrome

Prodromal symptoms occur in 40% to 60% of migraineures. This phase consists of altered mood, irritability, depression or euphoria, fatigue, yawning, excessive sleepiness, craving for certain food (e.g., chocolate), and other vegetative symptoms. These symptoms usually precede the headache phase of the migraine attack by several hours or days and experience teaches the person or observant family that the migraine attack is near.

The second phase: The Aura

The migraine aura is comprised of focal neurological phenomena that precedes or accompany the attack. They appear gradually over 5 to 20 minutes and usually subside just before the headache begins. Symptoms of migraine aura are usually sensory in nature.

Visual aura is the most common of the neurological events. There is a disturbance of vision consisting usually of unformed flashes of white or rarely of multicolored lights (photopsia) or forma–tions of dazzling zigzag lines (arranged like the battlements of a castle, hence the term fortification spec–tra or teichopsia).

Some persons complain of blurred or shimmering or cloudy vision, as though they were look–ing through thick or smoked glass. The somatosensory aura of migraines consist of digitolingual or cheiro–oral paresthesias, a feeling of pins–and–needles experienced in the hand and arm as well as in the ipsilateral nose–mouth area. Paresthesia migrate up the arm and then extend to involve the face, lips and tongue.

The third phase: The Headache

The typical migraine headache is unilateral, throbbing, moderate to severe and can be aggravated by physical activity . Not all of these features are necessary. The pain may be bilateral at the onset or start on one side and become generalized, usually alternates sides from one attack to the next.

The onset is usually gradual. The pain peaks and then subsides, and usually lasts between 4 and 72 hours in adults and 1 to 48 hours in children. The frequency of attacks is extremely variable, from a few in a lifetime to several times a week, and the average migraineur experiences from one to three migraines a month.

The head pain varies greatly in intensity. The pain of migraines is invariably accompanied by other features. Anorexia is common, and nausea occurs in almost 90 percent of persons, while vomiting occurs in about one third of persons.

Many persons experience sensory hyperexcitability manifested by photophobia, phonophobia, osmophobia and seek a dark and quiet room. Blurred vision, nasal stuffiness, diarrhea, polyuria, pallor or sweating may be noted during the headache phase. There may be localized edema of the scalp or face, scalp tenderness, prominence of a vein or artery in the temple, or stiffness and tenderness of the neck. Impairment of concentration and mood are common. Lightheadedness, rather than true vertigo and a feeling of faintness may occur. The extremities tend to be cold and moist.

The fourth phase: The Postdrome

The person may feel tired, "washed out", irritable, listless and may have impaired concentration, scalp tenderness or mood changes. Some people feel unusually refreshed or euphoric after an attack, whereas others note depression and malaise.

Disclaimer: The information presented here should not be interpreted as medical advice. If you or someone you know suffers from migraines, please seek professional medical advice for the latest treatment options.

This article is Copyright © 2006, Heather Colman. Find more resources for migraines at:

http://www.migraines–notes.info

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 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 pillsï¿½twenty one pills of one color and seven of another color. This would be a monophasic packï¿½either 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

.

This PDF eBook is for free information distribution/sharing only, it cannot be sold.

This Free E–Book has been brought to you by *Natural–Aging.com*.

100% Effective Natural Hormone Treatment

Menopause, Andropause And Other Hormone Imbalances Impair Healthy Healing In People Over The Age Of 30!