Ancillary Management for Migraineurs

At a recent headache conference, the factors leading to a Migraine were described like filling a glass of water. Each little trigger or factor contributing to a migraine is like filling a glass of water until eventually the glass will overflow (migraine). Often we associate the last factor of the migraine to our trigger, but often these triggers can change. Recent studies suggest that there are multiple factors leading into a migraine and that trigger you associate with bringing on your migraine is just the last little bit of water to overfill your glass. To reduce your frequency of Migraine you need to look at all those factors filling your glass.

Vitamin D

Up to 41.8% of migraineurs suffer vitamin D deficiency. Vitamin D3 is synthesized in the skin when exposed to ultraviolet-B rays from sunlight. It is also found in fish, eggs and fortified milk, however only 5% of our recommended daily dose is found in our food. Major biologic function is to maintain normal blood levels of calcium and phosphorus. Low vitamin D is implicated in osteoporosis, hypertension, cancer and autoimmune diseases.

A daily supplement of 1000 IU is typically recommended, although this level is currently under dispute as being too low.

CoEnzyme Q10

CoEnzyme Q10 is an essential element of the mitochondrial electron transport chain. In a recent study, 61.3% of the patients achieved at least a 50% reduction in frequency of attacks by the end of the four-month trial. It takes five to 12 weeks to achieve more than a 50% reduction. A daily supplement of 150-300 mg/day is typically recommended.

It has been reported that migraine sufferers have a CoQ10 deficiency and, that supplementation with CoQ10 may provide relief. In a study of 1550 paediatric and adolescent patients aged 3 to 22 years who suffer from migraines, it was found that a large portion of the patients had low CoQ10 levels (up to 74.6%), with almost a third
below the reference range (32.9%). Patients who began CoQ10 supplementation had an increase in serum CoQ10 levels and a significant reduction in headache frequency with improvement in their migraine related disability. Initial recommended doses were 1 to 3 mg/kg per day in a base with high bioavailability. The authors commented “that given the high frequency of CoQ10 deficiency and relatively low potential side effects of CoQ10 supplementation, all patients may benefit from CoQ10 supplementation.”

**Water Intake**

There are two uses of water in the prevention of Migraine. As a daily preventative measure increase your water intake to 2 litres per day.

You may also be able to stop a migraine from progressing by having a high water intake during the prodrome. This can help to abort the episode.

**Sleep**

Sleep disturbances are a known migraine precipitator. Migraineurs should awaken at the same time every day, even on weekends. 9 hours per night is best. Due to the sleep cycle sleep is best taken in blocks of 3 hours. Try not to awaken in the deepest part of your sleep (The 1.5hr, 4.5hr or 7.5hr Mark). It is also a good idea to turn your phone off too!

**Magnesium**

200 Mg/day of magnesium might be useful in women with menstrual migraine. Onset of a menstrual migraine is usually two days prior to menstruation.

**No Diet Drinks**

Aspartame consumption strongly associated with migraines and seizures. Do you know what excitotoxins even are? Most people don't. They're chemical substances, such as aspartame, that cause neurons to fire spasmodically.
This eventually burns out, or damages, the neurons. Decades of research studies support the increasingly held belief that aspartame causes these painful, often debilitating headaches. Watch out for the sugarfree gums, lollies and yoghurts too!

**Exercise**

Exercise may be a trigger for headaches; however some patients find they can stop a migraine from progressing from prodrome if they exercise.

**Sunglasses**

The use of sunglasses, especially whilst driving may stop the compounding effect some migraineurs feel from bright lights and changes in light.

**Coeliac Disease**

Coeliac Disease is an autoimmune gluten hypersensitivity that is 10 times as common in migraine sufferers. Coeliac disease the lining of the small intestine become damaged, inflamed and flattened. However, it is possible for you to be Coeliac with migraine without any bowel pathology. Diet changes away from food containing gluten may decrease migraine attacks in those with Coeliac disease. There are antibody and genetic testing for Coeliac disease and further investigations are best guided by your general practitioner.
References


