Migraine

How Yoga can help Migraine
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Migraine

Migraine is a headache which results from the blood vessels enlargement and the release of chemicals from nerve fibers that coils around these blood vessels. What happens is that during the headache an artery that is located on the outside of the skull just under the skin of the temple enlarges. This causes the release of chemicals that cause inflammation, pain and makes the artery grow even bigger. During an attack it is common to feel nausea, diarrhea and vomiting. An increased sensitivity to light and sound and decreased blood circulation is also often occurring.

The exact cause of migraine has yet to be determined, but it appears as though migraine often runs in the family. Around three quarters of people suffering from migraine have it in their family history. It tends to affect people in between 15 and 55 years of age and is more common for females than males. There are some studies that indicate that obesity is an increasing factor for migraine; also if you are a white woman under the age of 50 you are also more prone to have episodic migraine attacks.
Some people can clearly identify the factors or the triggers of a migraine attack, but many can’t. Potential triggers can be:

**Emotional triggers**

These include:
- Stress
- Anxiety
- Tension
- Shock
- Depression
- Excitement

**Physical triggers**

These include:
- Tiredness
- Poor quality of sleep
- Shift work
- Poor posture
- Neck or shoulder tension
- Travelling for a long period of time
- Low blood sugar

The menopause can also trigger migraines.

**Dietary triggers**

These include:
- Lack of food (dieting)
- Delayed or irregular meals (see below)
- Dehydration
- Alcohol
- The food additive tyramine
- Caffeine products, such as tea and coffee
- Specific foods such as chocolate, citrus fruit and cheese
- When you do not eat regular meals, your blood sugar levels fall. If you then eat a sugary snack, blood sugar levels shoot up. These ‘peaks and troughs’ could trigger migraine attacks.
Environmental triggers

These include:
- Bright lights
- Flickering screens, such as a television or computer screen
- Smoking (or smoky rooms)
- Loud noises
- Changes in climate, such as changes in humidity or very cold temperatures
- Strong smells
- A stuffy atmosphere

Medicines

- Some medicines can trigger migraines, including:
  - Some types of sleeping tablets
  - The contraceptive pill
  - Hormone replacement therapy (HRT), which is sometimes used to treat the Menopause

OBS: Triggers do not always cause migraines, and avoiding triggers does not always prevent migraines.
How to diagnose migraine

Migraine is unfortunately often misdiagnosed as a tension-type headache or sinus headache. There is no specific test that can diagnose migraine. It helps to keep a record of your attacks so you can better determine if the headache is migraine or another type of headache:

- At least five attacks of headaches
- The attacks have lasted in between 4-72 hours
- The attacks should have at least two of the following symptoms; contained to one side of the head, it is throbbing or pulsating, radiate medium to intense pain and/or intensify with physical activity
- During the attack at least you should at least experience one of the following; nausea/vomiting, or sensitivity to light and sound.
- These symptoms should not be connected to another illness.

Symptoms can occur a while before an attack, just before, during and after. Symptoms may vary from person to person, but most typical symptoms are:

- Moderate to severe pain and usually confined to one side of the head. Can switch sides in successive migraines
- Pulsing and throbbing head pain
- Pain increases during physical activity
- Can’t perform regular activities due to pain
- Nausea
- vomiting
- Increased sensitivity to light and sound
Migraine with auras

Some people suffer from migraines with auras before and during an attack, but most people don’t. A migraine with auras means that there are disturbances in the perception. These can be:

- Confusing thoughts or experiences
- Blind spots
- Lines in the visual field
- The perception of strange lights, sparkling or flashing lights
- Unpleasant smells
- Stiffness in the neck, shoulders or limbs
- Pins and needles in an arm or an leg

Having a migraine attack with auras can for example mean that person sees things that are not there. They don’t see parts of an object in front of them or even that a part of the vision appears, disappears and then comes back again.

These auras can act as a warning signal that an attack is about to happen.

Around on third of people suffering from migraines has them with auras.

A person suffers from migraine may have premonitions that can occur several hours or even a day or so before an attack. The premonitions can for example be cravings for sweets, thirst, drowsiness, irritability, or depression. Feelings of elation and heightened energy level can also be a sign of an attack on its way.
Treatment:
There are several medications you can take for the pain. But preventive treatments are always better, such as a change of diet and lifestyle, Yoga, meditation and acupuncture.

- getting enough sleep
- reducing stress
- drinking plenty of water
- avoiding certain foods
- regular physical exercise

Logging the diet and activities etc. are a great way to find connections with what triggers the attack with each individual. This may include information on:

- When the pain started
- How often they happen
- If there are other symptoms (such as being sick or having visual problems)
- How long the attacks last
- Where the pain is
- Whether the pain is throbbing, piercing
- It is helpful to record as many aspects of the daily life as possible, such as:
  - What and when you ate
  - Your medication
  - Vitamins or health products
  - Excursive
  - How much sleep
  - Other factors such as weather
# Chart 1 - The Most Common Types of Migraine:

<table>
<thead>
<tr>
<th></th>
<th>Migraine without Aura</th>
<th>Migraine with Aura</th>
</tr>
</thead>
<tbody>
<tr>
<td>Former Names:</td>
<td>Common Migraine</td>
<td>Classic or Classical Migraine</td>
</tr>
<tr>
<td></td>
<td>Hemicrania Simplex</td>
<td>Focal Migraine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ophthalmic Migraine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hemiparasthetic Migraine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aphasic Migraine</td>
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<tr>
<td></td>
<td></td>
<td>Migraine Accompangee</td>
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<tr>
<td></td>
<td></td>
<td>Complicated Migraine</td>
</tr>
<tr>
<td>Common Symptoms</td>
<td>Attacks last between 4 and 72 hours when untreated or unsuccessfully treated.</td>
<td>People who experience migraine with aura will have many or all the symptoms of a</td>
</tr>
<tr>
<td></td>
<td>The headache is usually on one side of the head with a throbbing or pulsating pain</td>
<td>migraine without aura AND</td>
</tr>
<tr>
<td></td>
<td>which affects your normal daily life and will worsen when you take everyday exercise</td>
<td>Additional neurological symptoms which develop over a 5 to 20 minute period and last</td>
</tr>
<tr>
<td></td>
<td>such as walking or climbing stairs.</td>
<td>less than an hour. These symptoms include visual disturbances such as flashing</td>
</tr>
<tr>
<td></td>
<td>During this type of migraine you will be likely to feel sick and may vomit or have</td>
<td>lights or blind spots in the field of eyesight, tingling, numbness or pins and</td>
</tr>
<tr>
<td></td>
<td>diarrhoea.</td>
<td>needles in the arms and legs, speech problems or weakness on one side of the body.</td>
</tr>
<tr>
<td></td>
<td>You may also become sensitive to light (photophobia) and/or sound (phonophobia).</td>
<td>These symptoms may also occur with a mild headache only or even no headache.</td>
</tr>
<tr>
<td>Likely Frequency of Attacks</td>
<td>May occur anything from once a year to several times per week.</td>
<td>May occur anything from once a year to several times per week.</td>
</tr>
<tr>
<td>Prevalence</td>
<td>70-90% of people with migraine experience this type.</td>
<td>10-30% of people with migraine experience this type.</td>
</tr>
</tbody>
</table>
Chart 2 - Other Types of Migraine:

There are other types of migraine which are less common.

<table>
<thead>
<tr>
<th>Name</th>
<th>Comments</th>
<th>Common Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retinal Migraine</td>
<td>Recurrent attacks at frequent intervals that only involve one eye.</td>
<td>Acute head pain with blind spots or blindness in one eye and other visual disturbances.</td>
</tr>
<tr>
<td>Abdominal Migraine</td>
<td>This type of migraine usually occurs in children and describes recurring attacks of abdominal pain which last anything from 1 to 72 hours.</td>
<td>Symptoms include loss of appetite, nausea and vomiting.</td>
</tr>
<tr>
<td>Menstrual Migraine</td>
<td>Many women feel their migraine attacks are linked to their menstrual cycle. Menstrual migraine is a specific condition where the attacks occur between two days before a period starts or finishes and at no other time.</td>
<td>Head pain within two days of a period starting or finishing and at no other time.</td>
</tr>
<tr>
<td>Status Migrainosus</td>
<td>This is a medical term for debilitating migraines which last several weeks. This is also known as intractable migraine.</td>
<td>A severe migraine which lasts for an extended period (several weeks).</td>
</tr>
</tbody>
</table>

Chart 3 - Rarer Types of Migraine with Aura:

<table>
<thead>
<tr>
<th>Name</th>
<th>Comments</th>
<th>Common Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basilar-type Migraine</td>
<td>Studies on basilar-type migraine are limited.</td>
<td>The symptoms will include two or more of the following: visual disturbances in both eyes, speaking difficulties, hearing problems, tingling in the hands and feet, dizziness, vertigo and ringing in the ears.</td>
</tr>
<tr>
<td>Former Name: Basilar Artery Migraine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Familiar Hemiplegic Migraine (FHM)</td>
<td>This condition has been linked to a genetic defect.</td>
<td>Temporary paralysis on one side of the body, coma, confusion, and drowsiness. The headaches can go on for 5 to 10 days. The symptoms can be mistaken for epilepsy.</td>
</tr>
<tr>
<td>Sporadic Hemiplegic Migraine (SHM)</td>
<td>This has the same symptoms as FHM but has no family link.</td>
<td>A</td>
</tr>
</tbody>
</table>
This first series of Asanas are put together with my mother as a patient in mind. She hasn’t really done any particular physical activity in her life, so many of the Asanas would not be possible for her to do straight away.

The focus on Yoga 1 is to stress down and get breath and movement coordination. Also to get the blood circulating and building some strength to better cope with everyday life. I would start easy and only do a very short period of time in all the Asanas to not overdue it in the beginning. Sarvangasana will be taught against the wall, excluding the other Asanas in the Sarvangasana series the first week(s).

Need to build strength and confidence to make this something permanent in her life.

**Yoga 1 (Easy)**

Ankle Stretching

Hands in and Out

Hands Stretching

Tadasana

Surya Namaskara

Bhujangasana (Whatever variation suits the best)

Salabhasana (Whatever variation suits the best)

Makarasana

Urdhva Prasarita Padasana Breathing (leg raising)

Setubandhasana breathing

Pavanmuktasana Kriya breathing (wind release)

Pashimottanasana

Sarvangasana (Sarvangasana series whatever step you are comfortable with, or beginner can start with sarvangasana against a wall).

Shavasana
This series of Asanas are more of an intermediate level and is suitable for someone that has been doing a little yoga from before. The aim is the same as in Yoga 1 to relieve stress and relax, build strength and increase blood circulation; get the mind and body coordinated. This is however a little bit more advanced and longer sequence. I have put a few Asanas as optional, depending on each individual's level and capacity and also the state of everyday. I have not written any minutes or a number of breaths next to each Asana, this is because I would love to assess each person as an individual and plan the routine there after.

**Yoga 2 (Intermediate)**

Tadasana (Start paying attention to the breath)

Surya Namasakara (3-6 rounds)

Trikonasana Classical

Parshvattonasana

Prasarita Padottanasana

Uttanasana series; Uttanasana, Adho Mukha Svanasana, Adho Mukha Virasana

Sirshasana* (Whatever step you are comfortable with)

Shashankasana

Paryankasana

Setubandhasana / Chakrasana (What you feel most comfortable with)

Paschimottanasana

Sarvangasana series; Sarvangasana, Halasana, Karnapidasana*, Urdhva padmasana*, Pindasana*, Matsyasana, Uttana Padasana (What you are able to do)

Shavasana

* Optional
Pranayamas:

Nadi Shuddi without retention, Bramari and Shitali.

Kriya:

Jala and Sutra Neti and Vamana Dhouti.

Meditation in Padmasana, Virasana, Baddha Konasana or Siddhasana.

Conclusion:

There are many things you can do to help prevent migraine attacks. One of them is to start logging your daily life, routine and activities to try and find out what causes the attacks. Reviewing your lifestyle, diet and daily routine are essential to reduce the number of attacks; this includes stressing down, inserting physical activity at least a couple times a week and trying to avoid the triggering factors you found out from your log.
Sources

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http://www.nhs.uk/Conditions/Migraine/Pages/Causes.aspx
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Books

Light on yoga - BKS Iyengar

Teacher Training Manual 2013 Level 1

Teacher Training Manual 2013 Level 2