
Ten Simple Ways To Avoid or Relieve Menstrual Migraines

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DiD Publishing Inc.
10400 Twin Cities Rd. Ste., 20
Galt, California USA

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What Is A Migraine?

Migraines are the bane of many people's existence. The pain is sometimes so intense that people are sidelined for several days. Many people are unsure of the causes and treatment for their migraines. Sometimes, what is a migraine headache versus what is just a chronic tension-type headache gets confused.

What is a migraine? A migraine is a common, recurrent, disabling headache that can last from 4 to 72 hours. There are a number of characteristics that are typical of a migraine.

These characteristics include moderate-to-severe pain on one side of the head that may throb. Exertion during routine physical activities — such as walking or climbing stairs can make it worse. Migraines are often accompanied by nausea, vomiting, and sensitivity to light and sound.

Some migraines may come with visual disturbances known as aura. Menstrual Migraine is typically without aura. Characteristics of an aura may include flickering lights, spots, or lines that appear before the eyes, or loss of vision in some cases.

Many people lie down in a darkened room to help alleviate their migraine. While migraines are not life threatening, they can cause major disruptions to your personal and professional life.

What causes a migraine? Migraines are caused by a chemical imbalance in the brain that causes the blood vessels in your head to expand, resulting in pain.

Some common triggers that can help bring on a migraine include alcohol (especially beer and red wine), too much caffeine, stress, bright light/sun glare, eyestrain, changes in the weather, foods such as chocolate, aged cheese, nuts, cured meats, onions, and food additives such as MSG, aspartame, and nitrates.

In addition to these triggers, changes in hormone levels may play a role in migraine attacks associated with a woman's period, often referred to as Menstrual Migraine.

Migraine headaches are more common in women and 60-70% of women with migraines report some relationship with their menstrual period. Usually there is an increased frequency before, during and after menstruation.

In 1998, the International Headache Society had a good discussion of the different types of headaches in women. They organized at least 5 attacks fulfilling the following criteria for migraine:

A migraine without aura headache lasts 4-72 hours if untreated the headache includes at least two of the following characteristics –

Unilateral location

Pulsating quality

Moderate to severe intensity

Aggravation by routine physical activity

Headache is accompanied by nausea and/or vomiting

Light or sound sensitivity

Migraine with aura

At least 2 attacks having at least 3 of the following characteristics: one or more aura symptoms occur and are fully reversible at least one aura symptom develops gradually over more than 4 minutes or 2 or more symptoms occur in succession.

Migraine with no single aura symptom

Lasts more than 60 minutes

Headache begins just before or within 60 minutes of an aura secondary cause excluded by a medical evaluation

Chronic tension-type

Average frequency of 15 days per month for 6 months at least 2 of the following pain characteristics:

Pressing or tightening,

Mild or moderate severity,

Bilateral location,
Not aggravated by physical activity
No vomiting nausea,
No Light or sound sensitivity

Almost one in six women is thought to suffer from migraine headaches with a peak incidence between ages 25 and 55. Only about 40% of those women have been diagnosed by a physician.

Aura symptoms

visual flashing lights, bright zigzag patterns or blind spots
loss of balance
change or loss in level of consciousness
double vision
ringing in ears or hearing loss
dizziness
difficulty moving
bilateral weakness or nerve feeling disturbance

Approximately 60% of women who suffer from migraine headaches report that the frequency and severity increases during their menstrual cycles. Of these women, 10 to 14% say that they only experience migraines during their menstrual cycle.

Menstrual migraines occur when progesterone and estrogen levels decline during the late stages of the menstrual cycle. Estrogen supplements during this time can help delay the onset of the migraine. Women who are predisposed to having migraine headaches are believed to be more likely to have a migraine during this period of estrogen withdrawal.

Most women notice their headaches more around the time of their period. Many probably have headaches at other times that are not as severe but, because of the bloating, cramping and fatigue during the menstrual cycle, headaches are more noticeable. Successful treatment can be quick for some and more challenging for others.

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Prescription drugs are often used at the onset of a migraine. These are known as acute medications. However, preventative medications may also be prescribed for those with symptoms that are more severe and disabling. Prescription drug therapy also has its downfalls. Many women begin using the prescription drugs for all headaches, which can lead to over medicating.

Menstrual Migraines

There is a category of migraine that is called a true menstrual migraine. This is a migraine headache that occurs regularly, each month but only between the 2nd day before the menses and the end of menstruation. Menstrual migraine is thought to occur in about 14% of women.

When a menstrual migraine happens, it is thought that it is because of a drop in the female hormone estrogen. There are two different types of menstrual migraine, including Menstrual Associated Migraine, which is a migraine that occurs at other times of the month and not just during the menstrual cycle, and there is Pure Menstrual Migraine, which only occurs during a woman's menstrual cycle.

You can tell that you have a real Menstrual Migraine if you are having your migraines consistently during your period. You will need to record your migraines so that you can track them for months. You will also need to visit your doctor. Be sure to show him how you have tracked them, because these documented migraines will help him find a pattern or link.

Menstrual migraines are treated with pain killers as well as medication to help with nausea. You may be given anti-inflammatory medications which are usually given to all migraine patients.

Different changes that you make can help prevent your menstrual migraine, including estrogen skin patches which help with the adjustment of estrogen during and after a menstrual cycle. There is also an estrogen gel as well that will help.

Some doctors even use birth control pills to help migraines. Some contraceptives contain too little progesterone and this can be corrected. When taking the birth control pills to help, you will take three regular does, and then a week break will level out estrogen levels! There are different treatments for migraines, and this is one of the best for women who experience menstrual migraines.

There are actually two types of Menstrual Migraines — Menstrual-related Migraine (MRM) and Pure Menstrual Migraine (PMM). A Menstrual-related Migraine is a headache of moderate-to-severe pain intensity that happens during a certain window of time around the period and at other times of the month as well. A Pure Menstrual Migraine is similar in every respect, but occurs during the time around your period.

The exact causes of Menstrual Migraine are uncertain, but there seems to be a connection between changes in hormone levels around menstruation and migraine. Studies have suggested that it may have something to do with changes in hormone levels, which normally occur right before the period starts. In those women who are likely to suffer from migraine, this can act as a hormonal trigger.

Approximately 21 million women in the United States suffer from migraines, and about 60% of them suffer from Menstrual-related and Pure Menstrual Migraines combined.

Yes, there are. Menstrual Migraines have been reported as more severe than other migraines, may persist longer, and may occur more frequently.

Migraines afflict approximately 21 million women in the United States — three times more women than men. So it makes sense that women's migraines may be hormonally related. Studies have suggested that for many women, migraines may have something to do with changes in hormone levels that occur around the time of your period.

This hormone-related migraine is often referred to as a Menstrual Migraine. Menstrual Migraines have been reported to be more severe than migraines that occur at other times, may persist longer, and may occur more frequently.

Millions of women around the world suffer from migraines. Unfortunately, there are dozens of different types of migraines so correctly diagnosing the type of migraine and curing it are very difficult and rarely accomplished. Be sure to discuss your symptoms with your health care provider, as only he or she can make a diagnosis.

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Menstrual migraines often occur a few days before- through the first three days of a woman's cycle. Then, as a woman approaches menopause, headaches tend to increase in frequency and severity as hormones fluctuate before the ovaries finally shutdown, no longer producing eggs.

Common migraine triggers encouraging onset within the menstrual cycle include alcohol consumption, bright lights, caffeine, cheese, chocolate, fasting, and lack of sleep, MSG, orgasm, stress, sulfites, and weather changes.

The Difference Between Migraine Menstrual Migraine

When compared with migraines that occur at other times of the month, Menstrual Migraines have been reported to:

- Last longer — up to 72 hours
- Be more severe
- Occur more often with nausea and vomiting
- Be more difficult to treat — occur more frequently

For a migraine to be diagnosed as a menstrual migraine, it has to fit two definitions. First, it has to start from 2 to 3 days after the first day of the period beginning. Second, it also has to happen with most, or all of a woman's periods.

If you have migraines around the time of your period and you answer “yes” to any of the following questions, consult with your health care provider to determine if you may have Menstrual Migraine.

1. Does any woman in your family have migraines around the time of her period?
2. Are your migraines more severe during your period compared to other times?
3. Do your migraines usually last longer than 24 hours?
4. Does your migraine pain return within 24 hours of taking medication?
5. Do you take multiple doses of prescription migraine medication for the same migraine?
6. Do you take over-the-counter pain relievers in addition to migraine medication for the same migraine?

Use this list to engage in a discussion with your health care provider.

- Is it possible that I have Menstrual Migraine?
- What's the difference between Menstrual Migraines and migraines that occur at other times?

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- Do the normal monthly changes in my hormone levels have anything to do with causing Menstrual Migraines?
- Are Menstrual Migraines likely to last longer than migraines that occur at other times of the month?
- Are Menstrual Migraines thought to be more painful?
- Is it common to have several migraine attacks during a single menstrual period?
- What can I do to keep the migraines that occur around my period from coming back?
- I have tried many different ways to relieve the migraine pain that occurs around my period (tell your health care provider about all the medications you've taken, over-the-counter and prescription). What else can I do to get relief?

Be sure to let your health care provider know about all of the medications you're currently taking (including those for other conditions).

PMS headaches happen before a women's period, not during it, and have symptoms that are different. Symptoms for PMS headaches include acne, fatigue, joint pain, increased urine output, constipation and possible lack of coordination. Women also feel a craving for chocolate, salt or alcohol.

Some researchers have found triggers of menstrual migraines to be foods high in tyramine, an amino acid found in cheeses; alcohol; and foods high in phenylethylamine which is found in chocolates.

Researchers have also found that missed meals, late nights and sudden weather changes also contribute to menstrual migraine headaches.

Ten Ways To Avoid Or Relieve The Symptoms

Use alternative forms of birth control.

Female birth control such as the birth control pill, the birth control patch (and others) alter the hormones in the female body, and cause hormone levels to fluctuate during the "placebo week" (the time the hormone is not being ingested to allow for a menstrual cycle).

If you are on birth control pills, use lower hormone level pills.

Talk to your gynecologist to ensure you are taking the birth control pill with the lowest hormone levels possible (while still being effective).

Consult your doctor about reducing your number of menstrual cycles.

Birth control pills such as SEASONALE® are formulated for just 4 periods a year. Reducing your number of periods reduces your menstrual migraines.

Prescription medication specifically for menstrual migraine pain

There are prescription medications for migraine pain made to deal specifically with menstrual migraines (such as Frova). Talk with your doctor about what options are available to you.

Since the cause is thought to be the change in estrogen level, it makes sense to even out that fall. Estrogen skin patches can help. The patch is put onto your skin, from three days before you are expecting your period to start. The patch stays on for seven days. It is a form of hormone replacement therapy for seven days a month. Estrogen gel can be used instead of patches. You just rub it into your skin on each of the seven days.

Buy organic

If you're not buying organic milk, you're very likely ingesting hormones and antibiotics with every glass of milk you drink. Farmers who mass produce milk feed antibiotics to their cows to help fight off diseases that could cause

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lower production. Ingesting additional hormones only adds to fluctuating hormone levels in your body. Buy organic milk, dairy products, and beef.

If you find yourself with a menstrual migraine before you've been able to act on the tips above there are many natural remedies to aid in migraine pain relief. Deep breathing techniques used in both yoga and meditation forces the brain to focus on the breath instead of the pain, while simultaneously relaxing the body.

Massage and acupressure can be applied by another, or you can do these for yourself. Ice applied to the neck or a cold compress to the head is both popular migraine pain relievers. You can apply peppermint oil to your temples for the migraine pain, and the aromatherapy is helpful for nausea. Rest and relaxation is the key.

Serotonin is involved in the trigger of migraines. Some researchers believe there is also a genetic link in the way that people metabolize serotonin and then the way in which the hormone interacts with the female hormones.

The symptoms of menstrual migraines are similar to those of migraines. The headaches usually start on one side, are throbbing and accompanied by nausea, vomiting and sensitivity to bright lights.

Medications that have been proven to make a difference in the acute treatment of migraines include non-steroidal anti-inflammatory drugs (NSAIDs), dihydroergotamine (DHE), and a combination of aspirin, caffeine and acetaminophen (AAC).

If the doctor adds preventative medications to the treatment plan he may include naproxen, sumatriptan, triptan and DHE that is either nasal spray or injection. Sometimes these medications are given all month long and the dosage increased right before a woman's period.

At other times the medication is given for only 2 weeks out of the month. The plan is dependent upon achieving the goals of treatment - to decrease the pain and disability that results from the headache.

The foodscan food intolerance test analyses a small sample of blood (no more than a pin prick) to test for antibodies and their reactions to food. This shows whether a subject has food intolerance.

Following these food intolerance tests, those who were found to have food intolerances were asked to eliminate the problem food from their diet. 80% of these people said that there had been some improvement in their migraines.

They were then asked to re-introduce the problem foods into their diets. Over 60% of the people who did so said that their migraines had returned to their original level of severity.

According to Yorktest:

This research shows that food intolerance testing can point patients in the right direction to avoid the long-winded, trial and error nature of removing a food from your diet for a few days, noting a reaction, and then either banning it from your diet if you get a headache, or eating it if you don't."

Using combined contraceptive pills to control migraines

Don't try and do this on your own. It could result in an unwanted pregnancy. See your doctor for advice. He may attempt to prevent menstrual migraines by preventing the period itself by changing your contraceptive pill to one with less progesterone.

Take the pill for three packets in a row (nine weeks) and then have seven days when you don't take any at all. While you are taking the pills, your estrogen level will be kept constant and you will have less bleeds each year and consequently, less migraines. If you have a migraine in each of your week-off times, you can also take estrogen supplements during those seven days.

As stated before, do this only under a doctor's care.

In order for the estrogen and progesterone to affect the areas within the head, there must be certain "receptors", molecules that a hormone will attach to in order for it to cause an action on its area of influence.

Like a medication prescribed by our physician, the estrogen has side effects that are unwanted. We can minimize the migraine effects by taking prophylactic medications such as acetaminophen, aspirin, and even caffeine. Many holistic treatments are also available. These include acupuncture, hypnosis, and herbal therapy.

Fortunately, sufferers of menstrual migraines have several treatment options available. For acute-migraines, recommendations include taking a Triptan (i.e. Imitrex) with a nonsteroidal anti-inflammatory (eg., Ibuprofen, Naproxen) within one to two hours of onset. These two drugs, together, have been shown to greatly reduce symptoms, but should not be used more than twice per week as rebound headaches may occur. However, if headaches occur more frequently than twice a week, therapy aimed at prevention should be implemented.

Preventive Treatment

Prevention of menstrual migraines is often achieved by taking a longer-acting Triptan (e.g. Frova, Amerge) twice a day for five to six days starting three days prior to an expected attack. Additionally, low-dose monophasic (the same level of hormone throughout the whole month) combined-oral-contraceptives (containing both estrogen and progesterone) can also be effective at preventing migraines.

However, this form of medication is not recommended in women who have risks for stroke including a prior history of blood clots, history of migraines with aura, hypertension, high cholesterol, diabetes, smoking, or obesity.

The transdermal patch (Ortho Evral) or the vaginal ring (Nuva Ring) have also been shown to help maintain steady estrogen levels. However, women on hormone therapy should be alerted to contact their health provider right away if they develop a worsening migraine or develop an aura.

Additional treatments include the use of beta-blockers, calcium channel blockers, tricyclic antidepressants, and anticonvulsants. Another FDA-approved treatment is the NTI-TSS (Nociceptive Trigeminal Inhibition Tension Suppression System) offered by dentists.

This treatment reduces jaw-clenching during sleep, which can send signals to the brain causing migraine pain, sinus pain, and chronic headache. This method has shown a 77% reduction of migraine incidents in many sufferers. Several reports suggest that mineral supplementation with Magnesium, 360 mg daily, has been shown to effectively decrease pain with menstrual migraines.

Finally, acupuncture, massage, and chiropractic are alternative therapies that may help with migraine frequency and/or severity. A headache diary can chart changes in headache patterns to assess which treatment works the best.

If several treatments have been tried, without success, you should be referred to a neurologist or headache specialist to rule-out other underlying conditions that may be causing your headaches. As always, consult your physician or nurse practitioner for any questions you have related to your health.

The one-sided headaches that many migraines patients suffer from are an extremely painful condition. Medical researchers have found that patients with migraine condition taking Botox treatment have felt a phenomenal relief in their pain.

These days increasing numbers of doctors use Botox for migraine patients. As Botox has chemical properties that can control neurological activities, it prevents the release of acetylcholine, a signal that the nerves need to cause muscle contraction.

The upside of treating migraines with Botox is that there are very few side effects if the medicine is properly administered. When the Botox injection is administered for the forehead migraine it causes a release in the muscular

tension and that is one main cause behind reduction of migraine related pains.

In general Botox for migraines works by causing a relaxing effect on the nerve cell signaling systems that have to do with the perception of pain. It eliminates an irritant to the nervous system, which would then reduce the chances of a migraine developing in future.

A Botox treatment for migraines is easy to administer and it turns out to be cheaper for patients. Discomfort is usually minimal and brief. The entire procedure takes approximately 10 minutes. Many people return directly to work or normal activity following Botox treatment.

Doctors suggest Botox for migraines as an alternative to the treatment by other medicines, which are taken through the blood stream and have unfavorable side effects. Hence Botox is the best and ultimate treatment for patients suffering from migraines.

Most common side effect, if any, from Botox treatment of migraines is the needle may puncture a small blood vessel during the injection and a black and blue area may develop. Such an area can last 5-10 days and may require make-up to cover. More severe forms of complications from Botox for migraines are too rare to be considered a serious health risk and are easily avoided when a qualified medical professional is rendering the treatment.

Migraines are not to be treated instead it should be prevented. I know life without migraines is obtainable because I suffered from it for 12 years and have been treating...preventing them for my patients for 15 years. The success rate of 95% was achieved at my office comes from a combination of research, common sense and hard work of my patients.

Food allergies as a trigger and how to avoid them.

The liver is the body's main system for eliminating toxins and is overwhelmed in migraine sufferers meaning it is not functioning fast enough to keep the body detoxified.

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Toxins include alcohol, chemicals, caffeine, drugs, preservatives, artificial coloring and flavorings, hormones and chemical compounds the body naturally produces but cannot detoxify fast enough. This concept lead to thousands of former migraine sufferers living pain free.

Medical Research.... How it supports this approach

1. The needed nutrients in liver detoxification are vitamin B and Magnesium.
2. Woman produce more hormones that need to be detoxified that's why they suffer migraines 3x more likely.
3. The female body produces up to 4x many hormones during menstrual cycle and that increases frequency and severity of migraines.
4. Reduce toxin intake like elimination diets can also be helpful.
5. Medications needed in detoxification cause 30-40% of headaches.
6. Smells like smoke, perfume, etc. are all chemical compounds that increases toxic load on the liver.

Changing lifestyle with taking nutritional supplements can prevent migraines. Do the best you can do to achieve this through avoiding caffeine and decaffeinated coffee, teas and sodas, chocolate, artificial coloring and flavoring, preservatives, nuts, heavy perfumes, cigarette smoking or second hand smoke, alcohol. Instead consume 60-80 ounces a day high fiber foods, fruits, vegetables, grains, nutritional support, artichoke, tumeric, silmayrin, glutathione, cysteine, cod liver oil, all natural multivitamin and B complex.

Three main areas need looking at to help with and improve migraines:

* Changes in diet: limit caffeine, avoid known triggers, eat regularly to prevent sugar levels dropping.

* Medications: painkillers, anti-sickness drugs and drugs that can work on the blood vessels can all help with a migraine

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* Checking out possible underlying causes: stress, high blood pressure.

Here's some little-known secrets to managing migraine headaches that are triggered by your fluctuating hormone levels:

- Take paracetamol every day for the last 10 days of your cycle or if you know exactly when you get your migraines, start taking it every day for a few days before and continue for up to seven days afterward.

- Taking paracetamol (or non-steroidal anti-inflammatory drugs) showed that a third of those women who had had very severe menstrual migraine had no menstrual migraine during those attacks. There probably are a lot of women who use it as a strategy without doctors because they figured out that sort of pre-empting it can work well. And of course it works well in women who have abdominal cramping, pelvic pain with severe attacks.

- Drink soy milk or yogurt rather than dairy.

Soy contains natural phyto-oestrogens which helps to increase the oestrogenal level that will help to even out the oestrogen fluctuations that triggers the migraine attacks.

- Make sure you get at least 7 hours sleep per night, but not more than 9 hours.

Over sleeping or conversely, sleep deprivation can trigger migraine attacks.

It is important to learn to recognize the pattern of your headache. If you have found that it is indeed a menstrual type of migraine, it would be good to consult an obstetrician who could give you options on how to maintain the stability of your estrogen levels.

Melatonin is a chemical found naturally in your brain that helps to regulate your body's sleep cycle. Melatonin has been used for years, for a large number of disorders. The following are just a few examples to give you an idea of the flexibility of Melatonin:

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There have been studies recently that seem to point to a connection between Melatonin levels and migraines. The studies have been few, but they have found that migraine sufferers who take Melatonin on a regular basis are developing fewer migraines. Whether is due to the effect that melatonin has on the levels of Serotonin in your brain is not clear. It has been thought that Serotonin levels will affect your frequency of migraines also.

Studies have shown that taking 3 mg of Melatonin before bedtime each evening reduced the incidence of migraines in over 50% of the migraine sufferers studied. The study participants reported that the severity of the migraines was decreased also while taking Melatonin.

Melatonin is a relatively safe drug and can be purchased over the counter at many health food stores and in your pharmacy. The few side effects that have been reported from taking Melatonin are headaches, nausea and excessive drowsiness. Women who are pregnant or breastfeeding should not take Melatonin because the effect of Melatonin on babies and unborn children is not known. It is also recommended that people with autoimmune diseases should not take Melatonin.

If you are a migraine sufferer, try your own experiment with Melatonin. Take 3 mg of Melatonin about 30 to 60 minutes before bedtime every evening. Document the date that you start and continue taking it for 2 to 3 months. Document any migraines that you might have in this time period and note the severity of the pain and the duration. If you don't have any migraines, make note of that also. If you have noticed a vast improvement in your migraines, then it is safe to say that you have discovered the connection between Melatonin and migraines.

There isn't just one cause for the headaches and that is a problem with migraine prevention. There are very many triggers for migraines and trying to avoid them all would be an exercise in humility. There are a few things you can do to avoid migraines and here are the top ten.

- 1) Cut the caffeine. Taking in too much can lead to a headache of monstrous proportions. Cut it back slowly.

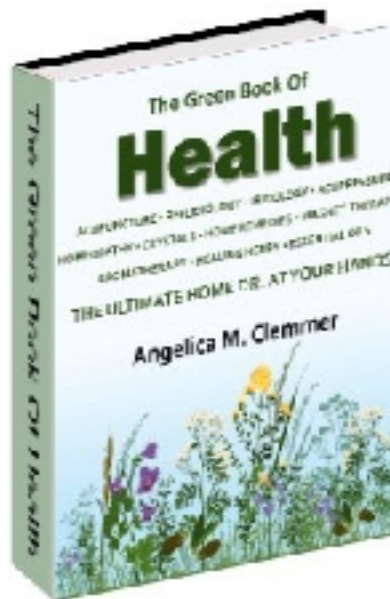
- 2) While we're talking about caffeine, let's also talk about NutraSweet. Aspartame has been the culprit for many people who have complained of migraines. Avoid it and you may well avoid a horrendous headache.
- 3) There are more reasons to give up smoking than you can count, but avoiding migraines is another reason to put on the list. Secondhand smoke is just as likely to cause a migraine headache as actual smoking. You do have the right to not have to be around their smoke, especially if their smoke is causing your headaches.
- 4) Establish a regular pattern of sleeping and waking. In fact, get as anal-retentive as you can about this. A regular pattern of going to bed at the same time and getting up at the same time, on weekends as well as weekdays, can do wonders.
- 5) Give up the pill and try another form of contraception. Birth control pills and their effects on hormones can be a major hazard when it comes to migraine pain. You may look on other forms of female contraception if you and your partner don't mind.
- 6) Change your lighting. Very bright lights can often trigger very severe migraines. You might consider using the softer, filmy kind of light bulbs.
- 7) Cheese, chocolate and wine may sound like the ideal ingredients for a romantic picnic, but if you are prone to migraines the last thing you may be feeling is romantic following that afternoon getaway. Stay away from all three and find other ways to get in a romantic mood.
- 8) Use body wash to smell good instead of perfume or cologne. Keep yourself clean instead of daubing with the smelly-goods.
- 9) Being an aerobic exercise program. Exercising regularly helps to increase your cardiovascular capacity and improper blood flow is linked to recurrent migraines.

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10) Drive or take a train when you can instead of flying. One easily avoided when the trip can be made by alternative means of transportation.

Knowing the trigger factors can help you determine what to avoid to prevent the attacks from coming. Monitoring your symptoms and what triggers them is therefore an imperative action to prevent the discomfort. Don't forget, you are going to be menstruating every month for a good many years to come. Therefore, you should do something about it early to maintain the good quality of living.

Here are two excellent books for further help in overcoming your menstrual migraines. [The Green Book of Health Click to Review](#)



The Green Book Of Health offers health improvements you can use and physical changes you can feel in the SHORTEST time possible... Without costly visits to the doctor's or expensive medications follow the PROGRESSION PLAN already producing amazing results.

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The Migraine Solution is a profound book written by a migraine sufferer with a mission to help others overcome their chronic pain.

[The Migraine Solution Click To Review.](#)



If you are looking for a safe, fast migraine relief system which is strongly backed by a 100% guarantee, this may well be the most important document for your health that you will ever read, so sit back, relax and take 5 minutes out of your busy schedule - Your brain will thank you! [Click to Review](#)