

# HEADLINES

**A PUBLICATION OF THE EAST BAY HEADACHE SUPPORT GROUP**  
A member of the American Council for Headache Education (ACHE) support group network

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## **November 17th Meeting Cancelled**

We regret to inform you that the East Bay Headache Support Group will not hold a support group meeting as scheduled on November 17. Instead, the Planning Committee will meet on December 15 in Martinez to discuss the future of the support group. We would appreciate hearing your thoughts and ideas on whether or not we should continue to provide public educational meetings.

The initial meeting of the East Bay Headache Support Group was January 9, 1996, when an unexpected 120 people streamed into John Muir Medical Center and Dr. Stein had to scramble to move our support group meeting into the Ball Auditorium. We met monthly through 1999, then every other month for 6 years, and quarterly the past 4 years. The November 2009 meeting would have been our 104th consecutive meeting over the past 14 years. Though our database contains almost 1,400 names, attendance has steadily declined—except for those rare opportunities when we were featured in the local newspaper. Is it that headache sufferers would rather get their information from the Internet in the comfort of their homes and not be involved in a group? It is also harder to find volunteers willing to help find speakers and organize the meetings, and to fold and mail the quarterly newsletters.

If you are able, join us at this special Planning Committee meeting Tuesday, December 15, 7 pm, in Martinez (call 925-229-5550 to RSVP and get directions). Or, if you cannot make the meeting, but would like to provide input, please send an e-mail to Leslie Davis at [davisgold@gmail.com](mailto:davisgold@gmail.com) with your comments/ideas, etc.

## **2010 Meetings**

**Feb 2, May 4, Sept 14, Nov 16:**  
Speakers/topics to be determined



## **Folk Remedies**

Folk remedies have been used for hundreds of years by midwives and elders in communities to treat the ill or ailing. For some interesting tidbits of information, following is a collection of folk remedies which supposedly work for headaches.

### **Ammonia**

Put 5 drops of ammonia in 1/2 glass of water and inhale the fumes.

### **Apple cider vinegar (ACV)**

A person with a headache has slightly elevated urine alkalinity. Drinking a glass of water with a few tablespoons of ACV added will assist in bringing the body's pH back into sync. Use pH test strips to measure your urine's pH.

Add a few tablespoons of vinegar to a vaporizer or pan of boiling water and inhale the fumes for 5 minutes. Then lie down for 15-20 minutes.

### **Butterbur (*Petasites hybridus*)**

Take two 75 mg tablets of the extract, Petadolex, per day for four months.

### **Cayenne pepper**

Put 1/2 to one teaspoon of cayenne pepper in a glass of water and drink slowly. This will dilate your blood vessels and improve circulation.

### **Celery seeds**

Soak the seeds in hot water, strain and sip slowly.

### **Eucalyptus oil**

Put a few drops of this essential oil in a carrier oil and massage your forehead.

Try sniffing the oil - put a few drops on a handkerchief and sniff. This may be beneficial for tension headaches.

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# Folk Remedies...

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### Feverfew

Chew some feverfew leaves (they are very bitter!) or get a tincture or capsules at a health food store. Take two 300-380 mg capsules in divided doses or 60-80 drops of tincture once a day. Feverfew is very similar to aspirin in the way it works and it inhibits the release of inflammatory substances called prostaglandins, which are believed to contribute to the onset of migraines. **Caution:** Feverfew is not recommended for pregnant or nursing women, and should not be given to a child under two.

### Ginger

Inhibits a substance called thromboxane A2 that prevents the release of substances that make blood vessels dilate. Use fresh or powdered ginger when you cook, eat crystallized ginger, or put grated fresh ginger in a drink.

### Honey

Take two teaspoons of honey with each meal. Honey contains potassium and magnesium which will help relax the arteries and allow more blood to flow to the brain. Very good for hangovers too.

Boil equal parts of honey and apple cider vinegar and inhale the steam.

### Lavender oil

Put a few drops of this essential oil in a carrier oil or lotion and massage your temples and neck.

Try sniffing the oil - put a few drops on a handkerchief and sniff.

### Lithium salts

Often helps those suffering from cluster headaches.

### Menthol preparations

Can be helpful in relieving tension headaches. Massage the oil into the temples which will relax the temporal muscles.

### Mustard

Soak your feet for 10-20 minutes in a hot footbath to which you have added 2 teaspoons of powdered mustard.

### Peppermint oil

Place a few drops of this essential oil in a carrier oil or lotion and rub on your forehead, temples or neck.

Try sniffing the oil - put a few drops on a handkerchief and sniff. **Warning:** Don't get the peppermint oil too close to your eyes!

### Peppermint tea

Drink one or two cups of tea.

### Rosemary oil

Rub a few drops of oil of rosemary into your temples. Rosemary helps keep blood vessels dilated.

Make a rosemary tea using one teaspoon of rosemary in a cup of hot water; cover and steep for 10 minutes; strain and sip a cup three times a day.

### Walking

Take a brisk walk if you feel a headache coming on. This will relax you and your circulatory system so that more blood and oxygen can get to the brain.

### Water/hot

Soak your feet in a pan of very warm water. Add more as it cools off. This increases the blood flow to the lower extremities and away from the head, where increased blood may be the cause of your headache.

### White willow bark (*Salix spp.*)

Will give you similar results as aspirin, but is much gentler on the stomach. Capsules or tincture can be found in health food stores.

Found at [http://www.health911.com/remedies/rem\\_head.htm](http://www.health911.com/remedies/rem_head.htm)

## Transcranial Magnetic Stimulation (TMS)

- A portable device developed to facilitate early self-treatment
- Delivers individual pulses of 0.9 Tesla lasting 1-millisecond
- 201 aura patients randomized in double-blind, parallel group, sham controlled study at 16 U.S. headache centers



On November 6 at the 2009 Scottsdale Headache Symposium in Scottsdale, AZ, David W. Dodick, M.D. is scheduled to give a presentation on emerging acute treatments for migraine, including the Transcranial Magnetic Stimulation (TMS) device which has been the subject of a large-scale clinical trial. In transcranial magnetic stimulation, a magnetic device is pressed to the back of the head, and brief pulses are delivered, altering electrical activity inside the brain in hopes of halting the migraine before it progresses. This approach is being studied only for patients whose migraines begin with an aura, or premonitory phase, that is typically characterized by flashing lights or other visual disturbances.



## Exercise Program Reduces Migraine Suffering

ScienceDaily (Mar. 29, 2009) —

While physical exercise has been shown to trigger migraine headaches among sufferers, a new study describes an exercise program that is well tolerated by patients. The findings show that the program decreased the frequency of headaches and improved quality of life.

The study used a sample of migraine sufferers who were examined before, during and after an aerobic exercise intervention. The program was based on indoor cycling (for continuous aerobic exercise) and was designed to improve maximal oxygen uptake without worsening the patients' migraines.

After the treatment period, patients' maximum oxygen uptake increased significantly. There was no worsening of migraine status at any time during the study period and, during the last month of treatment, there was a significant decrease in the number of migraine attacks, the number of days with migraine per month, headache intensity and amount of headache medication used.

Individuals with headache and migraine typically are less physically active than those without headache. Patients with migraine often avoid exercise, resulting in less aerobic endurance and flexibility. Therefore,

well designed studies of exercise in patients with migraine are imperative. "While the optimal amount of exercise for patients with migraine remains unknown, our evaluated program can now be tested further and compared to pharmacological and non-pharmacological treatments to see if exercise can prevent migraine," says Dr. Emma Varkey, co-author of the study.

The study is published in *Headache: The Journal of Head and Face Pain*.

Wiley-Blackwell (2009, March 29). Exercise Program Reduces Migraine Suffering. *ScienceDaily*. Retrieved November 3, 2009, from <http://www.sciencedaily.com/releases/2009/03/090326141557.htm>

## Overuse Of Codeine, Oxycodone and Barbiturates Increases Risk of Chronic Migraine

ScienceDaily (Apr. 27, 2008) —

People who overuse barbiturates and opioids, such as codeine, butalbital, and oxycodone, to treat migraine are at an increased risk of developing chronic migraine, according to new research. People with chronic migraine have headaches on 15 or more days a month.

For the study, 24,000 people with headaches in the United States were surveyed about the types of medications they use to treat their headaches. From this sample of people with headache, the researchers selected those who had been diagnosed in 2005 with episodic migraine (fewer than 15 days of headache per month). Their risk of chronic migraine was then calculated based on the types of medications they used in 2005.

Among those with episodic migraine in 2005, 209 people had developed chronic migraine in 2006.

The study found people who took drugs containing barbiturates or opioids for only eight days a month were twice as likely to develop chronic migraine a year later as those who didn't take such drugs. "People who use drugs that contain barbiturates and opioids, if only for a total of seven to eight days a month, appear to significantly increase their risk of migraine progression," said study author Marcelo Bigal, MD, PhD, with Albert Einstein College of Medicine in Bronx, New York. "Strict limits for these types of drugs should be enforced among people with migraine as a way of preventing their migraines from becoming more frequent and more painful."

The study found no evidence that the risk of developing chronic migraine increased among people who frequently used triptans, which are commonly prescribed drugs to treat migraine, or non-steroidal antiinflammatory drugs (NSAIDs), such as aspirin, ibuprofen and naproxen.

This research was presented at the American Academy of Neurology 60th Anniversary Annual Meeting in Chicago, April 17, 2008.

The study was supported by the National Headache Foundation.

American Academy of Neurology (2008, April 27). Overuse Of Codeine, Oxycodone And Barbiturates Increases Risk Of Chronic Migraine. *ScienceDaily*. Retrieved November 3, 2009, from <http://www.sciencedaily.com/releases/2008/04/080417145746.htm>

The intention of the East Bay Headache Support Group is to provide information and resources. It does not provide medical advice, which should be obtained directly from a physician.

**Notes...** The East Bay Headache Support Group features medical and other professionals as speakers at its meetings. Notes are taken of most presentations and made available for a suggested donation of \$2.00 each, or read them on our Web site at [www.headachesupport.org](http://www.headachesupport.org).

Past topics include: Biofeedback therapy, genetics, caregiving, dietary headache triggers, chiropractic treatment, pharmaceutical remedies, hormonal triggers, reducing stress in the workplace, dealing with holiday stress, acupuncture and Chinese herbal therapy, children's headaches, temporomandibular joint disease (TMJ), somatic headache relief, compounding medications, allergies, experimental headache drugs, prevention of stress headaches, non-traditional therapies, tension-type headaches, menopause, head injury headaches, environmental medicine, emotional impact of headaches, sleep disorders, chronic pain management, exercise headaches, cluster headaches, 5-HTP, Emergency Room visits, dealing with frustrations, Botox injections, naturopathic medicine, the Alexander Technique, effective nutrition for headache pain management, acupressure, medication overuse headache, and many more.

**The East Bay Headache Support Group** is a nonprofit organization dedicated to providing a forum for headache sufferers. The support group meets four times per year—selected Tuesday evenings in February, May, September, November—from 7:30 to 9:00 p.m., at John Muir Medical Center-Walnut Creek Campus. It is open to all headache sufferers and their families, and interested persons. The meetings are free; however, donations to cover printing, postage, and Web site expenses are appreciated! The support group meetings include lectures by guest speakers, question and answer sessions, and informational materials.

**Directions to John Muir Medical Center-Walnut Creek Campus:** Take Highway 680 to the Ygnacio Valley Road exit in Walnut Creek. Travel East toward Mount Diablo approximately 1-1/2 miles, and turn right onto La Casa Via at the top of the hill. Turn left into the medical center parking lot, and park in the parking garage. Take stairs or elevator to the lower level and follow signs to the meeting room.

**We value your input!** Call, write, or e-mail us if you have comments or suggestions, or would like to help. The planning committee welcomes new members to help organize meetings and find speakers, and publish and mail newsletters. Call Carol at 925-229-5550 or send an e-mail to Leslie at [davisgold@gmail.com](mailto:davisgold@gmail.com).

**TIME DATED  
MATERIAL**

**Visit our Web site!  
[www.headachesupport.org](http://www.headachesupport.org)**

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