

Migraines

Structural Yoga Therapy Research Paper

Satchidananda Ashram, Yogaville, Va

February 2006

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Structural Yoga Therapy Specialty Paper

Migraines

By Heidi Dhivya Berthoud 2005

1 Case Study

1-a Initial Intake, Review of Symptoms, Subjective Pain Level, Client's Self Assessment

“Sarada’s” first memory of a headache (HA) was age 7. Her father and 2 sisters have been suffering with them also for a lifetime and use medication for treatment. Her mom was alcoholic. Sarada’s one sister gets daily migraines and leads a very stressful life, also suffering with depression. She tends to “hold things in.” Her other sister, who “lets things out” does not get them daily. The long-term nature of this entrenched family ailment is a kapha imbalanced condition. Sarada says that she herself tends to hold things in (vata imbalance), and has been working on that for a long time through occasional art (vata balancing), journaling, self-assertiveness (vata-pitta balancing). Sarada is age 46, is 5’1” in height, and averages 118 pounds. Currently she has the stress (vata imbalance) and delight (kapha balancing) of separation from her husband while caring for her 84-year old father (a difficult relationship) (both vata, pitta, kapha unbalancing). Her 4-year old son is a source of joy, as is her belly dance class, ashram choir and community life (VPK balancing).

Since her introduction to yoga in 1984, she’s seen a steady decrease in her frequency and intensity of HA. Before 1984 she had 2 - 3 x/week occurrences. Now it’s 2 - 3 x/month. She also attributes the reprieve to the joys of motherhood. (Though during pregnancy she suffered daily sinus HA).

Her recollection at first recall was that her last really debilitating HA (where she couldn’t talk) was 5 years ago in 2000. Then she realized that actually she had 5 extreme HA in the past 12 months. (This was an indication of avidya, or vata-pitta imbalance, soon modified by discernment, recognition). For Sarada, the first sign of a HA is on the anna maya kosha level. There is a throbbing, aching in the left occiput, though it can start as tingling in the forehead or as a band of tension across forehead. Extreme episodes include nausea and vomiting, light and noise sensitivity. Under these circumstances she has to sit very still in a dark room to control it, eventually being able to lie down and sleep it off. Sometimes she’s able to control it with meditation, Nadi Suddhi, and (her remedy on the prana maya kosha level). For symptomatic relief she wraps ice packs around neck and forehead (the anna maya kosha level).

Sometimes she takes drugs. Extra strength Tylenol (3 - as 2 is a waste), or Ibuprofen (3). At first sign of migraine Imigram 100 mg – if migraine

progresses to light, sound sensitivity it doesn't work. Once it gets going, she might take medocodene 30/500 or paracetamol plus (caffeine) or migraine Excedrin (mega caffeine – which she doesn't like as she does not do caffeine other than with the prescription drugs). Sometimes a coke will prevent a HA from going extreme. Sarada reports (pitta – discernment) depression (tamas) as a side effect to the prescription drugs.

Sarada has an intuitive method for checking what is appropriate at any given time. She'll pause after a question when the answer is not immediate for her, to dialogue internally. For example, her answer may come as, "I'm getting a 'no' on that one". This habit comes from taking to heart her guru's teachings to listen and look within for truth.

Sarada relates her HA to dysfunctional eating – some hypoglycemia (eating late, too much, too hurried). Calming teas do help. Has had candida since 1989. In the mid 90's, under medical supervision she treated the candida with drugs. She reports that Earthrise spirulina seems to have resolved the candida by 90%. She DOES like her chocolate. Currently at 2–3 squares/day; probably she binged 10 years ago. She has before now quit altogether which didn't seem to affect the migraines. Sugar consumption in general is very little. Doesn't like sweet drinks. Pasta consumption is 1-2 x/week. Vegetarian, generally healthy diet. Other things that will bring on a HA are stress, sun, too much or not enough exercise.

Before having her 4-year-old son, Sarada had an office job and did massage (I like her work – creative, sensitive, strong). Her hobbies included photography, art, and yoga with an interest in dance. After giving birth she shifted to full time mothering, house keeping, and some intuitive counseling. Her hobbies continued to be photography, art, dance, playing. Her interests are Yoga, philosophies of all spiritual paths, dance. Sarada is not shy – she likes to MC for ashram programs and has a lovely, bright voice and disposition.

What keeps her in a Yoga community is sangha, love of Yoga, Love of Yogaville, and opportunity for more Yoga. Living in the community offers lots of opportunities to learn more and serve. Being in the energy field of such a place is very conducive for spiritual growth and peace. When asked what ashram life has resolved for her, she said, "Clarity of what my goals in life are. Clarity of where I want to be and Who I want to be with. Encouragement in sticking through family relationships that you don't like." When asked what ashram life has brought up for her: "All the same stuff any part of my life brought up. And, sometimes it seems more intense, and less escapable."

1-a Summary

Sarada's situation conforms to the generally agreed upon signs and symptoms for a common migraine HA. She has a family history. Causes of HA include stress, sun, diet. The HA starts in the left occiput as a throbbing pain,

progressing to light and sound sensitivity, often including nausea and vomiting during an extreme case.

1-b Physical Assessment

Sarada's posture does not conform to my research expectations of a forward head. Her ears, shoulders and ankles are in line. Her pelvis and knees are in line and forward of the ears, shoulders and ankles. Her L shoulder is high with a forward rotation to the right; this maintains while supine also. Her head leans left (lateral flexion).

I've listed only those readings that varied from normal ROM. Significant changes below in **BOLD**.

Dates	3/13/2005		7/27/05		9/11/05	
<u>Range of Motion</u>	Left	Right	Left	Right	Left	Right
Supine Position						
Hip Internal Rotation 35°	29	31	35	35	35	35
Prone Position						
Hip External Rotation 45°	44	55			52	58
Internal Rotation 35°	20	18			15	15
Abduction 45° (side lying)	45	40 w/ pain beyond			45	pain free
Shoulder Flexion 180°	180	175 w/ pain beyond			pain free	
Supine Position						
Shoulder Extension 50°	55	55				
Internal Rotation 80°	60	58	77	55	77	60 (with subscapularis release)
Horizontal Adduction 130°	140	110			140	120

Horizontal Abduction 40°		35	25		35	30	
Neck	Lateral Flexion 45°	30	32		35	35	
Rotation 70°		55	55		65	60	
<u>Muscle Tests</u>		Left	Right	Left	Right	Left	Right
Supine Position				(the next 4 with pain in upper ITB)		(next 4 pain free)	
Hip	Flexion	3	2	3	3	3	3
	Psoas (isolation)	2	2	3	3	+3	3
	Sartorius (isolation)	3	2	4	4	+3	-4
	Flexors w/ abdominus rectus	2 / 5		3 / 3		4 / 4	
Shoulder	Adductors	3	3	3	3	5	5
	External Rotators	5	5			5	5
	Internal Rotators	4	3 w/ pain	4	4	5	5
	Flexors	4	4	5-	5		
Prone Position							
Knee	Flexion	3	3			3	3
Hip	Extension	4	4			-5	-5
	Gluteus Max isolation	3	3			4	4
Shoulder	Mid Trapezius	3				5	
	Extensors	2	3			3	-3
	Abductors horizontal	-2	-2			2	+2
	Abductors vertical	-2	2			5	5
Neck	Rotation	5	4 w/ pain			5	5
	Flexion	5(tester error?)				4	

1-c Summary of Findings (after initial exam)

Strengthen (K)	Stretch (P)	Release (V)
Psoas		
Sartorius L & R		
Gluteus Maximus L&R		
<u>Shoulder Internal Rotators</u> L&R	<u>Shoulder External Rotators</u> L&R	Subscapularis
HorizontalAbductionL&R	Horiz Abductors R	
HorizontalAdductionL&R	Horiz Adductors L&R	
Mid Traps	<u>Neck</u> SCM L&R	
Extensors L&R	Upper Traps L&R	
Flexors L&R		

Sarada’s ROM in general is quite good. Not too much/not too little on average. She has 6 areas with limited ROM as compared to 13 areas needing strengthening. At the initial exam she had substantial lower and core body weakness – including psoas, sartorius, gluteus maximus. By the second assessment she had improved on all of these areas, even though she was not doing the recommended practices daily. She reported ongoing improvements in feeling stronger and less aches and pains. She also had increased strength in most of the upper body weaknesses.

1-d Recommendations (underlined) and Results (in italics only)

3/2/2005 This was our first appointment. We had time for an interview only – most of which is detailed in section 1a.

Sarada currently attends a weekly yoga class, but has no home practice. Walking is sporadic. She attributes this to motherhood and that her husband is often away on business and therefore the childcare is mostly her responsibility. (Because of her limited time it took several sessions to do the interview and take assessments before I could make recommendations). I might add that she has come to me occasionally for massage therapy for the past 10 years. I had previously (to our agreement to do this study together) shown her the SCM

strengthening exercise supine followed by cobra and she had reported feeling stronger and less mid back pain while sitting for meditation.

In part because of her success, in part because of the ongoing migraines, I came to ask her to be my case study. I was concerned with Sarada's lack of regular sadhana in terms of her compliancy with my recommendations and therefore with the progress of this report (and of course with the resolution of her pain). But I was also encouraged by the afore mentioned success. I realize that I was too accommodating to her full schedule and not encouraging enough. Though I understand that I am not to be her motivator – I believe I was too cautious.

3/13/2005 ROM tests. Had a bad migraine after she was here – on ovulation eve. Vomited 15 times which was an extreme for her. Sarada reported that since belly dancing – the R hip is sore, tight – does a side step with internal rotation. Pain not constant but at a 6 out of 10 level.

3/27/2005 Muscle tests.

3/30/2005 Ran into Sarada in the community. She reported a migraine last night – had been in the blazing sun too long yesterday. Did ½ hour of nadi suddhi, which calmed it at first, but then it came on full steam. Sitting for meditation seems to have prevented nausea. She's been doing a lot of internal dialoguing – got that it's last year's diet that is affecting her now (insight – pitta balance). Feels that because she has a focus to heal her migraines, that things are shifting (moving towards vata balance).

4/2/2005 Gave her Mukunda Stiles' Joint Freeing Series Video with the handout, circling the most important ones for her to do if she needs to cut it short. She let me know it would be hard to fit it in – but she would try if we could start our slowly. #1 Dandasana to strengthen hip flexion, thoracic extension and mid traps, latissimus, triceps. #4 standing and sitting instructions for sartorius. #5 with a pause to emphasize, strengthen internal rotation. Because she does a lot of driving we adapted this to sitting in the car, which she liked. #6 cat plus bows for mid traps, shoulder abductors, extensors. # 7 hip extension with knee flexed to strengthen gluteus maximus, hamstrings, and psoas. #16 for trapezius, shoulder add and abductors also adapted for the car. #19 she had been doing 2 -3 x/week supine. Because her neck MT were strong, but ROM is low, I instructed for a good stretch to happen she needs to continue to contract strongly and have the awareness of where the strength/stretch are happening. We adapted this for the car – with focus on strong contractions. She likes warrior 11 – so that's for focus on shoulder abduction, hip flexion. We talked about her doing more nadi suddhi for calming.

5/4/5 *Sarada reports feeling better. Not doing the JFS daily, though knows it would feel even better if she did.* She's doing more of the lower body poses rather than the upper body – as she can do those while she's standing,

watching after her son. This month had increased stress – this past Sunday she delivered her separation letter (vata calming).

I recommended that she do the other JFS poses for vata balancing. I instructed for greater awareness about when and where the strength and stretch are happening during the JFS, hatha, daily life (i.e. when bending forward to pick something up – to use the psoas, tighten the erectors, keep the shoulder blades together, down and maintain cervical curve by keeping the neck strong).

She's been doing kapalabhati rapidly and really likes it. She also liked my suggestion to continue but with the modification of slowing it down to 20 exhalations in 20 seconds, for 3 rounds to make it less fiery, more vata balancing as migraines are a pitta imbalance. Instructions are not to feel the heat in the head, but to send the energy to the chest, or heart area.

For vata balancing she liked the 5-part breath, which I instructed for lying supine and with a sun salute.

5/22/5 Sarada came to my JFS class and said that she had attended the last 2 times (Shanthi and I share the class). She reported that her husband had agreed to a divorce and both were feeling relieved.

5/27/5 Sarada reports that yesterday when the pulsing in her occiput began she did nadi suddhi for 10 minutes while contracting her traps and was able to prevent the HA from progressing further (VPK balancing). While driving she regularly internally rotates her thighs and keeps her shoulders down with good results. No pain in R hip. Since our last appointment she had HA 3 times, but is using her intuition more about taking her drugs early enough to prevent them from getting full blown (discernment – balancing pitta).

6/25/5 Sarada had 4 HA since last time (1 month). Submitted a journal of her experiences with them. We talked about really giving this a good try – to do the recommendations with regularity to increase the progress. We reviewed the homework. I suggested that she does the JFS loosely and briefly for vata balancing and to give the entire body a more complete experience; to be followed by doing the highlighted poses for strength (1,4,5,6,7,13,16,19-21).

7/27/5 Since last time (1 month) – only 2 HA. 80% of interactions with husband are crappy and her father has been visiting. Is feeling stronger. For an objective analysis see significant changes in the chart 1b. We did a few muscles tests, but had to stop, as she felt the exertion was triggering a HA. She was premenstrual and feeling tired. Actually forgot to eat chocolate the other day (pratyahara). Wants/intends to have it fall away; cutting it off cold turkey is not a good thing for her.

9/4/5 Phone call to set up next appointment for assessments. *Sarada reports that she got thru her premenstrual and menstrual periods without a HA! For the first time (if not the second time) ever! She attributes it to all the*

improvements – the JFS, which has led to doing more hatha yoga. She now sees more clearly that the #1 cause of her HA has been stress. She also offered that she is asserting herself more and liking the results. (VPK balancing)

9/11/05 Reassessment. *She feels stronger (K balance), more clear and assertive (pitta balance) in her life. The objective findings bear this out. Adjustments to the plan are: SCM strengthener only with flexion 3 repetitions; followed by cobra with emphasis on shoulder extension. For psoas (core) strength – the first stage of boat – shoulders extended (for strength and support as she can't do it without). Warrior 1 for hip internal rotation (still some minor TFL pain), psoas stretch and strength after boat, ankle inversion, backward bend. Baddha konasana with knees pressing to the ground hands free to activate hip external rotators, stretch internals.*

Since 7/27 Sarada had 3 migraines, all intense. The first one with no drugs; the second 2 with drugs (to ameliorate it). We talked about the ayurvedic perspective on HA and how if she could recognize the stress triggers, she could prevent the pain cycle. She volunteered that since she's been feeling better about herself (manomaya kosha), that her son treats her more respectfully. She noticed that with the last HA, she had an initial conflict with her husband where instead of fuming about it – she detachedly watched her feelings (Pratyahara; vijnanamaya kosha – wisdom body). Historically a conflict would have turned into a HA for sure. What happened, though, was that she skipped a meal the next day, and then the HA came on that afternoon. So we saw the vata imbalanced by the initial stress of anxiety. Perhaps if she had done more complete vata balancing, the HA could've been prevented altogether. Skipping a meal perhaps was due to the vata imbalance caused by anxiety, allowing for further aggravation of vata by the effects of missing that meal. I suggested *walking* away from the source of tension instead of sitting for nadi suddhi – to relieve the stress by moving it in a vata balancing way – mindfully with the breath. See Brahman Pranayama in ayurvedic remedy section.

12/12/05 Sarada reports that she now is walking 2-3 x/week, and does hatha & the JFS 2-3 x/week. She says that all symptoms have lessened. Stressors in her life – “some more, some less, some the same.” Stress is more manageable. Joints are virtually pain free. Diet more balanced. Stronger body, stronger mind. Future plans: To have a daily, unbreakable, Yoga routine. To work in a Television show guiding people to live by intuition and intention more. To be healthy always. To be easeful, peaceful and useful. To be the best Mother I can be for my child. To serve as the best instrument God wants me to be. To perform middle eastern dance on stage. To sing spiritual songs on stage.

1-d Summary

Sarada has made definitive progress – increasing strength in general, increasing awareness as to the causes of her HA, and decreasing the HA frequency and intensity. I believe she can attain further relief by continuing with this program AND by considering other approaches such as dietary adjustments, supplements, and further stress reduction.

2-a Name and Description of the Condition – references from Taber’s Cyclopedic Medical Dictionary or other medical references

The migraine is defined by Taber’s Cyclopedic Medical Dictionary as a familial disorder marked by periodic, usually unilateral pulsatile headaches (HA) that begin in childhood or early adult life and tend to recur with diminishing frequency in later life. There are two closely related syndromes comprising what is known as migraines. They are migraine with aura, (formerly called classic migraine) and migraine without aura (formerly called common migraine).

The International Headache Society (IHS) defines migraine without aura as at least five attacks unrelated to organic disease, with a duration of 4 to 72 hours. Pain characterized by at least 2 of the following: unilateral location, pulsating quality, moderate to severe intensity, or aggravation by routine physical activity. And at least one associated symptom: nausea and vomiting, or photophobia and phonophobia. [30]

The John’s Hopkins Family Health Book describes an aura as a sensory warning that a migraine is on its way. It may be visual (this varies – but some see sparkling lights, jagged lines, etc). Other signs may be temporary speech impediments, confusion, tingling or numbness in arms, legs or face. [31]

2-b Gross and Subtle Body Common Symptoms

A correspondence course sponsored by CME Resource on “Diagnosing and Managing Headaches” [35] reports that some 50 million adults per year look for treatment by physicians or clinics for pain relief from HA, which are considered the most common types of pain and the most frequent causes for seeking professional help. Americans spend over \$2 billion annually on over-the-counter drugs to treat HA; \$12 billion overall in both direct and indirect expenditures. There are estimations of 30 million days of lost productivity.

Proper diagnosis of HA is critical, as the causes and treatments are many and complex. Please keep in mind that this, true to life, is an evolving science, and definitions change as the understandings of disease change. That said, I will proceed with definitions as I have found them and I present them here.

HA can be considered either primary (accounting for nearly 90% of all HA) or secondary. Primary HA are not triggered or produced by other disorders and are diagnosed only when these underlying disease considerations have been

eliminated. They include migraine, cluster and tension types. Secondary HA are symptoms of other diseases such as migraines caused by a brain tumor, or a chronic tension HA can occur with an epidural hematoma. [35]

Migraines are much more than pain in the head, they are a full body syndrome and may begin with the prodrome, a period of sensitivity to light, noise, touch, smell, with mood changes, memory problems. Some persons experience fatigue, difficulty thinking, depression, sleepiness, hunger, thirst, urinary frequency, or altered libido. Others report a feeling of wellbeing, increased energy, clarity of thought, and increased appetite, especially for sweets. Then comes the aura, the flashing lights and other visual disturbances that herald migraines in perhaps 15 to 20% of sufferers. Next comes the HA itself, with its terrible pain, often accompanied by nausea, weakness, dizziness and other problems, and lasting for hours or even days. The HA fades away during the resolution period. The “after-event” or postdrome phase leaves you feeling tired and miserable for up to a day. [30] The prevalence of migraine HA in developed countries is in the range of 8% to 14%, with women about twice as likely to have them as men. In children it occurs equally between the sexes. It is during adolescence that a female predominance occurs, peaking during these years. [35]

There are other rare types of migraines. A brief sampling: basilar (dizziness, faintness, double vision, poor coordination); hemiplegic (trouble moving one side of the body); ophthalmoplegic (double vision, difficulty moving eyes); retinal (darkening or loss of vision – usually one eye). Menstrual migraines affect 70% of women (who have migraines) usually just before, during or after the monthly flow.

The cause of migraines is not certain, and the theories have evolved. It is clear, that the blood vessels in the brain contract, then dilate inappropriately, allowing fluids to leak into surrounding areas causing pain receptors to respond, leading to an inflammatory reaction, and to more pain. The throbbing pain is when the more ‘sticky’ or slow moving blood is pumped through the trouble zone.

The triggers for migraines vary from stress, depression, fatigue, altered sleep-wake cycles, hormones, diet, missing or delayed meals, odors, bright light, sound, weather and altitude changes, environmental toxins, taking certain medications such as the hormone estrogen; progesterone deficiency, magnesium deficiency. Often the reaction to the trigger is hours, even days later and often when there’s a ‘break in the action’. The trigger creates the tension constricting the blood vessels, and when that tension is lessened or releases, dilation of the blood vessels follows, and so goes the migraine. The following chart, which is not exhaustive but is instructive, is taken from the course “Diagnosing and Managing Headaches.” [35]

COMMON FOOD TRIGGERS

Food	Chemical Trigger
1. Cheese	Tyramine
2. Chocolate	Theobromine
3. Citrus Fruits	Phenolic amines
4. Hot dogs, ham, cured meat	Nitrites, nitric oxide
5. Dairy products, yoghurt	Allergenic proteins (casein)
6. Chinese food	Monosodium glutamate
7. Coffee, tea, cola	Caffeine
8. Artificial sweeteners	Aspartame
9. Wine, beer	Histamine, tyramine, sulfites

I think it is helpful to understand how other types of headaches are defined, as compared to migraines. I will try to be brief, which may leave you with further questions, which may be answered in many resources listed below.

The brain does not contain sensory nerves, so it can't feel pain. Pain can be experienced only in the meninges (the membranes covering the surface of the brain), the skin and muscles covering the skull, arteries and nerves acting as conduits between the brain, head and face.

Another way to categorize HA is 1) benign HA, as distinguished from ones that may be 2) life threatening. Benign HA include but are not limited to: tension, migraine, cluster, sinus, and environmentally induced (e.g. "ice cream" HA or "caffeine-withdrawal" HA). The majority of HA are tension and migraine. Life threatening headaches may be caused by rupture of an intracranial aneurysm, subarachnoid hemorrhage, hemorrhagic stroke, cranial trauma, encephalitis, meningitis, brain tumors, or brain abscess. [30]

Mark Pierce, MD, who reviewed this paper, (a student of Mukunda Stiles) wanted me to emphasize that "As in most SYT conditions, we should stay focused on CHRONIC illness. Treating acute or new headaches should be warned against." [20] Warning signs or "RED FLAGS" requiring immediate and very thorough professional exam include: [35]

- Onset in or after middle age (>50 years old)

- Sudden onset
- First or worst HA
- Accelerating pattern
- Change in normal pattern of HA
- Presence of abnormal physical signs
- Association with other neurological or systemic symptoms

Typically benign HA have a recurrent or chronic history. Of the primary HA, tension HA are the most common, followed by migraines, then cluster. Often these types exhibit a band like pressure around the head. They can occur when muscles of the face, neck or scalp tighten or contract for extended periods. They can originate from poor posture, diet, stress, menstrual tension. More women (86%) than men (63%) experience these. [35]

Cluster HA occur with little or no warning and are often intense, sharp, burning. The sensation usually is localized to the area behind or around one eye. People with cluster HA can't lie still and are restless and active. A hallmark characteristic is its relatively brief duration; beginning abruptly and lasting 30 to 45 minutes. Most sufferers repeat these symptoms daily at the same time for 1 to 3 months, getting 1 to 4 HA per day. Then the HA disappear for months or years. Cluster HA are associated with cigarette and alcohol consumption. They affect men 6 times more than women and do not appear to be inherited. They are quite rare, occurring in less than 0.4% of the population. [35]

A summary from “Diagnosing and Managing Headaches” follows. This is by no means complete, and I have made a few edits to reflect other sources of input. [35]

CHARACTERISTICS OF PRIMARY HEADACHES

	Migraine	Tension	Cluster
Position	Unilateral	Bilateral	Unilateral
Quality	Throbbing, pulsating, pounding; moderate to severe	Tightness, aching, or pressure; mild to moderate	Burning, piercing, sharp; severe
Radiation	None	None	None
Duration	4 to 72 hours	30 minutes to 7 days	15 to 120 minutes

Triggers	Foods, oversleeping, stress, depression, decreased barometric pressure, hormonal variations, caffeine withdrawal	Stress, diet, posture, menstrual tension	Alcohol, tobacco, change in temperature, breezes on the face, a change in physical, mental or emotional activity
Associated Symptoms	Nausea, vomiting; photophobia	No nausea/vomiting; occasional photophobia	No nausea/vomiting; no photophobia
Therapies	Lifestyle modification, biofeedback, acupuncture, medications, exercise, consistent sleep and eating schedule	Hot/cold packs, ultrasound, exercise, consistent sleep schedule, medications, lifestyle modifications, bodywork	100% oxygen, medications, lifestyle modifications – why not?

Assessment of Sarada’s subtle symptoms from the ayurvedic perspective of the **koshas** (body, sheath or veil of illusion covering our True Nature) is covered in the ayurvedic section 3-a.

2-c Related Challenges - lifestyle, diet, limitations on activities

The John’s Hopkins Family Health Book reports: The tendency towards migraines often is inherited. If both parents have them, there is a 75 percent chance their children will have them; if one parent has them, there is a 50 percent chance any child will be affected. Women are more likely to have migraines than men. And about 65 percent of women who have migraines have them around the time of menstruation. Pregnancy may hold the headaches at bay. [31] This was not the case with Sarada as she had Migraine HA 2 x/wk during the first and last trimester. The second trimester there were “way less”. And sinus HA were a daily occurrence.

Since the triggers for migraines are many and varied, until these triggers are clearly identified, one lives with the fear and hypersensitivity of the next HA, which of course are themselves triggers for more migraines.

The limitation on activities is that when the migraine is severe enough, the victim is so incapacitated that she must often retreat to a quiet, darkened room for relief. Often sleep will come to offer further relief. This means time off from work or play.

Though it is not the scope of this paper to cover the **pharmacological options**, I believe that as yoga therapists we could encourage our clients to educate themselves thoroughly on the effects, effectiveness and so called “side effects” of these choices. And compare the non-pharmacological options, their

effectiveness and the trade offs. This is where we can be the voice to champion the path of alternatives and complementary approaches; to help wean them off the drugs while acquiring new understanding and lifestyle. Our support may be critical in helping make that change. We also must remember that we are part of the support “team” - being sure to encourage the client to consult with their medical professional.

The literature informs that many nonspecific over-the-counter drugs can be helpful, and that it is best to start with the lowest doses with the least amount of “side effects.” Specific options are in 2 main categories – acute attack treatments (abortives) and preventative. It may take extensive patience to explore what works for the individual, as there are no single or sure drugs that cover all needs.

The list of unwanted effects is long and not pretty, but hopefully a prime motivator for seeking healthier choices. For example, over-the-counter drugs such as NSAIDs – nonsteroidal anti-inflammatory drugs (ie. Advil – ibuprofen); “side effects” can include – urinary tract infection, diarrhea, nausea, stomach bleeding. Potential “side effects” of a popular abortive drug, Sumatriptan, aka Imitrex, are: tingling, flushing, feeling warm, muscle weakness, shortness of breath, chest pain, anxiety, and rarely (!) - myocardial infarction. One of the actions of the drug is as a vasoconstrictor. Other abortive drug choices include corticosteroids, ergot derivatives, opioids or narcotics; not to be taken lightly. Prophylactic drugs include antidepressants, beta blockers, calcium channel blockers, anti-seizure meds, botox; all with serious “side effects.” [15, 35]

3-a Ayurvedic Assessment

Ardhavabhedaka (hemicrania) shiro-rag (headache) is the ayurvedic name for the migraine HA. [23] Ayurveda sees both physical and psychic causes to the ailment. According to Vasant Lad, migraines: “can result from a vata, pitta or kapha imbalance. They most frequently occur when systemic pitta moves into the cardiovascular system, circulates, and affects the blood vessels around the brain. The hot, sharp quality of pitta dilates the blood vessels and creates pressure on the nerves, causing this painful condition.” Ayurvedic treatment is determined by the specifics of each situation, therefore, to successfully treat the HA, information gathering about the cause is very important. [13]

“In vata individuals, fear, anxiety, stress, nervousness, constipation and physical over-activity can aggravate systemic vata, which can go into the skeletal, muscular, or nervous system and cause HA. Vata caused HA will tend to be in the occipital area or on the left side.

In pitta individuals, acid indigestion, hyperacidity, acidic pH of the saliva and stomach, excess pitta in the intestine and colon, and getting overheated, as well as a diet high in pitta-provoking food, can create a HA. That HA will be more in the temple or temporal area.

A kapha producing diet increases kapha in the stomach, enters into the general circulation and can lodge in the sinuses and create kapha type sinus HA. These HA tend to be more in the frontal and nasal areas.” [13]

A migraine HA itself appears to be a vata-pitta imbalance. The vata aspect is the pain caused by stress that needs to be released. In Sarada’s case the stressors would be coming from a stressful family life, continuing that into marital life, the lack of regular sadhana. The vata imbalance if not pacified will lead to pitta imbalance. The pitta aspect on the physical level is the dilation of the blood vessels, the sensitivity to the sun and light, the inflammation (P) of the nerves (V). When strength is maintained (kapha) this can support the general constitution and the vata and pitta doshas. This has been clearly demonstrated in Sarada’s case.

Sarada’s personal history of migraines from a **doshic** (factors bringing about imbalance or disease) perspective:

<u>Vata</u>	<u>Pitta</u>	<u>Kapha</u>
Stress	Too much sun	Family history
Diet (eating too late, too hurried, too much)	Too much exercise	Too little exercise
Separation from husband		“Holds things in”
Caring for father		
Loud noise		

Remedies or methods of coping or balancing that Sarada already has in her life:

<u>Vata Balancing</u>	<u>Pitta Balancing</u>	<u>Kapha Balancing</u>
Nadi Suddhi	Ice packs on neck, forehead	Joys of motherhood
Meditation	Journaling	Ashram choir
Belly dancing	Self - assertiveness	Ashram community life
Intuitive ‘checking in’	Medications for symptoms	Art

Generally healthy vegetarian diet		
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Assessment of Sarada's symptoms from the perspective of the **koshas** (body, sheath or veil of illusion covering our True Nature) in terms of disruption or nourishment:

Annamaya Kosha (food body sheath of illusion):

Disruption	Nourishment
Too much or not enough exercise	Hatha yoga - 1 x/week
Too much sun	Belly dancing – 1 x/week
Meals eaten too fast, too late, too much	Generally healthy vegetarian diet
Separation from husband (lack of positive physical touch)	4 year old son (positive physical touch)
	Ice applied to neck and forehead

Pranamaya Kosha (prana body sheath of illusion):

Disruption	Nourishment
Meals eaten too fast, too late, too much	Nadi Suddhi
Stress of separation from husband	Choir
Stress of caring for father	Art

Manomaya Kosha (thought body sheath of illusion):

Disruption	Nourishment
Dysfunctional family life – alcoholic mother, father & sisters have migraines	Journaling
Current unhappy marriage	Self assertiveness – active conflict resolution on her part

“holds things in”	Mantra repetition (devotee, initiate)
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Vijnanamaya Kosha (wisdom body sheath of illusion):

Disruption	Nourishment
Above mentioned life’s challenges	Sangha
	Self-lessness, seva of motherhood, tapas and santosha
	Meditation
	Active intuitive listening to the internal eternal voice within

3-b Ayurvedic Based Yoga Recommendations

When we know the signs and symptoms of balanced/aggravated doshas we can hopefully do the right things to keep the balance or get ourselves back in harmony. This first part is about prevention. Later, will be symptomatic remedies.

Vata’s close relationship to prana, the life force, is about the movement and flow of communication and intelligence from the cellular level to the etheric. When vata is balanced, we are creative, flexible, and happy. Imbalanced vata leads to the stress of confusion, anxiety, fear, restlessness, tremors and spasms. All are key precursors for dis-ease and certainly for HA. General guidelines for balancing vata for the heart and mind are to keep calm, keep a regular routine, get plenty of rest, moderate exercise, develop will power, stability and groundedness.

Pitta is the essence of fire; the capacity of our bodies and minds to digest, assimilate, metabolize. A good appetite with vitality is a sign that pitta is balanced; thus engendering intelligence and discrimination for truth. Aggravated pitta manifests as inflammation; and the fiery emotions of anger, criticism, jealousy, hatred.

Kapha’s essence is of water and earth – stability, strength, solidity. Balanced kapha is calm, loving, slow but steady, promotes immunity, healing. Imbalances express as stagnation, stiffness, tumors, chronic conditions, attachment, greed, envy, lust.

Vasant Lad had the most direct information relating to migraines that I found and his more recent [The Complete Book of Ayurvedic Home Remedies](#)

[13] is an improvement over his earlier Ayurveda The Science of Self-Healing.
[12]

Follow the **vata and pitta pacifying diet**. Very briefly for both: 50% whole grains, 20% protein, 20-30% vegetables with an optional 10% fresh fruit.

To prevent **pitta** aggravation avoid hot, spicy foods, fermented foods, sour or citrus fruits especially during pitta dominant times. However, sweet, bitter and astringent tastes are beneficial. Pitta predominant times are late spring to summer; 10 am to 2 pm and 10 pm to 2 am. Therefore during these times, pitta aggravating foods and activities should be avoided and conversely, pitta pacifying foods and activities are to be favored. Do exercise during the cooler part of the day and avoid excessive heat, steam, oil.

Vata dominant times are the autumn when the air is dry and cool; 2 pm to 6 pm and 2 am to 6 am. These are good times to avoid aggravating vata with dry fruit, salads, and cold foods. Avoid excesses of bitter, pungent and astringent. Sweet, sour and salty are vata pacifying tastes. Keep warm and avoid extreme temperatures. All of this discussed at length in Dr Lad's home remedy book, chapter 8.

Migraine HA are predominantly a pitta disorder, therefore **avoidance of direct sun** in excess is a must. The sun's hot, sharp, penetrating rays increase pitta in the cardiovascular system and cause the dilation of the blood vessels in the brain, leading to HA. [13]

Srimati Swami Sivananda Saraswati recommends a **breathing exercise while walking called bhraman pranayama** in his book Yoga Therapy. He believes it cures rapidly and radically. Take a walk during the morning and evening where the air is clean. Inhalation should be slow, steady and in deep rhythm with the steps. Start by counting to 4 on the inhalation, 6 on exhalation. When this is done easily, increase the count to 6/8 for a few weeks. Then 8/12; finally to 12/18. Be aware of hastily increasing the practice. Slow but steady is essential to success. Expect mastery to take 1 to 3 years with diligence. This would clearly be a supreme **vata balancing** practice. [23]

The following are **remedies** to use once signs of a HA appear. [13]

A **vata-pitta pacifying treat** to help prevent HA and induce relaxation: boil milk (to make it more digestible because the boiling breaks up long protein chains). Add cinnamon, cardamom, ghee and maple syrup. Om yum om.

Once a HA has developed, **soothing nasal drops** will help relieve pain. Put about 5 drops of warm Brahmi ghee in each nostril. Plain ghee inserted into the nose with the finger and massaged in may also offer relief and be more readily available. Rubbing **ghee** into the soles of the feet, palms of hands and forehead are also good for pacifying pitta and sending it to its home.

For an existing HA, Dr Lad recommends a healing yawn: gently squeeze the earlobes, pulling them down, and yawn. (This is similar to a Craniosacral Therapy temporal ear pull technique intended to relax the intracranial fascia). Dr Lad and David Frawley recommend shitali breath as a **cooling pranayama**. Frawley goes on to say in Yoga and Ayurveda that: **shitali** more effectively counters diseases of heat than left nostril breathing. It counters thirst and builds plasma. It is even used for high fevers and is an excellent practice for summer. It is good for high blood pressure and hyperacidity. Directions: While sitting comfortably, stick out the tongue, rolling the sides up to form a long narrow tube, and pressing the lips around it. Inhale slowly and deeply through the tongue, noting the cooling sensation. Hold the breath as long as comfortable and exhale through the nose.

Left nostril breathing naturally predominates over right nostril breathing when bodily and outside conditions are hot. This leads to a cooling effect as when we are resting or sleeping. To induce left nostril breathing, close off the right nostril with a finger and breathe only through the left nostril. Or when resting, lie on the right side, as this will naturally lead to left nostril breathing.

Sitkari has the same instructions as shitali, with the added detail of making a sound like “see” upon inhalation. Also, do not hold the breath, but exhale immediately through the nose. Its benefits are similar – clearing heat from the head and cooling emotions.

4 Common Body Reading

Physical, emotional and mental strength, flexibility and stamina certainly have their roles to play in the creation and maintenance of health or disease. The more fit we are, the greater are the chances of staying well and weathering the storms that come our way. When the lower body is weak or strained, it won't support the upper body in a healthy way; and certainly vice versa. Digestion and elimination could be impaired, leading to sensitivities to foods and a buildup of toxins.

Poor posture is often sited as a source of stress leading to HA. Sarada does not conform to the assertion that a forward head will create HA, as she does not have this displacement. I did find many muscles testing weak that could easily contribute to her lack of resistance to stress, and her less than desirable sense of self-esteem. As she gained in strength overall, she reported an increased sense of well being physically, emotionally and mentally. Her improved self esteem and vigor showed in her carriage – brighter and lighter. Her HA's did not disappear all together, but they have decreased in number and intensity, furthering her determination to continue with the progress. Sarada strengthened her mid trapezius, eliminating the strain and pain she felt medial to her right scapula especially during sitting for meditation and nadi suddhi. This certainly leads to deeper and more relaxing practices. By strengthening her SCM's and

upper traps she gained more stability and better circulation for her neck and cranium.

5 Contraindicated Yoga Practices and General Activities to Modify or Eliminate

The triggers for migraines listed above in (2-b) indicate areas requiring modification. Moderation in all activities; not too much, not too little. Yoga practices to avoid: overly rajasic styles that aggravate pitta, vata or kapha. Bikram yoga would be overheating. Ashtanga would be overexerting. Integral Yoga would be relaxing, balancing vata, and when adapted to the individual by a Structural Yoga Therapist, would be a fine strengthening program.

Poses to avoid would be any that stress the cervical spine in particular – shoulderstand, fish, plow, and headstand. In the older yogic texts you'll find recommendations to DO these poses. I disagree strongly, as these are taxing on the cervical area, especially if the musculature is found lacking in strength to support these poses in a safe and productive way. The shoulderstand and plow hyperflex the neck. The fish hyperextends the neck; and the headstand puts too much pressure on the vertebral discs.

Until one acquires the strength to do these poses safely and effectively – inverted restorative poses are a beneficial alternative (making sure to maintain cervical curve).

Setubandhasana would be an example of a pose to introduce only when the shoulder area is determined strong enough. It would be important to emphasize having the scapula well adducted and depressed, keeping the cervical spine off the floor while also maintaining the cervical curve so as not to compress the vertebrae. When done in a gentle dynamic way, with the breath, this pose would be excellent for balancing vata; for limbering the spine and flushing the cerebral spinal fluid (CSF); the lymph and circulation in general and specifically in the cervical area. Also good for building core strength and in the shoulder area.

Kapalabhati or any such vigorous pranayama practices should not be done to excess – so as not to aggravate pitta. An adaptation would be to do this at a moderate pace (say 20 exhalations in 20 seconds) with 3 repetitions would be good. Instructions are not to feel the heat in the head, but to send the energy to the chest, or heart area. Pitta predominant people should do mild pitta practice and concentrate on bringing it home to the belly; giving feelings of discernment and vitality. This is a Mukunda Stiles recommendation. [28]

6 General Recommendations for the Condition - Progressive Through 3 Phases

6-a Therapeutic/free of Pain

Clearly, the approach to freedom from migraines is multifaceted and is accomplished over an extended period of time. There is no one magic bullet for everyone (unless of course there is - for that individual). To be clear of migraines requires a thorough investigation of all the elements involved and this requires steadfast motivation as the process can be long, but rewarding. Therefore I have included other promising modalities in addition to SYT, in the Appendix (section 9). In the interest of being informative, thorough *and* brief here, please refer to References in section (8) for more complete understanding of the discussions.

There are choices in drugless ways to deal with HA symptomatically. Realizing and researching the serious dangers of the so-called 'side effects' of the drugs and avoiding them is a goal in itself. The sooner the signs of an impending HA are apprehended, the better the chances of 'aborting' it. In the ayurvedic section (3): shitali, left nostril breathing, nasal drops, ghee, ear pull, and the VP pacifying treat are immediate help options. There are more options, discussed in detail later in section 9 (Appendix): nadi suddhi (Integral Yoga method), biofeedback, 5-part prana awareness breath, yoni mudras, Annmarie Corbin's HA remedy, homeopathy, progesterone cream, magnesium injections, hydrotherapy, acupuncture. Probably a combination of some of these choices could be tried during one prodrome HA 'event'. For example, in addition to sitting in a quiet, darkened room with ice packs applied to the forehead and neck; left nostril breathing or nadi suddhi (Appendix 9-a) and the biofeedback (Appendix 9-d) and/or 5-part breath (Appendix 9-b) could easily be done with other remedies such as nasal drops.

6-b Stabilize Situation and Lifestyle Change Recommendations

The good news is that there really are so many options to choose from besides drugs. The therapist's role would be one of helping the patient to decide what is do-able, and when.

- Developing a daily practice is essential for dealing with stress effectively to turn migraines around. Education will foster motivation and empowerment. Keep a HA journal to keep track of warning signs, duration of HA, pain location, pain intensity, treatment attempts, affects, diet, sleep patterns, medications, stress, menstrual cycle.
- Doing Mukunda Stiles's Joint Freeing Series and asanas in a gentle vinyasa style with ujjaye breath will balance vata, where pain and fear are rooted.
- Migraines are a vascular condition, so a gentle vinyasa style will well promote movement of fluids through out the tissues, organs and spine.

- Migraines are a full-bodied event, requiring the whole body/mind to develop strength and flexibility. A routine such as Mukunda Stiles's asana sequence will tone all the major muscle groups, leading to a balanced complete system. Emphasis could be on flexibility and strength of the spine, and in the shoulder area – cat variations, cat bows, sunbird, and sun salutation.
- Regular aerobic exercise is a must for strengthening the cardiovascular system. See Appendix (9-k) for more details on how to do that well and safely.
- Consider the 7-step program developed by Drs Mauskop and Fox explained briefly, but with some detail in section (9-e) Appendix.
- Using the 5-part prana awareness breath (see Appendix 9-b) during asanas and before meditation or yoga nidra with yoni mudras (see 9-c) will deepen the feeling of peace and relaxation.
- Keep a vigil on the posture, as it is a mirror of inner fitness and energy levels or lack thereof. Maintain tadasana whether standing or sitting throughout the day to ensure equanimity of mind and body.
- Triggers from the diet and environment need to be identified and avoided. Avoid skipping meals and consume 8 glasses of water per day.
- Avoid insomnia, sleep fragmentation and hypersomnia.
- Learn to deal with stress effectively; recognize what upsets you, and avoid it. If that's not possible, be sure to defuse the tension ASAP.
- Set up support systems to help maintain – regular appointments with the yoga therapist, bodywork (relax, receive and release those endorphins), yoga classes, satsang, read uplifting books, resolve conflicts, social dancing, vacations, weekend retreats, support a worthwhile cause, get out into nature, connect with animals and their unconditional love. And all at a relaxed pace. Ask family and friends for understanding and support.

When any disease or 'bump in the road' is looked upon as an opportunity for growth and release, this is going to have the best prognosis. With this attitude, there are no mistakes that can't be learned from; any perceived failures or setbacks are just part of the learning curve. And for those with a long term (kapha) and familial history of migraines this attitude could be the key to success. Perhaps its safe to surmise that patients with long term conditions have not resolved these conditions due in large part to not knowing a 'do-able' way out of their misery. There could well be a 'family trance' phenomena involved. When your primary supporters also suffer from HA – chances are good that the tools for resolving this condition are not being used and that the attitude to the HA is one of fear of, and resignation to the inevitable.

An important factor in making progress, therefore, would be considering the home environment. If other family members are also interested in resolving the HA condition for themselves, this would go a long way in terms of group support. Considering the effort required to make the necessary lifestyle changes to overcome this ailment, all support systems are welcome. In Dean Ornish's Reversing Heart Disease Program [19], the 2 most important ingredients to success are the stress reduction and group support. Exercise and diet are of course essential, and critical; but the former ensure success.

For this study, we chose to employ largely yoga asanas and pranayama to see the effects. Not surprisingly, the effects were good, reducing the frequency and intensity of HA by strengthening body, mind and resolve.

Customizing one's physical fitness program to target the individual's specific needs would be ideal in bringing swifter results and therefore reinforcing the efforts undertaken. Starting with a thorough history and ROM and MT assessment are very helpful for efficiently adapting a program to the individual. Structural Yoga Therapy [27] is an ideal approach for that. If the yoga therapist is familiar with the broader needs of migraine patients, then the resolution will be more secure.

When the patient is rewarded by feeling better from their efforts, she will certainly be more encouraged to continue with other changes that might be harder, such as changing the diet and inappropriate or dysfunctional responses to life's stressors. One of the wonderful benefits of doing yoga is that the first experience brings immediate rewards of feeling good. Because the sense of well being grows each time it's practiced, this makes it all the more attractive and easier to continue with and make a part of one's daily routine for a lifetime.

6-c Maintenance and Long Term Considerations

Acknowledging that HA are biofeedback informing that there's imbalance to be corrected and *can* be, is a first important step. There are numerous tools listed here to deal with HA without drugs, both symptomatically and preventatively. A well balanced lifestyle will create an "easeful, peaceful and therefore useful life" to quote a familiar saying of Swami Satchidananda; better able to withstand the storms and better able to probe the deeper, richer layers of life's truth.

- Daily sadhana of yogasanas, pranayama, meditation and/or deep relaxation with yoni mudras (see appendix 9-c) to maintain the progress is essential. Restorative poses (with emphasis on restorative and less on blanket folding).
- Practice pratipakshabhavana – stress management by replacing negative thoughts with positive ones as soon as they surface – before they cause suffering.

- Keeping a 'stress-credit management' journal would be helpful (see Appendix section 9-l) for astute observation and stress control and prevention.
- Call on the highest! Whatever that may be for you – God/dess, Guru, Angels, Guides, Higher Self, etc. Don't do this alone/ or stay caught in the maya of *thinking* that you are doing this alone. Isvara pranidhana.
- Get your self on as many prayer lists as you can think of. Do what you can and leave the rest to Allah... A real opportunity to grow your faith.

7 Questions and Answers from www.yogaforums.com

Question: Sat Apr 27, 2002

One of my students gets **migraine headaches** from food allergies, she thinks. She is doing muscle testicle as well as food elimination diet. What can I as her yoga teacher offer her? What poses might bring relief for the headaches?

Answer: Sat Apr 27, 2002

If she is accurate that the problem is from allergies, then I would suggest focusing on balancing vata from Ayurveda perspective. This is done by slow posture specific sequences coupled with coordinated ujjaye breathing. Also deep relaxation and restorative poses are the general program for her to do. For headaches I would recommend moving into and out of shoulder and neck flexing poses Vinyasa style, not holding poses. Some examples would be variations of bridge, cobra, cat poses. This creates a flushing effect upon the neck and brachial plexus I am working on a book entitled Ayurvedic Yoga Therapy that will have more details

Question: Mon Jul 14, 2003 5:41 pm Post subject: Pain after brain surgery
My supervisor had brain surgery a year ago. A 4X3 inch section of skull was removed and then secured with titanium screws after the surgery. She has been complaining of pain around the area of the skull that was operated on. This pain leads to **headaches** and neck aches in the upper vertebrae. My first inclination is to tell her to acknowledge and not to fight or get rid of the pain. Then become familiar with other physical responses that might be associated with trying to fight the pain such as tensed forehead or stiffening of the neck. This is just a start. Would you please recommend any other techniques? She is looking at yoga for help but has little experience in practicing yoga. Om Shanti-C

Answer: Mon Jul 14, 2003 6:11 pm

All pain is rooted in vata imbalance though there may be other Ayurvedic doshic stressors on the surface as the acute symptoms. Vata is the biological source of prana, when it is balanced prana tends to increase. The major sign of more prana is peace and freedom from pain. So all techniques that restore relaxation, tone the parasympathetic nervous system, and heighten awareness of

the subtle prana hidden within the body sensations and breath are to be encouraged. While relaxation and softening are good ideas, restorative poses with the head elevated, and gentle vinyasas done in coordination with the breath are better. Best is the method called yoga nidra and meditation specifically given to her. Yoga Nidra is a profound guided meditation going through the dimensions of self (koshas) it is best learned from a series of tapes available from Richard Miller on his website www.nondual.com

Question: Fri Apr 26, 2002 4:29

I have a student in her late forties with a c-6 neck injury, a disc; it gives her a great deal of pain and also causes **headaches**. She loves doing yoga but is limited in what she can do. There seems to be no rhyme or reason as to what causes the headaches. Are there asanas i can do with her that will improve the condition? Is there a way to lessen or eliminate the headaches? Thank you, Dean

Answer : Fri Apr 26, 2002 4:35 pm

Usually **headaches** are due to excess heat (pitta). Main remedy is improve diet, follow Ayurvedic guidelines for balancing pitta, be gentle in life and asana practice, increase time with gentle ujjaye pranayama direct energy to opening blood vessels in cranial cavity. Sometimes hands on healing like Reiki can work wonders.

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9 Appendix – Techniques not taught in this training or modified from the book

9-a Nadi Suddhi or the Nerve Purification (also known as alternate nostril breathing): This is Swami Satchidananda's version, taken from his book, Integral Yoga Hatha. [24] Sit in a meditative pose. Calm the mind. Watch the breath for a minute. Assume Vishnu Mudra – make a fist with the right hand, release the thumb and the last 2 fingers. Gently place the thumb over the right nostril, closing it off as you exhale slowly and fully through the left nostril. Inhale evenly and easefully through the left nostril. Close it off with the last 2 fingers, at the same time releasing the thumb and exhaling through the right nostril. Inhale through the right nostril and begin the cycle again.

All of this is done with full concentration, full wave breath, easefully, without force or strain. Count the number of rounds you are able to do to keep track of your progress. As this becomes familiar with a few weeks of practice, you can start to measure the length of the breath, having the exhalation be longer and slower than the inhalation, developing a 1:2 ratio. Start with a 5:10 ratio for 1 week, (5 counts for the inhalation: 10 counts exhalation) increasing that ratio week by week to 6:12, etc until you reach 10:20. Count "Om 1, Om 2, Om 3" etc. to give you the exact number of seconds. Do not increase the ratio beyond 10:20. Instead, increase the number of breaths. This technique balances the brain, brings alertness of mind, sound sleep, good appetite.

9-b Five-part prana awareness breath: This is Mukunda Stiles' version, given during the Structural Yoga Therapy Certification Training at Yogaville, Va in 2005. [28] Best learned while lying supine or in a comfortable seated position. When learned well, can be applied to asana practice, while walking, as a de-stressor, before meditation or deep relaxation, etc. Instructions: Inhale, visualize and feel adhya prana coming in through the head (eyes, ears, nose, mouth) down to the chest. At the end of the inhalation, pause easily, while observing samana prana circulating from the periphery to the center of the torso. Exhale, observing udana prana moving upwards in the body; then observe apana prana's descent. Pause at the end of the exhalation to observe vyana prana radiating outward, expanding beyond the physical boundaries of form. The pauses are not forced, but are natural. It's more that you are simply noticing the end points, the transitions. Deeply relaxing, great for developing concentration, sensitivity.

9-c Yoni Mudra: When doing yoga nidra, an added bonus would be to do yoni mudras. When lying supine, place your hands together in yoni mudra - an inverted triangle formed by touching thumbs together, and index fingers together pointing the latter toward the feet. Begin this mudra placement with the center of the triangle over the navel. Feel the heat of the body returning to its home (of pitta, the solar plexus). When this feels complete, place the yoni mudra lower on the pelvis, with the wrists resting on the ASIS - the prominent outer pelvic bones, fingers resting on the pubic bones. This is the home of

vata, so this will help to direct vata to its home in a deeply relaxing, balancing way. The physical placement of the hands help to focus (dharana) the mind and promote mindfulness in yoga nidra. This is taken from Mukunda Stiles' Tantra lessons [29]. For further questions or to learn more about the mudras and Tantric lessons, please email Mukunda at: yogimukunda@comcast.net

9-d Biofeedback can be successfully learned so as to recognize and control body reactions. When without a feedback device, at the first sign of a HA, sit down in a quiet space, close the eyes and envision the blood vessels in the head staying at the normal size. Tell yourself that your brain chemistry will remain stable, blood pressure normal, fingers will stay warm and heavy, stomach peaceful. Feel that this is indeed happening. Sourced from What Your Doctor May Not Tell You About Migraines by Dr. Mauskop, MD and Barry Fox, PhD. [15]

9-e 7 Step Program: I found that What Your Doctor May Not Tell You About Migraines by Dr. Mauskop, MD and Barry Fox, PhD [15] had the most thorough information and program to offer for migraine relief. Most of my other resources concurred, but not with as much detail or as many ingredients. For a thorough development and understanding reading the book is a must. Chapter 5 sums up their **7-step program**:

1. Get a proper diagnosis from medical doctor.
2. Use the triple therapy.
3. Identify and avoid your migraine triggers.
4. Eat to avoid migraines.
5. Take the edge off.
6. Walk it off.
7. Use medicines as necessary.

1. Get a proper diagnosis from medical doctor. Because there are many forms of HA, which can be confused, and they are resolved differently, it's important to be sure to know which one you have. Not all doctors are informed as to those differences, so it is best to do the research before consulting your physician so as to ask educated questions. Mauskop and Fox don't have a lot to say about hormones – so if you suspect that hormones are a factor, again inform yourself first, as most physicians are ill informed (see section on hormones below). I will discuss this after the 7-step program.

2. Use the triple therapy. Take daily: magnesium 300-400 mg, riboflavin 400 mg, 100 mg feverfew. Break total dosage in half, take it in 2 doses per day with meals. Calcium and magnesium compete to be absorbed so it's best to take them several hours apart. Mauskop and Fox recommend a pill called MigraHealth™ or MigraLife® which combines the three. Check out Natural Science Corporation of America – <http://www.migrelief.com>. The triple therapy takes a month or three to see the full benefits and will need to be continued for

years. There is good research to back up these recommendations, and I found numerous sources suggesting these three to be key remedies.

3. Identify and avoid your migraine triggers. The triggers can be almost anything – a partial list was mentioned in section 2. The important thing is to identify your own particular trigger, (which may not be the same even for your own family member) and avoid them. Keeping a journal of your detective work is essential.

From the yogic perspective this would be *pratyahara*, withdrawal of the senses – especially avoiding whatever it is that disturbs your peace and equanimity. As Swami Satchidananda said, “think of yourself as a small tree needing protection in order to grow and survive. Put a fence around it to protect it from animals rubbing off the bark. Paint it white to reflect harsh sun. Water and feed it well. Stay away from anything that disturbs your peace until you realize that nothing and nobody can disturb your peace. Then you don’t have to stay away from anything. You neither run after something nor run away from anything. Running after is liking; running away from is disliking. When you realize this, you stop running.”

4. Eat to avoid migraines. The four main ‘ingredients’ in triggers foods are:

Alcohol is initially a vasodilator, then resulting in vasoconstriction.

Amines are building blocks of proteins; tyramine is an important ingredient in adrenaline which causes 25% of migraines. PEA is an amine primarily found in chocolate. The list of foods containing tyramine is long – here are a few: aged cheeses, soybeans, lentils, peas, raisins, figs, yoghurt, yeast products, aspartame.

Caffeine is a painkiller and a vasoconstrictor which is why it can help ease the pain when the blood vessels become dilated. But then, when the caffeine intake suddenly decreases, the blood vessels can widen and the migraine may strike. This explains coffee drinkers’ HA in the morning and afternoon; the times furthest away from the last cup.

Of the many *food additives*, the 2 most likely to be triggers are MSG and nitrites. Watch out for words “hydrolyzed protein, autolyzed yeast, sodium caseinate, yeast extract, hydrolyzed oat flour, texturized protein, calcium caseinate” – manufacturers words for MSG. Nitrites or nitrates – check the ingredients for anything that includes these words.

To determine your personal triggers an elimination diet is necessary, with only the blandest, least allergenic foods for 2 weeks. Then slowly add suspected trigger foods one at a time and watch for reactions using a food diary for you to check your pulse before and after adding a new food. Appendix 9(i) has a sample food diary from chapter 6, a must read. It’s a long tedious process, but the

rewards are great. Chapter 7 is devoted to determining environmental factors: household humidity (molds and dust), pets, indoor/outdoor toxins, plants, motion, CO₂, high altitude.

The yogic perspective would advise to make sure that the agni, the digestive fire, is strong so as to digest well. It is advised not to eat unless the last meal has been thoroughly digested; that the signs of true hunger are present and not just the desires of the tongue. Master Shivananda (who was a medical doctor before taking sannyas; later founded Divine Life Society, Rishikesh) said that 95% of all disease starts in the colon. Keep it clean and we enjoy radiant health.

5. Take the edge off. 6. Walk it off. Stress reduction and management! Exercise, yoga, deep relaxation, meditation, vitamin F- un, attitudinal adjustments. And all in moderation – whatever that is for you in that moment. As sage Patanjali says, if it's not easy and steady its not yoga; its not going to help you to return to your true, higher nature of peace and harmony. Biofeedback can be successfully learned so as to recognize and control body reactions. When without a feedback device, at the first sign of a HA, sit down in a quiet space, close the eyes and envision the blood vessels in the head staying at the normal size. Tell yourself that your brain chemistry will remain stable, blood pressure normal, fingers will stay warm and heavy, stomach peaceful.

As Swami Satchidananda was so fond of saying, “Just replace wrong or bad actions and thoughts with right or good ones. Like greasing a ball joint on a car, squeeze new grease in and the old naturally comes out on its own. This is pratipakshabhavana.”

7. Use medicines as necessary. The goal is to wean yourself off of drugs, because its true that every single drug has side effects that are noteworthy and sometimes serious such as stomach upset, stomach bleeding, weakness, elevated or low blood pressure, stroke, rapid heartbeat and chest pain, myocardial infarction, etc. Chapter 10 goes into this at length, explaining which drugs to take symptomatically and which ones for prevention (which apparently are not effective for most people) and their side effects.

9-f Hormones: Dr. John Lee's book What Your Doctor May Not Tell You About Menopause (and his other one “...about Premenopause”) [14] are illuminating. Briefly, menopause and premenopause are only known in industrialized cultures where the stress levels are high, the diet is poor (highly processed, many additives) and the environs are polluted. This leads to an epidemic of progesterone deficiency – a hormone responsible for regulating many functions and a precursor to all other hormones. When migraine HA occur with regularity in women only at premenstrual times, they are most likely due to estrogen dominance (and therefore progesterone deficiency which keeps estrogen in check). Estrogen causes dilation of blood vessels, and thus contributes to the cause(s) of migraines. Natural progesterone helps restore normal vascular tone – one of its many virtues. Progesterone is safe and treats

the cause in a normal, physiologic way. The more dangerous pharmaceutical drugs can be reserved for the rare HA case that does not respond completely to progesterone. (For example sumatriptan and naratriptan which are conventional medical treatment involving serotonin receptor agonists, can cause heart attacks; or ergotamine meds may result in muscle pains, numbness, tingling in fingers and toes, rapid or slowed heart rate, nausea and vomiting).

Before embarking on a progesterone treatment, consulting your physician is advised, especially if you are on other medications or have other systemic problems. Again, though, there's a caveat to educate your self well before consulting medical advice, as unfortunately and sadly, many doctors are misinformed. Please read Dr Lee's book and Dr Northrup is another good source. To give you an idea of how one would use *natural* progesterone for a migraine attack –during the 10 days before the period (day 16 to 26), as soon as the first indications of an impending migraine, apply ¼ teaspoon of cream every 3 – 4 hours, until symptoms cease. (This usually happens in only 1 or 2 applications).

9-g The nutrient angle: Refer to Paul Pitchford's Healing with Whole Foods [21] for more info. Briefly – while calcium contracts muscles, magnesium relaxes them. Thus calcium blocking drugs are given to stop vasospasm in heart disorders and HA. Calcitonin is a hormone which increases calcium in the bones and keeps it from being absorbed into the soft tissues. Magnesium stimulates Calcitonin production and therefore increases calcium in the bones while drawing it out of the soft tissues. A magnesium rich diet of whole foods would also help calcium deficiency. The food groups in order of the highest magnesium content are: seaweeds, beans, whole grains, nuts and seeds. Chocolate has the highest level of magnesium next to the seaweeds, but, alas, it is extremely rich in oxalic acid (which robs calcium) and theobromine, a caffeine like substance.

Green plants are concentrated sources of chlorophyll, at the center of which is magnesium. Most green plants are also valuable sources of phosphorus and vitamins A, C, D, all important cofactors for proper calcium absorption.

A well-rounded vegetarian diet will enjoy a healthy mineral content. Diets too high in protein and not enough fiber (meat consumption) have been shown to leach out calcium and other minerals.

From the standpoint of EFA or essential fatty acids, again a vegetarian diet is effective at relieving painful and inflammatory disorders such as arthritis and in cleansing the heart and arteries. Often simply eating a vegetarian whole foods diet, eliminating rancid and denatured oils will improve the overall EFA picture. Taking in additional quality omega 3 would be beneficial. Freshly ground flax seeds, for example would ensure higher quality over the oil, which must be kept refrigerated to prevent rancidity.

9-h Food and the Law of Opposites: I think Annmarie Colbin's narration from her book Food and Healing [3] is worth looking at, as it parallels

the ayurvedic approach, and I liked her food awareness remedy for HA. She talks about watching your intake of food as being a matter of balance including: quantity and quality, expansive and contractive (VPK), acid and alkaline, warming and cooling, buildup and breakdown and the five-phase theory.

She says expansion HA (vascular) are usually the result of too much liquid of any kind, including fruit juice; alcohol; ice cream or other cold and highly sugared foods. Remedies for these should take effect in 2 to 15 minutes and found among contractive foods, especially the salty ones: gomasio (sesame salt), umeboshi plums or brine cured olives.

Contraction HA are usually the result of: tension, overwork, heat, meats and salty foods (especially on an empty stomach), lack of food and/or fluids, excess mental concentration or physical activity in addition to the afore. Remedies should work in 5 minutes to 24 hours and consist of something cool and liquid, sweet or sour, such as apple or apricot juice, cold unsweetened applesauce or other cooked fruit.

Liver HA are similar to contractive HA, but stronger, more painful and harder to turn around. They have been called migraines. [My note: This seems to be a contradiction, as she refers to expansive HA as vascular. But migraines could be either or – so read on.] Usually they are the result of consuming fatty foods on an empty stomach, including fried eggs or cheese for breakfast, fried tofu or tempeh, salads with oily dressings, avocados, and tempura. Remedies are the same as for contractive HA, and in addition: lemon tea (1/2 squeezed lemon, hot water); or 5 phase drink (1 cup lemon tea, maple syrup to taste, pinch of cayenne for a cooling effect); liver cleanse followed by several days of fat free vegetarian food or juice fasting for a few days.

To find out which kind of HA you have you can: make a list of what you've eaten in the last 6 hours or so and see if it's expansive, contractive or fatty. Have a tiny bite of umeboshi plum if you can't figure it out. If you remain the same, or get better, you have an expansive HA; if you get worse, you have a contractive or a liver HA.

9-i Homeopathy: For those who have HA that don't respond to simple home care measures or to self-care homeopathy, constitutional homeopathic treatment from a professional practitioner is the most helpful approach. [4]

9-j Sample Food Diary from "What Your Doctor May Not Tell You About Migraines" It would be best to read chapter 6 which includes the section on the elimination diet to be sure you understand it thoroughly, as this method requires a good investment of time and effort. They provide good lists of problem foods, additives and sources of environmental toxins. [15]

Day	Time	Kind & amount of food consumed	Pulse before eating	Pulse 10 minutes after eating	Pulse 20 minutes after eating	Reactions

9-k Exercise: How to exercise, chapter 12 of Dr Dean Ornish’s, “Program for Reversing Heart Disease” [19] and chapter 9 of “What Your Doctor May Not Tell You About Migraines” by Dr. Mauskop, MD and Barry Fox PhD [15] cover this well. Both emphasize the fun factor as essential; to choose what you like to do. Dr Ornish summarizes his approach: if your goal is a healthier heart and a longer life, then walking 30 minutes/day or 1 hour 3x/week is enough to provide you with most of the benefits of exercise with the least injury or death.

For exercising safely – not too hard - there’s the pulse test and the talk test, which is easier. If you can’t talk while you exercise, then you may soon “talk while you drop” because you probably don’t have enough oxygen available for your working muscles. The RPE test (rate of perceived exertion) is a guide for identifying the minimum intensity level for receiving adequate benefits. It reminds us to listen to our bodies, stay in the moment, as our needs change. See chart below. Ideally the RPE should be between 11 and 15.

Rate of Perceived Exertion (RPE)

6	lying down	
7	very, very light	
8		
9	very light	
10		
11	fairly light	
12		Ideal Aerobic Exercise Levels of Perceived Exertion
13	somewhat hard	
14		
15	hard	
16		
17	very hard	
18		
19	very, very hard	

9-l Stress-Credit Management journal: This is like the carbon trading idea set forth by various environmental groups. You can figure out your carbon footprint, which is a representation of the effect you, or your organization, have on the climate in terms of the total amount of greenhouse gases you produce

(measured in units of carbon dioxide) by going to: www.safeclimate.net/calculator/. Then you can plant a tree or do many other things to offset this detriment (a carbon credit).

So, too, with stress. We can keep a journal of daily stress; give each stressor a grade from 1 to 10 (10 being most stressful). Then off set this by doing stress-releasing activities which can also be graded from 1 to 10 (10 being the most effective). Another way to use this idea is to look ahead to potential stressors, and plan to offset that by doing x amount of effective stress releasing activities before and after the upcoming event. This was my innovation.

9-m Hydrotherapy and emetics: Dr Ross Trattler's, "Better Health Through Natural Healing" [31] is my source. He is a naturopath and osteopath. For *symptomatic relief* of acute migraine he recommends a coffee enema, using 2 to 4 tablespoons per quart of water. Enemas in general he does not recommend unless fasting, as the peristalsis can be sluggish at the time of fasting. The induction of vomiting usually aborts a HA, when caught early, and may relieve a severe one. Lobelia can be taken in emetic doses. Ice compress to the base of the head while lying in a darkened room. To abort an attack, hot footbath and ice to the forehead simultaneously are effective.

Contrast baths, either sitz or full emersion are wonderful for increasing the circulation of blood and lymph, removing internal congestion, improving tissue vitality and nutrition. For example, the patient sits (sitz) in hot water with feet in a cold-water tub for 3 minutes; then reverse – sitting in cold, feet in hot for 1 to 2 minutes. Three immersions in each, ending with sitting in cold. Then drying vigorously with a towel, and exercising till sweating is produced.

A simpler version is to contrast hot and cold showers, ending with the cold for the tonic effect. Or if you have a bathtub and shower in the same room, do the hot bath and cold shower alternately. Or better yet visit hot springs that have the cold option right nearby, or a hydrotherapy spa.

Edgar Cayce's readings have it that most migraines originate in the colon, and that colonics will have good effect, as will his Radio-active Appliance, osteopathic adjustments, as well as taking life's purpose seriously.

9-n Intravenous magnesium injections: In 1993 Dr Mauskop and colleagues did a study of 200 patients with acute migraine histories, finding their blood to be low in free magnesium. In 1995 they showed that intravenous magnesium injections given to people with low magnesium levels could stop an acute HA within 15 minutes, and worked most effectively when the magnesium levels were lower at the time of the attack. For more info: What Your Doctor May Not Tell You About Migraines by Dr. Mauskop, MD and Barry Fox, PhD, 2001, chapter 3, pp 48-51. [15]

9-p Cranial Sacral Therapy: The books referenced for CST had minimal info on the topic of migraines. However, the cranial base release technique can be modified for self-use by, for example, putting 2 tennis balls in a sock so that they don't roll away from each other. Wrap them in a towel to soften their influence, and place under the occiput, one ball on either side of the spine, while lying in supine position. Adjust to comfort. Relaaaxxxx...

The following is a brief discussion of migraines and CST. I found these two experienced practitioners' insights to be helpful (from emails).

Tom Nichols PT, CST:

Migraines is a diagnosis that I would very often get with my patients. It also is not an easy thing to treat. The reasons for the migraines I have found are very numerous - sinus, cervical problems, hormones, post auto accident, stress... I have never found one thing to work for all patients. I would always evaluate the fascial system and the cranial system. I would very often find much tightness in the cranial membranes and work on releasing this tissue but I would have to determine the reason for the tightness. I have found women were worse several days prior to their monthly periods and many times CST could not decrease that symptom - however CST could assist to decrease or eliminate the resultant neck tightness or other symptoms and decrease the length of pain from several weeks to 1-2 days.

Also you can never forget the sacrum - I had one patient with years of migraines and CST would only take away the symptoms for one day. I evaluated the knee and the fascial pull to sacrum and the migraine immediately lifted during a tissue release technique to knee to sacrum. The migraines did not return. Other times I have found, after much treatment, and slowly mobilizing the tissue over time that the symptoms would resolve. Also sometimes I found palatine tightness on one side and other times I found superior or inferior placed sphenoid to the occipital bone (inferior/superior strain patterns).

Finally I believe CST helps clients to "figure something out" and that takes away symptoms. Sometimes nothing helps except drugs.... Lots to think about with this group of clients-- very challenging. Tom

Sue Bovinizer CMT, CST:

Hi. Just to add to Tom's email, especially from a yoga perspective, it's all down to the fascial strains. As Tom said, if there is a pull anywhere in the fascial system, the knock on effect can produce migraines. So any yoga stretching can help elongate the fascia and therefore slacken its strangle hold on the occiput or sphenoid (which usually are instrumental with migraines). And of course look to the various foramens where nerves come through. The vagus, trigeminal and other nerves are implicated with migraines a lot

of the time so any tension thru the cervical spine will tighten down on the different foramens. Elongation thru the spine, release of the dural tube, the ability for the cerebral spinal fluid to flow and cleanse, nourish and tonify the brain are important in relieving migraines.

A lot of migraines can also be digestive. So doing any asanas to aid digestion can help those specific types of migraines. Tom mentioned the period/hormone connection so I would also investigate any poses that help that. Looking at shoulder stand and fish to stimulate the thyroid when they aren't actually in the middle of a migraine will help hormones, as will bridge, plough, etc.

And of course some can be energetic - (the 3 times in my life when I felt I had a migraine, it was always after I did heavy duty psychic work, opening too fast, allowing too much energy in). Pranayamas help enormously with energetic overload. gets you back into your body - especially kapalabhati. 3 part breath calms the nervous system and soothes the nerve endings as does alternate nostril breathing when in energetic overload.

Stress from emotions can intensify migraines. So all the poses that open and stretch the heart chakra can knock on to clearing migraines. So, these are some thoughts from an "off-the-cuff" (no research) perspective.

9-g Acupuncture has been proven effective in various studies. Acupuncture was shown to be more effective than transcutaneous electrical nerve stimulation (TENS) or lasertherapy. In another trial, acupuncture was compared to a placebo and sumatriptan. The results were that a full migraine attack was prevented in 35% of patients receiving acupuncture, 36% with sumatriptan, and 18% with placebo. [34]

10 Bio

Heidi Dhivya Berthoud has a BS in Dental Hygiene; private practice and clinical settings since 1974. She has been practicing massage therapy since 1986 and is a Virginia CMT, member of the AMTA. She is a devotee of Swami Satchidananda; and is a certified Integral Yoga Hatha teacher since 1987. She was certified as a Structural Yoga Teacher in 2005; began training in Structural Yoga Therapy in 2003; member IAYT. As dance teacher for the Yogaville Vidyalayam (grade school) for 8 years, she taught Appalachian Clogging, French Canadian Step Dance and more. She built her home overlooking the James River in 1993. From 1976 to 1981 she lived at Twin Oaks Community; co-managed the farm the last 2 years. Dhivya and her husband Rishi Dion have made a home for 4 adored kitties: Bindu, Gingy, Priya and Oshota.

