

Trying Advice

FOR ONE MIGRAINE SUFFERER, SOLUTIONS ARE PART OF THE PROBLEM



the pills down. And even if I manage to swallow a couple of Advils with a Tylenol, there's no guarantee they'll do the trick. As for my narcotic painkillers, like the codeine derivative Vicodin, I worry that if I resort to them too often, I might get hooked.

Some sufferers get relief from daily use of beta-blockers or calcium-channel blockers, drugs that prevent migraines. That's not an option for me: My headaches aren't generally frequent enough to justify preventive treatments. Even if these medications made sense in my case, though, I'd be leery of the side effects and the risks (among them blood clots and congestive heart failure).

How about sumatriptan, the new wonder drug that works for about 70% of sufferers? I know I should be grateful that there's finally a medication that directly affects the brain's level of serotonin (a neurotransmitter thought to be involved in producing migraines). But sumatriptan has caused fetal deaths in some animal studies. Although the Food and Drug Administration has recently approved it, as a woman of childbearing age, I'm not leaping at the opportunity to be a guinea pig.

I haven't always been so chary. During my migraine-plagued second pregnancy, I couldn't turn to drugs, so I donned a good attitude and went looking for alternatives. When I found a headache clinic whose neurologist had put together a drug-free program, I was full of optimism. At the doctor's suggestion, I cut out "trigger" foods—many experts believe nuts, chocolate and aged cheese, among other edibles, act as migraine catalysts—and painstakingly recorded the effect as I reintroduced each one into my diet. Inconclusive.

Determined to take control, I began learning biofeedback. After a few \$65-

IT'S 4:30 IN THE afternoon. My left temple is pulsing, I feel nauseated and the light in my kitchen seems unbearably bright. The kids are clamoring for snacks. The house is a mess. And I can hear my friend and neighbor Susan coming up my front steps with her little girl. As soon as Susan sees me wearing sunglasses indoors, she knows.

"A migraine? You poor thing!" she begins, putting her arm around my shoulder. Then comes the advice: "Listen, have you heard that relaxation exercises really help with headaches?"

After living for 15 years with the chronic, incurable and debilitating condition known as migraine headache, I've heard it all. Have I tried stress re-

duction? Meditation? Acupuncture? Chiropractic? Dietary changes? The feverfew herb? Have I seen a specialist? Have I heard about that new injectable drug? Have I tried massage? Visualization? Exercise? Sex? Have I tried searching my psyche for the root causes of my migraines?

I know Susan means well. But as my migraine takes hold, I'm feeling less and less charitable, and I find myself struggling with a devilish impulse to retort: "Presumptuousness-of-the-unafflicted syndrome? You poor thing! Have you tried sensitivity training? Psychotherapy? Electroshock?"

To a nonsufferer like Susan, it must seem baffling that I don't just pop some pills, do a little deep breathing and snap out of it. But I'll be lucky if I can get

BY LISA BRAVER MOSS

first person

an-hour sessions with a specialist at the clinic, I'd trained myself to raise the temperature in my hands and feet by as much as 20°. (This practice may keep the blood vessels in the brain from going into spasm, which some researchers suspect is a cause of migraine pain.) Though I did get some relief this way, the pain would always return as soon as I stopped the exercise.

Still, taking responsibility for my headaches seemed infinitely more palatable than admitting I was a victim. I bought relaxation tapes that described

and help ease migraines for some of us. All I know is, I ward off more headaches as a Red Rose tea junkie than I did before I started imbibing.

I've also found that I get fewer migraines when I eat a stick-to-the-ribs lunch at 10:30 a.m. and my dinner at about 4:00. While it would be much easier to conform to other people's standard meal schedule, I'm better off not fighting my quirky internal clock.

I accept the fact that food and tea aren't always enough, so I stash over-the-counter pain medicines in my bath-

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redwood forests and sandy beaches. I plastered stickers on my mirrors, refrigerator and car dashboard to remind myself to breathe deeply. I repeated "affirmations," positive statements the biofeedback coach created for me: *I can constrict painful blood vessels. I can do it without drugs. I'm creating a migraine-free life.* (I tried not to repeat the more accurate *My pocketbook is shrinking and my head is still splitting open.*)

It's not that I think my behavior has no effect on my migraines. There's plenty I can do wrong—like skipping meals and cramming too many events into a day. The trouble is, doing all the *right* things is no guarantee of success, or even improvement.

And what are the right things? For me, answering that question has meant taking the suggestions of doctors, new age gurus and well-intentioned friends with "a few tons of salt," as Mark Twain put it. Over time I've pieced together a patchwork of coping skills, using the most pertinent data available—my own experience.

First, now that I'm no longer pregnant, I drink two or three strong cups of tea every day, and more when a headache is looming. No one is sure why xanthines, such as the caffeine found in tea and coffee, seem to prevent

room and purse, and I'm prepared to hit the hard stuff—the Vicodin—when I'm in desperate straits. As long as I don't wait until an attack is in full swing before taking action, I can often be functional within a couple of hours of having some combination of food, extra tea and pills.

Once in a while—every month or two—nothing works. Then all I can do is draw the blinds, crawl into bed and put my life on hold for a day, crippled by pain and nausea.

Will today be one of those days? I don't know yet. What I do know is that with each of Susan's suggestions, and with each child's innocent demand for a snack, the pain is escalating. Not only that, but I also seem to be waging a losing battle against the childproof cap on my medicine bottle.

"Susan," I say weakly, handing her the bottle to open, "would you be an angel and take the kids over to your house for a while so I can go lie down?"

Good neighbor that she is, Susan graciously agrees. She even offers to feed the kids dinner. "Try drinking some water for that headache," she chirps on her way out the door. "You know, we all need at least eight glasses..."

Between migraines, Lisa Braver Moss writes essays on a variety of topics.

What You Could C



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national conference. Af

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