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Overcoming Migraine Pain through a Holistic Approach
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“Thanks to the distressing discoveries of science, the immortal soul was dead. Man was a monkey, not a fallen angel. In the frantic search for new kinds of expression, artists came up with a new method: they looked in the mirror. This inward turn created art that was exquisitely self-conscious; its subject was our psychology.”

-Jonah Lehrer, *Proust Was a Neuroscientist*, p. viii

A migraine is a disorder common to millions of Americans. In the past, migraine sufferers were considered mentally insane. Today a migraine is categorized as a primary illness which is difficult to diagnose and even harder to cure. Alternative medicine views the disabling pain of the migraine as a symptom, or signal, of an internal imbalance, which can best be cured through a holistic approach, using proper homeopathic treatment combined with a healthy lifestyle.

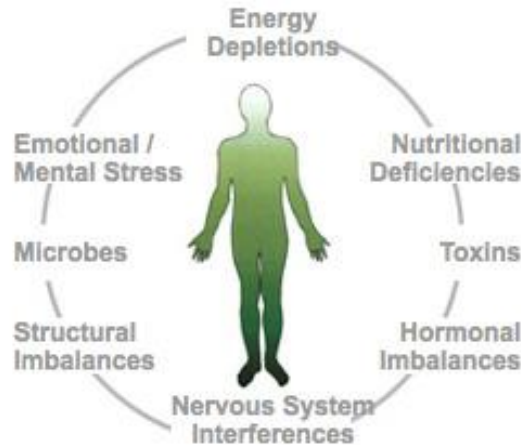


Anyone who has ever suffered from a migraine knows what hell is. A migraine is something much more than a headache; it is a debilitating monster. According to classifications laid out by the World Health Organization (WHO) and the International Headache Society (IHS), a common migraine without aura is categorized as a:

“Recurrent headache disorder manifesting in attacks lasting 4–72 hours. Typical characteristics of the headache are unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine physical activity and association with nausea and/or photophobia and phonophobia.” (Dahlem)

A person suffering this level of pain might try to mumble coherent words, but cannot speak; the slightest noise feels like nails ripping directly across the surface of their brain. Even the tiniest amount of light will tear through a migraine-sufferer's retinas like scorching lightning. Between the vomiting and the constant pounding between one's ears, these prisoners pray for a numbing sleep to escape this inferno. They hope that they might wake up in a few hours time to find that everything is back to normal. Virginia Woolf, a famous author who struggled with migraine pain for all of her adult life, describes the feeling clearly and simply in her essay, *On Being Ill*: "English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver of the headache... Let a sufferer try to describe a pain in his head to a doctor and language at once runs dry... The body smashes itself into smithereens." (Woolf 42)

Western doctors dictate with authority that a migraine is not a psychological disorder, but a physiological one, and proceed to medicate the pain and symptoms of the migraine by attacking only the biological triggers, not psychological ones. (Burchfield and Coleman) Holistic medicine asks its patients to examine every aspect of their lives, from their environment to what they put into their bodies to levels of emotional and mental stress. These factors are all interrelated and affect one another, pronouncing themselves in our health, mood and appearance.



Holistic Model of How Imbalances Enter the Body.

Therefore, migraine treatment should not be only physical, but all-encompassing: mental, physical, spiritual and emotional. By taking a holistic approach, which views disease as a “result of physical, emotional, spiritual, social and environmental imbalance,” migraine sufferers can overcome this disorder by confronting these issues and making adjustments where necessary. (Wikipedia) Additionally, keeping a journal or ‘food diary’ can aid migraine sufferers in discovering the roots of the problem itself as well as dealing with the mental and emotional strain of this disorder.

Migraines plague 10% to 15% of adults in the United States and Europe; two-thirds are women. This is not a recent development. On the contrary, migraines have been debilitating mankind since the dawn of his existence 7,000 years ago. (Duxbury) Ancient Babylonians, Egyptians, and Greeks all recorded their battle with migraine-type pain. Despite this long history, though, modern science is no closer to an explanation let alone a cure for migraines. It is a recurrent experience that can attack at anytime, but typically increases through an individual’s 20’s and 30’s before steadily declining after 40. (Agarwaal and Swierzewski) The specific cause of a migraine is unknown. Scientists have theorized that migraine initiators could be stress-related, an issue of blood flow to the vascular nerves, or even digestive problems, to name a few. The treatments for migraines are just as numerous and hard to prescribe as the triggers.

A migraine causes one lose all control over ones senses, bodily functions, and self-comport. A person literally has the sensation that they have moved to some other plane of reality, where there is no control and no relief. The pain is almost maddening. In this paper, I will present the case studies of two women. Patient A had a history of migraines in her family and chose to try a holistic approach, using both Chinese medicine and homeopathy, to treat her migraines. Patient B used modern Western medicine to treat her migraine with prescription medications. I will compare and contrast their experiences and

results with their chosen therapies, as well as explore the different solutions available to migraine sufferers before making my final recommendations.

Case Study Number 1.

For purposes of privacy, the interviewee will be referred to as *Patient A*. She is a female in her late 20's. Here she recounts her medical history, including medical diagnoses and treatments prescribed.

Patient A began suffering from severe stomach aches when she was in high school. She would wake up feeling fine. Later in the morning, though, she would have such severe pain in her abdomen that she had to go lay down in the nurse's office. She would often stay there for anywhere from one to three hours. The crushing pain in her abdominal region was so strong that she asked the nurse to call the hospital. These crippling stomachaches would continue every so often throughout her high school years. They seemed to be more frequent during the warmer months of the year.



What would most likely be diagnosed as abdominal migraines today ceased as Patient A entered into her 20's. The frequency and duration of Patient A's menstrual cycle began to decrease. Patient A did not consult her doctor concerning this change; she spoke with female family members and friends, most of whom told her that these fluctuations were normal. According to the Feminist Women's Health Center website, while a cycle every 28 days is the accepted medical norm, it is perfectly healthy for a woman to experience only three or four periods a year. At the same time, FWHC warns that an infrequent or sporadic cycle could possibly be a symptom of a more serious condition.

Patient A's menstrual cycles became increasingly less frequent. She experienced menses lasting two or three days once every six or seven weeks. Cramping and headaches would accompany these cycles both at the onset and during. During her 21st year, Patient A went three months without menstruation. She describes this as a poignant time of both positive and negative stress in her personal life. She lost weight during this time, going from 115 pounds to about 105 pounds; this was a drastic change for a woman with a height of 5 feet 7 inches.

After visiting a doctor, Patient A learned that she was anemic. The iron levels in her blood were extremely low. The doctor's primary recommendations to Patient A were as follows:

1. To begin taking daily iron and vitamin supplements on a daily basis.
2. To start eating red meat. *Patient A had been a vegetarian for 7 years

The fact that Patient A had abstained from consuming any type of meat or fish for a number of years proved to have had a harmful effect on her health. She had failed to properly maintain an adequate vegetarian diet rich in protein and iron. This had in her weight loss, infrequent menstrual cycle and placid skin tone as well as frequent bruising.

Patient A incorporated meats, such as chicken and beef, into her diet. Over the next few months, her skin tone and strength improved and her periods returned, though not with the average frequency of most women. Patient A continued eating meat and had cycles about every 5 weeks, lasting between 3 and 4 days. By the time she was 23, Patient A was satisfied with her overall health and weight. Her only complaints were that her bowel movements were few and far between. She would also periodically experience very strong headaches. These would occur every few months around the time of her cycle, and last a day or two. Tylenol did not help, but Ibuprofen proved to be useful.

During the summer at the age of 23, Patient A experienced what she calls her first debilitating migraine. This occurred shortly after moving. She tried drinking large quantities of both water and Gatorade, taking over-the-counter pain killers and lying down, but these had no effect on the excruciating pain. She had no choice but to ride out the pain. Patient A went through this a number of times before ending up in the hospital due to dehydration. The pain of her migraine was so strong it had made her physically nauseous, and she had been vomiting for 24 hours, unable to keep fluids down.

The migraines continued over the next year, occurring at least twice a month. These episodes left Patient A helpless and debilitated. Patient A moved once again, this time overseas. This proved to be a fortunate turn of events, because she now resided in a country that offered free healthcare. Patient A was finally able to seek medical help for her migraines. It was in Europe that Patient A was introduced to a highly competent doctor who specialized in acupuncture and Chinese medicine.

After an initial consultation involving extensive questioning and an applied kinesiology session, the following medications were prescribed in sequential order:

Starting in 2008, Patient A began her treatment with Magnesium Oligodrop, one vial to be absorbed under the tongue in the evening before bedtime. The purpose of this substance was to help balance her mood and increase her threshold for stress. (Farmacia Internet) She was also prescribed Momordica Balsamina, or Apple Balsamo. This is often recommended for those who have headaches, a sensation of weakness, sometimes



experience fainting, dizziness, or feelings of light-headedness. (International Academy of Classical Homeopathy)

These two substances were utilized to combat the migraines, while Pegaso Axidophilus was incorporated into the treatment plan to aid in Patient A's digestive difficulties. Axidophilus is a dietary supplement composed of live freeze-dried lactic acid bacteria. (Verdi Rimedi) It is useful for rebalancing the activity of the intestine by reducing bloating, improving digestion and aiding in the absorption of nutrients. In harmony with this substance was Fungilin 500, which treats the gastrointestinal tract by removing any potential reservoirs of intestinal C.

(Torrino Medica) Colodren was used in conjunction with the previous drugs for general detoxification and to restore bowel health. (Arnold Ehret Italia)

Patient A also began consuming a few drops of Fiori di Bach, a common floral remedy used in homeopathic medicine. **Water Violet drops were taken under the tongue. It is thought to help** “those who in health or illness like to be alone. Very quiet people, who move about without noise, speak little, and then gently. Very independent, capable and self-reliant. Almost free of the opinions of others.” (Global Herbal Supplies)



Patient A's reaction to these drugs was favorable overall, except for Aximagesium. The desired effect of this substance is to reduce cramps, nervous tension, and increase resistance to stress factors (physical or mental) as well as facilitate relaxation. (Pegaso) When Patient A consumed the small liquid vials under her tongue, she experience irritating swelling and itching around the eyes. She notified her doctor immediately once these symptoms presented themselves, and he instructed her to stopped taking the medication.

As the months passed, Patient A paid another visit to her homeopath, who prescribed *Rosmarinus officinalis*, commonly known as rosemary. According to entries made on Wikipedia.org, Rosemary is thought to improve memory and the ability to concentrate and most importantly has been used to relieve migraine headaches for centuries. The aroma of the essential oil of rosemary lasts about two to three days, and is regarded as having energizing and invigorating qualities. (Wikipedia) Rosemary has also been found to have a side effect which interferes with the absorption of iron by the body. “Recent European research has shown rosemary interferes with the absorption of iron in the diet, which indicates it should not be used internally by persons with iron deficiency anemia.” (Encyclopedia of Mental Disorders) Therefore, Patient A continued taking her daily iron tablets while on rosemary.

Also parts of Patient A's regime were P21 & P22 by the German manufacturer Phonix. These are homeopathic drugs for digestive issues belonging to a group of drainage and purification remedies. (Colautti et al.) Patient A consumed these drugs in combination with a strict diet. She was instructed to stay away from processed foods, such as pre-packaged sauces and juices. Patient A was also told to limit as much bleached flour from her diet as possible. This included bread and pizza. Patient A had a regular eye examination and bought new glasses with updated prescriptions during this period.

A blood test was performed at the request of both Patient A's homeopath and her primary physician, to whom Patient A also visited for her annual physical. The results of the blood analysis revealed significant levels of total bilirubin (TBIL). Also present were elevated levels of indirect bilirubin, which is unconjugated bilirubin- “the lipid-soluble form of bilirubin that circulates in loose association with the plasma proteins”. (The Free Dictionary)

“Bilirubin is a breakdown product of haem (a part of haemoglobin in red blood cells). The liver is responsible for clearing the blood of bilirubin. It does this by the

following mechanism: bilirubin is taken up into hepatocytes, *conjugated* (modified to make it water-soluble), and secreted into the bile, which is excreted into the intestine.” (Wikipedia- Liver Function Tests)

These results were indications of Patient A’s reported digestive difficulties.

Throughout 2008 and into 2009, whenever Patient A would feel a migraine coming on she would take two to three 400 mg Ibuprofen tablets. Ibuprofen is a pharmaceutical painkiller. “[It] works as a painkiller by affecting chemicals in the body called prostaglandins. Prostaglandins are substances released in response to illness or injury.” (National Health Service) This type of therapy went against the treatment plan of Patient A’s homeopath, but it was a dependable abortive solution when Patient A had work obligations and could not ride out the migraine in the privacy of her home. Ibuprofen successfully aborted Patient A’s migraines about 65% of the time.



Ibuprofen is not a drug that should be taken on a regular basis. When taken over long periods of time and high dosages, Ibuprofen can cause stroke and heart attacks. NHS warns that Ibuprofen can cause dangerous side effects including, but not limited to:

- nausea (feeling sick)
- vomiting (being sick)
- diarrhoea
- headache
- dizziness
- fluid retention (bloating)
- raised blood pressure
- gastritis (stomach inflammation)
- duodenal or gastric ulcers (open sores in the digestive system, see Peptic ulcer)

NHS also advises that women be especially cautious when taking Ibuprofen, noting that extended use of the painkiller can have adverse effects on fertility.

Starting in 2009, Patient A began keep a journal in which she recorded her diet and how the foods and beverages she consumed made her feel. She recorded which foods she ate and how they made her feel. She also recorded when she would experience a migraine, taking note of its frequency, intensity, and duration. She noticed immediately that these factors were lower than the previous year and continued on with her homeopath’s treatment. The journal aided Patient A when she would visit her homeopath and would report back her health over the past few months.

The journal grew into more than just a food diary. Patient A began writing creatively as well, which proved to have a relaxing effect. She reports that by writing about experiences both in the past and the present that caused her stress or strongly affected her emotionally, she was able to gain a sense of closure concerning these situations.

With her homeopath, Patient A tried acupuncture for the first time. She reported feeling immediately relaxed and overall happier after this session, as though “a weight had been lifted off [her]”. How acupuncture works is through finding and literally pinpointing specific meridians in the body. Meridians are the channels through which blood and



energy circulate throughout the human body, linking the internal organs with the external ones.

“By stimulating certain points of the body surface reached by meridians through needling or moxibustion, the flow of qi and blood can be regulated and diseases are thus treated. These stimulation points are called acupuncture points, or acupoints.” (TCM Page)

In addition to acupuncture, Patient A also visited a chiropractor. She went for weekly sittings over the course of two months, but reported that afterwards her migraines became more frequent instead of less. She immediately stopped the treatment.

Along with regular acupuncture sessions, her homeopath prescribed Homeos 4. Homeos 4 is a remedy that aids intestinal drainage by stimulating liver function. It works as in intestinal decongestant, liver protector, is indicated in all liver disease with portal and biliary stasis. (Progetto Caduceo)

Fiori di Bach was once again prescribed, but this time the remedy was walnut. **Walnut, as clearly described by the Global Herbal Supplies website, is for**

“**Those who** find it difficult to adapt to change or who are over-sensitive to certain ideas, atmospheres and influences. It is the remedy for times of major life changes... [and] for the regrets caused by change... **The positive potential of walnut** is the ability to move forward and remain steadfast to one's path in life, free of the past and to make necessary changes in life, carrying plans through despite discouragement, objections or ridicule from others.”

Patient A had experienced a number of personal life changes over the past two years, including moving to Europe, leaving relatives, learning a new language and starting a new career. Walnut aided Patient A by reinforcing her self-confidence and personal strength while helping her to move forward without the weight and tension of stress that could come from all these changes.

One final remedy that was continuously prescribed to Patient A at various points by her homeopath was Belladonna. This is one of the most common remedies that homeopaths turn to when treating patients who suffer from migraines. In reality, the plant from which belladonna is derived- Deadly Nightshade- is highly toxic, but it has a long history as an element utilized in medicine. It is recommended to homeopaths “for throbbing headaches that come on suddenly; these types of headaches tend to worsen with motion and light.” (University of Maryland Medical Center)

Case Study Number 2.

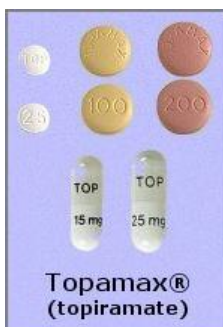
Again, for privacy purposes, the interviewee will be referred to as *Patient B*. She is a woman in her early 60's. She first began experiencing migraines when she was in her early twenties. These were common migraines (without aura) with unilateral pain. She commented that often these migraines came on post-stress. Patient B would go through a particularly stressful situation such as planning a party or meeting a work deadline feeling fine, only to arrive at the end of this activity with a migraine just beginning to peak. She could recall occasions where she would lie in the bedroom in the dark with a pillow over her head while her friends would be in the living room enjoying the party she had gone through all the trouble of organizing.



These situations were not overly-stressful, but simply an accumulation of little things a over time. Patient B says that she never felt like she was under a great deal of stress. She was surprised when this pain would pop up. She went to see her physician and he suggested that her birth control medication might be the cause of her migraines. Her doctor put her on an abortive migraine medication. She was prescribed to take 2 pills at the onset of her migraine to head it off, and continue taking one pill every 15 minutes until the pain had subsided.

It worked for a number of years and eventually Patient B stopped taking the medication. The migraines returned shortly thereafter. They would arise every so often and manifest themselves immediately after commonly hectic periods, such as the holidays. Patient B would deal with these migraine attacks throughout her 30's and 40's by isolating herself from noise and light in her room. To relieve the excruciating pain, Patient B often took over-the-counter painkillers.

Patient B would also take a Davocet pill from time to time during those years. "Darvocet (Darvaset) contains a combination of propoxyphene and acetaminophen and belongs to group of medicines called narcotic pain relievers." (Drug Information Online) As of November 2010, Darvocet has been removed from the U.S. and European markets due to risk of fatal overdose and arrhythmias. (Wikipedia)



In December of 2005, Patient B went to see her physician again because her migraines had worsened and become more frequent. She was waking up with migraines in the morning and missing work. She admits that around this time she was passing through a highly stressful period in her personal life. The doctor prescribed Topamax (100 mg) and warned that she would most likely be on it the rest of her life. She was instructed to take 1 pill per day. This is a preventative drug to guard the patient against getting migraines. Technically, Topamax is an anti-seizure drug, not a migraine medication.

After being on Topamax for a year, Patient B attempted to wean herself off of Topamax. Within two weeks of stopping the medication, the migraines returned. She went back on it and has been taking this medication daily since then. Topiramate is the generic brand for Topamax; Patient B started using this generic brand a little over a year ago to save money, since it's about half the price of Topamax. Topiramate works to prevent migraines from ever occurring by altering certain chemicals in the brain. (Drug Information Online)

Patient B does not drink alcohol or smoke. She consumes two cups of coffee per day. She is also currently on BuSpar, an anti-anxiety medication which alters chemicals in the brain. The most common side effects listed for those taking BuSpar when compared with those on a placebo were: blurred vision; dizziness; drowsiness; excitability; headache; lightheadedness; nausea. (Drugs.com) Patient B has been on this medication since 2005 as well. She takes daily vitamins, extra vitamin D and B supplements, and drinks filtered water throughout the day.

Patient B is unable to do much physical activity due to an old knee injury and a bad hip. For this pain, she takes Ultram- a narcotic-like pain reliever for severe chronic pain. There is a heightened risk of seizure for patients taking this drug, especially those on anti-anxiety medications. It is possible that Patient B could have more serious medical complications in the future if she continues mixing Ultram with BuSpar.

“By taking us inside the frayed minds of her characters, she [Virginia Woolf] reveals our own fragility. The self is no single thing and the stream of our consciousness just flows. At any given moment, we are at the whim of feelings we don't understand and sensations we can't control... the mind is always “merging and flowing and creating”.” - Jonah Lehrer, *Proust Was a Neuroscientist*

There has been much debate about the exact cause of migraines. Is it neurological? Is it genetic? Is it a result of a faulty brain stem? “According data just released by the Department of Health and Human Services (HHS) showing that at least half of all Americans takes at least one prescription drug, with one in six taking three or more medications.” (HHS) This is not a solution, it is a mask. The answers to what cause migraines may be illusive, but they do exist. It is only a matter of finding them. Modern medicine has been little more successful than Hippocrates was at diagnosing migraines. At this point, one must begin to look to other mediums to find a sense of support and healing.



While it would be impossible to say with complete certainty whether Vincent Van Gogh suffered from migraines, it does seem probable based on documentation from his lifetime. In the 19th century, migraines were considered a form of “mild insanity”. (M.A.G.N.U.M.) One of his most famous paintings, *Starry Night*, was created during his stay in an asylum in France. The painting does a good job of relaying the chaos and the confusion of a classic migraine with aura. The blinding effect of the stars in the painting is very similar to the photophobia experienced by migraine sufferers.

It is undeniable that “...artists’ internal experiences are generated through a brain system that is organized to perceive and interpret the world. Release of these internal systems can provide the basis for artistic activity.” (Lui and Miller) During a migraine attack, all perceptory senses are heightened. For an artist, who by habit is already deeply aware of their senses and surroundings by trade, this experience can be particularly impressive. Lewis Carroll, another reported migraine-sufferer, used his experiences with the disorder as inspiration for his *Alice in Wonderland* novels. (M.A.G.N.U.M.) In the pages of this popular children’s story, even the soft light of the moon is insupportable.

“The mind is not an easy thing to express. When [Virginia] Woolf looked inside herself, what she found was a consciousness that never stood still. Her thoughts flowed in a turbulent current, and every moment ushered in a new wave of sentiment... Woolf described the mind as neither solid nor certain. Instead, it was ‘very erratic, very undependable- now to be found in a dusty road, now in a scrap of newspaper in the street, now in a daffodil in the sun.’ At any given moment, she seemed to be scattered in a million little pieces. Her brain was barely bound together.”

-Jonah Lehrer, *Proust Was a Neuroscientist*

The human brain is composed of tissues and nerves and billions of neurons. The brain, as the medical community views it, is made up of meat and matter and controls all bodily functioning. The mind, on the other hand, is a whole different ball park. The mind and the brain are the same, and yet, they are completely different. All of a person’s ideas, opinions, preferences, and perceptions are managed within the brain, but these events cannot simply be boiled down to molecular components. Many think that because science now knows so much about the brain, the term ‘mind’ has become antiquated. The mind is still a great mystery, but some researchers are beginning to study the power of mind over matter, literally.

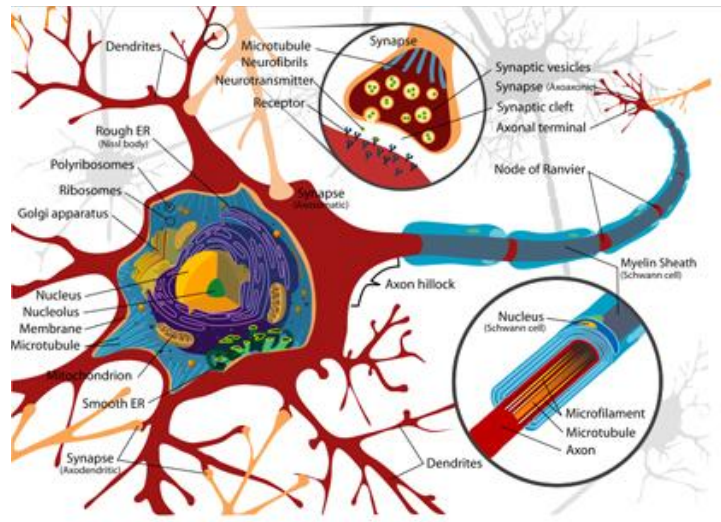
“Identifying the locus where red is generated in the visual cortex is a far cry from explaining our sense of redness, or why seeing red feels different from tasting fettuccine Alfredo or hearing ‘Für Elise’- especially since all these experiences reflect neuronal firings in one or another sensory cortex. Not even the most detailed fMRI gives us more than the physical basis of perception or awareness; it doesn’t come close to explaining what it feels like from the inside. It doesn’t explain the first-person feeling of red.”

-Jeffrey M. Schwartz, M.D. and Sharon Begley, *The Mind and the Brain*

Dr. Jeffrey M. Schwartz is a research professor of psychiatry at the UCLA School of Medicine. While working with patients who suffered from obsessive-compulsive disorder (OCD), he began searching for an alternative solution to the current therapies, such as exposure and response prevention, which focused on aversion. (Schwartz and Begley 2) By repeatedly exposing OCD patients to the stimulus that disturbed them as a way of conditioning them to said stimulus, Schwartz found that this created high levels of anxiety in the patients and thought it unnecessary and cruel. Schwartz decided to try a new kind of therapy using neuroplasticity.

Neuroplasticity, as defined by the Encyclopedia Britannica Online, is the “capacity of neurons and neural networks in the brain to change their connections and behavior in response to new information, sensory stimulation, development, damage, or dysfunction.”

This is a relatively modern suggestion, as scientists had previously thought with utter certainty that that brain did not evolve beyond infancy. Schwartz decided to try to help the OCD patients overcome their compulsive behaviors by “focusing their attention away from negative behaviors towards positive ones.” (Schwartz and Begley, 10)



By focusing their mental energy into changing the direction of their thoughts, these patients were in effect about to manipulate their own neural pathways. So, what do OCD patients have to do with migraine sufferers? The key is the connection made between our conscious and what is going on physically within the brain through neuroplasticity. While the causes of migraines may be many and misunderstood, neuroplasticity has created a link between thought (mind) and brain function. In theory, a migraine could be how mental and emotional stress manifests itself physically. How sufferers choose to deal with this phenomenon could possibly have an impact on the pain itself. By changing the way sufferers think about their migraines, they could indeed make a positive impact on the migraine itself.

Migraine sufferers, because of the mystery that surrounds their disorder, often feel like their illness is completely out of their control. They never know when a migraine will strike, like an earthquake that erupts without warning, and bring their whole world crashing down on top of them. Many people are confused during their migraines, not knowing what medicine to take or what would be the best plan of action in order to get through the pain as quickly as possible. That fear- confusion coupled with the feeling that the migraine is something uncontrollable- is counterproductive to overcoming this debilitating disorder.

Of the 30 million Americans who suffer from migraines, 98% take medication to deal with the pain, while 13% are on a daily migraine prevention medication. (American Migraine Prevalence and Prevention Study) Medication may relieve pain for some, but it is not a solution to the problem. Medications reportedly work anywhere from 50 to 80% of the time; these statistics are not very reassuring. A plumber would not put a band-aid on a broken pipe; they would fix the problem. The myth that migraine sufferers are lead to believe is that their pain is uncontrollable and therefore out of their hands.

The mind is a mass chaos of the sensations experienced both internally and externally every day. Between the demands of work or school, family and the other 1,000 little minute responsibilities life throws in at a person, there is little time to confront all the

emotional nuances tied-in with these daily activities. Depression, fatigue and stress are the primary complaints from migraine sufferers, including Patients A and B. These are not just symptoms of a migraine; these are symptoms of an ill-managed lifestyle lacking in one area or another. By positively changing the way they perform daily activities and how they deal with their stressors, a migraineur can relieve the pressure that becomes built up in their psyche.

“Tell me that my house is burned down, my husband has left me, that there is gun-fighting in the streets and panic in the banks, and I will not respond by getting a headache. It comes instead when I am fighting not an open but a guerrilla war with my own life, during weeks of small household confusions, lost laundry, unhappy help, canceled appointments, on days when the telephone rings too much and I get no work done and the wind is coming up.”

-Joan Didion, *In Bed*

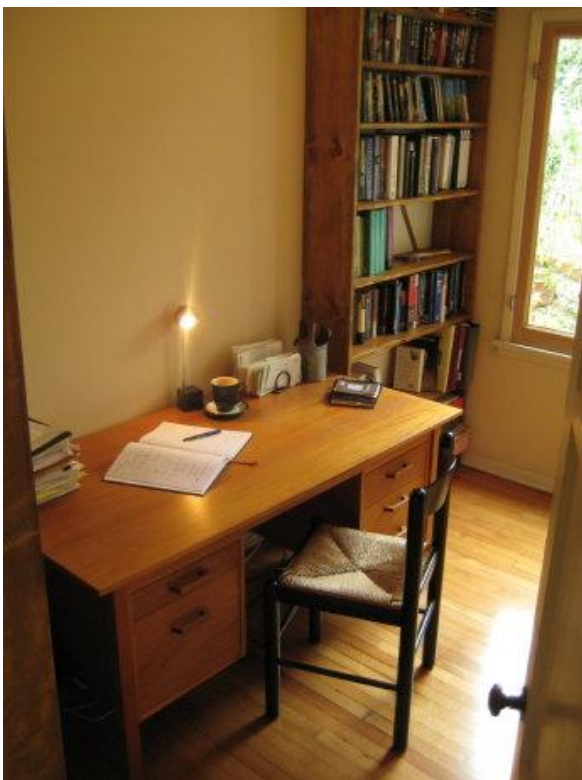
Joan Didion does not get migraines when there is a particularly traumatic or life-altering event. Instead, a migraine comes when she feels confined or ensnared by what she describes as all the little “hidden resentments, all the vain anxieties” of life. The artist’s personality has often been described as eccentric or quirky; these qualities are the terms people use for creativity that is misunderstood or misinterpreted as strange. In order to embrace their art, a writer needs to be able to let go completely and embrace the fantasy within their own mind. How feasible is it to abandon one’s self to the mental constructs of the mind when the realities of everyday life are banging on one’s front door?

Writing can be an empowering experience in many different ways. For migraineurs in particular, journaling can provide a sense of understanding and clarity. Quite often, scientists performing clinical studies on migraineurs will request that the participants keep a “headache diary”. By simply keeping a diary of one’s daily actions, experiences, and diet, it becomes possible over a period of time see a clear record develop of what happens before a migraine is triggered. Journaling is an intricate part of a holistic treatment of recognizing

the signs that are being raised in the writing and making active changes to improve one’s self in order to prevent future migraines.

Many talented writers have suffered from migraines, such as Virginia Woolf, Edgar Allen Poe and Sylvia Plath. Virginia Woolf’s personal writings are littered with hints to her migraines. Indeed, one cannot get past a few pages of her diary without reading “The fortnight in bed was the result of having a tooth out, and being tired enough to get a headache- a long, dreary affair that receded and advanced much like a mist on a January day.” (Woolf 7)

Literature has the power to show us not only the darkest sides of migraine pain, but also the feelings of euphoria that can follow when the migraine has finally subsided. After hours and hours of throbbing pain and nausea have quieted, the calm that washes over oneself is blissful. Russian novelist Fyodor Dostoyevsky,



another migraineur, describes this sensation beautifully when he writes,

“There are moments, and it is only a matter of five or six seconds, when you feel the presence of eternal harmony ... a terrible thing is the frightful clearness with which it manifests itself and the rapture with which it fills you. If this state were to last more than five seconds, the soul could not endure it and would have to disappear. During these five seconds I live a whole human existence, and for that I would give up my whole life and not think I was paying too dearly.” (Grossinger 90)

Painter and migraineur Georgia O’Keefe made an excellent point concerning how to approach migraine pain when she said, “It was a very bad headache...why not do something with it?” (Grossinger 53) This is the challenge issued to migraineurs: to not surrender to their pain and try to hide their symptoms behind drugs, but to be proactive about their disorder and confront it head on. The previously mentioned study on OCD patients is to illustrate that migraineurs are not helpless when it comes to our brain functioning. When used and properly focused, the mind is a powerful tool. Artists are the most adapt individuals when it comes to mind exercises; artists of all types spend their energy trying to stretch and explore the limits of their minds.

Virginia Woolf famously wrote in her book, *A Room of One’s Own*, that “a woman must have money and a room of her own if she is to write fiction.” Any female with a creative bone in her body would have to agree with this statement. I choose to focus on women here because there is no ignoring the fact that, as mentioned previously, women account for 75% of migraineurs. The world of fiction writing asks the author to construct a new reality- an entire world of characters, places, conversations and events. This process generally, depending on the methods of author, demands a fair amount of concentration and mental commitment.



An author, or any artist for that matter, needs physical and mental space to close his or her door on the outside world and sit down in front of their medium, be it computer screen or open notebook, and allow the mind to flow and create the scene freely. A room, such as an office or study that belongs completely and solely to them, provides an area where the writer can control their environment. If they want music, they have the freedom to choose whatever inspires them; if they require complete silence, they can close the door, the windows and the blinds, completely isolating themselves.

Financial independence offers a special type of creative freedom. In today’s society, or any in history for that matter, time is money, and money buys time. If the peasant is poor, then they must grow their own food as best they can. If the peasant is rich, they can afford to buy their food from the poor farmer and spend their time in other ways. The same is true today. Having money in the bank and liquid assets gives one a sense of security. Ms. Woolf was trying to convey that being financially secure gives women the freedom to pursue their creativity without external stressors. That is because stress impedes creativity.

In the past 100 years, women have gone from being fixtures in the home to working towards equality in the workplace. While it is still an upward battle, women have gained the ability to provide for themselves and to earn a living. They can buy property and own it. This independence has come at a price though. Women for the most part, still maintain the bulk of their traditional household duties. How can one find a balance between being a modern working woman and pursuing creativity?



“The informal slogan of the Decade of Women became ‘Women do two-thirds of the world’s work, receive 10 percent of the world’s income and own 1 percent of the means of production’.” (Robbins, 354)

The dilemma at the heart of this argument on time for creativity and migraines is how a woman can manage all the many hats life asks her to wear in the new millennium while simultaneously closing the door on all of it and abandon herself to art. Stress, on some level, is productive. It pushes people to perform and to adapt themselves under diverse circumstances. When stress begins to reach higher levels, though, is when it begins to inhibit positive functioning and interfere with normal behavioral and bodily functions. (Greenberg) “... There is a tendency to preserve at a constant level the intracerebral excitement [caused by stress]. An excess of it becomes burdensome and annoying, and there arises an urge to consume it ... I believe we can also assume a level of the intracerebral tonic excitement, namely that it also has an optimum.” (Breuer and Freud, 1937/1957)

As Ms. Didion stated at the beginning of this essay and echoed by Patients A and B migraines are not brought about by massively agonizing ordeals. The disorder tends to present itself at other times, when the stress is less noticeable yet constantly present, like a quiet throbbing just below the surface of a volcano before any signs of smoke have even begun to present themselves. Claire Conger, a popular internet blogger, describes the apparent stressor which caused her migraines and how she eliminated it on her website, ClaireConger.com.

“Like Joan Didion, I used to get migraines. For me, it was the kind of migraine when you’re so nauseated that you vomit. It was when I was married, or rather living with

my baby's father. I felt trapped. It is the hardest thing I ever did, to leave, but when I left, so did the headaches."

Most people, as well as their medical providers, experience great difficulty in identifying exactly what are the causes of their migraines. Could this be because it is not just one thing, such as a traumatic event or a poor diet? Perhaps it is a combination of all these things in their own small way. Maybe the millions of women who report experiencing debilitating migraines multiple times per month should take a page of advice from the writings of migraine sufferers such as Virginia Woolf who have come before. Creative writing could be the door to quieting the throbbing tempest that lies just below the surface of their consciousness.

Finding a cure for migraines seems like an impossible mission to many. Both doctors and patients are left to believe that it is impossible to cure migraine pain, only to manage it. For many, managing migraines involves taking powerful medication on a daily basis. There are other options though. If one is open and willing, there are alternative approaches to finding the cause of migraine disorder and going about finding a safe, viable resolution.

"The introduction of Homeopathy forced the old school doctor to stir around and learn something of a rational nature about his business. You may honestly feel grateful that Homeopathy survived the attempts of Allopaths to destroy it."

-Mark Twain

Greek philosopher and physician Hippocrates is often referred to as the "Father of Western Medicine". He posed the idea that "[d]isease is eliminated through remedies able to produce similar symptoms." About two-thousand years later, a German physician by the name of Dr. Samuel Hahnemann took this idea and used it as the basis to develop what is known today as Homeopathic medicine. Hahnemann was a talented physician, as well as an inquisitive one. He dared to question the methods of his time, and questioned whether or not the drugs being prescribed were actually helping the patients, or only worsening their conditions. (Homeopathy Care)



Dr. Samuel Hahnemann (1755-1843)

Because of his frustration with the practices being used by his contemporaries, Hahnemann decided to leave the medical profession to become a translator. Shortly thereafter, Hahnemann became intrigued with while working on an obscure medical text. This text stipulated that if one were to ingest an element that produced symptoms similar to those being experienced due to illness, the two could in fact cancel each other out, thereby curing the patient. Hahnemann explored this theory by performing tests on himself to see whether or not the symptoms would be identical, and if so, would the extract be safe for ingestion. These experiments proved to be successful. “And so he concluded that this is a general law and called it 'Similia Similibus Curantur', i.e.; 'Like Cures Like' - the fundamental principle on which Homeopathy is based.” (Homeopathy Care)

The remedies employed in homeopathy are all-natural, meaning they are comprised of elements found in nature, not produced with artificial chemicals in a laboratory. This eliminates the risk of dangerous side effects, which are always listed in tiny print on little folded pamphlets inside prescription containers. So what does homeopathy mean for migraine sufferers? As previously explored, there is no one singular cause that sufferers can clearly identify as their trigger. Doctors can perform numerous tests and analyses in search of what is the source of the deep pain their patients complain of, but they rarely, if ever, find something in the numerous scans and X-rays that they can point to and say “There is our problem”. A multifaceted medical issue, such as migraine disorder, requires a multifaceted solution.



“For I had no brain tumor, no eyestrain, no high blood pressure, nothing wrong with me at all: I simply had migraine headaches, and migraine headaches were, as everyone who did not have them knew, imaginary.” (Didion 169)

Homeopathy, a field which has grown greatly over the past two-hundred years, has come to encompass not only the standards set by Dr. Hahnemann, but also practices from Chinese and Indian medicine, acupuncture, kinesiology, as well as others. Practitioners utilize any array of tools to help their patients overcome their ailments by teaching them how to perceive and interpret their symptoms. In an October 2007 article in the My Arizona Homeopath newsletter, Dr. Ben Ta’ati summarizes perfectly the proper approach when confronting migraine disorder:

“Pain has a purpose. It’s part of the body’s inflammatory response - telling us that something needs fixing. Its message cannot be ignored or masked with painkillers. The underlying cause needs to be addressed...The distinctive qualities of pain, when combined with knowledge of the general characteristics of the person who has the pain, will allow us to select the curative homeopathic remedy. Careful observation of all the symptoms the person exhibits - mental, emotional, and physical - allows homeopathy to treat not only the pain with all its distinct characteristics, but the person in whom it occurs.” (Homeopathy Care)

The triggers of a migraine occur on different levels, or in different aspects of one's life. This makes migraines difficult to diagnose and treat. Homeopathy, though, searches for answers by examining one's emotional, mental, and physical health.



Homeopathy bases its cures on the idea that the human body is like an electrical force field. If there is a “wire” somewhere within the body that is not functioning properly, this “short-circuit” will be physically expressed in a number of different ways. The key to good health is balance; therefore, pain indicates an imbalance. Homeopathic practitioners prescribe the remedies which are best suited to the patient, based on their reported mental, emotional, and physical states. An important aspect of treatment is keeping a journal of one's journey from the early stages of treatment to recovery. The common system usually works in this manner: the patient “take[s] potions of various chemical

compounds, plant extracts, or proposed remedies, in various homeopathic dilutions, for around six weeks and log[s] any physical or emotional symptoms they feel.” (Homeopathy Care)

Homeopathic treatment is commonly used in combination with other alternative treatments, the most common of these being acupuncture. Acupuncture is an ancient Chinese therapy involving the application of tiny needles in certain points- the meridians which were mentioned earlier. According to Chinese tradition, the body is encased in an energy field, much like that one suggested by Hahnemann. If there is a blockage in a point along this energy field, the whole system will, as a result, be thrown off balance. The needles are placed in points where a weakness in that energy is detected, for example by a poignant ache or pain. Individuals suffering from headaches, and in particular migraines, have found great relief from acupuncture. (Gerber 167)

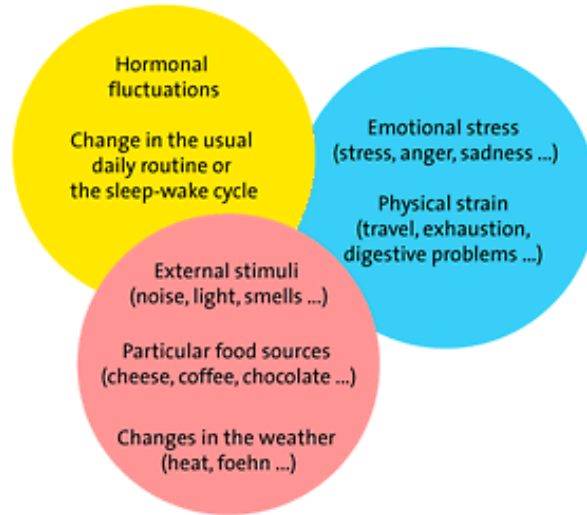
Acupuncture needles, when gently inserted into the surface of the skin directly over where the perceived energy blockage is located, serve to open-up the flow of energy and release whatever tension is causing the blockage. The needles act as a kind of router, restoring the natural energy field which surrounds the body to a healthy equilibrium. “Acupuncture has been used to treat a variety of headaches, especially migraines,” writes Dr. Richard Gerber in his book *A Practical Guide to Vibrational Medicine: Energy Healing and Spiritual Transformation*.

“Migraine headaches seem to respond to acupuncture as well as, if not better than, other forms of headache (such as tension headache). In general, the published work on acupuncture's success in treating headaches suggests that from 65 to 95 percent of headache sufferers may achieve some degree of relief from acupuncture, regardless of the cause of the headache.” (Gerber 167)

Alternative therapies, such as homeopathy and acupuncture, have great potential for treating patients suffering from migraine headaches. These therapies have demonstrated favorable results because they aim to heal the patient, not suppress their symptoms with potentially harmful drugs which, in the long-term, could lead to more serious health problems. An integral part of the holistic approach includes keeping some type of log or journal, where the recommended treatment can be recorded and referenced

for further care. It's important to keep in mind that the migraine is a multifaceted disorder. In order to resolve the pain, doctor and patient must work together to combat the different triggers from many different points- mental, emotional, and physical.

Trigger Factors



Persons concerned ought to know their own individual trigger factors so as to be able to learn to avoid them.

“No one knows precisely what it is that is inherited. The chemistry of migraine, however, seems to have some connection, with the nerve hormone named serotonin, which is naturally present in the brain...One migraine drug, methysergide, or Sansert, seems to have some effect on serotonin. Methysergide is a derivative of lysergic acid, and its use is hemmed about with so many contraindications and side effects that most doctors prescribe it only in the most incapacitating cases.” (170)

-Joan Didion, *In Bed*

While finding the cause of one's migraines can be elusive, easing the pain can be even more daunting. Most migraineurs expect a fast and simply solution to their migraines when they go to their physician for help. As mentioned earlier, migraines can last anywhere from four to 72 hours. Whatever the trigger or stressor might have been, that all becomes unimportant in light of the intense and incredible pain one has to deal with on a regular basis.



Many migraineurs tend to focus on solving the pain problem first, rather than taking the necessary time and steps to understand what might be causing the migraine. This is an unwise road to travel on, as the patient is looking for a solution to the problem of migraine pain without addressing the instigator. Though it is excruciatingly painful, migraineurs must take the time to examine what is happening in their head and in their body. They must search their pain and try to understand from where it is coming from.

“Pain is the human body guard, the cop on the beat racing to the scene, sirens wailing, shutting down

traffic.” (Park 30) The point is that one’s migraine is not necessarily the problem, but rather the symptom of a greater issue.

Published in December 2002 in the peer reviewed journal, *American Academy of Family Physicians*, Doctors Aukerman, Knutson, and Miser presented a general overview of how doctors can determine whether or not a patient indeed has a migraine, and what are the generally prescribed medications and treatments. The doctors begin by offering a statistic, which seems more like a disturbing confession. “Despite the prevalence of migraines and the availability of multiple treatment options, this condition is often undiagnosed and untreated. About one half of patients stop seeking medical care for their migraines, in part because of dissatisfaction with the therapy they have received.” (Aukerman et al. 2123)

The fact that these doctors are admitting not only that migraines are “often” left untreated, but that half of patients who do seek help eventually give up on their hopes of finding a cure for migraine disorder is a sobering and grim declaration. It would appear obvious that whatever medications or methods physicians have been employing have not been effective, and that new research and increased attention needs to be brought to the issue of migraines, a disorder that affects the lives of 18% of women and 9% of men in the United States alone. (Stokes & Lapin)

After these disclaimers, the authors of this article, “The Management of Acute Migraine Headache,” present a list of broad questions for physicians to ask patients with severe headaches. They include a wide variety of topics that go from the time of day to what the weather is like when these headaches occur.

TABLE 2
Questions to Ask Patients About Their Headaches

How frequent are the headaches?	Where are you when the headaches occur? Home, office, shopping, etc.?
What time of day do the headaches occur?	Do the headaches ever occur during sexual activity?
In women, do the headaches occur during the menstrual cycle?	When you have these headaches, are you under any stress?
What is the character of the pain: dull, aching, throbbing, piercing, squeezing, excruciating?	What is the weather like when the headaches occur? Are you exposed to any odors such as perfume, chemicals, or smoke when the headaches occur?
What other symptoms accompany the headache?	When the headaches occur, have you eaten a meal or snack recently, or have you missed a meal? If you have eaten, what foods did you eat and what beverages did you drink within the past 24 hours?
Nausea or vomiting? Dizziness? Head/neck muscles contracting? Are the senses (eyesight, hearing, touch) affected?	What are your sleeping patterns? Do these headaches ever awaken you from sleep?
Where is the pain located? One or both sides of the head? Front or back of the head? Over or behind one eye?	Is there a history of headaches in your family?
How long do the headaches last? Hours, days?	Have you ever been evaluated for these headaches? If so, what was the result?
Do you take over-the-counter medications for your headaches? Did another doctor prescribe a medication?	
Does it work and for how long? Do you take any natural remedies or herbs?	



Information from Moore KL, Noble SL. Drug treatment of migraine: part I. Acute therapy and drug-rebound headache. *Am Fam Physician* 1997;56:2039–48. (Aukerman et al. 2125)

After this list is presented, the doctors recommend that migraine sufferers not stop at one doctor, but pursue multiple specialists for the most comprehensive diagnosis possible:

“Family physicians should be aware that it advises patients to seek referral to a subspecialist or headache clinic if the primary care physician does not appear to appropriately appreciate, diagnose, or treat the headache. This suggestion may raise concern in some patients about the ability of primary care physicians to appropriately manage headaches.” (Aukerman et al. 2124)

The difficulties of living with migraines combined with the bleak data presented by family physicians would make any migraine sufferer feel disheartened. Migraines can be extremely difficult to manage due to the complexity of symptoms which vary from person to person.

Migraine drugs are classified into three primary categories: abortive, preventative, and adjunctive. Abortive drugs are prescribed to be taken when a patient can feel a migraine coming on, or when the migraine is already in progress. The goal is that the drug will counteract the migraine and relieve the pain to some degree within a reasonable amount of time. Adjunctive drugs are to be used in combination with abortive therapies to relieve the symptoms that accompany migraines, such as nausea and sensitivity to light and sound. Preventative medications are drugs which are taken on a daily basis, regardless of whether or not the patient is suffering from a migraine, to prevent the possibility of a migraine.

Tables 6 and 7 list the most commonly recommended drugs that physicians prescribe to patients. An important note to keep in mind when reviewing the many types of medications available is that doctors warn their patients to be extremely attentive to the dosage they consume of the prescribed drug. It is mentioned more than once that the “frequent use of some migraine medications (e.g., ergotamine [Ergostat], opiates, analgesics, and triptans) may cause medication overuse headaches.” The risk of increased headache frequency when taking a headache medication is unbelievable and mind-boggling.

TABLE 6
Nonspecific Medications Used to Treat Migraine Headaches

<i>Medication</i>	<i>Efficacy*</i>	<i>Dosage</i>	<i>Contraindications</i>	<i>Adverse reactions</i>
Analgesics/NSAIDs				
Aspirin	3	650 to 1,000 mg every four to six hours Maximal initial dose: 1 g Maximal daily dosage: 4 g	G6PD-deficiency, bleeding disorder	GI upset; suppositories may cause rectal irritation
Ibuprofen (Motrin)	3	400 to 800 mg every six hours Maximal initial dose: 800 mg Avoid taking more than 2.4 g per day	Aspirin/NSAID-induced asthma	Dizziness, rash, GI upset
Naproxen sodium (Anaprox)	3	275 to 550 mg every two to six hours Maximal initial	Aspirin/NSAID-induced asthma	Dizziness, rash, pruritus, GI upset, constipation

Medication	Efficacy*	Dosage	Contraindications	Adverse reactions
Ketorolac (Toradol)	3	dose: 825 mg Avoid taking more than 1.5 g per day 60 mg IM every 15 to 30 minutes Maximal dosage: 120 mg per day Treatment not to exceed five days	Aspirin/NSAID-induced asthma, pregnancy, cerebrovascular hemorrhage	Edema, drowsiness, dizziness, GI upset, increased diaphoresis
Narcotic analgesics				
Meperidine (Demerol)	3	50 to 150 mg IM or IV Repeat 50 to 150 mg every three to four hours	MAOI use within 15 days, pregnancy, lactation	Hypotension, fatigue, drowsiness, dizziness, nausea, vomiting, constipation, muscle weakness, histamine release, respiratory depression
Butorphanol (Stadol)	4	One spray (1 mg) in one nostril Repeat in one hour if needed Maximal daily doses: four Limit use to two days per week	Use with caution in patients with impaired renal, hepatic, or pulmonary function, elderly patients, those with CNS depression	Drowsiness
Adjunctive therapy				
Metoclopramide (Reglan)	2	10 mg IV or orally 20 to 30 minutes before or with a simple analgesic, NSAID, or ergotamine derivative	Pheochromocytoma, seizure disorder, GI bleeding, GI obstruction	Restlessness, drowsiness, diarrhea, muscle weakness, dystonic reaction
Prochlorperazine (Compazine)	4	25 mg orally or suppository Maximum of three doses per 24 hours	CNS depression, use of adrenergic blocker	Hypotension, tachycardia, arrhythmias, akathisia, pseudo-parkinsonism, tardive dyskinesia, dystonia, dizziness, xerostomia, constipation, urinary retention, blurred vision, pigmentary retinopathy, nasal congestion, decreased diaphoresis
Isometheptene, acetaminophen, dichloralphenazone (Midrin)	3	Maximal initial dose: two capsules Repeat one capsule per hour to maximal dosage of five capsules per 12 hours and 20 per month; limit use to two days or fewer per week	Hepatic or renal impairment, diabetes, hypertension, glaucoma, alcoholism, cardiac disease, MAOI use within 14 days	Hypertension, dizziness, rash

NSAIDs = nonsteroidal anti-inflammatory drugs; G6PD = glucose-6-phosphate dehydrogenase; GI = gastrointestinal; IM = intramuscularly; IV = intravenously; MAOI = monoamine oxidase inhibitor; CNS = central nervous system.

*—Efficacy = clinical impression of effectiveness on a scale of 1 to 4, with 4 being most effective.

Information from references [4,16](#) through [18](#), and [22](#).

TABLE 7
Migraine-Specific Medications

Medication	Efficacy rating*	Dosage	Contraindications	Adverse reactions
Ergotamine derivatives				
Ergotamine (Ergostat) [†]	3	1 to 2 mg orally every hour, maximum of three	Use of triptans, pregnancy, lactation	Increased incidence of migraines, daily headaches,

Medication	Efficacy rating*	Dosage	Contraindications	Adverse reactions
		doses in 24 hours lowest effective dose Suppository: 1 mg, maximal dosage, two to three per day and 12 per month		ergot poisoning, tachycardia, bradycardia, arterial spasm, localized edema, numbness and tingling in extremities, nausea, vomiting, diarrhea, xerostomia
Caffeine plus ergotamine (Cafergot)	3	Two tablets (100 mg caffeine/1 mg ergotamine) at onset, then one tablet every 30 minutes, up to six tablets per attack, 10 per week Suppository (2 mg ergotamine/100 mg caffeine), one at onset, one in one hour as needed; maximal dosage, two per attack	Use of triptans	Severe reactions: myocardial infarction, myocardial or pleuropulmonary fibrosis, vasospastic ischemia Common reactions: dizziness, rash
Dihydroergotamine (DHE) [†]	4	1 mg IM, SC Maximal initial dose: 0.5 to 1.0 mg; can be repeated every hour to maximal dosage of 3 mg IM or 2 mg IV per day, and 6 mg per week Intranasal: one 0.5-mg spray in each nostril, followed by one spray in each nostril 15 minutes later; maximal dosage: four sprays (2 mg) per day	Triptans, beta blockers, antihypertensives, methysergide (Sansert), SSRIs, dopamine (Intropin), macrolides, nitrates, angina, CAD, clarithromycin (Biaxin), hypertension, myocardial infarction, peripheral vascular disease, pregnancy, renal impairment, sepsis, breastfeeding, ergot alkaloid sensitivity	Ergot toxicity, coronary vasospasm, cardiac events including angina, myocardial infarction, ventricular tachycardia or fibrillation, hypertension, adverse cerebrovascular events, localized edema, pruritus, sinus tachycardia or bradycardia, weakness in legs, nausea, vomiting, diarrhea, drowsiness, xerostomia, local injection reaction, numbness
Triptans[‡]				
Sumatriptan (Imitrex)	4	6 mg SC, repeated in one hour; maximal dosage, 12 mg per 24 hours 25 to 100 mg orally every two hours, maximal dosage: 200 mg per day Maximal initial dose: 100 mg Intranasal: 5 to 10 mg (one to two sprays) in one nostril; dose may be repeated after 2 hours to maximal dosage of 40 mg per day	Ergotamine, MAOIs, use within 24 hours of another triptan, hemiplegic or basilar migraine, pregnancy, impaired hepatic function, as prophylactic therapy, CAD	Nausea, warmth, vomiting, vertigo, malaise, headache, injection site reactions, chest pressure and heaviness
Naratriptan (Amerge)	3	1.0 to 2.5 mg orally every four hours to maximal dosage of 5 mg per day	Ergot-type medications, SSRIs, oral contraceptives, smoking, CAD	Dizziness, drowsiness, nausea, vomiting, fatigue, paresthesias
Rizatriptan (Maxalt, Maxalt MLT)	4	5 to 20 mg orally every two hours to maximal dosage of 30 mg per day	Ergot-type medications, SSRIs, other triptans, MAOIs, propranolol (Inderal), cimetidine (Tagamet), CAD	Tachycardia, bradycardia, throat tightness, closure
Zolmitriptan (Zomig)	4	2.5 to 5.0 mg orally every two hours to maximal dosage of 10 mg per 24 hours	Ergot-type medications, SSRIs, other triptans, MAOIs, CAD	—

IM = intramuscularly; SC = subcutaneously; IV = intravenously; SSRIs = selective serotonin reuptake inhibitors; CAD = coronary artery disease; MAOIs = monoamine oxidase inhibitors.

*—Efficacy = clinical impression of effectiveness on a scale of 1 to 4, with 4 being the most effective.

†—Avoid chronic use because of potential for peripheral vasoconstriction

The list of adverse reactions to each and every medication seems almost more frightening than the actual migraine itself. Mild side effects such as dizziness, nausea, constipation, fatigue, or vomiting are hardly acceptable. More serious reactions such as respiratory depression, arrhythmias, akathisia, pseudo-parkinsonism, coronary vasospasm, or cardiac events including angina, myocardial infarction, ventricular tachycardia or fibrillation put migraine patients at risk for more serious health problems than the ones they are already dealing with. Requiring migraine sufferers to make the choice between accepting the dangerous risks involved in taking such drugs or living with their disorder is appalling to say the least.

“After a series of periodic visual disturbances . . . I was told that the disorder was not really in my eyes, but in my central nervous system... The startling fact was this: my body was offering a precise physiological equivalent to what had been going on in my mind. ‘Lead a simple life,’ the neurologist advised. ‘Not that it makes any difference we know about.’ In other words it was another story without a narrative.”

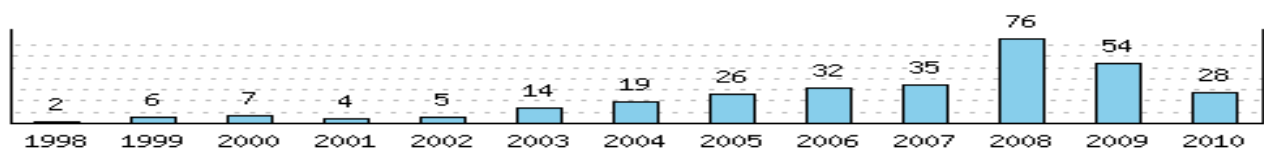
-Joan Didion, *The White Album*

In light of the obvious hazards of taking such precarious medications, the assumption is that the only reason doctors would prescribe such drugs would be because the benefits greatly outweigh the dangers. Imitrex is mentioned as having particularly favorable results when injected directly into the bloodstream. Of the migraineurs who use the drug, 70 to 82% have reported it to be “effective”. While the listed side effects of Imitrex are not considered life threatening, they are not to be taken lightly either. These include nausea, warmth, vomiting, vertigo, headache, injection site reactions, chest pressure and heaviness, as well as malaise.



Malaise is described by the MedlinePlus Medical Encyclopedia as “a generalized feeling of discomfort, illness, or lack of well-being.” While the definition might appear vague, the indications are numerous and worrying. Some might ask what could be worse than the nagging sensation that something is not right coupled with an inability to pinpoint what it is? In a separate article featured on the eHealthMe website, which serves as an open forum where people on prescription medication can freely report their experiences using different drugs, 308 users who were taking Topiramate to treat migraine disorder listed malaise as a side effect.

Trend of "Malaise in Topiramate" reports



Also included in the same website is self-reported data on the top 10 side effects reported by 3,549 individuals currently taking Imitrex, a commonly prescribed drug by physicians for migraines and as mentioned earlier considered especially “effective”.

Top 10 Overall Imitrex side effects are:

<u>Complaint</u>	<u># of Reports</u>
1. Drug ineffective	663
2. Product quality issue	423
3. Nausea	323
4. Headache	301
5. Chest pain	283
6. Migraine	270
7. Vomiting (nausea & vomiting)	219
8. Device malfunction	198
9. Dyspnoea (Breathing difficulty)	185
10. Dizziness	181



Overall, about one-third of patients taking Imitrex have reported issues concerning the effectiveness and quality of the drug. In light of these numbers, coupled with the fact that migraine and headache is a commonly reported side effect of a drug that is supposed to treat migraines, one could easily become confused as to why doctors would recommend this drug in the AAFP journal to their peers.

Imitrex is part of a family of drugs known as Triptans. Triptans are an abortive treatment used as a combatant against a migraine once it is already in progress. They work by binding themselves to the serotonin receptors in the blood vessels of the brain and causing these blood vessels to constrict. (Wikipedia.org) This constriction makes it virtually impossible for inflammatory peptides to be released. Many doctors blame inflammation of cranial blood vessels for migraine disorder and have considered Triptans a revolutionary drug in the fight against it.

While many migraine sufferers would rejoice in the fact there is something they could take which would stop a migraine dead in its tracks, one needs to take a step back to see the bigger picture. Triptans, such as Imitrex, are abortive drugs. They are not a cure for migraine pain, but simply a blanket to cover the pain. Scientists and doctors need to reaffirm their commitment to researching and finding therapies that can offer at least the same promise of relief for migraine pain without the hazardous side effects. Biofeedback, well established in other fields but relatively new in relation to migraine treatment, trains patients how to read and control what’s happening inside their bodies. This therapy also, interestingly enough, asks its patients to journal about their experiences in order to aid in their treatment.

The perilous side effects of prescription migraine medications such as Triptans have been carefully outlined in detail. Instead, there is little or no mention in this essay of side effects with the descriptions of various homeopathic remedies. This discrepancy can be attributed to the scientific fact that the herbal dilutions used in Homeopathy and Traditional Chinese medicine are perfectly safe and non-toxic when used properly. According to the National Center for Complementary and Alternative Medicine, which is run by the National Institute of Health, “a systematic review found that homeopathic remedies in high dilution, taken under the supervision of trained professionals, are generally considered safe and unlikely to cause severe adverse reactions.” (NCCAM)

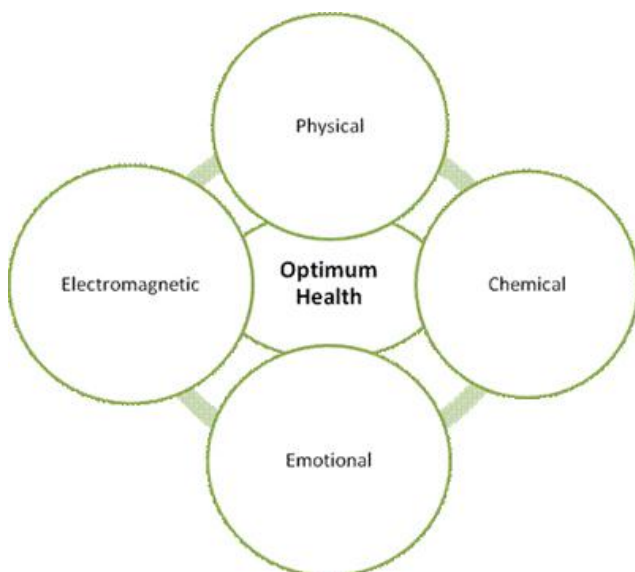
The site states that while most homeopaths will warn patients of a temporary worsening of their symptoms as the remedy begins to take effect, there is no indication in their research data that is cause for alarm. Also, as a general rule, homeopathic remedies can be taken while a patient is on prescription medication, but it is always best to advise one's physician of what drugs they are on.

There is still much research to be done on the effects and results of homeopathy. The western modern medical community is highly skeptical of the real healing properties of homeopathy on treating illness and disease. "However, there are ... individual observational studies, randomized placebo-controlled trials, and laboratory research that report positive effects or unique physical and chemical properties of homeopathic remedies." (NCCAM) Further research is needed in order for followers and practitioners alike to validate homeopathy as an insurable solution to migraine pain.

Dr. Stefan Griesmeyer, M.D. is a specialist in Chinese Medicine, Acupuncture & Applied Kinesiology. He has been practicing medicine in Italy for many years. Dr. Griesmeyer runs a holistic medical studio in Genoa, Italy. He is the homeopath who has been treating Patient A for the past 4 years.

When asked how he would go about diagnosing a migraine, Dr. Griesmeyer was quick to point out the common flaw most physicians make is a failure to realize that it is not about diagnosing the migraine so much as it is about recognizing the migraine as a symptom of a physical imbalance within the body. Dr. Griesmeyer admits that migraines are not easy to diagnose. Out of 30 or so walk-ins a year who come into his studio thinking they have a migraine, only 1/3 of those, or 10 people, actually have the characteristics that qualify as a migraine with aura.

Things he must consider when deciding are: is the headache is unilateral or multilateral; is dizziness present; are auras present? These could be indications of whether or not the migraine is a symptom of a neurological disorder, which would then require an altogether different method of treatment. Dr. Griesmeyer will ask sufferers about their diets to find out what type of foods are they eating and if they are consuming proper nutrients. Another facet to examine when diagnosing the source of a migraine is a patient's digestion. Are the liver and intestines functioning properly in order to ingest and digest nutrients?



Dr. Griesmeyer reiterates, "Nonconventional medicine works to test for these imbalances while conventional medicine does not." As to what causes migraines based on his experience, Dr. Griesmeyer first points out that menses can be a major instigator in women. Hormonal changes that occur in women at various points during the month can influence the liver, which creates a chemical imbalance resulting in migraines. Considering two-thirds of migraine patients are women, this makes sense.

When asked if adequate hydration had any significant effect on migraineurs, Dr. Griesmeyer felt that while water consumption is important for overall health, it did not have much effect on migraines directly. Indirectly, water can help to clean out toxins in the liver, which could then influence the migraine.

To give a visual example, Dr. Griesmeyer suggested considering this example:

“A person goes out and gets drunk one night. The next morning he or she wakes up with a headache. The individual can try to medicate the pain in many different ways, but it won’t change the fact that this headache is not accident. The pain, the headache is a result of something specific, in this case liver intoxication. It is not the headache that needs treatment, but the previous action which caused the headache. A doctor must try to find the source of the symptomatic pain.”

A few of the other possible causes that he has linked to migraine pain have been:

- Bad posture/ poor alignment of the vertebrae
- Intoxicated liver
- Intestinal imbalance
- Poor sight
- Dental problems

When it comes to treating migraines, Dr. Griesmeyer employs both his traditional medical training and training in various types of alternative methods in order to provide his patients with the most effective, all-encompassing treatment possible. He draws from Chinese medicine in particular because of how it works to individually identify each symptom a person presents. Traditional Chinese medicine allows the symptoms to paint a picture of the underlying physical imbalance which is causing the pain. It then goes about treating that imbalance in a non-invasive manner while trying to set the body’s natural balance back in order. It requires time and patience on the part of the patient to give the body time to detoxify.

Dr. Griesmeyer explains that common drugs employed by modern medicine such as Triptans, for example, are abortive drugs that only work to cancel out the migraine as it is occurring, but do nothing to resolve the underlying cause. This is why migraines will continue to be a lifelong battle for many migraine patients who never address the real issues in relation to their migraines.

In most cases, the focus should be not on treating the migraine, but on helping the body reach a natural and healthy equilibrium in order to function at its optimum level. Dr. Griesmeyer provided a list of the most effective homeopathic remedies he has found for treating migraine sufferers.

1. *Belladonna*: When an individual experiences Deadly Nightshade poisoning, possible symptoms include: “extreme restlessness, convulsions, hot flashes, hypersensitivity in regards to the senses, flushing, dilated pupils, glossy or glaring eyes, throbbing migraines, and delirium.” (Bright Hub)



2. *Spigelia*: Also known as 'pinkroot', spigelia is recommended for use in those who suffer from heart and nervous system conditions. The pain is often characterized as being quite strong and occurring in particular on the left side of the body. This treatment can be quite useful for those who suffer from migraines that occur on the left side of the cranium. (Herbs2000)
3. *Gelsemium*: Also known as yellow jessamine, is used to treat extreme physical pain as well as mental paralysis. "Regular use of this medication helps to provide relief from... headaches that worsen while the patient is in motion or due to bright light and the patient has a sensation as if the head has been constricted by a tight band." (Herbs2000)
4. *Glonoinum*: "Glonoine corresponds to congestive states in the head that come on suddenly, especially from heat, but also from gaslight, or from any bright light." (International Academy of Classical Homeopathy) This is commonly prescribed for those who work long hours in-doors, such as in associates in offices, supermarkets, and shops.

An excerpt from "Lectures on Homeopathic Materia Medica" by James Tyler Kent, A.M., M.D., relates an interesting case in which glonoinum was recommended:

"In a case noted it says, "frantic attempts to jump from the window." The headache was so intense that the patient became violent and attempted to jump from the window... It is enough to make one frantic to feel this continued hammering upon every fraction of the skull. He cannot lie down, and he cannot walk, because every step increases the jar, so you see why it is that the word "frantic" is used there. The patient becomes frantic with the pain... The patient wants the room perfectly still. If sitting up in bed, you will often find a Glonoine patient with both hands pressing upon the head with all the power possible until the arms are perfectly exhausted. He wants the head pressed upon all sides. Wants it bandaged or a tight cap fitted down upon it. The headache is worse from bending backward and from stooping forward. There are times when the headache is so severe that lying back upon the pillow cannot be tolerated. There is a sense of great heaviness in the head. You will notice, in reading over these congestive headaches as reported, that each patient has a different way of describing his headache and yet all have the same story to tell, that of violent determination of blood to the head."



Other common remedies include *Iris versicolor*, *Cimicifuga*, *Lachesis*, *Nux vomica*, *Chelidonium*, *Colocynthis*, *Petasis*, and *Chrysanthemum*. Finally, Dr. Griesmeyer emphasizes that "it is important to examine the symptoms not only of the migraine, but all other elements of physical health and functioning."

"I had been thinking all the time, while I was asleep, of what I had just been reading, but my thoughts had run into a channel of their own, until I myself seemed actually to have become the subject of my book... [A]s the thoughts of a former existence must be to a reincarnate, the subject of my book would separate itself from me, leaving me free to choose whether I would form part of it or no."



-Marcel Proust, *Swann's Way*

Today, Patient A reports that she relatively migraine free. She experienced a hand-full of migraines in 2010, but none so serious that she had to be hospitalized. As of April 2011, Patient A has not experienced any migraines. Since January 2011, she has woken up twice with a headache. She used relaxation techniques, such as those used in biofeedback, and drank plenty of water. Within an hour the headaches had subsided without the use of drugs or remedies. In addition to these results, Patient A's digestion has drastically improved.

Patient A continues to work with Dr. Griesmeyer to maintain the balance she has found. She still follows the diet previously prescribed by Dr. Griesmeyer. She takes a dance course three times a

week as well to maintain physical fitness and release tension. Patient A reports being very satisfied with her overall health. Based on her experiences while journaling, she has written a book, something Patient A describes as having brought her "peace and deep satisfaction".

Patient B is still on her medications and does not foresee a day in which she will ever not be on them. Patient B reports no negative or obvious side effects of the drug. Though, in early 2011 she did have to be admitted to the hospital for a severe kidney stone. Topiramate will increase the risk of kidney stones as well as:

- sudden vision loss, pain around or behind your eyes;
- dry mouth, increased thirst, drowsiness, decreased sweating, increased body temperature, and hot, dry skin,
- slowed thinking, memory problems, trouble concentrating;
- problems with speech or balance;
- confusion, mood changes, unusual behavior, thoughts of suicide or hurting yourself;
- vomiting, loss of appetite, tired feeling, irregular heartbeats, feeling like you might pass out;
- or
- severe pain in your side or lower back, painful or difficult urination.
- mild dizziness;
- numbness or tingly feeling;
- diarrhea, weight loss;
- feeling nervous;
- change in your sense of taste; or
- cold symptoms such as stuffy nose, sneezing, sore throat.

(Drug Information Online)

She is currently experiencing great pain in her hip as a result of her knee injury and resulting complications. She is hoping to see her physician as soon as possible for a serial gel injection to the hip joint which serves to ease the pain. For many Americans, the financial burden of such treatments, along with the astronomical cost of prescription medications, adds stress and anxiety to an already difficult situation. Patient B, though,

reports that she is glad she does not suffer from migraines. While she cannot perform certain physical activities, she considers herself luckier than many.

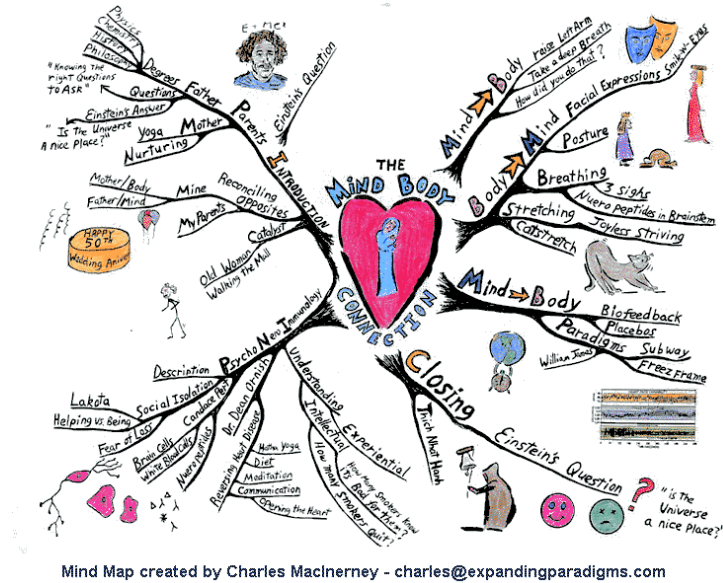
After reviewing the data presented in this paper on the two approaches to dealing with migraines, it becomes apparent that western medicine cannot offer the healing found in holistic medicine. A migraine is a disabling force that serves as a distress signal of a deeper problem; this crisis could be made up of a number of physical factors, but the one that presents itself time and time again is stress. Both Patients A and B, though they came from two separate generations, reported an underlying sensation of stress that boiled just under the surface of their daily lives. While migraines continue to puzzle the modern medical community, those in the field of alternative medicine are working to solve the riddle in a manner that frees their patients from the pain.

My recommendation to migraineurs is to consider the information presented in this essay. Take a proactive approach to finding a resolution for migraine disorder and do not settle for a fast fix. Although it took Patient A nearly 5 years of homeopathic care which included multiple phases, she has now reached the point where she no longer worries about getting a migraine. Homeopathy does indeed require more time and steps to work, but it does in fact work. As of 2007, almost 4 million American adults and nearly a million children were homeopathic patients. (NCCAM) Migraineurs should search local databases for certified homeopathy and Chinese medicine practitioners, ideally a doctor who is certified by an internationally approved medical board. From that point, both patient and doctor will work together to build a lifestyle and diet that will benefit the needs of the patient best in order to cure their ailments in the most non-invasive manner possible.

Those who suffer from migraines can, and should, take something positive from their experiences: creative inspiration, insight into the strength of what the human body can endure, and a deeper understanding into the mind.

“Woolf’s writing never lets us forget the precariousness of our being. “What does one mean by ‘the unity of the mind,’” Woolf wondered in *A Room of One’s Own*, “it [the mind] seems to have no single state of being.” She wanted her readers to become aware of “the severances and oppositions in the mind,” the way the consciousness can “suddenly split off.” At the very least, Woolf writes, one must always recognize “the infinite oddity of the human position.” Although the self seems everlasting – “as solid as forever” – it lasts only for a moment. We pass “like a cloud on the waves.””

-Jonah Lehrer, *Proust Was a Neuroscientist*



Bibliography

“Acupuncture.” *Traditional Chinese Medicine Information Page*. TMC Page, 2009. Web. 25 Apr. 2011

Aggarwal, Sandeep K., M.D. and Stanley J. Swierzewski, III, M.D. “Migraine Headaches.” *Neurology Channel*. Health Communities, 14 Sep 2010. Web. 2 Feb 2011.

American Migraine Prevalence and Prevention (AMPP) Study and Fact Sheet. National Headache Foundation. 2011. Web. Feb 7 2011.

Aukerman, M.D., Glen, Doug Knutson, M.D., and William F. Miser, M.D., M.A. “Management of the Acute Migraine Headache.” *American Family Physician* 66.11 (1 Dec. 2002): 2123-2130. Web. 29 Mar. 2011

Awareness Art Gallery. Migraine Awareness Group: A National Understanding for Migraineurs. 2009. Web. 2 Feb 2011.

“AxiDophilus.” *Verdi Rimedi: Eboristeria and Benessere*. Erboristeria Online Verdi Rimedi, 11 Apr. 2011. Web. 11 Apr. 2011.

“AxiMagnesio.” *Pegaso: C'è un altro modo di stare bene*. Pegaso, S.r.l., 11 Apr. 2011. Web. 11 Apr. 2011.

“Bach Water Violet Flower Remedy.” *Homeopathy: Flower Essences*. Global Herbal Supplies, n.d. Web. 11 Apr. 2011.

Balconi, M.D. Loredana. “Idrocolon Terapia”. *Strumenti per diagnosi e terapia*. Progetto Caduceo, n.d. Web. 11 Apr. 2011.

Begley, Sharon and Jeffrey M. Schwartz, M.D. *The Mind & The Brain*. New York: HarperCollins, 2002. Print.

“Bilirubin.” *Medical Dictionary*. The Free Online Dictionary, 2011. Web. 11 Apr. 2011.

- Burchfield, Terri Miller and Michael John Coleman. "An Understanding of Migraine Disease & Tips for Migraine Management." *Migraines: Myth vs. Reality*. M.A.G.N.U.M., 2 Feb. 2011. Web. 2 Feb. 2011.
- Carling, Patricia. Personal interview. Date to be determined.
- Cloud, John. "Beyond Drugs: How Alternative Treatments Can Ease Pain." *Time*. 21 Mar. 2011: 35-38. Print.
- Colautti, M.D. Roberto, Fabio Patruno, Stefano Stefani and Marco Vittori. "2 Preparazioni E Composizioni Spagiriche: 2^a lezione del 1^o anno, Teoria di Laboratorio." *Scuola di Medicina Spagirica: A cura del dipartimento Scientifico della [Similia](#)*. Similia Spagirica Omeopatia, n.d. Web. 11 Apr. 2011.
- "Colodren." *Protocollo di Depurazione Intestinale Disbiosi*. Arnold Ehret Italia: Sito Ufficiale dell' Ehretismo, n.d. Web. 11 Apr. 2011.
- Conger, Claire. "Trapped In Her Life, Joan Didion Lies In Bed With a Migraine." Weblog Entry. *Creating Intelligent Relationships with People, Sex, and Money*. 17 Sep 2010. Web. 23 Feb 2011.
- Dahlem, Markus. "Classification according to IHS and WHO." *Migraine Classification*. Migraine Aura Foundation, 12 Mar. 2005. Web. 1 Feb. 2011.
- "Darvocet." *Drugs. Com*. The Drugsite Trust, 16 June 2010. Web. 25 Apr. 2011.
- "Dextropropoxyphene." *Wikipedia: The Free Encyclopedia*. Wikimedia Foundation. 22 Apr. 2011. Web. 25 Apr. 2011.
- Didion, Joan. *In Bed*. New York: Farrar, Straus, and Giroux, 1990. Print.
- . *The White Album*. New York: Farrar, Straus, and Giroux, 1979. Print.
- eHealthMe*. 29 Mar. 2011. Web. 30 Mar. 2011.
- "Fungilin." *Riassunto delle Caratteristiche del Prodotto*. Torino Medica, Feb. 2003. Web. 11 Apr. 2011.
- Gerber, Richard M.D. *A Practical Guide to Vibrational Medicine: Energy Healing and Spiritual Transformation*. New York: Harper Collins, 2001. Print
- Greenberg, Neil. "How Stress Affects Creativity". Adapted from *The Physiological Ethology of Creativity*. Department of Ecology and Evolutionary Biology and The University Studies Transdisciplinary Colloquy on Creativity, University of Tennessee, 12 July 1998. Web. 23 Feb 2011.
- Griesmeyer, M.D. Stefan. Personal interview. 16 Apr. 2011.
- Grossinger, Richard. *Migraine Auras: When the Visual World Fails*. North Atlantic Books, 2006. Print.

Herbs2000, n.d. Web. 19 Apr. 2011.

“Homeopathy: An Introduction.” *National Center for Complementary and Alternative Medicine*. National Institutes of Health, Aug. 2010. Web. 25 Apr. 2011.

HomeopathyCare.org, Homeopathy Care, LLC. American Medical College of Homeopathy. 2005. Web. Feb. 28, 2011.

Lehrer, Jonah. *Proust Was a Neuroscientist*. New York: Mariner, 2008. Print.

“Liver Function Tests.” *Wikipedia: The Free Encyclopedia*. Wikimedia Foundation. 18 Dec. 2010. Web. 11 Apr. 2011.

Lui, Anli, and Bruce L. Miller. “Visual Art and the Brain.” *Neuropsychology and Behavioral Neurology*. Ed. George Goldenberg and Bruce L. Miller. Amsterdam: Elsevier B.V., 2008. Page 484. Print.

“Malaise.” *MedlinePlus Medical Encyclopedia*. National Institute of Health. 4 Feb. 2011. Web. 29 Mar. 2011.

“Menstrual Cycles: What Happens in Those 28 Days.” *Women’s Health Information*. Feminist Women’s Health Center, 21 Jan. 2011. Web. 9 Apr. 2011.

“Migraine Headache.” *The Center for Integrative Medicine*. The University of Maryland, 2011. Web. 11 Apr. 2011.

“Momordica Balsamina.” *Homeopathic Materia Medica*. International Academy of Classical Homeopathy, 2007. Web. 11 Apr. 2011.

“Oligodrop Magnesio 20 Fiale Dls.” *Farmacia Internet*. Farmacia Digitale, 11 Apr. 2011. Web. 11 Apr. 2011.

“Painkillers- Ibuprofen.” *National Health Service*. DirectGov, 4 Aug. 2010. Web. 11 Apr. 2011.

Park, Alice. “Healing the Hurt: Finding New Ways to Heal Pain.” *Time* 21 Mar. 2011: 30-34. Print.

Patient A. Personal interview. 9 April 2011.

Patient B. Personal interview. 5 April 2011.

Proust, Marcel. *Swann’s Way*. Trans. C. K. Scott Moncrieff. Mineola, New York: Dover Publications, Inc., 2002. Print.

Robbins, Richard H. *Global Problems and The Culture of Capitalism*. Boston, MA: Allyn and Bacon, 1999. Page 354. Print.

“Rosmarinus officinalis.” *Wikipedia: The Free Encyclopedia*. Wikimedia Foundation. 2 Jan. 2011. Web. 11 Apr. 2011.

“Rosemary.” *Encyclopedia of Mental Disorders*. Advameg, Inc., 11 Apr. 2011. Web. 11 Apr. 2011.

Spring, Manda. *Benefits and Dangers of Belladonna Homeopathy*. Bright Hub: The Hub for Bright Minds, 20 Apr. 2009. Web. 19 Apr. 2011

“Topiramate.” *Drugs. Com*. The Drugsite Trust, 16 June 2010. Web. 25 Apr. 2011.

“Triptans.” *Wikipedia: The Free Encyclopedia*. Wikimedia Foundation. 2 Jan. 2011. Web. 31 Mar. 2011.

Woolf, Virginia. *On Being Ill*. Ashfield, MA: Paris Press, 2002. Print.

---. *A Writer's Diary*. New York: Harcourt, 1982. Print.

“Ultram.” *Drugs. Com*. The Drugsite Trust, 16 June 2010. Web. 25 Apr. 2011.