

Chocolate, Playing Possum and Migraines

By Wayne Topping, PH.D, LMP

Abstract: Migraines have a multifaceted origin. We shall examine physiological, dietary

And psychological origins and show how these factors are addressed in Wellness Kinesiology

Introduction

Approximately nine our of every ten patients go to medical doctors because of pain-headaches, abdominal pains, backaches, arm, shoulder and leg pains (Thie, 1994, p.11). Headache is the commonest complaint presented to physicians, an migraine is the commonest function: disorder by which patients are afflicted (Sacks, 1999). Approximately 18% of all females and 6% of all males in the United States experience migraines and they are increasing. In the 10 years prior to 1997 the incidence of migraine among all age groups in America has risen more than 60% (Milnes, More & Goldberg, 1997). Thus anyone working in the holistic health field will be seeing clients who experience migraines.

In 1989 I presented a paper entitled Personality Traits and Their Relationship to Illness describing methods developed by my ex-wife Bernie and myself where we could identify limiting beliefs- what we called :personality traits" - and their related dysfunctions. The Migraine Personality Trait was described to illustrate the

a reprogramming of such limiting beliefs.

Subsequently, I initiated an international study designed to see how many clients with migraines eliminated within two therapy sessions by dismantling the migraine personality trait, if it existed. In the final instance only three of us—Sjoukje Van Hellemond of the Netherlands, Hanne Iversen of Norway, and myself, worked with 15 clients. After two sessions five were free of migraines; only one person said her migraines were unchanged. (She has since had a small "accident" and the migraines ceased!)

However, one of the things that fascinated me about this project was how difficult it was to find people who were willing to eliminate their migraines. I was curious why that was. Why did they not want to get rid of their migraines? I understood only after I broadened my perspective on the most fundamental responses we have to a stressor. This is what we are going to be examining in this paper. First, however, let's look at the characteristics and different types of migraines.

Classifying Migraines

Migraine is characterized by intense, throbbing headaches that are often onesided (the term migraine is derived from a

Greek term meaning "half-skulled"). The head pain often spreads over the entire cranial area and can be mixed with or accompanied by a tension headache. The migraine is a "sick" headache and the intense throbbing pain is often accompanied by nausea, vomiting, diarrhea, dizziness, hallucinations, numbness or tingling, sensitivity to light, noise, smell and/or taste, depression, irritability, tension, constipation, trembling and tremor, swelling of the fingers, . hands, wrists, ankles, breasts, legs, and/or abdomen, inability to concentrate, loss of memory for words, names, etc., slurred speech and incoherence, detachment, yawning, talkativeness, skin rash, and increased or decreased urination.

Up until recently, there have been two major types of migraines:

Classical Migraines are preceded by visual disturbance, the aura, occurring 20-35 minutes before the onset of the migraine.

Common Migraines are not preceded by any visual disturbance.

Very recently the decision has been made to replace the terms "classical" and "common" migraine by migraine with and without aura.

The aura can consist of visual disturbances, such as flashing lights, zigzag lines, blurring, or bright spots, partial or total blindness, numbness or tingling on one side of the body, muddled thinking, a sense of unreality, fatigue, anxiety, and/or an overall body weakness.

Do You Have Migraines?

According to the International Headache Society (HIS), you can determine whether

you have a migraine by looking at the following two groups. If you agree with any two statements in Group A, plus any one on Group B, then, according to the HIS, you have a migraine:

Group A:

- Your pain is located on one side of the head.
- Your pain is throbbing or pulsating.
- Your pain is severe enough to interfere with or keep you from normal activity.
- Your pain is worsened by exertion.

Group B:

- The pain is accompanied by nausea or vomiting.
- The pain is accompanied by sensitivity to light and noise.

Source: Jerome Walker, M.D., Michael Norman, M.D., and Sharon Parisi, PhD, "Controlling Headache: Question and Answers." DeKalb Medical Center, Headache Treatment Center, in Decatur, Georgia. As described in Milne, More & Goldberg, 1997.

The Cause of Migraines

It is generally accepted that the immediate cause of migraine headache is the dilation of blood vessels within the head and the release of local pain-producing factors (inflammation). The pain is throbbing because the blood pulses through the swollen arteries in time with the pulsing of blood from the heart.

Migraine Triggers

A. Dietary Factors

Seymour Diamond, M.D., neurologist and director of the Diamond Headache Clinic in Chicago and J. Nathan Blan of the City of London Migraine Clinic estimate that foods such as chocolate and aged cheese may be triggers to migraines in one-third to one-half of all sufferers.

Foods known to trigger migraines include:

- 1. Aged cheeses (such as Brie, Camembert, cheddar, and blue), meat and fish, alcoholic beverages, avocados, bananas, and figs. These foods are rich in the vasodilating-amino acid tyramine.
- 2. All alcohol, especially red wines,
- 3. Monosodium glutamate (MSG), a flavor enhancer that is very common in canned or packaged soups, sauces, and Chinese food
- 4. Chocolate, a very common cause of migraines, contains phenylethylalamine
- 5. Foods rich in phenylethylalamine including dairy products, smoked fish (especially pickled herring), eggs, tomatoes, and wheat
- 6. Foods rich in nitrites including cured meats such as bacon, hot dogs, ham, bologna, salami, and pepperoni
- 7. Nitrates, used to keep hamburger looking 12. Full moon pink and fresh
- 8. Nuts
- 9. Citrus fruits and their juices (grapefruit, lemon, lime, and orange)
- 10.Niacin (vitamin B3) is a vasodilator

- 11. Caffeine, as in coffee and tea, initially constricts arteries, but results in dilation of arteries about 12 to 18 hours later
- 12. Excessive sugar intake, or going for a long time without eating can allow the blood sugar levels to drop, whereupon the cranial arteries dilate in an attempt to deliver more sugar to the brain
- 13.0nion
- B. Environmental Factors
- 1. Sleep deprivation or excess sleep
- 2. Weather changes, eg. impending thunder
- 3. Positively-ionized winds such as the Santa Anas, Foehn, Sharav, Mistral, Chinook, and Hamsin
- 4. Excessive and/or loud noise
- 5. Strong smells
- 6. Smoke, gas fumes, paint fumes
- 7. Sunlight, bright or flickering fluorescent lights, television
- 8. Yeast infections
- 9. Analgesic agents and other drugs
- 10.Violent exercise
- 11. Plane take-offs and landings, air pressure and humidity changes
- - 13. High altitudes
 - C. Female Sex Hormones

Female migraine sufferers often get

Page 53

migraines at the time of menstruation and are often free of migraines during pregnancy.

Usually migraines begin occurring at puberty and disappear or become less frequent with menopause. Sex hormones are also known to influence blood vessels, and it is changes in blood vessel diameter that underlies migraine. Thus menstrual migraines may be due to sex hormone-induced dilation of vessels, or as Richard Lynch (p. 219) speculates: "The onset of one's menstrual period triggers many potential psychological problems that center on issues of femininity, lack of pregnancy, and so on."

D. Personality Characteristics

Dr. Alfred Scopp (1982) describes four personality characteristics which frequently aid in creating migraines.

- a. An exacting, perfectionistic, conscientious, and highly controlled nature. Migraineurs set very high standards, especially for themselves, and feelings. On the outside they may wear a become frustrated or upset when their high standards are not met.
- b. Ambitious goal orientation. Migraineurs may feel there is never enough time to get things done.
- c. People pleasers. More than most people, the migraineur will go out of his or her way to please others, even at the expense of self.
- d. Difficulty in handling anger, frustration, to some obvious conclusions: and negative emotions. Generally, negative emotions are "held in" rather than being dealt with directly and released.

In our personality trait research we linked the limiting belief, "I don't want to confront differences" with the tendency to have migraines. Note that it describes a "people pleaser."

Another characteristic that is guite common among migraineurs is an immaturity and insecurity that result from having a dominating parent and that leads to violent immature emotions, notably, jealousy and rage, in the face of frustration - just as a child would act (Arehart-Treichel, 1980). Such persons are often accident prone as well (usually fire or falling accidents). Is it possible that if the person cannot express his rage against others, he might turn it on himself, either as a migraine or in the form of an accident?

Lynch (1985) has noted that migraine patients typically are not able to detect their smile and consequently believe that they are happy. On the inside, however, they are not able to detect a heart that is racing out of control or their hands some 20 degrees colder than normal.

Toward a Comprehensive Model to Explain Migraines

Any extensive research into migraines leads

1. No one approach - nutritional, acupuncture, psychological, pharmacological - can eliminate all migraines.

- 2. Migraines with and without auras have a wide variety of symptomology.
- 3. The two leading models to explain migraines cannot account for all the symptoms.
- (a) Vasomotor Theories of Migraine.

It is believed that contractions of vessels in the brain due to excited action of the sympathetic nervous system creates a diminished supply of blood to the brain. This vasoconstriction and local anemia is supposed to account for the symptomology of the aura. The exhaustion of the sympathetic response causes the dilatation of the vessels and the headache.

1. There appears to be general consensus that vasodilatation is the intermediate cause of migraine headaches. For example, almost pure vasoconstrictor agents, such as norepinephrine (noradrenaline), promptly reverses all the painful aspects of migraine headache. However, as stated by Sacks (1992 p. 184-5) a vasoconstrictor origin of migraines "shows itself utterly inadequate to explain the rich complexity of the aura format with its many, elaborate and varied symptoms. The ischaemic [deficient blood supply] hypothesis is attractive in view of its simplicity, but is, alas, altogether too simple to account for a migraine."

(b) Chemical Theories of Migraine.

1.No one chemical seems to be responsible for migraines. Looking for a "magic bullet" has given rise to the histamine theory of migraine, the acetylcholine theory of migraine, and the serotonin theory of migraine. While using drugs to alter levels of such neurotransmitters may help reduce symptomology in some cases, the challenge can be seen in perspective when it is recognized that each of the following neurotransmitters is involved in the production of a migraine noradrenaline, acetylcholine, dopamine, histamine, GABA, enkephalins, and serotonin (5hydroxytryptamine). This is why severely affected migraine patients may be on three or four drugs simultaneously.

- 4. Migraines seem to have a multi-faceted origin. It is clear that chocolate triggers migraine for some individuals. Some women have migraines around menstruation time. Thus chocolate consumption around menstruation time would provide two factors tipping the individual toward initiation of a migraine. Change aspects of the migraine personality then the other factor may not be sufficient to trigger migraine.
- 5. To finally account for the origin of migraine we need to include the possum response.

The Possum Response

When we are faced with an emergency situation innumerable neurological and biochemical responses are triggered instantly in order to help us survive (Topping, 1990, p. 6-7). The physiologist Walter

Cannon (1920) termed this set of responses the client to imagine standing up for the "fight or flight" pattern. These responses themselves. These people are typically and Dr. Hans Selye's entire General people pleasers who will suppress their Adaptation Syndrome are based on arousal desires in order to keep peace at all costs. of the sympathetic nervous However, there is another response to but you wouldn't know from the smile they stress. Some people respond with passive present to the outside world. For some of withdrawal, what Phil Nuernberger (1981, p. these clients just eliminating the limiting terms the "possum 69) "...[]]nstead of preparing to fight or run away environment that gave rise to the belief when faced with a threatening situation, they would be doing them a disservice. just sort of roll over and play dead. Their response to fear is not arousal, but inhibition. This is marked by the typical characteristics of extreme parasympathetic decreased physiological discharge functioning, loss of skeletal tone, mental lassitude, inactivity, and eventual depression."

"Whether we react with arousal or inhibition seems to depend on whether or not we perceive ourselves to be overwhelmed. If we can fight or run away, or if we are backed into a corner, we will respond with sympathetic arousal. If we perceive no hope, if we have the feeling that nothing we can do will help us, then we will tend to activate a possum response and become passive and depressed" (p. 79).

Compare this with Howard and Martha Lewis's (1972, p. 178) comment: "The most common prelude to migraine is repressed rage. Psychoanalysts treating migraine patients have observed that an attack may disappear when a patient gives vent to his hostility."

The possum response fits nicely for some of the people I have seen with migraines. The limiting belief we discovered to be very common for migraineurs was "I don't want to confront differences," with a feeling of insignificance being triggered if we asked

system. Are they often angry? You better believe it, response": belief without looking at the early childhood

> Put in behavioral terms, the essential terms of a migraine attack are these: retreat from the outer world, regression, and, finally, recuperation.

It is also characterized by passivity, stillness and immobilization. Oliver Sacks in his very comprehensive book. Migraine, describes passive reactions to threat in the animal kingdom which he regards as parallel to migraine attacks in humans. "A fearful dog ... cowers, and may vomit and be incontinent of faeces; the hedgehog responds to threat by curling up; the gerbil by a sudden cataplectic loss of muscular tone; the opossum by a trance-like arrest or "sham death." The frightened horse may "freeze" and break into a cold sweat: ..." etc.

Sacks believes that migraines have developed, "as reactions, from a broad region of passive, parasympatheticallytoned, protective reflexes, such as many animals employ in response to environmental or internal threats - cold. heat, exhaustion, pain, illness, and enemies. All such reflexes, like migraine, ...[are] distinguished by regression and inertia, in contrast to fight-flight responses."

The simplest, and dynamically the most benign of migraines, are recuperative. These tend to occur following prolonged physical or emotional activity, and habitually as the notorious "weekend" migraines. There is usually a rather sharp collapse from the preceding or provocative period of overactivity and tension, the phase of prostration may be profound, and it is followed, characteristically, by a post-migrainous rebound and sense of awakening and reanimation. "Recurrent attacks ...constitute an available "flight into illness" for certain individuals, the motives for such flight being as various as those underlying neurotic or hysterical behavior."

Changes to Eliminate or Prevent Migraines.

Based upon the foregoing discussion our approach to working with migraineurs in Wellness Kinesiology includes:

- Collecting a detailed history to identify 13. Help the client build some exercise or possible migraine triggers and relevant beliefs and stuck emotional states.
 Help the client build some exercise or relaxation (progressive relaxation, autogenic training, or visualization) int
- 2. Is hypoglycemia a contributing factor?
- 3. Is there a magnesium deficiency?
- 4. Check the Migraine Personality Trait and see if it is okay to reprogram it.
- 5. Teach the client how to defuse anger so it no longer needs to be suppressed.
- 6. Teach the client to begin using the "feel/want/willing" formula to express

their feelings so that there is less likelihood of their negative emotions being "held in" or suppressed. The client may need to use the emotional stress release (ESR) techniques while they practice role-playing using the feel/want/willing formula.

- 7. Teach the client how to use the Defusing Stuck Emotions approach to help change any obsessive-compulsive behaviors.
- 8. Work on eliminating any tendencies towards perfectionism. Persuade them on the merits of aiming for excellence rather than perfectionism.
- 9. Teach them how to delegate responsibilities.
- 10.Teach them how to say "no". Role play using ESR.
- 11. Teach them how to verbalize their requests. Role play using ESR.
- 12. Build on the three C's of "hardiness" (commitment, control, and challenge) and work on eliminating their opposites (alienation, powerlessness, and feeling threatened).
- 13. Help the client build some exercise or relaxation (progressive relaxation, autogenic training, or visualization) into their work week so that there is less contrast between a busy work week and their Friday night/Saturday morning relaxed states.

References

Arehart-Treichel, Joan. Biotypes. New York, NY: Times Books, 1980.

Diamond, Seymour, with Bill Still and Cynthia Still. Headache Relief. New York, NY: MJF Books, 1995.

Dudley, Donald L., and Elton Welke. How to Survive Being Alive. New York, NY: New American Library, 1977

Flaws, Bob. Migraines and Traditional Chinese Medicine: A Lavperson's Guide. Boulder, Colorado: Blue Poppy Press, 1990.

Lynch, James J. The Language of the Heart. New York, NY: Basic Books, 1985.

Milne, Robert D., and Blake More with Wayne Topping, PhD, Bellingham, WA, a New Burton Goldberg. An Alternative Medicine Zealander former Geology Professor, Definitive Guide to Headaches. California: 1997.

Minirth, Frank, with Sandy Dengler. The Headache Book. Nashville. Tennessee: Thomas Nelson, 1994.

Nuernberger, Phil. Freedom from Stress: A Holistic Approach. Honesdale, Pennsylvania: Himalayan International Institute of Yoga Science and Philosophy Publishers, 1981.

Rapoport, Alan M., and Fred D. Sheftell. Headache Relief for Women: How You Can Manage and Prevent Pain. Boston. Massachusetts: Little, Brown and Company, 1995.

Sacks, Oliver. Migraine. New York, NY: Vintage Books, 1999.

Scopp, Alfred. "How to Handle Headaches". Health Express, 1982, pages 62, 81, 84.

Soyka, Fred with Alan Edmonds. The Ion

Effect, New York, NY: Bantam Books, 1977.

Topping, Wayne W. and Bernie Topping. "Personality Traits and Their Relationship to Illness". Touch for Health International Journal, 1989, pages 66-69.

Topping, Wayne, and Bernie Topping, What Makes You Tick, Is What Makes You Sick: Personality Traits and Their Relationship to Illness. Bellingham, Washington: Topping International Institute, 1987.

Topping, Wayne Migraine W. "The Personality Trait: Results of a Worldwide Research Project." Touch for Health International Journal, 1996, pages 134-137.

Tiburon, International Kinesiology College faculty for the Future Medicine Publishing, US, former member of Wellness Kinesiology, writer and author of numerous books on kinesiology.

Topping International Institute, Inc.

2505 Cedarwood Ave. Suite 3, Bellingham, WA 98225 USA

Phone: 360-647-2703 Fax: 360-647-0164

email: topping@wellnesskinesiology.com

website: www.wellnesskinesiology.com

Page 58

Notes: