

Headache prevention

1. Stay hydrated, drink 6 glasses of water per day.
2. Half an hour before going to bed avoid visual electronic stimulants (TV, phone, tablet, etc.).
3. Start the day gradually:
 - Wake up Your brain slowly- from awakening up till leaving the house have some 40 minutes or more.
 - Spend this time without use of TV, radio or telephone.
4. Have regular meals. Breakfast as a full meal can be omitted if you do not want to eat, but you must have at least milk, kefir, yoghurt or cocoa + sugar.
5. Avoid foods that could provoke migraine attacks:
 - sodium glutamate, nitrates (in meat),
 - dried fruits (containing sulphites),
 - cheese
 - alcohol (especially red wine)
 - chocolate
 - caffeine, etc.
6. Keep a regular schedule, keep a consistent bed time and day time.
7. Regular physical activity (aerobic exercise) at least 2-3 times a week for 20-30 minutes. Important gradual warm-up.
8. Restrict the use of estrogen-containing medicines (birth control pills for women, etc.).
9. Try dietary supplements: Mg (300-600 mg / dn), Q10 (100 mgx3), B2 vit., Omega 3 fatty acids.
10. Progressive relaxation therapy (Jacobson progressive relaxation therapy).
11. Biofeedback therapy (learn and do breathing exercises at home).
12. Try Acupuncture.
13. Try Psychotherapy.
14. Keep Headache Diary - make notes where notes:
 - The time, duration, and strength of the headaches
 - headache type (pressing / lingering / pulsating, all over the head / in a particular place, etc.),
 - Possible provocative factors (food or drink, lack of sleep, insomnia, prolonged work at the computer, stress, etc.),
 - relaxing factors (tranquility, sleep, walking in the fresh air, breathing exercises, medication, etc.).
 - used drugs, their effectiveness

Headache diary

_____ month

Please indicate which medication you use when suffering from headache:

1. _____
2. _____
3. _____

Headache intensity: 0-10 points
(0 = no pain, 10 = most severe pain)

Preceding symptoms:

- A - Flashes or dazzling zigzag lines
- B - Numbness or abnormal sensation
- C - Speech impairment
- * other _____
- o another _____

Pain duration in hours

Headache triggers

1. Agitation or stress
2. Recovery after stress
3. Change of sleeping patterns
4. Menstruation
5. Your personal trigger _____
6. Another personal trigger _____

Other symptoms (during headache)

- D - Lacrimation (tearing)
- E - Red eyes
- F - Runny or congested nose
- G - Stomach pain
- H - Other _____

Date	Pain type and location							Symptoms							Relief by the medication			Date		
	Intensity	preceding symptoms	Duration	Throbbing/stabbing	Pressing / dull	One side	On Both sides	Triggers	Vomiting	Nausea	Sensitivity to:			Additional symptoms	Medication	Dosage	Yes		No	Somewhat
											noise	light	odor							
1																			1	
2																			2	
3																			3	
4																			4	
5																			5	
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