

Migraine and Role of Food in Curing it **Stella Hughes***

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Editorial

Migraine is a widespread and debilitating condition that affects more than 28 million people in the United States. Despite the availability of a large selection of acute and preventative drugs for the treatment of headaches, most patients will not notice a meaningful reduction in the frequency and intensity of their headaches unless they make lifestyle changes. Sleep hygiene, stress management, regular aerobic activity, and dietary changes are among them. Unfortunately, doctors routinely neglect these lifestyle suggestions.

It is impossible to overstate the necessity of eating frequently, as skipping meals can cause headaches. In a population-based study, over 56 percent of people reported missing meals or fasting as migraine triggers, and 40% to 57% in subspecialty clinic-based investigations. Fasting and missing meals may cause headaches by causing changes in serotonin and norepinephrine in brainstem pathways, as well as the release of stress hormones like cortisol. Hypoglycemia has the ability to cause a headache. In one study, three-quarters of migraine sufferers showed 5-hour glucose tolerance tests that indicated reactive hypoglycemia. Because many dietary trigger components cannot pass an intact blood-brain barrier, most food and beverage triggers likely work peripherally at the level of the dural blood vessel or the peripheral trigeminal nerve to start an attack.

The identification of dietary migraine triggers is critical because it aids not only in reducing migraine frequency but also in giving migraineurs a sense of control over a condition that can leave them powerless and incapacitated. Two specialised clinic-based studies have offered some information on the prevalence of dietary triggers, in which participants were asked to record their

dietary triggers and rate their level of certainty that the meal was a migraine trigger. Alcohol (29% to 35%), chocolate (19% to 22%), cheese (9% to 18%), caffeine (14%), and monosodium glutamate (MSG) were all mentioned as dietary triggers (12%). Although the evidence for the function of all of the following substances in initiating headaches is mixed (with the exception of alcohol and caffeine), evidence suggests that certain subsets of migraineurs may be vulnerable to these possible triggers.

Although there are a variety of acute and preventative migraine medications available, dietary counselling is an important part of migraine treatment. A complete nutritional history should be collected during the migraine patient's evaluation, with special emphasis paid to skipped meals, caffeine usage, and the presence of perceived food triggers. Food diaries are crucial for establishing the link between particular meals and headaches. The identification of food triggers and the use of supplements are both low-cost ways for a primary care physician or neurologist to interrupt a migraine cycle. Although modifying one's diet may take a lot of effort on the part of the patient, the benefits are likely to be long-lasting and pleasant.