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# LRA by ELISA/ACT®

## CLINICAL PEARLS UPDATE#21

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### *Migraine headaches*

February 16, 2004

Dear Colleague:

**Migraine headaches** are caused, in over 88% of cases according to Egger's classic studies, by delayed allergic reactions to foods and chemicals. **With LRA by ELISA/ACT® tests and plans, an even larger number of items can be tested in a shorter time with greater precision.** This improves outcomes and, with your inspiration and encouragement to comply along with our nutrition, program, and counseling staff, can achieve consistently outstanding results. The studies by Millichap and Yee are supportive of the research by Egger, Brostoff, and our work combining comprehensive, *ex vivo* functional delayed allergy detection by lymphocyte response with specific Alkaline Way diet, targeted supplementation, and healing actions to reset the body to healthy tolerance, homeostasis, and sustained remission.

We encourage you to share this valuable clinical update newsletter with your colleagues and staff so they can learn more about how our comprehensive approach can be applied to their practice with beneficial results. Please also let us know if any of your colleagues or staff would like to be added to our email distribution list.

We are grateful for the opportunities to be of service to you and your patients.

Sincerely,

***Russ Jaffe, MD, Ph.D., CCN, NACB***  
***Lab Director***

Millichap JG, Yee MM. **The diet factor in pediatric and adolescent migraine.** *Pediatr Neurol* 2003;28(1):9-15.

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Diet can play an important role in the precipitation of headaches in children and adolescents with migraine. The diet factor in pediatric migraine is frequently neglected in favor of preventive drug therapy. The list of foods, beverages, and additives that trigger migraine includes cheese, chocolate, citrus fruits, hot dogs, monosodium glutamate, aspartame, fatty foods, ice cream, caffeine withdrawal, and alcoholic drinks, especially red wine and beer. Underage drinking is a significant potential cause of recurrent headache in today's adolescent patients. Tyramine, phenylethylamine, histamine, nitrites, and sulfites are involved in the mechanism of food intolerance headache. Immunoglobulin E-mediated food allergy is an infrequent cause. Dietary triggers affect phases of the migraine process by influencing release of serotonin and norepinephrine, causing vasoconstriction or vasodilatation, or by direct stimulation of trigeminal ganglia, brainstem, and cortical neuronal pathways. Treatment begins with a headache and diet diary and the selective avoidance of foods presumed to trigger attacks. A universal migraine diet with simultaneous elimination of all potential food triggers is generally not advised in practice. A well-balanced diet is encouraged, with avoidance of fasting or skipped meals. Long-term prophylactic drug therapy is appropriate only after exclusion of headache-precipitating trigger factors, including dietary factors.

