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The Pharma Innovation

ISSN (E): 2277-7695
ISSN (P): 2349-8242
NAAS Rating: 5.23
TPI 2022; SP-11(8): 21-28

www.thepharmajournal.com
Received: 22-05-2022
Accepted: 26-06-2022

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Dietary triggers of migraine

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Abstract
The current study under the review script will core over the variable Diet role over Migraine, focusing on major components of foods, their effects, and possible mechanism or stimulus that triggers the conditions of this severity along with briefed studies of various filed under the same.

Keywords: Migraine, pathophysiology, dietary, food, triggers, mechanism

Introduction
The function of dietary triggers (Zaeem Z *et al*. 2016) [81] has been seen inciting techniques for diet treatment for cerebral agonies, including migraine (Jahromi S.R *et al*. 2019) [40]; (Orr S.L *et al*. 2016) [66]. The exactness of nourishment is an emerging field in the arrangement of tweaked healthy responses for a couple of issues, for instance, metabolic conditions (Martin J. *et al*. 2017); (Muniesa G. *et al*. 2019) [61]. Inquisitively, cerebral pain has been proposed as an issue associated with processing (Kokavec A. *et al*. 2016) [44] or a metabolic endocrine issue (Rainero I. *et al*. 2018) [69]. The responsibility of dietary blends for headache pathogenesis has been seen and, considering this, a removal diet framework has been introduced in the field (Martin V.T *et al*. 2016; Part 1 and 2) [53]. Overall, it is recognized that migraines are fragile to consume fewer calories and that a couple of dietary trimmings trigger cerebral pain attacks. Significant game plans of potential dietary triggers exist, yet the conflict has remained in the field. Chocolate, citrus natural items, nuts, frozen yogurt, tomatoes, onions, dairy things, mixed drinks, coffee, caffeine, monosodium glutamate (MSG), receptor, tyramine, phenylethylamine, nitrites, aspartame, sucralose, and gluten have been noted in the composing (Cairns B.E *et al*. 2016) [14]. The response of a headache patient to a given dietary trigger could depend upon the total and timing of transparency, among various factors.

Focusing on the biological part of human body behaviour, it's purposely affected by the dietary role of individuals intake in his/her daily routine, Migraine has been in ways to be triggered by food or the dietary intake including the hypersensitivity or hypo ones for any nutritional compound or component. Food involving components like Tyramine, alcohol, aspartame, phenylethylamine, etc. has been yet concluded to be having high perseverance resulting in hilarious pain (Finocchi *et al*. 2012) [25]. Migraine attacks are commonly portrayed by one-sided and throbbing extreme cerebral pain, enduring 4-72 hours and are regularly joined by queasiness or nausea, phono, and photophobia.

The connection between diet and migraine is complicated and incorporates numerous viewpoints like identification of particular or specific food varieties as stimulating factors, the job of food intolerance and end eats fewer diet intakes, the components involved in the advancement of migraine attacks probably accelerated by glucose metabolism, food intake and long stretch fasting, (Finocchi C *et al*. 2012) [25]. Considering the dietary assets there are long-listed packs of such triggering diet varies depending upon the patient's exposure and its intake for the use, such food triggers are chocolate, tyramine, aspartame, sucralose, ice creams, onions, tomatoes, caffeine, coffee, MSG (*Monosodium glutamate*), histamine, phenyl-ethyl-amine, nuts, dairy products, alcoholic beverages and gluten. These potential dietary components are acting according to their specific intake or withdrawal in every individual resulting in multiple cases and unspecified outlook of exact measures of triggers in general.

Majorly some of these food triggers only aggravate the pain in patients who had pre-medical conditions related to the immunological or intolerance to the food ingredients, so it's complicated to predict the triggers on a food basis; food Diaries & serological tests have been proven to get a hinch of the exact triggers into the categorization of these dietaries.

In the various studies, it was concluded that regular diet intake and avoidance of the triggers may result in the reduction of the migraine onto this the elimination of the food components have been initiated for the patients for the starting couple of days of treatment. (Martin, V.T *et al*. 2016; Cairns *et al*. 2016) [53, 14].

The review script is completely implying on the Dietary and edible components whether it be Food or Beverages for the stimulation of the Migraine or chronic pain. The revealing components and food related to it strike or attacks the vascular system of humans causing continuous throbbing of the nerve impulse which results in Episodal pain attacks. Tyramine, Nitrates, Aspartame, and caffeine are major components compounds of food that cause severe triggers to Migraineous pain leading it to last for hours with supportive symptoms like Nausea, Neck Pain, in severe cases affecting the whole body.

Stimulation or triggerance of migraine

Dietary variables assume a significant role in mechanisms and may affect the modulation of neuroreceptors, neuropeptides, ion channels, cerebral glucose metabolism, and sympathetic sensory or nervous system, as well as by causing vasodilation, the release of nitric oxide, and inflammation.

Less handled proofs propose that various types of diet mediations might suggest an auspicious methodology for the managing disease of migraine. Diet interventions, for example, low-fat diet, high folate diet, low omega-6 and high omega-3 unsaturated fat diets, low sodium diet, Atkins diet, and the ketogenic diet, have been accounted for/to lessen migraine attacks. Certain food varieties, like chocolate, cheese, milk, caffeine, and alcoholic beverages or cocktails, have been distinguished as normal triggers for migraine attacks. Recober and Hoffmann (2013) [38] expressed in their review script that food sources and beverages are the often normally announced trigger factors for migraine and these frequently incorporate nuts, cheddar cheese, citrus natural products(fruits), chocolate, processed meats, aspartame, monosodium glutamate (MSG), coffee, greasy food varieties, and liquor. A systematic survey uncovered that liquor and fasting as triggers in 27% and 44% of individuals suffering migraine, respectively. (Peroutka *et al*. 2012, Martin *et al*. 2016, Diener *et al*. 2015; Schwedt *et al*. 2014; Merikangas *et al*. 2013, Martin *et al*. 2016; Barbanti *et al*. 2017, Rockett *et al*. 2012; Fukui *et al*. 2008; Mansfield *et al*. 1985, Hoffmann *et al*. 2013) [53, 21, 75, 59, 53, 6, 70, 28, 52, 38].

Enhancers of migraine

Migraine is been having various causes “Why and How” it happens. Some triggers are mentioned as Fasting (*upvas*), Spicy-oily fried food, Weather changes, High Caffeine beverages like Coffee, chocolates, citrus fruits, Red Wine, Beer, etc. Individuals are unknown with their triggering zones of own; every single different person has a separate zone of triggers.

Researchers discovered that taking 400 mg of riboflavin per day as a pharmaceutical supplement reduced the incidence of headaches. Migraineurs are thought to have low mitochondrial riboflavin levels, therefore supplementation would raise these levels and thus mitochondrial energy efficiency. Riboflavin can be found in a variety of foods, including milk, eggs, yoghurt, meats, almonds, cheese, soy, broccoli, fortified grains and dark green vegetables (in order of concentration). The food intake of 400 mg of riboflavin orally every day for three months was found to be more effective than a placebo in lowering migraine frequency (Murray and Oneal, 2015).

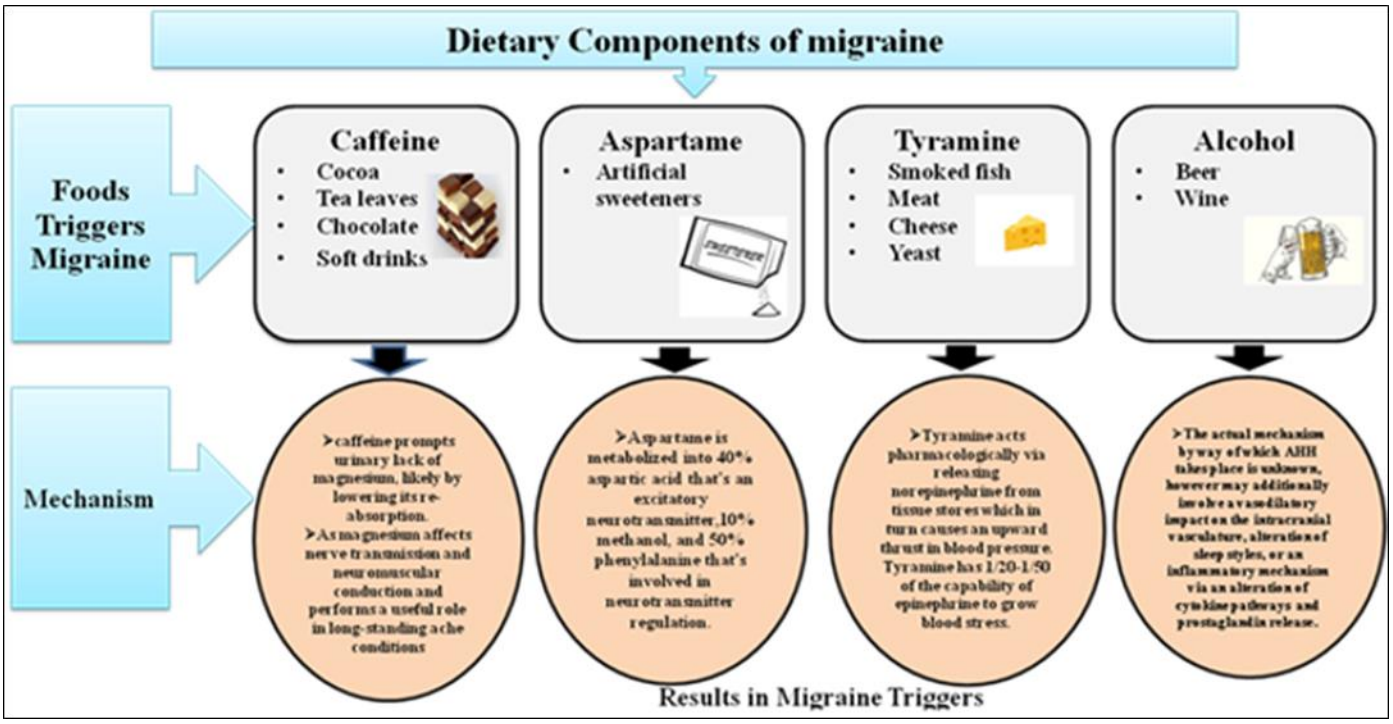
Magnesium deficiency affects some migraineurs. Magnesium may help prevent migraines by reducing vasospasm and inhibiting neuroinflammatory responses. The most frequent magnesium dosage for migraine prophylaxis is 310-400 mg per day taken orally. Legumes, nuts (particularly almonds), spinach, sweet potatoes, white potatoes, Swiss chard, sunflower seeds, brown rice, whole grains and dairy products are all high in magnesium (Mauskop, 2012).

Role of food as triggers of migraine

Food plays a tremendous role in the health of human individuals; every food component has different sign sets to enhance or suppress the health condition of the individual to regularize its metabolism on day to day basis. If we look around about, the specificity of Migraine triggers; then both are the zones of food- “As Triggers as well as Treatment or Curative for pain”. The major component which is commonly seen affecting the case is Tyramine, found in various or numerous foods which have been scientifically by various researchers as triggering a form of food compound. Foods like Cheese, Caffeine, Alcoholic beverages & Soft drinks, Cured Meat, Extract of Yeast, Food additives such as Nitrates (preservatives in cured meats), aspartame (an artificial sugar), Monosodium glutamate (MSG), etc.

A few of the dietary roles have been displayed below for a brief description

Different food and their components are been extracted from the summary and is been displayed in the flow diagram below.



Caffeine

Caffeine is the widely used and maximum popular lively meal factor, with as much as 80% of the worldwide population consuming a caffeinated product every day. Caffeine additionally takes place in cocoa, tea leaves, cola nuts, guarana, chocolate, and an extensive style of medicinal drugs, dietary and nutritional supplements, soft drinks or liquids, and power drinks. Caffeine has a similar structure to Adenosine, it works through A1 and A2A receptors of nonselective antagonism of adenosine, inflicting their inhibition. It is crucial to note that adenosine is an inhibitor of neuronal activity inside the apprehensive device; its receptors were pronounced to be concerned with antinociception, and enhancing them can also lead to vigilance, arousal, and awareness. However, caffeine does not show any influence on dopamine launch, hence it has no capacity for abuse. (Baratloo, A. *et al*. 2016, Fried, N.T. *et al*. 2017, Heckman *et al*. 2010) [5, 27, 36].

Thus, the behavioural interest in coffee seems to increase after its caffeine content, and the usage of decaffeinated espresso as a placebo can be debatable. It is mentioned that mild diurnal caffeine consumption (300-400mg, around 4-5 cups of espresso) is secure and does no longer increase a few health worries (except in kids and pregnant ladies) Nevertheless, a better dosage may additionally induce nausea, tension, nervousness, headache, drowsiness, insomnia, tachycardia, tremor, and increased blood strain. Besides, the quantity of caffeine consumption that produces detrimental results can range and is stimulated with the aid of the individual's sex and weight, the presence of hepatic ailment and hypertension, and inhibition of cytochrome P-450 and metabolic induction. (Miners *et al*. 1996, Heckman *et al*. 2010, Nawrot *et al*. 2003) [60, 36, 62].

Caffeine effect on migraine pain as triggers

It is viable that a specific single trigger is meagre to spark/precipitate a migraine pain, as a consequence, migraine sufferers generally understand a couple of nutritional triggers. Caffeine can additionally serve as a cause in two feasible approaches: Imbibing espresso or caffeinated liquids can begin a migraine attack, and an even more common migraine trigger is caffeine withdrawal. The occurrence of coffee as a migraine trigger within the suggested literature tiers from 6.3% to 14.5%. Moreover, overuse of caffeine's one of the dangerous elements of migraine chronification, as a consequence promoting the alteration of episodic migraine into its continual form (while headache endures for ≥15 days/month for >three months) It is vital to word that caffeine intake changed into now not substantially linked to medicine overuse in continual migraine patients. (Guendler, V.Z *et al*. 2012, Zaeem *et al*. 2016, Aguggia, M *et al*. 2010; Bigal, M.E *et al*. 2006) [31, 81, 2, 10].

Now, Connecting the dots to the mechanism of Caffeine on pain very first, caffeine prompts urinary lack of magnesium, likely by lowering its resorption. As magnesium affects nerve transmission and neuromuscular conduction and performs a useful role in long-standing ache conditions and migraine, caffeine, through dropping the magnesium level, might also set off a headache. *Dehydration* is one feasible migraine cause or triggers caffeinated coffee in excessive doses induces an acute diuretic impact and afterwards may also result in dehydration. (Kirkland, A.E *et al*. 2018, Wöber, C *et al*. 2007) [43, 80]

In their examine or studies, patients with each day excessive caffeine consumption on workdays and reduced or not on time Nutrients 2020, 12, 2259 6 of 16 consumption on Saturday and Sunday (due to extended sleep) had an improved threat of end-of-the-week headache (Couturier *et al*. 1992) [18]. Thus, the found an abundance of migraines at some stage in weekends can be connected with caffeine withdrawal (Couturier *et al*. 1992) [18]. On the alternative hand, the methodological problems of scrutinization the impact of trigger elements on migraine are foregrounded by using numerous authors (Hoffman *et al*. 2013) [38]. Premonitory capabilities are described as signs and symptoms associated with an expanded opportunity of air of secrecy or headache (Lipton *et al*. 2014) [51]. It is thought the possibility of certain trigger factors can overlap with reciprocal premonitory symptoms; for example, food yearning inside the premonitory phase can be answerable for ingesting chocolate or other

ingredients, hence, they will be misapprehend as migraine triggers (Schulte *et al*. 2015) [74]. It is viable that premonitory symptoms, inclusive of pandiculation, dwindled strength degrees and sleepiness can also pressure migraineurs to imbibe espresso or caffeinated drinks, leading to the misconstrue that they precipitated a migraine, at the same time as it was only a repercussion of starting a migraine assault. On the opposite hand, premonitory drowsiness makes migraineurs susceptible to caffeine overuse, with similarly migraine chronification.

Case study

Nowaczewska *et al*., (2020) studied the ambiguous role of caffeine in migraine. Migraine is a chronic condition, and coffee has been connected to it for many years, both as a trigger and as a remedy. Indeed, drinking coffee before a migraine attack may not be a true headache trigger, but rather a result of premonitory symptoms such as yawning, low energy, and tiredness, all of which can indicate a headache. According to different studies, caffeine/caffeine withdrawal is a migraine trigger. Migraine sufferers should monitor their caffeine intake and limit it to 200 mg per day. To minimize withdrawal headaches, individuals should keep their daily consumption as steady as possible if they want to continue drinking caffeinated beverages. Caffeine was linked to a lower risk of cancer, diabetes, cardiovascular disease and mortality, and Parkinson's disease, according to Grosso *et al*., but an increased chance of pregnancy loss. Caffeine was linked to an increase in serum lipids, but this result was influenced by high heterogeneity, and coffee was linked to an increase in blood pressure. This also indicates that Coffee can be included in a healthy diet.

According to a study performed by Shimshoni (2016), Caffeine has been directly found as playing a role or having a relationship with migraines. While working on the effect of caffeine on migraine they stated that Caffeine could stimulate neurons to the point of activation at physiological doses. *In vitro* immunocytochemistry was used to target the transcription factor cFos. The protein cFos was discovered due to its fast translation (15 minutes after stimulation) to show activation. In addition, to control culture, the neurons were exposed to three different caffeine concentrations: 50 micromoles-average plasma level after 1-2 cups of coffee consumption; 100 micromoles-average plasma level after 5-6 cups of coffee; and 250 micromoles-average plasma level considered hazardous in humans. Indeed, when 100 micromolar caffeine was given to the cell cultures for 24 hours, we noticed a 53.8 per cent increase in cFos expression in the neurons.

Aspartame

The chemical agent Aspartame is the artificial sweetener, N-L-alpha-aspartyl-L-phenylalanine methyl ester (C14H18N2O5) (Rowe RC *et al*. 2013) [71]. This crystalline, white, and odorless powder is a hundred and 80-200 much sweeter than sucrose. (Nofre C *et al*. 2000) [64] Aspartame is contentiously used as a factor beyond 6000 meals along with cakes, yogurts, food diet beverages, drugs, chewing gum, and nutrients.

Aspartame effect on migraine pain as triggers

Aspartame is contraindicated in people with phenylketonuria when you consider that phenylalanine is a metabolite of aspartame. At a level, the lengthy-term neurobehavioral consequences of aspartame are unspecified. Many scientists have expressed wariness over aspartame utilization by sufferers with epilepsy, migraine, and neuropsychiatric issues. Adverse neurological consequences including headache, cognitive impairments, migraines, irritable moods, tension, melancholy, impairment in learning, sleep impairment, and reminiscence were connected to intake of aspartame. In the intestinal lumen, Aspartame is hydrolyzed to its three main metabolites, methanol, aspartic acid and methanol phenylalanine. (Humphries P *et al*. 2003; Lindseth GN *et al*. 2014; Rycerz K *et al*. 2013) [50, 72].

After ingestion; in the intestinal lumen aspartame is metabolized into 40% aspartic acid that's an excitatory neurotransmitter,10% methanol, and 50% phenylalanine that's involved in neurotransmitter regulation. Methanol is in addition broken down into formic acid and formaldehyde (Chattopadhyay S *et al*. 2014) [15]. These metabolites increase drastically with aspartame consumption. Aspartic acid and phenylalanine pass the blood-brain barrier (BBB) via augmenting membrane permeability and in the end lowering the production of catecholamines inclusive of serotonin and dopamine within the mind.

Aspartic acid is related to the decadency of astrocytes and neurons essential cellular for retaining shipping in mind, astrocytes additionally possess the defensive feature of neurons. Astrocytes can be stimulated with glutamate excess within the extracellular area. Upon stimulation, astrocytes launch toxic materials which further cause neurodegeneration. (Abbott NJ *et al*. 2006) [1]. Aspartate is a substrate for glutamate and thus can serve as a neurotoxin. Glutamate acts on postsynaptic N-methyl D-aspartate receptors (NMDA) and neuronal presynaptic metabotropic glutamate receptors (mGluR receptors) leading to hyperexcitability of cells, oxidative pressure, loose radical release, and neuronal degeneration. Neurophysiological signs and symptoms might also derive, which include cognitive impairments, vision problems, headaches, migraines, tinnitus, irritable moods, despair, anxiety and insomnia. (Lindseth GN *et al*. 2014; Rycerz K *et al*. 2013) [50, 72].

Aspartame, because of its high phenylalanine content material, may additionally affect human conduct, physiological characteristic and cognition. Escalation in phenylalanine awareness negatively affects brain function and inhibits cerebral protein synthesis (Wall KM *et al*. 1990) [78]

Changes in mind neurochemistry should have behavioural or purposeful effects. The affiliation between cognitive disorder, neurocognitive deficits, impairment in spatial operating contextual mastering and memory and aspartame ingestion.

The numerous triggers of migraine are analogous to increased vulnerability to oxidative stress. Aspartame can also have neurotoxic outcomes because of methyl ester linkage, that's metabolized into methanol via gastrointestinal enzymes. Methanol is metabolized via alcohol dehydrogenase into formate and formaldehyde. Formaldehyde, Methanol, and formate are recognized neurotoxins. Through the microsomal oxidizing pathway methanol is metabolized further which produces free radicals as a byproduct.

The production of formate hinders the mitochondrial complicated III and reasons the discharge of superoxide, hydroxyl radicals, and peroxyl. Aspartame is related to the activation of microglia, which leads to the production of other inflammatory mediators and nitric oxide together with peroxynitrite main to oxidative strain. The link between aspartame consumption and oxidative strain helps the

migraine triggering impact of aspartame by using stimulating the nociceptive trigeminovascular gadget or stimulating neurons within the brain and top or upper spinal cord. Migraine is an effect of a crucial neurochemical imbalance that entails a low serotonergic disposition. Short-term discount of brain 5-HT levels through fast tryptophan depletion intensifies migraine symptoms. Aspartame use and decreased 5-HT levels may additionally make contributions to migraine. (Humphries P *et al*. 2008; Hamel E *et al*. 2007; Bartsch T *et al*. 2003; Abdel-Salam O *et al*. 2012) [39, 32, 7].

Case study

In research conducted by Lipton *et al*., (1989), Many dietary variables have been highlighted as potential headache precipitants. There have recently been variations of view regarding the effect of the artificial sweetener aspartame as a headache precipitant. To investigate the significance of aspartame as a dietary factor in headache, 190 consecutive Montefiore Medical Center Headache Unit patients were asked about the role of alcohol, carbs and aspartame in causing their headaches. Of the 171 patients who completed the study completely, 49.7 per cent cited alcohol as a precipitating cause, 8.2 per cent cited aspartame, and 2.3 per cent cited carbs. Patients with migraine were significantly more likely to report alcohol as a triggering factor and also reported aspartame as a precipitant three times more often than those having other types of headaches.

Eden *et al*., (1994), conducted a double-blind crossover study to examine whether ingestion of aspartame is associated with headache, using volunteers with a self-identified headache. In a two-treatment, four-period crossover design, 18 subjects completed the full protocol, seven completed parts of the protocol before withdrawing due to adverse effects, three withdrew for other reasons, two were lost to follow-up, and one was withdrawn due to noncompliance, and one withdrew without giving a reason. Subjects experienced headaches on 33% of the days when taking aspartame, compared to 24% when taking a placebo ($p = 0.04$). There was no significant treatment difference in the length or intensity of headaches or the occurrence of side effects associated with the headaches.

Tyramine

An amine derived from the amino acid tyrosine is known as Tyramine and is determined in smoked fish, cured meats, aged cheese, yeast extract, fermented food and beer, among different foods. Tyramine's primary result in the discharge of norepinephrine from sympathetic nerve terminals and for that reason, it can cause complications by the release of norepinephrine and its agonist impact on α-adrenergic receptors the date between headache and tyramine become initially determined when patients on monoamine oxidase inhibitors evolved hypertensive crises and headaches after ingesting aged cheese, it has an excessive tyramine content (Martin VT *et al*. 2001) [55].

Tyramine acts pharmacologically via releasing norepinephrine from tissue stores which in turn causes an upward thrust in blood pressure. Tyramine has 1/20-1/50 of the capability of epinephrine to grow blood stress. MAO inhibitors boom the tissue stores of norepinephrine and as a consequence potentiate the motion of tyramine. Symptoms of hypertensive disaster include excessive blood strain, fever, headache, and sometimes perspiration and vomiting. Foods that have been compromised encompass chocolate, yeast extract, red meat liver, chicken livers, extensive beans, and pickled herring. It seems that tyramine is the most important offender in triggering hypertensive crises. It seems unprobable that tyramine in results and vegetables could cause hypertension attacks until big quantities are fed on. Cheeses and a few sausages incorporate plenty higher concentrations of tyramine than do results and vegetables and are appreciably greater dangerous to the tyramine-prone person (Nuessle *et al*. 1965; Kriklcr *et al*. 1965; Hedberg *et al*. 1966; Franzen *et al*. 1965) [65, 45, 34].

Case study

Ozturan *et al*., (2016), examined the relation between migraine and nutrition. Although there is a link between migraine and factors such as stress, environmental factors, chronic diseases and nutritional and sleep condition, the mechanisms are yet unknown. Nutritional status and the impact of diet are key pain triggers in everyone, but notably in children and young people who suffer from migraine headaches. In terms of migraine triggers in general, research has revealed that there is at least one nutrition-related trigger, with hunger being the most often reported trigger in terms of diet. Another study carried out by Ghose *et al*., (1984), Tyramine-induced Migraine Mechanism: Dopamine Similarity and Interactions with Disulfiram and Propranolol in Migraine Patients. The Dopamine and tyramine pressor tests were administered intravenously. Respectively, within 24 hours of a test, 50-75 per cent of participants reported migraine symptoms. The incidence of attacks did not change between dopamine and tyramine injections. During the placebo week, the number of migraine-free days was higher than during the disulfiram treatment week. It is concluded that enhanced adrenergic activity is to blame for more frequent episodes while using disulfiram.

Alcohol

Wine incorporates tyramine, sulphites, histamine, and phenolic flavonoids, all of that could theoretically precipitate migraines. In the category of the International Headache Society (IHS), varieties of alcohol-triggered headaches have been pronounced in secondary headaches the instantaneous alcohol-prompted headache, which develops within 3 h after consumption of alcoholic liquids, and the not on time alcohol-precipitated headache (hangover headache), which develops after the blood alcohol stage declines or reduces to zero. (HCCIHS 2004) In the remark, it changed into said that few subjects increase the previous sort of headache, even as the alcohol-delayed headache is one of the most typical kinds of headache, the day after alcohol consumption, provoked via ingestion of modest quantity of alcoholic liquids in migraine patients, at the same time as non-migraineurs typically need a better intake. The equal category said that migraine might be aggravate (long term increase) by way of frequent consumption of alcoholic liquids. (Martin VT *et al*. 2001) [55]

Alcohol effect on migraine pain triggers

Alcohol hangover headache (AHH) is a common prevalence that commonly occurs after the consumption of big quantities of alcohol. In addition to headache, AHH contains a constellation of signs consisting of anorexia, tremulousness, tachycardia, dizziness, nausea, depressed concentration, and irritability. The actual mechanism by way of which AHH takes place is unknown, however, may additionally involve a vasodilatory impact on the intracranial vasculature, alteration of sleep styles, or an inflammatory mechanism via an

alteration of cytokine pathways and prostaglandin release. Magnesium depletion is understood to be because of alcohol and is a likely reason for this headache. (Evans RW *et al*. 2007, Wiese JG *et al*. 2000) [24, 79].

Case study

Panconesi 2008, in a research study, examines the significance of alcohol as a migraine trigger factor, the prevalence of alcohol consumers, and the mechanism of headache provocation. Approximately one-third of migraine patients reported alcohol as a migraine trigger at least occasionally, although only 10% reported alcohol as a migraine trigger regularly. Regional disparities were noted, possibly due to alcohol consumption behaviours. According to studies, migraine patients consume less alcohol than controls. Although red wine has been reported to be the primary migraine cause, other research reveals that white wine or other beverages are more implicated. There includes a discussion of biogenic amines, sulphites, flavonoid phenols, 5-hydroxytryptamine processes, and vasodilating effects. The fact that just a few headache sufferers are unable to tolerate some alcoholic beverages does not warrant the conclusion that alcohol is a key trigger and the recommendation of abstinence. Low dosages of alcohol may be useful to migraineurs, who have been linked to an elevated risk of cardiovascular disease.

Conclusion

As per the summary of all the reviews, medical sciences and nutrition researchers have mentioned various roles of foods or dietary components play a vital role in triggering the medical condition of Migraine. Migraine being the neurological nerve impulsive disorder resulting in severe pain in an individual's head along with various other symptoms of illness has been majorly affected due to the lifestyle and dietary intake of the person. New approaches are being developed for the treatment of migraine, which is linked to a variety of factors such as lifestyle, food choices, individual problems, and chronic illnesses. Lack of improper exercise, improper food intake, and an irregular schedule of stress and depression are causes of such disease. The major role of food and its components like MSG, Alcohol, Tyramine, Aspartame, chocolate, cheese, food additives, fermented drinks, soft drinks, and caffeine is a few key items to create the Hype or Trigger the disease on a severe scale. Avoiding such food components later identifying the main cause every single individual trigger can be controlled since medical sciences are yet to find the exact of what its major cure and still analysis is in continuation. Lifestyle and behavioural changes that could be used to prevent or delay the progression of migraine. The main changes are adhering to sleep hygiene rules, performing relaxation and breathing exercises, adhering to nutritional recommendations, consuming an adequate amount of daily fluid and maintaining a social life.

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