



Migraines Part 1: Got Aura?

By: Gary E. Foresman, MD

Affecting 18% of women and 6% of men, migraines are a disabling and often misunderstood disorder. Migraines are characterized by severe, throbbing, commonly one-sided headache and are most often associated with nausea and vomiting, as well as light and sound sensitivity. Most migraines last four to seventy-two hours. Only 15% of migraineurs experience the flashing lights and visual changes known as “aura.” There are many well-described precipitants such as emotional stress, lack of sleep, dehydration, food intolerances and often hormonal changes. Interestingly, having a family history of migraine, a childhood history of motion sickness, an affective disorder (depression or anxiety) and even being left-handed are considered to be risk factors for migraine.

There are four well-described phases to a migraine. The prodrome phase, which is associated with an hyperactive brain and increased blood flow is the first phase, and can last for moments or days, and has been associated with increased levels of awareness and creativity. However, many people are completely unaware of this phase. The aura phase is associated with a “depression” in the brain and low blood flow, and occurs even in those people who don’t experience the visual symptoms, an aura.

This phase rarely lasts more than a few hours, and is usually around a half an hour. The next phase, the vaso-dilation phase is where blood vessels outside of the brain dilate (open up) and this leads into the inflammatory phase where a nerve known as the trigeminal becomes irritated and overactive. The severe headache is associated with these last two phases. This may seem quite complex, but we have not even discussed the many neurotransmitters and pain regulators involved in these many phases.

Although serotonin imbalances are involved, serotonin plays only a minor role in the overall picture of migraine headaches. For good information regarding headaches look at the website www.headaches.org.

Migraines must be viewed in terms of the whole person. A typical history with a normal physical exam makes very few standard diagnostic tests, if any, of value. A Functional Medicine approach includes the evaluation of dietary triggers, usually with a trial of elimination diets (the most common triggers to avoid include caffeine, chocolate, alcohol, and glutes like wheat). Stress-reduction is an absolute must. An appropriate evaluation structurally by a chiropractor often with the aid of a massage therapist or acupuncturist can greatly help in dealing with the muscular and skeletal components to the problem.

Diagnostic evaluation of gastrointestinal disturbances including testing for “leaky gut” and food allergies can lead to amazing results in people with migraines. As well,

programs for detoxification done gently and under medical supervision can lead to significant improvements. Please remember that although most doctors look at migraines as its own diagnosis, it is usually part of a more complex whole.

In this article, the focus is on the natural supplements that help dramatically in preventing the number and severity of migraine attacks. As always, any supplements should be assessed on an individual basis and only utilized in the context of a healthy diet, exercise and stress-reduction program. As well, results are assessed over at least a three month period. The most useful supplements I have used with my patients include the following:

- **Butterbur** (Urovex, Petadolex) 50mg, 1 capsule 2-3 times per day for one month, then decreasing to once or twice per day. Dramatically effective and in double-blinded trials, migraines decreased by 60% and the “side-effects” include less menstrual pain, and also an improvement in irritable bladder symptoms.
- **CoQ-10** Especially in patients with more frequent headaches, and even more with patients with chronic daily headache there are new studies documenting oxidative damage (free radical damage) in the pain processing centers of the brain, which likely leads to worsening headaches. Double-blinded trials with CoQ-10 100mg softgel cap twice per day leads to a 50% reduction in migraine severity within two months.
- **Magnesium** Magnesium deficiency is the most common micro-nutrient deficiency in America, affecting nearly 75% of Americans. This is due to poor diet and high stress levels. Low magnesium levels lead to a worsening of this hyper-excitability in the brain present in the prodrome phase. A well-absorbed magnesium supplement such as magnesium glycinate or Ultra-Mag gradually increased from 100mg per day to 800mg per day is a vital treatment in migraine prevention. As constipation is such a chronic and common condition, most of my patients don’t find the dose-limited factor of loose stools to be much of an issue.
- **Riboflavin** At a dosage of 200mg twice per day greatly improves migraine severity within three months.
- **Feverfew** The utility of this herb has come into question of late, but in patients who have not responded to butterbur, I still include it as a common herb useful for migraine prevention.
- **Essential Fatty Acids** By minimizing saturated fats in the diet and increasing the Omega 3’s (EPA and DHA), one can also prevent migraines. A dosage of up to 1000mg of fish oil per 10 pounds of body weight has been used, although usually a dosage of 2000-5000mg is adequate.
- **Melatonin** 2-3mg of a sustained release melatonin per night has been shown to resynchronize body rhythms so commonly disordered in migraineurs, and has been shown to decrease irritation of the trigeminal nerve.

Although there is much more to be said (including discussing drug therapies, which we will cover in our next article), this gives you a good idea about what scientifically proven nutritional supplements are available for migraine prevention and relief.

Your Journey to Health and Healing,
Gary E. Foresman, MD

References:
Upon Request

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