



MIGRAINE WORLD SUMMIT

INTERVIEWS WITH WORLD LEADING EXPERTS



TRANSCRIPT

HOW AN INTEGRATIVE APPROACH CAN HELP MIGRAINE

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Introduction (00:05): If your provider is only recommending mainstream therapies, then that could be a problem. If your provider — for example, a naturopathic doctor or someone who only does integrative medicine therapies — is telling you, "Only use integrative medicine," that's a problem. So it is really important to find a provider who's comfortable with both of the methods, and is comfortable with the data from both of those methods.

Paula K. Dumas (00:34): Whether you consider yourself someone who relies upon natural treatments or prefers medical treatments prescribed by your doctor, you've probably tried complementary and integrative therapies to manage migraine. Meditation, acupressure, biofeedback, supplements, yoga, and many more are nonmedical options used by many people to get better control. To understand how to integrate these therapies with what your doctor may be recommending, we've invited one of the experts who is helping to shape American Headache Society recommendations: Dr. Deena Kuruvilla. She will help examine the evidence behind these therapies so you can make wise choices on what to try and what to skip. Dr. Kuruvilla, welcome to the Migraine World Summit.

Dr. Kuruvilla (01:20): Thank you so much for having me, Paula.

Paula K. Dumas (01:22): It's great to have you here. So, some people might be surprised that a physician-led society like American Headache Society is taking alternative medicine seriously. Why is that, and why now?

Dr. Kuruvilla (01:34): So, complementary and integrative medicine have been a part of the regular agenda for the national meetings within the American [Headache] Society. Twice a year, there's a scientific meeting, and then there's more of a clinical meeting that takes place. And at each of these meetings, complementary and integrative medicine courses have been conducted for quite a few years now. I will say, when I took over as chair of the Complementary and Integrative Medicine section around five years ago, I noticed that within the society, there are several members with really wonderful integrative medicine talents. For example, we have several providers within our section who specialize specifically in acupuncture, and we also have folks within our section who specialize in meditation and mindfulness. Seeing these talents within our section has really motivated me to make sure that the talents of these folks get dispersed to patients and to other providers within the society. So, a couple of the things that we've done at the national level are have these specialists — in acupuncture, for example — go and do Facebook Lives for the patient community through the American Migraine Foundation. And another thing we've done is we've made patient materials to be published online so that folks are more aware of these different methods. So I think that speed has picked up with complementary and integrative medicine more recently because we just have so much talent within the society in various areas.

Paula K. Dumas (03:25): I love that it's being brought forward by some of the leading specialists, and their passion for it. And I remember — I think it was about two years ago, at the American Headache Society Scientific Conference [Annual Scientific Meeting] — where acupuncture was all the news and all the rage, and many people might be surprised to hear that — that a study about acupuncture was the one that was getting all the attention. So, that's encouraging and interesting. Let me share with you — we get a lot of questions from our community, and one of our viewers specifically asked, "Why is it so difficult to find a



doctor, to find someone, who can think outside the 'tiny box' of large placebo-controlled science and help us with strategies for treating chronic migraine?"

Dr. Kuruvilla (04:11): I think that many providers may not be comfortable with speaking about specific integrative approaches because there's such limited evidence behind some of those approaches. And it's difficult to start those conversations if one is not accustomed to doing it. So, I think that if we're able to spread the news and educate providers more about integrative approaches and the ones that specifically have evidence, I think it will be easier to start those conversations.

Dr. Kuruvilla (04:43): I did come up with a mnemonic to help providers open conversations with patients about integrative medicine and their interest in integrative medicine. The mnemonic is called the "CARE" mnemonic. "C" stands for "conventional therapies:" It's important to initially ask patients what their experience has been with conventional therapies. Patients often tell me that with conventional treatments in the past, they may have had side effects; they may have been ineffective for them. There may be a plethora of reasons why they're interested in integrative medicine. So, "C," asking about those conventional therapies, could be extremely helpful.

Dr. Kuruvilla (05:28): "A" stands for "avoid judgment:" Sometimes it's human nature to perhaps be surprised by something that someone has tried in the past and perhaps comment on that. Avoiding judgment reduces the anxiety of being truthful about what one has tried in the past, in my experience. And so avoiding that judgment from a provider standpoint is really important to get a really truthful comment about what integrative approaches the patient may be interested in, or what they've tried in the past.

Paula K. Dumas (06:03): "Avoiding judgment" is guidance for the provider to not judge the patient for trying something like cupping, or something that might seem a little bit far out to them.

Dr. Kuruvilla (06:14): Exactly. That's right. Exactly. So, "R" stands for "reviewing" integrative medicine approaches with the patient and "reviewing" what the evidence is behind them, and also telling them about the potential limitations and adverse effects. It's important, I think, to let the patients know and really "R" — "review" — those approaches with the patient so they can make the decision that's right for them. And finally, "E" stands for "explore:" Explore why the patient is interested in the approach. It's really important to have an understanding of why someone wants to have an approach so that you can have this back-and-forth conversation that's helpful for both people — both for the provider and the patient.

Paula K. Dumas (07:05): Well, we appreciate you creating the mnemonic and doing what you can to educate providers. But I think this issue of, first of all, finding doctors who understand migraine, and then finding those who understand complementary and integrative treatments, is a pretty big one. I'm hoping that some of the resources that you created on American Headache Society's website could be useful. And I think there's some on AMF's website, which is sort of a sister of AHS, that people could download and bring in to their doctor and say, "What do you think about this?" And then hopefully your training, your "CARE" mnemonic training, will kick in with them.

Dr. Kuruvilla (07:45): Absolutely.



Paula K. Dumas (07:46): How is a person who's interested in trying these able to distinguish between those that may be safe and evidence-based, and those that might be "snake oil" and a waste of time and money?

Dr. Kuruvilla (07:58): There are so many resources out in the community and online, and it's really difficult to know which resources to trust and which resources not to trust. I think it really starts off with finding a provider who's managing migraine from a mainstream therapy standpoint and an integrative medicine therapy standpoint, and really learning about the evidence from the provider first, because they usually have access to more evidence-based clinical trials that have been done and they may have better reports of the adverse reactions that may happen. Paula, you had mentioned the American Migraine Foundation. The American Migraine Foundation has really nice "Patient Guides" on their website, and some of those guides focus specifically on integrative medicine approaches such as vitamins/nutraceuticals. And so some of those resources are certainly trustworthy and can be accessed there. Through the American Headache Society journal, *Headache*, there is a "Headache Toolbox" that I've written with one of my colleagues from Wake Forest, Dr. Rebecca Wells, that specifically reviews evidence-based integrative treatments. The "Headache Toolbox" can be accessed directly from the American Headache Society website or from the *Headache* journal website. So that might be a nice outline as well to help guide what's really evidence-based.

Paula K. Dumas (09:26): You know, a lot of us have tried things like massage or acupuncture or supplements, desperately hoping that it's going to make a difference in our pain levels and our frequency, but these get really expensive. How long do you recommend sticking with an integrative therapy before moving on?

Dr. Kuruvilla (09:46): That's a great question. It certainly varies [depending] on which integrative approach is being chosen by the patient and the provider. For nutraceuticals, for example, a rule of thumb is that trying it for six to eight weeks on therapeutic doses should certainly tell someone if this therapy is working or not. If we're talking about a provider-driven integrative approach like acupuncture, for example, some of my colleagues have said that for folks with episodic migraine — folks that have less than 15 headache days a month — a couple of sessions could be helpful of acupuncture, and they may be able to see a more immediate benefit. But in folks with chronic migraine — 15 or more headache days a month for at least three months — the effect may take much more time. I know that my colleague who does acupuncture recommends one to two sessions a week for at least eight to 10 weeks to see that effect. So it certainly depends on the integrative medicine approach. And it depends on the person.

Paula K. Dumas (10:58): Many people do want to know in-depth information about supplements, and CBD, and yoga, and meditation, but we're going to cover those in depth this year with some other experts. So I'm going to kind of focus our conversation on other integrative and complementary therapies that our community is either using or interested in trying. So I'd like to go through a number of them, and ask you to give us a "thumbs up," a "thumbs down," or an "in between" based on the evidence that we have for each one and your experience in clinical practice. Ready?

Dr. Kuruvilla (11:28): Sure, sure.



Paula K. Dumas (11:31): All right. So the first one was suggested by Jermaine, who said that acupuncture has helped her with her neck. Is that a thumbs up, a thumbs down, or somewhere in between based on the evidence?

Dr. Kuruvilla (11:44): So, Paula, before I answer, is it OK if I make one disclaimer?

Paula K. Dumas (11:49): Absolutely.

Dr. Kuruvilla (11:50): So, I have to say that all of the approaches that we're discussing today can be helpful. If I give them a thumbs up or if I go neutral ... if they're added on to mainstream therapy and are being appropriately guided by the physician or the provider who is managing headache ... The reason for that is many of these approaches are studied in folks with less than 15 headache days a month. And in the integrative medicine treatment trials, the sample size — the number of people that are enrolled in the trial — is pretty small when compared to mainstream medications that are out there. So I just have to remind folks that these approaches should be really guided by your provider and added on to a mainstream therapy because of the evidence.

Paula K. Dumas (12:46): That's an excellent point and one that I think will be a surprise to many people — how the trials are conducted. So thank you for pointing that out.

Paula K. Dumas (12:56): So, let's go back to acupuncture. What are your thoughts on acupuncture — thumbs up, sideways, down? What do you think?

Dr. Kuruvilla (13:03): Thumbs up from me. Acupuncture can be helpful if it's added to mainstream therapy. There has been a meta-analysis that came out of Stanford University by Dr. Zhang that looked at randomized, placebo-controlled trials — randomized, sham-controlled trials — specifically looking at acupuncture for the treatment of headache. And there were seven separate randomized trials that were completed. In that trial, Dr. Zhang and colleagues say that acupuncture may be as effective as mainstream preventive therapies, and that's a big statement. All of these clinical trials that Dr. Zhang included were very variable, but in my own practice, I have seen in folks who have added acupuncture to their mainstream treatment that it has been somewhat helpful for them.

Paula K. Dumas (14:00): Terrific. I love a great massage, and massage therapy is something that's very popular in our community because when you spend so much time feeling lousy, something that makes you feel good is a welcome departure. Anna is considering weekly massages to release oxytocin. She's probably had a masseuse who's told her, "We can help release your oxytocin if you just come see me every single week." Is there any evidence to suggest that this does more than release tension and body aches?

Dr. Kuruvilla (14:29): It's a thumbs up from me. So, there have been trials that specifically looked at migraine and receiving massage weekly for 13 weeks or so. In this particular trial, specifically looking at migraine, it was found that the headache frequency was reduced, sleep had improved, and feelings of anxiety had gone down. A lot of folks with migraine in my practice have what we call knots, or trigger points, within this large muscle in the shoulders called the trapezius muscle. And I found that those areas — when we either inject them with an anesthetic medication, or the patient goes and has massage done in those specific locations, and those locations have some release — there is some added improvement for the patient. So that's a thumbs up from me.



Paula K. Dumas (15:27): Another one that came up: Karen suggested physical therapy for neck pain. Is that helpful for migraine? Thumbs up, thumbs down, sideways?

Dr. Kuruvilla (15:37): Thumbs up. Physical therapy, actually ... randomized, placebo-controlled trials have been done for migraine and really, more recently and interestingly, trials have been done that look specifically at physical therapy in people with chronic migraine that also have temporomandibular dysfunction, so that jaw tightness or pain. And so I often do recommend that the patients I see also have physical therapy to work out the shoulders, the neck, the head, and perhaps have some craniosacral maneuvers to help with the headaches with a licensed physical therapist.

Paula K. Dumas (16:24): Great news. So, back to the neck — the neck again. Kay trusts her chiropractor for her neck, but wonders about migraine. Are chiropractic adjustments something that you would give thumbs up, thumbs down, or in between?

Dr. Kuruvilla (16:37): I'm going to have to say, "in between," and I'll tell you why. I have many patients who have chiropractic maneuvers done and say that it's helpful as an additive treatment to their mainstream therapy. There have been randomized, placebo-controlled trials looking at chiropractic maneuvers for migraine. But the challenge is, it's really difficult to have a placebo or an arm where you're not getting the maneuver done. And so a lot of the trials that have been done don't have an appropriate placebo arm. The other point is, as a neurologist, I have also seen complications from chiropractic maneuvers, specifically with neck adjustments. Studies have shown that neck-adjustment-specific chiropractic maneuvers can result in the tear of an artery that runs through the neck, which may then — in some folks — result in stroke. And so chiropractic maneuvers — specific ones — do come with certain risks; while they may have benefits from trials, some of these maneuvers come with risks. So I usually tell my patients, if it's not causing harm or hurting you, and if there's no neck manipulation being done, you can try it as an added treatment to the mainstream things that we're doing in our clinic.

Paula K. Dumas (18:21): Now, you did mention physical therapy and massage being two things that you can use to address neck tension and neck pain. So maybe that's a safer mode of addressing that?

Dr. Kuruvilla (18:34): Absolutely. The difference is that chiropractic maneuvers — especially within the neck — can be sudden movements, and that's what really contributes to a possible tear in the arteries that run through the neck. Especially ... there are so many undiagnosed migraine patients who have underlying connective tissue diseases that may make the walls of the vessels — the arteries that run through the neck — thinner. And so, especially in those people who may have an underlying disorder, that can certainly be more dangerous. Massage therapists and physical therapists are not often doing any sudden movements from what I see. So they tend to be safer.

Paula K. Dumas (19:22): Well, I have to ask you a follow-up question on that: What would be an example of an underlying connective tissue disorder?

Dr. Kuruvilla (19:29): So, I have a number of people that I see who have an underlying Marfan syndrome, which is a connective tissue disorder that may contribute to ... may be related to migraine and may also be related to cardiovascular disease. There's also another condition called Ehlers-Danlos syndrome — it's an inherited connective tissue disorder that



also has those same kinds of characteristics. Those are things that may be undiagnosed in some people that we don't know about, so that's why we have to watch out for specific maneuvers.

Paula K. Dumas (20:09): Great. Thank you for that explanation. So this next one you don't hear about very often. Eileen brought it to our attention. She asked about timolol maleate eye drops. She uses this to moderate her attacks. What does the evidence suggest about these?

Dr. Kuruvilla (20:29): That's tricky. So there have been, to my knowledge, two separate studies that have been done. One was with actual timolol eye drops, and there's another more recent study that specifically looked at topical timolol — the timolol that can be applied. In the eye drops study, there weren't enough people enrolled in that study to really draw a huge conclusion. I think what's really appealing with the timolol eye drops is that they work really fast; they're able to reach a peak plasma concentration in a matter of 15 minutes. And so it's a promising abortive therapy for migraine, but there needs to be more studies done. In the other topical study that was done for migraine — that was actually done this year — that was certainly very promising, and it had more patients enrolled than the timolol eye drops study. In that study, patients saw effects at around 20 minutes. And so I think that it could be really helpful for folks who may have a contraindication to some of the other acute treatments out there for migraine. It's certainly worth trying, because the side effect profile may be better for some people compared to other abortive treatments that are out there, such as triptans.

Paula K. Dumas (21:56): OK, good to know. So it sounds like you're giving it a thumbs sideways, but inching up ...

Dr. Kuruvilla (22:01): Inching up with the timolol. Yeah.

Paula K. Dumas (22:04): Now, ginger got a lot of buzz a few years ago when a study suggested that it was as good as sumatriptan, also known as Imitrex. Was that a good study?

Dr. Kuruvilla (22:15): That's tricky. So, ginger is known to have analgesic effects in several different types of pain conditions, but the randomized clinical trial that was done for ginger extract versus placebo was very small compared to Imitrex. And so it's hard to say that it's the same or better just because they had so many less people enrolled specifically in the ginger study — the ginger extract study, I should say. Ginger extract in that particular study was studied in the emergency room, which is really interesting. So folks who came to the emergency room with a headache were given either ginger extract in that study or a placebo. They saw that there was pain improvement at one hour, one-and-a-half hours, and two hours. So, it's interesting. It's not something that I personally recommend, but it's something that I'm going to ... I mean, I certainly could consider. I haven't seen so much benefit in folks that I have seen who have tried it themselves in the past, but I suppose it's a consideration. I'm going to have to give that a thumb sideways, kind of in the middle.

Paula K. Dumas (23:23): Magnesium — oil, specifically — people want to know about. Kelly and Lena were both interested in this for muscles and spasm — not the supplement form, but the oil form. What do you think about that?



Dr. Kuruvilla (23:36): [Thumbs down gesture] Magnesium in oil form does not have enough evidence to back it up to specifically use on muscles and in people with migraine.

Paula K. Dumas (23:48): Just two more, quickly. We covered it last year, but green light therapy: Tracy and Kimberly want to know how the evidence looks on green light therapy for effectiveness, and which spectrum — if you do think that it's a good possibility.

Dr. Kuruvilla (24:04): So, I don't actively recommend green light therapy yet. There has been a recent study out of the University of Arizona that specifically looked at treating episodic migraine and chronic migraine with green light therapy. It was a really interesting study because one to two hours a day, white light was used, and then the light had a wash-out period where no light therapy was used. And then the same folks were given green light therapy one to two hours a day for several weeks. And it was found that, overall, the headache frequency dropped in folks who received green light much more significantly than the folks who received white light. So over this period ... it was a promising study, but also a small study. I think much larger studies are certainly needed, but I'm going to give it a sideways kind of thumb.

Paula K. Dumas (25:06): Last one is psychedelics, which have been getting more news. Lola and James want to know about psilocybin — if that's the right pronunciation — for chronic migraine and cluster.

Dr. Kuruvilla (25:18): I'm going to have to start off with saying, "Thumbs down." So, psychedelic medications — specifically, psilocybin is the one being studied at Yale — there have been specific studies done for migraine, cluster headache, and post-traumatic headache. Actively, the studies that are going on are for cluster headache and post-traumatic headache. I think that, in the initial data that was released, there are not enough people in the study. I believe it was 10 — about 10 — people in that study. So it's just not enough people to draw any type of conclusion for treatment. Psychedelics — psilocybin, specifically — there's been proof throughout history that it's been used in prehistoric times as a medication. So it's been used for so long, but I think that there needs to be a lot more research done and a lot more safety data acquired before we start specifically recommending it for migraine.

Paula K. Dumas (26:28): So it's still early days for psilocybin.

Dr. Kuruvilla (26:31): Yes, absolutely.

Paula K. Dumas (26:33): Thank you for going through each one of these. I think many people are going to hear about some things that they might be able to try or discuss with their provider about how they can weave it in. We also talked about how difficult it can be to find a doctor who's interested in integrating both Eastern and Western medicine, traditional and alternative approaches. Can you give us any tips on where to start?

Dr. Kuruvilla (26:59): So, I think the rule of thumb — and I think many of my colleagues would agree with me when I say that if your provider is only recommending mainstream therapies, then that could be a problem. If your provider — for example, a naturopathic doctor or someone who only does integrative medicine therapies — is telling you, "Only use integrative medicine," that's a problem. So it is really important to find a provider who's comfortable with both of the methods and is comfortable with the data from both of those



methods. It sometimes does take some digging and some research, but that's really the key: finding a physician, nurse practitioner, any provider who's just comfortable with recommending both and is not gung-ho only on one of the approaches.

Paula K. Dumas (27:54): Where can we learn more about you — what you're doing, and follow your work?

Dr. Kuruvilla (27:58): Thanks for asking, Paula. So, I am the medical director at the Westport Headache Institute. We do aim to use integrative medicine with mainstream therapies. The website is westportheadache.com. My practice also has a Facebook page and we do also have an Instagram page, @westportheadache. The research that I've done for integrative medicine is available online in PubMed. And I also have a "Headache Toolbox" that's readily available for anyone who wants to read more about evidence-based approaches on the American Headache Society website, and it's available on the *Headache* journal website.

Paula K. Dumas (28:44): We'll include that underneath your talk so people can find it easily.

Dr. Kuruvilla (28:49): Sure. Great.

Paula K. Dumas (28:51): Any final thoughts if somebody is considering the wild world of complementary and integrative medicine?

Dr. Kuruvilla (28:59): I think that one of the easiest ways to start seeing if it's something that might be effective for you is first checking out some of the resources that are available online on the "Patient Guides" on the American Migraine Foundation website. Looking on the American Headache Society website, there's a section called "Headache in the News" where some integrative medicine approaches are also featured. The NCCIH — the National Center for [Complementary and] Integrative Health — also has a website that highlights the safety of specific integrative medicine approaches. So there are some real, credible resources available online to learn more.

Paula K. Dumas (29:44): Fantastic. Well, Dr. Kuruvilla, thank you so much for joining us on the Migraine World Summit.

Dr. Kuruvilla (29:48): Thank you so much, Paula.