

Episode 206: Natural Alternatives to Hormones for Hormonally-Triggered Migraine

Lindsay Weitzel, PhD:

Hello and welcome to HeadWise, the videocast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel. I'm the founder of Migraine Nation, and I have a history of chronic and daily migraine that began at the age of four. I'm excited to be here today with Dr. Amelia Barrett. Hi Dr. Barrett, how are you?

Amelia Barrett, MD:

I'm great. How are you? Good to be here.

Lindsay Weitzel, PhD:

I'm good. Thank you so much for being with us. Dr. Barrett is a board-certified neurologist and the creator of the Migraine Relief Code, which is an online course for people with migraine. We are always very excited to have her. She has a great viewpoint and so much knowledge. And I brought her on today because we're going to talk about ways of treating menstrual migraine and migraine related to menopause and hormone triggers, etc. that do not involve actually taking hormones.

This is going to be super exciting. We've never really covered this topic from this angle before. Let's start with, first of all, what is the role of hormones in menstrual migraine and in migraine as we approach menopause.

Amelia Barrett, MD:

Good question. Estrogen is the big player here. What happens both when we are getting ready for our monthly cycle and also as we go into menopause, is that our estrogen levels are dropping. And that's the most important variable here. So right before your cycle there's a little drop off in estrogen. And as you go into menopause your levels of course are dropping off all through the month, not just at that one time a month. They're kind of adjusting to a new lower normal. And so for people who don't have good reserves, their hormones are out of balance from chronic stress or other issues, they can get into real problems with those hormonal changes, triggering headaches.

Lindsay Weitzel, PhD:

Oftentimes women will use hormones to combat menstrual migraine or migraine related to menopause, etc. But there are reasons that some women may not want to take hormones, including personal choice. Or they may have migraine with aura, and it's known that there might be some stroke risk associated with taking hormones. Sometimes women with a history of breast cancer don't want to take hormones or women with risks associated with clotting. There are many reasons why some women avoid this. Today we're going to talk about some options for treating these types of headaches and migraine that you may not have heard about before. And Dr. Barrett has some really awesome ideas. So, let's discuss these tricks. Let's start with dietary tricks.

Amelia Barrett, MD:

The big player here in terms of dietary sources of replacements for estrogen is soy. And I feel like soy has really come into our food supply. We've got soy milk. We've got soy cheese. We've got tofu. We've got soybeans, soybean oils, so many ways that we can get soy. I feel like sometimes it's a little confusing if somebody just says, well, take some soy.

Let's unpack this one because I think it's really important. I think the biggest time when this is helpful for people is if you do have menstrual migraines. Half of the young women who have migraines have that monthly worsening of their migraines. And for so many of those, if they can't take hormones because they get auras, because they smoke, or other reasons that put them at slightly higher risk for using hormones, which is kind of our standard solution for that. They need more answers. And this fix is so easy you guys. You're going to love this.

The food source that actually has the highest content of soy phytoestrogens, phyto just means plant, so plant-based estrogens, is soybeans. This is so easy to get. All you have to do is if you're out to eat, get the edamame appetizer because then you're getting soybeans in that. If it's getting to be that time of month, you know this is coming, then you can eat some extra edamame that way. That's going to be far more effective at increasing the soy isoflavones. That's just the active ingredient of the soy. It's going to be so much more effective at increasing those soy isoflavones than just doing something like having a glass of soy milk. It's not going to give you enough to make a difference. You've really got to go back to the source, eat the whole food, eat the whole soybean. And that's where you're going to start noticing some benefit.

Lindsay Weitzel, PhD:

And so, what you're recommending, in the case of something like menstrual migraine when you can target the time that it's going to happen, is to increase your intake of soy at that time, not always.

Amelia Barrett, MD:

Yeah. You don't have to do it always. Just when you're susceptible to your estrogen levels being low. It's only about a cup a day, it's very doable. It's a doable amount of edamame.

Lindsay Weitzel, PhD:

And for someone who is perimenopausal or approaching menopause and is noticing that their migraines are changing, they're getting worse, can they just sort of slowly, constantly increase their intake of these types of foods? Would that help?

Amelia Barrett, MD:

Well, you can. But I think it's harder to do. And there is more of a downside. I mean, soy is still a relatively new food to our diet. There are a lot of people who have food sensitivities or allergies to soy. Soy is very commonly genetically modified, so there's that to think about. I'm not sure that it's as great a solution to just start having a cup of edamame every single day. That's also a lot of nutrients coming from just that one plant, that one food. I don't know if that's the greatest solution.

I think in that case, we have to really dig a little bit deeper and figure out, ok, we know that the estrogen is dropping off because of menopause, but why are you feeling a little bit more susceptible to that. Is there anything else going in your body that's influencing your hormones, making them out of balance. The wisdom used to be that if you had hormonal migraines once you went through menopause, it would go away. But that's not what usually happens unfortunately. In that circumstance, I think we have to look a little bit more at the hormonal picture overall and look at the sort of master hormones that all the other hormones are made from. And what can we do there to intervene in a more long-term way.

Lindsay Weitzel, PhD:

So basically, see someone who can look at your hormones.

Amelia Barrett, MD:

You can do that. And we can also talk a little bit about what those solutions look like, because there's a lot that goes into depleting those master chemicals that knock your hormones out of balance and make you more susceptible to those perimenopausal hormonal headaches.

Lindsay Weitzel, PhD:

I think that where you're going with that is one of the things we were going to talk about. We can use certain devices to monitor things like our stress or our heart rate variability, etc. Especially as we are approaching menopause, because that is one of the things that can deplete our estrogen, etc. Is that true?

Amelia Barrett, MD:

Yeah, exactly. You read my mind, girlfriend. That's exactly where I was going with this. All of our hormones come from one master hormone called DHEA. DHEA is very fragile in the sense that it is impacted by chronic stress. And I really think that in this world we live in, chronic stress impacts people to a far greater degree than we realize. For years in my office, I would maybe suggest, hey, how is your stress. And people would always say, it's no different than it ever was, this doesn't have anything to do with stress. Meanwhile, they're raising a bunch of kids, and they've got a bunch of jobs and running a house and all the things that that women do in today's world. And it looks kind of stressful from the outside.

I think we have this culture of underestimating how much chronic stress impacts our body. And we've developed new labs that help us see the effect of chronic stress on our body. You can see it right there in black and white. And I find that to be such a game changer for people. One of the ways that we can look at that is with a DHEA level. When it's depleted, it is often depleted from chronic stress because like I said, it's somewhat fragile. It's susceptible to that through various biochemical pathways that I don't want to bore anybody with. But that's what happens when your body is making high levels of cortisol all the time. It becomes depleted.

I think that one of the under-recognized things that we can do is really hone in on radical self-care. And I don't mean, like, eating bonbons and having a bubble bath, although I have absolutely no objection to any of that. That sounds amazing. But I think that this is prioritizing our health in a way that women

often don't do. I think that for me, and I know many other people, we tend to put everybody else's needs in front of our own. And what that means is that we often don't give ourselves the benefit of the types of caring and nurturing that we give to the people in our lives.

So, if our kid was suffering with migraines the way we are suffering from migraines, we would go to the ends of the earth for them. We would do anything. But when it's us we're like, no, no, I'm just going to pop a pill and power through. Everything's fine. I'm going to get dinner on table, take everybody to soccer, get the homework done and be in bed on time.

We tend to dismiss our own needs in favor of taking care of the people around us. And I'm not criticizing this whatsoever. I also do this. I'm just saying that this is kind of our cultural norm, and it's not until we see the effects showing up in our body, on our labs, on our devices, that we can start to say, maybe I need to change my priorities a little bit, put my own health care needs at least on the same level as everybody else who I take care of. And I think that mindset shift, that is the key thing that needs to happen for people and what is missing for so many people who are struggling with this issue.

Lindsay Weitzel, PhD:

We went into a couple dietary things and then we switched to stress and what this does to DHEA and then that in turn affects your hormone levels. Can we use devices simply at home as one way to monitor sort of how what our stress is like? Because I know that you've talked before about using things like Oura Rings or smartwatches to monitor things like heart rate variability, etc.. Can you give an example of an easy way to do that?

Amelia Barrett, MD:

Yes, I would love to. You can get an overnight average heart rate variability measurement from a lot of different devices these days. And I view that as just a reflection of where you're at with your stress levels. If your overnight average HRV is low or lower than usual for you, then you're probably under a little bit more stress or something else impacted it. If it is higher, you're probably dealing with a little bit less stress or you have exquisitely taken care of yourself to allow your body time to recover, to allow your mind time to recover, to allow your heart time to recover. And you will see that reflected in the numbers on your device.

I think that's a fantastic way to start. It can be frustrating though. It can be so frustrating because I know that people feel like, well, I tried something, I didn't see a change in my numbers. And so there's a lot that can go into that. It sounds quite simple when I say it, but it can actually be a several months process of really untangling how to move those numbers.

I want to make sure everybody listening knows that it's 100% possible to change your body's baseline stress level through a variety of lifestyle interventions and supplements, other kinds of things. It's all it's all quite possible to do. But it can be a frustrating project if you're trying to do it on your own without the guidance of somebody who's done it a lot. But there are powerful tools that are available to us.

Lindsay Weitzel, PhD:

I agree. I did notice that my heart rate variability has definitely changed a lot since I started monitoring it. And it wasn't just like, oh, I'm meditating and now it's different. It's just got better over a few months of me just paying attention to my stress level, I think. So I would agree.

There is something else I wanted to cover with people. People have probably heard this word, but I don't know that we all really understand it or know what it is, and it is relevant to what we're talking about when it comes to how can we affect this type of migraine, etc.. Can you talk to us about adaptogens?

Amelia Barrett, MD:

Yeah, definitely. I love adaptogens and I view adaptogens as one of the tools that you can reach for during certain phases or seasons of your life. What the word really means is that it is a compound that helps your body manage the effects of stress. I think we've all gotten the memo that stress is not good for us. But what they do is they help your body manage the effects of stress on your body. There are usually a variety of different ways these are working. They're not they're not straightforward. Like, oh, it increases one neurotransmitter or another. They're usually working in multiple different ways that we are only beginning to understand.

And some of these are chemicals that have been handed down through time as things that are helpful for people who are stressed, things like ashwagandha, which we actually have a fair bit of modern data on in terms of its benefit for things like anxiety, whether that's acute or chronic. We've actually got some decent data on ashwagandha.

Rhodiola is another good one. Also handed down for many generations, medicine women who would give this to the people and their communities things that we're really starting to understand. There are a variety of mushrooms that helps it as well. Lion's mane, things like that can be super helpful for helping your body get through those difficult times.

Lindsay Weitzel, PhD:

We've covered things like soy, adaptogens and then went over why, even though everyone loves to talk about stress, there is a direct relationship between our hormone levels, our ability to combat things like menstrual migraine, menopause, and migraine and our stress level. Is there anything else that you would like to add to this topic?

Amelia Barrett, MD:

Yeah, I think that that what you mentioned about the correlation between stress levels and migraine is something that not everybody's heard of. That's kind of a newer thing that we are starting to untangle. I'm glad we had a chance to talk about that today. And I would just say that if that's happening to you try some of the tips that that we've talked about. Try some adaptogens, try some soy, or try really just prioritizing time to recover, whatever that looks like for you. For some people it's time with friends. For some people, it's time alone.

I can't give blanket recommendations, but I guarantee you that there's a still quiet place inside you that knows exactly what you need. And usually what happens is life comes along, and it takes you away from what your intuition knows to be true. And that's where that's where we get off the path. So just come back in touch with that deeper part of yourself. It knows what you need and trust that.

Lindsay Weitzel, PhD:

That is great advice. Thank you so much. And thank you everyone for joining us today. Please join us again for the next episode of HeadWise. Bye-bye.