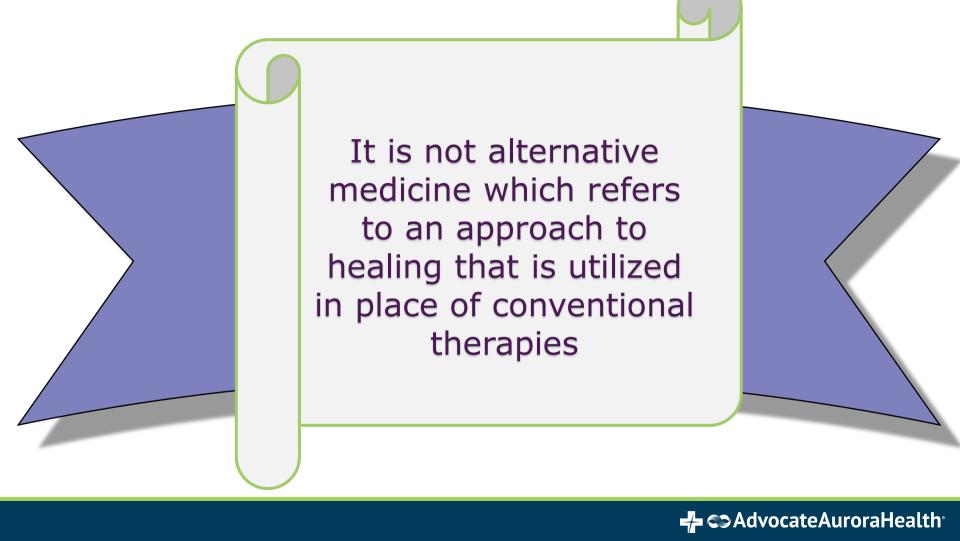
# **Integrative Pain Approaches**

Headaches September 2021



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## Headache

- 4 categories of headache
  - Primary
  - Trigeminal
  - Secondary
  - Painful Cranial Neuropathies
- Tension headache most prevalent
- 10% of the general population suffer from migraines
  - F>M
  - Most common trigger is stress

# Migraine without Aura

- F> M
- Duration: 4-72 hours
  - Last a minimum of 5 minutes
- Unilateral
  - Pediatrics more likely to be bilateral
- Character: pulsating
- Pain level: moderate to severe
- Aggravated by physical activity
- Nausea/Vomiting
- Photophobia
- Phonophobia



At least 2

At least 1

# Migraine with Aura

- Needs to have occurred at least 2 times
- 30% of patients with migraines
- Aura occurs before the headache
- Visual or sensory
  - Visual aura the most common
- Speech or motor
- Brainstem or retinal
- Aura lasts 5 60 minutes
- Aura usually gradual spreads over 5 minutes
- At least 1 aura symptoms is unilateral
  - Aphasia is considered unilateral
- Headache occurs within 60 minutes of aura



At least 1

# Migraines and OCPs

- Should be avoided in patients with migraine with aura
  - May consider if patient only has visual aura
  - If it is sensory or motor need non-estrogen alternatives
  - With traditional OCPs can have a 10-fold increase risk of ischemic and hemorrhagic stroke
- Migraine is some women can be due to estrogen withdrawal
  - Late luteal phase
  - Tend to be more severe and refractory to abortive treatments
  - Newer OCPS tend to be better tolerated
  - Headaches associated with OCPs due to estrogen withdrawal tend to improve over time
  - Typically occurs 5 days after estrogen is stop, resolves within 3 days

## **Medication Overuse Headache**

- Headache for 15 or more days in patient with pre-existing primary headache
- Use of abortive headache medication 10 or more times per month for 3 months
  - Common Culprits
    - Caffeine
    - Butalbital
    - Opioids

# **Chronic Migraine**

- 15 days per month for 3 months
- At least 8 days have classical migraine features
- Most of the time with good history you realize it is actually medication overuse

## Cluster

- At least 5 attacks
- Typical Age 20-40 years old
- M > F
- Duration: 15-180 mins
- Unilateral
- Pain level: severe
- Frequency: one every other day to 8 times per day
- At least one of the following: Ispilateral conjunctival injection, lacrimation, nasal congestion, rhinorrhea, facial sweating, miosis, ptosis, edema, agitation, restlessness

# Paroxysmal Hemicrania

- Similar to cluster but more severe and frequent
- Duration: 2- 30 minutes
- > 5 per day
- Prevented with indomethacin
  - 150-225mg daily

## **Common Triggers for Migraine**

- Stress
- Childhood abuse
- Diet
  - ETOH, caffeine

  - Foods that trigger serotonin or norepi release
    - Sugar and refined starches cause a fast increase in tryptophan entering the blood brain barrier which results in a fast increase in serotonin
      - Tryptophan is the precursor to serotonin
        - Uses B6, folate and B12 to convert
    - Protein rich meals even those rich in tryptophan do not cause a rapid increase serotonin because of the competition with other amino acids vs a high carb meal which there is no competition= rapid increase
  - Gluten
  - Food Additives MSG, aspartame
  - Tyramine found in aged cheese
  - High histamine foods: processed meats, fermented foods, spinach, shellfish







## **Specialize diets for Headaches**

- High Omega 3 diets with low Omega 6
  - Decrease severity of headaches
- Ketogenic diets
  - Possibly help with cluster headaches
- High or low sodium diets
  - If patient is hypertensive
    - lower sodium = better BP control= ↓HA
  - If patient is normotensive
    - high sodium = ↑CSF flow= ↓HA

## **Other Treatments**

#### Grade A evidence

- CBT
- Relaxation training
- Thermal biofeedback
- EMG biofeedback

#### Acupuncture

Good evidence for tension, migraine and possible cluster

#### Aromatherapy

- lavender
- peppermint
- eucalyptus
- chamomile







#### HERBAL REMEDY FOR MIGRAINE HEADACHES































LAVENDER





CORIANDER



**ELDERBERRY** 







WILLOW BARK

LINDEN

MULLEIN

**+** C3 AdvocateAuroraHealth

# **Botanicals - Preparations**

#### Water Extracts

- Water extracts many but not all medicinal constituents from plants
  - Resins and alkaloids are not extracted
- Teas
  - Typically, flowers and leaves are used (chamomile)
- Decoction
  - Simmering roots and bark in water (ginger)
- Requires daily preparations

#### Glycerin extracts

- Used for preparations for children and adults that want to avoid alcohol
- Advantage of being sweet
- Sourced typically from coconuts which also is a good preservative
- Not good at extracting essential oils, resins or alkaloids

# **Botanicals – Preparations**

- Alcohol extracts AKA tinctures
  - Most common
  - Uses specific water to ETOH ratio for each plant
  - Extraction of all active constituents of the plant
  - Plant is macerated in ETOH for specific period of time
  - Mixture is either pressed or percolated to remove the spent herb
  - Strength of the mixture is denoted as a ratio
    - Common tincture strength is 1:5
      - 5 mL final extract = 1gm of herb
    - A 1:3 ratio would be more potent; for every 3ml there is 1gm of herb
  - Long shelf life- but do not taste very good

# **Botanicals - Preparations**

#### Standardized extracts

- A particular compound is isolated and concentrated to guarantee a certain level in the final product
- The particular compound level is raised higher than what would be found in the plant, its tea or its tincture
- Main advantage is reliability and potency
- Disadvantage you lose the whole herb value
  - Example:
    - Green tea extract standardized to contain a minimum of 80% total tea catechins of which 50% is epigallocatechin (EGCG)
    - One capsule is 275mg
    - This means that 80% of each 275mg capsule is catechins
      - Each capsule contains 220mg catechins.
      - Of the catechins, 50%, or 110mg is EGCG

# **Botanicals – Preparations**

#### Powders

- Dried herb
- Short half life
- Easy to mix into other foods (flax seed, slippery elm)

#### Essential Oils

- Extracted from plants to make potent distillates
- Medicinal actions on the limbic system, digestive system, musculoskeletal system
- Most are used topically some orally (peppermint, lavender)

#### Poultices & Compresses & Ointments

- Dried or fresh plants mixed with water or oil and applied topically
- Prepared for each use
- Example: Plantain poultice (bruised fresh plantain leaves in cheese cloth applied to bruise).

## **Botanicals**

### **Butterbur without Pyrrolizidine**

- Inhibits lipoxygenase and leukotriene synthesis = ↓ inflammation
- ↓Histamine
- Level A evidence but was withdrawn due to concern for hepatoxicity
  - Not seen with butterbur without pyrrolizidine
- Check LFTs
- Used as prophylaxis
  - Dose 50-75mg BID
  - Trade name studied Petadolex ®



## **Botanicals**

### **Feverfew**

- Level B evidence for migraine prophylaxis
- Inhibits prostaglandin synthesis, decrease of vascular smooth muscle spasm, and blockage of platelet granule secretion
- Requires weaning do not abruptly stop
  - Joint pain, myalgias with abrupt discontinuation
- Used as prophylaxis
  - 50-300mg daily standardized to 0.2 to 0.35% parthenolides
  - If using extract MIG 99 dose is 2-18mg po TID



## **Botanicals**

### **Ginger**

- Acute treatment
- Some studies have shown ginger is as effective as sumatriptan
- Dose 500mg- 4 grams



# **Botanicals Ginkgo**

- Great for pediatric specific migraine
- 120-240mg QD or divided BID
- Better results when combined CoQ10, magnesium, riboflavin
  - decreased pediatric migraine by 50%

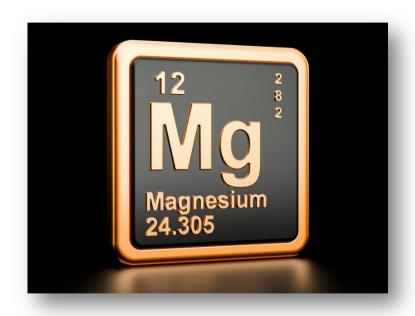




**♣** ⇔ AdvocateAuroraHealth

# **Supplements**Magnesium

- Level B evidence
- Blocks the spreading of cortical depression induced by glutamate
- 1 gram IV for abortive treatment
- Citrate, Maleate, Glycinate preferred
- Patients ≥ 12 y/o
  - 400-600mg po QD for prophylaxis
- Patients < 12 y/o</li>
  - 200mg po QD for prophylaxis
- Magnesium when combined with carnitine may be more effective than magnesium alone



# Supplements Riboflavin (B2)

- Level B evidence
- 400mg daily



# Supplements

#### · CoQ10

- Level c
- 100mg TID
- Ideally liposomal bound or ubiquinol formulation
- Pediatric dosing 1-3mg/kg max 300mg per day

#### Omega 3 Fatty Acids

 1-3 grams per day of EPA and DHA- best to achieve through diet if possible

#### Vitamin D

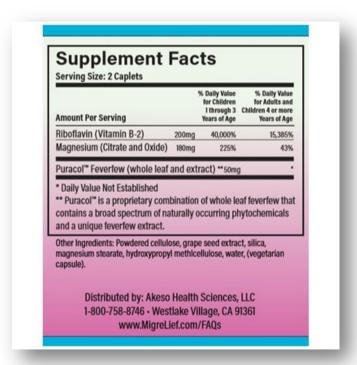
???- only if levels are low

#### Melatonin

- ???- conflicting results, high doses required 3-10mg QHS
  - Vivid dreams

## **Combination Formulations**

Migrelief by Akeso available in pediatric and adult formulation



## **Other Important Interventions**

#### Sleep

- Normal sleep patterns (even on weekends)
- 8-10 hours per night
- Optimum room temperature 65 degrees
  - Range 60-70 degrees
  - Assists in melatonin release
  - Higher core temperature during sleep decreases time spent in slow wave and REM sleep
- Dark room
- Avoid screens before bed
  - Blue light interferes with the natural circadian rhythm



## **Other Important Interventions**

- Diet
  - Keep hydrated
  - Avoid meal skipping
  - Avoid excess caffeinated beverages
  - Encourage foods high in Omega 3 fatty acids
    - Fish, Chia seeds, Flax seeds, walnuts, soybeans, avocados, spinach, broccoli, brussels sprouts, raspberries, strawberries, blackberries
  - Organic when possible, if not vegetable wash works too!
    - Dirty Dozen
    - Clean Fifteen
- Keep a headache journal to identify any possible triggers

## 2021 Environmental Working Group

#### **Dirty Dozen**

- 1. Strawberries
- 2. Spinach
- 3. Kale, collard and mustard greens
- 4. Nectarines
- 5. Apples
- 6. Grapes
- 7. Cherries
- 8. Peaches
- 9. Pears
- 10. Bell and hot peppers
- 11. Tomatoes
- 12. Celery

#### Clean 15

- 1. Avocados
- 2. Sweet corn
- 3. Pineapples
- 4. Onions
- 5. Papayas
- 6. Sweet peas (frozen)
- 7. Eggplants
- 8. Asparagus
- 9. Broccoli
- 10. Cabbages
- 11. Kiwis

- 12. Cauliflower
- 13. Mushrooms
- 14. Honeydew melons
- 15. Cantaloupes



## **Quality of Supplements or Herbals**

- The Dietary Supplement Health and Education Act of 1994 ("DSHEA")
  - FDA regulates both finished dietary supplement products and dietary ingredient
  - Companies are not allowed to claim the products prevent or treat a disease
    - Fiber promotes bowel regularly, cannot say treats constipation
  - Manufacturers and distributors of dietary supplements and dietary ingredients are prohibited from marketing products that are adulterated or misbranded
    - Good manufacturing practice = GMP
    - Companies are required to test the raw material, but DSHEA does not say how
    - Allows for skip lot testing

## "Good" Companies

- Follow DSHEA and GMP
- Do not perform skip lot testing
- Using chromatography to identify components or DNA testing
- Test for potency of herbal products
- Meet United States Pharmacopeial Convention (USP) standards
  - Creates standards for identifying, potency and purity
  - Voluntary program
    - Companies submit their final product
- National Sanitation Foundation (NSF International)
  - Assurance of no containments in the product
  - They also confirm that DSHEA and GMP have been followed
- No economically motivated Adulterants (EMAs)
  - If the company does not use chromatography these will not be picked up
    - Examples: Erectile dysfunction supplements that contain sildenafil or anabolic steroids in sports supplements



# **Quality Brands**

- NOW
- Gaia
- Nature's Way
- Kirkland
- Integrative Therapeutics
- Pure Encapsulations
- Nordic Naturals
- Advocate Aurora's Online Preferred Herbal Dispensary: Wellevate
  - For more information contact the Integrative Medicine Department at <a href="mailto:IntegrativeMedicine@aah.org">IntegrativeMedicine@aah.org</a> phone number 4142915900

## **Botanical/Supplement Resources**

- Emerson Ecologics/Wellevate
  - https://www.emersonecologics.com/
- Natural Medicine Comprehensive Database
  - https://naturalmedicines.therapeuticresearch.com/
- HerbMed Pro
  - https://www.herbalgram.org/resources/herbmedpro/
- Consumer Lab
  - https://www.consumerlab.com/account/login/group/

# **One Last Thing**

# **Stop Using Fioricet®**

### **American Academy of Neurology**

Caveat: You can not abruptly stop Fioricet because it is a barbiturate. Barbiturate withdrawal can lead to seizures similar to benzodiazepine withdrawal

Butalbital and opioids (available through prescription only)  May work as rescue medication when nothing else has worked

- Less effective with repeat use
- Headaches get much worse and happen more often with frequent use
- Habit forming
- Expensive

# Questions????