

# Letter to the Editor: The Pundit Speaks

By Randolph M. Howes, M.D., Ph.D.

July 4, 2021

## “Migraines Can Be Serious”

Migraine is a common condition, affecting more than 37 million people in the United States and up to 148 million worldwide. According to the World Health Organization (WHO), migraine is around twice as common in women than men. Often, the primary migraine symptom is a moderate to severe headache, and 85% of people with migraine headaches experience throbbing pain. However, for around 60% of people, the pain is one-sided, and about 80% of people experience nausea and 30% vomiting. In addition, almost everyone with migraine has increased sensitivity to light (90%) and sound (80%). Most types of migraine are not serious; however, they can be chronic and sometimes debilitating and disabling if not adequately treated. Migraine is actually a primary headache disorder and is much more than just a headache. In fact, headaches are only one symptom of migraine, and some migraines don't have a headache at all. Some people might experience a so-called prodrome stage with subtle changes in their daily routine up to a day or two before a migraine sets in — a sort of warning period. A few of the most common prodromal signs are excessive yawning, depression, irritability, and a stiff neck. These warning signs provide an opportunity to initiate treatment very early in the course of the migraine episode, which significantly improves the likelihood that the treatment will be successful. Drinking caffeinated beverages can start a migraine attack, but “caffeine withdrawal” is an even more frequent migraine trigger. There is no cure for migraine, but medicines certainly can help. Several medications are available now to help and control migraine significantly, which include over-the-counter (OTC) analgesics, triptans, calcitonin gene receptor peptide (CGRP) antagonists, antidepressant medicines, anti-seizure medicines, and beta-blockers. Curiously, medications may also (ironically) lead to headaches themselves, in a phenomenon called ‘medication overuse headaches,’ if the rescue medication is being taken too often. Also, following a healthy lifestyle may eventually eliminate the need for taking prescription headache medications. There is no specific test to diagnose migraines. To make an accurate diagnosis, a doctor must identify a pattern of recurring headaches along with the associated symptoms continuing for at least 3 months. In brief, avoiding known triggers can reduce the risk of migraine, but a diet regimen is not a cure. The migraine diet cannot address lack of sleep, stress, or hormonal changes. Supplements, such as magnesium, vitamin D, and vitamin B2 are an important addition to the migraine treatment market, but no one vitamin or supplement has been proven to help prevent or relieve migraine for everyone. They help some people immensely and do little for others.

In the America that I love, scientists seek better treatments and perhaps they will eventually find a cure.

**Randolph M. Howes, M.D., Ph.D.**

Surgeon/Scientist/Patient Advocate

27439 Highway 441, Kentwood, LA 70444

985-229-6955 Home | 985-229-3760 – Fax | 985-514-0578 – Cell

[rhowesmd@hughes.net](mailto:rhowesmd@hughes.net) | [www.iwillfindthecure.org](http://www.iwillfindthecure.org)

