Migraine as Homeostasis and Triggers

And for me, it's thinking about it as trying to put your body into homeostasis. And it's like you said, if you're not getting enough sleep, if you're stressed out, if you're not eating right, your body will warn you and your body will give you signals that something is out of balance.

And when I started to think about it that way and when I started to explain it to patients that way, I think that's when we said we have to focus more on What is triggering the migraine?

What is out of balance? And what can I change in my lifestyle to try to bring everything back to homeostasis? Welcome to the IQ Podcast. I'm Dr. Rani Banik, here to help you boost your IQ with powerful insights that connect your eyes, your brain, and your whole body wellness.

Hello, everyone, and welcome to another episode of the IQ Podcast. I'm your host, Dr. Ronni Manek, and in this podcast, you will gain insights into your vision health, your brain health, and your overall wellness to help you raise your IQ.

Today, I'm so excited for our topic because it is something very near and dear to my heart, which is migraine. And I've invited one of my colleagues who's really an expert in headache and migraine, Dr.

Huma Shaikh. Thank you so much, Dr. Shaikh, for joining us on the IQ Podcast. Of course. Thank you so much for having me here. I'm excited to have a really good educational talk.

And it's exciting to be here. Thank you. Yeah, thank you for taking the time out of your busy day. Of course. And to introduce you to the audience, Dr.

Podcast Introduction and Guest Background

Sheikh is a highly trained and well-experienced headache specialist who provides a comprehensive and holistic approach to the diagnosis and management of chronic headaches.

In addition to migraine, she's also highly experienced in the treatment of other headache and facial pain disorders, including cluster headache, hemicrania, and trigeminal neuralgia.

Dr. Sheik ticks pride in being knowledgeable about the latest evidence-based medications, as well as incorporating the latest in herbal and complementary lifestyle approaches to managing headaches.

So again, your mission really resonates with me because I'm a headache sufferer myself, migraine sufferer. And in my journey, I had tried many of the traditional medications that really didn't do much for me.

And it was really when I started to address the nutrition aspect of things, the lifestyle aspect of things, the mindset. That's when I started to get better.

And now I like to share that. Could you share with our audience how you became interested in headache and what drew you to this particular subspecialty of neurology?

Sure. So I think I had a similar journey as yourself. I started getting migraine headaches when I was in medical school and it was so interesting that You know I remember I mean obviously medical school you have to study long hours the week of our exams all you're doing is sitting in the library and it was actually like the first time that I started drinking a lot of coffee so it's like a huge cup of coffee sitting in the library just 12 hours straight.

And sometimes I'd have to cut those short, go home and just lay down because I'd have such a bad headache and such a bad migraine. And I didn't realize that I had migraine until I was actually doing my neurology residency.

And I looked back and I was like, wow, these are migraine attacks that I'm having. I'm having the nausea with it. I'm having the sensitivity to light sound.

And I just need to go to bed. And I was hearing the same stories from the patients that we would see in clinic. And that's where I made the first connection.

And essentially what I was doing was trying to just sleep them off or take something over the counter once in a while. And it really wasn't until I started my own practice in New York City that I realized that a lot of my patients are dealing with these migraine attacks the same way.

They're just dealing with them on their own and not realizing that they have actual neurological condition where their nervous system is overexcited, oversensitive.

And a lot of them, they were in their reproductive years, they were thinking about conceiving or they were pregnant. And that's a time when I think most women are the most hesitant about putting products into their body because now they have someone else to think about.

What Makes Migraine Different from Headache

And so that's when I really started to focus on moving away from, like you said, just taking more medications with more side effects and really try to figure out.

What is migraine and how can I treat it in a way that's actually trying to get at the underlying issue? And for me, it's thinking about it as trying to put your body into homeostasis.

And it's like you said, you know, if you're not getting enough sleep, if you're stressed out, if you're not eating right, your body will warn you and your body will give you signals that something is out of balance.

And when I started to think about it that way, and when I started to explain it to patients that way, I think that's when we said, you know, we have to focus more on what is triggering the migraine, what is out of balance, and what can I change in my lifestyle to try to bring everything back to homeostasis.

So that's not to say that we don't use medications and I'm not open to them. I use a lot of the especially more newer, specific medications that are made.

after we found something that is one of the involved in the pathophysiology for migraine, CGRP. But it's really important to think about migraine as a genetic predisposition that is affected by your environment, whether it's your external environment or your internal environment.

Well, thank you for sharing that. And you know, it's kind of uncanny because I also, going back to what you said earlier, you started to develop migraine during medical school.

My very first migraine, my very first one was I was a second year medical student. I was studying in the science library and I had an aura and I had no idea what that was back then.

And then later on, I realized, okay, this is my first migraine. So I wonder if they've ever done a study of medical school students to see how many of them actually have migraine or just seen people studying.

It intends to be late at night. It'll be interesting to know. But before we go on to talk about some of those therapies that you mentioned, you mentioned that a lot of people don't know that they have migraine.

They just think it's a headache. So can you explain to our listeners what makes migraine different from a regular

headache? And you said it's a neurologic condition, so how is it different?

And I know that there are criteria, so what are some of those criteria? You know, there's a simple way to think about it. There's three questions that a lot of times primary doctors, I've given this information to them because it can be an easy way to pick up whether A headache could be a migraine.

So you ask yourself three questions. Do I get nausea sometimes with my headache? Do I get sensitive to light or sound during my headache? And has the headache kept me from doing a social activity, either school or work?

at least one day greater than a day in the last three months. So in order, if you have said yes to two out of three of those questions, there's a 93% chance that your headache is actually a migraine.

So 93%. Yeah, doing that. Yeah, so it's an easy way to be able to say, oh, wow, I don't have just a headache from not drinking enough water or I don't have a headache because I didn't sleep well.

This is actually a migraine. And the reason we want to think about it that way is distinguish a headache from a migraine is because then you do start to think about yourself as having a condition that you can take control of.

If we think about a headache, then it's like, I don't know what's going to cause it, I don't know what brought it on, so I don't know when it's going to happen.

Migraine Criteria and First Aura Evaluation

But a migraine really is a condition where you can start to pick up your patterns, your triggers, and really start to develop some control around when it happens or what you do if it does happen.

So the official criteria is that you have to have at least five episodes of a headache that lasts for at least four hours. And we really go off of the characteristic of the headache, which it tends to be on one side.

It can change sides every time you have the migraine attack. and the character of the headache is pulsating or throbbing, and then you have to have those symptoms along with it, what we call migraineous features like nausea, vomiting, sensitivity to light, to sound.

A lot of patients can have other sensitivities to smells, they can have sensitivity to touch, that's called allodynia, but the criteria really ask for nausea, sensitivity to light and sound.

And it's an easy criteria. If it happens more than five times, lasts more than this amount of time, you know, you probably have migraine. I see. And we'll definitely include those criteria in the show notes under the episode so people can refer to that.

Now, is it enough? I have some patients who have their very, very first migraine, and usually they come in because they've had visual aura. So they think it's an eye problem, so they come in and, you know, we do their eye exam, their eyes are totally normal and it ends up being migraine.

So if somebody hasn't had, let's say, just a single episode or maybe two, does that mean that they meet this criteria for migraine or is there kind of a minimum number of episodes that they have to have to have this diagnosis?

Yeah, so we do say five. And typically, you know, by the time they have come to see somebody, if it's just for migraine without the aura, they kind of had these headaches now for a while.

So we usually end up meeting that criteria. What's interesting is, like you mentioned, if someone is coming to you for their first aura, even though it might sound like a classic visual aura, I'm sure you do the work up for other pauses.

So if they come in and they've had this stereotyped aura for years and years, then we're more comfortable saying,

yeah, this is migraine, this is their aura.

Migraine in Children and Abdominal Symptoms

But I think the first time, like you said, if you out of nowhere are sitting there and you develop a visual aura, the first time, I mean, that's very scary.

Those are neurological symptoms that could be a stroke or could be something else. So it is important to rule out other things, you know, the first or second time that it's happening.

Absolutely. And I just want to touch upon this as well, because I see quite a few younger people in my practice. I see children. Are children vulnerable to migraine?

And if so, like, how do you know if a child is having a migraine? Because sometimes they can't tell you. Yeah, that's such a really good question. It is about one in 11 children do have migraine.

And we consider that below the age of like adolescence. For the age of their teen years, it becomes much more common as women develop menarchy and start to become teenagers and adolescents, but children definitely can get migraine.

And it's like you said in children, it can be a little bit more difficult because it can be actually different symptoms. There is something called abdominal migraine where a child's migraine is more centered in their gut.

And we know that migraine is an over sensitivity of your nervous system or your nerves and your gut actually has almost as many nerves as your brain. So in children, it can sometimes come across as abdominal pain, trouble eating, nausea, And a lot of these patients get missed because no one thinks about the GI as being involved in migraine.

And that's why I tell patients all the time, migraine is more than a headache. It's not just a headache. So it can be missed a lot. But if it is a stereotype pattern, and if they do get a headache along with it, that sometimes can be a clue.

If children are very young and they're not able to really tell you, five, six years old, that they're having head pain, sometimes they'll point to their head or sometimes they'll want to kind of be out of the light, that can sometimes be a clue.

As they start to get older, seven, eight years old, I think they can start to tell you, you know, my head hurts or it hurts here or I don't want to eat or I want to throw up.

So hopefully that is a clue and that starts to clue people in that something might be going on. But yeah, it's definitely missed a lot and it can be very difficult.

It's hard to tell sometimes if they don't want to go to school and they're just saying my stomach hurts or my head hurts. So I think a lot of times it probably gets missed a lot more than we think about it.

Yeah, and I think just being aware of those types of symptoms, because it's not something you think of as a headache, right? Or you don't link it to being a migraine headache.

And so just being aware of the complexity and the various types of organ systems that can get involved in migraine. Now, going back to the, you know, you mentioned earlier, it's a complex neurologic disorder.

How Migraine Happens in the Brain

What do we think is actually happening in the brain? I know that there's lots of theories about this, but what's kind of the predominant theory right now?

Like, what is triggering these neurologic symptoms and non-neurologic symptoms as well? Yeah, so that's a really great question. And the vast theory right now is that it's a combination of what we call neurovascular.

So there is involvement of the nerves and the brain itself, as well as the blood vessels that are surrounding the brain. And we don't know exactly what that first kind of drop is, but then it's like a domino effect.

Then every domino just starts to fall. So that first domino that falls we think is some type of hyper excitability in the brain that causes the nerves in the brain, in the cortex to become hyper excitable.

And because of that, that then affects the trigeminal vascular system. the trigeminal nerve, which is peripheral in some areas. It's under your sinuses.

It goes into your face. And that's why a lot of people notice a lot of pain sometimes in their sinuses, in their jaw, in their teeth. And there are also some branches that go to the eye socket, right?

Yes. So they can have eye pain. Oh, yeah. I have a lot of patients who come in with eye pain and it ends up being migraine. Yeah. So that's actually probably the most common.

I thank you for mentioning that and that most of the time they're able to tell that this is a headache and not an eye issue, but sometimes they're not sure if it's an eye issue or a headache, but sometimes if it's in their sinuses, a lot of these patients think that they have sinusitis or sinus allergies and it can take a while for them to be diagnosed with migraine.

So once the trigeminal nerves are activated, then this activates some of the blood vessels that surround your meninges. That's the next domino to fall and that releases a lot of inflammatory factors.

Something called VIP, something called CGRP, which is an inflammatory peptide that causes the blood vessels to dilate and release even more inflammatory markers.

And then essentially you develop inflammation. So it's like a cycle. It's like one thing happens and it's just kind of like all the dominoes fall. So it is very complex and some of the medications try to stop the beginning where there's hyper excitability.

Some of the medications focus on CGRP and some are just a little bit more general and they try to stop the inflammation that is happening. So it really does affect your entire body because then once the blood vessels are dilated, that can give you things like some people feel fatigue or brain fog.

You can have GI issues like we mentioned, so. Thank you for that elegant explanation because it's so hard to explain. But you really, with the analogy of the domino effect, it really makes a lot of sense because yes, there are electrical changes and then there's blood vessel changes.

and then the nerves get triggered, and then there's pain that comes, and neurotransmitters, so it's really complex. We don't fully understand it, but when you explain it that way, it does make sense why it's so complex.

When you're talking about, we don't understand what may be the very first thing to happen. What's causing that? irritation that is triggering this whole domino effect.

What are some common triggers that many people have control over that they may not know that this is a trigger? Sure. So the biggest one in migraine, I'm sure everyone already knows, but is much more common in women than men.

So all the studies and a lot of the information that we have about migraine is in women. And in women, particularly, hormones play a big role, and especially estrogen and estradiol.

Common Migraine Triggers and Hormones

So we know that when your estrogen changes, when it falls or drops, especially around ovulation, there's a small change. And then right before you start bleeding, there's a bigger change.

That drop in estrogen is a big trigger for a lot of women to develop a migraine attack. So we think that estrogen and estradiol, the receptors are on a lot of the blood vessels, and so we think that has something to do with that.

It picks up that there's less estrogen or less estradiol, and that's also involved in pain pathways. I've also read that there are receptors, estrogen receptors, I think they're alpha and beta in the brain stem, which is very close to the center of the trigeminal nerve.

So I think there is a central mechanism maybe and also a peripheral mechanism. where the brain is very sensitive to estrogen changes. Yes, exactly. And so, you know, we can't necessarily control that.

You know, obviously women are going to have their monthly cycle, but there may be ways to intervene if you know that that's a big trigger for you. There are ways to preemptively treat, especially before your menstrual cycle.

It's called mini prophylaxis. You can take something a day or two before you know you're going to get your period. For some women with some caveats, it might be a good idea to go on a long-term birth control so that they don't get a period and don't have the drops in the estrogen.

There's some caveats that come with that, especially if you have aura. So that's something that you definitely want to speak to your physician about before deciding to do.

And then other big triggers that can happen are stress and sleep are the other two biggest triggers. There are studies done that 80%, even more for them, stress is the biggest trigger.

And so that's why I love to tell my patients, I tell every one of my patients, if you can do mindfulness and yoga, put that into your routine. It doesn't have to be something you have to go home today and start doing an hour every day.

It needs to, you know, it should be small, but it could be, it needs to be consistent. Yeah, I can tell you from personal experience, like stress is such a major factor for my attacks.

You know, guaranteed, like if I track it, I can tell exactly when, or I can predict when it's going to happen. So Dr. Sheikh, this has been such an enlightening discussion about migraine.

I have so many other questions I would love to ask you. We're going to take a very short break to hear from one of our sponsors and then we'll be right back with more on the IQ podcast.

Stay tuned. Are you suffering from migraine symptoms like debilitating headaches, light sensitivity, dizziness or brain fog? Do you want to avoid medications or over-the-counter drugs that all too often cause unwanted side effects?

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Order now and take control of your migraine, naturally. Welcome back, everyone, to the IQ Podcast. Today, we're talking about one of my favorite topics, which is migraine.

And we're speaking with Dr. Sheikh. And Dr. Sheikh, you mentioned earlier that with a lot of your patients, you talk to them about their lifestyle and other things that they have control over.

And you really integrate in these complementary therapies. So can you share with us, let's say, the top three pillars when it comes to some of the complementary therapies that you recommend for your migraine patients?

We talked a little bit about this, but the top three things that I tell patients to focus on is movement, food, and their stress. So we talked a little bit about stress and I have them integrate mindfulness or yoga into their lifestyle slowly because it has been shown to actually change how our body responds to stress.

So you can't get rid of stress that's going to happen no matter what, but you can start to train your brain on how it responds instead of releasing stress hormones.

It actually gets you out of fight or flight mode. So stress trying to incorporate mindfulness or cognitive behavioral therapy, breathing exercises. There's something called box breathing that I will go through with them in the office.

That's simple to do, but it makes such a difference if you're doing it consistently. And then food is a huge part of migraine care. You know, unfortunately we live in a society where everything is fast food and we don't know what's in our food.

So I really try to tell our patients to try to cook yourself so you know what's in your food and to use whole foods that are not processed and you're eating the rainbow.

Lifestyle Pillars for Migraine Care

You're eating different vegetables that are different colors and you're getting all the different nutrients that you need as well as making sure that you're using high quality oils and Nuts and berries are very good for your brain.

We talk about foods that have omega-3s like salmon and healthy fats like avocado. So really talking about eating healthy whole foods. And unfortunately, that does require you to cook more at home because that's the way that you're going to get healthy foods.

But I think patients start to notice a difference in how they're feeling overall, their energy levels. And so they very quickly realize that it is something that also really helps their migraine attacks.

No, when it comes to food, like, I had the worst diet ever. All through my, you know, teenage years, young adulthood into, you know, 30s, 40s. Into residency.

Yeah, residency especially. All I did was chips and snap. Yeah. Exactly. Caffeine and sugar and pizza and ice cream. Fast food, basically. And then when I made those shifts, it was difficult.

But when I was starting to eat more fruits and vegetables, just organic, fresh, I think that's what made the big difference, is switching over. And one thing, I don't know if you recommend this to your patients, Dr.

Shake, is doing maybe a smoothie or juicing. What's been your experience with that, or what have your patients told you? You know, for a lot of patients, especially a lot of women who are working and they have, you know, so many responsibilities, it's a fast, easy way for them to feel like they've done a nutritious breakfast.

Mostly is when they do it, you know, either a protein smoothie or a quick smoothie in the morning is that they can take to go because it's like you said, it is very difficult and you have to give patients ways that they can make it

easier for themselves.

So yeah, I love doing smoothies in the morning, putting in different chia seeds or flax seeds can be very helpful because then you're getting in protein, you're feeling full and then you're not running to snacks, you know, until lunchtime.

So yeah. And the other aspect of food is also hydration, right, Dr. Sheng? Yes. Well, I always ask my patients, how much are you drinking? And the vast majority of them will say, I don't drink.

I don't drink water. And that's such a simple, actionable thing that people can do that can really turn things around tremendously. Yeah, and I'll give you a story too.

Yeah, it's so interesting. You know, during residency, like I said, I would just live off of coffee and chips and just because you're running around all day.

But I wouldn't drink a lot of water because then you have to stop to go to the bathroom. I mean, that's how, you know, if you're on call and you're seeing all these patients, even that much felt like and so and then you fall into these routines where For a long time, my only hydration was my coffee and then whatever I drank with a little bit of my lunch or dinner, but you have to be drinking in between as well.

And I think what's also important with hydration is making sure that you're getting the electrolytes with it. Sometimes we tell patients, you know, drink lots of water and they have a whole big jug of water, but they need to put in a little bit of electrolytes.

Either with some of the things that are on the market that are okay, just be careful of the sugar content, or you could do it yourself. Coconut water with lemon, lime, and a little bit of Celtic salt is everything that you need, but you just have to be mindful to do that.

Yeah, I love that. And I've had so many patients who, you know, they try to be healthy, they're working out, and they do an intense workout, and all of a sudden they start getting their visual aura, and then it becomes a migraine attack.

and they were probably dehydrated, so they just weren't drinking enough before their activity. So yes, activity is good, but try to prepare and stabilize things before you do something that may be a potential trigger.

Yeah. What's the third is what I like to call movement and that's exercise, but also stretching. So for a lot of people who have migraine, they keep all their stress in their head and neck and shoulders.

Or if you're sitting at the computer all day, which is a lot of people nowadays, You know, you're keeping all your tension in the head and neck. So it's very, very important to make sure that you are stretching your head and neck, your upper back, your mid back, you know, with something like yoga or just specific stretching for those areas.

And then, like you said, exercise and moving exercise, even just low cardio has been shown to be helpful in decreasing migraine. And it's helpful for your overall metabolism.

It's the way that you're able to take toxins out of your body. It's the way that you're able to keep your connective tissue loose and hydrated.

Hydration, Movement, and Physical Therapy

So all these things, movement, food, and your stress levels are the three big ones. If they've done all of that and they're doing great, then we move on to making sure your sleep is good and some of these other things.

But that can make a big difference, just those three things to try to focus on. Do one at a time because it can be very overwhelming to say, hey, change your stress levels, go start exercising, change your entire food.

You know, it can feel like a lot. So we start on one and we, you know, kind of come up with a plan for one thing at a time and just give each thing a few months at a time.

And then, you know, slowly build other healthier habits. Yeah, I wanted to go back to the topic of movement and exercise. I have definitely patients who have chronic migraines, so more than 15 days a month where they're suffering from their migraine symptoms, and they just can't move.

They feel like they're paralyzed because of their pain. So how do you introduce movement? Because some patients are very resistant, right? Because they just say, well, if I start to do something, I feel worse.

So why would I do that? but how do you kind of get them into some routine where they're incorporating that on a regular basis? So if they're open to it, I send them to physical therapy.

There are a lot of physical therapy rehab places where they actually specialize in migraine. They might do something called craniosacral therapy, which is initially very passive.

So they are not moving, but the person is kind of somewhat like massage and somewhat of stretching. So it's helping them to stretch out and the rehab therapist can see, the physical therapist can see where they're the most tight, where they have the most issue and slowly start to build up their tolerance to movement.

But yeah, I see that a lot. And what also could be helpful is If a lot of the tightness and stiffness is in their head and neck and shoulders, doing trigger point injections or nerve blocks can give them some temporary relief.

So then they're able to kind of, you know, not be in so much pain and start the physical therapy. And the combination could be very helpful because now they're moving more, so they're not as tight.

And then the trigger point injections also helps them along the way. But yeah, I think going to physical therapy, having someone guide them initially can be very, very helpful.

No, I love that idea. And I've definitely I've been to physical therapists myself and it's made a big difference with my neck tightness. Oh, yeah. Good.

Good. Yeah. So I wanted to ask you or just mention two things. Finally, just a few more thoughts about movement. Sometimes, you know, people get overwhelmed, but even just deep breathing.

or even walking can make a difference. Like, whatever you feel comfortable with, just get moving, right? That's what I tell my patients, like, just get out of bed or get off the couch and move in some way.

And then the second thing I wanted to ask you about was, as a complementary therapy, you were talking about massage. What about, what are your thoughts about acupressure, self-acupressure?

Do you have any experience with that? Yes so acupressure and then even acupuncture but acupressure there are very good studies that it can be actually helpful as an acute therapy for some of the things that come with migraines so for nausea there's an acupressure point on your wrist that I've done in the past that's very helpful For the pain, there's an acupressure point in the occipital nerve, in the occipital notch in the back.

So I have noticed that, you know, if I'm not able to take something- That's right behind where the bone, where the bone knee structure is just underneath.

Yes, and a lot of people, it will be tender in that moment, but what they will notice is, and sometimes you can use a little bit of like an essential oil, but if you massage that area for five, six minutes, while they're pressing, it's going to hurt a little bit more, but when they let go, there's some temporary relief and it can be very helpful acutely if they're waiting for their board to kick in or if they happen to be somewhere where they don't have their board is on hand or if they're trying to avoid taking something for whatever reason so yeah definitely that area can be very helpful there's a acupressure point in your temple right here and right above your eyebrow.

Yeah, I found that so effective because a lot of my migraines are in my eye socket.

Acupressure and At-Home Relief Techniques

They actually like right here and then right here. So there are two nerves here and super trochlear, super orbital. So if you do that acupressure technique, it can really sometimes even abort the migraine.

Yeah, so what I've noticed is when I don't want to take an abortive, I trust that there, or if I have somebody do it for me, and then I stretch my neck in that area, stretch it out.

It's very intense and painful, but if I can do it for at least a minute when I let go, it feels so much better. It feels like a release of tension and a release of pressure.

So it's almost like you're redirecting the, or you're stopping that pain pathway, right, with the physical pressure. Wow, so many great tips, Dr. Sheikh.

I really appreciate your sharing all these, because these are things that people can do. They should obviously be under the care of a provider, but these are things they can do at home, and these techniques are so empowering, and they can really improve one's quality of life.

We're just about out of time, and there were so many more questions I would love to ask you, especially about other therapies, complementary, and then also medications and some of the other headache syndromes.

I think we'll have to have you come back on the IQ podcast. That would be great. Yes. I'd love to. Of this topic, because there's, again, it's just a wealth of things that I would love for you to share with the audience.

But in the meantime, if someone wanted to learn more about you, about your work, or perhaps even become a patient, how could they reach out and find you?

Yeah, sure. So my website is headachesnyc.com. I have an Instagram page with the same name as well as a TikTok with the same name. So my website has all the information on how to contact us.

You can text us or call us. All that information is there and you can learn about all the different ways that we treat migraine and other headaches as well.

Wonderful. And we will share all of Dr. Shake's links in the show notes, so you can reach out and definitely follow her on Instagram. She's got a great Instagram page, very educational, so there's always lots to learn from Dr.

Shake. But thank you again for spending some time with us today on the IQ Podcast. If there's one last message you'd like to leave our audience with about this topic of migraine and headaches, what would that be?

I think it would just be to know that there's a lot of people who have this disease and it's not just a headache and find a provider that can really help and guide you and really understands what's going on.

Absolutely. And I always tell my patients that if you're not comfortable with a provider, you can always seek out another one.

Finding the Right Migraine Provider

Find someone who aligns with you, whether that be you want to just use medication, or you want to use a device, or you want to use just complementary therapies.

Find a provider who will support you in what works best for you and your journey. Again, Dr. Sheik, thank you so much. I know you have a very busy day ahead, but we really appreciate your time.

And thank you all for listening, tuning in to the IQ Podcast. I hope you've enjoyed this episode. Please remember to subscribe so you don't miss any announcements of future episodes.

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Until next time, keep your vision clear and your IQ sharp.