Why Your Migraines Keep Coming Back: A Root-Cause Approach Transcript

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Introduction to the Roundtable and Guest

I really think that it means to figure out why they're happening, to decode the labs, your symptoms, you genetics, and your functional medicine tests to understand the biology behind your migraines.

Because once you understand that, then the path to recovery becomes much more clear. Welcome to the Integrative Medicine Roundtable, where practitioners lead, brought to you by the North Carolina Integrated Medical Society, join integrative health care leaders, clinicians and innovators as they share practical insights, emerging research, and the conversations shaping the future of patient care.

I'm Dr. Lisa Broyles. This is the Integrative Medicine Roundtable. And we have Dr Amelia Scott Barrett, MD. She is a holistic neurologist and has just written the book, Decode Your Migraine, which just came out August 22nd, 2026. So Dr Barret, can you just tell us a little bit about yourself and your book?

Yeah, absolutely. So I am a board certified neurologist, practiced in mainstream medicine for over 20 years. And I just became frustrated with my migraine patients not getting better in a lasting way.

I felt like The medications would often work to suppress the pain, but patients would always come back and say, yeah, why am I having this pain in the first place?

What's really going on? And we'd do the things we do, an MRI, which is normal 99% of the time, a few basic labs to see if there's some other serious disease going.

But that never answered the question. Okay, if it's not a terrible disease, still though, why? And that is why I wrote the book. I trained in functional medicine, functional genomics, and we have an awful lot of answers now about the why that migraine or other chronic headache is really happening.

What It Means to Decode Migraine

And I just wanted to share it with all the people out there who are suffering. There are a billion people on the planet with headaches, so I wanted really share them.

Common problem, right? And functional medicine, that's what we're all about. Root cause medicine. Instead of just giving our patients band-aids, we are saying, why is this happening in the first place?

Let's fix it. Yep. Exactly. And that is what I wanted to do for migraine and other chronic headaches. That is so amazing. I wish that every neurologist was just like you, I hope they all take notes.

So I'm a family medicine MD and I really got discouraged over the years trying to find reasons for my patient's migraines and functional medicine has given me a lot of the answers for that, but it's been so difficult here on the East Coast trying find neurologists that are actually interested in finding the root cause.

Talking to you is such a breath of fresh air. Thank you for being on our show today. Oh, thank you for having me. That's wonderful to hear. I have a few questions after looking over your book.

So first of all, I was curious, can you tell me what it means to decode a migraine? You know I really think that it means to figure out why they're happening to decode the labs your symptoms your genetics your functional medicine tests to to understand the biology behind your migraines because once you understand that.

then the path to recovery becomes much more clear. So, for example, genetic research has shown us that there are nearly 200 different genes that are linked to migraine.

They regulate roughly four different biological systems in the body. So the whole process is really figuring out what is that combination for you. Do you have mainly one thing?

Do kind of have two biological systems? What is your body trying to tell you? Let's give you the labs and the tools that you need to really decode that and then create your recovery plan based on what you find.

So you are individualizing your plan for each patient. Instead of just checking a box of, oh, this patient has a migraine, therefore I should prescribe X, Y, and Z, you're actually looking at your patient's genetics, at their lifestyle, their diet, they're gut.

All of the factors that functional medicine looks at to decode for that individual why they are having migraines. Yeah, absolutely. Because I mean, I've looked at the DNA on hundreds of people now, and I can guarantee you, migraine is not one disease.

It isn't. So that's why, you know, some medications will work for one person, but not another. That's what some supplements will for work one, person but, not, another, is because we're all wired differently.

So what you want is the exact plan that's going to be the best fit for your biology. So for example, I get migraines and not nearly as many as I used to, thank goodness.

But I primarily have problems with cellular energy production. I didn't know this until I got into trouble with some health problems in my 40s, which eventually led me down this path of figuring it out.

And, you know, but I look at plenty of other people who make cellular energy absolutely fine. Their issues are maybe with inflammation and gut health, and that's where they need to focus.

And all these strategies that we need do to improve cellular-energy production aren't going to do a thing for them because they needs to be reducing inflammation.

So it really is quite different once you scratch the surface. Sure. This is why functional medicine is so important. It's the same symptom, but completely different root causes that need to be addressed in different individualized plans.

Genetics, Brain Chemistry, and Personalized Treatment

That makes total sense. It's a fundamental mindset shift in neurology because we spend all of our time dividing people into, you know, do you have migraine, sinus headache, tension headaches, cluster headaches?

Do you new persistent daily headache? We spend our all time categorizing the nature of the pain. And then thinking, oh, you have migraine, therefore I should choose this drug, because there's a trial usually funded by pharma, right, that says that this is the thing to do, rather than saying, hey, wait a minute, what is common biology behind all of this?

It's completely different way of thinking about migrain to think of it as a symptom, like you were saying rather then its own separate disease entity.

That makes sense. You had mentioned that some people react better to certain medications than others. I do get patients that will do really well on one medicine versus another.

So you were explaining that that's often because of their genetics. Can you expound on that a little bit more? Absolutely. So I think one of the most important places where this comes into play is what is the nature of brain chemical abnormalities for this particular person.

For example, we know that abnormality of glutamate are associated with migraine. Glutamates is a neurotransmitter that is over firing in the moment when that aura or pain begins.

Serotonin is also an important player. People with migraine have been shown in multiple different ways to have overall low or irregular serotonine firing.

Those are two very different solutions. You may use a seratonin drug for one person, you may need to use something that blocks glutamate for another. And once you know that, you can be very precise in how you prescribe.

The second piece of that is we all have different capacities to process and eliminate medications from our body. If you now how the person in front of you is wired and what they're going to eliminate properly and when they are not, You can put them on something that they also going tolerate.

So this dramatically reduces the period of time that you spend in trial and error trying to get to something that's going to work. If you know, number one, what their body actually needs and number two, with their bodies actually gonna tolerate.

So it helps people get better faster, reduces, the chances that, you're gonna get troubles with chronic migraine or other headaches and overall improves quality of life dramatically.

This makes so much sense. a patient that experiences migraines, or I'm a provider for those patients listening to this podcast, I would ask you, what labs would you recommend that I get to help my doctor identify why I am having migraine?

Oh, I'm so glad you asked this because I think there's an easy place where almost everybody can start. And I wrote an entire chapter about this in the book.

I'll summarize it here. But in book, if you go to the Book Resources page, you can download a PDF. take it to your doctor, it explains all of this in incredible detail, shows them the scientific studies behind why I'm saying what I am saying, and it tells you and your Doctor exactly how to fix these three common problems that we find.

I also offer online courses in various levels of detail on the testing that are available differently depending on where you live and state licensure and that sort of stuff.

But everybody can start with these three basics, which we have known to be linked with migraine for a very long time. So I'll tell you what they are first, and then I will go back and explain a little bit about each of them.

The first one is ferritin, a simple marker of iron deficiency. We've known for 50 years that menstruating women who tend to get menstrual migraines tend to have low levels of iron, and yet do we check that on every person who walks into our office?

The females anyway. No, we don't do that.

Key Labs: Ferritin, Homocysteine, and Magnesium

And if we do, well, maybe run a CBC or an iron panel, which just is not as sensitive as the ferritet. So I think that's an important one that all neurologists and anybody, honestly anybody who's managing headaches, should add that to the list.

Let's just, you know, let's go get that low-hanging fruit. If you can put somebody on a chelated iron tablet or help them improve iron from food, you fixed one of the things that's making their headaches worse.

So I think that ferritin is a great place to start. Second lab, homocysteine. Now we think of homocytin as being more of a cardiac marker, but remember, The means that increase your chances of heart attack and stroke also travel with migraine.

So we are also at higher risk of hear attack in stroke. There are two reasons to do this. Number one, of course you

wanna keep people healthier in the long run.

If they have a high homocysteine, you need to know now so you can fix that. And second, yeah, homocistine is actually a direct migraine trigger. Homocystine levels go up, it lowers your migrain threshold.

I think most people don't know that, I didn't know that. I order homocysteine in all my patients, but it is more for cardiac benefit. Is it driving up their blood pressure, making their vessel stiff?

I had no idea that it was also changing their threshold for migraines. Yeah, yeah, and very fixable, right? More B vitamins in food, in supplement form.

This problem is usually quite manageable. And we know that problems with methylation are linked with migraine. In the genetic studies that we have done on the people I have run my migraines specific genomics panel on, we see abnormalities of methyulation in 95%. Now, that's not just MTHFR.

That's the whole methylation pathway all lumped together. So, you know, it's like Mthfr is the only part of methyulation. It's somewhere in that pathway.

Right, this is the beginning. Exactly, exactly. So, you know, these issues are very, very common in the general population and in migrant in particular.

It is very important to figure them out and fix them. We've got two markers so far, ferritin and homoslysteine, that I think every doctor is familiar with.

The third one is a little bit more in the functional medicine realm. So let me explain this for all the providers out there. It is an RBC magnesium. Now this is not the standard magnesium that we draw when, you know, we get a comprehensive metabolic panel or a serum magnesium or anything like that.

it's very different. Its not measuring the amount in this serum. its actually measuring amount and the red blood cells. now all major labs do this. LabCorp does it.

Quest does. you just have to order it differently. Again, I've got all the details there in that PDF and linked to the book. And what it tells you is kind of what your body's overall stores of magnesium are.

We've known forever that low brain magnesium is linked with migraine based on even like imaging studies, you know, where we can look at how the brain's working.

We know that that low magnesium is a factor. We've got 200 different studies showing us all the different ways magnesium helps the brains of people with migraine and other chronic headaches.

And you just have to check the right lab. Because your body is going to preserve the amount inside your bloodstream no matter what. If it has to pull it out of your brain, it will do that.

It has pull out your bones, It will. So you want to get a measure of how depleted are you truly, not just that top 1% of magnesium that's floating around in your stream.

You want know, wait, that is nice. Magnesium is normal today. What does our tank look like? And so you've got to refill that tank in many, many people, and this is not going to come up fast.

I'm just telling you, you know, if you put somebody on good solid doses of magnesium and repeat that level in a month, it is NOT going come out the way like a B12 does.

It takes a very long time to fill that tanks. So those are the three markers that I think everybody should start with. And I think it's, you know, with each patient, your individualizing their magnesium according to their tolerance of magnesium, the different forms.

And some people are going to be able to handle three times the magnesium dose as others because of the loose stools associated with a lot of forms of Magnesium.

Yep. You're so right. I had one question about your first biomarker, the ferritin level. It's also an acute phase reactant. So how do you parcel out if it's high?

Do you just go on and get further iron studies to parcel it out? Is that from inflammation or high iron? Yes, absolutely. So that's why I think it's so important to have this done with a provider.

You know, there are ways you can order your own labs online these days, and I very, very strongly encourage people not to do that, because I that you need to a full-on doctor or other healthcare professional looking at the whole situation.

to help you make that determination. Do you need an iron TIBC, et cetera? Do need maybe some sort of endoscopy to figure out where you're losing the blood?

I understand there's so much information out there. It's very tempting to people to just go say, oh, I'm going to go online and order my own labs and take action.

But I really, really encourage you to do this with a doctor who can have exactly the thought you just said. what it's going to tell you based on your own personal history or, you know, that Google doesn't understand that that ferritin might be high because you're inflamed and not just because your iron is too high or something like that.

Absolutely. So true. Okay. Well, those are the three kind of most important labs that you think we should get. That's really helpful for those of us that are ordering for our patients.

Yeah. And again, it's a place to start. You know, don't expect to be able to check these and everything's, you know the migraines are going to go away like a magic wand.

That is not the reality. I don' think a cure exists yet. Dramatic advances do exist, however. and people who've had migraines for decades or other kinds of chronic headaches, there are truly answers for you now that didn't exist five years ago.

So I think that's really real, but not quite cure level yet. And obviously three labs, that not going to be enough to fix it for the people that are really bad.

But it is a place to start and a dramatic step forward.

Root Causes: Inflammation, Gut Health, and Energy

Well, can you talk a little bit about some of the root causes of migraine? I would love to. So we've hinted at this a bit, but brain chemistry is the first major category of genetic and functional medicine test-related abnormalities that we see for people with migraines.

Those are neurotransmitters like serotonin, glutamate, dopamine, GABA, but it's also other brain chemicals and brain functions like BDNF, which is basically miracle grow for your brain.

It helps your brains heal and recover. The clock gene that regulates our sleep cycles. There's a lot going on in the brain other than just neurotransmitters.

Brain chemicals is that first grouping of abnormalities that we see. This second major category is inflammation. A lot of this is tied to gut health. There are literally genes that regulate how prone you are to things like leaky gut that we see with increased frequency in people of migraine.

They are linked to these gigantic studies that have been done of 100,000 people with migraines, and we're seeing

abnormalities of genes related to leakey gut.

So that's powerful. The second piece of it is that people with migraine are very likely to have an immune system that over responds to that gut damage with inflammatory chemicals.

Inflammation is the stuff that makes your guts red and makes them hurt and makes the more like that is going on inside your body where you can't see it and you know those of us with migraine are genetically wired to be more prone to that again not everybody but these are the genes that are linked and then the third area is energy production we hinted at that a little bit earlier and things like You know, how well does your body manage the toxins that you're exposed to, whether that's toxins in your external world, like pesticides, or toxins and your internal world like oxidative stress, you know that cellular exhaust that our cells make when they're running.

That's another major category of problems. And then the last area is that vascular. regulation, those are the things that related to homocysteine that we were talking about earlier.

That's also things like blood flow, you know, I'm sorry, blood sugar. A lot of people notice this in a meal will trigger a headache or migraine. that's essentially a vascular issue related To how your body handles blood, sugar, and their genetic variants and how bodies work.

So those Are kind of the four biggies that Okay, that makes total sense. So one of those you were talking about was the gut-brain connection. Basically, you're telling me that what I eat and what bacteria are in my gut can predispose me to migraines.

100%. Yeah. And so I think that the way this comes to people's attention with migraine is they notice more food sensitivities. Because their gut is porous, food can get from inside the gut where it belongs, and it's like a broken coffee filter.

It'll kind of leak out, then of course your immune system responds to it. it knows it doesn't belong there. So when this process is happening, it raises inflammation levels throughout your whole body, These are liquid factors in your body that circulate in you bloodstream.

They go up to the brain, and there's a nerve there called the trigeminal nerve that sort of functions as a thermometer, a migraine thermometer in our brain.

And when those inflammation levels get too high, it's going to trigger a migrate. So that's kind of the biology behind why that happens. People often have things like inflammatory bowel syndrome.

You may notice those food sensitivities, everything seems to set them off because… It kind of is, you know, their food is getting pulled up by their…

Those foods should be staying in the gut and in… And instead, those foods are getting into the bloodstream because of the leaky gut, and the damage between the tight junctions.

Sleep Tracking and Hormone Therapy

And then these big food pieces, your immune system doesn't know what to do with them. So that's triggering food sensitivities and migraines. That makes total sense.

Yeah. Okay. So I was going to ask you, kind of switching gears a little bit, to sleep. So you recommend tracking sleep to help kind tell us some information about migraines.

Absolutely. Sleep deprivation is so fixable, but I think what people tend to do is they wake up in the morning and say, oh, I slept great last night or oh I feel tired.

I did not sleep well last. Night I woke up a lot. You need a. Lot more data than that to optimize your sleep. There

are many different pieces of sleep that can be.

uh, that can be contributing to those migraines. It could be deep sleep, it could total sleep. Overnight average heart rate variability. You've got to track it to know where you're at and then go back and fix the problems.

oh, I think I didn't sleep well last night. I mean, everybody should start now. And there are so many devices. You can use an O-ring, an Apple Watch, a Fitbit.

There are many ways to do that. Yeah, my husband happens to snore and I bought myself some earbuds that are noise-canceling, but they also track my sleep data and i was so impressed at how it tells me about my REM sleep and my deep sleep, and how and gives me so much data that I didn't even know was possible just from wearing the little earbuds to of course I'm sleeping deeper because I am not hearing his snoring but it's fun to actually have that data.

Yeah, absolutely. And that's one of the things I teach people in my online courses. Like, how do you get, you know, more detailed labs? What do do about that?

How do track your sleep? what metrics are you looking at? What solutions are available to you to make it better once you find those problems? And when you do something as simple as fix common nutrient deficiencies and improve your your gut health.

I mean, for a lot of people, that's all they need. They don't need this detailed genetic testing. There's so much better with proper training on how to implement those solutions and what those solution really are.

You know, we've got migraine influences out there telling us to eat keto and then we got other migrain influences telling to us eat carbs every couple hours.

It's very confusing to me. Somebody with a migraine started to go, wait, what? What is the answer for migraines? So we teach you exactly how to do that.

I know that there's also a lot of disagreement about how hormone therapy and menopause affects migranes. Can you speak a little bit to that? Yeah, definitely the drop off in estrogen either before our cycle or completely randomly for many years at a time during menopause.

You know, that drop-off in estrogen is definitely an issue. Certainly that, you know whatever can be, I think that's sort of an individualized solution.

I Think the one message I want people to hear is that You know, a lot of people who have migraines, especially with auras, were told somewhere along the way by their doctors, like, you can't take any kind of estrogen.

You can take birth control pills. Yes. Or hormone replacement therapy because of the risk of stroke and heart attack and blood clots. But I want to make sure that people really, really hear, even if you were taught that when you are younger about pill-based forms of estrogens, that is probably not the case when hit menopause.

So if your migraines are getting worse during all those random all over the place hormonal fluctuations during menopause, talk to somebody who really knows HRT, and here's why.

It's because pill forms of estrogen, yes, absolutely that increases your chance of blood clotting, especially if you have migraine and especially you smoke.

But when you get to menoppause you're not taking pill estrogen. So the thing about the pills that causes that increased risk of blood clots is how your body processes it.

The liver, in particular, makes these things that we call prothrombotic factors. They increase your chance of blod clot. If you're not taking a pill, that doesn't happen.

Your liver doesn' ever see that. It doesn never make that stuff. So patch forms of estrogen are actually quite safe. There was a large, large-scale study published in, gosh, like 2010s, 2012 kind of range of tens of thousands of people.

The risk of blood clots is not higher on patch bioidentical estrogen, which all of it is. It's all estradiol. Anything you get from any doctor's estrdiol, it's bio identical these days.

So I just want people to really, really hear that that option is open to you, even if you were told in the past, oh no, you can't possibly take hormones because you have migraines or because your have auras.

Right. Hormone therapy is something that I'm dealing with all the time because there's so much misinformation and the Women's Health Initiative studies were misinterpreted and we were given wrong data.

If people were told all estrogen is gonna cause you to have a stroke and heart disease and breast cancer, well, we now know it's all about the form in which you take the estrogen and how your body metabolizes the estrogens.

So now we know how to dose it safely and to administer it safety, estrogen transdermally being the biggest thing there. I think that's really important for women to know because we've got this lost generation of women that really were taught hormone therapy is bad for you and they're really suffering.

That's an important message. Yeah, I've seen dramatic improvements in migraines for women in their 40s and 50s just by fixing that one problem, which is amazing.

If it doesn't fix it, that just tells you there are more problems to solve. I really want to make sure people understand it's never just one thing. If your migraines or other headaches are impacting your life, there's not going to be one things, whether it is a drug or a supplement or lifestyle or food or anything.

It's always a dozen things that need to put together as part of your recovery plan that are going fix you. So don't be frustrated if fixing your hormones doesn' take them away as much as you want.

And this is why you need a functional medicine approach to migraines to look at all of the different causes, to find your personal root cause and get recommendations from a trained professional on what lifestyle changes, diet modification, sleep modification.

What hormones you might need, what vitamins or minerals you may need.

Programs, Resources, and Closing Remarks

Those things you can't really just figure out on your own and unfortunately traditional Allopathic Medicine didn't teach us that way as MDs and now we are having to learn the newest data that's out there to say how can we individualize this care for our patients.

So it's really exciting to see that you have put that in book form so that anybody has access to that information, that your empowering the millions of people that are suffering from migraines.

I think that this brings hope and we're so excited about your book. and your program. I did want to ask you before we left your migraine relief code, what kind of programs do you offer people?

So the most common one is called the headache blueprint. It shows you exactly which labs to order. You literally click a link. you can get them done anywhere.

This is an order it yourself kind of approach. Um, you get, uh, weekly Q and a zoom calls to help you understand when you need to take that back to your doctor.

Like that's the ferritin situation you were talking about. But we also help you fix the basics. We help your fix that

homocysteine, we help fix you that ferritin, that RBC magnesium, We show you exactly what you need to be eating based on DNA studies and your biology.

we show how to fix your sleep, what those specific solutions are, help understand what your specific problems are with your sleeping. That's available to anybody, anywhere in the country.

You order those labs. This is all about empowering you to take charge of your own health and fix all of the low-hanging fruit, so to speak. I do have more detailed one-to-one work available to people in states where I'm licensed.

We do a more in-depth functional medicine test. we do migraine genomics. We really dive in deep and get you a long-term recovery plan. So if those basics aren't working for you, With telehealth these days, you can do the visit when you just happen to be visiting or whatever.

All the details about that are on my website. But point being, it's very easy with tele-health, these-days, to deliver these solutions to the people who need them most.

You can get these labs done anywhere. We have HIPAA-protected Zoom calls and all that kind of stuff to talk about how we fix these things. So migraine relief code is really the deeper dive if those basics don't work for you.

Wonderful. Well, thank you so much. We really appreciate this information and I'm really excited for our viewers to learn about your program, read your book, and we appreciate your time today.

Thank you, so Oh, thank you for having me. It was a delight to be here. For anybody who wants to get started, even with free things right away, I do want to offer one resource, which is a quiz at theheadachequiz.com.

it will help you get an idea of what your biology might be just based on your symptoms. Don't have to do any lab work or anything just Of course, that's not as accurate as the lab testing, but it's a place to start and it is completely free.

When you do that and you get your headache type, then you'll get menus customized based on your head type. You'll got a link to supplements based your heading type you're probably already taking supplements anyway, you might as well take the ones that are going to do you the most good.

So I do want to offer that as a resource for everybody, a completely way to free start. Wonderful. That is so helpful. Thank you so much. Thanks for joining us on the Integrative Medicine Roundtable where practitioners lead.

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