

Migraine Headaches and Hormone Imbalance

BioBalance Podcast — Dr. Kathy Maupin and [Brett Newcomb](#)

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Dr. Kathy Maupin: This is episode 33 of the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb and today we're going to talk about headaches. We're going to talk about all different kinds of headaches, but our focus is going to be on migraine headaches and their connection to hormone imbalances.

KM: I have a vested interest in this because when I was 35, 36, I began having migraines and they were not timed with periods or anything and they got worse and worse until I had my hysterectomy at 47. They were carrying me out of my office throwing up and nauseated and I had to go home, and cancel patients. It was horrible. I have patients that come to me like that now. But when I got to 47, I thought "Oh I'm going to have my ovaries out, this is going to fix it". But it didn't, it made it worse. And I had headaches all the time then. But when I found the pellets and the testosterone, I tried all the different hormones. Nothing worked. All the other bio-identicals didn't work. But when I tried pellets with testosterone I never had another headache. And I haven't had another migraine in nine and a half years. That's a miracle to me.

BN: Wow. Well it's impressive. Fortunately I've never suffered from headaches. I cause them but I don't get them. Or seldom get them. But I've had lots of clients through the years with severe migraine problems who have to go lay down in a dark place, who have to stay very still for hours at a time. I've even had a couple that literally had to go to the emergency room and there's some sort of shot that they give them.

KM: They give them a narcotic.

BN: Is that what it is?

KM: A narcotic is the only thing. It's really for the symptom for the pain. It doesn't really fix the headache, they just know the headache is going to go away soon. But really what a migraine is is not a muscle spasm. It is actually a swelling of the vessels in your head. Your head can't stretch. I mean your head is fixed after you're a baby and all of the plates of your head fuse; you can't stretch your head. So when the veins get bigger there's no space to go, so it aches. As the veins get really big, you get your headache and it causes you to throw up, and it causes you to see an aura sometimes, and have light sensitivity.

BN: That's what people tell me. And it's hard if you've never experienced anything like that, to really, not to have empathy for it, but to understand it. And you work on things

like relaxation, meditation, calming exercises. Sometimes they help and sometimes they don't.

KM: If it's a [headache caused by a] hormonal reason it's not going to help that.

BN: People will say I'm trying all these things and they're not making any difference. I had one client, poor lady, she was almost going to lose her job, her marriage was in trouble, because she literally had migraines so excessively and she was so limited and the doctors couldn't find an answer.

KM: The medicines didn't work.

BN: No.

KM: I have several neurologists who are in St. Louis who now send me their patients that are over 40 who have migraine headaches and they've tried everything. They've done the work-up, which you should always do. You should always have your headaches worked up. Get an MRI. Make sure you see a neurologist, or a headache specialist and make sure the headache doesn't mean you have a brain tumor or an abnormality in the vessels in your head, because God forbid we treat that with hormones. That's not what we're doing. We wait until someone has had their work-up. Or we send them for a work-up. But we work with the neurologist. And now there are articles in the neurologic literature that talk about giving testosterone to stop headaches. And of course it was first in men. Because men have testosterone and they noticed when they did blood tests they had low testosterone. And they had all these horrible headache, and when they replaced it, they went away.

BN: They didn't have it.

KM: Then they started looking at women. And now Dr. Banks here in St. Louis is amazing. He sends me patients. After he's worked them up and he's treated them the way he treats them and they can't get better, he sends them to me and I get them better. And I send my patients to him for the work-up.

BN: Right.

KM: So it all works out. But you should have the work-up first if this is one of your problems. And I had the MRI as well, when I had the headaches to make sure I wasn't going to have a stroke. That's very important. then after you go through the work-up and if it doesn't work, then hormonal replacement in some cases works for migraines.

BN: I'm not medically gifted so you have repeat things for me and clarify things for me. Help me understand what the difference is that makes a headache a migraine as opposed to just a bad headache, because you can have a bad headache and not have it be a migraine.

KM: I always have my patients describe their migraines or headaches because they sometimes think they have a migraine headache because it comes on all the time. But a migraine is specifically a throbbing headache that has an aura or some kind of light flashes or kind of an aura around whatever you're looking at.

BN: You see those externally or you experience them internally?

KM: Well, they happen inside your brain but you see them as if they were in front of you and these little lights that happen.

BN: So pressure on the optic nerve.

KM: That's exactly right – from the pressure of the swelling vessels.

BN: So pressure from the brain swells.

KM: So you get that first. You may not have pain yet. Some people say they have pain immediately. Then there's a nausea and a there's a light sensitivity. You see people walking around the office with their sunglasses on and a horrible look on their face.

BN: Or they're just trying to be cool, I'll wear my sunglasses at night.

KM: If they look like they're going to throw up, they're not trying to be cool and they're ready to go home. Those are the symptoms. Usually it is here. People say "this is my migraine. It's right here every time". It's usually in one place, one space. Or it's one sided.

BN: So it's not just sinus cavities.

KM: No. The sinus cavities are both sides in general. If I want to know if someone has a sinus headache I go like this. If that hurts, that's a sinus headache. If they have, (these are the non-migraine headaches), if they have a tension headache they say 'oh it's right here and it goes all the way down and I have a neck pain and then my headache starts up here and it's both sides and it feels tight'. That's the muscles of their head, the outside of their skull tensing up and causing them to have pain from muscle tension.

BN: Those are the headaches, the few that I've had. They all start right back here at the top of the neck and the shoulders where all those muscles tighten up. I talk to patients about it because when, if you have a stressful situation at work and you have a long drive home you can actually feel your arms get longer as you drive, as that stress calms, and you relax.

KM: As you're calming down. But if you've noticed that your shoulders have reached your ears before the end of the day and you have a headache that's generally a muscle spasm headache, a tension headache.

BN: All that's knotted up. And then it comes over the top and they feel it here.

KM: Right. And so they think sometimes that's a migraine. They sometimes have nausea with that. However, I suggest massages, acupuncture, any kind of muscle relaxation. Sometimes just exercises and biofeedback help. But in general, patients are so bad by the time they come to me about that that I have to send them to a pain specialist to have them injected and then their headache is gone and they realize what it is.

BN: Once it's gotten that severe. I talk about a technique in my practice called "thought stopping". If stress is magnified in your life and you're obsessing about certain things and worrying about certain things, you have to learn how to do thought stopping. Tell yourself no; tell yourself stop.

KM: Stop obsessing over something.

BN: Yes stop even thinking about it. Make yourself think about something else. And if you can do guided imagery, you can imagine a walk along a brook in the woods or sitting in a hay barn watching a storm go across the valley. Whatever might be relaxing for you.

KM: That's really difficult for a lot of people. And it takes a lot of training.

BN: It is for a lot of people but you can train them to do it. But then they have to choose to do it. It's like we were talking about earlier.

KM: Or yoga. Yoga is a great way to relieve tension headaches. There is another kind of tension headaches. Patients go "oh, it hurts right here". And they're gritting their teeth.

BN: Ice cream, brain freeze.

KM: No that's brain freeze. That's from your sinuses and this is from your TMJ joint. And that kind of headache is usually from grinding your teeth all night, which is bad for your teeth but it is also bad for your headaches. Those patients I send to their dentists for a mouth guard to wear at night and that usually helps. Sometimes chiropractors or other pain specialists can inject it or manipulate it so that they don't have that, but that's another type of headache. But I have to rule out all of these different headaches before I say "Yep you've got a migraine and hormones will help". Then I look at their labs. If their testosterone is low, that's the key to migraines, and there's no other kind of testosterone that works on migraines that crosses the blood brain barrier and stops a migraine or prevents it other than pellets or IM shots, shots in the muscle. Something that's not oral that doesn't go under the skin or vagina or under the tongue. None of those fix migraines, sadly. We have to put the testosterone directly under the skin.

BN: Why? I mean I know we've had this conversation multiple times for other issues and you talk about the metabolic interference of the digestive process or the absorption process that are different with sublinguals or skin creams or oral pills. Is it the same kind of thing? Is it a metabolic adaptive?

KM: It's a change. They're transformed as they go through the skin or the vagina or under the tongue. That hormone gets changed just to be absorbed. And then, it's usually changed into an estrogen which makes headaches worse. You have to get pure testosterone, just like you had when you were younger, to the brain. To cross the blood brain barrier it has to be pure testosterone not one of the lesser androgens, which are other kind of testosterone like hormones. It has to be pure to get to your brain. And obviously the problem is in your brain. The testosterone relaxes all those vessels and allows them to shrink and let the blood out of the skull.

BN: When you say pure testosterone you are talking about bioidentical products not plant derivative products.

KM: Well plant derivative. I mean bioidenticals are plant derivative. However, they're just made from a plant, chemically the same, exactly as our hormones. So they have to be that, but they also have to be non-oral, non-transdermal, no other delivery system. They have to be under the skin.

BN: That's the testosterone issue with migraine headaches. And when we were talking before you said something about a menstrual cycle issue as well.

KM: Right. This is very common. If you have migraines that happen mid-cycle, or if you have migraines that happen right before your period and during your period if you're a female. (I'm not accusing you of having migraines. This is just for the girls.) If you have that type of headache generally, that's from a drop of your estrogen right before your period or a sharp rise of your estrogen at ovulation. Those are a change in your estrogen level. We usually put people on the pill if they're not menopausal or we put them on constant estrodial. A natural estrodial works best. And usually, same hormone everyday is how we do it. Pellets work great for that because they don't go up and down every day. And we don't use oral because that just doesn't tend to work very well except in a birth control pill.

BN: So if you're suffering from migraines and you have gone to your doctor and you have described your symptomology and they don't identify that it's something like a muscle tension, or sinus or TMJ issue, then you have to consider is it possibly a hormonal issue. And as you said they discovered this by working with men because when the blood tests came back on the men they noticed the testosterone was low. They gave them testosterone and the migraines stopped. And so now they extrapolate that to women as well. And what they've discovered is that helps. We'll talk in other podcasts about andropause which is a word that's generally applied to and understood to be an issue for men and concerning men, because of the testosterone issue. But

women also have to have testosterone and women also have andropause issues and one of those is related to migraines with the testosterone.

KM: They're always very surprised when they come in for another reason for andropause, fatigue, or loss of sex drive or loss of muscle mass, or gaining weight, fatigue, irritability, depression.

BN: All those cluster symptoms, irritability.

KM: They come in for all of those symptoms that haven't been helped by other methods. And all of a sudden their migraines are gone too. To them it's like "oh I didn't even come in for this, and it's gone."

BN: It's kind of like you notice it by its absence.

KM: Right. You notice that you haven't had a headache in 4 months or 5 months. And "oh that's amazing I don't know how that happened".

BN: I haven't had a headache since my mother came to visit. Well that might not be a migraine.

KM: That's right. That may be tension.

BN: If you have questions about headaches. If you have questions about hormones or any of the things we've talked about in our 33 podcasts. You can ask us those questions directly at podcast@biobalancehealth.com. You can also, if you have time and you're interested, read my blog at brettnewcomb.com.

KM: And if you'd like to know more about biobalance health or bioidentical hormones visit our website at biobalancehealth.com. Or call 314-993-0963.