

### Evidence or No evidence?

Deena Kuruvilla, MD  
Assistant Professor  
Yale School of medicine  
Chair, Complementary and Integrative  
Medicine Section, American Headache  
Society

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#### Case 1

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- A 52 year old female presents to your office for follow up for chronic migraine and menstrual migraine. She reports she has been struggling with hot flashes, night sweats and mood changes. Due to these symptoms, her gynecologist recommended black cohosh.
- The patient enquires if there is evidence for black cohosh in migraine prevention.

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#### Case 1: Yes

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- Black cohosh - species of a flowering plant, thought to have some estrogen receptor activity and/or a serotonin binding component
- Burke et al., performed a randomized controlled trial of a phytoestrogen combination in the preventive treatment of menstrual migraine. 49 patients were randomized to receive placebo or a combination of 60 mg soy isoflavones/100mg dong quai/50 mg black cohosh for 24 weeks.
- Placebo - mean menstrual migraine attacks = 10.3 +/- 2.4
- Phytoestrogen - mean menstrual migraine attacks = 4.7 +/- 1.8

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Case 2

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• 40 year old male with past medical history of multiple head traumas while playing football presents to your office for follow up for chronic migraine and post-concussive syndrome. He has had a MRI brain, which was normal. He is receiving botulinum toxin for chronic migraine and reports 50% reduction in his headache frequency and severity. He wants to know if he can consider spinal manipulation to complement botulinum toxin.

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Case 2: Which of the following is the most appropriate reply?

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- A. Prescription medication is more effective for your condition
- B. I don't think I can help you if you want to go that route.
- C. While spinal manipulation has limited evidence for the prevention of chronic migraine, we can certainly discuss it as an integrative approach and also discuss other options for migraine prevention
- D. One of the common side effects of spinal manipulation is dizziness
- E. Both C & D

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Case 2: E. Both C & D

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- Conventional therapy experiences
- Avoid judgement
- Review integrative approaches and their limitations
- Enquire why

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Case 3

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- 39 y/o M presents for follow up for migraine without aura. He has a history of non-allergic rhinitis which is currently acting up. His primary care physician recommended intranasal capsaicin spray for this. The patient enquires if intranasal capsaicin spray is also helpful for aborting migraine.

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Case 3: No

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- Intranasal capsaicin spray has no evidence for the abortion or prevention of migraine.

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Case 4

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- A 45 year old female presents for follow up for episodic migraine without aura. She reports that her mother gifted her lavender oil for Christmas to try and help her headaches. She wants to know if it's worth trying or if it is just some quackery.

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Case 4: Yes! It is worth trying in conjunction with conventional treatments

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- Sasannejad et al., conducted a placebo-controlled trial in 47 patients
- The active group inhaled lavender essential oil for 15 minutes while the control group inhaled liquid paraffin for 15 minutes at the early signs of a headache
- The mean reduction of headache severity in active group = 3.6 +/- 2.8 on visual analogue scale
- The mean reduction in headache severity in the control group was 1.6+/-1.6 on visual analogue scale
- This was statistically significant with a P<0.0001

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Case 5

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- A 35 year old female with a long history of chronic migraine presents for follow up. She has been receiving botulinum toxin for the prevention of migraine for two years now. She reports 50% reduction in headache frequency and severity since starting the treatment. She would like to stop botulinum toxin and try something new (such as acupuncture) in order to take a different approach. Acupuncture was the cure for her mother.
- Which of the following is your reply?

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Case 5

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- A. I do not practice witchcraft
- B. Botulinum toxin is the only FDA approved treatment for chronic migraine and a sudden cessation could result in a sudden worsening of your headaches. Perhaps we can discuss integrating acupuncture with botulinum toxin.
- C. Sure! Let's switch to acupuncture!
- D. What worked for your mother may not work for you
- E. Why would you want to switch?!

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Case 5: B

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- All of the approaches discussed today are complementary and integrative to be used with conventional therapies.

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