



MIGRAINE WORLD SUMMIT

INTERVIEWS WITH WORLD-LEADING EXPERTS

TRANSCRIPT



PRACTICAL CHANGES TO REDUCE MIGRAINE FREQUENCY

**LAUREN R. NATBONY, MD, FAHS
FOUNDER & MEDICAL DIRECTOR
INTEGRATIVE HEADACHE MEDICINE OF NEW YORK**



Introduction (00:05): I think that there's a lot to be said for doing a multimodal approach. Maybe it wasn't the medication and then sleeping well that worked, but then you added on a neuromodulation device, and then you added on some biofeedback, and then you added on exercise. Whatever it is, it's the combination of things that work together, not necessarily each thing individually. And I think that that's not necessarily talked about enough. Everyone wants to do the least amount, right? You want to be on one drug, you want to be doing one thing, and that's going to solve the problem. Well, if migraine was only one neurotransmitter or one thing that we can target, sure. But we know it's not, it's so multifaceted. So why are we not looking to treat it that way?

Wendy Bohmfalk (00:49): There is no shortage of advice floating around for migraine, but it's hard to know what can actually make a difference. Perhaps just as important is knowing how to put common advice into practice. For instance, exercising every day may be great for some people, but not if it's triggering attacks. Here to discuss practical everyday changes that can decrease migraine frequency is, Dr. Lauren Natbony. Dr. Natbony, welcome to the Migraine World Summit.

Dr. Natbony (01:17): Hi. Thank you so much for having me. It's such a pleasure to be here.

Wendy Bohmfalk (01:21): Great. We're so glad to have you.

Dr. Natbony (01:23): Thank you.

Wendy Bohmfalk (01:24): So, you are the medical director for an integrative headache medicine practice. Can you tell us what integrative headache medicine is and how it might differ from a traditional practice?

Dr. Natbony (01:34): Absolutely. That's such a great question. So, this is actually my own practice that I opened when I realized that conventional medicine just wasn't addressing everything that was going on and really putting it into the complete whole-person picture. Integrative medicine basically takes all of the evidence-based complementary therapies, everything is evidence-based, and integrates it with your traditional medical therapies. What it also does is it looks at that "whole person" approach and it really makes this personalized relationship between doctor and patient. So, it really is this connection — for me — the connection with my patients. Looking at them beyond medication, saying, "What's going on in your environment, in your community, in your social circle," and saying, "OK, how is this influencing each part of it?"

Dr. Natbony (02:22): Then we bring in consultants. If I need, for example — we need a consultant — a sleep doctor, or we need someone looking at the musculoskeletal [system]. I'll look at all of these different aspects and put them into the picture. Because, as we know, migraine is really multifaceted. I feel like there's not one thing. And trying to only focus on one thing, and one medication, or one treatment usually isn't the answer. The answer is looking at everything that's affecting that person.

Wendy Bohmfalk (02:51): It makes perfect sense to me. Have you found with your patients that it really helps them improve daily function and quality of life?

Dr. Natbony (02:57): I really do. I feel like there are so many different aspects to quality of life. You can still have pain, but it can be less severe, it can be less impactful, and your quality of life



improves. So I try to focus in on what defines quality of life, what can we do, even little changes, that will make life better. So when you really talk to your patients, when I talk to my patients and I say, "What is it exactly that would improve quality of life? Give me one thing." We focus on that, try to achieve that goal, and make these steps and this progress together.

Wendy Bohmfalk (03:29): I like that you really get that from your patient too, that it's not something you're prescribing necessarily to them. But that sounds very helpful. Well, I know that you co-authored a study, too, that suggests that all physicians should seek a multifactorial treatment plan, which would include among other things, diet, exercise, and healthy living to reduce migraine frequency. Do you think that most doctors adhere to this recommendation?

Dr. Natbony (03:52): So, I wish I could say yes. I think unfortunately it's tough. Most of the time in a managed-care setting, there's not that much time, first of all, in order to address all of these different aspects. And then where do you start? Do you just say, "Everybody eat this diet, everybody drink this much water, everybody exercise." It's really tough because we're not taught this in medical school, in residency. Healthy lifestyle and living is just not part of the curriculum.

Dr. Natbony (04:20): And then I think physicians sometimes feel, "If I say these things, it's going to make the patient feel like I'm blaming them, that it's their fault." And I totally get that. And, I feel like even for me, I still never want to say something that would ever make a patient think that it's their fault. Migraine is not their fault. Migraine is a chronic neurologic disease and it is not a blame that we ever want to put on a patient. But for a lot of doctors, how do you broach it? How do you say to do these things? Especially when patients say, "But it makes me feel worse in the moment." And I think teaching other doctors and really teaching how to have that conversation is important.

Wendy Bohmfalk (04:58): Absolutely. You know, this brings me to my next question, which you've actually partially answered, but just to get a couple more thoughts about it. You were part of a debate at a recent American Headache Society meeting about whether lifestyle advice is helpful or blaming, as you mentioned. So, how did that shake out and what are your kind of final thoughts on it?

Dr. Natbony (05:16): That was such a great debate. I feel like I learned so much from it, as well. I took the side of lifestyle modifications and recommendations are helpful. And I believe that they are helpful when delivered correctly. So, when they're not delivered correctly, I feel like it totally disrupts the patient's sense of self and feeling, like what they're doing is wrong. And we also know that these changes are not everything. You can make every lifestyle change and still have chronic migraine. It's only a piece of the puzzle, it's not the whole puzzle. And making patients aware of that, that this is a part of it that we're going to work on, is really important. So overall, I just try to look at it as they can be helpful, but if you can't do it, there are other ways. And that's why, like I said, the integrative approach, looking at all the different modalities that can be utilized, is really important. There's no one-size-fits-all.

Wendy Bohmfalk (06:10): Great answer. I think, you know, we had a lot of strong opinions from our viewers. People write in with questions and they give us thoughts and suggestions, and I'm really glad you're addressing it and addressing it this way. You know, a couple of people that wrote in, Barb said: It would be wonderful if relief was as simple as lifestyle changes. You know, some people again said they feel blamed if they can't implement the changes. And then Anni



asked: How is the best way to handle these messages to not feel overwhelmed and like you're not doing enough?

Dr. Natbony (06:40): Those are such great questions and I feel like I sometimes have the same problems, even myself. I feel like, as someone who has migraine, sometimes I even blame myself. I'm like, "Oh, I didn't sleep enough. I didn't drink enough water." It's hard for anyone in that situation, and there tends to be a lot of self-blame. So, I think the first step is saying, "This is not my fault, there is no blame to be placed." And then trying to figure out sort of one thing, maybe there is one thing we can do differently. Maybe there isn't. But for me, personally, it was exercise. That was the one thing that worked for me. It's not going to work for everyone. But really saying, "If there's one change I can make, what would it be? Let me try it." And not being overwhelmed by everything, because you can't do everything, right? Like trying to change 50 things at a time, anybody would get overwhelmed.

Dr. Natbony (07:28): So, I think the best thing is small steps, trying to make little, little, little tiny baby steps toward your goal. And I empathize, I really do, because I feel like there is no perfect way. I think having a doctor, or having someone you talk with and saying, "What are these achievable goals? What would make a difference in my life?" is really important. And I don't think a lot of people have that, unfortunately.

Wendy Bohmfalk (07:54): Well let's get into, you know, what some of these suggested lifestyle interventions could be, or some of the ones that you recommend most or see the most success with your patients. I think a lot of us are familiar with the SEEDS acronym for migraine management, which is sleep, exercise, eat, diary, and stress. So again, we know there's no kind of perfect way to do this and that not everyone can do all these things, but I would love to just walk us through — have you walk us through — a day where we put those principles and other effective interventions into practice. So, if that sounds good to you.

Dr. Natbony (08:26): Absolutely. I'm going to preface it by saying there is no "perfect" day. I wish there was a perfect day. I don't want anyone to think that just because you go a little bit off of an ideal day that you should be feeling like there's something that you did, that this is your fault at all. Because every day is different, and every day brings new and different struggles.

Wendy Bohmfalk (08:44): For fun, if there was such a thing as an ideal day, we'll run through it. So, first of all, we wake up, what do we do? And also, as we discuss these things, I'd like to talk about how we can make them habits, as well. Because that can be tough too, right? We try something for a couple of days a week, it doesn't quite work, maybe we drop off, you know, try something else. So, as we talk through it, maybe we can talk through good ways to make them habits.

Dr. Natbony (09:07): Oh, absolutely.

Wendy Bohmfalk (09:07): Back to waking up: What's the way to do that to kind of have a good start to your day?

Dr. Natbony (09:16): So, with sleep, the best thing to do is try to wake up around the same time every day so you're not artificially waking yourself up. A lot of us will set alarm clocks during the week to wake up for work and then sleep in on the weekends. The best thing is if you can wake up around the same time, within an hour window, every day in the morning, and have it be as gradual and natural of an awakening as possible. So, for some people, they'll use these natural



wake clocks, in which the light gradually comes on a little bit brighter and brighter and brighter to wake up. But just something calming that wakes you, so it's not startling.

Wendy Bohmfalk (09:50): I mean for me, I have to admit, the first thing I think about is caffeine. I know that can be a good or a bad thing for people with migraine. What's your take on it?

Dr. Natbony (09:58): Caffeine is a double-edged sword. It's something that can be helpful. It's something that, if you do consistently at the same time every day, then I say yes, that's fine. Keep it less than 200 mg a day. But the key is consistency. So, don't drink it during the weekdays and then say, "You know what? I don't need it on the weekend." Because then that can trigger a migraine. But also, when you wake up, a lot of people don't want to eat breakfast. I was never a big breakfast eater. But really, an important thing that studies have shown is eating something within 30 to 60 minutes of waking up. So whatever that is — it doesn't have to be a full breakfast, you can have a hard-boiled egg, you can have two almonds, you can have a cheese stick — whatever you want. Just getting some fuel, some protein, into your body is really important.

Wendy Bohmfalk (10:44): OK. And have you found that, is it better to have some protein or certain healthy things that you should eat that would kind of set you up better for success, or really is it just about having something?

Dr. Natbony (10:56): Protein, we know, keeps blood sugar levels more stable than those carbs, or other starchy foods. That being said, as long as it's the least processed type of food possible — we're looking for a clean, non-sugary breakfast. I think whatever you can do is fine. There are some people who will grab a bar. Yes, a bar is still processed, but it still has more nutrients and it's still getting something into your body. I would say probably staying away from the breakfast pastries that are going to cause big spikes in blood sugar, and trying to focus on things that do have protein.

Wendy Bohmfalk (11:31): Are you an advocate for things like meditation, or mindfulness? I'd like to talk about that along with exercise, too. Are these good ways to start your day, would you say?

Dr. Natbony (11:41): Absolutely. I think everyone is different in whether they want to sort of relax and meditate, or sort of amp-up and exercise in the morning. And there's no right or wrong. The only thing with exercise is, I wouldn't put it too close to bedtime because it might keep you up. But I think the morning is a good time for exercise because it does help set you up for the day. It gets your endorphins pumping, which are your natural pain relievers. But if you're not a morning-exercise person, then absolutely you can do a quick meditation. Again, none of this has to be super long or prolonged. Five minutes, you can do a five-minute meditation. There are lots of apps for it. There's mindfulness-based, there's guided meditation, but it's definitely a good way to set up your day.

Wendy Bohmfalk (12:23): And there's evidence behind both of those things, both mindfulness practices and exercise when it comes to migraine prevention, correct?

Dr. Natbony (12:29): Absolutely. But I want to point out that nothing works if it's done once or occasionally. It's all about building consistency and routine. So, for exercise studies, they're all about eight to 12 weeks duration. So, we're looking at at least two to three months of doing something consistently to see benefit. And I think a lot of times when we don't feel that



something is working, it's like, "Oh, it's just not working. I'm just gonna stop." I just want to say, just hold on just a little bit longer because really being consistent with it is what's going to get the results in the end.

Wendy Bohmfalk (13:00): What about exercising? Going back to it. I know of course, as you mentioned as well, there are some people that it's a trigger, but are there things that you recommend for everyone to try? And again, how to help make that a habit, too?

Dr. Natbony (13:13): So exercise, you're right, is really tricky, and I think there's a lot out there that says: just exercise, just exercise. And if you're in pain, the last thing you want to do is exercise and make that pain worse. And I totally get that. It's my belief that with exercise, everybody has a threshold. There's that threshold where the pain will get worse. We have to figure out how we get you to the sub-threshold — that little piece before you hit that cliff and fall over the edge. So what I do with patients, first of all, who really have trouble with exercise is starting, literally, with a minute or two minutes and doing something recumbent — lying down — and just getting that heart rate up for literally two minutes. We'll do that for a few weeks, and then we progress in time, and monitor heart rate.

Dr. Natbony (14:01): So, I think what I found is that monitoring heart rate and not making it go above a certain level can really be helpful. So we figure out where is it that you can get to until you're over the edge, and then we push that, and push it and push it, over time. So that way, we're working on our cardiovascular system, but we're also working on pushing that threshold so we can tolerate more. It's not jumping into it saying, "I'm going to go outside and run." No, that's not going to work. We really have to find exercises that are not like the running, the jumping, the ones that are really harsh on the body — finding things that are more gentle and then doing a specific tailored program.

Wendy Bohmfalk (14:42): I think those are great, really helpful suggestions. Really practical, too. What about work? So now it's time to shift to that next, kind of, sphere. What are your recommendations for reducing the likelihood of attacks at work?

Dr. Natbony (14:55): I think it depends on where you're working. I think a lot of work from home is extremely triggering. Sitting all day and sitting in front of a computer, especially. So, if you're a person who's at that desk and staring at the computer, taking frequent breaks is really important. So, I think a lot of times we try to get through our workday, and we don't want to get up. We don't want to take breaks. We need to get up at least every hour. Take at least a minute, just take a minute to walk around, stretch, making sure the ergonomics of your workstation are appropriate.

Dr. Natbony (15:24): So, a lot of times I see everyone hunched over and it looks uncomfortable, even for a short period of time. But putting the ergonomics into your workstation, making sure that your computer is at eye level, that you have good posture, you're sitting up, you are able to place your hands on your keyboard, and trying to maintain that. Obviously, it's challenging and it takes time to set up, but it really is worthwhile in the end. And taking screen breaks. So, like I said, not even walking breaks, but looking away from the screen. For every few minutes, you should at least look away from the screen for a good 20 seconds. Just to give your eyes that break.



Wendy Bohmfalk (16:04): Now, to come back to food, too. What should we be thinking about as we're kind of thinking through our meals for the day? We talked about breakfast, but with lunch and dinner and other meals, how do you recommend we go about thinking about it?

Dr. Natbony (16:16): I want to preface that I think food and food triggers are the most talked about thing in migraine with the least amount of evidence. So, I don't want anyone to come away from this and say, "I have to cut whole things out of my diet. I have to eliminate food." The goal really is to add quality food and add consistency. So, I would say one thing you can do is try to eat consistently something with protein every three to four hours. If there's one thing, that would be it. It's making sure you're not skipping meals, keeping that blood sugar level stable. And then, the next step would be adding in quality foods, whole grains, whole plant-based things that are coming naturally from the earth, and trying to limit processed foods. I say if you don't know what is in it, if you're reading a package and you're like, "I just don't even know what this is," it might not be the best choice. Again, is it going to be a trigger? Is it going to matter? Maybe, maybe not, but we know that consistency and quality of food are important.

Wendy Bohmfalk (17:14): You know, it's funny that you say that about the triggers in food. You know, we had a viewer, Judy, who wrote in about food and said: Could the stress of tracking her food triggers actually be a trigger? Yeah, you know, itself. And I would think of other triggers the same way.

Dr. Natbony (17:27): Absolutely. I think a lot of times the stress from trying to figure out what the trigger is, is all consuming. Because you go home, and you are like, "Keep track, keep a diary, keep track of what you're eating, when you're sleeping." I actually think a lot of times that's counterproductive. There's good value in keeping a diary. When I recommend keeping a diary, I'm super simple. You literally take a calendar, put an X on a day you have a migraine and that's it. If we want to track more, fine.

Dr. Natbony (17:54): But I think that there is a lot of stress placed on trying to figure it out, because saying we're trying to figure it out means we're trying to solve a chronic medical disease, which we can't solve — it's genetic, it's neurobiological. This isn't something that we're going to be able to solve by removing certain things from our life. Maybe it will help. But I think focusing on that as the end-all be-all really isn't helpful.

Wendy Bohmfalk (18:20): Gotcha. So, keep it very simple when it comes to tracking and don't kind of overthink your triggers really.

Dr. Natbony (18:25): Yes.

Wendy Bohmfalk (18:26): So, we mentioned stress too. Let's talk a little about it. You know, we have a stressful work period going on or there's stress at home. Are there things that you recommend we can do daily to kind of help alleviate stress?

Dr. Natbony (18:38): Stress is like that big, black cloud that just looms all the time. And I feel like stress is there and we can't escape it. It's how we deal with it that's really important. And everyone's stress relief techniques are going to be different. I say you need to give yourself a vacation from yourself, a vacation from your brain, a vacation from your thoughts — for some people that will be meditation, for some it might be exercise, for others reading a book, or knitting, or playing with your pet. I think whatever it is, find it and do it every day, even for a



short time every day, because doing a pleasurable activity will decrease cortisol levels, which are implicated in stress and stress response.

Wendy Bohmfalk (19:19): Interesting. So, do you kind of, prescribe that, if you will, preventatively almost, or is it more when a stress attack kind of happens? Or tell me more about that.

Dr. Natbony (19:29): In an ideal world, I think we should be doing it preventatively. I think the whole basis of meditation and mindfulness is that you get into a practice of it, so that way you're regulating your stress response. So that way when it happens, your body is not overly stressed and trying to compensate. So, yes, in an ideal world, it would be something that you do every day that is calming, relaxing. And then when you're in periods of more stress, there are techniques, I really like biofeedback and biofeedback techniques, where you teach your body how to calm itself down and how to calm your own stress response through deep breathing.

Wendy Bohmfalk (20:04): That's helpful. I'm going outside of SEEDS for a minute to talk about social support. I'd love to know if there's much evidence behind — I think we all agree that it's important — but how important is it to really integrate having good social support or a support system into our daily lives?

Dr. Natbony (20:20): I think that's actually one of the most important things that is really rarely talked about. Migraine is lonely. I feel like having pain that you feel invisible, that nobody can see or understand is such an isolating experience, and not having support of people around you just perpetuates everything. I think a lot of what's been lost in COVID is social support, and the ability to see people and be surrounded by people.

Wendy Bohmfalk (20:49): Let's kind of finish up our day, and you talked about, you started off with sleep, let's end with sleep. Tell us what your recommendations are that we could do kind of every single day; how to implement them.

Dr. Natbony (21:00): Absolutely. So, if we're going to go with the supplement route, magnesium does have good evidence for migraine prevention. A lot of people like to take magnesium before bed. It can be calming. Another one is melatonin. So, melatonin at a lower dose does also have evidence for migraine prevention. It can be helpful for sleep, but a lot of times melatonin isn't that great for sleep if you have chronic insomnia, but it can be helpful for migraines. So it can be something you can add in. And in terms of bed, we need to have a calming routine to calm our brains. We were just at work all day or we were doing stimulating activities all day. And then you go from doing something and then you jump into bed, it's time to go to sleep. Our brains don't shift that easily, and the migraine brain hates change and hates these abrupt shifts.

Dr. Natbony (21:48): So, trying to ease into it is important. Give yourself a wind-down time, whether it is taking a hot shower, drinking a cup of tea, reading a good book, give your body some time to sort of cool down from the day and try to do that same routine every night. Stay off of screens for at least an hour before bed and then making sure that the bedroom is cool and comfortable, trying not to go to the extreme in either direction. For lights, just trying to block out as much light as possible. I think blackout shades are valuable — a lot of times they're not necessarily practical and people can't necessarily install them — but trying to make the bedroom as calm, quiet, dark as possible is good for sleep and sleep hygiene.



Wendy Bohmfalk (22:34): Well, that's a good way to end our day. You know, for the person who has tried many of these suggestions and hasn't had a lot of success with them, what is your advice? What do you tell those patients in your practice?

Dr. Natbony (22:47): I tell my patients that there's always more that we haven't tried. I think a lot of times we're like: We've tried every medication, we've tried every lifestyle modification, but we haven't keyed in, first of all, on trying things together. I think that there's a lot to be said for doing a multimodal approach. Maybe it wasn't the medication and then sleeping well that worked, but then you added on a neuromodulation device, and then you added on some biofeedback, and then you added on exercise. Whatever it is, it's the combination of things that work together, not necessarily each thing individually. And I think that that's not necessarily talked about enough. Everyone wants to do the least amount, right? You want to be on one drug, you want to be doing one thing and that's going to solve the problem. Well, if migraine was only one neurotransmitter or one thing that we can target, sure, but we know it's not, it's so multifaceted. So why are we not looking to treat it that way?

Wendy Bohmfalk (23:44): Things can be complementary, right? And they can actually give you greater value when you do put them together versus trying something on its own.

Dr. Natbony (23:51): I've really found that. I see a lot of patients who have tried "everything," and "everything" is relative. I feel like, everything in what realm? In the pharmaceutical realm, in the supplement realm, in the sleep realm, in the device realm, or what realm, and have we done them all together? And I have made really good progress with a lot of my patients by making small changes. It's not necessarily adding tons more medication, or making the patient feel like they have to do 50 different things. It's really focusing in and going through their day, sitting down and talking about it, and putting it in reality, and saying, where is the change I can make that would impact them the most? Again, individual for each person because everybody is different.

Wendy Bohmfalk (24:35): Well, one thing I heard you say throughout our discussion today is that consistency is key, and that the migraine brain loves predictability. That's all very important. But I am curious, is there room for spontaneity or breaking out of normal routines? I know it can be tough to feel like we have to be in this kind of bubble. How do we make the most of our days?

Dr. Natbony (24:56): Yes, please. That is such a great question because I hear that so much, that it's a fear. It's a fear of, "I want to go out and do this and it's going to change my routine," and it's this anticipatory anxiety of, "But I can't because then, what if?" And that is so valid and so true. And I want to just tell everyone it's OK to go out of your routine. When you have a good baseline routine, having bits of change is OK. I think it's for the person who has zero routine and everything is out of whack all the time, then yes, that's more of a problem. But as long as the brain has some stable routine that it's going on, go out, enjoy your life. And I tell my patients, let me worry about it. Let me worry about what's going to happen. I will give you the tools needed if something is triggered. If you do have a migraine, you will have the tools to deal with it and that's OK.

Dr. Natbony (25:49): Everyone is going to go out of their routine and it is going to result in maybe an unfavorable effect, but it's OK. That's life and we still have to live life. So, I don't want anyone to feel like they're going to miss out on doing the things that they want to do, which I actually think is what is happening. I think the disability of migraine is that lost time, the lost



events, the, "Oh, there's this concert going on next weekend, but I can't go. I don't know how I'm going to feel. I have to go to sleep at this time." And the psychological disability that is caused by that is huge.

Dr. Natbony (26:26): Which again, I go back to saying migraine — we have to look at every contributor, and the best treatment program might not get the results that are really important to that person. You can be on all these medications, but they might make you feel terrible and not actually address the things that are making you feel like you can't be part of life anymore. So I think it's important just for people to know, if I summarize all of that, that I've just said is: The goal is to get you to live, not to stop living, because life is great, right? We want to get you back to it.

Wendy Bohmfalk (27:00): Oh my gosh, that was beautifully said.

Dr. Natbony (27:02): I tend to do this with patients, this threshold, right? Like if your threshold is here and then you're gonna have something triggered, OK. But if we raise that threshold up by keeping everything consistent so it's harder to trigger, then going out, and going and having a drink, or going and doing things, it's going to be harder to cross that threshold.

Wendy Bohmfalk (27:23): Well, another thing I heard you say throughout our discussion is that no one's perfect, there's no perfect day. So, should we be just aiming for progress? And, I would love to know in your practice what have you found helps patients make steady progress?

Dr. Natbony (27:39): I definitely think we should be aiming for progress because there is no perfect end. It's making small incremental steps. I think a lot of times progress is lost when there aren't frequent check-ins. If you're going to see your doctor today and then see your doctor in six months, even the best of us are really bad at keeping track of things over a six-month period. And who are you checking in with? I like my patients to check in with me. I like to meet with them frequently and then even electronically, I will have them just electronically write down and tell me how things are going. And I will follow up with them and say, "OK, how was that five minutes of exercise twice a week?" And then encouragement and consistency over time in small baby steps. I think that's what keeps people on track because even the things we want to do — if I want to run a marathon, I can't run a marathon tomorrow. I have to train for it and we need to continue to work on building over time.

Wendy Bohmfalk (28:39): That sounds great. Any final thoughts as we close out our time together?

Dr. Natbony (28:45): I think my biggest takeaway from this, I just want to get the message out there that none of this should be putting blame on people. None of this should be making people feel more stressed. If it is, then it's either not being done right or it's something that really shouldn't be focused on as much because that is just going to make everything worse. So, if someone tells you, "Just drink more water, just eat less of this," and you're just going to scream, that's OK. I feel like people out there will put all of these platitudes of the things that you should do in an ideal world when a lot of times they're really hard to do, and it's OK. I just want people to be able to forgive themselves and say, "It's tough, I'm doing the best that I can," and try to find someone to work with you to make those changes, because they can happen. There is so much hope and there is so much out there, it's just, I think finding the right regimen for you for each person is really important.



Wendy Bohmfalk (29:41): Oh great. It's a perfect way to wrap up. I think after this discussion, people are going to want to know where they can follow you or learn more about the work that you're doing. Could you share that with them?

Dr. Natbony (29:51): Absolutely. So, you can follow me on social media. My handle is Lauren Natbony, MD, on Instagram, Twitter, LinkedIn — basically every platform. And then my website, IntegrativeHeadacheNY.com. I have blog posts. I am going to come out with a lot more content really related to this, because I think it's important, and it's a conversation that needs to be had, and one that I hope will continue to be had.

Wendy Bohmfalk (30:22): Great. Well, thank you so much for joining us today on the Migraine World Summit.

Dr. Natbony (30:27): Thank you so much for having me.