

Episode 194: Food Allergies, Sensitivities, and Migraine Triggers

Lindsay Weitzel, PhD:

Hello everyone and welcome to HeadWise, the videocast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel. I'm the founder of Migraine Nation and I have a history of chronic and daily migraine that began at the age of four.

I am here today with Dr. Amelia Barrett. Hi Dr. Barrett. How are you doing today?

Amelia Barrett, MD:

Hello there. I'm so good. How are you?

Lindsay Weitzel, PhD:

Great. Thank you for being with us. Dr. Barrett is a board-certified neurologist and the founder of the Migraine Relief Code, which is an online course for people with migraine. She is here today because she does a wonderful job of answering questions having to do with diet and many things having to do with natural approaches, etc., to helping us with our migraine disease.

And I can't wait to hear what she has to say about our topic today, because we're going to talk about food sensitivities versus food triggers. And how to do an elimination diet to determine whether certain foods or additives are affecting your migraine pattern. So we're going to delve right into this because I think it is a topic that's a little bit misunderstood. And so I'm going to ask my favorite question first. Dr. Barrett, let's begin by outlining for everyone the difference between a food allergy, a food sensitivity, and a migraine trigger.

Amelia Barrett, MD:

Oh, really good idea, because that is also confusing, isn't it. I think even those of us in integrative medicine get it a little confused from time to time, but all right here we go. So a food allergy, that's the reason there aren't peanuts on planes anymore, okay, because some people anaphylax, they have a very severe allergic reaction to some foods. That is a food allergy.

Lindsay Weitzel, PhD:

So you could die essentially, right?

Amelia Barrett, MD:

Yeah super serious. It's a very particular type of reaction in your body related to IgE antibodies,

so that's a very distinct and quick process. You can have anaphylaxis to other things as well, bees for example. So that's really technically what we mean by a food allergy.

Now a food sensitivity is also a reaction in your body, but it's much slower. It occurs on the order of days later. It's not an immediate reaction. So it is extremely difficult for people to put the pieces together about whether or not they may be having a food sensitivity. And it's much more related to chronic exposure of a food. It's not the kind of thing where you eat something and within hours you're having a reaction right away.

So that is mediated by a different part of the immune system called the IgG system, so it's a whole different type of antibody. So that's the main difference between those two.

Now food trigger, we just use that word, those of us with migraine, just use that word to mean I drank this red wine and then I got a migraine. It's whatever happened right before your migraine started, that you think may have caused the migraine. I mean it could be barometric pressure changes also. So it extends beyond food. But it's, we know when it comes to food, food triggers are traditionally things like red wine, aged cheeses, those are the sorts of things that we are usually telling people to avoid in order to reduce the risk of migraine.

Lindsay Weitzel, PhD:

So when we use the term food trigger, we aren't necessarily talking about something we're allergic to or have a sensitivity to that's antibody based. Correct?

Amelia Barrett, MD:

Exactly. Really good distinction and I'm glad you pointed that out. Yeah.

Lindsay Weitzel, PhD:

So when it comes to migraine, is it mostly food sensitivities and food triggers that are a concern, as opposed to allergies like you discuss with peanuts where people can anaphylax?

Amelia Barrett, MD:

Yeah for sure. And I think that doesn't mean you can't get a migraine after you have an anaphylactic reaction to something but there's so much else going on in your body at that time. I don't think that's your big concern. Sensitivities and triggers, I think, are the things that people drive themselves crazy trying to figure out.

People put so much bandwidth into food, even to the point of restricting their diet so much that they get nutrient deficiencies, eating disorders, I mean, these things happen with increased frequency in the migraine population. It's extremely difficult to figure this stuff out

on your own. And I think that sometimes people's health actually suffers because they're just working so darn hard to try to figure it out.

Lindsay Weitzel, PhD:

I think that is a really good point, and maybe we should address that right now. Does every migraine have a trigger? I mean, are you, can you completely get rid of your migraine by looking for triggers? I think that a lot of people tend to blame themselves every time they get a migraine and assume they did something that triggered it. So let's just address that now.

Amelia Barrett, MD:

Yeah. And I totally get that feeling. I do the same thing. But the truth is that there are many things going on under the surface. You may be aware of the thing you did right before your migraine started and blame yourself for that. But don't because there were so many other things going on under the surface in your body. And that's what really continued to contribute to it. It's a little bit like saying, oh, the wave crashing on the beach caused my migraine, when really it's the ocean. It's all the stuff going on that results in this phenomenon for us.

So I would definitely tell everybody out there, don't be so hard on yourself. Don't blame yourself so much, there's a lot going on under the surface. I'm not saying that you have no control. That's not what I'm saying. But I think that you can waste a lot of time chasing your tail, so to speak if you're trying to treat your migraines only by avoiding whatever happened immediately before you got the migraine. I think that's going to be a very frustrating and nonproductive way to spend your bandwidth.

Lindsay Weitzel, PhD:

There are some doctors that recommend testing for food sensitivities in order to simplify the process of finding the best diet to decrease a person's migraine frequency and or severity. There is data out there in the medical literature to support that this may help. The data is a few years old. It's been out there a while and we don't hear about it very often. But this is something you do with people you work with, with your patients. What is the process? If someone was interested in doing this, what is the process? How is it done?

Amelia Barrett, MD:

It is so easy and it just it gives people so much clarity about where to put their energy. Because I feel like when you're having frequent headaches, you have about this much bandwidth for lifestyle change, so whatever you're doing, it better be the high yield stuff and you have to get data from your body to know what the high yield stuff is. So that's really what food sensitivity testing does.

So this study that you're referring to, which I love by the way, what they did is they checked these IgG, that's the certain antibody that your body is making and food sensitivities. They checked IgG food sensitivities to 266 things for people with migraines and they had them avoid those things for six weeks.

And then they told them to eat those things for six weeks. Okay. So the people in the study were never told which allergens they had. So they did not necessarily know, okay, during the time when I'm not eating this or when I'm not eating this, like, it was randomized that way.

So they were not made aware of what they were reacting to. But what they did is track number of headache days and people during the time they were avoiding the things they were truly allergic to versus the time that they weren't. And headaches dropped from an average of ten days per month down to seven.

So I'm not saying it's a miracle cure, but I have certainly seen this reflected in my own students. And when you stop the things that are causing your body to react, headaches go away. The reason is that, well, they get better, go away is too strong, but they get better. And the reason is that you're reducing the amount of inflammation that your body is going through. Inflammation is an important cause of headaches, and it's something we can influence through lifestyle change. And so what we see is that if you avoid the things you're reacting to on your test, your headaches get better. And it's real-life data too. I've seen it happen in many, many people.

Lindsay Weitzel, PhD:

Okay, so let's move forward and talk about elimination diets, practically, in real life, for people who want to check and see if something is making their migraine disease worse. Now, whether they're doing it guided after an IgG test for food sensitivities, or they're just wondering, hey, does lactose make my headache disease worse.

What should they do now? What is the next step? How long should they go without this component in their diet before they say yay or nay to yes this was making me worse, or no I feel the exact same. I know that a lot of people answer this question differently, but what is your recommendation?

Amelia Barrett, MD:

My recommendation is three weeks, and I also recommend only doing one food at a time. So let's say, for example, that you start with gluten. I would give it a full three weeks. And what you want to do is track your headaches, like literally use an app or something or write it down. Like don't just go on your subjective memory, really write it down.

Try not to change anything else you're doing. Try to be very scientific about it. Give it the three weeks. Record number of headache days in the third week, and then determine if there's been any improvement.

For a lot of people, the other thing they will notice is a reduction in joint pain and better energy. So you may notice those things changing along with your headaches. So you might want to track that as well. And if you're seeing an improvement in those symptoms, then that's a good sign from your body that you're on the right path.

Lindsay Weitzel, PhD:

Do you recommend, you said write it down, so people think of headache diaries, people think of food diaries. Are you saying to use both a headache diary and a food diary during your elimination diet?

Amelia Barrett, MD:

I think if you're just going to eliminate one food group, as long as you're pretty good on that, 99% or something, then you don't have to write down everything you do. I think if you're trying to tackle more than one elimination at a time, or honestly I think the best place to use a food journal is if you are looking for patterns for food triggers, like what did I eat immediately before.

I think that's a really good place for a food journal, but if you're doing an elimination diet, it's kind of overkill. As long as you're not eating what you're trying not to eat. For the most part, given that we're all human and birthday parties happen and glutenated cake might happen, whatever it is.

But in that case, I think you probably don't have to work so hard to write everything down. But if you're searching for a food trigger, if you're trying to say, is there a pattern to what I ate every time before I got a headache, then a food journal is amazing.

Lindsay Weitzel, PhD:

Okay. All right. But headache diary for sure. During the elimination diet was what you were saying is helpful.

Amelia Barrett, MD:

For sure. And I want people to track number of headache days, not just number of migraine days. Number of headache days as a total. Because we know that every headache does a little bit of harm. Don't panic about it. But it does help change the brain towards that pattern of chronification. And once you're there, it's a lot harder to get out of it.

So I want to make sure that people are tracking the whole number of headache days. That's the thing we want to get rid of, even just that little daily annoying headache that you have, even if you don't have to treat it. I want you to track those too.

Lindsay Weitzel, PhD:

So when we're thinking about food and migraine, how long on average does it take for a food to trigger or cause a migraine, or migraine symptoms?

Amelia Barrett, MD:

So for a food trigger that's going to be pretty quick, like within the first couple hours is how we usually think of it. Food sensitivities are different though because your body's reacting to it, but it's more the problem there isn't so much that it just triggered the headache. The problem is that it's causing inflammation in your body, which is in turn causing the headaches. So it's a little bit less direct.

So what a lot of people find also is that if they, let's just use gluten as the example, because that that's a huge issue for me and my own migraines. But if I'm like 100% gluten free for months and then I have a gluten indiscretion, I won't necessarily tank after just one thing. Your body can oftentimes tolerate small amounts of that allergen again, once you get it to a place where all those IgG levels came way down and your body's not so ready to go and react and cause inflammation to it. And I definitely find that to be the case for me and for my students.

Lindsay Weitzel, PhD:

I think this is important for people who maybe aren't prepared to run out and get IgG testing. Let's ask a couple of questions surrounding it. Do you need a doctor to order that for you? Can you do it on your own?

Amelia Barrett, MD:

You actually don't. You can do it on your own. And a lot of doctors in mainstream medicine have misgivings about IgG food testing, and they may not want to run it for you. And I understand the thinking, because your food sensitivities as measured by that test will change over time. It just does. Same way your body changes over time. Your food sensitivities will change over time. They can be there; they can go away.

And so a lot of people look at that and say, well, that's just not reliable. But the truth of the matter is that sometimes your gut is healthier, sometimes your gut is less healthy. Maybe you just went through a horribly stressful period and you had to take a bunch of antibiotics and whatever else was going on, that's going to influence how your body reacts to foods.

So, some of us look at that and say, that's okay. Your body is a moving target. What matters is what you're reacting to right now. How do I get better right now this month, this year, even if a year from now I may not react to this food. I still want to know where my body's at now.

And it's super easy, you can get it, it's like a finger poke test. You don't have to get a blood draw, anything, which I love. I hate blood draws. But you can get IgG food sensitivity testing done. You can get it done through your doctor. Most insurances will only cover about a dozen.

So it's literally not possible for your doctor to order these panels of like several hundred unless you're seeing a functional medicine doctor or a functional nutritionist or something who has access to that kind of testing. Those people can do it. But in mainstream medicine, through insurance, pretty much all you can do is like twelve of the most common, which is still helpful. And if it's free and covered by insurance and your doctor will run it for you, that's awesome. You've got some really good information there to at least the most common allergens.

Lindsay Weitzel, PhD:

So then I think that one of my last questions is actually is, in case people are wondering where to start, what are some of the most common food sensitivities in people with migraine?

Amelia Barrett, MD:

Gluten and dairy. I hate to say it. It is so hard to navigate eating in this culture.

Lindsay Weitzel, PhD:

I'm just glad you didn't say tacos.

Amelia Barrett, MD:

Taco . You're good with tacos.

Lindsay Weitzel, PhD:

No. Go ahead. So it's gluten and dairy.

Amelia Barrett, MD:

Gluten and dairy and it's just so hard to navigate in this culture, trying to avoid gluten and dairy. It really is. I mean, if you're cooking all your own food at home, that's one thing. But if you go anywhere, go out to eat, go to a neighbor's house, go to any kind of a business meeting or to. It's just so hard to avoid it. It really requires you to jump through some hurdles.

But the good news is, while it's ideal to be 100% when it comes to food sensitivities, you don't have to be. So just do the best you can. I find what's easy for a lot of people is to at least start with gluten and milk. Not necessarily all dairy.

And here's the thinking on this. About two thirds of adults cannot digest lactose, which is in milk. Now that lactose is not in cheese, it's not in yogurt. It is a whole lot easier just to not drink glasses of milk, but still be able to have some cheese and some yogurt, especially because it's a great source of probiotics. Oftentimes for many people it's the only probiotics they really get. And so it's a lot easier to do just no milk.

Now that won't tell you if you have a problem with dairy proteins like casein and whey. But those are only maybe 5% of food sensitivities compared to you have a 5% chance of having casein and whey versus like a two thirds chance of not being able to digest milk. If you're going to go with the maximum bang for your buck, you'll just avoid the milk. Unfortunately, that does also include cream in your coffee, which is so painful.

Lindsay Weitzel, PhD:

Oh my goodness. Okay. All right. Well this has been very informative. Is there anything else you'd like to add that you think we missed before we go today?

Amelia Barrett, MD:

Yeah. I just want to say that I've put together a bunch of free information about food and migraine, which people can access at migraineclasse.com. Kind of dives a little bit deeper on some of these issues and just helps clear up a lot of that misinformation that I see out there about food and migraine.

Lindsay Weitzel, PhD:

Okay. All right. Well, thank you so much. Thank you for being here. And thank you everyone for joining us today on this week's episode of HeadWise. Please join us again next time. Bye bye.