



Taking Charge of Headache™
Episode 5: Alternative Migraine Treatments for Veterans | Acupuncture, Biofeedback & VA Options

Melissa Farmer-Hill:

Welcome everyone to Taking Charge of Headache™, where each episode we dig into tools, stories, and strategies that help us manage headache, migraine, and other challenges, especially when those conditions intersect with service. I'm Melissa Farmer-Hill, Army veteran and founder of the Shero Coffee Club.

Diego Colón:

And my name is Diego Colón. I am the military partnerships associate director at the National Headache Foundation, and today we are talking about alternative treatments. Now, everybody's different. People have different ways that they like to receive care. And conversations that I do have while I'm out in the field speaking to veterans do sometimes center around alternative treatments.

And I wanted to honor that experience with today's episode. So today we are going to be talking about biofeedback. We are going to be talking about neuromodulation devices. We're going to be talking about acupuncture and general wellness as well. Melissa, do you have any experience with any of these things?

Melissa Farmer-Hill:

Right now, I take medication to manage my migraines, but I am excited about learning about alternative things that we can do to support being migraine free, headache free.

Diego Colón:

Yes. And everything that we're talking about today are things that the VA also covers to an extent. So that is a huge win for somebody looking for alternative treatments within their benefits.

Melissa Farmer-Hill:

Absolutely. I'm ready for it.

Diego Colón:

Alright, let's get into it.

Melissa Farmer-Hill:

Let's begin with someone who really turned her own migraine journey into a story of resilience and self-advocacy. And she is veteran Taisha Bates, my sister in service. Tai, how are you today?

Taisha Bates:

Thank you, Melissa. How are you?

Melissa Farmer-Hill:

I'm well, thank you. Thank you so much for joining us, and I want to start with, let's begin with your time in service. So, I always want to know what motivated you to just even join and what was that experience like?

Taisha Bates:

Let's see. What motivated me? I was a broke college kid. I was a young single mother. I had my son while I was still in my undergraduate program, and I can speak for a vast majority of my fellow brother and sister in arms that life changes prompted you in joining, enlist to whatever segment of the military. And that would perpetuate me to join the United States Army. I joined literally two weeks after I graduated college. I graduated and I said, you know what, we are going to find some security. It may not be the job I will see myself in 10, 20 years from now, but it's a start to find some security, financially, as well as mentally, because now I don't have to worry about my finances. So that's how I ended up enlisted to the Army. I was an aviation operation sergeant.

Melissa Farmer-Hill:

Well, I just want to say thank you for your service. I'm so glad that you participated in the United States Armed Forces with everything you did. Now I want to move into your migraines. When did migraine symptoms first start to show up for you?

Taisha Bates:

I think, to be honest with you, looking back, migraine was like the ugly beast that was rearing its head as I gotten older. It was full on blast once I joined the military. I had experienced several instances of like MST while I was enlisted, as well as now that I'm looking back, it was definitely associated with postpartum. Like I literally, my son was two years old when I joined. He can barely formulate a whole sentence. Since I joined, during my tenure in the military I was always missing out on a lot. So, things like anxiety was in the pod. Depression was in the pod. And again, dealing with MST in a unit that was predominantly male, it just got worse. And every time I had to be on orders, because I was always the only female. I'm stationed in Kentucky, so I had like three quote unquote strikes against me. I'm young black female in the good old boy system of the aviation unit that I was attached to in Kentucky. So, with all the worries that's associated with it, every time I had to put on the uniform, I would feel glee. And then as soon as I get to the gate to show my ID, it's like a different type of woman. And then that's when the migraine started.

Diego Colón:

Tai, thank you so much. You mentioned MST, and Melissa and I are familiar with that, but can you explain what that means for the folks at home?

Taisha Bates:

MST is military sex trauma. And I definitely want to put the disclaimer, it's not only subject to women. It's both male and female experience that's now finally become more prevalent as a

diagnosis that you can now receive through your VA disability ratings. It's now finally getting the acknowledgement it deserves.

Diego Colón:

Thank you. Thank you so much. And something that I'm interested to hear with everyone because everyone's experience is different, what are some of the triggers that you experience that lead you into your migraines?

Taisha Bates:

So for me, the triggers would be like high conflict situations or conversations or if I feel like I am outnumbered. Sometimes it could be environmental with like the seasonal changes as things that look like that. Or things that are causing me to, if it was performance based, if I knew I was due for a promotion or if I had to, anything that dealt with like high impact emotion, confrontation, or cause me to make a decision that can affect me or someone else. The things that I ate, for example, if I ate things that were like high in sodium, that'll cause me a migraine. Or if I had certain alcohols or things of that nature, like, so, like too much wine or something like that, and not following the actual, even though don't we love a good glass of wine, sometimes that can be a trigger for me. But most of them was just like high conflict situations and environments.

Diego Colón:

So, it sounds to me like your main triggers, and if I'm hearing you correctly, or if I'm not please correct me, stress, high stress environments and certain foods and beverages are your main triggers.

Taisha Bates:

Yes.

Melissa Farmer-Hill:

Now, Tai, you've mentioned in your story, which is on the link below¹, about being placed on a medical leave of absence. Now, what led to that and how did the time away impact your relationship with work and your health?

Taisha Bates:

So, at the time when I was placed on a medical leave of absence, at that point in my life the migraines was getting worse. I was willing to my, going into my third, fourth year of being a National Guard's woman. So, it started to affect me when I transitioned to the civilian sector of state government.

At the time I was in a highly stressful environment at home as well as at work, to where my migraines have started to become more debilitating. It was starting to hinder my work performance because I couldn't look at the screen too long. The office can be brightly lit. I had to start wearing shades to work. I'm already blind as a bat, so it started to affect my vision. It was to the point, it had gotten so worse that I couldn't even come to work because I'm in the bed crying, having the sheets pulled over to over my head, or having the blackout face mask or having noise cancellation earphones in because everything was so sensitive.

And the migraines continue to have an impact on my work performance to the point that I was placed on a performance improvement plan. And I had to reveal like, hey, it's not me. I have a medical condition. Well, when I mentioned that I have migraines as a medical condition, that changed everything.

Although I was placed on a medical leave of absence, what a lot of people don't understand when you're placed on a medical leave of absence, you're not getting paid. Like, it's protecting you for your position to still be in that position whenever, if you decide to take those consecutive weeks all at once, or use several days every other day to say like, hey, due to such and such medical condition, I will not be at work today. But with that being said, that was a detriment to me because I was a single mother at the time. So, you would think when I took the leave of absence it'd helped me feel better, but it made the migraines even worse because now I am worrying about income while I am also struggling with a medical condition.

Diego Colón:

You've done a great job of telling us about the impact on your daily life and your family and the roadblocks that you come up against. But we're here to talk about treatment, so I want to know what kind of alternative treatments that you're using right now, the ones that work for you, and the ones that you found. Would you mind sharing that with us?

Taisha Bates:

Yes, thank you, Diego. So, for me personally, my regimen consists of, within moderation, honestly a strong cup of coffee. It serves as a like a dual mechanism for me. If I'm having a flare up with my asthma, it helps open up my airways with the migraines. And depending how severe the migraine is, I'll have a, like a little piece of dark chocolate or in coffee just to not mix together. I don't know how that tastes mixed together, but, just again, in moderation to help subside the migraine.

For things that are more abrasive, I set up an appointment with my acupuncturist, and we'll have grand old time with using me as a pin cushion. He'll either use the acupuncture needles or the dry needle needles. And with the dry needling, sometimes we have to hook it up with the TENS² therapy that sends like signals to my neuron transmitters to help the migraine subside. And I found that to be my preferred method to help me manage my migraines because I go at least once or twice a week to help my migraines.

And my favorite, because again the VA pays for it, is my massage therapy. When I say that it's like the best thing. I did not know how. Like your whole body can affect an onset of a migraine. If you have a spine injury or something like that or a neck injury, it can send signals to trigger a migraine. I did not know that until it was explained to me or didn't even know that I can get this as a treatment in the VA. So, yeah.

Melissa Farmer-Hill:

I love the fact that you mentioned coffee, as a founder of a coffee brand. I'm glad to hear that works for you and I too get migraines, but it doesn't work for me. So, it's wonderful to hear that it's working for you.

Right now, I take medications for my migraine treatment, but I'm so excited about learning through your experience. So, tell me about acupuncture because I've been hearing that a lot lately. Were you afraid? Because like when I think about, like you said, pin cushion, did it hurt? How did you find out

about it and what was your first experience like? Because like you said, I'd like to go back to my doctor and talk about some of those alternative treatments.

Taisha Bates:

So, Melissa, when I say I am the biggest nerd, I am the biggest nerd. Okay. I love research. I love learning. I just love knowledge, right? So, the reason why I thought acupuncture is because I am a kidney cancer survivor. I don't have to take chemotherapy. They just remove my entire right kidney. And a lot of medicines that are used to treat migraines are not good for me because of sometimes they can have an effect on your kidney. Well, I only have a lonely soldier, which is my left kidney, so I had to find alternative means to treat my migraines.

So, I literally got on the browser and start looking for scholarly research on alternative mechanisms to treat migraines. An acupuncture kept being the top hit. So, I start looking at the different mechanisms and the different mechanisms like releasing endorphins, which alleviates pain or the nervous system, the blood flow and how it can reduce inflammation and improve the movement and reduce my stress levels.

So, I just wanted to, before I even set an appointment, I was like you know what, let me see if the VA will cover this. And when they was like, you know what, we really have a holistic care for migraines. I was like shut the front door and clutch my pearls, like thank you. It's not just for migraines, but they have like, I'm not sure because I reside in Kentucky, I'm not sure if it's all United States VA, but my home station, they have a holistic care department. So, they have acupuncture and dry needling as a service they offer. So soon as they told me they have that available, I jumped on that immediately.

So, the needles don't hurt. They are really, really, really, really super thin needles. No, they do not hurt. And if you have a fear of needles or a low pain tolerance, they do not hurt. They are super, super thin, like really thin, like you can blow your breath on it and it will start to go like this. I know this sound weird, but they're so cute. They're just so little. They remind me of porcupine. They're not really hair, but the porcupine needles. They remind me of those. They're so tiny. But I will say definitely if you're interested in acupuncture, we have a lot of individuals that say they're trained. I will strongly advise you to go someone who is trained in the art of acupuncture because you don't want to step in the realm of not knowing the pressure points and causing other medical conditions.

Melissa Farmer-Hill:

So just one last, one quick question here. So, did VA provide you with a list of these acupuncturists or...?

Taisha Bates:

No, ma'am. I researched and I literally put in my zip code and it's like the best acupuncturist within this zip code in a five-minute, five-mile radius. But you could ask. They do have recommendations.

Melissa Farmer-Hill:

And that's why I was asking, because lots of times VA they want you to work with people with organizations and doctors within network. But this is a great find how you went through that.

Diego Colón:

Especially so close.

Taisha Bates:

Yes, I would highly suggest doing both because with a lot of individuals are now being receptive to taking VA care to community. It's not always updated in the VA healthcare system. So, they may not know that X, Y and Z is now accepting VA patients.

Melissa Farmer-Hill:

Tai, thank you so much just for your story, for being open and honest with us about what you've gone through. Your story is definitely going to help so many veterans. You've already helped me.

Diego Colón:

Melissa's about to go get acupuncture right after this.

Melissa Farmer-Hill:

Absolutely. You've definitely helped me. I am excited about learning more about alternatives and potentially getting some treatment. But now what I want to do, or what we want to do is get into the science side and talk about some of the alternative treatments you mentioned. Things like acupuncture, massage, biofeedback, and how they can work alongside traditional care.

Diego Colón:

I am very excited to bring in our next guest, somebody I would call a Taking Charge of Headache superstar, Dr. Karen Williams. She has served service members and veterans in locations around the world, including the Traumatic Brain Injury Program in Landstuhl Regional Medical Center in Germany, and the Central Virginia VA Headache Centers of Excellence. She also helped shape the VA and DOD headache guidelines. Karen, we are so glad to have you back. Welcome again.

Karen Williams, DNP, FNP-BC:

Thank you so much, Diego. It's great to be here with you guys.

Diego Colón:

So, we are talking alternative treatments as you definitely know because that's why we brought you here. We're seeing more veterans interested in holistic approaches, at least I am when I go to events and I talk to different veterans.

Melissa Farmer-Hill:

And as a veteran, I am interested.

Diego Colón:

Yeah. Why do you think alternative treatments are becoming so popular in this community?

Karen Williams, DNP, FNP-BC:

I think some of it's because it's been around and it's showing that it's effective. And veterans have so many complex different issues that you need to use maybe many different types of treatments. Also, as Tai had mentioned, the Whole Health in the VA's been around for at least 10 years, where they have introduced all of these alternatives.

Melissa Farmer-Hill:

So, one thing that I had talked to Tai about, she talked about acupuncture. So, I want to start with acupuncture. It's one of the most common non-drug treatments for migraines. Can you walk us through how it worked?

Karen Williams, DNP, FNP-BC:

Sure. Absolutely. Well, acupuncture has been around for thousands of years and there's different forms. So there's ear acupuncture. We actually have an upside-down replica on our ear. There's whole-body acupuncture, which is what most of us know, the traditional Chinese medicine. And basically the idea behind it is when they put the needles in, it moves the little neurons and nerve conduction throughout the body, so it's moving. In Chinese medicine they call it chi, which is our energy force. As we've done more research on it, we know it's moving the endorphins and all the other parts of the nervous system that we need. There's definitely different ways to apply it. And it can be helpful for the anxiety behind a migraine, or the stomach or the nausea upset, but it can actually help modify or stop the pain as well.

Diego Colón:

So, talking about acupuncture with veterans as I do at events sometimes, I hear a lot of them reference Battlefield Acupuncture. How is that a specific type of acupuncture related to veterans or are veterans just coming up with a cool name for their acupuncture?

Melissa Farmer-Hill:

I like the name, though.

Diego Colón:

The name is cool.

Karen Williams, DNP, FNP-BC:

That's a good question, Diego. So, as I had mentioned before, the ear is an upside-down replica of our body. Battlefield Acupuncture was originally developed for treatment on the ear. It's a protocol to help with pain, but it was developed to actually help the pain on the battlefield. Dr. Richard Niemtow, who is a retired Air Force colonel, he passed last January, he was very well versed in acupuncture and came up with this protocol. It's, as I said, five points on the ear that help reduce pain. It can reduce that pain almost immediately and also help with calming. The beauty of that is that it's a protocol that can be done by almost anybody. And there's a lot of training that's involved in the VA. There's thousands of providers now and clinicians that are trained in doing Battlefield Acupuncture, and thousands of veterans who've benefited from it. In fact, veterans who start with

that protocol end up starting to use regular acupuncture about 10 times more than those veterans who've not had any acupuncture at all.

And the beauty is that it's replicated, so you can do it multiple times on people, and multiple providers can do the same protocol and get the same results. And again, what it does is you put those points in the ear, it sends the message to the brain and then to the body part. Because our ear in developing inside the womb has most of the cranial nerves developed on the ear as well. So those are our nerves that come from our brain, and so that's one of the ways we think Battlefield Acupuncture helps.

Diego Colón:

Something that occurred to me in this conversation that I wanted to ask you I thought was fascinating. You said it's been around for thousands of years. There are specific types of acupuncture that people are learning. What I discover in people dealing with their migraine treatments with medication is that over time their treatment options or journey has to change or adjust with their age and body. What does someone's acupuncture treatment look like as they age, as time goes on? Does it evolve in the same way that medical treatment or more drug centered treatment does?

Karen Williams, DNP, FNP-BC:

That's a great question, Diego. It will be modified according to what's going on with the person. So, as they age, they may have different changes in their body. We know as we age, we are having more issues with some other chronic issues. We tend to get dehydrated sooner. We tend to not tolerate alcohol as much, and sometimes medications may cause more side effects than they did when we were younger.

The other part of that is in females as they go through perimenopause and menopause, they have some additional changes that may increase their migraine. So, they may have done well with acupuncture once a month and now we've going to increase it because now they have all those hormonal changes. Or they may be somebody who's going through more stress right now, or they're having trouble with sleep.

And we know the migraine brain needs to have a steady type of daily activity and a routine that is the same all the time. So, if they're having trouble sleeping, they may need more of the acupuncture, we're changing it. But acupuncture is safe throughout life. That's the beauty of it, even into the geriatric population, most people tolerate it well, and it can be helpful in about 80% of the population.

Melissa Farmer-Hill:

That is definitely good information to know throughout the stages of life that it still can remain effective.

Diego Colón:

And safe.

Melissa Farmer-Hill:

Absolutely. Can you talk about massage therapy and physical therapy and how it helps people with migraine attacks?

Karen Williams, DNP, FNP-BC:

Sure. That's a great question. And again, both of those are available through Whole Health. So, massage can help by releasing the muscle tension and actually helping to calm down the contractions that we see in the muscles, the trigger points, those types of things. It also can help with releasing sometimes some of the other tensions that you have, not only in the neck but in the back, in the hips, which are all part of things that can be part of what's going on with a migraine or in the jaw. Physical therapy works in a different way. It actually teaches you exercises to strengthen certain areas or to help take physical loads off of areas that may be misaligned. So, they work in different ways but they can be helpful in combination, and they can be helpful in combination with acupuncture as well.

Melissa Farmer-Hill:

I like the fact that they could be worked in combination so you can you two things. I've got so much to go back to my doctor to talk about. I cannot wait. So now we also hear about biofeedback. That's, something else that we hear about. What is it and what does it involve?

Karen Williams, DNP, FNP-BC:

That's a good question. It can be extremely helpful not only for migraines, but for anxiety, depression, insomnia. And it's a way for you to recognize what areas are pushing up your nervous system and causing you to get into that fight or flight type of response, and to reduce that muscle tension.

So usually that's done by somebody in mental health, maybe psychologist or maybe a social worker that is working with your provider to help to learn how to do that. The nice thing is you can use that lifelong once you learn that skill. The other one that is often kind of confused with that is cognitive behavioral therapy, which identifies, again, those triggers or that area of risk that pushes you up to the level where your migraine spills over and helps you to look at ways to avoid that. And again, that may be done by a psychologist or a social worker who's trained in looking at that. The VA has done a great job of working on a whole system to help people to self-identify and get that self-management. Because that improves self-efficacy and gives you that feeling that, hey, I'm actually doing something that's moving forward and I'm not just popping a pill.

Melissa Farmer-Hill:

I love that we're talking about the science of it all. But not only that, some of the treatments that Karen has mentioned help other things that veterans may be going through. So, thank you so much for that.

Diego Colón:

I think I like that a lot of the treatments that fall under this style of treatment is having a deep self-awareness of your own body and your own mind, which I think more people need to do, not just veterans. But super great.

Karen, we pulled a couple of questions from Veterans online who are exploring drug free treatments. Can I run you through some of these questions?

Karen Williams, DNP, FNP-BC:

I would be happy to help.

Diego Colón:

Okay. Awesome. Here's one we got. Does anyone know other drug free devices that the VA offers? I'm trying to maintain a list for myself and other veterans, but I don't see these advocated enough. It's mostly word of mouth. Examples include gammaCore, Truvaga Plus, Nerivio, and Cefaly. Could you share any insight into what's available and what veterans should know when talking to their providers, like billing codes or contract info?

Karen Williams, DNP, FNP-BC:

Sure. That's a good question, Diego. There are some neuromodulation devices that are available in the VA. Two of those, as you mentioned, are the Cefaly device and the gammaCore. There are two others. The other one is the Nerivio, and the other one is a device that gives a magnetic jolt to the back of the head called the SAVI Duo.

All of these neuromodulation devices work by modulating the nervous system, by calming down the nervous system in one way or another. They are not something that you wear continuously. They may be something that you place anywhere from two minutes to maybe an hour at the most. And some of them are approved for both preventative and acute, and some are just approved for acute.

Melissa Farmer-Hill:

Now, Dr. Williams, we know migraine affect women veterans at a higher rate, and we did find one question from a woman. She says, I'm pregnant now and want it to look into acupuncture, but I'm actually really scared of needles. Where do they place the needles? And is it safe during pregnancy.

Karen Williams, DNP, FNP-BC:

That is a great question and there's multiple parts to that. So, first of all, the needles are very tiny, and often you do not feel those go in if you do, if it's a pinch. The needles are smaller than the diameter of a hair. However, in pregnancy it may not be safe, because there are some points on the body that can actually cause some uterine irritation.

And so, if you are going to have acupuncture during pregnancy, I would recommend going to an acupuncturist that actually works with pregnant women and knows how to do that. The Battlefield Acupuncture protocol that was developed and used in the VA, that five-point protocol is not routinely done on pregnant women because of that fact.

That being said, there is another five-point protocol called the National Acudetox Association protocol [National Acupuncture Detoxification Association protocol], which was rolled out last year. And that one is allowed in pregnancy depending on whoever the provider is. Other choices could be to do cognitive behavioral therapy or biofeedback. Those are both extremely helpful in pregnancy and can be done lifelong. Also, looking at some other, looking at nutrition, making sure you're staying well hydrated and that you're keeping at the same routine, reducing stress through different

ways to include exercise. So, there are multiple ways to do that in addition to, especially if you're afraid of the needles. The other thing to think about is maybe learning to do some acupuncture, which may be helpful as well.

Some final thoughts. One of the things that Whole Health brought up, and one of the things that I always like asking my patients is switching the question from what is the matter with you, to what matters to you. Because migraines are so individual and as we change in life, those individualities can change as well. And so, it's what matters to you at that time and that can help decide what treatments are most beneficial for you.

Diego Colón:

Thank you so much Dr. Williams, for sharing your insights here today.

Karen Williams, DNP, FNP-BC:

Well, thank you for having me. I totally enjoyed it, and as always, I am happy to help with those questions.

Diego Colón:

It's a pleasure to have you and also thank you so much to Tai for sharing her personal story with us as well. Her journey, as well as your journey with alternative treatments are valid. They're very accessible, and they're worth exploring with a trusted provider. I'm here to encourage you. Melissa's here to encourage you to do that self-advocacy. Ask about those treatments for yourself from your VA.

Melissa Farmer-Hill:

And then don't forget that everyone's migraine journey looks different. And the good thing we learned today is that you can combine traditional care with holistic tools and that can also make a powerful difference. And as we close out, don't forget the Shero Coffee Club has a promo code OPB2025 that you can use to get discounts on coffee.

Diego Colón:

Yep. I know Tai is going to be using that.

Melissa Farmer-Hill:

Right.

Diego Colón:

Thank you for showing up today. Taking Charge of Headache starts with believing you are worth the care, and you are.

Thank you for watching Taking Charge of Headache™, a podcast brought to you by Operation Brainstorm™, an initiative to support veterans living with headache and migraine through education,

resources, and community, by the National Headache Foundation in collaboration with Shero Coffee Club.

If you found this episode helpful, be sure to subscribe and share it with someone who might benefit.

Learn more at [operationbrainstorm.org](https://www.operationbrainstorm.org).

©2025 National Headache Foundation. All Rights Reserved.

¹ <https://www.operationbrainstorm.org/warrior-for-answers-qa-with-taisha/>

² Transcutaneous electrical nerve stimulation