

Ever Had Migraine Auras? Maybe This Will Help

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✓ Fact Checked

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STORY AT-A-GLANCE

- › Migraine headaches can happen with or without auras, which are often visual disturbances such as blind spots or flashing lights, or they may include numbness or tingling, trouble speaking, tinnitus or muscle weakness
- › Auras are more often associated with classic and common migraines. You may significantly reduce your migraine frequency by avoiding factors you identify that trigger your migraines
- › Common triggers include certain foods and beverages, sleep loss or oversleeping, stress, dehydration, hunger and sudden intense physical exertion; aspartame is an insidious trigger as it is found in many sugarless or low-calorie food products
- › Medications used to prevent a migraine headache can have dangerous side effects; consider using natural options, including vitamin B2 and D, CoQ10 or ubiquinol deficiencies and acupuncture and melatonin. Natural options that help abort a migraine headache include peppermint oil, caffeine and ginger

It is estimated that migraines affect 12% of the population of the U.S.¹ Chronic migraines are the second most disabling condition and are associated with psychiatric disease, sleep disorders and cardiovascular disease. Migraines often start before the age of 40 and usually during adolescence.²

Women are more likely than men and people with a family history of migraines are more likely to have migraines. Your doctor may order blood tests and imaging tests to rule out

other causes for headaches. They may also ask you to keep a journal to help identify your triggers and develop a treatment plan.

Despite the number of people who struggle with migraines, researchers still don't understand exactly how and why they happen. Adding to the complexity, there are several different types of migraines, including:^{3,4}

Cluster	Chronic	Episodic
Basilar	Hemiplegic	Retinal
Abdominal	Optical	With aura
Without aura	Status migrainosus	Transformed
Menstrual	Vestibular	

What Are Migraine Auras?

There are several ways that migraines are different from other headaches. They're typically recurring and often moderate to severe intensity. Many times, they happen only on one side of your head and can be accompanied by other symptoms, including nausea and sensitivity to light and sound.⁵

Migraines can last a couple of hours or as long as three days. Between one-quarter and fewer than one-third of migraines are accompanied by an aura. Scientists believe that auras are caused by electrical waves in the region of the brain that processes sensory signals.⁶

They are often visual disturbances but can also involve other senses. Migraine sufferers were asked to describe the auras they experience,⁷ which included visual disturbances, blind spots or vision loss, tingling or numbness, trouble speaking, tinnitus or muscle weakness.

Of the different types of migraines, auras are more often associated with classic and common migraines. It is also possible to have what is sometimes called a “silent migraine,” during which you experience symptoms without the pain. This type of migraine can also include an aura phase.⁸

Steer Clear of Migraine Triggers

A successful preventive goal for pharmaceutical intervention in migraine headaches is defined as a 50% reduction in the number of migraine headaches or migraine headache days, or an improved response to acute medication.⁹ Beta blockers are one of the most widely used types of medication for prophylactic treatment and are 50% effective at reducing the attack frequency by 50%.

Preventive and acute treatment medications can cause severe side effects. One of the best ways to approach preventing migraine headaches is to eliminate the root cause, called a migraine trigger. There are many known triggers for migraines, and what triggers your migraine may not trigger a headache in someone else.

Begin by keeping a journal of what you eat or are exposed to and when you get headaches. This can help you identify things that trigger your migraine headaches. Some of the more common migraine triggers include:

Food and drink — Food and beverages that most commonly trigger a migraine include wheat and gluten, dairy, cane sugar, yeast, corn, citrus, eggs, caffeine, chocolate, artificial preservatives or chemical additives, cured or processed meats, alcohol (especially red wine and beer), aspartame, MSG and foods high in tyramine.^{10,11} Foods high in tyramine include beans, bananas, sauerkraut, and any aged, pickled or fermented foods.¹²

Research published in the journal *Lancet*¹³ showed those who commonly get migraines with food antigen immunoreactivity experienced profound relief when put on an elimination diet. Another randomized, double-blind, cross-over study published

in 2010¹⁴ found that a six-week-long diet restriction produced a statistically significant reduction in migraines in those diagnosed with migraine without aura.

Aspartame is an insidious migraine trigger. It can be found in sugarless products, such as gum,¹⁵ and other processed foods where you may not expect it. Several studies have demonstrated it exacerbates migraines,¹⁶ which may be linked to excitotoxicity, reduced serotonin levels or increased vulnerability to oxidative stress.¹⁷

If you suspect you might have a food allergy, I suggest doing a diet elimination challenge to see if your symptoms improve. Keep in mind that depending on your typical migraine frequency, you may need to avoid the suspected food for a few weeks to evaluate whether it had an effect or not.

To confirm the results, reintroduce the food or drink on an empty stomach. If the suspected food is the culprit, you will generally find the symptoms return, although migraines can sometimes have a longer lag time than other food-related reactions like bloating or drowsiness.

Hormones — Some women experience migraines just before or during their periods, or during menopause. Others may get migraines from hormonal medications like birth control pills or hormone replacement therapy. The timing of the headache is usually associated with a drop in estrogen.¹⁸

External stimuli — Bright lights, fluorescent lights,¹⁹ loud noises and strong smells²⁰ can trigger and/or exacerbate a migraine. Blue light in particular can be problematic. Many digital devices and LED light sources emit mostly blue light.

Research has found that this light increases your migraine pain and activates your trigeminal nerve,²¹ which is associated with migraine pain.²²

Sleep — Changes in sleeping cycle, either missing sleep or oversleeping.²³

Stress — Any kind of emotional trauma can trigger a migraine, even after the stress

has passed.²⁴

Dehydration and/or hunger – Skipping meals or fasting are also common triggers.²⁵

Physical exertion – Sudden intense exercise can trigger a migraine.²⁶

Weather – High altitude or high humidity can trigger a migraine.²⁷

Natural Options Help Prevent or Treat Migraines and Auras

In addition to avoiding the chemical or environmental factors that may trigger a migraine, there are natural options you may consider to help prevent or treat auras and migraine headaches.

- 1. Magnesium** – This nutrient can affect both serotonin receptor function and the production and use of neurotransmitters.²⁸ Magnesium helps reduce stress and improve sleep; plus, there is evidence it helps prevent and treat migraine headaches. People with migraines are more likely to suffer from magnesium deficiency than those who don't experience migraine headaches.²⁹

Deficiencies may result from a variety of reasons, including poor absorption, low nutritional intake, renal wasting or increased excretion. Magnesium administration is easy, and researchers have noted that treatment with a magnesium supplement is justified for all migraine sufferers.³⁰

Preventively, be prepared to boost your intake for at least three months before experiencing significant results. Ideally, this should be in combination with CoQ10. Magnesium can be absorbed through the skin using Epsom salt baths. If you prefer an oral supplement, magnesium threonate may be your best option as it has superior absorbability and can cross the blood-brain barrier.

- 2. Vitamin B2** – Also known as riboflavin, one study³¹ demonstrated that those who suffered from chronic migraines were more likely to have mild deficiencies in

riboflavin. Your body uses riboflavin to lower oxidative stress, which in turn lowers inflammation. Vitamin B2 is also used for normal mitochondrial activities.

In studies, riboflavin has been found to reduce the frequency of migraine attacks,^{32,33,34} and daily doses have been found to have similar efficacy as two common migraine medications, propranolol and sodium valproate, "with significantly fewer side effects."³⁵ Riboflavin is a water-soluble B vitamin, so you need a consistent supply in your diet. Foods that are rich in riboflavin include beet greens, almonds, pastured eggs, cremini mushrooms and spinach.³⁶

- 3. CoQ-10** – Data³⁷ also show that people with migraines are more likely to have a mild CoQ-10 deficiency. One meta-analysis³⁸ of six studies shows that CoQ-10 helps reduce the duration and frequency of migraine attacks and an open-label trial³⁹ demonstrated it appeared to be a good migraine preventive with no side effects.

Foods rich in CoQ10⁴⁰ include grass fed beef, herring, organic pastured chicken, sesame seeds, broccoli and cauliflower. If you consider supplementation, be aware that as you age, your body doesn't use CoQ-10 efficiently. Instead, consider ubiquinol, which is the active and fully reduced form of CoQ-10, and is a better supplemental form in mature individuals.⁴¹

- 4. Vitamin D** – Vitamin D deficiency also plays a role in migraine headaches. One study of 157 patients found those who had a vitamin D deficiency had a higher number of headaches each month.⁴² Another found just a mild deficiency was enough to trigger more migraine headaches.⁴³

Your skin produces vitamin D in response to exposure to the sun. Vitamin D is essential for many biological and physiological processes, including upregulating your ability to fight infection.⁴⁴ The key to gaining the benefits while minimizing the risk of sunburn is not to use sunscreen. These typically contain endocrine disrupting chemicals. Instead, it is important to expose your skin slowly.

Dr. Paul Saladino, author of “The Carnivore Code,” says that sunlight exposure is critical to human existence and optimal for human life. He recommends building up what he calls your solar callus through gradual exposure without burning.⁴⁵ It's important to be aware that your diet also plays a role in your risk for sunburn. High intake of linoleic acid will raise your risk of sunburn, while eliminating seed oils will dramatically reduce the risk.

- 5. Peppermint** — Peppermint is not a preventive strategy but rather an abortive one with a history of treating headaches, including migraines. A 1996 German-funded study⁴⁶ concluded that “a 10% peppermint oil in ethanol solution efficiently alleviates tension-type headache. Peppermint oil thus proves to be a well-tolerated and cost-effective alternative to usual therapies.”

In a triple-blind, placebo-controlled study,⁴⁷ topical application on the forehead using 10% menthol, the active ingredient in peppermint,⁴⁸ revealed it was an “efficacious, safe and tolerable therapeutic option for the abortive treatment of migraine.”⁴⁹ Data also demonstrate that intranasal application works as well as lidocaine, prescription drug.⁵⁰

- 6. Acupuncture** — One paper⁵¹ written in 2012 and published in CMAJ called for acupuncture to be an option in the “first line treatment of migraines.” A study⁵² published in 2020 looked at 15 systematic reviews of the literature that were published between 2011 and 2019. They chose 11 that returned quality evidence and concluded from that evidence that “acupuncture may be an effective and safe therapy for migraine.”⁵³

One study published in June 2022,⁵⁴ evaluated the use of acupuncture in patients who had chronic tension-type headaches and found after eight weeks, true acupuncture resulted in 68% of participants experiencing a 50% reduction in the number of headaches each month as compared to 50% of those who received superficial acupuncture.⁵⁵

- 7. Melatonin** — Using melatonin may be linked to improving the quality and quantity of sleep, also a known trigger for migraines. Researchers continue to evaluate the use

and mechanism through which melatonin may be effective. One paper⁵⁶ in 2001 called melatonin “safe in migraine sufferers, with few or no side effects.”

A systematic review of the literature⁵⁷ in 2019 evaluated the results from seven studies and determined that melatonin was a promising alternative for prophylactic treatment. Another paper⁵⁸ in 2020 found that sleep disorders and migraines may have bidirectional comorbidities and melatonin “represents a promising treatment strategy for both disorders, especially when these conditions are combined.”

8. **Caffeine** – Although caffeine consumption can trigger a migraine in some people, especially when taken in excess, a combination of acetaminophen, aspirin and caffeine is known to help relieve the pain of mild to moderate migraines.⁵⁹
9. **Ginger** – There is a long history of using ginger in traditional Chinese medicine and East Indian Ayurvedic medicine. One double-blind, randomized controlled clinical trial⁶⁰ pitted ginger against sumatriptan (brand name Imitrex) for the treatment of migraine headache. They found that a quarter teaspoon of ginger worked as fast and as effectively as the drug.

Ginger also had a better side effect profile than the drug sumatriptan. Another meta-analysis of randomized controlled studies was published in 2021, in which the researchers analyzed the data from three studies and determined that ginger was safe and effective in treatment as it substantially improved pain at two hours with few adverse events.⁶¹

Sources and References

- ¹ [Neurologic Clinics, 2019; 37\(4\)](#)
- ² [Family Doctor, Migraine, What are some migraine risk factors](#)
- ³ [Healthcentral.com, Migraines](#)
- ⁴ [Prevention April 28, 2015](#)
- ⁵ [National Headache Foundation, August 12, 2005](#)
- ⁶ [The Guardian, July 11, 2022](#)
- ⁷ [Greatist, March 28, 2022](#)
- ⁸ [Family Doctor, Migraine, What is a migraine headache](#)
- ⁹ [American Academy of Neurology, 2015; 21\(4\) Key Points](#)

- ^{10, 13} [Lancet, 1979;79\(8123\)](#)
- ¹¹ [Migraine.com, Migraine Triggers](#)
- ¹² [SFGate, November 28, 2018](#)
- ¹⁴ [Cephalalgia 2010;30\(7\):829](#)
- ¹⁵ [Headache, 1997;37](#)
- ¹⁶ [Headache, 2001;41](#)
- ¹⁷ [Nutritional Neuroscience, 2017; doi.org/10.1080/1028415X.2017.1288340 \(PDF\)](#)
- ¹⁸ [Cleveland Clinic, Menstrual Migraines](#)
- ¹⁹ [Brain, 2016;139\(7\)](#)
- ²⁰ [HealthiNation, August 20, 2020](#)
- ²¹ [Frontiers in Neuroscience, 2019; doi.org/10.3389/fnins.2019.00497](#)
- ²² [Nature Neuroscience 2010; 13\(2\)](#)
- ²³ [The Migraine Trust, Migraine and Sleep](#)
- ²⁴ [Good Therapy, January 10, 2019](#)
- ²⁵ [The Migraine Trust, Migraine Attack Triggers, Common Triggers](#)
- ^{26, 27} [The Migraine Trust, Migraine Attack Triggers](#)
- ²⁸ [Magnesium in the Central Nervous System, 2011](#)
- ²⁹ [National Institutes of Health, Magnesium, Migraine Headaches](#)
- ³⁰ [Journal of Neural Transmission, 2012;119\(5\):575](#)
- ³¹ [EurekAlert! June 10, 2016](#)
- ³² [European Journal of Neurology 2004;11\(7\):475](#)
- ³³ [Neurology, 1998;50\(2\):466](#)
- ³⁴ [International Journal for Vitamin and Nutrition Research, 2015;85\(1-2\)](#)
- ³⁵ [Evidence-Based Practice, 2020;23\(2\) Abstract](#)
- ³⁶ [My Food Data. Foods High in Riboflavin. April 23, 2022](#)
- ^{37, 43} [EurekAlert! June 10, 2016 first lines](#)
- ³⁸ [BMJ Open, 2021;11\(1\)](#)
- ³⁹ [Cephalalgia, 2002;22\(2\)](#)
- ⁴⁰ [Oregon State University, Linus Pauling Institute, Coenzyme Q10](#)
- ⁴¹ [Food Function, 2018;9\(11\)](#)
- ⁴² [Journal of Clinical Neurology, 2018;14\(3\)](#)
- ⁴⁴ [PLOS|One, 2022, doi.org/10.1371/journal.pone.0263069](#)
- ⁴⁵ [YouTube, CarnivoreMD, The Sun Episode May 10, 2022, 53:05](#)
- ⁴⁶ [Nervenarzt, 1996;67\(8\)](#)
- ^{47, 49} [International Journal of Clinical Practice, 2010;64\(4\)](#)
- ⁴⁸ [Herb Wisdom, Peppermint Benefits, Active Ingredients](#)
- ⁵⁰ [International Journal of Preventive Medicine, 2019; 10](#)
- ⁵¹ [CMAJ, 2012; 184\(4\)](#)
- ^{52, 53} [Pain Research and Management, 2020;2020](#)
- ⁵⁴ [Neurology, 2022; doi.org/10.1212/WNL.0000000000200670](#)
- ⁵⁵ [SciTechDaily, July 9, 2022](#)

- ⁵⁶ Alternative Medicine Review, 2001; 6(4)
- ⁵⁷ Medicine, 2019; 98(3)
- ⁵⁸ Progress in Brain Research, 2020; 255
- ⁵⁹ Family Doctor, Migraines
- ⁶⁰ Phytotherapy Research, 2014;28(3)
- ⁶¹ American Journal of Emergency Medicine, 2021; 46