

Biofeedback for Migraines & Headaches



Imagine migraines becoming part of your past, and learning ways of controlling your physiology for good health — skills for a lifetime.

Biofeedback for Migraines

- For doctors & patients who wish to avoid medication (e.g., women of child-bearing age, children, non-responders, requests for alternatives, refractory cases, drug interactions).

- 85% likelihood of substantial relief in 8 sessions (and the feedback is watching any movie you want!)

• Insurance may cover much of the cost (we can work with insurance companies for payment)

• We train patients in controlling their own physiology & relaxation, useful for other medical conditions (e.g., anxiety, cardiovascular disease, diabetes, hypertension, and other disorders)

Dr. Thomas has held Faculty positions at several institutions (NYU Medical Center, Fordham, John Jay, Albert Einstein College of Medicine) for over 30 years; he has 7 books to his credit; has been President of the Neuropsychology and Independent Practice Divisions of NYSPA; and was recognized as a Distinguished Practitioner in the National Academies of Practice, among other awards.

The evaluation session is \$250 and is 60 minutes long. In this session you will learn 3 biofeedback techniques, two of which you can use for the rest of your life on your own. Pay Dr. Thomas directly with a check or cash. We will give you a receipt for insurance reimbursement. Please also note the following.

1. We usually do not accept insurance assignment. Treatment sessions are \$250 and 60 minutes long, payable at the beginning of the session.

2. There is a 10 session commitment in order to give the biofeedback treatment a good chance of working. There is an 85% chance that in this amount of time the treatment will result in improvement of your symptoms. Sessions should occur once per week and be as consistent as possible.

3. If it is absolutely necessary to accept insurance assignment, we can discuss in the first session. There are some limitations in this kind of arrangement, such as the session times limited to Monday and Wednesday 2-5pm. More details of this kind of arrangement can be discussed at the first session, which is \$250 as noted above.

For more information about biofeedback for migraines please visit [Biofeedback for Migraines](#).

The Brain Clinic is one the few clinics in New York City that offers biofeedback for Migraines.

[123-contact-form i2811365]

About Biofeedback for Migraines and Headaches

Adult migraines affect more than 10% of the population, with women three times more likely to experience their burdening effects than men (NINDS, 2012). Most professionals believe that migraines cannot be "cured" since the exact pathophysiology is unknown. However, experts have been very successful in using biofeedback to treat migraines. In many cases, eight sessions can result in a significant reduction, or even an amelioration of migraines.

Biofeedback treatment for migraines and other headaches works to reduce the frequency, intensity and duration of migraines and has been known to be helpful for several decades. The treatment sessions include electromyography (EMG) training, relaxation therapy, cognitive behavior therapy and combined emg/relaxation therapy. The latest treatment consists of using both heart rate variability training and hemoencephalography (HEG) biofeedback.

Biofeedback treatment for migraines and other kinds of headaches has been known to be helpful for several decades. In the 2002 review by Penzien, Rains and Andrasik, they noted that even by 1980, there were enough studies to conduct a meta-analysis (Blanchard, Andrasik, Ahles, Teders, & O'Keefe, 1980). The meta-analysis of 16 studies indicated that behavioral treatment of migraines showed promise. By 1999, Goslin, Gray, McCrory, Eberlin, Tulsy and Hasselblad identified 355 articles describing behavioral and physical treatment for migraines, and the 70 controlled studies of behavioral treatments for migraines meeting strict criteria for inclusion in this meta-analysis resulted in reductions of migraines in 32 to 49 percent. The treatments included EMG training, relaxation therapy, combined EMG and relaxation, and cognitive behavior therapy. All were more effective than wait list controls.

Neurofeedback has also been used to treat migraine headaches; this research is quite new and promising (Siniatchkin, Hierundar, Kropp, Khunert, Gerber & Staphani, 2000).

As noted above, there is a new kind of biofeedback treatment called hemoencephalography (HEG) in which the patient learns to train the frontal lobe cerebral blood flow. An infrared camera reads the temperature of the blood flow of the frontal lobe beneath the skull. If the patient keeps the temperature above the threshold level, the movie (the actual feedback) continues to play. If the temperature drops in the frontal lobe, then the movie stops. By focusing on a bar graph, the patient can bring up the temperature and the movie continues. This biofeedback system was originally designed for migraine headache treatment, and has shown promising results. Carmen (2004) took 100 migraine patients who had been through many previous treatments, including many trying several medications, with little success. Positive results were usually seen in 6 HEG sessions, and over 90 percent of the patients reported significantly positive results, according to their own report. Although much more research needs to be done with this method, such dramatic results are promising.

References:

Blanchard, E., Andrasik, F., Ahles, T., Teders, S., & O'Keefe, D. (1980). Migraine and tension-type headache: A meta-analytic review. *Behavior Therapy*, 11, 613-631.

Carmen, Jeffrey A. (2004) Passive Infrared Hemoencephalography: Four Years and 100 Migraines. *Journal of Neurotherapy*, 8:3, 23-51, doi: 10.1300/J184v08n03_03

Goslin, R., Gray, R., McCrory, D., Eberlin, K., Tulsy, J., & Hasselblad, V. (1999). Behavioral and physical treatments for migraine headache. (Technical Review 2.2). Prepared for the Agency for Health care Policy and Research under contract No. 290-94-2025. (NTIS Accession No. 127946)

Jacobson, R. (1995). The postconcussional syndrome: physiogenesis, psychogenesis, and malingering: An integrative model. *Journal of psychosomatic research*, 39, 675-693.

Penzien, D., Rains, J., & Andrasik, F. (2002). Behavioral management of recurrent headache: Three decades of experience and empiricism. *Applied Psychophysiology and Biofeedback*, 27 (2), 163-181.

Siniatchkin, M., Hierundar, A., Kropp, P., Khunert, R., Gerber, W., & Staphani, U. (2000). Self-regulation of slow cortical potentials in children with migraine: An exploratory study. *Applied psychophysiology and biofeedback*, 25, 13-32, in press. Epub ahead of print retrieved March 14, 2010 from <http://www.springerlink.com/content/787123414m832271>

[The Brain Clinic articles](#)

