

Headache Free:

A Special Interview with Suzy Cohen

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola

SC: Suzy Cohen

DM: Headaches affect virtually everyone listening to this at some time or another. Wouldn't it be nice to have a simple, natural drug-free solution? Hi, this is Dr. Mercola, helping you take control of your health. Today I am joined by America's Pharmacist, Suzy Cohen, who has many attributes to her career. But one of the more interesting ones is she's actually been on Dr. Oz as many times as I have. She's been on The View, The Doctors, and many other programs. She's the author of 8 books, including the #1 Amazon hit, *Headache Free: Relieve Migraines, Tension, Cluster, Menstrual, and Lyme Headaches*.

We are just honored and delighted to have with us today, Suzy Cohen. Welcome and thank you for joining us.

SC: Thank you, Dr. Mercola. It's nice to be with you.

DM: I think it always helps our viewers to understand your perspective... I mean, most pharmacists are really buried in conventional medicine because they're using the primary tool that most doctors use – drugs. You certainly have a grounding in that, which is why you're called America's Pharmacist, and you write about that. But can you tell our listeners a little bit more about how you made the transition from conventional pharmacy to natural medicine?

SC: Sure. I graduated in 1989 from the University of Florida like all the other pharmacists in my class. I knew the next-best drug. Drugs were not a problem. I worked at a local retail chain pharmacy, and I had experience in hospital pharmacy. As a side-job, I also worked in nursing homes. Long-term care facilities really taught me the most.

When you work in a nursing home, you see people check in, but they don't always check out. This was in Florida. It was a real awakening to me. Some of the people who were passing away or who were very sick, they were very young. They weren't in their 80s and 90s; they were 40 or 50 years old. This really stuck with me. I was like, "How can I think further upstream to help people, so that they're not so sick and terminal at such a young age?" That really hit me as a young woman. I'm kind of sensitive.

Compounded with that, I worked in a pharmacy as well. People would call and say they were getting side effects from medicines that they had picked up from the pharmacy. I was thinking, "How is that happening? That isn't right. I gave them medicine and my partner at the pharmacy gave them medicine, and these people are sicker with side effects than what they came in for." While this is all ruminating in my head...

DM: That was a common experience, right?

SC: Yeah, it was very common. While this is all ruminating in my head, my husband was at home, and he wasn't feeling well. He wasn't responding to conventional medicine. I really started to think outside the

pill, if you will, looking at Mother Nature's medicine cabinet and thinking, "There has to be something that can help my husband, help these people in the nursing home, and help my patients at the pharmacy that had less toxicity than what I had been taught in pharmacy school."

DM: How did you come to acquire knowledge about natural therapies that might be effective alternatives?

SC: I studied on the Internet. Well, that was just a little bit. Mainly, I joined an organization called The Institute for Functional Medicine. I am a graduate of that course training. [I'm] a functional medicine practitioner. I learned from that how to look at the body as a whole. You see, in pharmacy school, we look at symptoms and then we target symptoms with a drug by altering a pathway or changing the level of a hormone or neurotransmitter. But in functional medicine training, we look at the body as a whole and we start to point all the different symptoms and think of that as one thing like, "How is that spiraling down?"

A person with six symptoms could be reactive to one food, for example. It could be tied to the increase in one inflammatory cytokine, say, histamine, which is a big one with headaches. From a functional medicine perspective, you're looking at the body as a whole, as opposed to pharmacy and conventional physician training, where you look at a symptom, you target that, and you give a drug for it.

DM: Well, first of all, the average person over 65 I believe is taking more than 31 drug prescriptions a year. They're getting at least 1 refill a year. Would you say it's safe to assume that most drugs don't really address the cause of the disease; they merely mask it and treat the symptoms?

SC: Oh, Dr. Mercola, you're so right. Absolutely.

DM: The fatal flaw of the whole system is that it's really a symptomatic-based cure.

SC: Yes.

DM: Or solution. They don't advocate it as a cure. But it's a solution. It's a process – and with rare exception do they address the lifestyle changes. Mostly the excuse that they give is that people aren't interested in lifestyle changes. That's certainly true for some. But there are certainly large numbers of people who would be very interested in finding out alternatives.

SC: A 100 percent. Your audience loves you, they believe you, and they follow the lifestyle suggestions that you offer on your site. Thank you for that. It's the same thing in the pharmacy that I saw. People were willing to go next door to the supermarket and pick up figs or prunes. They weren't interested in heavy-duty drugs to fix their digestive system.

By and large, you'll find that people are sensitive to gluten – everyone reacts to that – and to dairy as well. I'm talking about the proteins in wheat when I say gluten. I'm talking about the protein in dairy called casein as well as soy, high-fructose corn syrup, corn, and eggs. These are all what I call "migrenades." It's a made-up term that I trademark. Migrenades are things that go off in your body like a grenade and cause a migraine or a headache. I use the term loosely. A migrenade for one person could be gluten. For another person, it could be artificial sweeteners. It could be monosodium glutamate (MSG). It could be caffeine. It could be foods that contain histamine.

DM: Let's talk a little bit about the headaches and migraines, which I think we can focus on, because it's one of the most devastating types of headaches. I think cluster headaches are worse but they're far less frequent. Many people have experience with them. Maybe you can discuss some of the symptoms because the pain is sort of... I've taken care of many people with migraines and had the opportunity to observe their pain, which is just beyond extreme in many cases to the point of really suicide. It's so bad.

SC: Yeah.

DM: Obviously, many drugs are used to address this. Why don't you talk about the symptoms and then talk about the cause.

SC: Okay. Sure. When you say headache to a person, it could mean all kinds of things. With migraine, it's almost a full-body experience even though the pain is in the head usually, of course. But you can have all these weird neurological components to it called an aura, or people will sometimes refer to it as a halo, where they see a light around things. It's usually visual problems, flashing lights, zigzag lights, or visual snow. You'll see a lot of visual stuff. Sometimes they lose their vision temporarily. This can happen especially if you get dehydrated. And then there's nausea that goes with it. Sometimes people have pain. Some people...

DM: The symptoms can simulate very effectively a stroke.

SC: Yes.

DM: In fact, there's very little difference between the two. Many times people have to go to the emergency room (ER) to have that ruled out.

SC: Yes. It can be very scary for some people. Many people would just come to live with this as part of their life. Migraine just affects a large part of the population. The pharmaceutical answer to that is what's called the triptans. This is a class of medications. You'll see them by brand names such as Axert, Zomig, Imitrex, Maxalt, Amerge, and many others. They're offered as an injection, nasal spray, or tablets.

These drugs work by constricting the blood vessels around the brain. You see, the head... the brain doesn't hurt. The brain doesn't really feel pain. It feels like it does because the blood vessels around the brain are swollen. These drugs come in, and they increase the levels of serotonin, which most people understand as a happy brain chemical. But that also constricts the vessel. They act as a vasoconstrictor. When you reduce that blood flow around the brain, the pain usually goes down. That's the hope.

But you can't take these drugs often. They come with pretty serious side effects, even those that can affect the heart. I'm not an advocate of a person living on a triptan to take care of their migraines. To me, you have to get rid of the underlying cause.

DM: And there's a financial cost, too. These drugs don't come cheaply as I understand.

SC: They're very, very expensive. What I would suggest to somebody is find the root cause and fix that. The emerging new study, which nobody is talking about and which I talk about in *Headache Free*, is...

DM: *Headache Free* is your book on this. Why don't you show us your book?

SC: Yes. Okay.

DM: There it is, *Headache Free*. It's a phenomenal resource that goes into all the details we'll be discussing here.

[----- 10:00 -----]

SC: Thank you. In *Headache Free*, I offer a large amount of research. It's in a conversational tone, so everyone can understand it. But the basic meat of my research is that headaches, especially migraines, are caused by mitochondrial dysfunction. If you can fix the mitochondria, you can relieve migraines and headaches. If not cure them, you can certainly reduce the frequency of them.

DM: For those who may not understand what a mitochondria is, having taken biology, maybe you can explain that.

SC: A mitochondria is an organelle inside your cell. You have trillions of them. You have like 3 pounds of them. They generate your cellular energy. Your adenosine triphosphate (ATP) is what it's called. It's like a battery or a generator in every single cell. When your mitochondria – we'll call them mito or we can call them batteries for that matter. When your batteries are sick, they're dying, or they're oxidized – because of excessive free radical damage, then your frequency for headaches goes up. This has been shown in a lot of research, which I cover in *Headache Free*.

The meat of it is that when these mito are sick or struggling, your cells can't generate enough energy, and you're more apt to have headaches. This is true. What happens is this nasty toxic pathway gets upregulated – nuclear factor kappa-light-chain-enhancer of activated B cells (NF-kappaB) – and it starts spitting out all through your body, all these different pro-inflammatory cytokines such as interleukin-6 (IL-6), interleukin-1 beta (IL-1 β), tumor necrosis factor-alpha (TNF- α), and all these different things. I don't want to get into all the science of it. But the point is that your body is on fire, and your head is going to hurt.

DM: That does a really good summary of what the symptoms are and what some of the biochemistry behind those is. Maybe you can discuss about some of the things that people can do to address this. That would be helpful.

SC: That would be great. The key for me is to have you regenerate your batteries. Make them work again. Rebuild and rebirth new ones. One way to do that is with coenzyme Q10 (CoQ10). CoQ10 is fantastic. It's an antioxidant that's both lipophilic and hydrophilic, meaning, it loves water and loves fatty parts of the cell. It goes into every single cell all over the body, especially the brain and the heart. You know if you're CoQ10-deficient because you're more prone to headaches. Plus a prolonged deficiency of CoQ10 can cause significant muscle pain as well as headaches.

Now, here's the thing: people are seriously deficient in CoQ10 because there are so many drugs that deplete this nutrient, including the birth control pill, hormone replacements, antacids, diabetes drugs, and statins. These drugs mug CoQ10.

DM: Yes, indeed. The reduced form of CoQ10 is ubiquinol.

SC: Even better.

DM: Even better for most people.

SC: Yeah, even better.

DM: Because that's actually the form of the molecule that works. It actually is able to donate an electron and protect against free radicals.

SC: Exactly. So that's even better. CoQ10 goes a long way in supporting cellular health. There are also other things that one can do if they're prone to migraines. For example, magnesium – half of people who have headaches are deficient in magnesium. Magnesium is mugged by the body by all kinds of things, including diuretics, the pill (again), antacids, and acid blockers, in particular the proton-pump inhibitors (PPIs) pump inhibitors such as omeprazole, which is now sold over the counter. These medications will wipe out your levels of magnesium so severely that it can affect your heart.

DM: The name of omeprazole is Prilosec, isn't it?

SC: Yes.

DM: Okay. For those who don't know that.

SC: Yes. There's even a black box warning on these medications. I'm not sure how our population got to the point where we need a pill just to digest our food and control acid. But that's a whole different story. My point is that the medicines that were taking, things that are seemingly innocuous, can be robbing our body of certain nutrients such as CoQ10 or ubiquinol, like you said, and magnesium. This can trigger headaches or at least increase your odds. Another one is riboflavin. Riboflavin is B2. It's the thing that makes you urinate bright yellow when you go to the bathroom.

DM: Yes. And which interferes with your ability to determine if you're drinking enough water. That's the only thing.

SC: That's true.

DM: Because it will, you know. It just clouds the issue with essentially a dye that's in the urine. It's bright yellow. You'll know if you're taking riboflavin if you see that in your urine.

SC: Exactly. I'm glad you mentioned that. Here's the thing – this is what I talk about in *Headache Free* as an easy, simple solution to migraines. Of course, I have other options. But the magnesium I would say 400 to 600 milligrams total daily dose, a nice clean magnesium. You have this on your site. Very high-quality...

DM: Maybe just review that. What would someone look for in a magnesium supplement? Because most people are deficient in magnesium. I think it's probably 80 to 90 percent of people who aren't getting enough magnesium in their diet.

SC: Yeah. We should be eating more green leafy vegetables. We should be eating more “rabbit food” as I call it, because that's very high in magnesium and it's a nice bioavailable form. You'll find magnesium also in spirulina. As far as a supplement goes, you want to avoid magnesium oxide, because that's the form sold in pharmacies and it could cause diarrhea very easily. You want to go for the higher-quality brands. Now, riboflavin, I'm looking at 200 to 400 milligrams per day. You can divide the dose.

DM: Oh, right. That's a large dose.

SC: I know, but the study showed that it'll reduce migraines in up to half of people.

DM: Wow. So, we need to balance it with other B's in the B complex family?

SC: That would be ideal. In my perfect world and what I've seen in the research, because I've been studying this for a long time. Remember, my husband suffered with these headaches. They were disabling for years until we figured out what to do. So, yes, in my perfect world, they would take, I would say, 200 milligrams of riboflavin in one dose and then support it with the B complex. Drive the riboflavin for about 2 or 3 months, then back off, and just stay on the B complex that you had been on. That way, you have all of the instruments in concert, not just one musical instrument.

DM: Sure. And just to be clear, that's well over 100 times the recommended daily allowance (RDA). You're using riboflavin in this case as a drug, but a relatively safe drug with virtually no side effects.

SC: Right. Well, let's talk about side effects. There was a study done in 2010 in the *Journal of Therapeutics and Clinical Risk Management*. They looked at non-steroidal anti-inflammatory drugs (NSAIDs). Things like ibuprofen and naproxen, which are sold by prescription on higher doses as well as over the counter. We have seen repeatedly that there are over 100,000 hospitalizations as a result of these

medicines, usually because of problems with the gastrointestinal tract and bleeding. There are 17,000 deaths annually. This is just in the United States. The cost to our healthcare system is enormous – into the billions.

When you're talking about side effects, the potential is there with any natural cure or natural remedy, but it's much higher with the drugs. You can look at Botox, which is used to relieve wrinkles, right? To ease and smooth out fine lines in the face. They use this for migraines, too. It's useful for some people. But for others, it can cause side effects.

DM: Yeah, terrific. Definitely we want an approach to minimize side effects and minimize potentially dangerous medications even from a cost perspective. Many people have insurance, but many people don't. It could certainly bust your budget if you're relying on these as a solution.

SC: Right.

DM: Diet is another important component, not only for migraines and headaches in general, but just for being healthy, so maybe you can discuss the diet influence and the effect of extra weight on headaches.

SC: So when a person goes gluten-free, not only do they support their brain health, but they also support the microvilli in the gut. Gluten is getting to be known as bad. People are already getting that. It's a food additive, and we should stay away from it.

I do think one of the fastest ways to lose weight is to go gluten-free. By gluten-free, I mean eliminating foods with gluten. I don't mean substituting them and getting gluten-free muffins and gluten-free bars, because they're laden with all kinds of things. I just mean avoiding the bread, wheat, and pasta. Just completely taking it out of your diet and going to a more hunter-gatherer type of diet like the Paleo diet. But gluten is just one aspect. To me, it's a small aspect.

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Honestly, to me, it's stress, cortisol, and thyroid hormone. We need to be our own health advocate. We can't rely on conventional medicine to take care of us. We really have to do our own research. Get newsletters that are honest (like yours and mine) and follow people that we trust. Because who else is going to take care of you when the things you see on TV and some of the articles that you read are designed to drive you back into the arms of traditional medicine, where it's not helping?

You can look with headaches and migraines. Until my book came out, there wasn't another book that was willing to say, "Hey, if you can reduce these inflammatory cytokines or poisons in your body, put out the fire in your body, support your mitochondria, and get rid of all these different migrenades – how else are we going to help? What is the answer?"

We're just going to take more triptans, more NSAIDs, and in come more drugs. Those are drug muggers of everything. They're stealing nutrients. Well, in come more drugs for erectile dysfunction, drugs for depression, and drugs for chronic pain. It's a merry-go-round, and it's a terrible ride. People can't get off it, yet it's all they know.

DM: Let's get people a perspective. I'm sure you haven't done a comprehensive review, but I'm just wondering what your gut feeling is to what percentage of people struggle with this and are using the conventional approach – the drug-based model – and not really applying these. Would you say it's over 90 percent of people with headaches?

SC: Yes. I would say between 70 and 90 percent. Here's the thing: people have written to me personally after getting my book, saying, "I just thought this was my life. I was just going to live with this. Now I realize that I can make changes. I didn't know. I was just handed a prescription for Zoloft." People will say that they're depressed when they have headaches, which is funny. They're told the same thing when they have thyroid disease, too. Well, you might be depressed. Headaches are disabling.

DM: Yeah.

SC: Who wants to walk around with head pain or chronic fatigue? Of course, you're going to feel bad. These things go in hand in hand. I did the research on this, and I found that the same inflammatory cytokines or toxins are elevated in depression as they are in headaches. But you can try natural things. You can try natural amino acid for people with insomnia and headaches. Glycine. Glycine is remarkable. It increases levels of gamma-Aminobutyric acid (GABA). When you do that... GABA is an inhibitory enzyme in the body. It's an inhibitory neurotransmitter in the body. It calms things down and helps people go to sleep. If you have headaches as well as insomnia, this will be good for you to try at night. You can ask your doctor if 1 to 2 grams of glycine at night is okay for you.

DM: Yeah. The other one that's commonly recommended is tryptophan.

SC: Yes, tryptophan. For some people, that will work. But for other people, they'll convert it down a different pathway, and it'll excite them. If you try tryptophan or 5-hydroxytryptophan, which is sold as 5-HTP over the counter, if you try either of those and you get stimulated, I would either back up on the dose, take it earlier in the day, or just stop it all together. You may be one of those people with the pathway issue that's driving it to the excitatory side.

DM: Yeah. And just because it's natural doesn't necessarily mean it's harmless. It certainly has less side effects, but I'm a little bit opposed generally to any chronic use of single amino acids, because ideally, we're supposed to have them on a ratio that's balanced. That's one of the reasons why aspartame is such a big issue. You're taking massive amounts of aspartic acid and phenylalanine in the gram quantities aside from the methanol. That is one of the toxicities of aspartame on people.

SC: People, they need to avoid that, in my opinion, like the plague.

DM: Oh, yeah.

SC: In your opinion, like the plague, right?

DM: Yes.

SC: That is a huge migrenade.

DM: My first experience with that was when I was practicing. My younger sister basically started my practice with me in 1985. Shortly after we opened up the practice, she had a serious migraine. She thought she was having a stroke. I realized instantly it was a migraine. She didn't have the nausea initially. Eventually, she wound up getting the full-blown headache. But we found out what triggered it – and triggers it to this day, 30 years later – aspartame.

SC: Wow.

DM: She will get a massive migraine with aspartame, as many people do. It can cause not only migraines but headaches, seizures, and brain tumors. I mean, it definitely affects the brain. There's just no question about it. Clearly it's a potent migrenade.

SC: Yes, definitely. I hope she's aware that they're hiding it in everything. They don't disclose it.

DM: Oh, yes. In fact, sometimes it's not disclosed or written. She gets the headache, and she winds up doing more due diligence and contacts the manufacturer. It's in there.

SC: Wow. I had to do a little research on that myself. I found out that they don't have to disclose it if it doesn't reach a certain threshold.

DM: Right.

SC: It can just be stuck in there. I talk about that in *Headache Free*. It's a massive migrenade. It can trigger this, and people don't even realize. That is one of the simplest things that one can do: to avoid artificial sweeteners and artificial colorants, too – anything artificial. I don't know where we got off thinking that we can ingest something with the word or prefix “artificial.” That's your clue! Artificial. You're natural, you know and tension headaches are a big one, too. They won't take you out.

DM: Talk about tension headaches and maybe the percentage – how many will get tension, what percentage are tension, and the percentage of vascular, migraine, and then clusters, of course.

SC: Okay. With tension headaches, this is the most common type of headache, probably upwards of 100 percent. If you haven't had a tension headache yet, you will. Give yourself a little time because they're caused by stress and tension. Who doesn't have that, right?

DM: Well, we all have stress and tension; what we don't have are the coping mechanisms to address it. I personally don't know if I've ever had a headache. If I had, I can't remember it. But you have mechanisms to address the stress and to cope with it.

SC: Yes, that's true. You're lucky. Because you're fit, you practice what you preach, you get enough vitamin D, you're eating properly, you have people to help you and support you in your work – you may not have exactly the amount of tension as maybe a single mother...

DM: Sure.

SC: Who's dealing with her ex, who's with three children, who lost her job, and those kinds of things. Right. Tension and stress are the players in tension headaches. That's exactly what they're about. It's not a full-body experience like a migraine headache; it's more localized. Usually, it's because people are holding tension in their traps, or they're in the back of their head or neck. You can still address it with nutrients. One of the best things that one can do would be magnesium because it relaxes your body. It relaxes muscle pain. If you're tight and irritable, magnesium will reverse that. Rhodiola is helpful for someone with a tension headache. Because rhodiola increases levels of serotonin, it makes you feel good.

DM: What is rhodiola for those who don't know?

SC: Rhodiola is an herb. It's a Siberian herb known from Russia. It helps one adapt. It's a plant adaptogen. It's kind of smart. It knows what your body needs. It knows how to raise certain hormones. In particular, it can help raise serotonin and reduce cortisol, so yeah, anything like that would be helpful to reduce tension headaches. In particular, massage would be great. It's known to reduce cortisol. It takes you away from your work and your computer. If you can just try to relax into that, that would be helpful for the long-term fix.

There's study after study that show natural supplements in high-quality forms can help reduce our risk for headaches. The only time I ever think maybe it's not going to help you that much is possibly with cluster headaches. These are the types of headaches that are also dubbed “alarm clock headaches.” They're also dubbed “suicide headaches.” They feel like someone's stuck an ice pick in your eye. I'm not kidding.

They come at the same time at night usually around 1:00 or 2:00 in the morning. It'll wake the person up just in a jolt. I've seen this first-hand. It's very scary. It feels like somebody put an ice pick in your head.

The only natural supplement that might help with that would be melatonin, and it would be in a high dose, about 6 milligrams. Even though melatonin is sold over the counter and on your site, I would suggest that for a dose of 6 milligrams, you ask your doctor if that's right for you.

DM: Sure.

SC: Because too much melatonin will suppress cortisol levels in the morning. If you're getting too much melatonin, you might have morning fatigue or what feels like a morning hangover. You want to be careful with that. But with the cluster headaches, the real key, aside from melatonin, would be to reduce histamine-containing foods. Reduce histamine like we talked about earlier in this interview. Also, order an oxygen tank.

DM: Now, I think it's important to mention cluster headaches. Can you comment on the frequency? Because in my clinical experience, I think that may be... I've seen certainly less than 5 people with them. I think they're relatively uncommon. Or is my experience just bizarre?

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SC: No. They're relatively uncommon. But when you study headaches for a living, like I did and for the love of my hubby, you find them a little bit more frequently. People don't talk about them because they're episodic. Maybe once a year, they will experience three weeks where they have these, and then they go away for another year or they go away for six months. But I would say (I'm just estimating here) about 5 percent of the population will have experienced it at some point.

DM: That's good to know.

SC: There's more data in my book about it, too.

DM: Again, the solution for cluster, migraine, or tension headaches is really the foundational core of what we've been talking about – to address the dietary issues. That will be a treatment for all of them, not only headaches generally but health specifically.

You've given us so much information. There are more resources for people who want... Well, before we go into those resources, why don't you give us the highlights of what we just reviewed, reinforce some of the important points, and maybe mention something you neglected to at this point.

SC: The highlight for me to get out there is that you do not have to live with headaches. This does not have to be part of your life. There is an answer. You need to think differently. Traditional medicine has basically told people that they need to take medications to relieve the pain or to constrict the blood vessels around the brain temporarily to stop the blood flow that is causing your head pain. That is how the most commonly prescribed drug like the triptans work.

I'm here to say that that is not my answer. You can live headache-free if you determine the underlying cause of your headaches. By that, I mean find out what your migrenade is. It could be a food additive. It could be a type of food that you're eating. It could be histamine. It could be artificial sweeteners. Find the migrenade. Get rid of it. That will help you clean up your diet.

And then support the batteries in your cell – the mitochondria. Support them with cell-loving nutrients such as CoQ10 or ubiquinol and acetyl-l-carnitine. You can also use natural minerals to support them, and

get all those enzymes to run like magnesium, for example. Selenium could be very helpful because it supports thyroid function.

Also you can consider natural plant-based adaptogens such as rhodiola. Another great one is ashwaganda, which we didn't talk about. Ashwaganda would be fantastic because it helps support thyroid function. When your thyroid is low, you're more prone to headaches. When your thyroid is low, you're more prone to becoming overweight and obese. Supporting your thyroid function would be helpful. The last part I want to mention about that is that you may have been told that your thyroid works well. I'm going to tell you that the conventional test used to detect thyroid disease misses people upwards of 80 percent of the time. There are better ways to test your thyroid.

DM: Perfect. So, you've got a number of resources. You have a website which is... What is your website?

SC: It's my name – SuzyCohen.com. On my website, I do offer...

DM: S-U-Z-Y.

SC: Yes, S-U-Z-Y C-O-H-E-N. I offer a free chapter of *Headache Free*. It's the Introduction, and it tells the story. Ultimately, we found out that my hubby's headaches were caused by Lyme disease, which is a tick-born infection. An infection can be driving a person's headaches, too. This is something to look at. When all else fails and you don't respond to these types of things, you have to think, "What else is driving this headache?"

DM: Sure.

SC: You have to ask the question, "Why?" For him, it was Lyme disease.

DM: Yeah. Not everyone is going to have an infection if they don't respond to this. Ideally, you'd like to work with a well-trained natural healthcare clinician who could help coach you through this, who's had a little experience applying this and really maybe identify hidden factors that you're not aware of.

Yes. If you suffer from headaches regularly and you're relying on a drug model, it's very clear that there are some better options for you. I certainly would apply many of the recommendations Suzy has provided here. But pick up the book. Go into more details. Hopefully, you'll have an inexpensive non-toxic solution – not a symptom-reliever – for your headaches.

SC: Thank you, Dr. Mercola.

DM: Well, thank you for all the help you provided and for giving us these great resources. I really appreciate it.

SC: Thank you.

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