



2026 INTERVIEW SUMMARY SHEET

SPEAKER

Risa Ravitz, MD

TITLE & ORGANIZATION

CEO
Modern Migraine MD
New York

TOPIC

The Migraine Reset: How Pharmacology Helps Rebalance the Brain

KEY TAKEAWAYS

- Chronic migraine creates a physical imprint on the brain and spinal cord that lowers the threshold for pain, making the system hyperreactive to minor stimuli.
- Medication is used not just for symptom masking; it also lowers the nervous system's "volume" so that lifestyle interventions (exercise, sleep, diet, etc.) can do their work without triggering a flare.
- Chronic migraine often coexists with neck and back pain, and treating these secondary areas can help reduce the overall "excitatory soup" that feeds migraine.
- Success should be measured by increased functionality and the ability to resume activities rather than solely by reaching a state of zero pain.
- Sustaining high-quality pain control (6–12 months) helps the brain unlearn chronic pain circuits, which may allow for medication reduction.

KEY TREATMENTS

- Dihydroergotamine (DHE)
- Diphenhydramine (Benadryl)
- Gepants
- Nerve blocks
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- OnabotulinumtoxinA (Botox)
- Radiofrequency ablation (RFA)
- Serotonin–norepinephrine reuptake inhibitors (SNRIs)
- Tricyclic antidepressants (TCAs)
- Triptans

NOTABLE QUOTES

"The body and the brain and the spinal cord are like a hard drive There will be changes within that hard drive that change the threshold for having pain."

"I think it's great if you can do both [medication and behavioral therapy], but a lot of times people — the more chronic ones — are already having a lot of trouble."

PRACTICAL STEPS

- Consult specialists: If current treatments are failing, seek a multidisciplinary approach involving both neurology and pain medicine.
- Improve back strength: Focus on strengthening the mid- and upper back to provide better musculoskeletal support and reduce triggers.
- Try a layered treatment approach: For stubborn acute attacks, ask a provider about trying a combination of ice, NSAIDs, Benadryl, and caffeine.
- Track patterns, not just triggers: Move away from rigid food diaries if they cause stress; focus instead on broader patterns of hydration and preservative intake (MSG, sulfites).
- Consider physical interventions: For those with significant neck pain, ask a provider about the potential benefits of nerve blocks or radiofrequency ablation.