



## ISNS Case Study

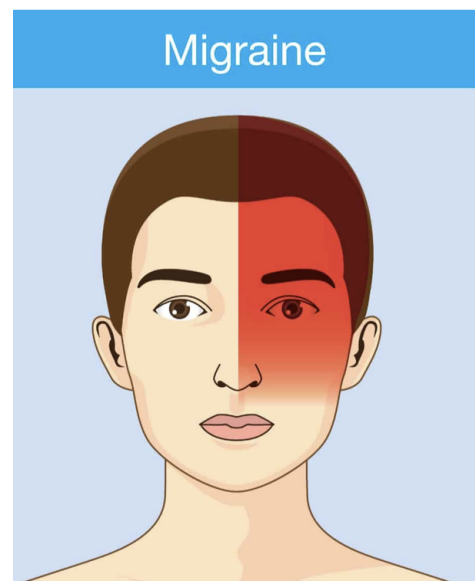
# Migraine Disease

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A migraine is a common neurological disease that causes a variety of symptoms, most notably a throbbing, pulsing headache on one side of the head. Migraines tend to get worse with physical activity, lights, sounds, or smells. It may last at least for four hours or it can last several days. About 12 percent of Americans have this genetic disorder. Research shows that it is the sixth most disabling disease in the world.

There are over one hundred and fifty types of headaches, divided into two categories: primary headaches and secondary headaches. A migraine is a primary headache, meaning it is not caused by a different medical condition. Primary headache disorders are clinical diagnoses, meaning there is no blood test or imaging study to diagnose it. An aura is a group of sensory, motor, and speech symptoms that usually act like warning signals that a migraine is about to begin. Commonly misinterpreted as a seizure or stroke, it typically happens before the headache pain, but sometimes appears during or after. An aura can last from ten minutes to sixty minutes. Aura symptoms are reversible, meaning that they can be stopped or healed. An aura produces symptoms that may include: seeing bright flashing dots,



sparkles, or lights, blind spots in vision, numb or tingling skin, speech changes, ringing in ears, temporary vision loss, seeing jagged or wavy lines, changes in smell or taste, and a “funny” feeling.

There are several types of migraines, and the same type may go by different names. Migraine with aura (complicated migraine: around 15-20% of people with migraine headaches experience aura. Migraine without aura (common migraine): this type of migraine headache strikes without the warning an aura may give you. The symptoms are the same, but that phase does not happen. Migraine without head pain: “silent migraine” or acephalgic migraine,” as this type is also known as, includes aura symptom but not the headache that typically follows Hemiplegic Migraine: You may have temporary paralysis (hemiplegia) or neurological or sensory changes on one side of your body. The onset of the headache may be associated with temporary numbness, extreme weakness on one side of your body, a tingling sensation. Sometimes it includes head pain and sometimes it does not. Retinal Migraine (ocular migraine): You may notice a temporary, partial or complete loss of vision in one of your eyes, along with a dull headache behind the eye that may spread to the rest of your head. You should always report a retinal migraine to your doctor as it could be a sign of a more serious issue. Chronic Migraine: a chronic migraine is when a migraine occurs at least 15 days per month. The symptoms may change frequently, and so may the severity of pain. Migraine with Brainstem Aura: with this migraine, you will have vertigo, slurred speech, double vision or loss of balance, which occur before the headache. The headache pain may affect the back of your head. Stratus Migrainosus: this is a rare and severe type of migraine that can last longer than 72 hours. The headache pain and nausea can be extremely bad.

The four stages in order are the prodrome (pre-monitory), aura, headache, and postdrome. About thirty percent of people experience symptoms before their headache starts. The first stage, prodrome, lasts a few hours or it can last days. You may or may not experience it as it may not happen every time. Some know it as a “pre headache” or “premonitory” phase. The aura phase can last as long as sixty minutes or as little as five. Most people do not experience an aura, and some have both the aura and the headache at the same time. The headache phase can last from four hours to seventy-two hours. Typically it starts on one side of the head and then spreads to the other side. The postdrome stage lasts for about a day or two. It is often called a migraine

“hangover” and eighty percent of those who have migraines experience it. It can take about eight to seventy two hours to go through all four stages. Though migraine causes are not fully understood, genetics and environmental factors appear to play a role. There are several migraine triggers, including: hormonal changes in women, alcohol, caffeine, stress, sensory stimuli such as bright lights, sleep changes, weather changes, medications, foods and food additives.

The primary symptom of a migraine is a headache. Pain is sometimes described as pounding or throbbing. It can be a dull ache that develops into a pulsing pain that is mild, moderate, or severe. Pain can shift from one side of your head to the other, or feel like it's affecting your whole head. Some people feel pain around their eyes or temple, sometimes in their faces, sinuses, jaw or neck. Most migraines last about four hours, although severe ones can last much longer. Several risk factors make you more prone to having migraines including family history, age, sex and hormonal changes. If you have a family member with migraines, then you have a good chance of developing them too. Migraines can begin at any age, though the first often occurs during adolescence. Migraines tend to peak during your thirties, and gradually become less severe and less frequent following decades. Women are three times more likely than men to have migraines. For women who have migraines, headaches begin just before or shortly after the onset of menstruation. They might also change during pregnancy or menopause. Migraines generally improve after menopause.

Migraine treatment is aimed at stopping symptoms and preventing future attacks. Many medications have been designed to treat migraines. Medications used to combat migraines fall into two categories: Pain-relieving medications: also known as acute or abortive treatment, these types of drugs are taken during migraine attacks and are designed to stop symptoms.

Preventative medications: these types of drugs are taken regularly, often daily to reduce the severity or frequency of migraines. Treatment choices depend on the frequency and severity of your headaches, whether you have nausea and vomiting with your headaches, how disabling your headaches are, and other medical conditions you have

Medications used to relieve migraine pain work best when taken at the first sign of an oncoming migraine- as soon as signs and symptoms of migraine begin. Medications that can be used include pain relievers, triptans, CGRP antagonists, opioid medications, and anti-nausea drugs

## Case Study I

**Patient:** Female

**Age:** 38-year-old

**History:** Her mother suffers from migraines.

She has been having migraine attacks for 5 years. She had attacks several times (2-3) a month and they lasted 2-3 days.

**Symptoms:** Throbbing pain on the right side of her head, nausea, vomiting, sensitivity to light and sound during the migraines. She finds it difficult to concentrate or perform any activities during the migraines, which negatively impacts her work and daily life.

**Clinical tests:** Neurological exam, MRI scan, Blood tests

### Headache diary

Her regular diary helped her identify triggers that aggravate migraine attacks, such as excessive caffeine intake, stressful situations and lack of sleep. She has managed to develop a lifestyle that minimizes these triggers. Despite this, her migraine attacks have not significantly reduced.

**Treatment/Method:** She received proprietary blends.

**Proprietary Blend I:** 2x6 drops, morning and evening, for 3 days, then every 3 days then increased by 1-1 drops every 3 days to 2x10

**Proprietary Blend II:** 1 in the morning for 7 days, then 1 in the morning and 1 in the afternoon for 7 days, then 2 in the morning and 1 in the afternoon

**Proprietary Blend III:** ½ sachet in the morning for 7 days then 1 sachet in the morning

**Proprietary Blend IV:** ½ teaspoon in the morning.

**Proprietary Blend V:** 1 teaspoon in the evening

**Proprietary Blend VI:** 1 in the morning for 7 days then 1 in the morning and 1 in the evening

She also suffers from seizures during migraine attacks. She received different treatment protocols with the proprietary blends. She took these as early as possible during the aura period, in any case before the onset of the headache.

**Proprietary blend I:** 1x 10 drops

**Proprietary blend II:** 2 capsules

**Proprietary blend III:** 1 sachet

**Proprietary blend IV:** ½ teaspoon

### LEGEND:

**Proprietary blend I:** silica, vitamin c, and trace minerals.

**Proprietary blend II:** N-acetyl L-tyrosine, anhydrous caffeine, L-theanine, velvet bean seed, pine bark, curcumin, and vitamin d.

**Proprietary blend III:** black seed oil, resveratrol, turmeric, raspberry ketone, apple cider vinegar, aloe Vera, and d-ribose

**Proprietary blend IV:** Vitamin C, Zinc sulfate, and Vitamin D3.

**Proprietary blend V:** Inulin, Green Banana Flour, Apple Fiber, Bacillus Coagulans, Spirulina, Wheat Grass, Barley Grass, Alfalfa Leaf, Flaxseed, Psyllium Husk Powder, Chlorella, Broccoli, Kale, Spinach, Green Cabbage, Parsley, Aloe Vera, Cayenne Pepper, Blueberry Powder, Pomegranate Seed Powder, and MCT Coconut Oil Powder

**Proprietary blend VI:** B-Nicotinamide Adenine Dinucleotide (NAD+), magnesium, trace minerals, quercetin, vitamin D, vitamin C, and vitamin K2

**Results:** After 1 month of treatment the intensity of symptoms during attacks has decreased. This included throbbing pain, nausea, vomiting, sensitivity to light and sound. After 2 months, the intensity of symptoms during attacks has further decreased. The frequency of attacks has also decreased. After 3 months, the nausea and vomiting stopped, the throbbing nature of the headache stopped. In the third month, there was only 1 attack which was resolved in a few hours.

## References

- Mayo Foundation for Medical Education and Research. (2021a, July 2). *Migraine*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/migraine-headache/symptoms-causes/syc-20360201>
- Rezaie, S., Askari, G., Khorvash, F., Tarrahi, M. J., & Amani, R. (2021). Effects of Curcumin Supplementation on Clinical Features and Inflammation, in Migraine Patients: A Double-Blind Controlled, Placebo Randomized Clinical Trial. *International journal of preventive medicine*, 12, 161. [https://doi.org/10.4103/ijpvm.IJPVM\\_405\\_20](https://doi.org/10.4103/ijpvm.IJPVM_405_20)
- Shaik, M. M., & Gan, S. H. (2015). Vitamin supplementation as possible prophylactic treatment against migraine with aura and menstrual migraine. *BioMed research international*, 2015, 469529. <https://doi.org/10.1155/2015/469529>
- U.S. Department of Health and Human Services. (n.d.). *Migraine*. National Institute of Neurological Disorders and Stroke. <https://www.ninds.nih.gov/health-information/disorders/migraine>