

Integrative Approaches to Migraine Disease Treatment Protocols

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Introduction

Research studies demonstrate that 90% of headaches are tension headaches and migraines. Besides, about 6% of men and 16% of women usually suffer from migraines, with the highest prevalence being between 20-35 years. Unfortunately, the issue is directly related to the family history of individuals. It is estimated that migraine headaches compel people to incur about \$1 billion in medical-care costs, \$5.4 billion as an outcome of loss of productivity, and \$7.9 by employers. Unfortunately, migraines are the fifth most common reason why people often visit the emergency departments (University of Wisconsin Madison, 2023). Integrative health often emphasizes self-care and conventional mindful awareness to realize well-being and good health. The key areas of concern are physical activity, mind and emotions, spirit and soul, co-workers, family, recharge, food and drink, personal development, and surroundings. In most cases, the discussion that leads to integrative health outcomes begins with understanding and discussion of purpose, aspiration, and meaning and later incorporates a variety of professional and personal strategies involving physical therapy to multiple supplement and elimination diets (Wells, Beuthin & Granetzke, 2019). The case at hand involves a thirty-eight-year-old woman who is in a lineage with a history of migraines. She has had a migraine, but she is positively responding to the treatment regimen that is being offered. Therefore, the paper is set to investigate the integrative approaches to migraine disease treatment protocol by focusing on case studies that consider the discussion of the non-traditional and traditional strategies by associating the approaches to the case of a thirty-eight-year-old woman.

Migraine Definition and Pathophysiology

Migraine refers to a recurrent headache disorder that manifests attacks lasting for about 4-72 hours. The main features often involve associations with nausea, aggravated by physical

activities occurring routinely, ranging from moderate to severe, and they have pulsating and unilateral locations. Experts link migraine headaches to vasodilators involving calcitonin and substance P, which is released by nerve endings in the meninges and scalp (Chalmer et al., 2020). Serotonin excreted by platelets often contributes to the intensification of pain, prolonging headaches. Other factors that play a role in the pain increase include hormonal, environmental, and genetic factors.

Red-Flag Symptoms

The research by Andreou & and Edvinsson 2019 acknowledges that significant progress has been witnessed in the elucidation of the pathophysiological migraine mechanisms linked to genetic factors. Migraine is a neurological disorder that is life-span based and develops in an age-dependent evaluative adjustment in its clinical presentation and prevalence. The other key factors that elicit the symptoms are central sensitizations, inflammatory processes, and multiple epigenetic aspects. To some extent, the migraines are caused by nerve fiber activation within the blood vessel's wall that travels in the meninges. The red-flag symptoms involve quick onset of severe pain, headaches made worse by postural adjustments, headaches continually intensifying in frequency, visual dimming, headaches encountered early in the morning, headaches related to mental status, and the headaches associated with sensory deficits (Andreou & Edvinsson, 2019). A stiff neck, fever, seizures, and syncope may accompany the headaches associated with the focal motor.

Nature of Migraines

The case study by Ketskes et al. identifies that migraine is an ordinary neurological illness that is caused by an array of symptoms leading to a pulsing and throbbing headache on one side of the head. The migraines appear to get worse with smells, sounds, lights, and other

physical activity. It is estimated that about 12% of individuals living in the US are affected by the issue, making it the sixth most prevalent illness that leads to disabilities across the world. It is noted that there are over 150 headaches, including secondary and primary headaches. Migraines are identified to be primary headaches and are not caused by a completely distinct cause. Thus, it requires a clinical diagnosis that is free of imaging and blood tests. In most cases, auras occur before and after the headaches, lasting for about 10-60 minutes, and their symptoms are usually reversible; thus, they can be healed and stopped. The aura produces symptoms ranging from funny feelings, adjustments in taste, visualizing wavy lines, temporary loss of vision, ringing in ears, speech changes, and tingling skin (Ketskes et al., 2022). Migraines with aura are complicated migraines, and they are usually rare. On the other hand, migraines without aura are most common, and they often start without any warning. The migraines can also be retinal or chronic, with the retinal migraines beginning with temporary, complete, or partial vision loss in an individual eye. A retinal headache is usually an assignment of a critical issue. Chronic migraines, on the other hand, occur for about 15 days every month, and their symptoms may change over time, together with the severity of the pain.

The main stages involved in migraine development are postdrome, headache, aura, and prodrome. The initial stage lasts for a few days before the headache begins. The aura period, on the other hand, lasts for a few minutes, and in most cases, the aura occurs together with the headache at the same time. The phase of the headache may last from about 4 hours to a period of about 72 hours. The headache often starts from one side of the head, moving to the other side. The postdrome is the real migraine, and it occurs for about 1-2 days. Unfortunately, the main causes of migraines are not understood fully, with environmental and genetic factors perceived to play a significant role. The environmental factors include food additives, foods, medications,

weather changes, sleep changes, bright lights, sensory stimuli, stress, caffeine, alcohol, and continual hormonal adjustments (Ketskes et al., 2022). The genetic factors suggest that if one has a relative who has a history of migraines, then it is likely that the individual will experience the migraines at some point in their life. The initial period when the migraines could occur is during adolescence, and they may reach their peak when an individual has attained the age of thirty (Grangeon et al., 2023). Unfortunately, women are three times more likely to encounter migraines relative to men since headaches often occur immediately after they have menstruation cycles.

Moreover, the treatment of migraines has the objective of alleviating symptoms and decreasing the likelihood of attacks in the future. Medications can be applied to the migraines, and they are categorized into two. The categories involve pain-decreasing medications and preventative medications. Preventative medications are usually taken regularly on a daily basis to decrease the frequency and severity of migraines (Wang et al., 2021). Besides, the pain-relieving medications are taken amid the migraine attacks with the aim of stopping the symptoms. Experts suggest that the medications are usually effective when they are taken at the point of witnessing the initial signs of the ongoing migraine. The medications that can be used include anti-nausea medications, opioid medications, CGRP antagonists, triptans, and pain relievers (Munjal et al., 2020).

The study by Kuruvilla et al. 2021 identified the need to study the attitude of people suffering from migraines who participate in social media about the use of alternative medicine modalities in managing migraine. The study revealed important information about migraine migrants' demographics and methodology. Its research results showed that 9 out of 10 participants said they had been using CIM to treat their migraines (Kuruvilla et al., 2021). More

than eighty-six percent of them included modern migraine treatment and CIM together. In addition, it revealed a variety of CIM measures such as meditation, relaxation, yoga, and cognitive behavioral therapy, among others, and some nutraceuticals, body-based methods, for example, massage, acupuncture, and even some cannabinoid products extracted from cannabis. While some respondents noted lower levels of perceived effectiveness in using different CIM modalities, others reported feeling more effective. For example, some people experienced reductions of moderate to substantial headache duration, whereas for others, they were minimally effective or even nonexistent.

The study shows the necessity of enhanced educational levels about CIM among medical practitioners in the management of headaches. It places importance on the communication with patients regarding the use of CIM and the need for providers' questions about this. The study is linked to the bigger theme of integrative approaches toward migraine disease treatment protocols, indicating a growing patient input in CIM (Kuruvilla et al., 2021). This concurs with a wider field in which some people look for other types of supplements and alternative treatments for different diseases like migraine headaches. The case study emphasizes the need to employ a comprehensive treatment approach to migraines comprising traditional medications as well as non-traditional CIM procedures.

Despite being common in so many people globally, migraine remains a major issue that needs different approaches to treating it. The research by Patel & Minen 2019 is exemplary in focusing on non-pharmacologic alternatives and dietary supplements used as additions to conventional migraine management (Patel & Minen, 2019). Thus, the study is critical in elucidating and illuminating these results in a wider framework of therapy in migraine disease, including conventional and unconventional modalities, underlining the necessity of integrative

therapy. It is illustrated that the proposed integrative protocol for migraine disease incorporates different types of treatments mentioned in the text, focusing on individual patient care guided by evidence-based intervention. It involves multifaceted supplements that include magnesium, riboflavin, Co-enzyme Q-10, CBT, biofeedback, and MBSR (Patel & Minen, 2019). An example, as presented, is the challenges involved in migraine expressions and calls for an integrative care model. Case in point, for someone with frequently relapsing headaches refractory to the usual medications or who experiences adverse outcomes of traditional treatment, magnesium oxide supplementation or riboflavin administration could be added along with CBT. Also, keeping in view the patient's anxiety regarding their condition, other mindfulness-based intervention techniques such as MBSR or yoga can be included for the reduction of psychological distress.

The protocol targets various stages of etiology for migraines, such as the triggers, stressors, and neurological processes involved in the pathophysiology of migraines. Alternative methods, including acupuncture, hypnotherapy, and aerobic exercises, have been reported to be effective in reducing migraine duration and frequency (Patel & Minen, 2019). This implies that education is still crucial because migraine management requires lifestyle changes such as the modification of one's eating habits, taking medications less often, sleeping sufficiently, and exercising regularly, reinforced by education. An integrative protocol that addresses the multiple dimensions of migraine disease management is necessary during the synthesis between the case and the study. Thus, this literature review supports the use of different treatment methodologies for improving migraine care and promoting optimal patient outcomes based on an integrative approach.

The IMPACT trial is innovative as it attempts to evaluate non-medication approaches to managing migraines. The trial is a multimodal treatment of its chiropractic protocol designed uniquely for migraine patients. This protocol was meticulously designed and validated by a group of experienced chiropractors following the Delphi method. Thus, the study adopts an ordered system that meets the needs of PRECIS-2, allowing for a combination of explanatory and pragmatic designs (Wayne et al., 2020). The feasibility study of an RCT concerning chiropractic treatment among adult females suffering from headaches acknowledges the limitations related to its design as well. Consequently, it is mainly intended as a feasibility versus an efficacy pilot study. This provides new insights concerning designing future clinical trials for the effectiveness of migraines and other associated parameters using chiropractic care.

Acknowledgment of the possible generalizability limits lies within the essence of the trial and focuses on women due to the prevalence of migraine in this population. In the future, it may be appropriate to broaden the coverage of patients with the inclusion of men as well as a larger population for better comprehension of how useful chiropractic is when dealing with different groups of people. The study additionally creates an improved typical care group using fortnightly calls for assistance and engagement (Wayne et al., 2020). This design is a combination of an explanatory and a pragmatic approach that was applied while aiming to partially compensate for attention directed towards participants in the chiropractic arm. It also provides the groundwork for improving upon later studies as they compare the specific activities between study arms.

The REDCAP system for managing data is what the IMPACT clinical trial uses to enter data securely and in an auditable manner. This highlights event monitoring through a comprehensive classification system, assures participant security, and maintains ethical conduct (Wayne et al., 2020). In general, the distinctive impact of the IMPACT trial is seen across the

board for chiropractic care of migraine with a multi-dimensional study design, validation, and feasibility appraisal. The trial provides pathways for further studies that help with musculoskeletal and nerve pains related to migraines and other pain-associated conditions that are not pharmaceutical.

Headache and Self-Care

A research study by Selvakumaran 2022 visualizes that individuals need to have enhanced sleep hygiene, routine exercise, and eat regular meals to reduce the occurrence of migraines. Exercises are key in the reduction of headache intensity. Therapy involving aerobic exercises can reduce the number of days that migraines affect people. The exercises are required to be implemented at least three times a week, taking about thirty minutes for every session (Selvakumaran, 2022). The benefits derived from exercises are linked to non-nociceptive pathways such as intensified well-being. Patients suffering from migraine are required to find appropriate self-care practices that work better for the individuals. The practices will have the capacity to satisfy their requirements while reducing the disturbances that are caused by the migraines they encounter daily. The individuals should thus wait for the pain to cool down before engaging in the self-care practice to enhance their situations.

Physical Therapy

Physical therapy is effective when it is utilized in unison with other approaches. The physical therapy sessions involve manual therapy, allowing individuals to realize well-being. A research study by Mehta et al. 2020 notes that patients who are subjected to physical therapy tend to have significant enhancements in affective and sensory pain. The physical therapy acts by leading to amelioration of hyperstimulation that is trigeminal cervical-based that contributes to allodynia encountered by patients having migraine. In turn, it leads to the enhancement of life's

quality, allowing patients having migraine issues to go on with their ordinary daily activities. Besides, physical therapy is illustrated to have the capacity to offer muscle relaxation that decreases muscle tone and blood flow in veins. If physical therapy is not employed rapidly, the patients having migraine issues often develop chronic migraine that takes considerable time to be completely mitigated. It is promising how the study by Mehta et al. 2020 acknowledges the use of non-pharmacologic interventions involving physical therapy to enhance the outcomes of patients visualizing migraine issues in clinical settings.

Nutrition

Uncertainly, dietary triggers contribute to the high number of migraines being witnessed across the world. The typical food triggers that contribute to migraines include chocolate, onions, nuts, aged cheese, dark beers, red wine, and processed meats. Research demonstrates that the elimination of the food trigger can offer success to individuals having migraines, decreasing the intensity and frequency of the migraines. The patient should have an individual food diary to eliminate and identify the food triggers. In most cases, the food triggers lead to the occurrence of migraines about 24 hours after individuals have consumed the foods (Ceren et al., 2023). However, there is still uncertainty regarding the food triggers that elicit the need for additional research on diet elimination and headache reduction. Caffeine reduction is identified to contribute to the decrease of migraines, with children who reduced intake of caffeine cola drinks having less prevalence of headaches. Besides, some foods contribute to cholesterol, high blood sugar, and obesity, which are key contributors to migraine issues. Research studies illustrate that the main triggers of migraines among people are alcohol and fasting, with alcohol accounting for 27% of triggers and fasting for about 44% of triggers. Diet contributes to migraine by affecting the modulation of sympathetic nervous processes, ion channels, neuroreceptors, and the

neuro-peptides. It elicits vasodilation, excretion of nitric acid, and intensified inflammation (Hindiye et al., 2020). Thus, on the basis of foods and their effect on migraines, the patient is required to avoid missing meals, fasting, caffeine, processed foods, aspartame, decreasing fat intake, and aged foods.

Emotions and Mind

The study by Schulz, Cysarz, & Seifert 2023 notes that CBT, electromyography, and relaxation training are crucial in treating the migraine symptoms of the patient. CBT may also be combined with conventional drugs to realize clinical enhancements associated with migraine relief. Behavioral medications are essential to the case since there is a need for not using the drug approaches for relatively long periods, risk of contradiction associated with drug treatment, decreased response to the medical treatments, availability of substantial life stress, and long history of medications that are analgesic based (Schulz, Cysarz, & Seifert, 2023). CBT will have to acknowledge the past emotional states and present moments, allowing the shifting of habitual patterns and, in turn, leading to physiological response adjustments. CBT is effective when offered in combination with other therapies, and it allows individuals to cope with the prevailing symptoms.

Stress Management and Relaxation

The main approaches that should be applied to the case at hand include guided imagery, intensive breathing exercises, and muscle relaxations. The relaxation activities decrease the disability and headache frequency of the patient. Studies have indicated that relaxation exercises are effective in reducing stress, and they are sustainably safe for the patient. The study by Barchakh, Mardani-Valandani & Khorvash 2021 notes that stress management is crucial in coping with migraines. The capacity of the patients to accept the pain and have psychological

flexibility decreases the disability the patients will experience. The success of the patients to control their emotions will allow the patients to have an easy time dealing with life issues. The presence of impaired emotional control intensifies the likelihood of the continuation and development of psychological disorders. The emotional control strategies are thus key to understanding the behavioral and emotional dependencies associated with negative and stressful emotional events (Barchakh, Mardani-Valandani & Khorvash, 2021). Moreover, the addictiveness of the pharmacological treatment requires other non-pharmacological approaches to capitalize on the positive impacts and high effectiveness of the natural-based strategies.

Biofeedback

Biofeedback is critical to the case of the patient in managing symptoms and actively preventing symptoms through the utilization of devices to receive information regarding the physiological processes (Haggiag & Speciali, 2020). The patients will capitalize on biofeedback to learn how they can consciously control body states, body temperatures, heart rates, and muscle tension. Biofeedback-associated relaxation will have to consider thermal feedback and EMG and accompanying feedback on the sweat glands' process to affect the patients to address the sympathetic nervous system activation. Since the patient is currently responding positively to medications, the application of biofeedback and the effect outcomes of bio-feedback will be instrumental for relatively extended periods. To some extent, the main objective of biofeedback is to maintain healthy outcomes by involving changes in emotions, thoughts, and behavior. The research study by Kondo et al. 2019 established that the utilization of biofeedback in the treatment of migraines is effective in decreasing the intensity, duration, and frequency of tension and migraine-like headaches (Kondo et al., 2019). However, there is a likelihood that a patient

subjected to bio-feedback will encounter side effects associated with sleep issues, headaches, and fatigue.

Hypnosis

The study by Flynn & Meehan 2019) established that hypnosis is crucial in enhancing the impact of perceived symptom severity and migraine symptoms. Besides, the patients can feel like they are more in control of their migraines. The approach is essential in the reduction of the number of days the patient suffers from migraines. It will decrease the intensity of the migraines, allowing the patient to realize the anticipated well-being. Research studies reiterate that relaxation techniques in combination with hypnosis are key to the reduction of both long-term and short-term headache activity among people with migraines (Flynn & Meehan, 2019). Thus, hypnotic techniques are crucial to patients having migraine issues by incorporating them with standard regimens and establishing particular triggers to enhance medication strategies.

Mindfulness Meditation and Music Therapy

Moreover, the study by Hwang 2021 identifies that mindfulness meditation is key in enhancing sleep, leading to decreased anticipatory anxiety associated with headaches. The patient's pain will decrease to give her peace of mind (Hwang, 2021). A decrease in headache symptoms is demonstrated with an accompanying reduction in medication utilization. The medication may prove to be efficient, but it may begin to be ineffective since the patient has a family history of migraines. Music, just like mindfulness meditation, has similar effects to migraines. It allows individuals to have high therapy satisfaction and enhanced compliance among patients, which is better than drug-based medications. Unfortunately, studies have not proven if the music therapy will be adequate for the patient because she is an adult.

Complementary Approaches

Multiple dietary supplements can be applied to the patient's case to enhance her well-being. The supplements should be offered after identifying the other strategies that are being applied to enhance the patient's well-being. Research studies note that patients often tolerate the supplements and realize well-being. Magnesium is a notable supplement that can prevent migraines by creating stability in cell membranes, hindering platelet aggregation, and counteracting vasospasm. Patients with migraines often have low levels of ionized tissue, more so when they are having menstrual cycles. Magnesium oxide is critical to the case and is relatively cheap. Unfortunately, it is usually absorbed poorly, especially with iron, zinc, and calcium. The side effects of magnesium include diarrhea among patients with irritable bowel syndrome (Domitrz & Cegielska, 2022). The supplementation is required to take about 3 months to realize the best health outcomes. Another supplement is Riboflavin, which is hypothesized to enhance mitochondrial energy reserves. Patients exhibiting migraines often have decreased phosphorylation possibility in the brain's muscles. Unlike magnesium, Riboflavin has decreased side effects and is beneficial, mainly when combined with magnesium. The typical dose that can be offered to the patient is over-the-counter drugs (Yamanaka et al., 2021). Moreover, the coenzyme is another supplement that should be offered to the patient to enhance mitochondrial translocation of protein-electron. The reduction in migraine will be realized after the third month of the patient ingesting the drug. The supplements are safe during pregnancy and are critical in reducing migraines' duration, severity, and frequency.

Fish Oil and Melatonin

Fish oil is essential in inhibiting serotonin release and the relaxation of vasculature and inflammation. The recommended dose to be offered to the patient is about 3 grams daily. However, there is a likelihood of gastric reflux and nausea. The consideration of fish oil has been

proven by research studies that have demonstrated that higher dietary intake contributes to low migraines (Mouodi et al., 2019). Melatonin is crucial in enhancing sleep, especially among individuals with chronic headaches. The dosage of melatonin rates from 0.3 mg to about 2 mg during bedtime. Unfortunately, melatonin has multiple side effects, including pain, abdominal cramps, dizziness, drowsiness, and fatigue. Research studies demonstrated that if melatonin is offered continually during bedtime for about three months, the number of headaches will decrease (Zduńska, Cegielska & Domitrz, 2022). However, other research studies still oppose the utilization of melatonin in clinical practice due to insufficient evidence of its application.

Vitamin B6 and Vitamin D

The study by Nematgorgani et al. 2022 notes that Vitamin B6 supplement is critical in managing migraines and has been proven by research studies that if Vitamin B6 is consumed daily, it enhances the severity and duration of the headache. Combined with folic acid, it decreases headaches, their severity, and frequency (Nematgorgani et al., 2022). Just like the case of Vitamin B6, studies imply that high levels of Vitamin D are associated with low occurrence of severe headaches among people on statin treatments (Gazerani et al., 2019). Thus, Vitamin D is directly linked to enhancing headache features.

Butterbur

Over time, Butterbur has been essential in wound healing, muscle spasms, and fever treatment. It can act through peptide leukotriene inhibition and regulation of calcium channels. Besides, it is thought to be an inhibitor of herbal leukotriene (Wells, Beuthin & Granetzke, 2019). However, it has the risk of side effects that involve intensified belching, and it cannot be used among individuals having pregnancy. In the patient's case, the butterbur supplements that

should be offered are those labeled with certified logos to decrease the risks of hepatotoxic and carcinogenic compounds.

Cannabinoids

The study by Mechtler, Gengo & Bargnes 2021 suggests that marijuana has medical benefits and decreases the frequency of migraines. It is perceived that the benefit of marijuana is linked to anecdotal and case-based research, though limited with sufficient evidence. It is further identified that the utilization of cannabis in migraine treatment is promising. Still, there is a need for intensified investigation in clinical settings to effectively identify how cannabinoids can be used to decrease migraine symptoms (Mechtler, Gengo & Bargnes, 2021). However, patients should capitalize on the ongoing utilization of marijuana in alleviating migraine symptoms so long as it is accessible and legally available within their geographical settings.

Manipulative Therapies

Additionally, the study by Smith, Olivas, & Smith, 2019 portrays that the therapies take the form of passive medications that individuals having migraines can consider to allow them to reduce the symptoms. A recent study has shown that manipulative therapy coupled with massage leads to high enhancements in disability and pain, allowing the improvement to last about twenty months. Research studies show that spinal manipulation is efficient in decreasing pain and the days of migraine. The general risk is relatively low, and the adverse effects linked to chiropractic safety are shallow. Neck stiffness is a potential side effect that occurs in chiropractic care, and it can disappear after about 2 weeks (Smith, Olivas, & Smith, 2019). Massage is another manipulative therapy that is defined with lymphatic drainage that drains the lymph. Besides, manual physical therapy is crucial in decreasing the occurrence and intensity of chronic

headaches. Dry needling employed in the approach decreases the duration, frequency, and intensity while simultaneously intensifying life's quality.

Acupuncture

A recent study by Li et al. 2020 has visualized that individuals using acupuncture focus on it to mitigate headache symptoms. The central assumption that encourages the utilization of acupuncture is that the autonomous nervous system deregulation usually mediates migraine headaches and that neuropeptides and nitric oxide mediate migraines (Li et al., 2020). Amazingly, acupuncture does not lead to adverse side effects, and it often encourages the realization of better outcomes relative to ordinary prophylactic treatments. The main benefits to the patient at hand will be a reduction in the number of days of migraines and a reduction in the intensity of migraines. Just like the study by Li et al. 2020, Ou et al. 2020 acknowledges that when acupuncture is compared to traditional medications, acupuncture demonstrates increased effectiveness by decreasing adverse reactions and enhancing intracranial blood circulation (Ou et al., 2020).

Application of the Integrative Approaches to the Case of the Thirty-Eight-Year-Old

The case at hand involves a 38-year-old female who has another history of migraines and has been having migraine headaches for about 5 years, and the attacks have been lasting for about 2-3 days. Symptoms include throbbing pain on the head's right side, light sensitivity, vomiting, and nausea. Besides, she encounters difficulty in performing activities amid the migraine attacks, negatively affecting her daily and work life. The clinical tests employed in the case are Blood, MRI, and neurological scans. The common triggers identified are the inability to sleep, stressful situations, and caffeine intake. Fortunately, she has developed a lifestyle that allows her to minimize the symptoms of the migraines. Treatment has decreased the attack

symptoms and the accompanying attack frequency. If the patient continues encountering difficulties, she should have an elimination diet. She should eliminate all the foods that are triggers involving freshly baked breads and chocolate. She should continue visiting the health coach to check on the progress of the health issues.

The mission should be to realize well-being and healthy living, enjoy the ordinary life with her loved ones, and realize productivity in the day-to-day operations. The main goals of the integrated treatment strategy should be to enhance nutrition by focusing on the consumption of regular meals and reduction of caffeine intake by working with dieticians, intensify aerobic physical activity through the addition of cycling multiple times a week, and learn the incorporation of mind-body tools in the regular life through exercises that are offered to the mental health providers.

Strategy for Support and Skill Building

The patient should practice paying attention to what the body instructs through the prevailing symptoms. The mindful awareness can be realized by eating and confirming if she is starving before consuming food. The sleep patterns should be noted by identifying flashbacks, dreams, times she wakes up, and the hours involved in sleep. She should pay attention to anything she encounters before she encounters any flashbacks and predict triggers that are likely to worsen her situation.

Areas of Self-Care

The key areas the patients should focus on to enhance self-care include recharge, nutrition, personal development, physical activity, soul and spirit, family and friends. She should consider attending aerobic exercise, cycling, and yoga exercises at least thrice weekly. Cycling can be done at home, and other exercise activities can be done at the gym. Consideration of a

personal trainer can easily enable the enhancement of sex life and body image. The home surroundings should be designed so that they do not contain any external stimuli that will worsen the symptoms the patient visualizes. Personal development can easily be realized through joining clubs in the surrounding to volunteer in community projects and build each other. The nutritionist and their responsibility will reduce the consumption of triggers and allow the consumption of healthy meals and supplements to enhance the current situation within the shortest time possible. If it is compulsory for her to have coffee, she must have only one cup. Sleep hygiene should be followed and accompanied by the addition of about 2 mg of melatonin to ensure sleep is sufficient and productive. Consideration of the sleep study referral is essential in allowing the patient to realize healthy sleep.

Moreover, maintaining relationships with co-workers, friends, and family is essential to ensure the patient has the required support system that will contribute to better health outcomes. She should normalize opening up to them to enable those in the surroundings to offer her the required help. Besides, intensifying the support system is a safe way to alleviate negative symptoms through established social relations. Souls and spirits can quickly be assisted by allowing them to access spirituality in religious institutions and allowing them to interact with nature. The encounters with nature should involve visits to natural landscapes, green forested land, and beautifully shaped landscapes. Moreover, when exploring the mind-body connection, we must consider conversations with counselors about potential options by involving deep-breathing activities and consulting a psychologist on relaxation-guided imagery and biofeedback.

Complementary and Conventional Professional Care

The patient should continue with the ongoing treatment by taking medications as prescribed, Including magnesium and riboflavin. She should phase out the headache medications she is now using to allow the other approaches to alleviate the symptoms. She should also embrace screening and prevention to stay up-to-date with blood pressure and other issues such as weight. She should also consider checking the surroundings of the areas where Craniosacral and manipulative therapy are being done to enhance the headache symptoms. Education and skill building are essential for the patient to embody an anti-inflammatory diet and mindfulness-stress reduction.

Support Team and Steps That Should Be Considered

The support team that should be involved in the care is the personal and principal professionals. The personal support team includes friends, family, and workmates. The principal professions that should be involved in the medication are dieticians, whole health coaches, mental health specialists, psychiatrists, and primary care specialists. The patient should thus schedule an appointment with a health coach and dietician for up to one week. Besides, she should consider having an appointment with an osteopath to have CST and SMT. After around one month, she should consider having a sleep study program before a month elapses. She should also remember to have her blood pressure checked within no more than two weeks.

Conclusion

In summary, investigating the integrative approaches to migraine disease treatment protocol by focusing on case studies that consider the discussion of non-traditional and traditional strategies is essential in understanding the application of integrative approaches to ease the pharmacological cost of the migraine issue. Migraines are ordinary neurological illnesses caused by an array of symptoms leading to a pulsing and throbbing headache on one

side of the head, which appears to worsen with smells, sounds, lights, and other physical activity. Individuals need to have enhanced sleep hygiene, routine exercise, and regular meals to reduce the occurrence of migraines. Multiple dietary supplements can be applied to a patient's case to enhance her well-being after identification of the other strategies that can be applied to enhance her well-being. The patient should continue with the ongoing treatment by going on with medications as prescribed. The key areas the patient should focus on to enhance self-care include recharge, nutrition, personal development, physical activity, soul and spirit, family, and friends. The patient should practice paying attention to what the body instructs through the prevailing symptoms. Nevertheless, she should develop a support team and normalize opening up to them to enable access to required help.

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