PROVISIONAL DIAGNOSIS: MIGRAINE HEADACHES

**Definition of differential diagnosis**

noun  
: the distinguishing of a disease or condition from others presenting with similar signs and symptoms

**Relative Nutritional Deficiency (RND)**

A relative nutritional deficiency occurs when an optimal diet does not meet the needs of the system.

**Provisional Diagnosis: Migraine Headaches**

After making the provisional diagnosis of migraine headaches, formulation of a differential diagnosis is required followed by a medical work up to determine the working diagnosis.*

**Differential Diagnosis Migraine Headaches**

(Partial Illustrative List):

1. Migraine headaches
2. Migraine headache-like serotonin related relative nutritional deficiency symptoms™
3. Tension headache
4. Hormone related headaches
5. Cluster headaches
6. Medication-induced headaches
7. Post-traumatic headache
8. Subarachnoid hemorrhage headache
9. Cerebral neoplasm
10. Hypertensive associated headaches
11. Other causes

**General Observations**

Experience reveals some patients new to the practice claiming migraine headache history do not have migraine headaches. These are patients who were previously misdiagnosed or patients that inappropriately adopted the diagnosis.*

In the remaining patients, the many are suffering from migraine headache-like serotonin related relative nutritional deficiency symptoms™ evidence by the empirical trial nutritional response.*

* Covered by other trademarks: RND™, RND symptoms™, relative nutritional deficiency symptoms™, relative nutritional deficiency™, serotonin relative nutritional deficiency™, Schizophrenia-like serotonin relative nutrition deficiency™, serotonin RND™, like RND™, like relative nutritional deficiency™, like serotonin™

*Such observations appear to suggest that CTH, like migraine, is a low serotonin syndrome.” Anthony M., Lance J., Journal of Neurology, Neurosurgery, and Psychiatry 1989;52:182-184

*These observations led to the theory of migraine being a syndrome of chronically low serotonin levels with transient increases during attacks.” Dose M. et. al. Serotonergic mechanisms in the migraine brain—a systemic review. Cephalalgia 0(0) 1-14, 2016

**Management of Migraine Headache-Like Serotonin Related Relative Nutritional Deficiency Symptoms™**

FDA approved treatment of migraine headaches includes the use of triptans. These are serotonin agonist drugs which mimic serotonin at the post-synaptic receptors. Unlike nutrients, triptans cannot address serotonin concentrations that are low, inadequate, depleted, or suboptimal.*

When low, inadequate, depleted, or suboptimal serotonin concentrations exist on an optimal diet, a relative nutritional deficiency of serotonin precursors or cofactors always is present. An empirical trial of serotonin precursors in proper balance with dopamine precursors, thiols, and cofactors is required to verify relative nutritional deficiency existence.*

Baseline urinary and serum dopamine assays are not reproducible, therefore, are of no assistance in establishing the existence of dopamine concentrations that are not high enough or nutrient starting point for addressing relative nutritional deficiency related symptoms.*

**Management**

Management of migraine headache-like serotonin related relative nutritional deficiency™ involves starting level 1 serotonin dosing, then in one week if symptoms are still present, increase to level 2 of the serotonin protocol.™ Then in one week if symptoms are still present, increase to level 3. If symptoms are present after one week of level 3 dosing obtain a urinary serotonin and dopamine assay with the consult. Many of these patients require the dopamine protocol™ and have hormone dysfunction-like symptoms.™ Testing will help confirm this.*

**Infrequent Migraine Headache-Like Symptoms™**

When patients are experiencing migraine headache-like symptoms™ three or four times a month, the weekly evaluation may not be appropriate. Instead of weekly, see the patient monthly for evaluation and adjustment of nutrients during the empirical trial.*

*The Food and Drug Administration (FDA) has not evaluated these statements. These nutrients are not intended to diagnose, treat, cure, or prevent any disease.
Migraine headache-like relative nutritional deficiency™

The task is to differentiate between symptoms caused by disease and disease-like relative nutritional deficiency symptoms.™ Disease and disease-like symptoms may be identical. For long-term success, you need to manage the cause, not the symptoms. Giving drugs to a nutritional deficiency does nothing to address the cause of the problem.*

Literature notes:

“Such observations appear to suggest that CTH (chronic tension headache), like migraine, is low serotonin syndrome.” 1,2

When low, inadequate, depleted, or suboptimal serotonin concentrations™ exist on an optimal diet a relative nutritional deficiency™ (RND™) of serotonin precursors or cofactors is always present.*

Headaches induced by migraine headache-like RND™ are highly responsive to the serotonin protocol.™ If a high degree of certainty exists that the patient is suffering from migraine-like serotonin related relative nutritional deficiency™ and does not respond by level 3 dosing,™ a new medical workup needs to be initiated looking for the cause. The first step is obtaining a urinary serotonin and dopamine assay with a consult. Most of these non-responders were misdiagnosed with migraine-like RND symptoms,™ when in fact they were suffering from hormone-like RND,™ which requires the dopamine protocol.™ A laboratory assay on level 3™ of the serotonin protocol™ will verify this.*

Drugs approved for migraine headache are 5-HT1B/1D receptor agonists. Through their agonist ability, these drugs elicit a symptomatic response but do not address the cause when it is low, inadequate, depleted, or suboptimal “serotonin-related relative nutritional deficiency.”™

1 "Such observations appear to suggest that CTH, like migraine, is a low serotonin syndrome.” Anthony M., Lance J., Journal of Neurology, Neurosurgery, and Psychiatry 1989;52:182-184
2 These observations led to the theory of migraine being a syndrome of chronically low serotonin levels with transient increases during attacks.” Dean M., et al. Serotoninergic mechanisms in the migraine brain: a systemic review. Cephalalgia 0(0) 1-14, 2016

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