

Chronic migraine in a 53-year-old male

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HIGHLIGHTS

Daily coMra-Therapy self-treatments with breaks between treatments led to drastic improvement of chronic migraine after three weeks of therapy.

By the ninth week attacks with severe to very severe pain had ceased.

At a six month follow-up after daily treatments were stopped the male remains healthy with only one or two days with mild/moderate pain per month.

ABSTRACT

This case report is a part of a pilot series of observations reported in 2013 by home users of 980nm Delta Lasers for headaches.

A 53-year-old male had migraine for as long as he can remember. In recent years, moderate to very severe headaches were present during five days per week. Most severe migraine attacks lasted for three days in a row, with pain level 10 (0 – no pain, 10 – worst imaginable pain). During the past four years he had to stop using all medication, owing to serious liver damage from negative side-effects of drugs. Because of the migraine he remained unemployed with only a part-time job.

The male treated himself according to the Universal 1 treatment twice daily for three months. He alternated three periods with treatments and three periods without treatments during the first 9 weeks. During the next 5 weeks he did daily treatments without taking breaks.

During the first week of daily treatments and the following nine rest days the male did not notice significant changes in his level of pain. However, three days after he resumed daily treatments his condition improved drastically and he had 11 days in a row almost without pain. Later some pain returned, but by the ninth week the condition of the male stabilised with practically all days being without pain or with mild pain only.

Comparing the first month of coMra-Therapy treatment with the third month one can see a decrease of days with severe to very severe pain by 100%; an increase of days without pain by 38% and a decrease of the two-week average of the maximum daily pain level by 71%.

During a follow-up interview seven weeks after stopping coMra-Therapy, the male noted that he had only two attacks with moderate pain (level 4-5). He shared:

"In general, I am in a better mood, happier and my quality of life has improved a lot. My relationships with relatives have improved. It is more pleasant to engage in conversations and to listen, because I am not annoyed by headaches. I feel no longer limited in thinking and taking decisions. I feel more free."

At a six and half-month follow-up the male noted that now he has one or two headache events per month. The pain is mostly mild, up to a maximum of level 4 and of short duration.



INTRODUCTION

This case report is a part of a pilot series of observations reported in 2013 by home users of 980 nm Delta Lasers for headaches.

A 53-year-old male had migraine for as long as he can remember. He used the 980 nm Delta Laser to treat himself for three months (March 7 – June 8, 2013) and kept daily records of his pain levels for about one more month (March 7 – June 30, 2013).

CASE PRESENTATION

The male had headaches since early childhood, for as long as he can remember. His parents noted that since he was about three years old he often held his head with both hands and looked discouraged. Migraine is common in his extended family: his grandmother and several cousins also have the condition.

One of the reasons to try coMra-Therapy for the male was as a result of serious liver damage, owing to medication taken over many decades. Four years earlier, in 2009, he had to stop completely all headache medication. Since that time he had been searching for noninvasive methods of treating his condition.

The migraines became extremely debilitating for the participant. On average, moderate to very severe headaches were present during five days per week. Most severe attacks lasted for three days in a row, with pain level 10 (0 – no pain, 10 – worst imaginable pain). Because of the migraine he remained unemployed with only a part-time job.

Symptoms before coMra-Therapy

During the three months before starting coMra-Therapy the male noted the following symptoms. Pain was mostly on the left half of the head, with constant pain behind the left ear and spreading from the front of the head to the neck. Symptoms included sensitivity to light and sound, nausea, vomiting, neck pain, pulsating and sometimes steady pain. Usual migraine attack triggers were changes in atmospheric pressure, not drinking enough water, hot weather, processed supermarket foods, sodium glutamate, very salty foods, certain spices such as curcumin and negative emotional events. Deep breathing seemed to provide a measure of relief.

Medications and other therapies before coMra-Therapy

The male had not taken any medication for the previous four years. In the past he had tried alternative healing methods, such as reiki and laying on of hands, but they did not provide relief.

TREATMENTS

Preventative treatments

The male treated himself according to the Universal 1 treatment protocol twice daily. He alternated three periods with treatments and three periods without treatments during the first 9 weeks. During the next 5 weeks he did daily treatments without taking breaks.

Acute treatments

No extra treatments were done during the days with attacks.

RESULTS

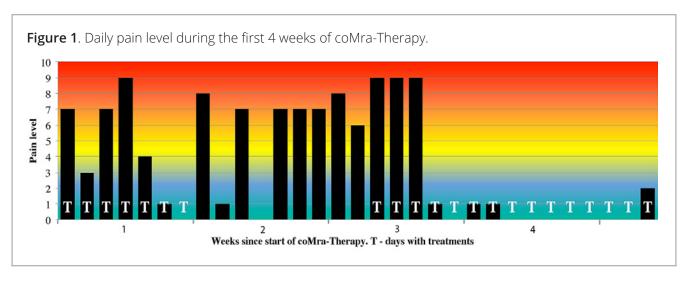
Daily pain level

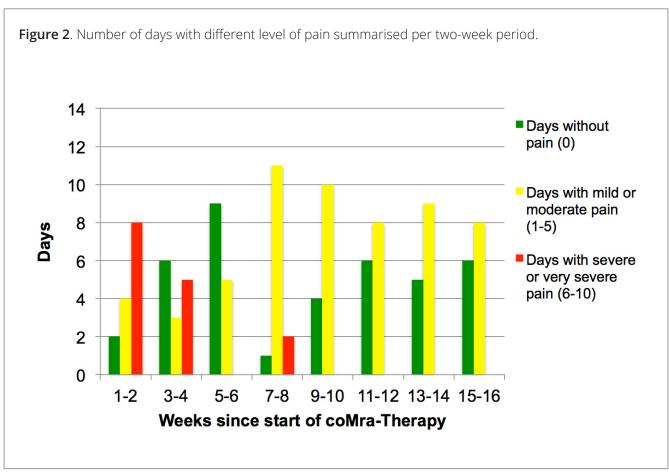
During the first week of daily treatments and the following nine rest days the male did not notice significant changes in his level of pain. Most of the time his headaches were severe to very severe and very debilitating. However, three days after he resumed daily treatments his condition improved drastically and he had 11 days in a row nearly without pain. This was very unusual but a very welcome change for him (*Figure 1*).

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The tendency of much lower pain during periods with treatments continued during weeks 5 – 14 since starting coMra-Therapy: pain reached moderate levels (4-5) only on five occasions, while the rest of the days were with mild pain or were pain-free. During the periods without treatments the pain was stronger but of short duration: only one day was with very severe pain (level 8) and one day with severe pain (level 6).

The overall healing progress of the male is summarized in Figure 2, Figure 3 and Table 1.





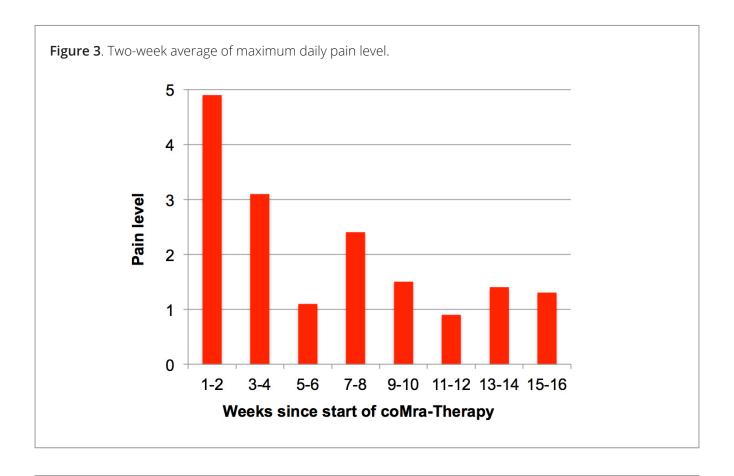


Table 1. Pain level on a scale 0 to 10 since start of coMra-Therapy.

Weeks	1-2	3-4	5-6	7-8	9-10	11-12	13-14	15-16
Number of days without pain (0)	2	6	9	1	4	6	5	6
Number of days with mild or moderate pain (1-5)	4	3	5	11	10	8	9	8
Number of days with severe or very severe pain (6-10)	8	5	0	2	0	0	0	0
Two-week average of max daily pain level	4,9	3,1	1,1	2,4	1,5	0,9	1,4	1,2

If we compare the first month with the third month of coMra-Therapy treatments we can see:

- Decrease of days with severe to very severe pain by 100%;
- Increase of pain free days by 38%;
- Decrease of average of max daily pain level by 71%.



FOLLOW-UP

During a follow-up interview on July 30, 2013, seven weeks after stopping coMra-Therapy, the male noted that he had only two attacks with moderate pain (level 4-5). The pain-free periods became more frequent and much longer in duration than in the period before coMra-Therapy treatments started. He shared:

"In general, I am in a better mood, happier and my quality of life has improved a lot. My relationships with relatives have improved. It is more pleasant to engage in conversations and to listen, because I am not annoyed by headaches. I feel no longer limited in thinking and taking decisions. I feel more free."

At a six and a half-month follow-up the male noted that now he has only episodic headaches (one or two events per month), but the pain never reaches the intensity it used to before coMra-Therapy. Premonitory symptoms such as heaviness in the head, sore temple, neck pain when moving the head and feeling apathetic are still present, but the pain that follows is mostly mild, up to a maximum of level 4 and of short duration.

DISCUSSION

This is a case of a very debilitating chronic migraine with a life-long history. The condition was particularly debilitating, owing to complete medication intolerance because of liver damage from negative side-effects of drugs.

Twice daily coMra-Therapy treatments with the Universal 1 program (16 minutes in total) led to dramatic improvements in pain levels by the third week. Later some pain returned, but by the ninth week the condition of the male stabilised, with practically all days being without pain or with mild pain only.

Because the male alternated periods with and without treatments, a strong association between maximum daily levels of pain and treatments became evident. This suggests that coMra-Therapy treatments had a short-term pain relieving effect, as well reducing the frequency, duration and intensity of attacks in the long-term.

Of particular note is the fact that the male was free of any medication for four years prior to starting coMra-Therapy. It is widely recognised that medication-induced headaches often are a complication of chronic migraine, (attacks on more than 15 days per month), and drug withdrawal and detoxification are recommended. So this was a completely drug-free case of the successful use of coMra-Therapy for treating chronic migraine.

CONCLUSION

In this case of a 53-year-old male with life-long migraine coMra-Therapy demonstrated a remarkable long-term healing effect without any side-effects.

ACKNOWLEDGEMENTS

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