Sample Case Study

Illustrative Example - MigraineClarity Method™

CASE CONTEXT (ILLUSTRATIVE)

- History of migraines spanning more than a decade
- Extensive prior care including primary care, neurology, imaging, medications, supplements, and lifestyle changes
- Symptoms described as persistent, fluctuating, and often difficult to predict
- Many individual test results previously reported as "within normal limits"

CONSTRAINT

Data was fragmented across years, clinicians, and formats. No one had reviewed patterns across time or physiological systems.

STEP 1: GATHER YOUR CLUES™

Data Reviewed

- Multi-year blood work (drawn infrequently, often annually)
- MRI and MRA imaging reports
- Medication trials (including triptans, CGRP inhibitors, preventives)
- Supplement history (including magnesium, taurine, electrolytes)
- Symptom timing (time of day, sleep, food exposure)
- Hormonal context and cycle timing
- Genetic data (relevant variants reviewed; specific tests discussed with clinician)

Initial Insight

The goal was not to collect more data, but to review existing data together and across time. Several findings that appeared insignificant in isolation became meaningful when viewed longitudinally.

STEP 2: MIGRAINE DETECTIVE™

The following patterns emerged only when data was reviewed across time, context, and systems.

Pattern 1: Persistent Fluid & Vascular Signals

A persistently altered BUN-to-creatinine ratio appeared across multiple years.

Observations

- Initially dismissed by primary care as situational (e.g., dehydration)
- Individual labs were drawn infrequently (often once per year)
- No clinician reviewed the ratio over time, only as isolated results

INTERPRETATION

The consistency suggested a recurring physiological signal rather than a one-time hydration issue.

Pattern 2: Cumulative Histamine Threshold Effects

The individual had previously encountered the "histamine hypothesis" but believed it did not apply.

Observations

- Worsening headaches after aged cheeses (initially attributed to sodium)
- Occasional headaches after nuts, but not consistently
- No classic allergy symptoms

KEY INSIGHT

Reactions were not binary but threshold-based. Symptoms emerged when cumulative histamine load crossed a personal tolerance limit.

Confirmation

A 24-hour urine histamine test, ordered through a licensed clinician, returned values approximately 30% above the laboratory's upper limit of normal.

Pattern 3: Hormonal Cycle-Dependent Vulnerability

Observations

- Migraine timing shifted with hormonal phases and interventions (e.g., HRT)
- Hormones appeared to modulate vulnerability, not act as a single root cause

INTERPRETATION

This helped explain variability rather than providing a standalone explanation.

Pattern 4: Structural Drainage & Sleep-Related Factors

Observations

- Prior imaging (MRI/MRA) had been reported as "normal"
- An MRV had not been performed
- MRV revealed two venous flow kinks
- Clinician initially pushed back, noting prior MRI and MRA findings were reported as "normal"

INTERPRETATION

This finding filled a diagnostic gap left by standard imaging.

Pattern 5: Timing of Interventions Matters

Magnesium had been taken at night alongside taurine.

Observations

- Both promote relaxation
- Combined nighttime use appeared to over-relax vascular tone during sleep
- Morning headaches were common

Change Tested

Magnesium timing was shifted earlier in the day.

Result

Symptom severity and morning headache frequency improved.

CASE INSIGHT

Timing can matter as much as dosage.

STEP 3: TEST YOUR HYPOTHESES™

Hypotheses Explored

- Histamine intolerance with threshold effects
- Fluid and vascular regulation issues
- Venous drainage constraints
- Hormonal modulation of migraine susceptibility
- Timing-dependent supplement effects

GUIDING PRINCIPLE

Each change was treated as a temporary experiment, not a permanent conclusion. Results informed the next step.

What These Findings Changed

Once patterns were confirmed through longitudinal and systems-level review, as well as targeted testing, the findings clarified which levers mattered - and which did not.

Not all findings led to action; some clarified what could safely be deprioritized.

Examples of changes informed by the findings included:

Histamine-related findings clarified:

- Use of DAO enzyme prior to high-histamine foods, rather than broad or constant dietary restriction
- Introduction of a daily antihistamine strategy to lower baseline histamine load
- Addition of a mast cell stabilizer to reduce threshold sensitivity and reactivity
- Reframing food reactions (e.g., aged cheeses, nuts) as histamine threshold effects, not isolated triggers

Fluid, vascular, and timing-related findings clarified:

- Revision of magnesium type and timing, recognizing that timing mattered as much as dose
- Removal of taurine from the nighttime stack after identifying excessive nocturnal vascular relaxation
- Introduction of lecithin to support bile flow, digestion, and downstream histamine clearance

Glymphatic and lymphatic flow considerations clarified:

- Use of micro-dose melatonin not as a sedative, but to support glymphatic flow during sleep
- Introduction of gentle morning activation strategies to support lymphatic and glymphatic movement upon waking

Hormonal and hydration-related findings clarified:

- Revision of existing hormone-related strategies based on symptom patterns across cycle phases
- Identification of phase-dependent hydration needs, particularly during the luteal phase
- Recognition that progesterone-related fluid redistribution increased salt requirements
- Adjustment of hydration strategy to include additional salt with water intake, rather than increased water alone

Each change was observed over time and revised based on response.

OUTCOME

Before this investigation, migraine management relied largely on suppression. Preventive medication (including Nurtec taken every other day) was used to blunt pain that felt unpredictable.

As patterns became clearer, pain could be treated as a signal pointing to which system was under strain. This made it possible to respond upstream - often without escalating medication - and over time led to fewer days requiring abortives and reduced reliance on medication.

Most importantly, the experience shifted from helplessness to agency.

If the signal was clear, it could be addressed.

If it wasn't, it became a clue to investigate.

This is the core outcome of the MigraineClarity Method™: restoring agency - so symptoms invite investigation rather than band-aid solutions.