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Migraine is the Third Derivative of Chronic Sinusitis Which in Turn is a Second Derivative of a General Chronic Systemic Bacterial Infection

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Abstract

Migraine which is a mode of a headache affects all age groups and both genders with big varieties. It is treated symptomatically and plaintively in the most majority of the standard treatment all over the world. According to my work on the biological bases of the surgical pathologies for the last twenty years I noticed and analyzed the possibly of migraine could be a complication to the chronic inflammation of the skull base Para-nasal air sinuses. The modalities of migraine are related to the involved air sinus/es and to the nature of its/their affection. Chronic sinusitis in turn is a complication to a known chronic active intracellular bacterial systemic infection. This vision is gone with the trial treatment for that last twenty years all put on strict clinical analysis and clinical trial treatment directed to the systemic infection in question which is a chronic brucellosis in my career. Recently PCR open tissue biopsy admitted in to the work up of the patient which supported this view to average of 40% in a face of nearly a hundred percent successful trial treatment without any modality of palliative treatment, this involved hundred of patients with the widest range of migraine affection.

Keywords: Migraine; Chronic sinusitis; Chronic systemic infection; Brucellosis; Companion phenomenon; Prevention is better than treatment; Comparative pathology; Double infected state; E coli; Culture and sensitivity; Urinary bladder; Gall bladder; Salmonellosis.

Introduction

It is so disappointing the current classes of anti-migraine regimens and measures that dipping deep into the chemistry of brain and the many similar of the so sophisticated theories those built on. It is not uncommon that problems are solved so easily as an a companion phenomenon. It means when we are working in a given field with a certain vision some time another routes are open Inspite of the yield in the main project. Many of the major discoveries were born as such. As being a new specialist in neurosurgery I adopted a manner of referring any case having a clinical problem beside my field problem with which the patient consulted me to the related specialist. As headache acute or chronic is within my field especially in the private clinic where the patient has a freedom to visit any doctor he wishes without being referred.

Whenever I suspect the cause of his headache is due to sinusitis I were in rush to refer him to some ENTist. The later do his clinical and radiological examinations and return the patient to me with negative results to be suffering from sinusitis of any kind. Here I being obliged to look for any other causation especially I do not like symptomatic relief of the patient and insist to find the cause behind his suffering. When this repeated, after a while I took the task to discover sinusitis by myself because it is so embarrassing to me to exclude a cause and keep looking to other, it is not the matter of efforts, time and cost, it is a matter of practicality of a problem solving for myself, the patient, the community and as here for the science. I graduated in sinusitis interpretation. It is not that easy, because when I started to tell the patient your headache is due to sinusitis he become surprised and say ''No, doctor I do have my sinuses not good" when I ask him how do you know that? He replies because I had or have no blocked nose!! I answer him the specialist of ENT not sit for five years studying the sinuses and they only open or blocked. Or even it should appear in plain X-ray as edematous or fibrosed or so.

Then as migraine in its glory is a brand of headache it does not deviate from this. The more than eleven kind of migraine are all the reflection of the modes of sinuses affection. That's to say the number and site of affected sinuses, the magnitude of affection, and many other contributing factors, one of them is the mode of headache itself treatment. So I started to treat the sinuses conditions medically not interfere surgically for two reasons; the first, my training in ENT department as one of neurosurgery

degree requirement does not allow me neither as efficiency nor legally, it is just to have an orientation in the role of ENT conditions in neurosurgery. The second, as I realized from the start it is an inflammatory process, so I should advice no surgery even in best ENT center unless the inflammation subsided. This should be accomplished with a suitable antimicrobial course and suitable course lenght as well as a strict instruction like smoking, avoid perfumes and spices, external environment sudden change in temperature and so on. There was a substantial success in special types of headache (non-migrainous sinusitis related headaches) and in all qualities and modalities of migrainous headaches.

In the very early years of my work as specialist in neurosurgery I were prescribing to the patients the available standard anti-migraine regimes with varying responses. The response with anti- sinusitis is widely different in the confidence given to me based on the patient's response. As cases increase in number with the time. I realized that this course I am using to treat acute or chronic sinusitis as a cause for migraine is a short lived. That's to say it can recur even after a complete relief without any quantity or quality of a palliative or symptomatic treatment. The recurrence time varies wide but do recur either spontaneously or by any of sinusitis precipitating factors. When I repeat the course relief will re-happen and short lived too. As I am interested in the biological bases of neurosurgeical pathologies, I learnt that a wide range of these pathologies are due to a chronic systemic infections. That means they are a complications, just like the general surgeon when removes the gall bladder in a young theoretically it may and strongly may be due to a partially or non-treated subclinical Samonellos is. (*Comparative pathology* for the same author). So this is the case, migraine is a complication to sinusitis, but as I treat sinusitis as an isolated entity with the very successful antibiotic course in this regard, it will recover temporarily as if some additional bacteria grow on this theatre or scene to cause additional events clinically we used to call them "migraine". From this we have two events or facts, one is the original or the mother which is the systemic infection, the other is the secondary or the daughter which the local sinusitis. In my work the original is an chronic active intracellular systemic Brucellosis according to the clinical bases and a very successful trial treatment in this regard (I say very successful not a 100% to avoid extremity) and some PCR proved cases (40%). Here sinusitis is one complication of this systemic infection, for that you usually find other manifestations in the same patients but he responds to the loud sound of his discomforting migraine. The physician who should discover the other less loud sound by the proper systemic review rather than to concentrate his attention on the head only.

Patient and Method

As I mention earlier when I gradually become interpret this fact I started to follow and upgrade. About twenty years to deal with every patient (age and gender) suffering from any degree of migraine with such attitude, think of sinusitis, do whatever be done as investigation then put them a side even negative and treat the patient with five days course of Amoxicillin oral or par-entral depending on the severity and some mucosal decongestant without analgesia and steroids. Strict instruction are given telling the patient ''prevention is better than treatment '' because any missed of these instruction may fail the process due to the dis-augmentation. These instruction the aim of them is to put the body in rest state so that use its internal energy to aid the immune system to combat the infection all together with the antibiotic. Avoid smoking, perfumes and odors, spices, synthetic soft drinks (due to citric acid which increases the metabolic or systemic acidity which is together with the inflammation acidity derange the body vital metabolic activities plus all what contains are unhealthy products as well it may be taken cold), avoid cold weather and drinks. Avoid Banana because it is rich in neurotransmitters that we lack the knowledge where to takes our patient's CNS fragile neuronal environment. Then most recently I started the upgraded course of treating the mother condition it not so far just two or three years before. PCR also entered the service about three years ago, but I face a big difficulty in its usage due to cost and patient reject to do an open muscle biopsy not a blood sample due to high negativity against the clinical trial success. Routine work up is done to exclude other apparent pathologies.

Results

As I mentioned earlier to avoid extremity, I say a very high success rate, the patient get relief from the most resistant and annoying migraine even he/she suffers from it since or for tens of years, but of course we need a time to reach the max in relief because our or principle is the reaction will be subsided as the action which is the bacterial inflammation subsided with time which is in the majority of several hundreds of patients over this 20 years is within the first week. By coming to the mother pathology, its presence is based on clinical bases with a wide and deep knowledge in the medical and clinical body alterations of infectious diseases. The gain as I entered the treatment of such systemic infection as an original cause solved the matter of recurrence of migraine after a short course of amoxicillin (I use amoxicillin only a part from other antibiotics used in acute and chronic sinusitis). PCR blood sample were all negative for Brucella which I think the cause on clinical basis, when I started to take open tissue (trapezius muscle) it became 40% positive in 20 patients (8 out of 20) these patients are not selected ones, I ask all patients to do open biopsy for PCR but the majority refuse due to the cost and some hate it.

Discussion

Inflamed or impaired base of skull air sinuses do manifestations according to their site and degree of affection. We find sphenoid sinus do occipital headache due to irritation of C2 that enervates clival meningies and the occipital sense structures as a referred pain with spasm in sub-occipital muscles. This is a

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brand of non-migrainous headache. So what is the migrainous headache! If we be devoid of complexity it is a throbbing kind of headache either localized or vague. It is said that cranial or extra cranial arterial spasm or alternating spasm and relaxation is the feature that on this bases the clinical outcome varies according to the site and magnitude of the arterial impairment. I am one of those who think the problem is involving the nervo-vasorum. I say it is a type of a peripheral neuritis even if inside the cranium. It dose not mean that there is no arteritis whatever where in adventitia, media, intima or all. All these are complications to the chronic brucellosis. A direct one. So, where is the sinusitis in this issue? And how the patient got relief in this short course of amoxicillin when he was not responding to the standard anti-migraine analgesics or neurotransmitters active modulants? It seems sinusitis had an aggravating factor. In its double infected state. What is *double infected state*? It is the tissues varieties that form a structure like sinuses or a urinary bladder these tissues harboring in their cells an intracellular bacteria like salmonella, Brucella or others and in same time having an extracellular bacteria, the good example on this is when we do a culture and sensitivity to cystitis we recover E. coli. But as we treat it according to the culture sensitivity or even we treat E.coli on our experience we find in many instances an establish resistant or recurrent E.coli or other extracellular bacteria from time to time swinging among E.coli and many other or be fixed for a one type. We find the patient get relief when treated for E.coli but as it recur symptoms re-ensue. The pathology is, the intracellular bacteria (not the others !) will form an environment to grow other bacteria to mislead just as an self protection to hide peacefully and make the others which are extracellular that detected by our smart culture and sensitivity technique make them as victims just when somebody bury a big treasure deep into the earth but put some money above to cheat the treasures seekers. The same is with sinuses no more no less this is another example of the comparative pathology.

Conclusion

Migraine is a complication of chronic brucellosis in my work.

Recommendation

Cooperation is indicated from interested research centers to dip more deep in the principle mentioned here.

Acknowledgement

This work is dedicated to whom in touch with the unknown, scientists and genius researchers. So I will mention no references. Because they are the reference themselves.

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