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migraineurmagazine.com

Nigraine to live well despite migraine

MIGRAINE'S SUPPLY:DEMAND PROBLEM... and How to Fix it

NON-PHARMACOLOGIC TREATMENT OF MIGRAINE

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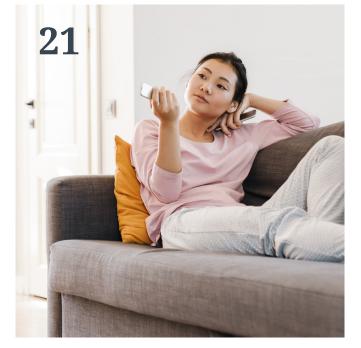
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Editor's Note

Dr. Rothrock is director of neurology advanced practice provider training and professor of neurology at Inova Health and the University of Virginia School of Medicine.



If you're like me, Spring 2022 may be a time marked by cautious optimism uneasily blended with a grim sense of foreboding.

Has COVID receded to become, like its coronavirus brethren, no more a nuisance than the common cold? or will a new strain emerge, unprecedented in both its ability to infect and its virulence, that will recall the darkest days of 2020? Will America's economy strengthen? or will the specter of unchecked inflation erode our savings and drive the costof-living to levels unsustainable for millions of our fellow citizens? Will the continued evolution of the "social media" and artificial intelligence take a positive turn that enhances our humanity? or

will teenage suicides continue to escalate as Orwellian algorithms devised by large platforms direct us not just what to buy but also what to think and how to behave to immediately follow?

To take a more global perspective, will the present not-so-cold war pitting democracy against authoritarianism yield a more positive and potent alliance between this planet's democracies? or will the conflict escalate to a level that threatens Earth's very existence? And speaking of Earth's health and existence, will we effectively address the momentous environmental challenges we face? or will we bicker and dither until the heat escalates to a level where we, the frog, can no longer escape the skillet?

Why do I raise these huge and uncomfortable questions in a magazine devoted to the relatively minor mission of improving the quality of life for individuals with migraine? Well, to live in a time of such challenge and ambiguity is stressful, and migraine thrives on stress. From nation to nation, culture to culture, race to race and ethnicity to ethnicity, migraineurs invariably rank "stress" as the #1 trigger/aggravator of their headache disorder.

In this issue we consider alternatives to medication for reduction of migraine burden, and many of these alternatives in one way or another exert their positive effect by assisting in stress reduction. We have challenges that must be faced. Better to take on the task with migraine controlled and stress effectively managed.

John F. Rothrock

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There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX® has been used at the recommended dose to treat chronic migraine.

BOTOX® may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of taking BOTOX®. If this happens, do not drive a car, operate machinery, or do other dangerous activities.

Do not receive BOTOX® if you: are allergic to any of the ingredients in BOTOX® (see Medication Guide for ingredients); had an allergic reaction to any other botulinum toxin product such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); have a skin infection at the planned injection site.

The dose of BOTOX^{\otimes} is not the same as, or comparable to, another botulinum toxin product.

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Tell your doctor about all your muscle or nerve conditions such as ALS or Lou Gehrig's disease, myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including difficulty swallowing and difficulty breathing from typical doses of BOTOX®.

Tell your doctor about all your medical conditions, including if you: have or have had bleeding problems; have plans to have surgery; had surgery on your face; weakness of forehead muscles; trouble raising your eyebrows; drooping eyelids; any other abnormal facial change; are pregnant or plan to become pregnant (it is not known if BOTOX® can harm your unborn baby); are breastfeeding or plan to (it is not known if BOTOX® passes into breast milk).

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Using BOTOX® with certain other medicines may cause serious side effects. Do not start any new medicines until you have told your doctor that you have received BOTOX® in the past.

Tell your doctor if you received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as Myobloc[®], Dysport[®], or Xeomin[®] in the past (tell your doctor exactly which product you received); have recently received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take aspirin-like products or blood thinners.

Other side effects of BOTOX® include: dry mouth, discomfort or pain at the injection site, tiredness, headache, neck pain, eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, dry eyes; and drooping eyebrows.

For more information refer to the Medication Guide or talk with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please refer to the Summary of Information about ${\sf BOTOX}^{\otimes}$ on the following page.

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