Medical Diagnostic Summary

Patient chart on mychart system and 1990-2019 here and results after that listed below:
https://drive.google.com/file/d/1fgYFiFamDop3kh_ODsAc2uHPkxFru8dN/view?usp=drive_link

Symptoms & History: I have had exhaustive workups primarily at UCSD Medical Center and SHS, UCSF Medical Center, Sutter Health Network, and Tang Center at UC Berkeley. Born 1986 and have been disabled since 2011 by constant dizziness (my main condition), fatigue, migraines, and burning, sharp spinal/sacral pain. The pain alternates around my skull and spine (Grating of neck as well) between combinations of tingling, radiating, aching, stabbing, and shooting. I have been able to "ignore" the pain and mostly push through the fatigue and dizziness (it severely limits life and is depressing) and try to distract myself or focus on something else as best as I can. I saw Dr Rachman Chung a functional neurologist on 1/5/22 and he said I have nystagmus (my eyes go to the right slowly and then back to center quickly) as well as balance issues. I also did a phone consultation with Dr Adam Harcourt a functional neurologist who said it sounds like I have central vestibulopathy as well as aberrant vision and balance, and one with naturopath Mischa Grieder who thinks it could be a bacterial or viral infection (though my parasites were ruled out years ago and I've done lots of testing with other naturopaths for this) and recommended potentially Methylene blue (but saw someone in a migraine vertigo forum said they think it gave them that and I haven't seen any benefits anywhere to the condition from it so I don't want to take the risk) and or PHOSPHATIDYLCHOLINE (which I also found listed nowhere for dizziness). I also did IV ketamine (50mg 2/4/25, 55 2/6, 60 2/7 which helped for a bit with anxiety/mood/pain tolerance and has helped give me space and slow down at times), NAD (didn't seem to help; tried 4 times 2/3-6), and Stellate ganglion block (2/3 one side of neck, 2/7 other side which may have helped a little with pain/tolerating) to help with my dizziness but didn't (dizziness/nausea/fatigue/anxiety have been getting worse since 2/14/25 (leveled off to my usual levels around mid 03/25) and Dr. Cha's (paragraph below) treatment wasn't covered by insurance and the ketamine/above was done at https://www.clarus-health.com/blog/migraine-relief-ketamine-nad-and-stellate-ganglion-block On 3/3/25 he recommended I do the following and the results are at the end of this document: AM cortisol, ferritin, A1C, hsCRP, carnitine, RBC magnesium, omega check (that's Quest's name for the lab), zinc, copper, B12, B6, D.

I have been seeing Dr Michael Flannery at UCSF Headache Center who agrees with the vestibular migraine diagnosis and categorizes it as Persistent postural-perceptual dizziness and had me try Vyepti intravenous fusions (failed; first shot 7/25/23 & tried every 3 months for 9 months) and had me 3/5/24 and 4/5/24 for trigger point injections/onsite nerve blockers on the lower part of each side of my head (for dizziness) and just below that around neck/shoulders (for my pain) and those failed. I also tried trigger point therapy on my own using this with a theracane https://lifeafterpain.com/vault/courses/trigger-point-course/ which is mostly massaging pressure points and certain exercises similar to what my chiropractor gives me for my scheuermanns disease. I saw Dr Sharon of neurotology at UCSF on 8/22/23 and he connected me with Otolith Labs (who are testing a new technology to help with vestibular migraines and I failed that though I wish I was more consistent with it but I used it for a while), UCSF trial on VR vestibular therapy (I failed this) & neurologist Yoon Hee Cha at U of Minnesota who's looking at how venous compression links to vestibular migraines and she had me do an ultrasound and CT Venogram imaging with flexion, extension, left and right. In neutral

position, normal enhancement and caliber of bilateral jugular bulbs and proximal jugular veins is noted. Following rotation of the head to the right, no significant change in size or enhancement of the jugular bulb and proximal jugular veins is identified. Following rotation of the head to the left, there is focal compression of the proximal right internal jugular vein caused by right lateral mass of C1 (for example series 19 image 110). The remainder of cervical segment of jugular vein at of normal caliber without significant compression or narrowing. No stenosis of cervical segment of vertebral arteries, common or internal carotid arteries is identified. There is no discrete enhancing mass lesion along the aerodigestive deep mucosal space. No enlarged cervical lymph nodes identified significant by size criteria. Multilevel degenerative changes throughout cervical spine are noted without high-grade stenosis of bony spinal canal at any level. Following rotation of the head to the left, there is mild focal narrowing of the proximal segment of the right internal jugular vein, which is stretched over the lateral mass of C1.

Dr. Amans at UCSF said "When he turns his head to either side, the low cervical jugular veins are narrowed by the sternocleidomastoid muscle. When he turns to the left, the right IJ also narrows at C1. Unclear if this is related to his symptoms." He's seen very limited success with surgery especially non-self reported with that and seen patients where they've had severe complications especially with veins not that closed like mine. Dr. Cha said "The next steps would be to try a Botox injection into the SCM+omohyoir+anterior scalene to see whether the muscular entrapment is a big driver of your symptoms, especially because these compressions seem to be bilateral; they are a newer procedure done for venous entrapment syndrome. You'll have to ask around locally to see if anyone like at a pain clinic or a physiatrist (PM&R) could do them. If these injections are helpful, then you would consider either a LEFT sided SCM/OMH myotomy or a combined RIGHT C1 shave/styloidectomy with a SCM/OMH myotomy. Dr. Peter Costantino in New York does the combination surgeries. The SCM/OMH myotomies alone are done by Dr. Joe Karam in Minneapolis." I have a Highland Hospital pain clinic Botox injection Dr Raymond K Chang appointment for November 22 assuming insurance approves it and that they're able to do a Dr. Cha recommends: 15 units to the sternocleidomastoid, 15 units to the anterior scalene, and (if possible) 5 units to the superior belly of the omohyoid muscle. To do both sides together would be 70 units. They can order a 100 unit of Botox to start. At this dose, we get about 5% rate of neck flexor weakness noted when you are getting out of bed. It is not symptomatic during the day. It's also much less common in men than in women. It's also quite temporary.

I also tried kambo on 8/12/23 and twice in September and that helped somewhat with self love and anxiety. I also tried hypnotherapy and had 3 sessions and I think it helped with self love, anxiety and my ideation. I did a neurolenses test at Geneva Eye Care in 10/23 (report from that visit linked here) and they said I have exophoria with 2.81 distance and 10.18 near away from ideal and the neurolens progressive glasses were intense at first but help with my vision so I'm sticking with those as opposed to my old prisms. I did another eye exam on 11/1/24 (report from Vision exams 2023-onwards linked here) and they said my reading and everyday vision have gotten slightly worse (now +2 total) but I can wear my neurolens progressive glasses til my next yearly eye exam then go from there. Considering ayahuasca "dieta" for 10-14 days In the Amazon as I was told the furthest from the source I should have it is Mexico and I have a feeling for me it'll be like ketamine infusions where it changes my perspective with my condition but at the end of it I'm like why am I even doing this all I need to do is just accept the loving energy around the world and just accept my mind and body are trying their best and so on.

I can't find the exact date my dizziness became constant (11/7/11 and 11/13/11 I went to the ER for it and could have been as early as 11/1/11) and when head pain started (seems to be 2012 but I tell people about massive headaches in 2011 and 2010). 9/2010 I told a friend I was quite dizzy and constantly dizzy from either meds or food at points in 10/2010 but I had had

sporadic dizziness since late 2005 probably due to my first parasite. On 5/18/11 I told a friend "this is a different type of dizzy (head fullness/cloudy) than usual" but I believe that was from food poisoning as I said that I'm a little dizzy here and there: "just swirly/empty/some abdominal pain". I believe I was mostly bedridden the longest from 7/1/2013 (I think triggered from Zacharys Chicago Pizza I believe the day before) til I had to start work again in mid September and I had a concussion from an assault on 5/31/13. I am unsure of any other concussions but I had scars on my lip as a kid that went high up inside my mouth, and a big bump on back of my head. I recall having my head smashed into another kid's head when I was 4 and I somewhat recall also being smashed into a wall both by a nun.

The dizziness could have started in the fall due to stress from: I inverted my right ankle on 9/23/11, ended a relationship on 8/3/11 (we knew we were ending when we started the relationship but still sad), I moved to La Jolla on 8/20/11 (lonely/anxiety at first) and started doing political organizing right away (I had been doing that often years before that too) and started my phd on 9/19 I'm pretty sure with orientation the week before that.

UCSF PT Nina Freitas I saw with a background in vestibular issues said she thinks her past patient with PPPD was cured by Dr. Jordan Sheldon in LA with botox in the front neck and I've failed botox but not in this way (I emailed his office & they never replied & it doesn't seem he's done anything on dizziness migraines for decades; also wants to charge 1k for a zoom consult, no insurance coverage, maybe MediCal would but doubt it). For front of neck I've failed (it didn't help dizziness or anything) the Gammacore tens unit like device that's being used for vertigo at level 23 for 2 minutes twice 3x a day for 3 months to see if that works (I believe I used it for about 2-3 months and the functional neurologist said that was enough). I've also had cupping, lazer treatment and massage/chiropractic/PT/Cranio sacral on the front of my neck.

Onset for the dizziness was following travel to Guatemala in 2005 and believed to be the result of amoebiasis and giardiasis. Prior to the illness in 2005, I was in excellent health (beyond occasional spinal pain from scoliosis and standing too long).

The dizziness makes computer screens, phone screens and reading materials difficult. The dizziness is like a "constant cloudiness; hard skull; like being drunk on a boat then pushed down a hill; a pushing down and around of my head; shifting vision." I have longer, more severe episodes lasting around a week at intermittent times but those are less and now it'll be for a few hours or so.

I also have persistent fatigue, which seems to have begun around 2014-15 potentially from stress. The fatigue is described as "heavy tired eyes/face/head; feeling like I didn't sleep much even though I slept 9 or so hours or sometimes even 10.5-12 hours; lack of energy/much care." Need 7-9 hours in bed sometimes 10 but more than that can make me dizzier and more back neck shoulder pain.

Onset for head pain was in 2011, but it didn't become a constant headache until 2016-2017 with unknown origin (potentially stress).

Onset for the spinal pain was in 1994 and attributed to Thoracic Spine S Curve Scoliosis. The pain shot up considerably in 2009 (likely due to increased computer work and travel) and has stayed at that intensity until the present. In 2011, an X-ray of the spine showed L5-S1 degenerative disc disease, while a physical therapist noted kyphosis with increased cervical lordosis, poor core stabilization, and poor postural musculature and awareness.

Scheuermann's Disease was diagnosed in 2013 by MRI of the spine at UCSF Pain Institute and confirmed in 2019 by a standing xray (results at end) at University of Minnesota hospital by Dr. David Polly (Professor and Chief of Spine Surgery, Professor Department of

Orthopaedic Surgery, Professor (w) of Neurosurgery, Past President Scoliosis Research Society 2015-2016). The MRI also showed involvement of the lumbar spine with multiple Schmorl's nodes; mild cervical spondylosis with disc desiccation, small left paracentral protrusion at C3-4; and mild disc bulging L4-S1 without associated stenosis. Another report in late 2013 showed posterior broad based L5-S1 disc bulge, mild disc bulge L4-5, and minimally L3-4. The pain makes it difficult for me to stand for more than 5-10 minutes (sometimes I have to force myself not to be severely hunched over upon standing) and I am in pain at any physical position, but pain can lessen when lying down and can lessen somewhat with a pillow behind my back when sitting. Pain medications either do not help or are difficult to tolerate due to dizziness and fatigue.

I began vision therapy in 2017 due to symptoms from a concussion in 2013 (though head pain and dizziness symptoms began years before this and did not seem to be that much worsened because of it), which also resulted in Chronic Post-Traumatic Stress Disorder (EMDR resolved this) and a Major Depressive Disorder (diagnosed in 2015). The onset of depression and anxiety began in 2011 (potentially due to concerns around moving/starting a new career). I was diagnosed in 2014 with Adjustment Disorder with mixed Anxiety and Depressed Mood. My mental health has improved with occasional anxiety/stress, depression and occasional sadness/loneliness/nostalgia.

I also had a UTI in 2015 and urologists performed tests ruling out any medical conditions, which would have caused it. They also found spermatocele and recommended it be removed to aid in fertility, but I had a vasectomy in March 2021. Likely drugged while drinking in early November 2022.

Other symptoms include: pulsatile tinnitus (on and off hear heartbeat/pulsing in ear/head especially when exercising/moving head since 2011), presyncope (on and off); osmophobia; olfactory hallucinations (began in 2016 and seem to have lessened); visual aura (blurred vision, and a mostly blurry periphery that opens and closes some); sensitivity to light/odors/touch/sounds; ringing/pressure in ears and pressure in head; psychogenic polydipsia (UCSD nephrologist's diagnosis given my anxieties around often needing access to drinking fluids and often feeling of thirst); frequent urination especially at night (resolved by stopping drinking fluids early in day); neck stiffness; shortness of breath/"tight chest" feeling (on and off and due to stress or other triggers, such as mold); irritability (lessened some); temperature sensitivities with migraines/dizziness triggered by temperatures above 70 degrees; racing thoughts (lessening and rarer now); abdominal complaints (on and off); poor concentration; Brain fog (mostly on and off but getting worse maybe due to age same with eye strain which is more constant especially without my glasses); oscillopsia; mood disturbances, word-finding difficulties (the latter three on and off); visually-induced dizziness; space and motion discomfort; head motion-induced dizziness; unsteadiness and a feeling of disequilibrium; motion sickness (on and off). I feel like I have visual lag.

<u>Diagnostics & Etiology:</u> My case cuts across many organ systems/branches of medicine. A UCSF Otolaryngologist/Neurotologist (Lawrence Lustig) in 2013 described it as integrative balance disorder: a triad of condition areas worsening each other (as one worsens, the other two follow) with neurological/vision/gastrointestinal (dizziness/fatigue/nausea/migraines), psychiatric (though this has since lessened), and pain management being the three areas.

There are a number of areas including:

1. I tested positive for the following parasites while traveling: amoebiasis and giardiasis in 2006 and 2009 (from Guatemala; most likely from food) and 2009 (most likely from India from food), Endolimax nana in 2006 (most likely from Guatemala from food or walking in water; suspected by gastroenterologist who did a colonoscopy in 2/26/07 and found 6 shallow Ulceration in the sigmoid colon and did a sigmoidoscopy 2/20/07 normal but a culture stool found very heavy growth of isolate 1 campylobacter Jejui), and *Schistosoma mansoni* in 2012 (contracted in 2007 in Kenya from walking in a lake), which I was treated for and following which, an infectious disease expert (Dr. Joseph Vinetz of UCSD) determined that there was no evidence of ongoing infectious process. In 2010, was told negative for IBD from an IBD serology but anatomic pathology report said I had active colitis with acute cryptitis and crypt abscess present, a few ringed structures within one of the non-caseating granulomata in the lamina propria and no overt inflammation associated with it and the morphology on H&E stained section suggestive of parasitic infection or Crohns (fragments of benign colonic Mucosa but no evidence of microscopic colitis). From 2006 to at least 2013, I had persistent diarrhea (diagnosed as IBS-D with post-parasitic component). In 2011 there was a massive uptick in my dizziness and nausea, potentially due to stress from starting a PhD program and new political groups, moving to a new town, and ending a relationship (all of these occurred a few months before massive uptick as well as I inverted my right ankle on 9/23/11, but I had sprained that ankle before in 2005). Nausea since 2014 has lessened with occasional severe episodes that last about a week. Household mold escalated and created some new symptoms (feelings of tight chest/short breaths/difficulty breathing, which occur on and off as anxiety symptoms), but mold wasn't an issue until 2017 and I have moved since then. In 3/18/18 I had a tick(s) on me from hiking at Big Sur near esalen but I removed them within a few hours and didn't notice any new or worsening symptoms (everything I have now I've had before that).
2. Diagnosed with vestibular migraines in 2012, but doctors have been unable to relieve the dizziness episode which has lasted at a constant from 2011 to the present and why there hasn't been any medicinal relief. Usually responded with no effect or adverse side effects to the many medications (with adverse effects occurring often at subclinical doses) that have been tried. In terms of dizziness, prisms help a little, watching tv a little, water sometimes a little if I'm dehydrated, same with food if I'm hungry, same with sleeping and nap (naps help with energy but raise the dizziness a bit) recovery if I'm off my sleep schedule, Keeping a normal schedule helps; breathing, mindfulness, cat, laughing/joking/moving/walking. Exacerbators: reading, close screens like phones, sleeping too much, being in bed too much, not moving, moving my head, chores, exertion, driving, Air pollution, things that restrict my breathing or make me anxious or stressed, generally caffeine, red or white onion, mushrooms, super fried food, MSG, bright lights or bright sun, strong smells like garlic or bad pizza, or loud noises especially surprising ones. I believe I fainted when I was a kid from extreme heat but that is the only time I remember and no one else in the family remembers that. Major stressors: dizziness fatigue head and spinal pain sinusitis, feeling like people are upset with me, hypervigilance, noise, work, money, family at times, being hard on myself, regret. Hobbies: tv films, trying new foods or places or checking out new events or places, trying to see if i can enjoy things again more like tennis and maybe golf/frisbee golf/ basketball. Support system: partner. can call brother and mom. maybe friends but not many and don't see them much. dad is kind of

annoying. Cultural practices: be kind, support others, better society than this. How I learn best: audio ideal; written/visual fine but active support.

3. Concussion in 2013 was the result of an assault from a break-in with more than 30 hits to the back/side of the left skull and face and along the left side of the neck, shoulder, back, and pelvis/thigh. Sexually assaulted in 2022 summer.
4. Referred to vision therapy. Initial diagnosis (linked here) warranting vision therapy on 3/7/2017: Exophoria, basic type; Reduced Base-out vergences at distance and near; Convergence Insufficiency; Accommodative Insufficiency, Ill-sustained, and Infacility; and Hyperopia OU. Base right yoked prism glasses have lessened the severity of dizziness at times. Visual therapy sessions concluded on 10/2017 with all vision therapy initial diagnoses improved to normal range, but dizziness symptoms and Hyperopia (patient uses

reading glasses with prisms) remain.

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CHILDREN'S VISION AND NEURO-OPTOMETRY
BINOCULAR VISION CLINIC
SCHOOL OF OPTOMETRY
UNIVERSITY OF CALIFORNIA, BERKELEY
BERKELEY, CALIFORNIA 94720

- CONFIDENTIAL -

Re: Smith, Nikolai **DOB:** 09/11/1986 **Date of Report:** 05/30/2017

MID-VISION THERAPY REPORT

Initial Diagnoses, Warranting Vision Therapy:

1. Exophoria, basic type
2. Reduced Base-out vergences at distance and near
3. Convergence Insufficiency
4. Accommodative Insufficiency, Ill-sustained, and Infacility
5. Hyperopia OU

Since our initial evaluation in March 2017, Nikolai has completed 8 sessions of vision therapy. His mid-therapy evaluation findings are shown below.

- Findings that are below norms are in red.
- Findings that are within norms are in black.
- Findings that have improved are in blue.

	Initial Results 03/17	Expected	Mid-Therapy Results
Cover test	1 XP dist 12 XP near	0-2 XP (distance) 0-6 XP (near)	2 XP dist 4 XP near
Sensory Fusion, with the Pediatric Worth Lamp	Fusion at all distances/conditions	Fusion at all distances/conditions	Did not re-assess
Stereopsis (depth perception)	40 sec of arc	40 sec of arc	
Near Point of Convergence	8/29cm, 8/13cm	5/7cm	5/7cm, 5/7cm
Convergence Insufficiency Symptom Survey (CISS) Score	40	≤18 yrs: score less than 16 19+ yrs: score less than 21	Did not re-assess
Convergence ranges (moving eyes inward)	X/4/2 (distance) X/8/6 (near)	X/11/7 (distance) X/19/4 (near- adult) X/23/17 (near-child)	X/8/6 (distance) X/20/14 (near)
Divergence ranges (moving eyes outward)	x/6/4(distance) 8/30/20 (near)	X/7/4 (distance) X/13/10 (near- adult) X/12/7	X/8/6 (distance) X/12/8 (near)
Eye Teaming (Vergence) Flexibility	Base In: 40 sec Base Out: 40 sec	Both: 10 cycles/ 25 seconds	18cpm with 12BO and 3BI (expected: 15cpm)
Accommodation: focusing flexibility	RE: 1.5cpm LE: 2cpm	RE:11cycles/minute LE: 11cycles/minute	RE: 7.5cpm LE: 6cpm
Accommodation: focusing ability	RE: 3.8D, 4.2D, 4.3D LE: 4D, 4.8D, 4.8D	RE: 7.5 diopters LE: 7.5 diopters	RE: 4.55 diopters LE: 4.12 diopters
Accommodation: focusing accuracy (MEM retinoscopy)	RE: +0.50D LE: +0.50D	RE: +0.50-+0.75D LE: +0.50-+0.75D	Did not re-assess

Summary/Recommendations:

1. After eight sessions of vision training, Nikolai's convergence, vergence ranges, and flexibility have improved.
2. His cover test results show a decrease in the magnitude of exophoria.
3. Nikolai should continue wearing his yoked prisms glasses with daily activities. Minimize driving with the yoked prism glasses.
4. Return to clinic for your next vision therapy session. Continue at-home exercises.
5. Continue care with managing providers.

5. Diagnosed with sinusitis in 2005. A brain MRI in 2012 found mid sinusitis with retention cyst right maxillary sinus. Neurologists considered sinuses as a potential source for the dizziness, but multiple ENTs (in 2013 and 2015) and an allergist (2016) ruled out sinuses and allergies as a key factor. A second brain MRI in 2017 was negative. A carotid study in 2012 found minor atherosclerotic plaquing at the carotid bifurcations bilaterally, and elevation of the peak systolic velocity in the right internal carotid artery, without obvious cause, as there is no significant plaque. AUDBASE AUDIOLOGIC EVALUATION on 6/22/23 by UCSF audiologist Brooke Reid found my hearing is fine. CT of sinuses on 5/5/23 found: "SINUS INFLAMMATORY DISEASE: Trace mucosal thickening of the right maxillary sinus as well as small mucus retention cyst of the bilateral maxillary sinuses. Minimal mucosal thickening of the anterior ethmoid air cells as well as the right infundibulum which is mildly narrowed. Focal narrowing of the bilateral sphenoethmoidal ostia. ANATOMIC VARIANTS: Rightward nasal deviation. Small bilateral concha bullosa. The anterior ethmoidal artery canals course below ethmoid air cells. Multiple accessory septa are seen within the sphenoid sinuses. NON-SINUS INCIDENTAL FINDINGS: None. IMPRESSION: 1. Minimal mucosal thickening of the paranasal sinuses causing narrowing of the right infundibulum and bilateral sphenoethmoidal ostia, nonspecific but can be seen in the setting of acute sinusitis. Correlate with patient's symptomatology. 2. Rightward nasal deviation. 3. The anterior ethmoidal artery canals course below ethmoid air cells."
6. CT of head without contrast on 6/1/13 following an assault to the head: "Left ear bruise. Face swollen. Assault to the head injury. TECHNIQUE: Axial CT scan of the head was performed without intravenous contrast administration. CTDI: 37.8 mGy; DLP: 641.91 mGy*cm FINDINGS: There is a large amount of soft tissue swelling over the left temporal, posterofrontal and parietal region, but without underlying fracture of the calvaria. The right mastoids and middle ear cavities are well-aerated as are the rest of the paranasal sinuses and right mastoid and middle ear cavities. There is no evidence of intraventricular, intraparenchymal or extra-axial hemorrhage. No mass, mass effect or midline shift is seen. Ventricular size and cisternal spaces are within normal limits. IMPRESSION: Large amount of extra-cranial soft tissue swelling over the left side without underlying fracture of the calvaria or evidence of intracranial hemorrhage."
7. I test mostly normal on blood, saliva, and urine diagnostics, including 8/26/2017 full panels for cortisol (four saliva samples in a day), Estradiol (E2), DHEA-Sulfate, Progesterone, PSA, T4, Testosterone, Thyroid Peroxidase Abs, Thyroglobulin Abs, TSH, Vitamin B12, Vitamin D, and a comprehensive metabolic panel. More recent blood tests in 09/2018 and 04/2019 (which included an osmolality/glucose home urine collection) showed no results, but a glucose/mineral/vitamin blood panel showed slightly elevated cholesterol and LDL (I will retest in 6 months and try to be better about exercise, low fat, and am waiting for a nutritionist to call me). A pulmonary function test in 2015 to rule out hyperventilation secondary to a lung disturbance was essentially normal. A comprehensive stool test in 2015 showed I am gluten intolerant so I mostly avoid it. I've tried avoiding dairy for a while and meat at times and that doesn't seem to make a difference with anything. I also tried Keto for a few weeks and dizziness shot up.
8. In 2012, Lamictal was initially prescribed for Bipolar II Disorder and to help with the dizziness. It moderated hypomania (which could have also been moderated due to dizziness slowing me down) but did not help the dizziness. However, I tried in 2014 to go

50mg lower in the dose to see if it relieves dizziness, but instead my dizziness shoots up. In 2018, I confirmed that if I missed a dose, dizziness goes up. I also took a subclinical dose of risperdal for nightmares from PTSD and DDAVP to reduce the frequency of urination disrupting sleep. The frequency of urination seemed to coincide with an uptick in dizziness in 2011-12 and didn't increase rapidly until 2013 (potentially due to stress). I try to stop fluid intake at 3pm and drink at least 64oz of water before that time throughout the day and was told by a doctor to consume electrolytes if I go beyond that and to stop at 96oz of fluids. I stopped all three medications in 2019.

9. Unsure if related but left arm broken in 1994 (the arm was set wrong so now has a slight bent when I fully extend); second degree burn in 2005 on thigh (sitting on a motorcycle); diagnosed with vocal polyps in 1995; elbowed in the face in 2005 (stitches; I have a scar next to this lip scar but I'm unsure of its origin (my dad said it was from shaving but I had never shaved at that point)); sprained left wrist when hit by a car in 2009 which spun me around several times; fell off a bike in 2010 (scar on right arm); right ankle sprain in 2005, 2011, 2015, 2016, 2025; tennis elbow which took almost 10 months to go away in 2021; and benign tumor on right thumb found after thumb sprain in 2012, which has made the thumb sensitive to injury. I also have a bump on the back of my head which a PT thought if they lessened then that would help my dizziness but they couldn't lessen it and their efforts didn't help. Vaccinations are up to date: both COVID Pfizer and booster; childhood shots and had chickenpox when 6; HPV; flu yearly; vivotif for typhoid as lived in Mexico in 2019. Dental cleanings every 6 months (a few cavities, braces for several years when younger and I continue to wear a retainer at night after having a built in retainer removed in 2017).
10. There is no family history of any of my main conditions. My brother has a heart murmur, depression, ADHD, phobias, acid reflux, stress, anxiety, and is a recovering alcoholic (I took my brother to rehab in 2019). My mother was an alcoholic; has arthritis, hypothyroidism, and hypotension; and had stress and a heart attack (currently has a stent). My parents do not discuss mental health openly and I believe my mother may have had a suicide attempt but my father claims she just fell while drunk. I cleaned up blood following this fall when I was 14. Her father (deceased) had a pacemaker and hyperlipidemia; her sisters and mother have low thyroid; and her sister has high cholesterol. My father has arthritis, depression (reported to the patient by the patient's mom's sister years ago), and stress. My paternal grandfather died at age of 42 of kidney cancer from contaminated beef while in the South Pacific, my paternal grandmother had Alzheimer's and my paternal uncle has diabetes and hypertension.

Records: I have carefully retained and organized the voluminous diagnostics and reports on my conditions since childhood seeking diagnoses and treatments.

Patient's perspective: I have been exhaustive and courageous in seeking an explanation for my illnesses, which have made it difficult to work and live. I did extensive research to find out about your work as I sought out a diverse perspective that could possibly address my condition. I have read many books and articles and forums about my conditions.

In terms of what's helped my dizziness (my main symptom), prism glasses, being aware of my triggers so less stress and avoiding heat and certain foods bright lights loud noises strong smells

like garlic or onion or perfume. Ice pack wrapped on my head to just be less overheated. Foam roller and chirp wheel for back pain. mindfulness for just calming down. Modafinil for fatigue helps somewhat (same with green tea/caffeine but it can trigger dizziness) as well as Pitolisant a bit but seems to worsen my mental health so I'm off it.

Vaccine history tinyurl.com/nickvaccine

List of Current Medications/Supplements

- UBRELVY Take 1 tablet (50 mg total) by mouth once as needed for Migraine for up to 1 dose . May repeat 1 dose after 2 hours. Max 4 tablets (200 mg) in 24 hours. Prescribed by neurologist as of 11/17/26 waiting for UCSF pharmacy to approve
- Waiting for primary care to prescribe: Given I failed Topiramate, 25mg, September 2013, due to dizziness but I think that was also one that I got off early and probably could've tolerated; is similar to Topamax but is often more tolerable in terms of side effects.). Next to potentially try Doing an infusion with Thorazine (week long) And if that fails Botox and CGRP like Vyepti I believe. amitriptyline (Only tried for 1 mo, But now I have a flexible schedule better tolerance for meds it seems) verapamil (Since I only tried for 2 mos Before), Zonegran (zonisamide; Flannery hasn't heard of Valdoxan/Agomelatine Probably because according to my research it's not approved in the US for the side effects, and He didn't have opinions on the following or I think that they would be way down the line since they're similar to doxepin but I read that they tend to have less side effects: Desipramine (seems I tried "50mg q hs" 2/1/07 but I still got symptoms with a little help or it may have just been for a colonoscopy); Imipramine 9/29/10 25 mg once at bedtime seems only tried for a few weeks as didn't work or may have also just been for a colonoscopy (same with Paxil); protriptyline.
    - If you feel tired when you get up, get out of bed and move, get out the door or go outside that should help But if you're still too groggy it may be too sedating
    - According to my notes Dr. Raskin in 2014 said he was reserving Keppra for future use but I failed major anticonvulsants which gave me tremors and Flannery said not his favorite as it causes anxiety and not best for headache.
- Atomoxetine Hcl Started 10/12/24 at am 10mg 3 days then 20 for 3 days and went up to 100mg on 10/31/24 for two days but got nausea so I'm going to stay at 75 for 21 days total and then try again on 11/22 to get to 100 (hard to do without triggering dizziness) and if not stay at 75mg (where I'm at; for excessive daytime sleepiness EDS). Sleep doctor said it has less long-term stress on my heart than Modafinil and it's not a controlled substance so we only have to meet once a year as opposed to more regularly. Think it's no longer making me a little dizzier and maybe slightly more able to do things and maybe sleep a little less but maybe a tad more sleepy during day than with Modafinil maybe
    - 11/29/25 update: 75 seems to be working less as I need to be sleeping it seems 10 or more hours and I'm still pretty tired so if there's anything else that's come up recently that would be better to try please let me know or I'll just try 100 every so often and see if maybe I get adjusted to it or I may go back to trying to drink some lightly caffeinated tea though that also can affect me. I also heard Shilajit may help with energy but that "Combining candesartan with Shilajit is not

recommended without medical supervision because both can lower blood pressure, potentially leading to dangerously low blood pressure (hypotension). Shilajit may also affect calcium levels, which could cause heart rhythm issues when combined with blood pressure medication." I will be done taking candesartan on December 5 and I probably will have to go to 5 mg for two weeks before getting off it as that's how I got on it but I'm waiting to hear from my neurologist and then I assume I could try Shilajit.

- Fish oil 1400mg from Kirkland and a liquid oil to try after
- All the different types of magnesium are in a capsule that my family gave me. I don't think it helps, but why not though I stopped when my mental health hours worse, but that seemed to be from another medication I stopped so I may try again
- diclofenac sodium topical gel 1% (rarely use but if back, neck &/or shoulder pain is very bad or for sprained ankle or injury)
- Fluticasone Propionate 50 MCG since 5/23/23 & Ipratropium Bromide 42 MCG (0.06%) since 4/25/23 and stopped both in early July 2023 and use as needed now (rarely). Both from ent and maybe slightly help with congestion
- Since 11/2023 I have been on neurolenses with +.75 progressives and my reading prescription is +1.25 and I have anti-glare (I think but I've had this before), transitions and blue light blocking (I think but I've had before) so when I look up it's just prisms and down it adds reading But 11/2024 told I'll probably need new glasses every two years starting 11/2025 as my vision is getting slowly worse and finally got my new pair in May 26
- Eat 2 or three leaves Clary sage, grow out fresh plants from seed, in salad or chopped into capsule. Whichever you can stomach. Leave top leaf growth and only take from 2-3 growth nodes down, where leaves are older, as to prevent growth stunting. Use basic low level defolation to harvest and keep consistent growth. And harvest your way up the plant structure as it grows.Clary sage (fresh vegetative plant year 1 before flower, not essential oils)
    - recommended by someone for their dizziness.
    - they also recommended Tamarind (supplement grade; feel like i've drank this enough in agua fresca); Silica (from drinks or supplement grade but feel like i've tried enough in other meds); Ginger crushed + Lemon squeezed + p. Nats (0.2g): feel like tried individually enough; Natural bovine sourced collagen and vitamin C. (Gt Aura Collagen drinks) feel like tried enough
- 1000mg-2000 vit c sometimes if think getting or am sick
- Folic acid/folate 770mcg since july and separately HTP 200mg to not be as sad or sleepy (rice flour, cellulose capsule). Last one I tried had 328 mg of calcium carbonate and is in a gelatin capsule with magnesium Stearate and current one that I'll take till it runs out (happened 9/1/26 but was on for years and on and off for many more) and maybe get more if I still feel sad or sleepy is Jarrow 5-HTP 100 mg Capsules, Serotonin Precursor, 60 Count vegetable capsules
- Vitamin D3: 5 drops or 10,000 IU total but currently 2000IU in pill gel form; seems to help especially during the winter, AM; everyone seems to say take it for migraines/dizziness and to prevent COVID; may help me with sleepiness but currently not on it

- Ginger or ginger ale/mineral water occasionally for nausea (only thing it helps with; I use gin gins chewy and hard)
- Cleanser for Acne which is persistent mostly on the chest/upper back and sometimes face
- When I get cold symptoms I take Gan Mao Cha tea, zinc, dayquil (if need to get thru working) &/or nyquil if it's very bad/can't sleep and quercetin with vitamin C if need be and 600mg 2x acetaminophen if potential COVID.
- Intermittently trying: Hian Motion Sickness Glasses 35g (helps at times for travel) & (when not trying other meds that interact) Rosette CBD/THC/CBDA/THCA tincture (not currently) for all symptoms but all these things make me dizzy/nauseated so I'm considering stopping them and am holding off on them for now. Considering to keep trying green tea extract 260mg w/ caffeine/egcg/green coffee bean (stopped months ago & rarely have caffeine as can make me more anxious/dizzy) as I'd like to lose some weight same with alli 60mg but I'm not overweight and the latter messes with my bowels. I was doing two bags of green tea a day (can trigger anxiety) and sometimes tulsi or stress relief green tea or (depending on if symptoms) throat coat or lemon ginger probiotic though messes with my bowels and sometimes nausea.

Also, as of 5/25/17, I have been on the below migraine diet (sometimes I stray like eating out and mostly have avoided the diet in the past few years since it's cheaper not to be on it and I don't think it helped much the years I was on it and I think foods that are on it make me happier). When on it, maybe I've been able to work a bit more and maybe I get dizzier when I go off the diet a little or when I eat certain foods like red or white onions, mushrooms, tomatoes, Dominos/Pizza Hut/Little Caesars pizza/garlic bread, or MSG foods. Cooked foods generally seem to be easier for me. Mushrooms and onions in a certain dish like ragu seem fine, same with cooked tomato but raw tomato seems to bother me at times.
http://www.npr.org/programs/morning/features/2006/may/migraine/triggers.pdf

I have also avoided the following potential sources of MSG to best of my ability as part of the diet:
http://www.npr.org/programs/morning/features/2006/may/migraine/msg.pdf

My diet is generally (I have been less regimented lately and probably eating less:

I aim for 2 cups fruit, 5-6 cups veggies mostly dark, leafy greens, 3 servings calcium, 2000+ calories, sufficient fat/protein for my weight (50-75% of my weight) My diets been less regular lately but don't notice much of a difference. Prebiotics & probiotics seem to make me more nauseated and more diarrhea. Try to eat the rainbow/variety of healthy things & fiber & protein
Breakfast: 1-2.5 cups of usually 2% milk (find it gives me some energy, 1oz chia seeds, 1/2 cup quick oats (cold or warm; all the previous items seem to help with energy) or cup cereal; 2 fruit servings usually berries or one serving being a glass of juice for energy or 2 lemons
Snack: some milk and oats/chia seeds or pretzels or gluten free bread sunbutter or bread/pb & j
Lunch: EVOO, 1-4 carrots or greens, some chia seeds, quick oats or rice or quinoa, some black beans, some turkey, chicken &/or tuna
Snack: part of lunch or same as snack above
Dinner: same as dinner

Snack: part of dinner or same as snack above

List of Past Medications

-Name, amount, time period, why prescribed, reason stopped if remembered
-Dizziness meds at top of list
-Unless noted differently, meds attempted at lowest possible dose and then I tried to work up to a higher dose if possible (generally the side effects were too much or the medication didn't do anything; I will note if it helped)

- amlodipine (Since seems I only tried for 1 mo Before), started 2.5 on 8/8 then went up to Five on 15th then 7.5 on 22nd and 10 on 29th And went back down to five 11/12/26 and off it a week later.
- 4/1/26 Started Doxepin for the dizziness; was on optimal dose, three months, no benefits
- August/26 acetazolamide (Since I only tried for 1 mo Before low dose), suicidal ideation, and nausea/acid reflux went up and after a few weeks, they told me to stop.
- Atacand/candesartan 8 mg September 7; Started at 4 mg August 24. on 12/16/25 did 12mg (pm but found 4, 8pm better) 2 wks then 8 mg twice a day for 82 days The highest dose With Dr. Flannery. On 3/23/26 went back to 4 mg 2x/day for 1 week then Stopped the medication As it has caused tiredness and also not helped the dizziness
- Namenda 5mg 7 days, 5mg 2x 7 days, then 10mg pm/5mg am 7 days then 90 days 10mg 2x then taper off on 7/8/25 as didn't help With Dr. Flannery. Started 3/26/25. I suggested we try Topiramate first or with it given it seems like I didn't try it for more than a month at 25 mg back in 2013 but he said Namenda given Ketamine seemed to help with my reaction to dizziness exacerbators. Saw "Among the few promising new drugs, Dr. Foster pointed to Namenda (memantine), normally used to treat Alzheimer's disease. The drug seems to work best in cases with prominent aura, she said, when the inner ear may be damaged by low blood flow, by blocking the NMDA [N-methyl-D-aspartate] receptor calcium channel. That channel is involved in excitotoxicity, or the death of nerve cells from excessive stimulation, a pathway that Dr. Foster has been exploring as the mechanism for severe attacks. "If you can block excitotoxicity, you can block the damage," she said. "So for people with progressive damaging disorders who have migraine, blocking that kind of damage then prevents the disorder from progressing." Patients with uncontrolled migraine-associated vertigo who had failed other drug treatments found relief with the drug, Dr. Foster said. "But this is really early, so we don't know yet what the difficulties that we're going to encounter with the drug are." Specialists agreed that other potent drugs like topiramate (Topamax), used to treat seizures in epilepsy patients, should likewise be reserved as a third-line option if other regimens fail. Dr. Goebel cautioned that he's encountered cognitive problems among some patients on the drug. "You get some word-finding problems, not being able to exactly come up with the word you want to use," he said."" https://tinyurl.com/namendavert But I think worth trying both.
- Nerivio device on arm for dizziness migraines (started 2/26/25, did every other day for three months), didn't help
- IV ketamine (50mg 2/4/25, 55 2/6, 60 2/7 which helped for a bit with anxiety/mood/pain tolerance and has helped give me space and slow down at times), NAD (didn't seem to

help; tried 4 times 2/3-6), and Stellate ganglion block (2/3 one side of neck, 2/7 other side which may have helped a little with pain/tolerating) to help with my dizziness but didn't (dizziness/nausea/fatigue/anxiety have been getting worse since 2/14/25 (leveled off to my usual levels around mid 03/25)

- Nurtec 75mg every other day for 90 days total pm started 10/29 by neurologist for dizziness (done on 1/27, thus far no change though I did purge on 1/5/25 after a Huxley's 20mg thc/5mg cbd/10mg cbg edible and felt a little slowed down, talk less, and more reflective of trying to make my work less stressful for me as much as possible but I'm a bit dizzier/nausea/more sensitive but the latter's passed mostly)
- Atogepant/Qulipta 60mg daily pm started 7/25 by neurologist for dizziness. No significant benefit after 90 days.
- Modafinil stopped 10/9/24 to try Atomoxetind Hcl as less long-term stress on my heart. Was taking 100mg AM to combat Excessive Daytime Sleepiness. I was on one 250mg AM (5 days a week and as needed where I'll do half that much and build up) but that seemed to trigger my anxiety & trying to go beyond 250ish mg led to dizziness.
- Started 6/28/24 at pm 1.5mg Low Dose Naltrexone for 5 days then 3mg for 5 days then 4.5mg for dizziness and excessive daytime sleepiness EDS. Sleep doctor said that's the highest dose where I'd notice benefits and I didn't notice any substantial positive changes after 90 days at 4.5 so stopped
- DHE infusions with UCSF Headache Clinic to treat dizziness 6/10-6/14/24. Didn't help
- late September 2022 to nov 2023 I have been on new glasses that combine my reading glasses and prisms and they added +.75 to my 2IN/2OT base right yoked prisms and my reading prescription is +1.25 and I have anti-glare transitions and blue light blocking so when I look up it's just prisms and down it adds reading.
- Vyepti intravenous fusions (at ucsf, 1st shot 7/25/23 try it every 3 months for 9 months, didn't help
- Stopped 3/7/23 as think it may have been making me sadder and for reasons above. Pitolisant 35.6mg every am for sleep study for daytime sleepiness
- immunity booster liquid with echinacea (200mg)/zinc (13mg)/elderberry (200mg)/ginger (100mg).
- Gabapentin 5/23: 250mg one week then tried doing 250mg 2x a day for two days and couldn't so went back to 250mg for 5 more days. Ucsf headache clinic. Made me dizzy tired out of it.
- Pregabalin 25mg 5/23: one week. Ucsf headache clinic. Made me dizzy tired out of it. Maybe increased depression and ideation
- Duloxetine Hcl 20 MG 4/24/23: one week then tried going up to 2x at night it seems and after one day of that felt dizzier so then stayed on lowest dose for another six days and we stopped. Ucsf headache clinic. Made me dizzy tired out of it. Also said "little more anxiety and more nausea/diarrhea and have been a little more content as well despite all that so I'm unsure if the former are from something I ate or in my life (I get anxiety & nausea/diarrhea from time to time) and if the latter is from the anti depressant nature of the medicine or what"
- Vertigoheel 10 drops 3x daily. 5/23/21 I believe and ended 5/28/21 due to dizziness
- Ajovy 2021 full trial didn't help
- Emgality 2021 full trial didn't help

- Prochlorperazine maleate 10mg (tried for jet lag symptoms/nausea in 2019-2021, doesn't help)
- Lamictal: one 200mg PM from 2012 to 2019 (I tried doing 100mg AM/PM and slowly increased by 25mg every week until I got to 200mg AM/PM as recommended by neurologist and the presence of lamictal in blood was confirmed through testing; no changes)
- Risperdal: one .25 mg, PM, 2015-2019 for PTSD nightmares
- DDAVP: one .5 mg pill, AM and one 1mg pill, PM, 2015-2019 for frequent urination
- Botox for vestibular migraine (dizziness)
    - first time 12/15/18
    - Started again 8/27/19 and attempted 3 times every 12 weeks
    - Botox 200 unit injection as 31 sq injections of 5.0 units, to be admin by MD q 12 weeks
- Migravent (started around 8/4/19 2x, since 8/18/19 3x, tried for 3 months at 3x)
    - Consists of about 400mg B2, 171mg Magnesium from Oxide and Citrate, 100mg blend of PA free butterbur extract, CoQ10, and bioperine.
- Dexabion Steroid 4mg once month for dizziness
    - tried on 5/30, 6/30 and 7/30/19 (no results)
    - Injections consists of Dexamethasone Sodium Phosphate, Vitamin B1 (Thiamine Hydrochloride), Vitamin B12 (Cyanocobalamin), Vitamin B6 (Pyridoxine Hydrochloride).
- Frova 2.5mg (Ansari neuro prescribed for dizziness/migraines; finished trial he wanted no results), 2019
- naratriptan 2.5 MG tablet (Ansari prescribed for dizziness/migraines; finished trial he wanted no results), 2019
- Aimovig: 140mg at two 70mg shots/month; started with 70mg/month for 2 months and increased to 140mg/month on 8/21/18. Didn't work
- Nortriptyline: 100 mg pill, PM (took 10mg and increased every 2 weeks and was on 100mg from 3/28/18 until 5/24/18)
    - To treat dizziness caused by migraines; begun 11/9/17; no positive results
- Diltiazem CD 120 mg/d
    - To treat dizziness caused by migraines, begun 9/1/17 until 11/8/17 or so; no positive results; believe I started at 100 for week or two then went to 120 but it seems like I just did 120 the whole time
- Topiramate, 25mg, September 2013, dizziness
- DIVALPROEX SODIUM (depakote), 250mg, August 2013, dizziness; seems like tried again on or more likely tried until October 2013; dizziness; delayed release; 250 mg tb; 1 2x 10 days; 1 3x 10 days; 2 2x
    - Tried again in 2021 but gave me tremors, got up to 1500mg at bedtime, stopped in October, may have caused hand tremors which have lessened but seem to remain and flare up
- verapamil ER, 120mg; dizziness; Oct 2012 (Viirre noted 'failed')
- propranolol, 10mg (was given 240 pills it seems); July 2014; dizziness
    - tried again in spring/summer 2021 (with Depakote and likely after that with Olanzapine) at 10mg 3x a day though my records show it may have gone up to 20 mg 3x a day

- Olanzapine 5mg; only prescribed 3 it seems; dizziness
    - Tried again in 2021 but led to hand tremors likely
- Amiloride 5mg; 1x for 10 days then 2x; early January 2014
    - Seems was also prescribed HCTZ 50 2x
- Amlodipine 10mg; July 2013; ½ at PM 10 days then 1 at PM; dizziness
- Clonidine HCL; Oct 2014; .1mg; 1x PM 2wks; then 2x PM
- amitriptyline hcl; June 2014; dizziness; 10mg tab (I was given 120 tabs each month it seems)
- methylergonovine .2mg 2x 10 days then 2 2x; dizziness; Feb 2014; seems like I tried it for a couple weeks
- Nicardipine 30mg 2x (aka 1x twice daily); mid-November 2013
- Namenda 10 mg; ½ tab 2x for 10 days then 1 2x after; dizziness; mid-December 2013
- clonazePAM (KLONOPIN) 0.5 mg tablet; Fall 2012/Winter 2013 as needed but usually took at night if dizziness was really bad though stopped as couldn't function or it didn't do much; maybe helped zone me out so dizziness wasn't too intense but I couldn't function on it; Take 0.5 mg by mouth 2 (two) times daily as needed.
- diazepam (VALIUM) 2 mg tablet; Take 2 mg by mouth every 6 (six) hours as needed; ; Fall 2012/Winter 2013 as needed but usually took at night if dizziness was really bad though stopped as couldn't function or it didn't do much; maybe helped zone me out so dizziness wasn't too intense but I couldn't function on it
- VENLAFAXINE HCL (EFFEXOR ORAL); 25mg BID for 2 weeks, then TID; Take by mouth; December 2012; dizziness
- BUSPIRONE HCL; 10mg, November 2012; dizziness/depression if recall; made dizzier and no benefit if recall but prescribed by psych
- SUMATRIPTAN SUCCINATE; late Nov 2012; dizziness
- IMITREX; 6 MG/0.5ML; early Nov 2012; dizziness
- METOCLOPRAMIDE HCL; 5mg; December 2012; dizziness
- NAPROXEN 500mg; 11/12; for dizziness, maybe pain too but prescribed by neurologist. Tried again by neurologist for dizziness in 08/17 and finished the full trial she recommended with no results (440mg twice a day for a week)
- cyproheptadine hcl; 56 were prescribed but imagine was for dizziness as it was Feb 2014 when I was trying dizzy meds
- abilify 2mg 2x; 5/12-6/12; believe stopped because didn't work and fatigue (Viirre noted 'failed')
- acetazolamide 250 mg tabs x indef; believe for dizziness so must have stopped because didn't work or side effects (Viirre had me try for one month it seems)
- acyclovir 400mg, 1x; 2/12 & 4/12; seems I only tried it for three days and then again two months later for five days; assume it was to try to stop bad migraine attack and that it didn't do anything
- emodum prn or pan(?); in my chart but I think they meant Imodium
- Meclizine 25mg, 1 3x; for vertigo; 5/12 for a week, did nothing
- Ondansetron (ZOFRAN) 4 mg tablet in Winter 2012, then it was 8mg in July 2013 by mouth every 8 (eight) hours; dizziness/maybe nausea too but prescribed by neurologist and also it seems by gastroenterologist
- Meloxicam/Mobic; 2013?; spine pain with goal to help with dizziness too prescribed by pain doctor who's also neurologist

- BUTRANS; spine pain with goal to help with dizziness too prescribed by pain doctor who's also neurologist; 5 MCG/HR; if I recall helped a bit with pain but nausea too much to handle
- pseudoephedrine; for sinusitis but also for dizziness if recall; didn't really help much at all; fall 2011-2012; took on and off
- nasonex; 9/11-10/11; 2 sprays each nostril; for sinusitis; didn't really help much at all
- sulfamethoxazole-tmp ds; 2/27/12-3/8/12; unsure but I think because of a cyst
- Citalopram 10mg ½ 1x; March 2014, prescribed by psych so assume depression
- Sertraline hcl 25mg then we tried going to 50mg but didn't help; depression (made dizziness worse if recall); Winter 2016 I believe three months Full trial But I can confirm if need be
- Adderall, 30MG, ¼ of a pill, for fatigue/inability to work, difficult to tolerate with dizziness, May 2017
- Xanax (have tried some on own and helped with mood; made a little dizzy if recall)
- Vicodin (for wisdom surgery but also tried on own for pain and helped but little dizzy if recall)
- Differin Gel & benzoyl peroxide 10 % CREAM; Fall 2012-Winter 2013; Apply topically; helped a little with acne
- CUNDAMYCIN PHOSPHATE; 1% CREAM; Fall 2012-Winter 2013; helped a little with acne
- fluticasone (FLONASE) 50 mcg/actuation nasal spray; Fall 2012/Winter 2013; helped a little with sinusitis; not really; 50 mcg by nasal route daily.
- Ventolin HFA Aer, to see if I had asthma, didn't have asthma
- TETRACYCLINE HCL 500 MG PO CAPS (Started 4/29/2006); 1 capsule every 6 hours on empty stomach; unsure; acne I believe, if so didn't help much
- Cambia for jet lag 2019, didn't get jet lag
- For acne
    - MINOCYCLINE HCL 100 MG PO CAPS 1 CAPSULE daily; Spring 2006; acne I believe, if so didn't help much
    - salicylic acid
    - Tried denavir 1 % cream and valacyclovir hcl 1 gm tabs but trying to avoid antibiotics when not necessary given what I've read about their effects on one's health
        - helped
- Before bad sicknesses started
    - OMNICEF 300 MG PO CAPS (Started 11/16/2003)
        - Two capsules p.o. qd for 10 days
    - NASAL 0.65 % NA SOLN (Started 12/4/2004)
        - 2 sprays per nostril every 3 hours as needed
    - ROBITUSSIN DM 100-10 MG/5ML PO SYRP (Started 12/4/2004)
        - 1 teaspoonful every 4 to 6 hours as needed
    - AZITHROMYCIN 500 MG PO TABS (Started 12/4/2004)
        - 1 tablet daily

FOR PARASITES/symptoms:

- BILTRICIDE; 600mg; 1 pill if recall; April 2012; schistosoma mansoni parasite; Dr. Joseph Vinetz said it wiped out the parasite but symptoms didn't change
- SULFAMETHOXA2DLE-TRIMETHOPRIM; 80(. 160 MG; parasite/nausea if recall; only week worth so likely only took that much
- STROMECTOL; parasite; 3MG; 1 or 2 pills if recall
- Alosetron HCl (LOTRONEX) 0.5 MG TABS 2 times daily; Fall 2011 (at least) & stopped (at latest) Fall 2012, for IBS, helped at time
    - also 10/21/10, seemed only tried for a week
- prednisone 10/28/10, 20 mg tablets once a day seems like I tried for a month
- flagyl 750 mg 3x day for five days And then I tried 500 mg one pill three times a day for 10 days. a doctor in 10/06 says I did two courses so must've been that and then he did a sigmoidoscopy
- Desipramine 50mg q hs helped a little seems like I did it in 2/1/07 in the fall but I still got symptoms
- Lomotil PO Oral 7/15/11 for diarrhea from parasites, didn't Help
- Imipramine 9/29/10 25 mg once at bedtime seems only tried for a few weeks as didn't work
- Paxil 20 mg Q HS tried 2/ 20/07 then they did a left colon biopsy and found no colitis
- cholestyramine 10/13/10 4 g oral dissolved one scoop in 6-8 ounces of liquid, didn't help
- symax duotab for ibs
- metronidazole for ibs? 500 mg one PO tid × 7 days 21 quantity zero refills
- TIGAN 300 MG PO CAPS (Started 4/29/2006); 1 capsule 3 times daily as needed; parasite (if so, didn't help) I think and symptoms of cramping abdominal pains,emesis and nausea.The symptoms began 10 hours before this visit and have been sudden and worsening.There have been 2 episodes of vomitings in the past 10 hours.No Diarrhea..
- ALIGN PO CAPS Take 1 Cap by mouth once per day; Spring 2006; parasites; didn't help
- 9/7/10 Doctor said he gave me a trial of apriso before doing a histopathology which seems to have come back with moderate positive cocci in clusters and many colonies staphylococcus aureus; this was after right colonoscopy with Random colon biopsies and 6 mg IV versed and 60 mg IV Demerol.
- yodoxin once 650 mg for 20 days for amoebas it seems
- cipro 500 mg one tab po bid x1-3 days PRN diarrhea 1/23/06, I recall doing it for multiple rounds for three days each

<u>Meds could still potentially try</u>

- Auvelity (anti depressant that was told can relieve pain and gives energy 45/105mg)
- Hair test to see what I should try but I've done so many tests I feel like it's a waste of money
    - **<u>(Flannery my neurologist said don't bother with below)</u>**
- after I mentioned that I have vertigo migraines on Jeopardy a fellow sufferer reached out and said his are under control using 1000 mg daily dose of valacyclovir which he says is an antiviral, not an antibiotic and "there is clinical basis that viruses can cause migraine and vertigo. Search 'migraine valacyclovir' and / or 'vertigo valacyclovir'. Vertigo can

also be a negative side effect of valacyclovir. But not in my case. My migraines / vertigo were often the result of intense concentration. It took about two weeks for me to really notice that the migraines were gone, as I was prescribed valacyclovir for other reasons. Prior to being prescribed valacyclovir, it was recommended by another doctor, who had migraines similar to mine, that I take a regular aspirin daily. That helped for many years. Because of other blood thinners, that has been reduced to a low dose aspirin. Could be combination of the two. I found some studies that also concluded the valacyclovir and aspirin combination to be beneficial."

    - I tried it for acne but I also had dizziness at the time too and it didn't help for that (not sure how many I tried; I think only a week or two)
- seems combo of meds is last big thing to try according to dizziness/Vertiginous Migraine expert Thomas Hain though at this point I've tried so much it seems he'd say get looked at again which I'm doing (my neurologist didn't think I should try the below given I've failed other drugs like them or same ones)
    - combos venlafaxine +propranolol (though tried a similar combo) or topiramate + verapamil (avoid same grps so likely this one) or heard from someone nortriptyline 100 and verapamil 240 worked (though I believe I tried a similar combo)
        - https://dizziness-and-balance.com/disorders/central/migraine/treatments/prevention.html
    - though I've tried lamictal and nortriptyline at same time (full trial) and lamictal and other drugs in other migraine groups at same time (likely not full trial) with no change
- We never increased Diltiazem CD 120 mg/d
    - increasing as tolerated to 240-480 mg total/d, often in two divided doses. Constipation and hypotension are the most common side effects, but this is often the best-tolerated regimen.
    - From ENT handout
- Sodium valproate
    - From same handout: 250-500 mg BID is usually well tolerated, but liver function tests and platelets should be monitored.
- Norco for pain maybe
- Ucsf admission tries one of three meds Dihydroergotamine(dhe) another triptan (we did this, no help and he said don't bother with other two), Thorazine (week long), iv depacon which Flannery doesn't think would help.
- Nadolol
    - handout from ENT "fewer such CNS side effects than propranolol; it is started at 20 mg/d and increased as needed up to 120 mg/d."
        - My concern depression side-effect
- UCSF Neuro Raskin on 1/2014 said he'd reserve keppra for future
- Nortriptyline up to 200
    - Neurologist Dr. Maska said 100mg is max at 8 weeks which I've tried
- Promethazine is an additional abortive that a VM expert in a talk said is great but probably wouldn't recommend for me given abortives haven't helped

- Further list of all migraine meds at end of this doc

Protocols

- Current:
  - **Jabeen Karimjee, PMHNP-BC** 1-855-501-1004 psychiatrist mindpath.com who referred me to Tms
  - Bay psychiatric Associates to do Tms again. From October 1 to November 23 and if that fails maybe ketamine maybe prescriptions
  - **Therapy- Telehealth Nurturing Mind Body and Spirit** Heather Johnson, AMFT https://www.nurturingmindbodyandspirit.com/meetheather heather@nurturingmindbodyandspirit.com
  - Meir schneider's work; I did all his vision exercises in his vision book back in like 2018 but I found his other book awakening your power of self feeling; going to see if there's anything in there for my conditions and just try the general stuff too
  - Not consistent or it's been a while: Rock Steady program for vertigo; listened to the book and trying to use neuroplasticity to focus on how I'm stable as opposed to dizzy and focus more on life/feelings I want; sometimes do the body scan and closing my eyes while standing with feet together for a minute and then moving head side to side and up and down and then with eyes open the same movements 3x each side. I also listen to YouTube videos sometimes from the Pain PT & the Steady Coach who both also use neuroplasticity and reducing stress/reaction to the dizziness
  - I try to do daily exercise (20ish mins of walking &/or 30 or more minutes of cardio) and core/spine strengthening (generally 4-5 days of this a week of which 2 days are legs and core and 2 days chest arms back at Muscle Beach gym on 10/29/24 to get myself working out/out of the house more regularly)
  - Orthotics
    - Help a bit with pain; prescribed by podiatrist in 2021, plan to get rechecked by a podiatrist within the next few years just need to find SF one covered by Alameda Alliance
  - Ophthalmologist Clark Tsai for lasers 12/11/26 and then a month after on the other eye to treat narrow angles
  - Kamesh Krishnamurthy UCSF Neuro Recovery I saw once and I don't think he'll have me see him again but he said I had a concussion in early June (tested by UCSF PT Nina in late June) And he referred me to speech Therapy & 10/9/26 PT Neuro therapy for any help they can have with my dizziness and concussion recovery Which is mostly been grounding, Diaphragmatic breathing and walking with my eyes closed and weighted vest and I'll see them both soon as well as vision therapy at rising stars 16 sessions started 9/10/26 (I did it before at the BV lab but it seems they were going to start me at sportsVision concussion recovery first but rising stars is closer and neither accept insurance but have the same credentialed staff). Also will be going in on 12/15 to see if they recommend a different prescription or tinted. I also saw an OT and another PT who is more

experienced in PPPD and they gave me the below. He's also having me check my hormone blood levels which I did on 9/14/26 and everything was fine

Recommendations as discussed:

1. Consider different sensory tricks to help with re-centering when dizzy: weighted blanket or weighted stuffed animal (small one that goes around the neck should be tried), vibrating tools (could hold them or place against arms/legs, doesn't have to be over painful area), laser pointer on headset and use it not just on head but on arms, legs and have kittens chase it. Can use the laser pointer to trace other objects in the home if kittens don't want to play. Fidget toys that require a bit more engagement: make an hourglass, fidget tanglers, 3-D interlocking puzzles, clay that you have to shape into animals, letters, etc.
2. Look into TMS again
3. Use cognitive games while out on walks or other moments you feel dizzy but don't have tools with you (name state or country capitals, name 60 streets in SF, etc.).
4. If weighted blankets and stuffies working well, can consider ankle/wrist weights or weighted vest to help steady you when out and about in the community.
5. Try each sensory strategy above for at least 7 days (might be over a period that is longer than a week if not trying daily) and if net neutral, keep going for another 7 days before getting rid of it.
6. Find one thing you enjoy every day and engage with it (eat a pretzel, go to favorite park, the beach, favorite book/show, play with kittens).
7. Consider recording (write, dictate) successes with activities (going out with friends, noticing moments you didn't notice dizziness for a while).

(OT) Recommendations:

1. Sleep hygiene tips as below, as optimizing sleep can help you optimize daily activity.
2. Daily routine optimization - consider adding social activities, volunteering, you mentioned a dance class.
3. Do something enjoyable daily, and even better if it takes place outside. You also mentioned these things as being helpful for reducing your symptoms: Advocacy work, spending time with partner and kittens, wearing neuro lenses (progressive lenses), watching movies/shows, sometimes listening to music, eating ginger candies, being outdoors in nature.

Sleep Hygiene and Routine

Illness or injury can affect the quality and quantity of your sleep, and this can have a significant effect on how you function throughout your day. It is important to prioritize sleep for brain rest and recovery. Here are some tips that can help you sleep better.

- Go to bed and wake up at the **same time** each day, including on weekends. Do the same daily routines leading up to bedtime.
- Avoid stimulants such as caffeine for at least 8 hours prior to bedtime.
- Avoid alcohol and sugar close to bedtime.
- Exercise and keeping active during the day can result in better sleep at night. Engage in physical activity and exercise during the day (when tolerated and medically indicated), but not within three hours of sleep.
- Go to bed only when you are tired.
- Engage in relaxing activities to prepare your body/brain for sleep. This might include taking a warm bath/shower, reading a book, stretching, deep breathing, meditation, and listening to calming music.
- The sleeping environment should be dark, cool, and comfortable.
- Avoid screens (TV, computer, phone or tablet) at least one hour prior to bedtime.
- If you can't fall asleep, leave the bedroom and return when sleepy.
- Hide your clock and phone and avoid looking at devices during the night.
- Talk to your doctor before using medication to help you sleep.
- Avoid daytime napping. Talk to your doctor about naps if you are experiencing significant fatigue during the day.
- Get sunlight first thing in the morning.
- Consider using the free CBTi Coach app that includes information on sleep hygiene and relaxation strategies: https://mobile.va.gov/app/cbt-i-coach
    - Dr. Flannery at UCSF Headache Center (he's leaving so Olivia Kingsford is my next neuro November 12, 2026)
        - (415) 353-8393
        - **Clinic Fax:** (415) 353-9539 Headache Center Mount Zion - UCSF Health
        - 2330 Post Street, 6th Floor
        - San Francisco, CA 94115
        - Spoke with Annika Ehrlich of his office on 12/16/25 & said if MRI/A w/ and w/out contrast no results and if atacand fails (then go off as slow as needed like to 4 for 2wks), could try botox w cgrp like emgality (has more response w/ vestibular) but Flannery said don't bother.

        - 7/15/2025 & She suggested since I haven't tried any of the ARB's that we could start with the main one candesartan even though in 2025 there was a study from Italy that said it had low effectiveness for migraine. Then If I fail that at 90 days 8 mg maybe try Amitriptyline since it seems like I may have only tried it for a month Even though I tried nortriptyline for a while and it didn't help and Venlafaxine for a month Potentially more and didn't help or atenolol (as it helped someone I know at 25 MG one time daily with their constant migraines, but everything is different for everyone) But I've already tried the more major anticonvulsants And atenolol isn't backed by as much research.
    - Primary care ideally to get my minerals/vitamins/thyroid checked yearly
        - a test 3/1/24 of my electrolytes found I had 215 triglycerides so they said if that keeps popping up then it's a concern but I'm trying to eat healthier/exercise more; did more tests on 3/7/24 and it was just a little over 200
    - Golden Betony CST has me trying TOURMALINE ELIXIR MIMOSA, HAI THORN FLOWER/LEAF, HIBISCUS, PASSIFLORA, CHAGA, MULLEIN, DANDELION ROOT, KAVA, MARSHIMALLOIN ROOT, MOTHERINORT, SCULLCAP, RED CLOVER, JAPANESE KNOTUVEED, NETTLE, VARROW & HONEV INFUSED IN VODKA, an alcohol/water base (started 4/30/24 at a ¼ dropper then had to wait a few days as seemed to make me a little more tired/out of it; tried ½ dropper and made that worse so trying ¼ again every week or so). I try a drop every week or so when I remember. They recommend certain varieties of psilocybin and biodynamic craniosacral therapy as other options but I've done those treatments
- Past protocols (there's been more likely) & results (if any):
    - Fremont Sleep doctor to treat tiredness during day and snoring sometimes though raising the bed helps, just has me on Atomoxetine as Not much else helps and that helps a little
    - Considering Logan Basic chiropractor technique https://www.chirodrharte.com/about/dr-don-harte.php http://www.friedmanchiro.com/services.htm but my last chiropractor Dr. Lance at Golden Gate said that he incorporates this technique into almost all of his care. I've also tried probably 13 different chiropractor since having this with all the different techniques except probably that one though it seems like they do similar things and I kind of don't want to spend more money and have to get a rental car or take an hour and a half of a trip to get to someone that seems to be the only person in the Bay Area to do it which is in North Bay
    - Tried Colorimetry testing instrument to go through lots of different colors and mixture of color tints for lenses and some slightly helped but made me nauseous. Same when I tried irlens tints. I feel like I did my own version of colorimetry with UC Berkeley's opticians and binocular vision lab where we tried different tints in front of my eyes but they didn't really layer the tints that much which seems like

something that happens at colorimetry but it seems like the only one in the Bay Area for colorimetry is this place But they have the 1998 version Not the wave So waiting to hear from the maker of the wave If it's fine if I use the older colorimetry Instrument As the closest one with the wave seems to be Bakersfield http://www.lighthousevt.com/testing/extended-visual-learning-testing.html

- though only found 1 case where colorimetry helped PPPD/migraine vertigo and I'm finding it's used for people that want to read a lot for a long period of time, who can't handle lights or Visual stress/Meares-Irlen syndrome which I've never been diagnosed with but yes it is difficult to read black text on white paper at times with words moving, blurring but I just use black mode and the vision can get blurry so it's good it reminds me to take breaks; I would like it to hopefully help with my dizziness in general but it seems like Avulux is more designed for that so plan to try that first as free trial and they said 2 weeks if fine and colorimetry in San Jose does Irlens tints
    - Official Irlens screening is done via PowerPoint with a specific process. From them “Irlen colors are unique to the Irlen institute. The processes are not the same, they could be similar but it will be a different set up. I won’t be holding anything up. Please do not wear anything that causes you to feel more dizzy or uncomfortable. That won’t be helpful for your body or your brain. Let me know if you’d like to schedule the Irlen Screening this is how we identify if you were a candidate for the Irlen special filters.”

- Avulux tried 4/2/26 for a little over 10 minutes made me More dizzy So as recommended by them trying As much as I can and made me dizzier. I use neurolens (used prisms before) and they seem to help a bit and now I’ve learned about axon and also f41 lenses (apparently they’re different and axon/avulux is the only one scientifically proven for migraines) and am contemplating trying axon (though when I’ve tried tints in the past it was theraspecs which only helped with driving at night or other ones at the optometrist that maybe helped a tad with the dizziness but I can’t function on them). I would be getting axon (with premium coating as recommended for antireflective) for everyday use with my neurolens progressive prescription so I hope I’m not making my eyes lazier as someone with my condition posted “My specialist said to use both eye and ear protection VERY sparingly, once becoming medicated especially as the ears and eyes can become lazy which complicates recovery even further” though I think since axon are made to let in healthy light and only block out the lights that are not even natural (how much computer etc light we’re exposed to). I also read to get Large or wrap-around frames to maximize therapeutic coverage and prevent light from entering from the sides, top, or bottom. Turns out only Flores in San Leandro (more accessible to me And only one with axon in stock to try for holding up the tints, as clip on or as glasses over glasses) and Family Vision in San Carlos (used to drive to for syntonics when my visual therapist was working there) do both neurolens and axon

- randomly found an acupuncturist down the street who cured someone's PPPD of two years so tried that and massage/tuina for 24 sessions and they said they don't think it's gonna help the dizziness if it didn't by then and tried Traditional Chinese medicine with boiling herbs, but it made me nauseous https://www.yelp.com/biz/unique-acupuncture-clinic-belmont#location-and-hours
- Helen Ye Acupuncturist UCSF. Saw first time 10/10/24 & 10/17/24 & every other week starting in december then it's been about once a month since January 2025 and last one was in May 2025. She wants to try anti-microbial tinctures/herb mixtures and also mentioned potentially getting my methylation checked to see if it's something with my liver causing the dizziness or other symptoms but she hasn't followed up on this after the trace minerals we tried didn't help. Has me doing xi gong 5 days a week for ten minutes but I stopped doing them after a few weeks and tried to just incorporate them here and there. Also saw a masseuse there for six treatments but I've tried massage before a lot And after five it didn't help really And they canceled them same with acupuncture
- lost: 50% blue blocking tints on my glasses as clips but they increase the nausea and maybe help with the dizziness a little so I try them at times (want to get back to using them more regularly to see if they help but they make nausea worse and can be disorienting with my neurolenses but haven't tried much given that)
- Ibuprofen 600mg sometimes for pain but rarely as I know it can affect my organs and can worsen migraines
- Tyrosine sometimes for energy though ran out 2/27/24
- Trace minerals from Whole Foods started with 1 drop in cup of water or liquid for 4 days then go up a drop every 3 days; found 8 drops most tolerable. Prescribed by acupuncturist; don't really notice a change though maybe I'm a little calmer
- Nina Freitas PT at ucsf (saw 3/29/24 for video appt as she was recommended by a dizziness expert PT Alexander Dien at UCSF for orthopedic neck treatment and vestibular treatment); recommended new exercise program & potentially in future dry needling but we've done cupping and I've seen her about every other week since then. She's done some manual work. No one at UCSF can refer me to Osher's Rahmat Balogun, DO, MPH as she is the only person at UCSF who does Integrative Medicine/Osteopathic Manipulative Medicine so easier way to have chiropractor like treatment covered But she only does it for people on staff.
- Hunter Pietrzak at source chiropractic who also does energy work, said let's try 12 sessions which ended 2/27/2023. Helped somewhat with pain/posture but not with other things like dizziness. The goal was to get to the point where I'm only seen 1-2x a month for maintenance. We then did 2-3 weeks for maintenance of posture (sometimes every week) 18 more times and then I saw Jordan Fairley the last two visits where my vision and dizziness seemed to get a little better during our adjustments and then went back to normal right after. They both have given me neck and back (scheuermann's) daily exercises and other strengthening exercises (8 point plank, core exercises). Jordan recommended seeing him twice a week for

six weeks but my bundle plan there ended 3/5/24. Dr Lance at Golden gate who I saw 3/12/24 and 3/14/24 for an eval and had seen weekly (12 visits and two mid point evals) until 6/25/24 as helped somewhat with my pain but pricey and trying to see if meds can help my dizziness as more affordable

- CBT therapy program with UCSF for 8 weeks but ended 5/16/24. Helped bit for anxiety sadness. Was seeing therapist who does mix of dbt, cbt, solution based for stress depression anxiety sadness nostalgia loneliness from 5/23-1/24
- Haven't seen since '23 Megan Leigh Durr UCSF Sinus Center
    - referred me to see Jeffrey D Sharon on January 09, 2024 UCSF Neurotology migraine dizziness expert as haven't seen Neurotology since 2012 and he ran out of ideas
- Catherine Chen physical therapist deep massaging gall bladder, liver and other areas around the stomach and potentially in the mouth and or nose and along the spine to improve my posture and hopefully dizziness nausea pain (as helped somewhat with the latter two) and thinks can work on tense legs to help dizziness but hasn't helped with that so far. helped with snoring by shoving fingers up nose and massaging. gives me stretching like opening up shoulders and vestibular exercises like moving head with a pen
- Neurologist Vicky Economous (but went on med break as the last med she gave me seems to have left me with hand tremors
- Dr Rachman Chung
    - Functional neurology/chiropractor; have seen 20 times I believe and did a re-evaluation on 5/2/22. He said for future things I could potentially try Low dose naltrexone (Didn't help), Therapeutic Ketamine (Helped a bit but not really with the dizziness just being able to accept things and Exacerbators), and see a naturopath Mischa Grieder to potentially do antiviral testing to see if I should try an antiviral medicine (Very expensive, I doubt given what I have it would help and I don't see any evidence that it helps for my dizziness condition PPPD). Dr. Chung said I still have Downbeat Nistagmus and Right brain deficiency.
    - He's helped somewhat with pain/posture but not really with dizziness. Maybe has helped with energy though I think being more active (likely this) and/or modafinil has helped
    - Did balance exercises (I put them at the end of this doc) & using a gammacore device (like a tens unit on the front of my neck) at level 23 for 2 minutes twice 3x a day for 3 months to see if that works (I believe I used it for about 2 months).
    - His evaluation included: Brainwaves (qEEG): measures electrical activity in the brain and can identify patterns linked to sleep, mood,cognition and sensory-motor systems.

- Neuro-Cognition: measures and tracks attention, memory, psychomotor speed, reaction times, executive function and behavioral symptoms.
- Oculomotor: evaluates eye movement control and brain pathways linked to vision, balance and focus.
- Vestibular: assessment of balance and inner-ear reflexes related to posture, motor control and orientation.
- Somatosensory: examination of musculoskeletal, orthopedic and sensory-motor systems.
- Autonomic: evaluates how the autonomic nervous system regulates cardiovascular, respiratory, and stress responses in the brain and body.
- Physiology: lab testing ordered when needed to evaluate metabolic, immune, hormonal and nutritional factors linked to recovery and optimal wellness.
- computerized posturography
- customized plan with neuromodulation, neurofeedback, vestibular and neurological rehabilitation, chiropractic care, biofeedback, and lifestyle guidance to support neuroplasticity

- Dr jae Reed oakland chiropractor who does NET/NIS (felt like Emotional Freedom Techniques) but it's basically hovering hands over my body, and feeling certain things in his mind and then having me hold out my arm and pushing it down and saying certain words, or touching me in certain places, and then, if the arm drops, they go oh look that means that's acting up so I just don't buy this and they also said if it didn't have a change after two sessions, it's not going to help. Also had me do a nutriq long form but feel like it's very biased to high results
- Emotionally Focused Therapy and Internal Family Systems with someone training in it and didn't like the approach very oh you fit this metaphor
- Chiro with functional medicine neurology diplomate though he said he would just do adjustments 2021
- Re-Timer glasses Gen 2
    - Attempting to help with fatigue but more so for jetlag/dizziness for my trip to Japan on 9/5/19-9/19/19 (the makers of the glasses recommend time shifting by an hour starting 8/31/19 until 9/8/19)
        - I usually time shift (go to bed 30 minutes each night until I'm on the time schedule of where I'm going but that would mean sleeping throughout the day when I will get poor sleep)
- CranioCradle (trying on and off for help with pain/migraines/dizziness); didn't
- muscle simulator
- "Upright Pro" to improve posture (on and off) as well as Andago-Back-Posture-Corrector (my neck and shoulders have been pushing forward on their own); hard to remember or keep doing though I plan to try again. 2017-2018 mostly
- bilateral occipital injections for dizziness (nerve block, one shot in each back of neck side) 2019

        - no positive results
    - Syntonics: 2018
        - For my dizziness post-concussion
        - Evaluations and home phototherapy exercises
        - no positive results
    - Other Neurologists
        - Dr. Suzan Khomeni (UCSD)
            - Tried botox; believes dizziness isn't from vestibular migraine (only neurologist to think this besides Dr. Ansari (UCSD); believes it could be psychological (only neurologist out of many to think this and only mental health expert out of many)
            - She along with Dr. Engel (Scripps) neurologist (dizziness expert) who examined patient and a physical therapist Williams (UCSD) believe is is not Cervicogenic dizziness; I have had every treatment in the past that's recommended for Cervicogenic (vestibular rehab, PT, medication, gentle mobilization, exercise, instruction in proper posture and use of the neck) & I've had tests done by different PTs, chiropractors, a vestibular therapist, pain specialists, on & on, and none of them diagnosed me with Cervicogenic. I also heard a talk on Cervicogenic dizziness and the doctor said if you can't touch your chin to your shoulder or it's tight then maybe you have it (I can though it's not easy).
            - Recommended psychiatrist (UCSD) who I saw 8/27/19 to get off meds at time which I did
        - Dr. Hossein Ansari at UCSD
            - The only neurologist of the below who didn't think my dizziness is from vestibular migraines
            - He tried to increase lamictal 25mg every week until dizziness improves or I'm taking 200mg twice a day then we did lab work and my lamictal was normal so then he told me to go back to my normal 200mg/pm
            - Did a series of antibody tests and CAP and IG3 were high but he said that's fine
            - Said he ran out of ideas as he doesn't believe the dizziness is from migraines
        - Dr. Neil Raskin of UCSF
        - Dr. Regio Kwo of Sutter
        - Dr. Suzanne Maska and Barbara McQuinn of Alta Bates and private practice

        - Dr. Mary Kalafut of Scripps for second opinion
        - Dr. Erik S. Viirre of UCSD
    - Alexander Technique from Elyse Shafarman (saw for about 8 visits), 2018
        - My neck/head seem to be pushed forward a little from the lying down pose she has me do but they were already pushed forward a good amount from maybe putting a weight on my diaphragm that Erik Peper (below) had me do
    - Z health 2018
        - saw for about 5 visits, no improvement
    - Acupuncture/Chinese herbs
        - Golden Tree and multiple other locations from 2010-2014, didn't help
        - Donald Hughes, Lac (saw for about 8 visits), 2018
            - Has said he's helped multiple people with migraine dizziness but didn't help me
    - Biofeedback Dr. Erik Peper
        - Had me doing daily 10 minutes of breathing with 5lb weight on diaphragm as well as other exercises to decrease hyperventilation (helped a good amount with this as I feel my lungs swelling less but I think that's also from me being aware of posture and anxiety).
            - Started late January 2018 for about 10 visits
        - And tried Meir Schneider's "Vision for Life" exercises
    - Concussion compass app 2021
        - Some good advice; same with mvertigo and facebook dizziness forums
    - Crossfit 2019
        - Aggravated dizziness
    - Cefaly 2018
        - Free 60-day trial, no results
    - Vision therapy
        - For my dizziness post-concussion
        - Completed sixteen visual therapy sessions at the Binocular Vision Lab at the UC-Berkeley Eye Center as well as two follow-ups to see if tints helped
            - Blue lens tints helped a little with dizziness/eye fatigue but made nausea much worse it seemed. Tried again later on, and I believe it was the same result
    - Vestibular therapist Daniel Topolski, Alta Bates Herrick, 2018

        - Did soft tissue work/cranial sacral/cervical work/gentle neurotension/vestibular visual ocular motor tracking with advanced gaze stabilization exercises per day
    - Mindfulness-Based Stress Reduction 8-week program, 2018
        - Results: I've been a little less anxious/stressed/negative and less ineffective thoughts & improved my mindfulness techniques
    - Neuropsychologist phone conversation with Dr. Shari Scarborough but she didn't believe she could help, 2018
    - Physical therapy/cranial sacral/stretching exercises, including the use of a foam roller and armbands, 1999-present
        - Assigned by Ellen de Neef PT, OCS (who also specializes in manual therapy and hand rehabilitation), at the Physical Therapy unit in UC-Berkeley Student Health Tang Center, 2017
        - Mostly discontinued as was doing daily for years and only moderated the pain slightly (which seems to happen just from any exercise and doing less near point like laptop or phone activities)
        - Last evaluation: Dr. Stacy Williams UCSD with vestibular/concussion background in 2020
            - Recommended to avoid stretching head backwards and instead angle down and up in forward motion; as well as to continue Achilles exercises on and off
    - The Masgutova Neurosensorimotor Reflex Integration (MNRI) Method
        - Several visits and more than a month of in-home exercises, 2017
    - Acupressure, 2017
    - Cupping, 2013
    - Electrical stimulation/TENS unit, 2012-2018
        - Momentarily reduces pain but pain returns when it's off or pain moves to a different part of the spine
    - Western herbal medicine/wildcrafting/constitutional medicine/holistic medicine, 2014-2016
        - various combinations over that year tried:
        - Gingko
        - Prickly Ash
        - Kola Nut
        - Red Ginseng
        - Myrica

        - Catnip
        - Anemone
        - Chamomile
        - Licorice
        - Echinacea Mucoplysaccharide extract
        - Feverfew
        - Japanese Knotweed
        - American Ginseng
        - Oregon Grape
        - St. John's Wort
        - Motherwort
        - Pedicularis
        - Chaparro amargosa
        - Rhatany
        - Iris
        - Bog Bean
        - Nutmeg
        - Smilax
    - Nutritional counseling, 2011-2018
        - My own research into nutrition has helped with fatigue
    - Allergist and allergy/mold testing, 2016
    - Neurologists and MRI (2012 and 2017)/CT scan (2013)/EEG/EKG/Chest x-ray (2015)/full pulmonary labs (2015)/ultrasound testing (2013)
    - ENTs and their testing (2013, 2015), including Dr. Lustig when he was at UCSF
    - Reiki, 2013-14
    - Chiropractors including Network, NUCCA Atlas/Orthogonal 2015-17, Diversified, Functional Endocrinology, TBM, Activator and I believe also did NET (Dr. Martinet in Oakland who didn't do it much and also did EFT and Bach scents; I spoke with Dr. Kim Makoi who said after 3 sessions I should know if it'd help but I tried his student Dr. Jae Reed who said you tried it and it didn't work),

RPR, Brain Function and Enhancement, PNT, Zone technique and Concept Therapy, Impulse IQ, CBP, Extremities, and Laser

- Is that pixelPsychiatrists including The PsyPredictor
- Therapists including CBT, DBT, and somatic and started IFS though may stop
    - Helped reduce anxiety, stress, PTSD, depression
- Ayurvedic, 2016
- Tai Chi, 2016
    - 7 class sessions
- Yoga including movement yoga and yoga catered to individuals with concussion history for many years
- Tapping/Bio-Meridians, 2017
- Neurofeedback/LENS/neurophysiology
    - One session 2018 but doctor believed the lack of a positive reaction means it isn't worth pursuing
- Nambudripad's Allergy Elimination Techniques 2017
- Pain Management with epidurals and X-ray frequency ablation procedures
    - In 2014 pain management doctor and neurologist Timothy Lo noted "Diffuse myofascial pain in the cervical, thoracic, and lumbar paraspinal muscles of unclear etiology"
- Transcranial magnetic stimulation (TMS); 30 treatments 2015
    - Reduced amount of suicidal ideation by 95% and reduced depression somewhat. It was on the side of my skull
- TENS units; pain patches
    - Help some with pain but I'm able to ignore pain so rather not deal with units or patches if it doesn't help dizziness or fatigue
- Psychedelic drugs, 2011-2013 (low dose of ketamine powder: made me extremely dizzy in higher doses; LSD, LSA, mushrooms, cocoa leaves, nitrous, molly, sassafrass). Low doses of ketamine again (powder and gummy) in 2022 and a few times after and less dizzying but didn't seem to help
- Witch doctor in Tijuana who predicted things that I don't think I told them like about my family and that I had a parasite crawl in my toe but they wanted to kill chickens behind me and I think get a dog tail so I don't think the placebo of it would've worked on me as I believe I would have had to believe in it
- Medicinal marijuana (high CBD and pure CBD, tinctures, edibles, plants and mix of THC/CBD as well)
    - Tried 1-2 35mg CW+ pills (took full 25 pill spread throughout; didn't sit the best and didn't do anything); also tried 10-20mg dropper of CW oil throughout the day and didn't sit well, 2014
    - Also tried CBDistillery dropper up to 21 mg or so, didn't sit well

- Infectious Disease and gastroenterologists with colonoscopies and endoscopies
- Blood, urine, and feces testing for allergies, hormonal, and other tests including Lyme's (negative) 2018 I believe
- Rheumatologist consult and said couldn't help, 2015
- Immunologist/biochemist, 2016
- Naturopathic Doctor/homeopath/homeopathic remedies/energy healing, 2016
- Different types of meditation/mindfulness
- EMDR, 2018
    - Helped reduce number of nightmares and PTSD and anxiety
- Massage, including Swedish, Energetic Touch, Thai, Deep Tissue, Reflexology, Bodywork, Neuromuscular Therapy, Myofascial Release, Trigger Point Therapy, Joint mobilization, Sports Massage, PNF Stretches, and scalp massages (Orinda Physical Therapy; Dr. Sheldon Low's approach to migraines)
    - Helped with pain but temporary, 2013-14
- Crystals/stones/EMF protection devices/Aromatherapy/Sound Healing, 2015
- Dr. Michael Rosenbaum of Preventive Medical Center of Marin (winter 2015)
    - Neurotransmitter tests
        - Epinephrine was 3.1 (L) and reference range is 4.7-20.8 ug/gCr
        - Testing company (NeuroScience/Pharmasan Labs) recommended a 4-month supplement plan (many of the ingredients go against the migraine diet)
        - Dr. Rosenbaum recommended digestive enzymes/5-HTP/GABA 500/L-Tyrosine
            - No substantial benefits
    - Expanded GI panels
        - Level of intestinal anti-gliadin IgA antibody was elevated, indicative of active dietary gluten sensitivity
        - Avoiding gluten does seem to help a little with nausea/dizziness
        - Also found elevated Intestinal Lysozyme and low Chymotrypsin
- Kinesio Tape, 2017
    - Helps with posture
    - Hard to apply myself so working on improving posture without it
- Body Code; Touch for Health; Reflex Re-patterning, 2017
    - Three sessions of each with PT not pursuing further
- Natural Health services Inc. Milwaukee
    - different supplements including peppermint pills three times a day during meals and IPS same dosage and new day two in the morning and florador or maybe floralor on an empty stomach morning and evening and a complete powder Half tab empty stomach in the morning and some digestive two of those three times a day and fish oils twice in the morning and afternoon but I've tried those a bunch the EPA/DHA and bio D –

mulsea food? five scoops in the morning and ultra inflam X two scoops twice daily and they seem to comment potent c guard and eat *m*a pH balanced diet

- Grand Master Danadoost healings, 2017
    - Saw a student of his who also did crystal/craniosacral/massage work and a couple hours later dizziness was better for a couple minutes, but she doesn't seem to think repeat sessions would help much

- Protocols I could potentially try still:
    - dr. Kim makoi who does NET but I'm concerned that it's pseudoscience like pushing down on an arm and saying words and feeling around without actual changes just placebo. i told him my concerns and that i already tried one of his students and he canceled my appointment
    - Dr Siegfried in Oregon does Bilateral Nasal Specific Technique aka nose balloons. I was recommended it as my PT shoves her fingers up my nose, but she says a nose balloon may be better and a chiropractor I know says Siegfried is the best on earth for doing this and he said he thinks he can help but expensive ($1800 not including the trip. He said he likely will need to see me 7 times in about a week and a half. Dr. Sigfried on the phone kept asking have I been hit in the head but the only times I've been hit in the head was the face which didn't seem to be related to dizziness and then hit in the head a bunch in 2013 after the dizziness was already horrible
    - Someone with VM said intranasal cryotherapy, which is where they freeze the lining of the nasal passages. "I was suffering from chronic sinusitis and this stopped it cold. Simple outpatient procedure. I have VM and seriously doubt that the procedure you speak of (nasal balloons) will improve that. One thing I might suggest…he (Siegfried) asks if you've had a head injury because superior canal dehisence, a vestibular issue involving the inner ear, is usually caused by head trauma. Symptoms are vestibular migraines, dizziness, nausea, tinnitus, on and on. I have this too. you can only diagnose scds with a thin slice ct scan of the temporal bones. MRI won't find it. If you choose to pursue that you'll need a neurotologist. Don't presume an ENT knows all that much about vestibular stuff." I told them that " I saw a UCSF Otolaryngologist Neurotologist (Lawrence Lustig who is viewed as one of the top ones in the world) in 2013 before I was assaulted (which didn't change my symptoms as they had all started years before that) and he said it's VM and described it as integrative balance disorder aka a triad of condition areas worsening each other (as one worsens, the other two follow) with neurological/vision/gastrointestinal (dizziness/fatigue/nausea/migraines), psychiatric (stress and such) and pain management being the three areas
    - Someone recommended them but feel like I've tried a lot of this and it would cost around 1k not including the flight to get there, ARYA VAIDYA SALA Website: https://www.aryavaidyasala.com/
    - Dr Harcourt said Plasticity in Orlando would be a last ditch effort as very expensive

        - He said maybe I could test for parasites and gut issues with a stool test again but he agrees that it seems like the 2015 test I did several years after being cleared of parasites in 2012 likely would have seen if there was anything remaining
    - Pelvic PT
        - Psych suggested it to maybe help with no needing so much water/urination at night
    - Melatonin for longer
        - Been doing so rather consistently since 8/31/19
        - From someone else with MAV: Three hundred micrograms to 10 mg has been used, but researchers found 3 mg to be effective. Take it 5 days and skip 2 to retain receptor sensitivity and effectiveness. Tests showed 50% to 100% drop in frequency and significant pain relief by the end of the third month. I eat a cup of home-made ice-cream before bed every night for the tryptophan (precursor to serotonin)
    - Dr. Stephen Moxey MPT
        - licensed physical therapist focusing on treating orthopedic injuries and integrated sports performance enhancement with experience treating vertigo issues with the spine (cervicogenic dizziness)
            - I believe I've already tried what they do
    - Dr. Kimberley Bell, DPT
        - licensed physical therapist, yoga teacher and laughologist. She owns a private practice in San Diego, CA, specializing in dizziness, vertigo, imbalance. BetterBalanceInLife.com
            - I believe I've already tried what she does
    - Camille Newton, MD,
        - MD with experience treating dizziness but mostly elderly
            - I believe I've already tried what she does which is mostly get off prescriptions (in the sense that I had dizziness before prescriptions)
    - Diane Kusunose, PT
        - licensed physical therapist, biofeedback therapist, and a certified nutritionist so she could make food and natural remedy recommendations to facilitate well-being
            - I believe I've already tried what they do
    - Hair analysis (considering trying this and chiropractor below but costly/not proven but I guess it makes sense to wait until after Botox again though both would take some time to work so may try hair and chiropractor while doing that because then if something works I can stop the other thing and see what it was helping; plan to not try)

- One chiropractor in San Diego John Himinkool says he can do a skull/cranial lift that "he's the only good one in Sd at doing and he doesn't think given after talking with me for 40 minutes that I've ever had one and he thinks a few times or so of this with regular maintenance can help dizziness"; says he doesn't believe I've tried something similar but I believe I have (Atlas)
    - Read neurologists saying beware of chiropractors especially for permanent damage can do to neck
- Korean Gongjin-dan
    - being used in a study for unexplained chronic dizziness in Korea but the study excludes vestibular cases so seems like it's not worth trying; plus hard to get the full set of it
- Juicing and consuming the raw cannabis plant: According to an herbalist, "the THCA won't have the psychoactive effect that is making you feel like you have brain fog. I would do a colon cleanse using a coffee enema as well"
    - Tried juicing for breakfast for week and didn't notice much change
- Higher CBD concentrations through a marijuana doctor (have referral from a now-deceased psychiatrist to one such doctor in Napa area but I'm unable to find doctor's card)
- TMS therapy for migraines (it'd have to be pricey as out-of-pocket and hasn't been proven to help with dizziness so tms people said don't bother)
- Further Tai Chi/Dayan Qigong
- Core Tendon Guard
- Neurodevelopmental Treatment
- Brain Gym
    - Seen a PT who does the above four treatments and she didn't pursue them
- Long-term meditation such as live at a monastery
    - Longest I've done was a 5-day silent retreat
- Visit healers in Nepal/Tibet/India
- Osteopath
- Endocrinologist, Dr. Eric Gordon, who specializes in the treatment of complicated disorders. My therapist in 2012 was concerned that some of my notable symptoms may be masquerading as psychological when, in reality, there is a medical basis for them which has yet to be properly diagnosed. For example, Dr. Richard Shames, a Harvard-trained endocrinologist, has noted in a book titled, *Thyroid Power*, an undiagnosed thyroid problem (due to false negative results obtained by insufficiently sensitive TSH tests) could present symptomatically similar to my medical or psychological complaints. Doctors told me to instead see neurologists as my hormone levels are normal, but according to this therapist more sophisticated tests are needed and that I need to see someone who specializes in mystifying illnesses, not just any specialist

        - Though I had my doctor order thyroid tests and the tests that Dr. Thames recommends and all my results were normal

List of Past Supplements (didn't help unless noted otherwise)

- Pine bark extract 150 mg for 90 days for dizziness didn't help
- saffron—known as Xi Hong Hua I believe I tried for a month to three months and stopped as no benefits
- Lavender from the plant grounded up with clove powder and organic extra-virgin coconut oil, but it made my head hurt a little dizzy rubbing on my head so stopped
- 8 ounces salt and 20 ounces Epsom salt for weeks and I've tried lots of different bath salts and maybe helps a little with pain
- Gaia Herbs Astragalus Supreme, 60 Vegan Capsules, 30 Servings | Immune & Antioxidant Support, Herbal Supplement with Astragalus Root, Schisandra Berry & Ligustrum*. Didn't wanna keep trying as expensive and not recommended much for dizziness, but I tried for a month.
- If I expected or had cold symptoms and sometimes to be safe (but I've stopped doing the below):
    - Rescue Pastilles Natural Stress Relief, different flavors, 1.7 oz
        - Helped a little with sleep
    - Homeopathic dissolvable tablets for dizziness with headache (whole bottle)
    - Vitamin C 500mg-3000mg depending on if I expect cold symptoms
        - 60% ascorbic acid, 40% sodium ascorbate. Other ingredients fructose, vegetable magnesium stearate, natural orange flavor from whole foods, sorbitol, stearic acid, silicon dioxide, sodium 30mg
    - Probiotics (trying energy one right now daily for another 20 or so days)
    - Gan mao cha Chinese cold tea
    - Multi-vitamin
    - Natural cough syrup or Dayquil or Nyquil (though trying to find a non-alcohol one that's effective); cough drops
- Rhodiola rosea (vitanco) 200mg/am± (started 7/2, trial done 7/31; for dizziness)
- Vitamin B2: four 100mg tablets, AM; in general seems to help a little with fatigue but either way I take it as everyone seems to say take it for migraines/dizziness.
- Magnesium: 500mg tablet, AM (have tried every type I've found, Aspartate/Citrate/Oxide/Glycinate/Lysinate Chelate and probably others). Considering magnesium threonate (I read that's the best way to take magnesium) or magnesium malate, orotate, and taurate with boron for absorption (apparently good for energy but I feel like the boron shouldn't matter and I feel like since I've tried so many types probably not worth bothering to try any others? Magnesium in general seems to help a little with fatigue but either way I take it as everyone seems to say take it for migraines/dizziness.
- Zhou boost elite

    - Zinc (as Zinc Citrate) 40 mg 500%
    - Tribulus Terrestris (45% Saponins) (fruit) 500 mg
    - Horny Goat Weed (10% Icariins) 400 mg
    - Fenugreek Seed Extract (60% Saponins) 300 mg
    - Maca Root Powder 250 mg
    - Panax Ginseng Root Extract 150 mg
    - Diindolylmethane (DIM) 100 mg
    - Tongkat Ali Extract 100:1 50 mg
    - Yohimbe Bark Extract15 nanograms
    - Also vegetable magnesium stearate, rice flour
    - Didn't help fatigue really; tried whole bottle
- turmeric
- Triple bee complex
    - Royal Jelly (3.5x) equivalent to 700 mg fresh Royal Jelly 200 mg *Bee Pollen (multi-floral) 400 mg *Bee Propolis (2x) equivalent to 400 mg natural state 200 mg *Korean Ginseng (root) 200 mg
    - Other Ingredients: Gelatin, carob, magnesium stearate.
    - 1-2x daily (generally 2x)
    - Didn't help fatigue really; tried whole bottle
- 7-herb energy
    - Herb Weight Equivalence: 524 mg: Ingredients: Ashwagandha root (Withania somnifera)+, Asian Ginseng root (Panax ginseng)+, Eleuthero root (Eleutherococcus senticosus)+, Gokshura fruit (Tribulus terrestris)+, Brahmi / Gotu Kola leaf (Centella asiatica)+, Licorice root (Glycyrrhiza glabra)+, Ginger root (Zingiber officinale) Certified Organic. Other ingredients, from natural sources: organic non-gmo/gluten-free Grain Alcohol (47-57%), Deionized Water. 1-3x daily (usually 3)
    - Considering adding to steaming water so the alcohol is evaporated given I'm not supposed to have alcohol on the migraine diet
    - Didn't help fatigue really; tried whole bottle
- B12: 500-1500mg, as needed for energy, doesn't help too much
- Beet powder; prompted dizziness, didn't work after a few tries
- B complex, didn't help
- MegaFolinic 800 mcg 2x day for dizziness, no help
- CoQ10 300mg (varying doses tried as well)
    - Didn't seem to help with dizziness; maybe it and fatigue a little
- Fish Oil: two 1000 mg softgels, AM/lunch (cod oil; seemed to worsen; overall fish oil doesn't seem to benefit)
- Acetyl L-Carnitine: 500mg, AM as needed for energy/migraines (have stopped for now as couldn't get thru it after a couple days; seemed to aggravate dizziness)
- Alpha Lipoic Sustain with Biotin (330mcg): 300mg x 2, AM/PM as needed for energy/migraines (have stopped for now as couldn't get thru it after a couple days; seemed to aggravate dizziness)
- American ginseng, doesn't help too much
- Dizzy Stop (1025mg Ginger root/grape seed extract) for dizziness; didn't help

- wheatgrass fresh juiced same with ginger raw and juice; didn't help for energy/anything
- L-tyrosine: 500mg 1-3x, AM/PM as needed for energy, doesn't help too much
- Zinc and Vitamin C (2000mg)
    - Helps a little when I have a cold
- Sam-E 200mg 1x
    - Unable to tolerate as make dizziness worse
- Butterbur 75mg/Feverfew 200mg 3x
    - Didn't observe benefit
- Wu Ling San: 3g 2x, AM/PM (tried around 4/24/18)
- D-ribose .575g, as needed for energy (tried a number of times; helps with energy a little since I can't have caffeine but unsure I tolerate it well)
- Imodium: four 2mg pills, AM as needed diarrhea
- Siberian Ginseng: 2g, AM as needed for energy
    - helped a little with energy
- B12: 5mg 1-4x, AM/PM as needed for energy
    - helped a little with energy
- GABA 500 to 750mg, maybe helped a little for anxiety; thinking of trying it again
- 5-HTP, 100mg (1-3x?) sleep, anxiety, Spring 2015
- Different varieties of Chinese and Western herbal tinctures; Omegas, multi-vitamins (food-cultured one, source of life), C, B, D3, probiotics (Jarro-Dophilus EPS + FOS, others such as ones with enzymes and ones 100 billion), Magnesium (citrate, stearate, glacinate)
- Guarana (believe I tried), 250mg
- Testerone for energy, didn't help
- Melatonin 5mg
- L-tryptophan (believe I tried), 500mg
- DGL/licorice, varying doses and the max was 2250mg, (helped a little with nausea)
- THC many varieties (help a little with anxiety and pain somewhat zenseeker
- L-tyrosine, 500mg 2x; for energy, maybe helped a little
- Adrenotone; for energy dizziness
- L-glutamine (free-form), 500mg, 1-2x
- Mucinex; sinusitis; maybe helped a little; one a day
- Digestive enzymes; maybe helped a little with nausea
- Different psychedelics/drugs but didn't help, generally made dizzy
- Liothyronine I believe my chiropractor said he had me try; for dizziness
- Pineal lyph; for dizziness; chiropractor
- Adrenal desiccated (too dizzying if recall); for dizziness; chiropractor
- Mushroom elixir teas (dizzying)
- For fatigue and dizziness and such (nothing really worked):
    - different eye drops
    - Gaia Stress Response pills
        - (seem to increase dizziness; included: RHODIOLA ROOT - (RHODIOLA ROSEA)200 MgN/A*ASHWAGANDHA ROOT - (WITHANIA SOMNIFERA)100 MgN/A*WILD OATS MILKY SEED - (AVENA SATIVA)100 MgN/A*HOLY BASIL ETHANOLIC EXTRACT

- (OCIMUM SANCTUM)100 MgN/A*HOLY BASIL SUPERCRITICAL EXTRACT - (OCIMUM SANCTUM)50 MgN/A*SCHIZANDRA BERRY - (SCHIZANDRA CHINENSIS)50 MgN/A*ROSAVINS - (FROM RHODIOLA ROOT)6 Mg)

- Gingko Biloba (120mg 1x; read can help with neck pain as well)
- L-Tyrosine (3k mg seems to be the most I can tolerate; 500mg at a time)
- Bee Pollen Complex (1g 2x)
- different essential oils (rosemary helps a little to smell for fatigue; lavender a little to relax or give my nose something different given migraines triggered by harsh smells though it can make me a little dizzy; Tea tree helps a little for acne)
- protein and energy powders
    - different kinds triggered dizziness right away: rice powder, creatine powder, stronger protein milk drinks (Organic Fuel didn't but only a little boost), beet juice, LifeAid Thrive, Whey, Collagen, and Pumpkin
- Gotu Kola (950mg 1x)
- Vitamin B complex gummies seem to help a little but raise dizziness
- Pentadolex 150mg (tried for 3 days for dizziness but neurologist agreed not worth liver toxicity and slightly raised dizziness and since I tried Butterbur for a month a year ago with no results)
- Manaka honey seemed to make me a little dizzy but didn't try for long

dizziness exercises from Dr. Chung

- Isometric Exercise: resist for 5 seconds
- left head rotation with resistance against hand-hold for 5 sec
- chin tuck with fist under chin-hold for 5 sec
- neck extension with hands behind head- hold for 5 sec
- left wrist and elbow extension / right wrist and elbow flexion-hold for 5 sec
- repeat 5 reps
- Figure 8's on left
- Cross Crawl (on ball or standing on mat or just floor; one knee up & opposite arm up)
- Bird Dog (on knees one arm out and opposite leg out; hold 5 secs switch)
- Opposing head-torso (head one way torso other way on exercise ball)
- Graded Motor Imagery
- -left/right discrimination through foot and hand apps
- -visualized movements (spin hand and feet and then imagine doing it and writing down circle ten times then filming it and watching it ten times and imagining it)
- -mirror image therapy
- wearing laser and looking at image then back to center twice then doing it 5x back to center eyes closed and correcting to center and then doing it in different directions
- Like hand to side of head isometric but can do hand on forehead so forward and to other side and hands behind head and lean back w shoulders down and back.
- And Head back a bit as thumb down
- Look at piece of paper close and just drop head down and hold one hand on forehead for ten secs then lift head up eyes closed and open eyes.

Exam(s): MRI BRAIN, MRA BRAIN, MRA NECK - WITHOUT AND WITH CONTRAST
Exam Status: Final

The imaging provider, Phuong Le Cat Nguyen, MD, reviewed your images and created this report to communicate with your care team. Your care team may not have yet reviewed this report but will discuss these results with you at your next visit, through telephone, or MyChart messaging. If you do not have a visit scheduled and wish to schedule one, please reach out to your practice through MyChart or by calling the practice directly.

MRI BRAIN, MRA BRAIN, MRA NECK - WITHOUT AND WITH CONTRAST: 1/21/2026 6:00 PM

INDICATION (as provided by referring clinician): Dizziness

ADDITIONAL HISTORY: "Chronic dizziness since 2011, previously diagnosed as vestibular migraine after extensive ENT evaluation and multiple unsuccessful treatments. there is concern he may have venous hypertension as a cause for his symptoms."

COMPARISON: Brain MRI 11/29/2017. Sinus CT 05/05/2023.

TECHNIQUE: Multiple sequences through the brain were acquired at 3.0 tesla. MRA of the head and neck was also performed.

MEDICATIONS:
Dotarem - 17 mL - Intravenous

FINDINGS:

BRAIN MRI:
No acute intracranial hemorrhage. No abnormal susceptibility. No no mass lesion, midline shift, or herniation. Brain is normal in signal intensity and morphology for age. No suspicious areas of parenchymal T2 hyperintensity. No reduced diffusion or acute infarct. No abnormal parenchymal, leptomeningeal, or dural enhancement. Normal morphology of the pituitary gland. Normal position of the posterior fossa structures. No focal perfusion abnormality on ASL. The optic nerve sheaths are within normal limits. Ventricles within normal limits of size for age. No hydrocephalus. No extra-axial collection. Mucous retention cyst noted in the right maxillary sinus. No fluid in bilateral mastoid or middle ears.

BRAIN MRA
No occlusion, high-grade stenosis, or aneurysm of the intracranial arteries.

Normal enhancement of the dural venous sinuses without focal stenosis. Right dominant transverse and sigmoid sinus. A prominent arachnoid granulation at the junction of the straight sinus and the great cerebral vein is noted. No signal abnormality or susceptibility in the cerebellum or brainstem.

NECK MRA
Patent cervical arteries.

IMPRESSION:

1. Normal brain MRI. No acute intracranial abnormality.
2. Patent proximal intracranial and cervical arteries. Normal enhancement of the dural venous sinuses without focal stenosis of the transverse and sigmoid sinuses. Normal morphology of the pituitary gland.

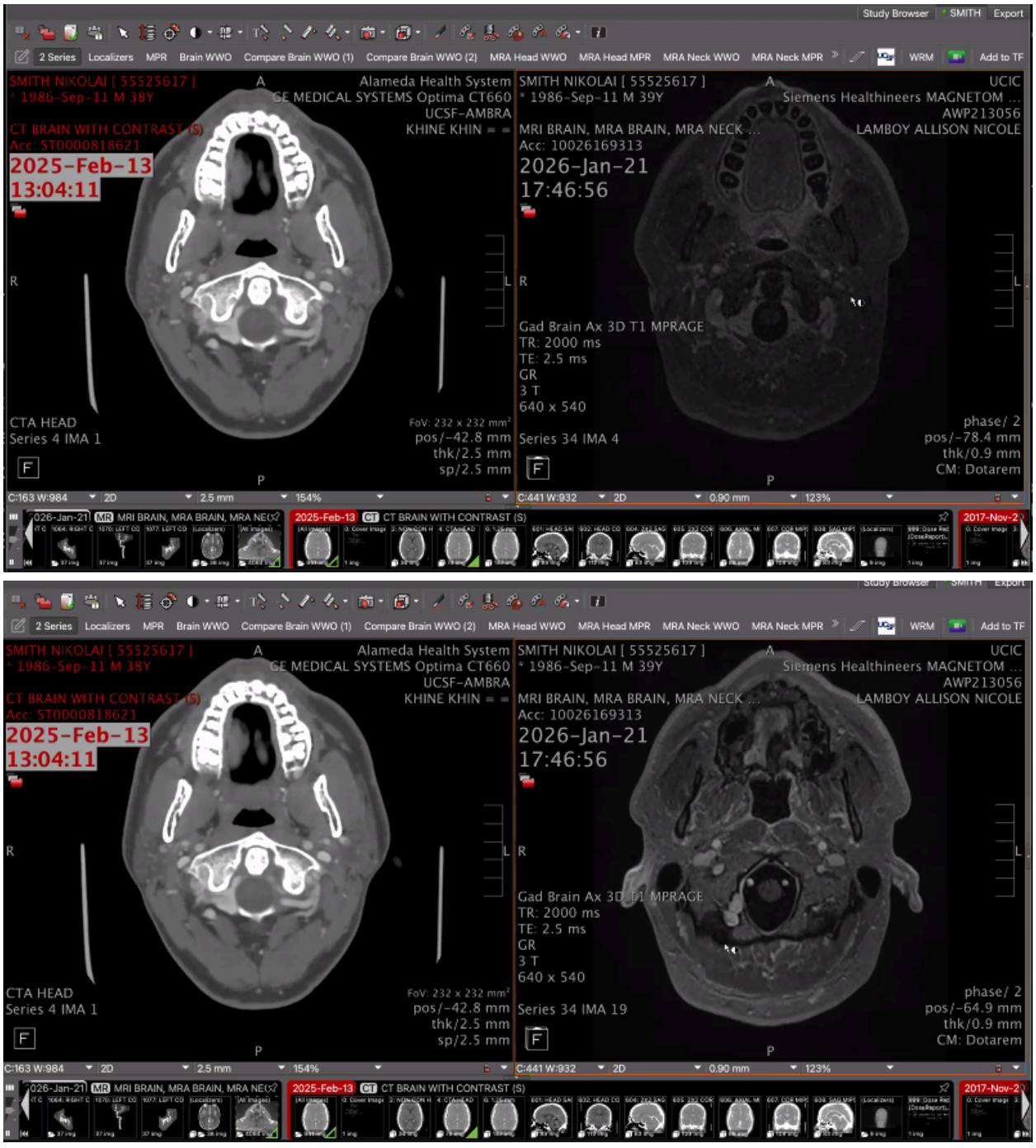
Report dictated by: Phuong Nguyen, MD, signed by: Phuong Nguyen, MD
Department of Radiology and Biomedical Imaging

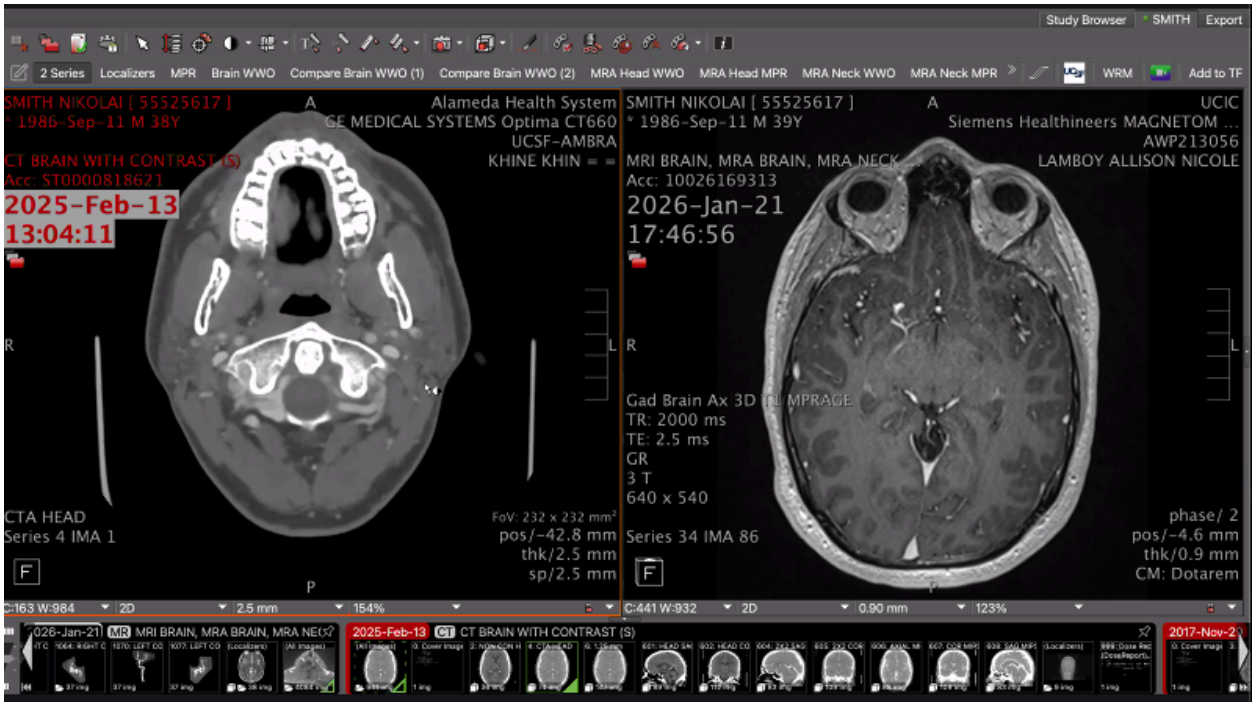
Signed by: Phuong Le Cat Nguyen, MD

- Did CT HEAD W IV CONTRAST 2/13/25 :

COMPARISON:
None
TECHNIQUE:
5 mm thick axial images were obtained of the brain without contrast. This was followed by 1.25 mm thick axial images of the head following the administration of Omnipaque 350 intravenous contrast material. Sagittal and coronal reconstructed images were obtained from the axial data. MIP images were performed
CTDI; 45 mGy
DLP; 817 mGy/cm
FINDINGS:
The noncontrast images demonstrate no intracranial masses, mass effect or acute blood products.
No acute bony abnormalities are seen.
The postcontrast imaging demonstrates no discrete anterior or posterior cerebral circulation areas of aneurysm dilatation, high-grade stenosis or occlusions.
No cerebral venous sinus thrombosis is noted..
IMPRESSION:
1. No intracranial masses, mass effect or acute blood products
2. No cerebral venous sinus thrombosis
3. No discrete anterior or posterior cerebral circulation areas of

aneurysm dilatation, high-grade stenosis or occlusions.

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2 Series
Localizers
MPR
Brain WWO
Compare Brain WWO (1)
Compare Brain WWO (2)
MRA Head WWO
MRA Head MPR
MRA Neck WWO
MRA Neck MPR
WRM
Add to TF
SMITH NIKOLAI [55525617]
* 1986-Sep-11 M 38Y
Alameda Health System
GE MEDICAL SYSTEMS Optima CT660
UCSF-AMBRA
KHINE KHIN
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2025-Feb-13
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thk/2.5 mm
sp/2.5 mm
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2D
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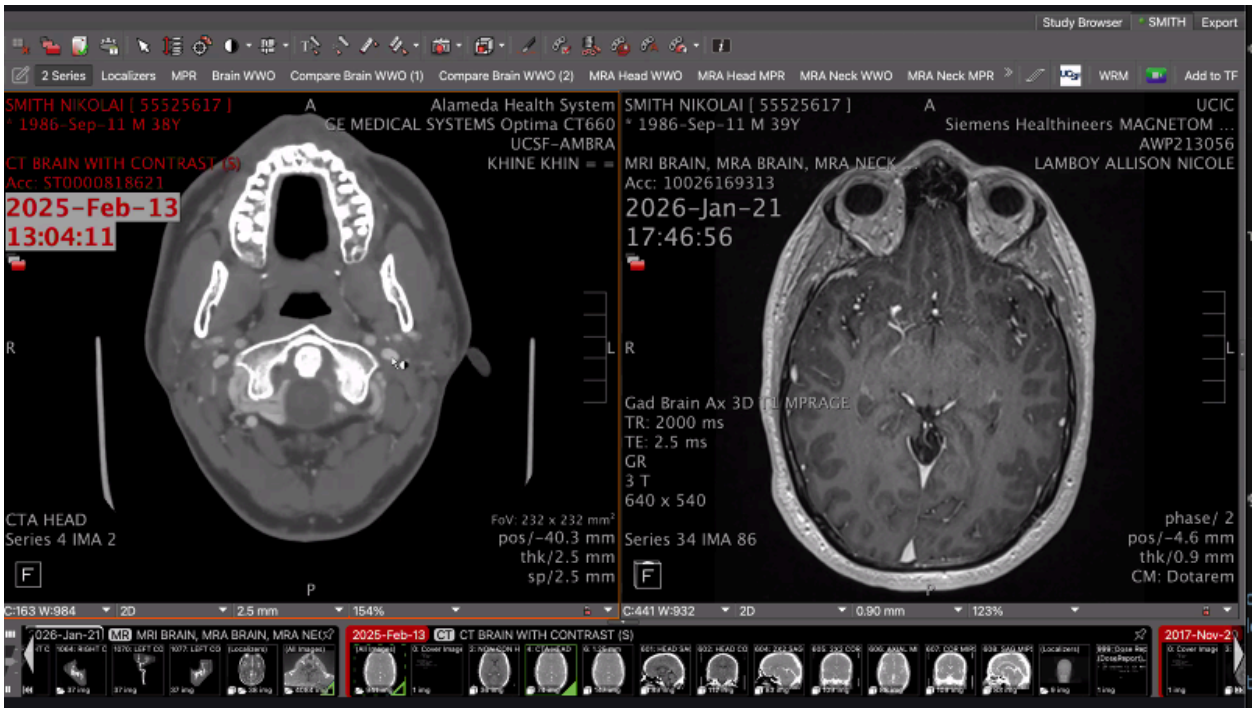
026-Jan-21 MR MRI BRAIN, MRA BRAIN, MRA NE
2025-Feb-13 CT CT BRAIN WITH CONTRAST (S)
2017-Nov-2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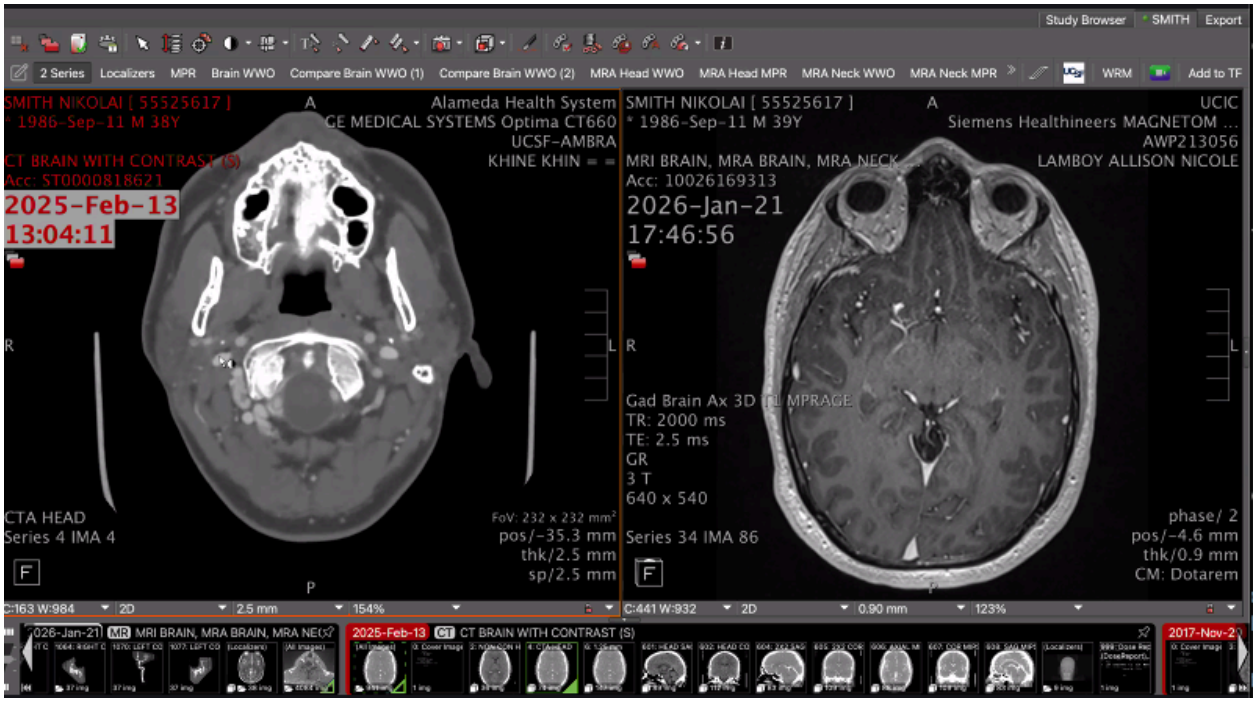
2025-Feb-13 CT CT BRAIN WITH CONTRAST (S)
2017-Nov-2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2025-Feb-13
CT
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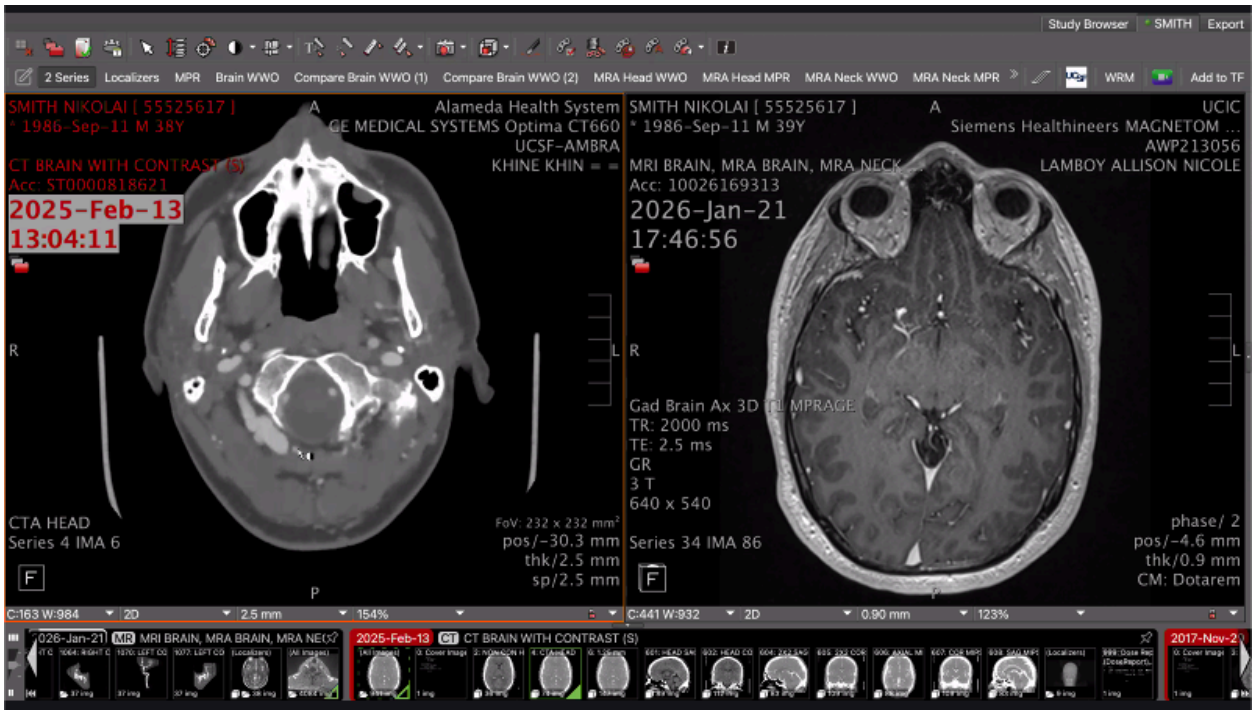
2017-Nov-2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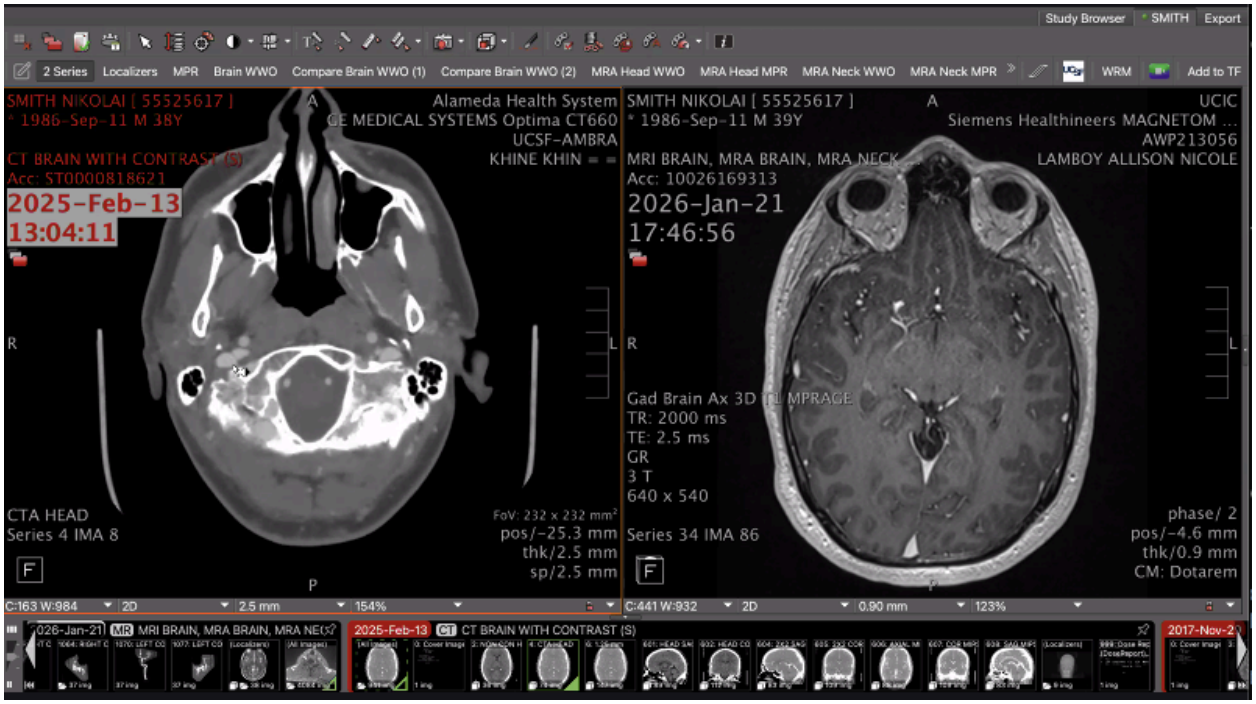
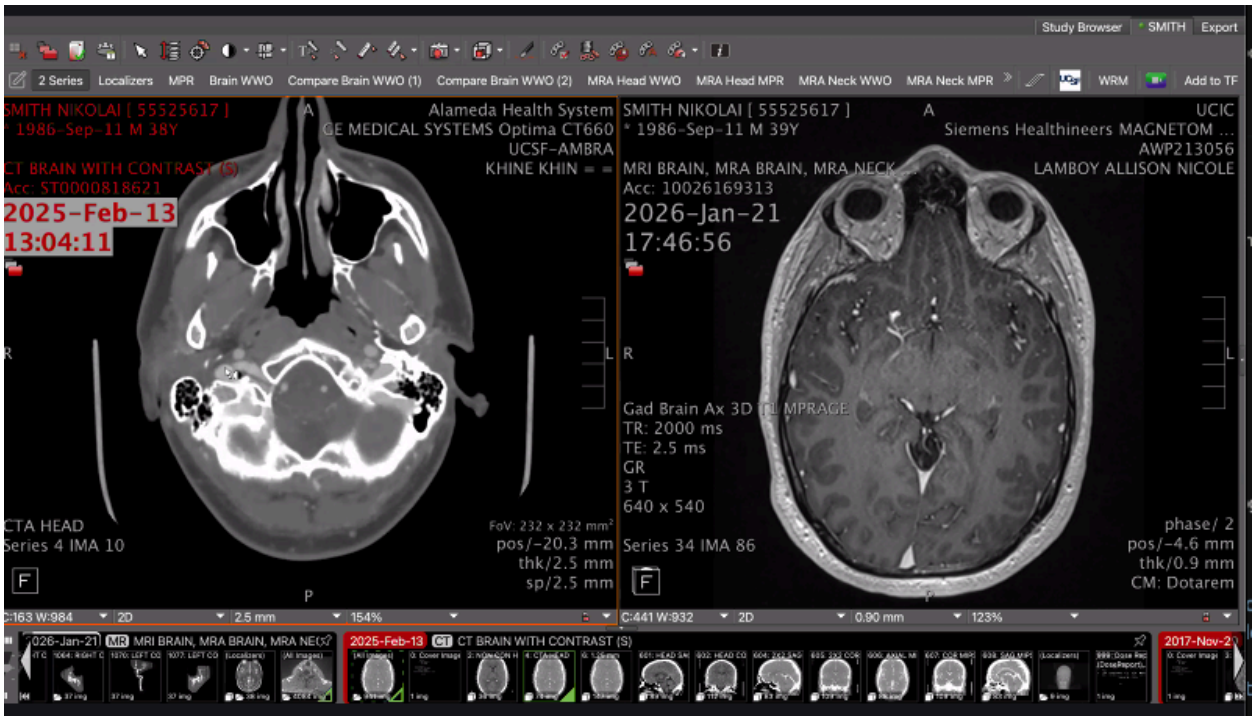
Compare Brain WWO (2)
MRA Head WWO
MRA Head MPR
MRA Neck WWO
MRA Neck MPR
WRM
Add to TF
SMITH NIKOLAI [55525617]
* 1986-Sep-11 M 38Y
Alameda Health System
GE MEDICAL SYSTEMS Optima CT660
UCSF-AMBRA
KHINE KHIN
CT BRAIN WITH CONTRAST (S)
Acc: ST0000818621
2025-Feb-13
13:04:11
CTA HEAD
Series 4 IMA 6
FoV: 232 x 232 mm²
pos/-30.3 mm
thk/2.5 mm
sp/2.5 mm
SMITH NIKOLAI [55525617]
* 1986-Sep-11 M 39Y
UCIC
Siemens Healthineers MAGNETOM ...
AWP213056
MRI BRAIN, MRA BRAIN, MRA NECK
LAMBOY ALLISON NICOLE
Acc: 10026169313
2026-Jan-21
17:46:56
Gad Brain Ax 3D TL MPRAGE
TR: 2000 ms
TE: 2.5 ms
GR
3 T
640 x 540
Series 34 IMA 86
phase/ 2
pos/-4.6 mm
thk/0.9 mm
CM: Dotarem
C:163 W:984
2D
2.5 mm
154%
C:441 W:932
2D
0.90 mm
123%
026-Jan-21
MR
MRI BRAIN, MRA BRAIN, MRA NE
2025-Feb-13
CT
CT BRAIN WITH CONTRAST (S)
2017-Nov-2





CV US UPPER EXTREMITY DIGIT BRACHIAL INDEX on 2/13/25 with Result Text "IMPRESSION:

Conclusion:
Study findings as described. Clinical correlation advised.
Technical Findings:
Right:
-When compared to the baseline PPG waveforms, the thoracic outlet syndome

manuvers, arms at 90 degrees, arms at 180 degrees, all military (costoclavicular) manuvers, and adson's right and left.
Left:
-When compared to the baseline PPG waveforms, the thoracic outlet syndome manuvers, arms at 90 degrees, arms at 180 degrees, all military (costoclavicular) manuvers, and adson's right and left.
-PPG waveforms are critically diminished during 90 degree, military head facing right and left."

Description: Single-level lower extremity arterial pressures and PVR waveforms was performed. (CPT: 93922) Conclusion: Study findings as described. Clinical correlation advised. Technical Findings: Right: -When compared to the baseline PPG waveforms, the thoracic outlet syndome manuvers, arms at 90 degrees, arms at 180 degrees, all military (costoclavicular) manuvers, and adson's right and left.
Left: -When compared to the baseline PPG waveforms, the thoracic outlet syndome manuvers, arms at 90 degrees, arms at 180 degrees, all military (costoclavicular) manuvers, and adson's right and left. -PPG waveforms are critically diminished during 90 degree, military head facing right and left

Full results/images:
https://drive.google.com/file/d/1OoGjedceHs58xe4Rf_QmHM9FXEQlMDeM/view?usp=sharing
https://drive.google.com/file/d/1aFNVCGelV10yziSp-TNkfz9EUZ3V2FqL/view?usp=drive_link

M Health
Orthopedics
David Wayne Polly, MD
01/02/2020

Name: Nikolai Smith
MRN: 0060830285
Age: 33 year old
DOB: 11/6/1986
Referring provider: David Wayne Polly

Chief Complaint: Neck and upper back pain

Date of Injury: Noticed since 2010

History of Present Illness:
Nikolai Smith is a 33 year old male with past medical history significant for Shermann's kyphosis, migraines, and vertigo who presents today for evaluation of neck and upper back. Patient states that he was known to have an abnormal curvature of his spine since he was little. He did not have any pain until approximately a decade ago. There is no trauma. Associated symptoms include dizziness and fatigue. His pain in his neck and back feels like someone is

driving a screwdriver into him. It is intermittently a 7-8 out of 10. It is worse with standing for long periods of time but he is able to stand for at least 30 minutes. He has tried many treatment modalities including medications, physical therapy, acupuncture, chiropractor, epidural steroid injections at L5-S1 with minimal relief, and radiofrequency ablation. He states the most effective treatment so far has been mindfulness. He states his pain no longer significantly interferes with his activities of daily living. Rather it is the dizziness and fatigue that bothers him most. He has seen a rheumatologist in the past who had ruled out fibromyalgia. He is here today interested in finding out what is causing his symptoms and if there are ways to prevent worsening.

Review of Systems:
A 10-point review of systems was obtained and is negative except for as noted in the HPI.

Medications:
No current outpatient medications on file.

Allergies:
Patient has no allergy information on record.

Past Medical History:
Vertigo, migraines

Past Surgical History:
None

Social History:
Patient is a non-smoker. He does not use alcohol or any other drugs. He recently finished a PhD and plans to teach eighth grade history. He will be moving to Oakland California in the near future.

Social History

Tobacco Use
• Smoking status: Not on file
Substance Use Topics
• Alcohol use: Not on file
• Drug use: Not on file

Family History:
Family History
No family history on file.

Physical Examination:
There were no vitals taken for this visit.

Well-appearing male in no acute distress. Stands with slight excess kyphosis of the thoracic spine. Shoulders appear slightly retracted anteriorly. No tenderness to palpation over the midline or parasagittal musculature of the cervical, thoracic and lumbar spines. No pain with forward bend or extension, twisting from side to side, or bending from side to side. Sensation to light touch is intact to all dermatomes of the upper and lower extremities. Motor strength is 5 out of 5 in all myotomes of the upper and lower extremities extremities are warm and well-perfused with brisk capillary refill..

Imaging:
XR Complete Spine - 2 views (1/2/2020) and XR Six Foot Standing Extremities (1/2/2020): No scoliosis. Thoracic kyphosis approximately 65 degrees. Lumbar lordosis from L2-S1 is 57 degrees. Pelvic incidence is 50 degrees. No obvious fracture or dislocation.

Assessment:
33 year old male with mild-moderate Shermann's kyphosis and associated chronic neck and and upper back pain.

Plan:
- Discussed with the patient his imaging and diagnosis as above.
- Discussed spinal alignment theory which explains why his lumbar curve accommodates for his hyperkyphotic thoracic curve.
- Recommended continued nonoperative management.
- Recommended PT with spine extension, upright rowing, and scapular retraction exercises.
- He will be given a CD copy of his imaging.
- He will not need further EOS/x-ray imaging at earliest 2-5 years but 5-10 years if doing well.
- Patient will be moving to Oakland, CA.
- Patient has released his health information for Dr. Polly to discuss with the father.
- Patient has been given a list of Spine surgeons in the Bay Area (UCSF Dr. Sig Berven or Dr. Chris Ames and Stanford Dr. Serena Hu or Dr. Kirkham Wood) to contact and establish relationships.

This patient was seen and discussed with Dr. Polly who agrees with the above

Michael Chau, MD, PhD
Orthopedic Surgery Resident PGY4
University of Minnesota

I saw and evaluated the patient and developed the plan.
I personally reviewed >300 pages of outside medical records. I drew diagrams explaining spinal alignment and his condition of Scheuermann's kyphosis. I showed him representative radiographs of surgery for Scheuermann's kyphosis.
David Wayne Polly, MD

Exam: Full body radiographs using EOS

History: Kyphosis

Techniques: AP and lateral images of full body and secondary images of AP and lateral views of spine were submitted for interpretation.

Comparison: None.

Findings:

12 rib bearing vertebral bodies and 5 lumbar type vertebral bodies are identified.

Coronal Deformity:

No substantial curvature of the spine.

No substantial global coronal imbalance.

Sagittal Vertical Axis (A vertical line drawn from the center of C7 (plumb line) to the posterosuperior aspect of the S1 on sagittal plane): less than 4 cm

Weight bearing axis: (Defined as a line drawn from the center of the femoral head to the mid aspect of the tibial plafond).

Right: Weight bearing axis crosses between tibial spines.
Left: Weight bearing axis crosses between tibial spines.

Leg length: (Measured from the top of the femoral head to the center of tibial plafond. It is assumed joints are in similar degrees of extension bilaterally. Significant difference is defined when discrepancy is greater than 1.5 cm).

No significant leg length discrepancy.

Additional Findings:

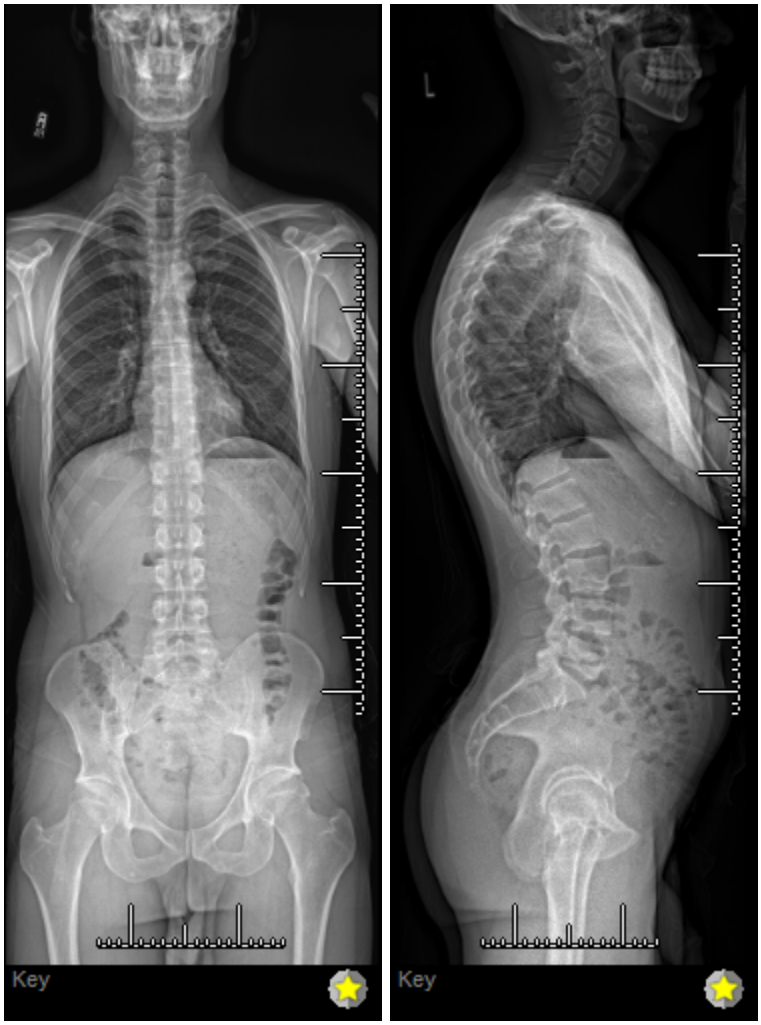
Heart is within normal limits. The lungs are clear. There is an apparent os acetabulum. No substantial degenerative changes of the spine.

No acute osseous abnormality. There is a nonobstructive bowel gas pattern.

Impression:
1. No substantial curvature of the spine.

2. No global sagittal or coronal imbalance.
3. Weight bearing axis as detailed above.

MATTHEW R FRANK, MD



Impression
IMPRESSION: Normal examination of the brain.

There has been no significant interval change.

JC:vw

Electronically signed by Jimmy Cardoza M.D. on 11/29/2017 11:49 AM

Narrative
MRI BRAIN Without Contrast 11/29/2017 AT 1007 HOURS.

COMPARISON: 9/17/2012.

HISTORY: Daily headaches with history of head trauma.

TECHNIQUE: Sagittal T1, axial diffusion, axial T2 fast spin echo, axial T2 FLAIR, axial GRE, coronal T2 FLAIR.

FINDINGS: The ventricles and sulci are normal in size. No abnormal high or low signal lesions identified within the brain parenchyma. No evidence of mass effect, intracranial bleeding, or abnormal fluid collections are present. No diffusional abnormalities are seen.

—

IMPRESSION:

Normal kidneys, collecting system, and bladder.

Electronically signed by Matthew Epstein on 5/1/2015 2:46 PM

Narrative
5/1/2015 2:26 PM

EXAMINATION:
CT UROGRAM (74170, 72194)
(CT Abdomen and Pelvis with and without contrast)

COMPARE: None

HISTORY: Hematuria

TECHNIQUE:
Helical scanning through the abdomen and pelvis with and without intravenous contrast. 145 cc of Omnipaque 300 nonionic contrast. No oral contrast. The contrast was administered using a split protocol. Compression was applied to obstruct the urinary tracts for evaluation of the distal ureters. Coronal and sagittal MIP reconstructions were performed.

CTDI: 8 mGy
Total DLP: 582 mGy-cm

FINDINGS:

RIGHT KIDNEY AND URETER: The noncontrast images show no evidence

for calculi. There are no renal masses. Right renal craniocaudal measurement is 9.4 cm. The renal calyces and pelvis are well demonstrated and unremarkable. The ureter is seen in its entirety from the kidney to the bladder and is normal.

LEFT KIDNEY AND URETER: The noncontrast images show no evidence for calculi. There are no renal masses. Left renal craniocaudal measurement is 8.6 cm. The renal calyces and pelvis are well demonstrated and unremarkable. The ureter is seen in its entirety from the kidney to the bladder and is normal.

BLADDER: The noncontrast study shows no bladder stones. The bladder is unremarkable with normal wall thickness.

LUNG BASES:
The visualized lung bases are clear.

ABDOMEN/PELVIS:
The liver is normal in size and density without focal abnormalities. The gallbladder and biliary tree is unremarkable. Normal spleen, pancreas, and adrenal glands. No abdominal masses, free fluid, or ascites. The bowel gas pattern is normal.

—

Vitamin D-3 level: 54
Collected on March 8, 2024 7:54 AM
Results
Vitamin D Status 25-OH Vitamin D:
.
Deficiency: <20 ng/mL
Insufficiency: 20 - 29 ng/mL
Optimal: > or = 30 ng/mL
.
For 25-OH Vitamin D testing on patients on D2-supplementation and patients for whom quantitation of D2 and D3 fractions is required, the QuestAssureD(TM) 25-OH VIT D, (D2,D3), LC/MS/MS is recommended: order code 92888 (patients >2yrs).
.
See Note 1
.
Note 1
.

For additional information, please refer to
http://education.QuestDiagnostics.com/faq/FAQ199
(This link is being provided for informational/
educational purposes only.)
VITAMIN D, 25-OH, TOTAL
—
Magnesium level: 1.9
Collected on March 8, 2024 7:54 AM
Lab tests - Blood (Blood)
Results
MAGNESIUM
View trends
Normal range: 1.5 - 2.5 mg/dL
TSH W/RFLX FREE T4: 1.75
Collected on February 24, 2025 11:49 AM
Results
Notes recorded by David Cupit on 2/26/2025 at 11:12 AM PST
Will f/u with patient regarding labs at f/u apt
TSH, 3RD GENERATION W/REFLEX TO FT4
View trends
Normal range: 0.40 - 4.50 mIU/L
–
URINE TEST, MICROSCOPE EXAM
Collected on Apr 12, 2015 5:32 PM
If you have questions or concerns regarding your test results, contact the clinician who ordered the test.
Results
New
Compare result trends
Urine White Blood Cells
View trends
Normal range: 0 - 5 /(hpf)
Value
>182High
Urine Red Blood Cells
View trends
Normal range: 0 - 2 /(hpf)
Value
>182High
Urine Mucous
View trends
/(lpf)
Value
Few
–
IMPRESSION:

No acute cardiopulmonary process.

Electronically signed by Kathryn Klima, MD on 10/30/2014 3:10 PM

Narrative
EXAMINATION: Chest X-ray 2 views (71020)

CLINICAL DATA: Shortness of breath.

COMPARISON: None available.

FINDINGS: The cardiomediastinal silhouette is within normal limits for size. The lungs are clear without pulmonary edema, pleural effusion, pneumothorax or focal airspace opacity. The thoracic spine is within normal limits for age.

—
MRI Cervical Thoracic and Lumbar Spine Without Contrast

IMPRESSION:

1. Abnormal Schmorl's nodes with increased thoracic kyphosis and osteophytic spurring in the midthoracic spine as described. Findings are compatible with Scheuermann's disease. There is also involvement of the lumbar spine with multiple Schmorl's nodes.
2. No evidence for canal narrowing or cord compression at any level within the spine.
3. Mild cervical spondylosis with disc desiccation. There is a small left paracentral protrusion noted at C3-4.
4. Mild disc bulging L5-S1 without associated stenosis.

Electronically signed by Scott Lipson M.D. on 7/27/2013 9:38 AM
Narrative
Examination: MRI 3 coil spine without gadolinium

Date Of Exam: 7/26/2013 6:11 PM

Comparison exam: None

History: Severe chronic back pain, possible Scheuermann's disease

Technique: The following sequences are performed through the cervical, thoracic, and lumbar spine: Sagittal T2 fat saturation, sagittal T1, sagittal inversion recovery, axial T2.

Findings:
Cervical spine: The vertebral body alignment is anatomic. Signal intensity of the vertebral bodies is normal. There is no fracture or marrow edema. No subluxation is seen. The prevertebral soft tissues are normal. The cervical cord is normal in morphology and signal. There is early changes of spondylosis with disc desiccation noted at the C3-4 and C4-5 levels. There is also mild disc narrowing and disc desiccation at C5-6.

C3-4: There is a small left paracentral disc protrusion with osteophyte measuring 3 mm. This does not cause canal narrowing but does cause some narrowing at the entry zone of the neural foramen without definite nerve impingement.

Thoracic spine: The vertebral alignment of the thoracic spine is normal. There is no subluxation. There is no compression deformity or marrow edema. There are however Schmorl's nodes identified involving the superior and inferior endplates of all vertebral bodies from T5-T11 and the superior endplate of T12. This is associated with slightly increased thoracic kyphosis and anterior osteophytic spurring. The findings are suggestive of Scheuermann's disease. Thoracic kyphosis measures approximately 50? which is abnormal. The thoracic cord is normal in morphology and signal intensity. There is no significant disc bulge or protrusion identified. No significant canal or neural foraminal stenosis. Paravertebral soft tissues are unremarkable as visualized.

Lumbar spine: The alignment of the lumbar spine is anatomic. There is no evidence for fracture or marrow edema. Prominent Schmorl's nodes are also noted in the lumbar spine involving the L1-L3 vertebral bodies and minimally of the superior endplate of L4. The conus medullaris appears normal. The disc height and hydration appears normal. There is mild disc bulging at L5-S1. Other levels are unremarkable. No canal or foraminal stenosis noted.
—
MRI Brain Without Contrast

MRBRA
View trends
Value

Examination: MRI of the brain without gadolinium
Date Of Exam: 9/17/2012 5:34 PM
Comparison Examination: None

Clinical Indication: Dizziness
Technique: The following sequences are performed through the brain: Axial T1, axial T2, coronal MPGR, sagittal T1, axial FLAIR, axial diffusion.
Findings: The ventricles and sulcal spaces are normal for age. There is no extra-axial fluid. There is no mass, hemorrhage, or midline shift. Gray-white distinction is normal. Brainstem and posterior fossa unremarkable as visualized. There is no evidence for restricted diffusion. The intracranial flow voids are present. There is a large retention cyst in the right maxillary sinus. Very mild mucosal thickening noted in the ethmoid and maxillary sinuses.
Impression:
1. Normal MRI of the brain.
2. Mild sinusitis with retention cyst right maxillary sinus.
Dictated by: LIPSON, SCOTT A., M.D.
Electronic signature by: SCOTT A. LIPSON, M.D.
Released Date Time: 09/18/12 07:33
–
VLCAR
View trends
Value

VASCULAR LABORATORY
PROCEDURE: Carotid duplex scan, 9/6/2012 10:43 AM
COMPARISON:None
HISTORY: Syncope
RIGHT CAROTID ARTERY: Minor hyperechoic, calcific atherosclerotic plaquing is present at the carotid bifurcation. Peak systolic velocity in the internal carotid artery is elevated 147 cm/s.
LEFT CAROTID ARTERY:Minor hyperechoic, calcific atherosclerotic plaquing is present at the carotid bifurcation. Peak velocities and velocity ratios are normal.
VERTEBRAL ARTERIES: Both are normal with antegrade, pulsatile flow.
CONCLUSIONS: Minor atherosclerotic plaquing at the carotid bifurcations bilaterally. Elevation of the peak systolic velocity in the right internal carotid artery, without obvious cause, as there is no significant plaque.
Dictated by: GAENSLER, ERIK, M.D.
Electronic signature by: ERIK H.L. GAENSLER, M.D.
Released Date Time: 09/06/12 12:56
END OF RESULTS
–
ABSMC CT/CTA RESULTS QUEUE

CTLSP
View trends
Value

CT of the lumbar spine 8/29/2012
Comparison: None
History: Back pain
Technique: 2.5 mm helical axial reformations were obtained through the lumbar spine. Thin section coronal and sagittal reformations were obtained.
Findings: There is normal alignment of the lumbar spine. The vertebral body heights are well-maintained. No significant disc space narrowing is identified.
At L2-3, there is no evidence of significant central canal stenosis or neuroforamina narrowing.
At L3-4, minimal posterior broad-based disc bulge is seen. No evidence of significant central canal stenosis or neuroforamina narrowing is seen.
At L4-5, mild posterior broad based disc bulge is seen. There is no evidence of significant central canal stenosis or neuroforamina narrowing.
At L5-S1, there is posterior broad-based disc bulge and mild bilateral facet arthropathy. No evidence of significant central canal stenosis or neuroforamina narrowing is seen.
Impression:
1. Posterior broad-based disc bulge at L5-S1. There is mild posterior broad-based disc bulge at L4-5 and minimally at L3-4.
2. No evidence of significant central canal stenosis or neuroforamina narrowing.
ADDENDUM: CT dose index (CTDIvol) for the exam is 8.9 mGy. The DLP is 254 mGy-cm
APL/ejd
Dictated by: LAI, ANNIE P., M.D.
Electronic signature by: ANNIE P. LAI, M.D.
Released Date Time: 08/29/12 16:48
END OF RESULTS

—

links to more results:
https://drive.google.com/file/d/1RTUWBUp66mqGYUNoeYdRKHHzVMcV932W/view?usp=sharing
https://drive.google.com/file/d/1YnZmygOnLp0fVVbwnMiwQD4kk6VhjZFl/view?usp=sharing
https://drive.google.com/file/d/1yd-Zw7QfKliJy7GaUD2oHNgHmwPdsMOY/view?usp=sharing
https://drive.google.com/file/d/1ZtHWFc7O6qEuTxpOtexpJpCIvAoIr7lx/view?usp=sharing
https://drive.google.com/file/d/1_m-yLYpWjt_ZNSPBdIllkI9Kj2hZp8T8/view?usp=sharing

The below labs were done having drank a cup of no pulp oj and had a little peanut butter about 2ish hours before as they didn't say to fast, but I fasted for the 3/3 labs listed after it

CHOLESTEROL, TOTAL
Normal value: <200 mg/dL

Value
181

HDL CHOLESTEROL
Normal value: > OR = 40 mg/dL

Value
51

TRIGLYCERIDES
Normal value: <150 mg/dL

Value
98

LDL-CHOLESTEROL
mg/dL (calc)

Value
110

High

CHOL/HDLC RATIO
Normal value: <5.0 (calc)

Value
3.5

NON-HDL CHOLESTEROL
Normal value: <130 mg/dL (calc)

Value
130

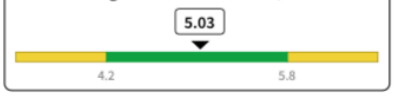
High

Ordering provider: David Cupit
Collection date: February 24, 2025 11:49 AM
Specimens: Blood (Blood)
Result date: February 25, 2025 8:13 PM
Result status: Final
Resulting lab:
QUEST DIAGNOSTICS SACRAMENTO
3714 NORTHGATE BOULEVARD
SACRAMENTO CA 95834-1617
800-952-5691
GORDON L LOVE, MD (Lab director)

Normal range: 3.8 - 10.8 Thousand/uL



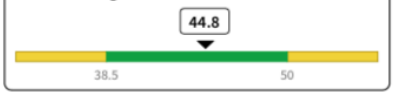
Normal range: 4.20 - 5.80 Million/uL



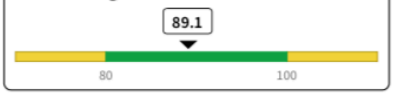
HEMOGLOBIN
Normal range: 13.2 - 17.1 g/dL



HEMATOCRIT
Normal range: 38.5 - 50.0 %



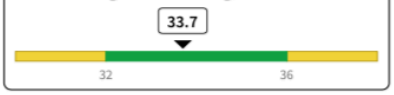
MCV
Normal range: 80.0 - 100.0 fL



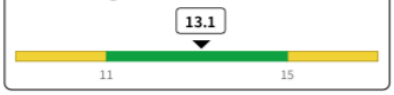
MCH
Normal range: 27.0 - 33.0 pg



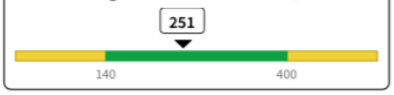
MCHC
Normal range: 32.0 - 36.0 g/dL



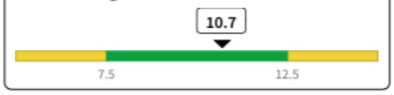
RDW
Normal range: 11.0 - 15.0 %



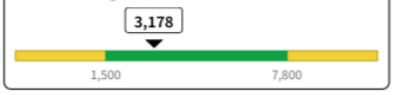
PLATELET COUNT
Normal range: 140 - 400 Thousand/uL



MPV
Normal range: 7.5 - 12.5 fL



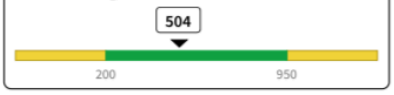
ABSOLUTE NEUTROPHILS
Normal range: 1,500 - 7,800 cells/uL



ABSOLUTE LYMPHOCYTES
Normal range: 850 - 3,900 cells/uL



ABSOLUTE MONOCYTES
Normal range: 200 - 950 cells/uL



ABSOLUTE EOSINOPHILS
Normal range: 15 - 500 cells/uL



ABSOLUTE BASOPHILS
Normal range: 0 - 200 cells/uL



NEUTROPHILS
%

Value
66.2

LYMPHOCYTES
%

Value
20.4

MONOCYTES
%

Value
10.5

y Smith | DOB: 9/11/1986 | MRN: E11178826 | PCP: | Legal Name: Nikolai Smith

Complete blood cell count (red cells, white blood cell, platelets), automated test and automated differential white blood cell count

Collected on February 24, 2025 11:49 AM

Results

Result Note

Notes recorded by David Cupit on 2/26/2025 at 11:12 AM PST
Will f/u with patient regarding labs at f/u apt

Narrative

For adults, a slight decrease in the calculated MCHC value (in the range of 30 to 32 g/dL) is most likely not clinically significant; however, it should be interpreted with caution in correlation with other red cell parameters and the patient's clinical condition.

WHITE BLOOD CELL COUNT
Normal range: 3.8 - 10.8 Thousand/uL



RED BLOOD CELL COUNT
Normal range: 4.20 - 5.80 Million/uL



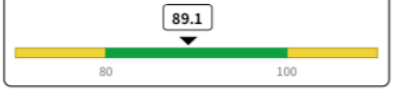
HEMOGLOBIN
Normal range: 13.2 - 17.1 g/dL



HEMATOCRIT
Normal range: 38.5 - 50.0 %



MCV
Normal range: 80.0 - 100.0 fL



MCH
Normal range: 27.0 - 33.0 pg



MCHC
Normal range: 32.0 - 36.0 g/dL



RDW
Normal range: 11.0 - 15.0 %



PLATELET COUNT
Normal range: 140 - 400 Thousand/uL



MPV
Normal range: 7.5 - 12.5 fL



.

GLUCOSE
Normal range: 65 - 99 mg/dL



UREA NITROGEN (BUN)
Normal range: 7 - 25 mg/dL



CREATININE
Normal range: 0.60 - 1.26 mg/dL



EGFR
Normal value: > OR = 60 mL/min/1.73m2

Value
112

BUN/CREATININE RATIO
Normal range: 6 - 22 (calc)

Value
SEE NOTE:

SODIUM
Normal range: 135 - 146 mmol/L



POTASSIUM
Normal range: 3.5 - 5.3 mmol/L



CHLORIDE
Normal range: 98 - 110 mmol/L



CARBON DIOXIDE
Normal range: 20 - 32 mmol/L



CALCIUM
Normal range: 8.6 - 10.3 mg/dL



PROTEIN, TOTAL
Normal range: 6.1 - 8.1 g/dL



ALBUMIN
Normal range: 3.6 - 5.1 g/dL



GLOBULIN
Normal range: 1.9 - 3.7 g/dL (calc)



ALBUMIN/GLOBULIN RATIO
Normal range: 1.0 - 2.5 (calc)



BILIRUBIN, TOTAL
Normal range: 0.2 - 1.2 mg/dL



ALKALINE PHOSPHATASE
Normal range: 36 - 130 U/L



8:31

health RIGHT 360

MyChart by Epic

Niky

TSH W/RFLX FREE T4

Collected on February 24, 2025 11:49 AM

Results

Notes recorded by David Cupit on 2/26/2025 at 11:12 AM PST
Will f/u with patient regarding labs at f/u apt

TSH, 3RD GENERATION W/REFLEX TO FT4 View trends

Normal range: 0.40 - 4.50 mIU/L



Learn more about TSH W/RFLX FREE T4

Additional information

Interoperability Guide Terms and Conditions Contact Us
High Contrast Theme

AA mychart.ochin.org

3/3 labs fasted for 12ish hours before

CBC W/O DIFF

Collected on March 3, 2025 10:34 AM

Lab tests - Blood (Blood, Venous)

Not yet reviewed by care team.

Results

WBC
Normal range: 4.5 - 11.5 10*3/mcL



RBC
Normal range: 4.60 - 6.00 10*6/mcL



Adult Female: 4.00-5.40 10*6/mcL; Adult Male: 4.60-6.00 10*6/mcL

Hemoglobin
Normal range: 14.0 - 18.0 g/dL



Adult Female: 12.0-15.0 g/dL; Adult Male: 14.0-18.0 g/dL

Hematocrit
Normal range: 40.0 - 54.0 %



Adult Female: 35.0-49.0 %; Adult Male: 40.0-54.0 %

MCV
Normal range: 80.0 - 100.0 fL



MCH
Normal range: 26.0 - 32.0 pg



MCHC
Normal range: 32.0 - 36.0 g/dL



RDW
Normal range: 11.5 - 14.5 %



Platelet Count
Normal range: 150 - 450 10*3/mcL



Mean Platelet Volume
Normal range: 7.4 - 10.4 fL



Ordering provider: Khin Khine
Collection date: March 3, 2025 10:34 AM
Result date: March 3, 2025 11:04 AM
Result status: Final
Resulting lab:
HGH CLINICAL LABORATORY
1411 East 31st Street
Oakland CA 94602
510-437-4682
Harris S. Goodman, MD (Lab director)
05D0601817 (CLIA #)

ESTIMATED AVERAGE GLUCOSE

View trends

mg/dL

Value **103**

Estimated average glucose is a calculated value from HbA1c and is representative of the average blood glucose level in the last 2-3 month period.

HEMOGLOBIN A1C

View trends

Normal range: below <5.7 %

Value **5.2**

Reference Range: <5.7%
Prediabetes mellitus: 5.7 - 6.4%
Diabetes mellitus: =>6.5%

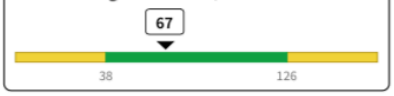
AST (SGOT)
Normal range: 5 - 34 U/L

Value
<20

ALT (SGPT)
Normal range: below <=55 U/L

Value
12

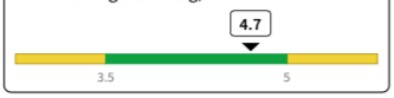
Alkaline Phosphatase
Normal range: 38 - 126 U/L



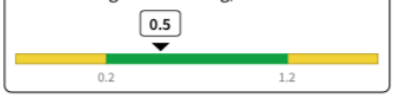
Total Protein
Normal range: 6.3 - 8.2 g/dL



Albumin
Normal range: 3.5 - 5 g/dL



Bilirubin, Total
Normal range: 0.2 - 1.2 mg/dL



eGFR Calculation
Normal range: above >=60 mL/min/1.73m*2

Value
112

Sodium
Normal range: 137 - 145 mmol/L



Potassium
Normal range: 3.6 - 5 mmol/L



Anion Gap
Normal range: 6 - 19 mmol/L



OSMOLALITY, CALCULATED
mosm/kg

Value
297

COMPREHENSIVE METABOLIC PANEL

Collected on March 3, 2025 10:34 AM

Lab tests - Blood (Blood, Venous)

Not yet reviewed by care team.

Results New

Chloride
Normal range: 98 - 107 mmol/L
101
98 107

Carbon Dioxide
Normal range: 22 - 29 mmol/L
29
22 29

Urea Nitrogen (BUN)
Normal range: 7 - 21 mg/dL
18
7 21

Creatinine
Normal range: 0.6 - 1.3 mg/dL
0.9
0.6 1.3

Glucose
Normal range: 70 - 100 mg/dL
92
70 100
Fasting
Normal: < 100 mg/dL
Prediabetes: 100-125 mg/dL
Diabetes: > 126 mg/dL

Calcium
Normal range: 7.3 - 10.5 mg/dL
9.7
7.3 10.5

FERRITIN

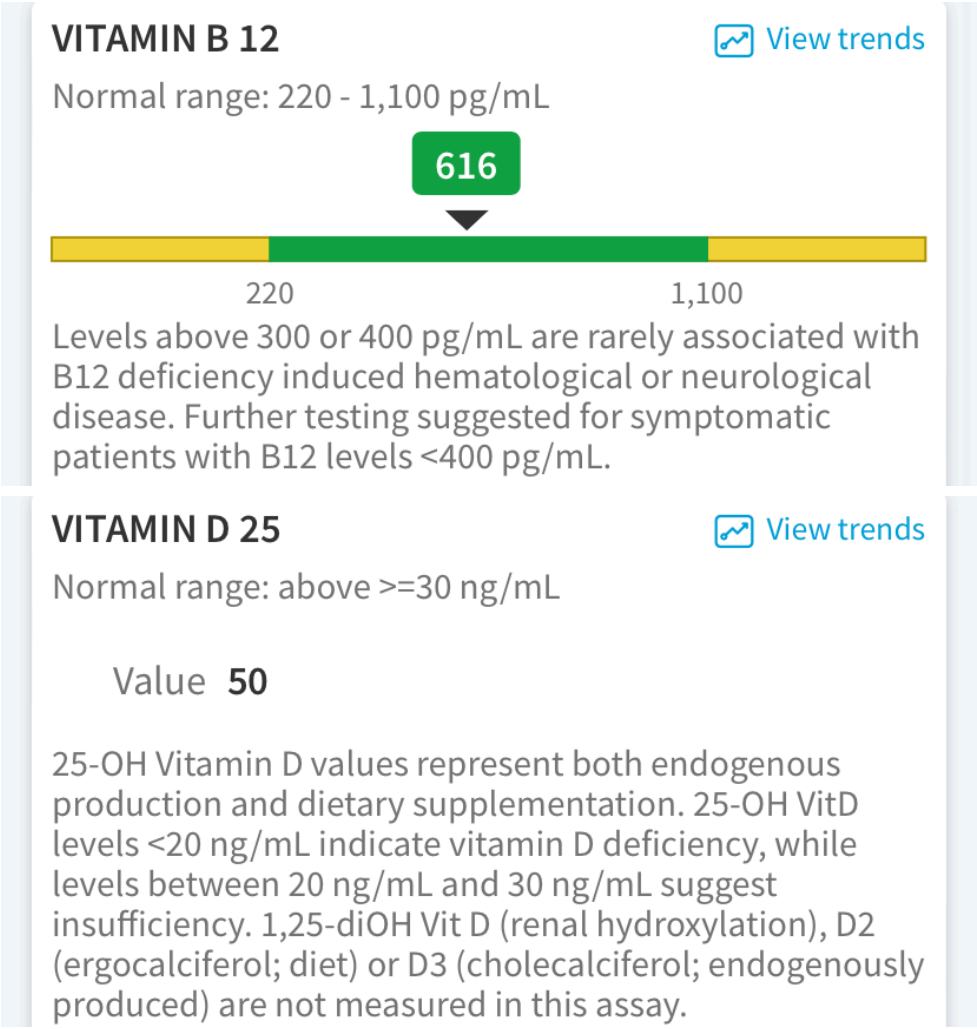
View trends

Normal range: 15 - 275 ng/mL

145

15 275

Adult Female: 15-204 ng/mL
Adult Male: 15-275 ng/mL



I haven't taken vit b supplements for a long time, so I'm retaking this test to see if this was a fluke or concern.

VITAMIN B6

Collected on March 3, 2025 10:34 AM

Results

Performing Organization Information:
Site ID: *MDF
Name: MedFusion
Address: 2501 South State Highway 121, Suite 1100
Lewisville, TX 75067-8188
Director: I J Frame MD, PhD

Vitamin B6

View trends

Normal range: 2.1 - 21.7 ng/mL



(Note)
Vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of results.

Zinc

View trends

Normal range: 60 - 130 mcg/dL



Copper

View trends

Normal range: 70 - 175 mcg/dL



Name: Quest Diagnostics Nichols Institute
Address: 33608 Ortega Highway San Juan Capistrano, CA 92675-2042
Director: I Maramica MD, PhD

High Sensitivity CRP

View trends

mg/L

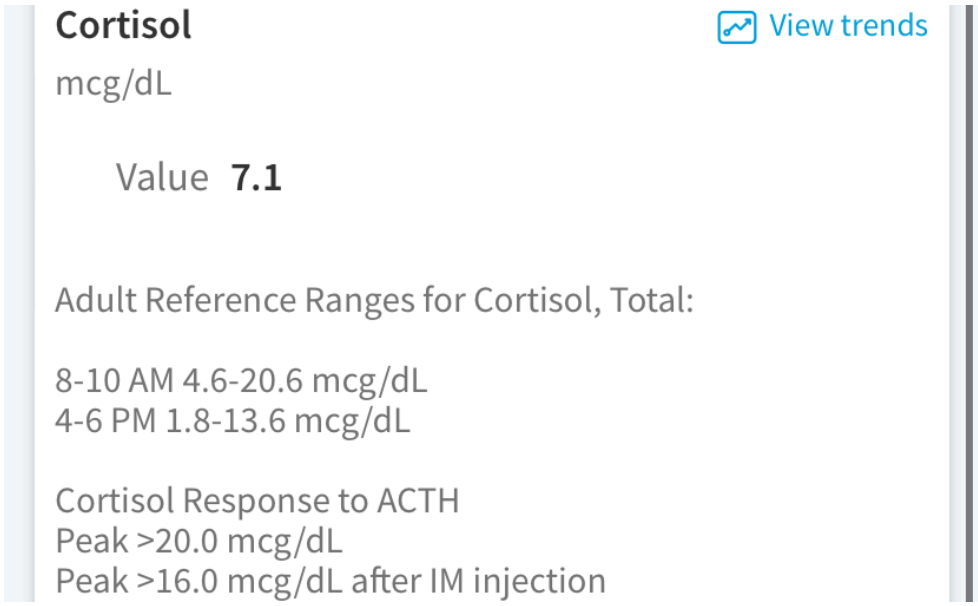
Value **2.1**

Optimal <1.0
Jellinger PS et al. Endocr Pract.2017;23(Suppl 2):1-87.

For Ages > 17 Years:

hs-CRP mg/L Risk According to AHA/CDC Guidelines
---------- ----------
<1.0 Lower Relative Cardiovascular Risk.
1.0-3.0 Average Relative Cardiovascular Risk
3.1-10.0 Higher Relative Cardiovascular Risk.
Consider retesting in 1 to 2 weeks to
exclude a benign transient elevation
in the baseline CRP value secondary to
infection or inflammation.
>10.0 Persistent elevations upon retesting,
may be associated with infection and
inflammation.

Pearson TA, Mensah GA, Alexander RW, et al. Markers of inflammation
and cardiovascular disease: application to clinical and public
health practice: A statement for healthcare professionals from the
Centers for Disease Control and Prevention and the American Heart
Association. Circulation 2003;107(3):499-511.



3/12/25 (fasting half day before)

Carnitine, Free View trends

Normal range: 18.0 - 58.0 umol/L



Carnitine, Total View trends

Normal range: 20.0 - 71.0 umol/L



Acylcarnitine/Free Carnitine Ratio View trends

Normal range: 0.1 - 0.4



Interpretation View trends

Value **Free and total carnitine within normal limits**

Interpreted by View trends

Value **Tina M. Cowan, PhD**

Additional Information

Ordering provider: Referring Provider Unknown
Collection date: Mar 12, 2025 10:54 AM
Specimens: Blood (Blood, from Venipuncture)
Result date: Mar 13, 2025 8:55 AM
Result status: Final
Resulting lab:
HILLVIEW LABORATORY
3375 Hillview Ave
PALO ALTO CA 94304
877-717-3733
Christina Suzan Kong, MD (Lab director)

Migraine meds list to consider others to try:
As you can see from the list below [from '07 so more could be added like Pizotifen), there are over 100 medications and dietary supplements, as well as at least one medical device, being used successfully for headache and Migraine prevention. There are also virtually endless combinations of them. Many people find that it's not a single medication or supplement that ends up being successful for them, but a combination of preventives. The following medications are being used successfully by some headache and Migraine patients as preventive medications. They're listed first by their generic names, followed by some of their brand names.

ANTIHYPERTENSIVES (blood pressure meds)

Alpha-2 agonists:
Clonidine, aka Catapres
Guanfacine, aka Tenex

ACE Inhibitors:
Benazepril, aka Lotensin
Captopril, aka Capoten
Enalapril, aka Vasotec
Fosinopril, aka Monopril
Lisinopril, aka Zestril, Prinivil
Moexipril, aka Univasc
Perindopril, aka Aceon
Quinapril, aka Accupril
Ramipril, aka Altace
Trandolapril, aka Mavik

Alzheimer's/Dementia Medicaton:
Memantine, aka Namenda

Angiotensin II Inhibitors:
Candesartan, aka Atacand
Eprosartan, aka Teveten
Irbesartan, aka Avapro
Losartan, aka Cozaar
Olmesartan, aka Benicar
Telmisartan, aka Midcardis
Valsartan, aka Diovan

Beta Blockers:
Acebutolol, aka Secral
Atenolol, aka Tenormin
Betaxolol, aka Kerlone
Bisoprolol, aka Zebeta, Emconcor
Cartelol, aka Cartrol
Labetalol, aka Normodyne, Trandate
Metoprolol, aka Lopressor
Nadolol, aka Corgard
Penbutololm aka Levatol
Pindolol, aka Visken, Syn-Pindolol

Propranolol, aka Inderal
Timolol, aka Blocadren
Calcium Channel Blockers:
Amlodipine, aka Norvasc
Bepridil, aka Vascor
Diltiazem, aka Cardizem, Tiazac
Felodipine, aka Plendil
Flunarizine, aka Sibelium (Canada)
Isradipine, aka DynaCirc
Nicardipine, aka Cardene
Nifedipine, aka Adalat, Procardia
Nimodipine, aka Nimotop
Nisoldipine, aka Sular
Verapamil, aka Calan, Verelan, Isoptin
ANTIHISTAMINES:
Cyproheptadine, aka Periactin
Pizotifen, aka Sandomigran (UK)
ANTIDEPRESSANTS
Tricyclic antidepressants (TCAs):
Amitriptyline, aka Elavil (discontinued), Endep
Amoxapine, aka Asendin
Clomipramine, aka, Anafranil
Desipramine, aka Norpramin
Doxepin, aka Sinequan
Imipramine, aka Norfranil, Tofranil
Nortriptyline, aka Pamelor, Aventyl
Protriptyline, aka Vivactil
Trimipramine, aka Surmontil
MAOI Antidepressants:
Isocarboxazid, aka Marplan
Phenelzine, aka Nardil
Tranylcypromine, aka Parnate
Selective serotonin reuptake inhibitors (SSRIs):
Citalopram, aka Celexa
Escitalopram oxalate, aka Lexapro
Fluoxetine, aka Prozac
Fluvoxamine, aka Luvox
Paroxetine, aka Paxil
Sertraline, aka Zoloft
Selective serotonin and norepinephrine reuptake inhibitors (SSNRIs):
Duloxetine hydrochloride, aka Cymbalta
Venlafaxine, aka Effexor, Effexor XR
Other Antidepressants:
Bupropion, aka Wellbutrin, Zyban
Mirtazepine, aka Remeron
Trazodone, aka Desyrel

Attention Deficit Hyperactivity Disorder Meds:
Dextroamphetamine, aka Adderall
Atomoxetine HCl, aka Strattera
Methylphenidate HCl, aka Concerta, Ritalin
Pemoline, aka Cylert
ARTHRITIS MEDS
Cox-2 Enzyme Inhibitors:
Celecoxib, aka Celebrex
MUSCLE RELAXANTS:
Carisoprodol, aka Soma
Cyclobenzaprine, aka Flexeril
Lioresal, aka Baclofen
Metaxalone, aka Skelaxin
Tizanidine, aka Zanaflex
NEURONAL STABILIZING AGENTS (antiseizure meds)
Many people call this class of medications "antiseizure medications." Actually, these meds are neuronal stabilizing agents. They work to stabilize the neuronal activity in the brain. Considering that Migraineurs have overactive neurons in the brain that, when a trigger is encountered, start firing in a wave and start a chain reaction that produces the symptoms of a Migraine attack, it makes sense to use them for Migraine prevention. These meds are only antiseizure meds when they're being used to prevent seizure activity.
Carbamazepine, aka Tegretol
Clonazepam, Klonopin
Clorazepate, aka Tranxene
Divalproex, aka Depakote
Gabapentin, aka Neurontin
Levetiracetam, Keppra
Lamotrigine, aka Lamictal
Oxcarbazepine, Trileptal
Tiagabine, aka Gabitril
Topiramate, aka Topamax
Valproate Sodium, aka Depacon
Zonisamide, aka Zonegran
Pregabalin, aka Lyrica
ERGOT ALKALOID:
Methylergonovine, aka Methergine (the only ergot used as a preventive)
LEUKOTRIENE BLOCKERS:
Montelukast, aka Singulair
Zafirlukast, aka Accolate
Zyleuton, aka Zyflo
OTHER:

Baclofen, aka Lioresal
Botulinum Toxin Type A, aka Botox
Memantine, aka Namenda
DIETARY SUPPLEMENTS:
Coenzyme Q10
Feverfew
Butterbur, aka Petadolex
Magnesium
Vitamin B2
5-HTP (Check carefully with doctor because of interactions with meds including triptans and SSRIs)
Lecithin
Melatonin
DEVICES:
The NTI Tension Suppression System, invented by Dr. Jim Boyd, has proven quite effective for some people who have problems with clenching or grinding their teeth in their sleep.
This list will be updated as more medications are successfully used for headache and Migraine prevention. If you're having problems finding an effective preventive regimen, sharing this list with your doctor may be helpful to you.
References:
Ramadan, Nahib M., MD; Silberstein, Stephen D., Md, FACP; Frietag, Frederick G., DO; Gilbert, Thomas T., MD, MPH; Frishberg, Benjamin M., MD. "Evidence-Based Guidelines for Migraine Headache in the Primary Care Setting: Pharmacological Management for Prevention of Migraine." American Academy of Neurology Practice Guidelines. September, 2000.