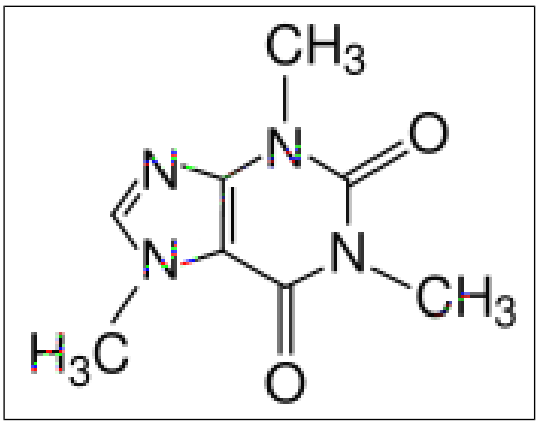
Summary of the Fluids Hypertension Syndromes: Migraines, Headaches, Normal Tension Glaucoma, Benign Intracranial Hypertension, Caffeine Intolerance. Etiologies, Pathophysiologies and Cure.



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Abstract

A – Migraines, Headaches and Fluids Hypertension Syndromes – What are they**?**
- Answer: Migraines and most primary headaches are the aches of the pressure increase in the fluids:
- Intraocular Aqueous Humor,
- Intracranial Cerebrospinal Fluid, and
- Inner ear's Perilymph and Endolymph.

We denominate the fluids' pressure rises and their consequent migraines, signs, symptoms and sicknesses as the Fluids Hypertension Syndromes.

Migraines and headaches are not sicknesses: they are symptoms of the sicknesses.

B – How many Fluids Hypertension Syndromes do exist?
- Answer: There are three Fluids Hypertension Syndromes:

1– **Ocular**, due to raises of the intraocular Aqueous Humor pressure.
2– **Cerebrospinal**, due to raises of the intracranial Cerebrospinal Fluid pressure.
3– **Inner Ears**, due to raises of the inner ears' Perilymph and Endolymph pressures.

Each patient can present one, two, or all the three Fluids Hypertension Syndromes in the same time.

C – Which are the Migraines, Migraine Variants and other alternative signs, symptoms and sicknesses caused by the three Fluids Hypertension Syndromes?
- Answer: There are nearly two hundred different migraines, migraine variants, migraine equivalent syndromes, sicknesses, alternatives signs and symptoms consequent to the three Fluids Hypertension Syndromes. Each person feels his/her migraines, headaches and other signs and symptoms on his/her own distinct mode. There are personal susceptibilities to each one.

Most aches, signs and symptoms are common to two Fluids Hypertension Syndromes, with statistical distinctions between them. Few migraines, signs and symptoms are exclusive to only one Fluid Hypertension Syndrome. The patients can present the Migraine Variants, Signs and Symptoms randomly.

Usually the patient repeats the same sign(s) or symptom(s), but sometimes adding another, or subtracting, or changing one of them. It is common the patient presents simultaneously two or more signs and symptoms.

When the fluids hypertension are at a relative low level, they cause repetitive much pain and no definitive harm. When correctly medicated, the patient cures without any remaining damage.

However, after many relapses and coincide with the personal susceptibility, or when the pressure rises too much and for time enough, the affected nerve can suffer progressive or sudden definitive damage, and the patient feels less Migraines or other signs or symptoms.

We and hundreds other physicians cited in the text, observed the followings signs and symptoms chronic or recurrent, sometimes denominated as "allergic", "idiopathic", "co-morbidity", and sicknesses, all caused directly or indirectly by the fluids' hypertension syndromes. We assorted them from each Fluid Hypertension Syndrome and from the caffeine intoxication (this list is incomplete and it may have misplacement):

D – Sicknesses, Signs and **Symptoms** that, although they can have other etiologies, they are also caused by the **Ocular hypertension Syndrome** and by the **Cerebrospinal Fluid Hypertension Syndrome:**
1– Amaurosis Fugax. Transient blindness. Retinal migraine.
2– Anterior visual pathway migraine.
3– Blepharitis. Itching eyes.
4– Blinks excessively.

5– Bulbar conjunctival cystic edema (Episcleral edema).
6– Bulbar sub-conjunctival hemorrhage.
7– Burning eye sensation.
8– Cellulitis (infectious) in the cheek.
9– Chalazion.
10– Cheek edema.
11– Chronic daily (journal) headache. Persistent or recurrent headaches (pain). Chronic migraine.
12– Cluster headache. Histamine cephalalgia. Horton neuralgia. Trigeminal autonomic cephalalgia. Cephalalgia. Trigeminal neuralgia. Ciliary neuralgia. Lower half migraine. Migrainous neuralgia. Episodic migraine.
13– Conjunctivitis, infectious: acute or chronic.
14– Constriction of the visual field.
15– Contact lens intolerance.
16– Colors vision disturbance.
17– Dry eye feelings (without indeed drying).
18– Edema of the tarsal conjunctiva.
19– Entoptic vision. Flying dots.
20– Eyebrow edema.
21– Eyelash ptosis.
22– Eyelid edema (swollen). Eyelid ptosis. Eyelid drooping.
23– Eyelid twitching (trembling).
24– Facial atypical pain. Atypical facial neuralgia. Maxillary ache. Pain in the face.
25– Facial sweating.
26– Floppy eyelid syndrome. Lax eyelid syndrome.
27– Headaches and Migraines with the interruption of the caffeine use.
28– Inferior eyelid edema. Eyelid purse. Puffy eyes. Festoons. Eyelid bags.
29– Intraocular pressure of 17 mmHg or higher.
30– Itching eyes. Scratching eyes. Rubbing eyes. Tickling eyes.
31– Migraine with aura. Classic migraine. Hemicrania with aura. Chronic paroxysmal migraine.
32– Migraine without aura. Headache.
33– Migrainous facies. Haggard appearance.
34– Miosis in both eyes (Pupils contracted without medicament).
35– Neck (nape or occipital) ache, migraine or headache. Cervical Spine disorders. Stiff neck. Tension-type headache or migraine. Chronic neck pain. Chronic migraine. Muscular contraction headache. Cervicogenic headache. Occipital neuralgia or migraine. Paroxismal torticollis. Upper cervical pain.
36– New-born and sucking infant rubbing (scratching) his eyes.
37– Ocular glands secretion disturbances. Increased ocular chronic secretion.
38– Ocular hyperemia. Eye redness. Eye erythema. Episcleritis. Conjunctival injection.
39– Ocular Migraine or ache.
40– Papillary conjunctivitis. Allergic conjunctivitis.
41– Photophobia. Excessive eyes sensitivity to the light.
42– Primary headaches.
43– Prodrome (premonitory symptoms) of migraine.
44– Psychogenic headache. Conversion headache.
Retinal Vein Thrombosis (Occlusion):
45– Branch Retinal Vein Thrombosis.
46– Central Retinal Vein Thrombosis.
47– Rhinitis with coryza. Rhinorrhea. (Rhinorrhoea). Running of the nose. Allergic rhinitis.

48– Rosacea at the face.
49– Sexual activity headache. Orgasmic (pre-orgasmic) headache. Intercourse headache.
50– Shoulder pain.
51– Sinus Headache. Allergic sinusitis.
52– Sty.
53– SUNCT Syndrome. (**S**hort-lasting, **U**nilateral, **N**euralgiform ocular pain, **C**onjunctiva fluid-filling and **T**earfulness).
54– Supra-orbital nerve neuralgia.
55– Tearfulness. Lachrymation. (Lacrimation).
56– Terrien marginal degeneration?
57– Throbbing migraine. Pulsatile migraine.
58– Transformed migraine. Medicament overuse headache. Analgesic-abuse headache. Drug induced headache. Intractable migraine. Rebound headache.
59– Transient Hemianopsia.
60– Visual acuity disturbance.
61– Visual Aura without migraine. Acephalgic migraine. Fortification spectra.
62– Wakening migraine. Nocturnal migraine. Alarm clock headache. Hypnic headache.

E – **Signs, symptoms and definitive damage** that, although they can have other etiologies, they also are caused by the **Ocular Hypertension Syndrome:**

Glaucoma:

63– Angle-Closure Glaucoma. Acute Glaucoma.
64– Congenital glaucoma?
65– Glaucomatous blindness.
66– High-Tension Glaucoma. Primary chronic open-angle glaucoma: Infantile. Juvenile and Adult.
67– Morning glory syndrome.
68– Normal (Peak) Tension Glaucoma. Normal Pressure Glaucoma. Low-tension glaucoma: Infantile, Juvenile and Adult.
69– Optic Nerve disk's cup larger or deeper than the physiologic. Increased cup-disk ratio.
70– Optic Nerve Lamina Cribosa's pores visible at the cup's bottom.

71– Frontal (wide forehead) Migraine or Headache. "Allergic" sinusitis.
72– Keratoconjunctivitis sicca?
73– Somnolence at visual work.
74– Temporary visual field abnormalities.
75– Wisdom tooth aches. Upper dental aches. Maxillary pain.

F – **Sicknesses, signs and symptoms** that, although they can have other etiologies, they also are caused by the **Inner ears Hypertension Syndrome** or by the **Cerebrospinal Fluid Hypertension Syndrome:**

76– Acute Mountain Sickness.
77– Benign paroxysmal torticollis of infancy?
78– Buzzing.
79– Childhood benign paroxysmal vertigo.
80– Cochlear (Inner ears) dysfunction.
81– Cyclic vomiting syndrome.
82– Deafness. Progressive sensorineural hearing loss.
83– Diffuse or spread headache or migraines.
84– Erythromelalgia. Red ear syndrome.
85– Fall (sudden). Faint.

86– Fullness in the ear.
87– Head-top (vertex) (crest) ache or Migraine.
88– Hemicrania. Hemicrania continua. Temporal migraine in one or both head sides.
89– Hemodialysis headache.
90– Hyperacusis.
91– Hyperemesis gravidarum? Vomiting of pregnancy?
92– Labyrinthitis.
93– Ménière disease. Endolymphatic hydrops.
94– Motion sickness?
95– Nausea. Retching.
96– Nystagmus.
97– Otitis "allergic". Pain in one or both ears.
98– Phonophobia. Sonic phobia. (Sonophobia). Increased sound aversion.
99– Temporomandibular joint syndrome without intra-capsular lesion. Temporomandibular disorders. Pain in the jaw. Mandible aches. Pain in the inferior teeth.
100– Tingling. Tinnitus. Ringing ears.
101– Vasovagal response or syndrome.
102– Vertebrobasilar artery migraine. Bickerstaff syndrome.
103– Vertigo. Dizziness. Vestibular neuritis.
104– Vestibular migraine. Vertiginous migraine.
105– Vomiting.
106– Whiplash headache. Thunderclap headache.

G – Sicknesses, signs and symptoms that, although they can have other etiologies, they also are caused by the **Cerebrospinal Fluid Hypertension Syndrome** and by the **Caffeine intoxication:**
107– Abdominal migraine. Abdominal aches. Visceral aches (pain).
108– Acute confusional migraine.
109– Adie's pupil – Tonic pupil.
110– Alice in Wonderland syndrome.
111– Allodynia at any nerve or body's place.
112– Alternating hemiplegia of childhood?
113– Alzheimer disease?
114– Amnesia, transient global.
115– Amyotrophic Lateral Sclerosis. Lou Gehrig disease.
116– Anosmia.
117– Atopic neurodermatitis. Dermic neuralgia.
118– Backache. Back pain. Chronic low-back pain.
119– Bell's palsy. Peripheral facial palsy.
120– Benign intracranial hypertension. Pseudotumor cerebri. Idiopathic intracranial hypertension. Optic Nerve's disk giant edema. Giant papilledema.
121– Benign unilateral episodic mydriasis.
122– Blurring of vision.
123– Brain's cortex disturbs.
124– Brain's gray matter volume reduction.
125– Brain infarct-like lesions, deep white matter lesions, cerebellar infarct-like lesions. Complicated headache syndrome. Migrainous infarction. Complicated migraine.
126– Bronchitis, "allergic".
127– Central Serous Chorioretinopathy. Serous macular detachment.
128– Central visual acuity loss. Blindness.

129– Choroidal folds. Concentric retinal folds. Paton lines.
130– Clumsiness.
131– Colic and other digestive disturbances.
132– Compressive spinal radiculitis.
133– Cough headache.
134– Decreased color perception.
135– Dermographism. Dermatographic urticaria. Skin writing.
136– Drusen (druses) in the Optic Nerve's Disk.
137– Dry Cough. Chronic cough without any pulmonary lesion.
138– Dry eye.
139– Empty Sella Turcica Syndrome.
140– Enlarged blind spot.
141– Exudative Macular Star.
142– Exudative retinal detachment, bullous and serofibrinous.
143– Facial Paresthesia.
144– Fibromyalgia. Migrainous corpalgia. Fibrositis. Widespread Chronic Pain Syndrome. Tension Myalgia. Diffuse Myofascial Pain. Chronic Fatigue Syndrome. Body Tiredness. Hyperalgesia. Paresthesia. Functional Somatic Syndrome. Neurodermatitis. Hypochondria. Body aches.
145– First-of-Ramadan headache.
146– Galactorrhea-Amenorrhea?
147– Gastric stasis.
148– Hemichorea?
149– Hoarseness. Laryngitis chronic. Pharyngitis chronic.
150– Hydrocephalus with normal cerebrospinal fluid pressure.
151– Hydrocephalus, idiopathic at childhood.
152– Iris partial palsy. Afferent pupillary defect.
153– Leber Hereditary Optic Neuropathy?
154– Legs cramps at awakening.
155– Limbs aches. Recurrent limb pain. Feet aches.
156– Macular degeneration, exudative. Age-related Macular Degeneration. AMD. Caffeine, Wine and Beer macular degeneration.
157– Macular drusen.
158– Macular edema. Cystoid macular edema.
159– Macular Hole.
160– Macular scar.
161– Menstrual Migraine. Premenstrual migraine. Premenstrual syndrome heightened symptoms. Premenstrual tension. Premenstrual dysphoric disorder. Catamenial migraine.
162– Middle forehead (upper nose or ethmoid) migraine. Ethmoid headache.
163– Multiple Sclerosis.
164– Nasal Polyps.
165– Neck-tongue syndrome.
166– Neuralgias (others).
167– Nonarteritic Anterior Ischemic Optic Neuropathy (NAION).
168– Nummular headache.
169– Obstructive rhinitis. Nasal congestion. Allergic rhinitis. Nasal stuffiness.
170– Obstructive sleep apnea syndrome (OSAS).
171– Ocular or orbital aches (pain) when turning the eyes.
172– Odour-phobia. (Odorphobia). Osmophobia.
173– Olfactory hypersensitivity. Olfaction disorders.

174– Optic disc hyperemia.
175– Optic Nerve's Crowded disk. Incipient NAION.
176– Optic Nerve's disk borders edema. Mild chronic papilledema.
177– Ophthalmoplegic migraine. Migraine with strabismus.
178– Paresthesia. Numbness. Formicating.
179– Peri-vascular white sheaths around the Optic Nerve's disk vessels.
180– Pharynx irritations and Pharynxitis. Chronic allergic pharyngitis.
181– Pituitary hormonal disturbs. Pituitary dysfunction.
182– Retinal exudates and cotton-wool spots.
183– Retinal geographic atrophy. Serpiginous choroiditis.
184– Retinal hemorrhages.
185– Retinal pigment epithelial changes.
186– Retinal pigment epithelium detachment.
187– Sciatica.
188– Sixth cranial nerve (abducens) palsy, unilateral or bilateral. Strabismus. Squint.
189– Sjögren syndrome.
190– Sneezing (mainly at awakening).
191– Status migranosus.
192– Stroke (ischemic). Cerebrovascular accident. Brain ischemia.
193– Subretinal hemorrhages.
194– Subretinal neovessel membranes.
195– Trigeminal neuralgia. Tic douloureux. Trigeminal autonomic cephalalgia.
196– Venous stasis retinopathy.
197– Vitreous-retinal adhesion.

H – Caffeine and Theobromine alone, or together with **Beer** or **Wine**, besides causing or contributing to cause all the above diseases, signs and symptoms, also worsen or cause other sicknesses and disturbs which do not belong to the Fluids Hypertension Syndromes. This list is incomplete and it does not include many sicknesses which are caused only by Beer or Wine, because they were beyond of our range:
198– Aches from Spinal Osteophytosis, from Spondylitis and from Ankylosing Spondylitis.
199– Aches (pain) from Repetitive motion injuries.
200– Achilles' heel tendon rupture?
201– Adiponectin increase.
202– Affective spectrum disorder.
203– Alcohol dependence.
204– Alexithymia.
205– Allergic Keratoconjunctivitis. Atopic keratoconjunctivitis. Vernal keratoconjunctivitis.
206– Allergy, anyone.
207– Alopecia.
208– Alpha power reduction on electroencephalogram.
209– Analgesic nephropathy.
210– Anaemia (anemia). Erythropoietin level reduction.
211– Anencephaly. Neural tube defects.
212– Aneuploid cell production.
213– Anger potentiation.
214– Angiitis of the Central nervous system. Central nervous system vasculitis.
215– Angioneurotic edema.
216– Anorectal atresia, congenital.

217– Anotia/Microtia, congenital.
218– Antiphospholipid antibody syndrome?
219– Antisocial personality disorder.
220– Anxiety disorder.
221– Aortic aneurism.
222– Aortic stiffness. Arterial stiffness.
223– Arterial aneurism intra-cranial. Cerebral aneurysm?
224– Arterial blood hypertension. Increased systolic and diastolic blood pressures.
225– Arterial thromboses (consequent to the Nicotine or to the Caffeine?).
226– Arthralgia.
227– Arthritis. Cartilage destruction. Glucosamine depletion. Rheumatism.
228– Aseptic neuritis.
229– Asthma.
230– Atopy. Eczema. Atopic dermatitis. Hay-fever (pollinosis).
231– Attention-deficit hyperactivity disorder (ADHD).
232– Atypical hyperplasia of Benign Breast Disease.
233– Autoimmune diseases.
234– Autophagy in skeletal muscle cells.
235– Axillary hyperhidrosis.
236– Baby's glaucomatous predisposition, consequent to his mother drinker of caffeine.
237– Baby's dependence predisposition, consequent to the mother dependent of caffeine?
238– Behavioral pattern disturbs. Behavioral side effects of caffeine. Toddlers behavioral disturbs whose mothers drink coffee.
239– Behavioral disturbs at the second generation, on mice.
240– Bipolar disorder.
241– Bones development inhibition.
242– Brain disorders in the fetus and postnatal.
243– Brain ventriculomegaly.
244– Breast feeding baby disturbs.
245– Breast volume reduction.
246– Caffeine dependence.
247– Caffeinism. Chronic intoxication with caffeine.
248– Caffeine acute intoxication.

Cancers already related with **caffeine, theophylline, theobromine** and **Coca-Cola**:

249– Bladder transitional cell carcinoma in men never-smoker, from **coffee** and **tea**. In young women, from **coffee**.
250– Breast cancer in obese women, from **caffeine, theophylline,** and **theobromine**. Malignant mammary tumors in rats, from **Coca-Cola**.
251– Colon, large bowel and rectal cancer, from **coffee, kola nut**; in women, from **green tea**.
252– Esophageal cancer from **tea** at Kashmir (India).
253– Gastric (stomach) cancer from **tea** at Kashmir (India).
254– Gastric (stomach) cancer in men, from **green tea**.
255– Leukemia (acute) in children from mothers non-smokers drinking **coffee or cola**.
256– Lung adenocarcinoma, from **kola nut, coffee**, and **green tea**. Pulmonary adenocarcinoma with Clara cell from **caffeine**.
257– Melanoma from **caffeine**?
258– Ovarian cancer, from **coffee.**
259– Pancreas exocrine adenomas in rats, from **Coca-Cola**.
260– Pancreatic cancer, from **coffee**.

261– Pancreatic islet cell carcinomas in female rats, from **Coca-Cola**.
262– Prostate cancer, from **theobromine (chocolate).**
263– Skin tumours in Xeroderma Pigmentosa patients.
264– Thyroid carcinogenesis from **caffeine**.
265– Cardiac arrest (primary).
266– Cardiac arrhythmia: atrial and ventricular. Heart rate increase. Atrial sinus tachycardia. Ventricular tachycardia. Palpitation. Irregular or rapid heart beat. Ventricular extra-systoles.
267– Cardiac impairment of ventricular function.
268– Cardiac underdevelopment, congenital.
269– Carpal tunnel syndrome.
270– Cataract congenital (on rats).
271– Celiac (coeliac) disease (gluten enteropathy) (sprue) (collagenous-lymphocytic colitis).
272– Cells division (DNA replication) (chromosomes) disturbs. Chromosomal disorders and aberrations.
273– Cerebral blood flow decreased.
274– Cerebral fetal underdevelopment (on rats).
275– Cerebral palsy?
276– Childhood obesity (congenital).
277– Choanal atresia (in newborns).
278– Cognitive behavior disturbs on offspring adults.
279– Connective tissue weakness.
280– Corneal staphyloma in Down´s syndrome. Other sicknesses in Down´s syndrome?
281– Coronary artery heart disease.
282– Cortisol and adrenocorticotropic hormone increase.
283– Costochondritis. Tietze syndrome. Slipping rib syndrome.
284– Craniosynostosis, congenital.
285– Craving for nicotine.
286– CREST syndrome (Calcinosis, Raynaud's phenomenon, Esophageal dysmotility, Sclerodactyly and Telangiectasia)?
287– Crohn’s disease.
288– Cryptorchidism, congenital.
289– Cyclical mastalgia (Menstruation-associated breast pain).
290– Death (by cardiac arrest?).
291– Dental caries in adolescents.
292– Depression. Unipolar depression. Depressive disorders.
293– Diabetes Mellitus. Elevated blood sugar.
294– Diabetes mellitus in the offspring adulthood.
295– Diabetic retinopathy.
296– Digestive disturbs.
297– Diuresis and natriuresis. Dystonia.
298– Down's syndrome? Down's syndrome worsening?
299– Drug-related eosinophilia with systemic symptoms (DRESS).
300– Duane syndrome?
301– Dystocia in low-risk nulliparous women.
302– Dystonias.
303– Eczema.
304– Edemas, chronic, in Legs, Belly, Buttocks, Bosom, Arms, Hands, everywhere. Liquids retention. Lymphatic edema.
305– Embryos malformations. Fetus of mice abnormalities. Limb malformations. Birth defects.

306– Encephalocele. Neural tube defect.
307– Endometriosis and tubal disease.
308– Endothelial progenitor cells reduced.
309– Epilepsy (Seizure). Juvenile myoclonic epilepsy.
310– Epinephrine increase.
311– Erysipela susceptibility.
312– Esophageal atresia, congenital.
313– Excitement.
314– Fertility reduced. Conception delayed for more than one year. Infertility. Lower fecundability.
315– Fetal brain development disturbs.
316– Fetal tachycardia.
317– Fetus underdevelopment. Small-for-gestational-age infants. Low birth weight. Reduced head circumference in the newborn. Infant somatic development alteration.
318– Fibrocystic breast disease. Benign breast disease with atypical hyperplasia. Breast pain.
319– Fight or Flight syndrome.
320– Flushing of the face.
321– Fractures, mainly in elderly people. Osteoporotic fractures.
322– Frog larvae (tadpoles) Xenopus laevis teratogenesis.
323– Fuchs' endothelial dystrophy?
324– Gallstone disease.
325– Gastric polyps.
326– Gastritis. Increased stomach acid secretion.
327– Gastro-oesophageal reflux.
328– Gay personality, congenital.
329– Genetic congenital malformations expression (penetrance) and genetic propensity or sensibility to any caffeine sickness.
330– Genital herpes relapsing.
331– Genital hyperesthesia.
332– Gestational Diabetes Mellitus.
333– Glaucomatous inherited tendency. Weakening of the Optic nerve disc during the fetus formation.
334– Glottis edema?
335– Graves disease.
336– Hallucinations and Delirium.
337– Hashimoto's thyroiditis?
338– Hay-fever. Pollinosis.
339– Heartburn.
340– Heart mitochondria lesions in newborn rats.
341– Heel spur aches (pain).
342– Hemifacial spasm.
343– Hip fracture risk increased.
344– Homocysteine level increase in the blood.
345– Hot flashes in post-menopausal women.
346– Huntington's chorea. Huntington's disease.
347– Hyperthermia in rats.
348– Hyperthyroidism.
349– Hypothyroidism.
350– Hypochondriasis.
351– Increased body fat in male mice.

352– Inflammatory markers increased.
353– Insomnia.
354– Insulin sensitivity reduced. Insulin resistance.
355– Interstitial cystitis. Painful bladder syndrome.
356– Interstitial nephritis chronic, consequent to analgesics (with caffeine?).
357– Irritability.
358– Irritable Bowel Syndrome. Colitis. Diarrhea.
359– Jitters. Enhanced physiologic tremor. Muscle twitching. Tremors.
360– Keratoconus. Keratoconus congenital tendency. Corneal weakening on fetuses. Thinner cornea.
361– Killing birds: Kea (Nestor notabilis).
362– Killing insects.
363– Killing mammalians:

- Coyote (Canis latrans) (Prairie wolf).
- Dog.
- Red fox (Vulpes vulpes).
- European badger (Meles meles).
- Rat, Guinea Pig.
- Woman, Child, Human.

364– Legs edema.
365– Liver enzymes reduced.
366– Liver toxicity raise to a power, acute damage exacerbated, and pro-inflammatory cytokines increased.
367– Low-density lipoprotein cholesterol (LDL) higher level.
368– Lupus erythematosus.
369– Malignant hyperthermia susceptibility.
370– Mania?
371– Medullary disturbs.
372– Memory loss?
373– Menopausal hot flush.
374– Menstrual shorten cycle length and menses. Menstrual dysfunction.
375– Mental ill-health. Lower mental well-being.
376– Metabolic Syndrome. Elevated blood fats.
377– Microphthalmia in the chick embryo.
378– Mitral valve prolapse?
379– Mood changes (swings).
380– Morton's neuroma aches.
381– Motor coordination impairments.
382– Multiple evanescent white dot syndrome (MEWDS) at the retina.
383– Myocardial infarction, acute.
384– Myopia – increasing degrees: moderate to severe.
385– Myopia – increasing people suffering.
386– Necrotizing enterocolitis in premature infants.
387– Nephritis, chronic interstitial.
388– Nervousness. Stimulated central nervous system.
389– Neurogenesis depressed.
390– Neuromuscular transmission subclinical dysfunction.
391– Neurotoxicity. Inhibition of neural repair and promotion of neuroinflammation.
392– Newborns sufferings from mothers’ drinkers of caffeine.

393– Nocturia. Nocturnal enuresis in children?
394– Nonarticular rheumatism in women.
395– Obesity?
396– Omentum (belly-fat) increase.
397– Oral cleft: Cleft lip. Cleft palate. Harelip.
398– Orthopedic aches.
399– Osteoporosis. Bones weakening. Lower bone mass. Low bone mineral density. Decalcification.
400– Ovarian follicles reduction.
401– Paget's disease?
402– Panic disorder. Generalized social anxiety disorder. Performance social anxiety disorder.
403– Paraproteinemias? Cryoglobulinemia? Gammopathy?
404– Parkinson’s disease.
405– Paroxysmal Choreo-athetosis.
406– Pellucid Marginal Corneal Degeneration? Keratotorus?
407– Peptic Ulcer.
408– Periarteritis nodosa.
409– Periodic limb movement disorders.
410– Physical underdevelopment. Stuntedness.
411– Pinguecula in the eyes.
412– Plantar Fasciitis aches (pain).
413– Plasma fibrinogen elevated.
414– Platelet aggregation increase.
415– Polycystic ovary syndrome.
416– Polypoidal choroidal vasculopathy in the eye.
417– Posner-Schlossman Syndrome. Glaucomatocyclitic crisis.
418– Postural orthostatic tachycardia syndrome.
419– Preeclampsia.
420– Prematurity. Pregnancy preterm delivery. Placental abruption.
421– Premenstrual breast pain. Cyclical mastalgia.
422– Prinzmetal's variant angina?
423– Prolactin secretion disturbs?
424– Pruritus ani.
425– Pseudoexfoliation glaucoma.
426– Pseudo-exfoliative (exfoliation) syndrome.
427– Psoriasis?
428– Psychiatric illnesses on adults whose mothers drank caffeine?
429– Psychological congenital disorders?
430– Psychological distress. Psychological disorders. Disphoria.
431– Psychomotor agitation.
432– Psychopathologies in adolescents.
433– Psychosis. Delusions. Paranoia.
434– Pterygium. Pterygium aggressiveness.
435– Pulmonary hypertension syndrome.
436– Rambling flow of thought and speech.
437– Raynaud's vasospastic syndrome.
438– Renal failure exacerbation in diabetic rats.
439– Renal glomerulosclerosis of adult offspring.
440– Renal papillary necrosis.

441– Renal stones. Kidney calculi. Nephrolithiasis. Urolithiasis. Acute renal colic.
442– Restlessness.
443– Restless Legs Syndrome.
444– Retinal infarction.
445– Retinal ischemic peripheral degeneration? Retinal tear? Retinal detachment?
446– Retinoschisis.
447– Reversible cerebral vasoconstriction syndrome.
448– Rhabdomyolysis.
449– Rheumatic aches. Muscular aches. Joint aches (pain).
450– Rheumatoid Arthritis.
451– Schizophrenia. Schizoaffective disorder.
452– Scotopic sensitivity syndrome? Irlen syndrome?
453– Seizure prolongation. “Benign” epilepsy.
454– Sex hormones disturbs.
455– Sinusitis, chronic.
456– Skeletal growth impairment. Impaired fetal length growth.
457– Sleep disorders in adults and infants. Somnambulism. Poor sleep hygiene.
458– Sleep bruxism.
459– Slenderness.
460– Small intestinal atresia, congenital.
461– Snoring excessively.
462– Sperm damage.
463– Spina bifida. Neural tube defects.
464– Spontaneous Abortion. Pregnancy miscarriage.
465– Still-birth. Fetal death.
466– Stress worsening.
467– Stroke. Ischemic stroke. Hemorragic stroke.
468– Stuttering?
469– Sudden Infant Death Syndrome.
470– Suicide increase.
471– Susac's syndrome?
472– Sweating excessively on palms and soles. Palmar hyperhydrosis.
473– Tendonitis (calcareous)?
474– Teratogenic potentially effects (on humans and mice).
475– Testicular atrophy.
476– Testosterone reduced in postmenopausal women.
477– Testosterone and semen reduced in sons.
478– Thrombocytosis?
479– Thrombocytopenia.
480– Thyroid Eye Disease? (Thyroid-related Immune Orbitopathy?)
481– Tolosa–Hunt syndrome? (Unilateral headaches with extraocular palsies).
482– Tooth wear.
483– Tooth cariogenesis and tooth enamel badly developed (on rats).
484– Tourette syndrome. Tic Disorders.
485– Toxicity exacerbation.
486– Type A personality.
487– Urinary calcium and magnesium losses increased. Hypercalciuria.
488– Urinary hydrogen peroxide levels increased.
489– Urinary incontinence. Unstable bladder. Overactive Bladder Syndrome.

490– Urination increased.
491– Urinary obstruction.
492– Urticaria.
493– Uveitis: anterior chronic or relapsing.
494– Varicose veins increase.
495– Vascular placental pathology.
496– Vasoconstriction of most arteries.
497– Vasodilation, rebound of the previously constricted arteries.
498– Vasodilation of internal mammary artery.
499– Vasospasms, arterial. Vasospastic diseases.
500– Venous thromboses.
501– Violence increase between high school students.
502– Vitiligo.
503– Voice disorders in teachers.
504– Xeroderma pigmentosum worsening.
505– Weight gain (edemas). Water retention. Obesity.
506– Weight loss.
507– Wide-awake drunk.
508– Withdrawal of caffeine syndrome.

I ask to myself: "Is there any sickness, health disturbance or pathology which can not be related, caused, or worsened by the caffeine intoxication?" Can you answer this question?

I - Which are the Etiologies or Risk Factors for the three Fluids Hypertension Syndromes?
- Answer: The most important etiologies are common to all the three Fluids Hypertension Syndromes, with statistical differences between them. Few etiologies are exclusive to only one Fluid Hypertension Syndrome.

Usually the patient has two or more etiologies simultaneously. The etiologies we detected until now, are (this list is incomplete):

J – Etiologies or Risk Factors common for all the three Fluids Hypertension Syndromes:

1) Caffeine and theobromine in:
- Coffee.
- Soft drinks, energy drinks, guaraná, colas, etc.
- Tea, Black tea, Green tea, White tea, Mate, Chimarrão, etc.
- Brown and dark Chocolate.
- Medicaments for weight loss.
- Medicaments for common cold and influenza (flu).
- Medicaments for relieving pain.
- Other medicaments.

2) Excessive daily liquids drinks, mainly water.
3) Beer drinks.
4) Wine drinks.
5) Estrogen falling level. Menstrual variation of fluids' pressures. Contraceptives with estrogen.
6) Diffusion to the head of the retained water in the body, when laid down.
7) Cranial venous hypertension, when laid down and in exercises with head-down positions.
8) Visceral disturbances. Digestive toxins. Excessive nutrition before sleeping.
9) Nourishment irregularities. Fasting.
10) Emotional stress, causing excessive endogenous adrenaline (epinephrine), cortisone, and neural reflexes.

11) Ethnic, familial or genetic inherited propensity for migraine, glaucoma or Benign intracranial hypertension.
12) Hyper-hydration and medicaments in the hospitalized patient.
13) Aging.
14) Vasoconstrictors. medicaments with Ergot or Tryptan. Nasal medicaments with vasoconstrictors.
15) Vasodilators.
16) Phosphodiesterase type 5 inhibitors (retinal and brain vasodilators) (Sildenafil, Vardenafil, Tadalafil).

Congenital right to left blood shunt, caused by:

17) Cardiac patent foramen ovale.
18) Pulmonary arterio-venous malformation.

19) Obstructive sleep apnea syndrome (OSAS). Respiratory insufficiency. Accumulation of carbonic gas in the lungs and in the blood. Hypoxia.
20) Medicaments that raise the fluid pressures, besides caffeine, vasoconstrictors and vasodilators.
21) Valsalva maneuver.
22) High resistance wind instrument playing.
23) Sirsasana (Shirshásana) (headstand) yoga posture.
24) Tight neckties.
25) Weight lifting.
26) Queckenstedt test.
27) Very low arterial pressure when sleeping or in surgeries.
28) Anderson-Fabry disease (X-linked recessive alpha-galactosidase A deficiency)?

K - Etiologies or Risk factors private to the Ocular Hypertension Syndrome, besides those common to all three Fluids Hypertension Syndromes:

29) Excessive visual strain.
30) Excessive use of TV or Computer.
31) Intra-nasal corticosteroids.
32) Intraocular injections of medicaments.
33) Intraocular pressure rise with the eyes closed when sleeping.
34) Irregular sleep.
35) Ocular compression during surgeries or exams.
36) Ocular shallow anterior chamber.
37) Sleeping with one arm squeezing over the eyes. Sleeping with the face squeezing the eyes over the arm.
38) Sleeping with a small or no pillow?
39) Somatic medicaments that rise the intraocular pressure, besides vasodilators:

- Psychotropics.
- Corticosteroids.
- Over-hydration, oral.

40) Visual strain with low illumination.

L – Etiologies or risk factors private to the Cerebrospinal Fluid Hypertension Syndrome, besides those common to all three Fluids Hypertension Syndromes:

41) Cranial venous (dural) (cerebral) sinus thrombosis, after:
- Cerebral trauma or head injury.
- Meningitis.

42) Congenital incomplete posterior Circle of Willis?
43) Daily cerebrospinal fluid pressure cyclic rise (when sleeping?).
44) Jugular vein obstruction or thrombosis:
- Idiopathic.

- After neck injury.
- Tumor.

- Etiologies private to the Cerebrospinal Fluid's Hypotension Syndrome,

45) Lumbar puncture (spinal tap).
46) Spontaneous Intracranial Hypotension.
47) Ventriculoperitoneal Shunt (surgical).

M – Which is the pathophysiology that causes the three Fluids Hypertension Syndromes, Sicknesses, Migraines and all alternative signs and symptoms?

Answer: The etiologies mentioned above cause an excess of blood capillary permeability with consequent hypertension of the fluids' pressures during minutes or hours, of:

1) The Cerebrospinal Fluid in the skull,
2) The Aqueous Humor in the eyes,
3) The Perilymph and the Endolymph in the inner ears.

These fluids hypertension squeeze all the living structures and the nerves immersed in them, and they ache as Migraines or all the other alternative signs and symptoms.

When it is too strong or repeated hundreds of times, the squeeze of these structures and nerves damages them, causing their definitive lesions and sicknesses.

The Ocular Hypertension squeezes the ocular inner structures and the Optic Nerve's Disk, from inside the eye to the outside, which is the Optic Nerve, and it aches. Its main definitive damage is the Normal (Peak) Tension Glaucoma.

The Cerebrospinal Fluid (intracranial) Hypertension squeezes the Brain, Spinal Chord, Dura mater, all the cranial and spinal nerves, which means all the body's nerves, and they ache:

- The most frequent aches (pain) are from the Optic Nerve's Disk, squeezed from the Optic Nerve to inside the eye, which aches similarly to the Ocular Hypertension Syndrome. Consequently, many migraines and other symptoms from the Cerebrospinal Fluid Hypertension Syndrome are similar to those from the Ocular Hypertension Syndrome.
- The nerves of all the body as they depart from the central nervous system are stretched, and this causes many nerves' aches and damages.
- The Brain and Spinal Cord are also stretched. Which are their definitive damages? Multiple sclerosis? Alzheimer's disease?

Caffeine and theobromine are the main etiologies to the three Fluids Hypertension Syndromes and their around 200 signs, symptoms and sicknesses. Besides these, their scattered toxic effect also cause other more than 300 sicknesses, which are unrelated with the fluids pressures.

N - Which are the most effective therapies to prevent or cure the Migraines and all the other variants, sicknesses, signs and symptoms, consequent to the three Fluids Hypertension Syndromes?

- Answer: The most effective therapy to all Migraines, sicknesses, other signs, and symptoms is removing from the patient the etiologies which can be removed:

1- Abstinence of caffeine from coffee, tea, caffeinated soft drinks, chocolate, and medicament.
2- Abstinence of wine and beer drinks.
3- Reduction of excessive liquid drinks.
4- Reduction of visual strain.
5- Use of precise spectacles and contact lenses.
6- Reduction of emotional stress.
7- Treatment of visceral disturbs.
8- Avoidance of heavy meals.
9- Avoidance of any meals and drinks until three hours before sleeping.
10- Turn off the light and TV set at the bedtime.
11- Reduce any drug that raise the fluids pressures.
12- Regularize the sleeping hours.

13- Regularize the sexual activity.
14- Respiratory exercises daily.
15- Sleeping with a high pillow.
16- Some physical activity with head-up and free breathing. Aerobic exercises.
17- Medicament: eye drops that lower the intraocular pressure, and Acetazolamide per-oral, that lower all the fluids' pressures.

With all these measures, the Fluids Hypertension Syndromes become better in few hours or days; the Migraines, variants and all the other alternative signs and symptoms reduce or vanish, never returning as long as the patient keeps the treatment. Consequently**, most patients cure for life, and the definitive damage caused by these illnesses never occur.**

Any medical doctor with this knowledge, good rapport and empathy with the patient, can prevent, improve or cure most of the above listed hundreds signs, symptoms and sicknesses.

The cured patients stop their sufferings, and they like it. They also stop expending time and money with physicians, hospitals, medicament, exams and surgeries, which have economic implications.

The complete text of this work is on the following pages, or it can be found free at: **www.izeck-sohn.com/leonardo/**

XX) - Main Conclusions

Contents:

A – About Migraines, Fluids Hypertension Syndromes and their pathophysiologies.
B – About Etiologies, Diagnose, Signs, Symptoms, Sicknesses and Evolution.
C – About the Caffeine.
D – About Prevention, Treatment and Cure.
E – About Economics.

A – About Migraines, Fluids Hypertension Syndromes and their pathophysiologies:

XX – 1) We conclude that the three Fluids Hypertension Syndromes are the excess of fluids ingress over exit, in 5 body's inelastic closed spaces and fluids filled, raising its inner fluids pressures and causing around 200 Migraines, sicknesses, variants, other signs and symptoms. These 5 fluids filled inelastic closed spaces are the two eyes, one intra-cranial and two inner ears.

XX - 2) We conclude that the pathophysiology common to the three Fluids Hypertension Syndromes is:
a - Many etiologies cause the excessive fluids exudation from the arterial capillaries.
b - When the drainage in that place is sufficient for that excessive volume, the extra-cellular fluid is drained and nothing occurs.
c - When the drainage is insufficient and in a soft expansible tissue, it swells as an edema.
d - When the drainage is insufficient and in a closed space, the extra-cellular fluid pressure raises and the stretched structures ache as migraines and variants.
e - When the stretched structure is a nerve in a hard lamina cribosa or foramen, the passing by nerve fibers suffer the consequent damage.
f - When the fluid pressure surpasses the arterial perfusion pressure at any place, it causes the collapse of the arterial supply and the ischemia causes the neurological damage.

XX - 3) We conclude that the peaks of the intraocular pressure higher than the patient's physiologic value some hours each day and night, repeating thousands times along months or years, causes (mainly cluster and tension) migraines, damages his Optic Nerves' fibers, increases the Optic Nerve's cup diameter and deepness, causes the visibility of the Lamina Cribosa's pores at the cup's

bottom, and after years it can result in the Glaucoma. Consequently:
a - Migraines with the Lamina Cribosa's pores visualization, even with normal intraocular pressure at the physician's office, are from the Ocular Hypertension Syndrome, and their continuity can slowly lead these patients to the Normal (Peak) Tension Glaucoma.
b - It is useless the differentiation between the migraine of intraocular pressure rise, and the Normal (Peak) Tension Glaucoma, because both illnesses are interlaced; their etiologies, pathophysiologies and treatments are the same. Both illnesses are the same sickness at two phases, years apart one from the other.

XX – 4) We conclude that the patients feel Migraines as quicker and intermittent are the fluids' pressures ups and downs that squeeze the Optic and Acoustic nerves, other nerves and Dura mater.
a - The patients with intraocular pressures between 17 to 21 mmHg feel the higher aches intensities.
b - The patients with intraocular pressures higher than 22 mmHg feel few or no aches. This causes the **Migraines' therapeutic paradox:** The patient, when first time medicated and lowered his fluids' pressures, usually feels Migraines for few days.

XX – 5) We conclude that all the 3 fluids, the Intraocular, the Cerebrospinal and the Inner Ears, have daily ups and downs of their pressures. In around 30% of our patients, the rises occurred during the sleeping time, worsening their Migraines at awakening.

XX – 6) We conclude that few patients present only 1 Fluid Hypertension Syndrome, and most patients present 2 or the 3 syndromes mixed up. The Inner Ear's one almost ever occurs together with the Cerebrospinal Fluid Hypertension Syndrome.

XX – 7) We conclude that there is a timing difference between the intraocular Aqueous Humor and the Cerebrospinal Fluid pressures ups and downs. The patient can suffer both fluids hypertensions in the same day, but at different hours. This enables in the same Optic Nerve's disk, the simultaneous occurrences of glaucomatous damage from the Ocular Hypertension Syndrome and borders edema from the Cerebrospinal Fluid Hypertension Syndrome.

XX – 8) We conclude that the denomination of "primary" to migraines and headaches means that these are the primary symptoms, but indeed all migraines and headaches are secondary to some etiologies or risk factors causing some fluid hypertension. There are no migraines without etiologies.

XX – 9) We conclude that the high pressures in the Cerebrospinal, Inner Ears or Intraocular fluids can cause definitive ischemic neural damage in the Brain, Eyes, Inner ears, Optic and Vestibulocochlear nerves, as Glaucoma, Ménière disease, Sensorineural Hearing Loss, Benign Intracranial Hypertension and other neurological sicknesses, with few migraines after the lesion.

XX – 10) We conclude that the same etiologies cause in some patients the rise of the Cerebrospinal Fluid pressure and consequent Benign Intracranial Hypertension, and in other patients cause the rise of the intraocular pressure and consequent Glaucoma. Which pressure will raise more and which pathology will occur, it depends from the patient's inherited or acquired susceptibility.

XX – 11) We conclude that the value of the occasional or steady elevated Intraocular pressure that damages the Optic Nerve and causes glaucoma is different in each individual, and it depends from many factors, as the arterial pressure and the endurance of the Optic Nerve's Lamina Cribosa. We suppose that the endurance of the Optic Nerve's Lamina Cribosa is higher when its diameter is smaller.

XX – 12) We conclude that there are 10 ways by which the Cerebrospinal Fluid Hypertension Syndrome, the toxicities of caffeine, beer, wine, excessive endogenous adrenaline (Epinephrine) and

cortisol, and the diabetes can cause edema, ischemia, exudation and hemorrhages in and under the retina. All this result in retinal neovascularization, fibrosis and retinal degeneration, with many denominations as Age-related macular degeneration, Geographic atrophy and others, and they can result in blindness.

B – About Etiologies, Diagnose, Signs, Symptoms, Sicknesses and Evolution:

XX – 13) We conclude that there are at least six types of neural signs, symptoms and variants from the Fluids Hypertension Syndromes:

- Primary ache.
- Allodynia of the affected nerve.
- Allodynia of other nerve.
- Neural reflexes.
- Muscle tenderness.
- Neural definitive lesion.

XX - 14) We saw, evaluated and followed up the fluid hypertension damage in the Optic Nerve's disk, as cup's size, cup's deepness, lamina cribosa's pores, and borders edemas, by direct ophthalmoscopy and by the migraines and variants they cause.

XX – 15) We studied and made statistics about 32 different migraines, migraines variants, signs and symptoms felt by our patients, but there are many more. The patients feel some of these migraines, signs and symptoms simultaneously or alternatively. Most signs and symptoms are interchangeable between them and are common to the three Fluids Hypertension Syndromes. Few migraines, variants, signs and symptoms are exclusive of only one Fluid Hypertension Syndrome.

XX – 16) We studied and made statistics about 19 Etiologies of the three Fluids Hypertension Syndromes, but there are more than 40. Most etiologies are common to all three, to the Normal (Peak) Tension Glaucoma and to the Benign Intracranial Hypertension. Few etiologies are exclusive to only one Fluid Hypertension Syndrome. The four most frequent and easily removable etiologies from our patients were:

a- Caffeine and theobromine.
b- Excessive daily liquids drinks, mainly water.
c- Beer drinks.
d- Wine drinks.

XX – 17) We conclude that the absolute majority of the patients with visibility of Lamina Cribosa's pores (83,8%), and Glaucoma (76,4%), have their high intraocular pressures damage at other hours far from the medical office. On the examination, their intraocular pressures are low or "normal", and the medical doctors denominate them as "Low-tension" or "Normal-tension" Glaucoma. These patients indeed have a Peak-Tension Glaucoma.

XX – 18) We conclude about the Etiologies or Risk Factors of the Fluids Hypertension Syndromes:

- Each etiology can cause different pathologies.
- Different etiologies can cause the same pathology.
- Most etiologies are common to all three Fluids Hypertension Syndromes.
- Few etiologies are exclusive to only one Fluid Hypertension Syndrome.
- The patient can present one or more etiologies simultaneously.
- Seldom one etiology alone causes any fluid's hypertension.
- Two or more etiologies simultaneously have their pathogenic effect amplified.
- Each patient can have inherited ethnic, familial, or acquired, susceptibilities to the pathogenic effects of his Fluids Hypertension Syndromes.

- We conclude that the migraine only occurs when there is a big disturbance in the fluids pressure, which is caused or by a strong etiology, or by two or more etiologies acting together and raising to a power their effects.

XX – 19) We conclude that the three Fluids Hypertension Syndromes, their sicknesses, signs and symptoms, can affect all people's phenotypes, gender, races and ages. The most resistant group seems to be the adults white men, before they become old.

XX – 20) We conclude that the boundary from the normal to the excessive drinks depends from the drink composition, its daily volume and from the individual susceptibility, which is much variable. As smaller is the body weight, so smaller is the boundary from normal to excessive drinks. These boundaries shorten with aging. The inheritance of a stronger or resistant body causes higher sensibility to the Fluids Hypertension Syndromes and to the caffeine, wine and beer intoxication.

XX – 21) We conclude that the excessive water drunk during the day is retained below the waistline and after lying down it causes the 3 fluids hypertension in the head. The water and beer drank just before lying down cause more Glaucoma than the same drinks at another hour.

XX – 22) We conclude that as men as women increase their glaucomatous damage as increase their average ages, and both gender with the same average ages. Aging is a strong etiology to glaucoma. Aging also causes the progressive reduction of the body's endurance against any toxin: the same recreational and harmless toxin when young, becomes pathogenic with aging.

XX – 23) We conclude that there can be crossed inheritance of the patient's susceptibility from their parents: from Glaucoma and migraines of the Ocular Hypertension Syndrome, to the Migraines of the Cerebrospinal Fluid Hypertension Syndrome, and vice-versa. We found inherited susceptibilities alternation between the successive generations in the same family.

XX - 24) We conclude that the Optic Nerve's disk borders edemas with other symptoms or with 0.5 dioptre of high or bigger, and the white sheaths of the disk vessels, are pathological and configure the Cerebrospinal Fluid Hypertension Syndrome, although they can endure many years and can cure without any definitive damage.

XX – 25) We conclude that there are patients with Optic Nerve's damage without aches, and patients with aches without any visible damage. As the physician cannot asseverate or deny any patient's ache, it is easy for the malingerer to deceive the physician.

XX – 26) We conclude that it is typical from the three Fluids' Hypertension Syndromes:
1. They cause many migraines, headaches and variants.
2. Their aches have few or no inflammation.
3. There is no fever.
4. There is no suppuration.
5. Their edemas are cold.
6. Their sicknesses are not contagious.
7. Their palsies are self-limited.
8. Their duration and relapses are for months or years.
9. There can be some familial or ethnic inherited susceptibility.
10. Their main diagnose is clinical.
11. Their main therapy is shortening the daily drinks.
12. Most sicknesses, signs and symptoms can cure without definitive damage or degeneration.
13. Some definitive degeneration and damage are subtle and progressive, and others are sudden.
14. The sudden definitive damage usually occurs when sleeping. The patient awakens with it.

XX – 27) We conclude that the menstrual migraine has high correlation with the Cerebrospinal Fluid Hypertension Syndrome and Benign Intracranial Hypertension, and low correlation with the Ocular Hypertension Syndrome or Glaucoma.

XX – 28) We conclude that the Hangover is the whole of Migraines of the three Fluids Hypertension Syndromes, which the drinker feels only after finished the anesthetizing effects of alcohol and sleep.

XX – 29) We conclude about the "allergic" Rhinitis:
a - The recurrent Rhinitis with coryza (rhinorrhea) has more relation with the Ocular hypertension.
b - The Obstructive Rhinitis (Nasal congestion or stuffiness) has more relation with the Cerebrospinal Fluid Hypertension.

XX - 30) We conclude that some visceral disturbances can be etiologies or risk factors to migraines, and the migraines can cause other visceral disturbances, as sneezing, hoarseness, cough, nausea, retching and vomit.

XX – 31) We conclude that most migraines, signs and symptoms affected men on average younger ages than women, but the difference is little (men at 37,5 and women at 39,1 year-old). The women felt more migraines and with more intensities than the men did.

XX – 32) We conclude that as increase the patients' glaucomatous damage (glaucomatous optic neuropathy), from suspect to incipient and to advanced:
a - The quantity of patients with glaucoma in each category decreases.
b - The percentage of patients with Normal (Peak)-Tension Glaucoma decreases.
c - The percentage of patients with High-tension glaucoma increases.
d - The Normal (Peak)-Tension Glaucoma was more frequent than the High-tension glaucoma on the Suspect (Cup/Disk=0.6), Incipient (Cup/Disk=0.7) and Advanced (Cup/Disk=0.8).
e - The High-tension glaucoma was more frequent than the Normal (Peak)-Tension Glaucoma only on the advanced glaucoma with Cup/Disk ratios 0.9 and 1.

XX – 33) We conclude that the migraines can be symptoms of an actual glaucoma, or presage of a future glaucoma. So, the glaucoma can progress with the patient:
a - Frequently feeling migraines or many interchangeable signs or symptoms, in average 85% of the glaucoma patients; or
b - Without feeling anything, in average 15% of the glaucoma patients, because the fluid pressure peaks happen when the patients are sleeping, or drunk, or because they do not feel it at all.
c - Consequently, the medical assertion that “the glaucoma progresses without signs or symptoms” is wrong for 85% of the glaucoma patients, and is only true for 15% of them.

XX – 34) We conclude that the acute Angle-closure glaucoma is one of the many sicknesses from the Ocular Hypertension Syndrome in some eyes prone to it, and it is preventable without surgery in most patients.

C – About the Caffeine:

XX – 35) We conclude that the caffeine is poisonous, treacherous and a scattered health worsening factor. The caffeine protracted use intoxicate at least by 19 pathological ways:
1) The caffeine effects are different after few minutes, after few hours and after months. The same occurs with theobromine (chocolate).
2) The personal sensibility to the caffeine is varied: In each patient, the doses and effects are differ-

ent. There is no dose-response pattern. The main origin of this personal sensibility is inheritance, but it also can be acquired. Some resistant patients become sensible to caffeine with aging. Smoking protects the person from some effects of caffeine. Some people are entirely intolerant to caffeine, and to them even one little cup of coffee or a small chocolate is poisonous and cause them to be sick. The affirmation that "to drink until 300 mg of caffeine per day is safe to everyone" is a gross error.

3) Caffeine is treacherous: caffeine alone, or with analgesics, reduces the migraines and headaches in minutes, but after few hours or at the next day the caffeine is the main etiology to all the migraines and variants. Caffeine doubles the total number of patients suffering, and it increases all their migraines, signs and symptoms.

4) Caffeine is a generic aches (pain) intensifier everywhere in the body, after months of daily use.

5) Caffeine causes edemas everywhere. After months of daily use, Caffeine retains water in the body, it increases the fluids retention caused by other etiologies or risk factors, which results in the Fluids Hypertension Syndromes and small spread edemas. Caffeine daily drinks can increase the body weight up to 4 kilograms (8.8 pounds) only with retained water. Caffeine is not a diuretic.

6) Caffeine alone is the etiology of more than 200 sicknesses, but together with other etiologies, caffeine is a worsening factor of more than 500 signs, symptoms and sicknesses above listed at the Summary.

7) Caffeine and its metabolites are carcinogenic. When already there are cancer cells, the caffeine is also toxic to them and stimulates its dying, without entirely curing the cancer. So, caffeine is also a chemical therapy to cancer.

8) Caffeine is treacherous: it improves the mood, but after minutes it causes and worsens many psychological disorders.

9) Caffeine worsens many psychiatric disorders. We suspect that caffeine also causes some of them.

10) Caffeine is treacherous: it stimulates the physical and cardiac performance, but after years, it causes cardiac, hypertensive and vascular disorders.

11) Caffeine worsens many autoimmune disorders. We suspect that caffeine also causes some of them.

12) Caffeine causes aseptic neuritis, neuralgia and other neurological disorders.

13) Caffeine causes blood micro-circulatory pathologies, as the retinal degeneration.

14) Caffeine weakens the connective tissues, the eye's sclera and the cornea, killing their cells.

15) Caffeine weakens the cartilages, mainly after 40 years of age, killing their cells and causing rheumatism.

16) Caffeine weakens the teeth and the bones causing decalcification, killing their cells and stimulating fractures in the elders.

17) Caffeine causes addiction. Medicaments with caffeine, coffee, tea, cola, guaraná, and chocolate have delicious immediate physical and psychological effects. After few hours, when they cause sufferings, the patient is stimulated to drink more of them. So, all caffeine users have physical and psychological dependence from it, they refuse to know this, and it is difficult to stop its use. Stopping the caffeine use usually causes one week of headaches.

18) Caffeine is teratogenic with variegated penetrance and expression. There is no pattern, because it depends from the time, dose and the genetic sensibility of the fetus. Caffeine can cause the embryo death. The fetuses and breast feeding babies have no defense against the caffeine intoxication from their mothers. Caffeine drank by the pregnant can cause many congenital and late onset sicknesses in her children.

19) Caffeine is scattered toxic to human, animal and vegetable health. Few are the insects and microbes which are not intoxicated by caffeine.

XX - 36) We conclude that caffeine is useful as a medicament to some people in some circumstances:

a - Each one coffee, tea, caffeinated soft drink, decaffeinated coffee and tea, medicament with caffeine, etc, as they have different compositions besides the caffeine, they also have some different effects in each person.
b - As any medicament, caffeine has beneficial indications, warnings, relative and absolute contraindications.
c - Caffeine has collateral effects that arise and worsen with high dosage and protracted use.
d - The individual endurance or sensibility to caffeine depends from his enzymatic detoxifying capacity, which is consequent to the genetic (inherited) characteristics and other simultaneous hormones, medicaments or toxins that he is receiving.
e - Properly used as a medicament, caffeine is helpful. Indiscriminate and heavily everyday used for years or decades, the caffeine causes toxic effects and more than 400 signs, symptoms and sicknesses, besides many headaches and migraines.
f - On the countries where the very cold climate turns the beverages with caffeine useful to life, their popular continual daily use for more than one hundred years probably reduced there the persons more sensible to the caffeine intoxication. Most people now living at the very cold countries must be resistant to the caffeine deleterious effects, or they only present the caffeine sicknesses after their reproductive age. This genetic selection caused by the caffeine also causes statistical differences about the caffeine sicknesses between the different populations.

D – About Prevention, Treatment and Cure:

XX – 37) We conclude that to prevent the premenstrual tension and the risk of a brain stroke, any women with her physiologic estrogen, and specially those taking contraceptives with estrogen, must stop the other preventable risk factors, as caffeine, wine, beer, excessive water drank, Ergots and Triptans.

XX – 38) We conclude that it is better to medicate the beginning of the raising intraocular pressure at the migraine phase and simultaneously to prevent the glaucoma, than years later to try to stop the progressive glaucomatous big cup already with incurable visual lesion.

XX - 39) We conclude that to prevent the worsening of the diabetic retinopathy, the diabetic patient must:
- Avoid drinking caffeine, beer, wine and excessive water, in order to prevent as peaks in the Cerebrospinal fluid pressure as the weakening of the arterial capillaries.
- Avoid the eye drops that lower the intraocular pressure, unless he presents an advanced glaucoma.

XX – 40) We conclude that the main prevention and treatment to all migraines, migraines variants, signs, symptoms and sicknesses from the three Fluids Hypertension Syndromes is reducing the patients' habitual excessive drinks of water, beer, wine, coffee, caffeinated soft drinks and chocolate. This reduction lowers their Intraocular, Cerebrospinal and Inner ear fluids pressures with few or no medicament. There are etiologies as aging, inheritance, and others that we cannot change.

E – About Economics:

XX – 41) We conclude, besides this research, that nowadays:
- The main etiologies for the more than 500 above mentioned signs, symptoms and sicknesses are the daily drinks of caffeine and theobromine from coffee, tea, colas, chocolate and medicaments, beer, and wine which are toxins, and excessive water.
- These daily toxic drinks are delicious and cause psychological and physical dependence. They become vices. So, these hundreds health disturbs are consequent to the populations' vices.

- The populations and physicians are not been warned and do not know anything about these vices and their consequences.
- Each one healthy person user of these toxins thinks that he is not addicted, and when advised about it, he does not believe it.
- The patient only begins to believe that he must get free from his vices when he becomes sick and does not cure with the usual medicine. Some people, even when advised, can not get free from their vices.
- The populations pay their vices with their health and their money. So, the beverages industries and many of the government's profits rely on the peoples vices and sufferings. It is much more profitable and socially acceptable to sell caffeine, beer and wine, than cocaine or marijuana.
- The populations are stimulated to drink these toxins by the beverages industries and by their governments. The media coverage is paid to spread to the populations good things about these beverages and to stimulate their use.
- The medical industries profit with the therapies of the people's sicknesses caused by these vices. The sickness prevention is not profitable. So, the medical industries prefer to medicate them than to prevent or to cure them. The medical media only advertises to the physicians the profitable medicine. So, the physicians are stimulated only to medicate than to prevent or to cure these sicknesses and vices.
- As these vices are spread world-wide, there are increasing people sick from these intoxicants, and there are increasing profits to the beverages, governments and medical industries.

XX – 42) We conclude that the patients suffering from the Ocular, Cerebrospinal and Inner ear Fluids Hypertension Syndromes, as Migraines, Variants, Headaches, Rhinitis, Sinusitis, Otitis, neuralgia, Fibromyalgia, other signs, symptoms and sicknesses, and many sicknesses caused or worsened by caffeine, **are curable**, because most of our patients have cured with the above orientation. Therefore, their definitive damage and sicknesses, as Normal (Peak) Tension Glaucoma, Benign Intracranial Hypertension, Sensorineural Hearing Loss, Ménière disease, neurological disorders, some cancers and others, **are preventable**.

We apologize to those patients that we could not cure before, because we did not know enough about these syndromes. From now on, we shall not do this medical fail again!

I am grateful to live in a country and time where there is freedom to write and say these truths, without being arrested or burned on a stake.