

Summary for Family: What's Actually Going On

He has not been dealing with occasional headaches. He has been living with continuous head pain for months, with periodic severe migraine flares on top of it.

There is almost always some level of head pain present, even on “better” days. Lower-level pain (around 1–2/10) has become so common that it no longer registers as pain to him and fades into the background. This does not mean he is fine; it means his nervous system has adapted to constant discomfort. When the pain rises above a certain threshold (around 4/10), it becomes impossible to ignore and takes over attention completely.

This pattern fits chronic migraine with central sensitization. The pain system in the brain remains in a high-alert state, where stress, thinking, light, sound, or effort can push it into a flare. Painkillers help little or not at all because the issue is no longer just inflammation but how the brain processes pain. This is why pushing through or trying harder does not work.

Studying is especially affected. He does not avoid activities he wants to do; he avoids tasks he should do when pain spikes. During stronger pain, thinking becomes difficult, concentration collapses, and it genuinely feels like he cannot do anything. This is a neurological limitation, not laziness or lack of discipline.

Depression and migraine interact with each other. Depressive symptoms were present before the migraines began, and the migraines amplified them. Pain lowers mood and hope, low mood lowers pain tolerance, effort feels unrewarding, and the brain becomes exhausted from constant load. Thoughts expressed during severe pain reflect exhaustion from long-term discomfort, not a desire to die.

Stress played a role. During high-stress periods such as exams, pain became more frequent, intense, and chaotic. After the stress peak passed, pain reduced in intensity and volatility but did not disappear. This shows stress worsens the condition but is not the only cause.

Although the pain is felt in the head, the neck and upper spine share pain pathways with the migraine system. Early in the illness, neck tightness was severe and even gave slight relief when treated. Now, neck issues may not hurt much but can still keep the migraine system activated. This is common and not imagined.

Overall, this is a real and persistent neurological condition. He is functioning under constant neurological load. Some days it looks like headaches that ruin the day, and other days it feels like living with head pain that occasionally explodes. Both are true depending on the day. What helps most is understanding that some level of pain is always present, reducing pressure during flares, and treating this as a medical condition rather than a motivation issue.