The migraine is a chronic neurological disease that is characterized by moderate to severe episodes of headache that is mostly associated with other central nervous system (CNS) symptoms. The word “migraine” is derived from Greek word which means “hemikrania” (pain on the one-side of the head). Migraine also includes pounding & pulsating headache, nausea, vomiting and photophobia as well. Migraine is the type of headache that is usually localized to a certain area of head that is usually accompanied by sensitivity to sound and light. When the symptoms are mild to moderate, it is regarded as being “deep, dull and steady” and when migraine is severe, it is usually “throbber or pulsating”.

Migraine is the pulsating headache that is localized to one side of the head. Signs and symptoms may vary from patient to patient sometimes. Migraine attack may remain for hours even for days. Headache is usually aggravated by physical activity, light intensity and sound intensity. Typically, headache affects one half of the head that last for 2 to 72 hours. The exact mechanism of migraine is not known but some neurologists believe that migraine is caused by increased excitability of cerebral cortex and abnormal control of pain neurons in the brainstem.
**Phases of Migraine**

Migraine typically is self-limited. Presents with recurrent pulsating or throbbing headache that is usually associated with autonomic nervous system symptoms. The severity of the pain and duration is variable from person to person. There are four phases of signs and symptoms of migraine, but they don’t necessarily have to be experienced.

1. **Prodrome phase**
   The Prodrome phase occurs hours to days before the migraine. It consists of premonitory symptoms that occur in almost one-third of the patients of migraine. These include variations in mood, constipation or diarrhea, fatigue, muscles stiffness, sensitivity to noise or smell and depression etc.

2. **Aura Phase**
   These are the symptoms that occur just before the onset of or during the attack of migraine. These symptoms can be visual, motor or sensory in nature. Visual symptoms mostly consist of scintillating scotoma (An area of incomplete alternation in visual fields). These symptoms typically start from the center of the visual field and then move outward in a zigzag fashion. Sensory symptoms consist of tingling sensations in hands and arms of the affected side. Numbness may also occur. Motor symptoms are less common and present with muscle weakness and fatigue. Auditory hallucinations or delusions may occur.

3. **Pain phase**
   The migraine pain is typically unilateral, throbbing or pulsation in nature and moderate to severe in intensity and aggravated by physical activity. Uncommonly, migraine may be bilateral and associated with neck pain. The pain usually lasts for almost 4-72 hours. Nausea and vomiting occurs in almost one-third of the patients. Sensitivity to light and noise is present in 90% of the patients, therefore, most of the patients of migraine seek quiet and dark room. Others associated symptoms are muscles stiffness, fatigue, mental confusion, depression, pallor and sweating etc.
4. Postdrome Phase
The effects of migraine may persist for some days after the headache, this is called postdrome phase of migraine. There may be mild degree of cognitive impairment in some of the patients. Some patients present with mood changes, gastrointestinal symptoms and weakness.

What are the Causes of Migraine?
The exact cause of the migraine is not identified yet. A theory is proposed to describe the cause of the migraine. It is proposed that the blood vessels of the parts of the brain becomes narrow due vasospasm which can be caused by a number of causes that leads to the aura phase of migraine. After the vasospasm, there is vasodilation of that blood vessels that leads to headache.

Another theory is proposed that there is increase in the activity of certain chemicals in the brain, which send out confusing signals responsible for these symptoms of migraine. But the exact mechanism and the nature of the substances is not identified yet.

Signs & Symptoms of Migraine
Visual disturbance is the main alarming sign for the attack of the migraine. All the symptoms of the classic migraine need not to be present in each patient. Following are the signs and symptoms of the migraine,

- Pulsating headache on one side
- Blurred vision
- Eye straining
- Tunnel vision
Other warning symptoms for migraine are nausea, attention deficit and difficulty in finding words on the book while reading. Not every patient of the migraine presents with aura phase. The headache is usually dull at the onset and becomes pulsating, throbbing or pounding in nature and mostly lasts for 6-48 hours. The headache is worse on the affected side with associated pain behind the eyes, and pain in the neck. Other minor symptoms that may occur with headache includes,

- Nausea and Vomiting
- Chills
- Tingling sensation
- Numbness
- Sensitivity to noise and light
- Fatigue
- Loss of appetite
- Increased sweating

What are The Types of Migraine?

There are two main types of migraine.

1. Common migraine, which is the type of migraine which is without the aura phase.
2. Classic migraine, which is the migraine attack with aura phase.
There are other minor types of the migraine, such as.

1. Menstrual migraine
2. Basilar type migraine
3. Abdominal migraine
4. Hemiplegic migraine
5. Ocular migraine

**1. Menstrual Migraine**
This type of migraine is associated with the periods (Menstruation) with similar symptoms like that of classic migraine.

**2. Basilar Type Migraine**
This type of migraine is rare and is associated with vasospasm of basilar artery. The exact cause is not known yet.

**3. Abdominal Migraine**
This type of migraine is common in children and is associated with acute attacks of diarrhea and tummy pain, that's why it is called abdominal migraine. The headache is usually mild and even in some cases, there is no headache during the attack.

**4. Hemiplegic Migraine**
This type of migraine is also rare and associated with weakness of one side of the body. The headache may persist for hours to days. There may be associated double vision, dizziness and hearing problems.

**5. Ocular Migraine**
This type of migraine is also called ophthalmic migraine, retinal migraine or eye migraine. It may cause temporary visual loss. The visual loss usually occurs of the affected side.

**What are the Triggering factors for Migraine?**
Although the exact cause of the migraine is not known yet but there are some triggering factors responsible for triggering migraine attack. These can be environmental, dietary, psychological, pharmacological factors.

**Environmental Factors**
Environmental factors may include smoky and noisy environment, flickering television screens, glaring of light, strong smell etc.
Dietary Factors
Dietary factors may include irregular meals, cheese, citrus fruits, red wine and food containing additives such as tyramine.

Psychological Factors
Psychological factors may include depression, anger, tiredness, mood changes, anxiety and stress etc.

Pharmacological Factors
Migraine is also associated with some pharmacological drugs such hormone replacement therapy (HRT) drugs and with hormonal contraceptive drugs. Some anxiolytic drugs are also triggering agents of the migraine.

How Migraine is diagnosed?
It is much difficult to diagnose migraine because of its resemblances to the sinus and cluster headache. Migraine is usually diagnosed on the pattern of its symptoms. A patient is suspected of migraine if there is usual pattern of headache, the pain is localizes to the affected side id the head, how long the headache persists and the related other symptoms. The diagnosis is usually based on the proper history, complete medical examination and clinical pattern of symptoms. The physician must take full detailed history including any previous
head injury, past medical history, drug history etc. The physical examination must also be thorough and must rule out sinus or cluster headache and it must include inspection and palpation of the eyes and sinuses. The physician must order complete blood picture, X-rays and CT scan to rule out the other causes of the headache. The patients with sudden attack of acute headache must be scanned for ruling out the aneurysm possibility.

**What is the Treatment of Migraine?**

Although there is no proper treatment of the migraine but the main object is to control the symptoms and prevent the future attack. There are variety of pharmacological drugs available to control the underlying symptoms of the migraine. The drugs used for the treatment of the migraine fall into the two main categories, which are following,

1. Pain killer medications
2. Migraine preventive medications

### The Cause of Ocular Migraine is Unknown?

For ocular migraine, preventive medication is often prescribed.

These fall into several categories:

1. Aspirin
2. Beta blockers (Inderal)
3. Tricyclic antidepressants (Elavil or Pamelor)
4. Anti-convulsants (Depakote or Topamax)

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### Pain-killer Medications

These drugs are taken during the acute attack of migraine and they provide relief from the pain. Non-steroidal anti-inflammatory drugs (NSAIDs) are the drugs of choice for the treatment of acute attack of migraine. NSAIDs alone or in combination with caffeine are used. Sometimes, combination of NSAIDs is prescribed. Paracetamol, acetylsalicylic acid, and
caffeine are mostly used. Ibuprofen is also effective in relieving pain. Similarly, diclofenac is also effective in pain relieving. Aspirin is equally effective in relieving moderate to severe pain. Acetaminophen (Paracetamol) with or without combination Metoclopramide is effective in the pregnancy because of its less side effects and they are relatively safer in the pregnancy.

**Migraine Preventive Medications**
These drugs are taken on regularly basis by the patient for reducing the severity of migraine attack in future and also to prevent the future attack of migraine. Triptans are the most commonly advised drugs used for the treatment of the migraine. Sumatriptan is effective in treating both nausea and headache. They are available in oral, injectable and nasal spray forms. Similarly, Ergotamine and dihydroergotamine are also effective in treatment of the migraine.

**Complications**
The medications used to treat the drugs causes a number of complications in the long run. The main complications of the medications used in the treatment of the migraine are following,

- Rebound headache due to the overuse of the medications.
- NSAIDs may cause peptic ulcer.
- Acetaminophen can damage the liver.
- Serotonin syndrome can be caused by the Triptans, Selective Serotonin Reuptake Inhibitors (SSRIs) and Non-selective Serotonin Reuptake Inhibitors.
- Chronic migraine may occur if it is not properly treated.

**Home Remedies and Lifestyle**
Lifestyle modifications can be helpful in both relieving pain and preventing the future attack as well. Following are the main home remedies and lifestyle changes that may prove effective,
- Do some relaxation exercise or Yoga.
- Have proper sleep at night and don’t over-sleep.
- Do regular exercise or indulge in some sports activity daily.
- Eat fresh fruits and vegetables.
- Give up the sedentary lifestyle.

**Prevention**

Lifestyle modifications is the main prevention in addition to the migraine preventive medications. The main object is to avoid the triggering factors of the migraine. Following preventive measures should be taken to reduce the risk of future attack of migraine,

- Give up the sedentary lifestyle.
- Have proper sleep at night and don’t over-sleep.
- Do regular exercise or indulge in some sports activity daily.
- Eat fresh fruits and vegetables.
- Avoid the risk or triggering factors.

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