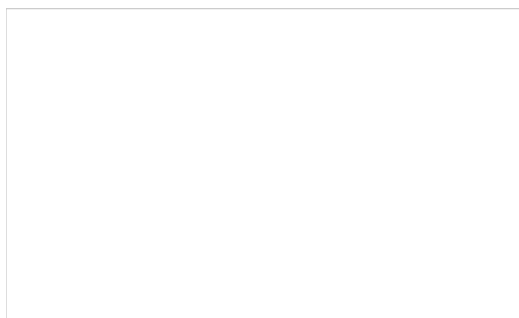


## 10 things you should know about migraines. How to live with migraine?



Migraine is a neurological disorder that causes severe headaches. The headache occurs in episodes and is sometimes accompanied by nausea, vomiting and light sensitivity. It is a common disorder affecting 12-15 % of the population. Migraine is most common in people aged 30-39, with a prevalence of 7 % and 24 % in men and women respectively. Experts believe that migraine pain is linked to abnormal activation or “sensitization” of the trigeminal nerve, which is responsible for the unpleasant sensations that people feel in their head and neck. Why the trigeminal nerve becomes sensitised repeatedly in migraine patients is unknown. The condition makes it difficult to carry out daily activities and the severity of the pain it causes varies from moderate to very severe. According to the World Health Organisation, migraine headaches are the sixth leading cause of disability worldwide. Here are 10 facts to help you learn about and live with this condition.

### 1. There is a genetic predisposition to migraine

Four out of five people with migraines have other family members who also suffer from the condition. If a parent has a history of migraine, their child has a 50 % chance of developing the condition. If both parents have migraines, the risk rises to 75 %.

### 2. Migraines aren't just a headache

A person can experience up to four phases of migraine. The first phase, also known as the prodrome, starts up to 48 hours before the migraine. It is characterised by changes in emotions, yawning, frequent urination, fluid retention, neck stiffness and thirst.

In the second phase, about 25% of patients experience an aura, which usually precedes the headache and lasts less than an hour. The most common aura experienced is visual, but paresthesias, dizziness, confusion, aphasia, weakness or ataxia may also be present.

In the third stage, the headache gradually begins to increase in severity, with many being bilateral, often throbbing, and sensitive to light, noise, smells and movement. Nausea, vomiting, visual and cognitive disturbances are common. Most migraine headaches last about 4 hours, but can last more than 3 days.

Once the pain has subsided, a fourth phase of migraine begins, which lasts a day or more. Postdrome is characterised by fatigue, irritability or euphoria. Complications such as chronic migraine can also occur when it lasts longer than 15 days.

### 3. Migraine is provoked by certain foods

Many migraine sufferers can identify triggers. A common feature of food triggers is a high level of tyramine, which occurs naturally in ageing foods. Foods high in tyramine include: cured, smoked or deli meats, aged cheeses, avocados, bananas, dried fruit. Other common foods that trigger migraine attacks are chocolate, citrus fruits, MSG, aspartame, beer and wine. Keep a food diary along with your headache diary, to help

identify what you ate before migraine attacks. If you think a specific food is triggering migraine attacks, you may try to avoid that food for a month. Monitor your symptoms to see if they improve.

#### **4. Migraines can also be triggered by environmental changes**

Stress, irregular sleep patterns, smells, changes in the weather and exposure to bright light can trigger migraine attacks. According to the American Headache Society, about 4 out of 5 people with migraines report that stress causes them. Finding ways to reduce stress levels can help prevent future attacks. Lifestyle changes such as sleep hygiene, regular exercise and stress management are recommended for patients. Regular exercise can reduce stress levels and the frequency, intensity and duration of migraine attacks.

#### **5. Migraine changes throughout life**

Researchers believe that cyclical changes in hormones are the main reason why women are more likely to get migraines than men. However, before puberty, migraines are more often diagnosed in boys. Some women experience migraines when they start menstruating, while others say that the attacks occur during the ovulatory phase. Headaches in women have been found to increase at the onset of menopause, with improvement observed later. The headaches improve in the 50s and 60s in some patients, and are replaced with isolated aura symptoms.

#### **6. Symptomatic treatment works best when taken early**

Some patients with migraine gain relief with simple analgesics while others require antiemetics and migraine specific therapy (such as triptans or dihydroergotamine). Regardless of the treatment, symptomatic agents are most effective when taken early during the headache process. Successful acute treatment should relieve the pain within a few hours.

#### **7. Too much symptomatic treatment may make headaches worse**

Medication overuse headache occurs when patients use any symptomatic treatment more than three days weekly. This may worsen the underlying condition, leading to chronic daily headache and decreased responsiveness to acute treatment. Experts recommend that patients who suffer from migraine keep a medication diary. Medication overuse is managed by discontinuing or lessening the overused agent and optimising preventative management.

#### **8. Indications for preventive treatment**

If other treatments do not work, if the headache is severe or if the migraine occurs four or more days a month, your doctor may suggest preventive treatment for migraine. Antiepileptic drugs, antihypertensive drugs (e.g. beta-blockers and calcium channel blockers), some antidepressants and injections of botulinum toxin type A (Botox) may be prescribed.

Prophylactic treatment does not have to be lifelong, and after 6 months of successful treatment, a reduction and discontinuation of the prophylactic agent can be considered.

#### **9. Children get migraines too**

Migraine affects around 8% of children, including children aged 2-3 years. They may experience severe migraine headaches, especially if one or both of their parents have migraines. However, children's symptoms may differ from those of adults. For example, their pain may be constant (not throbbing) and felt on both sides of the head, above the eye sockets. Nausea, vomiting and sensitivity to light and sound are common. Children may experience problems with concentration, vision and dizziness. Migraines in children are usually shorter than in adults and last 1-2 hours. According to one study, 23 % of migraine sufferers experience complete

resolution of their symptoms by the age of 25.

## 10. There are natural preventive measures

Natural remedies can help prevent migraine attacks, or at least reduce their severity and duration. It is recommended to increase the amount of riboflavin (vitamin B2), magnesium and coenzyme Q10 in your diet:

- Coenzyme Q10 (CoQ10): regular use of this antioxidant for migraine prevention reduces the frequency and intensity of migraines.
- Magnesium: lower levels of magnesium are associated with headaches and migraine attacks. Magnesium is found in foods such as nuts and green leaves.
- Vitamin B2 (riboflavin): riboflavin has been shown to reduce the frequency of migraine attacks. Riboflavin can be found naturally in eggs and dairy products.
- Vitamin D: A 2018 study found that migraine attacks are more common in people with vitamin D deficiency. Vitamin D is naturally found in dairy products and eggs. You can also get vitamin D by spending some time in the sun.

The fruit of *Terminalia chebula* Retz. (Combretaceae) may also help maintain normal nervous system function. These fruits contain numerous and different types of phytoconstituents such as polyphenols, terpenes, anthocyanins, flavonoids, alkaloids, and glycosides. In traditional medicine, the fruits of the *T. chebula*, which hold various chemically active compounds responsible for its medicinal properties, have been used in Unani, Ayurveda, and homeopathic medicine since antiquity to treat geriatric diseases and improve memory and brain function.

Pregnant women and breastfeeding women should consult their doctor or pharmacist about the use of the supplement.

Based on:

[https://americanheadachesociety.org/wp-content/uploads/2018/05/Deborah\\_Friedman\\_-\\_Top\\_10\\_Things\\_that\\_you\\_and\\_Your\\_Patients\\_with\\_Migraine\\_Should\\_Know-1.pdf](https://americanheadachesociety.org/wp-content/uploads/2018/05/Deborah_Friedman_-_Top_10_Things_that_you_and_Your_Patients_with_Migraine_Should_Know-1.pdf)

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<https://www.mayoclinic.org/diseases-conditions/migraine-headache/in-depth/migraines/art-20047242>

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<https://www.uptodate.com/contents/pathophysiology-clinical-manifestations-and-diagnosis-of-migraine-in-adults>

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