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Neurological Disorder Migraine

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1. **Abstract :-**

The second most common cause of disability worldwide is still migraine. Imaging is typically not required for diagnosis because it is dependent on the patients history and clinical examination Based on the frequency of headaches and the presence or absence of an aura, Migraine can be classified Whether a patient has chronic Migraine or episodic Migraine depends on the number of headache days. It is possible to treat Migraine in order to both alleviate the headache and stop it from happening again With the most recent data, we tackle the Migraine from a practical standpoint in this review

2. **Keywords:-**

Clinical features, management Migraine

3. **Introduction:-**

A complicated illness with genetic influences Migraine is typified by episode of moderate-to severe headache, usually unilateral, and is typically accompanied by nausea & enhanced light and sound sensitivity.

The Greek word "Hemikrania" which was then translated into Latin as "hemigranea", is where the word Migraine originates.

One of the most common causes of impairment and missed work is Migraine. Complex brain events, Migraine episodes can last for hours or even days and are a persistent problem. Seventy-five percent of Migraine cases are of the aura free variety.

The international society's headache classification committee has divided Migraines into subtypes. These variations consist of :-

An aura free Migraine:- A repeated headache episode lasting four to seventy -two hours is known as a Migraine without aura. These attacks are usually unilateral, pulsing ,moderate to severe in intensity, increased by physical exertion , and accompanied by light & sound sensitivity (photophobia & phonophobia)as well as nausea.

Migraine with aura:- Recurrent, fully reversible attacks of Migraine with aura often last minutes & involve one or more of the following unilateral symptoms: motor , brainstem, visual, sensory, speech & language retinal and headache.

Chronic Migraine:- A chronic Migraine is a headache that lasts longer than three month's, lasting atleast 15 days per month, and having Migraine symptoms on at least eight of those days

4. Etiology :-

Inheritance & genetics:-

There's a major hereditary component to Migraine. Relative of sick subjects have a threefold increase incidence of Migraine compare to those of rrelatives of healthy subjects; nevertheless, no pattern of Inheritance the seen. The Etiology of Migraine is complex, with multiple genetic sources at different genomic locations acting in concert with environmental factors to confer susceptibility disease characteristics in affected individuals it is unclear which loci & genes are involved in pathogenesis. When a Migraine suffers genes are identified, the appropriate preventive medication may be predicted.

Triggers:-

A retrospective studies revealed that 76% patients identified triggers.
Some are probable contributing factors, while others are only possible or unproven.
These include 70% stress
Hormones changes 65% during menstruation,
Ovulation, and
Pregnancy,
Skipped meal 57%,
Whether changes 53%,
Excessive or insufficient sleep 50%,
Odours 48%,
Exposure to light 38%,
Alcohol ingestion 38%,
Late sleep 32%,
Heat 33%,
Food 27%

5. Treatment / management:-

Acute treatment:-

Acute treatment aim to stop the progression of the headache. It has to be treated quickly and with a large single dose.

Nsaid:- non steroidal anti inflammatory drug
Ibuprofen 400-600 mg
Naproxen 275-825 mg
Diclofenac 65mg
Aspirin 900-1000

Triptans :- administered as subcutaneous injection of 6 mg,
Nasal spray of 20-40 mg over 24 hours,
A Nasal powder of 10-30 mg over 24 hours
. To avoid overused of medicine, triptans should be limited to less than 10 days of use within a month.

Antiemetics :- metoclopramide , chlorpromazine they are generally used as adjunctive therapy with Nsaid

Calcitonin gene-related peptide antagonist:-

Rimegepant 75 mg a single dose

Preventive treatment agent are the following

Beta blockers:- metoprolol propranolol
Antidepressants ,
Anticonvulsant,
Calcium Channel blockers.

6 Alternative treatment:-
Lifestyle changes
Regular exercise
Yoga
Relaxation training
Cognitive behavioral therapy
Reduction of trigger
Differential diagnosis:-
Tension type headache
Cluster headache
Dissection syndrome
Meningitis

Reference:- NIH national institute of health .

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