Migraine is not a curse and can be treated with new medicine. By Dr Gautam Arora Neurologist at NPMC

Migraine is treatable and don't have to suffer terrible headache, remission is possible. By Dr Gautam Arora MD DM Neurologist at NPMC Delhi

New Delhi, Delhi Oct 17, 2022 (Issuewire.com) - The latest treatment for Migraine is available at NPMC Neurology and Pain Management Clinic Delhi. All patients are evaluated by certified doctors and headache specialists. With new medicines available now, patients can expect better outcomes and fewer headache days.

Migraine is treatable and doesn't have to suffer terrible headaches By Dr. Gautam Arora Neurologist

A migraine is much more than a bad headache. This neurological disease can cause debilitating throbbing pain that can leave you in bed for days! Movement, light, sound, and other triggers may cause symptoms like pain, tiredness, nausea, visual disturbances, numbness and tingling, irritability, difficulty speaking, and temporary loss of vision.

The condition often runs in families and can affect all ages. The diagnosis of migraine is determined based on clinical history, reported symptoms, and by ruling out other causes. The most common categories of migraine headaches (or attacks) are episodic versus chronic, and then those without aura and those with aura. The pain can move from one side of your head to the other and can be in front of your head.

What is an aura?

An aura is a group of sensory, motor, and speech symptoms that usually act like warning signals that a migraine headache is about to begin. Aura symptoms are reversible, meaning that they can be stopped/healed. An aura produces symptoms that may include:

- Seeing bright flashing dots, sparkles, or lights.
- Blind spots in your vision.
- Numb or tingling skin.
- Speech changes.
- Ringing in your ears (tinnitus).
- Temporary vision loss.
- Seeing wavy or jagged lines.
- Changes in smell or taste.

Researchers haven’t identified a definitive cause for migraine. But they still believe the condition is due to “abnormal” brain activity that affects nerve signaling, chemicals, and blood vessels in the brain. Migraine Triggers include:

- Hormone changes. Many women notice that they have headaches around their period, while they’re pregnant, or when they’re ovulating.
- Foods. Some foods and drinks, such as aged cheese, alcohol, and food additives like nitrates (in pepperoni, hot dogs, and lunchmeats) and monosodium glutamate (MSG), may be responsible in some people.
- Skipping meals
- Caffeine. Getting too much or not getting as much as you’re used to can cause headaches. Caffeine itself can be a treatment for acute migraine attacks.
- Changes in weather. Storm fronts, changes in barometric pressure, strong winds, or changes in altitude can all trigger a migraine.
- Senses. Loud noises, bright lights, and strong smells can set off a migraine.
- Physical activity. This includes exercise and sex.
- Tobacco

- Changes to your sleep. You might get headaches when you sleep too much or not enough.

Can children get migraines?

Yes, but pediatric migraines are often shorter and there are more stomach symptoms.

Migraine TypesThere is several kinds of migraines. The most common are migraine with aura (also known as a classic migraine) and migraine without aura (or common migraine). Other types include:

- Menstrual migraine. This is when the headache is linked to a woman's period.
- Silent migraine. This kind is also known as an acephalgic migraine. You have aura symptoms without a headache.
- Vestibular migraine. You have balance problems, vertigo, nausea, and vomiting, with or without a headache. This kind usually happens in people who have a history of motion sickness.
- Abdominal migraine. Experts don't know a lot about this type. It causes stomach pain, nausea, and vomiting. It often happens in children.
- Hemiplegic migraine. You have a short period of paralysis (hemiplegia) or weakness on one side of your body. You might also feel numbness, dizziness, or vision changes.
- Ophthalmic migraine. This is also known as an ocular or retinal migraine. It causes short-lived, partial, or total loss of vision in one eye.
- Migraine with brainstem aura. Dizziness, confusion, or loss of balance can happen before the headache. The pain may affect the back of your head. These symptoms usually start suddenly and can come along with trouble speaking, ringing in your ears, and vomiting.
- Status migrainosus. This severe type of migraine can last more than 72 hours. The pain and nausea are so intense that you may need to go to the hospital.
- Ophthalmoplegic migraine. This causes pain around your eye, including paralysis of the muscles around it.

.**Who should I see about my migraine pain?** Discuss your symptoms with your primary care provider first. You may require a referral to a headache specialist.

- NSAIDs: These medications, like ibuprofen or aspirin, are typically used in mild-to-moderate attacks.
- Triptans: These medications, like sumatriptan, eletriptan, and rizatriptan, are typically the first line of defense for individuals who have nerve pain as a symptom of their migraine attacks.
- Antiemetics: These medications, like metoclopramide, chlorpromazine, and prochlorperazine, are typically used with NSAIDs to help decrease nausea.
- Ergot alkaloids: These medications, like Migranal and Ergomar, aren't prescribed that often and are usually reserved for individuals who don't respond to triptans or analgesics.

Preventative medications — prescribed to people whose migraine attacks can be debilitating or happen more than four times a month — are taken once a day or every 3 months via injection. These medications include:

- Antihypertensives: These drugs are prescribed for high blood pressure and can also help with migraine attacks.
- Anticonvulsants: Certain anti-seizure medications may also be able to prevent migraine attacks.
- Antidepressants: Some antidepressants, like amitriptyline and venlafaxine, may also be able to prevent migraine attacks.
- Botox: Botox injections are administered to the head and neck muscles every 3 months.

- Calcitonin gene-related peptide treatments: These treatments are administered either via injection or through an IV.

Do migraines cause permanent brain damage? If I have migraines, does that mean I'll get another disease? No. Migraines don't cause brain damage. There is a tiny risk of stroke in people who get migraines with aura – 1 or 2 people out of 100,000

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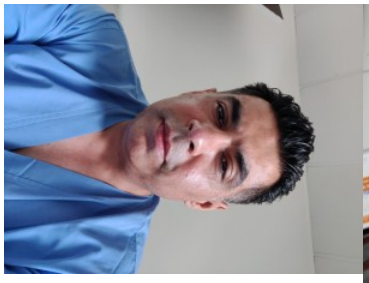
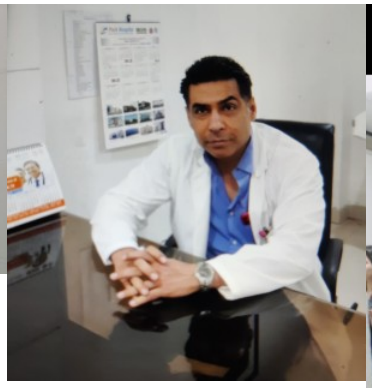

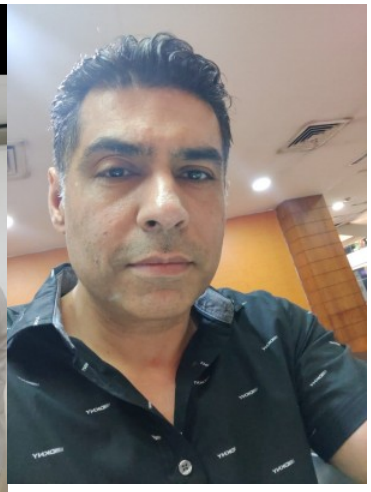

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