

PART

1

# HEADACHE AND MIGRAINE- BASICS

EVERY PERSON WITH A HEADACHE OR  
MIGRAINE SHOULD KNOW THIS

THIS BOOKLET GIVES A BRIEF INFORMATION ABOUT  
HEADACHES AND MIGRAINE AND WHAT YOU NEED TO KNOW

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PART 1





# HEADACHE AND MIGRAINE- BASICS

EVERY PERSON WITH A HEADACHE OR MIGRAINE  
SHOULD KNOW THIS

**DR SAUMYA H MITTAL**



*Dedicated To People With  
Migraine Everywhere*



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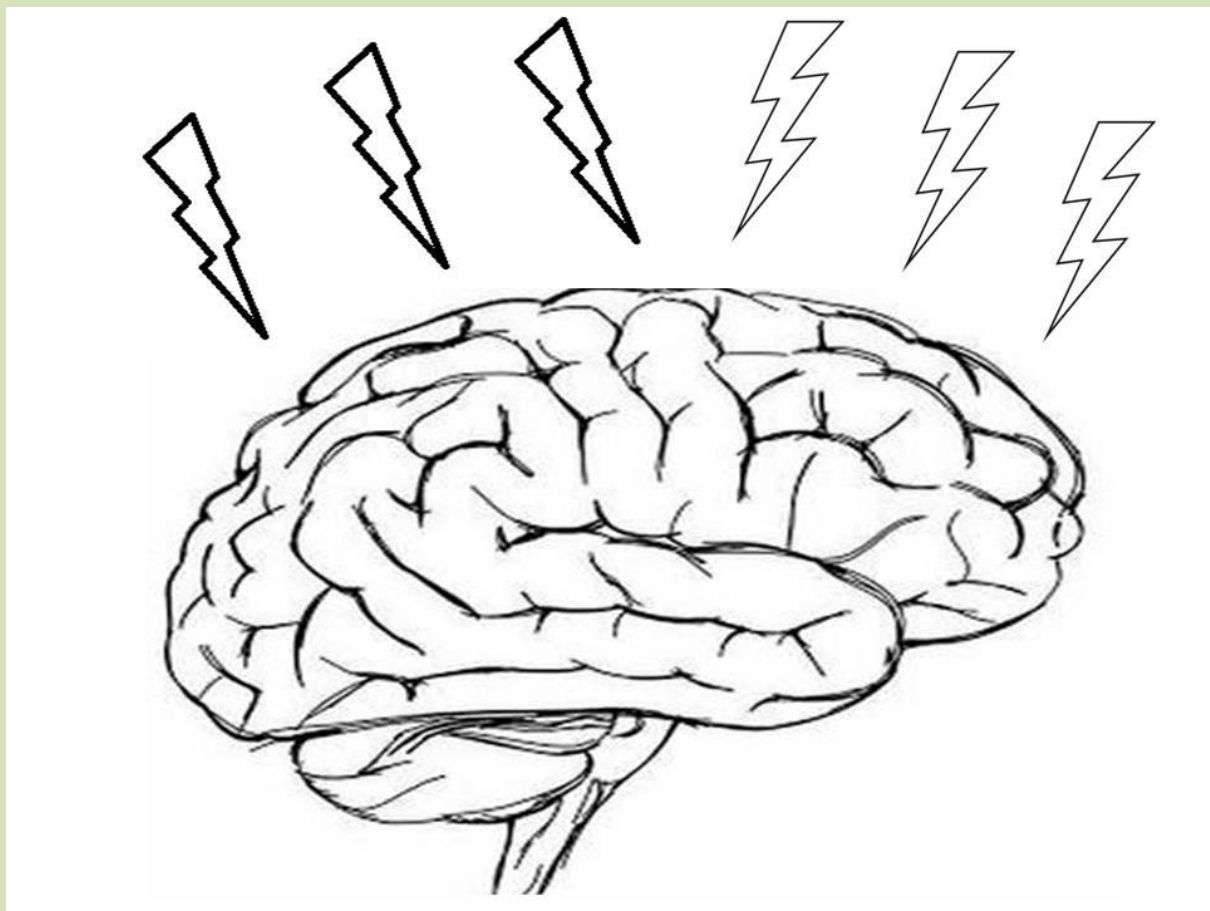
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## WHAT IS HEADACHE?

Headache is one of the commonest symptoms across the globe. Almost everyone has had headache at least once in their lifetime. It may stand alone or may be a part of the symptom complex of some other disease. Therefore it is essential that the diagnosis is correct so that a useful treatment can be extended to the person suffering with headache. A proper unhurried description of the symptoms and a good examination is therefore important before a targeted testing can be done to offer an accurate treatment to the person.



**PERSON 1: I HAD HEADACHE; DOCTOR TOLD ME I HAD A MIGRAINE.**

**PERSON 2: I HAD HEADACHE; DOCTOR TOLD ME I HAD BRAIN HEMORRHAGE.**

### **WHY THE DIFFERENCE?**

Headaches, depending on their cause, can be divided into 'primary headaches' or 'secondary headaches'.

Secondary headaches are the ones that occur due to some other cause. In other words they are secondary to some other reason. These can include causes like brain haemorrhage, brain tumours, brain infections like meningitis and Tuberculomas etc.

On the other hand, primary headaches are ones that do not have any cause identified. In these cases, scans and other tests are all normal and do not yield any significant result except telling us that there is no secondary cause. The tests may sometimes be done if the doctor feels that there may be some other reason causing the headache.

## HOW DO I KNOW THAT MY HEADACHE IS NOT A SAFE HEADACHE?

In every person suffering with headache, the doctor and the patient worries and fears whether the symptom arises from a life threatening cause. More so because frequently a headache that looks like primary headache can turn out to be a secondary headache as it progresses or when an imaging or other test is done. Some common questions and features that may indicate a Secondary Headache include-

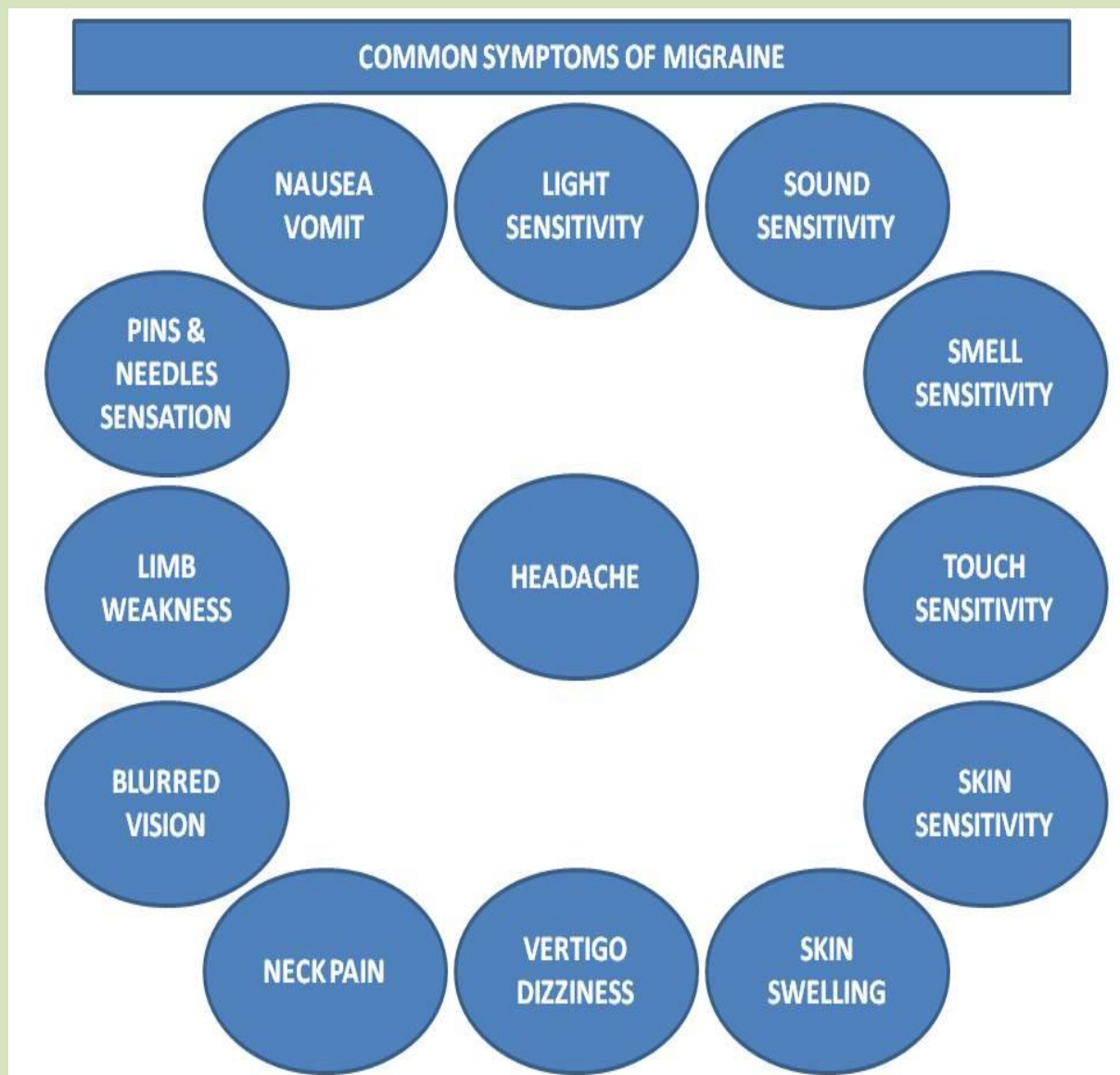
RED FLAG SYMPTOMS
NEW ONSET OF HEADACHE.
SUDDEN ONSET OF HEADACHE.
FIRST HEADACHE EVER.
WORST HEADACHE EVER.
CHANGE IN PATTERN OF HEADACHE.
PROGRESSIVELY WORSENING HEADACHE.
HEADACHE STARTING AFTER AGE OF 50 YEARS.
HEADACHE THAT INCREASE ON CHANGE IN POSITION.
HEADACHE WITH OTHER NEUROLOGICAL SYMPTOMS.
HEADACHE WITH SOME OTHER SYSTEMIC FEATURE EG FEVER, COUGH ETC.
HEADACHE IN A PERSON WITH SOME KNOWN PRIOR DISEASE LIKE CANCER, TB ETC.

## WHAT IS MIGRAINE?

Migraine is a form of primary headache. It is by far the most common form of primary headache that people across the globe come across. It is a form of headache where the person has recurrent episodes of headache and its associated symptoms. It involves both the genders, even though females are more frequently affected with it. The migraine headaches can involve any age group, inclusive of children and elderly. And therefore it becomes more dangerous- because the other possibly dangerous causes of headaches will need to be ruled out.

Sometimes, a person may get a few symptoms, like seeing flashes of light, seeing zig zag wavy lines, feeling sense of pin pricks or tingling, weakness of limbs, double vision, slurred speech, dizziness, vertigo etc before the development of headache. These are called aura symptoms. However, these make the diagnosis more difficult because all of these symptoms mimic stroke, another common condition across the globe that can have severe effects. Some other symptoms may be felt e.g. feeling thirsty, feeling drowsy, desire for sweet foods, feeling over-energetic or depressed. These are known as 'prodromal symptoms'.

The frequency of headache and its severity can gradually increase. This can increase till a person has very frequent headache and lead to what is known as “CHRONIC MIGRAINE”, leading to addition of regular medications.



## **WHAT ARE THE SYMPTOMS OF MIGRAINE?**

While symptoms of Aura and Prodromal Symptoms may occur before the migraine episode starts, they may also overlap with the migraine episode. However, none of these symptoms are diagnostic of a migraine.

The symptoms of migraine include a headache. This headache is usually one sided and throbbing type of pain which lasts more than 4 hours and as long as 3 days. The headache can be worsened by physical activity, by light, and by sound exposure.

The headache is the chief symptom of migraine. The other symptoms include nausea, vomiting, skin tenderness at the location of the headache, light-headedness, stiffness and tenderness of neck and blurred vision. Sensitivity to light, sound, touch and smell may be associated.

Not all symptoms are present in all the patients. Most patients have a variable combination of these symptoms.

## **WHY DOES A MIGRAINE OCCUR?**

There is no clear mechanism that defines why migraine develops. There are only theories as to why it may develop. But none of these theories are confirmed.

The most widely popular theory is a chemical-vascular based theory. The working of the brain largely depends on chemicals and the electric signals that generate through these chemicals. One of these chemicals is called serotonin. When the levels of serotonin reduce in the brain, the blood vessels become broader in diameter. These expanded blood vessels may compress the neighbouring nerve tissues. This compression may cause a headache.

However, as already mentioned, this is just a theory. There's no absolute confirmation.

Genetics also plays a significant role. In fact presence of a close family member having a headache/migraine suggests strongly that the person getting a consultation may have a migraine. This isn't a frivolous question and many people do not take this question seriously. However, as explained, always inform this carefully to your doctor.

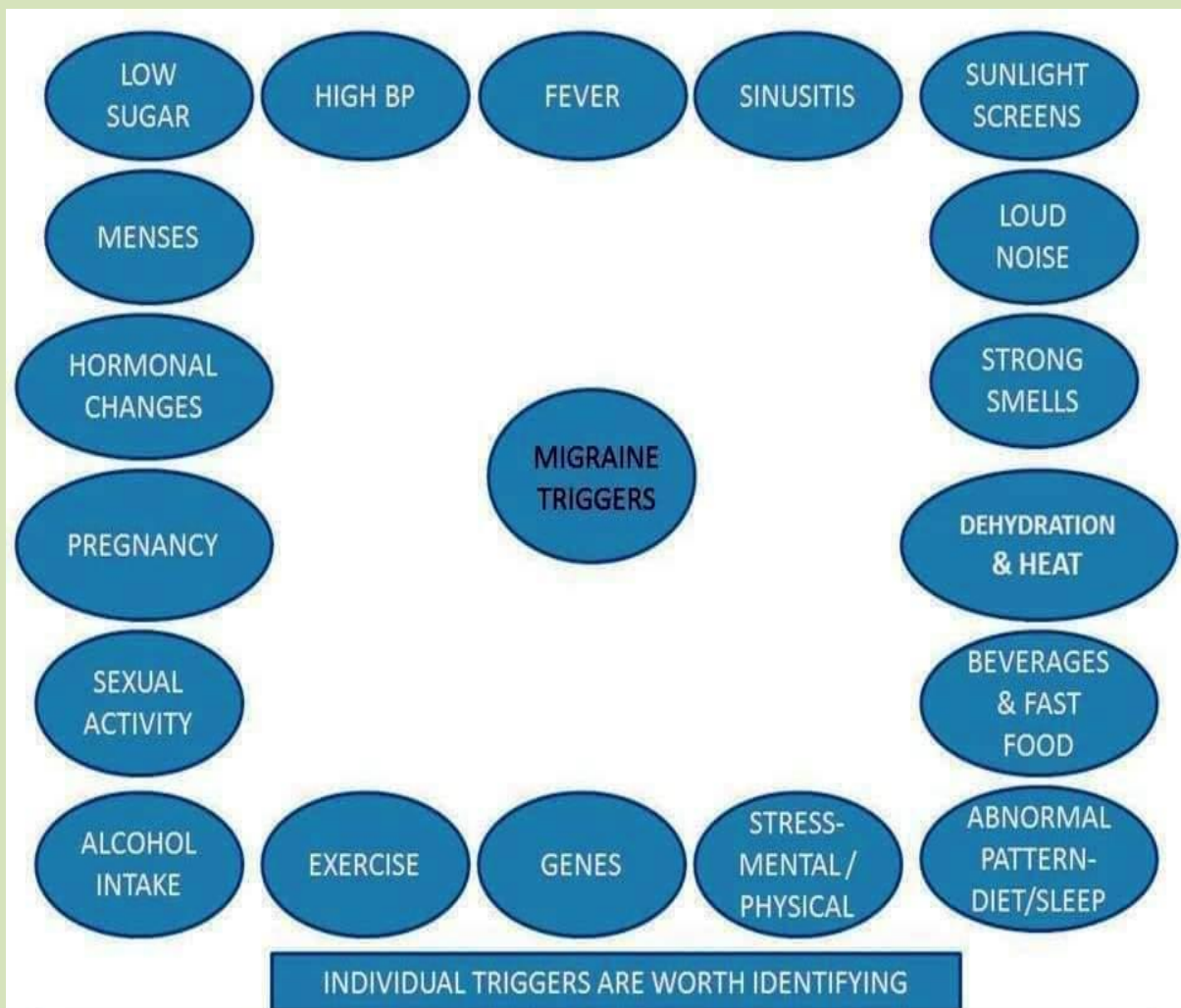
## **WHAT ARE THE RISK FACTORS OF MIGRAINE?**

Triggers are individual agents that can cause or increase the headache and its severity in a person. These triggers are commonly outside the body, but a few of them may be seen within the body itself.

Triggers can include- stress, hormonal changes, missed meals, weather issues like severe cold or heat, sleep related issues, strong odours, alcohol consumption, food consumption typically fast food, muscle and psychic tension, tiredness, light, sound, and menstruation.

Identification of triggers is important. The triggers are individual. In that, every person has a different set of triggers and a careful review of the days before the onset of a headache would help identify a person's individual trigger. Avoidance and control of triggers can significantly reduce the frequency and the intensity of headaches thereby reducing the consumption of pain killers significantly and avoids the loss of function amongst people who can successfully identify and avoid their triggers.





## WHAT OTHER CONDITIONS ARE ASSOCIATED WITH MIGRAINE?

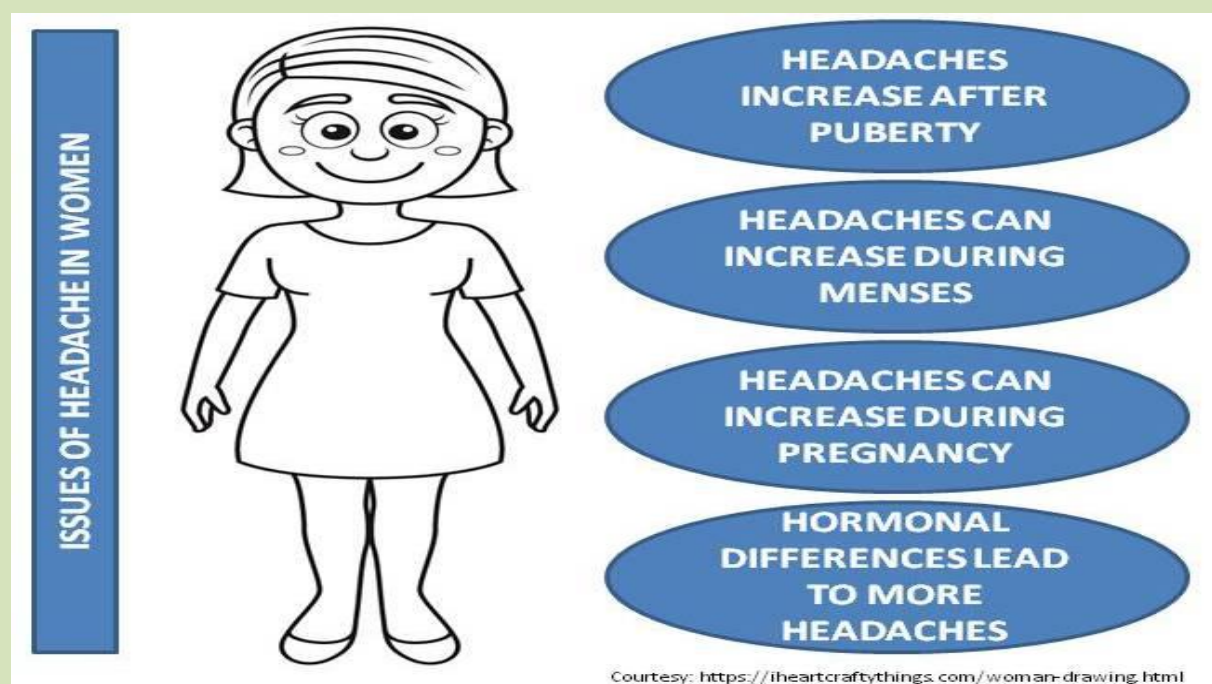
Headaches and migraines are often associated with other conditions. These conditions may exacerbate the headache symptoms or may be seen commonly in patients with migraine.

SOME CONDITIONS THAT MAY BE ASSOCIATED WITH MIGRAINE HEADACHE
ANXIETY
DEPRESSION
FIBROMYALGIA
MOOD DISORDERS
BIPOLAR DISORDERS
STROKE
EPILEPSY
ASTHMA
HYPERTENSION
SLEEP DISORDERS
MULTIPLE SCLEROSIS
RESTLESS LEG SYNDROME
IRRITABLE BOWEL SYNDROME

## WHAT ARE THE SPECIAL ISSUES OF MIGRAINE IN WOMEN?

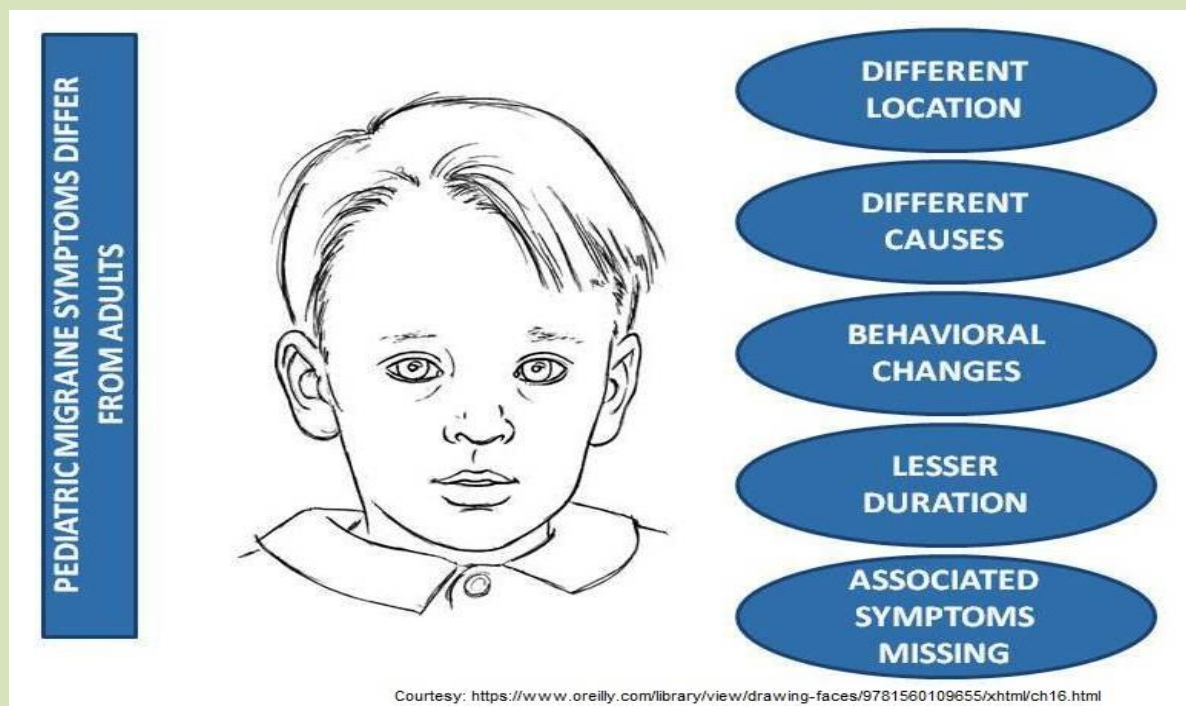
Migraine headaches are more common in females especially after puberty. It is assumed that the normal hormonal changes in the body during and since puberty may be responsible for this increased frequency of migraine headaches in the ladies. In fact, many women develop a migraine headache during menstruation. This headache may start 2-3 days before and end 2-3 days after the menses. The menstrual related headache may occur individually, without occurrence of headaches at other times, or it may be associated with normal migraines during the non-menstrual period. The lowest risk of headache is around ovulation.

This condition is often missed due to a social and psychological barrier that is associated with the topic of menstruation.



## HOW IS MIGRAINE DIFFERENT IN CHILDREN?

Headaches are seen in children also. Frequently they have different causes of headache compared to adults. Weak eyes, fever, cold and sinusitis are possibly more common in children. However, migraine can occur in children also. The symptoms of the headache in children are however different. The headaches can be of shorter duration compared to adults and the other symptoms need not always be present. Similarly the location of the headache can vary. Behavioural changes need to be observed in children because they may not be able to identify the sensitivity to light and sound directly. The frequency of headaches is higher in teenagers. Also, in children, boys are affected more than girls, till the age of puberty. The headache in the children may commonly be relieved with sleep.



## **TREATMENT OPTIONS FOR MIGRAINE?**

Most of the formal medical consultations for headaches and migraines are taken late. A simple disdain to the symptom of headache is often the cause of this delay. Ease of availability of 'Over the counter medications' is another cause of delay. A lot of people simply have a lack of knowledge about conditions like headaches e.g. headaches in children or in women.

To a large extent pain killers are offered to the patients of headache and migraine. The pain killer may be a general painkiller or specific to migraine. Availability of the specific pain killers is quickly becoming less prominent, at least in the urban areas. However, pain killers only terminate the acute event.

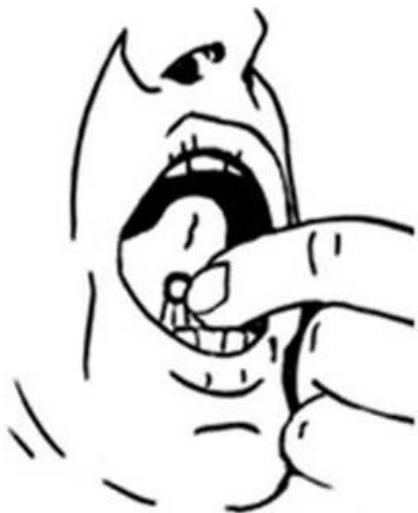
When a person has a high headache frequency, regular medications are given to reduce the frequency and the intensity of the headaches. These medications are taken for a period of time so as to reduce the headache frequency. A consultation is needed with your doctor regarding the need, efficacy, drug selection and duration of this therapy.

## CURE FOR HEADACHE AND MIGRAINE?

The cure for headache depends on the correct identification of the cause of headache. The treatment of the cause is what would give a cure of the headache. For example, a patient who has brain haemorrhage may have only partial and incomplete relief from headache till the complete resolution of the brain haemorrhage.

An exact cause of headache in migraine is not yet known. The people who have migraine therefore do not have a cure as yet. However, in a vast majority of cases, a good control can be offered to them with the appropriate use of the available medications.

**TREATMENT OPTIONS INCLUDE-**



**PAIN KILLERS TO  
TERMINATE THE  
HEADACHE**

**PROPHYLAXIS  
TO REDUCE  
HEADACHE  
FREQUENCY**

Courtesy: <https://www.news-medical.net/drugs/Abstral-sublingual-tablets.aspx>

## LIFESTYLE CHANGES WITH MIGRAINE?

Not all the headaches that a person develops are spontaneous. A number of episodes of a migraine headache are trigger induced. The triggers are therefore to be avoided. As already mentioned, triggers are different for every individual. And avoidance of triggers is essential.

A few common triggers suggest that

1. A good, sufficient, comfortable sleep is essential.
2. A good, healthy, timely diet is essential.
3. Avoidance of direct sunlight is important. Use of sunglasses, photochromatic lenses, broad rimmed hats is some of the ways.
4. Avoiding stress, physical and mental, may not always be possible. But simple relaxation techniques, meditation, yoga, music may help. A good, timely rest will help.
5. Avoiding food triggers will help. These substances should be avoided ardently as far as possible.
6. A regular exercise regime is useful. However remember, exercise during a headache episode may increase the severity of headache.
7. Maintain regular timings of sleeping.
8. Maintain regular timings of eating. Avoid skipping meals. Avoid foods and drinks that can trigger your headache. Avoid alcohol.



9. Avoid over exerting yourself.

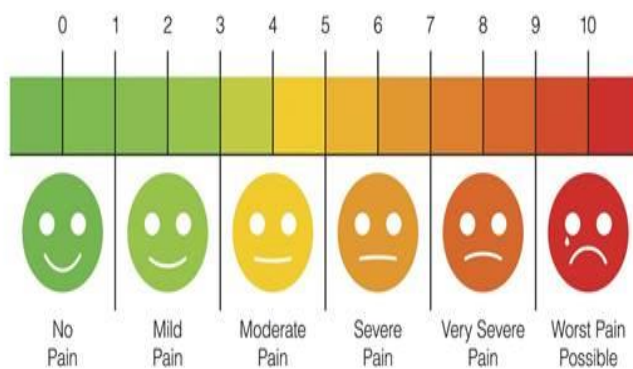
10. Maintain headache diary.

These are simple measures that one can take to lead a more headache free life.

### AN EXAMPLE OF HEADACHE DIARY

DATE	ONSET TIME	END TIME	TIME OF MEDICINE	SEVERITY	RELIEF RATING	OTHER SYMPTOMS VERTIGO NAUSEA/VOMIT, LIGHT/SOUND ISSUES (Y/N)

### PAIN SCALE





## **LIFE WITH MIGRAINE?**

The large number of people that are affected by migraine makes it a severe burden, personally to the patient, to the family and economically to the society. The symptoms can be so severe that a person is unable to get to work. The sudden onset of headache, with or without warning makes it more difficult for the family and co-workers of the afflicted person to adjust and find temporary replacement. Missing social events, vacations and other normal routine work can affect the mood, well being and the relationship of the person. Since it affects the age group (15 to 65 years) predominantly involved in the in economically productive work, the lost working hours, the frequent headaches, and the severity of headaches can generate an enormous cost to the society.

However, as previously explained good treatment options may help one get relief from symptoms and carry a good life. Identifying triggers and successfully avoiding them can reduce the frequency and sometimes the intensity of headache and thereby the associated consumption of medicines. Understanding the disorder and adapting to it helps one lead a productive life. Having a headache can be troublesome, but by no means is it restrictive.

## SOME MYTHS AND FACTS OF HEADACHES AND MIGRAINE

MYTHS	FACTS
ALL HEADACHES ARE MIGRAINE.	ALL HEADACHES ARE NOT MIGRAINE. HEADACHE IS ONLY A SYMPTOM. THE CAUSE CAN BE A SIMPLE HEADACHE TO A DEVASTATING BRAIN HAEMORRHAGE
ALL MIGRAINES ARE THE SAME.	MIGRAINE HAS MORE THAN ONE SYMPTOM. THE SYMPTOM COMPLEX VARIES FROM PERSON TO PERSON. SOME MIGRAINEURS CAN DEVELOP A MIGRAINE EPISODE EVEN WITHOUT A HEADACHE.
ALL MIGRAINES NEED A CT SCAN OR AN MRI OF THE BRAIN.	COMMONLY MIGRAINE IS A CLINICAL DIAGNOSIS. THE SCAN IS MOST OFTEN NORMAL IN A MIGRAINE. A NEUROLOGIST MAY ORDER A SCAN IF THERE IS A SUSPICION THAT THE HEADACHE LOOKS LIKE A MIGRAINE BUT IS <b>NOT</b> ACTUALLY A MIGRAINE.
MIGRAINE HAS NO TREATMENT. IT CANNOT BE PREVENTED. IT CANNOT BE RELIEVED.	MIGRAINE HAS 2 FORMS OF TREATMENT. ONE FORM OF TREATMENT HELPS RELIEVE THE PAIN. THE OTHER FORM OF TREATMENT REDUCES THE FREQUENCY OF HEADACHE EPISODES.
NORMAL PAIN KILLERS ARE THE BEST MEDICINE OPTIONS FOR MIGRAINE.	TAKING ANY MEDICINE WITHOUT A PRESCRIPTION CAN BE BAD. THIS ESPECIALLY HOLDS TRUE FOR PAINKILLERS. THEY CAN CAUSE GASTRITIS, STOMACH ULCERS, KIDNEY DAMAGE AND OTHER PROBLEMS. IF YOU ARE TAKING TOO MANY PAINKILLERS, MEET YOUR NEUROLOGIST TO START SOME MEDICINE TO REDUCE THE FREQUENCY OF HEADACHES.
ONLY WOMEN GET MIGRAINES.	MEN AND WOMEN, BOTH DEVELOP MIGRAINE EPISODES. THEY MAY BE SOMEWHAT MORE COMMON IN FEMALES, BUT ARE NOT RESTRICTED TO THEM.
MIGRAINE HAS NO KNOWN CAUSE.	MOST MIGRAINEURS HAVE TRIGGERS OF MIGRAINE. THESE MAY BE COMMON LIKE SUNLIGHT, NOISE, STRONG SMELLS, PERFUMES, CERTAIN FOODS AND DRINKS, TO RARE AND INDIVIDUAL TRIGGERS. AVOIDANCE OF TRIGGERS HELPS REDUCE THE FREQUENCY OF HEADACHES.
MIGRAINE IS A PSYCHIATRIC DISORDER E.G. DEPRESSION AND ANXIETY.	MIGRAINE IS A NEUROLOGICAL DISORDER. THE ANXIETY, STRESS, AND DEPRESSION ARE SOME OF THE TRIGGERS THAT TRIGGER A MIGRAINE EPISODE.
MIGRAINE HEADACHES LAST FOR JUST 1-2 HOURS.	MIGRAINE EPISODES CAN LAST FOR 2-3 DAYS AT A TIME UNLESS A SUITABLE MEDICINE IS INITIATED IN TIME.
ONLY ADULTS GET HEADACHES.	THE SYMPTOMS MAY BE DIFFERENT, BUT CHILDREN AND TEENAGERS DEVELOP MIGRAINE. FREQUENTLY MIGRAINEURS DEVELOP THEIR FIRST HEADACHE AS A TEEN OR A CHILD.

## HEADACHE AND MIGRAINE- BASICS

HEADACHES ARE COMMON NEUROLOGICAL OCCURENCES THAT CAUSE SIGNIFICANT ANXIETY AND DEPRESSION AMONG PATIENTS AND THEIR FAMILIES. PERSON IS SAID TO HAVE MIGRAINE WHEN HE DEVELOPS A SPECIFIC SET OF SYMPTOMS WITH HEADACHES. AS THE INDIAN POPULATION BECOMES EDUCATED AND AFFLUENT, NON COMMUNICABLE DISEASES LIKE MIGRAINE BECOME COMMON.

THIS BOOKLET AIMS AT GIVING YOU AN IMPRESSION ABOUT HEADACHES AND MIGRAINES, HOW AND WHEN TO IDENTIFY THEM, AND HELPS ONE UNDERSTAND THE PROBLEMS FACED BY SUFFERERS OF HEADACHE AND MIGRAINE.

## ABOUT THE AUTHOR:



DR SAUMYA H MITTAL IS A NEUROLOGIST WORKING IN NCR REGION OF THE INDIAN CAPITAL. HE IS INTERESTED AMONG ALL THE DISEASES THAT A NEUROLOGIST WORKS WITH. HEADACHES AND MIGRAINE ARE A SPECTRUM OF DISEASE CLOSE TO HIS HEART. HELPING HEADACHE AND MIGRAINE SUFFERERS IS SOMETHING HE STRONGLY BELIEVES IN.

THE IDEA OF THIS BOOKLET DEVELOPED WHEN THE FRIENDS AND FAMILIES KEPT COMING TO HIM AND IT WAS REALIZED HOW LITTLE THE PEOPLE KNOW ABOUT HEADACHE AND MIGRAINE. HE STRONGLY BELIEVES THAT KNOWING AND UNDERSTANDING THE DISEASE HELPS THE HEADACHE AND MIGRAINE SUFFERERS IMPROVE THEIR LIFE AND OVERCOME THEIR PROBLEMS. IT ALSO HELPS THEM AVOID SIMPLE MISTAKES. THE CONCEPT OF "HEADACHE AND MIGRAINE- BASICS" WAS THEREFORE CONCEIVED. DIFFERENT MIGRAINE SUFFERERS HAVE DIFFERENT NEEDS. AND THESE VOLUMES TRY TO ANSWER THESE QUESTIONS AND PROVIDE INKLING ABOUT THE SOLUTIONS TO THEIR NEEDS.

KNOWLEDGE ABOUT HEADACHE AND MIGRAINE IS EXTENSIVE. HE TRIES HERE TO GIVE THE READERS THE MOST BASIC AND YET VERY IMPORTANT INFORMATION THAT ONE SHOULD HAVE ABOUT THE ILLNESS.