

you

**HEALTH TIP**

Sinus headaches indicate toxins in the colon. Take one teaspoon of flax seed at bedtime with a glass of warm milk

# HALF BAKED

It's World Headache Awareness Month. **Dr K Ravishankar** clears myths about migraines and updates us on the latest treatments

**T**wo decades ago specialists would have defined migraines as a vascular disorder i.e. a disorder which is the result of dilatation and contraction of the blood vessels of the brain. The last two decades however, have brought about a greater understanding and awareness of migraines. And today migraines are known to be a neuro-vascular disorder. In layman's language it translates to a dysfunction that first occurs in the brain and the vascular (nerve) changes are merely secondary.

**THE MYTHS**

Despite the fact that migraines are the most common cause of headaches, they often go misdiagnosed because of the myths surrounding the disorder. Most patients, when they initially suffer from migraines think of it as:

**1 REFRACTIVE ERROR:** Both adults and children put the consistent headaches down to eye-related problems. Many times, they may even don spectacles; however the headache persists.

**2 SINUS:** So much so that patients may even have their sinus punctured with no avail.

**3 EMOTIONAL STRESS:** With stress levels in our city constantly on the rise, patients wrongly assume that they need counselling to get rid of their headaches.

**4 'IT'S JUST A HEADACHE':** Perhaps the most common folly is to not take recurring headaches seriously. However, research has shown that migraines, when untreated, worsen over time. They can be debilitating enough to bring one's routine to a complete halt. If you find yourself thinking: 'I can no longer pursue this career due to the intense suffering' or 'I have often contemplated suicide to rid myself of the pain' etc., you need urgent treatment.

**DIAGNOSIS**

Arriving at the right diagnosis is perhaps one of the most difficult tasks and migraines can be correctly diagnosed even by you! This is because diagnosis depends largely on pattern recognition rather than on a battery of tests. As far as CT scans, X-rays or any other medical tests are concerned, they merely rule out other sinister causes. But to zero down on migraines, one has to recognise patterned such as:

**1 GENETIC PREDISPOSITION:** Migraines are passed down through generations, especially the tendency to develop a headache in response to certain triggers in the environment.

**2 HORMONES:** Due to hormonal influences, more women suffer from migraines than men.

**3 THE PEAK PRODUCTIVE YEARS:** Research has also shown that migraines are more likely to strike those in the age group of 15-40 years.

**4 SHIFTING SCENARIO:** This is where migraines differ from other headaches. Migraines typically start on one side of the head and spread to both sides. Along with a pulsating, throbbing feeling in the head, symptoms such as vomiting, intolerance to light and sound also manifest over time.

**5 CHILDREN:** Due to increasing education stress, migraines in children are on the rise. However, the manifestations are different with children such that they may not have the same pattern as adults. Also, their headaches are usually briefer and tend to lessen considerably or disappear with sleep alone.

**TYPES OF MIGRAINS**

**1 MIGRAINES WITHOUT AURA:** Occurs to 80 per cent of migraine sufferers. The symptoms are best described in terms of a progressive sequence of events.

**2 MIGRAINES WITH AURA:** 10 per cent of patients will experience visual blurring, coloured flashes or a temporary loss of vision which may last from a few minutes up to an hour, just prior to the onset of the headache. Pungent smells too can trigger migraines.

**3 PURE MENSTRUAL MIGRAINES:** 14 per cent of women suffer from migraines about two days prior to menstruation.

**4 ABDOMINAL MIGRAINES:** Children are most likely to suffer from this type where in addition to headaches they will also manifest abdominal pains.

**BREAKTHROUGH IN TREATMENTS**

**1 TRIPTANS:** Triptans are designer drugs that are aimed specifically at acute attacks of migraine. In the past, sufferers often used pain killers to deal with the symptoms. There are seven triptan drugs available now. (How-

ever, only two of these can be found in India but the others may make an entry in the future.) These drugs can only be administered under a physician's guidance.

**2 BOTOX:** In the case of intractable migraines (migraines that are non-responsive to drugs), botox has been effective in reducing pain.

**3 MECHANICAL STIMULATION:** Here, a mechanical device stimulates the occipital nerve. However, world wide only 16 patients have so far undergone clinical trial of this method and the results thus far have been encouraging.

**4 TRADITIONAL METHODS:** Prescribing paracetamol, NSAIDs etc continue to be common practices. Apart from these, alternative treatments such as acupuncture, hypnotherapy, homeopathy and ayurveda are also advised. However, these are effective largely in the case of mild to moderate migraines.

**5 CONTROLLING TRIGGERS:**

The simplest methods of treatment involve controlling triggers. The most common triggers are foods (caffeine, alcohol etc), disturbing lights, computer screens, and cigarette smoke.

Metro residents also complain of triggers like inadequate sleep, long intervals between meals, commuting stress, fast foods and night shift jobs.

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— AS TOLD TO KIRAN MEHTA

