ABSTRACT
Headache is one of the most common complaints encountered by healthcare practitioners, accounting for more than 1% of visits to physicians’ offices or emergency departments. As one of the top 10 presenting complaints in ambulatory medical care, headache can be symptomatic of a distinct pathologic process or can occur without an underlying cause. A migraine is caused by abnormal brain activity, which can be triggered by a number of factors. However, the exact chain of events remains unclear. Today, most medical experts believe the attack begins in the brain, and involves nerve pathways and chemicals. The changes affect blood flow in the brain and surrounding tissues. Caffeine withdrawal, Changes in hormone levels during a woman's menstrual cycle or with the use of birth control pills, Changes in sleep patterns, Exercise or other physical stress, Missed meals, Smoking or exposure to smoke. Migraine is an incurable disease. The review study was undertaken with the intention of finding a remedy for migraine. Preventive treatments of migraines include medications, nutritional supplements, lifestyle alterations, and surgery. Prevention is recommended in those who have headaches more than two days a week, cannot tolerate the medications used to treat acute attacks, or those with severe attacks that are not easily controlled. The goal of migraine therapy is to reduce the frequency, painfulness, and/or duration of migraines, and to increase the effectiveness of abortive therapy and to reduce drug consumption.

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Introduction
Most recurrent headaches are the result of a benign chronic primary headache disorder. Less often, headaches are symptomatic of a serious underlying medical condition, such as infection, cerebral hemorrhage, or brain mass lesion. The peak prevalence of tension-type and migraine headache, the most common of the primary headache disorders, occurs during the most productive years of life (20 to 55 years of age). Despite the prevalence of these disorders and their associated disability, studies indicate that most migraine and tension-type headache sufferers do not seek medical care for their headaches. An improved understanding of the diagnosis and pathophysiologic mechanisms of the primary headache disorders, particularly migraine, has led to the development of specific medications capable of providing rapid relief from moderate to severe attacks. However, a thorough evaluation of the headache history is essential to establish an accurate headache diagnosis and identify patients who can benefit from these newer therapeutic options.

Epidemiology
Results of the American Migraine Study II indicate that 18.2% of women and 6.5% of men in the United States experience one or more migraine headaches per year. The prevalence of migraine varies considerably by age and gender. Before the age of 12 years, migraine is more common in boys than in girls, but prevalence increases more rapidly in girls after puberty. After age 12, females are two to three times more likely than males to suffer from migraine. Gender differences in migraine prevalence have been linked to menstruation, but these differences persist beyond menopause. Prevalence is highest in both men and women between the ages of 25 and 45 years. The usual age of onset is 12 to 17 years of age for females and 5 to 11 years for males, with the incidence of migraine with aura peaking earlier in this range for both. In the American Migraine Study II, 92% of women and 89% of men with migraine reported some headache-related disability, and 53% were severely disabled or needed bed rest during an attack. A number of neurologic and psychiatric disorders, including stroke, epilepsy, major depression, and anxiety disorder, show increased comorbidity with migraine.

Whether this relationship is causal or representative of a common pathophysiologic mechanism is unknown. The economic burden of migraine is substantial; however, the direct medical costs associated with migraine treatment are far exceeded by the indirect costs that result from work-related disability.

Etiology and pathophysiology
The etiologic and pathophysiologic mechanisms of migraine are not completely understood. According to the vascular hypothesis, provide a pathway for nociceptive transmission from meningeal blood vessels into higher centers of the central nervous system (CNS). Activation of trigeminal sensory nerves triggers the release of vasoactive neuropeptides, including calcitonin gene-related peptide (CGRP), neurokinin A, and substance P, from perivascular axons. The released neuropeptides interact with dural blood vessels to promote vasodilation and dural plasma extravasation, resulting in neurogenic inflammation. Orthodromic conduction along trigeminovascular fibers transmits pain impulses to the trigeminal nucleus caudal is, where the information is relayed further to higher cortical pain centers. Continuedafferent input can result in sensitization of these central sensory neurons, producing a hyperalgesic state that responds to previously innocuous stimuli and maintains the headache. Despite recent
advances in understanding of the pathophysiology of headache pain, there is still a considerable lack of knowledge regarding the mechanisms involved in the initiation of a migraine attack. Genetic factors seem to play an important role in an individual’s susceptibility to migraine attacks. Studies in monozygotic twins suggest approximately 50% heritability of migraine with a multifactorial polygenic basis. Although it is possible for any individual to experience a migraine attack, it is the recurrence of attacks in the migraineur that is abnormal. Attack occurrence and frequency are governed by the sensitivity of the CNS to migraine-specific triggers or environmental factors.

Ayurvedic constitutional framework of headaches

In Ayurveda, people are divided into three main types called doshas. They are 1. Vata, 2. Pitta, and 3. Kapha and each one have a tendency towards certain types of headaches. The remedies look to correct imbalances that are often inherent in these doshas. Some specific medicines may be applicable for all three doshas, such as the salicylates and other anti-inflammatories. It is beyond the scope of this paper to explain the principles of Ayurveda but the below examples are for those familiar with them.

Vata

Symptoms
- Digestive-associated pain
- Emotional distress
- Nervousness
- Pain-comes and goes
- Sudden onset
- Superficial (top of head)
- Windy-moves around

Triggers for Vata headaches
- Many triggers are possible due to the heightened sensitivity of Vata.
- Constitutional deficiencies lead to a generally weakened state increasing the possibilities of headaches.
- Their nervous system is especially vulnerable – anxiety, stress and sudden changes are likely triggers.
- Digestive- Vata types tend to have vulnerable digestion and any digestive problems may lead to headaches.
- Lack of sleep- Vataians often have fitful sleep and are prone to waking up often. This lack of sleep may lead to a run-down jittery state.
- Caffeine and other stimulants push the nervous system.
- Environmental triggers- Vataians (especially when out of balance) are easily set off by stimuli such as light, heat, noise, smells, tastes and general sensory overload.

Pitta

Symptoms
- Heat
- Inflammation
- Red in the face
- Pain-sharp, tight
- Specific area of head

Triggers for Pitta headaches
- Anger aggravates Pitta leading to ‘stress’ headaches.
- Headaches often have an inflammatory character.
- A tendency towards holding back thoughts and feelings and trying to control situations
- Lack of sleep- Pitta types may have trouble falling asleep as they mull over events in their mind. There is also a pattern of waking up around 4:00 am (‘liver time’) and not being able to fall back asleep.

Kapha

Symptoms
- Chronic
- Cloying
- Cold
- Damp
- Deep
- Dull
- Long-lasting
- Stagnant
- Thick
- Whole head

Triggers for Kapha headaches
1. Kapha tends towards lethargy and sluggishness. Headaches can be brought on when this propensity is out of balance, so most therapies are stimulating to move the stagnation.
2. Hot muggy weather- heat can build up inside the Kaphic frame.
3. Lack of exercise
4. Heavy foods-especially fatty and oily
5. Excessive dairy
6. Cold food and drinks
7. Constipation
8. Depression

Ayurvedic Remedies
- Hold an ice-pack to your forehead or temples to reduce your pain.
- Lie down in a quiet, dark room.
- You could try keeping a migraine diary. Writing down information about your headaches and what you were doing when they happened can help you find out what triggers your headaches. Then you can avoid those triggers.
- Take the juice of Tinosporacordifolia (giloy), in doses of 10 ml with honey.
- Apply a paste made of black pepper and rice with the juice of bhringarajaa to the forehead. Alternately, you can apply the paste of sandalwood also.
- Drop some ghee, medicated with saffron flowers (kesar) into each nostril and inhale deeply.
- Take three grams of coriander seeds, five grams of lavender flowers (ustukhudusa), five seeds of black pepper, and five badam. Grind with water, sieve, and take before sunrise. Soak badam overnight in water and remove the skin before preparing the paste.
- Godantimishran in the dose of 1-2 tablets twice daily with lukewarm water controls migraine. Pathyadikwatham, an oral liquid in the dose of 15 ml twice daily with equal water is a good remedy. Shirashoulaadvijararas is very useful in general migraine headaches.

Home remedies formigraine
1. Mix plain Rice with Curd in the night and keep it overnight. Eat this rice in the morning in empty stomach for some days to cure Migraine.
2. Massage head with Castor oil (Erand) and put a wet cloth on the forehead, both helps to get relief from Migraine pain.
3. Apply a paste of black pepper and rice with the juice of bhringarajaa to the forehead. Alternately, you can apply the paste of sandalwood also.
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Migraine.
5. Eating Goose berries (Amla) with Salt gives relief from Migraine.
6. Eating Apple pieces with Salt for 3 weeks helps to get permanent relief from Migraine
7. Apply diluted Asafoetida (Hing) paste on the forehead and try to inhale its smell, to get relief from Migraine. Don’t rub it as it can cause skin irritation.
8. Mustard (Sarson) oil drops put in the nostrils (If you are having left side pain put in the right nostril & vice versa) for few months helps to get permanent relief from Migraine.
9. A few drops of Ghee prepared from cow milk put in the nostrils (If you are having left side pain put in the right nostril & vice versa) for few months helps to get permanent relief from Migraine.
10. Drinking a spoon of Basil (Tulsi) juice mixed with Honey helps to get relief from Migraine.
11. Eating some sweet or Sugar or jaggery during Migraine helps to get relief from Migraine.
12. Chewing some Black pepper (Kali mirch) with pure Ghee (Ghee prepared from cow milk) helps to get relief from Migraine.
13. Dry Ginger (Saunth) mixed in water can be smelled and applied on the forehead (avoid rubbing) reduces Migraine pain.
14. Putting Drum stick leaves (MurankaBhaji) juice in the nostrils (If you are having left side pain put in the Right nostril & vice versa) gives relief from Migraine.
15. Smelling Onion juice or chewing raw Onions helps to get relief from Migraine.
16. 5 drops of Drum stick leaf juice and Ginger juice equally mixed and filtered can be put in the ear (If you are having left side pain put in the Right ear & vice versa) to get relief from Migraine pain.
17. Putting few drops of Almond (Badam) oil in the nostrils for some days helps to get permanent relief from Migraine.
18. Mix ¼ teaspoon of clove powder with 1 teaspoon of cinnamon oil. Apply this paste on the affected area for 20-30 minutes.

Suvarna Sutashekhara Ras: This is the most commonly prescribed Ayurvedic drug for treating migraine. It is not just a preventive but also a curative means Dose: It is given in the dose of 125 milligram twice daily. The medication is to be taken with milk.

Godanti bhasma:
Dose of one gram thrice daily. The medication is to be taken with honey. Other preparations include Tribhuvankirti, Bhallatakasav, and Triphala Guggulu.

Conclusion
Migraine is an incurable disease. The review study was embarked with the purpose of finding a remedy for migraine. Preventive treatments of migraines include medications, nutritional supplements, lifestyle alterations, and aerobic exercise. The goal of migraine therapy is to reduce the frequency, painfullness, and or duration of migraines, and to increase the effectiveness of abortive therapy and to reduce drug consumption.

Three body types in Ayurveda called –Doshas are vata, pitta and kapha. Ayurveda vata migraine headache starts on the left side and is associated with stress, insomnia, constipation and flatulence. Nutrition plays a key role in vata stability. Anxiolytics and demulcent can cure vata migraine headache. Ayurveda pita migraine headache starts on right side and is associated with heart burn, sensitivity to light, digestive upset and anger. Relaxing exercise and liver tonics can relieve pitta migraine headache. Ayurveda kapha migraine headache is caused in the form of mucus and described as sinus headache. Most therapies for kapha are aroma therapy and exercise which stimulate to move the stagnation.

Food such as aged cheese, alcohol, chocolate, nuts and glutamate containing foods should be avoided during migraine attack. Regular consumption of allopathic drugs which is currently the mainstay in the treatment of migraine causes memory loss, sleep loss and cognitive impairment. Petasitesshybridus (butterbur) root extract has proven efficacy against migraine. A more holistic approach to the problem is taking fruits and vegetables rich in vitamin B, along with pranayama, yoga and meditation in order to reduce stress. Mild exercise coupled with ample intake of water can set right the impaired metabolism and prevent buildup of toxins in the body. A balanced life is a key to managing migraine successfully.

Reference