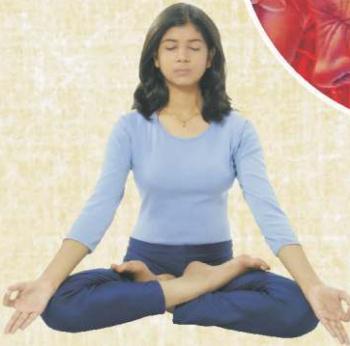
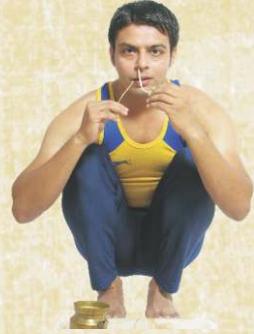


Yogic Management of

MIGRAINE



Morarji Desai National Institute of Yoga

Ministry of Ayush, Government of India

68, Ashok Road, New Delhi - 110 001

Migraine

Introduction:

Migraine is a neurological syndrome characterized by altered bodily perceptions, headaches and nausea (vomiting sensation). The typical migraine headache is unilateral and pulsating, lasting from 4 to 72 hours; approximately one third of people who suffer migraine headache perceive an aura (the perceptual disturbance or symptom experienced by some migraine sufferers before a migraine headache) - announcing the headache.

Classification:

- Migraine without aura and migraine with aura.
- **Basilar type migraine** : Basilar type migraine is an uncommon, complicated migraine with symptoms caused by brainstem dysfunction.
- **Familial hemiplegic migraine** : is migraine with a possible genetic cause.
- **Abdominal migraine**: is a recurrent disorder of unknown origin, principally affecting children; episodes feature nausea, vomiting and moderate-to-severe central, abdominal pain.
- **Menstrual migraine**: Patients having migraine before or during the menstrual periods.
- **Status migrainosus**: is characterized by migraine lasting more than 72 hours, with not more than four hours of relief during that period.

Signs and symptoms:

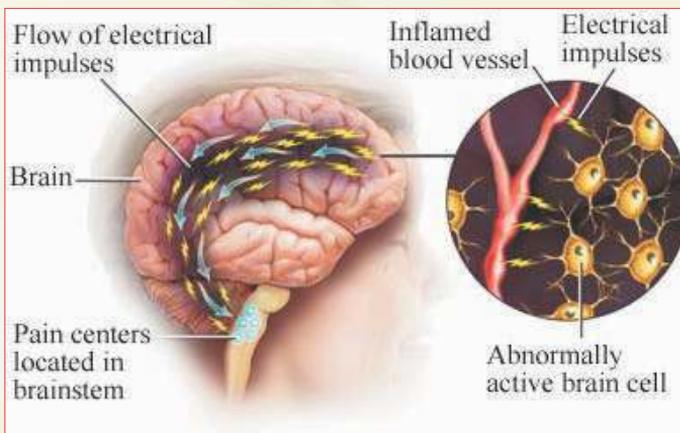
The signs and symptoms of migraine vary among patients. The four phases of a migraine attack listed below are common but not necessarily experienced by all migraine sufferers.

The prodrome, Which occurs hours or days before the headache. This phase may consist of altered mood, irritability, depression, fatigue, yawning, excessive sleepiness, craving for certain food (e.g. chocolate), stiff muscles (especially in the neck), constipation or diarrhea, increased urination and other visceral symptoms.

The aura, which immediately precedes the headache. This comprises focal neurological phenomena that precede or accompany the attack.

The pain phase, also known as headache phase. The typical migraine headache is unilateral, throbbing and moderate to severe and can be aggravated by physical activity. The pain may be bilateral at the onset or start on one side and become generalized and usually alternates sides from one attack to the next. The onset is usually gradual.

Other features invariably accompany is the pain of migraine. Nausea occurs in almost 90 percent of patients, while vomiting occurs in about one third of patients. Many patients experience sensory hyper excitability manifested by photophobia (symptom of excessive sensitivity to light and the aversion to sunlight), phonophobia (a fear of loud sounds), osmophobia (fear, aversion or psychological hypersensitivity to smells/odors) and prefer to be in a dark and quiet room.



The post-drome phase

The patient may feel tired; have headache, cognitive difficulties, gastrointestinal symptoms, mood changes and weakness. Some people feel unusually refreshed or euphoric (an emotional and mental state defined as a sense of great elation and wellbeing) after an attack, whereas others note depression and malaise. Often, some of the minor headache phase symptoms may continue, such as loss of appetite, photophobia and lightheadedness.



Causes

Migraines are thought to be caused by changes in the chemicals of the brain particularly of chemical called serotonin which decreases during a migraine. Low levels of serotonin can make the blood vessels in a part of the brain spasm (suddenly contract), which makes them narrower. This may cause the symptoms of aura. Soon after, the blood vessels dilate (widen), which is thought to cause the headache. The reason for the drop in serotonin is not yet fully understood. Menstrual migraine is experienced by women before having their period which is due to fall in oestrogen hormone levels.

Triggers

Migraine attacks are associated with various trigger factors. They are :

- ◆ **Emotional** : These include stress, anxiety, tension, shock, depression, excitement.
- ◆ **Physical** : They include tiredness, poor quality of sleep, shift work, poor posture, neck or shoulder tension, travelling for a long period of time, low blood sugar.
- ◆ **Dietary** : They include lack of food (dieting), delayed or irregular meals, dehydration, alcohol, food additive tyramine, caffeine products, such as tea and coffee, specific foods such as chocolate, citrus fruit and cheese. When the person does not eat regular meals, the blood sugar levels fall. When a person eats a sugary snake, blood sugar levels shoot up. These 'peaks and troughs' could trigger migrain attacks.
- ◆ **Environmental** : They include bright lights, flickering screens, such as a television or computer screen, smoking (or smoky rooms), loud noises, changes in climate, such as changes in humidity or very cold temperatures, strong smells, a stuffy atmosphere.
- ◆ **Medicinal** : Some medicines that can trigger migraine, includes some types of sleeping tablets, the contraceptive pill, hormone replacement therapy (HRT), which is sometimes used to treat the menopause.

COMMON POTENTIAL MIGRAINE TRIGGERS

Lifestyle	Food	Physical	Environmental
Emotional Strees	Chocolate	Menstrual cycle	Weather or seasonal changes
Depression	Nuts, peanut butter	Hormonal changes	Travel through different time zones
Too little sleep	Cheese, yogurt, sour cream		Odors
Exercise or over activity	Red wine or other alcoholic drinks		Bright light
Skipping meals/fasting	Monosodium glutamate (MSG)		Pollution

Management

Medical treatment focuses on three areas : trigger avoidance, symptomatic control and prophylactic pharmacological drugs. Patients who experience migraines often find that the recommended migraine treatments are not 100% effective at preventing migraines and sometimes may not be effective at all.

The simple task of starting a diet journal to help modify the intake of trigger foods like chocolate, cheese and ice cream could help alleviate symptoms.

Behavioral treatments

Many physicians believe that exercise for 15–20 minutes per day is helpful for reducing the frequency of migraines. Sleep is often a good solution if a migraine is not so severe.

Yogic management

The practices which are helpful in the management of Migraine are as under:

Kriyas : Jalneti, Sutra neti, Kunjal (Vamana dhouti)

Sukshma Vyayama : Selected practices for the problem.



Yogic Management of MIGRAINE

Asanas: Tadasana, Katichakrasana, Urdhwahasttotanasana, Ardha Chakrasana, Pavanamuktasana, Vajrasana, Ushtrasana, Vakrasana, Marjariasana, Matsyasana Bhujangasana, Makarasana, Shavasana.

Pranayama: Nadishodhana pranayama, Chandranadi pranayama, Sitali, Ujjayi, Bhramari.

Bandhas: Jalandhara bandha

Meditation: Breath awareness, Om Meditation or guided meditation focusing on the effected part.

Yogic diet (Mitahara): Alkaline foods with less oil, salt and spice.

Prevention

You may be able to reduce frequent migraines by avoiding triggers, such as certain foods, stress, and changes in your daily routine, although it is not clear how or why these events lead to migraines. Some common triggers of migraines include:

- * Consuming certain substances such as chocolate, monosodium glutamate (MSG), red wine and caffeine.
- * Getting too much or not enough sleep.
- * Fasting or skipping meals.
- * Changes in the weather or barometric pressure.
- * Stress or intense emotions.
- * Strong odors or cigarette smoke.
- * Bright lights or reflected sunlight.

Disclaimer: This material is meant for general awareness and not for disease management through Yoga. It should not be treated as a medical prescription. All practices should be performed under the guidance of a qualified Yoga expert.

YOGIC PRACTICES FOR THE MANAGEMENT OF MIGRAINE



Sutra Neti



Jalaneti



Kunjal



Tadasana



Katicakrasana



Hastottanasana



Ardha Chakrasana



Pavanamuktasana



Vajrasana



Ustrasana



Vakrasana



Marjarisana



Matsyasana



Bhujangasana



Makarasana



Shavasana



Nadishodhana



Sitali



Bhramari



Meditation

EDUCATION AND TRAINING

Institute is presently running PG, UG, Diploma, Certificate and Foundation courses of Yoga

Sr. No.	Courses	Duration	Intake Capacity
1	M.Sc. (Yoga) Affiliated to GGSIPU, New Delhi	02 Years	30
2	B.Sc. (Yoga) (Affiliated to GGSIPU, New Delhi)	03 Years	30
3	PGDYT for Medicos and Para-medicos(Affiliated to GGSIPU, New Delhi)	01 Year	20
4	Diploma in Yoga Science for Graduates	01 Year	97
5	Certificate Course for Yoga Therapy Assistant (CCYTA)	06 Months	30
6	Certificate Course in Yoga for Wellness Instructor (2 batch in a Year)	06 Months	2/ Odq A` sbg
7	Certificate Course in Yoga for Protocol Instructor (4 batch in a Year)	03 Months	2/ Odq A` sbg
8	Foundation Course in Yoga Science for Wellness (12 batch in a Year)	01 Month	2/ Odq A` sbg
9	Basic Course in Shatkarma Practices (Weekend)	01 Month	2/ Odq A` sbg
10	Foundation Course in Yoga Science for Wellness (Weekend)	02 Months	2/ Odq A` sbg

HEALTH PROMOTION & YOGA THERAPY PROGRAMMES

11	Health Promotion Programme (HPP)	01 Month
12	Individual Yoga Therapy Session	30-45 Minutes

OUT PATIENT DEPARTMENT (OPD)

- Running a Yoga Therapy OPD in its premises.
- Yoga Therapy and Diet Consultation are provided to the needy people.
- Institutional Bio-chemistry Lab is attached to the OPD for assessment.
- Senior Medical Officer, Dietician, Yoga Consultant, Yoga Therapists & Yoga Instructors, Ayurveda and Naturopathy Consultants provide consultation in OPD.
- Timings of OPD - 8:00 am to 6:00 pm on all working days including Saturday.
- Mainly the NCDs are being treated in the OPD.
- Established Preventive Health Care Units in CGHS dispensaries, and Yoga Therapy Centers in Tertiary hospitals.



For further details please contact:

Director

Morarji Desai National Institute of Yoga
Ministry of Ayush, Government of India

68, Ashok Road, New Delhi-110 001

Ph : 011-23730418, 23351099, Telefax : 011-23711657

Email : dir-mdniy@nic.in Website : yogamdniy.nic.in

For more details
scan this QR code

