A simple guide for patients and families

Migraine and Headache



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Scan to book your appointment

Conditions treated at our clinic

- Epilepsy and seizures (fits)
- Stroke and paralysis
- Migraine and frequent headache
- Vertigo, giddiness, loss of balance
- Parkinson's disease, tremor, slowness
- Memory loss, dementia
- Neck and back pain, sciatica, spondylosis
- Numbness, tingling, nerve pain (neuropathy)
- Muscle weakness (myopathy)
- Head injury after an accident
- Sleep problems
- Children: seizures, developmental delay, slow walking or talking

Tests at Narayani Hospital, under one roof

EEG · Video EEG · EMG / NCS · VEP · BERA · VNG (vertigo test) · CT brain · CSF test · All blood tests

Not everyone needs tests. When they are needed, Dr Diwan explains which ones and why.

What is migraine?

Migraine is a common, long-term **brain condition** that causes repeated attacks of headache. It is not "just a headache" and it is not imaginary. It often runs in families and is more common in women.

Typical features

- Throbbing pain, often on **one side** of the head
- Nausea or vomiting
- Light, noise and smells feel unbearable
- Pain worsens with walking or climbing stairs
- One attack lasts 4 hours to 3 days



Stages of an attack

Warning (hours before): yawning, food craving, neck stiffness, irritability

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Aura (in some people, 5–60 min): zig-zag lights, blurred patch, tingling

↓

Headache with nausea and sensitivity to light and sound

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After: tired, heavy head for a day

Migraine or tension headache?

Migraine	Throbbing, one side, vomiting, wants a dark room
Tension	Tight band around the head, both sides, can continue working

Children get migraine too

In children attacks are shorter and may show as stomach pain, vomiting or travel sickness. Regular sleep, meals and less screen time help a lot.

Common triggers

Triggers do not cause migraine, but they can start an attack in a person who has it.



Skipping meals, fasting



Too little or too much sleep



Stress, and relaxing after stress



Bright sun, glare, travel in heat



Long screen time



Not drinking enough water



Periods (hormone changes)



Strong smells, smoke, perfume



Too much tea/coffee, or suddenly stopping

Everyone's triggers are different. Some people react to cheese, chocolate, alcohol or packaged food — most don't. **Avoid only your own triggers**; find them with the diary in this booklet.

During an attack

Treat early

Take the medicine your doctor advised **at the start** of the pain. It works much less if you wait.

Rest in a dark, quiet room

A cold pack on the forehead or neck helps many people. Sleep often ends the attack.

Drink water

Small sips; eat something light if you can.

Medicines for the attack

- Simple painkillers: paracetamol, ibuprofen, naproxen
- Migraine-specific tablets (triptans, e.g. sumatriptan) — only on prescription
- Medicine for vomiting, if needed

Too many painkillers can make it worse

> Taking painkillers on **more than 2–3 days a week** for months can cause a **daily headache** (medicine-overuse headache). Then the painkillers stop working. If you need them this often, see your doctor for preventive treatment.

Preventive treatment

If attacks come **4 or more days a month**, or are severe, a daily medicine can reduce them.

- Examples: propranolol, amitriptyline, flunarizine, topiramate; newer injections in selected patients
- They take **4–8 weeks** to work — do not give up early
- Usually taken for 6–12 months, then the doctor may reduce them
- Women who may become pregnant should not take valproate

Daily habits that prevent attacks



Eat on time; never skip breakfast



Same sleep and wake time daily



8–10 glasses of water



Exercise or yoga 30 minutes



Tea/coffee: 1–2 cups only



Breaks from screens; less brightness

Women and migraine

- Attacks around periods are common — your doctor can plan short-term treatment.
- If you have migraine **with aura**, ask before taking hormonal contraceptive pills.
- Migraine often improves in pregnancy; ask before taking any medicine.

Danger signs — go to emergency

Most headaches are not dangerous. But go **straight to a hospital with a CT scan** if you have:

- A sudden, very severe headache — "the worst ever", reaching its peak within a minute
- Headache with fever, neck stiffness or a rash
- Weakness, numbness, slurred speech, loss of vision, confusion or a fit
- Headache after a head injury

See your doctor soon if

- A new headache starts after age 50
- Headache is worse on waking, lying down, coughing, with vomiting
- The pattern of your usual headache changes
- Headache in pregnancy or after delivery

My headache diary

Fill this for 2 months and bring it to your visit. It shows your triggers and whether treatment works.

Date	Hours	Pain 1–10	Medicine	Trigger

Remember

- Migraine is a real brain condition — and it can be controlled.
- Treat attacks early; rest in a dark, quiet room.
- No painkillers on more than 2–3 days a week.
- Regular meals, sleep, water and exercise.
- Avoid only your own triggers.
- Know the danger signs.

> Do not take medicines suggested by friends, chemists or the internet, and do not take repeated injections for pain. Ask your doctor.

Questions for my doctor

Appointments

Monday to Saturday · Closed on Sundays

Narayani Hospital

Consultation, tests & admission

Shree Vallabh Nagar, behind Chaan Hotel, near Mumbai Naka, Nashik 422009
Consult 11 am – 3 pm · Tests 10 am – 5 pm
Hospital open 24 hours for emergencies

☎ **0253 2224411**

Dr Anand Diwan Neurology Clinic

Evening consultation

11 Yashika Plaza, near Satyam Sweet, Govind Nagar, Nashik 422009
Consult 6 pm – 8 pm

☎ **0253 2472111**

Scan to book your appointment

Or book on WhatsApp

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WhatsApp is for booking appointments only.

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Read more online

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This booklet gives general information and does not replace medical advice. In an emergency, go to the nearest hospital.