



“Literature review of differential diagnosis of “Headache.”

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ABSTRACT:

Headache is the most common problem in routine practice. In day-to-day life mental disorders increase due to stressful life. In all types of mental illness headache is the main symptom. In this chapter, we are going to study various aspects of headaches in various mental disorders. We are thinking about a differential diagnosis of primary headache. Diagnosis of chronic headaches is a much more difficult task and after diagnosis management of headaches is also important. Experience any type of headache is a very painful task for every patient so the study of differential diagnosis of headache is necessary hence I have chosen this topic for the review article.

KEYWORD: Headache, Primary Headache, Headache differential diagnosis, Migraine; Tension-type headache; Cluster headache.

INTRODUCTION:

Headache is the symptom which is experienced by everyone. To treat particular

type of headache diagnosis of headache is important. To proper treatment of any disease way of diagnosis is important during this process differential disease diagnosis plays important role. A headache may occurred as a sharp pain, a throbbing type or a dull type of headache. Headaches can be develop acute or chronic, and may present from less than an hour to several days. When we trying to make a diagnosis according to the classification of the International Headache Society (IHS), which can be called the bible of headache diagnosis, there are very many headaches that are difficult to be diagnosed.¹ In now days due to stressful lifestyle psychosomatic diseases are increases and headache is the one of the symptoms of psychosomatic diseases. Any type of headaches can affect a person's quality of life hence study of headache is important

AIM AND OBJECTIVES:

1) To study the concept of differential diagnosis of Headache.

2) To study management of differential diagnosis of Headache s modern and Ayurved

MATERIAL-METHODE:

1. For this study we referred online database and articles for various references of differential diagnosis of headache
2. Related modern text books also referred for modern references

REVIEW OF LITERATURE

A headache is a condition described by patients that is pain in head or over face which is like as a throbbing, constant, sharp or dull. Headaches can be differentiating according to pain type, severity, location and frequency of pain. A headache is common symptom that most patients experience many times during their day to day life. We can consider as headache is one type of psychosomatic condition which is occurred due to stressful lifestyle.

In this article we are going to particularly study of differential diagnosis of “Primary headache”.

Headache:

Definition:

Headache is defined as a pain or discomfort between the orbit and the occipital region arising from extra cranial or intracranial pain sensitive structures².

Primary headaches are defined by having the absence of an underlying pathologic process, disease, or traumatic injury that occurs in temporal relationship to the onset of pain³.

Onset:

Onset of headache can be divided in to

- Sudden onset
- Insidious onset

During history taking of headache we want to consider associated features like nausea, vomiting, disturbances of vision, history of any active medication, loss of consciousness, etc., should be needed. The examination must include complete general examination and local examination.

Etiology⁴

The common etiological factors headache areas follows:

Dental

- Caries teeth
- Apical abscess
- Malocclusion
- Temporo-mandibular joint dysfunction

Ear Causes

- Malignancy of the ear
- Herpes zoster oticus
- Complications of otitis media
- Malignant otitis externa

Naso-sinus causes

- Sinusitis
- Vacuum headache
- Trauma

Ophthalmic

- Refractive error
- Glaucoma
- Retrobulbar neuritis
- Dacryocystitis

Vascular

- Migraine
- Common migraine
- Classical migraine
- Cluster headaches

Neuralgias

- Pterygopalatine neuralgia
- Trigeminal neuralgia
- Glossopharyngeal neuralgia

- Cervical neuralgia
- Dental neuralgia
- Sluder's syndrome

Tension Headache

- Muscle contraction headache
- Head injury
- Psychological

Intracranial

- Tumors
- Meningitis
- encephalitis
- Brain abscess
- Hemorrhage
- Hydrocephalus

Systemic Causes

- Hypertension
- Hypoxic state
- Post-convulsion
- Endocrine
- Hypoglycemia
- Hypercalcemia
- Hangover reaction (post-alcohol with- drawal)

Differential Diagnosis:⁵

- Migraine
- Tension-type headache
- Cluster headache
- Trigeminal neuralgia

MIGRAINE

Migraine is most common cause of headache. Migraine can be diagnosed by recurrent, often unilateral, moderate to severe headaches, which may be associated with a number of symptoms related to the autonomic nervous system

Sign and symptoms:

- Intolerance of light (Photophobia)
- Intolerance of sound (Phonophobia)
- Blur vision (Aura)

- Nausea
- Vomiting

Aggravating factors:

- Physical and mental stress
- certain diet like chocolate, cheese, etc.

Relieving factors:

- Rest,
- sleep
- staying in silent and dark room.

Pathogenesis:⁶

Migraine is usually more common in females than males. It is suspected to be of neurovascular in origin and is thought to be a disorder of sensory demodulation that involves the trigeminovascular system and CNS modulation of pain producing structures of the cranium. It is also that pain of migraine due to defect in the neurotransmitters like serotonin.

Treatment : ⁷

- Analgesics and antiemetics (metaclopramide with Paracetamol-aceclofenac) are useful during acute attacks.
- If not responding, vasoconstrictors like ergot alkaloids are given with caution.
- Sumatryptan is more successfully.
- Prophylaxis of migraine may be achieved by flunarizine, propranolol, etc.

Cluster Headache⁸

Clustur Headache is also called Horton's cephalgia or histamine cephalgia. It is not commonly seen as migraine. Pain in cluster headache is more severe than migraine and there is no symptoms like aura. Significant symptom of cluster headache is that attacks comes in clusters of 1 to 7 per day for a

period of week or more and then there is no symptom during interval for weeks or months. Males are commonly affected than females. The headache is characterized by severe unilateral pain around the eye associated by conjunctival injection, rhinorrhea.

Mechanism

Serum histamine level is raised during the attack and hence it is called histamine cephalgia.

Treatment⁹

- Ergotamine and Methysergide is useful and it improve with inhalation of 100 percent oxygen.
- Sumatryptan may be helpful.
- Prednisolone 30 mg. daily for 10 days may be tried in refractory cases.

Tension headaches

These are recurrent headaches that last minutes to weeks with pain that is typically bilateral, associated with pressing or tightening sensation of mild to moderate severity which does not worsen with physical exercitation¹⁰⁻¹¹.

This condition occurs due to contraction of scalp and posterior neck muscle like clinching of teeth particular pressure or long period. It is one of the most troublesome pains people experience, similar to trigeminal neuralgia, and its existence should be known

Headache is bilateral and frequently localizes to the occipital nuchal area. Non-steroidal anti-inflammatory (NSAIDs) medications, short course of diazepam, reassurance are helpful. Antidepressants are rarely needed.

Trigeminal neuralgia

Trigeminal neuralgia is a rare but characteristic pain syndrome. Most cases are usually referred as idiopathic, although many are associated with vascular compression of the trigeminal nerve

Diagnostic criteria for classic trigeminal neuralgia¹²

Recurrence of attacks of pain lasting from a fraction of a second to two minutes that affect one or more divisions of the trigeminal nerve

Pain has at least one of the following characteristics

- Intense, sharp, superficial, or stabbing
- Originated from trigger areas or by trigger factors
- No neurological defect is clinically evident
- Not attributed to another disorder

Treatment :¹³

Trigeminal neuralgia is usually treated by anti-convulsant drugs, such as Tegretol or Neurontin. Some antidepressant drugs may have pain relieving effects.

Discussion:-

Now days number of psycho-somatic diseases increases due to advanced lifestyle. It can be says that headache is one of the psycho-somatic disease. By literature study it is found that diagnosis of headache is a difficult task and treatment is always depends on diagnosis.

Conclusion:-

Due to technology and fast lifestyle there are risk of increase in psychosomatic disorder or stress related diseases like headache. Before treatment we must want conclude proper diagnosis and in this article we focused on differential diagnosis of headache which

might be helpful in such difficult task to get final diagnosis of headache.

References:-

1. Differential Diagnosis of Chronic Headache JMAJ 47(3): 118–123, 2004 Koichi HIRATA Professor, Department of Neurology, Dokkyo University School of Medicine
2. Text book of Ear, Nose, throat and Head & neck surgery clinical and practical, Third Edition 2013, by P.Hazarika, D.R. Nayak, R. Balkrishannan, VBS Publishers and distributors Pvt.Ltd, Page no. 389.
3. <https://doi.org/10.1016/j.cden.2018.06.06>
4. Text book of Ear, Nose, throat and Head & neck surgery clinical and practical, Third Edition 2013, by P.Hazarika, D.R. Nayak, R. Balkrishannan, VBS Publishers and distributors Pvt.Ltd, Page no. 390.
5. Scott-Brown's Otorhinolaryngology Head and Neck Surgery, 8th edition, chapter 112, diagnosis and management of facial pain, Author Rajiv K Bhalla, Timothy J woolford, Page No. 1203-1305
6. Text book of Ear, Nose, throat and Head & neck surgery clinical and practical, Third Edition 2013, by P.Hazarika, D.R. Nayak, R. Balkrishannan, VBS Publishers and distributors Pvt.Ltd, Page no. 390.
7. Text book of Ear, Nose, throat and Head & neck surgery clinical and practical, Third Edition 2013, by P.Hazarika, D.R. Nayak, R. Balkrishannan, VBS Publishers and distributors Pvt.Ltd, Page no. 390-391.
8. JMAJ 47(3): 118–123, 2004 Koichi HIRATA Professor, Department of Neurology, Dokkyo University School of Medicine
9. Text book of Ear, Nose, throat and Head & neck surgery clinical and practical, Third Edition 2013, by P.Hazarika, D.R. Nayak, R. Balkrishannan, VBS Publishers and distributors Pvt.Ltd, Page no. 391.
10. Chowdhury D. Tension type headache. Ann Indian Acad Neurol 2012;15 (Suppl 1):S83-8.
11. Sahler K. Epidemiology and cultural differences in tension-type headache. Curr Pain Headache Rep 2012;16:525-32
12. [BMJ](https://doi.org/10.1136/bmj.39085.614792.BE). 2007 Jan 27; 334(7586): 201–205.doi: [10.1136/bmj.39085.614792.BE](https://doi.org/10.1136/bmj.39085.614792.BE)
13. Text book of Ear, Nose, throat and Head & neck surgery clinical and practical, Third Edition 2013, by P.Hazarika, D.R. Nayak, R. Balkrishannan, VBS Publishers and distributors Pvt.Ltd, Page no. 393

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