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Effective Medications in Vestibular Migraine

A Case Report

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ABSTRACT:

Vestibular Migraine is a type of migraine where people experience a combination of vertigo, dizziness or balance problems with other migraine symptoms. Vestibular Migraine is evaluated to be the 2nd most common cause of episodic vertigo. It is referred with other terms such as Migrainous vertigo, Migraine related dizziness or Migraine with prominent vertigo. About 40% of population experience various kinds of migraines associated with severe headaches, Nausea, vomiting, dizziness and others. Migraine can affect the vestibular system of the inner ear which shows impact on the control mechanisms of brain which give rise to vestibular migraine. A 55years old female patient was admitted in Internal Medicine department of KIMS-Rasoolpura (Krishna Institute of Medical Sciences) with chief complaints of giddiness, fever, headache and vomiting since 5days. Her personal history showed that her appetite, sleep, bowel and bladder habits were abnormal. She was treated with the prophylactic treatment such as cinnarizine and flunarizine and other supportive medication like betahistine and clorazepam etc which improved the patient condition within 7 days duration. Thus the hint of this written report is to say that, the management of the vestibular migraine with cinnarizine and flunarizine will show a better result in the patient.

INTRODUCTION:

Vestibular Migraine is a nervous system problem that causes frequent episodes of vertigo(or dizziness) in people with history of [migraine symptoms](#). [Migraines](#) are often accompanied with painful headaches but whereas in case of vestibular migraines, people usually doesn't experience any kind of headache. In addition to vertigo people may feel off-balance and light-headed. This Vestibular migraine may last long for few seconds or minutes, in some cases they persevere for days. Only about 1% of population are been shown to have vestibular migraine. Science isn't precise about the complex mechanisms of migraine, but few believe that the abnormal release of chemicals in brain may play a role. On the other hand, one theory suggests that migraine relates to an unusual electrical charge in the neurons that sets off the brain's pain receptors. Another theory [suggests](#) that migraine may be related to changes in [serotonin](#) in the brain.

Few known factors that trigger vestibular migraine includes-

- Stress and anxiety
- Poor sleep-both too little, and too much.
- Hunger and dehydration – missing meals and not taking enough water.
- Dietary triggers –caffeine, red wine, processed food, monosodium glutamate, aged cheeses.
- Hormonal changes – i.e. menstruation, menopause and in teenagers.

Other than vertigo, Vestibular migraine is entailed with symptoms like-

- Nausea and vomiting
- Sensitivity to motion, light, sound and smell
- Unsteadiness and loss of balance
- Tinnitus
- Problems with vision
- Feeling of pressure in the head or the ear
- A numb or tingling feeling

Children may also experience episodes similar to vestibular migraines. In children, it is known as “benign paroxysmal vertigo of childhood.” These children are more likely than others to experience migraines later in life. Women are more susceptible to vestibular migraine and may get severe around during their menstruation. According to few studies vestibular migraine is said to be hereditary but not yet well defined.

Case Report:

A 55yrs old female patient was admitted in the Internal Medicine department of KIMS-Rasoolpura(Krishna Institute of Medical Sciences) with her chief complaints of giddiness,fever,headache and vomiting since 5days. Her past medical history says that she was taking laxative(duphalac oral solution,BD) for constipation and CNS depressants (Tab Chloradiazepoxide-5mg,OD) for insomnia. Her personal history and habits were- diet was mixed, appetite was abnormal, sleep was abnormal, bowel and bladder habits were abnormal and there is found to be no allergies to food, drugs and others. On general examination she was conscious. On physical examination her vitals found to be- BP was 160/90mmHg, pulse rate was 108 beats/min, respiratory rate was 24beats/min, oxygen saturation was 95% and she was suffering with fever of 101F. Systemic Examination reveals that her CVS was S1,S2+, RS was B/L AE, P/A was soft, CNS was NAD. For further confirmation she was subjected to laboratory investigations which are as follows- Potassium levels have been decreased to 3.0mEq/L. In Diffusion imaging, small vessel ischemic changes were observed which indicates decreased blood flow which is responsible for triggering migrane. Ultrasound and ECG were also suggested. And finally Vestibular Migraine/ Vertignous Migraine was been the Conformatory Diagnosis. As she was been admitted in the hospital, on the 1st day there was complaints of vomiting, dizziness, insomnia and vitals were same as above mentioned. So she was been treated with medications like Inj. ZOFER-8mg-OD-iv; Dulcolax Suppository-15ml-OD; Tab DOLO-650mg-TID-oral; Tab RIVOTRIL-0.5MG-OD-oral. On the 2nd day there were complaints of dizziness and potassium levels were 3.0mEq/L, the CST(Contraction Stress Test) was positive, medicines advised was Tab VERTIN-8mg-TID-Oral; Syb POTKLOR-5ml-TID-oral; Tab SIBELIUM-5mg-OD-oral;Inj PAN-40mg-OD-iv. On the 3rd day, there were no other new chief complaints and CST was normal. On the 4th day, there were complaints of Akathisia and CST was positive and medications advised were Tab STUGERON-25mg-BD-oral(Stop Tab RIVOTRIL-0.5mg-OD-oral). On the 5th day there were no complaints and CST was positive, the medications given are Tab STUGERON-25mg-BD-oral. On the 6th day, the patient's condition was good and the potassium levels and CST was found to be normal. And finally on the 7th day the patient was doing well and was discharged with the following prescribed medications-

Tab DOLO-650mg-BD-Oral (SOS)

Tab VERTIN-8mg-TID-oral

Tab PAN-20mg-OD-oral

Tab SIBELLIUM-5mg-OD-oral

Tab STUGERON-25mg-OD-oral

Advised to review after 15days.

DISCUSSION:

In this study, the frequency of vertigo and also the mean frequency, duration and intensity of migraine headaches per day were reduced significantly after 3 days of Cinnarizine [Tab STUGERON] therapy and the frequency of vertiginous episodes decreased with Flunarizine[Tab SIBELLIUM] treatment and severity of vertigo also improved.

CONCLUSION:

The knowledge derived from these case report is, Cinnarizine[Tab STUGERON] and Flunarizine[Tab SIBELLIUM] plays a major role for the distinction of vestibular migraine from migraine with and without aura, as well as from basilar-type migraine treatment.

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