



Migraine Research Foundation



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Detail from "Headache Tribulations," ©2007, Marina Kharkover, published in *Migraine Expressions*, B. Blondin, ed.

Treatment

Migraine treatment has changed dramatically over the years. In the past, doctors often diagnosed patients with disabling head pain as neurotic and dismissed their complaints as psychiatric in nature. Later, researchers believed that the dilation and constriction of blood vessels in the head were the primary source of the pain; early migraine medications focused on the blood vessels as the principal target for treatment. The current theory of the source of migraine pain reflects the advances in technology that help us understand how the brain works. Researchers now believe that migraine is a disorder involving nerve pathways and brain chemicals. There is also evidence that links a number of genes to migraine, so genetics is undoubtedly involved.

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Migraine can often be managed with proper diagnosis and treatment. There are three principle approaches to treatment: acute, preventive, and complementary. Acute treatment uses drugs to relieve the symptoms of attacks when they occur. Preventive treatment uses drugs taken daily to reduce the number of attacks and lessen the intensity of pain; and in some patients, life-style changes, biofeedback and other complementary treatments can help avoid the triggering or provocation of attacks. Complementary treatment, which does not use drugs, includes biofeedback, relaxation techniques, exercise, and proper rest and diet. [Click here](#) for a list of non-drug treatments.

Even with the correct diagnosis, treating migraine can be very difficult. There are well over 100 drugs, surgical treatments, and devices used to prevent or treat migraine symptoms and choosing one or a combination that might work is time consuming and frequently requires expert help from doctors or centers specializing in the treatment of migraine.

For more information about **treatment options**, [click here](#).

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