Pediatric Headache: What should we know Related to the Eye?

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Abstract: Novel coronavirus covid 19 is the most deadly form of corona virus which has caused pandemic across the world. Plant medicines are in use since ages by the mankind in order to treat and cure various diseases. They are the best possible tools in order to tackle the disease as they have lowest possible side effects as compared to other forms of drugs available and in use to treat the diseases. In present letter, the use of plant medicines and possible antiviral therapy are highlighted which will prove to be fruitful and effective to treat this deadly disease. Plant medicines are the most effective way to treat the diseases and treat this covid 19 corona virus.

Keywords: Plant medicine, herbal remedies, covid 19, Phytochemicals therapy

SUMMARY

Headache is common in adolescents and children and it is a frequent reason to seek medical care for pediatric patients. The Global Burden of Disease study found that the headache disorders are the second-leading cause of disability globally in 2017. (1) In children (age <7 years) headaches are slightly less common in young girls than boys but this ratio begins to change around the time of puberty, where the prevalence of headache is significantly lower in men than in women. In adolescence, 20% of boys and 27% of girls describe frequent or severe headaches, and 5% of boys and 8% of girls have had a migraine in the past year. In adults, over 60% of men and 80% of women have had a headache, and 6% of men and 15% of women report having had a migraine in the past year. (2)

Headache disorders are classified into primary and secondary headaches. Primary headaches are further classified into migraine, Tension-type headache and cluster headache. (3) Migraine is common in pediatric patients, with a prevalence of 1% to 3% in children age 3 to 7 years and 8% to 23% in adolescence, when migraine is less common in boys than in girls. Migraine headaches with aura are less common than those without aura, but both can affect children. Other types of less common migraine headaches are basilar, confusional, and hemiplegic. Secondary headaches are classified into to ocular or non-ocular causes. Non-ocular causes can be due to elevated ICP, Meningitis or encephalitis, Chiari I malformation, intracranial hemorrhage and posttraumatic headache. (2)

Ocular causes of headache are Refractive error, Accommodative dysfunction, Binocular vision abnormalities and Ocular health. Regarding refractive errors, Fasih U et al (4) in 2017, reported refractive errors represented 16.4% of the cases who presented with headache. Where the astigmatism was more frequent (65%) followed by hypermetropia (25%) and myopia (10%). (4) Accommodative dysfunctions such as insufficiency, facility and spasm can cause headache. In accommodative insufficiency the AA is lower than expected for the patient's age. Those patients have a decreased PRA and usually fail the +/- 2.00 D flipper test. Accommodative inacility patients report blurry vision at distance after prolonged near focusing and vice versa. Spasm of accommodation is spasm of Ciliary muscle that produces excess accommodation secondary to overstimulation of the parasympathetic nervous system, cholinergic drugs, trauma or MG, those patients usually have impairment of distance vision and MEM lead. Binocular vision abnormalities include convergence insufficiency/excess, divergence insufficiency/excess, vergence insufficiency and vertical phoria. (5) Fasih U et al (4), in 2017, demonstrated other causes of headache; they found 3.96% patients with glaucoma, 0.53% with papilloedema and 5.80% with corneal ulcers.

In conclusion, it is very important to do comprehensive eye examination for patients present with headache to rule out ocular causes. Based on the previous studies, the majority of patients with headache had associated ocular causes.

REFERENCES