Migraine is a common headache disorder and is one of the highest causes of disability among the population in the world [1]. It is estimated that 20.2% of women and 9.4% of men suffer from this disorder [2]. It is typically unilateral and frequently present in the form of throbbing or pulsating sensation and other associated symptoms, including nausea, vomiting, phonophobia, and photophobia [3]. Usually, the symptoms may last several hours to days, severely impairing the quality of life. It is believed that neuroinflammation, dysfunction of the descending pain-modulating network, altered trigeminal and autonomic system function, and other mechanisms may contribute to migraine [4–6]. Moreover, recent studies have provided new findings in the genetic causes, anatomical and functional characteristics, and pathological potentials of migraine. For example, genomic loci associated with migraine were enriched in genes that are expressed in gastrointestinal tissues [7]. This may explain the gastrointestinal symptoms concomitant with pain attacks, like nausea, vomiting, and the like. Studies have suggested that migraine headache is significantly associated with infant colic and inflammatory bowel disease [8, 9].


The studies included in this issue will help understand and develop new research in a most recent viewpoint.

Conlicts of Interest

The editors declare that there are no conflicts of interest.

References


