Cyclic vomiting syndrome (CVS) is a condition characterized by recurrent episodes of severe vomiting. It is a common disorder that can affect individuals of all ages, including children and adults. The etiology of CVS is multifactorial, involving both genetic and environmental factors. The prevalence of CVS is estimated to be around 1 in 3000 to 1 in 2500 individuals worldwide.

Several studies have investigated the role of various factors in the development of CVS. For example, in a study by Brown, Spree, and Abell (2014), the authors found that onabotulinumtoxinA injections were effective in the treatment of CVS.

Another study by Bashashati, McCallum, and Slivka (2015) investigated the role of neurokinin-1 receptor antagonist aprepitant in children with CVS. They found that aprepitant was effective in reducing the frequency and severity of vomiting episodes.

The role of mitochondrial dysfunction in CVS has also been explored. In a study by Teimouri, Dehghani, and Delshad (2015), the authors reported a case of CVS associated with mitochondrial DNA sequence variants.

The management of CVS involves a combination of pharmacological and non-pharmacological therapies. Pharmacological treatments include medications such as onabotulinumtoxinA, aprepitant, and propranolol. Non-pharmacological strategies include lifestyle modifications, dietary changes, and psychological interventions.

In conclusion, CVS is a complex disorder that requires a multidisciplinary approach for its management. Further research is needed to better understand the underlying mechanisms of CVS and to develop more effective treatment options.