

Review Article

Migraine and its Homoeopathic management

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ABSTRACT

Migraine is the second most common cause of headache and the most common headache related and indeed neurologic cause of disability in the world. A migraine is a primary headache disorder characterized by recurrent headaches that are moderate to severe. Typically, episodes affect one side of the head, are pulsating in nature, and last from a few hours to three days. Associated symptoms may include nausea, vomiting and sensitivity to light, sound or smell. The pain is generally made worse by physical activity, although regular exercise may have prophylactic effects. Up to one-third of people affected have aura. Typically a short period of visual disturbance that signals that the headache will occur soon. Occasionally, aura can occur with little or no headache following, but not everyone has this symptom. Homoeopathy offers a holistic approach in the management of migraine. A detailed case taking with thorough analysis and reporterization followed by selection of the most suitable remedy is the approach suggested by Dr. Hahnemann.

Keywords: Migraine, Headache, Homoeopathy, Holistic, Dr. Hahnemann, Aura



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INTRODUCTION

The name ‘migraine’ comes from the Greek word hemicrania, meaning ‘half of the head’, which is one of the most striking features of the condition: that in many cases pain only affects one half of the head. However, equally commonly, pain is felt bilaterally, at the front or the back of the head, more rarely in the face, and rarer in the body (‘migrainous corpalgia’). The pain is commonly throbbing in nature, and typically aggravated by any form of movement or even modest exertion. The majority of migraine attacks are severe or at least moderate.

Migraine is the second most common cause of headache and the most common headache related and indeed neurologic cause of disability in the world. A recent focused survey in India found the 1-year prevalence rate of primary headache as 62.0% and that

of migrainous headache as 25.2% from a southern state. As India is multiethnic, it is essential to determine the prevalence of headache and its subtypes in other regions also. Information about headache disorders is insufficient and variable, although migraine was identified to be more common in the rural population, with its prevalence ranging between 1.37% and 72%. Migraine was more frequent in female patients aged more than 21 years. Among these the intermittent type of migraine is more troublesome as it hampers the daily activity of an individual compared to other type of migraine also because of its chronicity. Therefore there is a need to study this intermittent type of migraine to understand how we can effectively manage and treat such type of cases with the help of Homoeopathic similimum.

Epidemiology

Headache is a painful and common symptom. A number of primary headache disorders have been characterized, including tension-type headache, migraine and cluster headache, and overall these disorders account for approximately 95% of all headache complaints. Worldwide, migraines affect nearly 15% or one billion people.

Aetiology

- 1) Environmental triggers like loud noises, bright lights, certain odors and perfumes.
- 2) Allergic reactions and allergies.
- 3) Psychological triggers like emotional stress. Irregular sleep or changes in sleep pattern.
- 4) Alcohol consumption.
- 5) Physical triggers like birth control pills, menstrual cycle fluctuations.
- 6) Food additives like monosodium glutamate (MSG), aspartame, phenylethylamine, nitrates, and tyramine. Also chocolates, citrus fruits, nuts, peanut butter, meat that has been cured or processed, large amount of aspartame (Nutra sweet) are some other examples for food triggers.
- 7) Medication triggers includes vasodilators like glyceryl trinitrate (GTN), isosorbide dinitrate. Hormones (oral contraceptives, estrogens, clomiphene, danazol), Anti-hypertensives (nifedipine, captopril, prazosin, reserpine, minoxidil), H₂ blockers (cimetidine, ranitidine), Antibiotics (trimethoprim-sulfa, griseofulvin) and Selective Serotonin Reuptake Inhibitors like escitalopram, fluoxetine.

Types of migraines includes

Common migraine

Headaches begin without warnings in common migraine. This was mostly seen in children.

Common migraine has at least two of the following characteristics:

- (a) Unilateral location
- (b) Pulsating quality
- (c) Moderate or severe in intensity (inhibits daily activities)
- (d) Aggravation by routine physical activity

Less common types:

1. Abdominal migraine:

Also known as periodic syndrome.

Abdominal pain that lasts for 1-72 hours with nausea, vomiting, flushing or pallor.

2. Basilar migraine

Pain arises from brain stem.

Symptoms like dizziness, double vision, tingling on both sides of body are seen in this type.

3. Cyclic migraine

Long lasting attacks (10 or more /month).

Careful monitoring of blood level and thyroid functioning is needed.

4. Hemiplegic migraine:

Severe type of migraine causes temporary motor paralysis.

Sensory disturbances on one side of the body followed by headache.

5. Nocturnal migraine

Attacks early in the morning or middle of the night often awakening patients from sleep.

6. Ophthalmoplegic migraine

The pain usually surrounds eyeball and lasts from a few days to few months.

It is caused by the weakness of the muscles surrounding the eye.

7. Pregnancy related migraine:

This type of migraine attacks from the 3rd month of pregnancy till delivery. Non-medical treatment was effective in this case.

Out of all these types Abdominal, cyclic and nocturnal migraine falls mainly under category of Intermittent Migraine.

Pathophysiology

Based on clinical symptoms, the pathophysiology of migraine can be divided into three phases:

- (i) The trigger phase characterized by neuronal hyper excitability,
- (ii) The aura phase possibly involves cortical spreading depression and finally,
- (iii) The headache phase due to cranial vasodilatation precipitated by activation and sensitization of the trigeminal system at the peripheral and central levels.

Sensory fibers innervating the cranial vessels arise from trigeminal ganglion neurons that contain neuropeptides. From Dural meningeal vessels trigeminovascular inputs pass through the trigeminal ganglion and synapse on second order neurons. These neurons project to quintothalamic tract and

synapse with thalamic neurons. There is also a reflex connection between neurons in the pons present in the superior salivatory nucleus, which results in a cranial parasympathetic outflow that is in part mediated through the pterygopalatine (sphenopalatine) ganglion.

Research suggest that the pathogenesis of the migraine headache is intimately linked to the trigeminal innervations, which when activated possibly following cortical spreading depression, causes dilatation of cranial blood vessels, including arteriovenous anastomotic shunts.

It should be remembered that these criteria were originally designed for the purpose of ensuring coherent patient populations for research in headache disorders, and that not everyone's migraine has 'read the textbook'. International Classification of Headache Disorders gives diagnostic criteria for migraine as follows:

1. At least five attacks fulfilling criteria (2)–(4)
2. Headache attacks lasting for 4 to 72 hours (untreated or unsuccessfully treated)
3. Headache has minimum two of the four following characteristics:
-unilateral location
-pulsating quality
-moderate or severe pain intensity
-aggravation by or causing lack of physical activity (e.g. ascending stairs, etc)
4. During headache at least one of the following:
Nausea and/or vomiting
Photophobia and phonophobia
5. Not better accounted for by another ICHD-3 diagnosis.

Homoeopathic treatment

As homoeopathy always aims on treating the cause, a detailed case taking would enable us define and evaluate any case of migraine. A detailed understanding of the disease, the cause (fundamental in case of chronic) along with any exciting cause if present, the evolution of disease. The characteristic symptoms, its modalities and concomitants if any have to be considered in all cases. The mental sphere including, the emotional, intellectual and social sphere of the patient have to understand the constitution which

holds an important aspect of selection of the similimum. In cases of migraine, the variation of symptoms makes it difficult to assess and further qualify them as characteristic. But every symptom has to be qualified on the basis of the following criteria to qualify it as a characteristic. Concomitants both physical and mental hold immense importance in acute episodes. Scaling of symptoms (though a symptom is common, if is higher in intensity it can be considered as characteristic and would be of higher importance). In 6th edition of Organon of Medicine of Dr. Hahnemann has mentioned importance of all these aspects stressing more on fundamental cause of the disease.

As Homoeopathy is rightly called as an artistic science, it will be the skill and art of the physician which will at first, help him to discover the exact cause and the factors responsible for development and maintenance of Migraine in his patient. To cure the chronic cases of migraine Dr. Hahnemann has explained concept of Miasm and after understanding in 6th edition of Organon the same physician should prescribe an anti-miasmatic medicine.

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