



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2020; 4(3): 298-301

Received: 14-07-2020

Accepted: 23-06-2020

Dr. Rajeev Saxena

HOD, PG-PhD Guide,
Department of Repertory,
Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

Dr. Indra Gaurav Saxena

M.D. (PGR), Department of
Repertory, Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

Dr. Deeksha Sailakwal

M.D. (PGR), Department of
Pediatrics, Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

Corresponding Author:

Dr. Indra Gaurav Saxena
M.D. (PGR), Department Of
Repertory, Swasthya Kalyan
Homoeopathic Medical College
& Research Centre, Sitapura,
Jaipur, Rajasthan, India

Migraine and homoeopathic therapeutics

Dr. Rajeev Saxena, Dr. Indra Gaurav Saxena and Dr. Deeksha Sailakwal

Abstract

Migraine is one of the most misunderstood disease encountered in general medical practice. Migraine is a common, disabling, recurrent, hereditary neurovascular headache disorder. It usually strikes sufferers a few times per year in childhood and then progresses to a few times per week in adulthood, particularly in females. Attacks often begin with warning signs (prodromes) & aura whose origin is thought to involve the hypothalamus, brainstem, and cortex. Once the headache develops, it typically throbs, intensifies with an increase in intracranial pressure, and presents itself in association with nausea, vomiting, and sensitivity to light, noise & smell. This is an article about Migraine focusing on classification, etiology, clinical type and homoeopathic medicine.

Keywords: Homoeopathy, homoeopathic therapeutics, migraine, scale

1. Introduction

Migraine, the most common cause of headache afflicts approximately 20% of women and 6% of men ^[1]. Migraine is essentially a disorder of function, conditioned in those with a constitutional predisposition, by the home and working environment. ^[2]

Migraine is not the exclusive privilege of the intelligent: migraine sufferers are to be found in every stratum of society.

2.1 Definition

Migraine is a familial disorder characterized by recurrent attacks of headache widely variable in intensity, frequency and duration. It is a disorder with numerous manifestations that can involve the brain, the eye and the autonomic nervous system. Migraine occurs more frequently in women than men. ^[3]

2.2 Classification

The following types are recognized: ^[3]

A.	Migraine without Aura (Common Migraine)
B.	Migraine with aura (classical migraine) <ul style="list-style-type: none"> ➤ Migraine with typical aura ➤ Migraine with prolonged aura ➤ Familial hemiplegic migraine ➤ Basilar migraine ➤ Migraine aura without headache ➤ Migraine with acute-onset aura
C.	Ophthalmoplegic Migraine
D.	Retinal Migraine
E.	Childhood periodic syndromes that may be precursors or be associated with migraine <ul style="list-style-type: none"> ➤ Benign paroxysmal vertigo of childhood ➤ Alternating hemiplegia of childhood
F.	Migraine with Complications <ul style="list-style-type: none"> ➤ Status migrainous ➤ Migrainous infarction ➤ Persistent aura without infarction ➤ Migraine-triggered seizure

2.3 Etiology ^[4,5]

The brain of the Migraineur is particularly sensitive to environmental and sensory stimuli;

migraine-prone patients do not habituate easily to sensory stimuli. This sensitivity is amplified in females during the menstrual cycle.

Headache can be initiated or amplified by various triggers -

- a) Alcohol
- b) Bright lights
- c) Certain odors or perfumes
- d) Changes in sleep pattern
- e) Strenuous physical exercise
- f) Loud noises
- g) Stormy weather
- h) Skipping of meals
- i) Physical or emotional stress

2.4 Clinical Features ^[1, 6]

a) Prodrome

- Behavioral change
- Irritability
- Food cravings
- Neck stiffness
- Increased thirst and urination
- Frequent yawning
- Malaise

b) Aura

Each symptom usually begins gradually, builds up over several minutes and lasts for 20 to 60 minutes.

Examples of migraine aura include:

- Fortification spectra
- Scotoma
- Pins and needles sensations in an arm or leg
- Weakness or numbness in the face or one side of the body
- Difficulty speaking
- Hearing noises or music
- Uncontrollable jerking or other movements

c) Attack

A migraine usually lasts from four to 72 hours if untreated.

- I. Pain usually on one side of your head, but often on both sides
 - Pain that throbs or pulses
 - Sensitivity to light, sound, and sometimes smell and touch
 - Nausea and vomiting

d) Post - Drome

After a migraine attack,
 Drained,
 Confused,
 Washed out for up to a day,
 Feeling elated.

2.5. Diagnosis ^[3, 7]

The international headache society criteria are very helpful in the diagnosis of migraine. There are two main types of

Diagnostic Criteria for Migraine with Aura

A.	At least two attacks fulfilling B
B.	At least three of the following characteristics <ul style="list-style-type: none"> a. One or more fully reversible aura symptoms indicating focal cerebral cortical and/or brainstem dysfunction b. At least one aura symptom develops gradually over more than 4 min or two or more symptoms occur in succession

migraine.

- A. Migraine without aura (Formerly known as common migraine)
- B. Migraine with aura (Formerly Known as Classical Migraine).

A. Migraine without Aura (Syn: Common migraine, Hemicrania simplex):

This is the most common variety, occurring in an estimated 90% of migraine headache sufferers.

The headache occurs episodically and is not preceded or accompanied by any easily identifiable aura. This type can occur in some females in the premenstrual period ('*menstrual migraine*'), starting anytime between 2 days before the expected date and before the last date of menstruation.

Diagnostic Criteria for Migraine without Aura

A.	At least five attacks fulfilling B-D
B.	Headache lasting 4-72 hours
C.	Headache has at least two of the following characteristics <ul style="list-style-type: none"> 1. Unilateral location. 2. Pulsating quality. 3. Moderate or severe intensity (inhibits or prohibits daily activity). 4. Aggravation by walking, climbing stairs or similar routine physical activity.
D.	During headache at least one of the following <ul style="list-style-type: none"> 1. Nausea and/or vomiting. 2. Photophobia and phonophobia.
E.	At least one of the following is present <ul style="list-style-type: none"> 1. History, and physical and neurological examination do not suggest organic disorder. 2. History and/or physical and/or neurological examination do suggest such disorder, but it is ruled out by appropriate investigations. 3. Such disorder is present, but migraine attacks do not occur for the first time in close temporal relation to the disorder.

B. Migraine with Aura (Syn: Classical migraine)

This occurs in association with neurological symptoms (aura) unequivocally related to a localized area of the cerebral cortex or brainstem.

The aura usually precedes the headache by 5 to 30 minutes, and consists of homonymous visual disturbances, hemi sensory symptoms, hemi paresis, dysphasia or any combination of these symptoms. Visual aura is most common, and starts usually as a fortification spectrum, e.g. star-shaped figure near the point of fixation, gradually spreading right or left, leaving behind an area of absolute or relative scotoma. It develops over 5-20 minutes and lasts for less than 60 minutes; headache, nausea, and/or photophobia usually follow the aura or appear after an interval of less than an hour. Headache usually lasts for 4-72 hours, but may be totally absent as in acephalgic migraine (now termed migraine aura without headache).

	c. No aura symptom lasts more than 60 min. If more than one aura symptom is present, the accepted duration is proportionally increased
	d. Headache follows aura with a free interval of less than 60 min (it may also begin before or simultaneously with the aura)
C.	History, physical examination and, where appropriate, diagnostic tests exclude a secondary cause.

2.6 Laboratory Investigations^[8]

- **Blood Chemistry and Urinalysis:** These tests may determine many medical conditions, including diabetes, thyroid problems, and infections, which can cause headaches.
- **CT scan:** This is a test in which X-rays and computers are used to produce an image of a cross-section of the body. A CT scan of the head may be recommended to rule out other condition if patient suffering from daily headache.
- **MRI:** This test produces very clear pictures, or images, of the brain without the use of X-rays. A MRI may be recommended if patient suffering from daily headaches. It may also be recommended if a CT scan does not show definitive results.

A MRI scan is used to evaluate certain parts of the brain that are not as easily viewed with CT scans, such as the spine at the level of the neck and the back portion of the brain.

- **Sinus X-Ray:** Although the CT scan and MRI provide more details, if symptoms seem to indicate sinus problems.
- **Eye Exam:** An eye pressure test performed by an ophthalmologist will rule out glaucoma or pressure on the optic nerve as a cause of headaches.
- **Spinal Tap:** A spinal tap is the removal of spinal fluid from the spinal canal (located in the back). This procedure is performed to look for conditions such as infections of the brain or spinal cord.

2.7 Differential Diagnosis^[3]

- I. Tension headache.
- II. Cluster headache.
- III. Miscellaneous headaches unassociated with structural lesion.
- IV. Post-traumatic headache.
- V. Headache associated with
 - I. Vascular disorders.
 - II. Non-vascular disorders.
 - III. Non-cephalic infection.
 - IV. Metabolic disorders.
- V. Reflex headache from eye, ENT, teeth, sinuses or other structures.
- VI. Cranial neuralgias.

2.8 Complications^[3]

Migraine may sometimes be complicated by

- ❖ Status migrainosus.
- ❖ Migrainous infarction.
- ❖ Persistent aura without infarction.
- ❖ Migraine-triggered seizure.

2.9 Scale for Migraine

- ❖ Midas Questionnaire^[3]
- ❖ Vas Scale^[9]
- ❖ Eleven-Point Pain Scale^[10]
- ❖ Numerical Rating Scale^[11]

3. Homoeopathy Part

In Homoeopathic system of medicine, treatment of migraine is not only depend on character of peculiarities of head pain but also periods and condition aggravation of migraine and generals & particulars also considered. Dr. Hering says for Sanguinaria "This is the best remedy in most cases of migraine or sick headache^[12]."

3.1 Homoeopathic Therapeutics^[13, 14, 15]

In Homoeopathy, selection of remedy depends upon repertorization of cases which is based on individualized totality of cases but following medicines are use as therapeutics:

Aconitum Napellus, Belladonna, Coffea Cruda, Mercurius Solubilis, Robinia, Sanguinaria Canadensis, Sepia Succus, Veratrum Album, Theridion Curassavicum.

- **Aconitum Napellus:** Fullness; heavy, pulsating, hot, bursting, burning undulating sensation. Sensation on vertex as if hair were pulled or stood on end. Vertigo; worse on rising and shaking head. It generally indicated in acute n plethoric habit who leads a sedentary life. Persons easily affected by atmospheric change. Pain are intorable, they drive him crazy; He / She become very restless at night.
- **Belladonna:** Sensitive to least contact. Pain worse light, noise, jar, lying down and in afternoon; better by pressure and semi-erect posture. Headache worse on right side and when lying down; ill effects, colds, etc. from having haircut. Pains usually in short attacks; Cause redness of face and eyes. Boring the head into the pillow.
- **Coffea Cruda:** Tight pain, worse from noise, smell, narcotics. seems as if brain were torn to pieces, as if nail were driven in head. Worse in open air. Headache from over-mental exertion, thinking, talking, and one sided. Aggravation sudden mental emotion; Excessive joy.
- **Mercurius Solibus:** One-sided, tearing pains. Tension about scalp, as if bandaged. Vertigo, when lying on back. Great weakness and trembling from least exertion. Vertigo as if one were on a swing. Compressive headache, the head feels as if it were in a vice, with nausea; < in open air, from sleeping, eating and drinking; > in room.
- **Robinia:** Throbbing, frontal pain; worse, motion and reading. Sensation as if brain revolved, < lying on right side. Vertigo with unsteadiness and nausea. Constant dull, heavy, frontal headache, much <motion and reading. Sick headache, with sour stomach; from fat, meat, gravies, flatulent food, cabbage, turnips, pastry, ice creams, raw fruit, &c.
- **Sanguinria Candensis:** Worse right side, sun headache. Periodical sick headache; pain begins in occiput, spreads upwards, and settles over eyes, especially right. Veins and temples are distended. Pain better lying down and sleep. Headaches return at climacteric; every seventh day. Pain in small spot over upper left parietal bone. Pain in the back of head "like a flash of lightning".

- **Sepia:** Vertigo, with sensation of something rolling round in head. Prodromal symptoms of apoplexy. Jerking of head backwards and forwards. Stinging pain from within outward and upward mostly left, or in forehead, with nausea, vomiting; worse indoors and when lying on painful side. Great falling of the hair, after chronic headaches or at the climacteric.
- **Theridion Curassavicum:** Headache: Pain worse anyone walking over floor, at the beginning of every motion, with depression; deep in brain, so that she must sit up or walk, it is impossible to lie. Vertigo, with nausea and vomiting on least motion, particularly when closing eyes. Luminous vibrations before eyes; sensitive to light. Pressure behind eyeballs. Thick feeling in head: with nausea and vomiting on least motion, < closing eyes; as if it were another head, or as if she had something else upon it.
- **Veratrum Album:** Cold sweat on forehead. Sensation of a lump of ice on vertex. Headache, with nausea, vomiting, diarrhoea, pale face. Vertigo, especially when walking. Headache with painful stiffness of nape of neck. Headache with (profuse) flow of urine. Sick headache in which diuresis forms a crisis. Headache, by paroxysms, as if the brain was bruised or torn (with pressure).

4. Conclusion

Homoeopathy offer excellent treatment for Migraine. In Homoeopathic system medicine treatment of migraine is not only depend on character of peculiarities of head pain but also periods and condition aggravation of migraine and generals & particulars also considered. Many stalwart have given direction Homoeopathic treatment of migraine. The above therapeutics medicines are used frequently in Migraine with good results. Other individualized homoeopathic medicines (similimum) can also be offer significant relief to the patients of Migraine.

5. References

1. Walker B, Colledge N, Raiston SH, Penman IO, Razak ARA, Angus BJ *et al.* Davidson's Principles and Practice of Medicine. 22nd Edition. Publisher Elsevier. 2016, 661p.
2. Hay KM. The Background of Migraine. The Journal of the College of General Practitioners. [Internet] [Cited 2020 Aug.]. 1963; 6(4):8-14. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2612794/>
3. Sainani GS, Abraham, Dastur FD, Abraham P, Dastur FD, Joshi VR *et al.* A.P.I. Text Book of Medicine. 6th Edition. Association of Physicians of India Mumbai, Section Xii, Neurology, Chapter-5, Headache By Anupam Dasgupta, 1999.
4. Kasper D, Fauci A, Longo DL, Braunwald E., Hauser SL, Jameson JL *et al.* Harrison's Principles of Internal Medicine. 17th edition, The Mcgraw-Hill Companies, Chapter 15, Headache, 2008, 91-92p.
5. Miles O, Migraine causes and triggers. [Internet], 2010 Nov. [Cited 2020 Aug.] Available From: <https://migraine.com/migraine-causes-and-triggers/>
6. Migraine, Patient Care and Health Information. Mayo Clinic, 2019. [Internet] May [Cited 2020 Aug.] Available From: <https://www.mayoclinic.org/diseases-conditions/migraineheadache/symptoms->

- causes/syc20360201
7. The International Classification of Headache Disorders. [Internet]. [Cited 2020 Aug.] Available From: www.ihs.headache.org
8. Robinson J. Headache and Migraine Diagnosis. [Internet] Web MD. 2019 May. [Cited 2020 Aug.] Available From: <https://www.webmd.com/migraines-headaches/guide/making-diagnosis-doctors-exam>
9. Haefeli M, Elfering A. Pain Assessment, NCBI, Published Online, 2005. Doi: 10.1007/S00586-005-1044-X
10. Kwong WJ, Pathak DS. Validation of the Eleven-Point Pain Scale in the Measurement of Migraine Headache Pain. [Internet] PubMed. 2007; 27(4):336-42. Doi:10.1111/J.14682982.2007.01283.X.
11. Iohom G. Clinical Assessment Of Postoperative Pain. Available Here: <https://www.sciencedirect.com/topics/medicine-and-dentistry/numeric-rating-scale>
12. Burnet CJ. Neuralgia Its Causes and Its Remedies. Reprint Edition. B. Jain Publishers Pvt. Ltd. 2004, 106p.
13. Allen HC. Allen's Key Notes, Rearranged And Classified With Leading Remedies Of The Materia Medica And Bowel Nosodes, Eighth Edition, B Jain Publisher (P) Ltd, New Delhi, 2016, 4-6, 55-57, 105-106, 203-204, 269-270, 278-281, 321-323, 310-311p.
14. Boericke W. Boericke's New Manual of Homoeopathic Materia Medica With Repertory, Third Revised & Augmented Edition, 2008, B. Jain Publisher Pvt. Ltd, New Delhi, 7-10, 100-102, 196-198, 383-386, 493, 503-504, 518-520, 585-587, 563p.
15. Clarke JH. A Dictionary of Practical Materia Medica, Similia, version (2.31).