Role of homoeopathy in migraine: A review

Dr. Subhasish Sarkar and Dr. Asif Sardar

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Abstract
Migraine is the typical variety of headache and is an actual cause of severe pain in the head. Such pain is typically paroxysmal, but it requires being to be relieved. Homoeopathic management is significant and is expected to be more effective when the physician has a comprehensive knowledge of the condition's clinical presentation and triggering factors along with relevant information related to migraine available in the homoeopathic literature. This article tries to present such material to help the homoeopathic physician manage the condition even better and improve quality of life by minimizing suffering. This article also discusses the homoeopathic approach towards migraine and highlights conventional treatment limitation by modern medicine.

Keywords: Migraine, sick headache, American sick headache, homoeopathy

Introduction
Migraine is a highly prevalent chronic condition, represented by episodic disabling headaches associated with any combination of pain and related symptoms. Worldwide, approximately 15% of people are affected by migraines. Migraine affects about 15% of women & 6% of men over one year. It usually starts at puberty and is worst during middle age [1].
The pain of migraine might be so severe and that they can be disabling in many cases, leading to disruption of work, school, relationships & social activities. Evidence shows migraineurs experience a lower quality of life than the general population, and the attack frequency is inversely related to the quality of life. Migraine has a deleterious effect on patient’s life not only during the attack but even during the interictal phase also known as an interictal burden [2].

Aetiology [3]
Aetiology of migraine is mostly unknown. However, some researchers believe neuronal mechanisms play a more significant role, while others believe blood vessels play a critical role. Others think both are important. Migraine characteristic of sensory sensitivity is probably due to the dysfunction of monoaminergic sensory control systems located in the brain stem and thalamus [3].

- Vascular theory - The theory based on the following three observations:
  a. Extra-cranial vessels become distended & pulsatile during a migraine attack.
  b. Stimulation of intracranial vessels in an awake person induces a headache.
  c. Vasoconstrictors improve the headache, whereas vasodilators provoke the attack.
- Neurovascular theory - The neurovascular theory holds that a complex series of neural & vascular events initiate a migraine. According to this theory, migraine is primarily a neurogenic process with secondary changes in cerebral perfusion.
- Cortical spreading depression - In 1944, Leao proposed the theory of cortical spreading depression to explain the mechanism of migraine with aura. CSD is a well-defined wave of neuronal excitation in the cortical grey matter extends from its site of origin at the 2-6 mm/min.

Several triggering factors are responsible for the attack of migraine [4]. The fundamental cause of this condition is psoric miasm [5,6].
Triggering factors of migraine [7].
1. Hormonal changes in women: Fluctuations in estrogen seem to trigger in many women. Women having a history of migraine often report headaches immediately before or during their periods.
2. Foods: Various foods can cause migraine-like aged cheeses, red wine, chocolates, dairy products & smoked fish. Also nuts, banana, citrus fruits, pickles foods, onions & peanut butter.
3. Drinks: Alcohol, especially wine highly caffeinated beverages, may trigger a migraine.
4. Stress: Stress during work or home can cause migraines.
5. Sensory stimuli: Bright lights & sun glare can induce a migraine, also loud sounds. Unusual smells- including perfumes, paint thinner, passive smoking can trigger in some peoples.
6. Physical factors: Physical exertion to an intense degree, including sexual activity, may provoke migraines.
7. Lack of sleep: Sleep disturbance also a common factor linked to migraine. Chronic migraine patient who has insomnia are at risk.

Clinical presentation [8]
Different phases of a migraine, although individual patient necessarily experiences not all phases:
1. Prodrome phase - Onset that can range from 2 hours to 2 days before the start of pain. These symptoms can include various phenomena, including altered mood, irritability, depression or euphoria, fatigue, craving for certain foods, stiff muscles, constipation or diarrhoea & sensitivity to smells or noise.
2. Aura phase - Aura appears gradually over several minutes & generally last less than 60 minutes. Visual disturbances often consist of a scintillating scotoma (an area of partial alteration in the field of vision which flickers & may interfere with a person’s ability to read or drive).
3. Pain phase - Classically the headache is unilateral, throbbing & moderate to severe in intensity. Bilateral pain is most common in those who have migraines without aura. This pain usually lasts 4 to 72 hours in adults.
4. Post drome - The effects of migraine may persist for some days after the main complaints. The person may feel tired, or “hung over” have head pain, cognitive difficulties, mood changes & weakness.

In many, migraine may have a very benign (complete remission) or relatively benign (partial remission) prognosis. In some, migraine persisted & in some others, it progresses [9].

Nomenclature
By going through the homoeopathic literature, many terminologies were found to describe migraine such as ‘Migrim’, ‘American Sick Headache’ or ‘Sick Headache’, ‘Chronic Sick Headache’, Cephalgia’, etc. Descriptions of migraine are mentioned as symptoms in different homoeopathic materia medica and repertories [10,11].

Diagnosis
Diagnosis of migraine is purely clinical because there is no objective evidence. The International Headache Society (IHS) [12] developed diagnostic criteria that help diagnose migraine patients solely on medical history. Neuroimaging and laboratory investigation allow identifying a suspected aetiology or excluding other possible causes of pain in the head [13].

Migraine disability assessment test
Disability is an essential criterion in assessing the severity of migraine. A validated assessment tool such as The Henry Ford Hospital Headache Disability Inventory (HDI) developed to measure headache-related disability [14] and grading migraine severity reliably. It also helps in assessing significant improvement under treatment.

Management
A. Therapeutic management

Conventional treatment
The conventional system of treatment claimed migraine couldn’t be the cure. With the help of diagnosis, only can control symptoms to minimize the impact of the illness on the patient’s life & lifestyle. Simple analgesic with or without anti-emetic drugs is used to counter these conditions. In some case used anti-migraine drug (that is serotonin receptor antagonistic). But long-term use of analgesic & anti-migraine & drugs may produce adverse reactions and iatrogenic complications in inpatient life

Homoeopathic approach
Homoeopathic medicine has been selected following homoeopathic principles by considering the totality and the miasmatic aspects. An accepted principle is that homoeopathy does treat the patient as a whole, not a particular disease. In that sense, homoeopathy does not treat migraine but treats the patient of migraine.

Thus, homoeopathy with its individualized holistic approach may be useful in preventive aspect, decreasing frequency, intensity, and duration of headache in migraine and subsequent disabilities due to migraine and thus may help reduce the economic and social burden. Homoeopathic medicine not only removes the complaints but also removes the chronic tendency of migraine.

Miasmatic view of migraine [15]:
- Psoric miasm: Patient complaints about morning headache. The headache grows worse as the sun ascends and decrease as the sun descends. Headache better hot applications, quite, sleep, rest.
- Syphilitic miasm: Patient it represents as dull, heavy headache. Headache at night, they improved in the morning. Basilar type of migraine occurs. Where congestion of the blood vessel is take placed.
- Sycotic miasm: Patient headache relives by motion. Though in a migraine patient wants to keep quiet here patient wants to move.

Table 1: List of commonly used homeopathic medicines for migraine [10, 11]

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actaea racemosa</td>
<td>Frontal, occipital or vertical headache with great pain in eyeballs, better by pressure and stupefying pain in the especially in the forehead.</td>
</tr>
<tr>
<td>Alumina silicata</td>
<td>Headache is worse before and during menses, during binding hair, biting the teeth together, stepping heavily; better by moving the head, and walking cold air and cold application.</td>
</tr>
<tr>
<td>Belladonna</td>
<td>Headache in healthy and pletoric people. The cause is disturbance of the circulatory system. Eyes become redish. Face flushing. The pains appear and disappear suddenly. Bursting and Throbbing headache in temples with fiery red and hot face.</td>
</tr>
<tr>
<td>Bryonia alba</td>
<td>Headache appears when stooping as if brain would burst through the forehead. Worse On motion. Pain in head brought on by playing or watching the play and from ironing.</td>
</tr>
<tr>
<td>Calcarea phosphorica</td>
<td>The headache of school girls and boys who involves themselves too closely to books, those children is growing rapidly and whose mental development is out of proportion to their physical strength.</td>
</tr>
<tr>
<td>Glonine</td>
<td>Headache appears due to working under the gaslight, in the sun when heat falls on the head. Head feels as if enormously large, Sunstroke and sun headache without unconsciousness.</td>
</tr>
<tr>
<td>Natrum muriaticum</td>
<td>Headache increases during the rise of the sun and decreases during sunset. Headache with sweat. Greater the pain, the greater the sweat. The headache of schoolgirls or boys, worse on eye-straining.</td>
</tr>
<tr>
<td>Sanguinaria canadensis</td>
<td>Bilious headache when going without food. Headache once in every seventh day, begins in the morning in occiput and travels to the right eye and temple; the patient is driven into a dark room and has to lie down. Starts vomiting bile, which relieves his headache.</td>
</tr>
<tr>
<td>Silicea</td>
<td>Headache is relieved by covering and wrapping. Increased in the dark and better in light. Nervous headache caused by excessive study at school.</td>
</tr>
<tr>
<td>Spigelia</td>
<td>Nervous headache beginning in the morning at the base of the brain spreading over the head and locating in eye orbit and temple of the left side. Intolerable pressive pain in the eyeballs. Pain disappears in the evening.</td>
</tr>
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B. Life style modification management

Individuals who have migraines can play a significant role in managing their headache frequency and severity. By monitoring the time of onset, the interval between two attacks, duration of pain, triggering factors, and symptoms. These can help to identify patterns that precede a migraine and help identify factors that contribute to the development of the headache. Once these contributing factors are known, lifestyle modifications can lessen their impact. These modifications may include [16].

- Maintain a routine for sleeping and eating.
- Avoid those foods that might trigger a migraine. Diet-Certain foods can be triggers for migraines in susceptible people. These foods include:
  a. Artificial sweeteners,
  b. Chocolate, and
  c. Dairy products.
  d. Red wines,
  e. Aged cheeses,
  f. Preservatives used in smoked meats (nitrates),
  g. Alcoholic beverages can also trigger migraine in some people.

- Exercise regularly: Some people find that exercises that promote muscle relaxation can help manage migraines' pain. Examples of types of mind-body practices that can help encourage relaxation are:
  a. Yoga
  b. Meditation
  c. Progressive muscle relaxation

Conclusion

Available information in homeopathic literature related to migraine shows that homoeopathy may come with some satisfactory result. Management of migraine will be more effective if a physician has a broad knowledge of clinical presentation, triggering factors, limitation of modern medicine and other available information related to migraine in the medical literature. If such information made available with the physicians and when suitably utilized in deciding the treatment further treatment of patients. Homoeopathic treatment relief the complaints regarding migraine and improving the quality of lifestyle of the patient.

References

8. https://en.m.wikipedia.org/wiki/migraine