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Dr. Rakesh Gohel
Jawaharlal Nehru,
Homoeopathic Medical
College, Parul University,
Limda Village, Waghodia,
Vadodara, Gujarat, India

Dr. Rachita Joshi
Jawaharlal Nehru,
Homoeopathic Medical
College, Parul University,
Limda Village, Waghodia,
Vadodara, Gujarat, India

Dr. Akanksha Barot
Jawaharlal Nehru,
Homoeopathic Medical
College, Parul University,
Limda Village, Waghodia,
Vadodara, Gujarat, India

Dr. Kirti Katiyar
Jawaharlal Nehru,
Homoeopathic Medical
College, Parul University,
Limda Village, Waghodia,
Vadodara, Gujarat, India

Dr. Rushabh Shah
Jawaharlal Nehru,
Homoeopathic Medical
College, Parul University,
Limda Village, Waghodia,
Vadodara, Gujarat, India

Corresponding Author:
Dr. Rachita Joshi
Jawaharlal Nehru,
Homoeopathic Medical
College, Parul University,
Limda Village, Waghodia,
Vadodara, Gujarat, India

Efficacy of homoeopathy in management of migraine

Dr. Rakesh Gohel, Dr. Rachita Joshi, Dr. Akanksha Barot, Dr. Kirti Katiyar and Dr. Rushabh Shah

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Abstract

Migraine is a neurological painful condition that affects millions of people. It is the most common neurological disease that has a significant effect on the brain and behaviours associated with repeated migraine attacks. Chronic migraine is a condition in which a patient experiences a one-sided throbbing headache for at least 15 days in a month. Patients with chronic migraine present in primary care are often referred for management to secondary care, hence, increasing the number of patients in the clinic. The conclusion drawn from this article is how homoeopathy has the potential to manage migraine headaches especially chronic ones and give permanent and effective results to the affected patients.

Keywords: Migraine, homoeopathy, miasm, headache

1. Introduction

- 1.1 The most common cause of vascular origin
- 1.2 More seen in females (15%) than in males (6%)
- 1.3 Family history is positive
- 1.4 It's a syndrome containing symptoms
- 1.5 28 million people suffer from migraine annually
- 1.6 The purpose of the investigation is to treat the migraine of any type safely, quickly, and permanently and give better results to affected patients worldwide

2. Activators/Triggers of Migraine

- 2.1 Food items - cheese, chocolates, citrus food, dairy products, onion, seafood
- 2.2 Food additives – nitrates, caffeine, msg (monosodium glutamate), aspartame
- 2.3 Alcohol - red wine, beer
- 2.4 Hormonal changes – menstruation, ovulation
- 2.5 Physical exercise – exertion, fatigue
- 2.6 Visual stimuli – bright light, glare
- 2.7 Auditory stimuli – loud voices/music
- 2.8 Olfactory stimuli – perfumes and certain typical odors
- 2.9 Sleep – too much or too little
- 2.10 Weather changes
- 2.11 Hunger
- 2.12 Head or neck trauma
- 2.13 Mental stress

3. Deactivators of Migraine

- 3.1 Pregnancy
- 3.2 Exhilaration (state of joy or pleasure)

4. Causes of Migraine

- 4.1 Exact cause is still unknown
- 4.2 Genetic-genetic predisposition, specific mutation (i.e. MELAS Syndrome) mitochondrial encephalopathy lactic acidosis stroke-like episodes
- 4.3 Mutation within *cacn11a4*, a gene on chromosome 19 role in calcium-induced neurotransmitter release and/or contraction of smooth muscles
- 4.4 Trigeminal vascular system-trigeminal nucleus caudalis in the medulla that releases

4.5 Dopamine-receptors are activated and are hypersensitive to migraine.

5. Types/Classification of Migraine

- 5.1 Migraine without aura
- 5.2 Migraine with aura
 - 5.2.1 With a typical aura
 - 5.2.1.1 Typical aura with headache
 - 5.2.1.2 Typical aura without headache
 - 5.2.2 Migraine with brainstem aura
 - 5.2.3 Hemiplegic migraine
 - 5.2.3.1 Familial hemiplegic migraine
 - 5.2.3.2 Sporadic hemiplegic migraine
 - 5.2.4 Retinal migraine
- 5.3 Chronic migraine

6. Description of Migraine Attack

The migraine attack can be divided into four phases:

- 6.1 The prodrome phase, which occurs hours/days before the headache
- 6.2 The aura phase, which immediately precedes the headache
- 6.3 The headache phase itself
- 6.4 The headache resolution phase

7. Prodrome Phase

- 7.1 Premonitory phenomenon occurs in about 60% of migraine, often hours to days before headache onset
- 7.2 May include psychological, neurological, constitutional, or autonomic features
- 7.3 The prodrome phase is common. It occurs in equal frequency in migraine with and without aura

Table 1: State of patient during prodrome phase

Mental State	Neurological	General
Depressed	Photophobia	Stiff Neck
Hyperactive	Difficulty in Concentrating	Food Cravings
Euphoric	Phonophobia	Cold Feeling
Talkative	Dysphasia	Anorexia
Irritable	Hypersomnia	Sluggish
Drowsy	Yawning	Diarrhoea or Constipation
Restless		Thirst
Anxiety		Urination
		Fluid Retention

8. Aura Phase

- 8.1 The migraine aura is a complex of focal neurological symptoms which precedes or accompanies an attack
- 8.2 Most aura symptoms develop over 5 to 20 minutes and usually less than 60 minutes. The aura can be characterized by the visual, sensory, motor phenomenon and may also involve language or brainstem disturbances
- 8.3 Headache usually occurs within 60 minutes from the end of the aura
- 8.4 Motor symptoms can occur in up to 18% of patients, most often in association with sensory symptoms. Sensory ataxia is often reported as weakness; hyperkinetic movements' disorders, including chorea, have been reported. Aphasic auras (speech abnormalities) including aphasia have been reported in 17-20% of patients.

9. Clinical/diagnostic features of migraine according to types

9.1 Migraine without aura (Common Migraine)

- 9.1.1 Headache
- 9.1.2 Pulsating quality
- 9.1.3 Unilateral location
- 9.1.4 Nausea/vomiting
- 9.1.5 Photophobia or Phonophobia
- 9.1.6 Aggravation from walking, climbing stairs, similar routine activity

9.2 Migraine with aura (Classic Migraine)

- 9.2.1 Focal neurological disturbances, without vomiting
- 9.2.2 Age 40 to 70 years
- 9.2.3 Recurrent attacks, unilateral, fully reversible
- 9.2.4 Visual and sensory symptoms develop gradually

9.2.5 Speech and/or language

9.2.6 Motor, brainstem, retinal

Note: At least one aura symptom spread gradually over more than 5 minutes and/or 2 or more are in succession.

9.3 Migraine with typical aura

9.3.1 Typical aura with headache

- 9.3.1.1 Aura is accompanied or followed within 60 minutes by headache with or without migraine

9.3.2 Typical aura without headache

- 1. Aura is not accompanied or followed by headache

10. Migraine with brainstem aura

- 10.1 Originating from the brainstem
- 10.2 No motor weakness
- 10.3 Symptoms like dysarthria, vertigo, tinnitus, diplopia, ataxia, decreased level of consciousness

Note:

- At least one aura symptom spreads gradually over more than 5 minutes and 2 or more symptoms occurs in succession
- Each aura symptom lasts 5 to 60 minutes
- At least one aura symptom is unilateral
- Within 60 minutes, not followed by headache

11. Hemiplegic Migraine

- 11.1 Migraine with aura including motor weakness, which is fully reversible
- 11.2 Visual, sensory, and/or speech/language symptoms

Note:

- At least 1 aura symptom spreads gradually over more than 5 minutes and/or 2 or more symptoms occurs in succession

- Each non-motor aura symptom lasts for 5 to 60 minutes
- Motor symptom lasts for less than 72 hours
- At least 1 aura symptom is unilateral after 60 minutes, not followed by a headache

11.3 Types of hemiplegic migraine

11.3.1 Familial hemiplegic migraine (Type 1, 2, 3, and other loci)

- 11.3.1.1 Migraine with aura including motor weakness
- 11.3.1.2 At least 1st or 2nd degree relatives have the same thing as above
- 11.3.1.3 Episodes of recurrent hemiparesis or hemiplegia
- 11.3.1.4 Hemi anesthesia/paresthesia
- 11.3.1.5 Drowsiness
- 11.3.1.6 Hemianopic visual field disturbances
- 11.3.1.7 Confusion and/or coma
- 11.3.1.8 Duration of symptoms- 30 to 60 minutes

11.3.2 Sporadic hemiplegic migraine

- 11.3.2.1 Migraine with aura including motor weakness
- 11.3.2.2 No 1st or 2nd degree relative has the same thing as above
- 11.3.2.3 Retinal hemorrhage
- 11.3.2.4 Repeated attacks of mono ocular visual disturbances
- 11.3.2.5 Scintillations, scotoma/blindness associated with
- 11.3.2.6 Migraine headache
- 11.3.2.7 Aura spread gradually over more than 5 minutes
- 11.3.2.8 Aura symptoms last for 5 to 60 minutes
- 11.3.2.9 Aura followed by headache within 60 minutes

12. Chronic Migraine

Headache occurs on 15 or more days per month for more than 3 months, which has the feature of migraine headache on at least 8 days per month.

13. Stages of Migraine

13.1 Mild

- Occasional throbbing headache
- No impairment of function

13.2 Moderate to severe

- Nausea
- Some impairment of function

13.2 Severe

- More than 3 times per month
- Significant functional impairment

14. Differential diagnosis of headache

- 14.1 Tension headache
- 14.2 Cluster headache
- 14.3 Medication overuse headache
- 14.4 Meningitis
- 14.5 Head injury
- 14.6 Subdural haemorrhage
- 14.7 Wernicke’s encephalopathy

15. Counselling and treatment of migraine

- 15.1 Yoga, meditation, hypnosis
- 15.2 Drugs, 5ht antagonists, dopamine antagonists, NSAIDs, ergotamine derivatives, beta blockers, etc.

16. Homoeopathic medicines for migraine

- 16.1 Belladonna
- 16.2 Arnica Montana
- 16.3 Bryonia Alba
- 16.4 Gelsemium Sempervirens
- 16.5 Iris Versicolor
- 16.6 Glonoine
- 16.7 Cocculus Indicus
- 16.8 Calcarea Carbonica
- 16.9 Sanguinaria Canadensis
- 16.10 Nux Vomica
- 16.11 Lachesis
- 16.12 Pulsatilla
- 16.13 Spigelia Anthelmia
- 16.14 Silicea
- 16.15 Onosmodium Virginianum
- 16.16 Natrum Muriaticum
- 16.17 Mezereum

17. A Case Study

17.1 Preliminary Data: Mr. SGG 29/M, a married shop keeper comes to the clinic with the complain of chronic one sided headache since 1year.

17.2 Chief Complains

Table 2: Chief Complain

Location	Sensation	Modalities	Concomitants
Head	Pain+++	<Sun++	-
Frontal region, One sided	Pulsating type	<Travelling++	-
Onset: 1 year	Nausea+	>Bending++	-
Duration: 1 to 2 hours	Vomiting+	>After vomiting	-
Periodicity: once/week		>Rest++	-

17.3 Past History: No Major Illness

17.4 Family History

- 17.4.1 Father: Haemorrhoids
- 17.4.2 Mother: K/C/O – Hypertension

17.5 Physical Generals

17.5.1 Perspiration: moderate, axilla ++ no odour, no

staining on linen

- 17.5.2 Thirst: 2 glasses/hour, moderate cold water
- 17.5.3 Appetite: normal, 2 meals/day
- 17.5.4 Desire: sour++, spicy++
- 17.5.5 Aversion: nothing specific
- 17.5.6 Stool: regular bowel movements
- 17.5.7 Urine: pale yellow, d/n:3/1 times

- 17.5.8 Sleep: sound and refreshing, 7 to hours
- 17.5.9 Dreams: murder++
- 17.5.10 Thermal: ambithermal
- 17.5.11 Habit/addiction: nothing specific

17.6 Mental Generals

- 17.6.1 Anger on least trifles++
- 17.6.2 Sentimental+
- 17.6.3 Fear of height++
- 17.6.4 Anxiety about business++
- 17.6.5 Weakness of memory+

17.7 Physical Examination

17.7.1 General examination

- 17.7.1.1 Level of consciousness: conscious and oriented
- 17.7.1.2 Intelligence level: good
- 17.7.1.3 Nutritional level: well-nourished
- 17.7.1.4 Weight: 75 kg
- 17.7.1.5 Nails: pinkish
- 17.7.1.6 Tongue: moist pink
- 17.7.1.7 Height: 5’5”
- 17.7.1.8 Conjunctiva: pink
- 17.7.1.9 Vitals: pulse rate 70-72/min
- 17.7.1.10 Blood pressure: 110/80 mm of hg
- 17.7.1.11 Respiratory rate: 18-20/min
- 17.7.1.12 SPO2 level: 98%
- 17.7.1.13 Temperature: 37 degrees celsius

17.8 Systemic Examination

- 17.8.1 No abnormality detected in any system

17.9 Provisional Diagnosis

- 17.9.1 Migraine with aura

17.9.2 Cluster Headache

17.10 Totality of Symptoms

- 17.10.1 Anger on least trifles++
- 17.10.2 Anxiety about business++
- 17.10.3 Fear of height++
- 17.10.4 Weakness of memory+
- 17.10.5 Sentimental+
- 17.10.6 Dream: murder
- 17.10.7 Desire: spicy++, sour++
- 17.10.8 Perspiration: axilla++
- 17.10.9 One sided headache
- 17.10.10 Pulsating type
- 17.10.11 Nausea and vomiting
- 17.10.12 Pain better by rest

17.11 Repertorial Approach

- 17.11.1 CHEST, PERSPIRATION, axilla
- 17.11.2 HEAD, PAIN, bending head, forward
- 17.11.3 HEAD, PAIN, forehead
- 17.11.4 HEAD, PAIN, pulsating
- 17.11.5 HEAD, PAIN, sleep, amel.
- 17.11.6 MIND, ANGER, irascibility, trifles, at
- 17.11.7 MIND, ANXIETY, business, about
- 17.11.8 MIND, FEAR (apprehension, dread), high places, of
- 17.11.9 MIND, MEMORY, weakness, of
- 17.11.10 MIND, SENTIMENTAL
- 17.11.11 SLEEP, DREAMS, murder
- 17.11.12 STOMACH, DESIRES, pungent things
- 17.11.13 STOMACH, DESIRES, sour, acids, etc.

17.12 Repertorial sheet

13 symptom(s)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of remedy	Nat-m	Sulph	Calc	Hep	Phos	Puls	Ars	Ign	Lach	Nuxv	Sep	Bry	Rhus-t	Sil	Bell
Symp. covered	9	9	10	7	8	8	7	7	8	6	7	7	8	6	6
Totality	20	19	16	17	15	15	14	14	13	15	14	13	12	13	12
1. CHEST, PERSPIRATI..	II	III	II	II	I				I		III	III		III	
2. HEAD, PAIN, bending..													II		
3. HEAD, PAIN, forehea..	III	III	II	III	III	III	III	III	II	III	II	III	II	III	III

Fig 1: Repertorial result

17.13 Repertorial Result

- 17.13.1 Natrium muriaticum: 22/10
- 17.13.2 Sulphur: 20/9
- 17.13.3 Calcarea carbonica: 17/10
- 17.13.4 Lachesis mutus: 16/9
- 17.13.5 Pulsatilla nigricans: 17/9

by this remedy after proper repertorisation and totality

17.14 Final remedy with its justification:

- 17.14.1 Natrium muriaticum – the peculiar symptoms which are there in this patient during his sickness as well as in his personality in life both are well covered

17.15 Posology

- 17.15.1 Susceptibility of the patient: Moderate (because of age, sex, functional disturbances)
- 17.15.2 Potency choice: 200
- 17.15.3 Dose: 4 globules twice/day

17.16 Follow-up

Table 3: Follow Up

Date	Symptoms alterations	Prescription
22-04-2019	50% better in headache	Natrum muriaticum 200 once a day, 4 globules
	Mentally feels calm 30%	
	Physical generals are good and normal	
06-05-2019	75% better in headache	1) Natrum muriaticum 200, thrice a week, 4 globules
	Mentally more stable and calm almost 60%	2) Sac lac 30, twice a day, 3 globules
	No abnormal alteration in physical generals	
03-06-2019	80 to 90% better in headache	Sac lac 30 once a day, 3 globules, and then stopped after this week
	Feeling of total well being mentally	
	No alteration in physical general	
	No hindrance now in day to day life	

18. Conclusion

The patient had migraine with aura for a year. Fundamental and dominant miasm is sycotic. Constitutional remedy Natrum muriaticum 200 was prescribed with infrequent repetition. At here, 200 potency was given because of the moderate susceptibility of the patient. In 3 month period of treatment constitutional remedy worked very well for the patient.

19. Conclusion

As migraine is a type of disease wherein there are so many symptoms appearing at different organs of our body. We require such medicine that affects the person as a whole. Homoeopathy is a system of medicine that is based on the individualization of the patient. So, in cases of migraine, homoeopathy shows excellent and long-standing results as compared to other systems of medicine.

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