Efficacy of homoeopathy in management of migraine

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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 cacn1la4, 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>
<thead>
<tr>
<th>Mental State</th>
<th>Neurological</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed</td>
<td>Photophobia</td>
<td>Stiff Neck</td>
</tr>
<tr>
<td>Hyperactive</td>
<td>Difficulty in Concentrating</td>
<td>Food Cravings</td>
</tr>
<tr>
<td>Euphoric</td>
<td>Phonophobia</td>
<td>Cold Feeling</td>
</tr>
<tr>
<td>Talkative</td>
<td>Dysphasia</td>
<td>Anorexia</td>
</tr>
<tr>
<td>Irritable</td>
<td>Hypersomnia</td>
<td>Sluggish</td>
</tr>
<tr>
<td>Drowsy</td>
<td>Yawning</td>
<td>Diarrhoea or Constipation</td>
</tr>
<tr>
<td>Restless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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/or 2 or more symptoms occurs in succession

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
   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 Calcaria 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 1 year.

17.2 Chief Complain

<table>
<thead>
<tr>
<th>Location</th>
<th>Sensation</th>
<th>Modalities</th>
<th>Concomitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>Pain+++</td>
<td>&lt; Sun+++</td>
<td>-</td>
</tr>
<tr>
<td>Frontal region, One sided</td>
<td>Pulsating type</td>
<td>&lt;Travelling+++</td>
<td>-</td>
</tr>
<tr>
<td>Onset: 1 year</td>
<td>Nausea+</td>
<td>&gt;Bending++</td>
<td>-</td>
</tr>
<tr>
<td>Duration: 1 to 2 hours</td>
<td>Vomiting+</td>
<td>&gt;After vomiting</td>
<td>-</td>
</tr>
<tr>
<td>Periodicity: once/week</td>
<td></td>
<td>&gt;Rest+++</td>
<td>-</td>
</tr>
</tbody>
</table>

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

17.10 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

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

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
by this remedy after proper repertorisation
and totality

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

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

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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