

# Homoeopathy in the Treatment of Migraine-Headache

Dr. Jinal Malani, Dr. Anjali R Gupta

PG Scholar (MD-1), Department of Homoeopathic Materia Medica,  
Rajkot Homoeopathic Medical College, Rajkot, Gujarat, India

## 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. In the global burden of disease study 2010, it was ranked as the third most prevalent disorder in the world. Migraine affects a substantial minority of the population, occurs in all civilizations, and has been recognised since the dawn of recorded history. The definite cause of the migraine is yet to be unknown. Homoeopathy is based on specific principle i.e “similia similibus curentur”. It is specialized method of curing the sufferings of person by administration of drugs internally which have been proved experimentally to possess power of producing similar sufferings in a healthy human being. In allopathy, there is only symptomatic treatment for migraine which may give temporary relief from time to time but a complete cure may not be possible, while homoeopathic constitutional medicines cure the migraine permanently. The purpose of this article is to acknowledge the clinical presentation of migraine and to know the homoeopathic management for it.

**KEYWORDS:** Migraine, recurrent episode, Aura, Trigger factor homoeopathy, remedies

## INTRODUCTION

Migraine is a complex disorder characterized by episodes of moderate- to – severe headache, most often unilateral and generally associated with nausea and increased sensitivity to light and sound, visual and sensory symptoms are seen. Migraine is most common in women and as a strong genetic component. The word migraine is derived from Greek word ‘hemikrania’ then converted into Latin as “hemigranea”. The French translation of such term is migraine. Migraine attacks are complex brain events that unfold over hours to days in recurrent matter. The most common type of migraine is without aura (75% of cases). Migraine usually shows four phases: prodrome, aura, headache, postdrome.

### Subtypes of migraine:

- Migraine without aura: it is a recurrent headache attack of 4 to 72 hours; typically unilateral in location, pulsating in quality, moderate to severe in intensity, aggravated by physical activity, and associated with nausea and light and sound sensitivity.
- Migraine with aura: it has recurrent fully reversible attacks, lasting minutes, typically one

**How to cite this paper:** Dr. Jinal Malani | Dr. Anjali R Gupta "Homoeopathy in the Treatment of Migraine-Headache" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-4, August 2023, pp.250-253, URL: www.ijtsrd.com/papers/ijtsrd59652.pdf



Copyright © 2023 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



or more of these unilateral symptoms: visual, sensory, speech and language, motor, brainstem, and retinal, usually followed by headache and migraine symptoms.

- Chronic migraine: it is a headache that occurs on 15 or more days in a month for more than three months and has migraine features on at least eight or more days in a month.

### Some Trigger factors for migraine:

- Stress in 80% (probable factor)
- Hormonal changes in 65% during menstruation, ovulation, and pregnancy (probable factor)
- Skipped meals 57% (probable factor)
- Weather changes in 53% (probable factors)
- Excessive or insufficient sleep in 50% (possible factor)
- Odors in 40% (perfumes, colognes, petroleum distillates)
- Neck pain in 38%
- Exposure to lights in 38% (probable factor)

- Alcohol ingestion in 38% (wine as a probable factory)
- Smoking in 36% (unproven factor)
- Late sleeping in 32%
- Heat in 30%
- Food in 27% (aspartame as a possible factor, and tyramine and chocolate as unproven factors)
- Exercise in 22%
- Sexual activity in 5%

### **Pathophysiology: -**

Migraine is most accurately thought of as a primary disorder of the brain produced by dysfunctional brainstem regulation of cranio-vascular afferents.

In a genetically network predisposed individual, activation of the trigemino-vascular in the dorsal midbrain and dorsolateral pons presumably causes:

- A. impaired regional blood flow to the brain,
- B. peri meningeal vasodilatation and neurogenic inflammation and
- C. cortical spreading depression, thought to be responsible for the migraine aura.

### **Phases of migraine: -**

There are four phases:

Four phases have been identified in migraine attacks [39]

**Prodrome:** premonitory symptoms associated with hypothalamus activation (dopamine). Around 77% of patients suffer prodromic symptoms for up to 24 to 48 hours before headache onset.

It is more common in females than males (81 to 64%)  
Frequent symptoms are yawning (34%), mood change, lethargy, neck symptoms, light sensitivity, restlessness, difficulties in focusing vision.

feeling cold, craving, sound sensitivity, sweating, excess energy, thirst, and edema.

**Aura:** changes in cortical function, blood circulation, and neurovascular Integration occur in about 25% of cases.

It can precede the headache, or it can present simultaneously. They are typically gradual, less than 60 minutes in duration, more often visual, and have positive and negative symptoms.

Positive symptoms are caused by active release from central nervous system neurons (bright lines or shapes, tinnitus, noises, paresthesias, allodynia, or rhythmic movements).

Negative symptoms indicate a lack or loss of function (reduction or loss of vision, hearing, sensation, or motion).

They have to be fully reversible.

It usually consists of tingling sensations on one side of the face or a limb.

The most common negative visual symptom is visual field defects. Visual auras are the most frequent ones.

Sensory auras are also common. They can follow visual symptoms or occur without them.

Language auras are not frequent.

Motor auras are rare.

**Headache:** Additional changes in blood circulation and function of the brainstem, thalamus, hypothalamus, and cortex.

Often unilateral, generally with a pulsatile or throbbing feature and increasing intensity within the first hours.

The intensity can correlate to nausea, vomiting, photophobia, phonophobia, rhinorrhea, lachrymation, allodynia, and osmophobia,

It can take place over hours to days.

Patients may seek relief in dark places, as the pain usually resolves in sleep.

**Postdrome:** persistent blood changes with symptoms after headache termination.

This phase consists of a movement-vulnerable pain in the same location as the previous headache.

Common symptoms can be exhaustion, dizziness, difficulty concentrating and euphoria.

Differential diagnosis:

The following should be considered in a patient with a migraine:

Tension-type headache

Cluster headache

Cerebral aneurysms

Chronic paroxysmal hemicrania

Dissection syndromes

Encephalitis

Subarachnoid intracranial hemorrhage

Meningitis

Temporal/giant cell arteritis

**Homoeopathic management: -**

**Actea R**

Frontal, vertical, or occipital headache with a top-notch ache in eyeballs, better-using pressure, and worse through the slightest movement.

### **Belladonna**

This relieves headaches with the feeling of head fullness, and sensitivity to noise and light. Headache from suppressed catarrhal flow, sensitive to least contact, congestive pains. Agg. Temples, haircut, lying right side, cold, light, noise, jar.

### **Bryonia**

This remedy can be helpful if a person has a heavy or “splitting” headache, with steady pain that settles over one eye (especially the left) or spreads to the entire head. Pain is worse from any motion, even from moving the eyes, and the person wants to lie completely still and not be talked to or disturbed. Nausea with a heavy feeling in the stomach and vomiting. Occipital headache, dry mouth and usually is thirsty.

### **Calcarea Phos**

Headache of faculty women and boys who practice themselves too carefully to their books, especially youngsters who're developing swiftly and whose mental improvement is out of Percentage to their bodily stress.

### **Gelsemium**

Congestive headaches at the base of the head, as well as headaches around the eye, caused or aggravated by stress. Vertigo spreading from occiput. Amelioration by profuse urination

### **Glonoinum**

This remedy relieves sudden headaches, with fullness of head and feeling of heat, and aggravated by heat.

### **Hypericum**

Headache due to indulging in alcohol and different stimulants. It has aching pain as though overwhelmed; tensive; heavy; sinking, and bruised with associated symptoms of nausea and vomiting of sour and nasty remember. Ineffectual urging for stool. Headaches are higher in the nighttime.

### **Ignatia**

Apprehensive headache after grief. Terminates with a profuse glide of urine. Headache in hysteria. Pain as though a needle or nail has been pushed into the top.

### **Lac Defloratum**

Headache starts in forehead extending to occiput with throbbing, nausea, vomiting, blindness, and obstinate constipation, on the time of menses; relieved thru frequent urination.

### **Lachesis**

Violent headache in the course of the menstrual duration when the go with the flow slackens. Headache, like menstrual pain, is relieved via afloat. Bursting and hammering headache with blood going for walks to the pinnacle.

### **Natrum muriaticum**

Migraines (often on the right) that are worse from grief or emotional upsets, worse from too much sun, or occur just before or after the menstrual period, are likely to respond to this remedy. The headache feels like “a thousand little hammers were knocking on the brain” and is often worse from eyestrain. The person may have numb or tingling feelings in the lips or face before the headache starts, and the eyes are very sensitive to light.

### **Nux vomica**

Headache in occiput. Frontal headache with desire to press the head against something. nausea and digestive troubles associated with over indulgence in food or alcohol.

### **Sanguinaria**

Right-sided migraines with tension in the neck and shoulder, extending to the forehead with a bursting feeling in the eye. Jarring, light, and noise aggravate discomfort. The headaches improve after vomiting, as well as from burping or passing gas, and are often better after sleep. A person who needs this remedy often comes down with migraines after missing meals, and also has digestive problems and allergies.

### **Sepia**

Left-sided migraines with dizziness and nausea, worse from missing meals, and worse near menstrual periods or during menopause. Pain may come in shocks or jerks, and the person feels worse indoors and from lying on the painful side. feels weary, cold, and irritable, wanting no one to make demands on them.

### **Thuja**

Headache as if a nail had been pushed into the occiput or the frontal eminence.

### **Tarentula Hispania**

As though a thousand needles have been piercing in the head; worse by noise, touch, and strong mild. Better via rubbing.

### **Veratrum Alb**

Nervous headache with the vanishing of sight and icy bloodless sensation in vertex better with the aid of cold application.

## **REFERENCES**

- [1] Davidson's Principles and practice of medicine, 20<sup>th</sup> edition.
- [2] Burstein R, Noseda R, Borsook D. Migraine: multiple processes, complex pathophysiology. *Journal of Neuroscience*. 2015 Apr 29; 35(17):6619-29. <https://www.ncbi.nlm.nih.gov/pmc/articles/PM4412887/>

- [3] Goldman L, Ausiello DA, editors. Cecil medicine. Philadelphia: Saunders Elsevier; 2008.
- [4] V. Krishnadas – Textbook of medicine, 5<sup>th</sup> edition.
- [5] Charles A. The Evolution of a Migraine Attack – A Review of Recent Evidence. Headache: The Journal of Head and Face Pain [Internet]. 2012
- [6] William Boericke's Pocket Manual of Homoeopathic Materia Medica and Repertory
- [7] Concise Repertory of Homoeopathic Medicines – S.R. Phatak
- [8] Clinical Materia Medica by Farrington.
- [9] Clinical Materia Medica by N. M. Choudhari.

