

“Homopathic Remedies for Successfully Curing the Migraine”

Dr. JiyaHilal (HarjotKour)¹, Dr. H. A Manzoor²

Abstract: Migraine is a neurological syndrome characterized by altered bodily perceptions, severe headaches, and nausea. Migraine headache is a neurological condition more common to women than to men. The typical migraine headache is unilateral (affecting one half of the head) and pulsating, lasting from 4 to 72 hours; symptoms include nausea, vomiting, photophobia (increased sensitivity to light), and phonophobia (increased sensitivity to sound).

Migraine is the commonest form of headache seen in younger age groups. The incidence of migraine is increasing now days probably due to modern food habits and the stresses and strains of life.

We are able to manage successfully these migrainous attacks with Homoeopathic medicines because our treatment is mainly based on subjective and other mental symptoms. So I thought it would be worthwhile to make a study on the effectiveness of homoeopathic medicines in the treatment of migraine.

Cause of migraine headache is unknown; The cause of migraine headache is unknown; the most common theory is a disorder of the serotonergic control system, which says, the pain thought to be linked with the drop of level of serotonin (chemical in the brain) leading to the dilatation and inflammation of blood vessels. It has a strong inheritance link associated with it and seems to run in families.

I. Introduction

Almost 60-70% of patients presenting in the family physician's clinic for relief of pain comes in the complaint of headache. This can affect all age groups and all sexes. The common causes of Headache can be divided as follows:

a. Acute Head Ache

Sudden, severe, never before headache accompanied by vomiting, altered levels of consciousness and even coma is generally due to a vascular cause in the brain, most likely a bleed. This requires immediate shifting of the patient to a major health institute.

b. Chronic Headache

This headache can again be classified into

- > A recurring headache which is likely to be migraine or tension head ache
- > A dull headache which causes most of the time and patients may get used to it. This could be due to Refractive errors or astigmatism, Sinusitis or Cervical spondylitis leading to pain in the back of head

c. Migraine

Simply defined, it is the worst form of headache imaginable. Often confined to one side of the head, it is preceded by distortion of vision (aura) and accompanied by nausea and vomiting. Migraine is the commonest form of vascular headache. It is characterized by episodic throbbing hemicranial headache beginning in childhood, adolescence or early adult life which tends to decrease in intensity and frequency as age advances. These are periodic headaches which are typically unilateral and are often associated with visual disturbances and vomiting.

Incidence

It is estimated that 5% of population suffers from migraine, Women are slightly more affected. Positive family history is elicited in most cases. There are probably over five million people in India alone who suffer from this illness. In some fortunate cases, migraine only strikes 2 or 3 times in a lifetime. In most people, attacks recur again and again as frequently as two or three times a week- but fortunately for many sufferers, with diminishing intensity and frequency as they get older. There is complete freedom from distress between attacks. Like backache sufferers, migraine sufferers generally get little sympathy, yet it is a condition which can disrupt marriage, affect a job and in severe cases, completely ruin living.

II. Classification of Principal Forms Of Migraine.

i. Classical migraine

Visual or sensory symptoms precede or accompany the headache.

Common migraine- no visual or sensory features, associated with headache, nausea, vomiting and photophobia. Basilar artery migraine-occipital headache preceded vertigo, diplopia, and dysarthria with or without visual and sensory symptom, sometimes associated with loss of consciousness.

ii. Hemiplegic migraine

– Prolonged headache lasting hours or days followed by hemiparesis, which recovers slowly over several days.

Another Classification Is:

Migraine with aura,
Migraine without aura.

Migraine with Aura (Formerly Known As Classical Migraine)

In this type the pre-attack is pronounced, and accompanied by neurological symptoms mainly connected with vision flashing lights and distorted sight.

Migraine Without Aura (Formerly known as common migraine)

In this type pre attack symptoms are absent or slight. Although there can be a feeling of being unwell or irritable. Headache is often followed by nausea leading to vomiting, the time cycle in both cases usually lasts from a few hours to as long as 2 or 3 days, often followed by another days or two of exhaustion before the full recovery.

1. Signs and symptoms of Migraine

In migraine with aura the sufferer often gets a warning signal. Strangely enough this can be a feeling of unusual well-being on the day preceding an attack, but in most cases the warning signals only appear 30 minutes, or even only 15 minutes, before the onset of the attack.

A more common advance symptom in Migraine with aura is a gradual worsening of the eyesight, starting with blurred vision, and leading to blind spots in the center of the eye and even, in extreme cases to temporary loss of vision

In some sufferers' pins and needles or numbness in the hand or in one arm, or one side of the face, or the chin, mouth or tongue, precede an attack of migraine. This can be particularly disturbing in people with heart or circulation disorders, as they may easily misinterpret the symptoms. A common feature of all migraine attacks is acute discomfort (burning, pressing, and stabbing in one of the eyes) later leading to the actual pain. In general, during an attack, the sufferer is weak, pale, irritable and tries to relieve the intense pain by emitting loud groans, with giddiness, partial loss of vision and difficulty in speaking correctly, the sufferer deserves full sympathy.

Migraine can strike anyone, male or female, at any age. Although it is unusual for an older person to have their first attack after the age of 50. Cases have been noted as young as 3 years of age, and as old as 78 years of age. In women, there is a strong hereditary tendency and, for many a connection between the menstrual cycle, the contraceptive pill and the incidence of migraine has been established.

Stress, worry, tension and anxiety in private and business life bring on migraine in many cases, although the relaxation syndrome of weekends and days off work adversely affect others.

2. What Triggers Migraine

The most likely triggers, which can cause an attack, can be classified into five general categories.

Physical (fatigue / over – exertion / relaxation)

Psychological (depression / worry / shock / anxiety)

Diet (consumption of alcohol / various type of food and drink, e.g. chocolates).

Medical (contraceptives/ blood pressure / menstruation)

Other factors (loud noises / glaring lights/ TV/ strong smells).

These factors cover such a wide field, that you can say that almost anything out of the ordinary might affect the position. It is therefore important and very useful that sufferers keep a day to day record of such factors to determine which affects them adversely if a pattern of attack has to be identified.

3. Mechanism of migraine

Exact mechanism is unknown; it is the consensus that an attack of migraine consists of a neuromuscular disorder of the intracranial as well as extra cranial vessels. Sequential studies of cerebral blood

flow shows an initial reduction, which may be localized or generalized followed by increases in blood flow later. The basic cause of these circulatory disturbances is unknown. It is found that those blood levels of serotonin, histamine and norepinephrine increase during the attacks. There is also an increase in platelet aggregability. This may account for strokes, which complicate migraine. The headache has been attributed to extreme pulsation of extracranial as well as intracranial arteries.

There is now good evidence that in classical migraine there is extreme cerebral oligemia at the onset of the attack. This is often occipital in site but may spread to the parietal and temporal lobes. Oligemia may be secondary to some primary cortical dysfunction, since attack can be set off by neural stimuli like bright light or strong odors. Others believe that vasospasm is responsible for the initial dysfunction. During the headache phase there is dilatation and edema of the extra cranial arteries and probably some alteration in pain sensitivity in their walls. These vascular changes may be due to fluctuation in blood 5 hydroxytryptamine levels.

There is a genetic predisposition. Approximately three-quarters of patients who suffer from migraine have close relatives similarly affected.

Migrainous attacks may be precipitated by a variety of factors such as menstruation, flashing lights, stress and anxiety. Cheese, chocolate, sherry and red wine are all common precipitants and are all rich in tyramine, experimental ingestion of which will often provoke an attack. Reserpine, which liberates 5 hydroxytryptamine in brains also, can cause migraine.

Clinical features

The condition usually starts after puberty and continues until late middle life. Attacks occur at intervals, which varies from a few days to several months. They last from a few hours to several days and leave the patient weak and exhausted.

4. Some Homeopathic Remedy for Headaches and Migraine Diseases

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.

Sanguinaria: Right-sided migraines with tension in the neck and shoulder, extending to the forehead with a bursting feeling in the eye, are often relieved with this remedy. 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, often responds to this remedy. Pain may come in shocks or jerks, and the person feels worse indoors and from lying on the painful side. A person needing Sepia feels weary, cold, and irritable, wanting no one to make demands on them.

Silicea (also called Silica): Migraines that come on after mental exertion or near the menstrual period may indicate a need for this remedy—especially in a nervous person who is very chilly. Headaches are usually right-sided, starting in the back of the head and extending to the forehead, and are worse from drafts or from going out in the cold without a hat.

Spigelia: Excruciating headaches on the left side of the head, with violent throbbing, or stitching pain.

Belladonna: Migraines that start in the back of the skull or upper neck and spread to the forehead and temple (especially on the right) may indicate a need for this remedy. Pain is throbbing or pounding, and worse from jarring, light, and noise. Headaches often begin in late morning or afternoon, and may be worst around three p.m. The face may be flushed and red, and the skin feels hot, although the feet and hands are often cold. The pupils may be dilated, with sensitivity to light, and the person may either feel delirious or drowsy.

5. MY EMPIRICAL CASE STUDY

It is the episodic nature of headache often associated with vomiting, nausea and visual disturbance. It is a neurological disease resulting from a combination of blood vessel enlargement and release of chemicals from

nerves that coil around these blood vessels. It can last for hours or even days. Migraine usually starts at puberty, frequently noticed during pre-menstrual age, women taking oral contraceptive.

Homeopathic medicines can reduce the frequency and severity of migraine attacks and gradually cure it completely. It is a chronic disease so it may take few months to get cured.

SYMPTOMS TO BE TAKEN MIND :- Emotions, feelings, likes, dislikes, Anger, Fear etc.

NOISE :- sensitivity to noise, hearing, sounds of hammer as if etc.

FEMALE :- before, during and after pregnancy, menses, headache in school girls.

CHARACTER :- of headache, one side, right side, left side aggravation by lying down or amelioration by lying down.

GASTRIC :- Nausea, vomiting, constipation alternative with diarrhea or from inactive life style etc.

URINE :- copious urine C headache.

Hunger, thirst, Perspiration fever during vomiting.

Here are some homeopathic remedies with prescribing symptoms for migraine: →

- **NATRUM MUR :-** Headache of right-side usually which aggravates from emotional upsets and grief, from exposure to sun, from just before and after menstrual periods. Eyes are very sensitive to light jingling sensation in lips or face before headache starts. Headache is if thousands of hammers are knocking on the brain & worse from eye-stain.
- **IRIS VERSICOLOR :-** Severe nausea and vomiting but not relieved even by vomiting headache C visual disturbances. Headache being C blurring of vision.
- **NUXVOMICA :-** Headache with constipation or ineffectual desire to pass stool, or incomplete evacuation fullness, bloating of abdomen, inability to pass. Headache from fatty, highly fried food headache of alcoholics.
- **GLONINE :-** Headache with increase and decrease of sun. Head feels too large as if skull is too small for brain. Headache during menopause exposure to sun aggravated headache.
- **SANGUNARIA :-** Migraine of right side C tension neck and shoulder extending to forehead with bursting sensation in eye. Aggravation from noise, light, jar. Migraine aggravates by allergic and digestive problems. Missing meals aggravates amelioration by vomiting, burping, passing gas and sometimes C sleep.

CASE OF MIGRAINE TREATED WITH HOMEOPATHY

A lady about 43 years of age comes with the complaint of recurrent headache which starts from root of nose and extends to scalp on left side, and then to the neck. Also suffering from painful cramps which aggravates by exertion very sensitive in nature easily gets hurt. She cries and does not like consolation. Mild natured, doesn't get angry hide her anger inside never shows in violent way. Never stay where there is any conflict.

PERSONAL HISTORY :-

- Diet - vegetarian
- Craving for salt
- Appetite - good
- Evasion to sweets

THERMALS :-

- Sun- aggravates the headache
- Covering – cover while sleeping
- Bath- lukewarm
- Season - winter
- Sleep - normal
- B.P. 90/60 mm/120
- Multiple moles on body.
- Feet- swollen.

AGGRAVATIONS:-

- Before menses
- Sleeplessness, light
- Pension, Noises, sun exposure from

AMELIORATION:-

- Massage
- After menses start
- Staying in a dark room

R_y

Natrum Mur 200 a dose

Repeated after 7 days
Follow-up-after one month
No complaint. Headache with mild intensity
Natrum Mur 200 1 dose repeated
Follow -up- after 15 days
No headache. Fully comfortable.

References:

- [1] Gaus W, Walach H, Haag G. Die Wirksamkeit der klassischen homöopathischen Therapie bei chronischen Kopfschmerzen. Plan einer placebo kontrollierten Studie. *Der Schmerz* 1992; 6:134-40.
- [2] Walach H, Gaus W, Haeusler W, Lowes T, Mussbach D, Schamell U et al. Classical homeopathic treatment of chronic headaches. A double-blind, randomized, placebo-controlled study. *Cephalalgia* 1997; 17:119-26.
- [3] Walach H. Verblindung in klinischen Homöopathie-Studien? In: Hornung J, ed. *Forschungsmethoden in der Komplementärmedizin: Über die Notwendigkeit einer methodologischen Erneuerung*. Stuttgart: Schattauer, 1996:1-16.
- [4] International Headache Society, Committee on Clinical Trials in Migraine. Guidelines for controlled trials of drugs in migraine, 1st edn. *Cephalalgia* 1991; 11:1-12.
- [5] Lowes T, Springer W. Nachlese zur Münchener homöopathischen Kopfschmerzstudie. *Allgemeine Homöopathische Zeitung* 1997; 242:22-30.
- [6] Whitmarsh TE, Coleston-Shields DM, Steiner TJ. Double-blind randomized placebo controlled study of homeopathic prophylaxis of migraine. *Cephalalgia* 1997; 17:600-4.
- [7] Straumsheim PA, Borchgrevink CF, Mowinkel P, Kierulf H, Hafslund O. Homeopäthische Behandlung von Migräne. Ein doppelblind, placebo kontrolliertes Studienresultat bei 68 Patienten. *Dynamis* 1997; 2:18-22.
- [8] Mathie RT. Clinical outcomes research: contributions to the evidence base for homeopathy. *Homeopathy* 2003; 92: 56–57.
- [9] Paterson J. Report on the mustard gas experiments (Glasgow and London). *Br Hom J* 1943; 33: 1–12.
- [10] Ritter H. Ein homöotherapeutischer doppelter Blindversuch und seine Problematik. *Hippokrates* 1966; 12: 472–476.
- [11] Kennedy CO. A controlled trial. *Br Hom J* 1971; 60: 120–127.
- [12] Ustianowski PA. A clinical trial of Staphysagria in postcoital cystitis. *Br Hom J* 1974; 63: 276-277.
- [13] Linde K, Clausius N, Ramirez G, et al. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo controlled trials. *Lancet* 1997; 350: 834–843. NHS Centre for Reviews and Dissemination. Homeopathy.
- [14] *Effective Health Care Bulletin* 2002; 7(3): 1–12.
- [15] Harrison H, Fixsen A, Vickers A. A randomized comparison of homeopathic and standard care for the treatment of glue ear in children. *Complement Ther Med* 1999; 7: 132–135.
- [16] van Haselen RA, Fisher PAG. A randomized controlled trial comparing topical piroxicam gel with a homeopathic gel in osteoarthritis of the knee. *Rheumatology* 2000; 39: 714–719.