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Review Article

# Migraine in homeopathy: An Update

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**ABSTRACT**

*Migraine is most common neurological disorder present in adults and highly prevalent condition present in women throughout their child bearing age, started from menarche to menopause. Chronic migraine is a condition experienced at least 15 days per month, is highly disabling. Many patients with chronic migraine have medication overuse, as they use compound analgesic, opioid, triptan or ergot derivative on at least 10 days per month. Even there is rapid advancement in the knowledge of path physiology leading to development of treatment of migraine is still a unmet need. This article reviews about the migraine in homeopathy.*

***Keywords:*** *migraine, homeopathy*

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## INTRODUCTION

Migraine comprises a complex constellation of symptoms, affecting the nervous system, the gastro-intestinal tract and the vascular system.[1] Migraine is a common illness, with a life-time prevalence of about 14% worldwide (9% in men, 20% in women).[2] A World Health Organization rating placed migraine among the most disabling diseases, together with active psychosis, dementia, and quadriplegia.[3]

Though has much to offer and well-tolerated, it seems pointless to suggest prolonged conventional prophylactic approaches that require daily adherence in intermittent migraine attacks. A number of complementary and alternative medicine (CAM) approaches including homeopathy have been suggested in the management of this condition.[1]

Homeopaths are often consulted for headache and migraine,[4,5] and homeopathy is practiced in many regions of the world,[6] especially in high-income countries where it ranks as the most popular among the traditional, complementary, or alternative medicines.[6-8]

### Pathophysiology

1. **Vascular and Neurogenic theories**

The cause of migraine headache is still not completely understood. To explain the etiology of migraine headache two

independent theories were proposed. The vascular theory was introduced by Thomas Willis where he recognized that "all pain is an action violated" and
argued the pain from headache is caused by vasodilatation of the cerebral and meningeal arteries. The alternative neurogenic theory focuses on the cause of migraine pain and is currently linked to activation of the trigeminovascular system.[9]

**2. Cortical Spreading Depression**

The widely accepted theory suggests that cortical spreading depression (CSD), a wave a neuronal hyperactivity followed by an area of cortical depression, accounts for the aura and that the headache depends on activation of the trigeminovascular pain pathway.[10]

3. **Cortical Hyperexcitability In Migraine**

Some studies showed that that migraineurs have a reduced threshold for induction of phosphenes (the experience of light with non luminous stimulation) compared with controls. Thus, a pathologically low threshold for activation of cortical hyper excitability may characterize migraine.[11]

**Trigger For Migraine**

The most common trigger factors were emotional stress (79%), sleep disturbance (64%) and dietary factors (44%).[12] Sleep and stress were important trigger factors in patients with migraine with aura, whereas environmental factors were important trigger factors in patients with migraine without aura.[12]

**Clinical Features**

Women have higher risk of having a migraine compared to men due to hormonal fluctuations especially estrogen. Migraines typically begin during puberty or between the ages of 35 and 45 years.[13]

Migraine has two major subtypes:

Migraine with aura is primarily characterized by the transient focal neurological symptoms that usually precede or sometimes accompany the headache. Some patients also experience a premonitory phase, occurring hours or days before the headache, and a headache resolution phase. Premonitory and resolution symptoms include hyperactivity, hypoactivity, and depression, cravings for particular foods, repetitive yawning, fatigue and neck stiffness and/or pain.[14]

Migraine without aura is a clinical syndrome characterized by headache with specific features and associated symptom such unilateral location, pulsating quality, moderate or severe pain intensity, aggravation by or causing avoidance of routine physical activity, during headache nausea and/or vomiting or photophobia and phonophobia can occur.[14]

**Diagnosis**

Diagnosis of Migraine can be made through history taking with help of orthopedic tests, Cranial nerve examination, Complete blood count, urinalysis and Cranial magnetic resonance imaging if required[9]. The International Classification of Headache Disorders defines the migraine by following criteria.[14]

A. At least five attacks 1 fulfilling criteria B–D

B. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated)

C. Headache has at least two of the following four characteristics:

1. Unilateral location
2. Pulsating quality
3. Moderate or severe pain intensity
4. Aggravation by or causing avoidance of routine physical activity (e.g. walking or climbing stairs)

D. During headache at least one of the following:

1. Nausea and/or vomiting
2. Photophobia and phonophobia

E. Not better accounted for by another ICHD-3 diagnosis

**Role Of Homeopathy In Treatment Of Migraine**

Witt et al conducted a prospective multicentre observational study in 212 migraine patients. Nat-M, Calc, Sep, Sulp, Nux, Puls, Caust, Lyc, Sil, Carc, Thuj , Buf, Phos, Calc-p , Kali-bi, Tub were the medication for the patients. Major finding of the study was that

homeopathic treatment for migraine showed significant improvement.[15]

Brigo B conducted a randomized control study in 60 migraine patients in Italy for duration of 4 months. In study 83% were female with mean age 39 years. Eight pre-defined remedies including Similimum having 4 doses at 2 week intervals ware given. Results showed significant positive result (p value <0.001) in favour of homeopathy.[16]

Walach et al also performed a randomized control double blind study for 3 months in Germany. 98 chronic headache i.e tension migraine patients were included in the study having 66% of female with mean age of 24.64 years. Similimum was given to the patients. There was a slight decrease in headache frequency.[17]

Whitmarsh et al experimented a randomized control double blind study for 4 months in UK. 63 patients were included in the study, 92 % were females with age 19-59 years. Eight pre-defined remedies including Similimum was given in dosage two tablets twice weekly. There is no statistically significant difference between two groups.[18]

Straimsheim et al conducted a randomized control study for 4 months in Norway in 73 migraine patients. 82% were female with age 28-65 years. Individualized Similimum was chosen from 60 available remedies. Similar outcomes occur in both groups with decrease of attack frequency and medication use and intensity.[19]

## CONCLUSION

Migraine is an important treatable cause of neurological disability. It is vital to make a diagnosis and ensure that any concomitant medical or psychological conditions are treated in parallel with interventions aimed at reducing the biological tendency to headaches. The tendency to migraine is genetic, and will rise and fall in people's lives; migraine cannot be 'cured' in any sense but it can be managed.

## REFERENCES


1. Lewith GT. Migraine: the complementary approaches considered. Complement Ther Med 1996;4:26-30.
2. Stovner LJ, Hagen K, Jensen R, et al. The global burden of headache: A documentation of headache prevalence and disability worldwide. Cephalalgia 2007;27:193–210.
3. Bahra A. Headache and migraine. Br J Hosp Med 2007;68:195–200.
4. Jacobs J, Chapman EH, Crothers D. Patient characteristics and practice patterns of physicians using homeopathy. Arch Fam Med 1998;7:537–540.
5. Becker-Witt C, Lu¨ dtke R, Weißhuhn TER, et al. Diagnoses and treatment in homeopathic medical practice. Forsch Komplementa¨rmed Klass Naturheilkd 2004;11:98–103.
6. Ong CK, Bodeker G, Grundy C, et al. WHO Global Atlas of Traditional, Complementary and Alternative Medicine. Kobe, Japan: World Health Organization, Centre for Health Development, 2005.
7. Eisenberg D, Davis R, Ettner S, et al. Trends in alternative medicine use in the United States, 1990–1997: Results of a follow-up national survey. JAMA 1998;280:1569–1575.
8. Hartel U, Volger E. Utilization and acceptance of classical naturopathies and alternative therapies in Germany: Results of a representative population study [in German]. Das Gesundheitswesen 2003:A35.
9. Gasparini CF. et al. Studies on the pathophysiology and genetic basis of migraine. Curr Genomics [Internet]. 2013; 14(5): 300–15. Available from:http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3763681&tool=pmcentrez&rendertype=abstract
10. Gooriah R. et al. Evidence-based treatments for adults with migraine. Pain Res Treat. 2015; 2015.
11. Rogawski MA. Common Pathophysiologic Mechanisms in Migraine and Epilepsy. Arch Neurol, 2008; 65(6): 709–14.
12. Mallaoglu M. Trigger factors in migraine patients. J Health Psychol, 2012; 18(7): 984–94.
13. Brett R. et al. Dietary and Lifestyle Changes in the Treatment of a 23-Year-Old Female Patient With

Migraine. J Chiropr Med [Internet]. National University of Health Sciences, 2015; 14(3): 205–11. Available from:http://dx.doi.org/10.1016/j.jcm.2015.09.001
14. Headache Classification Committee of the International Headache Society. The International Classification of Headache Disorders, 3rd edition. Cephalagia, 2013; 33(9): 629–808.
15. Witt CM, Lüdtke R, Willich SN. Homeopathic treatment of patients with migraine: a prospective observational study with a 2-year follow-up period. J Altern Complement Med 2010;16(4):347-55.
16. Brigo B, Serpelloni G. Homeopathic treatment of migraines: a randomized, double-blind study of sixty cases (homeopathic remedy versus placebo). Berl J Res Hom 1991;1:98-106.
17. Walach H, Haeusler W, Lowes T, Mussbach D, et al. Classical homeopathic treatment of chronic headache. Cephalgia 1997;17:119-26.
18. Whitmarsh TE, Coltston-Shields DM, Steiner TJ. Double-blind randomized placebo-controlled study of homeopathic prophylaxis of migraine. Cephalgia 1997;17:600-4.
19. Straumsheim P, Borchgrevink C, Mowinckel P, Kierulf P, et al. Homeopathic treatment of migraine: a double-blind, placebo-controlled trial of 68 patients. Br Hom J 2000;89:4-7.

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