



IMPORTANCE OF MENTAL AND PHYSICAL FACTORS IN MIGRAINE AND ITS SCOPE IN HOMOEOPATHY

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ABSTRACT:

Causes more children than organisms - given limited amounts of resources - can survive anytime, and organisms therefore compete for survival. Whether human nature is capable, under any circumstances, to reach, or even to move forward seriously, the ideal situation, is a question that should not be discussed. However, it will be accepted that mankind has passed through many toxic effects and disasters.

For mutual war or for mutual war or whatever was the purpose, the first men forced them to take that step and create a society. And out of all the gradual figures that the society has taken, the need for better life and comfort has come on mankind and people have done a lot of modernization, since then stress and stress have been showing their impact on the principles of life, due to which man is in danger of getting so many disturbances and diseases, in which we can rank migraine which is one of the generally distortions in our generally activities.

KEYWORDS: Migraine, Mental factor, Physical factor, Organon of medicine, Homoeopathy, Homoeopathic Medicine.

INTRODUCTION:

Health care provider spends a lot of time with headache patients, where there is anxiety on secondary causes for headache. But most of the time patients with primary headache are spent in managing with migraine the most common. Migraine is definitely the most commonly most vagant and sometimes - the most difficult clinical problem in treatment. It will not leave any class, age or well -built formation. The causes of this cause a plurality, but are manufactured by relatively low mechanisms. In most cases the cause is trivial and reversible by proper drug.

The brain tissue itself is not sensitive to pain as it lacks pain receptors. Rather, the pain is caused by disturbances of pain-sensitive structures around the brain. These are pain-sensitive structures in many areas of the head and neck. Therefore it is an attempt to treat these discomfort individuals, which has the same ill effects with different intensity, sensations and places.

Despite much research in all systems about this problem, the intensity of mankind suffering is increasing day by day. The quality, location, duration and time courses of migraine and position that produces, increase or relieve, it should be carefully reviewed and someone should try his treatment accordingly. Since homeopathy is a system, which depends on the above properties, it can be taken as an effective tool in treating.

After taking careful history and doing appropriate neurological examination, further investigation is often not necessary. The patient can be assured and provided with homeopathic treatment.

REVIEW OF LITERATURE:

About 60% of patients with headaches have stress-type headache; 35% has migraine headache and 5% has cluster headaches. Headache is more prevalent in women than men (M: F: 1: 3) except cluster headaches. It is common in children and until about 14 years of age, there is equal spread in sexes. Although no changes have been found in hormone balance in migrains women, migraine attacks in a small percentage are temporarily related to the stages of the menstrual cycle, ie with the level of falling hormones. Some female administration of hormones (such as for contraceptive use) increases severe headaches. A family history of migraine is present in 90% of the victims. Most studies show a decrease in proliferation in older age groups.

Classification

Headache is classified:

- Migraine
- Stress type headache
- cluster headache
- Miscellaneous headaches ignored with structural wounds
- Post-traumatic headache
- Headache is associated with
 - Vascular disorder
 - Non-conventional disorder
 - Substance or return
 - Non-skilled infection
 - Metaphorical disorder
- Headache reversed with eye, entry, teeth, sinuses or other structures
- Cranial neurgias
- Headache is not classified

The first four categories, i.e. migraine, tension-type, cluster and diverse headache with structural lesions are also called primary headaches.

Migraine

Migraine is a family disorder that is characterized by intensity, frequency and wide variable attacks in the period. It is a disorder with many manifestations that may include brain, eye and autonomous nervous system.

Migraine Headache: Causes

The causes of migraine's headache are not clearly understood. In the 1940s, it was proposed that a migraine begins with a cramp, or partial closing, leads to the main part of the brain of the arteries (called cerebrum). The first cramps reduce blood supply in part of the brain, which cause some people who experience aura (lights, gauze, zig-zag lines, or other symptoms). This is then very relaxed to the same arteries, which increases blood flow and hurts.

About 30 years later, the chemical dopamine and serotonin were found to play a role in migraine's headache. (These chemicals are called neurotransmitters.) Dopamine and serotonin are generally found in the brain, but they can cause blood vessels to function uncontrolled when they are present in abnormal amounts or if blood vessels are unusually sensitive to them.

Together, these 2 principles are known as the neurovascular theory of migraine, and it is currently believed that both theories provide insight into the **causes of migraine**.

Various triggers are considered to initiate migraine headaches in those who are prone to develop them. Different people may have different triggers.

Physical Factors:

1. Foods- chocolate, cheese, dairy products, citrus fruits, nuts, seafood.
2. Food additives can trigger headaches of migraine, aspartame, nitrates, caffeine migraine. (MSG is a taste enhancer used in many foods, including Chinese dishes.)
3. Alcohol-Red Wine, Beer.
4. Hunger or missing food can bring on a headache.
5. Changing sleep patterns, too much or very little sleeping can begin on headache.
6. Contraceptive (birth control pills) are a common trigger. In women, pills may be migraine at the end of the cycle as the estrogen component of the pellet is stopped. This is called estrogen-class headache.
7. Hormonal changes-menstruation, ovulation, pregnancy.
8. Physiological
9. Smoking has been identified as a trigger for many people.
10. Visual stimuli-bright lights, dazzle.
11. Hearing stimulation-noise or music.
12. Rapidly stimulating-ignitions and some odor.

Mental factor:

Mental stress and stress are risk factor. People often have migraines at the time of increasing emotional or physical stress.

1. Depression is a major risk factor for migraine.
2. Anxiety can trigger migraine.

Migraine headache, relationship with other diseases

Migraine may be more often in persons with diseases:

- Epilepsy
- Family dyslipoproteinemia (unusual cholesterol level)
- Hereditary hemorrhagic telangiectasia
- Tourette Syndrome
- Hereditary essential shiver
- Hereditary cerebral amyloid angiopathy
- Ischemic stroke: Migraine with aura is a risk factor (Odds Ratio, 6: 1).
- depression and anxiety

Types of migraine:

A. Migraine without aura

B. With migraine aura

- Migraine with specific aura
- Migraine with long aura
- Family Hemipalpic Migraine
- Basilar migraine
- Migraine aura without headache
- Migraine with acute-onset aura

C. Ophthalmic migraine

D. Retinal migraine

E. Childhood periodic syndromes that may be a precursor or connected to migraine

- Childhood benign paroxysmal vertigo
- In turn the hemiparesis of childhood

F with complications. Migraine

- Status migrainosus
- Migratation

A. Migraine without aura

(ICHD: Common Migraine, Hemikrania Simplex)

It is the most common variety, which occurs in victims of an estimated 90% migraine headache. Headache occurs in episodic and does not occur with or not with any easily identified aura. This type may occur in some women in the premenstrual period ('menstrual migraine'), 2 days before the expected date and anytime before the last date of menstruation. Clinical criteria are:

- A. At least five attacks to fulfill B-D
- B. Headache lasts 4-72 hours
- C. Headache has at least two of the following characteristics
 - 1. Unilateral place
 - 2. Pulsed quality
 - 3. Medium or severe intensity (prevents or restrictions daily)
 - 4. Staircase
- D. During the minimum headache of the following
 - 1. Nausea and/or vomiting
 - 2. Photophobia and phonophobia
- E. At least one of the following is present
 - 1. History, and physical and neurological exams do not suggest organic disorders
 - 2. History and/or physical and/or neurological examination suggests such disorders, but it is dismissed by proper investigation
 - 3. Such disorders exist, but are not the first time in temporary relations close to migraine attack disorder

Headache occurs before a production that causes fruitless phenomenon, which is day, but more often than real pain. Incidents can be mental, such as

depression, enthusiasm, stability, or constitutional, such as increased urination, underdeveloped, anorexia or fluid retention. Headache has a gradual beginning and formed from several minutes to one or two hours. This cluster is contrary to headache, which peaks in a few minutes and solves in 1 to 2 hours. Intensity can be wax and vein and complete inactivity usually reduces intensity. After a few hours, hemikranial pain can be normalized or bitampral or bifurcated. A retrobital site is common in several.

Many symptoms are often associated with pain, eg. Anorexia, intolerance to foods and odors, and nausea and vomiting. Peripheral vasoconstriction that leads to yellow skin, hypotension, and bradycardia, which can occur especially in young themes and people of Basillar Migraine. Fluid retention can occur before an attack, especially in women who suffer from menstrual attacks. Shortly after an attack, there can be a sharp diarrhe.

B. With migraine aura

(SYN: classical migraine)

It is accompanied by neurological symptoms (Aura), which belongs to a localized area of cerebral cortex or brainstem. Aura usually occurs before a headache for 5 to 30 minutes, and includes a disturbance of the house view, hemorrhoids, hemiparis, dyspesia or any combination of these symptoms. Visual aura is the most common, and usually begins as a fortification spectrum, e.g. The star-shaped figure near the point of determination, gradually spreads right or left, leaves an area of absolute or relative scoma. It develops more than 5–20 minutes and lasts for less than 60 minutes; Headache, nausea, and/or photophobia usually follow the aura or appear after a gap of less than an hour. The headache usually lasts for 4-72 hours, but can be completely absent as an encephalic migraine (now called migraine aura without headache).

Clinical criteria include:

A. At least two attacks fulfill B

B. At least three of the following characteristics

1. One or more completely reversible aura symptoms indicate focal cerebral cortical and/or brainstem dysfunction
2. At least one aura symptoms are gradually more than 4 minutes or two or more symptoms in succession
3. No aura symptoms exceed 60 minutes. If more than one aura symptoms are present, the accepted period increases proportionally
4. Headache follows aura with a free interval of less than 60 minutes (it can start together or with aura)

C. History, physical examination and where appropriate, clinical tests exclude a secondary cause.

The disciplines in which are well developed scenes and are sensitive to some visual stimuli such as checker patterns or bright sunlight or television. A sensory aura may include positive parasthesias (tingling) or a negative phenomenon (numbness). Parts of the body are well shown in the sensory cortex such as lips, tongue, upper limbs and hands are the most included. March is slow due to a sensory seizure or transient ischemic attack. Sometimes aura can be longer for a week, imitating transient ischemic attacks or strokes. Neuroeimaging is normal.

Basiller migraine is more common in childhood and adolescence. It is characterized by symptoms of brainstem dysfunction. The attacks usually begin with bilateral visual disturbances, followed by gat, dysrathria, vertigo and tinnitus with the attempt of consciousness and loss of consciousness. These dramatic symptoms can slowly last up to 45 minutes before cleaning, only after a severe and beating OCCPIL headache, and with frequent vomiting. Most attacks end in a few hours. It rarely remains in middle life.

Hemipalgc migraine can occur in families and appears to be inherited as an autosomal major feature. The study has localized genes on chromosome 19p. Less common variants

Ophthalmoplegic migraine: After a long unilateral retro-orbital headache, a variable degree of internal and external blindness develops, lasts for a week. CT, MRI, and cerebral arteries may be required to deal with more serious causes of Offthalmoplia, especially when it is the first time.

Retina migraine: episodes of transient monocular visual disturbances with a patient with a migraine or in a patient with migraine history. Cylitary and retinal circulation are clearly involved.

Some childhood may be preceding or associated with periodic syndrome (migraine equivalent) migraine. These are childhood benign paroxysmal vertigo and in turn the hemiplegia of childhood.

Complications

Migraine can sometimes be complicated:

A) Status Migrainosus: Headache attacks here last for more than 72 hours despite treatment. The headache is either constant or is interrupted with a headache-free interval of less than 4 hours. It is usually associated with prostitution, nausea and vomiting and often leads to the hospital entry for dehydration and pain relief. It is usually associated with the use of drugs for a long time.

B) Migrainous infarction: Typical neurological deficit here is not completely reversible within 7 days. Neuroeimaging displays ischemic infarction in the relevant areas. Diagnosis is based on the previous history of migraine.

Home Disease and Migraine

Research studies have now clearly shown that homeopathy is very effective in treating migraine cases safe and slowly and without any side effects. Analgesic and anti-inflammatory properties of homeopathic drugs have now been accepted as an important role in the treatment of migraine. Treatment has helped many patients avoid continuous use of allopathic drugs.

Homeopathic treatment targets the root cause of the disease and reduces the patient's tendency to fall prey to frequent migraine attacks. Thus migraine patients who opt for timely and regular homeopathic treatment, they may be able to avoid the requirement of pain killers or that too.

Homeopathy treatment of migraine has been done timely and has proved useful in most cases. In one of the research studies conducted on 107 patients in migraine, all cases were treated with homeopathic treatment and no pain reliever used. Two and a half months after starting treatment, patients saw a significant decrease in migraine episodes. No serious side effects were reported in any case. Treatment was prescribed after taking into account the subjective symptoms of patients along with purpose. This study concluded in such a way that migraine can be successfully treated with homeopathy. It also proved clinically homeopathic treatment immune-modular, analgesic and anti-inflammatory properties.

Homeopathy firmly believes in increasing its defense system of the body to maintain good health.

The homeopathic approach for migraine can be summarized:

- To treat the patient, not diseased organs.
- Homeopathic approach to the treatment of migraine is more individualist. The important thing about homeopathy treatment is that it has no side effects and which is also completely safe and non-violent. The homeopathy treatment of migraine conducts a detailed study of the person's constitution that prescribes a remedy involving all aspects. This means, homeopathy believes that treatment should only be determined based on the intensive study of the personality of patients. This approach helps to successfully treat most cases of migraine.
- Homeopathy has been strongly suggested to all cases of migraine. We are in possession of homeopathy experience and expertise so that cases can be handled very carefully. The reason for our drug score on traditional medicine is that it cures the patient's tendency to develop migraine.
- The duration of homeopathy treatment varies from the patient to the patient and depends on many factors such as the duration of diseases (in chronic cases it takes more time), its limit and severity, and previous treatment. Overall, the reaction to migraine treatment is good in most cases.
- It is a common myth about the homeopathic mode of treatment that it is very slow. It takes time to work. But the very second sexual arousal in the Organ of Art of Healing suggests that 'the highest ideal of treatment is rapid, gentle and permanent restoration
- Health, or removal and disease completely, the lowest, the most reliable and most harmless way, on easily understandable principles.

Migraine evaluation

Psora never causes structural changes alone, and Psoric head is normal in size and contour. These are sharp, severe, sudden onset, paroxysmal headache that arrive in the morning, the sun rises and amaliyore when going under the sun. These are usually frontal, cosmic or parietal. Migraine's headache with a red face is soricky by cool, sleep and hot applications better than relaxing, and relaxed.

Sycosis: Headache in the top is smoothing in its origin; Or a frontal headache can occur. They especially lie at night after midnight. The symptoms of the head meet Syphilitic -they have an increase in the night. Lack of headache is prolonged and they are slowly progressing.

Syphilis: These headaches usually come at night and are almost always behind the head; They will pain all night, get better in the morning, only to come again at night. Headache is dull, heavy, yet lensing; They are constantly stable at the base of the brain or on one side.

Syphilitic headaches are usually better than riding and speed. They are excited by either mental or physical exertion. They are usually with a great coolness of body, sadness and prostitution. They are increased by heat or heat and are better by cold applications; Grow calmly, lying at night, better than sleep and nose from blood.

Often syphilitic patients complain of a band about the head; it is possibly due to a slight flow from the meningeal surfaces. A child with these syphilitic headaches will put his head in the pillow or roll the head from one side. Some people complain that they experience a horrific hunger before these headaches; These manifestations are a common combination of syphilis and Psora.

Homeopathic treatment and homeopathic treatment for migraine

Homeopathy considers the person as a whole. This means that homeopathic treatment focuses on the patient as a person, as well as his pathological status. Homeopathic drugs are chosen after a complete personal examination and case-analysis, including medical history of the patient, physical and mental constitution etc. A miasmatic trend (predetermined/sensitivity) is also taken into account for the treatment of chronic conditions.

Symptoms listed against each drug may not be directly related to this disease because common symptoms and constitutional signs in homeopathy are also taken into consideration to select a remedy.

Constitutional treatment

Its purpose is to prevent the recurrence of such attacks. Drugs such as Natram Mur, Nax Vom, Lycopodium, Sapia, Tuberculinum, Calcarea Carb often employ homeopathic treatment.

Homeopathy treatment of migraine has been done timely and has proved useful in most cases. In research studies conducted on 107 patients with migraine, all cases were treated with homeopathic remedies (Nata mur, Belladonna, Nat carb, Spigalia, Bryonia) and no painkillers were used. Two and a half months after starting treatment, patients saw a significant decrease in migraine frequency. No serious side effects were reported in any case. Treatment was prescribed after taking into account the subjective symptoms of patients along with purpose. This study concluded in such a way that migraine can be successfully treated with homeopathy. It also proves immune-modulatory, analgesic and anti-inflammatory properties of clinically homeopathic treatment.

CONCLUSION:

Once the velocity of life is increased, need for better life & comfort have come on human race & people have much more modernized, since then the stress & strain is showing its impact on the principles of life, because of which migraine has become one of the frequent maladies which interrupts his normal outflow of activities.

In this study we saw the significance of physical and mental factors of migraine which are not life threatening in nature.

This research work enabled us to study the clinical aspects of migraine which are not life threatening. This study also showed a significant relief to the patients suffering from various kinds of headaches with homoeopathic treatment.

Many patients who were facing difficulty or uneasiness in their day-to-day schedule could attend it with best ability and least disability.

The study showed that all the patients had considerable amount of pain relief. Attacks of pain that were severe to intolerable become mild to moderate and hence tolerable, duration of pain was shortened and there was considerable relief in associated complaints. The patient recorded good improvement in the complaints of frequency and thus recurrence was reduced. Proper counseling of patients was done and anxiety regarding the disease was alleviated.

Though Natrum mur and Nux vomica gave good results in treating various kind of headaches, constitutional medicine seems to be more effective. So I can conclude that constitutional similimum is more effective in treating various kinds of headaches.

Work done in this study shows that

1. Homeopathy has effective role in the cases of headaches
2. It improves the general health and the standard living of the patients.
3. Thus, it helps avoid complications and achieve homoeostasis in constitution.

There is no more interesting, more instructive book than the patient himself, so its demand of time to bring more and more research works in homeopathy. So, this was a small attempt of studying the concept of various kinds of headaches with stress on organic causes which are benign in nature from various literatures and applying it in homeopathic practice which should be further studied.

REFERENCES/BIBLIOGRAPHY:

1. API Textbook of Medicine
2. Boenninghausen's Characteristics MM and Repertory Cyrus Maxwell Boger, MD
3. Essence of Homeopathic Materia Medica, George Vithoulkas
4. Lectures on Materia Medica James Tyler Kent, MD
5. Organon of Medicine 6th edition (Boericke) Samuel Hahnemann, MD William Boericke, MD – translator
6. Synoptic Key to Materia Medica Cyrus Maxwell Boger, MD
7. The Soul of Remedies Dr. Rajan Sankaran
8. Elements of Homeopathy, Dr. P. Sankaran
9. Substance of Homeopathy, Dr. Rajan Sankaran
10. Pocket Book of Homeopathic Materia Medica, William Boericke, MD

11. Various internet sites like:
12. www.hpathy.com
13. www.similima.com
14. www.emedicine.org, etc.