



MIASMATIC APPROACH IN THE MANAGEMENT OF CASES OF MIGRAINE

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ABSTRACT:

Migraine is a broad and weak neurological disorder that has been recognized since antiquity. The World Health Organization has listed migraine as the major cause of years of life with an important public health anxiety and disability. In addition to temporary symptomatic relief in modern medicine, its treatment has very little scope, during an acute episode, it may not provide relief in a long time and reduce the recurrence or intensity of attacks. Migraine patients are present with a diverse symptom complex and not all symptoms can be addressed with the same drug. Migraine varies in terms of sympathy sensations, emotional reactions, physical reactions, growing and modification, etc., all are the manifestation of the patient's sensitivity and sensitivity. Treatment in homeopathy ends not only with the selection of proper therapy, but also an assessment of sensitivity for proper selection of Posology is the required part of the required treatment. Therefore, in order to understand the correlation of sensitivity with posology in the management of migraine, a detailed study of 30 cases was done. In this detailed study, various clinical presentations along with physical and emotional reactions were identified to understand the sensitivity and sensitivity of the case. The qualitative aspect of sensitivity was identified through previous history and family history of patients. After understanding the miasmatic background of cases, sensitivity and sensitivity, its relationship with posology was studied. The follow-up was evaluated to study the selected sensitivity and the association of posology for the case. In this study, moderate sensitivity is found in most cases of migraine, psychotic miasm was found as both major and fundamental MIASM in migraine cases. 200 power was required in continuous recurrence. In patients with psychotic major and fundamental miasm and moderate sensitivity, more frequent recurrences were required than other patients. Furthermore, the understanding of sensitivity helped in potency selection and proper recurrence in migraine matters.

Keywords: Miasmatic approach, Susceptibility, posology, management, migraine.

INTRODUCTION

Headache by physicians is a very common complaint in almost every feature of medical and surgery. More than 90% of the population experiences a type or headache of another at least once during life. Migraine is the second highest cause of headache and affects about 15% of women and 6% of men over a period of one year. Migraine affects the quality of life as it affects the productivity of the work, the cause of absence from work and avoids social and personal activities. Migraine has various trigger factors at physical as well as emotional levels. And the effect of these factors varies from the patient to the patient. Thus we find a diverse category of clinical presentation in migraine. The variation in clinical presentation and the effect of triggering the factor on a person can be attributed to the person's sensitivity and sensitivity. In addition to temporary symptomatic relief in modern medicine, its treatment has very little scope, during an acute episode, it may not provide relief in a long time and reduce the recurrence or intensity of attacks. But homeopathy presents a solution for the problem where the great cause of these symptoms is addressed. The system believes in considering the person as a whole and is not only the disease he suffers. These symptoms are attacked on the basis of expression. The patient's sensitivity (which is evaluated in view of various qualitative and quantitative factors). And it can be obtained by giving correct measures with proper strength and recurrence, which is fixed after assessing the patient's sensitivity.

Migraine is a difficult disease to manage because the pain often suffers and disable, and often presents with many symptoms. Various clinical presentations depend on the personality of the person who is affected by his sensitivity to react to stimulation. This quality has been mentioned by Hahnemann in his organon of medicine.

REVIEW OF LITERATURE:

Migraine is a prevalent, disabled position in society that motivates the patient to seek treatment for headache. Migraine can touch many areas of life. Migraine affects a person's quality of life. It causes a significant decrease in life and health quality. After a migraine attack, the patient becomes physically weak that can create a barrier for normal physical activities at the house and workplace. Low quality of life in migraine can be underestimated by migraine,

lack of awareness about migraine trigger and poor management of the case. The limit of severity and headache can be a major determinant of migraine burden. (Biomed Research International, Volume 2015, Article ID 523717). Therefore, when treating migraine, we should have proper knowledge about the disease and its management, so that we can help improve the quality of life of migraine and limit disability.

Migraine may be caused by changes in brainstem and its interaction with the trigeminal nerve, a major pain passage. Imbalance in brain chemicals, including serotonin, may also include, which helps regulate pain in your nervous system. Serotonin levels fall during migraine attacks. This can cause your trigeminal nerve to release substances called neuropeptides, which travel to the outer covering of your brain. The result is migraine pain. Other neurotransmitters play a role in migraine pain, including calcitonin gene-related peptide (CGRP). (Harrison theory of internal medicine, 18th version)

There are also factors that increase the symptoms of the disease such as weather changes, molecular temperature with humidity, high temperature, mild-shape sensitive, decrease or extra sleep, physical exertion, hungry, barometer pressure also pretends the factor. Migraine attacks are increased in women during menstrual cycle, pregnancy, oral contraceptive, estrogen therapy and menopause syndrome. Some foods appear to trigger headaches in some people. Common criminals include alcohol, especially beer and red wine, old cheese, chocolate, fermented products, pickles and maryinated food, aspartament, caffeine. Sleep -related triggers such as sleep deficiency, excessive sleep, irregular sleep patterns, and effort to manage environmental changes are required to be required by the field of field because the complex nature of trigger factors is illustrated by sleep. Both too much and very little sleep can be implicated in starting migraine. Some people feel that nights can be destroyed by nights, being late and tired many late night and tired. Other people feel that sleeping in the morning or sleeping in the morning has a similar effect.

Before the headache, evidence of up to a few hours of mood change exists, especially the contraction of the head blood vessels associated with an increase in variability in the state. At this time, irritability or mood is often associated with facial flushing or pallor due to contraction or spread of excess cranial blood vessels.

In addition to physical reasons, if we seek reasons, we find that migraine psychological aspect in the causes of migraine. Various studies were done and the hypothesis was posted. One of the principles is that migraine is ambitious or suffering from highly traditional families. Children need to confirm strict behavior patterns that limit the direct manifestation of aggression by physical or oral activity. Failure in conformity endanger the attachment of the family. In this way, hostile feelings towards parents or other respected or dear persons are repressed. As a result, the excitement of anger or hostile desires leads to conflict and anxiety and this condition acts as a stem for pathophysiological neurovascular reaction. Just before the migraine attack, some personality symptoms and moodiness can be more directly expressive expressions of hidden anger. Migraine has a frequent family history. (Lawrence C. Kolb, MD, Modern Clinical Psychiatry, Chapter 24, Page 579)

The clinical presentation of migraine is different in separate patients. Migraines can progress through four stages: Products, aura, headache and postdrome.

Prodrome:

One or two days before a migraine, you can see subtle changes that warns of upcoming migraine, including constipation, mood change, depression to enthusiasm, food cravings, neck hardness, increased thirst and profession.

Aura:

There may be aura before or during migraine. Most people experience migraine without aura. Auras are symptoms of nervous system. They are usually visible disturbances, such as light or waving, shine of zigzag vision. Sometimes Auras can also occur by touching sensations (sensory), movement (motor) or speech (oral) disturbances. Your muscles may be weak, or you may feel as if someone is touching you. Each of these symptoms usually starts slowly, forms in several minutes and lasts for 20 to 60 minutes. Examples of migraine aura include: visual phenomena, such as different shapes, bright spots or light glow, vision loss, pins and sensations of needles in one hand or foot, listening to the weakness or numbness of the face or body, difficulty speaking, difficulty speaking, noise or music, uncontrolled blow or other movements. Sometimes, a migraine with aura may be associated with the weakness of the organ (hemipalgc migraine).

attack:

A migraine usually lasts for four to 72 hours when untreated. The frequency with which a headache occurs varies from a person to another. Migraines can be rare, or strike several times a month. During a migraine, you can experience:

- Pain on one side or both sides of your head
- Pain that feels throbbing or pulsing
- Sensitivity to light, sounds and sometimes smell and touch
- nausea and vomiting
- Blurred vision

Light, sometimes after unconsciousness

Postdrome

The final stage, known as postdrome, occurs after an attack of migraine. You may feel dry and washed, while some people feel. For about 24 hours, you can also experience:

- Confusion
- mood
- Dizziness
- weakness
- Sensitivity to light and sound

Aura is seen in 15% of cases, all other cases are presented with migraine without aura.

Migraine patients are present with a diverse symptom complex and not all symptoms can be addressed with the same drug. Patients only receive symptomatic treatment and get relief from short time. But homeopathy provides a holistic approach to health and treatment. When a person is considered overall, the symptoms presenting in different parts of their body will be cured naturally as their overall health is addressed, that is why their mental,

emotional and physical symptoms have been taken into consideration and treated by homeopathy. In migraine we see various presentation, emotional disturbances can also cause headaches in migraine. Therefore, all these emotional as well as physical factor will be taken into consideration by homeopathic medicine.

Thus the cure is according to the medical law of the direction of the cure, from the center to the periphery, out, up -down, for people of less importance from the organs of more importance, that is, in the reverse order of the beginning of the symptoms.

True healing means that there is an alignment of biological intelligence and emotion-food complex with the intellect run by the soul.

Like all systems of classification, 4 great miasmatic formation (psora, sycosis, tubercule [pseudopsora], syphilis) are ideal, representative types. These miasmatic states do not exist in either physical or emotional expression in pure form: life is always a mixture. When we understand these boundaries of classification, we can appoint them as a convenient tool in the management of the case.

PSORA

Hypersensitivity and reaction in response to environmental stimuli are the identity of Psoric miasm. The system gears itself towards restoring a healthy balance through quick, immediate and adequate gathering of natural defense underlying natural defense at its disposal. One obvious example is that simple inflammatory procedures resolve rapidly, without repression and residue, while removing all troubles. The study of pathology today gives us a clear description of the common acute inflammatory process; This is the one that is about Psora.

Hahnemann himself has given us a large number of examples of sorical expression of symptoms in chronic diseases. From a medical point of view, all miasmatic symptoms are functional in nature and follow most of the signs mentioned above about Psoric Miasmatic expression. With our understanding of the development of the disease, we will see that some of the listed symptoms ideally classified or classified into tubercular or combined miasmatic disease group.

The physical field that would indicate an underlying psoric miasm, as these, if present in the main complaint, are very reliable indicators of Psoric Miasm:

- The sympathetic nervous system is very active in contrast to parasimpethetic. Endocrine, especially thyroids are active.
- Thyrotoxicosis without goiter
- Laboratory High blood pressure under emotional stress
- Sections (minerals, enzymes, vitamins, salts) that require replacement therapy
- Dryness of mucous membrane and skin
- Emperable imbalance leading to functional menstruation
- Non-infectious leucorrhea with emotional background.
- The autonomous nervous system controls the intestinal organs (guit and related organs, RS, CVS and intestine), so any functional derivation in nature is flat.
- Malabsorption, Malassimilation, Malnutrition
- Impotence, sterility, vaginalism
- Sensitization reactions and allergic reactions
- Muscle level: Cramps - Emotional and Historical
- Bleeding which are gigantic and conjugal
- Hypercasemental reactions for vaccination

It is responsible for psoric hypersensitivity, environmental conditions and time pity for time, dissolution, concomitant and individual characteristics of reactions, which guides homeopathic prescription.

It is important to remember that sensitivity is not accompanied by the arrival of sycophants, tubercles and syphilis; It continues concomitant with a variable course and intensity.

Thus we are able to appreciate that Hahnemannian totality is an evolutionary, which is spreading itself in space through four miasmatic manifestations. Our objective in clinical management is to keep these parallel manifestations in mind.

SYCOSIS

A hyperactive, hypersensitive and responsible system is operated in disorientation under continuous bombing by adverse environmental input, so the slow sympathetic activity and parasimpethetic activity are increased as a result of the slow-low activity of the activity. Now the system is losing control, which leads to incompetent and incompatible immune reactions and progressive metabolic processes. This is ultimately the result in a system with increasing inertia. The acute inflammatory response has moved into a chronic inflammatory reaction that is slow and may be insufficient in the long term. Common sense:

- Anemia, refractory for hematinics
- Weak inequality and unacceptable, stimulated by repression of discharge
- Wisdom, feelings and body levels cause lethargy, dull, dullness of all processes.
- Rethinking self and non -non -recognition for excessive and uncontrolled spread of tissue

Changed physical expression:

Physical reactions in sycophancy are irregular, wandering, sudden, intense, cramps (cramps, asthma) and distant metastatic non-supportives inflammatory reactions. Metastatic means that inflammatory procedures continue in the distant organs from the region where the original infection occurred.

TUBERCULE

With its disgusting, allergies, hypertrophic, spasmodic reactions, this pilgrimage system that I have just described, have preserved energy, now attempts a final trench to survive and return to normal position. This is despite the continuous presence of adverse factors in the environment. But it is now an

expression of the 'forced' of poor resources rather than the vitality of the Psoric phase and a sign of movement towards final destruction. At this point, we recognize the expression of tuberculosis miasm.

One of the obvious backgrounds for a tubercular miasmatic expression is one of the strong hereditary diathesis, that is, the tuberculosis is present in the history of the family or in his history of the patient. In these cases, the study is done analytically, we often find direct development from psoric towards tuberculosis with least sycotic projections.

All tubercular manifestations are seen as 'enlarged Psora', where the phase of over-activation is long.

There is a lot of nervous irritability in restlessness and anxiety at both physical and mental levels.

The tubercular process expresses itself pathologically through chronic inflammation, resulting in a subsequent soft, abscess formation, and later with fibrosis. There may be a ripe type of scar with a tendency to break again and again. Discharge is also characteristic - cheese, bloody; Smell - Musty, Moldy; Taste - Sweet hope.

SYPHILITIC

The prolonged, drawn development of miasmatic disease expression eventually ends in syphilitic expression which is characterized by destruction at all levels.

The clinical cause of *Treponema Pallidum*, the disease syphilis is one of the specific expressions of syphilitic miasmatic expression.

There are some indicators suggesting a syphilitic diathesis in previous history or family history:

- History or evidence of clinical syphilis
- Frequent miscarriage or miscarriage, still birth, newborn death, fetal deformity, placenta glory, vascular mole, pregnancy toxicity
- cancer
- Ectopic tissue (ectopic pregnancy, thyroid, uterine endometrium)

This means that if a patient has a symptomatology that comes from the clinical characteristics of classical syphilis, then we can consider the appearance of a strong syphilitic diathesis. When there is a strong hereditary and historical background for this, syphilitic miasmatic expression is inspired very quickly in life. Before the syphilis manifest, either after birth or even during an endless life, there is a rapid miasmatic infection with the stages of all other Miasms. It explains how a small phase psoric expression can suddenly jump into a syphilitic miasmatic manifestation such as terminal maliciousness in infants or congenital malformations.

CONCLUSION:

This study concludes that migraine is more common in women than men, the age of the beginning is also between 10 and 29 years old. But there are cases in which the beginning age is between 30 and 49 years of age, the reason in that age was the presence of emotional motivational factor during that age, in 2 cases of migraine also had family history. Therefore, the presence of family history and motivational factor may be the reason for late starting headache in those cases. From this study we can also conclude that the duration of the episode in migraine is between 4 to 72 hours.

In clinical presentation, the sensation of the heart is usually found in migraine cases, to hammer the other sensation and break the type of pain. The reason behind the throbbing headache is the vasodilatation of the external carotid arteries due to the release of vasodilatory neuropeptides. The type of sensation helps in totality formation and remedy discrimination.

Migraine was commonly used in migraine, the *Natrum Mur* is most common in all other measures such as *sepia*, *black carb*, and *calc carb*, is also used in some cases.

In this study, the most found in migraine cases is *MISM* major as well as a fundamental level.

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