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Research Article

An Experimental Study to evaluate the Efficacy of Homoeopathic Medicines in the cases of Migraine by using Pocket Manual of Homoeopathic Materia Medica & Repertory by William Boericke: A Review

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Abstract-
Migraine is not a simple headache but, it is complicated with many other symptoms like unilateral headache, along with nausea and or vomiting, visual disturbances, sensitivity to noise, light etc. along with genetic influences. Migraine significantly impacts the life of the patient but their family, friends, colleagues etc.

Keywords- Migraine, headache, aura, lifestyle, episodic, neurological disorder, homoeopathy.

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Migraine is defined as "A type of headache which occurs time to time and is accompanied with intolerance to noise, light and motion or a frequently occurring complex of sign and symptoms where headache is accompanied with symptoms of neurologic disorders in variably admixtures."
Globally, around 11 % of adults suffer from Migraine and in this, women are three times more prone to get affected due to Hormones. ATLAS of Headache Disorders and Resources in the World in 2011" Released by World Health Organisation confirms that in the 2004 updated Global Burden of Disease Study, Migraine independently has been found to cause disability for 1.3% of total years of life lost.
Exact cause of Headache is still unknown but environment affects it significantly. Patho-physiologically, a mechanism deep in the brain gets activated causing pain producing inflammatory substance to be released around nerves and blood vessels of head.

Types of Migraine

1. *Migraine without aura*- Majority of the patients having migraine experience no aura. Symptoms are moderate to severe episodes of head pain with pulsing or throbbing pain on one side of the head. Headaches are usually made worse with physical activity and are often associated with sensitivity to light and/or noise and nausea and/or vomiting.
2. *Migraine with aura*- About a quarter of people who experience migraine also experience aura, a visual disturbance or change in sensations that typically signal an oncoming attack. Aura is the second phase of migraine's four distinct phases and usually lasts for 5 to 60 minutes. It can occur with or without headache.
3. *Ophthalmoplegic migraine*- Ophthalmoplegic migraine (also called ophthalmoplegic neuropathy) is a nervous system problem that affects the eyes and head. People with this rare condition get headaches and pain around their eyeballs. The muscles around their eyes get weak and hard to move. They can also have double vision.
4. *Retinal migraine*- This type of migraine is most commonly experienced by women during their childbearing years. Vision loss can last between five and 60 minutes, but should be fully reversible. retinal migraine occurs in only one eye, unlike many visual disturbances experienced during the typical aura phase.
5. *Childhood periodic syndromes that may be precursors to or associated with migraine*-It is characterized by a pain located at periumblical region. In addition to abdominal pain, symptoms include nausea, vomiting, loss of appetite and a pale complexion (pallor) in the face. Some children may also experience other migraine symptoms like light and noise sensitivity, though head pain is typically not a symptom. Attacks can last from two to 72 hours, and children usually should have no symptoms between attacks.
6. *Migraine disorder not fulfilling the above criteria*- Any other type of migraine is classified under this type.

Stages of Migraine

1. Mild migraine
a. Occasional throbbing headaches
b. No major impairment of functioning
2. Moderate migraine
a. Moderate or severe headaches
b. Nausea common
c. Some impairment of functioning
3. Severe migraine
a. Severe headaches _3 times per month
b. Significant functional impairment
c. Marked nausea and/or vomiting

Phases of Migraine

1. Premonitory symptoms- up to 24 hours prior to developing a Migraine.
2. Aura- visual or sensory impairments occur just prior to or during the migraine.
3. Headache- Starts gradually and increases in intensity.
4. Post-drome – exhaustion or confusion after an attack of Migraine.

Symptoms of Migraine

- Nausea
- Photophobia
- Light-headedness
- Scalp tenderness
- Vomiting
- Visual disturbances
- Photophobia
- Fortification spectra
- Paresthesia
- Vertigo
- Alteration of consciousness
- Syncope
- Seizure
- Confusional state
- Diarrhoea

Migraine is the most common condition causing visual disturbance.

Diagnostic criteria for migraine

In the third edition of the *International Classification of Headache Disorders* (ICHD-3), migraine is subclassified into 6 categories: migraine without aura, migraine with aura, chronic migraine, complications of migraine, probable migraine and episodic syndromes that may be associated with migraine.

The Visual Aura Rating Scale (VARS) has been validated for use in distinguishing migraine with visual aura from nonspecific visual symptoms and it has a 91% sensitivity and 96% specificity for diagnosis of visual aura when the score is ≥ 5. The 5 characteristics of the visual symptoms that make up the scale are duration 6–60 minutes (3 points), develops gradually over 5 minutes or more (2 points), scotoma present (2 points), zigzag line present (2 points) and unilateral (1 point).

The ID Migraine Screener, a tool that has been validated in primary care, screens for 3 key migraine-associated features: photophobia, functional impairment and nausea (with the mnemonic "PIN the diagnosis"). The screen is positive for migraine if the patient has 2 or more of the features.

Imaging in Migraine! But when?

For patients with stable headaches who meet criteria for migraine and have a normal neurologic examination, guidelines from the American College of Radiology and the American Headache Society strongly recommend against routine neuroimaging.

Neuroimaging should be ordered in patients with an abnormal neurologic examination or red flags on history. Headache red flags consist of patient characteristics, features of the headache, and clinical symptoms or signs that should be assessed in every patient presenting with headache.

Neuroimaging should also be ordered in patients with unilateral headache that always occurs on the same side (side-locked), a feature of trigeminal autonomic cephalalgias, which can be mimicked by underlying central nervous system pathologies such as pituitary

tumours, intracranial dissections or aneurysms, and infections; aura symptoms that are unusual, prolonged or persistent, a feature that could indicate an underlying lesion or seizure; and post-traumatic headache, because of the increased risk for intracranial haemorrhage or vascular injuries.

Approach to acute treatment of a migraine attack

The goal of treatment of migraine attacks is to provide rapid relief from pain and other migraine-related symptoms, to restore patient function and to prevent recurrence. Ideally, treatment should be self-administered, effective, well tolerated and affordable, and require minimal redosing.

All patients should be educated and screened for medication overuse, which can lead to medication-overuse headache and is a risk factor for transformation of episodic to chronic migraine.

How to treat Migraine

The goal of migraine treatment is to relieve symptoms and prevent additional attacks. Quick steps to ease symptoms may include:

- Napping or resting in a quiet, darkened room
- Placing a cool cloth or ice pack on the forehead
- Drinking lots of fluid, especially if a migraine attack includes vomiting

Small amounts of caffeine may help relieve symptoms during a migraine's early stages.

The goal of treatment of migraine attacks is to provide rapid relief from pain and other migraine-related symptoms, to restore patient function and to prevent recurrence. Ideally, treatment should be self-administered, effective, well tolerated and affordable, and require minimal redosing. Homoeopathy is the most gentle and reliable mode of treatment for the patients seeking cure of the migraine. Homoeopathy works on the basic principle of symptoms similarity. So to cure the patients, all the symptoms should be brought together in such a way so that the picture of patient is clear and on the basis of this, the most similar medicine should be prescribed.

Conclusion-

Migraine is a complex neurological disorder. Patients around the world, keep on suffering from Migraine for year without any proper attention and disease severity is generally under-estimated. There are many treatment modalities available in the market but none is providing permanent cure to the patients, just because of lack of knowledge about disease and availability of treatment options among un-experienced doctors and common man. People are abusing painkillers whenever they are experiencing Migraine. Due to use of this, not only Migraine is getting troublesome but the gastro-intestinal symptoms are also getting developed in the patients. Even, there is lack of awareness in rural areas too. The incidences of Migraine are increasing daily and it is getting converted in to a silent pandemic.

No expensive investigations are needed to diagnose Migraine. Only by knowing the art of taking good history, a physician is able to diagnose the case of Migraine.

For treating migraine, homoeopathy is the most gentle mode of treatment.

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