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Update on Homeopathic Treatments for Migraines

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ABSTRACT

In addition to being the most common neurological ailment in adults, migraines affect a disproportionately large number of women from the time they reach menarche until they reach menopause. The debilitating effects of chronic migraine, which must be experienced at least fifteen days a month, are well-documented. At least ten days a month, many people with chronic migraine take a compound analgesic, opioid, triptan, or ergot derivative, indicating that they are likely to abuse medicine. There is still a need for migraine therapy, despite the fast progress in path physiology that has led to new options. The use of homeopathy to treat migraines is discussed in this article.

Keywords: migraine, homeopathy

INTRODUCTION

There is a wide range of symptoms associated with migraines, which may impact the neurological system, the digestive system, and the blood vessels.¹ Worldwide, around 14% of the population suffers from migraines at some point in their lives; this number is 9% for men and 20% for women.² Among the most debilitating disorders, according to the World Health Organization's ranking, are migraines, active psychosis, dementia, and quadriplegia.³ It is futile to recommend long-term traditional preventive methods

that need daily adherence in cases of occasional migraine attacks, despite its many benefits and low toxicity. Lots of CAM (complementary and alternative medicine) methods alternative medicine, homeopathy included, have been proposed for the treatment of this illness.¹ People with headaches or migraines typically see a homoeopath for relief. ^{4,5} Homeopathy is a kind of alternative medicine that is widely used across the globe, although it is particularly popular in high-income nations

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Pathophysiology

1. **Vascular and Neurogenic theories** There is still a lack of consensus on what triggers migraine headaches. In order to clarify the cause of migraine headaches, two

2. separate hypotheses were advanced. Thomas Willis articulated the vascular hypothesis when he acknowledged that "all pain is an action violated" and

3. contended that the widening of blood vessels in the brain and spinal cord is the root cause of headache discomfort. Activation of the trigeminovascular system is now associated with migraine headache, according to the alternative neurogenic explanation.⁹

4. Cortical Spreading Depression

According to the commonly held belief, the headache is caused by the activation of the trigeminovascular pain pathway and the aura is caused by cortical spreading depression (CSD), which is characterized by a wave of neuronal hyperactivity followed by an area of cortical depression.¹⁰

5. 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

Hormonal changes, particularly estrogen, put women at a greater risk of migraines than males. In most cases, migraines first appear between the ages of 35 and 45, or during adolescence.¹³

There are two main kinds of migraines:

Aura migraines are defined by brief localized neurological symptoms that may come on before or

coincide with the headache. There is a headache resolution phase and a premonitory phase that some patients go through. The premonitory phase might last for hours or even days before the headache really starts.

Hyperactivity, hypoactivity, sadness, food cravings, excessive yawning, exhaustion, and stiffness or soreness in the neck are some of the symptoms that may precede or follow the end of treatment.¹⁴

Headaches with migraine-like symptoms but no aura are known as a clinical syndrome. These symptoms include a pulsating quality, moderate to severe pain intensity, a headache that is worse with or causes you to avoid regular physical activity, nausea, vomiting, or a sensitivity to light or sound.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 required⁹. 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

A prospective multicenter observational research with 212 migraine patients was carried out by Witt et al. Medication for the patients included Nat-M, Calc, Sep, Sulp, Nux, Puls, Caust, Lyc, Sil, Carc, Thuj, Buf, Phos, Calc-p, Kali-bi, and Tub. The study's most important

conclusion was that There was a significant improvement in migraine symptoms after using homeopathic medication.¹⁵

Sixty Italian patients suffering from migraines were the subjects of a 4-month randomized control trial by Brigo B. With a mean age of 39 years, 83% of the participants were female. Eight prescribed medications were administered, one of which being Similimum, with four doses spaced two weeks apart. An very encouraging outcome was shown by the results (p value in support of homeopathy (~0.001)).¹⁶

Additionally, Walach et al. conducted a three-month, randomized, controlled, double-blind research in Germany. The research comprised 98 individuals with persistent headaches, namely tension migraines, with 66% being female and an average age of

I am twenty-four years old. Each patient was prescribed a similimum. A little less headaches were reported.¹⁷

A four-month randomized control double-blind trial was conducted in the United Kingdom by Whitmarsh et al. Among the 63 patients included in the trial, 92% were female and the participants' ages ranged from 19 to 59. The dose for Similimum, one of eight pre-defined medicines, was two pills twice weekly. Both groups are statistically indistinguishable.¹⁸

Over the course of four months, Straimsheim et al. studied 73 Norwegians who suffered from migraines in a randomized control fashion. From the ages of 28 to 65, 82% were women. One of sixty treatments was selected for Individualized Similimum. Reductions in attack frequency, medication usage, and severity are seen in both groups.¹⁹

CONCLUSION

Treatable migraines are a leading cause of neurological impairment. Interventions to lessen the innate propensity for headaches must be accompanied by a proper diagnosis and the treatment of any coexisting physical or mental health issues. Migraine susceptibility is hereditary and fluctuates throughout a person's life; there is currently no way to "cure" migraines, although they may be controlled.

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