

A QUARTERLY HOMOEOPATHY NEWS BULLETIN

HOMOEODINSIGHT

THIS BULLETIN BASED ON MIGRAINE & HOMOEOPATHY

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PARUL INSTITUTE OF HOMOEOPATHY & RESEARCH
PARUL UNIVERSITY

Managing Editor's Message



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Wish you all the readers a Happy Independence Day. In spite of prevalence of the pandemic covid- 19, it gives me immense pleasure and I feel proud that the quarterly bulletin "Homoeinsight" is published with a new form by the issue editor Dr. Bhavita Malvi with a burning topic "Migrain and Homoeopathy". The contribution of faculties of the institute and hospital staff are very significant for timely releasing of this issue. I hope the readers must enjoy and enlighten reading the articles collate and collect by the issue editor. On behalf of editorial board I am very much thankful to our Director Dr. Komal Patel madam for her constant motivation for publishing such type of literary work by the institution for exploring the internal quality of the stake holders.

Editorial Message



Dr. Bhavita Malvi
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Dear Readers,

“I just want to live a long healthy life, and I don't want to have neurological diseases or die younger than I would otherwise”—Christ Borland. Everyday, things can trigger a migraine headache- Food, drinks, exercise, medication, stress, too little sleep, bright light, hunger, smells & hormones. This issue tries to explore the scope of homoeopathy in Migraineas well details of various cocurricular, extracurricular and hospital activities carried out by institution.

Basic aim to publish this issue is to help out society to maintain physical, mental, emotion & social well being. Now a days homoeopathy becomes renowned and alternative practice of medicine where a homoeopath alleviate human sufferings. Articles cover understanding of Migraine as disease and understand migraine homoeopathically. Now a days prevalence of migraine is quite high because of cultural, life style, environmental factors. Worldwide prevalence of migraine is approximately 1 billion. I express my heartiest gratitude to all my well wishers who have encouraged me and helped me directly or indirectly in preparation of this issue of quarterly bulletin of our institution.

I wish all the readers a very Happy 74th Independence day.

With a quote I rest my pen “Some people want it to happen, some wish it would happen, others make it happen.” – Michael Jordan

MIGRAINE & ITS CLASSIFICATION

Introduction

Migraine is second most commonest cause of headache and most common headache related and neurologic cause of disability in the world. It is an episodic headache associated with sensitivity to light, sound or movement, nausea, vomiting. A migraine attack has phases, premonitory or prodrome, aura, headache phase, and postdrome sensitivity is more in females during menstrual cycle.

Classification of Migraine

- Migraine without aura
- Migraine with aura
- Migraine with typical aura- typical aura with headache
- Typical aura without headache
- Migraine with brain stem aura
- Hemiplegic migraine
- Familial hemiplegic migraine- type1, type2, type3, familial hemiplegic migraine with other loci
- Sporadic hemiplegic migraine
- Retinal migraine
- Chronic migraine
- Probable migraine- with aura, without aura
- Episodic syndromes associated with migraine are
- Recurrent gastrointestinal disturbances
- Cyclical vomiting syndrome
- Abdominal migraine
- Benign paroxysmal vertigo
- Benign paroxysmal torticollis

Pathogenesis

There are various theories behind causes of migraine

GENETIC THEORY

NEUROVASCULAR THEORY

BRAINSTEM THEORY

CORTICAL SPREADING DEPRESSION THEORY

DOPAMINERGIC THEORY

To understand these theories a brief physiology of the fifth cranial nerve, trigeminal nerve, the brief structure of brain and how the electrical signals are produced and role of neurotransmitters is to be understood trigeminal nerve is a mixed nerve with sensory, motor and mixed fibres Sensory fibres carry sensations of touch, pain, temperature and pressure to the brain

Motor fibres supply the muscles of face producing expressions and movements the motor branches are ophthalmic branch supplying forehead, upper lid and eyebrow maxillary branch supplies maxilla and cheek mandibular branch supplies mandible secretomotor fibres supply parotid gland trigeminal nerve is one cause of migraine in neurovascular theory. Brain is enclosed in the cranium, the outer covering is cerebral cortex made of elevations and depressions called sulci and gyri. It is divided into four lobes, frontal, parietal, temporal and occipital. The cortex from inside contains a layer of neurones, white matter containing nerve fibres and meninges containing blood vessels and pain sensitive structures. Brain lobes- frontal - controls movement, parietal and temporal - function for sensations occipital - visual centre for vision. Nerve is made of neurones, the flow of charged Na ions into the neurones and K⁺ ions out of the neurones causes increase in positive charge inside called as depolarisation. This generates electrical signal, the electrical wave moves rapidly to the brain from one neurone to another the electrical signal is passed through the synapse that is junction between two neurones. The Ca⁺ ions enter the neurone through Ca⁺ channels and release neurotransmitter substances. These substances open the Na⁺ channels for influx of positively charged



MIGRAINE & ITS CLASSIFICATION

Na⁺ ions to generate electrical signals. In this manner electrical signals are carried from one neurone to another. Disturbed electrical activity in brain is the cause of different theories postulated for migraine.

GENETIC THEORY

Genetic defect- Presence of defective protein in the cell. The defective protein opens Ca²⁺ ions in neurone and the defective protein keeps the Ca channels open for longer time. Ca²⁺ releases the neurotransmitter and it causes influx of Na⁺ ions for a longer time and there is hyperactivation of neurones and increase of electrical activity in the brain, adherent blood vessels are stimulated producing headache.

NEUROVASCULAR THEORY- Increased influx of Na⁺ ions produces hyper excitability- in cortex. The wave of depolarisation is produced due to increase of positive charge. It passes down at the rate of 2-6/mm inside the brain, nuclei are excited, nuclei of trigeminal nerve is activated.

They release VIP, substance P, CRGP- calcitonin G related peptide. Sterile inflammation of meningeal vasculature is produced due to sub P, calcitonin G related peptide. These neuropeptides produce vasodilatation, plasma protein extravasation, mast cell degranulation and activation of nociceptors or pain receptors

This produces pain in migraine.

BRAINSTEM THEORY -activation of nerves in this area directly send pain impulses to the brain

Cause cortical spreading depression

Abnormal pain perception

CORTICAL SPREADING DEPRESSION THEORY

Cortex- electrical activity is disturbed, depolarisation spreads at base of brain producing symptoms of visual aura or to frontal and parietal lobe producing symptoms of numbness and tingling. The wave of depolarisation spreads to thalamus, brain stem and

sensory area of cortex producing inflammation of these areas. The cause can be ischaemia of intracranial blood vessels causing vasoconstriction so if one side is affected, symptoms can be seen on opposite side of the body. Cortical depression causes inflammation of meninges and stimulates trigeminal nerve carrying pain signals to the brain. Nociceptors are stimulated producing headache.

DOPAMINERGIC THEORY- hyperexcitability of dopaminergic receptors - nausea and vomiting

Clinical Features and Its Pathogenesis

There are four phases in migraine attack. They are

1. Prodromal phase
2. Aura
3. Headache phase
4. Postdromal phase

Prodromal phase

Starts 24 hours before the attack

Mood changes

Muscle stiffness

Fatigue, yawning

Photophobia and phonophobia

Aura

Zig zag lines

Unilateral numbness

Difficulty in speech

Headache

Unilateral, pulsating

Postdromal phase

Hangover of migraine

Exhausted feeling

Weakness and confusion



MIGRAINE & ITS CLASSIFICATION

Lasts for a day

Migraine with aura- Disturbed electrical activity in brain- neurological symptoms related to localised area of cerebral cortex. Aura precedes headache by 5-30 min and consists of visual disturbances, hemiparesis. No aura symptom lasts for more than 60 min. Headache follows aura with an interval less than 60 min Episodic paroxysmal headache with nausea and vomiting and an aura of focal neurological events usually visual. Classical migraine starts with nonspecific prodrome of malaise and irritability followed by aura of focal neurological event and then severe throbbing hemicranial headache with photophobia and vomiting. Patient prefers to be in quiet dark room and prefers to sleep. Shimmering silvery zigzag lines across visual fields for 20 min. In some patients there is sensory aura tingling followed by numbness which moves over 20-30 min from one part of the body to another

SYMPTOMS OF AURA AND ITS PATHOGENESIS- sensory experience -precedes headache, needle sensations and numbness, focal neurological deficits usually visual Zigzag lines across visual fields or flickering of lights. Retina is the inner membrane of eyeball having photoreceptors, rods and cones, axons of rods and cones synapse with dendrites of bipolar cells and axons of bipolar cells synapse with dendrites of ganglion cells, axons of ganglion cells form optic nerve. The right and left optic nerves leave the retina and medial fibres from both the nerves cross at the optic chiasma, forming optic tracts which carry the visual impulses to the occipital lobe of cerebral cortex. Inflammation in occipital lobe can produce visual defects Needle like sensations or numbness. The right lobe of brain controls left side of the body and vice-versa. If there is vasoconstriction in blood vessels of one lobe of the brain or inflammation of the lobe then the supply of motor impulses from that lobe to the opposite side of the body is decreased owing to which there is numbness and tingling.

Triggers of aura- These are the factors that can stimulate aura phase of the attack of migraine. They are physical exertion, lack of sleep, cheese, chocolate, wine, beer, nitrates, too much sleep, mental stress, physical exertion and mental stress stimulates the sympathetic nerves. They innervate the muscle layer of blood vessels producing contraction and vasoconstriction of blood vessels. Chocolates, cheese, wine, beer, nitrates are stimulants that can change sleep pattern. Disturbed sleep pattern also stimulates sympathetic nerves to produce vasoconstriction. There is inflammation to nuclei of brain causing pain and neurological symptoms.

MIGRAINE WITHOUT AURA

Hemicrania simplex: Headache occurs periodically-premenstrual starting anytime between 2 days before expected date. The cause is hormonal due to decline of oestrogen just before menses or excess of oestrogen. Oestrogen excites the brain cells, produces tightness in neck muscles, causing pain in neck that cascades up producing headache.

Oestrogen influences nitric oxide, it causes vasodilation and inflammation of meninges and irritation of trigeminal nerve causing pain. Decline in oestrogen can also produce irritation of trigeminal nerve. Headache for 4-72 hours, unilateral location aggravated by climbing, walking with nausea, vomiting and photophobia.



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ROLE OF CONSTITUTIONAL REMEDY IN MIGRAINE

Introduction

Migraine is a disease which causes intense one sided headache in patients. It is a neurological condition which is associated with multiple symptoms. It is mostly common in women than men. Children may be affected by it but mostly it is found to have an impact in adults.

The symptoms of migraine include one sided headache, loss of appetite, weakness, low mood, depression, vomiting, nausea, increased sensitivity to sound, neck stiffness, irritability and yawning. Migraine is mostly classified into two types. The first type is called the migraine with aura and the second one is migraine without aura. The migraine with aura may start with a few symptoms which is initial stage of the episode of migraine. These problems will be like difficulty in vision, speech, tingling sensation in hands, legs or face, seeing bright spots or lights. This is followed by the attack phase when the patient will show the symptoms of migraine with throbbing & pulsating headache. The symptoms may last from few hours to few days. Later on this phase is followed by postdrome phase. In here the patient may either feel too euphoric or dull. It may vary from person to person.

Pathogenesis

commonly in families. There is a genetic or hereditary factor seen. It is considered as neurovascular condition which has a inherited tendency. The main feature of migraine is unilateral headache with throbbing pain. There are two things according to the modern concept of pathology of migraine explains the manifestation of migraine in persons. The first and foremost is the individual predisposition and secondly the triggering mechanism of the attack. The studies

shows that the gene ATP1A2, which encodes the alpha2 subunit of the Na⁺/K⁺ pump, is associated with familial hemiplegic migraine type 2 (FHM2) and is linked to chromosome 1q23. Dysfunction of calcium channels might impair serotonin release and predispose patients to migraine or impair their self-aborting mechanism.

Migraine and Miasm

Migraine is considered to fall in the psoric miasm. It is more of a functional disorder and no major pathological or organic lesions are seen. The triggering factors for migraine can range from simple fasting, sleeplessness, stress, grief or tension. It is more of a one sided disease when we try to classify it in terms of Hahnemannian classification of diseases. The best way to treat it homeopathically would be to go for constitutional remedy as this will help to clear the miasmatic impression with which the patient is born that predisposes to migraine. Modern medicine have also shown that genetic

component is responsible for triggering the migraine attack. Hence a more holistic approach would be to find out the similimum and treat.



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MIASMATIC UNDERSTANDING OF MIGRAINE ON BASE OF CONSTITUTIONAL AND INDIVIDUALIZATION

Migraine is a primary episodic headache disorder characterized by various combinations of neurological, gastrointestinal and autonomic changes. It is a common disorder and is the major cause of absenteeism from work and avoidance of social and personal activities. Migraine is a manifestation of constitutional disorder and as such it requires constitutional treatment for its cure. Medicines covering symptoms of headache only may give temporary relief from time to time but a complete cure thereby may not be possible unless the Homoeopathic constitutional medicine is prescribed in appropriate doses.

In our homoeopathy, only the totality of the symptoms of the individual state of each particular patient is used to cure the disease. So no real cure of miasms can take place without a strict particular treatment of each case of disease. Chronic miasms are much hidden and the symptoms are much more difficult to be ascertained. Lot of questions need to be asked to trace the picture of disease, that is questions about the medical history of one's family, mental delusions, dreams and peculiar

The term miasm means "noxious influence". A miasm is most simply defined as a person's inherited disease group. Every human has an inherited miasm and with inherited responses that have been passed down from one generation to the next generation. A miasm is either active, inactive (latent) or exposed. Miasms are either inherited, meaning passed down through family genetics, or they can also be acquired, such as through developing the disease of gonorrhoea or syphilis. Miasms are responsible for all chronic diseases of any type.

"the true natural chronic diseases are those that arise from a chronic miasm, when left to themselves, improper treatment, go on to increase, growing worse and torment the patient to the end of his life." §78 Organon of Medicine

Hahnemann spent 12 years investigating miasms and collecting proof of his findings, the results of which can be found in his work, THE CHRONIC DISEASES.

He named 3 miasms - Psora, Sycosis and Syphilis. Later a fourth miasm was added (by J. H. Allen), called Pseudo Psora or Tubercular Miasm. Dr. Hahnemann has classified migraine under the psoric miasm - 78 apporism. By such a prescription, which covers the miasmatic dyscrasia of the person, the chances of recurrence are eradicated and the axiom of 'rapid, gentle and permanent recovery' (Hahnemann's Organon §3) is encompassed. In cases of one-sided disease with a scarcity of symptoms, the action of the anti-miasmatic remedy is centrifugal, and by bringing the suppressed symptoms to the surface allows a proper totality to be framed.

PSORA

Location

It occurs in the frontal vertex or temporal region. They are often felt only externally.

Sensation

Migraines may be sharp severe and paroxysmal. The pain may appear on one side only. And is often long standing and of a functional character.

Modalities

The psoric migraine increases and decreases with the sun. There is aggravation in the morning from motion, cold, hunger and anxiety. Rest, quiet, sleep, warmth, and natural eliminations ameliorate.

Concomitants

1. Mental symptoms such as fear, anxiety and apprehension.
2. Red face with throbbing of the carotids
3. Hot flushes ending with little perspiration.
4. Sweat on head during sleep
5. Vertigo, aggravated by looking up suddenly, rising from a sitting position or from emotional disturbances.

SYCOTIC

Location



MIASMATIC UNDERSTANDING OF MIGRAINE ON BASE OF CONSTITUTIONAL AND INDIVIDUALIZATION

Sycotic migraines occur in the frontal and vertex regions and occasionally parietal

Sensation

Sycotic migraines are characterized by a dull aching, heaviness and a reeling sensation.

Modalities

It is aggravated from rest, humidity, lying down and cold. There is also a worsening of symptoms from morning to night and around midnight. Amelioration is from motion, violent exercise, warmth and abnormal discharge.

Concomitants

1. Urogenital symptoms
2. Crossness, irritability and jealousy
3. Restlessness
4. Vertigo, which appears on closing the eyes and disappears on opening them
5. Congestion leads to stagnation causing the arteries to become sluggish

SYPHILITIC

Location

Syphilitic migraines are mostly occipital or temporal, although occasionally they occur in the base of brain, the internal head and the meninges.

Sensation

The syphilitic migraine is constant and persistent and often occurs at the base of the brain on one side only. The pain may be stitching, tearing, boring, digging, maddening, sharp or cutting etc.

Modalities

It is aggravated at night and from evening to morning, hot or worm weather, warmth of bed, natural discharges, rest and lying down

Concomitants

1. Suicidal tendency
2. Imbecility
3. Migraine may be associated with allied

disturbances of the cardiovascular and nervous systems

4. Deficient blood supply

TUBERCULAR

Location

Tubercular migraines are patchy in their distribution and may be temporal or parietal or occur in the base of the brain or the meninges.

Sensation

Tubercular migraines are extremely painful and occur especially on holidays. They may migrate from the right eye to the left ear and can be caused by the approach of a stranger. There is a sensation of throbbing, or hammering, and pressive, tightness like a band.

Modalities

It is aggravated pain evening and forenoon, cold and every change of weather. Patients are averse to having their hands uncovered. epistaxis, rest, quiet, sleep and eating ameliorate.

Concomitants

1. Red face with throbbing of the carotids
2. Nose bleed which relieves symptoms
3. Migraine with cough cold and coryza
4. Hunger during the headache
5. Offensive head sweats
6. Extreme weakness with the migraine



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HOMOEOPATHIC THERAPEUTICS OF MIGRAINE

Belladonna

- Belladonna is first remedy that comes to our mind in headache, it's symptoms are clear and sharply defined.
- Throbbing is great keynote, but violent shooting pain in head driving the patient almost wild.
- The patient can not lie down, must sit up nor can bear slight draft of air, noise or exertion. Location of pain mainly in frontal region or right side mostly.

Bryonia

- This remedy can be helpful if a person has a heavy or "splitting" headache, with steady pain that settles over one eye (especially the left) or spreads to the entire head.
- Pain is worse from any motion, even from moving the eyes, and the person wants to lie completely still and not be talked to or disturbed.
- The person can have a very dry mouth and usually is thirsty.

Gelsemium

- This remedy relieves congestive headaches at the base of the head, as well as headaches around the eye, caused or aggravated by stress.
- Migraine begins at 2 or 3 a.m. amelioration in afternoon.

Glonoinum

- This remedy relieves sudden headaches, with fullness of head and feeling of heat, and aggravated by heat.
- Headache before, during, after menses.

Ignatia

- This remedy is helpful for migraines in sensitive people, especially headaches after emotional upsets or caused by grief.
- The headache is often focused on one side of the head, and may feel as if a nail is driven in. Twitching in the face or spasms in the muscles of the neck and back frequently occur.
- The person often sighs or yawns and may sometimes weep or seem "hysterical."

Iris Versicolor

- The iris headache characteristically with partial blindness, or blurring of vision, being similar to gelsemium and kali bichromicum and it is especially a remedy for gastric or bilious headache. The blurring of sight may be preceded by drowsiness.
- Intense migraines with blurry vision and pain that extends to the face and teeth, along with vomiting and a burning feeling in the throat and stomach, can often be relieved with this remedy.
- The headache of iris is aggravated by violent motion, cold air and coughing and better from moderate exercise in open air. Headache are produced by eating sweet things iris is probably remedy.

Natrum Muriaticum

- Migraines (often on the right) that are worse from grief or emotional upsets, worse from too much sun, or occur just before or after the menstrual period, are likely to respond to this remedy.
- The headache feels like "a thousand little hammers were knocking on the brain" and is often worse from eyestrain.



HOMOEOPATHIC THERAPEUTICS OF MIGRAINE

- The person may have numb or tingling feelings in the lips or face before the headache starts, and the eyes are very sensitive to light.
- Chronic headache, semi-lateral, congestive, from sunrise to sunset, with pale face, nausea, vomiting.
- Headache of school children.

Nux Vomica

- Nux vomica is more often indicated in headache than any other remedy.
- Headache from excessive use of alcohol, in morning, tobacco, coffee, headache from digestive troubles, constipation and hepatic insufficiency.
- It suits to gouty and haemorrhoidal, which makes up of all migraines.
- The ache is situated over one or other eye, usually left or in the occiput. It begin in morning with giddiness on first rising, and lasts all day until night, accompanied with sour taste or nausea and violent retching.
- Some modalities of nux vomica headache that should be carefully noted. Stooping and coughing aggravates headache, it worse in morning.
- Relieves the nux vomica headache by wrapping the head up warm and by rest.

Sanguinaria

- Right-sided migraines with tension in the neck and shoulder, extending to the forehead with a bursting feeling in the eye, are often relieved with this remedy.
- Jarring, light, and noise aggravate discomfort. The

headaches improve after vomiting, as well as from burping or passing gas, and are often better after sleep.

- A person who needs this remedy often comes down with migraines after missing meals, and also has digestive problems and allergies.

Sepia

- Left-sided migraines with dizziness and nausea, worse from missing meals, and worse near menstrual periods or during menopause, often responds to this remedy.
- Pain may come in shocks or jerks, and the person feels worse indoors and from lying on the painful side.
- A person needing Sepia feels weary, cold, and irritable, wanting no one to make demands on them.

Silicea

- Migraines that come on after mental exertion or near the menstrual period may indicate a need for this remedy—especially in a nervous person who is very chilly.
- Headaches are usually right-sided, starting in the back of the head and extending to the forehead, and are worse from drafts or from going out in the cold without a hat.
- The person may feel better from lying down in a dark, warm room and also from covering the head.

Cimicifuga

- This remedy is often indicated for migraines with throbbing pains ("as if the top of the head would fly open") or shooting pains in the eyes.



HOMOEOPATHIC THERAPEUTICS OF MIGRAINE

- Headaches are often associated with the menstrual period or come on after long-term study or worrying. The muscles of the neck are usually involved in the headache, feeling very stiff and painful.
- Pain is worse from motion and sometimes improved by eating.

Coffea Cruda

- This remedy relieves headaches and sleeplessness with agitation and overactive thoughts.

Cyclamen

- Migraines that start with flickering in the eyes, dim vision, or dizziness suggest a need for this remedy.
- Pain is often right-sided and may involve the ear—which can also ache or itch. The person feels very weak and sick (the nausea is often worse from fatty food) and is thirsty, very sensitive to cold, and worse from open air.
- People who need this remedy are sympathetic and emotional; they often have an anxious or remorseful feeling that they may have neglected some responsibility.

Kali Phosphoricum

- This remedy relieves symptoms from intellectual overwork.

Lachesis

- Left-sided migraines with congested, pulsing pain that is worse from pressure or tight clothing may respond to this remedy.
- The person's face looks deeply flushed or blotchy. Headaches are often worst before the menstrual period and better once the flow begins.

- The person feels worse from sleeping (either in the daytime or at night) and is usually worse from heat.

Lycopodium

- This relieves headaches caused by delaying meals, with desire for hot food and candy.

Spigelia

- Excruciating headaches on the left side of the head, with violent throbbing, or stitching pains above or through the eyeball, may respond to this remedy.
- Pain may extend through the face and is worse from motion, touch, position changes, and jarring.
- The person may feel better from lying on the right side with the head supported, and keeping still.

Cocculus

- Headache brought on from riding in carriage or riding in cars or on shipboard, headache from motion.
- Sick headache with vertigo. Headache again from working in sun.
- Headache mainly in occiput and nape of neck. Opening and shutting sensation.



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UTILITY OF HOMEOPATHIC REPERTORY IN MANAGEMENT OF MIGRAINE

Abstract: This article embraces the utility of different homeopathic repertory in management of migraine.

Key words: Migraine, Symptoms, Cause, Repertory.

Introduction:

Migraine is the recurrent, severe unilateral throbbing pain in head with vomiting followed by visual and sensory disturbances. It found usually at middle age about 20% female are affected than male 6 %. Migraine attack is mostly sudden in onset and remains for 15-30 min. It occurs due to dysfunction of ion channels which causes cortical depolarisation that leads to excitation and followed by hyperpolarisation that leads to decrease activity of nerves and finally it leads to headache with vasodilatation of the extra-cranial vessels. Homeopathy is the science which embraces the power to act at the level of DNA and RNA. So it will help in treating the genetic disease, congenital disease and other constitutional diseases.

Aetiology:

Migraine usually found in family due to genetic causes but there are some triggering factors which can leads to development of migraine. Long usage of Hormonal tablets like Oral Contraceptive pills. Over consumption of cheese, chocolate and red wine. Stress and anxiety which increases the risk of migraine attack.

Clinical Features:

Migraine attack is mostly sudden in onset and remains for 15-30 min. It starts with Malaise, irritability, behavioural change, weakness, giddiness, severe throbbing headache, pre migraine aura, Photophobia, zig zag flashed of coloured lights, vomiting from 4 to 72 hrs, numbness and tingling in face and extremities, lachrymation and blurring of vision.

Repertorial approach:

Kent: Head:

Pain, headache in general: Morning: Ceases toward evening: Bry, Kali.c, Nat.m.

Pain, headache in general : Morning: Increases and decreases with the sun: Glon, Kalm, Nat.m, Phos, Sang, Spig, Stann.

Pain, headache in general: Morning: Increases until noon, or a little later, then gradually decrease: Phos, Sulph.

Pain, headache in general: Morning: Increasing during day: Cact

Pain, headache in general: Morning: Same hour, at: Kali.b

Pain, headache in general: Morning: Until noon: Nat.m, Taba

Pain, headache in general: Forenoon: Aur, Bary.c, Calc, Con, Kali.c, Nat.c, Nat.m, Sars, Sep.

Pain, headache in general: Noon: Cedr, Nat.m, Naja, Sulph, Zinc.

Pain, headache in general: Afternoon: Acon, Agar, Alum, Am.c, Bad, Bella, Carb.v, cupr, Graph., Kali.n, Lach, Lyco, MAng, Mez, Mur.ac, Ph.ac, Nit.ac, Sars, Sele, Sil, Stront, Sulph, Verat, Zinc.

Pain, headache in general: Periodic headache: Alum, Ars, Cedr, Chin, Chin-s, Coloc, Nat.m, Nit.ac, Sang, Sep, Sil.

Pain, headache in general: Summer: Bella, Carb.v, Glon, Nat.m, Nat.c, Puls.

Pain, headache in general: Sun, from exposure to : Agg: Ant.c, Bella, Bry, Glon, Lache, Nat.c, Puls.

Pain, headache in general: Violent pains: With red



UTILITY OF HOMEOPATHIC REPERTORY IN MANAGEMENT OF MIGRAINE

face, vomiting and diarrhoea: Bella.

Boenninghausen: Head

Internal: Half of: One: Alum, Anac, Asaf, Colo, Kali.c, Nux.v, Phos.ac, Plat, Puls, Sang, Sars, Sul.ac, Sep, Ver.b.

Internal: Half of: Right: Bella, Calc, Carb.v, Ign, Saba, Sili.

Internal: Half of: Left: Am.c, Brom, Fl.ac, Ipe, Merc, Nit.ac, Sep, Spige.

Internal: Throbbing,: Temples: Bella, Calc, China, Coccu, Glon, Staph,

Internal: Throbbing,: Sides: Arg.m, Verat.

Internal: Aggravation: Photophobia, with: Sep

Internal: Aggravation: Sun: Exposure to: Glon, Lache.

External: Pain, simple: Nux.v

External: Throbbing: Sulph

External: Numb: Side, one: con.

Boericke: Head

Headache cephalalgia, cause: Mental exertion or nervous exhaustion: Anac, Arg.n, Epip, Gels, Kali.p, Nat.c, Nux.v, Pic.ac.

Head: Headache cephalalgia, cause: Sunlight or heat: Bella, Gels, Glon, Nat.c,

Headache cephalalgia, cause: Type: Migraine, megrim, nervous: Anac, Arg.n, Bella, Cimi, Cocca, Coff, Cal.ace, Can.i, Kali.c, Lac.d, LAch., Meli, Gels, Guare, Ign, Iris, Menis, Nux.v, Onos, Puls, Sang, Sacut, Sep, Zinc.s, Zinc.val.

Headache cephalalgia, cause: Location: Semilateral (hemicrania): Ars, Bella, Bry, Coff, Cycl, Ign, Onos, Puls, Sang, Sili, Spig, Stann

Headache cephalalgia, cause: Concomitants: Eyes : Blindness or visual disturbance precede or attend: Cycl, Gels, Iris, Kali.bich, Lac.d, Nat.m, Sang, Ther.

Headache cephalalgia, cause: Concomitants: Eyes : Lachrymation: Chel, Phel, Rhus.t, Spig, Tax.

Headache cephalalgia, cause: Concomitants: Irritability: Bry, Cham, Nux.v

Headache cephalalgia, cause: Aggravation: Sun: Bella, Glon, Nat.c, Sang, Sel.

Sensations as if: Numbness: Bapt, Kali.brom, Plat. (1)

Phatak: Head:

Affections in general: Bella

One sided: Iris, Psor, Sangu

One sided: Right: Ign, Sang,

One sided: Left: Spig

Head: Pain: Throbbing, pulsating: Bella, Lach, Glon.

Sun: Light, shine Agg.: Glon.

Pain: Lachrymation, with: Mez.

Conclusion:

There are various rubrics are found under the heading of head in different repertories. This article emphasis the different grades of medicines with different authors who is highly indicated in case of Migraine and helping in management of it.



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Department of Physiology,
PIHR

CASE OF MIGRAINE

PRESENTING COMPLAINTS

- A male patient of 70 years age came to the OPD of the Parul Institute of Homoeopathy and Research Hospital with the following complaints for 2-3 months.
- Headache half on the right side of foot since 2-3 month.
- Headache of right-side usually which aggravates from emotional upsets and grief, from exposure to sun, from just before and after menstrual periods. Eyes are very sensitive to light jingling sensation in lips or face before headache starts. Headache is if thousands of hammers are knocking on the brain & worse from headache, one sides, right sides, left sides aggravation by lying down or amelioration by lying down.
- Prolonged headache lasting hours or days slowly over several days. Another Classification Is: Migraine with aura

PAST HISTORY

- He was a known headache and hypertension since 7 years on allopathic medicines with temporary good control

FAMILY HISTORY

- Father died at the age of 13 years and was a known migraine.

PERSONAL HISTORY

- The patient is a teacher and his teaching primary education 5th standard. Patient is from a middle class socio economic status. Childhood history

has no significant events. Children married and well settled. His life had been smooth without many ups and downs. Very much satisfied with her family. She was known to maintain very good interpersonal relationship.

PHYSICAL GENERALS

- Hot patient, worse from Throbbing and warm weather, after midday.
- No particular desires and aversions. Appetite and thirst were found to be normal.
- Bowel habit- urge once in two days but satisfactory.
- Urine-normal
- Perspiration- moderate present with sweat all over body
- Sleep- refreshing and no dreams.
- Thirst-thirsty , unquenchable

MENTAL GENERALS

- Anguish and restlessness.
- Sometime hurried and worried patient having fear of death due to migraine and think the medicines are not useful for it.
- Lack of self confidence

GENERAL PHYSICAL EXAMINATION

- Fair complexion medium built,
- Weight- 65 kg
- Height-167 cm



CASE OF MIGRAINE

- Anaemia-nil
- Jaundice-nil
- Cyanosis-nil
- Generalised lymphadenopathy- nil
- Pulse-84/min
- BP-140/90 mmHg
- Temperature-98.6F
- Respiratory rate- 16/min

SYSTEMIC EXAMINATION

- Respiratory System- NAD
- Cardiovascular System- NAD
- Gastro-intestinal System-NAD
- Locomotors System- NAD
- Skin- Ulcer on the sole of right foot

INVESTIGATION /FINDINGS

- Fasting blood sugar-124 mg/dl
- Post Prandial blood sugar-182mg/dl
- Urine- sugar nil
- Complete blood picture, lipid profile, serum creatinine & blood urea levels-within normal limits.

CHOICE OF REMEDY

- Migraines that start in the back of the skull or upper neck and spread to the forehead and temple (especially on the right) may indicate a need for this remedy

- Pain is throbbing or pounding, and worse from jarring, light, and noise.
- Headaches often begin in late morning or afternoon, and may be worst around three p.m.
- The face may be flushed and red, and the skin feels hot, although the feet and hands are often cold. The pupils may be dilated, with sensitivity to light, and the person may either feel delirious or drowsy
- Anguish and restlessness.
- Lack of self confidence
- hot patient
- Perspiration hot sweat

PRESCRIPTION

- BELLADONNA30 in BD AT 15 DAYS.
- **ADVICE-:** Open air and meditation with Homoeopathic treatment.

RESULTS & DISCUSSION

At this juncture, the case was referred to the PIHRH. The patient was advised to continue oral before but all other medicines such as antibiotics, vitamin B supplements drugs to improve the vital fluid flow etc. Were all stopped and even the medicine used for external applications has also been stopped. The case was enrolled and a complete analysis was done according to the homoeopathic principles and medicine was prescribed.- S.L was advised. After 5 months of treatment, MIGRAINE is gradually improve and regains the sensation in head .

Dr. Pankaj Shah (RMO, PIHR Hospital)



PIHR EXTRACURRICULAR ACTIVITIES



WORLD HOMOEOPATHIC DAY
celebrated on 09/04/20



WORLD ENVIROMENT DAY
celebrated on 05/06/20



WORLD SINGING DAY
celebrated on 21/06/20



INTERNATIONAL YOGA DAY
celebrated on 21/06/20



WORLD FATHER'S DAY
celebrated on 21/06/20



WORLD DOCTORS DAY
celebrated on 01/07/20



TRIBUTE TO DR. HAHNEMANN
on death anniversary
of master Hahnemann 2/07/19



GURU PURNIMA
celebrated on 05/07/20



INTERNATIONAL YOGA DAY
celebrated
on 21/06/20 by faculties

PIHR COCURRICULAR ACTIVITIES



**VIRTUAL SYMPOSIUM
ORGANIZED BY DEPARTMENT OF FMT
ON 26/6/20 AND 3/7/20**



**VIRTUAL SYMPOSIUM
ORGANIZED BY
DEPARTMENT OF SURGERY
ON 2/7/20 AND 3/7/20**



**VIRTUAL SYMPOSIUM ORGANIZED
BY DEPARTMENT OF MATERIA
MEDICA (2ND BHMS)
3/7/20 AND 4/7/20**



**VIRTUAL SYMPOSIUM ORGANIZED
BY DEPARTMENT OF MATERIA
MEDICA
(3RD BHMS) ON 7/7/20**



**VIRTUAL SYMPOSIUM
ORGANIZED BY DEPARTMENT
OF ANATOMY & PHYSIOLOGY
ON 7/7/20 & 9/07/20**



**VIRTUAL SYMPOSIUM ORGANIZED
BY DEPARTMENT OF ANATOMY &
PHYSIOLOGY
ON 7/7/20 & 9/07/20**



**VIRTUAL SYMPOSIUM ORGANIZED
BY DEPARTMENT OF OBSTETRICS
AND GYNECOLOGY
ON 09/07/20**



**VIRTUAL SYMPOSIUM
ORGANIZED BY DEPARTMENT
OF PATHOLOGY
ON 10/7/20**



**QUIZ ORGANIZED
BY TECHNICAL CELL OF PIHR**

PIHR HOSPITAL ACTIVITIES



**PIHR HOSPITAL CELEBRATED
WORLD HOMOEOPATHY DAY
ON 10/4/20**



**PIHR HOSPITAL CELEBRATED
WORLD NURSING DAY
ON 12/5/20**



**DISTRIBUTION OF PREVENTIVE
MEDICINE FOR COVID19
ACROSS KHATAMBA, SHANKARPURA,
& ANKHOL VILLAGE ON 01/5/20**



**SCREENING & PREVENTION DOSE DISTRIBUTION
AT ALL GUJARAT INSTITUTE OF DRIVING
TECHNICAL TRAINING & RESEARCH ON 29/05/20**



**DISTRIBUTION OF PREVENTIVE
MEDICINE FOR COVID19
ACROSS DIFFERENT VILLAGES**



**DIAGNOSTIC CAMP
BY DR. ANKITA CHAUDHARI
ORGANIZED AT MANEJA VILLAGE
ON 2/7/2020**



**CASE TAKING COMPETITION
OF HOSPITAL
INTERN STUDENTS IN DRAMA
FORM ON 31ST JULY, 2020**



**BREAST FEEDING WEEK AS
PART OF AWARENESS CAMP
FROM 1ST TO 7TH AUGUST,2020**

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