

HEADACHE & MIGRAINE

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Definition

Headache, also called **cephalalgia** is a pain in the head from any cause. Kinds of headaches include **functional headache**, **migraine headache**, **organic headache**, **sinus headache**, and **tension headache**.

Introduction

The most familiar pain suffered by man is headache. A headache is more than a symptom. Often it is our body's first warnings to us that something is wrong somewhere.

Sometimes the pain may be so excruciating that we have little or no choice but to pause, rest, and look for the cause of headache, before we push our system to dangerous excess.

There are several hundred underlining problems of the system, which may result in headache. A head injury, tense head muscles, or throbbing arteries in the scalp can cause a headache. Eyestrain, fever, sinus infection, or an allergic reaction can also lead to a headache. In relatively few cases, headaches are related to a brain tumor or some other brain disease. Some headache victims may have additional symptoms during a headache. For example, they may suffer neck pain or upset stomach, or they may become extremely sensitive to noise or light.

The majority of headaches--over 90 percent--is caused by **tension** and responds well to prevention and home care. An unusual headache that is very different from any you have had before, or a change in the usual pattern of your headaches, is a cause for concern.

Your head can ache in a variety of ways:

- *Severity*--Mild to excruciating; annoying to incapacitating.
- *Frequency and duration*--Occasionally or daily, lasting few minutes to hours or days.
- *Related symptoms*--Can be accompanied by other problems, such as nausea or vomiting.
- *Location*--Pain Localized in one spot or engulf your entire head.

Types of Headaches and Their Symptoms

Tension: Tension-type headache is the most common type of headache — 68% of men and 88% of women have had episodes of tension-type headache. A tension-type headache is a mild to moderate steady pain, tightness, or pressure around the head and neck. They may be provoked by the stress and frustrations of everyday life, eyestrain, or poor posture.

When tension headaches occur on a daily or almost daily basis they are termed chronic daily headaches. Often other symptoms are associated with these headaches including fatigue, sleep disturbances, and depression. Tension-type and migraine headaches can occur together.

Migraine: Migraine is a neurologic disorder that is characterized by recurrent attacks of headache, with pain most often occurring on one side of the head, accompanied by various combinations of symptoms such as nausea, vomiting, and sensitivity to light and sound.

Migraine headache can occur at any time of day or night, but occurs most frequently on arising in the morning. Routine activity or slight head movement typically makes the pain worse. These episodes can last from several hours to several days and are often disabling. During the attack the pain may migrate from one part of the head to another, and may radiate down the neck into the shoulder. Scalp tenderness occurs in the majority of patients during or after an attack. Migraine is familial and often hereditary. Following an attack, many individuals feel tired, washed out, irritable, or listless or have impaired concentration.

Cluster: Deep, agonizing, non-throbbing pain often beginning during sleep and involving an eye, temple, cheek, and forehead on one side; lasts from 30 minutes to 3 hours, with several headaches occurring each day for several weeks; tearing and redness of affected eye.

There are two kinds of cluster headache: episodic and chronic. In episodic cluster headache, there are long pain-free remissions. Cluster headaches are classified as chronic cluster headache when a person has no more than one week without headache during a period of at least a year. Approximately 10% to 20% of cluster headache sufferers have this chronic condition. These headaches generally do not run in families.

Traction: Deep, dull, steady ache that is worse in the morning and aggravated by coughing or straining.

Arteritis: Soreness of one or both temples that becomes a chronic, burning, well-localized pain; the affected scalp artery is prominent, tender, incompressible, and pulse-less.

Table 1. How do Migraine, Tension-Type Headache and Cluster Headaches Differ?

	Migraine	Tension-Type	Cluster
Location of pain	One side or both sides of head	Both sides of head	One side of head
Duration of pain	4 to 72 hours	2 hours to days	30 to 90 minutes
Severity of pain	Mild, Moderate, or Severe	Mild or Moderate	Excruciating
Nausea, sensitivity to light, sound, odors	Yes (Maybe)	No	No
Redness or tearing of eyes stuffy or runny nose	Maybe	No	Yes

Factors that triggers Headaches

- **Stress & Anxiety**-Particularly for chronic tension headaches or migraine, stress can be a powerful trigger. Stress can come from major life events such as a divorce or moving. But constant "daily hassles" can have an even bigger effect.
- **Foods**- Between 8 and 25 percent of people with migraine point to a particular food as a source of their attacks. Food, especially those that contain amines, which affect the diameter of your blood vessels--may trigger migraines. Any--or none--of these foods may bring on your migraine symptoms:
 - Any fermented, pickled or marinated food
 - Avocados
 - Bananas
 - Caffeinated drinks
 - Chicken liver
 - Chinese food
 - Chocolate
 - Citrus fruits
 - Monosodium glutamate (MSG), a flavor enhancer
 - Nuts or peanut butter
 - Pizza
 - Processed meats (hot dogs and sausages)
 - Raisins
 - Red wine
 - Ripened cheeses (cheddar, Stilton, Brie, Camembert)
 - Sourdough bread
 - Some vegetables (including onions, lentils and snow peas)
 - Sour cream

- **Hormones-** Many women with migraine have attacks linked to their menstrual cycles. Fluctuating estrogen levels are thought to play a role. Menstrual migraines can be more debilitating, difficult to treat, and last longer than other migraines. Migraine also may worsen in early pregnancy, but in later pregnancy, it generally improves. Migraine typically declines in frequency as women age. There is evidence that oral contraceptives or estrogen-replacement therapy can provoke or worsen migraine in some women. Overall, females are affected more commonly than males.
- **Other common triggers include:** odor of perfume, flowers or natural gas; changes in weather or altitude; cigarette smoking; alcoholic consumption; excessive noise and bright or fluorescent light.

What Causes Headache in Children?

Like adults, children experience the infections, trauma, and stresses that can lead to headaches. In fact, research shows that as young people enter adolescence and encounter the stresses of puberty and secondary school, the frequency of headache increases.

Migraine headaches often begin in childhood or adolescence. According to recent surveys, as many as half of all schoolchildren experience some type of headache. Children with migraine often have nausea and excessive vomiting. Some children have periodic vomiting, but no headache--the so-called "abdominal migraine." Research scientists have found that these children usually develop headaches when they are older.

Childhood headache can be a sign of depression. Parents should alert the family pediatrician if a child develops headaches along with other symptoms such as a change in mood or sleep habits. Sometimes psychological counseling or even psychiatric treatment for the child and the parents is recommended

When is Headache a Warning of a More Serious Condition?

Like other types of pain, headaches can serve as warning signals of more serious disorders. This is particularly true for headaches caused by traction or inflammation. Traction headaches can occur if the pain-sensitive parts of the head are pulled, stretched, or displaced, as, for example, when eye muscles are tensed to compensate for eyestrain. Headaches caused by inflammation include those related to meningitis as well as those resulting from diseases of the sinuses, spine, neck, ears, and teeth. Ear and tooth infections and glaucoma can cause headaches. In oral and dental disorders, headache is experienced as pain in the entire head, including the face.

Curing the underlying problem treats traction and inflammatory headaches.

Characteristics of the various types of traction and inflammatory headaches vary by disorder.

- **Brain tumor:** Brain tumors are diagnosed in about 11,000 people every year. As they grow, these tumors sometimes cause headache by pushing on the outer layer of nerve tissue that covers the brain or by pressing against pain-sensitive blood vessel walls. Headache resulting from a brain tumor may be periodic or continuous. Typically, it feels like a strong pressure is being applied to the head. The pain is relieved when the tumor is destroyed by surgery, radiation, or chemotherapy.
- **Stroke:** Headache may accompany several conditions that can lead to stroke, including hypertension or high blood pressure, arteriosclerosis, and heart disease. Headaches are also associated with completed stroke, when brain cells die from lack of sufficient oxygen.
Careful management of the patient's condition through diet, exercise, and medication can prevent many stroke-related headaches.
Mild to moderate headaches are associated with transient ischemic attacks (TIA's), sometimes called "mini-strokes", which result from a temporary lack of blood supply to the brain. The head pain occurs near the clot or lesion that blocks blood flow. The similarity between migraine and symptoms of TIA can cause problems in diagnosis. The rare person under age 40 who suffers a TIA may be misdiagnosed as having migraine; similarly, TIA-prone older patients who suffer migraine may be misdiagnosed as having stroke-related headaches.
- **Head trauma:** Headaches may develop after a blow to the head, either immediately or months later. There is little relationship between the severity of the trauma and the intensity of headache pain. One cause of trauma headache is scar formation in the scalp. Another is ruptured blood vessels which result in an accumulation of blood called a hematoma. This mass of blood can displace brain tissue and cause headaches as well as weakness, confusion, memory loss, and seizures. Hematomas can be drained to produce rapid relief of symptoms.
- **Arteritis and meningitis:** Arteritis, an inflammation of certain arteries in the head, primarily affects people over age 50. Symptoms include throbbing headache, fever, and loss of appetite. Some patients experience blurring or loss of vision. Headaches are also caused by infections of meninges, the brain's outer covering, and phlebitis, a vein inflammation.
- **Trigeminal neuralgia:** A nerve condition of the trigeminal facial nerve, marked by sudden spasms of flashing, stab like pain moving along the course of a branch of the nerve from the angle of the jaw. It is caused by breakdown of the nerve or by pressure on it. Any of the three branches of the nerve may be affected. Severe, sharp pain (neuralgia) of the first branch results in pain around the eyes and over the forehead; of the second branch, in pain in the upper lip, nose, and cheek; of the third branch, in pain on the side of the tongue and the lower lip. The quick bursts of pain happen again in clusters lasting many seconds; periods of sharp painful spasms may last for hours.

This nerve supplies the face, teeth, mouth, and nasal cavity with feeling and also enables the mouth muscles to chew.

- **Sinus Infection:** In a condition called acute sinusitis, a viral or bacterial infection of the upper respiratory tract spreads to the membrane, which lines the sinus cavities. When one or all four of these cavities are filled with bacterial or viral fluid, they become inflamed, causing pain and sometimes headache. Chronic sinusitis may be caused by an allergy to such irritants as dust, ragweed, animal hair, and smoke. ([SEE Sinusitis Article for More Information & Treatment](#))

Myths about Headache & Migraine

Present day myths about headache & Migraine often induce a sense of isolation, shame and helplessness. Before healing can begin, the headache sufferer needs to know that headaches are a treatable and significant disorder. Psychological conflicts are generally the result, not the cause of chronic headache.

Fortunately, recent advances in research are expanding the medical community's understanding of headache and creating effective treatments. Headache sufferers have more treatment options to help them control their symptoms. Just as important as physician visits and drugs, the management of headache involves understanding the headache problem, identifying factors that precipitate headaches, and working with your physician in a therapeutic partnership.

Headache Myth # 1: Recurrent headaches mean I have a psychological problem.

Fact: Headaches are the result of biochemical changes in the brain. Stress, acting on the nervous system, makes headaches more likely to occur. The stress may be chemical, emotional, biological or psychological. Psychological problems can arise from poorly managed headaches but, for the most part, psychological problems do not cause headaches.

Headache Myth # 2: Recurrent headaches are something I have to learn to live with.

Fact: Headaches can be managed, not cured. With proper medical care, education and effort, almost all headache sufferers can reduce the pain and disability of headache.

Headache Myth #3: The only way to stop my headache is to stop living a normal life. Headaches have taken over my life.

Fact: Frequent disabling headaches occur in an unpredictable fashion and create fear of the next headache attack. As headache frequency increases, the greater the fear grows. This can lead to a vicious cycle where anticipation of the next headache becomes the stress that generates more headaches. Proper headache management addressing medical care and lifestyle can break this cycle and restore control.

Headache Myth # 4: Recurrent headaches are not serious. After all, it's just a headache.

Fact: Most headaches are not life threatening but may seriously influence an individual's quality of life and coping abilities. They strain family life, disrupt

leisure activity and diminish career opportunities. If the headaches are too frequent than usual they refers to more serious disorders with the system.

Headache Myth # 5: My children will suffer headaches because I do.

Fact: Children learn how to deal with stress from the behaviors of their parents. By learning how to manage stress effectively, children experience coping alternatives, which will boost their resistance to headache.

Headache Myth # 6: Medication is the only relief for my headaches.

Fact: Headaches are the result of many interacting factors. There is no simple answer. Medication is often a necessary part of headache treatment, but rarely is it the complete answer. Some medications when used too frequently can actually cause headaches. Optimal headache care almost always involves a partnership between the headache sufferer and the physician.

Headache Myth # 7: Recurrent headaches mean that I am more likely to have a stroke or brain tumor.

Fact: A physician should investigate the sudden onset of frequent, severe headaches. But research suggests that heavy cigarette smoking combined with using birth control pills by women over the age of 30 is more predictive of the possibility of a stroke than the occurrence of headache. Brain tumor is a rare cause of headaches.

Headache Myth #8: My neck being out-of-line causes my headaches.

Fact: The status of the neck needs to be medically evaluated because headache pain may originate with neck and back problems; however, pain during headache is often projected or referred to the neck and shoulders. Usually, tension in the neck is the result, not the cause, of headache.

Headache Myth #9: Severe headaches must be migraines.

Fact: There are many different types of headaches. The diagnosis of most headaches rests solely on the medical history because there are no tests that substantiate the diagnosis. Severe headaches should be diagnosed by a physician to begin proper treatment.

Headache Myth #10: Recurrent headaches are a female disorder.

Fact: Migraines are influenced by hormonal factors. This is reflected in the fact that 3 times more women have migraine than do men. However, 6% of adult men suffer migraine, and studies show that the disability is not influenced by gender.

Headache Myth #11: Headaches are an excuse for getting out of doing what I don't want to do.

Fact: Headaches can be a serious disabling illness. Quality of life studies of those patients with migraine demonstrate greater impairment of lifestyle than with most other chronic illnesses. There are easier ways of avoiding an undesired activity than with headache.

Headache Myth #12: Headaches are not worth the time and expense of seeing a physician.

Fact: Not managing headaches is far more costly than caring for them. Each year the average headache sufferer loses time and income due to headache disability; these losses exceed the cost of quality medical treatment.

Migraine Myth #1: A migraine is just a bad headache.

Fact: Migraine is a disease; a headache is only a symptom. In addition, the cause of migraine pain is the opposite of the cause of headache pain. During a migraine, inflammation of the tissue surrounding the brain, i.e., neurogenic inflammation, exasperates the pain. Therefore, medicine often prescribed to treat a headache, such as beta-blockers, dilate the blood vessels and therefore can make a Migraine worse.

Migraine Myth #2: Migraine is caused by psychological factors, such as stress and depression.

Fact: Migraine is a neurological disease, not a psychological disorder.

Migraine Myth #3: Migraine is not life threatening, just annoying.

Fact: Migraine can be life threatening, inducing such conditions as stroke and coma.

Migraine Myth #4: Any doctor will recognize and properly treat migraine.

Fact: Migraine is one of the most misdiagnosed, mistreated and least understood diseases.

Headache & Migraine Management

Because headache can be a chronic condition, the management style needs to be comprehensive, emphasizing education and self-monitoring. When making an appointment with your physician, be prepared. Tell your physician regarding headache symptoms & pattern, foods triggers, the weather, stress, sleep and especially for women, any association with your menstrual cycle. Also tell about all the medications that you or have used for your headache including herbal and alternative remedies to you physician.



Your physician can then help you formulate a management program that includes identification of triggers and prescribing of medications with instruction on their proper use.

Your individualized treatment plan should —

- Identify and control factors that may provoke headache & migraine attacks.
- Describe medications to prevent and treat migraine attacks.
- Encourage healthy behavior and lifestyle changes.

A complete medical evaluation may require more than one visit. In addition, follow-up visits to review treatment response are essential. A well-organized visit to the physician will likely be satisfying and enlightening.

Following are some Management Techniques that are very useful along with medication prescribed:

- *For tension headache*--Try heat or ice packs, a hot shower and rest. Take a break from a stressful situation.
- *For migraine*--Sleep. Take a nap in a dark, quiet room. Press an ice pack to the back of your neck and apply gentle pressure to painful scalp areas.
- *For cluster headache*--Don't drink alcohol during headache-prone periods.

Over the long-term, combat headaches with these steps:

- *Control triggers*--Keep a headache calendar to help you learn to avoid those factors that cause your headaches.
- *Limit use of pain relievers*--Ask your doctor how often you can safely take pain medication without causing "rebound" headaches. These headaches result from taking too much pain medication for too long. After a while, your body gets used to them. And your headaches get worse or more frequent. This causes you to take even more pain reliever. Before long, you're stuck in the rebound-headache trap.
- *If you smoke, quit*--Smoking may bring on either a migraine or a cluster headache, and increase its intensity.
- *Manage stress*--Exercise regularly. (Caution: If physical activity brings on a migraine, make sure you first warm up slowly.)

Two other good ways to reduce stress are relaxation therapy and biofeedback training. Biofeedback teaches you to control certain body functions, such as blood pressure, that are normally controlled unconsciously. Ask your doctor whether this type of program would help you. You can learn relaxation therapy at a hospital, clinic or at home with special instructional tapes.

Homoeopathic Remedies with Symptoms

BELLADONNA: Tearing, drawing pains, and cannot bear light or sound; is compelled to lie still. Pain comes suddenly and goes suddenly. Cries and groans. Violent throbbing pain, with flushed face, bright eyes, or suffused; delirium. Great sensitiveness to the light; pains worse right side; external part of head very sensitive; veins of head and hands swollen; pain extending to eye and nose on one side of head, with pressing, crushing, waving, splashing sensations; worse by every motion, by turning the eyes, by bright light, by every concussion; jolting sensation in head and forehead at every step; pain returning every afternoon and continuing till midnight, aggravated by warmth of bed, or lying down; worse in a draught. Pain commencing very gradually, changing to an acute pain, affecting half the head; sometimes momentarily, but so acute as to deprive the patient of his senses.

CYCLAMEN: Headache in morning, with flickering before eyes; One-sided headache. Grieves over duty neglected. Depressions, with weeping desire to be alone.

GLONOIN: Attack sudden. The blood is felt rising up into the head, with severe breathing, as if bruised; worse by shaking the head; pulse rapid; face and eyes red; or eyes staring and face pale and moist; buzzing in the ears. Headache from exposure to the sun.

IGNATIA: Pressing pain above the nose, mitigated by bending forward; pressing from within outward, twitching and throbbing; tearing in forehead as if a nail were driven through the head; piercing, burning deep into the brain; nausea, darkness before eyes, aversion to light, pale face, profuse colorless urine; the pains often leave for a time when the position is changed, and frequently return after meals, at night after lying down, in the morning after getting up; the patient very nervous, fickle, morose, taciturn, and dejected; headache which causes twitching.

IRIS VES: Frontal headache, with nausea. Scalp feels constricted. Right temples especially affected. Sick headache, worse rest; begins with a blur before eyes, after relaxing from a mental strain.

MELISSHA: Specific for Migraine.

ONSOMODIUM: dull, heavy, dizzy, pressing upward in occiput. Occipito-frontal pain in morning on waking chiefly left side.

PRUNUS SPINOSA: Pressing pain as under the skull., shooting from right frontal bone through brain to occiput. Pain in right eyeball, as if it would burst.

PULSATILLA: Pain dull, oppressive, on one side only; harassing and weakening; eyes feel as if they would be forced out of the head; commencing at back part of the head; or at the root of the nose and going back into the head; better by pressure; worse sitting, better walking; head heavy, face pale, with dizziness, agitation, inclination to cry.

SANGUINARIA CAN: Great sensitiveness to others walking in the room. Pain periodical, or begins in morning and lasts till night, with fullness of the head as if it would split, or as if eye were pressed outwards; pain beginning in back part of the head, and finally settling over the right eye; digging, shooting, stinging, beating pain throughout the head, but more in the forehead, and worse on the right side, with chills, nausea, vomiting, inclination to lie down; symptoms worse by motion.

SEPIA: Patient dislike to be touched, complains of his bed being hard, is very sensitive to, and is made worse by thunderstorms, cold air, vexations. Pain violent over right eye; piercing and boring, so that the patient screams; nausea, vomiting, worse shaking or moving the head, on stooping.

SPIGELIA: Great sensitiveness to noise; worst pains on left side, with insupportable beating on temple. Pain on whole left side of the head, and sometimes pain in face and teeth, increasing as the sun mounts; worse by stooping or motion.

THUJA: Pain as if pierced by a nail. Neuralgia from tea. [SELEN.] Left-sided headache.

USNEA: Throbbing carotids. Head began to ache, soon could feel the blood press into the brain, with domestic attentions he got to sleep, and woke next morning uncommonly well. Pain over entire head or front head, with feeling as if temples would burst or eyes burst out of sockets.

VERBENA: Neuralgia affecting zygoma, temporo maxillary joint, and ear, particularly of left side, with sensation as if parts were crushed with tongs.

OREDAPHANE: Headache with pressure at inner angle of orbit, worse left side, light, noise. Better by closing eyes and perfect quite.

Change of temperature & pressing teeth together aggravate the pains; Pains seem to come in flashes, excited by least movement, occurring periodically at same hour in morning and afternoon each day.

Vibronic Remedies

Headache 1M: It has the properties of Adernaline, Belladonna, Epiphagus, Glonoine and Iris V.

Migraine 30: It is specific remedy for migraine headache.

WARNING

" Under no circumstances one should take these medicines by itself ".

The above given details about the medicines for treatment of Headache should be taken under the proper guidance of a qualified & registered Homoeopathic Physician.

References:

- M.A.G.N.U.M.: Migraine Awareness Group: A National Understanding for Migraineurs of USA.
- Migraine & Other Headaches -- A Patient Guide to Headache Management Philade
- JAMA
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