

Psychosomatic and Psychodynamic Nature of Migraine and Its Emerging Homeopathic Remedies

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Abstract

A unilateral headache with or without aura with throbbing or pulsating pain, associated with nausea or vomiting, and light and sound sensitivity is Migraine. The most common type of migraine is without aura (75% of cases). The triggers for Migraine are Sensory: Visual, Auditory, and Olfactory; Somatosensory: Touch; Physiological: Hunger, Physical exertion, and Change in sleep pattern, Linked to the Menstrual cycle; Dietary aspects: Chocolate, Alcoholic Beverages, Cheese, Processed Meat, Food Additives and Other food items; Environmental: Change of Weather. Several studies suggest stress as a trigger for migraine thus suggesting that Migraine can have a Psyche and Soma connection. This study attempts to demonstrate this connection by studying the negative life events that lead to the breakdown and development of Migraine, the emotions underlying these negative life events, and the internal conflicts that are generated. Remedies matching this would enhance our knowledge of the Psyche and Soma connection of the remedies. For instance, the significant life event that caused the breakdown and development of Migraine was fighting with loved ones (27%). The emotions underlying this event were disappointment in love (20%), which generated an internal conflict of Trust v/s Mistrust (27%). Major ego defenses were Somatisation, Suppression (46%), and Displacement (13%). The common emerging remedies were Natrium muriaticum (13%), Sepia officinalis (13%), and Onosmodium virginianum (13%).

Keywords: Triggers, psychological conflict, migraine, homoeopathic remedies

INTRODUCTION

Migraine is a benign, episodic, cyclic disorder that has four phases namely prodromal or premonitory phase, aura or transient neurological symptoms (i.e., migraine aura), pain or intense headache phase, and postdrome phase [1]. Repeated headaches and constant fear of the next one affect a person's family life, social life, and work life. As per the study conducted by Feigin *et al.*, migraine was the second largest contributor to disability-adjusted life-years (DALYs) lost due to neurological disorders globally [2]. As per the study conducted by Goadsby *et al.* to understand the pathophysiology of migraine, it was

noted that migraine is a complex, multifactorial, genetically influenced neurological disorder. It was also noted that this genetically influenced disorder combined with environmental conditions and behavioral changes can cause an alteration of sensory brain processing, resulting in the patient [3].

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Received Date: February 27, 2024

Accepted Date: April 24, 2024

Published Date: May 01, 2024

Citation: Neha Patel. Psychosomatic and Psychodynamic Nature of Migraine and Its Emerging Homeopathic Remedies. Research & Reviews: Journal of Unani, Siddha and Homeopathy. 2024; 11(1): 26–31p.

Dating back to 1985, a study by Nappi and Savoldi suggested that migraine can be considered a disorder of psychobiological adaptation. It also suggested that migraine patients not only have a genetic predisposition but there is also an interaction of internal (emotional, hormonal, dietary or other factors) and external environmental

influences (climatic changes and other factors), thus suggesting a Psyche and Soma relationship [4]. Thereafter, a study conducted by Maleki *et al.* and Borsook *et al.* considered migraine as a maladaptive brain response to stress [5, 6].

Studies have also suggested that migraine patients have specific changes in the default mode network which could be associated with an inability to understand the emotions of other people and difficulty in regulating one's own emotions and expressions. Migraine is the second most common cause of headache prevalent in 15% of women and 6% of men [7, 8].

A research review has shown the relationship between migraine and certain psychological factors, such as the tendency toward perfectionism, neuroticism, repressed aggression, and a melancholic mood [9]. A narrative review studied the various triggers for migraine [10]. Migraine can be initiated or amplified by various triggers and stress as a trigger is present in 70% of individuals [11]. This study attempts to unearth the stressors, psychological conflicts, and causative emotions that lead to the genesis of migraine. Homoeopathic *similimum* matching the psychological conflicts would enhance our knowledge of the psychosomatics of the remedies.

AIM

To understand psychological conflicts in patients with migraine and exploring homoeopathic remedies matching the conflicts.

OBJECTIVES

1. Understanding psychological conflicts in patients with migraine.
2. Exploring homoeopathic remedies matching the psychological conflicts.

MATERIAL AND METHODS

1. *Research design*: Retrospective qualitative case series.
2. *Sample size*: 30.
3. *Sampling technique*: Purposive sampling technique.

Criteria

Inclusion Criteria

- i. Diagnosed cases of migraine with typical aura, without aura and chronic migraine: International classification of Headache disorder [12].
- ii. *Gender*: Male and Female.
- iii. *Age group*: 20–50 years.
- iv. Cases having significant life events [13].
- v. Cases having 12 months follow up assessed on migraine disability assessment score [6].

Exclusion Criteria

Cases of migraine with typical aura without headache.

4. *Tools used*: Life space table, psychodynamic and psychosomatic tool [14].
5. *Brief procedure*: Cases identified as per the inclusion and exclusion criteria was taken up for the study. The tools were used to assess life events, causative emotions, psychological conflict and ego defense. The relationship between the psychological conflicts and the homeopathic remedies utilized in patients with migraine were studied.
6. *Outcome assessment criteria*: Identifying the psychodynamic and psychosomatic relationship in patients with migraine and the remedies matching both the relationship.
7. *Statistical technique*: Summarization technique was used to analyze the qualitative data [15].

OBSERVATIONS AND RESULTS

All data were analyzed on the basis of objectives of the study.

Other emerging remedies seen in single cases were *Calcarea carbonica*, *Kalium bromatum*, *Kalium carbonicum*, *Lac defloratum*, and *Lachesis mutus*.

DISCUSSION

Females were more affected as compared to males, which was also seen in the study done by Allais *et al.* on gender-related differences in migraine [16]. Stress as a trigger for migraine is seen in all patients as also evaluated by Yadav *et al.* [17] (Figures 1 and 2). The other triggers for migraine are Sensory: Visual, Auditory, and Olfactory; Somatosensory-Touch; Physiological: Hunger, Physical exertion, Change in sleep pattern, Linked with Menstrual cycle; Dietary aspect: Chocolate, Alcoholic Beverage, Cheese, Processed Meat, Food Additives, and Other food items; and Environmental: Change of Weather.

As studied (Table 1) by Itamar *et al.*, negative life events do play a role in the genesis of migraine; in this study the significant life events that caused the breakdown and development of migraine are fight with loved ones (27%) and separation from loved one (23%) [13, 18, 19] (Table 2). Emotions underlying these events were Disappointment in love (20%), Suppressed Anger (23%), and Anxiety (14%) [20–24]. Internal conflicts generated were Sexual desire v/s Suppression (30%) and Trust v/s Mistrust (27%). Major ego defenses were Somatization, Suppression (46%), and Displacement (13%). The common emerging remedies were *Natrium muriaticum* (13%), *Sepia officinalis* (13%), and *Onosmodium virginianum* (13%).

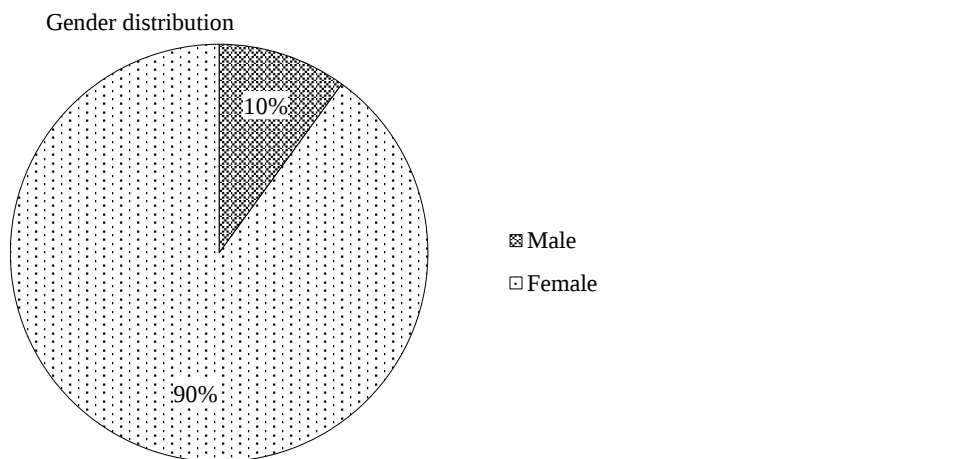


Figure 1. Pie chart representation of the gender wise distribution of migraine.

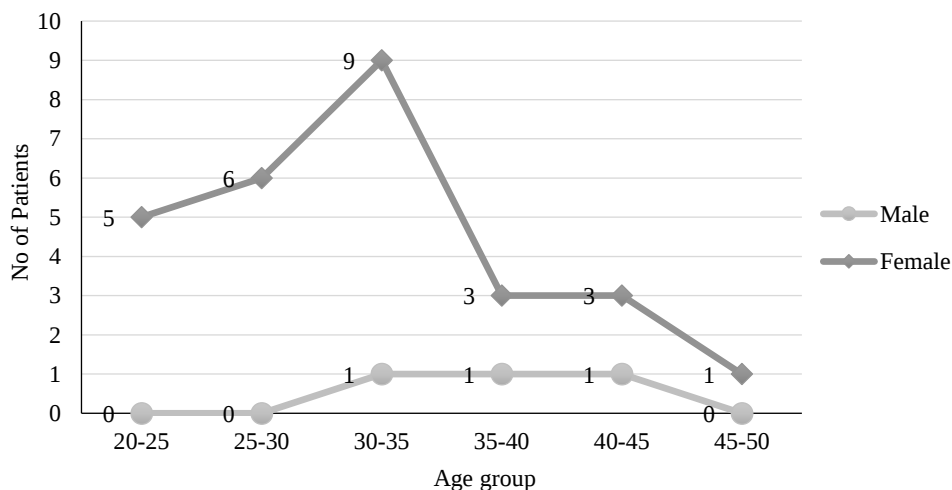


Figure 2. Comparative line graph representing gender wise age group suffering from Migraine.

Table 1. Tabular representation of triggers for Migraine.

Migraine Triggers		Number of Patients
Sensory	Visual	12
	Auditory	24
	Olfactory	10
Somatosensory	Touch	7
Physiological	Hunger	4
	Physical exertion	3
	Change in sleep pattern	12
	Linked with Menstrual cycle	25
Psychological	Stress	30
Dietary aspect	Chocolate	5
	Alcoholic Beverage	2
	Cheese	5
	Processed Meat	3
	Food Additives	2
	Other food items	6
Environmental	Change of Weather	19
	Barometric pressure changes	2

Table 2. Tabular representation of significant life events, causative factors, psychological conflicts and dispositional qualities with the emerging remedies in cases of migraine.

Significant life event	Causative emotion	Psychological conflict	Migraine trigger	Defense mechanism	Remedy
Fight with loved one, Separation from loved one, Cheated by loved one	Disappointment in love, Anger	Trust vs Mistrust	Sensory: Auditory Somatosensory: Touch Physiological: Before, during and After Menses Environmental: SUN, Cold weather	Avoidance Suppression	<i>Natrium muriaticum</i> (4 cases)
Fight with loved one, Cheated by loved one	Disappointment in love, Disappointment, Anxiety	Sexual desire vs Suppression	Sensory: Visual Physiological: physical exertion External environment: Dark room, Warm	Denial, Displacement, Suppression	<i>Onosmodium virginianum</i> (4 cases)
MIL-DIL dispute	Domination, Anger	Doing things against own wish	Sensory: Visual, Auditory Somatosensory: Touch Physiological: Hunger, Physical exertion, Before, during and After Menses Dietary: tea Environmental: Sun	Rationalization Passive aggression Suppression	<i>Sepia officinalis</i> (4 cases)
Increased work pressure, Cheated by loved one	Disappointment, Anger, Anxiety	Doing things against own wish Sexual desire vs Suppression	Sensory: Visual, Auditory, Olfactory Physiological: Hunger, Before, during Menses Dietary: Alcohol Environmental: change of weather	Displacement Rationalization Suppression	<i>Phosphorous</i> (3 cases)
No share in property division	Anxiety, Disappointment	Trust vs Mistrust	Sensory: Auditory Somatosensory: Touch Physiological: Before, during Menses Dietary: Sour food Environmental: Cold air	Denial Displacement	<i>Arsenic album</i> (2 cases)
Domination by family/Boss,	Anxiety, Disappointment	Trust vs Mistrust	Sensory: Visual, Auditory, Olfactory	Denial	<i>Cimicifuga racemosa</i> (2 cases)

Increased work pressure			Physiological: Before Menses Environmental: change of weather		cases)
Criticized by investor, Increased work pressure	Anger, Domination	Chagrin vs untoward dependency	Sensory: Visual, Auditory, Olfactory Somatosensory: Touch Physiological: Hunger, Change in sleep pattern, Before and during Menses Dietary: Alcohol Environmental: change of weather	Displacement	<i>Nux vomica</i> (2 cases)
Fight with loved one, Separation from loved one	Anxiety, Disappointment	Need vs desire	Sensory: Visual, Auditory, Olfactory Somatosensory: Touch Physiological: Changes in sleep pattern, Before, during and After Menses Dietary: Ice cream Environmental: change of weather	Denial Passive aggression	<i>Pulsatilla pratensis</i> (2 cases)
Criticized by authority	Anger, Domination	Sexual desire vs Suppression	Sensory: Visual, Auditory, Olfactory Somatosensory: Touch Physiological: Changes in sleep pattern Environmental: SUN, Cold weather	Passive aggression, Displacement, Suppression	<i>Staphysagria</i> (2 cases)

CONCLUSION

The results show that migraine is more prevalent in females. Apart from psychological triggers, the major triggers for migraine were Sensory, Physiological (Linked to the Menstrual cycle), and Environmental. This study helps in understanding the impact created by negative life events and how the emotions underlying these events lead to conflicts (psychological). The remedies matching these emotions and psychological conflicts enhance our knowledge of the psychosomatic aspect of the remedy.

Recommendation

A prospective multicentric study conducted in equal number of males and females to understand the psychological conflicts and study the emerging remedies.

Abbreviations

MIL-DIL: Mother in law-daughter in law

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