ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 11 | November - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

DIFFERENTIATION OF FIRST GRADE MEDICINES IN THE MANAGEMENT OF PRIMARY HEADACHE FROM DIFFERENT CLINICAL REPERTORIES

Homeopathy

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ABSTRACT

Primary headache is among the most common problem now a days and clinically apparent in a large part of the population. Clinically, they present with a variety of symptoms. Homoeopathy is very useful in treating cases of primary headache. Use of repertory helps in easy selection of medicine. There are many clinical repertories like Boericke's repertory, Clarke's repertory and Murphy's repertory having different rubrics and medicines. In this article an attempt made to differentiate the 1st grade medicine for primary headache.

KEYWORDS

Primary Headache, Homoeopathy, Repertory, Materia medica

INTRODUCTION

Headache is among the most common reasons patients seek medical attention. Diagnosis and management are based on a careful clinical approach augmented by an understanding of the anatomy, physiology, and pharmacology of the nervous system pathways that mediate the various headache syndromes. There are two types of headaches, primary headache and secondary headache, globally, the percentages of the adult population with an active headache disorder are 46% for headache in general, 11% for migraine, 42% for tension-type headache and 3% for chronic daily headache.

In IJHS(INTERNATIONAL JOURNAL OF HOMOEOPATHIC SCIENCES) a study named "Homoeopathy in the treatment of migraine: a randomized placebo controlled clinical trial" in which homoeopathic medicines found effective in the treatment of migraine.

- It has been estimated that almost half of the adult population have had a headache at least once within the last year.
- It is also associated with personal and societal burdens of pain, disability, damaged quality of life, and financial cost.
- It has been underestimated, under recognized and under treated throughout the world.

Anatomy And Physiology Of Headache

Pain usually occurs when peripheral nociceptors are stimulated in response to tissue injury, visceral distension, or other factors in such situations, pain perception is a normal physiologic response mediated by a healthy nervous system. Pain can also result when pain-producing pathways of the peripheral or central nervous system (CNS) are damaged or activated inappropriately. Headache may originate from either or both mechanisms.

Types Of Primary Headache

- Tension type headache
- Migraine
- Exertional headache
- Cluster headache

Tension Type Headache

This term is commonly used to describe a chronic head-pain syndrome characterized by bilateral tight, bandlike discomfort. The pain typically builds slowly, fluctuates in severity, and may persist more or less continuously for many days due to stress, depression, head injury or anxiety.

Migraine

Migraine, the second most common cause of headache, afflicts approximately 15% of women and 6% of men over a 1-year period. It is usually an episodic headache associated with certain features such as sensitivity to light, sound, or movement; nausea and vomiting along with the headache.

Exertional Headache

Exertional headache has features resembling both cough headache and migraine. It may be precipitated by any form of exercise; it often has the pulsatile quality of migraine. The pain, which lasts from 5 min to 24 h, is bilateral and throbbing at onset.

Cluster Headache

Cluster headache is a rare form of primary headache with a population frequency of approximately 0.1%. The pain is deep, usually retroorbital, often excruciating in intensity, nonfluctuating, and explosive in quality. A core feature of cluster headache is periodicity. At least one of the daily attacks of pain recurs at about the same hour each day for the duration of a cluster bout.

Headache Symptoms That Suggest A Serious Underlying Disorder

- "Worst" headache ever,
- First severe headache,
- Subacute worsening over days or weeks,
- Abnormal neurologic examination,
- Fever or unexplained systemic signs,
- Vomiting that precedes headache,
- Pain induced by bending, lifting, cough
- Pain that disturbs sleep or presents immediately upon awakening
- Known systemic illness
- Onset after age 55
- Pain associated with local tenderness, e.g., region of temporal artery.

Diagnosis

Primary headaches are painful but not dangerous. A primary headache is not a symptom of an underlying disease or condition. Headache trigger trackers and headache diaries can be effective tools to help diagnosis.

Complications

The most common complications of primary headaches are not due the headaches themselves, but rather to their treatment. For example, excessive use of non-steroidal anti-inflammatories (NSAIDS)can cause stomach pain and gastrointestinal hemorrhage.

- COMMON COMPLICATION-Medication over use headache
- RARE COMPLICATIONS-Status migrainosus, migrainous infarction, persistent aura without infarction, and migraine associated seizure.

Management

A treatment plan is important for chronic headache sufferers.
The main treatment plan categories used to manage headaches include:

- **Rescue**: Treatment when a headache is staring you in the face
- **Prevention**: Treatments aimed at keeping headaches from developing
- **Lifestyle modification:** Strategies to identify, modify, and eliminate triggers that can contribute to headache
- **Complementary medicine strategies**
- **Inpatient care**

Homoeopathic Management

Rubric from BOERICKE'S REPERTORY

Mental depression, despondency:
Arg-n, Ign, Puls, Sars (PG NO.624)

Migraine, mergrim, nervous:
Anac, Arg-n, Bell, Calc-act, Cann-I, Cimic, Cocc, Coff, Cycl, Epiph, Gels, Gaur, Ign, Iris, Kali-c, Lac-d, Lach, Mali, Manis, Nux-v, Onos, Puls, Sang, Scut, Sep, Zinc-s, Ziz (PG NO.620)

Mental exertion or nervous exhaustion:
Anac, Arg-n, Epiph, Gels, Kali-p, Mag-p, Nat-c, Nux-v, Pic-ac (PG NO-618)

Periodical intermittent:
Ars, Bell, Cedr, Chin, Sang, Spig (PG NO-622)

Rubric From Clarke Repertory
Headache: *Aco., Act.r., Aesc., Aeth., Ars., Bel., Bov., Bry., Cn.i., Cap., Cb.v., Cham., Chel., Chi., Ch.s., Eps., Fe.py., Glo., Hel., Hep., Ign., Iris., K.ca., Lach., Lpt., Naj., Nat.m., Nux., Phel., Ph.ac., Pb., Sang., Spi., Sul.*

Migraine: Au. Br., Bro., Cf. t., Iris., Jg. C., Na. s., Nic., Ol. a., Prem. ve., Sti., Trn., Ton., Tur., Ziz. (PG NO-89)
Megrim: Anh., Idm., Tea. (PG NO-87)
Nervous: Nic., Scu., Ver., Ver., Ve. V., Zin. (PG NO-73)
Periodic: Nic., Sac. O.

Rubric From Murphy's Repertory
MIGRAINE, Headache - **AGAR., ANT-C., ASAF., BRY., CHIN., COFF., GELS., IGN., IP., IRIS., LAC-C., NAT-M., NUX-V., PULS., SANG., SIL., THUJ., ZINC.**

Blinding – CYCL., IRIS., KALI-BI.

PERIODIC, headache – **ALUM., ARS., CEDR., CHIN., CHIN-S., COLOC., LAC-C., NAT-M., NIT-AC., SANG., SEP., SIL.**

EXERTION, mental, agg. – **AUR., CACT., CALC., CALC-P., GLON., KALI-P., LYC., NAT-C., NAT-M., NAT-P., NUX-V., PH-AC., PIC-AC., PULS., SIL.**

EXERTION, physical, agg. – **CALC., EPIP.**

EXHAUSTION, asthenia, with – **GELS., PH-AC.**

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