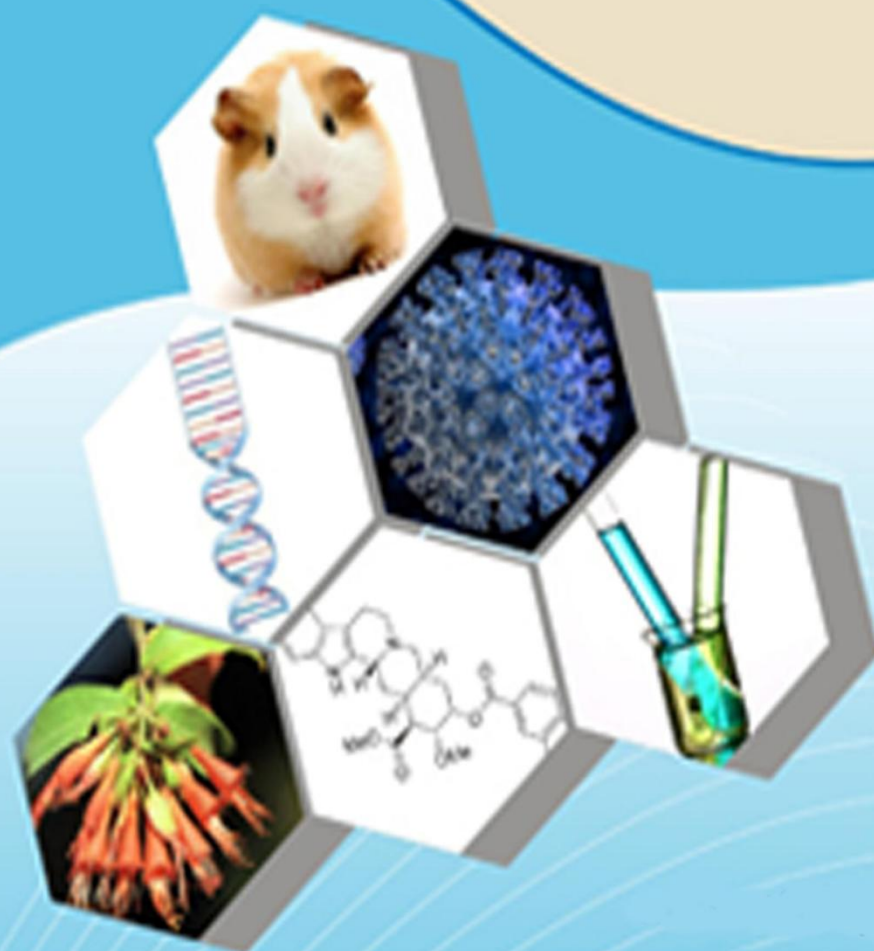




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MIGRAINE WITHOUT AURA – A REVIEW

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ABSTRACT

Migraine without aura is one of the most prevalent neurological disorders worldwide and represents the most common subtype of migraine. It is characterized by recurrent episodes of unilateral, throbbing headache often associated with nausea, photophobia, and phonophobia. These attacks significantly impair physical functioning, emotional wellbeing, and overall quality of life. Despite advances in conventional medicine, many patients continue to experience frequent recurrences and adverse drug effects. This has led to increasing interest in complementary systems such as homoeopathy. Homoeopathy approaches migraine as a manifestation of an underlying constitutional imbalance and emphasizes individualized treatment based on totality of symptoms. Boger Boenninghausen's Characteristics Repertory (BBCR) plays an important role in remedy selection by emphasizing modalities, concomitants, and characteristic symptoms. This review article discusses the epidemiology, pathophysiology, clinical features, diagnosis, and management of migraine without aura, with special emphasis on the homoeopathic approach using BBCR and its impact on quality of life.

INTRODUCTION

Migraine without aura is a chronic neurological disorder affecting a large proportion of the global population. It is characterized by recurrent attacks of moderate to severe headache, typically unilateral and pulsating in nature, often accompanied by nausea, vomiting, photophobia, and phonophobia. These symptoms can severely disrupt daily activities and reduce productivity.⁽¹⁾ Globally, migraine affects nearly one billion people and is considered one of the leading causes of disability among individuals under the age of 50. Migraine without aura constitutes the majority of migraine cases and significantly impacts personal, social, and occupational

functioning.⁽²⁾ Although conventional treatments such as analgesics, triptans, and preventive medications provide symptomatic relief, many patients continue to experience recurrent attacks and side effects. Homoeopathy offers a holistic approach by addressing the patient's individual susceptibility and symptom totality.⁽⁴⁾ Among the repertories used in homoeopathy, **Boger Boenninghausen's Characteristics Repertory (BBCR)** is particularly valuable due to its emphasis on modalities, concomitants, causation, and the concept of the complete symptom.⁽⁶⁾

EPIDEMIOLOGY



Migraine without aura is a common neurological disorder with a global prevalence ranging from approximately **6–10% in men and 15–26% in women**. It often begins during adolescence and reaches peak prevalence between **25 and 40 years of age**.⁽³⁾⁽⁶⁾ In India, community-based studies have reported a prevalence of approximately **8–9%**, with higher occurrence among females. Hormonal fluctuations, genetic susceptibility, lifestyle factors, and environmental triggers contribute to this distribution.⁽⁷⁾⁽⁶⁾ Migraine significantly affects working-age populations, resulting in loss of productivity, absenteeism from work or school, and reduced quality of life.

ETIOLOGY AND RISK FACTORS

Migraine without aura arises from a complex interaction of genetic, environmental, and lifestyle factors.⁽⁸⁾

Genetic Factors

Migraine has a strong hereditary component, with studies suggesting that **50–70% of the risk may be genetically determined**. Multiple genes affecting neurotransmitter pathways and vascular regulation may contribute to susceptibility.⁽⁸⁾

Hormonal Factors

Hormonal fluctuations, particularly changes in estrogen levels during menstruation, pregnancy, or menopause, play a significant role in triggering migraine attacks, especially in women.⁽⁸⁾

Lifestyle and Environmental Factors - Common triggers include⁽⁸⁾

- Stress and emotional disturbances
- Sleep disturbances or irregular sleep patterns
- Skipping meals or fasting
- Certain foods such as chocolate and tyramine-rich foods
- Bright lights, loud noise, and strong odors
- Weather changes and environmental stressors

PATHOPHYSIOLOGY

The pathophysiology of migraine without aura involves complex neurovascular mechanisms.

Trigeminovascular Activation

Activation of the trigeminovascular system leads to the release of neuropeptides such as **calcitonin gene-related peptide (CGRP)** and **substance P**, causing vasodilation and neurogenic inflammation.

Neurogenic Inflammation

Inflammatory mediators released from trigeminal nerve endings produce inflammation of meningeal blood vessels, resulting in headache pain.

Central Sensitization

Prolonged activation of pain pathways results in sensitization of neurons within the brainstem and cortex, producing symptoms such as:

- Photophobia
- Phonophobia
- Allodynia



These mechanisms contribute to the recurrent and disabling nature of migraine attacks.⁽⁹⁾⁽¹⁰⁾

CLINICAL FEATURES

Migraine without aura typically progresses through three phases:

1. Prodrome Phase

Occurs hours or days before the headache and may include:

- Fatigue
- Mood changes
- Neck stiffness
- Food cravings

2. Headache Phase

The main phase lasting **4–72 hours**, characterized by:

- Unilateral throbbing headache
- Moderate to severe intensity
- Nausea or vomiting
- Photophobia and phonophobia

3. Postdrome Phase

After the headache subsides, patients may experience:

- Fatigue
- Difficulty concentrating
- Mental fog

These phases collectively represent the natural progression of migraine attacks.⁽¹⁰⁾

DIAGNOSIS

Diagnosis of migraine without aura is primarily clinical and based on criteria

established by the **International Headache Society (IHS)**.

Typical diagnostic features include:

- At least five attacks lasting **4–72 hours**
- Unilateral, pulsating headache
- Moderate to severe intensity
- Aggravation by physical activity
- Associated nausea, photophobia, or phonophobia

The **POUND mnemonic** is often used clinically to identify migraine features.⁽¹⁾

IMPACT ON QUALITY OF LIFE

Migraine significantly affects multiple aspects of life including physical, emotional, and social functioning. The **Migraine Disability Assessment Scale (MIDAS)** is widely used to evaluate the disability caused by migraine attacks. This questionnaire assesses:

- Days missed from work or school
- Reduced productivity
- Interference with household work
- Impact on social activities

MIDAS scores classify migraine disability into four grades ranging from minimal to severe impairment.⁽²⁾

CONVENTIONAL MANAGEMENT

Management of migraine without aura includes both lifestyle modification and pharmacological treatment.

Lifestyle Measures



- Identification and avoidance of triggers
- Regular sleep schedule
- Balanced diet and hydration
- Stress management
- Regular physical exercise⁽¹¹⁾

Pharmacological Therapy

- Analgesics and NSAIDs
- Triptans
- Preventive medications such as beta-blockers and anticonvulsants

However, long-term drug therapy may cause adverse effects and medication overuse headaches.⁽¹¹⁾

HOMOEOPATHIC PERSPECTIVE

Homoeopathy considers migraine as a manifestation of underlying constitutional imbalance. Treatment is individualized based on the totality of symptoms, including mental, physical, and emotional characteristics.

Remedies are selected according to:

- Causative factors
- Modalities (aggravations and ameliorations)
- Concomitant symptoms
- Patient constitution

Homoeopathic treatment aims not only to relieve acute pain but also to reduce the frequency and intensity of migraine attacks.⁽¹¹⁾

BOGER BOENNINGHAUSEN'S CHARACTERISTICS REPERTORY IN MIGRAINE

Boger Boenninghausen's Characteristics Repertory (BBCR), developed by **Dr. C. M. Boger**, is a highly practical repertory emphasizing the concept of the **complete symptom**.

Key features include:

- Emphasis on modalities and concomitants
- Integration of pathological and clinical symptoms
- Focus on characteristic symptoms for remedy differentiation
- Cross-references for accurate rubric selection

The repertory includes detailed rubrics related to migraine such as:

- Head – internal – half of one side
- Throbbing headache
- Headache aggravated by light, noise, or sun
- Amelioration from cold applications or darkness

These rubrics help physicians identify the most appropriate homoeopathic remedy for individual cases.⁽⁶⁾

CONCLUSION

Migraine without aura is a common and disabling neurological disorder that significantly affects quality of life. Although conventional therapies provide



symptomatic relief, many patients continue to experience recurrent attacks and treatment-related side effects.

Homoeopathy offers a holistic and individualized approach that addresses both the physical and constitutional aspects of the disease. Boger Boenninghausen's Characteristics Repertory provides a systematic method for remedy selection based on modalities, concomitants, and characteristic symptoms.

Further research integrating clinical studies and quality-of-life assessments may strengthen the evidence for homoeopathic management of migraine without aura and contribute to improved patient outcomes.

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