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UNDERSTANDING HEADACHE THROUGH MIASMATIC APPROACH IN HOMOEOPATHY

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ABSTRACT

Headaches are common in day-to-day practice and can arise from various causes. Effective understanding and treating headache requires knowledge of the underlying miasm. This article presents a miasmatic classification of headaches along with key features of relevant homoeopathic medicines. Identifying the miasm helps the practitioners to address chronic tendencies, leading to improved long-term outcomes.

Keywords: Miasms, Headache, Psora, Sycosis, Syphilis, Tubercular, Homoeopathy.

1. INTRODUCTION

Headache is one of the most common complaints we encounter in clinical practice. The causes may be divided into primary (benign) or secondary. Primary headache syndromes include migraine (with or without aura), tension-type headache, trigeminal autonomic cephalgia (including cluster headache), primary stabbing / coughing / exertional / sex-related headache, thunderclap headache, newly daily persistent headache syndrome. Secondary headache syndromes include medication overuse headache (chronic daily headache), intracerebral bleeding (e.g., subdural haematoma), raised intracranial pressure (e.g., brain tumour), Infection (e.g., meningitis), Inflammatory diseases (e.g., temporal arteritis), referred pain from other structures (orbit, temporomandibular joint, neck). (1)

International Headache Society Classification of Headache (2)

1. Migraine	Migraine without aura, Migraine with aura, Ophthalmoplegic migraine, retinal migraine, Childhood periodic syndromes that may be precursors to or associated with migraine, Migrainous disorder not fulfilling the criteria.
2. Tension-type headache	Episodic tension-type headache, Chronic tension-type headache
3. Cluster headache and chronic paroxysmal hemicranias	Cluster headache, Chronic paroxysmal hemicranias
4. Miscellaneous headaches not associated with structural lesion	Idiopathic stabbing headache, External compression headache, Cold stimulus headache, Benign cough headache, Benign exertional headache, Headache associated with sexual activity
5. Headache associated with head trauma	Acute posttraumatic headache, Chronic posttraumatic headache
6. Headache associated with vascular disorders	Acute ischemic cerebrovascular disorder, Intracranial hematoma, Subarachnoid haemorrhage, Unruptured vascular malformation, Arteritis, Carotid or vertebral artery pain, Venous thrombosis, Arterial hypertension, Other vascular disorder
7. Headache associated with nonvascular intracranial disorder	High CSF pressure, Low CSF pressure, Intracranial infection
8. Headache associated with substances or their withdrawal	Headache induced by acute substance use or exposure, Headache induced by chronic substance use or exposure, headache from substance withdrawal (acute use), headache from substance withdrawal (chronic use),
9. Headache associated with noncephalic infection	Viral infection, Bacterial infection, Other infection
10. Headache associated with metabolic disorder	Hypoxia, Hypercapnia, Mixed hypoxia and hypercapnia, Hypoglycemia, Dialysis, Other metabolic abnormality

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11. Headache or facial pain associated with disorder of facial or cranial structures	Cranial bone, Eyes, Ears, Nose and Sinuses; Teeth, jaws and related structures; Temporomandibular joint disease.
12. Cranial neuralgias, nerve trunk pain and deafferentation pain	Persistent (in contrast to ticlike) pain of cranial nerve origin, Trigeminal neuralgia, Glossopharyngeal neuralgia, Nervus intermedius neuralgia, Superior laryngeal neuralgia, Occipital neuralgia, Central causes of head and facial pain other than tic douloureux
13. Headache not classifiable	

Headache symptoms that suggest a serious underlying disorder (2)

"Worst" headache ever	Vomiting precedes headache
First severe headache	Induced by bending, lifting, cough
Subacute worsening over days or weeks	Disturbs sleep or present immediately upon awakening
Abnormal neurologic examination	Known systemic illness
Fever or unexplained systemic signs	Onset after age 55

While understanding headache, following points are to be kept in mind.

The first point is the tempo of evolution of headache. A sudden onset reaching maximum intensity immediately should point towards urgent evaluation in hospital for possible subarachnoid haemorrhage. In contrast, a headache which evolves over hours to days is likely to be less dangerous. (1)

The second point is to establish whether headaches are episodic (usually migraine) or continuously present all the time. (1)

The third point is the associated symptoms like preceding visual symptoms, nausea, vomiting points towards migraine. Constitutional symptoms or progressive focal symptoms like fever, weight loss may points towards cancer or meningitis. (1)

The fourth point is the behaviour of the patient during headache. Migraine patients will retire to bed to sleep in dark room while cluster headache patients will exhibit agitated and restless behaviour. (1)

Fifth point is the duration of headache. Headaches persisting for months or years are rarely sinister though they may cause worry to the patients. Conversely, new onset headache especially in elderly raise more of a concern. (1)

Apart from primary and secondary headache syndromes, other clinical conditions can present with headache like sinusitis, eye strain, food allergies, uncomplicated hypertension etc. (1)

TYPE	KEY FEATURES
Tension type	Bilateral tight, band like sensation; pain builds slowly, fluctuates in severity and may persist more or less continuously for many days. Exertion does not usually worsen the headache. May be episodic or chronic (i.e. present more than 15 days per month). Common in all age groups and females tend to predominate (3).
Migraine	Benign and recurring syndrome of headache, nausea, vomiting and / or other symptoms of neurologic dysfunction in varying admixtures. Activated by red wine, menses, hunger, lack of sleep, glare, oestrogen etc. Its deactivators are sleep, pregnancy, exhilaration etc. Severe headache attacks are described as throbbing and associated with vomiting and scalp tenderness. Milder headaches tend to be nondescript – tight, bandlike discomfort often involving the entire head (3).
Cluster	Episodic type is most common and is characterised by one to three short lived attacks of periorbital pain per day over 4 to 8 week period followed by pain free interval that averages 1 year. Chronic form is characterised by absence of sustained periods of remission. Men are affected seven to eight times more often than women. Onset is usually between ages 20 and 50, it may occur as early as in first decade of life (4).
Meningitis	Nuchal rigidity, headache, photophobia and prostration; may not be febrile. Lumbar puncture is diagnostic. (5)
Intracranial	Nuchal rigidity and headache; may not have clouded consciousness or seizures.

haemorrhage	Haemorrhage may not be seen on CT scan. Lumbar puncture shows "bloody tap" that does not clear by the last tube. A fresh haemorrhage may not be xanthochromic. (5)
Brain tumor	May present with a prostrating pounding headaches that are associated with nausea and vomiting. Should be suspected in progressively severe new "migraine" that is invariably unilateral. (5)
Temporal arteritis	May present with a unilateral pounding headache. Onset generally in older patients (>50 years) and frequently associated with visual changes. ESR is usually markedly elevated (i.e. >50). Definitive diagnosis can be made by arterial biopsy. (5)
Glaucoma	Usually consists of severe eye pain. May have nausea and vomiting. The eye is usually painful and red. The pupil may be partially dilated. (5)

A comprehensive neurological examination is a crucial component of headache evaluation. When abnormalities are detected during this examination, neuroimaging studies such as computed tomography (CT) or magnetic resonance imaging (MRI) are typically indicated. The assessment of acute headache often includes evaluating cardiovascular and renal function through blood pressure monitoring and urine examination, inspecting the eyes with fundoscopy, measuring intraocular pressure and refraction, palpating the cranial arteries, and assessing the cervical spine via passive head movements and imaging studies. This detailed assessment identifies underlying causes and guides proper diagnostic and treatment.

The patient's psychological state should be carefully assessed due to strong two-way link between headache and depression (2). Accurate diagnosis guides whether treatment should be medical, surgical, or a combination of both.

Chronic diseases are fundamentally linked to miasms, which are classified into psora, sycosis, syphilis and tubercular. This article explains headache from miasmatic perspective for better clinical application.

CONTENT:

	PSORA	**SYCOSIS**	**SYPHILIS**	**TUBERCULAR**
Cause	Headaches from repelled eruptions or suppression of any skin eruptions.	-	-	Headaches occurring every Sunday or on rest days or due to the least unusual ordeal, as preparing for examinations; meeting with strangers and entertaining them.
Location	Headaches usually frontal, temporal or tempo-parietal, sometimes on vertex.	Headache in frontal or on vertex region.	Usually basilar, or linear or one-sided.	-
Sensation	Headaches are sharp, severe paroxysmal.	Head symptoms resemble syphilitic in that they have night aggravation and same type of vertigo at the base of brain.	Headaches are dull, heavy or lancinating, constant, persistent.	Headaches with red face and rush of blood to head, or certain hours of the day.
Sensation (continued)			Syphilitic or tubercular headache will often last for days and is very severe, often unendurable, sometimes with sensation of bands about the head. Many are due to effusion. Patient often has weak feeling about the head – cannot hold it up and sometimes they are so severe as to produce	

			unconsciousness, rolling or boring of the head into the pillow, ocular paralysis, moaning, with feverishness and restlessness or patient is stupid, dull or listless, even semi-conscious.	
Sensation (continued)			Rush of blood to head, or face, with roaring in ears, with determination of blood to chest, hot hands and feet, have to bathe them in cold water.	Prosopalgia or persistent headache not easily ameliorated by treatment.
Aggravation	Headaches are worse in morning, increase when the sun ascends and decrease when the sun descends.	Headaches usually worse riding, night especially after midnight, lying down, exertion either mental or physical.	Headaches worse at night particularly at approach of night and as night advances, warmth, rest or while attempting to sleep.	Headaches are worse usually in the forenoon, riding in carriage.
Amelioration	Headaches are better by hot applications, quiet, rest, sleep. (6)	Headaches better by motion. (7)	They improve in the morning and remain better all day and return in evening. (8)	Headache better nose-bleed, rest, quiet, sleep, eating. (6)
Accompaniments	Headaches are accompanied with red face, throbbing, bilious attacks, nausea and vomiting coming once or twice a month.	Usually accompanied by coldness of body, sadness and prostration.	In syphilitic or tubercular headaches of children, they strike, knock or pound their heads with their hands or against some object.	
Accompaniments (continued)	Great hunger before or during headache.	Headaches of sycotic children worse at night, producing feverishness, restlessness, crying, fretting and worrying.	-	Headaches with deathly coldness of hands and feet, with prostration, sadness and general despondency.

INDICATIONS OF MEDICINES WITH KEY FEATURES:

PSORA	SYCOSIS	SYPHILIS	TUBERCULAR
BRYONIA ALBA: Headache from ironing, when constipated. BURSTING, SPLITTING or	**NAT SULPH:** Ill-effects of falls and injuries to the head, and mental troubles arising therefrom. Occipital pain. Sensation of bursting on	**SYPHILINUM:** Linear pains from temple across, or from eyes backward; cause sleeplessness and delirium at night. *Falling*	**MELILOTUS ALBA:** Violent congestive or nervous headaches; *epistaxis affords relief* (12).

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HEAVY, *crushing fronto-occipital* headache < moving eyes, coughing, straining at stool. (9)	coughing. Hot feeling on top of head. Boring in the right temple, preceded by burning in stomach (10).	*of the hair*. Pain in bones of head. Top of head feels as if coming off. Stupefying cephalalgia (11).	
NUX VOMICA: Headache in the occiput or over the eyes, with *vertigo*; brain feels as if turning in a circle. *Headache in the sunshine*. Scalp sensitive. Head feels distended and sore within, after a debauch (13). Frontal headache with desire to lean on something. (14)	**THUJA:** Headache: as if a nail had been driven into parietal bone; or as if a convex button were pressed on the part; < from sexual excesses; overheating from tea; chronic, or sycotic or syphilitic origin (15). Headache better by bending head backwards (16).	-	**PHOSPHORUS:** Head; heavy; *aches over one eye*; with hunger, < children, lying on right side, > cold washing of face. Burning temples. Vertex throbs hot after grief (17).
SULPHUR: Constant *heat on top of head*. Heaviness and fullness, pressure in temples. Beating headache; worse, stooping, and with vertigo. Sick headache recurring periodically (18).	**MEDORRHINUM:** Headache from jarring of cars, exhaustion, or hard work. Burning pain in brain; worse, occiput. Head heavy and drawn backward. Weight and pressure in vertex (19).	-	**TUBERCULINUM:** Subject to deep brain headaches and intense neuralgias. Everything seems strange. Intense pain, as of an iron band was around the head (20).

INDICATIONS OF OTHER MEDICINES:

BELLADONNA: Headache from suppressed catarrhal flow, ill effects, colds, etc; from having hair cut. Severe throbbing and heat. Pain; fullness, *especially in the forehead*, occiput, and temples. Sudden outcries. Boring of head into pillow; drawn backward and rolls from side to side. Constant moaning. *Pain worse light, noise, jar, lying down and in the afternoon*; better by pressure and semi-erect posture. Headache worse on right side and when lying down (21).

EPIPHEGUS: Sick headache coming on when deviating from ordinary pursuits. Headaches from nerve tire caused by mental or physical exhaustion, *preceded by hunger*. A remedy for sick, neurasthenic, and nervous headaches, especially in women, brought on or aggravated by exertion, shopping, etc. Pressing pain in temples, *pressing inwards, worse, left side*. *Viscid salivation*, constant inclination to spit (22).

GELSEMIUM: Heaviness of head; *ban-like sensation* around the head and *occipital* headache. *Dull*, heavy ache, with heaviness of eyelids; bruised sensation; better, compression and lying with head high. *Pain in the temples, extending to the ear, alae* of nose, and chin. Headache, with muscular soreness of neck and shoulders. Headache preceded by blindness; better, profuse micturition. Scalp sore to touch. Wants to raise the head on the pillow (23).

GLONOINE: Bad effects from having hair cut. Head troubles: from working under gas-light, when heat falls on head; cannot bear heat about the head, heat of stove or *walking in the sun*. Cerebral congestion, or alternate congestion of the head and heart. Head: feels enormously large; as if skull were too small for brain; **sunstroke and sun headache**; increases and decreases every day with the sun. Terrific shock in the head, synchronous with the pulse. Throbbing, pulsating headache; holds head with both hands; could not lie down, "the pillow would beat". Brain feels *too large, full, bursting*; blood seems to be pumped upwards; *throbs at every jar, step, pulse*. Intense congestion of brain from delayed or suppressed menses; **headache in place of menses**. Headache: occurring after profuse uterine hemorrhage; *rush of blood to head*, in pregnant women (24).

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MENYANTHES: A remedy for certain headaches, intermittent fever. Pressing in vertex; *better, hard pressure with the hand*. Pain pressing together. Weight pressing on the brain with every step on ascending. Pain from the nape over the whole brain; better, stooping, sitting; worse, going upstairs (25).

NAT MUR: Headache: anemic, of school girls; *from sunrise to sunset*; left sided clavus; as if bursting; with red face, nausea and vomiting before, during and after menses; as though a thousand little hammers were knocking in the brain during fever; > by perspiration. Headache; *beginning with blindness*; with zig-zag dazzling, like lightening in eyes, ushering in a throbbing headache; from eye strain (26).

OLEANDER: Headache better by looking crossways, sideways or squinting (27).

ONOSMODIUM: Headache from eye strain and sexual weakness, < dark. Vertigo, with headache, < lying on left side; raising the hands above the head. *Occipital headache* as if screwed, < eye-strain and lying down. Pain up and down from occiput (left) to shoulder < exertion. Dull heavy up-pressing in occiput (28).

SANGUINARIA CAN.: The periodical sick headache; begins in morning, increases during the day, lasts until evening; head feels as if it would burst, or as if eyes would be pressed out; *relieved by sleep*. American sick headache, > by perfect quiet in a dark room. Headache *begins in occiput*, spreads upwards and settles over right eye. Headaches, *return at the climacteric*; every seventh day (29).

SILICEA: Chronic sick headaches, since some severe disease of youth; *ascending from nape of neck to the vertex*, as if coming from the spine and locating in one eye, especially the right; < draft of air or uncovering the head; > pressure and wrapping up warmly; > profuse urination (30).

SEPIA: Headache: in terrific shocks; *at menstrual nisus, with scanty flow*; in delicate, sensitive, hysterical women; pressing, bursting < motion, stooping, mental labor, > by external pressure, continued hard motion. *Great falling of the hair*, after chronic headaches or at the climacteric. Coldness of the vertex with headache (31).

SPIGELIA: Nervous headache; periodical, beginning in morning at base of brain, spreading over the head and locating in eye, orbit at temple of left side; pain pulsating, violent, throbbing. Headache; at sunrise, at its height at noon, declines till sunset (32).

2. CONCLUSION

Understanding headaches from both clinical and miasmatic perspectives aids in accurate diagnosis, remedy selection and identifying the underlying miasm especially in chronic diseases. Each miasm and remedy has its own characteristic, individualistic pattern. Recognizing the miasm helps us in individualization and achieving cure rather than mere palliation.

ABBREVIATION: e.g. – Example, CSF – cerebrospinal fluid

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