INTRODUCTION

“The body Heals itself, the physician is only natures assistant”

Hippocrates.

From the very beginning of life human being are disposed to various types of diseases and from that time man are searching medicine to combat the notorious diseases. The story begins with the first groping attempts of primitive man to fight disease with magic and stone knives. Slowly it develops from the time of early civilization to the time of twentieth century and the medical system of earlier times is instructive both in their similarities and dissimilarities to the medicine of today. The medicine of former periods has many similarities of our own system. It must also be emphasized that disease is more than the physiological and psychological breakdown of an individual.¹

Migraine is a benign and recurring syndrome of episodic headache that is associated with certain features such as sensitivity to light, sound, or movement, nausea and vomiting often accompany the headache. Symptoms of Migraine vary greatly. Pain of different character like throbbing, pulsating; one-sided, pain behind the eye; or aggravated by movement. Other associated symptoms are altered vision, nausea and vomiting, intolerance to bright light and loud noise. 25% of women and 8% of men get migraines sometime in their lifetime. About half of these people get their first migraine
before the age of 20, and 98% before the age of 50. 5% get migraine before they're 15 years old and about a third of those get migraine before they're even 5! Most migraines, however, occur between the ages of 25 and 50. According the KidsHealth.org, up to 10% of children between 5 and 15 may experience migraine. Before puberty, girls and boys are almost equal in the migraines they suffer, possibly due to the estrogen changes that women go through at various stages in life. About 70% have some other close (first degree) relative with migraine. There are some activating factors like hormonal changes, weather changes, changes in food habit and some anti-activating factors like sleep, pregnancy etc.²

According to International classification of headache-2 (ICHD-2)³ there are seven subclasses of migraines (some of which include further subdivisions). Migraine without aura or common migraine involves migraine headaches that are not accompanied by an aura. Migraine with aura usually involves migraine headaches accompanied by an aura. Less commonly, an aura can occur without a headache, or with a non-migraine headache. Two other varieties are Familial hemiplegic migraine and Sporadic hemiplegic migraine, in which a patient has migraines with aura and with accompanying motor weakness. If a close relative has had the same condition, it is called "familial", and otherwise it is called "sporadic". Another variety is basilar-type migraine, where a headache and aura are accompanied by difficulty
speaking, vertigo, ringing in ears, or a number of other brainstem-related symptoms, but not motor weakness. Childhood periodic syndromes that are commonly precursors of migraine include cyclical vomiting (occasional intense periods of vomiting), abdominal migraine (abdominal pain, usually accompanied by nausea), and benign paroxysmal vertigo of childhood (occasional attacks of vertigo). Retinal migraine involves migraine headaches accompanied by visual disturbances or even blindness in one eye. Complications of migraine describe migraine headaches and/or auras that are unusually long or unusually frequent, or associated with a seizure or brain lesion. Probable migraine describes conditions that have some characteristics of migraines but where there is not enough evidence to diagnose it as a migraine with certainty. The signs and symptoms of migraine vary among patients. The four phases of a migraine attack listed below are common but not necessarily experienced by all migraine sufferers. The prodrome, which occurs hours or days before the headache. The aura, which immediately precedes the headache. The pain phase, also known as headache phase and lastly the postdrome phase, here patients may feel tired; have head pain, cognitive difficulties, and gastrointestinal symptoms.³

Migraine costs 15.5 billion dollars a year in lost revenue from loss of work hours and use of medical facilities.⁴ Three-fourths of adult migraineur are women. It occurs in all races, with the highest prevalence in the US among
Caucasians. The migraineur, suffers not only from pain but also lives with a diminished to poor quality of life.\textsuperscript{4}

It is now well known that people of modern age suffer greatly from disorders of stress. In fact they are the major causes of morbidity and mortality all over the world. Even now disorders of stress and injuries take a great toll of lives in developing countries as well as in developed countries. Many accidental injuries are known to occur as a result of excess of stress and strain in life. Stress is also a primordial factor in the triggering and perpetuation of migraine attacks.\textsuperscript{5}

Migraine is a common disabling primary headache disorder. Despite the need for a perfect treatment of this debilitating condition, the ideal “cure” eludes us.\textsuperscript{4}

Limited information about the Pathophysiology of migraine may leads to diagnostic and therapeutic challenges, as well as delayed and/or partial relief, with risk of progression from relapsing/remitting state to a chronic, more severe condition\textsuperscript{6}

Optimum acute treatment of migraine requires prevention of headache as a top priority. Recognition of the multitude of migraine presentations, the frequency of total headache attacks, and number of days of headache disability are critical. Successful treatment requires excellent patient-
clinician communication enhancing confidence and mutual trust based on patient needs and preferences. Optimum management of acute migraine nearly always requires pharmacologic treatment for rapid resolution. Migraine-specific triptans, dihydroergotamine, and several anti-inflammatories have substantial empirical clinical efficacy. Older nonspecific drugs, particularly butalbital and opioids, contribute to medication overuse headache and are to be avoided. Clinicians should utilize evidence-based acute migraine-specific therapy stressing the imperative acute treatment goal of early intervention, but not too often with the correct drug, formulation, and dose. This therapy needs to provide cost-effective fast results, meaningful to the patient while minimizing the need for additional drugs. Migraine-ACT evaluates 2-hour pain freedom with return to normal function, comfort with treatment, and consistency of response. Employ a thoroughly educated patient, formulary, testimonials, stratification, and rational co-therapy against the race to central sensitization for optimum outcomes.

The perfect treatment mode of migraine as well as the progress is still in progress in defining migraine Pathophysiology and in developing new specific therapies. There is room for better efficacy and tolerability. It appears that the pharmaceutical and bioengineering industries, in recognition
of the large market of migraine sufferers, is working towards newer and better approaches for affective interventions.

Migraine management already has adopted contemporary as well as various alternative therapies, but a better approach for affective interventions is still needed. In recent years, it has been common practice to use complementary and alternative medicine (CAM) as well as integrative medicine in the treatment of headache. Dissatisfaction with conventional treatment is not necessarily the reason for using CAM; alternative health care may be more congruent with values, belief, and philosophical orientation toward health and life.\(^8\)

Common medicine such as Opioids, NSAIDS, Triptans etc. used in conventional medical therapy have shown clear side effects\(^9\).

Two very common alternative and popular therapies in India, i.e. homeopathy and yoga or integrated therapeutic approach along with conventional medicine may also prove to be effective to manage migraine. Very few research articles are available in homeopathy in the treatment of migraine and these do not suggest that homeopathy is too effective in the prophylaxis of migraine or headache beyond a placebo effect\(^{10}\). Studies on effectiveness of yoga in migraine are also very less.\(^8\) So comparison and efficacy of conventional medical therapy, homeopathy and yoga therapy in
migraine or comparison and efficacy of Combined or integrated therapy of these three different treatment modes in migraine in India may evaluate most effective therapy against migraine and its associated mood disorders.