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HOMOEOPATHIC MEDICINE IN THE MANAGEMENT OF CHRONIC TENSION TYPE HEADACHE IN CHILDHOOD AND ADOLESCENCE

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ABSTRACT: Primary headaches occur frequently in children and teenagers. Tension-like headache (HTT) and migraine are major sources of disability with several health considerations. Compared to migraine, little is known about TTH in children; most of what we know has been extrapolated from adult studies. This is an article about chronic tension type headache for usingon classification, etiology, diagnostic criteria and homoeopathic medicines.

KEYWORDS: Tension type headache, Childhood, Adolescence, Homoeopathy.

1. INTRODUCTION:

Headache is rapid rises from past few years because there is some change in our life style. Chronic Tension Type of Headache (CTTH) represents all type of headaches, occurs either singly or in episodes or chronically. This may be the result of stress, anxiety, fatigue or anger.

Primary headaches, which is very frequent in children and teenagers. Tension-like headache (HTT) and migraine are the main sources of disability with many health-related considerations. Compared to migraine, little is known about TTH in children; much of our knowledge has been extrapolated from adult studies. Childhood and adolescence are include periods of rapid growth, emotional maturation, physiological disturbances, and hormonal changes, anything that can influence the expression of primary headaches among those who have a predisposition. For chronic forms, there are also issues where children may be diagnosed with chronic TTH (CTTH). [1]

TTH are recurring episodes of headaches that last from minutes to weeks.. The pain of the TTH is typically pressing or tightening in quality, which is mild to moderate in its intensity and bilateral in location and not worse with routine physical activity. Nausea and vomitingmay normally be absent, but there may be photophobia or phonophobe. [2]

Prevalence of this disease in India and globally is very high, it become a global problem. This disease affect the quality of life of people and so it need proper treatment. A study was conducted on college students, who showed

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42% of the adult population was introduced with active headache disorder i.e., CTTH and migraine are the most common contidions, with prevalence of 38% and 10% respectively. CTTH is most prominent type of headache, but it requires more seldom than migraine. A study published in The Lancet showed that global agestandardized prevalence of CTTH was 26.1% overall; 30.8% for females and 21.4% for males.^[3]

The variability in the prevalence estimates of TTH has been attributed to environmental and genetic factors. According to several prevalence studies, TTH affects mostly children's 31% (10%–72%). [1]

In 1409, an unselected population based questionnaire study was done in a school children aged 12 years. Study was done on 1135 children's out of them 138 children found TTH.^[4]

2. CAUSES:

There are many causes of TTH, but most of the case it is done when neck and scalp muscles become tensed. Stress, depression, anxiety & head injury may be the cause of muscle contractions. Occur in any age group, but more common present in adult and older teens age group. Pressing or squeezing type of pain on front, back and both side of head.^{[2][3]}

Activities that caused the headache are head to be held in one position, typing, fine work with hand. If a person is sleeping in a cold room or sleeping with abnormal position of neck may trigger TTH. [2][3]

If a children is having frequent attack of tension type of headache may be at risk of chronic TTH.^[5]

Other triggers for TTH:[2][3]

- Having physical and emotional stress.
- > Take too much caffeine
- Recurrent attack of cold, flu and sinus infection
- ➤ In case of eye strain

3. **SYMPTOMS**: [2][3]

Pain of head may be described as:

- Pain may be dull in nature, pain like as a tight band is around on head.
- Pain present all over head, which increase on scalp, temples, back of neck and some time on shoulder.
- Pain may present daily. It may last for 30 minutes to 7 days.
- Difficulty in sleeping.

There is no symptom of nausea or vomiting.

Headache is ameliorates by massage their scalp, temples, or back of neck.

4. TYPES OF TTH:

There are three type of TTH:

- Infrequent episodic type tension-type headache: Person is suffering from one or fewer episodes per month.
- Frequent episodic type tension-type headache: Head pain is more than one, but less than 15 episodes/month for three or more months.
- Chronic tension-type headache: Headache is more than 15 episodes/month for three or more months. There may be mild nausea with this type of tension-type headache. [6]



5. EXAMS AND TESTS:

If the person is suffering mild to moderate type of headache without any other symptom and responds to home care treatment within a few hours, person may not need any further examination. If a person is suffering from TTH, there are usually no problems with the nervous system. Some tender points in muscles are found some time in neck and shoulder region.^[7]

6. DIAGNOSTIC CRITERIA:

ICHD-II Criteria for migraine without aura and tension-type headache for children [1] Migraine without aura (code 1.1)

- A. At least five attacks fulfilling criteria B–D
- B. Attacks lasting 1–72 hr (untreated or successfully treated)
- C. Two of the following characteristics:
 - 1. Migraine headache commonly is bilateral; occipital headache in children is rare
 - 2. Pulsating quality
 - 3. Moderate to severe intensity
 - 4. Aggravated by, or causing avoidance of, routine physical activity
- D. At least one of the following associated symptoms:
 - 1. Nausea and/or vomiting
 - 2. Photophobia and phonophobia (photophobia may be inferred from behavior in youngchildren)

Subtypes: Episodic (<15 days/month) and chronic (≥15 days/month on average for >3 month)

Tension-type headache (code 2)

- A. At least 10 episodes occurring on <1 day/month on average (12 days/y) and fulfilling criteria B–D IJCR
- B. Headache lasting 30 min to 7 days
- C. Two of the following characteristics:
 - 1. Bilateral location
 - 2. Pressing/tightening (non-pulsating) quality
 - 3. Mild to moderate intensity
 - 4. Not aggravated by routine activity
- D. At least one of the following associated symptoms:
 - 1. No nausea or vomiting
 - 2. Photophobia or phonophobia

Subtypes

- 1. Episodic
- A. May occur with or without pericranial muscle tenderness
- 1. Infrequent
- a. At least 10 episodes occurring on <1 day/month on average (<12 days/year) and fulfilling criteria B–D
- 2. Frequent
- a. At least 10 episodes occurring on ≥ 1 but < 15 day/month for at least 3 months
- 2. Chronic
- A. \geq 15 days/month on average for >3 month

Patient of headache is mostly found in neurology outpatient clinics. Due to high prevalence of TTH it is global health problem. In a survey of 2010, it comes in most common 10 causes of disability worldwide according to global burden of disease.^[8]

7. HOMOEOPATHIC MANAGEMENT: [9][10][11][12]

- 1. Aloe Socotrina: Aloes patient haveheadache alternates with lumbago, with some intestinal and uterine affections. Pain above forehead, with heaviness in eyes& nausea. Dull, pressive type of pain; which increase from heat. Pressure in the forehead, vertex& occipital region, as from a weight. Pain above the eyes which pressive in nature.
- 2. Apis Mellifica: Whole brain feels very tired. Pain of apis is throbbing &distensive in nature with some heat in forehead, which ameliorates on pressure, and aggravates by motion. Dull & heavy feeling on occiput, as from a blow, which extend to neck (ameliorate on pressure), accompanied symptom with this are sexual excitement. Pressing type of pain present in forehead and temples; Aggravate rising; in warm bed; improve pressing the forehead together. The brain feels tired.
- **3.** Cantharis Vasicatoria: Pressive and lancinating type of pain in head, which interrupts the sleep at night. Symptoms disappear on walking. Acute drawing type of pains in the head, with vertigo.
- **4.** Calcarea Phosphorica: Pain in head, which increase near the region of sutures, symptom increase in change of weather &school going children about puberty. Headache, with abdominal flatulence. Rheumatic pain from draught of air, with dullness & stiffness present in head.
- **5.** Cimicifuga Racemosa: Waving, opening and shutting sensation in brain. Person of cimicifuga feels braintoo large. Pain which is pressing-outwardly in head.
- 6. Conium Maculatum: Pain in head, stupefying, with some nausea and vomiting which have some of mucus, feeling of foreign body under the skull. Dull pain in occiput region on rising in morning. Vertigo when turning in bed; feels that the bed were floating. Lancinating type of pain, especially on vertex region. Downward pressure as a stone on forehead. Attack of tearing type of headache forces patient to lie down.
- 7. Ferrum Metallicum: Pain of head is stinging in nature. Pain in occiput, with some roaring in neck. Pressive type of pain in the head, which worse in fresh air. Pulling sensation from the nape of the neck to the head, with shooting and buzzing. Pain in the scalp, as if it were galled.
- 8. Lachesis Mutus: Pain in head worse on awaking. Pressing pain and burning on vertex region. Pain like as a wave; which increase after moving. Pain in headwhich extend till root of nose. Headache with flickering before the eyes. Sensitiveness of scalp in left vertex down, and left side of face on touch or moving muscles, asensation as if sunburnt.
- **9.** Lycopodium Clavatum: Pressing type of pain in head on vertex; which increase 4 to 8 pm, lying down or stooping, exertion of the mind, if not eating food regularly, and followed by great weakness. Head painabove eyes in severe cold weather; relieve by uncovering. Pain in temples, as if they were screwed toward each other. Headache from vexation. Head pain, with disposition to faint and great uneasiness.
- 10. Natrium Muriaticum: Photophobia, Head pain worse sunlight. Itching and burning in body, must wipe the part that burn. It is very effective in stricture of lachrymal duct with suppuration. Feels bruised, with headache in school going children. Natrium muriaticum produces a headache simulating that of Bryonia alba, sharp stitching type of pain about the head and with sore bruised feeling about the eyeballs, which increased when eyes are moved.
- **11. Phosphoricum Acidum:** Head pain in school going children's. Heavy; confused. Pressure on top of head. Dull headache after coition; from straining of eye. [Nat. m.]

8. CONCLUSION:

Tension-type headache (TTH) and migraine are major sources of disability with several health considerations. Conventional system of medicine has limited scope in treating TTH. Common conventional medicines have a suppressive action only. They only suppress the symptom of headache for some time. Homoeopathy gives best result in all type of headache without suppressing the symptoms. There is a wonderful scope in homoeopathy for treatment of headache, concept of individualization makes homoeopathy a unique system of medicine.

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9. REFERENCE:

- 1. Monteith TS, Sprenger T. Tension type headache in adolescence and childhood: where are we now? Curr Pain Headache Rep. 2010 Dec;14(6):424-30. doi: 10.1007/s11916-010-0149-z. PMID: 20927610; PMCID: PMC2
- 2. Rasmussen BK, Jensen R, Schroll M, Olesen J. Epidemiology of headache in a general population--a prevalence study. J Clin Epidemiol. 1991;44(11):1147-57. doi: 10.1016/0895-4356(91)90147-2. PMID: 1941010.
- 3. Davidson's Principles and Practice of Medicine In: Walker BR, Colledge NR Ralston SH, Penman ID, editors. Churchill Livingstone Elsevier;2014.22nd edition
- 4. Anttila P, Metsähonkala L, Aromaa M, Sourander A, Salminen J, Helenius H, Alanen P, Sillanpää M. Determinants of tension-type headache in children. Cephalalgia. 2002 Jun;22(5):401-8. doi: 10.1046/j.1468-2982.2002.00381.x. PMID: 12110116.
- 5. Anttila P. Tension-type headache in children and adolescents. Curr Pain Headache Rep. 2004 Dec;8(6):500-4. doi: 10.1007/s11916-004-0073-1. PMID: 15509465.
- 6. The Basics of Tension-Type Headaches, Tension Headache, Types of Headache Disorders, American Migraine foundation, August 8, 2016
- 7. Garza I, Schwedt TJ, Robertson CE, Smith JH. Headache and other craniofacial pain. In: Daroff RB, Jankovic J, Mazziotta JC, Pomeroy SL, eds. Bradley's Neurology in Clinical Practice. 7th ed. Philadelphia, PA: Elsevier; 2016:chap 103.\
- 8. Murray CJL, Vos T, Lozano R, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the global burden of disease study 2010. The Lancet 2012;380:2197–223. 10.1016/S0140-6736(12)61689-4
- 9. Boericke OE. Boericke's New Manual of Homoeopathic Materia Medica with Repertory. New Delhi: B. Jain Publisher, Third revised & augmented edition, 2008
- 10. Clarke JH. A Dictionary of Practical Materia Medica, Similia (Version 2.31)
- 11. Sankaran R. The Soul of Remedies. Homoeopathic medical publishers. 2017.
- 12. Phatak SR. Materia Medica of Homoeopathic Medicines, 2nd Edition Reprint Edition, B. Jain Publisher Pvt. Ltd, New Delhi, 2005.

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