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UNANI INSIGHTS ON MIGRAINE: PSYCHOLOGICAL AND HOLISTIC CARE

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Abstract:
Migraine, referred to as *Shaqeeqa* in Unani medicine, are complex neurovascular headaches predominantly affecting one side of the head. Rooted in the imbalance of humors, *Shaqeeqa* is believed to arise from the accumulation of morbid matter, either vapors or humors, in vulnerable regions of the brain. Unani scholars, including Avicenna and Jurjani, classified migraines based on the nature of humoral imbalances-whether hot or cold-and proposed treatments aligned with the principles of humoral theory. Acute migraines (*Shaqeeqa Haar*) are associated with hot humors and are managed through evacuation (*Istifragh*) and cooling therapies, while chronic migraines (*Shaqeeqa Barid*) involve cold humors, necessitating long-term detoxification. Key therapeutic interventions include purgation, bloodletting, herbal formulations, and dietary adjustments, all aimed at restoring humor balance. Additionally, Unani emphasizes a holistic approach, considering psychological triggers such as stress and anxiety. The integrative Unani treatment strategy offers promise in reducing the frequency and severity of migraines, addressing both the physical and psychological aspects of the condition. The review aims to provide a comprehensive analysis of these traditional Unani approaches to diagnosing and managing migraines. By comparing classical Unani insights with contemporary understanding of migraines, this review seeks to evaluate the effectiveness of Unani regimens in the long-term management of migraines, offering potential integrative treatment approaches for modern healthcare.

***Keywords*:** Anxiety, Humoral Imbalance, Migraine, Neurovascular headaches, Unani regimens

1. Introduction

Shaqeeqa, a term rooted in the Arabic word 'shiq', which translates to 'a section' or 'a side,' describes a unique condition where pain is primarily confined to one side of the head [1-4]. This localized pain can be particularly debilitating, often triggered by external factors such as loud noises and bright lights, which can provoke an episode due to their intensity, frequency, or spectral characteristics [6]. In classical Unani medical literature, this condition is recognized as a specific type of headache known as *Suda*, characterized by unilateral pain that is not only moderate but can escalate to severe levels during intermittent attacks.

The pathophysiological underpinnings of *Shaqeeqa* are closely tied to the concept of *Tabiyat*, or the body's innate healing mechanisms (Medicatrix Naturae) [5,7,15,18,30]. When the body encounters an underlying cause of headache, it may fail to eradicate it entirely, leading to the concentration of pain in a particularly vulnerable section of the brain. This phenomenon is noteworthy because it illustrates the body's attempt to protect the stronger, healthier regions of the brain while directing the pain response to areas that are more susceptible.

When the quantity of morbid matter generated is minimal, pain typically arises in the weaker part of the head, as the intensity of the discomfort is insufficient to affect the entire cranial area. The esteemed physician Avicenna (Ibn Sina, 980–1037 AD) referred to this phenomenon as hemicranial headache, or "*Adha Sisika Dard*," 7emphasizing its unilateral nature. Galen (131–201 AD)

provided further insight by describing the pain as pulsating, primarily localized to one side, with the opposite side remaining intact and unharmed [15].

In addition, *Allama Nafis Ibn Evaz bin Jamaluddin* (15th century AD) made a distinction between migraine (*Shaqeeqa*) and another type of headache known as helmet headache (*Suda Baiza Khuza*). While helmet headache involves a diffuse, constant pain that encompasses the entire head, *Shaqeeqa* is marked by episodic and unilateral pain, which can vary in intensity. This differentiation is essential for accurate diagnosis and treatment [16].

Delving deeper into the pathophysiology, *Najeebuddin Samarqandi* (1222 AD) elaborated on the formation of morbid matter due to improper nutrition, which he asserted originates in the heart [32]. This detrimental substance then travels through the arterial system, ultimately reaching the more vulnerable areas of the brain and manifesting as localized pain. In contrast, healthy, nourishing blood circulates to other parts of the brain, underscoring the complex interplay between physiological processes and the manifestation of headache disorders. Understanding these dynamics not only enhances our comprehension of *Shaqeeqa* but also informs potential therapeutic approaches within Unani medicine.

Recent research highlights that the term "hemi-crania," derived from Greek, translates to "half of the skull," and its Latin counterpart "hemi-cranium" eventually evolved into the early English word "mergin," later becoming "migraine" in French24. This condition is characterized by paroxysms of throbbing pain predominantly on one side of the head, often accompanied by symptoms such as nausea, vomiting, photophobia (sensitivity to light), and phonophobia (sensitivity to sound). The onset of migraine is typically unilateral and may vary in intensity, frequency, and duration [9,11,25].

According to the International Classification of Headache Disorders (ICHD), migraine without aura-commonly referred to as common migraine-presents as recurrent episodes of headache lasting between 4 to 72 hours. This type of migraine is characterized by unilateral, throbbing pain that is moderate to severe in intensity. Physical activity tends to exacerbate the pain, which is often associated with nausea, vomiting, photophobia, and phonophobia [11,25].

On the other hand, migraine with aura-also known as neurological migraine-consists of recurrent, unilateral headache attacks that are fully reversible. These episodes are accompanied by sensory disturbances, which may include visual symptoms or other central nervous system manifestations that develop gradually and can last from a few minutes to several hours. Typically, this form of migraine is followed by the headache and related symptoms [14,31]. Notably, approximately 90% of those experiencing aura report visual disturbances, which may manifest as scintillating scotoma, fortification spectra, flashing lights, and other visual anomalies [10,12].

Understanding these distinctions is crucial for effective diagnosis and management of migraines, as the symptoms can significantly impact the quality of life for individuals affected by this debilitating condition. By exploring the various facets of migraine, including its classifications and symptoms, healthcare providers can develop targeted treatment strategies that cater to the specific needs of migraine sufferers

2. Epidemiology of Migraine

Recent studies indicate that migraine is a hereditary disorder that affects approximately 5% of the global population [9,20,31]. The prevalence of migraine attacks is notably higher among females, particularly within the age group of 25 to 40 years, with the onset of episodes often occurring in late childhood or early adulthood. As the second most common type of headache disorder, migraine accounts for around 12% of all headache incidents, with a prevalence of 15% among women compared to only 6% among men [1,21].

The impact of migraine extends beyond physical symptoms, imposing significant economic and psychosocial burdens on society. This disorder is associated with considerable disability, leading to a reduced quality of life and increased absenteeism from work [13]. According to the World Health Organization (WHO)[33], migraine ranks as the 19th leading cause of disability worldwide, contributing to 1.4% of the total years of life lost due to disability.

In the United States, data from the American Headache Society suggests that an estimated 1.2 million individuals seek emergency department care for migraine-related issues each year [23]. This highlights the urgent need for effective management strategies, as the disabling nature of migraine can severely impact individuals' daily functioning and overall well-being. Understanding the epidemiological trends of migraine is essential for developing targeted interventions and public health initiatives aimed at alleviating the burden of this prevalent condition.

3. Pathophysiology of Migraine

The pathophysiology of migraine is intricate and multifaceted, and it continues to be an area of extensive research. Currently, there is no consensus on a singular theory that adequately explains the mechanisms underlying this condition. Traditionally, migraine has been categorized as a vascular headache; however, this initial vascular hypothesis has come under scrutiny in light of recent findings. Contemporary studies have shifted the focus toward alterations in brain excitability and neural activity, suggesting that migraines may represent a primary neural disorder rather than solely a vascular one.

Central to understanding these mechanisms is the angiotensin-converting enzyme (ACE), a vital component of the renin-angiotensin-aldosterone system. ACE plays a critical role in regulating blood vessel tone, which in turn

influences the autonomic nervous system and maintains homeostasis. Research indicates that individuals who experience migraines often have elevated levels of ACE compared to those who do not suffer from headaches. This observation raises intriguing questions about the potential role of ACE in the pathogenesis of migraine, particularly regarding its influence on vascular responses in the brain.

A widely accepted perspective among researchers, including Harold Wolf, posits that the headache experienced during a migraine attack is primarily triggered by the dilation and heightened pulsation of the branches of the external carotid artery. This vascular response may contribute significantly to the pain experienced during a migraine episode. However, it is essential to recognize that this vascular phenomenon8 likely interacts with complex neural processes, such as cortical spreading depression and increased excitability of neuronal circuits, further complicating the migraine pathology.

Cortical spreading depression, a wave of depolarization followed by a period of inhibition, is believed to play a key role in the initiation of migraine aura and headache35. This phenomenon affects neuronal and glial cells, leading to the release of inflammatory mediators and neurotransmitters that can sensitize pain pathways and contribute to the overall migraine experience. Additionally, alterations in neurotransmitter systems, particularly those involving serotonin, may further modulate pain perception and vascular tone during migraine attacks.

In summary, the pathophysiology of migraine involves a complex interplay between vascular changes and neural mechanisms, highlighting the necessity for ongoing research to fully elucidate the underlying processes. A comprehensive understanding of these mechanisms is essential for the development of targeted treatment approaches that address both the neural and vascular components of migraine, ultimately improving management strategies and patient outcomes.

4. Criteria for Migraine Diagnosis

4.1. Migraine without Aura

Migraine without aura is diagnosed as a recurrent headache disorder characterized by specific criteria. The attacks typically last between 4 to 72 hours and are predominantly unilateral, meaning they affect one side of the head. The pain is often described as pulsating and ranges from moderate to severe in intensity. Additionally, the headache is exacerbated by routine physical activities, making even mild exertion uncomfortable. Accompanying symptoms usually include nausea, vomiting, photophobia (sensitivity to light), and phonophobia (sensitivity to sound).

Diagnosis should be confirmed based on the criteria outlined by the International Classification of Headache Disorders (ICHD), which provides a standardized framework for identifying and categorizing migraine episodes. These criteria ensure that clinicians can accurately assess the condition and differentiate it from other headache disorders (Table 01) [14].

4.2. Migraine with Aura

Migraine with aura is characterized by recurrent attacks that involve specific symptoms preceding the headache phase. These aura symptoms can manifest as unilateral visual disturbances, sensory changes, or other neurological symptoms that develop gradually and are fully reversible. The aura typically lasts for a few minutes to an hour and is followed by the onset of headache and other associated migraine symptoms.

To verify the diagnosis of migraine with aura, the presenting symptoms must align with the ICHD criteria for migraine without aura, as detailed in their guidelines. This alignment is crucial for establishing an accurate diagnosis and ensuring appropriate management.

In both cases, adhering to the ICHD criteria facilitates a better understanding of the patient's condition, guiding effective treatment strategies and improving patient outcomes. These diagnostic criteria not only help in distinguishing between different types of migraines but also aid healthcare professionals in providing tailored care to those affected by this debilitating condition (Table 02) [14].

Table 01: Diagnostic standards for migraine without aura

1	Five attacks or more that meet criteria B–D
2	Attacks with headaches that last 4–72 hours (either untreated or effectively treated)
3	At least two of the following four features apply to headaches. (A) unilaterally located. (B) In nature, pulsating. (C) Level of pain intensity: moderate to severe. (D) Intensive daily physical exertion, such as walking or climbing stairs
4	While experiencing a headache, at least one of the following A. vomiting and/or nausea. B. The phobias of photos and sounds
5	Not more satisfactorily explained by any other ICHD diagnosis

Table 02: Diagnostic standards for migraine with aura

1	A minimum of two attacks meeting criteria B and C
2	Any number of these completely reversible aura symptoms i) A visual ii) Sensorial iii) Vocabulary and/or syntax iv) The Motor v) The Brainstem

	vi) The retina
3	Two out of the four qualities listed below at least i) A minimum of one aura symptom appears and spreads throughout ≥five minutes, or more than two symptoms appear one after the other. ii) Aura symptoms last anywhere from five to fifty minutes each. iii) A minimum of one unilateral aura symptom exists. iv) Within 60 minutes of the aura, a headache occurs.
4	The exclusion of a transient ischemia attack and not better explained by another ICHD-III diagnosis

5. Unani Insights on Migraine Dynamics

According to the insights of Akbar Arzani from the 17th century, Unani medicine identifies two primary factors contributing to the condition known as *Shaqeeqa*, or migraine. The first factor involves the buildup of vapors from various parts of the body or specific organs, concentrating on the weaker side of the head, resulting in pain [4,22]. The second factor is the accumulation of morbid humors within the arteries on one side of the brain, leading to intense headaches. This perspective is widely accepted among Unani practitioners. Historical figures such as Avicenna and Ismail Jurjani further elucidated that the root cause of migraines is typically found within the cranium. It may manifest in the cranial membranes or, more frequently, in the muscles surrounding the temporal region. The localization of morbid matter can vary, presenting either at the site of pain, within the external arteries [19], or deeper within the brain itself.

Clinical symptoms often reflect the type and location of the accumulated morbid material. For instance, an accumulation of vapors might lead to light-headedness, elevated local temperature, a rapid pulse, and pulsations at the pain site, with relief often obtained through cold applications. Conversely, if flatus is the underlying cause, symptoms may include cold sensations, tinnitus, and tension. In cases attributed to hot humors, patients experience vertigo, a hot sensation at the pain site, and significant discomfort, while cold humors tend to produce a heavy sensation, coldness at the affected area, and relief with warmth.

Severe pain and tenderness are notable when morbid matter is located outside the cranium, while internal accumulation may cause deep pain behind the eyes, often accompanied by distressing dreams29. Generally, the distinguishing factor between migraine and simple headaches lies in the unilateral nature of migraine pain. Momentary relief can sometimes be achieved through firm pressure on the pulsating artery at the pain site [27].

Unani scholars categorize migraines based on their etiology into two main types: acute migraines, referred to as *Shaqeeqa* Haar, attributed to hot humors, and chronic migraines, known as *Shaqeeqa* Barid, linked to cold humors. Acute migraines may arise from imbalances caused by yellow bile or blood, while chronic migraines are associated with phlegm or black bile. This classification underscores the nuanced understanding of migraine pathology within Unani medicine, reflecting its holistic approach to health and disease.

6. Management principles (Usool-e-Ilaj)

In Unani medicine, the management of migraines (Usool-e-Ilaj) is guided by the fundamental principle of identifying the underlying cause and type of migraine before initiating treatment. Once the cause is established—whether it involves the accumulation of morbid matter or an imbalance of humors—the therapeutic approach is tailored accordingly. For migraines caused by the buildup of morbid substances, treatment begins with the process of concoction (Nuzj), which helps transform and eliminate the morbid matter [3,28]. This is followed by purgation and venesection to expel the accumulated toxins from the body. In cases where the pain is particularly intense, venesection from the cephalic vein on the affected side is recommended to alleviate the discomfort.

For migraines associated with hot humors, evacuation (Istifragh) is the initial course of action, provided the patient's physical condition allows for such treatment. Localized massage with analgesic and anti-inflammatory agents on the temporal region is beneficial, and medicated irrigation (Dalk) is also suggested to provide further relief. If there is excessive pulsation in the vessels, applying a tourniquet to control the blood flow can help reduce the symptoms. Bloodletting (Fasd) is a key procedure in managing sanguineous migraines, particularly those caused by hot and wet humors. In these cases, cold and dry foods should be consumed to restore balance. Similarly, for migraines caused by bilious humors, cold and wet edibles are advised, coupled with purgation to cleanse the system.

Environmental adjustments, such as keeping the patient in a dark, quiet room, are crucial for providing immediate relief, particularly during acute migraine attacks [17,26]. For chronic cases, more aggressive measures like administering a strong enema (Huqna) are recommended to cleanse the digestive system and eliminate toxins. The holistic approach of Unani medicine emphasizes not only physical treatment but also dietary and environmental modifications to ensure comprehensive management of migraines, aiming to restore the balance of humors and improve the overall well-being of the patient.

7. Unani Treatment for Migraine (*Shaqeeqa*) [2,15,18,22,30,34]

Migraine Type	Treatment Approach
Acute Migraine	1. **Evacuation (*Istifragh*)**: Removal of morbid matter, if body allows.
	2. **Herbal Decoction** (10 days):
	- ***Halaila Zard*** *(Terminalia chebula)*
	- ***Tamar Hindi*** *(Tamarindus indica)*
	3. **Followed by *Habb-e-Jalinoos (Habb-e-Qooqaya)***
	4. **Advised Decoctions**:
	- ***Khas*** *(Andropogon muricatus)*, ***Kakdi*** *(Cucumis sativus)*, ***Kasni*** *(Cichorium intybus)*, ***Mash*** *(Azukia mungo)*, ***Baqla*** *(Vicia faba)*, ***Lablab*** *(Lablab purpureus)*
	5. **Beneficial Infusions (*Khaisanda*)**:
	-Gule Banafsha *(Viola odorata)*, ***Unnab*** *(Ziziphus sativa)*, ***Sapistan*** *(Cordia latifolia)*, ***Gule Khatmi*** *(Althaea officinalis)*, ***Shahtara*** *(Fumaria officinalis)*, ***Aloo Bukhara*** *(Prunus domestica)*, ***Behidana*** *(Cydonia oblonga)*
	6. **Additional Infusions**:
	- ***Sibr*** *(Aloe barbadensis)*, ***Kasni*** *(Cichorium intybus)*
Chronic Migraine	1. **Concoction (*Nuzj*)**:
	- ***Sikanjabeen Buzoori***, ***Sikanjabeen Unsuli***, *or decoction of:*
	- ***Mastagi*** *(Lentiscus vulgaris)*, ***Anisoon*** *(Anisum officinale)*, ***Badiyan*** *(Foeniculum vulgare)*, ***Maweez Munaqqa*** *(Vitis vinifera)*
	2. **Elimination (*Tanqiyah*)**:
	- ***Habb-e-Ayarij***
	3. **Dietary Advice**:
	- ***Sharab Khalis*** (distilled alcohol) after meals beneficial; avoid before meals
	4. **Compound Formulation**:
	- ***Sibr*** *(Aloe barbadensis)*, ***Far-fiyoon*** *(Euphorbia resinifera)*, ***Hanzal*** *(Citrullus colocynthis)*, ***Saqmooniya*** *(Convolvulus scammonia)*, ***Natroon*** *(Sodium)*, ***Muqil*** *(Commiphora mukul)*, ***Post Kharbak Siyah*** *(Helleborus niger)*
	5. **Recommended Tablets**:
	- ***Rai*** *(Brassica nigra)*, ***Aqarqarha*** *(Anacyclus pyrethrum)*, ***Anardana*** *(Punica granatum)*, ***Marzan-josh*** *(Origanum majorana)*, ***Podina*** *(Mentha arvensis)*, ***Aelva*** *(Aloe barbadensis)*, *Vinegar*

- Acute migraine treatment focuses on immediate evacuation of morbid matter and providing cooling remedies.
- Chronic migraine management requires longer-term detoxification and dietary regulation.
- Environmental factors like rest in a quiet and dark room complement the treatments.

8. Unani Regimens (Ilaj-Bit-Tadbir) for Migraine Management [2,3,19,22,27–29]

Method	Ingredients	Application/Usage
Liniment (Tila)	- ***Anzaroot*** *(Astragalus sarcocolla)* - ***Sandal Sufaid*** *(Santalum album)* - ***Afyoon*** *(Papaver somniferum)* - ***Usara-e-Khas*** *(Andropogon muricatus extract)*	Applied to the forehead to relieve migraine.
Liniment (Tila)	- ***Farfiyoon*** *(Euphorbia resinifera)* - ***Hing*** *(Ferula assa-foetida)* - ***Murmakki*** *(Commiphora myrrha)*	Applied for general migraine relief.

Liniment (Tila)	- ***Zafran*** *(Crocus sativus)* - ***Mazoo*** *(Quercus infectoria)*	Applied for migraine relief.
Liniment (Tila)	- ***Qurs-e-Musallas*** *in* ***Aab-e-Kasni*** *(Cichorium intybus)*	Applied as liniment for all types of migraines.
Ear Drops (Qatoor)	- ***Farfiyoon*** *(Euphorbia resinifera)* - ***Olive oil***	Used as ear drops on the affected side for migraine relief.
Paste (Zimad)	- ***Suddab*** *(Ruta graveolens)* - ***Na'na*** *(Mentha arvensis)*	Applied to provide relief from migraine.
Paste (Zimad)	- ***Farfiyoon*** *(Euphorbia resinifera)* - ***Post Bekh-e-Luffah*** *(Atropa belladonna)* - ***Shibbat*** *(Anethum graveolens)* - ***Kafoor*** *(Cinnamomum camphora)*	Applied to the temporal region for acute migraine.
Liniment (Tila)	- ***Filfil*** *(Piper nigrum)* - ***Khardal*** *(Brassica nigra)* - ***Afyoon*** *(Papaver somniferum)* - ***Old Nabeez***	Used in chronic migraine cases for relief.
Paste (Zimad)	- ***Bekh-e-Karaila*** *(Momordica charantia root)* - ***Afsanteen*** *(Artemisia absinthium) with oil*	Applied as a paste for chronic migraine.
Nasal Drops (Saoot)	- ***Usara-e-Nilofer*** *(Nymphaea alba extract) mixed with water*	Used as nasal drops for relief from migraine.
Nasal Oils (Roghan)	- ***Roghan-e-Banafsha*** *(Viola odorata)* - ***Roghan-e-Kadu Shirin*** *(Cucurbita maxima oil)* - ***Roghan-e-Nilofer*** *(Nymphaea alba oil)* - ***Roghan-e-Bed Sada*** *(Salix alba oil)*	Used as nasal oils for migraine relief.
Nasal Drops for Chronic Migraine	- ***Aab-e-Marzanjosh*** *(Origanum majorana water)* - ***Roghan-e-Badam Talkh*** *(Prunus amygdalus oil)*	Applied as nasal drops in chronic migraine cases.
Nasal Drops Post-Steam Bath	- ***Roghan-e-Fustaq*** *(Pistacia vera oil)*	Used as nasal drops after steam bath to alleviate symptoms.
Aromatic Substances	- ***Kafoor*** *(Cinnamomum camphora)* - ***Arq-e-Gulab*** *(Rosa damascena)* - ***Banafsha*** *(Viola odorata)* - ***Bed Sada*** *(Salix alba)*	Inhalation of aromatic substances for migraine relief.
Irrigation and Paste	- ***Qasaulhamar*** *(red watercress)* - ***Afsanteen*** *(Artemisia absinthium) boiled in* ***Aab-e-Khalis*** *(distilled water)* - ***Roghan-e-Zaitoon*** *(Olive oil)* - ***Sufl*** *(drug)*	Avicenna recommended irrigation of these ingredients at the site of pain and applying dreg paste.

9. Dietary management (Ghizawa Parhez)

In Unani medicine, dietary management (Ghizawa Parhez) plays a vital role in the treatment of migraine (*Shaqeeqa*). Patients are advised to consume light, easily digestible foods that do not burden the digestive system. Foods such as half-boiled eggs, porridge, soup, chapatti, lentils, and bird flesh are commonly recommended [18,30]. These items provide nourishment without triggering migraine symptoms. Additionally, the inclusion of ginger and coconut in the diet is considered beneficial due to their anti-inflammatory and digestive properties.

Conversely, certain foods and beverages are discouraged as they can exacerbate migraine attacks. Heavy, greasy, and flatulent foods, such as oily and fried items, and fish, are to be avoided. Alcohol, particularly, is a significant

trigger and should be completely eliminated from the diet. Foods like cheese, chocolate, citrus fruits, and coffee are also known to heighten sensitivity to migraines and should be avoided by those prone to attacks. This dietary regimen is aimed at reducing triggers and maintaining balance within the body, ultimately helping to manage migraine symptoms more effectively [30].

Conclusion

Migraines, as defined in Unani medicine, are recognized as a complex neurovascular condition characterized by recurrent episodes of moderate to severe headaches, typically affecting one side of the head. This condition predominantly impacts individuals between the ages of 25 and 40, with a higher incidence in females. Unani scholars have emphasized that migraines arise due to the presence of morbid matter, which affects the brain's weaker regions, leading to localized pain rather than widespread headache. The Unani approach to treating migraines is holistic, focusing on both the physical and psychological aspects of the condition. Central to the treatment strategy is the elimination of morbid matter (Tanqiya) from the body, accompanied by the use of brain-strengthening tonics (Muqawwiyat-e-Dimagh) to enhance the brain's resilience and overall health. This dual approach not only addresses the immediate pain but also works towards preventing future episodes by strengthening the body's natural defenses. Additionally, Unani medicine places great emphasis on lifestyle modifications, dietary regulations, and mental well-being, recognizing the role of psychological stress in triggering migraine attacks. The holistic framework of Unani medicine, which combines physical treatments with mental and emotional balance, offers a comprehensive and personalized approach to migraine management. This integrative treatment strategy provides a promising alternative, particularly for individuals seeking long-term relief from migraines while considering both their physical and psychological health.

Conflict of Interest

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