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A case of migraine treated with constitutional homoeopathic medicine with the help of vithoulkas expert system

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Abstract

Migraine is a complex disorder characterized by recurrent episodes of headache, most often unilateral and in some cases associated with visual or sensory symptoms—collectively known as an aura—that arise most often before the head pain but that may occur during or afterward. Migraine is most common in women and has a strong genetic component. A 32 years old male reported with unilateral headache and nausea with visual disturbances occasionally. Detailed case-history was taken and on the basis of individualization with the help of Vithoulkas Expert System (VES), Ambra Grisea was given. It shows effect of individualization and constitutional homoeopathic medicine in treatment of migraine.

Keywords: homoeopathy, migraine, radar, ves, ambra grisea

Introduction

Migraine is a complex disorder characterized by recurrent episodes of headache^[1]. The word migraine derives from HEMICRANIA, the Greek for half a skull, and is a common condition characterised by recurring intense headaches. Migraine, the second most common cause of headache, and the most common headache-related, and indeed neurologic, cause of disability in the world^[3]. It is much more usual in women than in men and affects around 10 per cent of the population. It has been defined as 'episodic headache accompanied by visual or gastrointestinal disturbances, or both, attacks lasting hours with total freedom between episodes'^[1]. Migraine usually appears before middle age; it affects about 20% of females and 6% of males at some point in life^[4].

Migraine is not the same as the usual kind of headaches that most people have every now and then. A migraine attack starts suddenly with severe pain on only one side of your head. The pain is much worse than a normal headache and usually accompanied by other symptoms as well. But these headaches are only considered to be migraines if the typical symptoms have occurred at least five times^[5].

Migraines can greatly affect everyday life. Some people only get them occasionally, while others are knocked out by migraines on several days every month^[5].

The cause of migraine is unknown but there is increasing evidence that the aura is due to dysfunction of ion channels causing a spreading front of cortical depolarisation (excitation) followed by hyperpolarisation (Depression of activity). This process (the 'spreading depression of Leão') spreads over the cortex at a rate of about 3 mm/minute, corresponding to the aura's symptomatic spread. The headache phase is associated with vasodilatation of extracranial vessels and may be relayed by hypothalamic activity^[4].

Family history is common in migraine, suggesting a genetic predisposition, and migraine-like phenomena can occur in some rare genetic disorders associated with mutations in calcium channel genes^[6].

The great female preponderance and the tendency for some women to have migraine attacks at certain points in their menstrual cycle hint at hormonal influences^[4].

When psychological stress is involved, the migraine attack often occurs after the period of stress, so that some patients tend to have attacks at weekends or at the beginning of a holiday^[6].

Migraine presents with a symptom triad of paroxysmal headache, nausea and/or vomiting, and an 'aura' of focal neurological events (usually visual)^[6].

Migraine presents with a symptom triad of paroxysmal headache, nausea and/or vomiting, and an 'aura' of focal neurological events (usually visual). Patients with all three of these features are said to have migraine with aura ('classical' migraine). Those with paroxysmal headache (with or without vomiting) but no 'aura' are said to have migraine without aura

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(‘Common’ migraine). During the headache phase, patients prefer to be in a quiet, darkened room and to sleep. The headache may persist for several days. [6]

Diagnostic criteria [7]

Migraine without Aura	Migraine with Aura
<ul style="list-style-type: none"> • At least five attacks fulfilling criteria B–D • Headache attacks lasting 4–72 hours (when untreated or unsuccessfully treated) • Headache has at least two of the following four characteristics: <ol style="list-style-type: none"> i. Unilateral location ii. Pulsating quality iv. Moderate or severe pain intensity iv. Aggravation by or causing avoidance of routine physical activity (e.g. walking or climbing stairs) • During headache at least one of the following: <ol style="list-style-type: none"> i. Nausea and/or vomiting ii. Photophobia and phonophobia • Not better accounted for by another ICHD-3 diagnosis. 	<ul style="list-style-type: none"> • At least two attacks fulfilling criteria B and C • One or more of the following fully reversible aura symptoms: <ol style="list-style-type: none"> i. Visual ii. Sensory iii. Speech and/or language iv. Motor v. Brainstem vi. Retinal • At least three of the following six characteristics: <ol style="list-style-type: none"> i. At least one aura symptom spreads gradually over 5 minutes ii. Two or more aura symptoms occur in succession <ol style="list-style-type: none"> i. Each individual aura symptom lasts 5–60 minutes iv. At least one aura symptom is unilateral v. At least one aura symptom is positive vi. The aura is accompanied, or followed within 60 minutes, by headache • Not better accounted for by another ICHD-3 diagnosis.

Migraine can often be managed to some degree by a variety of no pharmacologic approaches. Most patients benefit by the identification and avoidance of specific headache triggers. A regulated lifestyle is helpful, including a healthy diet, regular exercise, regular sleep patterns, avoidance of excess caffeine and alcohol, and avoidance of acute changes in stress levels, being particularly wary of the let-down effect [3].

Case

A 32 years old Hindu, married male patient who is an Ex-airman and currently preparing for administrative services examination reported with complain of headache since 3 years. Pain was unilateral affecting either of the side. Pain was dull aching in nature initially and becomes severe pulsating pain after few hours. Headache aggravated from Dust (+1) and ameliorated by rubbing head slowly (+1). Headache accompanied with nausea (+1).

Associated complaints: Complaint of flatulence (+1) since 3 years. It was aggravated after oily food (+1) and ameliorated by passing flatus (+1).

Physical generals: Appetite was Diminished (+1) and patient was thirstless (+3). He strongly desire Buttermilk (+3) and had aversion for Sweets (+3). Perspiration was

profuse on back (+2). His Sleep was unrefreshing (+2). His thermal reaction was Chilly (+2).

Mental generals: Patient belonged to melancholic temperament. Patient had aversion to company, wants solitude (+3). He becomes very irritable when sees others laughing (+3). He was sensitive to noise (+1). He was very indifferent to life after death of his father since 3.5 years (+3). He had persistent thoughts in mind about past events and couldn't control them (+2). He was reserved in nature.

Analysis of case

Mental Generals

- Aversion to company, wants solitude.
- Irritable when sees others laughing.
- Sensitive to noise.
- Indifferent to life after death of father.
- Mind active during sleep.
- Cannot control thoughts.
- Thinking of past.
- Reserved.

Physical generals

- Appetite- Diminished
- Thirst- Thirstless
- Desire- Buttermilk
- Aversion- Sweets
- Perspiration- Profuse on back
- Sleep- Unrefreshing sleep with vivid dreams.
- T.R.- Chilly

Particulars

- Pain in temples.
- Pain is dull aching in nature initially and becomes severe pulsating pain after few hours.

<Dust.

>Rubbing head slowly.

- Headache accompanied with nausea.
- Flatulence after oily food.

>Passing flatus

Evaluation

- Aversion to company, wants solitude.
- Irritable when sees others laughing.
- Sensitive to noise.
- Indifferent to life after death of father.
- Mind active during sleep.
- Cannot control thoughts.
- Thinking of past.
- Reserved.
- Desire- Buttermilk
- Aversion- Sweets
- T.R.- Chilly
- Pain in temples.
- Pain is dull aching in nature initially and becomes severe pulsating pain after few hours.
- >Rubbing head slowly.
- Headache accompanied with nausea

The screenshot shows a software window titled "Investigation window for remedies". It contains a grid with 25 columns representing remedies (puls, nat-m, ign, sulph, nux-v, ka-c, etc.) and 32 rows representing symptoms. A clipboard window is open, listing 11 symptoms with their corresponding counts in parentheses. The grid cells contain numerical values representing the frequency of each remedy for each symptom.

Fig 1: Rertortorization Sheet (Synthesis 9.0 from Radar 10.0)

Reportorial analysis

- 1. Natrium Muriaticum - 21/9
- 2. Pulsatilla - 19/9

- 3. Ignatia Amara - 17/8
- 4. Sulphur - 13/8
- 5. Nux Vomica - 13/8

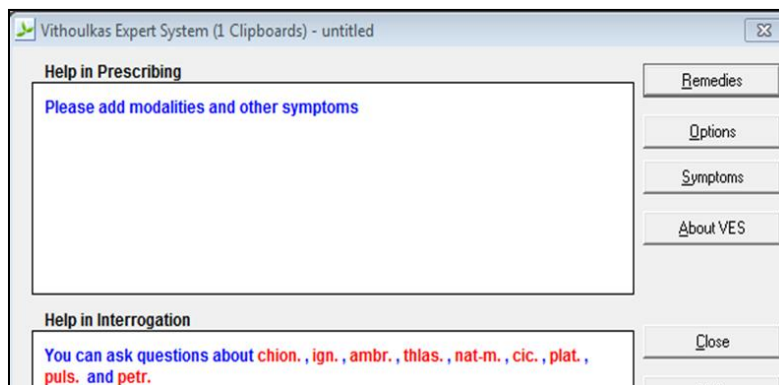


Fig 2: Vithoukas Expert System (using RADAR 10.0)

Remedy selection: Materia Medica was consulted after repertorization of case and using Vithoukas Expert System. After using Potential Differential Field, Ambra Grisea was

selected as it is thirstless, reserved, becomes irritable when sees others laughing, dwells on past events.

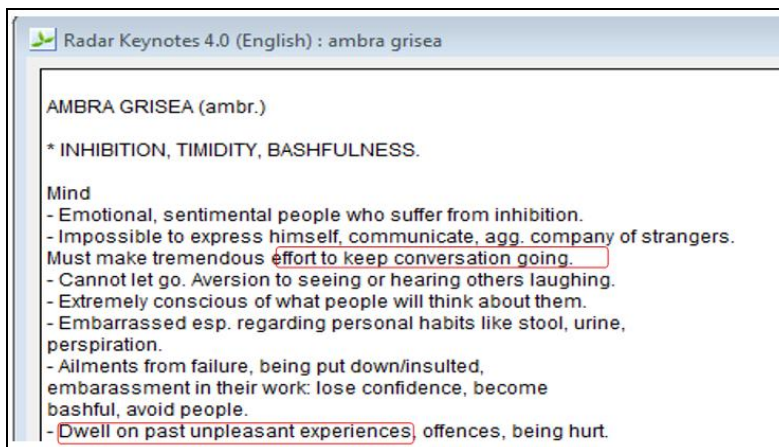


Fig 3: Reference of Ambra grisea from Materia Medica (Radar Keynote 4.0)

Treatment and Management

With the help of Vithoukas Expert System and materia medica, ambra grisea was selected as constitutional remedy. Ambra grisea 30 was given to patient twice a day using water as dispensing vehicle and adding small quantity of

dispensing alcohol in it to preserve it. Patient was advised for succession of medicine vial 10 times, every time he takes medicine. He was asked to take 1 teaspoon from medicine vial and add it in 1 cup of water and stirred it thoroughly and taking a dose from it and discarding

remaining. [8] This method was used for dispensing the medicine because “in taking one and the same medicine repeatedly (Which is indispensable to secure the cure of a serious, chronic disease), if the dose is in every case varied and modified only a little in its degree of dynamization, then

the vital force of the patient will calmly, and as it were willingly receive the same medicine even at brief intervals very many times in succession with the best results, every time increasing the well-being of the patient” [9].

Table: Follow-Ups

S. No.	Date	Assessment	Prscription
1	06/02/2018	- Headache intensity decreased. - Sleep is slightly better with decreased dreams frequency.	Ambra Grisea 30 BD X 15 days
2	22/02/2018	- Thirst and appetite improved. - Headache intensity further decreased. - Sleep better and now dreams are minimum.	Ambra Grisea 30 BD X 15 days
3	07/03/2018	- Headache frequency decreased.	Ambra Grisea 30 BD X 15 days
4	21/03/2018	-Headache frequency and intensity further decreased.	Ambra Grisea 30 OD X 15 days
5	04/04/2018	- Improvement.	Ambra Grisea 30 OD X 15 days
6	19/04/2018	- Improvement. - 2 episodes of headache in last 20 days.	Ambra Grisea 30 OD X 15 days
7	05/05/2018	-Improvement.	Phytum 30 BD X 15 days
8	24/05/2018	- No episode of headache in last 15 days.	Phytum 30 BD X 15 days
9	07/06/2018	- No episode in last 15 days.	Phytum 30 BD X 15 days
10	21/06/2018	- Improved.	Phytum 30 BD X 15 days
11	04/07/2018	- Improved.	Phytum 30 BD X 15 days
12	18/07/2018	- Improved.	Phytum 30 BD X 15 days
13	02/07/2019	- Improved.	Phytum 30 BD X 15 days

Conclusion

Migraine is one of the commonest cause of headache and affects routine life of patient. In modern treatment, patient has to take regular pain-relieving medications and preventive medications which have side-effects. Homoeopathy has capability to cure this condition completely and permanently without any side-effect, so that patient can do his/her routine activity free from pain. This case again proves the effectiveness of homoeopathy and individualization in cases of migraine. This case also shows the importance of technology in homoeopathy and how mechanically aided repertories and their features are helping is in our regular clinical practice.

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