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Evolving the homoeopathic management strategies in cases of migraine - A retrospective case series study

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Abstract

Migraine is a common cause of primary headache, with women being affected thrice as common as men. Though there are promising results of homeopathy in cases of Migraine, there was a need to derive and formulate the management strategies for speedy recovery of it to provide the quality healthcare. A retrospective study of 30 cases was done. The objectives of the study were to study the various remedial approaches (constitutional, acute and intercurrent) and the posology used for managing the cases of Migraine by doing remedy response analysis and derive management strategies in 12 months of period of treatment.

Prescription of Constitutional remedy in 200 C potency in infrequent doses alone proves to be the best-derived management strategy in cases of migraine to bring about improvement followed by strategy of Constitutional remedy along with acute medicine.

There is a definite role of Homeopathy in cases of Migraine. Homeopathic treatment needs to be holistically administered since migraine is a functional impairment with hypersensitivity of the nervous system and usually elicits response from the individuals.

Keywords: Migraine, aura, headache, homoeopathic management strategy

Introduction

Migraine is a spectrum disease, usually manifesting as an episodic or chronic primary headache disorder, characterized by painful attacks that can last from a few hours to up to three days with a wide variety of additional symptoms such as nausea, vomiting, photophobia, phonophobia and sensory visual disturbances [1,4]. It is two to three times more prevalent among women than men, and women experience higher levels of pain, longer lasting attacks, and greater disability than men [2, 3].

For much of the twentieth century, migraine's causes were considered to be vascular, and the pain a result of dilation of the cranial blood vessels [5]. Since the 1970s, the emphasis has shifted, and it is now defined as a disorder involving nerve pathways and chemicals in the brain, to which people are often genetically predisposed [4, 6]. While migraine is still understood to affect the neurovascular system, it seems likely that the headache pain comes from neurogenic inflammation, rather than vasodilation [7]. This is a problem of brain function, rather than structure. There is an overall tendency for hypersensitivity and hyperexcitability, as migraine patients do not habituate easily to sensory or environmental stimuli [8].

As there is no organic cause that can be found, the conventional anti-migraine therapies often fail to offer permanent cure. Also, many migraine sufferers simply rely on a range of over-the-counter analgesics to anti-inflammatory drugs to prescription barbiturate combinations and narcotics. These drug therapies often yield unsatisfactory outcomes and are poorly tolerated [9]. Therefore, the majority of the patients suffering from migraine also suffer from the adverse side effects of the drugs taken for a prolonged period of time [10].

Homoeopathy proves to be a ray of hope in such cases. Homoeopathy works on the dynamic cause of the disease through the principle of similars and the concept of individualization. The aim of homoeopathy is not only to treat migraine but also to address its underlying cause in terms of correcting the individual susceptibility. There is no doubt that homoeopathy has given effective results in cases of migraine, but there was a need to go one step ahead in order to understand, derive and formulate the management strategies in cases of migraine for achieving quality health care in a speedy way. There existed a gap of knowledge with respect to strategies to be adopted while choosing the remedy and selection of appropriate potency

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and repetition. So, this study will bridge the gap and will emphasize the therapeutic efficacy of Homoeopathy in management of migraine [11-13].

Materials and Methods [14]

1. **Type of research:** Observational, Descriptive type
2. **Type of research design:** Retrospective Case series study
3. **Setting:** All cases from homeopathic OPDs of the institution and attached peripheral OPDs.
4. **Duration of study:** 18 Months
5. **Sample size:** 30 cases

Method of selection

• Inclusion criteria

1. Diagnosed cases of migraine based on clinical presentation as per ICHD-3 diagnostic criteria given by International Headache Society.
2. 12 years and above.
3. Patients of all genders

Exclusion criteria

1. **Cases with some structural pathology:** Example, Arteriovenous malformations, slow growing tumors like glioma, meningioma.
2. **Subject withdrawal criteria:** Not applicable.
3. **Data management and analysis procedure:** After data collection, detailed analytical understanding of the data is done with respect to diagnostic understanding of the disease, understanding its reduction in intensity, frequency, duration, accompanying symptoms, reduction in doses of Anti-Migraine drugs, its gender predominance, age wise prevalence, its miasmatic background, etc. are evaluated. Analysis is done to understand most useful management strategies in migraine with respect to remedial forces as well as posology combination.

Results

Prescription of Constitutional remedy in 200 C potency in infrequent doses alone proves to be the best derived management strategy in cases of migraine to bring about improvement followed by strategy of Constitutional remedy along with acute medicine. In this study, Homoeopathic treatment was found to be helpful and efficacious in reducing the intensity, duration, frequency, the accompanying symptoms during the migraine attacks and in improving the daily functioning. In this study, the use of analgesics or migraine prophylactic drugs were completely stopped and, in few cases, it was tapered to occasional after taking homoeopathic treatment.

Discussion

After detailed analysis from this case series study of 30 cases on Migraine following observations were noted.

1. In this study, majority of the patients were from the age group 32 to 41 years, followed by 22 to 31 years. This disease involves patients majorly of age group between 20 - 40 years.
2. Migraine is more commonly seen in females than males as oestrogen certainly plays critical role in neuro-excitability in certain brain areas especially the trigeminovascular system and the pain function of the central nervous system.

3. The disease was found to be more prevalent in housewives as compared to those who were employed, followed by patients who were in service sector.
4. Migraine without aura is more prevalent than migraine with aura as the later is more commonly seen in genetically predisposed individuals.
5. The most prominent precipitating cause observed was at the mental level which was suppressed anger.
6. Exciting cause came out to be more prevalent at the physical level which included sun exposure, fasting, disturbed sleep, strong odours and travelling.
7. The intensity of Migraine headaches usually ranges between moderate to severe. The usual duration of attacks observed were between 10 to 24 hours and more than 24 hours in some cases. Frequency of attacks varied ranging from daily to weekly to 2 weekly to monthly. The curative action of the medicine resulted in improved susceptibility and reduced sensitivity & reactivity leading to Simple Homoeopathic Amelioration and reduction in Intensity, duration and frequency of complaints.
8. In majority of the cases the most common mental concomitant observed was irritability followed by solitude desire during the headache phase.
9. The daily functioning was hampered in 12 cases in which the sensitivity and reactivity of these patients were also seem to be high. After homoeopathic treatment the daily functioning of these patients became normal thereby reducing the sensitivity & reactivity.
10. The most common comorbidities associated with migraine belonged to GI sector which included IBS & GERD followed by allergic rhinitis.
11. In majority of the patients suffering from migraine, the prominent mental shades obtained were sensitivity, anxiety & irritability.
12. Susceptibility of majority of the migraine cases of this study was found to be moderate to high with good symptom correspondence and similarity, characteristic mental and physical symptoms and functional pathology without any structural abnormality.
13. As in majority of the patients, there was presence of many precipitating and exciting factors which aggravated the disease, the Sensitivity in this study was found to be high in majority of the cases whereas some cases had moderate sensitivity.
14. Since high level of sensitivity also defines high level of reactivity, in majority of the cases in this study had high reactivity whereas some had moderate reactivity.
15. Fundamental miasm of majority of the migraine cases of this study is sycosis followed by Syco-Tubercular with family history of DM & Seizure disorder showing the tubercular phenomenon and Syco-syphilitic in some cases with family history of Carcinoma and MI.
16. Considering the gradual onset and slow progress, precipitating factors which were suppressed emotions and the pathogenesis which involved sensitisation of trigeminal nociceptors resulting in hypersensitivity along with neurogenic inflammation leading to release of pro-inflammatory markers, vasodilation and dopaminergic stimulation, dominant miasm in all the cases is sycosis.
17. Acute prescriptions like Belladonna, Spigelia & Sanguinaria were made for acute presentation of the illness. There was significant improvement with the

acute prescription during the acute phase but the relapses were not be prevented. Acute prescription was followed by deep acting constitutional remedy.

18. Considering the sphere of action on CNS, Nerves & Blood vessels, Sensitivity at mind and body, blockage of healthy flow of emotions. Natrum group of remedies were the common constitutional prescriptions made in this study followed by Calcarea Carb, Staphysagria and Sepia.
19. Prescription of Constitutional remedy alone proves to be the best derived remedial management strategy in cases of migraine to bring about improvement followed by strategy of Constitutional remedy along with acute medicine.
20. Being classified under afebrile intermittent disease, there was no significant role of intercurrent remedy in Migraine.
21. Prescription of remedy in 200th C potency in infrequent doses proves to be the best derived posology management strategy in cases of migraine to bring about improvement.
22. Constitutional remedy in 200th C potency in infrequent doses evokes the best response from the patients of Migraine by reducing the intensity, frequency, duration of the attacks and accompanying symptoms during the attack. It also helps in reducing and stopping the doses of analgesics.
23. In Majority of the patients after homoeopathic treatment, the use of analgesics or migraine prophylactic drugs were completely stopped and in few cases it became occasional.

Conclusion

There is a definite role of Homeopathy in cases of Migraine. Homeopathic treatment needs to be holistically administered since migraine is a functional impairment with hypersensitivity of the nervous system and usually elicits response from the individuals.

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