



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2021; 5(1): 229-233
Received: 22-11-2020
Accepted: 03-01-2021

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Role of homoeopathic medicines in the treatment of migraine

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DOI: <https://doi.org/10.33545/26164485.2021.v5.i1d.320>

Abstract

Background and Objective: Migraine is the common cause of headache. Studies shows that these patients are more prone for suicide, depression and learning problems. Though there are many modes of treatment, no method can give satisfactory result in cases of migraine. Homoeopathy has unlimited possibilities for a case of migraine as literature suggests. Through this study an attempt is made to verify the effectiveness of Homoeopathic medicines in migraine.

Methodology: Prospective, observational, non-randomized study was carried out in 30 patients within the age group of 15-45 years suffering from migraine and followed for a period of 6 months to 1 year. The outcome assessment was done by scores before and after treatment.

Results and Conclusion: Among the 30 samples, 14(46.67%) patients showed marked improvement, 12(40%) patients showed moderate improvement and 4(13.33%) patients showed no improvement. The result shows that there is broad scope for homoeopathy in the treatment of migraine.

Keywords: Migraine, homoeopathy, international headache society

Introduction

Migraine is a type of primary headache. It is most common in high socio-economic population ^[1]. Migraine is a benign headache associated with other neurological symptoms ^[2]. Migraine includes a triad of paroxysmal headache, nausea and/or vomiting, and an 'aura' of focal neurological event (usually visual) ^[3]. According to Ad hoc classification Committee of the US National Institute of Health, migraine is recurrent attacks of headache with varied intensity, frequency and duration. They are commonly unilateral and are usually associated with anorexia, and sometimes with nausea and vomiting. It usually show a familial tendency ^[4].

According to International Classification of Headache disorders, 3rd edition by International Headache Society, there are six major types of migraine such as Migraine without aura, migraine with aura, chronic migraine, Complications of migraine, Probable migraine and Episodic syndromes that may be associated with migraine which inturn contains so many subtypes ^[5].

According to The Global Burden of Disease (GBD 2010) migraine is the first disabling in neurological diseases and ranks seventh among non-communicable diseases ^[6]. A systematic review conducted by Richard J Stark, K Ravishankar et al. showed that the prevalence of Chronic Migraine and Chronic Daily Headache is less in Asia when compared to the world, but the study suggest that Chronic Migraine alone affects 23 to 65 million people in the Asia-Pacific region ^[7].

Prolonged exposure to sun, sleep deprivation and travelling are found to be the most common triggering factors. Sleep and drinking hot caffeinated drinks are the most important relieving factors ^[8].

The diagnosis of migraine headache is based entirely on the history. There are no radiologic studies or blood tests needed. Migraine should be suspected in those that have a family history and usually begins in teen years or early adulthood ^[13].

General Management

A regulated life style is helpful, including

- Healthful diet
- Regular exercise
- Regular sleep pattern
- Avoidance of excess caffeine
- Avoidance of alcohol
- Avoidance of acute changes in stress levels ^[12].

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Homoeopathic role

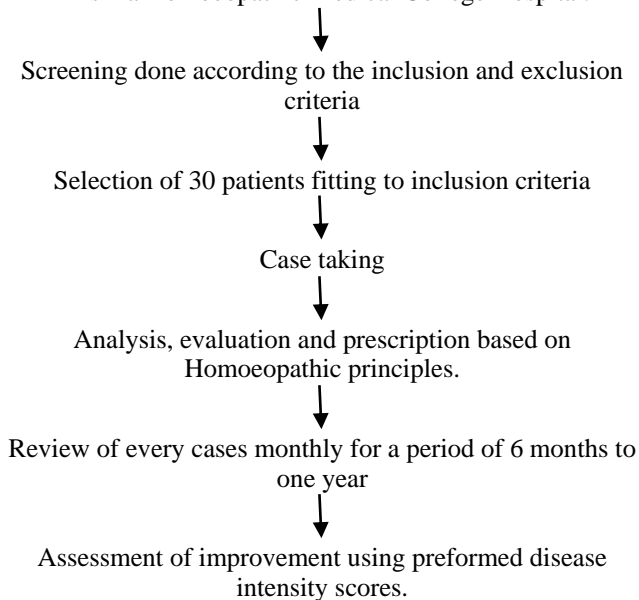
In Organ on of Medicine, Dr. Samuel Hahnemann emphasized Migraine as the manifestation of fundamental miasm Psora, in aphorism 80 [14]. According to Richard Hughes, "Hemicrania is a disease, which requires to be closely individualized. When you have selected what seems the similimum, administer it in frequent doses, during the paroxysm, in rare ones through the interval, and give it a through trial before you change it" [15].

A systematic review conducted on four randomized controlled trials on Homoeopathic prophylaxis of headaches and migraines showed that there is no strong evidence to suggest that individualized homeopathic treatment is more effective than placebo in the prevention of migraine or headache. They also report scarcity of Randomized controlled trials and so final judgment cannot be made [9]. A prospective observational study conducted by Claudia M. Witt et al. on homoeopathic treatment reported that there is a marked and longstanding improvement in Migraine patients treated with Homoeopathic medicines [10]. A randomized, double-blind, placebo-controlled study conducted in 60 patients showed that there is significant reduction in the periodicity, frequency, and duration of migraine attacks in Homoeopathy group [11].

It is said in modern textbooks that there is no treatment for migraine and the attack can only be prevented rather than cured. Homoeopathy has unlimited possibilities for a case of migraine as literature suggests. Many homoeopathic medicines had produced symptoms similar to that of migraine during proving and these medicines will be useful in reducing the intensity and frequency when administered according to symptom similarity. In Homoeopathy, research literature on effectiveness of migraine is less and in the available ones, the results are variable. Through this study an attempt is made to verify the efficacy of Homoeopathic medicines for this distressing illness.

Materials and Methods

Patients with migraine attending the OPD and IPD of Sarada Krishna Homoeopathic Medical College Hospital.



Study design

The study is prospective, observational, non-randomized study.

Study population

30 patients attending the Outpatient Department, Inpatient Department and Peripheral Health Centers of Sarada Krishna Homoeopathic Medical College in between 2011 and 2013 were taken for the study based on the inclusion and exclusion criteria.

Inclusion criteria

- Patients within the age group of 15-45years.
- Patients of both sex.
- Patients fitting to the diagnostic criteria of International Headache Society (IHS).

Exclusion criteria

- Migraine patients with complications.
- Patients with other systemic illness
- Pregnant and Lactating mothers.

Study period

The study was conducted for a period of six months to one year.

Method of collection of Data

Data were collected using the standardized case record format.

Prescription

The medicine selection is based on analysis, evaluation and prescription is based on Homoeopathic principles.

Followup

Review of the cases is done every fortnightly for a period of six months to one year.

Outcome Assessment

Improvement is assessed before and after treatment based on the preformed disease intensity scores for evaluating migraine which includes head pain, nausea, vomiting, visual symptoms, phonophobia, associated complaints, aggravation after exertion and aura symptoms

Statistical analysis

'Paired sample t test' was used to test the statistical difference before and after treatment and p value <0.05 was considered statistically significant.

Results and discussions

Age

30 patients were taken for the study with in the age group 15-45 years. Of this, 13 patients (43.33%) were between 31-40 years followed by 8 (26.67%) between 41-50 years, 5(16.67%) between 11-20 years and 4 (13.33%) between 21- 30 years. This corresponds with the one-year prevalence study done on 342 patients which showed that the mean age was 32.2 years [8].

Gender

Of the 30 cases 1 patient was male with a percentage of 3.33% and 29 patients were females with a percentage of 96.67%.

Occupation

Out of thirty cases, the maximum number of cases 14 (46.67%) were housewives; the next higher cases were

students 5 (16.67%). This was followed by cashew factory workers 4(13.33%), tailors 3(10%), manual laborers 2(6.67%), and accountant and teacher 1(3.33%) each. The prevalence study also revealed majority of patients were housewives^[8].

Clinical features

Representation of clinical features was depicted in Fig :1 with the symptom nausea seen in majority of patients (60%).

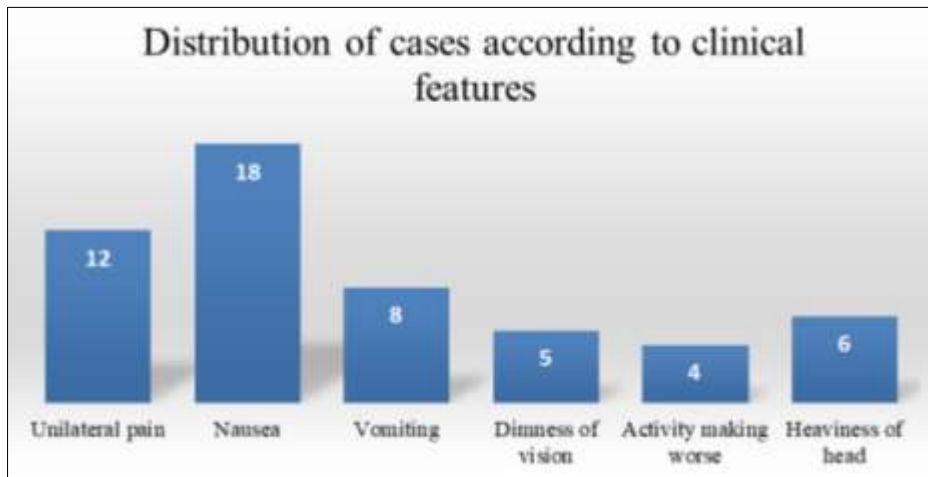


Fig 1: Clustered column showing clinical features.

Comorbid conditions

Among the 30 patients, 8(26.67%) presented with vertigo, 2(6.67%) patients presented with asthma; anxiety, allergy and functional bowel disturbances were seen in 1(3.33%) patient each.

Triggering factors

Maximum number of patients 21(70%) had sun exposure as the triggering factor. Mental exertion stands next with 12 (40%). Cold exposure comes next with 9(30%). Travelling and menstruation stands nextwith 7(23.3%) each. Noise stands with 6(20%). Reading and morning time with 4(13.33%). Fanning, light and fasting comes next with

2(6.67%) each. Prolonged sun exposure was the common triggering factor found out in the prevalence study conducted in 342 patients^[8].

Clinical variants

24(80%) suffered from Common migraine and 6(20%) patients suffered from Classical migraine depending up on the symptomatology.

Indicated medicines

Frequently indicated medicines in 30 cases were depicted in Fig: 2 with Natrum muriaticum covering the majority of cases.

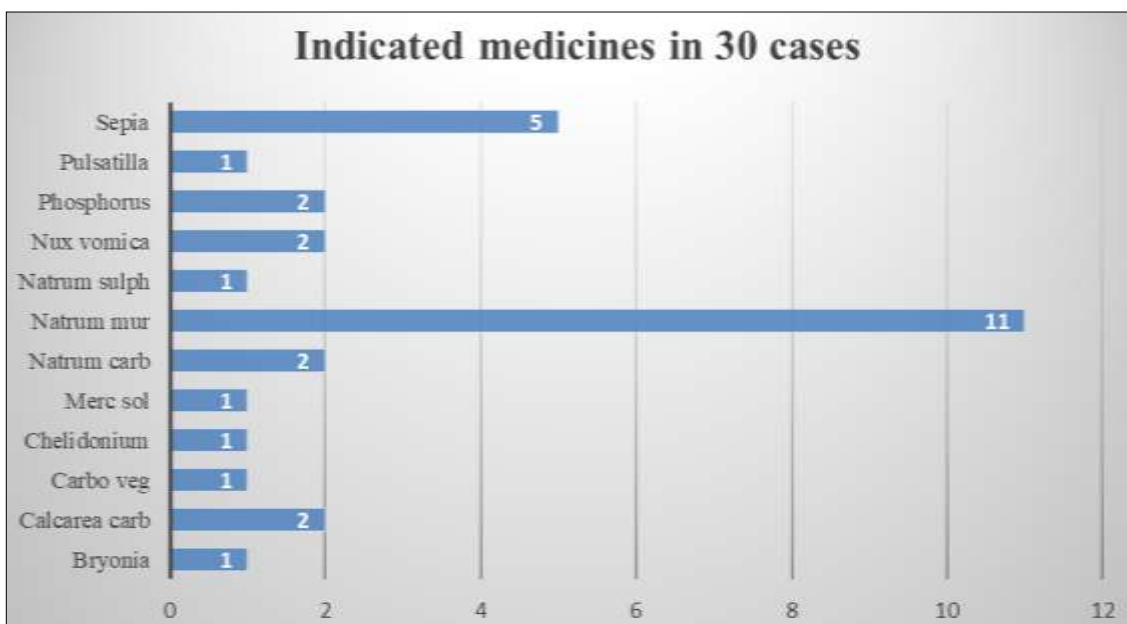


Fig 2: Bar chart showing indicated medicines

Results after treatment

Among the 30 cases enrolled, 14(46.67%) patients showed marked improvement with Homoeopathic medicines.

12(40%) patients showed moderate improvement and 4(13.33%) patients had no improvement. The results are depicted in Fig 3.

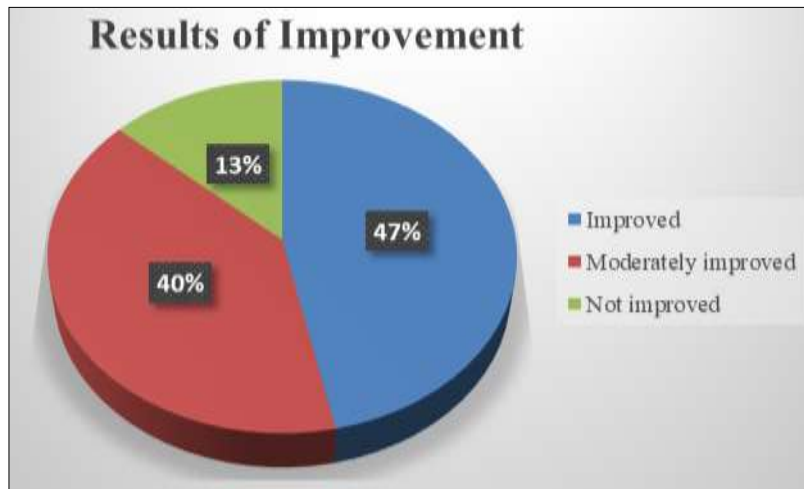


Fig 3: Pie-chart showing results of Improvement

Statistical analysis of Data:

“Paired sample t test” was used to test the statistical difference before and after treatment using Disease intensity

scores for evaluating migraine. The statistical analysis is depicted in Table 1.

Table 1: Statistical analysis

Variable	Before treatment Mean±SD	After treatment Mean±SD	Mean difference ±SE	t statistic	P value
Disease intensity scores for evaluating migraine	4.00±0.83	1.23±0.97	1.36±0.25	11.17	<0.001

The statistical analysis showed that there is a significant difference before and after treatment as the p value is <0.001. Therefore, the study shows that Homoeopathic medicines are effective in reducing the symptoms of migraine.

Conclusion

This study showed the different presentations of migraine and helped to understand migraine in a detailed way. Majority of the cases showed good improvement after treatment. The result of the treatment in the study reveals that there is broad scope for homoeopathy in the treatment of migraine, as majority of the patients were relieved of their symptoms after treatment.

Limitations

Number of samples used in this study was very small. Therefore, generalisation of the results should be done cautiously. The cases were followed only for a time period of 6 months or 1 year as it was a time bound study. Bigger sample size with extended time and study with control group would provide better results.

Source of funding: None

Conflict of interest: None

Acknowledgement

I sincerely thank Dr. S.Saravanan, M.D.(Hom.), my guide for his timely support and kind advices. I also thank everyone from Sarada Krishna Homoeopathic Medical College who supported me. I extend my thanks to Dr. K.C. Muraleedhran, M.D.(Hom.), OIC, NHRIMH, Kottayam for his encouragement. I sincerely thank my patients who trusted me and without whom I could not have completed the research.

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