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## Can individualized homoeopathic medicines selected on the basis of Kent repertory treat migraine patients: A pilot study

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### Abstract

Migraine headache is a common neurological complaint characterized with unilateral moderate to severe throbbing/ pulsating headache with nausea, vomiting, photophobia or phonophobia. Migraine is caused due to spontaneous over activity of sensory pathways in the brainstem leading to abnormal amplification in pain. Migraine is characterized by episodic headache, which is typically unilateral and often associated with vomiting and visual disturbance.

**Methods:** For the current study, the cases were selected from the patients from OPDs, IPD of National Homoeopathic Medical College and Hospital, Viraj Khand – 1, Gomti Nagar Lucknow. The study duration was 18 months and patients were selected as per inclusion and exclusion criteria. The patients were categorized into mild, moderate, severe migraine according to Visual analogue scores. After complete case taking and repertorization with the help of Kent Repertory individualized homoeopathic medicine was given to patients followed by regular follow-ups and after completion of duration of study patients were again accessed according to VAS scores and data was analyzed to reach up to the final conclusion.

**Result / Interpretation:** At the end of study it was found out of 30 patients, 25 patients showed improvement, and 5 patients showed no significant change and there was no any patient with deterioration.

**Conclusion:** At the end of study it was concluded that individualized homoeopathic medicines selected on the basis of Kent Repertory are significantly effective in the treatment of migraine; in current study approx.83% cases were improved.

**Keywords:** Homoeopathy, migraine, Kent repertory, visual analogue score

### Introduction

Migraine is derived from the Greek word "hemikrania," which later was converted into Latin as "hemigranea." The French translation of illnesses for life time with incidence of 14% throughout the world. In relation to it is observed that 20% of women and 9% of men are affected by this illness. It is commonly observed that in Europe its incidence is 15% whereas in North America it is 13% [1]. Migraine comprises a composite collection of symptoms disturbing the nervous system, the gastro-intestinal tract and the vascular system. Migraine is more frequent in women, the sex difference start at teenage years. Menstruation triggers migraine for about 20 to 30% of women's with migraine [2]. It is a common chronic headache disorder characterized by recurrent attacks lasting 4-72 hours, of a pulsating quality, moderate or severe intensity aggravated by routine physical activity and associated with nausea, vomiting, photophobia or phonophobia [3]. This type of headache is a public health problem of great impact on both the patient and society. It is the second most common cause of headache and the most common headache related and indeed neurologic cause of disability in the world [8]. Migraine causes impaired quality of personal and social life of the patient. Depression, anxiety, and sleep disturbances are common in patients suffering from chronic migraine. In spite of this, Migraine remains an under diagnosed and under treated clinical entity. In the conventional system- sedatives, analgesics and vaso-constrictors are used for treatment often in combination with potentially serious side effects [9]. The a etiology of migraine is largely unknown. There is often a family history of migraine, suggesting a genetic predisposition. The great female preponderance and the tendency of some women to have migraine attack at certain points in their menstrual cycle hint at hormonal influence [4].

Almost everyone with migraine needs no investigation. The goal of investigating the patient is to exclude other causes of migraine like symptoms, not to confirm migraine [5]. Current prophylactic therapies for Migraine are relatively nonspecific, their efficacy is moderate and they have substantial side effects [6]. Modern medicine tells us that migraine has its underlying cause emotional disturbances. In other words this is verification of Hahnemann's teaching on the disturbances roused in the patient by sorrow, grief or other narrowing emotions [7].

Homeopathy do not take care of just the disease, but is prescribed on the base of physical, emotional and genetic condition of person [4]. Homoeopathy with its individualized holistic approach may be useful in preventive aspect, decreasing frequency, intensity, and duration of headache in migraine and subsequent disabilities due to migraine and thus may help reduce the economic and social burden. Homoeopathic medicine not only removes the complaints but also removes the chronic tendency of migraine [10]. Homoeopathy believes treating the man as a whole. This system of medicine treats the patient from the mental sphere to the physical sphere based on the totality of symptoms with the similar medicine taking into account the ailments which produces or provokes the disease condition. Causation is the root cause of the disease and this system takes the person as one entity where number and names of disease does not make much difference to the treatment procedure. This study is a humble attempt at understanding the various factors causing migraine and also to demonstrate the effectiveness of Homoeopathy in it [11]. The medicines in homoeopathy are used to correct the genetic predisposition or defective immune response, nature and intensity of the disease as well as systemic, emotional and numerous other factors commonly affecting the condition. Homoeopathy treats migraine without any side effects. It treats the main cause of the disease, homoeopathic remedies have sphere of action on the migraine and effectiveness of homoeopathic remedies in the management of migraine on the basis of temperament and constitution [12]. Though homeopathic literature suggests many medicines for the treatment of migraine, research evidence in this regard are very limited. One study suggested that homoeopathic remedies were effective [1, 2, 4, 11, 13, 15, 16]. The others which were methodologically stronger trials did not support this notion [14, 17]. Homoeopathic remedies are also found successful in the treatment of migraine in some other studies Therefore, the present study is undertaken to explore How Individualized Homeopathic medicine selected on the basis of Kent Repertory are useful in the treatment of Migraine patient.

### Methodology

This study on Migraine was conducted on the patients who reported to the Out Patient Department of National Homoeopathic Medical College & Hospital Gomti nagar, Lucknow. Sample of 30 cases were selected from both sexes were included belonging to various socioeconomic group and with age group ranging between 10 to 50 years. Diagnosis is mainly based on International Headache Society Diagnostic Criteria. Patients who were below the age of 10 years and above the age of 50 years were not being included in the study. Along with this, patients who were not willing to give their consent for study or not able

to comply regular follow up, presenting with Migraine, having any serious systemic disorder requiring medical intervention were not included in the study. The data was collected from patients by interviewing them and from clinical examination. Investigations were not done in any of the cases as the clinical history and the examination findings were sufficient to arrive at a proper diagnosis.

**Intervention:** Detailed case taking as per the homoeopathic principles was being done to all the patients enrolled. After case taking, complete process of repertorization was being followed and Single individualized medicine was prescribed on each occasion taking into consideration presenting symptom totality, clinical history details, constitutional features, repertorization as and when required and due consultation with Material Medical and most suitable, single remedy was prescribed. The remedy prescribed was in Centesimal potency (CM potency) in 30, 200, 1M or higher according to the case. This was given in single dose followed by placebo three times a day.

**Follow-up:** Same potencies were repeated in some cases, and in some, it was raised to the next higher potencies. Each case was followed up to a minimum period of 4 to 6 months from the commencement of the treatment. A follow-up criterion was adapted for assessing the changes in vas score observed.

**Diet and regimen:** All the patients were directed to continue with the same diet as earlier. No specific supplementary diet was advised. Instructions were given to avoid coffee other medical agent during the mode of treatment.

**Assessment of Effectiveness:** After following up the cases, assessment of the effectiveness of the treatment was done based on the Following criteria.

- Clinical assessment was based on disappearance or relief of symptoms, like heaviness of head, Sensation of tightness or constricted feeling in the head.
- For an effective evaluation and assessment of Vas score & findings were graded in every patient based on their intensity of pain. After completion of the study, the post treatment VAS scores were compared with the pre treatment VAS scores and statistically evaluated. Paired t-test was applied for statistical analysis of the data collected. The test was done taking the VAS scores before and after treatment. The t value was 10.2714 which shows that the difference was extremely statistically significant (p value less than 0.0001).

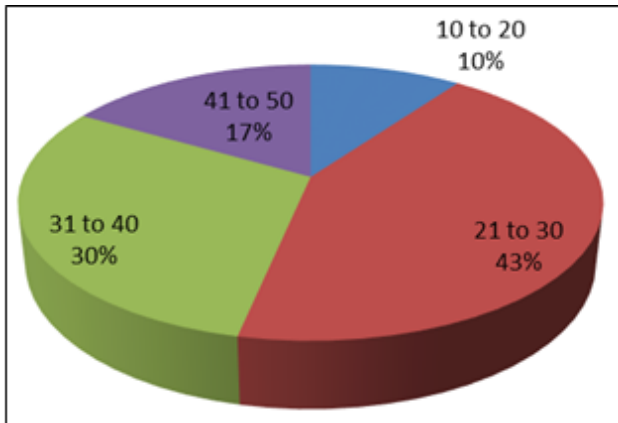
### Results

A sample of thirty cases from the patients who attended the Out Patient Department, of National Homoeopathic Medical College and Hospital was taken for this study. All the thirty cases were followed up for a period of five to six months. These cases were subjected to statistical study. The following tables reveal the observation and result of this study.

**Table 1:** Distribution of cases according to their Age

S. No	Age group	No of cases	Percentage
1.	10- 20	3	10%
2.	21-30	13	43.33%
3.	31-40	9	30%
4.	41-50	5	16.67%
5.	Total	30	100%

The age of the sample varies from 11-50 years. Among this maximum number of cases 13 patients (43.33%) were noted in the age group of 21-30 years and in the age group of 31-40 years 9 (30%) cases. The next higher incidence of age group is in 41-50 years with 5 patients (16.67%). This is followed by the age group 11- 20 years with 3 patients (10%).

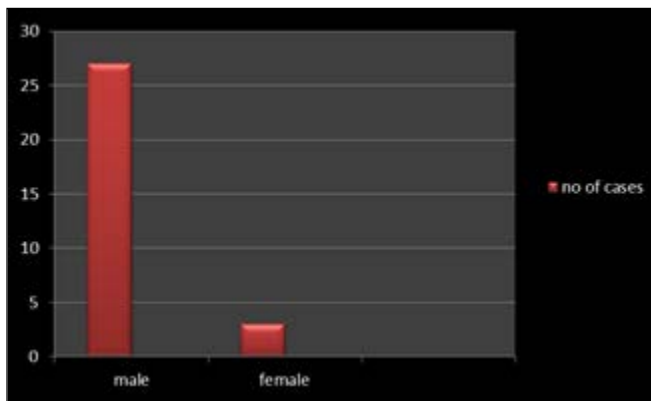


**Fig 1:** Diagrammatic representation of Distribution of cases according to Age

**Table 2:** Distribution of cases according to their Gender

Gender	No of cases	Percentage
Male	3	10%
Female	27	90%
Total	30	100%

In these thirty cases 3 patients were males with a percentage of 10% and 27 patients were Females with a percentage of 90%.

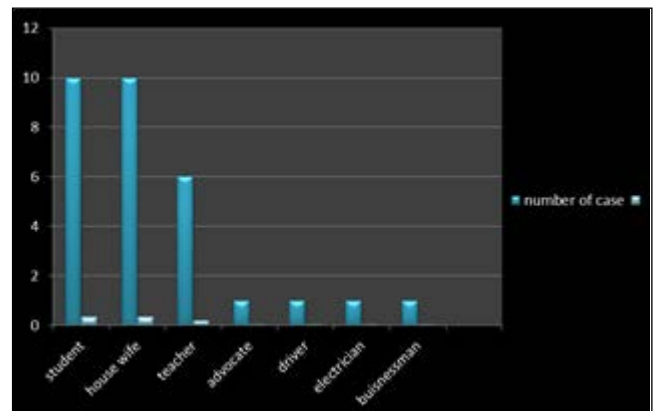


**Fig 1:** Diagrammatic representation of Distribution of cases according to Gender

**Table 3:** Distribution of cases according to their Occupation

Occupation	Number of case	Percentage
Student	10	33.33%
House wife	10	33.33%
Teacher	6	20%
Advocate	1	3.33%
Driver	1	3.33%
Electrician	1	3.33%
Businessman	1	3.33%
Total	30	100%

Out of thirty cases the maximum number of cases 10 (33.33%) are housewives and student next higher cases are teacher as 6 (20%). This is followed by Businessman, Advocate, driver, and electrician 1 (3.33%) each.



**Fig 3:** Diagrammatic representation of distribution of cases according to occupation

**Table 4:** Distribution of cases according to Triggering Factor

S.N	Triggering factor	No of cases	Percentage
1.	Stress	14	46.66%
2.	Sun exposure	12	40%
3.	Lack of sleep	6	20%
4.	Fasting	6	20%
5.	Menses	3	10%
6.	Gastric disturbance	3	10%
7.	Travelling	1	3.33%
8.	Fine work	1	3.33%

In the study group of 30 cases 14 cases (46.66%) showed significant triggering factor stress in their life. 12 cases (40%) had headache in exposure to sun, 6 cases (20%) had Lack of sleep and fasting 3 cases(10%) had menses and gastric disturbance as triggering factor, 1 cases (3.33%) had travelling and fine work as triggering factor.

**Table 5:** Distribution of cases according to Medicine

S. N	Medicine	No of cases	Percentage
1	Nat. Mur	10	33.33%
2	Lachesis	4	13.33%
3	Phosphorus	2	6.66%
4	Calc. Carb	2	6.66%
5	Sulphur	2	6.66%
6	Staphisagria	2	6.66%
7	Pulsatilla	2	6.66%
8	Lycopodium	1	3.33%
9	Stramonium	1	3.33%
10	Calc. Phos	1	3.33%
11	Silicea	1	3.33%

12	Sepia	1	3.33%
13	Nux. Vomica	1	3.33%
14	Total	30	100%

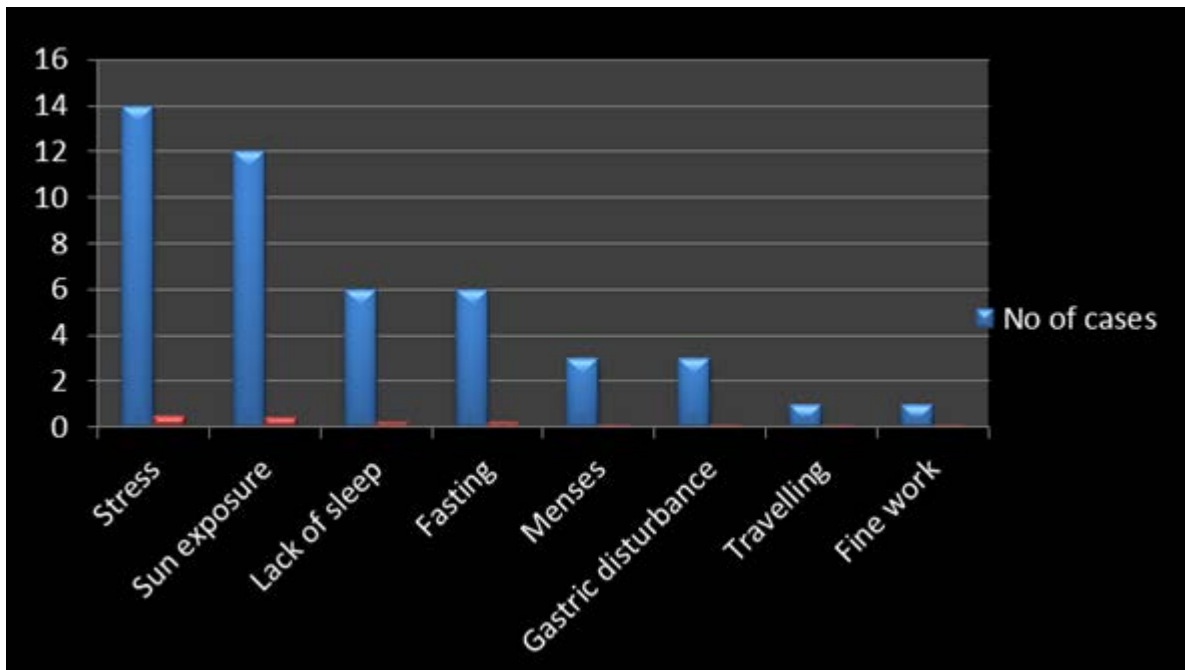


Fig 4: Diagrammatic representation of distribution of cases according to Triggering Factor

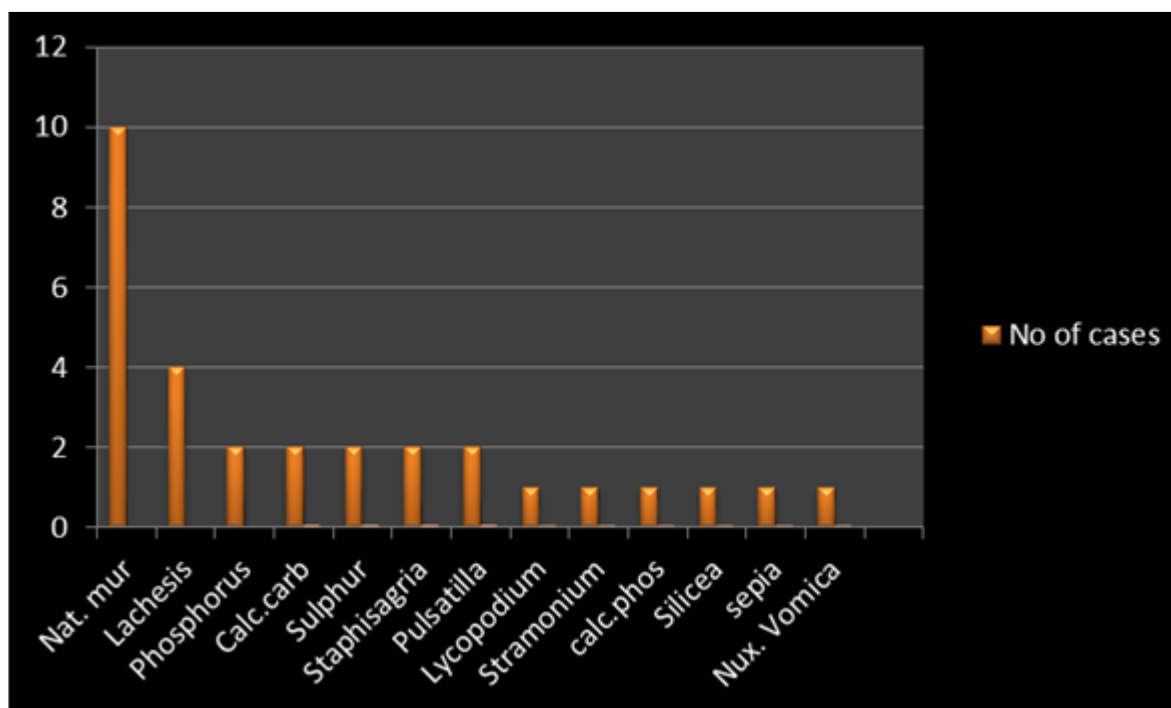
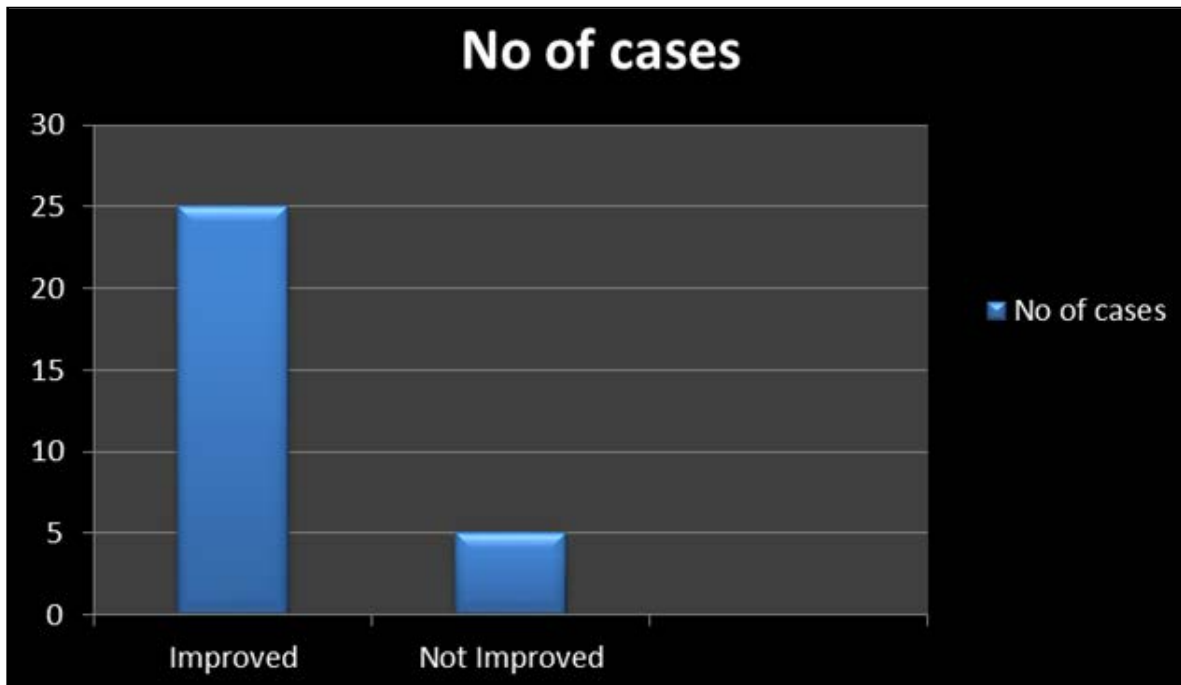


Fig 5: Diagrammatic representation of distribution of cases according to Medicine

In all thirty cases constitutional remedies were prescribed. Based on constitutional totality Nat. Mur. Indicated in maximum number 10 (30%) of cases and proved to be effective. Lachesis indicated in 4(13.3%) cases, Phosphorus indicated in 2(6.66%) cases. Calc. carb, Staphisagria, Pulsatilla and Sulphur were given to 2 (6.66%) cases each. Lycopodium, Stramonium, Calc. Phos, Silicea, Nux vomica, Sepia was given in 1 (3.33%) case each.

Table 6: Distribution of cases according to Results

S.N	Result	No of cases	Percentage
1	Improved	25	83.33%
2	Not improved	5	16.66%
3	Total	30	100%



**Fig 6:** Diagrammatic representation of distribution of cases according to Result

Out of 30 cases, 25 cases (83.33%) showed markedly improvement symptomatically and 5 cases (16.66%) not improved.

#### Discussion

The subjects of study were selected from patients with migraine attending homoeopathic outpatient the Department of National homoeopathic medical college, as per the inclusion criteria. A total of 30 cases were selected and followed up for a period of five to six months, but a few cases which had not completed the above said time period, also were considered for the analysis. This study was conducted to show the effectiveness of the Individualized homoeopathic medicines selected by repertorizing the cases through Kent Repertory. All the cases were repertorized with Kent repertory and close running remedies were finally differentiated with further reference to Material Medical. The acute episodes were treated with acute medicines according to acute totality and chronic constitutional medicine was given after repertorization for further improvement.

Assessments of all patients were done by Vas score before the treatment and after the treatment. Cases were reviewed at regular intervals. Follow up criteria's been adapted for assessing the changes in visual analogue score observed.

The statistical analysis such as, distribution of cases according to age, sex, occupations were calculated and interpreted. A Visual analogue score was done to evaluate the improvement, taking the symptoms as parameters. The scores were put, both before and after treatment statistical test was applied.

#### Limitations

1. Number of samples used in this study is very small. Therefore generalization of the result and inferences of the study need to be done cautiously.
2. This was a time bound study. The cases were followed up only for a period of 5- 6 months.
3. Selections of cases were difficult since many of the

cases were irregular for reporting and some of them even dropped out.

4. There was no control group since the sample size was small.
5. In some cases necessary information was lacking and the study was based on the available data.
6. There were no standard studies to compare or take guidance from a study of this nature in homoeopathy. Therefore some human errors are expected.

#### Conclusion

This study shows the different presentations of migraine and helps to understand the migraine in a detailed way. In this study, the sex incidence of the disease shows that the disease affects predominantly females. The age incidence in the study showed more people in the age group of 21-30 years and 31-40 years. It has been observed in the study that most of the cases presented with sodic manifestations. All the cases showed good improvement after treatment. Repertorization using Kent repertory was found to be very effective in finding the simillimum. The result of the treatment in the study reveals that there is broad scope for homoeopathy in the treatment of migraine, as majorities of the patients were relieved of their complaints after the treatment.

#### Recommendations

1. Bigger sample size with extended time of research would provide better results.
2. It will be always scientific if control (placebo) group would have been kept simultaneously to verify the effectiveness of treatment

#### Conflict of Interest

Not available

#### Financial Support

Not available

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