



A Case of Migraine Treated with Homoeopathy

Saradhi Priyadharshini S.¹, Suman Sankar A.S.²

^{1,2}Department of Repertory, Sarada Krishna Homoeopathic Medical College, Kulasekharam,
Kanniyakumari District, Tamilnadu – 629 161

ABSTRACT: A complex disorder with genetic influences known as migraine causes episodes of moderate-to-severe headaches, most frequently unilateral, and is typically accompanied by nausea, light sensitivity, and other symptoms of a migraine. The Latin word "hemigranea," which later became part of the Greek language, is the source of the word migraine. Such a term is known as a "migraine" in French. It frequently results in incapacitation and job loss. Attacks from migraines are intricate brain processes that frequently last for several hours to days. 75% of migraine cases are the most common type, which lacks an aura. A 29 year old male arrived at the OPD on 26th OCTOBER 2022, with complaints of Migraine since 1 year. Life situation indicates there is business stress. On asking further about mental and emotional state, he mentioned about his grief about losing his mother and brother 9 years ago. Patient symptoms were analyzed, and prescriptions were made based on the totality of symptoms, i.e., a holistic approach. The medicine prescribed was Nux vom 30C in aqua, which has shown marked improvement. This article describes a detailed case report of a Migraine and the role of homoeopathy in it.

KEYWORDS: Holistic, Homoeopathy, Migraine, Nux vom.

INTRODUCTION

Among the most prevalent disorders of the neurological system are headache disorders, which are characterised by persistent headaches^[1]. The migraine headache is the most common, prevalent, incapacitating, and essentially treatable, but it is nevertheless underestimated and undertreated^[2]. A common chronic headache disorder known as migraine is characterised by recurrent attacks that last four to seventy-two hours, have a pulsating quality, are of moderate to severe intensity, are made worse by normal physical activity, and are accompanied by nausea, vomiting, photophobia or phonophobia^[3]. Because of the significant influence it has on the patient's quality of life (QOL), it is known as the seventh disabler^[4]. Among kids and teenagers, it causes headaches the most frequently. Given the toll that migraine has on children and their families, as well as the challenges associated with diagnosis and treatment brought on by phenotypic variation and potential differential diagnoses, paediatric migraine research is essential^[5]. The most frequent trigger variables, according to a 2012 study by Mollaoglu M, were emotional stress (79%), sleep disturbance (64%) and nutritional issues (44%)^[6]. In patients with migraine with aura, stress and sleep were major triggers, whereas environmental factors were significant triggers in patients with migraine without aura. Women were more likely than men to experience triggers related to stress, sleep, and the environment. Patients who suffer from migraines frequently have triggers, thus avoiding them may help patients better manage their condition^[6]. Men only have a 6% probability of getting a migraine, whereas women have an 18% chance. Hormonal changes, particularly oestrogen, are often blamed for the higher incidence among women. In most cases, migraines start during adolescence or between the ages of 35 and 45^[7]. There are two main varieties of migraine: migraine with aura, which is mainly distinguished by the fleeting, localised neurological symptoms that frequently precede or occasionally accompany the headache. Moreover, a premonitory phase that starts hours or days before the headache and a headache relief phase are experienced by some patients. Hyperactivity, hypoactivity, depression, cravings for specific foods, frequent yawning, exhaustion, and neck stiffness and/or discomfort are examples of premonitory and resolution symptoms. A headache with specific characteristics and associated symptoms, such as unilateral location, pulsating quality, moderate to severe pain intensity, aggravation by or causing avoidance of regular physical activity, during headache nausea and/or vomiting, or photophobia and phonophobia can occur, characterise migraine without aura^[8]. The diagnosis of migraine can be made by taking a patient's medical history. If necessary, orthopaedic tests, a cranial nerve exam, a complete blood count, a urinalysis, and cranial magnetic resonance imaging can also be used to rule out other possibilities^[7].



CASE PRESENTATION

A 29 year old male came to us on 26th February 2022, with complaints of Chronic Migraine since 8 years, Pain in the occiput and left side of the head which would aggravate in the evening, sensation as if head is vibrating. Headache would aggravate in sun. Pain in the cervical region along with the headache. History of presenting illness: Pain in the occiput and left side of the head which would aggravate in the evening, sensation as if head is vibrating. Headache would aggravate in sun. Pain in the cervical region along with the headache. He took allopathic medication for this complaint but no improvement. Past history: He is Hypotensive since 2 years and he is taking allopathic medication. Physical general: The patient has a dark complexion . He started having sleepless nights and appetite reduced. Mental General: Life situation indicates there is business stress. On asking further about mental and emotional state, he mentioned about his grief about losing his mother and brother 9 years ago. His mother passed away due to sudden Myocardial Infarction and brother in a road accident, within a year. Dreams are frightful of dead people. Analysis of symptom Common Pain in the occiput and left side of the head . Headache would aggravate in sun. Pain in the cervical region along with the headache. Uncommon Business stress, Grief , Dreams are frightful of dead people. sleepless nights and appetite reduced. Pain in the occiput and left side of the head which would aggravate in the evening, sensation as if head is vibrating. Evaluation of symptom Evaluation was done based on hierarchy on symptoms. Business stress, Grief , Dreams are frightful of dead people, sleepless nights, appetite reduced,Pain in the occiput and left side of the head which would aggravate in the evening, sensation as if head is vibrating.

Table 1: Miasmatic analysis of the case

Symptoms of the case	Psora	Sycosis	Syphilis
Business stress	✓		
Grief	✓		
Dreams- Frightful of dead people			✓
Appetite reduced	✓		
Sleeplessness	✓		
Pain in the occiput and left side of the head	✓		
Sensation as if head is vibrating			✓
<Evening	✓		
<sun	✓		

After miasmatic analysis of the case the fundamental miasm is Psora

Remedy	Nux-v	Bry	Graph	Aur	Arn	Anac	Ph-ac	Sulph	Thuj	Phos	Puls	Sep	Calc	Caust	Arg-n
Totality	30	28	28	27	26	25	25	25	25	25	25	25	24	24	24
Symptoms Covered	8	8	8	8	8	8	8	8	8	7	7	7	8	8	7
[Complete] [Mind]Business:Ailments from, agg.:Mental and emotional consequences of:	4	1	3	3	1	1	1	1	1	0	4	3	1	1	0
[Complete] [Mind]Grief:	4	4	4	4	3	3	4	3	1	2	4	3	3	4	1
[Complete] [Mind]Dreams:Dead:People, of:	3	3	3	3	3	4	4	3	4	4	0	0	4	3	3
[Complete] [Stomach]Appetite:Diminished:	4	4	3	3	4	4	3	4	3	4	4	4	4	4	4
[Complete] [Sleep]Sleeplessness:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Head]Pain, headache:Occiput:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Head]Pain, headache:Left:	3	4	3	3	3	1	3	3	4	4	3	4	3	3	4
[Complete] [Head]Sensations:	4	4	4	3	4	4	2	3	4	3	2	3	1	1	4

Fig 1: Repertorial Sheet



Treatment

Selection of remedy and potency - Nux-v was prescribed to the patient on further reference to the Materia medica. During Hahnemann's time the medium potency 30C was remarkably used to avoid unwanted aggravation. According to this statement Potency 30C was selected.

Justification for prescription

After Repertorization, Nux-v scores highest mark, which almost covers all symptoms of the case. The reportorial sheet is shown in fig:1. On further reference to Materia medica, Nux-v covers both the mental and physical state of the patient. Hence the Nux-v 30C is chosen.

Intervention

Patient was prescribed with Nux-v 30C in water dose repeated two times a day

RESULT

Nux vom 30 is given to the patient. On follow up, Mental state and physical generals are improved. PL/ 1d is given. Finally the patient feels better on Similimum Nux Vom 30. The patient improved holistically after the prescription of homoeopathic medicine. Marked improvement noticed within 30 days.

Table 2: Follow up

Date	Symptom changes	Prescription
2-11-2022	Mental State is improved. Physical generals are improved.	PL/ 1D in 10 ml aqua 10gtt xTds
9-11-2022	Particular symptoms are improved.	Nux vom 30/1d in 10ml aqua 10gtt x Tds
16-11-2022	Patient is in improved state.	PL/ 1D in 10 ml aqua 10gtt xTds
23-11-2022	Patient feels better	Nux vom 30/1d in 10ml aqua 10gtt x Tds

DISCUSSION

According to research, fundamental neurological anomalies brought on by genetic changes taking place in the brain are the cause of migraine. According to estimates, they are the most expensive neurological condition in the European Union, costing more than € 27 billion annually, the majority of which comes from lost productivity. The effectiveness of individuals who do go to work while having a migraine is reduced by about one third. In this case, Migraine is treated with nux vom. The improvement started the very next day after the medicine was given. Hence, it is stated that nux vom has given immense results in the case of migraine. It is proven that homoeopathy is efficacious. Furthermore, it is another evidence-based case study that demonstrates that migraine can be treated with homoeopathy.

CONCLUSION

The study found that nux vom 30C improved the migraine as well as the patient's general health. Most importantly, the patient's day-to-day activity has improved. A similimum is discovered through proper individualization, which aids in the treatment of a patient. **FUND:** financial support and sponsorship none.

CONFLICT OF INTEREST: None declared.

ACKNOWLEDGEMENT

I express my sincere gratitude and appreciation to the management and staff of Sarada Krishna Homoeopathic Medical College and Hospital for their invaluable support. I would also like to acknowledge the staff members who provided their valuable input and guidance throughout the research process. Additionally, I thank Dr. Gopa Kumar for assisting me in publishing the work.



REFERENCES

1. World Health Organization. WHO Fact sheet, 2016; 1–2.
2. World Health Organization. Neurological disorders: a public health approach. *Neurol Disord public Heal challenges*, 2006; 41–176.
3. Gordon-smith K. et al. Rapid cycling as a feature of bipolar disorder and comorbid migraine. *J Affect Disord* [Internet]. Elsevier; 2015; 175: 320–4. Available from: <http://dx.doi.org/10.1016/j.jad.2015.01.02>
4. Gooriah R. et al. Evidence-based treatments for adults with migraine. *Pain Res Treat*. 2015; 2015.
5. Tarasco V. et al. Epidemiological and clinical features of migraine in the pediatric population of Northern Italy. *Cephalalgia* [Internet]. 2016; 36(6): 510–7. Available from: <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2016-21769-003&site=ehostlive&scope=site%5Cnhttp://vtarasco@asl.at.it>
6. Mallaoglu M. Trigger factors in migraine patients. *J Health Psychol*, 2012; 18(7): 984–94.
7. Brett R. et al. Dietary and Lifestyle Changes in the Treatment of a 23-Year-Old Female Patient With Migraine. *J Chiropr Med* [Internet]. National University of Health Sciences, 2015; 14(3): 205–11. Available from: <http://dx.doi.org/10.1016/j.jcm.2015.09.001>
8. Headache Classification Committee of the International Headache Society. *The International Classification of Headache Disorders*, 3rd edition. *Cephalalgia*, 2013; 33(9): 629–808.