GENERAL ARTICLE

Role of Homoeopathy in Migraine in Adolescence

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Abstract

The aim of this paper is to show that the treatment on the basis of *similia similibus curentur* is the best psychosomatic approach for migraine in adolescence. 25 cases of adolescent patients suffering from classical migraine were treated as out patients during the period 1997-2002. Homoeopathic medicines were selected on totality of symptoms. A total of 21 cases were relieved out of 25 cases. Of these 11 cases had no recurrence, 7 had moderate improvement and 3 had mild improvement. 3 cases showed no improvement whereas one patient reported with aggravation of symptoms.

Introduction

Headache is a headache for both physician and the patient. This is the commonest but the most difficult clinical problem encountered by the physician. Most often headache is a symptomatic expression of some minor ailments, mental tension or fatigue, but occasionally it is of sinister significance, indicative of serious intracranial disease and i.e. why when a person is having regular headache, he may be much alarmed due to anxiety and fear. Among different types of headaches, such as referred headache, neuralgic headache, headache due to meningeal irritation, vascular headaches, traction headache and psychogenic headache, vascular headache is often very severe. The commonest form of vascular headache is MIGRAINE[1]. The word Migraine came from another word 'Megrime' meaning Hemi cranial. Migraine is characterized by epidsodic throbbing, hemi cranial headache beginning in childhood, adolescent or early adult life which tends to decrease in intensity and frequency as age advances. Although migraine may begin at any age the usual onset is adolescene or young adult life[2]. Women are slightly more affected and out number men by about 4:1 and in many cases a positive family history is elicitable.

There are two types of migraine:

1.Common migraine

Unilateral throbbing headache lasting a few hours with nausea and vomiting but there is no preceding neurological symptoms.

2. Classical migraine also known as neurologic migraine; has hemicranial or generalized throbbing headache with nausea and vomiting and lasts for one to two days but is preceded by prominent neurological symptoms, known as aura.

Diagnosis in both the varieties is made mainly from history[3]. The most common aura is visual disturbances such as dazzling zig zag lines, scintillating scotoma, homonymous hemianopia, field defects and rarely total blindness. The aura lasts for 15-30 minutes and usually is merged with hemicranial or generalized headache. There are many aggravating or precipitating factors but the most common factors are anxiety, emotional stress, menstruation (pre menstrual tension), relaxation of stress, alcohol, overwork and change of weather[4]. As this is one of the important types of headache, psychological factors play a major role in its precipitation and maintenance[5].

According to modern medicine the treatment of migraine falls into three groups such as (i) avoidance of aggravating or precipitating factors (ii) control of acute attacks and (iii) prophylaxis. To avoid these precipitating factors, physician used to give full explanation to the patient about the nature and phenomena of migraine. But this is not always effective because the persons affected with migraine have peculiar personality. They have excessive self demands, they are over ambitious, perfectionist, meticulous and scruplous. Failure to attain perfection and ambition leads to mental stress and strain. Therefore, all known precipitating factors especially the anxiety and emotional stress cannot be avoided by the patient. Another important

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precipitating factor, say, pre menstrual tension, also is very difficult to avoid by mere explanation or counseling. Since these patients are over ambitious they are liable to more physical strain which is one of the important aggravating factors and it is very difficult for such persons to refrain from over work. Therefore, instead of asking them to avoid anxiety, overwork or mental stress, their personal attitudes are to be changed and this is possible only through the homoeopathic treatment because the personality of a person is a manifestation of the underlying chronic miasm.

This short scientific paper is based on studies conducted in O.P.D. at CRI(H) Kottayam on 25 adolescent patients suffering from classical migraine with homoeopathic medicine in the period 1997-2002. All these cases were treated only with homoeopathic medicines, i.e. without any psychological advice. Since psychological factors play a major role in the causation or precipitation of migraine a complete psychosomatic approach with similimum is necessary. As menticned in the Organon of Medicine by Dr. Samuel Hahnemann, 'after the control of acute attacks these patients should be treated with deep acting anti miasmatic remedies in order to prevent further attacks'.

Materials and Methods

The materials for the study consisted of 25 cases of classical migraine in adolescence treated during the period between 1997-2000 as out patients. These 25 patients included 9 males and 16 females (refer Table-I) between the age of 13 years - 18 years (refer Table-II). All of them had aura before the onset of headache and the majority had visual disturbances like dazzling, zig zag lines, dimness of vision, lachrimation, pain in eyes and photophobia (refer Table-III). The duration of the complaints ranged from 8 months to 5 years but in majority it was between 2 & 5 years (refer Table-IV). These patients had different aggravating and precipitating factors (refer Table-V), but all of them had one or other types of emotional stress as precipitating factors. But in many cases more than one precipitating factors were present. Similarly majority of the patients studied had positive family history of migraine (refer Table-VI). A detailed study on the episodes of migraine reveals that the majority suffered from moderate to severe headache, the duration of the episodes ranged from less than 5 hours to 15 hours and frequency of attack ranged from more than once a month to once in three months. But in majority, the frequency of episodes was once in a month (refer Table-VIII-X).

The method of study was purely clinical in nature. These 25 cases of migraine were included for the study on the basis of the following criteria:

1. Only adolescent migraine cases were selected
2. Only classical migraine was included
3. Both males and females were included
4. Patients with other systemic diseases were excluded
5. Patients with emotional and psychological stress as precipitating factors for headache only were included
6. Before inclusion all related investigations were done to exclude other causes of headache.

In each case a detailed case history was taken with special stress given to aggravating and precipitating factors, personal history and mental disposition of the patient and in all cases a miasmatic analysis was also done in order to find out which miasm was predominant and later on it helped for the selection of remedies for follow-up studies. All these patients were given medicines after strict individualization, in minimum dose, along with placebo. They were advised to repeat the dose on the occurrence of the next episode only. They were also advised to avoid coffee, tea, coco and other drugs used externally or internally during the whole course of the treatment. Each and every case was followed up for two years and final assessment was done after that. In many cases after the relief of the acute attacks with short acting remedies, deep acting anti-miasmatic remedies were found necessary to prevent further episodes of headache. But in certain cases drugs found effective to control the acute attacks were also found effective for the prevention of the episodes.

To test the significance of the result obtained the data collected from the study especially the frequency of paroxysms before and after the treatment was statistically analysed with the help of Paired T test. The null hypothesis H0 in this study is that the treatment is not effective and the alternate hypothesis H1 is that the treatment is effective. For the statistical analysis, disease intensity scores were given on the basis of frequency of episodes before and after treatment (refer Table-XVI).

Observation

All the results obtained were given in tabular form from Table I-XVI. The results obtained were confined to those 25 cases only. It showed that 11 out of 25 cases had marked improvement with no recurrence after one or two initial attacks, 07 cases

had moderate improvement in which the duration, frequency and the intensity of the headache decreased considerably and 03 cases with mild improvement in which only the duration of episodes came down, 03 cases treated had no improvement and in 01 case symptoms aggravated during the treatment. The Table-XIV on the basis of prescription shows that the mostly used basis for prescription was physical generals, modalities and key notes, but it was found that all the basis for prescription was equally important. The Table on the Drug Therapy showed that there was no specific drug for migraine. This showed the individuality of the patient irrespective of the same type of disease symptoms and the personality. However, the frequently indicated and effective drugs in controlling the acute episodes were Nat.mur., Nux.vom., Pulsatilla, Ign. and Lycopodium. Other drugs which were prescribed on their individual features also proved best in controlling the acute attacks. But constitutional drugs like Calc.carb., Nat.mur., Lyco., Puls., Sulphur and Syphilinum were found useful in preventing the recurrence of the episodes.

The assessment of improvement was on the basis of duration of episodes, their frequency and intensity. There were 20 cases with duration of acute episode ranging from less than 5 hours to 15 hours before the treatment and five patients had duration more than 15 hours. But after the treatment the results showed that only 10 cases had less than five hours duration and three cases had 5 to 15 hours duration and in one case it was found that the episode had duration of more than 25 hours and in one case it was found that the episode had a duration of more than 25 hours. Before treatment 5 cases had frequency more than once a month, 14 cases had frequency once a month, 3 cases had once in 2 months and the rest had once in 3 months. But after the treatment only one patient had the frequency greater than once a month and in seven cases no recurrence was noticed. Similarly 21 out of 25 cases had moderate to severe intensity of episodes before the treatment but after the treatment only 7 cases had moderate to severe intensity, 7 with mild episodes but 11 had no recurrence of headache.

Table - I

Total No. of cases

Total	Male	Female
25	9	16

Table - II

Age Min. 13 years Max. 18 years

Age Group	T	M	F
12 - 14 years	5	2	3
14 - 16 years	10	3	7
16 - 18 years	6	2	4
18 - 20 years	4	2	2

Table - III

Aura*

	T	M	F
Without Aura	0	0	0
With Aura			
Dazzling siz zag line	6	3	3
Dimness of vision	13	4	9
Lachrimation	15	5	10
Pain in eyes	12	4	8
Photophobia	12	4	8
Tingling on face	2	0	2

* *Some cases have more than one aura*

Table - IV

Duration of complaints

Group	T	M	F
Upto 2 years	4	1	3
2 - 3 years	9	3	6
3 - 4 years	5	3	2
4 - 5 years	5	1	4
5 - 6 years	2	1	1

Table - V

Precipitating factors	T	M	F
Alcohol	1	1	0
Anxiety	6	3	3
Reading	7	2	5
Emotional stress	25	9	16
Noise	19	6	13
Light	21	7	4
Pre menstrual tension	4	0	4
Physical stress	5	2	3

Table - VI

Hereditary factors

	T	M	F
Hereditary factors	18	5	13

Table - VII

Miasmatic factors	T	M	F
Psora	11	4	7
Syphilis	2	1	1
Sycosis	0	0	0
Pseudopsora	7	2	5
Mixed	5	2	3

Paroxysms:

Table - VIII

Intensity of paroxysms

	T	M	F
Mild	4	1	3
Moderate	13	5	8
Severe	8	3	5

Table - IX

Duration of paroxysms

Duration	T	M	F
Less than 5 hours	4	1	3
5 hours to 10 hours	10	4	6
10 hours to 15 hours	6	2	4
15 hours to 20 hours	2	1	1
20 hours to 25 hours	2	0	2
25 hours and above	1	1	0

Table - X

Frequency of paroxysms

	T	M	F
Once in a month	5	2	4
Once in a month	14	6	8
Once in 2 months	3	1	2
Once in 3 months	3	1	2
Once in 6 months	0	0	0
Once in year	0	0	0

DRUG THERAPY

Table - XI

For acute episodes

Drug	Potency	No of Patients Prescribed			Found effective in		
		T	M	F	T	M	F
Arg. nit.	200	1	0	1	0	0	0
Belladonna	30	2	1	1	2	1	1
Ignatia	1M	3	1	2	3	1	2
Lycopodium	30, 200	2	2	0	1	1	0
Melilotus	30	1	0	1	1	0	1
Natrum mur.	30, 200	4	2	2	3	1	2
Nux vomica	30, 200	4	2	2	4	2	2
Pulsatilla nig.	200	4	0	4	3	0	3
Sanguinaria can.	200	1	1	0	1	1	0
Silicea	200	1	0	1	1	0	1
Sulphur	30	1	0	1	1	0	1
Tabacum	30	1	0	1	1	0	1

Table - XII

Drug found effective to avoid relapses

Drug	Potency	T	M	F
Calc. carb.	200, 1M	3	1	2
Nat.mur.	200, 1M, 10M	3	1	2
Lycopodium	200, 1M	2	2	0
Puls.	1M	2	0	2
Sulph.	200, 1M, 10M	3	2	1
Syphilinum	1M	1	0	1

RESPONSE TO TREATMENT

Table - XIII

Improvement indices*	T	M	F
• Cured	0	0	0
• Improved			
• Marked	11	5	6
• Moderate	7	0	7
• Mild	3	2	1
• Not improved	3	1	2
• Aggravated	1	1	0

*Cured - complete disappearance of the subjective and objective symptoms with no recurrence for the next five years.

Marked improvement - complete disappearance of the subject and objective symptoms and no recurrence for one year.

Moderate improvement - complete disappearance of the subjective and objective symptoms with recurrence of occasional episodes or aura

Mild improvement - Slight amelioration. of the subjective or objective symptoms

Table - XIV

Duration of episodes

	Before treatment			After treatment		
	T	**M**	**F**	**T**	**M**	**F**
Less than 5 hours	4	1	3	10	2	8
5 hours - 10 hours	10	4	6	1	0	1
10 hours - 15 hours	6	2	4	2	1	1
15 hours - 20 hours	2	1	1	0	0	0
25 hours and above	1	1	0	1	1	0

Table - XV

Frequency of episodes

Frequency	Before treatment			After treatment		
	T	**M**	**F**	**T**	**M**	**F**
More than once in a month	5	1	4	1	1	0
Once/month	14	6	8	3	2	1
Once/2 months	3	1	2	2	0	2
Once/3 months	3	1	2	4	0	4
Once/6 months	0	0	0	4	1	3
Once/Year	0	0	0	0	0	0

Table - XVI

Intensity of episodes

Intensity	Before treatment			After treatment		
	T	**M**	**F**	**T**	**M**	**F**
Mild	4	1	3	9	1	8
Moderate	13	5	8	3	2	1
Severe	8	3	5	2	1	1

RESPONSE TO TREATMENT

Table - XIII

*Improvement indices**	*T*	*M*	*F*
• Cured	0	0	0
• Improved			
• Marked	11	5	6
• Moderate	7	0	7
• Mild	3	2	1
• Not improved	3	1	2
• Aggravated	1	1	0

*Cured	-	complete disappearance of the subjective and objective symptoms with no recurrence for the next five years.
Marked improvement	-	complete disappearance of the subject and objective symptoms and no recurrence for one year.
Moderate improvement	-	complete disappearance of the subjective and objective symptoms with recurrence of occasional episodes or aura
Mild improvement	-	Slight amelioration of the subjective or objective symptoms

Table - XIV

Duration of episodes

	Before treatment			After treatment		
	T	**M**	**F**	**T**	**M**	**F**
Less than 5 hours	4	1	3	10	2	8
5 hours - 10 hours	10	4	6	1	0	1
10 hours - 15 hours	6	2	4	2	1	1
15 hours - 20 hours	2	1	1	0	0	0
25 hours and above	1	1	0	1	1	0

Table - XV

Frequency of episodes

Frequency	Before treatment			After treatment		
	T	**M**	**F**	**T**	**M**	**F**
More than once in a month	5	1	4	1	1	0
Once/month	14	6	8	3	2	1
Once/2 months	3	1	2	2	0	2
Once/3 months	3	1	2	4	0	4
Once/6 months	0	0	0	4	1	3
Once/Year	0	0	0	0	0	0

Table - XVI

Intensity of episodes

Intensity	Before treatment			After treatment		
	T	**M**	**F**	**T**	**M**	**F**
Mild	4	1	3	9	1	8
Moderate	13	5	8	3	2	1
Severe	8	3	5	2	1	1

Discussion

The study of 25 cases of adolescent migraine shows that all are having one or the other type of psychological stress and anxiety which play the role of exciting and maintaining cause for the headache. In this study group females are more affected than males which is in conforming with what is said in text books. The miasmatic study shows that the majority of the group falls under Psora and Pseudopsora while the rest belongs to mixed group. This may be the reason that in majority of the patients multi miasmatic remedies are found useful to control acute episodes and to prevent further attacks.

The drug therapy part shows that many drugs are found useful to control the acute paroxysms and to prevent the recurrence (13 drugs in 25 cases). This reveals that there is no specific remedies for migraine but only specifics for individual patients.

The table on improvement indices shows that 21 out of 25 cases improved in various degrees out of which 11 cases had no recurrence of headache for the next two years and 7 had moderate improvement in which there was considerable reduction in the duration, frequency and intensity of attacks. Three cases studied shows no response after the treatment, but in one patient the headache aggravated after the treatment. More than 80% improvement obtained in this study is a great achievement and this shows the efficacy of Homoeopathic medicine given on the basis of individualization. This is more evident when we go through the tables on response to treatment related to the duration, frequency and intensity of headache (refer XV-XVII). After a month the 14 cases, which had relapse of migraine, 9 cases had headache in mild intensity only with occasional aura while the rest had moderate to severe headache but the duration and frequency were reduced except in 1 case.

Conclusions

1. The most common age group which is prone to migraine of psychosomatic origin is adolescence because this age group is vulnerable to great emotional, psychological and physical stress as they are passing through a new phase of life which is different from infancy and childhood.
2. The predominant miasms found out in this study which are responsible for migraine are psora and pseudopsora.
3. There is no specific remedy for adolescent migraine but drugs selected on strict individualization only are found useful.
4. In adolescent migraine the true psychosomatic approach is the homoeopathic way of treatment because the drugs prescribed on the basis of the totality of the symptoms were able to give relief in 21 out of 25 cases.

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