A Case Study on Migraine

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Abstract: ***Migraines are severe, recurring, painful headache lasting for hours or several days may be with aura or without aura. The global prevalence of one - year active migraine attack is 18% in females and 6% in males, whereas the cumulative incidences in entire lifetime are 43% and 18% respectively. A female patient of 40 years old was suffering from Migraine for last 02 years resorted to all systems of treatment but failed, was finally treated by constitutional treatment and was cured for last 2 years. The case taking was done in a standardized format and all symptoms were passed through standard procedures to arrive at totality of symptoms such as analysis of symptoms, conceptual image, analysis of the case/ synthesis, reportorial totality/ evaluated totality, miasmatic diagnosis, repertorisation. The medicine was prescribed in 50 millesimal scale in frequent repetition scheduled. Change of potency and medicine were done as per the guidelines of tenets of Homoeopathy and cure was achieved to an intractable chronic disease like Psoriasis.***

Keywords: Migraine with aura, Migraine without aura, Conceptual image, Analysis of the case, Evaluated totality, Miasmatic diagnosis.

1. Introduction

Migraine is a complex disorder characterized by moderate - to - severe episodic pulsating headache, mostly unilateral and genetically influenced (1) (2) . It is usually associated with nausea vomiting, with increased light and noise sensitive. The Greek "hemikrania" and Latin word "hemigranea" refers to the French term "migraine " (3).

In 2016 of all Global Burden Disease (GBD) causes of disease, migraine was the sixth most prevalent one. In terms of years of life lived with disability, migraine ranked second globally and was among the ten most disabling disorders in each of the 21 GBD regions. It was particularly burdensome among young and middle - aged women (4) (5).

An estimated global all - age point prevalence of 18.0% corresponds to 1.3 billion people apparently (6).

The global prevalence of one - year active migraine attack is 18% in females and 6% in males, whereas the cumulative incidences in entire lifetime are 43% and 18% respectively (7) (8).

Chronic migraine (CM) affects 1% to 2% of the global population. Approximately 2.5% of persons with episodic migraine progress to CM (9) . As age progresses, the intensity and occurrence of attack diminishes (10) . There is high prevalence during puberty with a gradual peak between 35 to 39 years and a decline by menopause (11).

According to the headache classification committee of the International Headache Society (12) migraine subtypes are:

1) Migraine without aura /common migraine (75%cases) are a recurrent headache attack of 4 to 72 hours, typically unilateral in location, pulsating in character, moderate to severe in intensity, aggravated by physical activity, and associated with nausea and sensitive to light, odors and sound.
2) Migraine with aura/classic migraine has recurrent fully reversible attacks, lasting for maximum 1 hour, brainstem, and retinal related to usually followed by headache and migraine systems.
3) Chronic migraine is a headache usually prolonged for 15 or more days in a month which continues for more than 3months and has migraine features for at least 8 or more days in a month.

Episodic syndromes may be accompanied with migraine are recurrent gastrointestinal disturbances, benign Paroxysmal torticollis, benign Paroxysmal vertigo. Complications of migraine include status migrainosus, persistent aura without infarction, migraine aura - triggered seizure, migrainous infraction, work disability, quality of life (13) .

Untreated attacks last from four to 72 hours, other common symptoms include:

- Increased sensitivity to light, noise and odors
- Nausea
- Vomiting

Triggering factors of migraine include (14) –

- hormonal changes
- emotional triggers–stress, depression, anxiety, excitement, shock
- Physical causes - tiredness, insufficient sleep, over exertion, low blood sugar, skipped meals, dehydration, head trauma, motion sickness, during menstruation
- In the diet - alcohol and caffeine, chocolate cheese, citrus fruits, tobacco
- Medications - sleeping pills, Hormonal Replacement Therapy (HRT), contraceptive pills
- Environmental triggers - flickering screens, strong odors, smoke, loud noises, stuffy rooms, temperature changes, bright lights, sudden changes in weather or environment

Migraine is divided into 4 phases all of which may be present during the attack:

1) Prodrome – Premonitory symptoms occur up to 24 hours prior to developing a migraine. These include

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food cravings, depression/euphoria, frequent uncontrollable yawning, fluid retention/increased urination, constipation and neck stiffness.

2) Aura – People will see bright lights/flashing or loss of vision, speech difficulty, hearing of noises, muscle weakness/numbness or Jerky movements.
3) Attack – Headache usually starts gradually and builds in intensity (unilateral/bilateral) along with nausea and vomiting including sensitivity to light, noise, odour, touch. It may possible to have migraine without a headache.
4) Postdrome – Individuals are confused and exhausted following a migraine. It may last up to a day.

2. Case Study

A Female patient of age 40yrs reported to us on 5/4/2018. That she had been suffering from agonizing headache since 3 years on further enquiry it was ascertained following symptoms such as throbbing pain in left side of frontal region appearing intermittently at the interval of 10 - 15 days which was preceded by blurring in vision. It was triggered by heat of sun (+++), exposure to cold wind (+++) < eating coffee (+++) > By vomiting/sleeping (+++) associated with nausea, specially this continued for 2 days if not treated.

Co - morbidity (++): Dry eruption in the inguinal region was since 3yrs with itching <perspiration > cold application. Histories: Treatment history (T/H): of allopathic with temporary relief.

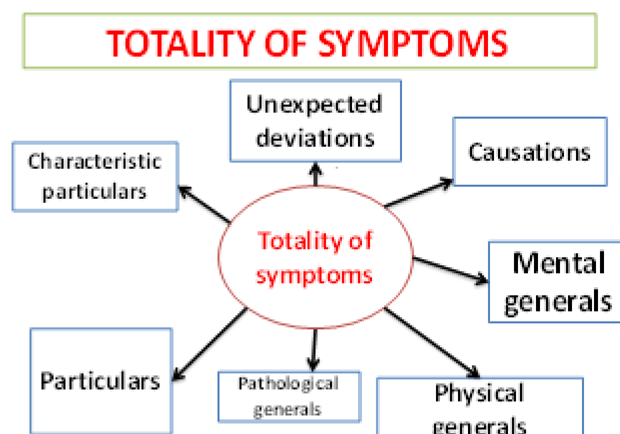
Past history (P/H): Chronic dysentery

Family history (F/H): Father - Hypertension (HTN) / Diabetes mellitus (DM) (type - 2)

Mother - Bronchial asthma

Personal history (P/H): Married, non - vegeterian, regular diet

- **Physical Generals**: Hot patient (+++), easily catches cold (++), desire: bitter (+++), salt (++), fish (++), cold food (+), aversion: sour (+++), sweet (+++), milk (++), intolerance: milk (+++), smell to tobacco (++), appetite: - normal (N) Thirst: - thirst (+++) with dry tongue unsatisfying, constipation (+++), urine: - N, sweat: - palm/sole (+++), sleep: - N, dream: ×
- **Mental Generals:** irritable, desires solitude (+++), weeping tendency, depression, music does not like (+++), sympathetic (+++), fear of crowd (+++) and thunderstorm (+++), consolation >.
- **On Examination:** Weight (Wt.): - 68 kg, Blood pressure (BP): 120/80 mm of Hg, X - ray Para Nasal Sinus (PNS): normal
- Now we have to build a totality of symptoms it means the entire representation of drug and disease which enables the physician to individualize between the disease and remedy. It is not a single characteristic symptom; it means which gives us a clear idea of nature of sickness & disease. For which we have to collect symptoms keeping in mind following aspects.



In each case 1st we need to do an analysis of symptoms. It gives us ideas whether symptom is completed in 4 dimensions i. e. location/sensation/modality/concomitant or not. The symptom (s) completed in 4 dimensions are called characteristics particular & not complete in 4 dimensions are particulars.

ANALYSIS OF SYMPTOMS

Sl.no	Location	Sensation	Modality	Concomitant
1	Head frontal (lt.)	throbbing pain	<by eating coffee >by vomiting	Nausea, blurred vision
2	Skin, inguinal region	Itching/eruption	<perspiration >cold application	×

After this we have to build a conceptual image that means we have to make an idol or semblance of patient where pages & pages of symptoms taken during case taking are brought to a single page under following heads.

Conceptual Image:

1) **Unexpected deviation**: - Thirst (+++) with dry tongue, unsatisfying,
2) **Causation: -** Exposure to heat of sun (+++), exposure to cold (+++),
3) **Mental general**: - Irritable, desires solitude (+++), weeping tendency, depression, music does not like (+++), sympathetic (+++), fear of crowd (+++), thunderstorm (+++), consolation>
4) **Physical general**: - Hot pt. (+++), easily catches cold (++), desire: - bitter (+++), salt (++), fish (++), cold

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food (+), aversion: - sour (+++), sweet (+++), milk (++), intolerance: milk (+++), smell to tobacco (++), appetite: - N, stool: - constipation (+++), urine: - N, sweat: - palm/sole (+++), sleep: - normal, dream: - ×

5) **Characteristic particulars (+++): -** Pulsating pain in left frontal region with blurred vision<by taking coffee>by vomiting, caused by heat of sun, exposure to cold.
6) **Particulars: -** Dry eruption in the inguinal region since 3yrs with itching <perspiration > cold application.
7) After this stage we proceed for synthesis of the case. In this stage important symptoms are retained and less important symptoms are deleted.

Synthesis of the case

Appetite - N, Urine - N, Sleep - N, Dream - N, these symptoms are excluded due to the less magnitude of the symptoms normal findings.

So the synthesis of the case is written as follows:

1) **Unexpected deviation: -** Thirst with dry tongue (+++) unsatisfying
2) **Causations:** Exposure to heat of sun (+++), exposure to cold (+++)
3) **Mental generals:** desires solitude (+++). music does not like (+++). sympathetic (+++). fear of crowd (+++) and thunderstorm (+++).
4) **Physical generals:** Hot pt. (+++), easily catches cold (++), desire: - salt (++), bitter (++), aversion: - sweet (+++), milk (++), stool: - constipation (+++), sweat: - palm/sole (+++).
5) **Characteristic particulars** (+++): Pulsating pain in left frontal region with blurred vision<by eating coffee>by vomiting, caused by heat of sun, exposure to cold.
6) **Particulars (++): -** Dry eruption in the inguinal region since 3yrs with itching < perspiration > cold application Evaluation of symptoms means to give gradation of symptoms as per intrinsic worth of the symptoms.

Next step is as follows:

Evaluation / Totality of Symptoms

In this above cases mental generals are predominant. So we evaluate the case according to Kent's method of evaluation. So the evaluation of symptoms is as follows:

1) **Unexpected deviation:** Thirst (+++) with dry tongue unsatisfying
2) **Causations:** Exposure to heat of sun (+++), exposure to cold (+++).
3) **Mental generals:** Desire solitude (+++). Fear of crowd (+++). Fear of thunderstorm (+++). Sympathetic (+++). Music does not like (+++).
4) **Physical general:** Hot pt. (+++), easily catches cold (++), desire: - salt (++), bitter (++), aversion: - , sweet (+++), milk (++), stool: - constipation (+++), sweat: - palm/sole (+++).
5) **Particular (++):** Dry eruption in the inguinal region since 3yrs with itching<perspiration > cold application.

Nosological Diagnosis

Characteristic headache & x - ray of PNS is normal, hence the case was Migraine.

Miasmatic Diagnosis: Cleavage of the symptoms are prepared in consultation with Phillips Speight guidelines (15) they are as follows:

Sl.no	Symptoms	Psora	Syphilis	Sycosis
1	Desire for solitude,consolation>,fear of crowd/thunderstorm,sympathetic,music does not like			
2	Desire cold food ,salt,bitter			
3	Aversion milk,sour			
4	Hot patient			
5	Thirst increased with dry tongue ,unsatisfying			
6	Pulsating pain left frontal region<by eating coffee>by vomiting			
7	Eruption with itching in the inguinal region<by perspiration >by cold application			

Hence it is a case of mixed miasmatic disease of psoro - syphilitic with preponderance of psoric miasm.

Repertorisation:

Next step is to repertories with an computer software (16) .

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Repertorisation Table

Patient Name : Mrs. BIDULATA BEHERA   Reg_No. : 3342   Rep_Date : 5/4/2018

Normal Repertorisation

Symptoms	Nat-m	Phos	Sulph	Nit-ac	Nux-v	Calc	Merc	Sep	Lyc	Puls	Arg-n	Sil	Caust	Nat-c	Bry
Totality	36	30	27	26	26	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Symptoms Covered	16	14	14	13	12	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Mind]Fear:Crowd:In a:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Mind]Fear:Thunderstorm, of:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Mind]Sympathetic, compassionate:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Mind]Music:Aversion to:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Mind]Company:Aversion to, agg.:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Generalities]Heat:Sensation of:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Generalities]Cold:Tendency to take, taking cold agg.:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Generalities]Food and drinks:Salt or salty food:Desires:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Generalities]Food and drinks:Bitter:Desires:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Generalities]Food and drinks:Sweets:Aversion:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Generalities]Food and drinks:Milk:Aversion:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Mouth]Dryness:Thirst, with:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Rectum]Constipation:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Extremities]Perspiration:Hand:Palm:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Extremities]Perspiration:Foot:Sole:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Head Pain]Localization:Forehead:Left side:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Skin]Eruptions:Itching:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[C] [Skin]Itching:Perspiration agg.:	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Symptoms 1 to 18   Total Symptoms : 18   Remedies 1 to 15   Total Remedies : 501

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Reportorial Results:
Nat. mur.: 36/16, Phos.: 30/14, Sulphur: 27/14, Nit. acid: 26/13, Nux vom.: 26/12

Prescription: 1st visit (5 - 04 - 2018)
Nat. mur. - 0/1, 0/2, 0/3, 0/4 (2oz, 16 doses, twice daily) (B. D.)

Follow up on (09 - 05 - 2018):
Pulsating pain in the lt. frontal region (reduced 40%)
< By taking coffee, >by vomiting
- - Eruption inguinal region with itching (reduced 30%), <perspiration and >cold application
Wt.: - 68 kg, B. P.: 120/80 mm of Hg
Rx
Nat. mur. - 0/5, 0/6, 0/7, 0/8 (2oz, 16 doses, B. D.)

Follow up on (8 - 6 - 2018):
No headache; eruption in inguinal region with itching (reduced 60%), <perspiration >cold application.

Wt.: - 68 kg; BP: 120/80 mm of Hg

Rx
Nat. mur. - 0/9, 0/10, 0/11, 0/12 (2oz, 16 doses, B. D.)

Follow up on (5 - 7 - 2018)
No headache, eruption in inguinal region with itching (reduced 60%)
< Perspiration >cold application

Wt.: 69 kg; BP: 120/80 mm of Hg

Rx
- Nat. mur. - 0/13, 0/14, 0/15, 0/16 (2oz, 16 doses, B. D.)

Follow up on (6 - 8 - 2018):
- Eruption in inguinal region with itching (reduced 70%)
<perspiration >cold application
Wt.: - 68 kg, BP: 120/80 mm of Hg

Rx
- Nat. mur. - 0/17, 0/18, 0/19, 0/20 (2oz 16 doses, BD)

Follow up on (4 - 9 - 2018)
Pulsating pain in the lt. frontal region again reappeared
<by taking coffee
>by vomiting

- Eruption inguinal region with itching (reduced 70%) stand still
< perspiration >cold application

- Mucoid stool with tenesmus and salivation<lying while, night

Hence New totality was built up by taking following symptoms as:

- Pulsating pain in the lt. frontal region of head
<by taking coffee
>by vomiting

- Eruption in inguinal region with itching
<perspiration>cold application

- Mucoid stool with tenesmus.
- Salivation <lying while, night.

Hot pt. desire: - salt, aversion: - , sweet, milk, thirst: - thirst with dry tongue,
Stool: - mucoid, Wt.: 69 kg, BP: 122/82 mm of Hg.
The case was repertorised with above symptoms. The results were as follows:

Repertorisation:

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International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2022): 7.942

Repertorisation Table

Patient Name : Mr BIDULATA BEHERA — Reg_No. : 3348 — Rep_Date : 08/10/2

Symptoms 1 to 12 — Total Symptoms : 12 — Remedies 1 to 15 — Total Remedies : 345

Repertorial result:

Merc. sol.16/8, Phos.16/8, Sulph.16/8, Arg. nit.15/7, Nat. mur.14/7

Rx

Merc. sol.0/1, 0/2, 0/3, 0/4
(2oz, 16 doses, B. D.)

Follow up on (08 - 10 - 2018):
- Lt. Frontal headache reduced 30%
- Eruption and itching in inguinal region reduced 40%
- Stool with tenesmus reduced 70%

Rx
Merc. sol.0/5, 0/6, 0/7, 0/8
(2oz, 16 doses, B. D.)

Follow up on (05 - 11 - 2018):
No headache.
No eruption in inguinal region without itching.
No mucoid stool & no tenesmus.
Salivation no more.

Wt.: 68kg, BP: 120/80mm Hg

Rx
Merc. sol.0/9, 0/10, 0/11, 0/12
(2oz, 16 doses, B. D.)

Follow up on (10 - 12 - 2018):

No problem

Finishing dose: Antipsoric remedy was given.

Rx
Sulph.200 (one dose)

3. Discussion

Clinical features of Migraine are well defined, are severe, recurring, painful headache. It can be preceded or accompanied by n sensory warning signs and other symptoms, the pain can last of hours or every day. Diagnosis criteria included, data were collected as per the Homoeopathic guidelines in prescribed format. After case receiving the case was processed for "analysis of the symptoms". It means to locate the four dimensions of the symptom such as: location, sensation, modality & concomitant with an objective to see which symptoms have completed in four dimensions. Because the symptom completed in four dimensions are called characteristic particulars & not completed in four dimensions are common particulars. It is necessary because in evaluation of symptoms the characteristic particular symptom is greater than common particular symptom.

Next step was to frame "conceptual image". It mean to prepare a semblance or idol of the patient. Here all symptoms from the case are brought under following headings such as:
i) Unexpected deviations
ii) Causations
iii) Generals - Mental

Physical Pathological
iv) Characteristic particulars
v) Common particulars

There by pages & pages in case receiving are brought to one page.

In this next step the case was processed for 'Synthesis/Analysis of the case'. In this stage the unimportant, unnecessary and less intense or magnitude symptoms were deleted.

Thereafter, Evaluated Totality/Reportorial totality was built up, keeping in mind which symptoms are predominant among the mental generals, physical generals, characteristic particulars etc. For each Repertory there are separate ways of building the totality. As in this case mental symptoms were more predominant. It was processed for Kent's evaluation process of totality building. i. e.1st mental symptoms, then physical generals, characteristic particulars, pathological generals &particulars.

It was a chronic intractable disease Migraine along with co morbidity like tinea cruris pertaining to different miasms hence a miasmatic cleavage of the case was done to determine which miasms are in the case and which is predominant one. It was found it is a mixed miasmatic

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disease psora and syphilis with preponderance of psoric miasm.

It is necessary to diagnose each case nosologically and was determined from the clinical manifestations that it was a case of migraine with co - morbidity of tinea cruris.

Finally the symptoms evaluated & reportorial totality were taken for repertorisation, by software “HOMPATH zomeo” & arrived at reportorial results. Thereafter prescription was made & basis of prescription was given. Follow up was made after each course of medications along with change in symptoms. For intensity assessment Headache Impaired Test (HIT6) was recorded 1st before administration of medicine & at final stage of cure.

When all symptoms were improving next higher continued during the period of treatment if it was 50 millesimal potency. Apart from that in all most all the time the chronic remedies were prescribed as per indications in 50 millesimal scale. It suggest when there is no desired result to one particular symptoms, then miasmatic prescription on indication was prescribed i. e. Merc. sol. in this case, to remove syphilitic miasmatic tendency.

In summarizing it can be told that the treatment was constitutional. The case diagnosed was a mixed miasmatic disease with preponderance of psoric miasm. The case was repertorised with the help of “HOMPATHzomeo” software. Treatment was started with an anti - psoric medicine Sulphur 0/1, 2oz, 16doses, twice daily for 8 days and continued up to 0/16. All co - morbidity tinea cruris was taken care of in building up of the “totality of symptoms”. So also during the follow up the movement of old symptoms and appearance of new symptoms along with HIT 6 for intensity assessment recorded to evaluate the case. There was improvement for 4months then there was relapse of symptoms & few new symptoms noticed. Hence the case was reviewed and new totality was rebuilt and repertorised. Next drug Merc. sol.0/1 was prescribed. It also helped and tinea cruris disappeared within three months, which was an anti syphilitic remedy patient improved to a greater extent. As per guidelines for treatment of chronic diseases, as suggested by Hahnemann, is to finish the treatment with an antipsoric remedy at last, hence a dose of Sulphur 200 was prescribed.

There is no relapse of the symptoms of migraine& symptoms of co - morbidity as the case was followed up for two years.

4. Conclusion

1) Constitutional Homoeopathic medicine is the first line of approach to treat a chronic intractable disease like Migraine.
2) Homoeopathic medicines are effective in total disappearance of symptoms.
3) It confirms to the subtle Homoeopathic Philosophy of the Organon of Medicine of Hahnemann, C. S. F. i. e. “The highest ideal of cure is rapid, gentle and permanent restoration of the health and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, on easily comprehensible principle” (17) .

Acknowledgement
Author deeply acknowledges the contribution of following persons in various stages of the work, Dr. Sujata Choudhury. At the same time I am grateful to HOMPATH for using his software and HIT - 6 scores for migraine patients.

Conflict of Interest: No

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