



Evidence based support to assess the role of miasm and effectiveness of homoeopathic antimiasmatic medicines in migraine -a case study

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ABSTRACT

Background: Migraine is essentially an episodic headache usually accompanied by nausea and photophobia which may be preceded by focal neurological symptom (aura). Aura may be experiencing without ensuing headache, such attacks have in the past been called migraine equivalents. Because of the variability in the symptom of migraine from one patient to another, and even between recurrent attack in the same patient. 55 cases of migraine were included in this study on base of inclusion criteria. The study was conducted for period of 1year. In case of migraines there are different clinical presentation as per fundamental and dominant miasms in individual and homoeopathic antimiasmatic medicine gave wonderful result So, we can state that antimiasmatic medicine is must to prescribe to treat migraine from its root.

Key words: Homoeopathy, Miasms, antimiasmatic medicine, Migraine.

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INTRODUCTION

Migraine comes from the Greek word hemikrania, meaning "half of the head". The synonyms for Migraine are Hemicranias or Megrim. Migraine is the most common form of vascular headache, which can co-exist with psychopathological conditions such as depression and anxiety. It has been estimated that migraine is the second most prevalent brain disorder after anxiety. The initial attack of migraine can occur at any age. Commonly it begins in childhood, adolescence or during early adult life with a tendency to decrease in intensity and frequency as age advances. The clinical type of migraine varies from patient to patient and even in the same patient from time to time. Migraine attacks are more often accompanied by one or more of the disabling symptoms like visual disturbances, nausea, vomiting, dizziness, extreme sensitivity to sound, light, touch and smell, and tingling or numbness in the extremities or face. Migraine is the third most prevalent disease in the world. Migraine is the sixth most disabling illness in the world. Migraine tends to run in families. About 90 percent of the migraine sufferers have a family history of migraine. Most of the sufferer's experience attacks once or twice a month; more than 4 million people have chronic daily migraine with at least 15 migraine attack days per month. More than 4 million adults experience chronic daily migraine with at least 15 migraine days per month. Medication overuse is the most common reason why episodic migraine turns chronic. Depression, anxiety, and sleep disturbances are common for those with chronic migraine.

LITERATURE REVIEW

Over 20 % of any population world-wide reports with migraine. It is the common cause of headache, women are most commonly affected than males; it is seen in approximately 15% of women and 6% of men. Prevalence of migraine without aura was 2.35% that of migraine with aura was 0.62%. Migraine without aura was equally distributed among males and females, whereas migraine with aura was preponderant in the female cohort. Prevalence of migraine headache in male was constant through the ages, whereas prevalence of migraine headache in females reached a peak at age 12 and plateau over the following 2 years. A rapid growth in incidence amongst girls occurs after puberty which continues throughout early adult life. By early middle age, about 25% of women experience a migraine at least once a year, compared with fewer than 10% of men. After menopause, attacks in women tend to decline dramatically, so that in the over 70s, approximately equal numbers of males and females are sufferers, with prevalence returning to around 5%.

Aim and objective of the study:

- To understand role of miasms in cases of migraine and its clinical presentation.
- Effectiveness of homoeopathic antimiasmatic medicine in cases of migraine.

MATERIAL AND METHODS

Source of Data: 55 subjects had enrolled from OPD of Parul Institute of Homoeopathy and Research Hospital, Ishwarpura.

Sampling technique: Random Sampling Method

Inclusion Criteria: Subject of age group 20 to 60years of both sexes of migraine

Exclusion criteria: Subject with serious systemic complications, subject who is on allopathic medicine and who were having follow up less than 6 months.

Assessment Criteria: Responses were analysed into mentioned criteria as given below:

I. Status Quo:-

- There is no change in patients complain. Patient remains as it is condition even after administration of homoeopathic antimiasmatic medicine.
- Vas scale score (0 to 1)

II. Moderate Improvement: -

- Patients who are relieved from presenting complaints in frequency and intensity but in moderate form means about 50% reductions in complaints along with mental well-being.
- Vas scale score is (2 to 4)

III. Significant Improvement:-

- Feeling of mental and physical well-being with disappearance of all the signs and symptoms.
- No relapse of attack in last 6 months.
- Vas Scale score is (> 4)

Investigations: CBC, ESR, S. Electrolyte, RFT and other specific investigations if required.

Ethical clearance: Yes

Intervention: Subjects were given homoeopathic antimiasmatic medicines.

RESULTS

Table 1: Distribution of Cases Of Migraine As Per Age Incidences.

Age Group (In Years)	Male	Female
20	0	1
21-30	4	7
31-40	8	17
41-50	5	9
51-60	2	2
Total	19	36

Study showed that maximum number of cases were in between age of 31-40 i.e. 25. Maximum number of females were affected in between age of 31-40 i.e. 17 and males were prone to develop Migraine between the age of 41-50 i.e. 19. Incidence of occurrence of disease in female was below 20 year which gradually increased and reached up to the peak level till age of 40 years and then started declining. In male disease occurrence was in between age of 21-30 which gradually increased till age of 50 year and then declined.

Table 2: Distribution of Cases of Migraines As Per Gender Incidences

Gender		Total
Male	Female	
19	36	55

There was total 19 male and 36 female affected with the disease. It is seen that disease is female dominance.

Table 3: Relation of cases with Socio-economic status

Socio economic status	cases
High	15
Mid	32
Low	8

As we observe socio-economic status of all the cases, the maximum cases were included in “Mid Socio-economic” group i.e. 32 out of 55 which is almost 55% of total cases studied. Then 15 cases were of “High Socio Economic” group which is 27% of total cases. “Low Socio-economic” Group were less in no as compared to other two group i.e. 8 which is 17% of all cases.

Table 4: Dominant Miasm evolved in various cases

Dominant Miasm	Cases
Psora	17
Sycotic	30
Syphilis	6
Tubercular	2

It was seen that maximum number of cases were of Sycoticmiasm in dominance i.e. 55%. Psoric cases were 30% whereas Syphilitic and tubercular were 10% and 5% respectively.

Table 5.1: Comparison of Maximum and Minimum Changes in VAS.

Max	7
Min	0

Table 5.2: Average Changes in VAS.

Average changes in VAS	3.9
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Maximum number of the cases got relief from their symptoms, after administration of antimiasmatic medicines maximum change is 7 from minimum 0.

The average VAS difference is 3.9, which we can say three times higher to get beneficial results.

Table 6 :List of Remedies prescribed

REMEDY	NO OF CASES
Belladonna	1
Calcarea Carb	1
Causticum	2
China Officinalis	4
CoffeaCruda	1
Gelsemium	3
Graphites	2
Iris Versicolor	4
Kali Bich	2
Lachesis	4
Lycopodium	1
<i>Natrium Muraticum</i>	7
<i>Natrium Sulphuricum</i>	1
Nux Vomica	5
Phosphorus	1
Pulsatilla	4
Sepia	2
Silicea	4
Spigelia	1
Staphysagria	2
Sulphur	2

If we look after remedies, there were total 21 remedies used in various cases. The maximum utilized medicine was Natrium Muriaticum i.e. 7 cases. Then Nux Vomica in 5 cases. China Officinalis, Iris Versicolor, Lachesis, Pulsatilla & Silicea were used in 4 cases in each. Whereas Gelsemium was indicated in 3 cases. Causticum, Graphites, Kali Bichromicum, Sepia, Staphysagria and Sulphur were well indicated in 2-2 cases in each. Lastly, Belladonna, *Calcarea carbonicum*, CoffeaCruda, Lycopodium, *Natrium sulphuricum*, Phosphorus & Spigelia were indicated in 1-1 cases each.

Table 7: Efficacy of Various Potencies

POTENCY	NO OF CASES
30	2
200	28
1M	25

It was seen that; maximum no of cases was prescribed medium to higher potency. 1M was given to 25 patients out of 55. 200c potency was given to 28 out of 55 cases and 2 cases were prescribed 30c potency.

Table 8: Result by improvement

Result	Count of Result
Status Quo	4
Moderate Improvement	13
Significant Improvement	34
Left The Treatment	4

The "Status Quo" cases were 4 only, 13 cases showed moderate improvement and 34 cases showed "Significant Improvement". So, there is role of miasms in cases of migraine and antimiasmatic medicine is highly effective in treatment of migraine.

DISCUSSION

Age & sex incidence: After dealing with all 55 cases of Migraine, it was confirmed that it is one of the main diseases of female in middle age. But this disease doesn't spare male as well.

In my study, I found maximum number of incidences rises in middle aged individuals irrespective of gender. The incidence of starting of the disease is below the age of 20 in females whereas in males it usually seen after 20 years of age. Which gradually rises as age advances and the highest no of cases reaches between 31 to 40 years of age i.e. 17 females out of 36 and 8 males out of 19 which is near to half of total cases. Then the incidence of getting disease declines till the age of 60 years.

Socio-economic status: As per observation, maximum cases I came across, are of "Mid socio-economic status" i.e. 32 and then "Higher Socio-economic status" i.e. 15. So, it may indicate the causative modalities like more stress in these group may lead to attack of Migraine. Not only these two groups, but I have found 8 cases were belong to "Low socio-economic status" which is also no matter of concern.

Miasmatic evaluation: After studying all the cases it was clearly seen that, Migraine is disease with dominance of Sycotic Miasm. I found maximum no of cases were having dominance of sycoticmiasm i.e., 30 out of 55 which is around 55% of all the cases. Psoric cases were also near to similar 17. Syphilitic and Tubercular cases were in very smaller amount i.e. 6 cases and 2 cases. So, it is clearly seen that, Migraine is having Sycotic Miasmatic trait which need good antisycotic medicines to get cure.

VAS Scoring and its interpretations: If we look towards Visual analog scoring system, and maximum changes in VAS which is from maximum score of 8 to 1, which is near to cure we can say. Average change in VAS is 3.9 which is quite good. The maximum changes in VAS is 5 and Minimum is -2 i.e. Maximum VAS is 7 and Minimum is 0. This clearly suggests the efficacy of Homoeopathic antimiasmatic medicine in cases of Migraine.

Effective medicines in cases of migraine: I have found maximum medicine for migraine were regularly used in such cases. All the medicines were selected as per totality of symptoms and miasmatic background. I have given total 21 medicines in various cases after individualizing each case. Out of 55 cases, total 7 cases were given Natrium Muriaticum for the treatment with wonderful result. Then Nux Vomica was prescribed in 5 cases. China Officinalis, Iris Versicolor, Lachesis, Pulsatilla & Silicea were best indicated medicines in 4 cases in each. Whereas Gelsemium was indicated in 3 cases. Causticum, Graphites, Kali Bichromicum, Sepia, Staphysagria and Sulphur have given good result in 2-2 cases in each. Lastly, Belladonna, *Calcarea Carbonicum*, Coffea Cruda, Lycopodium, Natrium Sulphuricum, Phosphorus & Spigelia were indicated in 1-1 cases each. Though there are many remedies, but all are having their own dominant miasm and their own line of symptomatology.

Utility of different potencies: Susceptibility of an individual plays a very crucial role to get proper potency. Same way, in cases of migraine, I have selected various potencies to get cure. I have used 30, 200 and 1M potencies in various cases. Maximum cases were prescribed 200 potency i.e. 28. Total 25 cases were given 1M potency. Whereas 2 cases were prescribed 30 potency.

Results of the treatment: If we see the result of treatment, have almost 62% of cases which got "Significant Improvement". "Moderate Improvement" was around 24%. "Status Quo" condition was 7% Dropout rate was i.e. 7%.

CONCLUSION

Miasms play very crucial role for treatment of any disease which is having any fundamental cause. In our all cases, we have verified their dominant and fundamental misam and according to them, the medicine was selected and prescribed. Out of all 55 cases, we have found 55% of the cases were having Sycotic miasm in trait. So, we can conclude that Migraine is having dominancy of Sycotic miasm. So, homoeopathic antimiasmatic medicine found effective in Migraine.

Conflict of Interest:

Author does not want to show any conflict of interest.

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