

**HOMOEOPATHIC MEDICINE AND YOGA THERAPY FOR
MANAGEMENT OF MIGRAINE- A CASE STUDY****Dr. Tushita Thakur^{1*} and Vikram Pai²**

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ABSTRACT

Migraine is a syndrome of acute recurrent episodes of headaches, has a high prevalence and is the third cause of disability in under 50s population. Migraine commonly affects age group between 35 to 45 years, is twice as more common in females and a positive family history is present in 60% of the cases. Migraine causes impaired quality of personal and social life of the patient. It also has significant financial cost in terms of disability-adjusted life years. The present study was conducted to evaluate the combined efficacy of Homeopathic medicine and Yoga therapy in the management of Migraine in 10 patients. Homoeopathic medicines were prescribed in

30/200/1M potency after detailed case taking, case analysis and repertorization. The medicines dosage was as per case requirement. A Yoga module was prescribed to the patients to be practiced daily. Patients reported statistically significant decrease in number of Headache days per month ($P=0.0037$) as well as HIT-6 score ($P=0.0001$) from baseline to six months. The results of this study suggest that a combination of Individualized Homoeopathy and Yoga could be a valid treatment option for migraine, particularly in patients who cannot tolerate standardized drug therapy or remain un-responsive to it.

KEYWORDS: Migraine, Headache days per month, HIT-6, Homoeopathy, Yoga.

INTRODUCTION

Migraine is a syndrome of acute recurrent episodes of headaches that is estimated to affect 959 million people worldwide. It is the third cause of disability in under 50s population.

Migraine most often begins at puberty, commonly affects age group between 35 to 45 years, is twice as more common in females and a positive family history is present in 60% of the cases.^[1,2]

Migraine is characterized by headache that lasts for 4–72 hours duration, is of a pulsating quality, moderate to severe in intensity, usually unilateral location, and aggravation with routine physical activity like climbing stairs or walking. The occurrence of nausea and/or vomiting is mandatory during migraine and photophobia and phonophobia are also often present.^[3,4,5] Vertigo or dizziness are common and reported by nearly 30–50% of the patients, at least occasionally.^[6] Nearly 60% of the women report an association between menses and their migraine attacks. Published literature has reported that OCPs and oestrogen therapy may exacerbate migraine symptoms.^[2]

Blau divided in Migraine episode into four phases, namely Prodrome, Aura, Headache and Postdrome. A Migraine prodrome is subtle premonitory symptoms that precede headache for several hours or days. Aura may or may not be present; visual auras are more common than other neurological symptoms. Headache is unilateral in 50-70% cases and the pain may radiate to neck. Headache is often relieved by lying down in a dark room. The patients have drained out, exhausted feeling after a Migraine episode which is called the postdrome.^[2] Migraine may be episodic when the patient has 0 to 14 headache days per month, and chronic when the patient has 15 or more headache days per month.^[7]

Migraine causes impaired quality of personal and social life of the patient. It also has significant financial cost in terms of disability-adjusted life years. Depression, anxiety, and sleep disturbances are common in patients suffering from chronic migraine.^[8] 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.^[9,10,11]

The American Academy of Neurology (2000) has recommended that the treatment modality for migraine should be cost-effective, side effect free, and minimize the need for additional medication or resource use.^[11] With this background, the present study was conducted to evaluate the combined efficacy of Individualized Homeopathy and Yoga therapy in the management of Migraine.

METHODOLOGY

Ten patients who reported to the OPD with symptoms suggestive of migraine as per ICHD-2 and agreed to be a part of this clinical study were recruited as per the inclusion criteria and exclusion criteria.

Inclusion Criteria

1. Patients of both sexes between the age group 18 to 60yrs.
2. Patients who consented to participate in the study.
3. Both new and treated cases.

Exclusion Criteria

1. Age <18 and >60 years
2. Patients with headache referred from diseases of eye, ear, nose, throat, teeth etc.
3. Patients with complicated Migraine- Status Migrainosus, Ophthalmic Migraine, Hemiplegic Migraine, Retinal Migraine, Basilar Artery Migraine etc.
4. Patient having symptoms or signs that might suggest serious medical/ psychiatric illness/ history of drug abuse.

Patient Evaluation

There are no biological markers for migraine; the diagnosis was based on clinical history and the exclusion of other headache disorders. The patient evaluation included pain history and physical examination as per standard guidelines for the evaluation of headache disorders^[12]:

1. Time – onset, duration, frequency.
2. Temporal pattern (episodic or chronic).
3. Character - intensity, nature and quality of pain, site and spread of pain.
4. Associated symptoms.
5. Family history, Migraine triggers/ precipitating factors, aggravating and/or relieving factors.
6. Patient response during episodes and how it affects his daily life.
7. Medication been/ is being used, dosage and effect of the same.
8. State of health- general health and medical history, any residual symptoms between episodes; health concerns, anxieties, fears about recurrent attacks.

Physical examination: The physical examination included an appropriately directed neurological evaluation with attention to other systems as indicated.

Study design: Observational clinical study.

Duration of treatment: Six months.

Treatment protocol: A single suitable homeopathic remedy was prescribed after case taking, individualizing each patient and consulting Material Medica/ Repertory. Medicine was prescribed in 30/200/1M potency and repeated as per case requirement. The set of Yoga practices prescribed to patients is given in Table 1.

Table 1: Yoga practices prescribed to patients with duration.

S. No.	Practices	Duration
1.	Kriyas (Cleansing practices) Jalaneti Kapal bhati	10 minutes
2.	Sookshma Kriyas (loosening exercises) Griva shakti vikasak kriya Skandh shakti vikasak kriya Vriksha sthal shakti vikasak kriya Udar shakti vikasak kriya	10 minutes
3.	Yogasanas (postures) Tadasana Ardhakati chakrasana Pawanamuktasana Bhujangasana Vakrasana	10 minutes
4.	Pranayama (Breathing techniques) Nadishuddhi pranayama Shitali pranayama Bramari Pranayama	10 minutes
5.	Shavasana relaxation	10 minutes
		50 minutes

The patients were advised to discontinue other treatment modalities and medicines. NSAIDs were allowed SOS if required, if the patient had been taking them.

Assessment parameters adopted

The Headache Impact Test (HIT-6) which is a reliable determinant of the impact of migraine and disability associated with chronic migraine was used to assess the patient pre- and 6 months post-treatment. HIT measures the patient's level of head pain, social, work and cognitive functioning, vitality and psychological distress. Each item is assessed a numeric value and totalled to provide an overall severity. The lowest possible score is 36 and the highest is 78. Four categories of headache severity within that range are-little or no impact

(46 or less); some impact (50 -55), substantial impact (56-59) and severe impact (60-78).^[13] Headache days per month were also evaluated at baseline and 6th month after starting treatment.

Statistical Analysis

The information collected on the basis of above observations was subjected to statistical analysis in terms of mean (X), standard deviation (S.D.) and standard error (S.E.) Paired 't' test was carried out at $P > 0.05$, $P < 0.01$ and $P < 0.001$ levels. The obtained results were interpreted as: - Insignificant $P > 0.05$ Significant $P < 0.05$ highly significant $P < 0.01$, $P < 0.001$.

RESULTS AND DISCUSSION

Kulkarni et al (2014) have reported age-standardized 1-year Migraine prevalence of 25.2% (95% CI: 23.9-27.4%) in India. The reported median frequency of Migraine episodes was 24 days/year, with 6.6% of the suffering patients having Migraine on more than 60 days/year. Headache intensity was severe in 40%. An average loss of 6.1% of productive days was seen per month. Disability was higher among women and in rural areas.^[14]

Observational studies have consistently shown the efficacy of Homoeopathy in Migraine.^[15,16] Witt et al (2010) published a prospective multicenter observational study with a two year follow up to evaluate effects of an individualized homeopathic treatment in patients with migraine in usual care. Two hundred and twelve adults (89.2% women) with a mean age 39.4 +/- 10.7 years were treated by 67 physicians. Nearly 90% of the patients were pre-treated and the reported duration of Migraine was 15.2 +/- 10.9 years. The patients received 6.2 +/- 4.6 homeopathic prescriptions. Migraine severity showed marked improvement with a large effect size (Cohen's $d = 1.48$ after 3 months and 2.28 after 24 months). Quality of life also improved (Mental Component Score 0.42 and Physical Component Score after 24 months 0.45). The use of conventional treatment decreased markedly.^[15] Danno et al (2013) reported an observational, prospective, open, non-randomized, non-comparative, multicenter study that was conducted in 12 countries worldwide to assess the effect of Homoeopathic treatment of Migraine in children. 168 children, aged between 5-15 years were treated by 59 homoeopathic physicians. The study reported a statistically significant decrease ($p < 0.001$) in the frequency, severity, and duration of migraine attacks during the 3-month follow-up period. Statistically significant reduced absenteeism from school during follow-up was seen than before inclusion (2.0 versus 5.5

days, respectively; $p < 0.001$).^[16] Randomised controlled trails (RCTs)^[17,18,19] and meta-analysis^[20] of RCTs have shown that homeopathy had an effect over placebo; however, the evidence was not convincing because of methodological inconsistencies.

Yoga has been shown to be effective in the management of chronic tension type headache^[21-25] and in migraine without aura^[21-25] Yoga has been said to improve quality of life, reduce episodes and medication score in these populations. However, less is known about the mechanism of action of yoga intervention in migraine. Yoga has been shown to influence vascular tone in arteries and has been shown to manage a variety of pain syndromes^[21-25] and similar diseases such as migraine where autonomic dysfunction and immune sensitivity coexist.^[21-25] Most of these diseases like migraine are chronic inflammatory diseases characterized by increase in pro-inflammatory cytokines and sympathetic dysregulation. Yoga has been shown to reduce stress arousal patterns, reduce stress hormones such as cortisol^[21-25] and bring stable autonomic balance.^[21-25] We hypothesize that these would help reduce effects of triggers that can start onset of headaches in migraine patients. By using specifically designed yoga exercises we hope to reduce episodes of migraine and reduce dependency on medications and improve quality of life.

In the present study, the patients responded well to the combined treatment with Individualized Homoeopathy and Yoga. The mean age (\pm SD) of the patients was 30 (\pm 8.51) years and the mean duration of complaints (\pm SD) were 66.6 (\pm 37.78) months. The patient characteristics are described in Table 2. Homoeopathic medicines were prescribed in 30/200/1M potency after detailed case taking, case analysis and repertorization along with Yoga module to be practiced daily. Patients reported statistically significant decrease in number of Headache days per month ($P=0.0037$) as well as HIT-6 score ($P=0.0001$). The result of patient assessment before and after 6months of treatment is described in Table 3.

Table 2: Patient characteristics.

Characteristics		N= 10
Mean age \pm SD (range)		30 \pm 8.51
Male (%)		-
Female (%)		10 (100%)
Duration of complaints in months \pm SD (range)		66.6 \pm 37.78
Family history of similar complaint		2 (20%)
Aura	Migraine with aura	4 (40%)
	Migraine without aura	6 (60%)
Temporal pattern	Episodic migraine	7 (70%)
	Chronic migraine	3 (30%)

Table 3: Assessment at baseline and 6months after treatment.

Assessment Criteria	Mean \pm SD		SE	Diff.	T value	P value
	BT	AT				
HIT-6 score	62.7 \pm 6.46	44.2 \pm 9.11	3.532	-18.500	-5.238	P=0.0001
Headache days per month	11.4 \pm 5.73	4.4 \pm 3.34	2.097	-7.000	-3.338	P=0.0037

CONCLUSION

A combination of Homoeopathic medicine and Yoga therapy is effective in patients suffering from migraine.

SCOPE AND LIMITATIONS OF THE STUDY

The results of this study suggest that a combination of Homoeopathic medicine and Yoga could be a valid treatment option for migraine, particularly in patients who cannot tolerate standardized drug therapy or remain un-responsive to it. Adverse events were not reported in this study. However, this observational study is essentially a preliminary study due to small sample size. A randomized controlled trial (RCT) with larger sample size and longer follow up duration may be undertaken to further validate the results of this study.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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