

**“HOMOEOPATHIC MANAGEMENT OF MIGRAINE IN SCHOOL GOING CHILDREN BASED ON DISEASE INTENSITY USING CONSTITUTIONAL REMEDIES”.**

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENT

FOR THE AWARD OF THE DEGREE OF

**DOCTOR OF MEDICINE IN HOMOEOPATHY: M.D. (Hom.)**

IN

**PRACTICE OF MEDICINE**

By

**Dr. DIGNA REJI**

UNDER THE GUIDANCE OF

**Dr. N.V.SUGATHAN M.D. (Hom.)**

*Prof, Department of Practice of Medicine*



**SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE,  
KULASEKHARAM, TAMIL NADU**



SUBMITTED TO

**THE TAMILNADU Dr. MGR MEDICAL UNIVERSITY, CHENNAI**

---

2019

**ENDORSEMENT BY THE HEAD OF THE DEPARTMENT AND THE  
INSTITUTION**

This is to certify that the Dissertation entitled “**HOMOEOPATHIC MANAGEMENT OF MIGRAINE IN SCHOOL GOING CHILDREN BASED ON DISEASE INTENSITY USING CONSTITUTIONAL REMEDIES** ” is a bonafide work carried out by **Dr. DIGNA REJI**, a student of M.D.(Hom.) in **DEPARTMENT OF PRACTICE OF MEDICINE** in the SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE under the supervision and guidance of **Dr. N.V.SUGATHAN,M.D.(Hom.),Principal and Prof., Dept. of Practice of medicine** in partial fulfilment of the Regulations for the award of the Degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **PRACTICE OF MEDICINE**. This work confirms to the standards prescribed by THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI.

This has not been submitted in full or part for the award of any degree or diploma from any University.

**Dr.T.AJAYAN, M.D(Hom.)**  
H.O.D Dept. of practice of medicine

**Dr. N.V.SUGATHAN, M.D(Hom.)**  
PRINCIPAL

Place: Kulasekharam

Date:

**CERTIFICATE BY THE GUIDE**

This is to certify that the Dissertation entitled "**HOMOEOPATHIC MANAGEMENT OF MIGRAINE IN SCHOOL GOING CHILDREN BASED ON DISEASE INTENSITY USING CONSTITUTIONAL REMEDIES** " is a bonafide work of **Dr. DIGNA REJI**. All her work has been carried out under my direct supervision and guidance. Her approach to the subject has been sincere, scientific and analytic. This work is recommended for the award of degree of **DOCTOR OF MEDICINE (HOMOEOPATHY)** in **PRACTICE OF MEDICINE** of THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY, CHENNAI.

Place: Kulasekharam

**Dr. N.V.SUGATHAN M.D.(Hom.)**  
Principal and Professor,  
Dept. of Practice of medicine

Date:

## DECLARATION

I, **Dr. DIGNA REJI** do hereby declare that this Dissertation entitled **“HOMOEOPATHIC MANAGEMENT OF MIGRAINE IN SCHOOL GOING CHILDREN BASED ON DISEASE INTENSITY USING CONSTITUTIONAL REMEDIES”** is a bonafide work carried out by me under the direct supervision and guidance of **Dr. N.V.SUGATHAN, M.D. (Hom.)** Principal and Prof. , Dept. of Practice of medicine, in partial fulfilment of the Regulations for the award of degree of **Doctor of Medicine (homoeopathy)** in **PRACTICE OF MEDICINE** of The Tamil Nadu Dr. M.G.R Medical University, Chennai. This has not been submitted in full or part for the award of any degree or diploma from any University.

Place:kulasekharam

Date:

**Dr. DIGNA REJI**

# ABSTRACT

## BACKGROUND

Migraine is one of the common causes of severe, recurring headache; females are more commonly affected than males. The WHO considered the disability from living with a day of a migraine attack to be similar to living with a day of quadriplegia. However migraine can be cured with homoeopathic constitutional treatment. This study was done to evaluate the efficacy of homoeopathic treatment for migraine with constitutional remedies.

## METHODS

A clinical study on thirty cases with Migraine from age group of 12 to 17 years was done at Sarada Krishna Homoeopathic Medical College Hospital, Rural centres and School Health programme. The study cases were selected purposively as per inclusion and exclusion criteria and diagnosis based on clinical presentation. Improvement criteria were based on the symptomatic relief according to scoring chart.

## RESULTS

The result of this study obtained that 28 cases (93.3%) were markedly improved and 2 cases (6.6%) showed mild improvement. This result was based on statistical analysis of before and after treatment score.

## CONCLUSION

The result of the study shows that homoeopathic constitutional remedies are more effective in patients with migraine especially in children. Homoeopathy treats the patient as a whole and it reduces the intensity, prevents the frequent recurrence and thus improves the Quality of Life.

**KEY WORDS:** Migraine, Constitutional remedy, School children, Homoeopathy.

## ACKNOWLEDGEMENT

With a devoted heart I thank **Almighty God** whose grace strengthens me to complete this work with maximum involvement.

I express my sincere thanks to my guide **Dr. N.V.SUGATHAN, M.D. (Hom.)**, Principal and Professor of Department of Practice of medicine, Sarada Krishna Homoeopathic Medical College, Kulasekharam, for the valuable thoughts, guidance and suggestions given throughout the period of study.

I convey my respectful regards to **Dr. C. K. MOHAN B.Sc., M.D. (Hom)** Chairman, Sarada Krishna Homoeopathic Medical College, Kulasekharam for providing the opportunity to study in this Institution and for providing necessary facilities in the making of this work.

I am thankful to **Dr. T.AJAYAN**, H.O.D, Department of practice medicine and **Dr.WINSTON VARGHESE**, PG co-ordinator, Sarada Krishna Homoeopathic Medical College, Kulasekharam for their support throughout my study.

I would like to extend my thanks to my teacher **Mrs C.V. CHANDRAJA**, Research Officer for their timely support and encouragement. I express my heart full thanks to my respected and beloved teacher **Dr. A. S. SUMAN SANKAR, M.D. (Hom.)**, Department of Repertory, for his timely support and sensible advices during my dissertation work. I express my heart full thanks to my beloved teacher **Dr. HARISANKAR .M.D (Hom.)** for his timely support and encouragement. It is my duty to express my sincere thanks to all my kind teachers who lit the lamp of knowledge in me.

I regard my thanks to librarians and all college staffs for providing the ample support in the collection of the data and towards the preparation of the work. I am thankful to all the registration staff and other hospital staff of our hospital, especially the valuable support they had provided in the completion of this work.

I also extend my thanks to my dear friends **Dr.MAHIMA.S, Dr.NITHIN.R.M, Dr.AMRITHA MOHAN, Dr.RAJESH.R.S, Dr.AYYALAMMAI, Dr. RAKENDU**, my batchmates, seniors, juniors and all my well-wishers for their prayers and immense support.

I acknowledge with deep sense of reverence and gratitude to my parents **Dr. K. SATHYA REJIE**, my most lovable mother **Dr. VALSA REJIE** for their love, care and prayers, my dear loving brothers **Mr. JENKINS REJIE & Mr. COLVIN REJIE**. I am grateful to my fiancé **Mr. TITO G DAS** for his encouragement, timely support and love. I would have never accomplished my goal without them. I remain indebted to them for everything I have and whatever I have achieved. I express my heart full thanks to all patients who had participated in the study.

## TABLE OF CONTENTS

	CONTENTS	PAGE NO
1.	INTRODUCTION	1-3
2.	AIMS AND OBJECTIVES	4
3.	REVIEW OF LITERATURE	5-26
4.	MATERIALS AND METHOD	27-28
5.	OBSERVATION AND RESULTS	29-41
6.	STATISTICAL ANALYSIS	42-45
7.	DISCUSSION	46-48
8.	LIMITATION AND RECOMMENDATION	48-49
9.	CONCLUSION	50
10.	SUMMARY	51
11.	BIBLIOGRAPHY	52-55
12.	APPENDICES	56-95



## LIST OF FIGURES

Table No	Particulars	Pg. No
1.	Distribution of case according to age	30
2.	Distribution of case according to sex	31
4.	Distribution of case according to etiological factor	32
5.	Distribution of case according to past history	33
6.	Distribution of case according to family history	34
7.	Distribution of cases according to medicines prescribed	36
8.	Distribution of cases according to potency selected	37
9.	Distribution of cases according to mode of administration	38
10.	Distribution of cases according to intensity scores of patients before and after treatment	40
11.	Distribution of cases according the improvement status	41

## LIST OF TABLES

Table No	Particulars	Pg. No
1.	Distribution of case according to age	29
2.	Distribution of case according to sex	30
3.	Distribution of case according to etiological factor	31-32
4.	Distribution of case according to past history	33
5.	Distribution of case according to family history	34
6.	Distribution of cases according to medicines prescribed	35
7.	Distribution of cases according to potency selected	36
8.	Distribution of cases according to mode of administration	37
9.	Distribution of cases according to intensity scores of patients before and after treatment	38-39
10.	Distribution of cases according the improvement status	40
11.	Statistical analysis	42-43

## LIST OF ABBREVIATIONS USED

SL. NO.	ABBREVIATION	EXPANSION
1.	&	And
2.	°F	Fahrenheit
3.	=,A/F	Ailments from
4.	BP	Blood Pressure
5.	%	Percentage
6.	SL	Saccharum Lactis
7.	aph, §	Aphorism
8.	D	Dose
9.	eg.	Example
10.	No.	Number
11.	O/E	On Examination
12.	OPD	Outpatient department
13.	IPD	In patient department
14.	Yrs.	Years
15.	i.e.	That is
16.	M	Male
17.	F	Female
18.	Marked improvement	MI
19.	Mild improvement	MII
20.	BT	Blank Tablet
21.	HS	At bed time
22.	<	Aggravation
23.	>	Amelioration

<b>Sl. No.</b>	<b>APPENDICES</b>	<b>Page. No.</b>
1.	Appendix- I (Glossary)	56
2.	Appendix– II (Case Record Format)	57-76
3.	Appendix- III (Scoring Chart)	77
4.	Appendix- IV (Consent form)	78-81
5.	Appendix- V ( Case record of patient)	82-90
6.	Appendix - VI (Master Chart)	91-95

**LIST OF APPENDICES**

## 1.1 INTRODUCTION

Migraine comes from the Greek word hemikrania, meaning “half of the head”. The synonyms for Migraine are Hemicranias or Megrin. 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 sufferers 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.

A disabling headache is most probably migraine. Unless one suffers from the attack of migraine, one cannot understand how severe the pain of migraine is. The sad thing is that there is considerable disability associated with this condition in chronic cases which often goes unrecognised at the clinical settings.

Many homoeopathic medicines had produced symptoms similar to that of migraine during proving and these medicines will be useful in reducing the intensity and frequency when administered according to symptom similarity. Research studies have clearly demonstrated that Homoeopathy has significant help to offer to patients in terms of reduced frequency of migraine headaches, reduced intensity of the attacks and improvement in quality of life after commencing the treatment.

## **1.2 NEED OF THE STUDY**

Migraine is disease which starts from younger age group that is from the age of 12 due to various etiological factors and get increases in its frequency and intensity as the age advances.

In Modern Medicine, drugs like Pizotifen, Propranolol, Topiramate, Timolol, Divalproex sodium are commonly used medicines for the treatment of Migraine. These medicines have many adverse effects in our body. Between 17 – 29 % of patients discontinued the medication because of the adverse effects of the drug such as anxiety, nausea, vomiting, dryness of mouth, reduced sleep time, drowsiness and weakness where as in Homoeopathy by taking constitutional medicines in potentised and the full capacity of the drug is brought out to forcibly influence the suffering parts of the sick without any adverse effects. In

homoeopathic system of medicine treatment is done on the basis of the principle –“Similia similibus currentur”. Homoeopathic medicines not only annihilate the disease in its whole extent in the shortest, most harmless way, but also prevent the complications associated with it.

Through this study we can know the management of migraine in school children using homoeopathic constitutional treatment by reducing the intensity, frequency and further progress of the disease as the age advances.

## **2. AIMS AND OBJECTIVES**

- a) To assess the effectiveness of constitutional medicine in pain management and recurrency of attacks.
- b) To know the importance of constitutional remedies indicating symptoms of migraine.
- c) To determine the etiological factors of migraine.



### **3. REVIEW OF LITERATURE**

#### **3.1. DEFINITION:**

Migraine is the benign and recurrent headache associated with visual and gastrointestinal disturbance, neurological dysfunction in varying admixtures with varied in intensity, frequency and duration; commonly unilateral in onset. It is associated with conspicuous, sensory, motor and mood disturbances [1,2].

#### **3.2. EPIDEMIOLOGY:**

Over 20 % of any population world-wide reports with migraine.<sup>[1]</sup> 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.<sup>[3]</sup> 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. <sup>[4]</sup>

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% <sup>[5]</sup>.

### 3.3. AETIOLOGICAL FACTORS:

- Age: The onset may be in childhood, adolescence or early adult life. But rarely adult life after 35 years of age
- Sex: More common in females than males.
- Hereditary influence: The transmitted factor being an abnormal response of cranial and other vasculature to certain external or endogenous stimuli [2].
- Precipitating factors
  - Foods
    - ✓ Aged cheese
    - ✓ Alcohol(particularly red wine and champagne)
    - ✓ Monosodium glutamate(contained in seasonings and processed foods)
    - ✓ Chocolate
    - ✓ Nuts, oranges, and tomatoes
    - ✓ Caffeinated beverages
    - ✓ Nitrates and nitrites(hot dogs, sausages, luncheon meats)
    - ✓ Avocado
    - ✓ Smoked or pickled fish or meats
    - ✓ Onions
    - ✓ Aspartame(dietary sweetner)
    - ✓ Yeast or protein extracts(brewer's yeast, marmite)

➤ Others

- ✓ Weather changes
- ✓ High altitude (air travel, mountain climbing)

➤ Medication

- ✓ Vasodilators
- ✓ Hormones(oral contraceptives, estrogens, clomiphe ne, danasol)
- ✓ Anti-hypertensives (nifedine, captopril, prazosin, reserpine, minoxidil)
- ✓ Histamine-2 blockers(cimetidine, ranitidine)
- ✓ Antibiotics(trimethoprim-sulfa, griseofulvin)
- ✓ Selective Serotonin Reuptake Inhibitors

➤ Lifestyle

- ✓ Fasting or skipping meals
- ✓ Sleep(too little or too much , changes in patterns, e.g., jet lag, shift changes)
- ✓ Letdown following stress(weekends, vacations, after exams)
- ✓ Caffeine withdrawal<sup>[6]</sup>

### **3.4. PATHOGENESIS:**

The mechanism of migraine remains not completely understood. However, the advent of new technologies has allowed formulation of current concepts that may explain parts of the migraine syndrome.

The various theories that explain migraine are

- The Vascular theory
- The Cortical Spreading Depression Theory
- The neurovascular (trigeminal)theory
- The integrated theory

#### **THE VASCULAR THEORY**

The vascular theory, which has been popular since the 17<sup>th</sup> century, maintains that migraine is a vasospastic disorder, which begins with cerebral vasoconstriction. This vasoconstriction appears to be associated with migraine aura. After the vasoconstriction phase, intra and extra cranial vessel dilate; activation of the trigeminal sensory nerves that surround meningeal blood vessels causes pain. Activation of trigeminal nerve fibres also causes the release of vasoactive neuropeptides, which further enhance vasodilatation and worse pain. Thus vasodilatation is associated with the headache phase of migraine.

#### **THE CORTICAL SPREADING DEPRESSION THEORY**

The theory of cortical spreading depression has been described in detail by A.A.P. Leao. Cortical spreading depression is a wave of electrical depolarization that begins in the occipital cortex, and spreads relatively rapidly (3-5mm/minute) to the front of the brain. After an initial brief wave of excitation (in migraine with aura), there

follows a prolonged period of neuronal depression, which is associated with decreased neuronal metabolism and regional reduction in cerebral blood flow. The release of parasympathetic and trigeminal neurotransmitter contributes in part to initial hyperperfusion of cortex in cortical spreading depression.

A variety of genes coding for metalloproteinases and cyclooxygenase2 (COX-2) are upregulated by cortical depression. Metalloproteinase activation is associated with leakage of the blood brain barrier. This allows nitric oxide, potassium and adenosine to reach and sensitize the dural perivascular trigeminal afferents, leading to headache.

#### THE NEUROVASCULAR (TRIGEMINAL) THEORY

It has been suggested that there is a “migraine generator” in the brainstem that leads to trigeminal activation.

According to the neurovascular theory, cortical spreading depression or “triggers” of migraine may activate unmyelinated trigeminal nerve axons, which then release neuropeptides such as substance P, neurokinin A, and calcitonin-gene related peptide. These neuropeptides then promote vasodilatation and a sterile inflammatory response around nearby meningeal blood vessels. In addition, these neuropeptides may sensitize nerve endings, which may result in prolongation of the headache.

#### THE INTEGRATED THEORY

This theory attempts to combine and consolidate these various theories of migraine pathogenesis. According to this theory, “triggers” of migraine, such as stress, noise, certain foods, dilatation of internal or external carotid arteries, or other factors initially activate certain brainstem centers, such as the locus ceruleus and the dorsal raphe nucleus. Activating the locus ceruleus causes elevation of epinephrine levels, and

the dorsal raphe nucleus causes elevation of serotonin; this results in cerebral vasoconstriction, leading to localised decrease in cerebral blood flow. The decrease in cerebral flow is then thought to trigger cortical spreading depression, which in turn stimulates trigeminal nerve fibers, eliciting neurogenic perivascular inflammation, vasodilatation, and headache pain<sup>[7]</sup>.

### **3.5. CLASSIFICATION OF MIGRAINE**

#### **1. MIGRAINE**

##### **1.1. Migraine without aura**

##### **1.2. Migraine with aura**

###### **1.2.1. Typical aura with migraine headache**

###### **1.2.2. Typical aura with non- migraine headache**

###### **1.2.3. Typical aura without headache**

###### **1.2.4. Familial hemiplegic migraine**

###### **1.2.5. Sporadic hemiplegic migraine**

###### **1.2.6. Basilar-type migraine**

##### **1.3. Childhood periodic syndromes that are commonly precursors of migraine**

###### **1.3.1. Cyclical vomiting**

###### **1.3.2. Abdominal migraine**

###### **1.3.3. Benign paroxysmal vertigo of childhood**

1.4. Retinal migraine

1.5. Complications of migraine

1.5.1. Chronic migraine

1.5.2. Status migrainosus

1.5.3. Persistent aura without infarction

1.5.4. Migrainous infarction

1.5.5. Migraine triggered seizure

1.6. Probable migraine

1.6.1. Probable migraine without aura

1.6.2. Probable migraine with aura

1.6.3. Probable chronic migraine<sup>[8]</sup>.

### **3.6. CLINICAL MANIFESTATIONS OF MIGRAINE**

Age: mostly affects young adults

Sex: common in females

Temperament: obsessional

Family history: positive<sup>[9]</sup>

Migraine should always be thought as a complex neurological disorder with headache being one of the most common presenting features. Migraine commonly exhibits four stages during the episode.

- Prodrome
- Aura
- Headache
- Recovery/Postdrome

#### PRODROME:

Patient feels irritability and depressed, fatigue, yawning, excessive sleepiness, craving for foods like chocolate, occasional hunger. Patient feels as if gained weight due to water retention.

These symptoms usually precede the headache phase of migraine attack by several hours or days and experience teaches the patient or observant family that the migraine attack is near.

#### AURA:

It is comprised of focal neurological phenomenon that precedes or accompany the attack. They appear gradually over 5 to 20 minutes and usually subside just before the headache begins.

- VISUAL AURA

Disturbance of vision consisting usually of unformed flashes of white or rarely multicolored lights, which is known as photopsia or formation of dazzling zigzag lines, arranged like the battlements of a castle, hence the term “fortification spectra or Teichopsia”.



- SOMATOSENSORY AURA

Lingual or oral paresthesias, a feeling of pain needles experienced in the hand and arm as well as in the ipsilateral nose and mouth area. Paresthesia migrates up the arm and then extends to involve the lips and tongue.

#### HEADACHE:

The typical migraine headache is unilateral, throbbing and moderate to severe, can be aggravated by physical activity. The pain peaks and then subsides, and then usually last between 4 to 72 hours in adults and 1 to 48 hours in children.

Pain starts above one orbit and spread over entire side of head to the occiput and neck or begins in back of head and move forward.

Pain is worse in recline position, by shaking head, coughing or straining at stool.

Pain is lessened by sitting or standing, lying down in dark room, vomiting.

#### ACCOMPANIMENTS

Gastrointestinal- Anorexia, nausea, vomiting, diarrhea

Special senses- Photophobia, phonophobia, osmophobia

Brainstem features- vertigo, ataxia, diplopia, dysarthria.

Autonomic disturbances- Hypertension, hypotension, tachycardia, bradycardia, nasal congestion

Fluid retention: But rapidly lost by spontaneous diuresis

Mind: psychological upset and confused state

## POSTDROME

Drained out, exhausted and depressed feeling after headache and may have impaired concentration, scalp tenderness or mood changes

## RECOVERY

Patient experiences a sense of buoyancy and well being. Patients lose several pounds of water from vomiting and diuresis<sup>[10]</sup>.

### **3.7. HOMOEOPATHIC CONCEPT:**

#### **SAMUEL HAHNEMANN:**

To understand the homoeopathic concept of Migraine, The classification of disease should be known. Hahnemann classified the disease mainly into three types – Indisposition, Dynamic and surgical diseases. Dynamic diseases are again classified into acute and chronic diseases. Headache which lasts for long time comes under chronic disease with few symptoms, one sided diseases.<sup>[11]</sup>

#### **RICHARD HUGHES:**

He states Migraine is a disease which requires to be closely individualized. Similimum is administered in frequent doses, during the paroxysm, in rare ones through the interval, and give it a thorough trial before you change it. Megrin is a neurosis like epilepsy, having its periods of incubation and its paroxysms- the latter should be treated with drugs corresponding to their features Belladonna, Ignatia, Nux vomica, Digitalis, Cyclamen, Niccolum, Iris and Sangunaria. Sometimes one or

other of these will control the morbid tendency; but more frequently we have to deal it with by means of deeper acting medicines such as Calcarea, Sepia, Silicea, Stannum and Zincum which deals with the general disorder of which the paroxysm are but an expression. By the use of both these classes of remedies in their respective pace we are best likely to control the disease now under consideration<sup>[12]</sup>.

## CONSTITUTIONAL TREATMENT

Hahnemann in his organon of medicine in aphorism 5

“Useful to the physician in assisting him to cure are the particulars of the most probable *exciting cause* of the acute disease as also the most significant points in the whole history of the chronic disease, to enable him to discover its *fundamental cause*, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, &c., are to be taken in consideration.<sup>[11]</sup>”

Dr. M.L Dhawale says that understanding a human being and what ails him will ever remain the most difficult task confronting the physician. We have learnt that the remedy will be known to us through the individual features of the case as against the group features that enable us to diagnose the clinical condition. Our chief concern during case receiving, therefore, will be to bring out this individuality which is made known to us through the chief complaint, concomitants, and the type of individual afflicted.<sup>[13]</sup>

Constitution can be defined as the “the genotypic inheritance of an individual, the physical make up of his body, including its functional ability, metabolic activity, reaction to stimuli and resistance to infection.” During the process of remedy selection,

a Homoeopath tries to individualise the patient based on his physical built, his morality, social behaviour, his desires and aversions in common, etc. Every person inherits some characters or tendencies from his parents and some tendencies he acquires from his surroundings that constantly influence him. So constitution is the aggregate of the external and internal characters of an individual. In Homoeopathy, the nature of the patient is judged by his temperament, heredity, predisposition, miasms and constitutional diathesis and the present condition of body mind. The method of constitutional treatment is unique to Homoeopathy. It is believed that the constitutional medicine can correct the inherent and acquired defects in the personality. Well selected deep acting Homoeopathic remedy is equal to the constitutional remedy. [14]

### 3.8 MIASMATIC CONSIDERATION OF MIGRAINE [15,16,17]

<b>Psoric Migraine</b>	<b>Sycotic Migraine</b>	<b>Syphilitic Migraine</b>
Headache mostly frontal, temporal, of the vertex or may be of the whole head.	Frontal vertex and occasionally parietal.	Mostly occipital or temporal. Occasionally in the base of the brain, the internal head and the meninges.
Sharp, severe, paroxysmal headaches are often psoric, as are long standing headaches such as migraines, especially when of a functional character.	Dull, aching, heaviness and reeling	Stitching, tearing, boring, digging, maddening, sharp, cutting sensations. Headaches often persist and may occur constantly to one side at the base of the brain.

<p>Headache with bilious attacks, nausea, vomiting, coming once or twice a month.</p>		
<p>Headache from hunger and headache, which increases and decreases with the sun. Aggravation occurs in the morning, from motion, cold, anxiety and the sun. Amelioration is from rest, quiet, sleep, warmth and natural eliminations.</p>	<p>Rest, humidity, morning to night time, midnight, lying down and cold aggravates; whilst motion, violent exercise, warmth and abnormal discharges ameliorates.</p>	<p>Night time, evening to morning, rest, lying down, the warmth of bed, hot or warm weather, natural discharges and exertion, all aggravates.</p>

### 3.9. REPORTORIAL REPRESENTATION

- **BOERICKE'S REPERTORY**

HEAD- Migraine(megrim, nervous)-anac, arg n, bell, calc ac, can ind,

dm, coco, coff, eye, epiph, gels, guar, ign, iris, kali c, lac defl, lach,  
meli, menisp, nuxvom, onos, puts, sang, scutel, sep.<sup>[18]</sup>

- **CONCISE REPERTORY- PHATHAK**

MIGRAINE- chio, gels, ipec, kali bi, lac defl, natmur, natsul, onos,  
psor. lob, sang, spig, sil, ther.<sup>[19]</sup>

- **KNERR REPERTORY**

Inner head- hemicranias (megrim, migraine)- Cham, sil, apis, arg nit,  
am, ars, asar, bar c, bry, calc, caps, clem, chin, cocc, cornus,  
gels, indigo, kali bi, kreos, lach, lac defl, syph, vert alb.

**Inner head-hemicranias(megrim,migraine)-rheumatic, with  
children- CALC.<sup>[20]</sup>**

- **BOGER'S REPERTORY**

Head internal – Migraine – COLO. PULS. NUXVOM, SANG, SEP<sup>[21]</sup>

- **KENT'S REPERTORY**

No direct rubric

Head- Pain chronic

Head- Pain fasting from

Head – Pain vomiting with

Head – Pain vomiting amel.

Vision - flickering – Headache before. <sup>[22]</sup>

- **MURPHY'S REPERTORY**

**Headaches – Migraine – acon., AGAR., anac., ANT-C., apis, arg.,  
arn., ars., ASAF., asar., aur., bell., BRY., cact., calad., calc., calc-  
p., caust., cedr., cham., chel., CHIN., cic., cimid., cina, cocc., COFF.,  
coloc., eup-per., GELS., glon., graph., IGN., IP., IRIS, kali-bi.,**

**kali-p., LAC-C.,lach., lyc., NAT-M., nat-s., NUX-V., op., PHOS.,  
PULS., SANG.,scut., sep., SIL.,spig., stram., sulph., tab.,tarent.,  
ther., THUJ., valer., ZINC.**<sup>[23]</sup>

### **3.10. CONSTITUTIONAL REMEDIES USED IN THIS STUDY**

#### **ARSENICUM ALBUM**

Headache relieved by cold, other symptoms are aggravated by cold. Periodical burning pain, with cold skin. Hemicrania(migraine), with an icy feeling on the scalp and great weakness. Head sensitive, in open air. Head is in constant motion. Burning in eyes, with acrid lacrymation. Edema around the eyes. Intense photophobia; better external warmth. Cannot bear the sight or smell of food. Excessive exhaustion from least exertion.

#### **BELLADONNA**

Vertigo, with falling to the left side or backwards. Sensitive to least contact.

#### **Vertigo**

when stooping or rising after stooping on every change of position. Severe throbbing and heat. palpitation reverbate in the headwith labored breathing. Pain; fullness, especially in the forehead, occiput and temples. Rush of blood to head and face. Headache from suppressed catarrhal flow. Sudden outcries. Pain worse light, noise,jar, lying down and in the afternoon; better by pressure and in a semi-erect position. Boring of head in the pillow; drawn backwards and rolls from side to side. Headache worse on the right side and on lying down; ill effects,cold etc., from having a hair cut.

#### CALCAREA CARBONICUM

Sensation of weight on top of the head. Headache, with cold hands and feet. Vertigo on ascending and on turning the head. Headache from over lifting, from mental exertion, with nausea. Head feels hot and heavy with pale face. Icy coldness in, and on the head, especially right side. Head enlarged; much perspiration, wets the pillow. Itching of the scalp. Scratches the head on waking. Sensitive to light(photophobia).

#### CALCAREA PHOSPHORICA

Headache, worse near the region of sutures, from change of weather, in school children around pubertal age. Headache of school girls. Cranial bones soft and thin. Headache with abdominal flatulence(sick headache). Head hot, with smarting in the roots of hair.

#### LYCOPODIUM CLAVATUM

Shakes head without any apparent cause. Twists face and mouth. Pressing headache on the vertex; worse from 4 to 8 p.m. and from lying down or stooping, if not eating regularly. Throbbing headache after every paroxysm of cough. Headaches over the eyes in severe colds; better uncovering. Vertigo in the morning on rising. Pain in the temples, as if they were screwed together. Tearing pain in the occiput; better, fresh air.



## NATRUM MURIATICUM

Throbs. Blinding headache. Aches as if thousand little hammers were knocking on the brain, in the morning on awakening, after menstruation, from sunrise to sunset. Feels too large; cold. Headache; beginning with blindness; with zig-zag dazzling like lightning in eyes, ushering in a throbbing headache; from eye strain. Anemic headache of school girls; nervous, discouraged, broken down. Chronic head ache, semi-lateral, congestive, from sunshine to sunset, with pale face, nausea, vomiting; periodical eyestrain; menstrual, before attack, numbness and tingling in lips, tongue and nose, relieved by sleep.

## NUX VOMICA

Headache in the occiput or over the eyes, with vertigo; brain feels as if turning in a circle. Over sensitiveness. Vertigo with momentary loss of consciousness. Intoxicated feeling; worse morning, mental exertion, tobacco, alcohol, coffee, open air. Pressing pain in the vertex, as if nail was driven in. Vertigo in the morning and after dinner. Frontal headache, with desire to press the head against something. Congestive headache, associated with haemorrhoids. Headache in the sunshine (sunstroke). Feels distended and sore within, after a debauch.

## PULSATILLA PRATENSIS

Wandering stitches around the head; pain extends to the face and teeth; vertigo; better in open air. Frontal and supra- orbital pain. Neuralgia pain, commencing in the right temporal region (migraine), with scalding lachrymation from the affected side. Headache from overwork. Pressure on vertex.

## SANGUINARIA CANADENSIS

Worse right side, sun headache. Periodical sick headache. Pain begins in the occiput, spreads upwards and settles over the eyes, especially right (migraine). Pain begins in morning, increases during the day, lasts until evening; head feels as if it would burst, or as if eye would be pressed out; relieved by sleep. Veins in the temples are distended. Pain better lying down and sleep. Headaches return at climacteric; every seventh day. Pain in a small spot over the upper left parietal bone. Burning in eyes. Pain in the back of head "like a flash of lightening".

## SEPIA OFFICIANALIS

Vertigo, with sensation of something rolling round in head. Prodromal symptoms of apoplexy. Stinging pain from within outward and upward mostly left, or in forehead, with nausea, vomiting; worse indoors and when lying on painful side. Jerking of head backwards and forwards. Coldness of vertex. Headache in terrible shocks at menstrual nusus, with scanty flow. < motion, stooping, mental labor, > external pressure, continued hard motion.

## SILICEA TERRA

Aches from fasting. Vertigo from looking up; better, wrapping up warmly; when lying on left side. Profuse sweat on head, offensive, and extends to the neck. Pain begins in the occiput and spreads all over the head and settles over the eyes. Chronic sick headache, since some severe disease of youth; ascending from nape of neck to the vertex, as if coming from the spine and locating in one eye especially the right ; <draft of air or uncovering the head; > pressure and wrapping up warmly; > profuse urination.

Swelling in the glabella. Aversion to light, especially daylight; it produces dazzling, sharp pain through eyes; eyes tender to touch; worse when closed. Vision confused; letters run together on reading.

#### SPIGELIA

Pain beneath frontal eminence and temples, extending to eyes. Semi-lateral, involving left eye; pain violent, throbbing; worse making false step. Nervous headache; beginning in morning at base of brain, spreading over the head and locating in eye, orbit at temple of left side; pain pulsating violent, throbbing. Headache; at sunrise, ascends height at noon, declines till sunset. Pain as if a band around head. Vertigo, hearing exalted. Eyes feel too large; pressive pain on turning them. Pupils dilated; rheumatic ophthalmia. Severe pain in and around eyes, extending deep into socket. Ciliary neuralgia, a true neuritis.

#### STAPHYSAGRIA

Stupefying headache; passes off with yawning. Brain feels squeezed. Sensation of a ball of lead in forehead. Itching eruption above and behind ears. Heat in eyeballs, dims spectacles. Bursting pain in eye-balls of syphilitic iritis.

#### SULPHUR

Constant heat on top of head. Heaviness and fullness, pressure in temples. Beating headache; worse, stooping, and with vertigo. Sick headache, every week or every two weeks, prostrating, weakening; with hot vertex and cold feet. Halo around lamp-light. Heat and burning in eyes. Blackmotes before eyes chronic ophthalmia, with much burning and itching. Oversensitive to odors<sup>[18,24]</sup>.

### 3. 11. PREVIOUS STUDY BASED ON MIGRAINE IN CHILDREN:

- A cross-sectional study was performed on 930 school children (aged 12–14 years) through cluster sampling method. International Headache Society criteria were used for diagnosis. Descriptive statistics and logistic regression were used for data analysis. The prevalence of migraine headache was 12.3% and tension-type headache was 4.2%. The factor associated with migraine in multivariate analysis were age and sleep disturbances.<sup>[25]</sup>
- Studies from Scandinavia reveal increasing prevalence in age groups from 8 years of age and upward. At present, 66% to 71% of 12- to 15-year-olds have at least one headache every three months, and 33% to 40% have at least one per week.<sup>[26]</sup>
- Another study conducted on Monreale, assessed the prevalence of migraine headaches in an epidemiological survey of an 11 to 14-year-old student population. Migraine headaches were classified on the basis of questionnaires and neurological examination using the operational diagnostic criteria of the International Headache Society. 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.<sup>[27]</sup>
- Homeopathic treatment of migraine in children: results of a prospective, multicenter, observational study were conducted. The study was conducted in 12 countries worldwide. Fifty-nine (59) physicians trained in the prescription of homeopathic medicines and 168 children, aged 5–15 years, and with definite or probable migraine diagnosed using International Headache Society 2004

criteria were the subjects in this study. As a result of the study they found that the frequency, severity, and duration of migraine attacks decreased significantly during the 3-month follow-up period (all  $p < 0.001$ ). Preventive treatment during this time consisted of homeopathic medicines in 98% of cases (mean=2.6 medicines/patient). Children spent significantly less time off school during follow-up than before inclusion (2.0 versus 5.5 days, respectively;  $p < 0.001$ ). The most common preventive medicines used were *Ignatia amara* (25%; mainly 9C), *Lycopodium clavatum* (22%), *Natrum muriaticum* (21%), *Gelsemium* (20%), and *Pulsatilla* (12%; mainly 15C). Homeopathy alone was used for the treatment of migraine attacks in 38% of cases. The most commonly used medicines were *Belladonna* (32%; mainly 9C), *Ignatia amara* (11%; mainly 15C), *Iris versicolor* (10%; mainly 9C), *Kalium phosphoricum* (10%; mainly 9C), and *Gelsemium* (9%; mainly 15C and 30C). The results of this study decrease in the frequency, severity, and duration of migraine attacks was observed and, consequently, reduced absenteeism from school<sup>[28]</sup>.

- Homeopathic Treatment of Patients with Migraine: A Prospective Observational Study with a 2-Year Follow-Up Period: A prospective multicenter observational study. Consecutive patients beginning homeopathic treatment in primary care practices were evaluated over 2 years using standardized questionnaires. The data recorded included diagnoses (International Classification of Diseases, Ninth Revision) and current complaints, including their severity (numeric rating scale = 0–10), health-related quality of life (QoL, 36-item Short-Form Health Survey), medical history, consultations, homeopathic and conventional treatments, as well as other health service use. Two hundred and twelve (212) adults (89.2% women),

mean age  $39.4 \pm 10.7$  years were treated by 67 physicians. Patients had suffered from migraine for a period of  $15.2 \pm 10.9$  years. Most patients (90.0%) were conventionally pretreated. The physician workload included taking the initial patient history ( $120 \pm 45$  minutes), case analysis ( $40 \pm 47$  minutes), and follow-ups ( $7.3 \pm 7.0$ , totaling  $165.6 \pm 118.8$  minutes). Patients received  $6.2 \pm 4.6$  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. QoL improved accordingly (Mental Component Score and Physical Component Score after 24 months:  $0.42$  and  $0.45$ ). The use of conventional treatment and health services decreased markedly. In this observational study, patients seeking homeopathic treatment for migraine showed relevant improvements that persisted for the observed 24 month period. Due to the design of this study, however, it does not answer the question as to whether the effects are treatment specific or not [29].

## **4. MATERIALS &METHODS**

### **4.1. SOURCE OF DATA**

30 selected cases of the patients with migraine visiting the OPD, IPD and Rural Centers and from school health programme of Sarada Krishna Homoeopathic Medical College. Age groups of 12-17 years were taken for the study.

### **4.2. METHOD OF COLLECTION OF DATA**

- ◆ Sample Size – Minimum 30 cases.
- ◆ Sampling Technique – Purposive Sampling.
- ◆ Cases have been recorded in standardized pre structured case format.
- ◆ The cases were recorded according to holistic concept by interview technique and observation.

### **4.3. INCLUSION CRITERIA:**

- Age groups between 12-17 years.
- Both sexes.
- Diagnostic criteria will be included after symptomatological screening.

### **4.4. EXCLUSION CRITERIA:**

- Age groups below 12 years & above 17 years.
- Migraine in patients with other systemic diseases.

#### **4.4. METHODOLOGY:**

- Purposive selection of 30 cases of school children with Migraine is carried out in Sarada Krishna Homoeopathic medical college and hospital OPD, IPD, RHC and School Health Programme.
- The case history was taken with holistic concept (etiological factors, mental generals, physical generals, concomitants, characteristics particulars).
- Diagnosis was done according to clinical presentation, clinical history and physical examination of patient.
- The cases will be analyzed and evaluated and a constitutional remedy will be prescribed after referring the Materia Medica.
- Repetition and change of potency and remedy were done as and when needed according to Homoeopathic principles based on Organon of medicine.
- Assessment of reduction in intensity and frequency of attacks will be done using a scoring chart prepared from International Headache Society once in a week or two weeks and the changes will be recorded.



## 5.1 OBSERVATIONS AND RESULT

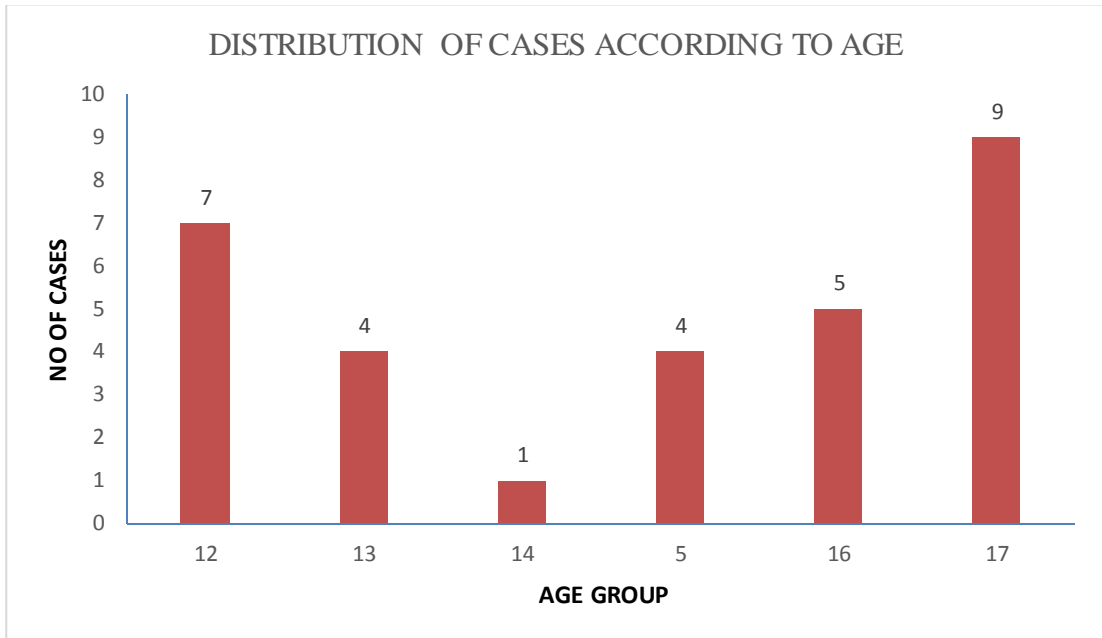
A sample of 30 cases of Migraine from the patients who attended the Out Patient Department, Rural centres and from the school health programme of Sarada Krishna Homoeopathic Medical College and Hospital was taken for this study. This section contains observation and result of tables and charts for the cases and also statistical analysis was done in these cases.

### 5.1.1 DISTRIBUTION OF CASES ACCORDING TO AGE

Table No – 1

SL. NO	AGE	NO OF CASES	PERCENTAGE
1.	12	7	23.33%
2.	13	4	13.33%
3.	14	1	3.33%
4.	15	4	13.33%
5.	16	5	16.68%
6.	17	9	30%

**Figure No. 1**



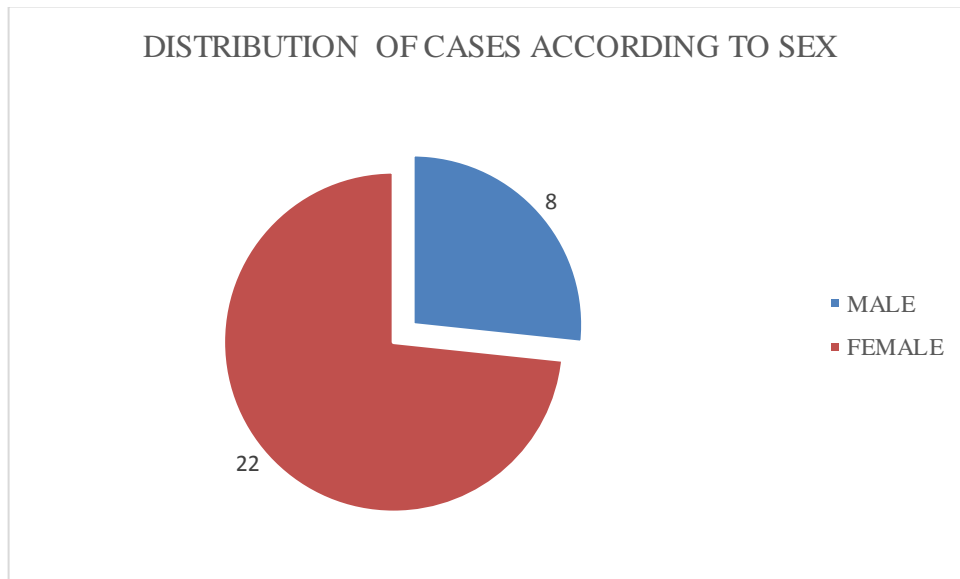
In sample of 30 cases, maximum 9 patients (30%) were in the age of 17, 7 patients (23.33%) were in the age of 12, 5 (16.68%) patients were in the age of 16, 4 patients (13.33%) were in age group of 13 and 15, and 1 patient (3.33%) was in the age of 14.

**5.1.2 DISTRIBUTION OF CASES ACCORDING TO SEX**

**Table No – 2**

SL.NO	SEX	NO OF CASES	PERCENTAGE
1.	MALE	8	26.67%
2.	FEMALE	22	73.33%

**Figure No. 2**



Among 30 cases 22 (73.33%) were females and 8(26.67%) were males. According to this study Migraine is more prevalent in females.

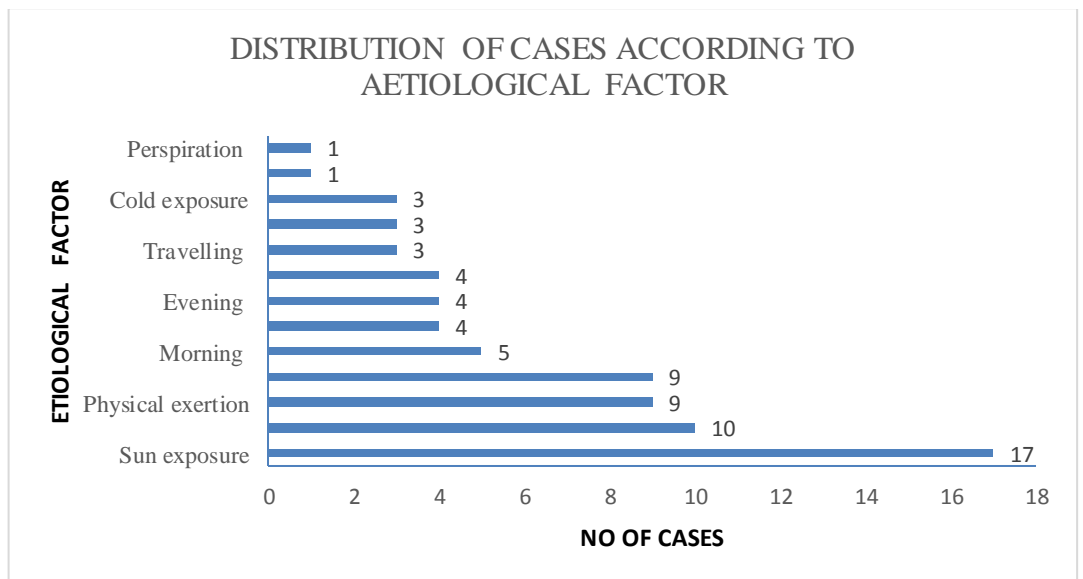
### 5.1.3 DISTRIBUTION OF CASES ACCORDING TO AETIOLOGICAL FACTOR

**Table No – 3**

Sl.No	Etiology	No of cases	Percentage
1.	Sun exposure	17	56.67%
2.	Mental exertion	10	33.33%
3.	Physical exertion	9	30%
4.	Noise	9	30%

5.	Morning	5	16.67%
6.	Skipping meals	4	13.33%
7.	Evening	4	13.33%
8.	Before mensus	4	13.33%
9.	Travelling	3	10%
10.	Loss of sleep	3	10%
11.	Cold exposure	3	10%
12.	Strong odors	1	3.33%
13.	Perspiration	1	3.33%

**Figure No. 3**



Out of 30 cases 17 (56.67%) case the main etiological factor is sun exposure, 10 (33.33%) cases mental exertion, 9 (30%) cases physical exertion and noise, 5 (16.67%) cases morning, 4 (13.33%) cases skipping meals, evening and before

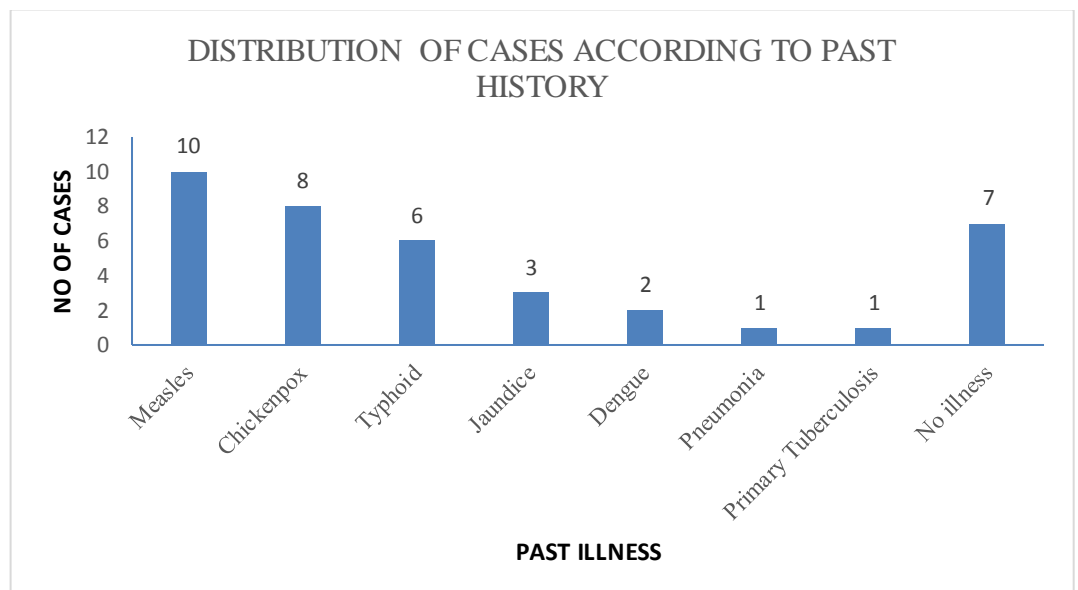
mensus, 3 (10%) cases travelling, loss of sleep and cold exposure, 1 (3.33%) case from strong odors and perspiration.

#### 5.1.4 DISTRIBUTION OF CASES ACCORDING TO PAST HISTORY

Table No – 4

Sl No	Past History	No of cases	Percentage
1.	Measles	10	33%
2.	Chickenpox	8	26%
3.	Typhoid	6	20%
4.	Jaundice	3	10%
5.	Dengue	2	6%
6.	Pneumonia	1	3%
7.	Primary Tuberculosis	1	3%
8.	No illness	7	23%

Figure No. 4



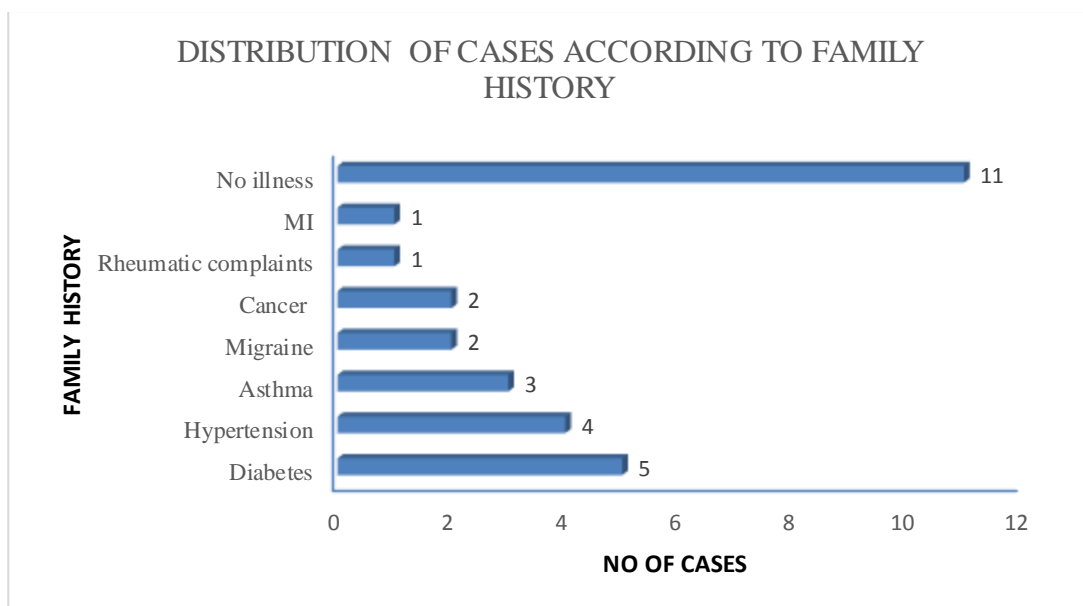
Out of 30 cases 10 (33%) have past history of measles, 8 (26%) had chickenpox, 6 (20%) had typhoid, 3 (10%) had jaundice, 2 (6%) had dengue, 1 (3%) had pneumonia and primary tuberculosis and 7 (23%) had no illness.

### 5.1.5 DISTRIBUTION OF CASES ACCORDING TO FAMILY HISTORY

Table No – 5

Sl. No	Family History	No of cases	Percentage
1.	Diabetes	5	16%
2.	Hypertension	4	13%
3.	Asthma	3	10%
4.	Migraine	2	6%
5.	Cancer	2	6%
6.	Rheumatic complaints	1	3%
7.	MI	1	3%
8.	No illness	11	36%

Figure No. 5



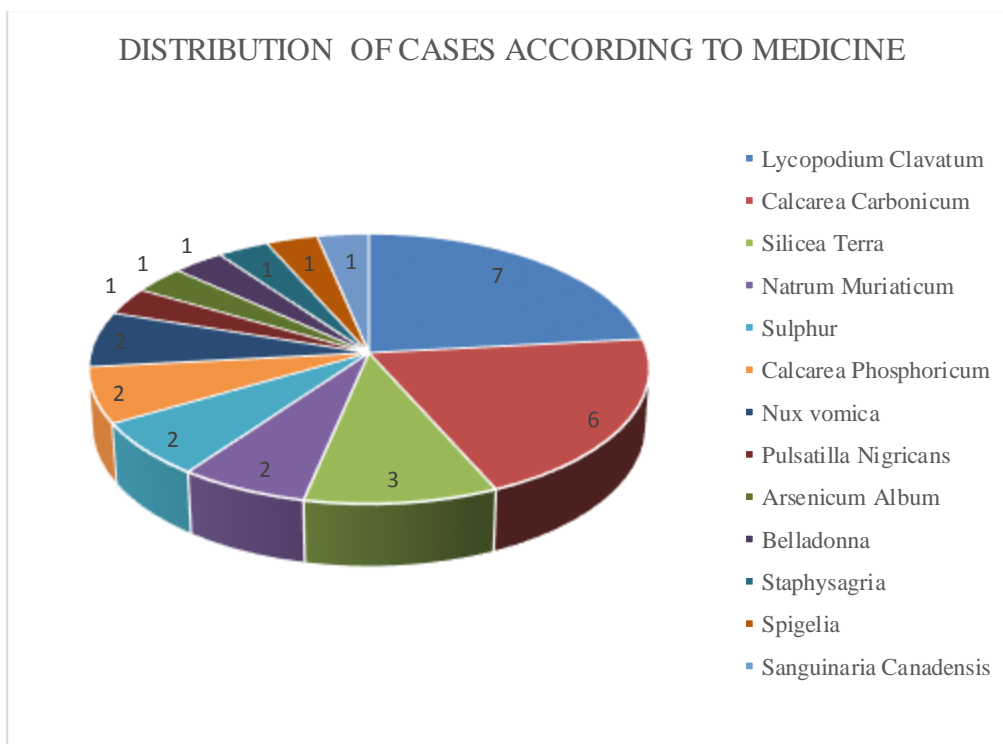
The study in respect to family history out of 30 cases, 11 (36%) patients does not have any family history, 5 (16%) had a family history of Diabetes Mellitus, 4 (13%) had a family history of Hypertension, 3 (10%), 2 (6%) had a family history of Migraine and Cancer and 1 (3%) had family history of Rheumatic complaints and MI.

### 5.1.6 DISTRIBUTION OF CASES ACCORDING TO MEDICINE

Table No – 6

Sl. No	Medicine	No of cases	Percentage
1.	Lycopodium Clavatum	7	23%
2.	Calcarea Carbonicum	6	20%
3.	Silicea Terra	3	10%
4.	Natrum Muriaticum	2	6%
5.	Sulphur	2	6%
6.	Calcarea Phosphoricum	2	6%
7.	Nux vomica	2	6%
8.	Pulsatilla Nigricans	1	3%
9.	Arsenicum Album	1	3%
10.	Belladonna	1	3%
11.	Staphysagria	1	3%
12.	Spigelia	1	3%
13.	Sanguinaria Canadensis	1	3%

**Figure No. 6**



For all the 30 cases Constitutional medicine was prescribed. Lycopodium Clavatum was given for 7 cases (23%), Calcarea Carbonicum for 6 cases (20%), Silicea Terra for 3 (10%), Natrum Muriaticum and Sulphur for 2 cases (6%), Pulsatilla Nigricans, Arsenicum Album, Belladonna, Staphysagria, Spigelia and Sanguinaria Canadensis for each case.

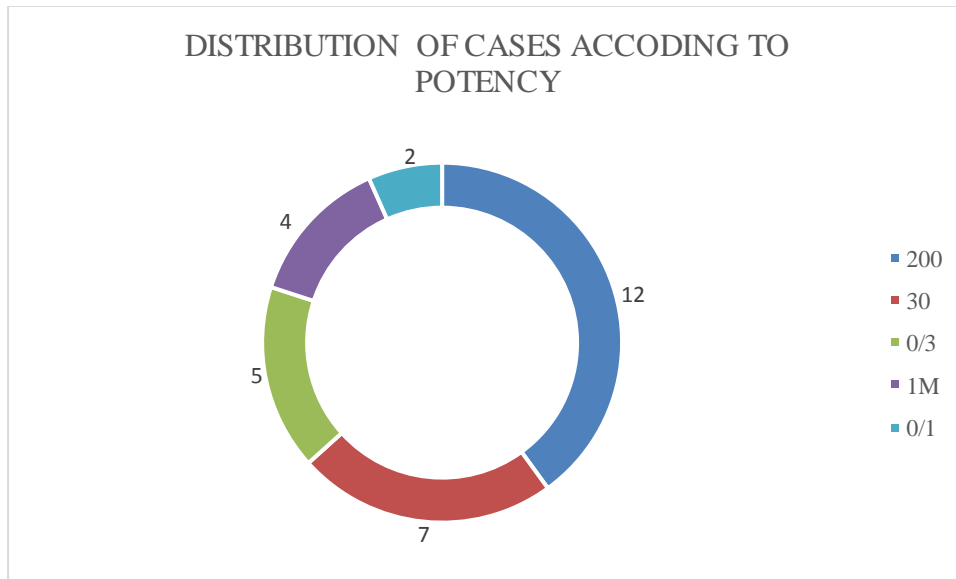
### 5.1.7 DISTRIBUTION OF CASES ACCORDING TO POTENCY

**Table No – 7**

Sl. No	Potency	No of cases	Percentage
1.	200	12	40%
2.	30	7	23.33%
3.	0/3	5	16.67%
4.	1M	4	13.33%
5.	0/1	2	6.67%



**Figure No. 7**



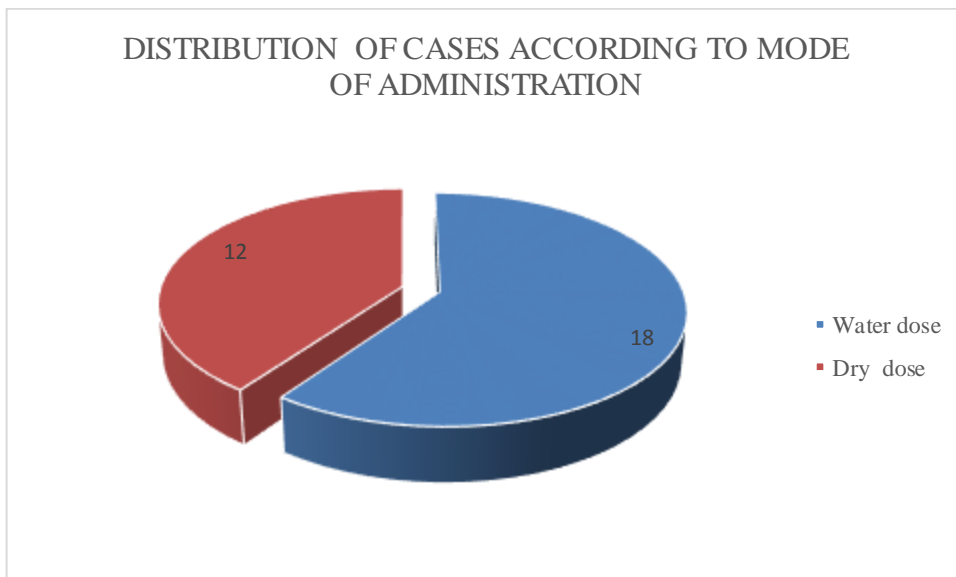
In all 30 cases potency was selected based on Homoeopathic principles. Out of 30 cases, 12 cases (40%) 200 was given, 7 cases (23.33%) 30 was given, 5 cases (16.67%) 0/3 was given, 4 cases (13.33%) 1M was given and for 2 cases (6.67%) 0/1 was given.

#### **5.1.8 DISTRIBUTION OF CASES ACCORDING TO MODE OF ADMINISTRATION OF MEDICINES**

**Table No – 8**

<b>Sl. No</b>	<b>Mode of administration</b>	<b>No of cases</b>	<b>Percentage</b>
1.	Water dose	18	60%
2.	Dry dose	12	40%

**Figure No. 8**



Out of 30 cases, for 18 cases (60%) medicine was administered in water dose and for 12 cases (40%) medicine was administered in dry dose.

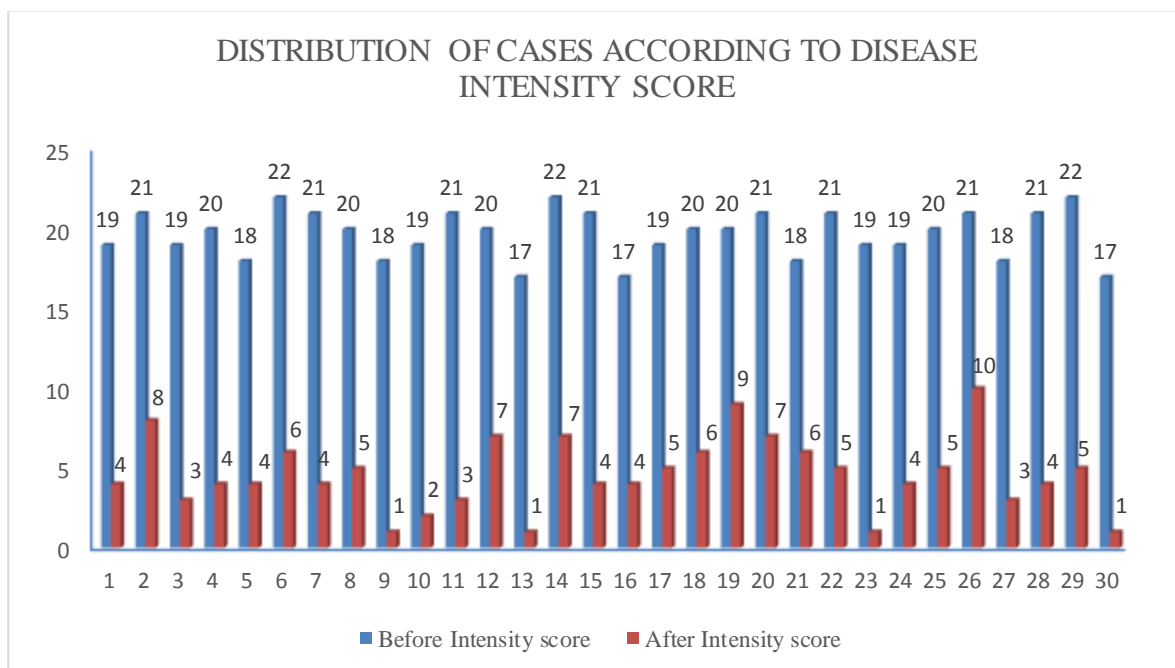
**5.1.9 DISTRIBUTION OF CASES ACCORDING TO DISEASE INTENSITY SCORES OF PATIENTS BEFORE AND AFTER TREATMENT.**

**Table No – 9**

<b>Sl. No</b>	<b>Before Intensity score</b>	<b>After Intensity score</b>
1.	19	4
2.	21	8
3.	19	3
4.	20	4

5.	18	4
6.	22	6
7.	21	4
8.	20	5
9.	18	1
10.	19	2
11.	21	3
12.	20	7
13.	17	1
14.	22	7
15.	21	4
16.	17	4
17.	19	5
18.	20	6
19.	20	9
20.	21	7
21.	18	6
22.	21	5
23.	19	1
24.	19	4
25.	20	5
26.	21	10
27.	18	3
28.	21	4
29.	22	5
30.	17	1

**Figure No. 9**



From the above chart, it is inferred that Homoeopathic Constitutional treatment showed significant reduction in the intensity scoring in all migraine cases.

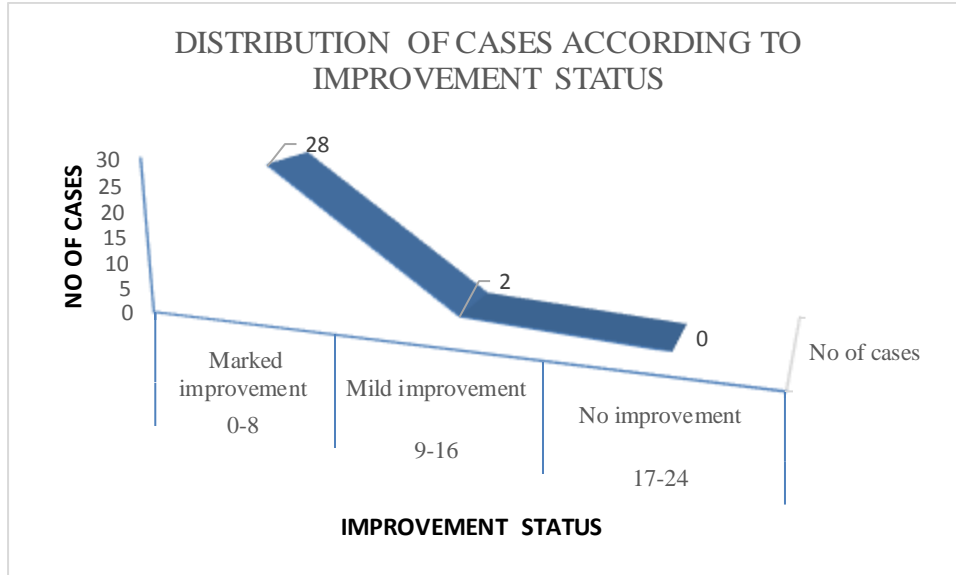
**5.1.10 DISTRIBUTION OF CASES ACCORDING TO THE IMPROVEMENT STATUS**

**Table No – 10**

Sl.No	Intensity score Range	Improvement status	No of cases	Percentage
1.	0-8	Marked improvement	28	93.3%
2.	9-16	Mild improvement	2	6.6%

3.	17-24	No improvement	0	0%
----	-------	----------------	---	----

**Figure No. 10**



In my study, out of 30 cases of migraine, 28 cases (93.3%) showed marked improvement, 2 cases (6.6%) showed mild improvement.

## 5.1 STATISTICAL ANALYSIS

SL.NO	X	Y	d=X-Y	d-d̄	(d-d̄) <sup>2</sup>
1	19	4	15	-0.1	0.01
2	21	8	13	-2.1	4.41
3	19	3	16	0.9	0.81
4	20	4	16	0.9	0.81
5	18	4	14	-1.1	1.21
6	22	6	16	0.9	0.81
7	21	4	17	1.9	3.61
8	20	5	15	-0.1	0.01
9	18	1	17	1.9	3.61
10	19	2	17	1.9	3.61
11	21	3	18	2.9	8.41
12	20	7	13	-2.1	4.41
13	17	1	16	0.9	0.81
14	22	7	15	-0.1	0.01
15	21	4	17	1.9	3.61
16	17	4	13	-2.1	4.41
17	19	5	14	-1.1	1.21
18	20	6	14	-1.1	1.21
19	20	9	11	-4.1	16.81
20	21	7	14	-1.1	1.21
21	18	6	12	-3.1	9.61

22	21	5	16	0.9	0.81
23	19	1	18	2.9	8.41
24	19	4	15	-0.1	0.01
25	20	5	15	-0.1	0.01
26	21	10	11	-4.1	16.81
27	18	3	15	-0.1	0.01
28	21	4	17	1.9	3.61
29	22	5	17	1.9	3.61
30	17	1	16	0.9	0.81
Total			453		104.7

X= Score before treatment

D= Mean difference

Y= Score after treatment

**A. Question to be answered:**

Whether constitutional treatment is useful in the management of Migraine in school going children?

**B. Null Hypothesis:**

There is no difference between the scores taken before and after Homoeopathic treatment.

**C. Standard error of the mean differences:**

The mean of the differences,  $\bar{d} = \Sigma d/n$

$$[\text{Where } \Sigma d = 453, n = 30]$$

$$= 453/30$$

$$= 15.1$$

The estimate of population standard deviation is given by,

$$SD = \sqrt{\Sigma (d-\bar{d})^2/(n-1)}$$

$$[\text{Where } \Sigma (d-\bar{d})^2 = 104.7, n = 30]$$

$$= \sqrt{6.14455/29}$$

$$= 1.90$$

Standard error (S.E) =  $SD / \sqrt{n}$

$$= 1.90 / \sqrt{30}$$

$$= 0.347$$

**D. The test statistics is Paired t:**

$$\text{Critical ratio} = t = \frac{\bar{d}}{SD/\sqrt{n}}$$

$$= 15.1/0.347$$

$$= 43.52$$



t-Test: Paired Two Sample for Means		
	<i>Variable 1</i>	<i>Variable 2</i>
Mean	19.7	4.6
Variance	2.286206897	5.282758621
Observations	30	30
Pearson Correlation	0.569541986	
Hypothesized Mean Difference	0	
Df	29	
t Stat	43.52745075	
P(T<=t) one-tail	2.84467E-28	
t Critical one-tail	1.699127027	
P(T<=t) two-tail	5.68933E-28	
t Critical two-tail	2.045229642	

#### **E. Comparison with tabled value:**

The critical ratio  $t$  follows a distribution with  $n-1$  degrees of freedom. The tabled value at 5 % significance level is 2.045 and 1% level is 2.756 for 29 degrees of freedom. Since the calculated value 43.52 is greater than the tabled value at 5% and 1% significance level. Thus the null hypothesis is rejected.

#### **F. Inference:**

This study shows significant reduction in the disease intensity scores after the Homoeopathic treatment. Therefore, this study shows that Homoeopathic Constitutional treatment was more effective.

## 6. DISCUSSION

The subjects of the study were selected from those patients with Migraine were attending the Outpatient, Inpatient department and rural health centers of Sarada Krishna Homoeopathic Medical College as per the inclusion criteria.

A total of 30 cases were recorded in pre structured case record format. The cases were diagnosed based on clinical presentation using the diagnostic criteria of International Headache Society for migraine. Then the cases were analyzed and the totality was erected. Medicines were selected after repertorization (wherever necessary) and with reference to Materia medica. Cases were reviewed at regular interval, follow-up criteria were fixed and cases followed for minimum of 6 months. The acute episodes treated with indicated medicines according to acute totality and chronic constitutional medicine was given after the acute episode, for further treatment. For clinical assessment before and after treatment, symptom assessment scores were used. Pre-treatment score and after treatment score was calculated, then 't' was applied to test the significance.

In sample of 30 cases of migraine, maximum 9 patients (30%) were in the age of 17years, 7patients (23.33%) were in the age of 12 years. Previous study reveals 66% to 71% of 12- 15 year old have at least one headache every three months.

Among 30 cases of migraine 22 (73.33%) were females and 8(26.67%) were males. Evidence suggests it is seen in approximately 15% of women and 6% of men. Migraine is more prevalent in females. 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.

Among the 30 cases of migraine 17 (56.67%) case the main etiologic al factor is sun exposure, 10 (33.33%) cases mental exertion, 9 (30%) cases physical exertion and noise, 5 (16.67%) cases morning, 4 (13.33%) cases skipping meals, evening and before mensus, 3 (10%) cases travelling, loss of sleep and cold exposure, 1 (3.33%) case from strong odors and perspiration.

Among the 30 cases taken for the study 10 (33%) have past history of measles, 8 (26%) had chickenpox, 6 (20%) had typhoid, 3 (10%) had jaundice, 2 (6%) had dengue, 1 (3%) had pneumonia and primary tuberculosis and 7 (23%) had no illness.

The study in respect to family history out of 30 cases, 11 (36%) patients does not have any family history, 5 (16%) had a family history of Diabetes Mellitus, 4 (13%) had a family history of Hypertension, 3 (10%), 2 (6%) had a family history of Migraine and Cancer and 1 (3%) had family history of Rheumatic complaints and MI.

For all the 30 cases Constitutional medicine was prescribed. Lycopodium Clavatum was given for 7 cases (23%), Calcarea Carbonicum for 6 cases (20%), Silicea Terra for 3 (10%), Natrum Muriaticum and Sulphur for 2 cases (6%), Pulsatilla Nigricans, Arsenicum Album, Belladonna, Staphysagria, Spigelia and Sanguinaria Canadensis for each case. Previous study reveals Homeopathy alone was used for the treatment of migraine attacks in 38% of cases. The most commonly used medicines were *Belladonna* (32%; mainly 9C), *Ignatiaamara* (11%; mainly 15C), *Iris versicolor* (10%; mainly 9C), *Kaliumphosphoricum* (10%; mainly 9C), and *Gelsemium* (9%; mainly 15C and 30C).The results of this study decrease in the frequency, severity, and duration of migraine attacks was observed and, consequently, reduced absenteeism from school.

In all 30 cases potency was selected based on Homoeopathic principles. Out of 30 cases, 12 cases (40%) 200 was given, 7 cases (23.33%) 30 was given, 5 cases (16.67%) 0/3 was given, 4 cases (13.33%) 1M was given and for 2 cases (6.67%) 0/1 was given.

Out of 30 cases, for 18 cases (60%) medicine was administered in water dose and for 12 cases (40%) medicine was administered in dry dose.

In my study, it is inferred that homoeopathic constitutional treatment showed marked reduction in the intensity scoring in all cases of migraine.

In my study, out of 30 cases of migraine, 28 cases (93.3%) showed marked improvement, 2 cases (6.6%) showed mild improvement.

## **6.1 LIMITATIONS**

1. Number of samples used in this study is very small. Therefore generalization of the result and inference of the study need to be done cautiously.
2. Some good cases couldn't be considered in this study because of discontinued treatment in between the study period.
3. Selection of cases was difficult since many of the cases were irregular for reporting.
4. This was a time bound study. The cases were followed up only for a period of 3-6 months.
5. There was no control group since the sample size was small.
6. Some follow-ups were taken by various physicians at various times; hence, proper recording of the symptoms with intensity was difficult.
7. In some cases, necessary information was lacking and the study was based on the available data.

8. There were no standard studies to compare or take guidance from a study of this nature in homoeopathy. Therefore some human errors are expected.

## **6.2. RECOMMENDATIONS**

1. Bigger sample size with extended time of research would provide better results.
2. It will be always scientific if control (placebo) group would have been kept simultaneously to verify the effectiveness of treatment.

Universal standardized scale can be used, so that evaluation of outcome of the study would become precise

## 7. CONCLUSION

The sample for the study consisting of thirty patients with Migraine from Inpatient, Outpatient, School Health Programme and Rural health centres of Sarada Krishna Homoeopathic Medical College and Hospital and following conclusion were obtained after statistical analysis.

This study shows various clinical presentation like headache one any one side of the head with nausea and vomiting in most of the patient. In my study the most common age group of Migraine were found in 17 years and 12 years. The prevalence of Migraine was found in females. Sun exposure and mental exertion were considered as most common aetiological factors. Lycopodium clavatum were found to be most indicated medicine and Calcarea Carbonica was the second most indicated medicine in constitutional treatment of Migraine.

In my study, maximum number of cases was indicated with 200 potency and most of them were received medicine in water dose. There is marked reduction in the after treatment scores on comparing with before treatment scores.

The effectiveness of homoeopathic constitutional treatment for Migraine in school going children was thus proved in this study by showing marked improvement like reduction in intensity, frequency and recurrence of attacks.

## 8. SUMMARY

Purposive selection of 30 cases of patients with Migraine was taken for the study from the OPD, IPD, Rural Centers and from school Health programme of Sarada Krishna Homoeopathic Medical College. The case history was taken which includes etiological factors, mental generals, physical generals, concomitants, characteristics particulars. Diagnosis was done according to clinical presentation, clinical history and physical examination of patient. Then the case were analysed and the totality were erected. Then Constitutional medicine was prescribed according to the symptom similarity.

Symptom intensity score was analysed before and after the treatment. This study shows the different presentation of migraine and helps us to understand the migraine in detailed way.

The age incidence in the study showed more people in the age 17. Lycopodium Clavatum is found to be more useful in most of the cases.

Majority of the cases showed good improvement after the treatment which was statistically tested. The calculated value 43.52 is greater than the tabled t value at hypothesis was considered. 5% and 1% level, the null hypothesis is rejected and alternate.

The result of the study is that homoeopathic Constitutional medicine was very effective in the treatment of patients with Migraine in different potencies. Homoeopathy treats the patient as a whole and it reduces the intensity, prevents the frequent recurrence and thus the quality of life is improved.





11. Hahnemann Samuel. Organon of medicine. 5<sup>th</sup> & 6<sup>th</sup> edition. New Delhi: B. Jain Publishers (P) Ltd.; 2015; p.54-55, 101.
12. Hughes Richard. The Principle and Practice of Homoeopathy. Diseases of nervous system. New Delhi: B. Jain publishers (P) Ltd.; p. 405-406.
13. Dhawale ML. Remedy-Selection in Homoeopathic Practice. Principles and Practice of Homoeopathy Part I. Edition 2000; p:223-225.
14. BabuNagendra G. Knowledge of Disease. Comprehensive Study of Organon of Medicine;B. Jain Puublishers (P) Ltd. Edition 2014; p: 104-106,109.
15. Banerjea Kumar Subrata. Miasmatic prescribing. Second extended edition. New Delhi: B. Jain Publisher (P) Ltd.; 2010. p. 187,188.
16. Patel P. Ramanlal. Chronic miasms in homoeopathy and their cure with classification of their rubrics/symproms in Dr. Kent's repertory. Indian edition 1996. Kottayam: Hahnemann homoeopathic pharmacy, Hahnemann House college road; 1996: p. 97-217.
17. Paul Swapan. Migraine- A medical emergency. The Homoeopathic Heritage. Dec 2009: 34(12): p. 11-17.
18. Boericke William. Homoeopathic MateriaMedica and Repertory. Head. 54<sup>th</sup> edition. New Delhi: B. Jain Publishers (P) Ltd., 2013; p.73, 100-102, 129, 136, 363, 408, 503, 518, 522, 530, 535, 546,702.
19. Phatak R. S. A concise repertory of homoeopathic medicines. Migraine. Revised and Enlarged Edition. New Delhi: B. Jain Publishers (P) Ltd., 2000; p. 275.
20. Knerr B. Calvin. Repertory of Hering's Guiding Symptoms of our MateriaMedica. Head. New Delhi: B. Jain Publishers (P) Ltd., 2016; p. 217,& 219.

21. Boger C. M. Boeninghausen's Characteristic MateriaMedica and Repertory. Head Internal. Reprint edition. New Delhi: B. Jain Publishers (P) Ltd., 1998; p. 86.
22. Kent TJ. Repertory of the Homoeopathic MateriaMedica. Head. 9<sup>th</sup> edition. New Delhi: B. Jain Publishers (P) Ltd., 2015; p.137,140, 150, 278.
23. Murphy Robin. Homoeopathic Medical repertory. Headaches. Third revised edition. New Delhi: B. Jain Publishers (P) Ltd., 2013; p. 1117.
24. Allen H.C; Allen's Keynotes Rearranged and Classified with Leading Remedies of the MateriaMedica and Bowel Nosodes;; 10<sup>th</sup> Edition. New Delhi: B Jain publishers(P) Ltd., 2015; p.43, 56, 75, 213, 269, 279, 283, 285, 297.
25. Raieli V, Raimondo D, Cammalleri R, Camarda R. Migraine Headaches in Adolescents: A Student Population-Based Study in Monreale. Cephalalgia. 1995;15: p.5–12.
26. Fallahzadeh H, Alihaydari M. Prevalence of migraine and tension-type headache among school children in Yazd, Iran. Journal of pediatric neurosciences. 2011 Jul-Dec;6(2): p.106-109.
27. Straube A, Heinen F, Ebinger F, Kries R. Headache in School Children. DeutschesAerzteblatt Online. 2013;110(48): p.811–818.
28. Danno K, Colas A, Masson LJ, France M. Homoeopathic treatment of migraine in children: results of a prospective, multicenter, observational study. The journal of alternative and complementary medicine. 2013 Feb; 13(2): 119-123. [///doi.org/10.1089/acm.2011.0821](http://doi.org/10.1089/acm.2011.0821).

29. Claudia M. Witt, Rainer Ludtke, and Stefen N. Willich. Homoeopathic Treatment of Patients with Migraine: A Prospective Observational Study with a 2-Year Follow-Up Period. The Journal of Alternative and Complementary Medicine. April 2010 .pg.347-355 <http://doi.org/10.1089/acm.2009.0376>.

## APPENDIX I

### GLOSSARY

1	APHORISM	It is a terse saying, expressing a general truth, principle or exact observation, and spoken or written in a laconic and memorable form. Aphorism literally means a “distinction” or “definition”
2	POTENCY	The power is derived by the grades of medicinal power as developed by the process of dynamization. Potency means dilution of energy.
3	CONSTITUTION	It is the genotypic inheritance of an individual, the physical make up of his body, including its functional ability, metabolic activity, reaction to stimuli and resistance to infection.
4	CONSTITUTIONAL TREATMENT	Method of therapeutics unique to Homoeopathy. Constitutional medicine is capable of correcting the inherent and acquired defects in the personality.
5	DOSE	Refers to the force of impact of the remedy. The homoeopathic dose means ‘that particular preparation of the remedy employed’, in particular the amount and or form of that preparation.
6	AGGRAVATION	A situation in which the patient feels worse from or symptoms are increased by a remedy. Homoeopathic aggravation symbolized by <.
7	AMELIORATION	An improvement of the patient or decrease in symptoms. Homoeopathic amelioration symbolized by >.

## APPENDIX II

*'Case Records Are Our Valuable Asset'*

**SARADA KRISHNA**

**CONFIDENTIAL**

**HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL**

**KULASEKHARAM, KANNIYAKUMARI DIST, TAMIL NADU- 629 161**

---

### CHRONIC CASE RECORD

---

Date: ..... Unit..... Regn. No.....

---

#### 1. PERSONAL DATA

Name of Patient:.....

Age :..... yrs Sex : M/F/T Religion :..... Nationality :.....

Name of Father / Spouse / Guardian / son / Daughter .....

Marital status : Single / Married . Widow (er) / Divorcee / Live-relation

Occupation :..... Income per capita :.....

Family size (members living together): .....

Diet : Veg. / Non veg. / Mixed

Address: .....

.....

Phone (Office) ..... Residence .....

Mobile ..... e-mail .....

Referred to by:.....

#### FINAL DIAGNOSIS :

Homoeopathic	
Disease	

<b>RESULT:</b>	Cured	Relieved	Referred	Otherwise	Expired
----------------	-------	----------	----------	-----------	---------

Attending Physician .....

---

**2. Initial presentation of illness**

---

<b>PATIENT'S NARRATION (In the very expression used by him / her)</b>	<b>PHYSICIAN'S INTERROGATION (Details regarding symptoms narrated)</b>	<b>PHYSICIAN'S OBSERVATION</b>



**3. H/o Presenting Illness :**

(origin, duration and progression of each symptom in chronological order along with its mode of onset, probable cause (s), details of treatment and their outcome)

**4. H/o Previous Illness**

No.	Age/Year	Illness, trauma, fright, burns(s), drug allergy(ies), operation(s), exposure(s), inoculation, vaccination(s), serum, steroids, hormone therapy, antibiotics, analgesics, etc	Treatment adopted	Outcome



## **5. H/o FAMILY ILLNESS**

### **6. PERSONAL HISTORY:**

#### **A. LIFE SITUATION**

Place of birth :

Religion :

Education :

Occupation :

Socio-economic status :

Nutritional status :

Marital status :

Family status :

#### **B. HABTS & HOBBIES:**

Food :

Addictions :

Sleep :

Artistic :

Games / Sports :

#### **C. DOMESTIC RELATIONS:**

With family members :

With other relatives :

With neighbours / friends / colleagues :

#### **D. SEXUAL RELATIONS:**

Pre-marital:

Marital:

Extra Marital:

- 7. LIFE SPACE INVESTIGATIONS** (as perceived by the ‘Interrogator/Physician)
- (birth and early development (milestone), behaviour during childhood, education, adolescence & psychosexual history, occupational history, mental history, children, geriatrics history & travel history)

## **8. GYNAECOLOGICAL HISTORY**

**A. Menses**

**B. Previous History**

**C. Climacteric**

**D. Abnormal Vaginal Discharges**

**E. H/o gynaecological surgeries : Yes/No**  
(If yes state the reason)

## **9. OBSTETRICAL HISTORY**

**A. Previous Pregnancies including abortion:**

**B. Contraceptive method(s) adopted:**

**C. Present Pregnancy:**

**D. Physical Examination – Gynaecological / Obstetrical**

## **10. GENERAL SYMPTOMS**

### **A. Physicals**

#### **i. Functional**

Appetite:

Thirst:

Sleep:

#### **ii. Eliminations**

Stool:

Urine:

Sweat:

#### **iii. Reactions to**

#### **iv. Constitutional**

## **B. Mental General**

**i. Will & emotions including motivation**

**ii. Understanding and intellect**

**iii. Memory**

## **11. PHYSICAL EXAMINATION**

### **A. General Examination**

- Conscious/unconscious
- General appearance
- General built
- Ht : cm    Wt : Kg    BMI :
- Anaemia
- Jaundice
- Cyanosis
- Oedema
- Skin
- Nails
- Gait
- Lymphadenopathy
- Blood pressure            Pulse
- Temp                        Resp. rate
- Others

## **B. Systemic Examination**

i. Respiratory system

ii. Cardiovascular system

iii. Gastro Intestinal system

iv. Urogenital system

v. Skin and Glands

vi. Musculo-skeletal system

vii. Central Nervous system

viii. Endocrine

ix. Eye & ENT

x. Others



## **C. REGIONALS**

## **12. LABORATORY INVESTIGATIONS & FINDING AND SURGICAL INVESTIGATIONS**

(urine, stool, blood, sputum, imaging, ECG, and other investigations)

## **13. DIAGNOSIS**

### **A. Provisional Diagnosis**

### **B. Differential Diagnosis**

### **C. Final Diagnosis (Disease)**

## 14. DATA PROCESSING

### A. Analysis of case

Basic / Common / Pathognomonic Symptoms	Determinative / Uncommon / Non-pathognomonic Symptoms

### B. Evaluation of Symptoms

**C. Miasmatic Analysis**

PSORA	SYCOTIC	SYPHILIS

Miasmatic Diagnosis :	
-----------------------	--

**D. Totality of Symptoms**

**E. Homoeopathic Diagnosis (Hahnemannian Classification)**

## **15. SELECTION OF MEDICINE**

### **A. Non Repertorial Approach**

### **B. Repertorial Approach**

**16. SELECTION OF POTENCY AND DOSE**

**17. PRESCRIPTION**

**18. GENERAL MANAGEMENT INCLUDING AUXILLARU MEASURES**

**A. General/Surgical/Accessory**

**B. Restrictions (diet, regimen etc)**

Disease	Medicinal

**19. PROGRESS & FOLLOW UP**

Date	Symptom(s) changes	Inference	Prescription





## APPENDIX- III

### ASSESSMENT CRITERIA FOR MIGRAINE.

	SYMPTOMS	Absent	Mild	Moderate	Severe
1	Head pain	0	1	2	3
2	Nausea	0	1	2	3
3	Vomiting	0	1	2	3
4	Visual symptoms	0	1	2	3
5	Phonophobia	0	1	2	3
6	Associated complaints	0	1	2	3
7	Aggravation after exertion	0	1	2	3
8	Aura symptoms	0	1	2	3
<b>TOTAL</b>		24			

Marked improvement: 0 – 8

Mild improvement : 9 - 16

No improvement : 17 - 24

## **APPENDIX -IV**

### **FORM – 4: CONSENT FORM (A)**

#### **INFORMATION FOR PARTICIPANTS OF THE STUDY**

Title of my study is “HOMOEOPATHIC MANAGEMENT OF MIGRAINE IN SCHOOL GOING CHILDREN BASED ON DISEASE INTENSITY USING CONSTITUTIONAL REMEDIES”. The purpose of my study is (1) To assess the effectiveness of constitutional medicine in pain management and recurrence of attacks.(2)To know the importance of constitutional remedies indicating symptoms of migraine.(3)To determine the etiological factors of migraine. Duration of my study is from July 2017 – January 2019.

The procedures include selection of 30 cases of female patients with Hypothyroidism are selected from OPD, IPD and from peripheral centers of Sarada Krishna Homoeopathic Medical College. The case will be analysed and evaluated. It is repertorised and a well constitutional remedy will be prescribed after referring the Materia Medica. The repetition of doses will be done based on the Homoeopathic principles. Assessment will be done once in a week or two weeks and changes will be recorded. In 3 to 6months study, patients will be assessed on one year observation.

The benefits to the subject or others, reasonably expected from research are (1) The participants are enquired based on IHS diagnostic criteria for migraine to find out whether the child is having Migraine. (2) If the participant is diagnosed as Migraine, awareness should be given to the child as well as the parent to reduce the frequency and intensity of the attack through homoeopathically (3) Thus study is a benefit not only to the participant but also to the society as a whole. The records are maintained highly confidential. Only the investigator has the access to the subject’s medical records. Participant’s identity will never be disclosed at any time, during or after the study period or during publication of the research. Securely store data documents in locked locations and Encrypt identifiable computerized data. All information revealed by patient will be kept as strictly confidential. Free treatment for research related injury is guaranteed. Compensation of the participants not only disability or death resulting from such injury but also for unforeseeable risks is provided, in case situation arises.

Contact for trial related queries, rights of subjects and in the event of any injury.

#### INVESTIGATOR

Dr. Digna Reji, P.G. Scholar,  
Department of Practice of Medicine,  
Sarada Krishna Homoeopathic Medical College,  
Kulasekharam, Mobile no: 9487180279.

#### GUIDE

Dr. Sugathan. N.V  
Professor,  
Department of Practice of Medicine,  
Sarada Krishna Homoeopathic Medical College,  
Kulasekharam, Mobile no: 9443558786.

There will not be any anticipated prorated payment to the subject for participating in the trial. The responsibilities of the participants in the trial are they must disclose all about the complaints. Participants must strictly stick on to the scheduled Diet, Regimen and Medicine.

The participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the subject is otherwise entitled.

**FORM- 4 A**

**CONSENT FORM (B)**

Informed Consent form to participate in a clinical trial

Study Title: HOMOEOPATHIC MANAGEMENT OF MIGRAINE IN SCHOOL GOING CHILDREN BASED ON DISEASE INTENSITY USING CONSTITUTIONAL REMEDIES

Study Number:            Subject's Initials \_\_\_\_\_ Subject's Name  
\_\_\_\_\_ Date of birth/Age: \_\_\_\_\_

Please initial

Box (Subject)

- i. I confirm that I have read and understood the information sheet dated July 2017 for the above study and have had the opportunity to ask question.  
[ ]
- ii. I understood that my participation in the study is voluntary and that I am free to withdraw at any time without giving any reason. Without my medical  
[ ]  
care or legal rights being affected.
- iii. I understand that the sponsor of the clinical trial, others working on the sponsor's [ ]  
behalf the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.
- iv. I agree not to restrict the use of any data or result that arise from this study  
[ ]  
provided such a use only for scientific purpose(s)
- v. I agree to take part in the above study.

Signature (or Thumb impression of the subject/legally acceptable)

Representative: \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signatory's Name: \_\_\_\_\_

Signature of the Investigator: \_\_\_\_\_

Study Investigator's Name: Dr. Digna Reji.

Signature of the Witness \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of the Witness \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## APPENDIX- V

### CASE

**Name of the patient:** Baby. XX

**Age:** 12 years

**Sex:** Female

**Religion:** Christian

**Occupation:** Student (8<sup>th</sup>std)

**Address:**Thadikkarakonam

**Date of case taking:** 21-04-2018

**OP. NO:** 9472/18

### Presenting complaint

Location	Sensation	Modalities (< ,>) & A/F (=)	Accompaniments
HeadFrontal region (left side)Since 1 year	Stitching type of pain Sensitive to light	A/F travelling after < physical exertion < mental tension < morning < noise < sleep	Perspiration Nausea Vomiting (occasionally)

### History of presenting complaints

Patient's complaint started as pain on head since 1 year as gradual onset and the pain was stitching in nature which occurs after travelling, physical exertion and mental tension and better by sleep. There was perspiration and nausea along with headache. She didn't took any other treatment.

### History of previous illness with treatment adopted

No history of any previous illness

### History of family illness

Maternal grandmother had history of Asthma.

**Personal history**

Place of birth: Thadikkarakonam

Religion: Christian

Education: 8<sup>th</sup> standard

Economic Status : Middle class

Marital status : Single

Family status : Nuclear

Occupation : Student (8<sup>th</sup>std)

**Habits and hobbies**

Food : Non-veg

Addictions : Nil

Sleep : Good

**Domestic relations**

With family members : Good

With other relatives : Good

With neighbours/ Friends/ Colleagues : Good

**Sexual relation**

Premarital : Nil

Marital : Nil

Extra marital : Nil

**Life space investigation**

The patient was born in a moderate family. Her father is a daily wage and mother is housewife. She had an elder brother. Now she is studying in 8<sup>th</sup> standard. She is average in her studies and very much attached to the family. She is worried about the complaint.

**Psychic features**

Appearance

- Calm

- Introvert
- Co-operative

Reaction to

- Desire- company
- Consolation - >

Other features

- weeps easily
- Quarrelling with her brother
- Good perception and thinking
- Good memory

### **Physical features**

Appearance

- Stature: Moderate
- Complexion: Fair
- Gait: Steady
- Clean/Unclean: Clean

Generals

- Appetite : Decreased
- Thirst : Normal
- Sleep : Good
- Stool : Regular
- Urine : Normal
- Sweat : Increased during headache

Reaction to:

- Desire: Cold season
- Desire: Fanning
- Aversion: Covering
- Aversion: spicy food
- Desire: sweets
- Desire: Cold foods



## Physical examination

### General:

Jaundice	: Not icteric
Anaemia	: No pallor
Oedema	: Nil
Cyanosis	: Nil
Clubbing	: Nil
Lymphadenopathy	: Nil
Discolouration	: Nil
Skin eruption	: Nil
Height	: 156cm
Weight	: 59kg
BMI	: 23kg/m <sup>2</sup>
Pulse	: 80 beats/min
Respiratory rate	: 18/min
Temperature	: 98.6 <sup>0</sup> F

## Systemic examination

Respiratory system: Normal vesicular breath sound heard all over the lung field.

Cardiovascular system: S<sub>1</sub> S<sub>2</sub> heard no murmur.

## Regionals

Dandruff present on scalp

Hair falling present

Dimness of vision

Moist and clean tongue

## Menstrual history

LMP	: 12-4-2018
FMP	: 11 years
Cycle	: 28 days
Duration	: 5 days
Quantity	: 3 pads/day
Consistency and clots:	No clots
Colour and odour	: Bright red in colour

Stains and acidity : No stains and acidity

**Provisional diagnosis**

?MIGRAINE

**Differential diagnosis**

TENSION HEADACHE

**Analysis of the case**

Common symptom	Uncommon symptom
Head Frontal region A/F travelling after < physical exertion < mental tension <noise > sleep Associated with Nausea Vomiting (occasionally) Sensitive to light	Head Frontal region Stitching type of pain <morning Associated with Perspiration Desire- sweets Desire: cold foods Easily get angry

**Evaluation of symptoms**

- Stitching type of pain on Frontal region
- Pain on left side
- Sensitive to light
- Angers easily
- Aversion- spicy food
- Desire- sweets
- Desire- cold foods
- headache

A/F travelling after

< Physical exertion

< Mental tension

< Morning

< Noise

> Sleep

- Headache associated with Nausea, perspiration and vomiting (occasionally)

### Miasmatic expression

Psora	Sycosis	Syphilis
Headache Frontal region <morning <noise >sleep Associated with nausea and perspiration Vomiting Desire- sweets Angers easily	Desire- cold foods	Stitching type of pain on frontal region.

### Prominent miasm: Psora

#### Totality of symptoms

- Stitching type of pain on Frontal region
- Pain on left side
- Aversion- spicy food
- Desire- sweets
- Desire- cold foods
- headache
  - A/F travelling after
  - < Physical exertion
  - < Mental tension
  - < Morning
  - > Sleep
- Headache associated with Nausea and perspiration

## Repertorial totality

The screenshot shows a software interface for a repertorial totality analysis. At the top, there is a search bar with a magnifying glass icon and the text '100 %'. Below the search bar, there are three user avatars: J.Sherr, Luc, and Rajan's Miasms. To the right of the avatars are icons for 'Display', 'Strategy', and 'Restrict to'. Below the avatars, there is a list of symptoms in a window titled 'Clipboard 1':

1. HEAD - PAIN, - stitching - Forehead - sides of - left (9) 1
2. HEAD - PAIN, - Forehead,in - noise (13) 1
3. HEAD - PAIN, - light - in general,from (45) 1
4. STOMACH - DESIRES - sweets (36) 1
5. STOMACH - DESIRES - cold food (14) 1
6. PERSPIRATION - HEADACHE,during (22) 1
7. STOMACH - NAUSEA - headache,during (116) 1

To the right of the list is a grid of remedies. The grid has 18 columns representing remedies: Vit., Calc., ang.n., ars., sil., nat.m., phos., Sulph., dry., Chin., Kali.s., Puls., sep., am.c., ant.t., lac.d., merc., n. The grid has 9 rows representing symptoms. The cells in the grid contain numbers indicating the frequency of each symptom-remedy pair. For example, the first row (HEAD - PAIN, - stitching - Forehead - sides of - left) has a '9' in the 'Vit.' column and a '1' in the 'n.' column.

## Repertorial result

Lycopodium Clavatum	: 9/5
Calcarea Carbonicum	: 8/4
Argentum Nitricum	: 7/4
Arsenicum Album	: 7/4
Silicea Terra	: 7/4
Natrum muriaticum	: 6/4

## Management and treatment

Plan of treatment

Medicinal management

General management

Advise for avoid over exertion of mind and body

Advise to take food in proper time

## Medicinal Management

**R<sub>x</sub>**

CALCAREA CARBONICUM 0/3/2 doses

(1dose in 10ml aqua ½ x BD)

## Basis of selection

Medicine: CALCAREA CARBONICUM

1. Stitching type of pain on forehead
2. Pain on left side

3. Pain associated with nausea

4. Desire: sweets

Potency: 0/3

Dose: Two doses

### ASSESSMENT CRITERIA FOR MIGRAINE

SL NO	Symptoms	Absent	Mild	Moderate	Severe
1	Head Pain	0	1	2	3
2	Nausea	0	1	2	3
3	Vomiting	0	1	2	3
4	Visual symptoms	0	1	2	3
5	Phonophobia	0	1	2	3
6	Associated complaints	0	1	2	3
7	Aggravation after exertion	0	1	2	3
8	Aura symptoms	0	1	2	3
	Total	24			

FIRST VISIT							
1	2	3	4	5	6	7	8
3	3	3	3	3	2	3	2

DATE	FOLLOW UP	MEDICINE PRESCRIBED																
28/4/2018	Headache feels slightly better than before. Nausea slightly better. Vomiting better than before Generals: good <table border="1" data-bbox="488 524 890 636"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>2</td><td>1</td><td>1</td><td>2</td><td>2</td><td>1</td><td>2</td><td>0</td> </tr> </table>	1	2	3	4	5	6	7	8	2	1	1	2	2	1	2	0	<b>R<sub>x</sub></b> CALCAREA CARBONICUM0/3/2doses (1 dose in 10 ml aqua ½ x BD) B. pills 5ml (3xTds)  For 2 weeks
1	2	3	4	5	6	7	8											
2	1	1	2	2	1	2	0											
12/5/2018	Headache feels better Nausea and vomiting feels better Generally patient feels better Generals- Good <table border="1" data-bbox="488 1189 890 1301"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>1</td><td>1</td><td>0</td><td>1</td><td>1</td><td>0</td><td>1</td><td>1</td> </tr> </table>	1	2	3	4	5	6	7	8	1	1	0	1	1	0	1	1	<b>R<sub>x</sub></b> CALCAREA CARBONICUM0/3/2doses (1 dose in 10 ml aqua 1/2 x BD) B. pills 5ml (3xTds)  For 2 weeks
1	2	3	4	5	6	7	8											
1	1	0	1	1	0	1	1											
2/6/2018	Headache feels better All complaints feels better than before Generals- Good <table border="1" data-bbox="488 1576 890 1688"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>1</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td><td>0</td> </tr> </table>	1	2	3	4	5	6	7	8	1	0	0	1	1	0	2	0	<b>R<sub>x</sub></b> CALCAREA CARBONICUM0/3/2doses (1 dose in 10 ml aqua 1/2x BD)  B. pills 5ml (3xTds)
1	2	3	4	5	6	7	8											
1	0	0	1	1	0	2	0											

## APPENDIX VI

### MASTER CHART

Sl. no	OP. NO	Age	Sex	Occupation	Etiological factors	Past history	Family history	Medicine	Potency	Mode of administration	Disease intensity score		Improvement status
											BT	AT	
1	144/18	17 years	F	Student	after mental exertion, sun exposure	Measles, Typhoid	Diabetes	sulphur	30	Dry dose	19	4	Marked improvement
2	6230/15	17 years	F	student	sun exposure, noise, after exertion	Chicken pox	Nil	Lycopodium	0/3	Water dose	21	8	Marked improvement
3	2705/17	17 years	F	student	Before menses, sun exposure, morning	Jaundice	Nil	Lycopodium	200	Water dose	19	3	Marked improvement
4	5417/13	16 years	F	student	Physical exertion, noise	Dengue	Hypertension	Pulsatilla	1M	Dry dose	20	4	Marked improvement

5	1060 7/13	14 years	M	student	Mental tension, sun exposure, skipping meals	Chicken pox, Measles	Migrain e	Natrum mur	1M	Dry dose	18	4	Marked improvement
6	5416 /13	16 years	F	student	Travelling, n oise, sun exposure	Typhoid, Primary TB	Nil	Sulphur	200	Dry dose	22	6	Marked improvement
7	784/ 16	16 years	F	student	Over exertion, bef ore mensus, read ing	Pneumon ia, Measles	Nil	Calcarea carb	0/3	Water dose	21	4	Marked improvement
8	4212 /15	15 years	F	Student	Mental tension, sun exposure	Typhoid, Chicken pox	Nil	Calcarea carb	0/1	Water dose	20	5	Marked improvement
9	273/ 17	13 years	F	Student	Reading, noise, after fear	Nil	Diabete s	Nuxvom ica	200	Water dose	18	3	Marked improvement
10	531/ 18	17 years	F	Student	Mental tension, sun exposure	Measles	cancer	Calcarea carb	30	Water dose	19	2	Marked improvement
11	1246 2/16	17 years	F	Student	Skipping meals, travelling	Nil	MI	Calcarea carb	0/1	Dry dose	21	10	Marked improvement



12	3113 /17	17 years	F	Student	Cold exposure, loss of sleep, morning	Chicken pox	Nil	Arsenicum album	30	Water dose	20	7	Marked improvement
13	5825 /18	12 years	M	Student	Noise, sun exposure	Measles	Hyperte nsion	Calcarea phos	200	Dry dose	17	5	Marked improvement
14	6993 /18	15 years	F	Student	Sun exposure, skipping meals	Nil	Nil	Belladonn a	200	Water dose	22	7	Marked improvement
15	7705 /18	13 years	M	Student	Mental exertion, reading, smell of perfumes	Nil	Diabete s	Lycopodiu m	200	Water dose	21	4	Marked improvement
16	5875 /17	12 years	F	Student	After anger, sun exposure, over exertion	Typhoid, Measles	Rheum atic complai nts	Calcarea phos	200	Dry dose	17	4	Marked improvement
17	9555 /14	16 years	M	Student	Mental exertion, over perspiring	Chicken pox	Diabete s	Silicea	30	Water dose	19	5	Marked improvement

18	3591/16	13 years	F	Student	Reading, sun exposure, noise	Measles	Cancer	Silicea	0/3	Water dose	20	6	Marked improvement
19	10624/16	16 years	F	Student	Noise, cold exposure, loss of sleep	Measles	Nil	Natrum mur	0/3	Dry dose	20	9	Mild improvement
20	7212/17	12 years	F	Student	After fear, cold exposure, morning	Nil	Asthma	Silicea	30	Water dose	21	7	Marked improvement
21	8379/8	15 years	M	Student	Mental exertion, sun exposure	Chicken pox	Migraine	Staphysagria	1M	Dry dose	18	6	Marked improvement
22	6574/15	12 years	M	Student	sun exposure, over reading	Jaundice, Measles	Diabetes	Nuxvomica	1M	Dry dose	21	5	Marked improvement
23	12624/16	12 years	F	Student	Noise, sun exposure, morning	Nil	Nil	Lycopodium	200	Water dose	19	4	Marked improvement
24	527/18	13 years	F	Student	Skipping meals, evening	Chicken pox	Nil	Lycopodium	30	Water dose	19	4	Marked improvement

25	2676/18	17 years	F	Student	Before menses, sun exposure, morning	Typhoid	hypertension	Lycopodium	200	Water dose	20	5	Marked improvement
26	9520/18	17 years	M	Student	Travelling, noise, sun exposure, physical exertion	Chicken pox	asthma	Spigelia	200	Dry dose	21	10	Mild improvement
27	7795/18	17 years	F	Student	Before menses, noise, evening	Dengue, Measles	migraine	Lycopodium	200	Water dose	18	3	Marked improvement
28	9471/18	15 years	M	Student	Reading, loss of sleep, evening	Jaundice	Nil	Calcarea carb	200	Water dose	21	4	Marked improvement
29	9472/18	12 years	F	student	Morning, physical exertion	Nil	Asthma	Calcarea carb	0/3	Dry dose	22	5	Marked improvement
30	9028/17	12 years	F	student	Sun exposure, evening	Typhoid	Hypertension	Sanguinaria	30	Water dose	17	3	Marked improvement