

HOLISTIC HEALING OF MIGRAINE & MEDICATION-OVERUSE HEADACHE (MOH) WITH HOMOEOPATHY: A CASE REPORT

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ABSTRACT:

Medication-Overuse Headache(MOH) is an inter-action between a therapeutic agent used excessively and a susceptible patient. Since 4 months, a 29-year-old woman had complained of stitching and pulsating pain in forehead & occiput. The patient had already been treated with allopathic medication. She is a diagnosed case of Migraine since long. She also complained of irregular menstruation. Homoeopathic medicine Calcarea carbonica 30C was prescribed after analyzing the patient's case and constitution. Patient has felt much better & no episodes of headache & vertigo till submitting this report.
KEY-WORDS: Medication Overuse headache (MOH), Migraine, Homoeopathy

INTRODUCTION:

Medication-Overuse Headache(MOH) is an inter-action between a therapeutic agent used excessively and a susceptible patient. Headache caused by taking too many medications is very important clinically. According to epidemiological evidence from many countries, More than half of people who experience headache on 15 or more days per month have medication-overuse headache. The majority of patients with this disorder respond to preventative treatment and improve after stopping the overused medication, according to clinical evidence.

Headache that occurs on 15 or more days per month in a patient who already has a primary headache and develops as a result of using acute or symptomatic headache medication excessively for more than three months (on 10 or more or 15 or more days per month, depending on the medication).It usually goes away when the overuse is stopped, but not always.

CLINICAL FEATURES:

An episodic headache disorder, typically a migraine or tension-type headache, that has been treated with frequent and excessive dosages of acute symptomatic medications typically precedes the onset of MOH. In clinical practice, MOH frequently manifests as a present or developing headache.

Although the frequency and severity of headache can vary greatly from person to person, they typically occur on a daily or nearly daily basis. There is a possibility of nausea, asthenia, difficulty concentrating, memory issues, and irritability. The type of over-the-counter headache medication may partially determine the clinical features.

- **MOH DIAGNOSTIC CRITERIA:**

A. Headache present on ≥ 15 days per month.

B. Regular overuse for more than 3 months of one or more drugs that can be taken for acute and/or symptomatic treatment of headache.

C. Headache has developed or markedly worsened during medication-overuse. (For simple analgesics and for combination of acute medications, the intake must be 15 days or more per month; for triptans, ergotamines, opioids, and combination analgesics, 10 days per month is enough for a diagnosis of medication-overuse headache)

Abbreviated International Headache Society (IHS)

- **DIAGNOSTIC CRITERIA FOR MIGRAINE:**

Migraine without aura (common migraine)

At least five attacks fulfilling criteria a–d:

a. Headache lasting 4 hours to 72 hours

b. Nausea/vomiting and/or light and noise sensitivity

c. Two of the following:

- Unilateral pain

- Moderate or severe intensity pain
 - Aggravation by simple physical activity
 - Pulsating pain
- d. Not attributable to another disorder

Migraine with aura (“classic migraine”)

At least three of the following:

- Reversible focal brainstem or cortical dysfunction
- Aura develops over >4 minutes or two or more symptoms occur in succession
- Each aura <60 min
- Headache <60 min following aura

Suggested criteria for chronic or transformed migraine

- Daily or almost daily (>15 days/month) head pain >1 month
- Average headache duration > 4 hours/day (untreated)
- At least one of the following:
 - A previous history of IHS migraine
 - History of increasing headache frequency with decreasing severity of migrainous features over at least 3 months
 - Current superimposed attacks of headache that meet all the IHS criteria except duration

DIFFERENTIAL DIAGNOSIS:

In the differential diagnosis, any kind of persistent daily headache, primary or secondary, must be taken into account. MOH is not the only headache disorder that is present if one consumes drugs frequently. The patient typically suffers from a primary headache disorder.

CASE REPORT:

On 3/8/2022 Patient Mrs. A, aged 29 years, stays in Vadodara city, presented with the complaints of repeated attacks of Headache since long time. She was a diagnosed case of MIGRAINE fulfilling diagnostic criteria for migraine. Patient had consulted many Allopathic physicians as well as Psychiatrists for treatment but according to patient, she only felt temporary relief from pain and then headache again started. Since 4 months, she felt stretching pain over forehead and occiput. She felt pulsating pain and restlessness from pain. Her parents reported that she collapsed for about 15 minutes when she felt severe continuous pain. During pain she felt vertigo, nausea and occasionally vomiting of eaten food. Patient has aggravation from Speaking, and get relieved only by taking painkillers. Usually patient feel these attacks about 4-6 times per week. Patient also reported that after migraine complaint she develops irregular, too late & scanty menstrual flow which appeared in clots.

Patient look fair and fatty in general look, with shyness, anticipation especially from bad news.

PAST ILLNESS:

History of Smallpox in Childhood.

History of typhoid fever at age of 22 years.

DEVELOPMENTAL HISTORY:

- 1) Motor area
 - Neck holding – 8 months
 - Sitting – 9 months
 - Standing – 10 months
 - Walking – 12 months
- 2) Language area
 - Babbling – 4 months
 - First word – 6 months
 - Second word – 11 months

GENERAL FEATURES:

- Appetite – Normal
- Desire – Not specific
- Aversion – Coffee(+3)
- Thirst – Moderate; 6 – 7 glass/day
- Sleep – Disturbed almost every day; disturbed due to excessive thoughts
- Urine – Normal
- Stool – Satisfactory

MENTAL AND EMOTIONAL STATE:

- Patient is very timid in nature.
- Shyness depicts even in social interaction.
- Sensitivity of mind.
- Always gets disturbed mentally when receives any bad news and started developing headache complaint.

PHYSICAL FINDINGS:

- Complexion – fair
- Body weight – 80kgs
- Height – 160cm
- Pulse – 78/min
- Respiratory rate – 19/min

MENSTRUAL HISTORY:

- FMP - 14yrs
- LMP – 13/6/2022
- Cycle – irregular; too late
- Duration – 5 days
- Quantity – normal; clotted
- Color – red

INVESTIGATIONS:

Done; no structural or pathological abnormality detected.

DIAGNOSIS: MIGRAINE + MEDICATION OVERUSE HEADACHE(MOH)

SUMANDEEP VIDYAPEETH
શ્રીમતી વીવીપીએન કોલેજ ઓફ મેડીસલ સાયન્સ
+ ધિરજ હોસ્પિટલ +
ડીપરોયા, તા. વાવોડિયા, ઝ. વડોદરા. ફોન નં. ૯૫૨૬૬૯-૨૪૫૨૬૭, ૨૪૫૨૬૫

રોગીનું નામ: **Sabnam Mansuri** ઓ. પી. સી. રેકૉર્ડ નંબર: **2204150575**

રોગીનું સંજ્ઞા: [Redacted] માસીક આયુષ્ય: **29**

જન્મ તારીખ: [Redacted] ઉંમર: **29**

વૈદ્ય: **Neurology** વિભાગ: **કોર્ડીનેરી**

તારીખ	રોગની ફરીયાદ/ત્રિતીકા	સારવાર	ફોલો અપ
2	S/B Dr. Harsh Dr. Chetan Dr. Shashy H/o migraine + MOH Complaints persistent • No relief from #dr - T. zinepra (10/40) - T. prothiaden (10/100) - T. naxdom (50/10) Rizatriptan long strip 8L		

શ્રીમંતી વીવીપીએન કોલેજ ઓફ મેડીસલ સાયન્સ, વાવોડિયા, વડોદરા. ફોન નં. ૯૫૨૬૬૯-૨૪૫૨૬૭, ૨૪૫૨૬૫. ઇમેઇલ: ms_dgh@sumandeepuniversity.co.in

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OPD CASE

Name: **SABNAM CHIRAG MANSURI** CASE NO: **2204150575**
PANI GATE BARODA DATE: **15/04/2022**

CONS. DR./UNIT: **NEUROLOGY** OCCUPA: **N.A.**
Diagnosis/Chief Complaints: **NEUROLOGY** AGE/SEX: **29 Y / F**
BPL NO: [Redacted]

DATE	COMPLAINTS	TREATMENT
5/4/22 2:30 PM	S/B Dr. Harsh Patel Dr. Smit (Cord - F)	Medic (R)
29/F	24 year old patient Ch. headache + 1 month ↳ retroorbital ↳ mod-severe ↳ continuous in nature ↳ vomit ↳ 2-3 episode of vertigo. ↳ 2-3 episode of wc. ↳ 2-3 episode of eyes close ↳ no tonic-clonic movement ↳ not in both H/o similar headache @ year back	normal + husband family history Rizatriptan long strip 8L

Clinical Impression: **MIGRAINE + MOH**

SUMANDEEP VIDYAPEETH
શ્રીમતી વીવીપીએન કોલેજ ઓફ મેડીસલ સાયન્સ
+ ધિરજ હોસ્પિટલ +
ડીપરોયા, તા. વાવોડિયા, ઝ. વડોદરા. ફોન નં. ૯૫૨૬૬૯-૨૪૫૨૬૭, ૨૪૫૨૬૫

રોગીનું નામ: **Sabnam Mansuri** ઓ. પી. સી. રેકૉર્ડ નંબર: **2204150575**

રોગીનું સંજ્ઞા: [Redacted] માસીક આયુષ્ય: **29**

જન્મ તારીખ: [Redacted] ઉંમર: **29**

વૈદ્ય: **Neurology** વિભાગ: **કોર્ડીનેરી**

તારીખ	રોગની ફરીયાદ/ત્રિતીકા	સારવાર	ફોલો અપ
10/1/22	H/o of migraine + MOH 4-5 episodes / month #dr - T. PROTHIADEN (10/100) - T. NAXDOM (50/10) - T. ZINEPRA (10/40) - Rizatriptan long strip 8L		

શ્રીમંતી વીવીપીએન કોલેજ ઓફ મેડીસલ સાયન્સ, વાવોડિયા, વડોદરા. ફોન નં. ૯૫૨૬૬૯-૨૪૫૨૬૭, ૨૪૫૨૬૫. ઇમેઇલ: ms_dgh@sumandeepuniversity.co.in

Dr. Bhavin Upadhyaya
MD (DM) (Neurophysician)
Specialty: (S. 1.7.2.4)

Sabnam Mansuri

↳ Vascular headache 15 days / 2 mo.
↳ Mod to sev
↳ Gen. throbbing pain
↳ Unconsciousness, Seizure, CM. Syst, Syst dis, Sitt deficit, ENT dist, trauma

Case ✓
Fondly
BP: 111/60mm Hg.

CT - (N)

(R)
①. Miltobloc 100
②. Esigressin 100
③. 1. Gabapentin 100
④. 1. Gabapentin 100
⑤. 1. Gabapentin 100
⑥. 1. Gabapentin 100
⑦. 1. Gabapentin 100
⑧. 1. Gabapentin 100
⑨. 1. Gabapentin 100
⑩. 1. Gabapentin 100

17 x 22-31 5/11/22
01 x 1-10 05/11/22

⑥. 1. Gabapentin 100
→ ⑥. 1. Gabapentin 100
→ ⑥. 1. Gabapentin 100



DR. ISMAIL Y. PALA
Regd. No. G-11217 (M.D.)
CONSULTANT PSYCHIATRIST

20/7/22

[Redacted Name]

Mipme
17/2

Mintay 10 10/10
Gubhai m 5
Rusent 10 5
opimpe 10 10



11/7/22

Rusent 10 10
opimpe 10 10
Amest m 10
Sampar m 10



15/10

104, Rajive Towers, Near Tube Company, Old Padra Road, Vadodara - 390 020.
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107, રાજીવી ટાવર્સ, ટ્યુબ કંપની પાસે, ઓલ્ડ પાદરા રોડ, વડોદરા - ૩૯૦ ૦૨૦. ફોન : ૦૨૬૫-૨૩૨૦૮૬૮/૯૭૨૩૮૫૭૯૬

Patient Name:	[Redacted]	Age / Gender:	28/Female
Ref By:	Dr	Date:	13-04-2022

MRI OF THE BRAIN WITH C SPINE SCREENING

TECHNIQUE:
Multiplanar and multi echo MRI of the brain with C Spine screening was performed without administration of intravenous contrast.

FINDINGS:
The cerebral cortex and the underlying white matter reveal no abnormal signal intensity. There is no restriction in diffusion weighted images. No evidence of intracranial hemorrhage or mass lesion. The sulcal spaces, sylvian fissures, basal cisterns and ventricular system are unremarkable. The cerebellum and brainstem are unremarkable. The pituitary gland is normal in size and signal intensity. The bilateral orbits are grossly intact, without focal discrete intraconal or extraconal signal abnormalities; the optic nerves appear grossly normal and symmetrical in size and signal. The complexes for the seventh-eighth cranial nerves appear grossly normal and symmetrical in calibre and signal. The major intracerebral arteries and venous sinuses maintain normal signal void. The mastoid complexes are normally aerated. The visualized paranasal sinuses are normal. The visualized calvarial and facial osseous structures and the extracranial soft tissue reveal no significant abnormality.

Screening C Spine FINDINGS:
Alignment and osseous structures:
Straightening of the cervical spine is seen. The cervical vertebrae appear normal in signal and height. No evidence of primary bony canal narrowing is seen.



FAITH HOSPITAL

Dr. Mohammad Hussain
M.D. (Medicine)
Consultant Physician
G-14992

Date: 30/7/22

[Redacted Name]

OR Discharge

Madhavi 10 10
Rizvi 5 5

T. sibelium 10 10



Psy-Medic
Opipime + 10
mgitru + 10
Zonetrin + 10
Flutrace 6



Next Follow-up Date

The posterior elements of the cervical vertebrae appear normal.
The facet joints appear normal.
No fractures are seen.
Mild disc desiccation changes noted in all the cervical levels.
The ligamentum flavum and facet joints are normal.
Cervical cord appears normal in signal intensity.
Atlanto axial articulation appears normal. No features to suggest basilar invagination/Chiari malformation seen.
Cranio-vertebral junction and cervico-medullary junction appear normal.

IMPRESSION:

- No neuroparenchymal abnormality.
- Screening C spine shows no significant abnormality

Suggested Clinical Correlation.

N. Sunil Kumar
Dr. SUNIL KUMAR NARAMNATHA
Consultant Radiologist
MD
Reg No. 50941

TOTALITY OF SYMPTOMS:

- Stitching & Pulsating pain in occiput and forehead.
- Vertigo and nausea accompanied by head pain

- Aggravation from speaking
- Menstrual cycle irregular, too late and clotted
- Timidity
- A/F-Bad news
- Aversion-Coffee
- Sleep disturbed due to excessive thoughts

RUBRIC SELECTION:

	Remedies	ΣSym	ΣDeg	Symptoms
MIND				
1 MIND - AILMENTS FROM - bad news				
2 MIND - TIMIDITY				
VERTIGO				
3 VERTIGO - ACCOMPANIED BY - Head - pain in head				
HEAD				
4 HEAD - PAIN				
5 HEAD - PAIN - accompanied by - nausea				
6 HEAD - PAIN - talking - agg.				
7 HEAD - PAIN - Occiput and Forehead				
FEMALE GENITALIA/SEX				
8 FEMALE GENITALIA/SEX - MENSES - clotted				
9 FEMALE GENITALIA/SEX - MENSES - irregular				
10 FEMALE GENITALIA/SEX - MENSES - late, too				
SLEEP				
11 SLEEP - DISTURBED - thoughts; by				
12 GENERALS - ANALGESICS; from				
13 GENERALS - FOOD and DRINKS - coffee - aversion				
	calc.	12	27	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13
	sulph.	12	26	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13
	bell.	12	23	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
	bry.	12	20	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13
	puls.	11	23	1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 13
	nat-m.	11	22	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13
	nux-v.	11	22	1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 13

DRUG SELECTION:

As reportorial results shows, Calcarea carbonica medicine covered most of symptoms in totality. Patient is Chilly(+3) and constitutional make-up wise medicine matched. After reference of materia medica, Calcarea carbonica was the choice of remedy. Potency selection was made by following Homoeopathic principles.

PRESCRIPTION:

Rx, CALCAREA CARBONICA 30C is diluted in 100ml water and given 10 drops every one hourly along with S.L QDS for 3 days

FOLLOW UP:

6/8/2022- Headache Is severe, can't open eyes, vertigo, severe vomiting during headache

Rx, Calcarea carbonica 30C is diluted in 100 ml water and given 10 drops from it at 1 to 1½ hourly till complaints relieved.

9/8/2022- Complaints relieved much. Headache occurred with mild intensity.

Rx, Calcarea carbonica 30C diluted in 100 ml water and given 10 drops from it for 4 times a day for 4 days.

13/8/2022- Complaints relieved much. Menses appeared with normal flow.

Rx, Calcarea carbonica 30C diluted in 100ml water and given 10 drops from it for once a day. Rubrum (4-4-4) for 15 days.

30/8/2022- Patient feel better. Headache episode occurred very infrequently.

Rx, Calcarea carbonica 30C diluted in 100ml water and given 5 drops from it for once a day. S.L (4-4-4) for 15 days.

15/9/2022- Headache episode rarely now. Patient had menses on 14/9/2022 with normal appearance of flow.

Rx, Calcarea carbonica 30C diluted in 100ml water and given 5 drops from it every alternate day. S.L(4-0-4-0) for 1 month.

15/10/2022- Complaints relieved upto large extent. Patient had no attack of headache.LMP-13/10/2022

Rx, Calcarea carbonica 30C diluted in 100ml water and given 5 drops from it when patient feel pain. S.L.(4-4-4-4) for 10 days.

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