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

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ABSTRACT:
Medication-Overuse Headache(MOH) is an interaction 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 interaction 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)
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:**

<table>
<thead>
<tr>
<th>Mind</th>
<th>1 Mind - AILMENTS FROM</th>
<th>bad news</th>
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<tbody>
<tr>
<td></td>
<td>2 Mind - TIMIDITY</td>
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<tr>
<td>Vertigo</td>
<td>3 Vertigo - Accompanied by</td>
<td>Head</td>
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<tr>
<td>Head</td>
<td>4 Head - Pain</td>
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<td>5 Head - Pain - accompanied by</td>
<td>nausea</td>
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<td>6 Head - Pain - Talking - agg.</td>
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<td>7 Head - Pain - Occiput and Forehead</td>
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<tr>
<td>Female Genitalia/SEX</td>
<td>8 Female Genitalia/SEX - Menses</td>
<td>clotted</td>
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<td>9 Female Genitalia/SEX - Menses</td>
<td>irregular</td>
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<td>10 Female Genitalia/SEX - Menses</td>
<td>late, too</td>
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<tr>
<td>Sleep</td>
<td>11 Sleep - Disturbed</td>
<td>thoughts by</td>
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<td>12 Generals - Analgesics; from</td>
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<td></td>
<td>13 Generals - Food and Drinks</td>
<td>coffee - aversion</td>
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**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.

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

Rx, Calcarea carbonica 30C diluted in 100ml water and given 10 drops from it for once a day. Rubrum (4-4-4-4) 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 (4-0-4-0) 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.

**REFERENCE:**