

An Evidence-Based Case Study to Elicit the Antimiasmatic Approach in Enhancing the Quality of Life for Individuals Suffering from Migraine Through Migraine Assessment Questionnaire (MAQ)

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DOI: <https://doi.org/10.52403/ijrr.20240212>

ABSTRACT

Migraine is a relatively widespread chronic health illness with an episodic presentation, accounting for a large increase in years lived with disability (YLD). According to the Global Burden of Disease, migraine is the third leading cause of disability in both men and women under the age of 50. In reaction to this increasing phenomenon, numerous therapeutic approaches have been developed over the past few decades. Non-steroidal anti-inflammatory medicines (NSAIDs) are the first line of treatment for migraines that have gastrointestinal symptoms, including dyspepsia, burning or discomfort in the abdomen, and diarrhea as common adverse effects. The homeopathic medical method provides patients with a gentle cure free of adverse effects. Due to the nature and stage of the disease, anti-miasmatic treatment has a higher chance of minimizing effects and recurrence. An examination and comprehensive reconstruction of a migraine patient's case have been carried out. Subsequently, a remedy was prescribed based on the totality and miasmatic background of the case. In order to ensure effective assessment and evaluation, the migraine assessment questionnaire is considered. The result of

this clinical trial, which showed improvement, proved that treating such instances with the anti-miasmatic method is effective.

Keywords: Migraine, Homoeopathy, Miasm, Quality of life.

INTRODUCTION

Migraine is a main headache disorder that is frequently accompanied by light, sound, or smell sensitivity, nausea or vomiting, and auras that indicate a potential headache.^[1] According to recent analyses, migraine alone ranked second, accounting for 7.3% of all-causes of Years lived with disability (YLDs), across populations and first among people aged 15 to 49.^[2] While there is no mortality associated with migraine, the pain that Migraine patients endure severely impairs their quality of life and places a heavy financial strain on the society.^[3] In India, migraine prevalence is reported to be 25.2% based on a door-to-door survey of biologically unrelated adults (18–65 years old) randomly selected from Bangalore's urban and rural areas. Participants lost 5.5% of their productive time, or 1.5% of the adult population, and the mean disability per individual was 1.8%.^[4] Reducing migraine attacks can be achieved by behavioral and physical

therapies, medication, managing comorbidities, and changing one's lifestyle. In addition to alleviating symptoms, the usage of preventive medications has side effects when taken for extended periods of time.^[5]

In addition to the traditional definition of health as "absence of disease or disability," the World Health Organization (WHO) broadened the definition of health in 1948 to include "complete physical, mental, and social well-being." [6] Quality of life refers to how an individual feels about where they are in life in terms of their expectations, standards of living, ambitions, and interests. On the other hand, a person's level of satisfaction and emotional reaction to their health are both factors in their overall health-related quality of life. Adults who are most productive—those who are approaching puberty's end or are beginning their 50s—are affected by migraines in terms of their health-related quality of life.^[3]

Symptomatic treatments frequently provide brief relief but can result in consequences. The objective of providing complete physical, mental, and social wellbeing to an individual is accomplished by the homoeopathic method of healing art, which emphasizes gentle, secure healing and long-term health restoration through personalized, dynamic, miasmatic, and holistic concepts.

Back in Hahnemann's day, the term "Miasm or Miasma" was used to refer to any morbidic substances that are causally linked to the formation of diseases. Aphorisms 204-206 by Dr. Hahnemann explain that all chronic illnesses and ailments legitimately referred to as such can only be healed from the inside out with homoeopathic remedies that are suitable for the miasm that causes them.^[7]

Although the acute diseases were rapidly and completely cured by application of well selected medicines but it was observed that chronic diseases always had a tendency to relapse in a more or less varied form with new symptoms.

Additionally, a yearly increase in complaints was observed in certain situations where they had resurfaced. this seeming failure following around thirty years of learning about and using homoeopathy. (1790–1820 A. D). Hahnemann had to ponder over this matter seriously which led him to discover the theory of Psora as well as of chronic miasms.^[8] Antimiasmatic medicines help to clear up the suppressions (in relation to the past); clear up the presenting symptoms from their root or origin (in relation to the present); and clear up the susceptibility to get infection and there by strengthening the constitution (in relation to the prophylactic aspect or future)^[9].

In Homoeopathy, according to Dr. Hahnemann diseases are dynamic in origin and these dynamic diseases are classified in to acute and chronic. Chronic diseases are due to chronic miasms. These miasms are inherited in our body, when these chronic diseases are treated with anti-miasmatic remedies it acts on the vital force and improves the immunity of the patient, lessens the chance of disease going in to the deeper level and reduces the complications. This study helps to know more about the effectiveness of anti-miasmatic treatment in patients suffering from Migraine by using Migraine assessment questionnaire.

MATERIALS & METHODS

Date Source: MNR Homoeopathic Medical College & Hospital

Proposed Intervention:

was selected by repertorisation based on the totality of symptoms and Miasmatic background.

Data collection:

- A pre-designed case pro-forma and Migraine assessment questionnaire (MAQ) are used to collect data.
- Migraine assessment questionnaire (MAQ), the parameter to assess the intensity of suffering, was calculated every one month regularly.

Migraine Assessment Questionnaire	
Questions	
Duration of headaches: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 2-3 times year <input type="checkbox"/> Other <input type="checkbox"/>	
Localization: Frontal <input type="checkbox"/> Temporal <input type="checkbox"/> Occipital <input type="checkbox"/> Retro-orbital <input type="checkbox"/> Other <input type="checkbox"/>	
Quality: Dull <input type="checkbox"/> Sharp <input type="checkbox"/> Piercing <input type="checkbox"/> Squeezing <input type="checkbox"/> Throbbing <input type="checkbox"/> Other <input type="checkbox"/>	
Aura: No <input type="checkbox"/> Visual <input type="checkbox"/> Sensory <input type="checkbox"/> Motor <input type="checkbox"/> Cognitive <input type="checkbox"/>	
Severity: Mild=1 <input type="checkbox"/> Moderate=2 <input type="checkbox"/> Severe=3 <input type="checkbox"/>	
Mild: No effect on usual activities and efficiency Moderate: Interferes with activities, but doesn't require rest or leaving work (i.e. patient can keep working, but with decreased efficiency) Severe: Patients activity/efficiency impacted; Need to rest and/or go home	
Associated features	
Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Photophobia <input type="checkbox"/> Sonophobia <input type="checkbox"/> Odor sensitivity <input type="checkbox"/> Fatigue <input type="checkbox"/>	
Duration: Seconds <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/>	
Triggers:	
Menses <input type="checkbox"/> Stress <input type="checkbox"/> Disrupted Sleep <input type="checkbox"/> Hunger <input type="checkbox"/> Weather <input type="checkbox"/> Lights <input type="checkbox"/> Computer screens <input type="checkbox"/> Noises <input type="checkbox"/> Smoke <input type="checkbox"/>	
Foods:	
Aspartame <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits <input type="checkbox"/> Cheese <input type="checkbox"/> Chocolate <input type="checkbox"/> Citrus <input type="checkbox"/> Dairy <input type="checkbox"/> MSG <input type="checkbox"/> Nuts <input type="checkbox"/> Processed meats <input type="checkbox"/>	
Improved by:	
Reducing noise <input type="checkbox"/> Sleep <input type="checkbox"/> Eating <input type="checkbox"/> Dark and quiet environment <input type="checkbox"/> NSAIDs <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Triptans <input type="checkbox"/> Others <input type="checkbox"/>	

Figure 1: Migraine Assessment Questionnaire

The patient may select one of the options for each assessment question. The questions include duration, localization, quality, aura, severity, triggers of headache, nausea and ameliorating factors. The responses reveal the prognosis of migraine during the treatment period.

CASE PRESENTATION

A 45-year-old married Hindu female housewife suffering from migraine for 5 years visited MNR Homoeopathic Medical College and Hospital, Sanga Reddy, on December 12th, 2023, with case register number G/23/18739. Her complaints included headaches, nausea, and dizziness. She was on medication for migraines and low blood pressure. She had recurrent attacks of frontal and vertex headaches, each lasting 4–5 hours to 3 days, with heaviness. According to her, her pain was aggravating from routine physical activity, light exposure, and sometimes accompanied by nausea or vomiting. She had vertigo episodes on closing eyes. Her migraine assessment questionnaire showed a severely symptomatic condition.

Personal and Family History: Nothing significant

Physical generals:

Appetite: Gnawing

Thirst: Normal

Desire: Not specific

Aversion: Not specific

Stool: Satisfactory, once in day

Bowels: Regular

Urination: Normal

Thermals: Hot

Perspiration: Hot perspiration, Fore head

Sleep: Disturbed sleep

Dreams: Not specific

Menstrual H/o: Attained menarche at 12yrs of age. Regular Cycles, No clots.

Life space investigation:

She hails from a middle-class family. She did not study. She married at the age of 20. She is a housewife. She has two sons and two daughters. She has been very loquacious and religious in nature since her childhood. She does not easily socialize with everyone.

Physical examination:

Height -5'4", Weight-63 kgs, Anaemia – Absent, Jaundice-Absent, Cyanosis – Absent, Lymphadenopathy-Absent, Pulse-73/min, Temperature- 98.4°F, Respiratory rate – 16/min, B.P – 140/90, Clubbing – Absent.

Systemic examination:

Central Nervous System, Respiratory system, Gastro-intestinal system and Locomotor system: NAD

Analysis of the case:

Mentals:

- Religious

- Avoids company
- Loquacious

Physical generals:

- Hunger -Gnawing
- Hot Perspiration
- Disturbed sleep

Symptoms – Miasmatic Analysis:

Location-Frontal and vertex regions - Sycosis

Sensation- Head heaviness - Sycosis

Modality- Motion – Sycosis

Sweat on fore head - Psora

Concomitant- Vertigo which appears on closing the eyes and disappears on opening them.

Repertorisation:

With the aid of the Homopath software, the repertorisation was carried out utilizing a complete repertory. The following rubrics were chosen to represent each category:

MIND – Religious affections

MIND – Company aversion to, agg

MIND- Loquacity: Headache: during

HEAD PAIN: General: Migraine

HEAD PAIN: General: Vomiting: with

HEAD PAIN: General: sleep: Agg: After

STOMACH: Appetite: Gnawing

STOMACH: Appetite: Wanting Hunger with

PERSPIRATION: Hot

Remedy Name	Lach	Nux-v	Sep	Nat-m	Bell	Puls	Sulph	Calc	Lyc	Cham
Totality	20	17	15	14	13	13	12	11	11	11
Symptom Covered	9	7	7	6	8	7	6	7	7	6
[C] [Stomach]Appetite:Gnawing:	1		1		1					
[C] [Stomach]Appetite:Wanting:Hunger, with:	3	3		3	1	1	2	1	2	
[C] [Head Pain]General:Migraine:	3	3	3	1	1	3		2	1	1
[C] [Perspiration]Hot:	1	3	3		2	1	2	1	1	3
[C] [Head Pain]General:Sleep:Agg.:After:	4	2	1	3	2	1	2	2	2	1
[C] [Mind]Religious affections:	3	1	3	1	2	2	3	2	2	2
[C] [Mind]Company:Aversion to, agg.:	2	3	2	4	2	2	2	1	2	3
[C] [Mind]Loquacity:Headache:During:	1									
[C] [Head Pain]General:Vomiting:With:	2	2	2	2	2	3	1	2	1	1

Figure 2: Repertorisation chart

Selection of Remedy

Following reportorial analysis and consideration of the patient's clinical picture, an anti-Sycotic treatment was selected. The patient's solitude, loquacity,

and religious feelings all pointed to the use of Lachesis. The sycosis miasm reflecting the patient also supports the choice of Lachesis.

Date	Symptoms	Prescription
12-12-2023	Throbbing Headache every alternate day with nausea Severity of Headache was severe (MAQ), Light sensitivity	Lachesis 200 ,3doses TID, Placebo - 15 days
27-12-2023	Severity of headache decreased little; duration of headache reduced.	Lachesis 200 ,3doses TID, Placebo - 15 days
12-1-2024	Throbbing sensation reduced; light sensitivity decreased Severity of headache reduced to moderate level	Lachesis 200 ,3doses TID, Placebo - 15 days
31-1-2024	Recurrence of migraine episodes reduced; nausea condition improved. Able to do regular activities	Placebo -15 days
13-2-2024	No further improvement in complaints	Lachesis 1M ,1 dose Placebo -15 days
28-2-2024	Sleep improved. Impact of migraine on daily activities decreased. No vomiting episodes. Duration of headache reduced	Placebo -15 days
9-3-2024	Slight aggravation in migraine due to light sensitivity, other symptoms remained same	Lachesis 1M ,1 dose Placebo -15 days
25-3-2024	Photophobia, nausea, vomiting reduced	Placebo -15 days
15-4-2024	Improvement in patient overall health condition. Headache severity reduced to mild level	Placebo -15 days
29-4-2024	Patient condition was better than before	Placebo -1month

RESULT

The case has shown positive results in symptom complex of recurrent migraine. The patient was severely symptomatic according to MAQ before treatment and became mild symptomatic According to MAQ after 4 months treatment. The quality of life was too progressed.

DISCUSSION

A significant public health concern that necessitates frequent trips to the doctor is migraine. It is typically observed in females and is often seen as a debilitating condition in those under 50. Disability, functional limitations, and psychological impacts are all significantly impacted by migraine headaches. Rather than focusing only on treating the illness, homoeopathy treats the person as a whole. A permanent cure is the goal of homoeopathy, which recognizes that miasm has a significant impact on the disease's trajectory and acts appropriately. The aforementioned case improved in every subjective and objective measure after receiving the Lachesis, which was chosen based on a miasmatic background. In this case study, the patient's clinical improvements were noted, leading to favourable results. The patient's progress was evaluated using the Migraine Assessment Questionnaire (MAQ). Prior to therapy, the patient's MAQ showed significant symptoms; after receiving treatment, MAQ showed only mild symptoms and improvements in the patient's quality of life. Such an empirical investigation will validate the data presented in the homoeopathic literature and place the homoeopathic system within contemporary scientific bounds.

CONCLUSION

Even with a localized condition, the patient is considered unwell holistically in a homeopathic medical system, so the patient is given greater weight than the disease itself. Each case must be tailored to the patient's unique physical, mental, and specific symptoms as well as the underlying

miasm. A medication that is chosen with the whole person in mind targets the underlying cause of the illness, regardless of its origin, and restores the patient's health. Physicians should prioritize studying miasms because they include a complete comprehension of the human being, including both the traits that enable them to continue toward reaching their full potential and the flaws that prevent them from doing so. The utility of homoeopathic antimiasmatic treatment is once again demonstrated by this case study example, which was enhanced with Lachesis picked on a miasmatic backdrop. After doing a statistical analysis, we came to the conclusion that anti-migraine medications work incredibly well to treat migraines.

Declaration by Authors

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

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How to cite this article: Perumalla Pavithran. an evidence-based case study to elicit the antimiasmatic approach in enhancing the quality of life for individuals suffering from migraine through migraine assessment questionnaire (MAQ). *Gal Int J Health Sci Res.* 2024; 9(2): 91-96. DOI: [10.52403/gijhsr.20240212](https://doi.org/10.52403/gijhsr.20240212)
