



## International Journal of Research Publication and Reviews

Journal homepage: [www.ijrpr.com](http://www.ijrpr.com) ISSN 2582-7421

# Efficacy of Natrum Muriaticum in the Treatment of Common Migraine

*Dr Pulin K S*

Assistant professor, Bhagawan Buddha Homoeopathic Medical college and Hospital

DOI : <https://doi.org/10.55248/gengpi.6.0825.3064>

### ABSTRACT

Migraine is one of the major health problem. Prevalence of migraine, affect slightly more in boys than girls before puberty and after puberty approximately 3 times as female suffer than males. This present study was carried to see the efficacy of Natrum Muriaticum to reduce the pain intensity level. Materials and methods: Study was done on 10 cases taken from Father Muller Homoeopathic Medical College and Hospital, as well as Kankanady OPD. Diagnosed the case with migraine. Administered Natrum Muriaticum for 2 weeks.

**AIM:** To study the "Efficacy of Natrum Muriaticum in the treatment of Common Migraine".

**OBJECTIVE:** 1) To demonstrate the scope of Homoeopathy in the treatment of Common migraine. 2) To assess the efficacy of Natrum Muriaticum in the treatment of Common migraine.

**METHODS:** This is a clinical study, A total of 10 cases were selected by purposive sampling method as per the inclusion criteria. Cases will be recorded in the standardized case performa and all the cases were studied, analyzed with the reference from Materia Medica, Repertory, according to the totality of the symptoms and treated with Natrum Muriaticum. For assessment of clinical status, after completion of treatment, disease intensity of the post treatment, disease intensity scores i.e., Headache Pain Scale Interpretation were compared with the pre-treatment disease intensity score and statistically evaluated.

**RESULT:** The headache intensity reduction was statistically significant with in the sample group at the end of 2 weeks of medicine. Using paired 't' test, shown significant improvement in all cases and observed (0.0003778).

**CONCLUSION:** This clinical study proves that the Natrum Muriaticum is effective in the treatment of Migraine

**KEY WORDS:** Homoeopathy; Common Migraine; Headache; Natrum Muriaticum;

### INTRODUCTION

Migraine is a neurological syndrome characterized by altered bodily perceptions, severe headaches, and nausea. Migraine headache is a neurological condition more common to women than to men. The typical migraine headache is unilateral (affecting one half of the head) and pulsating, lasting from 4 to 72 hours; symptoms include nausea, vomiting, photophobia, and phonophobia. Migraine is the commonest form of headache seen in younger age groups. The incidence of migraine is increasing now a days probably due to modern food habits, the stresses and strains of life. We can manage successfully these migrainous attacks with Homoeopathic medicines because our treatment is mainly based on subjective and other mental symptoms. So I thought it would be worthwhile to make a study on the effectiveness of Natrum Muriaticum the treatment of migraine. The cause of migraine is unknown; the most common theory is a disorder of the serotonergic control system, which says, the pain thought to be linked with the drop of level of serotonin (chemical in the brain) leading to the dilatation and inflammation of blood vessels. It has a strong inheritance link associated with it and seems to run in families. Almost 60-70% of patients presenting in the family physician's clinic for relief of pain comes with the complaint of headache. This can affect all age groups and all sexes. But after puberty more in women than men. The management of migraine is more effective with Homoeopathic medicines as the treatment is mainly based on subjective symptoms which are more characteristic to every individual. Hence there was a need for the study on the effectiveness of Natrum Muriaticum in the treatment of Common migraine.

### METHODOLOGY

- Clinical Study was conducted for 10 subjects from April 2016 to December 2016, 10 cases were enrolled from Father Muller Homoeopathic Medical College and Hospital, as well as Kankanady OPD. Selected 10 cases by purposive sampling method as per the inclusion criteria. The data was collected from the patient while interviewing them, taking their history in detail and from clinical examination. All the data

were recorded in the Standardized Case Record (SCR). Subjects were treated with Natrum Muriaticum. Follow up case was done once in 2 weeks for minimum of 6 months which will be assessed based on symptomatology and by Headache Pain Scale Interpretation

### Diagnostic criteria

International Classification of Headache Disorders criteria (ICHD-3) for Migraine without aura.

- A. At least five attacks fulfilling criteria as listed below.
- B. Headache attacks lasting 4-72 hours (when untreated or unsuccessfully treated).
- C. Headache has at least two of the following four characteristics:
  - Unilateral location.
  - Pulsating quality.
  - Moderate or severe pain intensity.
  - Aggravation by or causing avoidance of routine physical activity (example, walking or climbing stairs).
- D. During Headache at least one of the following:
  - Nausea and/or vomiting.
  - Photophobia and phonophobia.

E. Not better accounted for by another ICHD-3 diagnosis.

### Inclusion criteria:

1. Case of migraine between the age group of 16-50 years.
2. Both the clinical patterns of common and classical migraine were considered

### Exclusion criteria:

1. Subjects below 16 and above 50 were excluded from the study.
2. Cases with Organic changes and advanced pathology such as intracranial tumor, intracranial aneurysms, temporal arteritis, glaucoma, disease of the cervical spine etc were excluded from the study

## METHODS OF DATA COLLECTION

Study group consists of 10 subjects who fulfil the diagnostic criteria, inclusion and exclusion criteria. The data was collected from the patient while interviewing them, taking their history in detail and from clinical examination. All the data were recorded in the Standardized Case Record (SCR). Each case was analyzed, and totality were presented. The potency selection and repetition of the dose was done according to Homoeopathic principles. Follow up were recorded and analyzed as per the requirement of the each cases.

## RESULT AND OBSERVATION

The data of 10 patients were statistically analyzed for observing the efficacy of the Natrum Muriaticum (N=10).

The headache intensity reduction was statistically significant with ( $p < 0.0003778$ ) in the sample group at the end of 2 weeks of medicine.

The mean value of headache intensity reduction is from 5 to 6 intensity score (1-group pretest-posttest result).

**Table no 1**

	Before Treatment			After Treatment			P Value
	Mean	SD	Median	Mean	SD	Median	
Headache	7	0.66	7.5	3	0.64	3	0.0003778

To highlight aims and objectives 10 cases were selected based on proper case taking and analysis. The selected cases are reasonably complete and has regular follow ups along with the prescriptions in every follow up.

## DISCUSSION

Migraine is an episodic and recurrent headache associated with visual and gastrointestinal disturbance. It is a common disorder and is a major cause of absenteeism from work, avoidance of social activities and the incapability of some people to spend time with their loved ones.

The current study is done for the better understanding of different types of migraine and to assess the efficacy of Natrum Mur in the treatment of Migraine.

This study is conducted on the patients who reported to the OPD of Father Muller Homoeopathic Medical College and Hospital at Deralakatte, as well as from Kankanady. A total number of 10 cases were selected randomly for the study. The study was conducted for 5-6 months. The inclusion and exclusion criteria as been strictly followed. For the assessment of the clinical status before and after the treatment, a scoring criteria was used mentioned in annexure-1. The statistical analysis made here is based on the data obtained from 10 cases.

Out of these ten cases the maximum prevalence of migraine was noted in the age group between 16-30year old. Among the 10 cases selected females 9 cases (90%) were found to be dominating than the males 1 cases (10%).

NaCl (salt) breaks up into ions and separate based on polarity in the body. Na<sup>+</sup> (sodium) is inside the cells and its function is to attract and hold onto water, thereby hydrate. The function of Cl<sup>-</sup> is to maintain optimal hydration fluid levels outside of the cell. Note that Na is positively charged (+) and Cl is negatively charged (-) and these polarity differences result in voltage differences. Cells without proper quantity of Na<sup>+</sup> and Cl<sup>-</sup> are not capable of voltage generation of the right magnitude. One of the functions of this specific voltage magnitude is the enabling of the sodium potassium pump that are located on the membrane of the neuron. Without [proper voltage](#) for the pumps, they may not be able to open to the outside or to the inside of the neuron. When a cell cannot open to the outside or to the inside, no exchange of nutrition can take place. Cells without sodium cannot retain water and remain dehydrated. Could malfunctioning pumps, brought on by low salt concentrations. In migraine alteration in the Na<sup>+</sup> pump leads to hyperexcitability of cortical nervous system leads to pain. So, when we give the similar homoeopathic remedy that is Natrum Muriaticum it act on Na<sup>+</sup> pump, the headache will reduce.

## CONCLUSION

Migraine is an episodic and recurrent headache associated with visual and gastrointestinal disturbance Out of these ten cases the maximum prevalence of migraine was noted in the age group between 16-30year old. Among the 10 cases selected females 9 cases (90%) were found to be dominating than the males 1 cases (10%). This clinical study proves that the Natrum Muriaticum is effective in the treatment of Migraine

## BIBLIOGRAPHY

1. Alders EE, Hentzen A, Tan CT. A community-based prevalence: study on headache in Malaysia. *Headache: The Journal of Head and Face Pain*. 1996 Jun 1;36(6):379-84
2. Ho KH, Ong BC. A community-based study of headache diagnosis and prevalence in Singapore. *Cephalalgia*. 2003 Feb;23(1):6-13.
3. Stewart WF, Lipton RB, Celentano DD, Reed ML. Prevalence of migraine headache in the United States: relation to age, income, race, and other sociodemographic factors. *Jama*. 1992 Jan 1;267(1):64-9.
4. Sakai F, Igarashi H. Prevalence of migraine in Japan: a nationwide survey. *Cephalalgia*. 1997 Feb;17(1):15-22.
5. Rao GN, Kulkarni GB, Gururaj G, Rajesh K, Subbakrishna DK, Steiner TJ, Stovner LJ. The burden of headache disorders in India: methodology and questionnaire validation for a community-based survey in Karnataka State. *The journal of headache and pain*. 2012 Oct 1;13(7):543-50.
6. Stewart WF, Shechter A, Rasmussen BK. Migraine prevalence. A review of population-based studies. *Neurology*. 1994 Jun;44(6 Suppl 4):S17-23.
7. Rama K. Yadao, DM, JayanteeKalita, DM, and Usha K. Misra, A Study of Triggers of Migraine in Indiapme\_725 44.47
8. Robbins L. Precipitating factors in migraine: a retrospective review of 494 patients. *Headache: The Journal of Head and Face Pain*. 1994 Apr 1;34(4):214-6.
9. Dalton K. FOOD INTAKE PRIOR TO A MIGRAINE ATTACK-STUDY OF 2,313 SPONTANEOUS ATTACKS. *Headache: The Journal of Head and Face Pain*. 1975 Oct 1;15(3):188-93.
10. Millichap J. Food-Related Headaches. *Pediatric Neurology Briefs*. 1998 Feb 1;12(2).
11. Owen JM, Green BN. Homeopathic treatment of headaches: a systematic review of the literature. *Journal of chiropractic medicine*. 2004 Mar 1;3(2):45-52.
12. Muscari-Tomaioli G, Allegri F, Miali E, Pomposelli R, Tubia P, Targhetta A, Castellini M, Bellavite P. Observational study of quality of life in patients with headache, receiving homeopathic treatment. *British Homoeopathic Journal*. 2001 Oct 31;90(4):189-97

13. Witt CM, Lüdtkke R, Willich SN. Homeopathic treatment of patients with migraine: a prospective observational study with a 2-year follow-up period. *The Journal of Alternative and Complementary Medicine*. 2010 Apr 1;16(4):347-55.
14. Leonardi M, Steiner TJ, Scher AT, Lipton RB. The global burden of migraine: measuring disability in headache disorders with WHO's Classification of Functioning, Disability and Health (ICF). *The journal of headache and pain*. 2005 Dec 1;6(6):429-40.
15. Chakravarty A. Chronic daily headache in children and adolescents: a clinic based study from India. *Cephalalgia*. 2005 Oct 1;25(10):795-800.
16. Kurth T, Slomke MA, Kase CS, Cook NR, Lee IM, Gaziano JM, Diener HC, Buring JE. Migraine, headache, and the risk of stroke in women A prospective study. *Neurology*. 2005 Mar 22;64(6):1020-6.
17. Stark RJ, Ravishankar K, Siow HC, Lee KS, Pepperle R, Wang SJ. Chronic migraine and chronic daily headache in the Asia-Pacific region: a systematic review. *Cephalalgia*. 2013 Mar;33(4):266-83.
18. Robbins L. Precipitating factors in migraine: a retrospective review of 494 patients. *Headache: The Journal of Head and Face Pain*. 1994 Apr 1;34(4):214-6.
19. Annexure 1, Headache pain scale interpretation, [www.headachenetwork.ca](http://www.headachenetwork.ca)
20. The International Classification of Headache Disorders 3<sup>rd</sup> Edition (ICHD-3) Abbreviated pocket version for reference by professional users only prepared by the Headache Classification Committee of the International Headache Society Jes Olesen (Chairman), Timothy J Steiner (Secretary), Lars Bendtsen, David Dodick, Anne Ducros, Stefan Evers, Michael First, Peter J Goadsby, Andrew Hershey, Zaza Katsarava, Morris Levin, Julio Pascual, Michael B Russell, Todd Schwedt, Cristina Tassorelli, Gisela M Terwindt, Maurice Vincent, Shuu-Jiun Wang