Cluster Headache Treated with Homoeopathy – A Case Report

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ABSTRACT

Homoeopathy is known to be safe and cost effective option for all kinds of headache patients and has no or fewer side effects than conventional treatment. A case of 38 years old female suffering from cluster showed improvement with individualized homoeopathic treatment. The analysis of case and differentiation help understand various remedies and how to apply homoeopathy in such cases.

Keywords – case report, Cluster headache, Homoeopathy, Tuberculinum, remedy differentiation

INTRODUCTION

Cluster headache (CH) is a primary headache disorder belonging to the group of headaches known as trigeminal autonomic cephalalgias (TACs). It is characterised by recurrent episodes of severe or extremely severe unilateral headache, predominantly involving the orbital, supraorbital and temporal regions. The attacks are usually accompanied by ipsilateral cranial autonomic manifestations such as lacrimation, conjunctival injection, nasal congestion, rhinorrhoea, eyelid oedema, ptosis and miosis [1].

Cluster headache is considered one of the most painful primary headache disorders. The pain is often described as piercing, boring, stabbing, burning or excruciating. Patients frequently describe an unbearable sensation around or behind one eye, sometimes extending towards the forehead, temple, cheek or other areas of the head.

Unlike migraine, in which patients commonly prefer to lie down and avoid movement, individuals experiencing cluster headache frequently demonstrate marked restlessness and agitation. They may pace, rock, sit upright or continuously move during an attack.

The term “cluster” refers to the characteristic occurrence of attacks in groups or bouts, lasting weeks to months, followed by periods of remission. This periodicity, together with the severity and unilateral distribution of pain, makes cluster headache a distinctive clinical entity [1,2].

Classification

According to the International Classification of Headache Disorders, third edition (ICHD-3), cluster headache is classified into two major clinical forms [1].

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Episodic cluster headache

- Attacks occur in distinct bouts or cluster periods.
- A cluster period may last from several weeks to months.
- These periods are followed by pain-free intervals lasting at least three months.
- The patient may remain completely asymptomatic during remission.

Chronic cluster headache

- Attacks continue for at least one year.
- There are no remission periods, or remission periods last less than three months.
- The condition can produce considerable physical, emotional and occupational disability.

The episodic form is more common, although the clinical pattern may change over time [1,2].

Characteristic Clinical Features

Site and distribution of pain

- The pain is usually strictly unilateral.
- It is commonly localised around the eye (orbital or periorbital region).
- The supraorbital and temporal regions may also be involved.
- Pain may radiate towards the forehead, cheek, jaw or neck.
- The same side is usually affected during a particular cluster period.

Nature and intensity of pain

Patients commonly describe the pain as:

- Excruciating or unbearable;
- Sharp, stabbing or piercing;
- Boring or drilling in nature;
- Burning or agonising; or
- A sensation of intense pressure behind the eye.

The intensity is usually severe or very severe and may develop rapidly.

Duration and frequency

According to ICHD-3 [1]:

- Each untreated attack lasts approximately 15–180 minutes.
- Attacks may occur from once every other day to eight times daily.

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- They may occur at remarkably regular intervals.
- Night-time attacks are common and may awaken the patient from sleep.

Cranial autonomic manifestations

These symptoms usually occur on the same side as the headache:

- Lacrimation;
- Conjunctival redness;
- Nasal congestion;
- Rhinorrhoea;
- Eyelid oedema;
- Forehead and facial sweating;
- Ptosis; and
- Miosis.

These manifestations are important diagnostic clues and reflect activation of the trigeminal-autonomic pathways [2].

Periodicity and Biological Rhythm

One of the most interesting characteristics of cluster headache is its remarkable periodicity. Patients may experience attacks at almost the same time every day, particularly during the night or early morning. Some patients report that attacks repeatedly awaken them from sleep. Cluster periods may also show seasonal recurrence, with attacks appearing during particular months of the year.

This rhythmic pattern has led researchers to investigate the role of the hypothalamus, which regulates circadian rhythms, sleep–wake cycles and other biological functions. The association between cluster headache and biological rhythms is an important aspect of understanding its pathophysiology [2].

Behavioural and Psychological Manifestations

The behavioural response during a cluster headache attack is an important distinguishing feature. Unlike migraine patients, who commonly seek rest and isolation, patients with cluster headache often exhibit the following:

- Extreme restlessness;
- Inability to remain in one position;
- Pacing or continuous movement;
- Rocking or pressing the head;
- Agitation and irritability; and
- Expressions of severe distress.

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The intensity of pain may produce considerable anticipatory anxiety. Patients may develop fear of the next attack, disturbed sleep and significant restrictions in daily activities. Repeated attacks can affect occupational functioning, family relationships and quality of life. Emotional distress should therefore be considered an important component of the overall clinical assessment.

Pathophysiology

Although the exact pathogenesis of cluster headache is not completely understood, current evidence suggests the involvement of three important interconnected systems [2].

Trigeminal pain pathway

Activation of the trigeminal sensory pathway is responsible for transmitting pain sensations from the orbital, supraorbital and temporal regions.

Trigeminal-autonomic reflex

Activation of the trigeminal pathway stimulates parasympathetic outflow through the superior salivatory nucleus and associated pathways. This contributes to the characteristic autonomic manifestations, including lacrimation, conjunctival injection, nasal congestion and rhinorrhoea.

Hypothalamic involvement

The hypothalamus is believed to play an important role in the periodicity and rhythmic nature of cluster headache. Its involvement may help explain the regular timing of attacks, night-time predominance, seasonal recurrence and association with sleep–wake disturbances. Neuropeptides such as calcitonin gene-related peptide (CGRP) are also implicated in the pathophysiology. However, no single mechanism completely explains all clinical features of the disorder [2].

Precipitating and Aggravating Factors

Several factors may precipitate attacks during an active cluster period, including:

- Alcohol consumption;
- Nitroglycerin exposure;
- Disturbance of the regular sleep cycle;
- Strong smells in some individuals; and
- Histamine exposure.

An important clinical observation is that alcohol may provoke an attack during an active cluster period but may not have the same effect during remission. Identifying individual triggers can help patients manage their condition.

Diagnosis and Differential Diagnosis

Cluster headache is primarily a clinical diagnosis based on a characteristic history and neurological examination. The ICHD-3 diagnostic criteria require [1]:

- At least five attacks fulfilling the subsequent criteria;
- Severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15–180 minutes when untreated;
- At least one ipsilateral cranial autonomic feature, or a sense of restlessness or agitation;
- Attack frequency ranging from once every other day to eight times daily; and
- No better explanation by another headache diagnosis.

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Important differential diagnoses include:

- Migraine with cranial autonomic symptoms;
- Paroxysmal hemicrania;
- Hemicrania continua;
- SUNCT and SUNA syndromes;
- Trigeminal neuralgia; and
- Secondary orbital or intracranial causes of headache.

A first presentation, atypical symptoms, neurological abnormalities or a significant change in headache pattern may warrant neuroimaging to exclude secondary causes.

Conventional Management

Management involves three major objectives: rapid termination of acute attacks, prevention of recurrent attacks during cluster periods, and reduction of disability with improvement in quality of life.

Commonly recommended approaches include:

- High-flow 100% oxygen through a non-rebreather mask;
- Subcutaneous sumatriptan or appropriate intranasal triptans for acute attacks;
- Verapamil as an important preventive medication; and
- Corticosteroids or greater occipital nerve block as transitional treatment in selected patients.

Verapamil requires ECG monitoring because of its potential effects on cardiac conduction. Treatment should be individualised and supervised by an appropriately qualified clinician [3,4].

Clinical Significance

Cluster headache deserves special attention because its severity is often disproportionate to the duration of an individual attack. Although an attack may last only a few minutes to a few hours, repeated attacks can significantly disturb sleep, occupational activities and social functioning. The characteristic unilateral pain, autonomic manifestations, restlessness and periodicity provide important diagnostic clues.

Early recognition is essential because cluster headache is frequently misdiagnosed as migraine, sinus headache or other forms of facial pain, potentially delaying appropriate treatment

Case Report

A 38 year female presented in the outpatient department of our college with following compliants :

LOCATION	SENSATION	MODALITIES	CONCOMITTANT
Head pain around right eye and behind it Extending to occiput since childhood in episodic attacks Pain sinus maxillary since 10 years	Heaviness in right eye with unbearable pain in episodes Unilateral head feels heavy and sore Swelling around eyes	Agg – stooping , any stress , exposure to sun wind	Rhinorrhea Irritability Mood changes

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Mental & Emotional

- Wants to help other very much; affected by suffering of others (3)
- Sad because husband is in other country (1)
- Likes travelling (2)
- Cannot look at water; feel obstruction in respiration (2)

Physical Generals

- Desire – tandoor chicken (3)
- Thirst – large quantity (1)
- Sleep position – left side (1)
- Involuntary urination while sneezing (2)
- Gaseous distension (2) with constipation with hard stool on alternate days (2)
- Leucorrhoea recurrent, thick curd like, staining white (2), offensive (3)
- Coldness of feet (2), more in winter and rainy seasons
- Perspiration on face below eyes (1)

Past History & Family History

Past History

- Ovarian cyst before 2 years for which taken hormonal treatment
- Appendectomy before 3 years
- Recurring urinary tract infection treated with antibiotics
- History of dog bite for which anti rabies taken

Family History

- Grandmother – cancer uterus
- Grandfather – blood cancer
- Aunt – oral cancer
- Uncle – cancer liver
- Child – TB

Provisional Diagnosis - Cluster Headache

- Severe unilateral headache
- Often around eye/temple
- Associated with redness, tearing, nasal symptoms

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- Recurrent attacks which are episodic and MRI finding show no any abnormalities so clinically diagnosis is made as Cluster headache

Particulars

- Recurrent inusitis since 10 years; has taken medicine without much effect
- Obstruction of nose but reduced after nose puncture
- Pain maxilla < stooping, movement (1)
- Sprain in left leg; since then pain in hips and legs
- Pain in right eye extending to occiput (3) since childhood
- Heaviness and redness of eye with swelling < in open a

Analysis of case

Mental–emotional symptoms

Wants to help others and is affected by the suffering of others – SYMPATHETIC – 3+

TRAVEL DESIRE – 2+

GRIEF – 1+

Cannot look at water obstruction in respiration by looking at water – FEAR WATER – 2+

Physical symptoms

Desire smoked meat – 3+

Coldness feet – 2+

Leucorrhoea, offensive – 3+

Involuntary urination while sneezing – 2+

Thirst – large quantity – 1+

Sleep position side left – 1+

Constipation, stool hard – 2+

Perspiration below eyes – 1+

Particulars

Head pain – right eye extending to occiput – 3+

Head pain in open air – 2+

Family history of cancer – 1+

Face inflammation, sinusitis –1+

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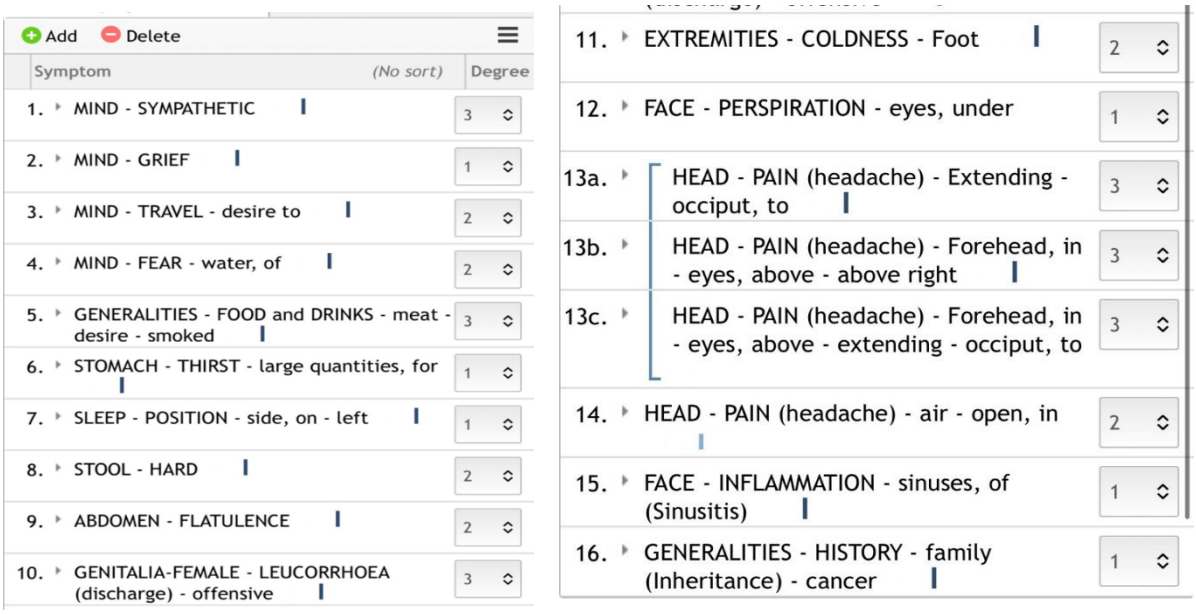
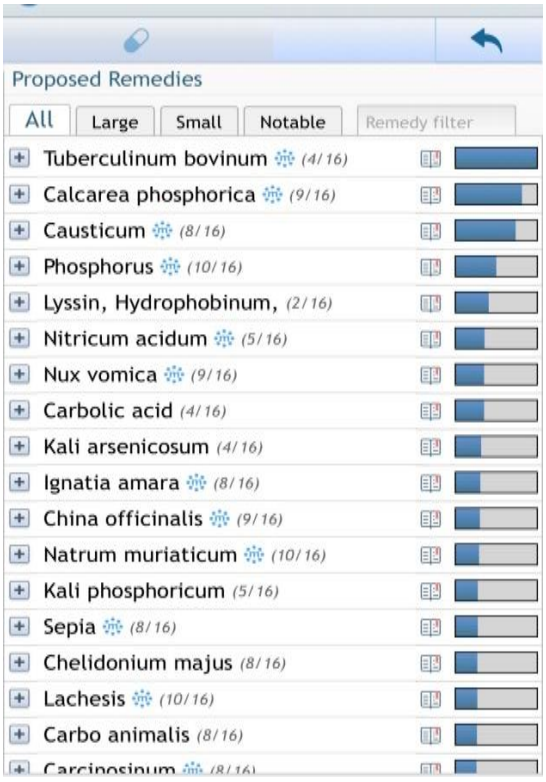
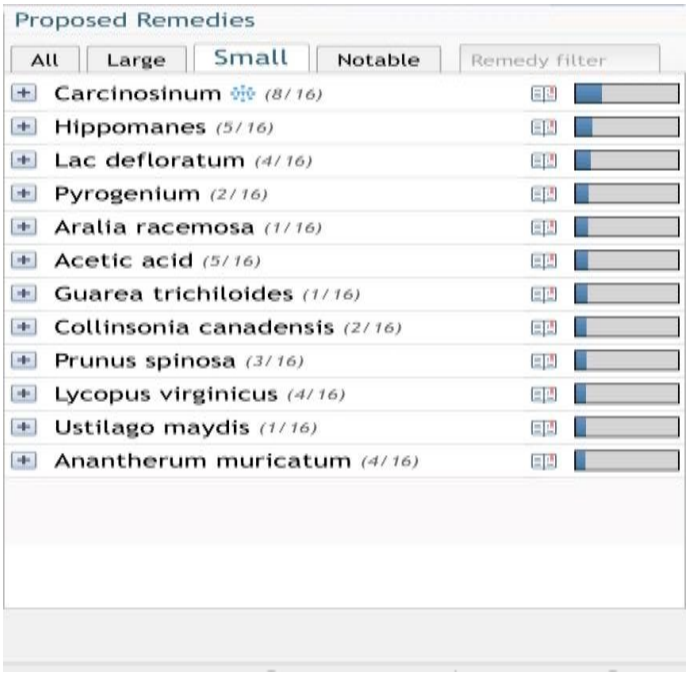
Totality of Symptoms and Repertorization in Vithoulkas compass app –



Differential Remedies (from vithoulkas compass software)





Differantial Remedies –

- Tuberculinum
- Causticum
- Phosphorus
- Calcarea phos
- Carcsinosin

Differential Remedieal Daignosis -

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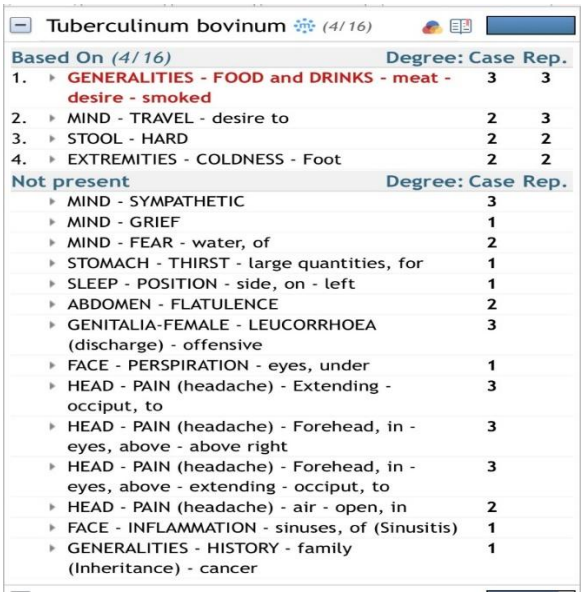
Tuberculinum –



Tuberculinum bovinum (4/16)

Based On (4/16)		Degree:	Case	Rep.
1.	GENERALITIES - FOOD and DRINKS - meat - desire - smoked	3	3	
2.	MIND - TRAVEL - desire to	2	3	
3.	STOOL - HARD	2	2	
4.	EXTREMITIES - COLDNESS - Foot	2	2	
Not present		**Degree:**	**Case**	**Rep.**
	MIND - SYMPATHETIC	3		
	MIND - GRIEF	1		
	MIND - FEAR - water, of	2		
	STOMACH - THIRST - large quantities, for	1		
	SLEEP - POSITION - side, on - left	1		
	ABDOMEN - FLATULENCE	2		
	GENITALIA-FEMALE - LEUCORRHOEA (discharge) - offensive	3		
	FACE - PERSPIRATION - eyes, under	1		
	HEAD - PAIN (headache) - Extending - occiput, to	3		
	HEAD - PAIN (headache) - Forehead, in - eyes, above - above right	3		
	HEAD - PAIN (headache) - Forehead, in - eyes, above - extending - occiput, to	3		
	HEAD - PAIN (headache) - air - open, in	2		
	FACE - INFLAMMATION - sinuses, of (Sinusitis)	1		
	GENERALITIES - HISTORY - family (Inheritance) - cancer	1		

We should think of tuberculinum in allergic disorders, respiratory disorders, recurring unexplained fevers, connective tissue diseases, rheumatic condition with past or family history of TB.

They are never truly satisfied with themselves and other people; they are full of contradictory feelings. On one hand they seek fulfilment and change and on the other feel dissatisfied and irritable.

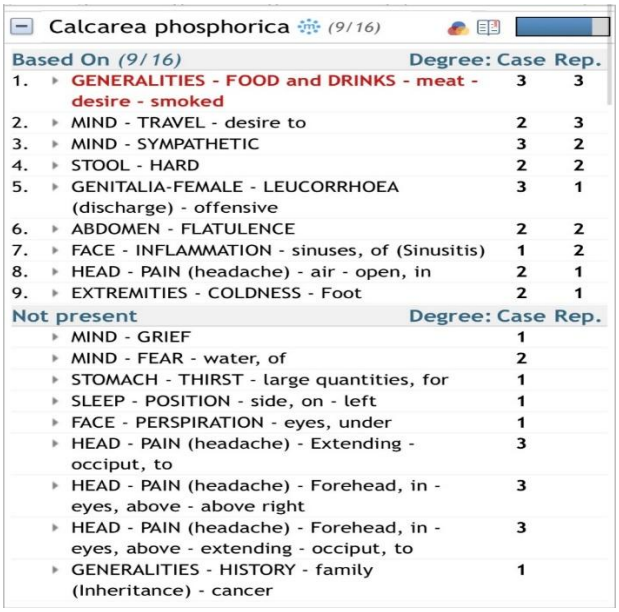
In their DISSATISFACTION, they continually seek change. They go from job to job, location to location, always seeking escape from dilemma.

Because their metabolism burns fast they desire meat, especially fats and pungent-tasting meats like smoked meat; also desire ice cream.

Perspire heavily during night.

Another characteristic is they have fear of dogs and cats. The fear of cats alone may lead to tub in difficult cases.

Calc phos –



Calcarea phosphorica (9/16)

Based On (9/16)		Degree:	Case	Rep.
1.	GENERALITIES - FOOD and DRINKS - meat - desire - smoked	3	3	
2.	MIND - TRAVEL - desire to	2	3	
3.	MIND - SYMPATHETIC	3	2	
4.	STOOL - HARD	2	2	
5.	GENITALIA-FEMALE - LEUCORRHOEA (discharge) - offensive	3	1	
6.	ABDOMEN - FLATULENCE	2	2	
7.	FACE - INFLAMMATION - sinuses, of (Sinusitis)	1	2	
8.	HEAD - PAIN (headache) - air - open, in	2	1	
9.	EXTREMITIES - COLDNESS - Foot	2	1	
Not present		**Degree:**	**Case**	**Rep.**
	MIND - GRIEF	1		
	MIND - FEAR - water, of	2		
	STOMACH - THIRST - large quantities, for	1		
	SLEEP - POSITION - side, on - left	1		
	FACE - PERSPIRATION - eyes, under	1		
	HEAD - PAIN (headache) - Extending - occiput, to	3		
	HEAD - PAIN (headache) - Forehead, in - eyes, above - above right	3		
	HEAD - PAIN (headache) - Forehead, in - eyes, above - extending - occiput, to	3		
	GENERALITIES - HISTORY - family (Inheritance) - cancer	1		

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Sluggishness has affected the whole organism and this brings deep discontent, a deep dissatisfaction.

DISCONTENT is the main theme around which calc phos image develops.

They do not know what they want; they know something is wrong with them but do not know what precisely and what to do about it.

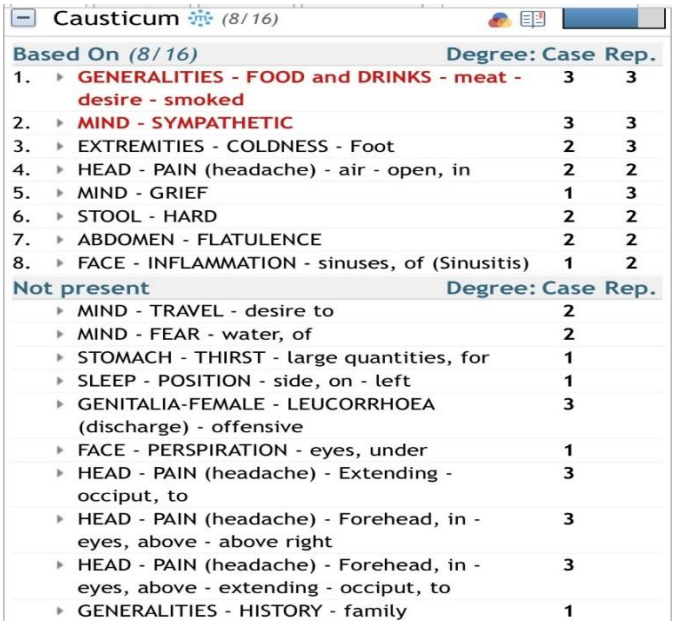
It is prime remedy to think of in cases of headache in school children because of mental exertion.

Ailments from bad news, grief, shock due to treatment or fevers — it will produce overwhelming stress and person will — suddenly lose energy and collapse.

Comparative symptoms

CALC PHOS	TUBECULINUM	CHAMMOMILA
Lack of vitality producing discontent , which will cause desire to travel Desire smoked meat and fat , sweets Moaning , complaining during sleep Mostly cold agg Perspiration on scalp during sleep	Dissatisfied and discontent expressed as maliciousness with desire for change Desire fat, smoked meat, ice creams Grinding of teeth during sleep Easily catches cold Perspiration profuse all over in night	Capriciousness with aggressive behaviour with desire for carrying Peevish and desire fo r carrying Weeping during sleep Uncovers and hot Perspiration warm on head and scalp

Causticum –



Causticum (8/16)

Based On (8/16)	Degree:	Case	Rep.
1. GENERALITIES - FOOD and DRINKS - meat - desire - smoked		3	3
2. MIND - SYMPATHETIC		3	3
3. EXTREMITIES - COLDNESS - Foot		2	3
4. HEAD - PAIN (headache) - air - open, in		2	2
5. MIND - GRIEF		1	3
6. STOOL - HARD		2	2
7. ABDOMEN - FLATULENCE		2	2
8. FACE - INFLAMMATION - sinuses, of (Sinusitis)		1	2

Not present	Degree:	Case	Rep.
MIND - TRAVEL - desire to		2	
MIND - FEAR - water, of		2	
STOMACH - THIRST - large quantities, for		1	
SLEEP - POSITION - side, on - left		1	
GENITALIA-FEMALE - LEUCORRHOEA (discharge) - offensive		3	
FACE - PERSPIRATION - eyes, under		1	
HEAD - PAIN (headache) - Extending - occiput, to		3	
HEAD - PAIN (headache) - Forehead, in - eyes, above - above right		3	
HEAD - PAIN (headache) - Forehead, in - eyes, above - extending - occiput, to		3	
GENERALITIES - HISTORY - family		1	

Causticum pathology is slow paralysis and diseases of central and peripheral nervous system.

They possess strong sense of social injustice which manifests as particular intolerance of authority, sensitive to oppressive influences. The excessive concern for injustices in world and intolerance to authority are early signs which manifest later as extreme sympathy for pain of others.

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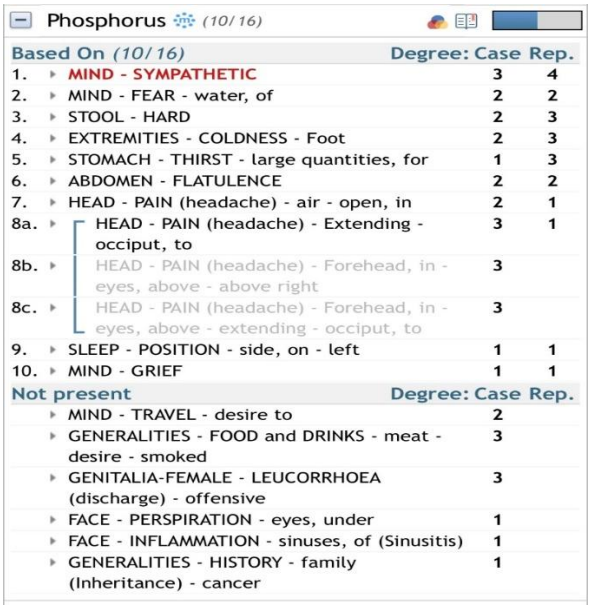
Aggravated by DRY COLD weather, cold bathing and ameliorated by damp wet weather.

Desire for salt, smoked meat and aversion to sweet is peculiar combination.

In Causticum loss of urine will be found with any pressure on urinary bladder, from sneezing, laughing or coughing.

Phosphorus –



Phosphorus (10/16)

Based On (10/16)		Degree:	Case	Rep.
1.	MIND - SYMPATHETIC	3	4	
2.	MIND - FEAR - water, of	2	2	
3.	STOOL - HARD	2	3	
4.	EXTREMITIES - COLDNESS - Foot	2	3	
5.	STOMACH - THIRST - large quantities, for	1	3	
6.	ABDOMEN - FLATULENCE	2	2	
7.	HEAD - PAIN (headache) - air - open, in	2	1	
8a.	HEAD - PAIN (headache) - Extending - occiput, to	3	1	
8b.	HEAD - PAIN (headache) - Forehead, in - eyes, above - above right	3		
8c.	HEAD - PAIN (headache) - Forehead, in - eyes, above - extending - occiput, to	3		
9.	SLEEP - POSITION - side, on - left	1	1	
10.	MIND - GRIEF	1	1	

Not present	Degree:	Case	Rep.
MIND - TRAVEL - desire to	2		
GENERALITIES - FOOD and DRINKS - meat - desire - smoked	3		
GENITALIA-FEMALE - LEUCORRHOEA (discharge) - offensive	3		
FACE - PERSPIRATION - eyes, under	1		
FACE - INFLAMMATION - sinuses, of (Sinusitis)	1		
GENERALITIES - HISTORY - family (Inheritance) - cancer	1		

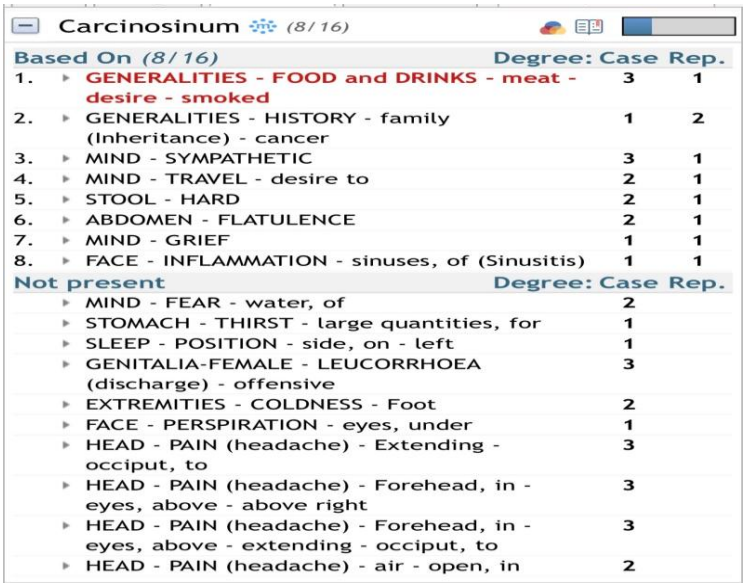
In first stage phosphorus mostly has physical symptoms.

In second stage mostly symptoms on emotional mental level – true anxiety for welfare of others, friend or stranger; it becomes pathological, even dissipating energy of patient.

This is true state of sympathy while other remedies are anxious about others with self concern.

Fear develops in second stages and mostly has fear of thunderstorm, dark. Calc phos and phos both have fear of thunderstorms, sympathetic nature and anxiety for others. But calc phos lack energy or motivation to help other as phos has; phos is overtly giving to a pathological degree.

Carcinosinum –



Carcinosinum (8/16)

Based On (8/16)		Degree:	Case	Rep.
1.	GENERALITIES - FOOD and DRINKS - meat - desire - smoked	3	1	
2.	GENERALITIES - HISTORY - family (Inheritance) - cancer	1	2	
3.	MIND - SYMPATHETIC	3	1	
4.	MIND - TRAVEL - desire to	2	1	
5.	STOOL - HARD	2	1	
6.	ABDOMEN - FLATULENCE	2	1	
7.	MIND - GRIEF	1	1	
8.	FACE - INFLAMMATION - sinuses, of (Sinusitis)	1	1	

Not present	Degree:	Case	Rep.
MIND - FEAR - water, of	2		
STOMACH - THIRST - large quantities, for	1		
SLEEP - POSITION - side, on - left	1		
GENITALIA-FEMALE - LEUCORRHOEA (discharge) - offensive	3		
EXTREMITIES - COLDNESS - Foot	2		
FACE - PERSPIRATION - eyes, under	1		
HEAD - PAIN (headache) - Extending - occiput, to	3		
HEAD - PAIN (headache) - Forehead, in - eyes, above - above right	3		
HEAD - PAIN (headache) - Forehead, in - eyes, above - extending - occiput, to	3		
HEAD - PAIN (headache) - air - open, in	2		

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Strong family history of cancer. You should not, however, take pathologies in family or individual history as reliable substantiation for prescription of CARC.

Easily offended; cannot stand reprimand.

Fastidious.

Extreme sensitivity to pain on all levels; feels acutely pain of others, sympathetic.

Guilty feeling for what they have not done.

Not demanding, mild and yielding.

They sacrifice their comfort for others, who feel they owe everything to others while others do not owe him anything.

They may be deeply affected by violent incidence seeing on TV and may cry for weeks with same thing.

Desire for chocolate and aversion to fats and fruit.

Wants to travel in nature.

Remedy prescription

After failure with Causticum and Phos, I analysed the case again.

I find tuberculinum has this symptom in Allen Keynotes.

Headache chronic, tubercular, pain intense, sharp cutting from right eye to occiput as if an iron hoop around head, WHEN THE BEST SELECTED REMEDY ONLY PALLIATES.

Follow-up

10/1/24

TUBERCULINUM 10M stat

Why 10M – advice from Dr. Pierre Schmidt has advised in cases of chronic headache and constipation better to use 10M potency.

5/3/24

Patient had severe headache after taking the medicine for 2 days constant; she panicked and did all reports which were normal.

After 2 days of taking the remedy headache vanished and does not have any episode of it since then.

Kents observation 3 – short quick agg followed by rapid improvement can be seen in this case

FOLLOW UP CHART -

Date	**Remedy prescribed**	**Reaction**
20/11/23	CAUSTICUM LM 1 bd doses	Patient was apparently better but episodic attacks of pain kept on happening and partial relief was given

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		So this reaction shows it is a partially similar remedy and we have to find the better suited one
17/12/23	PHOSPHORUS 30	Completing some parts of case and re anlysing the case phos was given but it did not produce any effect on the given case
10/1/24	TUBERCULINUM 10M	Again after thoughtful differentiation of remedies given above Tuberculinum was prescribed and choice of potency was selected as 10M as advised by Dr Pierre Schmidt It showed Kent 3rd Observation and drastic resolution and improvement in case
5/3/24	PLACEBO	Patient was much better in every respect and did not have any complaints .MONARCH score was evaluated for association of outcome with intervention Patient still visits with other relatives without any complaint and needed no remedy

MONARCH score evaluation –

ITEMS	**CASE SCORE**
Was there an improvement in the main symptom or condition , for which Homoeopathic medicine was prescribed	+2
Did clinical improvement occur in plausible time frame relative to drug intake	+2
Was there a homoeopathic aggravation	+1
Did the effect encompass more than the main symptoms or conditions	+1
Did overall well being improve	+1
Direction of cure – did some symptoms improve in opposite order of development of symptoms of diseases Did at least two of the following aspect apply to the order of improvement of symptoms From organs of more importance to those of less importance From deeper to more superficial aspect of individual From top downwards	0 +1

Did old symptoms reappear temporarily during course of treatment	No / 0
Are there alternative cause for improvement	No / +1
Was the health improvement confirmed by any objective evidence	No/ 0
Did repeat dosing create similar effect	0
TOTAL SCORE	**+9**

DISCUSSION

Cluster headache is a condition with severe onesided headache and heaviness of eyes, same symptomatology was present in the patient and MRI showed no any abnormalities. Case was analysed using the vithoulkas compasss software and individualized medicine was prescribed which showed permanent improvement and complete resolution within months after which there has been no relapse. The differential diagnosis of remedies was done using the essence of materia medica and pricniples of organon and philosophy where followed showing initial aggravation before spontaneous recovery. MONARCH was utilized to access the potential causal attribution. In this instance a stronger likelihood of causal association between homoeopathic intervention and patient clinical improvement is shown by +9 score out of highest +13.

CONCLUSION

Homoeopathy can be useful in cases of cluster headache where remedy picture is clear and appropriate individualized homoeopathic drug is given.

Declaration of Patient

Written informed consent has been obtained from patient to use data of case for case

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