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Experiences with CEPHAGRAINE in the Treatment of Headache with Special Reference to Migraine.

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Introduction:

Headache is quite common and is of minor significance in a majority of cases but of great importance in some. On the other hand headache may be a main symptom in some grave diseases. The mode of incidence of a headache is yet not easily understood though it is generally considered that the tension of the walls of cerebral blood vessels is a contributing factor in the production of a headache.

The causes of headache may be divided into three main groups: -

- (a) Local organic diseases of the brain, intracranial vessels, meninges, skull and special organs such as eyes, ears nose, throat, etc.
- (b) Toxic states;
- (c) Functional conditions such as migraine, psychoses and other ailments.

Migraine is defined as a paroxysmal intensive pain in the head preceded or accompanied by characteristic sensory or motor disturbances, or both, with vasomotor and psychic phenomena. The attack is probably the result of functional vaso motor disturbances in the intracranial branches of the carotid artery. The aetiology is unknown.

Treatment of headache depends largely on finding out the causative factors. If not, symptomatic treatment is all that a general practitioner can offer since his diagnostic facilities and time are limited.

A large number of analgesics singly or in combination with antihistaminic and sedative are used. However, such drugs are not without side effects. We were therefore in search of an effective safe drug and decided to evaluate an Ayurvedic formulation-Cephagraine tablets and nasal drops manufactured by M/s. Charak Pharmaceuticals.

The formulations are based on Ayurvedic therapy of SHIROGA, SHIRAS SHOOL.

Materials & Methods

Cases of headache from Shalakya OPD of the Rishikul Government Ayurvedic Hospital, Hardwar, were studied in the year 1983. They were examined after obtaining a detailed history of the illness. After investigation, cases with definite cause or causes of headache were excluded from this study, leaving us with 20 cases having symptoms of migraine.

TABLE I (Ages):

Serial No.	Age in years	Number	Percentage
1.	10 to 20	1	5
2.	21 to 30	15	75
3.	31 to 40	2	10
4.	41 to 50	1	5
5.	51 and above	1	5
		20	100

TABLE II (Sex)

Males	12
Females	8
20	

TABLE III (Duration of illness):

1. less than a month	2
2. 1 to 12 months	5
3. 1 to 10 years	8
4. Over 10 years	5

TABLE IV (Symptoms):

1. Headache (including 6 cases of migraine)	20
2. Vertigo	10
3. Nausea/Vomiting	4

TABLE V (Signs):

1. Nasal Polyp	1
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2. Sinusitis	1
3. Chronic Tonsillitis	1

Dosage & Observation:

All the patients were administered CEPHAGRAINE Tablet in a dose of two tablets three times a day for a week along with two drops in each nostril twice a day with specific instructions that the first dose by taken on an empty stomach in the morning. They were asked to avoid cold drinks, sour foods, pickles, etc Recheck and review at the end of the first week showed 3 cases with complete relief, 9 partial relief and 8 without benefit.

With the second course for a week, in the remaining 17 cases – 7 cases showed complete relief, 7 partial relief and 3 no relief. With the third course of a week in the remaining 10 cases complete relief was found in 3, partial in 6 and non-in 1.

	Cases Treated	Complete relief	Partial Relief	No Benefit
I Week	20	3	9	8
II Week	17	7	7	3
III Week	10	3	6	1
		13(65%)	6(30%)	1(5%)

No side effect was noticed in any of our cases. There was no sign of relapse in our series during the period of observation. Out of the six cases of migraine there was complete relief in four (66-67%) partial relief in one (17%)

Discussion:

Headache is a common symptom observed in day-to-day practice by general practitioners. Analgesics-anti-histaminic and sedatives are commonly prescribed or dispensed in various combinations with relief in a majority of cases where the headache is due to fever, fatigue, insomnia, indigestion, hypertension or strain etc. Cases not responding to treatment are subjected to detailed investigations and treated according to findings. However, there still exist a number of cases of chronic headache where no definite cause can be established except for stress, worry, and emotional upset to be grouped as psychosomatic or hypersensitive cases. Such cases are often labeled as a migrainous type where existing therapy is neither useful anymore nor free from troublesome side effects.

We treated 20 such cases, which resulted in complete relief in 13, partial in 6 and none in 1 after a three weeks course of CEPHARINE tablets and nasal drops without any side effect.

Summary and Conclusion:

20 cases of headache without evident cause were treated with an indigenous drug CEPHAGRAINE. Tablets orally in a dose of two tablets three times a day. Weekly checks revealed complete relief in 13 (65%) cases, partial relief in 6(30%) with 3 courses lasting for 3 weeks without any relapse or side effect.

In our opinion CEPHARINE tablets and nasal drops are valuable additions in the treatment of migrainous headache especially of unknown aetiology.

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