

MANAGING MIGRAINE WITH INDIVIDUALIZED HOMOEOPATHIC MEDICINES: INSIGHTS FROM A TWO-CASE SERIES



Dr. Suruchi Sharda*¹, Dr. Shivangi²

¹* Assoc. Professor, Department of Practice of Medicine, Homoeopathic Medical College and Hospital, Sector 26, Chandigarh; Ph.D. Scholar, Tania University, Sri Ganganagar, Rajasthan, India.

²MD (Hom), PhD Supervisor, Assoc. Professor, Organon of Medicine, Tania University, Sri Ganganagar, Rajasthan, India

***Corresponding Author:** - Dr. Suruchi Sharda

*Homoeopathic Medical College and Hospital, Sector 26, Chandigarh Email: - drsuruchihmc@gmail.com

Abstract

Migraine is a debilitating neurological condition. World Health Organization and Global burden of diseases study 2021 reports that it affects approximately 1 billion individuals globally and ranks third as cause of disability-adjusted life years among neurological disorders. Migraine is characterised by recurrent episodes of unilateral headache which may or may not be accompanied by sensory and autonomic symptoms. Conventional treatment options have higher possibility of medication overuse and side effects. Homoeopathy offers a holistic, individualized approach which addresses physical, mental and emotional well-being of the patient. This case series presents clinical course and outcomes of two patients presenting with chronic migraine with associated symptoms managed with individualized homoeopathic medicines. Patients demonstrated substantial improvement in headache frequency, intensity and associated symptoms and marked reduction in disability which was assessed by the Migraine Disability Assessment Scale (MIDAS). This illustrates the potential of constitutional homoeopathic prescribing in migraine management and highlights the value of systematic case documentation using validated outcome measures such as MIDAS.

Keywords: Migraine, Headache, Homoeopathy, Individualization, MIDAS, Homoeopathic Medicines

Introduction

Migraine is a primary headache disorder, which is characterized by episodes of unilateral headache accompanied by autonomic and sensory symptoms. It is also accompanied by nausea, vomiting and other symptoms.[1] With higher prevalence in females, it affects approximately 15% population. Due to autonomic and sensory symptoms, Migraine is quite a disabling condition and it impacts day to day life of individual and causes disruption in daily life, work and other activities. According to the Global Burden of Disease 2021 study data (published in 2024), migraine affects 1.16 billion people worldwide.[3] Migraine prevalence has gone from 732.56 million cases in 1990 to 1.16 billion cases in 2021. This represents a 58.15% increase. Migraine ranks as third leading cause of disability adjusted life years (DALYs) among all disorders which affect the nervous system.[2]

Understanding of migraine pathophysiology has evolved from traditional vascular model to current perspective of complex neurogenic mechanisms.[9] It is presently understood by sensory processing and neurovascular dysfunction which involves cortical spreading depression (CSD), calcitonin gene-related peptide (CGRP) signaling, central and peripheral sensitization, and meningeal inflammation.[6,7,8]

This cascade results in the characteristic throbbing, unilateral headache and associated symptoms. Migraine is also influenced by combination of genetic susceptibility, environmental triggers and psychological factors. There is higher prevalence of patients having a positive family history, suggesting a strong hereditary component. Common triggers include dietary factors (cheese, chocolate, red wine), hormonal fluctuations (in females during menstrual cycles), stress, sleep disturbances, sensory stimuli (bright lights, strong odours) and environmental factors (weather changes, barometric pressure variations) etc. This complex interplay of factors depicts the heterogeneity of migraine presentations and the need for more individualised treatment on basis of triggers and susceptibility.

Prescriptions focus on dealing with symptoms during acute phase such as analgesics for pain, antiemetics for nausea and vomiting and specific migraine therapies such as triptans and CGRP antagonists.[10] For preventive measures beta-blockers, anticonvulsants and antidepressants are prescribed. [6,10,11] But these treatments have limitations, mainly various side effects, medication overuse, drug dependency. Homoeopathy provides an individualised approach that addresses not only physical symptoms such as headache but also the

mental, emotional and constitutional aspects of each patient. The fundamental principle of homoeopathy—*similia similibus curentur* (like cures like)—guides the selection of remedy based on the totality of symptoms, which is unique to each individual.[12]

This case series highlights the management of two migraine cases using an individualised homoeopathic approach. These patients have shown a consistent improvement. These cases were recorded in accordance with HOM-CASE (Homoeopathic Clinical Case Reports) checklist, which is based on CARE (Case Report) clinical case reporting standards for homoeopathic practice[5]. The Migraine Disability Assessment Scale (MIDAS)[4] was used to assess the severity and functional impact of migraine before and after treatment.

Use of MIDAS as Outcome Measure

The Migraine Disability Assessment Scale (MIDAS) [4] was employed to assess treatment outcome. MIDAS evaluates the impact of migraine on daily functioning across three domains: work/school productivity, household work and family/social/leisure activities. The use of this standardized tool enhances the reproducibility and credibility of the case reports.

CASE REPORTS

CASE 1 – Chronic Migraine with Aura

Patient Information:

- **Age:** 30 years
- **Gender:** Male
- **Marital Status:** Unmarried
- **Occupation:** Private Job in IT sector
- **Residence:** Urban area
- **Socio-economic Status:** Upper middle class
- **Religion:** Hindu
- **Date of First Consultation:** 24/01/2025

Chief Complaint

A 30 years old male patient visited the OPD with the complaint of severe headache episodes since last 15 years.

History of Present Illness:

A known case of Migraine with aura and visual disturbances from past 15 years

- **Onset-** first episode occurred during his school years in summer and he fainted during an attack.
- **Causation/Triggers-** Overexertion, fasting, disturbed sleep
- **Duration:** Episodes lasts for 1 to 3 days if untreated with analgesics.
- **Frequency:** Episodes occur on multiple day in a month.

- **Location & Extension:** Pain begins at the temple and radiates to the occiput, alternates between left and right sides.
- **Sensation:** throbbing pain with blurring of vision and a zigzag pattern seen before both eyes (typical aura).

Associated Complaints and concomitants:

During attacks patient reports inability to speak, nausea and sometimes vomiting. Patient also complains of pain in the nape of the neck which is relieved by sleep/rest.

Modalities

- **Aggravation:** sunlight, strong lights, noise, stress and empty stomach.
 - **Amelioration:** After eating, proper sleep, physical exercise (gym workouts) and rest.
- ##### Past Medical History
- History of right elbow ligament injury due to an accident in 2022, for which a cast was applied. He still experiences mild intermittent pain in the elbow region.
 - No history of chronic systemic illness. No history of head trauma or neurological disorders

Family History

No significant family history of migraine or neurological disorders.

Personal History

- **Accommodation:** Resides in his own house.
- **Economic Status:** Financially stable.
- **Diet:** Non-vegetarian.
- **Habits & Addictions:** None significant.
- **Education:** Graduate.
- **Occupation:** Works in the IT sector, primarily night shifts involving prolonged screen exposure and irregular sleep cycles.
- **Marital Status:** Unmarried.

Mental and Emotional State

Patient has a strong desire for order and precision in all aspects of life and describes himself as perfectionistic by nature. Patient gets irritated on seeing things being disorganized or when it does not meet his standards of accuracy. Patient explains that he has always been ensuring his work and surroundings are arranged systematically.

Patient also experiences anger and irritability when contradicted or when others fail to understand his reasoning, especially in discussions where he believes there is a logical conclusion. Such as in case when someone does not clear out things with him even when he has a perfect reasoning or explanation of the issue. Patient dislikes being disturbed when he is working or concentrating.

The patient has been shy and introverted and avoiding social interactions since childhood, but as an adult he has started to enjoy studying diverse topics and explaining them in detail to others. The temperament of patients reveals mental rigidity, argumentativeness and a need for control leading to internal tension and suppression of emotions.

Mental Symptoms:

- Fastidiousness
- Anger: Trifles about
- Irritability: On trifling things
- Desire for Order and control +
- Inquisitive about new topics

Physical Generals

- **Thermal state:** *Chilly*, sensitive to cold exposure; prefers warmth and avoids cold air.
- **Appetite:** Takes two meals daily; occasionally diminished due to stress.
- **Cravings:** Spicy and fast food, prefers cold food.
- **Thirst:** Normal.
- **Sleep:** 5–6 hours; disturbed by noise, otherwise refreshing.
- **Perspiration:** Normal.
- **Stool and urine:** Normal, regular.
- **Build:** Lean and thin, delicate constitution.

Clinical Findings and Physical Examination

General Appearance: Well-nourished, alert and oriented

Vital Signs:

- Blood Pressure: 120/78 mmHg
- Pulse: 78 beats per minute
- Respiratory Rate: 16 breaths per minute
- Temperature: 98.4°F (36.9°C)
- Weight: 70 kg
- Height: 174 cm
- BMI: 23.1 kg/m²

Systemic Examination:

- Cardiovascular System: S1 S2 normal, no murmurs
- Respiratory System: Clear breath sounds bilaterally, no adventitious sounds
- Abdomen: Soft, non-tender, no organomegaly
- Central Nervous System: Conscious, oriented to time, place, and person; cranial nerves intact; no focal neurological deficits; normal muscle tone and reflexes

The diagnosis was established on basis of symptoms and clinical criteria (DSM-5).

Diagnostic Assessment

Diagnosis: Migraine with Aura (Classical Migraine), according to the International Classification of Headache Disorders, 3rd Edition (ICHD-3) criteria.

- **Assessment Tool:** Migraine Disability Assessment Scale (MIDAS) was administered at baseline (24/01/2025).

Baseline MIDAS Score: 24 points (Grade IV - Severe Disability) (Figure 1.1)

Questions	Before Treatment
1. On how many days in the last 3 months did you miss work or school because of your headaches?	1
2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches (do not include days you counted in question 1 where you missed work or school)?	9
3. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches (do not include days you counted in question 3 where you did not do household work)?	10
4. On how many days in the last 3 months did you miss family, social, or leisure activities because of your headaches?	2
5. Total Score	24
On how many days in the last 3 months did you have a headache? (If a headache lasted more than one day, count each day.)	15
A. On a scale of 0-10, on average how painful were these headaches? (Where 0 = no pain at all, and 10 = pain as bad as it can be.)	9
B.	

Figure 1.1 MIDAS score at baseline for case-1

Analysis of Case

The case was analyzed according to homoeopathic principles, considering the totality of symptoms with

emphasis on mental and emotional characteristics, physical generals, and characteristic particular symptoms with their modalities.

Mental and Emotional Symptoms (Hierarchy)

1. Anger, irritability from contradiction or trifles, conscientious about trifles.
2. Fastidiousness and perfectionist – wants everything in order
3. Desire for study and intellectual activity and enjoys learning and explaining new topics in detail.
4. Independent and industrious nature with strong sense of responsibility in work.
5. Aversion to disturbance while concentrating, becomes irritable or angry when interrupted.
6. Desire for control and mental rigidity with insist on logical reasoning.

Physical Generals (Characteristic)

1. Thermal state: *Chilly*, sensitive to cold exposure and prefers warmth and avoids cold air.
2. Cravings: Spicy and fast food, highly seasoned food.
3. Build: Lean and thin, delicate constitution.

Particular Symptoms (Characteristic with Modalities)

Headache: Chronic migraine with aura since 15 years.

- Location: Temples → occiput; alternately right or left sided.
- (Rubric: Head – Pain, headache – Temples)
- Character: Throbbing, pulsating, bursting type.
- Aura: Visual disturbances – zigzag pattern, blurred vision before attack.

(Rubric: Head – Pain, headache – Blindness or visual complaints, precede or attend)

- Aggravation: Sunlight, strong light, noise, fasting, mental exertion, stress, disturbed sleep.
- Amelioration: After eating, proper sleep, rest, working out in gym,
- Concomitants: Nausea, vomiting, neck pain (nape), photophobia and phonophobia.
- Causation: Overexertion, fasting, disturbed sleep.

Rubrics Selected for Repertorization

1. Mind – Conscientious about trifles
2. Mind – Anger – trifles, about
3. Mind – Inquisitive
4. Mind – Fastidious
5. Generalities – Food and drinks – Spices, condiments, piquant, highly seasoned food – desires
6. Generalities – Coldness, lack of vital heat
7. Head – Pain, headache – Temples
8. Head – Pain, headache – Blindness or visual complaints, precede or attend

Repertorial Totality (Figure 1.2)

Repertorization was performed using the Complete Repertory (using Zomoeo software) [13] to identify the similimum based on the totality of characteristic symptoms.

Remedy	Sulph	Puls	Nux-v	Nat-m	Sep	Tub	Ars	Lyc	Chin	Caust	Verat	Nat-p	Aur	Posit	Phos
Totality	31	30	28	27	25	20	29	25	24	22	21	19	18	8	23
Symptoms Covered	9	9	9	9	9	9	8	8	8	8	8	8	8	8	7
[Complete] [Mind]Conscientious about trifles:	4	4	4	1	4	1	4	4	1	1	4	0	3	1	0
[Complete] [Mind]Anger:Trifles, about:	3	3	3	3	3	3	4	3	2	3	2	3	2	1	3
[Complete] [Mind]Inquisitive:	1	1	1	1	1	3	0	1	2	0	1	1	1	0	0
[Complete] [Mind]Fastidious:	3	4	3	3	1	1	3	4	0	2	0	1	1	1	1
[Complete] [Generalities]Food and drinks:Spices, condiments, piquant, highly seasoned food:Desires:	4	3	3	3	1	1	3	1	4	1	3	3	1	1	4
[Complete] [Generalities]Coldness, lack of vital heat:	4	4	4	4	4	3	4	4	4	4	4	3	3	1	4
[Complete] [Head]Pain, headache:Temples:	4	4	4	4	4	4	4	4	4	4	3	4	4	1	4
[Complete] [Head]Pain, headache:Blindness or visual complaints, precede or attend:	4	3	3	4	3	1	3	0	3	3	1	3	0	1	3

Figure 1.2 Repertorial Analysis of Case- 1

Prescription

Date: 24/01/2025

Remedy: Nux Vomica 200C 3 doses, followed by SL for 30 days TDS

Selection of Remedy

The constitutional features of this patient show marked characteristics of Perfectionism, Irritability, Intellectual nature and mental overexertion associated with Gastrointestinal disturbances and

sensory symptoms. This picture most similarly corresponds to that of Nux Vomica.

Potency: 200C potency was selected considering the chronicity of the condition (15 years duration)

- **Dosage and Administration:** SL 4 pills (globules) three times daily to be taken orally 30 minutes before or after meals

- Duration: 30 days

Dietary and Lifestyle Advice:

- Maintain a headache diary to track frequency, intensity, triggers, and response to treatment

Follow-up Schedule: Every 3-4 weeks or earlier if needed

Follow-Up and Outcomes

Date	Change in Symptomatology	Prescription
25/02/2025	He experienced 4-5 episodes of headache. But the intensity and duration of headache was reduced. He took analgesics only twice since the last visit.	SL for 30 days
24/03/2025	Felt better – Three episodes of migraine which relieved after rest. Intensity was mild.	SL for 30 days
22/04/2025	Reduction in frequency and intensity of headache. Only one episode of migraine.	SL for 30 days
19/05/2025	Two mild headache episodes since last follow-up but subsided without analgesics. Aura markedly improved.	SL for 30 days
22/06/2025	No migraine attack since past 1 month. Mild heaviness on one occasion after prolonged work which resolved by rest.	SL for 30 days
19/07/2025 (Final Review)	No recurrence of severe episode of migraine. MIDAS score reduced to 1 (Grade I: Minimal Disability) . VAS pain score 3/10 . Patient reports improved mental calmness and productivity.	SL for 30 days

MIDAS Score Reassessment

Questions	Before Treatment	After Treatment (3 months)	After Treatment (6 months)
1. On how many days in the last 3 months did you miss work or school because of your headaches?	1	0	0
2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches (do not include days you counted in question 1 where you missed work or school)?	9	1	0
3. On how many days in the last 3 months did you not do household work because of your headaches?	2	0	0
4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches (do not include days you counted in question 3 where you did not do household work)?	10	2	1
5. On how many days in the last 3 months did you miss family, social, or leisure activities because of your headaches?	2	0	0
Total Score	24	3	1
A. On how many days in the last 3 months did you have a headache? (If a headache lasted more than one day, count each day.)	15	6	3
B. On a scale of 0-10, on average how painful were these headaches? (Where 0 = no pain at all, and 10 = pain as bad as it can be.)	9	4	3

Figure 1.3 MIDAS score comparison for Case-1

MIDAS Reassessment : 1 points (Grade I - Minimal Disability)

Improvement Analysis:

- Baseline MIDAS: 24 (Grade IV - Severe Disability)

- Post-treatment MIDAS: 1 (Grade I - Minimal Disability)

- Grade improvement: From Grade IV to Grade I (3-grade improvement)

Clinical Assessment: Marked improvement with excellent response to constitutional homoeopathic treatment.

The dramatic reduction in MIDAS score from 24 (severe disability, Grade IV) to 1 (minimal disability, Grade I) provides objective evidence of clinical improvement beyond subjective patient reporting.

CASE 2 – Migraine without Aura

Patient Information:

- **Age:** 36 years
- **Gender:** Female
- **Marital Status:** Married
- **Occupation:** Business
- **Residence:** Urban area
- **Socio-economic Status:** Upper middle class
- **Religion:** Hindu
- **Date of First Consultation:** 17/12/2024

Chief Complaint

Patient visited my OPD seeking treatment for recurrent headache episodes since last 3 to 4 years.

History of Present Illness:

- **Onset-** Gradual
- **Causation/Triggers-** When travelling, disturbed sleep
- **Duration:** Episodes last for 3-4 days if untreated with analgesics.
- **Frequency:** Episodes occur on multiple times in a month. (6-7 times)
- **Location & Extension:** Pain begins at left temporal region and radiates to Left Eye.
- **Sensation:** No Aura before headache. Sensation as if head is about to burst along with some pressure in left eye. Severe pain with pulsating sensation. Feels discomfort from noise and needs quiet place.

Associated Complaints and concomitants:

Irritability and nausea during headache episode, want to be in a quiet place.

Modalities

- **Aggravation:** Talking, Noise and pressure.
- **Amelioration:** Nothing particular, has to take analgesics.

Past Medical History

- **Hypothyroidism diagnosed in 2012** and taking Thyroid Replacement therapy. Thyroid Function Test within normal limits.
- **PCOS in 2012-** Took Homoeopathic treatment and now cycle is normal with normal finding in USG studies.
- **Intermittent Dyslipidemia-** No treatment as it improves with dietary and lifestyle modification.
- **Recurrent Urinary Tract Infections (UTI):** She has been experiencing recurrent urinary

infections for the past 3–4 years, for which she has received both antibiotic courses and homeopathic treatment with temporary relief.

- **Analgesics** for migraine attacks.

Family History

No significant family history of migraine or neurological disorders.

Gynaecological History : Menstrual cycle is regular and normal. Menses last for 3–5 days with moderate flow and no associated dysmenorrhea or premenstrual complaints.

Obstetric History

- **Gravida–Para–Abortus: G4P2A2**
- **Ectopic Pregnancy:** History of ectopic gestation in the right fallopian tube which was managed surgically with right salpingectomy.
- **MTP History:** Two medical terminations of pregnancy (MTPs) in the past.
- **Live Births:** Two full-term normal deliveries (one female, one male)

Mental and Emotional State

Patient is a reserved, introverted individual with a very limited social circle. Prefers solitude and does not easily open up or share emotional problems with others. She confides only with her mother. Despite being surrounded by family, patient sometimes has a feeling of loneliness.

Domestic environment around the patient is very restrictive. Her father-in-law is strict and very disciplined and often taunting and imposing rules and limitations. Patient tolerates this quietly to maintain family harmony. As a result, there has developed a pattern of emotional suppression, she avoids confrontation and keeping anger and frustration unexpressed. When severely distressed, she discusses matters with her husband but otherwise remains silent.

Marked fear of water and insects and she prefers to avoid exposure to these. Decision-making process has also slowed, often she seeks opinion from her husband and seeks reassurance. Also displays a timid and weeping tendency when emotionally hurt but not too frequently and privately because she dislikes consolation and dislikes to talk to anyone to avoid getting triggered by consolation.

Hardships due to poor financial conditions during childhood, Business failures and household thefts are also there. Patient described that she has struggled for 15-16 years which has made her look for stability. At present, she is actively involved in the family business and dedicated to her children, finding fulfillment through responsibility and activity. However, the cumulative emotional strain and suppressed feelings seem to contribute to her recurrent migraine episodes.

Mental Symptoms:

- Reserved Nature
- Timidity
- Suppressed emotions (Anger)
- Irritability
- Consolation aggravates
- Insecurity and want of stability

Physical Generals

- **Thermal state:** *Hot*, cannot tolerate heat
- **Appetite:** Takes three meals daily and cannot tolerate hunger/fasting
- **Cravings:** Strong craving for sweets and cold drinks
- **Aversions:** Dry vegetables
- **Thirst:** 3-4L per day (Thirsty).
- **Sleep:** 5-6 hours; disturbed by noise, otherwise refreshing.
- **Perspiration:** Increased+, more in axilla, non-offensive.
- **Stool and urine:** Normal stool. Burning sensation and yellow tint in urine.
- Build: slight obese and healthy looking

Clinical Findings and Physical Examination

General Appearance: Well-nourished, alert and oriented

Vital Signs:

- Blood Pressure: 125/82 mmHg
- Pulse: 80 beats per minute
- Respiratory Rate: 17 breaths per minute
- Temperature: 98.4°F (36.9°C)
- Weight: 82 kg
- Height: 174 cm
- BMI: 27 kg/m²

Systemic Examination:

- Cardiovascular System: S1 S2 normal, no murmurs
- Respiratory System: Clear breath sounds bilaterally, no adventitious sounds
- Abdomen: Soft, non-tender, no organomegaly
- Central Nervous System: Conscious, oriented to time, place, and person; cranial nerves intact; no focal neurological deficits; normal muscle tone and reflexes

The diagnosis was established on basis of symptoms and clinical criteria (DSM-5).

Diagnostic Assessment

Diagnosis: Migraine without Aura (Classical Migraine), according to the International Classification of Headache Disorders, 3rd Edition (ICHD-3) criteria.

• **Assessment Tool:** Migraine Disability Assessment Scale (MIDAS) was administered at baseline (17/12/2024).

Baseline MIDAS Score: 35 points (Grade IV - Severe Disability) (Figure 2.1)

Questions	Before Treatment
1. On how many days in the last 3 months did you miss work or school because of your headaches?	5
2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches (do not include days you counted in question 1 where you missed work or school)?	10
3. On how many days in the last 3 months did you not do household work because of your headaches?	7
4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches (do not include days you counted in question 3 where you did not do household work)?	9
5. On how many days in the last 3 months did you miss family, social, or leisure activities because of your headaches?	4
Total Score	35
A. On how many days in the last 3 months did you have a headache? (If a headache lasted more than one day, count each day.)	29
B. On a scale of 0-10, on average how painful were these headaches? (Where 0 = no pain at all, and 10 = pain as bad as it can be.)	9

Figure 2.1 MIDAS score at Baseline for case -2

Mental and Emotional Symptoms (Hierarchy)

- **Reserved and introverted nature** – very limited social circle; shares emotions only with mother.

- **Timidity and dependency** – seeks reassurance and opinion from husband before making decisions.
 - **Suppressed emotions (anger)** – avoids confrontation, remains silent to maintain family harmony.
 - **Irritability during stress or headache**, prefers solitude.
 - **Aversion to consolation** – feels worse when consoled; prefers privacy during emotional upset.
 - **Fear of water and insects.**
 - **Desire for stability and security** due to past hardships and financial struggles during childhood.
 - **Insecurity and sensitivity to criticism or restriction** from authoritative family members (strict father-in-law).
 - **Weeping tendency** especially when hurt but avoids showing emotions.
 - **Responsible and dutiful** and finds satisfaction in managing business and caring for children.
- Physical Generals (Characteristic)**
- Thermal state: *Hot – cannot tolerate heat; desires cool environment and open air.*
 - **Cravings:** Strong craving for **sweets and cold drinks.**
 - **Aversions:** Dislikes **dry vegetables.**
 - **Thirst:** Increased – drinks **3–4 litres of water per day.**

Particular Symptoms (Characteristic with Modalities)

Headache: from past 3 to 4 years.

- Location: Left Temple → Left eye
- Character: pulsating, bursting type.
- Aggravation: Noise, Pressure.
- Concomitants: Nausea and phonophobia.

Rubrics Selected for Repertorization

1. **Mind – Reserved**
2. **Mind – Timidity**
3. **Mind – Consolation, sympathy, ailments from aggravates**
4. **Mind – Anger – suppressed, controlled**
5. **Mind – Irritability**
6. **Generalities – Food and drinks – Sweets – desire for**
7. **Head – Pain, headache – Temples – left**
8. **Head – Pain, headache – Extending to eyes – left**
9. **Head – Pain, headache – Noise – aggravates**
10. **Head – Pain, headache – Pressure – aggravates**

Repertorial Totality (Figure 2.2)

Repertorization was performed using the Complete Repertory (using Zomoeo software)[13] to identify the simillimum based on the totality of symptoms.

Remedy	Nat-m	Lyc	Sulph	Bry	Arg-n	Lach	Mag-m	Cina	Bufo	Puls	Carb-v	Aloe	Kali-s	Bor	Carb-an
Totality	27	23	23	22	21	20	18	16	15	24	22	18	17	16	15
Symptoms Covered	10	10	8	8	8	8	8	8	8	7	7	7	7	7	7
[Complete] [Mind]Reserved:	3	1	1	0	1	1	1	1	0	3	0	3	0	1	2
[Complete] [Mind]Timidity:	3	4	4	3	3	3	4	1	1	4	4	2	3	3	3
[Complete] [Mind]Consolation, sympathy:Ailments from, agg.:	4	1	3	1	3	0	0	1	1	0	0	3	3	3	0
[Complete] [Mind]Anger:Suppressed, controlled:	2	2	0	1	0	0	0	0	0	3	0	0	0	0	0
[Complete] [Mind]Irritability:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Generalities]Food and drinks:Sweets:Desires:	2	4	4	3	4	1	3	3	3	3	3	3	4	0	0
[Complete] [Head]Perspiration:	3	3	4	4	0	1	3	2	1	4	3	2	1	3	2
[Complete] [Head]Pain, headache:Temples:Left:	2	1	2	3	3	3	1	1	1	3	1	1	0	1	2
[Complete] [Head]Pain, headache:Extending to:Eyes:Left:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Head]Pain, headache:Noise agg.:	3	1	0	3	1	3	1	0	1	0	3	0	1	1	1
[Complete] [Head]Pain, headache:Pressure:Agg.:	1	2	1	0	2	4	1	3	3	0	4	0	1	0	1

Figure 2.2 Repertorial analysis of Case - 2

Prescription

Date: 17/12/2024

Remedy: Natrum Muriaticum 200C 3 doses, followed by SL for 30 days TDS

Selection of Remedy

The constitutional features of this patient shows marked characteristics of reserved and timid nature along with suppression of emotions and an aggravation upon consolation. This picture most similarly correspond to that of Nat-mur.

Potency : 200C potency was selected considering the chronicity of the condition (4 years duration)

Dosage and Administration:

- SL 4 pills (globules) three times daily to be taken orally 30 minutes before or after meals

- Duration: 30 days

Dietary and Lifestyle Advice:

- Maintain a headache diary to track frequency, intensity, triggers, and response to treatment

Follow-up Schedule: Every 2-3 weeks or earlier if needed

Follow-Up and Outcomes

Date	Change in Symptomatology	Prescription
17/01/2025	Three Episodes of headache. Headache intensity and duration is reduced. required analgesic only 2 times. Patient reported slight improvement.	SL for 30 days
18/02/2025	Better – Two episodes of migraine which relieved after rest and required no analgesic. Mild intensity.	SL for 30 days
18/03/2025	Reduction in intensity of headache. Two episode of migraine. Phonophobia markedly improved.	SL for 30 days
17/04/2025	Two mild headache episodes since last follow-up but subsided without analgesics and in very short time period. Aggravation from noise has drastically improved.	SL for 30 days
20/05/2025	Two mild episodes since past 1 month which patients described as only slight heaviness. Episodes were non-disabling and patients worked normally in routine.	SL for 30 days
17/06/2025	MIDAS score reduced to 5 (Grade I: Minimal Disability) . VAS pain score 2/10 . Patient reported only one single episode of mild heaviness, non-disabling, subsiding in very short duration. No problem reported from noise or pressure. Mentally calm and productive.	SL for 30 days (continued observation)

Objective Evidence: MIDAS Score Reassessment

Questions	Before Treatment	After Treatment (3 months)	After Treatment (6 months)
1. On how many days in the last 3 months did you miss work or school because of your headaches?	5	4	0
2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches (do not include days you counted in question 1 where you missed work or school)?	10	9	1
3. On how many days in the last 3 months did you not do household work because of your headaches?	7	5	2
4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches (do not include days you counted in question 3 where you did not do household work)?	9	8	1
5. On how many days in the last 3 months did you miss family, social, or leisure activities because of your headaches?	4	3	1

Total Score	35	29	5
A. On how many days in the last 3 months did you have a headache? (If a headache lasted more than one day, count each day.)	29	21	7
B. On a scale of 0-10, on average how painful were these headaches? (Where 0 = no pain at all, and 10 = pain as bad as it can be.)	9	5	2

Figure 2.3 MIDAS score comparison for Case-2

MIDAS Reassessment: 5 points (Grade I - Minimal Disability)

Improvement Analysis:

- Baseline MIDAS: 35 (Grade IV - Severe Disability)
- Post-treatment MIDAS: 5 (Grade I - Minimal Disability)
- Grade improvement: From Grade IV to Grade I

Clinical Assessment: Marked improvement with excellent response to constitutional homeopathic treatment.

The dramatic reduction in MIDAS score from 35 (severe disability, Grade IV) to 5 (minimal disability, Grade I) provides objective evidence of clinical improvement beyond subjective patient reporting.

Discussion

Two distinct cases of migraine have been discussed in this series. Both cases were recorded using the HOM-CASE guidelines to record homeopathic case. Comprehensive case-taking was carried out based on *Hom-Case* format. Along with physical symptoms of migraine, the mental and emotional totality was carefully analyzed to find out individualized medicine.

The first patient was a 30-year-old male who is a known case of migraine with aura from last 15 years. After analysis whole case and creating an individualised picture of patient Nux Vomica was prescribed. The patient demonstrated significant improvement- frequency of attack, duration and intensity of pain reduced to a greater extent after prescribing individualised homeopathic medicine Nux vomica. Over six months the MIDAS score improved from 24 (severe disability) to 1 (minimal disability) with complete restoration of functionality and general well-being.

The second patient was a 36 year old female suffering from recurrent headaches with phonophobia from last 3 to 4 years. Complaints are associated with emotional suppression and patient has a reserved temperament. After careful analysis and prescription, this patient has responded well to Natrum muriaticum, showing a progressive reduction in intensity and duration of headache and emotional stability during follow-up period. Over six months the MIDAS score improved from 35 (severe disability) to 5 (minimal disability).

For objective outcome measure Migraine Disability Assessment (MIDAS) score was used. Both cases demonstrated a consistent downward trend in MIDAS score over follow up in six months. They also expressed not only symptomatic relief but also enhanced functional ability. These findings validate that when constitutional homeopathic treatment with a detailed assessment of mental, emotional and physical characteristics is prescribed it can help to address the psychosomatic underpinnings of migraine along with physical symptoms.

The findings resonate with holistic principles of modern psychosomatic medicine where emotional repression, chronic stress and lifestyle imbalance are viewed as key contributors to migraine pathogenesis. The remedies prescribed in these cases worked on somatic and emotional dimensions of illness.

Conclusion

Migraine is deeply disruptive condition which affects every aspect of life i.e. personal, professional and emotional functioning. These two cases illustrates how individualized homeopathic medicines- based on a detailed understanding of the mental, emotional and physical constitution of patient- can deliver meaningful and sustained relief. Both patients experienced improvement in migraine frequency and disability, which is reflected by substantial improvement in MIDAS scores and overall well-being.

Beyond symptomatic relief, both patients also reported improved emotional balance and enhanced productivity. This demonstrates the holistic impact of constitutional treatment. While these findings cannot be generalized without larger controlled studies, they highlight the potential benefits of homeopathic treatment in chronic migraine and especially for individuals with complex psychosomatic patterns or those seeking alternatives to long-term pharmacotherapy.

Documentation following the HOM-CASE checklist and use of the validated MIDAS outcome measure enhanced the transparency, reproducibility and credibility and contribution to evidence-based practice in homeopathic medicine. This supports the potential of individualized homeopathic treatment as a holistic and effective approach for migraine management.

Declaration by Authors**Acknowledgement**

The author acknowledges the patient for their cooperation and consent to publish this case report and expresses gratitude to the mentors and colleagues for their guidance.

Source of Funding

None

Conflict of Interest

The author declares no conflict of interest.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report. A copy of the written consent is available for review.

References

1. International Headache Society. The International Classification of Headache Disorders, 3rd edition (ICHD-3). Cephalalgia. 2018;38(1):1-211.
2. World Health Organization. Migraine and other headache disorders [Internet]. Geneva: WHO; 24 Oct 2025 [cited 2025-11-14]. Available from: <https://www.who.int/news-room/fact-sheets/detail/headache-disorders>
3. Global Burden of Disease Study 2021. Migraine prevalence and disability-adjusted life years (DALYs). Published 2024.
4. Stewart WF, Lipton RB, Dowson AJ, Sawyer J. Development and testing of the Migraine Disability Assessment (MIDAS) Questionnaire to assess headache-related disability. *Neurology*. 2001;56(6 Suppl 1):S20-28.
5. van Haselen RA. Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complementary Therapies in Medicine*. 2016;25:78-85
6. Goadsby PJ. Migraine and other primary headache disorders. In: Loscalzo J, Fauci AS, Kasper DL, Hauser SL, Longo DL, Jameson JL, editors. *Harrison's Principles of Internal Medicine*. 21st ed. New York: McGraw Hill; 2022. p. 3357.
7. Charles A. The pathophysiology of migraine: implications for clinical management. *Lancet Neurol*. 2018;17(2):174-182.
8. American Migraine Foundation. Diagnosis and treatment of migraine [Internet]. American Migraine Foundation website; 2023 [accessed on 2025 Nov 8]. Available from: <https://americanmigrainefoundation.org/migraine-diagnosis-treatment/>
9. Lauritzen M. Pathophysiology of the migraine aura. The spreading depression theory. *Brain*. 1994;117(1):199-210. doi: 10.1093/brain/117.1.199.
10. Walker BR, Colledge NR, Ralston SH, Penman ID, editors. *Davidson's Principles and Practice of Medicine*. 24th ed. Edinburgh: Elsevier; 2022. p. 1150.
11. Kumar P, Clark M. Migraine. In: Kumar P, Clark M, editors. *Kumar & Clark's Clinical Medicine*. 10th ed. Edinburgh: Elsevier; 2021. p. 849.
12. Hahnemann S. *Organon of Medicine*. 5th ed. Translated by Dudgeon RE. New Delhi: B. Jain Publishers; 2000. ISBN No: 9788131903117
13. Homopath Software Pvt Ltd. *Homopath Zomeo (homeopathic repertory software, version x.x)* [computer software]. Mumbai, India: Homopath Software Pvt Ltd; 2016.