



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2024; 8(3): 434-436  
Received: 16-07-2024  
Accepted: 19-08-2024

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## Homoeopathic management of migraine: A case report

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**DOI:** <https://doi.org/10.33545/26164485.2024.v8.i3g.1248>

### Abstract

Migraine is a neurological disorder characterized by recurrent episodes of severe headaches, often accompanied by sensitivity to light, sound, nausea. Four phases of migraine are prodrome, aura, headache, postdrome. Some triggers of migraine include hormonal changes, stress, sensory stimuli (light, sound, smell), certain food or drinks, sleep disturbances, physical activity. Migraine is a significant public health concern affecting a substantial portion of the global population. Estimated 12-18% of the global population experiences migraine. Peak incidence occurs between ages 25-55 years.

**Keywords:** Migraine, headache, nausea, homoeopathy, neurological

### Introduction

Migraine is a neurological disorder characterised by the recurrent episodes of severe headaches often accompanied by sensitivity to light, sound, and nausea.

### Case description

A 32-year-old female patient presented with severe headache, nausea and 2 episodes of vomiting from 3 days and have similar attacks of the present complaint previously from 2 years. A detailed case taking was done and further with the help of repertorisation and referring to Materia medica the similimum was given.

### Types

- Migraine without aura (most common)
- Migraine with aura
- Silent migraine
- Chronic migraine

### Phases

- **Prodrome:** Warning signs (example-mood changes, fatigue) hours or days before headache.
- **Aura:** Neurological symptoms (example-visual disturbances) before headache.
- **Headache:** Severe headache phase.
- **Postdrome:** Recovery phase, often with fatigue and mood changes.

### Symptoms

- Severe throbbing headache (usually on one side).
- Sensitivity to light, sound and sometimes smell.
- Nausea and vomiting.
- Blurred vision or aura (flashing lights, zigzag patterns).
- Tingling or numbness in face and extremities.

### Pathophysiology

- Complex interplay of genetic, hormonal, and environmental factors.
- Involves brain regions like the trigeminal nerve, and blood vessels.

### Epidemiology

- Global prevalence-14.4% (12.7% women, 6.1% men)
- Peak incidence-ages 25-55.

**Risk factors of migarine**

- Genetics-Family history of migraine.
- Hormonal changes-Fluctuations in oestrogen levels.
- Stress-Physical or emotional stress
- Sleep disturbances-Insomnia, oversleeping and disrupted sleep patterns.
- Medical conditions-Depression, anxiety, epilepsy, or other neurological disorders.

**Case report**

A female patient named XYZ aged 32 years a housewife residing at Gandhinagar, Bhopal presented with severe headache particularly at temples from 3 days with nausea and 2 episodes of vomiting, which get aggravated by talking, sitting, light and noises, and ameliorated by lying down in a dark room.

**History of present complaint**

The history of presenting complaint is present from last 2 years, she usually had the similar attacks in a week or in 2 weeks, for that she is taking modern medicines and painkillers from last two years.

The attack usually starts early in the morning nearly 3 to 4 am.

The headache usually starts with pain in back of head and that get settled in the temples accompanied by nausea and vomiting.

The patients usually appear with low blood pressure.

**Family history**

Father-Hypertensive  
 Mother-Diabetic  
 Husband-healthy  
 Brother-hypertensive

**Physical generals**

Diet-vegetarian  
 Appetite-decreased  
 Desire-sweet  
 Aversion-not specific  
 Sleep-disturbed early in the morning due to pain  
 Dreams-not remembered  
 Bowels-clear

Micturition-regular 5-6 times/day

Thirst-normal

Thermals-chilly

**Vitals**

Pulse-70/bpm

Blood Pressure-90/60mmhg

Respiratory Rate-16/min

Temperature-97.2degree F

**Mental generals**

- The patient does not want to be alone, as she feels anxious.
- Whenever patient feels anxious, there is discomfort feeling in the abdomen.
- She shrieks at her husband whenever she feels that she is not listened, and get ignored or not get responded properly, she feels it is his duty to solve all her problems.
- She started crying while explaining her complaints.

**General examination**

General condition-alert and conscious

Pallor-not detected

Clubbing-not detected

Cyanosis-not detected

Oedema-not detected

Lymph nodes-not palpable

Teeth/gums-healthy

There is presence of pain at temples.

**Systemic examination**

Per abdomen-soft

S1 S2-heard, no added sound

Chest-Bilateral clear

CNS-orientation and consciousness present

**Provisional diagnosis**

Migraine

**Differential diagnosis**

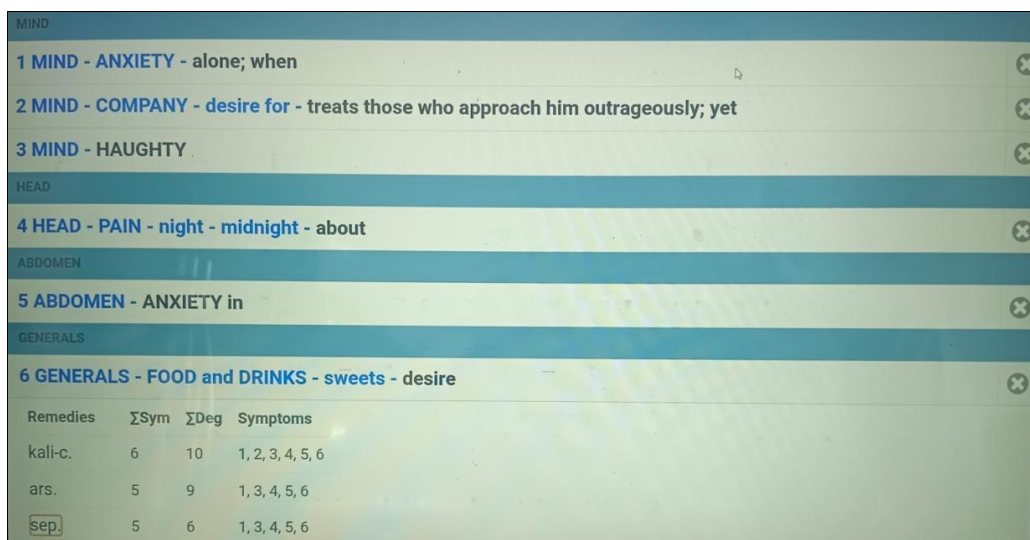
Tension headache

Cluster headache

Temporal arteritis

Meningitis

Eye troubles



Remedies	ΣSym	ΣDeg	Symptoms
kali-c.	6	10	1, 2, 3, 4, 5, 6
ars.	5	9	1, 3, 4, 5, 6
Sep.	5	6	1, 3, 4, 5, 6

On the basis of repertorisation and referring to materia medica the prescription is

Rx

*Kalium carbonicum* 30) BD for 2 days

Sac lac 200) BD for 7 days

#### 1st follow up 06/06/2024

After taking the medicine on first day there was no relief to the patient but in the morning of next day there is relief in the nausea and headache but irritation was present there, she don't take the painkiller from the morning of 08/06/2024.

Pain with the slight intensity was again there on the 14/06/2024 with nausea but no episode of vomiting was there.

Rx

*Kalium carbonicum* 200) BD for 1 day

*Phytum metallicum* 30) TDS for 7 days

#### 2nd follow up 15/06/2024

There was no attack of migraine for the whole week but there was episode of vomiting 3 times in a week and there is severe laziness and lethargic feeling after the vomiting and eructation's with a feeling of fullness of abdomen.

Rx

Carbo vegetabilis 200) BD for 1 day

Sac lac 30) BD for 7 days

#### 3rd follow up 24/06/2024

There was no reoccurrence of symptoms from the next day of medication, no attack of migraine, no episodes of vomiting and nausea.

Patient feels mentally well and sleepiness.

No new complaint was marked.

#### Discussion

Homoeopathy is a holistic system of medicine and here the treatment plan is based on individualization through the detailed case taking. It is essential to find the similimum on the basis of totality of symptom. This case of migraine treated with the similimum medicine is an attempt to show the efficacy of homoeopathic approach in the treatment of migraine. The improvement was assessed on the basis of follow ups given by the patient.

#### Conclusion

This case report provides valid evidence of the successful treatment of migraine with the help of constitutional homoeopathic medicine and it also signifies the importance of individualised internal medication instead of applying external application or taking painkillers regularly.

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#### How to Cite This Article

Soni S, Hande S. Homoeopathic management of migraine: A case report. *International Journal of Homoeopathic Sciences*. 2024;8(3):434-436.

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