International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(2): 491-495
Received: 14-05-2025
Accepted: 16-06-2025

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Migraine and homoeopathy: A natural solution for a modern epidemic

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DOI: https://www.doi.org/10.33545/26164485.2025.v9.i3.H.1697

Abstract
Migraine is a word that many recognize but only those who suffer from it truly understand the profound impact it can have. More than just a headache, migraines are a disabling neurological condition that affects over 1 billion people worldwide, according to the World Health Organization. With increasing stress, environmental triggers, and lifestyle imbalances, migraines are becoming more prevalent, and so is the search for holistic, side-effect-free relief.
This is where homoeopathy a centuries-old system of medicine steps in with a personalized and gentle approach.

Keywords: Migraine, homoeopathy, headache, individualization

Introduction

Understanding migraines: More than a headache

Migraines often strike without warning and can last anywhere from 4 to 72 hours. Common symptoms include:

- Intense, pulsating or throbbing head pain (usually one-sided)
- Nausea and vomiting
- Sensitivity to light (photophobia), sound (phonophobia), and smells
- Visual disturbances such as zigzag lines, flashes of light, or blind spots (migraine with aura) (WHO, 2016) [1].

Causes and triggers

The pathophysiology of migraine is complex and multifactorial. It is believed to involve cortical spreading depression, activation of the trigeminovascular system, and the release of inflammatory neuropeptides like Calcitonin Gene-Related Peptide (CGRP) (Charles, 2018) [2].

Common triggers

Triggers	Examples
Dietary	Aged cheese, alcohol (especially red wine), chocolate, MSG, caffeine
Hormonal	Menstrual cycle, oral contraceptives, menopause
Environmental	Bright lights, loud sounds, strong smells, changes in weather
Lifestyle	Stress, sleep disturbances, dehydration, irregular meals

Migraines are classified into:

- Migraine without aura (common migraine)
- Migraine with aura (classic migraine)
- Chronic migraine (≥15 headache days/month for >3 months)

There are also rarer forms such as hemiplegic migraine and vestibular migraine, which affects balance and causes vertigo. Migraines often run in families, indicating a genetic component (IHS, 2018) [3].

Symptoms

Migraine attacks typically progress through four phases:

1) Prodrome - mood changes, fatigue, food cravings, and neck stiffness.

2) Aura - sensory or visual disturbances (in some patients).
3) Headache - throbbing or pulsating pain, usually on one side of the head, lasting 4 to 72 hours.
4) Postdrome - fatigue, confusion, and difficulty concentrating after the headache subsides (Goadsby *et al*., 2017) [4].

Diagnosis

Migraine is primarily diagnosed clinically based on patient history and symptom patterns. The International Classification of Headache Disorders (ICHD-3) provides criteria for diagnosis (IHS, 2018) [3]. Neuroimaging may be used to exclude secondary causes in cases with atypical features or new-onset headaches.

Lifestyle modifications

Stress management (e.g., cognitive behavioral therapy, meditation)
Sleep hygiene
Regular physical activity
Avoidance of known triggers (WHO, 2016) [1]

Case report

A 28 years old female patient visited the OPD at the National Homoeopathic Medical College, Lucknow, on 21 January 2025, with the complaints of recurrent coryza with sneezing, headache and delayed menses.

Her presenting complaints were,

1) Recurrent sneezing from 3-4 years.
- < from strong smells, on rising in morning, from change of temperature.
- 4-5 times in one episode.

2) Migraine from 3-4 years.
- Location - Frontal headache extending to occiput.
- Character of pain - bursting type of pain.
- < empty stomach, from noise, from bright light
- from lying in dark room
- Mostly pain aggravates on empty stomach, if she doesn't take food for 3 hours.
- Accompanied by nausea and vertigo.

3) Delayed menses from 3-4 years.
- Menarche - at around 14 years of age. Cycle painful, used to take painkiller at that time.
- Duration of cycle - more than 45 days.
- Colour - dark-red
- Cycle last for 3-4 days.

4) Recurrent coryza since childhood.
5) Having squint in right eye (inward).

Past history

1) Right sided face paralysis (Bell's palsy ??) at around 2-3 years of age.
2) Jaundice once 5 years before
3) Involuntary dribbling of urination on sneezing in winters 3-4 years back. Took homoeopathic treatment for this.
4) Having stitch mark on right chin.

Family history

Mother - Hypertension
Father - Nothing specific
Siblings - 5, 4 brothers, Patient 2nd one.

Physical generals

Thermal - Chilly
Thirst - Thirstless
Appetite - Normal/spicy food desire/craving for paneer.
Stool - Satisfactory
Urine - Clear
Perspiration - Mostly on face
Sleep - Sound/right sided
Dreams - Nothing specific
Fear - of high places, of darkness

Mental generals

Patient is calm and quiet by nature, not easily agitated. Appears emotionally composed and peaceful.
Lazy and physically inactive, prefers rest and avoid exertion.
Previously had a strong interest in painting and creative expression. Fear of darkness persists, however, paradoxically desires complete darkness during sleep for comfort and rest.
Rarely expresses anger outwardly. Anger, when it arises, is suppressed and internalized. Avoids confrontation or fights but tends to hold grudges. Once emotionally hurt, may cut off from people silently and permanently.
Highly pampered and overprotected during childhood, leading to dependency on external emotional validation. Desires deep emotional connection and affection. Expressed explicitly, "I want love and care".
Patient experiences marked anxiety when required to step out of familiar environments such as home or school. New or unfamiliar situations provoke uneasiness and emotional distress.
At home, especially in the presence of her mother and elder brother, the patient feels a strong sense of love, safety, and emotional security.
She is emotionally undemanding; shows contentment with small gestures and does not express excessive desires or complaints.

Case analysis and repertorization

The patient's full range of symptoms were meticulously gathered and skilfully analyzed using the Synthesis Repertory for repertorization, which assisted in identifying the most suitable remedy.

Totality of symptoms

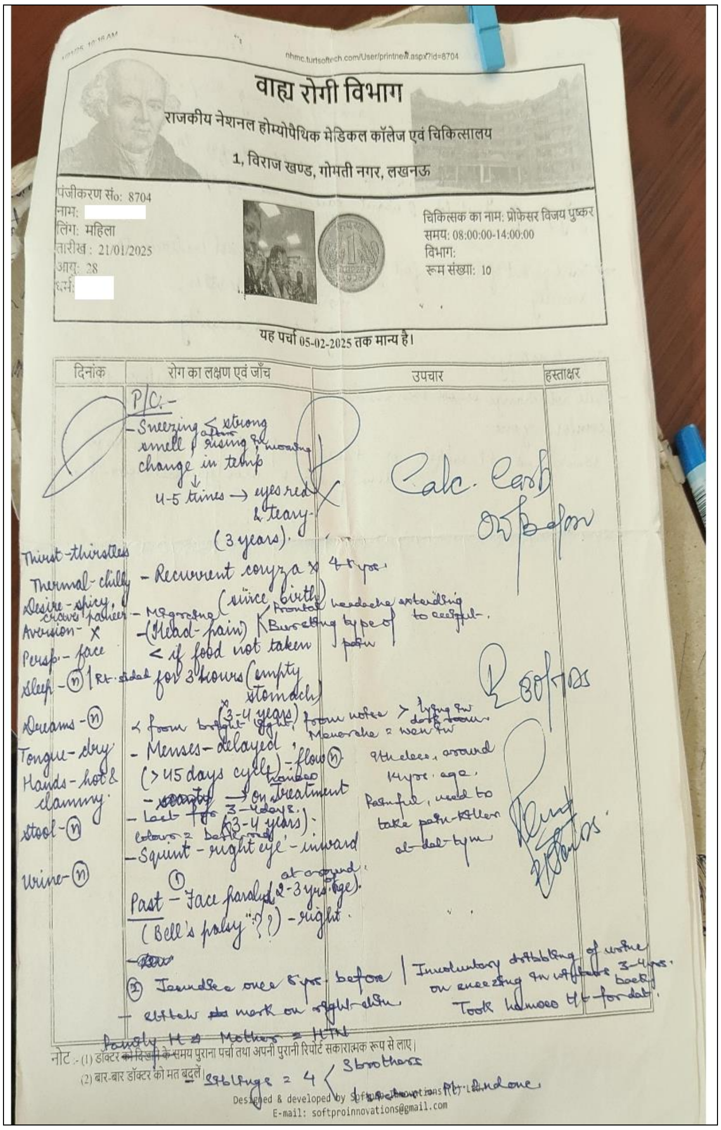
1) Timidity
2) Bursting type of headache
3) Headache aggravates on empty stomach
4) Convergent strabismus
5) Delayed menses
6) Right sided
7) Recurrent cold and coryza since birth

Rubrics taken for repertorization

1) Mind - Timidity
2) Head - Pain - bursting pain
3) Head - Pain - fasting - agg.
4) Eye - Strabismus - convergent
5) Female Genitalia/Sex - Menses - late,too
6) Generals - Side - Right
7) Generals - Cold; Taking A - tendency

Remedies	∑Sym	∑Deg	Symptoms
lyc.	7	19	1, 2, 3, 4, 5, 6, 7
calc.	7	14	1, 2, 3, 4, 5, 6, 7
nux-v.	7	12	1, 2, 3, 4, 5, 6, 7
spig.	7	8	1, 2, 3, 4, 5, 6, 7
sil.	6	16	1, 2, 3, 5, 6, 7
sulph.	6	16	1, 2, 3, 5, 6, 7
kali-c.	6	14	1, 2, 3, 5, 6, 7
phos.	6	14	1, 2, 3, 5, 6, 7
sep.	6	14	1, 2, 3, 5, 6, 7
caust.	6	11	1, 2, 3, 5, 6, 7
lach.	6	11	1, 2, 3, 5, 6, 7
alum.	6	10	1, 2, 4, 5, 6, 7
crot-h.	6	10	1, 2, 3, 5, 6, 7
ars.	6	9	1, 2, 3, 5, 6, 7
rhus-t.	6	9	1, 2, 4, 5, 6, 7

Prescription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वाह्य रोगी विभाग

राजकीय नेशनल होम्योपैथिक मेडिकल कॉलेज एवं चिकित्सालय

1, विराज खण्ड, गोमती नगर, लखनऊ

पंजीकरण सं०: 8704
नाम:
लिंग: महिला
तारीख: 21/01/2025
आयु: 28
धर्म:

चिकित्सक का नाम: प्रोफेसर विजय पुष्कर
समय: 08:00:00-14:00:00
विभाग:
रूम संख्या: 10

यह पर्चा 05-02-2025 तक मान्य है।

दिनांक	रोग का लक्षण एवं जाँच	उपचार	हस्ताक्षर
	P/C:- – Sneezing < strong smell, after rising in morning, change in temp → 4-5 times → eyes red & teary (3 years).	Calc. Carb 0/5	
Thirst - thirstless; Thermal - chilly; Desire - spicy, craves paneer; Aversion - ✗; Persp. - face; Sleep - (n) Rt. sided; Dreams - (n); Tongue - dry; Hands - hot & clammy; Stool - (n); Urine - (n)	– Recurrent coryza × 4-5 yrs. (since birth) – Migraine (Head-pain) < if food not taken for 3 hours (empty stomach) (3-4 years) < from bright light, from noise > lying in dark room. Frontal headache extending to occiput. Bursting type of pain. – Menses - delayed, (> 45 days cycle) - flow (n) – on treatment – last for 3-4 days. (3-4 years). Colour = dark red. Menarche = when in 9th class, around 14 yrs. age. Painful, used to take pain-killer at that time. – Squint - right eye - inward.		
	Past – (1) Face paralysis at around 2-3 yrs of age (Bell's palsy??) - right. (2) Jaundice once 8 yrs. before – stitch mark on right side. Involuntary dribbling of urine on sneezing in last 3-4 yrs. back. Took homoeo Rx for that.		

Family H/o – Mother = HTN

Siblings = 4 < 3 brothers, 1 alone

नोट :- (1) डॉक्टर को दिखाने के समय पुराना पर्चा तथा अपनी पुरानी रिपोर्ट सकारात्मक रूप से लाए।
(2) बार-बार डॉक्टर को मत बदलें।

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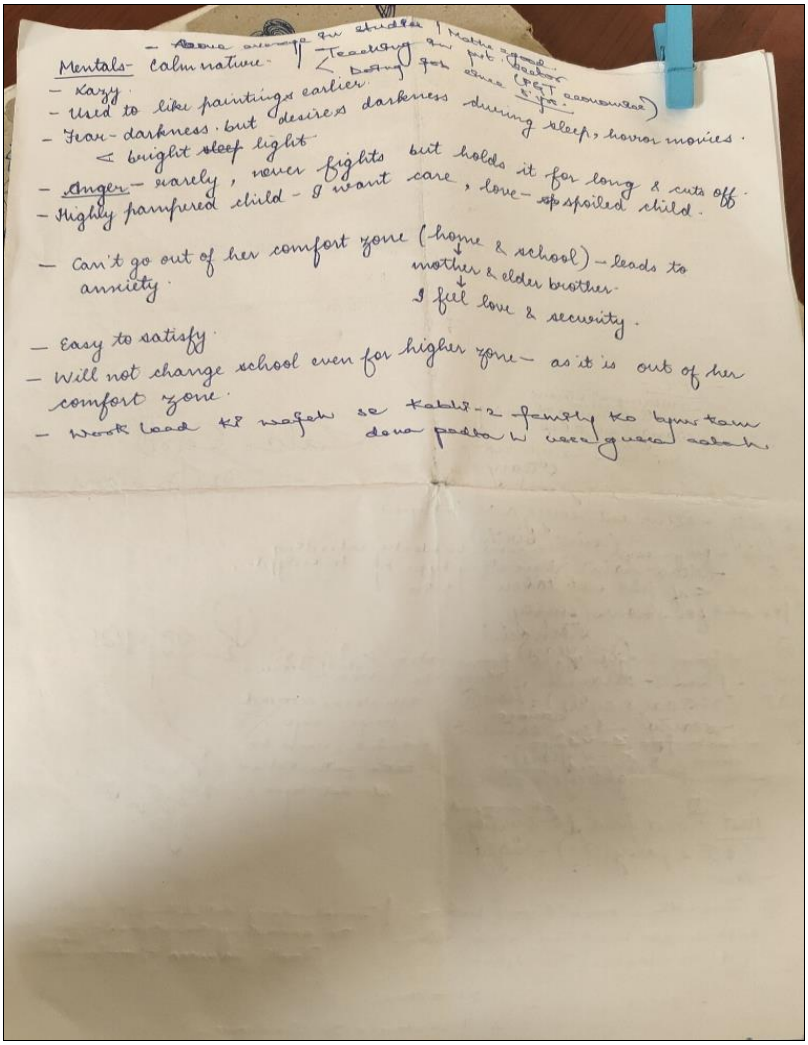
E-mail: softproinnovations@gmail.com



Patient was prescribed Calcarea carbonica 200 /3doses along with Sac Lac 30C TDS for 15 days on 21/01/2025.

Basis of prescription

Following the analysis of mental generals, physical generals, particulars, and repertorial results, Calcarea carbonica was considered in selecting the prescription.

Follow up

Table 1: Follow up of the case

Date	Change in symptomatology	Prescription	Justification
29/01/2025	Slight improvement in sneezing but persists. Also having slight improvement in headache but persists.	Rubrum met 200/6 doses Saclac 30/TDS for 15 days.	Slight alleviation of symptoms is a good sign therefore no change was done in prescription.
17/02/2025	General sensation of mental well-being. Improvement in sneezing, frequency less than before. Improvement in headache, intensity of pain less than before.	Rubrum met 200/3 doses Saclac 30/TDS for 15 days.	Mental and physical symptoms of the patient got better.
01/03/2025	Episodes of sneezing less than before. No episode of headache in last 15 days. Menstrual cycle still delayed, appeared after 45 days.	Rubrum met 200/3 doses Saclac 30/TDS for 15 days.	Patient is towards improvement.
17/03/2025	Episodes of sneezing very less than before. 1 episode of headache in last 15 days but intensity of pain less than before, also not having nausea and vertigo now with headache.	Rubrum met 200/3 doses Saclac 30/TDS for 15 days.	Patient is towards improvement.
02/04/2025	Not having daily episodes of sneezing in morning now. No episode of headache in last 15 days. Menstrual cycle still delayed.	Rubrum met 200/3 doses Saclac 30/TDS for 15 days	Patient is towards improvement.
20/05/2025	Overall relief in complaints.	Rubrum met 200/3 doses	Patient is towards improvement.

	No change in squint in right eye.	Saclac 30/TDS for 15 days.	
17/06/2025	Episodes of sneezing reappeared in morning. No episode of headache in last 15 days.	Rubrum met 200/6 doses Saclac 30/TDS for 15 days.	Some complaints reappeared but less in intensity so need to wait and watch.
01/07/2025	Episodes of sneezing still persist but not having redness and lachrymation of eyes along with that. No episode of headache in last 15 days, now can gap for 5 hours after taking meal earlier headache used to occur if doesn't take food after 3 hours. LMP- 04/06/25 Now cycle appearing after 35-36 days. No change in squint in right eye.	Rubrum met 200/6 doses Saclac 30/TDS for 15 days.	Overall patient is towards improvement.

Discussion

Why consider homoeopathy?

Homoeopathy treats the individual, not just the disease. Developed by Dr. Samuel Hahnemann in the 18th century, this system of medicine operates on the principle of "like cures like" a substance that causes symptoms in a healthy person may cure similar symptoms in a sick person when given in minute doses.

Unlike conventional painkillers that temporarily mask symptoms, homoeopathy aims to stimulate the body's self-healing mechanism, restoring balance from within.

Calcarea carbonica is a deep acting, constitutional remedy with it's marked action on glands, skin and bones.

Calcarea carbonica was selected based on the totality of symptoms and the underlying constitutional characteristics of the patient. The remedy corresponds well with the patient's presentation, which includes recurrent coryza with sneezing, chronic migraine, and delayed menses all commonly covered under the Calcarea carbonica symptomatology. Additionally, the patient exhibits characteristic traits often associated with this remedy, such as chilliness, sweating of the head & face, easy fatigue, and a tendency toward sluggish metabolism. The remedy also aligns with hormonal and endocrine imbalances frequently seen in patients requiring Calcarea carbonica.

Clinical studies and reviews

Cochrane Review (2011): A systematic review concluded that there is insufficient evidence to support or refute the efficacy of homeopathy for migraine prevention [5]. However, individual trials have shown mixed results.

Randomized Controlled Trial (RCT) by Sharma *et al*. (2013): This Indian study involved 60 migraine patients treated with individualized homeopathic medicines over 6 months. The study reported significant reductions in frequency and intensity of migraine attacks compared to placebo [6].

Bell *et al*. (2004): This study on homeopathy in chronic headaches found modest benefits but highlighted methodological limitations, suggesting the need for larger, more rigorous trials [7].

European Committee for Homeopathy (ECH): The ECH cites various case series and observational studies supporting the role of homeopathy in managing chronic conditions, including migraines, but acknowledges the need for stronger evidence [8].

Conclusion

Migraines may be common, but they are far from harmless. They affect careers, relationships, and daily joy. In the search for sustainable, side-effect-free treatment options, homoeopathy stands out as a time-tested system that respects the body's natural rhythms.

While not a one-size-fits-all solution, when practiced correctly, homoeopathy can be a powerful tool in helping people live with less pain and more freedom.

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How to Cite This Article
Pandey RK, Gupta P, Gautam S, Kumar A. Migraine and homoeopathy: A natural solution for a modern epidemic. International Journal of Homoeopathic Sciences. 2025;9(3):491-495.

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