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## Migraine treated by individualized homoeopathic medicine: A case study

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### Abstract

Migraine is a common neurovascular disorder characterized by recurrent headache episodes associated with nausea, vomiting, and sensory hypersensitivity, leading to significant functional impairment. Conventional management often provides symptomatic relief but may be associated with adverse effects and limited long-term benefit. This case report highlights the role of individualized homoeopathic treatment in the management of migraine. A 22-year-old female presented with recurrent left-sided, throbbing headaches of 2-4 years' duration, accompanied by nausea, vomiting, and anxiety, with increased frequency over the preceding six months. The headaches were aggravated by sun exposure, fasting, emotional stress, and bright light, and relieved by rest and sleep. Based on a comprehensive case analysis and repertorization, *Natrum muriaticum* 200C was selected and prescribed. Clinical improvement was assessed using validated outcome measures, including the Migraine Disability Assessment (MIDAS) questionnaire and the Visual Analogue Scale (VAS). The patient showed gradual and sustained improvement, with a significant reduction in both headache frequency and intensity. Objective assessment revealed a decrease in MIDAS score from 13 (moderate disability) to 3 (little or no disability) and a reduction in VAS score from 8/10 to 2/10 following treatment. This case demonstrates the potential effectiveness of individualized homoeopathic treatment in migraine management and emphasizes the usefulness of standardized outcome measures for objective assessment.

**Keywords:** MIDAS score, *Natrum muriaticum*, migraine, homoeopathy, visual analogue scale, case study

### Introduction

Headache disorders are extremely common neurological conditions marked by repeated episodes of head pain. Migraines are often associated with adults, they also occur in children and adolescents, sometimes presenting differently in younger age groups. These disorders can interfere with daily life at any age, leading to missed school days, reduced participation in sports, and absence from routine activities<sup>[1]</sup>. Migraine is typically described as a severe, throbbing, usually one-sided headache that is often accompanied by nausea, vomiting, photophobia and phonophobia<sup>[2]</sup>.

Headache disorders are widespread across the globe, affecting nearly 40% of people about 3.1 billion individuals in 2021 and they tend to occur more frequently in females than in males. From early childhood, around the age of five, and continuing well into old age, headaches consistently rank among the three most common neurological conditions. Although prevalence may differ slightly from one region to another, headache disorders remain a universal health issue, impacting people of all races, socioeconomic backgrounds, and geographic locations<sup>[3]</sup>.

Research exploring the mechanisms behind migraine suggests that activation of the trigeminovascular system plays a central role. Both genetic predisposition and environmental influences contribute significantly to a person's susceptibility to migraine<sup>[4]</sup>.

Migraine is broadly divided into two main types: migraine with aura (MA) and migraine without aura (MO). It may also be categorized as either episodic or chronic, depending on the frequency of attacks. A rare and more severe form of migraine with aura is hemiplegic migraine, which causes temporary weakness or numbness on one side of the body<sup>[5]</sup>. The diagnosis of migraine is primarily clinical and is made by carefully analyzing the patient's symptoms and their pattern of occurrence.

Investigations such as brain MRI or CT scans, along with relevant blood tests, are usually performed to exclude underlying pathological or secondary causes of headache<sup>[6]</sup>. Conventional medical treatment for migraine is often associated with notable side effects and, in some cases, provides limited long-term relief. This has led to growing interest in integrating alternative systems of medicine, among which homoeopathy has emerged as a promising therapeutic approach<sup>[8]</sup>. Modern medical understanding increasingly recognizes the role of emotional disturbances in the development of migraine. This observation closely aligns with Hahnemann's teachings, which describe how grief, sorrow, and other deeply distressing emotions can disturb the psoric state and give rise to functional disorders such as migraine<sup>[7]</sup>.

Certain headaches are sharp, severe, and paroxysmal, often beginning in the morning, increasing with the rising sun, and subsiding after sunset. They commonly involve the frontal, temporal, or parietal regions and, when associated with facial flushing, throbbing pain, and relief from rest, sleep, and warmth, are considered predominantly psoric. Psoric headaches are usually aggravated by exertion and accompanied by marked coldness, which is relieved by lying down in a warm, quiet environment.

In contrast, syphilitic headaches typically occur at night and are localized to the occipital region or base of the brain. The pain is dull, heavy, sometimes lancinating, and persists through the night, improving by morning but recurring again at night. These headaches are aggravated by motion, exertion, and warmth, and are relieved by cold applications. They are often accompanied by generalized coldness, sadness, and prostration, and may improve after epistaxis. The sensation of a tight band around the head is common, and in children, restlessness or head-rolling may be observed. Headaches occurring during periods away from routine work may reflect a mixed psoric-syphilitic background. Such cases often require appropriate anti-syphilitic treatment for effective management<sup>[7]</sup>. The present case report aims to illustrate the effectiveness of individualized homoeopathic treatment in migraine, with treatment outcomes objectively assessed using MIDAS and VAS scores.

### Case Study

A 22-year-old female graduate student presented to the OPD of State Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Phaphamau, Prayagraj on 11 August 2023 with complaints of recurrent headaches for the past 2-4 years, with an increase in frequency over the preceding six months.

### Chief Complaints

The patient complained of recurrent headache attacks occurring for the last 2-4 years, presently increasing in frequency over the past six months.

### History of Present Illness

The headache started in the left temporal region and extended to the left eye. The pain was throbbing and pulsating in nature and was associated with nausea, vomiting, and anxiety. The attacks occurred three to four times per month, each lasting 12-24 hours. The headache was aggravated by sun exposure, fasting, emotional stress, reading, and bright light, while relief was obtained by lying in a dark room, sleeping, and after vomiting.

### Family History

The patient's mother and sister had a history of migraine headaches, while the father was suffering from

hypertension. There was no family history of any other neurological disorder.

### Past History

The patient had a history of head injury. No other significant past medical history was noted.

### Clinical Examination

On examination, the patient was conscious, cooperative, and well oriented. Vital signs were within normal limits. General and neurological examinations did not reveal any focal neurological deficits or signs suggestive of secondary headache.

### Diagnosis

Based on detailed clinical history and characteristic symptom pattern, a diagnosis of migraine was made. No pathological abnormalities were detected. The Migraine Disability Assessment (MIDAS) questionnaire was used to assess migraine-related disability, and the Visual Analogue Scale (VAS) was employed to assess pain severity.

### Case Analysis and Repertorization

#### Mental Generals

- Sensitive and introverted personality
- Desire to be alone
- Cries easily when alone but suppresses emotions in public
- Consolation aggravates, leading to irritation and weeping
- Suppressed anger and emotions
- Emotional excitement
- Brooding, deep thinking, and persistent unhappiness
- Fear of water

#### Physical Generals

- Appetite decreased
- Thirst: 2-3 liters per day
- Desire for extra salt (++)
- Aversion to bread
- Perspiration mainly on the face
- Sleep disturbed by slightest noise
- Dreams of robbery and horrible scenes
- Involuntary urination on laughing or coughing
- Thermal reaction: Hot
- Menstrual history: Early, irregular, scanty

#### Particular Symptoms

- Recurrent headache
- Pain starts on the left side of the head and extends to the eye
- Nature of pain: Throbbing and pulsating
- Associated nausea and vomiting during attacks

#### Repertorial Totality

- Ailments from suppressed anger
- Brooding
- Aversion to company
- Fear of water
- Weeping; consolation aggravates
- Urination involuntary while laughing
- Salt desire
- Heat flushes
- Aversion to bread

#### Repertorial Results

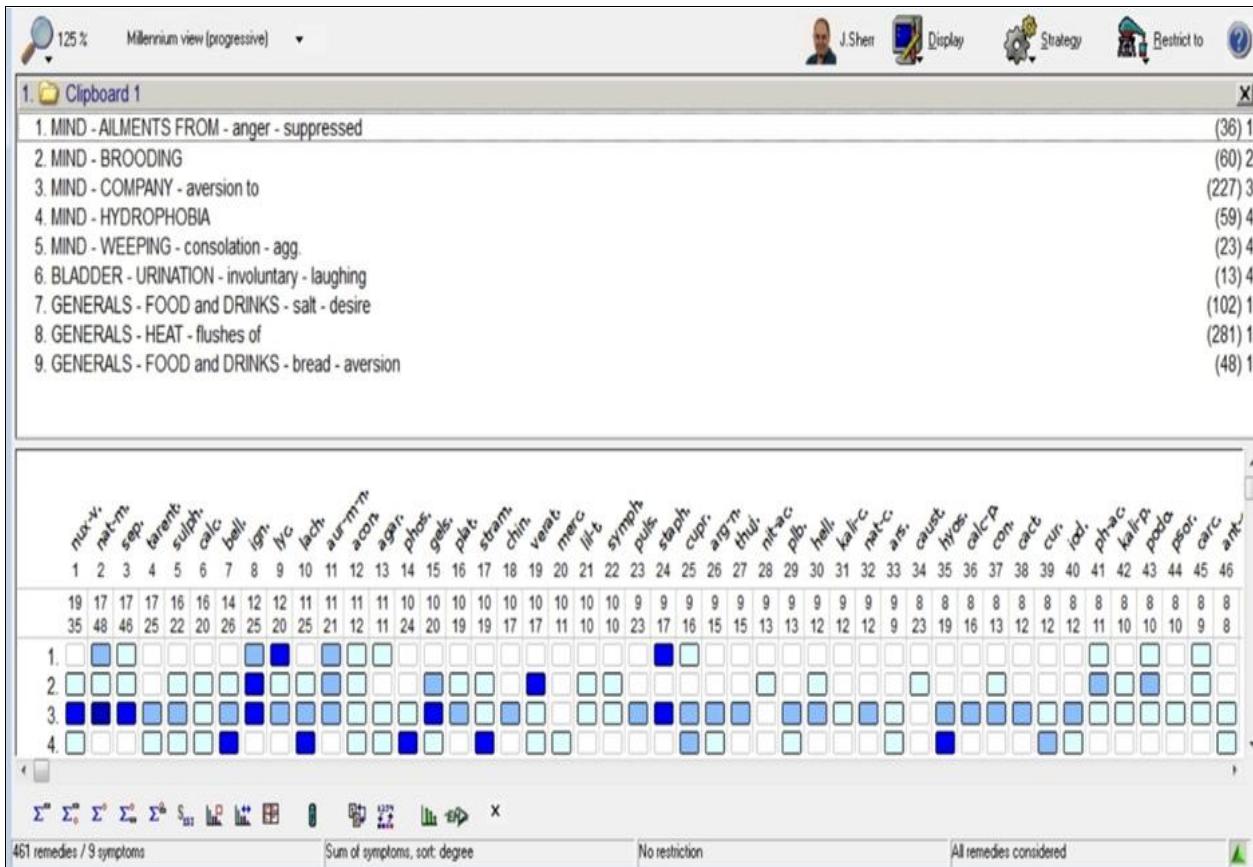
- *Natrum muriaticum*: 48/17

- **Sepia:** 46/17
- **Nux vomica:** 35/19

### Justification for Remedy Selection

*Natrum muriaticum* was selected based on the totality of symptoms, particularly the desire for solitude, suppressed emotions, aggravation from consolation, emotional sensitivity with brooding, craving for extra salt, and hot thermal reaction. The remedy covered both the mental and physical generals as well as the particular headache symptoms.

### Repertorial sheet



### Follow-Up

Date	Clinical Status	Prescription
11/08/2023	Recurrent severe migraine with nausea & vomiting. MIDAS Score 13 (Grade III) & VAS Score 8/10.	<i>Natrum mur</i> 200-single dose + Sac Lac
27/08/2023	Reduction in intensity of headache; nausea improved	Sac Lac BDAC × 1 month
25/09/2023	Further reduction in frequency and severity	Sac Lac BDAC × 1 month
20/10/2023	Occasional mild headache episodes	Sac Lac BDAC × 1 month
15/11/2023	Significant relief; rare mild attacks	Sac Lac BDAC × 1 month
16/12/2023	Marked clinical improvement	Sac Lac BDAC
30/12/2023	Condition stable; disability minimal. MIDAS Score 3 (Grade I) & VAS Score 2/10.	Treatment stopped

### Patient-reported outcome measures

Figures 1-4 show patient-reported outcome assessment forms (MIDAS and VAS) before and after treatment. Identifying details have been masked to maintain confidentiality. Objective assessment using MIDAS and

### Miasmatic Analysis

Predominantly psoro-sycotic, correlating with the chronic, recurrent nature of the migraine and the patient's symptoms totality.

### Prescription

#### First Prescription (11/08/2023)

- **Natrum muriaticum:** 200-single dose, ODAC
- **Saccharum lactis:** 30-BDAC × 15 days

**BASELINE MIDAS SCORE**

**THE MIGRAINE DISABILITY ASSESSMENT TEST**

(Baseline and 6 month)

The MIDAS (Migraine Disability Assessment) questionnaire was put together to help you measure the impact your headache has on your life. The information on this questionnaire is also helpful for your primary care provider to determine the level of pain and disability caused by your headache and to find the best treatment for you.

**INSTRUCTIONS:** Please answer the following question about ALL of the headache you have had over the last 3 months. Select your answer in the box next to each question. Select zero if did not have the activity in the last 3 months. Please take the completed form to your healthcare professional.

**5 days** 1. On how many days in the last 3 months did you miss work or school because of your headache?

**2 days** 2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headache? (Do not include days you counted in question 1 where you missed work or school.)

**3 days** 3. On how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives)?

**0 days** 4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headache? (Do not include days you counted in question 3 where you did not do household work.)

**3 days** 5. On how many days in the 3 months did you miss family, social or leisure activities because of your headache?

**13 days** Total (Question 1-5)

**What your physician will need to know about your headache**

**5-A.** On how many days in the last 3 months did you have headache? (If a headache lasted more than 1 day, count each day.)

**B.** On a scale of 0-10, on average how painful were this headache (Where 0=no pain at all, and 10=pain as bad as it can be)

**Scoring:** After you have filled out this questionnaire, add the total number of days from questions 1-5 (ignore A and B).

Fig 1: MIDAS Score at baseline

**MIDAS SCORE AFTER TREATMENT**

**THE MIGRAINE DISABILITY ASSESSMENT TEST**

(Baseline and 6 month)

The MIDAS (Migraine Disability Assessment) questionnaire was put together to help you measure the impact your headache has on your life. The information on this questionnaire is also helpful for your primary care provider to determine the level of pain and disability caused by your headache and to find the best treatment for you.

**INSTRUCTIONS:** Please answer the following question about ALL of the headache you have had over the last 3 months. Select your answer in the box next to each question. Select zero if did not have the activity in the last 3 months. Please take the completed form to your healthcare professional.

**3 days** 1. On how many days in the last 3 months did you miss work or school because of your headache?

**0 days** 2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headache? (Do not include days you counted in question 1 where you missed work or school.)

**0 days** 3. On how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives)?

**0 days** 4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headache? (Do not include days you counted in question 3 where you did not do household work.)

**0 days** 5. On how many days in the 3 months did you miss family, social or leisure activities because of your headache?

**3 days** Total (Question 1-5)

**What your physician will need to know about your headache**

**3-A.** On how many days in the last 3 months did you have headache? (If a headache lasted more than 1 day, count each day.)

**B.** On a scale of 0-10, on average how painful were this headache (Where 0=no pain at all, and 10=pain as bad as it can be)

**Scoring:** After you have filled out this questionnaire, add the total number of days from questions 1-5 (ignore A and B).

Fig 2: MIDAS Score after treatment

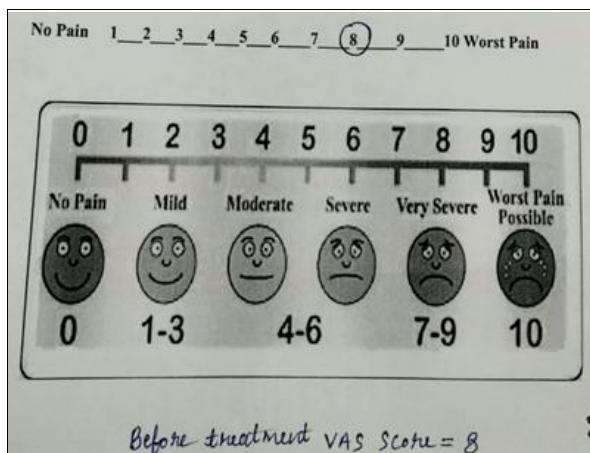


Fig 3: VAS Score at baseline

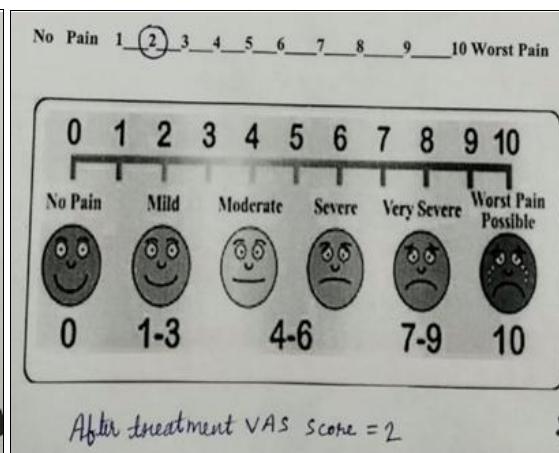


Fig 4: VAS Score after treatment

## Discussion

Migraine is a chronic neurovascular disorder that significantly affects quality of life due to recurrent headache episodes and associated symptoms such as nausea and sensory hypersensitivity. Conventional treatment primarily provides symptomatic relief but may be associated with adverse effects and limited long-term benefit, prompting interest in complementary therapeutic approaches.

In the present case, migraine was diagnosed clinically and monitored using validated tools such as the MIDAS questionnaire and VAS pain scale, allowing objective assessment of disability and pain severity. The patient presented with a characteristic migraine pattern, including left-sided throbbing headache aggravated by sun exposure, fasting, emotional stress, and light, and relieved by rest and sleep. Homoeopathic management was guided by the totality of symptoms, with emphasis on prominent mental generals such as emotional sensitivity, suppressed emotions, aversion to consolation, desire for solitude, brooding, and craving for extra salt. These features strongly indicated *Natrum muriaticum*. Following treatment, the patient showed gradual and sustained improvement, with a marked reduction in migraine frequency and intensity. Objective assessment revealed a significant decrease in MIDAS and VAS scores, supporting the clinical improvement observed.

This case suggests that individualized homoeopathic treatment may play a beneficial role in the management of migraine when prescribed on the basis of comprehensive symptom evaluation.

## Conclusion

This case study demonstrates the effectiveness of individualized homoeopathic treatment in the management of migraine. Selection of *Natrum muriaticum* 200C based on the totality of symptoms resulted in significant clinical improvement, objectively confirmed by MIDAS and VAS scores. Homoeopathy may offer a safe and effective complementary approach in migraine management, emphasizing individualized care and long-term relief. Further systematic studies and controlled trials are warranted to substantiate these findings.

## Consent

Written informed consent was obtained, and patient confidentiality was ensured.

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**Conflict of Interest**

The authors declare that there is no conflict of interest regarding the publication of this article.

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