ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 16, Issue, 08, pp.70843-70846, August, 2026
https://doi.org/10.37118/ijdr.31126.08.2026

RESEARCH ARTICLE OPEN ACCESS

HOMOEOPATHIC APPROACH IN CHRONIC MIGRAINE: A CASE REPORT

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ARTICLE INFO

Article History:
Received 20th May, 2026
Received in revised form
15th June, 2026
Accepted 17th July, 2026
Published online 31st August, 2026

Key Words:

Chronic Migraine, Homoeopathy, Case Taking, Repertorization, Natrum Muriaticum, Headache.

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ABSTRACT

Migraine is a recurrent neurological disorder characterized by episodic headache, often associated with nausea, photophobia, phonophobia and other sensory symptoms. Chronic migraine may substantially affect academic, occupational and social functioning. Homoeopathic case-taking emphasizes the individual pattern of headache, associated symptoms, mental and general characteristics, and modalities. This case report presents an educational model of a 29-year-old female with a long-standing history of recurrent migraine attacks. The characteristic features included left-sided throbbing headache, aggravation from sunlight and mental exertion, nausea, photophobia, relief by pressure and lying in a dark quiet room, and a marked desire for company during attacks. A structured totality of symptoms was formed and repertorization was performed using selected rubrics from a Kent-style repertory framework. Natrum muriaticum emerged as the leading remedy, with supportive differentiation from Sepia, Nux vomica and Pulsatilla. The patient was followed using headache frequency, intensity and functional impact as outcome measures. This report is intended for academic demonstration of homoeopathic case-taking and repertorization and does not establish efficacy of homoeopathy for migraine.

Citation: Dr. Bind Prakash Harihar, Chavan Dnyaneshwar and Dake Pallavi. 2026. "Homoeopathic approach in chronic migraine: A case report.". *International Journal of Development Research*, 16, (08), 70843-70846.

INTRODUCTION

Migraine is a common primary headache disorder with recurrent attacks of moderate to severe headache and associated neurological or autonomic symptoms. Chronic migraine is generally defined clinically by headache occurring on at least 15 days per month for more than 3 months, with migraine features on a substantial proportion of those days. A careful history is essential to identify the headache pattern, triggers, associated symptoms, medication use and warning features requiring medical evaluation. In homoeopathic practice, the aim of case-taking is to individualize the case by identifying characteristic symptoms and their modalities. Repertorization provides a systematic way to compare the selected rubrics and identify remedies that cover the totality. The present article demonstrates this process through one educational case.

CASE PRESENTATION

Parameter	Case details
Patient ID	CM-01 (fictional academic case)
Age / Sex	29 years / Female
Occupation	Postgraduate student
Date of first consultation	10 January 2026
Chief complaint	Recurrent left-sided throbbing headache for 4 years
Frequency	Approximately 12–16 headache days/month
Duration of attack	6–18 hours
Associated symptoms	Nausea, photophobia, occasional vomiting, fatigue
Provisional clinical diagnosis	Chronic migraine pattern

Chief Complaints: The patient reported recurrent headache predominantly over the left temporal and supraorbital regions for approximately four years. The pain was described as throbbing and pulsating, moderate to severe in intensity, and sometimes forced her to stop routine activities. Headache was commonly preceded by visual discomfort and a feeling of tiredness. During attacks she preferred to lie in a dark, quiet room. Nausea was frequent and vomiting occurred occasionally.

History of Present Illness: The headaches initially occurred 3–4 times per month but gradually increased in frequency during the preceding year. The patient noticed aggravation after prolonged study, exposure to bright sunlight, skipping meals and sleep deprivation. Pressure over the temples and forehead gave partial relief. Rest, darkness and sleep were beneficial.

Past History: No known history of head injury, epilepsy, cerebrovascular disease or chronic systemic illness was reported. She had occasional dyspeptic symptoms during periods of irregular meals. There was no reported history of substance use.

Family History: Mother had a history of recurrent migraine-type headaches. No significant hereditary neurological disorder was reported.

Personal History

Feature	Finding
Appetite	Generally normal; reduced during headache
Thirst	Moderate
Sleep	Light; disturbed during academic stress
Bowels	Regular
Diet	Mixed diet
Thermal preference	Prefers cool air but dislikes direct cold wind
Menstrual history	Regular cycles; headache occasionally worse around menstruation
Substance use	No tobacco/alcohol reported

Mental and Emotional Features: The patient was conscientious and perfectionistic regarding studies and frequently worried about academic performance. She tended to suppress emotional upset and preferred not to discuss personal disappointments. During headache attacks she wanted quiet but did not like to remain completely alone; reassurance from a familiar person was comforting.

General and Physical Examination

Examination	Finding
General appearance	Conscious, oriented, moderately built and nourished
Pulse	78/min, regular
Blood pressure	112/74 mmHg
Respiratory rate	16/min
Temperature	Afebrile
CNS examination	No focal neurological deficit on routine examination
Fundus	No abnormality reported on documented examination
Systemic examination	No significant abnormality

The case should be medically evaluated when clinically indicated. New-onset severe headache, sudden 'thunderclap' headache, fever with neck stiffness, altered consciousness, new neurological deficit, persistent vomiting, visual loss or headache following significant trauma require urgent conventional medical assessment.

Analysis and Evaluation of Symptoms

No.	Symptom	Evaluation / Importance
1	Left-sided throbbing headache	Characteristic location and sensation
2	Aggravation from bright sunlight	Clear modality
3	Aggravation from mental exertion/prolonged study	Causative/maintaining factor
4	Nausea with occasional vomiting	Important concomitant
5	Photophobia and desire for darkness	Characteristic concomitant
6	Relief by pressure	Distinct modality
7	Relief by sleep/rest	General modality
8	Perfectionism and suppressed emotional upset	Mental general
9	Headache around menstruation	Periodic/general modality

Final Totality Selected for Repertorization: The following characteristic symptoms were selected to avoid excessive weighting of common migraine symptoms: (1) headache, left-sided; (2) headache, throbbing; (3) headache aggravated by sunlight; (4) headache aggravated by mental exertion; (5) headache relieved by pressure; (6) nausea during headache; (7) photophobia with desire for dark room; and (8) marked conscientious/perfectionistic mental state with suppressed emotions.

Repertorization: A Kent-style repertorial approach was used for this educational example. Rubric wording may vary between repertories and software versions; therefore the table should be treated as an academic demonstration rather than a substitute for the exact repertory database.

Rubric	Nat-m	Sep	Nux-v	Puls	Bell
Head – pain – left	3	2	2	2	2
Head – pain – throbbing	2	2	2	2	3
Head – pain – sunlight, agg.	3	2	2	1	3
Head – pain – mental exertion, agg.	3	2	3	1	2
Head – pain – pressure, amel.	2	2	1	1	1
Stomach – nausea – headache, during	2	2	2	2	2
Eyes – photophobia	2	2	2	2	3
Mind – conscientious about trifles	3	1	3	1	1
Total illustrative score	20	15	17	12	17
Coverage (rubrics)	8/8	8/8	8/8	8/8	8/8

Illustrative repertorization result: Natrum muriaticum ranked first by the weighted total used in this model. Nux vomica and Belladonna were considered important differentials, while Sepia and Pulsatilla were less consistent with the complete individual symptom picture.

Remedy Differentiation

Remedy	Supporting features	Why not selected
Natrum muriaticum	Left-sided headache, throbbing pain, sunlight/mental exertion aggravation, conscientiousness, suppressed emotions	Selected as best overall similarity in this educational case
Nux vomica	Mental exertion, headache, nausea, perfectionistic tendencies	Less characteristic emotional picture; modalities less complete
Belladonna	Throbbing headache, photophobia, sunlight aggravation	Acute congestive picture not sufficiently prominent
Sepia	Hormonal/menstrual association and headache	Characteristic mental and general features less consistent
Pulsatilla	Nausea, hormonal association, headache	Overall emotional and modality picture less similar

Homoeopathic Prescription

Item	Prescription / record
Selected remedy	Natrum muriaticum
Potency	30C
Dose	Single dose, administered once in the educational case model
Follow-up plan	Review after 4 weeks; avoid frequent repetition without reassessment
Supportive advice	Regular meals, adequate hydration, regular sleep, headache diary, trigger identification

This prescription is presented solely as a fictional academic case model and should not be interpreted as a treatment recommendation. Actual migraine management should be individualized by a qualified clinician, and evidence-based preventive or acute therapy should not be discontinued in favor of homoeopathy without medical advice.

Follow-up and Outcome

Visit	Headache days/month	Average intensity (0–10)	Functional impact	Case observation
Baseline	14	8/10	Marked	Frequent attacks; regular academic disruption
4 weeks	9	6/10	Moderate	Fewer prolonged attacks; nausea less frequent
8 weeks	6	5/10	Mild–moderate	Improved routine participation
12 weeks	5	4/10	Mild	Further reduction reported in this fictional model

Outcome measures in this educational model are headache frequency and intensity. A formal clinical study would require validated diagnostic criteria, standardized outcome instruments, adequate follow-up, documentation of concomitant medications and appropriate controls.

DISCUSSION

The case illustrates the importance of constructing a coherent totality rather than repertorizing every symptom reported by a patient. Common symptoms such as nausea and photophobia are useful, but greater emphasis may be placed in individualized homoeopathic case analysis on distinctive modalities, location, sensation, concomitants and mental/general features. In this model, Natrum muriaticum was selected because the combination of left-sided headache, throbbing character, sunlight and mental exertion aggravation, relief from pressure, and a conscientious, emotionally reserved personality was considered more characteristic than the pictures of the competing remedies. However, a single uncontrolled case report cannot establish causation or efficacy. Migraine has a variable natural course, placebo and expectation effects may influence symptom reporting, and concurrent lifestyle or conventional treatments may contribute to improvement. Therefore, the case should be regarded as an illustration of case-taking and repertorization methodology rather than clinical proof.

CONCLUSION

This educational case report demonstrates a structured homoeopathic approach to a chronic migraine presentation. Characteristic symptoms were identified, a focused totality was constructed, and repertorization was used to compare candidate remedies. Natrum muriaticum was selected in the model case, followed by symptom-based follow-up. For scientific evaluation of homoeopathy in migraine, well-designed controlled clinical research is required.

Ethics and Patient Consent: This document is an academic model case. No real patient-identifying information is used. If adapted from an actual patient, written informed consent for publication and appropriate institutional/ethical approval should be obtained, and all identifying information should be removed.

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