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INDIVIDUALISED HOMOEOPATHIC MANAGEMENT OF CHRONIC MIGRAINE: AN ILLUSTRATIVE CASE REPORT WITH EVIDENCE-BASED REVIEW

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ABSTRACT

Chronic migraine is a disabling neurological disorder defined by headache occurring on at least 15 days per month for more than three months, with migraine features on at least eight days per month. This illustrative case report demonstrates how an individualised homoeopathic case may be documented while maintaining a critical evidence-based perspective. An adult woman with a long history of frequent unilateral pulsating headache, nausea, photophobia, aggravation from fasting and sleep deprivation, and improvement after sleep is presented as an educational example. The homoeopathic analysis identifies a characteristic symptom totality and demonstrates repertorial reasoning leading to an illustrative prescription. Headache frequency, intensity and disability are followed using a headache diary and MIDAS-style assessment. The clinical improvement described in this educational example is not evidence of efficacy because the case has no control group and the patient data are fictional. Published evidence concerning homoeopathy for migraine remains limited and inconclusive; systematic reviews have not established efficacy beyond placebo. The article therefore illustrates case-report methodology rather than claiming therapeutic effectiveness.

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INTRODUCTION

Migraine is a common neurological disorder characterised by recurrent attacks of headache and associated symptoms such as nausea, vomiting, photophobia and phonophobia. Chronic migraine is a particularly disabling form. The International Classification of Headache Disorders, 3rd edition (ICHD-3), defines chronic migraine as headache on at least 15 days per month for more than three months, with migraine features on at least eight days per month, provided that the presentation is not better accounted for by another diagnosis. Management of chronic migraine requires accurate diagnosis, assessment for secondary headache disorders and medication overuse, identification of triggers, lifestyle measures, acute treatment and preventive treatment when clinically indicated. A prospective headache diary can assist in characterising frequency and monitoring change. Homoeopathy uses an individualised prescribing model in which the totality of symptoms is considered. However, the clinical evidence for homoeopathy in migraine remains uncertain. Systematic reviews have reported insufficient or unsupportive evidence, and controlled trials have produced mixed findings. Therefore, an individual case should be presented as an observation and not as proof of treatment efficacy.

Aim: To demonstrate a structured method for documenting an individualised homoeopathic approach to chronic migraine while critically reviewing the available evidence.

Illustrative Case Presentation: The following patient is fictional and created solely for educational demonstration. It must not be represented as a real patient or submitted as an authentic clinical case. A 28-year-old woman presented with recurrent headaches for approximately four years. During the preceding six months, headaches occurred on approximately 18 days per month, with migraine-type features on approximately 10 days per month. Attacks were usually unilateral and predominantly right-sided, pulsating in character, and associated with nausea and marked sensitivity to light and noise. Average pain intensity was 8/10 during severe attacks. Individual attacks generally lasted 6–12 hours and occasionally persisted into the following day. The patient reported aggravation after skipping meals, sleep deprivation, prolonged screen exposure and emotional stress. She preferred to lie quietly in a dark room and experienced marked relief

after sleep. Nausea occasionally progressed to vomiting, after which the headache became somewhat easier. No focal neurological deficit, fever, recent head trauma or other red-flag feature was reported in this illustrative scenario. General characteristics included a tendency to feel warm, preference for cool drinks, irregular sleep during periods of academic or occupational stress, and a strong desire for salty and spicy foods. The illustrative mental picture included marked anticipatory anxiety before important events, rapid speech during stress and a tendency to become restless when worried.

Clinical Assessment and Diagnosis: For educational purposes, the case is considered to satisfy the ICHD-3 frequency threshold for chronic migraine. The patient has headache on approximately 18 days per month for more than three months and migraine-type features on approximately 10 days per month. In an actual clinical case, a full neurological examination, medication history, assessment for medication-overuse headache and appropriate investigation of red flags would be required. Baseline outcome measures in this illustrative example were: headache days 18/month; migraine-feature days 10/month; mean severe-attack intensity 8/10; mean attack duration 8 hours; and illustrative MIDAS score 32, corresponding to severe disability. These values are fictional and included only to demonstrate reporting.

Homoeopathic Case Analysis: The characteristic symptom totality selected for this educational example includes: unilateral pulsating headache; marked photophobia and phonophobia; nausea with occasional vomiting; aggravation from fasting and sleep deprivation; amelioration from sleep and lying in a dark room; desire for cool drinks; and anticipatory anxiety with restlessness. Illustrative repertorial rubrics may include headache, one-sided; headache, pulsating; headache, light aggravates; headache, noise aggravates; headache, fasting aggravates; headache, sleep ameliorates; nausea during headache; and anxiety, anticipation. Exact rubric wording varies by repertory and should always be checked against the repertory actually used. For this educational example, the repertorial analysis is assumed to favour Sanguinaria canadensis, with Iris versicolor and Nux vomica considered as differential remedies. The final selection is made on the basis of the totality rather than on the diagnosis of migraine alone. This repertorisation is illustrative and is not evidence that Sanguinaria canadensis treats chronic migraine.

Illustrative Prescription: Sanguinaria canadensis 30C, single dose, followed by observation, is used in this educational example. No additional homeopathic remedy is introduced during the initial observation period. In real clinical practice, prescription, potency, repetition and follow-up must be based on the individual patient and appropriate clinical judgement.

Illustrative Follow-up: At four weeks, headache frequency is described in this educational example as decreasing from 18 to 12 headache days per month, with migraine-feature days decreasing from 10 to 7. Mean severe-attack intensity decreases from 8/10 to 6/10. At eight weeks, headache frequency is described as 9 days per month and migraine-feature days as 5 days per month, with mean severe-attack intensity of 5/10. The illustrative MIDAS score decreases from 32 to 18. These numerical changes are fictional and are included only to demonstrate how outcomes can be reported. In a genuine case report, all outcome data must come directly from the patient's contemporaneous records or headache diary.

Evidence-Based Review: A systematic review by Ernst identified four randomized placebo-controlled trials of homoeopathy for headache or migraine prophylaxis. The methodological quality varied; the stronger trials did not support efficacy, and the review concluded that the available trial data did not suggest efficacy beyond placebo. A later systematic review by Owen and Green identified six prospective studies, including three concerning migraine. One randomized trial reported superiority over placebo, while three randomized trials found no difference. The review concluded that there was insufficient evidence to support or refute homoeopathy for headache disorders and identified methodological limitations. A double-blind placebo-controlled trial involving individualized homoeopathic treatment randomized 73 patients, with 68 completing the trial. Both groups improved in several measures; migraine diary data did not demonstrate a between-group difference, although some secondary analyses favoured homoeopathy. The mixed findings illustrate why isolated positive outcomes should be interpreted cautiously. Overall, current evidence does not establish individualized homoeopathy as an effective preventive treatment for chronic migraine. A case report can document an observed temporal association, but it cannot distinguish treatment effects from natural fluctuation, regression to the mean, placebo/contextual effects, lifestyle change, concurrent treatment or other confounding factors.

DISCUSSION

The illustrative case demonstrates the difference between disease diagnosis and individualised prescribing. Chronic migraine is diagnosed using established neurological criteria, whereas the homoeopathic approach described here uses individual characteristics and modalities to construct a symptom totality. The educational value of such a report is greatest when the case is transparent about its limitations. Objective outcomes should be collected prospectively using headache diaries, and changes in acute medication, sleep, stress, diet and conventional preventive treatment should be documented. A stronger research design would include an appropriate comparator, predefined outcomes and sufficient follow-up. The illustrative improvement in headache frequency should not be interpreted as evidence that the selected remedy caused the improvement. The purpose of this model is to show how a case report can be written without confusing clinical observation with evidence of efficacy.

LIMITATIONS

This is an illustrative educational case and not a genuine patient report. The clinical history, symptoms, repertorisation, prescription and outcome values are fictional. Consequently, no clinical efficacy conclusion can be drawn from the case. For an authentic publication, patient-derived data, informed consent, exact repertory sources, contemporaneous follow-up records and relevant ethical approvals or exemptions must be documented.

CONCLUSION

An individualised homoeopathic case of chronic migraine can be presented in a structured manner by combining accepted diagnostic criteria, transparent symptom analysis, clearly

documented prescribing and objective follow-up. However, a single case cannot establish efficacy. The available clinical literature on homoeopathy for migraine remains limited and inconclusive. Rigorous randomized controlled trials and well-designed prospective studies are required before definitive conclusions regarding efficacy can be made.

Declaration

This document is an illustrative educational manuscript. The case details and outcome data are fictional and must not be presented as observations from a real patient. A genuine case report should replace the illustrative material with verified patient data and appropriate informed consent before journal submission.

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