

## EXPLORING THE ROLE OF HOMOEOPATHY IN MIGRAINE: A CASE SERIES STUDY

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### ABSTRACT

#### Background

Migraine is a prevalent neurological disorder characterized by recurrent headaches, often accompanied by nausea, vomiting, and sensitivity to light and sound. Conventional treatments provide symptomatic relief but may have side effects. Homoeopathy, based on individualized prescribing, offers a potential alternative for migraine management. This case series evaluates the effectiveness of homoeopathic treatment in migraine patients. **Objective:** To assess the role of individualized homoeopathic remedies in reducing the frequency, intensity, and duration of migraine episodes in patients. **Methods:** A prospective case series study was conducted on patients diagnosed with migraine based on clinical criteria. Each patient received an individualized homoeopathic prescription after detailed case-taking and repertorization. Treatment outcomes were assessed using the Migraine Disability Assessment (MIDAS) score and patient-reported symptom relief over a follow-up period of 3 to 6 months. **Results:** The study included 5 patients (age range: 25-40 years). Significant improvement was observed in all cases, with a reduction in migraine frequency and intensity, and duration of attacks. The MIDAS score improved in all patients, indicating enhanced quality of life. No adverse effects were reported. The most commonly prescribed remedies were Belladonna, Natrum muriaticum, Gelsemium, and Sanguinaria canadensis, chosen based on individualized symptomatology. **Conclusion** Homoeopathy appears to be a promising therapeutic option for migraine management, demonstrating significant symptomatic relief and improved patient well-being. Further large-scale studies with randomized controlled trials are recommended to validate these findings.

**Keywords-** Migraine, Homoeopathy, Case Series, Individualized Treatment, Alternative Medicine

### 1. INTRODUCTION

Migraine is a prevalent and debilitating neurological disorder characterized by recurrent, pulsating headaches, often accompanied by nausea, vomiting, photophobia, and phonophobia. It affects approximately 12–15% of the global population, with a higher prevalence in women. Migraine significantly impacts the quality of life, productivity, and overall well-being of affected individuals. Conventional management includes analgesics, triptans, beta-blockers, and lifestyle modifications. However, these treatments often provide only symptomatic relief and may be associated with side effects, dependency, or limited long-term efficacy.

#### Need for Alternative Approaches

Due to the limitations of conventional treatments, there is increasing interest in complementary and alternative medicine (CAM) approaches, including homoeopathy. Homoeopathy is a holistic system of medicine based on the principle of "like cures like" and the use of highly diluted substances to stimulate the body's natural healing response. Individualized homoeopathic prescriptions consider the patient's unique symptomatology, mental and emotional state, and constitutional characteristics. Several clinical studies and anecdotal evidence suggest that homoeopathy may provide relief in chronic migraine cases, reducing attack frequency, intensity, and associated symptoms.

### 2. RATIONALE FOR THE STUDY

Despite growing interest in homoeopathy for migraine, there is a need for more documented case studies and clinical evidence to evaluate its efficacy systematically. This case series aims to explore the role of individualized homoeopathic treatment in migraine management by analysing five cases with varying presentations and treatment outcomes.

#### Objectives

1. To assess the impact of individualized homoeopathic treatment on the frequency, intensity, and duration of migraine attacks.
2. To evaluate improvements in associated symptoms such as nausea, photophobia, and phonophobia.
3. To determine the overall improvement in patients' quality of life through subjective and objective assessment tools (e.g., MIDAS score, Visual Analog Scale [VAS]).

By documenting and analysing five cases, this study aims to contribute to the growing evidence supporting homoeopathy as a potential therapeutic option for migraine patients.

### Study Design

This is a prospective case series study conducted to evaluate the effectiveness of individualized homoeopathic treatment in migraine management. The study involved five patients diagnosed with migraine, treated and monitored over a period of 3 to 6 months.

### Selection of Patients

- Five patients presenting with migraine symptoms were selected from the outpatient department of a homoeopathic clinic.
- Diagnosis was made based on clinical history and diagnostic criteria outlined by the **International Classification of Headache Disorders (ICHD-3)**.
- Patients with a history of secondary headaches due to underlying pathologies (e.g., tumors, infections, trauma) were excluded.
- No patient was on long-term allopathic migraine prophylaxis during the study period.

### Case-Taking and Prescription

- A detailed case history was recorded for each patient, including chief complaints, associated symptoms, triggers, modalities, emotional state, and past medical history.
- Constitutional and individualized homoeopathic remedies were selected based on the totality of symptoms using homoeopathic repertorization.
- Remedies were prescribed in various potencies (30C, 200C, or 1M) depending on the patient's sensitivity and case analysis.
- Repetition of the doses was decided based on follow-up responses.

### Outcome Measures

The effectiveness of treatment was assessed using:

1. **Migraine Frequency** – Number of attacks per month before and after treatment.
2. **Migraine Intensity** – Measured using a **Visual Analog Scale (VAS)** (0–10 scale, where 0 = no pain and 10 = severe pain).
3. **Duration of Migraine Episodes** – Recorded in hours per episode.
4. **Migraine Disability Assessment (MIDAS) Score** – Evaluated the impact of migraine on daily activities, including work, household tasks, and social life.
5. **Patient-Reported Improvements** – Subjective assessment of associated symptoms (nausea, photophobia, phonophobia, etc.).

### Follow-up and Evaluation

- Patients were followed up every 4 weeks for 3 to 6 months.
- Symptomatic changes and modifications in prescription were recorded at each visit.
- If improvement plateaued or new symptoms emerged, remedy adjustments were made according to homoeopathic principles.
- No additional medications (homoeopathic or allopathic) were permitted during the study period.

The study included five patients diagnosed with migraine, each treated with individualized homoeopathic remedies. The results were assessed based on changes in migraine frequency, intensity, duration, and overall impact on daily life using subjective and objective parameters.

### Patient Demographics and Case Details

Patient	Age/Sex	Migraine Triggers	Symptoms	Prescribed Remedy	Follow-up Duration
1	32/F	Stress, Sunlight	Throbbing headache, photophobia, nausea	Natrum muriaticum	6 months
2	28/M	Loud noise, Lack of sleep	Right-sided headache, heat aggravation	Belladonna	5 months

3	35/F	Stress, Anxiety	Dull headache, heaviness, weakness	Gelsemium	4 months
4	40/M	Sinus issues, Strong odors	Right-sided headache, burning pain	Sanguinaria canadensis	6 months
5	30/F	Fatigue, Acidic food	Frontal headache, visual aura, nausea	Iris versicolor	5 months

#### Outcome Measures

##### 1. Reduction in Migraine Frequency

- **Baseline (Pre-treatment):** Patients reported an average of **8–12 attacks per month**.
- **Post-treatment:** The frequency reduced to **2–4 attacks per month** after 3–6 months of treatment.

##### 2. Reduction in Migraine Intensity (VAS Score)

- **Baseline:** The average pain intensity on the **Visual Analog Scale (VAS)** was **8–10** (severe pain).
- **Post-treatment:** After homoeopathic intervention, the VAS score decreased to **3–5** (mild to moderate pain).

##### 3. Reduction in Migraine Duration

- **Baseline:** Migraine attacks lasted **6–24 hours** per episode.
- **Post-treatment:** Duration was reduced to **2–6 hours** per episode.

##### 4. Improvement in MIDAS Score

- **Baseline:** Patients had moderate to severe disability (MIDAS Score: **Grade III – IV**).
- **Post-treatment:** Most patients improved to **Grade I – II**, indicating mild or no disability.

##### 5. Improvement in Associated Symptoms

Symptom	Baseline Occurrence	Post-treatment Occurrence
Nausea/Vomiting	Present in 4/5 cases	Reduced significantly in all cases
Photophobia	Present in 3/5 cases	Mild or absent after treatment
Phonophobia	Present in 3/5 cases	Reduced significantly
Visual Aura	Present in 2/5 cases	Markedly reduced in both cases

#### Overall Clinical Improvement

- Complete relief ( $\geq 80\%$  improvement): 2 patients
- Significant improvement (50–80% improvement): 2 patients
- Moderate improvement (30–50% improvement): 1 patient
- No worsening of symptoms or adverse effects were reported.

##### Analysis and Interpretation

- The study indicates that individualized homoeopathic remedies contributed to a significant reduction in migraine frequency, intensity, and associated symptoms.
- Natrum muriaticum was effective in stress-induced migraines with photophobia and nausea.
- Belladonna showed good results in acute, right-sided, throbbing headaches with heat aggravation.
- Gelsemium was beneficial for dull, pressure-like headaches associated with fatigue and weakness.
- Sanguinaria canadensis helped in right-sided, burning headaches aggravated by odours and sinus issues.
- Iris versicolor proved useful for migraines with visual aura, nausea, and gastric disturbances.

### 3. CONCLUSION FROM OBSERVATIONS

- Homoeopathy provided long-term relief in chronic migraine sufferers without adverse effects.
- Individualized treatment showed better outcomes than a one-size-fits-all approach.
- Further studies with a larger sample size and control groups are required to validate these findings.

### 4. REFERENCES

- [1] The International Headache Society. (2018). The International Classification of Headache Disorders (ICHD-3). Cephalalgia, 38(1), 1–211.
- [2] Kumar, A., & Gupta, N. (2020). A Review on Migraine and its Homoeopathic Management. Journal of Alternative Medicine, 15(2), 89–102.

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- [3] Hahnemann, S. (1921). *Organon of Medicine* (6th ed.). B. Jain Publishers.
  - [4] Boericke, W. (2009). *Pocket Manual of Homoeopathic Materia Medica and Repertory*. B. Jain Publishers.
  - [5] Clarke, J. H. (2005). *A Dictionary of Practical Materia Medica* (Vols. 1–3). B. Jain Publishers.
  - [6] Allen, H. C. (2002). *Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica*. B. Jain Publishers.
  - [7] Davidson, F., & Oberoi, R. (2017). Clinical Efficacy of Individualized Homoeopathic Treatment in Migraine Patients: A Case Series Study. *Journal of Complementary Medicine Research*, 21(3), 45–56.
  - [8] Ramachandran, K. (2019). A Clinical Study on the Role of Homoeopathy in Migraine Management. *International Journal of Homoeopathic Research*, 7(1), 23–30.
  - [9] American Academy of Neurology. (2021). Guidelines for the Diagnosis and Management of Migraine. *Neurology Journal*, 78(6), 1200–1215.
  - [10] World Health Organization. (2019). *Traditional and Complementary Medicine in the Management of Chronic Diseases*. WHO Publications.