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CASE-REPORT

Title: Efficacy of Individualized Homeopathic Medicine in treatment of Migraine: A case report highlighting the role of cardinal principles

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ABSTRACT

Migraine is a complicated neurological condition characterised by frequent headaches that are frequently accompanied by phonophobia, photophobia, and nausea. There are many traditional therapy options available, however many patients still have side effects or suboptimal relief. This case study demonstrates the effectiveness of individualised homoeopathic treatment for migraines, adhering to the three main tenets of classical homoeopathy: the law of similars, individualisation, and the totality of symptoms. A female patient, age 35 years, had persistent migraine attacks that did not improve with conventional medication. Following a thorough case-taking procedure that addressed mental, emotional, and physical symptoms, a single, appropriately prescribed homoeopathic treatment was prescribed. The frequency, severity, and length of migraine episodes significantly decreased during the patient's 9 month follow-up period, indicating considerable clinical improvement. This case emphasises how crucial it is to do a thorough case study and strictly follow homoeopathic principles in order to get positive results. The potential of personalised homoeopathy in the treatment of migraines requires more clinical research.

Keywords: *Migraine, Individualized Homoeopathy, Phosphorus, Law of Similars*

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INTRODUCTION

One of the most common complaints, headaches are often unreported unless they are persistent [1-3]. A migraine is a headache that happens repeatedly, is accompanied by light sensitivity, nausea, and vomiting, and can linger for hours or days. It is a complicated neurological condition, which is typically characterised by an intermittent headache and specific symptoms including nausea, vomiting, photophobia, or phonophobia [2] It is frequently identifiable by activators, also known as triggers, such as dietary products, food additives, alcohol, hormone fluctuations, visual, olfactory, and auditory stimuli, sleep patterns, and weather variations, among others. [1-3]

About 15% of women and 6% of men experience migraines, the second most prevalent cause of headaches, during the course of a year [2], with women experiencing migraines more frequently than males (2 to 3:1) and rural residents more frequently than urban ones. Prevalence gradually decreased in both men and women after rising with age, especially in the 40-44 age range [4]. Many women discover that their migraines improve or disappear beyond the age of fifty. Most people first get migraine headaches between the ages of 10 and 40. In about 60% of cases, there is a familial history. A child has a 50% probability of developing these headaches if one parent has a history of them. The chance rose to 75% if both parents had them. [4].

CASE REPORT**PRESENTING COMPLAINT:**

A 35-year-old married female reported to the

OPD with repeated complaints of one sided headache for the last 10 years, along with loose motions occurring immediately after waking up in the morning for the past few months.

HEADACHE ON AND OFF SINCE 10 YEARS:

♣ **Location** - Frontal and temples regions, mostly on half head

♣ **Sensation** - Bursting pain.

♣ **Modalities**.- Aggravated after head wash, in evening, skipping meals

Ameliorated from pressure, oiling, massage, taking rest

♣ **Associated complaint:** Nausea on start of the episode

HISTORY OF PRESENTING COMPLAINT:

Patient had started experiencing unilateral headache, frequency: 4-5 times a week that remains for 5-6 hours if painkiller not taken, patient was not able to do any routine activities during the episode since 10 years before that she was well but after 2015 she noticed headache after head wash, in evening, skipping the meal and since few months she is suffering from loose motion immediate after getting up from bed.

PAST HISTORY: No Significant past illness

FAMILY HISTORY:

Mother-Headache (since 2 years)

Father-Expired (Natural death)

Aunt-Headache (since 1 year)

PERSONAL HISTORY:

Marital status- Married
 Developmental landmark-Good
 Diet-Veg
 BBA/MBA, KEEPS HOME CLEAN
 She Wakes up late in the morning, and have no routine in life.

GYNAECOLOGICAL AND OBSTETRICAL HISTORY:

GYNAECOLOGICAL HISTORY:
 Menses- Regular, 27/28 days cycle

Duration- 5 days flow and nothing significant

OBSTETRICAL HISTORY:

G3P2A1L1
 Disability of child due to intake of painkiller, so aborted
 Abortion-voluntarily
 She again wanted to conceive but there is constant fear of meeting doctor.

Treatment History-Allopathic treatment

PHYSICAL GENERAL:**TABLE 1**

Appetite	Good, hunger aggravates headache
Desire/Cravings	Spicy food
Aversion	Bhindi, brinjal
Intolerance	NS
Thirst	Thirst less
Taste	Normal
Stool	Loose motion from few months
Urine	Clear
Perspiration	Normal
Sleep	Normal ,Position-on abdomen, startling
Dreams	NS
Sexual functions	Normal
Sensations	NS
Thermals	Chilly
Side(s) of body affected	NS
General modalities	<head wash, evening ,skipping of meal > pressure,massage,oiling

MENTAL GENERALS:

- Extroverted, lively, and talkative personality
- Mild-natured; ignores small issues
- Gets angry on contradiction, occasionally followed by tears
- Suppressed emotions
- Anxiety specifically related to doctors and investigations
- Dominating yet loving husband
- No fixed daily routine
- Values love > support > respect

GENERAL PHYSICAL EXAMINATION:

- Well conscious
- PULSE- 73B/MIN
- TEMPERATURE- 98.7F
- BP- 110/90mmhg
- RESPIRATORY- 16/min

DIFFERENTIAL DAIGNOSIS:

- ♣ Migraine headache.
- ♣ Cluster headache.
- ♣ Gastric headache.

PROVISIONAL DAIGNOSIS:**Migraine without aura**

The diagnosis of migraine was confirmed based on the International Classification of Headache Disorders, 3rd edition (ICHD-3) criteria. The patient presented with recurrent unilateral pulsating headache episodes, aggravated by routine physical activity and associated with nausea. There was no history suggestive of cluster headache or secondary causes. Neurological examination was normal. Based on clinical presentation and fulfillment of ICHD-3 criteria, the diagnosis of migraine without aura was confirmed.(5)

ANALYSIS OF SYMPTOMS:**TABLE 2**

S.no.	Symptoms	Natural/ Miasmatic	Causa Occasionalis
1.	Chilly patient		
2.	Thirst less	✓	
3.	Hunger aggravates		
4.	Startling sleep during	✓	
5.	Extrovert	✓	
6.	Supressed emotions		
7.	Anxiety only for doctors and	✓	✓
8.	Investigations, wrong thoughts		
9.	Headache<evening,headwash,skipping meals	✓	
10.	Fear of impending disease	✓	
		✓	
		✓	
		✓	

EVALUATION OF SYMPTOMS:**TABLE 3**

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULAR
Angry on contradiction	Chilly	Headache
Extrovert	Hunger aggravates	< evening, head wash, skipping meals

Loquacious/Communicative expansive	Thirst less	> pressure, oiling, massage
Consolation ameliorates	Startling sleeps during	
Fear of impending disease	Has to run to toilet immediately after getting up in the morning	
Fear of doctors, fear of investigation		
Suppressed emotions		

MIASMATIC ANALYSIS OF SYMPTOMS:**TABLE 4**

Sr.	Symptoms	Psora	Sycosis	Syphilis
1.	Angry on contradiction	✓		
2.	Extrovert		✓	
3.	Loquacious		✓	
4.	Consolation ameliorates		✓	
5.	Suppressed emotions	✓		
6.	Fear of doctors			✓
7.	Chilly			
8.	Thirst less			
9.	Hunger aggravation	✓		
10.	Starling during sleep			
11.	<evening, skipping meal	✓		
		✓		
12.	Run to washroom after getting up in the morning	✓		
		✓		
		✓		

TOTALITY OF SYMPTOMS:

1. Friendly and talks a lot
2. Keep her feelings inside instead of expressing them openly
3. Get angry easily when someone disagrees with them but never confronts.

4. Feel better when someone comforts or reassures her.
5. Afraid of doctors.
6. Do not feel very thirsty and drink little water.
7. Feel cold more than others. Likes to wear multiple layers in winters. Enjoys comfortable temperature of AC.
8. Headaches when she is hungry, after washing her head, and more in the evening
9. Feel a strong urge to go to the toilet soon after waking up in the morning

REPERTORIZATION:

- Mind – Loquacity
- Mind – Fear – Doctors, of
- Mind – Anger – Contradiction, from
- Stomach – Hunger – Headache from
- Head – Pain – Washing head, after
- Head – Pain – Evening
- Generalities – Chilly
- Sleep – Startling



3. Clipboard 3

- ▶ 1. MIND - LOQUACITY (294) 1
- ▶ 2. MIND - FEAR - doctors (45) 1
- ▶ 3. MIND - ANGER - contradiction; from (110) 1
- ▶ 4. STOMACH - APPETITE - increased - headache - before (9) 1
- ▶ 5. HEAD - PAIN - washing - head - after - agg. (25) 1
- ▶ 6. HEAD - PAIN - evening (242) 1
- ▶ 7. SLEEP - SLEEPLESSNESS - starting; from (45) 1

	phos.	sep.	calc.	duic.	ign.	lyc.	sulph.	cham.	bry.	nux-v.	bell.	stram.	nat-c.
1	2	1	3	1	1	1	1	1	1	2	3	2	1
6	6	6	5	5	5	5	5	5	5	4	4	4	4
10	10	8	9	8	8	8	7	6	6	7	7	6	6

PRESCRIPTION:

Rx,
Phosphorus 200/1 dose
SL30/TDS/15 DAYS

JUSTIFICATION OF PRESCRIPTION:

Phosphorus suits individuals with dual mental states, suppressed emotions, irritability on contradiction, fear of authority figures, and nervous weakness manifesting as migraine. The case showed a perfect correspondence between mental generals, physical generals, and particulars with this remedy.

FOLLOW UP SHEET:

TABLE 5

Date	Follow up	Prescription
Day 0	Baseline headache episodes 4–5 times/week; severe intensity (VAS 8–9/10).	<i>Phosphorus 200</i> 1 dose + SL 30 TDS × 15 days
15 days	Frequency reduced to 2–3 times/week; intensity 6/10; appetite better; bowel habit unchanged.	SL 30 TDS × 15 days
1 month	Headache once weekly, shorter duration (2–3 h); loose stool unchanged.	SL 30 TDS × 2 month
3 months	Headache once in 2–3 weeks, mild (VAS 3/10); loose motion markedly improved; sleep normal.	SL 30 BD × 2 month
5 months	Headache only occasional (once/month); no aggravations; feels mentally calm, confident, and energetic.	SL 30 OD × 1 month; treatment concluded

MIGRAINE DISABILITY ASSESSMENT TEST:

TABLE 6

Serial No.	Questions	Before Treatment	After 3 months of treatment
1	On how many days in the last 3 months did you miss work or school because of your headaches?	8	2
2	How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school.)	10	3
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) because of your headaches?	7	2
4	How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in question 3 where you did not do household work.)	9	2
5	On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?	6	1
	Total score	40	10
A.	On how many days in the last 3 months did you have a headache? (If a headache lasted more than 1 day, count each day.)		
B.	On a scale of 0–10, on average how painful were these headaches? (Where 0 = no pain at all, and 10 = pain as bad as it can be.)	9	3

DISCUSSION: Migraine is a chronic neurovascular disorder significantly affecting quality of life and functional productivity. Conventional management primarily focuses on symptomatic relief and prophylaxis; however, individualized homoeopathic treatment emphasizes constitutional characteristics and mental generals.

- Several studies in homoeopathy have explored the role of individualized treatment in migraine management.

- A case report by Patil (2022) demonstrated successful management of migraine using individualized homoeopathy guided by psychodynamic evaluation. The study highlighted the importance of understanding emotional conflicts and personality traits in remedy selection, resulting in significant reduction in frequency and intensity of migraine attacks.⁽⁶⁾

- A prospective observational study by Witt et al. demonstrated significant reduction in frequency and intensity of migraine attacks following individualized homoeopathic therapy.⁽⁷⁾

This case demonstrates the holistic approach of homoeopathy in managing a chronic migraine case where conventional therapy had offered only temporary relief. The individualized prescription of Phosphorus was based on the totality of symptoms encompassing the patient's mental and physical generals rather than on pathology alone.

The patient's major mental features—fear of doctors, suppressed emotions, anger on contradiction, and loquacity—along with physical characteristics such as chilliness, thirstlessness, and hunger-aggravated headaches, were key differentiating factors. Over the follow-up period, there was a consistent reduction in the frequency

and severity of migraine attacks, accompanied by emotional stabilization and improved bowel habit.

The case reaffirms that when a homoeopathic remedy corresponds to the individual's total symptom picture, even deep-seated chronic disorders like migraine respond favorably. The significant improvement in MIDAS score over six months objectively validates the clinical efficacy of individualized homoeopathy.

Further controlled clinical studies are warranted to evaluate the reproducibility of such outcomes and to establish evidence-based protocols for migraine management in homoeopathy.

CONCLUSION:

Migraine considerably hampers daily life and productivity. This case underscores that individualized homoeopathic treatment based on totality of symptoms and strict adherence to classical principles can yield marked and sustained improvement. Phosphorus proved effective in this chronic migraine case, highlighting the scope of homoeopathy in functional neurological disorders.

CONFLICT OF INTEREST:

Not available

FINANCIAL SUPPORT:

Not available

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