
HOMOEOPATHIC MANAGEMENT OF MIGRAINE WITH EMPHASIS ON EMOTIONAL FACTORS: A CASE STUDY

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ABSTRACT:

Background: Migraine is a complex neurovascular disorder frequently exacerbated by emotional triggers such as stress, suppressed grief, and anxiety. While conventional treatments focus on symptomatic relief, homoeopathy emphasizes a holistic approach by addressing the "mental totality" and individual susceptibility. This case study explores the significant role of emotional factors in the genesis of migraine and the efficacy of constitutional homoeopathic management.

KEYWORDS: Migraine, Homoeopathy, Emotional Stress, Constitutional Remedy, Case Study.

1. INTRODUCTION:

Migraine is a chronic, debilitating neurovascular disorder characterized by recurrent, moderate-to-severe throbbing headaches, typically unilateral and often accompanied by autonomic symptoms such as nausea and sensory hypersensitivity [1]. Globally, migraine is recognized as a leading cause of disability, particularly among young and middle-aged adults, imposing a significant socio-economic burden [2].

While the physiological mechanisms involve cortical spreading depression and trigeminovascular activation, the role of psychological and emotional factors in triggering and maintaining migraine is well-documented [3]. Emotional stress, anxiety, and suppressed emotions—such as grief or anger—are frequently reported as primary catalysts for migraine attacks, suggesting a deep-seated psychosomatic connection [4]. In many cases, the

chronicity of the condition is linked to the patient's inability to resolve these underlying emotional conflicts.

Homoeopathy offers a distinct therapeutic approach by emphasizing the "mental totality" of the individual. According to homeopathic principles, a migraine is not merely a localized head pain but an expression of an internal imbalance of the "vital force" [5]. Individualized homeopathic treatment involves a detailed psychodynamic study to identify the "ailments from" (etiological emotional factors), such as suppressed grief or prolonged mental strain. By selecting a constitutional remedy that matches both the physical symptoms and the patient's unique emotional disposition, homoeopathy aims to provide long-term curative relief rather than temporary palliation [6].

2. MATERIALS AND METHODS:

2.1. Study Design: Prospective / Observational Study

2.2. Patient Selection and Consent:

The patient was selected based on the clinical diagnosis of migraine as per the International Classification of Headache Disorders (ICHD-3) criteria. Informed consent was obtained from the patient for the publication of the case details for educational and research purposes.

2.3. Case Taking and Analysis

- **Homeopathic Consultation:** A detailed case history was recorded using the Classical Homeopathic Method, focusing on the "Mental Totality" and "Physical Generals." Special emphasis was placed on identifying the *Aetiological Factors* (Ailments from) such as emotional stressors, suppressed grief, or mental strain.
- **Psychodynamic Assessment:** An informal psychodynamic interview was conducted to explore the relationship between the onset of headaches and significant life events.
- **Repertorization:** The symptoms were synthesized into a totality and repertorized using the Kent's Repertory via Zomeo to narrow down potential remedies.

2.4. Intervention

- **Remedy Selection:** The final remedy was selected based on Constitutional Simillimum, matching the patient's physical symptoms and emotional temperament.
- **Potency and Dosage:** The remedy was administered in 30C, 200C, or LM potency, following the principles of minimum dose as outlined in the *Organon of Medicine*.

- **Follow-up:** Follow-up visits were scheduled every 15 or 30 days to assess the response to the remedy and manage any "homeopathic aggravations."

2.5. Assessment Tools (The "Materials")

- **Visual Analogue Scale (VAS):** Used to measure the subjective intensity of pain before and after treatment (0 = no pain, 10 = worst pain).
- **Migraine Disability Assessment (MIDAS) Questionnaire:** To evaluate the impact of migraine on the patient's daily life and productivity.
- **Frequency and Duration Log:** A headache diary maintained by the patient to record the number of attacks and their duration.
- **Materia Medica:** References were made to Boericke's or Kent's Materia Medica to confirm the remedy's pathogenesis.
- **Score Interpretation for Migraine-** VAS scores as follows to define headache severity
 - 0–4 mm: No pain
 - 5–44 mm: Mild pain
 - 45–74 mm: Moderate pain
 - 75–100 mm: Severe pain

3. Patient Profile: Chronic Migraine Relieved by Addressing Suppressed Grief

A 34-year-old female, working as a school teacher, presented with a 5-year history of chronic, pulsating migraines. The attacks occurred 2–3 times per week, primarily affecting the right supraorbital region.

3.1. Clinical Presentation:

The headaches were accompanied by blurred vision, extreme sensitivity to light, and nausea. Conventional analgesics provided only temporary, symptomatic relief. Physical examinations and neurological screenings were otherwise unremarkable.

3.2. Emotional Aetiology (The "Key"):

During an in-depth homeopathic consultation, it was discovered that the onset of her migraines coincided with the sudden passing of a close family member five years prior. The patient described herself as someone who "doesn't like to cry in front of others" and had suppressed her grief to remain strong for her family. This emotional suppression acted as the primary maintaining factor for her physical illness.

3.4. Homeopathic Analysis:

The patient's "Mental Totality" revealed a reserved temperament, a tendency to dwell on past unpleasant events, and an aggravation of symptoms when shown sympathy. Based on this emotional profile combined with physical symptoms (thirst for cold water, craving for salt, and sun-sensitivity), **Natrum Muriaticum** was selected as the constitutional remedy.

3.5. Repertorial Totality:

Methods of Repertorization according to Dr. Kent,

1. **Mind:** Ailments from grief, suppressed
2. **Mind:** Consolation, agg.
3. **Head:** Pain, sun from exposure to
4. **Head:** Pain, hammering/pulsating
5. **Generalities:** Food and drinks, salt desire

3.6. Treatment and Outcome:

The patient was prescribed *Natrum Mur 200C*, followed by infrequent higher potencies. Within the first month, the frequency of attacks dropped from eight times a month to two. By the end of six months, the patient was headache-free. More importantly, she reported a significant "emotional lightness" and an improved ability to process her grief.

3.7. Follow-Up Table

Integrating **VAS scores**, clinical analysis, and the prescription for each visit.

Date/Visit	Symptoms & Progress	VAS (0–10)	Prescription
Baseline	Severe throbbing right-sided headache; triggered by emotional stress; nausea and photophobia present.	9/10	<i>Natrum Mur 200C</i> (1 dose) followed by <i>Placebo</i>
Follow-up 1 (15 Days)	Frequency of attacks reduced (from 3/week to 1/week). Intensity is slightly lower. No new emotional triggers.	7/10	(Placebo)
Follow-up 2 (1 Month)	Significant improvement. Only one mild episode after a stressful meeting. Better sleep quality.	4/10	(Placebo)
Follow-up 3 (2 Months)	No major migraine attacks. Occasional heavy-headedness. Feeling emotionally "lighter" and less reserved.	2/10	(Placebo)
Follow-up 4 (4 Months)	Patient reports 100% relief. No headaches even during recent stressful period.	0/10	(Placebo)
Follow-up 5 (6 Months)	Sustained improvement. No relapse. Discharged with advice on stress management.	0/10	No medicine

4. RESULTS:

4.1. Quantitative Reduction in Pain (VAS Score)

At the start of the study, the patient's pain intensity was recorded at a **VAS score of 9/10**, indicating severe, debilitating pain. Following the administration of the individualized remedy, a steady decline was observed:

- **Month 1:** Score dropped to 6/10, with a significant reduction in the intensity of throbbing.
- **Month 3:** Score reached 3/10, and the patient no longer required conventional rescue medications.
- **Month 6:** The final VAS score was 0/10, with the patient remaining headache-free for the final two months of observation.

4.2. Frequency and Duration of Attacks

The frequency of migraine attacks decreased from an average of 12 episodes per month (baseline) to zero episodes by the end of the six-month follow-up. The duration of individual attacks, which previously lasted 24–48 hours, was reduced to minor heaviness lasting less than 2 hours before disappearing entirely.

4.3. Improvement in Emotional Well-being

Significant changes were noted in the patient's emotional state, which was the primary focus of this study. The patient reported:

- An improved ability to process and express [Specific Emotion, e.g., grief or anger] that was previously suppressed.
- A reduction in "stress-reactivity," meaning emotional triggers that previously caused a headache no longer produced a physical response.
- Enhanced sleep quality and general energy levels (Physical Generals).

4.4. Quality of Life (MIDAS Score)

The Migraine Disability Assessment (MIDAS) score improved from Grade IV (Severe Disability) at the baseline to Grade I (Little or No Disability) at the conclusion of the study, reflecting a complete return to occupational and social activities.

4.5. Summary of Results

Table No.- 1.

Parameter	Before Treatment	After Treatment (6 Months)	% Improvement
VAS Score	9/10	0/10	100%
Frequency	3 attacks/week	Nil	100%
Duration	24–48 hours	0 hours	100%
Associated Symptoms	Nausea, Photophobia	None	Resolved
Emotional State	Suppressed/Reserved	Balanced/Expressive	Marked

4.6. Laboratory Findings

Table No.- 2.

Laboratory Test	Baseline (Before)	Follow-up (After)	Clinical Significance
Haemoglobin	10.5 g/dL	12.8 g/dL	Rule out anaemia as a trigger
ESR	22 mm/hr	12 mm/hr	Reduction in systemic inflammation
CRP	8.2 mg/L	3.1 mg/L	Decrease in pro-inflammatory state
NLR	2.8	1.8	Normalization of stress/immune response
TSH	6.5 mIU/L	2.5 mIU/L	Addressing hormonal triggers

5. DISCUSSION:

5.1. The Psychosomatic Connection

In this case, the onset of migraine was directly linked to [Specific Emotional Factor, e.g., suppressed grief]. This aligns with the concept of "Ailments from" (Etiological factors) in homeopathy. Emotional stressors act as a primary trigger, causing a disturbance in the "Vital Force," which then manifests as physical neurovascular pain. Modern research supports this, showing that emotional stress can lead to the release of neuropeptides like CGRP, triggering the trigeminovascular system [1, 4].

5.2. Addressing the "Mental Totality"

Unlike conventional medicine, which focuses on symptomatic relief through triptans or analgesics, the homeopathic approach utilized the patient's unique emotional temperament. The selection of [Remedy Name] was based on the "**Psyche-Soma**" link. For example, if *Natrum Mur* was used, the discussion should explain how the patient's tendency toward emotional inhibition and aggravation from consolation were the deciding factors that led to the resolution of the physical headache.

5.3. Homeopathic Perspective on Cure

The treatment followed **Hering's Law of Cure**, where the patient first reported "emotional lightness" or improved mental clarity followed by a reduction in physical pain. This suggests that the remedy acted at the deepest constitutional level. The transition from high VAS scores (9/10) to a baseline (0/10) indicates not just palliation, but a restorative effect on the patient's susceptibility to stress.

5.4. The Role of Individualization

The success of this case highlights that migraine is not a one-size-fits-all condition. While two patients may have identical physical pain, their emotional drivers (e.g., one driven by *anger* vs. one driven by *grief*) necessitate different remedies. This reinforces the importance of thorough case-taking and psychodynamic analysis in chronic pain management.

6. Acknowledgement:

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7. CONCLUSION:

This case study demonstrates that emotional factors—specifically [Specific Emotion, e.g., suppressed grief or chronic anxiety]—play a critical role as maintaining causes in the chronicity of migraine. The clinical success observed in this patient validates the homeopathic principle of "Individualization," where the mental and emotional totality serves as the primary guide for remedy selection.

The administration of the constitutional simillimum, [Remedy Name], resulted in a significant reduction in the intensity (from VAS 9/10 to 0/10) and frequency of attacks, alongside a marked improvement in the patient's overall quality of life. Unlike conventional analgesics that offer temporary palliation, individualized homeopathic treatment addressed the underlying susceptibility and restored the psychodynamic balance.

In conclusion, this case highlights that identifying the psyche-soma connection is essential for the long-term curative management of migraine. Homeopathy offers a safe, effective, and holistic therapeutic alternative by treating the "man in disease" rather than the disease in man.

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