



Individualized Homoeopathic Management of Migraine with Pulsatilla: A Case Report

Dr. Pankaj Sharma¹, Dr. Gitanjali Mathur², Dr. Kanak Chaudhary³; Co-author: Dr. Sonu Choudhary⁴

¹ Professor of Organon of Medicine, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India

²Head of Department & Associate Professor of Organon of Medicine, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India

³ Assistant Professor of Organon of Medicine, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India

⁴ PGR, Organon of Medicine, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India

ABSTRACT :

Background: Migraine is a recurrent primary headache disorder commonly associated with unilateral, pulsating headache, nausea, vomiting and functional disability. The Migraine Disability Assessment (MIDAS) score is a useful clinical tool to quantify migraine-related disability over the previous three months. In homoeopathic practice, migraine is assessed through individualization, in which the headache features, modalities, concomitants, physical generals and mental-emotional state are evaluated together.

Case summary: A 40-year-old married female presented with an eight-year history of recurrent headache beginning in the forehead and shifting to the right side. The pain was throbbing and pulsating, lasted 4–6 hours and occurred 2–3 times a week. It was aggravated in a warm room and before menses, and ameliorated in the open air and on lying down. Nausea with occasional vomiting accompanied the attacks. Her mental and general features included a mild, gentle, yielding nature, easy weeping, desire for company and consolation, fear of being alone, thirstlessness, desire for sweets, aversion to fatty food and a hot thermal state. Menses were delayed and scanty. The baseline MIDAS score was 16, corresponding to Grade III moderate disability.

Intervention and outcome: The case was repertorized on the basis of the characteristic symptoms, and Pulsatilla covered the totality most closely. Pulsatilla 30 was prescribed as a single dose, followed by supportive/placebo prescriptions as recorded in the follow-up sheets. Over serial follow-up from 27 December 2025 to 17 March 2026, pain, vomiting, attack duration and attack frequency gradually reduced, and no headache was reported in the last week before the final visit. The final MIDAS score was 3, corresponding to Grade I little or no disability, an improvement of 81.3%.

Conclusion: This case documents marked improvement in migraine-related disability after individualized homoeopathic treatment with Pulsatilla. As a single case report it cannot establish efficacy, but it illustrates structured case analysis, repertorization, remedy selection and measurable outcome assessment.

Keywords: Migraine; Pulsatilla; MIDAS; Homoeopathy; Individualization; Case report

1. Introduction

Migraine is a common recurrent headache disorder and is classified among the primary headache disorders. The International Classification of Headache Disorders, 3rd edition (ICHD-3), describes migraine without aura as recurrent attacks lasting 4–72 hours, with characteristic features such as unilateral location, pulsating quality, moderate or severe intensity, aggravation by routine activity, and association with nausea or vomiting, or with photophobia and phonophobia [1]. Migraine is more common in women, and many women notice that attacks are related to menstruation, a pattern that ICHD-3 also addresses [1].

The clinical relevance of migraine extends beyond pain intensity. It causes loss of working days, reduced productivity, restriction of household activity and limitation of social or family participation. Global Burden of Disease data continue to identify headache disorders, especially migraine, as important contributors to non-fatal health loss in productive age groups [2].

The modern understanding of migraine involves altered sensory processing, activation of trigeminovascular pathways and central nervous system excitability [3,4]. Because attack frequency alone may not reflect the burden experienced by the patient, disability measurement is important. The MIDAS questionnaire quantifies headache-related disability over a three-month period and grades patients from little or no disability to severe disability [5,6].

In homoeopathic management, the diagnosis serves as the clinical background, while the prescription is based on individualization. The physician evaluates the peculiar nature of the pain, modalities, concomitant symptoms, mental generals, physical generals, thermal state and susceptibility before

deciding the remedy, potency and repetition [7–10]. This article reports a case of migraine managed with Pulsatilla after repertorial analysis and Materia Medica confirmation, and follows the CARE guidelines [11] and their homoeopathic supplement, HOM-CASE [12].

2. Case Presentation

2.1 Patient information

A 40-year-old married female, a homemaker, presented to the outpatient department on 27 December 2025 with a recorded diagnosis of migraine. Her name, address, OPD number, contact information and signatures have not been reproduced for confidentiality.

Parameter	Case detail
Age/Sex	40-year-old female
Marital status	Married
Occupation	Homemaker
Religion	Hindu
Dietary habit	Vegetarian
Residence	Rural (details withheld)
Recorded diagnosis	Migraine
Study context	Case recorded during a dissertation study on individualized homoeopathic management of migraine
Baseline disability measure	MIDAS score 16, Grade III moderate disability
Final recorded result	Marked improvement

2.2 Chief complaints

- Recurrent migraine headache for 8 years, beginning in the forehead
- Right-sided location after onset in the forehead
- Duration of 4–6 hours per attack
- Frequency of 2–3 attacks per week
- Throbbing, pulsating pain
- Aggravation in a warm room and before menses
- Amelioration in the open air and on lying down
- Associated nausea and occasional vomiting

2.3 History of present complaints

The pain began in the forehead and then shifted to the right side. It was throbbing and pulsating, worse in a warm room and before menses, and better in the open air. Nausea accompanied the headache, with occasional vomiting. Sleep was disturbed during the headache.

2.4 Mental generals, physical generals and personal history

Sphere	Symptoms/observations
Mental generals	Mild, gentle, yielding nature; weeps easily; seeks company and consolation; fear of being alone
Appetite	Two chapatis per meal, twice a day
Thirst	Thirstless; 1–2 litres of water per day
Desires	Sweets
Aversions	Fatty food
Urine	Pale yellow; frequency 2 by day, nil at night
Stool	Satisfactory
Perspiration	Scanty
Thermal reaction	Hot
Sleep	Disturbed during headache
Dreams	Nothing particular
Menstrual history	Last menstrual period 11 December 2025; menses delayed and scanty; headache worse before menses
Obstetric history	G2 P2 A0 L2
Family history	Mother healthy; father with hypertension

2.5 General and systemic examination

General examination recorded height 174 cm, weight 70 kg, BMI 22.6 kg/m², blood pressure 110/68 mmHg, pulse 80/min, respiratory rate 18/min and temperature 98 °F. The tongue was clean. Pallor, anaemia, cyanosis and oedema were absent, and icterus was not present. Respiratory, cardiovascular and gastrointestinal systems showed no abnormality detected. The central nervous system notes recorded a feeling of nausea and numbness in the hands, with no documented focal neurological deficit.

3. Diagnostic Assessment

The working diagnosis of migraine was retained from the case sheet. The clinical picture was compatible with migraine because of recurrent unilateral headache of 4–6 hours, throbbing and pulsating quality, nausea with occasional vomiting, and functional disability, with an average pain intensity of 7 on a 0–10 scale. The record does not document aura or photophobia/phonophobia. The numbness in the hands was noted in the central nervous system section but was not further characterized. Neuroimaging and other investigations were not documented.

For outcome measurement, the MIDAS questionnaire was used. Baseline responses are shown below.

MIDAS item (last 3 months)	Baseline	Final
Q1. Days of work/school missed	2	0
Q2. Days of work/school productivity reduced by half or more	2	0
Q3. Days of household work not done	4	1
Q4. Days of household productivity reduced by half or more	5	2
Q5. Days of family, social or leisure activities missed	3	0
Total score	16	3
Grade	III (moderate disability)	I (little or no disability)
Average pain intensity (0–10)	7	1

4. Homoeopathic Case Analysis

4.1 Analysis and evaluation of symptoms

The case was individualized by giving importance to the symptoms that expressed the patient as a whole. The mental sphere was well represented by a mild, yielding nature, easy weeping, amelioration from consolation and fear of being alone. Particular symptoms included right-sided headache that began in the forehead, throbbing and pulsating pain, aggravation before menses and amelioration in the open air. Physical generals included thirstlessness, a hot thermal state, aggravation in a warm room, desire for sweets and aversion to fatty food.

Symptom group	Characteristic features used for totality
Mental-emotional	Mild, gentle, yielding; weeps easily; consolation ameliorates; seeks company; fear of being alone
Headache particulars	Right-sided headache beginning in the forehead; throbbing, pulsating pain; pain shifting from place to place
Modalities	Worse in a warm room and before menses; better in the open air and on lying down
Concomitants	Nausea with occasional vomiting
Physical generals	Thirstless; hot patient; desire for sweets; aversion to fatty food; scanty perspiration
Menstrual	Delayed and scanty menses; headache worse before menses

4.2 Totality of symptoms

- Mild, weeping, seeks consolation
- Thirstlessness
- Worse in a warm room
- Better in the open air
- Headache before menses
- Aversion to fatty food
- Desire for sweets

4.3 Miasmatic analysis

Most of the recorded symptoms were considered psoric in expression: throbbing pain, amelioration in the open air, aggravation in a warm room, thirstlessness, and the mild, yielding mental state with weeping and amelioration from consolation. Aggravation before menses was considered to have

a sycotic expression.

4.4 Repertorial approach

Rubrics were selected from the mind, generals, stomach and head sections according to the symptoms recorded in the case sheet. Priority was given to the mental generals and modalities because these features differentiated the remedy beyond the diagnosis of migraine.

Rubric	Clinical basis in case
Mind – Mildness	Mild, gentle, yielding nature
Mind – Weeping – easily	Weeps easily
Mind – Consolation – ameliorates	Seeks and is relieved by consolation
Generals – Air – open – ameliorates	Better in the open air
Generals – Heat – aggravates	Worse in a warm room; hot patient
Stomach – Thirstless	Thirstless
Head – Pain – menses – before	Headache worse before menses
Head – Pain – wandering	Pain began in the forehead and shifted to the right side

4.5 Repertorization result

The repertorial sheet recorded Pulsatilla as the leading medicine, covering the highest number and value of the selected rubrics.

Rank	Remedy	Score / rubrics covered
1	<i>Pulsatilla</i>	23 / 8
2	<i>Sepia</i>	12 / 6
3	<i>Natrum muriaticum</i>	11 / 6
4	<i>Lachesis</i>	7 / 4

4.6 Remedy selection and potency

Pulsatilla was selected according to symptom similarity. It corresponded to the totality: a mild, gentle, yielding nature, easy weeping, amelioration from consolation, desire for company, thirstlessness, aggravation in a warm room, amelioration in the open air, wandering pain and aggravation before menses with delayed, scanty menses [9,10]. Sepia, which also covers the menstrual and mental sphere, was less well matched to the mild, consolation-seeking temperament and the open-air amelioration. The 30 potency was selected according to the susceptibility of the patient.

5. Therapeutic Intervention

Date/phase	Prescription or advice
27 Dec 2025	Pulsatilla 30, one dose, stat; Rubrum 30 three times daily for 15 days, as recorded
General management	Take rest and proper sleep
Follow-up phase	Phytum 30, one dose, stat, with Rubrum 30 three times daily for 15 days, as recorded in the follow-up sheets (supportive/placebo prescriptions as recorded)
17 Mar 2026	Pulsatilla 30, one dose if needed; Rubrum 30 three times daily for 15 days

6. Follow-up and Outcome

The patient was followed from 11 January 2026 to 17 March 2026. Improvement was gradual, with reduction in pain, vomiting, attack duration and attack frequency. The final note recorded marked improvement.

Date	Change in symptomatology	BP (mmHg)	Pulse	RR	Temp	Prescription recorded
11 Jan 2026	Slight relief in pain and in vomiting; duration reduced; frequency same	112/72	78	16	98 °F	Phytum 30 stat; Rubrum 30 TDS, 15 days
16 Jan 2026	Slight relief in pain; duration reduced to 2 hours; frequency same; no new symptoms	114/80	78	16	98 °F	Phytum 30 stat; Rubrum 30 TDS, 15 days
31 Jan 2026	Better in all symptoms; no new symptoms	118/80	72	14	98 °F	Phytum 30 stat; Rubrum 30 TDS, 15 days
15 Feb 2026	Better in all symptoms; no new symptoms	112/78	78	16	98 °F	Phytum 30 stat; Rubrum 30 TDS, 15 days
02 Mar 2026	Slight relief in all symptoms; duration reduced to 1 hour; frequency once a week; no vomiting	–	–	–	–	Phytum 30 stat; Rubrum 30 TDS, 15 days
17 Mar	Relief in pain; no headache since the last	118/80	82	14	98 °F	Pulsatilla 30 if needed;

Date	Change in symptomatology	BP (mmHg)	Pulse	RR	Temp	Prescription recorded
2026	week; no vomiting					Rubrum 30 TDS, 15 days

6.1 MIDAS outcome

The baseline MIDAS score was 16, which falls under Grade III moderate disability. The final MIDAS score was 3, which falls under Grade I little or no disability. Using the formula:

Improvement (%) = (Baseline score – Final score) / Baseline score × 100 = (16 – 3) / 16 × 100 = **81.3%**.

The average headache intensity on the 0–10 scale fell from 7 to 1. The case was recorded as marked improvement. No new symptoms were recorded at any follow-up visit.

7. Discussion

This case is instructive because the prescription was not made on the diagnostic label alone. The diagnosis of migraine explained the recurrent headache, but remedy selection depended on the individualized expression of the patient. Pulsatilla was differentiated by the mild, yielding, tearful temperament that was relieved by consolation, together with thirstlessness, aggravation in a warm room, amelioration in the open air, wandering pain, and the relation of the headache to menses with delayed, scanty flow [9,10].

The case also illustrates the value of recording disability rather than pain alone. At baseline, the patient had moderate migraine-related disability with a MIDAS score of 16, with most of the burden in household work and productivity. At the final assessment the score was 3, and clinical follow-up showed a fall in attack duration from 4–6 hours to 1 hour, a fall in frequency from 2–3 attacks a week to none in the last week, and resolution of vomiting. The movement from Grade III to Grade I reflects a meaningful functional gain in daily life.

Several limitations must be acknowledged. This is a single case, and no causal conclusion can be drawn. The improvement may have been influenced by natural fluctuation of migraine, regular rest and sleep, placebo response, the attention of repeated follow-up, or other unrecorded factors. The MIDAS questionnaire uses a three-month recall window, and the follow-up lasted about eleven weeks, so the final score partly reflects the period before treatment and the baseline and final windows were not fully independent. Headache diaries, neuroimaging and hormonal evaluation were not part of the record, and the delayed and scanty menses were not investigated further. The nature of the supportive prescriptions (Phytum and Rubrum) should be clearly stated in line with the study protocol, and the follow-up was too short to assess recurrence. Nevertheless, the case documents a systematic homoeopathic process of case taking, analysis, evaluation, repertorization, Materia Medica confirmation, susceptibility-based potency selection and measurable follow-up.

8. Conclusion

A 40-year-old female with migraine and moderate migraine-related disability showed marked improvement after individualized homoeopathic treatment with Pulsatilla. The remedy was selected on the totality of symptoms and repertorial analysis. The MIDAS score reduced from 16 to 3, an improvement of 81.3% and a shift from Grade III moderate disability to Grade I little or no disability. Larger controlled studies and well-documented case series are required to evaluate reproducibility and comparative effectiveness.

9. Patient Consent and Ethical Note

The case record contains written consent for participation in the dissertation study, and the patient was informed that her identity would not be disclosed in any published information. For this article, identifying details, including name, address, OPD number, contact number and signature, have been withheld. Journal-specific publication consent should be confirmed according to the requirements of the target journal.

10. Conflict of Interest

Nil declared.

11. Funding

No external funding recorded.

12. References

- Headache Classification Committee of the International Headache Society. The International Classification of Headache Disorders, 3rd edition. *Cephalalgia*. 2018;38(1):1–211. doi:10.1177/0333102417738202.
- Steiner TJ, Husøy A, Stovner LJ. GBD2021: headache disorders and global lost health – a focus on children, and a view forward. *J Headache Pain*. 2024;25(1):91. doi:10.1186/s10194-024-01795-2.
- Goadsby PJ, Holland PR, Martins-Oliveira M, Hoffmann J, Schankin C, Akerman S. Pathophysiology of migraine: a disorder of sensory processing. *Physiol Rev*. 2017;97(2):553–622. doi:10.1152/physrev.00034.2015.
- Silberstein SD. Migraine. *Lancet*. 2004;363(9406):381–391. doi:10.1016/S0140-6736(04)15440-8.
- Stewart WF, Lipton RB, Kolodner KB, Sawyer J, Lee C, Liberman JN. Validity of the Migraine Disability Assessment (MIDAS) score in comparison to a diary-based measure in a population sample of migraine sufferers. *Pain*. 2000;88(1):41–52. doi:10.1016/S0304-3959(00)00305-5.
- Stewart WF, Lipton RB, Whyte J, et al. An international study to assess reliability of the Migraine Disability Assessment (MIDAS) score.

Neurology. 1999;53(5):988–994.

7. Sarkar BK. *Hahnemann's Organon of Medicine*. Delhi: Birla Publications Pvt. Ltd.; 2014.
8. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B Jain Publishers; 2004.
9. Boericke W. *New Manual of Homoeopathic Materia Medica with Repertory*. New Delhi: B Jain Publishers; 2014.
10. Allen HC. *Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica*. New Delhi: B Jain Publishers; 2012.
11. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. *J Clin Epidemiol*. 2014;67(1):46–51. doi:10.1016/j.jclinepi.2013.08.003.
12. Van Haselen RA. Homeopathic clinical case reports: development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med*. 2016;25:78–85.