IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

An Integrative Approach to Neurovascular Headache: An Evidence-Based Case Report of Classical Migraine Treated with Homoeopathic Medicine *Anhalonium lewinii* Leading to Complete Symptom Resolution

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ABSTRACT

Migraine with aura is a complex neurological disorder characterized by episodic, severe headaches preceded by sensory, visual, and cognitive disturbances. Standard pharmacological interventions often manage symptoms temporarily but may carry risk of side effects or incomplete relief. Homoeopathy, a holistic system of medicine, offers a potential individualized approach for managing Classical Migraine. This case report presents a 38-year-old male with a 2-year history of severe recurrent migraine with aura who was successfully managed using individualized homoeopathic treatment. The patient presented with occipital and right ocular pain, severe scalp allodynia, visual disturbances (halo effects, polychrome spectra, zigzags), and a distinct mental aura of depersonalization and altered time perception. Treatment with ***Anhalonium lewinii* 30** supplemented by *Phytum* 200 resulted in complete clinical resolution and recovery. This case underscores the therapeutic potential of homoeopathy as an effective alternative or integrative strategy in managing complex neurological conditions.

Keywords: Migraine with Aura, Classical Migraine, Homoeopathy, *Anhalonium lewinii*, Neurological Care, Allodynia, Case Report

Abbreviations:

CSD: Cortical Spreading Depression
PR: Prolonged Release
Rx: Prescription
TDS: Ter Die Sumendum (Three times a day)
HIS: Headache International Society
IHS: International Headache Society
WHO: World Health Organization
NAD: No Abnormality Detected
CBT: Cognitive Behavioural Therapy
MIDAS: Migraine Disability Assessment Questionnaire
b/m: Beats per Minute
SpO2: Peripheral Oxygen Saturation
RR: Respiratory Rate / Rhythm
PR: Pulse Rate *(Vital Signs section)*
NSAIDs: Nonsteroidal Anti-inflammatory Drugs
CGRP: Calcitonin Gene-Related Peptide
D.O.V.: Date of Visit
ICHD-3: International Classification of Headache Disorders, 3rd Edition

INTRODUCTION

Migraine is a debilitating condition characterized by episodic headaches that are typically unilateral and often accompanied by symptoms such as vomiting, nausea, and visual disturbances. As one of the primary causes of recurrent headaches, migraine severely impacts personal well-being, work productivity, and overall quality of life. According to the International Headache Society (IHS), migraine accounts for approximately 16% of all primary headaches and afflicts 10–20% of the general population. Worldwide, it affects 15–20% of women and 10–15% of men, while in India, the overall prevalence stands at 15–20%. In adults, the female-to-male ratio is roughly 2:1, whereas in childhood, boys and girls are affected equally until puberty, after which the female predominance emerges. Despite its high prevalence, more than two-thirds of migraine sufferers have either never consulted a medical practitioner or have ceased seeking care, leading the World Health Organization (WHO) to rank migraine among the world's most disabling medical illnesses.

Conventional medical management generally focuses on two main strategies: acute relief during an attack using abortive medications (e.g., NSAIDs, triptans) and long-term prophylaxis via pharmaceuticals (such as Divalproex Sodium) alongside lifestyle modifications to decrease episode frequency. However, these approaches often center on managing active attacks rather than eradicating the underlying susceptibility.

Homoeopathy offers an effective, systematic scope for treating migraine through a distinct two-phase therapeutic framework:

Phase 1 (Acute Phase): Focuses on providing rapid symptomatic relief during acute migraine episodes. Homoeopathic remedies target the severe head pain alongside attending symptoms such as nausea, vomiting, scalp sensitivity, or visual disturbances.

Phase 2 (Chronic / Constitutional Phase): Begins once acute pain subsides to address the chronic underlying tendency. Rather than working superficially, homoeopathic medicines aim to go to the core of the susceptibility, preventing future recurrences, reducing long-term dependency on daily medications, and achieving lasting resolution.

By addressing both the acute manifestations and the deep-seated constitutional predisposition, homoeopathic treatment provides a comprehensive medical strategy for complex neurological presentations, as illustrated in this case report of classical migraine managed with *Anhalonium lewinii*.

Fig. 1: Schematic illustration of migraine pain and associated symptoms

PATHOPHYSIOLOGY OF MIGRAINE:

Pathogenesis of Migraine, which is now understood as a **NEUROVASCULAR DISORDER** involving Genetics**, Neurological & Vascular Mechanisms:**

STEP-1: GENETIC PREDISPOSITION

Migraine usually begins with a Genetic Susceptibility Many patients have a positive Family history, because of this genetic make-up, Brain becomes Hyper- excitable & more sensitive to stimuli.

STEP-2: TRIGGER EXPOSURE

Common Triggers include – Stress, Sleep Disturbances, Hormonal changes, certain foods & bright light or strong smell.

These triggers don't directly cause migraine but activate the susceptible brain.

STEP-3: CORTICAL SPREADING DEPRESSION

Next comes CSD (Cortical spreading Depression), which is a wave of Neuronal excitation followed by suppression. It usually starts in the Occipital Cortex.

This Step explains migraine Aura such as:

- Visual Flashes
- Zig- Zag Lines
- Scotoma

STEP-4: ACTIVATION OF THE TRIGEMINOVASCULAR SYSTEM

CSD then stimulates the trigeminal system this is the key step in Migraine. The trigeminal Nerve supplies the Meninges & Cerebral Vessels.

When activated, it transmitted pain signal & release Neuro-peptides.

STEP-5: RELEASE OF NEUROPEPTIDES

Important Neuropeptides like:

- CGRP (Calcitonin Gene- Related Peptide)
- Substance P
- Neurokinin A

These chemicals cause **Vasodilatation & Plasma Leakage.**

STEP-6: NEUROGENIC INFLAMMATION

Due to Neuropeptide release, inflammation occur in the Meninges. This produces the **Throbbing Headache (which is a Characteristics of Migraine).**

STEP-7: SENSITIZATION

1. **PERIPHERAL SENSITIZATION:** Pain receptors become Hypersensitive, so even Normal Pulsation feel painful.
2. **CENTRAL SENSITIZATION:** Pain pathways in the brain becomes overactive and this leads to:

- **Allodynia (**condition in which non-painful stimulus produces pain)
- **Skin Tenderness**
- **Risk of chronic Migraine**

STEP-8: HYPOTHALAMIC & BRAIN STEM ROLE

The Hypothalamus causes early symptoms like- Yawning, food craving and mood swings. Brainstem control Nausea, vomiting, photophobia & phonophobia.

STEP-9: RESOLUTION OR CHRONIFICATION

After an acute migraine episode, Pain follows 2 possible pathways

1. **RESOLUTION-** Pain completely resolve and nervous system return to normal excitation.
2. **CHRONIFICATION-** Pain progress to chronic migraine with frequent attacks, central sensitization & allodynia.

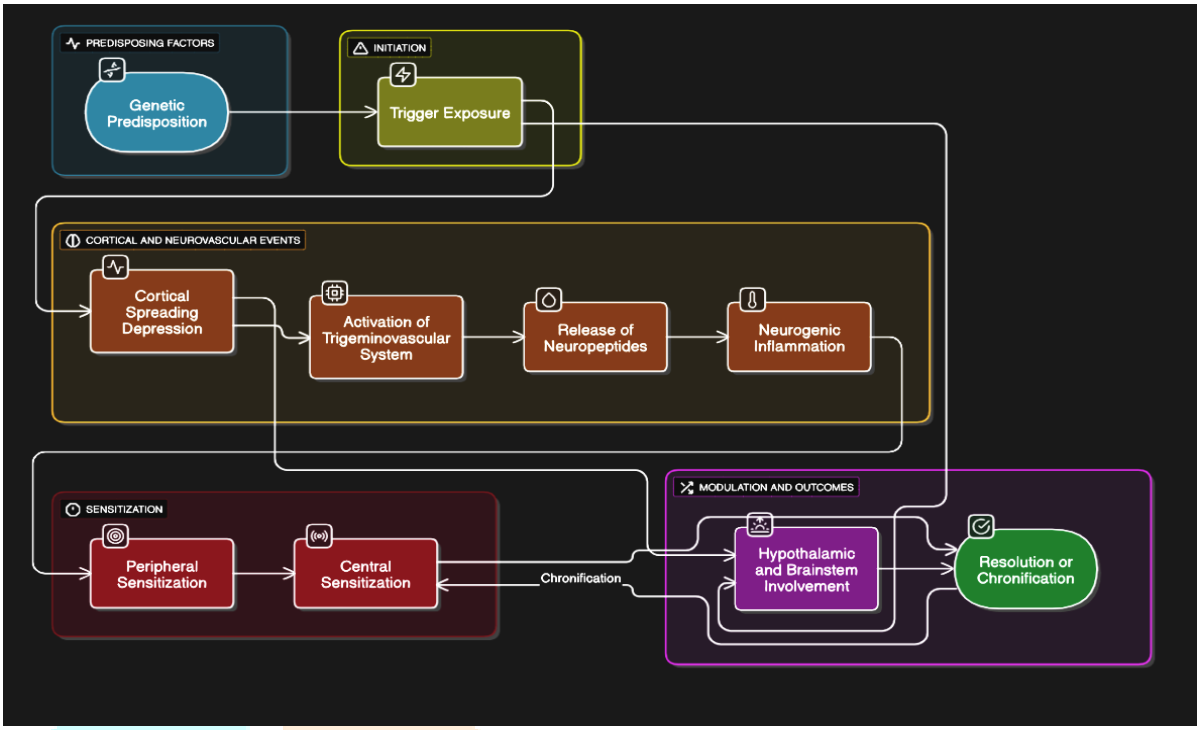

Fig 2: Pathophysiology of Migraine

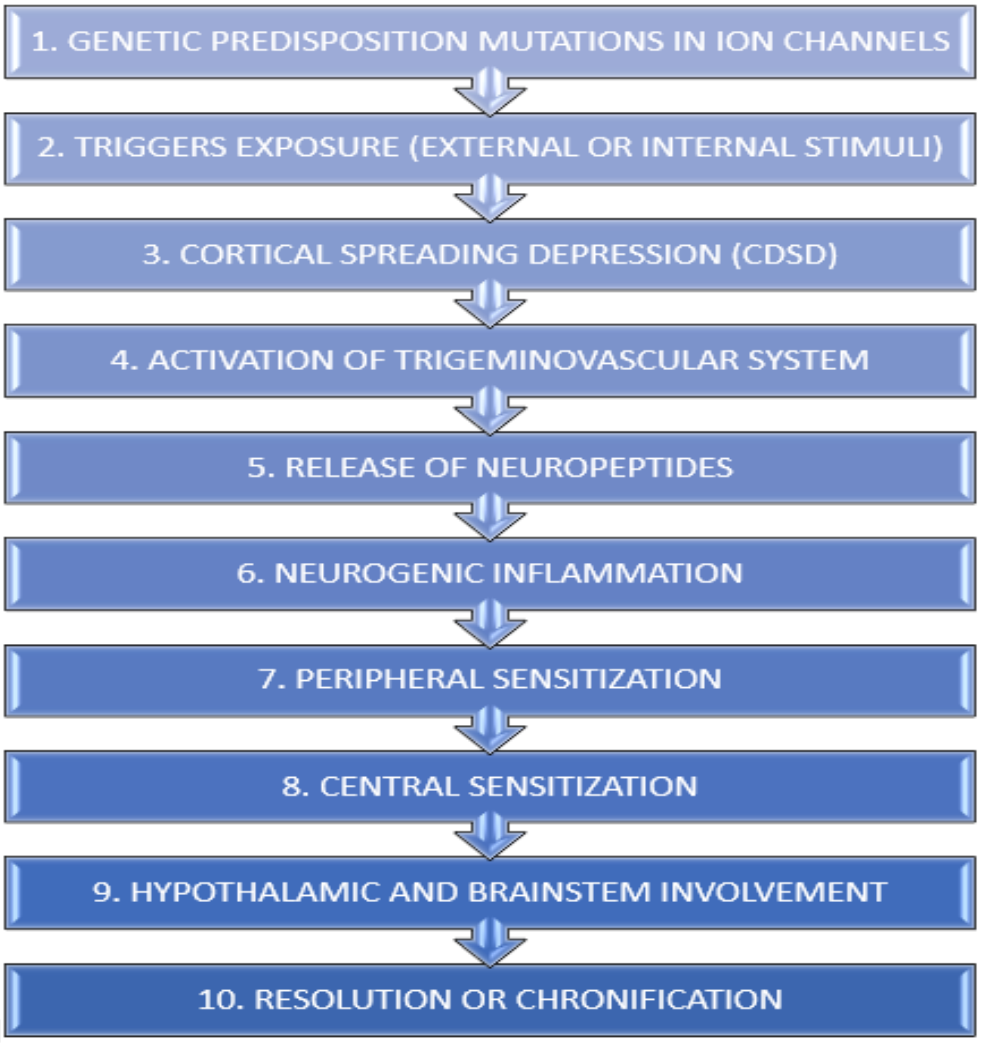

Fig 3: Flowchart Pathophysiology of Migraine

Evidence-Based Case Report of Classical Migraine Treated with Homoeopathic Medicine *Anhalonium lewinii*

Personal data of the patient:

NAME – Mr. XXXX

AGE – 38 YEARS

NAME OF FATHER – XXXXX

Gender – MALE

SOCIO-ECONOMIC STATUS – MIDDLE CLASS

MARITAL STATUS –MARRIED

EDUCATIONAL STATUS – 12th pass

RELIGION – HINDU

OCCUPATION – Businessman

ADDRESS – JAIPUR, RAJASTHAN

MOBILE NO.-XXXXXXXXXX

NATIONALITY – INDIAN

1st D.O.V. –19th December, 2025

1. INTERROGATION

Recurrent episodic headaches lasting for the past 2 years.

1.2 History of Present Complaints (In order of their appearance; mode of onset; probable cause; course of illness; treatment taken and result)

History of Present Complaints

1. Mode of Onset & Duration

- **Onset & Duration:** Recurrent episodic headaches lasting for the past 2 years. Attacks are preceded by a visual and vestibular aura—including sudden vertigo, blurred vision, and brilliant moving-colored objects or halo effects—lasting about 25 minutes. The main headache typically lasts a full 24 hours.
- **Course & Impact:** Severe, persistent aches leave the brain feeling exhausted ("brain tired"), incapacitating the patient and forcing him to retreat home to sleep.

2. Location & Radiation

- **Location:** Originates as a severe pain in the occiput region and prominently involves the right eye. Frontal headaches with visual zigzags may also feature during the prodromal phase.
- **Radiation:** No radiation from the primary site of pain.

3. Character & Severity of Pain

- **Severity:** Terrible, incapacitating intensity that completely prevents work.
- **Character & Scalp Sensitivity:** Marked scalp tenderness and allodynia. The scalp is extremely painful to the touch, preventing the patient from drying or wiping his head after a shower.

4. Associated Symptoms

- **Prodromal & Mental Aura:** Preceded by mental exaltation, disorientation, feeling "detached" or in a dream-like state, and distorted time perception (time seems long).
- **Disturbances of Senses:** Visual disturbances (colored lights, halo effects, polychrome spectra, visual zigzags) and hyper-reactivity to sound (exaggerated reverberation).
- **Absence of Gastrointestinal Symptoms:** No nausea or vomiting reported during these specific attacks.

5. Modalities (Aggravating & Ameliorating Factors)

- **Aggravating Factors (<):**
  - Overuse of the mind, mental stress, or loss of sleep.
  - Any physical contact or wiping friction on the sensitive scalp.
- **Ameliorating Factors (>):**
  - Retreating to a quiet environment, rest, and sleep.

6. Probable Cause & Treatment History

- **Probable Triggers / Etiology:** Triggered or exacerbated by mental overexertion (stress/loss of sleep) or intoxication/substance exposure.
- **Past Medication:** Divalproex Sodium (Dicopril 500 mg PR).

1.3Past History (Any major illness,surgery,accident,hospitalization,vaccination,drug reaction etc.)

He was taking allopathic medicines since a long time like - ***Dicopril 500mg PR***. He has a known case of hypertension for the last 5 years. He was on **anti-depressants** for the last 5 years **Venad 100mg.**

1.4 Family History (any chronic with blood relations, presently or in past; their present state of health; if dead, cause of death).

MOTHER - **Healthy & alive**

FATHER - **Healthy & alive**

1.5 Personal History

Food Habits: Vegetarian/Non–Vegetarian: VEG**.**

Habits Addictions: N/S

Developmental Milestones: AT TIME

Surroundings home: GOOD

Vaccination (reaction, if any): N/S

Sexual History: N/S

History of Contraception: N/S

History of contact with sick person (in case of infectious disease): N/S

1.7 General symptoms (Patients as a whole)

1.7.1Physical Generals

- **Thermal Reactions:** Ambi thermal
- Cravings: Spicy food
- Aversions: n/s
- Aggravations: n/s
- Ameliorations n/s
- Appetite loss of appetite during headache.
- Thirst thirstless (drink hardly 1l/day)
- Urine: normal (D5 N3)
- Stool: soft stool, satisfactory (D2 N0)
- Perspiration: Profuse
- Sleep: normal (8-10hours) she sleeps a lot.
- Dreams: n/s
- General Sensations: n/s
- General Modalities: n/s
- Suppressed if any: n/s

1.7.2Mentals:

- Marked health anxiety characterized by a persistent fear of early death and serious disease.
- Overwhelming worry regarding the future care, security, and well-being of his son if something happens to him. Deep mental distress and anxiety triggered during and between severe headache attacks.
- Sensation of mental overexertion ("brain tired") accompanied by temporary mood fluctuations from mental exaltation to depression.
- Altered perception of time during attacks, where moments feel unusually drawn out and long.
- Preoccupation with bad forebodings and extreme apprehension regarding his physical survival.

2. PHYSICALEXAMINATION

BUILT- mesomorphic

DECUBITUS- left and right toss and turn

FACIES- n/s

GAIT- n/s

DEFORMITY- n/s

OBESITY- n/s

CACHEXIA/ EMACIATION- n/s

NUTRITION- good

ANAEMIA- no

ICTERUS- n/s

CYNOSIS- n/s

OEDEMA- n/s

CLUBBING- n/s

LYMPHADENOPATHY- n/s

ORAL-TEETH/TONGUE/GUMS- n/s

SKIN/HAIR/NAILS- n/s

HEIGHT- 5 foot 6 inches

WEIGHT- 70 kg

TEMPERATURE- 98.7 degree F

PULSE- 80b/m

RESPIRATORY RATE- 17

BLOOD PRESSURE- 110/70mmhg

SPO2- 98%

2.2SystemicExamination

- ● **Respiratory System:** INSPECTION- normal shape of chest.
  PALPATION- apex beat normal.

- ● **Cardio vascular System:** normal RR, PR
  Normal sounds (S1 and S2)and no murmur.

- **Central Nervous System:** conscious

- Reflexes normal (motor, sensory)

- ● **Abdominal examination:** soft abdomen- no abnormal sounds.
  And respiratory movements.
- ● **Musculoskeletal System:** no swelling of joint, everything absolutely normal.

2.3Local examination: NAD

3. LAB INVESTIGATIONS:

NOTHING SPECIFIC (NORMAL)

4. DIAGNOSTICEVALUATION

4.1 Differential diagnosis

- Tension type headache
- Cluster type headache
- Sinusitis
- Cervicogenic headache

4.2 Provisional diagnosis

Migraine with aura

- **Characteristic Aura:** The patient experiences distinct visual (colored halos, zigzags) and vestibular (vertigo) aura symptoms lasting ~25 minutes (falling within the classic 5–60-minute window) prior to the headache onset.
- **Classic Headache Profile:** The episodic, severe pain lasts 24 hours, is triggered by stress or sleep loss, improves with rest/sleep, and is accompanied by marked sensory hypersensitivity and scalp allodynia.

Prophylactic Response History: The overall clinical picture directly aligns with diagnostic criteria for migraine with aura and is further corroborated by the prior treatment with Divalproex Sodium, established migraine prophylactic.

4.3 Final diagnosis Migraine with aura

5. CASEPROCESSING

5.1 Analysis of the case (methods and justification)

GENERALS		PARTICULARS	COMMON
MENTALS	PHYSICAL	**Visual Aura:** Brilliant moving-coloured objects (polychrome spectra), halos, and visual zigzags.	**Throbbing or Pulsating Headache:** Pain that is usually severe, often concentrated on one side of the head, and worsens with physical activity.
High-grade anxiety regarding physical survival & serious diseases.	**Auditory Hypersensitivity:** Sound hyper-reactivity with exaggerated reverberation	**Vestibular Aura:** Sudden vertigo and blurred vision lasting ~25 minutes.	**Profound Fatigue & Yawning:** Extreme tiredness, heavy eyelids, or uncontrollable frequent yawning hours before the pain sets in.
Deep worry about the future care & security of his son	**Scalp Allodynia:** Extreme, painful scalp tenderness to light touch or wiping head after a shower.		**Nausea and Vomiting:** Gastrointestinal distress that frequently accompanies the headache phase.

GENERALS		PARTICULARS	COMMON
MENTALS	PHYSICAL		**Mood Fluctuations:** Sudden irritability, anxiety, or unexplainable euphoria/mental excitement shortly before an attack.
Alternating states between mental exaltation and post-attack depression.	**Locality:** Pain cantered in the occipital region with right eye involvement.		
Sensation of time feeling unusually drawn out and long during attacks.	**Severity & Course:** Incapacitating headache lasting up to 24 hours.		
	Ameliorating Factors (>): Retreating to a dark, quiet room, complete rest, and sleep.		
Feeling disconnected from surrounding prior to headache onset.	**Aggravating Factors (<):** Mental strain, stress, night reading, loss of sleep, and any scalp contact or towel friction.		

5.2 Evaluation of symptoms

- Persistent health anxiety with fear of early death and constant concern over his son's future care.
- Neurological aura with sudden vertigo, blurred vision, and a detached, dream-like state lasting ~25 minutes.
- Complex visual aura featuring brilliant moving-coloured objects (polychrome spectra), halos, and visual zigzags.
- Severe, incapacitating headache lasting up to 24 hours, cantered in the occipital region and right eye.
- Marked scalp allodynia where light touch or towel friction causes extreme scalp pain.
- Triggered or worsened by mental overexertion, stress, late-night reading, loss of sleep, and scalp touch.
- Completely relieved by retreating to a dark, quiet room, total rest, and sleeping through the attack.

MIASMATIC ANALYSIS:

SYMPTOMS	PSORA	SYCOSIS	SYPHILIS
Persistent health anxiety with fear of early death and constant concern over his son's future care.	*		*
Neurological aura with sudden vertigo, blurred vision, and a detached, dream-like state lasting ~25 minutes.		*	
Complex visual aura featuring brilliant moving-coloured objects (polychrome spectra), halos, and visual zigzags.			*

The case is fundamentally Psora (functional hypersensitivity & nervous excitability)

SYMPTOMS	PSORA	SYCOSIS	SYPHILIS
Severe, incapacitating headache lasting up to 24 hours, cantered in the occipital region and right eye.			*
Marked scalp allodynia where light touch or towel friction causes extreme scalp pain.	*		
Triggered or worsened by mental overexertion, stress, late-night reading, loss of sleep, and scalp touch.	*		
Completely relieved by retreating to a dark, quiet room, total rest, and sleeping through the attack.	*		

6. SELECTIONOFMEDICINE

6.1 Non reportorial method(specify):

THERAPEUTICS

6.2 Remedy selected (with justification)

Anhalonium lewinii *30/TDS* (AS PER THERAPEUTICS BOERIECKE'S MATERIA MEDICA)

- Unmatched Polychrome Visual Keynote: *Anhalonium* is uniquely famous in Materia medica for producing kaleidoscopic visual disturbances, specifically brilliant moving-colored objects (polychrome spectra), halos, and zigzags before a headache.
- Depersonalization & Dissociation: The remedy directly covers sensorium changes during the aura, including feeling detached, existing in a dream-like state, and experiencing time and spatial distortions.
- Occipito-Ocular Pain Localization: *Anhalonium* specifically targets incapacitating, severe pain originating in the occipital region and focusing strongly around or behind the eyes.
- Extreme Nervous System & Scalp Hypersensitivity: The remedy covers severe hyperesthesia of the nervous system, matching the patient's scalp allodynia where light touch or towel friction triggers sharp pain.

- Aggravation from Mental Strain & Exhaustion: The patient's primary triggers—mental overexertion, stress, late-night reading, and loss of sleep leading to brain exhaustion—are classic aggravating factors (<) for an *Anhalonium* state.

6.3 Selection of potency, dose repetition schedule (with justification)

30/tds

7. CASE MANAGEMENT

7.1 Prescription (with date)

19/12/2025

RX Anhalonium lewinii *30/TDS*

Phytum 200/ 3DOSE (FOR 15DAYS)

7.2 General management/Auxiliary measures

- Maintain **regular routine**: consistent sleep–wake cycle, balanced meals, hydration.
- Relaxation **techniques**: yoga, meditation, breathing exercises.
- Stress **management**: counselling, CBT (Cognitive Behavioural Therapy).
- Physical **activity**: regular moderate aerobic exercise.
- Cold/**ice packs**: during acute attack for relief.
- Balanced diet: avoid processed food, chocolates, cheese, red wine.
- Adequate hydration.
- Regular meals (avoid prolonged fasting)

8. FOLLOW-UP

DATE	CHANGES IN SYMTOMS AN SINGS	PRESCRIPTION
19/12/25	Severe, 24-hour occipital and right-ocular headache with marked scalp allodynia, triggered by stress and sleep loss, but relieved by dark, quiet rest. Preceded by a 25-minute complex aura—featuring vertigo, visual spectra, time distortion, and detachment—accompanied by intense health anxiety and fear of early death. **SYMPTOMATIC ASSESSMENT SCORE: 21** **MIDAS SCORE: 25**	**RX** **Anhalonium lewinii *30/TDS* Phytum 200/ 3DOSE (FOR 15DAYS)**
4/1/26	The patient reports a **33.33% o**verall reduction in headache severity, scalp tenderness, and aura duration, alongside milder health anxiety between episodes. **SYMPTOMATIC ASSESSMENT SCORE: 10/21** **MIDAS SCORE:16**	**RX** **Anhalonium lewinii *30/TDS* Phytum 200/ 3DOSE (FOR 15DAYS)**
24/1/26	The patient reports a **52%** overall improvement, marked by significantly reduced headache intensity, shorter and milder aura episodes, tolerable scalp sensitivity, and a notable decrease in health-related anxiety. **SYMPTOMATIC ASSESSMENT SCORE: 7/21** **MIDAS SCORE:12**	**RX** **Phytum 30/tds (FOR 15DAYS)**
16/2/26	The patient reports a relapse of symptoms, returning to full-intensity 24-hour occipital-ocular headaches, severe scalp allodynia, a 25-minute complex aura with vertigo, and heightened health anxiety.	**RX** **Anhalonium lewinii *30/3dose* Phytum 30/ tds (FOR 15DAYS)**

	SYMPTOMATIC ASSESSMENT SCORE: 12/21 **MIDAS SCORE:21**	
27/2/26	The patient reports a **68%** overall improvement, characterized by well-controlled, significantly shorter headaches, minimal scalp sensitivity, infrequent visual and vestibular aura, and substantial relief from health anxiety. **SYMPTOMATIC ASSESSMENT SCORE: 5/21** **MIDAS SCORE:8**	**RX** **Phytum 30/ tds (FOR 15DAYS)**
16/3/26	The patient reports a 78% overall improvement, characterized by well-controlled, significantly shorter headaches, minimal scalp sensitivity, infrequent visual and vestibular aura, and substantial relief from health anxiety. **SYMPTOMATIC ASSESSMENT SCORE: 3/21** **MIDAS SCORE:5**	**RX** **Phytum 30/ tds (FOR 15DAYS)**
29/3/26	The patient reports a 97% overall improvement, characterized by well-controlled, significantly shorter headaches, minimal scalp sensitivity, infrequent visual and vestibular aura, and substantial relief from health anxiety. **SYMPTOMATIC ASSESSMENT SCORE: 0/21** **MIDAS SCORE:1**	**RX** **Phytum 30/ tds (FOR 15DAYS)**

PRE-TREATMENT SCORE:

1.) SYMPTOMATIC ASSESSMENT

SIGNS AND SYMPTOMS OF MIGRAINE

There are 9 symptoms being assessed:

ymptom	Grade 0 (0)Absent	Grade 1 (1)Mild	Grade 2 (2)Moderate	Grade 3 (3)Severe
Headache intensity	No pain	Mild, no work interference	Moderate, affects work	Severe, bed rest needed
Duration of attack	No attack	< 4 hours	4–24 hours	> 24 hours
Frequency of attacks/week	None	1–2	3–5	> 5
Nausea/Vomiting	Absent	Nausea only	Nausea + 1–2 vomiting episodes	Multiple vomiting
Photophobia	Absent	Mild sensitivity to light	Needs dim light	Needs complete darkness
Phonophobia	Absent	Mild noise sensitivity	Requires quiet environment	Cannot tolerate any sound
Aura symptoms (if applicable)	None	Visual aura	Visual + sensory aura	Severe + prolonged aura
Irritability/Mental dullness	Absent	Occasionally irritable	Often irritable or dull	Constant irritability
Relief with sleep	Complete relief	Partial relief	Occasional relief	No relief

GRADE-4 (SEVERE MIGRAINE)

7*3 = 21SCORE

PRE- TREATMENT SCORE:

MIDAS Question

Question No.	Question	Answer (Number of Days)
1	How many days in the last 3 months did you miss work or school because of your headaches?	5
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 counted in Question 1)?	6
3	How many days in the last 3 months did you not do household work because of your headaches?	4
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 counted in Question 3)?	5
5	How many days in the last 3 months did you miss family, social, or leisure activities because of your headaches?	5
Total	**MIDAS Disability Score (Sum of Questions 1–5)**	**25**

Total Score = 5 + 6 + 4 + 5 + 5 = 25

Disability Grade: Grade IV (Severe Disability)

1ST FOLLOW-UP

FOLLOW UP AFTER 15 DAYS ON (4th Jan. 2026)

1.) SYMPTOMATIC ASSESSMENT SCORE:

Total 1st Follow-Up Score = 10 / 21

$$\text{Percentage Improvement} = \frac{15 - 10}{15} \times 100 = 33.3\%$$

Symptom	Baseline Presentation (Score)	1ST Follow-up Presentation (Score)	Severity Change
Headache intensity	Severe, bed rest needed **(3)**	Moderate, affects work **(2)**	Improved
Duration of attack	4–24 hours **(2)**	< 4 hours **(1)**	Improved
Frequency of attacks/week	3–5 **(2)**	1–2 **(1)**	Improved
Nausea/Vomiting	Absent **(0)**	Absent **(0)**	Unchanged
Photophobia	Needs complete darkness **(3)**	Needs dim light **(2)**	Improved
Phonophobia	Requires quiet environment **(2)**	Mild noise sensitivity **(1)**	Improved
Aura symptoms	Visual + sensory aura **(2)**	Visual aura **(1)**	Improved
Irritability/Mental dullness	Occasionally irritable **(1)**	Absent **(0)**	Improved
Relief with sleep	Complete relief **(0)**	Complete relief **(0)**	Unchanged
Total Score	**15 / 21**	**10 / 21**	**33.3% Improvement**

2) MIDAS SCORE:

1ST FOLLOW -UP = 16 DAYS

2nd 3rd & 4TH FOLLOW-UP

FOLLOW UP AFTER 15 DAYS ON (24/1/26) (16/2/26) & (27/2/26)

1.) **SYMPTOMATIC ASSESSMENT SCORE**

Total 2

Symptom	Baseline Presentation (Score)	1st Follow-up (Score)	2nd Follow-up (Score)	3rd Follow-up (Score)	4th Follow-up (68% Relief) (Score)	Severity Change (vs 3rd Follow-up)
Headache intensity	Severe, bed rest needed **(3)**	Moderate, affects work **(2)**	Mild, no work interference **(1)**	Moderate, affects work **(2)**	Mild, no work interference **(1)**	Improved
Duration of attack	4–24 hours **(2)**	< 4 hours **(1)**	< 4 hours **(1)**	4–24 hours **(2)**	< 4 hours **(1)**	Improved
Frequency of attacks/week	3–5 **(2)**	1–2 **(1)**	1–2 **(1)**	3–5 **(2)**	1–2 **(1)**	Improved
Nausea/Vomiting	Absent **(0)**	Absent **(0)**	Absent **(0)**	Absent **(0)**	Absent **(0)**	Unchanged
Photophobia	Needs complete darkness **(3)**	Needs dim light **(2)**	Needs dim light **(2)**	Needs complete darkness **(3)**	Mild sensitivity to light **(1)**	Improved
Phonophobia	Requires quiet environment **(2)**	Mild noise sensitivity **(1)**	Mild noise sensitivity **(1)**	Mild noise sensitivity **(1)**	Absent **(0)**	Improved
Aura symptoms	Visual + sensory aura **(2)**	Visual aura **(1)**	Visual aura **(1)**	Visual aura **(1)**	Visual aura **(1)**	Unchanged
Irritability/Mental dullness	Occasionally irritable **(1)**	Absent **(0)**	Absent **(0)**	Occasionally irritable **(1)**	Absent **(0)**	Improved
Relief with sleep	Complete relief **(0)**	Complete relief **(0)**	Complete relief **(0)**	Complete relief **(0)**	Complete relief **(0)**	Unchanged
						66.7% – 68%

Question No.	Question	Baseline Days	1st Follow-up Days (33.33% Improvement)
1	How many days in the last 3 months did you miss work or school because of your headaches?	5	3
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?	6	4
3	How many days in the last 3 months did you not do household work because of your headaches?	4	3
4	How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches?	5	3
5	How many days in the last 3 months did you miss family, social, or leisure activities because of your headaches?	5	3
Total	**MIDAS Disability Score (Sum of Questions 1–5)**	**25**	**16**

Follow-Up Score = 7/21

Total 3 Follow-Up Score = 12/21

Total 4 Follow-Up Score = 5/21

2) MIDAS SCORE

Total 2 Follow-Up Score = 12

Total 3 Follow-Up Score = 21

Total 4 Follow-Up Score = 8

Question No.	Question	Baseline Days	1st Follow-up	2nd Follow-up	3rd Follow-up (Relapse)	4th Follow-up Days (68% Relief)
1	How many days in the last 3 months did you miss work or school because of your headaches?	5	3	2	4	1
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?	6	4	3	5	2
3	How many days in the last 3 months did you not do household work because of your headaches?	4	3	2	4	1
4	How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches?	5	3	2	4	2
5	How many days in the last 3 months did you miss family, social, or leisure activities because of your headaches?	5	3	3	4	2
Total	MIDAS Disability Score (Sum of Questions 1–5)	25	16	12	21	8

FOLLOW-UP 5TH & 6TH (16/3/2026) AND (29/3/26)

SYMPTOMATIC ASSESSMENT SCORE:

Symptom	Baseline Presentation (Score)	5th Follow-up (Score)	6th Follow-up (97%–100% Relief) (Score)	Severity Change (vs 5th Follow-up)
Headache intensity	Severe, bed rest needed **(3)**	Mild, no work interference **(1)**	No pain **(0)**	Improved
Duration of attack	4–24 hours **(2)**	< 4 hours **(1)**	No attack **(0)**	Improved
Frequency of attacks/week	3–5 **(2)**	1–2 **(1)**	None **(0)**	Improved
Nausea/Vomiting	Absent **(0)**	Absent **(0)**	Absent **(0)**	Unchanged
Photophobia	Needs complete darkness **(3)**	Absent **(0)**	Absent **(0)**	Unchanged
Phonophobia	Requires quiet environment **(2)**	Absent **(0)**	Absent **(0)**	Unchanged
Aura symptoms	Visual + sensory aura **(2)**	None **(0)**	None **(0)**	Unchanged
Irritability/Mental dullness	Occasionally irritable **(1)**	Absent **(0)**	Absent **(0)**	Unchanged
Relief with sleep	Complete relief **(0)**	Complete relief **(0)**	Complete relief **(0)**	Unchanged
Total Score	**15 / 21**	**3 / 21**	**0 / 21**	**97% – 100% Relief**

Total 5 Follow-Up Score = 3/21

Total 6 Follow-Up Score = 0/21

2.) MIDAS SCORE:

Question No.	Question	Baseline Days	5th Follow-up Days (78% Relief)	6th Follow-up Days (97% Relief)
1	How many days in the last 3 months did you miss work or school because of your headaches?	5	1	**0**
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?	6	1	**1**
3	How many days in the last 3 months did you not do household work because of your headaches?	4	1	**0**
4	How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches?	5	1	**0**
5	How many days in the last 3 months did you miss family, social, or leisure activities because of your headaches?	5	1	**0**
Total	**MIDAS Disability Score (Sum of Questions 1–5)**	**25**	**5**	**1**
Grade	**Disability Grade**	**Grade IV (Severe)**	**Grade I (Little/No)**	**Grade I (Little/No)**

Total 5 Follow-Up Score = 5

Total 6 Follow-Up Score=1

CONCLUSION:

This case demonstrates the successful clinical management of severe, recurrent Classical Migraine with Aura using individualized homoeopathic treatment. The patient presented with a complex clinical picture—including severe occipital-ocular headaches, marked scalp allodynia, visual and vestibular auras, and distinct mental symptoms such as health anxiety and altered time perception—which had previously failed to resolve under long-term conventional prophylactic therapy.

The targeted administration of *Anhalonium lewinii* 30, selected on the basis of peculiar characteristic therapeutic indications, led to a progressive and substantial reduction in migraine severity, attack duration, and associated aura phenomena. **Over the course of six follow-up evaluations spanning several months, the patient's Symptomatic Assessment Score improved from a baseline of 21/21 to 0/21, while the MIDAS (Migraine Disability Assessment) score dropped from 25 (Grade IV, Severe Disability) down to 1 (Grade I, Little/No Disability), representing an overall clinical relief of 97%–100%.**

This outcome highlights the potential of homoeopathy in addressing complex neurovascular disorders by treating both acute sensory phenomena and deep-seated constitutional susceptibility. **Individualized homoeopathic remedies like *Anhalonium lewinii* offer a promising, effective alternative or integrative therapeutic strategy for patients suffering from recalcitrant migraine presentations**. Further large-scale observational studies and clinical trials are encouraged to evaluate these findings and establish broader scientific evidence.

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