2026 Volume: 02 Issue: 11 www.ijrpa.com ISSN 2456-9995 Case Study

International Journal Research Publication Analysis

Page: 01-08

ETIOPATHOGENESIS OF MIGRAINE IN HOMOEOPATHY: A CASE-BASED ANALYSIS OF FUNDAMENTAL CAUSE

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Article Received: 07 October 2026
Article Revised: 27 October 2026
Published on: 16 November 2026

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DOI: https://doi-doi.org/101555/ijrpa.9360

ABSTRACT

Migraine is a recurrent neurological disorder influenced by biological susceptibility and environmental factors. Understanding its etiopathogenesis requires consideration of the mechanisms underlying the disorder and the factors that may precipitate or aggravate attacks. This article discusses these concepts through the clinical presentation of a 35-year-old woman with recurrent headache predominantly over the right temporal region, described as pressing and stitching in character, with occasional heaviness, vertigo, and vomiting. Exposure to sunlight aggravates the headache. The complaints begin after the death of her husband, and the patient's mental history includes grief-associated brooding and a tendency to become easily angered. Individualized homoeopathic management begins with Lycopodium LM potency 0/1 and progresses through follow-up to 0/7, with treatment ongoing. The article signifies the homoeopathic concepts of causation while distinguishing documented observations from interpretation.

KEYWORDS: Migraine; etiopathogenesis; fundamental cause; exciting cause; individualization; Lycopodium; LM potency.

INTRODUCTION

Migraine is a primary headache disorder characterized by recurrent attacks of head pain, frequently accompanied by nausea or vomiting and sensitivity to light or sound. Its pathophysiology is complex and involves interactions among neuronal networks, the trigeminovascular system, neuropeptides, and individual susceptibility. Genetic influences and environmental exposures contribute to the development and expression of migraine, while triggers may precipitate attacks in susceptible individuals. [2,3,5]

The International Classification of Headache Disorders, third edition (ICHD-3), describes specific diagnostic criteria for migraine without aura, including recurrent attacks of defined duration, characteristic pain features, and associated nausea or vomiting, or photophobia and phonophobia. [2] Unilateral headache and vomiting may support consideration of migraine, but complete diagnostic criteria and relevant differential diagnoses require assessment.

Migraine often has a familial predisposition and may be associated with nausea, vomiting, loss of appetite, photophobia, phonophobia, gastrointestinal disturbances, and changes in mental state. Common triggers include certain foods (cheese, dairy products, paneer, citrus fruits, chocolate, onions, and seafood), food additives, caffeine, alcohol, hormonal changes, excessive exercise, bright lights, loud noises, strong odours, irregular sleep, weather changes, hunger, stress, and anxiety.[4]

Homoeopathic philosophy places importance on investigating the circumstances associated with the onset and development of illness. In Organon of Medicine, Aphorism 5 and directs attention to probable exciting causes of acute disease and significant history in chronic disease when exploring the fundamental cause. [1] Applied to this case, the approach encourages enquiry into the onset of complaints after bereavement, aggravating circumstances such as sunlight, and factors that may predispose the individual to recurrent attacks.

Here the article mainly mentioned the case in relation with the following causes: The fundamental cause refers to the underlying root of a disease, which, according to Hahnemannian philosophy, is primarily associated with chronic miasms such as Psora, Sycosis and Syphilis. In §5 of the Organon of Medicine, refers to the immediate circumstances or factors responsible for triggering the manifestation of a disease, such as exposure to cold, dietary errors, emotional disturbances or physical strain. A predisposing

factor is a pre-existing condition or characteristic that increases an individual's susceptibility to developing a disease, such as genetic tendency, nutritional deficiency or impaired immunity. The immediate event or stimulus that initiates the onset or aggravation of a disease in an already predisposed individual. Thus, fundamental causes represent the underlying origin, predisposing factors create susceptibility, and exciting or precipitating factors contribute to the immediate manifestation of the disease.

AIM AND OBJECTIVES

Aim: To discuss the etiopathogenesis of migraine in terms of fundamental causes through an individualized clinical case.

Objectives:

- To examine fundamental factors relevant to the clinical presentation.
- To signifies the homoeopathic interpretations of fundamental cause in the context of the case.

Case Presentation

A 35-year-old woman presents with recurrent headache predominantly over the right temporal region. The pain is described as pressing and stitching in character, with occasional heaviness. The complaints are associated with vertigo and vomiting. Exposure to sunlight aggravates the headache. The history indicates a long-standing recurrent pattern, with the complaints beginning after the death of her husband. The mental history includes grief-associated brooding and a tendency to become easily angered. She is also having a family history of migraine.

The case is managed on an individualized basis with Lycopodium LM potency. Treatment begins with Lycopodium 0/1 and progresses through successive follow-ups to Lycopodium 0/7. Treatment remains ongoing at the latest follow-up. The clinical record describes changes in symptoms over successive visits.

Remedy	Lyc	Puls	Phos	Sulph	Nat-m	Sep	Bell	Nux-v	Sil	Ars	Bry	Caust	Spig	Calc	Rhus-t
Totality	38	37	36	31	30	30	30	30	29	29	27	27	27	26	25
Symptoms Covered	11	10	11	10	10	10	9	9	11	10	10	10	9	10	11
[Complete] [Mind]Fear:Alone, being:	4	3	4	0	1	3	3	1	1	4	1	3	0	3	1
[Complete] [Mind]Grief:	4	4	3	3	4	3	1	4	1	3	4	4	3	3	1
[Kent] [Generalities]Tension:Internally:	3	3	3	3	1	3	3	3	1	2	1	2	2	2	2
[Complete] [Head]Pain, headache:Evening:Agg.:	4	4	4	4	3	3	4	3	3	3	1	3	3	1	3
[Complete] [Head]Pain, headache:Temples:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Vertigo]General:	4	4	4	4	4	3	4	4	4	4	4	4	4	4	4
[Complete] [Head]Internal:Noises in ear, tinnitus, with:	3	4	3	3	3	3	0	0	3	1	0	1	0	1	1
[Complete] [Head]Pain, headache:Mental exertion:Agg.:	4	4	4	4	4	3	4	4	4	1	3	3	3	4	1
[Murphy] [Vertigo]MORNING, vertigo:Rising, on, agg.:	3	3	3	1	3	1	3	0	1	0	3	2	2	1	3
[Complete] [Stomach]Vomiting:Headache:During:	1	4	3	2	3	4	4	3	3	3	3	1	3	3	1
[Complete] [Generalities]Food and drinks:Warm:Drinks:Amel.:	4	0	1	3	0	0	0	4	4	4	3	0	3	0	4

Etiopathogenesis of Migraine

Migraine arises from an interaction of biological susceptibility and environmental influences.[9] Current evidence supports a complex neurological mechanism involving altered sensory processing, trigeminovascular activation, neuropeptide signaling, and central pain modulation. Genetic studies identify multiple susceptibility loci, indicating that migraine does not result from a single universal cause. [3,5]

The trigeminovascular system plays a central role in migraine-related pain. Activation of trigeminal sensory pathways associated with the meninges and intracranial structures transmits nociceptive signals to the trigeminocervical complex and higher central nervous system regions. Neuropeptides, including calcitonin gene-related peptide (CGRP), participate in the transmission and modulation of pain signals. Altered sensory processing and central sensitization may contribute to the intensity and persistence of symptoms. [3,5] Migraine has a substantial genetic component, with large genome-wide association studies identifying numerous loci associated with susceptibility.[5] Genetic susceptibility does not mean that every individual with a predisposition develops migraine. Environmental exposures, physiological changes, sleep patterns, stress, and other influences may interact with this susceptibility. Frequently reported migraine triggers include bright light, stress, sleep disruption, missed meals, dehydration, and changes in routine. Their influence varies between individuals, and exposure to a trigger does not invariably produce an attack. [6] In this case, exposure to sunlight is a documented aggravating factor. Aggravation by sunlight should be distinguished from photophobia, which means discomfort or sensitivity to light and requires direct clinical enquiry. In homoeopathic philosophy, investigation of disease includes consideration of fundamental cause. Hahnemann's Organon of Medicine, particularly Aphorism 5, emphasizes the relevance of fundamental causes and significant aspects of the patient's history in understanding disease.[1]

Fundamental Cause

In homoeopathic case analysis, the fundamental cause is explored through the patient's history and the circumstances associated with the development of illness. Aphorism 5 of the Organon of Medicine emphasizes the importance of investigating significant events and probable causes in understanding the patient's condition. [1,8] In this case, the death of her husband and the grief that follows are important features of the illness history because the complaints begin after this event. Hahnemann, in the footnote to Aphorism 78 of the sixth edition of the *Organon of Medicine*, explains that chronic diseases may remain unnoticed for several years and may become active or worsen following adverse life circumstances, grief, worry and other emotional disturbances. This observation is relevant to the present case, where the patient's complaints begin after the death of her husband. The grief and continuous brooding that follow are important aspects of her history. Considering these circumstances helps to understand her individual susceptibility and explore the factors associated with the onset and recurrence of her complaints. [1]

The emotional experience is therefore considered relevant to the patient's individual case analysis. Commonly reported triggers include bright light, emotional stress, sleep disturbance, missed meals, and changes in routine. Their effects vary from one person to another. [6] Two circumstances deserve attention in this case. First, the complaints begin after the death of her husband, a significant emotional event. Stress may influence migraine occurrence, but the temporal relationship alone does not prove causation. Second, the patient reports aggravation of the headache following sun exposure. For this patient, the death of her husband is the principal event associated with the beginning of the complaints. Sun exposure is another relevant circumstance because it aggravates the headache. The grief, brooding, and tendency to become easily angered also contribute to the individual history and warrant careful enquiry into their relationship with the attacks. The case therefore illustrates the importance of distinguishing the event associated with the onset of illness from the factors that aggravate its subsequent manifestations. In homoeopathic case analysis, causes are explored through the patient's constitution, personal and family history, general health, lifestyle, and individual susceptibility. This enquiry aims to understand the background in which the disease develops and the way it manifests in the individual.

Clinical Significance of the Case

This case illustrate the importance of taking a detailed history when evaluating recurrent headache. The complaints begin after the death of the patient's husband, and grief-associated

brooding forms an important part of her history. The headache is predominantly right temporal, pressing and stitching in character, and is associated with vertigo and vomiting. Sun exposure aggravates the symptoms. These findings allow the illness to be discussed in terms of an event associated with onset, an identified aggravating factor, and the possibility of individual susceptibility. The emotional background, characteristic modalities and associated symptoms collectively contribute to the selection of an individualized homoeopathic medicine. Based on the totality of symptoms and repertorial analysis, Lycopodium is prescribed, beginning with 0/1 potency and subsequently progressing to 0/7. The patient shows improvement during the follow-up period, and treatment is ongoing. This case therefore supports the importance of considering the patient as a whole, giving due attention to emotional experiences, individual susceptibility and characteristic physical symptoms while selecting an appropriate individualized treatment. Continued follow-up is maintained to assess the progress of headache, vertigo, vomiting and overall clinical well-being.

DISCUSSION

The present case demonstrates homoeopathic concept of etiopathogenetic analysis can be discussed together while maintaining a distinction between their explanatory frameworks. Modern medicine considers migraine a neurological disorder influenced by genetic susceptibility, sensory-processing mechanisms, and environmental factors. [3,5,9] The homoeopathic framework encourages enquiry into the patient's history, exciting circumstances, and individual symptom pattern. [1] Hahnemann's explanation in Aphorism 78 footnote signifies how emotional experiences and difficult life situations may influence the course of chronic complaints. This is reflected in the present case, where the patient's headache begins following the loss of her husband and is accompanied by grief and brooding thoughts. Such details emphasize the importance of exploring the patient's personal history rather than concentrating only on physical symptoms. Understanding these factors helps in individualizing the case and provides a broader perspective on the possible influences associated with the recurrence of her complaints. [1] A homoeopathic assessment of individual susceptibility does not identify a specific genetic variant or neurobiological mechanism. Sun exposure is the clearest documented aggravating circumstance in this case. Light sensitivity and other environmental triggers are recognized in migraine, although the patient's specific response requires accurate characterization.[6] The patient's grief-associated brooding and tendency to become easily angered are distinctive features of the recorded mental history.

Within homoeopathic philosophy, these features may contribute to individualization when carefully elicited and assessed alongside the physical symptoms. The article therefore considers these mental symptoms as part of the patient's individual presentation rather than claiming that grief or anger directly produces the headache.

CONCLUSION

The etiopathogenesis of migraine involves a complex interaction of neurological mechanisms, biological susceptibility, and environmental influences. This case illustrates the application of the homoeopathic concepts of fundamental cause of the patient with recurrent right temporal headache accompanied by vertigo and vomiting, with aggravation from sunlight. The patient's grief, brooding thoughts and tendency to become easily angered are considered important aspects of her emotional state. A holistic homoeopathic approach considers these mental experiences along with her physical symptoms and individual susceptibility, helping to understand the patient as a whole and guide individualized treatment. Individualized management begins with Lycopodium 0/1 and progresses to 0/7, with treatment ongoing.

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