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Individualized Homoeopathic Management of Recurrent Migraine-Associated Vertigo with Chronic Headache: A Case Report at Dr Batra's

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ABSTRACT

Migraine-associated vertigo is a disabling neurological disorder characterized by recurrent episodes of headache, dizziness, imbalance, and functional impairment that significantly affect quality of life. Conventional management primarily focuses on symptomatic relief; however, many patients continue to experience recurrent episodes after discontinuation of medication. Individualized homoeopathic treatment aims to address the patient's constitutional susceptibility by integrating characteristic mental, physical, and particular symptoms.

This case describes a 32-year-old female who presented with recurrent migraine headaches associated with vertigo, dizziness following exertion, generalized fatigue, constipation, and indigestion. She experienced temporary relief with conventional medication, but symptoms consistently recurred after stopping treatment. Detailed homoeopathic case-taking revealed a reserved personality with suppressed emotions, brooding disposition, desire for solitude, aggravation from consolation, and chronic emotional suppression. Repertorial analysis supported *Natrum muriaticum* as the constitutional remedy, while *Belladonna* was prescribed during acute headache episodes.

During six months of individualized treatment, the patient demonstrated complete cessation of recurrent headaches, near-complete resolution of vertigo, marked improvement in fatigue, bowel habits, digestion, and daily functional capacity, without requiring regular analgesic medication. This case highlights the potential role of individualized homoeopathic prescribing in the long-term management of recurrent migraine-associated vertigo and emphasizes the importance of constitutional treatment in reducing disease recurrence and improving overall quality of life.

Keywords: Migraine, Vertigo, Vestibular migraine, Individualized homoeopathy, *Natrum muriaticum*, *Belladonna*, Case report.

1. Introduction

Migraine is one of the most prevalent neurological disorders worldwide and remains a major cause of disability among young and middle-aged adults. Besides recurrent headache, many patients experience vestibular manifestations including vertigo, dizziness, imbalance, motion intolerance, and visual

disturbances. Vestibular migraine, also referred to as migraine-associated vertigo, accounts for a substantial proportion of recurrent vertigo cases encountered in neurological practice and considerably impairs occupational, social, and psychological functioning.

The exact pathophysiology of migraine-associated vertigo remains incompletely understood but is believed to involve abnormal interactions between the trigeminovascular system, vestibular nuclei, cortical spreading depression, and central sensory processing pathways. Conventional management consists of analgesics, vestibular suppressants, prophylactic antimigraine medications, and lifestyle modifications. Although these measures often provide symptomatic relief, recurrence following discontinuation of medication is common, and prolonged pharmacotherapy may be associated with adverse effects.

Homoeopathy follows an individualized therapeutic approach in which remedy selection is based upon the totality of the patient's characteristic mental, physical, and particular symptoms rather than the disease diagnosis alone. Constitutional prescribing seeks to modify the individual's susceptibility to recurrent illness while simultaneously improving general health and quality of life.

The present case demonstrates the successful management of recurrent migraine-associated vertigo using individualized homoeopathic treatment, resulting in sustained clinical improvement over six months with complete resolution of recurrent headaches and marked reduction in vertigo.

2. Case Presentation

A 32-year-old female homemaker presented with complaints of recurrent headache associated with vertigo of four days' duration. Although the present episode had started recently, she reported repeated similar episodes in the past that responded temporarily to conventional medication but recurred soon after discontinuation.

The headache was sudden in onset and involved the entire head. The pain was described as dull, aching, and associated with a sensation of heaviness. Episodes were accompanied by dizziness and vertigo, particularly after physical exertion. The patient also complained of easy fatigability, stating that even mild physical work resulted in exhaustion.

Associated gastrointestinal complaints included indigestion and chronic constipation. She reported passing hard stools frequently and experienced bloating after meals. Appetite remained satisfactory, and she had consciously reduced the intake of spicy and oily food following previous medical advice.

There was no history of major psychological stress preceding the onset of symptoms. She had consulted an allopathic physician and experienced temporary symptomatic relief while taking prescribed medication; however, the headache and vertigo recurred after stopping treatment.

Routine laboratory investigations demonstrated hemoglobin of 12 g/dL, fasting blood glucose 105 mg/dL, total cholesterol 204 mg/dL, triglycerides 180 mg/dL, HDL cholesterol 46.7 mg/dL, white blood cell count 8780/mm³, and platelet count 2.31 lakh/mm³. No significant neurological abnormality was identified on systemic examination.

2.1 History of Present Illness

- Sudden onset dull aching headache involving the entire head
- Recurrent episodes relieved temporarily by conventional medication
- Vertigo and dizziness, especially following physical exertion
- Generalized fatigue and exhaustion after minimal activity

- Chronic constipation
- Associated indigestion and abdominal discomfort
- No significant emotional stress preceding onset

2.2 Past History

No significant past medical illness. No history of trauma. No previous surgery. No hospitalization.

2.3 Family History

Mother diagnosed with diabetes mellitus. One healthy sibling. No significant family history of neurological disorders.

2.4 Personal History

Appetite good; craving for sweets; thirst normal; stool constipation; urine normal; sleep refreshing (5–6 hours/day); perspiration normal. Occupation: homemaker.

2.5 Mental Generals

Detailed case-taking revealed characteristic constitutional features including a reserved and introverted personality, serious disposition, suppressed emotions, brooding tendency, desire to remain alone, aggravation from consolation, restlessness, anxiety, and a hyperactive nature despite internal emotional suppression. These mental characteristics were considered highly significant during constitutional remedy selection.

2.6 Clinical Examination

Weight: 75 kg. Blood pressure: 120/80 mmHg. Pulse rate within normal limits. Respiratory system clear. Ear, nose and throat examination normal. Abdomen soft and non-tender. No focal neurological deficit was detected.

2.7 Investigations

Investigation	Result
Hemoglobin	12 g/dL
Total Cholesterol	204 mg/dL
Triglycerides	180 mg/dL
HDL Cholesterol	46.7 mg/dL
Fasting Blood Sugar	105 mg/dL
White Blood Cell Count	8780/mm ³
Platelet Count	2.31 lakh/mm ³

The laboratory findings did not reveal any structural pathology explaining the recurrent episodes, supporting the diagnosis of migraine-associated vertigo after exclusion of secondary causes.

2.8 Diagnosis

Primary Diagnosis: Migraine-associated vertigo (Vestibular migraine).

2.9 Differential Diagnoses Considered

- Peripheral vertigo
- Vestibular neuritis
- Benign paroxysmal positional vertigo (BPPV)

- Epilepsy
- Cerebral pathology

3. Case Analysis

This case presented with recurrent migraine-associated vertigo accompanied by characteristic constitutional features. While the presenting complaints included sudden headache, vertigo, dizziness, constipation, indigestion, and fatigue, the remedy selection relied predominantly on the patient's individual constitutional characteristics.

The most characteristic features included a reserved personality, suppression of emotions, brooding disposition, aversion to consolation, desire for solitude, and chronic emotional suppression. These mental generals, combined with recurrent headache, vertigo, constipation, and exhaustion, formed the basis for repertorial analysis and individualized homoeopathic prescription.

The totality strongly corresponded with Natrum muriaticum, while Belladonna was selected for acute management of sudden congestive headache episodes.

3.1 Totality of Symptoms

Mental Generals: Reserved and introverted; serious disposition; suppressed emotions; brooding nature; desire to remain alone; consolation aggravates; anxiety and restlessness.

Physical Generals: Desire for sweets; constipation; normal appetite; easily exhausted; refreshing sleep; general weakness.

Particular Symptoms: Sudden severe headache; dull aching pain involving the whole head; vertigo with dizziness; headache after exertion; associated indigestion; constipation; fatigue after slight work; relief only while on conventional medication.

3.2 Repertorial Analysis

The case was repertorized using the following characteristic rubrics: Mind—reserved; Mind—consolation aggravates; Mind—ailments from suppressed emotions; Head—pain, sudden; Head—migraine; Head—vertigo; Head—pain from emotional disturbance; Generalities—weakness; Rectum—constipation. The totality strongly indicated Natrum muriaticum, which covered the patient's characteristic mental picture along with recurrent headache and vertigo.

Remedies	Ign.	Puls.	Critic.	Phle.	Int.	Nux-k	Ph-ac.	Exp.	Al.	Opoph.	Iris	Anac.	Argem.	Chin.	Coft.	Sulph.	By.	Plat.	Verat.	Ant-c.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Symptoms Covered	4	4	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	1
Intensity	7	7	5	5	5	5	4	4	3	4	4	3	3	3	3	3	2	2	2	2
Result	4/7	4/7	3/5	3/5	3/5	3/5	3/4	3/4	3/3	2/4	2/4	2/3	2/3	2/3	2/3	2/2	2/2	2/2	2/2	1/2
Clipboard 3																				
HEAD - Headache																				
HEAD - Headache - Aggravation																				
HEAD - Headache - Amelioration - Lying - on painful side																				
HEAD - Headache - cause - Emotional disturbances																				
HEAD - Headache - cause - Gastro-intestinal derangements																				
HEAD - Headache - Location - Vertex																				
HEAD - Headache - Type - Migraine, megrim, nervous																				
MIND - Calmness, composure, tranquility, etc.																				
MIND - Mood, disposition - Mild, gentle, yielding																				

Figure 1. Repertorial analysis chart.

3.3 Remedy Differentiation

Natrum muriaticum: Reserved personality; suppressed emotions; avoids consolation; brooding disposition; chronic headaches; vertigo associated with emotional factors; constipation and fatigue.

Belladonna: Selected during acute episodes because of sudden violent headache, congestive symptoms, throbbing pain, and acute onset.

Glonoinum: Considered due to severe headaches with vertigo but rejected because the typical bursting congestive sensation and heat aggravation were absent.

Calcarea carbonica: Considered because of fatigue and headaches but rejected due to absence of its constitutional characteristics.

Sanguinaria: Considered for migraine but lacked the characteristic right-sided periodic headache picture.

3.4 Prescription

Constitutional Remedy — Natrum muriaticum 200C: Selected based on reserved personality, suppressed emotions, consolation aggravates, chronic recurrent headaches, vertigo, constipation, and general weakness.

Acute Remedy — Belladonna 30C: Used during acute attacks of sudden severe headache because of its affinity for congestive, rapidly developing headache episodes.

3.5 Miasmatic Analysis

Psoric Features: Functional headache; vertigo; fatigue; constipation.

Sycotic Features: Chronic recurrent tendency; persistent digestive disturbance.

The predominant miasm appeared to be Psoro-sycotic.

4. Follow-up

Date	Clinical Progress
Initial Visit	Sudden severe headache, vertigo, dizziness, constipation, fatigue and indigestion.
March 2026	Headaches completely stopped. No episodes of vertigo. Increased energy levels. Able to perform daily activities comfortably.
April 2026	Only one mild headache after exposure to a crowded place. Backache noted. Overall improvement maintained.
June 2026	Significant reduction in headache frequency and intensity. Occasional headache only after loud noise. Constipation improved with dietary modification.
July 2026	Vitamin D deficiency detected and supplementation advised. Neurological complaints remained well controlled.
August 2026	No migraine attacks. No painkillers required. Only one brief episode of dizziness in a crowded place. Improved concentration, energy, digestion, bowel habits, and sleep.

4.1 Clinical Outcome

Clinical Parameter	Baseline (Before Treatment)	After 6 Months of Treatment
Headache frequency	Frequent recurrent episodes requiring analgesics	No recurrent headaches; only one mild transient episode after crowd exposure

Clinical Parameter	Baseline (Before Treatment)	After 6 Months of Treatment
Headache severity	Severe dull aching headache involving entire head	Complete resolution; no painkiller requirement
Vertigo/Dizziness	Frequent dizziness, especially after exertion	Complete resolution; only one brief self-limiting episode in a crowded place
Dependence on medication	Symptoms recurred after stopping allopathic medicines	No regular requirement for analgesics or symptomatic medication
Fatigue	Exhausted after minimal physical activity	Significant improvement in energy; able to perform household work comfortably
Indigestion	Frequent indigestion and bloating	Complete resolution
Constipation	Persistent constipation with hard stools	Soft, regular bowel movements with dietary modification
Sleep	Disturbed due to recurrent symptoms	Marked improvement with sound, refreshing sleep
Overall clinical outcome	Active recurrent migraine with vertigo	Near-complete remission with sustained improvement maintained during follow-up

5. Health-Related Quality of Life (HRQL)

Before treatment, the patient experienced frequent disabling headaches, recurrent vertigo, fear of recurrence, fatigue affecting household work, reduced productivity, and dependence on analgesics.

After treatment, she was able to perform household work comfortably, experienced no regular headache episodes, showed improved physical stamina, better confidence, improved digestion, better quality of sleep, and significantly improved quality of life.

6. Patient Perspective

“Before starting treatment, I frequently suffered from headaches and dizziness that interfered with my daily routine and required repeated painkillers. Since beginning treatment, my headaches have almost completely disappeared, my dizziness is minimal, I feel more energetic, and I can carry out my household responsibilities comfortably.”

7. Learning Points

- Constitutional prescribing can reduce the recurrence of chronic migraine and vertigo.
- Mental generals such as suppressed emotions, reserved nature, and aversion to consolation were decisive in remedy selection.
- Acute remedies are useful for immediate symptom control while constitutional treatment addresses long-term susceptibility.
- Lifestyle measures including exercise, dietary regulation, and correction of nutritional deficiencies contributed to sustained improvement.
- Individualized homoeopathic management may improve both neurological symptoms and overall quality of life.

8. Discussion

Migraine-associated vertigo is a common neurological condition characterized by recurrent headaches, dizziness, imbalance, and impaired daily functioning. Long-term reliance on analgesics often provides temporary relief without preventing recurrence.

This patient presented with chronic recurrent headaches associated with vertigo, fatigue, constipation, and a characteristic emotional profile of reserved nature, suppressed emotions, brooding, and aggravation from consolation. Individualized homeopathic prescribing identified *Natrum muriaticum* as the constitutional remedy, while *Belladonna* was used during acute congestive headache episodes.

Over six months of follow-up, the patient demonstrated complete resolution of recurrent headaches, near-complete remission of vertigo, marked improvement in energy levels, digestion, bowel habits, and daily functioning, without requiring regular analgesic medication. Although limited to a single case, this report highlights the potential role of individualized homeopathic treatment as an adjunctive approach in the long-term management of recurrent migraine-associated vertigo.

9. Conclusion

This case demonstrates successful management of recurrent migraine-associated vertigo using individualized homeopathic treatment. Constitutional prescribing with *Natrum muriaticum*, supported by *Belladonna* during acute episodes, resulted in complete resolution of recurrent headaches, marked reduction in vertigo, improved general health, and substantial enhancement in the patient's quality of life over six months of follow-up. Further controlled clinical studies are needed to evaluate these observations systematically.

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