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Therapeutic Impact of Natrum Muriaticum and Spigelia Anthelmia in Migraine Management

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Articalinfo

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Abstract

Migraine and headache disorders are common, disabling conditions affecting individuals of all ages and significantly reducing daily functioning and quality of life. They occur more frequently in females due to hormonal fluctuations, dietary triggers, psychological stress, and hereditary influences. Many patients experience premonitory physical and emotional symptoms that precede the aura or headache phase by hours or days. Clinically, migraines are often unilateral, with most cases presenting pulsating pain, accompanied by nausea, photophobia, phonophobia, and autonomic symptoms. The resulting productivity loss contributes to a substantial economic burden. Although modern medicine offers symptomatic relief, many treatments remain temporary and analgesic-focused. Homeopathy provides a personalized and cost-effective therapeutic alternative, emphasizing detailed case assessment and remedy selection. Remedies such as *Natrum muriaticum* and *Spigelia anthelmia* have shown promising outcomes by addressing individual susceptibility, emotional components, and associated systemic disturbances, offering a holistic approach to long-term migraine management.

Introduction



Migraine affects a substantial proportion of the global population and often results in significant morbidity and reduced quality of life. Many sufferers seek complementary or individualized therapies when conventional treatments are ineffective, poorly tolerated, or undesired. Homeopathic practitioners commonly prescribe constitutional and symptom-guided remedies — among them *Natrum muriaticum* and *Spigelia anthelmia* — for various headache types including migraine. This review aims to assemble and critically appraise the published evidence and traditional indications for these two remedies in migraine management.

Natrum muriaticum and *Spigelia anthelmia* are two homeopathic remedies frequently considered in the management of migraine, each with distinct symptom profiles and therapeutic actions. *Natrum muriaticum* is particularly indicated for migraines associated with emotional stress, sensitivity, and a history of suppressed emotions, often showing improvement in both

headache frequency and associated mental symptoms such as irritability and sadness when used constitutionally. *Spigelia anthelmia* is recognized for its efficacy in managing severe, paroxysmal headaches that radiate from the occiput to the eyes and are often accompanied by heightened sensitivity and neuralgic pain, making it suitable for certain types of migraine characterized by sharp, shooting pain and neurological discomfort.

Natrum Muriaticum in Migraine

- *Natrum muriaticum* is selected based on the totality of symptoms, including emotional repression, sun sensitivity, and headaches aggravated by emotional upset.
- Clinical reports suggest that it can resolve migraines completely and improve mental well-being in patients with underlying emotional stress and irritability.
- It is often prescribed in constitutional homeopathy, addressing not just the headache but also the patient's



overall mental and physical state.

Spigelia Anthelmia in Migraine

- Spigelia anthelmia is indicated for severe, neuralgic migraines with pain radiating from the back of the head to the eyes, often described as tearing or drilling in nature.
- It is especially useful for migraines accompanied by heightened skin sensitivity, palpitations, and neurological symptoms.
- The remedy is also valued for its role in managing nervous system disturbances and ocular migraines.

Both remedies highlight the individualized approach of homeopathy in migraine management, targeting not only the pain but also the underlying constitutional and emotional factors contributing to the condition

To study the role of Natrum muriaticum and Spigelia anthelmia in the management of migraine. The following objectives are: To study the

migraine in detail as per its causes patho-physiology, Signs and symptoms, complications, management and other aspects. To study the efficacy of Natrum muriaticum and Spigelia anthelmia in detail. To study the role of Natrum muriaticum and Spigelia anthelmia in the management of migraine.

Materials and methods

Study setting:

The study will be conducted at Shri Bhagwan Homoeopathic Medical college & P.G. Institute, Aurangabad. Patients will be collected from the Indira Gandhi Memorial Homeopathic Hospital OPD & IPD & camps conducted.

Selection of sample: 30 cases will be collected by simple randomized sampling method for data analysis.

Inclusion & exclusion criteria

Inclusion criteria: Inclusion criteria include

1) Cases of 10-50 years age groups & both the sexes.



2) Cases of migraine who uses pain killers

Exclusion criteria

Exclusion criteria include

1) Cases with irregular follow ups & non-co-operative patients.

2) Cases of migraine secondary to some disease

STUDY DESIGN

Prospective study

INTERVENTION

Follow up every 15 days, it may be earlier or need of the case for the period of 6 months

SELECTION OF CASES

Clinical Examination

Repertorization

Investigations wherever required

Interview

RIEF OF PROCEDURES:

1. Case-taking as per standard format.

2. Clinical diagnosis.

3. Investigation as per requirement.

4. Case analysis.

5. Evaluation & Analysis of symptoms.

6. Repertorization with homeopathic software.

7. Final Selection of similimum.

8. Proper follow-up method will be adapted as per severity of case symptom.

OUTCOME ASSESSMENT CRITERIA

PARAMETERS USED:

Assessment was based on general improvement of patient as mental, physical as well as local level. New signs & symptoms develop after the medicine were assessed during the follow-up. Whenever necessary help of investigation was taken for assessment.

After the medicine was given for treatment & will be considered under following 2



headings.

1) IMPROVED Regression of sign & symptoms till the end of my study period.

2) NOT IMPROVED No sign of Improvement even after sufficient time is given.

DATA COLLECTION

- 1 Primary method & questionnaire
2. Detail of treatment given.
3. Potency & repetition schedule
4. Details of follow-up till the end of treatment

THEORETICAL STUDY

The topic will be explored from different textbooks, websites, different relative works

STATISTICAL TECHNIQUES

The descriptive statistics as mean, mode median, standard deviation, percentage proportion etc or whatever required

Data analysis

The data will be analysed using standard statistical methods.

Ethical issues: Ethical clearance will be obtained from the parent institution if needed.

Results and Discussion

SECTION A-DEMOGRAPHY:

On the basis of the result obtained from the study the following observations and result is done and put into frequency distribution tables for further analysis will be seen below:

1. AGE INCIDENCE IN STUDY SAMPLE:

Statistical study was conducted to identify the age group with the highest incidence.

OBSERVATION AND RESULTS

SECTION A-DEMOGRAPHY:

Based on the result obtained from the study the following observations and results is done and put in frequency



distribution tables for further analysis will be shown below:

1. AGE INCIDENCE IN STUDY SAMPLE:

Statistical study was conducted to identify the age group with the highest incidence.

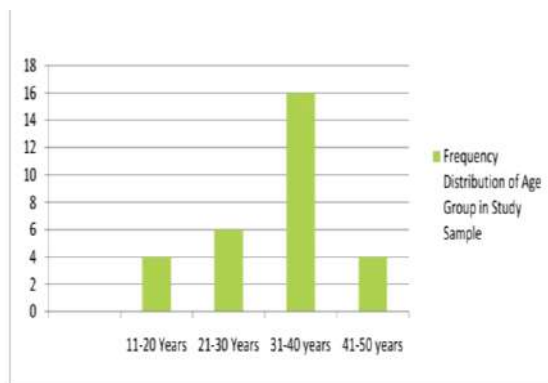


Fig.-1: Frequency distribution of age group.

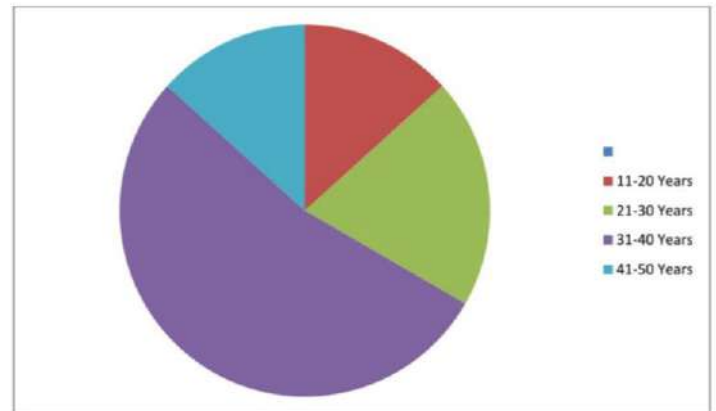


Fig-2: Percentage distribution of age group in study sample.

As shown in the above chart the maximum incidence was in the age group 31-40 years ie 53.34% (16 cases) followed by 21-30 years ie. 20.00% (06 cases), the lowest incidence was seen in age group 11-20 years (04 cases) & in 41-50 years (04 case) ie.13.33% in both.

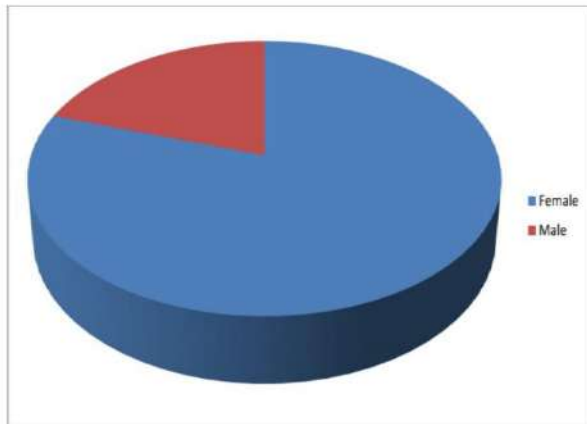


Fig. 3 : Percentage distribution of gender in study sample.

As shown in above fig the sex incidence in 30 patients 24 is female and 6 is male.

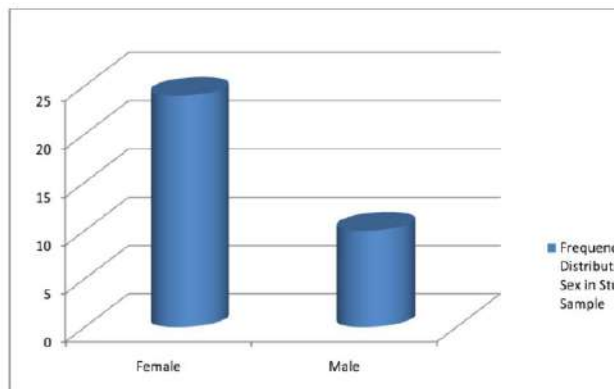


Fig-4 Frequency distribution of sex in the study sample.

The study showed the maximum sex incidence in females (24 cases), accounting for 80.00% of the total & minimum incidence in males (06 cases), accounting for 20.00%.

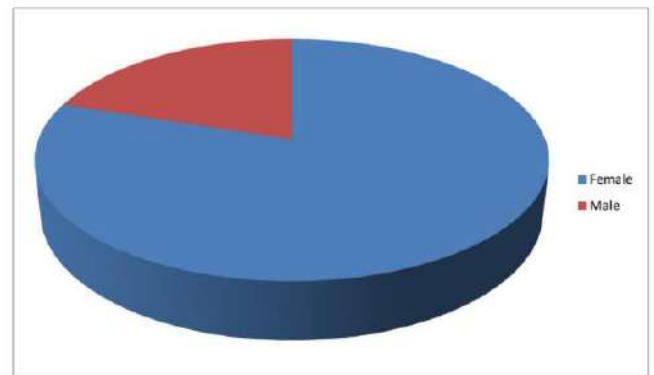


Fig-5: The percentage distribution of gender in the study sample.

The study showed the maximum sex incidence in females (24 cases), accounting for 80.00% of the total & minimum incidence in males (06 cases), accounting for 20.00%.

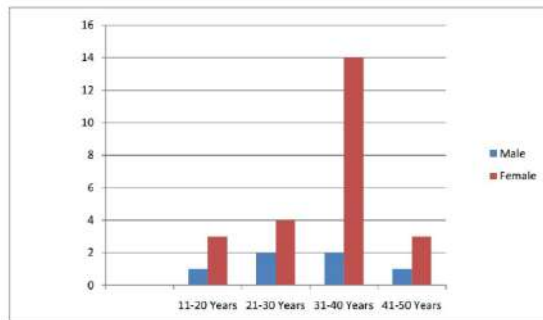


Fig-6: Frequency distribution of improved cases in the perspective age group with sex indicator.

The above figure shows that improved cases the maximum incidence was in the age group 31-40 years that is 46.62% in 14 cases, followed by age group 21-30 years that is 20.00% in 6 cases, followed by 11-20 years that is 13.32% in 4 cases, followed by 41-50 cases, that is 6.66% in 2 cases.

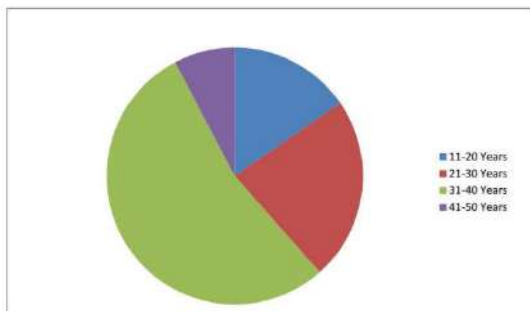


Fig-7: Percentage distribution of improved cases in the percentage age group with sex indicator.

Out of 30 cases, improved cases were 28 out of which 23 female cases were improved, while 5 male cases were improved & no improvement in 2 cases, out of which 1 female case & 1 male case.

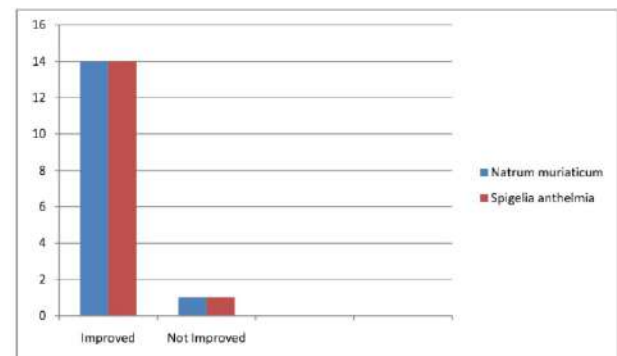


Fig-8: Frequency distribution results

Out of 30 cases, the maximum number of cases Le 28 cases accounting 93.33%

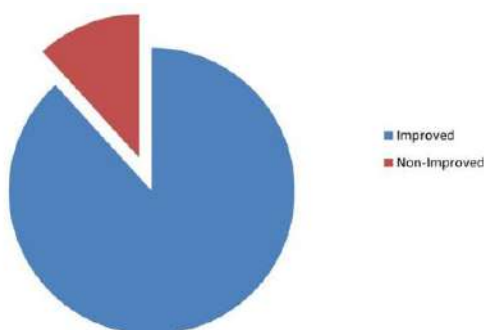


Fig-9 showed improvement, while 2 cases Le 06.66% was not improve.

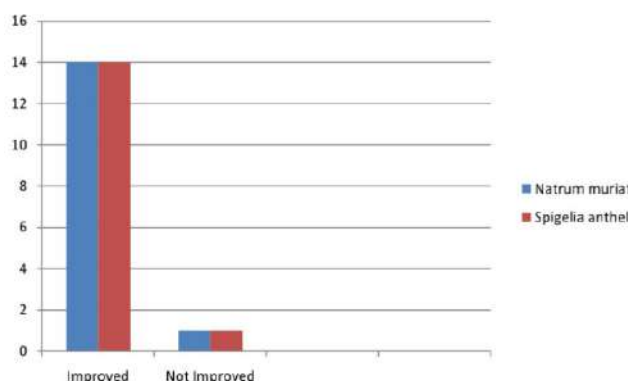


Fig-10: Out of 30 cases 14 cases of Natrum muriaticum and 14 cases of Spigelia anthelmia are improved and 1 case of natrum muriaticum and 1 case of Spigelia anthelmia is not improved. Both remedies seem to be almost equally effective towards the management of migraine.

Conclusion

The study indicates that both *Natrum muriaticum* and *Spigelia anthelmia* showed notable improvement in most migraine cases, particularly among females and patients aged 31–40 years. Although the findings suggest these remedies may help reduce the intensity and frequency of migraine symptoms, the absence of a control group and limited sample size highlight the need for more rigorous clinical research. Within these limitations, the remedies demonstrated encouraging outcomes and may be considered supportive options alongside appropriate medical guidance in migraine management.

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