



Research Article

# Homoeopathic Individualisation in Functional Migraine: A Critical Review of Classical Principles and Contemporary Therapeutic Approaches

**Prof. Dr. Manisha Pravin Shinde**

BHMS, MD Homoeopathy (Homoeopathic Materia Medica), PhD. ((Homoeopathic Materia Medica)  
Professor & HOD, Department of Homoeopathic Materia Medica,  
Dhanvantari Homoeopathic Medical College and Hospital & Research Centre, Nashik. Kamatwade,  
Cidco, Nashik, Maharashtra, India

**Corresponding Author:** \* Prof. Dr. Manisha Pravin Shinde

**DOI:** <https://doi.org/10.5281/zenodo.20727442>

## Abstract

Migraine is a common neurological disorder characterised by recurrent episodes of headache accompanied by a constellation of sensory, autonomic, and cognitive symptoms. Despite significant advances in conventional therapeutics, many patients continue to experience inadequate relief, medication-related adverse effects, and reduced quality of life. Consequently, complementary and integrative approaches have gained increasing attention. Among these, homoeopathy offers a distinctive therapeutic framework based on the principle of individualisation. Unlike disease-centred treatment models, homoeopathic prescribing focuses on the unique symptom expression, constitutional characteristics, and psychosomatic profile of each patient. The present review critically examines the role of homoeopathic individualisation in the management of functional migraine. Classical foundations derived from Hahnemannian philosophy are explored alongside contemporary developments in repertorisation, constitutional prescribing, evidence-informed practice, and personalised healthcare. The review further evaluates available clinical evidence, discusses methodological challenges, and identifies opportunities for future research. The analysis suggests that individualisation remains central to homoeopathic management of migraine and aligns conceptually with modern precision medicine approaches. However, robust scientific investigations are required to strengthen the evidence base and establish clearer clinical recommendations.

## Manuscript Information

- **ISSN No:** 2583-7397
- **Received:** 12-05-2026
- **Accepted:** 14-06-2026
- **Published:** 17-06-2026
- **IJCRM:** 5(3); 2026: 920-926
- **©2026, All Rights Reserved**
- **Plagiarism Checked:** Yes
- **Peer Review Process:** Yes

## How to Cite this Article

Shinde M P. Homoeopathic Individualisation in Functional Migraine: A Critical Review of Classical Principles and Contemporary Therapeutic Approaches. Int J Contemp Res Multidiscip. 2026;5(3):920-926.

## Access this Article Online



[www.multiarticlesjournal.com](http://www.multiarticlesjournal.com)

**KEYWORDS:** Functional migraine, Homoeopathy, Individualisation, Constitutional prescribing, Personalized medicine, Integrative healthcare, Migraine management.

## 1. INTRODUCTION

Migraines represent one of the most prevalent and disabling neurological disorders worldwide. Characterized by recurrent attacks of moderate-to-severe headache, migraine often affects physical functioning, emotional well-being, occupational productivity, and social participation. The Global Burden of Disease studies consistently identify migraine among the leading causes of years lived with disability, particularly among adults in their most productive years.

The pathophysiology of migraine is complex and multifactorial. Current biomedical understanding implicates neurovascular dysregulation, cortical spreading depression, trigeminovascular activation, genetic susceptibility, and neuroinflammatory mechanisms. Nevertheless, migraine remains a heterogeneous condition, with considerable variation in symptom presentation, triggering factors, frequency of attacks, and therapeutic response.

Conventional management strategies include acute symptomatic treatment, preventive pharmacotherapy, behavioural interventions, and lifestyle modifications. Although these approaches benefit many patients, treatment limitations persist. Recurrence, medication-overuse headache, adverse drug reactions, and incomplete symptom control frequently challenge long-term management.

Within this context, complementary and integrative therapeutic systems have attracted growing interest. Homoeopathy, developed by Samuel Hahnemann during the late eighteenth century, proposes an individualized approach to patient care based upon the principles of similitude, individualisation, and minimum dose. The concept of individualisation remains fundamental to homoeopathic philosophy and distinguishes it from disease-centred therapeutic paradigms.

This review explores the theoretical foundations, clinical applications, and contemporary relevance of homoeopathic individualisation in the management of functional migraine.

## Functional Migraine: Clinical Characteristics and Contemporary Understanding

Migraine is a primary headache disorder characterized by episodic or chronic attacks of headache associated with neurological, gastrointestinal, and autonomic symptoms. The International Classification of Headache Disorders recognizes several subtypes, including migraine without aura, migraine with aura, chronic migraine, vestibular migraine, and probable migraine.

### Typical clinical features include:

- Unilateral or bilateral headache
- Pulsating or throbbing pain
- Nausea and vomiting
- Photophobia
- Phonophobia
- Visual disturbances
- Sensory symptoms
- Cognitive impairment during attacks

### Several precipitating factors have been identified:

- Emotional stress
- Hormonal fluctuations
- Sleep disturbances
- Dietary triggers
- Environmental changes
- Excessive screen exposure
- Fatigue
- Irregular meal patterns

The variability of symptom expression among migraine sufferers has important implications for individualized therapeutic approaches. Patients with identical diagnostic classifications may exhibit markedly different symptom patterns, constitutional characteristics, and psychosocial contexts.

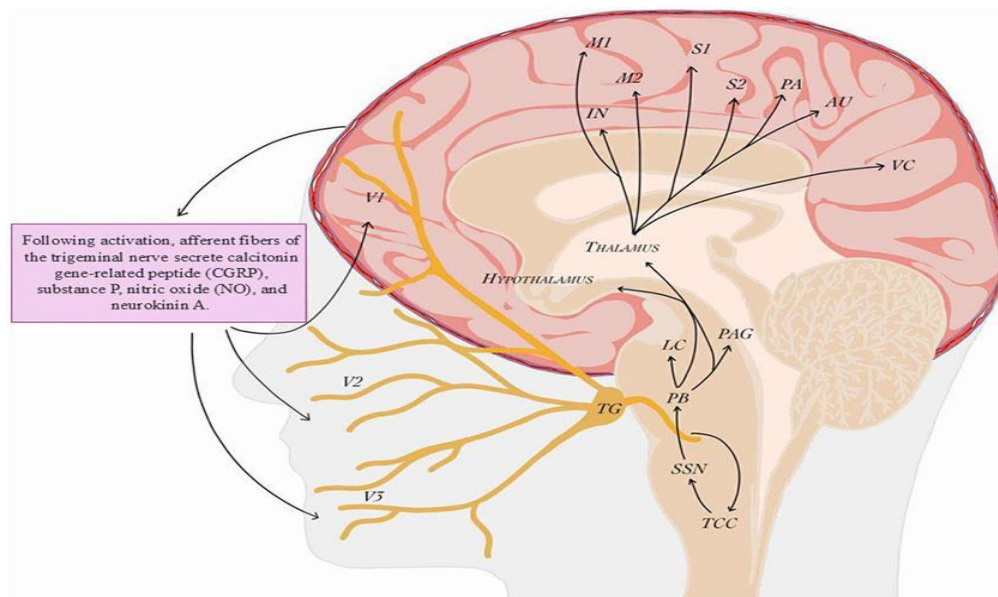


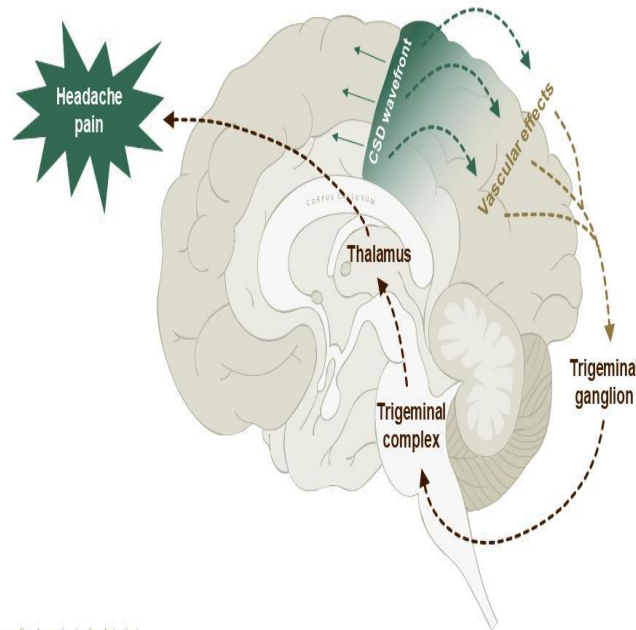
Figure 1: Pathophysiological mechanisms involved in functional migraine.

Illustration showing cortical spreading depression, trigeminovascular activation, neurogenic inflammation, and vascular changes contributing to migraine attacks

Migraine

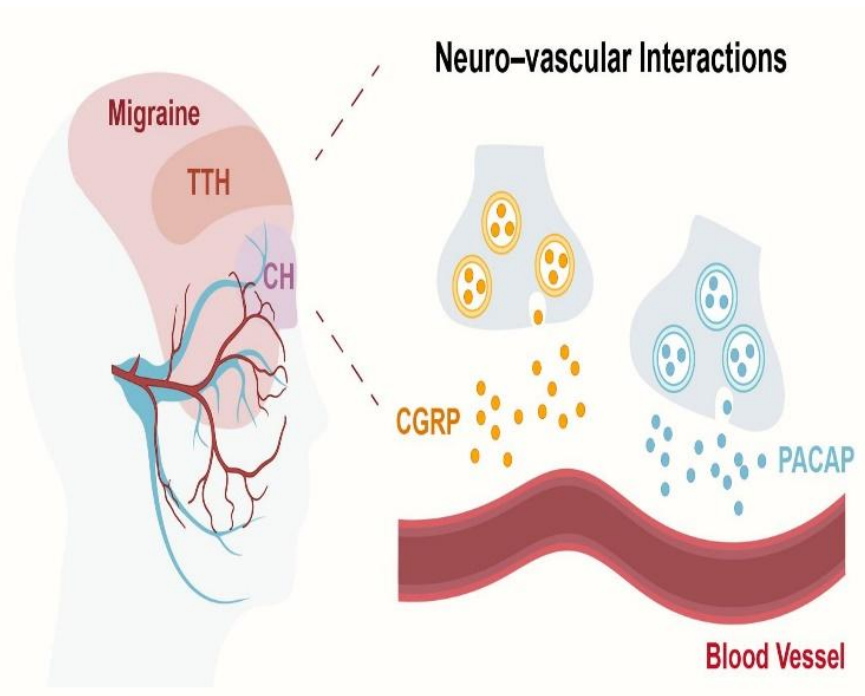
neurotorium

A model of migraine pathophysiology

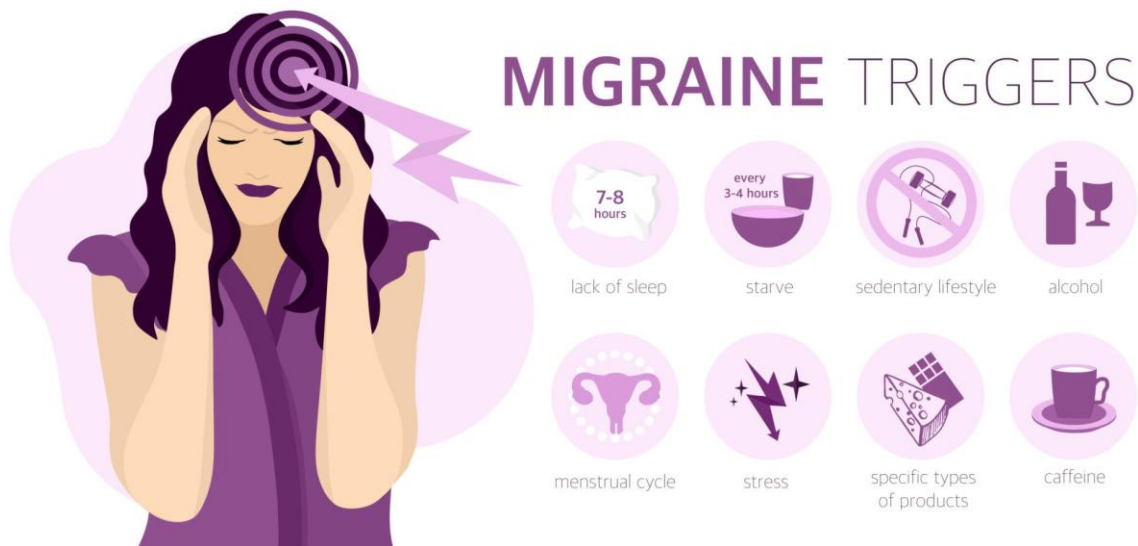


CSD=cortical spreading depression (or depolarisation)

Tolner et al. Cephalalgia. 2019;39(13):1683-1699



**Migraine Trigger Factors:** - A common precipitating factor associated with migraine attacks.



### Conceptual Foundations of Homoeopathic Individualisation

Individualisation occupies a central place within homoeopathic theory and practice. Hahnemann emphasized that disease should not be viewed solely as a diagnostic entity but as a dynamic disturbance uniquely manifested in each individual. According to homoeopathic philosophy, successful treatment requires comprehensive evaluation of the totality of symptoms. This includes not only physical manifestations but also mental, emotional, behavioural, and constitutional characteristics. The process of individualisation involves several dimensions:

#### Mental and Emotional Symptoms

Mental and emotional characteristics often play a decisive role in remedy selection.

#### Examples include:

- Anxiety before migraine attacks
- Irritability during pain episodes
- Emotional suppression
- Sensitivity to criticism
- Fearfulness
- Mood fluctuations

Such features are considered highly characteristic because they reflect the patient's individualised response to illness.

#### Physical Generals

Physical generals refer to systemic characteristics affecting the entire organism.

#### Important observations include:

- Thermal preferences
- Thirst patterns
- Appetite changes
- Food cravings
- Sleep disturbances
- Energy levels
- Perspiration tendencies

These factors assist in distinguishing between remedies that may otherwise share similar headache symptoms.

#### Particular Symptoms

Particular symptoms relate directly to the migraine itself.

#### These include:

- Location of pain
- Nature of sensation
- Modalities of aggravation and amelioration
- Concomitant symptoms
- Temporal patterns

The integration of these symptom dimensions forms the basis of individualized prescription.

#### Classical Homoeopathic Principles Relevant to Migraine

##### The Law of Similars

The principle of similitude states that substances capable of producing symptoms in healthy individuals may relieve similar symptoms in diseased individuals when administered in potentized form.

Migraine management therefore requires careful matching of the patient's symptom profile with the remedy picture derived from provings and clinical experience.

##### Totality of Symptoms

The totality of symptoms represents the complete expression of disease within an individual. Rather than focusing exclusively on headache characteristics, homoeopathic assessment incorporates constitutional, psychological, and systemic features.

##### Constitutional Prescribing

Constitutional prescribing seeks to address underlying susceptibility rather than merely suppress acute symptoms. This approach aims to improve overall health, reduce recurrence, and enhance adaptive capacity.

**Contemporary Therapeutic Approaches**

Modern homoeopathic practice has evolved while retaining classical principles.

**Repertorisation and Digital Analysis**

Contemporary practitioners frequently utilise computerised repertories and clinical software to analyse complex symptom profiles. These tools facilitate systematic evaluation of symptom relationships and remedy differentiation.

**Advantages include:**

- Increased efficiency
- Improved consistency
- Comprehensive rubric selection
- Enhanced documentation

**Evidence-Informed Homoeopathy**

Recent developments emphasize the integration of traditional principles with contemporary research findings. Evidence-informed practice encourages clinicians to combine clinical expertise, patient values, and available scientific evidence.

**Integrative Care Models**

Homoeopathic management increasingly occurs within integrative healthcare settings where complementary approaches coexist with conventional neurological care. Such models may support holistic patient management while maintaining appropriate medical supervision.

**Commonly Considered Remedies for Migraines**

Although individualisation remains essential, several remedies frequently appear in migraine management.

**Belladonna**

Characterised by sudden onset, throbbing headaches, congestion, heat, and marked sensitivity to light and noise.

**Natrum Muriaticum**

Frequently associated with migraines linked to emotional stress, grief, suppressed emotions, and prolonged mental exertion.

**Sanguinaria Canadensis**

Traditionally indicated for right-sided headaches with periodic recurrence and associated gastric disturbances.

**Iris Versicolor**

Commonly considered when migraine attacks are accompanied by nausea, vomiting, and visual disturbances.

**Nux Vomica**

Often associated with sedentary lifestyles, occupational stress, digestive complaints, and excessive mental activity.

**Sepia**

May be relevant in hormonally associated migraine patterns, particularly among women experiencing emotional exhaustion. It must be emphasised that these remedies are selected based upon the complete symptom totality rather than diagnostic labels alone.

**Comparative Materia Medica of Commonly Indicated Homoeopathic Remedies in Functional Migraine**

Remedy	Characteristic Headache Features	Location of Pain	Modalities (Aggravation)	Modalities (Amelioration)	Associated Symptoms	Constitutional / Mental Features
<b>Belladonna</b>	Sudden, violent, throbbing, congestive headache	Frontal, temporal, right-sided	Light, noise, jarring, touch, afternoon	Rest, dark room, pressure	Flushed face, dilated pupils, feverish sensation	Excitable, sensitive, irritable, acute reactions
<b>Natrum Muriaticum</b>	Hammering, bursting headache; often after emotional stress	Frontal, supraorbital, sun headache	Sun exposure, grief, mental exertion	Rest, darkness, sweating	Visual disturbances, nausea, anemia	Reserved, sensitive, dwells on past grief, introverted
<b>Sanguinaria Canadensis</b>	Periodic migraine recurring weekly or monthly	Right-sided; begins occiput and extends to eye	Sunlight, fasting, odors	Sleep, vomiting, lying quietly	Gastric symptoms, flushing, vomiting	Active, energetic individuals; climacteric headaches
<b>Iris Versicolor</b>	Intense sick headache with gastric disturbance	Frontal and temporal	Mental exertion, weekends, dietary indiscretions	Vomiting, rest	Acid vomiting, blurred vision, burning GI symptoms	Nervous, overworked individuals
<b>Nux Vomica</b>	Pressing, bursting headache due to stress and overwork	Occipital, frontal, supraorbital	Mental strain, alcohol, coffee, lack of sleep	Rest, warmth, quiet environment	Dyspepsia, constipation, irritability	Ambitious, competitive, sedentary lifestyle
<b>Sepia</b>	Hormonal migraine; associated with menstrual cycle	Left-sided commonly	Menstruation, hormonal changes, fatigue	Vigorous exercise, warmth	Nausea, pelvic symptoms, exhaustion	Indifferent, emotionally detached, worn-out women
<b>Pulsatilla Nigricans</b>	Wandering, shifting headache	Variable location	Warm room, rich foods, menstruation	Open air, gentle motion	Nausea, digestive upset, tearfulness	Mild, yielding, affectionate, seeks consolation
<b>Gelsemium Sempervirens</b>	Dull, heavy, band-like headache	Occipital extending to forehead	Anticipation, emotional excitement, stress	Profuse urination, sleep	Dizziness, weakness, drooping eyelids	Timid, apprehensive, performance anxiety

<b>Bryonia Alba</b>	Splitting, bursting headache	Frontal and occipital	Motion, eye movement, stooping	Absolute rest, pressure	Dry mouth, thirst, constipation	Irritable, prefers solitude, business-minded
<b>Glonoinum</b>	Explosive, pulsating headache with vascular congestion	Entire head, especially forehead	Sun exposure, heat, overheating	Cold applications, open air	Flushed face, throbbing carotids	Confused, disoriented during attacks
<b>Spigelia Anthelmia</b>	Neuralgic, stabbing headache	Left-sided, extending to eye	Motion, noise, touch	Rest, lying with head elevated	Eye pain, photophobia	Sensitive nervous temperament
<b>Cyclamen Europaeum</b>	Migraine associated with visual aura	Frontal region	Menstrual disturbances, emotional stress	Fresh air, rest	Flickering vision, vertigo	Quiet, self-reproachful, emotional sensitivity
<b>Lachesis Mutus</b>	Congestive, throbbing migraine	Left-sided, extending to right	Sleep, tight clothing, heat	Discharges, open air	Menopausal symptoms, flushing	Talkative, jealous, intense emotions
<b>Cocculus Indicus</b>	Headache from sleep deprivation and exhaustion	Occipital and cervical	Loss of sleep, travel, caregiving stress	Rest, warmth	Vertigo, nausea, weakness	Sensitive, exhausted, overburdened individuals
<b>Silicea Terra</b>	Chronic recurrent headaches	Occipital to forehead	Mental exertion, cold exposure	Warm wrapping, pressure	Chilly patient, sweating feet	Timid, conscientious, low confidence
<b>Argentum Nitricum</b>	Migraine with anxiety and anticipation	Frontal and occipital	Anticipation, emotional stress	Fresh air	Flatulence, tremors, diarrhea	Impulsive, hurried, anxious personality

**Clinical Differentiation of Major Migraine Remedies**

Clinical Scenario	Most Common Remedies
Migraine after grief or emotional disappointment	Natrum muriaticum, Ignatia
Migraine associated with menstrual disorders	Sepia, Pulsatilla, Lachesis, Cyclamen
Right-sided recurrent migraine	Sanguinaria, Belladonna
Left-sided migraine	Spigelia, Lachesis
Migraine with gastric symptoms and vomiting	Iris versicolor, Sanguinaria, Nux vomica
Migraine from overwork and mental stress	Nux vomica, Gelsemium, Argentum nitricum
Migraine from sunlight exposure	Natrum muriaticum, Glonoinum, Belladonna
Migraine relieved by pressure	Bryonia, Belladonna, Silicea
Migraine with visual aura	Cyclamen, Iris versicolor, Natrum muriaticum
Migraine due to sleep deprivation	Cocculus indicus, Nux vomica
Menopausal migraine	Lachesis, Sepia, Sanguinaria
Congestive throbbing migraine	Belladonna, Glonoinum

**Critical Appraisal of Available Evidence**

The evaluation of individualized homoeopathic treatment presents significant methodological challenges. Several observational studies and pragmatic clinical investigations have reported improvements in migraine frequency, intensity, and quality of life following individualized homoeopathic treatment. However, interpretation of these findings requires caution.

**Common limitations include:**

- Small sample sizes
- Inadequate blinding
- Heterogeneous interventions
- Variable outcome measures
- Limited replication
- Publication bias

Furthermore, individualized treatment models complicate standardization within randomized controlled trial designs. Despite these challenges, the growing emphasis on personalized medicine and patient-centred care has renewed interest in therapeutic systems that prioritize individual variability.

**Homoeopathic Individualisation and Precision Medicine**

An interesting conceptual parallel exists between homoeopathic individualisation and modern precision medicine. Precision medicine seeks to tailor interventions according to individual biological, genetic, environmental, and lifestyle factors. Similarly, homoeopathy emphasizes unique patient characteristics and individualized therapeutic decision-making. Although the theoretical foundations differ substantially, both approaches recognize the limitations of uniform treatment strategies and acknowledge the importance of patient-specific variation. Future research may explore whether individualized clinical frameworks can contribute to more effective and patient-centred migraine management strategies.

**Future Research Directions**

**Several priorities should guide future investigation:**

1. Large-scale multicentre clinical trials.
2. Standardized outcome measures.
3. Long-term follow-up studies.
4. Comparative effectiveness research.
5. Patient-reported outcome assessments.
6. Qualitative evaluations of patient experiences.
7. Health economics analyses.
8. Integration of digital case-analysis methodologies.

9. Development of reproducible individualized treatment protocols.
10. Collaboration between homoeopathic and conventional researchers.

## CONCLUSION

Homoeopathic individualisation remains the defining feature of homoeopathic therapeutics and represents a distinctive approach to functional migraine management. By emphasizing the totality of symptoms, constitutional characteristics, and psychosocial dimensions of illness, individualized prescribing seeks to address the unique manifestation of disease within each patient. While contemporary evidence suggests potential clinical benefits, methodological limitations continue to restrict definitive conclusions regarding efficacy. The increasing global emphasis on personalized healthcare provides an important context for further exploration of individualized therapeutic models. Future rigorous and methodologically robust research will be essential to clarify the role of homoeopathic individualisation within modern integrative migraine care.

## REFERENCES

1. Bell IR, Koithan M, Brooks AJ. Testing the nanoparticle-allostatic cross-adaptation-sensitization model for homeopathic remedy effects. *Homeopathy*. 2013;102(1):66-81.
2. Burch RC, Buse DC, Lipton RB. Migraine: epidemiology, burden, and comorbidity. *Neurol Clin*. 2019;37(4):631-649.
3. Diener HC, Holle D, Solbach K, Gaul C. Medication-overuse headache. *Pain*. 2015;156(Suppl 1):S89-S97.
4. Fisher P. Homeopathy and the Lancet. *Evid Based Complement Alternat Med*. 2012; 2012:1-3.
5. Hahnemann S. *Organon of medicine*. 6th ed. New Delhi: B Jain Publishers; 2002.
6. Hahnemann S. *The chronic diseases*. New Delhi: B Jain Publishers; 2005.
7. International Headache Society. *The International Classification of Headache Disorders*. 3rd ed. Cephalalgia. 2018.
8. Jonas WB, Kaptchuk TJ, Linde K. A critical overview of homeopathy. *Ann Intern Med*. 2003;138(5):393-399.
9. Kent JT. *Lectures on homoeopathic philosophy*. New Delhi: B Jain Publishers; 2004.
10. Linde K, Clausius N, Ramirez G, et al. Are the clinical effects of homeopathy placebo effects? *Lancet*. 1997;350(9081):834-843.
11. Lipton RB, Silberstein SD. Episodic and chronic migraine headache. *BMJ*. 2015;351:h4071.
12. Mathie RT, Lloyd SM, Legg LA, et al. Randomised placebo-controlled trials of individualized homeopathic treatment. *Syst Rev*. 2014;3(142):1-10.
13. Mathie RT, Frye J, Fisher P. Homeopathic prescribing for chronic conditions. *Homeopathy*. 2015;104(4):283-295.
14. Oberbaum M, Yaniv I, Ben-Gal Y, et al. A randomized controlled clinical trial of homeopathy. *Homeopathy*. 2005;94(2):75-79.
15. Sankaran R. *The sensation method*. Mumbai: Homeopathic Medical Publishers; 2005.
16. Sacks O. *Migraine*. Berkeley (CA): University of California Press; 1999.
17. Silberstein SD. Migraine. *Lancet*. 2020;397(10283):1485-1495.
18. Vithoulkas G. *The science of homeopathy*. Alonissos: International Academy of Classical Homeopathy; 2000.
19. World Health Organization. *Neurological disorders: public health challenges*. Geneva: World Health Organization; 2022.
20. Yasgur J. *Dictionary of homeopathic medical terminology*. New Delhi: B Jain Publishers; 2014.

### Creative Commons (CC) License

This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution–Non-Commercial–No Derivatives 4.0 International (CC BY-NC-ND 4.0) license. This license permits sharing and redistribution of the article in any medium or format for non-commercial purposes only, provided that appropriate credit is given to the original author(s) and source. No modifications, adaptations, or derivative works are permitted under this license.

### About the Author



**Prof. Dr. Manisha Pravin Shinde**, BHMS, MD (Homoeopathic Materia Medica), PhD (Homoeopathic Materia Medica), is Professor and Head of the Department of Homoeopathic Materia Medica at Dhanvantari Homoeopathic Medical College, Hospital & Research Centre, Nashik, Maharashtra. She is actively engaged in teaching, research, academic administration, and the advancement of homoeopathic medical education.