Migraine and Homoeopathy: An Integrative Review

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ABSTRACT

Background: Migraine is one of the most common neurological disorders and is a major cause of disability worldwide. Despite the availability of effective conventional therapies, many patients continue to experience recurrent attacks, inadequate symptom relief, or treatment-related adverse effects. Consequently, there is increasing interest in complementary and integrative approaches, including homoeopathy.

Objective: The present review aimed to provide an integrated overview of migraine and to evaluate the available evidence regarding the role of individualized homoeopathic treatment in its management.

Methodology: A structured literature review was conducted using electronic databases including PubMed/MEDLINE, Scopus, Google Scholar, ScienceDirect, Cochrane Library, and Web of Science. Additional information was obtained from the World Health Organization (WHO), Global Burden of Disease (GBD) studies, and the International Classification of Headache Disorders, Third Edition (ICHD-3). Peer-reviewed articles published between **2019 and 2026** were reviewed, while landmark classification papers and earlier key studies on homoeopathy were included where relevant. Published clinical studies, systematic reviews, and case reports were critically analyzed.

Result: The reviewed literature indicates that evidence supporting homoeopathy in migraine management remains limited and inconsistent. Systematic reviews and randomized controlled trials have reported mixed findings, highlighting the need for further high-quality research.

Conclusion: Individualized homoeopathic treatment may provide symptomatic improvement in selected patients with migraine when used as part of an integrative management approach. However, the current scientific evidence is insufficient to establish definitive efficacy.

Keywords: Homoeopathy, Migraine, Headache, Integrative Medicine, Individualized homoeopathic treatment, Complementary Medicine.

INTRODUCTION

Migraine is a common, chronic neurovascular disorder characterized by recurrent attacks of moderate-to-severe headache, often accompanied by nausea, vomiting, photophobia, and phonophobia. It is one of the leading causes of disability worldwide, particularly among individuals in their most productive years, and substantially affects physical, psychological, social, and occupational functioning. The burden of migraine extends beyond recurrent pain, interfering with education, employment, family responsibilities, and quality of life. In addition, migraine is associated with increased healthcare utilization and considerable economic costs, with indirect costs related to absenteeism and reduced work productivity frequently exceeding direct medical expenses.[1, 2, 3, 4]

The pathophysiology of migraine is complex and multifactorial, involving genetic susceptibility, neurovascular dysfunction, cortical spreading depression, activation of the trigeminovascular system, and the release of neuropeptides such as calcitonin gene-related peptide (CGRP). Advances in understanding these mechanisms have led to the development of targeted therapies, including CGRP monoclonal antibodies and CGRP receptor antagonists, which have improved migraine management in selected patients.[5, 6]

According to the International Classification of Headache Disorders, Third Edition (ICHD-3), migraine is classified into migraine without aura, migraine with aura, chronic migraine, and several less common subtypes. Diagnosis is primarily clinical and is based on characteristic symptom patterns together with the exclusion of secondary headache disorders. Early diagnosis and individualized management are essential for reducing migraine-related disability and improving patient outcomes.[7]

Current migraine management includes lifestyle modification, acute treatment with nonsteroidal anti-inflammatory drugs (NSAIDs), triptans, gepants, ditans, and antiemetics, as well as preventive therapies such as beta-blockers, antiepileptic drugs, antidepressants, onabotulinumtoxinA, and CGRP-targeted agents. Although these therapeutic advances have improved clinical outcomes, many patients continue to experience inadequate symptom relief, recurrent attacks, medication-overuse headache, adverse drug reactions, poor adherence to long-term preventive therapy, or treatment limitations related to contraindications and cost. These challenges highlight the need for additional therapeutic strategies that are safe, individualized, and capable of improving long-term disease control.[5, 6 ,8]

Consequently, there has been increasing interest in complementary and integrative approaches to migraine management. Homoeopathy is one of the most widely practiced complementary systems of medicine in several countries, including India. Based on the principles of "similia similibus curentur" (like cures like) and individualized prescribing, homoeopathic treatment aims to stimulate the body's self-regulatory mechanisms by selecting remedies according to the patient's constitutional characteristics, symptom profile, triggering factors, and associated manifestations rather than the disease diagnosis alone. Although several observational studies and small clinical trials have investigated the role of individualized homoeopathic treatment in migraine, the available evidence remains limited and inconsistent, emphasizing the need for further high-quality research.[9, 10] An integrative approach combines evidence-based conventional medicine with lifestyle modification, trigger avoidance, stress management, dietary counselling, behavioural interventions, and complementary therapies when appropriate, to reduce attack frequency, minimizing disability, improving quality of life, and promoting patient-centred care.

The present integrative review provides a comprehensive overview of migraine by examining its epidemiology, pathophysiology, classification, clinical manifestations, diagnosis, and current treatment strategies, with particular emphasis on the available evidence regarding individualized homoeopathic management. It critically reviews the recent literature published between 2019 and 2026, while also considering landmark classification papers and earlier pivotal studies on homoeopathy where relevant. Furthermore, the review identifies current knowledge gaps, discusses illustrative clinical case reports, and highlights future research priorities to support evidence-based integrative care for patients with migraine.

METHODOLOGY

This review was conducted to provide a comprehensive and evidence-based overview of migraine and the role of homoeopathy in its management. A structured literature search was performed using electronic databases, including **PubMed/MEDLINE, Scopus, Google Scholar, Web of Science, Cochrane Library, and ScienceDirect**. Additional information was obtained from the **Global Burden of Disease (GBD) Study** and the **International Classification of Headache Disorders, 3rd edition (ICHD-3)**.

Conventional treatment: There are three main categories of migraine treatment:

- *Lifestyle modifications:* Patients should maintain a regular sleep schedule, consume balanced meals without skipping breakfast or fasting, ensure adequate hydration, and engage in regular moderate aerobic exercise. Stress reduction through relaxation techniques, yoga, meditation, cognitive behavioral therapy

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(CBT), or biofeedback has also been shown to reduce migraine frequency. Patients are advised to identify and avoid individual migraine triggers such as alcohol, excessive caffeine, chocolate, aged cheese, monosodium glutamate (MSG), bright lights, strong odors, and sleep deprivation. Maintaining a headache diary helps identify precipitating factors and assess treatment response. Avoidance of medication overuse is equally important because excessive use of acute medications may result in medication-overuse headache.[8, 11,12]

- *Acute treatment:* Non-specific analgesics for mild to moderate migraine, like paracetamol, aspirin, and NSAIDs are commonly used to relieve pain by reducing prostaglandin-mediated inflammation. Migraine-specific medications: For moderate to severe attacks or when NSAIDs are ineffective, triptans are recommended. They act by inhibiting trigeminovascular activation and neurogenic inflammation. Newer agents like CGRP receptor antagonists and the 5-HT1F receptor agonist lasmiditan are effective alternatives for patients who cannot tolerate triptans or have cardiovascular contraindications. Antiemetics: Metoclopramide, prochlorperazine, and domperidone are used to control nausea and vomiting and improve the absorption of oral medications.[5, 6. 8, 11]

- *Preventive treatment:* Preventive therapy is recommended for patients with frequent (≥4 migraine days/month), disabling, or prolonged migraine attacks, poor response to acute treatment, or medication-overuse headache. The goal is to reduce attack frequency, severity, and disability while improving quality of life. Common preventive medications include beta-blockers (propranolol, metoprolol), antiepileptics (topiramate, sodium valproate), antidepressants (amitriptyline), calcium-channel blockers (flunarizine), and onabotulinumtoxinA for chronic migraine. Recently, CGRP monoclonal antibodies have emerged as effective preventive options for patients who do not respond to conventional therapy.[13, 14, 15]

Homoeopathic concept of migraine: In homoeopathy, migraine is considered a chronic disease influenced by constitutional factors, hereditary predisposition, miasmatic background, and lifestyle triggers. The symptoms of migraine vary widely among individuals, making it an ideal condition for individualized treatment. According to the *Organon of Medicine*, disease is a dynamic disturbance of the vital force, and cure can only be achieved by medicines capable of producing similar dynamic effects in a healthy individual. Thus, individualized remedy selection plays a pivotal role in migraine management.[16]

Several constitutional remedies have been recommended for the management of migraine by classical homoeopathic authors, including *S. Hahnemann[17], W. Boericke[18], C. Hering[19], JT Kent[20]* etc. Commonly indicated remedies include *Natrum muriaticum, Sanguinaria canadensis, Belladonna, Sepia, Nux vomica, Coffea cruda, Spigelia, Bryonia alba, Gelsemium sempervirens, Glonoinum, Ignatia amara, and Iris versicolor*, among others. Remedy selection should always be individualized according to the totality of symptoms and the principles of classical homoeopathy.

Samuel Hahnemann considered migraine as an individual expression of the patient's constitutional imbalance. He emphasized that treatment should be based on the totality of symptoms rather than the diagnosis alone, with careful consideration of mental, physical, and general symptoms[21]. *William Boericke* described characteristic clinical pictures of migraine and highlighted remedies for specific presentations, such as right-sided periodic migraine, gastric migraine with nausea and vomiting, congestive headaches, and headaches aggravated by sunlight. He emphasized remedy selection based on individual symptom characteristics rather than the disease lavel.[18] *E. B. Nash* emphasized keynote prescribing in migraine and recommended selecting remedies according to the most characteristic and peculiar symptoms presented by the patient rather than the pathology alone.[22] *Henry C. Allen* stressed that peculiar, rare, and characteristic symptoms are the key to successful homoeopathic treatment of migraine. He described several remedies for neuralgic and periodic headaches based on their distinctive symptomatology.[23] *C. M. Boger* highlighted the importance of causation, periodicity, modalities, and concomitant symptoms in migraine. He considered these factors essential for accurate repertorial analysis and individualized remedy selection.[24] *S. R. Phatak* described migraine according to location, modalities, periodicity, associated gastric symptoms, and constitutional features, helping clinicians differentiate remedies through repertorial analysis.[25]

Sr. No	Author	Year	Study Type	Main Result
1	Ernst E	1999	Systematic Review	Four RCTs reviewed; stronger trials did **not** show homeopathy superior to placebo for migraine prophylaxis. (PubMed)[27]
2	Owen & Green	2004	Systematic Review	Six studies included; one RCT favored homeopathy, three found no significant difference vs placebo; evidence insufficient. (PubMed)[28]
3	Straumsheim et al.	2000	Double-blind RCT	Homeopathy showed trends toward reduced migraine frequency, but most outcomes were not statistically significant. (PubMed)[29]
4	ClinicalTrials.gov	Ongoing	Triple-blind RCT	Large randomized study evaluating individualized homeopathy is underway; results not yet published.(ClinicalTrials.gov)

DISCUSSION

Migraine is a common neurological disorder that significantly affects patients' quality of life. Although conventional treatment is effective for many patients, some continue to experience recurrent attacks, adverse drug effects, or inadequate symptom relief. As a result, many patients seek complementary therapies such as homoeopathy.

The published literature reviewed in this study shows mixed evidence regarding the effectiveness of homoeopathy in migraine. Ernst (1999) concluded that the available randomized controlled trials did not provide sufficient evidence to support homoeopathy over placebo for migraine prevention.[26, 27] Similarly, Owen and Green (2004) reported inconsistent findings and emphasized the need for larger, well-designed clinical trials.[28] Straumsheim et al. (2000) observed a reduction in migraine frequency among patients receiving individualized homoeopathic treatment; however, the improvement was not statistically significant.[29] Overall, the present review suggests that individualized homoeopathy may have a supportive role in migraine management as part of an integrative approach. However, based on the current evidence, it should be considered a complementary therapy rather than a replacement for evidence-based conventional treatment.

CONCLUSION

This review indicates that individualized homoeopathic treatment may provide symptomatic improvement in selected patients, particularly when used as part of an integrative approach. However, the currently available scientific evidence remains limited and inconsistent, with a lack of high-quality randomized controlled trials. Therefore, homoeopathy should be considered a complementary therapy. Further well-designed clinical studies with larger sample sizes, standardized outcome measures, and longer follow-up are required to establish the effectiveness and safety of homoeopathy in migraine management.

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