



## A REVIEW OF MIGRAINE AND ITS REPERTORIAL APPROACH USING THE HOMOEOPATHIC MEDICAL REPERTORY (3RD REVISED EDITION) BY DR. ROBIN MURPHY

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**ABSTRACT** Migraine is a disabling neurovascular disorder affecting about 14% of the global population, women more often than men, and is the top cause of years lived with disability at ages 15–49. Conventional drugs often cause side effects, and many patients discontinue them. Homoeopathy offers an individualized alternative in which the remedy is selected from the totality of symptoms with the help of a repertory. This review summarizes the epidemiology, history, etiology, pathogenesis, classification, clinical features, diagnosis, complications and prognosis of migraine, followed by its miasmatic consideration and ten commonly indicated remedies: Belladonna, Coffea cruda, Gelsemium, Glonoinum, Iris versicolor, Natrum muriaticum, Nux vomica, Sanguinaria, Spigelia and Sulphur. It then describes the plan, grading and special features of Robin Murphy's Homoeopathic Medical Repertory and its migraine rubrics, with reference to other repertories. By combining classical and clinical rubrics, the repertory offers a practical tool for individualizing prescriptions in migraine.

**KEYWORDS :** Migraine, Homoeopathy, Repertory, Homoeopathic Medical Repertory

### INTRODUCTION

- Migraine, a primary headache disorder, is among the most disabling neurological conditions; in 2019 it accounted for about 1 billion prevalent cases and 42.1 million years lived with disability worldwide (Safiri et al., 2022). Conventional drugs, including NSAIDs, triptans, ergotamines, beta-blockers, antiepileptics and antidepressants, may cause anxiety, nausea, vomiting, drowsiness and weakness (Lew & Punnapuzha, 2023), and 18–29% of patients discontinue treatment (Lipton et al., 2019).
- Homoeopathy treats on the principle of similia similibus curentur, using potentized, individualized medicines. A repertory is a systematic index of the materia medica that guides the physician to the similimum. Dr. Robin Murphy's Homoeopathic Medical Repertory combines classical and clinical rubrics with modern medical terminology. This review summarizes migraine and examines its rubrics and remedies in the Homoeopathic Medical Repertory.

### ➤ Definition and Epidemiology

- Migraine is a neurovascular disease caused by neurogenic inflammation and marked by recurrent, benign attacks of headache, commonly unilateral at onset, with sensitivity to light, sound or movement and sometimes nausea and vomiting (Bolor & Nayak, 2017). Its global prevalence is 14.0% (8.6% in males, 17.0% in females; Stovner et al., 2022), and it is the top cause of years lived with disability at ages 15–49 (Steiner et al., 2018). India, China, the United States and Indonesia contributed 43.6% of incident cases worldwide (Fan et al., 2023).

### ➤ History

- Sumerian and Egyptian texts from about 3000 B.C. describe severe headache, and trepanation was used for intractable cases. Hippocrates freed migraine from superstition by recording its visual aura; Aretaeus classified headaches as cephalalgia, cephalaea and heterocrania; and Galen attributed hemicrania to noxious vapours rising from the stomach. Thomas Willis proposed the first vascular theory in the 17th century (Amiri et al., 2021; Magiorkinis et al., 2009).

### ➤ Etiology and Risk Factors

- Exact cause unknown; familial tendency common. Obsessional, perfectionist or anxiety-prone personalities predisposed. Female-to-male ratio 5:1; attacks emerging in adolescence (Chauhan, 2007).
- Precipitating Factors:** Fatigue, Stress, Altered Sleep, Pre-menstrual tension, Puberty, Menopause, Intense light, Sound, Fasting, Coffee, Alcohol, Cheese, Chocolate, Processed foods, Oral Contraceptives (Chauhan, 2007).
- Comorbidities:** Insomnia, Depression, Anxiety, Hypertension, Obesity, Epilepsy, Cardiovascular disease (notably stroke in

migraine with aura). Familial hemiplegic migraine arises from CACNA1A, ATP1A2, SCN1A mutations (Amiri et al., 2021).

### ➤ Pathogenesis and Classification

- Ion-channel dysfunction is thought to cause cortical spreading depression, wave of depolarization at 3–5 mm/min that underlies aura. Trigemino-vascular activation releases substance P, neurokinin A and calcitonin gene-related peptide, producing meningeal vasodilation and sterile neurogenic inflammation. The vascular, neurovascular (trigeminal), cortical spreading depression and integrated theories each explain part of this process (Strachan et al., n.d.).
- International Classification of Headache Disorders recognizes migraine without aura, migraine with aura (typical, brainstem, hemiplegic and retinal), chronic migraine, complications of migraine, probable migraine, and episodic syndromes such as cyclical vomiting and abdominal migraine (Gobel, n.d.).

### ➤ Clinical Features

Attacks begin around puberty, with spontaneous remissions, and pass through four sequential phases (Figure 1):

- Phase 1: Prodrome**
  - Brings lassitude, weakness, yawning and depression (Chauhan, 2007).
- Phase 2: Aura**
  - Lasting 15–30 minutes.
  - Comprises visual (photopsia, fortification spectra), sensory (tingling, numbness) or motor disturbances (Chauhan, 2007).
- Phase 3: Headache (Attack)**
  - Location & Character: Typically unilateral, frontal, supraorbital or temporal, throbbing and severe.
  - Duration: Lasting 12–14 hours.
  - Concomitants: Nausea, vomiting, sweating, pallor and irritability.
  - Modalities: Worse from light, noise and jar, and better by rest, dark room, pressure and vomiting (Chauhan, 2007).
- Phase 4: Postdrome**
  - Brings profuse urination and sleepiness (Chauhan, 2007).

**Figure 1: Phases of a Migraine Attack**



Note. Adapted from Stanlick (2025).

➤ **Diagnosis, Complications and Management**

- Diagnosis requires recurrent headaches lasting 4–72 hours with normal examination, at least two of throbbing pain, unilateral pain, moderate-to-severe intensity or aggravation by movement, plus nausea or vomiting, or photophobia with phonophobia (Hauser & Josephson, 2016).
- **Complications:** status migrainosus (over 72 hours), persistent aura without infarction, migrainous infarction, aura-triggered seizure. (Bolor & Nayak, 2017).
- **Prognosis:** good; attacks may remit for years, decline after menopause (Bolor & Nayak, 2017).
- **Non-pharmacological Management:** reassurance, stress reduction, avoidance of triggers and alcohol, and rest in quiet, dark room during attacks (Chauhan, 2007).

**Homoeopathic Approach**

➤ **Principles and Miasmatic Consideration**

- Hahnemann classified diseases as indisposition, dynamic and surgical; migraine is a chronic dynamic disease with few signs, a one-sided disease (Hahnemann, 2015). Homoeopathy regards it as an expression of disturbed vital force and treats the whole person, so the similimum is chosen from the totality, including the chief complaint, concomitants and modalities. Table 1 summarizes its miasmatic features.

**Table 1: Miasmatic Features of Migraine**

| Feature   | Psoric                                           | Sycotic                              | Syphilitic                                               |
|-----------|--------------------------------------------------|--------------------------------------|----------------------------------------------------------|
| Location  | Frontal, temporal, vertex, whole head            | Frontal, vertex, parietal            | Occipital, temporal; base of brain                       |
| Sensation | Severe, sharp, paroxysmal; functional            | Dull, aching, heavy, reeling         | Stitching, tearing, boring, digging; constant, one-sided |
| Worse     | Morning, cold, anxiety, motion, sun, hunger      | Humidity, rest, lying down, cold     | Night, hot weather, exertion                             |
| Better    | Sleep, quiet, warmth, rest, natural eliminations | Exercise, motion, warmth, discharges | -----                                                    |

Note. Adapted from Banerjee (2010)

➤ **Commonly Indicated Remedies**

**Table 2: Key Features of Common Migraine Remedies**

| Remedy            | Key features                                                                                                       |
|-------------------|--------------------------------------------------------------------------------------------------------------------|
| Belladonna        | Right-sided, congestive, hammering throbbing; red face; worse jar, light, noise, afternoon; better pressure, dark. |
| Coffea cruda      | One-sided, nervous, piercing as if nail driven; joy, coffee, mental strain; worse noise, odours, open air.         |
| Gelsemium         | Occiput to forehead, band-like; dim, double vision; heavy eyelids; better profuse urination, head raised.          |
| Glonoinum         | Sudden, bursting, pounding; throbbing temples; worse sun, heat, upright; better sleep, uncovering, vomiting.       |
| Iris versicolor   | Blurred vision; right temple; sour vomiting; after mental strain; worse rest; better motion.                       |
| Natrum muriaticum | Hammering, blinding; sunrise to sunset; zigzag; grief, menses; better sleep, sweating, pressure.                   |
| Nux vomica        | Vertex or occiput as if nail driven; waking; hangover, constipation; worse mental exertion, coffee, alcohol.       |
| Sanguinaria       | Right-sided, occiput to right eye; periodic, sun-related, every seventh; better sleep, dark, vomiting.             |
| Spigelia          | Left-sided, orbit, temple; as if eyeball torn; sun-related; worse motion, stooping.                                |
| Sulphur           | Periodical, Sunday, weekly; photopsia; burning vertex, cold feet; worse washing, stooping.                         |

Note. Compiled from Allen (2024), Boericke (2023) and Lilienthal (2023).

**Repertorial Approach**

- A repertory is a systematic index of the materia medica compiled from toxicology, proving and clinical experience. Dr. Robin Murphy's HOMOEOPATHIC MEDICAL REPERTORY, compiled from 55 standard homoeopathic books, derives largely from Kent's repertory and Knerr's repertory of Hering's Guiding Symptoms; its first edition appeared in 1993. The third edition

added over 20,000 rubrics and 100,000 additions and covers more than 1,600 medicines, arranged alphabetically from Abdomen to Wrist (Tiwari, 2012).

• **Grading**

There are 4 gradations of remedies,

- 1st Grade: - UNDERLINED CAPITAL BOLD – 4 points
- 2nd Grade: - CAPITAL BOLD – 3 points
- 3rd Grade: - *Italics Bold* – 2 points
- 4th Grade: - Plain small – 1 point. (Murphy, 2010)
- The repertory blends classical and clinical practice: Kent's generals are used when generals abound, and Boenninghausen's complete symptoms and Boger's pathological generals when concomitants and pathological generals are plentiful (Murphy, 2010).

➤ **Migraine-Related Rubrics in the Homoeopathic Medical Repertory (3<sup>rd</sup> revised edition)**

**Rubric**

- Headache: Migraine (see Gastric or Periodic)

**Sub-rubrics**

- Anxiety, with
- Bilious
- Blinding
- Day and night
- Day, every
- Day, at same hour
- Day, continues two or three days
- Day, earlier each day
- Eight, days
- Fourteen, days
- Grief, after
- Injury, head after
- Menses, before
- Other, day
- Seven, days, every
- Six, weeks
- Sunday
- Ten, days
- Three, or four days
- Three, days
- Twenty, one days
- Two-three weeks
- Vascular, headaches
- Year, every, before winter (Murphy, 2010).

➤ **According to Sides of Headache**

**Rubric and High Graded Remedies**

- **Left-sided Headache:** BROM., SPIG., SEP.,
- **Right-sided Headache:** BELL., CALC., CARB-V., IGN., IRIS, SABAD. (Murphy, 2010).

➤ **Other Repertories**

- Other repertories index migraine under Head, including Boericke's (Type: Migraine), Knerr's (Hemicrania) and Synthesis (Head: Migraine). Kent's repertory has no direct rubric, so combined rubrics such as Head: Pain, vomiting amel. are used (Boericke, 2023; Kent, 2023; Knerr, 2021; Schroyens, 2005).

**CONCLUSION**

- Migraine is a common, disabling disorder in which conventional treatment is limited by side effects. Homoeopathy offers individualized remedies, and Murphy's Homoeopathic Medical Repertory, with its migraine rubrics, graded remedies and combined classical-clinical design, is a practical aid in selecting the similimum.

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