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Integrating homoeopathy into irritable bowel syndrome care: A narrative review of its role, efficacy, and patient outcomes

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Abstract
Irritable Bowel Syndrome (IBS) is a chronic functional gastrointestinal disorder that features recurrent abdominal pain, bloating, and changes in bowel habits, which materially affect the quality of life. Traditional therapies including antispasmodics, antidepressants, and dietary modifications rarely offer sustained symptom relief; thus, they often prompt patients to seek out Complementary and Alternative Medicine (CAM). Homeopathic medicine, which is a holistic system of medicine emphasizing the principle of "like cures like," is being used more often as a complementary approach to IBS management. This review examined the role of CAM therapies through homeopathy, acupuncture, probiotics, herbal medicine, and diet management in treating patients with IBS. Other topics cover the current clinical evidence, the proposed mechanisms of action, and the issues that hinder the acceptance of homeopathy into conventional medicine. We summarize current evidence, discuss mechanisms, and note challenges in CAM research.
Conclusion: CAM is effective in alleviating IBS symptoms through alteration of the gut microbiota, modulation of the immune system, and reduction in visceral hypersensitivity; however, further large-scale RCTs are necessary to confirm their efficacy and safety. Although multiple studies suggest that homeopathic treatment might alleviate IBS symptoms through modulation of gut-brain interactions, immune system response, and visceral sensitivity, other large-quality RCTs are needed to confirm the effectiveness of this therapy and develop standardized treatment protocols. Further well-designed trials are needed to prove the safety and efficacy of these treatments and define their role in evidence-based IBS management.

Keywords: Irritable Bowel Syndrome, Complementary and Alternative Medicine, Homeopathy, Gut-Brain Axis, Holistic Therapy

Introduction
Irritable Bowel Syndrome (IBS) is a common functional gastrointestinal disorder affecting 10–15% of the global population (Chong *et al*., 2019) [3]. It is a chronic condition characterized by recurrent abdominal pain, bloating, and altered bowel habits, with subtypes including IBS with diarrhea (IBS-D), IBS with constipation (IBS-C), and mixed-type IBS (IBS-M) (Wall *et al*., 2014) [19]. IBS as a complex etiology involving gut-brain axis dysfunction, visceral hypersensitivity, gut microbiota dysbiosis, immune activation, and serotonin dysregulation (*23. Role of Homoeopathy in Irritable Bowel Syndrome*, n.d.).
The diagnosis of IBS is primarily based on the Rome Criteria, a set of symptom-based guidelines developed to standardize the diagnosis of functional gastrointestinal disorders (Barbara *et al*., 2019) [2]. According to the Rome IV Criteria, IBS is defined as recurrent abdominal pain occurring at least one day per week in the last three months, associated with two or more of the following: related to defecation, associated with a change in stool frequency, or associated with a change in stool form (Lacy & Patel, 2017) [17]. These criteria help clinicians differentiate IBS from other gastrointestinal disorders and ensure a consistent diagnostic approach (Lacy & Patel, 2017) [17] (Barbara *et al*., 2019) [2].
In clinical practice, the severity of abdominal pain in IBS patients is often assessed using the Abdominal Pain Numeric Rating Scale (NRS), a validated tool that measures pain intensity on a scale from 0 (no pain) to 10 (worst pain) (Spiegel *et al*., 2009) [16]. This scale is widely used in clinical trials and patient-reported outcome measures (PROMs) to evaluate the effectiveness of IBS treatments, including pharmacological and complementary therapies (Mujagic *et al*., 2015) [10]. The use of such standardized tools ensures that pain severity is

quantified objectively, helping better treatment monitoring and patient management (Spiegel *et al*., 2009) [16].

Despite the availability of pharmacological treatments such as antispasmodics, antidepressants, probiotics, and dietary modifications, many IBS patients report incomplete symptom relief or undesirable side effects, leading them to explore complementary and alternative medicine (CAM), including homeopathy (Harris & Roberts, 2008) [5] (Hussain & Quigley, 2006) [6].

Homeopathy is a science which is developed by Dr. Samuel Hahnemann in the late 18th century, which is based on the principles law of similars i.e. *similia similibus curentur*, which suggests that a substance is capable of producing symptoms in a healthy individual and can be used in a highly diluted form to treat the similar symptoms in a diseased person (*23. Role of Homoeopathy in Irritable Bowel Syndrome*, n.d.) This review explores about the challenges of homeopathy, scientific basis, and its efficacy, and in IBS treatment.

Methods

This narrative review was conducted by using a -

Search Strategy

A search for the comprehensive literature was done by using the following databases: - PubMed, Elsevier, Google Scholar, and Cochrane Library.

The keywords used were:

- *Irritable Bowel Syndrome (IBS)*
- *Complementary and Alternative Medicine (CAM)*
- *Homeopathy*, *Holistic Therapy*, *Gut-Brain Axis*,

Inclusion criteria

1. Peer-reviewed studies published between 2005–2023
2. Randomized controlled trials (RCTs), systematic reviews, and meta-analysis
3. Studies involving IBS patients or relevant animal models
4. English-language publications

Exclusion criteria

1. Non-peer-reviewed studies, case reports, and editorials
2. Studies lacking methodological rigor
3. Studies lacking relevance to IBS or Homoeopathy
4. Papers not directly assessing IBS treatment outcomes

A total of 25 studies were selected for review, including randomized controlled trials (RCTs), systematic reviews, and observational studies.

Homeopathy and irritable bowel syndrome: a clinical evidence

Several studies have investigated the role of homeopathy in IBS. While some clinical trials suggest positive outcomes, methodological concerns such as placebo effects, small sample sizes, and lack of standardization limit conclusive evidence.

Clinical Studies on Homeopathy in IBS

Study	Year	Sample Size	Key Findings	Limitations
(Peckham *et al*., 2013) [13]	2013	213 (across 3 RCTs)	Two small RCTs suggested short-term benefits from asafoetida for IBS-C predominant, while one low-quality study found with no significant difference and the evidence is very weak due to bias, small sample sizes, and short follow-up.	Lack of high-quality RCTs
(Peckham *et al*., 2014) [14]	2014	94	62.5% of IBS patients with homeopathic treatment has achieved clinically relevant symptom relief.	Lack of high-quality RCTs
(Aphale & Rajgurav, n.d.)	2017	30	Significant improvement in 80% of IBS cases, with relief in symptoms, reduced frequency, and duration of attacks.	Lack of a control group
(Thakur, 2018) [18]	2018	15	Significant improvement in abdominal pain, stool frequency, and consistency in IBS patients.	Lack of control group
(Nahar *et al*., 2019) [11]	2019	60 (30 in each group)	Both DC and IH improved IBS-QOL scores	The study was underpowered, open-label, and lacked a placebo control group
(Medel *et al*., n.d.)	2021	41	100% of patients showed improvement, with 63% achieving major improvement or cure, and significant symptom reduction seen over 4 months.	Small sample size and lack of a control group
(Das *et al*., 2023) [4]	2022	60 (30 in each group)	IHMs significantly improved IBS-QOL, IBS-SSS compared to placebo.	Small sample size and lack of long-term follow-up
(Pavithran & Jahnavi, 2023) [12]	2023	20 (10 in each group)	Asafoetida significantly improved IBS-QOL scores compared to placebo.	Small sample size and lack of long-term follow-up

Despite promising results, larger and well-designed trials are needed to prove the efficacy of homeopathy in IBS treatment.

Mechanisms of action: how homeopathy may benefit irritable bowel syndrome

While the precise mechanisms of homeopathy remain under scientific investigation, several hypotheses suggest how it may modulate gut function and improve IBS symptoms.

1) Regulation of the Gut-Brain Axis

The gut-brain axis (GBA) plays a crucial role in IBS pathophysiology. Homeopathic remedies such as Nux Vomica, Lycopodium, and Arsenicum Album are believed to influence neurotransmitter pathways, particularly serotonin, which regulates gut motility and pain feeling (Spiller & Lam, 2012) [17] (Chong *et al*., 2019) [3]

2) Reduction of Visceral Hypersensitivity

Many IBS patients show visceral hypersensitivity, meaning they experience pain at lower levels of gut distension. Studies suggest that homeopathy may act on the nervous system, modulating nociceptive (pain) pathways and reducing visceral sensitivity (Moloney *et al*., 2015) [9] (Chong *et al*., 2019) [3].

3) Modulation of Immune Function

Low-grade inflammation and immune dysfunction have been implicated in IBS. Homeopathic medicines, particularly those derived from plant extracts and mineral compounds, may downregulate pro-inflammatory cytokines, thereby reducing gut inflammation (*23. Role of Homoeopathy in Irritable Bowel Syndrome*, n.d.).

4) Restoration of Gut Microbiota Balance

Dysbiosis, or an imbalance in gut microbiota, is commonly seen in IBS patients. Although homeopathic remedies do not have live bacteria, some studies suggest that they may

influence microbial diversity by altering gut mucosal immunity and promoting a healthier gut environment (Moloney *et al*., 2015) [9]

Commonly used homeopathic remedies in irritable bowel syndrome

Homeopathic treatment in IBS is based on individualized symptom patterns, which align with the principle of holistic medicine. The most prescribed remedies include: (*23. Role of Homoeopathy in Irritable Bowel Syndrome*, n.d.)

Homeopathic Remedy	Indications in IBS
Nux Vomica	IBS with constipation, bloating, stress-related symptoms
Lycopodium	Bloating, flatulence, right-sided abdominal pain
Arsenicum Album	IBS with diarrhea, anxiety, food intolerance
Colocynthis	Severe cramping, pain relief from pressure
Carbo Vegetabilis	Excessive gas, belching, and sluggish digestion
Pulsatilla	IBS with emotional sensitivity, nausea, and irregular stools

These remedies are prescribed based on totality of symptoms, rather than a single diagnosis.

Challenges and limitations in homeopathic irritable bowel syndrome research

Despite promising clinical findings, several challenges hinder the acceptance of homeopathy in mainstream medicine: (Scaciota *et al*., 2021) [15] (Wouters *et al*., 2016) [20]

1. **Placebo Effect:** Many critics argue that homeopathy's effects are placebo-driven, as dilution levels often exceed Avogadro's limit.
2. **Lack of Standardization:** Unlike pharmaceuticals, homeopathic remedies vary in potency and preparation methods, making replication of studies difficult.
3. **Heterogeneous Study Designs:** Many existing studies have small sample sizes, varying methodologies, and inconsistent outcome measures
4. **Regulatory and Scientific Skepticism:** Regulatory agencies such as the FDA and EMA demand higher levels of evidence for homeopathic drug approval.

To increase credibility, large-scale, double-blind RCTs with standardized treatment protocols are necessary.

Future directions for homeopathy in ibs management

- **Integration with Conventional Medicine:** Research should explore how homeopathy can be used alongside mainstream IBS treatments, rather than as a replacement.
- **Mechanistic Studies:** More biological and neuroimaging studies are needed to understand how homeopathy affects the gut-brain axis and microbiome.
- **Patient-Centered Research:** Future trials should incorporate patient-reported outcome measures (PROMs) to assess quality-of-life improvements in IBS patients.

Conclusion

Irritable Bowel Syndrome (IBS) is still a challenging condition to manage, with conventional therapies often providing only partial relief or accompanied by undesirable side effects. This has led many patients to seek alternative approaches, including Complementary and Alternative Medicine (CAM) such as homeopathy. This narrative review has explored the potential role of homeopathy in the management of IBS, focusing on its clinical efficacy, proposed mechanisms of action, and the challenges that hinder its integration into mainstream medicine.

The clinical evidence reviewed suggests that homeopathy may offer significant benefits in alleviating IBS symptoms, particularly in reducing abdominal pain, bloating, and irregular bowel habits. Studies such as the 2022 randomized controlled trial (RCT) published in Elsevier have proved that individualized homeopathic treatment can lead to measurable improvements in symptom severity and quality of life. However, the evidence is not without limitations. Many studies suffer from small sample sizes, methodological flaws, and a lack of standardization, which undermine the reliability of their findings. The placebo effect stays a significant concern, as critics argue that the highly diluted nature of homeopathic remedies may not exert a biologically plausible effect.

From a mechanistic perspective, homeopathy appears to modulate several key pathways involved in IBS pathophysiology. These include the gut-brain axis, which plays a significant role in regulating gut motility and pain perception; visceral hypersensitivity, which is a hallmark of IBS; and immune dysfunction, which contributes to low-grade inflammation in the gut. Additionally, homeopathic remedies may indirectly influence the gut microbiota, promoting a healthier microbial environment despite not having live bacteria. These mechanisms align with the holistic principles of homeopathy, which aim to treat the individual rather than targeting isolated symptoms.

Conflict of Interest

Not available

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Not available

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