



HOMOEOPATHIC MANAGEMENT OF IRRITABLE BOWEL SYNDROME: A NARRATIVE REVIEW

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ABSTRACT:

Background - Irritable Bowel Syndrome (IBS) is a chronic functional bowel disorder characterized by abdominal pain associated with altered bowel habits, diagnosed in the absence of structural pathology. Owing to its multifactorial pathophysiology involving gut-brain interaction, psychosocial stressors, and visceral hypersensitivity, IBS remains therapeutically challenging and significantly impairs quality of life.

Objective - To critically review the scope and applicability of individualized homoeopathic management in IBS, with emphasis on clinical differentiation, repertorial approach, and remedy selection according to IBS subtypes.

Methods - A narrative review of peer-reviewed biomedical journals, gastroenterology consensus guidelines, homoeopathic materia medica, repertories, and classical texts was undertaken. Emphasis was placed on diagnostic criteria, symptom patterns, and clinical application rather than general description.

Results - Evidence indicates IBS to be a heterogeneous disorder requiring individualized treatment. Homoeopathy, through constitutional prescribing and symptom totality, offers a patient-centered therapeutic model. Specific remedies demonstrate utility when selected according to bowel pattern, mental concomitants, and modalities.

Conclusion - Homoeopathic management of IBS extends beyond symptomatic relief and requires structured diagnosis, repertorial analysis, and remedy differentiation. When applied systematically, it has potential to address both gastrointestinal and psychosomatic dimensions of IBS.



INTRODUCTION

Irritable Bowel Syndrome (IBS) is classified as a disorder of gut–brain interaction rather than a structural disease. It presents with chronic or recurrent abdominal pain associated with altered bowel habits and abdominal discomfort¹. The absence of identifiable organic pathology highlights the importance of symptom-based diagnostic criteria.

Conventional management focuses on symptom suppression, dietary modification, and psychological interventions. However, high relapse rates and persistent symptoms reported in large-scale clinical reviews underline the need for individualized and holistic treatment approaches^{2,3}. Homoeopathy, with its emphasis on constitutional treatment and psychosomatic integration, is particularly suited to functional disorders such as IBS⁴⁻⁶.

MATERIALS AND METHODS (REVIEW METHODOLOGY)

This narrative review is based on:

- Peer-reviewed journals (NEJM, JAMA, Gastroenterology)
- Rome IV consensus documents
- Classical homoeopathic texts (Organon, Kent, Boericke)
- Standard repertories (Kent's Repertory, Synthesis)

Clinical case-taking procedures were not part of this study and have been excluded to maintain methodological clarity.

High-impact gastroenterological literature was critically analyzed to identify limitations of conventional IBS management and to establish a rationale for individualized therapeutic approaches. A comprehensive review published in *The New England Journal of Medicine* characterized IBS as a disorder of gut–brain interaction and reported that existing pharmacological treatments provide only modest symptom relief with high relapse rates, particularly in patients with stress-related symptom exacerbation².



Similarly, a clinical review in *JAMA* demonstrated that commonly used agents such as antidiarrhoeals and laxatives improve isolated bowel parameters but fail to significantly alleviate global IBS symptoms, while antidepressants are frequently limited by adverse effects and poor long-term adherence³.

The Rome IV consensus published in *Gastroenterology* emphasized IBS as a heterogeneous, symptom-defined disorder requiring subtype-specific and patient-centered management, with psychological factors playing a central role in disease expression¹. These findings provide a scientific basis for exploring individualized homoeopathic management grounded in symptom totality, mental concomitants, and repertorial analysis⁴⁻⁶.

DIAGNOSTIC FRAMEWORK

According to the Rome IV criteria, IBS is diagnosed based on recurrent abdominal pain associated with changes in stool frequency, form, or relation to defecation, with symptom onset at least six months prior to diagnosis¹.

IBS Subtypes

- **IBS-D:** Diarrhoea predominant
- **IBS-C:** Constipation predominant
- **IBS-M:** Mixed bowel pattern
- **IBS-U:** Unclassified

DIAGNOSTIC CODING OF IBS SUBTYPES (ICD-10)

For diagnostic precision and consistency with contemporary gastroenterological practice, IBS subtypes were classified according to the International Classification of Diseases, 10th Revision (ICD-10). **Diarrhoea-predominant IBS (IBS-D) corresponds to code K58.0, constipation-predominant IBS (IBS-C) to K58.1, mixed bowel habit IBS (IBS-M) to K58.2, and unclassified IBS (IBS-U) to K58.9.**



EPIDEMIOLOGY AND CLINICAL SIGNIFICANCE

IBS affects approximately 10–20% of the global population, with higher prevalence among women and young adults^{1,2}. Although non-fatal, it significantly impairs quality of life and is frequently associated with anxiety and depression, reinforcing its bio-psychosocial nature³.

PATHOPHYSIOLOGY: REMEDY CORRELATION

Pathophysiological Basis of Homoeopathic Remedy Differentiation in IBS

Contemporary gastroenterology recognizes IBS as a disorder of gut–brain interaction involving altered gastrointestinal motility, visceral hypersensitivity, autonomic nervous system dysregulation, and stress-mediated hypothalamic–pituitary–adrenal axis activation¹⁻³. These mechanisms account for the heterogeneity of IBS presentations and the limited efficacy of uniform pharmacological protocols. From a homoeopathic perspective, these physiological disturbances are clinically reflected through characteristic symptom patterns involving bowel habits, pain modalities, emotional triggers, and temporal aggravations⁴⁻⁶.

IBS-D: Accelerated Transit and Sympathetic Overactivity

Diarrhoea-predominant IBS is associated with accelerated intestinal transit, heightened sympathetic nervous system activity, and stress-induced motility changes. Patients frequently report urgency, incomplete evacuation, and symptom exacerbation during emotional stress.

- **Nux vomica** corresponds clinically to stress-induced sympathetic overdrive, characterized by irritability, sedentary lifestyle, and frequent urging with temporary relief after stool.
- **Argentum nitricum** reflects gut–brain axis dysregulation driven by anticipatory anxiety, where diarrhoea occurs prior to emotionally stressful events, consistent with central nervous system mediation.
- **Aloe socotrina** mirrors neuromuscular rectal dysfunction, presenting with sudden urgency and a sensation of rectal weakness, correlating with impaired anorectal coordination.



IBS-C: Delayed Transit and Neurogenic Dysfunction

Constipation-predominant IBS is linked to delayed colonic transit, impaired rectal sensation, and autonomic dysregulation. Pain and bloating often result from ineffective propulsion rather than mechanical obstruction.

- **Alumina** corresponds to neurogenic bowel dysfunction, where the rectum fails to perceive the need for evacuation, reflecting impaired enteric nervous signaling.
- **Silicea** represents dyssynergic defecation, clinically expressed as ineffectual urging and stool that recedes, paralleling pelvic floor incoordination.
- **Lycopodium** reflects functional dysmotility associated with abdominal distension and delayed gastric emptying, often accompanied by anticipatory anxiety and low self-confidence.

IBS-M: Autonomic Instability and Visceral Hypersensitivity

Mixed-type IBS represents fluctuating autonomic regulation and heightened visceral sensitivity. Patients exhibit alternating stool patterns with significant pain and emotional influence.

- **Colocynthis** corresponds to spastic bowel activity with intense cramping pain relieved by pressure, reflecting smooth muscle hyperreactivity.
- **Pulsatilla** reflects labile autonomic tone and emotional dependency, with changeable stool patterns influenced by emotional reassurance.

HOMOEOPATHIC APPROACH TO IBS

Homoeopathy approaches IBS as a functional disturbance of the vital force, influenced by emotional stress, lifestyle, and constitutional susceptibility⁴. Remedy selection is guided by the principles of individualization and totality of symptoms, with special emphasis on mental and emotional concomitants^{5,6}.



REPERTORIAL APPLICATION IN IBS

Repertorial analysis plays a central role in the individualized homoeopathic management of Irritable Bowel Syndrome, particularly due to the functional and heterogeneous nature of the disorder. As IBS lacks structural pathology, remedy selection depends predominantly on characteristic functional disturbances, mental–emotional concomitants, modalities, and causative factors rather than pathological findings.

Selection and Hierarchization of Rubrics

Rubric selection in IBS is guided by the principle that **mental generals and causative factors** reflecting gut–brain interaction often hold greater individualizing value than common bowel symptoms alone. For example, diarrhoea or constipation, when considered in isolation, may lead to a large group of remedies; however, their association with emotional triggers such as anxiety, anticipation, or grief significantly narrows the remedy choice.

Commonly utilized rubrics include:

- *Mind – anxiety – anticipation*
- *Rectum – diarrhoea – from anxiety*
- *Abdomen – pain – before stool – relieved by stool*
- *Rectum – constipation – ineffectual urging*

In repertorial practice, rubrics related to **ailments from emotional stress** and **modalities of pain and stool** are given greater weight, as they reflect central nervous system involvement and autonomic dysregulation—key mechanisms in IBS pathophysiology.

Integration of Repertories

Kent's Repertory is particularly useful for emphasizing mental generals and emotional causation, making it valuable in stress-related IBS. Synthesis Repertory offers expanded clinical rubrics and modern terminology, aiding precision in complex presentations. Boenninghausen's



repertory facilitates evaluation of modalities and concomitants, which is especially useful in cases with marked pain relief or aggravation patterns.

The combined use of these repertories enhances analytical depth and reduces the risk of symptom fragmentation, ensuring that remedy selection reflects the totality of symptoms rather than isolated manifestations.

Clinical Significance

Through structured repertorial analysis, homoeopathy translates the multifactorial pathophysiology of IBS into an individualized therapeutic strategy. By integrating mental, emotional, and functional gastrointestinal symptoms, repertorial application provides a rational and reproducible framework for remedy selection in a disorder where conventional pathology-based models offer limited guidance.

DISCUSSION

Irritable Bowel Syndrome (IBS) is a chronic functional gastrointestinal disorder characterised by recurrent abdominal pain, bloating, and altered bowel habits in the absence of demonstrable structural pathology. Its high prevalence, chronic course, and substantial impact on quality of life make it a major public health concern worldwide¹⁻³. Despite advances in understanding gut-brain interaction, visceral hypersensitivity, altered motility, immune activation, and psychosocial influences, IBS remains therapeutically challenging due to marked clinical heterogeneity and variable treatment response^{1,2}.

Limitations of Conventional Disease-Based Management

Conventional management of IBS is guided by symptom-based diagnostic criteria and subtype classification (IBS-C, IBS-D, IBS-M). Therapeutic strategies primarily target dominant bowel symptoms, including antispasmodics for abdominal pain, laxatives or secretagogues for constipation, antidiarrhoeals for diarrhoea, and antidepressants for pain modulation or associated psychological symptoms^{2,3}.



However, multiple high-quality reviews have demonstrated that these interventions provide **modest and often incomplete symptom relief**, particularly with respect to global IBS symptoms rather than isolated bowel parameters^{2,3,7}. Ford et al., in a comprehensive *New England Journal of Medicine* review, reported that no single pharmacological therapy is effective for the majority of IBS patients and that relapse after discontinuation is common². Similarly, the *JAMA* clinical review by Chey et al. noted that while antidiarrhoeals and laxatives improve stool frequency or consistency, they do not consistently improve abdominal pain or overall quality of life³.

Adverse effects further limit long-term adherence. Anticholinergic antispasmodics may cause dry mouth and constipation, antidepressants are frequently associated with sedation, weight gain, and sexual dysfunction, and newer agents such as secretagogues and serotonergic drugs are limited by cost and tolerability concerns^{2,3,7}. Response variability is substantial, reflecting the inadequacy of uniform, disease-based treatment protocols for a biologically and psychosocially diverse disorder¹⁻³.

Importantly, conventional approaches often insufficiently address **individual psychological profiles, stress reactivity, emotional triggers, and subjective illness experience**, all of which are now recognised as central to IBS pathophysiology under the Rome IV framework¹. Although behavioural therapies are increasingly recommended, they are commonly positioned as adjunctive rather than integral components of care^{2,3}.

Conceptual Basis of Individualised Homoeopathic Management

Homoeopathy offers a person-centred therapeutic paradigm fundamentally distinct from disease-based management. Rather than treating IBS as a uniform diagnostic entity, homoeopathy views it as an **individualised manifestation of systemic imbalance**, expressed through gastrointestinal, psychological, and general symptoms⁴⁻⁶. Remedy selection is guided by the totality of symptoms, incorporating mental and emotional state, characteristic physical modalities, concomitant complaints, and identifiable causative factors.

This framework allows differentiation between patients sharing the same IBS subtype but exhibiting markedly different stress responses, symptom modalities, and constitutional features.



Conceptually, this aligns closely with contemporary recognition of IBS as a disorder of gut–brain interaction with high inter-individual variability^{1,2}.

Evidence Supporting Individualised Homoeopathy in IBS

Although limited in number, clinical studies evaluating homoeopathy in IBS consistently emphasise individualisation as a core determinant of therapeutic outcome. A randomised, double-blind, placebo-controlled trial by Thompson et al. demonstrated statistically significant improvement in IBS symptom severity among patients receiving individualised homoeopathic treatment compared with placebo⁸. Follow-up analysis suggested sustained benefit beyond the treatment period.

Reilly et al. similarly reported positive outcomes in IBS patients treated with individualised homoeopathic prescriptions, showing improvements in abdominal pain, bowel irregularity, and global well-being compared with placebo⁹. Observational studies and prospective cohort designs have further documented reductions in symptom burden and associated anxiety, with benefits maintained over extended follow-up periods^{10,11}.

Notably, these effects were not linked to any single remedy or fixed protocol. Instead, a wide range of remedies was prescribed based on individual symptom patterns, reinforcing the homoeopathic principle that effectiveness depends on **tailored, patient-specific prescriptions rather than disease-specific remedies**⁸⁻¹¹.

Comparative Perspective: Disease-Based vs Person-Based Models

The contrast between conventional and homoeopathic approaches reflects broader philosophical differences in medical practice. Conventional IBS management is predominantly disease-centred and protocol-driven, targeting symptom clusters and physiological mechanisms. Individualised homoeopathy adopts a person-centred model, aiming to restore systemic balance based on unique susceptibility and response patterns⁴⁻⁶.

While conventional medicine benefits from a larger and more robust evidence base, its limitations in addressing heterogeneity, psychosomatic complexity, and long-term patient satisfaction are well documented^{1-3,7}. Homoeopathy, though supported by a smaller and



methodologically diverse body of evidence, offers a theoretically coherent and clinically adaptable framework that appears particularly suited to complex functional disorders such as IBS⁸⁻¹¹.

Limitations and Future Directions

Despite encouraging findings, the evidence base for homoeopathy in IBS is constrained by small sample sizes, heterogeneity in study design, and variability in outcome measures. There is a clear need for adequately powered, rigorously designed randomised controlled trials with longer follow-up periods, standardised diagnostic criteria, and validated outcome measures to further clarify its role within integrative IBS management strategies^{10,11}.

Thompson and Reilly, in a randomised controlled trial of individualised homoeopathic treatment in patients with irritable bowel syndrome, reported statistically significant improvement in IBS symptom scores compared with placebo⁸. Further supportive evidence for individualised homoeopathy comes from placebo-controlled trials in functional disorders, demonstrating reproducible treatment effects beyond placebo⁹. A systematic review and meta-analysis of randomised placebo-controlled trials of individualised homoeopathy confirmed a statistically significant overall effect favouring homoeopathy in trials with reliable methodology (OR = 1.98; 95 % CI 1.16–3.38)¹⁰.

The available randomised evidence supports individualised homoeopathy in IBS, though further adequately powered trials are required to strengthen external validity.

CONCLUSION

This narrative review highlights that Irritable Bowel Syndrome, as a heterogeneous disorder of gut–brain interaction, necessitates an approach that extends beyond symptom-based, disease-centred protocols. Conventional management, while guided by structured diagnostic frameworks such as the Rome IV criteria, often remains limited to symptomatic control and demonstrates variable long-term effectiveness due to the complex psychosomatic nature of the condition.

Homoeopathic management of IBS, when integrated with **structured contemporary diagnosis and systematic repertorial analysis**, emerges as a scientifically coherent and clinically



applicable model. The use of standardized diagnostic criteria ensures diagnostic accuracy and consistency with modern gastroenterological practice, while repertorial analysis provides a transparent, logical, and reproducible methodology for individualized remedy selection. This integration effectively bridges traditional homoeopathic philosophy with modern clinical reasoning, addressing concerns of subjectivity and enhancing methodological rigor.

By translating the multifactorial pathophysiology of IBS into individualized symptom patterns—including bowel habits, mental and emotional concomitants, modalities, and causative factors—systemic homoeopathic management offers a comprehensive therapeutic framework. Its emphasis on constitutional susceptibility and totality of symptoms allows meaningful differentiation within IBS subtypes, aligning closely with the recognized heterogeneity of the disorder.

Although further well-designed clinical trials are required to strengthen the evidence base, existing literature and clinical rationale suggest that an individualized, repertorially guided homoeopathic approach holds significant potential in addressing both gastrointestinal and psychosomatic dimensions of IBS. When applied within a structured diagnostic and analytical framework, homoeopathy may contribute as a rational, patient-centred modality within integrative management strategies for functional bowel disorders.

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