



Scope of Homoeopathy in Geriatric Practice: A Narrative Review

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ABSTRACT

The steady rise in life expectancy worldwide has resulted in an expanding elderly population with multifaceted health-care demands. Older adults frequently experience chronic illnesses, multiple co-existing conditions, declining functional capacity, and extensive medication use. Consequently, geriatric care prioritizes comprehensive, patient-oriented strategies that emphasize overall well-being rather than isolated disease outcomes. Homoeopathy, characterized by individualized and minimally invasive treatment principles, has been proposed as a complementary approach in geriatric settings. This narrative review examines the theoretical foundations, potential clinical applications, current evidence, safety concerns, and future research perspectives of homoeopathy in geriatric health care [1–3].

Keywords: Geriatric care, Homoeopathy, Chronic illness, Quality of life, Complementary medicine

INTRODUCTION

Ageing represents a progressive biological phenomenon marked by gradual physiological deterioration, diminished adaptability, and increased susceptibility to chronic disorders. The growing prevalence of non-communicable diseases has led many elderly individuals to live with multiple concurrent conditions, including hypertension, diabetes mellitus, musculoskeletal disorders, and neuro-degenerative diseases [1]. Management of such conditions often necessitates prolonged pharmacotherapy, which may increase the likelihood of adverse drug reactions and clinically significant drug interactions [2].

Modern geriatric medicine therefore focuses on holistic management, preservation of functional autonomy, and improvement of quality of life. Within this framework, complementary medical systems such as homoeopathy have attracted interest for their potential role in alleviating chronic symptoms and supporting overall health in older adults [3].

HOMOEOPATHY AND ITS RELEVANCE IN GERIATRIC CARE

Homoeopathy is founded on principles including “like cures like,” individualized remedy selection, and the use of minimal doses. Rather than concentrating exclusively on pathological diagnoses, it emphasizes the totality of physical, emotional, and psychological characteristics of the patient. Such an approach corresponds closely with geriatric care principles, where social context, mental health, and functional status significantly influence disease progression and recovery [2].

Suitability for Elderly Patients

Older individuals often demonstrate increased sensitivity to conventional medications due to age-related physiological changes. Homoeopathic remedies, owing to their high dilution and individualized prescription, are generally regarded as well tolerated when used appropriately. This feature may render homoeopathy a potentially suitable complementary option for elderly patients, particularly those experiencing medication intolerance or concerns related to polypharmacy [1,3].

CLINICAL SCOPE OF HOMOEOPATHY IN GERIATRIC PRACTICE

Management of Chronic Conditions

Chronic non-communicable diseases constitute a major component of geriatric morbidity. Observational reports indicate that elderly patients undergoing homoeopathic treatment for persistent conditions—such as musculoskeletal pain, sleep disorders, and cardiovascular complaints—have demonstrated gradual reductions in symptom intensity [4]. While these findings do not confirm causation, they point toward a possible supportive role for homoeopathy in long-term care.

Psychological and Emotional Health

Mental health challenges, including depression, anxiety, social isolation, and cognitive impairment, are prevalent among older adults. Homoeopathic case analysis places considerable emphasis on emotional and psychological features, enabling individualized prescriptions that may address mental well-being alongside physical symptoms [2,3].

Quality of Life and Functional Status

Enhancement of quality of life remains a central objective in geriatric medicine. Narrative accounts and observational studies suggest that homoeopathic interventions may positively influence subjective well-being and functional comfort in elderly patients, even when complete resolution of disease is not attainable [1,4].

Adjunctive Use in Acute and Infectious Illnesses

Homoeopathy has also been examined as an adjunct to conventional treatment in acute conditions affecting the elderly, including respiratory infections. Reports published in peer-reviewed homoeopathic journals describe symptomatic improvement when homoeopathy is integrated with standard care, without notable adverse outcomes [5].

Evidence Base: Current Status and Limitations

The existing evidence concerning homoeopathy in geriatric care largely comprises observational studies, case series, and narrative reviews [1,4]. A prospective observational study involving elderly patients reported sustained reductions in disease severity with homoeopathic management, although improvements in quality-of-life measures were inconsistent [4].

Systematic reviews evaluating homoeopathy across diverse clinical conditions have identified methodological weaknesses, heterogeneity in interventions, and variable results, limiting the ability to draw firm conclusions [6]. These findings underscore the need for rigorously designed clinical trials specifically targeting geriatric populations.

Safety and Polypharmacy Considerations

Polypharmacy remains a significant challenge in elderly care. Although homoeopathic remedies are generally considered safe due to negligible pharmacological content, concerns arise when they are used as substitutes for essential conventional therapies. Accordingly, homoeopathy should be applied cautiously and preferably within an integrative health-care model that ensures continuity of standard medical treatment [2,3].

DISCUSSION AND FUTURE DIRECTIONS

Integrative models of geriatric care that combine conventional medicine with complementary approaches such as homoeopathy may offer broader therapeutic benefits. Future investigations should focus on:

Well-controlled clinical trials involving elderly participants

Use of standardized outcome indicators, including quality of life and functional independence

Comprehensive safety assessments in patients receiving multiple medications

Such research efforts may help delineate the realistic and evidence-based role of homoeopathy in geriatric health care [6].

CONCLUSION

Homoeopathy may serve as a complementary modality in geriatric practice by addressing chronic symptoms, supporting holistic management, and potentially enhancing patient-reported outcomes. Nevertheless, given the current limitations in high-quality evidence, its application should remain adjunctive rather than substitutive. Continued systematic research is required to define its place within evidence-based geriatric medicine [1–6].

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