



# TO STUDY THE EFFECTIVENESS OF HOMOEOPATHIC MEDICINES IN THE TREATMENT OF IRRITABLE BOWEL SYNDROME

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## ABSTRACT

### Background

Irritable bowel syndrome (IBS) is a common gastrointestinal disorder characterized by recurrent abdominal pain with altered bowel habits. Although not life-threatening, it contributes to a major healthcare and economic burden and significantly affects quality of life. Global prevalence varies widely, generally ranging between 4% to 15% depending on diagnostic criteria and region. This study aimed at clinically verifying the effectiveness of homoeopathic medicines in IBS using the IBS-Symptom Severity Scale (IBS-SSS), with pre- and post-treatment scores statistically compared through a paired t-test.

### Aim & Objectives

**Aim:** To study the effectiveness of homoeopathic medicines in the treatment of irritable bowel syndrome.

**Objectives:**

1. To understand different causative factors responsible for irritable bowel syndrome.
2. To know the effect of different potencies of homoeopathic medicines in the treatment of irritable bowel syndrome.

### Study Design and Methodology

An interventional study was conducted on 100 patients at Sri Ganganagar Homoeopathic Medical College, Hospital & Research Institute. Eight discontinued, and 92 cases fulfilling inclusion and exclusion criteria were analysed. Individualised homoeopathic prescriptions were given, and assessment was done using the IBS-SSS.

## Results

A highly significant reduction in IBS-SSS scores was observed following treatment ( $t = 18.74$ ,  $df = 91$ ,  $p < 0.001$ ). Of 92 patients, 15.22% showed marked improvement, 48.91% moderate improvement, 25% mild improvement, and 10.87% showed no change.

## Conclusion

Individualised homoeopathic medicines produced statistically and clinically significant improvement in IBS-SSS, confirming their effectiveness in IBS management.

**KEYWORDS:** Irritable bowel syndrome, constipation, diarrhoea, stool, pain, individualisation, homoeopathy.

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## INTRODUCTION

Irritable bowel syndrome is a common condition characterised by abdominal discomfort with altered bowel movements and is diagnosed according to the Rome IV criteria. IBS is a functional disorder, where the digestive system appears normal but does not function properly. Symptoms are real, distressing, and significantly affect quality of life. It affects millions worldwide, with rising prevalence due to lifestyle, stress, and diet, and adds a burden on patients and healthcare systems. Causes include visceral hypersensitivity, altered motility, post-infectious inflammation, microbiota imbalance, and psychosocial stress. Symptoms include abdominal pain, bloating, constipation, diarrhoea, or mixed patterns (IBS-C, IBS-D, IBS-M, IBS-U). Homoeopathy addresses bowel, extra-bowel, and psychological symptoms individually. This study evaluates the effectiveness of individualised homoeopathic treatment in providing sustainable relief and improving overall well-being.

## MATERIALS AND METHODOLOGY

### Inclusion criteria:

1. Both males and females of adult age group (18-50 years).
2. Patients who consented to participate in the study.
3. Both new and chronic cases of irritable bowel syndrome.

### Exclusion criteria:

1. Patients with life threatening diseases.
2. Patients with severe psychiatric illnesses.
3. Patients having disease symptom secondary to organic cause like celiac disease and inflammatory bowel disease.

### Withdrawal criteria:

1. Patients with irregular follow ups.
2. In case of emergency situation, where study cannot be carried out at the cost of patient's health then he/she shall be exempted from the study.
3. If any participant wants to withdraw anytime of research it can withdraw.

## Population/Sample:

Out of 100 cases of IBS a total of 8 participants discontinued the study, of which 5 dropped out during the follow up period and 3 withdrew from the participation and final 92 cases were selected to assess the study from OPD and IPD of Sri Ganganagar Homoeopathic Medical College and Research Institute.

## Research hypothesis

1. **Null hypothesis (H<sub>0</sub>)** – Homoeopathic medicines are not effective in treatment of irritable bowel syndrome
2. **Alternative hypothesis (H<sub>1</sub>)** – Homoeopathic medicines are effective in treatment of irritable bowel syndrome.

## EPIDEMIOLOGY

Irritable Bowel Syndrome (IBS) is a common functional gastrointestinal disorder affecting approximately 14% of adults globally. Its prevalence varies by region, with higher rates in Latin America, parts of Asia, North America, and Europe, and lower rates in the Middle East and sub-Saharan Africa. Women are about 1.5 times more likely than men to develop IBS, with hormonal and psychosocial factors influencing symptom patterns. Most cases occur between ages 20 and 50, while paediatric and elderly cases are less common. Risk factors include female sex, psychological stress, post-infectious states, dietary triggers, and lifestyle habits. Post-COVID IBS affects 12–16% of individuals following viral infection. Healthy lifestyle behaviors, such as regular exercise, balanced diet, adequate sleep, and non-smoking, reduce risk. IBS remains underdiagnosed, leading to delayed treatment and significant healthcare and economic burden.

## PATHOPHYSIOLOGY

IBS is a chronic, relapsing functional gastrointestinal disorder characterized by abdominal pain or discomfort with altered bowel habits, including diarrhoea, constipation, or both. It is primarily a disorder of gut-brain interaction, arising from multiple interacting mechanisms. Altered motility is central, with diarrhoea - predominant IBS showing accelerated transit and constipation-predominant IBS showing delayed transit, influenced by enteric nervous system function, smooth muscle responsiveness, and serotonin (5-HT) signaling. Visceral hypersensitivity leads to heightened perception of normal intestinal distension or gas. Low-grade mucosal immune activation and inflammation, especially in post-infectious IBS, involves mast cells and lymphocytes releasing mediators such as histamine and cytokines, sensitizing nerves and disrupting motility. Dysbiosis of the gut microbiota contributes to bloating, gas, and immune activation. Dysregulation of the gut-brain axis, influenced by stress, anxiety, and depression, affects motility, secretion, permeability, and immune function, forming a vicious cycle. Increased intestinal permeability allows luminal antigens and toxins to trigger inflammation, exacerbating symptoms.

## ETIOLOGY

Causative Factors responsible for IBS are -

- Genetic/Familial: Higher risk in first-degree relatives; serotonin and immune gene polymorphisms.
- Psychological Stress: Anxiety, depression, early trauma, HPA axis dysregulation.
- Infectious/Post-Infectious: Gastroenteritis can trigger post-infectious IBS.
- Gut Microbiome: Dysbiosis with reduced beneficial bacteria and increased gas-producing species.
- Dietary Triggers: FODMAPs, gluten sensitivity, additives, bioactive amines.
- Hormonal Influences: Symptoms fluctuate with menstrual cycle.
- Early Life Factors: Maternal stress, antibiotics, cesarean delivery, early weaning.
- Medication Exposure: Antibiotics or other drugs altering gut flora.

## CLASSIFICATION OF IBS

Rome IV diagnostic criteria classifies IBS into four main subtypes based on the Bristol Stool Form Scale:

- IBS with Constipation (IBS–C)
- IBS with Diarrhoea (IBS–D)
- Mixed IBS (IBS–M)
- Unclassified IBS (IBS–U)

## CLINICAL FEATURES

- Recurrent abdominal pain or discomfort
- Altered bowel habits (diarrhoea, constipation, alternating)
- Bloating and abdominal distension
- Flatulence and borborygmi
- Urgency and straining
- Mucus in stools
- Postprandial symptom worsening
- Sensation of incomplete evacuation
- Stress-related symptom exacerbation
- Fatigue and low energy
- Nausea and early satiety
- Backache and pelvic discomfort
- Sleep disturbances
- Sexual dysfunction
- Menstrual-related symptom fluctuation

## INVESTIGATIONS

IBS is a diagnosis of exclusion. Investigations include CBC, ESR, CRP, thyroid function, stool microscopy/culture, fecal calprotectin, anti-tTG antibodies, and endoscopy/colonoscopy if alarm features are present. Selected cases may require breath tests for lactose intolerance/SIBO, anorectal manometry, or imaging to exclude structural disorders.

## DIAGNOSTIC CRITERIA

Rome IV is the diagnostic criteria for IBS, with guidelines of recurrent abdominal pain on average at least 1 day/week in the last 3 months, associated with two or more of the following criteria:

- Related to defecation
- Associated with a change in frequency of stool
- Associated with a change in form (appearance) of stool

Criteria fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis.

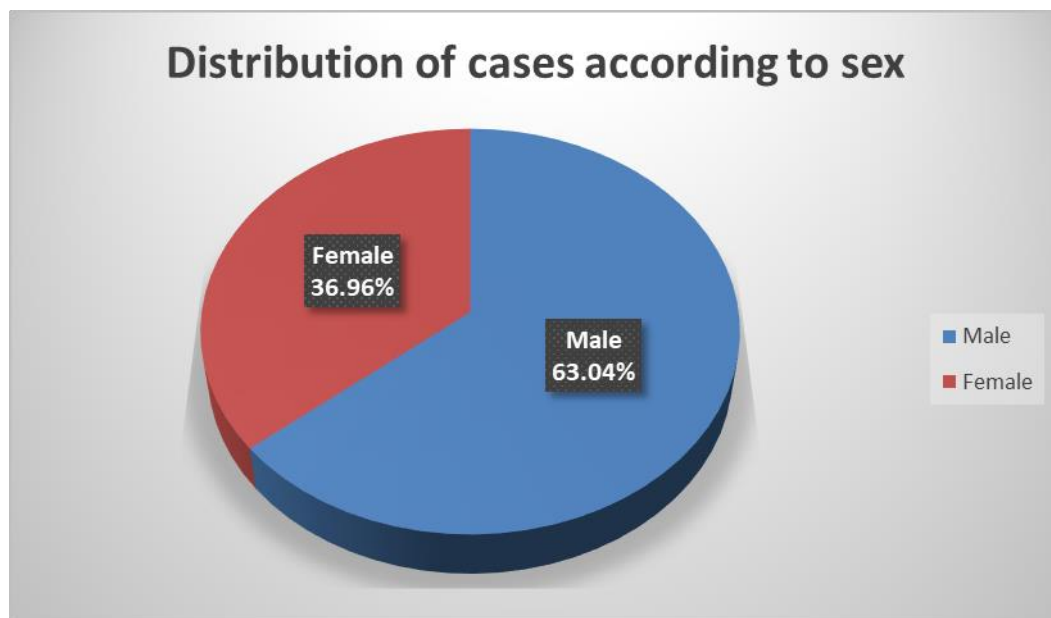
## COMMONLY USED HOMOEOPATHIC REMEDIES IN IBS

1. Aloe Socotrina – Sudden urgency, gushing diarrhea, involuntary stool, rectal heaviness, abdominal fullness. Worse early morning, walking, after eating/drinking; better from cold applications.
2. Argentum Nitricum – Diarrhea brought on by anxiety, noisy, explosive stools, abdominal distension. Better in open air; worse from heat, sugar, excitement.
3. Arsenicum Album – Burning diarrhea, weakness, frequent stools, restless and anxious. Worse after midnight, cold/spoiled food; better from warmth and lying with head elevated.

4. Bryonia Alba – Constipation with hard, large stools, stitching abdominal pain worse from motion, great thirst for cold water, prefers to lie still.
5. Carbo Vegetabilis – Severe bloating and flatulence, putrid belching, cold abdomen, exhaustion. Worse from rich/fatty foods, warmth, lying down; better from eructation, fanning, or cold drinks.
6. Colocynthis – Severe colicky abdominal pain relieved by bending double or firm pressure, diarrhea after emotional stress. Worse after meals, excitement, and cold; better from warmth and firm pressure.
7. Lycopodium Clavatum – Bloating, rumbling, incomplete evacuation, quick satiety, anxiety. Worse late afternoon, after beans, onions, or emotional anticipation; better from warmth.
8. Nux Vomica – Ineffectual stools, cramping, worse after stimulants, irritability. Better from warmth, rest, lying on the side; worse in the morning and after coffee or alcohol.
9. Podophyllum Peltatum – Morning diarrhea, profuse watery stools, weakness, sinking sensation in abdomen. Worse in hot weather; better lying on stomach.
10. Pulsatilla Nigricans – Changeable diarrhea, greenish/bland stools, emotional disposition, mild and gentle. Better in fresh open air; worse in closed warm rooms and after fatty foods.
11. Sulphur – Early morning diarrhea, burning stools, alternate constipation. Worse standing, bathing, during suppression of discharges; better with warmth.
12. Aesculus Hippocastanum – Constipation with hard stools, straining, incomplete evacuation; rectal heaviness and discomfort. Better lying down; worse from prolonged sitting.

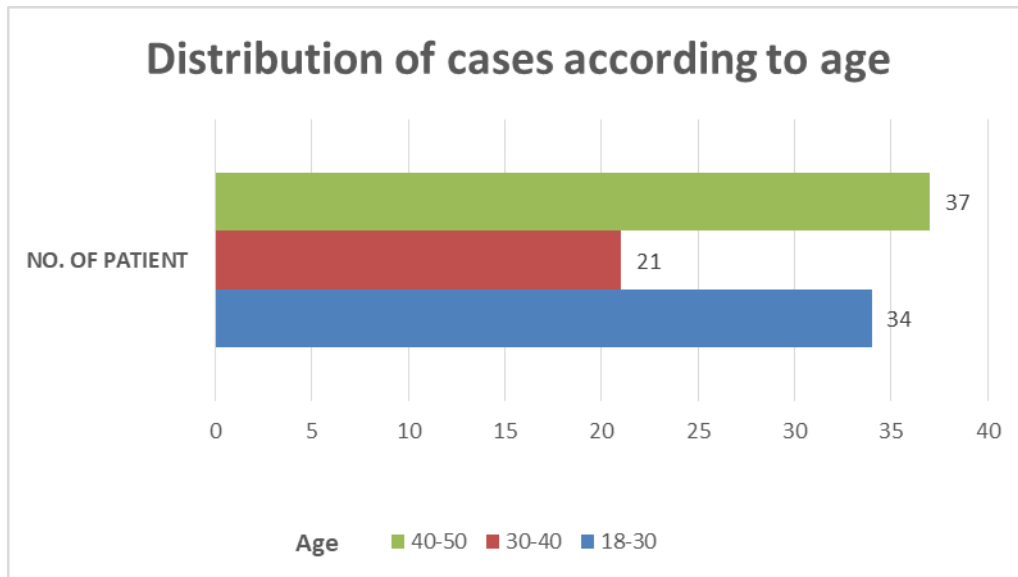
## OBSERVATIONS

**Graph no. 1 – Graphical representation of distribution of cases of IBS according to sex**



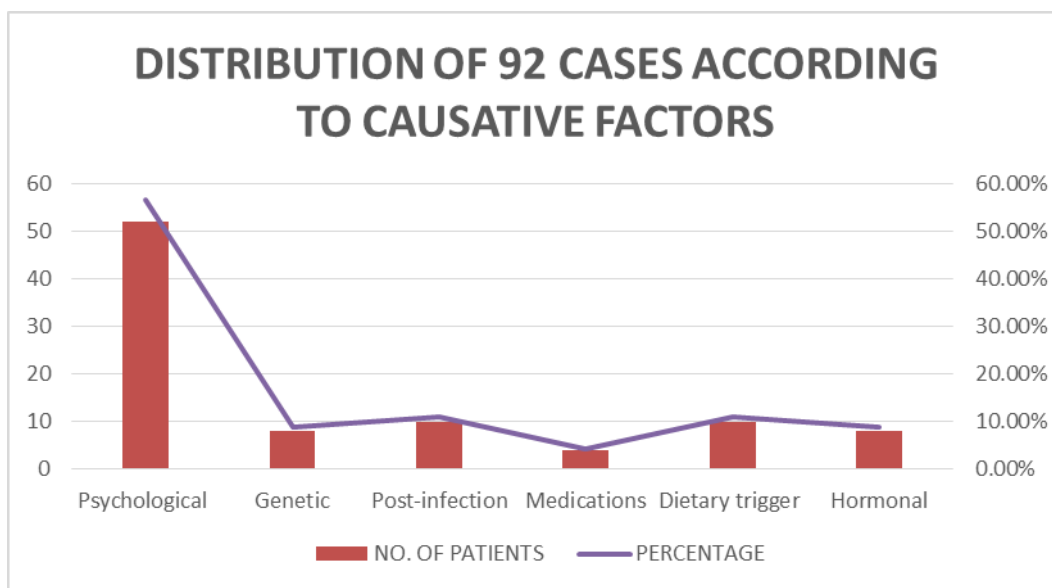
As shown in graph out of 92 patients, 63.04% were observed of males, whereas 36.96% were observed of females. The large percentage of cases were observed in males than females.

**Graph no. 2 - Graphical representation of distribution of cases according to age**



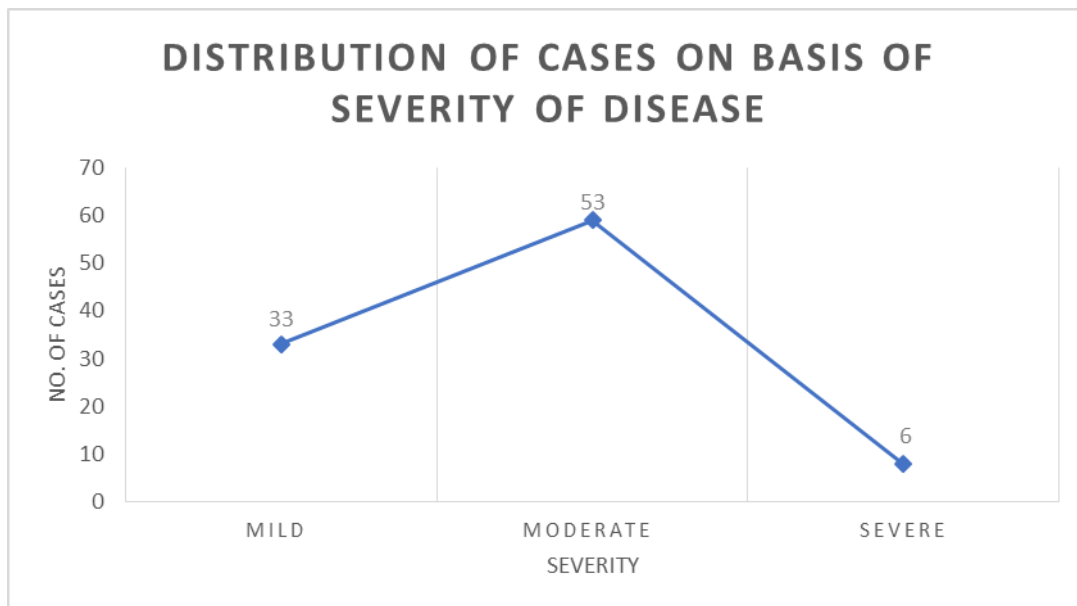
As shown above in graph out of 92 cases, patients of 18-30 years of age group were 34, patients of 30-40 years age group were 21 and those of 40-50 years of age group were 37. The highest number of patients were observed in the 40-50 years of age group.

**Graph no. 3 - Graphical representation of distribution of cases according to Causative Factors**



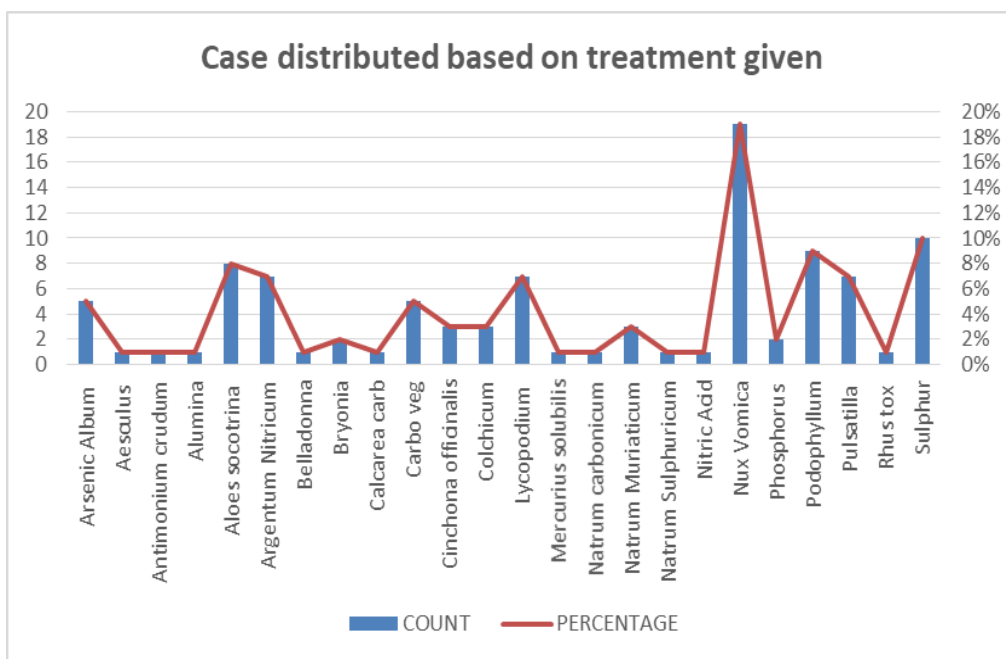
As shown in the graph, among 92 cases, the majority of IBS cases, 52 (56.52%), were associated with psychological factors, followed by dietary factors and post-infectious causes, each accounting for 10 cases (10.87%). Genetic and hormonal factors were responsible for 8 cases (8.70%) each, while medications were implicated in only 4 cases (4.35%).

**Graph no. 4 - Graphical representation of distribution of cases according to severity of disease**

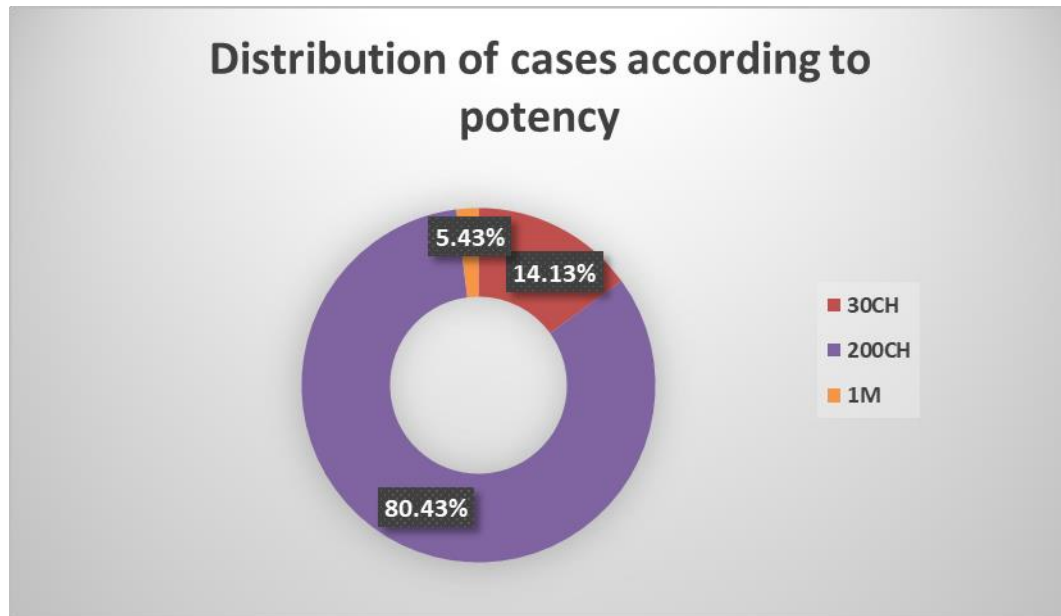


As shown above in the graph, out of 92 cases of IBS after assessment by IBS Symptom Severity Scale, maximum cases i.e 53 cases were of moderate severity, 33 cases were of mild severity and 6 cases were of severe type.

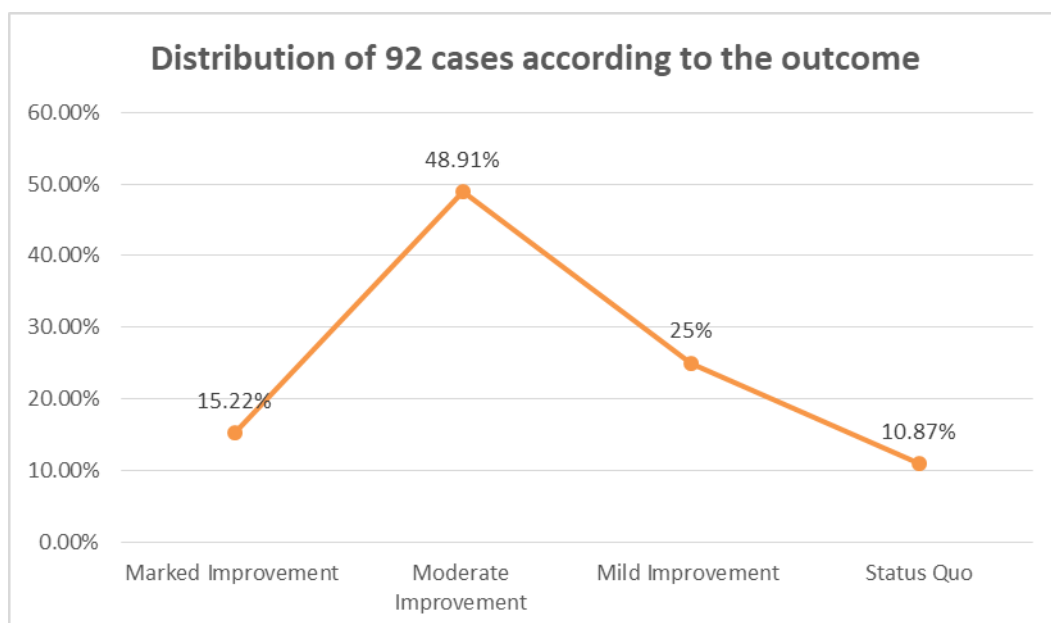
**Graph no. 5 - Graphical representation of distribution of cases according to remedy given**



As shown above out of many medicines 21 medicines were found effective in treating patients of IBS. To all 92 patients medicine was given according to the totality of symptoms and among all 21 medicines nux vomica was given to given to 18 patients which is found to be most effective.

**Graph no. 6 - Graphical representation of distribution of cases according to potency given**

As shown above in the graph out of 92 cases, 200ch potency was given to maximum cases i.e 80.43% of cases and 30 ch was given to 14.13% of cases and 1M potency was given to only 5.43% of cases.

**Graph no.7 - Graphical representation of distribution of cases according to the outcome**

As shown above in the graph, out of 92 cases, 15.22% showed marked improvement, 48.91% showed moderate improvement, 25% showed mild improvement and 10.87% remained status Quo.

## OUTCOME

According to the study, homoeopathy is quite successful in improving the symptoms of Irritable Bowel Syndrome (IBS). Remedies such as Nux vomica, Lycopodium, Sulphur, Podophyllum, Aloe Socotrina, Argentum nitricum, China, Pulsatilla, Carbo vegetabilis, Arsenicum album were found effective in relieving symptoms like abdominal pain, altered bowel habits, bloating, and flatulence. Along with improvement in physical symptoms, a marked enhancement in the psychological health of the patients was also observed, with a reduction in stress, anxiety, and emotional disturbances commonly associated with IBS. The potency selection, application, and repetition of medicines were done according to the individual case. A large number of patients showed marked to moderate improvement in their overall condition, indicating a favourable response to homoeopathic treatment. Out of the many medicines prescribed, Nux vomica was found to be the most effective, followed by Sulphur, Podophyllum and Lycopodium.

**STATISTICAL ANALYSIS AND RESULT**

Data were collected from O.P.D. and I.P.D. of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute. Homoeopathic medicines were selected on symptom similarity after repertorisation using Radar software and confirmation by materia medica. Potency, dose, and repetition were determined according to individual cases following principles of homoeopathy. Medicines were administered orally using 30 no. size globules from the college pharmacy. Data analysis was done using the IBS-Symptom Severity Scale, comparing scores before and after treatment with paired t-Test. In 92 diagnosed cases (n=92), degree of freedom was 91 and significance level 5%.

1. Null hypothesis ( $H_0$ ) - Homoeopathic medicines are not effective in treatment of irritable bowel syndrome.
2. Alternative hypothesis ( $H_1$ ) - Homoeopathic medicines are effective in treatment of irritable bowel syndrome.

Parameter	Value
Number of patients (n)	92
Sum total of differences ( $\Sigma D$ )	7999
Sum total of squares of differences ( $\Sigma D^2$ )	875387
Mean difference ( $\bar{D}$ )	86.95
Standard deviation (SD)	44.46
Standard error of mean difference (SE)	4.64
t-value (t)	18.74
Degree of freedom (df)	91
t-critical( one tailed, $\alpha = 0.05$ )	1.66
p-value(one-tailed)	<0.001

**Result**

The one-tailed paired t-test was conducted to evaluate the effect of homoeopathic treatment on Irritable Bowel Syndrome using IBS Symptom Severity scale. The mean difference between pre- and post-treatment scores was  $86.95 \pm 44.46$ , with a standard error of 4.64. The calculated t-value was 18.74 with 91 degrees of freedom, exceeding the one-tailed t-critical value of 1.662 at the 5% level of significance ( $\alpha = 0.05$ ). The p-value was < 0.001, indicating that the probability of observing such a reduction in IBS-SSS scores by chance is extremely low. Therefore, the null hypothesis that “homoeopathic medicines are not effective in treatment of Irritable Bowel Syndrome” was rejected, supporting the alternative hypothesis. This demonstrates a highly significant reduction in IBS-SSS scores following the intervention.

**DISCUSSION**

In the present study, a higher proportion of males (63.04%) compared to females (36.96%) was observed, which may be attributed to sociocultural factors influencing health-seeking behavior, with females often underreporting gastrointestinal complaints and males being more exposed to occupational and environmental stress. The age-wise distribution showed that the 40–50 years group constituted the largest proportion (40.22%), followed by the 18–30 years group (36.96%) and the 30–40 years group (22.83%). This reflects that both middle-aged and younger adults are significantly affected, likely due to lifestyle influences, work-related strain, and irregular dietary habits.

Psychological stress emerged as the most common causative factor (56.52%), followed by post-infectious and dietary triggers (10.87% each), while genetic, hormonal, and medication-induced causes contributed comparatively less. This highlights the multifactorial nature of IBS with psychological components playing a predominant role.

Regarding severity, most cases were of moderate intensity (57.61%), indicating that patients typically sought treatment once symptoms became persistent and disruptive, whereas mild cases were fewer and severe cases constituted the smallest group. The most frequently prescribed remedies were Nux vomica (19.57%), followed by Sulphur, Podophyllum, Lycopodium, Pulsatilla, Aloe socotrina, and Argentum nitricum, reflecting their relevance to stress-related, functional, and lifestyle-associated IBS presentations. Among the potencies used, 200C was predominant (80.43%) and yielded the most favorable clinical responses.

In terms of outcome, moderate improvement was most commonly observed (48.91%), followed by mild and marked improvement, while a small proportion of patients showed no change. Overall, the findings suggest that homoeopathic management was effective in addressing both psychological and functional disturbances underlying IBS.

## CONCLUSION

The present study titled “To Study The Effectiveness Of Homoeopathic Medicines In The Treatment of Irritable Bowel Syndrome” was conducted on 92 clinically diagnosed cases to assess the therapeutic effect of individualized homoeopathic medicines. The findings revealed a higher incidence of IBS among males and middle-class individuals. The diarrhea-predominant (IBS-D) subtype was most frequently observed, and the majority of cases exhibited mild to moderate symptom severity. Psora emerged as the predominant miasm. Nux vomica, Sulphur, Lycopodium, Argentum nitricum, Carbo veg, Podophyllum, Aloe socotrina, and Pulsatilla were most frequently indicated. 200C potency was found most suitable.

The results of this study demonstrate that homoeopathic medicines offer significant improvement in bowel regularity, pain, and associated symptoms of IBS. Hence, it can be concluded that homoeopathic treatment provides a safe, effective, and sustainable therapeutic option in the management of Irritable Bowel Syndrome.

## CONFLICT OF INTEREST

There are no conflict of interest in this research

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