

Scientific Insights into Homeopathic Management of Non-Communicable Diseases: Fundamentals and Case Studies

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ABSTRACT

Non-communicable diseases (NCDs) are chronic and often progressive disorders that pose a major burden on global health systems. Long-term conventional management may be limited by adverse effects, polypharmacy, adherence challenges, and impaired quality of life. Homeopathy, developed by Samuel Hahnemann (1755– 1843), is widely used as a complementary modality and emphasizes individualized treatment and the principle of similitude. This review summarizes foundational homeopathic concepts relevant to chronic disease management and outlines current hypotheses proposed to explain homeopathic effects, including nanoparticle-based models and immunomodulatory mechanisms. Three illustrative clinical cases are presented, including an ovarian mass and two malignancies, each with baseline investigations and long-term follow-up. While these cases demonstrate sustained symptomatic improvement over extended periods, robust evidence requires well-designed prospective studies using standardized outcomes and transparent reporting.

Keywords: homeopathy; non-communicable diseases; complementary medicine; individualized treatment; chronic disease.

INTRODUCTION

Non-communicable diseases (NCDs), including arthritis, cardiovascular disorders, diabetes, autoimmune conditions, and other chronic illnesses, are major contributors to morbidity and mortality worldwide [1,13]. These disorders often require long-term care and may be associated with medication-related adverse effects, reduced adherence, and diminished quality of life.

In classical homeopathic theory, Hahnemann described chronic diseases as arising from deep-seated miasmatic influences, conceptualized as persistent predispositions affecting the vital force and shaping long-term illness expression [3,4]. The three primary miasms—psora, sycosis, and syphilis—are proposed as underlying influences that may manifest through diverse clinical presentations [3,4]. In this framework, the goal of treatment is to prescribe an individualized remedy based on the totality of symptoms, with the intention of restoring balance and limiting disease progression [4,6].

Homeopathy operates on the principle of “like cures like” (*similia similibus curentur*) [5] and uses serial dilution with succussion (potentization) [7]. Its individualized approach and generally favourable safety profile have contributed to its widespread use as a complementary therapy [6]. However, controversies remain regarding plausibility and the quality and consistency of clinical evidence, underscoring the need for rigorous research compatible with individualized prescribing [9,10].

REVIEW

Homeopathy: Overview of Core Principles

Law of similars

Homeopathy proposes that a substance capable of producing symptoms in a healthy individual can, when

prepared as a homeopathic medicine, be used to treat similar symptom patterns in illness [5]. For example, Arsenicum album is traditionally selected in diarrhoea with marked prostration, restlessness, and fearfulness, based on its homeopathic symptom profile.

Potentization

Potentization involves sequential dilution and succussion to prepare remedies with reduced toxicity and, according to proponents, enhanced therapeutic activity [7]. In high dilutions, the final preparation may contain little to no detectable original substance; explanations such as “water memory” have been proposed but remain debated [8].

Current Hypotheses

Several hypotheses have been proposed to explain how homeopathic preparations might interact with biological systems:

1. **Nanoparticle hypothesis:** Some authors suggest that the potentization process may retain nanoparticles of the original substance or source-related structures capable of biological interaction [9].
2. **Quantum/electromagnetic models:** Some proponents propose effects mediated via bioelectromagnetic fields.
3. **Biological pathway modulation:** Experimental literature discusses potential influences on immune signalling and inflammation [10].

Homeopathy In NCD Management

Homeopathy is used by practitioners for both acute and chronic disorders, with a focus on individualized, holistic care [6]. Reported areas of application include:

- **Autoimmune disorders:** Homeopathic prescribing is sometimes used in conditions such as rheumatoid arthritis and multiple sclerosis to address symptom burden.
- **Allergies and asthma:** Remedies including Arsenicum album, Natrum muriaticum, Natrum sulphuricum, and Thuja are frequently used in chronic respiratory complaints.
- **Chronic pain and fibromyalgia:** Often used as an adjunct approach in chronic pain states, emphasizing patient-centered care.
- **Mental health conditions:** Remedies such as Aurum metallicum, Hyoscyamus, Ignatia amara, and Stramonium are used in chronic anxiety and depression in homeopathic practice.

Metabolic disorders: In diabetes and obesity, remedies aim to address symptom patterns and constitutional features; Syzygium jambolanum is widely used in diabetes, and Phytolacca decandra has been mentioned in homeopathic literature for obesity [11].

Case Presentations

Case 1: Ovarian Mass (Right)

Patient: 28-year-old female, housekeeper, rural resident **Date of presentation:** 16 April 1995

Presenting complaints

Lower abdominal pain alternating sides with radiation to the back; lump-like sensation in the right iliac region; chronic urethritis with recurrent burning during urination; irregular scanty menses lasting 1–2 days; insomnia due to midnight aggravation of pain.

History of present illness

Pain was aggravated by lifting, exertion, motion, and sexual activity. Symptoms worsened with prolonged standing and were relieved by movement. There was discomfort while lying on either side. Menses were

delayed and scanty (1–2 days). A persistent lump sensation was noted in the lower right abdomen. Ultrasonography confirmed a right ovarian tumour.

Past history

History of abortion performed by an unqualified provider, with persistent emotional distress afterward.

Family history

Sister died due to haemophilia. Father had cardiac disease. Mother had asthma.

Personal history

Marked thirst; preference for warm food; craving for sweets and eggs; insomnia with dreams of drowning; inability to cook for prolonged periods due to pain; reduced sexual desire.

Examination and mental state

Sunken face with periorbital dark discoloration. Emotionally labile with frequent weeping. Irritable, obstinate, and angry after catching a cold. Delusion that her husband did not love her due to her dark complexion. Frequent sighing; enjoyed company. Cold intolerance was present; weakness worsened during pain.

Investigations

US abdomen at baseline: right ovarian tumour (as documented).

US whole abdomen (19 November 2006): normal pelvic organs; no evidence of ovarian tumour.

Symptom evaluation (key rubrics)

- Irritability aggravated by cold
- Strong craving for boiled eggs
- Weeping from admonition

Sleeplessness from abdominal pain

- Female genitalia: tumour (ovary)
- Abdomen: sensation of a lump

Diagnosis

Right ovarian tumour with associated chronic urethritis.

Treatment

- Calcarea carbonica 1M, single dose (16 April 1995)
- Calcarea carbonica 10M, single dose (01 July 1995)

Outcome

Abdominal pain resolved and the swelling disappeared within three months. Long-term follow-up to November 2006 showed no recurrence. Ultrasonography on 19 November 2006 reported normal pelvic organs without evidence of tumour.

Case 2: Gastric Adenocarcinoma (Diffuse Type)

Patient: 65-year-old male, agriculturist, rural resident **Date of presentation:** 7 August 2014

Presenting complaints

Severe epigastric pain worse after eating; immediate vomiting of black, foul-smelling material; severe constipation requiring enemas; scanty yellow urine; continuous facial perspiration. The patient lost 11 kg in three months (current weight 47 kg) and reported profound weakness and inability to walk.

History of present illness

Symptoms began about three months before presentation. Vomiting occurred immediately after eating and was associated with severe abdominal pain, leading to fear of food intake and prolonged fasting. Dry mouth, frequent spitting, and deep fissures of the lips were noted. The condition progressively worsened despite intermittent symptomatic treatment. He expressed hopelessness and fear of death.

Examination

Emaciated and weak; confused; intermittently muttering and grasping at objects. Sitting with head resting on the table. Dry mouth; preferred frequent small sips of water.

Investigations

28 July 2014: Upper GI endoscopy: chronic antral gastritis. Chest X-ray: prominent bronchovascular markings and subtle fibrosis; scoliosis. US abdomen: mild heterogeneous liver parenchyma with a small haemangioma. Hb 11.9 g/dL; WBC 6000/cmm; ESR 20 mm/hr; FBS 85 mg/dL; serum creatinine 0.79 mg/dL; SGPT 40.15 U/L.

2 August 2014: Histopathology (biopsy): gastric adenocarcinoma, diffuse type.

13 August 2014: CT abdomen: chronic gastritis with small liver haemangioma; Doppler confirmed haemangioma; creatinine 0.69 mg/dL.

Treatment

7 August 2014: Cadmium sulphuricum (Cadm-s) CH30, single dose

- 25 November 2014: Cadm-s CH30, repeated
- 25 February 2015: Arnica CH200, single dose
- 5 April 2015 to 12 December 2016: Cadm-s CH200, repeated at long intervals

Outcome

After the first dose of Cadm-s CH30, the patient reported symptomatic relief. Abdominal pain and vomiting stopped, bowel movements normalized, and weight stabilized. He regained the ability to walk and perform daily activities. By 12 September 2017, he was reportedly fully functional and leading a normal life.

Case 3: Gallbladder Adenocarcinoma

Patient: 55-year-old female, housewife, rural resident **Date of presentation:** 3 August 2009

Presenting complaints

Severe burning pain in the epigastric and hepatic regions radiating to the right scapula; marked intolerance to bread, pain aggravated by bread intake; constipation with evening flatulence; nausea and vomiting

especially after meat; profuse perspiration with relatively low body temperature; weight loss and progressive debility. Cognitive symptoms included forgetfulness and difficulty recognizing relatives.

History of present illness

Cholecystectomy was performed on 15 July 2009. Histopathology dated 23 July 2009 confirmed well-differentiated adenocarcinoma of the gallbladder. Following surgery, persistent burning abdominal pain developed, aggravated by lying on the back or affected side; temporary relief was obtained with a wet cloth over the painful region. Tongue ulcers with teeth marks, constipation, bread intolerance, and evening flatulence persisted. Neuropsychological symptoms included irritability and emotional instability.

Investigations

- **23 June 2009:** US abdomen: cholelithiasis with chronic cholecystitis, mucocele of gallbladder, choledocholithiasis
- **04 July 2009:** US abdomen: cholelithiasis with chronic cholecystitis changes
- **23 July 2009:** Histopathology: well-differentiated gallbladder adenocarcinoma
- **27 August 2009:** Hb 7.6 g/dL; WBC 5900/cmm; platelets 1.5 lakhs/cu; bilirubin 1.10 mg/dL; SGPT 26 U/L; alkaline phosphatase 112 U/L (other values as recorded)

Treatment

Hydrastis canadensis, Carbo animalis, Thuja occidentalis

- 3 August 2009: Hydrastis canadensis CH06, 16 doses QID for 4 days followed by a 24-day pause; repeated (as recorded up to November 2023)
- Later adjustments: Hydrastis canadensis CH30; Carbo animalis CH30 (16 doses QID for 4 days, repeated twice); Thuja occidentalis CH200 (single dose)

Outcome

By November 2011, burning pain, flatulence, and constipation resolved; tongue ulcers healed; cognitive symptoms improved. The patient remained symptom-free with sustained well-being, with the last documented follow-up in October 2023.

DISCUSSION

This review outlines foundational homeopathic principles and proposes how homeopathy is applied in chronic disease contexts using individualized prescriptions [4-6,14]. The cases presented illustrate long-term clinical improvement following homeopathic interventions, with baseline investigations supporting diagnoses and follow-up documentation indicating sustained symptom resolution.

Proposed explanatory models for homeopathic effects include nanoparticle-based hypotheses [9] and immunology- and inflammation-related discussions in complementary medicine literature [10]. Nonetheless, the overall evidence base remains mixed, and interpretations are limited by the methodological challenges of individualized prescribing, variable outcome measures, and potential bias.

Limitations

These cases are observational and do not establish causality. Information regarding concurrent conventional treatments, nutritional interventions, and other confounders may be incomplete. Larger prospective studies with predefined outcomes, standardized reporting, and transparent documentation are needed.

CONCLUSIONS

Homeopathy is widely used as a complementary approach for chronic disease management and is valued for individualized care and an overall favourable safety profile. The presented cases demonstrate prolonged symptomatic improvement with long-term follow-up. Further high-quality clinical research with standardized outcomes and robust methodology is required to clarify clinical effectiveness and mechanisms.

Additional Information

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