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Therapeutic potential of homoeopathic remedies in irritable bowel syndrome: A comprehensive review

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Abstract
Irritable Bowel Syndrome (IBS) is a common functional gastrointestinal disorder seen in clinical practice affecting daily functioning and quality of life, characterized by recurrent abdominal pain and altered bowel habits without any structural abnormalities in the gut. People who are suffering with IBS also experience conditions such as non-ulcer dyspepsia, fibromyalgia, chronic fatigue syndrome, or dysmenorrhea. There are past traumatic experiences including physical or sexual abuse which is sometimes linked to IBS which is very important to understand as this part of patient's history is important and these individuals often respond well to therapies that focus on emotional and psychological healing.
The important symptoms of IBS are abdominal pain which is crampy in nature, diarrhea, constipation, bloating, mucus in stools, urgency, and a sensation of incomplete evacuation. IBS is further divided into four subtypes based on predominant pattern of defecation: IBS-C, IBS-D, IBS- M, and IBS-U. IBS affects people worldwide, but it tends to be more common in women and in those younger than 45 years of age.
IBS is said to have aroused from multiple factors, which includes altered gut motility, visceral hypersensitivity, emotional stress, changes in gut microbiota, and dietary triggers such as FODMAPs although the exact cause is not yet clear. Some patients may also have small intestinal bacterial overgrowth. It requires a holistic and individualized approach for effective management.

Keywords: IBS, functional gastrointestinal disorder, abdominal pain, bloating, homoeopathy

Introduction
Irritable bowel syndrome is one of the common functional gastrointestinal disorders seen in clinical practice [1]. Irritable bowel syndrome is characterized by recurrent abdominal pain in association with abnormal defecation in the absence of a structural abnormality of the gut [2]. IBS was variously called earlier, albeit inappropriately, as spastic colitis, chronic amoebiasis, etc. [1]. However, IBS is the most common cause of gastrointestinal referral and accounts for frequent absenteeism from work and impaired quality of life. Coexisting conditions, such as non - ulcer dyspepsia, chronic fatigue syndrome, dysmenorrhea and fibromyalgia, are common. IBS is sometimes linked to past traumatic experiences including physical or sexual abuse. Understanding this part of patient's history is important as these individuals often respond well to therapies that focus on emotional and psychological healing [2]. One of the key symptoms is abdominal pain, which varies in intensity and is often described as cramp-like. Notably, this pain is not associated with any structural abnormalities or inflammation in the digestive tract, which is why IBS is defined as a functional disorder. Another key feature of IBS is altered bowel habits, which can manifest in different ways.In addition to these core symptoms, people with IBS often experience bloating and increased gas production, contributing to discomfort. Sometimes people with IBS notice mucus in their stools which is due to increased mucus production in the intestines. A sudden urge to have a bowel movement is also common leading to distress. As for what causes IBS, researchers are still unravelling the mystery. Several factors are believed to contribute to the development of this condition. Altered gut motility is associated with irregular contractions in the colon, leading to changes in bowel habits, while visceral hypersensitivity causes heightened sensitivity to gut sensations, making normal feelings painful for those with IBS [3].

BS - subtypes
IBS is further divided into four subtypes based on predominant pattern of defecation:

1. IBS-C (constipation: >25% hard/lumpy, < 25% loose/watery
2. IBS-D (diarrhoea: >25% loose/watery, <25% loose/watery
3. IBS-M (mixed >25% loose/watery, >25% hard /lumpy)
4. IBS-U (unclassified: <25% loose/watery, <25% hard/ lumpy) [4]

Epidemiology prevalence

Typically, IBS incidence rates are not calculated and prevalence rates fluctuate internationally, both within and between countries. These differences were attributed to the heterogeneity of prevalence studies, includes differences in the use of instruments, procedures, diagnostic criteria, populations and cultures [5]. Prevalence rates of IBS vary between 1.1% and 45%, based on population studies from countries worldwide, with a pooled global prevalence of 11.2%. About 10- 15% of the population are affected at some time but only 10% of these consult their doctors because of symptoms. Incidence rates of IBS are not reported for most countries.

Gender factor

Approximately two thirds of patients with IBS are women [4]. Young Women are affected 2- 3 times more often than men [2].

Age factor

IBS is a disorder that affects all ages, although most patients have their first symptoms before age. The frequency of IBS does not demonstrate sex/gender differences until puberty, but differences can be observed subsequently [4].

Etiology

The cause of IBS is incompletely understood but biopsychosocial factors are thought to play an important role, along with luminal factors, such as diet and the gut microbiota, as discussed below.

Behavioural and psychosocial factors

Most patients seen in general practice do not have psychological problems but about 50% of patients referred to hospital have a psychiatric illness, such as anxiety, depression, somatisation and neurosis. Panic attacks are also common. Acute Psychological stress and overt psychiatric disease are known to alter visceral perception and gastrointestinal motility. There is an increased prevalence of abnormal illness behaviour, with frequent consultations for minor symptoms and reduced coping ability. These factors contribute to but do not cause IBS.

Physiological factors

There is some evidence that IBS may be a serotoninergic (5-HT) disorder, as evidenced by relatively excessive release of 5- HT in diarrhoea - predominant IBS (D-IBS) and relative deficiency with constipation - predominant IBS (C-IBS). There is some evidence that IBS may represent a state of low - grade gut inflammation or immune activation, not detectable by tests with raised numbers of mucosal mast cells that sensitise neuron cells that sensitise enteric neurons by releasing histamine and tryptase.

Luminal factors

Small Intestinal Bacterial Overgrowth (SIBO) may be present in some patients and lead to symptoms. Dietary factors are also important. Some patients have chemical food intolerance (not allergy) to poorly absorbed, short - chain carbohydrates (lactose, fructose, and sorbitol, among others), collectively known as FODMAPs. Their fermentation in the colon leads to bloating, pain, wind and altered bowel habit [2].

Clinical features

Symptoms include gastrointestinal and extraintestinal disorders with the primary (main) gastrointestinal syndrome that show chronic abdominal pain and altered bowel habits.

1. Chronic abdominal pain

Abdominal pain is generally characterized as a feeling of cramps of varying severity with occasional exacerbations. The pain is usually found in the lower abdomen, which is often experienced in the lower left quadrant.

2. Altered bowel habits

Patients with IBS frequently complain about altered bowel habits, this can be seen in the volume, frequency and consistency of the patient stools.

3. Diarrhea

In general, diarrhea is characterized as regular loose stools of small to moderate volume. Stools usually occur during the waking hours of the patients; often in the morning or after meals. Lower abdominal cramps (tenesmus) precede most bowel movements. Perceived urgency of defecation and often faecal incontinence, followed by an incomplete feeling of defecation. About half of IBS patients complain that there was a mucosal discharge along with their stools. IBS is not associated with large volume diarrhea, bloody stools, nocturnal diarrhea and greasy stools. A patient subgroup experiences an acute viral or bacterial gastroenteritis known as postinfectious IBS.

4. Constipation

Stools are hard and can be described as pellet shaped. Feeling of incomplete evacuation experiences by the patients, even if the rectum is completely empty. This can result in a long time spent in the bathroom.

5. Upper gastrointestinal symptoms

Symptoms of Upper Gastrointestinal include dysphagia, Gastro oesophageal reflux, feeling full after eating only a small amount, intermittent dyspepsia, nausea, and non-cardiac chest pain. Patients also complain of increased gas production and abdominal bloating which may show up as flatulence and belching eructations,

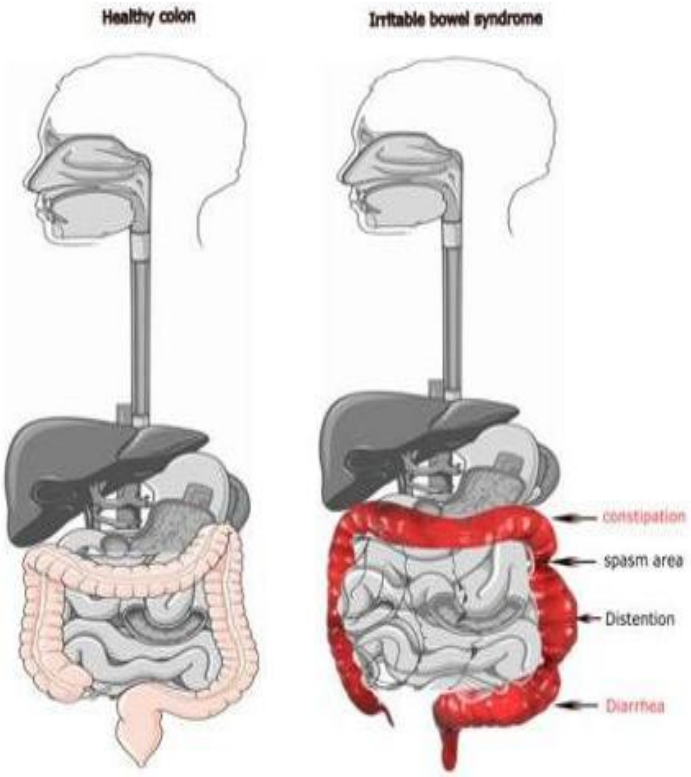

Fig 1: Changes in large intestine structure in patients with IBS [5]

1. Extra-intestinal symptoms

Symptoms include reduced sexual activity, dysmenorrhea, dyspareunia, and increase in frequency and urgency to urinate. Patients are more likely to suffer from hypertension, asthma or fibromyalgia [6].

Diagnosis

The diagnosis is clinical in nature and can be made confidentially in most patients using the Rome criteria combined with the absence of alarm symptoms, without resorting to complicated tests [2]. In the past, the diagnosis of IBS could only be made once extensive investigations failed to find a cause for the chronic lower GI symptoms. Manning and Thompson, for the first time, introduced the criteria-based diagnosis of IBS in 1978. Since then, the Rome Foundation brought in several iterations for the diagnosis of IBS. Manning's criteria encourage a positive diagnosis of IBS without the need for multiple unnecessary investigations to exclude organic diseases before diagnosing IBS. However, it is essential to note that in the study by Manning and Thompson, organic disorders excluded were peptic ulcer disease, inflammatory bowel disease, gastroesophageal reflux disease, gallstones, and carcinoma of the colon and not the conditions which closely mimic IBS such as lactose intolerance, celiac disease, microscopic colitis, small intestinal bacterial overgrowth (SIBO), faecal evacuation disorder, collagenous and microscopic colitis, etc. [1].

Rome III criteria for diagnosis of IBS

Recurrent abdominal pain or discomfort on at least 3 days per month in last 3 months, associated with two or more of the following:

Improvement with defecation

Onset associated with change in frequency of stool.

Onset associated with a change in form (appearance of stool) [2].

Currently, Rome IV criteria, developed after several iterations through Rome I, II, and III criteria, are used to diagnose IBS [1].

Manning criteria

Some studies suggested that the Rome III criteria demonstrated low validity and that the Manning criteria were more widely validated for clinical use. In 1978, the Manning criteria was initiated as an objective method to diagnose IBS. The criteria stated that there were four symptoms significantly more common in people with IBS, including:

- Abdominal pain relief with bowel movement
- Visible distention
- More frequent stools with the onset of pain
- Looser stools with the onset of pain.

Over time, two additional symptoms were found to be of increased prevalence in IBS and were added to the Manning criteria. The symptoms were faecal mucus and sensation of incomplete evacuation. Presently, these six symptoms are known as the Manning criteria. Unlike the Rome III criteria, the Manning criteria does not provide a method to differentiate between diarrhea- predominant IBS from constipation- predominant IBS [7].

Alarm features

Alarm features also called "red Flags," suggest the possible presence of an organic disease warranting investigations before the diagnosis of IBS is made. Alarm features include the age of onset at or >45 years, anaemia, blood in the stools, unintended weight loss, nocturnal symptoms, fever, abdominal mass, and a family history of colorectal cancer. For clinical trials, all patients should have at least full blood counts, erythrocyte sedimentation rate, C-reactive protein,

and limited colonoscopic examination, and other investigations, if indicated [1].

Laboratory investigations

Full Blood Count and Faecal Calprotectin, with or without sigmoidoscopy are usually done and are normal in IBS. Colonoscopy should be undertaken in older patients (over 40 years of age) to exclude colorectal cancer. Endoscopic examination is also required in patients who report rectal bleeding to exclude colon cancer and IBD Those who present atypically require investigations to exclude other gastrointestinal diseases [2].

Differential diagnosis [2, 7]

- Microscopic colitis
- Lactose intolerance
- Bile acid diarrhoea
- Some parasitic infections can affect the digestive system [2]
- In rare cases, endocrine tumours (such as gastrinomas or carcinoid tumours) may also cause digestive symptoms.
- Carcinoma of intestines
- Symptoms which suggest obstruction of the intestine, called intestinal pseudo-obstruction, as in diabetes or scleroderma
- Abuse of medications such as laxatives or bowel binders
- Psychiatric disorders (such as depression, anxiety or somatization disorder)
- Infections of the digestive tract
- Malabsorption syndromes (such as celiac disease or pancreatic insufficiency)
- Endocrine disorders (such as hypothyroidism, hyperthyroidism, diabetes or Addison's disease) [7]

Management

The first and the foremost step is to make a positive diagnosis and to reassure the patient.

Dietary fiber

Dietary management is effective for many patients. Up to 20% benefit from wheat free diet, some may respond to lactose exclusion and excess intake of caffeine or artificial sweeteners such as sorbitol should be addressed. A more Restrictive low FODMAPs (fermentable oligo- di- and monosaccharides and polyols) diet, supervised by a dietician with gradual re-introduction of different food groups may help some patients. [2] Studies have shown that up to 70% of IBS patients benefited from eating a low FODMAP diet. Symptoms likely to improve from such a diet include urgency, flatulence, bloating, abdominal pain, and altered stool output. This diet restricts various carbohydrates which are poorly absorbed in the small intestine, as well as fructose and lactose, which are similarly poorly absorbed in those with lactose intolerances to them. Reduction of fructose and fructan has been shown to reduce IBS symptoms in a dose- dependent manner patients with fructose malabsorption and IBS. Many individuals with IBS are lactose intolerant and a trial of a lactose- free diet is recommended. Some evidence suggests soluble fibre supplementation (e.g. psyllium /ispaghula husk) is effective. It acts as a bulk agent, and for many IBS-D patients, allows for a more consistent stool. For IBS-C patients, it seems to allow for a softer, moister, more easily passable stool [7].

Physical activity

Physical activity might enhance GI transit, and thus is to be encouraged. Exercise has been shown to improve symptoms in IBS [7]. People who did 20-60 minutes of moderate to vigorous activity,3- 5 times a week, noticed their symptoms were less severe after 12 weeks compared to those who are stuck with their usual routine activity [4].

Treatment

Allopathy in Irritable Bowel Syndrome (IBS)

Allopathic medicine is very commonly used in the treatment of Irritable Bowel Syndrome (IBS). In allopathy, approach of treatment focuses on managing and relieving IBS symptoms, as there is no known cure for the condition. According to the predominant symptoms (e.g., diarrhea, constipation, or a mix of both) and their severity in individual patients, there is a specific plan of treatment and is often tailored. Along with this, medications play a crucial role in managing IBS symptoms which include antispasmodic and antidiarrheal medications (such as loperamide) which helps in relieving abdominal cramping and pain by relaxing intestinal muscles, and controls diarrhea.

Those who are suffering with IBS-C, laxatives help in relieving constipation. Antidepressants in low dose, such as tricyclic antidepressants or selective serotonin reuptake inhibitors (SSRIs), may be prescribed to manage pain and improve gut motility. Some specific IBS medications like alosetron for IBS-D and lubiprostone for IBS-C, are available. Psychological therapies including Cognitive - Behavioural Therapy (CBT) and coping strategies can be recommended to manage stress and to address the psychological factors which are associated with IBS. Furthermore, probiotics can be suggested to help restore a healthier balance of gut bacteria. It is important to keep in mind that, there may be potential side effects. While treating IBS, medications which are used, may have their own side effects, which can include dizziness, dry mouth, constipation, and other gastrointestinal symptoms. Dietary modifications and probiotics may also lead to gastrointestinal discomfort in some cases. Adding to this, the use of low-dose antidepressants can have psychological side effects as well as there might be concerns about developing a dependency on medications, particularly those who are using laxatives or antidiarrheal medications. Therefore, patients should coordinate with their healthcare provider to prepare the most appropriate treatment plan and to monitor and manage potential side effects. Lifestyle modifications, such as dietary changes and stress management, are essential in IBS management [3]. Patients with intractable symptoms sometimes benefit from several months of therapy with tricyclic antidepressant such as amitriptyline or imipramine (10-25 mg orally at night) [2].

Homoeopathic approach

Homoeopathy in Irritable Bowel Syndrome (IBS)

Homoeopathy is a defined as the holistic system of medicine that is considered as an alternative approach to the treatment of medical conditions like Irritable Bowel Syndrome (IBS). In homoeopathy, treatment is based on individualization, focusing on the person's totality of symptoms which include

physical, mental, and emotional symptoms as well as their unique constitution. This very approach of individualization is a core principle of homoeopathy and it aims to address the root causes of the condition.

One biggest advantage of homoeopathy is it has no side effects as compared to allopathy which can be beneficial for individuals who are concerned about the side effects of medicines used in allopathy for IBS treatment. Another advantage in homoeopathy is its holistic approach which is highly inherent. The aim is to improve overall well-being and enhance the body's natural ability to heal itself instead of solely addressing IBS symptoms. Adding on, homoeopathic remedies do not typically interact with other medications, which can be advantageous for individuals taking multiple medications for different health conditions. Homoeopathic medicines are considered non- habit forming whereas some allopathic medicines such as laxatives and pain relievers after prolonged use can lead to dependency. Also, it is generally regarded as gentle and safe treatment for individuals of all ages, including children and the elderly [3].

As Homoeopathy works on Principle of Similia Similibus Curantur, medicine selection is done on basis of Symptom Similarity. Here Listing some important medicines of IBS below [4]

1. Nux Vomica

Eructations: Sour, bitter, nausea constant in morning after eating.

Constipation with frequent unsuccessful desire, passing small quantities of faeces, sensation as if not finished

Alternate constipation and diarrhoea in persons who have taken purgatives all their lives. Stomach pressure an hour or two after eating as from a stone [8].

2. Lycopodium

Excessive accumulation of flatulence, constant sensation of satiety, good appetite but a few mouthfuls fill up to the throat. And he feels bloated, fermentation in abdomen.

Everything tastes sour, eructations, heartburn, waterbrash, sour, vomiting [8].

3. Arsenicum album

Diarrhoea after eating or drinking, stool scanty, dark coloured, offensive followed by great prostration.

Gasteric derangements after cold fruits, ice cream, ice water, sour beer, alcoholic drinks [8].

4. Podophyllum

Painless diarrhoea of long standing early in the morning, continues through forenoon, followed by natural stool in evening and accompanied by sensation of weakness of sinking in abdomen or rectum.

Stool green, watery, fetid, profuse. Patient is constantly rubbing and shaking the region of liver with his hand**.**

5. Colocynth

Dysenteric stool renewed each time by the least food or drink. Jelly - like stools. Musty Odor., Distension.

Sensation as if stones were being ground together in the abdomen and it would burst. Intestines feels bruised. Cutting in the abdomen, especially after anger.

Agonizing Cutting pain in the abdomen causing the patient to bend double and press the abdomen [9].

6. Argentum nitricum

Belching accompanies most gastric ailments.

Flatulence dyspepsia: Belching after every meal, stomach, as if it would burst with wind. Belching difficult.

Diarrhea, green mucus, like chopped spinach in flakes, after drinking, after eating. Diarrhoea as soon as he drinks. Great longing for fresh air. Apprehension when ready for church or opera, diarrhoea sets in [8].

7. Sulphur

Diarrohea after midnight, painless, driving out of bed early in the morning, as if bowels were too weak to retain their contents.

Constipation stool hard knotty dry as if burnt, large painful, weak empty, gone or faint feeling in the stomach.

Standing is the worst position; they cannot stand every standing position is uncomfortable [8].

8. Pulsatilla

Diarrhea only or usually at night, watery greenish yellow, very changeable, soon as they eat, from fruit, cold drinks, ice cream.

Symptoms ever changing.

Adapted to persons of slow phlegmatic temperament, affectionate, mild, gentle timid yielding disposition [8].

Conclusion

IBS is a chronic functional gastrointestinal disorder with symptoms of Recurrent abdominal pain and altered bowel habits or abnormal defecation that include diarrhea, constipation, or both in absence of structural abnormality of gut. It significantly effects quality of life and its management require an individualized and holistic approach, while its exact cause remains unclear. Along with dietary regulation, stress management, homoeopathic treatment offers relief by addressing both emotional and physical triggers. Therefore, Homeopathic remedies can cure IBS without any side effect.

References

1. Kamath SA, Shah SN, Munjal YP, Nadkar MY, editors. API textbook of medicine. 12th ed. New Delhi: Jaypee Brothers Medical Publishers; 2022. ISBN: 978-9354656361.
2. Ralston SH, Penman ID, Strachan MWJ, Hobson R, editors. Davidson's principles and practice of medicine. 23rd ed. London: Elsevier Health Sciences; 2018. ISBN: 978-0702070280.
3. Saxena V, Sharma V. A systematic review on the efficacy of homoeopathic medicine in the treatment of Irritable Bowel Syndrome (IBS). Int J Homoeopath Sci. 2024;8(4):1-5.
4. Kannan M, Kathiravan J. Irritable bowel syndrome and its homoeopathic management: a review. AYUSHDHARA. 2022;9(5):83-89.
5. Hamarashid BR, Dalkilic S, Dalkilic LK, Saleh KK, Kirbag S. Irritable bowel syndrome (IBS): a review. [Journal name not specified]. 2020;11(3):36-52.
6. Vahedi H, Ansari R, Mir-Nasseri M, Jafari E. Irritable bowel syndrome: A review article. Middle East J Dig Dis. 2010;2(2):66-77.
7. Chahar A, Sharma S. Irritable bowel syndrome and its homoeopathic therapeutics. Int J Homoeopath Sci. 2020;4(4):78-82.

8. Allen HC. Allen's keynotes: rearranged and classified with leading remedies of the materia medica and bowel nosodes including repertorial index. 10th ed. New Delhi: B Jain Publishers.
9. Boericke W. Boericke's new manual of homoeopathic materia medica with repertory. 3rd rev and aug ed. New Delhi: B Jain Publishers.

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