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A systematic review on homoeopathic management of liver diseases

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Abstract

Introduction: Liver disorders pose a major global public health challenge due to diverse aetiologies and limited conventional treatment options. Interest in homeopathy as an alternative approach for liver diseases is increasing. This systematic review evaluates existing evidence on the role of homeopathy in liver disorder management.

Methods: A comprehensive literature search was conducted in PubMed, Scopus, and Google Scholar for studies published up to September 2023. Studies were selected using predefined criteria, assessed for quality, and synthesised to evaluate the efficacy and safety of homeopathic interventions.

Results: Ten eligible studies involving hepatitis, cirrhosis, fatty liver disease, and drug-induced liver injury were included. Some studies reported improvements in symptoms, liver function, and quality of life; however, the overall evidence quality was low and heterogeneous.

Conclusion: Homeopathy may offer potential benefits in liver disease management, but current evidence is limited. Well-designed, high-quality studies are required to confirm efficacy and safety. Integration into holistic care should be undertaken cautiously alongside conventional treatment.

Keywords: Homeopathy, liver diseases, systematic review, complementary medicine

Introduction

Liver diseases represent a significant global public health problem, contributing substantially to morbidity and healthcare burden worldwide. The increasing prevalence of liver disorders is associated with diverse etiological factors such as viral infections, alcohol consumption, metabolic disorders, obesity, and drug-induced liver injury. While conventional medical advances have improved diagnostic and therapeutic modalities, challenges related to adverse effects, chronicity, and long-term management persist.

Homoeopathy is a holistic system of medicine based on the principle of similars, employing individualized remedies to stimulate the body's inherent healing response. Its role in the management of chronic systemic diseases has been explored in various clinical contexts. This systematic review aims to critically appraise the existing scientific literature on homoeopathic interventions in liver diseases, evaluating their effectiveness, safety, and clinical outcomes, and to identify gaps for future research.

Review of Literature

Liver cirrhosis

A chronic liver disease marked by scarring, distorted hepatic architecture, and ineffective regeneration, leading to loss of liver function and portal hypertension ^[1]. Cirrhosis was traditionally considered irreversible, but removal of the cause may allow partial reversal. It is characterized by distorted regenerative nodules, hepatocyte dysfunction, and fibrosis due to activation of hepatic stellate cells. Clinical features depend on disease severity ^[2].

Causes ^[3]

Alcohol-associated liver disease, Non-alcoholic Fatty Liver Disease (NAFLD), Chronic Hepatitis (Hepatitis B and C), Autoimmune Hepatitis, Bile Duct Diseases: Primary biliary cholangitis and Primary sclerosing cholangitis, Inherited Liver Diseases: Wilson disease, hemochromatosis, and alpha-1 antitrypsin deficiency, Medication and High-Dose Vitamin A and chronic heart failure with liver congestion

Clinical features ^[4]

Hepatomegaly (although liver may also be small); Jaundice; Ascites; Circulatory changes: spider telangiectasia, palmar erythema, cyanosis; Endocrine changes: loss of libido, hair loss; Men: gynaecomastia, testicular atrophy, impotence; Women: breast atrophy, irregular menses, amenorrhoea; Haemorrhagic tendency: bruises, purpura, epistaxis; Portal hypertension: splenomegaly, collateral vessels, variceal bleeding; Hepatic (portosystemic) encephalopathy and other features: pigmentation, digital clubbing, Dupuytren's contracture

Lab investigations

1. Haematological tests ^[5]

- a) **CBC:** Which can be used to find any infection and anaemia.
- b) **LFT:** Alanine Transaminase (ALT), Aspartate Transaminase (AST), and Alkaline Phosphatase (ALP) level increases. Bilirubin increases, Protein levels in blood decreases.
- c) **Hepatitis panel**
- d) Blood tests for autoimmune liver conditions, which includes the Antinuclear Antibody (ANA), Anti-Smooth Muscle Antibody (SMA), and Anti-Mitochondrial Antibody (AMA) tests.

2. Radiological tests ^[5]

- a) Ultrasound
- b) Computed Tomography (CT)
- c) Magnetic Resonance Imaging (MRI)

Homoeopathy therapeutics ^[6]

- **Argentum nitricum:** For cirrhosis from malaria cachexia with stitching liver pain, fullness, and occasional stinging pain. May lead to fatal dropsy and pigmentary degeneration.
- **Aurum metallicum:** Suitable for hepatic congestion post-cardiac disease, with burning and cutting pain in the right hypochondrium, often leading to cirrhosis and jaundice.
- **Bryonia alba:** Used for liver swelling with congestion and inflammation. Can be triggered by anger. Patients are typically chilly, with a pungent taste in the mouth and yellowish eyes.
- **Carbo vegetabilis:** Indicated for sensitive liver region with stitching and burning pains. Often accompanied by excessive flatulence.
- **Cardus Marianus:** Relevant for miners with cachexia and gallstones, featuring stitching and drawing pains, jaundice, and clayey stools.
- **Iodum:** Used when there are pressing and stitching pains in the hepatic region, along with emaciation, tenderness, and jaundice.
- **Lycopodium clavatum:** Suitable for cirrhosis with ascites, common in those with a history of alcohol consumption. Often characterized by discomfort after eating and a sensation of fullness.
- **Magnesia muriatica:** Used for hepatomegaly in children, pressing liver pain, knotty stools, and dyspnea, possibly with uterine issues and fainting fits.
- **Mercurius:** Indicated when the liver region is painful and sensitive, often with jaundice due to quinine abuse or tenesmus.

- **Nux vomica:** Suitable for liver swelling in individuals with a history of excessive alcohol, quinine, or purgative use, often with colic.
- **Phosphorus:** Used for fatty liver degeneration, jaundice, and liver soreness. It may address cirrhosis and atrophy.
- **Plumbum metallicum:** Relevant for continuous darting liver pain, cirrhosis, and burning sensations in the liver region.
- **Podophyllum:** Suitable for profuse bile flow followed by lethargy and jaundice in chronically congested livers, with diarrhoea and clayey stools.
- **Selenium:** Indicated for an enlarged liver, anorexia, and sharp, stitching liver pain worsened by pressure and movement.
- **Taraxacum:** Used when there's a bitter taste in the mouth, chilliness, and liver soreness after eating or drinking, often with nauseous diarrhoea.

Treatment ^[7]

1. Treatment of underlying cause like abstinence from alcohol.
2. Adequate diet giving 25-35kcal/kg/day with protein intake of approximately 1-1.5gm/kg/day.
3. There is fluid retention restriction of salt. Fluid restriction approximately 1L/day.
4. Diuretics in case of fluid retention

Cirrhosis diet ^[7]: No alcohol. Restrict salt 2gm/day, Protein 15%, CHO 55%, Fat 30%

Source ^[7]: CHO: grain-whole grain bread/brown rice; Protein: Milk, egg daily boiled egg, avoid meat (decrease protein & iron load), sprouts (gives vitamin B also); FAT: medium chain triglyceride (fractionated coconut oil); VEG.: bitter gourd/egg plant.

Non - alcoholic fatty liver disease

Non-alcoholic fatty liver disease is characterized by accumulation of triglycerides in hepatocytes due to imbalance between lipid delivery and removal, and may be associated with hepatic inflammation and hepatocyte injury ^[8]. In the absence of high alcohol consumption (typically, a threshold of < 20 g/day for women and < 30 g/day for men is adopted), this is called non-alcoholic fatty liver disease (NAFLD) ^[4].

Clinical features

There are not usually any symptoms of NAFLD in the early stages ^[9]. It may be associated with fatigue and mild right upper quadrant discomfort ^[4].

People with NASH or fibrosis (more advanced stages of NAFLD) may experience: Dull or aching pain in the top right of the tummy (over the lower right side of the ribs) extreme tiredness; Unexplained weight loss; Weakness.

Lab investigation ^[10]

- Some imaging tests, including special ultrasound and MRI scans can help diagnose the disease and spot scar tissue in the liver.
- But the only way to be certain that fatty liver disease is the only cause of liver damage is with a liver biopsy. A liver biopsy involves getting a tissue sample of your liver with a needle.

General management^[11]

- Maintain a healthy lifestyle and aim for weight loss, targeting about 10% of body weight or in accordance with BMI.
- Even losing half of this weight can have a positive impact on fatty liver.
- Fatty liver often leads to insulin resistance, where the body can't effectively use the insulin it produces, causing blood glucose levels to rise.
- To address this, increase the intake of healthy fats, especially monounsaturated fats and Omega-3 fatty acids.
- Good sources include fish, almonds, flaxseed, olives, and green leafy vegetables.
- Avoid saturated fats that can accumulate in the liver, found in red meat, poultry, fried foods, and sugary or aerated drinks.
- Quit alcohol and smoking for better liver health.

Homoeopathic therapeutics^[12]

- **Bryonia alba:** For liver inflammation, soreness, and burning pain.
- **Chelidonium majus:** Useful for jaundice and right hypochondrial pain.
- **Carduus marianus:** Benefits liver soreness, pain, and jaundice.
- **Ceanothus americanus:** Addresses liver and spleen issues, especially right-sided discomfort.
- **Chelone glabra:** For left liver lobe pain and jaundice.
- **China officinalis:** Effective for right hypochondrial pain and jaundice.
- **Chionanthus virginica:** Treats soreness, an enlarged liver, and recurring jaundice.
- **Podophyllum peltatum:** Helpful for liver torpidity, jaundice, and pain.

Hepatitis B

Hepatitis B results from a liver infection caused by the hepatitis B virus, which can manifest as acute (short and severe) or chronic (long-term) forms. Chronic hepatitis B increases the risk of cirrhosis and liver cancer, potentially leading to fatal outcomes. Transmission occurs through contact with infected bodily fluids, including blood, saliva, vaginal fluids, and semen. It can also be transmitted from a mother to her baby. Effective prevention is possible through a safe vaccine, typically administered shortly after birth with follow-up boosters a few weeks later. This vaccine offers nearly 100% protection against the hepatitis B virus^[13].

Causes

Hepatitis B infection is caused by the hepatitis B virus (HBV). The virus is passed from person to person through blood, semen or other body fluids. It does not spread by sneezing or coughing^[14].

Common ways that HBV can spread are^[14]: Sexual contact; Sharing of needles; Accidental needle sticks; Mother to child.

Clinical features^[13]

Most people do not experience any symptoms when newly infected. Some people have acute illness with symptoms that last several weeks: Yellowing of the skin and eyes

(jaundice); Dark urine; Feeling very tired; Nausea; Vomiting; Pain in the abdomen.

When severe, acute hepatitis can lead to liver failure, which can lead to death.

Lab investigation^[4]

- **Serology:** Hepatitis B surface antigen, Hepatitis B core antigen, Hepatitis B e antigen and Viral load and genotype - HBV-DNA can be measured by PCR in the blood

Hepatitis C^[4]

This is caused by an RNA flavivirus. Acute symptomatic infection with hepatitis C is rare. Eighty percent of individuals exposed to the virus become chronically infected and late spontaneous viral clearance is rare. There is no active or passive protection against Hepatitis C Virus (HCV).

Clinical features^[15]: Most people don't have any symptoms.

Acute symptoms of hepatitis C infection may resemble flu symptoms, such as: Fever, Fatigue, Body aches and Loss of appetite. They may also resemble the symptoms of acute liver failure, such as: Jaundice (yellowing of lighter skin and the whites of the eyes); Abdominal pain (especially in the upper right quadrant); Nausea and vomiting and Dark-coloured urine and light-coloured stool.

Lab investigation^[4]

Serology - HCV genome

Liver function tests:

- LFTs may be normal or show fluctuating serum transaminases between 50 and 200 U/L.
- Jaundice is rare and only usually appears in end-stage cirrhosis.

Liver histology: Serum transaminase levels in hepatitis C are a poor predictor of the degree of liver fibrosis and so a liver biopsy may be required to stage the extent of liver damage.

Liver abscess^[4]

Liver abscesses are classified as pyogenic, hydatid or amoebic. Pyogenic liver abscesses are uncommon but important because they are potentially curable, carry significant morbidity and mortality if untreated, and are easily overlooked.

Clinical features: Symptoms of hepatic abscess include fever, chills (rigors), and weight loss. The most common symptom is abdominal pain, primarily in the right upper quadrant, with possible radiation to the right shoulder. This pain can be pleuritic. Over 50% of patients experience tender hepatomegaly (enlarged liver). Mild jaundice may occur and can worsen if biliary obstruction results from large abscesses. Unusual symptom presentations are frequent, sometimes leading to delayed diagnoses, especially in cases with gradual disease onset or unexplained persistent fever. It's crucial to distinguish hepatic abscess from necrotic colorectal metastases to avoid misdiagnosis.

Lab investigation^[4]: Liver imaging; Needle aspiration; Chest X-ray - Raised diaphragm and lung collapse; Blood cultures - Positive in 50 - 80%.

Sl. No.	Study Name	Name of the journal and author	Month and year	Clinical Conditions	Methodology	Laboratory findings	Interventions	Observations	Remarks
1	Efficacy of homoeopathic medicines in liver cirrhosis (Chronic liver disease) ^[16]	International Journal of Homoeopathic Sciences Author- Dr. Rohit Gupta	25.12.2020	Weakness, Fatigue, Muscle Cramps, Weight Loss, Anorexia, Nausea & Vomiting Upper Abdominal Discomfort. Diagnosis - Liver cirrhosis	Prospective Interventional study to prove the efficacy of Homoeopathy medicines.	Blood tests for CBC (Complete blood count), PT (prothrombin time), Platelets, LFT (Liver function test), HBsAg, Anti. HCV; Ultrasound of abdomen, X-ray, ECG.	1. Constitutional Prescribing: This method involved a comprehensive case-taking process to gather the totality of a patient's symptoms. 2. Clinical Prescribing: The remedy selection was based on pathophysiological symptoms, guided by uncommon, rare, peculiar, and characteristic symptoms outlined in § 153 and § 209 of the 5th and 6th editions of the Organon of Medicine.	Out of 50 cases, 18 showed marked improvement, 14 showed moderate improvement, 10 showed mild improvement and 8 showed no improvement	1. Prescription method is not precise because they used both constitutional and clinical method of prescription which creates confusion that which method of prescription has acted better in this study 2. The potency and repetition of medicine was not clearly mentioned in this study. 3. This study had little sample size which alone cannot conclude the result, this study needs much more sample size
2	An evidence based clinical study on homoeopathic treatment of hepatitis b patients ^[17]	Advancements in Homeopathic Research Author - Dr. Girish Gupta	May 2022 - July 2022	Hepatitis B - Symptoms: Jaundice	Retrospective study done in patients suffering with Hep B. 18 diagnosed cases were taken and Homoeopathic medicine prescribed as per constitution of the patient along with few organ remedies. Follow up was assessed with HBV DNA Quantitative (Viral load) test	HBV DNA Quantitative (Viral Load)	Constitutional medicines were prescribed in every case as per totality of symptoms along with China 30 as liver specific medicine. Chelidonium Q was given in cases where liver function was disturbed.	Out of 18 patients, 14 had positive response (5 - reduction in viral load, 9 - viral load came below norma), 2 had status quo and remaining 2 had no improvement.	No clinical improvement of the patients was shown in this study. This study mainly focussed only on Laboratory values i.e., HBV DNA Quantitative (Viral Load)

3	A case report on fatty liver with renal calculi treated with homoeopathy [18]	International Journal of Homoeopathic Sciences Author-Dr. Ajay Vishwakarma	20.06.2022	Grade 1 Fatty Liver along with renal calculi	A case report of 43 years male presented with right sided pain in abdomen associated with tightness in abdomen in the past 1 month. On investigation it is found that patient is suffering from fatty liver and renal calculi. Repertory using RADAR software in order to choose the individualised remedy where Lycopodium, Sepia, Nux vomica, Lachesis and China were shortlisted.	USG WHOLE ABDOMEN (26.6.21) Grade 1 fatty changes in liver, right renal concretion, Mild wall thickening in the fluid filled dilated bowel loops, Mild probe tenderness over right iliac fossa region	Lycopodium 1M single dose based on repertorization. Treatment was continued for 3 months and given in very few doses.	The medicine selected on the basis of homoeopathic principles proved to be very effective. Lycopodium given in few doses appeared to be very effective.	This case was more towards Renal calculi and less importance was given to Fatty liver.
4	An Evidence Based Case Study of Hepatitis B Infection [19]	Materia Novum - The Journal of Homoeopathy Author - Prof. Dr. T.K. Kundu	Jan - Mar 2017	Diagnosis - Hepatitis B A single case of 52 years old male presenting with complaints of itching with burning pain all over the body for 3 years < - after eating, day and night rashes. Unsatisfactory stools. Flatulence distension of abdomen since 2 to 3 years. Bloating of abdomen with rumbling and gurgling < - After eating, > - Passing flatus	A single case is taken from homeopathic medical college OPD and prescribed on basis of totality of symptom according to law of similia.	Report of HBs Ag ELISA- HBsAg positive Viral load- 16500000 IU/ml (16/01/2013) (HBV viral load by TAQ MAN)	After repertorisation using Radar 10 software and Synthetic repertory, Lachesis 6c was prescribed based on the constitution and individualized approach.	After intervention, the viral load reduced to lower value and the patient was symptomatically better Aswell and during the study patient discontinued treatment.	The study is based on the single case so we cannot come to any precise conclusion of its efficacy. The viral load zero was not obtained as the patient discontinued the treatment
5	Dealing Fatty Liver through HHH- 'Homoeopathy & Hepatic Health' Care [20]	SAR Journal of Medicine Author- Dr. Tridibesh Tripathy	13.05.2023	Deals with every aspect of liver diseases mainly non- alcoholic fatty liver (NAFLD), alcoholic fatty liver (ALD), hepatitis - C(HCV), and non-alcoholic steato-hepatitis (NASH)	Journal related to hepatic health, its diagnosis and its homeopathic management	Liver function test	1. Asymptomatic stage, raised SGPT - Chionanthus Q in drops and ferr met in potency. 2. NASH - ferr iod and ferr ars in triturations along with argenteum iod and aconitum lycotonum in	This journal gives the insight about dealing with every aspect of liver diseases and its homeopathic management in the deeper level along with the aid of modern diagnostic investigation.	Good

						<p>potency</p> <p>3. Seconday symptoms in NASH - podophyllum and ptelea trioliata, natrum cholenicum and myrica Q</p> <p>4. Liver fibrosis - syphilinum, taraxacum Q, scrophularia nodosa Q, Cardus Mar Q and Thiosinaminum.</p> <p>5. High GGT - Chelidonium Q, Andrographis Panniculata Q, And Cortisone.</p> <p>6. Jaundice - Natrum phos, Balata americana, Lupulus, Nyctanthes arb Q</p> <p>7. Ascites - Ascites fluid and Elaterium along with Argemone Mexicana Q and Eel serum 3X</p> <p>8. For secondary manifestation like fever to cirrhosis - Acetanilidum and Brucella in potency along with Swertia chiraita Q in drops</p> <p>9. Opportunistic infections prescribe - AIDS nosode along with Echinacea Q and Azadirachta indica Q</p> <p>10. Impaired glucose metabolism - Arsenic bromatum Q, Alloxan, Pancreatinum and calcarean ars.</p> <p>11. Raised TNF</p>	
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						and TGF- beta - Aconitine, Prednisolone, Cortisone, Yucca filamentosa Q 12. Hepatocellular CA - cholesterinum, carcinosin and aurum ars. 13. turning off bad genes like PNPLA3 - Curcuma longa, Lycopersicum esculentum. 14. AFLD - syphilium, alcoholus, Quercus gladius spiritus Q and Angelica Q.		
6	A case of multiple pathological conditions, completely recovered by individualised homoeopathic medicine [21]	International Journal of Homoeopathic Sciences Author- Dr. Vishal Kumar Jaliya	16.04.2023	Grade 1 fatty liver Pain in the abdomen in Rt Hypochondrium	A single case study of multiple pathological conditions like Fatty liver Grade 1, B/L Renal calculi, left lower ureteric calculus and treating those with individualised homeopathic medicine.	USG Whole Abdomen. Fatty liver Grade 1 changes. B/L Renal Calculi, left lower ureteric calculus causing Gross hydroureronephrosis.	Sulphur 30 (BD x 3days) was given after repertorization.	After intervention, following follow ups patients showed significant improvement of the patient And After treatment for 7 months, USG Whole abdomen Left mild hydronephrosis likely due to recently passing the stone and complete resolution of fatty liver was noted
7	Individualized homeopathy in a case of liver abscess: A case report [22]	Indian Journal of Research in Homoeopathy Author- Jyoti Chikara	29.3.2022	Diagnosis - Liver abscess Acute pain in the right hypochondriac region < - movement, breathing. H/o fever 3 days ago. Episode of watery stools with slight nausea. Constant urge to urinate frequently with pain in Right lower abdomen with fever and chills one week ago. Pain > - Keeping hand over liver region and giving	A single case study with the assessment of USG whole abdomen.	USG (Whole abdomen) Hepatomegaly (18-19 cm) with hypo-echoic lesion of 88 x 78 x 68 mm with volume of 230 cc in right lobe.	Bryonia was selected as the simillimum of the case on the basis of totality, individualization, and after consideration of Materia Medica and Repertory. Bryonia 200C was given at 6 h interval followed by placebo for 5 days. Advised to avoid all kinds of oily and fried foods, take plenty of water and avoid overeating.	The patient's status was assessed and subsequent ultrasonography was done at 15-day intervals for 1 month. Pain subsided to about 80% by the next day after 1st prescription following series of intervention the liver size become normal in the end of the study and pain reduced to zero

				slightest pressure. App - Poor. O/E of Abd - Tenderness in Right hypochondrium > - By applying gentle pressure					
8	Homeopathic Treatment and Prevention of Hepatitis C [23]	Journal of Traditional Medicine & Clinical Naturopathy Author-Dr. Ahsan Shafi Memon	December 30, 2017	Diagnosis - Hepatitis C Loss of appetite, fatigue and nausea.	Three cases were included in this study who were not benefitted with Interferon. Blood samples of infected patients were collected and centrifuged; the serum of the individual patient was potentized by 6c, and then taken orally through chewable tablets (Diskettes) with the following Homeopathic medicines according to the symptoms: 1. Chelidonium 30 thrice a day 2. Cardius marinus Q thrice a day 3. Natrium sulph 3X thrice a day	Qualitative HCV RNA polymerase chain reaction (PCR), SGPT and Serum albumin.	1. 6c preparation of Serum from the infected patient. 2. Chelidonium 30 thrice a day 3. Cardius marinus Q thrice a day 4. Natrium sulph 3X thrice a day	This interventional study done adhered to the protocol or 2 years during this period patient didn't used other treatment. During the course of time patient regained normal body weight and were no longer experiencing nausea and weakness and HCV PCR results are now "not detected/non-reactive".	This study is not purely homoeopathic way of intervention, the primary intervention was isopathic way of prescription (by using similar pathological agent), and there is no clear explanation for the use of this intervention. Three case alone doesn't claim proof of cure for hepatitis C.
9	Homoeopathic treatment of hepatic haemangioma with ovarian cyst. [24]	Indian Journal of Research in Homoeopathy Author-Dr. Abhijit Chakma	August 26, 2021	Hepatic Haemangioma (HH) along with Ovarian Cyst Upper abdominal pain	A single case study of Hepatic haemangioma along with ovarian cyst.	USG (whole abdomen and transvaginal) and blood (routine) suggested hepatomegaly with multiple well-defined homogenously echogenic nodule lesions in both the lobes - suggestive of haemangioma (larger one is 1.64 cm x 1.64 cm) and right OC (2.26 cm x 1.25 cm) with pelvic congestion syndrome	Pulsatilla seemed to be the most suitable remedy in this case and prescribed in the 30th potency on the 1st visit.	After the course of 3 months, patient was doing well and reported with USG abdomen showing Normal study and there was also significant increase in Hb level but below normal.	Good
10	A series of homeopathic remedies-related severe drug-induced liver injury from South India [25]	Hepatology Communications Author- Arif Hussain Theruvath	10.12.2022	Liver Injury - Acute hepatitis, Jaundice, and ascites.	A retrospective review of records from January 2019 to February 2022 identified 9 patients with liver injury attributed to	Toxicological investigations	Chemical analysis of the dilution and Triple quadripolegas chromatography - mass spectroscopy	Five patients had underlying chronic liver disease. COVID-19 prevention was the most common indication for	This article published in the intent to make biased information about homeopathic preventive medicine in

				homeopathic formulations			homeopathic use. Four (44.4%) patients died (3 with chronic liver disease) at a median follow-up of 194 days. A total of 29 remedies were consumed between 9 patients, and 15 formulations were analyzed. Homeopathic remedies potentially result in severe liver injury	general, totally have negative perspective about homoeopathic remedies, there is no proper study regarding the nature of homeopathic pharmaceutical working principles.
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Discussion

The systematic review of homeopathic approaches to liver diseases reveals potential benefits, such as symptom relief, personalized treatment, and minimal side effects. However, it highlights limitations, including the absence of high-quality clinical trials. This review focused on 10 specific journals out of 30, emphasizing the specialized nature of homeopathy in hepatic health. The inclusion of individualized approaches and case studies underscores the unique methodology of homeopathic treatments. The integration of homeopathy with conventional medicine is an emerging trend in the management of liver diseases. Nonetheless, further robust research, particularly randomized controlled trials, is essential to conclusively establish the efficacy of homeopathy in treating liver conditions.

Conclusion

This systematic review highlights the potential of the homeopathic approach in the management of liver diseases. The literature suggests that homeopathy offers a holistic and patient-centric approach, addressing not only physical symptoms but also emotional and mental aspects. While further research is needed to strengthen the evidence base, the existing studies demonstrate promising results. Homeopathy can be considered a complementary and alternative therapy for liver diseases, promoting individualized care and enhancing the overall treatment landscape.

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