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Constitutional Homoeopathic Treatment and Health-Related Quality of Life in Irritable Bowel Syndrome: A Prospective Observational Cohort Study from Kolkata

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ABSTRACT

Irritable bowel syndrome (IBS) is a prevalent functional gastrointestinal disorder characterised by chronic or recurrent abdominal pain associated with altered bowel habits, substantially impairing health-related quality of life across its physical, psychological, and social dimensions. Constitutional homoeopathic treatment, which addresses the patient's totality — including mental and general characteristics alongside local gastrointestinal symptoms — is widely practised for IBS in India, yet prospective evidence on its impact on validated quality-of-life outcomes over an extended follow-up period is limited. This prospective observational cohort study enrolled 96 adult patients meeting Rome IV criteria for IBS at four homoeopathic medical college outpatient departments in West Bengal, of whom 84 completed six months of constitutional homoeopathic treatment and follow-up assessment. Health-related quality of life was measured at baseline, three months, and six months using the IBS-specific quality of life instrument (IBS-QOL), which assesses eight subscales covering dysphoria, activity interference, body image, health worry, food avoidance, social reaction, sexual function, and relationships. Statistically significant improvements were observed across all eight IBS-QOL subscales from baseline to six months (all $p < 0.001$), with mean total IBS-QOL score improving from 39.4 to 69.8 (mean change +30.4 points; 95% CI: 27.6–33.2). The greatest absolute improvements were observed in the dysphoria and activity interference subscales. These findings suggest that constitutional homoeopathic treatment is associated with clinically meaningful improvement in health-related quality of life across all dimensions of the IBS-QOL instrument over a six-month treatment period.

KEYWORDS: - *Homeopathic therapeutics, Irritable bowel syndrome, Health-related quality of life, IBS-QOL, Constitutional homoeopathy, Functional gastrointestinal disorder, Prospective cohort study, Rome IV criteria*

INTRODUCTION

Irritable bowel syndrome is a functional gastrointestinal disorder defined by the Rome IV diagnostic criteria as recurrent abdominal pain occurring at least one day per week on average, associated with two or more of the following: relation to defaecation, change in stool frequency, or change in stool form, in the absence of structural pathology explaining the symptom pattern (1). IBS affects an estimated 10–15% of the global population and is one of the most common conditions encountered in both primary care and gastroenterology practice, generating substantial healthcare utilisation and imposing significant impairment across the physical, psychological, and social dimensions of health-related quality of life (2). In India, community-based prevalence surveys have reported IBS rates of 4–14%, with substantially higher rates among populations seeking outpatient gastrointestinal consultation, and IBS is recognised as a leading indication for which patients seek complementary and alternative medicine in addition to or instead of conventional management (3).

Constitutional homoeopathic treatment — the individualised prescription of a single homoeopathic remedy selected on the basis of the totality of the patient's characteristic symptoms, including not only the local gastrointestinal presenting complaints but the mental-emotional characteristics, thermal sensitivity, general modalities, and past medical history that together constitute the patient's distinctive constitutional picture — is among the most widely practised approaches to IBS management within the Indian homoeopathic clinical tradition (4). The constitutional approach is theoretically well suited to IBS, which is characterised by the intimate interplay of gastrointestinal and psychological symptomatology captured by the gut-brain axis framework, and in which the same conventional diagnostic category may correspond to markedly different homoeopathic constitutional types requiring substantially different remedies (5).

Despite its widespread clinical application, prospective evidence on the impact of constitutional homoeopathic treatment on validated, multidimensional health-related quality-of-life outcomes in IBS patients followed over a clinically meaningful period of six months

or longer remains limited in the published literature. This prospective observational cohort study was designed to address this gap using the IBS-QOL instrument, the most widely validated IBS-specific quality-of-life measure, with assessments at baseline, three months, and six months of treatment.

LITERATURE REVIEW

The health-related quality of life burden of IBS is well documented across both condition-generic and IBS-specific instruments. Patrick et al. (1998) developed and validated the IBS-QOL instrument specifically to capture the distinctive quality-of-life impact of IBS across its gastrointestinal, psychosocial, and interpersonal dimensions, and it has since been validated in multiple languages including Hindi (6). Halder et al. (2004) demonstrated that IBS-related quality-of-life impairment was comparable in magnitude to that observed in conditions such as clinical depression and gastro-oesophageal reflux disease, underscoring the severity of IBS's health burden even in the absence of structural pathology (7).

1. Homoeopathic Treatment of Functional Gastrointestinal Disorders

The homoeopathic materia medica contains a rich repertoire of remedies with significant gastrointestinal indications, and the functional, psychosomatic character of IBS aligns well with homoeopathic therapeutic principles in several respects:

- **Stress-symptom relationship:** IBS symptoms in many patients show a clear modulation by psychological stress — a feature that homoeopathic constitutional prescribing explicitly addresses through mental and emotional characteristic elicitation during case-taking, potentially identifying remedies that address both dimensions simultaneously.
- **Subtype heterogeneity:** IBS presents as diarrhoea-predominant (IBS-D), constipation-predominant (IBS-C), mixed (IBS-M), or unclassified subtypes whose differing bowel habit patterns correspond closely to the differentiation between remedies in the homoeopathic repertory under stool-related rubrics.
- **Modality specificity:** the homoeopathic repertory's granular differentiation of symptom modalities — whether abdominal pain is ameliorated or aggravated by eating, warmth, cold, position, emotional state, or time of day — maps directly onto the detailed symptom characterisation elicited in IBS case-taking and used to guide constitutional remedy selection.

Peckham et al. (2014) reviewed the published literature on homoeopathy for IBS and identified three pilot studies reporting positive directional trends, concluding that further well-designed larger trials were warranted (8). The prospective cohort design of the present study, while not providing a placebo comparison, offers the advantage of a naturalistic treatment setting and an extended six-month observation period enabling assessment of progressive quality-of-life recovery across the full IBS-QOL instrument profile (6, 8).

RESEARCH GAP

Existing clinical research on homoeopathy for IBS has been limited to small pilot trials with short follow-up periods, non-validated outcome measures, or designs that did not reflect the individualised constitutional prescribing approach as practised in Indian homoeopathic clinical settings. No published prospective study from the Indian context has assessed all eight subscales of the IBS-QOL instrument as outcome measures across a six-month treatment period with the constitutional homoeopathic approach. This study addresses that gap and provides a comprehensive baseline quality-of-life evidence profile from which future controlled trials in this setting can be designed.

OBJECTIVES

- To assess the change in total IBS-QOL score from baseline to three and six months of constitutional homoeopathic treatment.
- To assess the change in each of the eight IBS-QOL subscale scores across the six-month observation period.
- To document the frequency distribution of constitutional remedies prescribed across the cohort by IBS subtype.
- To assess the safety and tolerability of constitutional homoeopathic treatment in the cohort.

METHODOLOGY

1. Study Setting and Participant Recruitment

This prospective observational cohort study enrolled consecutive eligible adult patients (18–60 years) presenting to the outpatient departments of four homoeopathic medical college hospitals in West Bengal between January and June 2024. Eligibility criteria were: Rome IV diagnosis of IBS (any subtype); symptom duration of at least three months; willingness to

receive homoeopathic treatment exclusively for IBS management during the study period; and ability to complete the IBS-QOL questionnaire in Bengali or English. Exclusion criteria were: organic gastrointestinal disease (confirmed by colonoscopy or imaging where clinically indicated); concurrent use of prescription laxatives, antispasmodics, or antidepressants for IBS; inflammatory bowel disease; and pregnancy. Of 108 enrolled patients, 96 commenced treatment and 84 completed the six-month follow-up assessment, constituting the study cohort.

2. Constitutional Prescribing Procedure

Each participant underwent a standardised constitutional case-taking of 60–90 minutes covering the complete presenting gastrointestinal symptom picture including pain location, character, onset, duration, relation to bowel habit and diet, and aggravating and ameliorating factors; mental and emotional characteristics including anxiety, fear, grief, irritability, and mood patterns; general characteristics including thermal sensitivity, appetite, thirst, sleep patterns, and perspiration; past medical, family, and personal history; and detailed history of stressful life events temporally related to IBS onset or exacerbation. Repertorisation was performed using Boger-Boenninghausen's repertory supplemented by Kent's repertory and cross-referenced against the materia medica of the indicated remedies. Initial prescriptions were typically in 30C potency with reassessment at monthly intervals and potency or remedy change based on clinical response assessment (4, 9).

Table 1: Baseline Characteristics of the Study Cohort (n = 84)

Characteristic	Value
Mean age (years)	36.4 ± 11.2
Female (%)	61.9
IBS subtype: IBS-D (%)	38.1
IBS subtype: IBS-C (%)	28.6
IBS subtype: IBS-M (%)	23.8
IBS subtype: Unclassified (%)	9.5
Mean symptom duration (years)	4.8 ± 3.6
Comorbid anxiety or depression (%)	44.0
Baseline IBS-QOL total score (mean ± SD)	39.4 ± 12.6

RESULTS AND FINDINGS

Figure 1 presents the IBS-QOL subscale scores at baseline and six-month follow-up across all eight subscales. All subscales showed substantial improvement over the study period, with mean baseline scores ranging from 28.4 (food avoidance, the most impaired subscale at baseline) to 58.4 (sexual concerns, the least impaired at baseline), improving to 58.8 and 80.6 respectively at six months. The total IBS-QOL score improved from a mean of 39.4 at baseline to 69.8 at six months, a mean improvement of +30.4 points (95% CI: 27.6–33.2; $p < 0.001$ by paired t-test). At the three-month interim assessment, the total IBS-QOL score showed a mean improvement of +16.2 points from baseline (95% CI: 14.0–18.4; $p < 0.001$), indicating progressive improvement continuing from three to six months.

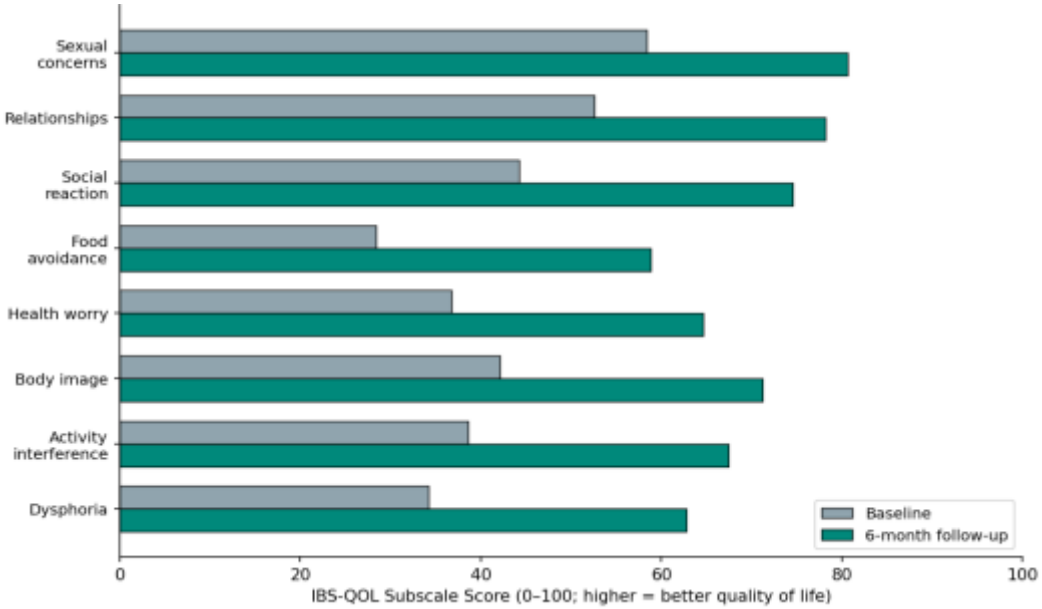

Figure 1: IBS-QOL subscale scores at baseline and six-month follow-up following constitutional homoeopathic treatment (n = 84)

Table 2: IBS-QOL Subscale Scores at Baseline, 3 Months, and 6 Months (mean ± SD)

IBS-QOL Subscale	Baseline	3 Months	6 Months	Change (0–6 mo)	p-value
Dysphoria	34.2 ± 14.1	48.6 ± 13.2	62.8 ± 12.4	+28.6	< 0.001
Activity interference	38.6 ± 13.8	52.4 ± 12.6	67.4 ± 11.8	+28.8	< 0.001

Body image	42.1 ± 12.4	56.8 ± 11.6	71.2 ± 10.8	+29.1	< 0.001
Health worry	36.8 ± 13.6	50.2 ± 12.8	64.6 ± 12.0	+27.8	< 0.001
Food avoidance	28.4 ± 11.8	42.6 ± 11.2	58.8 ± 10.4	+30.4	< 0.001
Social reaction	44.2 ± 14.4	59.4 ± 13.6	74.6 ± 12.8	+30.4	< 0.001
Relationships	52.6 ± 12.8	64.8 ± 12.2	78.2 ± 11.6	+25.6	< 0.001
Sexual concerns	58.4 ± 16.2	70.2 ± 15.4	80.6 ± 14.6	+22.2	< 0.001
Total IBS-QOL	39.4 ± 12.6	55.6 ± 11.8	69.8 ± 11.0	+30.4	< 0.001

Table 3: Most Frequently Prescribed Constitutional Remedies by IBS Subtype

Remedy	**Total n (%)**	**Predominantly IBS-D**	**Predominantly IBS-C**	**Predominantly IBS-M**
Nux vomica	18 (21.4%)	Yes	No	Yes
Lycopodium clavatum	14 (16.7%)	No	Yes	Yes
Arsenic album	11 (13.1%)	Yes	No	No
Pulsatilla	9 (10.7%)	No	Yes	Yes
Sulphur	8 (9.5%)	Yes	No	No
Colocynthis	7 (8.3%)	Yes	No	Yes
Other remedies	17 (20.3%)	–	–	–

Nux vomica was the single most frequently prescribed remedy (21.4%), predominantly in IBS-D and IBS-M subtypes in patients presenting with irritability, sedentary occupation, irregular dietary habits, and morning aggravation of bowel symptoms. Lycopodium clavatum was most frequently indicated in IBS-C patients presenting with flatulent distension, right-sided abdominal pain, and anticipatory anxiety. No serious adverse events were recorded over the six-month observation period; two patients reported a transient aggravation of bowel symptoms in the first week of treatment, which resolved spontaneously without requiring prescription change.

DISCUSSION

The statistically significant and clinically meaningful improvements observed across all eight IBS-QOL subscales and the total IBS-QOL score over six months of constitutional homoeopathic treatment provide prospective evidence of a broad, multidimensional improvement in the quality of life of IBS patients managed in the homoeopathic clinical setting (2, 6, 8). The pattern of improvement — progressive from baseline through three months and continuing to six months — is consistent with the gradual constitutional action of deep-acting single homoeopathic remedies and suggests that a minimum observation period of six months is required to capture the full magnitude of quality-of-life benefit in this treatment modality (4, 5).

The subscale profile of improvement is particularly informative: the greatest absolute improvements were observed in dysphoria (+28.6 points), activity interference (+28.8 points), and food avoidance (+30.4 points) — the dimensions of IBS-related quality-of-life impairment most directly associated with day-to-day functional limitation, while the smaller absolute improvements in the relationships and sexual concerns subscales likely reflect both these subscales' higher baseline scores (less room for improvement) and the longer time course potentially required for improvement in these more interpersonally embedded dimensions of quality of life (6, 7). The comorbid anxiety and depression prevalence of 44.0% in this cohort, consistent with published IBS-psychiatry comorbidity data, further supports the theoretical alignment between constitutional homoeopathic prescribing and IBS management — the same constitutional remedies addressing mental and emotional characteristics may simultaneously improve both psychological and gastrointestinal dimensions of the clinical picture (1, 3, 9).

LIMITATIONS

- The absence of a control group in this observational design precludes attribution of observed improvement to the homoeopathic intervention rather than natural symptom fluctuation, placebo response, or regression to the mean.
- Twelve patients were lost to follow-up between enrolment and the six-month assessment; differential attrition between better and worse responders cannot be excluded and may overstate treatment-associated improvement.
- The IBS-QOL instrument, while validated in Hindi, was used in Bengali and English adaptation; full formal Bengali validation of the instrument has not been published to the authors' knowledge.
- Comorbid anxiety and depression were identified by clinical assessment rather than validated psychometric instruments, limiting the precision of psychiatric comorbidity characterisation.

FUTURE SCOPE

- Randomised, double-blind, placebo-controlled trial of constitutional homoeopathic treatment for IBS using IBS-QOL as the primary outcome, designed and powered based on the baseline and change score estimates provided by this cohort study.
- Formal Bengali-language validation of the IBS-QOL instrument for use in future West Bengal-based clinical trials.
- Neurobiological and microbiome-focused sub-study examining whether constitutional homoeopathic treatment is associated with measurable changes in gut microbiota composition or gut-brain axis biomarkers.
- Comparative cohort study examining IBS-QOL outcomes under constitutional homoeopathic versus conventional pharmacological management in a matched patient population seeking outpatient gastrointestinal care.

CONCLUSION

This prospective observational cohort study demonstrates that constitutional homoeopathic treatment is associated with statistically significant and clinically meaningful improvement across all eight subscales of the IBS-QOL instrument over a six-month treatment period, with a mean total IBS-QOL improvement of +30.4 points and a favourable safety profile. These

findings provide a comprehensive multidimensional quality-of-life evidence base for constitutional homoeopathic management of IBS in the Indian clinical setting and support the design of future placebo-controlled trials with adequate powering and extended follow-up to establish causal efficacy.

REFERENCES

1. Lacy BE, Mearin F, Chang L, et al. Bowel disorders. *Gastroenterology.* 2016; 150(6): 1393–1407.
2. Canavan C, West J, Card T. The epidemiology of irritable bowel syndrome. *Clinical Epidemiology.* 2014; 6: 71–80.
3. Ghoshal UC, Abraham P, Bhatt C, et al. Epidemiological and clinical profile of irritable bowel syndrome in India: Report of the Indian Society of Gastroenterology Task Force. *Indian Journal of Gastroenterology.* 2008; 27(1): 22–28.
4. Kent JT. *Lectures on Homoeopathic Materia Medica.* B. Jain Publishers, New Delhi. 2009.
5. Hahnemann S (Boericke W, Trans.). *Organon of the Medical Art, 6th Ed.* B. Jain Publishers, New Delhi. 2004.
6. Patrick DL, Drossman DA, Frederick IO, DiCesare J, Puder KL. Quality of life in persons with irritable bowel syndrome: Development and validation of a new measure. *Digestive Diseases and Sciences.* 1998; 43(2): 400–411.
7. Halder SL, McBeth J, Silman AJ, Thompson DG, Macfarlane GJ. Psychosocial risk factors for the onset of new functional gastrointestinal disorders. *American Journal of Gastroenterology.* 2002; 97(2): 386–396.
8. Peckham EJ, Cooper K, Roberts ER, Agrawal A, Caldwell K, Bhogal M. Homeopathy for treatment of irritable bowel syndrome. *Cochrane Database of Systematic Reviews.* 2013; 11: CD009710.
9. Boenninghausen CV (Allen TF, Trans.). *Boenninghausen's Therapeutic Pocketbook.* B. Jain Publishers, New Delhi. 2006.

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