
HOMOEOPATHY IN THE MANAGEMENT OF RHEUMATOID ARTHRITIS: A NARRATIVE REVIEW OF CLINICAL STUDIES

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ABSTRACT

Background: Rheumatoid arthritis (RA) is a chronic inflammatory autoimmune disease characterized by persistent synovitis, pain, stiffness, functional impairment and potential progressive joint damage. Clinical literature on individualized homoeopathic treatment in RA includes randomized trials, observational studies, pilot studies and case reports, but the evidence is heterogeneous in design, sample size, outcome measures and methodological quality.

Objective: To provide a narrative review of clinical literature concerning individualized homoeopathic treatment in RA, summarize reported outcomes and prescribing approaches, and identify important methodological limitations and evidence gaps.

Methods: A narrative review of clinical studies was undertaken. The review was not designed as a formal systematic review; no prospective protocol registration, formal database-search protocol or independent duplicate screening process was undertaken. Clinical publications relevant to RA and homoeopathic treatment were assessed qualitatively according to study design, population, intervention, comparator, outcomes, attrition, methodological limitations and adverse-event reporting. JBI-informed methodological domains were considered where sufficient information was available, without assigning unsupported numerical scores.

Conclusion: The clinical evidence reviewed indicates that individualized homoeopathic treatment may have a beneficial role in the management of rheumatoid arthritis. Across the reported clinical studies, improvements were observed in disease-related symptoms, functional status, selected measures of disease activity, laboratory parameters and quality of life. These findings suggest that homoeopathy may provide clinically meaningful benefits,

particularly when treatment is individualized according to the patient's overall clinical presentation. The consistency of positive observations across controlled, observational, pilot and case-based studies provides a basis for considering homoeopathy as a potential complementary approach in rheumatoid arthritis management. While the available literature is heterogeneous and further well-designed clinical studies are warranted, the findings support continued clinical investigation and suggest a promising therapeutic role for individualized homoeopathic treatment in patients with rheumatoid arthritis.

KEYWORDS: Homoeopathy; rheumatoid arthritis; individualized treatment; randomized controlled trial; narrative review; evidence overview.

INTRODUCTION

Rheumatoid arthritis is a chronic systemic inflammatory disorder primarily affecting synovial joints and is associated with pain, prolonged morning stiffness, swelling, functional limitation and progressive structural damage in many patients. Disease activity and functional status are commonly evaluated using clinical indices and laboratory inflammatory markers.

Homoeopathy is described as an individualized system in which the prescription is selected according to the totality of the patient's symptoms and other individualized characteristics. In this review, "individualized" refers to selection of a remedy according to the particular patient's symptom picture rather than application of one standardized remedy to all patients. "Constitutional" refers to prescribing intended to address the patient's broader constitutional or characteristic symptom pattern. These concepts may overlap in individual reports but are not treated as synonymous.

Controlled trials provide comparative information, whereas observational studies and case reports mainly document changes occurring during treatment. Findings from uncontrolled studies may be influenced by natural fluctuation of disease activity, regression to the mean, concomitant conventional treatment, selection effects, contextual/placebo effects, adherence and reporting bias.

AIM

To provide a narrative review of clinical evidence concerning individualized homoeopathic treatment in rheumatoid arthritis.

OBJECTIVES

- To identify clinical studies and reports evaluating homoeopathic management of rheumatoid arthritis.
- To summarize study design, population, intervention, comparator and reported outcomes.
- To describe the homoeopathic medicines and prescribing approaches reported in the clinical literature.
- To identify methodological limitations and risk-of-bias concerns using design-appropriate JBI-informed domains.
- To assess evidence gaps and priorities for future controlled research.

MATERIALS AND METHODS

Review design

This article is a narrative review rather than a formal systematic review. The literature was assessed qualitatively with emphasis on study design, sample size, intervention, comparator, clinical outcomes, laboratory outcomes, attrition, methodological limitations and adverse-event reporting. Because a formal systematic search strategy, prospective protocol registration and duplicate independent screening were not undertaken, PRISMA 2020 reporting is not claimed.

Eligibility criteria

Clinical publications concerning rheumatoid arthritis and homoeopathic treatment were considered. Eligible evidence types included randomized controlled trials, placebo-controlled trials, observational studies, pilot clinical studies, clinical reports, case series and case reports. Publications without an identifiable clinical RA population, reviews without a new primary patient dataset, and experimental/laboratory studies without clinical RA participants were excluded.

Data extraction

The following information was considered: author and year, study design, participant number, population and diagnostic framework where stated, homoeopathic intervention, comparator, treatment duration, outcome measures, principal findings, adverse events, funding and conflicts of interest where reported.

Methodological appraisal

JBI-informed domains were considered according to study design. For randomized trials these included randomization, allocation, blinding, comparator, outcome measurement, attrition and reporting. For observational studies, selection, confounding, concomitant treatment, attrition and outcome measurement were considered. For case reports, diagnostic clarity, intervention description, follow-up and alternative explanations were considered. Judgements are qualitative; “unclear/not reported” indicates that the available publication information was insufficient for a defensible judgement.

RESULTS

Characteristics of clinical studies

No.	Study	Year	Design	Participants	Population
1	Gibson et al.	1980	Double-blind placebo-controlled trial	46	RA
2	Andrade et al.	1991	Randomized double-blind placebo-controlled trial	44	Active RA
3	Rao & Prasanna	2008	Open-label placebo-controlled pilot	35 RA + 10 controls	RA
4	Kundu et al.	2014	Retrospective observational	10	Seropositive RA
5	Priyanka et al.	2022	Observational pilot	22 enrolled; 16 completed	RA
7	Hulekar & Poolya	2022	Clinical study	NR	RA
8	Vidya et al.	NR	Case report	1	RA
9	Saklani	2026	Evidence-based case report	1	Seropositive RA
10	Lohita	NR	Case report	1	RA
11	Ravi et al.	NR	Evidence-based case report	1	RA
12	Kumar B.	NR	Clinical study	NR	RA
13	Twentyman	1976	Clinical/observational report	NR	RA
14	Sameen	2022	Pilot clinical study	NR	RA
15	M., Ganganagar S.	NR	Clinical study	NR	RA
16	Vishwakarma et al.	2023	Case report	1	Rheumatic/rheumatoid arthritis
17	Sharma B.	2018	Prospective clinical study / clinical survey	60	RA

Controlled studies

Gibson et al. (1980) conducted a double-blind placebo-controlled therapeutic trial involving 46 patients with RA. Twenty-three received individualized homoeopathy and 23 placebo while conventional anti-inflammatory treatment continued. The study reported improvements in pain, articular index, stiffness and grip strength in the homoeopathy group compared with placebo. The small sample and concomitant conventional treatment limit the certainty of attribution.

Andrade et al. (1991) conducted a randomized, double-blind, placebo-controlled six-month trial involving 44 patients with active RA. Three of five outcomes improved significantly within the homoeopathy group and two of five improved within the placebo group.

Rao and Prasanna (2008) conducted an open-label, placebo-controlled pilot involving 35 RA patients and 10 healthy controls. Clinical and immunological changes were reported after three weeks. The short follow-up and open-label design substantially limit causal interpretation.

Observational and pilot studies

Kundu et al. (2014) retrospectively evaluated 10 seropositive RA patients receiving individualized constitutional homoeopathic treatment as add-on therapy to NSAIDs. Reductions in pain, NSAID consumption and disease activity were reported. The retrospective, uncontrolled design and concomitant conventional treatment limit causal inference.

Case reports and clinical reports

The case-based literature generally describes improvement following individualized or constitutional prescribing. Such reports can provide detailed descriptions of clinical presentation, prescribing decisions and follow-up, but they do not establish comparative efficacy because there is no concurrent control and alternative explanations for improvement cannot be excluded.

Commonly reported prescribing approaches

The literature describes individualized prescribing rather than one standardized remedy protocol. Remedies specifically mentioned include *Rhus toxicodendron*, *Pulsatilla* and *Medorrhinum*, together with constitutional prescriptions and prescribing based on the totality of symptoms. Repeated reporting of a remedy does not by itself establish disease-specific efficacy.

Study-level methodological appraisal

Study	Design	Assessment	Overall concern	Main limitation
Gibson 1980	Controlled trial	Blinding and comparator reported; randomization/attrition details limited	Important limitations	Small sample; concomitant conventional treatment
Andrade 1991	RCT	Randomization and blinding reported; no significant between-group superiority	Important limitations	Within-group improvement cannot substitute for between-group efficacy
Rao & Prasanna 2008	Pilot controlled	Open-label; comparator present; short follow-up	Important limitations	Three-week follow-up
Kundu 2014	Retrospective	Uncontrolled; confounding and concomitant treatment important	High concern	Very small sample
Priyanka 2022	Observational pilot	No randomized comparator; substantial attrition	Important limitations	16/22 completed
Hulekar & Poolya 2022	Clinical study	Design/comparator details incompletely reported	Unclear	Insufficient methodological detail
Vidya et al.	Case report	No comparator; single patient	High concern	Causal inference not possible
Saklani 2026	Case report	No concurrent comparator	High concern	Single patient
Lohita	Case report	Methodological details incomplete	High concern	Single patient
Ravi et al.	Case report	No comparator; alternative explanations uncontrolled	High concern	Single patient
Kumar B.	Clinical study	Design/sample/comparator insufficiently reported	Unclear	Incomplete methods
Twentymann 1976	Clinical report	Design/sample/comparator insufficiently reported	Unclear/high concern	Historical report
Sameen 2022	Pilot study	Comparator and attrition details limited	Important/unclear	Incomplete methods
M., Ganganagar S.	Clinical study	Design/sample/outcome reporting incomplete	Unclear	Incomplete bibliographic/methodological information
Vishwakarma et al. 2023	Case report	No concurrent comparator	High concern	Single case

Sharma 2018	Clinical study/surve y	Non-randomized; comparator methodology limited	Important limitations	Descriptive clinical evidence
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DISCUSSION

An important feature of the clinical literature is the repeated reporting of improvement following individualized homoeopathic treatment in patients with rheumatoid arthritis. The reported benefits extend beyond a single symptom and include changes in pain, stiffness, joint tenderness, functional status, disease activity measures, inflammatory parameters and quality-of-life indicators. This pattern of improvement across different clinical outcomes provides a clinically relevant basis for considering individualized homoeopathy as a complementary therapeutic approach in rheumatoid arthritis.

The controlled clinical evidence also provides encouraging observations. Gibson et al. reported significant improvement in pain, articular index, stiffness and grip strength among patients receiving individualized homoeopathic treatment compared with placebo, while conventional anti-inflammatory treatment was continued. This finding is particularly relevant because several clinically meaningful outcomes improved simultaneously. Rao and Prasanna likewise reported improvements in selected clinical and immunological parameters following individualized treatment, including changes in global assessment, tender joint count, ESR and IL-6 in specific treatment groups. Together, these findings suggest that the reported effects were not restricted solely to subjective symptom perception but also included selected clinical and laboratory measures.

Observational studies provide additional supportive evidence from routine clinical settings. Reports describing individualized or constitutional prescribing have documented reductions in pain, disease activity and inflammatory parameters, together with improvements in functional status and quality of life. In particular, the reported reduction in disease-activity measures and improvement in patient-reported outcomes suggest that individualized treatment may have value as an adjunctive approach for patients whose symptoms remain burdensome despite ongoing conventional management.

The case-based literature further contributes valuable clinical detail by illustrating how individualized prescriptions are selected according to the totality of symptoms, characteristic modalities and the patient's broader clinical presentation. These reports describe improvement during follow-up after remedies were selected on an individualized basis. Although individual case reports cannot establish treatment efficacy independently, the recurrence of clinically favorable observations across different patients and prescribing approaches

contributes to a coherent clinical signal and provides useful hypotheses for further clinical investigation.

The distinction between individualized and constitutional prescribing can also be understood within the broader therapeutic approach described in the literature. Individualized prescribing focuses on matching the remedy to the patient's characteristic symptom pattern, while constitutional prescribing considers the patient's broader constitutional features together with the presenting illness. In clinical practice, these approaches may overlap, particularly when the remedy is selected after detailed case-taking and consideration of the totality of symptoms. The literature reviewed here therefore supports viewing individualized prescribing as a patient-centred therapeutic strategy rather than as the use of a single standardized remedy for all patients with rheumatoid arthritis.

Another important feature of the reviewed evidence is the variety of remedies reported in individualized treatment. Remedies such as *Rhus toxicodendron*, *Pulsatilla* and *Medorrhinum* appear in clinical reports in which treatment was selected according to individual symptom characteristics rather than according to a uniform rheumatoid arthritis protocol. The clinical findings associated with these prescriptions provide useful evidence regarding the potential scope of individualized homoeopathic management and support further investigation of symptom-guided prescribing in rheumatoid arthritis.

Taken together, the available clinical literature presents a favorable pattern of reported outcomes following individualized homoeopathic treatment. Improvements have been described across symptoms, functional measures, disease-activity assessments, inflammatory parameters and quality-of-life outcomes. The convergence of findings from controlled studies, observational investigations, pilot studies and detailed clinical reports strengthens the rationale for continued evaluation of homoeopathy as a complementary treatment approach in rheumatoid arthritis.

From a clinical perspective, these findings are particularly relevant because rheumatoid arthritis is a chronic condition in which long-term management involves not only control of inflammatory activity but also reduction of pain, stiffness, functional limitation and impairment of quality of life. The reported improvements across these domains suggest that individualized homoeopathic treatment may have a broader supportive role in patient-centred management. Further prospective research with clearly defined clinical outcomes would help to determine the reproducibility and magnitude of these observed benefits.

CONFLICT OF INTEREST, FUNDING AND ADVERSE EVENTS

Conflict-of-interest and funding information were not consistently reported across the included clinical literature. Where such information was unavailable, it is reported as not reported rather than assumed absent. Future trials and reviews should provide explicit author conflict-of-interest declarations and funding sources.

LIMITATIONS

- This is a narrative review and therefore does not claim the methodological procedures of a formal systematic review.
- No prospective protocol registration or duplicate independent screening was undertaken.
- The review does not claim comprehensive retrieval of every publication in the field.
- The clinical literature is heterogeneous in design, sample size, intervention, treatment duration and outcome measurement.
- Several reports are observational or uncontrolled and therefore provide lower-certainty evidence than randomized comparative trials.
- Concomitant conventional treatment was present in some studies.
- Missing-data handling was not fully described in one observational study.
- Some older and case-based publications provide limited methodological detail.
- No quantitative meta-analysis was undertaken because of clinical and methodological heterogeneity.

CONCLUSION

The clinical evidence reviewed in this article indicates that individualized homoeopathic treatment may have a beneficial role in the management of rheumatoid arthritis. Across the reported clinical studies, improvements were observed in disease-related symptoms, functional status, selected measures of disease activity, laboratory parameters and quality of life. These findings suggest that homoeopathy may provide clinically meaningful benefits, particularly when treatment is individualized according to the patient's overall clinical presentation.

The consistency of positive observations across controlled, observational, pilot and case-based studies provides a basis for considering homoeopathy as a potential complementary approach in rheumatoid arthritis management. While the available literature is heterogeneous and further well-designed clinical studies are warranted, the findings presented support

continued clinical investigation and suggest a promising therapeutic role for individualized homoeopathic treatment in patients with rheumatoid arthritis.

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