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Research Article

Homoeopathic Therapeutic Approach to Functional Gastrointestinal Disorders: A Comprehensive Narrative Review with Clinical Practice Perspectives

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Abstract

Background: Functional Gastrointestinal Disorders (FGIDs), recently redefined as **Disorders of Gut–Brain Interaction (DGBIs)** according to the Rome IV criteria, comprise a heterogeneous group of chronic gastrointestinal disorders characterised by persistent digestive symptoms in the absence of identifiable structural or biochemical abnormalities. These disorders affect nearly 40% of the global population and significantly impair quality of life, healthcare utilisation, and socioeconomic productivity. Emerging evidence suggests that dysregulation of the gut–brain axis, altered gastrointestinal motility, visceral hypersensitivity, intestinal microbiota imbalance, immune activation, and psychosocial factors contribute synergistically to disease pathogenesis. Despite advances in conventional management, therapeutic responses remain variable, encouraging exploration of individualised and integrative approaches, including homoeopathy.

Objective: To critically review current knowledge regarding functional gastrointestinal disorders and evaluate the clinical perspectives, therapeutic principles, and potential role of individualised homoeopathic treatment within contemporary evidence-based clinical practice.

Methods: A comprehensive narrative review was conducted using peer-reviewed literature published in English from major biomedical databases including PubMed, Scopus, Web of Science, Embase, and Google Scholar. International clinical guidelines, Rome IV consensus documents, systematic reviews, randomised controlled trials, observational studies, and classical homoeopathic literature were critically synthesised. The review focuses on epidemiology, pathophysiology, diagnostic approaches, conventional management, homoeopathic therapeutic principles, available clinical evidence, and future research directions.

Results: Functional gastrointestinal disorders are increasingly recognised as complex biopsychosocial disorders involving multidirectional interactions between the central nervous system and gastrointestinal tract. Current management combines dietary modification, pharmacotherapy, psychological interventions, microbiome-directed therapies, and lifestyle optimisation. Individualised homoeopathic therapeutics emphasise

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comprehensive patient assessment, constitutional prescribing, and holistic symptom evaluation. Although several clinical studies have reported symptomatic improvement following individualised homoeopathic treatment, methodological heterogeneity, limited sample sizes, and inconsistent outcome measures restrict definitive conclusions regarding efficacy.

Clinical Practice Perspectives: An integrative model combining evidence-based conventional management with individualised homoeopathic care may provide additional therapeutic options for carefully selected patients, particularly those with chronic, recurrent, or treatment-resistant symptoms. Shared clinical decision-making, standardised diagnostic evaluation, and appropriate referral pathways remain fundamental to safe integrative practice.

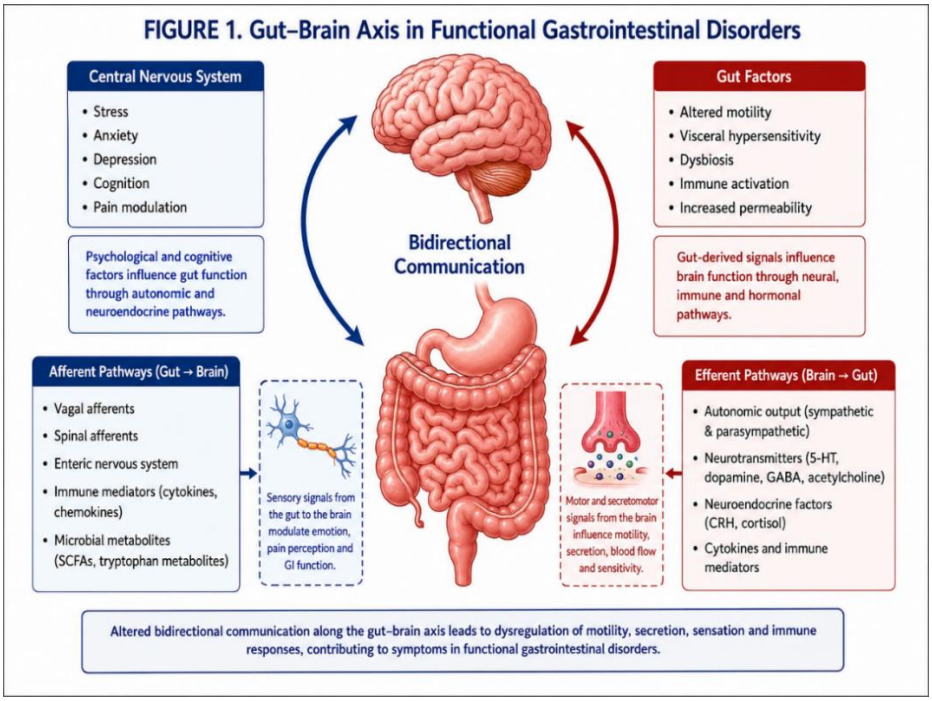
Conclusion: Functional gastrointestinal disorders continue to present substantial diagnostic and therapeutic challenges. Individualised homoeopathic therapeutics may offer complementary benefits within a multidisciplinary patient-centred framework; however, robust multicentre randomised controlled trials employing standardised diagnostic criteria and validated patient-reported outcome measures are required before firm clinical recommendations can be established.

KEYWORDS: Functional Gastrointestinal Disorders, Disorders of Gut–Brain Interaction, Rome IV Criteria, Irritable Bowel Syndrome, Functional Dyspepsia, Gut–Brain Axis, Visceral Hypersensitivity, Integrative Medicine, Individualised Homoeopathy, Evidence-Based Practice.

1. INTRODUCTION

Functional Gastrointestinal Disorders (FGIDs), now designated as **Disorders of Gut–Brain Interaction (DGBIs)** under the Rome IV classification, represent one of the most prevalent chronic digestive disorders encountered in clinical practice. Unlike organic gastrointestinal diseases, FGIDs are characterised by persistent gastrointestinal symptoms that cannot be explained by structural abnormalities, biochemical disturbances, or inflammatory pathology detectable through conventional diagnostic investigations (Drossman & Hasler, 2016).

Historically regarded as "functional" disorders due to the absence of demonstrable pathology, advances in Neurogastroenterology have substantially transformed understanding of these conditions. Contemporary research has established that FGIDs arise from complex interactions involving altered gastrointestinal motility, visceral hypersensitivity, impaired mucosal immune function, intestinal microbiome dysbiosis, epithelial barrier dysfunction, psychosocial stressors, and bidirectional communication between the central nervous system and the enteric nervous system, collectively referred to as the **gut–brain axis** (Black & Ford, 2020).



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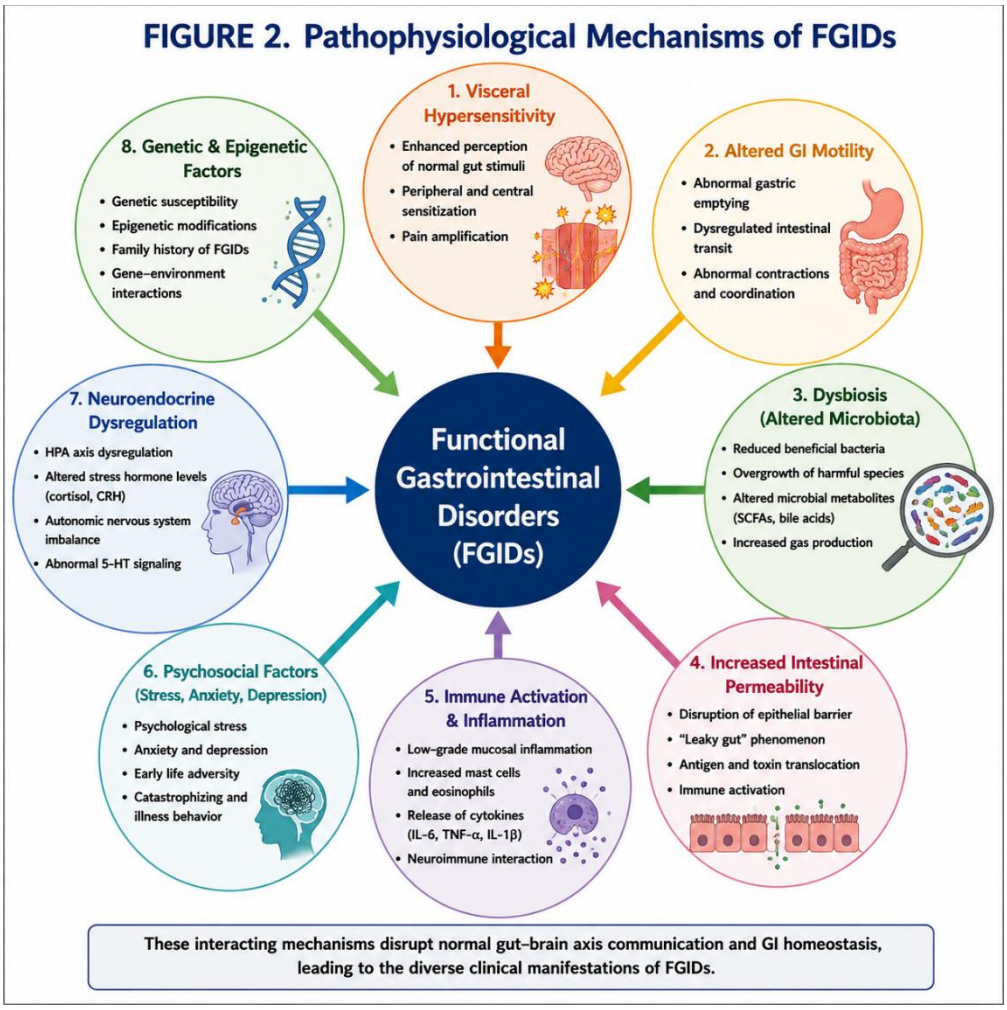
The Rome IV Foundation introduced the terminology "Disorders of Gut–Brain Interaction" to better reflect this. multidimensional pathophysiological framework and to reduce the misconception that these disorders lack biological mechanisms (Drossman, 2016). The revised nomenclature emphasises that functional gastrointestinal disorders are genuine medical conditions resulting from disturbances in physiological regulation rather than structural disease.

FGIDs encompass a broad spectrum of clinical entities, including irritable bowel syndrome (IBS), Functional Dyspepsia (FD), Functional Constipation, Functional Diarrhoea, Functional Abdominal Bloating and Distension, Functional Nausea and Vomiting Disorders, and Centrally Mediated Abdominal Pain Syndrome. These disorders frequently coexist, demonstrating overlapping symptom profiles that complicate diagnosis and management (Lacy et al., 2021).

The worldwide prevalence of FGIDs has been estimated at approximately **40%**, with significant geographical variation depending on diagnostic criteria and population characteristics (Sperber et al., 2021). Beyond physical symptoms, these disorders impose profound psychological, social, and economic consequences, including impaired health-related quality of life, increased healthcare utilisation, absenteeism, reduced workplace productivity, and considerable healthcare expenditure.

Current therapeutic strategies are multidisciplinary and include dietary interventions such as the low-FODMAP diet, pharmacological therapies targeting motility or visceral sensitivity, psychological interventions including cognitive behavioural therapy and gut-directed hypnotherapy, lifestyle modification, microbiome-targeted therapies, and patient education (Ford et al., 2020). Nevertheless, therapeutic outcomes remain inconsistent, and many patients continue to experience recurrent symptoms despite optimal conventional management.

Within this context, complementary and integrative therapeutic modalities have gained increasing attention. Homoeopathy, based on the principles of individualised prescribing, holistic patient assessment, and symptom totality, has been explored as a potential adjunctive approach for chronic gastrointestinal disorders. Constitutional prescribing aims to address not only digestive complaints but also associated psychological, emotional, and systemic manifestations that frequently accompany FGIDs. Although several observational studies and clinical trials have suggested potential benefits, the existing evidence remains heterogeneous, highlighting the need for well-designed clinical investigations (Mathie et al., 2017).



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The objective of this narrative review is to synthesise contemporary knowledge regarding the epidemiology, pathophysiology, clinical presentation, diagnostic evaluation, and conventional management of functional gastrointestinal disorders while critically examining the theoretical foundations, available clinical evidence, and practical applications of individualised homoeopathic therapeutics. The review also discusses future research priorities and proposes a balanced clinical perspective on the integration of homoeopathy within evidence-informed multidisciplinary care.

2. Epidemiology and Global Burden

Functional gastrointestinal disorders are among the most prevalent chronic disorders affecting the digestive system worldwide. Recent multinational population-based surveys utilising the Rome IV diagnostic criteria indicate that approximately 40.3% of adults experience at least one disorder of gut–brain interaction during their lifetime (Sperber et al., 2021). Prevalence estimates vary considerably across countries due to differences in healthcare access, dietary patterns, cultural perceptions of illness, psychosocial determinants, and methodological variations in epidemiological studies.

Among the various FGIDs, Irritable Bowel Syndrome (IBS) affects approximately 4–10% of the global adult population according to Rome IV criteria, while Functional Dyspepsia is reported in nearly 7–12% of adults. Functional constipation and functional diarrhoea are similarly common and often coexist with other DGBIs, reflecting substantial clinical overlap.

Women are consistently affected more frequently than men, particularly in IBS and functional dyspepsia, suggesting potential influences of sex hormones, visceral sensitivity, healthcare-seeking behaviour, and psychosocial factors. Younger adults demonstrate higher prevalence rates; however, functional gastrointestinal disorders occur across all age groups, including children and older adults.

The burden extends far beyond gastrointestinal symptoms. Patients frequently experience anxiety, depression, fatigue, sleep disturbances, reduced work productivity, social isolation, and diminished health-related quality of life. Multiple studies have demonstrated significantly higher healthcare utilisation among individuals with FGIDs, including repeated physician consultations, diagnostic investigations, emergency department visits, and prolonged medication use.

Economically, FGIDs contribute substantially to direct healthcare costs and indirect costs through absenteeism, presenteeism, disability, and reduced occupational performance. In developed countries, annual healthcare expenditure attributable to IBS alone reaches billions of dollars, emphasising the importance of cost-effective, patient-centred management strategies.

The prevalence of FGIDs has also increased in many low- and middle-income countries, including India, where rapid urbanisation, dietary transitions, psychological stress, sedentary lifestyles, and changing microbiome profiles may influence disease occurrence. Nevertheless, epidemiological data from South Asia remain relatively limited, highlighting an important area for future research.

The considerable global burden of FGIDs underscores the need for multidisciplinary management approaches that address biological, psychological, and social determinants of health while exploring evidence-informed complementary therapeutic options.

3. Rome IV Classification

The Rome IV Foundation reclassified functional gastrointestinal disorders as Disorders of Gut–Brain Interaction (DGBIs) to emphasise their complex neurogastroenterological basis. The classification organises disorders according to the anatomical region involved and specific symptom patterns.

Upper Gastrointestinal Disorders

- Functional Dyspepsia
- Belching Disorders
- Chronic Nausea and Vomiting Disorders
- Rumination Syndrome

Bowel Disorders

- Irritable Bowel Syndrome (IBS)
- Functional Constipation
- Functional Diarrhoea
- Functional Abdominal Bloating and Distension
- Unspecified Functional Bowel Disorder
- Opioid-Induced Constipation

Centrally Mediated Gastrointestinal Pain Disorders

- Centrally Mediated Abdominal Pain Syndrome
- Narcotic Bowel Syndrome

Gallbladder and Sphincter of Oddi Disorders

- Functional Gallbladder Disorder
- Functional Biliary Sphincter Disorder

Anorectal Disorders

- Functional Faecal Incontinence
- Functional Anorectal Pain
- Defecatory Disorders

Rome IV emphasises symptom-based diagnosis after excluding alarm features and significant organic pathology, facilitating standardised clinical practice and research.

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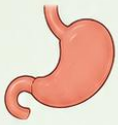
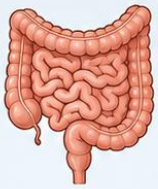
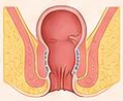
FIGURE 3. Rome IV Classification of Functional GI Disorders

DOMAIN	DISORDERS	KEY FEATURES
UPPER GI DISORDERS 	• Functional Dyspepsia • Belching Disorders • Chronic Nausea and Vomiting Disorders • Rumination Syndrome	• Symptoms originate in the esophagus, stomach or duodenum • No structural or biochemical abnormalities to explain symptoms • Include pain, fullness, early satiety, nausea, belching, vomiting, rumination
BOWEL DISORDERS 	• Irritable Bowel Syndrome (IBS) • Functional Constipation • Functional Diarrhoea • Functional Abdominal Bloating and Distension • Unspecified Functional Bowel Disorder • Opioid-Induced Constipation	• Symptoms related to the colon, rectum or whole bowel • Altered bowel habit, bloating, abdominal pain, or discomfort • Absence of structural disease or IBD • Frequently overlap and coexist
CENTRAL PAIN DISORDERS 	• Centrally Mediated Abdominal Pain Syndrome • Narcotic Bowel Syndrome	• Pain is modulated by central nervous system mechanisms • No relation to structural disease • Associated with stress, psychological and pain-processing factors
GALLBLADDER & SPHINCTER OF ODDI DISORDERS 	• Functional Gallbladder Disorder • Functional Biliary Sphincter Disorder	• Biliary-type pain without gallstones or structural abnormalities • Abnormal gallbladder emptying or sphincter of Oddi dysfunction
ANORECTAL DISORDERS 	• Functional Faecal Incontinence • Functional Anorectal Pain • Defecatory Disorders	• Symptoms arise from anorectal region • Includes pain, incontinence, or difficulty in defecation • Not explained by structural abnormalities

Diagnosis is symptom-based according to Rome IV criteria, after exclusion of structural disease and alarm features.

Alarm features: GI bleeding, anemia, weight loss, fever, progressive dysphagia, persistent vomiting, family history of GI malignancy or IBD, onset after age >50 years.

4. Pathophysiology

The pathophysiology of FGIDs is multifactorial, involving dysregulation of the gut–brain axis, altered gastrointestinal motility, visceral hypersensitivity, intestinal dysbiosis, immune activation, epithelial barrier dysfunction, psychosocial stress, and neuroendocrine alterations. These interacting mechanisms explain the heterogeneity of clinical presentations and responses to treatment. Advances in Neurogastroenterology suggest that no single mechanism is sufficient to account for all disorders, reinforcing the need for individualised management.

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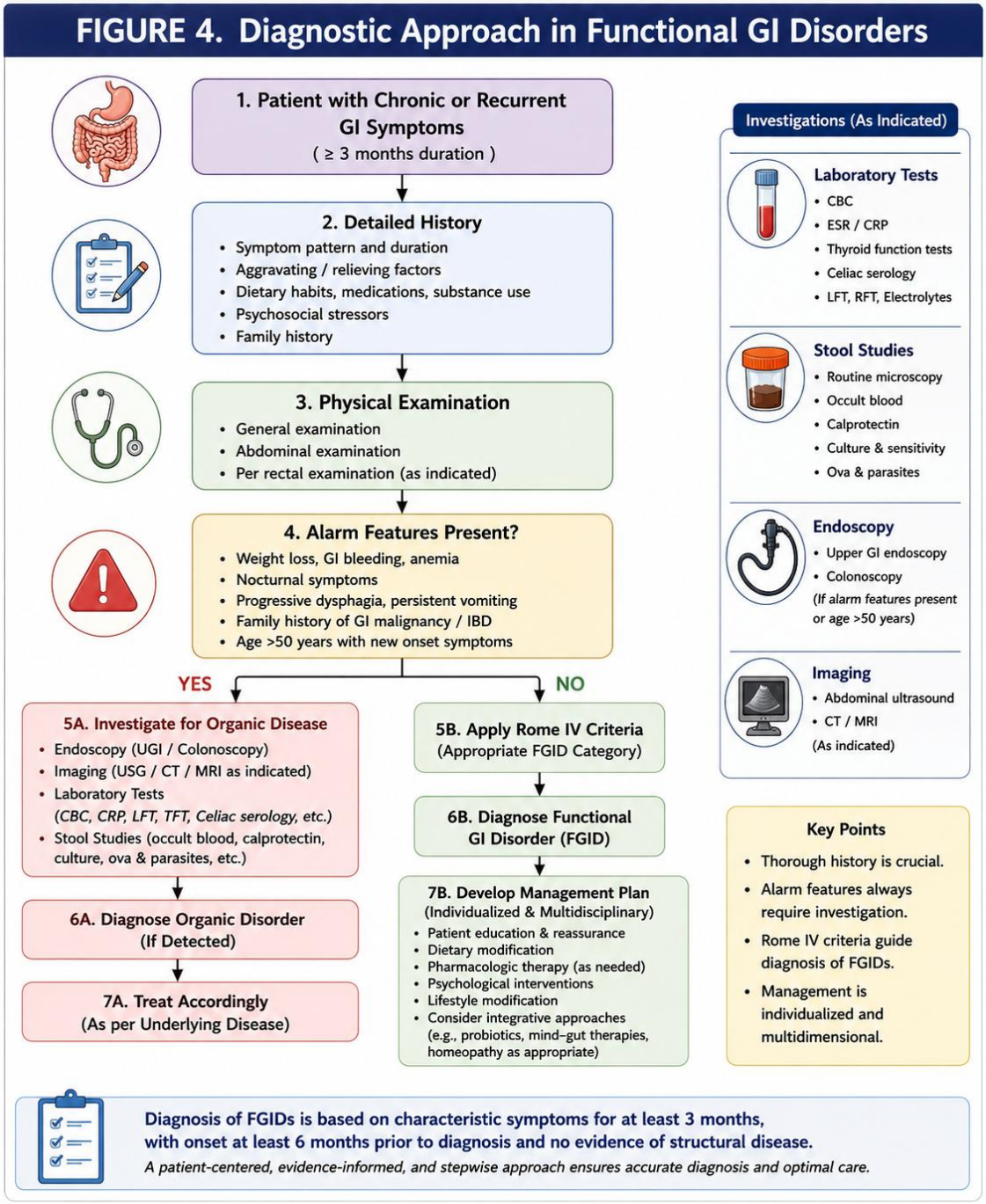

5. Clinical Presentation and Diagnosis

Patients with FGIDs present with chronic or recurrent gastrointestinal symptoms, including abdominal pain, bloating, early satiety, postprandial fullness, altered bowel habits, nausea, constipation, diarrhoea, or combinations thereof. Diagnosis is primarily based on the Rome IV criteria following a comprehensive history, physical examination, and exclusion of alarm features such as gastrointestinal bleeding, unintended weight loss, anaemia, nocturnal symptoms, progressive dysphagia, persistent vomiting, fever, family history of colorectal cancer, or inflammatory bowel disease. Laboratory investigations, endoscopy, imaging, and stool studies are reserved for patients with red flags or atypical presentations. Accurate diagnosis requires a biopsychosocial assessment that also considers dietary factors, medication use, psychological distress, and quality-of-life impairment.

7. Clinical Presentation

Functional Gastrointestinal Disorders (FGIDs) present with chronic or recurrent gastrointestinal symptoms in the absence of identifiable structural or biochemical abnormalities. Clinical manifestations vary according to the specific disorder and commonly include abdominal pain, abdominal bloating, early satiety, postprandial fullness, nausea, altered bowel habits

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(constipation, diarrhoea, or mixed patterns), excessive flatulence, and functional dyspepsia. Many patients also report fatigue, sleep disturbances, anxiety, depression, and reduced health-related quality of life. Symptom severity often fluctuates and may be aggravated by psychological stress, dietary factors, infections, and lifestyle habits.

8. Diagnosis

Diagnosis of FGIDs is primarily based on the **Rome IV diagnostic criteria**, supported by a comprehensive clinical history and physical examination. Investigations should aim to exclude organic gastrointestinal diseases, particularly in patients presenting with alarm features such as gastrointestinal bleeding, unexplained weight loss, persistent vomiting, progressive dysphagia, anaemia, nocturnal symptoms, or a family history of gastrointestinal malignancy. Laboratory investigations, stool analysis, endoscopy, colonoscopy, and imaging studies are performed selectively according to clinical indications. A biopsychosocial assessment is recommended to identify contributing dietary, psychological, and environmental factors.

9. Management

Management of FGIDs requires a multidisciplinary, patient-centred approach tailored to symptom severity and individual needs. Conventional treatment includes patient education, reassurance, dietary modification (including the low-FODMAP diet where appropriate), lifestyle interventions, pharmacotherapy, probiotics, and psychological therapies such as cognitive behavioural therapy and gut-directed hypnotherapy. Long-term management should emphasise symptom control, improvement of quality of life, regular follow-up, and shared clinical decision-making rather than complete symptom elimination.

10. Homoeopathic Therapeutics

Homoeopathic management is based on the principles of **individualisation**, **totality of symptoms**, and **constitutional prescribing**. Treatment selection considers the patient's physical symptoms, mental and emotional characteristics, modalities, food preferences, and associated systemic complaints. Frequently indicated medicines include Nux vomica, Lycopodium clavatum, Carbo vegetabilis, Arsenicum album, Pulsatilla nigricans, Sulphur, Colocynthis, Argentum nitricum, Aloe socotrina, and China officinalis. Homoeopathic therapeutics should be viewed as a complementary approach within an integrative healthcare model and not as a replacement for evidence-based medical evaluation, particularly in patients with alarm features or serious gastrointestinal disease.

Commonly Indicated Homoeopathic Medicines for Functional Gastrointestinal Disorders (FGIDs)

Homoeopathic Medicine	Major Clinical Indications in FGIDs	Characteristic Clinical Features
Nux vomica	Functional dyspepsia, IBS, gastritis	Gastric irritability, constipation with ineffectual urging, symptoms aggravated after overeating, spicy food, alcohol, and stress.
Lycopodium clavatum	Functional dyspepsia, IBS, abdominal bloating	Marked flatulence, abdominal distension after small meals, right-sided complaints, craving for sweets, evening aggravation.
Carbo vegetabilis	Functional dyspepsia, bloating	Excessive gas, belching, abdominal fullness, relief after eructation, weakness after meals.
Arsenicum album	Acute gastroenteritis, IBS with diarrhoea	Burning abdominal pain, restlessness, anxiety, offensive diarrhoea, thirst for small frequent sips.
Pulsatilla nigricans	Functional dyspepsia	Indigestion after fatty foods, changeable symptoms, bloating, thirstlessness, mild emotional disposition.
Sulphur	Chronic constipation, IBS	Early morning diarrhoea, burning sensations, haemorrhoids, tendency toward recurrent gastrointestinal complaints.
Colocynthis	IBS with abdominal cramps	Severe colicky abdominal pain relieved by pressure, bending double, or warmth.
Argentum nitricum	IBS associated with anxiety	Flatulence, anticipatory anxiety, diarrhoea before stressful events, craving for sweets.
Aloe socotrina	Functional diarrhoea	Urgency of stool, rectal weakness, gurgling abdomen, early morning diarrhoea.
China officinalis (Cinchona)	Post-infectious weakness, bloating	Abdominal distension, excessive flatulence, weakness after fluid loss or diarrhoea.
Bryonia alba	Constipation with abdominal pain	Dry mucous membranes, hard stools, pain aggravated by movement, relieved by rest.
Podophyllum peltatum	Acute watery diarrhoea	Profuse painless diarrhoea, weakness after stool, morning aggravation.
Robinia pseudoacacia	Hyperacidity, GERD	Sour eructations, heartburn, acid reflux, nocturnal aggravation.
Iris versicolor	Hyperacidity, gastritis	Burning gastric pain, sour vomiting, acid dyspepsia associated with headache.
Chamomilla	Functional abdominal pain	Colic with irritability, hypersensitivity to pain, relief with warmth.
Magnesia phosphorica	Intestinal colic	Spasmodic abdominal pain relieved by heat and firm pressure.
Antimonium crudum	Gastric overload	Dyspepsia after overeating, white-coated tongue, nausea following heavy meals.
Chelidonium majus	Hepatobiliary dyspepsia	Right hypochondrial discomfort, biliary symptoms, digestive sluggishness.
Phosphorus	Gastritis, functional dyspepsia	Burning gastric pain, nausea, thirst for cold drinks, easy vomiting.
Natrum muriaticum	Stress-related FGIDs	Functional constipation or dyspepsia associated with emotional suppression and chronic stress.

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Table Footnote

FGIDs: Functional Gastrointestinal Disorders; **IBS:** Irritable Bowel Syndrome; **GERD:** Gastroesophageal Reflux Disease.

Note: The medicines listed above are commonly described in homoeopathic materia medica and repertories for symptom patterns encountered in functional gastrointestinal disorders. Selection of a homoeopathic medicine should be based on **individualised case-taking and totality of symptoms**. These therapeutic indications represent traditional homoeopathic practice and should be considered complementary to, not a substitute for, evidence-based conventional medical evaluation and management, particularly in patients with alarm features or suspected organic gastrointestinal disease.

11. Evidence

Current evidence regarding homoeopathy in FGIDs remains limited and heterogeneous. Several observational studies, randomised controlled trials, and systematic reviews have reported improvements in symptom severity, quality of life, and patient satisfaction following individualised homoeopathic treatment. However, methodological limitations—including small sample sizes, inconsistent prescribing methods, short follow-up periods, and variability in outcome measures—limit the certainty of these findings. High-quality multicentre randomised controlled trials using standardised Rome IV criteria and validated patient-reported outcome measures are needed to establish clinical effectiveness.

12. Clinical Perspectives

Functional gastrointestinal disorders should be managed using a **biopsychosocial framework** that integrates medical, nutritional, psychological, and lifestyle interventions. Individualised homoeopathic therapeutics may provide additional support for selected patients experiencing chronic or recurrent symptoms when delivered alongside conventional evidence-based care. Effective management requires comprehensive patient assessment, early recognition of alarm features, interdisciplinary collaboration, patient education, and regular monitoring of treatment outcomes to optimise long-term quality of life.

13. Future Perspectives

Future research should focus on well-designed multicentre randomised controlled trials evaluating individualised homoeopathic interventions using standardised diagnostic criteria and validated clinical outcome measures. Emerging fields such as gut microbiome research, precision medicine, artificial intelligence, digital health technologies, metabolomics, and systems biology may provide new opportunities to better understand patient heterogeneity and therapeutic responses. Collaborative research between gastroenterologists, homoeopathic physicians, epidemiologists, and translational scientists will be essential for developing evidence-informed integrative management strategies.

14. CONCLUSION

Functional Gastrointestinal Disorders represent complex **disorders of gut–brain interaction** with significant clinical, psychological, and socioeconomic consequences. Contemporary management requires a holistic, multidisciplinary approach that combines accurate diagnosis, lifestyle modification, dietary interventions, pharmacological therapy, and psychological support. Individualised homoeopathic therapeutics may offer complementary benefits for selected patients within an evidence-informed integrative care model; however, stronger scientific evidence from rigorously designed clinical studies is required before definitive recommendations can be made. Continued research will be crucial to clarify the role of homoeopathy in the comprehensive management of FGIDs.

15. Declarations

Author Contributions

Author 1: Conceptualisation, literature review, data interpretation, manuscript drafting, critical revision, and final approval.

Author 2: Literature search, data collection, reference management, manuscript editing, formatting, and proofreading.

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Conflict of Interest

The author declares no conflicts of interest related to this work.

Ethical Approval

Not applicable. This narrative review is based exclusively on published literature and did not involve human participants or animal subjects.

Informed Consent

Not applicable.

Data Availability Statement

All data supporting the findings of this review are available from the published literature cited in the reference section. No new datasets were generated or analysed during this study.

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