

INTEGRATIVE APPROACHES IN HOMEOPATHY AND GENERAL MEDICINE FOR THE MANAGEMENT OF CHRONIC MUSCULOSKELETAL PAIN: A SYSTEMATIC REVIEW

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ABSTRACT

Chronic musculoskeletal pain (CMP) is a leading cause of disability worldwide and is associated with substantial physical, psychological, and socioeconomic burden. Despite the availability of conventional pharmacological and non-pharmacological treatments, many patients continue to experience persistent symptoms, leading to increased interest in integrative approaches that combine homeopathy with general medical care. The purpose of this systematic review was to assess the safety and efficacy of combining homeopathy with mainstream medicine in the treatment of CMP. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards were followed in conducting the review. For original research published between 2015 and 2026, electronic databases were thoroughly explored. Studies evaluating integrative homeopathic and conventional medical interventions were encompassed. A general risk-of-bias framework was used to evaluate the risk of bias, and data on research characteristics, treatments, clinical outcomes, and methodological quality were retrieved and synthesised narratively. Nine studies satisfied the requirements for inclusion. Overall, the results showed that integrative methods were linked to increases in patient satisfaction, quality of life, physical function, and pain severity. There was no consistent indication of significant side effects, and the therapies were typically well tolerated. However, direct comparisons between studies were hampered by variations in research design, intervention procedures, and outcome measures. All things considered, combining homeopathy with conventional medicine seems to be a viable supplemental approach for the treatment of CMP. To enhance the present body of evidence, however, more excellent randomised controlled trials with standardised therapies and extended follow-up are needed.

KEYWORDS: Chronic musculoskeletal pain; Homeopathy; Integrative medicine; Complementary therapy; Systematic review.

INTRODUCTION

Chronic musculoskeletal pain (CMP) is one of the main causes of disability around the world, and its symptoms manifest themselves in the muscles, bones, joints, tendons, ligaments, and connective tissues. Examples of such diseases include osteoarthritis, chronic low back pain, neck pain, rheumatoid arthritis, and tendinopathies. In addition to continuous pain, CMP leads to impaired mobility, sleep quality, psychological state, work efficiency, and overall quality of life. With an aging population and an increasingly inactive lifestyle, the problem of chronic musculoskeletal disorders becomes even more pressing (Hillinger et al., 2017; Schönenberg-Tu, 2023).

The traditional treatment for CMP comprises non-steroidal anti-inflammatory agents (NSAIDs), analgesics, steroids, muscle relaxers, opioids, physiotherapy, rehabilitation, and surgery where needed. However, while these methods can be helpful in reducing inflammation and alleviating pain, their long-term use may be connected to the development of several adverse conditions including gastrointestinal problems, kidney disease, cardiovascular diseases, and dependency on medications. In addition, patients may still suffer from their symptoms after treatment (Lin et al., 2017; Rajalekshmi & Agrawal, 2024).

The popularity of homeopathy as a complementary medicine in the management of chronic pain stems from its holistic approach and customized nature. This therapy seeks to take into account the emotional aspect of patients along with the physical symptoms. Improvement in terms of pain, physical ability, and patient satisfaction has been shown in some studies on the efficacy of homeopathic medicine. The favourable safety and few adverse reactions associated with it have made homeopathic medicine a complementary choice for therapy (Lennihan, 2017; Nair et al., 2023). The clinical evidence suggests that customized homeopathy can be helpful for patients suffering from chronic multisite musculoskeletal pain and tendonitis due to poor efficacy of conventional medicines (Chakraborty; Cicco, 2016).

The complexity involved in chronic pain management has necessitated the use of integrative medicine, which is a combination of conventional medicine and complementary therapies to benefit patients. Instead of substituting

conventional treatment, integrative approaches aim at improving pain management, physical functions, and general wellbeing by using multidisciplinary treatment methods. These may include pharmacotherapy, physiotherapy, lifestyle changes, herbs, and homeopathy depending on specific patient circumstances (Lin et al., 2017; Hillinger et al., 2017). A number of studies have suggested structured integrative care approaches for musculoskeletal pain and the potential value of using medicinal plants alongside traditional medicine in order to enhance the therapeutic effect while reducing side effects associated with the treatment (Shete & Potdar, 2024; Chauhan, 2024; Rajalekshmi & Agrawal, 2024). While the field of integrative pain management has seen growing interest among researchers, there is a high level of heterogeneity in existing research on the topic, as far as methodologies used are concerned (Nair et al., 2023; Lennihan, 2017). Similarly, literature on integrative medicine promotes multidisciplinary management but calls for a need to strengthen the evidence base and standardization of treatment guidelines (Schönenberg-Tu, 2023; Steinhorn, 2021). Therefore, there is insufficient evidence that synthesizes the use of both homeopathy and general medicine in the management of CMP.

With the growing popularity of integrative medicine and high prevalence of chronic musculoskeletal problems, there is a need to conduct an assessment of the current body of literature. Thus, the goal of this systematic review is to perform a critical analysis of the published literature concerning integrative medicine combining homeopathy and conventional medicine for the treatment of CMP.

2. METHODOLOGY

2.1 Study Design

The systematic review was done according to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, which assess the existing scientific literature concerning integrative treatments including homeopathy and general medicine for CMP treatment. Included were only authentic clinical trials evaluating the effectiveness of homeopathic therapy both alone and in conjunction with physiotherapy or general medicine. Pain relief, function restoration, disability, quality of life, and treatment safety were the key outcome parameters.

2.2 Strategy for Search and Data Sources

In addition to manually examining the references of relevant material, a systematic review of the literature was conducted using Google Scholar, PubMed, and ScienceDirect. Keywords pertaining to homeopathy, integrative medicine, CMP, osteoarthritis, chronic low back pain, lumbar spondylosis, cervical spondylosis, and sciatica were used in combination with Boolean operators (AND, OR). As a consequence, 311 items were found at the beginning of the search. Nine of these articles were kept for the qualitative synthesis after the inclusion and exclusion criteria were applied.

2.3 Criteria for Eligibility

Study eligibility requirements were that they should be original clinical studies conducted on adult patients with CMP using homeopathy as a form of individualized treatment, homeopathic complex treatment, or homeopathy combined with conventional medical/physiotherapy treatment. Randomized control trials, comparative clinical studies, and prospective observational studies written in English were considered eligible if they presented clinical results concerning pain, disability, physical functions, quality of life, or effectiveness of treatment. Systematic reviews, editorial comments, conference abstracts, book chapters, protocol papers, duplicate literature, non-original studies, studies without the use of homeopathy, studies with lack of outcome information, and inaccessible full-text studies were excluded.

2.4 Process of Study Selection

The PRISMA recommendations were followed while choosing the study. The database search originally turned up 270 entries in total. Nine papers met the inclusion criteria and were added to the qualitative synthesis after the screening and eligibility evaluation. The PRISMA flow diagram (Figure 1) shows the whole research selection procedure.

2.5 Data Extraction

To ensure consistency across all the chosen research, data extraction was conducted using a standardised form. Data obtained included the author, research method used, year of publication, country of origin, participants' demographics, sample size, musculoskeletal disorder, intervention, control group, treatment period, outcomes measured, major results, and adverse effects. The extracted data were then arranged in tables.

2.6 Quality Assessment

A general risk of bias criterion suitable for all research types was used to assess the methodological quality of the included studies. This was accomplished by evaluating each trial according to seven criteria, including the creation of random sequences, allocation concealment, participant and staff blinding, outcome measurement blinding, inadequate outcome data, selective reporting, and other biases. In addition, an overall risk of bias rating was given for each study depending on its performance in each domain. These findings were later depicted graphically using the Robvis tool.

2.7 Synthesis of Data

Because of the variations, a qualitative narrative synthesis was carried out in the design of the research, the population of patients, the interventions used, comparison groups, and measures used for measuring the results. The results of the synthesis were done based on significant clinical outcomes such as the reduction of pain, improvement of function, disability, quality of life, and safety.

3. RESULTS

3.1 PRISMA Study Selection

A total of 311 publications were located through the systematic search of the literature, comprising 302 articles from electronic databases (Google Scholar, PubMed, and ScienceDirect) and 9 additional papers discovered by a manual search of references. After excluding 41 duplicates, there were 270 unique articles to be screened on titles and abstracts. In this step, 210 articles were excluded due to their non-compliance with the defined eligibility criteria. 60 articles passed to the next step of assessment on full texts, where 51 articles were excluded for the following reasons: 12 were review articles, editorials or protocols; 6 were conference abstracts or book chapters; 10 were not related to CMP; 8 were not studying homeopathy in an integrative context; 5 had incomplete data of outcomes; 4 could not be accessed in full texts; 3 had overlap of participants; 3 were non-original research articles. Thus, nine articles were selected for further analysis. Figure 1 illustrates the entire research selection procedure.

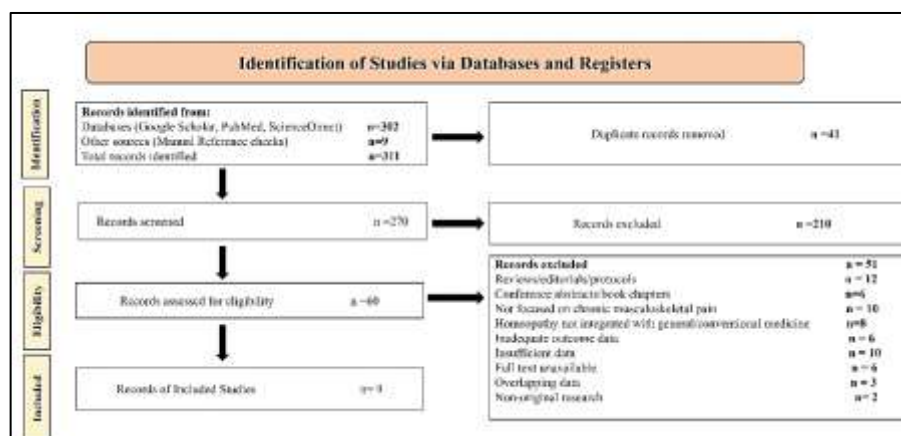


Figure 1. PRISMA Flow Diagram

3.2 Features of Included Studies

Nine papers that satisfied the inclusion criteria and were published between 2015 and 2025 were chosen for qualitative analysis. These studies comprised of six randomized control trials, one comparative clinical study, and two prospective observational studies done mainly in India, with one study in South Africa. These studies examined the use of homeopathic approaches for treating chronic low back pain, lumbar spondylosis, knee osteoarthritis, cervical spondylosis, and sciatica. Table 1 below lists the features of these chosen studies.

Table 1. Features of Included Studies

Author	Study Design	Population	Sample Size	Musculoskeletal Condition	Intervention	Comparator	Duration	Outcome Measures
Koley et al. 2015	Double-blind randomized placebo-controlled feasibility trial	Adults	30	Knee osteoarthritis	Individualized homeopathic medicines	Placebo	3 months	VAS, WOMAC, Quality of life
Morris et al. 2016	Randomized controlled pilot study	Adults	30	Chronic low back pain	Physiotherapy + homeopathic complex	Physiotherapy alone	6 weeks	Pain score, Disability assessment, Functional outcomes
Shah (2019)	Prospective observational study	Adults	60	Chronic low back pain	Individualized homeopathic treatment	No comparator	3 months	Pain intensity, Quality of life, Functional improvement
Prakash et al. 2023	Double-blind randomized placebo-controlled trial	Adults	100	Lumbar spondylosis	Individualized homeopathic medicines	Placebo	12 weeks	VAS, Oswestry Disability Index (ODI), Global assessment

Das et al. 2024	Double-blind randomized placebo-controlled trial	Adults	100	Sciatica	Individualized homeopathic medicines	Placebo	12 weeks	VAS, Functional disability, Clinical improvement
Bhattacharyya et al. 2024	Double-blind randomized placebo-controlled feasibility trial	Adults	60	Knee osteoarthritis	Individualized homeopathic medicines	Placebo	3 months	WOMAC, VAS, Functional assessment
Gopinath et al. 2024	Comparative clinical study	Adults	60	Cervical spondylosis	Homeopathy + physiotherapy	Homeopathy alone	8 weeks	Pain score, Cervical range of motion, Functional recovery
Muduli et al. 2025	Double-blind randomized placebo-controlled trial	Adults	120	Chronic low back pain	Individualized homeopathic treatment	Placebo	12 weeks	VAS, ODI, Patient Global Assessment
Verma (2025)	Prospective observational study	Adults	50	Lumbar spondylosis	Individualized homeopathic treatment	No comparator	3 months	Pain intensity, Disability, Functional status

Abbreviations: WOMAC, Western Ontario and McMaster Universities Osteoarthritis Index; VAS, Visual Analogue Scale; ODI, Oswestry Disability Index.

As is evident from Table 1, most of the evidence belonged to randomized control trials, which means that experimental research is more common in this area. While most of the studies involved individualized homeopathic medicine, others focused on the combination of homeopathy and physiotherapy or homeopathy with placebo or physiotherapy.

3.3 Characteristics of Integrative Interventions

Various methods for incorporating homeopathy in the treatment of CMP were assessed through the included studies. Most of the studies involved assessing the efficacy of individually prescribed homeopathic medicines, some of which involved homeopathy combined with physiotherapy, whereas others involved comparing the effect of homeopathic therapy to placebo therapy. The conventional treatment used together with homeopathic therapy depended on the clinical condition of the patient. Table 2 gives details of the interventions.

Table 2. Summary of Integrative Treatment Approaches

Study	Musculoskeletal Condition	Homeopathic Intervention	Conventional/Integrative Component	Comparator
Koley et al. (2015)	Knee osteoarthritis	Individualized homeopathic medicines	Standard clinical management	Placebo
Morris et al. (2016)	Chronic low back pain	Homeopathic complex	Physiotherapy	Physiotherapy alone
Shah (2019)	Chronic low back pain	Individualized homeopathic treatment	Routine clinical care	No comparator
Prakash et al. (2023)	Lumbar spondylosis	Individualized homeopathic medicines	Standard medical care	Placebo
Das et al. (2024)	Sciatica	Individualized homeopathic medicines	Standard clinical management	Placebo
Bhattacharyya et al. (2024)	Knee osteoarthritis	Individualized homeopathic medicines	Standard medical care	Placebo
Gopinath et al. (2024)	Cervical spondylosis	Individualized homeopathic medicines	Physiotherapy	Homeopathy alone
Muduli et al. (2025)	Chronic low back pain	Individualized homeopathic treatment	Standard clinical management	Placebo
Verma (2025)	Lumbar spondylosis	Individualized homeopathic treatment	Routine clinical care	No comparator

Individualized homeopathy treatment was the most common intervention examined in the included studies, as demonstrated in Table 2. The majority of RCTs used homeopathic drugs versus placebos as their interventions, but there were also two studies where physiotherapy was one of the components of intervention.

3.4 Effects on Pain Reduction

Pain alleviation served as the main outcome measure in all included studies where the majority found a favorable effect of homeopathic therapies on CMPs. RCTs conducted in relation to knee osteoarthritis, lumbar spondylosis, sciatica, and chronic low back pain revealed the significant decrease in pain intensity measured by means of VAS and WOMAC pain score after individualized homeopathic treatment in comparison with the placebo intervention (Koley et al., 2015; Prakash et al., 2023; Das et al., 2024; Bhattacharyya et al., 2024; Muduli et al., 2025). Prospective observational research showed the improvement in pain intensity during follow-up as well (Shah, 2019; Verma, 2025). Integrative interventions were associated with the same results. Morris et al. (2016) found that a combination of homeopathic complex and physiotherapy had better pain alleviation than the physiotherapy itself whereas Gopinath et al. (2024) found the better pain reduction in those patients who had homeopathic treatment along with physiotherapy in comparison with the monotherapy. In general, from the available literature, individualized homeopathic treatment, especially combined with physiotherapy, has been found to bring about improvements in pain in a number of chronic musculoskeletal conditions.

3.5 Effects on Physical Function and Disability

Many of the studies showed improvement in physical function and reduction in disability after homeopathy treatments. There were significant improvements in ODI, WOMAC, and other physical outcome parameters among patients with lumbar spondylosis, chronic low back pain, and knee osteoarthritis, especially among those patients who received homeopathic intervention compared to those in the placebo group (Koley et al., 2015; Prakash et al., 2023; Bhattacharyya et al., 2024; Muduli et al., 2025). In addition, there were improvements in physical function and recovery among those patients who were provided with homeopathy treatment combined with physiotherapy (Morris et al., 2016; Gopinath et al., 2024). Finally, there were improvements in functional ability and disability among patients after receiving homeopathy treatment individually (Shah, 2019; Verma, 2025). Overall, the findings suggest that homeopathic interventions were associated with improved physical function across various chronic musculoskeletal conditions.

3.6 Quality of Life and Patient-Reported Outcomes

Quality of life and patients' perceptions were assessed in some of the selected studies. Patients treated with individually prescribed homeopathy medication reported significant improvement in their wellbeing, functionality, and perceived health state, especially in studies related to chronic low back pain, spondylosis of the lumbar spine, and knee osteoarthritis (Koley et al., 2015; Shah, 2019; Bhattacharyya et al., 2024; Verma, 2025). Randomized controlled trials found greater patient-perceived clinical improvement in the homeopathy group than the control group (Prakash et al., 2023; Das et al., 2024; Muduli et al., 2025). In sum, the evidence suggests that homeopathic intervention might help improve patients' quality of life and functional status.

3.7 Safety and Adverse Events

The safety results were presented in the majority of the selected papers. No adverse effects related to the intervention occurred in any of the subjects who received homeopathic medicines, both as a monotherapy and in combination with physiotherapy (Koley et al., 2015; Morris et al., 2016; Prakash et al., 2023; Das et al., 2024; Bhattacharyya et al., 2024; Gopinath et al., 2024; Muduli et al., 2025). In addition, no safety issues were identified in the observational studies because of good treatment tolerability and patients' adherence (Shah, 2019; Verma, 2025). The safety results are provided in Table 4 below.

Table 4. Summary of Safety Outcomes Across Included Studies

Study	Safety Outcome
Koley et al. (2015)	No serious adverse events; treatment well tolerated
Morris et al. (2016)	Good tolerability; no significant adverse events
Shah (2019)	No treatment-related adverse events reported
Prakash et al. (2023)	No serious adverse events; minimal withdrawals
Das et al. (2024)	Good safety profile with no serious adverse events
Bhattacharyya et al. (2024)	No significant adverse events reported
Gopinath et al. (2024)	Good tolerability and treatment compliance
Muduli et al. (2025)	No serious adverse events; high compliance
Verma (2025)	Well tolerated with no treatment-related adverse events

As shown in Table 4, the research articles used in this review showed that all homeopathic interventions had good tolerability, there were no serious side effects related to the treatment, and patient compliance was satisfactory.

3.8 Risk of Bias Assessment

The methodology of the included studies was checked by employing a generic risk-of-bias checklist, and results were visualized by Robvis. The risk of bias visualization for all included studies is presented in Figure 2

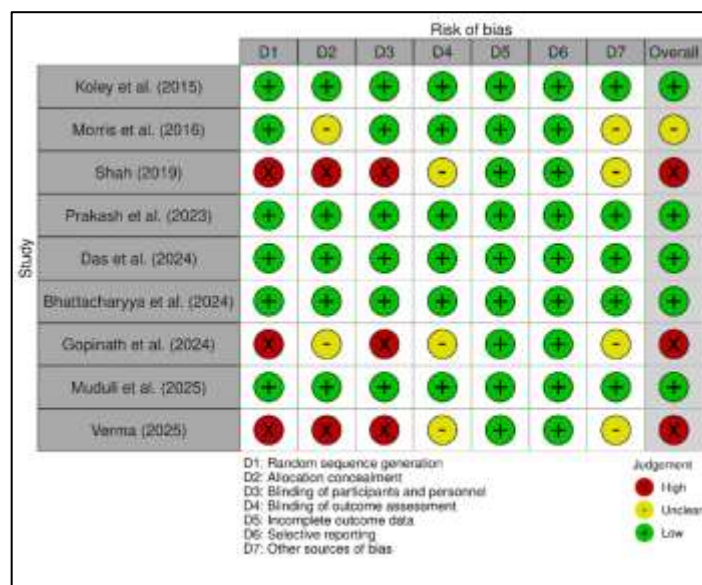


Figure 2. Risk of Bias Assessment of Included Studies

From Figure 2, it is evident that in most randomized controlled trials, there was a low risk of bias in the evaluated domains, indicating methodological quality. In the randomized pilot trial, there were domains with an unclear risk of bias, owing to inadequate reporting. However, in the comparative clinical trial and the prospective observational studies, there was a higher or an unclear risk of bias in domains related to randomization and blinding, owing to the lack of randomization in such designs. Incomplete outcome data and selective reporting posed a minimal risk of bias in every study.

4. DISCUSSION

This systematic review summarized data from nine studies investigating integrative techniques, including homeopathy and general medicine, for treating CMP. In general, the results indicate that the combination of personalized homeopathy treatment with medical therapy has been linked to better pain relief, functional capacity, and quality of life without increasing risks of adverse effects. The majority of RCTs have shown significant decreases in pain and functional impairment, while observational studies reported good patients' satisfaction and improvement of their symptoms. All these data can explain the emerging trends of applying multimodal pain management techniques by integrating complementary medicine with evidence-based therapy rather than using a monotherapy (Chen & Michalsen, 2017; Ihns et al., 2024).

According to the included studies, the use of homeopathy can be seen as a complement to the management of CMP and not as an alternative to conventional medicine. The use of integrative care makes it possible for the clinician to use drugs therapy, physiotherapy, lifestyle modification, and customized homeopathy based on the patient's condition. This would help in better control of symptoms and even minimize the need for using analgesics for longer periods and increasing patient compliance. Similar views have been expressed in the current debate on integrative care regarding the management of chronic conditions (Chauhan et al., 2025; Mukhopadhyay et al., 2022). Other reviews on chronic pain management have emphasized that the combination of pharmacotherapy with complementary medicine can yield better results (Ihns et al., 2024).

The results of the present review study are largely similar to the existing literature on integrative medicine for the management of chronic pain. Specifically, according to Chen and Michalsen (2017), multidisciplinary treatments that combine conventional and complementary treatments should be used for chronic pain management. Similarly, Simpson (2015) indicated that complementary medicine could supplement conventional pain treatment by considering both physical and psychological dimensions of chronic pain. Moreover, economic studies have shown that complementary and integrative health practices can be an economically effective addition to the conventional management of musculoskeletal pain and improve healthcare usage (Herman et al., 2019). Finally, recent reviews have continued to support the use of multimodal treatment while recognizing the need for high-quality evidence (Tithy & Abdul, 2025).

Positive effects seen in these studies can be attributed to several factors. Conventional treatment focuses on inflammation, pain and pathology while complementary treatment can help through symptom management, better patient compliance, lifestyle changes and psychological factors. Personalized homeopathic treatment can motivate patients to engage in their therapy more actively. Integrative treatment helps deal with the biological, psychological and behavioral aspects of chronic pain together and this is consistent with the biopsychosocial approach to pain management that is recommended for modern pain medicine (Mukhopadhyay et al., 2022; Chen & Michalsen, 2017). Besides, natural and complementary treatments have been suggested as possible methods to facilitate pain management and functional recovery (Amer et al., 2025; Taye, 2025).

The results of the current review indicate that integrated homeopathy can be viewed as an auxiliary element of the multidisciplinary management strategy for CMP. Such strategies have the potential to promote patient-centered healthcare

through the integration of traditional medicine and individually tailored complementary treatment based on clinical needs and preferences of patients. The expansion of evidence-based integrative healthcare can increase the level of treatment satisfaction and adherence and ensure optimal recovery from the condition. The rising popularity of complementary medicine among people suffering from musculoskeletal problems also highlights the necessity to integrate such treatments into the process of clinical practice (Kavadar et al., 2019; Chauhan et al., 2025).

In this review, an up-to-date analysis of recently conducted research about integrative homeopathy along with the conventional treatment of CMP is presented. Systematic approach to conducting the search, selection criteria, quality assessment, and narrative synthesis increase the reliability of the results. However, there are some limitations that need to be considered. First, the selected studies differed significantly in terms of study design, sample size, intervention methods, follow-up period, and measurements used. The fact that patients were receiving different homeopathic remedies and treatments made the studies more heterogeneous. These difficulties are inherent to research on complementary and integrative medical systems (Van Haselen et al., 2026).

Any future studies on this subject need to focus on multicentre randomized controlled trials with well-defined criteria regarding the use of outcome measures, follow-ups, and integrative treatments. There is also a need for comparative effectiveness studies on homeopathy relative to the other treatments – pharmacological and non-pharmacological – to assess its effectiveness in the long run. Future economic, patient-reported outcomes, and implementation researches are also required to identify the viability of the use of homeopathy in routine practice. Contextual and individual components of complementary medicine also need to be considered in future evidence syntheses (Van Haselen et al., 2026; Ihns et al., 2024).

5. CONCLUSION

This systematic review presents evidence gathered from nine papers on integrative therapy using homeopathy along with other medical interventions in order to treat patients with CMP. The main result of the analysis is that integrative therapy leads to positive changes in terms of pain intensity, physical functioning, quality of life, and patient satisfaction without adverse effects on safety. Despite the differences between the research papers in the design of the experiments, the protocol of treatment, and measures used in order to assess the outcomes, individualized homeopathy as a complementary treatment seems more effective. The review also emphasizes the need for patient-oriented, multi-disciplinary interventions that take into account the biological, psychological, and functional aspects of CMP. However, the available data is restricted because of the methodological variability, varying treatments, and relatively small sample size in several of the evaluated papers. Thus, the conclusions drawn from the current evidence base should be made cautiously. Well-designed and multicentre RCTs with the use of standardized protocols, validated measurement tools, and longstanding follow-up periods are required to prove the efficiency, safety, and applicability of integrative homeopathy in practice. Generally, integrative medicine can be considered an effective complementary tool for the treatment of CMP.

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