

Review Article

Homoeopathic Management of Acute Gastroenteritis in Paediatric age group: A Narrative Review of Evidences

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Abstract

Background: Acute gastroenteritis remains one of the leading causes of increasing deaths rates among paediatric age group in overall world, especially in developing countries. Alongside conventional management such as oral rehydration therapy (ORT), zinc supplementation, and nutritional support, homoeopathy has been explored as a complementary therapeutic approach.

Objective: This systematic narrative review evaluates the available literature regarding homoeopathic treatment for acute gastroenteritis and acute diarrheal diseases in paediatric populations, particularly infants aged 2 months to 24 months and older children.

Methods: Literature was reviewed from databases and repositories including Google Scholar, IJRH, Springer, ResearchGate, and complementary medicine journals. Keywords included “acute gastroenteritis,” “homeopathy,” “children,” “paediatric diarrhoea,” and “homoeopathic treatment.” Clinical trials, observational studies, reviews, and paediatric studies published between 2000 and 2026 were considered.

Results: The reviewed literature includes randomized controlled trials, multicentric observational studies, and systematic reviews. Several studies reported reductions in stool frequency and duration of

diarrhea with individualized homoeopathic interventions. Frequently used remedies included Podophyllum, Arsenicum album, Veratrum album, Chamomilla, and Mercurius solubilis. However, methodological limitations such as small sample sizes, heterogeneity of prescriptions, and limited blinding reduce the strength of conclusions.

Conclusion: Existing evidence suggests that homoeopathy may provide supportive benefits in paediatric acute gastroenteritis when used alongside standard hydration therapy. Larger multicenter randomized controlled trials with standardized methodologies are required to establish stronger clinical evidence.

Key words

Acute gastroenteritis, paediatrics, homoeopathy, childhood diarrhea, complementary medicine, infant diarrhea.

Introduction

Acute gastroenteritis is characterized by sudden onset diarrhea with or without vomiting, fever, and abdominal discomfort. It remains a major paediatric health challenge globally. According to WHO and UNICEF reports, diarrheal diseases continue to contribute substantially to under-five mortality, particularly in low-resource regions.

The standard management of paediatric gastroenteritis primarily focuses on prevention and correction of dehydration through oral rehydration salts (ORS), continued feeding, breastfeeding support, and zinc supplementation. Antibiotics are generally reserved for selected bacterial etiologies.

Homoeopathy has historically been used in acute gastrointestinal conditions. Paediatric homoeopathic practice frequently utilizes individualized remedy selection based on symptom totality. Over the last two decades, several studies have attempted to evaluate the efficacy and safety of homoeopathic interventions in acute childhood diarrhea and gastroenteritis.

Methodology

A systematic narrative review methodology was adopted. Literature searches were conducted using Google Scholar, IJRH, SpringerLink, ResearchGate, and complementary medicine journal databases. The following search terms were used:

- “acute gastroenteritis homeopathy children”
- “paediatric diarrhea homoeopathy”
- “childhood diarrhea homeopathy trial”
- “acute diarrheal disease homoeopathy”

Inclusion criteria:

- Paediatric studies involving infants and children
- Clinical trials, observational studies, and reviews
- English-language publications
- Publications between 2000 and 2026

Exclusion criteria:

- Adult-only studies
- Non-scientific opinion articles
- Non-peer-reviewed websites

Results and Discussion

The literature identified included randomized controlled trials, multicentric observational studies, and review articles. Most studies evaluated acute diarrhea rather than laboratory-confirmed gastroenteritis specifically. The evidence base remains heterogeneous.

Jacobs, et al. [1] conducted randomized controlled trials evaluating individualized homoeopathic treatment in children with acute diarrheal symptoms. Their analysis suggested a reduction in frequency of loose stool compared with placebo.

Nayak, et al. [2] performed multicentric observational studies in India evaluating predefined homoeopathic medicines in paediatric diarrheal diseases and gastroenteritis. The studies reported symptomatic improvement in stool frequency, dehydration symptoms, and general well-being.

The border role of Homoeopathy in the management of infectious diseases and its future

implications has also been discussed by the Varanasi R, et al. study [5].

Recent paediatric comparative studies have explored integrative pediatric care during the first 24 months of life, including infectious conditions managed through homoeopathic and conventional approaches (**Table – 1**).

Table – 1: Comparative studies.

Author	Year	Study Type	Population	Main Findings	Source
Jacobs, et al. [1]	2003	Meta-analysis/RCT	Children with acute diarrhea	Reduced duration of diarrhea	Paediatric Infectious Disease Journal
Nayak, et al. [2]	2009	Observational	Paediatric diarrhea cases	Symptomatic improvement	Indian Journal of Research in Homeopathy
Nayak, et al. [3]	2011	Multicentric observational	Gastroenteritis patients	Supportive clinical outcomes	Indian Journal of Research in Homeopathy
Oberbaum, et al. [4]	2024	Pragmatic RCT	Children up to 24 months	Reduced antibiotic use trends	European Journal of Paediatrics

The reviewed studies indicate potential supportive roles for homoeopathy in paediatric acute gastroenteritis. Remedies commonly described in the literature include Podophyllum for profuse watery diarrhea, Arsenicum album for food poisoning-like symptoms, Veratrum album for severe vomiting and collapse states, and Chamomilla for teething-associated diarrhea.

Despite positive findings reported in some studies, several limitations affect interpretation. Many studies involved relatively small sample sizes and variable prescribing methods. Blinding and allocation concealment were inconsistent across studies. Additionally, the individualized nature of homoeopathic prescribing makes standardization difficult.

Conventional paediatric guidelines continue to recommend ORS and zinc therapy as the foundation of management. Homoeopathic treatment, where used, should not replace

emergency medical care in cases of severe dehydration, persistent vomiting, lethargy, or bloody diarrhea.

Limitations

The available evidence is limited by heterogeneity of study design, inconsistent methodologies, publication bias, and scarcity of large multicenter randomized controlled trials. Many studies originated from specific regions and lacked standardized outcome measures.

Conclusion

Current evidence suggests that homoeopathy may offer supportive symptomatic benefits in paediatric acute gastroenteritis and acute diarrheal diseases when integrated with standard hydration therapy. However, evidence quality remains moderate to low due to methodological weaknesses. Future large-scale randomized controlled trials with standardized reporting are

required to establish stronger evidence regarding efficacy and safety in infants and children.

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