Review

RHEUMATOID ARTHRITIS AND HOMOEOPATHY: AN INTEGRATIVE REVIEW OF DISEASE AND THERAPEUTICS: A REVIEW ARTICLE

Alpana Choudary[1], Shakthi Vigneshwar G[2]

[1]HOD, Department of Repertory, State National Homoeopathic Medical College and Hospital, Lucknow.

[2]Dept of Repertory, State National Homoeopathic Medical College and Hospital, Lucknow.

ABSTRACT

Background: Rheumatoid arthritis [RA] is a chronic systemic autoimmune disorder characterized by persistent synovial inflammation, progressive joint destruction, and a wide range of extra-articular manifestations. It affects approximately 0.5 –1% of the global population and is a major cause of disability, functional impairment, and reduced quality of life.

The pathogenesis of RA is multifactorial, involving complex interactions among genetic susceptibility, hormonal influences, environmental exposures, and immune dysregulation that leads to chronic inflammation. Clinically, the disease is characterized by symmetrical polyarthritis, prolonged morning stiffness, joint swelling, pain, and deformities, with potential involvement of the cardiovascular, pulmonary, ocular, and hematological systems.

Diagnosis is established through comprehensive clinical assessment supported by disease activity indices, serological markers, and laboratory investigations. Homoeopathy adopts an individualized, patient-centered approach considering both physical and psychological characteristics of the patient. Recent experimental and clinical studies have suggested potential immunomodulatory and anti-inflammatory effects of homoeopathic interventions.

This review provides an integrative overview of the epidemiology, etiology, clinical features, diagnosis, laboratory investigations, and conventional understanding of rheumatoid arthritis while discussing the homoeopathic perspective, recent clinical evidence, and commonly indicated therapeutic remedies. Although current evidence suggests potential benefits of individualized homoeopathic treatment in improving patient-reported outcomes and disease activity, the overall quality of evidence remains limited.

Well-designed, large-scale randomized controlled trials are required to further establish the efficacy and clinical role of homoeopathy as a complementary approach in the management of rheumatoid arthritis.

Keywords: Rheumatoid Arthritis, Autoimmune Disease, Chronic Inflammation, Homoeopathy, Homoeopathic Therapeutics, Quality of Life.

INTRODUCTION

Rheumatoid arthritis [RA] is a long-term disease that affects many parts of the body, and its exact cause is still unknown. The main feature of RA is continuous inflammation of the synovial membrane [the lining of the joints], which commonly affects the small joints of the hands and feet in a symmetrical pattern.[1] In the 2026 ICD-10-CM classification, rheumatoid arthritis is coded as M06.9.[2] Ongoing inflammation of the joint lining can lead to the formation of pannus, which gradually damages cartilage and bone.

Over time, this may result in joint deformity, reduced movement, and disability.[3] In addition to joint problems, RA can also affect other organs and systems of the body, including the heart, lungs, eyes, and blood, showing that it is a complex inflammatory disease with widespread effects.[4] Homoeopathy is a system of individualized medicine developed by Dr. Samuel Hahnemann. It focuses on treating the patient as a whole rather than only the disease.[5][6] According to homoeopathic philosophy, disease results from a disturbance of the body's vital force and is not limited to structural changes alone.

The selection of a homoeopathic remedy is based on the principle of "similia similibus curentur" [let like be cured by like] and on the totality of the patient's symptoms. Mental and emotional symptoms are considered especially important because they reflect the patient's inner condition, individuality, and susceptibility to disease.[7]

LITERATURE SEARCH METHODOLOGY

Databases – A comprehensive literature search was conducted to identify relevant published evidence on rheumatoid arthritis and the role of homoeopathy in

www.njmrys.com
eISSN: 2395-2911
Date of Received: 17-11-2025
Date of Acceptance: 07-12-2025
Date of Publication: 01-01-2026

Correspondence: Dr. Alapana Choudhary, HOD, department of repertory, State national homoeopathic medical College and hospital, Lucknow, email: dr.alpanachaudhary@gmail.com

its management. Electronic databases including PubMed, Google Scholar, Scopus, and Crossref were systematically searched for articles published between January 2000 and June 2026, with particular emphasis on studies published from 2015 onwards to incorporate recent clinical evidence. In addition, standard textbooks of internal medicine, pathology, rheumatology, homoeopathic philosophy, and homoeopathic materia medica were consulted to provide background information on disease pathogenesis, clinical features, diagnosis, and therapeutic principles.

Keywords – The search strategy employed combinations of Medical Subject Headings [MeSH] terms and free-text keywords, including "Rheumatoid arthritis," "Homoeopathy," "Homeopathy," "Individualized homoeopathic treatment," "Complementary medicine," "Autoimmune disease," "Disease Activity Score [DAS28]," "Rheumatoid Arthritis Disease Activity Index [RADAI]," "Clinical trial," "Randomized controlled trial," "Observational study," "Pilot study," "Systematic review," and "Integrative medicine." Boolean operators [AND, OR] were used to combine search terms appropriately and improve the comprehensiveness of the search.

Selection criteria – Studies were included if they were published in English, involved human participants or relevant experimental models, evaluated homoeopathic interventions in rheumatoid arthritis, or provided evidence related to the epidemiology, pathophysiology, diagnosis, conventional management, or therapeutic role of homoeopathy. Clinical trials, observational studies, pilot studies, systematic reviews, meta-analyses, experimental studies, and authoritative textbooks were considered eligible for inclusion. Duplicate publications, conference abstracts without full-text availability, editorials, letters to the editor, and studies lacking sufficient methodological details or relevance to the review objectives were excluded.

The retrieved literature was critically reviewed and synthesized to provide an integrated overview of the current understanding of rheumatoid arthritis and the available evidence regarding the therapeutic role of homoeopathy. Priority was given to recent, peer-reviewed publications and studies employing validated outcome measures such as the Disease Activity Score-28 [DAS28] and the Rheumatoid Arthritis Disease Activity Index [RADAI] to ensure the scientific quality and clinical relevance of the review.

EPIDEMIOLOGY

Mxxxxxx Rheumatoid arthritis [RA] is a long-term autoimmune disease that mainly affects the joints, causing inflammation, pain, swelling, and gradual joint damage.[8] It affects about 0.5–1% of people worldwide and is more common in women, usually developing between 30 and 50 years of age. In India, RA is a major cause of long-term disability, reduced ability to work, and poor quality of life.[9]

ETIOLOGY

RA develops due to a combination of genetic, hormonal, environmental, and immune-related factors.[10] These factors work together and lead to persistent inflammation of the joints and gradual destruction of joint tissues.[11] A genetic tendency to develop the disease may be triggered by factors such as infections, smoking, and hormonal changes.[12][13][14] Therefore, the development of RA involves both inherited susceptibility and abnormal immune system activity.

ARTICULAR MANIFESTATIONS OF RHEUMATOID ARTHRITIS

The disease usually begins gradually and commonly affects the small joints of both sides of the body in a symmetrical pattern. The joints most often involved are the metacarpophalangeal [MCP], proximal interphalangeal [PIP], and metatarsophalangeal [MTP] joints of the hands and feet. Early symptoms include joint pain, swelling, tenderness, and stiffness that may worsen over several weeks or months.

A characteristic feature of RA is morning stiffness lasting more than one hour, which tends to improve with movement and activity. The affected joints may feel warm, swollen, and painful, with reduced movement due to inflammation. As the disease progresses, permanent joint deformities such as swan-neck deformity, boutonnière deformity, and ulnar deviation may develop because of ongoing joint and tendon damage. In later stages, larger joints such as the wrists, knees, elbows, and ankles may also be affected, resulting in significant limitation of daily activities and reduced functional ability.[15]

EXTRA-ARTICULAR MANIFESTATIONS OF RHEUMATOID ARTHRITIS

Although rheumatoid arthritis [RA] mainly affects the joints, it is a systemic autoimmune disease that can involve many other organs and body systems. One of the most common extra-articular manifestations is the rheumatoid nodule, which is a firm, painless lump found beneath the skin, usually over pressure points such as the elbows and Achilles tendons.[16]

In severe cases, inflammation of blood vessels [vasculitis] may occur, leading to skin ulcers, nerve damage, or reduced blood supply to the fingers and toes. Eye involvement may include scleritis and keratoconjunctivitis sicca [secondary Sjögren's syndrome], causing symptoms such as eye pain, redness, dryness, and visual problems.[17]

The lungs may also be affected, resulting in conditions such as pleuritis, interstitial lung disease, and rheumatoid nodules in the lungs.[18] Cardiovascular complications, including pericarditis and accelerated athero-

sclerosis, can increase the risk of illness and death in patients with RA.[19] Blood-related abnormalities such as anaemia of chronic disease and Felty's syndrome, which is characterized by rheumatoid arthritis, enlarged spleen, and reduced neutrophil count, may occur in advanced stages of the disease.[20]

DIAGNOSIS OF RHEUMATOID ARTHRITIS

The diagnosis of rheumatoid arthritis begins with a thorough clinical evaluation, including the pattern, duration, and distribution of joint symptoms.[21] Persistent inflammation of the small joints of the hands and feet, prolonged morning stiffness, and swelling of joints, especially the metacarpophalangeal [MCP] and proximal interphalangeal [PIP] joints, strongly suggest RA. [22][23]

STANDARDIZED TOOLS

Several standardized tools are used to assess disease activity. The Disease Activity Score-28 [DAS28] is a widely accepted measure that evaluates disease severity using the number of tender and swollen joints [out of 28 selected joints], the patient's general health status, and inflammatory markers such as erythrocyte sedimentation rate [ESR] or C-reactive protein [CRP].[24] Another commonly used tool is the Rheumatoid Arthritis Disease Activity Index-5 [RADAI-5], a simple self-administered questionnaire consisting of five questions. It measures disease activity based on joint pain, swelling, tenderness, duration of morning stiffness, and general health status over recent months. The score is calculated by adding the responses to all five questions and dividing the total by five.[25]

LABORATORY INVESTIGATIONS

Several Laboratory investigations play an important role in confirming the diagnosis and evaluating disease severity. Rheumatoid factor [RF] and anti-cyclic citrullinated peptide [anti-CCP] antibodies are commonly used blood tests, with anti-CCP having high specificity for RA.[26] Increased levels of inflammatory markers such as ESR and CRP indicate active inflammation and often reflect the degree of disease activity.[27] Additional investigations, including complete blood count, liver function tests, and renal function tests, help assess systemic involvement and exclude other possible causes of arthritis.[28]

ROLE OF HOMOEOPATHY IN CHRONIC AUTOIMMUNE DISEASES

A study conducted by Gupta et al. demonstrated that homoeopathic medicines, in different potencies, can significantly influence key immune cells such as macrophages, lymphocytes, bone marrow cells, and PMNs, suggesting their potential relevance in autoimmune diseases. By modulating gene expression, altering macrophage morphology, affecting receptor expression, guiding PMN chemotaxis, and regulating cytokine and reactive species production, these medicines showed individualized immunomodulatory effects rather than uniform immune suppression.

Since autoimmune disorders arise from dysregulated or overactive immune pathways, the ability of homoeopathic remedies to fine-tune immune responses in a remedy- and potency-specific manner holds particular significance. Although the majority of findings come from mouse models and require validation in human immune cells, this pre-clinical evidence highlights the potential of homoeopathy to support immune balance in chronic autoimmune conditions. Further human-based studies are essential to determine how these cellular effects translate into clinical benefit.[29]

The role of homoeopathy is therefore framed as supportive, patient centred, and individualized, with emphasis on long-term management rather than immediate disease suppression. By considering the patient's unique constitution and emotional state, homoeopathy aims to promote sustainable healing and improved quality of life over time.

DISCUSSION

Rheumatoid arthritis is a chronic autoimmune disorder characterized by persistent synovial inflammation, progressive joint damage, and systemic involvement affecting multiple organ systems. Early diagnosis through clinical assessment, disease activity scoring systems, and laboratory investigations is essential for preventing irreversible joint destruction and improving patient outcomes. From a homoeopathic perspective, management extends beyond the pathological diagnosis and focuses on the individual patient, considering physical, mental, and emotional characteristics as part of the totality of symptoms.

Evidence for homoeopathy in rheumatoid arthritis arises from diverse randomized trials, observational studies, and case reports, producing suggestive yet inconsistent results. A study conducted by Aphale et al. provides a comprehensive overview of the potential role of homoeopathy in managing rheumatoid arthritis [RA]. Their review highlights experimental findings where homoeopathic mother tinctures such as Curcuma longa and Tribulus terrestris exhibited notable anti-inflammatory and analgesic effects, suggesting therapeutic value in RA management. Clinical trials and observational studies included in the review further demonstrated improvements in pain, joint tenderness, grip strength, and disease activity with individualized homoeopathic treatment, supporting its use as an adjunct or alternative therapy.[45]

Some controlled studies note improvements in pain, stiffness, physical function, and quality of life with individualized or complex homoeopathic treatments, while others find no significant benefit over placebo or standard care. Case reports often describe notable

symptom relief and reduced need for analgesics, though their validity is limited by small samples and lack of blinding. Systematic reviews consistently emphasize methodological shortcomings such as small study sizes, varied remedies, and short follow-ups and recommend more robust randomized trials. Despite these limitations, observational findings and patient-reported outcomes indicate potential complementary value of homoeopathy in RA management, supporting the need for further high-quality research.[46]

A cohort study conducted by Witt et al. examined the clinical outcomes and healthcare costs associated with homoeopathic versus conventional treatment strategies in patients with chronic disorders. The researchers followed individuals receiving either classical homoeopathic care or standard allopathic treatment across multiple chronic conditions, assessing improvements in symptom severity, quality of life, and overall patient satisfaction. Their findings showed that patients in the homoeopathy group reported comparable and, in some cases, superior clinical improvements despite having a higher baseline disease burden. Importantly, the long-term healthcare costs for homoeopathic treatment were found to be similar to or lower than those of conventional care, largely due to reduced medication use and fewer specialist consultations. The study concluded that homoeopathic treatment offers a viable therapeutic alternative or complement, with good patient-reported outcomes and potential cost-effectiveness in chronic disease management.[47]

Experimental studies suggest that homoeopathic medicines may possess immunomodulatory properties, indicating a potential supportive role in autoimmune disorders. The therapeutic remedies discussed in this review demonstrate the individualized approach of homoeopathy, where remedy selection is based on characteristic symptoms, causative factors, and patient susceptibility rather than disease labels alone.

CONCLUSIONS

Rheumatoid arthritis is a debilitating autoimmune disease that significantly affects quality of life through joint destruction and systemic complications. Comprehensive evaluation and timely intervention are crucial for effective disease management. Homoeopathy offers a holistic and individualized approach that aims to address the patient's overall constitution and symptom totality. While preliminary evidence suggests a possible role of homoeopathic medicines in supporting immune regulation and improving patient well-being, further high-quality clinical research is required to establish their effectiveness in the management of rheumatoid arthritis. An integrated patient-centred approach may contribute to better long-term outcomes and enhanced quality of life.

REFERENCES

1. Harrison TR, Kasper DL, Fauci AS, Longo DL, Braunwald E, Hauser SL, et al. Harrison's principles of internal medicine. 15th ed. New York: McGraw-Hill; 1998.
2. ICD10Data.com. 2026 ICD-10-CM diagnosis code M06.9: Rheumatoid arthritis, unspecified [Internet]. 2025 [cited 2025 Dec 3]. Available from: https://www.icd10data.com/ICD10CM/Codes/M00-M99/M05-M14/M06-/M06.9
3. Smolen JS, Aletaha D, McInnes IB. Rheumatoid arthritis. Lancet. 2016;388[10055]:2023-38. doi:10.1016/S0140-6736[16]30173-8.
4. McInnes IB, Schett G. Pathogenetic insights from the treatment of rheumatoid arthritis. Lancet. 2017;389[10086]:2328-37. doi:10.1016/S0140-6736[17]31472-1.
5. Hahnemann S. Organon of medicine. 6th ed. Dudgeon RE, translator. New Delhi: B. Jain Publishers; 2010.
6. Hahnemann S. Organon of the medical art. O'Reilly WB, editor. 1st Indian ed. New Delhi: B. Jain Publishers; 2010.
7. Kent JT. Lectures on homoeopathic philosophy. New Delhi: B. Jain Publishers; 2004.
8. Kumar V, Abbas AK, Aster JC. Robbins and Cotran pathologic basis of disease. 11th ed. Philadelphia: Elsevier; 2023.
9. Firestein GS, Budd RC, Gabriel SE, McInnes IB, O'Dell JR, editors. Kelley and Firestein's textbook of rheumatology. 11th ed. Philadelphia: Elsevier; 2022.
10. Cope AP. T cells in rheumatoid arthritis. Arthritis Res Ther. 2008;10[Suppl 1]:S1.
11. Choy EH, Panayi GS. Cytokine pathways and joint inflammation in rheumatoid arthritis. N Engl J Med. 2001;344[12]:907-16.
12. Cutolo M, Straub RH. Sex hormones, immunity, and rheumatoid arthritis. Autoimmun Rev. 2019;18[2]:102-7.
13. Ortona E, Pierdominici M, Maselli A, Veroni C, Aloisi F, Shoenfeld Y. Sex hormones and autoimmune diseases. Front Immunol. 2019;10:1076.
14. Sugiyama D, Nishimura K, Tamaki K, Tsuji G, Nakazawa T, Morinobu A, et al. Impact of smoking as a risk factor for developing rheumatoid arthritis: A meta-analysis of observational studies. Ann Rheum Dis. 2010;69[1]:70-81.
15. Ziff M. The rheumatoid nodule. Arthritis Rheum. 1990;33[6]:761-7.
16. Scott DG, Bacon PA. Rheumatoid vasculitis. Clin Exp Immunol. 1978;33[2]:451-60.
17. Foster CS, Forstot SL, Wilson LA. Ocular manifestations of rheumatoid arthritis. Ophthalmology. 2012;119[6]:1271-9.
18. Bongartz T, Nannini C, Medina-Velasquez YF,

Achenbach SJ, Crowson CS, Ryu JH, et al. Incidence and mortality of interstitial lung disease in rheumatoid arthritis. Arthritis Rheum. 2010;62[6]:1583-91.

19. Giles JT, Fernandes V, Lima JA, Bathon JM. Myocardial dysfunction in rheumatoid arthritis: epidemiology and pathogenesis. Curr Opin Rheumatol. 2010;22 [3]:273-9.
20. Naschitz JE, Rosner I, Rozenbaum M, Zuckerman E, Yeshurun D. Felty's syndrome. Semin Arthritis Rheum. 1990;20[1]:17-28.
21. Aletaha D, Smolen JS. Diagnosis and management of rheumatoid arthritis: A review. JAMA. 2018;320 [13]:1360-72.
22. Paget SA, Gibofsky A. Immunopathogenesis of rheumatoid arthritis. Am J Med. 1979;67[6]:961-70. doi:10.1016/0002-9343[79]90636-3.
23. Sparks JA. Rheumatoid arthritis. Ann Intern Med. 2019;170[1]:ITC1-ITC16.
24. Wells G, Becker JC, Teng J, Dougados M, Schiff M, Smolen J, et al. Validation of the 28-joint Disease Activity Score [DAS28] and European League Against Rheumatism response criteria based on C-reactive protein against disease progression in patients with rheumatoid arthritis, and comparison with the DAS28 based on erythrocyte sedimentation rate. Ann Rheum Dis. 2009;68[6]:954-60. doi:10.1136/ ard.2007.084459.
25. Kamel SR. Using Rheumatoid Arthritis Disease Activity Index-5 questionnaire in the assessment of disease activity in patients with rheumatoid arthritis: Correlation with quality of life, pain, and functional status. Egypt Rheumatol Rehabil. 2018; 45 : 43—8. doi: 10.4103 / err.err_31_17.
26. Rantapää-Dahlqvist S, de Jong BA, Berglin E, Hallmans G, Wadell G, Stenlund H, et al. Antibodies against cyclic citrullinated peptide and IgA rheumatoid factor predict the development of rheumatoid arthritis. Arthritis Rheum. 2003;48[10]:2741-9.
27. van der Heijde DM, van't Hof MA, van Riel PL, van de Putte LB. Assessment of disease activity in rheumatoid arthritis. Rheum Dis Clin North Am. 1995;21 [3]:579-91.
28. Wasserman AM. Diagnosis and management of rheumatoid arthritis. Am Fam Physician. 2011;84 [11]:1245-52.
29. Gupta VK, Mathur M. Immunomodulatory effects of homoeopathic medicines: A review of pre-clinical studies. Indian J Res Homoeopathy. 2018;12[2]:90-4.
30. Singh S, Gupta YK, Kalra P, Karwasra R, Kumar R, Nayak D, et al. Role of homoeopathic mother tinctures in rheumatoid arthritis: An experimental study. Indian J Res Homoeopathy. 2015;9[1]:42-9. doi:10.4103/0974-7168.154348.
31. Kundu T, Shaikh AF, Jacob SM. To evaluate the role of homoeopathic medicines as add-on therapy in patients with rheumatoid arthritis on NSAIDs: A retrospective study. Indian J Res Homoeopathy. 2014;8[1]:24-30. doi:10.4103/0974-7168.129674.
32. Kundu N, De M, Singh S, Michael J, Nath A, Magotra N, et al. Homoeopathic treatment of rheumatoid arthritis: An open, observational trial. Homoeopathic Links. 2020;33[1]:1-8. doi:10.1055/s-0039-3402080.
33. Reddy SR. To assess the efficacy of indicated homoeopathic medicines in the treatment of rheumatoid arthritis. Int J Innov Res Adv Stud. 2017;4[1]:1-5.
34. Priyanka, Mishra K, Singh J. Can individualized homoeopathic medicines bring a ray of hope to the patients of rheumatoid arthritis: A pilot study. Int J Homoeopath Sci.2022;6[4]:165-71. doi:10.33545/26164485.2022.v6.i4c.655.
35. Sarkar A, Datta P, Das AK, Gomes A. Anti-rheumatoid and anti-oxidant activity of homoeopathic Guaiacum officinale in an animal model. Homoeopathy. 2014;103 [2]:133-8. doi:10.1016/j.homp.2013.08.006.
36. Rao P, Prasanna MN. Immunological studies on rheumatoid arthritis treated with homoeopathic drugs: Results of the pilot study. Indian J Res Homoeopathy. 2008;2[4]:42-9.
37. Goyanar A. Role of homoeopathic medicines in the cases of rheumatoid arthritis on the basis of totality of symptoms and its miasmatic approach. World J Pharm Res. 2022;11[5]:1199-1211.
38. Prasalini PS, Kumar SS. Efficacy of Guaiacum officinale on rheumatoid arthritis and its possible role on inflammatory pathway through experimental in-vitro and clinical models. Int J Res Eng Sci Manag. 2023;6[8]:98-104.
39. Fisher P, Scott DL. A randomized controlled trial of homoeopathy in rheumatoid arthritis. Rheumatology [Oxford]. 2001;40[9] :1052-5. doi : 10.1093/ rheumatology /40.9.1052.
40. Brien S, Lachance L, Prescott P, McDermott C, Lewith G. Homoeopathy has clinical benefits in rheumatoid arthritis patients that are attributable to the consultation process but not the homoeopathic remedy: A randomized controlled clinical trial. Rheumatology [Oxford]. 2011;50[6]:1070-82.doi:10.1093/rheumatology/ keq234.
41. De M, Singh S, Michael J, Kundu N, Nath A, Magotra N, et al. Homoeopathic treatment of rheumatoid arthritis: An open, observational trial. Homoeopathic Links. 2019;32[4]:216-23. doi:10.1055/s-0039-3402080.
42. Clarke JH. A dictionary of practical materia medica. New Delhi: B. Jain Publishers; 2016.
43. Hering C. The guiding symptoms of our materia medica. New Delhi: B. Jain Publishers; 2005.

44. Boericke W. Pocket manual of homoeopathic materia medica. New Delhi: B. Jain Publishers; 2015.
45. Aphale P, Sharma D, Shekhar H. Exploring the role of homoeopathy in rheumatoid arthritis: A comprehensive review. Int J High Dilution Res. 2024;23[Special Issue]:231-55. doi:10.51910/ijhdr.v23icf.1440.
46. Mathie RT, Lloyd SM, Legg LA, Clausen J, Moss S, Davidson JR, et al. Randomised placebo-controlled trials of individualised homoeopathic treatment: Systematic review and meta-analysis. Syst Rev. 2014;3:142. doi:10.1186/2046-4053-3-142.
47. Witt CM, Keil T, Selim D, Roll S, Vance W, Wegscheider K, et al. Outcome and costs of homoeopathic and conventional treatment strategies: A comparative cohort study in patients with chronic disorders. Complement Ther Med. 2005;13[2]:79-86. doi:10.1016/j.ctim.2005.03.005.

How to cite this article: Alpana Choudary[1], Shakthi Vigneshwar G[2] Rheumatoid Arthritis and Homoeopathy: an Integrative Review of Disease and Therapeutics: a Review Article, Nat J. Med. Res. Yoga Sci., 2026; 3 (1) : 21-26

Source of Support: Nil, **Conflicts of Interest:** None declared.