



Original Article

## Assessment of Adherence to Homeopathic Treatment among Patients with Chronic Illness: A Cross-Sectional Study

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### ABSTRACT

**Background:** Homeopathy is widely used for chronic diseases because of its holistic and individualized approach. Adherence to treatment is essential for achieving favorable therapeutic outcomes; however, limited data are available regarding adherence to homeopathic treatment among patients with chronic illnesses. **Aim:** To assess adherence to homeopathic treatment among patients with chronic illnesses and to identify factors influencing adherence behavior. **Materials and Methods:** A hospital-based cross-sectional observational study was conducted among 200 patients in which patients aged  $\geq 18$  years receiving homeopathic treatment for at least three months were included using convenient sampling. Data were collected through a predesigned semi-structured questionnaire assessing socio-demographic details, clinical profile, treatment adherence, and factors affecting adherence. **Results:** The majority of participants belonged to the age group of 31–45 years, with female predominance (54%). Arthritis (20.5%), diabetes mellitus (19%), and hypertension (17%) were the most common chronic illnesses. Good adherence to homeopathic treatment was observed in 69% of participants, while 31% showed poor adherence. Educational status, duration of treatment, and patient satisfaction showed statistically significant association with adherence behavior ( $p < 0.05$ ). **Conclusion:** Patient satisfaction, higher educational status, and longer treatment duration positively influenced adherence.

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**Keywords:** Homeopathy; Chronic illness; Treatment adherence; Patient satisfaction.

### INTRODUCTION

Chronic illnesses are long-term medical conditions that require continuous treatment, regular follow-up, and sustained patient participation for effective management. Diseases such as diabetes mellitus, hypertension, bronchial asthma, arthritis, thyroid disorders, migraine, and psychosomatic illnesses contribute significantly to global morbidity and reduced quality of life. The increasing burden of chronic diseases has encouraged patients to seek complementary and alternative medicine systems, including homeopathy, for long-term symptom relief and holistic care.<sup>1</sup> Homeopathy is widely practiced in India and several other countries and is recognized under the AYUSH system for the management of both acute and chronic illnesses.<sup>2</sup>

Adherence to treatment is defined as the extent to which a patient's behavior corresponds with agreed recommendations from a healthcare provider regarding medication use, lifestyle modification, and follow-up visits.<sup>3</sup> Good adherence is considered essential for achieving favorable therapeutic outcomes, improving quality of life, reducing complications, and minimizing healthcare expenditure. In chronic diseases, long-term adherence is particularly important because therapy

often extends over months or years. Poor adherence can lead to disease progression, recurrence of symptoms, treatment failure, and dissatisfaction with healthcare services.<sup>4</sup>

Homeopathy follows an individualized and holistic approach in which treatment is prescribed according to the patient's physical, mental, and emotional characteristics. Patients frequently prefer homeopathic treatment because of its perceived safety, fewer adverse effects, affordability, and natural approach to healing.<sup>5</sup> Several studies have demonstrated positive outcomes and high patient satisfaction among individuals receiving homeopathic treatment for chronic conditions.

Despite the growing popularity of homeopathy, adherence to treatment remains influenced by several factors such as socioeconomic status, educational level, accessibility of healthcare facilities, patient beliefs, duration of therapy, physician–patient relationship, and perceived effectiveness of medicines.<sup>6</sup> Some patients discontinue treatment because they expect rapid symptomatic relief, whereas homeopathic treatment often requires longer follow-up and gradual improvement. Financial constraints, lack of awareness regarding treatment protocols, and irregular follow-up may further contribute to non-adherence. Studies have shown that trust in the physician, individualized consultation, and patient satisfaction are important determinants for continuation of homeopathic treatment.<sup>7</sup>

Understanding treatment adherence is important because effective management of chronic illnesses depends largely on sustained therapeutic engagement and continuity of care. Identification of factors influencing adherence may help healthcare professionals improve counseling strategies, strengthen physician–patient communication, and enhance long-term treatment outcomes. With this background, the present cross-sectional study was undertaken to assess adherence to homeopathic treatment among patients with chronic illness and to identify factors influencing adherence behavior among these patients.

## MATERIALS AND METHODS

### Study Design & Setting

A hospital-based observational cross-sectional study was conducted over a period of 6 months from July to December 2025 in the Outpatient Department (OPD) of Homeopathy at a tertiary care teaching hospital in which patients attending the OPD were included in the study to assess adherence to homeopathic treatment with chronic illnesses.

### Study Population

The study population comprised patients diagnosed with chronic illnesses and receiving homeopathic treatment for at least three months. A total of 200 patients were included in the study using a convenient sampling technique method.

### Inclusion Criteria

1. Patients aged 18 years and above.
2. Patients diagnosed with chronic illnesses such as diabetes mellitus, hypertension, asthma, arthritis, thyroid disorders, migraine, skin disorders, or other chronic conditions.
3. Patients receiving homeopathic treatment for a minimum duration of three months.
4. Patients willing to participate and provide informed consent.

### Exclusion Criteria

1. Patients with acute illnesses only.
2. Patients who were critically ill or unable to communicate effectively.
3. Patients with psychiatric disorders affecting comprehension or response reliability.

### Study Tool and Data Collection

Data was collected using a predesigned and pretested semi-structured questionnaire through face-to-face interviews. The questionnaire consisted of the following sections:

**Section A: Socio-demographic Details:** included information regarding age, gender, marital status, educational status, occupation, residence, and socioeconomic status.

**Section B: Clinical Characteristics:** Clinical information included type and duration of chronic illness, duration of homeopathic treatment, history of previous treatment, presence of comorbidities, and frequency of follow-up visits.

**Section C: Treatment Adherence Assessment:** Adherence to homeopathic treatment was assessed using a structured adherence questionnaire based on medication-taking behavior, regularity of follow-up, compliance with physician instructions, and continuation of prescribed medicines. Patients were categorized as having good adherence or poor adherence based on their total adherence score.

**Section D: Factors Affecting Adherence:** Information regarding factors influencing adherence such as affordability, accessibility of healthcare services, patient satisfaction, perceived effectiveness of treatment, physician–patient relationship, family support, and awareness regarding homeopathic treatment was collected.

**Operational Definition:** Patients who regularly consumed prescribed homeopathic medicines, attended scheduled follow-up visits, and followed physician advice during the treatment period were considered adherent to treatment.

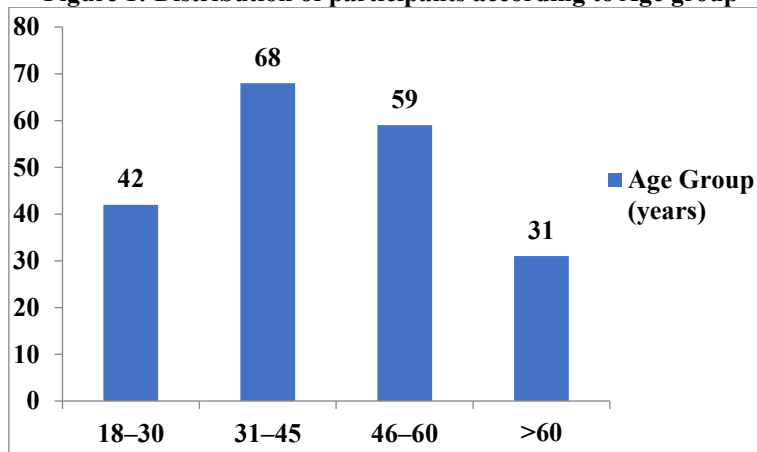
### Statistical Analysis

The collected data were entered into Microsoft Excel and analyzed using Statistical Package for Social Sciences (SPSS) version 19. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize the data. Association between adherence and various socio-demographic and clinical variables was analyzed using Chi-square test. A p-value of <0.05 was considered statistically significant.

### RESULTS

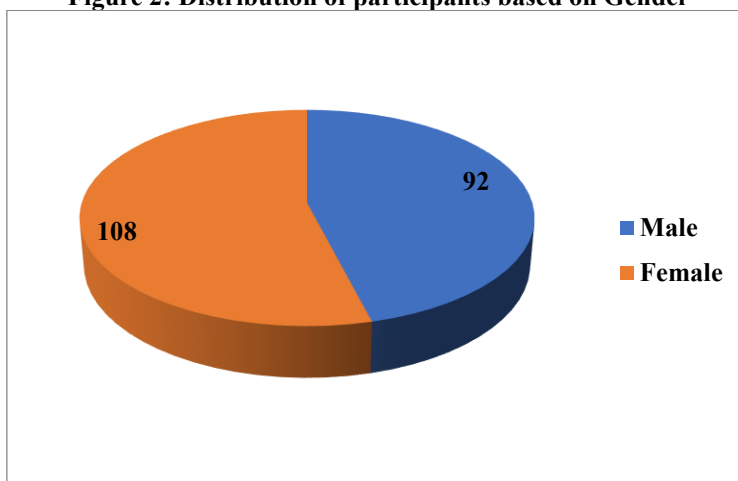
Socio-demographic Characteristics of Study Participants (n=200)

**Figure 1: Distribution of participants according to Age group**



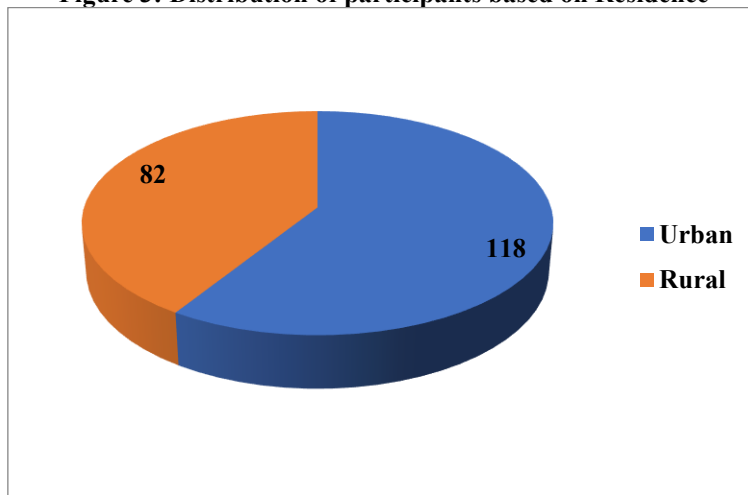
Majority of the participants belonged to the age group of 31-45 years

**Figure 2: Distribution of participants based on Gender**



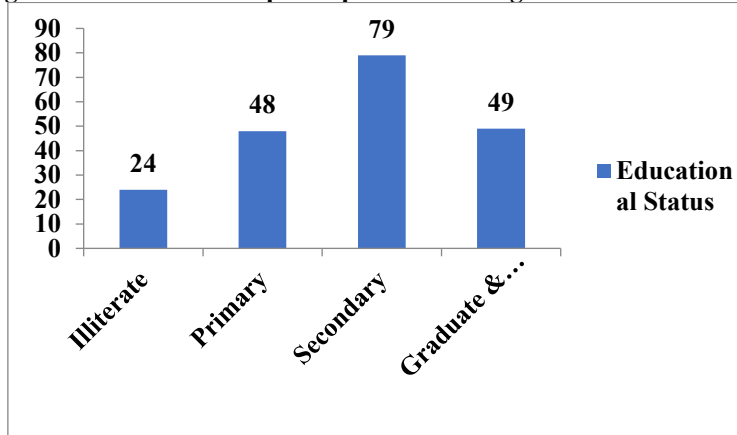
Distribution of participants according to gender showed female predominance (54%) compared to males (46%).

**Figure 3: Distribution of participants based on Residence**



Majority of the study subjects belonged to Urban area.

**Figure 4: Distribution of participants according to Educational Status**



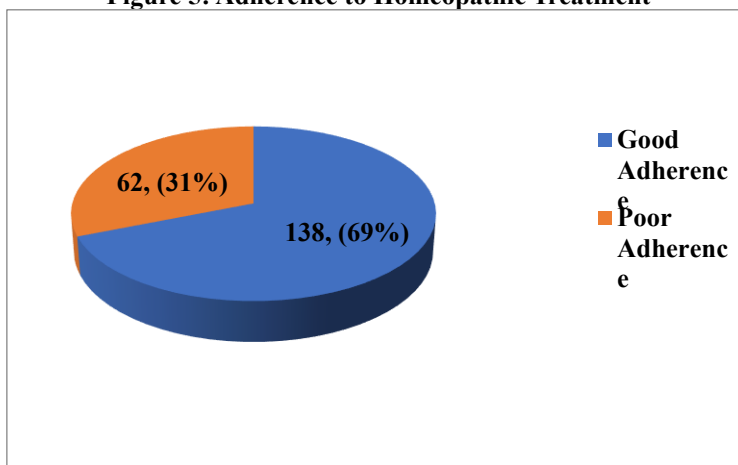
Majority of the study subjects were having an educational status of secondary level

**Table 1: Clinical Profile of Participants**

Clinical Variable	Frequency (n)	Percentage (%)
<b>Type of Chronic Illness</b>		
Diabetes Mellitus	38	19.0
Hypertension	34	17.0
Arthritis	41	20.5
Bronchial Asthma	26	13.0
Thyroid Disorders	21	10.5
Skin Disorders	24	12.0
Others	16	8.0
<b>Duration of Illness</b>		
<1 year	29	14.5
1-5 years	97	48.5
>5 years	74	37.0
<b>Duration of Homeopathic Treatment</b>		
3-6 months	52	26.0
6-12 months	81	40.5
>1 year	67	33.5

Arthritis (20.5%) was the most common chronic illness among participants followed by diabetes mellitus (19%) and hypertension (17%).

**Figure 5: Adherence to Homeopathic Treatment**



The study observed that 69% of patients demonstrated good adherence to homeopathic treatment, while 31% showed poor adherence.

**Table 2: Reasons for Poor Adherence among Participants (n=62)**

Reason for Poor Adherence	Frequency (n)	Percentage (%)
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<i>Delayed Symptomatic Relief</i>	21	33.9
<i>Financial Constraints</i>	12	19.4
<i>Irregular Follow-up</i>	10	16.1
<i>Forgetfulness</i>	8	12.9
<i>Lack of Awareness</i>	6	9.7
<i>Dissatisfaction with Treatment</i>	5	8.0

Delayed symptomatic improvement was the most common reason for poor adherence (33.9%), followed by financial constraints (19.4%).

**Table 3: Factors Associated with Treatment Adherence**

<i>Variable</i>	<i>Good Adherence n (%)</i>	<i>Poor Adherence n (%)</i>	<i>p-value</i>
<b>Gender</b>			0.214
<i>Male</i>	60 (65.2)	32 (34.8)	
<i>Female</i>	78 (72.2)	30 (27.8)	
<b>Educational Status</b>			0.018*
<i>Up to Secondary</i>	84 (62.7)	50 (37.3)	
<i>Graduate &amp; Above</i>	54 (81.8)	12 (18.2)	
<b>Duration of Treatment</b>			0.006*
<i>≤6 months</i>	43 (57.3)	32 (42.7)	
<i>&gt;6 months</i>	95 (76.0)	30 (24.0)	
<b>Patient Satisfaction</b>			<0.001*
<i>Satisfied</i>	112 (80.0)	28 (20.0)	
<i>Unsatisfied</i>	26 (43.3)	34 (56.7)	

\*Statistically significant ( $p < 0.05$ )

Higher educational status, longer duration of treatment, and greater patient satisfaction showed statistically significant association with better adherence to homeopathic treatment.

**Table 4: Patient Perception Regarding Homeopathic Treatment**

<i>Perception Variable</i>	<i>Frequency (n)</i>	<i>Percentage (%)</i>
<i>Treatment is Safe</i>	171	85.5
<i>Improvement in Symptoms</i>	149	74.5
<i>Better Physician Interaction</i>	156	78.0
<i>Affordable Treatment</i>	133	66.5
<i>Will Recommend to Others</i>	145	72.5

Most participants perceived homeopathic treatment as safe (85.5%) and reported satisfactory physician–patient interaction (78%).

## DISCUSSION

In the present study, the majority of participants belonged to the age group of 31–45 years, and females constituted a higher proportion (54%) of the study population. Similar findings were reported in a multicentric Indian study conducted across homeopathic outpatient clinics affiliated with the Central Council for Research in Homoeopathy (CCRH), where the majority of patients were females and belonged to the economically productive age group.<sup>8</sup> This may be due to greater health-seeking behavior among women and increased preference for holistic treatment approaches for chronic diseases.

Among the chronic illnesses included in the study, arthritis, diabetes mellitus, and hypertension were the most common conditions for which patients sought homeopathic treatment. These findings are comparable with previous Indian studies that reported musculoskeletal, metabolic, dermatological, and respiratory disorders as common indications for homeopathic consultation.<sup>9</sup>

The present study observed that 69% of participants demonstrated good adherence to homeopathic treatment. This indicates a relatively favorable adherence pattern among patients receiving homeopathic care. A recent Indian study by Nayak et al. assessing adherence to homeopathic prophylaxis during the COVID-19 pandemic also reported satisfactory adherence behavior among participants receiving homeopathic interventions.<sup>10</sup>

Delayed symptomatic relief was identified as the most common reason for poor adherence, followed by financial constraints and irregular follow-up visits. Similar observations were reported in studies evaluating patient experiences with homeopathy in India, where continuity of treatment was influenced by patients' expectations and perceived effectiveness.<sup>11</sup>

Financial limitations and accessibility to healthcare facilities have also been recognized as important determinants affecting adherence in chronic disease management.<sup>6</sup>

The present study demonstrated a statistically significant association between educational status and treatment adherence. Patients with higher educational qualifications showed better adherence compared to less educated participants. Educated individuals are more likely to understand the importance of regular medication intake, follow-up visits, and long-term disease management. Similar findings have been documented in adherence studies involving chronic illnesses, where awareness and health literacy significantly influenced compliance behavior.<sup>6</sup>

Duration of treatment also showed a significant association with adherence. Patients receiving homeopathic treatment for more than six months exhibited better adherence than those with shorter treatment duration. Sustained interaction with physicians and gradual improvement in symptoms may improve patient confidence and continuation of therapy. A large observational study conducted among homeopathic patients demonstrated that long-term follow-up was associated with perceived improvement in symptoms and increased patient satisfaction.<sup>12</sup>

Patient satisfaction emerged as one of the strongest determinants of adherence in the present study. Most participants considered homeopathic treatment safe, affordable, and effective in improving symptoms. Similar findings were observed in studies conducted in Pune and West Bengal, India, where a majority of patients expressed satisfaction with homeopathic medicines, physician interaction, and holistic care.<sup>11</sup> Another Indian study evaluating integration of homeopathy within secondary healthcare settings reported favorable attitudes toward homeopathy because of perceived safety and patient-centered care.<sup>13</sup>

### Recommendations

1. Regular patient counseling should be conducted to improve awareness regarding the importance of adherence to homeopathic treatment, especially in chronic illnesses requiring long-term therapy.
2. Strengthening physician–patient communication and providing individualized consultation may improve patient satisfaction and long-term treatment adherence.
3. Health education programs should be organized to improve awareness regarding chronic disease management and the importance of treatment compliance.

### Limitations

1. The study was conducted at a single tertiary care centre & included a relatively limited sample size which may affect the external validity of the findings
2. The cross-sectional study design limited the ability to establish causal relationships between adherence and associated factors.
3. Variations in disease severity, type of chronic illness, and individualized homeopathic prescriptions were not analyzed separately.

### CONCLUSION

The present study demonstrated that most patients with chronic illnesses showed good adherence to homeopathic treatment. Educational status, treatment duration, and patient satisfaction significantly influenced adherence behavior. Delayed symptomatic relief was the major cause of non-adherence. Improving patient counseling, follow-up practices, and physician–patient communication may enhance long-term adherence and treatment outcomes.

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**Conflict of Interest:** None declared

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