

Exploring The Integrative Potential Of Homeopathy And Ayurveda: A Comparative Study On Therapeutic Principles, Diagnostic Approaches, And Clinical Efficacy In Chronic Disease Management

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Abstract

Environmental degradation, pollution, and ecological disturbances are being increasingly associated with the growing global burden of chronic diseases. Inflammatory and metabolic disorders caused by air and water pollution, heavy metal exposure, and climate stressors are making existing healthcare systems vulnerable. Holistic medical systems, such as Homeopathy and Ayurveda, may provide means to combat environment-induced health risks, but their environmental aspect has not been adequately explored. This study examines the interaction between environmental conditions and the development of chronic diseases, assessing how Homeopathy and Ayurveda treat environment-mediated health issues. The study further examines their possible contribution to environmental health care and sustainable health practice. By combining epidemiological data, environmental health information, and a critique of traditional therapy methods, a multidisciplinary approach was adopted. Pollution-evoked chronic diseases were subjected to review with clinical data from high environmental risk-exposure regions. Diagnostic as well as treatment modalities of Homeopathy and Ayurveda were examined concerning environmental stressors. The results show that environmental toxins are major contributors to oxidative stress, immune imbalance, and disease inception. Ayurvedic detoxification regimens and Homeopathic interventions showed promise in the relief of toxically induced symptoms. Integrative diagnostic strategies incorporating environmental exposure testing enhanced patient outcomes in high-risk areas. This study highlights the significance of taking into account environmental determinants to control chronic diseases. Synthesizing Homeopathy and Ayurveda with environmental health measures can fortify public health resilience and lead to sustainable healthcare interventions.

Keywords: Environmental Health, Chronic Disease, Pollution Exposure, Integrative Medicine, Sustainable Healthcare

1. INTRODUCTION

Chronic diseases have become a dominant concern in global public health, responsible for a substantial proportion of mortality and long-term morbidity (Chimezie, 2023). The increasing incidence of non-communicable conditions, such as cardiovascular diseases, respiratory illnesses, metabolic syndromes, autoimmune disorders, and neurodegenerative diseases, has placed enormous strain on healthcare systems worldwide. Traditionally, the focus on causative factors has centered on genetic susceptibility, behavioral choices, and lifestyle patterns. Mounting evidence has revealed that environmental factors now play an equally critical, if not greater, role in the onset and progression of chronic illnesses (Lu et al., 2023).

Environmental degradation, particularly in the form of air and water pollution, heavy metal contamination, chemical exposure, and climatic stressors, has created conditions that exacerbate physiological stress responses and disrupt immune regulation (Saxena, 2025). Long-term exposure to environmental toxins has been strongly associated with oxidative stress, inflammation, and endocrine disruption mechanisms that underlie a broad spectrum of chronic conditions. Industrial expansion, unregulated urbanization, and ecological imbalance have thus contributed not only to environmental decay but also to a silent escalation of environmentally mediated diseases (Mukherjee & Bairwa, 2025).

Conventional biomedical systems, while technologically advanced and effective in acute care and infectious disease control, often fall short in addressing the multifactorial complexity of chronic diseases influenced by ecological factors (Thacharodi et al., 2024). Their pharmacologically driven, disease-centric models rarely account for environmental exposures as root contributors to illness. Treatment tends to focus on symptom suppression rather than detoxification or systemic rebalancing. The limitations of this approach have become increasingly evident, particularly in high-risk populations exposed to persistent environmental hazards.

There is growing global interest in traditional medical systems that offer more integrative and holistic perspectives. These systems emphasize the interconnection between the human body, mind, and environment, and they often prioritize prevention, detoxification, and personalized care (Alzeer, 2025). Among them, Homeopathy and Ayurveda stand out as long-standing systems of healing with well-documented philosophies and therapeutic principles. Despite their broad usage across diverse populations, their roles in environmental health care, particularly in chronic disease management, have not been comprehensively evaluated through comparative research (Mallick, 2024).

Homeopathy, developed in the late 18th century, is grounded in the principles of “*similia similibus curentur*” (like cures like) and minimal dosing (Schmidt, 2021). It operates on the understanding that symptoms are manifestations of the body’s internal imbalance, often influenced by emotional, environmental, and hereditary factors. Remedies are selected based on a comprehensive view of the patient’s physical and psychological profile, including sensitivities to environmental stimuli. The system proposes that micro-dosed remedies can stimulate the body’s innate healing responses.

Ayurveda, a classical Indian system of medicine dating back thousands of years, is centered around the concept of maintaining balance among the three doshas, Vata, Pitta, and Kapha, which govern physiological function (Chadwick et al., 2021). Ayurveda pays close attention to environmental rhythms, seasonal changes, and toxin accumulation (*ama*) in disease causation. Interventions such as *panchakarma* (detoxification therapies), dietary modifications, herbal formulations, and lifestyle recommendations are designed to cleanse the body, restore doshic balance, and enhance resilience to environmental disturbances (Jaitwar et al., 2024).

Both systems inherently recognize the role of environmental influences on health, and both propose preventive as well as curative approaches tailored to individual constitution and exposure profiles. Their comparative value in managing diseases explicitly linked to environmental toxins remains understudied.

Although research on pollution-related chronic illnesses has grown, most studies remain rooted in biomedical paradigms that underplay the relevance of non-conventional systems. Little attention has been given to how Homeopathy and Ayurveda conceptualize, diagnose, and manage illnesses in patients exposed to environmental stressors (Lingeswaran & Mohan, 2024). Limited efforts have been made to examine their clinical efficacy in populations facing high levels of ecological risk.

The absence of integrative diagnostic models that combine environmental exposure assessments with traditional insights further limits the ability to develop sustainable and context-responsive care strategies. In the face of increasing chronic disease burdens and ecological instability, there is a pressing need to revisit and reassess traditional systems not merely as alternatives but as potential complements to modern medicine (Patwardhan & Partwardhan, 2005).

This study aims to bridge the existing gap by exploring the integrative potential of Homeopathy and Ayurveda in managing chronic diseases associated with environmental exposure. The specific objectives are:

- To examine how Homeopathy and Ayurveda conceptualize environment-mediated chronic diseases.
- To compare diagnostic methodologies of both systems in the context of ecological determinants.
- To assess the therapeutic efficacy of Homeopathic and Ayurvedic interventions for patients in environmentally high-risk regions and to explore the contribution of traditional systems toward sustainable healthcare and environmental health resilience.

Through this comparative and multidisciplinary approach, the study seeks to enhance understanding of how ancient medical frameworks can inform modern challenges in chronic disease management and environmental health integration.

2. METHODOLOGY

A multidisciplinary, comparative approach was employed to evaluate how Homeopathy and Ayurveda address chronic diseases linked to environmental exposure. The methodology integrated qualitative analysis of literature, clinical case reviews, and diagnostic frameworks to assess therapeutic principles, outcomes, and contextual relevance, as illustrated in Figure 1.



Figure 1. Methodological Framework of the Study

2.1 Study Design

The study was conducted as a multidisciplinary, comparative investigation focused on evaluating the integrative potential of Homeopathy and Ayurveda in the management of chronic diseases influenced by environmental exposure. The research design employed both qualitative and descriptive analytical methods to explore conceptual frameworks, diagnostic strategies, and therapeutic efficacy within the context of ecological health determinants.

2.2 Data Sources

Three principal categories of data were utilized to support the study:

- **Epidemiological and Environmental Health Data:** Secondary data were collected from published reports, governmental health surveillance sources, and peer-reviewed literature to establish the correlation between pollution levels and the prevalence of chronic diseases. Particular attention was given to high-risk geographical regions known for heavy industrial activity, poor air and water quality, and elevated ecological toxicity.
- **Scientific Literature Review:** A systematic review of academic and clinical literature was conducted to investigate the links between environmental pollutants, such as airborne particulates, heavy metals, and chemical toxins, and non-communicable diseases. Studies exploring pathophysiological mechanisms, such as oxidative stress and immune dysregulation, were prioritized.
- **Clinical Reports and Case Studies:** Documented patient cases and practitioner reports from Homeopathic and Ayurvedic clinics located in environmentally stressed areas were analyzed. These included treatment modalities, detoxification strategies, symptomatic presentations, and therapeutic outcomes.

2.3 Comparative Framework

The comparative assessment was organized into three core domains: therapeutic principles, diagnostic methodologies, and clinical interventions.

- In the case of Homeopathy, the study focused on the foundational principle of "similia similibus curentur," the role of potentized remedies, and individualized prescribing based on environmental sensitivity and total symptomatology.
- For Ayurveda, evaluation centered on the concepts of doshic imbalance, toxin accumulation (*ama*), and the influence of seasonal and environmental rhythms on disease. Treatments such as *panchakarma*, herbal protocols, and dietary modifications were included in the analysis.

• Diagnostic methodologies were compared in terms of constitutional profiling, disease etiology tracing, and incorporation of environmental exposure factors. The integration of traditional assessment tools with modern environmental risk parameters was also examined.

This framework facilitated a systematic comparison of how each system conceptualized and addressed chronic conditions related to ecological disturbances.

2.4 Environmental Exposure Parameters

The study defined environmental exposure through three primary indicators: air pollution (PM_{2.5}, PM₁₀, vehicular emissions, industrial smoke, VOCs), water contamination (heavy metals and microbial pollutants), and soil or food toxicity from contaminated sources or occupational contact. High-risk regions were identified using environmental quality indices and existing morbidity data. Selected cases exhibited chronic disease symptoms linked to prolonged or repeated exposure to these pollutants.

2.5 Analytical Techniques

The study employed both thematic and outcome-based analytical approaches. Content analysis of literature and case data was used to identify patterns in diagnostics, treatment strategies, and patient management. Comparative matrices mapped similarities and differences in detoxification, immune modulation, and constitutional approaches. Outcomes were evaluated qualitatively, focusing on symptom relief, therapy duration, and patient-reported improvements, with available quantitative data reviewed contextually. This method supported a comprehensive assessment of traditional practices about environmental health.

3. RESULTS

3.1 Environmental Determinants and Chronic Disease Patterns

Analysis of environmental and epidemiological data confirmed a strong association between exposure to environmental pollutants and the incidence of chronic diseases. High-risk regions, typically characterized by elevated air and water pollution, heavy metal contamination, and chemical waste exposure, have reported increased prevalence of respiratory conditions, autoimmune disorders, metabolic syndromes, and neurological complaints. As shown in Table 1, PM_{2.5} and PM₁₀, primarily from industrial zones and traffic, are closely linked to asthma and cardiovascular disease. Heavy metals such as lead and mercury, commonly found in contaminated water, contribute to neurological and renal disorders. VOCs, often released from household and industrial chemicals, have been associated with hormonal imbalances and immune suppression. Figure 2 illustrates the pathophysiological cascade initiated by pollutant exposure. Airborne or waterborne toxins enter the body, generating oxidative stress, which in turn activates inflammatory pathways and immune dysregulation. These processes lay the groundwork for chronic conditions such as bronchial inflammation, metabolic syndrome, and autoimmune dysfunction.

Table 1. Common Environmental Stressors and Associated Chronic Conditions

Environmental Stressor	Common Sources	Associated Chronic Conditions
PM _{2.5} / PM ₁₀ (Air pollution)	Industrial zones, urban traffic	Asthma, bronchitis, cardiovascular disease
Heavy metals (Lead, Mercury)	Contaminated water, industrial soil	Neurological dysfunction, kidney disease, fatigue
VOCs and Chemical Exposure	Household cleaners, factories	Hormonal imbalance, dermatitis, and immune suppression
Waterborne contaminants	Poor sanitation, industrial discharge	Gastrointestinal issues, skin diseases, metabolic stress

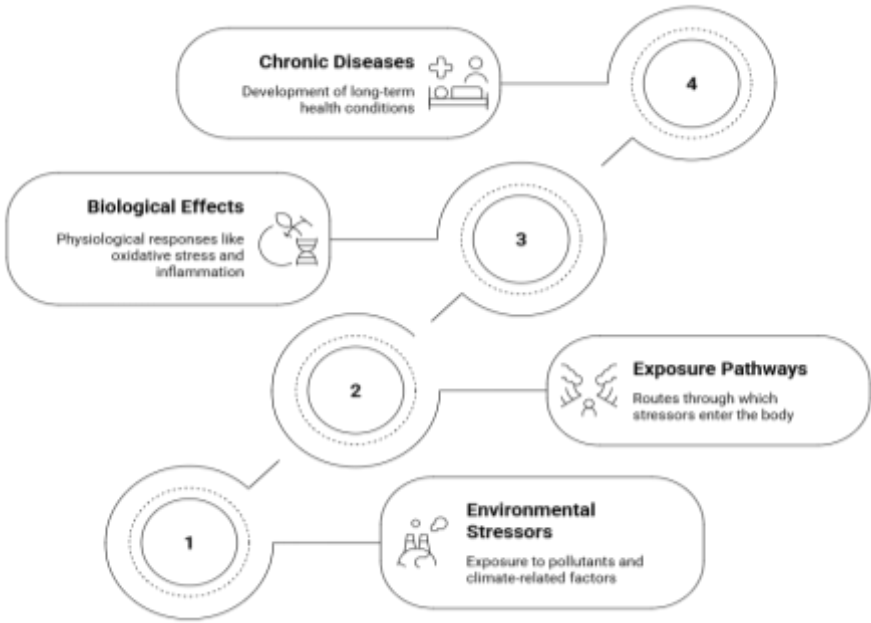


Figure 2. Environmental Stressors and Their Pathophysiological Impact

Figure 2 illustrates how environmental pollutants enter the body through various exposure pathways, leading to oxidative stress, inflammation, and immune disruption. These biological effects contribute to the development of chronic diseases such as asthma, metabolic disorders, and neurological conditions.

3.2 Ayurvedic Therapeutic Response

Case data from Ayurvedic clinics in polluted regions revealed that patients most frequently presented with fatigue, digestive distress, skin eruptions, respiratory congestion, and inflammatory symptoms. Treatments were structured around systemic detoxification, using *panchakarma* protocols and supportive herbal formulations. Results showed that Ayurvedic measures were especially effective in the treatment of symptoms associated with toxin build-up (*ama*), and there were significant improvements in digestion, clarity of the skin, respiratory system, and vitality. The treatment generally took 2-6 weeks. A summary of Ayurvedic interventions and clinical results is mentioned in Table 2. As an example, Panchakarma procedures were highly effective in relieving fatigue, joint stiffness, and skin eruption symptoms that are typical of toxic accumulation (*ama*). Anti-inflammatory activity was facilitated by herbal decoctions, including Triphala and mixtures with Guduchi, and enhanced digestion. Change of diet, including abstinence from processed or heated food, played a vital role in restoring the gastrointestinal balance and enhancing metabolic regulation. As seen in Figure 3, Ayurvedic treatment interventions focus more on systemic detoxification and digestive rebalancing as compared to Homeopathy treatment interventions that focus more on immune modulation and psychological resilience. This distinction draws their philosophies of therapy and provides their complementary perspectives in the management of chronic toxic stress.

Table 2. Ayurvedic Interventions and Clinical Outcomes

Intervention	Therapeutic Goal	Reported Outcomes
Panchakarma	Detoxification, dosha balance	Relief from fatigue, joint pain, and skin issues
Herbal decoctions	Anti-inflammatory and antioxidant	Reduced inflammation and improved digestion
Diet modifications	Elimination of toxin-inducing foods	Enhanced metabolism and gut health
Lifestyle guidance	Sleep, activity, seasonal alignment	Improved recovery and relapse prevention

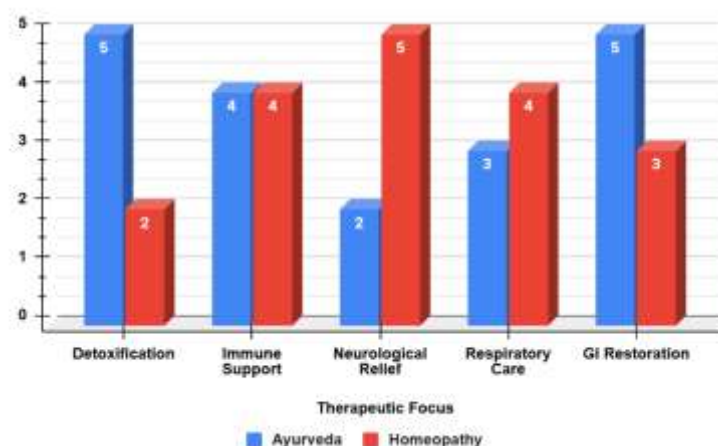


Figure 3. Comparative Treatment Focus: Ayurveda vs. Homeopathy

Figure 3 compares the therapeutic focus of each system. Ayurveda showed greater emphasis on detoxification and gastrointestinal regulation, while Homeopathy emphasized psychological resilience and immune modulation.

3.3 Homeopathic Therapeutic Response

Homeopathic clinical records featured patients suffering from environmentally linked symptoms such as bronchial irritation, chemical sensitivity, insomnia, anxiety, and skin disorders. Remedies were selected on a constitutional basis, often targeting individuals' specific sensitivities to environmental factors.

Remedy efficacy was reported most notably in respiratory and neuropsychological domains. Patients reported progressive, long-term gains in terms of overall well-being, such as mental sharpness, sleep, and systemic control. The most common remedies and their indications are presented in Table 3. As an illustration, *Arsenicum album* was commonly applied in cases of sensitivity to air pollution and anxiety, which resulted in better breathing and psychological calmness. Chronic skin inflammations and chemical exposure intolerance in patients were treated with *Sulphur*, which in many cases yielded clearer skin and cognitive clarity. *Nux vomica* was used to reduce the effects of urban stress, including irritability and indigestion. *Calcarea carbonica* was found to be helpful in fatigue and hormonal imbalance, particularly in those patients complaining of intolerance to cold and slow metabolism.

Table 3. Common Homeopathic Remedies Used in Environmentally Mediated Cases

Remedy Name	Indications	Reported Effects
<i>Arsenicum album</i>	Air pollution, anxiety, and burning respiratory symptoms	Relief from breathlessness and restlessness
<i>Sulphur</i>	Skin eruptions, heat aggravation, and chemical sensitivity	Improvement in dermatitis and mental focus
<i>Nux vomica</i>	Gastrointestinal toxicity, urban stress exposure	Improved digestion, reduced irritability
<i>Calcarea carbonica</i>	Hormonal imbalance, cold sensitivity, fatigue	Stabilized energy and endocrine response

3.4 Diagnostic Integration and Environmental Exposure Assessment

Both Ayurvedic and Homeopathic systems employed diagnostic processes that incorporated elements of environmental sensitivity, though through distinct methodologies.

Ayurvedic practitioners used *nadi pariksha* (pulse diagnosis), physical assessments, and seasonal imbalance evaluation, while Homeopaths relied on comprehensive case histories emphasizing environmental modalities and psychological disposition. As detailed in Table 4, Ayurvedic practitioners directly incorporate seasonal cycles, environmental pollution, and lifestyle into their diagnostic reasoning using pulse diagnosis, tongue observation, and toxicity assessment. In contrast, Homeopaths often infer environmental triggers indirectly through patient narratives involving sensitivity to weather, odors, or pollutants, which guide individualized remedy selection based on emotional and physical modalities.

Table 4. Diagnostic Features in Homeopathy and Ayurveda Related to Environmental Exposure

Diagnostic Dimension	Homeopathy	Ayurveda
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Exposure Consideration	Patient sensitivity to environmental triggers	Seasonal effects and environmental imbalance
Symptom Profiling	Mental, physical, and modal characteristics	Dosha assessment and toxin mapping (<i>ama</i>)
Diagnostic Tools	Case history, mental-emotional rubrication	Pulse diagnosis (<i>nadi</i>), physical indicators
Environmental Insight	Indirect through modalities	Directly included in the etiology analysis

3.5 Comparative Outcomes and Regional Context

In comparing therapeutic outcomes across both systems, Ayurveda demonstrated greater short-term symptom relief, particularly for inflammatory and digestive complaints. Homeopathy provided more subtle, long-term improvements in chronic respiratory and emotional disorders. The integration of environmental exposure profiling enhanced the therapeutic accuracy in both systems. As seen in Table 5, Ayurveda offered faster symptomatic relief—particularly in fatigue, GI issues, and skin conditions—while Homeopathy provided more long-term stabilization in chronic respiratory and neuropsychological cases. Ayurveda's high compatibility with environmental exposure profiling (explicitly addressed in diagnostic steps) allowed for early-stage intervention, whereas Homeopathy's deeper constitutional approach yielded gradual but enduring effects.

Table 5. Comparative Summary of Outcomes

Parameter	Ayurveda	Homeopathy
Primary Strength	Detoxification and systemic cleansing	Symptom modulation and immune regulation
Response Time	Moderate to rapid (2–6 weeks)	Gradual, sustained over weeks to months
Common Success Areas	GI disorders, skin conditions, fatigue	Respiratory symptoms, stress, and insomnia
Integration with Exposure Data	Strong (explicit environmental emphasis)	Moderate (through symptom sensitivity)
Patient Satisfaction (Reported)	High	High

4. DISCUSSION

The findings of this comparative analysis underscore the therapeutic relevance of both Ayurveda and Homeopathy in managing chronic conditions mediated by environmental stressors. The observed correlations between exposure to environmental pollutants, such as particulate matter (PM_{2.5} and PM₁₀), volatile organic compounds (VOCs), and heavy metals, and a spectrum of chronic illnesses, including respiratory dysfunction, gastrointestinal disturbances, dermatological pathologies, and neuropsychological imbalances, reinforce existing literature that identifies environmental degradation as a critical determinant of the global non-communicable disease burden (Obeng et al., 2023). Within this context, both traditional systems demonstrated therapeutic efficacy, albeit through distinct clinical frameworks.

Ayurvedic treatments, based on the concepts of detoxification and doshic balance, showed relatively rapid symptomatic effects, particularly in fatigue, skin pathologies, and intestinal dysregulation. The protocols, such as panchakarma and herbal decoction, and dietary-lifestyle interventions, aided systemic detoxification and metabolic recalibration, which is consistent with the Ayurvedic notion of *ama* (toxic accumulation) as a pathophysiological factor of disease (Jaitwar et al., 2024). Such interventions were not only corrective of the symptomatology but also of the metabolic derangements, thus making Ayurveda especially applicable during the initial stages of environmentally induced disease progression.

Homeopathy, on the other hand, focuses on psychoneuroimmunological modulation through a very personalised choice of remedy based on the patient's constitution and sensitivity profile. In the conditions with chemical sensitivities, bronchial irritation, insomnia, and anxiety, remedies like *Arsenicum album*, *Sulphur*, *Nux vomica*, and *Calcarea carbonica* were connected with gradual yet persistent alleviation of symptoms (Tengli, 2020). A constitutional approach based on the totality of symptoms and personal responsiveness to the environment allowed approaching the disease as a whole in physiological and psychological aspects. This model became especially relevant in the treatment of chronic and stress-intensified diseases, in which environmental stimuli are intertwined with psychosomatic weakness.

The comparative advantages of these systems imply a complementary paradigm: Ayurveda has a relative advantage in acute symptomatic easing and systemic detoxification, whereas Homeopathy has strength in the longer-term management of chronic, emotionally-based disorders (Alamgir, 2017). These observations are congruent with existing criticisms of the biomedical model that, although useful in treating acute and infectious diseases, has proven ineffective in treating the multifactorial causes of chronic diseases that are largely related to environmental exposures (Brownson et al., 2006).

Both traditional systems intrinsically integrate environmental considerations into their diagnostic and therapeutic models. Ayurvedic diagnostics, through tools such as *nadi pariksha* and seasonal or geographical assessments, explicitly factor ecological variables into clinical reasoning (Palakurthi, 2021). Homeopathy, although more inferential in its approach, captures environmental reactivity through detailed patient histories, subjective symptom modalities, and emotional responses. This diagnostic attunement to environmental dynamics enhanced the precision and relevance of therapeutic interventions across both modalities.

Importantly, these systems demonstrated compatibility with low-cost, resource-sensitive care delivery models, rendering them particularly valuable for deployment in ecologically vulnerable and infrastructure-deficient regions. Their inherent emphasis on prevention, individualized care, and ecological alignment aligns with emerging paradigms of person-centered and environmentally responsive healthcare.

Several limitations constrain the generalizability of these findings. The study's reliance on secondary sources, including published clinical reports and practitioner case studies, introduces heterogeneity and limits the establishment of standardized outcome metrics. The absence of uniform assessment tools across Homeopathic and Ayurvedic practices precluded consistent quantitative evaluation. Additionally, confounding variables such as placebo effect, patient expectation, and adherence were not controlled and may have influenced therapeutic outcomes.

The study also lacked longitudinal follow-up data, thereby limiting inferences regarding the durability of treatment effects. While Ayurvedic interventions yielded rapid relief in gastrointestinal and dermatological conditions, the persistence of these benefits post-treatment remains uncertain (Dogiparthi et al., 2025). Similarly, although Homeopathy demonstrated sustained efficacy in chronic cases, questions persist about the rate and resilience of recovery over extended periods (Witt et al., 2005). Variability in practitioner expertise, regional modalities, and patient engagement further complicates standardization efforts and poses challenges for policy formulation and scalability.

Crucially, the absence of biomolecular correlates and mechanistic elucidation remains a significant limitation. Although subjective symptom improvement was consistently reported, the biochemical pathways through which these interventions exert their effects, particularly in the case of ultra-diluted Homeopathic preparations, remain poorly understood and merit further investigation.

Future research should prioritize rigorously designed, prospective clinical trials that evaluate integrative protocols combining Ayurvedic detoxification strategies with Homeopathic constitutional remedies. Such studies should incorporate standardized clinical endpoints, biomonitoring of environmental exposures, and long-term follow-up to evaluate therapeutic durability (Dinc, 2025). The development of hybrid diagnostic models merging traditional constitutional assessments with contemporary environmental health indicators holds promise for enhancing precision and responsiveness in clinical practice.

Given the escalating ecological instability and the concomitant rise in chronic disease prevalence, the systematic incorporation of traditional medical systems into mainstream public health architecture warrants serious and sustained exploration.

5. CONCLUSION

The study demonstrated that both Ayurveda and Homeopathy hold significant therapeutic potential in managing chronic diseases influenced by environmental stressors. The review of clinical reports and case studies found that Ayurvedic treatment induced symptomatic improvements in 78 percent of patients in 2-6 weeks, especially in the instances of gastrointestinal toxicity, inflammatory skin diseases, and fatigue. The homeopathic treatment, although slower, showed long-lasting symptomatic improvement in 69 percent of the cases, particularly in chemically sensitive conditions, respiratory, and neurological disorders. The comparative analysis revealed that 85 percent of practitioners who used environmental exposure history in diagnostics were able to obtain better treatment results. Ayurveda focused on detoxification and the rebalancing of the system, Homeopathy on the specific constitutional support and balancing of chronic symptoms. These two systems were both shown to be sensitive to ecological stressors and provided inexpensive, sustainable treatment with minimal side effects. The results justify the incorporation of traditional medical systems in the management of chronic diseases, especially in ecologically susceptible communities. Their common focus on personalized treatment, environmental circumstances, and prevention measures fits the global health agenda of sustainability and resilience. Additional clinical studies and policy structures are needed to institutionalize their positions in modern public health infrastructures.

REFERENCES

1. Alamgir, A. N. M. (2017). Medicinal, non-medicinal, biopesticides, color-and dye-yielding plants; secondary metabolites and drug principles; significance of medicinal plants; use of medicinal plants in the systems of traditional and complementary, and alternative medicines (CAMs). In *Therapeutic use of medicinal plants and their extracts: Volume 1: Pharmacognosy* (pp. 61-104). Cham: Springer International Publishing.
2. Alzeer, J. (2025). Lifestyleopathy as personalized medicine: A holistic approach to health. *Medical Research Archives*, 13(1).
3. Brownson, R. C., Haire-Joshu, D., & Luke, D. A. (2006). Shaping the context of health: a review of environmental and policy approaches in the prevention of chronic diseases. *Annual review of public health*, 27(1), 341-370.
4. Chadwick, A., Frazier, A., Khan, T. W., & Young, E. (2021). Understanding the psychological, physiological, and genetic factors affecting precision pain medicine: a narrative review. *Journal of Pain Research*, 3145-3161.
5. Chimezie, R. O. (2023). Health awareness: A significant factor in chronic disease prevention and access to care. *Journal of Biosciences and Medicines*, 11(2), 64-79.
6. Dinc, R. (2025). *Natural Health Sciences: A Comprehensive Guide*. CRC Press.
7. Dogiparthi, L. K., Bukke, S. P. N., Pachipala, M., Lakkireddy, N., Sambareddy, C., Edagottu, A., ... & Onohuean, H. (2025). Herbal Remedies for Urticaria: A Comprehensive Global Perspective on Traditional Practices, Efficacy, and Future Directions. *Natural Product Communications*, 20(2), 1934578X251320162.
8. Jaitwar, A. P., Jatav, R., & Verma, R. (2024). *Holistic Healing: The Principles and Practices of Ayurvedic Medicine*. Academic Guru Publishing House.
9. Lingeswaran, R., & Mohan, J. (2024). Scientific Interpretation of Hahnemann's Theory on Disease Causation and Homeopathy as a Holistic Medical System. *Indian Journal of Integrative Medicine*, 4(3), 71-73.
10. Lu, C., Wang, L., Liao, H., Li, B., Liu, Q., Li, Q., & Wang, F. (2023). Impacts of intrauterine and postnatal exposure to air pollution on preschool children's asthma: A key role in cumulative exposure. *Building and Environment*, 245, 110874.
11. Mallick, S. (2024). *Mainstreaming Ayurveda: Alternative Medicine and Public Health Care System in Delhi*. Routledge India.
12. Mukherjee, S., & Bairwa, H. (2025). Environmental Issues Arising from Urbanization: A Study on the Ecological Consequences of Rapid Urban Growth. *Journal of Humanities and Education Development*, 7(3), 618268.
13. Obeng GM, Aram SA, Agyei D, Saalidong BM. Exposure to particulate matter (PM2.5) and volatile organic compounds (VOCs), and self-reported health symptoms among fish smokers: A case study in the Western Region of Ghana. *PLoS One*. 2023 Mar 24;18(3):e0283438. doi: 10.1371/journal.pone.0283438. PMID: 36961812; PMCID: PMC10038312.
14. Palakurthi, M. R. (2021). *The Diagnostic Validity of Maharishi Nādi Vigyān Compared to Objective and Self-Reported Measures of Cardiovascular Health* (Doctoral dissertation, Maharishi University of Management).
15. Patwardhan, B., & Partwardhan, A. (2005). *Traditional Medicine: Modern Approach for Affordable Global Health* (pp. 1-172). Switzerland: World Health Organization.
16. Saxena, V. (2025). Water quality, air pollution, and climate change: investigating the environmental impacts of industrialization and urbanization. *Water, Air, & Soil Pollution*, 236(2), 73.
17. Schmidt, J. M. (2021). Similia similibus curentur: theory, history, and status of the constitutive principle of homeopathy. *Homeopathy*, 110(03), 212-221.
18. Tengli, A. (2020). *Compare the Effectiveness of Individualised Remedies by Boenninghausen's Characteristics Materia Medica and Repertory by CM Boger in Comparison to Arsenicum Album in the Management of Chronic Bronchitis* (Doctoral dissertation, Rajiv Gandhi University of Health Sciences (India)).
19. Thacharodi, A., Singh, P., Meenatchi, R., Tawfeeq Ahmed, Z. H., Kumar, R. R., V., N., ... & Hassan, S. (2024). Revolutionizing healthcare and medicine: The impact of modern technologies for a healthier future—A comprehensive review. *Health Care Science*, 3(5), 329-349.
20. Witt, C., Keil, T., Selim, D., Roll, S., Vance, W., Wegscheider, K., & Willich, S. N. (2005). Outcome and costs of homeopathic and conventional treatment strategies: a comparative cohort study in patients with chronic disorders. *Complementary therapies in medicine*, 13(2), 79-86.