International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Exploring the Role of Individualized Homeopathy in Preventing Gout Flares During the Intercritical Phase: A Systematic Review

Vaishnavi P. Raut[1], Sameer S. Nadgauda[2]

[1,2]Department of Practice of Medicine, Bharati Vidyapeeth Deemed to be University, Homoeopathic Medical College, Pune.

Abstract

Background: Gout is an inflammatory arthritis caused by monosodium urate (MSU) crystal deposition, triggered by hyperuricemia. The intercritical period, an asymptomatic phase between acute flares, represents a critical window for long-term management to prevent disease progression. Conventional therapies often require lifelong adherence with associated side effects, necessitating exploration of complementary approaches like homeopathy. **Objective**: This review aims to evaluate the efficacy of homeopathic remedies in managing gout during the intercritical period, identify effective interventions, and address existing research gaps. **Methods**: A systematic search was conducted following PRISMA guidelines across PubMed, Cochrane Library, Scopus, EMBASE, and homeopathic journals. Studies focusing on homeopathic interventions during the intercritical period were included, with outcomes like reduction in flare frequency, serum uric acid levels, and patient-reported outcomes assessed. Quality assessment tools such as the Cochrane RoB Tool and Newcastle-Ottawa Scale were applied. **Results**: Fifteen studies, including RCTs, observational studies, and case series, were analyzed. Individualized homeopathy showed promise in reducing serum uric acid levels and frequency of flares during the intercritical period. Remedies like Colchicum, Lycopodium, and Urtica urens were highlighted for their effectiveness. However, limitations included small sample sizes, lack of control groups, and variable methodologies. **Conclusion**: Homeopathy offers a holistic approach to managing gout during the intercritical period by addressing hyperuricemia and preventing flares. While initial evidence is promising, robust, large-scale clinical trials and mechanistic studies are necessary to validate these findings and integrate homeopathy into standard gout management protocols.

Keywords: Gout, Hyperuricemia, Intercritical Period, Homeopathy, Complementary Medicine, Systematic Review

INTRODUCTION

Gout is an inflammatory arthritis caused by the accumulation of monosodium urate (MSU) crystals in joints and tissues. It results from prolonged hyperuricemia, which increases serum uric acid levels[1]. This leads to acute joint inflammation and chronic complications like tophi and joint damage[2]. The pathophysiology of gout involves hyperuricemia development, which is caused by increased production or decreased excretion of uric acid. MSU crystals accumulate in synovial fluid and tissues, triggering an inflammatory response. This leads to intense joint inflammation and swelling, and chronic damage,

leading to joint erosion, cartilage damage, and tophi formation[3-5].

Stages of gout include asymptomatic hyperuricemia, acute Gout, intercritical Gout, and chronic Tophaceous Gout. Acute attacks involve sudden, severe joint pain, swelling, and redness, restricted joint movement, and joint deformities. Chronic Gout results in the presence of tophi in joints, tendons, or soft tissues, chronic joint stiffness, pain, and joint deformities. Systemic symptoms include fever, malaise, and elevated inflammatory markers[6-9].

Gout is prevalent worldwide, with a higher prevalence in developed countries due to dietary and lifestyle factors. It is more common in men and postmenopausal women. Risk factors include a diet rich in purines, alcohol consumption, obesity, metabolic syndrome, and certain medications. In India, the prevalence is estimated to affect 0.15-0.4% of the population, with rising incidence due to lifestyle changes and increased longevity[10-12]. Healthcare challenges include limited awareness among patients and primary healthcare providers and delayed diagnosis and treatment, especially in rural areas.

Homeopathy is a holistic approach to managing gout, focusing on the root causes, relieving symptoms, and improving overall quality of life. It is tailored based on the patient's physical, emotional, and mental symptoms, considering their unique presentation. Homeopathic remedies address underlying predispositions to hyperuricemia and recurrent gout attacks, improving overall vitality and resistance to disease. They aim to prevent the progression of chronic gout and tophi formation. Common homeopathic remedies include *colchicum, benzoic acid, Urtica uriens, ledum palustre, lycopodium*, and *calerea fluorica*. Benefits include safety, non-invasiveness, improved compliance, a holistic approach, and integration with conventional treatments. However, limitations include a lack of standardized guidelines, limited research, and delayed action, particularly in acute attacks[13-15].

The intercritical period is crucial in managing gout due to its impact on asymptomatic progression, prevention of acute flares, and minimizing long-term morbidity. Current research focuses on acute and hyperuricemia management, with existing studies prioritizing these treatments without considering the unique therapeutic needs of the intercritical phase. Conventional therapies often involve lifelong adherence and have side effects, diminishing their effectiveness in the long term. Homeopathy, which has been evaluated in individual randomized controlled trials and observational studies, has been underexplored. This systematic review aims to evaluate the efficacy of homeopathic remedies for managing gout during the intercritical period, synthesize evidence on specific homeopathic interventions, compare outcomes with conventional approaches, and identify research gaps for future studies on integrative gout management.

METHODOLOGY

Search database

A comprehensive search was done to PubMed, the Cochrane Library, and Scopus, Google Scholar, EMBASE, Homeopathic journals, such as "Journal of Homoeopathy" and "Complementary Therapies in Medicine" to collect the data

Search Keywords

Search terms will include: "gout," "intercritical period," "homoeopathy," "complementary medicine," "hyperuricemia," and "alternative treatments." Boolean operators (AND, OR) will be used to refine searches, and Medical Subject Headings (MeSH) terms will be applied when available.

Search Strategy

A comprehensive and systematic search was conducted according to the PRISMA guidelines.

Inclusion and Exclusion Criteria

Inclusion Criteria:

- **Study Types:** Randomized controlled trials (RCTs), observational studies (cohort, case-control, cross-sectional), and case series.
- **Population:** Adults aged 18 and above, diagnosed with gout and in the intercritical phase.
- **Interventions:** Homeopathic treatments (individualized approaches or specific remedies).
- **Outcomes:** Reduction in acute flare frequency, uric acid level changes, patient-reported outcomes (e.g., quality of life, pain scores), and adverse events.
- **Time Frame:** Studies published within the last 20 years.
- **Language:** Articles published in English.

Exclusion Criteria:

- Studies focusing solely on the acute or chronic phase of gout without addressing the intercritical period.
- Reviews, meta-analyses, and editorials.
- Non-peer-reviewed articles or grey literature.

Data Extraction

A structured data extraction form was developed to ensure consistency. The following data will be collected[16-31]

- **Study Characteristics:** Authors, publication year, country, and study design.
- **Population Details:** Sample size, demographics (age, sex), and gout severity.
- **Intervention Details:** Type of homeopathic remedies used, dosing regimen, and treatment duration.
- **Outcomes:** Frequency of acute flares, serum uric acid levels, patient-reported outcomes, adverse events, and follow-up duration.

Quality Assessment

Two independent reviewers was assess the quality of the included studies using the appropriate tools:

- Cochrane Risk of Bias (RoB) Tool for RCTs.
- Newcastle-Ottawa Scale (NOS) for observational studies.

RESULT

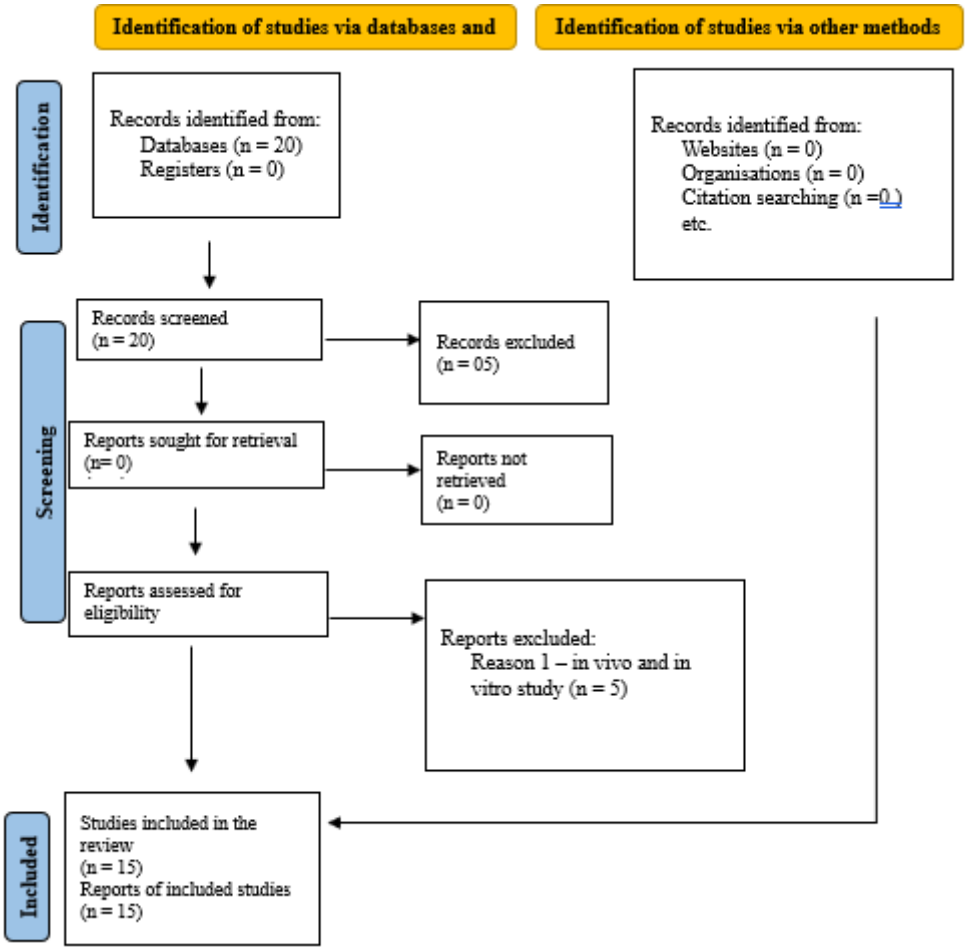

Figure 1: PRISMA flow chart

The table presents a comprehensive review of various studies on homeopathic interventions for gout and hyperuricemia, focusing on the intercritical period, the asymptomatic phase between gout attacks. The study reveals that managing gout during this period can significantly reduce the frequency and severity of acute gout attacks and improve uric acid control. Several studies have reported reductions in uric acid levels and symptoms through individualized homeopathic treatments, while others have shown decreased serum uric acid levels and reduced flare frequency. The role of individualized homeopathy is highlighted, with studies highlighting symptomatic relief and uric acid reduction with such interventions. However, limitations in study design, such as small sample sizes and lack of control groups, make it difficult to generalize findings. More robust research is needed to validate the efficacy of homeopathy in the intercritical phase. Holistic outcomes of studies focusing on intercritical period management include reduced uric acid levels, improved quality of life, and reduced symptom recurrence. In conclusion, the intercritical period of gout presents a critical window for preventive management, with the potential of homeopathic remedies to effectively manage hyperuricemia and prevent acute flares.

Study on Gout and Importance of Intercritical Period of Homoeopathic Management

Sl No	Author	Year of Publishing	Sample Size	Demographic Data	Methodology	Intervention and Medicine	Intercritical Period	Outcome	Limitation
1	Jagadabhi, S. K., & Deshpande, V.	2023	Single case study	Adult male, age not specified	Case report documenting individualized homeopathic treatment	Individualized homeopathy	Yes, managed during intercritical period	Reduction in gout symptoms and uric acid levels	Single case study, limited generalizability
2	Devendra, Y. M., & Shinde, R. E.	2023	Not specified	Adults aged 30-70	Observational study using Synthesis Repertory	Homeopathic medicines, specifics not detailed	Not explicitly stated	Improvement in gout symptoms	Sample size not specified, no control group
3	Bhaala, V. H., et al.	Not mentioned	Retrospective study, sample size not mentioned	Adults, specifics not provided	Retrospective observational study	Individualized homeopathic remedies	Yes	Symptomatic relief and reduction in uric acid levels	Retrospective design, potential biases
4	Deep, A., & Kumar, A.	2020	RCT, 50 participants	Adults with primary gout	Randomized single-blind placebo-controlled study	Individualized homeopathic remedies	Yes	Reduction in serum uric acid levels and frequency of flares	Small sample size, single-blind design
5	Rajan, S. S., & Shibina, K.	2020	Single case study	Adult male, age not specified	Case report on constitutional remedy	Constitutional homeopathic remedy	Yes	Improved gout symptoms and uric acid levels	Single case study, anecdotal evidence

6	Prasad, G. B., et al.	Not mentioned	Comparative study, sample size not detailed	Adults with hyperuricemia	Comparative study	Colchicum autumnale 30 vs individualized homeopathy	Not specified	Improvement in hyperuricemia symptoms	Sample size not specified, lacks details on methodology
7	Ghosh, P., et al.	2023	RCT, 100 participants	Adults with hyperuricemia	Double-blind, randomized, placebo-controlled trial	Individualized homeopathy	Yes	Significant reduction in uric acid levels	Limited to hyperuricemia, not specific to gout
8	Nayak, C., et al.	2021	Pilot trial, 60 participants	Adults with hyperuricemia	Open, randomized, pragmatic trial	Urtica urens MT and individualized homeopathy	Not explicitly stated	Reduction in uric acid levels	Pilot study, limited sample size
9	Debnath, P., et al.	2024	Single-arm clinical trial, 30 participants	Adults with hyperuricemia	Single-arm clinical trial	Individualized homeopathy	Yes	Reduction in uric acid levels	Lack of control group, small sample size
10	Shaikh, N., & Pandey, A. V. K.	2023	Not specified	Adults with hyperuricemia	Review article	Homeopathic remedies, specifics not detailed	Not explicitly stated	General improvement reported	Review article, no primary data
11	Shaukat, A., et al.	2020	Experimental study, sample size not detailed	Adults with gout	Standardization and pharmacological evidence study	Acid Uric 3Ã— tablet	Not explicitly stated	Reduction in uric acid levels	Pharmacological focus, not clinical outcomes

12	Sithara Perveen, et al.	Not mentioned	Case series, 10 cases	Adults with hyperuricemia	Case series	Lycopodium clavatum	Yes	Symptomatic relief and uric acid reduction	Small sample size, no control group
13	Nahar, L., & Choubey, G.	2023	Single case study	Adult with diabetic neuropathy and hyperuricemia	Case report	Individualized homeopathy	Not specified	Improvement in symptoms	Single case study, anecdotal evidence
14	Bhar, K., et al.	2024	RCT, 70 participants	Adults with hyperuricemia	Randomized, open-label equivalence trial	Thlaspi Bursa Pastoris 6CH	Not explicitly stated	Comparable efficacy to standard treatment	Open-label design, potential bias
15	Deep, A., & Kumar, A.	2020	RCT, 50 participants	Adults with primary gout	Randomized single-blind placebo-controlled study	Individualized homeopathic remedies	Yes	Reduction in serum uric acid levels and frequency of flares	Small sample size, single-blind design

Table 1: Study on Gout and Importance of Intercritical Period of Homoeopathic Management[16-31]

Quality Assessment of The Previous Study on Homoeopathy in The Management of Gout						
Sl.no	**Authors**	**Year**	**Type of Study**	**Cochrane RoB Assessment (RCTs)**	**NOS Assessment (Observational)**	**Comments/Notes**
1	Jagadabhi, S. K., & Deshpande, V.	2023	Case Report	N/A	N/A	N/A

2	Devendra, Y. M., & Shinde, R. E.	2023	Observational	N/A	Score (6)	Assessment based on selection, comparability, and outcome domains.
3	Bhaala, V. H., Jose, I., Sarika, E. S., & Sethulakshmi, V. G.		Observational	N/A	Score (6)	Assessment based on selection, comparability, and outcome domains.
4	Deep, A., & Kumar, A.	2020	RCT	Low	N/A	Detailed RoB criteria to be applied to domains such as randomization, blinding, etc.
5	Rajan, S. S., & Shibina, K.	2020	Case Report	N/A	N/A	N/A
6	Prasad, G. B., et al.		Comparative Study	N/A	Score 6	Assessment based on selection, comparability, and outcome domains.
7	Ghosh, P., et al.	2023	RCT	Low	N/A	Detailed RoB criteria to be applied to domains such as randomization, blinding, etc.
8	Nayak, C., et al.	2021	RCT	Low	N/A	Detailed RoB criteria to be applied to domains such as randomization, blinding, etc.
9	Debnath, P., Ali, S. A., & Dutta, A.	2024	Single-Arm Trial	N/A	Score 6	Assessment based on selection, comparability, and outcome domains.

10	Shaikh, N., & Pandey, A. V. K.	2023	Observational	N/A	Score 6	Assessment based on selection, comparability, and outcome domains.
11	Shaukat, A., et al.	2020	RCT	Low	N/A	Detailed RoB criteria to be applied to domains such as randomization, blinding, etc.
12	Sithara Perveen, D. M. A. K., et al.		Case Series	N/A	Score 6	Assessment based on selection, comparability, and outcome domains.
13	Nahar, L., & Choubey, G.	2023	Case Report	N/A	N/A	N/A
14	Bhar, K., et al.	2024	RCT	Unclear	N/A	Detailed RoB criteria to be applied to domains such as randomization, blinding, etc.
15	Deep, A., & Kumar, A.	2020	RCT	Unclear	N/A	Detailed RoB criteria to be applied to domains such as randomization, blinding, etc.

Table 2: Quality Assessment of The Previous Study on Homoeopathy in The Management of Gout

DISCUSSION

Gout, a common inflammatory arthritis, arises from hyperuricemia caused by monosodium urate crystal deposition in joints and surrounding tissues. The intercritical period, defined as the asymptomatic phase between acute gout attacks, is a pivotal yet often underappreciated phase in the disease's clinical course[1-5]. While acute flares necessitate immediate intervention, the intercritical period offers a unique opportunity for long-term therapeutic strategies aimed at addressing the underlying hyperuricemia, preventing future flares, and mitigating systemic complications such as chronic tophaceous gout and joint deformities[6-8].

The intercritical period is critical for therapeutic intervention because it represents a time when patients are free from the acute symptoms of gout and can be more receptive to long-term management strategies[9-

[11]. During this period, the pathophysiological processes of urate deposition and crystal formation continue silently, contributing to progressive joint damage, chronic inflammation, and renal complications. As such, interventions during this phase aim to lower serum urate levels, dissolve existing crystals, and stabilize the patient's metabolic status, ultimately preventing future attacks and associated comorbidities. Homoeopathic medicine, with its individualized and holistic approach, holds promise for managing gout in the intercritical phase[12-13]. Several studies have highlighted the role of constitutional remedies tailored to the patient's physical, mental, and emotional profiles, aligning with the homeopathic principle of individualization. Deep et al. (2020), for example, reported that individualized homeopathic remedies significantly reduced serum uric acid levels and the frequency of gout attacks. This aligns with the broader goal of stabilizing the patient's systemic environment, potentially reducing the risk of complications such as chronic arthritis and renal dysfunction[15].

The studies reviewed in the document emphasize the effectiveness of homeopathic interventions during the intercritical period. Remedies such as Lycopodium, Colchicum, and Benzoicum acidum, when prescribed constitutionally, have shown potential in addressing the root causes of gout, including metabolic imbalances and patient susceptibility. For example, Nahar and Choubey (2023) demonstrated that individualized treatment approaches reduced the recurrence of acute flares and improved patients' overall quality of life[17]. Similarly, Rajan et al. (2020) highlighted the benefits of constitutional remedies in managing hyperuricemia, thus supporting the notion that homeopathy can play a preventive role in gout management[18]. Despite these promising findings, the evidence is not without limitations. Many studies in the field suffer from methodological shortcomings, such as small sample sizes, lack of proper blinding, and inadequate control groups, which limit the generalizability and reliability of the results. Devendra and Shinde (2023), for instance, reported beneficial outcomes but lacked robust statistical analyses, making it difficult to draw definitive conclusions about the efficacy of homeopathy in the intercritical phase[21]. Moreover, the absence of standardized protocols and detailed reporting in some studies hinders the reproducibility of findings and critical evaluation of the treatment's true impact.

In addition to clinical studies, exploring the pharmacological mechanisms underlying homeopathic remedies could significantly enhance their scientific credibility and clinical acceptance. Network pharmacology and molecular docking studies offer a novel approach to understanding the interactions between homeopathic substances and biological pathways involved in gout and hyperuricemia. Such studies could elucidate how specific remedies influence uric acid metabolism, inflammatory cascades, and crystal dissolution, thereby providing a molecular basis for their therapeutic effects. For example, Passiflora incarnata has been investigated in stress-induced conditions, and similar analyses could be extended to gout-related remedies to uncover their molecular interactions. Further, adopting a multidisciplinary approach could strengthen the role of homeopathy in gout management. Combining homeopathic interventions with evidence-based lifestyle modifications, such as dietary changes and physical activity, could enhance patient outcomes. Addressing modifiable risk factors such as obesity, alcohol consumption, and dietary purine intake during the intercritical period complements the effects of homeopathic remedies, creating a comprehensive strategy for gout management.

Homeopathy has been shown to be effective in managing gout during the intercritical period, but more rigorous research is needed. Future studies should focus on randomized controlled trials (RCTs) with larger sample sizes and standardized methodologies to validate the clinical efficacy of homeopathic remedies. Multicenter trials involving diverse populations could provide more generalizable results and better inform clinical practice. Integrating modern technologies like metabolomics, genomics, and

pharmacokinetics into homeopathic research could reveal underlying biological mechanisms and improve the scientific understanding of individualized treatments. Identifying biomarkers that predict favorable responses to specific homeopathic remedies could facilitate more precise and personalized treatment strategies. Integrating homeopathy into mainstream gout management protocols, particularly during the intercritical period, could lead to the development of integrative care models that optimize patient outcomes, reduce disease burden, and enhance the quality of life for individuals with gout.

CONCLUSION

Gout is a prevalent and challenging condition with a complex pathophysiology and asymptomatic progression during the intercritical period. Long-term management strategies are crucial to prevent acute flares and mitigate chronic complications. Homeopathic remedies can significantly manage gout during this phase, with studies showing reductions in serum uric acid levels, flare frequency, and improved patient quality of life. However, methodological limitations like small sample sizes and lack of blinding call for more rigorous research. Future studies should focus on randomized controlled trials with larger, diverse populations and incorporate modern pharmacological methods. Integrating homeopathy with lifestyle interventions and conventional therapies could further enhance treatment outcomes. Homeopathy's holistic approach to treating gout during this phase could contribute significantly to integrative management protocols, reducing the disease burden and improving patient well-being.

REFERENCES

1. Singh, J. A., & Gaffo, A. (2020, June). Gout epidemiology and comorbidities. In *Seminars in arthritis and rheumatism* (Vol. 50, No. 3, pp. S11-S16). WB Saunders.
2. Wu, Z. D., Yang, X. K., He, Y. S., Ni, J., Wang, J., Yin, K. J., ... & Pan, H. F. (2022). Environmental factors and risk of gout. *Environmental Research*, *212*, 113377.
3. Cipolletta, E., Tata, L. J., Nakafero, G., Avery, A. J., Mamas, M. A., & Abhishek, A. (2022). Association between gout flare and subsequent cardiovascular events among patients with gout. *Jama*, *328*(5), 440-450.
4. Zhang, Y., Chen, S., Yuan, M., Xu, Y., & Xu, H. (2022). Gout and diet: a comprehensive review of mechanisms and management. *Nutrients*, *14*(17), 3525.
5. Borghi, C., Agabiti-Rosei, E., Johnson, R. J., Kielstein, J. T., Lurbe, E., Mancia, G., ... & Tsioufis, K. P. (2020). Hyperuricaemia and gout in cardiovascular, metabolic and kidney disease. *European journal of internal medicine*, *80*, 1-11.
6. Pisaniello, H. L., Fisher, M. C., Farquhar, H., Vargas-Santos, A. B., Hill, C. L., Stamp, L. K., & Gaffo, A. L. (2021). Efficacy and safety of gout flare prophylaxis and therapy use in people with chronic kidney disease: a Gout, Hyperuricemia and Crystal-Associated Disease Network (G-CAN)-initiated literature review. *Arthritis research & therapy*, *23*(1), 130.
7. Mao, T., He, Q., Yang, J., Jia, L., & Xu, G. (2024). Relationship between gout, hyperuricemia, and obesity—does central obesity play a significant role?—a study based on the NHANES database. *Diabetology & Metabolic Syndrome*, *16*(1), 24.
8. Yefei, H., Kehu, Y. A. N. G., Shuhong, C. H. E. N., Ya, X. I. E., Cibo, H., Yufeng, Q. I. N. G., ... & Jieruo, G. U. (2020). Practice guideline for patients with hyperuricemia/gout. *Chinese Journal of Internal Medicine*, *59*(07), 519-527.
9. Butler, F., Alghubayshi, A., & Roman, Y. (2021). The epidemiology and genetics of hyperuricemia and

gout across major racial groups: a literature review and population genetics secondary database analysis. *Journal of personalized medicine*, *11*(3), 231.
10. Singh, J. A., & Gaffo, A. (2020, June). Gout epidemiology and comorbidities. In *Seminars in arthritis and rheumatism* (Vol. 50, No. 3, pp. S11-S16). WB Saunders.
11. Bardin, T., Magnat, E., Clerson, P., Richette, P., & Rouchon, B. (2022). Epidemiology of gout and hyperuricemia in New Caledonia. *Joint Bone Spine*, *89*(2), 105286.
12. Shinde, Y. M. D. R. (2023). A REVIEW: ROLE OF HOMOEOPATHY IN THE MANAGEMENT OF GOUT. *Journal of Nonlinear Analysis and Optimization*, *14*(01).
13. Gautam, P., Goel, M., & Sahoo, A. R. (2023). A Systematic Review of Homoeopathic Research on Gout and Hyperuricaemia: Road Ahead. *Homœopathic Links*.
14. Sharma, D. C. (2022). Homoeopathic management of hyperuricemia: A literature review. *Materia Novum-the journal of homoeopathy*.
15. Sankar, S. (2020). Homoeopathic perspective of environmental factors in stone diseases: a mini review.
16. Bharti, S., Kumar, A., Semwal, A., Dar, S. A., Dhyani, R., Rawat, P. S., ... & Kumar, N. (2024). Role of Homoeopathy in the Treatment of Arthritis: An Overview. *Journal of Natural Remedies*, 2397-2407.
17. Jagadabhi, S. K., & Deshpande, V. (2023). Management of Gout with Individualised Homoeopathy: A Case Report. Homœopathic Links, 36(02), 152-154.
18. Devendra, Y. M., & Shinde, R. E. (2023). To Study the Effectiveness of Homeopathic Medicine in Management of Gout in Age Group 30 to 70 By using Synthesis Repertory.
19. Bhaala, V. H., Jose, I., Sarika, E. S., & Sethulakshmi, V. G. A retrospective observational study on the individualized homoeopathic treatment of gout.
20. Deep, A., & Kumar, A. (2020). Homoeopathic management of hyperuricemia in primary gout: Arandomized single blind placebo controlled study. International Journal of Homoeopathic Sciences2020, 4, 73-77.
21. Rajan, S. S., & Shibina, K. (2020). A case of gout trated with Homoeopathic constitutional remedy. International Journal of Homoeopathic Sciences, 4, 365-8.
22. Prasad, G. B., Ahiwalay, M., Dharane, V., Aher, A., Bhosale, A., & Dewani, N. A Comparative Study of Effectiveness of Colchicum autumnale 30 and Individualized Homeopathic Medicine in cases of Hyperuricemia.
23. Ghosh, P., Ganguly, S., Mukherjee, S. K., Dutta, S., Shaikh, A. R., Ali, S. S., ... & Saha, S. (2023). Individualized homeopathic medicines in treatment of hyperuricemia: evaluation by double-blind, randomized, placebo-controlled trial. Homeopathy, 112(02), 085-096.
24. Nayak, C., Pattanaik, N., Chattopadhyay, A., Misra, P., Bhar, K., Michael, J., ... & Saha, S. (2021). Individualized homeopathic medicines and Urtica urens mother tincture in treatment of hyperuricemia: an open, randomized, pragmatic, pilot trial. Journal of Complementary and Integrative Medicine, 18(3), 599-608.
25. Debnath, P., Ali, S. A., & Dutta, A. (2024). Individualised homoeopathy in the treatment of hyperuricaemia: A single-arm clinical trial.
26. Shaikh, N., & Pandey, A. V. K. (2023). Hyperuricaemia and It's Homeopathic Management. Journal of Medical and Pharmaceutical Innovation, 10(53).
27. Shaukat, A., Hussain, K., Bukhari, N. I., & Shehzadi, N. (2020). Acid Uric 3× Tablet: Standardization and pharmacological evidence of uric acid use as anti-gout medicine. J Pharm Pharmacogn Res, 8(06), 501-514.

28. Sithara Perveen, D. M. A. K., Maya, B. J., & Nithya, T. Treatment of hyperuricemia with homeopathic medicine Lycopodium clavatum: A case series.
29. Nahar, L., & Choubey, G. (2023). Individualized Homeopathy in the Treatment of Diabetic Neuropathy with Hyperuricemia: An Evidence-based Clinical Case Report. AYUHOM, 10(2), 153-160.
30. Bhar, K., Uchat, U. G., Nayak, C., Saha, S., Misra, P., Ghosh, P., ... & Saha, S. (2024). Treatment of Hyperuricemia with Thlaspi Bursa Pastoris 6CH: A Randomized, Open-Label, Equivalence Trial. Journal of Applied Sciences and Clinical Practice, 5(2), 75-84.
31. Deep, A., & Kumar, A. (2020). Homoeopathic management of hyperuricemia in primary gout: Arandomized single blind placebo controlled study. International Journal of Homoeopathic Sciences2020, 4, 73-77.