TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY AND MEDICAL SCIENCE
Website- www.tjhms.com Email : tujhms@tantiauniversity.com
Peer-Reviewed Journal, E-ISSN: 2581-8899, P-ISSN: 2581-978X
Volume 8|Issue 3|July –Sept. 2025|

REVIEW ARTICLE

INTEGRATING STRESS MANAGEMENT IN TREATMENT OF CHRONIC DISEASE: A COMPREHENSIVE REVIEW OF HOMOEOPATHIC INTERVENTIONS

Dr. Tejaswinee Arun Mhaisale[1], Dr. Priya R Sheth[2]
[1]Post-Graduate Scholar, [2]Associate Professor, Department of Homoeopathic Repertory and Case Taking, Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College & Hospital, Department of Post Graduate and Research centre, Pune-Bangalore Highway, Pune, India,411043.

Received- 20/08/2025
Revised- 25/09/2025
Accepted– 30/09/2025

Key Word- Chronic diseases, Stress management, Mindfulness-based stress reduction (MBSR), Cognitive-behavioral therapy (CBT), Yoga, Homeopathy, Complementary medicine, Neuroimmune modulation, Hypothalamic-pituitary-adrenal axis.

Corresponding Author:-
Dr. Priya R Sheth
Email ID: priya.sheth@bharatividyapeeth.edu
Phone No. 9403580523

Abstract

Background: Chronic diseases such as cardiovascular disorders, diabetes, autoimmune diseases, and chronic pain impose a significant global health burden. Increasing evidence highlights the critical role of stress as a modifiable risk factor influencing disease progression through dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, increased oxidative stress, and neuroimmune dysfunction. Effective stress management interventions have the potential to mitigate these effects and improve clinical outcomes. Objective: This comprehensive review aims to critically evaluate the role of psychological, physiological, and complementary stress management interventions, including homeopathy, in the prevention and management of chronic diseases. Methods: A systematic search was conducted across multiple databases, including PubMed, Scopus, Web of Science, Cochrane Library, and Embase, following the PRISMA 2020 guidelines. Data on intervention types, outcomes, and effectiveness were extracted. A qualitative synthesis was performed. Results: This study involving 105 studies found that psychological interventions like mindfulness-based stress reduction and cognitive-behavioral therapy improved emotional regulation, reduced cortisol levels, and enhanced treatment adherence. Physiological interventions like yoga and structured physical activity reduced autonomic dysregulation and systemic inflammation. Complementary medicine showed potential in modulating neuroimmune responses and enhancing systemic homeostasis. The majority of studies focused on

cardiovascular disease, diabetes, and chronic pain. Despite strong evidence, heterogeneity in study designs and variability in outcome measures remains a challenge in standardizing treatment guidelines. Conclusion: This review highlights the therapeutic potential of stress management interventions in treatment chronic disease. Evidence suggests that integrative approaches encompassing psychological, physiological, and complementary modalities significantly improve disease outcomes by modulating neuroendocrine and immune functions. Future studies should focus on personalized, multidisciplinary, and technology-driven interventions to enhance chronic disease management and improve global health outcomes.

INTRODUCTION

Chronic diseases, including cardiovascular disease, diabetes, hypertension, autoimmune disorders, and chronic pain, represent a significant global health burden, contributing to increased morbidity, mortality, and healthcare expenditures[1]. A growing body of research has highlighted the role of stress in the pathophysiology of these conditions, demonstrating that chronic psychological and physiological stressors can exacerbate disease progression through mechanisms such as dysregulated hypothalamic-pituitary-adrenal (HPA) axis activity, increased oxidative stress, chronic inflammation, and immune system dysfunction. Stress-induced alterations in autonomic nervous system regulation further contribute to endothelial dysfunction, insulin resistance, and neuroendocrine imbalances, underscoring the need for effective stress management interventions in treatment of chronic disease[2-5].

Scientific evidence suggests that structured stress management strategies, encompassing both psychological and physiological interventions, can mitigate the adverse effects of stress and improve clinical outcomes in individuals with chronic diseases[6]. Psychological interventions, such as mindfulness-based stress reduction (MBSR), cognitive-behavioral therapy (CBT), and relaxation-based therapies, have been shown to modulate neural pathways associated with emotional regulation, reduce cortisol levels, and enhance treatment adherence. Physiological interventions, including yoga, diaphragmatic breathing exercises, structured physical activity, and targeted lifestyle modifications, contribute to stress reduction by enhancing parasympathetic activity, attenuating systemic inflammation, and improving endothelial function. Furthermore, complementary and

alternative medicine (CAM) modalities, such as Homoeopathy, acupuncture, and herbal medicine, are gaining attention for their potential role in managing stress-related chronic conditions by modulating neuroimmune pathways and promoting systemic homeostasis[7-10].

Homoeopathy, in particular, has been increasingly recognized for its potential to address stress-related chronic diseases through individualized therapeutic approaches[11]. Based on the principle of *"similia similibus curentur"* (like cures like), Homoeopathy utilizes highly diluted substances that are hypothesized to stimulate the body's intrinsic healing responses[12,13]. Preliminary research suggests that homeopathic preparations may exert effects on neurotransmitter regulation, autonomic stability, and inflammatory pathways, thereby improving stress resilience, reducing symptoms of anxiety and insomnia, and attenuating the impact of chronic stress on disease progression[14,15]. However, despite promising findings, the precise mechanisms underlying Homoeopathy's role in stress management remain an area of active scientific inquiry, necessitating further rigorous clinical trials and mechanistic studies[16].

Despite the increasing recognition of the role of stress in chronic disease pathogenesis, variability in study designs, heterogeneity in intervention protocols, and inconsistencies in outcome measures continue to challenge the establishment of standardized stress management guidelines. While numerous clinical trials report significant benefits of stress management interventions in improving metabolic parameters, inflammatory markers, and psychological well-being, others yield mixed or inconclusive results. A comprehensive and systematic evaluation of existing evidence is therefore validate to identify the most effective and evidence-based approaches for integrating stress management into chronic disease treatment paradigms.

This comprehensive review aims to critically examine and synthesize current scientific evidence on the role of stress management in chronic diseases. By assessing a broad spectrum of psychological, physiological, and complementary interventions, including Homoeopathy, this review seeks to elucidate their mechanisms of action, therapeutic efficacy, and clinical relevance. The findings will provide valuable insights for healthcare professionals, researchers, and policymakers, supporting the development of integrative, evidence-based treatment strategies that optimize chronic disease management, improve patient outcomes, and enhance overall quality of life.

METHODOLOGY

Study Design and Framework- This comprehensive review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency, rigor, and replicability. The PRISMA framework will guide the identification, selection, appraisal, and synthesis of relevant studies[17].

Search Strategy - A comprehensive search of electronic databases, including PubMed, Scopus, Web of Science, Cochrane Library, and Embase, was conducted to identify relevant peer-reviewed studies published up to the present date. The search will use a combination of Medical Subject Headings (MeSH) terms and free-text keywords to capture a broad spectrum of literature on stress management and chronic diseases.

MeSH Terms and Keywords

The following MeSH terms and keywords were used:

- Chronic Diseases: "chronic disease," "diabetes mellitus," "hypertension," "cardiovascular disease," "autoimmune disorders," "chronic pain."
- Stress Management: "stress management," "stress reduction," "coping strategies," "relaxation techniques."
- Psychological Interventions: "Mindfulness-based stress reduction (MBSR)," "cognitive-behavioral therapy (CBT)," "meditation," "psychotherapy."
- Physiological Interventions: "yoga," "exercise," "breathing techniques," "progressive muscle relaxation."
- Homeopathy & Complementary Medicine: "homeopathy," "alternative medicine," "integrative medicine," "acupuncture," "herbal therapy."

Boolean operators (AND, OR) were employed to refine the search and ensure comprehensive coverage. Grey literature and reference lists of selected studies will also be examined for additional relevant studies.

Inclusion Criteria:

- Peer-reviewed studies published in English.
- Studies evaluating stress management interventions in individuals with chronic diseases.
- Randomized controlled trials (RCTs), cohort studies, and case-control studies.
- Studies that include quantitative and/or qualitative outcomes related to disease progression, psychological well-being, stress biomarkers, or quality of life.

Exclusion Criteria:

- Studies focusing solely on acute stress without chronic disease outcomes.

- Studies with small sample sizes (<30 participants) or lacking sufficient methodological rigor.
- Opinion pieces, commentaries, or non-peer-reviewed sources.
- Duplicate publications or studies without full-text availability.
- Review articles.

Data Extraction - Two independent reviewers extracted data from eligible studies using a standardized data extraction sheet. Extracted data will include:

- Study characteristics (author, year, study design, sample size).
- Intervention details (type).
- Outcome measures (physiological markers, psychological assessments, disease-specific metrics).
- Key findings and statistical results.

Ethical Considerations - As this study is a comprehensive review based on publicly available data, no ethical approval is required. However, ethical considerations were considered to ensure transparency in methodology and adherence to reporting standards.

RESULT

Table 1: Number of Papers According to Disease.

NUMBER OF PAPERS ACCORDING TO DISEASE		
SL. no	**Disease**	**Number of Papers**
1	Aging & Wellness	1
2	Ankylosing spondylitis	1
3	Arthritis	1
4	Asthma	2
5	Cancer	1
6	Cardiovascular disease	39
7	Chronic disease (not specified)	7
8	Chronic kidney disease	4
9	Chronic pain	11
10	Psychological origin	7
11	Diabetes	19
12	Epilepsy	1
13	Fibromyalgia	1
14	HIV & mental health	1
15	Insomnia	2
16	Obesity & Metabolic syndrome	5
17	Multiple sclerosis	1
18	Pulmonary injury	1
Total		105

This table provides an overview of the number of research papers investigating the role of stress management interventions across various chronic diseases. Cardiovascular disease (CVD) has the highest number of studies (39), reflecting the strong association between stress and cardiovascular health. Given the well-documented impact of stress on hypertension, heart disease, and stroke, this dominance highlights the need for continued focus on stress management interventions in CVD. Diabetes follows with 19 studies, emphasizing the link between stress and glycemic control, insulin resistance, and diabetes-related

complications. Chronic pain conditions (11 papers) and psychological disorders (7 papers) are also well-represented, reinforcing the role of stress in pain perception and mental health outcomes. Chronic kidney disease (4 papers) and metabolic syndrome/obesity (5 papers) indicate growing interest in stress reduction strategies to improve metabolic and renal health. Diseases such as cancer (1 paper), epilepsy (1 paper), multiple sclerosis (1 paper), and fibromyalgia (1 paper) have limited representation, suggesting a gap in research exploring stress management within these conditions. Further investigations could provide deeper insights into the potential benefits of stress-reducing interventions in these areas. Overall, the distribution of research highlights the critical need to integrate stress management approaches in chronic disease care, particularly in cardiovascular, metabolic, and pain-related conditions, while also encouraging further research into underrepresented disease categories.

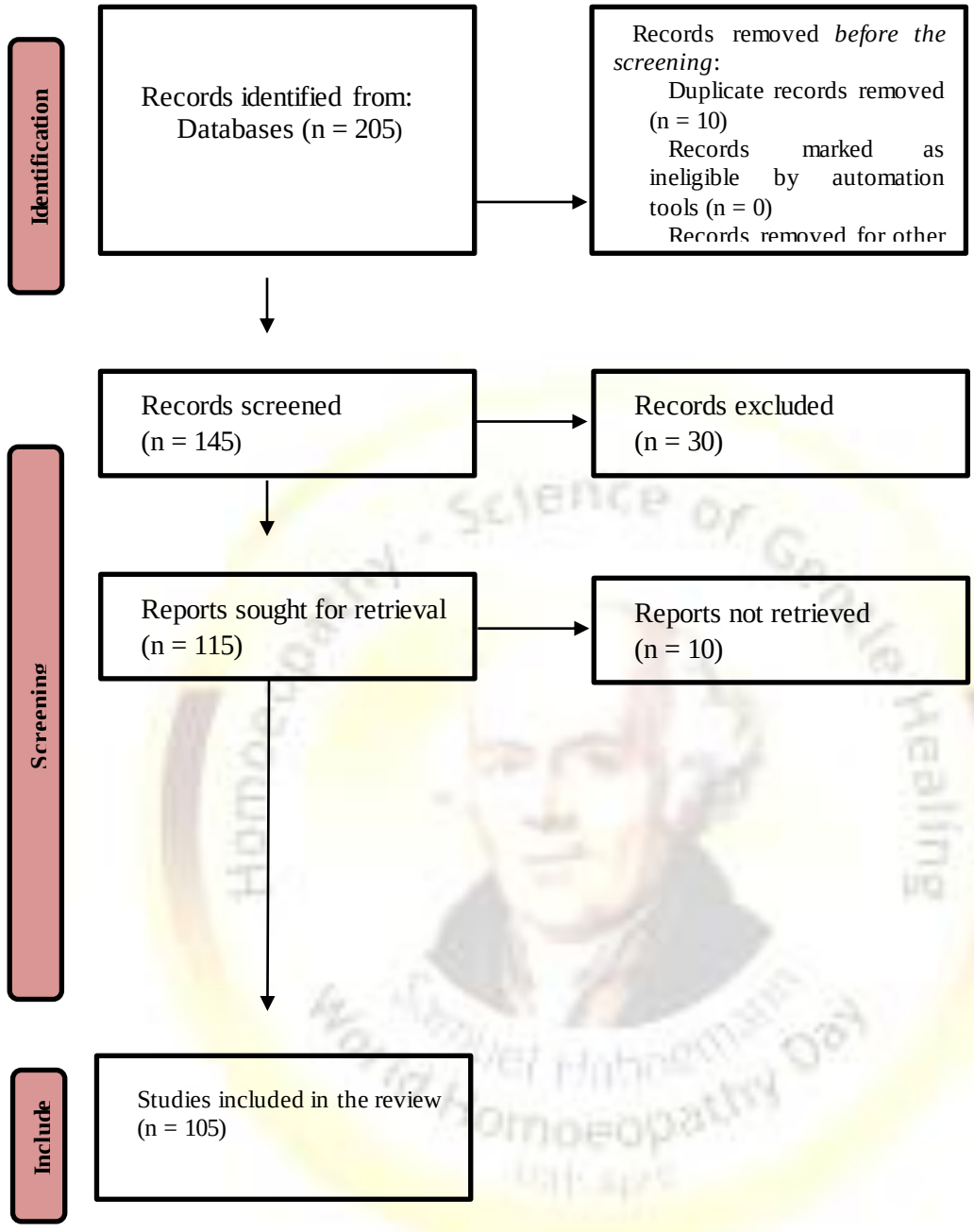
DISCUSSION

This comprehensive review examines the role of stress management interventions across various chronic diseases, analyzing 105 research papers spanning different publication years. The findings emphasize the significance of psychological, physiological, and complementary interventions, including homeopathy, in mitigating the effects of stress in chronic disease progression and management. Below is a chronological analysis of diseases based on the research studies reviewed.

Cardiovascular Disease 1990–2024 - Cardiovascular diseases (CVDs) are the most extensively studied conditions in the context of stress management. The earliest research in the 1990s focused on behavioral interventions such as cognitive behavioral therapy (CBT) and transcendental meditation for blood pressure regulation (Wenneberg et al., 1997; Schneider et al., 2001). During the 2000s, structured lifestyle modifications and yoga-based interventions gained traction (Lucini et al., 2007; Barnes et al., 2004). More recent studies (2015–2024) have highlighted the role of mindfulness-based stress reduction (MBSR) and homeopathy in reducing autonomic dysregulation and inflammatory markers in CVD patients (Schneider et al., 2019; Pischke et al., 2006; Gulliksson et al., 2011). These studies collectively suggest that stress management plays a critical role in improving cardiovascular health outcomes.

.

Identification of studies via databases and registers



Flow diagram-1: **PRISMA flow Chart**

Diabetes 2001–2023 - The first studies on stress management and diabetes emerged in the early 2000s, focusing on relaxation techniques and guided imagery (Hains et al., 2000). Over the years, yoga, physical activity interventions, and MBSR have gained prominence as methods to improve glycemic control and insulin sensitivity (Yogendra et al., 2004; Rosenzweig et al., 2007). More recent research has explored digital health interventions, integrating stress management into diabetes self-management programs (Wang et al., 2025; Vasconcelos Gouveia et al., 2021). These findings suggest that stress reduction techniques can significantly enhance

diabetes outcomes by modulating the hypothalamic-pituitary-adrenal (HPA) axis and improving metabolic regulation

Chronic Pain 1995–2023 - Chronic pain-related studies have explored stress modulation techniques for fibromyalgia, lower back pain, and musculoskeletal disorders. Early research from the 1990s examined CBT-based interventions (Rybarczyk et al., 2005; Holroyd et al., 2001), while the 2000s introduced multimodal pain management programs, and Tai Chi as promising therapies (Plews-Ogan et al., 2005; Turner et al., 2006). Recent research supports the role of integrative approaches in pain reduction and inflammation management (Turner-Stokes et al., 2003; Buhrman et al., 2011).

Psychological Disorders 2003–2022- Stress management for mental health disorders such as anxiety, depression, and PTSD has been extensively studied. CBT and workplace stress management interventions were the primary focus in early research (Dobkin & Zhao, 2011; Clemow et al., 2018). More recent studies have incorporated holistic therapies such as MBSR, showing promising results in reducing anxiety and improving resilience (Zion et al., 2023).

Chronic Kidney Disease 2007–2023- Research on stress management in CKD has primarily examined meditation and lifestyle modifications (Nelson et al., 2018; Park et al., 2014). Improving autonomic stability and oxidative stress reduction in CKD patients has also been investigated in recent studies (Lihua et al., 2023).

Cancer 2024 - Despite the substantial impact of stress on cancer progression and treatment adherence, only one paper in this review explored stress management interventions for cancer patients (Zion et al., 2023). The study highlighted the role of cognitive-behavioral digital therapy in reducing anxiety and depression among cancer patients undergoing chemotherapy.

Other Diseases (Multiple Studies - 1995–2024)

- **Asthma** Studies focused on MBSR and breathing techniques to enhance respiratory function (Laubacher et al., 2024).
- **HIV & Mental Health** Stress reduction interventions improved mental health outcomes for HIV-positive individuals (Davies et al., 2009).
- **Multiple Sclerosis**: Health behavior interventions reduced fatigue and improved quality of life (Krause et al., 2023).
- **Obesity & Metabolic Syndrome**: Lifestyle interventions reduced BMI and improved lipid profiles (Chang et al., 2014; Kandula et al., 2015).

- **Pulmonary Injury**: Stress management techniques were used to improve pulmonary rehabilitation outcomes (Hartmann et al., 2012).

The review has limitations in studies on stress management interventions, including heterogeneity in study designs, publication bias, short follow-up periods, limited research in certain diseases, and variability in intervention adherence. It suggests that future research should focus on long-term studies to evaluate the sustained benefits of stress management interventions, develop standardized outcome measures, integrate digital interventions, explore homeopathy, and combine psychological, physiological, and complementary therapies. It also suggests expanding research on homeopathy to investigate the molecular and neurophysiological mechanisms underlying stress management, and consider multimodal interventions to assess their synergistic effects on chronic disease outcomes. The review also suggests conducting studies across diverse demographic and socio-economic backgrounds to improve generalizability. The review concludes that further research is needed to fully understand the long-term impact of stress management interventions.

This comprehensive review underscores the critical role of stress management in chronic disease care, with strong evidence supporting the effectiveness of interventions such as MBSR, CBT, yoga, and homeopathy. While significant progress has been made in understanding the impact of stress on diseases such as cardiovascular conditions and diabetes, research gaps persist in cancer, autoimmune disorders, and neurological diseases. Addressing these gaps through well-designed, longitudinal studies will pave the way for more comprehensive, evidence-based treatment strategies. The integration of stress management into standard chronic disease care holds the potential to improve patient outcomes, enhance quality of life, and reduce healthcare costs, ultimately contributing to a more holistic and patient-centered approach to medicine.

CONCLUSION

Chronic diseases pose a significant challenge to global healthcare systems, with stress being a key risk factor. This comprehensive review highlights the importance of stress management interventions, including psychological, physiological, and complementary approaches, in mitigating the negative effects of chronic stress on health. Structured interventions like mindfulness-based stress reduction, cognitive-

behavioral therapy, yoga, significantly improve autonomic balance, reduce systemic inflammation, and optimize neuroendocrine regulation. These interventions not only improve physiological parameters but also foster psychological resilience, leading to better treatment adherence and quality of life for individuals with chronic diseases. However, the review also highlights gaps in current research, such as heterogeneity of study designs, inconsistent outcome measures, and underrepresentation of certain conditions. The review suggests that a multidisciplinary and integrative healthcare model that incorporates stress management as a cornerstone of chronic disease treatment is essential. Future research should focus on longitudinal studies, exploring synergies between therapeutic modalities, and developing personalized intervention strategies tailored to genetic, environmental, and psychosocial determinants of health with homoeopathic management. The integration of digital health technologies and artificial intelligence in stress management programs may offer scalable, accessible, and cost-effective solutions to enhance patient engagement and adherence.

REFERANCE

1. Baumgartner, R. N., Heymsfield, S. B., & Roche, A. F. (1995). Human body composition and the epidemiology of chronic disease. *Obesity research*, *3*(1), 73-95.
2. Micozzi, M. S., & Harris, T. M. (1990). Age variations in the relation of body mass indices to estimates of body fat and muscle mass. *American journal of physical anthropology*, *81*(3), 375-379.
3. Conversano, C. (2019). Common psychological factors in chronic diseases. *Frontiers in psychology*, *10*, 2727.
4. Holmes, A. M., & Deb, P. (2003). The effect of chronic illness on the psychological health of family members. *Journal of Mental Health Policy and Economics*, *6*(1), 13-22.
5. Dekker, J., & de Groot, V. (2018). Psychological adjustment to chronic disease and rehabilitation–an exploration. *Disability and rehabilitation*, *40*(1), 116-120.
6. Jiakponna, E. C., Agbomola, J. O., Ipede, O., Karakitie, L., Ogunsina, A. J., Adebayo, K. T., & Tinuoye, M. O. (2024). Psychosocial factors in chronic disease management: Implications for health psychology. *International Journal of Science and Research Archive*, *12*(02), 117-128.
7. Akif, A., Qusar, M. S., & Islam, M. R. (2024). The impact of Chronic diseases on Mental Health: an overview and

recommendations for Care Programs. *Current Psychiatry Reports*, *26*(7), 394-404.

8. Sobel, D. S. (1995). Rethinking medicine: improving health outcomes with cost-effective psychosocial interventions. *Psychosomatic medicine*, *57*(3), 234-244.
9. Smith, G. B., Schwebel, A. I., Dunn, R. L., & McIver, S. D. (1993). The role of psychologists in the treatment, management, and prevention of chronic mental illness. *American Psychologist*, *48*(9), 966.
10. Reddy, F., Spaulding, W. D., Jansen, M. A., Menditto, A. A., & Pickett, S. (2010). Psychologists' roles and opportunities in rehabilitation and recovery for serious mental illness: A survey of Council of University Directors of Clinical Psychology (CUDCP) clinical psychology training and doctoral education. *Training and Education in Professional Psychology*, *4*(4), 254.
11. Witt, C., Keil, T., Selim, D., Roll, S., Vance, W., Wegscheider, K., & Willich, S. N. (2005). Outcome and costs of homoeopathic and conventional treatment strategies: a comparative cohort study in patients with chronic disorders. *Complementary therapies in medicine*, *13*(2), 79-86.
12. ABRAHAM, D. R. A STUDY ON THE EFFICACY OF HOMOEOPATHIC MEDICINES IN THE MANAGEMENT OF DIABETES MELLITUS SATISFYING THE CRITERIA OF PSYCHOLOGICAL CONDITION AFFECTING MEDICAL CONDITION OF DSM-IV-TR.
13. Bagadia, L. S. (2022). *Exploring the Role of the Homoeopathic Similimum in Modifying the Anger: State, Trait and Expression in Patients of Mild to Moderate Essential Hypertension*. Maharashtra University of Health Sciences, Nashik (India).
14. Bawaskar, R. S., & Shinde, V. H. (2019). Effect of Suppressed Emotions on Health—Homoeopathic Aspect. *Homœopathic Links*, *32*(03), 141-144.
15. Bell, I. R., Koithan, M., Gorman, M. M., & Baldwin, C. M. (2003). Homeopathic practitioner views of changes in patients undergoing constitutional treatment for chronic disease. *The Journal of Alternative & Complementary Medicine*, *9*(1), 39-50.
16. Brien, S. B., Leydon, G. M., & Lewith, G. (2012). Homeopathy enables rheumatoid arthritis patients to cope with their chronic ill health: A qualitative study of patient's perceptions of the homeopathic

consultation. *Patient education and counseling*, *89*(3), 507-516.

17. Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, *372*, n71. https://doi.org/10.1136/bmj.n71
18. Ong, J. C., Manber, R., Segal, Z., Xia, Y., Shapiro, S., & Wyatt, J. K. (2014). A randomized controlled trial of mindfulness meditation for chronic insomnia. *Sleep*, *37*(9), 1553–1563. https://doi.org/10.5665/sleep.4010
19. Pathan, F. K. M., Pandian, J. S., Shaikh, A. I., Ahsan, M., Nuhmani, S., Iqbal, A., & Alghadir, A. H. (2023). Effect of slow breathing exercise and progressive muscle relaxation technique in the individual with essential hypertension: A randomized controlled trial. *Medicine*, *102*(47), e35792. https://doi.org/10.1097/MD.0000000000035792
20. Davodi, S. R., Zendehtalab, H., Zare, M., & Behnam Vashani, H. (2023). Effect of Health Promotion Interventions in Active Aging in the Elderly: A Randomized Controlled Trial. *International journal of community based nursing and midwifery*, *11*(1), 34–43. https://doi.org/10.30476/IJCBNM.2022.96246.2117
21. Thind, H., Fava, J. L., Guthrie, K. M., Stroud, L., Gopalakrishnan, G., Sillice, M., Gidron, N., & Bock, B. C. (2018). Yoga as a Complementary Therapy for Adults with Type 2 Diabetes: Design and Rationale of the Healthy, Active, and in Control (HA1C) Study. *International journal of yoga therapy*, *28*(1), 123–132. https://doi.org/10.17761/2018-00026
22. Steurer J. (2016). Achtsamkeits-basierte Stressreduktion wirksam bei Patienten mit chronischen lumbalen Rückenschmerzen [Mindfulness-based stress reduction is effective in patients with chronic lumbar backache]. *Praxis*, *105*(12), 721–722. https://doi.org/10.1024/1661-8157/a002378
23. Wong S. Y. (2009). Effect of mindfulness-based stress reduction programme on pain and quality of life in chronic pain patients: a randomised controlled clinical trial. *Hong Kong medical journal = Xianggang yi xue za zhi*, *15 Suppl 6*, 13–14.
24. Taub, R., Agmon-Levin, N., Frumer, L., Samuel-Magal, I., Glick, I., & Horesh, D. (2024). Mindfulness-based stress reduction (MBSR) for fibromyalgia patients: The role of pain cognitions as mechanisms of

change. *Complementary therapies in clinical practice*, *56*, 101860. https://doi.org/10.1016/j.ctcp.2024.101860

25. Gentile, C., Starnino, L., Dupuis, G., & D'Antono, B. (2022). Mindfulness-Based Stress Reduction in Older Adults at Risk for Coronary Artery Disease: A Pilot Randomized Trial. *Clinical gerontologist*, *45*(2), 272–286. https://doi.org/10.1080/07317115.2021.1887421
26. Loucks, E. B., Nardi, W. R., Gutman, R., Kronish, I. M., Saadeh, F. B., Li, Y., Wentz, A. E., Webb, J., Vago, D. R., Harrison, A., & Britton, W. B. (2019). Mindfulness-Based Blood Pressure Reduction (MB-BP): Stage 1 single-arm clinical trial. *PloS one*, *14*(11), e0223095. https://doi.org/10.1371/journal.pone.0223095
27. Dada, T., Mondal, S., Midha, N., Mahalingam, K., Sihota, R., Gupta, S., Angmo, D., & Yadav, R. K. (2022). Effect of Mindfulness-Based Stress Reduction on Intraocular Pressure in Patients With Ocular Hypertension: A Randomized Control Trial. *American journal of ophthalmology*, *239*, 66–73. https://doi.org/10.1016/j.ajo.2022.01.017
28. Reese, H. E., Vallejo, Z., Rasmussen, J., Crowe, K., Rosenfield, E., & Wilhelm, S. (2015). Mindfulness-based stress reduction for Tourette Syndrome and Chronic Tic Disorder: a pilot study. *Journal of psychosomatic research*, *78*(3), 293–298. https://doi.org/10.1016/j.jpsychores.2014.08.001
29. Manigault, A. W., Shorey, R. C., Decastro, G., Appelmann, H. M., Hamilton, K. R., Scanlin, M. C., France, C. R., & Zoccola, P. M. (2021). Standardized stress reduction interventions and blood pressure habituation: Secondary results from a randomized controlled trial. *Health psychology : official journal of the Division of Health Psychology, American Psychological Association*, *40*(3), 196–206. https://doi.org/10.1037/hea0000954
30. Clemow, L. P., Pickering, T. G., Davidson, K. W., Schwartz, J. E., Williams, V. P., Shaffer, J. A., Williams, R. B., & Gerin, W. (2018). Stress management in the workplace for employees with hypertension: a randomized controlled trial. *Translational behavioral medicine*, *8*(5), 761–770. https://doi.org/10.1093/tbm/iby018
31. Rozworska, K. A., Poulin, P. A., Carson, A., Tasca, G. A., & Nathan, H.

J. (2020). Mediators and moderators of change in mindfulness-based stress reduction for painful diabetic peripheral neuropathy. *Journal of behavioral medicine*, *43*(2), 297–307. https://doi.org/10.1007/s10865-019-00079-4

32. Polusny, M. A., Erbes, C. R., Thuras, P., Moran, A., Lamberty, G. J., Collins, R. C., Rodman, J. L., & Lim, K. O. (2015). Mindfulness-Based Stress Reduction for Posttraumatic Stress Disorder Among Veterans: A Randomized Clinical Trial. *JAMA*, *314*(5), 456–465. https://doi.org/10.1001/jama.2015.8361
33. Jeong, J., Hu, Y., Zanuzzi, M., DaCosta, D., Sabino-Carvalho, J. L., Li, S., & Park, J. (2025). Autonomic modulation with mindfulness-based stress reduction in chronic kidney disease: a randomized controlled trial. *The Journal of physiology*, *603*(2), 489–505. https://doi.org/10.1113/JP287321
34. Guo, J., Wang, H., Ge, L., Valimaki, M., Wiley, J., & Whittemore, R. (2022). Effectiveness of a nurse-led mindfulness stress-reduction intervention on diabetes distress, diabetes self-management, and HbA1c levels among people with type 2 diabetes: A pilot randomized controlled trial. *Research in nursing & health*, *45*(1), 46–58. https://doi.org/10.1002/nur.22195
35. Arefnasab, Z., Babamahmoodi, A., Babamahmoodi, F., Noorbala, A. A., Alipour, A., Panahi, Y., Shams, J., Riazi Rad, F., Khaze, V., & Ghanei, M. (2016). Mindfulness-based Stress Reduction (MBSR) and Its Effects on Psychoimmunological Factors of Chemically Pulmonary Injured Veterans. *Iranian journal of allergy, asthma, and immunology*, *15*(6), 476–486.
36. Nardi, W. R., Harrison, A., Saadeh, F. B., Webb, J., Wentz, A. E., & Loucks, E. B. (2020). Mindfulness and cardiovascular health: Qualitative findings on mechanisms from the mindfulness-based blood pressure reduction (MB-BP) study. *PloS one*, *15*(9), e0239533. https://doi.org/10.1371/journal.pone.0239533
37. Zion, S. R., Taub, C. J., Heathcote, L. C., Ramiller, A., Tinianov, S., McKinley, M., Eich, G., Penedo, F. J., Ganz, P. A., Antoni, M., & Shumay, D. M. (2023). Effects of a Cognitive Behavioral Digital Therapeutic on Anxiety and Depression Symptoms in Patients With Cancer: A Randomized Controlled Trial. *JCO oncology*

practice, *19*(12), 1179–1189. https://doi.org/10.1200/OP.23.00210

38. Deckers, K., Zwan, M. D., Soons, L. M., Waterink, L., Beers, S., van Houdt, S., Stiensma, B., Kwant, J. Z., Wimmers, S. C. P. M., Heutz, R. A. M., Claassen, J. A. H. R., Oosterman, J. M., de Heus, R. A. A., van de Rest, O., Vermeiren, Y., Voshaar, R. C. O., Smidt, N., Broersen, L. M., Sikkes, S. A. M., Aarts, E., … van der Flier, W. M. (2024). A multidomain lifestyle intervention to maintain optimal cognitive functioning in Dutch older adults-study design and baseline characteristics of the FINGER-NL randomized controlled trial. *Alzheimer's research & therapy*, *16*(1), 126. https://doi.org/10.1186/s13195-024-01495-8
39. Lu, Y. T., & Wu, Y. (2022). The effect of an instant message-based lifestyle and stress management intervention on the reduction of cardiovascular disease risk. *International journal of nursing practice*, *28*(6), e13002. https://doi.org/10.1111/ijn.13002
40. Paschali, A. A., Peppou, L. E., & Benroubi, M. (2020). Relaxation training significantly reduced blood glucose levels in patients with type 1 diabetes mellitus. *Hormones (Athens, Greece)*, *19*(2), 215–222. https://doi.org/10.1007/s42000-020-00187-w
41. Garcia-Rojas, I. J., Omidakhsh, N., Arah, O. A., & Krause, N. (2021). Blood Pressure Changes After a Health Promotion Program Among Mexican Workers. *Frontiers in public health*, *9*, 683655. https://doi.org/10.3389/fpubh.2021.683655
42. Andreae, S. J., Andreae, L. J., Richman, J. S., Cherrington, A. L., & Safford, M. M. (2021). Peer-delivered Cognitive Behavioral Therapy-based Intervention Reduced Depression and Stress in Community Dwelling Adults With Diabetes and Chronic Pain: A Cluster Randomized Trial. *Annals of behavioral medicine : a publication of the Society of Behavioral Medicine*, *55*(10), 970–980. https://doi.org/10.1093/abm/kaab034
43. Loucks, E. B., Kronish, I. M., Saadeh, F. B., Scarpaci, M. M., Proulx, J. A., Gutman, R., Britton, W. B., & Schuman-Olivier, Z. (2023). Adapted Mindfulness Training for Interoception and Adherence to the DASH Diet: A Phase 2 Randomized Clinical Trial. *JAMA network open*, *6*(11), e2339243. https://doi.org/10.1001/jamanetworkopen.2023.39243

44. Lorig, K. R., Ritter, P. L., Laurent, D. D., & Plant, K. (2006). Internet-based chronic disease self-management: a randomized trial. *Medical care*, *44*(11), 964–971. https://doi.org/10.1097/01.mlr.0000233678.80203.c1

45. Laubacher, C., Kral, T. R. A., Imhoff-Smith, T., Klaus, D. R., Goldman, R. I., Sachs, J., Davidson, R. J., Busse, W. W., & Rosenkranz, M. A. (2024). Resting state functional connectivity changes following mindfulness-based stress reduction predict improvements in disease control for patients with asthma. *Brain, behavior, and immunity*, *115*, 480–493. https://doi.org/10.1016/j.bbi.2023.10.026

46. Ellis, D. A., Carcone, A. I., Slatcher, R., Naar-King, S., Hains, A., Graham, A., & Sibinga, E. (2019). Efficacy of mindfulness-based stress reduction in emerging adults with poorly controlled, type 1 diabetes: A pilot randomized controlled trial. *Pediatric diabetes*, *20*(2), 226–234. https://doi.org/10.1111/pedi.12807

47. Tacón, A. M., McComb, J., Caldera, Y., & Randolph, P. (2003). Mindfulness meditation, anxiety reduction, and heart disease: a pilot study. *Family & community health*, *26*(1), 25–33. https://doi.org/10.1097/00003727-200301000-00004

How to Cite this Article- Mhaisale T. A., Sheth P. R., Integrating Stress Management In Treatment Of Chronic Disease: A Comprehensive Review Of Homoeopathic Interventions. TUJ. Homo & Medi. Sci. 2025;8(3):48-63.

Conflict of Interest: None **Source of Support: Nil**

This work is licensed under a Creative Commons Attribution 4.0 International License