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Therapeutic evaluation of homoeopathic medicine in managing type 2 diabetes mellitus: A case report

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Abstract

Introduction: This case highlights the synergistic role of *Insulinum* and individualized homoeopathic medicine in the management of Type 2 Diabetes Mellitus, demonstrating significant glycaemic improvement without conventional anti-diabetic drugs. The patient presented with classic diabetic symptoms including excessive thirst, frequent urination, and increased appetite. Laboratory findings revealed an elevated HbA1c level of 11.30%, confirming poor glycemic control. The primary diagnosis was Type 2 Diabetes Mellitus.

Methods: This case report has been documented following the HOM-CASE-CARE guidelines. This case of DM 2 is managed, from April 2025 to July 2025 at National Institute of Homoeopathy Delhi, with homoeopathic medicine *Sulphur* & *Insulinum*. The patient showed marked symptomatic improvement within two weeks, and the HbA1c value reduced from 11.30% to 7% over three months. The MONARCH score of 9 supported a causal relationship between the homoeopathic intervention and the observed clinical improvement.

Conclusion: This case highlights the potential of individualized homoeopathy, including *Insulinum*, in effectively stabilizing blood glucose level. It emphasizes that homoeopathy, when individualized and objectively assessed, can serve as a valuable complementary approach in managing Type 2 Diabetes Mellitus.

Keywords: Type 2 diabetes mellitus, homoeopathy, *Insulinum*, *Sulphur*, individualized treatment

Introduction

Diabetes Mellitus (DM) represents a group of widespread metabolic disorders characterized by persistent hyperglycaemia due to abnormalities in insulin secretion, insulin action, or both. The chronic elevation of blood glucose leads to classic symptoms such as polyuria, polydipsia, polyphagia, and unexplained weight changes ^[1].

Type 2 Diabetes Mellitus (T₂DM), the most common form of diabetes, arises from genetic and environmental interactions. Key genes implicated include TCF7L2, PPARG, FTO, and KCNJ11—the latter encoding Kir6.2, essential for insulin secretion. TCF7L2 also regulates proglucagon and GLP-1 production². Monogenic variants like MODY account for about 5% of cases, underscoring the genetic complexity of T₂DM ^[3].

Diabetes is diagnosed if FPG ≥ 126 mg/dL, 2-hour OGTT ≥ 200 mg/dL, HbA1c $\geq 6.5\%$, or random plasma glucose ≥ 200 mg/dL with classic symptoms (polyuria, polydipsia, unexplained weight loss)¹. Although first-line treatments like oral hypoglycaemics, many patients eventually develop drug resistance later insulin dependence.

Homoeopathy offers a holistic and individualized therapeutic approach that addresses the root cause of the disease through the psycho-neuro-endocrine axis. By considering the patient's totality of symptoms—physical, mental, and emotional—it aims to stimulate the body's self-regulatory mechanisms for gentle, effective, and long-lasting results. The integration of *Insulinum* with individualized constitutional medicine, as in this case, demonstrates the scope of homoeopathy in providing a mild, curative, and comprehensive treatment for chronic metabolic disorders such as Type 2 Diabetes Mellitus.

Case Report

A 40-year-old male patient reported to the Practice of Medicine OPD No. 124, National Institute of Homoeopathy, Delhi (A-HMIS No. 102025307038). The patient complained of generalized weakness, occasional light-headedness, frequent urination, excessive thirst, and facial redness.

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- **Past Medical History:** Typhoid 5 years back
- **Family History:** Strong positive family history of Type 2 Diabetes Mellitus.
- **Treatment History:** Despite oral hypoglycaemic therapy, the patient's glycaemic control remained poor (HbA1c 11.30%) with no major complications.

Physical Generals: The patient had a good appetite and was unable to tolerate prolonged periods of hunger. Thirst was markedly increased, with an intense craving for cold drinks. Perspiration was profuse, particularly over the palms. Thermally, the patient was Ambi thermal. Sleep was frequently disturbed due to persistent worries related to family matters. Bowel habits were sometimes irregular, with the passage of hard and difficult stools. Micturition was frequent, and the patient reported an inability to hold urine for long.

Mental Generals: He had an Obsession for passion, coupled with greed and low self-confidence, and felt remorse by his financial losses.

Clinical Findings

- Pulse: 80/min
- Blood Pressure: 130/88 mmHg
- No systemic abnormality detected.

Diagnosis: Based on the laboratory investigations HbA1C 11.30% and on basis of clinical presentation the patient was diagnosed to have Diabetes Mellitus (ICD 10- E11).

TOTALITY OF SYMPTOMS

-Obsession of gambling
-Greedy
-Remorse
-Lack of Confidence
-Red discoloration over cheeks
-Perspiration on palm
-desire for cold drinks
-Sun heat aggravates
-Diabetes Mellitus

REPERTORIAL TOTALITY

Mind, Gambling passion for gambling
Mind, Greed, cupidity
Mind, Remorse
Mind, Confidence want of self confidence
Face, Discoloration red cheeks
Extremities, Perspiration hand palm
Generals, food and Drinks cold drinks, cold water desire for
Generals, Light aggravation, Sunlight
Generals, Diabetes Mellitus

Repertorisation

	sulph.	ars.	calc.	nux-v.	merc.	ph-ac.	puls.	verat.	lyc.	phos.	nat-m.	chin.	ign.	sil.	graph.	bell.	nat-c.	rhus-t.	carc.	caust.	sep.	bry.
1. MIND - GAMBLING - passion for gambling (15)	1	1	1	1	1	-	-	1	1	-	1	-	-	-	-	1	-	-	1	-	-	-
2. MIND - GREED, cupidity (22)	1	2	1	1	2	1	2	-	2	-	2	-	-	1	-	1	1	-	2	-	-	-
3. MIND - REMORSE (80)	3	3	2	1	2	2	3	-	1	1	-	2	2	1	2	1	-	1	1	2	-	-
4. MIND - CONFIDENCE - want of self-confidence (161)	1	1	1	2	1	2	2	1	2	1	2	2	1	3	1	1	1	2	2	1	-	2
5. FACE - DISCOLORATION - red - Cheeks (7)	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. EXTREMITIES - PERSPIRATION - Hand - Palm (90)	3	-	2	3	2	-	-	1	2	1	-	3	3	-	-	-	1	1	1	3	1	-
7. GENERALS - FOOD and DRINKS - cold drink, cold water - desire (227)	1	3	2	1	3	2	1	3	2	3	1	3	2	1	2	2	2	2	1	2	2	3
8. GENERALS - LIGHT - agg. - sunlight (39)	2	1	3	1	-	3	2	1	-	1	1	2	2	1	3	1	2	-	-	-	1	-
9. GENERALS - DIABETES MELLITUS (55)	1	1	-	-	1	-	-	1	1	1	-	-	-	-	-	-	1	1	-	-	-	-

Fig 1: Repertorial chart using radar opus

Repertorial analysis

Sulphur 13/8

Arsenic Alb 12/7

Calc Carb 12/7

Nux Vomica 10/7

Merc 11/6

Selection of remedy: On the basis of repertorial totality, Sulphur was selected and prescribed in 30C potency later on

requirement and need of the patient and Insulinum in 200C potency prescribed in this case.

Follow-up

Date	Symptoms	Prescription	Remarks
06/05/2025	Weakness slight better Rbs-206 mg/dl	1.PI 30/ bd/7 days	There was marked improvement in the symptoms; hence, as per homoeopathic principles, no medicine was prescribed.
13/05/2025	Weakness better Rbs-229mg/dl	1.PI 30/ bd /14 days	A rise in blood glucose levels was noted, but no intervention was made, as it was likely due to dietary or lifestyle factors.
20/05/2025	Weakness better Rbs-237mg/dl	1. Insulinum 200/ bd / 1 week	General symptoms of the patient are improving. But despite a strict diet, blood glucose remained high, it was a major concern for patient as well as physician because patient was not on any modern medicine. So Insulinum 200 was prescribed based on the patient's susceptibility.
03/06/2025	Weakness Better Rbs-174mg/dl	1. PI 200/bd/1 week	There was significant decrease in blood glucose level with improvement of the symptoms of the patient. PL was prescribed for a week and was advised to follow diabetic diet.
10/06/2025	Weakness Better Rbs- 153mg/dl	1.PI 200/bd/2 week	Blood glucose level controlled. PL for 2 weeks with diabetic diet and patient was asked to visit OPD after 15 days
23/06/2025	Weakness Better Rbs-159mg/dl	1.PI 200 / bd/2 weeks	Blood glucose level controlled. PL for 2 weeks with diabetic diet and patient was asked to visit OPD after 15 days
08/07/2025	Weakness Better Rbs-118mg/dl	1.PI 200 / bd / 2 weeks	Blood glucose level controlled. PL for 2 weeks with diabetic diet and patient was asked to visit OPD after 15 days
22/07/2025	Weakness better HbA1c- 7%	1.PI 200/bd/ 2 weeks	Blood glucose level controlled. PL for 2 weeks with diabetic diet and patient was asked to visit OPD after 15 days
07/08/2025	Weakness better Rbs-115mg/dl	1. PI 200/bd/2 weeks	Blood glucose level controlled. PL for 2 weeks with diabetic diet and patient was asked to visit OPD after 15 days

MONARCH⁷ Inventory (improved version of the Modified Naranjo criteria for Homoeopathy)

S. No.	Domain	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1	-2	0
3.	Was there a homoeopathic aggravation of symptoms?	+1	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	0
5.	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	+1	0	0
6.a	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6.b	Direction of cure: did at least one of the following aspects apply to the order of improvement in symptoms: • From organs of more importance to those of less importance? • From deeper to more superficial aspects of the individual? • From the top downwards?	+1	0	0
7.	Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8.	Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant)	-3	1	0
9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc)	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement? Total Score: +8	+1	0	0

Discussion

This case report has been documented following the HOM-CASE-CARE guidelines^[4]. In this case study, repertorial analysis (Table.3) led to the evaluation of the top five indicated remedies, among which Sulphur 30 was selected, as it most closely covered the totality of symptoms. Following the administration of Sulphur, notable improvement was seen both symptomatically and in blood glucose levels. However, when the RBS levels plateaued after some time, Insulinum 200 was introduced to further aid in reducing blood glucose. Subsequent follow-ups showed significant improvement in both clinical and symptomatic parameters, as evidenced by a marked reduction in RBS levels.

This case report illustrates the beneficial effects of homoeopathic treatment in a patient with Type 2 Diabetes Mellitus (DM2), with HbA1C decreasing from 11.3% to 7.0%, indicating substantial improvement in glycaemic control. The case highlights the importance of individualized homoeopathic therapy, constitutional remedies & organ-specific medicines to achieve both long-term symptom relief and short-term reduction in blood

glucose levels.

Evidence from extramural research by N. L. Tiwari *et al.* supports the use of homoeopathy in DM2, emphasizing that constitutional remedies stabilize blood sugar and provide sustained symptomatic relief, while organ-specific remedies act as effective adjuncts for rapid glucose reduction⁵. Clinical trials, such as those by Pattanaik *et al.*, have demonstrated the efficacy of *Insulinum*, showing statistically significant improvement in diabetes management scores ($p < 0.001$) and enhancement of quality of life in patients^[6].

The MONARCH^[7] causality assessment, yielding a score of +9, suggests a probable causal relationship between the therapeutic improvements observed and the administration of Sulphur and Insulinum. This implies that both remedies likely played a significant role in producing the favourable clinical outcomes seen in this case.

In Boericke's New Manual of Homoeopathic Materia Medica, Insulinum is the active principle from the pancreas which is one of the medicines which affects the sugar metabolism. "If administered at suitable intervals in diabetes mellitus, the blood sugar is maintained at a normal level and

the urine remains free of sugar [8].
In Lotus Materia Medica, its capacity to burn sugar into carbon dioxide and water, thereby helping the body with fat combustion, has made it very useful in the hands of the

allopathic school saving patients from death in cases of diabetes acidosis [9].

Lab investigation before & after treatment

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Name : Mr. RAJIV
Age/Gender : 40 Yrs/Male
Referred Client : LDPL1896-GALAXY PATHOLOGY LAB
Referred By : SELF
Doctor Name :
Sample Type : Whole Blood EDTA - 17809174

Patient UID : 7653943
Visit No. : 40542504280003
Collected on : 28-Apr-2025 10:00AM
Received on : 28-Apr-2025 03:15PM
Reported on : 28-Apr-2025 03:42PM

HAEMATOLOGY

Test Name	Results	Unit	Bio. Ref. Interval
HbA1C-GLYCOSYLATED Hb,wb edta	11.30	%	Normal <5.7% Prediabetes 5.7% to 6.4% Diabetes 6.5% or higher
Estimated Average Glucose	277.61	mg/dL	68-125

Interpretation

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	< 5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5

CLINICAL NOTES
In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx. 8-12 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Some of the factors that influence HbA1c and its measurement (Adapted from Gallagher et al.)

- Erythropoiesis
 - Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis
 - Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.
- Altered Hemoglobin-Glycose or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.
- Glycation
 - Increased HbA1c: alcoholism, chronic renal failure, decreased intracellular pH
 - Decreased HbA1c: certain hemoglobinopathies, increased intracellular pH
- Erythrocyte destruction
 - Increased HbA1c: increased erythrocyte life span: Splenectomy
 - Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antineoplastic, ribavirin & dapsone.
- Others
 - Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use, chronic renal failure
 - Decreased HbA1c: hyperthyroidism, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

Note:
1 Shortened RBC life span - HbA1c test will not be accurate when a person has a condition that affects the average lifespan of red blood cells (RBCs), such as hemolytic anemia or blood loss. When the lifespan of RBCs in circulation is shortened, the A1c result is falsely low and is an unreliable measurement of a person's average glucose over time.
2 Abnormal forms of hemoglobin - The presence of some hemoglobin variants, such as hemoglobin S in sickle cell anemia, may affect certain methods for measuring A1c. In these cases, HbA1c cannot be used to monitor glucose control.

estimated Average Glucose (eAG): Based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

*** End Of Report ***

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Fig 2: HbA1C report before treatment

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Name : Mr. RAJEEV
Age/Gender : 41 Yrs/Male
Referred Client : LDPL1896-GALAXY PATHOLOGY LAB
Referred By : NA
Doctor Name :
Sample Type : Whole Blood EDTA - 19030725

Patient UID : 9411888
Visit No. : 0405425072100001
Collected on : 21-Jul-2025 10:00AM
Received on : 21-Jul-2025 03:13PM
Reported on : 21-Jul-2025 03:50PM

HAEMATOLOGY

Test Name	Results	Unit	Bio. Ref. Interval
HbA1C-GLYCOSYLATED Hb,wb edta	7.00	%	Normal <5.7% Prediabetes 5.7% to 6.4% Diabetes 6.5% or higher
Estimated Average Glucose	154.20	mg/dL	68-125

Interpretation

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	< 5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5

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 - Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antineoplastic, ribavirin & dapsone.
- Others
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 - Decreased HbA1c: hyperthyroidism, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

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Fig 3: HbA1C report after treatment

Conclusion

This case highlights the effectiveness of individualized homoeopathic medicine combined with Insulinum in managing Type 2 Diabetes Mellitus and achieving stabilization of blood glucose levels. Further studies with larger populations are recommended to validate these results and establish the broader role of homoeopathy in diabetes management.

Consent of the patients: were taken

There was no such Funding

No Conflict-of-Interest

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Conflict of Interest

Not available

Financial Support

Not available

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