

# “A CASE OF TYPE-2 DIABETES MELLITUS MANAGED WITH PHOSPHORICUM ACIDUM: AN EVIDENCE BASED CASE REPORT”

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## **ABSTRACT:**

Diabetes Mellitus (DM) is a chronic metabolic condition characterized by increased blood glucose levels, mainly due to impaired insulin secretion and reduced responsiveness to insulin. The global health burden of Diabetes mellitus has raised significantly, and is predicted to increase further in the coming decades. When combined with other metabolic abnormalities, it can affect multiple organ systems and result in life-threatening health complications. This article discusses the case report of a 63-year-old female diagnosed with Diabetes Mellitus based on Fasting blood sugar levels. The physical generals were normal. After individualising the case, homoeopathic medicine Phosphoricum acidum 30 was prescribed, and the case was followed, and the results were analysed over a duration of nine months. There was an overall improvement of the patient, and blood glucose level was managed within normal limits.

## **KEYWORDS:**

Diabetes Mellitus, Random Blood Sugar(RBS), Individualised Homeopathic Medicine, Phosphoricum Acidum.

## **BACKGROUND:**

Diabetes mellitus(DM) is a metabolic disorder characterized by hyperglycemia, or increased blood glucose levels. Carbohydrates consumed are metabolized to glucose, which enters the bloodstream and become the major energy source. Insulin, secreted by pancreas facilitates the uptake of glucose by the body tissues. In diabetes this regulatory mechanism is impaired, leading to persistent hyperglycemia. The condition primarily develops due to insufficient insulin secretion and decreased responsiveness to Insulin (Insulin resistance)<sup>[1]</sup>. Worldwide, the prevalence of diabetes is rising. According to International Diabetes Federation (IDF) in 2019, about 77 million people in India were diagnosed with a diabetes.<sup>[2]</sup>

## **Type 2 diabetes/ Non-insulin dependent diabetes mellitus (T2D or NIDDM):**

This type of diabetes is the most prevalent and typically affects adults. However, teens and young adults are also being diagnosed with T2D or its precursor because of the rising obesity rates and sedentary lifestyles.

Insulin is not properly absorbed by adipose, muscle, and liver cells in type 2 diabetes. We refer to this as insulin resistance. Because of this, blood sugar accumulates in the blood and cannot enter these cells to be stored for energy. Over time, insulin resistance develops gradually.

Risk factors:

Several factors increase the risk of developing diabetes including genetic predisposition, obesity, Prior history of gestational diabetes, advancing age, high blood pressure and certain ethnic background.<sup>[3]</sup>

Symptoms:

Clinical presentation of Diabetes may vary , but commonly includes increased urination, increased appetite and excessive thirst, unexplained weight loss, fatigue, recurrent infections, and tingling or numbness sensation in the hands or feet .<sup>[3]</sup>

Complications of Diabetes:

Type 2 DM can lead to long term complications in multiple organ systems. These complications can be vascular and nonvascular, and can particularly affect small blood vessels (microvascular) or large vessels (macrovascular)<sup>[1]</sup>. The most common complications include: Ulcerations, Diabetic nephropathy, Diabetic retinopathy and neuropathy.

## **MATERIALS AND METHODOLOGY:**

A case of Type-2 Diabetes Mellitus was registered in the Out-patient department (O.P.D). Case taking and thorough examination was done as per the homoeopathic case recording guidelines. Selection of medicine was based on computerized repertory and final reference to Materia Medica. Follow-ups were recorded in the case sheet and documentation was evidenced.

## **CASE REPORT:**

A 63- year- old female patient came with the complaint of increased random blood sugar level with debility.

Past history: She is known-hypertensive since 5 years and under allopathy medication.

Family history: Father – hypertension

Physical generals:

Appetite: Good(3 times/day)

Thirst: Good(3L/day)

Stool: Normal

Urine: Voiding without difficulty

Sweat: Generalized

Sleep: Sound sleep

**REACTION TO:**

Desire: Cold climate

Desire: Fanning

Aversion: Covering.

**CLINICAL DIAGNOSIS: TYPE-2 DIABETES MELLITUS**

**ICD-11 CLASSIFICATION: 5A11**

**PHYSICAL EXAMINATION:**

Weight: 64.3 kg

Pulse: 86/min.

B.P:130/80 mm Hg

**SYSTEMIC EXAMINATION:**

RS: normal vesicular breath sound heard all over the lung field.

CVS: S1, S2 heard on all 4 cardiac areas. No cardiac murmur heard.

GIT: Normal bowel sound heard.

**LAB INVESTIGATION:**

RBS: 316 mg/dl

**SELECTION OF REPERTORY:**

The case, characterized by a significant focus on specific symptoms related to pathology, led to the selection of Murphy Repertory as a clinical tool.

**REPERTORY CHART:**

Remedy	Ph-ac	Carc	Acet-ac	Insulin	Allox	Bov
<b>Totality</b>	5	4	3	3	3	3
<b>Symptoms Covered</b>	2	2	2	2	1	1
[Murphy ] [Clinical]DIABETES, mellitus:Debility, with:	2	1	1	1	0	0
[Murphy ] [Clinical]DIABETES, mellitus:	3	3	2	2	3	3

**Figure 1: Repertory Chart**

**TREATMENT:** PHOSPHORICUM ACIDUM 30/5D(M) with subsequent follow-ups.

**SELECTION OF REMEDY AND POTENCY:** The Remedy selected was Phosphoricum Acidum by further reference to Materia Medica and potency selected was 30C.

Justification: Phosphoricum Acidum 30 was prescribed based on the characteristic symptoms of diabetes mellitus with debility, indicating a deep-acting constitutional remedy.<sup>[4]</sup>

**Table 1: Follow Up and Prescription**

DATE	SYMPTOM	PRESCRIPTION
29/05/25	-Debility present -No further physical symptoms  RBS: 316 mg/dl	Rx PHOSPHORICUM ACIDUM 30/5D(M) B.Pills 3x TDS B.Tab 1x BD
12/06/25	-Debility present -No further physical symptoms  RBS: 184 mg/dl	Rx PHOSPHORICUM ACIDUM 30/5D(M) B.Pills 3x TDS B.Tab 1x BD
21/06/25	-Debility slightly better -No further physical symptoms  RBS: 116 mg/dl	Rx PHOSPHORICUM ACIDUM 30/5D(M) B.Pills 3x TDS B.Tab 1x BD
19/07/25	-Debility better than before -No further physical symptoms  RBS: 140 mg/dl	Rx PHOSPHORICUM ACIDUM 30/5D(M) B.Pills 3x TDS B.Tab 1x BD
28/08/25	-Debility better than before -No further physical symptoms  RBS: 106 mg/dl	Rx PHOSPHORICUM ACIDUM 30/5D(M) B.Pills 3x TDS B.Tab 1x BD
20/09/25	-Debility better than before -No further physical symptoms  RBS: 110 mg/dl	Rx PHOSPHORICUM ACIDUM 30/5D(M) B.Pills 3x TDS B.Tab 1x BD
16/10/25	-Debility better than before -No further physical symptoms  RBS: 121 mg/dl	Rx PHOSPHORICUM ACIDUM 30/5D(M) B.Pills 3x TDS B.Tab 1x BD
22/11/25	-Debility better than before -No further physical symptoms  RBS: 100 mg/dl	Rx PHOSPHORICUM ACIDUM 30/5D(M) B.Pills 3x TDS B.Tab 1x BD
20/12/25	-Debility better than before -No further physical symptoms  RBS: 110 mg/dl	Rx PHOSPHORICUM ACIDUM 30/5D(M) B.Pills 3x TDS B.Tab 1x BD

**Figure: 2: Lab report Before treatment**




MC-2297

12A,C.B. Road(East),R.S.Puram Coimbatore-641002 0422-2556628,4354242 Unit of Mani Microbiological Laboratory Private. Limited.

Bill No. : **2200387694**  Sample Received: 29/05/2025 4:44 pm  
 Name Mr/Ms : XXXXXXXXXX Resulted on: 29/05/2025 5:31 pm  
 Age/Sex : 63Y / F Report Printed on: 29/05/2025 8:14 pm  
 Ref. by Dr. : VIJAYALAKSHMI M MBBS DGO

Hosp/Lab Name : V.J DIAGNOSTICS - Virudhunagar Page 1 of 1

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**RANDOM BLOOD SUGAR TEST**

Test Description	Result	Ref. Range	Unit
Random Blood Sugar	316	200 or Higher	mg/dL



**Interpretation:**  
Random blood sugar is a sample blood test that measures the level of glucose in the blood at any time of the day, regardless of when the individual last ate.

Result Interpretation	Blood Sugar Level (mg/dL)
Normal	Less than 140
Borderline High	140-199
High	200 or Higher

Approved By : Dr.A.Kayaivizhi M.Phil, Ph.D., Released Date : 29/05/2025 17:31


Results related only to the item tested End of Report

**Figure: 3: Lab report During treatment**

MC-2297

12A,C.B. Road(East),R.S.Puram Coimbatore-641002 0422-2556628,4354242 Unit of Mani Microbiological Laboratory Private. Limited.

Bill No. : **2200388395**  Sample Received: 11/06/2025 9:23 am  
 Name Mr/Ms : XXXXXXXXXX Resulted on: 12/06/2025 4:22 pm  
 Age/Sex : 63Y / F Report Printed on: 12/06/2025 5:16 pm  
 Ref. by Dr. : VIJAYALAKSHMI M MBBS DGO

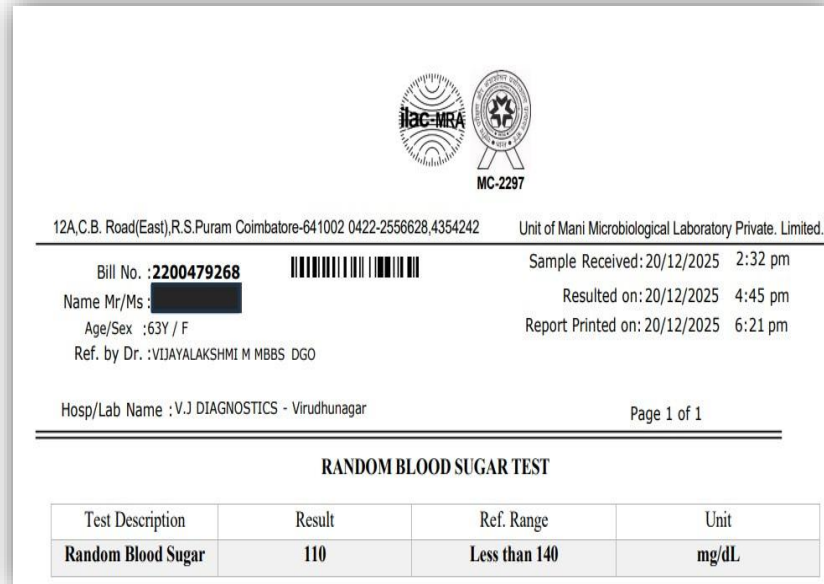
Hosp/Lab Name : V.J DIAGNOSTICS - Virudhunagar Page 1 of 1



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**RANDOM BLOOD SUGAR TEST**

Test Description	Result	Ref. Range	Unit
Random Blood Sugar	184	140 - 199	mg/dL

### Figure: 4: Lab report After treatment




  
 MC-2297

12A,C.B. Road(East),R.S.Puram Coimbatore-641002 0422-2556628,4354242      Unit of Mani Microbiological Laboratory Private. Limited.

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Bill No. : **2200479268**      Sample Received: 20/12/2025 2:32 pm  
 Name Mr/Ms : [REDACTED]      Resulted on: 20/12/2025 4:45 pm  
 Age/Sex : 63Y / F      Report Printed on: 20/12/2025 6:21 pm  
 Ref. by Dr. : VIJAYALAKSHMI M MBBS DGO

Hosp/Lab Name : V.J DIAGNOSTICS - Virudhunagar      Page 1 of 1

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**RANDOM BLOOD SUGAR TEST**

Test Description	Result	Ref. Range	Unit
Random Blood Sugar	110	Less than 140	mg/dL

### THERAPEUTICS FOR DIABETES MELLITUS:

- **Syzygium Jambolanum** – One of the indicated remedy in Diabetes mellitus cases with progressive weakness, weight loss, increased thirst, and high urine specific gravity.<sup>[4]</sup>
  - **Uranium Nitricum** – Remedy suitable for Diabetes associated with degeneration of liver and dropsy. Indications include emaciation, debility and tendency to ascites.<sup>[4]</sup>
  - **Arsenicum Album** – This remedy is indicated in cases with characteristic symptoms such as debility, exhaustion, and restlessness with night aggravation. It is indicated for Diabetic ulcers and gangrene, especially with burning pain.<sup>[4]</sup>
  - **Sulphur** – Indicated for Diabetic patients who are prone to skin affections with itching and burning aggravated by the warmth of bed. Other symptoms include sinking feeling at stomach at 11 am and standing aggravation.<sup>[4]</sup>
- Lycopodium clavatum** – Indicated in diabetic patients with urinary and gastric disturbances and affections especially on right side of body and worse from about 4 to 8 pm.<sup>[4]</sup>

### DISCUSSION:

Diabetes mellitus could greatly impact the quality of life of patient, as evidenced in this case . Conventional management primarily concentrates on controlling blood sugar levels. However, relapses and persistent issues are frequent.<sup>[5]</sup> Homeopathy advocates for a personalized approach, intending to address both the disease itself and the inherent constitutional tendencies.

In this case, the patient showed signs of type-2 Diabetes Mellitus along with weakness. These symptoms were associated with distinctive constitutional traits, such as a preference for cold environments and a dislike for being covered. Repertorial analysis utilizing the Murphy Repertory, complemented by Materia Medica, identified Phosphoricum Acidum as the most suitable remedy.

Phosphoricum Acidum has a well-established history of treating diabetes <sup>[6]</sup>, a disorder distinguished by debility and significant constitutional involvement. The pathophysiology was taken into consideration when choosing the 30C potency. The patient's debility, fasting blood sugar level, and general quality of life gradually and steadily improved after receiving Phosphoricum Acidum 30C.

No conventional medication was required during the course of treatment, and the improvement continued throughout the follow-up period. This case demonstrates that type-2 diabetes mellitus may benefit from customized homoeopathic treatment.

## **CONCLUSION:**

The potential efficacy of individualized homoeopathic treatment in the management of Type-2 diabetes mellitus is illustrated by this case study. Following treatment with Phosphoricum Acidum 30C without the use of conventional medication, the patient demonstrated long-lasting clinical improvement in both her blood sugar level and symptoms. The homoeopathic idea of treating the underlying constitutional predisposition rather than just offering symptomatic relief is supported by the slow and long-lasting reaction. This research emphasizes the potential importance of customized homoeopathy as an additional therapeutic option in type-2 diabetes mellitus, even though conclusions cannot be drawn from a single case. To confirm these results and assess long-term effects, further well planned clinical trials are required.

## **ACKNOWLEDGEMENT:**

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## **OF PATIENT CONSENT:**

The Patient has given her consent for reporting her clinical information in the journal. The patient understands that her name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity can't be guaranteed.

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