

# HOMOEOPATHIC APPROACH IN THE MANAGEMENT OF DIABETIC NEUROPATHY: A CASE STUDY

Selva Jaffin P J<sup>1\*</sup> Sathish Kumar V<sup>2</sup> Wasia Sulthana B<sup>3</sup>

<sup>1\*</sup>**Selva Jaffin P J** PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Tamilnadu, India.

<sup>2</sup>**Sathish Kumar V** Professor, PG and Ph.D Guide, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai) Tamilnadu, India.

<sup>3</sup>**Wasia Sulthana B** PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai) Tamilnadu, India.

\*Corresponding author: Selva Jaffin P J PG Scholar, Department of Repertory.  
Email: [drsolvajaffin@gmail.com](mailto:drsolvajaffin@gmail.com)

## ABSTRACT

Diabetic peripheral neuropathy is a common and disabling complication of diabetes mellitus resulting from chronic hyperglycaemia and associated metabolic and microvascular changes. A 43-year-old male with poorly controlled diabetes mellitus presented with symptoms of early diabetic neuropathy, including weakness and numbness of the lower limbs, unsteadiness in walking, polyuria, polydipsia, weight loss, dryness of tongue, and anxiety about the future, with a fasting blood sugar level of 223 mg/dL. Baseline assessment was carried out using the Diabetic Clinical Score and Diabetic Neuropathy Score. Based on repertorial analysis using SYNERGY Homoeopathic Software, the constitutional remedy *Phosphoricum acidum* was prescribed in ascending potencies (0/1, 0/2, and 0/3) over a period of three months. The patient showed gradual improvement in subjective symptoms such as weakness, gait instability, sensory disturbances, thirst, and urination, along with objective improvement in fasting blood sugar, which reduced to 146 mg/dL. The Diabetic Clinical Score decreased from 12 to 8, and the Diabetic Neuropathy Score reduced from 4 to 1. This case study highlights the potential role of individualized homoeopathic treatment in the management of early diabetic peripheral neuropathy, though larger controlled studies are required to validate these findings.

**KEYWORDS:** Case study, Diabetic clinical score, Diabetic neuropathy score, Homoeopathy, Phosphoricum acidum.

## INTRODUCTION

Diabetes mellitus is a long-standing metabolic condition marked by elevated blood glucose levels, which may or may not be accompanied by glycosuria. There is an impairment of insulin production or its release by the  $\beta$ -cells of the Islets of Langerhans.<sup>[1]</sup> It is estimated that this condition affected 285 million people worldwide in 2010, accounting for around 6.4% of the adult population. This figure is expected to rise to 430 million in the absence of better control or cure. An ageing population and obesity are two main reasons for the increase.<sup>[2]</sup>

The global burden of diabetes has risen dramatically over recent decades, driven largely by population ageing, urbanization, sedentary lifestyles, and increasing rates of obesity. Developing countries, particularly

India, are experiencing a rapid surge in diabetes prevalence, often at a younger age and with greater severity. Genetic predisposition, central obesity, insulin resistance, and dietary factors play significant roles in disease development among susceptible populations.<sup>[3]</sup>

Diabetes mellitus is broadly classified into Type I, Type II, gestational diabetes mellitus, and other specific types associated with genetic, pancreatic, or endocrine disorders. While Type I diabetes results from autoimmune destruction of pancreatic  $\beta$ -cells, Type II diabetes is primarily characterized by insulin resistance and relative insulin deficiency. Chronic hyperglycaemia leads to microvascular and macrovascular complications, contributing to significant morbidity, mortality, and economic burden.<sup>[4]</sup>

Diabetic neuropathy is one of the most common and debilitating chronic complications of diabetes mellitus, affecting the peripheral and autonomic nervous systems. It arises primarily due to prolonged hyperglycaemia, leading to metabolic and vascular disturbances that result in nerve damage. Peripheral neuropathy is the most frequently encountered form and may present with sensory, motor, or autonomic symptoms of varying severity. The clinical spectrum ranges from mild paresthesia and sensory loss to severe pain, muscle weakness, and joint deformities. Early recognition and effective glycaemic control are essential to prevent progression and improve patient outcomes, making diabetic neuropathy a significant concern in long-term diabetes management.<sup>[5]</sup>

Homoeopathy is one of the most well-known alternative medical systems. In Europe, homoeopathy is widely used in the management of chronic diseases, including diabetes mellitus and its complications. Diabetic neuropathy is one of the most common and disabling complications of diabetes, significantly affecting quality of life. According to reports of the World Health Organization, diabetes mellitus is a major global health problem and a leading cause of morbidity worldwide. The adverse effects and limitations of long-term conventional pharmacological treatments for diabetic neuropathy often restrict their continued use. In such circumstances, patients with diabetic neuropathy increasingly seek complementary and alternative therapeutic approaches, including homoeopathy, for symptomatic relief and overall disease management.<sup>[6]</sup>

### **MATERIAL AND METHODOLOGY:**

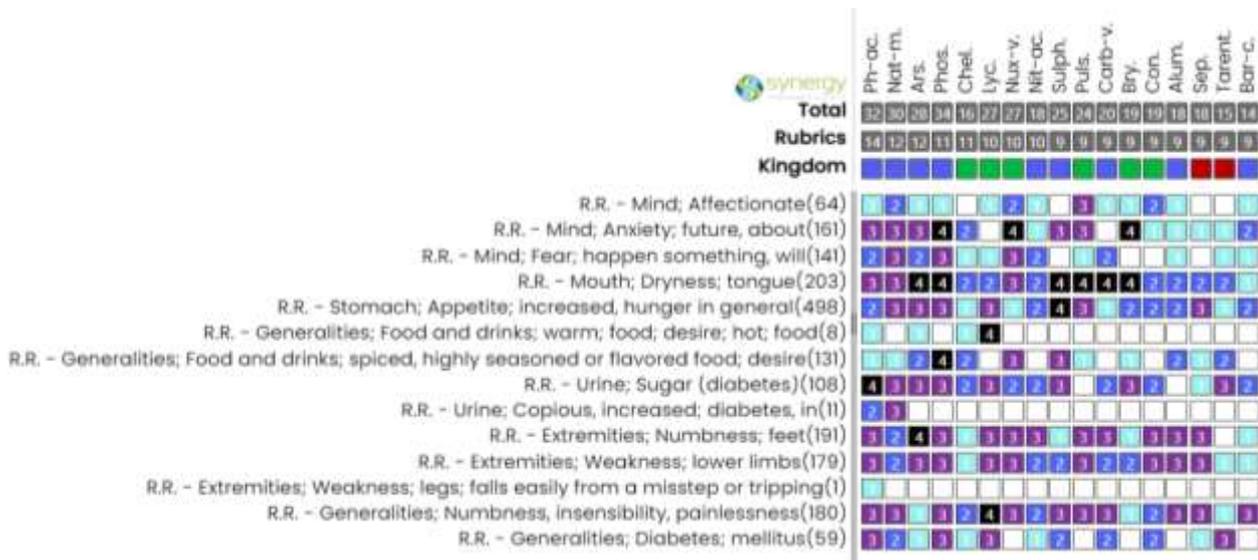
A 43-year-old male patient came to the 2A unit OPD of Sarada Krishna Homoeopathic Medical Hospital, Kulasekharam, Tamil Nadu, on 11/03/2023. presented with a history of Diabetes mellitus and associated symptoms suggestive of early diabetic neuropathy, increased thirst, weight loss, and appetite with dryness of tongue, profuse urination, weakness in both legs, leading to frequent falls due to missteps, numbness over feet, painlessness over both legs, desire spicy and hot foods. He is affectionate but expresses significant anxiety about his future and fear of something will happen. On **06/03/2023**, the **fasting blood sugar (FBS)** level was recorded as **223 mg/dL**, indicating poor glycaemic control.

### **DIAGNOSIS AND ASSESSMENT:**

#### **DIABETIC PERIPHERAL NEUROPATHY**

Baseline assessment was performed using the Clinical Diabetes Score and Diabetic Neuropathy Score, with evaluations carried out before and after treatment during the follow-up period.

**INTERVENTION** The totality of symptoms was erected and subjected to Repertorisation with SYNERGY HOMEOPATHIC SOFTWARE (SHS)<sup>7</sup> [Figure 1]. Based on the totality of symptoms the medicines are selected.



**Fig : 1** Repertorial totality

**Treatment**

**SELECTION OF REMEDY AND POTENCY:**

The Remedy selected was PHOSPHORICUM ACIDUM 0/1/ 1D / OD.

**RESULTS:**

The patient visited the outpatient department (OPD) on **11/03/2023**. A dose of **Phosphoricum acidum 0/1, 1D, once daily (OD)** was prescribed. After one month, the potency was increased to **Phosphoricum acidum 0/2, 1D, OD**, and after another month, it was further increased to **Phosphoricum acidum 0/3, 1D, OD**. Over a period of three months, there was a slight improvement in both the objective and subjective symptoms of the patient. During subsequent follow-ups, the patient’s complaints gradually reduced. The FBS level was **223 mg/dL** before treatment and reduced to **146 mg/dL** after treatment. The **Diabetic Clinical Score** decreased from **12 to 8**, and the **Diabetic Neuropathy Score** was reduced from **4 to 1**.

**Table 1: Follow up**

Date	Symptom changes	Inference	Prescription
10.04.2025	Weakness of legs persist. Numbness of legs persist. Easily misstep of legs slightly better. Dryness of tongue slightly better. Profuse urination persists. Increased thirst persists.	Improving	Rx 1. PHOSPHORICUM ACIDUM 0/1 / 1D/ ST 2. B.TAB (1gr) 1x BD 3. B.TAB (3gr) 1x BD

15.05.2025	Weakness of legs slightly better. Numbness of legs slightly better. Easily misstep of legs slightly better. Dryness of tongue slightly better. Profuse urination persists. Increased thirst slightly better.	Improving	Rx 1. PHOSPHORICUM ACIDUM 0/2 / 1D/ ST 2. B.TAB (1gr) 1x BD 3. B.TAB (3gr) 1x BD
20.06.2025	Weakness of legs slightly better. Numbness of legs slightly better. Easily misstep of legs slightly better. Dryness of tongue slightly better. Profuse urination slightly better. Increased thirst slightly better. <b>FBS - 146 mg/dl</b>	Improving	Rx 1. PHOSPHORICUM ACIDUM 0/3 / 1D/ ST 2. B.TAB (1gr) 1x BD 3. B.TAB (3gr) 1x BD

**TABLE NO: 2 (DIABETIC CLINICAL SCORE BEFORE & AFTER)**

CLINICAL SIGN BEING SCORED	SEVERITY (COMPARED WITH PRIOR TO ONSET OF DM)	ASSIGNED SCORE	PATIENT'S SCORE	
			BEFORE	AFTER
1. Unintended weight loss over the past 2 months (assessed using body weight records or measurements)	None, intended weight loss or weight gain.	0	3	2
	Mild (<5% loss)	1		
	Moderate (5-10% loss)	2		
	Severe (>10% loss)	3		
2. Increased	None	0		

drinking and /urination.	Mild-some increase noted.	1	<b>3</b>	<b>2</b>
	Moderate-increased filling of water bowl.	2		
	Severe – constantly seen to drink.	3		
3. Increased appetite	Normal or decreased appetite	0	<b>3</b>	<b>2</b>
	Mild – finishes food eagerly	1		
	Moderate – finishes food eagerly and begs for more.	2		
	Severe – obsessed with food.	3		

4. Decreased activity/attitude	Normal or increased activity	0	3	2
	Mild – slightly less active	1		
	Moderate – certainly less active.	2		
	Severe – mainly lying around.	3		
	Total Score	12	<b>12</b>	<b>8</b>

**TABLE NO: 3 (DABETIC NEUROPATHY SCORE BEFORE & AFTER)**

DNS SYMPTOMS	SCORING RATE	BEFORE	AFTER
Unsteadiness in walking	0 = absent, 1 = present	<b>1</b>	<b>0</b>
Numbness	0 = absent, 1 = present	<b>1</b>	<b>1</b>
Burning, aching pain or tenderness in legs or feet	0 = absent, 1 = present	<b>1</b>	<b>0</b>
Prickling sensations	0 = absent, 1 = present	<b>1</b>	<b>0</b>
		<b>TOTAL - 4</b>	<b>TOTAL - 1</b>

The complaints of patient were gradually reducing. FBS level was 223 mg/dl before treatment, 146 mg/dl after treatment. Diabetic clinical score reduced from 12 to 8. Diabetic neuropathy score reduced from 4 to 1.

## DISCUSSION:

In the present case, the patient exhibited classical symptoms suggestive of early diabetic neuropathy, supported by poor glycaemic control, as evidenced by an elevated fasting blood sugar (FBS) level of 223 mg/dL.

The totality of symptoms in this patient reflected a state of physical exhaustion, nervous weakness, painless debility, increased thirst and urination, dryness of tongue, weight loss, and emotional anxiety regarding the future. Mentally, the patient was affectionate yet anxious and fearful, indicating emotional sensitivity with nervous exhaustion. Such a symptom picture closely corresponds to the constitutional remedy **Phosphoricum acidum**, which is well indicated in cases of diabetes mellitus with marked debility, neuropathic symptoms, painless weakness, and mental anxiety following prolonged illness or metabolic stress.<sup>[8]</sup>

Repertorisation using SYNERGY Homoeopathic Software (SHS) supported the selection of Phosphoricum acidum based on the totality of symptoms. The remedy was prescribed in ascending potencies (0/1, 0/2, and 0/3) following homoeopathic principles of minimum dose and gradual potency elevation, allowing the patient’s vital force to respond progressively without aggravation.

The assessment of treatment response was objectively and subjectively evaluated using the Diabetic Clinical Score and Diabetic Neuropathy Score before and after treatment. Over a period of three months, the patient

demonstrated gradual and consistent improvement in both systemic diabetic symptoms and neuropathic manifestations. There was a notable reduction in weakness of the legs, unsteadiness in walking, burning pain, and prickling sensations. Although numbness persisted initially, its severity reduced, indicating slow but progressive nerve recovery, which is expected in chronic neuropathic conditions.

The Diabetic Clinical Score showed a significant reduction from 12 before treatment to 8 after treatment, reflecting improvement in polyuria, polydipsia, appetite, activity level, and general wellbeing. Similarly, the Diabetic Neuropathy Score reduced from 4 to 1, highlighting improvement in gait stability and sensory symptoms. Importantly, the fasting blood sugar level decreased from 223 mg/dL to 146 mg/dL, suggesting better glycaemic control during the treatment period.

The gradual improvement without sudden suppression of symptoms supports the homoeopathic concept of cure, where restoration of health occurs in a gentle, progressive, and holistic manner. The persistence of mild symptoms such as numbness indicates the chronic nature of diabetic neuropathy and emphasizes the need for long-term constitutional management.

This case highlights the potential role of individualized homoeopathic treatment in the management of diabetic peripheral neuropathy, particularly in early stages. The improvement observed in both metabolic parameters and neuropathic symptoms suggests that Phosphoricum acidum acted at a constitutional level, addressing not only the physical pathology but also the associated mental and emotional state of the patient.

However, being a single case study, the findings cannot be generalized. Larger sample sizes, controlled clinical studies, and longer follow-up periods are required to establish the efficacy and reproducibility of homoeopathic management in diabetic neuropathy.

## CONCLUSION:

The present case demonstrates the effect of individualized homoeopathic management in a 43-year-old male patient presenting with diabetic peripheral neuropathy. The constitutional remedy **Phosphoricum acidum**, selected based on repertorial totality and prescribed in ascending potencies (0/1 to 0/3), resulted in gradual improvement in both subjective and objective parameters over a three-month period. The patient showed reduction in weakness, unsteadiness of gait, sensory disturbances, and systemic complaints such as excessive thirst, urination, and dryness of tongue. Objective assessment revealed a decrease in fasting blood sugar from 223 mg/dL to 146 mg/dL, along with improvement in Diabetic Clinical Score (12 to 8) and Diabetic Neuropathy Score (4 to 1). This case highlights a positive clinical response to constitutional homoeopathic treatment with consistent follow-up and standardized assessment tools.

## ACKNOWLEDGMENT:

I would like to express my sincere gratitude and appreciation to the management of Sarada Krishna Homoeopathic Medical College and Hospital ([www.skhmc.org](http://www.skhmc.org)) in Kulasekharam for their invaluable support throughout the entire study. Their unwavering commitment to promoting research and academic excellence has been instrumental in the successful completion of this manuscript. I would also like to extend my heartfelt thanks to the faculty members and staff of Sarada Krishna Homoeopathic Medical College for their guidance, expertise, and assistance throughout the study. Their valuable insights and contributions have greatly enriched the quality of our research. Lastly, I would like to express my deepest appreciation to all the individuals who were directly or indirectly involved in this project. Your dedication, support, and collaboration have been vital in the successful completion of this manuscript.

## REFERENCE

1. Jameson JL. Harrison's manual of medicine. New York: McGraw-Hill; 2020.
2. Kaul K, Tarr JM, Ahmad SI, Kohner EM, Chibber R. Introduction to diabetes mellitus. Diabetes. 2013;1-1.
3. World Health Organization. Global report on diabetes. Geneva: World Health Organization; 2016.

4. American Diabetes Association. Classification and diagnosis of diabetes: Standards of Medical Care in Diabetes—2024. *Diabetes Care*. 2024;47(Suppl 1):S16–S33.
5. Tesfaye S, Boulton AJM, Dyck PJ, Freeman R, Horowitz M, Kempler P, et al. Diabetic neuropathies: update on definitions, diagnostic criteria, estimation of severity, and treatments. *Diabetes Care*. 2010;33(10):2285-93.
6. European Committee for Homeopathy. Homeopathy in Europe: A description of the situation. Brussels: ECH; 2019.
7. Synergy Homeopathic Software – Synergy Homeopathic [Internet]. Available from: <https://www.synergyhomeopathic.com/synergy-homeopathic-software/>
8. Boericke W. Pocket Manual of Homoeopathic Materia Medica & Repertory: Comprising of the Characteristic and Guiding Symptoms of All Remedies clinical and Pathogenesis. Including Indian Drugs. B Jain Publishers; c2002.
9. Allen HC. Allens Keynotes Rearranged & Classified. B. Jain Publishers; 2002.



#### Copyright & License:

© Authors retain the copyright of this article. This work is published under the Creative Commons Attribution 4.0 International License (CC BY 4.0), permitting unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.