International Journal of Advanced Multidisciplinary Research and Innovation
E-ISSN: 3107-6157 editor@ijamri.com
Volume 2, Issue 5, September-October 2026

Homoeopathic Management of Type 2 Diabetes Mellitus with Lycopodium Clavatum: A Case Discussion

Rejin R[1], Aswani S V [2], Bibila B[3], Abhin F S[3]

[1]Vice Principal, Professor Head, Department of Practice of Medicine, Maria Homoeopathic Medical College, Perai, Thiruvattar, Kanniyakumari [Affiliated by The TN Dr MGR Medical University]

[2]Assistant Professor, Department of Practice of Medicine, Maria Homoeopathic Medical College, Perai, Thiruvattar, Kanniyakumari [Affiliated by The TN Dr MGR Medical University]

[3]Intern, Maria Homoeopathic Medical College, Perai,Thiruvattar, Kanniyakumari [Affiliated by The TN Dr MGR Medical University]

ABSTRACT

Type 2 Diabetes Mellitus (T2DM) is a chronic metabolic disorder characterized by persistent hyperglycaemia resulting from insulin resistance and impaired insulin secretion.(1,2) It is one of the most common non-communicable diseases worldwide and is associated with significant morbidity and mortality.(3,4) Homoeopathy emphasizes individualized treatment based on the totality of symptoms.(5,6) This case discussion presents a patient diagnosed with T2DM who was prescribed Lycopodium clavatum based on characteristic mental and physical symptoms.(5,6,7) Improvement was assessed using clinical symptoms and laboratory investigations including Random Blood Sugar (FBS), Post-Prandial Blood Sugar (PPBS), and Glycated Haemoglobin (HbA1c).(1,2)

Keywords: Type 2 Diabetes Mellitus, Lycopodium clavatum, Homoeopathy, Case Report, HbA1c.

INTRODUCTION

Diabetes Mellitus is a metabolic disorder characterized by elevated blood glucose levels resulting from defects in insulin secretion, insulin action, or both.(1,2) Type 2 Diabetes Mellitus accounts for approximately 90–95% of all diabetes cases worldwide.(3,4) The incidence of diabetes is increasing due to urbanization, sedentary lifestyle, obesity, unhealthy dietary habits, and genetic predisposition.(8,3)

Common manifestations include polyuria, polydipsia, polyphagia, fatigue, weight changes, recurrent infections, and delayed wound healing.(1,2) Long-term complications include diabetic retinopathy, nephropathy, neuropathy, ischemic heart disease, stroke, and peripheral vascular disease.(1,2,4)

Homoeopathy treats the patient as a whole and not merely the disease condition.(5,6)

International Journal of Advanced Multidisciplinary Research and Innovation
E-ISSN: 3107-6157 editor@ijamri.com
Volume 2, Issue 5, September-October 2026

Individualization of symptoms forms the basis of remedy selection.[4] Lycopodium clavatum is a frequently indicated constitutional remedy characterized by lack of confidence, digestive disturbances, craving for sweets, urinary complaints, and metabolic disorders.[5,6,7]

CASE PRESENTATION

Patient Information

Name: MRS Leela bai

Age: 75 years

Sex: Female

Occupation: House wife

Date of First Consultation: 16 MAY 2026

Chief Complaints:

1. Frequent urination for one year.

2. Excessive thirst for ten months.

3. Increased appetite for eight months.

4. General weakness and fatigue.

5. Burning sensation in soles.

6. Dryness and itching of skin.

History of Present Illness

The patient was apparently healthy one year before consultation when she gradually developed increased thirst and frequent urination. She required frequent intake of water throughout the day and woke up multiple times at night for urination.

Over the following months, increased appetite and progressive weakness developed.

Burning sensation in the feet was worse during night hours. The patient had been diagnosed with

Type 2 Diabetes Mellitus through laboratory investigations six months earlier. Past History

No history of tuberculosis.

No history of major surgery.

International Journal of Advanced Multidisciplinary Research and Innovation
E-ISSN: 3107-6157 editor@ijamri.com
Volume 2, Issue 5, September-October 2026

No history of hypertension

Family History

Father diagnosed with Type 2 Diabetes Mellitus.

Mother diagnosed with hypertension.

Personal History

Appetite – Increased.

Thirst – Increased.

Desire – Sweets.

Aversion – None.

Perspiration – Moderate.

Sleep – Disturbed due to frequent urination.

Bowel Habits – Regular.

Mental Generals

1. Lack of self-confidence.

2. Fear of failure in new responsibilities.

3. Irritability when contradicted.

4. Desire for company despite lack of confidence.

Physical Generals

1. Desire for sweets

2. Increased thirst.

3. Flatulence after meals.

4. Symptoms worse between 4 PM and 8 PM.

5. Burning soles

International Journal of Advanced Multidisciplinary Research and Innovation
E-ISSN: 3107-6157 editor@ijamri.com
Volume 2, Issue 5, September-October 2026

CLINICAL EXAMINATION

General Condition – Fair.

Pulse Rate – 82/min.

Blood Pressure – 130/80 mmHg.

Temperature – Afebrile.

Respiratory Rate – 18/min.

Body Weight – 78 kg.

BMI – 28 kg/m².(6,8)

INVESTIGATIONS BEFORE TREATMENT

Investigation| Result

Random Blood Sugar| 220 mg/dl

The laboratory findings confirmed uncontrolled Type 2 Diabetes Mellitus.

TOTALITY OF SYMPTOMS

1. Lack of self-confidence.
2. Fear of failure.
3. Desire for sweets.
4. Increased thirst.
5. Polyuria.
6. Burning soles.
7. Flatulence after eating.
8. Symptoms worse in evening.

REPERTORIAL ANALYSIS

The following rubrics were selected:

1. Mind – Confidence – want of self-confidence.

International Journal of Advanced Multidisciplinary Research and Innovation
E-ISSN: 3107-6157 editor@ijamri.com
Volume 2, Issue 5, September-October 2026

2. Mind – Fear – failure of undertaking.

3. Generals – Food and drinks – sweets – desire.

4. Bladder – Urination – frequent.

5. Extremities – Burning soles.

6. Stomach – Flatulence.

After repertorial analysis and consultation of Materia Medica, Lycopodium clavatum was selected as the similimum.[5,6,7]

PRESCRIPTION

Lycopodium clavatum 200

Single dose.

The Patient got admitted in general medicine ip department.

Dietary advice and regular physical activity were recommended.[9,8,4]

FOLLOW-UP

First Follow-up – 1week

Thirst reduced significantly.

Frequency of urination reduced.

Energy levels improved.

Placebo continued.

Second Follow-up – 2nd week

Burning sensation of feet reduced.

Sleep improved.

Appetite became normal.

No new complaints.

Placebo continued

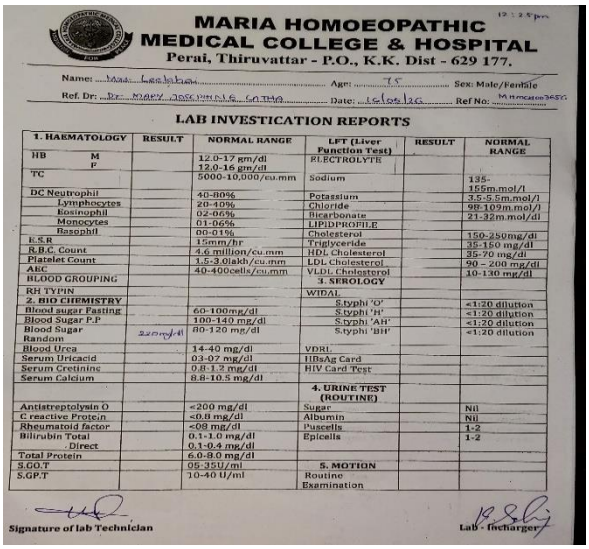
International Journal of Advanced Multidisciplinary Research and Innovation
E-ISSN: 3107-6157 editor@ijamri.com
Volume 2, Issue 5, September-October 2026

Third Follow-up – 3rd week

Investigations After Treatment

Random blood sugar:140mg/dl

BEFORE TREATMENT



MARIA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
Perai, Thiruvattar - P.O., K.K. Dist - 629 177.

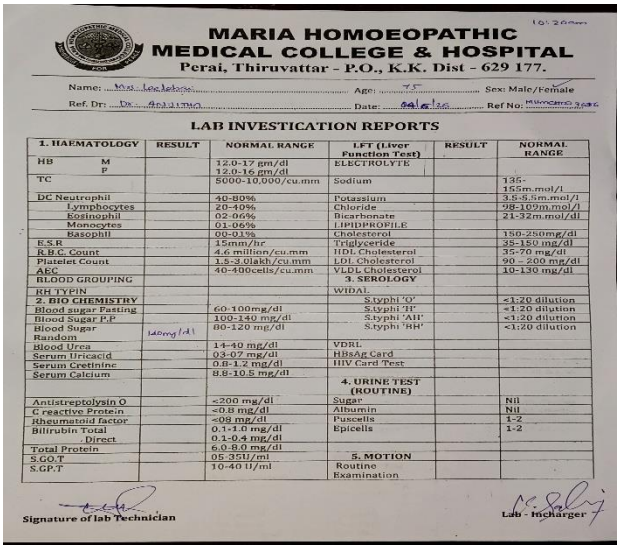
Name: Mrs. Lakshmi Age: 75 Sex: Male/Female
Ref. Dr: Dr. MARY JOSEPHINE GOTHA Date: 16/06/26 Ref No: Mmchsro3686

LAB INVESTIGATION REPORTS

1. HAEMATOLOGY	RESULT	NORMAL RANGE	LFT (Liver Function Test)	RESULT	NORMAL RANGE
HB M		12.0-17 gm/dl	ELECTROLYTE		
F		12.0-16 gm/dl			
TC		5000-10,000/cu.mm	Sodium		135-155m.mol/l
DC Neutrophil		40-80%	Potassium		3.5-5.5m.mol/l
Lymphocytes		20-40%	Chloride		98-109m.mol/l
Eosinophil		02-06%	Bicarbonate		21-32m.mol/dl
Monocytes		01-06%	LIPIDPROFILE		
Basophil		00-01%	Cholesterol		150-250mg/dl
E.S.R		15mm/hr	Triglyceride		35-150 mg/dl
R.B.C. Count		4.6 million/cu.mm	HDL Cholesterol		35-70 mg/dl
Platelet Count		1.5-3.0lakh/cu.mm	LDL Cholesterol		90 – 200 mg/dl
AEC		40-400cells/cu.mm	VLDL Cholesterol		10-130 mg/dl
BLOOD GROUPING			3. SEROLOGY		
RH TYPIN			WIDAL		
2. BIO CHEMISTRY			S.typhi 'O'		<1:20 dilution
Blood sugar Fasting		60-100mg/dl	S.typhi 'H'		<1:20 dilution
Blood Sugar P.P		100-140 mg/dl	S.typhi 'AH'		<1:20 dilution
Blood Sugar Random	220mg/dl	80-120 mg/dl	S.typhi 'BH'		<1:20 dilution
Blood Urea		14-40 mg/dl	VDRL		
Serum Uricacid		03-07 mg/dl	HBsAg Card		
Serum Cretinine		0.8-1.2 mg/dl	HIV Card Test		
Serum Calcium		8.8-10.5 mg/dl			
			4. URINE TEST (ROUTINE)		
Antistreptolysin O		<200 mg/dl	Sugar		Nil
C reactive Protein		<0.8 mg/dl	Albumin		Nil
Rheumatoid factor		<08 mg/dl	Puscells		1-2
Bilirubin Total		0.1-1.0 mg/dl	Epicells		1-2
Direct		0.1-0.4 mg/dl			
Total Protein		6.0-8.0 mg/dl			
S.GO.T		05-35U/ml	5. MOTION		
S.GP.T		10-40 U/ml	Routine Examination		

Signature of lab Technician Lab - Incharger

AFTER TREATMENT



MARIA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
Perai, Thiruvattar - P.O., K.K. Dist - 629 177.

Name: Mrs. Lakshmi Age: 75 Sex: Male/Female
Ref. Dr: Dr. ANJUTHA Date: 04/07/26 Ref No: Mmchsro3686

LAB INVESTIGATION REPORTS

1. HAEMATOLOGY	RESULT	NORMAL RANGE	LFT (Liver Function Test)	RESULT	NORMAL RANGE
HB M		12.0-17 gm/dl	ELECTROLYTE		
F		12.0-16 gm/dl			
TC		5000-10,000/cu.mm	Sodium		135-155m.mol/l
DC Neutrophil		40-80%	Potassium		3.5-5.5m.mol/l
Lymphocytes		20-40%	Chloride		98-109m.mol/l
Eosinophil		02-06%	Bicarbonate		21-32m.mol/dl
Monocytes		01-06%	LIPIDPROFILE		
Basophil		00-01%	Cholesterol		150-250mg/dl
E.S.R		15mm/hr	Triglyceride		35-150 mg/dl
R.B.C. Count		4.6 million/cu.mm	HDL Cholesterol		35-70 mg/dl
Platelet Count		1.5-3.0lakh/cu.mm	LDL Cholesterol		90 – 200 mg/dl
AEC		40-400cells/cu.mm	VLDL Cholesterol		10-130 mg/dl
BLOOD GROUPING			3. SEROLOGY		
RH TYPIN			WIDAL		
2. BIO CHEMISTRY			S.typhi 'O'		<1:20 dilution
Blood sugar Fasting		60-100mg/dl	S.typhi 'H'		<1:20 dilution
Blood Sugar P.P		100-140 mg/dl	S.typhi 'AH'		<1:20 dilution
Blood Sugar Random	140mg/dl	80-120 mg/dl	S.typhi 'BH'		<1:20 dilution
Blood Urea		14-40 mg/dl	VDRL		
Serum Uricacid		03-07 mg/dl	HBsAg Card		
Serum Cretinine		0.8-1.2 mg/dl	HIV Card Test		
Serum Calcium		8.8-10.5 mg/dl			
			4. URINE TEST (ROUTINE)		
Antistreptolysin O		<200 mg/dl	Sugar		Nil
C reactive Protein		<0.8 mg/dl	Albumin		Nil
Rheumatoid factor		<08 mg/dl	Puscells		1-2
Bilirubin Total		0.1-1.0 mg/dl	Epicells		1-2
Direct		0.1-0.4 mg/dl			
Total Protein		6.0-8.0 mg/dl			
S.GO.T		05-35U/ml	5. MOTION		
S.GP.T		10-40 U/ml	Routine Examination		

Signature of lab Technician Lab - Incharger

DISCUSSION

Type 2 Diabetes Mellitus is associated with chronic hyperglycaemia resulting from insulin resistance and impaired insulin secretion.[1,2] The patient presented with classical diabetic symptoms including polyuria, polydipsia, increased appetite, fatigue, and burning soles.[1,2]

The prescription was based on constitutional characteristics rather than pathology alone.[3,4] Lycopodium clavatum was selected due to the presence of lack of confidence, fear of failure, craving for sweets, digestive flatulence, urinary complaints, and evening aggravation.[5,6,7]

During follow-up, improvement was observed in both subjective symptoms and objective laboratory parameters. Similar observations have been reported in published homoeopathic case studies involving Lycopodium clavatum in diabetes mellitus.[9,10]

Although the case demonstrated improved glycaemic control, conclusions regarding efficacy should be made cautiously because a single case report cannot establish causation.[9,10] Controlled clinical trials with larger sample sizes are necessary to evaluate therapeutic effectiveness.[9,10]

CONCLUSION

This case discussion demonstrates improvement in clinical symptoms and laboratory parameters in a patient with Type 2 Diabetes Mellitus treated constitutionally with Lycopodium clavatum.[9,10,5] The remedy was

International Journal of Advanced Multidisciplinary Research and Innovation
E-ISSN: 3107-6157 editor@ijamri.com
Volume 2, Issue 5, September-October 2026

selected based on individualization and totality of symptoms.[5,6] Further scientific studies are required to validate the role of homoeopathy in the management of Type 2 Diabetes Mellitus.[9,10]

REFERENCES

1. Davidson's Principles and Practice of Medicine. 24th Edition. Elsevier.
2. Harrison's Principles of Internal Medicine. 21st Edition. McGraw-Hill Education.
3. World Health Organization. Global Report on Diabetes.
4. American Diabetes Association. Standards of Care in Diabetes.Note: The laboratory values in the case section are illustrative unless you replace them with actual patient data or values reported in a published case.
5. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. New Delhi: B Jain Publishers.
6. Kent JT. Lectures on Homoeopathic Materia Medica. New Delhi: B Jain Publishers.
7. Allen HC. Keynotes and Characteristics with Comparisons. New Delhi: B Jain Publishers.
8. Park K. Park's Textbook of Preventive and Social Medicine. 27th Edition.
9. Arya B, Nagar P, Mahiya S, Choudhary G, Kumar D. Clinical verification of individualized Homoeopathic Medicine Lycopodium in Diabetes Mellitus: A case study. International Journal of Homoeopathic Sciences. 2021;5(2):95-104.
10. Ram Sundhar M, Sathish Kumar V, Suman Sankar AS, Sajan S. Homoeopathic management
11. of Type II Diabetes Mellitus with Lycopodium: A case report. International Journal of Homoeopathic Sciences. 2026;10(2):714-717.