

CHANGE IN HbA1c FOLLOWING THE HOMOEOPATHIC MEDICINE ACIDUM PHOSPHORICUM LM 0/1 IN PATIENTS WITH DIABETES MELLITUS: A RETROSPECTIVE CASE SERIES

Nithu Fathima P., Nowfa N., Preetheka Babu G., Preethika P. ^{*1}, Sibin R. A. ^{*2}

¹Interns BHMS, Sarada Krishna Homoeopathic Medical College, (Affiliated to The Tamilnadu Dr. M.G.R Medical University, Chennai), Tamilnadu – 629161.

²Assistant Professor, Department of Organon of Medicine, Sarada Krishna Homoeopathic Medical college, (Affiliated to The Tamilnadu Dr. M.G.R Medical University, Chennai), Tamilnadu – 629161.

Article Received: 06 September 2026

Article Revised: 26 September 2026

Published on: 16 October 2026

*Corresponding Author: Sibin R. A.

Assistant Professor, Department of Organon of Medicine, Sarada Krishna Homoeopathic Medical college, (Affiliated to The Tamilnadu Dr. M.G.R Medical University, Chennai), Tamilnadu – 629161.

DOI: <https://doi-doi.org/101555/ijrpa.3508>

1. ABSTRACT

Background: Diabetes mellitus (DM) is a growing public health problem; India carries roughly one in seven of the world's adults with diabetes [1,2]. Glycated haemoglobin (HbA1c) is the standard marker of long-term glycaemic control [3,4]. Acidum phosphoricum is a classical homoeopathic remedy for states of debility and exhaustion with copious urine, and it is among the polychrest remedies Indian practitioners report using in diabetes [5,7–9].

Objective: To describe the change in HbA1c over six months in patients with diabetes mellitus treated with Acidum phosphoricum LM 0/1.

Methods: A retrospective case series (single-arm, before-and-after) from the outpatient department of Sarada Krishna Homoeopathic medical college Kulasekharam Kanyakumari, Tamil nadu . Thirty case records were screened; 20 were excluded because HbA1c was not recorded, leaving 10 for analysis. All 10 patients received Acidum phosphoricum LM 0/1 (one dose daily for 14 days) and were also given dietary and lifestyle advice. HbA1c at baseline and at six months was extracted from the records and analysed with descriptive statistics, the paired t-test and the Wilcoxon signed-rank test.

Results: The 10 patients (6 male, 4 female) had a mean age of 44.3 years and a mean diabetes duration of 5.2 years (range 2 to 10). Mean HbA1c fell from $9.68 \pm 2.22\%$ to $8.87 \pm 1.68\%$, a

mean reduction of 0.81 ± 0.67 percentage points (95% CI 0.33 to 1.29; paired $t = 3.79$, $df = 9$, $p = 0.004$; Wilcoxon $p = 0.002$). HbA1c fell in all 10 patients (range 0.30 to 2.10 points; mean relative reduction 7.6%). Three patients, all with baseline HbA1c above 11%, improved by more than 1 point. Only 2 of 10 patients had HbA1c below 7% at six months.

Conclusion: In this small uncontrolled series, HbA1c decreased in every patient treated with Acidum phosphoricum LM 0/1. Because all patients also received dietary and lifestyle advice, the design cannot separate the effect of the remedy from that of diet, lifestyle, concurrent medication, or regression to the mean. Prospective controlled studies are needed.

KEYWORDS: Diabetes mellitus; HbA1c; Acidum phosphoricum; LM potency; Homoeopathy; Retrospective study

2. AIM AND OBJECTIVES

Aim: To describe the change in HbA1c in patients with diabetes mellitus treated with Acidum phosphoricum LM 0/1, through retrospective analysis of case records.

Objectives

1. To describe the age, sex and diabetes duration of the patients, and to compare HbA1c before treatment and after six months of treatment with Acidum phosphoricum LM 0/1.
2. To describe the size of change in individual patients.
3. To explore the relationship between baseline HbA1c and the size of the change.
4. To describe the proportion of patients reaching conventional glycaemic thresholds.

Hypothesis. H0: there is no difference in mean HbA1c before and after six months of treatment. H1: there is a difference. Because the study is an uncontrolled case series, the hypotheses are tested as descriptive expectations and not as proof of causal efficacy.

3. INTRODUCTION

Diabetes mellitus is a group of metabolic disorders characterised by chronic hyperglycaemia due to defects in insulin secretion, insulin action, or both. The International Diabetes Federation (IDF) Diabetes Atlas, 11th edition, estimates that 589 million adults aged 20 to 79 years were living with diabetes in 2024, a figure projected to reach 853 million by 2050, with three in four affected adults living in low- and middle-income countries [2]. India accounts for about one in seven adults with diabetes worldwide, and an estimated 43% of Indian adults with diabetes are unaware of their condition [1].

Diabetes is diagnosed by fasting plasma glucose, 2-hour plasma glucose, or HbA1c of 6.5% or higher [3]. HbA1c reflects average glycaemia over about the preceding three months, and

the American Diabetes Association suggests a general target below 7% for many non-pregnant adults, individualised according to age, comorbidity and hypoglycaemia risk [4]. Because it is simple to measure and routinely recorded, HbA1c is well suited to retrospective evaluation.

Many patients in India use complementary systems of medicine alongside conventional treatment. In a national online survey of 513 homoeopathic practitioners, 92.4% reported that their diabetic patients were already on allopathic or other AYUSH treatment, 89.1% recommended homoeopathy as an adjuvant to conventional care, and most advised lifestyle modification alongside homoeopathic treatment [5].

4. BACKGROUND

The remedy. Acidum phosphoricum (phosphoric acid) is prepared from phosphoric acid and belongs to the acid group of the homoeopathic materia medica. Classical authors describe a picture of mental and physical debility and apathy, often following grief, emotional strain or loss of fluids, with indifference, drowsiness, weakness and, in diabetic states, copious pale or milky urine [7–9]. These descriptions are the traditional basis for its use in diabetes; they are not evidence of efficacy.

LM potency. LM (fifty-millesimal) potencies were described by Hahnemann in the sixth edition of the Organon, with each step prepared at a 1 in 50,000 dilution and succussed [6]. They are typically given in repeated, gradually ascending doses, and LM 0/1 is the first step of the scale. Practitioners surveyed in India reported LM as their preferred scale for polychrests in 13.8% of cases, against 51.1% for centesimal potencies [5].

5. NEED FOR THE STUDY

Controlling HbA1c is difficult in many patients despite oral drugs, and homoeopathy is commonly used as an adjunct [4,5]. Published clinical data on single homoeopathic remedies in diabetes are sparse, data on Acidum phosphoricum are scarcer still, and almost nothing is published on LM potencies in this condition. Case records held in outpatient departments are a practical source of real-world information, and a retrospective review can generate hypotheses for a prospective trial [20]. This study therefore reviews HbA1c outcomes in patients treated with Acidum phosphoricum LM 0/1.

6. REVIEW OF LITERATURE

6.1 Recent studies on Acidum phosphoricum in diabetes

Babariya and Dubey (2026) reported a prospective exploratory cohort study of 30 adults

with type 2 diabetes (T2DM) followed for six months. Using a structured constitutional scoring model (TAPAS) they identified 25 patients fitting the Acidum phosphoricum phenotype, who received adjunctive Acidum phosphoricum 30C while continuing stable conventional therapy. Mean HbA1c fell from $9.03 \pm 0.92\%$ to $7.82 \pm 0.96\%$, a mean reduction of 1.21 points (95% CI 0.87 to 1.55; $p < 0.001$). The authors describe the findings as hypothesis-generating [10]. To the best of my search, this is the most recent clinical study of this remedy in diabetes.

6.2 Individualised homoeopathy in type 2 diabetes

To et al. (2017) carried out a retrospective cohort study in Hong Kong of individualised homoeopathic treatment added to conventional care for at least 6 months, compared with published conventional-care data. At 12 months, fasting plasma glucose fell by 2.24 mmol/L in the homoeopathy group against a rise of 0.16 mmol/L in controls ($p = 0.001$). Poorer baseline glycaemic control was associated with a larger improvement ($r = -0.750$), while diabetes duration was not [11]. The conference version reported a better HbA1c change in the homoeopathy group, -1.11% (95% CI -2.17 to -0.05) [12]. The homoeopathy group differed from controls at baseline, and the control data came from published sources.

Varanasi et al. (2023) surveyed 513 Indian homoeopathic practitioners. Most reported that homoeopathy given with conventional medicine controlled blood sugar better (67.8%), that it allowed tapering of allopathic dose (72.7%), and that quality of life improved (81.5%). Phosphoric acid was among the polychrest remedies commonly prescribed in diabetes. Because the data are practitioners' perceptions, the study describes practice and not efficacy [5].

6.3 Randomised and observational evidence

Monami et al. reviewed randomised trials of homoeopathic preparations for diabetes and obesity and questioned the strength of the evidence [13]; Gaertner and Frass published a comment disputing their conclusions [14]. Homoeopathic treatment of diabetic distal symmetric polyneuropathy has been tested in a multicentric randomised double-blind placebo-controlled trial [15] and in an earlier open multicentric trial [16], and an Italian observational study compared homoeopathic and conventional therapies in diabetic polyneuropathy [17]. These address complications rather than glycaemic control.

In a small randomised master's-level trial at Durban University of Technology, a *Momordica charantia* preparation in patients on metformin showed no HbA1c reduction over 8 weeks [18]. HbA1c, which reflects roughly 3 months, may be too slow a marker for such short trials. A trial registered in India in 2024 by Sarada Krishna Homoeopathic Medical College plans to record HbA1c at baseline and 90 days in type 2 diabetes [19].

6.4 Research gap

Controlled data on Acidum phosphoricum in diabetes are absent, the single recent cohort used the 30C potency [10], and no study I could find reports LM 0/1. The present series adds a small retrospective description of that potency.

7. MATERIALS AND METHODS

Study design and setting. Retrospective case series (single-arm, before-and-after), reported with reference to the STROBE statement [21], at the outpatient department of [Institution].

Study population. A total of 30 case records of patients with diabetes mellitus treated with Acidum phosphoricum LM 0/1 were reviewed. Twenty were excluded because HbA1c was not recorded, and 10 records were included in the analysis (see Section 8.1). Patient names were replaced by serial numbers to protect confidentiality.

Diagnostic criteria. Diabetes mellitus as per American Diabetes Association criteria: fasting plasma glucose of 126 mg/dL or more, 2-hour plasma glucose of 200 mg/dL or more, or HbA1c of 6.5% or more [3].

Inclusion criteria

- Diagnosed cases of diabetes mellitus [3].
- Treated with Acidum phosphoricum LM 0/1.
- HbA1c recorded before treatment and after 6 months of treatment.

Exclusion criteria

- Records with missing baseline or six-month HbA1c (20 of 30 records).
- Type 1 diabetes or gestational diabetes.
- Secondary diabetes (for example pancreatic disease or steroid-induced diabetes).
- Change of homeopathic remedy or potency during the six-month follow-up.
- Records with missing age, sex or diabetes duration.

Data collection and treatment. For each record the following were extracted: age, sex, duration of diabetes, medicine, dose and repetition, concurrent medicines, and HbA1c before and after treatment. The record review covered (a) general information; (b) history and presenting complaints; (c) dietary and lifestyle history; (d) clinical examination; and (e) investigations, chiefly HbA1c.

Intervention. (A) Dietary modification; (B) lifestyle modification; (C) medicinal management with Acidum phosphoricum LM 0/1, repeated as one dose daily for 14 days, and

then repeated the same after the follow up every 2 weeks. All patients therefore received dietary and lifestyle advice in addition to the homoeopathic medicine. Concurrent conventional or other medicines: [Not mentioned in case records]

Outcome measure. HbA1c (%) at baseline and after six months.

Statistical analysis. Continuous data are given as mean $\pm$ SD and median. Baseline and six-month values were compared with the paired t-test and the Wilcoxon signed-rank test (two-sided, alpha 0.05), with the 95% confidence interval of the mean difference. Pearson and Spearman correlations assessed the association between baseline HbA1c and the reduction.

8. OBSERVATION AND RESULTS

8.1 Study flow and baseline characteristics

Thirty case records were reviewed. Twenty were excluded because HbA1c was not recorded, and 10 were analysed. The 10 patients were aged 32 to 58 years (mean 44.3, SD 8.3, median 42); 6 (60%) were male and 4 (40%) female. The duration of diabetes was 2 to 10 years (mean 5.2, SD 2.9, median 4.5). Individual values are in the master chart (Annexure).

Table 1. Records reviewed and baseline characteristics.

Item	Value
Records reviewed	30
Excluded (HbA1c not recorded)	20
Analysed	10
Age, years: mean $\pm$ SD (range)	44.3 $\pm$ 8.3 (32 to 58)
Sex: male / female	6 (60%) / 4 (40%)
Item	Value
Diabetes duration, years: mean $\pm$ SD (range)	5.2 $\pm$ 2.9 (2 to 10)
Remedy and repetition	Acidum phosphoricum LM 0/1, one dose daily for 14 days
Dietary and lifestyle advice	Given to all patients

8.2 Change in HbA1c

Table 2. HbA1c before and after six months of Acidum phosphoricum LM 0/1 (n = 10)

Measure	Before	After 6 months	Change
Mean $\pm$ SD (%)	9.68 $\pm$ 2.22	8.87 $\pm$ 1.68	-0.81 $\pm$ 0.67
Median (%)	9.49	9.05	-0.41
Range (%)	6.36 to 13.9	6.01 to 11.8	-0.30 to -2.10

The mean reduction was 0.81 percentage points (95% CI 0.33 to 1.29). The paired t-test gave $t = 3.79$, $df = 9$, $p = 0.004$; the Wilcoxon signed-rank test gave $p = 0.002$ (every one of the 10 differences was in the same direction). The standardised effect size was large (Cohen's $d_z = 1.20$), but the sample is small and the interval wide.

Table 3. Individual response.

Pattern	Number of patients
HbA1c decreased	10 of 10
Decrease of 0.5 points or more	4 of 10
Decrease of 1.0 point or more	3 of 10
HbA1c 9% or above: before / after	6 / 5
HbA1c 10% or above: before / after	4 / 2
HbA1c below 7%: before / after	1 / 2

The relative reduction ranged from 3.8% to 16.8% (mean 7.6%). The three largest falls (2.10, 1.86 and 1.19 points) were in the three patients with the highest baselines (13.9%, 11.06% and 11.69%). Baseline HbA1c correlated strongly with the size of the reduction (Pearson $r = 0.85$, $p = 0.002$; Spearman $\rho = 0.89$, $p < 0.001$). The size of the reduction showed no clear relationship with diabetes duration (Spearman $\rho = 0.24$, $p = 0.50$). Seven of the 10 patients had falls of less than 0.75 points, and for many the clinical meaning of such a fall is limited.

9. DISCUSSION

In these 10 patients, HbA1c fell significantly after six months of treatment with Acidum phosphoricum LM 0/1, with a mean reduction of 0.81 points. The result should be interpreted cautiously. There was no comparison group, the sample was small, and all patients also received dietary and lifestyle advice, so any fall in HbA1c cannot be credited to the remedy alone. The records also do not permit control of concurrent anti-diabetic drugs, exercise or adherence. Several of these could produce a similar fall by themselves, and so could regression to the mean, since patients are often treated when their values are at a peak [22]. Statistical significance in 10 patients is not proof that the remedy caused the fall.

Comparison with recent and related studies Table 4. Comparison with published studies

Feature	Present study	Babariya & Dubey 2026 [10]	Total. 2017 [11,12]	Varanasi et al. 2023 [5]
Design	Retrospective before-after	Prospective cohort	Retrospective cohort vs published controls	Online cross-sectional survey
Sample	10 of 30 records reviewed	25 of 30 enrolled	27 homoeopathy vs 40 published controls	513 practitioners
Intervention	Acid. phos. LM 0/1	Acid. phos. 30C, adjunctive	Individualised remedy, adjunctive	Varied
Follow-up	6 months	6 months	12 months	Not applicable
Main finding	HbA1c 9.68 to 8.87% (−0.81)	HbA1c 9.03 to 7.82% (−1.21)	FPG −2.24 mmol/L; HbA1c −1.11% vs control	Perceived better control and quality of life

Same direction as the closest study. The prospective Acidum phosphoricum cohort also found a fall in HbA1c over six months, but a larger one (1.21 against 0.81 points) from a lower starting level [10]. Differences in potency (30C against LM 0/1), selection by a constitutional score, enrolment criteria and size of sample could all contribute, and with 10 patients the two estimates cannot be meaningfully ranked. Our confidence interval (0.33 to 1.29) includes the Babariya and Dubey estimate.

Baseline level and response. To et al. found that poorer baseline control predicted greater improvement [11]; we observed the same pattern ($r = 0.85$). This is in keeping with a genuine effect but also with regression to the mean, so it should not be read as evidence of benefit in poorly controlled patients specifically [22].

Clinical significance. A fall of about 0.8 points is modest. Only 2 of 10 patients had HbA1c below 7% at six months, and 5 of 10 were still at 9% or above. Homoeopathy in this series appears at best a possible adjunct; it was not shown to bring patients to target [4]. The Hong Kong and Indian practice data also describe homoeopathy as an add-on to conventional treatment [5,11].

The wider evidence. The evidence base is limited and disputed [13,14]. The randomised data on remedies for diabetes and its complications are small, and short trials may be too brief for HbA1c to move [15,18]. Practitioner-perception data [5] and retrospective series such as this one cannot replace randomised comparison.

Potency. We could not find comparable LM 0/1 data. Since the only Acidum phosphoricum cohort used 30C [10] and our patients all received LM 0/1, potency effects cannot be compared.

Limitations. (1) Very small sample ($n = 10$) and wide confidence intervals; (2) no control group; (3) HbA1c only, with no fasting or post-prandial glucose, weight, symptoms or quality of life; (4) no record-based control of concurrent drugs, diet and activity; (5) possible selection and documentation bias in retrospective records, since 20 of 30 records were excluded for missing HbA1c and the 10 analysed may be patients who returned for testing; (6) no data on diabetes complications; (7) possible regression to the mean [20–22].

Strengths. Explicit record flow, objective laboratory endpoint, uniform six-month interval, same remedy and potency in all patients, and explicit reporting of every individual value.

10. SUMMARY OF FINDINGS

Of 30 records reviewed, 10 (6 male, 4 female; mean age 44.3 years; diabetes duration 2 to 10 years, mean 5.2) had HbA1c recorded before and after treatment. These patients, who received Acidum phosphoricum LM 0/1 together with dietary and lifestyle advice, had a mean HbA1c

of 9.68% before treatment and 8.87% after six months, a mean fall of 0.81 points (95% CI 0.33 to 1.29; $p = 0.004$). HbA1c fell in all ten, and the fall was greatest in patients with the highest baseline values. Two patients had HbA1c below 7% at six months.

11. CONCLUSION

In this retrospective case series, HbA1c decreased in all patients treated with Acidum phosphoricum LM 0/1 over six months. The size of the change was modest, and the uncontrolled design and small sample do not permit conclusions about efficacy. The finding is consistent in direction with a recent prospective Acidum phosphoricum cohort [10] and justifies a larger prospective, controlled study with documented concurrent therapy, diabetes duration, multiple glycaemic and quality-of-life endpoints, and pre-specified potency and repetition.

Recommendations. Prospective randomised or at least matched-controlled studies; larger samples; recording of concomitant anti-diabetic drugs; and follow-up beyond six months.

12. REFERENCES

1. International Diabetes Federation. IDF Diabetes Atlas. 11th ed. Brussels: International Diabetes Federation; 2025. Available from: <https://diabetesatlas.org/resources/idf-diabetes-atlas-2025/>
2. International Diabetes Federation. Over 250 million people worldwide unaware they have diabetes, according to new IDF research [Internet]. Bangkok: International Diabetes Federation; 2025 Apr 7 [cited 2026 Oct 15]. Available from: <https://idf.org/news-and-resources/news/idf-diabetes-atlas-11th-edition/>
3. American Diabetes Association Professional Practice Committee. 2. Diagnosis and classification of diabetes: Standards of Care in Diabetes—2025. *Diabetes Care*. 2025;48(Suppl 1):S27–49.
4. American Diabetes Association Professional Practice Committee. 6. Glycemic goals and hypoglycemia: Standards of Care in Diabetes—2025. *Diabetes Care*. 2025;48(Suppl 1):S128–45.
5. Varanasi R, Srivastava A, Kumar RTS, Bala R. Practice, prescription habits, experience and perception of Indian homeopathic practitioners in treatment of diabetes mellitus: an online observational study. *J Ayurveda Integr Med*. 2023;14(5):100787. doi:10.1016/j.jaim.2023.100787
6. Hahnemann S. *Organon of Medicine*. 6th ed. Boericke W, translator. Philadelphia:

- Boericke & Tafel; 1921.
7. Kent JT. Lectures on Homoeopathic Materia Medica. Reprint ed. New Delhi: B. Jain Publishers; 2004.
 8. Boericke W. Pocket Manual of Homoeopathic Materia Medica. 9th ed. New Delhi: B. Jain Publishers; 2005.
 9. Clarke JH. A Dictionary of Practical Materia Medica. Vols 1–3. London: Homoeopathic Publishing Company; 1900–1902.
 10. Babariya NKM, Dubey A. Constitutional phenotyping of Acidum phosphoricum in type 2 diabetes mellitus: a prospective cohort study. *The Bioscan*. 2026;21(2):966–79.
 11. To KLA, Fok YYY, Chong KCM, Lee YCJ, Yiu LSS. Individualized homeopathic treatment in addition to conventional treatment in type II diabetic patients in Hong Kong – a retrospective cohort study. *Homeopathy*. 2017;106(2):79–86.
doi:10.1016/j.homp.2017.02.002
 12. To KLA, Fok YYY, Lee YCJ, Yiu LSS, Chong M. Individualized homeopathic treatment in addition to conventional treatment in type-2 diabetic patients in Hong Kong: retrospective cohort study [oral abstract]. *Homeopathy*. 2018;107(Suppl 1).
doi:10.1055/s-0038-1633310
 13. Monami M, Silverii A, Mannucci E. Alternative treatment or alternative to treatment? A systematic review of randomized trials on homeopathic preparations for diabetes and obesity. *Acta Diabetol*. 2019;56(2):241–3.
 14. Gaertner K, Frass M. Comment on Monami et al. Alternative treatment or alternative to treatment? A systematic review of randomized trials on homeopathic preparations for diabetes and obesity. *Acta Diabetol*. 2019;56(2):245–6.
 15. Mehra P, Sharma B, Baig H, Raveendar C, Prasad RVR, Rao MP, et al. Efficacy of homoeopathic treatment for diabetic distal symmetric polyneuropathy: a multicentric randomized double-blind placebo-controlled clinical trial. *Explore (NY)*. 2021;17(5):417–23.
 16. Nayak C, Oberai P, Varanasi R, Baig H, Raveendar C, Reddy GRC, et al. A prospective multi-centric open clinical trial of homeopathy in diabetic distal symmetric polyneuropathy. *Homeopathy*. 2013;102(2):130–8.
 17. Pomposelli R, Piasere V, Andreoni C, Costini G, Tonini E, Spalluzzi A, et al. Observational study of homeopathic and conventional therapies in patients with diabetic polyneuropathy. *Homeopathy*. 2009;98(1):17–25.
 18. Govender S. A comparison of the effectiveness of two homoeopathic dosage forms of

- Momordica charantia in the treatment of type 2 diabetes mellitus in patients on metformin [master's thesis]. Durban: Durban University of Technology; 2012. Available from: <https://ir.dut.ac.za/handle/10321/753>
19. Clinical Trials Registry – India. A clinical approach to understand the miasmatic background of type II diabetes mellitus and its homoeopathic management. Registration No. CTRI/2024/06/069393 [Internet]. Available from: <https://ctri.nic.in>
 20. Euser AM, Zoccali C, Jager KJ, Dekker FW. Cohort studies: prospective versus retrospective. *Nephron Clin Pract*. 2009;113(3):c214–7.
 21. von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *Lancet*. 2007;370(9596):1453–7.
 22. Barnett AG, van der Pols JC, Dobson AJ. Regression to the mean: what it is and how to deal with it. *Int J Epidemiol*. 2005;34(1):215–20.