IJAYUSH
International Journal of AYUSH
AYURVEDA, YOGA, UNANI, SIDDHA AND HOMEOPATHY
http://internationaljournal.org.in/journal/index.php/ijayush/

International Journal
Panacea
Research library
ISSN: 2349 7025

Original Research Article | Volume 15 Issue 07 | July 2026

HOMEOPATHIC APPROACH IN THE MANAGEMENT OF INSULIN RESISTANCE: A CASE REPORT AT DR BATRA'S

***Dr. Prithivi Madhumitha S[1], Dr Pranita Patil[2]**

[1]Chief Homeopathic Consultant, Branch name: Alwarpet, Chennai.

Dr Batra's Positive Health Clinic Pvt. Ltd., Qualification: BHMS. Dip in Yoga.

*Corresponding Author's Email id: chc-alwarpet@drbatras.com . prithivihomoeo@gmail.com, Mobile: 9025697742

[2]Mentor – Bfit & Suga Control

Dr Batra's Positive Health Clinic- Sakinaka

Qualification: B.H.M.S.BA psychology, Diploma clinical research and patent.

Email id: drpranita.patil@drbatras.com, Phone: 9833734402

Abstract

Diabetes mellitus is a chronic metabolic disorder characterized by persistent hyperglycemia due to defects in insulin secretion, insulin action, or both. The condition is associated with multiple complications including cardiovascular diseases, renal impairment, neuropathy, and retinopathy, which significantly impact quality of life. Conventional management largely depends on pharmacotherapy and lifestyle modification, homeopathy offers a holistic approach by addressing not only the metabolic derangement but also the mental, emotional, and constitutional aspects of the patient. In this case study, there was gradual normalization of menstrual cycles, reduction in weight, improved glycemic control, and better general well-being. This highlights the potential role of homeopathy in managing chronic metabolic and hormonal disturbances, especially when integrated with dietary regulation and physical activity at Dr Batra's

Keywords: Diabetes mellitus; Homeopathy; Dr Batra's

Introduction

Diabetes mellitus (DM) is a complex chronic disorder characterized by hyperglycemia resulting from impaired insulin secretion, insulin action, or both (1). The global burden of diabetes is increasing at an alarming rate, with an estimated 537 million adults affected worldwide in 2021, projected to rise to 783 million by 2045 (2). It is a major cause of morbidity and mortality due to its association with long-term complications such as cardiovascular disease, nephropathy, retinopathy, and neuropathy (3). The disease arises from a combination of genetic, environmental, and lifestyle factors. Obesity, sedentary behavior, poor dietary habits, and stress are among the leading contributors (4). Clinical features include polyuria, polydipsia, polyphagia, fatigue, recurrent infections, delayed wound healing, and in women, menstrual disturbances (5). If uncontrolled, diabetes can result in severe complications including diabetic ketoacidosis, renal failure, neuropathic pain, and vascular events (6). Conventional treatment options involve oral hypoglycemic agents, insulin therapy, and lifestyle modification. However, many patients seek complementary systems of medicine to minimize side effects and to address the disease holistically. Homeopathy, with its individualized approach, offers a therapeutic modality that considers the physical, emotional, and mental aspects of the patient, thereby aiming at restoring balance and improving overall quality of life (7).

Case Profile

A 20-year-old college student presented with complaints of delayed menses, progressive weight gain, and increased thirst. She was obese with a BMI of 28.8 and had been noted to have elevated blood sugar levels for nearly a year. Recently, investigations revealed uncontrolled diabetes with HbA1c at 11.6%, fasting blood sugar of 252 mg/dl, and postprandial sugar of 305 mg/dl. She also experienced irregular menstrual cycles, often delayed, which added to her concern. Alongside these issues, she reported fatigue, difficulty maintaining weight, and features of insulin resistance. Considering her age and long-term side-effects of conventional medications, she preferred a homeopathic approach, combined with lifestyle modifications. She sincerely adhered to a structured programme that included constitutional and specific homeopathic medicines, a balanced diet, regular physical activity, and adequate hydration. Over time, she incorporated daily walking, later progressing to regular gym workouts about 5–6 times per week. She consciously avoided sweets,

maintained timely and limited food intake, and ensured adequate water consumption. Her sleep remained satisfactory, and bowel habits were regular. Within three months, she demonstrated significant improvement—her weight reduced by 5 kg, her HbA1c dropped from 11.6% to 5.7%, and her menstrual cycles, which had been irregular, became regular with normal flow. Triglyceride levels, which were previously elevated, also reduced. Her general well-being improved, and she reported satisfaction with her progress. Importantly, her dependence on allopathic medications reduced, and she was able to maintain normal sugar values with the integrated programme. This case highlights how individualized homeopathic care, along with consistent lifestyle changes, can play a significant role in managing PCOS, obesity, and diabetes in young adults.

Physical Generals

Diet – Balanced, with occasional preference for pasta, noodles, chips (Lays, Kurkure).
Appetite – Normal.
Desires – Chicken, spicy food.
Aversions – Egg, radish, pineapple.
Thirst – Normal, prefers normal water, consumes 2–3 liters/day.
Stools – Regular.
Urine – Normal.
Perspiration – Normal in quantity, non-offensive, no staining.
Thermal reaction – Hot patient; prefers covering.
Sleep – Refreshing, 6–7 hours/day, mostly on left side. Dreams of falling.
Bathing – No marked peculiarities.
Seasonal preference – No particular preference noted.

Activity Level: Active

Exercise Routine: 5 days/week, mainly cardio at gym

Meals: 3 per day, breakfast sometimes skipped

Particulars – Perspiration noticed over nose tip and face.

Female History

- **Menstrual cycle** – Irregular since menarche, occurring every 30–40 days.

- **Duration of flow** – 3–5 days.
- **Character of flow** – Normal.

General Physical Examination

- **Height:** 154 cm
- **Weight:** 72.5 kg
- **BMI:** 30.57 kg/m^2 → Obese Class I
- **Waist Circumference:** 110 cm
- **Pulse:** 85/min, regular
- **Blood Pressure:** 120/80 mmHg
- **Oxygen Saturation (SpO_2):** 99%
- **Random Blood Sugar:** 335 mg/dl
- **Respiratory Examination:** Chest clear, no added sounds

Body Composition Analysis

- **Body Fat %:** 41.5% (high)
- **Visceral Fat %:** 8%
- **Muscle Mass:** 39.6 kg
- **Bone Mass:** 2.5 kg
- **Water %:** 42.5%
- **Basal Metabolic Rate (BMR):** 1385 kcal/day
- **Metabolic Age:** 45 years
- **Physique Rating:** 3 (Obese category)
- **Peak Flow Rate (PFR):** 280 L/min

Mental Generals –

She was born as a preterm twin at eight months of gestation through LSCS, with a birth weight of 2.3 kg, while her twin brother weighed 1.8 kg. Her milestones were normal, and she was a

chubby child since early years. Spectacles were prescribed at the age of seven when she developed refractive error. She grew up in Chennai in a joint family, living with her grandparents, twin brother, and father, while her mother, who works as a Judge, has been a strong influence in her life. Her childhood was generally happy, with average scholastic performance and friendly relations with teachers and classmates, though she experienced occasional episodes of being sensitive to scolding and high expectations at home. She describes herself as calm, preferring to spend time alone in a closed room, and has a few close friends with whom she feels comfortable. Her bond with her twin brother is strong, and she often shares her feelings with him.

She is currently pursuing Law in her fourth year, inspired by her mother's profession, and maintains around 80% academic performance. She considers herself moderately confident, with occasional anxiety during examinations or while awaiting results. Anger arises easily within the family environment, particularly toward her grandmother, brother, and mother, though she rarely expresses it outside the home. She tends to become emotional when reprimanded by her mother or when confronted with personal health issues, especially her high blood sugar levels, which once moved her to tears. The saddest moments in her life were when her grandmother faced health issues and when a pet cat died in 2014, both of which left a deep impression. Her happiest experiences are simple but meaningful, such as birthday surprises, outings with friends, and special moments during college life.

She describes herself as calm but slightly short-tempered at times, easily irritated but quick to recover. She seeks appreciation, enjoys recognition, and has a strong need for power and achievement. Her fears include dogs and concerns about her health, especially regarding diabetes. Hobbies in the past and present include drawing, painting, and reading novels or thrillers, which provide her relaxation. She identifies as more of a "day person," managing stress well, and finds joy in food, social gatherings, and creative activities. Dreams often revolve around her ambition of becoming a Judge, reflecting her admiration for her mother and her own aspirations to achieve authority and respect in society.

Past History **N.S.**

Family History

Father – Diabetic mellitus.

Mother – Hypertension and thyroid disorder.

Case analysis Repertorial totality

Repertory used	Rubrics selected
Synthesis Repertory	MIND - ANXIETY - health; about MIND - FEAR - dogs, of MIND - DELUSIONS - appreciated, she is not FEMALE GENITALIA/SEX - MENSES – irregular GENERALS - FOOD and DRINKS - chicken – desire GENERALS - OBESITY - young people; in URINE – SUGAR GENERALS - HYPERLIPIDEMIA

Repertory screenshot

Remedies	sulph.	calc.	nat-m.	lyc.	nux-v.	phos.	lach.	carc.	puls.	thuj.	calc-p.	arg-n.	bell.	kreos.	med.	sil.	kali-p.	merc.	plat.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	7	6	6	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4
Intensity	9	8	6	10	9	9	8	7	7	7	5	8	8	6	6	6	5	4	4
Result	7/9	6/8	6/6	5/10	5/9	5/9	5/8	5/7	5/7	5/7	5/5	4/8	4/8	4/6	4/6	4/6	4/5	4/4	4/4
Clipboard 6																			
MIND - ANXIETY - health; about	1	2	1	3	3	2	2	2	2	1	1	3	1	1	2	1	1	1	1
MIND - FEAR - dogs, of	1	1	1	1		1	1	1	2		1		4		1	1		1	1
MIND - DELUSIONS - appreciated, she is not	1		1					2	1	2		1							1
FEMALE GENITALIA/SEX - MENSES - irregular	2	2	1	2	2	1	2		1	1	1	3	2	2		2	1	1	1
GENERALS - FOOD and DRINKS - chicken - desire	1		1		1	2		1	1		1			1			1		
GENERALS - OBESITY - young people; in		1					1												
URINE - SUGAR	2	1	1	3	2	3	2	1		2	1	1	1	2	2	2	2	1	
GENERALS - HYPERLIPIDEMIA	1	1		1	1					1					1				

Selection of Remedy

Constitutional Remedy

- **Remedy Name:** Calcarea carbonica
- **Remedy Potency:** 200C
- **Remedy Dose:** Single dose, followed by placebo as required
- **Reason:** Patient was a premature baby, has a tendency to gain weight easily, craves eggs/chicken/spicy foods, has fear of health issues, seeks appreciation, and shows a calm but sensitive personality—all pointing toward the Calcarea carb constitution.

Acute/Supportive Remedy

- **Remedy Name:** Insulinum
- **Remedy Potency:** 3X
- **Remedy Dose:** Repeated as per acute requirement
- **Reason:** To address uncontrolled diabetes, reduce blood sugar levels, and support regulation of carbohydrate metabolism in the acute phase.

Intercurrent Remedy (Miasmatic)

- **Remedy Name:** Sulphur
- **Remedy Potency:** 200C
- **Remedy Dose:** Single dose, given intercurrently as required
- **Reason:** To clear the underlying psoric miasm, improve responsiveness to constitutional treatment, and address metabolic disturbances such as obesity and insulin resistance.

Miasmatic Approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Mind – Anxiety about health	✓			
Mind – Fear of dogs	✓			

Mind – Delusion: not appreciated	✓			
Female – Menses irregular		✓		
Generals – Desire for chicken	✓			
Generals – Obesity in young people		✓		
Urine – Sugar (Diabetes)		✓		
Generals – Hyperlipidemia		✓		

Materials and Methods

Synthesis repertory was used for repertorization

Results – Month-wise Follow-up Progress

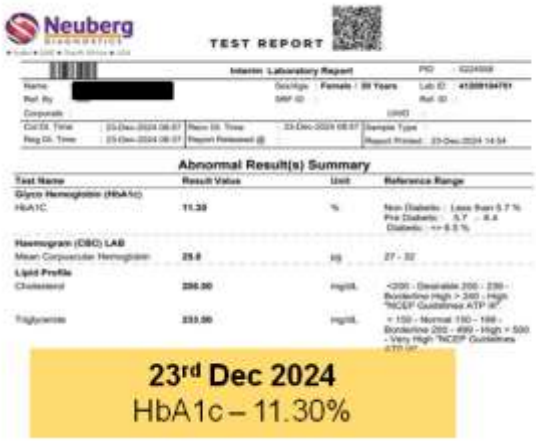
Month	Progress	Prescription
1st Month	Patient began B-Fit sugar control programme with regular walking, timely diet, limited food, avoiding sweets. Sleep and bowels regular. No major changes felt initially.	**Insulinum 3X** – 2 tab, twice daily; **Calcarea carb 200C** – one dose weekly; **Sac-lac** – daily placebo
2nd Month	Weight 70 kg. Fasting blood sugar improved (87 mg/dl at home). Began gym 5–6 days/week, maintained diet and hydration. Menses after 40 days, normal flow 3–4 days.	Same as above
3rd Month	Weight maintained at 70 kg. FBS 115, PPBS 120. Regular gym, proper diet, good sleep.	Insulinum 3X + Calcarea carb 200C (weekly single dose) + Sac-lac
4th Month	Weight reduced to 68.6 kg. Appetite and thirst normal. Menses became regular. Reported weight loss and improved well-being.	Insulinum 3X + Calcarea carb 200C (weekly)
5th Month	HbA1c reduced from 11.1% to 5.7%. Triglycerides dropped from 233 → 197 mg/dl. Weight 68 kg. Menstrual cycle regular.	Same prescription, continued Vit D supplements

6th Month	Weight reduced further. Patient continued B-Fit regimen, diet, and exercise. Sugar values steadily improving. Menses regular.	Calcarea carb 200C (weekly) + Insulinum 3X
7th Month	Weight 64 kg, BP 107/67 mmHg. General health good. Patient satisfied with progress. Continued gym and B-Fit medicines regularly.	Same prescription
8th Month	Weight 62.9 kg, BP 106/72 mmHg. Menses regular, no complaints. Patient stopped allopathic medicines for diabetes. Mental state calm, stress-free during internship.	Calcarea carb 200C (weekly) + Insulinum 3X (tapered gradually), Sac-lac
9th–12th Month	Maintained weight reduction and glycemic control. Menstrual cycles regular, overall health improved. Continued to follow diet, gym, and homeopathic medicines with discipline.	Intercurrent **Sulphur 200C** single dose was considered during follow-up to clear miasmatic block and sustain long-term improvement.

Discussion & Conclusion

The patient presented with long-standing complaints of irregular menses, weight gain, and raised blood sugar levels. Along with these physical concerns, she also expressed anxiety about her health and a strong need for appreciation, which influenced her overall well-being. The case was approached from a holistic perspective, taking into account her physical symptoms, mental tendencies, and emotional makeup. Homeopathic management was directed toward addressing her constitutional state as well as the acute metabolic imbalance. Alongside this, guidance on diet, exercise, and general lifestyle regulation was provided to support the treatment process. Over the course of follow-up, significant improvements were observed. Her menstrual cycles became regular, blood sugar levels returned to normal, and weight showed steady reduction. She also experienced better confidence, reduced anxiety regarding health, and a more balanced emotional state. This case demonstrates how individualized homeopathic treatment, when combined with supportive lifestyle measures, can bring about marked improvement in chronic conditions with hormonal and metabolic disturbances. By addressing both the internal susceptibility and the external maintaining factors, the patient was able to achieve stab-ility, improved quality of life, and long-term relief without dependence on conventional medicines.

The transformation



Transformation

Complaint	Baseline	After Homeopathic Management
Weight	71 kg, BMI 28.8 (Obese)	64 kg
HbA1c	11.3%	5.8%
Menstrual Cycle	Delayed and irregular	Regular
PCOS	Insulin resistance, weight gain, metabolic imbalance	Improved insulin sensitivity and weight management
Overall	Anxiety about health, low confidence	More confident, emotionally stable

Acknowledgments

I take this opportunity to thank those who have helped and supported me personally and professionally during this case study.

References

1. American Diabetes Association. Diagnosis and classification of diabetes mellitus. Diabetes Care. 2014;37(Suppl 1):S81-S90.
2. International Diabetes Federation. IDF Diabetes Atlas. 10th ed. Brussels (Belgium): International Diabetes Federation; 2021.
3. Zheng Y, Ley SH, Hu FB. Global aetiology and epidemiology of type 2 diabetes mellitus

and its complications. Nat Rev Endocrinol. 2018;14(2):88-98.

4. Hu FB. Globalization of diabetes: the role of diet, lifestyle, and genes. Diabetes Care. 2011;34(6):1249-1257.
5. Kumar P, Clark M. Kumar and Clark's Clinical Medicine. 9th ed. London: Elsevier; 2017.
6. Powers AC. Diabetes mellitus: complications. In: Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J, editors. Harrison's Principles of Internal Medicine. 20th ed. New York: McGraw-Hill Education; 2018.
7. Bell IR, Koithan M, Stricker NH. Homeopathy and integrative medicine: Keeping an open mind. J Altern Complement Med. 2012;18(3):213-215.