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The Impact of Emblica Officinalis in Reducing HbA1c Values in Type II Diabetes Mellitus: A Case Report

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ABSTRACT

Background: Diabetes mellitus is a chronic metabolic disorder whose symptoms of fatigue, polyuria, polyphagia, slow wound healing and distal paraesthesia reduce a patient's quality of life and may signal progression towards complications. Individualised homoeopathic prescribing is sought by many patients as a complementary approach.

Case Presentation: A 55-year-old postmenopausal woman presented with persistent fatigue and heaviness of the body for 8 months, delayed healing of minor cuts and cracks on the feet, tingling and numbness of the toes for 6 months, increased appetite with weakness soon after eating, and frequent urination by day and night. The mental generals showed irritability when disturbed during work, an impatient and hurried personality, anxiety about financial stability and intolerance of contradiction. She was a hot patient with desire for sweets and orange candies; profuse perspiration on the scalp and neck.

Intervention: The patient was prescribed Emblica officinalis Q 10 drops in lukewarm water three times a day as a therapeutic approach, which is known for its anti-diabetic properties and ability to reduce blood glucose levels by inhibiting aldose reductase.

Outcome: Over six follow ups, fatigue, tingling and numbness, appetite and urinary frequency improved progressively. By the last visit weakness had resolved, urination normalised and the cuts on the feet had healed.

Conclusion: This case report highlights the clinical application of Emblica officinalis Mother tincture in the reduction of HbA1c levels to normal in diabetes mellitus type II. The patient experienced significant relief in symptoms over-time, with the post treatment HbA1c report indicating values falling under normal range, suggesting potential efficacy of this homoeopathic remedy.

INTRODUCTION:

Diabetes mellitus is a heterogeneous, chronic metabolic disorder characterized by persistent hyperglycaemia resulting from impaired insulin secretion, reduced insulin sensitivity or a combination of both. Type 2 diabetes mellitus, the predominant clinical subtype, involves a complex interplay of insulin resistance, progressive pancreatic beta-cell dysfunction and dysregulated glucose homeostasis. These metabolic disturbances are influenced by genetic susceptibility, nutritional patterns, physical inactivity and other environmental determinants. Sustained hyperglycaemia contributes to progressive microvascular and macrovascular damage, increasing the risk of retinopathy, nephropathy, neuropathy and cardiovascular disease. Consequently, effective glycaemic management remains central to reducing disease progression and long-term complications, highlighting the need for therapeutic approaches supported by robust clinical evidence. ^[1,2]

CASE PRESENTATION:

A 55-year-old woman reported on 29.10.2025 at OPD of Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur presented with persistent fatigue and heaviness in the body for 8 months along with tingling and numbness in the toes for 6 months. There was delayed healing of minor cuts and cracks, especially on the feet. There was increased appetite with weakness soon after eating. Frequent urination day and night.

PAST HISTORY:

Nothing significant

MENTAL GENERALS:

She gets irritable when disturbed during or in between her work. Very impatient and hurried personality. She gets very anxious about financial stability. Unable to tolerate contradiction.

PHYSICAL GENERALS:

Appetite: increased; feels hungry every 2 hours

Thirst: moderate (2-3 litres/day)

Desires: sweets, orange candy

Aversions: nothing specific

Stool: once in a day in morning, satisfactory

Urine: frequent day and night (D₁₂₋₁₅ N₄₋₅)

Perspiration: profuse on scalp and neck

Sleep: disturbed due to frequent urination

Thermal reaction: Hot

FAMILY HISTORY: No significant history of diabetes mellitus, hypertension, endocrine disorders, or any other. His father and mother both died due to heart attack.

MENSTRUAL HISTORY: menopause attained at 42 years of age

OBSTETRIC HISTORY: G1P1A0L1 (one living female child)

GENERAL EXAMINATION:

- Conscious
- General Appearance: good, well nourished
- General built up: robust and firm
- Height :158 cm; Weight: 54 kg; BMI: 21.6 kg/m²
- Oedema: absent; Anaemia: absent
- Nails: healthy, pinkish-white; Skin: clean, healthy
- Gait: proper
- Blood Pressure: 124/80 mmHg; Pulse: 69 bpm

INVESTIGATIONS:

SHIVAM DIABETIC CENTRE
 3-4, Dishaad Nagar, Disha, Alapour Bus Stand, Bangalore - Jaipur • Mob: 9448327080, 9419237119
 mail: shivamdiabeticcenter2011@gmail.com

Patient: [Redacted] Age: 55 Years Sex: Female
 Ref No: Self Ring No: 30405 Date: 15/10/2025

HAEMATOLOGY
GLYCOSYLATED HEMOGLOBIN (HbA1c)

TEST NAME	TEST RESULT	REFERENCE RANGE
GLYCOSYLATED HAEMOGLOBIN (HbA1c)	8.3 %	4.5 - 6.5 %
ESTIMATED AVERAGE GLUCOSE (eAG)	192 mg/dl	
GLYCOSYLATED HAEMOGLOBIN (HbA1c) (Methodology: HPLC)		
Good Control	5.75 - 7.0	
Fair Control	7.1 - 9.0	
Poor Control	> 9.0	

ESTIMATED AVERAGE GLUCOSE (eAG) (Methodology: Calculated)

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Notes: If variant hemoglobin is observed in HbA1c HPLC screen, HbA1c levels may not truly represent in vivo condition. In such condition HbA1c analysis by HPLC may not be the method of choice. You are advised to consult referring physician and discuss the alternative tests as suggested below.

Advised:

- To follow patient for glycaemic control test like fructosamine or glycated albumin may be performed instead.
- Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.

Estimated Average Glucose (eAG) based on value calculated according to National Glycohemoglobin Standardization Program (NGSP) criteria.

Test performed by Instrument: FIA

#Report End#

Figure: Figure: HbA1c VALUES (8.3%) – BEFORE TREATMENT

TOTALITY OF SYMPTOMS:

- Irritability when disturbed
- Hurried
- Impatient
- Intolerant of contradiction
- Increased appetite, feels hungry soon after eating
- Desire sweets
- Frequent urination day and night
- Numbness and tingling in toes
- Cracks in feet
- Persistent weariness and heaviness
- Profuse perspiration on neck and scalp

PRESCRIPTION:

Rx

EMBLICA OFFICINALIS Q/ TDS (10 DROPS IN HALF CUP OF LUKEWARM

WATER)/ 15 DAYS

RUBRUM 30/ TDS/ 15 DAYS

ADVICE: Strict avoidance of foods rich in carbs and starch such as rice and potatoes. 45 minutes of walk every early morning with 20 minutes of yoga and exercise. 15-20 minutes of slow and small walks after every meal. Adding salads (cucumbers, carrots, tomatoes), soaked nuts, vitamin C rich fruits (oranges, berries, guava, melons) in diet. A cup of bitter gourd juice every morning empty stomach. Chewing 5-6 newly grown neem leaves every morning empty stomach. Intake of light meals such as poha, upma, daliya, oats in diet as breakfast.

JUSTIFICATION OF SELECTION OF MEDICINE:

Homoeopathically, Emblica officinalis mother tincture has been shown to be effective in treating diabetes and reducing glucose levels. The studies showed emblica found beneficial in delaying diabetes. It has proved as an important inhibitor of Aldose reductase, since aldose reductase, has its involvement in development of secondary complications of diabetes including cataract. Oral administration of extracts of emblica reduced the blood sugar level within 4 hours when administered to alloxan diabetic rats.^[3,4]

FOLLOW-UP SUMMARY:

DATE	OBSERVATION AND PROGRESS	PRESCRIPTION
12.11.2025	Slight improvement in fatigue. Tingling sensation is less intense than before. Appetite became more stable. No improvement in urination frequency	Rx • EMBLICA OFFICINALIS Q/TDS/15 DAYS • RUBRUM 30/TDS/15 DAYS
26.11.2025	Better stamina felt during work. Tingling and numbness reduced. Slight reduction in urinal frequency (D ₁₀₋₁₂ N ₃₋₄)	Rx RUBRUM 30/TDS/15 DAYS
10.12.2025	Tingling and numbness of toes markedly relieved. Cuts and cracks on foot started healing. Patient feels active than before and has become less irritable.	Rx RUBRUM 30/TDS/15 DAYS
24.12.2025	Energy improved significantly. Sleep quantity improved as frequency of urination. Appetite became stable even after eating. Sleep quality improved as urinal frequency is reduced and normalised (N ₁₋₂ D ₈₋₁₀)	Rx RUBRUM 30/TDS/15 DAYS
7.1.2026	Tingling and numbness sensation almost relieved. Patient able to stand longer at work without fatigue. Appetite became stable and hunger levels normalised even after eating. Urination frequency became stable (D ₆₋₈ N ₀₋₁). Cuts and cracks on foot healed.	Rx RUBRUM 30/TDS/15 DAYS
21.1.2026	No new complaints. Normal daily activity resumed without fatigue and weakness. Appetite became stable (2-3 chapatis with dal and sabzi per meal; 2 meals in a day; fruits and salads in breakfast). Sleep improved. Cuts and cracks on foot completely healed.	NO REPETITION OF MEDICINE WITH CLOSING OF CASE

SHIVAM DIAGNOSTIC CENTRE
 2nd, Doddaiah Nagar, Opp: Marigold Bus Stand, Bangalore, Jyapur - Mob: 9885228885, 9885221119
 E-mail: shivamdiagnosticcentre@gmail.com

Patient: [REDACTED] Age: 55 Years Sex: Female
 Ref No: [REDACTED] Reg No: 30401 Date: 18/01/2026

HAEMATOLOGY

GLYCOSYLATED HEMOGLOBIN (HbA1c)

TEST NAME	TEST RESULT	REFERENCE RANGE
GLYCOSYLATED HAEMOGLOBIN (HbA1c)	5.1%	4.5 - 6.5%
ESTIMATED AVERAGE GLUCOSE (eAG)	100 mg/dl	
GLYCOSYLATED HAEMOGLOBIN (HbA1c) (Methodology: HPLC)		
Good Control	5.75 - 7.0	
Poor Control	7.1 - 9.0	
Poor Control	> 9.0	

ESTIMATED AVERAGE GLUCOSE (eAG) (Methodology: Calculated)

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycaemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycaemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

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Test performed by Instrument: FIA

#Report End#

Dr. Nishu Agri

Figure: HbA1c VALUES (5.1%) – AFTER TREATMENT

DISCUSSION:

Following totality of the symptoms, Emblica officinalis mother tincture was administered for therapeutic purposes. Follow ups were conducted at regular intervals and symptoms were noted. The patient's symptoms improved, and the post HbA1c values revealed reduction of the same to the normal range. Emblica officinalis when prescribed has shown encouraging benefits in reducing HbA1c levels to the normal range. This case report not only broadens our understanding of this medicine, but also expands its clinical applications in the realm of homoeopathy. In the future, more rigorous exploratory investigations can be conducted to validate the results of Emblica officinalis.

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