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LONGITUDINAL CHANGES IN FASTING AND POSTPRANDIAL BLOODGLUCOSE DURING INDIVIDUALIZED TREATMENT WITHPOTENTISED BROMIUM: A CASE REPORT

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ABSTRACT: **Introduction -** Type 2 diabetes mellitus is a chronic metabolic disorder characterized by persistent hyperglycaemia and requires individualized management and regular monitoring of glycaemic control. Bromium is traditionally described in homoeopathic material medica as having an affinity for glandular tissues but literature suggesting glycemic control of bromium is sparse. This case report describes changes in glycaemic parameters observed during individualized homoeopathic management with potentised Bromium in a patient with established type 2 diabetes mellitus. Patient **Symptoms** - A 64-year-old male, a known case of type 2 diabetes mellitus since 2015, presented with general weakness, excessive daytime sleepiness, easy fatigability after exertion, dry cracked heels, and itching over both lower limbs extending to the feet. He reported progressive weight loss despite a good appetite and was sensitive to cold weather. Characteristic mental symptoms included irritability, fastidiousness, desire for solitude, reluctance to share emotions, weakness of memory, and an adamant disposition. He also had thyroid abnormalities, including suppressed TSH, elevated free T3 and free T4, and multi-nodular goitre with thyroid nodules.

Intervention - Based on the totality of symptoms and the associated thyroid pathology, individualized treatment with potentised Bromium 200 was prescribed. Bromium 200 was administered during selected follow-up periods, while Sac Lac was prescribed during periods of symptomatic improvement. Fasting blood sugar (FBS) and postprandial blood sugar (PPBS) were documented longitudinally.

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Outcomes - At baseline, FBS was 145 mg/dL and PPBS was 195 mg/dL. Following initiation of Bromium 200, FBS and PPBS decreased to 95 mg/dL and 117 mg/dL, respectively, by 31 December 2025. Subsequent fluctuations were observed, including an increase to 166 mg/dL and 281 mg/dL on 26 March 2026. By the final recorded follow-up on 28 May 2026, FBS was 83 mg/dL and PPBS was 90 mg/dL. Overall, FBS decreased by 42.76% and PPBS by 53.85% from baseline. The modified Naranjo criteria score documented in the case was 8.

Conclusion -This case documents longitudinal changes in fasting and postprandial blood glucose during individualized homoeopathic management with potentised Bromium. The observed temporal association between treatment and changes in glycaemic parameters is clinically noteworthy; however, it cannot establish a causal glucose-lowering effect of Bromium. The case should therefore be considered a hypothesis-generating clinical observation. Further prospective controlled studies with standardized HbA1c assessment and systematic documentation of dietary, physical activity, medication, adherence, and other metabolic factors are required to determine whether similar observations are reproducible.

INTRODUCTION

Diabetes mellitus (DM) is a chronic metabolic disorder characterized by persistent hyperglycaemia resulting from abnormalities in insulin secretion, insulin action, or both. It represents a major global health problem and is associated with progressive metabolic, vascular, and neurological complications. The diagnosis of diabetes mellitus is established using standardized biochemical criteria.[1] Effective management generally requires an individualized approach incorporating dietary modification, physical activity, pharmacological therapy when indicated, and regular monitoring of glycaemic control.

Homoeopathy is a system of medicine in which the selection of medicines is based on the individual clinical presentation and the totality of characteristic symptoms. Homoeopathic medicines are commonly administered in potentised preparations produced through serial dilution and succussion. Within homoeopathic practice, *Bromium* is traditionally recognized as a medicine with a prominent affinity for glandular tissues and is selected according to the individual symptomatology of the patient.

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`The present case report describes a patient with diabetes mellitus in whom a reduction in blood glucose values was observed following individualized treatment with potentised *Bromium*. The case documents the patient's baseline clinical status, glycaemic parameters before and after intervention. The particular significance of this case lies in the relatively uncommon documentation of potentised *Bromium*in relation to glycaemic parameters. In classical homoeopathic materiamedica, *Bromium* is prominently recognized as an important glandular remedy. [2] But specific references relating *Bromium* to pancreatic function or disorders of glycaemic regulation appear comparatively sparse in the classical material medica literature. This distinction provides the clinical context for the present report: the observation of a reduction in blood glucose parameters following individualized administration of potentised *Bromium* represents a less frequently documented aspect of the remedy's reported clinical sphere. The case therefore provides an opportunity to examine the temporal relationship between administration of potentised *Bromium* and changes in glycaemic parameters.

PATIENT INFORMATION

A 64-year-old male (OP No- 12368), belonging to a middle socioeconomic status, attended the OPD with complaints of general weakness, excessive sleepiness, easy fatigability after exertion, dry cracked heels, and itching over both legs extending up to the feet. The patient reported progressive weight loss over the last two years despite having a good appetite. He is a known case of Type 2 Diabetes Mellitus since 2015 and has been only on homoeopathic treatment since then. He is sensitive to cold weather and experiences generalized weakness that affects his daily activities. The thyroid biochemical abnormalities were documented in the supplied laboratory reports (Figure 3), while ultrasonography and FNAC findings are shown in Figures 4 and 5, respectively.

Past History:

Road Traffic Accident (RTA) with head injury – 30 yrs ago

Chickenpox – 15 years ago

Chikungunya – 20 years back

COVID19 infection – 5 years back

Family History:

Younger sister – Thyroid disease

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Elder sister – Diabetes Mellitus

Second younger sister – Diabetes Mellitus

Brother – Allergy

Personal History

Marital Status: Married

Diet: Mixed (Non-vegetarian)

Exercise: Regular physical exercise for 45 minutes daily

Tea consumption: 4 times per day.

Physical Generals

Appetite: Good; takes food three times daily.

Bowel: Regular

Thirst: Good.

Urine: No complaints

Sleep: Good, but excessive sleepiness during daytime.

Perspiration**:** Generalized

Thermal Reaction: Chilly patient (sensitive to cold).

Desires: Tapioca,Sweets, Ice-cream.

Mental Generals

Easily angered

Fastidious

Does not share emotions

Desire for solitude

Weakness of memory

Adamant character, Sticks firmly to his decisions.

Clinical Findings

PHYSICAL EXAMINATION

General body built and nourishment – Good.

Pallor – Absent.

Jaundice – Not Icterus

Cyanosis -Absent.

Clubbing- Absent

Edema – Absent.

Lymphadenopathy -Absent.

Height: 165 cm

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Weight: 68 kg

BMI: 24.97 kg/m²

Local Examination

Dry and cracked heels present

Itching over both lower limbs extending up to the feet.

DIAGNOSTIC ASSESSMENT

The diagnostic assessment was based on the established history of type 2 diabetes mellitus, the documented fasting and postprandial blood glucose values, and the coexisting thyroid abnormalities. At baseline, the patient had fasting blood glucose of 145 mg/dL and postprandial blood glucose of 195 mg/dL. Concurrent thyroid evaluation demonstrated markedly suppressed TSH with elevated free T3 and free T4, while ultrasonography and FNAC documented multinodular thyroid disease and a colloid nodule, respectively (Figures 3–5). These findings supported the presence of established diabetes mellitus with concurrent thyroid pathology requiring clinical consideration during assessment and follow-up.

The principal differential considerations included thyroid-related metabolic effects as a contributor to the patient's weight loss, fatigue, and glycaemic variability, as well as other causes of hyperglycaemia. The history of diabetes mellitus since 2015 and the longitudinally documented fasting and postprandial glucose elevations were consistent with the previously established diagnosis of type 2 diabetes mellitus.

Investigation findings

Investigation	Date	Finding
FBS	15/12/25	145 mg/dl
PPBS	15/12/25	195 mg/dl
TSH	15/07/25	<0.005 µIU/ml.
Anti TPO	10/08/25	12.27 IU/ml
FBS	10/08/25	146.2 mg/dl (reported with anti-TPO test)
Free T3	22/08/25	5.51 pg/ml
Free T4	22/08/25	2.53 ng/dl
FNAC	23/08/25	Suggestive of colloid nodule [TBSRTC Category II]

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USG	11/08/25	Multinodular goitre in background of thyroiditis; TIRADS 1 nodules in both lobes. Solid hyperechoic nodule with peripheral curvilinear calcification – TIRADS IV nodule in right lobe. Solid hyperechoic nodule at junction of right lobe with isthmus – TIRADS III nodule
USG neck	16/02/26	Multinodular goitre with thyroiditis; right mid-pole TIRADS IV nodule; multiple TIRADS I nodules

Table 1. Investigation findings

Investigation Findings. The laboratory and diagnostic reports supplied for this case are reproduced below at the points where the corresponding findings are discussed.

The baseline glycaemic laboratory report documenting FBS 145 mg/dL and PPBS 195 mg/dL is presented in Figure 1. Additional serial glycaemic reports available in the source documents are presented in Figure 2B. The thyroid biochemical reports are shown in Figure 2A, the initial thyroid ultrasonography in Figure 3, and FNAC in Figure 5.

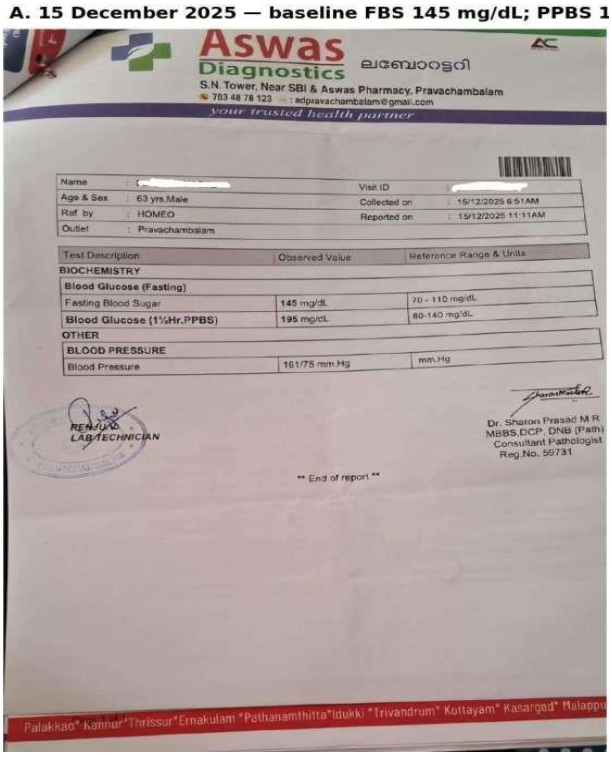


Figure 1. Baseline glycaemic laboratory report dated 15 December 2025, showing fasting blood sugar (FBS) 145 mg/dL and postprandial blood sugar (PPBS) 195 mg/dL.

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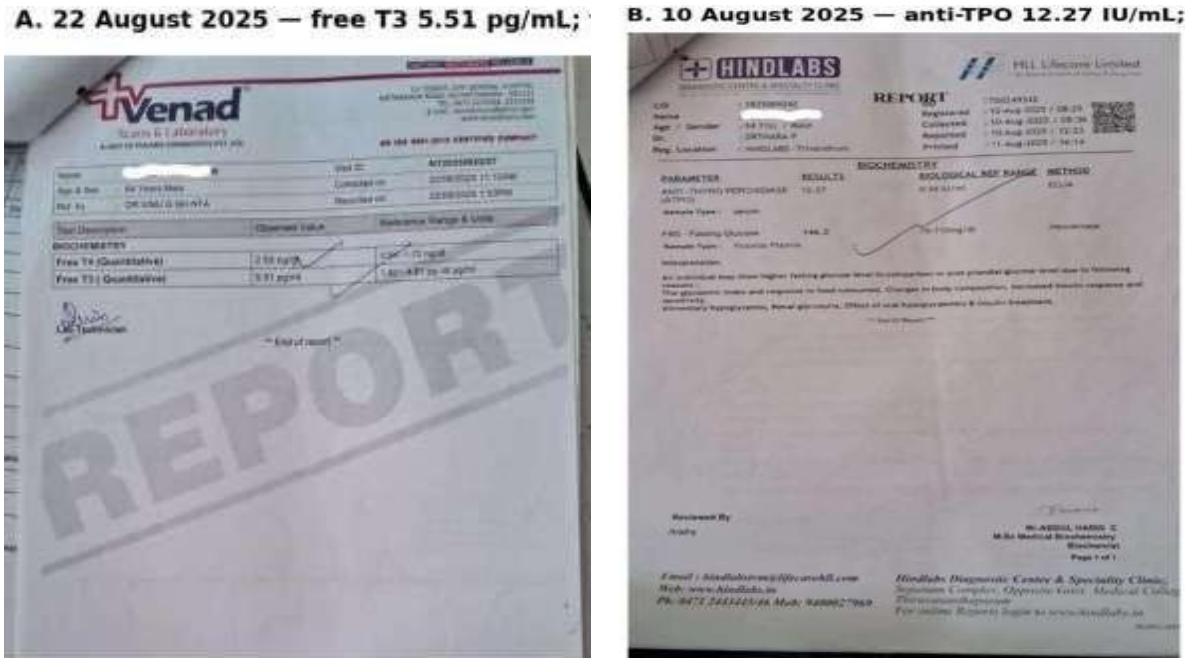


Figure 2. Thyroid biochemical laboratory reports: (A) free T3 5.51 pg/mL and free T4 2.53 ng/dL on 22 August 2025; (B) antiTPO 12.27 IU/mL and FBS 146.2 mg/dL on 10 August 2025.

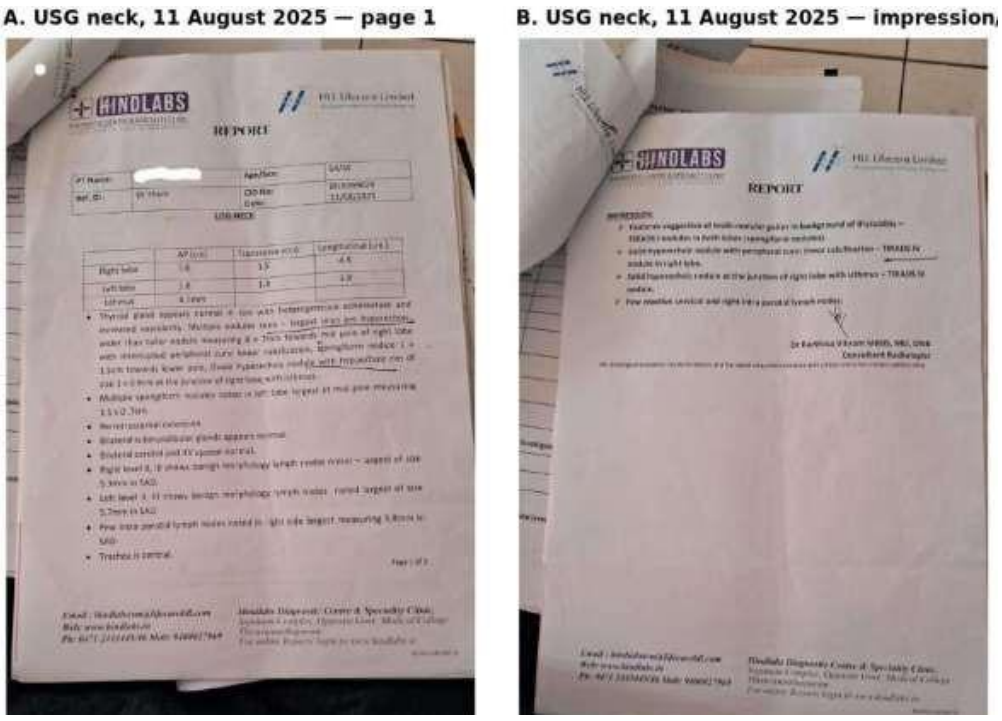


Figure 3. Initial ultrasonography of the neck dated 11 August 2025: (A) sonographic findings; (B) radiological impression describing multinodular goitre in the background of thyroiditis, with TIRADS IV and TIRADS III nodules.

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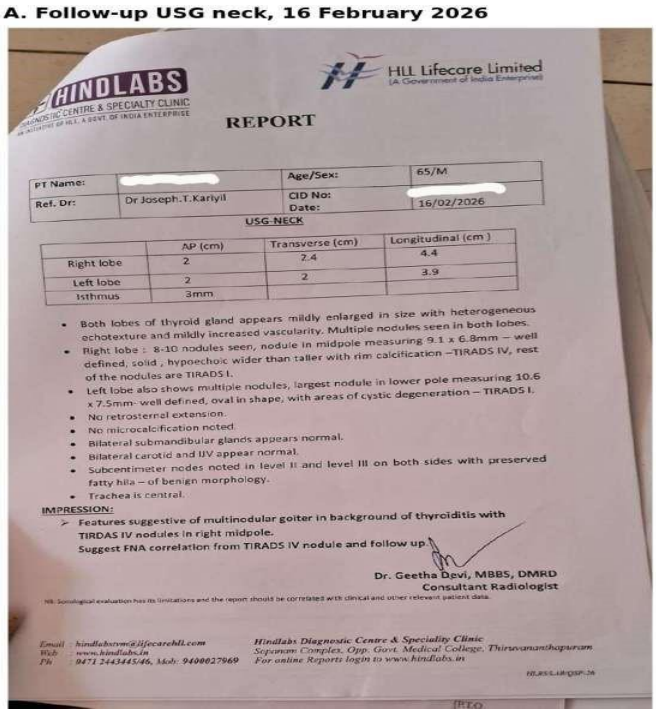


Figure 4. Follow-up ultrasonography of the neck dated 16 February 2026, showing multinodular goitre in the background of thyroiditis with a right mid-pole TIRADS IV nodule and other predominantly TIRADS I nodules.

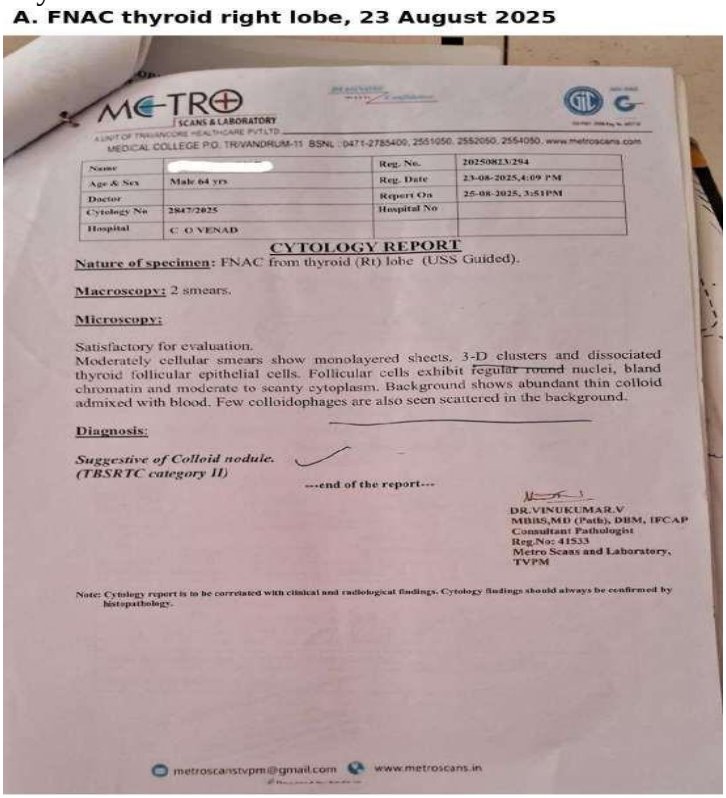


Figure 5. Fine-needle aspiration cytology (FNAC) of the right thyroid lobe dated 23 August 2025, reported as suggestive of a colloid nodule (TBSRTC category II).

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THERAPEUTIC INTERVENTIONS

The therapeutic intervention was individualized on the basis of the totality of characteristic symptoms and the associated thyroid pathology. The case record identifies Bromium as the selected remedy and documents its use as Bromium 200 during selected follow-up periods, with Sac Lac prescribed during periods of symptomatic improvement. The rationale for remedy selection was therefore based on the patient-specific symptom complex rather than on diabetes mellitus alone.

Totality of Symptoms

The symptoms considered was easily angered; weakness of memory; chilly thermal state; The associated thyroid pathology were also taken into consideration in the clinical assessment and remedy selection.

Repertorization Process

Prescription was based on the totality of symptoms and thyroid pathology.

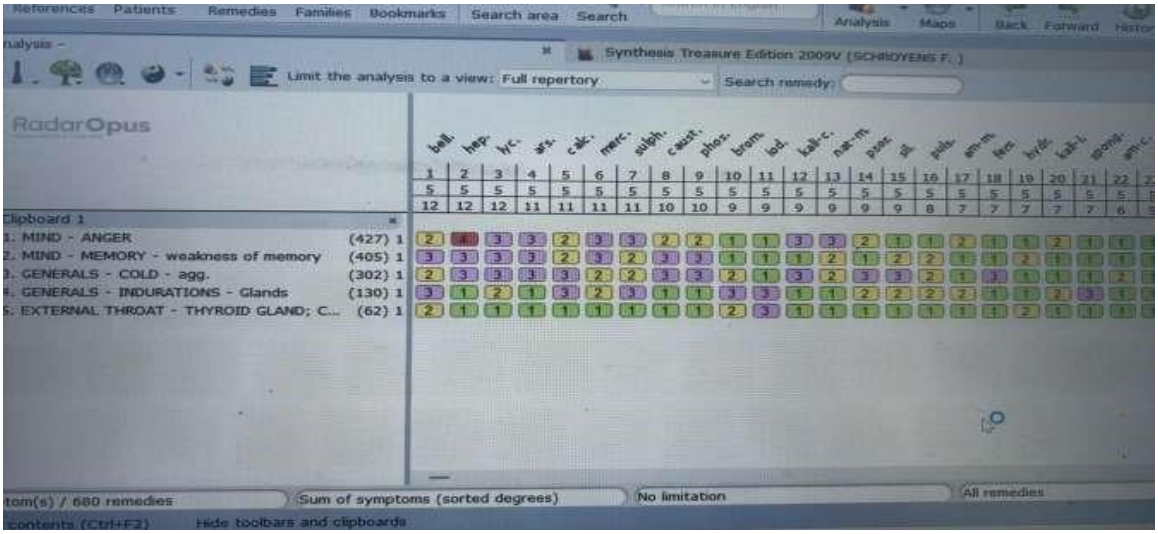


Figure 6. Repertorization chart showing the selected symptom rubrics and comparative remedy analysis used in the repertorization process.

Remedy Selection Rationale

Bromium was selected because the case totality was considered to correspond with the documented homoeopathic materiamedica profile of Bromium, particularly the glandular/thyroid involvement together with the individualizing constitutional and mental symptoms. The prescription of Bromium 200 CH /one Dose in SL. Orally was based on the totality of symptoms and thyroid pathology. Classical materiamedica sources describe Bromium in association with

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glandular enlargement and goitre, supporting the glandular component of the prescription [3,4]. This rationale concerns the homoeopathic basis of the prescription and should not be interpreted as evidence that Bromium has a demonstrated glucose-lowering pharmacological effect.

Potency, Dose, Scale, Galenic Form, Mode of Administration and Manufacturer

Bromium 200 CH; centesimal (CH) scale; dose, 1 Dose; galenic form, Bromium 200 CH given in Sac Lac; oral administration; pharmaceutical manufacturer, HOMCO. Sac Lac was also prescribed independently during selected follow-up periods, as documented in the treatment chronology.

FOLLOW UP AND OUTCOMES

Glycaemic parameters and treatment chronology

The original laboratory reports available for selected follow-up dates are reproduced in Figures 1 and 2. Follow-up neck ultrasonography on 16 February 2026 is shown in Figure 4.

Date	FBS (mg/dl)	PPBS (mg/dl)	Prescription
15/12/25	145	195	BROMIUM 200 CH/1D in SL, Orally
31/12/25	95	117	BROMIUM 200 CH/1D in SL, Orally
15/01/26	102	135	BROMIUM 200 CH/1D in SL, Orally
12/02/26	98	117	SAC LAC/2D (1-0-0) ,Orally
26/02/26	138	188	BROMIUM 200 CH/1D in SL, Orally
24/03/26	126	153	SAC LAC/2D (1-0-0) , Orally
26/03/26	166	281	BROMIUM 200 CH/1D in SL, Orally
16/04/26	91	110	SAC LAC/2D (1-0-0) , Orally
30/04/26	125	139	SAC LAC/2D (1-0-0) , Orally
14/05/26	102	143	SAC LAC/2D (1-0-0) , Orally
28/05/26	83	90	SAC LAC/2D (1-0-0) , Orally

Table 2. Glycaemic parameters and treatment chronology

Mean FBS was 115.55 ± 26.22 mg/dL and the mean PPBS was 151.64 ± 53.28 mg/dL. FBS decreased from 145 mg/dL at baseline to 83 mg/dL at the final recorded follow-up, representing a 42.76% reduction. PPBS decreased from 195 mg/dL to 90 mg/dL, representing a 53.85% reduction.

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FBS and PPBS showed a strong positive correlation (Pearson's r = 0.945, p < 0.001).



Figure 7. Selected serialglycaemic laboratory reports available in the supplied records: (A) 31 December 2025; (B) 15 January 2026; (C) 12 February 2026; and (D) 30 April 2026.

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MODIFIED NARANJO CRITERIA

Domains	Yes	No	Not sure/NA	Case
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1
Was there an initial aggravation of symptoms?	+1	0	0	+1
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0	+1
Did overall well-being improve? (suggest using validated scale)	+1	0	0	+1
Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0
Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downwards?	+1	0	0	0
Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0	0
Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0	+1
Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	0	0	0
Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1
Total				8

Table -3 Modified naranjo criteria

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DISCUSSION

The present case describes a 64-year-old male with established type 2 diabetes mellitus since 2015 who presented with general weakness, excessive daytime sleepiness, easy fatigability after exertion, dry cracked heels, and itching over both lower limbs extending to the feet. At presentation, the fasting blood sugar (FBS) was 145 mg/dL and postprandial blood sugar (PPBS) was 195 mg/dL. The patient also reported progressive weight loss over two years despite a good appetite. An important feature of the present case was the coexistence of thyroid abnormalities. The patient had thyroid nodules involving both lobes, markedly suppressed TSH (<0.005 µIU/mL), elevated free T4 and free T3 values, and subsequent ultrasonographic evidence of multinodular goitre in the background of thyroiditis, with additional nodules classified as TIRADS III and IV. Borieckemateriamedica says Bromiumhas a tendency toinfilterate glands, become hard, but seldom suppurate.[4] The prescription of Bromium 200 in this case was based on the totality of symptoms and pathology of the thyroid gland. The corresponding thyroid laboratory reports are shown in Figure 2A, with the initial ultrasonographic and FNAC findings in Figures 3 and 5.

The glycaemic observations during follow-up showed considerable improvement. On 15 December 2025, before the first recorded prescription of Bromium 200, FBS and PPBS were 145 and 195 mg/dL, respectively. On 31 December 2025, the corresponding values decreased to 95 and 117 mg/dL. On 15 January 2026, FBS and PPBS were 102 and 135 mg/dL. Subsequently, values of 98/117 mg/dL were recorded on 12 February 2026. These observations demonstrate an initial reduction in both fasting and postprandial glucose values following the initiation of the reported treatment.However, the subsequent course was not characterized by a uniformly progressive reduction in glucose values. FBS and PPBS increased to 138 and 188 mg/dL on 26 February 2026 when sac lac was given due to symptomatic improvement. Again FBS/PPBS further increased to 166 and 281 mg/dL on 26 March 2026 when sac lac was given after symptomatic improvement. Following this episode, lower values were documented, with FBS/PPBS of 91/110 mg/dL on 16 April 2026, 125/139 mg/dL on 30 April 2026, 102/143 mg/dL on 14 May 2026, and 83/90 mg/dL on 28 May 2026. The additional pre-baseline FBS of 146.2 mg/dL recorded with the anti-TPO report on 10 August 2025 (Figure 3B) also illustrates that individual glucose measurements varied over time. The available original glycaemic

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laboratory reports corresponding to the early and intermediate follow-up measurements are shown in Figures 1 and 2.

The observed temporal relationship between administration of Bromium and changes in blood glucose is clinically interesting; however, it cannot by itself establish causality. Blood glucose measurements represent relatively short-term measures and are influenced by multiple factors, including food intake, physical activity, medication adherence, intercurrent illness, body weight and other metabolic influences. The 2026 American Diabetes Association Standards of Care also recognize that blood glucose measurements have greater within-person variability than HbA1c and that different measures of glycaemia provide complementary information.[1,2] Therefore, the reduction in FBS and PPBS observed in this patient should be interpreted as a clinical observation occurring during the period of individualized treatment rather than as definitive evidence of a glucose-lowering pharmacological effect.

CONCLUSION

The major strength of this report is the longitudinal documentation of glycaemic values together with the clinical features used for individualized prescription. The case also documents a clear treatment chronology, including periods in which Bromium 200 and Sac lac were prescribed, allowing the temporal sequence of treatment and laboratory observations to be described. This case should therefore be regarded as a hypothesis-generating clinical observation. It documents changes in FBS and PPBS during individualized homoeopathic management with Bromium 200 in a patient with established type 2 diabetes mellitus. The observation may justify further systematic clinical documentation and research, but it does not establish a specific antidiabetic effect of potentised Bromium. Future studies would benefit from standardized HbA1c assessment, systematic documentation of concomitant antidiabetic medication, dietary and physical-activity factors, body weight, treatment adherence, and predefined follow-up intervals. Controlled prospective studies would ultimately be required to determine whether similar changes in glycaemic parameters are reproducible and whether they can be attributed to the intervention.

The follow-up thyroid ultrasonography performed on 16 February 2026 is reproduced in Figure 4.

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DECLARATION OF PATIENT CONSENT

Written informed consent was obtained from the patient for participation in the case report and for the publication of relevant clinical information and investigation findings. The patient was informed about the purpose of the report and the use of anonymized clinical data for academic and scientific purposes.

REFERENCES

1. American Diabetes Association Professional Practice Committee for Diabetes. 2. Diagnosis and classification of diabetes: Standards of Care in Diabetes—2026. Diabetes Care. 2026;49(Suppl 1):S27-S49. doi:10.2337/dc26-S002.
2. Glycemic goals, hypoglycemia, and hyperglycemic crises: Standards of Care in Diabetes— 2026. Diabetes Care. 2026;49(Suppl 1):S132-S149.
3. Clarke JH. A Dictionary of Practical Materia Medica. 1st ed.London: Homœopathic Publishing Company; 1902. p.309
4. Boericke W. In: Oscar E, Boericke AB., eds. Pocket Manual of Homeopathic Materia Medica. 9th ed. San Francisco: Boericke& Tafel; 1927: 117

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