

HPTLC characterization of *Tinospora cordifolia* (Guduchi/Giloy) mother tincture and a randomized clinical comparison with individualized homeopathic medicines in adults with type 2 diabetes mellitus

Rachna Goenka^{a,*}, Satarupa Sadhukhan^b, Ayan Midya^c, Munmun Koley^d & Subhranil Saha^c

^aDepartment of Homoeopathic Pharmacy, ^bDepartment of Organon of Medicine and Homoeopathic Philosophy, National Institute of Homoeopathy, Ministry of AYUSH, Govt. of India, Block GE, Sector III, Salt Lake, Kolkata 700 106, West Bengal, India

^cDepartment of Repertory, D. N. De Homoeopathic Medical College and Hospital, 12, Gobinda Khatick Road, Kolkata 700 046, West Bengal, India

^dDepartment of Health and Family Welfare, Govt. of West Bengal, East Bishnupur State Homoeopathic Dispensary, Chandi Daulatabad Block Primary Health Centre, South 24 Parganas, West Bengal, India

*E-mail: cal.rachna@gmail.com

Received 18 February 2025; revised 29 January 2026; accepted 09 February 2026

Supplementary Data

Supplementary Table S1 — CONSORT 2010 checklist of information to include when reporting a randomized trial*

Section/Topic	Item Checklist item No	Reported on page No
	Title and abstract	
	1a Identification as a randomized trial in the title	1
	1b Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	1-2
	Introduction	
Background and objectives	2a Scientific background and explanation of rationale	3-4
	2b Specific objectives or hypotheses	4
	Methods	
Trial design	3a Description of trial design (such as parallel, factorial) including allocation ratio	4
	3b Important changes to methods after trial commencement (such as eligibility criteria), with reasons	NA
Participants	4a Eligibility criteria for participants	4-5
	4b Settings and locations where the data were collected	4
Interventions	5 The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	5-6
Outcomes	6a Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	7
	6b Any changes to trial outcomes after the trial commenced, with reasons	NA
Sample size	7a How sample size was determined	7-8
	7b When applicable, explanation of any interim analyses and stopping guidelines	NA
Randomization:		
Sequence	8a Method used to generate the random allocation sequence	8

generation	8b	Type of randomisation; details of any restriction (such as blocking and block size)	8
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	8
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	8
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	8
	11b	If relevant, description of the similarity of interventions	6
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	9
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	NA
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	8-9, Figure 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	10, Figure 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	10
	14b	Why the trial ended or was stopped	NA
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table 1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	10
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	10-11
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	NA
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	NA
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	11-12
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	12-14
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	12-14
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	12-14
Other information			
Registration	23	Registration number and name of trial registry	4
Protocol	24	Where the full trial protocol can be accessed, if available	4
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	15

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up-to-date references relevant to this checklist, see www.consort-statement.org.

Supplementary Table S2 — RedHot checklist of information to include when reporting randomized trials of homeopathy

Item number	Treatment (CONSORT item number)	Description	Reported on page No
1	Rationale (2)	<i>Type of homeopathy</i> Individualized Formula Isopathy <i>Evidence base</i> Sources, references	4 - - 2-3
2	Participants (3)	Knowledge condition Baseline health definition in proving	4-5 NA
3	Medications (4)	<i>Manufacture</i> • Manufacturer, Pharmacopoeia (or process), references • Potency and scale • Dilution method <i>Nomenclature</i> • Individualized: list or frequency table • Formula: constituents, trade name <i>Dosage</i> • Dose, timing, form	5-6 5-6 5-6 Table 5 NA 5-6
4	Consultations (4)	Setting Clinical history detail Duration, frequency Number needed to agree prescription Group process or expert consultation Confidence in prescriptions	5-6 5-6 5-6 5-6 5-6
5	Practitioners (4)	Number in study Experience, accreditation, qualifications Current schools or styles of homeopathy	5-6 5-6 5-6
6	Co-interventions (4)	<i>Included</i> Rationale, intended effect, references Duration, frequency <i>Excluded</i> Stopping of mainstream interventions Antidotes	6-7 6-7 NA NA
7	Control interventions (4)	<i>Active</i> Rationale, references <i>Placebo</i> Manufacturing process	NA NA 6 6
8	Adverse events (8)	Aggravations	9, 11-12

Statement, to be included with checklist:

These guidelines are intended as a supplement to, not a substitute for, the CONSORT Statement, to improve the reporting of homeopathic treatments. We strongly recommend that reports of clinical trials of homeopathy follow the CONSORT guidelines, particularly the flowchart.

The points above are specific to homeopathy. All points refer to controlled clinical trials, all but item 7 to uncontrolled outcome studies.