

Review on Diabetes Mellitus Type 2, Constitutional Homoeopathic Approach with Life style Management

Dr Bajirao Appa Shinde¹, Dr Ramesh Ganacharya², Dr Pradnya Sutkar²

MD (Hom), Principal, Nootan Homoeopathic Medical College and Hospital, Kavthe Mahankal, Sangli¹

MD (Hom), Assistant Professor, Dept of Organon, Nootan HMC Kavthe Mahankal, Sangli²

MD(Hom), Assistant Professor, Dept of Anatomy, Nootan HMC Kavthe Mahankal, Sangli²

Corresponding Author mail id-ananyaclinic77@gmail.com

Abstract: *Diabetes Mellitus Type 2 (DMT2) is a chronic metabolic disorder characterized by insulin resistance and relative insulin deficiency, leading to hyperglycemia and associated complications. Conventional management of DMT2 primarily involves pharmacological interventions, lifestyle modifications, and dietary control. However, there is an increasing interest in exploring alternative and complementary approaches, such as homoeopathy, for the comprehensive management of DMT2. Diabetes Mellitus is the fourth most common reason of premature disability and mortality. Dr. Samuel Hahnemann said, behind every chronic disease accessory circumstances (Organon of medicine §5) play a big role. Like modifying diet, habit and unstressed lifestyle can prevent disease as well as control complication. This review underscores the potential of constitutional homoeopathic treatment and lifestyle management as adjunctive strategies for the comprehensive management of DMT2.*

Keywords: Diabetes mellitus type 2, constitutional Homoeopathic approach, life style management

I. INTRODUCTION

Diabetes is fast gaining the status of a potential epidemic in India with more than 62 million diabetic individuals currently diagnosed with the disease. In 2000 India (31.7 million) topped the world with highest number of people with diabetes mellitus. According to Wild et al. the prevalence of diabetes is predicted to double globally from 171 million in 2000 to 366 million in 2030 diabetes mellitus may afflict up to 79.4 million individuals in India. India currently faces an uncertain future in relation to the potential burden that diabetes may impose upon the country. Many influence affect the prevalence of disease throughout a country, and identification of those factors is necessary to facilitate change when facing health challenges. The etiology of diabetes in India is multifactorial and includes genetic factors coupled with environmental influences such as obesity associated with stress and high living standards, steady urban migration, and lifestyle changes. Yet despite the incidence of diabetes within India, there are no nationwide and few multi-centric studies conducted on the prevalence of diabetes and its complication. The studies that have been undertaken are also prone to potential error as the heterogeneity of the Indian population with respect to culture, ethnicity, socioeconomic conditions, mean that the extrapolation of regional results may give inaccurate estimates for the whole country.¹⁻⁴

In homoeopathy medicine is selected which bears the greatest similarity to the totality of symptoms observed in a given case of natural diseases and by means of a similar affection developed by a homoeopathically chosen remedy, to excite in it a medicinal disease somewhat greater in degree, so that the natural morbid affection can no longer act upon the vital force, which thus, freed from the natural disease, has now only the similar, somewhat medicinal morbid affection to contend with, stronger, against which it now directs its whole energy and which it soon overpowers, whereby the vital force is liberated and enabled to return to the normal standard of health and to its proper function, "the maintenance of the life and health of the organism," without having suffered, during this change, any painful or debilitating attacks. Homeopathy teaches us how to affect this.

What Is Diabetes

Diabetes mellitus comprises a group of common metabolic disorders that share the phenotype of hyperglycemia. Depending on the etiology of diabetes mellitus, factors contributing to hyperglycemia may include reduced insulin secretion, decreased glucose utilization, and increased glucose production. The metabolic deregulation associated with diabetes mellitus.⁵⁻⁶

Classification-

Type 1

Insulin dependent diabetes mellitus (IDDM).

Type 2

Non insulin dependent diabetes mellitus (NIDDM).

Gestational (Pregnancy related) diabetes

It is temporary form of diabetes where resistance occurs to the function of insulin due to Pregnancy related human placental hormone. But if there is previous history of DM type1 and type 2 then pregnancy is under high risk medical supervision.

Table no 1. Difference between type 1 & type 2 Diabetes

Properties	Type 1	Type 2
Type Diabetes	Type 1 or Juvenile Diabetes Mellitus	Type 2 or Maturity-Onset Diabetes Mellitus
Age of Onset	Usually occurs in children or at any age	It usually occurs in age of >40 yrs. or in 30-40 yrs of age in India.
Pattern of Onset	Sudden (Early Childhood)	Gradual (>30 yrs and onwards)
Prevalence	Rare (Accounts for 5 to 10%)	Common (Accounts for 90 to 95%)
Causes of Diabetes	Absolute deficiency of insulin due to destruction of B-cells.	Relative deficiency of insulin due to dysfunction of B-cells or due to insulin Resistance
Body pattern	Normal BMI, Not Obese	Usually Overweight/Obese/ Central obesity
Risk Factor	Strong Family History	Overweight/inactiveFamily History

Type 2 Non insulin dependent diabetes mellitus (NIDDM).

Now days it is very common prevalence of type 2 diabetes, pathophysiologically decline in pancreatic islet cell function leading to reduction in insulin secretion and inadequate suppression of glucagon secretion or peripheral insulin resistance results in a decrease in the metabolic responses to insulin. Beta-cell dysfunction is initially characterized by “impairment in the first phase of insulin secretion during glucose stimulation” and may catalyze the onset of glucose intolerance in type2 DM. Progression of the deterioration of pancreatic β cell function subsequently causes permanent elevation of blood glucose.

Whatever may be the type of diabetes; there will be lack of insulin absolutely or relatively. This lack of insulin hampered the metabolism i.e. decreased anabolism and increased catabolism show the sign of uncontrolled hyperglycemia.⁷

Causative risk factors for type 2 DM.

- Family history of diabetes
- Obesity (BMI e”25 kg/m²)
- Habitual physical inactivity
- Race/ethnicity
- Previously identified IFG or IGT
- H/O of GDM or delivery of baby > 4 kg
- Hypertension
- Increased cholesterol triglyceride >250 mg/dl

- History of vascular disease.
- Stress

Stress and diabetes

Now days the term “stress” is commonly used in the psychological, biological, and mental sciences. During this condition body going through three universal stages of Alarm phase (Cannon’s fight-or-flight), Resistance phase, and the Exhaustion phase; this thing is major barrier to effective glucose control. Diabetes management is a lifelong process. This can add stress to your daily life. Stress can be a major barrier to effective glucose control. Stress hormones in your body may directly affect glucose levels experiencing stress or feeling threat the fight or flight response. This response elevates your hormone levels and causes your nerve cells to fire.

During this response, your body releases adrenaline and cortisol into your bloodstream and your respiratory rates increase. Your body directs blood to the muscles and limbs, allowing you to fight the situation. Your body may not be able to process the glucose released by your firing nerve cells if you have diabetes. If you can't convert the glucose into energy, it builds up in the bloodstream. This causes your blood glucose levels to rise. Constant stress from long-term problems with blood glucose can also wear you down mentally and physically. This may make managing your diabetes difficult.⁸ For e. g.

- Depression, Anxiety,
- Life Events or Traumata
- General Emotional Stress, Anger/Hostility
- Work Stress
- Distressed Sleep
- Potential Pathways That Link Stress

CLINICAL FEATURES:

- Glycosuria.
- Nocturia with increased frequency.
- Thirst and dry mouth.
- Changes in appetite raised or reduced.
- Blurring of vision.
- Recent change in weight.
- Pruritis vulvae and Ballanitis.
- Recurrent genital candidiasis Breathing deep sighing and foetied.
- Mood changes, irritability.
- Difficulty in concentration.

Diagnosis Criteria Of Diabetes

- Symptoms of diabetes plus RBSL ≥ 11.1 mmol/l (200mg/dl) Fasting plasma glucose ≥ 7.0 mmol/l(126mg/dl)
- Two hours plasma glucose ≥ 11.1 mmol/l(200mg/dl) during an oral glucose tolerance test.
- HBA_{1c} (Glycosylated haemoglobin concentration) $\geq 6.5\%$.

Complications

Acute Complication Hypoglycemia Ketoacidosis Chronic complication chronic renal failure (Nephropathy). Cardiovascular disease. Retinal damage (retinopathy). Nerve damage (Neuropathy). Micro vascular damage (Microangiopathy). Also poor healing wound, Gangrene, Impotence.⁹

Homoeopathic Approach:-

To control and prevention of diabetes mellitus we should give constitutional treatment to patient with proper dietary, stress free, life style management.

Dr. Hahnemann as mentioned in “Medicine of Experience’ that diabetes, pneumonia, phthisis, cancer, & chronic ailments and that although a great number of cases of each of these diseases present dissimilar characters, and therefore require a different treatment, yet some cases so much resemblance among themselves in their symptoms and mode cure that they should be considered as the same malady. This distinction, however, has not much practical, consequently little real value, for we ought to observe and investigate accurately each case, in order to find out what is the suitable remedy.¹⁰⁻¹²

According to Dr. Samuel Hahnemann, in §5 “Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions, etc., are to be taken into consideration.¹³

In aphorism Hahnemann said “Now, as in a disease, from which no manifest exciting or maintaining cause (causaoccasionalis) has to be removed, we can perceive nothing but the morbid symptoms, it must be the symptoms alone by which the disease demands and points to the remedy suited to relieve it-and moreover, the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease, that is, of the affection of the vital force, must be the principal, or the sole mean, whereby the disease can make known what remedy it requires-the only thing that can determine the choice of the most appropriate remedy—and thus, in a word, the totality of the symptoms must be the principal, indeed the only thing the physician has to take note of in every case of disease and remove by mean of his art, in order that the disease shall be cured and transformed into health.¹⁴

Also explain in aphorism § 259 “Considering the minuteness of the doses proper necessary and in homoeopathic treatment, we can easily understand that during the treatment everything must be removed from the *diet and regimen* which can have any medicinal action, in order that the small dose may not be overwhelmed and extinguished or disturbed by any foreign medicinal irritant.” Under life style management advice to patient regular walking, exercise, it helps to control bodyweight, sugar under control. Stress-busters technique like meditation, yoga-asanas Some constitutional homoeopathic remedy.¹⁵⁻¹⁶

- Acetic acid-Indication in anaemia with dropsies, debility. Diabetes with great thirst.
- Acid phos-Nervous origin diabetes urine is increased milky in nature and contains much sugar.
- Ars alba-Burning albuminous mixed with pus and blood used in Bright's disease. Diabetes.
- Lactic acid-Diabetes with Rhumatic pain, frequency of micturation, pass saccharine in the urine.
- Lycopodium-Deep acting remedy carbo-nitrogenoid constitution, lymphatic temperament, loss of self confidence, dyspepsia, excessive hunger, polyuria during night, heavy red sediment in urine enlarge prostate, impotence.
- Nux Vomica- Nux is pre-eminently remedy for many of the conditions incident to modern life, over strain, cannot bear noise, odors, light, ravenous hunger, dribbling urination from spasmodic sphincter.
- Phosphorus- Produce a picture of destructive metabolism, lowness of spirits, thirst for very cold water, hunger soon after eating, use in acute Bright's disease.
- Uranium nitricum- Cause glycosuria and increased urine produce nephritis diabetes great emaciation debility, ascites and dropsy.

II. CONCLUSION

The review highlights the potential of a constitutional homoeopathic approach in conjunction with lifestyle management for the comprehensive management of Diabetes Mellitus Type 2 (DMT2). By addressing the underlying susceptibility and promoting holistic healing, homoeopathy offers a personalized and patient-centered approach to managing DMT2. Additionally, lifestyle modifications, including dietary changes, exercise, stress management, and adequate sleep, play a crucial role in optimizing glycemic control and reducing the risk of long-term complications associated with DMT2. The review underscores the importance of integrating homoeopathic treatment with conventional medical care and lifestyle interventions to achieve optimal outcomes for individuals with DMT2. While

existing evidence from clinical studies and case reports suggests potential benefits of homoeopathic remedies in improving glycemic control and ameliorating symptoms of DMT2, further well-designed clinical trials are needed to validate their effectiveness.

REFERENCES

- [1]. K. Park, Preventive and social medicine. 23 edition, M/s Banarsidas Bhanot publisher; page no 392,393...
- [2]. Harrison's; Principles of internal medicine, 16th Edition Vol.2; Mc graw hill education publishers; page no.2152-2180.
- [3]. Davidson; Principles and practice of medicine, 17^t Edition; Churchill Livingstone p.724-783
- [4]. Kichlu& Bose Descriptive Medicine with clinical methods & Homoeopathic Therapeutics 2 Edition B.Jain publishers p.523
- [5]. Samuel Hahnemann; Organon of medicine, 6th Edition; Indian books and periodicals publishers; p. 91-92.
- [6]. Stuart Close; The genius of homoeopathy, LP Edition 2002 16th Impression 2016; B. Jain publishers; p. 52.
- [7]. Principles and Art of Cure by Homoeopathy, by Herbert A. Roberts, B. Jain Publishers p.247, 248.
- [8]. Dhawale M L; Principles and practice of homoeopathy, Edition; publishers; p. 24,335.
- [9]. Sarkar B K; Organon of medicine, Reprint Edition 2009-2010; Birla publishers; p. 67
- [10]. Dr.Hahnemann Samuel The Chronic Diseases, reprint edition 1991B. Jain Publisher pg 1-95.
- [11]. Kent James Tyler, Lecture on Homoeopathic Philosophy reprint edition 2017, Indian book & Periodicals Publishers.
- [12]. Boericke W. Pocket manual of Homoeopathic Materia medica Reprint edition 1999, B. Jain Publishers Pvt. Ltd.
- [13]. Hughes R, The principles and practice of homoeopathy. Newdelhi: B Jain publishers. Reprint edition 2001.p.628-630
- [14]. Shankaran R. The spirit of homoeopathy. 4th ed. Mumbai: Homoeopathic medical publishers; 1999.p.57, 93-95.
- [15]. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3749019/>
- [16]. https://www.yogajournal.com/http://shodhganga.inflibnet.ac.in:8080/jspui/bitstream/10603/97544/6/06_chapter1