

DISORDERS OF ENDOCRINE AND METABOLIC DISEASES*

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Introduction

Endocrinal glands are ductless glands which secrete specialised secretions and which act away from their site of production or near about on the cells from their site of production. This production of secretion is in a very minute quantity and helps the functioning of metabolic processes. These are very vital secretions which have bearing on the health of the whole constitution. The fact that the extremely minute quantity of these secretions play an important role in the control of the metabolic processes which in turn keeps the constitution in tune at all three levels of emotion, intellect and physical state bears the sagacity of Hahnemann's concept of minute doses or microdoses attenuation.

Our constitutional drugs bear a lot of potentiality in maintaining good health and we must exploit this quantity through the potentised drugs in bringing about the balance in these endocrinal secretions.

Any disturbance in the production of these endocrinal secretions cause various disorders which are presented through signs and symptoms. The clusters of these signs and symptoms are recognised in clinical practice by syndromes which indicate either the decrease or increase of the secretions. These conditions range from acne to haemophilia, anaemia to skeletal deformity. This shows that almost any constitutional disturbance is brought by this hormonal disturbance and therefore constitutional therapy should bring about the correction in this imbalance. This was Hahnemann's approach much before our improved knowledge of endocrinology at present.

Majority of cases of over and under development of tissues and organs such as obesity (adiposis), inhibition or precocious development of sex characteristics and changes in the skeletal formation arise out of the dysfunctions of the glands whether inherited or acquired,

they follow Hahnemann's miasmatic thinking process. We may find the clues in the past or the family history (either venereal or non venereal) of the case.

Homoeopathic therapy will depend upon the response shown by the living cells or the tissues, no dead cell or tissues will ever respond to any stimuli. However there are all degrees of failures of function and no organ except because of trauma can suddenly go out of action or undergo death and therefore if these failures have not gone too far it is possible to restore the function to near normalcy.

In order to achieve this we need a deeper acquaintance and understanding of our remedies. We are using the same materia medica that was used at the time of Hahnemann and his associates, and followers. We must give a fresh look to our materia medica, not by simply adding the remedies to the existing list but by reproving the older remedies in the light of the newer knowledge that we have acquired and pursuing their actions through patho-physiologic research and especially their action on endocrine organs, otherwise our homoeopathic art will remain static.

Endocrinopathy Through the Process of Disease Evolution of Hahnemannian Pathology (Miasmatic Evolution)

Psora is an Hebrew word 'tsorat' and this word clearly interprets what Hahnemann had in his mind. Tsorat is 'a groove' 'a fault' and we regard this as a term covering the constitutional defect. In the light of modern comprehension all the conditions classified by Hahnemann as *Psora* has greater significance than we have understood. With our enhanced knowledge of the so called deficiency diseases we are coming to realise that the lack of certain elements in the system or the inability to assimilate them from foods is the great common denominator of almost all so called psoric constitutions, plus a lack of balance in the equilibrium of health that manifests through a hypersensitivity of impressions - functional disturbances and the patient's recognizance

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of disturbance that varies from consciousness to neuroses. Under this classification a vast majority of diseases are covered and therefore it is called the mother of diseases.

In our present discussion therefore under *Psora* we have hyperactive and reactive functional disturbances with minimal structuralisation or structural alterations. Emotional stress causes most of these functional imbalances particularly in hormones, e.g. imbalance in thyroid may cause thyrotoxicosis with or without goiter, in pancreas may cause Diabetes mellitus, in ovaries may cause menstrual disorders and so on and so forth. When we say emotional stress it can be shock, worries, tension, continuous anxiety, grief, losses in business, failures in any undertakings etc., This list can be exhaustive. The greatest asset of the body is adaptability but it has its limitations. Under hostile or any unnatural condition the body may give up after a point and may exhibit train of symptoms that Hahnemann called as Psoric.

And now if this hypersensitive, hyper-reactive and responsive system continues in an adverse environmental situation or hostile situation then it will start showing disorientation, but to a point biological intelligence counter-balances this disorientation till the controls are lost. However, the excessive stimulation and increased parasympathetic tone creates overall decrease in the endocrines. This causes drop in metabolic rate causing unhealthy accumulation of fat and fluids which is seen in hypothyroidism, diabetes mellitus etc. At times this may progress beyond and may cause overgrowths of tissues. This *sycosis* attacks the internal organs specially the pelvic and sexual organs with worst form of inflammation, infiltration of tissues causing abscesses, hypertrophies, cystic degenerations, etc.

This rudderless disoriented system if continues without any medication turns indolent but the body's defence mechanism makes all out effort to return to normalcy. These responses are hyper-dynamic changeable and alternating and in the process accelerate the metabolic process too. These are extensions of Psoric responses and are treated as heightened Psora, delayed healings with fibrosis and haemorrhagic tendencies are characters of the *miasm*. Irreversible nature of the disease is experienced at this stage in *tubercular miasm*.

In the *syphilitic miasm* the accelerated metabolic process exhausts the system and it goes out of total

control and its inadequacies are seen at all levels including the genetic codes causing hormonal insufficiencies.

Therapeutic Possibilities in the Treatment of Endocrinal Disorders in General

We must remember our great polychrest remedies. These have sufficient depth to influence the glandular conditions. If we closely study these polychrest constitutionals, many are from the same chemical base from which our body is composed of like Sulphur, Phosphorus, Silicea, the Kalis, the Natrums, the Carbons and the Magnesiums etc.

Lycopodium is Vegetable Sulphur: and is one of the very few survivors of primitive plant life. It has survived all this time because of its basic quality inherent in the development of life and probably because of this quality it has great potential influence on organic functions. Acute glandular affections start on the right side and travel to the left. *Lycopodium* has a furrowed face and forehead, thin upper torso and plump lower body. There is great weariness and tired feeling after slightest exertion particularly in the legs. Mentally is fearful and sad. The pains are burning.

We all know the classical symptoms of *Sulphur* but it was Hering who noted its action on the glands. Apart from its action otherwise, Sulphur is used to stir up the organism to life to react, when seemingly indicated remedies fail to arouse any action specially in relapses where the patient reverts back after moving forwards towards cure.

Phosphorus is equally useful in glandular affections and is typically pseudo-psoric. Phosphorus is excitable. It is erotic and erratic in its sexual manifestations, such as insanity to lasciviousness, to vicarious menstruation, impotence and abnormal labour. It affects the development of physical body, and it affects the ability to concentrate. Phosphorus is sharp and intelligent and creative in outlook but physically too weak to come upto that expectation. Both Phosphorus and Phosphoric acid are considered in Glycosuria.

Nitric acid has a powerful action on the glandular dysfunctions of syphilitic origin. Extreme sensitivity even to touch is characteristic. There is circulatory disturbance, and prostration. Numbness of hands and fingers in Nitric acid is characteristic.

Natrums are gloomy. They are themselves miserable and make others miserable by their negative thinking and looking to the darker side of the life. They hate consolation. There is sudden failing of strength, excessive draining of body fluid, sudden loss of flesh and emaciation around the neck even when eating ravenously. Natrum group has marked action on Thyroid gland. *Natrum muriaticum* has sensation of compression around the gland where as *Natrum arsenicum* has sensation as if the gland is held between the thumb and the forefinger. *Natrum carbonicum* has hard swelling of the thyroid gland, very sensitive to cold. Natrum carbonicum is chilliest but cannot stand the heat of the sun, may get the heat stroke faster. Natrum carbonicum suffers from over study where as Natrum muriaticum cannot exert. Like all Natrums they are a picture of anaemia. Tears in emotional depression or emotional excitement and marked desire for salt often associates with all symptoms. *Natrum phosphoricum* like Phosphorus is effective in Diabetes. *Natrum sulphuricum* is hydrogenoid, it is useful in glandular imbalance developed after head injury.

Kalis have glandular dysfunction and has anti-syphilitic action though it is mostly anti-sycotic. Destruction of bony structures and ulcerations of mucus membrane. The chronic *Kalis* are anti-sycotics. He is a high strung nervous patient. *Kali aceticum* is useful in Diabetes when there is alkaline urine in large quantity and associated diarrhoea and dropsy. *Kali iodatum* is a great goiter remedy with atrophy of testes and mammae.

Silicea has a vital relationship to growth development of function of mind and body. Its action on the blood, and the glandular tissue is key to its suppurative tendency. Reactions of vaccination or inoculations and suppressed foot sweat are the characteristics of *Silicea*.

Calcarea indurates glandular tissues with its characteristic developmental symptomatology.

Iodines and *iodides* affect glandular structures. It arouses the defensive system of the body. It has a tendency to loose flesh even while eating well.

We have seen that all these polychrests have marked action on the glandular system and they belong to all the three miasmatic groups. While making use of these we will need to fix up the case in its miasmatic group and subjective symptoms apart from the dysfunctional

symptoms of the individual gland. There are many other drugs having selective action on the ductless glands like *Sepia*, *Argentum nitricum*, *Graphites*, *Magnesium*, even these will be useful while considering individual cases.

Diabetes Mellitus

Diabetes mellitus is a metabolic disorder where the carbohydrate metabolism is impaired. Recent studies have shown that along with the carbohydrate metabolism there is impairment of lipid metabolism too.

Hahnemannian classification of diseases corroborates the classification made by WHO and National Diabetes Data Group.

Psoric diabetics are those which are called Pre and Potential diabetics, whereas Non Insulin Dependent Diabetes Mellitus (NIDDM) are grouped under Sycotic and Insulin Dependent Diabetes Mellitus (IDDM) are grouped under Tubercular or Syphilitic depending upon the extent of reversible or irreversible changes that have taken place in an individual.

Disposition to Diabetes is determined by the heredity characters and individual susceptibility in the presence of hostile environment.

In clinical practice we usually receive three categories of patients, a) where the blood sugar rises on stress and may come down to normal level once the stress is removed or it may remain at slightly higher level of normal. These are pre or potential diabetics (Psoric). Exercise, diet, and counselling will help to keep these patients under normal state & no medication may be required, b) the second group is where the patient is a confirmed diabetic and is under oral hypoglycaemic agents. Here we may have to determine the cause of his diabetes, that is untreated Psoric state or defective pancreatic metabolism where there is less production of insulin or less utilisation of insulin causing disturbance in carbohydrate metabolism. It will be prudent to continue the oral hypoglycaemic remedy and homoeopathic treatment may be started with usual dietetic restrictions and exercise. With the passage of time the need for oral hypoglycaemic remedy will become less with overall improvement in the patient. It may be then that the patient can totally withdraw his oral hypoglycaemic remedy and go off the homoeopathic treatment and remain on dietetic and exercise regimen, and c) the third group is in an advance stage where he is fully dependent on

insulin. It is our observation that continuous therapy causes fall in bodily insulin formation and then one cannot do without it. So even in this case we can institute the homoeopathic therapy so that the failure of the organ can be salvaged to some extent and his doses can be reduced with oral hypoglycaemic remedies introduced simultaneously. Reversal in these cases may not be fully achieved but palliative therapy may be the only answer.

Let us consider the homoeopathic remedies for the first group. Stress can be at two levels: at mental level and other can be at physical level. Scanning the repertory we find rubrics like ailments from: disappointment in love, bad news, despair, emotions, fear, fright, grief, mortification, depression, sadness etc. All these are capable of influencing the secretion of normal hormones, enzymes and causing disturbance in the function in very hypersensitive or hyper-reactive individuals.

Remedies listed under these rubrics are Aconite, Ignatia, Natrum muriaticum, Phosphorus, Calcarea, Sulphur in bold type and Argentum nitricum, Graphites, Psorinum etc., in italics. As we all know these are deep acting strong Psoric/Tubercular remedies having action on the overall economy of the individual. Similarly when there is stress due to physical exertion, or pregnancy, remedies like Pulsatilla, Sepia, Natrum muriaticum, Calcarea can be considered. These will act as intercurrent and constitutional remedies. The history will reveal the totality through subjective and objective expressions presented by the patient from time to time. Apart from this hyperactive symptom patients when subjected to blood examination may show liable blood sugar levels. These elevated sugar levels come to normal after a while once the stress is over. These remedies will help to stabilise the emotional states and in turn stabilise the blood sugar levels.

If this liable state of blood sugar levels are not controlled in time the condition may proceed to some structural change and will evolve in Sycotic phase. Symptoms will develop gradually like polyuria, intense thirst, with occasional nocturia, excessive appetite, and weight loss, weakness and lassitude, and loss of libido. In female patients there could be pruritus vulvae, and in males balanitis. Blurring of vision could be one important symptom.

Reason for this condition of partial failure of the organ is obesity which brings to fore the genetic trait. Any benign or malignant tumours of the pancreas can cause

damage to the pancreatic function and disturb the mechanism.

Remedies that are indicated include Thuja, Medorrhinum, Natrum sulphuricum, Colchicum, Sepia and Pulsatilla. You will see that all these are polychrest remedies with deep sycotic action on the human system. Naturally you will also have to take into account their symptom totality in addition to this. Surprising enough the entire acute picture will also be pointing to a sycotic remedy.

In the Insulin Dependent Diabetes Mellitus there is total failure of the pancreatic metabolism and reversibility is not often possible and therefore the dependence on the substituted exogenous Insulin. With the symptoms of polyuria, polydipsia and polyphagia becoming very prominent, ketoacidosis follows with nausea, vomiting and headache. This is therefore included in Tubercular and or Syphilitic dimensions.

Constitutional remedies like Phosphorus, Phosphoric acid, Argentum nitricum, Aurum metallicum, Mercurius, Nitric acid, the Kalis as a whole, Plumbum, Tuberculinum, Fluoric acid etc., are indicated. Their deep action on the entire economy is well known. However there are some new generation remedies that are necessary to be studied.

Lactic acid has pain in head with nausea and vomiting, severe constipation and bodyache. There is generalised fatigue.

Cortisone is a shy individual, slow irritable but weeping type, changeable mind, morbid hunger, excessive urination at night, there is lack of libido. Cortisone induces diabetes in large doses.

Pexid is a chemical called maleate of perhexiline having symptoms of pruritus, polyuria, elevated lipids and glucose, and diffuse polyneuropathy.

One of our own Indian drug called Cephalandra indica is being intensively investigated and has shown very promising results.

Discussion

It is quite likely that when a patient comes for the homoeopathic treatment of his diabetes mellitus either

he is already on anti-diabetic treatment (insulin or otherwise) or he has been freshly diagnosed and has not started any treatment. In the former case it is advisable not to disturb his anti-diabetic treatment which is already on and in addition you may start homoeopathic treatment on the lines as described earlier. After a while you will notice during the course of his regular monitoring that the dose of his anti-diabetic medicines can be reduced to a great extent. Meaning thereby that the homoeopathic treatment has helped him to improve his hormonal metabolism. The extent of improvement will depend upon the initial damage that was there. May be that we can completely withdraw his anti-diabetic medication and keep him on homoeopathic treatment till it is felt that homoeopathic withdrawal can be done or has to be kept on anti-diabetic treatment and cannot be withdrawn because as soon as the treatment is withdrawn, blood sugar levels start elevating giving an indication that homoeopathic treatment has not done any good and there is total failure of his hormonal secretion. This needs a lot of perseverance which often rewards. The usual diet and exercise should continue.

Case

An engineer by education but had a small business (technocrat) 40 years old, reported in March, 1994, with, signs and symptoms of Hypertension and Glycosuria. His blood pressure was 160/100 and, fasting blood sugar and post prandial blood sugar were 160 and 257 mg. respectively. His symptoms were headache more towards the evening, general weakness again towards evening, burning of feet, soles, eyes, excessive thirst and frequent micturition, and occasional boils on the skin which took long to heal.

He was already on Dianil, 3 times a day and an anti-hypertensive drugs for the last six months. His blood pressure was fluctuating but his sugar was not showing signs of regression.

On further questioning symptoms obtained were - Headache hammering type < when under stress, evening, lack of sleep, sudden noise. Bowels-constipated: at times normal stools and at times very hard knotty stools. Often got hyperacidity - took lot of antacids/soda etc. Perspiration was profuse and off-

ensive. Skin - boils < increased perspiration, skin looked waxy and shining. But face looked oily and cold to touch. Thermal reactions were very peculiar, cold feeling with every draft of air and change in weather. Highly sensitive and depressed. Had shut himself off from his friends and relatives. Often quarrelled with his wife and relatives. He did not like to watch TV or listen to music. He said it always < his headache, and made him more depressed.

All the symptoms pointed to Natrum carbonicum. His typical chilliness decided in favour of Natrum carbonicum.

3.3.94 Natrum carbonicum 1M daily one dose for 7 days. All his other, diabetic and hypertension drugs were asked to be continued.

7.4.94 General weakness improved but rest there was no improvement. Natrum carbonicum 1M repeated for another seven days.

15.5.94 Blood pressure 140/90 and Blood Sugar Fasting 140 mg, PP 200 mg. Cholesterol 250 mg. His attacks of boils disappeared. No medicine but sac lac was given.

20.6.94 All symptoms were stationary but headache was slightly less and felt like taking interest around him.

18.9.94 BP 140/90, Blood Sugar Fasting 140 PP. 170. No sugar in urine, headaches disappeared and there was improvement in bowel movement.

20.10.94 No apparent change. Blood Sugar Fasting 140 and PP 180. Asked to cut down to two Dianil a day.

24.12.94 Blood Sugar Fasting 130 and PP 170. He was advised to take only one Dianil a day. Natrum carbonicum 10M/3 doses were prescribed.

20.1.95 Blood Sugar Fasting 130 and PP 170 mg. Generally felt better. Had started taking interest in business and had less altercations with his wife at home.

He was asked to continue on one Dianil for three more months and Natrum carbonicum 10M/3 doses every month and to report in April '95.