The Scope of Homoeopathy in Diabetes Mellitus

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Hahnemannian Homoeopaths of the World

PREFACE TO THE SECOND EDITION

It is indeed a matter of gratification for an author to find that his book has proved immensely useful. The need for another edition in so short a time is ample evidence for its utility and popularity.

The book has been thoroughly revised and two more case reports have been incorporated in this new edition.

I thank my readers and learned colleagues for their acceptance.

At the same time I take the opportunity of recording my obligation to C.Ringer & Co. Calcutta, who has spared no pains to publish and circulate most of my books in India and Bangladesh.

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THE SCOPE OF HOMOEOPATHY IN DIABETES MELLITUS

Definition :

Diabetes mellitus is a metabolic syndrome originated from chronic miasmatic state resulting in absolute or relative deficiency of Insulin (the hormone of the Beta Cells of Pancreas) and is characterised clinically by hyperglycaemia with or without glycosuria. Polyuria especially nocturia, increased appetite and thirst, muscular wasting, progressive weakness and various systemic complications.

Types :

A. 1. **Primary** and 2. **Secondary**

In **primary or Idiopathic Diabetes Mellitus,** the latent miasmatic state (Syphilis or Syco-syphilis) reflects its initial lesion in the Islet cells of Pancreas resulting in absolute insulin deficiency and consequent secondary manifestations. But in **secondary Diabetes Mellitus** the latent miasmatic state (Psora, Syco-Psora or Psora-Syco-Syphilis) reflects its initial lesion elsewhere in the system resulting in relative deficiency of Insulin and other secondary manifestations of the basic miasmatic state followed by possible degeneration of the Islet cells of Pancreas in its terminal stage.

B. 1. Insulin dependent Diabetes Mellitus or Type-I

2. Non-Insulin dependent Diabetes Mellitus or Type-II.

Insulin Dependent Diabetes Mellitus or Type-I :

In primary or Idiopathic diabetes mellitus which starts early in life before the age of 4 years, there is degeneration and destruction of Beta cells of pancreas from the very begining due to any of the following :

a) **Genetic Inheritence :** an abnormal genetic focus is considered to be the basic cause of the cell destruction in such cases. The genetic abnormality is possibly due to the hereditary miasmatic influence of syphilitic orientation. Because, the basic characteristic of the syphilitic miasmatic state, as we all know, is a tendency to destruction from the very beginning.

b) **Environmental Factors :** The latent hereditary miasmatic state may flare up after some viral infection like mumps, hepatitis etc.

c) **H. L. A. Antigen :** In some cases there may be no history of viral infection, but presence of H. L. A. antigen in blood which is believed to be the cause of antibody formation, precipitating Beta cell destruction.

d) **Auto-Immune Process :** In some cases no viral infection or H. L. A. antigen is evidenced. But still antibodies against apparently healthy Beta cells have been detected. This is thought to be due to an auto-immune process.

So, we see a predisposition to **Beta cell destruction** is the main causastive factor in Primary Idiopathic Diabetes Mellitus. The presence of this predisposition corroborates with the basic conception in Homoeopathy about the nature and origin of all chronic diseases.

Result of Beta Cell Destruction :

There occurs less or no Insulin secretion resulting in

absolute deficiency of Insulin which is the main hormone in regulating normal blood sugar level. As a result, hyperglycaemia becomes persistent and progressive and unless detected early, many hazardous complications supervene including ketoacidosis and even sudden death. Atherosclerosis is the main pathological process involving all the system of the body. Death is inevitable in such cases unless exogenous Insulin is given to the patient as substitution therapy.

The scope of homeopathy is very much limited here because the patient is lacking in one of the vital secretions of the body necessary for preservation of life. But if fortunately an early diagnosis can be made before complete or gross destruction of Beta cells, homoeopathy may possibly help in checking further destruction of the cells thereby facilitating less use of exogenous Insulin and avoiding serious complications like Retinopathy, Neuropathy, Nephropathy, Ketoacidosis and so on. It has been observed that even after regular use of exogenous Insulin the above mentioned complications may not be avoided in most cases. The reason is that the complications start much earlier than the time when a proper diagnosis is made and the daily dose of Insulin may not be sufficient to cope with the situation in emergencies with physical and mental stress and strain, dietatic variations, bacterial or viral infections and so on. If constitutional homoeopathic treatment is undertaken along with use of exogenous Insulin, it is expected that many of these complications may be avoided and the patient's life may be prolonged. Because **constitutional treatment** will help to stimulate the system as a whole and thereby all the tissues of the body will become much more resistant to the effect of hyperglycaemia. Moreover, the healthy cells (if any) will work much more efficiently than before.

being relieved of the long lasting miasmatic effect, at least to some extent.

It will be unwise on our part to stop Insulin administration and try Homoeopathy in such a case of absolute Insulin deficiency but at the same time it will equally be unwise not to accept such patients for Homoeopathic treatment. We must know our limitations but at the same time we must know the scope and efficacy of Homoeopathic medicines, even in incurable and desperate cases. It is true that like all other systems of medicine, Homoeopathy cannot cure the incurable and irreversible conditions but it is also true that the scope of Homoeopathy cannot be substituted even in those conditions. In fact, we must be free from all prejudices and complexes in treating incurable conditions like Diabetes Mellitus due to absolute deficiency of Insulin or in other words, **Insulin dependent diabetes Mellitus.** We must keep in mind **Dr. kent's 7th observation** in this context. He arrived at the observation by treating several such incurable patients. We may have to observe the same thing in Insulin dependent diabetes Mellitus but the result obtained thereby should be considered a great achievement to a physician who undertakes treating an incurable patient—irrespective of the system of medicine he practises.

Non Insulin Dependent or Type II Diabetes Mellitus :

This is a variety of primary idiopathic diabetes mellitus which starts generally after the age of 40 . Here also the main causative factor is the *heriditary predisposition* and in many cases some chromosomal abnormality have been detected. *Obesity* is the common precipitating factor in this type. Initially there is no cell destruction and hence

no absolute deficiency of Insulin. But still Diabetes Mellitus develops due to *relative deficiency* of Insulin in comparision with hyperglycaemia. An Insulin resistant state is believed to be responsible for this relative deficiency. Due to some *defect of the Insulin receptor* in the tissues, there is less utilisation of glucose resulting in hyperglycaemia and consequent glycosuria. *Obesity* plays an important role in developing this insulin resistant state. Insulin concentration in blood is normal or even high in these cases. Because, the *Beta cells are not at fault.* They secret Insulin in normal quantity. But as Insulin is not properly utilised, the Beta cells are stimulated to secrete more Insulin to cope with the situation of hyperglycaemia. As a result there may be hyperplasia or *hypertrophy of the cells.* At the same time there may be *hyperfunction of glucagon or somatostatin* which are antagonistic to Insulin leading to further increase of hyperglycaemia. Thus we see either there is a state of functional ineficiency of Insulin with insulin concentration being normal in blood or a state of *incoordination of function of insulin, glucagon and somatostatin* with insulin concentration being high in blood.

Homoeopathically, Non-insulin dependent Diabetes Mellitus is either due to Psora or Sycosis or both. Psora leads to functional deficiency, Sycosis leads to incoordination and a combination of the two leads to simultaneous presence of both the conditions. These cases do not generally rquire exogenous insulin but if persist for a long time, being maltreated or non treated, cellular destruction may finally take place and non-Insulin dependent cases may turn to be Insulin dependent. Until then, the prognosis of these cases is better and the patients may be cured as the condition is *reversible.* But

the medicinal treatment must be supplemented by proper dietatic management and physical exercise to reduce obesity. Diet contorl and adequate physical exercise alone may help to control the progress of these conditions. If obesity is reduced, Insulin receptor becomes much more effective and the Insulin resistant state steadily improves resulting in normalcy of blood sugar level. But unless the predisposition is corrected by antimiasmatic constitutional treatment the patient will not be cured and slightest error in diet and regimen will lead to a relapse of the condition.

Secondary Diabetes Mellitus

Secondary Diabetes Mellitus is *associated with* pancreatic diseases, Adrenal tumors. Thyrotoxicosis, Cushing's syndrome, administration of drug like cortisone, Genetic disorders, defects of Insulin receptor and many other *chronic degenerative disorders.* In fact, secondary Diabetes Mellitus should not at all be considered as Diabetes but one of the resultant *effects of some primary degenerative condition elsewhere.* In homoeopathy we believe these degenerative conditions to be the resultant effects of a maltreated, untreated or suppressed miasmatic state,—the Psora, Sycosis, Syphilis or a combination of two or three of them. *Suppression of Skin diseases, Rheumatic affections, superficial ulcers,* repeated acute diseases in childhood, various early manifestations of miasmatic chronic diseases may finally result in destruction or *degenerative changes anywhere in the system,* being considered as different nosological entities. But they are nothing but the different manifestations of a single or complex miasmatic state. Naturally in secondary Diabetes Mellitus we observe a *relative deficiency of Insulin* in most cases and very rarely an

absolute deficiency when the degenerative process reaches its acme, causing complete destruction of Beta cells. The diagnosis of the miasmatic background responsible for such degeneration depends on a careful anamnesis of the family history, past history, personal history and the evolution of symptomatology of the patients. Unless the patients advance to the state of absolute deficiency, they may be completely cured, if the primary miasmatic dyscrasia is eradicated by constitutional antimiasmatic treatment.

Homoeopathic Approach : Now let us see what should be our approach as homoeopaths in treating a case of Diabetes mellitus. If a case of Diabetes Mellitus comes to us for treatment, our first duty is to decide whether the case is *curable or not.* This may generally be assessed from the aetio-pathology of the condition, the family history, the age of onset, the severity of the present condition, the assessment of renal function and the presence of complications. But the final prognosis of course depends on observing the effect of the well-indicated medicine administered.

Suppose a patient who has been suffering from *Insulin dependent Diabetes Mellitus* (being all along under allopathic treatment) comes to us for consultation. From what has been discussed so far, it is probably clear that this case is incurable and requires regular doses of Insulin for survival. Naturally, we are to clearly explain the patient as to why his\her condition is incurable and that the scope of medicine is very much limited here. Still the patient may avail the benefit of constitutional treatment along with insulin therapy in order to avoid serious complications and for a better future. Our next step is to decide whether the dose of Insulin may be reduced

and if so, when and how? This is a very critical question to answer. If the Beta cells are not completely destroyed and at least some healthy cells are there to function, then constitutional treatment may check further destruction of cells and the remaining healthy cells may start functioning much more efficiently secreting more Insulin to compensate. Naturally there is every possibility that the dose of Insulin may be reduced in some cases. But this must be done in consultation with the attending allopathic physician and that also gradually.

In *Non-Insulin Dependent Diabetes Mellitus* the situation is altogether different. In such cases oral hypoglycaemic drugs may be stopped from the very beginning of homoeopathic treatment. Because, homoeopathic constitutional medicines may perform the function of oral hypoglycaemic drugs by correcting the miasmatic dyscrasia, checking destruction of cells as also by *stimulating cells to act much more efficiently*. This, at the same time, may help in reducing obesity *supported by adequate exercise and dietetic control*. Thus the Insulin resistant state or the defect in Insulin receptor may be corrected and the patient may be completely cured of Diabetes Mellitus. In these cases we should not be afraid of withdrawing allopathic medicines straightway.

Our next duty is to consider about the **diet** of the patient suffering from Diabetes Mellitus. Constitutional treatment may fail to produce any desired result *unless proper dietetic measures are strictly followed*. It is true that high carbohydrate diet does not produce Diabetes Mellitus, but there cannot be any doubt that the *state of hyperglycaemia will be aggravated further by high carbohydrate diet* with the consequent effects and complications of hyperglycaemia including coma and

sudden death. The basic principle of diet is *low caloric* and *high residual diet*. The total caloric requirement is to be decided first and then the percentage of protien, fat and carbohydrate. The standard caloric requirement if 30 K. Cal. per Kg. of body weight with slight variations depending on the individual physical activity of the patient. The protien constituent should consist of 15 to 20% of the total requirement, the fat 25 to 30% and the carbohydrate 50 to 80%. As regards the articles of diet, the economic condition of the patient, the food habit of the patient and the availability of the diet recommended must be considered in al cases. A routine diet chart for all classes of patients may not be of any help. An 'exchange diet chart' is to be prescribed for a vegetarian to substitute meat, fish and eggs by milk, chhana, Dahi and suitable vegetables like soyabeans etc. Green vegetables like carrot, spinach, peas, toamtoes etc. are to be recommended in all cases specially in the form of salads to facilitate high residual but low caloric diet. In recommending diet we must not forget that our aim should be *to stop weight loss in patients who are Proressively emaciating and to encourage weight loss in patients who are becoming progressively obese.*

Next to diet most important factor is **exercise**. *Adequate physical exercise in the form of jogging*, walking, yogasanas etc. are essential in obese Diabetes Melitus. On the other hand *exercise and over exertion are contraindicated in Progressively emaciating patients.* In maturity onset Non-Insulin dependent Diabetes Mellitus obesity is a common associated feature and unless the patient takes part in active exercise to reduce obesity, medicines, even well selected, may not be of much help to the patient.

The other factors involving the general management consist of the following :

a) **Personal cleanliness :** to avoid complications, personal hygiene is to be well cared for. Due to hyperglycaemia, tissues are liable to easy infection and the patient frequently suffers from pruritus, boils, carbuncle etc. which may be avoided to a great extent by observing cleanliness.

b) **To avoid mental worries and anxieties** as far as possible. Stress and strain aggravate hyperglycaemia by hormonic stimulation. As such, these are to be avoided.

c) **To avoid alcohol :** alcohol increases blood sugar as also it affects the liver. Hence it is to be avoided to prevent complication.

d) **Foot care :** Any injury to foot in a diabetic patient may lead to ulceration or even gangrene or there may be great delay in healing even a minor abrasion or wound due to sugar retention in tissues and consequent pyogenic infection especially staphylococcal. Hence, the patient *should not walk bare-footed*, must maintain cleanliness of feet and must always try *to avoid trauma to feet* as far as possible.

e) **Moderation in all spheres of life :** Night watching, excessive smoking, sexual excesses, attending invitation party etc. are all harmful to diabetic patients. As such the patient must be advised to adopt moderation in all spheres.

f) **Adoptability :** A diabetic patient must know how to live a more or less normal life with his diabetes even if persisting all through his/her life. In fact the patient should be a physician to himself/herself. The patient must not be panicky or despaired of recovery of the

illness. but at the same time he/she must not be over confident or careless about his/her illness.

g) **Regular check-up of blood sugar :** The patient should check his/her post prandial blood sugar (2 hours after meal) regularly for a few years even if it is normal after few months of treatment. This will help a homoeopath to understand whether the miasmatic dyscrasia has been completely eradicated and if continuation of constitutional treatment is still necessary.

h) Regular *urine examination* is necessary to *assess renal function* and early detection of complication if any.

i) Occasional *blood examination for cholesterol* is necessary for early detection of complication if any.

j) Occasional *visits to Ophthalmologist and Cardiologist* for early detection of eye and cardio-vascular complicaions and to take necessary care there-of. If constitutional treatment along with diet control, regulation of exercise and other factors involves in general management are strictly followed. diabetes should not be a problem for the homoeopaths to meet.

Art of prescribing

As homoeopaths our aim should not be to bring down the blood sugar level. Potentised homoeopathic medicines act dynamically and not physiologically. Hence, any attempt to lower down the blood sugar level by potentised medicines is bound to be futile. Medicines given in mother tinctures like Sygizium Jambo.. Cephalandra Indica etc. may lower down the blood sugar temporarily because they act partly physiologically. But their administration without any symptom similarity is not the principle of Homoeopathy and the quantity in which they are used is

not suficiently physiological to produce any lasting and tangible effect in the system. Our principle is *to select constitutional medicine covering the totality of symptoms* of the patient *including the miasmatic background.* We are *to take care of the fundamental cause and the disease process* and not the ultimates of the disease. The *environmental causes* must at the same time be *taken proper care of.*

Potency & Repetition of doses

50 millesimal potency in my opinion. is best and safest in both Insulin dependent and Non-Insulin dependent cases. Deep acting constitutional medicines can safely be repeated at frequent intervals if administered in 50 millesimal scale. In non-insulin dependent cases without any organic destruction anywhere in the system. Centesimal potency may also safely be used in medium high potency like 200th. But as repeated stimuli are necessary to stimulate the Beta cells without causing further destruction, it is better to use 50 millesimal scale which can gradually be increased to successive higher potencies. Even if there is any aggravation in this scale. it can easily be controlled by further dilution and increasing the duration in between the doses.

New observation noted in treating diabetes mellitus

While treating some cases of Diabetes Mellitus, we have observed a new and important observation other than those mentioned in Kent's observations. It has been observed that after the administration of well selected medicine, *the patient as a whole feels much better and all the outward symptoms* are nicely *ameliorated* but the *blood sugar level steadily increases* to an alarming level of 300 o 400 mg% or even more. If it is observed only in

the beginning of treatment, then the prognosis may finally turn to be favourable, but if the condition of *hyperglycaemia goes on persisting to an increasing severity, the prognosis is undoubtedly grave* and the patient should be considered as *incurable*. **Palliation** should be the method of choice in such cases.

The possible explanation for this observation is that the deep acting antimiasmatic medicine attempts to remove the miasmatic block and at the same time stimulate the Beta cells to act much more efficiently to secrete more insulin. But as the condition has *reached the state of irreversibility, the stimulation causes further destruction* of cells and the consequent hyperglycaemia. The general feeling of well being as also symptomatic relief are possibly due to partial relief of the miasmatic block and the symptom similarity.

This is other than Dr. Kent's 7th observation where we see symptomatic relief but the patient as a whole does not feel well. Hence, this observation may be considered as *13th observation*. Of course, this requires verification and support of my learned colleagues. As such, I like to keep this observation open to all concerned for further verification of its validity.

Prevention of Diabetes Mellitus :

Homoeopathy has enough scope in preventing Diabetes Mellitus provided we know the art of achieving the same. It may be difficult or impossible to cure an advanced case of Diabetes but its preventiion is not so difficult if we know when and how to do it :—

a) Constitutional treatment of Diabetic parents :

Antimiasmatic constitutional treatment of Diabetic

father, mother or both of them will undoubtedly help to eradicate the miasmatic dyscrasia responsible for Diabetes to a great extent, if not completely cured. Naturally, the children born of such parents may be free from predisposition to Diabetes. Treatment of Diabetic mother during pregnancy is specially helpful in this regard.

b) Constitutional treatment of potential Diabetes :

Children born of Diabetic parents or in other cases where a predisposition to Diabetes is suspected, constitutional treatment will undoubtedly help in eradicating the tendency and thereby there will be less chance of developing *overt Diabetes* in future.

c) Treatment of Latent Diabetes :

Patients with *impaired glucose tolerance only* but no active clinical symptom of Diabetes must be treated constitutionally *to avoid developing overt Diabetes*. In fact these are the early cases where we may expect *complete cure if treated properly* and kept under observation for fairly a long period *regulated diet and exercise*.

Thus we see, homoeopathy may prevent Diabetes Mellitus successfully if treated in time even though complete cure of an advanced case is very difficult—may even be impossible.

References :

1) Clinical Diabetes Mellitus : G. P. Kozak

2) Principles of Internal Medicine : Harrison.

AN ILLUSTRATIVE CASE

A male patient, fatty and flabby in appearance, aged about 41 years, consulted on 6.3.84 for treatmet of Diabetes Mellitus as his primary complaint. The diabetic condition was detected seven months earlier, in August '83, when repeated cracks appeared on thw prepuce and resisted treatment. He was already on the antidiabetic drugs with diabetic diet.

Close study of the case revealed the follwing picture :

A. Presenting complaints (as on 6.3.84) :

* Phimosis since 7/8 years of age, following Nitric acid burn.
* Prostration : aggravates in the morning.
* Ringworm like eruptions for 7/8 years : ointment applied.
* Polyuria : has to wake up thrice at night : urine smells sweetish : can not retain urge for urination.
* Stool soft, daily.
* Observation : Patient is not able to express his sufferings clearly.

B. Past History :

* Chicken pox in childhood.
* Skin disease.
* History of occasional attacks of dyspnoea with

tendency to catch cold easily since childhood ; no such troubles at present for last two years.

C. Family History :

* Bronchial Asthma (both of the parents).
* Insanity (sister).

D. Generalities :

* Ambithermal.
* Easily catches cold.
* Perspiration + ; mainly on the back and armpits ; feels better after sweating.
* Thirst + + ; even at night.
* Desires sour, fish, warm food, onions, milk etc.
* Aversion to fruits and sweets.
* Intolerance to fried food and fat.
* Dreams of daily incidents.
* Mind : nervous ; fears ghosts, snakes, diseases, dogs ; anticipatory anxiety ; cautious ; fond of thunderstorm ; mild ; slow in habit.
* Wounds take time to heal up.

E. Clinical Findings :

* Pulse 66/minute ; feeble.
* B. P. 170/120 mm. of Hg.
* Tongue dry and coated.

* Conjunctivae yellowish ; chalazion in left eye.
* Abdomen : bulky ; liver not palpable.
* *Blood Sugar (P.P) ; 279 Mg.% on 29.8.83 and 260 Mg.% on 10.1.84.*
* Urine examinations at different times. between 29.9.83 to 29.2.84. show sugar + +, albumin and pus cells (3-5 per field).
* Weight : 55.5 Kg.

F. Anamnesis & Synthesis :

From the presenting complaints and past history it appears to be a case of syco-psora. The family history hints at the possibility of mixed miasmatic inheritance and the Generalities confirm syco-psoric predominance with shadow of syphilis lurking behind.

G. First Prescription 6.3.84 :

Causticum 0/3, followed by 0/5, 16 doses each, to be taken twice daily.

Advised Diabetic diet as also physical exercise and morning walk to reduce body weight.

Comment : The miasmatic features and most of the generalities indicate Causticum which is furthermore asserted by the conspicuous mental symptoms. The remarkable feature which arrested my attention was his unusual anxiety and cautious approach which was out of all proportions to his suffering.

This peculiarity was present to such an extent that he was arranging his property lest he might die. The History of burn was also regarded as an important guiding feature. Obesity being a predisposing and maintaining

cause of Diabetes Mellitus, he was advised to reduce his body Weight at least by 5 Kg.

Potency : 50 millesimal potency is the best weapon to combat such a disease with speedy cure and without least aggravation. Hence it was chosen.

H. Follow Up :

26.3.84 : Feeling much better. No trouble except occasional vertigo till yesterday ; complaints tending to appear again. Urine examination shows no trace of sugar.

B. P. : 130/90 mm of Hg.

Causticum 0/6 & 0/8. 16 doses each, to be taken once daily.

1.5.84 : Progressive relief. No complaints narrated. Blood sugar estimation (p. p) on 25.4.84 shows 125 Mg% of sugar. Wt. 55 Kg.

Causticum 0/10. 16 doses, each to be taken every alternate day.

1.6.84 : No complaints narrated. Urine examination on 29.5.84 shows no trace of sugar. B. P. 140/90 mm of Hg. Weight 53 Kg. It is interesting to note that his body weight was reduced by 2 Kg. in the mean time.

Causticum 0/12. 8 doses, each to be taken every fourth day.

16.7.84 : No sugar in Urine. Weight 51.5 Kg. B.P. 130/90 mm. of Hg. No complaints whatsoever. Has reduced 1 Kg. more body wieght but feeling more energetic instead of feeling weak.

Causticum 0/15. 8 doses. as above.

20.8.84 : Appears much better : B. P. and body weight same as on 16.7.84.

Causticum 0/18. 8 doses. as above.

10.9.84 : Some skin eruptions with itching has appeared in different parts of the body. But general feeling is further improved. Weight 51 Kg.

Causticum 0/20. 8 doses, as above.

26.10.84 : Blood sugar (P.P) 135 Mg% (19.10.84) : Weight 50 Kg. No complaints. Eruptions subsiding. Advised not to reduce body weight any more and as such protein intake to be increased.

Causticum 0/22. 12 doses. each to be taken every alternate day.

26.11.84 : Weight 51 Kg. No complaints.

Causticum 0/24. 8 doses. each to be taken every 4th day.

4.1.85 : Weight 51.5 Kg. : No complaints : Blood pressure normal.

Causticum 0/25. 12 doses. each to be taken every alternate day.

12.2.85 : Blood sugar (P.P.) 120 Mg% (4.2.85) : Weight 52 Kg. No complaints.

Causticum 0/26. 12 doses. as above.

1.4.85 : New skin eruptions on the neck. Weight 52 Kg. No other complaints.

Causticum 0/28. 12 doses. as above.

9.5.85 : Better in all respects. Weight 52.5. Kg. Eruptions disappeared.

Causticum 0/30. 8 doses, as above.

8.7.85 : Blood sugar (P. P) 100 Mg.% (25.6.85). Weight 53 Kg. No complaints.

Placebo.