

## THE EFFECTS OF HOMOEOPATHIC TREATMENT ON DIABETES\*

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Success in the homoeopathic treatment of any disease depends on following the principles laid down in the philosophy of Hahnemann and expounded by the wisest of his followers as they interpreted these principles in terms which present day prescribers can understand.

These principles are clear, practicable and satisfying. Man is a triune being, spiritual, mental, physical. All diseases, or disorders, partake of these three realms. Therefore, we treat the man, not his organs by themselves. We strive to learn the patient's reactions to the disorder present, reactions in the spiritual, mental and physical spheres. We become acquainted with him and try to separate the abnormal or morbid in his case from that which is normal.

This means the gathering of symptoms, the arrangement of them for study into the three classes mentioned, making the spiritual the most important, the mental next and the physical last, also making the symptoms predicated of the patient as a whole far more important than those predicated of one part or only a few parts.

It means suiting a remedy to the patient, not to one of his parts, whether this remedy is well-known for the disease in question or not. It means preparing the remedy to act on the plane of this particular patient's disorder. It means watching the results of a prescription and judging therefrom whether or not a curative process is developing. It means further diagnosis and prognosis based on such results. It means choosing a better remedy or following along with the one first chosen and its complementary remedies.

The homoeopathic physician, therefore, has no special treatment for diabetes. The diabetic patient is treated just as every other patient is treated. Like every other case, much depends on how far tissue change has taken place at the beginning of treatment, that is whether this has advanced far enough to render the patient incurable. Homoeopathy can cure any curable case of diabetes and it has done wonderful things with diabetics who have been considered incurable by other methods. A so-called incurable may have to return for further treatment at intervals if sugar returns after freedom and good health. Advanced cases may never cease treatment altogether but may live as long as other people and die of something else. Or such a patient may be palliated wonderfully on the way to death.

In diabetics we are dealing with borderland cases, with what is called

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an ultimate in organic disorder. Homoeopathy, used for chronic ills from early life, very rarely develops an ultimate. Its power in prevention is marvellous. But, mind you, I am talking about principles and their practice, not about the weaknesses of human nature and human endeavour in physicians as well as in patients.

You will want to know whether the strictly homoeopathic physician uses insulin. I cannot answer for all of them. I know that some will not allow it, will take it away at the beginning of homoeopathic treatment, regarding it as an element of interference. Since insulin is not really a drug, I think some permit its use. Of one thing I am sure. A patient accustomed to insulin in large doses over a long period is enabled to reduce that dosage soon after beginning treatment and may cut it down one-half or three-quarters or cut it out altogether. The pancreas, if not too far gone, comes back wonderfully toward normal functioning.

Here are a few cases to illustrate what I have been trying to say.

*Case I.* G. W., girl of five years, began treatment October 1937. Diabetes known to be present for two years; on strict diet. Urine tested for sugar by mother every two days, medium amount at first, a trace by Jan. 1938, then disappearing altogether until March when medium amount again for a few days and sugar free by the 31st to remain so.

Blood sugar test Jan. 13, 1938: 129; Aug. 4, 1938: 74; March 11, 1939: 113.

She was on a general diet after the first few months. This child had little endurance at first, could not keep going with other children, could not stay in kindergarten; looked sallow, weak, had a heart murmur. She had a strong tendency to prolonged bronchitis with high fever, then recuperation. She was irritable, unstable, extremely nervous, could not keep still, biting fingers.

Her father had one tubercular lesion in lung before she was born. Taking this inheritance into consideration along with the symptoms, treatment was started with Tuberculinum 10M, and continued with Lycopodium in a series of potencies.

She grew to be quite vigorous though still developing high fever on slight provocation. I have not seen her since December 1939, but hear she is very well.

*Case II.* B. W., three years, sister of the former patient, began treatment at the same time. Has had diabetes all her life; urine sugar free on strict diet but returns if she has any starch or sugar. By January 1938, on a much more general diet, urine was sugar free or nearly so. By the next September had been sugar free for many weeks and remained so. Blood sugar, Jan. 13, 1938: 122; Aug. 4, 1938: 78.

This child was given Tuberculinum at first also, but later had Pulsatilla and then Natrum mur., as her symptoms ran to catarrhal troubles with ear inflammation, and to digestive disturbances.

She has always been stronger and more even tempered than her sister.

*Case III.* Fragment of a case reported by Dr. C. A. Dixon, Akron, Ohio.

Mrs. R., 48 years. Oct. 10, 1940. Phos. 2c. Nov. 28 much better. Jan. 2, 1941, Phos. 2c. Jan. 23, worse. Phos. 1M. March 13, sugar free.

As no symptoms are given upon which to base the prescription, this case is mentioned simply to show that the remedy alone made the patient sugar free in less than six months and on three doses only.

*Case IV.* Reported by Dr. Harvey Farrington of Chicago.

Roland I. P., age 62, tall dark complexion. Degeneration of macula lutea, both eyes, since five years; vision dim, worse in a bright light. Process seemed to be checked by Nux vomica. Mother 82, and son 35, have the same trouble. Younger son died of diabetes at fourteen years.

Diabetes started apparently late in 1936: Lost twenty pounds during the next year and became quite weak. Dec. 31, 1938, sugar in urine 8.5%. Phos. ac. 3x.

May 24, 1939. Weakness with perspiration. Tenderness of buttocks; hurts to sit. Spells of melancholy. Phos. ac. 1M.

June 17. Much better, more energy. Pain in buttocks better. Nov. 4. Phos. ac. CM. Jan. 8, 1940. Phos. ac. CM. April 6. Phos. ac. CM. Sept. 8. Phos. ac. MM.

Sept. 15. Much stronger, says last medicine acted like magic.

Nov. 9. Sugar 0.75% gaining weight and energy.

March 1, 1941. Better in every way, sugar free if he avoids starches and foods containing cane sugar; allowed honey, pure maple or corn syrup. This case never took insulin.

*Case V.* Also reported by Dr. Farrington.

Theo. J., age 50. Not well for several months. Had arthritis in 1924 'cured' by baths at Burton Harbour, Michigan.

June 15, 1940. Sugar formed in urine ten weeks ago, taken insulin daily since. Amount of sugar in urine now 3.6%. Lost twelve pounds in the last month. Aversion to sweets. Pain in lumbar region 3 p.m. Syzygium 12x, three times a day for seven days. Insulin discontinued.

Aug. 2. Sugar free. Pain in back gone several weeks ago.

Aug. 23. Feeling fine. Has gained weight. Sept. 6. Sugar free. Losing weight again. Hunger. Diarrhoea from milk or sour foods. Sulph. 1M.

Nov. 8. Gained weight; seems perfectly well. March 24, 1941. Still perfectly well.

*Case VI.* Another case of my own.

L. E. M., medium height, stocky, rather pasty, sallow, very puffy about the eyes. In U. S. Naval Academy with rigid tests and O. K.

History: 1906: Trace of sugar in urine. 1908: Typhoid; never regained weight. 1911: Appendectomy; appendix found shrivelled; followed by abscess on abdominal wall. 1912: Some sugar but gradually less. 1914:

Strangulated intestine, emergency operation. Sugar in quantity after this. One time of coma. 1916: Retired on account of diabetes. 1921: Gradual loss of weight. Neuralgia legs and feet until hard to walk. Began insulin; on it all the time since May, 1923.

Homoeopathic treatment: June 16, 1925. Forty-two years, height 67½ inches, weight 143½. At lowest weighed 113 and some of this oedema. Face sallow with tendency to moth spots and acne. B. P. below 100 at one time, now 130. Sugar in urine was 5 or 6%, now none for a year. Blood sugar was 35.00% two or three years ago, now none. Taking 32 units of insulin daily.

Left antrum has been infected for three years. Now slight discharge which is offensive. Skin extremely dry. Slight wounds or scratches very slow to heal. Ulcers over tibiae and between toes do not heal. Endurance low, must lie down frequently. Teeth poor, better since started insulin. Likes dry weather, mild climate. Worse damp weather and drafts. Craves open air. Calm naturally, phlegmatic, rather slow. Irritable with diabetes.

July 14. Cut insulin one-half. Lyc. 10M. July 20. Decidedly better and cut out insulin. July 29. Stools regular (had been constipated many years). Aug. 10. Sugar 1½% a week ago.

Sept 9. More energy; colour better. Urinalysis ten days ago: quantity normal; sp. gr. 1036, sugar 2½%.

Oct. 24. More nervous, irritable. Lyc. 10M. Nov. 25. No better, very irritable. Sugar 3½%. Lyc. 50M. Dec. 9. Better in general. Sugar 4%, sp. gr. 34.

Feb. 8, 1926. Growing worse, thinner, weaker. Vision blurred on attempting to read. Ulcer of great toe refuses to heal. Sulph. 10M.

Feb 19. No better. Went to Naval Dispensary for examination. Advised return to insulin and did so. Told trouble with retina. Psor. 10M.

March 25. Gaining flesh steadily. Able to reduce quantity of insulin over and over and get a reaction, even when eating more freely than for years.

April 7. Urine and blood sugar free since early February. April 26. Has gained ten pounds. Looks more sallow. Eyes no better. Psor. 10M.

May 24. Insulin 18 units (one year ago 36 units). Vision better slowly.

July 7. Vision worse. Ankles swelling. Psor. 50M.

Sept. 28. Able to go touring, driving long distances, eating as other people do in hotels and restaurants; careful to avoid most sweets.

Dec. 18. Been better. Now weight less. Psor. 50M.

Feb. 16, 1927. Toe which has had ulcer since treatment began entirely healed. Subsequent history is a repetition. Weight, strength, energy, remain good. Does all kinds of mechanical labour. Diet only slightly restricted. Insulin produces reaction occasionally and must be reduced. Vision is permanently affected so cannot read fine print. All tests for sugar negative.

The change from an invalid to a vigorous active man began promptly

and has continued all these years; it would have to be seen to be realized. Remedies have been: Psorinum for a basic remedy; Lycopodium and Sulphur for lesser chronic ills and Kali bi. for acute troubles, mostly catarrhal.

The homoeopathic treatment for the diabetic is the same as for any other disorder and the results are very frequently soul satisfying.

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