

Evaluating the Effectiveness of Homoeopathy in Glycemic Control

Ajay Jaiswal¹, Seema Shakya²

Assistant Professor, RKCHMS Bhopal (M.P.)
Managing Director, The Golden Circle Coaching Classes

Abstract

Diabetes mellitus is a metabolic disorder which is characterized by increased blood glucose level with disturbances of carbohydrate, fat and protein metabolism resulting from either loss of insulin producing cells, insufficient insulin action, or both. An open label, observational, prospective study design was adopted for the study at Government Homoeopathic Medical College & Hospital, Bhopal (MP). Patients fulfilling inclusion and exclusion criteria, reporting in regular OPD's and attached units of the institute by consecutive sampling were included. Routine follow up's were done at two weeks, 1 month or 2 month or more than 2 month intervals. A total number of 30 cases of different age group, both sexes and religions presented with signs and symptoms of hyperglycemia were included in the study. All the 30 cases were followed- up for the minimum period of three months or more for the analysis of result. Assessment in each case was evaluated by Modified ORIDL Scale. This dissertation study was intended to assess the effectiveness of homoeopathic medicines in glycemic control and extent of improvement in the related symptoms of the patient.

Keywords: Homoeopathy, Diabetes Mellitus, ORIDL (Outcome in Relation to Impact on Daily Living) Scale.

Introduction:

Diabetes mellitus is derived from the, Greek word *diabetes* meaning, siphon -to pass through and the Latin word *mellitus* meaning honeyed or sweet. This is because in diabetes excess sugar is found in blood as well as the urine. It was known in the 17th century as the —pissing evil. Also the term diabetes was probably coined by Apollonius of Memphis around 250 BC. Diabetes is first recorded in English, in the form diabete, in a medical text written around 1425. It was in 1675 that Thomas Willis added the word —'mellitus' to the word diabetes. This was because of the sweet taste of the urine. This sweet taste had been noticed in urine by the ancient Greeks, Chinese, Egyptians, Indians, and Persians as is evident from their literature.

World health organization (WHO) projects the number of patients with diabetes mellitus to be 366 million by the year 2030 which is more in low- and middle-income countries.

Homoeopathy is the second most popular system of medicine in the world. And homoeopathy directly effect the vital system of the person, we treat person not the disease. Homoeopathy can be a boon to many families or persons which can cure the hyperglycemia (DM) without any harmful effect. According to Dr. Hahnemann, in Homoeopathy internal changes take place prior to external signs. Disease is primarily only an altered state of life and mind (it may be stress of life or any drastic change in life), manifesting itself in morbid sensations and functions, which can lead to perceptible tissue changes or any functional change in any organs or any system. Functional symptoms always precede

structural changes. For the homoeopathic physician the totality of the symptoms of patient is the disease, and with the help of totality of symptoms the physician can make an individuality of the patient. According to Dr. Hahnemann, fundamental causes are the real cause of the disease.

In Aph.80 of Organon of medicine (6th edition) Hahnemann described about 3 miasma -

- Sycosis(First chronic miasm)
- Syphilis (Second chronic miasm)
- Psora(Third chronic miasm)

Hahnemann had spent 12 years (1816-1828) for the search of chronic miasm. Hahnemann also explained about these 3 miasma in his book Theory of Chronic disease, published in the year 1828.

MIASMATIC ANALYSIS OF DIABETES MELLITUS

In homoeopathy, the treatment of the patient is done through individualization, i.e. by finding out the striking, singular, uncommon and peculiar (characteristic) signs and symptoms" (§ 153), which is also true in each case of diabetes mellitus and to apply the medicine accordingly which have these peculiar symptoms in their pathogenesis.

When we thought according to homoeopathic point of view we can found that diabetes mellitus has mainly Psoramiasm in the background but according to subtypes it form complex miasm. Type I DM & MODY is a disorder of **genetic mutation** which leads to **destruction of Beta cells of Langerhans or deficient formation of insulin** which shows the **Psoric dysfunction & syphilitic trait** but Type II DM is disorder of **immune resistant** towards the insulin which is the effect of hypersensitized immune system, shows the **Psoric trait**. That means DM have mainly **Psoro-syphilitic Miasma** in the background.

Gestational diabetes mellitus also showing the hormonal changes in the mothers body, which leads to resistance towards the insulin hormone. This shows the **psoramiasm** in the background.

Many subtypes of diabetes mellitus shows the genetic inheritance that means the psoricmiasm run one generation to next generation.

Method of Test/ procedure: -

In the present study, 41 cases were screened, 36 were enrolled, 6 dropped out, 30 completed the study (n= 30), these patients were picked up from the out patients department, inpatient department and attached units of Government Homoeopathic Medical College & Hospital, Bhopal. Before enrolling in the study population, every patient was evaluated and diagnosed on the basis of clinical history and clinical and laboratory examination. Follow-ups were done on the basis of symptoms and repeated symptom analysis and laboratory investigation.

After the diagnosis, the patients were enrolled in the study as per inclusion and exclusion criteria. Prior case taking,

ANALYSIS OF ORIDL SCALE SCORE:-

S. No.	X	Y	Z = X-Y	Z-Z'	(Z-Z') ²
1	-2	+3	+1	+0.14	0.0196
2	-2	+3	+1	+0.14	0.0196

3	-2	+4	+2	+1.14	1.2996
4	-3	+2	-1	-1.86	3.72
5	-3	+2	-1	-1.86	3.72
6	-2	+3	+1	+0.14	0.0196
7	-2	+4	+2	+1.14	1.2996
8	-2	+3	+1	+0.14	0.0196
9	-2	+3	+1	+0.14	0.0196
10	-3	+2	-1	-1.86	3.72
11	-1	+4	+3	+2.14	4.5796
12	-3	+2	-1	-1.86	3.72
13	-1	+4	+3	+2.14	4.5796
14	-2	+3	+1	+0.14	0.0196
15	-2	+3	+1	+0.14	0.0196
16	-2	+3	+1	+0.14	0.0196
17	-1	+4	+3	+2.14	4.5796
18	-1	+3	+2	+1.14	1.2996
19	-2	+3	+1	+0.14	0.0196
20	-3	+4	+1	+0.14	0.0196
21	-2	+3	+1	+0.14	0.0196
22	-1	+2	+1	+0.14	0.0196
23	-2	+3	+1	+0.14	0.0196
24	-1	+4	+3	+2.14	4.5796
25	-3	+2	-1	-1.86	3.72
26	-2	+3	+1	+0.14	0.0196
27	-3	+2	-1	-1.86	3.72
28	-1	+3	+2	+1.14	0.0196
29	-3	+2	-1	-1.86	3.72
30	-3	+2	-1	-1.86	3.72
TOTAL	26			52.2712	
t = 42.5735 df = 29 Standard error of difference = 0.117 “Extremely statistically significant”					

OBSERVATIONS & RESULT:-

AGE INCIDENCE:- The maximum age incidence of 30% (n= 09) were between the age group of 36-40 years, followed by 25% (n= 06) in the age group of 20-25 years, and the next is 17% (n= 05) in the age group of 26-30 years, 10% (n= 03) in the age group of 51-55 years, 07% (n= 02) in the age group of 31-35 years. and minimum age incidence each 3% (n= 01 each) in the age groups of 41-45 years, 56-60 years & 61-65 years.

ECONOMIC STATUS:- All the cases (n= 30) were divided into three categories, out of which 30% (n= 09) were in lower middle class, 43% (n= 13) from middle class and 27% (n= 08) belonged to upper middle class.

FAMILY HISTORY OF DIABETES MELLITUS:- Out of total 30 cases, 53% (n= 16) were presented with positive family history of Diabetes Mellitus, 20% (n= 06) had no familial history, and 27% (n= 08) were not aware about the history of Diabetes Mellitus in the family.

OCCUPATION:- All the cases (n= 30) were divided into different categories, out of which 34% (n= 10) were students, 17% (n= 05) were house wife, 03% (n= 01) was a farmer, 03% (n= 01) were govt. employ, 20% (n= 06) were businessman, 14% (n= 4) were private office worker, 03% (n= 01) was an shopkeeper, 03% (n= 01) was an retired officer and 03% (n= 01) was an electrician.

CONSTITUTIONAL REMEDY:- For the analysis of related constitutional remedy, out of the all patients (n= 30), 20% patient (n=06) were taken Argentum Nit., 14% (n= 04) were taken Sulphur, 13% each (n= 4 each) were taken Pulsatilla and Lycopodium, Natrumsulph. were also taken by 13% (n= 4), 07% each (n= 2 each) patients were taken Nux. vom& Acetic acid and only 03% (n=01) patient were taken Calcarea carb.

S.NO.	Remedy	NO. OF CASES	PERCENTAGE (%)
1	Argentum Nit	06	20
2	Sulphur	04	14
3	Pulsatilla	04	13
4	Natrummur	03	10
5	Lycopodium	04	13
6	Nux vomica	02	07
7	Natrumsulph	04	13
8	Calcarea carb	01	03
9	Acetic acid	02	07
TOTAL		30	100

RESULTS OF TREATMENT:- It is evident that 60% (18= cases) showed marked improvement, 27% (8= cases) moderate improvement, 13% (4= cases) mild improvement and 0% (0= cases) showed no improvement after the treatment.

PAIRED T TEST RESULTS

P value and statistical significance:

The two-tailed P value is less than 0.0001

By conventional criteria, this difference is considered to be extremely statistically significant.

Confidence interval:

The mean of Group One minus Group Two equals -5.00

95% confidence interval of this difference: From -5.24 to -4.76

Intermediate values used in calculations:

$t = 42.5735$

$df = 29$

Standard error of difference = 0.117

Conclusion:

Homoeopathic treatment based on individualization appeared to be very efficacious, safe and economic in the treatment of glycemic control or diabetes mellitus. By conventional criteria, this difference is considered to be extremely statistically significant. Which means homoeopathy medicines gave significant improvement in the patients of diabetes mellitus. Further studies are required in larger group of population with different types of diabetes mellitus and its homoeopathic management to evolve a scientific way which can act like a boon for many families.

References:

1. History of Diabetes [Internet]. News-Medical.net. 2009 [cited 2020 Jun 16]. Available from: <https://www.news-medical.net/health/History-of-Diabetes.aspx>
2. Svensson AK, Svensson T, Kitlinski M, Almgren P, Engström G, Nilsson PM, et al. Incident diabetes mellitus may explain the association between sleep duration and incident coronary heart disease. *Diabetologia*. 2018;61(2):331–41.
3. Anjana RM, Mohan V. Diabetes and physical activity. *Indian J Med Res*. 2016 Apr;143(4):530–1.
4. MirghaniDirar A, Doupis J. Gestational diabetes from A to Z. *World J Diabetes*. 2017 Dec 15;8(12):489–511.
5. Raveendran AV, Chacko EC, Pappachan JM. Non-pharmacological Treatment Options in the Management of Diabetes Mellitus. *EurEndocrinol*. 2018 Sep;14(2):31–9.
6. Archive on Homoeopathy: A prospective observational study to ascertain the role of homeopathic therapy in the management of diabetic foot ulcer [Internet]. [cited 2020 Jun 16]. Available from: <http://aohindia.in/jspui/handle/123456789/1372>
7. Hanemann S. Organon Of Medicine(fifth And Sixth Edition) [Internet]. 1833 [cited 2020 Jun 16]. Available from: <http://archive.org/details/in.ernet.dli.2015.31779>