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MANAGEMENT OF DIABETES MELLITUS BY INDIVIDUALIZED HOMOEOPATHIC TREATMENT: A CASE REPORT

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ABSTRACT

Background: Diabetes mellitus is a syndrome characterized by chronic hyperglycemia with disturbances of metabolism of carbohydrates, fats and proteins and relative insulin deficiency, resistance or both. In this case a 45 years old female patient visited our OPD with the complaint of profound weakness and frequent micturition which was diagnosed as Diabetes Mellitus in laboratory investigations. **Methods:** After detailed case-taking and repertorization, at first individualized homoeopathic medicine (IHM), Natrum muriaticum 200 was given and thereafter again Natrum muriaticum 200 and within about 4-6 months of homoeopathic treatment, the patient started improving. Again, the patient was given Natrum muriaticum 1M and at the time of last follow-up visit in OPD, followed by which the laboratory diagnosis showed normal fasting glucose level demonstrating a positive role of individualized homoeopathic treatment in a case of Diabetes mellitus. **Results:**

Modified Naranjo Criteria for Homoeopathy tool was used to assess the causal relationship between homoeopathic intervention and clinical outcome. The MONARCH score (+9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment, which is also evident from laboratory diagnosis. **Conclusions:** Research in the fields of glucose homeostasis, insulin, and diabetes remains crucial due to rapid globalization, sedentary lifestyles, and rising obesity rates, leading to diabetes and their consequent co-morbidities. This case study shows that well selected homoeopathic medicine can manage the case with faster relief of the entire symptom complex.

KEYWORDS: Individualized homoeopathic medicine, Natrum muriaticum, Diabetes mellitus.

INTRODUCTION

Diabetes mellitus (DM) is a chronic heterogeneous, complex metabolic disorder characterized by elevated blood glucose levels or persistent hyperglycemia results from either resistance to the action of insulin, insufficient insulin secretion, or both.[1] There were an estimated 529 million people living with diabetes in 2021 and it was estimated that it will be more than double to about 1·31 billion by 2050.[2] Globally, 1 in 11 adults has DM (90% having T2DM). The onset of T1DM gradually increases from birth and peaks at ages 4 to 6 years and then again from 10 to 14 years.[3] Risk factors that can lead to Diabetes Mellitus (DM) include genetic predisposition, obesity, lack of physical activity or sedentary lifestyle, poor diet, prolonged stress, chronic inflammation and adverse effects of certain medications etc. DM is broadly classified into four types by etiology and clinical presentation, type 1 diabetes, type 2 diabetes, and gestational diabetes (GDM) and diabetes caused or associated with certain specific conditions, pathologies, and/or disorders.[4] Type 1 DM or insulin-dependent diabetes mellitus (IDDM) constitutes about 5–10% of all the cases of diabetes. It is an autoimmune disorder characterized by T-cell-mediated destruction of pancreatic β-cells, which results in insulin deficiency and ultimately hyperglycemia.[5] Type 2 DM, also known as non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes constitutes about 90–95% of all the cases of diabetes characterized by two main insulin-related anomalies-insulin resistance and β-cell dysfunction.[6] Gestational diabetes mellitus (GDM) is characterized by any level of glucose intolerance or diabetes diagnosed at the outset or during pregnancy, usually in the second or third trimester. It differs from preexisting diabetes in in women undergoing pregnancies and generally resolves soon after childbirth or termination of

pregnancy.[7] Diabetes resulting from monogenic defects in β-cell function constitutes only 0.6–2% of all the cases of diabetes and mainly includes maturity-onset diabetes of the young (MODY) and neonatal diabetes. Diabetes can also be caused due to genetic abnormalities in insulin action, several endocrinopathies, exocrine pancreatic pathologies infections caused by viruses leading to β-cell dysfunction, and drug- or chemical-induced etc.[8] The confirmation of chronic hyperglycemia is a prerequisite for the diagnosis of diabetes mellitus. Diabetic type is defined when fasting plasma glucose (FPG) is 7.0 mmol/l (126 mg/dl) or higher, and/or plasma glucose 2 h after 75 g glucose load (2hPG) is 11.1 mmol/l (200 mg/dl) or higher. A casual plasma glucose (PG) > or =11.1 mmol/l (200 mg/dl) also indicates diabetic type. Diabetes can be diagnosed by a single plasma glucose test of 'diabetic type' if one of the following three conditions co-exists, (i) typical symptoms of diabetes mellitus; (ii) HbA1c > or =6.5% by a standardized method; or (iii) unequivocal diabetic retinopathy. If the above conditions (i) or (ii)) have been present in the past and well documented, the subject is diagnosed either to have diabetes or to be suspected of diabetes, even if the present level of glycemia does not reach that of 'diabetic type.'[9] DM patients are more susceptible to different forms of both short- and long-term complications include macrovascular diseases (hypertension, hyperlipidemia, heart attacks, coronary artery disease, strokes, cerebral vascular disease, and peripheral vascular disease), microvascular diseases (retinopathy, nephropathy, and neuropathy) and cancers.[10] Management of patients diabetes mellitus demands a comprehensive approach which includes diabetes education, an emphasis on life style modification, achievement of good glycemic control, minimization of cardiovascular risk, and avoidance of drugs that can aggravate glucose or lipid metabolism, and screening for diabetes complications.[11] The conventional medications in diabetes treatment(insulin and oral hypoglycaemic agents) focusing on insulin secretion and insulin sensitization cause unwanted side effects to patients and lead to incompliance as well as treatment failure.[12]. Homoeopathy is among the commonest used CAM for DM and its complications[13,14,15]. Studies have reported that 1.5% of DM patients in India avail of homoeopathic treatment [16]. Research on managing DM and its complications showed significantly positive results in favour of homoeopathy[15,17,18,19,20] Most studies have focused on evaluating the effect of either specific homoeopathic remedies or complex remedies in DM.[15] A significant reduction in pathological findings such as fasting blood sugar (FBS) and post prandial blood sugar (PPBS) were also reported.[19] Another study reported a significant improvement in diabetic neuropathy symptom with homoeopathic treatment compared to placebo.[20] Few case reports have reported beneficial effect of homoeopathic treatment in DM especially the

symptoms of diabetic foot.[21,22] In a non-randomized retrospective study, it was found that the addition of individualized homeopathic treatment to conventional treatment was associated with better glycaemic control in T2DM patients compared with standard conventional treatment alone. The decrease in fasting glucose and HbA1c was larger in patients with poorer glycaemic control at baseline.[15] Homoeopathic studies on DM has reported frequently used polychrets remedies such as Lycopodium clavatum, Sulphur, Phosphorus, Phosphoric acid [18,19,20] Similarly, majority of preclinical research in DM in homoeopathy was carried on drugs like Syzygium jambolanum and Cephalandra indica [23] Another systematic review reported significantly more adverse effects ($p = 0.0004$) with the conventional treatment compared to the homoeopathic treatment.[24] Doctors of the conventional systems of medicine (74%) also opined that AYUSH therapies could positively impact patients' QOL.[25] Around 67% of CAM users have also reported improved well-being.[26]

CASE REPORT

A 45 years old female visited our OPD with the complaint of profound weakness and frequent micturition, cannot hold urine and there is sensation as if some amount of urine always remained in the bladder since last 6 months.

History Of Present Complaints: This patient has been suffering from the complaints since last 6 months for which she consulted allopathic doctors without any satisfactory relief.

Other Complaints: On further questioning she reported sleeplessness for the last 2-3 years and she felt exhausted and lethargic due to lack of sleep.

Past History: She suffered from chicken pox at the age of 4 years and recovered by Allopathy. She had dengue 5 years ago and recovered by Allopathy.

Family History: Father died in CA liver Paternal uncle had Cirrhosis of liver and her own sister has Hyperthyroidism

Generalities

On the **Physical Generals**, Appetite of the patient is good and cannot tolerate hunger. The patient has desire for fatty and oily food, take extra salt in meals, salty food and cold drinks, meat and sweet. Patient has aversion to milk. Thirst is profuse, patient has got a strong desire to drink water during a meal. Perspiration profuse. Thermally the patient is chilly. Regarding

sleep there is sleeplessness. Regarding the bowel habit there is irregularity of bowel, difficult hard stool. Urination is disturbed, frequent urination cannot hold urine and there is sensation as if some amount of urine always remained in the bladder.

On the **Mental Generals**: There is a history of suppressed grief due to death of husband, Aversion to talk with anybody, Desire to be alone, Dreams of fighting with others.

Clinical examination: General survey revealed no abnormality. Pulse- 80/min. BP- 130/88 mm of Hg.

Diagnosis: Based on the laboratory investigations the patient had high blood sugar level and on basis of clinical presentation the patient was diagnosed to have Diabetes Mellitus.

Totality of symptoms

- History of suppressed grief due to death of husband,
- Aversion to talk to anybody, desire to be alone
- Dreams of fighting with others.
- Thermally the patient is chilly
- Sleeplessness.
- Desire for fatty and oily food, salty food and cold drinks and meat
- Aversion to milk
- Frequent urination cannot hold urine
- Irregularity of bowel, difficult hard stool.

REPERTORIAL ANALYSIS: On repertorization of the above-mentioned symptoms we found that the medicine Natrum muriaticum covered the maximum number of rubrics(9) and scored maximum(19) followed by Nux vomica (19/8), Phosphorus (18/8), Calcarea carbonica (16/8) etc Repertorisation chart is shown in **FIG-3.**

MIASMATIC ANALYSIS: Upon thorough miasmatic analysis the case was found to be multi-miasmatic psoric predominance.

THERAPEUTIC INTERVENTION

First Prescription: Individualized homoeopathic medicine Natrum Muriaticum was prescribed in centesimal potency.

Basis of Prescription: In this case we found the presence of the characteristics of the great anti-miasmatic drug Natrum Muriaticum such as patient has suppressed or reserved grief due to death of her husband, aversion to talk to anybody, desire to be alone. Desire for salty food, Frequent urination, cannot hold urine and sleeplessness, difficult stool.

Follow-Up Assessments: The follow up of the patient was done meticulously at an interval of about 1 month for a period of nearly 1 year. The details of which have been detailed in table no 1.

Discussion of the Case Homoeopathy is a reliable mode of therapeutics as an alternative method of treatment of Diabetes Mellitus as evident from previous studies.[13-26] This case report shows an improvement of complaints of the patient along with an improvement in blood glucose levels **[Figure-1,2]** while she was under homoeopathic treatment. In this case patient came with the complaint of profound weakness and frequent micturition, cannot hold urine and there is sensation as if some amount of urine always remained in the bladder. Miasmatic analysis of the case was done and it was found to be predominantly psora. After detailed case taking and repertorization and considering all the characteristics symptoms, past history, family history, and miasmatic background and consulting our authentic materia medica, our final selection for this case was Natrum muriaticum. It was administered in centesimal potency on 16/01/23 starting with 200c following which there was an improvement in the presenting complaints of the patients and she was administered in gradual ascending doses of Natrum muriaticum the details of which are mentioned in the follow-up sheet in [**Table no-1]**. The case demonstrated effective management, as evidenced by photographic images of laboratory investigations taken before **[Figure-1]** and after the treatment **[Figure-2].** The Modified Naranjo Criteria[26] were applied to establish the causal attribution between the homoeopathic medicine and the changes in the patient's symptoms and signs **[Table-2]**. According to the criteria,

FOLLOW UP SHEET (TABLE 1)

DATE OF VISIT	SYMPTOMS	MEDICINE WITH DOSES AND REPETITION
20/02/23	Slight improvement of symptoms	Placebo
29/03/23	Frequency of urination decreased, sleep - disturbed	Placebo
26/04/23	Improvement of all symptoms	Placebo
19/05/23	Reappearance of all symptoms	Natrum muriaticum 200/1 dose
26/07/23	Patient was better	Placebo
06/09/23	Patient was better	Placebo

09/10/23	Stool-irregular, hard stool weakness	Placebo
20/11/23	Frequent urination persists Sleeplessness++	Natrum muriaticum 1M/1dose
19/12/23	All the symptoms improved	Placebo
07/01/24	No such complaints. [blood glucose level normalized on 05.1.2024]	Placebo

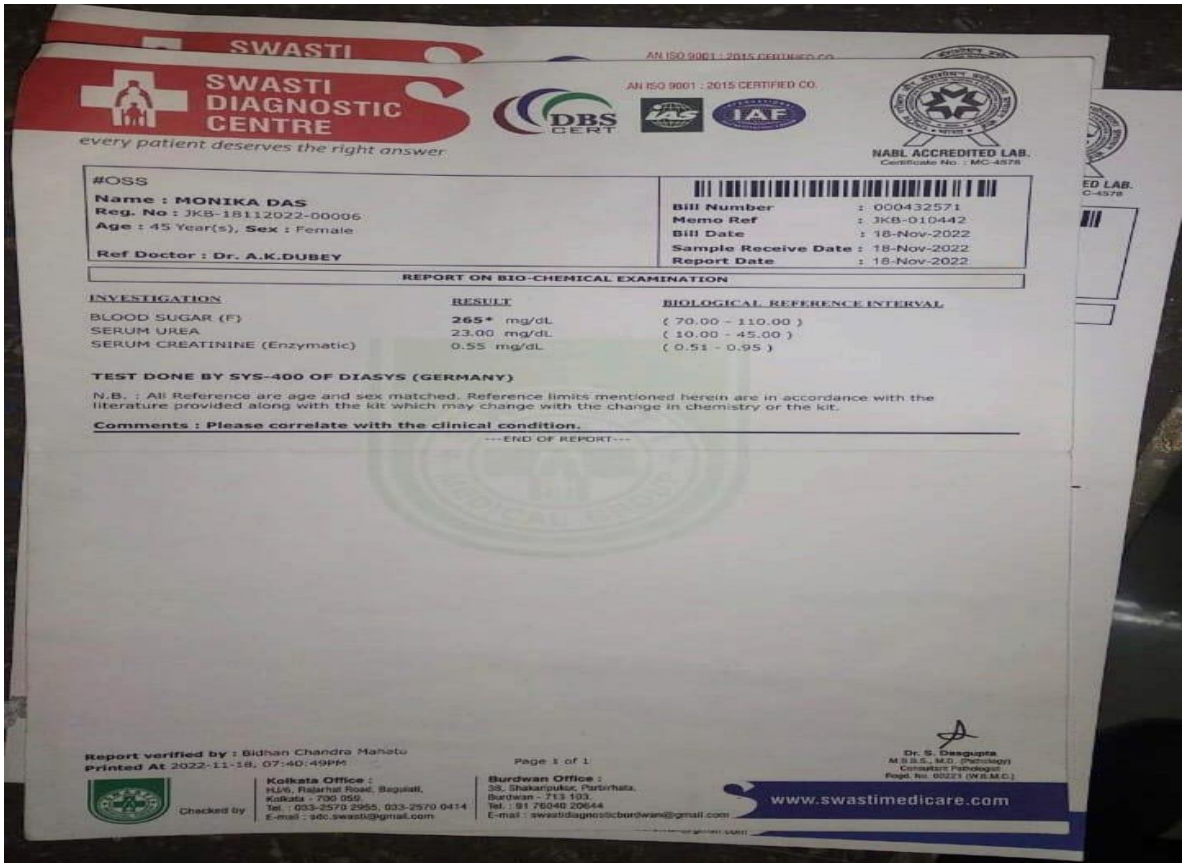
MODIFIED NARANJO CRITERIA-(Table No. 2)

Table 4: Assessment by Modified Naranjo Criteria score.

Item	Yes	No	Not sure
Was there an improvement in the main complaint for which homoeopathic medicine was prescribed?	+2		
Did clinical improvement occur within a plausible time frame relative to drug intake?	+1		
Was there an initial aggravation of symptom?		0	
Did the effect encompass more than main complaint i.e., were other symptoms ultimately improved or changed?	+1		
Did overall wellbeing improved?	+2		
Direction of cure: did some symptoms improve in the opposite order of development of disease?			0
Did at least two of following aspects apply to the order of improvement of symptoms -from more important organ to less important organ -from deeper to more superficial aspect of individual -from above downwards			0
Did old symptoms (defined as nonseasonal and non-cyclical that were previously thought to have resolve) reappear temporarily during course of improvement?		0	
Are there alternate causes (other than medicine) that with a high probability could have caused improvement? (Considering known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
Was health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?			0

MIASMATIC DIAGNOSIS: [Table No 3]

SYMPTOMS	MIASM
Suppressed grief	Psora
Aversion to talk to anybody ,desire to be alone	Psora
Sleeplessness	Psora, syphilis
Thermal reaction: Chilly pt	Psora
Desire: salty foods	Pseudo psora
Desire: meat	Pseudo psora
Desire: cold drinks	Syphilis
Aversion to milk	sycosis
Frequent urination ,cannot hold urine	Psora
Irregularity of bowel, difficult hard stool	Psora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#OSS

Name : MONIKA DAS
Reg. No : JKB-18112022-00006
Age : 45 Year(s), Sex : Female

Ref Doctor : Dr. A.K.DUBEY

Bill Number : 000432571
Memo Ref : JKB-010442
Bill Date : 18-Nov-2022
Sample Receive Date : 18-Nov-2022
Report Date : 18-Nov-2022

REPORT ON BIO-CHEMICAL EXAMINATION

INVESTIGATION	RESULT	BIOLOGICAL REFERENCE INTERVAL
BLOOD SUGAR (F)	265* mg/dL	(70.00 - 110.00)
SERUM UREA	23.00 mg/dL	(10.00 - 45.00)
SERUM CREATININE (Enzymatic)	0.55 mg/dL	(0.51 - 0.95)

TEST DONE BY SYS-400 OF DIASYS (GERMANY)

N.B. : All Reference are age and sex matched. Reference limits mentioned herein are in accordance with the literature provided along with the kit which may change with the change in chemistry or the kit.

Comments : Please correlate with the clinical condition.

---END OF REPORT---

Report verified by : Bidhan Chandra Mahato
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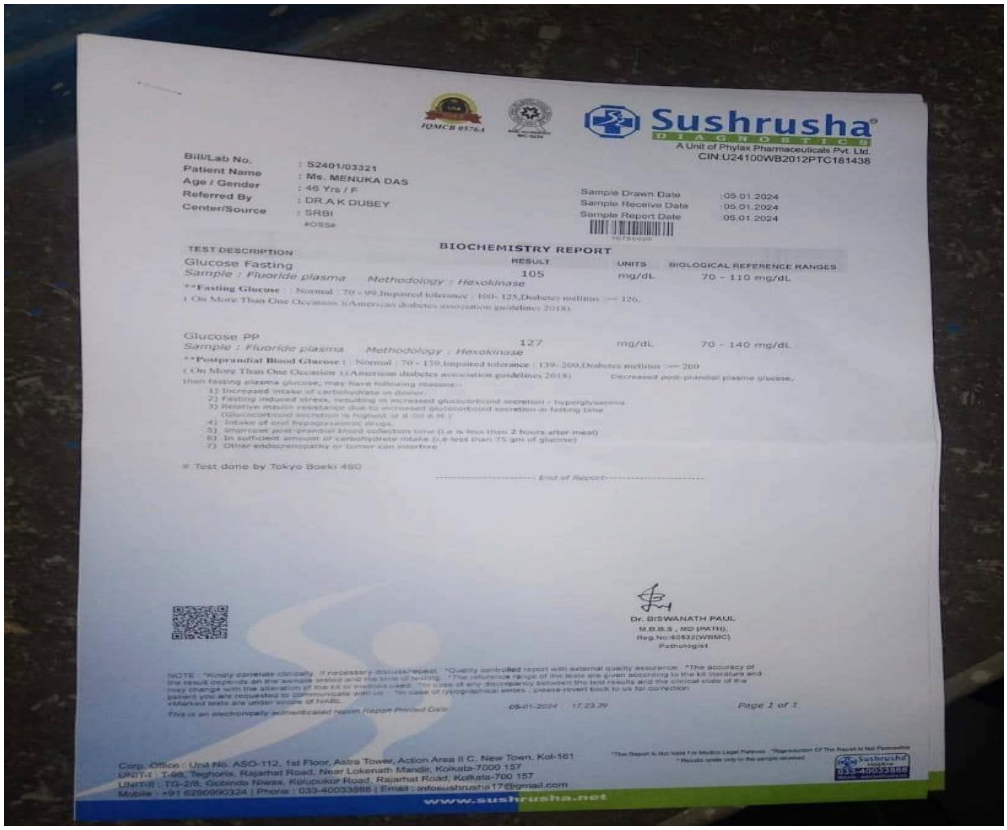
Figure 1: Showing Blood Glucose Level Before Homoeopathic Treatment.


Sushrusha

DIAGNOSTIC

A Unit of Phylax Pharmaceuticals Pvt. Ltd.
CIN:U24100WB2012PTC181438

Bill/Lab No. : S2401/03321
Patient Name : Ms. MENUKA DAS
Age / Gender : 46 Yrs / F
Referred By : DR A K DUBEY
Center/Source : SRBI

Sample Drawn Date :05.01.2024
Sample Receive Date :05.01.2024
Sample Report Date :05.01.2024

BIOCHEMISTRY REPORT

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Glucose Fasting	105	mg/dL	70 - 110 mg/dL
Sample : Fluoride plasma Methodology : Hexokinase			
**Fasting Glucose : Normal : 70 - 99,Impaired tolerance : 100- 125,Diabetes mellitus >= 126, (On More Than One Occasion)(American diabetes association guidelines 2018)			
Glucose PP	127	mg/dL	70 - 140 mg/dL
Sample : Fluoride plasma Methodology : Hexokinase			
**Postprandial Blood Glucose : Normal : 70 - 139,Impaired tolerance : 139- 200,Diabetes mellitus >= 200 (On More Than One Occasion)(American diabetes association guidelines 2018) Decreased post-prandial plasma glucose, then fasting plasma glucose, may have following reasons:- 1) Increased intake of carbohydrate in diet; 2) Fasting induced stress, resulting in increased glucocorticoid secretion - hyperglycaemia 3) Relative insulin resistance due to increased glucocorticoid secretion in fasting time (Glucocorticoid secretion is highest at 8.00 A.M.) 4) Intake of oral hypoglycaemic drugs. 5) Improper post-prandial blood collection time (i.e is less than 2 hours after meal) 6) In sufficient amount of carbohydrate intake (i.e less than 75 gm of glucose) 7) Other endocrinopathy or tumor can interfere.			

Test done by Tokyo Boeki 460

End of Report

Dr. BISWANATH PAUL M.B.B.S., MD (PATH). Reg.No:60632(WBMC) Pathologist

NOTE : *Kindly correlate clinically. If necessary discuss/repeat. *Quality controlled report with external quality assurance. *The accuracy of the result depends on the sample tested and the time of testing. *The reference range of the tests are given according to the kit literature and may change with the alteration of the kit or methods used. *In case of any discrepancy between the test results and the clinical state of the patient you are requested to communicate with us. *In case of typographical errors , please revert back to us for correction. #Marked tests are under scope of NABL.

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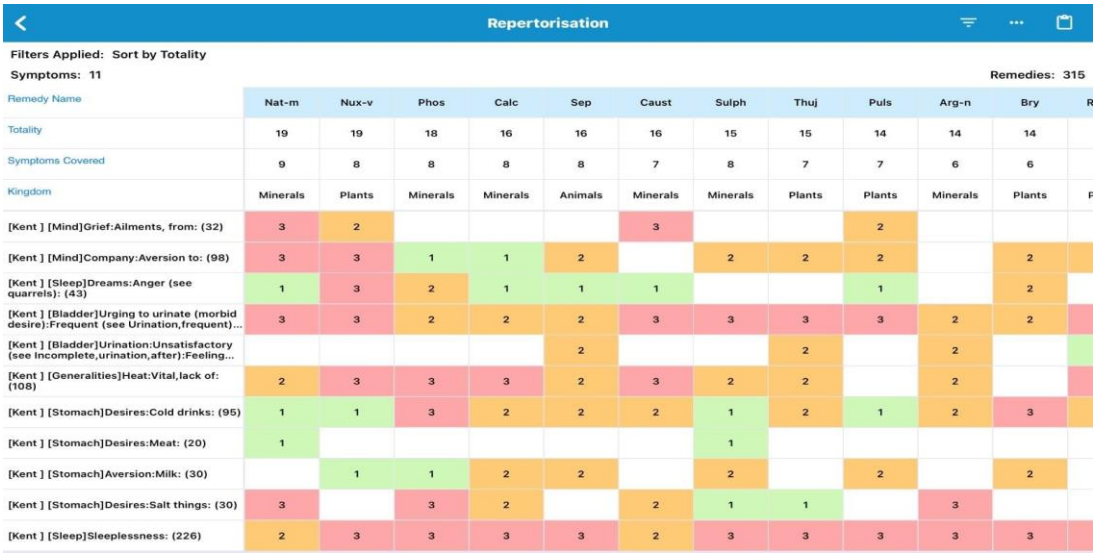
Figure 2: Showing Blood Glucose Level After Homoeopathic Treatment.



Repertorisation

Filters Applied: Sort by Totality

Symptoms: 11

Remedies: 315

Remedy Name	Nat-m	Nux-v	Phos	Calc	Sep	Caust	Sulph	Thuj	Puls	Arg-n	Bry
Totality	19	19	18	16	16	16	15	15	14	14	14
Symptoms Covered	9	8	8	8	8	7	8	7	7	6	6
Kingdom	Minerals	Plants	Minerals	Minerals	Animals	Minerals	Minerals	Plants	Plants	Minerals	Plants
[Kent] [Mind]Grief:Ailments, from: (32)	3	2				3			2		
[Kent] [Mind]Company:Aversion to: (98)	3	3	1	1	2		2	2	2		2
[Kent] [Sleep]Dreams:Anger (see quarrels): (43)	1	3	2	1	1	1			1		2
[Kent] [Bladder]Urging to urinate (morbid desire):Frequent (see Urination,frequent)...	3	3	2	2	2	3	3	3	3	2	2
[Kent] [Bladder]Urination:Unsatisfactory (see Incomplete,urination,after):Feeling...					2			2		2	
[Kent] [Generalities]Heat:Vital,lack of: (108)	2	3	3	3	2	3	2	2		2	
[Kent] [Stomach]Desires:Cold drinks: (95)	1	1	3	2	2	2	1	2	1	2	3
[Kent] [Stomach]Desires:Meat: (20)	1						1				
[Kent] [Stomach]Aversion:Milk: (30)		1	1	2	2		2		2		2
[Kent] [Stomach]Desires:Salt things: (30)	3		3	2		2	1	1		3	
[Kent] [Sleep]Sleeplessness: (226)	2	3	3	3	3	2	3	3	3	3	3

Figure 3: Repertorization.

CONCLUSION

In the current global health scenario, diabetes mellitus (DM) is the most common endocrine disorder posing significant public health concern, producing substantial morbidity, mortality and long-term complications regardless of the latest advances in health care system and management. Homoeopathy aims to identify predispositions and susceptibilities that contribute to the disease and treat by considering the physical symptoms, emotional state, and individual constitution of the patient to stimulate the body's self-regulatory mechanisms to restore balance. The individualized homoeopathic treatment in diabetes cases imposes a direct relation to the reduction in medical expenses related to its long-term complications and improvement in the quality of life of patients suffering from DM and prevents the adverse effects of allopathic medications. Despite the widespread use of homeopathy for diabetes management, scientific evidence supporting its efficacy is limited and contentious. Some studies show positive outcomes like improved blood sugar control and reduced complications, while others find no significant benefits over placebo. The debate persists due to the variability in homeopathic treatments, study designs, and challenges in conducting robust trials. Further scientific research and clinical studies are warranted to establish the efficacy of homoeopathy in treating this condition.

Conflict Of Interest: None.

Consent Of the Patient: Written consent has been obtained from the patient for the purpose of sharing images of lab reports.

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We convey our heartfelt gratitude towards our master C.F.S Hahnemann for blessing us with such an excellent discovery of Healing System i.e. Homoeopathy and for being a magnificent teacher who has taught us to live this life with an 'Aude Sapere' mindset. We want to convey a special thanks to our respected teachers for inspiring us to write articles.

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