International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2026; 10(1): 01-05
Received: 04-11-2025
Accepted: 05-12-2025

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A review on the biopsychosocial determinants of diabetes mellitus and the significance of proactive healthcare model in its management: A homoeopathic perspective

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DOI: https://www.doi.org/10.33545/26164485.2026.v10.i1.A.2157

Abstract
Diabetes mellitus is a chronic, multifactorial disorder arising from complex interactions among biological, psychological, and social determinants. Traditional biomedical models often emphasize glycemic control yet an increasing body of evidence highlights the role of lifestyle patterns, stress physiology, emotional states, social support, socioeconomic status, and health behaviors in both the onset and progression of diabetes.
In parallel, the need for a proactive healthcare model has become increasingly urgent, especially in chronic non-communicable diseases. Hahnemann's principles such as individualization, early intervention, attention to susceptibility, lifestyle modification and the emphasis on maintaining health, anticipate many aspects of contemporary preventive and patient centered healthcare. His approach aligns with modern proactive healthcare frameworks that focus on early risk identification, patient education, behavioral change, and continuous monitoring rather than episodic or reactive treatment.
From a Homoeopathic perspective, the biopsychosocial model resonates strongly with core concepts such as the totality of symptoms, miasmatic predispositions, constitutional types, and the influence of emotions, environment, and life circumstances on disease expression. Homoeopathic management of diabetes therefore extends beyond glycemic regulation to address underlying susceptibilities, psychological stressors, lifestyle imbalances, and social determinants that shape the individual's health trajectory.
This review synthesizes contemporary understanding of biopsychosocial determinants with Hahnemannian principles and current proactive healthcare strategies. It highlights the potential role of Homoeopathy as part of an integrated, preventive, and individualized approach to diabetes care. This also emphasizes the role of Homoeopathy in shifting the paradigm from disease-centered to patient-centered management, to improve long term outcomes, enhance quality of life and reduce the overall burden of diabetes in society.

Keywords: Biopsychosocial, diabetes mellitus, homoeopathy, prevention, proactive healthcare model

Introduction
Diabetes Mellitus (DM) is a chronic progressive, and multifactorial metabolic disorder that arises from a complex interplay of biological, social, and economic determinants. Traditionally viewed through a predominantly biomedical lens, the condition is now widely recognized as a biopsychosocial (BPS) phenomenon, wherein genetic predisposition, lifestyle behaviors, stress, socioeconomic disparities, and environmental influences collectively shape disease onset, progression and outcomes [1]. Global estimates indicate an alarming rise in diabetes prevalence, particularly in low- and middle-income regions, underscoring the need for healthcare approaches that transcend conventional reactive, symptom-driven models [2].
A (BPS) understanding of DM emphasizes how psychological distress, health beliefs, family dynamics, cultural practices, and economic limitations contribute to poor glycemic control and reduced adherence to long-term management [3]. Social determinants which include education, occupation, food insecurity, and healthcare access, further influence the ability of individuals to self-manage their condition, creating significant heterogeneity in outcomes across populations [4].

In this context, the importance of a proactive healthcare model (PHM) becomes evident. Proactive care prioritizes early identification of risks, preventive interventions, patient education, lifestyle modification, continuous monitoring and empowerment rather than episodic treatment of complications. Hahnemann's principles of "individualization", "prevention", and "maintenance of health" align with this proactive paradigm, positioning Homoeopathy as a system inherently capable of addressing dynamic and multidimensional aspects of chronic diseases. The *Organon of medicine* highlights the physician's duty not only to treat diseases but to preserve health by removing predisposing and maintaining causes, which represent an early articulation of preventive, patient-centered, proactive care [5].

Homoeopathy, with its wholistic orientation and emphasis on the totality of the individual, offers a unique lens through which the BPS determinants of diabetes may be interpreted and managed. Remedies selected based on constitutional i.e. emotional and physical factors reflect an individualized therapeutic approach that aligns with contemporary models of integrative chronic disease care [6].

This review explores the BPS determinants of DM and examines the significance of a PHM, particularly through a Homoeopathic perspective in optimizing management, reducing complications, and improving overall quality of life.

The Biopsychosocial Model

The BPS model, first proposed by George L. Engel in 1977, represents a paradigm shift from the traditional biomedical model by recognizing that health and disease arise from the dynamic interplay of biological, psychological and social factors [7]. Unlike the linear, reductionist medical approach, the BPS model emphasizes that illness cannot be fully understood without considering behavioral influences, cognitive processes, emotional states, interpersonal relationships, environmental stressors, and social determinants of health [8, 9]. This wholistic framework provides a more comprehensive conceptualization of chronic illnesses, particularly multifactorial conditions such as DM, cardiovascular diseases, and mental health disorders etc.

In chronic diseases, psychological stress, coping strategies, self-efficacy, health behaviors, socioeconomic status, family support, and cultural beliefs significantly influence both disease onset and long-term outcomes [10]. The BPS approach highlights the necessity of addressing these dimensions for effective prevention, early deduction, patient adherence and sustained therapeutic engagement. The model also aligns with contemporary healthcare paradigms that emphasize patient-centered care, shared decision making, and integrative health strategies, reinforcing its relevance in modern clinical practice [11].

The BPS model has been widely adopted across medical specialties, behavioral sciences, psychiatry, and primary care. Its evidence base continues to expand, demonstrating improved clinical outcomes when multidisciplinary interventions address biological disease mechanisms along with psychological and social determinants [12]. Consequently, the BPS model serves as a foundational theoretical framework for understanding complex health conditions and designing wholistic management strategies.

The biopsychosocial model in diabetes mellitus

- **Biological dimension:** The biological domain includes genetic predisposition, pathophysiology, metabolic process, neuroendocrine mechanisms, and physical comorbidities that contribute to disease onset and progression. For chronic illnesses such as diabetes, biological factors include insulin resistance, pancreatic beta cell dysfunction, obesity, and family history.
- **Psychological dimension:** Psychological factors including cognition, emotions, stress, coping behaviors, and health beliefs, significantly shape how individuals perceive symptoms, adhere to treatment, manage illness, and maintain lifestyle changes. Depression, anxiety, maladaptive coping, and health related distress have been shown to worsen glycemic outcomes in diabetes and other chronic conditions.
- **Social dimension:** Social determinants include socioeconomic status, education, family dynamics, cultural influences, occupation, social support, access to healthcare, and community resources. These contextual factors play a crucial role in shaping health behaviors, influencing risk exposure, moderating stress, and determining overall access to health promoting environments. For example, food insecurity, social isolation, and low socioeconomic status are major risk factors for poor diabetes control.
- **Integration of the model:** By addressing biological vulnerabilities, psychological processes, and social context simultaneously, the BPS model allows clinicians to develop more wholistic patient-centered care strategies. It supports personalized interventions, improves communication, enhances patient satisfaction, and aligns with modern approaches to chronic disease management, including lifestyle medicine, behavioral interventions, and integrative healthcare systems in the treatment for diabetes.

Proactive Healthcare

PHM represents a paradigm shift from the traditional reactive, illness centered, biomedical model to an anticipatory, preventive, and participatory approach to health. Rather than intervening only after disease manifests, PHM emphasizes early risk identification, continuous monitoring, health promotion, lifestyle modification, and patient empowerment. This model aligns closely with contemporary public health frameworks and chronic disease management strategies which recognized that early intervention can reduce morbidity, prevent complications and lower long term health care costs [13, 14].

The proactive approach gained prominence with the rise of behavioral medicine and preventive epidemiology, which demonstrated that addressing modifiable risk factors such as diet, sedentary behavior, psychosocial stress, and substance use can significantly influence disease trajectories [15]. In chronic non-communicable diseases like DM, PHM emphasizes individualized risk screening, education for self-management, regular metabolic monitoring, and early therapeutic adjustments. Studies have shown that proactive, structured care leads to improved glycemic control and reduces microvascular and macrovascular complications [16, 17]. From a systems perspective, PHM also requires strong primary care infrastructure, integrated teams, community level interventions, and digital health technologies such as

telemonitoring and decision support tools [18]. Patient involvement is central to this model. Individuals are encouraged to understand their condition, participate in shared decision making, and adopt long term lifestyle changes. This aligns person centered care frameworks and the biopsychosocial model of illness which emphasizes the interaction of biological, psychological, and social determinants in shaping health outcomes.

Integration of the biopsychosocial model and proactive health care with Hahnemannian philosophy

The BPS model, asserts that illness cannot be understood solely through biological mechanisms but must also incorporate psychological and social influences that shape vulnerability, expression, and outcomes of disease. This multidimensional understanding resonates strongly with Hahnemann's foundational principles in Homoeopathy. Health and disease are viewed as dynamic interactions between the vital force and disease-causing forces in Homoeopathy. Aphorism 6 outlines Hahnemann's fundamental requirement for the unprejudiced observer, who must attend to all perceptible changes in the body and mind, representing "the true and only conceivable portrait of the disease." Hahnemann rejects speculative pathology, arguing that only the lived, observable phenomena which are those experienced by the patient or perceived by others can represent the disease.

In aphorism 7, Hahnemann emphasized that the totality of symptoms spanning the peculiar, uncommon, and characteristic symptoms, the mental and emotional state, modalities of the condition, causation, and accompanying symptoms of the patient, forms the only reliable basis for therapeutic intervention. The requirement to consider causa occasionalis, lifestyle habits, emotional burdens, and environmental stressors is explicitly reinforced in aphorism 5. Here Hahnemann instructs the physician to study the patient's physical constitution, mental character, occupation, mode of living, habits, social conditions, age, and sexual function, etc.

Aphorisms 210-230 of *Organon of medicine* provide a remarkably comprehensive framework that anticipates the modern BPS model of disease by more than a century. Hahnemann emphasizes that alterations in the mental and emotional state are not incidental but fundamental expressions of disease (aphorisms 210-213), underscoring the inseparability of psychological and biological dimensions. He observes that mental and emotional disturbances often represent a one-sided intensification of an underlying corporeal disorder reflecting the BPS principle that psychological manifestations may dominate when biological pathology is partially suppressed or transformed. Aphorisms 217-220 stress the necessity of constructing a complete disease picture by integrating corporeal symptoms with the predominant mental and emotional state, a process analogous to holistic patient assessment central to the BPS approach.

Further Hahnemann recognizes the bidirectional influence between mind and body (aphorisms 224-226) acknowledging that sustained emotional stressors such as anxiety, grief, fear, and social adversity, can precipitate or perpetuate physical disease, aligning closely with contemporary concepts of psychosomatic medicine and psychoneuroendocrine interactions. Importantly, he differentiates between diseases primarily rooted in corporeal pathology and those initiated by emotional causes while asserting that even apparently psychogenic illnesses ultimately rest upon a chronic miasmatic substrate (aphorism 227) highlighting a layered etiological model comparable to biological vulnerability interacting with psychosocial stressors. Aphorisms 228-230 further integrate social and environmental dimensions by advocating for appropriate physical psychical regimen, humane social handling, and removal of sensory and emotional stressors as essential adjuncts to medical treatment.

The epistemological foundation for this integrative approach is laid in aphorisms 105-145 on drug proving. Hahnemann establishes that medicinal substances reveal their curative potential through their capacity to produce alterations in both bodily and mental states in healthy individuals. These provings systematically document psychological, emotional and physical symptoms as inseparable aspects of a single morbid dynamic. Thus, remedy selection is guided by similarity across all dimensions of human experience, not merely pathological lesions or biochemical markers.

Collectively, these aphorisms articulate a unified vision of disease in which biological, psychological, and social factors are dynamically interwoven, thereby establishing Hanemann's chronic disease theory as proto-biopsychosocial model that remains clinically and philosophically relevant in the wholistic management of chronic disorders such as DM. In the context of DM, these observations are particularly relevant, as chronic metabolic dysregulation is strongly influenced by sustained psychosocial stress, sedentary habits, dietary excesses, emotional conflicts, and socioeconomic constraints long before biochemical abnormalities become clinically evident.

The concept of prevention occupies a foundational position in Homoeopathic philosophy and is most explicitly articulated in *Friend of Health by Samuel Hahneman* [19]. Long before the formal articulation of public health and preventive medicine, Hahnemann emphasizes the physician's duty not only to cure diseases, but also to preserve health by identifying and removing factors that disturb the vital economy. In *Friend of health*, Hahnemann outlined practical measures addressing diet, hygiene, occupational hazards, emotional stressors, moral conduct, and environmental influences.

Hahnemann regarded disease as a dynamic derangement of the vital force precipitated by avoidable external and internal influences. He strongly cautioned against chronic exposure to deleterious lifestyle habits such as excessive alcohol consumption, poor dietary practices, sedentary living, mental overstrain, grief, fear, and social adversity. These factors were considered not merely triggers but sustaining causes of chronic diseases, aligning closely with modern concepts of risk factor modification and primary prevention. His preventive guidance extended to vulnerable populations, including children, pregnant women, and individuals exposed to occupational or domestic stressors, underscoring the importance of early intervention and health education.

This preventive vision was further systematized in *The Chronic Diseases* [20], where Hahnemann identified chronic miasms, particularly PSORA as the underlying predisposition rendering individuals susceptible to disease. From this perspective, PHM entails both removal of maintaining causes and timely antipsoric intervention to prevent disease evolution and complications. Thus,

Homoeopathic prevention is not limited to avoidance of pathology but includes strengthening susceptibility towards health through individualized regimen, moral guidance, and constitutional treatment.

Hahnemann's doctrine of chronic miasms, especially PSORA as described in *the chronic diseases*, provide a theoretical basis for understanding diabetes as a long-standing constitutional disorder arising from deep-seated dyscrasia rather than an isolated organ pathology. He conceptualized chronic diseases as evolving over years through functional disturbances before manifesting as structural pathology, a view that aligns with modern recognition of insulin resistance and metabolic syndrome as preclinical states. From proactive Homoeopathic standpoint, early recognition of PSORIC expressions such as altered appetite, fatigue, mental irritability, anxiety, sleep disturbances, and lifestyle related excesses allows for constitutional intervention before irreversible complications ensue. Thus, his insights remain highly relevant to chronic lifestyle disorders such as DM, where long term outcomes depend largely on early risk recognition, behavioral modification, and sustained individualized care.

Conclusion

Although the BPS model and proactive healthcare paradigm have distinct constructs within modern medical discourse, their essential principles were comprehensively articulated and systematically applied by Samuel Hahnemann more than a century ago. By prioritizing early recognition of susceptibility, removal of maintaining causes, individualized remedy selection, and constitutional management, Homoeopathy offers a proactive and wholistic approach to disease management rather than episodic symptom control. Such an integrated model holds promise in reducing disease burden, preventing complications, improving quality of life, and fostering sustained health promotion. Future research focusing on structured clinical and longitudinal evaluation within this integrated Hahnemannian framework may further substantiate its relevance and applicability in diabetic care.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Andersen R, Newman JF. Societal and individual determinants of medical care utilization in the United States. Milbank Q [Internet]. 2005 [cited 2025 Dec 11];83(4). DOI: 10.1111/j.1468-0009.2005.00428.x. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC2690261/
2. International Diabetes Federation.
3. Fisher L, Polonsky WH, Hessler D. Addressing diabetes distress in clinical care: a practical guide. Diabet Med [Internet]. 2019 Jul 1 [cited 2025 Dec 11];36(7):803-812. Available from: https://pubmed.ncbi.nlm.nih.gov/30985025/
4. World Health Organization. Social determinants of health [Internet], [Cited 2025 Dec 11]. Available from: https://www.who.int/news-room/fact-sheets/detail/social-determinants-of-health
5. Hahnemann S, Dudgeon RE, Boericke W. Organon of medicine with word index. 6th Ed. New Delhi: B Jain Pub Pvt Ltd; 2004.
6. Bell IR, Lewis IA, Brooks AJ, Schwartz GE, Lewis SE, Walsh BT, *et al.* Improved clinical status in fibromyalgia patients treated with individualized homeopathic remedies versus placebo. Rheumatology (Oxford) [Internet]; 2004 May [cited 2025 Dec 11];43(5):577-582. Available from: https://pubmed.ncbi.nlm.nih.gov/14734789/
7. Engel GL. The need for a new medical model: a challenge for biomedicine. Science [Internet]. 1977 [cited 2025 Dec 11];196(4286):129-136. Available from: https://pubmed.ncbi.nlm.nih.gov/847460/
8. Borell-Carrió F, Suchman AL, Epstein RM. The biopsychosocial model 25 years later: principles, practice, and scientific inquiry. Ann Fam Med [Internet]. 2004 Nov [cited 2025 Dec 11];2(6):576-582. Available from: https://pubmed.ncbi.nlm.nih.gov/15576544/
9. Wade DT, Halligan PW. The biopsychosocial model of illness: A model whose time has come. Clin Rehabil [Internet]. 2017 Aug 1 [cited 2025 Dec 11];31(8):995-1004. Available from: https://pubmed.ncbi.nlm.nih.gov/28730890/
10. Gatchel RJ, Peng YB, Peters ML, Fuchs PN, Turk DC. The biopsychosocial approach to chronic pain: Scientific advances and future directions. Psychol Bull [Internet]. 2007 Jul [cited 2025 Dec 11];133(4):581-624. Available from: https://pubmed.ncbi.nlm.nih.gov/17592957/
11. Institute of Medicine (US). Crossing the quality chasm: A new health system for the 21st century [Internet]. 2001 Jul 19 [cited 2025 Dec 11]. Available from: https://pubmed.ncbi.nlm.nih.gov/25057539/
12. Adler RH. Engel's biopsychosocial model is still relevant today. J Psychosom Res [Internet]. 2009 Dec 1 [cited 2025 Dec 11];67(6):607-611. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0022399909003316
13. Schroeder SA. We can do better-improving the health of the American people. N Engl J Med [Internet]. 2007 Sep 20 [cited 2025 Dec 11];357(12):1221-1228. Available from: https://www.nejm.org/doi/pdf/10.1056/NEJMsa073350
14. Berry-Millett R, Bodenheimer TS. Care management of patients with complex health care needs. Synth Proj Res Synth Rep [Internet]; 2009 Dec [cited 2025 Dec 11];(19). Available from: https://pubmed.ncbi.nlm.nih.gov/22052205/
15. Kaplan RM, Sallis JF, Patterson TL. Health and human behavior [Internet]. New York: McGraw-Hill; 1993 [cited 2025 Dec 11]. Available from: https://books.google.com/books/about/Health_and_Human_Behavior.html?id=0qtpAAAAMAAJ
16. Holman RR, Paul SK, Bethel MA, Matthews DR, Neil HAW. 10-year follow-up of intensive glucose control in type 2 diabetes. N Engl J Med [Internet]; 2008 Oct 9 [cited 2025 Dec 11];359(15):1577-1589. Available from: https://pubmed.ncbi.nlm.nih.gov/18784090/
17. Stellefson M, Dipnarine K, Stopka C. The chronic care model and diabetes management in US primary care settings: A systematic review. Prev. Chronic Dis [Internet]; 2013 Feb [cited 2025 Dec 11];10(2).

Available from: https://pubmed.ncbi.nlm.nih.gov/23428085/
18. World Health Organization. Global status report on noncommunicable diseases 2014 [Internet], [Cited 2025 Dec 11]. Available from: https://www.who.int/publications/i/item/9789241564854
19. Hahnemann S. Lesser writings [Internet], [Cited 2025 Dec 29]. Available from: https://archive.org/details/64310190R.nlm.nih.gov/page/n262/mode/1up
20. Hahnemann S. The chronic diseases, their peculiar nature and their homoeopathic cure [Internet], [Cited 2025 Dec 29]. Available from: http://homeoint.org/books/hahchrdi/index.htm

How to Cite This Article
Beryl TC, Kumar DD, Kingsly D, Rejin R, Ashok J, Mohan GD. A review on the biopsychosocial determinants of diabetes mellitus and the significance of proactive healthcare model in its management: A homoeopathic perspective. International Journal of Homoeopathic Sciences. 2026;10(1):01-05.