



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2020; 4(3): 291-297  
Received: 20-07-2020  
Accepted: 28-08-2020

**Dr. Dastagiri P**  
Research officer, National  
Homoeopathy Research  
Institute in Mental Health,  
Kottayam, Kerala, Under  
Central council for Research in  
Homoeopathy, Ministry of  
AYUSH, Govt. of India,  
New Delhi, India

## To study the miasmatic analysis in the clinical presentation of the type 2 diabetes mellitus (t2dm) patients

**Dr. Dastagiri P**

DOI: <https://doi.org/10.33545/26164485.2020.v4.i3e.227>

### Abstract

**Background and objective:** Diabetes Mellitus is an “Iceberg” disease. Although, an increase in both the prevalence and incidence of type 2 Diabetes has occurred globally, particularly in an Indian population who has been susceptible to this disease. In Homeopathy, Constitutional prescribing is based on the totality of symptoms which includes the miasmatic state that is inherited or acquired. The main aim and objective of this article are to study the miasmatic analysis of the symptoms in T2DM patients and their effectiveness in the treating of this disease.

**Methodology:** Prospective, Observational, non-randomized, non controlled case series age group from 18- 60 years both gender having T2DM were assessed both subjectively and objectively over one year. The outcome of the study was measured by symptomatic changes subjectively and objectively along with the blood sugar levels including HbA1C changes and according to case requirement.

**Results:** In these 30 cases of T2DM, 12 cases (40%) were mixed miasmatic diseases, 9 cases (30%) were psora -syphilitic, 7 cases (23.33%) were psoric, 2 cases (6.67%) were Psora -sycotic. Wilcoxon signed rank test showed a statistically significant improvement different between the before and after treatment ( $Z = -4.963, p < 0.001$ ). So, the result is showing that treating the T2DM with an understanding of the Miasmatic analysis shows much efficacy.

**Conclusion:** This study has shown positive results in terms of miasmatic analysis in the treatment of T2DM. A further randomized controlled trial with long-term follow-ups need to be conducted for definite conclusions.

**Keywords:** Type 2 diabetes mellitus, homoeopathy, Miasm

### Introduction

Diabetes Mellitus (DM) is a group of metabolic disorders characterized by chronic hyperglycemia associated with disturbances of carbohydrates, fat, and protein metabolism due to absolute or relative deficiency in insulin secretion and or action. It causes long term damage, dysfunctions, and failure of various organs especially the eyes, kidneys, nerves, heart, and blood vessels. In nutshell, DM is appropriately described as “Metabolic cum vascular disorder” [1, 2].

It is the commonest disease encountered in present-day medical practice. Population growth, aging, urbanization, unhealthy diets, obesity, stressful, sedentary life, smoking, and alcohol consumption can precipitate the onset of diabetes with alarming upward trend in recent years [3].

The latest data published in the *IDF Diabetes Atlas 9<sup>th</sup>* edition by International Diabetes Federation (IDF) estimates that 463 million adults (20-79 years) are currently living with DM. Without sufficient action to address the pandemic, 578 million people will have diabetes by 2030. That number will jump to a staggering 700 million by 2045. Around 75% of subjects with DM live in low- and middle-income countries (LMICs) [4].

IDF published an India Diabetes Report 2010-2045 showing that the incidence of this disease will gradually be increasing from 2015, 2030, and 2045 like 77.0 million, 101.0 million, and 134.2 million respectively. Furthermore, it is estimated to have the second-highest number of cases of DM in the world after China [5].

DM mainly classified as Type 1 that is primarily as a result of pancreatic beta-cell destruction with consequent Insulin deficiency, which is prone to ketoacidosis. This form includes cases due to an autoimmune process and those for which the etiology of beta-cell destruction is unknown. This category includes Latent Autoimmune Diabetes in Adults (LADA): the term used to describe the small number of people with apparent Type Diabetes who appear to have immune-mediated loss of pancreatic beta cells.

**Corresponding Author:**  
**Dr. Dastagiri P**  
Research officer, National  
Homoeopathy Research  
Institute in Mental Health,  
Kottayam, Kerala, Under  
Central council for Research in  
Homoeopathy, Ministry of  
AYUSH, Govt. of India,  
New Delhi, India

Type 2 diabetes may range from predominant Insulin resistance with relative insulin deficiency to a predominantly secretory defect with insulin resistance. Ketosis is not as common.

Gestational DM refers to glucose intolerance with onset or first recognition during pregnancy.

Other specific types include a wide variety of relatively uncommon conditions, primarily specific genetically defined forms of Diabetes or Diabetes associated with other diseases or drug use [6].

### Diagnostic criteria [7]:

Criteria for the diagnosis of DM include one of the following:

- Fasting plasma glucose  $\geq 7.0$  mmol/L ( $\geq 126$  mg/dl) or
- Symptoms of diabetes with a random blood glucose concentration  $\geq 11.1$  mmol/L ( $\geq 200$  mg/dL). (or)
- 2-hour plasma glucose  $\geq 11.1$  mmol/L ( $\geq 200$  mg/dl) during a 75-g oral glucose tolerance test. (or)
- HbA1c  $> 6.5\%$  (48 mmol/L)

### Glycated haemoglobin [8, 9, 10, 11].

Glycated haemoglobin (HbA1c) has been accepted as the most reliable and accurate test for establishing the diagnosis as well as for evaluating glycaemic control in diabetic patients.

American Diabetes Association has suggested that the diagnosis of diabetes can be made if the HbA1c level is  $\geq 6.5\%$ .

A value below 6.5% does not exclude diabetes diagnosed using glucose tests. If the HbA1c level is between 5.7 and less than 6.5%, levels have been in the pre-diabetes range and an HbA1c level of 6.5% or higher, levels were in the diabetes range.

### Complications [2]:

Diabetes-related complications can be divided into vascular and nonvascular complications and are similar for type 1 and type 2 DM. The vascular complications of DM are further subdivided into microvascular (retinopathy, neuropathy, and nephropathy) and macrovascular complications (coronary heart diseases [CHD], peripheral arterial disease [PAD], and cerebrovascular disease). Microvascular complications are diabetic-specific, whereas macrovascular complications have pathophysiologic features that are both shared with the general population and diabetes-specific. Nonvascular complications include infections, skin changes, hearing loss, and increase the risk of dementia and impaired cognitive function.

### Treatment [12]:

Prevailing conventional treatment including oral antidiabetic drugs (OAD) and insulin therapy is useful in tackling diabetic patients but still several patients regardless of drug class failed to achieve the recommended glycaemic goals. T2DM is associated with progressive loss of beta-cell function, so that most of the patients will require an intensification of therapy to maintain the glycaemic control, by the addition of more number of OAD/other anti-hyperglycemic agents to the on-going treatment. As the number of OADs is increasing, it may increase the risk of cardiovascular events and other such complications. To Ka Lun *et al.* did a retrospective cohort study to compare the effectiveness of individualized homoeopathic treatment in

addition to conventional medicine with conventional treatment only group and found out that the Homoeopathy group was associated with better glycaemic control than the conventional treatment alone group.

### Homoeopathic Role [13, 14, 15]:

A study conducted by Dr. Neha Patel *et al.* concluded that anti-miasmatic remedies, organ remedies, organ, and anti miasmatic remedies have been found statistically significant while anti miasmatic remedies have a high statistical significance in cases of T2DM [13].

N.L. Tiwari and Prashant Tamboli *et al.* conducted a randomized single-blind clinical trial for defining the scope and clinical approach for Homoeopathic management in Diabetes mellitus confirmed that the efficacy of homoeopathic treatment in T2DM and both constitutional and organ remedies are found useful [14].

The effect of lifestyle changes upon diabetes can be identified from several studies. A randomized clinical trial conducted by Narger Motahari *et al.* noted that regular body exercise and physical activity have effects on reducing insulin resistance and non-insulin-dependent diabetes [15].

The successful application of Homoeopathy depends upon the concept of Individualization and minimum dose. Hahnemann explained in aphorism 118, that “Every medicine exhibits peculiar actions on the human frame, which are not produced in exactly the same manner by any other medicinal substances of a different kind”.

Hahnemann defined the Chronic diseases, in aphorism 72 as, they are diseases of such a character that, with small, often imperceptible beginnings, dynamically deranged the living organism, each in its own peculiar manner, an cause it gradually to deviate from the healthy condition, in such a way that automatic life energy, called vital force, whose office is to preserve the health, only opposes to them at the commencement and during their progress imperfect, unsuitable, useless resistance, but is unable of itself to extinguish them, but must helplessly suffer (them to spread and ) itself to be ever more and more abnormally deranged, until at length the organism is destroyed; these are termed Chronic diseases. They are caused by dynamic infection with a chronic miasm [16].

He postulated the miasmatic theory when he has experienced the failures even after prescribing a similar remedy on basis of principles, especially in chronic diseases. He has begun to consider this problem in depth from 1816 and after 12 years of his painstaking work discovered the Miasmatic theory and published in 1828 “The chronic diseases and its peculiar nature and treatment. In his Miasmatic theory, he was formulated to one non-venereal and two venereal miasms. He found ‘Psora’ as a fundamental cause or mother of all diseases and it pollutes the organism with a non-venereal base, the Itch disease [17].

### Aim and Objectives

The main aim and objective of this article are to study the miasmatic analysis of the symptoms in T2DM patients and Homoeopathic effectiveness in treating this disorder with the understanding of the Miasmatic analysis.

### Materials and Methods

#### Study Design

The study is a Prospective, Observational, non-randomized, and non-controlled study.

**Study Population**

Study site Dharmakiran Govt. Homoeopathic Hospital, Hyderabad, Telangana state.

Study Setting Inpatient and Outside patient Department of Dharmakiran Govt. Homoeopathic Hospital, Hyderabad, Telangana. Sample Size

Sample sizes of 30 cases were selected and the selection was based on inclusion and exclusion criteria.

Sample selection The selection of the sample was done at the study setting based on inclusion and exclusion criteria as stated below.

**Inclusion criteria**

- Patients of middle ages 18 – 60 years of age groups.
- Patients of both sexes.
- Patients from different socio-economic groups.
- Patients who are previously diagnosed with T2DM and are taking OAD.
- Patients who give their valid consent to participate in this study.

**Exclusion Criteria**

- Patients suffering from T2DM associated with any other Chronic debilitating systemic disorders like Pulmonary Tuberculosis, Cancer, Chronic Kidney disorders.
- Patients who are under regular medication (especially Insulin), or some other medical conditions.
- Pregnancy women and lactating mothers.

**Study period.**

The study was conducted for a period of a minimum of six months to a maximum of one year.

**Clinical Intervention**

A standard case record proforma (CRP) is maintained for keeping the clinical profile of the enrolled patients. This format was prepared, keeping in the view of the Holistic approach. This CRP incorporates the demographic data, presenting complaints, past and treatment history, family history, personal history, and life space investigations, physical and systemic examination, and the positive findings were noted.

**Laboratory Investigations**

The investigations conducted were Fasting blood sugar (FBS) level, Fasting Urine Sugar level(FUS), Postprandial blood sugar level(PPBS), Postprandial urine sugar(PPUS) level, Random Blood Sugar (RBS) level, HbA1C, Fasting Lipid profile(FLP), Renal function test, and other investigations as per need of the case.

**Diagnosis**

All the cases were nosologically diagnosed based on their clinical presentation and findings of the physical examination. The laboratory investigations were considered for corroborating the final diagnosis.

**Steps for Homoeopathic Prescription**

Analysis of symptoms- after a detailed case taking, the symptoms of the patient were grouped into various categories like mental generals, physical generals, and particular symptoms.

Evaluation of symptoms- after analyzing the symptoms into

various categories, the symptoms were evaluated and graded according to the order of their importance.

**Repertorisation**

Repertorisation was done by RADAR 10 software, Archibel Homoeopathic Software, Belgium. Analysis of Reportorial Result: After the repertorisation write down the remedies and their scoring of symptoms.

**Miasmatic Evaluation**

The analyzed and evaluated symptoms were categorized with the help of R.P. Patel's Chronic Miasms in Homoeopathy and their cure with the classification of their Rubrics/Symptoms in Dr. Kent's Repertory (Repertory of Miasms)<sup>[18]</sup> for arriving at the miasmatic analysis.

**Selection of the potency and Repetition**

The indicated medicine was given in potency, basing upon the susceptibility of the patient at the time of prescription. It was repeated in the same potency or the higher potency, whenever there was a relapse of symptoms or there was a standstill position.

**General Management**

All the patients were explained and educated about the disease and its management. Importance of diet, exercise including walking, yoga, and reduction of body weight was highlighted. The regimen was adopted according to the glycemic control of the patient and the daily activity of the patient. In the follow up of the patient who has already used oral Anti Diabetic drugs (OAD), taper the dose according to the glucose level under the supervision of their physician.

**Follow up**

All the cases were reviewed once in fifteen, thirty days appear the case and all cases were followed for a period of a minimum of six months to a maximum of two years.

**Outcome Assessment**

It was interpreted basing on the prognosis of the patient following the administration of the remedy. The following parameters were fixed for interpreting the results of the treatment, basing on the type of response obtained after the treatment.

1. Marked Improvement: where the subjective (symptoms of the patient) and objective clinical signs (Blood sugar(HbA1C) or urine sugar levels) are reduced.
2. Moderate Improvement: where the subjective symptoms are relieved and objective signs are not touching the normal levels.
3. No Improvement: Both subjective and objectively there is no improvement.

**Observation and Results**

1. Representation of data according to the age group. (Fig.1).
2. Representation of data according to the gender of the patients (Fig.2).
3. Representation of data according to the occupation (Fig.3).
4. Representation of data according to the Body Mass Index(BMI) of the patients (Fig.4)
5. Representation of data according to the positive family history of DM (Fig.5).

6. Representation of data according to the comorbidity with DM (Fig.6)
7. Representation of data according to the Miasmatic analysis (Fig.7)
8. Representation of data according to the Frequently Indicated Medicines (Fig.8)
9. Representation of data according to the Improvement Index. (Fig.9)

**Results and Discussions**

1. **Age Group:** In this study of 30 cases of miasmatic approach in T2DM, maximum no. of cases were found in the age group of 40-50 years i.e., 15 cases(50%), every 5 cases (16.67%) of 30-40 and 50-60 age groups, 3 cases(10%) in 60-70 age groups, each 1 case (3.33%) in 20-30, and 70-80 age groups.
2. **Gender of the patients:** In this study, 53% (16) male patients and 47% (14) female patients are enrolled.
3. **Occupation:** In this enrolled 30 cases, the patients are from various occupations, the maximum being house wives-9(30%), employees -5(16.67%), laborers-4 (13.33%), business men-3(10%), managers-2(6.67%), one each case of the barber, cook, painter, driver, computer professional, and embroider(3.33%).
4. **BMI:** In this study f 30 cases, the highest incidence i.e., 14 cases (46.67%) are presented with obesity, 11 cases (36.67%) moderately obese, and 5 cases (16.67%) are lean.
5. **Family History:** In this study f 30 cases, 17 cases (56.67%) have a positive family history, 10 cases (33.33%) no family history of DM, and in 3 cases (10%) does not know the patients In Harrison’s Principles of medicine explained that Individuals with a parent of T2DM have increased the risk of DM: if both parents have this disease, the risk approaches 40%.
6. **Co-Morbidities with T2DM:** In this study of 30 cases, the predominantly nervous system is in 8 cases (26.67%), every 6 cases (20%) locomotor and Genitourinary disorders, every 3 cases (10%) in the skin, Cardio-Vascular system(CVS), 2 cases (6.67%) in Gastro-Intestinal disorders, each one case (3.33%) respiratory disorder and endocrinology systems are affected.
7. **Miasmatic analysis:** In these 30 cases of T2DM, 12 cases (40%) mixed miasmatic diseases,9 cases (30%) psora syphilitic, 7 cases are (23.33%) psoric, 2 cases (6.67%) Psora -sycotic. S. Hahnemann <sup>[17]</sup> mentioned DM as whitish urine with sweetish smell and taste, passes off in abundance, with prostration, emaciation, and inextinguishable thirst under PSORA. Stuart Close <sup>[19]</sup>, Dr. Dhawle <sup>[20]</sup>, Phyllis Speight <sup>[21]</sup>, Dr. H.A. Roberts <sup>[22]</sup>, and Dr. Harimohan Choudhary <sup>[23]</sup> discourses that DM is the combination of Psora and Syphilis. Moreover, Dr. R.P. Patel <sup>[24]</sup> and Dr. Banerjea <sup>[25]</sup> are narrated it is a mixed Miasmatic disease. Dr. Proceso S. Ortega <sup>[26]</sup> says about degenerative disorders and miasms, which in every established Diabetes the Homoeopath can always detect a Psora-sycosis or a Psora-syphilis, just as he can in many chronic diseases.
8. **Frequently Indicated Medicines:** In this 30 cases, 4 cases (13.33%) Lachesis mutus, 3 cases (10%) Sulphur, 3 cases (10%) Pulsatilla nigricans, 3 cases Natrum. muriaticum, 3 cases Acid phosphricum (10%), every 2 cases (6.67%) Graphites, Arsenic album, each 1 case

(6.67%) Calc. carbonicum, Carcinosin, Kali. Iodium, Lycopodium clavatum, Natrum carbonicum, Nitric acid, Nux. Vomica, Phosphorus, and Thuja. occidentalis were indicated.

9. **Results of treatment:** In the enrolled 30 cases of T2DM, 22 cases (73.33%) marked improvement, 5 cases (16.67%) moderate improvement, 3 cases (10%) no improvement were observed.

**Statistical analysis of data**

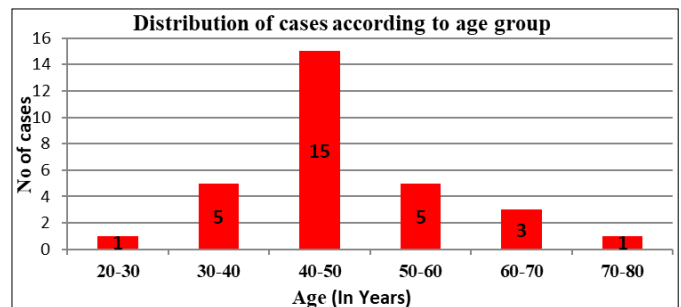
Since improvement is an ordinal variable, the pre and post comparison was done using Wilcoxon signed rank test. Here, the efficacy of Homoeopathy in the treatment and management of T2DM with Miasmatic the analysis of the cases is evaluated before and after giving medicines with a one-year duration.

Improvement is rated as follows:  
 2 marks- Marked Improvement.  
 1 Marks- Moderate Improvement  
 0 Marks- No Improvement.

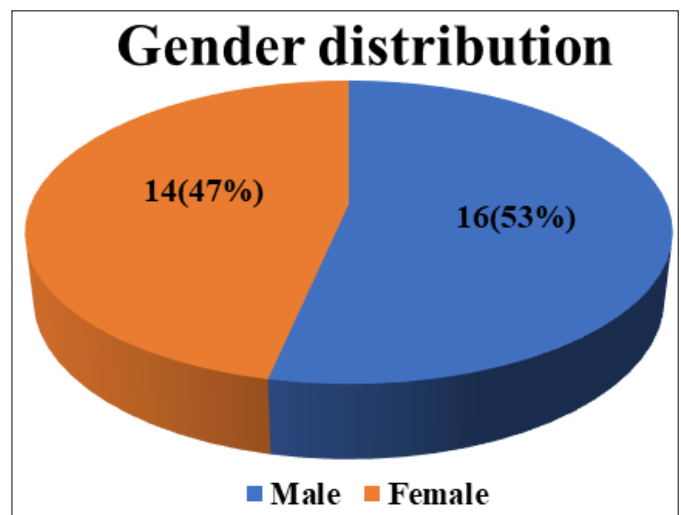
**Table 1:** Inference

Variable	Before Median (Min, Max)	After Median (Min, Max)	Z	P value
Improvement	0(0,0)	2 (0,2)	-4.963	<0.001

Wilcoxon signed rank test showed a statistically significant improvement different between the before and after treatment (Z= -4.963, p<0.001). So, the result is showing that treating the T2DM with an understanding of the Miasmatic shows much efficacy. The findings are encouraging to open avenues for further studies.



**Fig 1:** Clustered column showing age distribution.



**Fig 2:** Pie chart showing age distribution.



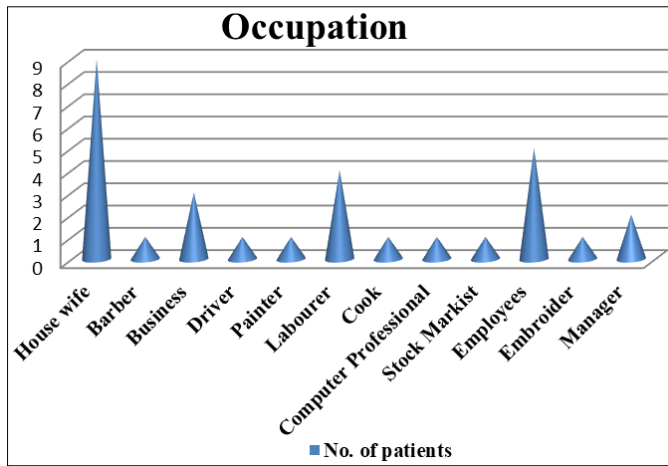


Fig 3: Columns of data according to the occupation.

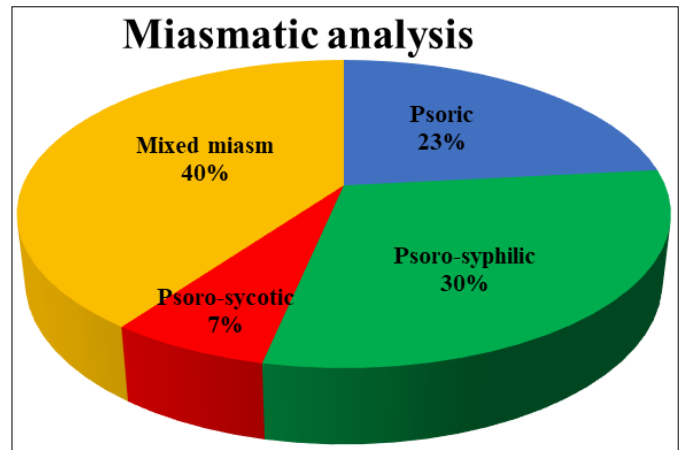


Fig 7: Pie –a chart showing the distribution of cases according to the Miasmatic analysis.

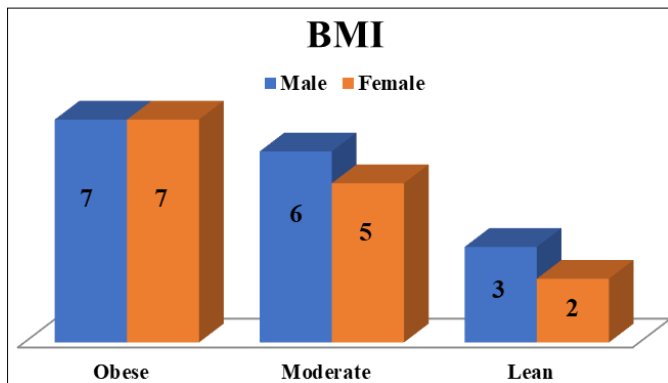


Fig 4: Columns showing Body Mass Index (BMI) distribution.

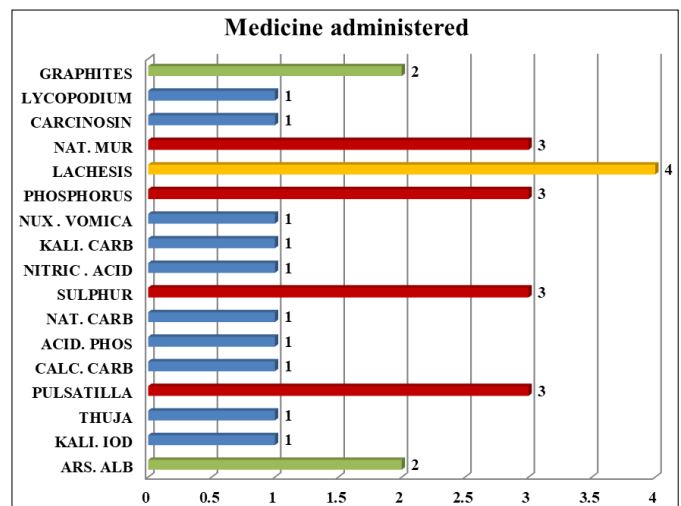


Fig 8: Bar chart showing the Frequently Indicated Medicines

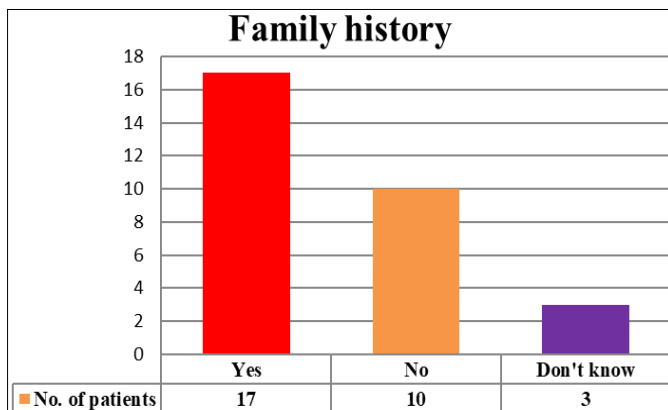


Fig 5: Columns showing a positive family history of DM.

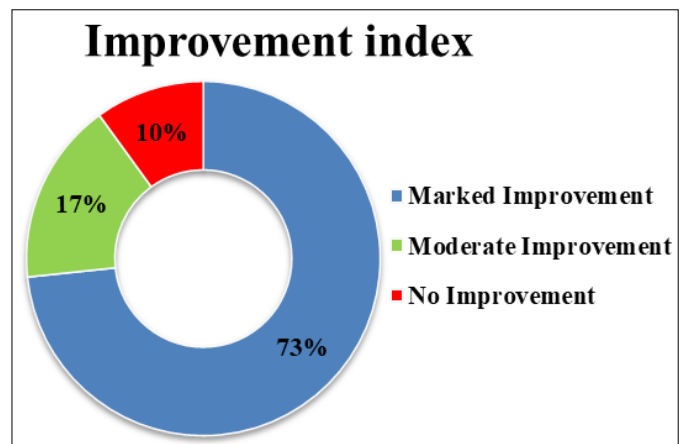


Fig 9: Data according to the Improvement Index

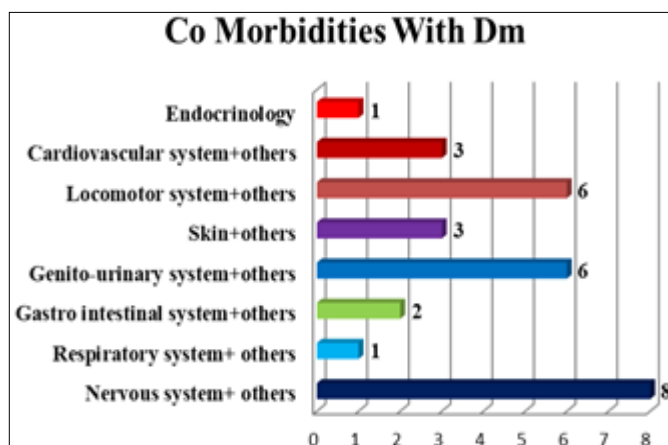


Fig 6: Bar chart showing the comorbidity with DM.

**Conclusion**

If the Hahnemann had not discovered and let the doctrine of chronic diseases, the Homoeopathy would have been nothing more than one of the various therapeutic methods. Why we need to think about the Miasm. If we have to diagnose it by the symptoms complex and give the medicines based on the totality of symptoms. The answer is to reduce the tendency to the recurrence of the complaints, dyscrasia, or diathesis, and also the depth of action of each drug is different each miasm. So, according to the dominance of the miasm, one needs to prescribe judiciously,

e.g., Merc.sol can remove the symptoms of psora but it cannot remove the Psoric dyscrasia because its depth is not that much in psoric conditions.

We select the medicine considering also the miasmatic correspondence of the symptoms of the patient with the image of the natural disease, without forgetting the totality of symptoms and without influences due to prejudices. Along with this, we can recognize the symptoms not only functional or organic of syphilis or sycois but also the deepest, the psychological ones.

Never diagnose miasms on the name of the disease rather than the symptoms complex presented by the patient and the anamnesis of the case. These miasmatic states are transmitted from one generation to another in the stage the patient has been suffering now. This presented study elicited the potential of Individualized medicine with an understanding of the underlying Miasmatic presentation in treating T2DM both subjectively and objectively Homoeopathic cures a person doesn't mean only to free him from his present suffering or alleviated this suffering; but also to preserve him and spare him future sufferings.

**Sourer of funding:** None.

**Conflict of interest:** None.

#### Acknowledgment

I, sincerely thankful to Dr. Ch. Srinivas Reddy, Vice Principal, Dr. G. Sreenivasulu, HOD of Organon of Medicine, PG Department, J.S.P.S., Govt Homoeopathic Medical College, Hyderabad, Dr. K.C. Muraleedharan, OIC, National Homeopathy Research Institute in Mental Health (NHRIMH), Kottayam, for his cooperation and encouragement, Dr. Archana, PG Scholar, Dept of Practice of Medicine, NHRIMH, and Mrs. Resmy R., Statistical Assistant, NHRIMH, for their help supporting in preparing this manuscript. And, finally, I thankful to my patients who trusted me and without whom it could not have completed this research.

#### References

- Seshaiah V. Handbook of Diabetes Mellitus, 3rd edition, All India publishers and distributors, New Delhi, 2007, 13.
- Jamerson, Fauci, Kasper, Hauser, Longo, Loscalzo. Harrison's Principles of Internal Medicine. 20<sup>th</sup> edition: Diabetes Mellitus: Diagnosis, Classification, and Pathophysiology, McGraw-Hill Education, 2:2850-2888.
- Emerging Risk Factors Collaboration. Diabetes mellitus, fasting blood glucose concentration, and risk of vascular disease: a collaborative meta-analysis of 102 prospective studies. *The Lancet*. 2010; 375(9733):2215-22. DOI: [https://doi.org/10.1016/S0140-6736\(10\)60484-9](https://doi.org/10.1016/S0140-6736(10)60484-9). Accessed on 14.August.2020.
- International Diabetes Federation. IDF Diabetic Atlas 9<sup>th</sup> Edition. <https://www.diabetesatlas.org/en/introduction/>. Accessed 14 Aug 2020.
- International Diabetes Federation, IDF Diabetes Atlas, 9<sup>th</sup> edition, 2019, Demographic and geographic outline. Accessed on 14.August.2020 <https://www.diabetesatlas.org/en/sections/demographic-and-geographic-outline.html>
- Zubin Punthakee, Ronald Goldenberg, Pamela Katz. Diabetes Canada Clinical Practice Guidelines Expert Committee, Definition, Classification and Diagnosis of Diabetes, Prediabetes and Metabolic Syndrome, 2018 Clinical Practice Guidelines. 2018; 42(1):S10-S15.
- American Diabetes Association. Diagnosis and classification of diabetes mellitus. *Diabetes care*. 2014; 37(1):S81-90. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797383/pdf/zdcS62.pdf>. accessed on 14.August. 2020.
- Rodriguez-Gutierrez R, Mancillas-Adame LG, Rodríguez-Tamez G, Diaz Gonzalez-Colmenero A, Solis-Pacheco RC, Elizondo-Plazas AS *et al*. Hypertriglyceridemia and Its Association with HbA1c Test: A Prospective *In Vivo* Controlled Study. *International journal of endocrinology*. 2019. Article ID 4784313, 6 pages, 2019. <https://doi.org/10.1155/2019/4784313>. Accessed on 14.August.2020.
- International Expert Committee. International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. *Diabetes care*. 2009; 32(7):1327-34. accessed on 14.August 2020.
- World Health Organization. Use of glycated haemoglobin (HbA1c) in diagnosis of diabetes mellitus: abbreviated report of a WHO consultation. World Health Organization, 2011. [https://www.who.int/diabetes/publications/report-hba1c\\_2011.pdf](https://www.who.int/diabetes/publications/report-hba1c_2011.pdf). Accessed on 14.August.2020.
- Sherwani SI, Khan HA, Ekhzaimy A, Masood A, Sakharkar MK. Significance of HbA1c Test in Diagnosis and Prognosis of Diabetic Patients. *Biomark Insights*. 2016; 11:95-104. Published 2016 Jul 3. doi:10.4137/BMI.S38440. Accessed on 14.August.2020.
- To KL, Fok YY, Chong KC, Lee YC, Yiu LS. Individualized homeopathic treatment in addition to conventional treatment in type II diabetic patients in Hong Kong—a retrospective cohort study. *Homeopathy*. 2017; 106(02):79-86. accessed on 14.August 2020.
- Patel N. Understanding the effectiveness of homoeopathic medicine (anti-miasmatic remedy, organ remedy, anti-miasmatic + organ remedy) in cases of type 2 diabetes mellitus. *International Journal of Homoeopathic Sciences*. 2018-2020; 2(4):33-38.
- Tiwari NL, Tamboli P. Diabetes mellitus—Defining scope and clinical approach for homoeopathic management. *Indian Journal of Research in Homoeopathy*, 2008.
- Motahari-Tabari N, Shirvani MA, Shirzad-e-Ahoodashty M, Yousefi-Abdolmaleki E, Teimourzadeh M. The effect of 8 weeks aerobic exercise on insulin resistance in type 2 diabetes: a randomized clinical trial. *Global journal of health science*. 2015; 7(1):115.
- Hahnemann S. *Organon of Medicine* student's Economy 6<sup>th</sup> edition, translated by William Boericke, M.D., Reprint Edition, B. Jain Publishers Pvt Ltd, Delhi, 1996.
- Hahnemann S. *The Chronic Diseases their peculiar Nature and their Homoeopathic cure*, theoretical Part with word index, Rearranged and Augmented Edition, 40<sup>th</sup> impression 2018, B. Jain Publishers(P) Ltd, Noida, U.P.(India), 2005, 74.
- Raman Lal P. Patel. Dr. Chronic Miasms in

- Homoeopathy and their cure with classification of their rubrics/symptoms in Dr. Kent's Repertory (Repertory of Miasms), published by R.P. Patel, Kottayam, Kerala, 1996.
19. Close S. The Genius of Homoeopathy, Lecture and Essays on Homoeopathic Philosophy, reprint edition chapter VIII. General Pathology of Homoeopathy, B. Jain Publishers Pvt.Ltd, New Delhi, 2001, 103.
  20. Dhawale ML The Principles and Practice of Homoeopathy, Published by Institute of Clinical research, Bombay, 1998, 213.
  21. Phyllis Speight, A comparison of the Chronic Miasms (Psora, Pseudo-Psora, Syphilis, Sycosis), section: Urinary organs, Jain Publishing Co, New Delhi, 1948, 66.
  22. Robets HA. The Principles and Art of cure by Homoeopathy, A Modern Text book, Reprint edition, B. Jain publishers Pvt. Ltd, New Delhi, 1999, 222.
  23. Harimohan Choudhary, Indications of Miasm, reprint edition, B. Jain Publishers (P) Ltd, New Delhi, 1998, 92.
  24. Raman Lal P. Patel. Dr. Introduction to Chronic Miasms and Human Relationship, R.P. Patel, Kottayam, Kerala, 1996.
  25. Subrata Kumar Banerjea. Miasmatic Diagnosis, Practical tips with Clinical Comparisons, Revised Edition, B. Jain publishers Pvt. Ltd, New Delhi, 2003, 70-73.
  26. Ortega S. Proceso Dr. Notes on the Miasms or Hahnemann's Chronic Diseases, chapter X- Degenerative diseases and the Miasm, First English Edition, National Homoeopathic Pharmacy, New Delhi, 1980, 95.