



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

IJHS 2019; 3(1): 70-73

Received: 08-11-2018

Accepted: 12-12-2018

Dr. Vikrant Tripathi

M.D. (PGR), Paediatrics
S.K. Homoeopathic Medical
College & Research Centre
Jaipur, Rajasthan, India

Dr. Ankita Acharya

M.D. (PGR), Materia Medica
S.K. Homoeopathic Medical
College & Research Centre
Jaipur, Rajasthan, India

Homoeopathic therapeutic compendium of diabetes mellitus by cross repertorization

Dr. Vikrant Tripathi and Dr. Ankita Acharya

Abstract

Diabetes is a very common lifestyle disorder affecting population of many developing countries now-a-days. We have a large number of patients of diabetes, visiting our O.P.Ds. Daily. Treatment of diabetes is very challenging in all streams of medicine due to various maintaining factors such as stress, dietary junks, lack of exercise etc. Conventional medicines like metformin & sulphonylureas have been the mainstay of treatment for many years and have the evidence of preventing complications of diabetes, but these claims is found to be false in clinical practice. Homoeopathic medicines also have scope in complementing main-stream medicines in controlling blood sugar and preventing complications of diabetes.

This is a small literary review of Diabetes, focusing on clinical types and homoeopathic treatment of it. A therapeutic compendium on diabetes was formed using cross repertorization method, taking rubrics related to it from various early and modern repertories.

Keywords: Diabetes mellitus, homoeopathy, therapeutic compendium, cross repertorization

Introduction

Diabetes Mellitus describes a metabolic disorder of multiple etiology characterized by chronic hyperglycaemia with disturbance of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action, or both ^[1].

The disease burden related to diabetes is high and rising in every country, fuelled by the global rise in the prevalence of obesity and unhealthy lifestyles. The latest estimates show a global prevalence of 382 million people with diabetes in 2013, expected to rise to 592 million by 2035 ^[2]. Diabetes is fast gaining the status of a potential epidemic in India with more than 62 million diabetic individuals currently diagnosed with the disease. In 2000, India (31.7 million) topped the world with the highest number of people with diabetes mellitus followed by China (20.8 million) with the United States (17.7 million) in second and third place respectively ^[3].

The aetiological classification of diabetes has now been widely accepted. Type 1 and type 2 diabetes are the two main types, with type 2 diabetes accounting for the majority (>85%) of total diabetes prevalence ^[2]. The probable causes for Diabetes Mellitus Type I includes genetic predisposition, hygiene hypothesis, and stress. Causes of Type II Diabetes mellitus are lifestyle changes like improper diet and obesity.

Clinical Features

The manifestations symptomatic diabetes mellitus vary from patient to patient. Most often, symptoms are due to hyperglycemia (polyuria, polydipsia, polyphagia), but the first event may be an acute metabolic de-compensation resulting in diabetic coma ^[4]. Symptoms may develop rapidly (weeks or months) in type 1 diabetes, while they usually develop much more slowly and may be subtle or absent in type 2 diabetes ^[5].

Prolonged high blood glucose can cause glucose absorption in the lens of the eye, which leads to changes in its shape, resulting in vision changes ^[6]. Occasionally, the initial expression is a degenerative complication, such as neuropathy, in the absence of symptomatic hyperglycemia. The metabolic derangements of Diabetes are due to a relative of absolute deficiency of insulin and the relative or absolute excess of glucagon ^[4].

Classification ^[7].

a). Type 1 Diabetes Mellitus.

- Immune-mediated.
- Idiopathic.

Correspondence

Dr. Vikrant Tripathi

M.D. (PGR), Paediatrics
S.K. Homoeopathic Medical
College & Research Centre
Jaipur, Rajasthan, India

b). Type 2 Diabetes Mellitus.

c). other specific types.

- Genetic defects of β -cell function.
- Genetic defects of insulin action.
- Pancreatic disease.
- Excess endogenous production of hormonal antagonists to insulin.
- Drug-induced.
- Viral infections.
- Uncommon form of immune-mediated diabetes.
- Associated genetic syndromes.

d). Gestational Diabetes

Cross Repertorization: Cross repertorization is the process of referring more than one repertory for selecting the similimum or to confirm the result obtained from the use of one repertory. Here, cross repertorization of the rubrics related to diabetes from various repertories are done to form a therapeutic compendium. The rubrics regarding diabetes from different repertories are as follows:-

BBCR ^[8] (reprint edition 2008; page no- 622)

URINE- saccharine:- amy-n, *arg*, Ars., *aur*, *bar-c*, *carb-v*, chin, *colo*, con, curar, *helo*, *kali-bi*, *kali-c*, *kali-p*, kre., *led*, *lyc*, mag-c, meph, *merc*, *mur-ac*, Nat-m, *nat-s*, nit-ac, pho, PHO-AC, *pic-ac*, *plb*, ran-b, *sec-c*, sep, sul, tarx, Thu, zin.

Kent Repertory ^[9] (sixth American edition; page no 691)

URINE- sugar:-*acet-ac.*, all-s., alumn., am-c.,amyl-n., *arg-m.*,*ars.*, *benz-ac.*, Bov., *calc.*, *calc-p.*,*camph.*, *carb-ac.*, *carb-v.*,*chel.*,*chin.*, chin-a., coff., *colch.*, conv., cupr.,*cur.*,*elaps.*,*ferr-m.*, Helon., *hep.*,*iris*, *kali-chl.*,*kali-n.*, *kali-p.*, *kreos.*, *lac-d.*, *lach.*, *lac-ac.*, *lec.*, lith., *Lyc.*, *lycps.*, lyss., mag-s., *med.*, mosch., morph., *nat-s.*, *nit-ac.*, op., petr., Ph-ac.,*Phos.*, *pic-ac.*, Plb., *podo.*, *rat.*, sal-ac., sec., *sil.*, *sulph.*, *sul-ac.*, Tarent., Ter., *thuj.*, Uran., zinc.

Boericke's Repertory ^[10] (ninth edition; page no 748)

DIABETES:- sugar:- *Acet-ac.*, *Adren.* Am-act. *Arg-met.* Arg-n. Arist-m. Arn. *Ars.* *Ars-br.* *Ars-i.* *Aur.* Aur- m. bell. *Bor-ac.* Bov. *Bry.* Caps. Carb-ac. Cean., *Cham.* Chel. *Chim.* *Chion.* *Coca.* *Cod.* Colch. *Crot-h.* Cupr-ar. *Cur.* Eup-pur. Fel. Ferr-i. ferr-m. fl-ac. Glon. *Glyc.* Grin. *Hell.* *Helon.* Iod. *Iris.* Kali-act. Kali-br. *Kreos.* *Lac-ac.* Lach. Lec. *Lyc.* *Lycps-v.* Lyss. Morph. *Mosch.* Murx. Nat-m., *Nat-s.*, Nit-ac., Nux-v., Op., *Pancr.*, Phase., *Ph-ac.*, *Phos.*, Phlor., Pic-ac., Plb., Plb-i., Podo., *Rhus-a.*, Sec., *Sil.*, Squil., Stry-ar, Sulph., Syzyg., Tarent., Tarax., Ter., *Uran-n.*, Urea., Vanad., Vince.

Clarke's Clinical Repertory ^[11] (edition-2007, pg. no. 32)

DIABETES:- Ac., x., All., Aln., Am. ac., Ank., Arg., Ari., Arn., As. br., Asp., Bov., Calc., Ca.p, Cbl.x., Carl., Chm.u., Cod., Clch., Col., Cur., E.pu., Fe.i., Fe.m., Fe.p., Hlon., Hdrn.a., Mag.s., Med., Mos., *Mur.*, Na.m., Na.p., *Nat.s.*, Oxo., Phas., Phlo., *Ph.x.*, Plnt.,Rat., Rs.a., Sac.i. Sac.o. Snc., *Scil.*, Sec., *Sil.*, Sti., Sul., Su.x, Syz., Trx., Tri., Trl., Ure.,Vic.

Synthesis Repertory ^[12]. (edition-9.1, pg. no. 1924)

Generalities:- Diabetes Mellitus: abroma-a., adren, aether, all-s allox, aloe, alumn, am-act, anthraco, apoc, arg-met, arist-m, ars *Ars-br*, asc-c, aspar, aur, aur-m-n, *Bor-ac*, bov,

calc, calc-p,calc-sil, canth, carb-ac, carb-v,carc, card-m, *Carl* caust, cephd-I, chel, chim, chion, chlol, chlorpr, cod coff coloc, con, cop, cortico, cortiso, cub, cupr, cupr-ar, cur, eup-pur, ferr-i, ferr-m, ferr-p, fl-ac, flor-p, gal-ac, galeg, glyc, *Gymne*, hed, helon, hydrang, hygroph-s, indgf-a, ins, *Inul*, iod, iris, kali-act, kali-br, kali-chl, kali-p, kiss, kreos, *Lac-ac*, lac-d, lach, lyc, lycps-v, mag-act, mag-o, mag-p, mag-s, mang-act, med, meny, merc, merc-d, moni, morph, mosch, murx, nat-ch, nat-lac, nat-m, nat-p, Nat-s, nep, nit-ac, nux-v, Op, orthos-s, oxyg, pancr, peps, perh, ph-ac, *Phase*, phlor, phos, Pilo, plan, plb, podo, rad-br, rad-met, ran-b, rat, *rhus-a*, rhus-t, sacch-I, sal-ac, sanic, sarcol-ac, saroth, sep, *Ser-ang*, sil, spong, *Squil*, stict, stront-c, stry-ar, sul-ac, sulfonam, sulph, syph, Syzyg, tarent, Ter, *Terebe*, term-a, thuj, thyr, *uran-m*, *Uran-n*, *Urea*, vanad, vichy-g, vince.

Murphy's Repertory ^[13]. (second revised edition, pg. no.401)

Disease: Diabetes Mellitus: *acet-ac.*, *adren.*, alf., all-s., alumn., am-c., aml n., ant-t., *arg-m.*, arg-n., arist-m., arn., *ars.*, *ars-br.*, ars-l., *aur.*, aur-m., bar-c., bell., *benz-ac.*, *bor-ac.*, BOV., *bry.*, *calc.*, *calc-p.*, camph., caps., *carb-ac.*, *carb-v.*, CARC., cean, *cham*, *chel*, *chim*, chin, chin-a., *chion.*, *coca.*, *cod.*, coff., *colch.*, con., conv., *crot-h.*, cupr., cupr-ar., *cur.*, *elaps.*, eup-pur., fel., ferr-i., *ferr-m.*, fl-ac., glon., glyc., grin *hell.*, HELON., *hep.*, iod., *iris.*, kali-a., kali-br., *kali-chl.*, kali-n., *kali-p.*, *kreos.*, *lac-d.*, *lach.*, *lac-ac.*, *lec.*, lith., LYC., *lycps.*, lyss., mag-s., *med.*, mosch., morph., mur-ac., murx., nat-m., nat-p., *nat-s.*, *nit-ac.*, nux-v., op., petr., PH-AC., phase., phos., *pic-ac.*, PLB., *podo.*, *rat.*, *rhus-a.*, sal-ac., sec., sep., *sil.*, squil., *sulph.*, *sul-ac.*, syzyg., tarax., TARENT., TER., *thuj.*, thyr., tub., URAN-N., urea., vanad., zinc., ziz.

Repertorial result: based on the above given rubric of diabetes mellitus in different repertories.

- Phosphoric Acid – 5 ^[15].
- Natrium Sulphuricum – 6 ^[14].
- Helonias Dioica- 6 ^[14].
- Argentum Metallicum- 6 ^[12].
- Sulphur-6 ^[12].
- Lycopodium-5 ^[12].
- Arsenicum Album-5 ^[12].
- Plumbum-5 ^[12].
- Uranium Nitricum-5 ^[12].

Therapeutic Compendium of Diabetes

1. Phosphoric Acid

The common acid "debility" is very marked in this remedy, producing a nervous exhaustion. Mental debility first; later physical. Apathetic, indifferent. Cannot collect his thoughts or find the right word ^[14]. Difficult comprehension. Effects of grief and mental shock. Delirium, with great stupefaction. Settled despair. Complete apathy and stupor; takes no notice, "lies like a log," utterly regardless of surrounding. Frequent, profuse, watery, milky urine. Diabetes. Micturition, preceded by anxiety and followed by burning. Frequent urination at night. Phosphaturia ^[14].

2. Natrum sulphuricum

A liver remedy, especially indicated for the so-called hydrogenoid constitution, where the complaints are such as are due to living in damp houses, basements, cellars. They

are worse in rainy weather, water in any form. Feels every change from dry to wet; cannot even eat plants growing near water, nor fish. Always feels best in warm, dry air. Lively music saddens. Melancholy, with periodical attacks of mania. Suicidal tendency; must exercise restraint. Inability to think. Dislikes to speak, or to be spoken to. Urine loaded with bile. Brisk-dust sediment. Excessive secretion. Diabetes. Discharges are greenish-yellow, thick discharge, chronic or suppressed Dyspnoea; desire to take a deep breath during damp, cloudy weather. Humid asthma in patient; with every change to wet weather^[14].

3. Helonias dioica

Sensation of weakness, dragging and weight in the sacrum and pelvis, with great languor and prostration, are excellent indications for this remedy. Profound melancholy. Patient is better when kept busy, with mind engaged, when doing something. Irritable; cannot endure the least contradiction. There is a sensitiveness expressed as a consciousness of a womb. Tired, backachy females. Urine Albuminous, phosphatic; profuse and clear, saccharine. Diabetes: first stages^[14].

4. Argentum metallicum

Tall, thin, irritable persons. Ailments from abuse of Mercury. Diuresis. Urine profuse, turbid, sweet odor. Frequent urination. Polyuria. Raw, hawking, gray, jelly-like mucus, and throat sore on coughing. Profuse and easy morning expectoration. Easy expectoration, looking like boiled starch. Feeling of raw spot near supra sternal fossa. Worse from use of voice. Cough from laughing. Seminal emissions, without sexual excitement^[14].

5. Sulphur

Ebullitions of heat, dislike of water, dry and hard hair and skin, red orifices, sinking feeling at stomach about 11 am, and cat-nap sleep; always Standing is the worst position for Sulphur patients; they cannot stand; every standing position is uncomfortable. Dirty, filthy people, prone to skin affections (Psor.). Aversion to being washed; always < after a bath. Too lazy to rouse himself; too unhappy to live. Patient cannot bear to be washed or bathed Frequent micturition, especially at night. Enuresis, especially in scrofulous, untidy patient. Burning in urethra during micturition, lasts long after. Mucus and pus in urine; parts sore over which it passes. Must hurry, sudden call to urinate. Great quantities of Colorless^[14]

6. Lycopodium

For persons intellectually keen, but physically weak; upper part of body emaciated, lower part semi-dropsical; predisposed to lung and hepatic affections especially the extremes of life, patient and old people. Deep-seated, progressive, chronic diseases. Melancholy; afraid to be alone. Pain in back before urinating; ceases after flow; slow in coming, must strain. Retention. Polyuria during the night. Heavy red sediment. Patient cries before urinating. < four to eight P.M. Affects right side, or pain goes from right to left^[14].

7. Plumbum

The great drug for general sclerotic conditions. Lead paralysis is chiefly of extensors, forearm or upper limb, from center to periphery with partial anaesthesia or

excessive hyperaesthesia, preceded by pain. Progressive muscular atrophy. I Mental depression. Fear of being assassinated. Quiet melancholy. Slow perception; loss of memory; amnesic aphasia. Hallucinations and delusions. Intellectual apathy. Memory impaired (Anac; Baryta). Paretic dementia. Frequent, ineffectual tenesmus. Albuminous; low specific gravity. Chronic interstitial nephritis, with great pain in abdomen. Urine scanty. Tenesmus of bladder. Emission drop by drop^[14].

8. Arsenicum Album

The greater the suffering, the greater the anguish, restlessness and fear of death. Mentally restless, but physically too weak to move; cannot rest in any place: changing places continually; wants to be moved from one bed to another, and lies now here now there. Anxious fear of death; thinks it useless to take medicine, is incurable, is surely going to die; dread of death, when alone, or, going to bed. Attacks of anxiety at night driving out of bed, < after midnight. Burning pains; the affected parts burn like fire, as if hot coals were applied to parts (Antr.), > by heat, hot drinks, hot applications. Cannot bear the smell or sight of food (Colch., Sep.). Great thirst for cold water; drinks often, but little at a time Scanty, burning, involuntary. Bladder as if paralyzed. Albuminous. Epithelial cells; cylindrical clots of fibrin and globules of pus and blood. After urinating, feeling of weakness in abdomen. Bright's disease. Diabetes. Symptoms generally worse 1-2 p. m., 12-2 a. m^[14].

9. Uranium Nitricum

Its therapeutic keynote is great emaciation, debility and tendency to ascites and general dropsy. Backache and delayed menses. Causes glycosuria and increased urine. It is known to produce nephritis, Diabetes, degeneration of the liver, high blood pressure and dropsy. Dry mucous membranes and skin. Copious urination. Diuresis. Incontinence of urine. Emaciation and tympanites. Burning in urethra, with very acid urine. Unable to retain urine without pain. Enuresis^[14].

Conclusion

The above medicines are used frequently in daily practice for diabetes with good results. This therapeutic compendium contains only top most remedies found through cross repertorization, but other homoeopathic medicines (similimum) can also be used successfully in controlling blood sugar and preventing complications. The methodology of selecting a similar remedy should be the same mentioned by our master Hahnemann i.e. consider the complete portrait of an individual and compare it with the portrait of the similimum. This is what our axiom is all about that is, "Similia Similibus Curentur".

References

1. World Health Organization. Definition, diagnosis and classification of diabetes mellitus and its complications. Part 1: diagnosis and classification of diabetes mellitus. Geneva: WHO Department of Non-communicable Disease Surveillance, 1999.
2. Forouhi NG, Wareham NJ. Epidemiology of diabetes. *Medicine (Abingdon)*. 2014; 42(12):698-702.
3. Begum KS. A Study to assess the effectiveness of video assisted teaching regarding aerobic exercises and practice to maintain the blood glucose level among

- diabetes in crescent hospital, Alathur, Palakkad. IOSR Journal of Nursing and Health Science. 2015: ISSN: 2320-1940 Ver. III 2015; 4(1):44-50.
4. Foster DW. Diabetes mellitus. In: Fauci AS, Braunwald E, Isselbacher KJ, Wilson JD, Martin JB, Kasper DL, Hauser SL, Longo DL, editors. Harrison's Principles of Internal Medicine, 14 th ed., Vol II. USA: McGraw-Hill, Medical Publishing Division; 1998, 2065.
 5. Diabetes: Types, Symptoms and Treatments [Internet] 2019. [Revised/Updated: 2019/02/09]. Available from: <https://www.disabled-world.com/health/diabetes/>
 6. Rockefeller JD. Diabetes: Symptoms, Causes, Treatment and Prevention, 2015. ISBN 978-1-5146-0305-5.
 7. Frier BM, Fisher M. Diabetes mellitus. In: Colledge NR, Walker BR, Ralston SH, editors. Davidson's Principles and Practice of Medicine. 21st ed. China: Churchill Livingstone; 2010, 804.
 8. Boger CM. Boger's Boeninghausen's Characteristic & Repertory. New Delhi: B. Jain Publisher, Reprint edition 2008, 622.
 9. Kent JT. Repertory of the Homoeopathic Materia Medica. New Delhi: B. Jain Publisher, 1st Indian Edition, 1991, 691.
 10. Boericke OE. Boericke's New Manual of Homoeopathic Materia Medica with Repertory. New Delhi: B. Jain Publisher, Third revised & augmented edition, 2008, 748.
 11. Clarke JH. A Clinical Repertory to the Dictionary of Materia Medica. New Delhi: B. Jain Publisher: Edition; 2007, 32.
 12. Schroyens F. Synthesis (Repertorium Homoeopathicum Syntheticum). New Delhi: B. Jain Publisher: Edition. 2014; 9(1):1924.
 13. Murphy R. Homoeopathic Medical Repertory. New Delhi: B. Jain Publisher: Second Revised Edition, 2006, 401.
 14. Boericke W. New Manual of Homoeopathic Materia Medica & Repertory. New Delhi: B. Jain Publisher, Third revised & augmented edition, 2008, 448-450; 413-415; 286-287; 65-66; 545-548; 362-366; 464-466; 72-75; 579-580.