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Role of homoeopathy in fifty millesimal potency for the management of type 2 diabetes mellitus

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Abstract

The GI tract is home to many micro-organisms in the body as an aide to digestion and assimilation. They are the same time responsible for various life-style disorders as per the notions of researchers. T2DM is a reversible lifestyle disorder resultant of genetic and multiple environmental factors. Outcomes have been assessed as per the intervention of homoeopathy in T2DM cases.

Background: An experimental uncontrolled study is made to know of the role of homoeopathy in the management of type 2 diabetes mellitus through fifty millesimal potency.

Result: The significant reduction among 30 cases were 18 (60%) with management, 10 (33.33%) cases with improvement and 2 (6.66%) cases without any improvement were reported in type 2 Diabetes Mellitus.

Conclusion: The homoeopathic drug treatments are very high-quality in treating the instances of kind two diabetes mellitus with holistic way.

Keywords: Homoeopathy, complications, fifty-millesimal Potency, insulin deficiency, insulin resistance

Introduction

Improvement in lifestyle from socio-economical change along with susceptibility towards the disease have led India to be the Diabetes capital in the world in near future; in the previous 40 years.

The term “mellitus” meaning “sweet” is characterized generally with hyperglycemia from relative or complete insulin deficiency.

Diabetes mellitus defined as either insulin resistant or insufficient insulin production leading to increased blood sugar levels in the blood mainstream; leading to various changes in the vital organs like heart, kidneys, eyes and nerves. Type 2 Diabetes mellitus is common among adults. A study was conducted to estimate the prevalence among the population of Western Uttar

According To ICD 10 Classification of Diabetes Mellitus

CM Diagnosis Code of Type 2 diabetes mellitus was E11.69.

Insulin deficiency or insulin resistance characterized with hyperglycemia and glucose intolerance leading to increased amount of glucose in urine and blood stream^[2].

Aetiology

A major role in diseases is often played by genes and the patients' family history. Key factors like being obese or over-weight, sedentary lifestyles could be the risk factors in the development of diabetes mellitus^[3].

Risk Factors^[3]

- **Over Weight:** excess body weight with fat accumulation under the tissues leading the body into an insulin resistant state generally leads to over-weight. BMI ≥ 25 kg/m² can be the risk factor for the same.
- **Waist Circumference:** Waist circumference needed to be kept in mind, where the waist circumference in inches if more than 40 inches in men and more than 35 inches in women should be considered in risk factor.
- **Diet:** Diet having green vegetables, seasonal fruits, olive oil, whole grains is generally associated with low risk in diabetes.

Highly seasoned food, added sugars, beverages, canned foods must be avoided to prevent diabetes.

- **Physical Inactivity:** Physical activity allows burning of excess calories, lowering the risk of pre-diabetes in development.
- **Age:** Risk of developing pre-diabetes is dominant in all age groups, and increasing majorly after 45 years of age.
- **Family History:** If first degree relatives are suffering from the diabetes, then the risk of developing diabetes is increased these individuals.
- **PCOS:** Pre-diabetic risk is often increased among the females with poly cystic ovarian syndrome,
- **Sleep:** Obstructive Sleep Apnea has said to increase the risk factor of diabetes due to insulin resistance ³.

Clinical Features ^[4]

- Polydipsia
- Abnormal sensations like numbness or tingling in feet and fingers
- Polyphagia
- Polyuria
- Lethargy with Irritability
- Recurrent infections
- Inadequate vision like development of glaucoma and cataract

Dermatitis

Complications ^[5]

- Nephropathy and kidney diseases
- Neuropathy
- Retinopathy
- Macrovascular disease

50 Millesimal Potency ^[6]

The first breakthrough came in 1837, when technique for administering centesimal potency is detailed in 'Chronic disease' chapter.

Other potencies were causing aggravation among patient, necessitating a change in wide range of doses of medications in terms of therapy and administration ^[6].

Hahnemann believed that the 'single dose and wait' mentality resulted in too much passivity and that the seed of healing as often excessively sluggish because practitioner had no choice but to wait for the course of medicine to finish. He also mentioned that severe responses to the medicines might cause undesired aggravations in individuals who are sensitive ^[6].

Symbol and Sign

New method of dynamization was devised, where 'L' denotes '50' and 'M' denoting 'Millesimal' scale is been authorized in LM potency. Prefixed by '0' symbolically representing poppy-sized globules used for storing and dispensing the medicines ^[7].

Advantages of 50 Millesimal Potency

- Most effective therapeutics in homoeopathy.
- Most harmless, gentle and fastest way of treatment.
- Produces beneficial results in Hypersensitive patient
- Diseases which are chronic in nature and gross pathologies.

- Has mild or no aggravation.
- Medicine can be repeated frequently or can be given through olfaction.

Hypothesis

Alternate hypothesis primary hypothesis

- Individualized medicine in 50 MILLESIMAL potency reduces HbA1c in cases of type2 Diabetes mellitus.

Secondary hypothesis

- Individualized medicine in Fifty Millesimal potency improves symptomatology in cases of type 2 Diabetis Mellitus

Objective of the study

Aim

- An experimental uncontrolled study to assess the role of individualized homoeopathic medicines in fifty millesimal potency scale in the management of type 2 diabetes mellitus.

Objectives

- To compare the changes in the HbA1c before and after treatment with individualized homoeopathic in fifty millesimal Potency in type 2 Diabetes mellitus.
- To compare the changes in the Symptomatic checklist before and after treatment with constitutional medicine in 50 millesimal Potencies in type 2 Diabetes mellitus.

Material and Methodology

Period of study

The study was conducted on the cases available from 10th January 2020 to 20th January 2021.

Primary source

All cases were collected from outpatient department, in patient department, and out-patient department of NHMCHRC, Agra, U.P India Pin code 283202.

Study Design: Experimental uncontrolled study.

Study Duration: The study will be undertaken for a period of 24 months out of which cases will be registered in first 6 months and each case will be followed up for a period of minimum 2 year, each follow up an interval of 15 days for the first 3 months, and later once in every 3 months.

Sample size: 30 Patients

Inclusion Criteria

1. Patients of age 18 to 50 years
2. Both gender
3. Duration of disease open but not more than 10 years of suffering
4. Patient who willing to take Homoeopathic Treatment
5. Diagnosis case of Diabetic mellitus type 2 based on HbA1c
6. Patient with Diabetic mellitus type 2 without micro-vascular complication
7. HbA1c >7
8. Written/informed consent from the Patient

Exclusion Criteria

Patients having complications (renal, retinopathy, neuropathy)

1. Any diagnosed systemic disorders will be excluded from study
2. Not proper follow up due to patient discontinuation of management
3. HbA1c not more than 11
4. Unable or unwilling to give informed consent
5. Pregnancy, lactating mother
6. Unable to comply with study protocol
7. Likely to move away from participating site within next 6 month
8. Any systemic illness to be excluded
9. Patients suffering from any life threatening illness and self reported HIV positive

Statistical methods employed Statistical method was applied (Chi square test)

Withdrawal

1. Cases who discontinue management in between the study.
2. Patient with Worse symptoms up to 1 months from baseline Intervention
3. Drop out of Patients from part of research study by his or her own choice.
4. Due to occurrence of any adverse events during intervention of the homoeopathic medicines.

Randomization Technique: Simple random sampling

Intervention model: Single Group Pre and Post

In the selection of medicine, the approach was to individualize each case based on the principles of homoeopathy.

Homeopathic Intervention

Potency- Represented as 0/1, 0/2, 0/3, 0/4.....0/30, where 0 represents the poppy size, denoted presently as LM/1, LM/2, LM/3.....etc.

Co-Intervention- Diet Chart

Investigation - HbA1c.

Selection of Tools

- Homopath classic for Repertorization
- Consent form
- Case taking format Symptomatic checklist

Investigation: HbA1c

Statistical methods employed

Statistical method was applied (Chi square test)

Outcome Assessment

It was assessed by Tool. Used to measure the severity of DM2, for an effective assessment and evaluation. Tool was given to every patient. The outcome was measured according to the following criteria fixed up for the study. HbA1c, FBS, PPBS, Symptomatic Checklist: In these symptoms were mentioned, follow ups were.

Blood Test Levels for Diagnosis of Diabetes and Prediabetes

	A1C (percent)	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerance Test (mg/dL)
Diabetes	6.5 or above	126 or above	200 or above
Prediabetes	5.7 to 6.4	100 to 125	140 to 199
Normal	About 5	99 or below	139 or below

Definitions: mg = milligram, dL = deciliter
 For all three tests, within the prediabetes range, the higher the test result, the greater the risk of diabetes.

Grades	Polydipsia Polyphagia	Polyuria	Weakness	Blood Sugar Levels	HBA1c	Associated complaints
0	Normal Normal	Normal	No weakness	FBS - <126 PPBS-<140	6-<7	Normal
1	Increased Daily+ 0-1 at night Increased daily + 0-1 at night	Increased Daily 4-5 hourly	Weakness on exertion But not daily	FBS -127 - 140 PPBS - 141 - 180	7-<8	Better 70% in intensity and frequency
2	Increased daily 3-4 hourly + 1-2 at night Increased daily 3-4 hourly + 1-2 at night	Increased daily 3-4 hourly + 2 hourly+ twice at night	Weakness while doing daily at work	FBS -141 - 180 PPBS - 181 - 220	8-<9	Better 40% in intensity and frequency
3	Increased Daily 1-2 hourly + 2-3 at night Increased Daily 1-2 hourly, feels hungry even after lunch or dinner + 2-3 at night	Increased Daily 2 hourly+ >2 times at night	Persistent weakness	FBS - >180 PPBS - >220	9-<10	Better 10% in intensity and frequency

Improvement	Marked'	Moderate	No improvement
Symptoms	Achieved Grade 0	Reduction in grade but not achieved grade 0	No change or increase in grade
Associated complaints	Achieved Grade 0	Reduction in grade but not achieved grade 0	No change or increase in grade
BSL	Achieved Grade 0	Reduction in grade but not achieved grade 0	No change or increase in grade
HBA1c	Achieved Grade 0	Reduction in grade but not achieved grade 0	No change or increase in grade

1. Age group and distribution of cases

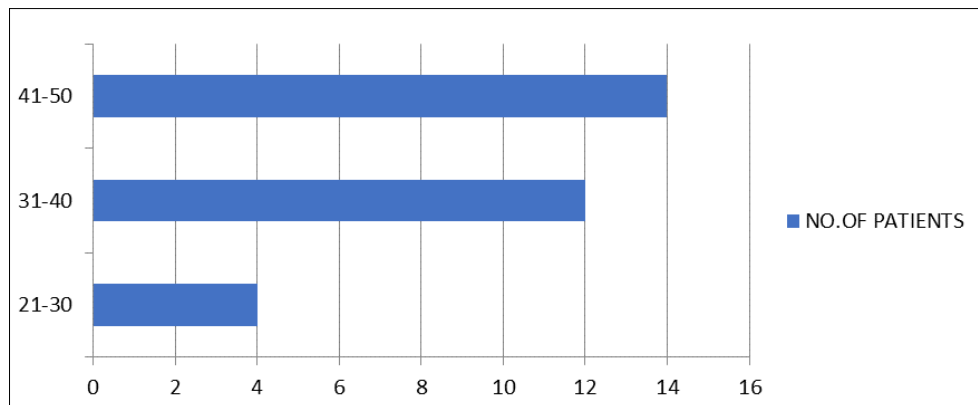


Fig 1: No. of patients with age group

2. Gender and distribution of cases

As shown in the above table out of 30 cases. Male: Female = 18:12 = 60%: 40.

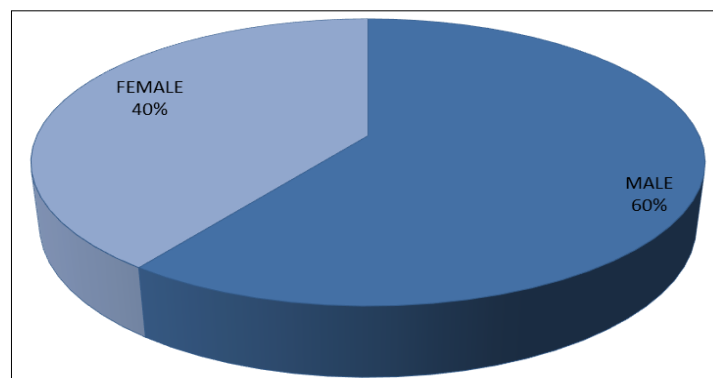


Fig 2: Diagram showing incidence according to gender

3. Physical symptoms and distribution of cases

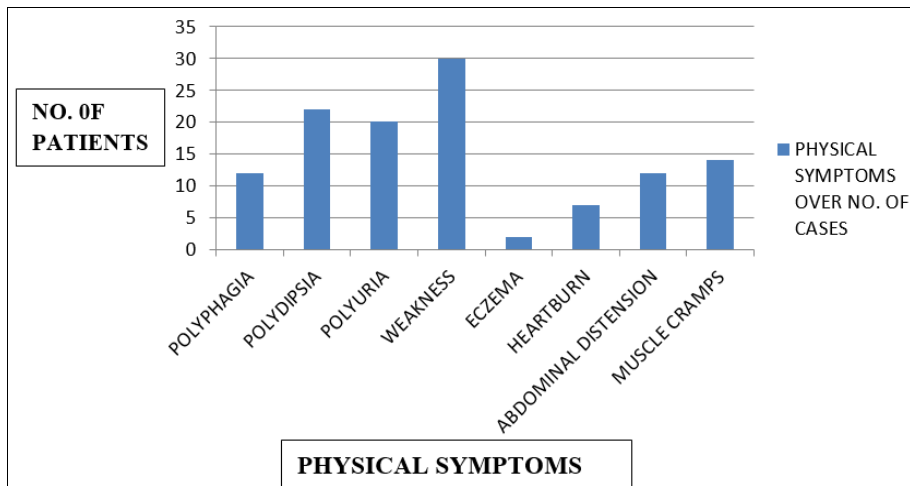


Fig 3: Physical symptoms over no. of cases

Table 1: Distribution of cases according to prescription⁸ for 30 cases

S. No	Prescribed remedies	No. of Cases	Percentage
1.	Arsenic	06	20%
2.	Heper Sulphur	01	3.33%
3.	Syphilinum	03	10%
4.	Ignatia	03	10%
5.	Merc Sol	02	6.66%
6.	Dulcamara	01	3.33%
7.	Rhus Tox	02	6.67%
8.	Thuja	01	3.33%
9.	Phosphorus	02	6.67%
10.	Sulphur	04	13.33%
11.	Pulsatilla	02	6.67%
12.	Nat. Mur	03	10%
	Total	30	100%

4. Table for analysis of result: Statistical study was done to know the results of the treatment of 30 case

As shown in the above table out of 30 cases: Managed: 18 i.e. 60%, Improved: 10 i.e. 33.33%
Not improved: 02 i.e. 6.66%

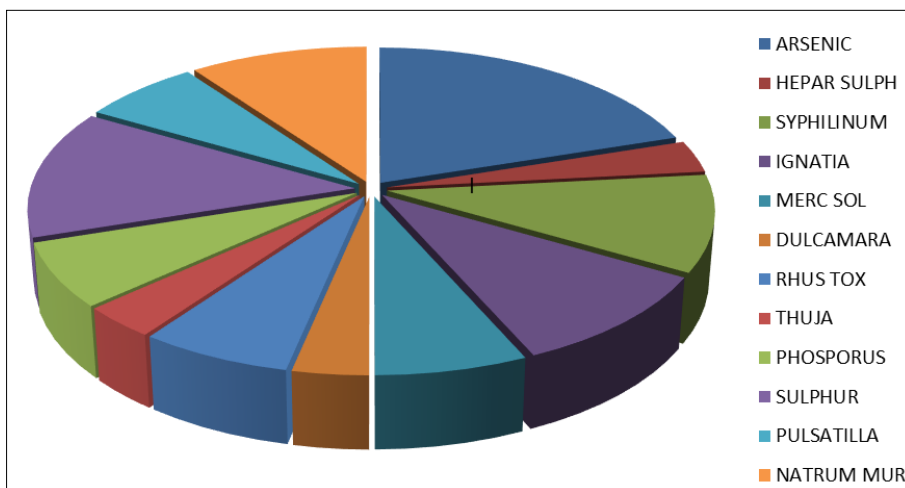


Fig 4: Diagram showing prescripton of homoeopathic remedies

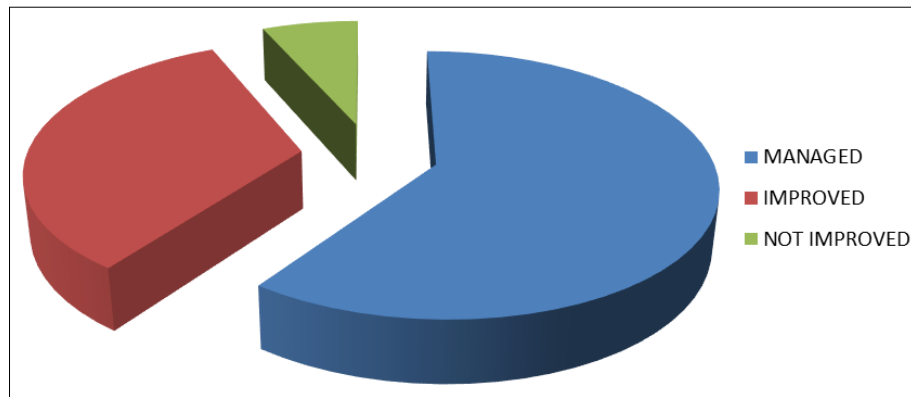


Fig 5: Analysis of result

Result

Out of 30 cases, a total of 18 were managed, or would say showed marked recovery and blood sugar levels into normal domain. Intervention with the diet followed in the follow ups, concluded with improvement in the associated symptoms. Follow up with elevated blood sugar level, with improvements were noted. Few complaints like abdominal distension, weakness, polydipsia, polyphagia, polyuria showed much improvement.

Discussion

The following study conducted upon 30 patients of age group 20-50 years with inclusion of both the genders. Maximum prevalence of the type 2 diabetes mellitus was seen in the patients of age group 41-50 years. The prescriptions were based upon the totality of the symptoms perceived during the case taking in accordance with the aphorisms 104-145. The administration of the medicine was through oral method in 50 millesimal. The minuteness of dose was kept in mind during the administration of the medicine along side of timely follow up.

Conclusion

Homoeopathy produced promising results in this experimental study, where the recovery remained high in the selected cases. This trend showed that there is significant future in the treatment of lifestyle disorders. The study showed that Homoeopathy can manage the cases in the long run without producing any much or severe side effects. The subsiding of complaints at physical level was seen, and the HbA1c level towards the normal range is seen. The future may find the answer for the treatment or cure of Diabetes Mellitus Type 2 in the long run, as more and more studies and trials are needed to lay the firm foundation for it.

Abbreviations

Gastrointestinal (GI), Type 2 Diabetes Mellitus (T2DM), 50 millesimal Potency (LM), Homoeopathy (Hom.), International Classification of Disease (ICD), Body Mass Index (BMI).

Conflict of Interest

Not available

Financial Support

Not available

Abbreviations

Gastrointestinal (GI), Type 2 Diabetes Mellitus (T2DM), 50

millesimal Potency (LM), Homoeopathy (Hom.), International Classification of Disease (ICD), Body Mass Index (BMI).

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