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Evaluating Homoeopathic Constitutional Medicine And Syzygium Jambolinum In Type-2 Diabetes: A Comparative Study

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Abstract

Diabetes mellitus is currently prevalent in developing countries, with a rising incidence of type 2 diabetes mellitus. This metabolic disorder is characterized by elevated blood glucose levels due to insufficient insulin secretion, impaired insulin action, or insulin resistance. Homeopathy offers a holistic approach to managing diabetes by considering individual constitution and symptoms, with a focus on improving overall health. To effectively address the rising incidence of diabetes in developing nations, it is essential to integrate various healthcare approaches, including homeopathy, alongside broader public health initiatives and education on diabetes prevention and management. This study aimed to compare the efficacy of constitutional homeopathic medicine with a specific remedy, Syzygium jambolanum 200, in the treatment of type 2 diabetes mellitus, a condition increasingly common in developing nations. Ten diabetes mellitus cases were selected based on specific criteria, and their information was recorded using a standardized case format. Upon symptom analysis, homeopathic remedies such as Acidum phosphoricum, Nux vomica, Lycopodium, and Sulphur was frequently prescribed. The study concluded that constitutional homeopathic treatments were more effective for managing type 2 diabetes mellitus than Syzygium jambolanum 200. This underscores the importance of using constitutional homeopathic remedies in the management of type 2 diabetes mellitus.

Key words: Constitutional, Diabetes Mellitus, Symptoms, Syzygium jambolanum

Introduction

Diabetes Mellitus (DM) is a group of metabolic disorders characterized by chronic hyperglycaemia 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”.

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. The latest data published in the IDF diabetes atlas 9th 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 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 [1]

Furthermore, it is estimated to have the second-highest number of cases of DM in the world after China. Diabetes Mellitus is an established risk factor for coronary heart disease and ischaemic stroke but how much its effect varies by age, sex, or levels of conventional risk factors is uncertain. The extent to which diabetes is associated with fatal versus non-fatal myocardial infarction or ischaemic versus haemorrhagic stroke is also unknown. Furthermore, how much of the effect of diabetes on vascular risk can be accounted for by conventional vascular risk factors (obesity, lipids, or blood pressure) is unresolved. Symptoms are Polydipsia, Hyperphagia, Polyuria, Steady and unexplained rapid weight loss, rapid changes in refraction of eyes, Extremity

paraesthesia, or tingling feet and hands, Dry mouth is that cottony feeing, often accompanied by excessive thirst, fatigue, non-healing ulcers.

Diagnostic criteria:

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

Complications:

Diabetes-related complications can be divided into vascular and nonvascular complications and are similar for Type1 and Type 2 DM. Vascular complications of DM are further subdivided into Micro vascular (retinopathy, neuropathy, and nephropathy) Macro vascular complications (coronary heart diseases [CHD], peripheral arterial disease [PAD], and cerebrovascular disease). Micro vascular complications are diabetic-specific, whereas macro vascular 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. [1][2]

Materials And Methods

Case Study 1:

A 53-year-old male came with the complaint of itching and burning in both the legs for 3 months. There is burning in the both soles and feet; itching is severe and he wants to scratch the parts, which causes blackish discoloration of the skin after scratching; itching worse during night and better after scratching, applying coconut oil, washing with cold water. There is burning sensation present after scratching. Pricking pain in soles of feet. he also has the weakness all over the body on march 5,2023 blood glucose fasting (F)is 264mg/Dl; post prandial (PPBS) is 256.4mg/dL and HbA1c is 12.6 %. On July 7th 2023, blood glucose FBS is 283.5 mg/dL; is PPBS is 296.0 mg/dL and HbA1c is 11.7%.

Family history: Father has diabetes mellitus.

Physical Generals: Appetite was good, Thirst is good, there is increased frequency of micturition, stool constipated and offensive in nature, and he is thermally hot patient. He is calm and hardworking person, has a tendency to help others, caring towards his family. He feels sad due to loss in business as his hard work doesn't pays off. Vitals are stable.

Kent repertory [5] was used to repertorize this case, Sulphur was considered as it covers burning followed by itching, frequency of micturition, depressed due to business and patient is also thermally hot. On referring to Boericke's materia medica and Allen's key note, Sulphur has covered the totality as well [3][4]. Hence it was selected and administered to the patient.

First prescription

The first prescription on 5.3.2023, Sulphur 30, four doses was given, to administer weekly once in empty stomach.

Follow ups

On 18.5.2023 patient previous complaints of itching were reduced pricking pain in soles still present. Stool is hard and offensive. Sulphur 200 four doses were given to administer weekly once in empty stomach. On 15.7.2023 patient feels better and complaints were reduced. Lab investigation reported on 3.7.2023 blood glucose FBS is283.5 mg/dL; PPBS is296.0 mg/dL and HbA1c is11.7% and Sac lac 4 doses were given to take weekly once in empty stomach. On 22.8.2023 patient complaints of itching were increased and Sulphur 1M, one dose was given to administer in empty stomach.

Case Study 2

A 41-year-old female came with the complaint of burning and pricking pain in the legs. Known case of Diabetes mellitus for 4 years. There is burning pain in the soles of both feet. Worse in night, standing and better by pressure. Weakness present all over the body. on 5.1.2023 RBS - 240mg/DL

Family history: father and mother have diabetes mellitus.

Physical generals are good. About her mental, she is calm in nature. Vitals are stable.

First prescription:

On 5.1.2023 Syzygium jambolanum 200 two doses were given to administer as weekly once in empty stomach.

Follow ups

On 8.2.2023, the burning in the soles is reduced. Patient feels better. Syzygium jambolanum 200 two doses were given to administer weekly once in empty stomach. On 12.3.2023, patient complaints of burning is present occasionally. RRBS-228mg/dL. Syzygium jambolanum 200 was two doses were given to administer weekly once in empty stomach.

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Results And Discussion

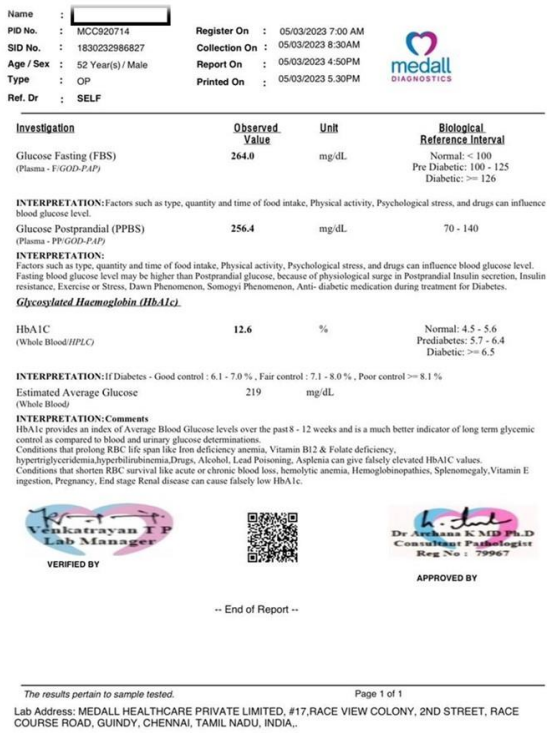
Case 1:

On 18.10.2023, patient feels better. Burning is reduced. Lab investigation reported on 1.10.2023 blood glucose FBS is187.4mg/dL; PPBS is 276.3 mg/dL and HbA1c is10.5%% and sac lac 4 doses were given to take weekly once in empty stomach.

Case 2:

On 25.4.23 patient complaints still present.RBS-236mg/dL

Homoeopathically the commonly indicated medicines for diabetes mellitus includes Sulphur, Lycopodium clavatum, Calcarea carbonica, Flouricum acidum, Nux vomica, Pulsatilla nigricans, Phosphorus, Natrum muriaticum, Acidum phosphoricum, Staphysagria, Lachesis, Arsenicum album[3][4]. This indicates the importance of constituitional homoeopathic approach the remedy was selected based on the individualization and after administering them the patient is improved symptomatically as well as generally. There is decrease in the amount of blood glucose level. Whereas after administer Syzygium jambolanum 200, the patient shows mild improvement systematically.



Name : [redacted]
PID No. : MCC920714
SID No. : 1830232986827
Age / Sex : 52 Year(s) / Male
Type : OP
Ref. Dr : SELF
Register On : 05/03/2023 7:00 AM
Collection On : 05/03/2023 8:30AM
Report On : 05/03/2023 4:50PM
Printed On : 05/03/2023 5.30PM

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	264.0	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION:Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	256.4	mg/dL	70 - 140

INTERPRETATION:
Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	12.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION:If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	219	mg/dL

INTERPRETATION:Comments
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Venkatrayan T P Lab Manager
VERIFIED BY

Dr Archana K MD Ph.D Consultant Pathologist Reg No : 79967
APPROVED BY

-- End of Report --

The results pertain to sample tested. Page 1 of 1

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

Fig 1: Case 1-Before Treatment

Name : [redacted]
PID No. : MCC920714
SID No. : 1830232986727
Age / Sex : 52 Year(s) / Male
Type : OP
Ref. Dr : SELF
Register On : 01/10/2023 8:03 AM
Collection On : 01/10/2023 8:39 AM
Report On : 01/10/2023 4:27 PM
Printed On : 01/10/2023 10:47 PM

medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	187.4	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION:Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	276.3	mg/dL	70 - 140

INTERPRETATION:
Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	10.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION:If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	254.65	mg/dL

INTERPRETATION:Comments
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Venkatrayan T P Lab Manager
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Fig 2: Case 2-After Treatment

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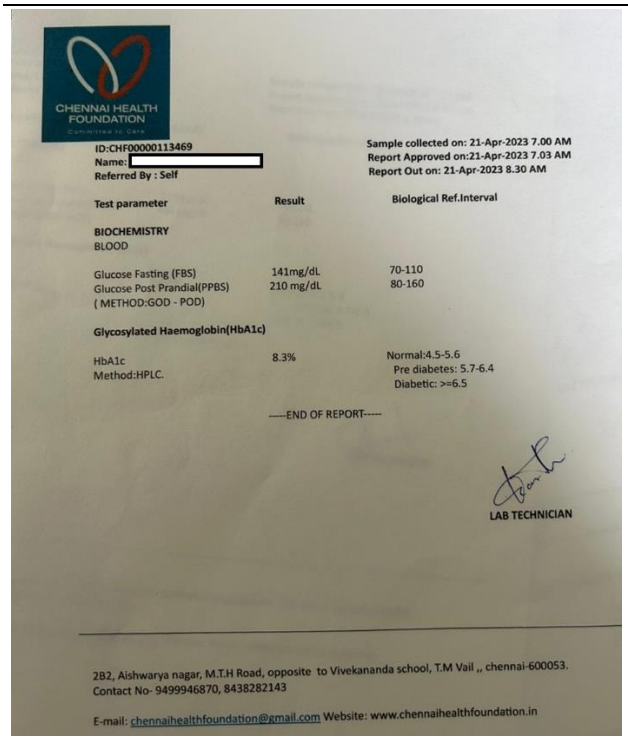

CHENNAI HEALTH FOUNDATION

ID:CHF00000113469
Name:
Referred By : Self

Sample collected on: 21-Apr-2023 7.00 AM
Report Approved on:21-Apr-2023 7.03 AM
Report Out on: 21-Apr-2023 8.30 AM

Test parameter	Result	Biological Ref.Interval
BIOCHEMISTRY		
BLOOD		
Glucose Fasting (FBS)	141mg/dL	70-110
Glucose Post Prandial(PPBS)	210 mg/dL	80-160
(METHOD:GOD - POD)		
Glycosylated Haemoglobin(HbA1c)		
HbA1c	8.3%	Normal:4.5-5.6
Method:HPLC.		Pre diabetes: 5.7-6.4
		Diabetic: >=6.5

-----END OF REPORT-----

LAB TECHNICIAN

2B2, Aishwarya nagar, M.T.H Road, opposite to Vivekananda school, T.M Vail ,, chennai-600053.
Contact No- 9499946870, 8438282143

E-mail: chennaihealthfoundation@gmail.com Website: www.chennaihealthfoundation.in

Fig 3: Case 1-Before Treatment

CHENNAI HEALTH FOUNDATION

ID:CHF00000113469
Name:
Referred By : Self

Sample collected on: 21-Apr-2023 7.00 AM
Report Approved on:21-Apr-2023 7.03 AM
Report Out on: 21-Apr-2023 8.30 AM

Test parameter	Result	Biological Ref.Interval
BIOCHEMISTRY		
BLOOD		
Glucose Fasting (FBS)	141mg/dL	70-110
Glucose Post Prandial(PPBS)	210 mg/dL	80-160
(METHOD:GOD - POD)		
Glycosylated Haemoglobin(HbA1c)		
HbA1c	8.3%	Normal:4.5-5.6
Method:HPLC.		Pre diabetes: 5.7-6.4
		Diabetic: >=6.5

-----END OF REPORT-----

LAB TECHNICIAN

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Fig 4: Case 2-After Treatment

Conclusion

This study provides valuable insights into the management of type 2 diabetes mellitus through homeopathic medicine. The comparison between constitutional homeopathic treatment and the specific remedy Syzygium jambolanum 200 sheds light on the effectiveness of these approaches. The findings suggest that constitutional homeopathic treatments, which consider the individual's overall constitution and symptoms, appear to be more efficacious in managing type 2 diabetes mellitus when compared to a specific remedy. Type 2 diabetes mellitus is a widespread health concern, particularly in developing nations, where access to healthcare resources may be limited. Therefore, the emphasis on alternative and complementary therapies like homeopathy is of great significance. The frequent prescription of remedies such as Acidum phosphoricum, Nux vomica, Lycopodium, and Sulphur based on symptom analysis underscores the individualized approach that homeopathy offers in tailoring treatments to the unique needs of each patient.

While further research and larger-scale studies are needed to validate these findings and explore the long-term effects of homeopathic treatment in diabetes management, this study highlights the potential benefits of incorporating constitutional homeopathic remedies into the care of individuals with type 2 diabetes mellitus. It encourages healthcare practitioners to consider a holistic and individualized approach to treatment in order to better address the complex nature of this chronic condition.

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