
Usage Of Homeopathy For Diabetes Type 2

ABSTRACT

Background: Diabetes is a commonly encountered metabolic disorder worldwide. Numerous subjects suffer from diabetes. The role of homeopathy in diabetic subjects is not much explored. The present study was conducted to compare the effect of homeopathic medication as an additive to normal medications used by the subjects of type II diabetes mellitus. **Materials and methods:** The present prospective observational study was conducted in the department of homeopathy. The study was divided into two groups-control group having only oral antidiabetic drugs and case group who were administered additional individualized homeopathic medicaments. The glycemic and blood profile was compared between the two groups. All the data was arranged in a tabulated form and analyzed statistically using SPSS software. **Results:** There were 61.5% males in the case group and 56.9% in control group. The mean fasting blood glucose in the case and control group was 10.36±0.50 mmol/L and 8.9±2.7 mmol/L respectively. At 6 months, the mean difference in the fasting blood glucose in the case and the control group was -2.25 and 0.14 respectively. There was a significant difference between the two as the p value was less than 0.05. **Conclusion:** The subjects taking homeopathic drugs showed significant improvement in the glycemic and lipid profile. **Keywords:** diabetes, disorders, homeopathy, glycemic

INTRODUCTION

As evaluated and determined by the World Health Organization, approximately 143 million people around the globe are affected by diabetes, and this frequency is predictable to elevate to around 300 million by the year 2025. ¹ Diabetes is characterized as a metabolic alteration that is commonly seen associated with different secondary pathophysiologic changes in multiple organ systems of the body that lead to an enormous load on the patient with diabetes and on the health care systems of the country. In the United Nations, diabetes mellitus especially type-II is the chief reason behind end stage renal disorder, amputations of lower extremities and retinopathies leading to blindness amongst adult patients. It also predisposes the person to cardiovascular disorders. With a collective incidence around the globe, diabetes mellitus will emerge as one of the leading causes of morbidity and mortality in the near future. ² The widely used stepwise approach for managing type II diabetes mellitus is with the start of modification in lifestyle which encompasses medical nutritional therapy with physical exercise that is followed by the usage of oral antiglycemic drug if the glycated haemoglobin level rises above the 7.0% recommended guidelines. Evidence from past studies illustrated that major patients are managed by monotherapy, irrespective of the class of drug but many of the patients do not achieve normal glycemic levels. ^{3 – 5} Homeopathy is widely emerging as an important additive to the conventional anti glycaemic drugs taken orally for the management of diabetes mellitus. Increasing number of people are shifting to the homeopathic drugs for the management of their diabetes mellitus and it also aid in reducing the frequency of diabetes related complications. There hasn't been much of randomized controlled trials to illustrate the effect of homeopathic medicaments on diabetes mellitus. The present study was conducted to compare the effect of homeopathic medication as an additive to normal medications used by the subjects of type II diabetes mellitus.

MATERIALS AND METHODS

The present observational study was conducted in our clinic for a duration of 1 year. The study was approved by the institutional ethical board and all the subjects were informed about the study and a written consent was obtained from them in their vernacular language. The study compared individualized homeopathic treatment and conventional treatment with subjects undergoing conventional treatment for type 2 diabetes mellitus. Subjects with type 2 diabetes mellitus were included in the study, Subjects with history of type 1 diabetes or those who failed to report during follow up were excluded from the study. The subjects were randomly allocated into case group, receiving homeopathic treatment) and control group (receiving placebo). The homeopathic symptoms were matched with the related symptoms present in the materia medica and the potency and frequency of homeopathic drugs was given after homeopath's advice. All the subjects were made to continue their standard conventional drugs for type 2 diabetes. Subjects were advised a bi weekly followed by 4 and 6 weekly follow ups. Subjects who failed to report for follow up were excluded from the study. The demographic details of the subjects like age, gender, alcohol consumption etc were noted amongst all the subjects. Baseline history of diabetes like fasting blood sugar, triglyceride level, type of oral antiglycemic drugs were also noted. Presence of any diabetes-related complication was also noted. Level of glucose, triglyceride, HDL, LDL, glycosylated hemoglobin and total cholesterol were noted before the initiation of treatment and at 6 months and final 1 year follow up. All the data was arranged in a tabulated form and analyzed using SPSS software. Student t-test was used for analysis. A probability value of less than 0.05 was considered significant.

RESULTS

Table 1 illustrates the demographic details of the study subjects. The mean age in the case group was 61.2 \pm 10.3 years and in the control, group was 57.9 \pm 10.8 years. There was no significant difference between the two. There were 61.5% males in the case group and 56.9% in the control group. The mean fasting blood glucose in the case and control group was 10.36 \pm 0.50 mmol/L and 8.9 \pm 2.7 mmol/L respectively. The mean total cholesterol in the case and control group was 4.56 \pm 0.78 mmol/L and 5.4 \pm 0.94 mmol/L respectively. There was no significant difference in the demographic information and the baseline values amongst the two groups.

Table 2 shows the comparison of differences between primary and secondary upshots after 6 months follow up. The mean difference in the fasting blood glucose in the case and the control group was -2.25 and 0.14 respectively. There was a significant difference between the two as the p value was less than 0.05. The mean difference in the glycosylated haemoglobin was -1.12 in the case group and 0.09 in the control group. There was a significant difference between the two as the p value was less than 0.05. The mean total cholesterol showed a difference of -0.30 in the case group and -0.34 in the control group. There was no significant difference in two group. The total HDL showed a mean difference of 0.03 in the case group and -0.05 in the control group. There was no significant difference in two group. The total LDL showed a mean difference of -0.35 in the case group and -0.30 in the control group. There was no significant difference in two group.

Table 3 shows the comparison of difference between primary and secondary upshots after 1 year follow up. The mean difference in the fasting blood glucose in the case and the control

group was -2.27 and 0.16 respectively. There was a significant difference between the two as the p value was less than 0.05. The mean difference in the glycosylated haemoglobin was -1.10 in the case group and 0.08 in the control group. There was a significant difference between the two as the p value was less than 0.05. The mean total cholesterol showed a difference of -0.37 in the case group and -0.28 in the control group. There was a significant difference in two group. The total HDL showed a mean difference of 0.01 in the case group and -0.03 in the control group. There was no significant difference in two group. The total LDL showed a mean difference of -0.29 in the case group and -0.31 in the control group. There was no significant difference in two group.

DISCUSSION

Diabetes mellitus encompasses a variety of commonly present metabolic disorders that segment a common feature i.e. hyperglycemia.⁶ Diabetes mellitus is basically defined as a metabolic ailment with multiple etiology that is categorized by the defect in insulin secretion, action, or both of them. It is commonly seen when the pancreas is not able to form sufficient insulin or alternatively, the body is not able to effectively use insulin produced by it. Around half of the mortality associated with diabetes is seen amongst subjects under the age group of 70 years; approximately 55% of deaths amongst the diabetics are seen amongst women.⁷ Approximately, by the year 2010 it has been observed that the diabetic patients are expected to elevate to 221 million from the base level of 110 million in 1994.^{8,9} The signs and symptoms related to diabetes are not usually severe, or sometimes are even absent, and therefore hyperglycemia enough to cause pathological and functional changes may be observed for a long duration even before the diagnosis is established. The long-term alteration of Type II diabetes comprise of the specific complications like retinopathy that can lead to blindness, nephropathy that may further progress to renal failure, or neuropathy has the chances of causing foot ulcers, Charcot joints or amputation and characteristics of autonomic dysfunction, including sexual alteration. Subjects with type II diabetes mellitus are at an increased risk of cardiovascular, blood and cerebrovascular mishappenings. A variety of pathogenetic alterations lead to the occurrence of diabetes. These changes include methods that destruct the beta cells of pancreas and ultimately leading to deficiency of insulin, and others processes that result in insulin resistance. The discrepancies of carbohydrate, fat and protein metabolism are due to decreased action of insulin on body organs due to insensitivity to insulin action or due lack of insulin development.¹⁰ Homeopathy, and modern allopathic medical practices, support the reality that psychological risk factors are crucial in all the disease processes. Whether their role is in the initiation, progression or aggravation of a disorder is a debatable and differs from condition to disease. As per a study conducted in Germany at pediatric diabetes centers, homeopathy was the found to be the most commonly used complementary medicament amongst 14.5% children with type 1 diabetes.¹¹ In Malaysia, it was seen that there were around 56% of subjects with diabetes that showed use of alternative treatment in addition to the conventional treatment of diabetes.¹² The present study showed that subjects taking complementary homeopathic medications along with normal anti diabetic drugs had better glycemic control and lipid profile compared to the controls. The results of the present study were in accordance with the previous studies conducted by Pomposelli R et al and Nayak C et al^{13,14}. Research in the field of high-dilution pharmacology has shown different molecular, cellular and Systemically present targets of homeopathic drugs in laboratory model presentations.¹⁵

CONCLUSION

Homoeopathy as a complementary medicament is widely used in different countries of the world. Action of homoeopathy in skin and respiratory conditions is widely accepted. The present study demonstrated the usefulness of homoeopathy as a complementary medicament amongst subjects with Type II diabetes mellitus, it was found that there was better glycemic control and lipid profile amongst subjects taking homoeopathic drugs. There was significant improvement amongst subjects who took the medications regularly for 1 year.

REFERENCES

1. World Health Organization. The world health report: life in the 21st century e a vision for all. Geneva: WHO, 1998.
2. Davidsons. Text book of principles and practice of Medicine. 18 th Edition. ChurchillLivingstone, London, 2000, 473.
3. Chuang L, Tsai S, Huang B, Tai T. The status of diabetes control Asia d a cross-sectional survey of 24 317 patients with diabetes mellitus in 1998. Diabet Med 2002; 19(12): 978 e 985.
4. Liebl A, Neiss A, Spannheimer A, et al. Complications, co- morbidity, and blood glucose control in type 2 diabetes mellitus patients in Germany e results from the CODE-2 study. Exp Clin Endocrinol Diabetes 2002; 110(1): 10 e 16.
5. Koro CE, Bowlin SJ, Bourgeois N, Fedder DO. Glycemic control from 1988 to 2000 among U.S. adults diagnosed with type 2 diabetes: a preliminary report. Diabetes Care 2004; 27(1): 17 e 20. p.2152 Harrison's principles of Internal Medicine 16 th edition.
6. World Health Organization. Fact sheet N 0 312. September 2006. www.who.int
7. Axis I disorders. Clinical Disorders p.28 DSM-IV-TR fourth edition
8. Axis III disorders General Medical Conditions Appendix G DSM-IV-TR fourth edition
9. Definition and diagnostic criteria for diabetes mellitus and other categories of glucose intolerance,2.1,p.2:WHO/NCD/NCS/99.2
10. Dannemann K, Hecker W, Haberland H, et al. Use of complementary and alternative medicine in children with type 1 diabetes mellitus e prevalence, patterns of use, and costs. Pediatr diabetes 2008;9(3 pt 1): 228 e 235.
11. Remli R, Chan SC. Use of complementary medicine amongst diabetic patients in a public primary care clinic in Ipoh. Med J Malays 2003; 58(5): 688 e 693.
12. Pomposelli R, Piasere V, Andreoni C, et al. Observational study of homoeopathic and conventional therapies in patients with diabetic polyneuropathy. Homoeopathy 2009; 98(1): 17 e 25.
13. Nayak C, Oberai P, Varanasi R, et al. A prospective multi-centric open clinical trial of homeopathy in diabetic distal symmetric poly-neuropathy. Homoeopathy 2013; 102(2): 130 e 138.
14. Bellavite P, Marzotto M, Oliosio D, Moratti E, Conforti A. High-dilution effects revisited. 2. Pharmacodynamic mechanisms. Homoeopathy 2014; 103(1): 22 e 43.