



**AN EXPERIMENTAL UNCONTROLLED STUDY TO ASSESS THE 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 at the same time responsible for various life-style disorders as per the notion 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

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

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

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



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 the previous 40 years.

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

Diabetes mellitus is 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.

Available records additionally endorse that the susceptibility of Asian Indian human beings to the problems of diabetes mellitus differs from that of white populations. Management of this disorder in India faces a couple of challenges, such as low stages of awareness Novel interventions, the use of effectively handy sources and technological know-how promise to revolutionize the care of sufferers with diabetes mellitus in India. As many of these challenges are frequent to most growing international locations of the world, the classes learnt from India's ride with diabetes mellitus are probable to be of massive world relevance, paucity of educated clinical paramedical personnel unaffordability of medicines and offerings.

Prevalence of Diabetes Mellitus and Socio- demographic Survey in the Community of Western Uttar Pradesh, India in the Year 2019-2020.

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 patient's 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 FACTORS³

- **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 polycystic ovarian syndrome.
- **SLEEP:** Obstructive Sleep Apnea has been said to increase the risk factor of diabetes due to insulin resistance .³

CLINICAL FEATURES⁴polydipsia, 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

COMPLICATIONS⁵ diabetic nephropathy and kidney diseases, diabetic neuropathy, retinopathy, macrovascular disease, diabetic foot, etc.

50 MILLESIMAL POTENCY⁶

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

DISCUSSION AND CONCLUSION OF FEW CASES

CASE 1. A 46-year-old male patient named SK came to the OPD with multiple presenting complaints of excessive hunger for 3-4 years with weight gain; excessive thirst for cold water; dim and blurred vision for 2-3 years; weakness and dryness of palms and soles with burning sensation. The patient was diagnosed with Type 2 Diabetes Mellitus 7 years ago and had been anti-diabetic medicines for the same. The previous report suggested of Fatty Liver Grade III. Past history comprises of Gastric complaints like acidity for 5-6 years. Family history constitutes to the Father, maternal grandfather and one of the brother suffering from Hypertension; mother and maternal grandmother with Rheumatic Arthritis; while one of the maternal uncle died of COVID-19. The patient is himself a professor, married, and has 2 kids (1 daughter + 1 son). He himself has addiction of tobacco and alcohol for a period of more than 20 years. Physical generals tell of the patient having increased appetite, desire for warm food and can't tolerate hunger. Increased thirst and dryness of mouth and tongue is seen. Desire for sweet things, aversion from coffee and intolerance of cold drinks. Thermal reaction of the patient is chilly. The patients mental generals shows that he does not enjoy the company and loves being alone. Gets abrupt when people try to be with him. Does not wants to be dominated. HbA1c was 10.5 at the time of commencement of the homoeopathic treatment. The patient had stopped all the allopathic medicines and was put on total homoeopathic treatment for around 12 months. The patient was prescribed LYCOPODIUM CLAVATUM 0/1 on the first day. He was then assessed after every 15 days for 1 month and later once every month. The patient showed improvement in the presenting complaints. The potency of the medicine was increased till LYCOPODIUM CLAVATUM 0/6. And the HbA1c recorded was 7.2. This vast improvement in the results were seen totally on constitutional homoeopathic prescription. Outcome assessment it was assessed by tool Symtomatic checklist and monarch table.

Hompath Classic - (Repertorisation)

Patient Repertory Search Extract MatMed Edit View Utilities Hompath Family Window Help

Repertorisation Of Mr. sunil kumar Reg. No. : 30 Visit Date : 26/02/2023

Repertorisation: Normal

Remedy Name	Totally	Lycop	Nat-m	Puls	Sulph	Calc	Phos	Gill	Ars	Chlo	Phos	Rhus-a	Merc	Hell-e	Sep
[C] [Mind] Fear People, of, anthropophobia:		1-4	1-4	1-4	1-3	1-2	1-1	1-1	1-1	1-1	1-1	1-1	1-0	1-0	1-0
[C] [Generalities] Food and drinks Sweets Desires:		3	2	2	1	1	2	1	1	1	1	3	1	3	1
[C] [Stomach] Appetite Ravenous, canine, excessive:		3	1	2	3	2	1	1	3	3	2	2	2	2	2
[C] [Stomach] Thirst Extreme:		3	3	3	3	3	2	3	3	3	3	2	2	2	2
[C] [Mind] Abrupe:		2	3	1	3	3	1	3	3	3	3	2	3	2	2
[C] [Mind] Absent-mindedness:		1	2	3	1	2	2	1							
		2	3	3	2	1	3	2	1	1	2	2	2	1	3

Symptoms 6 Remedies 384

CASE 2. A 43-year-old male patient named P came to the OPD with multiple presenting complaints of increased frequency of urination ($D_{6-7}N_{3-4}$), pain in muscle of neck in the right side, reduced appetite, increased sexual desire and a feeling of despair. Past history comprises of fracture of leg due to a road traffic accident in 1999 and typhoid 9 years ago. Family history constitutes to the Father and mother both having T2DM and a brother having renal calculi. The patient is married and has 2 kids, diet is non vegetarian. He is a smoker since 5-6 years and an occasional alcohol drinker. Physical generals tell of the patient having coated tongue red on margins with bitter taste of mouth. Desire for fish, spicy food, curd and warm food. Perspiration on forehead. Thermal reaction of the patient is hot. The patients mental generals shows that he becomes angry when he is contradicted by others, and reprimands his subordinate; sympathetic and foolish behaviour. HbA1c was 11 at the time of commencement of the homoeopathic treatment. The patient had stopped all the allopathic medicines and was put on total homoeopathic treatment for around a year. The patient was prescribed STAPHYSAGRIA 0/1 on the first day. He was then assessed after every 15 days for 1 month and later once every month. The patient showed improvement in the presenting complaints. The potency of the medicine was increased till STAPHYSAGRIA 0/8. And the HbA1c recorded was 6.4. This vast improvement in the results were seen totally on constitutional homoeopathic prescription., . Outcome assessment it was assessed by tool Syntomatic checklist and monarch table.



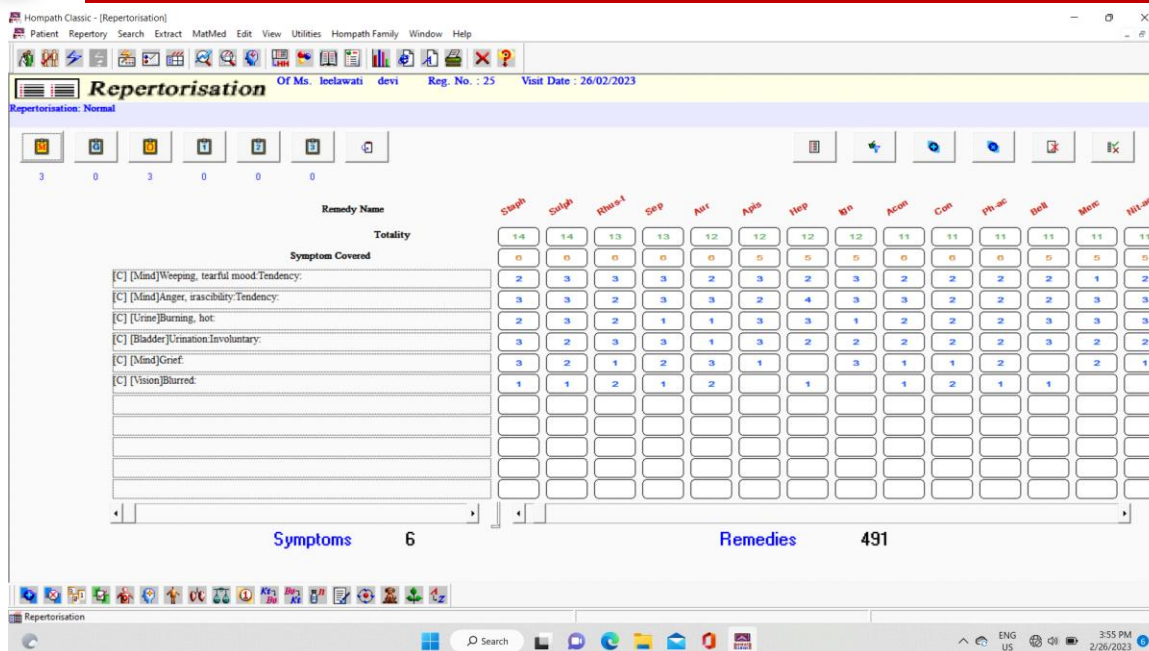
Repertorisation Of Mr. prashant gyaneshwar Reg. No. : 14 Visit Date : 30/03/2023

Repertorisation: Normal

Remedy Name	Staph	Bell	Copp	Hell	Ang-a	Bac-c	Kali-c	Acon	Amc	Coff	Fert	Cels	Ph-ac	Alu
Totality	13	12	12	12	12	12	12	12	12	12	12	12	12	1
Symptom Covered	6	6	6	6	7	7	7	6	6	6	6	6	6	1
[C] [Mind]Sympathetic, compassionate:		1	1	1	1									
[C] [Mind]Anger, irascibility.Tendency:	3	2	3	1	1	1	3	3	3	2	1	1	2	
[C] [Mind]Foolish behavior:		2	1	1	1	2	1	1	1		1		1	
[C] [Mind]Despair:	2	1	1	3	2	2	1	2	2	3		1	1	
[C] [Stomach]Appetite Diminished:		1	1	1	2	1	1			2	2	2		
[C] [Urine]Profuse, increased:	2	2	2	1	3	2	2	2	1	2	2	3	3	
[C] [Generalities]Weakness, enervation, exhaustion, prostration, infirmity:	3	1	2	2	2	3	3	2	3	2	3	3	3	
[C] [Generalities]Pain Pressing Externally:	3	2	1	2		1	1	2	2	1	3	2	2	

Symptoms 8 Remedies 661

CASE 3. A 50-year-old menopausal female patient named LD came to the OPD with multiple presenting complaints of involuntary urination, burning in urethra, increased appetite, increased thirst, weakness and blurred vision for 3 months. She had been diagnosed with T2DM few months back and the complaints surfaced shortly thereafter. The patient met an accident in 2015. No such particular suffering is observed among the family members in direct blood line of the patient. She is married, has 4 kids, non vegetarian diet and no addiction. Physical generals tell of the patient having red tip tongue. Desire for spicy things, intolerance to tobacco and perspiration on face. The patients mental generals shows that she has desire for company, extrovert, expressible anger, irritability and weeping tendency due to accumulated grief. HbA1c was 11 at the time of commencement of the homoeopathic treatment. The patient had stopped all the allopathic medicines and was put on total homoeopathic treatment for around 12 months. The patient was prescribed STAPHYSAGRIA 0/1 on the first day. Shr was then assessed after every 15 days for 1 month and later once every month. The patient showed improvement in the presenting complaints. The potency of the medicine was increased till STAPHYSAGRIA 0/8. And the HbA1c recorded was 6.9. This vast improvement in the results were seen totally on constitutional homoeopathic prescription.Outcome assessment it was assessed by tool Syntomatic checklist and monarch table.



The screenshot shows the 'Repertorisation' window in the Homopath Classic software. The window displays a list of symptoms on the left and a grid of remedies on the right. The symptoms listed are:

- [C] [Mind]Weeping, tearful mood.Tendency.
- [C] [Mind]Anger, irascibility.Tendency.
- [C] [Urine]Burning, hot.
- [C] [Bladder]Urination Involuntary.
- [C] [Mind]Grief.
- [C] [Vision]Blurred.

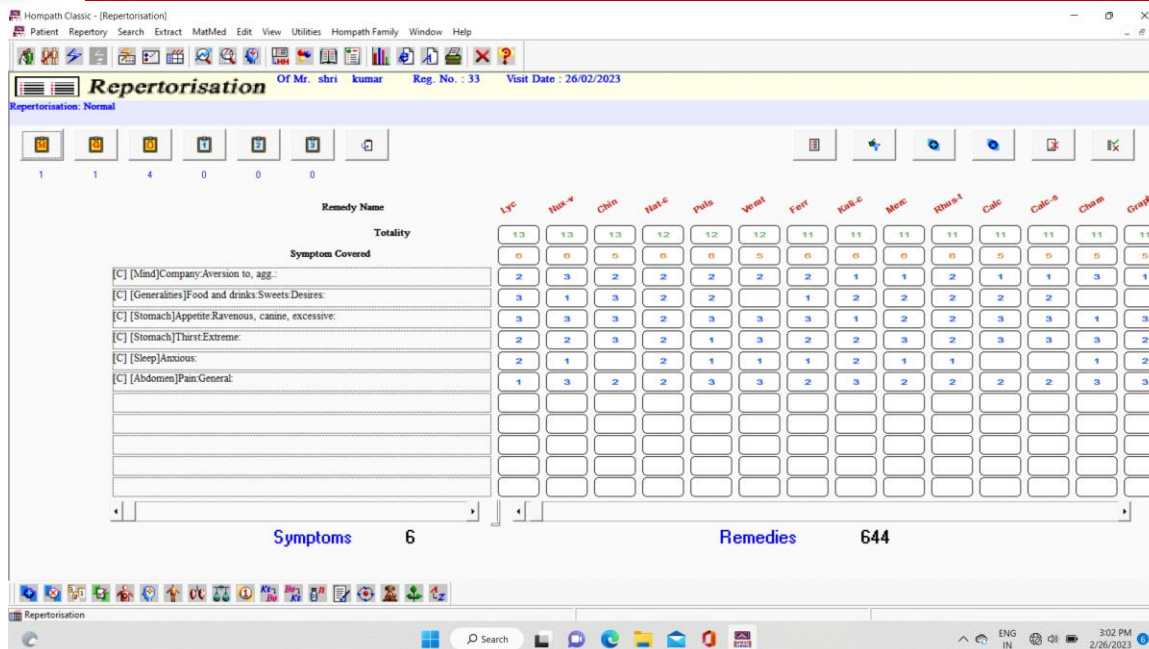
The remedies listed in the grid are:

- Staph
- Sulph
- Rhus-I
- Sep
- Aur
- Apis
- Hep
- Mn
- Acon
- Can
- Ph-ac
- Bell
- Merc
- Nit-ac

The grid shows the frequency of each remedy for each symptom. For example, for the symptom '[C] [Mind]Weeping, tearful mood.Tendency.', the frequency is 14 for Staph, 14 for Sulph, 13 for Rhus-I, 13 for Sep, 12 for Aur, 12 for Apis, 12 for Hep, 12 for Mn, 11 for Acon, 11 for Can, 11 for Ph-ac, 11 for Bell, 11 for Merc, and 11 for Nit-ac.

At the bottom of the window, it shows 'Symptoms 6' and 'Remedies 491'.

CASE 4. A 48-year-old male patient named SK came to the OPD with multiple presenting complaints of excessive hunger; excessive thirst for cold water; dim and blurred vision for 2-3 years; weakness and dryness of palms and soles with burning sensation; abdominal pain and anxiety during sleep. The patient was diagnosed with Type 2 Diabetes Mellitus 7 years ago. Family history constitutes of Hypertension; Arthritis; and Type 2 Diabetes mellitus among the family members with direct blood line to the patient. He is married, and has 2 kids, addiction of tobacco and alcohol. Physical generals tell of the patient having increased appetite, desire for warm food and can't tolerate hunger. Increased thirst and dryness of mouth and tongue is seen. Craves for sweet things. Thermal reaction of the patient is chilly. He is averse to company. HbA1c was 9.2 at the time of commencement of the homoeopathic treatment. The patient had stopped all the allopathic medicines and was put on total homoeopathic treatment for around 12 months. The patient was prescribed LYCOPODIUM CLAVATUM 0/1 on the first day. He was then assessed after every 15 days for 1 month and later once every month. The patient showed improvement in the presenting complaints. The potency of the medicine was increased till LYCOPODIUM CLAVATUM 0/8. And the HbA1c recorded was 6.4. This vast improvement in the results were seen totally on constitutional homoeopathic prescription. Outcome assessment it was assessed by tool Symtomatic checklist and monarch table.



The screenshot shows the 'Repertorisation' window in Homopath Classic. The interface includes a menu bar, a toolbar, and a main table. The table has columns for 'Remedy Name', 'Totality', and various symptoms. The symptoms listed are: [C] [Mind] Company Aversion to, agg.; [C] [Generalities] Food and drinks Sweets Desires; [C] [Stomach] Appetite Ravenous, canine, excessive; [C] [Stomach] Thirst Extreme; [C] [Sleep] Anxious; [C] [Abdomen] Pain General. The table also includes columns for 'Symptoms' (6) and 'Remedies' (644). The bottom status bar shows the date 2/26/2023 and time 3:02 PM.

Discussion

The following study conducted upon age group 40-50 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. Assessed by tool Symtomatic checklist and monarch table.

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.



Modified Naranjo Criteria

Domains Yes No Not sure or N/A

1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed? +2 -1 0

2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake? +1
-2 0

3. Was there an initial aggravation of symptoms? +1 0 0

4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)? +1 0 0

5. Did overall well-being improve?

(suggest using validated scale) +1 0 0

6A Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease? +1 0 0

6B Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms:

—from organs of more importance to those of less importance?

—from deeper to more superficial aspects of the individual?

—from the top downwards? +1 0 0

7. Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement? +1 0 0

8. Are there alternate causes (other than the medicine) that—with a high probability— could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions) -3 +1 0

9. Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.) +2 0 0

10. Did repeat dosing, if conducted, create similar clinical improvement? +1 0 0

Note: Maximum score = 13, minimum score = —6.

SYMPTOMATIC CHECKLIST: In these symptoms were mentioned, follow ups

Grades	Polydipsia	Polyphagia	Polyuria	Weakness	HbA1c	Associated complaints
0	Normal	Normal	Normal	No weakness	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	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+ twice at night	Weakness while doing daily work	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	9-<11	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
HbA1c	Achieved Grade 0	Reduction in grade but not achieved grade 0	No change or increase in grade

Abbreviations

Gastrointestina(GI), Type 2 Diabetes Mellitus (T2DM), 50 Millesimal Potency (L.M), Homoeopathy (HOM), International classification of disease (ICD), Body mass index (BMI).



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