

NAVIGATING THE HOMOEOPATHIC REPERTORIAL RUBRICS OF TYPE II DIABETES MELLITUS AND ITS COMPLICATIONS

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ABSTRACT: The burden of Type 2 Diabetes mellitus in India is approximated about 51 million in 2010 and it is projected that it would be 87 million in 2030. Regardless of the variety of current treatment methods, patient outcomes in Diabetes Mellitus is often disappointing, with long-term complications contributing considerable morbidity and mortality. Homoeopathy, a distinctive medicinal system that regards each diseased person as a unique and individualized entity, requires profound comprehension to analyze and choose the relevant remedy. To treat a diseased person, all the expression that characterize the person as well as the disease, should be taken in to consideration to find out the simillimum to be achieved with the help of appropriate rubrics selection in repertory. Repertories serve as an instrument at the disposal of the physician for sifting through the maze of symptoms. Repertories contain general, clinical and pathological symptoms in the form of reportorial language as rubrics. This review study is a sincere effort to show the importance of reportorial rubrics protocol for Type 2 DM and its complications.

Keywords: Diabetes Mellitus, Repertory, Rubrics, Siimilimum.

Introduction:

Type II Diabetes Mellitus or NIDDM is a global major public health challenge of the current century, its explosive increase in the prevalence poses huge clinical, pharmaceutical and economic burden all over the globe. As per IDF the prevalence 285 million (6.6%) adults were affected in the year 2010 and may be increase further to 485 million (7.8%) by 2030 particularly in developing countries. In Asian continent particularly Indian subcontinent rising of prevalence due to urbanization, industrialization, and economic growth made unhealthy lifestyle leads to obesity and insulin resistance, strong genetic predisposition for Diabetes leads to high prevalence of complications due to delayed diagnosis, inadequate control of glycaemia, Hypertension and lack of awareness in public¹.

Research findings in conventional medicine put toward the limitations in controlling the sugars and preventing complications and side effects of anti-diabetic agents, insulin therapy made the people apt for holistic integrated therapies.

In view of the alarming rise of diabetes and its complications, the holistic therapy of homeopathy should not lag behind and every effort should be made to utilize its benefits for the control of sake of ailing humanity.

On this background, the success of homeopathy has to be measured in terms of stabilizing the blood sugar level, prevention and management of long term vascular and neuropathic complications and their consequences in multiple vital organs. The homeopathic approach towards each patient is essentially holistic and more so in DM.

Repertories ease the task of the physician in finding the simillimum. Repertorisation is not the end but a means to arrive to the simillimum and reference to Homoeopathic Materia Medica based on sound principles of Philosophy is the final court of appeal.^{2,3}

REVIEW OF LITERATURE: Diabetes Mellitus is a metabolic disorder involving carbohydrates, protein and fat metabolism resulting from relative insulin deficiency and resulting in chronic hyper glycaemia with its attendant micro and macro vascular complications. Type 2 Diabetes or NIDDM or Non immune DM is caused by the interaction of genetic abnormalities with adverse environmental factors⁴.

Type 2 diabetes is due to non-immune cause of pancreatic B cell loss with variable degree of tissue insensitive to insulin, that is, insulin resistance.

Table 1. Essential of Diagnosis type 2 Diabetes Mellitus

➤ Above 40 years with obesity
➤ While diagnosis less common symptoms are Polyuria and polydipsia, ketonuria and weight loss
➤ Plasma glucose of > 126 mg/ dL after an overnight fast on more than one occasion. Two hours after 75g oral glucose, diagnostic values are > 200 mg/dL
➤ HbA1c >6.5%
➤ Hypertension dyslipidemia and atherosclerosis are often associated

Table 2. Criteria for Diagnosis of diabetes

	Normal tolarence	Glucose	Impaired Tolerance	Glucose	Diabetes Mellitus
Fasting plasma glucose mg/dl (mmol/L)	<100(5.6)		100-125 (5.6-6.9)		>126 (7.0)
2 hours after glucose load mg/dl (mmol/L)	<140 (7.8)		>140-199 (7.8-11)		>200 (11.0)
HbA1c (%)	<5.7		5.7-6.4		>6.5

Chronic complications of Diabetes: Late clinical manifestations of diabetes mellitus include a number of pathological changes that involve small and large blood vessels, cranial and peripheral nerves, the skin, the lens of eye. These lesions lead to Hypertension, end stage chronic kidney disease, blindness, autonomic and peripheral neuropathy, myocardial infarction and cerebrovascular accident.

Table 3. Chronic Complications of Diabetes Mellitus

A. Ocular complications	1. Diabetic cataract 2. Diabetic retinopathy 3. Glaucoma
B. Diabetic nephropathy	Proteinuria, renal failure
C. Diabetic neuropathy	1. Peripheral neuropathy A. Distal symmetric poly neuropathy B. Isolated peripheral neuropathy.
	2. Autonomic neuropathy A. Gastro intestinal system- Diarrhea, constipation B. Genito urinary system- Erectile dysfunction
D. Cardiovascular complications	1.Heart- CAD-Myocardial infarction 2. Hypertension 3.Peripheral vascular disease- Gangrene of foot
E. Skin and mucus membrane complications	Candida, acanthosis, fungal, necrobiosis lipoidica
F. Bone and joint complications	Frozen shoulder, carpal tunnel syndrome, dupuytren's contractions ⁵

DIABETES MELLITUS AND HOMOEOPATHIC APPROACH: As per Master C.F.S Hahnemann, human being is a single unit of mind, body and spirit- and that these are so correlated as to act freely and without impediment when the vital principle, the spirit-like force or dynamic, is in equilibrium; yet if this equilibrium of health be thrown out of balance by the dysfunction of one member or the whole is affected to a greater or less degree. As per H.A. Roberts majority of human ills are traceable to dysfunction of the glandular system due to maladjustments with his environment and relationship problems, leads to some degree of endocrine imbalance. In Homoeopathic case taking of Diabetes Mellitus physician need to consider his general physical constitution, moral, intellectual characters, occupation, living conditions, habits and social relations.⁶

REPERTORIAL RUBRICS OF TYPE II DIABETES MELLITUS:

Murphy's Repertory Clinical: Diabetes Mellitus: *acet-ac., adren., alf., all-s., ALLOX,aln,alumn., am-acet,am-c., aml n., ant-t., anthro, apoc, arg., arg-n., arist-m., arn., ars., ars-br., ars-l., aspar,aur., aur-m., bar-c., bell., benz-ac., bor ac., BOV., bry., cac.,cahin, calc, calc-p., camph., cann I,caps., carb-ac., carb v., CARC., carl,caust,cean, cham, chel, chim, chin, chin-a.,chin s,*

chion., chlorpr, cina, *coca.*, *cod.*, *coff.*, *colch.*, *colo*, *con.*, *conv.*, *cortiso*, *crat*, *crot-h.*, *cupr.*, *cupr-ar.*, *cur.*, *dulc*, *elaps.*, *equis*, *eup-pur.*, *fel.*, *ferr*, *ferr-i.*, *ferr-m.*, *ferr p*, *fl-ac.*, *gad*, *gels*, *glon.*, *glyc.*, *gnaph*, *grin*, *gua*, *hell.*, **HELON.**, *hep.*, *hydrang*, *ign*, *indol*, *inul*, *insulin*, *iod.*, *iris.*, *jab*, *kali-acet.*, *kali-br.*, *kali c*, *kalichl.*, *kali I*, *kali-n.*, *kali-p.*, *kiss*, *kreos.*, *lac ac*, *lac c*, *lac-d.*, *lac v*, *lach.lec.*, *led*, *lith c*, *lil t*, **LYC.**, *lycpr*, *lycps.*, *lyss.*, *mag p*, *mag-s.*, *med.*, *meny*, *merc c*, *mosch.*, *morph.*, *mur-ac.*, *murx.*, *nat ch*, *nat I*, *nat-m.*, *nat-p.*, *nat-s.*, *nicc s*, *nit-ac.*, *nux-v.*, *ol an*, *op.*, *oxyg*, *oxyt*, *pancreat*, *petr.*, **PH AC.**, *phase.*, *phlor*, **PHOS.**, *physal*, *pic-ac.*, *plan*, *plat m n*, **PLB.**, *podo.*, *puls*, *quas*, *ran b*, *rat.*, *rhus-a.*, *sac alb*, *sac l*, *sal ac*, *samb*, *sang*, *sant*, *sarot*, *sars*, *sec*, *senec.*, *sep.*, *sil.*, *sin n*, *squil.*, *staph*, *stict*, *stigma*, *stroph*, *sulph.*, *sul-ac.*, **SYZYG.**, *tarax.*, **TARENT**. *ther*, **TER.**, *thuj.*, *thymol*, *thyr*, *tril*, *tub.*, **URAN-N.**, *urea.*, *vanad.*, *verat v*, *verb*, *vichy g*, *vince*, *zinc.*, *ziz.*

Neurogenic (stress diabetes)

acet-ac., *alum.*, *ambr.*, *arg-n.*, *ars.*, *ars-br.*, **AUR.**, **AUR-M.**, *calc.*, *calc-ar.*, *caust.*, *cod.*, *con.*, *cur.*, *gels.*, *ign.*, *kali-br.*, *kali-ar.*, *kali-c.*, *kali-p.*, *kreos.*, *lach.*, *lac-ac.*, *lec.*, *lycps-v.*, *lyss.*, *mag-c.*, *mag-m.*, *mag-p.*, *med.*, *mosch.*, *myris.*, *nat-m.*, *nat-p.*, **NAT-S.**, *nux-v.*, *op.*, *phos.*, **PH-AC.**, *pic-ac.*, *plan.*, *plb.*, *rhus-t.*, *sil.*, *staph.*, *stry-ar.*, *tarent.*, *thuj.*, *thyr.*, *tub.*, *uran-n.*, *zinc-p.*

anxiety, with: *arg-n.*, **ARS.**, *arg-n.*, **AUR.**, **AUR-M.**, *calc.*, *calc-ar.*, *caust.*, *cod.*, *con.*, *dig.*, *iod.*, *kali-ar.*, *kali-br.*, *kali-c.*, *kali-bi.*, *kali-p.*, *kali-s.*, *lyc.*, *med.*, *nat-ar.*, *nat-c.*, *nat-s.*, *nit-ac.*, *phos.*, *psor.*, *puls.*, *rhus-t.*, *sec.*, *thuj.*

disappointment, in love from: *acon.*, **ANT-C.**, **AUR.**, *bell.*, *bufo.*, *cact.*, *calc-i.*, *calc-p.*, **CARC.**, *caust.*, *coff.*, **CON.**, *dig.*, *gels.*, *germ.*, *hell.*, *hyos.*, **IGN.**, *kali-p.*, **LACH.**, **NAT-M.**, *nux-v.*, **PH-AC.**, **PHOS.**, *plat.*, *psor.*, **PULS.**, **STAPH.**, *sulph.*, *tarent.*, *tub.*, *uran.*, **VERAT.**

fear, with: *arg-n.*, *ars.*, *aur.*, *borx.*, *calc.*, *carbn-s.*, *ign.*, *kali-ar.*, *lyc.*, *nat-c.*, **NATS.**, *op.*, **PHOS.**, *plat.*, *psor.*, *sep.*, *zinc-p.*

grief, with: *anthraci.*, **AUR.**, **AUR-M.**, *aur-m-n.*, *caust.*, *ign.*, *kali-br.*, *mag-m.*, *nat-m.*, *nat-s.*, **PH-AC.**, *staph.*, *tarent.*

nervous origin: *ars.*, *ars-br.*, *aur.*, *aur-m.*, *calc.*, *ign.*, *ph-ac.*, **PHOS.**, *stry-ar.*

restlessness, with: *arg-n.*, **ARS.**, *ars-br.*, *ars-i.*, *aur-m.*, *calc.*, *calc-ar.*, *calc-p.*, *cupr.*, *cupr-ar.*, *ferr.*, *ferr-ar.*, *hell.*, *helon.*, *lyc.*, *merc.*, *plb.*, *sec.*, *sep.*, *sil.*, *staph.*, *stram.*, *sulph.*, *zinc.*

sadness, with: **AUR.**, **AUR-M.**, *calc.*, *calc-ar.*, *calc-i.*, *calc-s.*, *carb-an.*, *carbn-s.*, *caust.*, *graph.*, *helon.*, *ign.*, *kali-br.*, *kali-p.*, *lac-c.*, *lach.*, *lept.*, *lil-t.*, *lyc.*, *merc.*, *nat-ar.*, *nat-c.*, *nat-m.*, *nat-s.*, *nat-sil.*, *nit-ac.*, *op.*, *plat.*, *sep.*, *sil.*, *sulph.*, *thuj.*, *vanil.*, *verat.*, *zinc.*, *zinc-p.*

shock, mental, after: *acet-ac.*, *acon.*, *ambr.*, *carc.*, *gels.*, *ign.*, *iod.*, *kali-p.*, *lec.*, *mag-c.*, *med.*, *merc.*, *nat-m.*, *nit-ac.*, *nux-m.*, *nux-v.*, *op.*, *ph-ac.*, *pic-ac.*, *sil.*, *staph.*, *stront-c.*, *sulph.*, *vanil.*, *verat.*, *tarent.*

gouty, *rheumatic complaints*, from: *abrot.*, *aur.*, *calc.*, *calc-f.*, *carl.*, *caust.*, *colch.*, *crat.*, *guaj.*, *helon.*, *lac-ac.*, *led.*, *lyc.*, *nat-lac.*, *nat-m.*, *nat-p.*, *nat-s.*, *phase.*, *phos.*, *phyt.*, *rhus-t.*, *sarcol-ac.*, *solid.*, *syph.*, *thuj.*

TYPES AND STAGES

bronze diabetes: *adren.*, *ars-h.*, *nit-ac.*, *sec.*

children, in (Juvenile): *act-ac.*, *arg-n.*, *bell.*, *calc.*, *calc-m.*, *calc-p.*, *carc.*, *chion.*, *crat.*, *cupr.*, *cur.*, *hell.*, *hyos.*, *mur-ac.*, *op.*, *ph-ac.*, *phos.*, *rhus-a.*, *sil.*, *streptoc.*, *syzyg.*, *tub.*, *uran-n.*

Family history – diabetes of: *Carc.*, *sacch.*, *thuj.*

heredity: bac., carc., des-ac., sacch-a., syph., thyr., tub.

impaired glucose tolerance: bry., calc., kali-c., lyc., nat-m., nat-s., *ph-ac.*, phos., sep., sumb., *uran-n.*

late in life, but in insulin resisters: caust., kali-c., nat-m., sulph., urn-n.

Prediabetic: arg-nit., calc., lyc., nat-m., nat-s., rob., sel., sulph.

Pregnancy, during: allox., *helon.*, lac-ac., murx., podo., *sac-alb.*, sulph., zinc-ar., zinc., zinc-i., zinc-m., zinc-n., zinc-p.

Conditions:

Abscess: abrom-a., *arn.*, ars., *calc-s.*, carb-ac., carb-v., kreos., lach., *merc.*, phos., rad-br., rad-met., *sulph.*, *tarent-c.*

Albuminuria: apis., ars., aur-m., calc-ar., hell., *helon.*, lac-d., lyc., merc-c., ph-ac., phos., plb., pic-ac., ter.

Arteriosclerosis: adren., am-i., *arn.*, ars-i., *aur.*, aur-i., aur-m., *bar-c.*, *bar-m.*, calc., calc-f., chlorpr., cupr., kali-i., *plb.*, plb-i., sec., sil., *stront-c.*, *stront-i.*, sulph., syph., syzyg., tab., vanad., visc., zinc-p.

Carbuncles: abrom-a., antho., *anthraci.*, ars., bell., bufo, carb-ac., carb-v., cephd-i., chin., con., crot-c., *crot-h.*, cupr-a., echi., fl-ac., graph., gunp., gymne., hep., hippoz., hyos., ins., kreos., *lach.*, led., lyc., mur-ac., nit-ac., ph-ac., pic-ac., sec., sil., sulph., sul-ac., syzyg., *tarent-c.*

eczema, with: dolic., graph., ins., psor., *sulph.*, sul-i., syzyg.

Erection, wanting, diabetes in, impotency: acon., *alum.*, ant-c., ARG., ARG-N., *arn.*, AUR., AUR-S., *bar-.,c* bufo *calad* cann-s., CALC calc-p caps CARC card-m *caust* COCA, coc-c coloc CON eup-pur *ferr* fl-ac gels GRAPH HELON hep *hyos* hyper ign iod kali-br kali-c KALI-P *lach* lec LYC med meny MERC mosch mur-ac *nat-c* NAT-M NAT-P nux-m nux-v onos., op PH-AC phase PHOS *pic-ac* PLB psor puls sabad *sec sel* sep SIL *staph.*, SULPH., *syph*, *thuj* URAN-N zinc

Gangrene: am-c., acet-ac., anthraci., ant-c., *arn.*, *ars.*, bap., both., *carb-ac.*, *carb-v.*, con., cupr-a., cur., echi., fel-s., graph., kreos., lach., merc., paeon., ph-ac., phos., plb., pyrog., *sec.*, sil., solid., sul-ac., syzyg., *tarent.*, *tarent-c.*, ter., *uran-n.*

Numbness/neuritis/tingling: alum., ars., bov., calen., *carbn-s.*, colch., cur., glyc., gymne., hed., ins., *kali-p.*, led., *lach.*, *lac-d.*, lyc., nat-m., nux-v., *ph-ac.*, *phos.*, plan., *plb.*, ran-b., rhod., rhus-t., sulph., tab., tub., *uran.*, *zinc*. burning: ars., cur., mag-c., med., sulph., zinc. feet, of: calc., *helon.*, lyc., med., sulph.

Paralysis, with: alum., carb-v., *carbn-s.*, CAUST., con., cupr-ac., cupr., gels., lyc., naja, op., *phos.*, *plb.*, plb-i., plb-xyz., sec., sil., zinc.

Wounds, not healing: *arn.*, bar-c., carb-v., *carbn-s.*, graph., kali-bi., kali-c., hep., lach., nit-ac., *sil.*, sulph., *tarent-c.*, tub.

Co-morbid/Interplay of clinical conditions in diabetes with related rubrics and Important remedies

Diabetes, with stiffness wrist, stiffness shoulder; stiffness hand; stiffness finger: bell., calc., calc-s., *caust.*, cupr., ham., nat-s., plb., rhus-t., ruta, sep., sil.

Diabetes, with retinitis and diabetic retinopathy: ars., aur., calc., calc-f., crot-h., dig., jab., lach., naph., *phos.*, *plb.*, *sec.*, sul-ac., sulph.

Diabetes, with nails infection, fungal, under nails: ant-c., can-alb., graph., nat-m., natp., nit-ac., sanic., *sep.*, sil., sulph., tell., *thuj.*, zinc.

COMPLICATIONS

I) Micro vascular/neuropathic:

Diabetes, with renal failure: adren., ars., bell., benz-ac., calc., carb-an., carb-v., chel., chim., chin., cupr., helon., hep., kali-p., lac-ac., lyc., merc., nat-m., nit-ac., nux-v., phos., sec., squil., ter., uran-n., zinc.

creatinine, increased: aur., aur-m., ars., lyc., phos., plb., ser-ang

Diabetes, with burning pains, legs,: arg-n., ars., ars-i., bell., calc., chel., chin., lach., lyc., nit-ac., op., *ph-ac.*, *phos.*, plb., sec., sep., sil., sulph., *zinc.*

Neurological complaints, accompanied, diabetes, with: helon., *ph-ac.*

II) Macro vascular complications

Diabetes, with myocardial ischemia: ars-i., aur., aur-m., bry., cact., carb-n-s., carb-v., caust., chinin-ar., colch., crat., dig., elaps, glon., kali-c., kali-n., lach., lyc., naja, ox-ac., phos., stry-ar., stry-s., sulph.

Diabetes, with heart stroke: acet-ac., adon., am-c., ant-t., arn., ARS., aur., bar-c., bell., bry., cact., calc-ar., calc., camph., carb-v, chin., chinin-ar., coff., con., crat., crot-h., cupr., fl-ac., glon., hell., hep., iod., kali-br., kali-c., kali-n., kreos., lach., lyc., morph., naja, nat-m., nit-ac., nux-v., op., ox-ac., ph-ac., phos., plb., sec., sep., staph., sulph., tab., thuj.^{7,8}

Conclusion: Type II Diabetes mellitus is a model of ‘iceberg’ of disease in present situation all over the world which caused by a complex interaction of genetics and environmental factors. The homoeopathic system is based on law of similars and individual expression of the patient. Reportorial rubrics related to clinico- pathological co-relation of Diabetes Mellitus and its complications along with concomitants rubrics will help in case analysis and to achieve similimum in the management of Diabetes Mellitus..

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