

IMPORTANCE OF ACCESSORY CIRCUMSTANCES WITH REFERENCE TO DIABETES MELLITUS TYPE 2: AN EPIDEMIC OF CIVILIZATION

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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 (Snehalata & Ramchandran 2009). The impact of Type 2 DM is considerable, as a lifelong disease, it increases morbidity & mortality and decreases the quality of life. Type 2 DM as a common & complex disease has been characterized by multiple causes: obesity, abdominal adiposity, imbalance of human metabolism due to changes in work pattern of life from heavy work to sedentary, the increase in computerization and mechanization and improved transport system (Zimmet et al 2001), around twenty genes are identified associated with Type 2 DM.

Accessory circumstances as stated by Dr Hahnemann are regarded as prime preventable factors of Type 2 DM. Recently Finnish Diabetes Prevention Study (DPS) and US Diabetes Prevention Program (DPP) shows Life style intervention (Diet, weight reduction, exercise) has got demonstrable power of reduction of progression from impaired glucose tolerance (IGT) to Type 2 DM by 54%, compared to control groups.

This study is a sincere effort to show the importance of accessory circumstances in Type 2 DM and necessary measures taken as an intervention along with Homoeopathic Therapeutic Aid.

Keywords Type 2 DM, Homoeopathy, Accessory circumstances.

INTRODUCTION

In the history of philosophy of medical science "holistic overview" is gradually gaining its importance replacing age old "mechanistic worldview". Because of this paradigm shift the whole universe is thus experienced as a dynamic, inseparable whole, interconnected - there are no completely independent parts - a holistic consideration. Science needs to develop the concepts & insights of holism to solve society's complex problems. The biological, psychological and social factors are gradually being incorporated into 'biopsychological model' in relation to understanding disease or illness. Diabetes - the sweet disease, silent killer, describes a metabolic disorder of multiple aetiology characterized by chronic hyperglycaemia with disturbances of carbohydrate, fat and protein metabolism characterized mainly by polyuria, polydipsia and polyphagia resulting from defects in insulin secretion, insulin action, or both. Any of the miasmatic cause in association of accessory circumstances may play the dominating role in the causation of diabetes, depending on which a particular type of disease may manifest in an individual case of sickness.

It was Dr. Samuel Hahnemann's visionary understanding of health and disease that he stated centuries ago in the aphorism 5 of the Organon of Medicine: "...In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic in nature), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual function, etc. are to be taken into consideration."

Here Dr. Hahnemann has clearly mentioned that in case of chronic disease accessory circumstances are to be considered in order to discover the fundamental cause which is generally due to chronic miasm (psora, syphilis and sycosis).

LITERATURE REVIEW

Importance of accessory circumstances with reference to Diabetes mellitus (DM) Type 2

The name Diabetes comes from the Greek word for a Syphon; the sweet taste of diabetic urine was recognized at the beginning of the first millennium, but the adjective 'mellitus' (honeyed) was only

added by John Rollo in the late 18th century. A polyuric state was described in an Egyptian papyrus dating from 1550 BC, discovered by Georg Ebers.¹¹

Diabetes mellitus is an 'iceberg' of disease¹⁸. Based on current trends, the International Diabetes Federation projects that 438 million individuals will have diabetes by the year 2030. Several distinct types of DM are caused by a complex interaction of genetics and environmental factors. Depending on the etiology of the DM, factors contributing to hyperglycemia include reduced insulin secretion, decreased glucose utilization, and increased glucose production. The two broad categories of DM are designated type 1 and type 2. Type 1 DM is the result of complete or near-total insulin deficiency. Type 2 DM is a heterogeneous group of disorders characterized by variable degrees of insulin resistance, impaired insulin secretion, and increased glucose production.¹⁶

In health, the constancy of internal environment (internal milieu) in relation to the external circumstances (external milieu) was maintained - homeostasis.¹⁵ But under circumstances of severe stress, occupational hazards, life-style changing, habits along with genetic factors may rise the risk of diabetes. Mainly stress predisposes pancreatic beta cells to auto immunity & apoptosis, rises the development of type 1 diabetes and type 2.

The purpose of the present review is to describe the current status of our knowledge concerning the gene-environment interactions potentially implicated in the pathogenesis of diabetes. Recent epidemiological, clinical & animal studies provide support for the developmental origin of disease. Underlying mechanism include reprogramming of the hypothalamic-pituitary-adrenal axis, islet development & insulin signaling pathways.

CLASSIFICATION²²

Type 1 diabetes

Polyuria, polydipsia, and weight loss associated with random plasma glucose 200 mg/dL.

Ketonemia, ketonuria, or both.

Islet autoantibodies are frequently present.



Type 2 diabetes

Most patients are over 40 years of age and obese. Polyuria and polydipsia. Ketonuria and weight loss generally are uncommon at time of diagnosis. Candidal vaginitis in women may be an initial manifestation. Many patients have few or no symptoms. Plasma glucose of 126 mg/dL or higher after an overnight fast on more than one occasion. After 75 g oral glucose, diagnostic values are 200 mg/dL or more 2 hours after the oral glucose. Hypertension, dyslipidemia, and atherosclerosis are often associated. Type 2 DM is preceded by a period of abnormal glucose homeostasis classified as impaired fasting glucose (IFG) or impaired glucose tolerance (IGT).



Risk factors

- Obesity (especially apple type)
- Family history of Type II Diabetes Mellitus
- Above 40 years of age
- Sedentary life style
- History of gestational diabetes or birth of large babies
- Previously impaired glucose tolerance
- Westernized diet habits, red meat, high fats, more sugar etc.
- Ethnicity more common in non Hispanics of northern European descent
- Cigarette smoking decreases insulin sensitivity
- Malnutrition in utero

GESTATIONAL DIABETES

A form of glucose intolerance that is diagnosed in some women during pregnancy. It is also more common among obese women and women with a family history of diabetes. During pregnancy, gestational diabetes requires treatment to normalize maternal blood glucose levels to avoid complications in the infant.

LADA

Latent Autoimmune Diabetes in Adults (LADA) is a form of autoimmune (type 1 diabetes) which is diagnosed in individuals who are older than the usual age of onset of type 1 diabetes. Alternate terms that have been used for "LADA" include Late-onset Autoimmune Diabetes of Adulthood, "Slow Onset Type 1" diabetes, and sometimes also "Type 1.5". Often, patients with LADA are mistakenly thought to have type 2 diabetes, based on their age at the time of diagnosis.

MODY

Maturity-onset diabetes of the young (MODY) is a subtype of DM characterized by autosomal dominant inheritance, early onset of hyperglycemia (usually <25 years), and impairment in insulin secretion (discussed below). Mutations in the insulin receptor cause a group of rare disorders characterized by severe insulin resistance.

Secondary causes of Diabetes mellitus include Acromegaly, Cushing syndrome, Thyrotoxicosis, Pheochromocytoma Chronic pancreatitis, CancerDrug induced hyperglycaemia etc.

PREDIABETES

Pre diabetes is a term used to distinguish people who are at increased risk of developing diabetes. People with pre diabetes have impaired fasting glucose (IFG) or impaired glucose tolerance (IGT). Some people may have both IFG and IGT.

- IFG is a condition in which the fasting blood sugar level is elevated (100 to 125 milligrams per decilitre or mg/dL) after an overnight fast but is not high enough to be classified as diabetes.
- IGT is a condition in which the blood sugar level is elevated (140 to 199 mg/dL after a 2-hour oral glucose tolerance test), but is not high enough to be classified as diabetes.

DIAGNOSIS ²²

Criteria for the Diagnosis of Diabetes Mellitus

- Symptoms of diabetes plus random blood glucose concentration 11.1 mmol/L (200mg/dL)
- Fasting plasma glucose 7.0 mmol/L (126 mg/ DL)
- HbA1C > 6.5 % OR
- Two-hour plasma glucose tolerance test 11.1 mmol/L during an oral glucose tolerance test.

RISK FACTORS

There are two types of risk factors

- Non-Modifiable Risks (age ,race & family history)
- Modifiable Risks -

These risk factors and are usually based on **lifestyle choices**. These include: eating a healthy diet, being active, not smoking, limiting alcohol consumption, and maintaining a healthy weight. Making changes to your lifestyle can help lower the risk of developing Type 2 Diabetes and will improve our general health.

As homoeopathic physician , we believe the holistic approach and give importance to accessory circumstances, culture, religion ,medical anthropology etc. diabetes in now believed to be a consequence of an attack from inside (miasmatic influence) & outside (accessory circumstances) in mutual understanding, resulting in breakdown found inside the patient as a person.

The Lesser Writings of Hahnemann- ¹⁰

Hahnemann said in "Medicine of Experience" that diabetes is the exception of those few diseases that are always the same; it is dissimilar & innumerable and must be regarded as an individual malady that never before occurred in the same manner and in the same circumstances as in the case before us.

The book- Man,Medicine & Environment₂

According to Rene Dubos the origin of the disease will be generally be found in several factors that must concur to result in ill-health. But their effects will differ profoundly from individual to individual, since the effects depend on the individual emotions and reaction to stressful situation and on the accessory circumstances in which these situations occur.

There are basically two types of causes:

The triggers /risk factors that push the systems of the body diseased (speaking Homoeopathically - the Accessory Circumstances).

A tendency to grow abnormally that is inherent in those systems and that is probably (in most of the cases and by various ways) inherited (in other words - the soil) The knowledge of the proximate cause of a disease condition is not enough helpful to the physician will be the enquiry into other contributing causes or accessory circumstances, which are very many & part of one's environment. Any one or more of which may be responsible for increasing, lengthening or complicating a disease condition, especially if it be a chronic in nature. These are to be well assessed & should be removed or controlled or modified according to the individual's need.

Accessory- Accompanying or helper
Circumstances - occurrence, situation, to stand around

The word circumstances derived from a Latin word "circumstantia". These are as follows-

- The ascertainable physical constitution
- Moral & intellectual character
- Occupation
- Mode of living & habits
- Social and domestic relations
- Age
- Sexual function &c.

The ascertainable physical constitution

This is basically an expression of Psycho-neuro-endocrinal-immuno axis. The physical constitution sometimes guides us to find out the chronic miasm.

Word "constitution" originated from the German word "Beschaffenheit" which means make up of the body & mind.

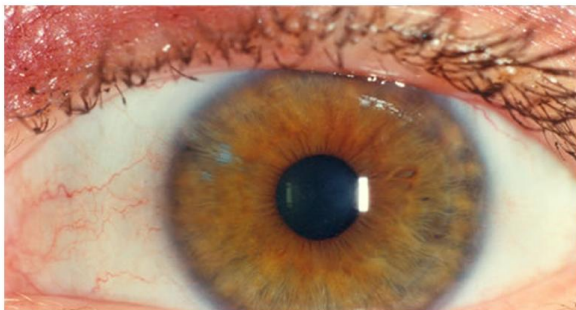
Turner's dictionary published in Leipzig in 1830 defines the German term, Beschaffenheit as it includes the physical, inherited and acquired intellectual, emotional make up of the individual, including the mode of performance of its functions, the activity of its metabolic processes, the manner and degree of its reactions to stimuli, and power of resistance to the attack of pathogenic organisms.

A person's constitution is made up of three different types of 'Doshas'; Vata, Pitta, and Kapha.¹²

Kapha type people tend to have a strong frame. They tend to have a melodious voice, thick hair, and lustrous, moist eyes. They are generally loving and kind to others. In its imbalance, Kapha people gain weight easily. Because of their attraction to sweets they are more prone to diabetes. Emotionally, they can get overly attached.²³

Guild of Naturopathic Iridologist International

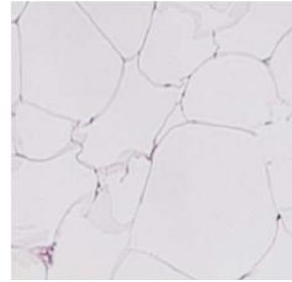
The mixed or biliary constitution, whilst being prone to disturbances exhibited by both the Lymphatic and Haematogenic Types is, in the main, more prone to liver, gall bladder and pancreatic disturbances, flatulence, constipation, diabetes and blood diseases.²⁴



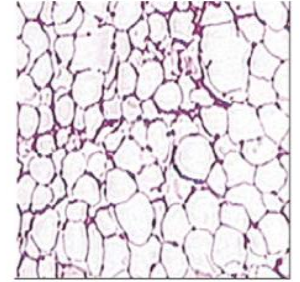
The Biliary constitutional type- Guild of Naturopathic Iridologist.2008.www.gni-international.org/about-iridology-biliary.htm

Fat cells of Indians are Fatter than Western Races

These Cells Block Action of Insulin thus Raising Blood Sugar.



INDIANS

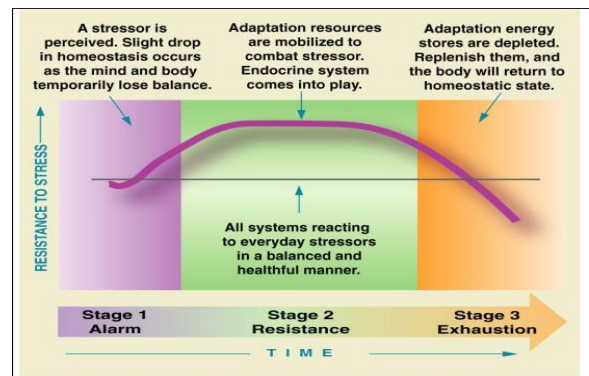


WESTERN

MORAL & INTELLECTUAL CHARACTER

The environment & circumstance where the patient lived, affecting his moral & intellectual domain very deeply.

If there is any H/O grief, sorrow, fright, vexation, disappointment or any bad effects of anger, jealousy etc. belongs to the patient. Body's mental & physical response to challenges (STRESS) Physical and/or mental stress and strain precipitate the disease from the latent state especially in psoric constitution. (also mentioned in FN to §81



Stress & Impaired Immunity

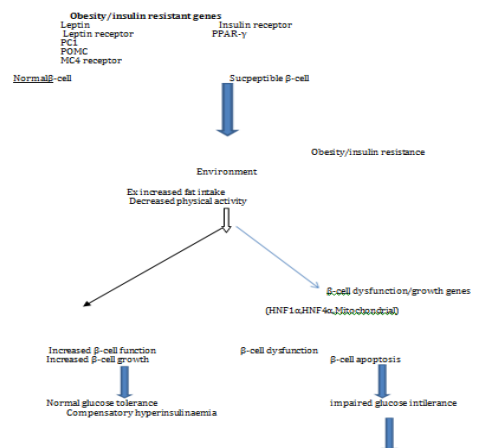
Research shows prolonged stress impairs immune response at cellular level
 Individuals become more susceptible to illnesses

Stress & Diabetes

Stress can alter blood sugar levels
 Controlling stress is important for diabetes management (acts through Hypothalamo-pituitary-adrenal axis)
 Mismanaged blood sugar levels can damage body over time

OCCUPATION

Diabetes is very much related with patient's occupation, enquiry about occupation of the patient is necessary for modification.¹⁸



Type 2 diabetes

Interaction of genes and the environment in individuals who maintain normal glucose tolerance and those who develop type 2 diabetes.

Genes responsible for obesity and insulin resistance interact with environmental factors (increased fat/calorie intake and decreased physical activity), resulting in the development of obesity and insulin resistance. These increase secretory demand on β -cells. If the β -cells are normal, their function and mass increase in response to this increased secretory demand, leading to compensatory hyperinsulinaemia and the maintenance of normal glucose tolerance. By contrast, susceptible β -cells have a genetically determined risk and the combination of increased secretory demand and detrimental environment result in β -cell mass, resulting in progression to impaired glucose tolerance, followed, ultimately, by the development of type 2 diabetes.

Ideas to stay active

- Take a brisk walk
- Ride a bicycle
- Play
- Swim
- Take the stairs instead of the elevator
- Park far away from the shopping entrance
- Work in the garden

Walk instead of driving short distances

Exercise is very important for your health

Being active for 30 minutes a day, 5 days a week can significantly improve your health condition.

A recent study shows that people who achieve recommended levels of even moderate activity are about 30% less likely to develop Diabetes than those who remain inactive.

MODE OF LIVING and HABITS

It is to some extent responsible for the status of man's health & well being.

If there is any H/O of bad habits such as **addiction, indulgences** or any **malpractice** etc this leads to produce chronic disease.

Smoking raises blood glucose, cholesterol, and blood pressure, all of which increase risk of developing Type 2 Diabetes.

It is important to quit smoking as soon as possible, regardless of how many years you have been a smoker

A person who smokes 16 to 25 cigarettes a day is 3 times more likely to develop Diabetes than a nonsmoker. Smoking lowers the amount of oxygen needed for your tissues which can lead to heart attack or stroke. Smoking raises your "bad" cholesterol and lowers the "good" cholesterol in your body which can lead to heart attack or stroke especially if you are diabetic.¹⁸

Alcohol harms the pancreas, making it harder to secrete insulin, which can lead to Diabetes

Prevent Diabetes by consuming a moderate amount of alcohol

Drinking moderate amounts (1 drink for women and 2 drinks for men) of alcohol may help protect against getting Type 2 Diabetes. However, diet and exercise are the most effective ways to prevent Type 2 Diabetes. Alcohol contains a lot of calories. If our goal is to lose weight, think again before adding alcohol to your diet.

Mode of living & habits are modified by eating healthy diet

If you are overweight, you are at a higher risk of developing Type 2 Diabetes.

Eating a healthy diet is important to maintain a healthy weight.

A minimum daily intake of 20 grams of dietary fibre is recommended.¹⁶

Make half your grains whole!

Vary your veggies!

Focus on fruit!

Get your calcium rich foods!

Go lean with protein.

Replacement of saturated by unsaturated fatty acids leads to improved glucose tolerance & enhanced insulin sensitivity.¹⁶

SOCIAL AND DOMESTIC RELATION

This indicates the relation of the patient with his or her family members, friends, colleagues and neighborhoods. It also includes the status of the patient in his own society. Is he under lots of stress or under lots of demand or responsibility or too subdued by others etc.

AGE

Diabetes has particular affinity to the particular age group. Although diabetes may occur at any age, surveys indicate that prevalence rises steeply with age.

Malnutrition related diabetes affects large number of young people.

IDDM is seen in individuals less than 30 years of age

NIDDM occurs mainly in the middle aged & elderly, frequently mild & is compatible with long survival if given adequate treatment.

In psoric constitution, the disease develops only after the age of 40 years. In syphilitic or pseudopsoric constitution it affects person below the age of 30 years, i.e. IDDM results. Sycosis may affect any age group.²

SEXUAL FUNCTION

Any abnormalities such as abuse, excess, or suppression which leads to a chronic disease.

The longer a man has had diabetes, the more likely he will suffer from ED. Also if blood glucose levels have not been well controlled throughout the illness, blood vessel and nerve damage will be greater. Complications of accompanying heart disease such as high blood pressure and high cholesterol can also affect ED. A man with diabetes (type 2 mainly, type 1 also) who also smokes increases his risk of developing ED.

Female sexual dysfunction is common in women with type 1 diabetes and affects all aspects of sexual function and satisfaction. Depression is the major predictor of sexual dysfunction in women with type 1 diabetes. These findings suggest that women with type 1 diabetes should be routinely queried about the presence of sexual dysfunction and possible co-association with depression.

How to modify it

Control of blood sugar by constitutional treatment, Counseling, Coping the stress, anxiety, depression, to reduce smoking, take nutritious diet.

ACCOMPANYING MODALITIES

In the Sixth edition-[with consideration of the accompanying modalities (§ 5)]

'All these modifying factors must be observed, considered, weighed and their influence estimated in treating a case.'- Stuart. Close.⁸

The knowledge of the proximate cause of a disease condition is not enough. helpful to the physician will be the enquiry into other

contributing causes or accessory circumstances, which are very many & part of one's environment. Any one or more of which may be responsible for increasing, lengthening or complicating a disease

condition, especially if it be a chronic in nature. These are to be well assessed & should be removed or controlled or modified according to the individual's need.¹³

Hahnemann also mentioned about it in §94,208 & FN to §81.

FN to §81 – “ some of these causes that exercise a modifying influence on the transformation of psora into chronic diseases manifestly depend sometimes on the climate and the peculiar physical character of the place of abode, sometimes on the very great varieties in the physical and mental training of the youth, both of which may have been neglected, delayed or carried to excess, or on their abuse in the business or conditions of life, in the matter of diet and regimen, passions, manners, habits and customs of various kinds.”

§94- “While inquiring into the state of chronic diseases, the particular circumstances of the patient with regard to his ordinary occupations, his usual mode of living and diet, his domestic situation, and so forth, must be well considered and scrutinized, to ascertain what there is in them that may tend to produce or to maintain disease, in order that by their removal the recovery may be promoted.”

MIASMATIC STUDY OF DIABETIC PATIENT

DM essentially a pseudopsoric¹ disorder, but any of the miasmatic cause in association of accessory circumstances may play important role in the causation of diabetes.

Dr. J. H. Allen quotes Herbert Spencer saying, “Life is a continuous adjustment of internal relations to external”. Dr. Allen explains the role of a miasm in life in the following words; “True, we are constantly adjusting ourselves to changes, so that any altered condition in our life force throws us out of correspondence. If we correspond not with a part, a part is affected; and with the whole, the whole is affected. The adjustment is always imperfect in the presence of the miasm, and it is this imperfect adjustment with which we are constantly dealing. The external adjustment is imperfect only when the internal is imperfect. It is the internal, the life, that rules the organism.” (Chronic Miasms, vol. I)¹

Miasm in Diabetes: May be psoric, syphilitic, sycotic & pseudo-psoric state

In psoric phase, the symptoms that are presented may be hyperactive, hypersensitive, restless, fearful, sudden anxiety, weak memory, insatiable hunger, profuse during sleep, constipation, burning sensation of the whole body, associated with acidity, constipation, skin itching, watery discharge from nose, eye and burning associated with past history of emotional stress.^{7,19}

In sycotic phase, the symptoms that are presented may be jealousy, brooding, cunning, mischievous, memory difficult, discomfort after eating, craving for salt, alcohol, aversion to meat, milk, wine, associated with appendicitis, sexual dysfunction, abortion, arthritis, asthma, warts, with past history of suppressed discharges with atherosclerosis.^{7,19}

In syphilitic phase, the symptoms that are presented may be melancholia, depression, suspicious, introvert, suicidal tendency, perspiration offensive, craving for meat, very spicy food, alcohol, associated with carcinoma, blindness, insanity due to depression, cardiac deaths, non healing ulcers with past history of serious complaints with all the complications of diabetes mellitus.^{7,19}

Repertorial approach

Rubrics from Murphy:¹⁷ Diseases – Diabetes mellitus

- Diseases – Diabetes mellitus – debility with,
- Diseases – Diabetes mellitus – impotency with
- Diseases – Diabetes mellitus – melancholia, emaciation, thirst and restlessness, with

Rubrics from Synthesis:²⁰

- Urine – Sugar
- Generals – Diabetes mellitus – accompanied by rheumatic pain

- Generals – Diabetes mellitus – accompanied by tongue – white discolouration of the tongue

Rubrics from Boericke⁴

- Urinary system – diabetes – assimilative disorder
- Urinary system – diabetes – sugar :

Kent's Repertory :¹⁴

Urine-Sugar

TREATMENT

It is the appreciation of this very concept that is central to our understanding of homoeopathic methodology of treatment. Let us acknowledge and accept that the diseases are mediated by numerous etiological factors such as environmental, bacteriological, socio-cultural, so and so forth and appropriately adopt **remedial measures** where they can be removed through the modification of **accessory circumstances**.

MOST COMMONLY INDICATED MEDICINES FOR DIABETES MELLITUS ARE-A. CONSTITUTIONAL MEDICINE-

Sulphur.
Phosphoric acid.
Phosphorus.
Nat.sulph.
Nat-mur.
Lactic acid.

Thyroidinum

B. PATHOLOGICAL PRESCRIPTION

Syzygium jambolanum.
Uranium nitrate.
Helonias dioica
Cephalandra indica
Gymnema sylvestre
Insulin

Sulphur -

Hot patient.
Desire for sweets.
Desire for warm food.
Appetite ravenous
Thirst profuse.
Stool early morning.
Urine involuntary.
Sleep disturbed
Dream vivid
Wound healing delayed
Laziness
Untidy.
Burning palms and soles.

NATRUM MURIATICUM

Hot patient.
Desire salt.bitter.
Aversion milk.
Sweat from palms and soles.
Appetite increased.
Thirst profuse.
Constipation.
Desire to be alone.
Consolation <
Fear of robbers.
Fear of thunder storms.
Obsessiveness.

PHOSPHORIC ACID

For diabetes mellitus in nervous origin,it can be given as a successful remedy.

General nervous debility. Apathy. Rest aggravates.
Chilly patient.
Creeping, tingling and crawling sensation over the whole body.
Falling of hairs from all over the body.
Any attempt to use the mind brings on headache.
Disappointed love.
Frequent, profuse, watery milky white urine. Diabetes.

PHOSPHORUS

Indicative in pancreatic disease.
Chilly patient
Desire for cold drinks.
Aversion for sweats.
Ailments from being alone.
Amorous disposition.
Anxiety about future.
Anxious dreams.
Cloudy urine.

URANIUM NITRICUM

Causes glycosuria and increased urine. Is known to produce nephritis, diabetes, degeneration of the liver, high blood pressure and dropsy.
Depression, sadness, melancholy.
Tendency for anger.
Ailments from grief, sorrow etc.
Albuminuria with Cardiac problems.
Emaciation, debility, general dropsy are the keynote.
Appetite excessive.
Thirst increased for large quantities.
Urination involuntary < night. Diabetes. Copious urination.
Complete impotency, with nocturnal emissions. Organs cold, relaxed, sweaty.

LACTIC ACID

Morning sickness, diabetes and rheumatism offer a field for this remedy.
Voracious hunger.
Increased thirst.
Profuse urine. Large quantities passed, frequently. Saccharine.
Association rheumatic pains in joints, shoulders, wrists, knees with much weakness.
Trembling of the whole body while walking.
Aggravation from smoking.

SYZYGIUM JAMBOLANUM (Jambol seeds- Enlexing, active principle)

A powerful remedy in diabetes mellitus and insipidus. Its use helps diminution and disappearance of sugar in urine. No other remedy causes in so marked degree the diminution and disappearance of sugar in the urine.

Prickly heat eruption especially on upper part of the body.
Diabetic ulceration, old non healing ulcers of skin.
Profuse urine great thirst, weakness, emaciation.
Glycosuria. Large quantity of urine of high specific gravity.

THYROIDINUM

- Clinically polyuria, sweating, tachycardia, tremor, emaciation and glycosuria are observed.
- Thyroid weakness causes decided craving for large amount of sweets.
- Easy fatigue, weak pulse, tendency to fainting, palpitation, cold hands & feet, chilliness and sensitive to cold.
- Thirst for cold water.
- Increased flow of urine, polyuria, some albumen and sugar.
- A state of puffiness & obesity may be regarded as a keynote indication for Thyroidinum - Clarke

HELONIAS DIOICA

In diabetes – urine profuse clear saccharine, with great thirst, emaciation, mental restlessness, irritability and melancholia.

Contradiction intolerance of.
Dullness, sluggishness and difficulty in comprehension
Company and conversation aversion to.
Mania to work.
Riding or motion aggravates.
Dropsy with albuminuria.
Gestational diabetes.
Aversion and aggravation from open air Emaciation.

CEPHALANDRA INDICA- It is used in diabetes mellitus and insipidus, biliousness, poisonous boils, carbuncles, profuse urination, dysentery. In case of diabetes- passes large quantities of clear urine, unable to retain urine, burning in urethra, enuresis... are the leading symptoms.

GYMNEMA SYLVESTRE-

- It is an excellent remedy for diabetes and also poisonous snake bite.
- Patient feels tired after passing large quantities of urine which is loaded with sugar, high specific gravity, burning all over the body.
- Diabetic carbuncle may appear anywhere on the body, great thirst, weak sexual power, weakness around.

INSULIN

An aqueous solution of an active principle from pancreas which affects sugar metabolism. If administered at suitable intervals in diabetes mellitus, the blood sugar is maintained at a normal level and the urine remains free of sugar. Overdose is followed by weakness and fatigue and tremulousness and profuse sweating.

CONCLUSION

Diabetes mellitus is a silent killer disease of this global civilization, India being the capital of this dreaded ailment by 2025. Many of the diabetics remain undiagnosed and produce complications and many are within pre diabetic zone. Accessory circumstances play major role to produce such type of metabolic derangements. By the modification of accessory circumstances of diabetes mellitus, along with homoeopathic therapeutic aid and creating awareness among the patients the diabetes mellitus can be prevented.

REFERENCES

1. Allen JH. Chronic Miasm. New Delhi : B Jain Pub. Co.
2. Adhikary S. A study of chronic miasmatic disease : Diabetes Mellitus. N.I.H Bulletin. 2003, April: 46-53
3. Bradford TL. The Lesser Writings of C.M.F. Von Boeninghausen. Reprint edition 2005, 2007. New Delhi : B Jain Publishers (P) Ltd.: ISBN: 978-81-319-0287-5; pg 286.
4. Boericke W. Pocket Manual Of Homoeopathic Materia Medica & Repertory. 9th ed. New Delhi: B Jain Publishers; p: 819.
5. Boon N, Colledge NR, Walker B, Hunter J. Davidson's Principles & Practice of Medicine. 20th ed. USA Churchill Livingstone; 2006 p: 810.
6. Capra F. *The Web of Life: A New Scientific Understanding of Living Systems*. New York; Anchor Books; 1996
7. Choudhary H. Indications of miasm, 2nd ed. New Delhi. B Jain Publishers; 2005, p:13-34.
8. Close S. The Genius of Homoeopathy, Lectures and Essays on Homoeopathic Philosophy. New Delhi: B. Jain Publisher's (P) Ltd.; ISBN ; 81-7021-108-5; Book Code :BC-9010.
9. Dubos R. "Man, Medicine and Environment". New York: Praeger , Proceedings of the Nutrition Society' ; 1960.
10. Dudgeon RE. The *Lesser Writings* of Samuel Hahnemann. New Delhi : B Jain Publishers (P) Ltd; Reprint Edition: 2004, 2006; ISBN 81-7021-124-7; book code b-2268.
11. Gareth W, John CP. Textbook of Diabetes 1. Third edition :Blackwell Publishing; ISBN 0-632-05915-X ; Section 1
12. Hahnemann's; Organon of Medicine; translated from the 5th edition, with an appendix by R.E Dudgeon, with additions and alterations as per 6th edition [W. Boericke,trans] and introduction by James Krauss. New Delhi: B.Jain Publisher's (P) Ltd; 2000.
13. Joardar .RR :The Dictionary of Organon , Printers:M/s Partha Banerjee; page-55

14. Kent. JT . Repertory of the Homoeopathic Materia Medica and a word index. New Delhi-110 055: B,Jain Publisher's Pvt. Ltd ; ISBN:81-7021-059-3; BOOK CODE-9016.
15. Khan LM. Cancer: its Homoeopathic Concept and Treatment. National Journal of Homoeopathy. 2002 Jul / Aug Volume 4 No 4.
16. Longo, Fauci, Kasper, Hauser, Jameson, Loscalzo: Harrison's Principles of Internal Medicines .18th Editions: Volume 1 .Chapter 344, Diabetes mellitus.
17. 17.Murphy R. Homoeopathic Medical Repertory.2nd edition. New Delhi: Indian Books & Periodical Syndicate; 2004, p: 401.
18. Park K. Park's Text Book of Preventive and Social Medicine. edition. Jabalpur: M/s Banarsidas Bhanot Publishers; 2005.
19. Patel RP .Chronic miasms in Homoeopathy & their cure with classification of their rubrics / symptoms in Kent's repertory. Kottayam: published by Hahnemannian pharmacy.
20. 20.Schroyens F. Synthesis Repertorium Homoeopathicum Syntheticum 9.1 version. New Delhi.:B.Jain Publishers; 2001, p: 1924-25.
21. Silventoinen K, Quiao Q, Hu G et al. Occupational, commuting and leisure-time physical activity in relation to risk for Type 2 diabetes in middle-aged Finish men and women. Diabetologia (2003)46:322-329 ;DOI10.1007/s00125.003-1031-x.
22. Stephen J. McPhee, Maxine A. Papadakis, Michael W. Rabow; "Current Medical Diagnosis & Treatment" (CMDT); 50th Anniversary edition; Lange books, McGraw Hill publications.
23. The Ayurvedic light [Internet].Ayurveda in New York.2012.
24. Available from:
25. <http://en.wikipedia.org/wiki/Ayurveda>
26. 24 .The Biliary constitutional type- Guild of Naturopathic Iridologist [Internet] :Crofter Internet Ltd.; 2008.
27. Available from:
28. www.gni-international.org/about-iridology-biliary.htm
29. 25. Tuomilehto J, Lindstorm J, Erikson JG et al. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance.2001. N Engl Med 344:1343-1350.