

K.P. Muzumdar

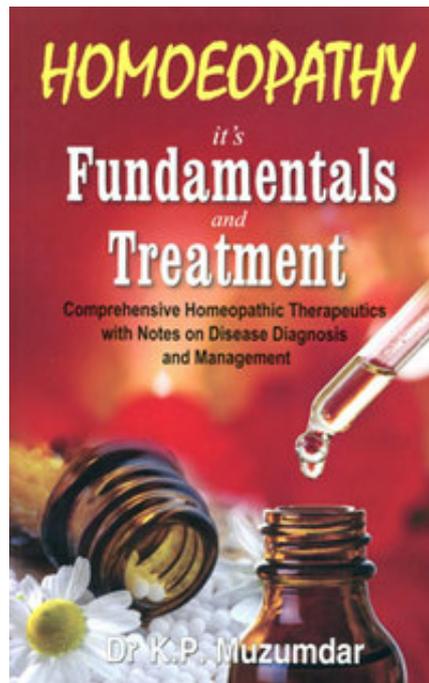
Homeopathy it's Fundamentals and Treatment

Leseprobe

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Diet is very important for these patients. Foods containing high purine material need to be totally avoided. Foods like cauliflowers, beans, mushrooms need to be totally removed from the diet. Alcohol should be stopped. Fish of crustaceous origin like - crabs, shrimps, lobsters and bivalves should also be avoided.



DIABETES MELLITUS

An adult complains of gradual development of polyuria, intense thirst, with perhaps nocturia, weight loss, weakness and lassitude, pruritus, cramps in the legs, crops of boils and loss of libido. This he claims has been happening over some period now. This condition is DIABETES MELLITUS.

Hahnemann has classified diabetes mellitus on the basis of his miasmatic theory. Present day classification is based on the World Health Organizations classification which does not differ from what Hahnemann had thought of. Hahnemann's classification is based on his miasmatic theory as follows:

Psoric diabetics are those who are called Pre and Potential Diabetics according to the modern classification of W.H.O.

Sycotic diabetics are Non-insulin Dependent Diabetics (N.I.D.D.M.).

Tubercular or Syphilitic diabetics are Insulin Dependent Diabetics (I.D.D.M.).

Management and Treatment

Disposition to diabetes is determined by the hereditary characters and the individual susceptibilities in the presence of a hostile environment. In clinical practice, we receive three categories of cases of diabetes mellitus.

- (1) Whenever there is an increase in stress, either physical or mental, the level of blood glucose has a tendency to go up, but when the stress is withdrawn, the level of blood glucose falls down and comes within normal limits. These are *Pre* and *Potential Diabetics (psoric)*. These patients need counselling, exercise, proper diet and a change in their

lifestyle that would keep the stress at bay. Such patients often do not need any medical regimen.

- (2) The second group of diabetics are confirmed cases that are on oral hypoglycaemic agents. Here it may be necessary to determine the cause of diabetes. It is either untreated *Psoric diabetes* or they may have defective pancreatic metabolism, where there is less production of insulin or less utilization of insulin causing a disturbance in the carbohydrate metabolism. Patient should continue the oral hypoglycaemic agent that he has been taking and observe the same rules for his exercise and diet. In addition, he can start with homoeopathic remedies based on his totality. It is observed that with the passage of time, the need for the oral hypoglycaemic agent will become less. It may be that at the end, we can withdraw the hypoglycaemic drug and finally the patient may be able to carry on without the homoeopathic remedy also, exercise and diet being his only treatment.
- (3) In the third group, we find that the patients are fully dependent on insulin. It is our observation that continuous insulin therapy causes a fall in the production of bodily insulin and then the body cannot do without external insulin. Homoeopathic therapy may help for some time but not all the time. Reversal of these cases may not be fully achieved.

Let us study the first group that, is of, *Psoric diabetics*, where stress is an important factor that causes this imbalance in hormones.

In the chapter 'Mind' (Kent), there is a rubric 'Ailments from', Disappointment from love, Bad news, Despair, Emotions, Fear, Fright, Grief, fortification, Depression, Sadness. All these factors are capable of altering the hormonal physiology in hypersensitive or hyper-reactive individuals.

Remedies listed under these rubrics are *Aconitum napellus*, *Natrium muriaticum*, *Ignatia amara*, *Phosphorus*, *Calcarea carbonica* and *Sulphur* in bold type and *Argentum nitricum*, *Graphites*, *Psorinum*, etc in italics. We all now that these are deep acting, strong psoric/tubercular remedies. These [rugs have an action upon the overall economy of the patient, and the blood examination may show the labile nature of their blood sugar levels when under stress. Similarly, remedies like *Pulsatilla nigricans*, *Sepia officinalis*, *Natrium muriaticum*, *Calcarea carbonica* are listed under physical stress,

exertion or pregnancy. Severe infection can also cause an elevation of blood sugar and once the infection goes away, there is a fall in sugar levels. These remedies will act both as intercurrent and constitutional remedies. These drugs, when prescribed on the basis of the totality, take care of both emotional and subsequent physical characteristics. They reduce the emotional effects and the physiological/biochemical values. Thus, these remedies ultimately help in improving the emotional state and subsequently, the physical state.

If these labile states of blood glucose levels are not controlled in time, the condition may proceed to produce some structural changes in the organs which may transform the whole process into a *sycotic* state. Apart from a short period of blood glucose elevation, more viable changes in the system such as polyurea, intense thirst with occasional nocturia, excessive appetite with weight loss, weakness and lassitude, and loss of libido may be present. In female patients, there will be pruritus vulvae, and in males there will be balanitis.

Physiognomy of sycotic patients is different from that of psoric or tubercular patients. The whole mechanism is slow and sluggish to develop or to react. Obesity is marked in these patients and the reasons for the partial failure of the biochemic mechanism is genetic trait. Any benign or malignant tumour of the pancreas can cause damage to the pancreatic function and disturb the normal mechanism.

Sycotic remedies that are indicated in this condition - *Thuja occidentalis*, *Medorrhinum*, *Natrium sulphuricum*, *Colchicum autumnale*, *Pulsatilla nigricans*, etc. All these are polychrest remedies and have a deep sycotic action upon the human economy.

In the third group, that is Insulin Dependent Diabetes Mellitus, there is nearly total failure of the pancreatic metabolism and reversibility is not often possible. There is total dependence on external insulin. In this the symptoms of polyuria, polydipsia and polyphagia become very prominent. Ketoacidosis follows with nausea, vomiting and headache. This therefore is included in the *tubercular* or *sypilitic* dimension. The third group has destructive characteristics, weight loss due to fluid depletion and accelerated breakdown of fat and muscle, secondary to insulin deficiency.

Phosphoricum acidum suits people of originally strong constitution weakened by loss of fluids, acute diseases, chagrin or succession of moral emotions, or persons of mild disposition, or children or adults who have

grown rapidly with pain in the back, with profuse watery urination, more at night; sometimes the urine, though clear on passing, turns milky and is offensive. Testes are tender and swollen with weakness of sexual power.

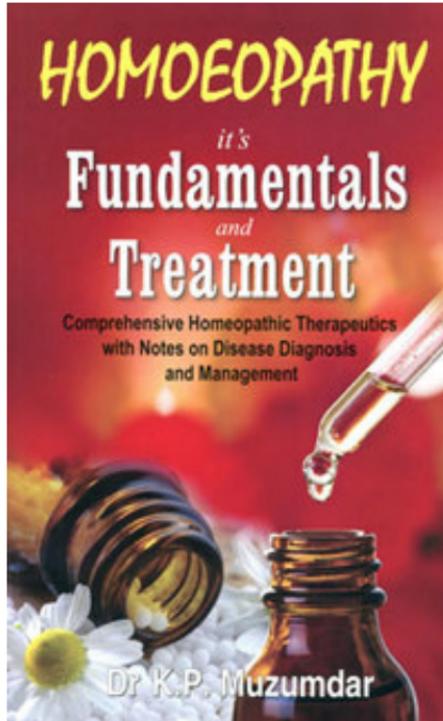
Uranium nitricum has excessive thirst, polyurea and a dry tongue. *Uranium nitricum* in low potency - 3X and 30C, gives relief faster than any other potency. There is a frequent desire to urinate large quantities of urine with pain in the kidneys and any attempt to retain this urine causes excessive pain. It is suitable for both diabetes mellitus and insipidus. Urine is pale, milky with an ammoniacal odour; with bile and sugar. Diabetes is concomitant with indigestion.

Lacticum acidum in both lower and higher potencies is useful. Frequent desire to urinate large amounts, day and night.

Rhus aromatica has large quantity, low specific gravity urination and there is bladder atony causing incontinence. Severe pain at the beginning of urination.

Good diabetic care comprises of an organized training programme involving a nurse, physician and dietician.

There cannot be a set diet for all diabetic patients and therefore the caloric requirements are tailored to the need of the individual patient.



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