

Homoeopathic Medicine Pancreatinum 3x As An Adjuvant In Managing The Cases of Diabetes Mellitus.

¹Dr. Shahinda Quadri, Department of Materia Medica, MNHMC, Bikaner

²Dr. Abdul Wahid, Department of Materia Medica, MNHMC, Bikaner

³Dr. Pushpa Sharma, Department of Physiology, MNHMC, Bikaner

Corresponding Author: Dr. Abdul Wahid, Department of Materia Medica, MNHMC, Bikaner

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Abstract

A Clinical study was conducted to assess the role of homoeopathic medicine Pancreatinum 3X as an adjuvant along with Metformin 500 mg, in managing the cases of Diabetes Mellitus. The pancreas is the organ which produces insulin that regulates blood glucose level. In Modern Medicine, there is no satisfactory effective therapy to cure the diabetes mellitus but it is controllable. Metformin remains as a conventional and lifelong therapy for Diabetes Mellitus. In Homoeopathy, Organo-therapy is a complimentary therapy, used to bring balance back to organ. Homoeopathic Medicine Pancreatinum is an important oral hyperglycemic drug. Pancreatinum has been used with success in conditions due to disease or faulty action of the pancreas. Pancreatinum prepared from the extract of fresh pancreas of domestic pig or cow and from extract of pancreatic and salivary glands of ox and sheep. The study was conducted with 20 known cases of Diabetes Mellitus. Metformin remained as the midstream therapy. All 20 cases were taking Metformin 500 mg during enrollment. Symptomatically relief and changes in HBA1C Level were considered as an assessment tools. Along with this parameter, change in the Metformin dose indicate improved function of pancreas. The combined therapy of homoeopathic remedy Pancreatinum 3X and Metformin 500 has beneficial effects. Remarkable symptomatic relief was obtained with Pancreatinum 3X.

From the above results and the observation it concluded that Pancreatinum 3X hasten curative process in Diabetes Mellitus. No adverse effects were recorded along with allopathic medicine Metformin. It concluded from the percentage of symptomatic relief (50% to 80%) that Pancreatinum 3X is much useful in treating the symptoms of Diabetes Mellitus.

Keywords: Diabetes mellitus, Pancreatinum, Sarcod, Organo-Therapy, Modern medicine, Insulin.

Introduction

The frequency of the diabetes was escalating rapidly worldwide, including developed and developing countries.¹ In India 69.1 million people are suffering from DM and is estimate to have the second highest number of cases of DM in the world after China in 2015.² In Modern Medicine, there is no satisfactory effective therapy to cure the diabetes mellitus.³ Homoeopathy is one of the most widespread alternative system of medicine based on two cardinal principles “law of similarities” and “minimal dilution”.⁴ In Homoeopathy, Organo-therapy is a complimentary therapy, used to bring balance back to organ.⁵ Organo-Therapy employs serially diluted and agitated medicines prepared with organs of healthy animals as adjuvant to homoeopathic or conventional treatment.⁶ Homoeopathic Medicine Pancreatinum is an important oral hyperglycemic drug.

In Homoeopathic Materia Medica, Pancreatinum is described as most useful remedy against Diabetes Mellitus.⁷ and also it is indicated in intestinal indigestion.⁸ Homoeopathic medicine Pancreatinum is a sarcode and the sarcodes are preparation made from the organ extract. They are potentized preparation from healthy tissue, organ and their secretion of human and animals. Pancreatinum prepared from the extract of fresh pancreas of domestic pig or cow and from extract of pancreatic and salivary glands of ox and sheep.⁹

Pancreatinum has been used with success in conditions due to disease or faulty action of the pancreas.¹⁰

There was a study done in past named to investigate and analyze the efficacy of duodenum-preserving pancreatic head resection (DPPHR) for the treatment of chronic pancreatitis. A retrospective analysis was performed regarding a total of 21 patients with chronic pancreatitis combined with intractable abdominal pain, jaundice or pancreatic stone. From above study it concludes that DPPHR can relieve abdominal pain in patients with CP without compromising pancreatic functions. It also can help to improve the quality of life in patients with CP.¹¹

Another study was done in past named “Belly sweetbread: A Homoeopathic purview”. And this study conclude that the utility of homoeopathic medicine in pancreatic disorders are yet to be explored in a scientific manner by administrating them into diseased patients and observed in a hospital setup that is equipped with an emergency care.¹²

Material and Methods

Study Setting: The subject for this study was collected from OPD of Dr Wahid Homoeo Clinic Bikaner.

Study Duration: The study was undertaken for a period of 12 months.

Method of Collection of Data (Including Sampling Procedure if any)

a.) Patients were selected on the basis of inclusion and exclusion criteria.

b.) Minimum sample size was 20. Random number table was used for randomization.

c.) All cases were taken as per the Performa prepared for the study.

d.) All patients were registered between the period of 12 months.

All cases shall be followed up for period of 2-6 months.

Inclusion criteria

1. 15-75 year of age and both sex.
2. Patient giving consent for the study.
3. Under Metformin 500mg intake.
4. HbA1C less than 7.1%

Exclusion criteria

1. Diabetes with other complication
2. Diabetes in pregnancy.

Drop out

- Cases who discontinue treatment in between and cases without proper follow-up were excluded from the study.
- The cases requiring emergency treatment.

Selection of Tools

- A detailed Case Report Form specially designed for the study and that was containing information and documents for the subject's ability to participate in the study (including a copy of a sign on consent form) and information from tests and examinations. .

- FBS
- RBS
- HBA1C

Additional investigations if needed

Data Collection

Recording of data: Data was recorded in approved Case Report Format.

Confidentiality

- All the evaluation forms, reports and other records were kept in locked file cabinet. Any information about the patient were not be leaked out until required.

Maintenance

- There are forms that are completed by for each subject recruited, including two consent form for the patient's information and his/her written consent for the enrolment in the study. These were updated from time to time.

Intervention

- Single assignment, random allocation
- The study was undertaken for a period of 12 months

Follow up

- Patients enrolled in the study would be required to pay visit every 7th day. At least 6 Follow up of the patient will finally assess the case.
- In case of no perceptible improvement after adequate repetition of medicine, we were look for any obstacle(s) for cure and steps may be taken to remove them as far as possible. If no response, refer the case for appropriate medical care.

Change of Therapy

- If there is no change in sign and symptoms of the patient after adequate repetition of assigned medicines, in various doses, those patients were treated in the general O.P.D. of the respective institution and their records will be kept separately.

Source of Medicine

- Homoeopathic medicine for the trial was procured from licensed homoeopathic pharmacy, having GMP certification

General Supportive Care: Advice the patient as follows:

- Obstacle to cures such as diet, obesity, lack of exercise for each cases were find out and removed or minimized as much as possible.
- A nutritious, well-balanced, healthy diet, regular exercise like yoga exercise and proper fluid intake were maintained

Assessment Criteria

The treatment efficacy was assessed clinically on the basis of improvement in reading in HbA1c.

Statistical Technique and Data analysis:

Before treatment- [mean± SE_m]

After treatment- [mean± SE_m]

Data was analysed by using SPSS software and Excel.

The statistical technique – 'Paired t-test' were used .

- Paired t-test was used to assess the before and after scores in each patient.

Observations and Results

The data obtained from the observation in the treatment of Diabetes Mellitus is as follows. The study showed maximum 12 patients of Diabetes Mellitus in age group 65-75year and 2 patients in age group 55-65 years, 2 patients in age group between 45-55 year, and 2 patients in the age group 35-45 years, 1 patient in age group between 25-35 year and 1 patient in age group between 15-25 year. The study showed incidence of socio-economic status, 65% cases comes from middle, 20% from high and 15% from lower socio-economic status. The cases were experiencing the symptoms of Diabetes Mellitus even with normal HBA1C levels and proper dosage of Metformin. Symptomatically relief and changes in HBA1C Level were considered as an assessment tools. Along with this parameter, change in the Metformin dose indicates improved function of pancreas.

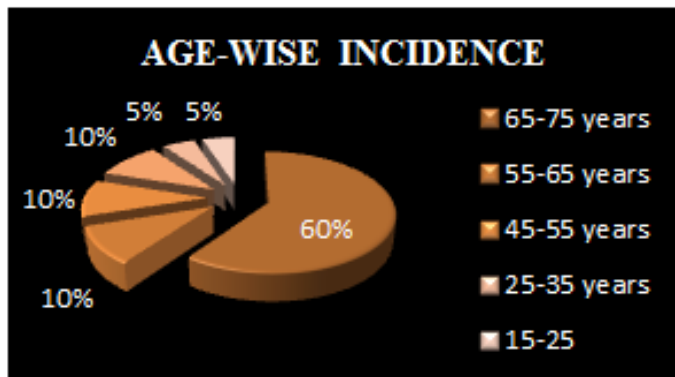


Fig. 1: Diagram to show incidence of age in 20 cases of Diabetes Mellitus

Out of 100 cases, maximum incidence 60% of Diabetes Mellitus was seen in 65-75 years age group.

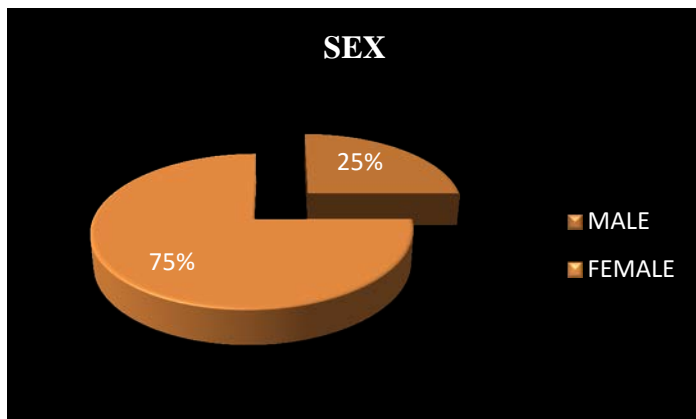


Fig.2: Diagram to show incidence of sex in 20 cases of Diabetes Mellitus

Out of 20 cases, maximum incidence 75% of Diabetes Mellitus was seen in Male group.

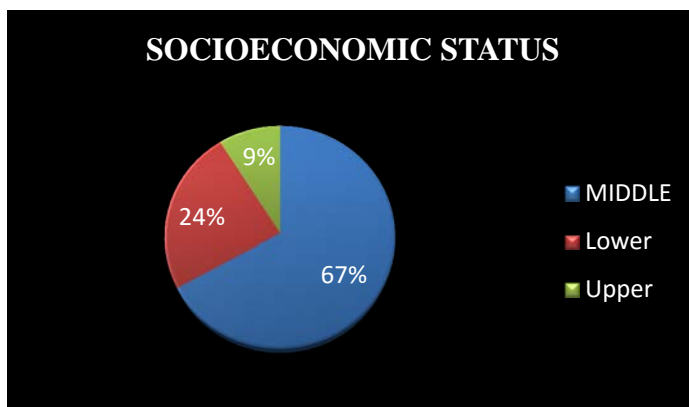


Fig. 3: Diagram to show incidence of socio-economic status in 20 cases of Diabetes Mellitus

Out of 20 cases, maximum incidence 67% of Diabetes Mellitus was seen in middle class group, 24% have low socio-economic status and 9% in higher class group.

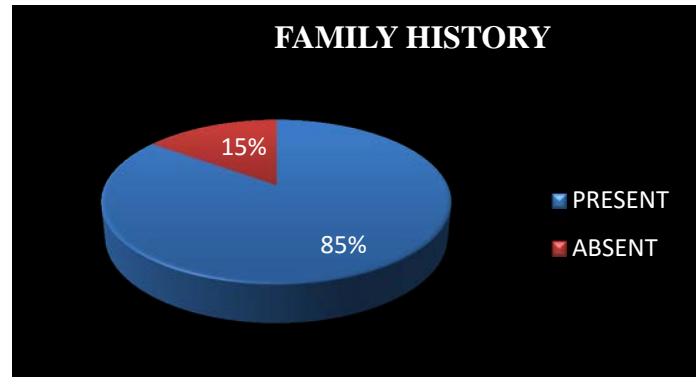


Fig. 4: Diagram to show incidence of family history in 20 cases of Diabetes Mellitus

Out of 20 cases, maximum incidence 85% of Diabetes Mellitus was seen in family history

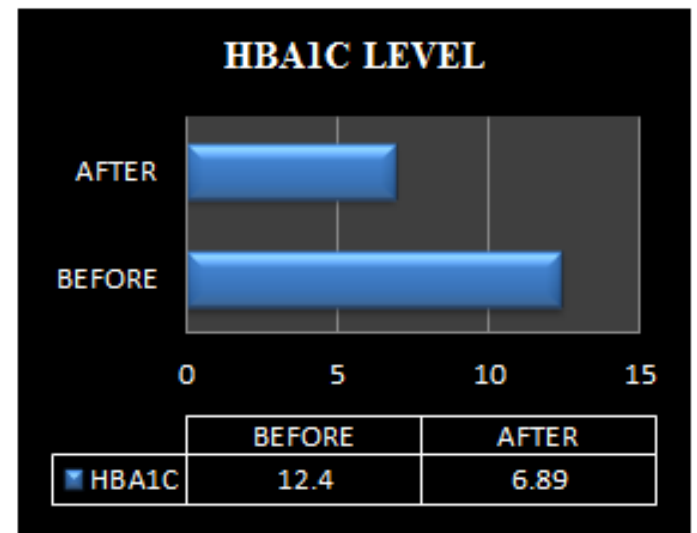


Fig.5: Diagram to show mean of HBA1C LEVEL (Pancreatinum 3X) in 20 cases of Diabetes Mellitus.

Out of 20 cases, mean of HBA1C LEVEL (Pancreatinum 3X) before treatment was 12.4 and after treatment was 6.89.

Discussion

The study showed maximum 12 patients of Diabetes Mellitus in age group 65-75year and 2 patients in age group 55-65 years, 2 patients in age group between 45-55 year and 2 patients in the age group 35-45 years, 1 patient

in age group between 25-35 year and 1 patient in age group between 15-25 year. Witt CM et al in their study concluded that- 25% men, mean age 42.5 years, 71% women, 38.9 years & 48% girls, 7.0-4.3 years. It indicate that homoeopathic medical therapy may play a beneficial role in the long term care of patients with chronic diseases.¹³

Maximum incidence 67% of Diabetes Mellitus was seen in middle class group, 24% have low socio-economic status and 9% in higher class group. Viksveen Z suggest in his study “Although the identified evidence of the costs and potential benefits of homoeopathy seemed promised, studies were highly hetrogenous and has several methodological weakness”. It is therefore not possible to draw firm conclusion based existing economic evaluation of homoeopathy.¹⁴

And incidence 85% of Diabetes Mellitus was seen in family history. Scott RA et al in their studies concluded “that prominent lifestyle, anthropometric and genetic risk factors explained only a marginal proportional of the family history –associated excess risk, highlighting the family history remain a strong, independent and easily assessed risk factor for T2D”.¹⁵

Mean of HBA1C LEVEL (*Pancreatinum 3X*) before treatment was 12.4 and after treatment was 6.89. Sherwani SI et. al., in their study concluded “that the valuable information provided by a single HbA1c test has rendered it as a reliable biomarker for the diagnosis and prognosis of diabetes. This review highlights the role of HbA1c in diagnosis and prognosis of diabetes patients”.¹⁶

Conclusion

This was a prospective, single, randomised, trial with positive results and these results need further validations by conducting clinical trials. From the above result and observations it is concluded that *Pancreatinum 3x* hasten the curative process of Diabetes Mellitus No adverse

effect were recorded when homoeopathic medicine *Pancreatinum 3x* was given along with allopathic medicine Metformin. It is concluded from the percentage of symptomatic relief that *Pancreatinum 3x* much useful in treating the symptoms of Diabetes Mellitus which is similar to the study of Paul KJ which conclude “that the utility of homoeopathic medicine in pancreatic disorders are yet to be explored in a scientific manner by administrating them into diseased patients and observed in a hospital setup that is equipped with an emergency care”.¹⁷

Thus, this study helps in improving clinical practice of homoeopathic physicians.

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