International Journal of Medical and Health Science
ISSN (Online): 2208-2190
Volume 11 Issue 01 May 2025
DOI: 10.53555/eijmhs.v11i1.268

"NAVIGATING GESTATIONAL DIABETES: A PATH TO A HEALTHY PREGNANCY WITH HOMOEOPATHY"

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***ABSTRACT**:*
***Background**: Gestational diabetes mellitus [GDM], which is defined as a state of hyperglycemia during pregnancy. It is currently the most common medical complication in pregnancy. It effects approximately 15% of pregnancies worldwide, which are approximately 18 million births annually.[1]*
In India, individual data analysed by the National Family Health Survey [NFHS] in 2015-2016 and 2019-2021 covering a total of approximately 6 lakhs and 7 lakhs women, respectively. Among them, 32,072 women in 2015-2016 and 28,187 in 2019-2021 were pregnant, of whom 180 women in 2019-2021 had diabetes during their gestational periods, allowing the percentage prevalence calculation of GDM.[2]
***INTRODUCTION:** Gestational Diabetes Mellitus is typically diagnosed between the 24th and 28th weeks of pregnancy. Elevated blood glucose level during pregnancy can pose significant health risk to both the mother and the baby. Maternal complications associated with GDM include miscarriage, gestational hypertension, preeclampsia, and the increased likelihood of caesarean delivery due to foetal macrosomia. Furthermore, women with GDM have a higher risk of developing type 2 diabetes mellitus later in life, which can subsequently lead to long term complication such as diabetic retinopathy, cardiovascular disease, nephropathy, and neuropathy. Neonatal complications include preterm birth, still birth, macrosomia, neonatal hypoglycaemia, and respiratory distress syndrome.[3]*
*This article highlights about the Gestational diabetes with case report. **MATERIALS AND METHODS**: Literature search was done from standard homoeopathy books, search databases like google scholar and reference articles and homoeopathy websites. **RESULTS: Summary of the Case**: A female patient of age 39 years with k/c/o hypothyroidism came to the clinic with the complaint of hyperglycaemia at 24 weeks of gestation. On homoeopathic treatment after considering the case analysis and further repertorial analysis, the chosen similimum is proven to be effective in resulting a healthy baby and a healthy mother. The efficacy of the homeopathic remedy INSULIN 30C is proven effective in this case. **CONCLUSION:** Gestational Diabetes Mellitus [GDM] is associated with significant maternal and neonatal complications during and after pregnancy. This case illustrates that individualized homoeopathic management, including the administration of insulin 30C, may contribute to effective glycaemic control in GDM*

***KEYWORDS:** Gestational Diabetes Mellitus (GDM), Hyperglycaemia, Insulin Resistance, Homoeopathic Insulin Administration, Homeopathic Individualized Treatment.*

INTRODUCTION:

Diabetes mellitus is a chronic metabolic disorder due to either insulin deficiency or due to peripheral tissue resistance to the action of insulin. Gestational diabetes is defined as carbohydrate intolerance of variable severity with onset or first recognition during the present pregnancy.

Risk factors:
1. Family history of diabetes mellitus
2. Having a previous birth of an overweight baby more than weight of 4kg or more
3. Unexplained perinatal loss
4. Previous stillbirth with pancreatic islet hyperplasia revealed on autopsy
5. Presence of polyhydromnios or recurrent vaginal candidiasis present pregnancy
6. Persistent glycosuria
7. Age over 30 years
8. Obesity. [5]

OBJECTIVES:

The objective of this case report is to evaluate the effectiveness of homoeopathic medicine in managing gestational diabetes mellitus.

REVIEW OF LITERATURE:

Pathophysiology:

First, pregnancy is normally attended by progressive insulin resistance that is, it begins near mid pregnancy and progresses to the third trimester to the levels that approximate insulin resistance seen in individuals with type 2 diabetes. The insulin resistance appears to result from a combination of increased maternal adiposity and insulin desensitising effects of hormonal products to the placenta.

Secondly, pancreatic beta cells normally increase their insulin secretion to compensate for the insulin resistance of pregnancy. As a result, changes in circulating glucose levels over the course of pregnancy are quite small compared with large changes in insulin sensitivity. Majority of females with gestational diabetes mellitus appear to have beta cell dysfunction that occurs in a background of chronic insulin resistance. Pregnancy normally induces quite marked insulin resistance. This physiological insulin resistance also occurs in female with GDM. Reproductive hormones tend to increase during pregnancy. Most of them contributes to insulin resistance and altered beta cell functioning which leads to GDM.[6]

Signs & symptoms of Gestational diabetes:

There are mild symptoms of gestational diabetes they may go unnoticed until there are necessary test performed for gestational diabetes during pregnancy.

There are not many signs seen in GDM

The symptoms if present; they may include:
1. Frequent urination
2. Excessive thirst
3. Tiredness
4. Nausea.[4]

Investigations:

1. Glucose Challenge Test (GCT)
2. Oral Glucose Tolerance Test (OGTT)
3. Fasting Plasma Glucose (FPG)
4. Glycosylated Haemoglobin (HbA1c)
5. Urine Glucose
6. Fetal Monitoring
7. Maternal Monitoring

HOMOEOPATHIC REMEDY:

INSULINUM (Ins.)

Chemical formula: $C_{257}H_{383}N_{65}O_{77}S_6$

Molecular Weight: 5807.5

Common Name: Insulin

Introduction:

Insulin is secreted by the Beta-cells of the Islets of Langerhans of pancreas. Synthesis of insulin occurs in rough endoplasmic reticulum of Beta cells in the Islets of Langerhans, It is an important hormone concerned with regulation of carbohydrate, protein fat metabolism and blood sugar level. Insulin secretion is, mainly regulated blood glucose level. In addition, other factors like amino acids (arginine and lysine), lipid derivatives (beta ketoacid acetoacetate), gastrointestinal hormones (gastrin, secretin, cholecystokinin and GIP), endocrine hormones (glucagon, growth hormone, cortisol) and autonomic nerve fibres (right vagus nerve) also stimulate insulin secretion. Regulation of blood glucose level is very essential because glucose is the only nutrient that is utilised for energy by many tissues like brain tissue, retina, germinal epithelium of the gonads. The blood sugar regulating mechanism is operated through liver and muscle by the influence of the pancreatic hormone's insulin and glucagon. Many other hormones (growth hormone, thyroxin, cortisol and

adrenaline) are also involve in the regulation of blood sugar level. Among all the hormones, insulin is the only hormone that produces the blood sugar level and hence it is called anti- diabetogenic hormone. Deficiency of insulin leads to metabolic disorder diabetes mellitus characterized by high blood sugar associated with varied manifestation. The hypersecretion of insulin is called hyperinsulinism which occurs due to the tumour of beta cells in the islets of Langerhans characterized by hypoglycaemia, nervousness, tremor, sweating, convulsion, unconsciousness and ultimately coma due to damage of neurons.
Source: Insulinum is prepared from an aqueous solution of the active principle from the pancreas.

Preparation:
Pure insulin powder, 100g, is triturated with 900g of saccharum lactis to make 1kg of Insulinum 1x of drug strength 1/10. 2x and higher potencies are prepared by trituration; 6x may be converted to liquid 8x; 9x and higher potencies are prepared with dispensing alcohol.

Proving:
Short proving of Insulin 30 was reported at International Homeopathic Congress, in Oct., 1977.

Sphere of action:
Endocrine system. Skin. Haemopoietic system. Gastrointestinal system.

Clinical conditions:
Acne. Boils. Carbuncles. Csom. Chronic mastoiditis. Chronic diarrhoea. Diabetes mellitus, Dyspepsia. Eczema. Erythema. Gout. Glycosuria. Insulin, bad effects of. Intestinal TB. Liver disorders. Obstinate suppuration. Polyuria. Varicose ulcers

Characteristic features:
Unusual craving for sweet.
Enlarged liver as a sequel of acute infectious diseases such as typhoid, pneumonia etc.
Chronic diarrhoea where other medicines fail; the more chronic the diarrhoea, better indicated.
Glandular affections, especially tubercular, with suppuration and sinuses.
Marasmatic child with diarrhoea and other acute infectious diseases along with its consequences.
Intractable eczema with allergic manifestation and chronic liver trouble.
Boils and varicose ulceration with polyuria.

Symptomatology:
Mind: Discouraged

Particulars:
Ears:Chronic otorrhoea and mastoiditis in emaciated children; thin pus; especially when associated with enlarged liver and chronic diarrhoea or as after-effects of acute infectious diseases.
Neck: Suppuration of tubercular glands of neck. Draining of pus for a long time, with gradual emaciation and anaemia.
Stomach: Dyspepsia
Abdomen: Infantile Liver without Jaundice, with marasmus.
Rectum and Stool:Chronic diarrhoea of children with weakness and enlarged liver.
Chronic Intestinal Disorder, especially with loose stool and enlarged liver; the more chronic the diarrhoea, Insulinum is better indicated; also uses full in chronic diarrhoea when indicated remedies fail.
Intestinal tuberculosis with diarrhoea, and profound weakness.
Prolonged diarrhoea, with greenish stool, continuing after an attack of dysentery.
Dyspepsia with chronic loose stools.
Skin: Boils or varicose ulceration with polyuria.
Ulcers, boils, bed sores as after-effects of acute infectious diseases with disordered liver.
Intractable eczema with chronic liver troubles; allergic eczema.
Dose and Potency: Dr. Boericke recommended the use of 3X to 30X Trituration.
Dr S.K. Ghosh Used Homeopathic Insulin very often in 30C potency and higher[7]

CASE REPORT:
A 39year old female who is a known case of hypothyroidism approached with diagnosis of gestational diabetes in the routine check -up during pregnancy along with dry cough and backache on 15/12/2024.
Past history:
2012- Termination of pregnancy at 5 weeks of gestation
2013- Termination of pregnancy at 6 weeks of gestation
2017- TB endometrium
2018- Migraine
2023- Pre term caesarean section, baby boy
Frequent attacks of diarrhoea on and off

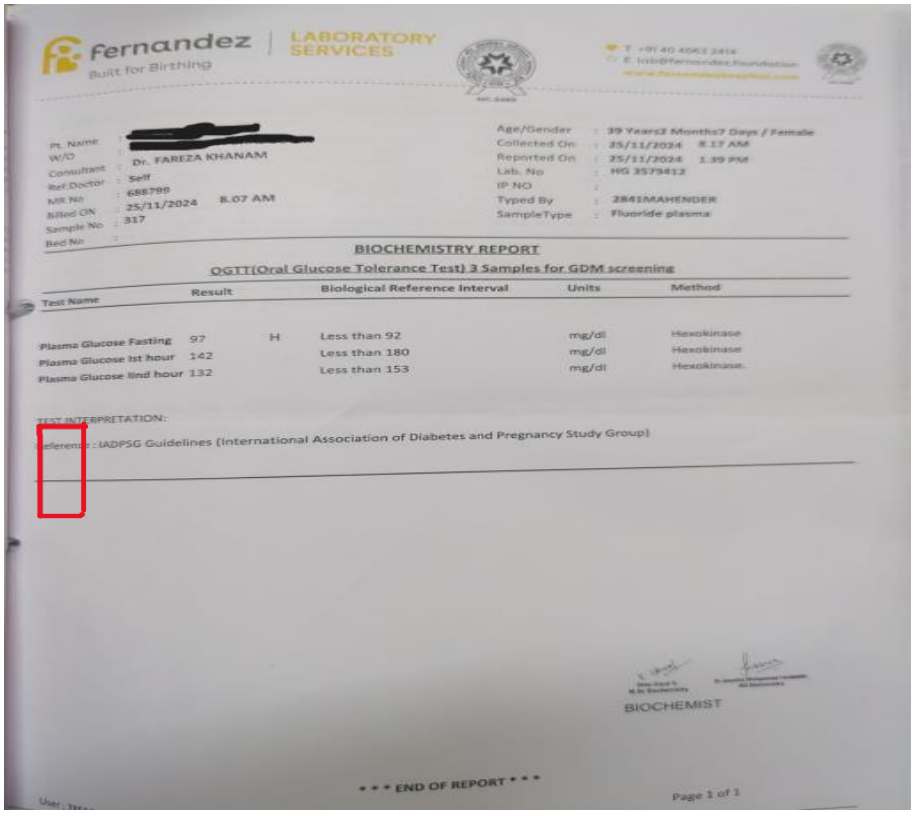
Past Treatment history:
Migraine- Took allopathic medication- Tab Tegretol once daily
TB Endometrium- Took Anti- tuberculosis treatment [ATT] for 6 months, surgical procedure- diagnostic laparoscopy
Investigations done: HbA_1C, FBS, PLBS

Case Analysis:
Totality of symptoms:
1. Hyperglycaemia
2. Backache
3. Cough
4. Upper respiratory tract infection
5. Diarrhoea

Remedy prescribed: INSULIN 30C 1 dose
Follow up:

S.No	Date	Complaint	Treatment
1	15/12/24	Gestational diabetes mellitus Lab Investigation Reports: 25/11/24: FBS: 97mg/dl Plasma glucose: 1st hour: 142mg/dl 2nd hour: 132mg/dl	1.Insulin 30C 1dose 2.Placebo-1month
2.	13/1/25	ASOM, Diarrhoea, Backache	1.Insulin 30C 1 dose 2.Rubrum-1month
3.	14/02/25	No complaints Lab Investigation Reports: FBS: 74mg/dl Post prandial: 96mg/dl	1.Rubrum 3doses 2. Nihilinum-1month
4.	17/2/25	Blessed with baby boy Weight- 2.95 kgs LSCS.	

BEFORE TREATMENT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Pt. Name : [redacted]
W/O :
Consultant : Dr. FAREZA KHANAM
Ref.Doctor : Self
MR No : 688789
Billed ON : 25/11/2024 8.07 AM
Sample No : 317
Bed No :

Age/Gender : 39 Years3 Months7 Days / Female
Collected On : 25/11/2024 8.17 AM
Reported On : 25/11/2024 1.39 PM
Lab. No : HG 3579412
IP NO :
Typed By : 2841MAHENDER
SampleType : Fluoride plasma

BIOCHEMISTRY REPORT

OGTT(Oral Glucose Tolerance Test) 3 Samples for GDM screening

Test Name	Result		Biological Reference Interval	Units	Method
Plasma Glucose Fasting	97	H	Less than 92	mg/dl	Hexokinase
Plasma Glucose 1st hour	142		Less than 180	mg/dl	Hexokinase
Plasma Glucose IInd hour	132		Less than 153	mg/dl	Hexokinase

TEST INTERPRETATION:
Reference : IADPSG Guidelines (International Association of Diabetes and Pregnancy Study Group)

BIOCHEMIST

* * * END OF REPORT * * *

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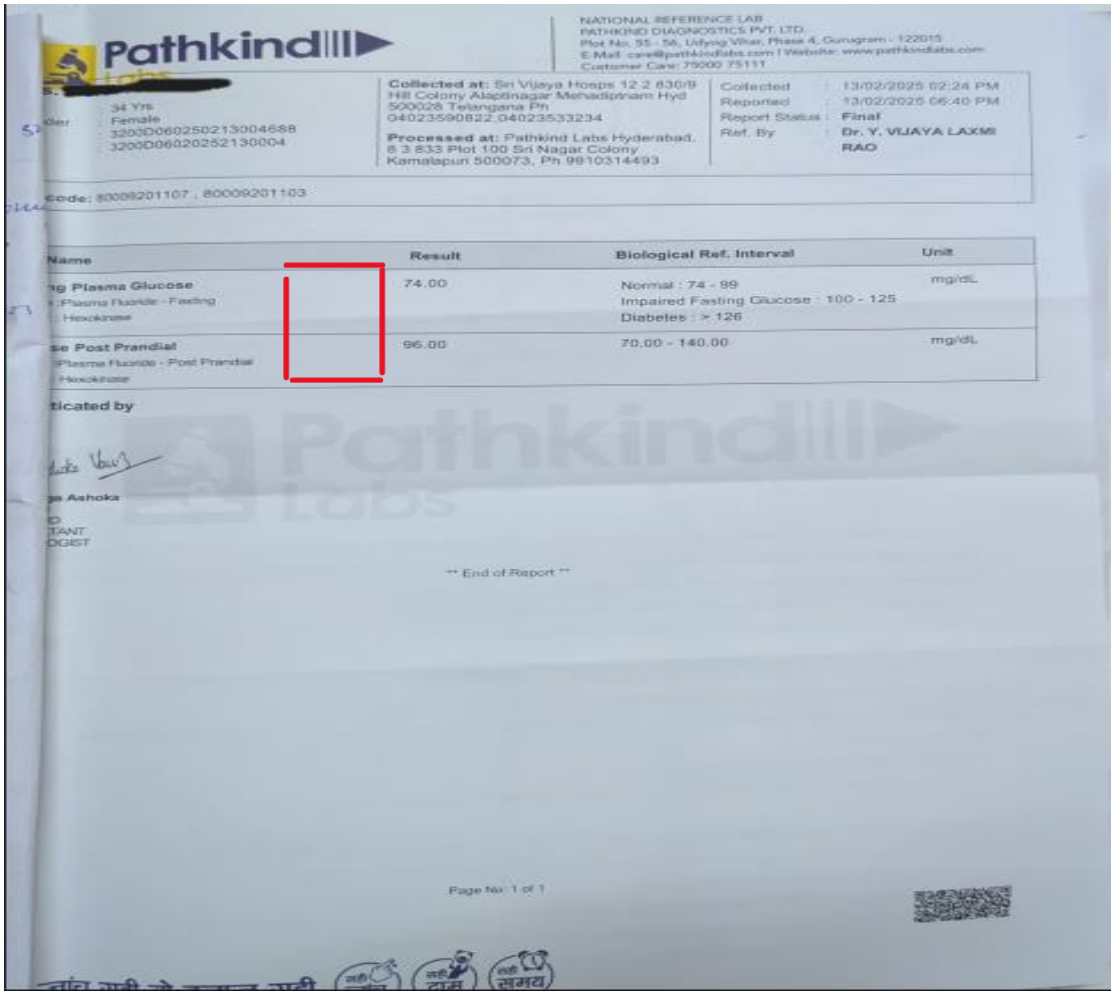
AFTER TREATMENT



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34 Yrs
Female
3200D060250213004688
3200D06020252130004

Collected at: Sri Vijaya Hosps 12.2 830/9 Hill Colony Alapinagar Mehadipnam Hyd 500028 Telangana Ph 04023590822,04023533234

Processed at: Pathkind Labs Hyderabad, 8 3 833 Plot 100 Sri Nagar Colony Kamalapuri 500073, Ph 9810314493

Collected : 13/02/2025 02:24 PM
Reported : 13/02/2025 06:40 PM
Report Status : Final
Ref. By : Dr. Y. VIJAYA LAXMI RAO

Code: 80009201107 , 80009201103

Name	Result	Biological Ref. Interval	Unit
g Plasma Glucose Plasma Fluoride - Fasting Hexokinase	74.00	Normal : 74 - 99 Impaired Fasting Glucose : 100 - 125 Diabetes : > 126	mg/dL
se Post Prandial Plasma Fluoride - Post Prandial Hexokinase	96.00	70.00 - 140.00	mg/dL

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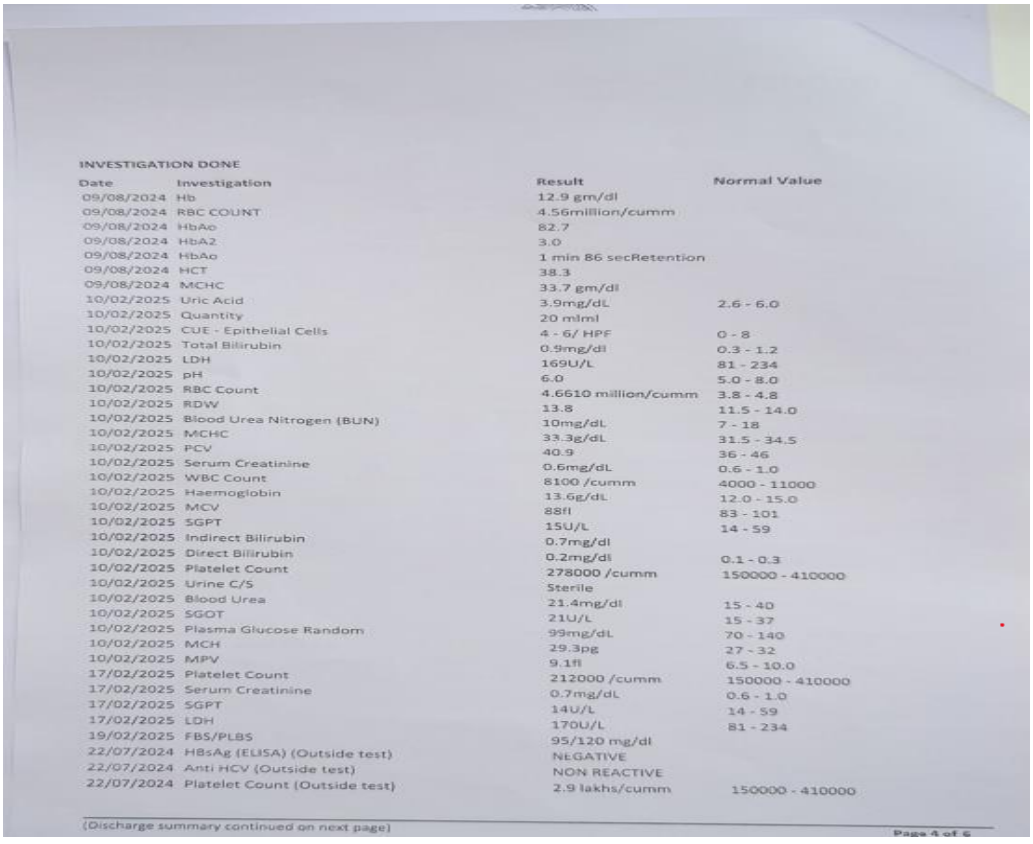
OGIST

** End of Report **

Page No: 1 of 1



INVESTIGATION DONE

Date	Investigation	Result	Normal Value
09/08/2024	Hb	12.9 gm/dl	
09/08/2024	RBC COUNT	4.56million/cumm	
09/08/2024	HbAo	82.7	
09/08/2024	HbA2	3.0	
09/08/2024	HbAo	1 min 86 secRetention	
09/08/2024	HCT	38.3	
09/08/2024	MCHC	33.7 gm/dl	
10/02/2025	Uric Acid	3.9mg/dL	2.6 - 6.0
10/02/2025	Quantity	20 ml/ml	
10/02/2025	CUE - Epithelial Cells	4 - 6/ HPF	0 - 8
10/02/2025	Total Bilirubin	0.9mg/dl	0.3 - 1.2
10/02/2025	LDH	169U/L	81 - 234
10/02/2025	pH	6.0	5.0 - 8.0
10/02/2025	RBC Count	4.6610 million/cumm	3.8 - 4.8
10/02/2025	RDW	13.8	11.5 - 14.0
10/02/2025	Blood Urea Nitrogen (BUN)	10mg/dL	7 - 18
10/02/2025	MCHC	33.3g/dL	31.5 - 34.5
10/02/2025	PCV	40.9	36 - 46
10/02/2025	Serum Creatinine	0.6mg/dL	0.6 - 1.0
10/02/2025	WBC Count	8100 /cumm	4000 - 11000
10/02/2025	Haemoglobin	13.6g/dL	12.0 - 15.0
10/02/2025	MCV	88fl	83 - 101
10/02/2025	SGPT	15U/L	14 - 59
10/02/2025	Indirect Bilirubin	0.7mg/dl	
10/02/2025	Direct Bilirubin	0.2mg/dl	0.1 - 0.3
10/02/2025	Platelet Count	278000 /cumm	150000 - 410000
10/02/2025	Urine C/S	Sterile	
10/02/2025	Blood Urea	21.4mg/dl	15 - 40
10/02/2025	SGOT	21U/L	15 - 37
10/02/2025	Plasma Glucose Random	99mg/dL	70 - 140
10/02/2025	MCH	29.3pg	27 - 32
10/02/2025	MPV	9.1fl	6.5 - 10.0
17/02/2025	Platelet Count	212000 /cumm	150000 - 410000
17/02/2025	Serum Creatinine	0.7mg/dL	0.6 - 1.0
17/02/2025	SGPT	14U/L	14 - 59
17/02/2025	LDH	170U/L	81 - 234
19/02/2025	FBS/PLBS	95/120 mg/dl	
22/07/2024	HBsAg (ELISA) (Outside test)	NEGATIVE	
22/07/2024	Anti HCV (Outside test)	NON REACTIVE	
22/07/2024	Platelet Count (Outside test)	2.9 lakhs/cumm	150000 - 410000

(Discharge summary continued on next page)

Conclusion: A case report of gestational diabetes successfully managed with homoeopathic medicine insulinum 30c, highlights the effectiveness and the potential of homeopathy in addressing complex health conditions. The healthy outcome for both mother and baby underscores the importance homoeopathy as a safe, gentle and holistic system of healing. Rooted in individualized treatment and principle of "like cures like," homoeopathy aims not just to manage symptoms, but to stimulate the body's innate healing ability.

Acknowledgement:
The authors would like to express sincere gratitude to director Dr. Umesh Akkaladevi, Principal Dr. Nurus saher khan, Hamsa homeopathy medical college, hospital & Research centre, siddipet for their valuable support and encouragement.

Conflict of Interest: Authors declare no conflict of Interest.

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10.53555/eijmhs.v11i1.268