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Syzygium Jambolanum Q's Function in Gestational Type II Diabetes

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Abstract-

These days, diabetes is a major health concern in underdeveloped nations. Type II Diabetes Mellitus is becoming more common every day. Diabetes mellitus is a condition that is linked to one's way of life. The research set out to determine if Syzygium jambolanum Q was useful in the event of Type II experiment that does not include a control group. Thirty instances of type II diabetes mellitus were evaluated in this research using a variety of methodological criteria. A basic randomized sampling procedure was used to choose the samples. Statistical analysis using paired T tests. Findings: Twelve instances were female and eighteen were male out of thirty total. The bulk of the patients were in the age category of 50 -60 years, and their average age was 55.96 ± 5.5 years. A statistically significant decrease in fasting and postprandial blood sugar levels was seen after administration of Syzijium Jambolanum Q. Blood sugar levels after a meal may vary from 147.83 ±15.54 to 100.43 ± 14.23 mg/dl, and from 235.33 ±19.25 to 149.93 ± 15.37 mg/dl, according to Syzygium Jambolanum Q.

Key word- Type II Diabetes Mellitus, Homoeopathy, FBS, PPBS, Insuline, CAM.

INTRODUCTION

How often it occurs type 2 diabetes rising dramatically throughout the globe, in both developed and developing nations.1

Recent estimates show that diabetes is on the increase in India, and the country is now facing a pandemic rather than an epidemic.Second, there is currently no treatment for diabetes mellitus that has been shown to be both successful and satisfying.3. Hematological, gastrointestinal, hypoglycemia coma, and liver and renal problems are among the adverse effects that may be caused by synthetic oral hypoglycemic medications.4 More and more studies are looking at the effectiveness of complementary and alternative medicine (CAM), which reflects the rising popularity of homoeopathy in the public sector.5 When compared to manufactured medications, homoeopathy was more cost-effective and had less side effects or hazardous contributions.6 Mellitus, the most common kind of diabetes, develops when the pancreas either does not release any insulin or secretes too little insulin. This leads to an excess of sugar or glucose in the circulation rather than an adequate supply reaching the cells for energy metabolism. To convert sugar and other foods into energy, the pancreas secretes the hormone insulin. Diabetes mellitus may be categorized into two main forms:

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Type 1 Diabetes Mellitus: Sometimes called juvenile diabetes or insulin- dependent diabetes, Type 1 diabetes

means your body cannot produce insulin because the beta cells (cells which produce insulin) in the pancreas are destroyed. Type 1 diabetes occurs more frequently in children and young adults, but accounts for less than 10% of the total diabetes cases.

Type 2 Diabetes Mellitus: The majority of diabetics fall in this

category. In Type 2 diabetes the body doesn‟t make enough insulin or doesn‟t properly utilize its insulin supply. While many Type 2 and age. In both cases, the body becomes less efficient. When the blood glucose rises above normal levels, people experience different symptoms **Risk factors** for developing type 2 diabetes include the following:-

- High blood pressure
- High blood levels of cholesterol and/or triglyceride
- Gestational diabetes or giving birth to a baby weighing more than 9 pounds
- High alcohol intake
- Sedentary lifestyle
- Obesity
- Positive Family History
- Aging: Increasing age is a significant risk factor for type 2 diabetes. Risk begins to rise significantly at about age 45 years, and rises considerably after age 65 years.

Symptoms of Hyperglycaemia

1. Thirst, dry mouth
2. Polyuria
3. Nocturia
4. Tiredness, fatigue
5. Recent change in weight
6. Blurring of vision
7. Pruritus vulvae, balanitis (genital candidiasis)
8. Nausea; headache
9. Hyperphagia; predilection for sweet 2 diabeftoicosdstake medication to lower their blood
10. Mood change, irritability, difficulty in concentrating, apathy

Diabetes Mellitus diagnosed by simple blood sugar level (Fasting and Post Prandial Blood sugar level) test easily.

Criteria for the Diagnosis of Diabetes Mellitus

- Symptoms of diabetes plus random blood glucose concentration -11.1 mmol/L (200 mg/dL) or
- Fasting plasma glucose -7.0 mmol/L (126 mg/dL) or after two-hour plasma glucose -11.1 mmol/L (200 mg/dL) during an oral glucose tolerance test The treatment of diabetes are:
- dietary/lifestyle modification, oral anti- diabetic agents and insulin by injection.

Homeopathy is one of the most widespread alternative system of medicine based on the two cardinal principles “law of similarities” and “minimal dilution”.[7] Homeopathy seeks to cure in accordance with natural laws of healing and uses medicine made from natural substances viz. animal, vegetable and mineral.[8] Some important homeopathic oral hypog

the high blood sugar. No other remedy causes so marked degree in the diminution of sugar in the urine.[9]

Syzygium jambolanum (Family- Myrtaceae; commonly known as „jambol fruit‟ or „jamun‟) is common herb found in India, Pakistan, Southern Asia and Brazil.[10] Mother tincture of S jambolanum is widely used by homeopathy practitioners for diabetes management. Mother tincture (θ) is defined as the original tincture prepared with the aid of alcohol, directly from the crude drug. It is the precursor for the preparation ofdifferent potencies and the starting point for the production of homeopathic medicines.[11] The chemical composition of the seed extract has been recently reported by a study. It contains glycoside (Jamboline), tannin, ellagic acid and gallic acid as principal ingredients.[12] **MATERIAL & METHODS**

Clinical Study Setting - The study has been carried out with detail case study and follows up in O.P.D of Sri Ganganagar Homoeopathic Medical College Hospital & Research Institute, Sri Ganganagar (Rajasthan)

Study design & Sampling - A type of interventional study without placebo group. Minimum 30 cases satisfying the case definition, inclusion and exclusion criteria have been studied. Patients diagnosed as Type II DM had been selected for the study on basis of Simple Random sampling method.

Intervention- Syzijium Jambolanum Mother tincture given to all patient in 30 ml of water (each Dose). Dose and repetation depend on severity of cases.

Clinical Protocol - Data has been collected by proper method and has been processed in standard format. Patients have been explained about the research project, patient‟s information sheet and informed consent form has been formed and filled up. Nosological diagnosis has been done after clinical study and investigations

Inclusion criteria –

1. Patients of both sexes.
2. Patients suffering from Type II Diabetes Mellitus, willing to participate and taking treatment regularly and co-operating for regular follow-up has been included.
3. FBS was More than 126mg/dl and PPBS was Mpre than 200 Mg/dl. **Exclusion criteria –**
1. Patients with

complications of Diabetes mellitus.

2. Patients who require emergency medical intervention.

3. Immune-compromised patients.

4. Patient without written consent.

Criteria for assessment – On basis of improvement of level of FBS and PPBS.. **Statistical Techniques-** Paired T- test is used as a statistical technique.

Table 1 Sociodemographic Profile

	Above			
3. Habitat				
	Rural	24	80 %	
	Urban	06	20 %	

Table 2 Pre and Post Analysis

Pre and Post analysis by Paired T test-

Pre and Post stastical analysis show that after taking the Syzijium Jambolanum Q the Fasting and Post Prondialblood sugar level decreses that was significant. Syzygium Jambolanum Q show cahnge in Fasting blood sugar level (Mean±SD) 147.83 ±15.54 to 100.43 ± 14.23 mg/dl, Post Prandial Blood Sugar Level (Mean±SD) 235.33 ±19.25 to 149.93 ± 15.37 mg/dl. Null Hypothesis was rejected and alternate hypothesis was accepted.

CONCLUSION

In addition to lowering fasting and postprandial blood sugar values, this research demonstrated that the homoeopathic drug Syzijium Jambolanum Q significantly reduced suffering intensity and provided improved quality of life for patients with Type II Diabetes

RESULT

During my study 30 cases included in which 18 (60%) male and 12 (40%) Feamles. Most common age group was 50 -60 years and average age was 55.96 ±5.5 years. Out of 30 Patient 24 (80%) from rural area and 06 (20%) from urban area.

Charectristic	Number of patient	Percentage	Mean ± SD
1. Sex Distribution			
Male	18	60 %	
Female	12	40 %	
2. Age Distribution in Years			
40 – 50	05	16.67 %	
50 – 60	21	70 %	55.96 ± 5.5
60 -	04	13.33 %	

Mellitus. Aside from that, this research found an important role of

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