TREATMENT OF DIABETES THROUGH ACUPUNCTURE

DR. MUTHU KUMAR

INSTITUTE OF ACUPUNCTURE & HOSPITAL, CHENNAI, INDIA

ABSTRACT

BACKGROUND

Among all the prevailing diseases, Diabetes is the grave one in the present days. They say in 2015 1 in 5 diabetic patient will be an Indian. Acupuncture says the Internal Heat is the major cause of Diabetes.

Procedure: Acupuncture has got points for pancreas & internal secretion in the ear. Moreover weiguanxiashu, UB 18, 19, 20 and point for Diabetes. LI 11, LI 4, SP6, K3, GV 20, GB 21 by stimulating these points we make the pancreatic cells to grow and to secrete insulin.

METHOD

When the patient comes, we ensure that the CBG level is less than 160 mg % post prandial
- 20 minutes of needling 2 times /day for 20 days
- On the 21st days 3-fasting, 3-PP, 3-random CBG should be done. That will show a lowered CBG level at least for a period of 1-6 hrs in a day.
- We will reduce the dosage by 3-5 U of insulin / ½ tab of their OHA according.
- Thereafter 20 minutes needling 2 time’s /day for 15 days.
- On every 16th day, 9 times CBG level should be taken till all the drugs one tapered.
- Then needling done alternate days for 15 times.
- Then we put them on normal diet.

Result:
- No of patients – 52
- Fully treated – 47
- Showing results but on treatment – 15
- Drop outs – 5
- We have followed up cases since 8 years.

CONCLUSION

As Acupuncture completely treats Type 11 Diabetes mellitus it brings out the Diabetics, the non productive citizens of India, productive, healthier person not only for their family but also for the nation.

KEYWORDS:
INTRODUCTION

Though India has emerged out as a Super power in the last decades and has come out as a great democratic country and a great technical cyber hub in the world it is very sad to say it has also emerged out as a worst Diabetic Hub in the whole world.

Because of the sedentary life style, without regular exercises and intake of more carbohydrate riched diets, unwanted stressed life style, leads the present Indian, a diabetic at his 30's in general. In the last decade, the incidence of Diabetes Mellitus has a tremendous increase among the Indian population.

Diabetes has emerged as a major health care problem in India. According to Diabetes atlas published by the International Diabetes Federation (IDF) there were an estimated 40 million persons with Diabetes in India in 2007 and this number is predicted to rise to almost 70 million people by 2025.

The countries with the largest number of diabetic people will be India, China, and USA by 2030. It’s estimated that every fifth person with diabetes will be an Indian in 2015. The real burden of the disease is however due to their associated complications which lead to increased morbidity and mortality.

WHO estimates that diabetes, heart disease and stroke together will cost about 333.6 billion over the next 10 yrs in India alone.

Rapid urbanization & industrialization have produced advancement on the social & economic front in developing countries such as India which have resulted in dramatic life style changes leading to life style related diseases. The transition from traditional to modern life style, consumption of diets rich in fat and calories, combined with a high level of mental stress has compounded the problem further.

There are several studies from various parts of India which reveal a rising trend in the prevalence of type 2 Diabetes in the urban areas.

A National urban survey in 2000 observed that the prevalence of diabetes in urban India in Adults -12.1 %. The transition has occurred in the last 15 yrs and the prevalence has risen from 2.4 % to 6.4 %

The Risk factors for diabetes in Indians are: -

Age:-
Indians develop diabetes at a very young age, at least 10 to 15 yrs earlier than the western population. An early occurrence of diabetes gives ample time for development of chronic complications of diabetes. The incidence of diabetes increases with age. In India the life span has increased, hence more number of people with diabetes are being detected.

Family History: -

The risk of a child developing diabetes with a parental history increases above 50 %. A high incidence of diabetes is seen among the first degree relatives. Indians have a high genetic risk for diabetes as observed in Asian Indians who have migrated to other countries.
Central obesity:
The association of obesity with Type II diabetes is well known. Even with an acceptable body weight range, weight gain could increase the risk of diabetes.

Physical inactivity and sedentary living:
There is enough evidence to demonstrate that physical inactivity as an independent factor for the development of type II diabetes. The availability of motorized transport and a shift in occupations combined with the plethora of television programmes has reduced the physical activity in all groups of population.

Insulin resistance:
Asian Indians have been found to be more insulin resistant as compared to the white population. They have a higher level of insulin to achieve the same blood glucose control. A cluster of factors consisting of abnormal fat, high B.P, obesity, abnormal glucose levels known as metabolic syndrome is highly prevalent in Asian Indians.

Urbanization:
The developing countries like India are undergoing rapid urbanization, associated with increasing obesity, decreasing physical activity due to change in life style, diet and a change from manual work to less physical occupations.

Stress:
In a recent study in Chennai nearly 25% of the population studied was unaware of a condition called diabetes. Only 40% of the participants felt that prevalence of diabetes was increasing and only 22% of the population felt that diabetes could be prevented.

The knowledge of risk factors was even lower, only 11.9% of the study subjects reported obesity and physical inactivity as risk factors. Even amongst the known diabetics only 40.6% were aware that diabetes could lead to some organ damage and complications.

In two other studies carried out in Bangalore and South India, it was observed that 70% were diagnosed by their general practioners and 70% of them had approached the General practioners for some other problem. Even after the diagnosis, monitoring of diabetes is very poor. The US diabetes prevention programme and the Finish diabetes prevention programme and the Chinese study have conclusively proved that life style modification including wt. loss, increased physical and dietary changes can prevent or delay the onset of diabetes.

(Ref; Dr.Rajiv Gupta)

The financial burden borne by people with Diabetes Mellitus and their families as a result of their disease depends on their economic status and the social insurance policies of their countries. In the poorest countries, people with Diabetes and their families bear almost the whole cost of the medical care they can afford. Diabetes also imposes large economic burdens in the form of lost productivity and foregone economic growth.

The World Health Organization (WHO) predicted net losses in national income from Diabetes and Cardiovascular disease of ID 557.7 billion in China, ID 303.2 billion in the
Russian Federation, ID 336.6 billion in India, ID 49.2 billion in Brazil and ID 2.5 billion in Tanzania (2005 ID), between 2005 and 2015.

At this juncture, as Acupuncture completely treats Type II-DM, it would be a great achievement in Indian health care system, in bringing out the non-productive citizens of India—the Diabetics, from the wretched claws of the silent killer disease—DIABETES MELLITUS.

I. In the research conducted by Dr. Futian et al (Ganshu hospital of TCM Lanzhou, China) 34 cases of Diabetes were given 4 courses of 10 sittings each. They got 76.4% success rate. In another research work done by Shen (Neuroendocrine group No.1 hospital of Nanchang, Jiangxi province) and Wei Jia (Jiangxi college of TCM, China) they treated 20 diabetics and got 85.71% success rate. According to their observations the blood viscosity was remarkably improved (P<0.01 o0.05). Hematocrit, blood sedimentation, fibrinogen and prothrombin were also considerably improved. Fasting blood sugar was averagely lowered from 227.93 + 11.85 before the treatment to 138.86 + 6.82 after the treatment. They have stated that acupuncture can play a role of more intensified dual regulation for the microcirculation disturbance of severe Diabetes Mellitus thereby helping in cases associated with cardio-vascular or Cerebro-Vascular disorders.

II. In a Research conducted by Latief, 1987 (241), N0:20:20, A Randomized controlled trail on NIDDM patients
There was a reduction in fasting blood sugar of
• 19.2% in the test group
• 4.9% in the control group.

III. Another study conducted by Kang et al., 1995 (240) No:
A randomized controlled trail on two groups;
Test Group: Untimed acupuncture or acupuncture at insulin secretion climax (ISCA) or acupuncture at insulin secretion valley (ICSV).
Control group: Conventional Western medication (tolbutamide)

Result: Improvement in fasting blood glucose, 2-h glucose, postprandial blood glucose, 24-h urine glucose, and glucosylated hemoglobin was:
• marked in the ISCA group
• Superior in the ISCA group to that in the untimed acupuncture and ISVA groups.
• Similar in the ISCA group to that of the tolbutamide group.

4. Aim & Objectives
Bringing down the dosage schedule of Diabetic patients, by 3-5 units of Inj. Insulin or ½ a tablet of oral hypoglycemic drug, through Acupuncture therapy in 15-20 days.
As Acupuncture, a treatment modality, that is been practiced globally, since 4000 yrs, deals DM. as "XIAO KE syndrome" in which, the methodology of treating DM. has been extensively documented.

By slightly modifying the above said points according to the present day scenario of DM, in our unit, we have formulated a methodology, by which, DM. is treated completely.

5. Design

According to Acupuncture, Diabetes Mellitus occurs in patients who have,

1. Irregular diet
2. Irregular Emotions
3. Yin deficiency
4. Dry heat
5. Over exertion
6. Late night sleep

So according to the theory of Traditional Chinese Medicine, we select pts from,

- Spleen Meridian
- Du Meridian
- Stomach Meridian
- Large Intestine Meridian.
- Auricular Therapy
- Scalp Therapy
- Back Shu pts – That correct Yin deficiency, reduce dryness, heat and stimulate the organs - stomach, spleen, large Intestine and Du Meridian.

By stimulating these points, the pancreatic cells grow and start secreting insulin. These points also take care of the muscle receptors that are already damaged in DM.

Patients emotional well being will also be boosted.

Methodology:

When the patients come, we assess the severity of the condition by examining the IRIS (Iridology) and ask the patient to come with

- One Fasting report
- One post prandial report.

If the post prandial is within 160 mg%, we will immediately start the needling session. If it's more than 160, we will readjust, the dosage schedule, so that the PP comes around 160mg% and then we will start the needling for the patient.
For all the patients, we strictly advice the following instructions,

1. Should be on strict diabetic diet
2. Regular drug intake.
3. Minimum, 1hr brisk walk ( must sweat), daily
4. Going to bed, strictly before 10'0 clock.
5. To keep his temperament cool at all situations.

Needling schedule:

I. Two sessions of 20mts each/ day – for 20 days. There after we will ask the patient to go for 9 times CBG tests in one day.

- 3 Fasting
- 3 P.P.
- 3 Random

As the blood sugar level is highly fluctuating, within a day in one's body, fasting and P.P. tests alone will always mislead the treating physician. So we do 9 times CBG tests in one day. Accordingly, we draw a graph of the CBG level obtained, at the following timings.

1. Immediately, when the patient wakes up.
2. 15mts before break fast.
3. 2hrs after break fast.
4. Intermittent reading.
5. 15 mts before Lunch
6. 2 hrs after lunch.
7. Intermittent reading
8. 15mts before supper
9. 2hrs after supper.
CBG GRAPH

Diabetic patient already on Hypoglycemic agents

- History taken
- Detailed Examination
- Iridological Findings
- Last done Lab Investigations

FBS ≤ 120 mg/dl
PPBS ≤ 160 mg/dl

Strict diabetic diet
Exercise
Life style modifications

FBS > 120 mg/dl
PPBS > 160 mg/dl

Drug dosage adjusted to achieve the optimal glycemic control

Needling started daily,
2 sessions /20 mts each,
for 20 days
Reduced blood sugar levels over a particular time frame

3 readings - before BF, lunch, dinner
3 readings - postprandial
3 readings - in between meals

Repeat 9 times CBG Reading (Capillary blood glucose)

YES

Continue another 15 days of Needling + Counselling (To identify the aggravating factor)

YES

Reduce ½ a tablet / 3-5 units of insulin corresponding to that time in the day
Next 15 days of needling (2 sessions of 20 minutes/daily)

9 times CBG readings
(Capillary blood glucose)

Subsequent dose alteration

- Stop all the drugs
- Graduate tapering of needling sessions
- Strict Diabetic diet, exercise for another 3 months
- Follow-up once in every 3 months with FBS, PPBS for a year
When we draw a graph according to the above said 9 results, the graph will show hypoglycemic results, at least for 2-6 hrs in a day, after 20 days of needling.

The reason being the patient's P.P. level is kept around 160mg% at the beginning of the needling and hence when the patient undergoes acupuncture needling for 20 days, along with the other body points, on stimulating the ear point for Pancreas and Internal Secretion, the pancreatic cells will grow and the grown pancreatic cells will secrete little amount of Insulin respectively.

This newly secreted Insulin will keep the CBG level under control in a hypoglycemic level, for a period of 2-6 hrs. This timing could be identified from taking the above said "9 CBG Tests".

According to the CBG results either in the morning or in the evening we will taper 3-5 units’ insulin in case of IDDM patients / we will reduce ½ a tablet in case of NIDDM patients.

Again we will start the needling. Two sessions of 20mts needling/day for another 15 days will be done. This time it is only for 15 days. On the 16th day 9 times CBG readings should be taken. This will again show hypoglycemic result for 2-6 hrs in a day.

Again we reduce either 3-5 units of insulin in IDDM patients or ½ tablets in NIDDM patient’s drug schedule.

Likewise, WHEN ALL THE DRUGS ARE STOPPED , 2 sessions of needling 20mts each is done on alternate days.

After 15 alternate days of needling, again 9 CBG test should be taken which will show normal results on all the 9 times.

The patient is then instructed to come for weekly once needling of 2 sessions 20 mts each, with other dietary and physical restrictions, for further 3 months. After that WE STOP THE NEEDLING and the patient is advised to be on strict diabetic diet along with regular exercises, good sleep and to be in a cool temperament for the rest of his life, but WITHOUT ANY HYPOGLYCEMIC DRUG.

Then the patient is advised to meet us once in a month with 9 times CBG readings for 3 consecutive months and then after for once in 3 months, whence NO NEEDLING IS DONE.

Result

CLINICAL TRIAL:

Our work on Diabetes mellitus spans over 26 years with over 400 patients completely cured. In this study, started in July 2009, 52 diabetics are included.

Of the 52 patients,

30 – Completely cured.
14 - under treatment with good control.
8 – Drop outs.
Success rate - 84.6%
Pie chart depicting:
CURED -57.69%
SHOWING BETTER RESULTS STILL ON TREATMENT: 26.93%
DROP-OUTS: 15.38%

Case Study 1
NAME: Mr. Thangavelu,
AGE/SEX: 46 yrs/male,
Lecturer, Delhi university.
ADDRESS:
No 13 L.H nagar,
1st street,
Chennai. 
9968205545.

COMPLAINTS:
c/o tiredness
TYPE-2 DIABETES MELLITUS with ptosis and diplopia left eye x 3 yrs
poliomyelitis both legs++
On T.Glitz 80mg 1-0-1
FBS-94mg%
PPBS-121mg%

<table>
<thead>
<tr>
<th>TIMINGS/DATE</th>
<th>12.11.09</th>
<th>30.11.09</th>
<th>11.12.09</th>
<th>14.1.10</th>
<th>28.1.10</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.00</td>
<td>82</td>
<td>87</td>
<td>167</td>
<td>123</td>
<td>86</td>
</tr>
<tr>
<td>6.45</td>
<td>79</td>
<td>92</td>
<td>163</td>
<td>122</td>
<td>92</td>
</tr>
<tr>
<td>9.00</td>
<td>139</td>
<td>173</td>
<td>138</td>
<td>169</td>
<td>173</td>
</tr>
<tr>
<td>11.00</td>
<td>75</td>
<td>77</td>
<td>111</td>
<td>142</td>
<td>77</td>
</tr>
<tr>
<td>12.45</td>
<td>66</td>
<td>107</td>
<td>105</td>
<td>118</td>
<td>107</td>
</tr>
<tr>
<td>15.00</td>
<td>141</td>
<td>94</td>
<td>130</td>
<td>118</td>
<td>94</td>
</tr>
<tr>
<td>17.00</td>
<td>97</td>
<td>97</td>
<td>111</td>
<td>115</td>
<td>97</td>
</tr>
<tr>
<td>19.45</td>
<td>86</td>
<td>100</td>
<td>104</td>
<td>155</td>
<td>100</td>
</tr>
<tr>
<td>22.00</td>
<td>159</td>
<td>130</td>
<td>194</td>
<td>146</td>
<td>130</td>
</tr>
</tbody>
</table>

ADVISE

T.Glitz 80mg ½-0-1
½-0-1/2
Ptoesis improved 60%
T.glitz 0-0-1/2
Ptoesis fully corrected
Stop all tablets.
Diplopia corrected
Nil eye complaints. Alternate days needling
CONCLUSION:

- Diabetics below 40 yrs of age on oral hypoglycemic drugs show better and quicker results.

- Diabetics above 40 yrs with their long term dependence on hypoglycemic agents may have co morbid conditions like hypertension and obesity. This shuts down the intrinsic production of insulin from pancreatic cells [negative feed back mechanism]. Such patients may require more sessions of needling [20 days] for a good response.

- Through Acupuncture, patients are safe from complications like retinopathy, neuropathy, and nephropathy. Also patients with complications have dramatic improvement is their symptoms.

- Patient’s compliance is mandatory. As patients on strict diabetic diet, healthy lifestyle and adequate exercise show the best results.

- Episode of hyperglycemia occurs when the patient has a source of infection / is on antibiotics / has any another endocrine disorder.

- During the course of treatment, at no point is a patient asked to abruptly stop the intake of drug. Without doing prior necessary investigation.

- Type I Diabetes and secondary diabetes [Pituitary adenoma, chronic pancreatitis] is also treated by Acupuncture.

- Under certain circumstances, patients can discontinue needling after a substantial deduction of their drug. Dosage and come back at the same dose after a period of 6 – 12 months.

- The longest follow – up has been for 8 years with the patient on normal diet and good glycemic control throughout.

- Diabetes mellitus can be cured through Acupuncture.
REFERENCE:

5. Chinese Acupuncture Moxibustion; By Cheng Xin Nong
6. Clinical Acupuncture-Moxibustion; LIU Gongwang CAO Liya / LIU Gongwang
7. Practise of Acupuncture; Hecker, Steveling, Peuker Kastner Applied Chinese acupuncture for clinical pracitioners- Sun Xue Quan. - Shandong science and Technology press
8. The Golden Needle. Church hill livingstone ,Translated Richard Pertschenjer Chinese pulse diagnosis; Leon I. Hammer MD
13. Jiao Shunfa; Scalp Acupuncture and clinical cases.
21. ACUPUNCTURE: Review and analysis of reports on controlled clinical trails. Dr Xiaorui Zhang [WHO].