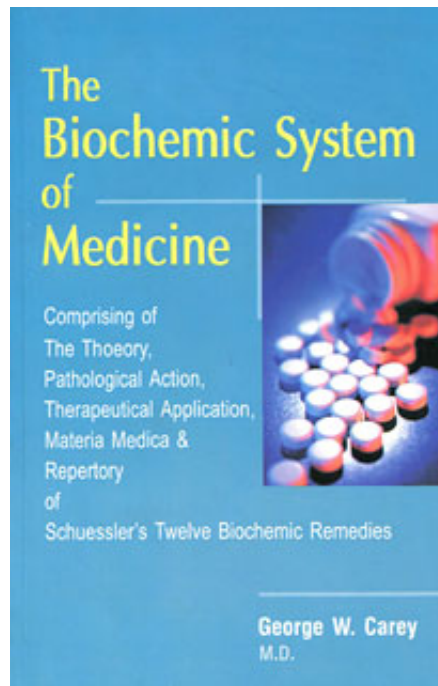


# George W. Carey

## The Biochemic System of Medicine

Reading excerpt  
[The Biochemic System of Medicine](#)  
of [George W. Carey](#)  
Publisher: B. Jain



<http://www.narayana-verlag.com/b1127>

In the [Narayana webshop](#) you can find all english books on homeopathy, alternative medicine and a healthy life.

Copying excerpts is not permitted.  
Narayana Verlag GmbH, Blumenplatz 2, D-79400 Kandern, Germany  
Tel. +49 7626 9749 700  
Email [info@narayana-verlag.com](mailto:info@narayana-verlag.com)  
<http://www.narayana-verlag.com>



## DIABETES

### ETIOLOGY

**D**IABETES MELLITUS, or true diabetes, is a nutritional disorder characterized by a steady accumulation of sugar in the blood, which is excreted from the system through the urine. Its symptoms are inordinate thirst, ravenous hunger, a greatly increased output of urine containing a varying percentage of sugar, and progressive wasting of the body, with great exhaustion.

Diabetes is essentially a disease of middle adult life, a few cases only occurring among children and old people. It is found principally among the inhabitants of cities rather than in the country. Members of the Jewish race appear peculiarly susceptible to it. Heredity plays some part in creating a predisposition to the disease, although there must always be an exciting cause to bring on its active manifestations.

Overnutrition in persons of a nervous temperament seems the most general condition preceding the average case of diabetes. Josslyn has pointed this out recently, and warns strongly against obesity, as a most potent factor in the causation of diabetes. Autointoxication, the general accompaniment of obesity, undoubtedly has much to answer for in this connection, both by its general poisonous effect upon the system, and especially by its deleterious action on the nervous system. The results are seen in the typical pathological condition present in diabetes, the degeneration of the islands of Langerhans in the pancreas, with the consequent inability of the organism to assimilate sugar.

The nervous origin of diabetes is still further demonstrated by the fact that it may follow serious impairment of the nervous system by shock, overwork, the strain of great responsibility, anxiety, and worry, particularly when associated with close confinement and high living. Cases have also been traced to injuries of the brain and spinal cord, while pregnancy, with

its depressing effect upon the nervous system, is often associated with diabetes.

The actual pathological changes occurring in diabetes consist in a degeneration of the islands of Langerhans in the pancreas, while in a very large percentage of cases, the structure of the kidneys is diseased. This results from the increased activity of the kidneys in excreting water and sugar, and by reason of the effect of toxic substances, such as diacetic acid and oxybutyric acid, which, as they are eliminated, damage the renal tissues. The liver, also, is frequently enlarged, sometimes slightly and again to two or three times its normal size. The liver cells are affected, swollen, granular, with a diminished amount or absence of the normal fat contents. The blood contains a large amount of sugar, and sufficient fat to give it a more or less milky appearance.

While the onset of the disease may be very sudden, as after an injury or following severe nervous shock, it usually develops gradually, the suspicions of the patient not being aroused until large amounts of urine are secreted, with insatiable thirst, ravenous hunger, and progressive and usually rapid emaciation.

The urine is pale, watery, acid in reaction, and of high specific gravity, averaging from 1.025 to 1.045. The amount passed in twenty-four hours varies from three or four quarts to several gallons in severe cases. It contains sugar running from one and one-half to two per cent, in mild cases to five, eight, or even ten per cent, in severe cases. There is an unquenchable thirst, worse after eating. The appetite is at first voracious, but may later, if indigestion sets in, become poor, with either constipation or diarrhea. Emaciation is marked and in proportion to the amount of sugar excreted.

As the disease progresses, pulmonary and renal complications are likely to occur, as well as gangrene, especially of the extremities. Death usually comes from one or more of these complications, or from diabetic coma.

**DIET**

In treating diabetes diet is of the utmost importance. On account of the inability of the system to utilize sugar, sugar and starch must be excluded, and fruits and vegetables containing them must be strictly avoided. Saccharine, if tolerated by the system, or glycerine, may be substituted. Insulin, a preparation of the islands of Langerhans discovered by Dr. Banting of Toronto, when given in proper dosage, will permit the use of sugar to a certain extent in the diet, but it must be administered under skilled medical supervision. Insulin is not curative in the strict sense of the word, but it supplies the missing pancreatic secretion, and gives the diseased islands of Langerhans an opportunity to recuperate.

In prescribing a diet for the diabetic, care must always be taken to watch the patient's general condition, and if rapid emaciation begins, to modify the rigidity of the diet. A suggestion along general lines as to diet follows.

**Avoid:** All starchy foods, sugar, potatoes and bread, except upon the advice of the physician; rice, tapioca, beans, peas, lentils, turnips, radishes, and all sweet and dried fruits, such as apples, grapes, pears, bananas, peaches, plums, pineapples, raspberries, etc.; wine, beer, brandy, cider, and all alcoholic and sweet drinks.

**Allowed:** Artichokes, cabbage, celery, cresses, cucumbers, olives, greens, lettuce, pickles, spinach, mushrooms, tomatoes, asparagus, onions; lemons, cherries, (sour) currants, gooseberries, strawberries and other acid fruits; beef, tongue, ham, Jacon, mutton, poultry, fish, oysters and other shell-fish, cheese, eggs, butter and pure cream.

The biochemic remedies in diabetes vary with the condition present. Kali Phos. is practically always needed, as it is the lack of this salt which is the chief factor in bringing on the disease, and it is not until the nervous system has been restored

to normal that the pancreas can be expected to function normally again. The deranged liver conditions and the excess of water in the system call for Natr. Sulph. Inflammation of the kidneys may cause a strain upon the blood supply that Ferrum Phos. and Calc. Phos. are required to meet. The fearful thirst and rapid emaciation show an unequal distribution of water in the system, for which Natr. Mur. is needed. Every case of diabetes is individual, but by careful superintendence of the diet and hygiene, and the prescription of the indicated biochemic remedies, the best results are to be anticipated.

#### BIOCHEMIC TREATMENT

Natr. Sulph.—An important remedy in all stages of diabetes. Excessive secretion of urine.

Kali Phos.—*Kali Phos.* is necessary to establish normal function of the medulla oblongata and pneumogastric nerve, which latter acts on the stomach and lungs; the symptoms arising from the disturbed action of these parts are nervous weakness, voracious hunger, sleeplessness, etc. Dr. Schuessler says that perhaps *Kali Sulph.* and *Calc. Sulph.* may also serve as diabetic remedies; while Dr. Walker gave *Ferrum Phos.* and *Natr. Phos.* as an additional tonic, with good results; *Natr. Sulph.* was also given as the chief remedy in each case.

Ferrum Phos.—Diabetes, when there is a *quickened pulse* or when there exist pain, heat or congestion in any part of the system, as an intercurrent or alternate remedy.

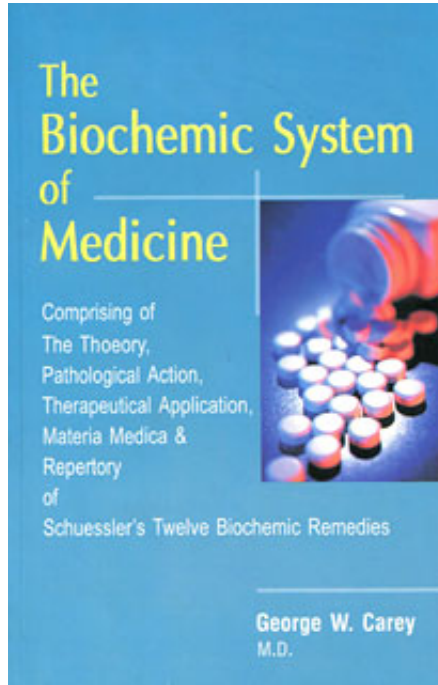
Calc. Phos.—Polyuria, with weakness, much thirst, dry mouth and tongue; flabby, sunken abdomen; craves bacon and salt. Glycosuria, when lungs are involved.

Kali Mur.—*Excessive and sugary urine. Great weakness and somnolence.* Note characteristic indications of this remedy.

Natr. Mur.—Polyuria; unquenchable thirst; emaciation; loss of sleep and appetite; *great debility and despondency.* 13

*Diabetic Coma, treatment by Insulin:*

In threatened or developed coma the stomach should be promptly emptied, preferably by lavage and liquids given at the rate of one liter every four hours, by mouth, if possible, otherwise normal saline with five per cent sodium bicarbonate rectally, by hypodermoclysis or intravenously in which case the amount should not exceed 1,500 c.c. in twenty-four hours. Glucose, twenty grams every four hours, and 20 to 50 units of Insulin should be administered until consciousness is regained unless sugar disappears from the urine when the amount of Insulin must be decreased. If the patient is unable to swallow, the Glucose five per cent with ten units of Insulin to the pint may be administered intravenously every third to fourth hour until the return of consciousness. The urine should be examined frequently and should continuously show the presence of a small amount of sugar to insure against a rapid fall in the blood sugar with a consequent hypoglycemia, any sign of which must be immediately combated by the further administration of glucose. Under this treatment, uncomplicated diabetic coma is rarely fatal.



George W. Carey

[The Biochemic System of Medicine](#)

Comprising of the Theorie, Pathological Action, Therapeutical Application, Materia Medica und Repertory of Schuessker's Twelve Biochemic Remedies

536 pages, pb  
publication 2003



More books on homeopathy, alternative medicine and a healthy life [www.narayana-verlag.com](http://www.narayana-verlag.com)