ISSN 2601-6397 (Print)
ISSN 2601-6400 (Online)
European Journal of Medicine and Natural Sciences
January - June 2023
Volume 6, Issue 1

The World's Burden of Diabetes During the Latest Three Decades

Abdullah M Nasrat

MSc., Zaitona Medical Cupping Center, Medina, Saudi Arabia

Abstract

The World's Burden of Diabetes During the Latest Three Decades Might Not Be on the Account of Type II Diabetes but on Potential Stress Diabetes; Type II Diabetes is Not Curable While Stress Diabetes Could Be Corrected. **Aim:** Demonstration of an observational association between the flaring challenge of ***Helicobacter pylori*** and the spreading world's diabetic phenomena during late three decades so that control of diabetes spread could be possible. **Background:** The spread of DM is rising all over the world in a dramatic way same as the fire spreading in hey especially in developing countries giving the term "diabetic epidemic" an actual credibility. The late three decades demonstrated rediscovery and antibiotic aggression towards ***H. pylori***, development of migrating ***H. pylori*** strains and flare up of diabetes mellitus. Any study which does not correlate between these findings of the last three decades is definitely not employing any clinical sense. ***H. pylori*** could be forced to migrate to the colon under the influence of the antibiotic violence with consequent accumulation of profuse toxic amounts of colonic ammonia unopposed or buffered by any acidity leading to a biological toxic stress to the body that could predispose to stress diabetes among disadvantaged susceptible population. Administration of oral hypoglycemic pills to a stressed pancreas constitutes an insistence to flog a tired horse turning a potential condition into an established chronic illness with consequent flare up of the diabetic phenomena all over the world. **Conclusion:** The world's spread of diabetes during latest three decades might not be on the account of type II dibetes but stress diabetes due to a potential toxic stress signifying that the diabetic condition could be corrected and the world's diabetes spread could be readily and adequately controlled.

Keywords: ammonia, diabetes, Helicobacter pylori, stress diabetes, type II diabetes.

Introduction

The widespread prevalence and the challenges constituted by ***Helicobacter pylori***; namely its close relation to acid peptic disease, gastric carcinoma and lymphoma have led to the widely-established improper unjustified medical concept that ***H. pylori*** eradication should be a necessary attempt. Although eradication regimens apparently eradicate ***H. pylori*** from the stomach; the emergence of antibiotic-resistant ***H. pylori*** strains, the severe side effects and the high costs are major drawbacks of these treatments particularly if it is proved that these

medications do not readily eradicate the bacterium but actually force it to migrate from the stomach elsewhere where adverse sequels could begin. The exact prevalence of the abnormal-behavior/existence migrating ***H. pylori*** strains constitutes lately more than 80-90% among population of developing countries (Volk et al, 1996; Farinha& Gascoyne, 2005; Nasrat et al., 2015a). More efficient, economic and friendly drugs need to be developed.

The latest reports in literature demonstrate a definite flare up of many medical challenges strictly related to ***H. pylori*** existence through immune or different unknown reasons. Autoimmune thyroiditis, autoimmune pancreatitis and idiopathic thrombocytopenic purpura are examples of these challenges (Farinha& Gascoyne, 2005). The flare up of these ***H. pylori***-related medical challenges is sufficient to denote that the current combined antibiotic eradication strategies are inadequate to control all the problems associated with the stomach bacterium.

H. pylori colonized the stomach since an immemorial time (Farinha& Gascoyne, 2005; Nasrat et al., 2015a); as if both the stomach and the bacterium used to live together in peace harmless to each other; what does this could mean!! Could ***H. pylori*** be a ntural innocent bacterium and falsely committed with pathologic crimes which are not induced by its own or it has been forced against its nature to the pathologic sequels related to it!! Could ***H. pylori*** have a real biologic function that could issue its innocence certificate!!

Aim

Demonstration of an observational association between the flaring up challenge of ***H. pylori*** and the spreading world's diabetic phenomena during late three decades so that control of diabetes spread could be possible.

Review

DM in developing countries has been lately described as the fire when spreads in hay giving the title "diabetic epidemic" an actual credibility (Al-Nozha et al., 2004 Nov). Traditional risk factors do not appear fully sufficient to explain this dramatic spread of diabetes in these countries; in a way that further indicates that the traditional measures employed to control the spread of the disease would never be adequate or decisive (Nasrat et al, 2015b).

The ill-decisiveness and the obvious length of the current ***H. pylori*** eradication treatment courses allowed the chance to the stomach bacterium to mutate or develop drastic or resistant strains. In addition, the aggression made by antibiotics could have forced this bacterium to hide or migrate where it could influence or compromise the immune system. (Farinha& Gascoyne, 2005; Nasrat et al., 2015a). Frankly and in scientific words, if ***H. pylori*** is a natural bacterium entitled for a biological function in the gut, then no power could overcome it except forcing it to migrate from its normal habitat of natural function where its biological value is sacrificed while complications and undesired pathologic dilemmas could rise up somewhere else (Nasrat, 2017).

DM, a disease of rich, which was once considered a disease of the developed world has become a worldwide pandemic resembling an ocean tusnami wave flooding the whole world with two thirds of the poor diabetic population living over the developing side of the globe. (Katulanda, 2006; Wissow, 2006). As much as the precise statistical revision strongly correlates between the prevalence of ***H. pylori*** and the flare up of DM in developing countries, it also reveals that the diabetic challenge was not as such in these countries before the antibiotic violence towards

H. pylori (Hossain et al, 2007; Einecke, 2006; Yach, 2006). The literature reports indicate that most of the diabetic patients in the world are inadequately controlled in spite of regular follow up of medications and extreme carefulness about style of life that could mean existence of a missed underlying environmental error influencing the challenge of diabetes (Nasrat et al, 2015b).

Discussion

A lot of controversy has been encountered as concerns the current strategies for ***H. pylori*** eradication. The efficacy of ***H. pylori*** eradication strategies, the appropriate length of treatment and the cost effectiveness, all appear controversial (Ikeda, 2001; Mason, 2002). Further reports in literature have devaluated the triple therapy and suggested a quadruple one (Songür, 2009).

H. pylori recurrence; whether it is gastric recurrence from dental plaques, fecal-oral recurrence or recurrence via meals is hardly avoidable (Nasrat et al, 2015a). The current antibiotic therapies appear to be successful only in forcing ***H. pylori*** outside the stomach to recur later or migrate and hide elsewhere mostly in the colon. The migrated ***H. pylori*** strains in the colon would continue producing ammonia for a reason or no reason leading to accumulation of profuse toxic amounts of ammonia, un-opposed or buffered by any acidity; this matter could constitute a biological toxic stress to the body that could lead to stress diabetes. Administration of traditional oral hypoglycemic pills to a stressed pancreas means an insistence to flog a tired horse leading to turn a potential condition into an established chronic illness with consequent dramatic flare up of the diabetic phenomena all over the world (Nasrat et al, 2015b).

A comparative study done in 2015 has demonstrated superiority of natural measures in the form of the potent naural senna purge extract and vinegar therapy over the anti-***H. pylori*** antibiotic eradication strategies (Nasrat et al., 2015c). The effectiveness and safety of natural measures in the management of the challenge of ***H. pylori*** have been also emphasized in further studies (Nasrat et al., 2015d; Nasrat et al, 2015e).

In a further study in 2015, the newly discovered diabetic condition has been successfully and permanently corrected in most patients of the study, 16 patients out of a total of 18 patients (88.9%), via mere colon care and colon clear employing natural measures namely the potent senna purge and vinegar therapy (Nasrat et al., 2015b).

In the light of the accurate determination of recent findings and statistics, a revision of the current guidelines for the management of ***H. pylori*** and newly discovered DM might be needed. It might be incorrect that the current world's burden of DM is on the account of type II diabetes. It seems that the antibiotic violence has obliged a domestic bacterium to become wild in attitude and sequels instead of getting rid of it. The stress element caused by the accumulated toxic amounts of colonic ammonia in leading to an onset of diabetes is not just hypothetical as upon the basis of this concept the diabetic condition has been readily and adequately corrected in good number of newly-discovered diabetic patients. (Nasrat et al., 2015a; Nasrat et al., 2015b).

Summary

H. pylori colonized the stomach since an immemorial time and it is leading in the stomach the natural behavior of biological bacteria in the gut. It seems clear that it is true whenever man

interferes severely in the nature dilemmas are brought up. ***H. pylori*** escapes from the stomach sacrificing its biological function in the stomach to do the good biological job in an improper site (Farinha& Gascoyne, 2005; Nasrat et al., 2015a). The onset and flare up of stress diabetes all over the world during the latest three decades due to accumulation of colonic ammonia of the migrating colonic ***H. pylori*** strains in profuse toxic amounts consequent to a third world antibiotic medical war against an innocent bacterium is not just a scientific fantasy as upon this concept the diabetic condition has been readily and permanently recovered among many newly-discovered diabetic patients via mere natural colon care and colon clear (Nasrat et al., 2015b; Nasrat et al., 2015f).

Acknowledgement

This study appreciates the clinical support of Zaitona Medical Cupping Center in Medina.

Conflict of interest

No conflict of interest is existing.

Conclusion

The world's spread of diabetes during the latest three decades might not be on the account of type II diabetes but on stress diabetes due to a potential toxic stress caused by accumulation of potential toxins in the colon signifying that the diabetic condition could be corrected and the world's diabetes spreading challenge could be readily and adequately controlled as type II diabetes is not curable while stress diabetes could be recovered.

It is worthy if this hypothetical concept of stress diabetes all over the world during the latest three decades and its direct etiologic association with the migrating ***H. pylori*** strains could find the attention of research investigators for its further assessment, revivision and accurate re-determination as rendering this concept valid would be quite promising for the welfare of the global healthcare.

References

[1] Al-Nozha M. M., Al-Maatouq M. A., & Al-Mazrou Y. Y., et al**.** (2004, Nov). Diabetes mellitus in Saudi Arabia. Saudi Med J, 25 (11), 1603-10.

[2] Einecke D. (2006, Apr 6). Like a tsunami: diabetes wave floods the whole world. MMC, 148 (14), 4-6.

[3] Farinha P., & Gascoyne R. D. (2005, May). Helicobacter pylori and MALT lymphoma. Gastroenterology, 128 (6), 1579-605.

[4] Hossain P., Kawar B., & El Nahas M. (2007, Jan 18). Obesity and diabetes in developing world-a growing challenge. N Engl J Med, 356 (3), 213-5.

[5] Ikeda S., Tamamuro T. & Hmashima C., et al. (2001, Nov). Evaluation of the cost effectiveness of Helicobacter pylori eradication triple therapy vs conventional therapy for ulcers in Japan. Aliment Pharmacol Ther, 15 (11), 1579-605.

[6] Katulanda P., Sheriff M. H., & Matthews D. R. (2006, Mar). The diabetes epidemic in Sri Lanka-a growing problem. Ceylon Med J, 51 (1), 26-8.

[7] Mason J., Axon A. T., & Forman D., et al. (2002, Mar). The cost-effectiveness of population Helicobacter pyroli screening and treatment: A Markov model using

economic data from a randomized controlled trial. Aliment Pharmacol Ther, 16 (3), 559-68.

[8] Nasrat, A. M. (2017). Biological benefits of Helicobacter pylori and the intelligence of juxta-mucosal ammonia. Am J Med Med Sci, 7 (7), 281-286.

[9] Nasrat A. M., Nasrat S. A. M., & Nasrat R. M., et al. (2015e). A comparative study of natural eradication of Helicobacter pylori Vs. antibiotics. Gen Med, S1,1.

[10] Nasrat A. M., Nasrat S. A. M., & Nasrat R. M., et al. (2015c). An alternate natural remedy for symptomatic relief of Helicobacter pylori dyspepsia. Gen Med, 3, 4.

[11] Nasrat A. M., Nasrat S. A.M., & Nasrat R. M., et al. (2015d). Characteristics of Helicobacter pylori-related dysglycemia. Gen Med 2015; S1 (4).

[12] Nasrat, A. M., Nasrat, S. A. M., & Nasrat, R. M**.,** et al. (2015a). Misconception and misbehavior towards Helicobacter pylori is leading to major spread of illness. Gen Med, S1, 2.

[13] Nasrat A. M., Nasrat S. A. M., & Nasrat R. M., et al**.** (2015f). The definitive eradication of Helicobacter pylori from the colon. Gen Med 2015; S1 :1.

[14] Nasrat S. A. M, Nasrat R. M., & Nasrat M. M., et al. (2015b). The dramatic spread of diabetes mellitus worldwide and influence of Helicobacter pylori. General Med, 3 (1), 159-62.

[15] Songür Y, Senol A., & Balkarl A., et al. (2009, Jul). Triple or quadripule tetracycline-based therapies versus standard triple treatment for Helicobacter pylori treatment. Am J Med Sci, 388 (1), 50-3.

[16] Volk W. A., Gebhardt B. M., & Hammarskjold M-L., et al. (1996, 5th Ed). Essential of Medical Microbiology. Lippincott – Raven., 377.

[17] Wissow L. S. (2005, May). Diabetes, poverty and Latin America. Patient Educ Couns, 61 (2), 169-70.

[18] Yach D., Stuckler D., & Brownell K. D. (2006, Jan). Epidemiologic and economic consequences of the global epidemics of obesity and diabetes. N Med, 12 (1), 62-6.