



REVIEW ON DIABETES MELLITUS 2

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ABSTRACT

Diabetes Mellitus is a chronic disorder of carbohydrates, protein and fat metabolism. It is one of the most common diseases world wide. It is a chronic disease in which prevalence has been increases all over the world. There is increase in prevalence in type 1 diabetes also. Type 2 Diabetes is a serious and common chronic disease resulting due to risk factors such as obesity and secondary lifestyle.

KEYWORDS: TYPE 2 DIABETES , Diagnosis, Management, Treatment

INTRODUCTION

Diabetes mellitus (DM) is probably one of the oldest diseases known to man. It was first reported in Egyptian manuscript about 3000 years ago.¹In 1936, the distinction between type 1 and type 2 DM was clearly made.²Type 2 DM was first described as a component of metabolic syndrome in 1988.³Type 2 DM (formerly known as non-insulin dependent DM) is the most common form of DM characterized by hyperglycemia, insulin resistance, and relative insulin deficiency.⁴ Diabetes mellitus is commonly referred to as a "sugar" and it is the most common endocrine disorder and occurs due to less secretion of insulin from pancreas. Type 2 diabetes occurs due to obesity and weight gain. In Diabetes mellitus insulin resistance occurs due to decrease in sensitivity of beta cells of "Islets of Langerhans".

• Epidemiology

It is estimated that 366 million people had DM in 2011; by 2030 this would have risen to 552 million.⁸The number of people with type 2 DM is increasing in every country with 80% of people with DM living in low- and middle-income countries. DM caused 4.6 million deaths in 2011.

• Classification of Diabetes Mellitus

1) **Insulin Dependent Diabetes Mellitus (Type 1 IDDM)** -This type of diabetes is depends on insulin and also called as autoimmune diabetes. Previously it is called as juvenile-onset or Ketosisprone Diabetes. Type 1 diabetes is occurs due to destruction of Beta cells of Islets of Langerhans. The rate of destruction of cells is variable. In type 1 diabetes mellitus there is absence of secretion of insulin from the cells. Treatment of type 1 diabetes mellitus include use of drugs that increases insulin secretion from pancreas or direct insulin injection is taken intravenously.

2) **Non-Insulin Dependent Diabetes Mellitus (Type 2 NIDDM)** Type 2 diabetes mellitus is also known as adult-onset diabetes. It occurs due to decrease in sensitivity of insulin. In this type of diabetes there is resistance of insulin takes place. Complications of diabetes mellitus includes that it affects the nerves, kidneys, eyes. It causes severe cardiovascular complications. The causes of type 2 diabetes are obesity, sedentary lifestyle, increasing age, genetic factors, and reactive oxygen species damage., such patients are at increased risk of developing macrovascular and microvascular complications and risk of generating type 2 diabetes.

3) Gestational Diabetes Mellitus

The diabetes that occurs during pregnancy is called as Gestational Diabetes Mellitus {GDM}. It generally consider recoverable diabetes with medications.

4) Other Specific Type (Monogenic Types)

Monogenic type of diabetes is a rare form of diabetes caused by mutation in single gene. They also referred to as genetic defects of beta cells. These forms of diabetes are frequently characterized by onset of hyperglycemia at an early age (generally before age of 25 years. They are also referred to as maturity onset diabetes of the young (MODY)^[12] or maturity-onset diabetes in youth or with defects of insulin action. Unlike type 1 or type 2 diabetes, which are polygenic and influenced by environmental and genetic factors, monogenic diabetes is inherited in a mendelian pattern.



- **Common Signs and Symptoms**

Some common signs and symptoms of type 2 diabetes are,

- 1) Increased thirst (Polydipsia)
- 2) Frequent urination (Polyuria)
- 3) Increased hunger (Polyphasia)
- 4) Unexplained weight loss
- 5) Fatigue or feeling tired easily
- 6) Blurred vision
- 7) Slow healing of wounds
- 8) Tingling, numbness or burning sensation in hands/feet
- 9) Darkened patches of skin

- **Causes of Diabetes Mellitus**

1. Reduced sensitivity of peripheral tissues to insulin- Decrease in sensitivity of insulin receptors causes decrease in secretion of insulin which causes hyperglycemia.
2. Excess of hormone glucagon causes hyperglycemia. Increased in glucagon hormone is due to obesity and other lifestyle factors.
3. Other rare forms of diabetes mellitus are those due to specific genetic defects (type 3) like “maturity onset diabetes of young” (MODY) other endocrine disorders, pancreatectomy and gestational diabetes mellitus (GDM).
4. Imbalance in specific receptors like GLP1 receptor, peroxisome proliferate activated receptor (PPAR γ) causes increase in blood sugar level which causes type 2 diabetes mellitus.

- **Pathophysiology**

The pathophysiology of diabetes mellitus explains how the disease develops inside the body. It varies depending on the type of diabetes, but the central problem is due to deficiency of insulin action- either due lack of its secretion or resistance to its action.

There is an increase in the breakdown of fat with hyperglycemia. In diabetes mellitus the beta cells of pancreas become unstable to produce sufficient insulin.

As a result of this dysfunction, glucagon and hepatic glucose levels that rise during fasting are not suppressed with a meal. Given inadequate levels of insulin and increased insulin resistance, hyperglycemia results. The incretins are important gut mediators of insulin release, dysfunction in these incretins causes hyperglycemia.

Dysfunctioning of the receptors like glucagon like peptide (GLP), peroxisome proliferative activated receptor (PPAR γ) also causes hyperglycemia leads to diabetes mellitus.

- **Treatment of Diabetes Mellitus**

Treatment of diabetes mellitus aims to maintain near normal blood glucose levels, prevent acute complications, and reduce long term complications.

- 1) General Treatment Measures (For all types)

- **Lifestyle modification**

- Balanced diet (low refined carbs, high fiber, controlled calories, reduced saturated fats).
- Regular physical activity (≥ 150 min/week of moderate exercise).
- Weight management (especially in overweight/obese patients).
- Avoid smoking and excess alcohol.

- **Monitoring**

- Regular blood glucose checks.
- HbA1c every 3–6 months.
- Monitor BP, lipids, kidney, eye, foot health.

- 2) Treatment of Type 1 diabetes mellitus –

- Insulin therapy is essential (lifelong)
 - a. Rapid acting insulin
 - b. Short acting insulin
 - c. Intermediate acting insulin



- 3) Treatment of Type 2 diabetes mellitus –
 - a. Lifestyle modifications (Diet, Exercise, Weight reduction)
 - b. Oral antidiabetic drugs
 - 1) Biguanides (For e.g Metformin, phenformin)
 - 2) Sulphonylureas (For e.g Tolbutamide, Glipizide)
 - 3) Meglitinides (Repaglinide, Nateglinide)
 - 4) Thiazolidinediones (Pioglitazone, Rosiglitazone)
 - 5) Alpha glucosidase inhibitors (For e.g Acarbose)
- 4) Treatment of Gestational Diabetes Mellitus–
 1. Diet and exercise
 2. If not controlled insulin is preferred(safe in pregnancy)
- 5) Treatment of Secondary and Monogenic Diabetes –
 1. Secondary DM : Treat underlying cause and control blood glucose level
 2. MODY(monogenic) :some types respond well to sulphonylureas instead of insulin
 3. Neonatal DM : Treated with insulin or sulphonylureas(depending on mutation)

• Management

Diabetes mellitus is a chronic metabolic disorder that requires lifelong management to maintain normal blood glucose levels and prevent complications. Through lifestyle and diet modification it can be managed. prevented by lifestyle modification. Patients with type 2 DM should receive a medical nutrition evaluation; lifestyle recommendations should be tailored according to physical and functional ability. Effective management requires a multidimensional approach including lifestyle modifications(Diet, Exercise).

• Conclusion

Diabetes mellitus is a chronic, progressive metabolic disorder characterized by hyperglycemia due to defects in insulin secretion, insulin action, or both. Effective management requires a multidimensional approach including lifestyle modification, patient education, pharmacological therapy(Oral hypoglycemic agents or Insulin).

REFERENCES

1. Kumar CR. *Basic Pathology, Prism PVT. Limited Bangalore, 5th edition, 1992, 569-587.*
2. Ross and Wilson. *Anatomy and Pathophysiology in Health and Illness, Churchill Livingstone Elsevier, 11th edition, 2010, 227-229.*
3. Bacchetta R, Passerini L, Gambineri E, Dai M, Allan SE. *Defective regulatory and effector T cell functions in patients with FOXP3 mutations, J Clin Invest. 2006; 116:1713-1722,*
4. Wassmuth R, Lernmark A. *The genetics of susceptibility to diabetes, Clin Immunol, Immunopathol. 1989; 53:358- 399,*
5. Atkinson MA, Eisenbarth GS. *Type 1 diabetes new perspectives on disease pathogenesis and treatment, Lancet. 2001; 358:221-229.*
6. Hoet JJ, Tripathy BB, Rao RH, Yajnik CS. *Malnutrition and diabetes in the tropics, Diabetes Care. 1996; 19:1014- 17,*
7. Tripathy BB, Samal KC. *Overview and consensus statement on diabetes in tropical areas, Diabetes Metab Rev. 1997; 13:63-76.*
8. Ahmed AM. *History of diabetes mellitus. Saudi Med J 2002. Apr;23(4):373- 378 [PubMed] [Google Scholar]*
9. *Diabetes mellitus history- from ancient to modern times. Available at <http://science.jrank.org/pages/2044/Diabetes-Mellitus.html> (accessed on 22nd July, 2011)*
10. Patlak M. *New weapons to combat an ancient disease: treating diabetes. FASEB J 2002. Dec;16(14):1853 10.1096/fj.02-0974bkt [DOI] [PubMed] [Google Scholar]*
11. Maitra A, Abbas AK. *Endocrine system. In: Kumar V, Fausto N, Abbas AK (eds). Robbins and Cotran Pathologic basis of disease (7th ed) 2005. Philadelphia, Saunders; 1156-1226. [Google Scholar]*
12. Chen L, Magliano DJ, Zimmet PZ. *The worldwide epidemiology of type 2 diabetes mellitus: present and future perspectives. Nature reviews endocrinology. Available at: www.nature.com/uidfinder (Accessed 22nd December 2011) [DOI] [PubMed]*
13. *Genetic basis of type 1 and type 2 diabetes, obesity, and their complications. Advances and emerging opportunities in diabetes research: a Strategic Planning report of the DMICC. www2.niddk.nih.gov/NR (Accessed 22nd December 2011).*
14. American Diabetes Association, *Diagnosis and classification of diabetes mellitus, Diabetes Care, 2014, 1. 13. DeFronzo RA, Bonadonna RC, Ferrannini E, Zimmet P. Pathogenesis of NIDDM, International Textbook of Diabetes Mellitus. 1997, 635-712.*
15. Lillioja S, Mott DM, Spraul M, Ferraro R, Foley JE, Ravussin E et al., *Insulin resistance and insulin secretory dysfunction as precursors of non-insulin-dependent diabetes, N Engl J Med. 1993;329:1988-92.*
16. Mooy JM, Grootenhuys PA, de Vries H, Valkenburg HA, Bouter LM, Kostense PJ et al., *Prevalence and determinants of glucose intolerance in a Dutch population, Diabetes Care. 1995; 18:1270-73.*
17. Harris MI. *Undiagnosed NIDDM, clinical and public health issues, Diabetes Care. 1993; 16:642-52,*



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18. Jun SK, Yoon YW. *A new look at viruses in Type 1 diabetes*, *Diabetes/Metabolism Research and Reviews*. 2002; 19:8-31.
 19. Boney CM, Verma A, Tucker R, Vohr BR. *Metabolic syndrome in childhood: association with birth weight, maternal obesity, and gestational diabetes mellitus* *Pediatrics*, 2005, 115.
 20. Alberti KGMM, Zimmet PZ. *The WHO Consultation. Definition, diagnosis and classification of diabetes*