

Diabetes type - psychosomatics? How not to prick insulin?

psychology homework

Question: Hello. Half a year ago, I was diagnosed with type 1 diabetes. Doctors said that diet, etc. do not have much importance, you only need to constantly prick insulin and adjust the dosage. We were at bioenergy, they said that this is psychosomatics. A lot of stress recently and in the family complex relationships, etc .. Tell me, can you help so as not to prick insulin?

Answer: Hello. Your situation is not fully understood as I do not know for what reason you are not recommended diet and psychotherapy, and that specifically I mean the doctor assuming psychosomatics.

The blood sugar level may indeed rise after complex emotional experiences, stress (not only psychological, but also physical - injuries, diseases, etc.). Initially, it can be episodic outbreaks and diet and psychotherapy are effective (the study of the very stress of factors that cause such a strong psychosomatic reaction). It often happens that a person who experienced such a leap, accompanied by a vegetative crisis (rapid heartbeat, weakness, dizziness, sweating, etc.) without having the ability to measure the level of sugar and does not suspect such an opportunity, it takes crisis for a panic attack and instead of To turn to the endocrinologist, begins to "be treated" from a panic disorder. In fact, the timely unloading of the body in the form of low-carb diets and psychotherapy of leveling stress factors are very effective.

At the same time, if a person knows that the reason in the "sugar jumps" or the so-called. "Presense", but continues to experience this stress (family situation, working atmosphere, etc.), in no way striving to level it, permanent hormonal imbalance leads to the development of diabetes mellitus. According to the mechanism of development, this is referred to psychosomatic diseases - psychosomatosis.

However, I want to draw your attention to the fact that the problem of "lifestyle" is basically 2 type diabetes. Diabetes is 1 more often associated with a congenital or genetic defect. And then it is not about the fact that stress (infections, medicines) destroy cells or disrupt the susceptibility of some tissues to insulin, and that beta cells are not initially produced in the desired quantity and it is incurable. Naturally excessive consumption of carbohydrates and constant nervous tension only worsen this situation.

In this case, psychotherapy can reduce the level of neuropsychic voltage, to make it possible to the client to produce stress leveling skills, including relaxation (autotraining, non-viewing trans, etc.) and form a new attitude to its body, regime and lifestyle, etc. At the same time, on the background of hormonal imbalance, clients with diabetes mellitus more than other somatic patients are prone to the development of a recurrent (repeated) depressive disorder. This is called secondary psychosomatics when psychological problems are developing against the background of the

disease itself. Passage of psychotherapy by supporting courses help warn depression and level the consequences associated with it. However, all this happens against the background of the use of insulin.

Another possible option is that the pancreas produces a sufficient amount of beta cells, but for some reason, immunity perceives them for strangers, attacks and destroys. This diabetes is sometimes called "one-time" since it is characterized by signs and 1 and 2 types. Like most autoimmune diseases for doctors, he leaves more questions than answers. It is more often associated with primary psychosomatics, since psychotherapy gives good results in his treatment. It is important for careful diagnosis, and if the doctor is confident that it is not about type 1 diabetes, psychotherapy can also be very effective, subject to control of all indicators. In general, it is the complex approach that makes it possible to conduct a better correction.

Anyway, about real cases of effective cure from diabetes of type 1 without using insulin therapy at the moment I am not known. While working with a psychotherapist has been proven to improve the quality of the patient's quality, improves overall health and reduces the likelihood of development of "diabetic complications", both psychological and psychosomatic.