



Research Article

Early Detection and Integrated Management of Diabetes Mellitus in Young Adults: Protocol for A Systematic Review with A Proposed Homoeopathic Clinical Management Framework

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Abstract

Background: The global incidence of diabetes mellitus among young adults has increased substantially over the past two decades, creating an emerging public health challenge. Early-onset diabetes is associated with accelerated disease progression, premature cardiovascular complications, reduced quality of life, and increased healthcare expenditure. Although international guidelines emphasise early diagnosis and comprehensive metabolic management, limited literature has explored the integration of individualised homoeopathic assessment within multidisciplinary diabetes care.

Objective: This protocol describes the methodology for a systematic review that will evaluate the current evidence on early detection and integrated management of diabetes mellitus in young adults and proposes an evidence-informed Homoeopathic Clinical Management Framework for individualized patient care.

Methods: The review will be conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) guidelines. Electronic databases including PubMed, Scopus, Web of Science, Embase, Cochrane Library, and Google Scholar will be systematically searched. Eligible studies will include randomized controlled trials, observational studies, systematic reviews, clinical guidelines, and relevant homoeopathic literature addressing early-onset diabetes mellitus in adults aged 18–40 years. Study selection, data extraction, and methodological quality assessment will be performed independently by two reviewers using standardized tools appropriate to the study design.

Expected Outcomes: The review aims to synthesize current evidence regarding early diagnosis, risk assessment, lifestyle interventions, pharmacological management, and the potential role of individualized homoeopathic care. Based on the evidence synthesis, an evidence-informed Homoeopathic Clinical Management Framework will be proposed to support clinical decision-making and identify priorities for future research.

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KEYWORDS: Diabetes Mellitus; Young Adults; Early Detection; Systematic Review Protocol; Homoeopathy; Integrative Medicine; Clinical Management; PRISMA 2020.

1. INTRODUCTION

Diabetes mellitus represents one of the fastest-growing non-communicable diseases worldwide and is increasingly affecting younger populations. Earlier onset of diabetes exposes individuals to prolonged hyperglycaemia, increasing the cumulative risk of microvascular and macrovascular complications during their most productive years of life. Recent epidemiological studies have reported a rising prevalence of type 2 diabetes among individuals aged 18–40 years, driven by obesity, sedentary lifestyles, unhealthy dietary patterns, genetic susceptibility, and psychosocial stress.

Early-onset diabetes differs clinically from disease developing later in life. Young adults frequently exhibit more aggressive metabolic dysfunction, faster β -cell decline, poorer glycaemic control, and earlier development of cardiovascular disease. Delayed diagnosis is common because symptoms may initially be subtle or attributed to lifestyle factors, resulting in missed opportunities for prevention and timely intervention.

Current international recommendations advocate early identification of high-risk individuals, comprehensive lifestyle modification, pharmacological therapy, and continuous monitoring. However, the complexity of diabetes management extends beyond glycaemic control and requires attention to psychological wellbeing, behavioural change, patient adherence, and individualized long-term care.

Within homoeopathic clinical practice, management is traditionally based on individualized case analysis considering physical symptoms, mental characteristics, constitutional features, and patient-specific clinical presentations. Although homoeopathy is used by patients with diabetes in several countries as a complementary approach, the published evidence remains heterogeneous and requires systematic evaluation. Furthermore, no structured framework currently integrates conventional evidence-based diabetes care with individualized homoeopathic clinical assessment in young adults.

The proposed systematic review seeks to critically evaluate the available scientific literature and develop an evidence-informed Homoeopathic Clinical Management Framework that may assist clinicians, educators, and researchers while clearly distinguishing evidence-supported recommendations from conceptual components requiring future validation.

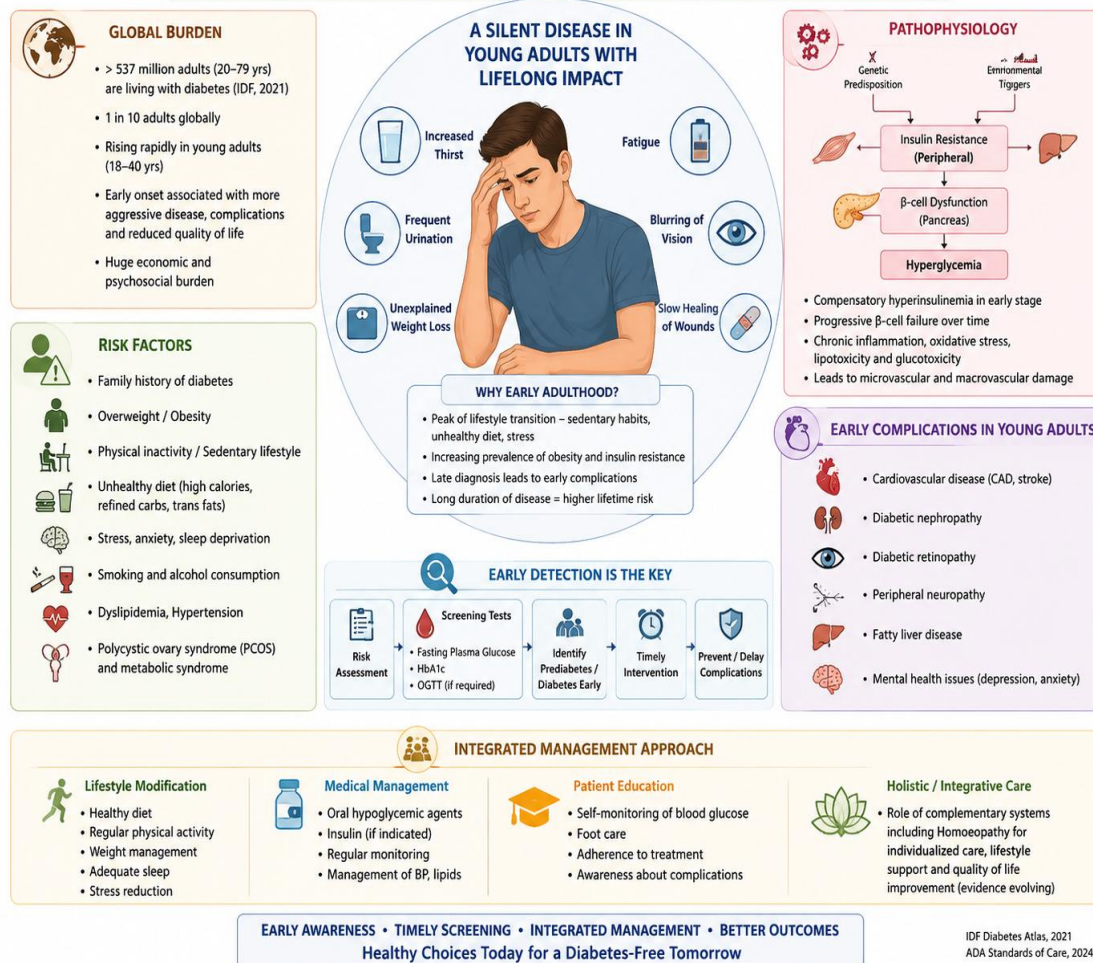
2. Rationale

The increasing incidence of diabetes mellitus among young adults represents a significant challenge for healthcare systems worldwide. Earlier disease onset is associated with prolonged exposure to hyperglycaemia, increased lifetime risk of complications, and greater socioeconomic burden. While advances in screening, diagnosis, pharmacotherapy, and lifestyle management have improved clinical outcomes, optimal long-term care remains difficult because of challenges related to adherence, behavioural modification, and individualized treatment planning.

Although homoeopathy is used as a complementary therapeutic approach in various healthcare settings, its role within integrated diabetes management has not been comprehensively synthesized. Existing publications vary considerably in methodological quality, clinical scope, and outcome measures, making it difficult for clinicians and researchers to interpret the available evidence.

A systematic review using internationally accepted methodology is therefore warranted to critically appraise the current evidence and identify research gaps. In addition, development of a structured Homoeopathic Clinical Management Framework may provide a transparent conceptual model for individualized assessment, therapeutic planning, follow-up, and future clinical research while remaining consistent with evidence-based practice principles.

DIABETES MELLITUS IN EARLY ADULthood (18–40 YEARS)



3. REVIEW OBJECTIVES

• Primary Objective

To systematically review the published evidence on the early detection and integrated management of diabetes mellitus in young adults and to develop an evidence-informed Homoeopathic Clinical Management Framework.

Secondary Objectives

- To summarize current evidence regarding risk factors and screening strategies for diabetes mellitus in young adults.
- To review contemporary diagnostic approaches and conventional therapeutic interventions.
- To evaluate published evidence relating to individualized homoeopathic management as a complementary therapeutic approach.
- To identify gaps in current knowledge and priorities for future research.
- To propose a structured Homoeopathic Clinical Management Framework for clinical practice and research.

4. Information Sources

The planned literature search will include the following electronic databases:

- PubMed/MEDLINE
- Scopus
- Web of Science
- Embase
- Cochrane Library
- Google Scholar

Reference lists of eligible studies and relevant guidelines will also be screened to identify additional publications.

Search Strategy

A comprehensive search strategy will combine controlled vocabulary (e.g., MeSH terms where applicable) and free-text keywords. Search terms are expected to include combinations of:

- Diabetes Mellitus
- Type 2 Diabetes
- Early-Onset Diabetes
- Young Adults
- Screening
- Early Detection
- Integrated Care
- Homoeopathy

- Individualized Treatment
- Complementary Medicine
- Clinical Management

5. Data Extraction Plan

A standardized data extraction form will be developed and pilot-tested before formal extraction. Two reviewers will independently extract data from all eligible studies to ensure consistency and minimize transcription errors.

The following information will be collected where applicable:

- Study identification (author, year, country)
- Study design
- Sample characteristics
- Participant demographics
- Diagnostic criteria for diabetes mellitus

- Type of intervention(s)
- Comparator(s)
- Duration of follow-up
- Outcome measures
- Clinical findings
- Statistical results
- Adverse events
- Key conclusions
- Study limitations

Any discrepancies in extracted data will be resolved by discussion or consultation with a third reviewer.

6. The homoeopathic perspective descriptively, indicating the traditional clinical indications while making it clear that these are based on homoeopathic literature rather than established evidence of efficacy for diabetes management.

Homoeopathic Medicine	Traditional Homoeopathic Clinical Picture	Common Indications in Homoeopathic Literature	Clinical Considerations
Syzygium jambolanum	Frequently discussed for hyperglycaemic states	Polyuria, polydipsia, glycosuria	Traditionally used by some homoeopathic practitioners; robust clinical evidence is limited.
Phosphoric acid	Mental and physical exhaustion	Fatigue, weakness, stress-related symptoms	Selection is based on individualized symptom similarity.
Uranium nitricum	Metabolic disturbances	Weight loss, excessive thirst, glycosuria	Reported in classical homoeopathic literature; requires further clinical evaluation.
Lycopodium clavatum	Digestive complaints with metabolic disturbances	Flatulence, abdominal symptoms, afternoon aggravation	Considered according to the totality of symptoms rather than diagnosis alone.
Phosphorus	Constitutional remedy	Increased thirst, nervous sensitivity, weakness	Used when the overall symptom picture corresponds to the remedy profile.
Natrum muriaticum	Constitutional and emotional features	Thirst, weight loss, emotional stress	Remedy selection is individualized.
Sulphur	Chronic constitutional prescribing	Heat intolerance, skin complaints, metabolic disturbances	Often considered in chronic constitutional prescribing.
Calcarea carbonica	Metabolic tendency with obesity	Obesity, perspiration, fatigue	Considered when constitutional features correspond.

Suggested footnote for the table

The medicines listed above are described according to classical homoeopathic literature. Their inclusion does not imply proven efficacy for diabetes mellitus. Selection of a homoeopathic medicine is traditionally individualized and should not replace evidence-based diabetes management. Patients with diabetes

should receive standard medical evaluation, monitoring, and treatment according to established clinical guidelines.

7. Table: Standard Dietary Regimen for Young Adults with Diabetes Mellitus

Component	Recommendation	Clinical Rationale
Total Energy Intake	Individualized according to age, sex, BMI, physical activity, and weight goals	Achieve and maintain a healthy body weight
Carbohydrates	45–55% of total daily energy, emphasizing low-glycaemic-index, high-fibre carbohydrates	Improves glycaemic control and reduces postprandial glucose excursions
Protein	15–20% of total daily energy (≈ 0.8 – 1.0 g/kg/day for most adults, adjusted for kidney disease)	Supports muscle mass and satiety
Fats	25–35% of total daily energy, emphasizing unsaturated fats	Reduces cardiovascular risk
Dietary Fibre	≥ 25 – 30 g/day from vegetables, fruits, legumes, and whole grains	Improves glycaemic control and gastrointestinal health
Vegetables	≥ 3 – 5 servings/day (especially non-starchy vegetables)	Rich in fibre, vitamins, and antioxidants
Fruits	1–2 servings/day of whole fruits; avoid fruit juices	Provides micronutrients with lower glycaemic impact than juices
Whole Grains	Prefer whole grains over refined cereals	Improves insulin sensitivity
Legumes	2–3 servings/week or more	Excellent source of fibre and plant protein
Dairy	Low-fat or unsweetened dairy products	Supports calcium intake while limiting saturated fat
Sugar	Minimize added sugars and sugar-sweetened beverages	Reduces excess calorie intake and hyperglycaemia
Salt (Sodium)	$< 2,300$ mg/day (or lower if clinically indicated)	Helps control blood pressure
Water	Adequate hydration (approximately 2–3 L/day unless medically contraindicated)	Supports overall metabolic health
Alcohol	If consumed, in moderation and with food; avoid if contraindicated	Reduces risk of hypoglycaemia and excess calorie intake
Meal Timing	Regular meal pattern; avoid prolonged fasting or frequent overeating	Supports stable blood glucose levels

Recommended Foods**Encourage**

- Whole grains (oats, brown rice, whole wheat, millets)
- Green leafy vegetables
- Non-starchy vegetables
- Whole fruits (berries, apples, citrus fruits)
- Pulses and legumes
- Nuts and seeds (in moderation)
- Fish and lean poultry (if part of the individual's diet)
- Low-fat dairy products
- Olive oil and other unsaturated vegetable oils

Limit

- Refined flour products
- Sugar-sweetened beverages
- Sweets, confectionery, and desserts
- Ultra-processed foods
- Fried foods
- Foods high in saturated and trans fats
- Excessive sodium intake
- Processed meats

Lifestyle Recommendations

- At least **150 minutes/week** of moderate-intensity aerobic physical activity.
- Resistance training **2–3 days/week**, unless contraindicated.
- Maintain **7–9 hours** of quality sleep per night.
- Stress reduction through mindfulness, yoga, or other evidence-based approaches.
- Smoking cessation.
- Regular monitoring of body weight, blood pressure, HbA1c, and lipid profile.

8. Proposed Homoeopathic Clinical Management Framework (Conceptual)**HEDI Framework (Homoeopathic Early Detection and Integrated Management Framework)****Purpose:**

The HEDI Framework is proposed as a **conceptual, evidence-informed clinical model** to support individualized homoeopathic assessment alongside established diabetes screening and management practices. It is intended for future evaluation and should not be interpreted as a validated clinical guideline.

Step 1 – High-Risk Identification

- Family history
- Obesity

- Sedentary lifestyle
- Gestational diabetes history
- Metabolic syndrome
- Hypertension
- Dyslipidaemia
- Lifestyle assessment

Step 2 – Early Clinical Detection

- Fasting plasma glucose
- HbA1c
- Oral glucose tolerance test (when indicated)
- BMI and waist circumference
- Blood pressure
- Cardiovascular risk evaluation

Step 3 – Individualized Homoeopathic Assessment

- Detailed case taking
- Mental generals
- Physical generals
- Characteristic symptoms
- Constitutional assessment
- Miasmatic evaluation
- Repertorial analysis
- Materia Medica differentiation

Step 4 – Integrated Therapeutic Management

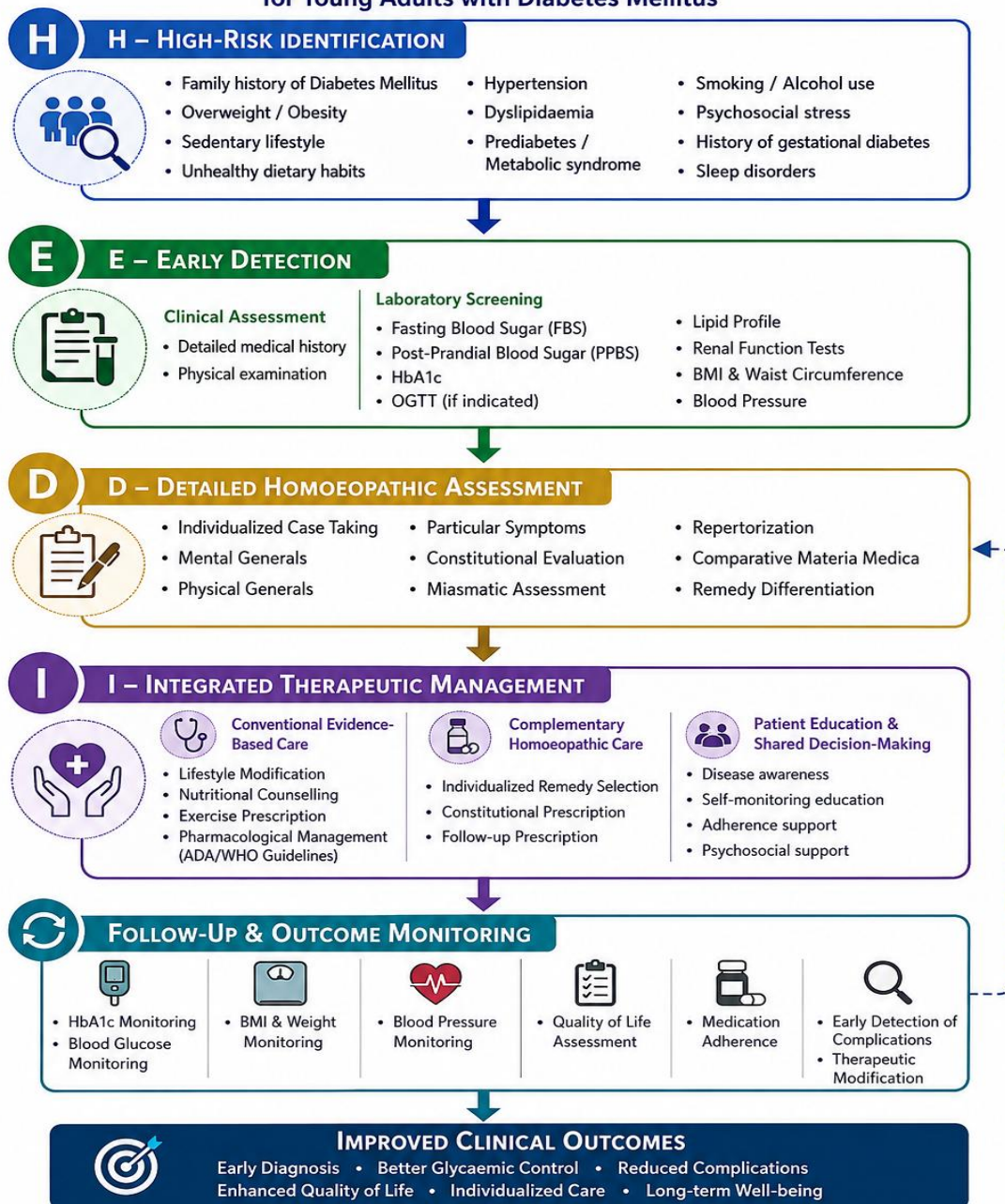
- Lifestyle modification
- Nutritional counselling
- Physical activity recommendations
- Standard evidence-based medical management
- Individualized homoeopathic prescription (as complementary care where appropriate)
- Patient education
- Shared decision-making

Step 5 – Monitoring and Follow-up

- HbA1c monitoring
- Glycaemic control
- Weight and BMI
- Blood pressure
- Medication adherence
- Quality-of-life assessment
- Monitoring for diabetes-related complications
- **Note:** The HEDI Framework represents a conceptual model derived from evidence-informed

HEDI FRAMEWORK

Homoeopathic Early Detection and Integrated Management Framework for Young Adults with Diabetes Mellitus



Note: The HEDI Framework is a proposed conceptual model integrating early detection, evidence-based conventional management, and individualized homoeopathic care. It requires prospective clinical validation before routine implementation.

9. Ethical Considerations

As this study is a systematic review protocol involving analysis of published literature, it does not involve direct human participants, identifiable personal data, or biological specimens. Consequently, formal institutional ethics committee approval is generally not required. The review will be conducted in

accordance with accepted standards of research integrity, transparency, and responsible reporting.

10. Dissemination Plan

The completed systematic review will be submitted to a peer-reviewed international journal in the fields of diabetes,

integrative medicine, or homoeopathy. Findings may also be presented at national and international scientific conferences and disseminated through academic seminars, continuing medical education activities, and institutional repositories to support evidence-informed clinical practice and future research.

11. Author Contributions (CRediT Taxonomy)

Author 1: Dr. Kailash Chandra Jain: -

Conceptualization; Methodology; Investigation; Data Curation; Writing – Original Draft.

Author 2: Dr Balunnavar Smita Balchandra: -

Methodology; Validation; Formal Analysis; Writing – Review & Editing.

Author 3: Dr Mohit A.Somani: -

Supervision; Visualisation; Project Administration; Final Approval of the Manuscript.

All authors will review and approve the final version prior to submission.

12. Funding Statement

No external funding has been secured at the protocol stage. Any future financial support received during the conduct of the systematic review will be fully disclosed in the final publication.

13. Conflict of Interest

The authors declare no competing financial or non-financial interests related to this protocol.

14. Data Availability Statement

No primary datasets have been generated during the preparation of this protocol. Following completion of the systematic review, extracted data, search strategies, and supplementary materials will be made available upon reasonable request or through an appropriate public repository, where applicable.

15. DISCUSSION

The increasing prevalence of diabetes mellitus among young adults has emerged as a major global public health concern. Earlier disease onset is associated with prolonged exposure to hyperglycaemia, accelerated progression of microvascular and macrovascular complications, diminished quality of life, and increased lifetime healthcare costs. Consequently, strategies that emphasize early identification, risk stratification, timely intervention, and long-term follow-up are becoming increasingly important in contemporary diabetes care.

Although international clinical guidelines provide comprehensive recommendations for screening, diagnosis,

lifestyle modification, pharmacotherapy, and monitoring, comparatively little attention has been directed toward the integration of individualized complementary approaches within evidence-based diabetes management. Homoeopathy is widely practiced in several countries as a complementary system of medicine; however, the available literature is heterogeneous with respect to study design, methodological quality, intervention characteristics, and reported outcomes. This variability underscores the need for a rigorous systematic review that critically evaluates the current evidence using internationally accepted methodological standards.

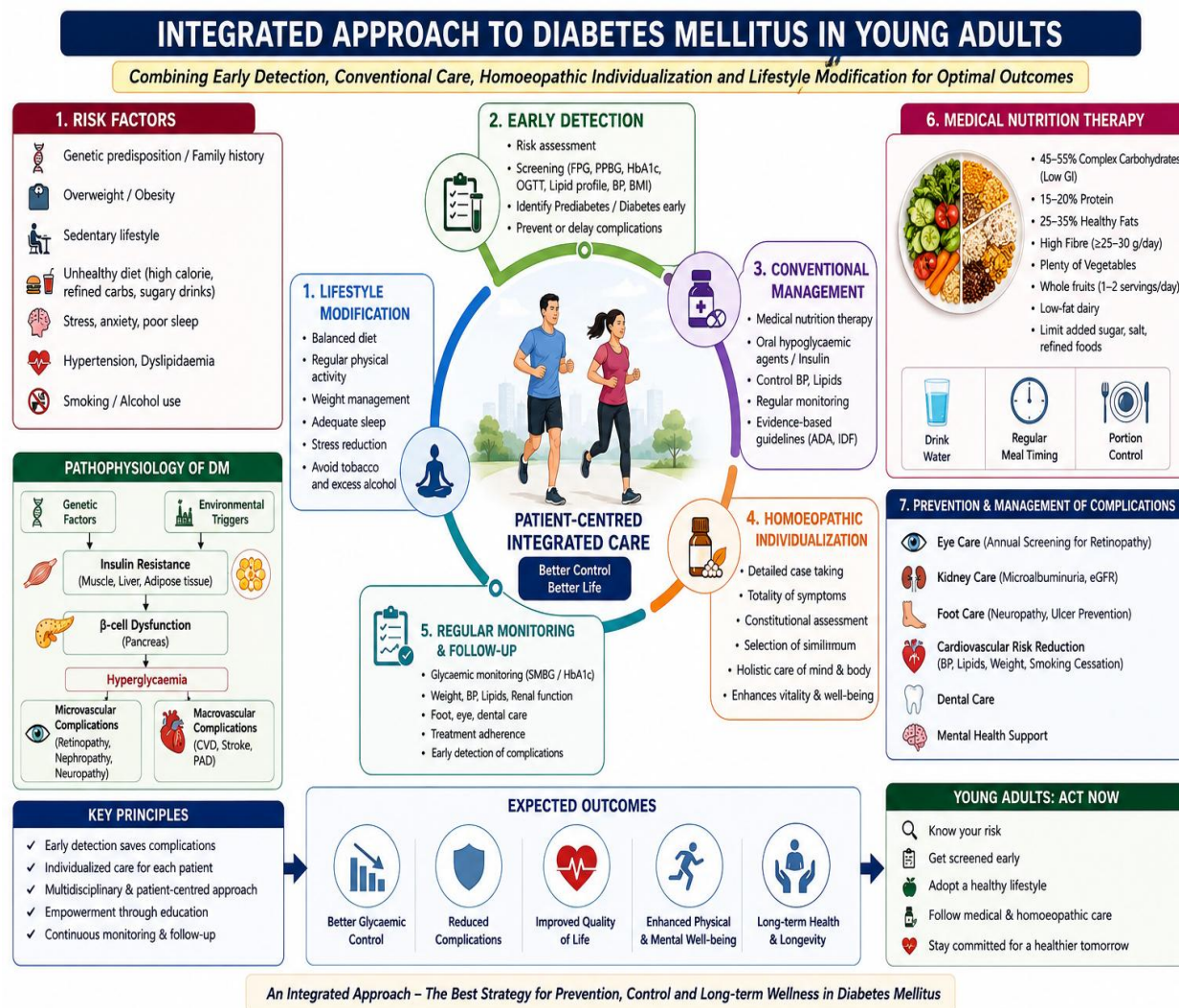
The present protocol has been developed in accordance with the PRISMA 2020 Statement to ensure transparency, reproducibility, and methodological rigor. The planned review will comprehensively examine published evidence related to early detection strategies, integrated diabetes management, and the role of individualized homoeopathic care in young adults. The findings are expected to identify areas supported by evidence, highlight methodological limitations in the existing literature, and reveal important knowledge gaps requiring future investigation.

A distinctive feature of this protocol is the proposal of the **HEDI (Homoeopathic Early Detection and Integrated Management) Framework**. The HEDI Framework is presented as an evidence-informed conceptual model designed to organize clinical assessment, individualized homoeopathic case analysis, conventional diabetes management, lifestyle counselling, and structured follow-up into a single clinical pathway. It is intended to facilitate systematic clinical decision-making and stimulate future research rather than replace established evidence-based medical care. The framework should therefore be regarded as a hypothesis-generating model requiring prospective validation through well-designed clinical studies.

The anticipated strengths of the proposed review include a comprehensive literature search across multiple international databases, predefined eligibility criteria, standardized risk-of-bias assessment, and transparent evidence synthesis. Nevertheless, potential limitations should be acknowledged. These include expected heterogeneity among study populations, interventions, outcome measures, and methodological quality, as well as the possibility of publication bias and limited availability of high-quality homoeopathic clinical trials.

Future research should focus on multicentre randomized controlled trials, standardized outcome reporting, long-term follow-up studies, health-economic evaluations, patient-reported outcome measures, and validation of integrated clinical management frameworks such as HEDI. Such investigations may strengthen the evidence base for multidisciplinary management strategies and improve individualised patient care.

Integrated Approach to DM type 2: -



16. CONCLUSION

This protocol outlines a systematic and transparent methodology for reviewing the available evidence regarding the early detection and integrated management of diabetes mellitus in young adults. By adhering to PRISMA 2020 and internationally accepted standards for systematic reviews, the proposed study aims to provide a comprehensive synthesis of current knowledge related to screening strategies, diagnostic approaches, conventional management, and the potential role of individualized homoeopathic care as a complementary component of integrated diabetes management.

In addition to synthesizing the existing literature, this protocol introduces the **HEDI (Homoeopathic Early Detection and Integrated Management) Framework**, a conceptual clinical model intended to support structured patient assessment, individualized therapeutic planning, lifestyle modification, follow-up, and outcome monitoring. The framework is proposed as an evidence-informed model for future investigation and should not be interpreted as a validated

clinical guideline until supported by prospective clinical research.

The completed systematic review is expected to identify strengths and limitations within the current evidence, provide recommendations for clinical practice where appropriate, and establish priorities for future research in integrative diabetes care. Ultimately, this work seeks to contribute to the development of patient-centred, evidence-informed, and multidisciplinary approaches that promote earlier diagnosis, optimized disease management, improved quality of life, and better long-term outcomes for young adults living with diabetes mellitus.

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