

# An Array of Cases

**ABSTRACT:** In recent years, the global community has been preoccupied with the threat of a resurgence of infectious diseases, like Tuberculosis, HIV-AIDS and Ebolavirus. The staggering data on Diabetes Mellitus is thus likely to be ignored. Approximately 171 to 194 million people in the world suffer from the disease. This is expected to go up to 330 million by the year 2025- a doubling within a single generation. This Monster of Diabetes Mellitus is growing in epidemic proportion in the 21<sup>st</sup> century.

**Dr SHIRISH PHANSALKAR MD**  
**Dr PRAVIN BHARGAT MD**  
**Dr BHUSHAN KALUSKAR MD**  
 Diabetes Special OPD, ICR, Pune Branch

## RESEARCH:

A systemic and detailed study has been carried out at Dr M.L. Dhawale Memorial centre for the last 10 years, which showed the following statistics.

## SYMPTOMATOLOGY

Presentation	Meaning	Susceptibility Zone	percentage
<b>Asymptomatic</b>	No symptoms Diagnose accidentally done on routine check up	Low	20%
<b>Symptomatic with common (diagnostic) symptoms</b>	Common symptoms of the disease viz. polyuria Polydypsia etc present with varying intensity	Moderate	40%
<b>Symptomatic with individualizing symptoms present</b>	Characterative causative factor or <&gt; factors concomitant symptoms present	High	30%
<b>Diabetic complications</b>	Presentation through complications like nephropathy, ophthalmic, cardiac, etc	Low	10%

**REMEDIES INDICATED**

Miasm	Symptoms	%
	Mental stress related hyperglycemia normalcy maintained once stress factors are kept away.	5
	Asymptomatic, obesity related. Slow-onset, progress and late development of complications. BSL not showing much fluctuations	30
	Rapid onset, progress and complications. Frequent infections. loss of wt. In a short time. BSL fluctuating with rapidly evolving debility++	50
	Rapid degenerations-ulcerations, vascular complications	15

**MIASMATIC CORRELATIONS**

No	Drug Category	%	Specific	
1	Organ Remedy	20	Syz j	Rhus-arom
			Gymnema	Lycopus
			Carlsbac	
			Uran nitrite	Vanadium
			Insulin	Hydrengia
2	Constitutional remedy	70	Magnesium Group	
			Calc-c	
			Nat-mur, Nat-sulph	
			Silicea	
			Kali-carb	
			Kali-bich	

Following are few illustrative cases,

**CASE NO 1: INTERCURRENT**

Name: Ms. S.K. Age: 21 yrs, female, unmarried.  
Religion: Hindu. Occupation: Student

**CHIEF COMPLAINTS:**

JUNE 2002: General weakness for 3 months mostly in evenings; cramps in legs in the evening more after exertion, for 3 months.  
JAN 2003: Sugar +++ Acetone =0.

Feb to Aug 2003: complaints of polyuria with sweet smell urine and burning during urination. Urine-sugar<sup>3+</sup>, no other abnormality.

Sept 2003: Rt Eye: Twitching with pooling sensation in Rt Eye. More during exams. Appetite, thirst, perspiration, fundoscopy: Normal.

Last one year: Weight loss of 2 kgs and complaints of cramps in legs Rt > Lt with pains on and off more after exertion and in the morning.

head vertex since VIII Std. 1/1-1/12mth for 5-6 hours	Throbbing 2 pains	<Exams before <Sun 2 <Jar <Long reading <strain <study after >TIGHT 3 BINDING	light=0 Nausea, 0 Noise=0
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mind 2001 for 6-8 weeks Now rarely	Concentration Crowding of thoughts	<F=M <tension >Hom Ry
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skin face back since 2-3 years	acne pains + scars + pus +	<MB
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14.10.89:

Echocardiography: N

25.12.03: USG – No evidence of pancreatic pathology

22.12.03: Insulin 5.70 (5-25)

22.12.03: C Peptide 1.40 (0.8 – 4)

Glycosylated Hb 9.30 (Above 8 is poor control)  
FBSL 292.

LIPID PROFILE: S Chol 171, S Trigly 76, S HDK 64, S LDL 92

Hb 14.10, WBC -- 9700,

N 79, E-1. L-18

URINE: Glucose 2+, Acetone – present – Trace.

Alb. – Absent, U. Micro albumin – 20 (0-30)

Physicals:

Short stature, whitish complexion

Perspiration-axilla, palms-stains red-yellow fast++ odour+

Cravings-chicken<sup>2</sup>, salt, sweets<sup>3</sup>

Stools: 1/2 days

**MENSTRUAL FUNCTION:** : FMP VII Std. Regular 3-5/28 days. Dark red, clots+, STAINS FAST- Red yellow++. MB: Backache. MD: Weakness<sup>2</sup>, Abd pains<sup>2</sup>, backache<sup>2</sup>, stitching. Vomiting, Nausea<sup>2</sup>, fainting if severe.

**LIFE SPACE:**

Parents used to have frequent fights. Father would come in a drunken state because of which mother used to fight. Pt used to feel lonely, would cry and ask for only milk. Father used to pamper her. Mother used to shout at both father and daughter. Pt did not have many close friends. Quite close to her MGF/MGM. Pt's sleep used to get disturbed in such situations. Pt had fear of dark, water. Average -70% marks. Games, arts, drawing, dramas were her hobbies. Wanted to be a doctor. "Doctors really care for you is what I experienced in childhood..." Pt was in a lot of tension between 2000 to 2003. 2001 her father was accused in a fraud in which he was not involved. Pt.'s father was a clerk cum accountant. It was a brutal shock to her. She could not go out, could not sleep. She used to get dreams of murder, throttling of throat. During this time she could not face exams. She went back to hostel but thoughts, insecurity frustrations could not leave her. Pt had a lot of anger about her hostel friends. Pt. felt immensely as if she was boycotted. One day because of weakness, she fainted in practical. Pt. was in immense helplessness, anger, insecurity, frustrations. Since that episode of her father she has come quite close to her mother. Today she blames her father for everything that has occurred.

**TOTALITY:**

Emotional suppression

Repression of emotions

Expression in: Dreams, Head, Pancreas

Devoid of love

Staining indelible discharges: Menses, perspiration

Chilly

P/H/O and F/H/O - TUB

**REMEDY:** Mag-carb.

Date	Sleep / Dreams	Anxiety / Concomitants	Headaches	Dysmenarchea	Leg cramps	Weakness	Weight	FPP	Urine	Lipid Profile	Acne
	1	2	3	4	5	6	7	8	9	10	11
27.12.03											
15.01.04	>+>	>		0 >2	>	>		F185		LMP 8.1.04	+
								PP264	U Acetone Alb		
								LS+			
01.02.04	>2/	<		0	>2	1	42kg	F168 PP208	Aceturu = 0 US+ Alb=0		
	starting + but sleep fresh							BP 110			
	dreams = 0 for 2kg								72		
	since 1 wk - Last dose of mag phos.							P-801			
	dreams starting+										

Date	Sleep / Dreams	Anxiety / Concomitants	Headaches	Dysmenarchea	Leg cramps	Weakness	Weight	FPP	Urine	Lipid Profile	Acne
03 03 04	>2	>2	0	0	>2	+	40kg	F198 PP233	VS++ Alb-0 Acetone 6	+	
	last wk Severe throat infection with fever										
05 05 04	busy in Exams And college activities						40kg		u Alb-0 acetone-0		
	diet and exercise no medicines activities for 1 month										
	F-200		FP-250								
	+	+			2+	+	39kg		U Alb-0 Acetone-0		
			1/2 wks		LMP 7.4.04						
5.5.04								Adv. Glys	S Insulin Lipid Profile		

A dose of *Tuberculinum* was introduced on 05/ 05/04

Date	Sleep / Dreams	Anxiety / Concomitants	Headaches	Dysmenarchea	Leg cramps	Weakness	Weight	F/PP	Urine	Lipid Profile	Acne
04.06.04	>2	>2	0	>2	>+	>+	40 kg	F-122 PP 130	US+ Alb-0 Acetone		
						Other Investigation done	Money<				
29.06.04			2 +	0		41 kg	F-112 - PP 120				
						LMP 28.06.04					
	1 st - 3 wks >3					Gly Hb 6.2					
	Dreams of water					F Insulin 19.40 (N 5-25)					
						C peptide 2.80 ICU (N 08 4 0) ng/ml					
04.08.04	>3	0	0	0		425 kg	F- 98 PP 122 BP 110/78 P76/	US+ Alb. 0 Acetone	-2		

#### SYNOPSIS:

F/H/O, P/H/O Tubercular Miasm ++  
Indicated Remedy *Mag-c* didn't show adequate response. After introduction of *Tuberculinum* drastic changes in BSL and C-Peptide levels were seen. **Miasm** needs proper treatment with a suitable **intercurrent**.

#### CASE NO 2: CONSTITUTIONAL

Mrs. S.C., 52 Yrs. F, Married, Housewife

**PHYSICALS:** Obese, Pot bellied

Height around 5 feet, Wheatish complexion  
Round face, short neck, Dark circles around eyes with sagging of skin below the eyes, small palms and feet. Slow in her work, narrated her complaints in simple tone.

#### CHIEF COMPLAINTS:

K/C/O DM – II Since 15 years on O H A and insulin of late

HT – Since 15 years on anti hypertensives.

Renal angioplasty, CABG done on 26<sup>th</sup> Feb. 04  
Came with complaints of 6 months on and off drowsiness. Oligurea

Burning micturition

Itching all over the body

Breathlessness at slightest exertion

Facial edema < Early morning Anorexia

Decreased thirst

Weakness<sup>3+</sup>

Vomiting < eating /drinking

#### TOTALITY:

Fat, flabby, short statured

Sycotic

Fearsome

Dreams frightful, dead relatives

< Cold air<sup>3</sup>

< Winter<sup>3</sup>

< Sun

< Menses before

#### CRAVINGS:

Sweet<sup>3</sup>, Potatoes<sup>2</sup>,

Sour<sup>3</sup>

Perspiration profuse more on scalp and back

Perspiration sour odour, staining yellow

Chilly

No.	Date	Symptoms	Follow Ups			Investigations						Hb	Action				
			BUL	S Creat	BSL (F)	BSL (PP)	Na	K	CL	Prot	Glue			Urine Pus Cells/hpg			
1	28/6/2005	Vomiting & all c/o	123	4.1	BS2 @ 248				149	5	101	Tr	Tr	8-10	5-8	9.8	C.C. 30 Stat Diet & Exercise regularly
2	30/6/2005	Urine output improved low GI, Urin C/o	112	4.5	129	133	141	4.9	103	Tr		Occ	Occ				SL
3	1/7/2005				121	134					Tr		Occ	Occ			SL
4	2/7/2005	Increased Appetite, Urine output improved	104	3					139	4.3	101	Tr		1-2	3-4		SL
5	5/7/2005				95	103											
6	6/7/2005		80	2.1	121	130	141	4.2	103			Abs	1-2			10	SL
7	8/7/2005		71	2	123	147	138	4.6	103			Abs	Occ	Occ		9.2	SL
8	13/7/2005	Backache, feversh feel	67	1.9	105	183	141	4.8	102							11	C.C. 30 Stat
9	20/7/2005	Sensitivity parameters improved	83	2.1	124	208	144	4.6	102			Occ	4-5			9.6	SL
10	27/7/2005	dreams frigtful, low urin	52	1.2	115	147	141	4.1	101	Tr		3-4	Granular Cast	Occ		10	SL
11	9/8/2005	Gradual decrease in C/o	59	1.7	110	168	141	4.2	103					15-20		11	SL
12	16/8/2005		58	1.7	120	163											SL
13	23/8/2005		54	1.8	101	149											SL
14	29/8/2005		49	1.7	104	115											SL
15	6/9/2005		38	1.6	110	148											SL
16	12/9/2005				76	103											SL
17	19/9/2005				82	122											SL
18	27/9/2005				127	161											SL
19	4/10/2005	All c/o >, Urine >, Pains >	71	1.8	103	152											SL

Patient is under observation.

**SYNOPSIS :**

1. Irreversible changes in heart, nerves and kidney.
2. Medium potency with very few repetition-altered the functioning of kidney
3. Insulin dose reduced after constitutional medicine started working.
4. BSL and complications checked in time.

**CASE NO3: PHASE REMEDY**

Name : Mr. R.S., 55 yrs., male, married.

Religion : Jain.

Addiction: Nil, Tea (5/6 cups per day)

EDUCATION: MBBS. OCCUPATION: Businessman

FEATURES: Tall, Semi Bald, having typical Jain features

**CHIEF COMPLAINT:**

Weight loss since last 8 months  
Muscular cramps particularly in lower limbs  
Weakness

Perspiration

BSL: F - 186, PP - 205 Apr 2000

Palpitation more frequently since last 3 months  
Palpitation reduced since last 1 ½ months when Eltroxin tablet is reduced to half dose as well as weakness.

**CONCOMITANTS**

Apathy indifferent  
Thirst decreased  
Feels like covering  
Aversion fan

**ASSOCIATED COMPLAINTS:**

NOSE	Coryza	< Exam	Hot 2
Daily for	Acrid	< Evening	
2 hrs	Burning	Weather	
1970-76	Sneezing <sup>3</sup>		
Thyroid	Sluggish	Eltroxin	

**Physical conditions:**

Weight 80 kgs  
Height 5 feet 10 inches  
General conditions are good.

Reactions to surroundings: Good

ENVIRONMENT: Cold weather

**FAMILY HISTORY:** Father had diabetes. 2 sisters with Hypothyroidism

**PREVIOUS ILLNESS:** Hypothyroidism since 10 yrs.  
Blood pressure as detected

**LIFE SPACE:**

**FAMILY MEMBERS:** Wife – Housewife, Two daughters, both are educated. Financial responsibilities and strain at present. Lives in joint family, is a Goldsmith. Father was quite strict, irritable person in case of religious matter. Mother was also religious. There were 8 brothers including 4 real brothers. As a child, pt was quite angry, used to hit anyone who used to contradict him. Pt was influenced by his elder brother. Eldest of the brothers got himself separated and started dealership of agricultural products. Second bother suggested pt to take some other field than going for family business, because of which he took admission in MBBS. After 3 yrs of practice, he found himself alien in the field. He used to divert his pts to other doctors. Within the same period, elder brother got setback in his business and decided to sell business. Pt took it as a challenge and decided to jump into the business. Now he is the topmost dealer in the surrounding districts. Last few yrs, he was doing both the jobs simultaneously. Because of stress, he decided to leave his practice and took it as a self

punishment. Even though professionally he was doing well, family life was not so easy. After the eldest brother separated, family was separated. Pt. supported his brother against his family but once he got settled, he didn't ask pt for anything. This was the most distressing for pt. There were many such incidents, and now he does not get involved in family matters.

Drastic change in Totality since onset of Diabetes viz.

Irritable → Indifference, Quiet

Hot Patient → Chilly

Thirst → Thirst less

Perspiration → Sweating with Debility

Constitutional *Ferr-iod* → *Phosphoric Acid*

**FOLLOW UP :UP**

After *Phos-acid* [which was given for 2 months] change in Mind, BSL and thermal.

BSL levels remained in normoglycemic levels F: 90-110 and PP: 110-140. Still patient is under observation.

**CASE NO 4: ORGAN REMEDY**

Name : Mr. V. P., 60, yrs., male, married.

Religion : Hindu. Education : B.Sc. (Chem)

OCCUPATION: Retired from Chemical factory as Sr. Chemist in 1998

Chief Complaints:

**Polyuria** – at night 4 to 5 times, during day 8 to 9 times since 1 mth

Detected DM in 1993 BSL = F – 261, PP – 400, US = F – 3+, PP – 4+

**HYPERTENSION: D** – detected at routine check up since 1990 on treatment Depin – OD

**INVESTIGATIONS**

BSL range from 1993 to 2000

BSL – fasting 210 -270mg%, US – fasting 3+, PP 300- 400mg%, PP 4+

P/H/O: – Enteric fever – at 38 yrs for 8 days better with allopathic treatment for 2 weeks

Chicken pox – in childhood

F/H/O: nothing particular

PATIENT AS PERSON

CRAVING: sour

PERSPIRATION: face+

**THERMAL:** Ambithermal

**SLEEP:** sound

**DREAMS:** occasional animals, about office work

**LIFE SPACE:**

This Brahmin family comes from Pen. Father was a Primary School teacher in Pen and mother was housewife. Pt is a peace loving person. He is a content person, easy to get along with. Pt is quite sincere, honest, hard working. He is very regular about exercise and diet and has been quite regular in his follow ups. Parents wanted to follow Medical line but he was not keen. He wanted a stable service without stress. Average student scoring 50-60%. After completion of B.Sc., got job immediately in Roha. He got married in 1964. Wife comes from well known family from Pen, educated upto S.S.C. Life is quite, smooth and without much difficulty. Son is B.Com, MBA, working in Private firm in Pune. Daughter is B.A., married.

**SYNOPSIS:**

Most of the constitutional remedies didn't help BP; Diabetes onset and progress without any symptoms.

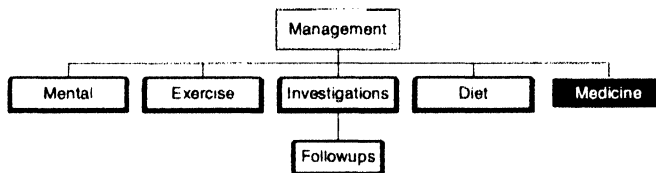
Correspondence of Tissue / organ levels  
Glycosuria disproportional to BSL.

Therefore Syz was given.

**FOLLOW UP:**

After *Syzygium* patient's BSL levels improved and were stabilized between F [90-110] and PP [110-140.] The patient is still under treatment.

**GENERAL MANAGEMENT:**



- BSL - Once/ Month
- Lipid Profile - Once / 6 months
- Urine - Microalbumin - 1/6 months
- Glycosylated Hb - 1/6 months
- Ophthalmic Examination - 1/6 months
- B. P. and Weight Regularly

**CONCLUSION :**

Diabetes Is a Chronic Disease, it requires Proper Case Taking  
Study of Mat Med  
Study of Posology & Susceptibility  
Study of Evaluation of Remedy Response  
This will allow us as homoeopaths to handle this monster in a better way.

**ANSWER OF LAST DOKU (SEP 08)**

3 CANCER	9 RING WORM	2 SYPH	4 SYCO	8 PSORA	6 TYPHOID	5 ACUTE	7 MALARIA	1 TUB
7 MALARIA	6 TYPHOID	1 TUB	9 RING WORM	5 ACUTE	2 SYPH	4 SYCO	8 PSORA	3 CANCER
4 SYCO	5 ACUTE	8 PSORA	7 MALARIA	1 TUB	3 CANCER	9 RING WORM	2 SYPH	6 TYPHOID
1 TUB	7 MALARIA	6 TYPHOID	8 PSORA	9 RING WORM	4 SYCO	3 CANCER	5 ACUTE	2 SYPH
2 SYPH	3 CANCER	4 SYCO	6 TYPHOID	7 MALARIA	5 ACUTE	8 PSORA	1 TUB	9 RING WORM
9 RING WORM	8 PSORA	5 ACUTE	2 SYPH	3 CANCER	1 TUB	6 TYPHOID	4 SYCO	7 MALARIA
6 TYPHOID	4 SYCO	7 MALARIA	3 CANCER	2 SYPH	8 PSORA	1 TUB	9 RING WORM	5 ACUTE
5 ACUTE	2 SYPH	3 CANCER	1 TUB	4 SYCO	9 RING WORM	7 MALARIA	6 TYPHOID	8 PSORA
8 PSORA	1 TUB	9 RING WORM	5 ACUTE	TYPHOID	7 MALARIA	2 SYPH	3 CANCER	4 SYCO