

Scope of Homoeopathy in Diabetic Coma

ABSTRACT: Salient features to remember while treating patients with Diabetes. Coma in such cases can be dangerous. Opium and Sulphur along with the constitutional drug, when the reaction is poor, can be life saving as seen in the two cases presented.

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Coma resulting as a result of uncontrolled Diabetes is one of the most dreaded complication and dangerous clinical state. The high blood sugar in the patients lead to the formation of ketone bodies and eventually in the development of diabetic ketoacidosis. This further leads to alteration in the brain function as the ketone bodies move in to the CSF gradually producing Coma. This is more common in the patients of Type I Diabetes Mellitus (Insulin dependent). In the Type II DM (non-insulin dependent) this ketotic coma is not as common but does occur in severely uncontrolled states with very high blood sugar levels. More commonly in the Type II DM patients, another type of CNS complication occurs which also leads to coma. This is due to the increased osmolarity secondary to very high sugar level and is called as Hyperosmolar Diabetic Coma. Both these conditions are very different in their etiologies, clinical progress as well as require different management though they lead to coma eventually.

CASE 1

Mrs X, 60 yrs, widowed since Jan 1991, a known case of Diabetes since 1995 well under control with Homoeopathic medicines, diet and life style changes.

HER BLOOD SUGAR LEVELS

03/08/98: F – 101, PP – 106

09/12/00: F – 110, PP – 144

2003: F – 112, PP – 149.

OTHER PARAMETERS: 9/12/00

Cholesterol: 200.9, Triglycerides: 129, S Creat: 0.9, Electrolytes: Na 115, K 3.6, Cl 99.

O/E: Wt 60 Kgs. BP 120/80 mm of hg.

Her constitutional remedy was *Kali-carb* 200 in infrequent weekly doses and lately was converted to 3 doses weekly.

For her acute complaints she was helped by: *Ars-alb* 30 for cold, coughs. *Hep-sulph* 30 for throat complaints. *Cocculus* 30 for giddiness. *Rhus-tox* 30 for back ache.

On 11/05/04 her daughter reported on telephone and that patient had developed drowsiness³, imbalance on attempting to walk or even stand. There was profound weakness, disorientation and she did not want to talk.

At 7.00 am, she was asked to get the blood sugar done: results- F 170 and PP 217 at 4.00 pm.

The patient was seen at 6.00 pm.

OBSERVATIONS: The patient was in deep sleep, snoring and lying quietly. She answered very softly in a feeble voice when questioned.

O/E: BP 130/80, Pulse: 80 regular, RR 20/min. CNS: Disorientation ++, Speech irrelevant. Responding to painful stimuli, Plantars: Flexor, Pupils: reacting equal bilaterally. RS/ CVS/PA: NAD

TOTALITY

Sleepiness/ Drowsiness³

Wants fan

Hot patient.

11/05/04: *Opium* 30 4 hrly was started.

13/05/04: Sleepiness > 50 %. Can sit and walk with support.

26/05/04: BSL – F 121, PP 171.

She was better and was given her constitutional remedy, *Kali-carb* 200 3p HS.

In 2006 a second episode occurred.

06/05/06: She again complained of drowsiness³, sleepiness³, wanting to lie down with eyes closed. The blood sugar was: F 166, PP 301.

Electrolytes: Na 123, K 3.8, Cl 91.

Urine R: Alb – Nil. Pus cells – 80/hpf. RBC – 8. Ketones – Nil.

She was given *Opium* 200 4 hourly for 3 days. But there was no change.

10/05/06: *Sulph* 200 2p CM was given along with placebo 4 hourly.

12/05/06: Drowsiness 80% >, Sleepiness 80% >, moving around in home. Blood sugar: F 110, PP 142.

CASE DISCUSSION: The patient remained under control for more than 10 years and suddenly developed Diabetic coma with high sugar levels. In the first episode *Opium* had helped but failed in the second. *Sulphur* brought her out from the crisis situation. *Sulphur* was prescribed on the basis of 'when indicated remedy failed to act'.

CASE 2: Mrs Y, 60 yrs K/C/O Type II DM with Hypertension with Obesity with Ulcerative Colitis. She was on hypoglycemic and anti-hypertensive drugs. She suffered from acute exacerbation of ulcerative colitis and was admitted in a hospital in Indore, MP. She gradually went in to coma and was unconscious for more than 48 hrs and the situation was critical. Her husband, a homoeopathic consultant there consulted on the phone. The husband was asked to put *Opium* 30 liquid in her mouth every 4 hrly till patient gained consciousness. She required 4 doses and regained consciousness within 24 hours.

SIGNIFICANT POINTS TO BE NOTED

1. *Opium* and *Sulphur* both are important remedies when the reaction is poor.
2. Both are life saving when given at appropriate time.
3. Type II DM requires regular attention even if it is under control for more than ten years. The patient developed an aggravation as she faced a stressful situation in her life. Her elder daughter's marriage was passing through stress and that made her anxious. Her second daughter was also married for three years with no child. These made her anxious and resulted in the precipitation of the clinical state.
4. Stressful life events act as major precipitating factors and hence utmost care should be taken at such times by both the patient and the treating homoeopathic physician.



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