



## A Dreaded Disorder and a Common Remedy

Chennai has the dubious distinction of being the Diabetic capital of the world. Of late Diabetes is widely noted even in the younger age group, due to the fast paced and unhealthy lifestyle of today.

I want to share with you 2 cases where mental strain caused such distress as to end in Diabetes Mellitus. It happened to two good natured, intelligent, warm and affectionate but nervy and edgy people, with an overwhelming desire to help their extended family. They were so similar that they were both helped by the same remedy.

### CASE 1:

36 year old Mrs V came after being diagnosed Diabetic following a blood test, ordered by her gynaec for prolonged vaginal itching. She also had joint pains since 6 years, < winter, initial movement after rest and > continued movement. The finger and knee joints would especially become stiff and painful and occasionally swell in the mornings. Though she used to swim, walk and exercise daily, she was unable to do any of these if the weather turned slightly colder! And this is Chennai weather that we are discussing!! She could not even wake up early on such mildly cold days. Since several years, bouts of headache would occur at forehead and temples < after head bath > total relaxation. Generally both extremities would become cold easily. She had dry, itchy eczema on her waistline.

### PHYSICAL GENERALS:

DESIRES: spices, chocolates, pop-corn and eats anything vegetarian at any temperature.



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STOOLS: irregular and tends to be constipated.

SWEAT: +++ at neck and forehead with yellow staining of bra.

SLEEP: good. Sleeps on either sides and must cover fully.

AVERSION: to summer but desires cold weather although it affects joints. She has frequent loud eructation, tasteless and odourless.

MENARCHE 13 years, MP 4/30, 2 pregs with gestational DM during both; normal delivery.

PAST HISTORY: Severe diarrhoea as an infant, no other childhood diseases.

FAMILY HISTORY:: F – IDDM since age 30. M—DM recent, PGF, Fs all 4 brothers- DM; Br. Polio

### MENTAL EMOTIONAL PROFILE:

She easily becomes tense during which she has palpitations, fear, anxiety and trembling hands and is unable to stop or control it. When angry with outsiders, she quietens down and cries alone, but with immediate family, she expresses it easily. She enthusiastically starts many things but has very low confidence and support to see her ventures through. Desires company 3+, but when sad, desires to be alone, go for a walk and resolve it. Her husband is her best friend and she can share everything with him. She abhors violence. She is a fast worker, taking decisions quickly but, constantly worried whether the decisions were right! Fastidious, impatient, she is unable to take sudden shocks. She is passionate about everything that she does and when unable to, she is agitated and anxious. Her fear list is endless- cockroaches, water, heights, being alone in the dark, flying alone, etc. She will yield and forgive easily and hates anybody not talking to her. She wants to be friendly with everybody all the time. Her mood changes can be very sudden and inexplicable.

She feels guilty even at the smallest mistake and fears punishment. This guilt has been present ever since she



eloped after the 12<sup>th</sup> standard to marry her neighbour. It took a long while for both families to reconcile. Six years ago her husband had a setback in business with an ongoing legal tangle. All her joint pains and stiffness followed. 4 months ago, her daughter studying in class 10, repeatedly failed in many subjects. The principal and teachers pulled her up but to no avail. Finally the parents were called and it was explained to them she would not be allowed to appear for the public exam. A few weeks after this, she was diagnosed to have DM.

**INVESTIGATIONS:**

14-1-02 Hb - 12.5 Gm%; S Triglycerides - 220mg%; BSF - 120 mg%; BSPP - 216 mg%; RA factor - Negative; C Reactive protein - Negative; ASO titre-positive 200.

**OBSERVATION:** Small built with sharp features, talks animatedly; very expressive face

**O/E:** NAD

**UNDERSTANDING THE CASE:** Here the causation was glaringly obvious: disappointment, embarrassment. The volatile emotional makeup and the Tubercular nature were so prominent by the excessive response to the environment mentally and physically. However to make doubly sure, I used the Repertory.

Pg	Rubric
4	A/F disappointment; A/F embarrassment
15	anxiety of conscience, as if guilty of a crime
16	anxiety, fear with
80	fear, continuous
107	fear, restlessness from
108	fear, trifles
30	company aversion to, weep when he has to
98	Fastidious
1563	cold aggravates
1559	change, impressions; change of, agg
<b>Robin Murphy</b>	
567.	Diabetes, nervous origin

22/1/01 *Ignatia* 10M; *Syzygium-jamb* Q-TDS.  
6/2 Joint pain 50% better; right eye twitching often; giddy feeling sometimes while walking fast; internal trembling present; vaginal itching off and on; headache same; tiredness- often and suddenly > rest. One large boil on forearm since 3 days, pain 3+.

Rx- *Insulin* 30 9p TDS. SL 7POD. *Ign* 10m 1p *Ac-phos* Q TDS for the diabetes.

6/3 BSPP 109, urine sugar nil; headaches frequency lesser and intensity lower; giddiness nil; joint pains same, no boils; a felon came on rt. thumb and healed, vaginal itching nil. Still tense and emotional often esp. on days when husband's business related legal hearings come up.

Rx- *Ign* 10M 1p, SL 9p OD, *Thyroidinum* 1M 1p (as the intercurrent); *Ac-phos*-Q TDS (pathological prescription for diabetes);

3/4- Due to a festival, she did 4 hours of continuous work in kitchen resulting in rt. Sciatic nerve pain + heaviness in lower back, < initial movement and > continuous movement; rest of joints pain same; headache frequency reduced; has restarted exercise and swimming daily; Lt ankle hardened skin at malleolus, which was present since 1 year slightly softer; mood swings slightly better but still tense often.

Rx- *Rhus-tox* 10M 2p BD; SL 9p OD; *Ign* 10M 1p OD; *Ac-phos* - Q BD.

11/5/01- BSPP 107; Urine Sugar nil; headaches better; joint pains still some stiffness in mornings and pain at night; stools regular; large boil again at left forearm; swimming daily; went for the blood test alone! Feels overall tension a little better

Rx- *INS* 30 6p BD; *Rhus-tox* 10M 2p BD; SL 9p OD; *Ign* 10M 1p OD; *Ac-phos* - Q OD.

16/6- BSPP 106; Urine sugar nil; feeling well; joints pains nil.

No medicine. To continue diet and exercises and check blood sugar levels every 8 weeks. 6 mths later she remained fine and made an appointment for her diabetic mother.

**EXPLANATION:**

I preferred *Thyr* as an intercurrent remedy here due to the lability of the emotional makeup but her base remedy response was tremendous.

**CASE 2:**

Mr W, 50 yr, came with a month long, spontaneous ulcer on his Rt leg oozing pus {non-smelly, unremarkable border}. He also had an abscess, each on the same thigh {outer aspect} and the dorsum of the foot {outer aspect}. The other major complaint was "gas". Despite passing wind easily there still seemed to be gas locked in here and there in the chest and abdomen area. He was also prone to sinusitis. {< A/c room}

**PHYSICAL GENERALS:**

This obese 93kg, 5'10" man sweats and urinates profusely. He has a large appetite for everything vegetarian and loves hot tea and coffee. He is susceptible to cold drafts and prefers the open air to A/c rooms.

**PAST HISTORY:** Chickenpox, Nephritis, Tonsillectomy as a child, Dengue fever in college, Amoebic Hepatitis in '74, Hepatitis B in '78, recurrent low back pain due to prolapsed disc {L4-L5}, Malaria in '90.

**FAMILY HISTORY:** Br - DM, died of heart attack at age 51. MGF- DM, died of non healing ulcer in his village at age 50. F Epilepsy, one Sis DM, other sister insanity.

**MENTAL/EMOTIONAL PROFILE:**

This fat jolly man always wants company. He is ever ready to help all and sundry. Is extremely emotional and can go through the entire spectrum of emotions in a jiffy. He exercises in fits and starts. He is constantly trying to find new and exotic methods of health healing eg gem therapy, colour therapy, mind control, medical numerology etc. He never pursues any of these fads for long. He even tried "H" but gave it up very soon. Panic Master is his middle name. Any small problem at home/office and our man will become emotional and go to pieces. Working in the public sector, the merger

of the parent company and his existing company, together with the rumour of downsizing the managerial force, supposedly, led to this new syndrome of DM. In addition, with the family history skewed towards DM as well as early deaths due to it, led to sleepless nights and bouts of passionate outbursts including crying since a few weeks. Tranquilizers did not help. His BP was normal.

**INVESTIGATIONS:**

8/12 BSF 114 mg%; BSPP 160 mg%  
S.Cholesterol 234 mg%, S Triglycerides 139 mg%;  
HDL Cholesterol 47 mg%; LDL Cholesterol 159 mg%;  
Total Cholesterol/ HDL Cholesterol 5; LDL/ HDL 3.4;  
S Creatinine 1.1 mg%; S Uric acid 5.5 mg%

**OBSERVATIONS:**

O/E: NAD. The Tubercular nature of his emotional, mental and physical makeup was crystal clear as well as in his personal and family history.

14/12/01 *Insulin* 30 p TDS *Syzygium* Q TDS  
17/12/01 Ulcer slightly >, pain same, abscess same, anxiety 3+ Rx *Ars-alb* 200 9p TDS *Syzyg* Q TDS  
20/12 Ulcer beginning to heal, abscess in foot opened up and oozing pus, thigh abscess same. Rx *Ars-alb* 200 9p TDS *Syzyg* Q TDS  
23/12 Ulcer healing well, both abscess healing continues. Now both knees pain < initial movement, > contd movement, "gas" in upper abdomen Rx SL 9p TDS *Syzyg* Q TDS  
26/12 Wt 91kg (? 2 kg) Foot abscess healed, on thigh >, leg ulcer status quo. Anxiety about job uncertainty ?. Sch pg 1551 Ulcer crusty, areola red. Rx *Sulph* 200 3p OD  
29/12 no difference Rx *Sulph* 1M- 1p  
3/1/02 Only marginal improvement. One small area in the ulcer not healing at all. Bluish-redness of the skin very prominent. Rx *Anthraxcinum* 200 1p *Lach* 200 6p TDS  
9/1/02 Ulcer closed fully, now only dry scab left, no discomfort, foot healed well, thigh also healed but a



tiny area still sensitive to touch. BSF 126 BSPP 200. Panicked that though the skin has healed so well in 3 weeks, the blood sugar levels have risen. Rx *Ignatia* 10M 1p *Syzyg* Q TDS

16/1 Wt 89.5 kg (? 1.5 kg) Has become strict with diet and exercise. A new spot above old leg ulcer area about to break open, sensitive to touch. Urination day normal, night once. Sinus headaches nil. Skin itching all over body at any time but no eruptions. Rx *Ins* 30 2p BD *Syzyg* Q TDS

26/1 Wt 89 kg. Skin healed . Now gassy feeling off and on in abdomen. and upper arm > exercises. Last night a neighbour's servant girl committed suicide as she was ill treated by the family whom she was working for and staying with. Pt. cried when he heard the news. Ever since, there was pain in spots in the abdomen. Sch. 137 Injustice cannot support Sch 1646 pain in spots Rx *IGN* 10 M-1p *Syzyg* Q TDS *Kali-phos* 12x BD

1/2 Still complaining of gas in abdomen. As has had a long history of infectious diseases and liver diseases – Rx *Carc* 35 1p OD *Syzyg* Q TDS

20/2 Wt 90 kg BSF 100 BSPP 110 Urine sugar nil. Skin occasional itching, no eruptions, jt. pains occasional. Gas slightly > Rx *Uran-nit* 200 4p weekly twice.

*Syzyg* Q BD

7/3 Wt 87 kg(? 3kg) Sinus headache with nose block Rx *Kali-bich* 200 9p TDS

*Syzyg* Q BD

4/4 OK *Syzyg* OD

2/5 BSF 110 BSPP149 Urine sugar nil. Lots of tension at office again. Gassy again

Rx *IGN* 10M 1p OD *Uran-nit* 200 8p weekly twice *Syzyg* BD

29/5 Feeling the heat of summer. Unable to take it yet

unable to be in the A/c for long. Still desires open air, lots of breeze, hot tea/coffee and sweets Rx *Sulph* 2001p. *Syzyg* Q OD

13/6 No significant difference. Rx *Thyr* 1M- 1p *Syzyg* Q OD

30/6 WT 90 kg. BSF 110 BSPP 129 Urine sugar nil. Still unable to control intake of sweets and food. Rx *Thyr* 1M 1p OD

10/8 BSF 100 BSPP 120 Urine sugar nil

6 mths later he called to say that his wt was 89kg, blood and urine sugar levels normal and that he was regular in his diet and exercises.

EXPLANATION :

Here my perception of the centre of gravity of this personality was the volatile emotional nature of this senior manager with an uncontrollable craving for sweets. Though *Sulph* may be the indicated deeper level remedy, on the surface this volatility demanded something more and so I chose *Thyr*. Again the constant complaint of the gassy feeling is well covered by *Uran-nit* (Boericke pg 660).

EXPLANATION ON SUPPLEMENTS

It has been the experience in our clinic, that to really help the DM patient rapidly and gently, initially the indicated mother tinctures, biochemics, exercises and strict diet are of invaluable help. It also helps the patient stick to one mode of therapy (Homoeopathy) and gains the confidence of the entire family who sees other relatives and friends also taking lots of medication for the same syndrome in modern medicine. The major difference is that we wean them away from these indicated supplements when stability is achieved and then only stick to Homoeopathic remedies, diet and exercise. □

IN PRISON... the guard locks and unlocks all the doors for you.

AT WORK...you must carry around a security card and open alldoors for yourself.

IN PRISON... you can watch TV and play games. AT WORK... you get fired for watching TV and playing games.

